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District Health Boards
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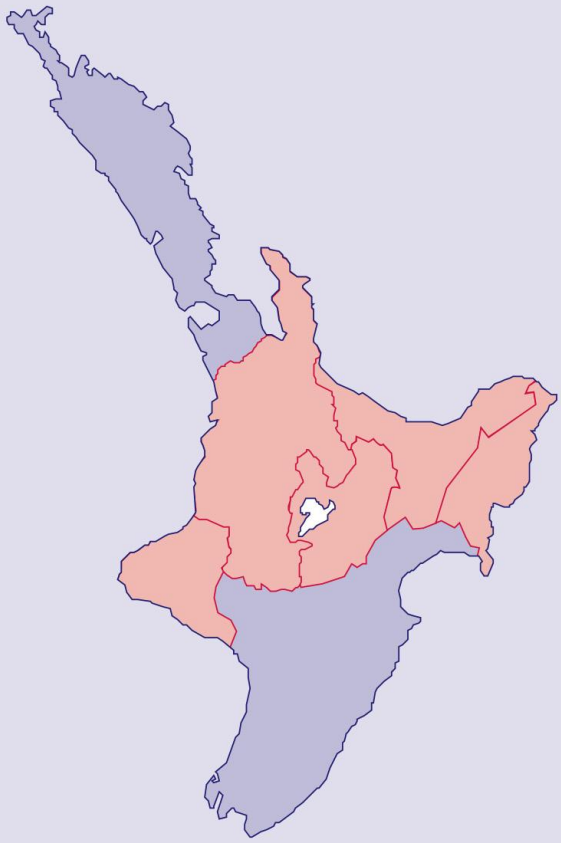
Midland District Health Boards

Regional Services Plan 2013/14



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Contents

MODULE 1 – INTRODUCTION 4

Message – from the Board Chairs and Chief Executives 7
Our Vision 7
Our Priorities 7
Executive Summary 9

MODULE 2 – STRATEGIC OVERVIEW 10

Our Strategic Outcomes 10
Triple Aim – our Key Focus and Approach 11
Direction of Travel: Improving the Health of our Population 12
Our Regional Objectives 13
Priorities for Integration 14
This Regional Services Plan 15
Structure of this Plan 16
RSP Performance Framework 16

MODULE 3 – PRIORITIES, ACTIONS, AND MEASURES 18

Vulnerable Services 19
Midland Maternity Action Group Work Programme 19
Renal Action Group Work Programme 31
Health of the Older Person Action Group Work Programme 40
Radiology Network Work Programme 47
National Priority Services 58
Cardiac Network Work Programme 13/14 58
Regional Elective Services Work Programme 74
Stroke Network Work Programme 83
Cancer Network Work Programme 89
Mental Health & Addiction Network Work Programme 2013-2014 98
Child Health Action Group Work Programme 105
Rheumatic Fever Work Programme 109
Smokefree Network 2012/2013 Work Programme 113
Midland Regional Trauma System Work Programme 120
Regional Emergency Departments Work Programme 129

MODULE 4 – STEWARDSHIP 136

Governance and the Management of the Region 136
Regional Principles 136
Regional Structure 137
Planning and Funding Alliance Leadership Team 137
Action Groups / Clinical Networks 138
Sustainability and Clinical Integration 138
Regional Service Priorities 140
Linkages 141
Activities for 2013/14 and beyond 142

MODULE 5 – KEY ENABLERS AND PRIORITIES 144

Regional Infrastructure Priorities 144
Clinical Information Systems 144
Workforce 144
The Midland Region Training Network 145

Māori Health 147
Regional Capital and Asset Management 149
Key Enablers 150
Health, Quality, and Safety Commission 150
National Health Committee 150
Primary Care Partnership 150
Regional Implementation of the National Health IT Plan 150

APPENDICES 151

Appendix 1 - Our Population 151
Appendix 2 - Regional Prioritisation Framework 161
Appendix 3 - Regional Governance 163
Appendix 4 - HealthShare Limited 166
Appendix 5 - Information Services 168
Appendix 6 - Midland Region Training Network 184
Appendix 7 - Regional Workforce Planning and Development 188
Appendix 8 - Regional Services Plan Māori Health Reporting Template 203
Appendix 9 - Outcomes Framework 209
Appendix 10 - Glossary of Terms 211

LIST OF FIGURES and TABLES

Figure 1- Average Life Expectancy in the Bay of Plenty 10
Figure 2 - Midland DHBs Performance Framework 17
Figure 3 - Major Capital Projects 149
Figure 4: Map of the Midland region DHBs 151
Figure 5 - Proportion of residents in NZ and in each Midland DHB, living in main, minor and secondary urban areas, and in rural centres or other rural areas 152
Figure 6: Population breakdown by DHB, 2009 population forecasts from 2006 census data 153
Figure 7: Proportion of Māori in comparison with NZ population, 2009 population forecasts from 2006 census data 154
Figure 8: Proportion of Māori 2009 and 2026 155
Figure 9: Deprivation quintiles by DHB 156
Figure 10: Age standardised all-cause mortality in 2006 by DHB 157
Figure 11: Age standardised all cause Māori mortality in 2006 by DHB 157
Figure 12: Regional clinical governance key elements 164
Figure 13 - Midland DHB Trainee Numbers for 2013-2014 186
Figure 14 - Average age of the workforce - Midland DHBs 201
Figure 15 - Gender distribution Midland DHBs 201
Figure 16 - Ethnic distribution Midland DHBs 202
Figure 17 - Percentage Maori Midland Region 202

Note:

This plan should be read in conjunction with the Midland District Health Boards (DHB) Annual Plans (AP) and Māori Health Plans

Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

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9 AUG 2013

Mr Ron Dunham
Chief Executive Officer
Lead Chief Executive Officer for Midland Region District Health Boards
Lakes District Health Board
Private Bag 3023
ROTORUA 3046

Dear Ron,

Midland Region, 2013/14 Regional Services Plan

This letter is to advise you I have approved the 2013/14 Midland Regional Services Plan (RSP). I appreciate the significant work that goes into preparing such a thorough planning document and I thank you for your effort. I look forward to seeing your progress over the course of the year.

While recognising these are tight economic times, the Government is dedicated to improving the health of New Zealanders and continues to invest in key health services. In Budget 2013, Vote Health received the largest increase in government spending, demonstrating the Government's on-going commitment to protecting and growing our public health services.

Greater integration between regional DHBs supports more effective use of clinical and financial resources. I expect DHBs to make significant progress in implementing their RSPs, including actions for identified Government priorities and your agreed regional clinical priorities. It is evident from your RSP that Midland region DHBs are working to realise the benefits of regional and sub-regional collaboration, and that this influences your local service planning. I look forward to seeing delivery on your agreed regional actions.

Mental Health
Two areas have been identified as needing to be further strengthened regionally. These are:

1) expanding the continuum of perinatal and infant mental health services, including acute services, and
2) strengthening services for patients with high and complex needs and the interface with forensic services.

Capacity challenges with forensic services in parts of New Zealand are expected to increase due to increasing demand as prison facilities are commissioned and as the current clinical facilities are expanded and upgraded.

The Midland region needs to be ready to offer support and to be clear about the magnitude of any issues arising in its region.

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6804 Facsimile 64 4 817 6504

I am aware that work has already begun in these areas. I attach a table outlining actions your region is expected to deliver in 2014/15 so that I can be assured that there is clarity of the issues and that some progress will be made during this year. The regional governance arrangements specific to mental health need to be visible, and to identify the senior executive leader/s that will support the action plans through to implementation. Regular reporting through the quarterly progress reports for RSPs will also assist the Ministry to support DHBs with making progress.

Regional Plan Agreement
My agreement of your RSP does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the NHB. All service changes or service reconfigurations must comply with the requirements of the Operational Policy Framework and the NHB will be contacting you where change proposals need further engagement or are agreed subject to particular conditions. You will need to advise the NHB of any proposals that may require my approval as you review services during the year.

My agreement of your RSP does not mean approval for any capital projects requiring equity or new lending, or self-funded projects that require the support of the Capital Investment Committee. Approval of such projects is dependent on both completion of a sound business case, and evidence of good asset management and health service planning by your DHB. Approval for equity or new lending is also managed through the annual capital allocation round.

I would like to thank you, on behalf of the DHB Board Chairs, Boards and DHB Chief Executive Officers in the Midland region, for your valuable contribution and continued commitment to delivering quality health care to your population and wish you every success with the implementation of your 2013/14 RSP. I will be monitoring your progress throughout the year and look forward to seeing your achievements.

Finally, please ensure that a copy of this letter is attached to the copy of your signed RSP held by each DHB Board and to all copies of the RSP made available to the public.

Yours sincerely

Hon Tony Ryall
Minister of Health

cc. Midland Region DHB Chairs
Midland Region Chief Executive Officers

Actions to be completed as part of 2013/14 Regional Services Plans

Initiative	Description / Deliverable	Timeframe
Perinatal and infant mental health services expanding the continuum of mental health services (including acute services) available in the region	• Provide the Ministry with a report describing the current continuum of acute mental health services available in the region. This includes describing the model of service delivery, identifying the service mix and volumes, and the location of any inpatient services and any gaps in the service continuum. The region needs to agree to actions that will provide tangible benefit to patients in addressing any identified issues within the 2013/14 year • Regular progress reports are provided to the NHB / Ministry.	Q1 reporting, Oct 2013 Q2, Q3, Q4
High and complex needs patients	• Complete an analysis of the service needs for people with high and complex needs, including a gap analysis. The linkages and interface with forensic services need to be made transparent. The region needs to agree to actions that will provide tangible benefit to patients in addressing some of the identified issues within the 2013/14 year • Regular progress reports are provided to the NHB / Ministry	Q1 reporting, Oct 2013 Q2, Q3, Q4

Note:

- Q1 is the period ending September 2013
- Q2 is the period ending December 2013
- Q3 is the period ending March 2014
- Q4 is the period ending June 2014.

Module 1 – Introduction

Message – from the Board Chairs and Chief Executives

Introduction

As Boards at a district level, we assume governance of our DHBs and are responsible to the Minister of Health for our overall performance and management. Our core responsibilities are to set strategic direction and develop policy that is consistent with Government objectives and improve health outcomes for our population. At a regional level we are required to ensure our local or district activities are aligned in a consistent manner to allow for the best possible outcomes for our regional population.

The Midland DHBs Chairs and Chief Executives Group comprises members from their respective DHBs.

Our Vision

All residents of Midland District Health Boards lead longer, healthier and more independent lives

Our Priorities

We are determined that our region will continue to strive for ongoing achievement of the Government's priorities, the Minister's expectations, the national Health Targets and key strategic priorities.

Sally Webb, Chair	Phil Cammish, Chief Executive	BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI
Deryck Shaw, Chair	Ron Dunham, Chief Executive	LAKES DISTRICT HEALTH BOARD
David Scott, Chair	Jim Green, Chief Executive	Tairawhiti District Health
Mary Bourke, Chair	Tony Foulkes, Chief Executive	TARANAKI DISTRICT HEALTH BOARD
Graeme Milne, Chair	Craig Climo, Chief Executive	Waikato District Health Board Te Hanga Whaiorangа Mō Te Iwi – Building Healthy Communities

Executive Summary

Clinical Leadership is central to regional service development

A whole of system approach is required

Our Aim: Clinically sustainable and financially viable services

The focus will be on service and system integration

The Regional Services Plan (RSP) describes a vision for the future of health services in the Midland region and provides a framework for the five Midland DHBs to continue to plan and work cooperatively. This plan has been developed by clinicians across the five DHBs and identifies opportunities for the DHBs to work together to improve outcomes, reduce disparities, and manage increasing demand and increasing financial pressure, whilst delivering effective and sustainable quality clinical services.

By actively participating in service development across the Midland region, we will:

- reduce the duplication of effort,
- develop sustainable solutions,
- identify efficiencies, and
- ensure that specialist skills, services and input remain available at a local level.

There has been significant cooperation in the Midland region for several years. In 2011/12 a number of clinical networks were established and during 2012/13 these networks were further developed with the addition of some new areas of focus. In 2013/14 the region aims to consolidate the foundations developed over the last two years and looks to deliver more tangible benefits.

This plan focuses on service and system integration; ensuring integration across all care settings and alignment between the key enablers such as workforce, information systems, and capital developments with clinical services.

Key Highlights in the 2013/14 Regional Services Plan:

- Detailed Action Plans have been developed for 14 service priority areas being maternity, renal, child health, health of older people, radiology, cardiac, cancer control, elective services, mental health, smokefree, stroke services, rheumatic fever, trauma, and emergency departments
- A three year focus has been taken enabling regional networks to plan for the medium term
- All action groups and networks continue to be clinically led with a strong overarching governance framework
- A continued focus on ensuring integration of the key enablers such as workforce, Māori health, information systems, and capital developments.

We look forward to meeting the challenges presented over the next three years, and to work as a region to develop systems and processes that enable efficient and effective use of resources which facilitate equitable access to services of a high quality across the Midland region.

Module 2 – Strategic Overview

Our Strategic Outcomes

The Midland DHBs are working together to deliver a clinically and financially sustainable Midland health system, where services are provided as close to people's homes as possible. To this end, the Midland DHBs have agreed two strategic outcomes:

Strategic Outcome 1: To improve the health of the Midland population

Strategic Outcome 1: To improve the health of the Midland population

Taking positive steps about how we live and what decisions we make right now is very important to our future health and wellbeing. Our services, programmes, and initiatives will enable people to increase their skills and confidence to maintain good health or manage their health problems.

Strategic Outcome 2: To reduce or eliminate health inequalities

We are committed to moderating the effects of disparity through, firstly, *identifying* health disparities and, secondly, *funding and providing* programmes that target inequalities and improve access to services.

For each of these Strategic Outcomes, the Midland DHBs have identified a core set of performance measures, which will demonstrate whether we are achieving our goals of making a positive difference in the health of our population and reducing health inequalities.[1]

Strategic Outcome 2: To reduce or eliminate health inequalities

These measures link with the roles and functions DHBs are legislated to provide.

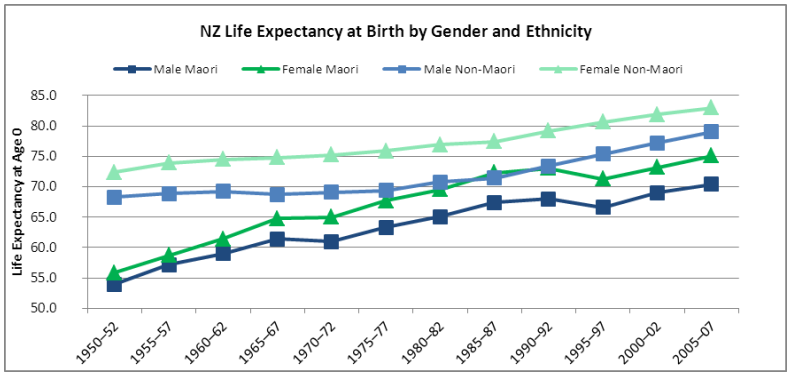
These measures are:

- Life expectancy - life expectancy is a calculation of life expectancy at birth based on the mortality rates of the population in each age in a given year
- Premature death- early death is the rate of deaths before the age of 75 years
- Amenable mortality- are deaths that could in theory be averted by good healthcare

Figure 1- Average Life Expectancy in the Bay of Plenty

Average life expectancy at birth in the Midland region 2007-09						
	Bay of Plenty	Lakes	Tairawhiti	Taranaki	Waikato	NZ
Females	82.4	80.5	78.0	81.5	81.8	82.4
Males	77.5	76.4	73.8	77.2	76.9	78.4

[1] While we have developed a set of regionally consistent measures, there will be variation, allowing for local initiatives, responding to the needs of the population.



Reducing disparities and improving access remains our strategic focus

The graph above demonstrates the significant inequalities that exist when amenable mortality is adjusted for ethnicity and deprivation, particularly in Lakes and Tairawhiti DHBs.

These indicators will provide a high level and a whole-of-system view of the health sector in the Midland region. Monitoring these measures over time will give us a picture of the health of the Midland DHB region with logic suggesting that the activities, actions, and initiatives DHBs implement will impact on these indicators.

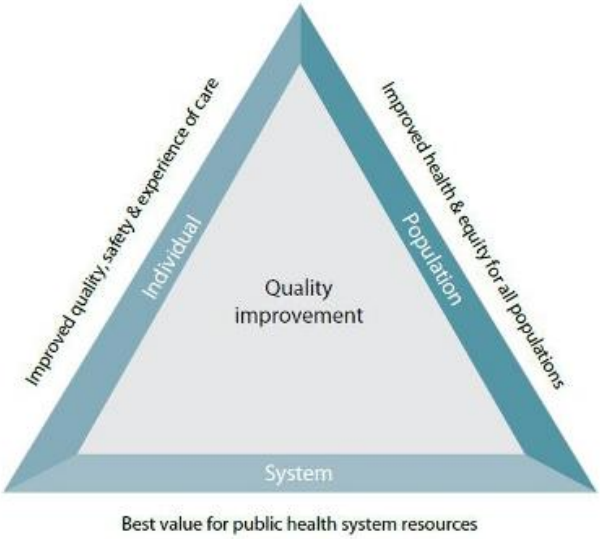
Looking at the life expectancy differences, early death rates, amenable mortality, and infant mortality between populations and geographical areas as well as comparing our results to other regions and national averages will enable us to plan and target resources and activities where the most health gain can be made.

Triple Aim – our Key Focus and Approach

Triple Aim is central to our approach

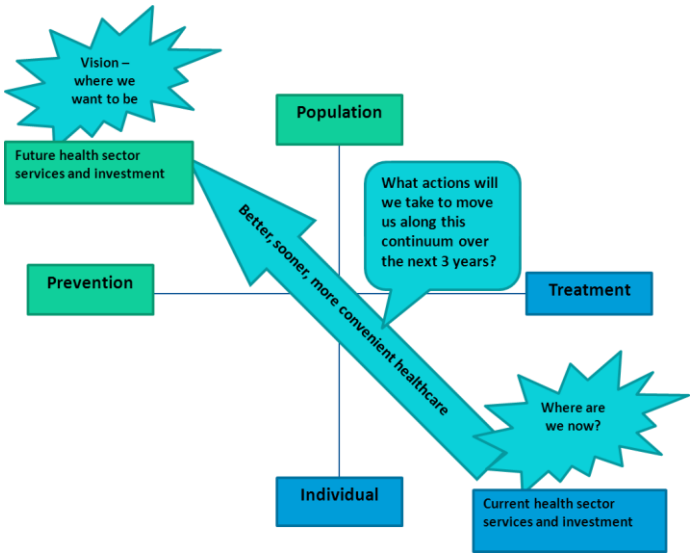
The Midland region recognises that a whole of system approach is required and is central to the success of developing clinically and financially sustainable health services. In planning for the next three years we have focused on identifying opportunities consistent with the Triple Aim. The objectives of Triple Aim encourage us to take an integrated approach to align improvement across the whole system by focusing on: population health, cost, and patient experience. These are all objectives of the health sector and provide the basis for our planning process, ensuring that the Midland region focuses on delivering safe and high quality services which provide value for money and the best health outcomes for the population.

We will focus on population health, cost, and the patient experience



Direction of Travel: Improving the Health of our Population

Success will include a combination of National, Regional and local solutions

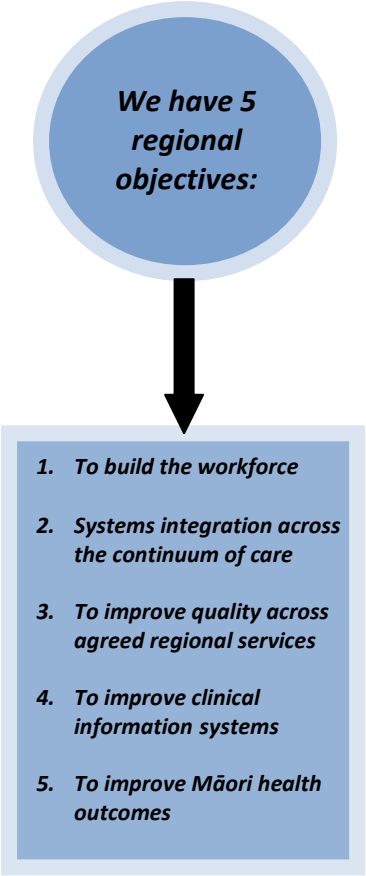


Our Aim: Clinically sustainable and financially viable services

In developing this plan all regional networks considered opportunities and initiatives that would assist in the development of regional approaches that encompass solutons leading to a focus on improvements in the health of the regions population over the next three years.

Our Regional Objectives

In alignment with the Annual Plans across our region we have identified the following five regional objectives:



1 To build the workforce

We need to strengthen innovation, new ways of working, and the development of sustainable workforces into the future. We will do this by ensuring workforce development enables sustainable service delivery. The regional focus includes health workforces across the continuum of service delivery.

2 Systems integration across the continuum of care

Regional services are integrated and delivered in a better, sooner, more convenient primary care environment.

3 To improve quality across agreed regional services

We will improve the quality of the services as a region. Midland DHBs have adopted the Health Quality and Safety Commission's 'Triple Aim' of:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resources

4 To improve clinical information systems

We operate in a challenging environment. Robust information is vital to enabling system integration, good decisions and ultimately improving the health outcomes of the Midland population. To enable this, we will implement a region-wide approach to prioritising information system investment in a planned and structured way.

5 To improve Māori health outcomes

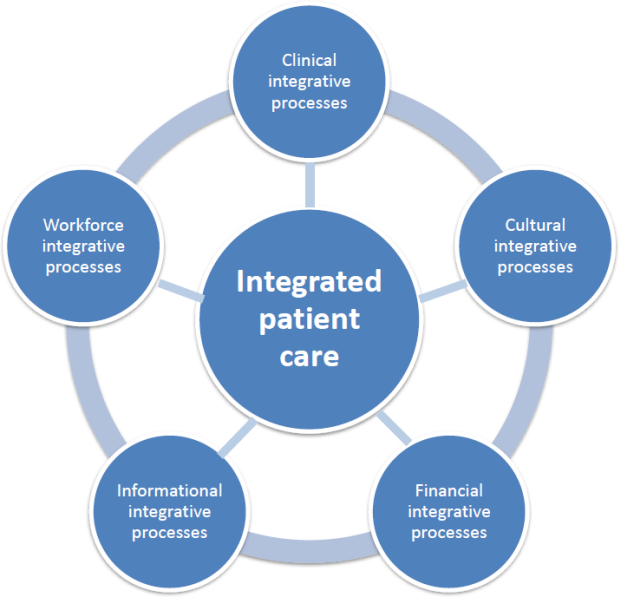
We will work with Māori to:

- reduce health disparities by improving health outcomes for Māori and other population groups
- establish and maintain processes to enable Māori to participate in and contribute to strategies for Māori health improvement
- continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori
- provide relevant information to Māori for the purposes above.

Priorities for Integration

A key focus for the Midland region is to develop integrated approaches to service delivery across the continuum of care, and to improve system integration which supports both financial and clinical sustainability. The region has identified a number of key areas for integration, each of these areas has its own work programme that both interfaces with the service priorities and sets a broader plan of action for improving service delivery. Integration will be a key focus of the Planning and Funding Alliance Leadership Team.

We will strive to improve integration across and between all areas that support integrated patient care.



Māori Health – A reduction in health inequalities must remain a core focus of regional work, ensuring that DHBs pool their resources and understanding of how to reduce health inequalities. Our Māori Health Plans prioritise improving Māori health and reducing Māori health outcome disparities by focusing on the key indicators where the health inequalities experienced are the greatest between Māori and non-Māori. The RSP is aligned to local, regional, and national Māori Health Health priority areas, and integrated structurally and functionally across all RSP activities.

Clinical Information Systems – The regional IS team will implement the Midland Region Information Services Plan and advance NHITB priorities, specifically the implementation of the NHITB Plan priority areas. This includes implementing regional connectivity as a first phase of the Midland Connected Health Programme, allowing health service providers to securely exchange information and data. Development of a clinical workstation programme across the region will allow clinicians to have access to common tools. The Medications Management Programme will include agreed region configuration /architecture for ePharmacy.

Workforce – The regional workforce programme will address the workforce change required to meet current and future service need,

and address the most commonly raised issues across the region, relating to the future sustainability of the workforce. This includes the need to better anticipate future states and investigate regional cooperative activity that supports this approach. Workforce development activity underpins the collective response required to ensure access to quality, sustainable services across the whole region. Midland DHBs share responsibility for planning and undertaking forward-looking action on workforce development that minimises duplication. This includes regional cooperation to investigate the impact of reducing the rate of growth in health spending on design, capacity, and workforce utilisation in general. Workforce sustainability is a key focus of the Midland Region Training Network.

This Regional Services Plan

Regional Services Plans (RSPs) are central to DHBs delivery of health and disability services and drive increased cooperation to plan services. RSPs describe the strategy and vision for the region and what cooperative actions can be taken to achieve this vision. This includes current and future population characteristics and plans for the models of care and configuration of services across the region that will best ensure service viability and financial affordability. The RSP guides resource allocation and service provision decisions at the regional and district level.

We will work with our colleagues in all care settings to deliver the actions in the RSP

The Midland RSP outlines how the five DHBs intend to cooperate for regional service planning, funding and service provision in order to improve the quality of care as well as reduce service vulnerability and cost. In 2013/14 and beyond we will continue to build on developments with measurable actions to deliver on national, regional and local goals. Led by our clinical staff and partners from primary care, our RSP seeks to provide a focus on specific service priority areas and infrastructural enablers across the continuum of care.

Under section 38 of the New Zealand Public Health and Disability Amendment Act 2010 District Health Boards (DHBs) as a region are required to produce a Regional Service Plan for approval by the Minister of Health. This plan provides that accountability to the Minister.

The Midland region comprises Waikato, Bay of Plenty, Lakes, Tairawhiti, and Taranaki DHBs. The region serves as the organising and decision-making structure for regional planning. However, it is important to preserve the flexibility for DHBs to plan services noting that 'one size fits all' solutions are not always the most appropriate way to configure services.

For this reason the RSP in some cases specifies activities that occur on a sub-regional basis.

Structure of this Plan

In 2010 Cabinet determined that RSPs must contain the following elements below:

a) A strategic element, and
b) An implementation element.

In doing so RSPs must identify each DHB involved in each aspect of each element of the plan.

This RSP has been approved by the individual Boards of the five Midland DHBs outlining the intentions and objectives of the region for the period 1 July 2013 to 30 June 2014.

This RSP is split into three sections:

A: Strategic Element	Module 1: Introduction Module 2: Strategic Overview
B: Implementation Element	Module 3: Priorities, Actions, and Measures Module 4: Stewardship Module 5: Key Enablers and Priorities
C: Background Information	Appendices

For the purposes of this document, these sections shall be referred to collectively as "this Plan".

RSP Performance Framework

The framework below was developed specifically for RSP activity, as a component of the overall Regional Outcomes Framework (see appendix 9). Focussed explicitly on the activities contained within the RSP, it outlines the key areas of focus within the RSP.

All residents of Midland District Health Boards lead longer, healthier and more independent lives

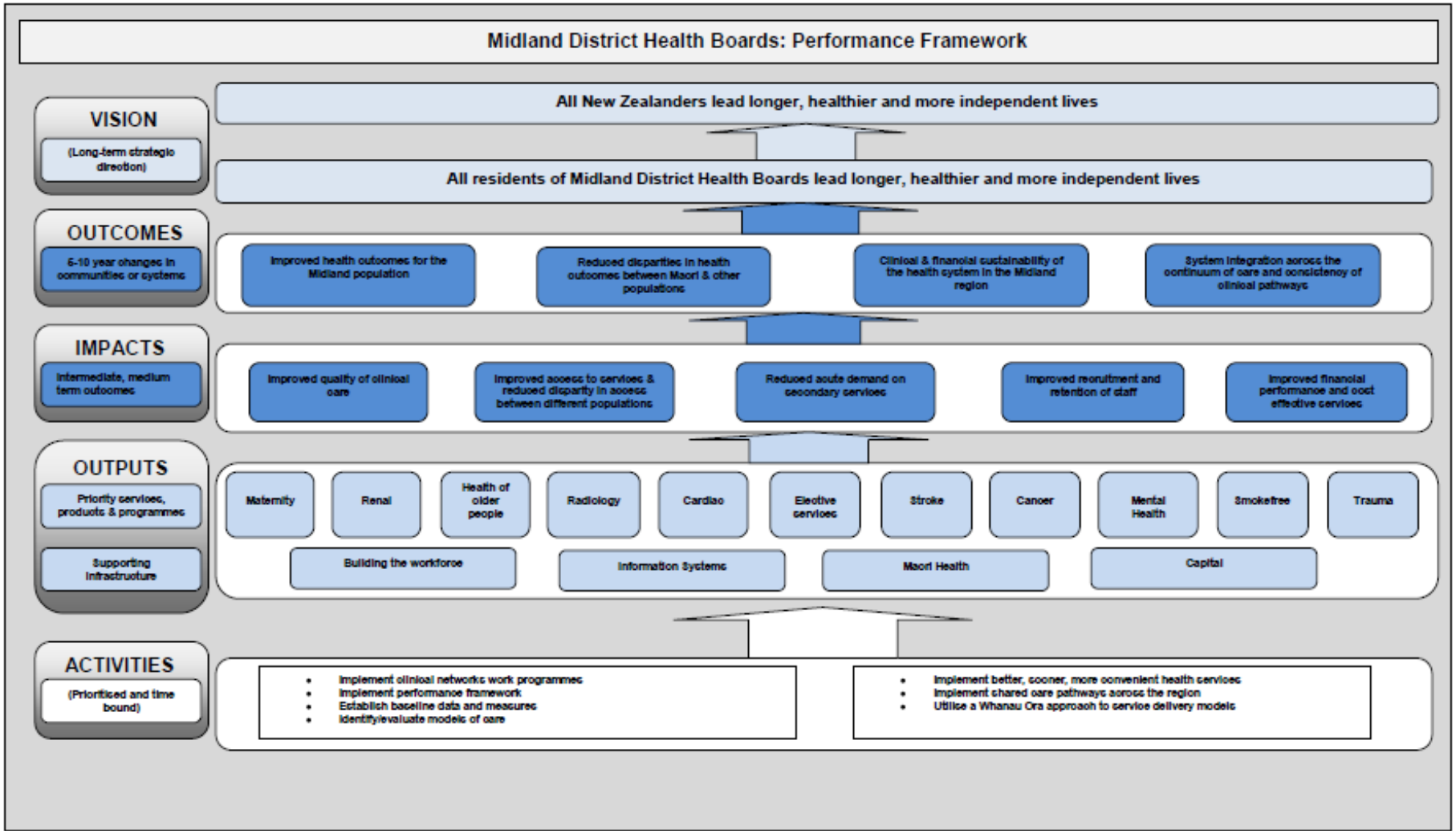


Figure 2 - Midland DHBs Performance Framework

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Module 3 – Priorities, Actions, and Measures

This section outlines in detail work the programmes for each of the Midland Regions Clinical Networks and Action Groups.

This section is split into three areas; the first identifies the services that are considered vulnerable by the region and are therefore priority areas for the region to progress:

Vulnerable Services
Maternity Action Group Work Programme
Renal Action Group Work Programme
Health of Older People Action Group Work Programme
Radiology Network Work Programme

The second area outlines services that have been identified as a national priority:

National Priority Services
Cardiac Network Work Programme
Elective Services Action Group Work Programme
Stroke Network Work Programme
Cancer Network Work Programme
Mental Health and Addictions Network Work Programme
Child Health Work Programme
Rheumatic Fever Work Programme

The third area outlines services where regional cooperation is already in place and a regional approach continues to add significant value:

Regional Activities
Smokefree Network Work Programme
Midland Region Trauma System Work Programme
Regional Emergency Departments Work Programme

Midland Maternity Action Group Work Programme

Chair: Corli Roodt (Clinical Midwife Director)

Project Manager: Suzanne Andrew

Vision: To lead regional maternity activity on behalf of, and through working with, Midland DHBs that improves patient safety, quality of care, equity of access, and population health outcomes.

Key Objectives:

- Development and completion of an agreed regional work programme that supports the implementation of the National Maternity Quality and Safety Programme
- Maintaining and analysing current regional data and information, including maternity clinical indicators and rural/urban comparisons, and take action with any inequities or issues identified
- Provision of expert technical advice to Midland DHB CEOs
- Improving consistency of practices and systems through development of regional wide standards, procedures and processes
- Supporting workforce initiatives which explore alternative service models to enable sustainability
- Improve access to information and information sharing for LMCs, consumers and maternity services providers
- Working collegially and cooperatively to make best use of resources and/or to implement regionally consistent systems and processes
- Identifying areas where efficiency gains or improvements can be made and taking action towards improved outcomes
- Facilitating improved coordination and responsiveness of services to those requiring maternity services in Midland in a cooperative and coordinated manner
- Quarterly collation and analysis of Midland DHB maternity data (whole of birthing population) by district, age, rural/urban and ethnicity including maternity clinical indicators and post caesarean wound infection rates, number of epidurals, number of readmissions for breast abscesses and breastfeeding rates.

Measures:

- Increasing number of women registering with an LMC by 12 weeks by 2016
- Implementation of the Maternity Quality and Safety programme, and reporting of regional and local activity relating to this
- Progress towards 90% of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with a lead maternity carer are offered advice and support to quit.
- All DHBs in the Midland's region have in place a Safe Sleep Policy
- Collaborative work with primary providers and PHOs towards developing a regional programme for young vulnerable women who are pregnant.

NOTE: All measures reported are broken down to include ethnicity, age and rural/urban domicile.

Glossary:

BFHI	Baby friendly hospital initiative	COO	Chief operating officer	DHB	District Health Board
GM HR	General Manager Human Resources	HEAT	Health Equity Assessment Tool	LMC	Lead maternity carer
MMAG	Midland Maternity Action Group	MQSP	Maternity quality and safety programme	O&G	Obstetrician and Gynaecologist
RANZCOG	Royal Australia/New Zealand College of Obstetricians and Gynaecologists				
RDOTs	Regional Directors of Training	RMO	Registered Medical Officer	RSP	Regional services plan
SMO	Senior Medical Officer	SUDI	Sudden unexpected death of an infant	VBAC	Vaginal birth after caesarean

	Governance								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Ensure cultural responsiveness of all MMAG related activities	Delivery on the RSP Māori accountability framework	August 2013 December 2013	Ethnicity data in each initiative/ programme of work will be captured All regional planning documents are reviewed against the HEAT tool	Improved responsiveness to vulnerable population	Engagement with GMs Māori to ensure appropriate cultural practices and education are undertaken	Evidence of cultural competence in practice	All regional data will be reported by ethnicity and action plans will be developed for inequities identified in collaboration with GMs Māori and other	Understanding of implications of data and resolutions to improve responsiveness and access
G2	Inclusion of consumers in maternity decision making groups	Ensure consumer input is established at all levels of maternity services	July 2013 December 2013	An agreed regional framework exists relating to consumer involvement, (inclusive of payment, job descriptions, contracts) Implement the Consumer Framework in all DHBs in the Midland region, at the local governance level	Decisions made inclusive of consumer view	Consumer feedback data is collected and informs future direction of service delivery A framework to develop leadership capability for consumer reps will be developed	Consumer feedback used to shape services with support for consumer development	Regional collaboration occurs across the sector to ensure that maternity services are inclusive of all providers and users Consumer reps and health professionals complete joint workshops related to MQSP	Genuine collaboration between consumers and health professionals

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Improve LMC registration	Increase number of women registering with an LMC in their first trimester	August 2013	DHB data regarding number of women who register by 12 weeks with an LMC is available and monitored regionally	Improved access to care	GPs, LMC, Māori health services, other social services work with each DHB individually to improve registration numbers where identified issues exist. Learning is shared across the region. Improved LMC registration to 75% across all DHBs	Improved access to care	Improved LMC registration to 80% across all DHBs	Improved access to care
Q2	Improve patient care quality and safety through establishing a robust transfer system	Implement consistent system for maternity transfers across Midland and beyond	December 2013	Regional maternity patient flow policy with sign off by COOs. Capability of each hospital is agreed so safe repatriations can occur, maternity transfer guidelines in place Quality indicators for maternity transfers developed, standards for midwifery coordination developed and implemented to underpin transfers	Expedient transfers to place of definitive care Reduced number of women experiencing compromised care Improved communication between midwifery coordinators	Analysis and review of transfer system efficiency and repatriation numbers / appropriateness Midland midwifery specialist transfer team discussion document developed Evaluation/audit and case review process in place Development of system to communicate maternity bed state information and availability	Smooth patient flow across the region Improved timeliness to tertiary care and back to domicile DHB	Audit to show improvements in process and outcomes	Improved responsiveness, consistency and outcomes for patients

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q3	Achieve regional quality and safety efficiencies through collaboration and sharing	Maximise cooperation between MQSP project coordinators to reduce duplication and ensure sharing of work	June 2014	Evaluate achievement against maternity standards Two areas of improvement are identified from clinical indicator data and regional solution developed Three procedures / pathways identified, developed and added to shared database to improve consistency of practice across Midland	Evidence of meeting standards and improved consistency of care practices	Evaluate achievement against maternity standards Two areas of improvement are identified from clinical indicator data and regional solution developed Emergency scenarios are developed to test emergency response plans and these are carried out as agreed by MMAG group	Improved clinical indicators	Regional oversight and reporting of all MQSP components	Joined up collaborative approach
Q4	Strengthen consistency of practices through shared educational activities	Maximise collaboration between Midland regional midwifery educators	June 2014 August 2013	E-learning modules are developed in collaboration with GMs HR and e-learning facilitator Regional education plan is developed and activities are prioritised annually	Consistent and supported maternity education delivered across region	Regional education plan is developed and activities are prioritised annually	Consistent and supported maternity education delivered across region	Regional education plan is developed and activities are prioritised annually	Consistent and supported maternity education delivered across region

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q5	Reduce the smoking and SUDI rates	Support the reduction of SUDI rates and numbers of women who smoke in pregnancy across Midland	June 2014 August 2013	All maternity providers have access to education around smokefree pregnancy Progress towards 90% of all pregnant women entering into LMC/obstetric care are assessed using the MoH ABC programme Midland DHB regional Safe Infant (Birth to 1 Year) Sleeping policy developed and in place across all Midland DHB facilities All providers of maternity services are trained in promoting safe sleeping messages	Increased focus on smoking cessation and SUDI prevention with decreased morbidity and mortality of infants Increased numbers of pregnant women accessing quit smoking programmes Increased safety, and consistency of staff practice, for babies from birth to 1 year, in Midland DHB facilities	All maternity providers have access to education around smokefree pregnancy An increase in the educational resources that maternity providers are able to access ie online and/or study sessions All providers of maternity services are trained in promoting safe sleeping messages	Increased focus on smoking cessation and SUDI prevention with decreased morbidity and mortality of infants Increased numbers of pregnant women accessing quit smoking programmes	All maternity providers have access to education around smokefree pregnancy An increase in the educational resources that maternity providers are able to access ie online and/or study sessions All providers of maternity services are trained in promoting safe sleeping messages	Increased focus on smoking cessation and SUDI prevention with decreased morbidity and mortality of infants Increased numbers of pregnant women accessing quit smoking programmes

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Cooperate with primary health care to prevent avoidable admissions to secondary/tertiary hospitals	Work with primary care providers on initiatives which avoid unnecessary antenatal hospital admission	August 2013	Work with PHC organisations (e.g. Midland Health Network) to develop initial criteria for use of primary options funding (six initial clinical criteria agreed for admission avoidance)	Prevention of hospital admissions for antenatal issues that could be managed in primary care	Reasons for antenatal admission analysed and six further criteria added to primary options model Collaborative education sessions provided to stakeholders	Prevention of hospital admissions for antenatal issues that could be managed in primary care	Use of primary options funding is monitored and criteria is altered as needed to decrease numbers of avoidable hospital admissions	Prevention of hospital admissions for antenatal issues that could be managed in primary care
S2	Improve attendance at pregnancy and parenting classes especially for rural and Māori pregnant women	Increase number of pregnant women who enrol in pregnancy and parenting (P+P) / antenatal classes, especially in rural areas	September 2013 December 2013	Identify existing classes available, costs, attendance and location Information from the Hapu Wananga Evaluation is utilised as basis for action plan to increase attendance rates for Māori women Implement recommendations from consumer group surveys in rural areas of identified low attendance to determine barriers to attendance and develop plan to improve this	Information to direct recommendations about how many/what sort and where P+P classes need to be held	Strong engagement with Planning and Funding to provide access to and improve enrolment in pregnancy and parenting classes for rural, Māori and high need / high risk women	Increased attendance at antenatal classes for rural +/- Māori women	Combined regional approach with Planning and Funding pregnancy and parenting contractors to evaluate enrolment numbers, appropriateness and accessibility of antenatal education to rural, Māori and high need / high risk women	Increased attendance at antenatal classes for rural +/- Māori women P+P classes provided in appropriate way in areas that are in most need

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S3	Support framework for young vulnerable women who are pregnant	Develop a regional programme to address identified issues and provide relevant support	June 2014	Work collaboratively with primary providers, including Maori health providers, and PHOs to identify the issues and support systems Commence the development with relevant stakeholders and primary providers to develop a regional programme that will wrap support around young vulnerable women who are pregnant, including smoking cessation, substance abuse	Young vulnerable women who are pregnant have improved access to information, support and quit smoking programmes	Continue to work with primary providers and PHOs to roll out the programme regionally Collaboration with Māori Hauora to develop holistic model to enable pregnant Māori adolescents to access full services, information and support Trialled in two areas	Young vulnerable women who are pregnant have improved access to information, support and quit smoking programmes	Model evaluated, reviewed and rolled out to a minimum of three additional areas	Young vulnerable women who are pregnant have improved access to information, support and quit smoking programmes

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Regional data availability	Comprehensive data collection systems to enable regional benchmarking and reporting	July 2013 December 2013	Regional dashboard for maternity clinical indicators is developed and updated Accurate regional information is available which identifies issues, trends and enables focus for regional initiatives	Current regional data is available to shape direction of care and action	Data is updated and audited for accuracy	Evidence of accuracy of data provided	DHB and other maternity data is automatically fed into regional system, if available, to maintain current regional view	Joined up information and data across DHBs and services
R2	Improving breastfeeding rates through use of agreed regional tools	Regional agreement to the networking and sharing of resources throughout Midland re breastfeeding	August 2013 December 2013	Identify breastfeeding rates in Midland using regional BFHI data Explore the development of the use of IT applications to improve access to information for Māori and disadvantaged mothers	Improved access to consistent breastfeeding information	Continue to build on IT applications to improve access to information for Maori and disadvantaged mothers	Improved access to consistent breastfeeding information	Continue to build on IT applications to improve access to information for Maori and disadvantaged mothers	Improved breastfeeding rates across region

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Workforce intelligence	Plan for a sustainable maternity workforce (especially in rural areas)	December 2013 December 2013 March 2014 June 2014	Head count to service current population vs workforce needed for future birthing trends is identified Areas of shortage are identified Identify rural midwives' issues and work towards regional solutions Trends in LMC and secondary / tertiary midwifery workforce numbers, distribution and forecasting are analysed by regional workforce group	Understanding of current state and future state needs to achieve sustainability	Universal employment models Stronger engagement with workforce monitoring in conjunction with GM HRs to enable DHBs to understand maternity workforce issues	Better utilisation of existing workforce	Accurate regional data and monitoring of LMC and secondary/tertiary workforce Rural model(s) in place for workforce sustainability	Equity of access for rural women to quality of care and services
E2	Workforce utilisation	Identify future maternity workforce requirements and develop plans to ensure appropriate maternity care provision continues	December 2013 June 2014	Utility of existing workforce model critiqued against workforce forecasting Options for innovative models explored including a) VBAC clinics b) allied health support and collaborative models	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforces / extension of existing midwifery workforce models of service including recommendations to future proof maternity service provision delivery	Alternative service delivery models documented to maintain and improve access to services	New collaborative models trialled and evaluated as agreed in specific areas	Sustainable and future proofed workforce models

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E3	Workforce planning and forecasting for medical staff	Work with RANZCOG to plan for O&G placements in identified areas	December 2013 June 2014	Quantification of percentage of consultant time spent in obstetrics to ascertain level of obstetric workforce need Quantification benchmarked across other three regions by RDOTs Strategic plan for sustainable obstetric physician service provision inclusive of obstetric anaesthetists, SMOs, RMO training, and placements is developed	Robust understanding of workforce issues and identification of workforce needs for the future	Increased PGY1 and PGY2 numbers doing RMO runs Feasibility of separate obstetrics and Gynae. work for tertiary facilities is explored Position paper identifying different global models of obstetric care delivery is completed and available for analysis	Options for maintenance of secondary and tertiary obstetric coverage has been identified	Regional approach to PGY1 and 2 O&G runs Sustainable model of RMO training and mentorship across the region which match anticipated SMO vacancy models	Consistent approach to training across the region in collaboration with colleges
E4	Use IS technology to improve information sharing	Improve access to information between LMCs and with consumers	August 2013 December 2013	Web portal for LMCs and consumers in place Application development for LMC and consumer smartphone use explored	Increased access to information for consumers and LMCs	Consumer and LMC engagement with DHB media and comms. to further develop website so utilisation is maximised	Website content driven by users of the service	Improved collaboration and information sharing between Midland DHBs, primary care services, consumers and LMCs	Electronic media is used by all stakeholders and patient care improvements result

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E5	Progress connected health concepts to improve access to clinical maternity information	Implement national maternity client information system	June 2014	Work with regional IS to develop implementation plan Participate in MCIS system development at the national level, working with the clinical reference group and CleverMed Implementation plan commenced in early adopter site (Tairawhiti)	Regional implementation plan and timeframe available Users of the system provide feedback to influence system development	MCIS implemented in Midland early adopter site (Tairawhiti) Lessons learned report available Regional plan includes detailed processes for local implementation	Successful implementation of system in early adopter site	MCIS implementation commenced in minimum of two more Midland DHBs	Successful implementation of system in other Midland sites

Renal Action Group Work Programme

Chair: Jo-Anne Deane

Project Manager: Jane Ireland

Midland Renal Action Group Vision: To lead regional activity, including implementation of renal health actions on behalf of the Midland DHBs, and to provide expert technical advice to the Regional Planning and Funding Alliance Leaders Team (PFALT) and the HealthShare CEO through the development of initiatives leading to:

- Improved clinical outcomes through optimal treatment of early stage renal disease and management of fully developed disease – resulting in increased life expectancy for renal patients
- Reduced disparity in clinical outcomes for renal services between population groups and DHB areas

Key objectives:

- Identify specific and achievable initiatives to address aspirations defined for regional clinical governance framework:

  Measure and reduce variation in care
  Improve clinical effectiveness
  Improve the patient experience;
  Improve the sustainability and continuity of vulnerable services
  Maintain local service access where this is consistent with safety
  Manage clinical risks and improve safety, and
  Reduce inequalities.

- The principal purpose of the action group is to be a regional group providing:

  renal expertise
  steering regional renal services in cooperation with other agencies
  offering assistance to providers
  benchmarking performance

Measures: All measures reported are broken down to include ethnicity, age and rural/urban domicile.
All measures outlined in this work programme apply to the Bay of Plenty DHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB and Waikato DHB and are based on

regionally established targets.

Regional Measures
1. For transplanted patients per 6 months – the time from referral to transplant workup to date accepted on transplant list per DHB within Midlands region 2. Number of patients on home-based CAPD per DHB 3. Number of patients on home-based haemodialysis per DHB 4. Consistent use of access criteria for first specialist assessment (correct/appropriate referrals – measured by reduction in the declined FSAs) 5. Hospital days per patient per year to support improvement in length of stay 6. 75% of patients starting on dialysis have established access (clinical indicator): For newly started haemodialysis patients the time from the identified need for dialysis to establishment on a dialysis programme 7. Increased standardisation of regional renal nursing practices

Glossary of terms:

Key	Description	Key	Description
BPAC	Best Practice	GP	General Practitioner
CAPD	Continuous Ambulatory Peritoneal Dialysis	ISSP	Information Systems Services Plan
CEO	Chief Executive Officer	MRAG	Midland Renal Action Group
CKD	Chronic Kidney Disease	MRIS	Midland Regional Information Systems
DHB	District Health Board	RSP	Regional Services Plan
ED	Emergency Department	TDH	Tairawhiti DHB
GP	General Practitioner	WDHB	Waikato DHB

Governance

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Regular meetings and workshops to continue to develop the MRAG Liaise and inform other key project groups such as the National Renal Board and other Regional Networks (as appropriate)	Meeting and developing of relationships by key stakeholders which include clinical and managerial representation from Midland DHBs	Quarterly meetings or workshops (either face to face, or videoconferencing and/or teleconferencing in conjunction with web conference technology)	Clinical leadership across the continuum of care contributing to service delivery whilst ensuring sustainability and longevity of the group Progress the agreed network priorities as outlined in the regional RSP programme	Shared regional learning advantages and combined project costs	Continued review of group membership to ensure sustainability of group and correct clinical service coverage is maintained to ensure network priorities are met	Evidence that regional alignment increases regional service delivery	Changes in service outputs	Evidence that regional alignment increases regional service delivery

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Models of care	Consistent GP referrals	Develop Q1 2013 Roll out Q4 2013	In conjunction with primary and BPAC develop a standardised CKD referral process including access criteria and clinical pathway Roll out across region to primary	Consistency of referrals Potential to reduce secondary services delivered	Monitoring and audit to maintain sustainability, future validity and compliance	Equity of patient access to regional renal services Reduction in inappropriate referrals	Monitoring and audit to maintain sustainability, future validity and compliance	Equity of patient access across regional Renal services Reduction in inappropriate referrals

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q2	Models of care	Education programme for GPs	Programme formulated: Q4 2012 Implement plan: Q1 2013	Implement education programme	Decrease inappropriate patient referrals Decrease inpatient admissions	On-going monitoring and review of education package	Equity of patient access across regional renal services Reduction in inappropriate referrals	On-going monitoring and review of education package	Benefits: Equity of patient access across regional renal services Reduction in inappropriate referrals
Q3	Models of care	Working with ED services	Review Q4 2014	Work with ED staff around acute renal presentations	Decrease inpatient admissions Save transplants	Monitor and maintain links between DHB ED departments and renal services	Decrease inpatient admissions Save transplants	Monitor and maintain links between DHB ED departments and renal services	Decrease inpatient admissions Save transplants

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Regional renal plan	Plan guides future decision making regarding regional renal services and focuses on achieving equitable access and outcomes for renal patients	Plan formulated Q4 2013 Prioritise initiatives: Q2 2013 Complete outcome: Q4 2014	Implement work plan	Achieving equitable access and outcomes for renal patients Sharing of services and knowledge	Review 2013 work plan and build on areas of need Update as necessary	Achieving equitable access and outcomes for renal patients Sharing of services and knowledge	Review revised work plan and build on areas of need Update as necessary	Achieving equitable access and outcomes for renal patients Sharing of services and knowledge

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S2	Telemedicine	Implementation of telemedicine Telemedicine will be implemented in conjunction with the MRIS Leadership group	Develop protocols Q4 2012 Trial: Q1 2013	Develop protocols for telemedicine across the region Trial site (TDH)	Reduction in travel costs (patient and clinical staff)	On-going review of services and roll out to other DHBs (yet to be confirmed)	Reduction in travel costs (patient and clinical staff)	On-going review, rollout and expansion of telemedicine usage across the region	Reduction in travel costs (patient and clinical staff)
S3	Clinician education	Education of primary and secondary care clinicians with regard to renal services	Q4 2012 Q2 2013	Design an education plan Implementation	Appropriate referrals Improved partnership around primary/secondary care Improved communication Better transfer of patient care	On-going monitoring and review of education package	Appropriate referrals Improved partnership around primary/secondary care Improved communication Better transfer of patient care	On-going monitoring and review of education package	Appropriate referrals Improved partnership around primary/secondary care Improved communication Better transfer of patient care
S4	Service delivery planning	Discuss changes or impacts to current/planned/ future service delivery models that may impact regional renal services (including capital)	Review and discuss at each MRAG meeting	Any impacts are minuted and reviewed by the MRAG group Action plan to be implemented if required	Ensuring that any changes in service delivery provision do not impact other regional renal services without prior agreement between the impacted DHBs	Continuous review and on-going monitoring	Allow DHBs to make informed service delivery decisions based on regional planning	Continuous review and on-going monitoring	Allow DHBs to make informed service delivery decisions based on regional planning

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Data collection and reporting	Review clinical indicators and establish what is already collected/where to ensure regionally consistent approach to data collection and reporting	Review Q2 2013 On-going	Ensure there are mechanisms in place to ensure the ability to measure standard of care across the Midland region. Targets/outcomes/ KPIs are refined around risk management to show intervention rates, supported by robust data and audit outcomes Data presented locally and regionally to allow for local and regional approach to service/quality improvement where appropriate	Targeted (and measurable) approach to achieving equitable access and outcomes for renal patients	Changes in service outputs	Analyse variations in access and identify areas of improvement to move towards consistent regional access rates Make recommendations as required	Changes in service outputs	Analyse variations in access and identify areas of improvement to move towards consistent regional access rates Make recommendations as required

Enablers/support

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Workforce and Training All programme initiatives to be in conjunction with the MRTN leadership group and the MRWFD team	Workforce intelligence Plan for a sustainable renal workforce	Q2 2013 Q2 2013 Q4 2014	Head count to service current population vs. workforce to deliver the key objectives Areas of shortage are identified Trends in renal workforce numbers, distribution and forecasting are analysed by regional workforce (benchmarked against demand)	Understanding of current state and future needs to be achieved	Stronger engagement with workforce monitoring in conjunction with GM HRs to understand renal issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in place for workforce	Equity of access of across Midland region to quality care and services (right time, right place)
E2	Workforce and Training	Workforce utilisation Identify future renal workforce requirements and develop plans to ensure renal care provision continues	Q2 2014	Utility of existing workforce model critiqued against workforce forecasting Options for innovative models explored could include: 1: Nurse Practitioner 2: Clinical Nurse Specialist 3: GP/Practice Nurse	To ensure a suitable workforce with improved access to health providers for patients and clients Accurate baseline data and engagement of service providers in developing solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models

Enablers/support

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E3	Workforce and Training	Workforce planning and forecasting for renal staff	Q2 2013	Robust understanding of workforce issues and identification of workforce needs for the future					
E4	Capital	Implement regional approach to asset management through sharing of regional DHB capital intentions	Stock take Q2 2013	Stock take of current and future capital intentions for each DHB Gain regional agreement on all major capital projects	Sustainable and affordable regional renal service	Continuous review, on-going monitoring, and support	Sustainable and affordable regional renal service	Continuous review, on-going monitoring, and support.	Sustainable and affordable regional renal service
		Procurement and tender	Review: Q4 2014 Ongoing	Work cooperatively and in alignment with the regional procurement strategy	Reduce cost through Regional purchasing agreements and tenders WDHB brokers the consumable contracts for renal supplies WDHB brokers the attendance of renal nurses across the region to renal conferences		Reduce cost through regional purchasing agreements and tenders		Reduce cost through regional purchasing agreements and tenders

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E5	Māori Health Supporting integration and linkages with DHB Māori Health Plans	Increasing live donor rates in Māori and Pacific populations	Plan Developed Q2 2013 Roll out: Q4 2014	Develop and roll out a programme in conjunction with Māori Health which will be designed to be utilised in primary and secondary health care arenas	Constant training opportunities across Primary and secondary arenas	Monitoring donor rates	Reduce inequalities in health outcomes for Māori	Monitor donor rates	Reduce inequalities in health outcomes for Māori
E6	Information Technology All programme initiatives to be in conjunction with the MRIS leadership group All IT initiatives are dependent on deliverables being achieved as documented in the 13/14 Regional ISSP	Shared regional electronic clinical workstation and data repository	Timeline dependent on DHB affordability and implementation of the Regional ISSP	The MRAG is to ensure involvement in the development and roll out of an agreed regional electronic clinical workstation and data repository.	Supporting clinical integration and promoting 'better, sooner, more convenient healthcare' across the Midland region. Shared clinical information Reduction in duplicated diagnostics required	Ongoing assistance and input into the development of forms and applications relevant to renal services	Roll out sequence and up take dependent on DHB affordability	Ongoing assistance and input into the development of forms and applications relevant to renal services	Roll out sequence and up take dependent on DHB affordability

Health of the Older Person Action Group Work Programme

Chair: Dr Lorraine Taylor

Project Manager: Kerry-Ann Adlam

Vision: To facilitate appropriate support and care allowing 'ageing in place', and maintenance of a good quality of life and independence for as long as possible. This will be done by ensuring right service, right time, right place, right provider, right skills and by engaging with primary/community care to develop integrated services for older people that support their continued safe, independent living at home, particularly after a hospital discharge.

Key Objectives: There are consistent systems and processes in place across the Midland Region to support:

1. Keeping older people well and self-managing, reducing the need for avoidable hospital admissions and long term residential care
2. Older people having access to timely and quality coordinated care from a range of providers enabling them to remain independent and in their own homes and communities
3. Reduce duplication
4. Manage the demand on related high cost service expenditure to a level that can be sustained within current financial resources
5. Smarter investment in home care for older people, including a stronger focus on home support after hospital discharge
6. Reduce inequalities in health outcomes for Māori

Measures:

- Reducing readmission rates for 75+ within 28 days into acute services*
- Reduce new admissions to ARC for 75+ within a month of discharge from acute services

***Acute services in this document refers to services within secondary/tertiary hospital settings. Access is through any referral pathway e.g. elective surgery, ED, outpatients etc.**

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Principles of care for HOP services	The HOP action group will develop principles of care for the Health of Older Person Services that can be consistently applied to existing and developing services in the Midland region	July 2013 – December 2014	Review existing documents and develop a set of principles of care with sign off and support from the Midland DHBs	Consistency in service development	Utilisation of principles of care to inform future annual planning and service development	Consistency in service development	Evaluation of principles of care document	Consistency in service development

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Wrap around services are available for Older People across the sector	Wrap around services are in place to ensure at risk 75+ are identified and intervention plans are in place for their ongoing care	July 2013 – June 2014	Define and specify HOP wrap around services Stock take of 'wrap around' services and benchmark against a dashboard of defined 'essential' wrap around services Investigate and utilise InterRai data to inform service delivery – explore InterRai information being collected and develop a system to identify at risk Older People across the sector Stock take of discharge planning processes is undertaken for acute services A best practice integrated discharge planning model is investigated and agreed by the HOP action group	Better informed decision making for wrap around services	DHBs are supported to implement an Integrated discharge planning model for acute services Case finding model and flag system is implemented across the sector Benchmark the % of discharges with a discharge plan with targeted actions and activities Advance care planning model is supported for the region	Better informed decision making for wrap around services and end of life care	Integrated discharge model is evaluated and changes made if required Case finding model is evaluated An increasing number of discharges have a discharge plan with targeted actions and activities Advance care planning model is well utilised across the region	Better informed decision making for wrap around services and end of life care

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S2	Dementia service development	The HOP action group will provide support for DHBs to implement dementia care pathways based on the National Dementia Framework	July 2013 and ongoing	HOP action group to provide feedback on the National Dementia Framework during consultation phase Undertake stock take of dementia services available across the region (full spectrum) Provide regional oversight, support and shared resources for the implementation of the national dementia framework	Decreased cost Decreased morbidity Increased quality of life	Ongoing oversight and support for the implementation of the national dementia framework across the Midland DHBs	Decreased cost Decreased morbidity Increased quality of life	Ongoing oversight and support for the implementation of the national dementia framework across the Midland DHBs	Decreased cost Decreased morbidity Increased quality of life

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S3	Delirium service development	A pathway for the prevention and management of delirium is developed and implemented (including screening tool) for all Midland DHBs	July 2013 and ongoing	Undertake stock take of delirium services available across the region Work with national coders to ensure delirium coding is more accurate A pathway for the prevention and management of delirium is developed and approved for use across the Midland DHBs including a case finding tool Delirium education and training resources are developed for use by clinicians Benchmark the % utilisation of a screening and measurement tool for risk of delirium for those 75+ Benchmark % of intervention plans in place for delirium cases	Decreased cost Decreased morbidity Increased quality of life	Beginning implementation of delirium pathway across the Midland DHBs Prevalence of delirium in 75+ patients in acute services is measured more accurately Delirium education provided across the region The utilisation of a screening and measurement tool for risk of delirium for those 75+ is increased Intervention plans in place for delirium cases is increased	Decreased cost Decreased morbidity Increased quality of life	Full implementation of delirium pathway across the Midland DHBs Prevalence of delirium in 75+ patients in acute services is measured more accurately The utilisation of a screening and measurement tool for risk of delirium for those 75+ is increased Intervention plans in place for delirium cases is increased	Decreased cost Decreased morbidity Increased quality of life

Research and Evaluation

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
R1	Key audits and outcome measures are monitored by the HOP action group. It is anticipated that actions within the work plan will see a decrease in readmission rates to acute services and admission rates to aged residential care services	The following audits and outcome measures are monitored by the HOP action group on a quarterly basis: Patients 75+ readmission rates to acute services New admissions to ARC for 75+ patients within a month of discharge from acute services	July 2013 and ongoing	Benchmark the % of patients 75+ who have an unplanned readmission to acute services Benchmark the % of admissions to ARC within one month of discharge from acute services	Decreased acute services cost and burden Decreased cost of aged residential care services	Decrease in the number of patients 75+ who have an unplanned readmission to acute services Decrease in admissions to ARC within one month of discharge from acute services	Decreased acute services cost and burden Decreased cost of aged residential care services	A further decrease in the number of patients 75+ who have an unplanned readmission to acute services A further decrease in the admissions to ARC within one month of discharge from acute services	Decreased acute services cost and burden Decreased cost of aged residential care services

Enablers/support

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
E1	Workforce and training for the Health of Older Persons' sector	The HOP action group will work with workforce leads to identify priorities to ensure a sustainable workforce with appropriate skills across the sector, this will specifically include the Māori workforce	July 2012 and ongoing	Stock take of workforce activity across the region including any other workforce plans for the HOP sector (regional and national) Stocktake of HOP workforce across the Midlands region Identification of key priorities for workforce development	Better utilisation of the health of older person workforce	Implementation plan for workforce priorities developed	Better utilisation of the health of older person workforce	Workforce priorities implemented as per plan	Better utilisation of the health of older person workforce

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E2	Workforce and training for the Health of Older Persons' sector	Training for relevant health professionals in Advance Care Planning (ACP) will be promoted to support older people to make an Advance Care Plan, to enable people to be better prepared for their future and be empowered to take part in joint decisions about their future health, treatment and care options	July 2013 and ongoing	Undertake a stock take of ACP utilisation in the Midland region and establish a baseline of relevant clinicians and clinical settings for ACP training Support DHBs to establish a clinical champion for ACP Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community	Older people in the Midlands region are able to make informed care and treatment options for the future Potential for reduction of avoidable admissions from aged residential care through better management of end of life care Personal care plans and paths for individual patients with improved patient/family agreement and buy-in Reduction in unnecessary/ inappropriate investigations, treatment and both elective and emergency procedures (with reduced admissions and reduced costs)	Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community Support the development and implementation of ACP documentation and inclusion in relevant clinical pathways	Older people in the Midlands region are able to make informed care and treatment options for the future Potential for reduction of avoidable admissions from aged residential care through better management of end of life care Personal care plans and paths for individual patients with improved patient/family agreement and buy-in Reduction in unnecessary/ inappropriate investigations, treatment and both elective and emergency procedures (with reduced admissions and reduced costs)	Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community Support the development of a regional IT solution to identify and flag ACP plans to relevant clinicians and clinical settings	Older people in the Midlands region are able to make informed care and treatment options for the future Potential for reduction of avoidable admissions from aged residential care through better management of end of life care Personal care plans and paths for individual patients with improved patient/family agreement and buy-in Reduction in unnecessary/ inappropriate investigations, treatment and both elective and emergency procedures (with reduced admissions and reduced costs)

Radiology Network Work Programme

Chair: Jill Wright

Project Manager: Jane Ireland

Network Vision: to provide robust leadership through evidence based best practice to achieve the specific outcomes which are identified and prioritised by the Network.

Network Key Objectives:

- Identify specific and achievable initiatives to address aspirations defined for regional clinical governance framework:
  (as outlined in the MRSP 'statement of aspirations for regional clinical governance framework)
  - Measure and reduce variation in care
  - Improve clinical effectiveness
  - Improve the patient experience
  - Improve the sustainability and continuity of vulnerable services
  - Maintain local service access where this is consistent with safety
  - Manage clinical risks and improve safety, and
  - Reduce inequalities.
- Make recommendations on the priorities and work plan, including financial implications and other implications
- Continue to support the implementation of approved priorities across the region
- Oversee the analysis of benefits and impacts and other relevant work
- Establish close linkages and take an active role in key initiatives, including Clinical Pathways
- Liaise with other regional and national bodies such as Regional Service Planning, MRRG and MRTAC
- Identify ways to provide a workforce that is flexible and able to support changing demand

All deliverables and gains are based on appropriate use of resource and funding.

Measures: All measures outlined in this work programme apply to the Bay of Plenty DHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB, Waikato DHB

1: National Indicators

	MoH National Radiology Indicators The following measures apply to the BOPDHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB, Waikato DHB		
	2013/14	**2014/15**	**2015/16**
Improving Waiting Times for Diagnostic Services for **Community and Outpatient Referrals:** CT	85% of accepted referrals for scans receive their scan within 6 weeks (42 days).	95% of accepted referrals for scans receive their scan within 6 weeks (42 days).	95% of accepted referrals for scans receive their scan within 6 weeks (42 days).
Improving Waiting Times for Diagnostic Services for **Community and Outpatient Referrals:** MRI	75% of accepted referrals for scans receive their scan within 6 weeks (42 days).	Number of accepted referrals for scans receive their scan within 6 weeks (42 days) - to be confirmed.	Number of accepted referrals for scans receive their scan within 6 weeks (42 days) - to be confirmed.

2: Regional KPI's

	Midland Region Radiology KPI's The following measures apply to the BOPDHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB, Waikato DHB		
	2013/14	**2014/15**	**2015/16**
Diagnostic Services for **Community and Outpatient Referrals:** All modalities (CR, CT, MRI, Ultrasound, Fluoroscopy, interventional and Mammography imaging (excluding breast screening). **Baseline performance 12/13:** **DHB** / **YTD (average) 12/13** LDHB / TBA* BOPDHB / 71.8% TDH / 82.0% TDHB / TBA* WDHB / 72.1% ***LDHB and TDHB are working to supply this information.**	70% of reports should be dispatched within 48 hours of procedure performed.	75% of reports should be dispatched within 48 hours of procedure performed.	80% of reports should be dispatched within 48 hours of procedure performed.

Diagnostic Services for **Inpatient and Emergency Department Referrals:** All modalities (CR, CT, MRI, Ultrasound, Fluoroscopy, interventional and Mammography imaging (excluding breast screening))	90% of accepted referrals to have their procedures completed within 24 hours	90% of accepted referrals to have their procedures completed within 24 hours.	90% of accepted referrals to have their procedures completed within 24 hours.
	98% of accepted referrals to have their procedures complete within 48 hours	98% of accepted referrals to have their procedures complete within 48 hours.	98% of accepted referrals to have their procedures complete within 48 hours.

3:Primary Referred Indicator

	Primary Referred Indicators **The following measures apply to the BOPDHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB, Waikato DHB**		
	2013/14	**2014/15**	**2015/16**
Diagnostic Services for Primary Referred: For CR and Ultrasound	65% of accepted referrals for scans receive their scan within 6 weeks (42 days).	70% of accepted referrals for scans receive their scan within 6 weeks (42 days).	75% of accepted referrals for scans receive their scan within 6 weeks (42 days).
Diagnostic Services for Primary Referred: For CT	85% of accepted referrals for scans receive their scan within 6 weeks (42 days).	95% of accepted referrals for scans receive their scan within 6 weeks (42 days).	95% of accepted referrals for scans receive their scan within 6 weeks (42 days).

TDHB and LDHB to provide full information once IT systems are in place to support this.

Glossary of terms:

Key	Description	Key	Description
Cancer MDM	Cancer Multi-Disciplinary Meeting Group	MRI	Magnetic Resonance Imaging
CDR	Common Data Repository	MRIS	Midland Region Information Systems
CR	Computed Radiography	MRRG	Multi-Regional Radiology Group
CT	Computed Tomography	MRRN	Midland Region Radiology Network
DHB	District Health Board	MRTN	Midland Region Training Network
ISSP	Information Systems Services Plan	MRWFD	Midland Region Workforce Development
IT	Information Technology	NHB	National Health Board
KPI	Key Performance Indicators	RVU	Relative View Unit
PRR	Primary Referred Radiology	MRI	Magnetic Resonance Imaging
MoH	Ministry of Health	MRTAC	Medical Radiation Technologist Action Committee
RSP	Regional Services Plan	MRSP	Midland Regional Services Plan

Governance

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Regular meetings and workshops to continue to develop the MRRN Liaise and inform other key project groups such as the Cancer MDM Group, Midland Primary Referred EAG, the MRRG and other regional networks (as appropriate)	Meeting and developing of relationships by key stakeholders which include clinical and managerial representation from Midland DHBs, Primary referred and Funder	Monthly or bi-monthly meetings/ workshops (either face to face, or videoconferencing and/or teleconferencing in conjunction with web conferencing technology)	Clinical leadership across the continuum of care contributing to service delivery, sustainability and longevity of the group	Shared regional learning advantages and combined project costs	Continued review of group membership to ensure sustainability of group and correct clinical service coverage is maintained to ensure network priorities are met	Evidence that regional alignment increases regional service delivery	Continued review of group membership to ensure sustainability of group and correct clinical service coverage is maintained to ensure network priorities are met	Evidence that regional alignment increases regional service delivery

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Improving Radiology outcomes	Monitor against MoH indicators	Review monthly Indicators set until Q4 2015	As per MoH National indicators as noted in measures section above	Improving waiting times for Diagnostic services: CT and MRI Imaging	As per MoH National Indicators as noted in measures section above	Sustain /Improve waiting times for Diagnostic services: CT and MRI Imaging	As per MoH National Indicators as noted in measures section above	Sustain/ Improve waiting times for Diagnostic services: CT and MRI Imaging
Q2	Improving Radiology outcomes	Monitor against Regional measures	Review findings monthly Review: Q4 2014	As per regional KPIs as noted in measures section above	Improving wait and result turnaround times	Regional KPIs yet to be defined – prior to final RSP submission	Sustain/Improve wait and result turnaround times	Regional KPIs yet to be defined – prior to final RSP submission	Sustain/Improve wait and result turnaround times

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q3	Improving Radiology outcomes	Monitor against Primary referred Indicators	Reviewing findings monthly Review: Q4 2014	Implement Primary referred indicators	Improving wait times for primary referred patients Review and make recommendation to funder as appropriate	Review and primary referred indicators	Sustain/Improve wait times for primary referred patients Review and make recommendation to funder as appropriate	Review and primary referred indicators	Sustain/Improve wait times for primary referred patients Review and make recommendation to funder as appropriate
Q4	Improving Radiology outcomes	Standardisation of RVUs	Regional Standardisation Q4 2014 Audit and review: Q4 2015 National Standardisation Q4 2016	Standardisation of RVUs across the Midland Region Regular comparison and monitoring of data between Midland DHBs (RVUs)	To provide funding equity across the midland region radiology services Enables comparison of productivity across the Midland region radiology services	Audit and review of current measures Regular monitoring and review to ensure RVUs are still current and applicable to services provided	Ensures regional consistency	Move towards nationalised standard RVUs (if available)	Enables comparison of productivity nationally across radiology services
Q5	Improving Radiology outcomes	Share information to identify processes and efficiencies that can be adopted and implemented	Improving waiting times Ongoing Review: Q4 2014	Ongoing focus on improving wait times within Radiology	Timely patient care (improve patient outcomes)	Regular monitoring and review	Timely patient care (improve patient outcomes)	Regular monitoring and review	Timely patient care (improve patient outcomes)

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Access criteria to primary referred radiology	Use of agreed access criteria for primary referred radiology (align with national work on access criteria when available)	Stocktake and agreement: Q2 2014 Implementation: Q4 2014 Review and assessment : Q4 2015	Stocktake (in conjunction with primary referred radiology EAG) and update of current access criteria Agreement to use a regional primary referred access criteria, developed in conjunction with the MRRN and aligned with national criteria when available	Working collaboratively with MRRG and Primary referred EAG ensures consistent approach to access criteria development Potential to reduce secondary services delivered	Confirmed access criteria implemented across all DHBs and primary care	Equity of patient access across to Radiology services New Zealand Reduction in inappropriate referrals	Monitoring and audit of access criteria to maintain sustainability , future validity and compliance	Equity of patient access to Radiology Services across New Zealand Reduction in inappropriate referrals
S2	Access criteria to primary referred radiology	Identify variations in access to primary referred radiology between DHBs	Monthly reporting	Collect (via standardised templates), monitor and report primary care access to X-ray, CT and Ultrasound per Midland DHB by volumes against contracted RVUs and volumes	Transparency of ability to meet contracted RVU volumes and determine need across the region	Review and make recommendation to funder as appropriate	Transparency of ability to meet contracted RVU volumes and determine need across the region	Review and make recommendation to funder as appropriate	Transparency of ability to meet contracted RVU volumes and determine need across the region

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S3	Clinical Pathways	Supporting and advising other clinical networks with clinical pathways development with regard to radiology services	Ongoing Q4 2016	Creating linkages with key stakeholder groups on how radiology services can help to inform clinical pathway development within the region	Ensuring radiology services are involved and understand any pathways being developed that may impact their service delivery	Continuous review, ongoing monitoring, and support. Making recommendation to other clinical groups when appropriate	Ensuring radiology services are involved and understand any pathways being developed that may impact their service delivery	Continuous review, ongoing monitoring, and support. Making recommendation to other clinical groups when appropriate	Ensuring radiology services are involved and understand any pathways being developed that may impact their service delivery
S4	Service delivery planning	Discuss changes or impacts to current/planned/ future service delivery models that may impact regional radiology services. (including capital)	Review and discuss at each MRRN meeting	Any impacts are minuted and reviewed by the MRRN group Action planned to be implemented if required	Ensuring that any changes in service delivery provision do not impact other regional radiology services without prior agreement between the impacted DHBs	Continuous review and ongoing monitoring	Allow DHBs to make informed service delivery decisions based on regional planning	Continuous review and ongoing monitoring	Allow DHBs to make informed service delivery decisions based on regional planning

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Regional access benchmarking	To measure access across the region and to establish ways of providing consistent standards of care	Monthly and annually	Analysis on activity data, affordability, and demographics. MRRN to make recommendations as appropriate	Understanding of referral practice and current public access Better utilisation of Radiology resources across the Midland region	Analyse variations in access and identify areas of improvement to move towards consistent access rates and make recommendations	Better utilisation of radiology resources across the Midland region	Analyse variations in access and identify areas of improvement to move towards consistent access rates and make recommendations	Better utilisation of radiology resources across the Midland region

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E1	Workforce and Training: All programme initiatives (E1 – E5)to be in conjunction with the MRTN Leadership group and the MRWFD team	Workforce Intelligence Plan for a sustainable radiology workforce	Q2 2013 Q2 2013 Q4 2014	Head count of service current population vs. workforce to deliver the key objectives Areas of shortage are identified Trends in radiology workforce numbers, distribution and forecasting are analysed by regional workforce	Understanding of current state and future needs to be achieved	Stronger engagement with workforce monitoring in conjunction with GM HRs to understand radiology issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in pace for workforce	Equity of access of across Midland region to quality care and services (right time, right place)
E2	Workforce and Training	Workforce utilisation Identify future radiology workforce requirements and develop plans to ensure appropriate radiology care provision continues	Q2 2013 Q4 2014	Utility of existing workforce model critiqued against workforce forecasting Explore innovations for retaining radiology staff in the Midland region (eg: post vocational training including sonographers)	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E3	Workforce and Training	Workforce planning and forecasting for radiology staff	Q4 2014	Strategic plan for sustainable radiology service provision inclusive of Radiologists and Sonographers Work with appropriate organisations boards to plan for placements in identified areas	Robust understanding of workforce issues and identification of workforce needs for the future	Increase RMO placements as required Increase Sonographer training positions			
E4	Workforce and Training	Working in partnership with MRTN to achieve service improvement objectives	Multiple projects defined by local DHB aligning with regional initiatives	Improving relationships and developing staff as well as completing service improvement projects	Reduced costs through retention of staff and meeting service measures	Improving relationships and developing staff as well as completing service improvement projects	Reduced costs through retention of staff and meeting service measures	Improving relationships and developing staff as well as completing service improvement projects	Reduced costs through retention of staff and meeting service measures
E5	Capital	Implement regional approach to asset management Align capital plans and tender timetables	Quarterly until end of 2016	Work cooperatively as per regional procurement strategy to align capital plans and tender timetables Continual review of timetable	Regional cost effective purchases and tenders	Continuous review, ongoing monitoring, and support	Regional cost effective purchases and tenders	Continuous review, ongoing monitoring, and support	Regional cost effective purchases and tenders

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E6	Information technology: All programme initiatives to be in conjunction with the MRIS Leadership group All IT initiatives in this section (E6 – E9) are dependent on deliverables being achieved as documented in the 13/14 Regional ISSP	Common clinical data repository (CDR) in place for Regional Radiology services	Development: Q4 June 2014 Rollout: Q4 2016	Work with the Regional IS to develop an implementation plan for a shared electronic workspace	Gives referrers access to patient information across the region	Ongoing roll out and development of CDR	Roll out sequence and up take dependent on DHB affordability	Ongoing review, development, and rollout.	Roll out sequence and up take dependent on DHB affordability
E7	Information technology:	Electronic ordering system	Review: Q4 2014 Trial: Q4 2014 Ongoing roll out: Q4 205/15	All Midland region radiology departments to have the ability to receive electronic ordering with decision based functionality. One/Two DHBs to trial electronic ordering (to be confirmed)	Reduction in referral errors (ie: incorrect consultant or patient request) More timely delivery of services	Ongoing review, development, and roll out	Roll out sequence and up take dependent on DHB affordability	Ongoing review, development, and rollout.	Roll out sequence and up take dependent on DHB affordability
E8	Information technology	Electronic radiology report sign off	Review: Q4 2014 Ongoing roll out: Q4 2015/16	All Midland DHBs to have monitoring in place to ensure radiology reports are signed off within appropriate time frames.	Reports delivered and signed off by correct consultant within appropriate time frames improving patient outcomes	Ongoing review, development, and roll out	Roll out sequence and up take dependent on DHB affordability	Ongoing review, development, and rollout	Roll out sequence and up take dependent on DHB affordability

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E9	Information technology	Web-based shared communication/ information sharing tool	Development: Q2 2014 Roll Out: Q4 2014 Ongoing: Q4 2016	MRRN to provide input into the development of a web based portal (Midland Navigator or similar) for use by primary and secondary health providers Roll out across the region	Provides a single mechanism for discussion and dissemination of data, guidance or guidelines, innovative practice, new research, and local initiatives to consumers, hospital and community-based practitioners/ stakeholders	Ongoing involvement in review and updating of the Radiology content contained of the site	Consistent standard of information for radiologist services to help referrers provide care for their patients	Ongoing involvement in review and updating of the Radiology content contained of the site	Consistent standard of information for radiologist services to help referrers provide care for their patients

National Priority Services

Cardiac Network Work Programme 13/14

Chair: Dr Gerard Devlin

Project Manager: Jane Ireland, Diane Penney (ACS)

Context: Improving access to cardiac services will help New Zealanders to live longer, healthier and more independent lives.

Midland Cardiac Clinical Network Vision: "To prevent all New Zealanders dying prematurely from heart disease".
This vision aligns with the vision/goal of the National Cardiac Network.

National Objectives:

- Better, sooner, more convenient health services for New Zealanders in relation to cardiac services means improved and more timely access to cardiac services
- More patients survive acute coronary events, cardiac damage from these events is minimised, and the likelihood of subsequent cardiac events is reduced
- Patients with suspected ACS receive seamless co-ordinated care across the clinical pathway
- Patients with similar level of need receive comparable access to services, regardless of where they live

Midland Cardiac Clinical Network Key Objectives:

- Aligning with Regional Maori Health Plans to improve the current inequity of access and poorer outcomes
- Improve identification and management of high risk of New Zealanders across primary/secondary/tertiary continuum
- Improve access to cardiac diagnostics and specialist assessment
- Improve equity of access to cardiac diagnostics and specialist assessments
- Reduce waiting times for people requiring cardiac services

Measures: Measures reported are broken down to include ethnicity, age, and rural/urban domicile.

All measures outlined in this work programme apply to the Bay of Plenty DHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB, Waikato DHB and are based on nationally established targets

Nationally Established and Regional Reported Targets – 2012/13:

Target	1. Acute Coronary Syndrome (ACS)
1.1	>70% of high risk Acute Coronary Syndrome patients accepted for coronary angiography receive it within 3 days of admission (Day of admission=Day 0)
1.2	>95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge
1.3	>95% of patients presenting with Acute Coronary Syndrome have completion of ANZACS QI data collection within 30 days of discharge.

Target	2. Additional Measures Access to the following interventions will be at or below the agreed rates:
2.1	For coronary angiography - 85% of accepted referrals for elective coronary **angiograms** will receive their procedure within 3 months (90 days) and no patient will wait longer than five months
2.2	For percutaneous **revascularisation** a target of 12 per 10,000 of population will be achieved
2.3	For **coronary angiography** services, a target of at least 33.9 per 10,000 of population will be achieved

Target	3. Cardiac Surgery
3.1	For **cardiac surgery** a minimum target intervention rate of **6.5** per 10,000 of population will be achieved
3.2	The waiting list for **cardiac surgery** will remain between 5 and 7.5% of annual cardiac throughput, and not exceed 10% of annual throughput (Waiting list target - managed via Elective services reporting)
3.3	95% data completion into National Cardiac surgery database within 30 days post discharge

Target	4. Health Continuum
4.1	90% of eligible population have a CVD risk assessment within the last 5 years (by 30 June 2014)
4.2	Identify number of high risk patients that are receiving treatment within the midland region for: 1: Aspirin therapy 2: Statins therapy 3: BNP assay in assessment of suspected Heart Failure

Glossary of terms:

Key	Description
ACS	Acute Coronary Syndrome
CPS	Cardiac Priority score
CVD	Cardiovascular Disease
FSA	First specialist assessment
MCCN	Midland Cardiac Clinical Network
MRIS	Midland Regional Information Systems
MRT	Medical Radiology Technician
MRTN	Midland Region Training Network
MRWFD	Midland Region Workforce Development
PID	Project Initiation Document
RSP	Regional Services Plan

Governance

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Regular meetings and workshops to continue to develop the MCCN Liaise and inform other key project groups such as the National Cardiac Network and other Regional networks (as appropriate) Progress the agreed network priorities as outlined in the Regional RSP work programme, including linking with the Midlands Rheumatic Fever work programme	Meeting and developing of relationships by key stakeholders which include clinical and managerial and Maori Health representation from Midland DHBs Supporting initiatives supported by evidence based care	Bi-monthly meetings or workshops (either face to face, or videoconferencing and/or teleconferencing in conjunction with web conference technology)	Clinical leadership across the continuum of care contributing to service delivery, (not limited to the national targets) whilst ensuring sustainability and longevity of the group	Shared Regional learning advantages and combined project costs	Continued review of group membership to ensure sustainability of group and correct clinical service coverage is maintained to ensure network priorities are met	Evidence that regional alignment increase regional service delivery	Continued review of group membership to ensure sustainability of group and correct clinical service coverage is maintained to ensure network priorities are met	Evidence that regional alignment increase regional service delivery

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	ACS Midland ACS Project commenced in March 2011. The full project deliverables are covered off in the PID and includes: Model of service, workforce requirements, IT requirements, capital requirements, financial savings, communication, and change management	Regionally agreed guidelines, protocols, processes and systems. Local quality initiatives align with the midland regional work programme Midland DHBs will report via the ANZACS-QI (established June 2012).	Review and audit: Q2 2013 Midland ACS Project Completion Q3 2014	To continue to develop, implement and review regional strategies to ensure prompt local risk stratification of suspected ACS patients and the transfer of high risk patients to the tertiary centre for angiography and revascularisation Completion of ACS Project report on key milestones and gains for distribution to MCCN National reporting continues (via ANZACS-QI), using established measures (ACS Target 1.1). ANZACS-QI: completion compliance is maintained across the region (see target 1.2)	Patients with suspected ACS receive seamless co-ordinated care across the clinical pathway More patients survive acute coronary events, cardiac damage from these events is minimised, and the likelihood of subsequent cardiac events is reduced	Monitoring and audit to maintain sustainability, future validity and compliance Benefit realisations of the ACS project are established with DHB's as business as usual. Any other regional quality initiatives are prioritised as part of the MCCN work programmes	Consistency of clinical care, equity of access and improved Maori health outcomes to regional ACS patients	Monitoring and audit to maintain sustainability, future validity and compliance Benefit realisations of the ACS project are established with DHB's as business as usual. Any other regional quality initiatives are prioritised as part of the MCCN work programmes	Consistency of clinical care, equity of access and improved Maori health outcomes to regional ACS patients

Quality and Safety

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q2	ACS	Clinical Pathway review and development (ACS) Continue to ensure local DHB initiatives are in alignment with the regional work programmes	Q3 Annually	The Midland Clinical forum continue review and refine the Midland Region ACS pathway from primary to tertiary care for management of patients with suspected ACS	Consistency of care and equity of access across the region for ACS patients Reduction in inappropriate referrals	Monitoring and audit to maintain sustainability , future validity and compliance via the MoH reporting and ANZACS-QI	Consistency of care and equity of access across the region for ACS patients Reduction in inappropriate referrals	Monitoring and audit to maintain sustainability , future validity and compliance via the MoH reporting and ANZACS-QI	Equity of patient access across regional cardiac services Reduction in inappropriate referrals

Service Delivery

				2013/14		2014/15		2015/16	
		Description	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Service delivery planning	Discuss changes or impacts to current/planned/ future service delivery models that may impact regional cardiac services	Review and discuss at each MCCN meeting	Any impacts are minuted and reviewed by the MCCN group Action plan to be implemented if required Ensure service delivery is tailored to the needs of the high risk population groups (such as: Maori)	Ensuring that any changes in service delivery provision do not impact other regional cardiac services without prior agreement between the impacted DHBs	Continuous review and on-going monitoring	Ensuring that any changes in service delivery provision do not impact other regional cardiac services without prior agreement between the impacted DHBs	Continuous review and on-going monitoring	Ensuring that any changes in service delivery provision do not impact other regional cardiac services without prior agreement between the impacted DHB's

Service Delivery

				2013/14		2014/15		2015/16	
		Description	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S2	Service delivery modelling	Cardiac Services Plan for the Midland region (2006)	Review Q3 2014 Implement started Q4 2015	Review 2006 plan. Benchmark against current and proposed future state. Develop plan and included initiatives into 14/15 regional work plan update and implement changes to the Cardiac Services Plan for the Midland Region	Ensuring patients receiving Cardiac services are treated consistently with equity of access and outcomes across the region	Continuous local and regional review via quality programmes (such as ANZACS-QI) and implement new quality initiatives across the region.	Regional clinical consistency and equity of access and patient outcomes	Continuous local and regional review via quality programmes (such as ANZACS-QI) and implement new quality initiatives across the region.	Regional clinical consistency and equity of access and patient outcomes

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S3	Revascularisation	Acute/Elective Access: Consistent approaches to decision making, management, coordination, and prioritisation	Captured and report regional monthly via the MCCN Develop work programme: Q2 2013	National targets for elective and acute revascularisation are met. (as per measure 2.2) Quality initiatives and work programme (in collaboration with regional DHB's) are developed to address any regional inconsistency regional and inequity of access and outcomes National agreed scoring tools are used to support prioritisation and decision making Compliance is reviewed quarterly by the MCCN and any corrective action plans implemented to address issues	Consistency with equity of access and outcomes	National targets for revascularisation are met (as per measure 2.2)	Consistency with equity of access and outcomes	National targets for revascularisation are met (as per measure 2.2)	Consistency with equity of access and outcomes

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S4	Cardiac Surgery	Service Delivery	Benchmark: Q2 2013 Implement: Q4 2014	Ensure equity in access to and delivery of cardiac surgery target met (as per measure 3.1) Implement the cardiac surgery registry at WDHB (as per measure 3.3) Develop an action plan based on NHB targets to define cardiac surgery service delivery based on DHB of domicile, DHB of delivery and number of procedures	Work to cardiac surgery targets which will improve equity of access to and delivery of cardiac surgery More people receive access to cardiac services which supports New Zealanders to live longer, healthier and more independent lives	Review to ensure that cardiac surgery services are aligned with the regional public requirements	Work to cardiac surgery targets which will improve equity of access to and delivery of cardiac surgery More people receive access to cardiac services which supports New Zealanders to live longer, healthier and more independent lives	Review to ensure that cardiac surgery services are aligned with the regional public requirements	Work to cardiac surgery targets which will improve equity of access to and delivery of cardiac surgery More people receive access to cardiac services which supports New Zealanders to live longer, healthier and more independent lives
S5	Cardiac care is integrated across the continuum (Primary/Secondary Care)	Pathway development Continue to ensure local DHB initiatives are in alignment with the regional work programmes	6 regional pathways to be developed (with Primary and Secondary input) Q4 2016	Align with current local pathway development initiatives (eg: Map of Medicine) Prioritise further pathway development. Two regionally agreed cardiac clinical pathways developed and implemented	Regional consistency with pathways to care and rehabilitation	Two regionally agreed Cardiac clinical pathways developed and established across the Midland region by the end of 2015. Pathways yet to be confirmed	Regional consistency with pathways to care and rehabilitation	Two regionally agreed Cardiac clinical pathways developed and established across the Midland region by the end of 2016. Pathways yet to be confirmed	Regional consistency with pathways to care and rehabilitation

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S6	Cardiac care is integrated across the continuum (Primary/Secondary Care)	Health literacy To achieve a co-ordinated approach across the Midland region clinical networks to Health literacy, public awareness and education with an emphasis for Maori Continue to ensure local DHB initiatives are in alignment with the regional work programmes	Review and prioritise Q4 2014	Review current state, including national and local initiatives and align with regional strategy for developing a work programme. Ensure planning of work programmes will include Maori Health, Primary and Secondary Care and Public Health stakeholders	Constant, concise and standardised, care education available to cardiac patients and care workers Gaining regional efficiencies by combining and consolidating training packages	Roll out of work programme developed in 2013/14	Gaining regional efficiencies by combining and consolidating training packages Integration between primary and secondary health services	Roll out of work programme developed in 2013/14	Gaining regional efficiencies by combining and consolidating training packages Integration between primary and secondary health services
S7	Cardiac care is integrated across the continuum (Primary/ Secondary Care)	Primary Risk Factor Management	Stocktake, data collection and analysis Q4 2014	Identify rate of CV testing per PHO for high risk patients and the number that are receiving treatment and testing within the midland region with: 1: Aspirin 2: Statins 3: BNP	Potential to reduce secondary services delivered Improved partnership around primary/ secondary care	Implement work plan with agreed primary targets	Potential to reduce secondary services delivered Integration between primary and secondary health services	Review and monitor	Potential to reduce secondary services delivered Integration between primary and secondary health services

Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S8	Cardiac care is integrated across the continuum (Primary/ Secondary Care)	Secondary Risk Factor Management	Stock take, benchmark and analysis Q4 2014	Ascertain number of discharged patients receiving guideline based cardiac risk modification care by: 1: Discharge Medications 2: Risk modification plan 3: IP education 4: Cardiac rehab referral & attendance	Potential to reduce utilisation of secondary services Constant, concise and standardised, care education available to cardiac patients and care workers	Implement work plan with agreed secondary targets	Potential to reduce utilisation of secondary services	Review and monitor	Potential to reduce secondary services delivered

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Data collection and reporting	Review clinical indicators and establish what is already collected/where to ensure regionally consistent approach to data collection and reporting	Review Q2 2013 Ongoing Consistent approach to data collection and reporting, aligning data collection systems to enable regional benchmarking and reporting	Ensure there are mechanisms in place to measure standard of care across the Midland region Targets/outcomes/KPI s are refined around risk management to show intervention rates, supported by robust data and audit outcomes Data presented locally and regionally to allow for local and regional approach to service/quality improvement	Targeted (and measurable) approach to achieving equitable access and outcomes for cardiac patients	Changes in service outputs	Analyse variations in access and identify areas of improvement to move towards consistent access rates and make recommendations as required	Changes in service outputs	Analyse variations in access and identify areas of improvement to move towards consistent access rates and make recommendations as required
		ACS data		ANZACS-QI data will be circulated to DHB and network members. Information used to support local and regional work programmes and quality initiatives that focus on reducing variation across the region	Consistent tools in place to support quality initiatives, prioritisation, and decision making. Single data repository for ACS Provides opportunities for improvements	On-going work to reduce variations in equity of access and patient outcomes	Consistent tools are in place to support quality initiatives, prioritisation and decision making Single data repository for ACS Provides opportunities for improvements	On-going work to reduce variations in equity of access and patient outcomes	Consistent tools are in place to support quality initiatives , prioritisation and decision making Single data repository for ACS Provides opportunities for improvements

Enablers/support

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Workforce and Training All programme initiatives to be led by the MRTN Leadership group, in conjunction with the MCCN and the MRWFD team	Work Force Intelligence Plan for a sustainable cardiac workforce	Q2 2013 Q2 2013 Q4 2014	Head count to service current population vs workforce to deliver the key objectives Areas of shortage are identified Trends in cardiac workforce numbers, distribution and forecasting are analysed by regional workforce (benchmarked against demand)	Understanding of current state and future needs to be achieved	Stronger engagement with workforce (including Māori) monitoring in conjunction with the GM's HRs and Māori Health to understand cardiac issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in place for workforce	Equity of access of across Midland region to quality care and services (right time, right place)
E2	Workforce and Training	Workforce utilisation Identify future cardiac workforce requirements and develop plans to ensure appropriate cardiac care provision continues	Q2 2014	Utility of existing workforce model critiqued against workforce forecasting Options for innovative nursing and technical models explored including: Nurse Practitioner, GP/Practice Nurse, Physiologists, MRTs	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models

Enablers/support

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E3	Workforce and Training	Workforce planning and forecasting for SMOs	Q2 2013	Robust understanding of workforce issues and identification of workforce needs for the future including training programmes					
E4	Māori Health Supporting integration and linkages with DHB Māori Health Plans	Cultural Competency	June 2014	Develop an e-learning cultural competency programme (with a cardiac care focus) which will be designed to be utilised in primary and secondary health care arenas	Constant training opportunities across Primary and secondary arenas which support cultural competency	Roll out to secondary healthcare professionals	Shared savings through joint training initiatives Reduce inequalities in health outcomes for Māori	Roll out to primary healthcare professionals	Shared savings through joint training initiatives Reduce inequalities in health outcomes for Māori
E5	Capital	Develop a regional approach to asset management through sharing of Regional DHB capital intentions	Stock take Q2 2013	Stock take of current and future capital intentions for each DHB. Gain regional agreement on all major capital projects	Sustainable and affordable regional cardiac service	Continuous review and monitoring	Sustainable and affordable regional cardiac service	Continuous review and monitoring	Sustainable and affordable regional cardiac service
		Procurement and Tender	Review Q4 2014 Ongoing	Work cooperatively in alignment with the regional procurement strategy.	Reduce cost through regional purchasing agreements and tenders	Continuous review, ongoing monitoring and support	Reduce cost through regional purchasing agreements and tenders	Continuous review, ongoing monitoring and support	Reduce cost through regional purchasing agreements and tenders

Enablers/support									
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E6	Information Technology (I.T) All local programme initiatives are in conjunction with the MRIS Leadership group and liaison and integration with the Regional Information Services (IS) team	Web-based shared communication/ Information sharing tool	Development Q2 2013 Roll out Q4 2014 Ongoing Q4 2016	Development, agreement and uptake of a shared regional cardiac pathway repository (eg: Midland Navigator or similar)	Regional cardiac pathway repository to be used by Primary/Secondary clinicians Supporting clinical integration and promoting 'better, sooner, more convenient" health care across the Midland region	Ongoing involvement in review and updating of the Cardiac content contained on the site	Consistent standard of information to help referrers provide care for their patients	Ongoing involvement in review and updating of the Cardiac content contained on the site	Consistent standard of information to help referrers provide care for their patients
E7	I.T	Regional e-referral	Stock take Q2 2013 Agreement and Development Q4 2014	Stock take and prioritise referral requirements Agreement of shared e-referral cardiac (with supported clinical pathways and access criteria) across primary, secondary, and tertiary services. Development of e-referral template.	Reduction in referral errors and provides constant patient information collection. Supporting clinical integration and promoting 'better, sooner, more convenient' healthcare across the Midland region.	Ongoing review, development and roll out	Reduction in referral errors and provides constant patient information collection. Supporting clinical integration and promoting 'better, sooner, more convenient' healthcare across the Midland region	Ongoing review, development and roll out	Reduction in referral errors and provides constant patient information collection. Supporting clinical integration and promoting 'better, sooner, more convenient' healthcare across the Midland region

Enablers/support									
				2013/14		2014/15		2015/16	
	Initiative	Description	Timeframe	Deliverable	Gains	Deliverable	Gains	Deliverable	Gains
E8	I.T	Shared e-learning portal for both primary, secondary and tertiary clinical services	Stock take, review and prioritise Timeline dependent on development and agreement by the Midland region HR groups Work done in alignment with the MRWFD and MRTN	Consolidation and prioritisation of education activities in association with primary care, public health agencies and MRWFD/MRTN across the region with regard to cardiac education packages Work programme developed (in conjunction with all key stakeholders) breaking work into projects based on priority	Consistent and available training opportunities across primary and secondary arenas which support cardiac worker education Regional sharing of training package costs	Ongoing review, development and roll out	Consistent and available training opportunities across primary and secondary arenas which support cardiac worker education Regional sharing of training package costs	Ongoing review, development and roll out	Consistent and available training opportunities across primary and secondary arenas which support cardiac worker education Regional sharing of training package costs
E9	I.T	Shared regional electronic clinical workstation and data repository	Timeline dependent on all Midland region DHBs affordability and implementation of the Regional ISP	The MCCN is to ensure involvement in the development and roll out of an agreed regional electronic clinical workstation and data repository	Supporting clinical integration and promoting 'better, sooner, more convenient' healthcare across the Midland region Shared clinical information Minimise duplication	Ongoing assistance and input into the development of forms and applications relevant to cardiac services	Roll out sequence and up take dependent on DHB affordability	Ongoing assistance and input into the development of forms and applications relevant to cardiac services	Roll out sequence and up take dependent on DHB affordability

Midland District Health Boards
www.midlanddhbs.health.nz

Regional Elective Services Work Programme

Chair: Martin Thomas
Project Manager: Leonie Pritchard

Vision:
To lead regional elective services activity on behalf of the Midland DHBs; to provide technical advice through the development of initiatives leading to the delivery of safe and quality sustainable elective services, and to ensure that people with a similar level of need receive comparable access to services, regardless of where they live

Context:
Better, sooner, more convenient health services for New Zealanders in relation to elective services means improved and more timely access to elective services

- More people receive access to services that support the Midland population to live longer, healthier and more independent lives
- People have shorter waiting times for elective services meaning they receive better health services, and can regain good health and independence sooner
- People with a similar level of need receive comparable access to services, regardless of where they live

Objectives:

- Increasing elective services discharges
- Increasing first specialist assessments
- Reducing waiting times for people requiring elective services
- Improving the prioritisation and selection of patients
- Supporting innovation and service delivery
- Optimising regional and clinical integration

Measures/Targets:

1. Electives Health Target – Minimum Discharges

The Midland region will deliver 31,623 elective services discharges to meet each DHB's electives health target. The table below displays the 2013/14 health target, and shows the comparison to the 2012/13 year, including the increase required

Table 1: Electives Health Target - Minimum Discharges

DHB	2012/13 Health Target	2013/14 Health Target	Increase Required
Bay of Plenty	8,357	8,443	86
Lakes	3,607	3,659	52
Tairawhiti	2,026	2,026	0
Taranaki	4,156	4,264	108
Waikato	13,009	13,231	222
Midland Total	**31,155**	**31,623**	**468**

2. Joint, Cataract and Cardiac Requirements

The following three tables display the minimum required number of procedures to meet joint, cataract and cardiac intervention rates. Rates are standardised for age, gender, ethnicity and social deprivation. Note: These are minimum requirements

Table 2: Targeted Funding Increases – Electives Investment - Joints

Joints - Rate of 21 per 10,000		
DHB	**Total required 2013/14**	**Minimum to be funded under EI**
Bay of Plenty	576	223
Lakes	232	117
Tairawhiti	111	39
Taranaki	285	116
Waikato	850	427
Midland Total	**2054**	**922**

Table 3: Targeted Funding Increases – Electives Investment - Cataracts

Cataract - Rate of 27 per 10,000		
DHB	**Total required 2013/14**	**Minimum to be funded under EI**
Bay of Plenty	740	244
Lakes	289	77
Tairawhiti	143	15
Taranaki	361	9
Waikato	1075	196
Midland Total	**2608**	**541**

Table 4: Targeted Funding Increases – Electives Investment - Cardiac

Cardiac - Rate of 6.5 per 10,000		
DHB	**Total required 2013/14**	**Minimum to be funded under EI**
Bay of Plenty	170	80
Lakes	72	25
Tairawhiti	35	8
Taranaki	84	26
Waikato	257	52
Midland Total	**618**	**191**

3. Bariatric Surgery Procedures

The National Health Board has outlined the following expectations related to bariatric surgery procedures. Firstly, that a regional plan will be developed and implemented to ensure equity in access to, and delivery of, bariatric surgery. The second expectation is that at least the following volumes of bariatric surgery procedures will be completed for each DHB population.

Table 5: Bariatric Volumes

DHB	Base	Additional	Total
Bay of Plenty	1	6	7
Lakes	1	3	4
Tairawhiti	0	2	2
Taranaki	1	3	4
Waikato	12	9	21
Midland Total	**15**	**23**	**38**

4. Reduced Waiting Times

The Midland region will reduce waiting times in accordance with Elective Services Patient-flow Indicators (ESPIs) as follows

Table 6: ESPI Targets

Reduce waiting times	Target
ESPI 2: No patient waiting longer than five months for their first specialist assessment, then four months by December 2014	100% compliance
ESPI 5: Patients given a commitment to treatment to receive treatment within five months, then four months by December 2014	100% compliance

Develop a Midland region approach to elective services
Develop and implement a regional approach for elective services 1. To develop and agree business rules for moving patients between DHBs, such as; 1.1 Referral process, including communication with referrers and patients 1.2 Clinical prioritisation - access thresholds and scoring tools 1.3 Pre and post operative care management including complications management 1.4 Diagnostics 1.5 Transport 1.6 Supply of equipment 1.7 Post discharge nursing and support services 1.7 Funding model(s) 2. To develop a regional elective services production plan to facilitate regional elective services coordination and planning. This will allow the Midland region to develop a regional elective services production plan based on relevant information from each DHB, such as; - DHB Elective health targets - DHB production plans - Standardised intervention rates - DHB elective services contracts and funding - Capacity and sub-specialty of surgeon, and theatre capacity (theatre sessions,) - Referrals - Wait times 2. Implement/agree consistent scoring tools and thresholds 3. Develop a regional model showing volumes for the various procedures groups 4. Develop reporting mechanisms and dashboards to report progress to each DHB that details - Number of referrals for each procedure group; year-to-date and compared to plan - Numbers of surgery by procedure group completed compared to plan - Number of people coming on to waiting list, number exiting, and waiting times - Other reporting as agreed

Implementation Section

	Governance								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	To lead elective services activity on behalf of Midland DHBs To provide clinical governance, accountability and decision making for elective services	The elective services action group will meet at least quarterly and will include clinical, primary care, DHB, and regional representation Each clinical working group will be chaired by a Senior Medical Officer and will include regional representation at a clinical and management level	The elective services group will meet at least quarterly throughout the project The clinical working groups will meet at least monthly or bi-monthly depending on the work schedule	Increased access, and equity of access, and reduced waiting times for elective services Regional pathways developed with consistent systems and processes	Improved access to elective services	Improved alignment of access criteria across the region, and reduced variability	Improved prioritisation and selection of patients	Provide a forum for sharing innovation and information relating to elective services	Increasing innovation and improved service delivery across the Midland region
G2	Identify and reduce inequalities for Māori and Pacific people	Delivery on the Regional Services Plan - Māori accountability framework	Ongoing	Ethnicity data in each initiative/ programme of work will be captured - ongoing	Identify where inequalities exist – baseline by August 2013	Develop initiatives to reduce inequalities, develop a robust monitoring system, by August 2014	Robust monitoring systems in place by November 2014	Monitoring and reporting of access and outcomes - ongoing	Improved access for Māori and Pacific people

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Improving the quality and safety of elective services	Develop a Midland patient survey specific for elective services	Undertake an annual survey of patient experience related to elective surgery	Implement a system to capture, analyse and report patient experience	Gain information to identify areas that could be improved	Develop regional plans to implement initiatives identified in the survey	Improved quality and safety of elective services	Implement a plan, do, study, act approach to elective services development	Continuous quality improvement

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Orthopaedic Surgery	Develop a regional approach to the delivery of orthopaedic services	Ongoing	Develop regional clinical pathways with consistent systems and processes, including consistent referral guidelines and access criteria/thresholds	Consistent access to services throughout the region	Implement a Midland-wide production plan for orthopaedic surgery delivery that optimises regional capacity	Maximise the use of regional resources	Forward planning for regional service delivery including investigating regional appointments	Improved access to orthopaedic services Improved succession planning
S2	Ophthalmology Services	Develop a regional approach to the delivery of ophthalmology services	Ongoing	Undertake a trial of a regional cataract pathway with consistent access criteria and documentation. Evaluate Explore regional provision of RetCam services for the treatment of retinopathy of prematurity Commence the development of a regional pathway for Avastin	Anticipated savings of 1,052 assessments with a value of $163,000 Improved model of care Improved regional consistency	Implement the Midland pathway for Avastin treatment focusing on the model of care, and consistent access and discharge criteria	Improved consistency of services Improved equity of access	Forward planning for regional service delivery including investigating regional appointments	Improved access to ophthalmology services Improved succession planning
S3	Persistent (chronic) Pain Services	Develop a regional approach to the delivery of persistent pain services	Provide support and assistance to regional persistent pain services as required throughout 2013/14	Develop a regional model of care, with agreed minimum range of services to be provided across the region by September 2013	Consistent standard of care in place across the region by December 2013	Progress the Australia and New Zealand minimum dataset for pain management by December 2014	A consistent clinical dataset in place for service delivery and information by 30 June 2014	Regional service delivery models such as tele-medicine by December 2015	Improved access to services

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S4	Plastic Surgery	Develop a regional approach to the delivery of plastic surgery services	Ongoing	Establish working group with clinical lead Select service(s) for pathway development e.g. cleft service	Clinical leadership in place Pathways for development to be prioritised	Develop a regional model of care and service delivery Agree regional access criteria/thresholds	Improved access to services Improved equity of access	Forward planning for regional service delivery including investigating regional appointments	Improved access to plastic surgery services Improved succession planning
S5	Vascular Services	Provide support and assistance to the regional vascular project	Ongoing	Establish working group with clinical lead by July 2013 Consider the development of a regional vascular services with single managed/monitored waiting list	Clinical leadership in place Model of service delivery agreed by December 2013	Develop a regional model of care and service delivery Agree regional access criteria/thresholds by July 2014	Improved access to services Improved equity of access	Forward planning for regional service delivery including investigating regional appointments by September 2015	Improved access to vascular services Improved succession planning
S6	Bariatric Surgery	Regional planning for the delivery of bariatric procedures	July 2013 and ongoing	Develop and implement a regional plan for bariatric services by November 2013	Regional plan for bariatric surgery in place	The region to deliver the required minimum number of bariatric procedures for each DHB - ongoing	Improved access to services, and improved equity of access	A system in place to track bariatric procedures and report to DHBs by 1 July 2015	Improved access to services, and improved equity of access

	Research and Evaluation								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Evaluate service changes that have resulted from the elective services project	Provide an ongoing programme to evaluate service changes and initiatives	Ongoing	Evaluate the regional cataract pathway	Measure outcomes and inform future services	Evaluate other initiatives as prioritised, such as vascular service or bariatric plan	Measure outcomes and inform future services	Evaluate other initiatives as prioritised, such as vascular service or bariatric plan	Measure outcomes and inform future services

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Information Systems	Regional production plan for elective services to capture consistent data to enable regional planning and reporting	July 2013 and ongoing	Regional production plan developed and on shared web-based site Data definitions agreed	Facility for planning regional elective services	Regional dashboards developed for monitoring and reporting progress against targets	Informed regional planning	Ongoing system development in response to regional service direction	Up-to-date information to inform regional elective services
E2	Workforce planning and forecasting for future service requirements	Workforce plan for regional elective services	July 2013 and ongoing	A system in place for capturing up-to-date specialist capacity for each DHB and the region as a whole Regional planning to capture workforce constraints and shortages, with the view of sharing resources where practicable	Regional ability to match demand and resources	Implement a regional production planning model that identifies the capacity of DHBs to deliver elective services at sub-specialty level, in order to match capacity and demand across the region		Forward planning for regional service delivery including investigating regional appointments	Improved access to services Improved succession planning

Stroke Network Work Programme

Chair: Dr Bhavesh Lallu

Project Manager: Kerry-Ann Adlam

Vision: Stroke services in the Midland region are aligned to the New Zealand Clinical Guidelines for Stroke Management 2010

Key Objectives: There are consistent systems and processes in place across the Midland region to ensure that:

1. All Midland residents have access to a designated stroke service with a lead stroke physician and lead stroke nurse
2. All Midland residents have access to an acute TIA service
3. All Midland DHBs develop an acute thrombolysis pathway
4. All Midland residents have access to appropriate rehabilitation under the care of an interdisciplinary team beginning in a geographically defined dedicated stroke unit
5. All Midlands DHBs have established investigation and treatment algorhythms to optimise medical and lifestyle change to prevent stroke recurrence
6. All staff, patients and their families/caregivers have access to on-going education
7. Reduce inequalities in health outcomes for Māori

Measures:

- 6% of potentially eligible stroke patients are thrombolysed
- 80 percent of stroke patients are admitted to a stroke unit or organised stroke service with demonstrated stroke pathway

	Governance								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Local delivery of stroke services to meet the Stroke Guidelines (2010)	The Midland stroke network will provide support for DHBs local work plans to implement the 2010 Stroke Guidelines	July 2013 and ongoing	All DHB stroke protocols and services are in line with the Stroke Guidelines Develop pathways for acute stroke thrombolysis in TDHB and Lakes DHB	More consistency in clinical practice for stroke patients across the Midland region	Thrombolysis services are available in TDHB and Lakes DHB All DHB stroke protocols and services are in line with the Stroke Guidelines	More consistency in clinical practice for stroke patients across the Midland region	All DHB stroke protocols and services are in line with the Stroke Guidelines	More consistency in clinical practice for stroke patients across the Midland region
G2	Regional and local implementation of national stroke work plans	The stroke network will provide a conduit for information sharing and implementation of work programmes locally from the national work groups i.e. thrombolysis, rehabilitation and TIA	July 2013 and ongoing	Recommendations from the national work groups are incorporated into regional and local plans including: Thrombolysis Rehabilitation TIA	More consistency in clinical practice for stroke patients across the Midland region	Recommendations from the national work groups are incorporated into regional and local plans including: Thrombolysis Rehabilitation TIA	More consistency in clinical practice for stroke patients across the Midland region	Recommendations from the national work groups are incorporated into regional and local plans including: Thrombolysis Rehabilitation TIA	More consistency in clinical practice for stroke patients across the Midland region

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Primary prevention Education Plan and Education Package for community based health care providers	Develop an education strategy and plan for use across the region for GPs, primary care, ARC and other health care providers to ensure timely primary stroke prevention patient education	July 2013-June 2014	Mapping of current education provision and gap analysis Strategy and Plan developed and available for the primary/community sector	More consistency in clinical practice for stroke patients across the Midland region	Education plan and resources are available for the primary/community sectors	More consistency in clinical practice for stroke patients across the Midland region	Evaluation of education plan and resources is undertaken	More consistency in clinical practice for stroke patients across the Midland region
Q2	Comprehensive Health Professional education programme	Develop and implement a comprehensive education programme for clinicians across the region, this will include regular study days and networking, online learning, a skills and knowledge framework (supported nationally), a regional case review forum, a lead stroke nurses forum and education resources available for use by Māori health key workers	July 2013 and ongoing	Lead stroke nurse forum established Online learning resources shared across stroke clinicians Case reviews occur at all Stroke Network meetings Annual regional stroke study day delivered Learning opportunities shared between Midland DHBs Māori health key worker education resources are developed	More consistency in clinical practice for stroke patients across the Midland region	Education plan continuing to be delivered with regular evaluations Knowledge and skills framework developed Regular schedule of stroke study days	More consistency in clinical practice for stroke patients across the Midland region	Education plan continuing to be delivered with regular evaluations	More consistency in clinical practice for stroke patients across the Midland region

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Thrombolysis service in geographically remote areas of the Midlands region	Identify the feasibility of access to thrombolysis across the region Investigate transport support	January 2014 – June 2014	A regional approach is agreed and in place, identifying feasible service coverage.	There is a consistent approach to thrombolysis treatment across the region	The agreed approach is communicated across the region to relevant clinicians and organisations, any contractual changes or transportation systems agreed	There is a consistent approach to thrombolysis treatment across the region	Evaluation is undertaken of regionally agreed approach to thrombolysis	There is a consistent approach to thrombolysis treatment across the region
S2	Discharge planning and post stroke care	A discharge/care planning model is investigated and options for supported discharge planning are developed	July 2013 and ongoing	Undertake a stock take of community and rehabilitation services supporting patients post-discharge Investigate options for supported discharge planning and post stroke care	Decreased readmission rates post stroke	Midland DHBs are supported to develop plans for coordinated discharge/ care planning to meet identified service gaps.	Decreased readmission rates post stroke	Coordinated discharge/care planning models are implemented in DHBs supported by the Stroke Network	Decreased readmission rates post stroke
S3	Maori Health	Stroke services are accessible and utilised by Maori within the Midlands region	July 2013 and ongoing	Access to acute stroke services is monitored for the Maori population Measures collected including audits are broken down to include ethnicity where possible	Utilisation of TIA and stroke services is appropriate for the Maori population	Initiatives to improve access to stroke and TIA services for Maori are developed	Utilisation of TIA and stroke services is appropriate for the Maori population	Initiatives to improve access to stroke and TIA services for Maori are implemented	Utilisation of TIA and stroke services is appropriate for the Maori population

	Research and Evaluation								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Key audits and outcome measures are monitored by the Stroke Network	Quarterly outcome measures are monitored: Readmission rate post stroke (within 28 days) Post stroke new admission to aged residential care % of acute ischaemic stroke patients thrombolysed (aim is 6%) Door to needle time for thrombolysis % of all stroke patients being cared for in a stroke unit (aim for 80%) % of TIA patients undergoing carotid endarterectomy two weeks from referral Benchmark data on stroke rehabilitation using the AROC database	July 2013 and ongoing	Quarterly review of results Six monthly review of data	Improving quality of care Decreased readmission rates post stroke	Quarterly review of results Six monthly review of data	Improving quality of care Decreased readmission rates post stroke	Quarterly review of results Six monthly review of data	Improving quality of care Decreased readmission rates post stroke

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Telestroke pilot	Explore piloting a regional telestroke model to support DHB clinicians with smaller numbers of stroke presentations for thrombolysis	July 2013 – June 2014	A stock take of infrastructure is undertaken A stroke care pathway is developed to support a telestroke service A business case to support a pilot for telestroke is developed and signed off	To be confirmed and agreed	Telestroke service piloted successfully across Midlands region	To be confirmed and agreed	Telestroke service available for use across the Midlands Region	To be confirmed and agreed

Cancer Network Work Programme

Programme Manager: Jan Smith

Clinical Director: Dr Humphrey Pullon

Better Sooner More Convenient Health Services for New Zealanders in relation to cancer means all New Zealanders can easily access the best services, in a timely way to improve overall cancer outcomes. The Midland Cancer Network, HealthShare Ltd encompasses all Midland organisations involved in the cancer continuum in the Bay of Plenty, Lakes, Tairawhiti and Waikato districts, with an open invitation to Taranaki (with the Waikato DHB as the lead). Most New Zealanders will have experience of cancer, either personally or through a relative or friend. Key drivers for cancer control action are:

- cancer is the country's leading cause of death (29.8 percent)
- cancer is a major cause of hospitalisation and a significant driver of cancer cost
- while the overall 'risk' of developing cancer in New Zealand is decreasing, the number of people developing cancer is increasing mainly because to population growth and ageing. The number of cancer registrations is projected to increase annually by 2.6% from 2006-2016
- cancer continues to have inequalities with higher Māori incidence (20% greater), higher Māori mortality (80% higher), and more likely than non-Māori to have their cancer detected at a later stage of disease spread
- there are wide variations in survival rates between DHBs in New Zealand. Although both Māori and non-Māori showed an increase in survival over time (1994-2009), only the non-Māori change was statistically significant. For Māori the only tumour site to show a significant improvement in survival was cancer of the breast
- residents of more socioeconomically deprived areas are more likely to develop cancer, less likely to have their cancer detected early, and have poorer survival than residents of less deprived areas
- once people are diagnosed with cancer they are now less likely to die from it. This means that people are surviving longer, and being treated for longer periods of time, with different treatments.

Using 2007, 2008 and 2009 data Bay of Plenty age-standardised registration rate was significantly higher than the national mean (Ministry of Health, 2009) and so was Lakes (2006-2008 data). The other Midland DHBs were not significantly different to the national registration rate.

Table 1: Midland DHB cancer registrations volumes 1999-2009 (source: Ministry CancerMart)

DHB	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Grand Total
Bay of Plenty	828	823	1,016	1,003	1,014	1,018	1,125	1,173	1,144	1,228	1,235	11,607
Lakes	385	383	440	436	470	416	452	468	493	505	471	4,919
Tairawhiti	226	201	202	191	222	228	227	206	202	208	256	2,369
Waikato	1,371	1,376	1,428	1,378	1,579	1,602	1,577	1,660	1,668	1,626	1,658	16,923
Midland Total	2,810	2,783	3,086	3,008	3,285	3,264	3,381	3,507	3,507	3,567	3,620	35,818

Waikato, Lakes, Bay of Plenty and Tairawhiti all have significantly higher age-standardised cancer death rates compared to the national rate (Ministry of Health, 2011). There is DHB variation in registration and mortality rates between DHBs (Table 2).

Table 2: Midland DHBs with significant difference for registration and mortality age-standardisation rates compared to national rate 2006-2008.

Tumour site	Midland DHBs with significantly different registration rates	Midland DHBs with significantly different mortality rate
Lung	Lakes and Tairawhiti significantly higher	Waikato, Lakes & Tairawhiti significantly higher
Colorectal	Tairawhiti significantly lower	Waikato significantly higher
Prostate	Not significantly different	Not significantly different
Breast	Not significantly different	Not significantly different

Linkages

The 2013-14 – 2015-16 Midland Cancer Network work plan aligns with:

National Cancer Programme Work Programme
National Radiation Oncology Plan (due October 2013)
National Medical Oncology Models of Care Implementation Plan 2012-13
National Guidance for Cancer Multidisciplinary Meetings
Other national cancer/palliative care plans and/or guidance
Midland Palliative Care Service Plans
Midland Radiation Oncology Demand and Capacity Modelling Report
Midland Regional Services Implementation Plan
HealthShare Ltd SOI and Business Plan
Midland District Health Board (DHB) Annual Plans
Midland Cancer Network Strategic Plan 2009-2014
Hei Pā Harakeke Action Plan 2012-2014
Midland Medical Oncology Service Plan (in progress)
Waikato and Tairawhiti Cancer Services Transition Plan.

National Cancer Programme

The National Cancer Programme is an integrated national programme that covers the Ministry of Health, DHBs and regional cancer networks activity across the cancer continuum. The regional plan is informed by initiatives identified in the National Cancer Programme Work Plan.

The national cancer Better, Sooner, More Convenient Health Care:

Vision: We want all people to easily access the best services, in a timely way to improve overall cancer outcomes

Measures: Success will be measured by five year survival rates, cancer incidence and cancer mortality data

A health system that functions well for all people is one that focuses on:

- wait times: all people get timely access to services across the whole cancer pathway (screening, detection, diagnosis, treatment and management, palliative care[2])
- access: all people have access to services that maintain good health and independence
- quality: all people receive excellent services wherever they are
- financial sustainability: all services make the best use of available resources.

Midland Cancer Network

Cancer control planning and service improvement is complex involving multiple organisations, services and stakeholders. The Midland Cancer Network working alongside Midland DHBs and other constituent organisations will support the implementation of the prioritised national work programme and identified regional initiatives. The Midland Cancer Network is a managed service network (differs from clinical networks) in that it:

[2] Midland palliative care services includes both malignant and non malignant conditions.

- leads, facilitates and coordinates regional service planning across the cancer continuum; monitoring and reporting on regional and/or national initiatives; regional service and quality improvement initiatives; national priorities at a regional level;
- is a lead regional cancer network hosting national cancer work programme initiatives e.g. New Zealand Lung Cancer Working Group
- has significant input from multiple clinical leads.

The Midland Cancer Network aim is to:

- reduce the incidence and impact of cancer
- reduce inequalities with respect to cancer, and
- improve the experience and outcomes for people with cancer.

The strategic directions outlined in the Midland Cancer Network Strategic Plan 2009-2014 are:

- share knowledge and information to enable informed decision making
- facilitate regional service quality improvement leading to better, sooner, more convenient services
- support innovation and infrastructure development to reduce inequalities and build capacity and capability.

The infrastructure to support the work programme is a Midland Cancer Network Executive Group that provides leadership and oversees the work programme. Working alongside the work programme is a Midland Cancer Network Consumer/Carer Work Group and the Midland Hei Pā Harakeke (Māori Cancer Work Group). The Midland cancer work programme links and reports to the Midland RSP governance framework. There are links to the other Midland groups e.g. Midland CEOs, COOs, GMs Planning and Funding, Midland IS Executive Group.

The majority of the network's resource is dedicated to supporting tumour and service improvement work groups of regional representatives including clinicians, managers, primary care, NGOs, Māori and consumers. There are local DHB sub groups linked into the regional work programme. Clinical leadership is seen as a key enabler of the work programme. The groups are chaired by a clinician or person outside of the network management team, and the focus is on clinical frameworks/pathways, service planning and quality improvement. Regional and national work groups include: *Tumour* work groups: lung, bowel and breast. *Service* work groups: adolescent and young adult, palliative care, CNS/care coordination, medical oncology, radiation oncology (includes PET variance committee), research and audit.

The network stakeholders participate in the Midlands Prostate Cancer Study (HRC funded) Steering Group lead by the Waikato Clinical School, University of Auckland. In addition the network hosts the national Lung Cancer Working Group and agreed annual 2013/14 work plan. Note: National Breast Cancer Working Group was only funded for 2012/13.

Midland Cancer Network Executive Group supports the national cancer work programme which is significant and prioritised regional initiatives. There is limited resource and if prioritisation is required the Midland Cancer Network Executive Group prioritised the following for 2013/14:

From National Cancer Programme	***Regional priorities***
Radiotherapy and chemotherapy health target	Regional support for BOP radiation oncology service
Faster Cancer Treatment work programme	Tairawhiti cancer service transition plan
Multidisciplinary meetings improvements	Midland Palliative Care Services
Regional Medical Oncology Models of Care	Addressing regional Māori inequalities with respect to cancer.

OUTCOME:	Reduced incidence and impact of cancer			
MEASURED BY:	Increased five year cancer survival rates Reduced mortality rates Improved access to and shorter waiting times for diagnostic and cancer treatment services Reduced population inequalities			
Actions to deliver improved performance	**Measured by**	**Timeframes**		
Focus area 1: Shorter waits for cancer treatment		**2013/14**	**2014/15**	**2015/16**
• Sustain performance against the radiotherapy and chemotherapy wait time targets by more efficient use of existing resources and investing in workforce and capacity as required	DHB cancer centres report cancer treatment target monthly: All patients, ready for treatment, wait less than 4 weeks for radiotherapy or chemotherapy	✓	✓	✓
Focus area 2: Improving medical oncology services		**2013/14**	**2014/15**	**2015/16**
• Work with the Ministry to agree and implement the priority areas identified in the National Medical Oncology Implementation Plan 2013/14, within available resources		✓	✓	✓
• MCN works with DHBs to complete the Midland Medical Oncology Service Plan (commenced in 2012/13) and start to implement recommendations • MCN and DHBs update the Midland Medical Oncology Service Plan as national initiatives are ready for implementation • Establish Tairawhiti nurses onto the Midland Chemotherapy Nursing Certification Framework	Implementation of Midland Medical Oncology Service Plan recommendations	✓	✓	✓

Actions to deliver improved performance	Measured by	Timeframes		
Focus area 3: Improving radiation oncology services		**2013/14**	**2014/15**	**2015/16**
• Implement recommendations from the Waikato Radiation Oncology Service Plan 2010 & Midland Radiation Oncology Demand and Capacity Report 2012-2020 • Align regional work with national radiation oncology capital and service plan (due Oct 2013) • MCN works with DHBs on a regional model of service plan, governance structure and transition plan developed to support establishment of a local radiation oncology service at BOP by 1 July 2015	Implementation of Midland Radiation Oncology Service Plan recommendations continues BOP radiation oncology service commences 1 July 2015	✓	✓	✓
Focus area 4: Tairawhiti transition of adult oncology & haematology services to Waikato		**2013/14**	**2014/15**	**2015/16**
• Support the transition for Tairawhiti adult cancer services to Waikato DHB • Monitor progress and make improvements as required.	Tairawhiti patients receive adult non surgical cancer services from Waikato commencing 1 July 2014	✓	-	-
Focus area 5: Faster Cancer Treatment wait time indicators		**2013/14**	**2014/15**	**2015/16**
• Deliver against the Midland FCT Implementation Plan 2012/13, which has Ministry funding through to October 2013 (total MoH funding $360k over 2012-13 & 2013/14). • Establishment of baseline data and reporting mechanisms for Faster Cancer Treatment indicators with Midland DHBs • Identify and implement actions to improve faster cancer treatment data collection systems to support service improvements along the cancer patient pathway • Focus on the front end of the process in primary care identification of high suspicion of cancer, diagnosis / decision to treat and first treatment • Support FCT trackers to map data collection points and transition to multidisciplinary team by December 2013 • Midland Faster Cancer Treatment Implementation Plan is revised, updated and monitored • FCT data collection service improvements are identified, prioritised, implemented and monitored.	Regional FCT Implementation Plan – phase 1 actions due for completion by end December 2013 • % of patients (by DHB and ethnicity) referred urgently with a high suspicion of cancer who receives their first cancer treatment (or other management) within 62 days • % of patients (by DHB and ethnicity) referred urgently with a high suspicion of cancer who have their first specialist assessment within 14 days • % of patients (by DHB and ethnicity) with a confirmed diagnosis of cancer who receive their first cancer treatment (or other management) within 31 days of decision-to-treat.	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓
• Begin implementing regional clinical data repositories for cancer				

Actions to deliver improved performance	Measured by	Timeframes		
• Scope paper to inform stakeholders what is the purpose, requirements and implications. (note: resource tbc).				
Focus area 6: Faster Cancer Treatment – implement national tumour standards		**2013/14**	**2014/15**	**2015/16**
Begin to implement the national tumour stream standards of service provision		✓	✓	✓
• Lung developed 2011-12	Midland lung cancer improvement plan recommendations continue to be implemented and monitored	✓		
Continue regional early detection for lung cancer programme within available resources	An audit of one of the tumour standards of service provision is completed by June each year			
• Bowel, breast, gynae, head and neck, malignant haematology, melanoma, sarcoma and upper GI developed 2012-13	Findings from the audit are incorporated into an improvement	✓	✓	✓
• Support new national tumour standard development as required	plan is developed for tumour stream as required	✓	✓	✓
• MCN work with DHBs to audit one of the tumour standards per annum. Midland breast cancer stock take of services and audit against national breast cancer standards is completed and regional work plan by 30 June 2014 • DHBs begin implementing the national tumour standards of service provision – annual priorities identified and actions planned to address gaps		✓	✓	✓
• Develop Midland gynae-oncology model of service and plan, informed by national standards and national plan		✓	✓	✓
• Support national five yearly review and update of three national standards - to be phased from 2015/16		-	-	✓
• Implement priorities identified in the national Prostate Cancer Quality Improvement Plan (note regional implications are unknown at this point in time).		✓	✓	✓
• Continue supporting the Midlands Prostate Cancer Study.	Incorporate research findings into next year's planning	✓	✓	-
Focus area 7: Faster Cancer Treatment – cancer nurse coordination		**2013/14**	**2014/15**	**2015/16**
• DHBs ssupport implementation and development of DHB cancer nurse CNS coordinator roles including participation in the national evaluation process	Monitor and contribute to the national evaluation of the implementation of the 2012/13 Midland DHB nurse care coordination roles	✓	✓	✓
• Enable and support cancer nurse coordinators attendance at national and regional training and mentoring forums		✓	✓	✓
• Promote implementation of 2013 updated Midland psycho-oncology tool	Midland psycho-oncology tool implementation continues	✓		

Actions to deliver improved performance	Measured by	Timeframes		
Focus area 8: Faster Cancer Treatment – improving multidisciplinary meetings		**2013/14**	**2014/15**	**2015/16**
• MCN support implementation of the Midland MDM work plan deliverables that work towards compliance with the National MDM guidance and improve the functionality and coverage of multidisciplinary meetings (MDMs) across the region	MCN reports the percentage of lung and bowel cancer patients reviewed at MDM by DHB and by ethnicity (reported six monthly to Cancer Programme Steering Group)	✓	✓	✓
• Midland MDM Action Plan is reviewed and updated, recommendations implemented with DHB quarterly reporting on progress.	DHBs report PP24 - progress delivering improved cancer multidisciplinary meetings based on the actions agreed in the 2012/13 annual plans and additional actions using the funding for MDMs including variance in expenditure to allocated DHB MDMs funds Target: Funding MDMs for all main cancer tumour types and increasing the number of cases discussed	✓	✓	✓
Focus area 10: Improving wait times for diagnostics – endoscopy and colonoscopy		**2013/14**	**2014/15**	**2015/16**
• Support the implementation of the national Endoscopy Quality Improvement (EQI) programme BOP DHB is the lead for the operational base for the national EQI team and programme • DHBs work with national EQI team to implement Global Rating Scale • Lakes DHB continue with GRS and share learnings with region.	National EQI leads implement Global Rating Scale (GRS) into Midland DHBs by 30 June 2014 (tbc)	✓	✓	✓
• Improve access and waiting times for diagnostic services – colonoscopy • Establishment of baseline colonoscopy data 2013/14. MCN and DHBs will review colonoscopy systems and processes related to reporting wait time indicators, develop an improvement plan as required with the aim to achieve the wait time targets • The national referral criteria for direct access to outpatient colonoscopy implemented within Midland DHBs	DHBs responsible for reporting the following DV2 indicators: Diagnostic Colonoscopy • 50% of people accepted for an urgent diagnostic colonoscopy receive their procedure within two weeks (14 days)	✓	✓	✓
	• 50% of people accepted for a diagnostic colonoscopy received their procedure within six week (42 days)	✓	✓	✓
	Surveillance colonoscopy • 50% of people accepted for a surveillance colonoscopy receive their procedure within twelve weeks (84 days) of the planned date.	✓	✓	✓

Actions to deliver improved performance	Measured by	Timeframes		
Focus area 10: Improved palliative care services		**2013/14**	**2014/15**	**2015/16**
• MCN facilitate development of Midland Palliative Care Service Plan utilising national Resource and Capability Framework Support standardisation of agreed clinical/service documents within Midland e.g. clinical guidelines, Hospice access criteria, referral guidelines Continue to facilitate implementation of Liverpool Care Pathway Continue to develop Midland palliative care education framework with a particular focus on improving primary palliative care capability • As required, support national process to develop specialist palliative care service specifications and support DHB implementation as they come available • Support regional ACP as required (Midland RTH link).	Midland Palliative Care Service Plan developed and implementation commenced Midland standard documents produced Report annually providers' progress with implementation of the LCP	✓	✓	-[3]
• MCN facilitate completion of Waikato Palliative Service Plan Complete implementation of change to model of service for adult specialist palliative care in Waikato (conclude implementation project and hand back to business as usual) Support development of information/literature for Waikato palliative care services	Waikato Palliative Care Service Plan completed and implementation commenced	✓	✓	✓
• BOP & Lakes continue to implement palliative care service plans • Support Tairawhiti palliative care model of service change and incorporate into regional initiatives.	Service improvement initiatives and implementation continues with the regional and local DHB palliative care service plans.	✓	✓	✓

[3] funding to support regional initiatives not identified past 2015

Actions to deliver improved performance	Measured by	Timeframes		
Focus area 11: Reduce the impact & inequalities of cancer on Midland Māori		**2013/14**	**2014/15**	**2015/16**
• Continue regional Kaitiaki reference group for Midlands Prostate Cancer Study research • Continue to facilitate Midland MHP in the E Te Iwi programme • Continue to support Midland breast screening initiatives to increase Māori participation.	Midland builds capacity and capability to run local Māori health provider E te Iwi programme.	✓ ✓	- ✓	- ✓
Focus area 10: National lung cancer work programme		**2013/14**	**2014/15**	**2015/16**
• Midland Cancer Network will lead and facilitate the National Cancer Lung Cancer Working Group and work programme	Two national meetings per annum	✓	-	-
Focus area 11: System integration & service collaboration		**2013/14**	**2014/15**	**2015/16**
• MCN supports the network collaborative work groups to progress their individual work plans • MCN continues to engage with and support clinical leaders across the cancer programme areas to lead and contribute to identified projects.	MCN reports quarterly on work group collaboration progress Clinical engagement evident across regional projects	✓	✓	✓

Midland District Health Boards
www.midlanddhbs.health.nz

Mental Health & Addiction Network Work Programme 2013-2014

Chair: Professor Graham Mellsop

Regional Director: Eseta Nonu-Reid

Vision: ***"Living well with supportive systems"*** underpinned by:

- Quality services
- Sector infrastructure
- Integration and social inclusion
- Workforce capacity and capability
- Health system relationships and integration
- Early detection and intervention focusing on recovery
- Information Management

Key Objectives:

1. Leading regional mental health and addiction planning
2. Leading service improvement
3. Supporting the achievement of health targets and policy priorities
4. Linking to national and regional governance structures and processes
5. Leading and/or supporting the development of nationally consistent approaches to mental health and addiction
6. Reducing inequalities in mental health and addiction outcomes
7. Efficiency and effectiveness to determine and inform funding prioritisation decisions

This plan is inclusive of primary, secondary, and the tertiary mental health and addiction sectors.

Governance

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Improve access to all age ranges Midland	Ensure alignment of MH&A MHSOP Dementia pathway work with the HOP Dementia implementation	Carried over from previous year. Expected completion date June 2014	MHSOP and HOP dementia pathway is aligned and clients do not have to enter multiple doors before receiving the right service	Consistent client pathways between HOP and MHSOP service continuums	-	-	-	-
G2	Improve strategic alliances Midland	Midland MH&A Clinical Governance will align procedurally and functionally with the P&F-ALT	Ongoing	Mental Health & Addiction will ensure membership support to the P&F-ALT	Regional strategic directions are discussed at MR CGN meetings and opinion provided	Ongoing		Ongoing	

Quality and Safety

				2013/14		2014/15		E 2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	Eating Disorders Inpatient Care MoH	Implement recommendations for the review of Northern ED services Continue to monitor, analyse and report Midland occupancy of ED beds (Thrive, Starship & Ashburn)	July 2013 start June 2014 completion Ongoing	Ensure Midland needs are clearly articulated in the review Monitor value for money by Clinical Governance	ED supra-regional services are aligned and meets Midland needs Midland needs and position is based on accurate date	Participate in determining supra-regional funding model going forward Utilising data prepare case to the MoH	Midland ED supra-regional services add value for investment Planning for 2014 going forward is agreed by GMs P&F and CEs	Implement model of care Data is accurate and reflect Midland priorities	Model of care is agreed and consistently applied Planning for 2015 going forward is agreed by GMs P&F and CEs

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q2	High and Complex Needs MoH	Ensure that Acute inpatient and high cost Forensic beds are not blocked by H&C Needs clients	July 2013 start June 2016 completion	Investigate options for Midland (both local and regional) for H&C inpatient secure beds	Options for acute inpatient unit long term admissions are identified	Develop a regional agreement and implementation plan that is funded	A robust paper and Implementation Plan is developed for sign off by GMs P&F and CEs	Action Implementation Plan	Plan is implemented and regional client pathways are developed
Q3	Forensic Inpatient Care MoH	Once developed implement the national directed processes for access to national adult forensic beds Implement recommendations for the Midland Forensic Futures updated Strategic Plan	July 2013 start June 2014 completion July 2013 start June 2016 completion	Align to and ensure participation in the national forensic network for inpatient beds Recommendations are prioritised and implemented	National guidelines are implemented across Midland Planned and phased action is undertaken that matches the MoH funding envelope	Align to the national forensic network for inpatient beds -	National guidelines are implemented across Midland -	- -	- -

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Youth Forensic Implementation MoH	Implement MoH funding for Youth Forensic FTEs in the following areas: 1. Consult Liaison 2. SMO 3. AOD 4. CAMHS Interface Finalise Youth Forensic Pathways with MSD and YJ Implement the Midland Youth Forensic model of care	July 2013 start June 2016 completed	MoH funding is utilised as prioritised by the MoH Implement Youth Forensic Pathway recommendations Implement Youth Forensic Model of Care	A Youth Forensic continuum of care is developed Pathways are inter-sectorial and agreed with MSD, YF and MH&A YF Model of Care is agreed with MSD, YJ and MH&A	MoH funding is utilised as prioritised by the MoH - -	Clinical pathways are developed that are agreed regionally - -	MoH funding is utilised as prioritised by the MoH Review the Youth Forensic Pathway Review the Youth Forensic Model of Care	Midland align to the MoH expectations for funding Pathway is evaluated and amended as needed Model of care is evaluated and amended as needed

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S2	Perinatal / Maternal Mental Health & Addiction MoH	Establish a coordinated network for FTE working in Perinatal MH&A to support supervision and workforce development. Undertake a stock take of Midland Perinatal services Develop a shared model of care that is regionally agreed and allows for local flexibility	July 2013 start June 2015 completed **Phase One:** Focus on the secondary service continuum **Phase Two:** Include primary, well child and whanau ora providers	Develop project scope and key stakeholders Undertake project stock take with agreed model of care	A project is undertaken that provides guidance to the sector Stock take and model of care drives consistent best practice	Implement report recommendations following sign off from key stakeholder groups	Regional agreement is obtained that involves Maternal, Midwifery, Paediatrics and Mental Health & Addictions	-	-

Research and Evaluation

				2013/14		2014/15		2015/16	
Initiative		**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	MH&A regional data management	Maintain PRIMHD support to the NGO sector and include larger NGOs to ensure consistency of reporting	July 2013 start June 2016 completed	Support continues to be provided to the NGO sector and expanded to include larger NGOs	Consistent application of PRIMHD continues regionally	Ongoing	Consistent application of PRIMHD continues regionally	Ongoing	Consistent application of PRIMHD continues regionally
		Implement HISO Review codes		NGOs are re-mapped to include new codes	MoH expectations are achieved	Ongoing	MoH expectations are achieved	-	-
		Implement Midland agreement re KPI data reporting		Clinical Governance identifies the Midland position	Midland KPI collection process is agreed and paper submitted to GMs P&F for sign off	Implement the agreed Midland approach with secured funding	Midland KPI's are collected and analysed	-	-
		Midland benchmarking of purchase units		Develop a process to undertake the benchmarking	5 purchase units are benchmarked	Ongoing	15 purchase units are benchmarked	Ongoing	All purchase units are benchmarked

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Regional Workforce Development Midland	Undertake a regional Workforce Stocktake and Needs Analysis Prioritise Midland Workforce Development initiatives Identify opportunities to build Midland's capacity in Trauma Informed Care	July 2013 start June 2016 complete	A clear regional picture is obtained re the Midland workforce demands Workforce priorities are established annually Workforce initiatives are aligned to national drivers	Accurate workforce gaps are identified and strategies for improvement is developed Regional workforce strategies and funding streams are implemented Midland meet the MoH expectations	Implement and support implementation of recommendations Ongoing annual prioritisation Trauma Informed Care workshops are delivered across Midland	Funding streams are identified and recommendations are fully realised Value for investment on all activities is agreed regionally Value for investment is agreed regionally	Ongoing Ongoing annual prioritisation -	Funding streams are identified and recommendations are fully realised Value for investment on all activities is agreed regionally -
E2	Mental Health and addiction strategic development Midland	Regional summits are undertaken that focus on: 1.Youth MH&A 2. Consumer MH&A 3. Whanau MH&A 4. Addiction 5. Māori MH&A	July 2013 – June 2014	Specialty groups provide strategic directions for the service and feed into national direction and drivers	Midland is well positioned to provide direction to the MoH and MHC on priority areas for development	-	-	-	-

Child Health Action Group Work Programme

Chair: Dr David Graham

Project Manager: Kerry-Ann Adlam

Key Objectives:

- Coalesce the Midland region Paediatric Clinical Network Group into a new Service level Alliance Team (SLAT) with expanded membership
- Investigate and explore opportunities for greater allocative efficiency in child health in Midland, including measures to improve child population health and reduce inequalities using evidence-based best practice models of care and good demographic analysis to inform and monitor developments, and outcomes.
    - Identify regional strategic priorities for child health
    - Understanding the impact of rurality, distance, ethnicity, deprivation and distribution of services on equity of access to services
    - Understanding population health needs
    - Understanding intervention rates and equity of access across the region.
- Facilitate initiatives that enhance and sustain the delivery of child health services in their localities
    - Exploring ways to better utilise clinical resources across the region
    - Exploring ways to better integrate care between primary, secondary and tertiary services
    - Promote the growth of increasingly organised systems of care, new models of care
    - Develop and if needed redirect child health care capacity where it is needed most.
- Mandate the Service Level Alliance Team to develop/refresh the work programme and make recommendations/give advice to the Planning and Funding Alliance Leadership Team (PFALT) on prioritisation of SLAT commitments within the existing and newly developed work programmes
- Continue existing work around Map of Medicine, Bay Navigator and Catch18 will become electronic enablers of further development.

Measures:

- Increased immunisation rates
- Reduced rates of rheumatic fever
- Lower rates of SUDI
- Greater co-ordination of resources across the region.

NOTE: This is a new regional network and more detailed analysis of priorities and actions will occur early in quarter 1.

Governance

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
G1	Set up governance, terms of reference, project management, secretariat, communications plan and reporting framework	Initiate action group governance group, employ a project manager, engage regional agree TOR	Q1 2013	Four meetings, TOR and communication plan, reporting to Planning & Funding Alliance Leadership Team	Clinical engagement	Four meetings and reporting to Planning & Funding Alliance Leadership Team	Clinical engagement	Four meetings and reporting to Planning & Funding Alliance Leadership Team	Clinical engagement

Quality and Safety

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
Q1	Review of paediatric admission rates – Demand Side	Evaluation of paediatric admission rates against expected trends (taking in to consideration demographics and population health need/expected intervention rates)	Qtr 1 and 2 2013/14	Comparison of admission rates across the region and against benchmarks in NZ and overseas	Understand current state	Analyse data/information against ideal state and develop priorities for action	A plan is developed for a regionally agreed and consistent approach to measuring and utilising available resources	Implement, monitor and evaluate actions	
Q2	Review of paediatric admission rates (continued) Supply Side	Continued with a focus on capacity	Qtr 3 and 4 2013/14	Stock take of regional capacity and linkages to equity of access across the region	Identify variations in historical investments in services.	Analyse data/information against ideal state and develop priorities for action	A plan is developed for a regionally agreed and consistent approach to measuring and utilising available resources	Implement, monitor and evaluate actions	

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Stock take of current child and youth initiatives across the region	Leverage off existing investments in research	Qtr 3 and 4 2013/14	Report and engagement process to ensure the action group is apprised of all future research activity	Co-ordination. Reduced duplication. Economies of scale of combining projects where possible.	Report and engagement process to ensure the action group is apprised of all future research activity	Co-ordination. Reduced duplication. Economies of scale of combining projects where possible.	Report and engagement process to ensure the action group is apprised of all future research activity	Co-ordination. Reduced duplication. Economies of scale of combining projects where possible.
R2	Establish a focus on research based development for child and youth services	Identify linkages and areas for future regional development	Qtr 1 and 2 2014/15	-	-	Co-ordinate research efforts with action plans. Identify common research objectives between action group, SLAT, Ministry of Health and other agencies. Secure research funding where possible.	Maintain a research based culture	To be confirmed	Maintain a research based culture

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Workforce	Plan for a sustainable paediatric workforce	Qtr 2 2013/14 Qtr 2 2013/14 Qtr 3 2013/14 Qtr 4 2013/14	Head count to service current population vs workforce needed for future birthing trends is identified Identify shortages Identify supply issues and work towards regional solutions Trend analysis of workforce numbers, distribution and forecasting are analysed by regional workforce group	Understanding of current state and future state needs to achieve sustainability	Stronger engagement with workforce monitoring in conjunction with GM HRs to enable DHBs to understand workforce issues	Better utilisation of existing workforce	Accurate regional data and monitoring of primary / secondary / tertiary workforce Rural model(s) in place for workforce sustainability	Equity of access to quality of care and services
E2	IS - Set up Nexus collaborative site	Set up Nexus site to facilitate collaboration between stakeholders and action group	May to July 2013	Nexus site used by action group					
E3	IS – Web	Set up web site content as per communications plan above	Qtr 1 2013/14	Communications strategy implemented					
E4	IS - VC	Explore video conferencing to reduce costs of meetings and/or increase frequency	Ongoing	Functional VC facilities					

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Rheumatic Fever Work Programme

Chair: To be confirmed

Vision: Reduce the incidence of Rheumatic Fever

Key Objectives:
The overall target within the Better Public Services goals is to achieve a two-thirds reduction in Acute Rheumatic Fever cases by June 2017. For 2013/14, the target is for hospitalisation rates for acute rheumatic fever to be 10% lower than the average over the last 3 years (measured by National Minimum Data Set).

Measures:

2013/14 Target rheumatic fever number and rate reductions 10% below national average		
Area	Number	Rate
Midland region	32	3.8
New Zealand	168	3.7

Governance

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
G1	A Regional advisory group will be developed	The group made up of DHB Champions will meet at least twice a year	6 monthly	Collaboration between the five DHBs and PHOs within the region to ensure progress on achieving the regional target	More efficient and effective use of regional resource and expertise	Collaboration between the five DHBs and PHOs within the region to ensure progress on achieving the regional target	More efficient and effective use of regional resource and expertise	Collaboration between the five DHBs and PHOs within the region to ensure progress on achieving the regional target	More efficient and effective use of regional resource and expertise

Quality and Safety

	Initiative	Description	Timeframe	2013/14 Deliverable	2013/14 Gains	2014/15 Deliverable	2014/15 Gains	2015/16 Deliverable	2015/16 Gains
Q1	Regional collaboration	Collaboration among the region's DHBs and PHUs to ensure that cases of acute rheumatic fever are actively followed up to achieve full secondary prevention antibiotic prophylaxis and appropriate referral to care services such that no case is lost to follow up.	June 2014	Process agreed for ensuring: • Active follow up • Appropriate referral to services • Sharing of data held on registers	No rheumatic fever cases are lost to follow up	Monitoring of processes to ensure compliance	No rheumatic fever cases are lost to follow up	Monitoring of processes to ensure compliance	No rheumatic fever cases are lost to follow up

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Focus on clinical integration of rheumatic fever services	Promotion of clinical integration between public, primary, secondary and tertiary health services; and between well child, paediatric and adult cardiology services for ongoing management of ARF and RHD cases	June 2014	Clear Rheumatic fever care pathways are agreed Links to appropriate regional networks are established: • Cardiac • Public • Maternity • Child Health • Oral Health	Patients with Rheumatic fever have access to all required services	Monitoring and adjustment of processes as required	Patients with Rheumatic fever have access to all required services	Monitoring and adjustment of processes as required	Patients with Rheumatic fever have access to all required services
S2	Improve hand hygiene in schools	Work with Ministry of Education at regional and DHB level to progressively improve hygiene conditions in schools. Undertake associated skin infection prevention programmes including use of the Ministry of Health handwashing guideline/protocols in higher priority schools, i.e. all schools with throat swabbing and community awareness programmes funded by DHB or MoH	June 2014	Agreed handwashing facilities and education standards/protocols are in place in facilities across the region	Hand hygiene standards in schools are maintained	Audit conducted to establish compliance with agreed standards/protocols – improvements focused on identified deficits	Hand hygiene standards in schools are maintained	Monitoring and adjustment of processes as required	Hand hygiene standards in schools are maintained

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Link in to national initiatives to support service development	Liaison with national coordination, health promotion, communication, evaluation and research services	June 2014	National initiatives are integrated in to local/regional service development activities e.g. housing and education	Services are aligned to national best practice	National initiatives are integrated in to local/regional service development activities e.g. housing and education	Services are aligned to national best practice	National initiatives are integrated in to local/regional service development activities e.g. housing and education	Services are aligned to national best practice

Enablers/support

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Workforce development	Ensure primary care providers and other health professionals likely to see high risk children follow the National Heart Foundation Sore Throat Management Guidelines. Continue to up skill health practitioners on adherence to Guidelines, particularly locums.	June 2014	Education programmes in place in all DHBs. Education programmes implemented where new technologies or protocols are developed e.g. rapid testing	All staff involved in the care of Rheumatic fever patients will be familiar with current best practice	Monitoring and adjustment of education programmes as required	All staff involved in the care of Rheumatic fever patients will be familiar with current best practice	Monitoring and adjustment of education programmes as required	All staff involved in the care of Rheumatic fever patients will be familiar with current best practice

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Smokefree Network 2012/2013 Work Programme

Project Director: Gary Thompson

Vision: "Our vision is for a Smokefree, Tobacco Free Midland by 2025. Our children and rangatahi deserve a future where smoking is history."
Goal: To double the number of successful quit and halve the number of new smokers each year and maintain the reduction to 2025

Key Objectives:

1. Continue to challenge DHB and Iwi governance members to demonstrate overt and strong smokefree leadership
2. Support DHBs and Health Providers to create and implement policies to employ only non-smokers and improve smoking cessation options for existing staff and new recruits
3. Create opportunities to enhance regional and local collaboration within the health sector and then with Smokefree stakeholders
4. Create an opportunities for Maori and Pacific to develop interventions to reduce the prevalence of tobacco for their communities
5. Continue to work with existing services to empower communities to reduce the affects of addictions such as, tobacco, gambling, drugs and alcohol
6. Build on sector relationships to work with and gain support from the following to adopt the Midland Smokefree 2025 vision:
    - Tertiary Education
    - Territorial Local Authorities
    - Business Sector
    - Central Government Agencies

Outcome Measure Q3-Results	**BOP DHB**		**Lakes DHB**		**Tairawhiti DHB**		**Taranaki DHB**		**Waikato DHB**	
	Target		**Target**		**Target**		**Target**		**Target**	
	2013/14 Q3	**2014/15**	**2013/14 Q3**	**2014/15**	**2013/14 Q3**	**2014/15**	**2013/14 Q3**	**2014/15**	**2013/14 Q3**	**2014/2015**
Providing Smokers with Smoking Cessation advice and support - Hospitalised Total	**99%**	**95%**	**93%**	**95%**	**91%**	**95%**	**95%**	**95%**	**93%**	**95%**
90 percent of patients seen by a health practitioner in primary care are offered brief advice and support to quit smoking	**82%**	**90%**	**54%**	**90%**	**47%**	**90%**	**63%**	**90%**	**51%**	**90%**
90 percent of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer are offered advice and support to quit	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**

Governance

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Midland Smokefree Leadership Group	The Midland Smokefree Leadership Group (MSLG) is established to lead and sustain the Midland Smokefree programme to 2025	**Q1-** MSLG confirms regional priorities **Q1**-Maori Caucus meets to confirm Maori priorities **Q3**-Regional influence and alignment of DHB activity **Q4**-MSLG reviews actions against priorities	Strong regional Smokefree DHB and sector collaboration Maori Caucus and the Pacific Forum participate and contribute to MSLG	Improved regional planning and knowledge sharing Improved leadership toward Midland Smokefree 2025 vision	Strong regional Smokefree DHB and sector collaboration	Improved regional planning and knowledge sharing Improved leadership toward Midland Smokefree 2025 vision More successful quits	Strong regional Smokefree DHB and sector collaboration	Leading to more successful quits Reduced uptake by new smokers Increased use of NRT and quit products
	MSLG continues to challenge DHB's and Iwi Board members by reporting progress and risks to achieving the Smokefree 2025 vision	**Q1-2** Midland Smokefree 2025 programme presentations to **2 Midland DHB CPHAC** committees **Q3-4** Midland Smokefree 2025 programme presentations to **2 Midland DHB CPHAC** committees	DHB's model a high standard of Smokefree leadership and behaviour HR policies reflect the gold standard of Smokefree policy 30% of DHB contracts include a gold standard Smokefree policy measure Improved management of patient and visitor Smoking behaviour	DHB's are acknowledge by the community as strong, positive Smokefree role models Provider audit document adherence and progress toward the gold standard Smokefree accreditation	DHB's model a high standard of Smokefree leadership and behaviour 60% of DHB contracts include a gold standard Smokefree policy measure Improved management of patient and visitor Smoking behaviour 30% of DHB facilities and surrounding areas are free from patient and visitor Smoking behaviour	DHB's are acknowledge by the community as strong, positive Smokefree role models Organisations external to health adopt the Midland Smokefree 2025 vision based on the example shown by DHB's Provider audits document adherence and progress toward the gold standard Smokefree accreditation	DHB's model a high standard of Smokefree leadership and behaviour 90% of DHB contracts include a gold standard Smokefree policy measure Improved management of patient and visitor Smoking behaviour 60% of DHB facilities and surrounding areas are free from patient and visitor Smoking behaviour	DHB Smokefree leadership acknowledged Better support for staff to quit Increased referral to cessation services (patient and visitor) More quit attempts Increased number of successful quits Reduced risk of exposure to second hand smoke

Governance

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Midland DHB Tobacco Control Steering Group (TCSG)	TCSG and District Smokefree stakeholders meet quarterly to review and modify Smokefree action	**Q1-2** Midland Smokefree 2025 programme participation in **2 Midland DHB TCSG** **Q3-4** Midland Smokefree 2025 programme participation in **2 Midland DHB TCSG**	Alignment of DHB and Primary Care Smokefree action Population Health, Secondary and Primary Care align Smokefree action toward the Midland Smokefree 2025 vision NGO and Cessation provider contribute to District Smokefree action planning	Improvement in outcomes for pregnant and young mothers Sharing of data and resource Coordinated support for local and district Smokefree initiatives Improved referral to AKP and Cessation providers	District Smokefree planning aligns to Midland Smokefree 2025 vision Link DHB Smokefree Leadership with Smokefree action in the private, tertiary and community sector Alignment of Smokefree action with local coalition groups	Improved district collaboration of Smokefree stakeholders Increased capacity to engage agencies and organisations external to health into the Midland Smokefree 2025 vision	Leadership and alignment of local and district Smokefree action	Better help for pregnant women and young mums due to improved collaboration More organisations adopt the Smokefree 2025 vision and work toward achieving the gold standard Smokefree Accreditation

Quality and Safety

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Regional Audit	Regional audit of Smokefree Tobacco Free policies within DHB service providers and contractors **Measure** Regional DHB provider contracts include robust Smokefree policy Regular audits of	**Q1**-Schedule 13/14 audits against 3 Year Audit programme **Q1-4 30%** of providers and contractors have their Smokefree Policy audited	Smokefree policy audit report by provider / contractor Audit reports prompt improvements 90% of regional service providers and contractor Smokefree policy is audited over 3 years	Improved smokefree leadership and role modelling Increased support for staff who smoke to quit More quit attempts	Smokefree policy audit report by provider / contractor Audit reports prompt improvements 90% of regional service providers and contractor Smokefree policy is audited over 3 years	Improved Smokefree leadership and role modelling Increased support for staff who smoke to quit More quit attempts	Smokefree policy audit report by provider / contractor Audit reports prompt improvements 90% of regional service providers and contractors Smokefree policy is audited over 3 years	Improved Smokefree leadership and role modelling Increased support for staff who smoke to quit More quit attempts

Service Delivery

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Maori leadership	**Create a regional Maori leadership forum to lead the development of Maori Smokefree initiatives** Work with National Maori Tobacco Control Leadership Group to engage the National Kohanga Reo Trust to develop Auahi Kore, Tupeka Kore Kawenata (policy) for Kohanga Reo organisations Work with National Maori Tobacco Control Leadership Group to engage MoE to develop Tupeka Kore policy for Maori Education establishments Develop and seek funding for a Maori Smokefree engagement initiative	**Q1 –** Maori Caucus inaugural meeting agrees Maori priorities **Q1-2** Establish links with the National Maori Tobacco Control Leadership Group NMTCLG **Q3-4** With NMTCLG establish links with MOE, National Te Kohanga Reo Trust **Q3-4** Pilot a Smokefree programme with Kohanga Reo **Q1**- Develop a Maori Smokefree Tobacco Free intervention and promote for funding. (Tu Kotahi Tatou)	Tupeka kore initiatives are integrated into various DHB setting Maori Smokefree and Tobacco interventions are developed and considered for funding and or implementation • Kohanga reo • Kura • Wananga • Hapu settings • Pregnant and young mothers A Smokefree engagement initiative targets Maori at a personal/whanau level to encourage quitting. And to reduce uptake Engage Iwi and Hapu entities to elicit support for the Smokefree 2025 Kaupapa	Tobacco Free zones in DHB settings Improved engagement with Kohanga reo, Kura and Wananga entities Iwi and Hapu leaders support Maori Smokefree initiatives	Initiate engagement of the National Kohanga Reo Trust Initiate engagement of the MoE to initiate Smokefree, Tobacco Free policy for Maori Education settings	Increased influence of hapu leaders to reduce Smoking among whanau Increase number of quit attempts Increased support for more quit attempts Reduced number of new smokers Reduced exposure to second hand smoke	Draft policy consultation (Kohanga Reo) Draft policy consultation with Maori Education organisations Kura Wananga etc	Increased influence of hapu leaders to reduce Smoking among whanau Increase number of quit attempts Increased support for more quit attempts Reduced number of new smokers Reduced exposure to second hand smoke

Service Delivery

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Pacific Leadership	Establish a Midland Pacific Smokefree Leadership forum Target and re-prioritise funding for tobacco initiatives across contracting and programme development processes	**Q1**-Pacific Leadership Group meets and agrees Pacific Smokefree priorities **Q3-4** Develop and promote a Fono engagement initiative **Q4**-Test the feasibility of piloting a Fono engagement initiative	Regional Pacific leadership forum Develop a Midland Pacific Smokefree strategy Pilot a Pacific focus fono engagement initiative tested	Improved participation in decision making Increased opportunity for successful quits Increase in the number of trained quit card providers / coaches Reduced numbers of new smokers Increased referral to Cessation services	Implementation of the Midland Pacific Smokefree strategy	Increased opportunity for successful quits Increased referral to Cessation services Increased awareness and utilisation of cessation products	Implementation of the Midland Pacific Smokefree strategy	Increase successful quit Reduced uptake of tobacco and smoking
Service to Maori and Pacific women	**Maternity** Continue to improve the availability and reach of cessation and support services to Maori and Pacific women particularly, pregnant and young mothers Progress toward achieving the maternity target Enhanced District and Regional collaboration of Primary and Secondary care maternity and cessation services improves outcomes for pregnant Maori and Pacific women Maternity nurses and Lead Maternity Carers are trained quit card providers	**Q1-2** In collaboration with key stakeholders develop a referral pathway for Maori and Pacific women particularly, pregnant and young mothers **Q3-4** Pilot and test the pathway at a service level **Q4** Report progress to DHB's and MSLG	Community programmes in each of the DHB support Maori and Pacific women to stop smoking Primary and Secondary care maternity and cessation services participate in District Tobacco Control Steering Groups and smokefree coalition groups Increased referral to AKP cessation services	Improved collaboration of Primary and Secondary care services leads to improved services to pregnant and young mums particularly Maori and Pacific Increased number of Maori and Pacific pregnant and young mums receive ABC Cessation services are better linked to maternity LMC providers	Expand community programmes in each of the DHB's to support Maori and Pacific women to stop smoking Primary and Secondary care maternity and cessation services participate in District Tobacco Control Steering Groups and smokefree coalition groups Increased referral to AKP cessation services % of LMC's are Quit Card trained	Continued improvements in the number of Maori and Pacific pregnant and young mums receiving ABC and being referred to cessation services Cessation services are better linked to maternity LMC providers Improve primary and secondary care liaison	Expand community programmes in each of the DHB's to support Maori and Pacific women to stop smoking Increased referral to AKP cessation services % of LMC's are Quit Card trained	Maori and Pacific pregnant and young mums consistently receive ABC and offered referred to cessation services providers Cessation services are better linked to maternity LMC providers Improve primary and secondary care liaison

Service Delivery

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Integrated Addictions programme	Continue to pilot an integrated addictions programme that seeks to empower whanau affected by issues relating to smoking, gambling, drugs and alcohol	**Q1-2** Confirm clinical and stakeholder membership to a project steering group **Q2** Pilot developed and initiated at 2 sites across the region **Q4** Report to MSLG	Evaluation of the pilot informs regional implementation strategy Addictions staff attend ABC training and become quit card providers Cessation services are integrated into the additions pilot	Increased number of referrals to cessation services Increased number of quit attempts Increased number of trained quit card providers	Integrated Addictions Programme regional expansion plan implemented Cessation services are integral to the addictions programme	More quit attempts Increased up take of cessation services and products Increase in the number of successful quits	Each Midland district provides an Integrated Addictions programme for their population	More quit attempts Increased access to cessation services and products Increase in the number of successful quits
Build on sector relationships	Tertiary Education providers, Territorial and Local Authorities, Business sector and Central Government Agencies support the Midland Smokefree 2025 vision	**Q1-2** 2 District Councils agree to develop Smokefree policy advice for Mayor and Council consideration each year **Q1-4** 2 District Councils adopt a Smokefree policy each year **Q1-4** Continue to build relationship within the Tertiary Education sector to promote the development of gold standard Smokefree policies **Q1-4** Establish links with NMTCLG to advance engagement with Ministry departments	Two (2) Territorial Authorities across the Midland District are supported to adopt the gold standard Smokefree programme One Tertiary Education providers is supported to adopt the gold standard Smokefree programme Initiate engagement with MOE to advance Maori Leadership 2015 deliverables	Commitment to the Gold Standards programme ensures sector organisations will achieve complete Smokefree status	Two new Territorial Authorities across the Midland District are supported to adopt the gold standard Smokefree programme A second Tertiary Education providers is supported to adopt the gold standard Smokefree programme Build on MOE engagement to initiate Smokefree policy development for the Alternative Education sector.	Commitment to the Gold Standards programme ensures sector organisations will achieve complete Smokefree status Improved support for Alternative Education providers to provide ABC to youth, predominantly Maori and Pacific.	Two TA **commit** to the **Gold Standard** policy programme One Tertiary provider commits to the Gold Standard policy programme Two new Territorial Authorities across the Midland District are supported to adopt the gold standard Smokefree programme A second Tertiary Education providers is supported to adopt the gold standard Smokefree programme	Increased ABC to youth, Maori and Pacific More Smokefree open spaces Reduced exposure to second hand smoke Increased referrals to cessations services

Research and Evaluation

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Stock take	Baseline Stocktake of Smokefree intervention areas to monitor progress toward 2025 goal	**Q1-2 Initiate the d**evelopment of baseline data for Smokefree target areas by region **Q1-4** Initiate the **d**evelopment of baseline data for Smokefree target areas by district (*know your numbers)*	Number of Service Providers contracts with gold standard Smokefree clauses Number of LMC Number trained to provide ABC and quit card Number of Territorial Authorities with a Smokefree policy and the status of that policy	Measure of uptake and commitment to the Midland Smokefree 2025 vision Measure of progress toward becoming Smokefree Consistent ABC and cessation support for pregnant and young mums	Number of Kohanga Reo and where Number of Alternative Education facilities and demography	Measure by % engaged Monitor the uptake of the Smokefree Kaupapa Measure progress toward being Smokefree	Number of Kura Kaupapa Number of Whare Kura	Measure by % engaged Monitor the uptake of the Smokefree Kaupapa Measure progress toward being Smokefree

Enablers/support

			2013/14		2014/15		2015/16	
Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Whanau level Smokefree engagement	Tu Kotahi Tatou (Innovation Fund Proposal) describes a model of Smokefree engagement with Maori and Pacific at the whanau level	**Q1-4** Promote Tu Kotahi Tatou for funding	Funding for Tu Kotahi Tatou is considered	Increased number of Maori and Pacific seeking cessation advice More quit attempts Reduced youth uptake				

Midland Regional Trauma System Work Programme

Chair: Dr Grant Christey, Nurse Consultant: Alaina Campbell

Project Manager: Suzanne Andrew

Vision: The Midland community will be provided with highest quality trauma care

Mission: To lead regional trauma care quality improvement activities in the Midlands

Key Objectives:

1) To enable provision of highest quality trauma care focussed on the needs of patients
2) To improve patient journeys by encouraging collaboration between all trauma care providers
3) To develop a trauma quality improvement programme based on trauma registry data
4) To ensure that stakeholders and others are informed/aware of MRTS activities and progress
5) To ensure adequate re-sourcing and sustainability of MRTS

Regional Measures :

1) MRTS Trauma Guidelines agreed for use by Midland DHBs
2) MRTS registry data input up-to-date within 12 weeks of data collection
3) MRTS TQIP programme delivering regular quality reports to stakeholders
4) Stakeholder communication plan operational
5) Regional educational programme operational
6) MIMRS is functional and sustainable
7) Midland Trauma Research Unit functional and producing information for peer review
8) Mortality of severely injured (Injury Severity Score >15) is less than 10% in all Midland Hospitals
9) MRTS adequately staffed, funded, and in an optimal and sustainable state at the end of 2015.

National Measures:

1) Trauma registry and TQIP processes are functional and compatible with national trauma systems and initiatives
2) National health agencies are regularly informed on the status and progress of MRTS.

	Governance								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Ensure the governance structure of the Midland Regional Trauma System (MRTS) is functional and sustainable	The Midland DHBs support and develop the MRTS	Ongoing	Confirm MRTS Terms of Reference Develop an ongoing sustainable communication plan to inform stakeholders and staff of MRTS progress and activities Regular MRTS meetings scheduled for key DHB trauma staff to engage Include MRTS on the NEXUS website so that research and documentation can be shared regionally in a secure web based environment	Stakeholders and staff have greater awareness of MRTS and the rationale for system change Increased engagement between trauma staff across the Midland region Profile of the MRTS raised regionally and nationally Enhanced cohesion for MRTS as a clinical network, improved communication of training opportunities, professional development, articles of interest, research and documents under development between regional trauma staff	Terms of Reference reviewed and agreed Review all national initiatives relative to trauma care and align as appropriate Identify other ways to raise the profile of the MRTS Opportunities identified and developed for MRTS to utilise NEXUS and other communication tools	MRTS clinical network established within the Midland District Health Board's Regional Service Plan MRTS is aligned with national goals Profile of the MRTS raised regionally and nationally Enhanced cohesion amongst MRTS members, training and professional development supported and regional collaboration on documentation progressed	Terms of Reference reviewed and agreed Review all national initiatives relative to trauma care and align as appropriate Identify other ways to raise the profile of the MRTS Opportunities for MRTS to utilise NEXUS and other communication tools identified and developed	MRTS clinical network established within the Midland District Health Board's Regional Service Plan MRTS is aligned with national goals Profile of the MRTS raised regionally and nationally Enhanced cohesion amongst MRTS members, training and professional development supported and regional collaboration on documentation progressed

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	MRTS Registry implementation Note: MRTS is very aware of the importance to align regional trauma initiatives with national major trauma and emergency priorities and initiatives. MRTS has provided clinical leadership and partnering in the development of the Major Trauma National Clinical Network.	MRTS Registry used to support quality improvements	October 2014	Continue entry of regional trauma data into the Registry MRTS securing support for data entry from the Midland DHBs, enabling a focusing of resource on timely data entry. This will assist in the timely identification of Q1 initiatives and research through trauma registry data. Complete new registry fixes, testing, data merge and data backfill Identify ways to reduce dependence of FTE on data handling Consider alternative funding streams and resources to support the more efficient entry of data into the Registry Develop data audit programme based on registry function Apply for funding and resources to support data handling	Measurable progress towards up to date MRTS Registry To improve efficiency of data input. Regional registry ready for utilisation, Including TQIP , reporting and research Possible reduction in time required to complete data backfill (dependent on application of additional funding and/or resources) Quality trauma data is in the registry and available to support quality improvement activities and research	Track and review progress of MRTS Registry and apply for additional funding and/or resources, as required Revise and update Registry progress, as necessary Investigate software licences for the MRTS Registry and the possibility of 'hosting' other DHBs nationally in the future Identify ways to reduce dependence of FTE on data handling Review ability for direct input at DHB sites into trauma registry e.g. handheld devices	Responsive MRTS Registry timeline Measurable progress towards up to date MRTS Registry Full utilisation of resources To improve efficiency of data input Reduced data handling immediate clinical coding and trauma registry input	Track and review progress of MRTS Registry and apply for additional funding and/or resources, as required Training documentation rolled out across DHBs enabling direct input into MRTS Registry Identify ways to improve data input speed and data quality	Responsive MRTS Registry timeline Reduced data handling immediate clinical coding and trauma registry input Trauma data is in the registry and available to support quality improvement activities and research

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q2	Develop a Trauma Quality Improvement Programme (TQIP)	Develop a MRTS work plan to improve the quality of trauma services	June 2014	Commence identifying quality initiatives using the 2013 Verification Report to support prioritisation Develop a prioritisation of the quality initiatives identified to improve trauma patient care Allocate tasks to a draft timeline that rationalises multiple priorities for incorporation into MRTS work plan Develop a draft MRTS strategic plan and investigate funding via DHB support	Quality initiatives for service improvement identified by the MRTS and timeline set within a MRTS work plan One priority area for a quality initiative identified and progressed Consistency and efficiency in programme development for MRTS based on tested processes TQIP is compatible with preferred regional and national IT systems and processes	Track and review progress of initiatives , and associated timeline, within the MRTS work plan MRTS work plan revised and updated as necessary Two to three further priority areas for quality initiatives identified and progressed Involve trauma patients and their families on an ongoing basis in the TQUIP programme	Responsive MRTS work plan, ensuring changing needs and priorities remain a flexible component of the MRTS work plan Care pathway improved for trauma patients through the completion of two to three further prioritised quality initiatives Find out what matters to the trauma community patient and their families and include in programme of works	Track and review progress of initiatives, and associated timeline, within the MRTS work plan MRTS work plan revised and updated as necessary Two to three further priority areas for quality initiatives identified and progressed Plan formal verification of Midland regional trauma services	Responsive MRTS work plan, ensuring changing needs and priorities remain a flexible component of the MRTS work plan Care pathway improved for trauma patients through the completion of two to three further prioritised quality initiatives Review of work completed of 2013's findings and formal benchmarking of services and system

	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q3	Develop a Trauma Quality Improvement Programme (TQIP)	Commence development of a robust IT platform for TQIP including a relational data warehouse (TQUAL) and ensure compatibility with regional and national IT processes	June 2014	Create a comprehensive data dictionary Identify data usage guidelines Develop templates that support data usage guidelines	Clear communication of what the registry can offer in way of information and data points Individual DHB data is safely governed and used appropriately Data is accessible for use within set guidelines/rules	Identify one relational database to trial merge of MRTS data within TQUAL Continue to develop IT platform	Maximal utilisation of registry and related data sources for quality initiatives	Identify further relational databases for future merging	Maximal utilisation of registry and related data sources for quality initiatives
Q4	Risk register development	Develop a regional Trauma System Risk Register	March 2014	Development of a regional Trauma System Risk Register Individual Midland DHBs to provide their templates for consideration by MRTS in the development of a regional Trauma System Risk Register Link regional Trauma System Risk Register to TQUIP	Regional view on risks available at all DHBs Risks drive service improvement initiatives Improved quality of care for trauma patients Risks will be monitored and measured as part of ongoing quality programme	Risk register updated and maintained Initiatives prioritised based on identified risks	Regional view on risks available at all DHBs Risks drive service improvement initiatives Improved quality of care for trauma patients	Risk register updated and maintained Initiatives prioritised based on identified risks	Regional view on risks available at all DHBs Risks drive service improvement initiatives Improved quality of care for trauma patients

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Develop MRTS Guidelines	Develop agreed trauma service guidelines across the Midland region in line with international best practice, and consistent the national direction for a range of clinical areas	June 2014	Develop agreed trauma service guidelines across the Midland region in line with international best practice, and consistent the national direction for a range of clinical areas Identify priority areas for regional guideline development, including the development of acceptance referral matrices Draft MRTS Guidelines developed, documented and circulated for 1st review and agreement	Consistent standard of care for trauma patients across the Midland region	Review and amend guidelines as required A timeline for the roll out of the agreed MRTS Guidelines, including agreed sub specialty acute trauma conditions, is developed and agreed	Guidelines reflect regional requirements Consistent standard of care for trauma patients across the Midland region Benchmark of trauma care that can be included in serious/adverse event review	Review and amend guidelines as required	Consistent standard of care for trauma patients across the Midland region Benchmark of trauma care that can be included in serious/adverse event review
S2	Develop a Midland Immediate Medical Response Service (MIMRS)	Develop a service which is regionally resourced, meeting regional needs and risk mitigation strategies, whilst complementing national emergency management work, and aligning with the NZMAT	June 2014	Develop a definition of the service provided by a MIMRS, and operational manual Review NZ Medical Assistance Team (NZMAT) and Australian Medical Assistance Team (AUSMAT) to ensure compatibility Develop and enact a recruitment strategy for MIMRS	MIMRS staff and processes are fit-for-purpose and functional within scope	Identify staffing and resourcing required to implement a sustainable MIMRS service Define the triggers for team activation Identify training requirements and opportunities and allocate staff. Develop inter-service agreements	MIMRS staff and processes are fit-for-purpose and functional within scope	Review service against purpose and plan Monitor and adjust requirements of MIMRS team	MIMRS staff and processes are fit-for-purpose and functional within scope

	Research and Evaluation								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Support a community of learning within MRTS	Develop a MRTS 'research/learning' sub-section within NEXUS to support an environment of continued collegial learning and professional development	November 2013	Utilise NEXUS as a learning tool to support research, evaluation and innovation within trauma	Enhanced learning and opportunities for innovation within trauma	Utilise NEXUS as a learning tool to support research, evaluation and innovation within trauma	Enhanced learning and opportunities for innovation within trauma	Utilise NEXUS as a learning tool to support research, evaluation and innovation within trauma	Enhanced learning and opportunities for innovation within trauma
R2	Midland MRTS Conference	Consider hosting a trauma conference, investigate feasibility and support within the MRTS clinical network	January 2015	Put together a trauma conference proposal for early 2015 for consideration	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice	Consider bi-annual conference if successful and supported	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice	Plan for bi-annual conference	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice

	Research and Evaluation								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R3	Midland Trauma Research Unit	Develop an organised and supported group of skilled personnel to maximise MRTS data for trauma-related research	December 2014	Identify partner organisations and specific personnel (Universities, trauma care provider agencies, national and international collaborative groups, researchers, etc) Identify priority projects and research topics Establish processes for data handling, fund management, ethics approval, grant application processes	Maximisation of trauma data for system improvement and prevention strategies Supportive links developed with many clinical and governance bodies (regional/national/international) Raised profile of MRTS as a primary resource of quality trauma research in Australasia Reliable funding streams and grant application processes give efficiencies to the Unit Data and research output is focussed, appropriate and acknowledged to MRTS	Develop Business Case for formal recognition and funding support	Robust unit development programme defined and supported	Review research unit's goals and outcomes	Maximal utilisation of registry and related data

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	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	Develop competency of a trauma specialist workforce	Develop a professional development tool for staff working in the area of trauma (eg nursing, Trauma Oriented Consultants (TOC), core staff)	June 2014	Consider orientation and training requirements for staff specialising in and/or providing trauma care	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice	Develop a professional development pathway for staff involved in trauma patient care	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice	Review opportunities for regional support of training and professional development	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice
E2	IS support for MRTS clinical network development	Develop a closer relationship between MRTS and IS regionally and nationally	Ongoing	Enhanced communication between MRTS and IS staff Awareness of IS technologies available to support trauma services and patients	Link into IS initiatives being considered in other clinical networks An awareness of possible IS based opportunities to enhance trauma services for patients	Maintain links with regional IS team	Enhanced communication between MRTS and IS staff Better awareness of IS technologies available to support trauma services	Maintain links with regional IS team	Enhanced communication between MRTS and IS staff Better awareness of IS technologies available to support trauma services
E3	MRTS structure	Develop a proposal to confirm the ongoing structure and funding requirements for MRTS	June 2014	Identify future structure and funding requirements	A better understanding of the regional implications for MRTS	Proposal developed and submitted to DHBs	Proposal approved by DHBs	Implement agreed structure	Sustainable and optimised MRTS

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Regional Emergency Departments Work Programme

Chair: Dr Matthew Valentine

Project Manager:

Vision: The Midland community will be provided with highest quality emergency care

Mission: To lead regional emergency care quality improvement activities in the Midlands

Key Objectives:

1) To enable provision of highest quality emergency care focussed on the needs of patients
2) To improve patient journeys by encouraging collaboration between all emergency care providers
3) To ensure that stakeholders and others are informed/aware of REDs activities and progress
4) To continue to organise and lead a national conference

Regional Measures :

1) ED guidelines agreed for use by Midland DHBs and adopted across multiple DHBs
2) Stakeholder communication plan operational
3) Use of regional educational programmes

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	Governance								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
G1	Ensure the governance structure of the Midland Regional Emergency Departments (MREDs) is functional and sustainable	The Midland DHBs support and develop the MREDs	Ongoing	Confirm MREDs Terms of Reference Develop an ongoing sustainable communication plan to inform stakeholders and staff of MREDs progress and activities Regular MREDs meetings scheduled for key DHB emergency staff to engage Include MREDs on the online website so that research and documentation can be shared regionally in a secure web based environment	Stakeholders and staff have greater awareness of MREDs and the rationale for system change Increased engagement between emergency staff across the Midland region Profile of the MREDs raised regionally and nationally Enhanced cohesion for MREDs as a clinical network, improved communication of training opportunities, professional development, articles of interest, research and documents under development between regional emergency staff	Terms of Reference reviewed and agreed Review all national initiatives relative to emergency care and align as appropriate Identify other ways to raise the profile of the MREDs Opportunities identified and developed for MREDs to utilise web based and other communication tools	MREDs clinical network established within the Midland District Health Board's Regional Services Plan MREDs is aligned with national goals Profile of the MREDs raised regionally and nationally Enhanced cohesion amongst MREDs members, training and professional development supported and regional collaboration on documentation progressed	Terms of Reference reviewed and agreed Review all national initiatives relative to emergency care and align as appropriate Identify other ways to raise the profile of the MREDs Opportunities for MREDs to utilise web based and other communication tools identified and developed	A robust governance structure is in place

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	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q1	ED 6 hour target	Monitor regional performance on the ED six hour target	Ongoing	Share strategies and solutions within EDs in the region for addressing the six hour target. Identify and support departments where maximal ED changes have been made.	Spread successful techniques around region. Assist DHBs focus energy on more productive strategies for meeting six hour target.	Focus on strategies to reduce waiting times in EDs	ED wait times in line with current best practice	Focus on strategies to reduce waiting times in EDs	ED wait times in line with current best practice
Q2	Lead an annual national emergency medicine conference	Continuation of the annual NZ ED leadership conference in Taupo	Ongoing	Oct 2013 conference already in planning. 2nd year of clinical director pre-meeting. 1st year of clinical nurse manager pre-meeting	Continued national learning and networking of full range of ED leaders. Minister of Health confirmed to be speaking. Enhanced communication and knowledge sharing between clinical directors nationally. Enhanced communication and knowledge sharing between clinical nurse directors nationally.	Spring 2014 conference. Continuation of pre-meetings. Further development of programme as indicated.	Ongoing national learning and clinical networking of full range of ED leaders.	Spring 2015 conference. Further development.	Ongoing national learning and clinical networking of full range of ED leaders.

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	Quality and Safety								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
Q3	Identify range of services are available in region for emergency care including rural communities	Baseline data collected for emergency services in region Mapping of emergency services for rural communities.	2015			Stock take of current hospital staffing and services	Establish baseline of current available secondary and tertiary staffing and service	Survey and mapping of acute/emergency services available in communities without hospitals.	Identify gaps in cover and opportunities to provide service and support remotely
Q4	Awareness of emergency medicine quality projects underway in region.	Maintain attention and data on quality projects throughout region to identify successes that can be replicated and disseminated elsewhere.	Ongoing	Stock take of current projects. Development of tool for tracking projects	Identify what's already underway. Simplify and centralise tracking of projects, e.g. with Nexus	Identify successful projects. Develop tools for generalising successes to other DHBs.	Have mechanism for identifying and spreading successes.	Identify and debrief unsuccessful projects and generalisations.	Fine-tune mechanism for identifying successful projects to share as well as roadblocks to doing so.

	Service Delivery								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S1	Identify strategies to address acute demand	Identify resources, limitations and strategies needed in order to meet peaks in acute demand while maintaining patient safety and delivering quality care	Ongoing	Identify barriers to meeting peak demand periods.	Sets agenda for ongoing work. Focuses attention on problem areas	Focus on strategies to reduce acute demand in EDs	Acute demand is in line with current international trends	Focus on strategies to reduce acute demand in EDs	Acute demand is in line with current international trends
S2	Develop strategies to address primary-secondary integration	Identify current and ongoing examples of primary secondary integration and opportunities to support and further these measures	Ongoing	Monitor progress and results with primary-secondary after hours integration in Thames.	Identify strategies to adopt and pitfalls to avoid for elsewhere	Monitor progress and results with primary-secondary after hours integration in Whakatane.	Identify patterns in strategies to adopt and pitfalls to avoid for elsewhere	Identify other locations that could benefit from after-hours integration Identify other aspects besides after-hours where integration would be beneficial	Spreads knowledge and service widely throughout region Leverage relationships gained with primary sector from after-hours work for further gains
S3	Develop ED Clinical Nurse Specialist role	Develop specialised advanced nursing care within the context of the local Emergency Care Service to support clinical career pathways and workforce development strategies. (NOTE – this significantly addresses above two initiatives)	Ongoing – regional proposal for emergency CNS course already developed.	Submit proposal to regional COOs. Identify clinical champion to spearhead.	Spread knowledge of need for this workforce development to support multiple initiatives Development of course director role to lead further developments	Initiate training Develop staffing models to best utilise CNS	Able to begin to address staffing shortages (acute and chronic), acute demand	Develop role for greater rural use and/or primary-secondary integration	Expansion of role into other areas of need with ED support

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Service Delivery

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
S4	Develop a working group with Midland Regional Trauma System to consider trauma care and referral patterns in rural communities	Set up working group with MRTS – include: • Need/demand • What services should be provided and • Where services should be provided • Integrated care • Partnership building • Funding • Workforce • Training • IS requirements • Communications	Ongoing – informal participation in both groups by some members already in place	Formalise current relationship. Identify priorities from list in description	Identify shared work areas and minimise duplication of effort.	Priorities as per 2013/14 plan		Priorities as per 2013/14 plan	

Research and Evaluation

				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
R1	Support a community of learning within MREDs	Develop a MREDs 'research/learning' sub-section within a web based forum to support an environment of continued collegial learning and professional development	November 2013	Utilise a web based forum as a learning tool to support research, evaluation and innovation within emergency care	Enhanced learning and opportunities for innovation within emergency care	Utilise a web based forum as a learning tool to support research, evaluation and innovation within emergency care	Enhanced learning and opportunities for innovation within emergency care	Utilise a web based forum as a learning tool to support research, evaluation and innovation within emergency care	Enhanced learning and opportunities for innovation within emergency care

	Enablers/support								
				2013/14		2014/15		2015/16	
	Initiative	**Description**	**Timeframe**	**Deliverable**	**Gains**	**Deliverable**	**Gains**	**Deliverable**	**Gains**
E1	IS support for MREDs clinical network development	Develop a closer relationship between MREDs and IS regionally and nationally	Ongoing	Enhanced communication between MREDs and IS staff Awareness of IS technologies available to support emergency care services and patients	Link into IS initiatives being considered in other clinical networks An awareness of possible IS based opportunities to enhance emergency care services for patients	Maintain links with regional IS team	Enhanced communication between MREDs and IS staff Awareness of IS technologies available to support emergency care services and patients	Maintain links with regional IS team	Enhanced communication between MREDs and IS staff Awareness of IS technologies available to support emergency care services and patients

Module 4 – Stewardship

Governance and the Management of the Region

Each DHB has a Chief Executive with governance provided by a Board comprising appointed and elected members. The Board chairpersons are appointed by the Minister of Health.

Regional activities are led by the five DHB Board chairs and five chief executives and who meet monthly as a group. While this group provides direction to regional planning, ultimately the RSP requires endorsement from each of the DHB boards on the recommendation of the Chief Executive and Chair. The Board of each DHB is responsible to the Minister of Health for the DHB's overall performance and management including its commitment to the RSP. Each DHB board's core responsibility is to develop plans and policy that are consistent with Government objectives and improve health outcomes for the local population, while operating in an increasingly regionalised context.

Regional Principles

A series of principles designed to facilitate regional decision-making were developed in 2009 for the strategic Midland Region Clinical Services Plan document refreshing earlier work that framed the basis for initial cooperation. These principles are central to effective decision making in the development and implementation of the Midland Regional Services Plan in 2013/14 and further regional actions.

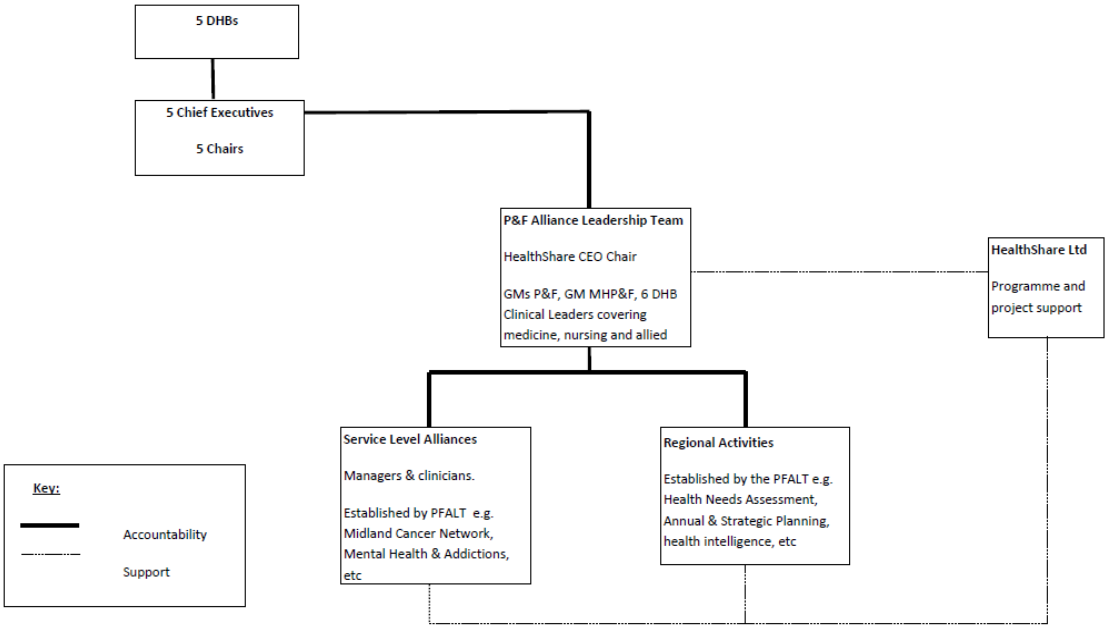
1. Regional Services will be delivered according to the following criteria:
   a. Tertiary
   b. Vulnerable
   c. More cost effective and sustainable to do regionally
2. Secondary services are provided from domicile DHBs unless an alternative delivery option is demonstrated to be the most clinically appropriate, sustainable and cost effective solution including financial and non-financial transition costs. Sustainability considerations include financial, clinical and workforce considerations.
3. Waikato DHB will be the main provider of tertiary clinical services in the Midland region but individual DHBs may have other historical arrangements.[4]
4. Tertiary clinical services should not be duplicated across the region unless development of satellite services is demonstrated to be the most appropriate sustainable and cost effective solution.
5. Corporate services should not be duplicated unless local services have demonstrated to be the most sustainable and cost effective solution.
6. Clinical Alliances will provide evidence based clinical leadership in determining the most appropriate service configuration for the Midland region.
7. Equity of access to regional services.
8. Secondary and tertiary care is acknowledged as episodic in response to short term higher health needs. Primary and community care provides ongoing care in response to change in health needs over the course of an individual's lifetime.
9. All DHBs will have input into the development of Regional Service Plans.
10. Funding prioritisation for local services remains a local DHB responsibility[5].
11. Funding prioritisation of regional services will be regionally determined.

[4] Over time some services currently delivered in a tertiary setting will be able to transition to a secondary setting due to advances in technology. These principles do not preclude Midland DHBs for offering these types of services in the future as the setting changes.
[5] Further discussion needs to be had on what remains a local service and what becomes a regional service

Regional Structure

While responsibility for the overall performance of regional activity collectively rests with the five Boards, operational and management matters concerning the RSP and its implementation have been delegated to the Midland Chief Executives Group. This group is supported by an Alliance Leadership Team facilitated by HealthShare Limited, the Midland region's shared service agency. HealthShare is tasked with coordinating the delivery of regional planning and implementation on behalf of the Midland Region DHBs and bi-monthly progress reporting is provided to the Chief Executives group.
The Planning and Funding Alliance Leadership Team will focus on identifying priority areas for regional action, there may be some reallocation of current resource as priorities are clarified.

Regional Services Plan Structure



Planning and Funding Alliance Leadership Team

In February 2013 the steering group previously in place to co-ordinate and drive regional activity was replaced by a Planning and Funding Alliance Leadership Team (PFALT).

The Planning and Funding Alliance Leadership team has a membership which includes the General Managers Planning and Funding from the five DHBs, senior clinicians, senior managers, primary care representatives, and HealthShare staff.

The group is chaired by the HealthShare Chief Executive and is responsible for providing:

- Overall programme ownership of clinical networks and action groups across the Midland region including the coordination of enabling activity with individual service area action plans
- Overarching leadership for regional planning
- Direction for RSP development and content, and
- Recommendations via the HealthShare CE to DHB Chief Executives for approval.

The goal of the Planning and Funding Alliance Leadership Team is to progress regionalisation work on planning and funding functions with the aim of delivering the following benefits from the $2.5 billion of population based funding spent in the Midland region:

- Financial sustainability
- Sustainability of clinical services
- Improved health
- Reduction in health inequalities
- Greater/increased service integration.

The objectives of the Planning and Funding Alliance Leadership Team are to progress the regionalisation of planning and funding activities using a benefits approach and the use of intervention logic to explain how key deliverables will add value through:

- Better use of resources
- Better partnership with Māori
- Better clinical engagement and partnership
- Reduced duplication
- Identification and delivery of early wins and definition of longer term opportunities
- Engagement with key internal staff and stakeholders in the work to be undertaken.

Action Groups / Clinical Networks

Each action group for the service priority areas identified in the RSP is tasked with developing a regional work plan including milestones, deadlines, and service specific performance measures. The process was established in 2011/12 and is led by the clinicians in each service area, informed by and aligned with any national initiatives. This ensures that no duplication occurs and the activities and measures developed are fit for purpose. There are representatives from each Midland DHB, Māori health, and primary care on each action group to ensure appropriate representation, but the clinicians as a group, not individual DHBs are leading the process.

Each group is chaired by a senior clinician or manager from one of the Midland DHBs as follows:

- Maternity Services – Corli Roodt, Clinical Midwife Director
- Renal Services – Jo-Anne Deane, Clinical Director
- Radiology – Jill Wright, Service Manager
- Health of Older People – Dr Lorraine Taylor
- Elective Services – Dr Martin Thomas
- Cardiac Services –Dr Gerard Devlin
- Cancer Control – Dr Humphrey Pullon
- Mental Health and Addiction – Professor Graham Mellsop
- Child Health - Dr David Grahame
- Stroke – Dr Bhavesh Lallu
- Midland Region Trauma Service – Dr Grant Christey
- Regional Emergency Departments - Dr Matthew Valentine

Individual plans for these Service Priority Areas are outlined in Module 3.

Sustainability and Clinical Integration

RSP Focus Areas

The action plans focus on outlining the specific tangible and measurable actions we will undertake in 2013- 2016 to deliver on identified service priorities and targets in relation to:

- **Regional cooperation:** means DHBs working together more effectively, whether regionally or sub-regionally.
- **Integrated care:** includes both clinical, service, and system integration to bring our organisations and clinical professionals together, in order to improve outcomes for patients and service users through the delivery of integrated care. Integration is a key component of placing patients at the centre of the system, increasing the focus on prevention, avoidance of unplanned acute care and redesigning services closer to home.
- **Value for money:** is the assessment of benefits (better health outcomes) relative to cost, in determining whether specific current or future investments/expenditures are the best use of available resource.

Service and Infrastructure Priorities

Service priorities		Infrastructure priorities
1. Vulnerable Services • Maternity Services • Renal Services • Health of Older People • Radiology **2. National Priority Services** • Cardiac Services • Cancer Control • Elective Services • Stroke Services • Mental Health • Child Health • Rheumatic Fever **3. Regional Activities** • Smokefree • Trauma • Emergency Departments		• Information Systems • Building the Workforce • Māori Health Key Enablers • Health Quality and Safety Commission • National Health Committee • Capital and Asset Planning • Midland Region Training Network

Clinical Leadership

Each of the action groups for the service priority areas identified in our RSP are tasked with developing service specific performance measures building on the work undertaken in the 2012/13 year. Planned completion dates for this work are outlined in the RSP for each service priority area.

Improving service sustainability

The RSP provides a framework for DHB planning and acting cooperatively on a regional basis. The RSP focuses on how the region can work together to support vulnerable services, to improve equity of access to regional services and to improve health outcomes across the region as a whole. All plans and activities implemented are expected to pave the way for further regional activity in 2013/14 and beyond.

Clinical networks and models of care

Clinical networks are the primary vehicle through which change will be driven and delivered. This was one of the key areas the region identified in developing our regional activities. Clinicians noted the need for clinical networks to lead service improvement through the use of integrated patient

pathways, common clinical policies, and shared clinical audit programmes. Networks help small services to develop sustainable service plans to ensure quality and safety, with vulnerable local services transferred in a planned way to regional locations or supported regionally. Clinical networks aim to:

- Share knowledge and information to enable informed decision making
- Facilitate regional service quality improvement leading to better, sooner, more convenient services
- Support innovation and infrastructure development to reduce inequalities and build capacity and capability.

Regional Service Priorities

Several service priorities were identified as requiring regional action to improve quality and strengthen clinical services that have been identified as being vulnerable. The service priority areas for 2013 -2016 that are being led through a strong clinical governance framework are:

Vulnerable Services

- **Maternity Services:** Maternity services were identified as a vulnerable service early in the development of regional planning. There are significant workforce issues across maternity services, and opportunities exist to strengthen quality improvement activities, share resources, and standardise approaches to service delivery across the region.

- **Renal Services**: The focus of the Regional Renal Action Group will be on implementing new models of care to strengthen renal services across the midland region. There are significant workforce issues across renal services, and opportunities exist to strengthen quality - improvement activities, share resources, and standardise approaches to service delivery across the region.

- **Health of Older People:** This action group will consider opportunities for the Midland region to work together in terms of sharing initiatives and information that will support maintenance of a good quality of life and independence for as long as possible for our aging population. This work will be aligned to the National Health of Older People Steering Group

- **Radiology:** A multi-regional radiology group has been established and will facilitate a number of national activities. The Midland Health Network Service Level Alliance Team (SLAT) has completed significant work around the development of primary referred radiology guidelines. The Midland Region Radiology Network will build on the work of the SLAT, implement appropriate national initiatives, and consider broader regional radiology issues.

National Priority Services

- **Cardiology/cardiac services:** The Midland Region Cardiac Network will focus on activities that will work towards ensuring equitable access to cardiac care across the Midland region. The focus will be on making a difference to population health outcomes and inequalities through a cardiology pathway strongly embedded across the continuum of care from prevention through to specialist care, inclusive of cardiac rehabilitation. Further development of the acute coronary syndrome (ACS) pilot is a major focus area for this network.

- **Cancer Services:** The Midland Cancer Network involves cancer continuum stakeholders working across organisational and service boundaries to reduce the incidence and impact of cancer; address inequalities with respect to cancer and improve the experience and outcomes for people with cancer. The Midland Cancer Network Strategic Plan 2009-2014 guides implementation of the strategic direction.

- **Elective Services:** Regional activity will focus on best use of regional expertise and capacity to support delivery of elective services across the Midland region. Service improvement will be supported by regional referral pathways, clinical networks and consistently applied access criteria.

- **Stroke Services:** The focus of the Midland Region Stroke Network will be on working in alignment with the National Stroke Network to support implementation of the 2010 Stroke Guidelines.

- **Mental Health Services:** The network exist to lead regional planning and delivery and to reduce inequalities in mental health and addiction outcomes**.** A three-tiered structure has the Chief Executives, GMs Planning and Funding and GMs Māori Health providing the corporate and strategic leadership to the Midland Regional Network.

- **Child Health Services:** The regional child health service level alliance team will focus on identifying all existing child health developments and activities across the region and ensuring a regional approach and alignment of activities with national and local direction where appropriate.

- **Rheumatic Fever:** There are a considerable number of local initiatives and activities in place across the Midland region, all of which aim to reduce the incidence and impact of rheumatic fever. The region will work collaboratively to identify and address areas where the most gain can be achieved through shared actions.

Regional Activities

- **Smokefree:** The Midland Smokefree Network has developed a vision and action plan for the coming year and beyond.

- **Trauma (MRTS):** The Midland Regional Trauma System is a clinical programme that links multiple services across the region with a common goal: to provide the best care leading to the best outcomes for trauma patients and their families. Dedicated trauma teams are being established in all Midland DHBs - Tairawhiti, Bay of Plenty, Lakes, and Taranaki, following a Waikato initiative.

- **Regional Emergency Departments (REDs):** REDS will focus on strategies to improve patient journeys by encouraging collaboration between all emergency care providers and by ensuring that stakeholders and others are informed/aware of REDs activities and progress.

The regional service priority focus outlined in the plan does not preclude other work streams being identified and progressed during 2013/14. These groups will generally have a lead or joint lead Chief Operating Officer, and will, at an appropriate time, link into or transition into the RSP programme.

Linkages

There is significant effort underway with primary organisation partners that are beyond the focus of the Regional Services Plan. However, the RSP seeks to 'join up' activity across the continuum of care in our region and nationally, where appropriate:

Service Level Alliance Teams – Midlands Health Network
Clinically-led, dedicated Service Level Alliance Teams (SLATs) have been working in a number of service areas to identify improvements that will lead to improved quality of care though more integrated models of care.

Service Alliance Leadership Teams– Eastern Bay of Plenty Primary Health Alliance
SALTS are the working groups of the Alliance Leadership Team (ALT). Areas of focus common to RSP priorities are chronic conditions and Whānau Ora.

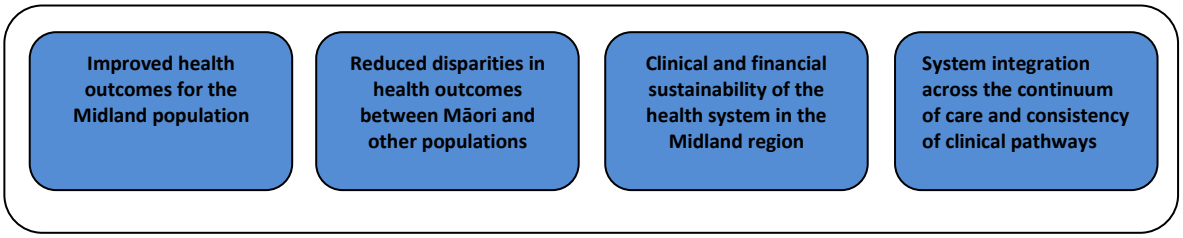
National Hauora Coalition:
Whānau Ora is the driving force and ideology. This means:

- Māori led, Māori owned and Māori protected;
- A whānau-centred approach that anticipates how the health sector activities interact with whānau activities;
- An integrated approach for improved outcomes across sectors;
- Offering Māori experience whānau-centred services.

District Level Pathway initiatives:
A pilot of *Map of Medicine* is in place between Waikato DHB and Midland Health Network – once complete an evaluation will occur and consideration given to rollout across the region. The Bay of Plenty DHB *Bay Navigator* is being considered for regional implementation, this will enable regional access to clinical pathways as they are developed.

Public Health and Allied Health:
These clinicians are represented on action groups where there are areas of alignment between their work programmes and RSP service priority areas.

Performance Framework: Regional Outcomes
The 2013/14 activities listed in this section link back to the Regional outcomes listed in the performance framework.



Activities for 2013/14 and beyond

Each action group has considered a programme of activity for 2013 - 2016 that aligns with these outcomes. For the purposes of clear presentation activities are grouped according to the following categories:

Governance: Each service priority area will have a clear governance process to enable evidence based clinical decision making.

Quality and Safety: Linking through to the Health Quality and Safety Commission's 'Triple Aim'.

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value from public health systems and resources

Service Delivery: Ensuring that model of care and organisation structures developed are of benefit to the patient and the wider health system.

Research and Evaluation: Robust data is produced in a timely and consistent manner supporting clinical decision making, initiatives are monitored, reviewed, and evaluated to ensure they continue to be fit for purpose.

Enablers: Support activities that allow the plans for each area to be successfully implemented including workforce, IS, and capital requirements.

The Regional Outcomes Framework contained within the appendices to this document, illustrates how regional activities align to and support national outcomes and objectives.

Module 5 – Key Enablers and Priorities

Regional Infrastructure Priorities

This section identifies the areas where the region will work cooperatively to achieve the regional plan.

Clinical Information Systems

The Midland Regional IS service will implement the Midland Region Information Services Plan and advance NHITB priorities, specifically the implementation of the NHIT Plan priority areas. Midland ICT enablement of the Regional Service Plan is focused on delivering the underlying ICT enablers as prescribed by the National Health IT board and the RSP. The focus on these enablers is done within the context of the affordability envelope of the Midland DHBs.

The process of prioritising the ICT work effort is done via the IS executive group with is comprised of clinical leaders and business leaders from each of the Midland DHBs. This group reviews on a quarterly basis the programmes of work underway and vets and provides recommendations to the regional capital committee for funding decisions as to ICT programmes.

These inputs lead to a current focus on deploying regionally the CSC ePharmacy application that will provide the underpinning for the regional deployment of the medication management pilot currently being undertaken at Taranaki DHB. There have been a number of technical and contractual challenges that have slowed the delivery of the ePharmacy programme. Currently the final contractual issues are targeted to be resolved in quarter 1 2013, this will enable this project to commence in earnest.

The other programme currently under review is the deployment of the Orion CWS application within the Midland region. This will require significant reprioritisation of current activities at both a local and regional level to enable this to be brought forward.

The major risks to the ICT enablement of the RSP are:

- The near and long term affordability of the ICT program with several Midland DHBs under considerable financial pressure
- Uncoordinated demand for ICT enablement from Ministry of Health and other external agencies that can create uncertainty and dispersed focus on delivery.

(For the IS plan see appendix 5).

Workforce

Given the workforce affordability and availability issues, New Zealand faces a critical challenge in maintaining a clinically skilled health workforce. Improving supply within the health workforce is only part of the answer. To find enduring solutions service providers will need to strengthen innovation, explore new ways of working, and develop workforces that are sustainable into the future.

Responding to workforce challenges requires multiple strategies across a range of service and workforce determinants. The RSP provides a framework for the five Midland DHBs to continue to plan and work cooperatively.

The regional workforce programme will address the workforce change required to meet current and future service need, and address the most commonly raised issues across the region, relating to the future sustainability of the workforce. This includes the need to better anticipate future states and investigate regional cooperative activity that supports this approach.

Workforce development activity underpins the collective response required to ensure access to quality, sustainable services across the whole region. Midland DHBs share responsibility for planning and undertaking forward-looking action on workforce development that minimises duplication. This includes regional cooperation to investigate the impact of reducing the rate of growth in health spending on design, capacity, and workforce utilisation in general.

The key workforce priorities for the Midland region are:

- Care assistant development
- Strategies around the management of the ageing workforce
- Recruitment and retention strategies for rural and vulnerable workforces
- Implementation of the Midland Region Training Network action plan
- Kia ora Hauora – promotion of Māori Health as a career
- Strategies around alternative workforces that add value and cost less or are cost neutral.

The region will work cooperatively to develop actions to address these priority areas through the GMs Human Resources, the Midland Region Training Network, and the regional clinical networks and action groups.
(For the workforce plan see appendix 7).

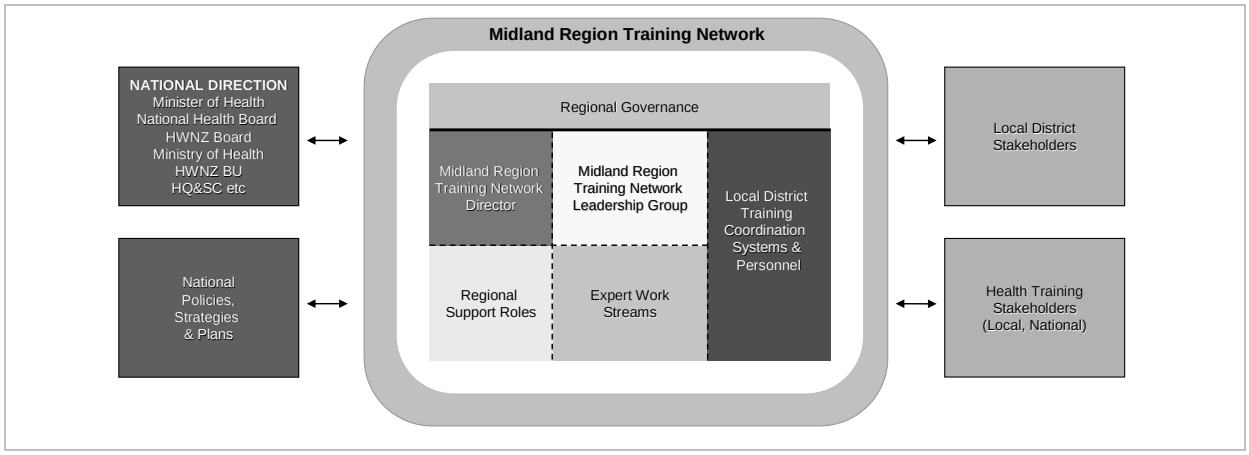
The Midland Region Training Network

The DHBs in the Midland Region have established the Midland Regional Training Network (MRTN) as a platform to support coordination and optimal solutions for post entry education and training of the health workforce.

The MRTN is a cooperative system of interacting roles and functions. The components operate autonomously in a virtual and adaptive model. Mechanisms connect the components at a base level, while the Leadership Group provides the overarching direction in agreement with regional governance. Externally a number of factors shape the network such as national direction, policies, strategies, and plans. The network provides an interface for relationships with local stakeholders and health training stakeholders more generally.

The diagram over page outlines the cooperative systems, which define the MRTN.

Midland Region Training Network



Principles

The following principles govern the way the MRTN works:

- Build on existing training systems and pathways
- Best use of workplace education and training resources
- Work together to enhance what we do
- Demonstrate added value.

Core MRTN activities

The core activities of the MRTN include:

- Identify regional training priorities
- Provide strategies and direction to enhance training outcomes
- Promote information flow and coordination
- Engage with relevant stakeholders
- Facilitate regional consistency and deliver mechanisms for cooperation across the network
- Identify opportunities to share resources
- Enhance and simplify systems and processes
- Set priorities that are reflective of regional population needs, the requirements of the workforce and national and regional directives.

Midland Region Training Network Leadership Group

The Midland Region Training Network Leadership Group (MRTN LG) forum exists as a Midland region DHBs stakeholder interface that provides strategic direction for the MRTN and an oversight mechanism for coordinating and monitoring its activity. The LG is accountable to the Midland region CEs. The LG will contribute to regional governance by:

- Developing a strategic perspective and formulating recommendations
- Providing information both formally and informally, through reports and discussion.

(For the MRTN Action Plan see appendix 6)

Māori Health

A commitment to support opportunity for Māori health gain

Midland DHBs are working to promote opportunity for Māori health gain and a reduction in health inequalities for Māori comparative to the rest of the population across the region. This intent is based upon:

- A commitment to Te Tiriti o Waitangi as defined in the NZ Public Health and Disability Act (2000)
- A commitment to He Korowai Oranga the National Māori Health Strategy (2002)
- Recognition of the size, composition and disproportionate health need of the Māori population relative to others within Midland
- A commitment to reducing health inequalities for disadvantaged groups
- A belief that by working together we can create positive and sustainable change

As a way forward Midland DHBs acknowledge the need to have an approach which focuses on Māori health gain, by ensuring that DHBs pool their resources and share insights into how to reduce health inequalities for Māori.

The way forward is co-ordinated in planning through the establishment of a Māori Health section in the Midland Regional Services Plan, which provides a platform to ensure the integration of key accountabilities for Māori health across all priority areas.

The Midland DHBs have been working cooperatively during 2012 and 2013 to develop a Māori Health Accountability Framework.

The aim of the Midland Māori Health Accountability Framework is to ensure that all annual plans across health priority areas associated with regional services have accountabilities to Māori health. The Māori Health Accountability Framework aligns to mandatory reporting measures such as Māori Health Plan national indicators and has the full support of the Midland CEs and Midland Iwi Relationship Boards.

The Māori Health Accountability Framework

The RSP Midland Māori Health Accountability Framework comprises a number of key tasks that each workstream should reflect in planning that ensures:

- Active participation of Māori in decision making
- Māori health workforce capacity development
- Building culturally responsive services
- Promoting and monitoring of Māori health gain

The Midland DHBs have a firm commitment to work together to improve the health and wellbeing of Māori and to reduce health inequalities for Māori relative to the rest of the population.

The Māori Health Accountability Framework ensures that in 2013-2014:

- All health priority work streams are aligned to the intent detailed in respective Māori Health Plans across the five Midland DHBs
- All workstream developments include the active participation of Māori at all levels (Māori representatives on workstream priority areas, GMs Māori on PFALT, Iwi Governance involved in high level strategic developments. All Māori representation are endorsed by Te Tumu Whakarae the Midland Māori GMs forum
- All work streams will integrate into their work the targets detailed in the RSP Māori Health Accountability Framework
- All proposed models of care have an integrated Māori model of care aligned to their development that upholds Tikanga best practice standards
- Regional cultural audits are conducted across clinical service areas in targeted areas
- MOH national health indicators can be tracked across Midland DHBs via the National Māori Health Monitoring Framework
- Māori health workforce development is an identified priority, with specific emphasis on Kia Ora Hauora and work undertaken by the Midland Region Training Network
- Workstreams will ensure that primary care interface includes active participation and integration with Māori providers and Māori PHOs within Midland
- IT systems are able to track access, utilisation, intervention and outcome rates for Māori relative to the rest of the population
- Intervention and outcome rates for Māori are relative to the rest of the population.

Māori Participation in Regional Service Development

Māori are represented at every level in the development, implementation and monitoring of the regional services plan. Strategic advice and feedback is obtained via the Midland Iwi Relationship Board, and incorporated in to actions via the PFALT. Māori are also represented via the GMs Maori Health in all of the regional clinical networks and in the MRTN.

There is a strong focus on reducing disparities and a commitment to the Māori health priority areas across all regional activity, including:

- All outcome measures are reported by ethnicity
- Integration of an eLearning cultural competence module across the region
- Completion of one regional He Ritenga cultural audit per year
- Kia Hauora promoting Māori health as a career option
- Involvement in the Midland Region Training Network

There are also a number of initiatives and projects included in this plan that particularly focus on Māori Health gain:

Clinical Network	Initiatives to support Māori Health gain
Maternity	• Reduce smoking rates in pregnant women • Reduce SUDI • Improve attendance at pregnancy and parenting classes • Services for Māori adolescents • Breastfeeding
Renal	Increasing live donor rates in Māori
Cardiac	Cardiac care cultural competency eLearning programme
Stroke	Development of Māori health key worker resources
Cancer	Midland Hei Pa Harakeke action plan
Smokefree	Establishment of a Māori Leadership Group

Monitoring of Māori Health Activities

All actions are reported to the Chairs and CEOs of the five DHBs on a bi-monthly basis and nationally via the NHB quarterly reporting process. All indicators are reported by ethnicity, and progress is reported against all work programme activities.

Regional Capital and Asset Management

Regional prioritised capital investments

Capital expenditure is planned and prioritised at both a Midland regional and local level. DHBs capital intentions, which span 10 years, are consolidated to form a regional view. ICT capital projects are planned regionally through the Midland Region IS Plan (MRISP) and prioritised via a Midland Regional IS project portfolio investment forecast which is regularly updated and agreed across the five DHBs in the region. Large clinical investments are cooperated with the aim of achieving best fit for the region.

Regional Capital Committee

The Midland region capital committee meets regularly to consider and approve business cases requiring regional sign-off. The committee consists of the five Midland DHB CEs and is chaired by Tony Foulkes, CE Taranaki DHB. Business cases are prepared and approved at Board level before submission to the regional capital committee for approval.

Major Capital Projects

Major capital projects >$10 million for the next 10 Years starting 2013/14

		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
	DHB	Plan	Plan	Plan	Projected	Projected	Projected	Projected	Projected	Projected	Projected	10 Years
		$000's	$000's	$000's	$000's	$000's	$000's	$000's	$000's	$000's	$000's	$000's
SCR -Main project	Waikato	28,830	2,051									30,881
A-Adult 2013	Waikato							300	1,000	11,000	10,000	22,300
B-Adult 2022	Waikato								500	2,000	16,000	18,500
Whakatane Redevelopment	BOP	22,700										22,700
Rotorua Mental Health Inpatient Facility	Lakes							20,000				20,000

Figure 3 - Major Capital Projects

Key Enablers

Health, Quality, and Safety Commission

The Health Quality and Safety Commission (HQSC) NZ in partnership with the NHB have agreed a New Zealand 'Triple Aim'. This has been adopted by all agencies including DHBs:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value from public health systems and resources

As a region we will work in partnership with HQSC to integrate and align the work of the commission with regional activities.

National Health Committee

We are committed to working with the National Health Committee across the regional networks to ensure any regional decision making on prioritising investment is aligned to national processes.

Primary Care Partnership

As a region we are working closely with our primary care partners to achieve the strategic goal of systems integration. The Primary Care Leadership Forum, comprising representatives from each PHO in the Midland region meets to discuss common work programmes and cooperation opportunities. In addition all regional networks have primary care representatives to ensure an integrated approach to service and system development. Of note are a number of initiatives that will enhance regional integration, some examples of this are listed below:

- Clinical pathways - purchase of the Map of Medicine has been approved for purchase across four DHBs, this means that clinical pathway development in collaboration with primary care is now possible across the region
- A shared electronic health record will be in place across the whole Midland Health Network within the next year and will be linked to emergency departments and pharmacies within this time. This means that there will be much more connectivity across the region supporting clinical pathways, models of care, and primary-secondary integration.
- Primary options in conjunction with the two initiatives above provide opportunities to reduce demand on secondary services and improve integration.
- The regions PHOs are doing a lot of work around locality planning and models of care, for example Midland Health Network are working on a model of care in Tokoroa that sees the development of an IFHC and use of physician assistants, this could be an exemplar model that could be used elsewhere across the region to assist in managing demand, is patient focused, and ensures best use of the available workforce.

Regional Implementation of the National Health IT Plan

The development and implementation of the Regional Information Services Plans (RISPs) is a key enabler of the RSP. The RISP is a component of the RSP through which the regions document their IT capacity planning and action, bringing together the National Health IT Plan and regional priorities. Detailed schedules are appended to this document.

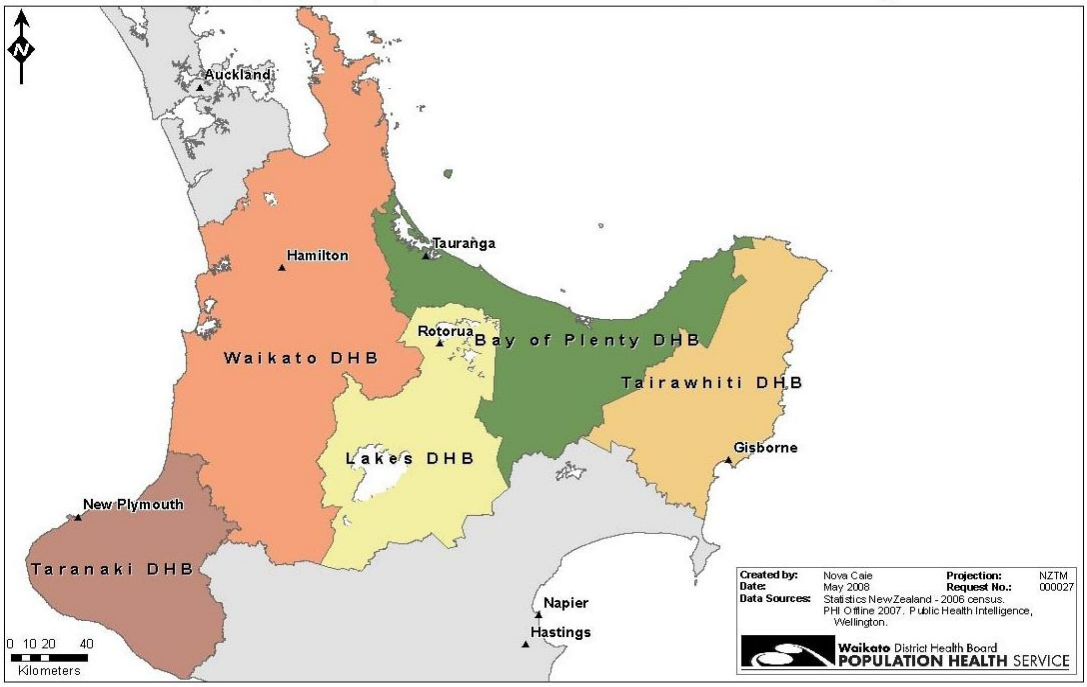
Appendices

Appendix 1 - Our Population

Geography

The Midland region stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island. The region comprises five District Health Boards: Tairawhiti, Taranaki, Lakes, Bay of Plenty, and Waikato. These boundaries take in the major population centres of New Plymouth, Hamilton, Rotorua, Tauranga, and Gisborne. The region covers an area of 56,728 km^2, or 21% of New Zealand's land mass.

Figure 4: Map of the Midland region DHBs



The Midland region has been defined as the five DHBs that have cooperated to develop this plan. However, the five DHBs are geographically dispersed, and arguably have less of a natural network than the other regions. This has led to greater variety in service flows, with for instance, Taranaki and Tairawhiti receiving some tertiary services from outside the region. In producing this plan Midland DHBs recognise and accept that in practice the span of the region will vary by service.

A snapshot

Each day in the Midland region:

- 26 babies are born
- 541 people are admitted to a Midland hospital
- 25 people are admitted to an out of region hospital

- 837 people have a first specialist or follow up appointment
- 5,033 people have a general practice consultation, and
- 17 people die.

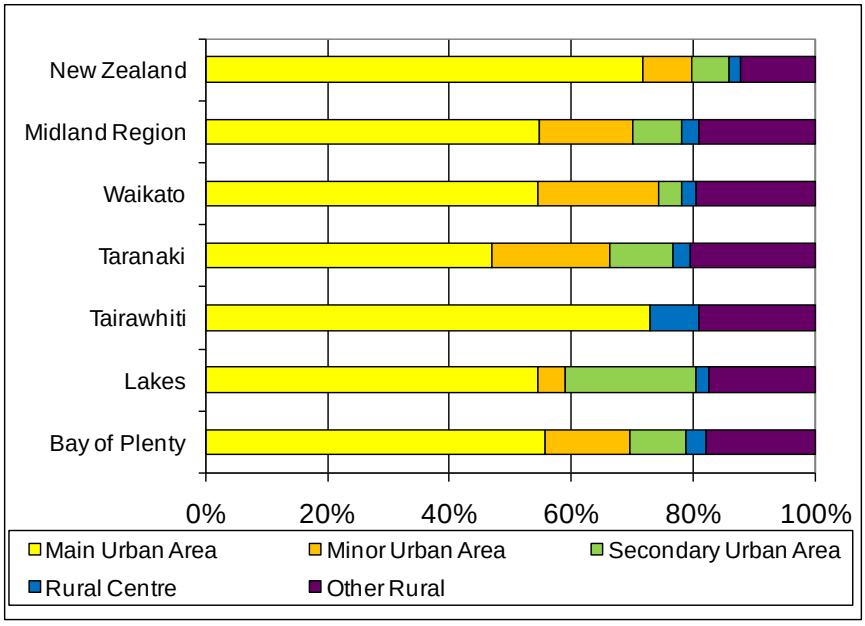
Some distinguishing features of our region compared to New Zealand as a whole:

- Highest proportion of Māori
- Low proportion of the population identifying as Asian or Pacific peoples
- Higher number of people living in rural areas
- a relatively higher proportion of people living in areas identified as high deprivation (deprivation quintiles 4 and 5)
- Lower life expectancy than the New Zealand average, and
- Higher smoking rates than the New Zealand average.

Rurality

The population of the Midland region is somewhat less urbanised than average for New Zealand, although this does vary by DHB as shown below. The more rural nature of the Midland population creates particular challenges in getting services to individuals, and individuals to services. For example, home haemodialysis usually requires an urban water supply. The lower population density areas may also result in people having fewer informal carers (family, friends) able to care for them in time of illness or recovery.

Figure 5 - Proportion of residents in NZ and in each Midland DHB, living in main, minor and secondary urban areas, and in rural centres or other rural areas



(Data sourced from: http://www.uow.otago.ac.nz/academic/dph/research/socialindicators.html)

Who do we serve?

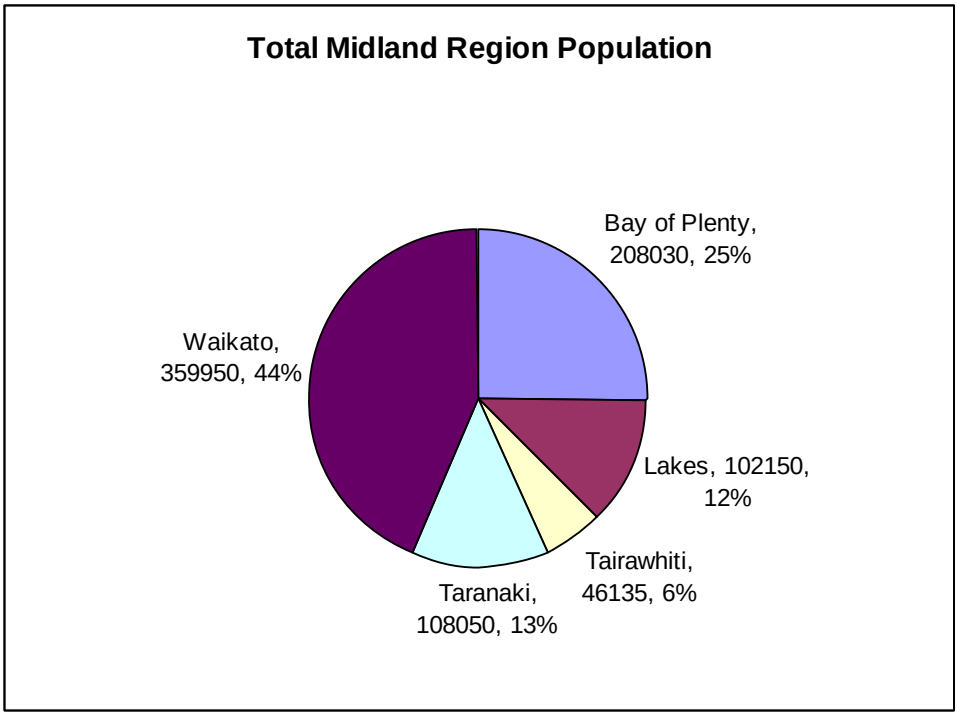
Demographic overview

According to the 2006 census, there were approximately 750,000 people living in the Midland region, constituting approximately 20% of New Zealand's total population. Waikato, the largest DHB in the group, has a population seven times larger than Tairawhiti, the smallest.

Ethnicity

In the Midland region, the Pacific and Asian populations (each at 3% of total population) are proportionately smaller than the national average (at 7% for Pacific peoples and 9% for Asian). While these communities are comparatively small, the Pacific and South Asian populations have high health needs that need to be addressed.

Figure 6: Population breakdown by DHB, 2009 population forecasts from 2006 census data

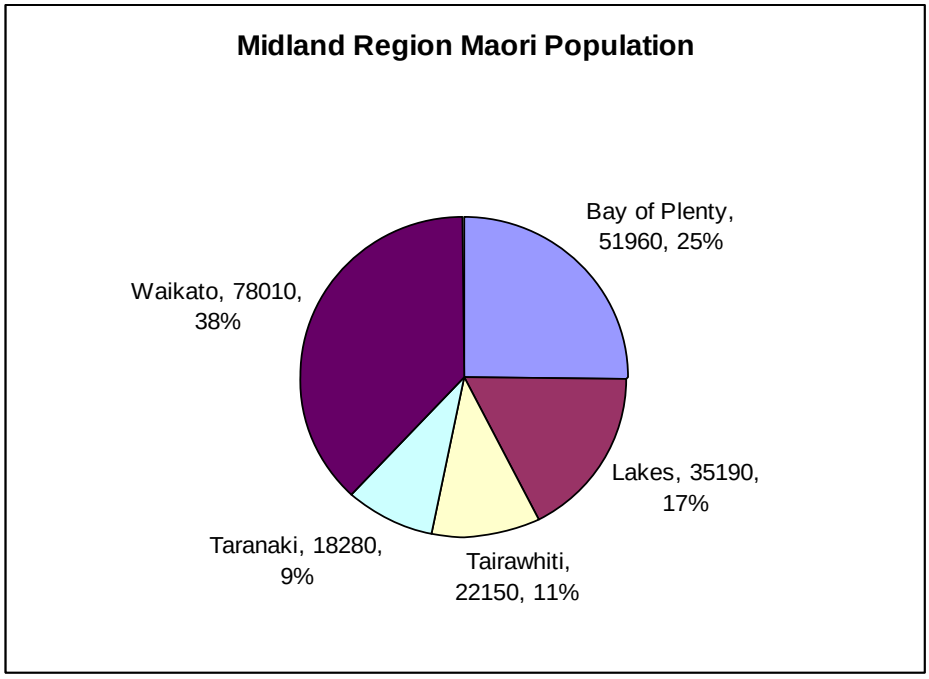


Total population: 824,315

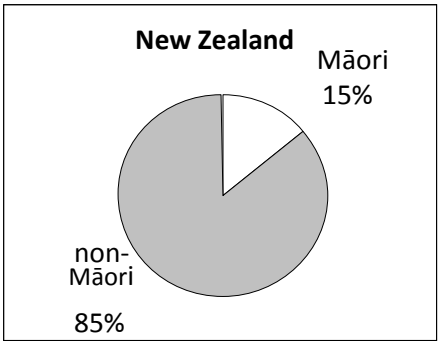
The proportion of Māori in the Midland population is much higher than the proportion in the national population, with the percentage of Māori in each DHB exceeding the national average. 48% of the population of Tairawhiti identify as Māori, and while Taranaki has the smallest proportion of Māori, they still make up 17% of the population, compared to 15% for NZ as a whole.

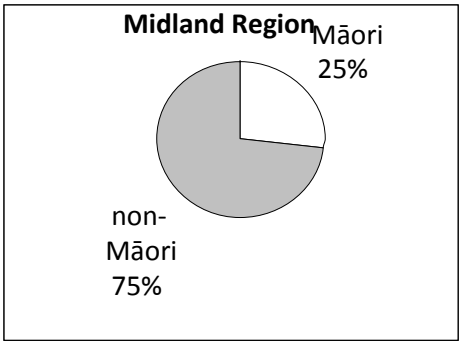
This leads to the region facing a significant additional burden of disease in comparison with the New Zealand average, as poor social and health outcomes for Māori health are common. Further, Māori tend to develop some conditions related to ageing younger than other groups. Also, services must be provided in ways that are culturally appropriate and effective to meet the needs of Māori.

Figure 7: Proportion of Māori in comparison with NZ population, 2009 population forecasts from 2006 census data



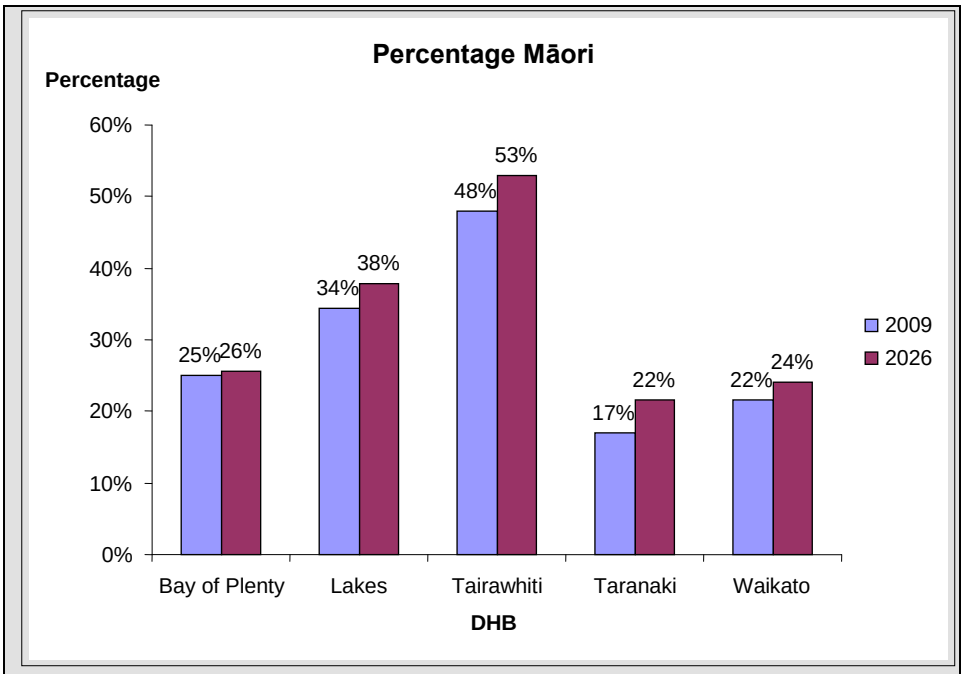
Total Population: 205,590





The proportion of Māori is expected to grow over the next two decades, with the largest forecast increases seen in Tairawhiti and Taranaki DHBs. This effect is a consequence of higher birth rates for Māori, and of improved life expectancy and ageing among Māori. The overall pattern of Māori population across DHBs remains unchanged from 2009 to 2026, although the level is in all cases somewhat higher.

Figure 8: Proportion of Māori 2009 and 2026



Iwi in the Midland region

Tairawhiti DHB

- Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu

Lakes DHB

- Te Arawa, Ngāti Tuwharetoa, Ngāti Manawa

Bay of Plenty DHB

- Waitaha, Tapuika, Tuwharetoa-ki Kawerau, Tuhoe, Ngaiterangi, Te Whānau –ā- Apanui, Te Whānau –a- Te Ēhutu, Ngaitai, Whakatōhea, Ngāti Pukenga, Ngāti Mākino, Ngāti Manawa, Ngati Whakaue ki Maketu, Ngāti Rangitihi, Ngāti Whare, Ngāti Awa, Ngāi Tai, Ngāti Ranginui, Ngāti Whakahemo

Waikato DHB

- Waikato, Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Ngāti Haua, Tuwharetoa, Whanganui, Maata Waka

Taranaki DHB

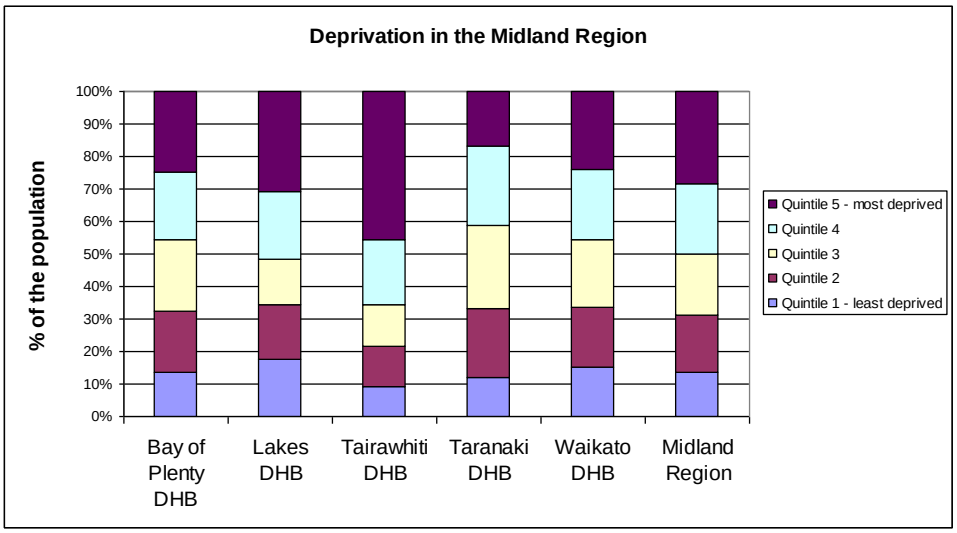
- Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngaruahinerangi, Ngāti Ruanui, Nga Rauru

Deprivation

Deprivation correlates with higher morbidity and mortality, and with lower life expectancy. People living in lower economic circumstances may find accessing health services more difficult, and their circumstances may impact on their knowledge of available services and their confidence to seek those services. The Midland region has a higher proportion of the population with lower quintile deprivation scores. Tairawhiti in particular has 65% of its population in quintiles 4 or 5 (versus 40% for NZ as a whole). The exception to this pattern is Taranaki, which has a greater proportion of people in the

middle rather than highest or lowest quintiles. DHBs such as Waikato and Bay of Plenty have smaller pockets of very high deprivation that may be masked by lower averages.

Figure 9: Deprivation quintiles by DHB



In particular, the three Territorial Local Authorities with the largest proportion of people in deprivation 5 quintiles are Kawerau and Opotiki in the Bay of Plenty DHB, and the South Waikato District in Waikato DHB. The largest populations of people in deprivation quintile 5 are found in Hamilton, Rotorua, and Gisborne.

Population growth and ageing

As is the case for the rest of New Zealand, the Midland region will experience population growth and ageing over the next two decades, although specific patterns vary considerably between DHBs.

Our Health Needs: What is the health status of our populations?

Life expectancy

Babies born in the Midland region (with the exception of females in the Bay of Plenty) have a lower life expectancy than average for New Zealand. Tairawhiti in particular stands out as having a life expectancy 4.2 years lower than the national average for both females and males.

Average life expectancy at birth in the Midland region 2007-09[i]						
	Bay of Plenty	Lakes	Tairawhiti	Taranaki	Waikato	NZ
Females	82.4	80.5	78.0	81.5	81.8	82.4
Males	77.5	76.4	73.8	77.2	76.9	78.4

Mortality

The table above shows the age standardised death rates from all causes in 2006 for the Midland DHBs and New Zealand as a whole. Tairawhiti stands out as having significantly higher mortality rates.

A major driver of variances between DHBs is likely to be ethnicity, since Māori have higher mortality rates at all ages with greater variability across DHBs. In New Zealand, Tairawhiti has the highest national age standardised Māori death rate, while Lakes DHB has the third highest.

Figure 10: Age standardised all-cause mortality in 2006 by DHB

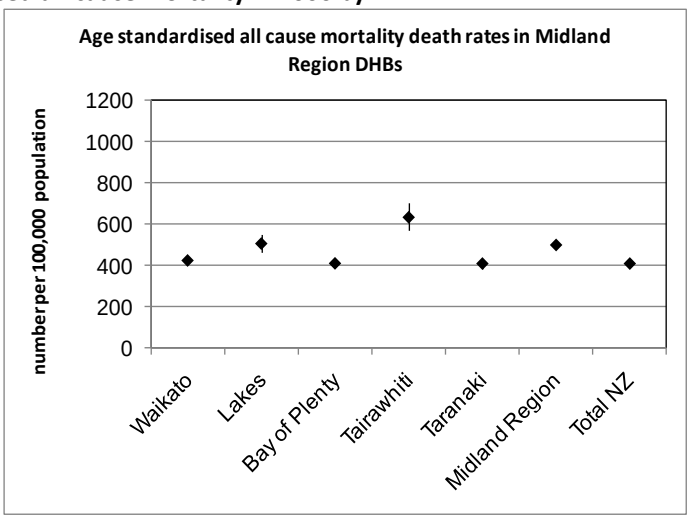
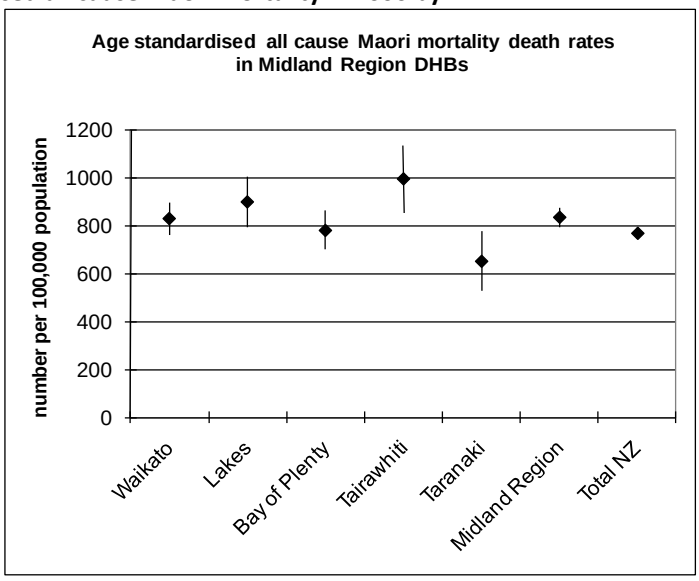


Figure 11: Age standardised all cause Māori mortality in 2006 by DHB



Unique characteristics of each DHB

Tairawhiti

Tairawhiti is one of the North Island's most sparsely populated districts, with some 29% of the total population of 46,000 living in rural areas (compared to 15% nationally). The geography causes significant transportation issues for both patients and travelling clinicians, both within the district (with travel times accentuated by the relatively high proportion of unsealed roads) and for travel to other centres for specialist care not available within the district (with limited availability of direct flights).

Tairawhiti has a high proportion of the population (48%) identifying as Māori – three times the national average. Overall the population is proportionally young (in comparison with the NZ profile) but the large Māori population is relatively older. This adds further to the significant burden of disease faced, particularly given that Māori tend to develop some conditions related to ageing younger than other groups.

The DHB has the highest rate of deprivation in New Zealand, with 65% of the population living in either quintile 4 or 5 deprivation categories. The low paid workforce and a high proportion of irregular, seasonal work contributes to this.

Both males and females have the lowest life expectancies seen in the Midland region and the highest age standardised all-cause mortality rate of all DHBs in New Zealand. Tairawhiti also has the highest smoking rate of the Midland DHBs and the rate of ambulatory sensitive hospitalisations is substantially above the national average.

The district's secondary hospital, located in Gisborne, has the smallest capacity of all of the main Midland DHB hospitals. (There is also a small GP run unit at Te Puia, Te Whare Hauora o Ngāti Porou.)

The district has a high volume of first specialist assessments and follow-ups in relation to its population size, at more than 25% above the regional level, related to the burden of disease in the population. Tairawhiti has some of the best local elective services access nationally, as well as excellent elective access to surgical services to Waikato DHB.

Waikato

Waikato DHB has the largest population in the Midland region of around 360,000. While Hamilton is a major metropolitan city, the district remains highly rural, with nearly 22% of the population living in rural areas, compared to the 15% national average.[ii]

Approximately 22% of the Waikato DHB population identify as Māori, compared to the national average of 15%.

Waikato Hospital, the largest hospital in the region is the provider of tertiary healthcare services to the Midland population; nearly half the health staff employed by the Midland DHBs work for Waikato. It also has four rural hospitals and two continuing care facilities and provides regional forensic mental health services from the Waiora Waikato campus.

Babies born in Waikato DHB have a slightly lower life expectancy than the average for New Zealand. The DHB has the highest volume of potentially avoidable hospitalisations of the Midland region DHBs (though the rate remains below the national average).

Lakes

Approximately 102,000 people live in Lakes DHB region according to 2009 population forecasts from 2006 census data. Māori make up approximately 34% of the population, with forecast increases of 11% in the Rotorua Territorial Authority area and 10% in the Taupo Territorial Authority area from 2006 to 2016.[iii]

Approximately 19% of the population live in rural areas and 31% of the population fall into deprivation quintile 5, showing the highest levels of deprivation. The 2002/2003 New Zealand Health Survey estimates that 50.1% of the Māori population smoke, compared to 25.2% of the non-Māori population.[iv]

Babies born in Lakes DHB have the second lowest life expectancy of the Midland region. The DHB has the third highest age standardised mortality rate in New Zealand, and the second highest smoking rate of the Midland region DHBs. Other outcomes of concern (where the DHB compares poorly against the national average) include: high obesity rates; cancer mortality; low birth weight babies; oral health; and high rates of ambulatory hospitalisations for older people.

Lakes DHB has ambulatory sensitive hospitalisation rates that are substantially higher than the national average, for both Māori and non-Māori.

Bay of Plenty

The Bay of Plenty has a population of approximately 208,000 people according to 2009 population forecasts from 2006 census data. The east and west parts of the district have a very different demographic makeup - some 75% of the population living in Western Bay of Plenty. An estimated 21% of the DHB population live in rural areas, compared to the national figure of 15%.[v]

In the Western Bay of Plenty, 17% of the population identify as Māori compared with 50% of the Eastern Bay of Plenty population.

The population is ageing, and the proportion aged over 65 is 29% higher than the national average. Total population growth by 2026 is forecast to be higher for the DHB than for the rest of New Zealand.

There are two main hospitals in Bay of Plenty, Tauranga Hospital, and Whakatane Hospital.

Life expectancy for the district is close to national average. Key points relevant to the health status of the population include: rates of chronic obstructive pulmonary disease and cardiovascular disease 10% higher than the national average; higher than national rates of avoidable hospitalisation; and cervical cancer hospitalisations 7.7 times higher for Māori woman compared to the national average.

Taranaki

The population of Taranaki DHB at around 108,000 people according to according to 2009 population forecasts from 2006 census data, has smaller populations of Pacific and Asian people and a larger population of European people when compared to the national average. Some 15.8% of the population is Māori. More than half of Taranaki's Māori population is aged less than 25 years, and there are a relatively lower proportion of people aged in the 15-34 age group, compared to the rest of New Zealand. At the same time, the proportion of the population aged over 65 is considerably higher than the national average.

The distribution of the population between the different deprivation quintiles follows a bell shape, with a larger proportion of the population ranged between quintiles 2 and 4, and smaller proportions in quintiles 4 and 5.

Taranaki Base Hospital provides a high level of service complexity given its population (indicating more large specialised services, with some subspecialties). The South Taranaki population is more rural; more deprived and has greater travel distance to a base hospital. The rural hospital at Hawera is seen as an important base for this area, which also has fewer general practitioners per 1000 population.

Babies born in Taranaki have a lower life expectancy than the average baby in New Zealand. Taranaki DHB's age standardised all-cause mortality rate is similar to the national average. However, Taranaki's all-cause Māori mortality death rate is below the national average. Taranaki has a lower than average level of ambulatory sensitive hospitalisations.

Appendix 2 - Regional Prioritisation Framework

We operate within a highly specialised, complex, and demanding industry. There are a large number of national, regional, and local strategies which influence how we plan, fund, provide, protect, and promote health for our population. There are many competing demands for an already highly stretched and contestable pool of funding. To assist in balancing these demands and to provide some clarity, the Midland Chief Executives have adopted a Regional Prioritisation Framework.

This framework allows us to prioritise the work we do and provide a lens through which we view projects. While they are not an absolute in themselves, they help us rate one project against another and facilitate a robust discussion on which projects will be accepted, how we will review existing projects and which projects will be closed or discontinued.

They provide a clear and simple guide that identifies issues of importance to us as a region against which decisions can be measured, tested, and prioritised; as well as providing consistent direction.

Funding Implications

Each of the workstreams may, through the process of implementing their action plans, identify projects or initiatives that may require regional investment. A standardised process via the prioritisation framework described above will ensure these funding proposals are escalated through the governance groups as per the agreed processes.

It is important to refer back to the principles, that work driven through the RSP is cost-neutral where possible, and the purpose of the action plans are to drive both clinical suitability and financial viability in the Midland DHBs where DHBs have agreed that regional action is required.

For 2013/14 full costings have not been produced as these are not in addition to that agreed by component DHB budgets. Funding is not generally pooled across the region, although an exception to this would be the funding for the implementation of maternity standards across our DHBs.

Each DHB prioritises funding to meet the needs of its local population and meet national targets. Funding is increased where outcomes fall below national intervention rates.

Risk Management

Key risks identified and mitigation strategies

	Risk	Mitigating action
1.	NHB feedback requires extensive rework in a short timeframe	CEs meeting with NHB face to face to discuss feedback and timing.
2.	Lack of agreement / endorsement by individual DHBs on action plans leads to only superficial changes to services	Continue to keep stakeholders engaged (Boards and CEs). Ensure understanding of legislative and NHB requirements. Explore sub-regional options for implementation of individual services.
3.	Not enough time resources available from key individuals to develop and action any real change	Understand developing resource need as implementation develops and address accordingly; seek CEs/clinical endorsement on the importance of this work.
4.	Detailed plans are developed and costed but are ultimately rejected by CEs	Ensure the scope and TOR for each action group understood by all parties; regular progress report to CEs asking for general endorsement as work plans develop.
5.	Action plans are developed but do not have clinical endorsement	Ensure clinicians in each clinical service are well briefed by the group as planning develops and are given the opportunity to contribute.
6.	Time is wasted by 'starting from scratch' in developing action plans	The framework developed for the RSP is employed, clear terms of reference, experienced action group members, thorough evaluation of earlier work completed on regional service plans, implementation and local vulnerable services plans (rural health).
7.	Implementation is unsuccessful due to financial constraints	Prepare resourcing documents including financial and time commitments for acceptance and endorsement by CEs / HealthShare Board as the programme develops. Include clear costs and timeframe.

Appendix 3 - Regional Governance

DHB Performance / Participation

The quarterly reporting template provided to the National Health Board (NHB) is the primary tool for ensuring individual DHBs participate as outlined in approved planning documents. This is discussed collectively with Chief Executives and the NHB on a quarterly basis, any non-performance by individual DHBs (or the region as a whole) is able to be identified and corrected. If a DHB has endorsed activities within an RSP then wishes to 'opt out' of participating in the implementation the matter will be highlighted in the report and form part of the dispute resolution process.

It should be noted however that there are several opportunities in the process to reach consensus prior to dispute resolution being initiated. The final quarterly report for the planning year will highlight any divergence from the approved plan and outline whether incomplete actions are owing to timing and are subsumed within the following years plan, or have been superseded by new activities not specified in the initial plan.

Dispute Resolution Process

In the Midland region, the dispute resolution adopted is as follows:

- The region operates a consensus model
- In the first instance issues should be resolved by the appropriate group and level, and in the absence of that, that the matter goes up a level
- Existing structures will be used wherever appropriate - there is no special disputes group
- If a dispute is escalated to the level of the Chief Executives Group and no resolution can be reached then it goes to the five Midland DHB Chairs Group
- If the DHB Chairs cannot reach consensus then the dispute goes to the NHB for resolution.

Regional Governance

In addition to the reporting described above the five DHB Chairs and CEOs meet on a monthly basis to monitor regional activities and developments. The region is committed to a continued focus on improving regional governance arrangements.

Clinical Governance

Strengthening regional clinical governance over regional and vulnerable services is an important element in ensuring Midland region services are sustainable.

Views of clinical governance vary from being narrowly centred on dimensions of quality, safety, and risk management; to being more broadly focused on how resource allocation decisions are made to improve overall system efficiency and effectiveness.

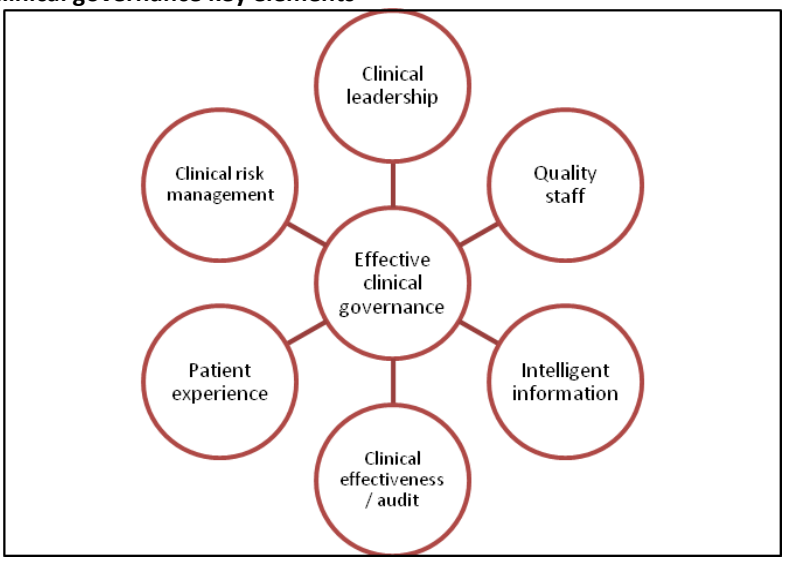
Statement of aspirations for the regional clinical governance framework

The regional clinical governance framework actively manages service quality and access in order to:

- Measure and reduce variation in care
- Improve clinical effectiveness
- Improve the patient experience
- Improve the sustainability and continuity of vulnerable services
- Maintain local service access where this is consistent with safety
- Manage clinical risks and improve safety, and
- Reduce inequalities.

The Midland regional clinical governance framework includes the domains set out in the schematic below.

Figure 12: Regional clinical governance key elements



Regional clinical governance framework – Action Groups and Networks

For each service priority area identified in this plan, we have a regional clinical governance framework that ensures the major components of effective clinical governance are in place. As described in the preceding section, every action group is chaired by a senior clinician or manager who links to their professional group across the Midland region.

Each action group and/or network aims to

- Support, not duplicate local clinical governance arrangements
- Cover areas where a regional approach aligns with the needs of individual DHBs
- Aim to achieve 'equitable access to quality sustainable services' in the Midland region

- Provide an overarching view of the key elements of clinical quality in the region
- Advise DHB boards on regional priorities, clinical quality improvement and strategies to manage vulnerable services
- Maintain an overview of the activities and effectiveness of discrete clinical networks, and
- Have a minimalist infrastructure to support their pre-agreed work programme.

The regional clinical governance element of individual service priority areas work by advising and informing about best practice, reviewing outcomes and influencing rather than directing the work of individual clinicians, networks or DHBs. However the Midland DHBs collectively agree to give appropriate consideration to the advice from the action groups and networks via the Regional Service Plan Steering Group.

Regional clinical governance framework – Clinical Leadership Groups

Standing alongside the framework for RSP activities are the regional clinical groups that regularly meet across Midland. Each of these groups are kept informed as to RSP progress and are invited to contribute either directly or via their representation on the groups outlined in the section above

Regional Group	Linkage to RSP
Midland Chief Medical Advisors Group	• RSP is a standing agenda item • CMAs on PFALT
Midland Directors of Nursing	• RSP presentation made regularly • DON representative on PFALT and action groups
Clinical Director Groups	• Representation / Chair of action groups and networks
Primary Care	• Clinical representatives on PFALT • Representation on action groups / networks

Appendix 4 - HealthShare Limited

HealthShare (HSL), established in 2001, is a regional Shared Services Agency jointly owned by Waikato, Bay of Plenty, Lakes, Taranaki, and Tairawhiti District Health Boards. From August 2011 HSL has taken on an expanded role as a regional provider of service and now provides operational support in a number of areas identified as benefiting from a regional solution.

The Midland region determines the services that HSL will provide, and the level of these services, on an annual basis. These determinations are made through the Regional Services Plan (RSP) and regional business case processes.

Categories of possible regional service delivery include:

- Activities that support future regional direction and change through the development of regional plans
- Activities that support clinical service change through the development of new regional clinical networks
- Key functions that support and enable change through the ongoing development of the region's workforce and information systems
- Back office service provision that can drive efficiencies at a regional level, alongside new national back office shared services.

The annually agreed regional services form the basis for HSL's Statement of Intent which specifies the company's performance framework; the services to be provided; and the associated performance measures. HealthShare's business plan also details, at a service level, the activities that have been purchased by the shareholding DHBs.

HSL has multiple planning and reporting relationships within the Midland region and to national agencies as depicted in the diagram over page:

The following regional services are expected to be provided from HSL in 2013/14:

- Regional service planning and reporting facilitation
- Regional Clinical Networks
  - Midland Cancer
  - Mental Health and Addictions
- Clinical Service Network development including:
  - Maternity services
  - Renal
  - Cardiac
  - Elective
  - Health of Older People
  - Radiology
  - Stroke
  - Rheumatic Fever
  - Child Health
  - Midland Region Trauma Service
  - Regional Emergency Departments
- Midland Region Training Network
- Workforce development support
- Regional Information Services plan implementation
- Shared services including:
  - Third party provider audit and assurance service
  - Regional internal audit service (Waikato, Lakes, Taranaki, Tairawhiti)
  - Midland recruitment and selection service
  - Midland Smokefree programme.

Appendix 5 - Information Services

As the Midland Regional Information Services Plan (MRISP) was implemented, recognition of the need to have integrated, multi-disciplinary, executive level governance, and leadership became clear.

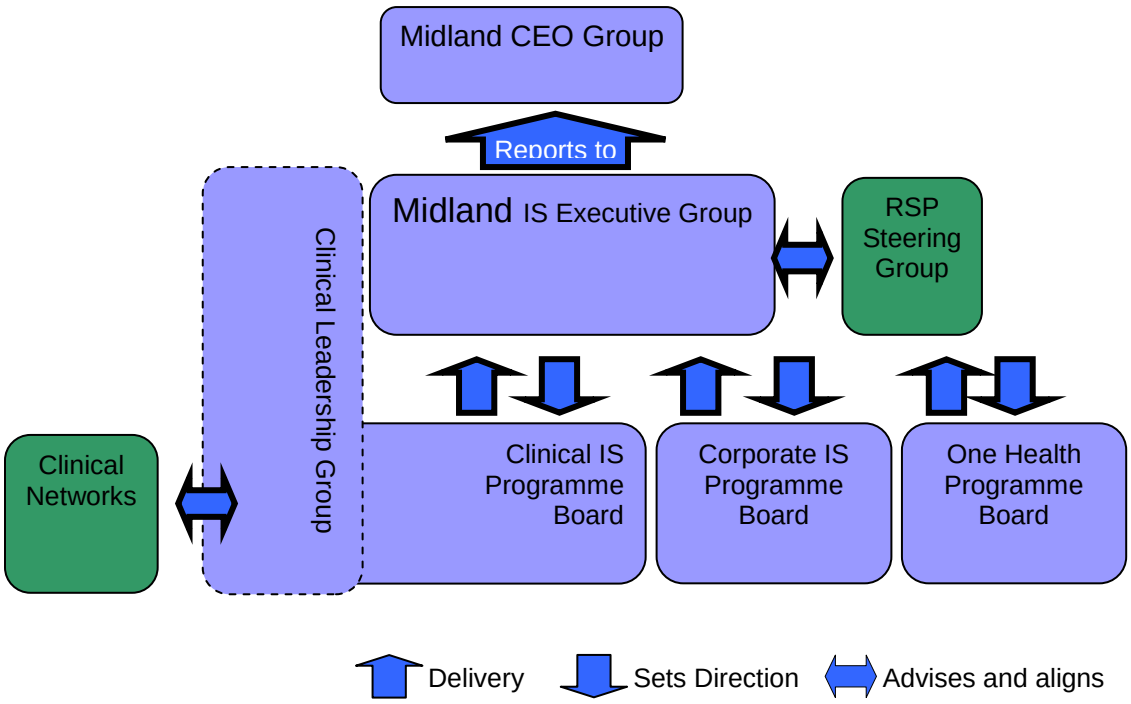
Additionally the need for strong clinical leadership and governance across the multiple activities in the clinical programme of work became apparent, however, given the work demands and time pressure that clinical leaders find themselves under, this leadership needs to be applied judicially to ensure maximum return on the time invested.

With this in mind, a delineation of the governance applied to the work programmes being undertaken within the MRISP remit was required to ensure strong executive leadership is in place across all activities, and that the outcomes from the time available from the clinical leaders is maximised.

The purpose of the IS Executive group is to provide overarching guidance to all regional IT activities to ensure that the Midland IT programme of work is executed across the Midland DHB areas of accountability in line with Midland and national clinical and business directions.

The IS Clinical Leadership Group provides clinical leadership to ensure clinical alignment across all aspects of the MRISP and other Midland region IS initiatives – definition, ongoing refinement, and implementation. It has strong linkages to the RSP Clinical Leadership Group and other clinical groups in the region. It is made up of a diverse range of clinical stakeholders from health organisations across the Midland region to provide a comprehensive, region-wide, and multi-disciplinary approach to clinical leadership of the implementation of the MRISP.

IS Portfolio Prioritisation



All capital IS investment in Midland region is prioritised through the IS Executive and Clinical Leadership groups. This process informs the annual capital planning and budgeting processes at each DHB, and for the region.

Prioritisation applies a consistent methodology and is based on the following principles:

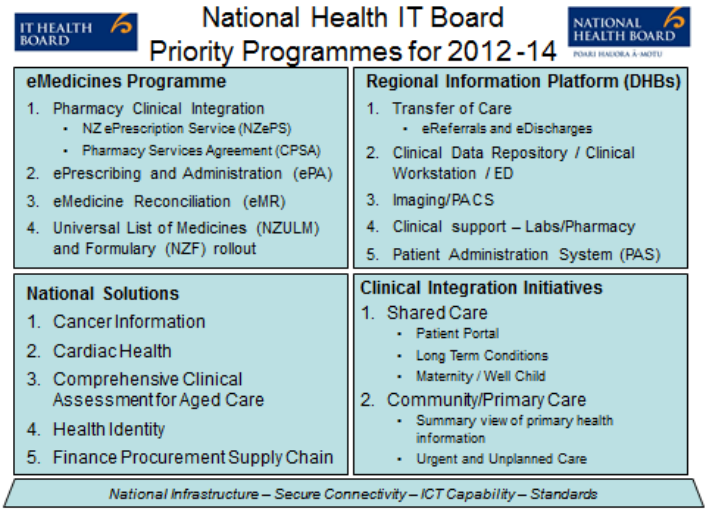
- Prioritisation of IT investment is a business function not an IS one
- Resources are scarce; demand exceeds capacity
- IT services will be delivered from the region therefore all IT investment must be prioritised in one place, at a regional level
- The portfolio of investments will include a mix of strategic and tactical, local and regional and national
- Business priority, affordability and achievability must be considered
- IT assets require on-going investment and projects frequently cross multiple years. Investments must therefore be planned on a four year horizon.

Requests for IS investment are evaluated based on business priority, affordability and achievability. The aim of the methodology is to use a consistent approach to evaluating requests for investment and to provide input into the prioritisation process. It is only a tool to inform the prioritisation decision making process; it does not make the decision.

Metrics are used to establish the intent of the portfolio and ascertain alignment with target investment mix. The three metrics are:

1. Proportion of investment by organisation: local vs. multi-organisation
2. Proportion of investment by programme: clinical, corporate, One Health
3. Proportion of planned investment in maintaining service: lifecycle investment vs. other investment.

The National Health IT Board (NHITB) priorities for 2013/14 will build on the 2012/2013 priority programmes (see below):



Building on the above diagram, the National Health IT Board priorities included in the Midland IS Portfolio through to FY15/16 are:

- eMedicines programme
  - Inpatient prescribing
  - Medicines reconciliation, medication management and administration
  - Universal List of Medicines
  - NZ Medicines Formulary
- Regional Information Platform (DHBs)
  - Clinical Data Repositories
  - Clinical Workstation
  - Imaging/PACS
  - Laboratory
  - Pharmacy
  - eReferrals
  - eDischarges
- National Solutions
  - Cardiac Health
  - Health Identity
  - Connected Health
  - Finance Procurement Supply Chain
- Integrated Care Initiatives
  - Maternity

Additionally, Midland DHBs are implementing the transition to Windows 7. A schedule of planned RSP IS related activity and milestones is attached.

Implementation Programmes

Project/Programme	**One Health programme**
Description	The key purpose of the programme is to provide the infrastructure base from which the provision of infrastructure services to the region is delivered. It includes: 1 A secure and trusted data network 2 A single user sign-on capability 3 Core infrastructure services (e.g. regional data centre, storage, etc.) 4 Regional capabilities in the form of videoconferencing, secure email 5 Regionally delivered service management 6 Integration services for regional and DHB specific applications 7 Disaster recovery and continuity of services. Key projects included within the programme are: • Midland Connected Health (to be completed in FY12/13) • Platform • Identity management • Integration
Key Milestones/timeline	Forecast project timelines for 13/14 are as follows: • Platform: July 2013 - December 2013

	Key milestones are: **Q1 Sep 2013** • Regional platform live including authentication and application integration capability • Regional ePharmacy project supported **Q2 Dec 2013** • Regional platform supporting regional IS services
Risks/issues/ constraints/dependencies	Key risks and issues are: R01 National agency and NHITB misalignment with Midland direction. **Mitigation:** Engage early with national agencies. R02 Midland not being able to establish effective governance arrangements and/or executive leadership. **Mitigation:** IS Executive, Clinical Leadership Group and Programme Boards established. R03 Insufficient investment (financial and people) capability. **Mitigation:** Funding has been prioritised by the IS Executive and Clinical Leadership Group. R04 Organisational changes impacting on regional delivery timeframes and approach. **Mitigation:** Programme is being governed and delivered as a regional programme independent from individual DHBs. R05 Vendors being unable to support this plan (due to resourcing, financial constraints, volume of change). **Mitigation:** Include vendor capability assessment in procurement processes. Align to national infrastructure initiatives. R06 Stakeholders not agreeing on requirements and/or approach. **Mitigation:** Programme is being governed and delivered as a regional programme independent from individual DHBs. Agreed requirements are a pre-requisite for programme participation. R07 Local priorities not aligning to regional / national priorities and there are delivery delays or show-stoppers. **Mitigation:** Programme has been prioritised by the IS Executive and Clinical Leadership Group, including consideration of competing local priorities. Programme is being governed and delivered as a regional programme independent from individual DHBs; local dependencies to be managed as part of the programme. R08 Securing resources becomes a constraint to progress. **Mitigation:** Programme has been prioritised by the IS Executive and Clinical Leadership Group. R11 Technology does not meet the business 'fit for purpose' requirements. **Mitigation:** Agreed requirements are the basis for solution design. Business requirements form the basis of the procurement processes. R12 Legacy system implications increase time, cost, scope of delivery. **Mitigation:** Solution design needs to consider legacy systems and be completed early in the project.
Budget allocation by DHB	**Platform** Capital: Total $451k; 13/14 $90k

<table>
<tr><td></td><td>Annual operating cost: $400k

DHB allocation for regional programmes is based on a PBFF share as follows:

<table><tr><th>DHB</th><th>Apportionment</th></tr><tr><td>Bay of Plenty DHB</td><td>25%</td></tr><tr><td>Lakes DHB</td><td>13%</td></tr><tr><td>Tairawhiti DHB</td><td>6%</td></tr><tr><td>Taranaki DHB</td><td>13%</td></tr><tr><td>Waikato DHB</td><td>43%</td></tr><tr><td>Region Total</td><td>100%</td></tr></table></td></tr>
<tr><td>Benefits and enablers from implementation and measures</td><td>Key benefits are:
• Improved IT support for regional and shared service priorities, access to systems and information, and implementation of business processes
• Improved business efficiencies through an ability to replace manual processes with electronic
• Improved cooperation
• Increased support for mobility of clinicians and delivery of tele-health solutions
• Increased trust and confidence in how access to IT services and information is managed
• Increased efficiency and productivity through less time spent logging into systems, searching for information and accessing support tools
• More cost effective deployment, management and maintenance of technology solutions
• Increased ability to consistently deliver new functionality to clinicians across the region
• Sharing learnings and resources (people and technical) effectively across the region
• Increased leverage of IT infrastructure across the region resulting in better management of operational costs
• Increased IT infrastructure capability such as disaster recovery and the provision of hosted solutions
The success of the programme will be measured through its enablement of regional projects that deliver direct business benefit. Key success measures are:
• A single logon across the region and being able to access regional and DHB based applications
• Number of regional applications deployed, and non-DHB organisations/users using services delivered by One Health
• Ability for regional application delivery projects to be unconstrained by infrastructure capacity
• Increased infrastructure availability and reduced unplanned outages impacting the business</td></tr>
<tr><td>Health Priorities supported by implementation</td><td>Connected Health
Core infrastructure supporting all the NHITB priorities listed</td></tr>
<tr><td>Project/Programme</td><td>Medications Management Programme</td></tr>
<tr><td>Description</td><td>The purpose of the Midland Regional Medication Management Programme is to determine and agree cost effective business process, information and technology solutions that best meet clinical and business needs and priorities in Midland region and support local, regional and national service plans.</td></tr>
</table>

	It will prescribe the regional information services approach to delivering an environment (people, process, technology and structure) in which to implement medication management to the Midland region, and will govern medication management systems implementation across the Midland region. The programme objectives are: • Agreement and implementation of regional standards for medication management business processes, policies and protocols, and access to information • Improved business efficiencies through replacing manual and/or inconsistent processes with consistent electronic processes across the region, and considering regional functions where appropriate • Access to medication management information and tools by any authorised health practitioner in Midland region • Implementation of hospital pharmacy systems based on an agreed regional configuration • Implementation of medicine reconciliation systems that allow clinicians to see an up-to-date list of a patient's medications based on an agreed regional configuration • Implementation of electronic prescribing systems in hospital and community settings for medication information transfer and decision support for clinicians • Implementation of medication administration systems, such as unit dose packaging, that provide a safer way to ensure that patients receive the prescribed medication at the prescribed dose • Implementation of other medication management systems to support improved clinical and business processes such as clinical interventions systems, decision support and reporting and analysis • Alignment with national initiatives and the National Health IT Plan • Standard regional configuration and support processes • Strategic relationships with the key system suppliers • Business efficiencies through shared learnings and resources (people and technology) • Consolidation, where appropriate, to less instances of high cost information systems. Key projects included within the programme are: • Midland Region Hospital Pharmacy • Taranaki DHB Medicines Reconciliation/ePrescribing • Midland rollout of Medicines Reconciliation/ePrescribing Future programme scope includes Community ePrescribing. This programme has had significant issue with Vendor engagement and is now running behind the original timeline.
Key Milestones/ timeline	Forecast project timelines for 13/14 are as follows: • Midland Region Hospital Pharmacy: July 2012 – Dec 2014 • Taranaki DHB Medicines Reconciliation/ePrescribing: current – Dec 2013 Key milestones in 13/14 are: **Q1 Sep 2013** • ePrescribing/Medicines Reconciliation live in two TDHB wards • Hospital Pharmacy system build complete

	Q2 Dec 2013 • Hospital Pharmacy testing complete **Q3 Mar 2014** • First two DHBs live on Hospital Pharmacy solution
Risks/issues/ constraints/dependencies	Key risks and issues for the programme are:

	Risk	Mitigation
R03	This programme of work will be under-resourced (financial and people) and the quality of the deliverable will be poor.	Limit scope and quality criteria. Prioritise resources away from other initiatives to support this programme. Establish regional programme team.
R04	DHBs have started implementation before this programme of work is completed.	The programme of work will reuse any existing articles to avoid re-work. Negotiate on the delivery of some aspects of this plan.
R05	Approval of the programme of work has extended timeframes.	DHBs that have commenced work need to continue and allow for regionalisation as best they can.
R06	A stakeholder group refuses to engage in this programme of work and thereby limits the comprehensive goals of the plan.	Seek CEO intervention. Formalise lack of engagement. Communicate to all stakeholders the collective positioning.
R07	Local organisational requirements override the regional goals and stakeholder engagement becomes frustrated or limited.	Agree the prioritisation criteria and scope of local initiatives around BAU and business continuity.
R08	Regional or national intervention or misalignment delays delivery of the plan.	Regularly consult with regional / national stakeholders around requirements, agendas, politics and timeframes.
R09	Establishment of regional IS governance is delayed.	Escalate to CEOs.
R10	Organisational change and uncertainty impacts on timeframes and approach.	Regularly consult with regional / national stakeholders.
R11	Vendors unable to deliver the programme.	Partner with vendors. Formal commercial engagement.

Budget allocation by DHB	**Hospital Pharmacy** Capital: Total $4.6m 13/14 $1.2m Annual Operating: $1m DHB allocation for regional programmes is based on a PBFF share as follows:

DHB	Apportionment
Bay of Plenty DHB	25%
Lakes DHB	13%
Tairawhiti DHB	6%
Taranaki DHB	13%

	Waikato DHB: 43% Region Total: 100%
Benefits and enablers from implementation and measures	The programme benefits of an integrated Midland region approach to the planning and delivery of medication management are: 1. Increased business efficiency and reduced costs through: • Reduced adverse drug events through medication reconciliation aids and decision support resources • Improve the use of medicines to treat patients • Reduce pharmaceutical wastage • Reduce administrative overhead and manual handling • Decreased medication errors in hospital and at the primary – secondary patient interface • Increased efficiency and productivity through less time spent searching for medications information and accessing support tools • Agreement and implementation of regional standards for medication management business processes, policies and protocols, and access to information • Improved business efficiencies through replacing manual and/or inconsistent processes with consistent electronic processes across the region, and considering regional functions where appropriate • Access to a common and consistent set of regional medication management services for clinical staff across organisational boundaries • Standardised systems and processes across the Midland region • Improved information that may be used for analysis Cost reductions are difficult to assign directly to this programme as they are dependent on business change and the extent to which efficiencies are used to support improved safety or better meeting patient demand, rather than financial savings. However, financial benefits will be achieved in the potential for reduced length of stay, lower re-admission rates, and productivity gains in allowing clinical staff to focus on direct patient care rather than administrative tasks, establishing regional functions and reducing wastage. 2. Improved patient safety through: • Enhanced robustness of the inpatient medication administration process through bedside verification, unit dose packaging and other technologies (eg. Smart Pumps) • Maintaining a clear electronic record of a patient's medication history, linked to other clinical information, which is accessible to all stakeholders – community and hospital based, providers and patients • Improved clinical decision making • Supporting the changing role of pharmacists from a reactive to proactive clinical role Improved patient safety, and reduced risk, will deliver quality improvements which in turn will deliver downstream financial benefits. 3. Increased implementation and support capability and reduced costs through:

	• Standard regional configuration and support processes • Sharing learnings and resources (people and technical) effectively across the region • More cost effective deployment, management and maintenance of medications management systems • Increased ability to consistently deliver new functionality to clinicians across the region • The ability to gain economies of scale benefits of aggregating IT spend with vendors/suppliers • Removal of duplicated 'same or similar' project activity and costs by having a single agreed implementation plan and better applying learnings and expertise across the region • Potential cost savings through combined purchasing power (supply chain) • Expected costs saving through standard implementations • Reduced risk of fragmented funding across organisations and being unable to provide the minimum standard of service required in clinical service delivery, and of local, regional and national medication management activities not being aligned. It is estimated that a regional approach to implementation will deliver 25% savings when compared to undertaking multiple local implementations. The challenge is that current DHB budgets do not include provision for many components of a full medication management programme (for example, medicine reconciliation and ePrescribing solutions are not used by Midland DHBs) therefore any costs are additional to current DHB budgets, rather than being a reduction in real terms. 4. Increased vendor capability and reduced costs through: • Strategic relationships with the key system suppliers • Increased ability influence the development of new functionality and improve speed of delivery to the region • Potential cost savings through combined purchasing power. Commercial negotiations have already resulted in DHBs accepting a 50% reduction in ePharmacy licensing costs • Reduced risk of reliance on aging systems that have risks of decreasing vendor support resources • Opportunity for coordinated cooperation for application development with other DHBs. This will ensure the best use of resources and funds and maximise opportunity for savings by joint purchasing and sharing of information. It is estimated that a regional approach to implementation will deliver 25% savings when compared to undertaking multiple local implementations. Current DHB budgets do not include provision for many components of a full medication management programme and already include some of the regional benefit (for example, ePharmacy license costs in Midland DHBs are already based on a regional procurement decision) so the real impact on DHB budgets will be somewhat lower. 5. Alignment with national standards and strategies: • Alignment with the national expectation of shared implementations of major applications • Alignment with national SMM initiatives such as the Universal List of Medicines, National Medicines Formulary, Primary / Community Care ePrescribing

Alignment with national standards by DHBs is expected. A regional programme approach will simplify their adoption.

Benefits for the Hospital Pharmacy project are:

Benefit	Amount
Reduced IT Support costs	$247,170
Reduced IT Implementation Costs	$1,729,658
Reduced Vendor support and maintenance costs	$278,601

These benefits are cost avoidance benefits when compared to the replacement and upgrade costs of five DHB pharmacy systems. They are not a reduction from current costs.

Type	Benefits
Strategic Benefits	• Enabler for inter DHB cooperation. This is the first regional IS project within the Midland region and will set a precedent for a number of other regional initiatives, increasing the ability to deliver future regional IS solutions. • This is the first step towards implementing the End-to-End NZ Medication Safety Programme hospital solution in the Midland region. • Enabler for future supply chain management efficiency enhancements in the region. It would be possible to consider just-in-time ordering or bulk ordering of stock. This could also drive down overall stock levels and overall stock expiry in the region. • Increased vendor capability.
Clinical Benefits	• Improved patient outcomes • Reduced clinical risk • Reduced medication errors • Sharing of pharmacy best practice across the region • Increased access to clinical information – e.g. sharing of patient script history.
Risk Reduction Benefits	• Removal of risk of having unsupported pharmacy systems across four Midland DHBs - Waikato, Lakes, Bay of Plenty and Tairawhiti. • More robust regional infrastructure will likely provide higher availability and more DR options in the case of a disaster. • Support resource sharing across the region, which would reduce overall HR risk. • Possibility of facilitating sharing of stock in emergencies.
Standardisation and Consolidation Benefits	• Standardisation of medication related treatment guidelines and treatment protocols. • Access to treatment guidelines and protocols to those DHBs without the resources to generate these themselves. • Provides a common business language across the Midland region – e.g. sigs, C&A messages, etc. • Centralised drug reference information. • Regional PML. • Consistent electronic processes across the region, and considering regional functions where appropriate (e.g. the

		generation and maintenance of formularies, centralised purchasing functions, standard repackaging processes). • Standardised provision of drug information reducing cost and improving access and efficiency, improving patient outcomes and safety. • Centralised system upgrades and user support. • Consolidated vendor support (See hard benefits above). • Alignment of regional product development prioritisation. • Consolidation and rationalisation of IT infrastructure and IT support. • Shared training resource and reduction of overall training requirements across the Midland region. • Possibilities of reporting on a regional and individual DHB level. • Cost avoidance because of some of the efficiencies gained through regional cooperation. • Reporting on a regional level with consequent advantages in forward planning and budgeting. • Provides for future implementation of emerging national standards such as NZULM, NZTM.
	Benefits for the Taranaki DHB Medicines Reconciliation/ePrescribing project are: • Reduction in medication prescribing error *Computerised decision support at the time of prescription will reduce a number of prescribing errors:* ○ Dangerous medicine to medicine automatic interactions checking ○ Dangerous medicine to allergy interactions checking ○ Dose range checking ○ Guaranteed legibility ○ Instant access to past medication history – able to access previous electronic charts from previous admissions ○ Reduced transcribing and recharting errors. • Reduction in medicine administration error for inpatients ○ Tracking and highlighting of missed dose administrations • Improvement in clinical workflow – faster admissions and discharges ○ Reduced time wastage in seeking drug charts ○ Ability to access drug charts from remote locations (e.g. clinician can access drug chart from home over citrix, or from other area in hospital campus) ○ Pharmacy review of drug charts can be done remotely ○ Where necessary, medicines could be dispensed to the ward from pharmacy in a more timely fashion through integration of the prescribing and pharmacy dispensing/stock control systems. • Improved report and audit capability of medicines and drug usage in real time. Taranaki DHB quantified benefits will be aligned with the national eMedicines Programme and based on the NZIER and NZ MSP analysis that shows a total NZ benefit based on 7475 beds NZ wide of $91.7m.	
Health Priorities supported by implementation	• eMedicines programme ○ Inpatient prescribing ○ Medicines reconciliation, medication management and administration ○ Universal List of Medicines ○ NZ Medicines Formulary • Regional Information Platform (DHBs)	

	○ Pharmacy
Project/Programme	**Clinical Information Systems Programme**
Description	The purpose of the Midland Clinical Information Systems programme is to support clinical priorities in Midland by providing clinicians with access to information, tools and functionality for clinical decision making, appropriate to their role(s). Clinical Information Systems must ensure access to information and functionality for an increasing community of users so as to drive sector productivity, contribute to reduced patient safety risk, support patient care across a regional setting, and support cross-regional referencing of key information by health care providers within and across Midland region organisations. The programme will prescribe the regional approach to the delivery, and ongoing service management of, Clinical Information Systems across the Midland region. The programme delivers the key national priorities of eReferrals, eDischarges, Clinical Data Repository and Clinical Workstation. The Clinical Data Repository is a key building block for patient access to their health information in line with the National Health IT Board 2014 Vision. The CIS programme recognises that investment in clinical information systems must be aligned with the priorities of clinicians in the Midland area. However, clinical information systems must be integrated and CIS investments cannot be made in isolation of each other. Regional Priorities are: • Identification of clinical future state and design required for CIS and how to get there. • Deployment of the Orion Concerto Clinical Workstation across the region • Primary care access to timely electronic discharge summaries. • Primary to secondary care referrals management (Note: the management of the primary care end of the referral management process is being run as a separate project by the Midland Health Network. The CIS programme will ensure connectivity with the primary systems and the management of primary to secondary referrals once they hit the secondary/tertiary hospitals as well as within hospital and inter-hospital referrals). • Regional access to laboratory results information including primary access to hospital results. It is important to note that there are also local priorities for clinical information systems. To meet these priorities the CIS programme must, as a minimum, deliver Clinical Workstation and Clinical Data Repository components. Other clinical systems, especially those with a regional focus will be brought into scope as agreed regionally. Where local priorities must be met solutions will be designed with regional input and be aligned to the regional architecture for clinical information systems. Regional priorities will be designed and delivered based upon regional requirements but may be implemented DHB by DHB to ensure progress and to test any application before widespread implementation.

<table>
<tr><td></td><td>Key projects included within the programme are:
• Clinical Workstation
• Access to Laboratory Results (CDR establishment)
• eReferrals: primary care rollout completed in 11/12
• Medication Management (described fully in the section above)

Future programme scope includes rollout of the regional RIS/PACS solution to Lakes and Taranaki DHBs and extension of the regional CDR.</td></tr>
<tr><td>Key Milestones/timeline</td><td>Forecast project timelines in 13/14 are as follows:
• Clinical Workstation: Dec 12 ongoing
• Access to Laboratory Results (CDR establishment): Dec 12 – Dec 13

Key milestones for Clinical Workstation and Clinical Data Repository are subject to completion and approval of scoping and individual DHB business cases.</td></tr>
<tr><td>Risks/issues/ constraints/dependencies</td><td>Key risks and issues for the programme are being defined as part of CIS Scoping.</td></tr>
<tr><td>Budget allocation by DHB</td><td>Clinical Workstation (including CDR)
Capital: Total $22m
Annual Operating: $1.2m

DHB allocation for regional programmes is based on a PBFF share as follows:

<table><tr><th>DHB</th><th>Apportionment</th></tr><tr><td>Bay of Plenty DHB</td><td>25%</td></tr><tr><td>Lakes DHB</td><td>13%</td></tr><tr><td>Tairawhiti DHB</td><td>6%</td></tr><tr><td>Taranaki DHB</td><td>13%</td></tr><tr><td>Waikato DHB</td><td>43%</td></tr><tr><td>Region Total</td><td>100%</td></tr></table></td></tr>
<tr><td>Benefits and enablers from implementation and measures</td><td>CDR benefits are
• Access to a wide range of clinical information on a patient/consumer resident in the region
• Improved clinical decision making
• Increased efficiency and productivity through less time spent searching for core clinical information
• Increased support for mobility of clinicians
• Reduction in duplicate clinical procedures such as laboratory tests
• Increased visibility of the parties engaged in an individual’s healthcare leading to improved coordination of care
• Support for out of region clinical transactions
• Increased trust and confidence in how health information is managed and accessed
• Increased patient engagement and empowerment
• More cost effective deployment, management and maintenance of clinical data repository technology

CWS benefits are:
• Improved clinical decision making
• Increased support for mobility of clinicians</td></tr>
</table>

	• Increased efficiency and productivity through less time spent searching for core clinical information and accessing support tools • Increased ability to consistently deliver new functionality to clinicians across the region • Improved support for priority services • Increased trust and confidence in how health information is managed and accessed • More cost effective deployment, management and maintenance of clinical workstation technology • Adoption of national configuration as the regional CWS solution

Health Priorities supported by implementation	• Regional Information Platform (DHBs)
	  ○ Clinical Workstation
	  ○ Clinical Data Repository
	  ○ eReferrals
	  ○ eDischarges

Medicine Safety Programme

The Midland Region Information Services Plan 2011-2014 (MRISP) identifies the delivery of standardised Medication Management systems across the region as a goal that directly supports the Midland Clinical Services Plan future vision for 2021 and the National Health IT Plan vision for 2014.

The purpose of the Midland Regional Medication Management Programme is to determine and agree cost effective business process, information and technology solutions that best meet clinical and business needs and priorities in Midland region and support local, regional and national service plans.

It will prescribe the regional information services approach to delivering an environment (people, process, technology and structure) in which to implement medication management to the Midland region, and will govern medication management systems implementation across the Midland region.

The Midland IS Portfolio identifies support of the Taranaki DHB e-medicines implementation as a funding priority for 2013/14; full regional rollout is deferred to subsequent years due to affordability constraints. Implementation of a regional hospital pharmacy solution is a funding priority for 2013/14.

ICT Initiatives Committed in the Draft 2013/14 to 2015/16 Regional Services Plans

Version 0.1 : Initial Draft - Supplement to RSP

			2013/14 Quarterly Milestones					
Region	Initiative	2013/14 Target	Q1 (Jul - Sep 2013)	Q2 (Oct - Dec 2013)	Q3 (Jan - Mar 2014)	Q4 (Apr - Jun 2014)	2014/15 Target	2015/16 Target
Midland	FPSC	Implement the national FPSC solution in line with national programme	In line with national programme	In line with national programme	In line with national programme	In line with national programme	In line with national programme	In line with national programme
	Microsoft COE	All DHBs have active COE programmes. Continue migration to Windows 7 through 13/14. Reporting via DHB CIOs.	Continue XP migration	Continue XP migration	Continue XP migration	Continue XP migration	Complete XP migration	N/A
	CWS / CDR	Commence regional CWS programme; dependant on regional decision and funding.	Decision to proceed.	BC approvals	Commence programme; dependant on BC approvals	Dependant on BC approvals	Continue programme; dependant on BC approvals	Complete programme; dependant on BC approvals
	Legacy PAS	No activity planned as all Midland Region DHBs have a supported PAS	N/A	N/A	N/A	N/A	N/A	N/A
	eMR	Implementation of eMR based on an agreed regional configuration	eMR/ePA live in two TDHB wards	TDHB rollout continues	No planned activity	No planned activity	Dependant on CWS programme	Dependant on CWS programme
	ePA	Implementation of ePA based on an agreed regional configuration	ePA/eMR live in two TDHB wards	TDHB rollout continues	No planned activity	No planned activity	Dependant on CWS programme	Dependant on CWS programme
	ePharmacy	Implementation of hospital pharmacy systems based on an agreed regional configuration	Dependant on project rebaselining. Hospital pharmacy system install complete	Dependant on project rebaselining. Hospital pharmacy system build complete	Dependant on project rebaselining. Hospital pharmacy system testing complete	Dependant on project rebaselining. First two DHBs live on ePharmacy	N/A	N/A
	Electronic ordering system	All Midland radiology depts can receive eOrders and monitor rad report sign off within timeframes. Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.
	Faster cancer services	Implement CDR for cancer and improve FCT data collection systems	Support FCT trackers to map data collection points	No planned activity	No planned activity	No planned activity	No planned activity	No planned activity
	InterRAI	Utilise InterRAI to collect data and develop a system to identify at risk older people in the sector	Support national programme rollout to residential care.	Support national programme rollout to residential care.	Support national programme rollout to residential care.	Support national programme rollout to residential care.	Support national programme rollout to residential care.	Support national programme rollout to residential care.
	Maternity - Web portal for LMC and Consumer	Improve access to information between LMCs and consumers in line with national programme	Web portal for LMCs and consumers in place in line with national programme	No planned activity	No planned activity	No planned activity	No planned activity	No planned activity
	MCIS	Implement national MCIS	Participate in national MCIS dev	Participate in national MCIS dev	Participate in national MCIS dev	Participate in national MCIS dev	MCIS implemented in early adoptor site-Tairawhiti	MCIS implementation continues in line with national programme
	One Health Programme	Provide the regional infrastructure services base. Includes single logon across the region	Regional platform live and ePharmacy project supported	Regional platform supporting regional IS services	N/A	N/A	N/A	N/A
	Renal	Consistent CKD GP referrals utilising existing IS solutions	N/A	N/A	N/A	N/A	N/A	N/A
	Develop Midland platform/programmes for health workforce	Develop a midland strategic plan for eLearning	Business case approval	Implementation of training platform.	N/A	N/A	N/A	N/A
	Health Pathways	Evaluate Map of Medicine and BoP Bay Navigator for regional implementation	Dependant on evaluation of tools.	Dependant on evaluation of tools.	Dependant on evaluation of tools.	Dependant on evaluation of tools.	Dependant on evaluation of tools.	Dependant on evaluation of tools.
	MRRN information sharing tool	Develop pathways utilising existing IS solutions	N/A	N/A	N/A	N/A	N/A	N/A
	Elective Services	Regional CDR for real time data system for elective services.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.	Dependant on CWS programme.
	ACS-data collection/reporting (Cardiac)	Continue to leverage and enhance existing IS solutions	N/A	N/A	N/A	N/A	N/A	N/A
	Midland regional trauma system MRTS	Include MRTS on the NEXUS website	N/A	N/A	N/A	N/A	N/A	N/A
	Trauma quality improvement program-TQIP	IT platform for TQIP inc a regional data warehouse utilising existing Waikato DHB IS solutions	N/A	N/A	N/A	N/A	N/A	N/A

NOTE:

Initiatives are listed in order of NHITB directed priorities, other windowpane priorities, other regional initiatives

Italics = Caveat in RSP - not fully committed in RSP

KEY	PAS	Patient Administration System	
	CWS	Clinical Workstation	
	CDR	Clinical Data Repository	Dependencies - ePA needs ePharmacy - eMR needs CWS - ERMS needs CWS -
	FPSC	Finance, Procurement and Supply Chain	
	COE	Common Operating Environment	
	eMR	Electronic Medicines Reconciliation	
	PPM	Programme, Project Management	
	HCC	Health Care Connect	
	MCIS	Maternity Clinical Information System	

Appendix 6 - Midland Region Training Network

This section outlines how the Midland Region Training Network (MRTN) intends to work. It defines the purpose and how it needs to function to deliver support for our health workforce.

Principles

These principles govern the way the MRTN works:

- build on existing training systems and pathways
- best use of workplace education and training resources
- work together to enhance what we do
- demonstrate added value.

Key functions of the network:

The Midland Region Training Network will:

1. Provide the structures and processes to promote effective coordination for the Midland Region.
2. Plan and set the priorities that reflect the needs of the workforce.
3. Influence better training outcomes.
4. Work with health, education and training providers to support training system pathways.

Midland Region Training Network Leadership Group membership

The Midland Region Training Network Leadership Group is an essential element of the MRTN. They form an interface with stakeholders and are the source of strategic direction that shapes the network and its work. The Midland Region Training Network Leadership Group will provide the oversight mechanism for coordinating and monitoring activity.

The purpose of the Midland Region Training Network Leadership Group is to:

- deliver an effective leadership structure for workplace education and training
- provide expertise to influence better training outcomes for the Midland Region health workforce
- establish the priorities that reflect the needs of the regional workforce
- work with health and education providers to enhance current and future mechanisms supporting training systems and pathways
- coordinate plans based on local, regional and national innovation, strategies and approaches.

Service interface

The ability of the network to positively interface with existing and new service providers is fundamental to its success. A constructive interface ensures on-going development and the realisation of effective training systems and pathways.

This will be achieved by:

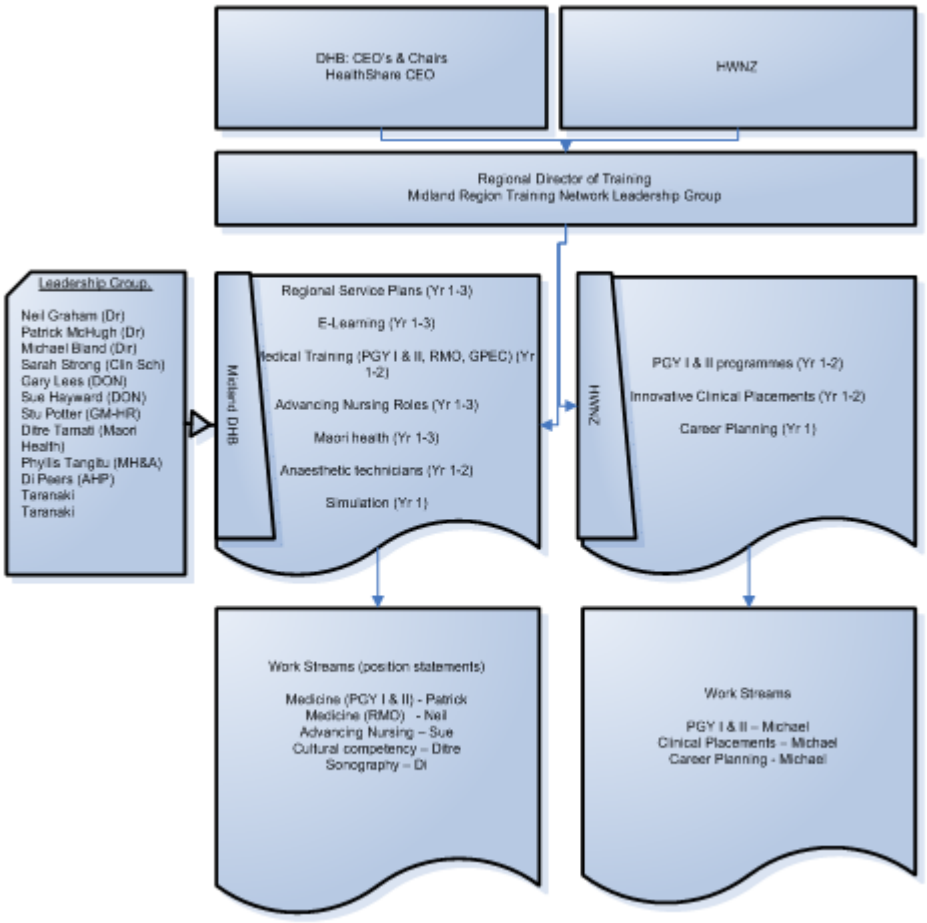
- establishing effective communication mechanisms with stakeholders
- identifying and communicating national and regional training priorities
- fostering the relationship with local, regional and national health education and training stakeholders including the health workforce
- sharing a clear and common understanding of the respective expertise and perspectives
- streamlining regional process design and models.

Collaboration with regional training hubs across the country will occur through information exchange, regular engagement and joint activity where there is consensus and agreement to do so.

Midland Region Training Hub and HWNZ

Midland Region approached the development of training hubs differently from the other regions, opting instead to develop a regional training network, as opposed to a hub. This network creates more inaction for clinical services around issues that directly affect the Midland region as evidenced in many of the work streams identified in 2013/14 outputs.

The diagram below demonstrates the Hub and HWNZ interfaces.



Midland District Health Boards
www.midlanddhbs.health.nz

Midland DHBs trainee numbers for 2013-2014

CONTRACT	Training programme	Lakes	Taranki	Waikato	Tairawhiti	Bay of Plenty
CTM20	Yr 1 Hourse Surgeon	10	12	35	8	20
CTM30	PGY2	8	8	29	8	12
CTM32	Diploma in Child Health/Paediatrics	5	1	4	2	2
CTM51A	Anaesthesia Pre Part 1	1	6	13		6
CTM51B	Anaesthesia - Post Part 1	1		16.3		
CTM52A	Emergency Medicine - Pre Part 1	1.5		14.5		
CTM52B	Emergency Medicine - Post Part 1			11		
CTM54A	Physician Training - Adult Medicine (Basic)	4	7	28		3
CTM54B	Physician Training - Adult Medicine (Adv)			22		2
CTM54D	Diabetic medicine			2		
CTM54E	Endocrinology			1		
CTM54L	Palliative Care			1		
CTM54LH				2		
CTM54PA	Physician Training - Paediatrics (Basic)	2	2	14.5		
CTM54PB	Physician Training - Paediatrics (Advanced)	1	1	2		2
CTM54S				1		
CTM55A	Obstetrics and Gynaecology - Pre MRNZCOG	1	1	8.7		
CTM55B	Obstetrics and Gynaecology - Post MRNZCO	1		0		
CTM56A	Ophthalmology - Pre Part 1	1		4		1
CTM56B				1		
CTM57A	Pathology			3		
CTM58A	Mental health not eligible			1		
CTM58B1	Psychiatry - Basic Year 1	0	1	11		2
CTM58B23	Psychiatry - 2/3			7.8		2
CTM58A	Psychiatry Advanced					2
CTM60A	Radiology			4		2
CTM60B	Radiology - Post Part 1	1		5		1
CTM60RA				0		
CTM60RB				4		
CTM61AD				2		
CTM61S	SET Surgery Training	3	3	44		3
	SET survey Ortho		3			3
	SET Urology					1
CTM62RM	Rural Hospital Medicine	1	1	2	2	
CTM70TA				1		
CTMRT30	Sonography			2.8	2	1
CTPC	Programme Co-ordination	1				1
CTT20	Anaesthetic Tech			3	1	
Leadership Dev	Leadership Development	1				
Maori & Pacific	Maori & Pacific Island	1				
Total		**41.5**	**46**	**293.8**	**20**	**64**

Figure 13 - Midland DHB Trainee Numbers for 2013-2014

Midland District Health Boards www.midlanddhbs.health.nz

Indicative resources for year one (12-18 months)

The Midland Region Training Network will be resourced to ensure that it is in a position to respond to national direction and proactively plan and implement core activity. Regional resources will build on local infrastructure to establish a platform for regional cooperative activities.

The following roles will support the Midland Training Network to deliver the expected functions:

ROLE	PURPOSE
Midland Region Training Network Director	Work in partnership with the MRTN Leadership Group and Regional Workforce Development Manager to provide strategic oversight of clinical training activity for the Midland Region Training Network. This role will be the key link and liaison with health training stakeholders for the Midland Region.
Administration Assistant (0.5)	Administrative support for the Midland Region Training Network Director and regional support roles. Provide secretariat services to the Midland Training Network including policy, technical and administrative advice; information and communication flow; MRTN work steams; and facilitating delivery of the MRTN outputs.

Appendix 7 - Regional Workforce Planning and Development

New Zealand faces a critical challenge in maintaining a clinically skilled health workforce given increasing costs and reducing availability worldwide. Improving supply within the health workforce is only part of the answer. To find enduring solutions Midland need to strengthen innovation, explore new ways of working, and develop workforces that are sustainable into the future.

Responding to workforce challenges requires multiple strategies across a range of service and workforce determinants. The Midland 2013/14 RSP provides a framework for the five Midland DHBs to continue to plan and work cooperatively.

National workforce priorities

The following three year Midland workforce plan is aligned to national workforce priorities as set out by Health Workforce NZ (HWNZ) in their 2012/13 plan (published December 2012), namely:

- Growing the capacity of the health workforce through strengthening recruitment, retention and repatriation
- Building and expanding the capability of the health workforce
- Delivering on health workforce priorities by working with others in the health system to increase system productivity
- Shaping the future workforce through transformative change
- Strengthening health workforce intelligence and providing high quality support and advice to support health sector outcomes.

Some assumptions have been made regarding HWNZ requirements for 2014/15 and 2015/16 for the out year plans, particularly for the MRTN.

Regional workforce priorities

The Midland region works cooperatively to achieve regional outcomes across all areas of regional activity. For workforce programmes there are three key stakeholder groups driving workforce planning, development and innovation:

1. Regional Clinical Networks – these networks are the key drivers of workforce innovation through their work across the Midland DHBs using multidisciplinary teams led by senior clinicians
2. MRTN – whose work is described in Appendix 6
3. Midland DHBs and in particular the HR GM regional network – who oversee workforce activity at both the regional and local level.

In 2013/14, in order to ensure delivery of the regional workforce activity contained within this plan, a Regional Workforce Advisory Committee will be established. This committee will be chaired by a lead GM HR and the committee will be responsible for identifying accountabilities and the monitoring of delivery timeframes for the various actions within the plan. The committee will also include membership from the MRTN and representation from the clinical networks.

Regional workforce development plan

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Growing the health workforce through strengthening recruitment, retention and repatriation										
WF1	Retention and recruitment strategies for rural and workforces in vulnerable services	Method to link sector together within a community and to recruit, orient and socialise new health professionals Provide a deeper perspective of rural communities and markets attributes to others Enable each Midland DHB to lever off the successes and learnings of each other and to develop shared programmes where these are appropriate	Q2	Establish another 'warm welcome here' site in each DHB in order to recruit, orient and socialise new health professionals to rural areas and to facilitate collegiality within the sector. This activity will be done by: 1. Reviewing the Te Kuiti pilot and drafting an implementation plan which could be applied across other DHBs 2. Using Tairawhiti DHB as a new regional pilot site and identifying other priority rural communities as part of the work in WF5	80% of jobs are sustainably filled	Working with HSL and MRTN to develop recruitment and retention strategies for workforces in vulnerable services across the Midland region. The focus for 14/15 is yet to be determined		Working with HSL and MRTN to develop recruitment and retention strategies for workforces in vulnerable services across the Midland region. The focus for 15/16 is yet to be determined		Tairawhiti DHB MRTN Clinical Networks
WF2	Kia Ora Hauora Midland Region Programme – promotion of Māori health as a career programme	Young people gain exposure to health professionals in an interactive situation. Increased numbers of Māori young people pursue health careers	Progress will be noted quarterly as careers events are completed	Allocate DHB resource to assist Kia Ora Hauora coordinator to implement careers events in each Midland DHB in 2013/14 based on the patient journey through the emergency department into the hospital, and back to the community	Increased number of young people attending career events Increased number of young people pursuing a health career and being tracked by Kia Ora Hauora	Subject to Kia Ora Hauora programme continuing, DHBs will continue support of careers events Explore how the region may leverage off the Kia Ora Hauora health careers website and student tracking system for student events				Kia Ora Hauora GMsHR GMs Maori Health

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Shaping the future workforce through transformative change										
WF3	New & emerging workforce	Midland DHBs specifically seek roles to increase flexibility and productive utilisation		**1. Regulated workforces** Specific focus for 13/14 will be General Practise placements (see MRTN plan), Anaesthetic Technicians (ATs) and Sonographers	Reduced cost and more effective and efficient use of workforce	Identify regulated workforce needs from work done by HSL clinical networks. Develop and implement workplans	Reduced cost and more effective and efficient use of workforce	Identify regulated workforce needs from work done by HSL clinical networks. Develop and implement workplans	Reduced cost and more effective and efficient use of workforce	Bay of Plenty / Waikato DHBs MRTN
			Q2	Workplans for General practise placements, ATs and Sonographers will be developed and finalised via MRTN						
			From Q3	Workplan implementation						
				2. Non-regulated workforces. Review use of current care, support, and administration roles with a view to increasing flexibility	Care assistants have sound qualifications that support successful implementation of partnership nursing and associated benefits Increased flexibility of workforce to deliver recovery model in allied health settings Increased workforce flexibility ie use of expanded scopes of practise Qualified staff support DHB model of care – via survey feedback					\ Lakes / Waikato DHBs MRTN Midland Health Network
			From Q1	Develop business case to implement Health care assistant, Allied Health assistant and Orderlies qualifications in Midland DHBs. Establish links with other interested parties such as MSD.		Subject to business case approval, commence implementation of assistant qualifications in Midland DHBs and primary care		Complete implementation of assistant qualifications in Midland DHBs and primary care		
			Q3	Explore options for care assistant training into primary care						
			Q4	MRTN to Review Physician assistant pilot and evaluation in conjunction with HWNZ. Consider as a means to strengthen the workforce, including primary care						

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				2013/14		2014/15		2015/16		
	Name	**Benefit Description**	**Timeframe**	**Deliverable**	**Gain**	**Deliverable**	**Gain**	**Deliverable**	**Gain**	**Partners**
WF4	Ageing workforce strategies	DHBs workforce is ageing at a faster rate than the rest of the labour force. The DHBs need to be well positioned ahead of the time when the age of its workforce becomes material. There are many benefits to the proposed activities including: • supporting succession and career planning and is research based • enabling employees with valuable skills and knowledge to plan their exit with support from the organisation • enabling DHBs to tap into the knowledge and skills of motivated retirees for service delivery, training and mentoring • reducing pressure on filling vacancies to maintain service delivery as potential additional available workforce	Q3 Q4	*Flexible work arrangements* Review the spectrum of alternative work arrangements Identify legislative or organisational barriers to implementation Develop options paper, pilot and assess feasibility Embed the Work Ability Index tool which allows the organisation to predict early retirement and put support in place for staff to reduce the likelihood	Increased understanding of possible alternative work arrangements Increased planning ability to support approved alternative work arrangements	*Phased retirement options* Identify ways to ensure compliance with legislation, while allowing employees an opportunity to discuss and plan for their retirement Support access to individual planning information and interim work arrangements	Increased number of staff over 60 with retirement plans in place	*Third age (post retirement)* Support succession and career planning Identify key stakeholders within the Midland DHBs, and establish the feasibility and benefits of maintaining post retirement relationships Draft options paper for decision and implement	Increased number of ex DHB staff engaged in DHB activities	Taranaki

				2013/14		2014/15		2015/16		
	Name	**Benefit Description**	**Timeframe**	**Deliverable**	**Gain**	**Deliverable**	**Gain**	**Deliverable**	**Gain**	**Partners**
Strengthening health workforce intelligence										
WF5	Workforce Intelligence and modelling *[This activity is an umbrella for the rest of the work in WF5 and workforce modelling work in WF6]*	Targeted workforce planning, development and recruitment reduces waste and redundant effort	Q4	Develop workforce demographic information and forecasting model which is based on service needs and takes account of workforce profile	Current and future workforces are known	Model is utilised at regional planning levels	Regional service delivery is informed by accurate workforce models	Model is utilised at Midland DHB planning levels	DHB service *delivery is informed by accurate workforce* models	HR GMs HSL
	Maternity workforce intelligence	A planned sustainable maternity workforce (especially in rural areas)	Q2 Q2 Q3 Q4	Head count to service current population vs workforce needed for future birthing trends is identified Areas of shortage are identified Identify rural midwives' issues and work towards regional solutions Trends in LMC and secondary / tertiary midwifery workforce numbers, distribution and forecasting are analysed by regional workforce group	Understanding of current state and future state needs to achieve sustainability	Universal employment models Stronger engagement with workforce monitoring in conjunction with GM HRs to enable DHBs to understand maternity workforce issues	Better utilisation of existing workforce	Accurate regional data and monitoring of LMC and secondary/tertiary workforce Rural model(s) in place for workforce sustainability	Equity of access for rural women to quality of care and services	Midland Maternity Network HSL Midland DHBs
	Renal workforce intelligence	A planned sustainable renal workforce	Q2 Q2 Q4	Head count to service current population vs. workforce to deliver the key objectives Areas of shortage are identified Trends in renal workforce numbers, distribution and forecasting are analysed by regional workforce (benchmarked against demand)	Understanding of current state and future needs to be achieved	Stronger engagement with workforce monitoring in conjunction with GM HRs to understand renal issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in place for workforce	Equity of access of across Midland region to quality care and services (right time, right place)	Midland Renal Network HSL Midland DHBs

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Strengthening health workforce intelligence [continued]										
	Radiology workforce intelligence	A planned sustainable radiology workforce	Q2 Q2 Q4	Head count of service current population vs. workforce to deliver the key objectives Areas of shortage are identified Trends in radiology workforce numbers, distribution and forecasting are analysed by regional workforce	Understanding of current state and future needs to be achieved	Stronger engagement with workforce monitoring in conjunction with GM HRs to understand radiology issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in pace for workforce	Equity of access of across Midland region to quality care and services (right time, right place)	Midland Radiology Network HSL Midland DHBs
	Cardiac workforce intelligence	A planned sustainable cardiac workforce	Q2 Q2 Q4	Head count to service current population vs workforce to deliver the key objectives Areas of shortage are identified Trends in cardiac workforce numbers, distribution and forecasting are analysed by regional workforce (benchmarked against demand)	Understanding of current state and future needs to be achieved	Stronger engagement with workforce (including Māori) monitoring in conjunction with the GM's HRs and Māori Health to understand cardiac issues	Accurate regional data and modelling of workforce Better utilisation of existing workforce	Regional models in place for workforce	Equity of access of across Midland region to quality care and services (right time, right place)	Midland Cardiac Network HSL Midland DHBs
Strengthening health workforce planning										
WF6	Renal workforce	Future renal workforce requirements identified and plans developed to ensure renal care provision continues	Q4	Utility of existing workforce model critiqued against workforce forecasting Options for innovative models explored could include: 1: Nurse Practitioner 2: Clinical Nurse Specialist 3: GP/Practice Nurse	To ensure a suitable workforce with improved access to health providers for patients and clients Accurate baseline data and engagement of service providers in developing solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models	Midland Renal Network HSL Midland DHBs

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Strengthening health workforce planning [continued]										
	Maternity workforce	Future maternity workforce requirements identified and plans developed to ensure appropriate maternity care provision continues	Q2 Q4	Utility of existing workforce model critiqued against workforce forecasting Options for innovative models explored including a) VBAC clinics b) allied health support and collaborative models	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforces / extension of existing midwifery workforce models of service including recommendations to future proof maternity service provision delivery	Alternative service delivery models documented to maintain and improve access to services	New collaborative models trialled and evaluated as agreed in specific areas	Sustainable and future proofed workforce models	Midland Maternity Network HSL Midland DHBs
	Maternity workforce planning and forecasting for medical staff	O&G placements in identified areas planned for with RANZCOG	Q2 Q4	Quantification of percentage of consultant time spent in obstetrics to ascertain level of obstetric workforce need Quantification benchmarked across other three regions by RDOTs Strategic plan for sustainable obstetric physician service provision inclusive of obstetric anaesthetists, SMOs, RMO training, and placements is developed	Robust understanding of workforce issues and identification of workforce needs for the future	PGY1 and PGY2 numbers doing RMO runs Feasibility of separate obstetrics and Gynae. work for tertiary facilities is explored Position paper identifying different global models of obstetric care delivery is completed and available for analysis	Options for maintenance of secondary and tertiary obstetric coverage has been identified	Regional approach to PGY1 and 2 O&G runs Sustainable model of RMO training and mentorship across the region which match anticipated SMO vacancy models	Consistent approach to training across the region in collaboration with colleges	
	Radiology workforce and training	Future radiology workforce requirements identified and planned to ensure appropriate radiology care provision continues	Q2 Q4	Utility of existing workforce model critiqued against workforce forecasting Explore innovations for retaining radiology staff in the Midland region (eg: post vocational training including sonographers)	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models	Midland Radiology Network HSL Midland DHBs

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Strengthening health workforce planning [continued]										
	Health of Older Persons' sector workforce	Priorities to ensure a sustainable workforce with appropriate skills across the sector identified, this will specifically include the Māori workforce	Q1 and ongoing	Stock take of workforce activity across the region including any other workforce plans for the HOP sector (regional and national) Stock take of HOP workforce across the Midlands region Identification of key priorities for workforce development	Better utilisation of the health of older person workforce	Implementation plan for workforce priorities developed	Per 2013/14	Workforce priorities implemented as per plan	Per 2014/15	Midland HOP Network HSL Midland DHBs
	Health of Older Persons' sector training	Training for relevant health professionals in Advance Care Planning (ACP) promoted to support older people to make an Advance Care Plan. This enables people to be better prepared for their future and be empowered to take part in joint decisions about their future health, treatment and care options	Q1 and ongoing	Undertake a stock take of ACP utilisation in the Midland region and establish a baseline of relevant clinicians and clinical settings for ACP training Support DHBs to establish a clinical champion for ACP Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community	Older people in the Midlands region are able to make informed care and treatment options for the future Potential for reduction of avoidable admissions from aged residential care, better management of end of life care Personal care plans and paths for individual patients with improved patient/family agreement/buy-in Reduction in unnecessary/ inappropriate investigations, treatment in both elective/ emergency procedures	Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community Support the development and implementation of ACP documentation and inclusion in relevant clinical pathways	Per 2013/14	Promote the utilisation of ACP across the Midland region with health professionals, patients and the broader community Support the development of a regional IT solution to identify and flag ACP plans to relevant clinicians and clinical settings	Per 2014/15	

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				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Strengthening health workforce planning [continued]										
	Cardiac workforce	Future cardiac workforce requirements identified and planned to ensure appropriate cardiac care provision continues Workforce planning and forecasting for SMOs	Q4 Q2	Utility of existing workforce model critiqued against workforce forecasting Options for innovative nursing and technical models explored including: Nurse Practitioner, GP/Practice Nurse, Physiologists, MRTs Robust understanding of workforce issues and identification of workforce needs for the future including training programmes	Accurate baseline data and engagement of service providers in developing innovation solutions	Concept paper developed which explores alternative models and use of workforce to future proof service provision delivery	Alternative service delivery models trialled and evaluated as agreed in specific areas	New collaborative models trialled and evaluated as agreed specific areas	Sustainable and future proofed workforce models	Midland Cardiac Network HSL Midland DHBs
	Elective services workforce	Workforce plan for regional elective services	Q1 and ongoing	A system in place for capturing up-to-date specialist capacity for each DHB and the region as a whole Regional planning to capture workforce constraints and shortages, with the view of sharing resources where practicable	Regional ability to match demand and resources	Implement a regional production planning model that identifies the capacity of DHBs to deliver elective services at sub-specialty level, in order to match capacity and demand across the region		Forward planning for regional service delivery including investigating regional appointments	Improved access to services Improved succession planning	Midland Elective Services Network HSL Midland DHBs
	Mental Health and Addictions workforce	A regional workforce stock take and needs analysis completed Midland Workforce Development initiatives prioritised Opportunities to build Midland's capacity in Trauma Informed Care identified	Q1 start June 2016 complete	A clear regional picture is obtained re the Midland workforce demands Workforce priorities are established annually Workforce initiatives are aligned to national drivers	Accurate workforce gaps are identified and strategies for improvement is developed Regional workforce strategies and funding streams are implemented Midland meets the MoH expectations	Implement and support implementation of recommendations Ongoing annual prioritisation Trauma Informed Care workshops are delivered across Midland	Funding streams are identified and recommendations are fully realised Value for investment on all activities is agreed regionally	Ongoing Ongoing annual prioritisation	Funding streams are identified and recommendations are fully realised Value for investment on all activities is agreed regionally	Midland Mental Health & Addictions Network HSL Midland DHBs

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				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Strengthening health workforce planning [continued]										
	Child Health workforce	A planned sustainable paediatric workforce	Q2 Q2 Q3 Q4	Head count to service current population vs workforce needed for future birthing trends is identified Identify shortages Identify supply issues and work towards regional solutions Trend analysis of workforce numbers, distribution and forecasting are analysed by regional workforce group	Understanding of current state and future state needs to achieve sustainability	Stronger engagement with workforce monitoring in conjunction with GM HRs to enable DHBs to understand workforce issues	Better utilisation of existing workforce	Accurate regional data and monitoring of primary / secondary / tertiary workforce Rural model(s) in place for workforce sustainability	Equity of access to quality of care and services	Midland Child Health Network HSL Midland DHBs
	Trauma specialist workforce	Develop a professional development tool for staff working in the area of trauma (eg nursing, Trauma Oriented Consultants (TOC), core staff)	Q4	Consider orientation and training requirements for staff specialising in and/or providing trauma care	Trauma clinicians in the Midland region maintain competency and skill aligned to current best practice	Develop a professional development pathway for staff involved in trauma patient care	Per 2013/14	Review opportunities for regional support of training and professional development	Per 2014/15	Midland T Network HSL Midland DHBs

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
Building and expanding the capability of the health workforce										
MRTN 1	PGY I & II Training and Education Programmes	Optimisation of current systems and processes as the basis for standardisation Optimisation at the right level and in the right areas to achieve improvement rather than creating complexity and inefficiencies	Q1	Stock take current education and training programmes aligned with PGY I & II clinical training programmes	Standardising training and education programmes	Develop programme synergies across the Midland Region Develop core modules for PGY I & II.	Consistent approaches to mentoring.	Development of e-portfolios to support PGY I & II years.	Meets Medical Council aspirations. Supports career planning	Clinical Directors of Training. CMA's RMO coordinators
MRTN 2	GPEP/Rural Hospital Training and Education Programmes	Optimisation of current systems and processes as the basis for standardisation Optimisation at the right level and in the right areas to achieve improvement rather than creating complexity and inefficiencies	Q1 Q2	Scope and implement the work programme for the GPEP training programmes. Undertake demography study to examine workforce and distribution of GP trainees	Standardising training and education programmes	Develop SMO teaching experiences to be delivered in Primary Care	Teaching within Primary care environment matches learner expectations	Examine models of programme delivery using a blended learning methodology.	Consistent approaches to training.	PHO's GM-HR's Clinical Directors of Training. CMA's RDA
MRTN 3	Clinical Placement Coordination	Build on rather than duplicate existing systems and processes	Q2 Q2 Q4	Stock take current coordination systems supporting specialist training programmes Undertake work flow analysis of core system processes Review resource requirements for the adequate support of the local district coordination role including supervision and mentoring	Coordinating clinical placements to support specialist training programmes	Examine potential to develop innovative clinical placements across primary/secondary interface and across traditional DHB boundaries	Broader exposure to range of clinical placements for PGY I & II.	Development of Primary Care Placements for PGY I & II	Meets Medical Council expectations	Clinical Directors of Training. CMA's RMO coordinators

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
MRTN 4	Career Planning	Ensuring mentoring and career planning will take account of service needs of the population identified within the Midland Regional Clinical Networks and Action Groups. Align with National Engagement Group position for Doctors.	Q1 Q3 Q4	Review career planning arrangements in each local environment and identity key learning's that could be shared regionally to assist with optimising the current processes. Establish central web access for sharing career planning information and resources Implement regional status reporting mechanism. Support Midland DHBs to ensure 100% of trainees in receipt of HWNZ funding have career plans. Continue to deliver 100% compliance through ensuring that all new trainees have a career plan.	Supporting trainees to develop and implement career plans and provision of mentoring services.	Outline mentoring processes regionally and key learning's that could help improve current processes. Explore options to provide supports for self-mentoring.	Consistent approaches to mentoring.	Career plan application available on line for all staff to use with their mentors.	Single tool electronically available and with good tracking and monitoring mechanisms.	Clinical Directors of Training. CMA's RMO coordinators RDA
MRTN 5	Skills and Simulation	Focus and activity is delivered without detraction from meeting local need.	Q1 Q3	Representation in national SSC processes. Establish regional information on: Current use of simulation based education Future needs of simulation based education Current resources	Implementing and overseeing a regional skills and simulation based education strategy.	Scope requirements for mobile skills and simulation.	Easy access for hard to reach health professionals.	Develop a series of Midland case based scenarios.	Access to quality products utilised by all Sims teams.	GM-HR Clinical Schools

				2013/14		2014/15		2015/16		
	Name	Benefit Description	Timeframe	Deliverable	Gain	Deliverable	Gain	Deliverable	Gain	Partners
MRTN 6	E-Learning	Develop a Midland Region platform and suite of programmes for the health workforce.	Q1 Q1 Q2	Develop a Midland Region strategic plan for e-learning. Develop a sustainable business case to maintain and continue e-learning developments within the DHB. Build quality assurance framework for all e-learning products.	Aligns to a national HWNZ work plan.	Build a suite of programmes for use by health professionals. Develop core modules for PGY I & II. Examine a common platform for use by all disciplines within the health.	Common platform across region.	Develop core modules for a range of Allied health professionals.	Common teaching tools for use across region.	Wintec GM-HR
MRTN 7	Alignment of training funding to 70/20/10 (see table below for midland DHBs trainee numbers for 13 14)	Funding matches contracted volumes.	Q2 Q3 Q4	Identify service needs and map to funded training positions across all zones. Identify where DHBs need to maintain HO FTE to meet service needs where positions are funded via HWNZ and where budget to be redistributed. Develop service and funding plans as required for approval.	Aligns to national HWNZ work plan.	Establish protocols for cross DHB training (if required). Identify potential for additional training in identified investment areas across region.	Consistent practices through Midland Region.	Gradual implementation as required. Focussed funding matched to developing workforce with difficulty to recruit too.		Clinical Directors of Training. CMA's RMO coordinators

Workforce demographics

Age

In Midland region the largest DHB Waikato, the tertiary provider, has the youngest average age for the workforce with the smallest DHB Tairawhiti the oldest.

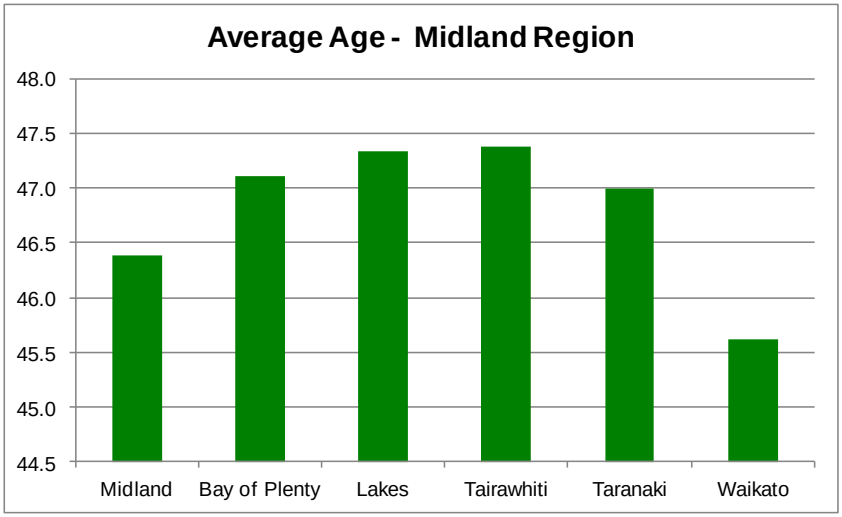

Figure 14 - Average age of the workforce - Midland DHBs

Gender

Tairawhiti has the largest percentage of women employees overall. Waikato has the greatest percentage of males working in the nursing field (13%), while Tairawhiti has the lowest (6%).

Among junior medical employees, Lakes and Tairawhiti both have more than 50% females. Waikato has the largest percentage of females in the senior medical area (45%).

Within support type employees, Taranaki DHB has the greatest percentage of females (47%) compared to Lakes which has the lowest percentage of females (17%).

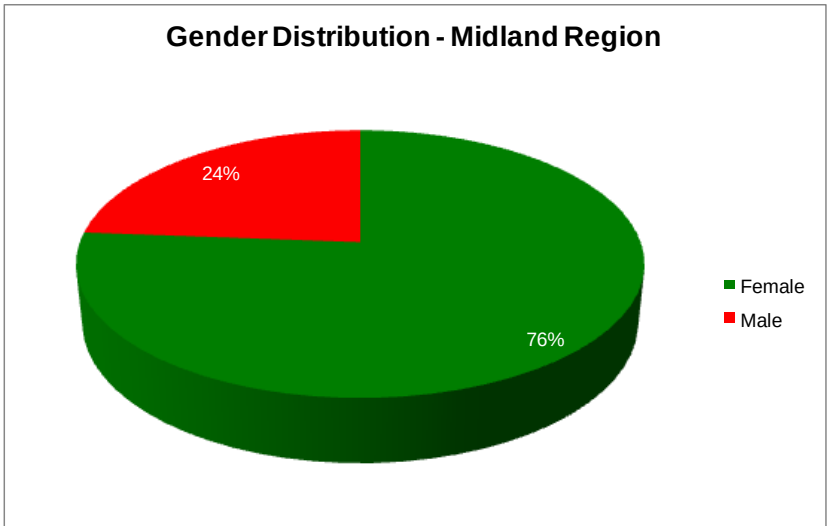

Figure 15 - Gender distribution Midland DHBs

Ethnicity

Midland has the highest percentage of Māori employees (11%), with Southern having the lowest (2.6%). Northern region has the highest percentage of employees recorded as Pacific, with the greatest percentage employed within Counties Manukau DHB. While only 4.7% of employees in the Midland region have an undeclared ethnicity (the lowest of all regions), Southern DHBs have 24% undeclared ethnicity.

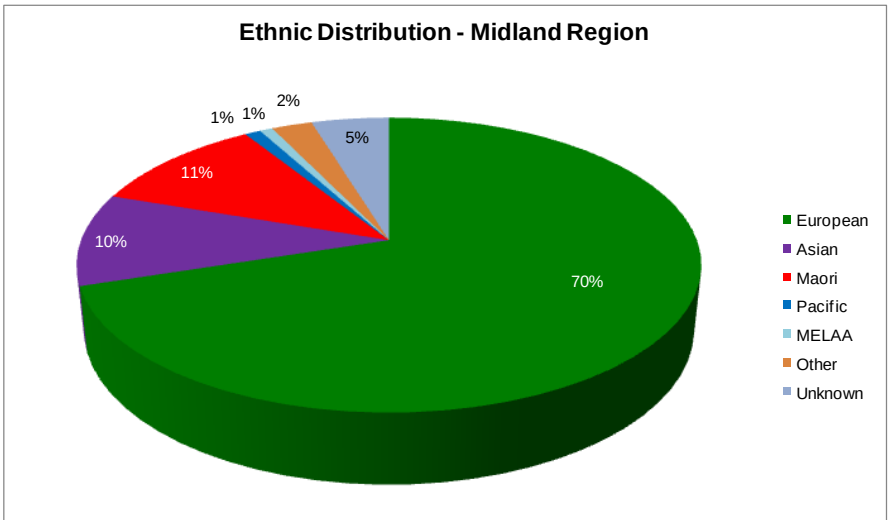

Figure 16 - Ethnic distribution Midland DHBs

Within Midland, Tairawhiti DHB has the highest percentage of Māori employees (and is the highest across all DHBs), with nearly 25% (the Māori population is 48%). Taranaki has the lowest percentage of Māori employees - 6.5% (the Māori population is 17%).

Tairawhiti has the highest percentage of Māori employees in nursing, allied, and junior medical staff areas. Waikato has the highest percentage of Māori staff in Midwifery. Lakes DHB has the highest percentage of Māori in any staff type across all Midland DHBs, with 50% of support staff reporting themselves as Māori. The percentage of Māori in the Waikato population is 22%, Lakes is 34%, and Bay of Plenty is 25%.

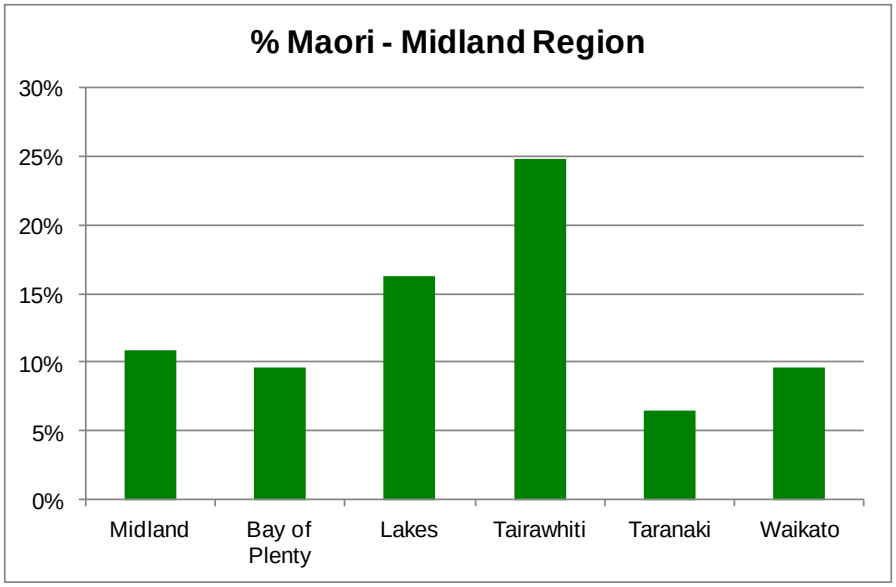

Figure 17 - Percentage Maori Midland Region

Appendix 8 - Regional Services Plan Māori Health Reporting Template

Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Regional Governance & Decision Making	- Report on Midland Iwi Relationship Board (MIRB) participating in planning process at a regional level, and supporting Midland GMs Māori , Māori Health Plans, projects, initiatives and developments.	Q2/Q4 2013/2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
	- Report that Midland Planning and Funding Alliance Leadership Team (P&F ALT) have representation from Te Tumu Whakarae, the Midland Māori Health GMs forum.	Q2/Q4 2013/2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
	- Report that Māori expertise / membership has been secured on the Child Health SLAT and Older Persons SLAT which reports to the P&F ALT.	Q2/Q4 2013/2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
	- Report to confirm that progress in regards to the implementation of the RSP projects and initiatives are being forwarded to the Midland Iwi Relationship Board (MIRB) for their information (Quarter 2 and Quarter 4 reports).	Q2/Q4 2013/2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
	- Report on Māori expertise secured on any regional clinical governance structures, which are established.	Q2/Q4 2013/ 2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
Quality Assurance	- Report on one regional He Ritenga Cultural audit and action plan being completed per annum - Report on the standardisation of Māori Health Plan planning template within Midland - Report on Primary care/ PHO deliverables in AP and MHP across Midland being standardised in planning, action and deliverables will relate to: • Cervical indicator and Breast Screening (link to RSP Cancer) • Smoking cessation indicator Primary Care (link to RSP Cancer and RSP Smoke Free) • Immunisation indictor (Link RSP Child Health/ Maternity Action Group) • CVD indicator (link to RSP Cardiology and Stroke)	Q2/Q4 2013/2014	GM Māori	- RSP Action Plan Māori Health - Regional Services Plan 13/14 - Māori Health Plan 13/14 - Annual Plan 13/14

Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Quality Assurance	• Influenza indicator for 65yrs+ (link to RSP Older Persons) - Report against Midland DHB's performance against Māori Health Plan national indicators are completed			
Building Regional IT Capability	- Regional clinical services information technology (IT) work-stream can: • Report regional service access rates, interventions, outcomes and readmissions by ethnicity (Māori comparative to non-Māori) • Report that cultural assessment tools have been integrated into processes electronically into triage, care plan and discharge planning processes. • Report IT interface with Māori providers and PHO's to ensure information sharing and seamless patient transition between primary and secondary / tertiary based services.	Q2/Q4 2013/2014	GM Māori / IT	- RSP Action Plan Māori Health - Regional Services Plan 13/14
Cancer Services	For all cancers grouped and for the following cancers separately; lung, breast, prostate and gynaecology ensure for all initiatives that the following is considered: - Report on inequities in cancer incidence and mortality between Māori and non-Māori. - Report on inequities in access to, timeliness and quality of, and outcomes from, cancer services between Māori and non-Māori. - Report on a process for deciding which Māori cancer control issues to prioritise, and which indicators will be used to measure progress. - Report on progress toward achieving targets in prioritised Māori cancer control areas. - Report on Hei Pa Harakeke Māori Advisory Group work as a forum. Specifically: • Kaitiaki reference guidance and support given to prostate cancer research initiative • Sub-regional cough cough campaign around early detection of lung cancer in Māori • Health Excellence wananga around best practice to improve regional breast screening rates held • Report on sub-regional Pepi-Pod initiative and smoke free messages to high needs whānau (refer to RSP Maternity Action Group) • Participate in faster cancer programme to ensure interests of Maori are upheld. • E te Iwi cancer health literacy initiative with Māori communities/ NGO's? cancer society	Q2/Q4 2013/2014	GM Māori / Midland Cancer Network	- RSP Action Plan Māori Health - Regional Services Plan 13/14 - Māori Health Plan 13/14

Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Cardiovascular Services (Acute Coronary Syndrome)	For Acute Coronary Syndrome as part of network reporting, include measures for: - Inequities in ACS incidence between Māori and non-Māori. Use surrogate indicators if required. - Inequities in access to and timeliness to ACS services between Māori and non-Māori. - A process for deciding which Māori ACS issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori ACS areas.	Q4 2014 2013/2014	Cardiac Network/GM Maori	- Regional Services Plan 13/14 - Māori Health Plan 13/14
Elective Services	For elective services as part of action group reporting include measures/commentary on: - Inequities in access to and timeliness to elective services between Māori and non-Māori. - Process for deciding which Māori elective services issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori elective services areas.	Q2/Q4 2013/2014	Elective Services Action Group/ GM Maori	- RSP Action Plan Māori Health - Regional Services Plan 13/14
Stroke Services	For stroke services as part of action group reporting include measures/commentary on: - Inequities in stroke incidence and mortality between Māori and non-Māori. Use surrogate indicators if required. - Inequities in timeliness and outcomes from, stroke services between Māori and non-Māori. - Process for deciding which Māori stroke issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori stroke areas. Initiatives are based upon data analysis around system inequalities for Māori pertaining to need, rates of access, equity of intervention and health outcomes relative to the rest of the population - Report on Māori health key worker education resources development - Report on a FAST information Flyer being developed for the Māori health workers and the Māori population across the region - Report on a process being developed within each DHB (that has such a resource) across the Midland region to ensure that the Māori health team is involved in acute stroke admissions for Māori stroke patients	Q2/Q4 2013/2014 Q2/Q4 2013/2014	Midland Stroke Network (MSN)/ GM Maori Health	- RSP Māori Health Action Plan 13/14 - Māori Health Plan 13/14

Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Workforce	- Report that Te Tumu Whakarae Midland Māori GM's have Māori representation on the Midland Regional Training Network (MRTN). - Report against Kia ora Hauora Midland Māori health workforce development initiative completed. Specifically key deliverables in the report will detail: • A minimum of 20 Midland KOH partner secondary schools engaged in the programme • 25 Midland Māori supported into first year of health related tertiary study • Complete individual career plans with at least 40 Midland Māori students • Provision of NCEA workshops and resources • Co-ordination of student placement days, conferences, exposure activity and engagement with tertiary providers • Liaison and funding of Māori tertiary student support groups at key Midland educational facilities - Report against two regional workforce development training sessions being completed for non-regulated Māori health workforce in two health priority areas associated with RSP - Report against regional E- Learning training utilised to provide training for staff around correct ethnicity data collection and cultural competence training - Report against Māori leadership programme instigated at a regional level to promote and foster Māori leadership in Health. - Report on progress of project that ensures a co-ordinated approach across the Midland region clinical networks to health literacy around cardiovascular services and heart disease. The focus is on raising public awareness and education with an emphasis on Māori. - Report annually on the Māori health workforce across all five Midland DHB's by professional group relative to non-Māori	Q2/Q4 2013/2014	GM Māori / Midland Training Network	- RSP Action Plan Māori Health 13/14 - Māori Health Plan 13/14 - Midland Training Network Action Plan

Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Health of Older People	For health of older peoples services as part of action group reporting include measures/ commentary on: - Inequities between the health of older Māori and older non-Māori. Use surrogate indicators if required. - Inequities in admission rates and readmission rates, between older Māori and older non-Māori. - Process for deciding which Māori older people issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori older people areas. - Home Support review and how this is going to better meet the needs of Māori • Development of resources as discussed, agreed and designed as part of the working group • Increased awareness amongst Māori and Pacific whanau, communities, health and social service providers around Dementia • Stronger presence of Māori and Pacific health and social service providers in the design of dementia services across the region.	Q2/Q4 2013/2014	Health of Older Persons Action Group/ GM Maori Health	- RSP Action Plan Māori Health 13/14
Maternity Action Group	For maternity services as part of action group reporting include measures/commentary on: - Maternity clinical indicators for pregnant Māori women and pregnant non-Māori women. Use surrogate indicators if required. - Timeliness and outcomes from health services between pregnant Māori women and pregnant non-Māori women. - Process for deciding which Māori maternity issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori maternity areas. ***Report against cultural responsiveness of all MMAG related activities*** • All MMAG plans are reviewed against HEAT. • Ethnicity data is captured and reported across all MMAG projects and work programmes. ***Report on Reducing Māori smoking and SUDI rates*** • A regional Safe Sleep Policy is established. The policy aligns to tikanga best practice guidelines. • Report on progress toward the 90% smoking target relating to pregnant Māori women in LMC/obstetric care. • 300 Pepi Pods are distributed to high-need whānau across the Midland region. ***Report on improving Māori attendance at pregnancy and parenting classes*** • Report on the performance of existing Pregnancy and Parenting (P+P) Education programmes in reaching Māori women. • Plan established to improve Māori participation in Pregnancy and Parenting Education programmes is established. • Māori targeted P+P programmes are established across the Midland region. ***Report on activity to improve Māori breastfeeding rates*** • Explore the development of technological solutions and resources to improve Māori access to breastfeeding information and support.	Q2/Q4 2013/2014	Maternity Action Group /GM Maori Health	- RSP Action Plan Māori Health 13/14 - Māori Health Plan 13/14

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Priority Area	Outcome Reported	Time-frame	Resp	Link to Other Priority Areas
Renal Action Group	For renal services as part of action group reporting, include measures / commentary on: - Renal inequities between Māori non-Māori. Use surrogate indicators if required. - Inequities in access to and timeliness of renal health services between Māori and non-Māori. - Process for deciding which Māori renal issues to prioritise, and which indicators will be used to measure progress. - Progress toward achieving targets in prioritised Māori renal areas. **Activity:** - Report on work with Midland Regional Renal Clinicians to initiate a working group around development of a plan to increase live donor rates in Māori and Pacific populations.-(linked to Midland regional renal work programme 2013/2014) **Outcome:** • Plan developed for increasing donor ship amongst Māori and Pacific	Q2/Q4 2013/2014	Renal Action Group/GM Maori Health	- RSP Action Plan Māori Health 13/14 - Māori Health Plan 13/14
Smokefree	Report on activities at a regional level to create a smoke free Aotearoa by 2025 (Refer to RSP Smoke Free section). Report against the Midland Smokefree programme specifically will detail: • Evidence that the Midland Smokefree Māori Caucus contributes to Midland Smokefree planning and decision making • Evidence that Tupeka Kore is integrated into various settings within DHB's • Māori Smokefree Tobacco Free interventions are initiated with Te Kohanga Reo, Kura Kaupapa and Whare Kura, and tertiary education • Stock-take of district Kohanga Reo provides baseline to measure engagement, uptake and commitment to Smokefree 2025 • Evidence of engagements with Hapu and Iwi leaders identifies opportunities to formulate and initiate Smokefree action • Completion of funding proposal to engage Māori at a whanau level to go smoke free • Evidence of engagement with National Māori Tobacco Leadership Group to support regional Smokefree initiatives • ABC to Māori and Pacific pregnant and young mothers is improved by creating collaborative opportunities to enhance service solutions • Initiate engagement with Alternative Education providers to integrate ABC into their programmes. And encourage participation in the Midland Smokefree 2025 vision	Q2/Q4 Q1-4 2013/14 Q2-Q4 2013/14	Midland Smokefree Director Midland Smokefree Director GM Māori Tobacco Steering Groups	- RSP Action Plan Māori Health 13/14 - Māori Health Plan 13/14 - Midland Smokefree Strategy

Appendix 9 - Outcomes Framework

The key to understanding this Plan and the associated annual plans for our DHBs is our Intervention Logic Diagram or Outcomes Framework.

The health system is necessarily complex, with a number of organisations, strategies and priorities, the key elements of which can be represented in an outcomes framework, or intervention logic diagram. The following diagrams illustrate how (a) the national, regional and local elements align; and (b) how they contribute to positive outcomes for the population we serve. Each Midland DHB also has an Outcomes Framework aligned with this regional version and can be found in the corresponding section in each Midland DHB Annual Plan.

For a definition of terms like “intervention logic”, “measures”, “outputs” etc., please refer to appendix 10.

Ministry of Health's Performance Story

Health & Disability System Outcomes	**All New Zealanders lead longer, healthier and more independent lives**		**New Zealand's economic growth is supported**	
Overarching health sector goals	**Better, Sooner, More Convenient Health Services for all New Zealanders**			
Policy Drivers	**Regional Collaboration**	**Integrated Care**	**Value for Money**	
Ministry of Health Intermediate Outcomes	**Good health and independence are protected and promoted**	**A more unified and improved health and disability system**	**People receive better health and disability services**	**The health and disability system and services are trusted and can be used with confidence**

Regional Outcomes

Our regional outcomes must align with our overarching national health and economic strategies. As a region our DHBs collectively contribute to our strategic outcomes, indicators and objectives, all of which will assist us to contribute to the national outcomes.

Midland Vision	**All residents of Midland District Health Boards lead longer, healthier and more independent lives**				
Regional Strategic Outcomes	To improve the health of the Midland population		To reduce or eliminate health inequalities		
Regional Outcome Indicators	To increase our average life expectancy		To reduce premature death rates	To improve our amenable mortality rate	
Regional Strategic Objectives	To build the workforce	Systems Integration across the continuum of care	To improve quality across agreed regional services	To improve clinical information systems	To improve Māori Health outcomes
By focusing on these objectives, we will be able to drive change that enables us to live within our means.					
RSP Focus Areas	**Vulnerable Services**	**National Priority Services**	**Workforce**	**Information Systems**	**Key Enablers**

Appendix 10 - Glossary of Terms

Activity	What an agency does to convert inputs to Outputs.
Capability	What an organisation needs (in terms of access to people, resources, systems, structures, culture and relationships), to efficiently deliver the outputs required to achieve the Government's goals.
Efficiency	Reducing the cost of inputs relative to the value of outputs.
Effectiveness	The extent to which objectives are being achieved. Effectiveness is determined by the relationship between an organisation and its external environment. Effectiveness indicators relate outputs to impacts and to outcomes. They can measure the steps along the way to achieving an overall objective or an outcome and test whether outputs have the characteristics required for achieving a desired objective or government outcome.
Intervention logic model	A framework for describing the relationships between resources, activities and results. It provides a common approach for integrating planning, implementation, evaluation and reporting. Intervention logic also focuses on being accountable for what matters – impacts and outcomes
'Living within our means'	Providing the expected level of outputs within a break even budget or National Health Board (NHB) agreed deficit step toward break even by a specific time.
Management systems	The supporting systems and policies used by the DHB in conducting its business.
Objectives	Is not defined in the legislation. The use of this term recognises that not all outputs and activities are intended to achieve "outputs". For example, increasing the take-up of programmes; improving the retention of key staff; improving performance; improving Governance etc. are 'internal to the organisation and enable the achievement of 'outputs'.
Outcome	Outcomes are the impacts on or the consequences for, the community of the outputs or activities of government. In common usage, however, the term 'outcomes' is often used more generally to mean results, regardless of whether they are produced by government action or other means. An intermediate outcome is expected to lead to a end outcome, but, in itself, is not the desired result. An end outcome is the final result desired from delivering outputs. An output may have more than one end outcome; or several outputs may contribute to a single end outcome. (Refer http://www.ssc.govt.nz/glossary/) A state or condition of society, the economy or the environment and includes a change in that state or condition. (Public Finance Act 1989).
Outputs	Final goods and services, that is, they are supplied to someone outside the entity. They should not be confused with goods and services produced entirely for consumption within the DHB group (Crown Entities Act 2004).
Performance measures	Selected measures must align with the DHBs Regional Service Plan and Annual Plan. Four or five key outcomes with associated outputs for non-financial forecast service performance are considered adequate. Appropriate measures should be selected and should consider quality, quantity, effectiveness and timeliness. These measures should cover three years beginning with targets for the first financial year (2012/13) and show intended results for the two subsequent financial years. (Refer to www.ssc.govt.nz/performance-info-measures)

Productivity

Increasing outputs relative to inputs (ie: either more outputs produced with the same inputs, or the same output produced using fewer inputs)

Regional cooperation

Regional cooperation refers to DHBs across geographical 'regions' for the purposes of planning and delivering services (clinical and non-clinical) together. Four regions exist.

- Northern: Northland DHB, Auckland DHB, Waitemata DHB and Counties Manukau DHB
- Midland: Bay of Plenty DHB, Lakes DHB, Tairawhiti DHB, Taranaki DHB and Waikato DHB
- Central: Capital and Coast DHB, Hawkes Bay DHB, Hutt Valley DHB, MidCentral DHB, Waitemata DHB and Whanganui DHB
- Southern: Canterbury DHB, Nelson Marlborough DHB, South Canterbury DHB, Southern DHB and West Coast DHB

Regional cooperation for some clinical networks may vary slightly. For example Central Cancer Network contains eight DHBs, Taranaki DHB and Tairawhiti DHB in addition to the Central Region DHBs.

Results

Sometimes used as a synonym for 'Outcomes'; sometimes to denote the degree to which an organisation successfully delivers its outputs; and sometimes with both meanings at once. (http://www.ssc.govt.nz/glossary/)

Strategy

See Ownership (http://www.ssc.govt.nz/glossary/)

Sub regional cooperation

Sub regional cooperation refers to DHBs working together in a smaller grouping to the regional grouping, typically in groupings of two or three DHBs and may be formalised with an agreement. For example a Memorandum of Understanding. Examples of sub regional cooperation include DHBs in the Auckland Metropolitan area, MidCentral and Whanganui DHBs (Central Alliance), Capital and Coast, Hutt Valley and Wairarapa DHBs and Canterbury and West Coast DHBs.

Targets

Targets are agreed levels of performance to be achieved within a specified period of time. Targets are usually specified in terms of the actual quantitative results to be achieved or in terms of productivity, service volume, service-quality levels or cost effectiveness gains. Agencies are expected to assess progress and manage performance against targets.
A target can also be in the form of a standard or a benchmark.

Values

The collectively shared principles that guide judgment about what is good and proper. The standards of integrity and conduct expected of public sector officials in concrete situations are often derived from a nation's core values which, in turn, tend to be drawn from social norms, democratic principles and professional ethos. (http://www.ssc.govt.nz/glossary/)

Value for money

The assessment of benefits relative to cost, in determining whether specific current or future investments/expenditures are the best use of available resource.

[i] Ministry of Health, HDI Technical note (August 2009), Life expectancy in New Zealand, 2005-07