

Regional Services Plan Initiatives and Activities



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Note: The '2018-2021 Regional Services Plan - Initiatives and Activities' is a companion document to the '2018-2021 Regional Services Plan – Strategic Direction' which sets out at a high level the vision, strategy themes, priorities and objectives of the Midland District Health Boards (DHBs). These documents should be read in conjunction with the Midland District Health Boards' District Annual Plans, and the Regional Public Health Units' Plans.

1. Strategic position

Linkages

Midland's six regional objectives

The Midland region has identified six regional strategic objectives that inform and support the direction of regional efforts:

1. Health equity for Māori
2. Integrate across continuums of care
3. Improve quality across all regional services
4. Build the workforce
5. Improve clinical information systems
6. Efficiently allocate public health system resources.

Work programmes are developed by the regional clinical networks and action groups; the regional enablers, and also by services provided by HealthShare (the Midland DHBs' shared services agency), ie Third Party Provider Audit & Assurance Service, the Regional Internal Audit Service. Alignment with national and regional strategic direction is provided against each work programme's initiatives, ie, the New Zealand Health

Strategy's five strategic themes; the national System Level Measures, and Midland's six regional strategic objectives. Resourcing for delivery of approved work programmes is regionally agreed, budgeted and approved.

The regional strategic objectives were reviewed by the Midland Region Governance Group (MRGG) in December 2013 and endorsed with a sixth objective agreed. In 2017 the Midland Iwi Relationship Board (MIRB) and Nga Toka Hauora (the Midland DHB GMs Māori Health) requested that the first regional objective's wording be changed to: 'Health equity for Māori'. The Midland DHB CEs and Midland DHB Boards formally confirmed this change in June 2017. This enables the Midland region's strategic objectives to align well with the NZ Triple Aim Framework.

The regional clinical network and action group work programmes are making a difference in delivering health services in the Midland region. Each year the regional groups identify their priority initiative for delivery, making visible their focus and progress from 1 July 2016 towards delivery at year end 30 June 2018 (see **Table 1** over page).



Figure 1: Midland DHBs six regional objectives

Table 1: Priority initiative for delivery from 1 July 2016 – 1 July 2018 for each regional clinical group

Regional Network	2016/17 Priority Initiative	2016/17 Quantitative Measure of Success	2017/18 Priority Initiative	2017/18 Quantitative Measure of Success
Cancer	Midland Cancer Network initiatives that support the Midland DHBs to achieve the Faster Cancer Treatment Health Target	90% of patients referred with a high suspicion of cancer and a need to be seen within 2 weeks have their first treatment (or other management) within 62 days by June 2017.	Midland Cancer Network initiatives that support the Midland DHBs to: <ul style="list-style-type: none"> • Achieve the Faster Cancer Treatment Health Target; and • Prepare for roll out of the national bowel screening programme. 	90% of patients referred with a high suspicion of cancer and a need to be seen within 2 weeks have their first treatment (or other management) within 62 days by June 2017.
Cardiac	To meet MOH ACS Cath lab timeliness priority through implementing and continuously improving a production planning process for the region to deliver timely access to catheter lab facilities for angiograms	70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0') by ethnicity.	Achieve equality for Māori in key rates of diagnostic and interventional cardiac services per DHB for KPIs that can be measured.	Standard Intervention Rates (SIR) for Angiography, Angioplasty, Cardiac Surgery.
Child Health	The wider implementation of the Harti Hauora tool into Midland DHBs	Harti Hauora reviewed and available for wider implementation DHBs.	Childhood obesity and oral health <ul style="list-style-type: none"> • Work with DHBs to promote that oral health databases are linked with NCHIP • Support and encourage further action to address childhood obesity in DHBs including facilitating sharing and implementation of evidence based lifestyle programmes in the region for children and families • Oversee and provide support for the implementation of the childhood obesity care pathway (Map of Medicine) • Support a regional Sugar Sweetened Beverages 	<ul style="list-style-type: none"> • NCHIP linked to oral health databases (where implemented) • All DHBs will have access to an evidence based lifestyle programme for at risk children/families identified in the obesity pathway • Childhood obesity care pathway (Map of Medicine) will be in use across the region • Broader implementation of the SSB policy/position statement/plan of action.

Regional Network	2016/17 Priority Initiative	2016/17 Quantitative Measure of Success	2017/18 Priority Initiative	2017/18 Quantitative Measure of Success
Child Health (cont.)			<ul style="list-style-type: none"> policy/position statement/plan of action in conjunction with the region's Public Health units and actions to implement. 	
Electives	Applying to ENT the principles and lessons from the successful implementation of the regional localised Paediatric Surgery model	ENT clinicians are moving between regional DHBs or DHB patients are actively being decanted to neighbouring DHBs to maximise capacity (minimum of 50 patients treated under this model).	A specialty based, regional electives initiative will be developed and implemented to support the delivery of health target discharges, waiting time requirements, improved equity of access, resource utilisation and pathway of care.	Regional delivery of a specialty based electives service.
Health of Older People	In addition to meeting Ministry expectations for dementia and InterRAI reporting, to develop an analytical method to identify frail elderly in primary care at risk of falls	<ul style="list-style-type: none"> Dementia and InterRAI expectations met with reports available to Midland DHBs and Action Group members Define frailty within analytical data attained from a minimum of one DHB and highlight key indicators which demonstrate falls risks. 	Consolidate work on dementia through the strengthening of components of the dementia pathway and ensuring family and whānau carers of people with dementia have access to support and education programmes.	Increased referrals from GP practices to Alzheimer's and Dementia organisations. Standardised training is available on a consistent basis for family and whānau carers.
Maternity	Develop a Midland Breastfeeding Framework to inform and prioritise breastfeeding initiatives in the Midland region	Midland DHBs are provided with a Midland Breastfeeding Framework to inform and prioritise breastfeeding initiatives in the region going forward.	N/A	N/A
Mental Health & Addictions	Supporting Clinical Networks and Clinical Leadership <ul style="list-style-type: none"> identify how the region is planning to work with clinical leaders to make better use of clinical networks to support improved clinical and financial sustainability of services 	Midland DHBs are provided with strong clinical governance leadership in mental health and addictions.	Implementation of the Substance Abuse Legislation (SAL) across the Midland region <ul style="list-style-type: none"> Develop funding proposal for the MoH Identify workforce development priorities Develop an Implementation plan 	<ul style="list-style-type: none"> The public is well informed of the SAL process and criteria Midland has systems and process put in place to meet the demand Standardised processes are regionalised The workforce is well prepared for the SAL 1 February 2018 start date.

Regional Network	2016/17 Priority Initiative	2016/17 Quantitative Measure of Success	2017/18 Priority Initiative	2017/18 Quantitative Measure of Success
Mental Health & Addictions	<ul style="list-style-type: none"> identify services within the region that may benefit from the development of a regional clinical network. 		<ul style="list-style-type: none"> Involve key stakeholders in the consultation process Implement MoH communication strategy. 	
Radiology	Development of a regional CT pipeline model with the support of HSL analytics to reconcile available capacity with growing demand	The % and quantity per DHB of Bowel screening cases that are clinically appropriate to be done with CT scanning.	Ultrasound model demonstrating the Midland region volumes, case mix and resource used across the Midland DHBs.	Ratios of Ultrasound caseload outputs at Midland DHBs.
Stroke	Develop early supportive discharge care pathways for mild to moderate stroke rehabilitation patients	Discharge care pathways for mild to moderate stroke rehabilitation patients are developed.	<ul style="list-style-type: none"> Support and facilitate the implementation of a pathway of care for accessing thrombectomy services through ADHB Support and facilitate the development of a pathway of care for accessing thrombectomy services through WDHB (five-year timeframe). 	Pathway(s) of care available for Midland DHB use to access thrombectomy services for their patient population.
Trauma	Midland DHBs to develop action plans to reduce trauma incidence based on known patterns of trauma in collaboration with community groups and utilising the Midland Trauma Research Centre.	DHB action plans are developed, in collaboration with community groups, utilising the MTRC developed research tools, and DHB collected trauma data.	Provide adequate regional resources to achieve agreed objectives defined in the MTS Strategic Plan.	Approval of MTS Business Case 2017-2020.

A summary of the highest priority initiative that each regional clinical group is working on in the 2018-19 year is detailed in **Table 2** below. The full 2018-19 work plans for regional clinical groups are detailed in Section 2 of this RSP.

Table 2: Priority initiative for delivery by July 2019 for each regional clinical network/action group

Regional Network	2018/19 Priority Initiative	2018/19 Quantitative Measure of Success
Cancer	<ul style="list-style-type: none"> Support Midland DHBs implementation of the national tumour standards of service provision and sustain equitable achievement of the Faster Cancer Treatment (FCT) Health Target and wait time indicator Support Lakes DHB with National Bowel Screening Programme (NBSP) implementation and achievement of equitable participation rates Support Hauora Tairāwhiti with NBSP preparation Support Midland DHBs to achieve the colonoscopy wait time indicators Support DHBs to implement the national Early Detection of Lung Cancer Guidance to improve lung cancer outcomes 	<p>90% of Midland DHB patients referred with a high suspicion of cancer and need to be seen within two weeks and have their first treatment (or other management) within 62 days.</p> <p>85% of Midland DHB patients with a confirmed diagnosis of cancer receive their first treatment (or other management) within 31 days of decision-to-treat.</p> <p>90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days.</p> <p>70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 days), 100% within 90 days.</p> <p>70% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days), 100% within 120 days. Lakes bowel screening participation rates achieve 62% (73% for Māori)</p>
Cardiac	STEMI - develop Pathways of Care across the continuum for STEMI	Pathways completed by June 2019
Child Health	CHAG will undertake the inaugural regional sugar-sweetened beverage survey of all primary schools in the Midland region.	The measure will be 95% of primary schools in the Midland region will complete a survey indicating whether they have a policy, guideline, or are working towards one before the end of June 2019.
Elective Services	<p>The vascular initiative will support the improvement of vascular services for the population of the Midland region. The focus areas are:</p> <ul style="list-style-type: none"> optimise prevention and detection reduce clinical variation enhance the intervention pathway integrate services effectively. 	<ul style="list-style-type: none"> Pathways are developed, endorsed and implemented in participating DHBs Regional audit process is implemented across all Midland DHBs Regional multi-disciplinary meeting process is implemented in participating DHBs.

Regional Network	2018/19 Priority Initiative	2018/19 Quantitative Measure of Success
Health of Older People	Plan a regional collaboration on identifying initiatives and best practice for managing acute demand and patient flow across the continuum for Health of Older People. A new Action Group will be identified based on this particular initiative. The group will share successful initiatives and lessons learned and then agree a regional approach. The group will also agree regional measures, including rates for Māori, Pacifica and Non-Māori.	<ul style="list-style-type: none"> • Scope of the initiative agreed through consultation by the end of Quarter 2 • Most effective means of sharing successful improvement activities and lessons learned identified by the end of Quarter 3.
Hepatitis C	<p>Continue to support implementation of the Midland Hepatitis C Community Service across the region</p> <p>Support DHB regions with eradication campaigns using awareness and education resources</p> <p>Provide integrated, accessible and sustainable identification testing, assessment and treatment services</p>	<ul style="list-style-type: none"> • Increasing number of hepatitis C diagnosis's • Increasing number of Fibroscans (Liver Electrophysiology) • Increasing number of people with hepatitis C receiving antiviral treatment
Mental Health & Addictions	<ol style="list-style-type: none"> 1. Regional Eating Disorders (ED) model of care in implemented 2. Regional planning priorities are agreed 3. Quality Health & Safety Commission (QH&SC) projects are implemented consistently across the region. 	<ul style="list-style-type: none"> • ED Service Level Agreements are signed off by each participating DHB • Regional service planning priorities are agreed and paper sent to GMs and CEs • QH&SC project updates reflect Midland participation and progress
Radiology	Analysis of District Health Board caseloads in CT, MRI and US to provide an understanding of trends in modality usage across the DHBs as new clinical demands and priorities emerge.	Data collected across the three modalities over three years minimum and a report written
Stroke	The Midland Stroke Network is planning a Patient Experience of Care initiative in conjunction with the Midland Cardiac Clinical Network and General Managers Māori. The networks will be exploring the potential for a hui with Māori consumers and their whānau who have been involved in either (or both) stroke or cardiac services. This process will ensure consumers and whānau are supported in telling their stories and that the learnings are utilised for service improvement where appropriate to improve services for Māori.	Patient experiences are available to inform strategies/action to improve services for Māori.
Trauma	Development and implementation of the comprehensive Trauma Quality Improvement Programme (TQIP) including identification of groups that are vulnerable to variations of care including access and equity.	<ul style="list-style-type: none"> • Reporting framework customised to the needs of individual DHB's • Identified trauma reporting programme with a focus on; vulnerable groups; sub optimal systems and processes • Audit programme identified.

The Midland region continues to work towards improving the health and well-being of its population. Over the past two years, examples of key achievements have included:



Health equity

Midland's two overarching strategic objectives:

- Improve the health of the Midland populations
- Eliminate health inequities

A joint hui was held at Lakes DHB between Nga Toka Hauora (General Managers Māori Health), health equity related DHB staff and HealthShare project managers. The group considered a common tool and approach for Health Equity Assessment, and the representation of Nga Toka Hauora on Midland Regional Clinical Networks.



Hepatitis C – Midland integrated hepatitis C service

The Midland Region Community Hepatitis C mobile service is co-ordinated from Waikato Hospital, providing a hepatitis C service to all patients in the Midland region. The service provides a Fibroscan, which determines liver stiffness and hepatitis C education to patients in the community and a suggested management plan back to the provider.

The approach of the service involves all providers using one agreed patient pathway. The key change is the responsibility for treating patients with hepatitis C has moved to the community and removing patient access barriers wherever possible. A regional working group developed the patient clinical pathway and service delivery model, which has been implemented across the Midland region.

Some DHBs, eg Hauora Tairāwhiti and Taranaki DHB, have embraced New Zealand's goal to eradicate hepatitis C by supporting dedicated working groups, with support from the Midland regional service and HealthShare.



Child health services – (Child Health Action Group)

The 10 year child health road map is based on current national and international evidence, data, and clinician expertise, and has been developed as a tool to assist Midland DHBs' planning and funding units and governance groups to identify work streams in child health that should be prioritised locally.

Over the past year the CHAG has been fine-tuning a data tool which utilises publically-available results and presents in some creative ways. A series of roadshows were held across the Midland region.

These were well attended - including three District Health Board Chief Executives along with over 120 staff, including psychiatrists, paediatricians, community providers, Māori health, public health analysts, planning and funding, researchers, and child and women's health clinicians. CHAG's Chair, Dr Dave Graham from Waikato DHB, supported discussions at Lakes, Bay of Plenty and Waikato DHBs. The



enthusiasm across the Midland region was evident and the presentations generated some interesting discussions. The report will be distributed to interested parties on a quarterly basis and for ease of access DHBs may wish to link to their intranets in the future.

Cardiac services (Midland Cardiac Clinical Network)

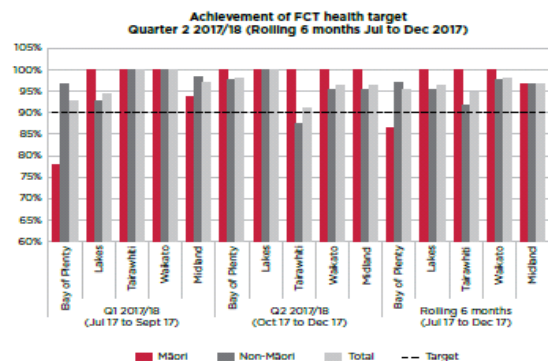
Network members across the Midland DHBs work to enable equitable and timely access to the national Minimum Expected Clinical Standards of prevention, detection and intervention in cardiac disease. This includes data tracking and support for the national service gap analysis to identify targeted improvements in the three big disease categories of Arrhythmias, Heart Failure and Coronary Arteriosclerosis.

Regional integrated planning is being used to identify where unmet need exists across the region, and to find ways to increase the delivery of angioplasties.

Cancer services (Midland Cancer Network)

All Midland DHBs continued to meet the Faster Cancer Treatment health target of 90% of patients triaged with a high suspicion of cancer and needing to be seen within two weeks receive treatment within 62 days.

The Midland Bowel Screening Regional Centre (BSRC) signed a three-year fixed term contract (September 2017 to June 2020) to support Midland DHBs in the National Bowel Screening Programme (NBSP) work, to provide clinical leadership and support, develop and support implementation of a regional equity plan, and undertake an overview and support of performance of Midland DHBs against quality standards and opportunities.



Lakes DHB is the first Midland DHB to roll out the NBSP in February 2019, and preparations are underway between Lakes DHB and the Midland BSRC. Hauora Tairāwhiti will start planning for NBSP implementation in 2019/20. The Midland BSRC is also assisting Midland DHBs with high-level symptomatic colonoscopy production planning. In addition, the Ministry of Health has agreed the Midland BSRC will hold the contract for the National Māori Bowel Screening Network.

Stroke services (Midland Stroke Network)

Around 9,000 people have a stroke each year in New Zealand. TeleStroke provides 24/7 assistance for emergency diagnosis and treatment of strokes in Thames and Rotorua hospitals – and provides support to smaller hospitals – using existing TeleHealth technology. This means better access and faster treatment, significantly improving outcomes and reducing the risk of permanent disability.



Trauma services (Midland Trauma System – MTS)

In October 2017, local staff and MTS members contributed to the Trauma Roadshow at Rotorua Hospital to publicise the regional trauma service, the reason for a trauma system and to show patterns of trauma and trauma care based on MTS data. This included a real-time version of the Trauma Risk Calculator developed for Fieldays, and a well-attended Grand Round presentation entitled ‘Trauma in Lakes: Patterns and Progress’. Roadshows are underway or planned for all Midland DHBs.



BreastFedNZ smartphone app. – 27,000+ downloads

BreastFedNZ is continuing to receive positive feedback on its usefulness as a resource for breastfeeding information and help, with more than 26,000 downloads of the free app. between its launch in 2015 and early 2018.



New developments to the app include ‘Quick Find’ search, ‘Free Dental Checks’ information for ages 0-17 year olds, and a link to MidCentral DHB’s app Babble for parents with a baby in a neonatal, NICU or special care unit.

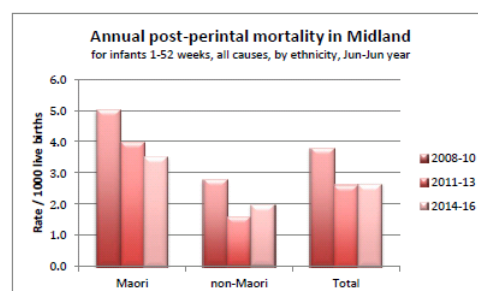
Midland Breastfeeding Framework

The Midland Breastfeeding Framework was approved in May 2017 by the Midland Maternity Action Group (MMAG) and forwarded to the Midland DHBs for implementation. The Framework offers a clear direction on how different sectors can work together to provide a suite of services and initiatives that could increase breastfeeding rates across the region.



Post-neonatal deaths

Under the National SUDI Prevention Programme, a Midland SUDI Coordinator has been working with Midland stakeholders to progress development of the Midland regional SUDI (Sudden Unexplained Death in Infancy) prevention plan, including a population analysis, stocktake of current SUDI services/activities in the region, service/activity strengths, gaps and areas for improvement, as well as SUDI prevention activities for immediate promotion and support.



Midland DHBs’ Statements of Intent (SOIs)

The Midland DHBs’ Statements of Intent (SOIs) outline their district trends and key outcomes –these can be viewed online, as follows:

Table 3: Links to Midland DHBs’ Statements of Intent

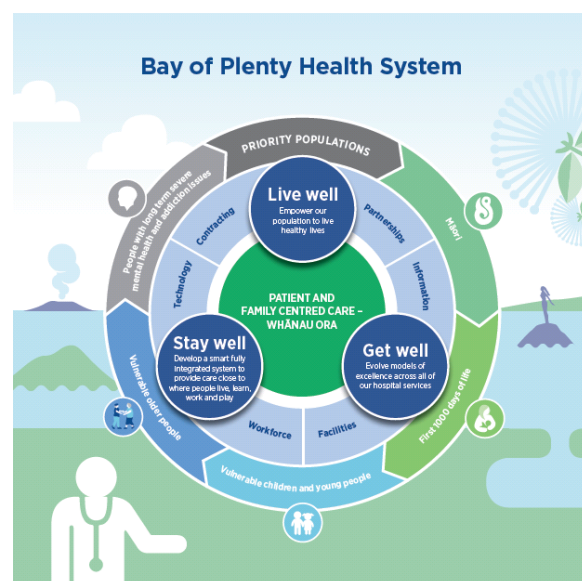
Midland DHB	Web Link
Bay of Plenty District Health Board	BOPDHB District Annual Plan 2016/17 (incorporating the

	Statement of Intent
Lakes District Health Board	Lakes DHB District Annual Plan 2016/17 (incorporating the Statement of Intent)
Hauora Tairāwhiti	Hauora Tairāwhiti District Annual Plan 2016/17 (incorporating the Statement of Intent)
Taranaki DHB	Taranaki DHB District Annual Plan 2016/17 (incorporating the Statement of Intent)
Waikato DHB	Waikato DHB District Annual Plan 2016/17 (incorporating the Statement of Intent)

Midland DHBs' Strategic Intentions:

Bay of Plenty District Health Board (BOPDHB) – Strategic Direction

The BOPDHB is guided by its Strategic Health Services Plan 2017-27 for the Bay of Plenty. This plan sets out how the BOPDHB intends to vision, plan, fund and provide services to improve the performance and sustainability of the health system in the Bay of Plenty over the next 10 years. The Strategic Health Services Plan has been developed in response to BOPDHB's current operating environment, the anticipated future health needs of the Bay of Plenty population, the opportunities identified to improve system performance, and local, national and international trends in models of care. This framework is supported by the Triple Aim which ensures population health, patient experience of care, and value for money perspectives are considered together in planning and decision making.



Lakes District Health Board (Lakes DHB) – Strategic Direction

The strategic direction for Lakes DHB was developed as a result of two strategic workshops. As a result of these workshops the following strategic objectives were developed and endorsed by the Board:

- Equity of health outcomes for people in the Lakes Health System through partnership and taking a patient centred approach
- As a person receiving care I will see a single health system that values me and provides culturally appropriate, quality care.
- As a health professional I will see a single health system that supports me to delivery culturally appropriate, quality care.

- As a provider I will see how my part contributes to one system that delivers equity of health outcomes for the people of Lakes.

The emerging themes of investment, culture and leadership, and coordination and integration to form the basis of our plans.

Health is an evidence based environment. Making a case for investment in today's healthcare environment is difficult. The 'payoff' is often obscure and future focussed. Investment needs to be in a context of evidence (it works), available funding (we have the money) and complementary prioritisation.



Lakes DHB's own strategic emphasis needs to supplement more dominant priorities such as the government's expectations.

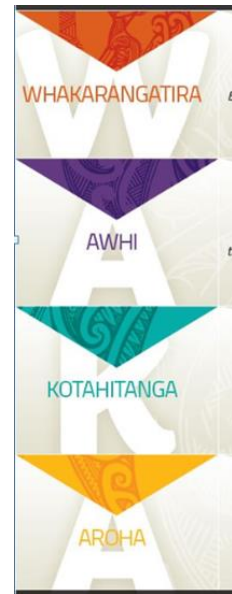
It is important to recognise that the key concepts identified in the two workshops, 'one team', co-design and integration, are whole-of-system traits. Lakes DHB cannot integrate alone, or act as a single team. Lakes DHB can contribute to a whole system cultural change and act in a way which models a 'joined up system'.

One aspect that did not emerge significantly from the workshops but needs to be included in future plans is quality. The health system, in its wider context must maintain and improve its quality of care.

The DHB needs to take a leadership role in co-designing systems that make care safer, reduce variation, and implement the right care at the right time.

Hauora Tairāwhiti – Strategic Direction

Hauora Tairāwhiti's strategic direction is the delivery on our promise inherent in our mission –“Mahia nga mahi i roto i te kotahitanga kia piki ake to oranga o te Tairāwhiti”. Our way of working is one of inclusion, listening to the voice of people who require care, utilising the knowledge and skills of all those working in health, thinking holistically about the determinants and ways to better health and taking a lead from iwi Māori of te Tairāwhiti, as outline in our values and behaviours.



Taranaki District Health Board (Taranaki DHB) – Strategic Direction

The strategic direction for Taranaki DHB is outlined in the Taranaki Health Action Plan 2017-20. The Plan describes the transformational journey the Taranaki health system will take to redesign how care is delivered in the district to ensure the sustainable achievement of improving health outcomes.

Our six strategic focus areas are:

1. Helping our people to live well, stay well and get well through health literacy and ‘health in all policies’ approaches
2. Integrating our care models through a one team, one system approach, starting with adults with physical health needs and health of older people, and then extending to mental health and addiction services
3. Using our community resources to support hospital capacity to enable a sustainable hospital infrastructure matched to population needs and models of care
4. Using analytics to drive improvement in value through improved performance, efficiency and quality of care
5. Developing a capable, sustainable workforce matched with health need and models of care
6. Improving access, efficiency, and quality of care through managed uptake of new technologies – supporting changes in models of care

The Plan provides an overarching framework for the Taranaki health system, with a 10-year vision, underpinned by a targeted three-year programme of work that will position the system to achieve its long term vision.

Waikato District Health Board (Waikato DHB) – Strategy

During 2016/17 the Waikato DHB rolled out a new strategy driven by its Board which concentrated on ensuring the organisation was heading in the right direction, focusing its resources and making the most of future opportunities. It recognises that there are some fundamental challenges that must be faced along the way as the DHB continues to improve the health status of its population and works to eliminate health inequities.



(i) Outcomes framework

The outcomes framework (**Table 4: Outcomes framework - over page**) demonstrates how the region’s vision, strategic outcomes, long term impacts and regional strategic objectives are aligned with national outcomes and impacts and the New Zealand Health Strategy’s strategic themes. The framework provides regional and national alignment with the vision, mission, values, goals, aspirations, strategic focus and priority areas and overarching outcomes of each Midland DHB.

Table 4: Outcomes framework

Ministry of Health’s purpose and role	Improve and protect the health of New Zealanders					
Long-term success measures	Health expectancy improves over time		Life expectancy increases over time		Life expectancy by health spending per capita compares well within the OECD	Health spending growth slows over time
Health system outcomes	New Zealanders live longer, healthier, more independent lives			The health system is cost effective and supports a productive economy		
Ministry’s high-level outcomes	New Zealanders are healthier and more independent		High-quality health and disability services are delivered in a timely and accessible manner		The future sustainability of the health and disability system is assured	
Ministry’s impacts	1. The public is supported to make informed decisions about their own health and independence		3. The public can access quality services that meet their needs in a timely manner where they need them		6. The health and disability system is supported by suitable infrastructure, workforce and regulatory settings	
	2. Health and disability services are closely integrated with other social services and health hazards are minimised		4. Personalised and integrated support services are provided for people who need them			
			5. Health services are clinically integrated and better coordinated		7. Quality, efficiency and value for money improvements are enhanced	
New Zealand Health Strategy – strategic themes	People-powered	Closer to home	Value and high performance		One team	Smart system
National System Level Measures	Midland DHBs’ chosen contributory measures towards System Level Measures					
	Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	Proportion of babies who live in a smoke-free household at six weeks postnatal	Youth access to and utilisation of youth appropriate health services

Midland vision	All residents of Midland District Health Boards lead longer, healthier and more independent lives					
Regional strategic outcomes	Improve the health of the Midland populations			Eliminate health inequalities		
Regional long term impacts	People take greater responsibility for their health		People stay well in their homes and communities		People receive timely and appropriate care	
Regional strategic objectives	Health equity for Māori	Integrate across continuums of care	Improve quality across all regional services	Build the workforce	Improve clinical information systems	Efficiently allocate public health system resources

Midland DHBs Performance Story						
Midland DHBs vision, mission and values	Bay of Plenty Vision : Kia Momoho Te Hāpori Oranga – Healthy, thriving communities		Mission : Enabling communities to achieve good health, independence and access to quality services		Values: CARE (Compassion, Attitude, Responsiveness and Excellence)	
	Lakes Vision: Healthy Communities – <i>Mauriora!</i>		Mission: Improve health for all; maximise independence for people with disabilities; with tangata whenua support a focus on health		Values: Manaakitanga; Integrity; Accountability	
	Tairāwhiti Vision: WAKA (Whakarangātira, Awhi, Kotahitanga, Aroha)		Mission: Whaia te Hauora I Roto I te Kotahitanga A healthier Tairāwhiti by working together		Values: Hauora pai rawa/ wellbeing, partnership, quality – striving for excellence, integration, choice, He Tangata/responsiveness, financial responsibility	
	Taranaki Vision: Taranaki Together, a healthy community – Taranaki Whanui He Rohe Oranga		Mission: Improving promoting, protecting and caring for the health and wellbeing of the people of Taranaki		Values: <ul style="list-style-type: none">• Partnership / Whanaungatanga• Courage / Manawanui• Empowerment / Mana Motuhake• People Matter / Mahakitanga• Safety / Manaakitanga	
	Waikato Vision: Healthy people. Excellent care		Mission: Enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery		Values: People at heart Te iwi Ngakaunui Give and earn respect – Whakamana Listen to me; talk to me – Whakarongo Fair play – Mauri Pai Growing the good – Whakapakari Stronger together – Kotahitanga	
Midland DHBs goals and aspirations	Bay of Plenty	No significant increase in hospital bed capacity		Strong focus on improving health equity		Shifting care closer to home
	Lakes	5 year plan: <ul style="list-style-type: none">• Babies are born well, grow well, live well as adolescents, stay well as adults, age well and eventually die well. When needed services will help people get well			<ul style="list-style-type: none">• No health disparity	<ul style="list-style-type: none">• People live longer, healthier lives
	Tairāwhiti	Join patient, family/ centred care	Know excellent Iwi/ community, family/ whānau knowledge and engagement	Shape working with community relationships	Vision building a “will do” culture	Connect enabling good health and wellbeing through technology
	Taranaki	To improve the health of the Taranaki DHB population			To reduce or eliminate health inequalities	

Midland DHBs strategic focus and priority areas	Bay of Plenty	1. Live well – empower our populations to live healthy lives		2. Stay well – develop a smart, fully integrated system to provide care close to where people live, learn, work and play		3. Get well – evolve models of excellence across all of our hospital services.	
	Lakes	<ul style="list-style-type: none">• First 2,000 days• All vulnerable children• Child, youth and maternal care		<ul style="list-style-type: none">• Mental health and addictions• The frail elderly• Managing long term conditions		<ul style="list-style-type: none">• Oral health	
	Tairāwhiti	<ul style="list-style-type: none">• Care Closer to Home• Increased patient Quality and Safety		<ul style="list-style-type: none">• Health of Older People• Regional and National Cooperation		<ul style="list-style-type: none">• Living within our means	
	Taranaki	<ul style="list-style-type: none">• Helping our people to live well, stay well and get well• Integrating our care models through a one team, one system approach		<ul style="list-style-type: none">• Making best use of our primary and community resources to support hospital capacity• Using analytics to drive value		<ul style="list-style-type: none">• Developing a capable, sustainable workforce matched with health needs and models of care• Improving access, efficiency and quality of care through the managed uptake of new digital technologies	
	Waikato	<ul style="list-style-type: none">• Health equity for high needs populations• Safe, quality health services for all• People centred services		<ul style="list-style-type: none">• Effective and efficient care and services• A centre of excellence in learning, training, research, and innovation		<ul style="list-style-type: none">• Productive partnerships	
Midland DHBs overarching outcomes		To improve the health of our populations				To reduce or eliminate health inequalities	
Midland DHBs outcomes	Bay of Plenty	Priority 1 above: <ul style="list-style-type: none">• First 1,000 days of life• At-risk youth• Māori• Older people		Priority 2 above: <ul style="list-style-type: none">• Extended general practice• Risk stratification and stepped care• Multidisciplinary community health and support service clusters• System-wide care coordination		Priority 3 above: <ul style="list-style-type: none">• Management of frail elderly and people with complex conditions• Mental health and addiction services• Scope and mix of services• Step-down care	
	Lakes	<ul style="list-style-type: none">• Lower acute demand• Better mental health and addictions support• Fewer teenage pregnancies• More people age well in own homes		<ul style="list-style-type: none">• Better oral health for children and adolescents• Less obesity• Fewer people smoke• Less diabetes• Less CVD		<ul style="list-style-type: none">• Fewer rheumatic fever cases• Fewer sudden unexpected death in infancy (SUDI) cases• Healthy birth-weight• Better health for Māori	
	Tairāwhiti	Prevent ill health	Reduce health inequalities between population groups		Support people to stay well in the community		Ensure people receive timely and appropriate complex care
	Taranaki	People are supported to take greater responsibility for their health <ul style="list-style-type: none">• Fewer people smoke• Reduction in vaccine preventable diseases• Improving health behaviours				People stay well in their homes and communities <ul style="list-style-type: none">• An improvement in childhood oral health• Long-term conditions are detected early and managed well	

Waikato	Health equity for high needs populations	<ul style="list-style-type: none"> • Radical improvement in Māori health outcomes by eliminating health inequities for Māori • Eliminate health inequities for people in rural communities • Remove barriers for people experiencing disabilities • Enable a workforce to deliver culturally appropriate services
	Safe, quality health services for all	<ul style="list-style-type: none"> • Deliver timely, high quality, safe care based on a culture of accountability, responsibility, continuous improvement, and innovation • Prioritise fit-for-purpose care environments • Early intervention for services in need • Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives
	People centred services	<ul style="list-style-type: none"> • Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services • Provide care and services that are respectful and responsive to individual and whānau needs and values • Enable a culture of professional cooperation to deliver services
	Effective and efficient care and services	<ul style="list-style-type: none"> • Live within our means • Achieve and maintain a sustainable workforce • Redesign services to be effective and efficient without compromising the care delivered • Enable a culture of innovation to achieve excellence in health and care services
	A centre of excellence in learning, training, research, and innovation	<ul style="list-style-type: none"> • Build close and enduring relationships with local, national, and international education providers • Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research • Cultivate a centre of innovation, research, learning, and training across the organisation • Foster a research environment that is responsive to the needs of our population
	Productive partnerships	<ul style="list-style-type: none"> • Incorporate te Tiriti o Waitangi in everything we do • Authentic collaboration with partner agencies and communities • Focus on effective community interventions using community development and prevention strategies • Work towards integration between health and social care services.

(ii) Population health approaches and services - Midland Regional Public Health Network

The Midland Regional Public Health Network (the Network) provides an opportunity for Public Health Units (PHUs) to work together on public health issues affecting the Midland region. As part of the DHB function PHUs provide public health advice and expertise with a general goal of protecting and improving the health of the population with a focus on eliminating health inequities [*refer to the individual PHU Annual Plans for further detail on the health approaches and services in Midland region's districts*].

Midland DHBs and their PHUs work closely together to deliver on the five public health core functions:

1. Health assessment and surveillance
2. Public health capacity development
3. Health promotion
4. Health protection
5. Preventative interventions

In addition to providing advice and expertise to individual DHBs, the Network provides leadership for, and strengthens the performance and sustainability of, the Midland PHUs. Leadership of the Network comprises the Manager and Clinical Director from each of the four PHUs in the Midland region:

- Toi Te Ora Public Health (Bay of Plenty and Lakes DHBs)
- Population Health (Waikato DHB)
- Population Health - Hauora Tairāwhiti
- Public Health Unit (Taranaki DHB).

At a national level the Network is a member of the National Public Health Clinical Network (NPHCN), whose membership comprises a Clinical Leader and the Service/Business Manager from each PHU and representatives from the Ministry of Health, including the Director of Public Health.

The goals of the Midland Regional Public Health Network are to:

- Enhance the consistency, coordination and quality of public health service delivery across the region
- Share innovative public health practice
- Explore opportunities for increased efficiency through collaborative actions
- Support and provide public health advice to other Midland clinical networks where they have a focus on upstream prevention on issues that can have a population health outcome.

The Network's work to date has included collaborative annual planning, business continuity planning, setting up a mechanism for a regional approach to health intelligence work, standardising communicable disease control processes, adopting a single childhood obesity strategy for Midland in conjunction with the Midland Child Health Action Group, peer review, staff orientation programmes, and support of sole practitioners.

Work streams are in place for 2018 to support a consistent approach to common areas of work:

- Workforce development

- HealthScape – public health information management system
- Public health intelligence
- Drinking water.

The Network will continue to liaise around areas of common interest including childhood obesity and healthy housing. As member PHUs move towards adopting a Health in All Policies approach to guide their respective DHB's work with agencies outside of health, an opportunity may include supporting the development of Midland position statements on key health issues

In line with *He Korowai Oranga*, the Ministry of Health's Māori Health Strategy, the Network will contribute to the overall wellbeing of the Midland population with a particular focus on improving equity of health outcomes for Māori.

(iii) Integrating services across continuums of care

Midland DHBs are committed to developing integrated services across continuums of care. This provides improved quality, safety and the patient's experience of care. It also leads to more timely treatment and care, which in turn can result in better patient outcomes. Improved system integration can also support clinical and financial sustainability of services.

Figure 2 (below) describes a population health continuum of care. It describes various stages in decline in health and wellbeing, from (reading left to right) being healthy and well to having end-stage (end-of-life) conditions. Keeping healthy and people proactively managing their health to prevent deterioration and complications is vital. It is important to note that everyone will not experience all stages equally. For example, the length of time spent living healthy and well may differ for individuals, as may the length of time with end-stage conditions.

The vision statement of the New Zealand Health Strategy 2016 puts it well that

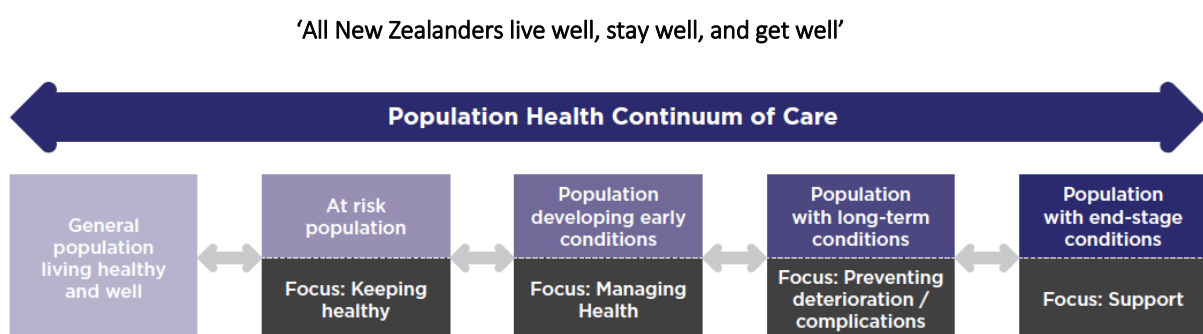


Figure 2: Population health continuum of care

There is no single accepted definition of integrated healthcare¹. However, most definitions include references to seamlessness, co-ordination, patient centeredness, and whole of system working together.

¹ The King's Fund: Lessons from experience - Making integrated care happen at scale and pace (2013)

Health and disability services are delivered by a complex network of organisations and people. Integrated healthcare is seen as essential to transforming the way that care is provided for people with long-term chronic health conditions and to enable people with complex medical and social needs to live healthy, fulfilling, independent lives². People living with multiple health and social care needs often experience highly fragmented services which are complex to navigate, leading to less than optimal experiences of care and outcomes.

Our response to the challenge requires a strong re-orientation away from the current emphasis on episodic and acute care towards prevention, self-care, better co-ordination, and care that addresses social determinants of health.

Midland DHBs are supporting integration across the continuum of care by implementing agreed care pathways using the Community HealthPathways tool. DHBs and Primary Health Organisations (PHOs) are actively working to integrate services between primary and community care, and hospital care. Regional clinical groups are reviewing systems and processes across hospitals in the region to improve the flow of information, patients and clinicians. An example of integration across continuums of care in the Midland region is the regional pathways of care – a regional enabler.

² A report to the Department of Health and the NHS Future Forum: Integrated care for patients and populations: Improving outcomes by working together <http://www.kingsfund.org.uk/publications/integrated-care-patients-and-populations-improving-outcomes-working-together>

2. Regional enablers and priorities

2.1 Regional enablers

2.1.1 Equitable access and outcomes

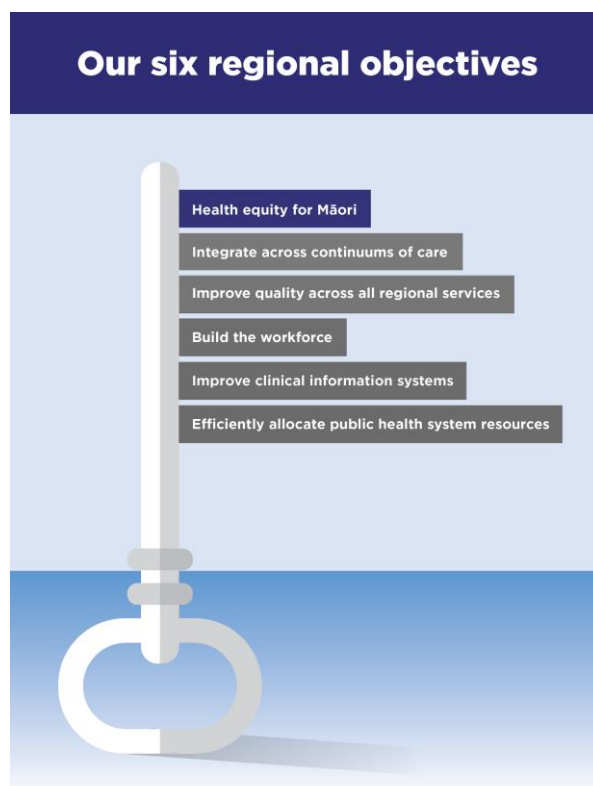
Health inequalities affect a range of population groups including Māori, Pacifica, low socio-economic, low income workers, rural, elderly, disabled, migrants, refugees, those with poor English language skills, and those living in specified localities. Māori are the main population group affected by health inequity across the Midland region.

The Midland DHBs have obligations under the Treaty of Waitangi to ensure Māori achieve the same health status as non-Māori and are committed to reducing and eliminating inequities between Māori and non-Māori.

The 2018/19 work plans for the Midland region's enablers and clinical networks / action groups describe the activities identified as improving **equitable access and outcomes**, and these are highlighted with **EAO**.

Nga Toka Hauora, the Midland DHBs' General Managers Māori Health, supports and guides the region's EAO activities; with those groups addressing Māori health priorities having representation of Nga Toka Hauora in their membership. Other groups include Māori representation where capacity enables; capacity being a key consideration for Nga Toka Hauora in terms of its ability to support the full extent of Midland regional activity.

An on-going commitment has been made by the Midland region to reduce and eliminate inequities between Māori and non-Māori, as measured by those national Māori health priority indicators that also match regional work streams. The 2018/19 activities agreed as Māori health priorities for the Midland region include:



National Māori Health Priorities

Measures: The Midland region will utilise the Trendly Tool (www.trendly.co.nz) to report its performance in quarters 2 and 4 via dashboard summaries (Māori and non-Māori) against the following national Māori Health indicators:

- Children aged 0 – 4 years
 - Primary Health Organisation enrolments
 - Ambulatory Sensitive Hospitalisation
 - Breastfeeding (6 weeks)
 - Breastfeeding (3 months)
 - Breastfeeding (6 months)
 - Immunisation (8 months)
 - Pre-school dental enrolments and oral health
 - Sudden Unexplained Death of an Infant (SUDI)
- Mental Health
 - Section 29 Community Treatment Orders
- Cancer
 - Breast screening (50-69 years) (*DHB led*)
 - Cervical screening (25-69 years) (*DHB led*)
- Māori workforce development.

The Trendly Tool will be utilised to report performance against these priority indicators by targets as well as equity of access and outcomes for Māori.

Lead: Nga Toka Hauora (Midland DHBs GMs Māori Health)

CE Sponsor: Jim Green (Hauora Tairāwhiti)

Specific equity lens in Midland - alignment to agreed Māori health priorities (see section 2 for full 2018/19 work plan detail)

Midland Regional Enabler – Workforce (refer to Workforce 18/19 work plan)

Workforce diversity

- **Workforce data and intelligence** – utilise equity data set to identify where there is high utilisation by Māori and higher inequities and prioritise Māori health workforce distribution to those areas.
- supporting regional Kia Ora Hauora (KOH) programme to increase DHBs knowledge about KOH candidates pathway.

Equity actions:

- Increase Māori participation and retention in the health workforce and ensure that Māori have equitable access to training opportunities as others
- Build cultural competence across the whole workforce
- Increase participation of Māori and Pacific in the health workforce
- Form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve the Māori health workforce that matches the proportion of Māori in the population.

By:

- Increasing access to data for communities of interest starting with DHBs about inequities in the areas of equity of outcome, access, treatment, and opportunity. Including deprivation, health utilisation etc TBC. Includes partnering with educational facilities to identify local or regional communities of interest of equity concern. Links with clinical network work below.
- Identifying current training available to improve cultural competence/fluency and Māori best practice in DHBs and establish most useful way to share this information to other organisations.
- Supporting DHBs to increase Māori and Pacific participation in the health workforce
- Supporting Kia Ora Hauora to meet the programme objectives.

Midland Regional Enabler - Technology & Digital Services (refer to Technology & Digital Services 18/19 work plan)

Regional co-ordination and support for DHBs alignment of their digital systems to collect and report consistent, accessible and accurate cancer data ie breast and cervical screening data to ensure Midland DHBs have sustainable achievement of the screening targets.

Midland Regional Enabler – Quality (refer to Quality 18/19 work plan)

Midland DHBs co-ordination and support of quality improvement initiatives that align with national cancer strategies to achieve health gain for Māori and equitable and timely access to cancer services.

Midland Regional Enabler – Pathways

Midland DHBs co-ordination and support of pathways to support equitable and timely access to breast and cervical screening services.

Midland Regional Clinical Network - Child Health Action Group (refer to Midland Child Health Action Group 18/19 work plan)

Childhood obesity

- Organise and facilitate opportunities for information sharing on childhood obesity initiatives across the Midland District Health Boards (DHBs), including Public Health Units and relevant stakeholders with alignment to Toi Te Ora's Childhood Obesity Prevention Strategy
- Identify a regional initiative which may link with oral health and sugar-sweetened beverages
- Develop an implementation plan for the agreed regional initiative
- Continue to support the development and utilisation of water/milk only policies in Early Childhood Education centres and schools, in conjunction with the DHB Public Health Units, Midland Iwi Relationship Board (MIRB) and stakeholders. Investigate opportunities for collaboration with the Ministry of Education.

Specific equity lens in Midland - alignment to agreed Māori health priorities (see section 2 for full 2018/19 work plan detail)

Oral health

- Review available oral health quarterly data to identify existing oral health groups across the region, linkages between primary care enrolment and oral health ASH, risk factors for poor oral health and facilitate an opportunity for information sharing to review available oral health data. Initiatives 1 and 2 are closely linked with sugar-sweetened beverages
- Identify areas to reduce inequalities by prioritising and aligning with Midland DHBs' Oral Health Services and alignment with System Level Measures
- Provide recommendations for priorities that would improve oral population health across the region to General Managers (GMs) Planning and Funding
- Develop an implementation plan based on agreed priorities between GMs Planning and Funding and CHAG
- Begin implementation.

Regional approach to child health System Level Measures

- Review all contributory measures and select common measures for an in-depth analysis – e.g. smoking in pregnancy, oral health, Primary Health Organisation enrolment and delayed immunisation. Utilise available data to have a targeted approach to inequalities
- Identify existing groups and develop a mechanism for the sharing of information on the selected contributory measures with a focus on a reduction of inequalities
- Develop a plan for a collaborative approach to achieving SLMs across Midland DHBs
- Implement a plan and begin data monitoring systems in collaboration with Midland DHBs to continue to monitor progress for child health.

Development of a standardised regional primary care First 1000 days checklist and monitoring framework

- To support the development of a set of elements for a regional first 1000 days generic checklist/toolkit – each with an appropriate action
- Develop a monitoring and outcomes framework for the checklist, and other antenatal/postnatal initiatives
- Monitor outcomes in conjunction with MURIAL and related parties
- Support the development of a model to increase primary care engagement

Midland Regional Clinical Network - Regional Mental Health & Addictions Network (refer to Regional Mental Health & Addictions Network 18/19 work plan)

Substance abuse legislation

Develop an Addiction Pathway of Care that includes the Substance Abuse Legislation requirements

Eating Disorders

Continued regional development of eating disorder Model of Care

National mental health & addiction Inquiry

Ensure Midland is fully engaged in the national Inquiry process

Health equity for Māori

- Undertaking in-depth analysis of ethnicity
- Identify exemplar services and examine what works and how lessons learned can be transferred
- Ensure all projects undertaken have an Equity section that is ratified by Clinical Governance and Te Huinga o Nga Pou Hauora (Māori Leadership Network)
- Working in partnership with GMs Māori Health to ensure that Mental Health and Addiction continue to develop robust equity strategies.

Specific equity lens in Midland - alignment to agreed Māori health priorities (see section 2 for full 2018/19 work plan detail)

Midland Infant Perinatal Clinical Network

- Complete the review of the primary care pathway (Pathways of Care) and consult with primary, maternity and mental health and addictions services
- Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency
- Participate in the evaluation of the e-Learning tool in partnership with the Central region.

Workforce capacity and capability

Building a sustainable workforce by:

- Analysis of the Midland workforce, including the NGO sector
- Develop initiatives that values NGOs as integrated partners
- Develop a Workforce MH&A Strategic Plan that aligns with the National MH&A Workforce Action Plan
- Clinical Governance will support and provide leadership at a regional and local level to the Health Quality Safety Commission project work:
 - a. Towards Zero Seclusion
 - b. Transition
- Projects are identified and implemented
- Provide workforce leadership to the sector in partnership with the Regional Training Hub.

Data management

- Regional Stakeholder Networks to identify data sets for analysis
- Ensure that analysis of data is undertaken and informs all projects undertaken in 2018-19
- Further analysis of current data sets to ascertain effectiveness of information provided.

2.1.2 Workforce priorities for 2018/19

The Regional Services Plan (RSP) provides the opportunity for the Midland District Health Boards to take a collective approach to identifying workforce priorities and activities that will support a move forward.

Workforce development initiatives spanning the Midland region are those where taking a regional approach adds value – either through leveraging regional expertise or identifying how workforce issues could be addressed. Individual DHBs will make their own decisions about how to proceed.

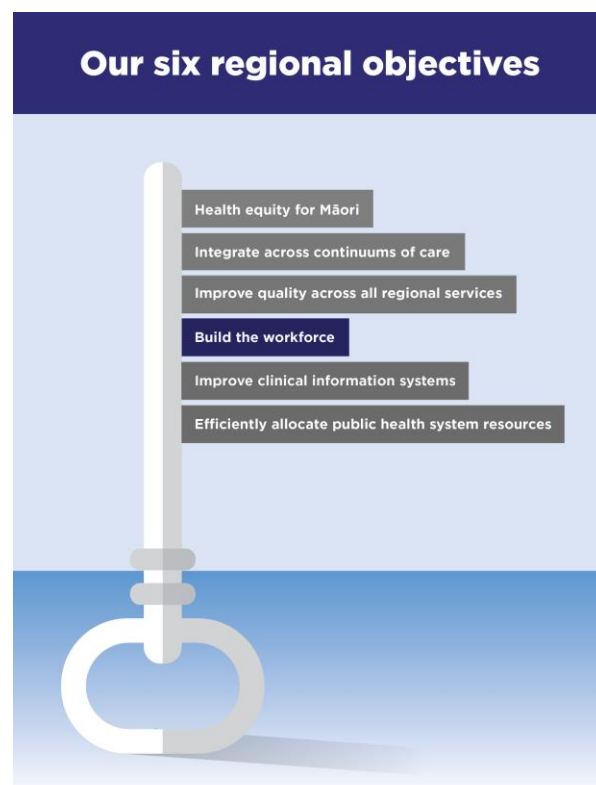
The workforce section of the plan outlines specific activities which will develop the health workforce. This year the plan builds on activities that began in previous years. The emphasis is on increasing diversity of the health and disability workforce and supporting equity initiatives. Strong use of data and intelligence underpins any targeted activities within the region.

Previous years have focused primarily within DHBs. The 18 19 plan branches into the primary sector, aged care sector in support of national workforce data set collection, analysis and reporting, and in the mental health and addictions NGO sector.

Workforce planning and development happens using co-design approaches and collaboration. There have been significant efforts across all enablers to bring together the expertise and decision makers to facilitate shared approaches. The expectation is that this will lead to increased engagement with workforce development and acceptance that it is integral to service design and delivery.

Midland's population is ageing with the non-Māori population over 60 years expected to increase markedly from 2013 levels in the next 25 years, while people of working age increase only slightly or decline.

Māori on the other hand are projected to increase across the board but without the peaks in the older age groups. Increasing the attractiveness of a health career to Māori is a practical response to the population projections.



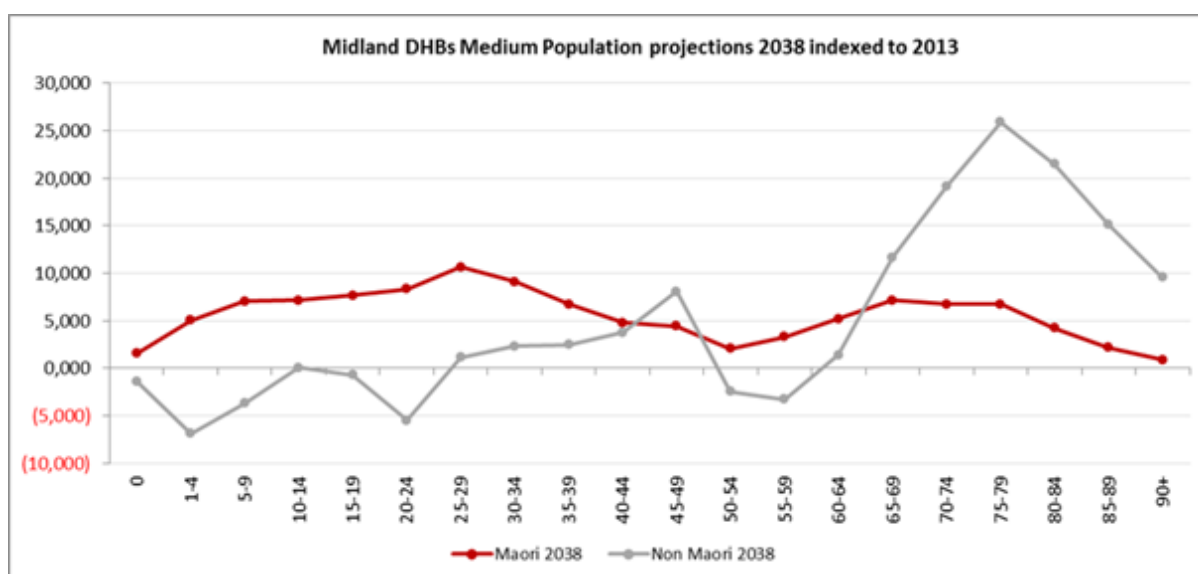


Figure 3: Midland DHBs medium population projections 2038 indexed to 2013

Data source: Statistics NZ

The health workforce age profile has changed from 2009 with increasing numbers of older employees. Increasing the ability of older and retired health care workers to remain engaged with health care delivery is another practical response to forecasted growth in demand for experienced people, and takes advantage of the trend of the workforce ageing.

The 18 19 regional workforce initiatives builds on the previous RSP and aligns with the NZ Health Strategy 2016 (*Action 23 build leadership and manage talent, and Action 24 support a sustainable and adaptive workforce*), and the MoH regional services plan guidance.

Each regional clinical network and action group has its own workforce development initiatives which are included in their 18 19 work plans. The Regional Director of Workforce Development (RDoWD) function provides support with implementation as required.

A number of activities require collaboration with other stakeholders: including DHB Shared Services; the National Workforce Strategy Group; and the Ministry of Health, prior to implementation. Some activities will require additional resourcing or reprioritisation of other work in order to complete them.

Workforce priorities for 2018/19

Lead: Ruth Ross, Regional Director of Workforce (RDoW), HealthShare (on behalf of General Managers, Human Resources, Midland DHBs)

CE Sponsor: Helen Mason (Bay of Plenty DHB)

Priority	Health Strategy Linkage	Activities / Actions	Milestone / Date	Responsibility
Workforce Diversity	One team	<p>Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to:</p> <ul style="list-style-type: none"> identify workforce data and intelligence that is collected across services and DHB areas, understanding workforce trends to inform workforce planning. understand the workforce data and intelligence requirements that best supports regions and DHB areas in order to undertake evidence-based workforce planning. support DHBs with training placements for eligible new health professional graduates within their region's DHBs (PGY1 and PGY2, CBA nurses, allied health, scientific and technical). <p>By:</p> <ul style="list-style-type: none"> regularly accessing HWIP FTE and vacancy data to identify professional groupings whose characteristics, numbers, vacancy rates, turnover rates, or age profile within the DHB, region or nationally may pose a risk to ongoing service delivery, and advise DHBs. utilising equity data set to identify where there is high utilisation by Māori and higher inequities and prioritise Māori health workforce distribution to those areas. EAO improving knowledge base of primary care workforce including undertake a primary care workforce survey and in the NGO sector where requested. supporting regional Kia Ora Hauora (KOH) programme to increase DHBs knowledge about KOH candidates pathway. EAO supporting DHBs to collaborate about training (where required). <p>Equity actions:</p> <ul style="list-style-type: none"> increase Māori participation and retention in the health workforce and ensure that Māori have equitable access to training opportunities as others. EAO build cultural competence across the whole workforce. EAO increase participation of Māori and Pacific in the health workforce. EAO form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve the Māori health workforce that matches the proportion of Māori in the population. EAO 	<p>Q2</p> <p>Q2-Q4</p> <p>Q1 – Q4</p> <p>Q1</p> <p>Q2 – Q4</p>	<p>HSL</p> <p>HSL</p> <p>HSL / DHB</p> <p>HSL / KOH</p> <p>HSL / DHB</p>

Priority	Health Strategy Linkage	Activities / Actions	Milestone / Date	Responsibility
		<p>By:</p> <ul style="list-style-type: none"> increasing access to data for communities of interest starting with DHBs about inequities in the areas of equity of outcome, access, treatment, and opportunity. Including deprivation, health utilisation etc TBC. Includes partnering with educational facilities to identify local or regional communities of interest of equity concern. Links with clinical network work below. EAO identifying current training available to improve cultural competence/fluency and Māori best practice in DHBs and establish most useful way to share this information to other organisations. EAO supporting DHBs to increase Māori and Pacific participation in the health workforce. EAO supporting Kia Ora Hauora to meet the programme objectives. EAO 	<p>Q2</p> <p>Q2</p> <p>Q1 – Q4</p> <p>Q1</p>	<p>HSL / DHBs</p> <p>HSL / DHBs</p> <p>HSL / DHBs</p> <p>HSL / KOH / DHBs</p>
Health Literacy	One team	<ul style="list-style-type: none"> supporting Midland DHBs with regional activities as required to improve health literacy. EAO 	Q1 – Q4	HSL / DHBs
Palliative Care	One team	<p>Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to develop a robust workforce plan to ensure regions are able to deliver quality, accessible palliative care across all geographical areas and settings. These plans will outline the need for palliative care across the region and projections of future demand. They will demonstrate how the region will address current and future needs for palliative care.</p> <p>Areas of focus include:</p> <ul style="list-style-type: none"> understanding of the vision of accessible quality palliative care for all examples of initiatives that support implementation of the Palliative Care Action Plan 2017 workforce resource profiles and distribution that support the needs and vision of the region including: <ul style="list-style-type: none"> appropriate skill mix full utilisation of the existing workforce optimal use of expertise and skills one team approach across organisations, agencies, professions and teams regional workforce plan recommendations have a focus on Māori health gain and equitable timely access to palliative care services. EAO <p>By:</p> <ul style="list-style-type: none"> develop regional palliative care workforce plan. <p>Ref: Midland Cancer Network 18-19 work plan: initiative 5: Improve palliative care services.</p>	<p>Q1 – Q4</p> <p>Q1-Q4</p>	<p>Midland Cancer Network / RDoW / MoH</p>

Priority	Health Strategy Linkage	Activities / Actions	Milestone / Date	Responsibility
Cardiac Services	People powered	<p>Work regionally and in collaboration with the DHB Shared Services and Regional and National Cardiac Networks to:</p> <ul style="list-style-type: none"> clearly identify current demand for cardiac physiology services and the regional ability to meet these demands (<i>subject to resourcing</i>). develop and implement a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed to sufficiently support all pathways to cardiac services, including to cardiac surgery. <p>By:</p> <ul style="list-style-type: none"> Identifying demand for cardiac physiology services in Midland DHBs Identifying accessibility of cardiac physiology services in Midland DHBs including workforce supply Undertaking gap analysis Collaborating with DHB Shared Services and Regional and National Cardiac Networks to develop a strategic workforce plan to address gap analysis findings Supporting the Midland Cardiac Clinical Network in writing a revised and updated regional service plan. <p><i>Ref: Midland Cancer Network 18-19 work plan: initiative 6: Workforce and service planning.</i></p>	Q1 – Q4	Regional and National Cardiac Networks/ HSL Project Manager / RDoW
Elective Services	Value and high Performance	<p>Identify the actions that the region will undertake to maximise workforce resources, and development of long-term recruitment plan for vulnerable or hard-to-recruit roles.</p> <p>By:</p> <ul style="list-style-type: none"> regularly accessing HWIP FTE and vacancy data to identify professional groupings whose characteristics, numbers, vacancy rates, turnover rates, or age profile within the DHB, region or nationally may pose a risk to ongoing service delivery and advise DHBs supporting collaboration across Midland DHBs to create and access material for long term recruitment strategies. <p>Orthopaedics:</p> <ul style="list-style-type: none"> complete a regional review of current orthopaedic workforce resources, factoring in subspecialty capability. Develop and implement a regional orthopedic workforce implementation plan (based on the regional review). <p>By:</p> <ul style="list-style-type: none"> undertaking orthopaedic workforce stocktake, gap analysis, and identify issues. This activity is dependent on additional resourcing. <p><i>Ref: Elective Services Network 18-19 work plan. Note: orthopaedic workforce is not detailed and would be subject to additional resourcing.</i></p>	<p>Q1</p> <p>Q4</p> <p>Q2 – Q3</p>	<p>HSL</p> <p>HSL</p> <p>HSL, dependent on additional resourcing</p>

Priority	Health Strategy Linkage	Activities / Actions	Milestone / Date	Responsibility
Mental Health & Addiction Treatment Services	One team	<p>Work regionally and in collaboration with DHB Shared Services and the Ministry of Health to implement the actions set out in the Mental Health and Addiction Workforce Action Plan 2016-2020. This work should also ensure organisations across the region are appropriately supported with a particular focus on supporting staff development and leadership.</p> <p>By:</p> <ul style="list-style-type: none"> working alongside the National Workforce Centres to bring more data and analysis, in order to develop our understanding of workforce issues (from MH&AWAP 2016-2020: Priority Area 1, Action 3) trained trainer in Single Session Whānau Consultation and Five Step Whānau Intervention to support development of family support training supervision and support hubs in each (Midland) DHB (Priority Area 3, Action 3) examine training pathways into and through L3, L4 and beyond for Support Workforce, Apprenticeships and etcetera to determine and adopt most effective training pathways for MH&A practitioners. <p><i>Ref: Regional Mental Health & Addictions Network 18-19 work plan: Initiative 7: Workforce capacity and capability.</i></p>	Q1 – Q4	Midland MH&A / RDoW / GMs HR / MoH
		<p>Work regionally to build addiction treatment staff capability to support implementation of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT).</p> <p>By:</p> <ul style="list-style-type: none"> work alongside the National Workforce Centres to bring more data and analysis, in order to develop our understanding of workforce issues (Priority Area 1, Action 3) second phase of SACAT Training, focussing on integrated systems approach, whānau and service user / peer involvement. (Priority Area 2, Action 2) trained trainer in Single Session Whānau Consultation and Five Step Whānau Intervention to support development of family support training supervision and support hubs in each (Midlands) DHB (Priority Area 3, Action 3) examine training pathways into and through L3, L4 and beyond for Support Workforce, Apprenticeships and etcetera to determine and adopt most effective training pathways for MH&A practitioners <p><i>Ref: Regional Mental Health & Addictions Network 18-19 work plan: Initiative 2: Substance abuse legislation.</i></p>	Q1 – Q4	Midland MH&A / RDoW / MH&A Service Managers / MoH

Priority	Health Strategy Linkage	Activities / Actions	Milestone / Date	Responsibility
Stroke Services	People powered	<p>Work regionally and in collaboration with DHB Shared Services and Regional and National Stroke Networks to:</p> <ul style="list-style-type: none"> clearly identify current demand for acute and rehabilitation stroke services in both the hospital setting and in the community, including ambulance and radiology services and the regional ability to meet these demands develop and implement a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed and are ongoing seek new and innovative ways of addressing service delivery in environments where health professionals work primarily in isolation or where the workforce is limited in its ability to meet recommended service delivery. <p>By:</p> <ul style="list-style-type: none"> strengthening the regional allied health stroke network focusing on rehabilitation and initiating a forum discussion to establish practical ways to support service delivery in isolated areas supporting local DHBs to collaborate to recruit to hard to fill positions starting with positions that impact on retention. <p><i>Ref: Midland Stroke Network 18-19 work plan: Initiative 4: Clinical leadership.</i></p>	Q1	Stroke Network / national stroke network / RDoW / Directors of Allied Health / MoH /

2.1.3 Technology and Digital Services

Strategic Context for Digital Health

Delivery of ICT enabled change and innovation is critical in supporting the delivery of the New Zealand Health Strategy and the Government ICT Strategy. Technology will support transformational change in the way patients and care teams access health services

New Zealand Digital Health Strategy³

The Digital Strategy is a living document that describes a digital eco-system creating conditions that support us to achieve the components of the New Zealand Health strategy. The following is a schema of the draft Digital Health Strategy components.

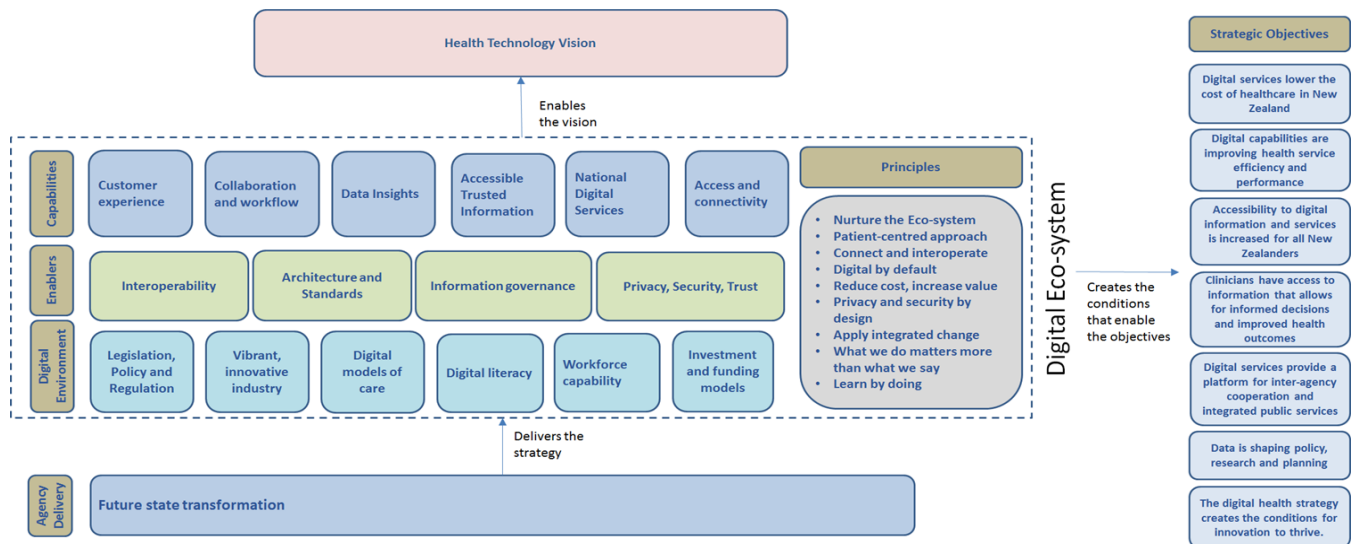
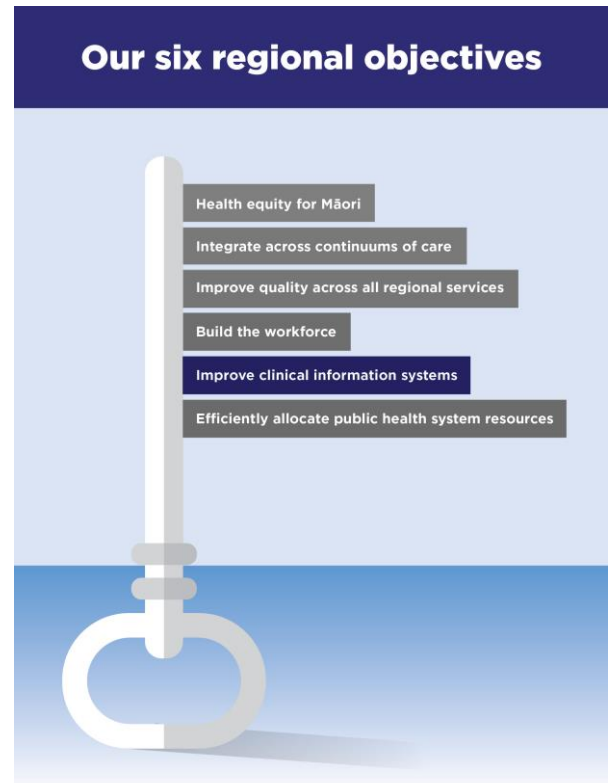


Figure 4: Digital Health Strategy Components (MoH)

The 2018-21 Regional Plan reflects the New Zealand Health Strategy's direction, which has set a goal of a people-powered, smart health system by 2025.

³ <http://www.health.govt.nz/publication/new-zealand-health-strategy-2016>

Health Information Standards and Architecture⁴

The Ministry of Health is responsible for developing, maintaining and supporting the adoption of fit-for-purpose health information standards and architecture that support the effective and accelerated implementation of Digital Health capabilities. Accordingly, during 2018/19, the Ministry of Health will start focusing greater attention and dedicated resources on ensuring health ICT investments incorporate “security-by-design” within their planning, procurement, deployment, and lifecycle management phases.

Midland region projects are required to align with Health Information Standards and architecture. The region further supports this through sector architect membership and participation in national architecture working groups.

Technology and Digital Services Ppriorities for 2018/19

Lead:	Debbie Manktelow, Manager – Regional Information Services (on behalf of Chief Information Officers, Midland DHBs)
CE Sponsor:	Rosemary Clements (Taranaki DHB)
eSPACE Programme Lead:	David Page, eSPACE Programme Director
eSPACE SRO:	Maureen Chrystall

The Midland region’s eSPACE programme is seen as the key enabler for achieving the region’s priorities in regards to integrating across continuums of care and improving clinical information systems; supports the Ministry of Health’s ‘smart system’ strategic theme; backed-up by sound business case propositions to drive improved clinical practice, both within and between health providers across the Midland region. See over page for draft eSPACE Transition Releases Roadmap.

⁴ <http://healthitboard.health.govt.nz/health-it-groups/health-information-standards-organisation-hiso>

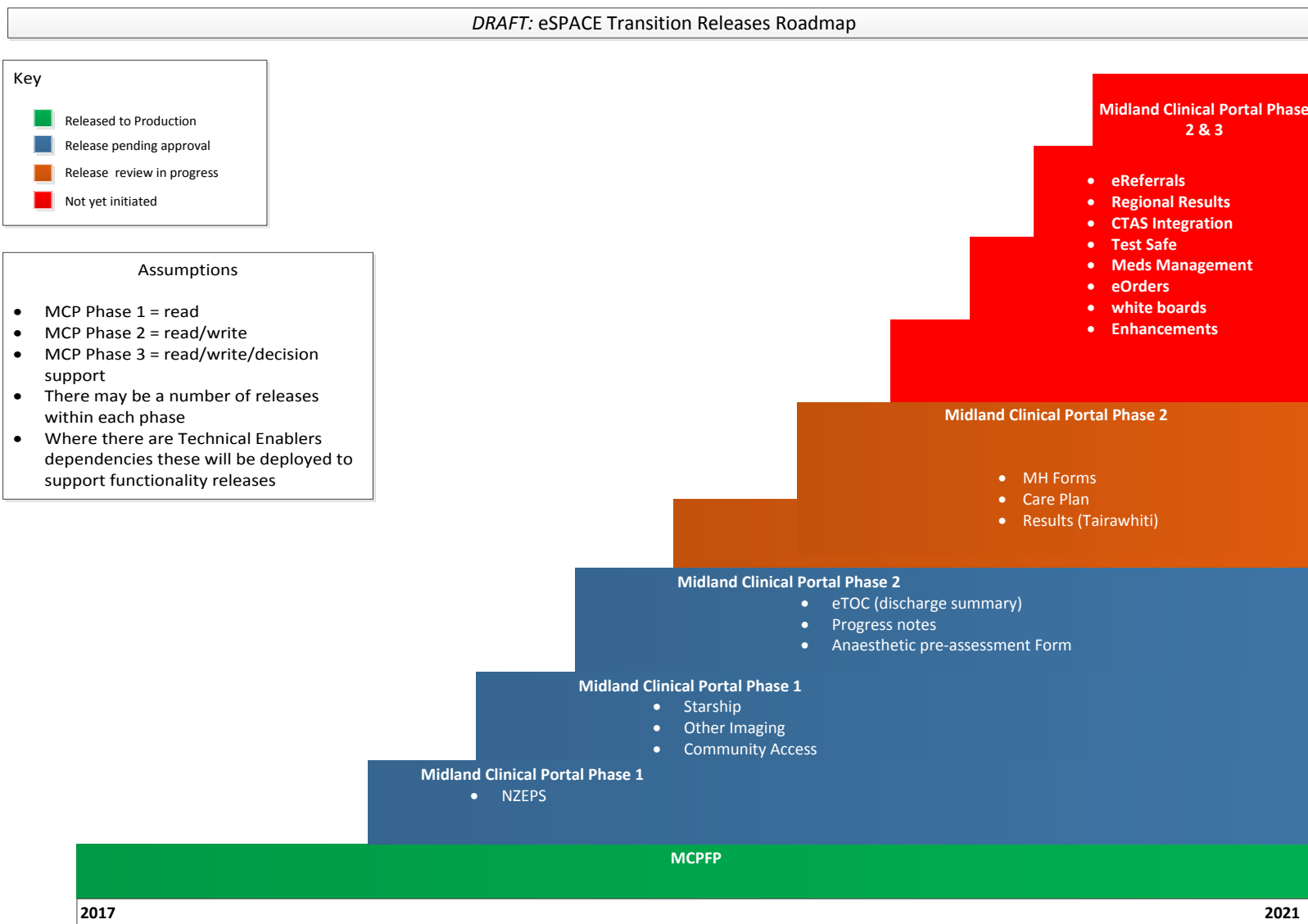


Figure 5: eSPACE Transition Releases Roadmap

Key priorities and initiatives that are expected to be implemented regionally by Midland DHBs are stated in the table over page.

The successful delivery of these initiatives requires ongoing review and prioritisation of current activities at both a local and regional level to enable appropriate resources to be made available.

The major risks to the ICT enablement of the Regional Services Plan (RSP) are:

- The near and long-term affordability of the ICT programme, with several Midland DHBs under considerable and increasing financial pressure.
- The volume of competing demand for local, regional and national IS delivery far exceeds capacity and requires ongoing, rigorous efforts directed at visibility and prioritisation to manage conflicts.
- Some business work plans are not yet defined to a level of detail where there is an ability to sufficiently assess and understand the prerequisites, funding and resource implications, which may introduce a higher level of change to the work plan than anticipated.

Each of the governance groups that have direct responsibility for the areas covered will provide the ICT programme with detailed guidance on requirements and aspects of design, and help to ensure that decisions are properly considered with outcomes that are realistic and deliverable. Overall, the Regional work plan will inform recommendations to DHBs on the IS funding decisions required to support local, regional and national priorities.

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
Single Electronic Health Record	Smart system	National programme led by Ministry of Health	Development of detailed Business Case.	All	Q1-Q4	<ul style="list-style-type: none"> DHB engagement in business case development process
Digital Health Strategy	Smart system	National programme led by Ministry of Health	Publishing the Digital Health Strategy.	All	Q1-Q4	<ul style="list-style-type: none"> DHB engagement and alignment with the Digital Health Strategy
Digital Hospital	Smart system	Identify gaps using EMRAM assessment and work towards closing these gaps by the timelines set by the Ministry of Health, using regionally aligned solutions where possible (NB: Links to Regional IT Foundations via use of eSPACE)	Review of PACS/RIS and development of full regional solution.	All	Q1-Q4	<ul style="list-style-type: none"> Solution is current & enhanced functionality delivered across the region 3rd party partner care provider access to radiology images enabled for patients in shared care
			Investigate the feasibility and develop an agreed approach to deliver electronic nursing notes.	All	Q1-Q4	<ul style="list-style-type: none"> Agreed approach identified
			eSPACE: Medications Management Discovery Workstream <ul style="list-style-type: none"> Obtain Regional Detailed Business Requirements to inform an RFI. Audit Evaluation of Orion med Man and Med Chart for regional implementation. Gap Analysis between requirements and Med Man and Med Chart. Midland Medicines Management RFI Decision request on the recommended approach to implement a Midland Medicines Solution. 	All	Q1-Q4	<ul style="list-style-type: none"> Regional Business Requirements approved Audit evaluation completed Gap Analysis completed RFI process completed Decision request approved by eSPACE Programme Board
			eSPACE: Regional Results Workstream (EMRAM 3 & 4): <ul style="list-style-type: none"> Install a regional Orion results repository Stand up a Results Proof of Concept at Tairāwhiti i DHB. Integrate radiology and laboratory results from Tairāwhiti DHB. Provide visibility to Midland Clinical Portal authorised end users to “read” Tairāwhiti Radiology and Laboratory results 	All	Q1-Q4	<ul style="list-style-type: none"> Proof of Concept results environment developed Acceptance from the eSPACE Clinical Authority Orion results Proof of Concept Radiology eOrdering PID Laboratory eOrdering PID

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
			<ul style="list-style-type: none"> Provide capability to manage/acknowledge Tairāwhiti Radiology / Laboratory results using the Orion results repository. 			
Shared Clinical Information	Smart system	Working with the Midland United Regional Integration Leadership (MURIAL) group and other primary and community partners to create an integrated view of patient information.	Investigate options to enable bi lateral primary/secondary/community access to patient information to increase clinical visibility of patient data, developing a consistent method to enable integration into Midland Clinical Portal.	All	Q1-Q4	<ul style="list-style-type: none"> Agreed approach and next steps identified
			eSPACE: Development and implementation of Community Access into Midland Clinical Portal.	All	Q1-Q4	<ul style="list-style-type: none"> PID approved
		Midland Clinical Portal Implementation of solutions to support the regional objective of “one patient, one record” Phased implementation of regional clinical portal functionality to replace legacy systems	eSPACE: Patient Workstream: <ul style="list-style-type: none"> Midland Clinical Portal Foundation, providing visibility of regional patient information in a read only view MCPFP integration to NZePS. Provide capability for Tairāwhiti DHB to send documents to the Midland Clinical Portal CDV Tree. MCPFP Enhanced functionality PID approved. MCPFP Enhanced functionality implemented. MCPFP Imaging Operability PID approved. MCPFP Imaging Operability implemented. 	All	Q1-Q4	<ul style="list-style-type: none"> MCPFP 2 project closed MCPFP Enhanced functionality implemented in patient context MCPFP Enhanced functionality project closed. MCPFP Imaging Operability project closed. Acceptance of the Midland Clinical Portal integrated to Starship Proof of Concept by the eSPACE Clinical Authority Visibility of NZePS to authorised MCP end users
			eSPACE Clinician Workstream: <ul style="list-style-type: none"> Development environment developed to prototype eForms and Pathways, including Mental Health and, eReferrals. 	All	Q1-Q4	<ul style="list-style-type: none"> PID approved Development environment built Clinical acceptance of eForms, Pathways and eReferrals
			eSPACE Transition Workstream: <ul style="list-style-type: none"> Phased implementation of regional clinical portal functionality to replace transition off legacy systems. 		Q1-Q4	<ul style="list-style-type: none"> PID approved Clinical acceptance of enhanced functionality to support the MCP foundation and allow clinicians to search within the Midland Clinical

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
						Portal
IT Security maturity enhancement	Smart system	Collaborating with the Ministry and across wider sector to drive increased IT Security maturity	Constructively engage with the Ministry and other health sector members in the establishment of projected programme of IT Security maturity activities.	All	Q1-Q4	<ul style="list-style-type: none"> The successful introduction, and implementation, of a suite of sector-wide IT Security maturity initiatives
National Screening Solution	Smart system	National Screening Solution led by the Ministry.	<p>Engagement with the Ministry in bowel screening planning and implementation. Rollout of National Bowel Screening Programme in accordance to Ministry of Health requirements and time lines.</p> <p><i>Ref: Midland Cancer Network 18-19 work plan: Initiatives 2, 3 and 4.</i></p> <p>When required, engagement with the Ministry in cervical screening project planning to support HPV testing.</p>	All	Q1-Q4	<ul style="list-style-type: none"> Midland DHBs to engage in development of implementation plans. Lakes NBSP live Midland DHBs will operate on the same version of the clinical endoscopy system
Integration Services	Smart system	Strategic programme led by the Ministry.	National Screening Solution to be the first tranche on the Integration Service.	All	Q1-Q4	<ul style="list-style-type: none"> DHB and sector to engage in integration services planning and implementation
Telehealth	Smart system	Work with clinical services and specialties to build awareness and use of Telehealth across the Midland region. EAO	<p>Continue to progress the Midland Telehealth Work Plan.</p> <p><i>Note: This initiative also improves Equitable Access and Outcomes (EAO).</i></p>	All	Q1-Q4	<ul style="list-style-type: none"> National Video conference (VC) Directory implemented All DHBs are using the mode of delivery field (NNPAC) to record the use of VC to deliver health service
Maternity	Smart system	<p>Nationally led programme with local Maternity Providers and DHBs.</p> <p>This programme includes Newborn Hearing Screening.</p>	2018/19 will focus on giving women access to their maternity notes, updating HISO standards for sharing clinical information, working with the privacy commissioner and updating privacy impact assessments, and continuing to work with DHBs to implement the National Maternity Record (regionally where feasible).	All	Q1-Q4	<ul style="list-style-type: none"> By the end of the 2018/19 financial year, all DHBs have a plan in place to implement the National Maternity Record by 2020

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
Newborn Hearing Screening	Smart system	Ministry led programme engaging with DHBs for national implementation of the Maternity systems including the Newborn Hearing Information Management System (NHIMS)	Collaborate with the Maternity programme to progress a regional approach to implementing NHIMS along with the maternity systems, at all DHBs.	All	Q1-Q4	<ul style="list-style-type: none"> By the end of 2018/19 financial year, all DHBs have a plan in place to implement the NHIMS module by 2020
Nationally consistent Electronic Oral Health Record (EOHR)	Smart system	National programme led by Ministry of Health in collaboration with DHBs	Work with DHBs and the current provider to address issues and risks by making improvements where possible that incrementally move towards a nationally consistent and integrated EOHR.	All	Q1-Q4	<ul style="list-style-type: none"> DHB engagement with Programme to continue with the development and implementation of the Future Operating Model
National Digital Services	Smart system	Engagement when required for national services led by the Ministry	Adoption and operation of national digital services Enhancement of national digital services.	All	Q1-Q4	<ul style="list-style-type: none"> Engagement with NHI extension work Alignment with HPI development Data contributions to National Collections
Medicines Management Digital Services	Smart system	Engagement in national programme led by Ministry, with DHB governance and co-design	<p>All regions to action their approved medicines management strategic plans.</p> <p>Achieve national consistency through the adoption of HISO standards for medicines management.</p> <p>Focus on appropriate prescribing, including using existing pharmaceutical data (eg, epharms, NZePS) for the betterment of the person/patient.</p> <p><i>Refer also to above Digital Hospital priority, eSPACE Medications Management Discovery Workstream.</i></p>	All	Q1-Q4	<ul style="list-style-type: none"> All providers to adopt the NZF/NZULM All regions to have an action plan for the adoption of NZePS across general practices and ePA for hospital pharmacies in a way that protects and ensures a person's safety, security and privacy
National Patient Flow (NPF)		Regional collaboration to support improved data quality	Implement regional information governance structure across the Midland region	All	Q1-Q4	<ul style="list-style-type: none"> Information Governance is established across the Midland region Key datasets, including NPF, can be

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
	Value and high Performance		Align information standard across the Midland region for key datasets (including NPF).			accessed across the Midland region enabling better information analysis
		Support the Midland Cardiac Clinical Network (MCCN) to develop and extend the collection of data	Any agreed Midland regional outpatient modules required to be implemented as part of the National Patient Flow Out Patient data collection are implemented across agreed Midland DHBs.	All	Q1-Q4	<ul style="list-style-type: none"> Any agreed modules are implemented and service planning is enabled
Cancer Information Strategy	Smart system	Regional coordination by Midland Cancer Network (MCN) and support for the delivery of nationally consistent systems across Midland DHBs to inform quality improvements that ensure health gain for Māori and equitable and timely access to cancer services. EAQ	<p>Regional co-ordination and support for DHBs' alignment of their digital systems to collect and report consistent, accessible and accurate cancer data.</p> <p><i>Ref: Midland Cancer Network 18-19 work plan: Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway.</i></p>	All / Midland Cancer Network	Q1-Q4	<ul style="list-style-type: none"> Progress the implementation of the Cancer Health Information Strategy as advised in quarterly reports Progress to address unwanted variation in radiation oncology treatment as advised in quarterly reports
Cancer Services	Smart system	Working with Midland Cancer Network (MCN) to support and progress national initiatives	<p>Implementation of a regional clinical quality audit tool and database solution to support lung and colorectal pathways of care</p> <p>Investigate other opportunities for the use of the regional system across other services.</p> <p><i>Ref: Midland Cancer Network 18-19 work plan: Initiative 1 (1.35).</i></p>	All	Q1-Q4	<ul style="list-style-type: none"> Electronic colorectal and lung cancer pathway tool in use across the Midland region Staging information is being captured Data collected is able to be utilised for research studies Feasibility completed and any next steps agreed
			<p>Develop a business case for Multi-Disciplinary Meeting (MDM) toolset in line with national requirements and timelines.</p> <p><i>Ref: Midland Cancer Network 18-19 work plan: Initiative 1 (1.36).</i></p>	All	Q1-Q4	<ul style="list-style-type: none"> Business case is developed
Mental Health		DHBs accountable for delivery	All regions implement integrated systems for sharing clinical and mental health information.	All / MH&A	Q1-Q4	<ul style="list-style-type: none"> All DHBs have implemented electronic Mental Health Patient Care Plans

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
	Smart system		<p>All regions have the ability to create electronic Mental Health Patient Care Plans that can be shared regionally.</p> <p>All regions can record mental health activity data according to PRIMHD standards by:</p> <ul style="list-style-type: none"> • Ensuring Clinical Governance remains engaged with eSPACE • The development of the mental health and addiction platform being undertaken by the eSPACE Programme is undertaken in partnership with Clinical Governance • Regional Stakeholder Networks to identify data sets for analysis • Ensure that analysis of data is undertaken and informs all projects undertaken in 2018-19 • Further analyse of current data sets to ascertain effectiveness of information provided. <p><i>Ref: Regional Mental Health & Addictions Network 18-19 work plan: Initiative 4: MH&A clinical workstation.</i></p>	Network		<ul style="list-style-type: none"> • All DHBs and NGOs meet PRIMHD standards and can record Mental Health activity data
Stroke Services	Smart system	Support the delivery of regionally (nationally where realistic) consistent systems across DHBs to deliver telestroke services for acute stroke service intervention in a safe and timely manner, and support participation in the thrombolysis register.	<p><i>Ref: Midland Stroke Network 18-19 work plan: Initiative 3: Acute stroke.</i></p>	All / Midland Stroke Network	Q1-Q4	<ul style="list-style-type: none"> • All DHBs will provide a safe and sustainable thrombolysis service 24/7

Priority	Health Strategy Linkage	Guidance			Milestone / Dates	Measures
		Approach	Description of 18/19 activity	DHBs involved		
National Major Trauma data collection	Smart system	Nationally consistent data collection and reporting supports improved service delivery for major trauma patients.	All DHBs report the elements of the National Major Trauma Minimum Dataset to the New Zealand Major Trauma Registry. <i>Ref: Midland Trauma System 18-19 work plan: Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems.</i>	All / Midland Trauma System	Q1-Q4	<ul style="list-style-type: none"> Quarterly regional reporting of the NZ Major Trauma Minimum Dataset to the National Major Trauma Registry no more than 30 days after patient discharge
Pathways of Care	Smart system	Support the Midland United Regional Integration Leadership (MURIAL) group to transition and implement a replacement care pathway tool	Transition to agreed interim care pathway tool across the Midland region Implement regionally agreed integrated service care pathway tool.		Q1-Q4	<ul style="list-style-type: none"> Interim Solution is in place and supported Care pathway system and information is accessible to all required services across primary and secondary care
Cardiac Care	Smart system	Support the Midland Cardiac Care Network (MCCN) to develop and extend the collection of data	Work with the MCCN team to identify feasibility and implementation of a regional Cardiac Cath lab toolset. <i>Ref: Midland Cardiac Clinical Network 18-19 work plan: Initiative 1: Ischemic heart disease.</i>	All	Q1-Q4	<ul style="list-style-type: none"> Business case developed based on outcomes of feasibility Toolset is implemented and Cardiac Care Network have the ability to manage demand cross the region

2.1.4 Quality

A 'quality' focus must be on a 'whole of the system' approach to deliver the NZ Health Strategy 2016 Goals – the central black circle!! The five themes are enablers in terms of the activities to achieve the NZ Health Strategy Goals.



Goals for Midland DHBs in terms of quality –

1. Best outcomes for our population and users / providers of our services:
 - to continually reduce the burden of illness, injury & disability in our populations
 - to continually improve the health and functions of all of our people particularly Māori
 - to do this as efficiently as possible.
2. Eliminate inequities in population quality outcomes.

Midland DHBs are committed to working collaboratively in our regional services planning as we develop, implement and deliver these services for the Midland population.

Midland DHBs are also working with the Health Quality & Safety Commission (HQSC) to develop, implement and deliver their range of programmes and to support the work of the National Mortality Review Committees.

To support quality of care throughout our system requires us to address the 'Quadruple Aim' for our Regional System Collaboration:

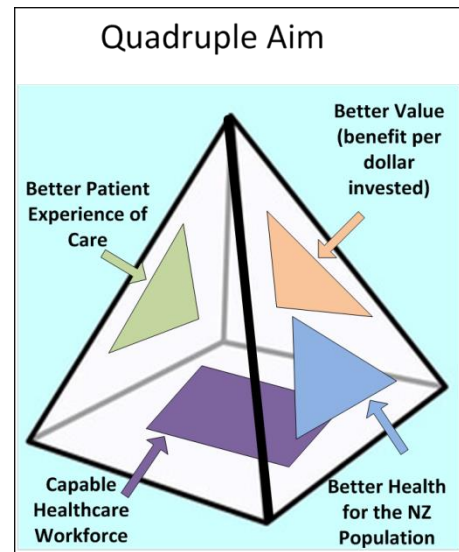
- ✓ better patient experience of care
- ✓ better health for our population

- ✓ better value (benefit per \$ invested)
- ✓ a skilled, capable healthcare workforce

Work has continued over the past 12 months to maximise actions that take a regional approach to core services — evidence-guided initiatives in particular.

The Midland Quality & Safety Strategy:

- ✓ embeds the dimensions of quality and puts safety at the core of what we do
- ✓ encourages collaboration to achieve equitable quality care the 'population of the Midland region.

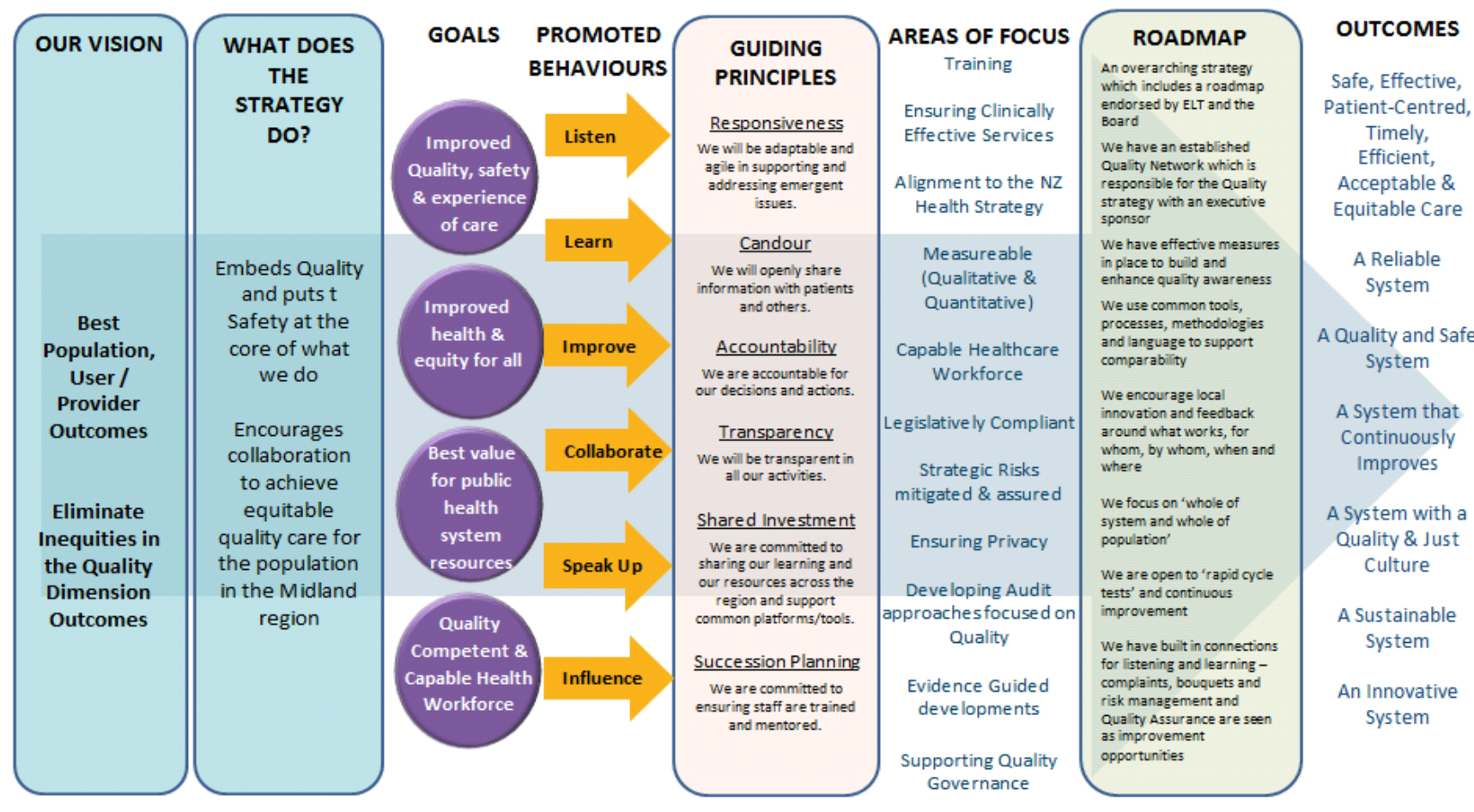


Listening, learning, improving, collaborating, speaking-up for safety and influencing are behaviours that the Strategy promotes to achieve the 'Quadruple Aim'.

The picture over page demonstrates the critical elements of the Collaborative Strategy:

MIDLAND QUALITY & SAFETY COLLABORATIVE STRATEGY

The way we ensure quality for our patients and staff gives people confidence that they will receive safe, quality care



The Midland Quality & Safety (MQ&S) Network is currently developing and testing a ‘quality matrix’ to enable us to measure Midland’s collective success in terms of each of the dimensions of quality for each of the regional services. The intention of the matrix is to assist the Regional Clinical Networks / Action Groups to address any gaps in their annual programme of work with regard to impacts related to quality and safety. Depending on how this matrix develops over the next year it may also be useful in assuring the Midland DHB Boards and Ministry with regard to our collective intended outcomes for these Regional Clinical Networks / Action Groups.

The Chairs of the Consumer Councils/similar bodies, of each of the Midland DHBs will be organised to come together to discuss further developments, regional working, oversight and co-creation, i.e. in a “Better Together” approach, to incorporate all of the Regional Clinical Networks/Action Groups deliverables in terms of Quality and Safety.

The Midland region continues to train and support a number of Improvement Advisors (IA) within DHBs and primary care, with support from DHBs and the HQSC Programmes. This year the MQ&S Network intends to support the Advance Care Planning ‘Serious Illness Conversation Guide Training’ and education along with Midland Region Chief Nursing Officers and Chief Medical Officers. Eight positions have been allocated to the Midland region under the coordination of the MQ&S Network. It is intended that each Midland DHB have a trainer locally, however, this is dependent on local capability. This programme of work is likely to be implemented towards the end of the 2018/2019 financial year.

See over page for other key pieces of work being considered for 2018/19, including:

Quality priorities for 2018/19

Lead: Dr Sharon Kletchko (Lakes DHB), Chair, Midland Quality Group

CE Sponsor: Rosemary Clements (Taranaki DHB)

Priority	Health Strategy Linkage	Guidance	Milestone / Dates	Responsibility
Regional Quality and Safety	Value and high Performance	Supporting the national mental health quality improvement collaborative	Q1-Q4	Midland Quality Managers
		Advance Care Planning 'Serious Illness Conversation Guide Training'	Q1-Q4	
		Developing systems to support quality and patient safety within the regional clinical networks / action groups work programmes	Q1-Q4	
Regional Quality and Safety	Value and high Performance	Developing a regional approach to the surveillance of predominately hospital-associated infections through the collaborative implementation of the electronic surveillance system ICNet.	Q1-Q4	Midland Quality Managers
		Sharing best practice in developing risk management and board assurance frameworks and support a regional approach making best use of the risk management system – Datix.	Q1-Q4	
		Developing the next 'Datix' evolution programme of investment in terms of Datix Cloud IQ which provides five toolkits (Capture, Evaluate, Strategy, Implement, and Assess) that take collaborating DHB organisations through a continuous improvement process. There is also a comprehensive analytics feature, allowing DHBs to look at trends as they occur and even predict where instances may arise in the future.	Q1-Q4	
Regional Quality and Safety	Value and high Performance	Improving the Midland region's feedback and quality improvement initiatives in terms of the National Inpatient Experience Survey and Reporting System.	Q1-Q4	Midland Quality Managers
		Connecting the Patient Experience Survey (PES) opportunities and emergent quality improvement initiatives that result from the primary care PES and its reporting portal as designed by the HQSC. It is anticipated that this work will align with many of the DHB strategies in terms of improving equity, improving patient outcomes and integrating care delivery across care boundaries. Many of the Midland Regional Clinical Network work plans include actions to achieve patient-centred care that meets the expectations of patients/whānau.	Q1-Q4	
		Connecting the Patient Experience Survey (PES) opportunities and emergent quality improvement initiatives that result from the primary care PES and its reporting portal as designed by the HQSC. It is anticipated that this work will align with many of the DHB strategies in terms of improving equity, improving patient outcomes and integrating care delivery across care boundaries. Many of the Midland Regional Clinical Network work plans include actions to achieve patient-centred care that meets the expectations of patients/whānau.	Q1-Q4	
Healthy Ageing	Closer to home	Demonstrate regional support in the 2018/19 year for DHB delivery of actions identified in the Healthy Ageing Strategy 2016, in particular continued progress in supporting the development of interRAI quality indicators and using these to improve outcomes for older people. <i>Ref: Health of Older People Action Group 18-19 work plan: Initiative 3: InterRAI data visualisation tool; Initiative 4: Advance Care Planning.</i>	Q1-Q4	Midland Health of Older People Action Group
Elective Services		When developing and implementing regional models of care for Vascular, and Breast Reconstruction and regional collaboration on Ophthalmology (Age-Related Macular Degeneration (AMD) and Glaucoma) service development, there will be a clear link to quality improvements and standards, particularly in relation to unwarranted variation in patterns of care and improving health equity. Measure: Link to quality standards and actions including key actions and updates are to be provided	Q1-Q4	Elective Services Network

Priority	Health Strategy Linkage	Guidance	Milestone / Dates	Responsibility
	Value and high Performance	via quarterly RSP reports. <i>Ref: Elective Services Network 18-19 work plan: Initiative 1: Vascular services; and notes re constraints for Initiative 2: Breast Reconstruction, and Initiative 3: Ophthalmology.</i>		
Cancer Services	Value and high Performance	<i>Ref: Midland Cancer Network 18-19 work plan: Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway.</i>	Q1-Q4	Midland Cancer Network
Mental Health	Value and high performance	Demonstrate the specific regional quality improvement activities undertaken in conjunction with the HQSC. <i>Ref: Regional Mental Health & Addictions Network 18-19 work plan: Initiative 2: Substance abuse legislation.</i>	Q1-Q4	Regional Mental Health & Addictions Network
Stroke Services	Value and high performance	Work regionally and collaboratively to support DHBs to ensure stroke patients are admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway. <i>Ref: Midland Stroke Network 18-19 work plan: Initiative 3: Acute Services; Initiative 5: Patient experience of care.</i>	Q1-Q4	Midland Stroke Network
Major Trauma	Value and high performance	When fully implemented, the National Major Trauma Registry will collect nationally consistent, complete and accurate data to support service improvements for people with major trauma. Measure: Quarterly regional reporting of the NZ Major Trauma Minimum Dataset to the National Major Trauma Registry no more than 30 days after patient discharge. <i>Ref: Midland Trauma System 18-19 work plan: Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems.</i> When implemented, appropriate staging and transfer to hospitals best able to meet the treatment needs of major trauma patients will support improved clinical outcomes. Measure: A 6-monthly (minimum) regional review process of the alignment of actual service delivery for major trauma patients with regional destination policies, inter-hospital transfers and staging guidelines. <i>Ref: Midland Trauma System 18-19 work plan: Initiative 4: Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change.</i>	Q1-Q4	Midland Trauma System

2.1.5 Clinical leadership

(i) Promoting strong clinical governance

Effective clinical engagement and leadership supports better decision-making with more efficient implementation, resulting in integrated care, improvements to quality and safety of patient care, better health outcomes and value for money. Regional clinical networks and action groups are chaired by clinicians, and membership is representative from across the Midland region's health professions and management to support the delivery of annually agreed work plan initiatives and activities.

The Chairs of regional clinical networks provide reporting to the joint meetings of the Midland DHBs' CEs and Board Chairs, as part of the Midland governance groups' annually agreed work plan. This enables close engagement between regional governors and the region's clinical leaders involved in the priorities they and their groups have determined for the year, and beyond.

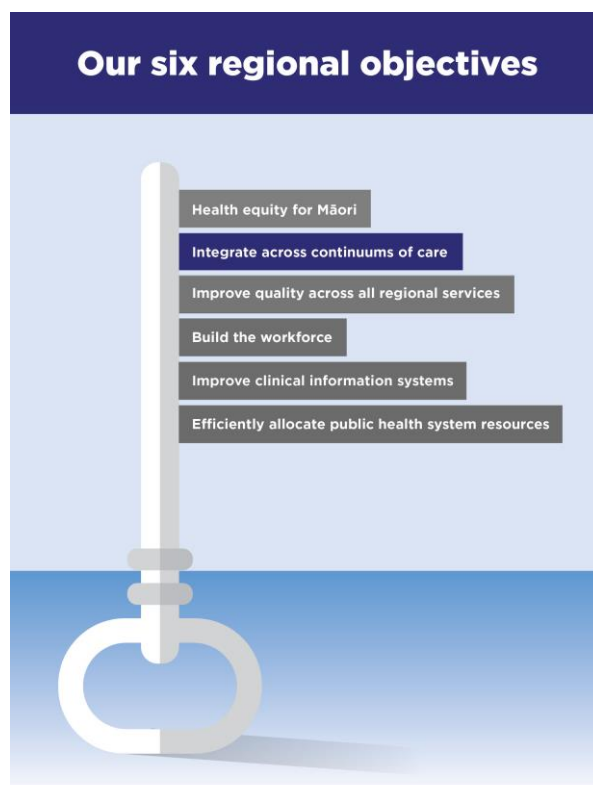


Table 5: Membership in a regional clinical action group - demonstrating clinical leadership across the continuum of care

Midland Child Health Action Group	
Member	Midland DHB / Organisation
Dr David Graham (Chair)	Waikato DHB
Dr Stephen Bradley (Deputy Chair)	Lakes DHB
Dr John Doran	Taranaki DHB
Dr Margot McLean	Hauora Tairāwhiti
Dr Justin Wilde	Bay of Plenty DHB
Ron Dunham	Midland CEO representative (Lakes DHB)
Michelle Sutherland	Midland COO representative (Waikato DHB)
Gary Lees	Midland DoN representative (Lakes DHB)
Becky Jenkins	Midland GMS P+F representative (Taranaki DHB)
Marnie Reinfelds	Child Health Portfolio Manager (Taranaki DHB)
Karen Smith	Management representative (BOP DHB)
Dr Nina Scott	Midland Māori Health representative (Waikato DHB)
Lindsay Lowe	Public Health representative (Toi Te Ora)
Dr Richard Vipond	Public Health (Waikato DHB)
Mollie Wilson/Karyn Sanson	Paediatric Society; NZ Child & Youth Clinical Network Programme
Dr Jo Scott-Jones, Tracy Jackson	Primary Sector – Pinnacle Midlands Health Network PHO
Debi Whitham	Primary Sector – Hauraki PHO
Dr Neil Poskitt / Dr Sharon Lovegrove	Primary Sector – RAPHS

Midland Child Health Action Group	
Member	Midland DHB / Organisation
Arish Naresh	Allied Health (Hauora Tairāwhiti)
Viv Edwards	Plunket
Dr Pat Tuohy	Ministry of Health
Anna-Maree Harris	Project Manager (HealthShare)
Honor Lymburn	Senior Analyst (HealthShare)

(ii) Midland DHBs regional clinical networks and action groups

Regional clinical groups enable clinical leaders and managers to shape the development of services so that services are of a high quality, sustainable and there is equal access to these services for people across the region. The goal is to ensure people have the same health outcomes irrespective of geographical location, ethnicity, and gender. Another benefit of working together is that there can be some coordination of the public health system resources and support to match demand and capacity.

Regional clinical initiatives are reviewed by the Midland DHB executives and agreed by the Midland DHB CEs. Much of what occurs is supported with national guidance as part of the annual DHB planning process and aligns with activity each DHB is also undertaking. Each regional initiative is assessed against:

- Midland's six strategic objectives, to show how these contribute to the region's strategic outcomes and vision
- The NZ Health Strategy five strategic themes
- National System Level Measures, and the
- Regional enablers, as determined by the Ministry of Health.

The Chairs of Midland's regional clinical networks and action groups are appointed through a democratic voting process, taking into account any requirement to also represent the Midland region clinically at the national level. See Table 6 below for a list of Chairs in the Midland region.

Table 6: Clinical chairs of regional clinical networks and action groups - demonstrating clinical leadership across the Midland region

Midland Regional Clinical Networks / Action Group	Chairs
Midland Cancer Network	Dr Humphrey Pullon (Waikato DHB)
Hei pa Harakeke Work Group	Dr Nina Scott (Waikato DHB)
Midland Bowel Screening Regional Centre Executive Group and Steering Groups	Mr Ralph Van Dalen – secondary (Waikato DHB) Dr Jo Scott-Jones – primary (Pinnacle Midlands Health Network PHO)
National Bowel Screening Māori Network	Dr Rawiri Jensen (GP, Chair of Te Ora) Ms Shelley Campbell (Waikato/BOP Cancer Society)
Midland Palliative Care Work Group	Craig Tamblyn (Hospice Waikato) Dr Prue McCullum (Bay of Plenty DHB)
New Zealand Lung Cancer Work Group	Dr Paul Dawkins (Auckland DHB) Dr Denise Atiken EDLC sub group chair (Lakes DHB) Dr James Entwisle Fup Guidance sub group (Capital Coast DHB)
Midland Lung Cancer Work Group	Mr Paul Conaglen (Waikato DHB)

Midland Regional Clinical Networks / Action Group	Chairs
Midland Cardiac Clinical Network	Dr Jonathan Tisch (Bay of Plenty DHB)
Child Health Action Group	Dr David Graham (Waikato DHB)
Elective Services Network	Dr Martin Thomas (Lakes DHB)
Health of Older People Action Group	TBC
Midland Integrated Hepatitis C Service	Dr Frank Weilert (Waikato DHB)
Regional Mental Health & Addictions Network	Dr Sharat Shetty (Taranaki DHB)
Midland Radiology Action Group	Dr Roy Buchanan (Bay of Plenty DHB)
Midland Stroke Network	Dr Mohana Maddula (Bay of Plenty DHB)
Midland Trauma Services	Dr Grant Christey (Waikato DHB)

*current as at June 2018

The Appendix to this Plan details the membership of the Midland regional clinical networks and action groups, including some enabler regional groups. Membership is representative of the region's communities, and leadership from Midland's primary, secondary and tertiary health care services.

Clinical leadership priorities for 2018/19

Priority	Health Strategy Linkage	Guidance	Milestone/ Dates	Responsibility
Regional Clinical Leadership and Capacity	One team	<p>Midland region demonstrates the importance it places on clinical leadership through:</p> <ul style="list-style-type: none"> the role of clinical leaders within the regional governance structure, their level of authority and accountability, and the extent to which leadership teams are multi-disciplinary examples of where clinical leaders have been engaged with early in the development of regional priorities and decisions on expenditure the role of clinical leaders within the regional governance structure, for example, the Midland United Regional Integrated Leadership (MURIAL) Team the multi-disciplinary team membership of the region's clinical networks / action groups - see table 5 on page 54 detailing the membership of the Midland Child Health Action Group across the continuum of health care. appointment of clinical chairs from across the Midland DHBs on the region's clinical networks / action groups – see table 6 on page 55. discussions between the Midland Quality & Safety (MQ&S) Network and the clinical networks / action groups to develop and test a 'quality matrix' to enable the measurement of Midland's collective success in terms of each of the dimensions of quality for each of the regional services, and health outcomes. The intention of the matrix is to assist the Regional Clinical Networks / Action Groups to address any gaps in their annual programme of work with regard to impacts related to quality and safety and to strengthen health outcomes. consideration of clinical networks / action groups' key priorities and top initiatives on an annual basis to identify opportunities to strengthen the provision of sustainable health services and improve the health of the Midland populations. <p>Measure: Regional progress reporting on the requirements and key actions to be provided via quarterly RSP reports.</p>	Q1-Q4	HealthShare on behalf of the Midland DHBs
Healthy Ageing	One team	<p><i>Ref: Health of Older People Action Group 18-19 work plan: Initiative 2: Dementia – education programmes, advice and support for family and whānau carers (see actions).</i></p>	Q1-Q4	Midland Health of Older People Action Group
Cardiac Services	Value and high Performance	<p><i>Ref: Midland Cardiac Clinical Network 18-19 work plan:</i></p> <p>Initiative 1: Ischaemic heart disease – accelerated ED chest pain pathways. Review the Accelerated Cardiac Patient Pathways (ACPP) that were implemented in 2016 at each Midland DHB.</p> <p>Initiative 3: Atrial Fibrillation:</p> <ul style="list-style-type: none"> Undertake a stock take of services and pathways to access these. EAO Provide a report on how atrial fibrillation services would ideally be delivered across the five Midland DHBs. EAO <p><i>Note: some resourcing for Atrial Fibrillation medications and increased access to echo and ablation services, and for the</i></p>	<p>Q3-Q4</p> <p>Q1</p> <p>Q4</p>	Midland Cardiac Clinical Network

Priority	Health Strategy Linkage	Guidance	Milestone/ Dates	Responsibility
		<p>device data base in ANZACSQI will be required for this initiative to be successful.</p> <p>Measure: Attendance and participation within regional cardiac networks, and communication of key actions undertaken to be provided via quarterly RSP reports.</p>		
Elective Services	Value and high Performance	<p><i>Ref: Elective Services Network 18-19 work plan:</i></p> <p>Initiative 1: Vascular services – led by Thodur Vasudevan and Mark Morgan. Focus is on improving the delivery of vascular services for the population of the Midland region. Actions related to clinical leadership include:</p> <ul style="list-style-type: none"> • Assessment and confirmation of DHB service levels • Acute and elective pathways are agreed and formalised for nominated conditions • Workforce benchmarking is undertaken and opportunities to develop workforce and technology solutions are identified and progressed. <p>Initiative 2: Breast reconstruction services – note that the anticipated 18/19 work relating to improving access, and consistency of access, to plastics and reconstructive services. Midland Elective Services Network will engage with the national service improvement programme as actions are developed and will support regional implementation, as required by the Midland DHBs.</p> <p>Initiative 3: Ophthalmology services – note that the anticipated 18/19 work relating to improving access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways. Midland Elective Services Network will engage with the national service improvement programme when guidelines are completed and as actions are developed and will support regional implementation, as required by the Midland DHBs.</p> <p>Measure: Clear regional clinical leadership is in place and key actions demonstrating the role of clinical leadership to be provided via quarterly RSP reports.</p>	Q1-Q2	Elective Services Network
Cancer Services	Value and high Performance	<p><i>Ref: Midland Cancer Network 18-19 work plan:</i></p> <p>Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway - coordinate the MCN Executive Group and tumour service work groups – Midland lung, colorectal, breast, supra-regional gynae-oncology.</p> <p>Initiative 5: Improve palliative care services – continue development and implement Midland palliative care clinical guidelines; support implementation of Te Ara Whakapiri.</p> <p>Initiative 6: National lead for the lung cancer work programme – co-ordinate the National Lung Cancer Working Group and sub groups meetings.</p> <p>Measure: Progress against deliverables agreed between RCNs and the Ministry in the RCNs Annual Work Plan for</p>	Q1-Q4	Midland Cancer Network

Priority	Health Strategy Linkage	Guidance	Milestone/ Dates	Responsibility
		2018/19.		
Mental Health & Addiction Treatment Service	One team	<p><i>Ref: Regional Mental Health & Addictions Network 18-19 work plan:</i></p> <p>Initiative 7: Workforce capacity and capability</p> <p>Support the Health Quality & Safety Commission project work:</p> <ol style="list-style-type: none"> Towards Zero Seclusion Transition <p>Projects are identified and implemented.</p> <p>Measure: Regional progress reporting.</p>	Q4	Regional Mental Health & Addictions Network
Stroke Services	One team	<p><i>Ref: Midland Stroke Network 18-19 work plan:</i></p> <p>Initiative 4: Clinical leadership</p> <ul style="list-style-type: none"> Support and advocate for protected time for nursing, medical and allied health stroke leadership roles in the Midland region DHBs, and on Regional and National Stroke Networks (<i>Clinical Leadership</i>) Work with clinical leaders to support and strengthen engagement with stroke education programmes Support the Midland Region Allied Health Stroke Network to continue to build a regional forum. <p>Measure: Regional progress reporting on the requirements with the identification of nursing and clinical stroke leaders, their contribution to the regional stroke network and regional representation in the national stroke network, and key actions to be provided via quarterly RSP reports.</p>	Q1-Q4	Midland Stroke Network
Major Trauma	Value and high performance	<p><i>Ref: Midland Trauma System 18-19 work plan:</i></p> <p>Initiative 2: Develop, implement and maintain regional Trauma system infrastructure including information systems</p> <p>Provide clinical leadership of the National Major Trauma Registry to support service improvements for people with major trauma.</p> <p>Measures:</p> <p>Quarterly regional reporting of the NZ Major Trauma Minimum Dataset to the National Major Trauma Registry no more than 30 days after patient discharge.</p> <p>A 6-monthly (minimum) regional review process of the alignment of actual service delivery for major trauma patients with regional destination policies, inter-hospital transfers and staging guidelines.</p>	Q1-Q4 Q2 / Q4	Midland Trauma System

Table 7: Alignment of regional and national priorities

	NZ Health Strategy strategic themes					System Level Measures						Midland DHBs regional objectives					
	People-powered	Closer to home	Value and high performance	One team	Smart system	Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	Proportion of babies who live in a smoke-free household at 6wk postnatal	Youth access to and utilisation of youth appropriate health services	Health equity for Māori	Integrate across continuums of care	Improve quality across all regional services	Build the workforce	Improve clinical information systems	Efficiently allocate public health system resources
Cancer services (Midland Cancer Network)																	
1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway			Y	Y	Y		Y		Y			Y	Y	Y	Y	Y	
2: Improved access to colonoscopy/endoscopy services			Y						Y				Y	Y			
3: Midland bowel screening regional centre (BSRC)			Y	Y	Y				Y			Y	Y	Y	Y	Y	
4: National lead for the Māori bowel screening network			Y	Y					Y			Y		Y			
5: Improve palliative care services			Y	Y					Y			Y		Y			
6: National lead for the lung cancer work programme			Y	Y	Y				Y			Y	Y				Y
Cardiac services (Midland Cardiac Clinical Network)																	
1: Ischaemic heart disease	Y	Y	Y	Y	Y		Y	Y	Y			Y	Y	Y	Y	Y	Y
2: Heart failure	Y	Y	Y	Y			Y	Y	Y			Y	Y	Y	Y	Y	Y
3: Atrial fibrillation	Y	Y		Y			Y		Y			Y	Y	Y			Y
4: Cardiac surgery patient services	Y		Y	Y			Y		Y			Y	Y	Y			Y
5: Māori health equity	Y	Y	Y	Y				Y	Y			Y	Y	Y	Y		
6: Workforce and service planning	Y		Y	Y				Y	Y			Y	Y	Y			Y
Child health services – Child Health Action Group																	
1: Childhood obesity											Y	Y					
2: Oral health		Y	Y			Y					Y	Y					
3: Regional approach to Child Health System Level Measures			Y	Y		Y				Y		Y		Y			
4: Development of a standardised regional primary care First 1000 days checklist and monitoring framework	Y			Y		Y		Y		Y		Y	Y	Y			
Elective services (Elective Services Network)																	
1: Vascular services												Y		Y			
2: Breast reconstruction services																	

	NZ Health Strategy strategic themes					System Level Measures						Midland DHBs regional objectives					
	People-powered	Closer to home	Value and high performance	One team	Smart system	Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	Proportion of babies who live in a smoke-free household at 6wk postnatal	Youth access to and utilisation of youth appropriate health services	Health equity for Māori	Integrate across continuums of care	Improve quality across all regional services	Build the workforce	Improve clinical information systems	Efficiently allocate public health system resources
3: Ophthalmology																	
Healthy ageing - Health of Older People Action Group																	
1: Managing acute demand and patient flow across the continuum		Y	Y	Y			Y					Y	Y	Y			
2: Dementia	Y			Y			Y	Y					Y				
3: InterRAI			Y		Y		Y		Y			Y		Y		Y	Y
4: Advance Care Planning	Y	Y		Y	Y		Y	Y					Y	Y			
Hepatitis C – Midland Integrated Hepatitis C Service																	
Hepatitis C – Midland integrated hepatitis C service	Y	Y	Y	Y	Y				Y		Y	Y	Y	Y		Y	
Mental Health & Addictions - Regional Mental Health & Addictions Network																	
1: Midland eating disorders model of care		Y							Y		Y		Y		Y		
2: Substance abuse legislation		Y		Y				Y				Y	Y		Y		Y
3: National mental health & addiction inquiry	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y
4: MH&A clinical workstation			Y		Y			Y					Y			Y	Y
5: Health equity for Māori	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	
6: Midland Infant Perinatal Clinical Network		Y		Y		Y		Y	Y			Y	Y		Y		
7: Workforce capacity and capability	Y		Y	Y	Y			Y				Y	Y	Y	Y	Y	Y
8: Data management			Y	Y	Y							Y	Y	Y		Y	Y
Radiology services - Midland Radiology Action Group																	
1: Modality trend analysis of case-mix and volumes for future planning of resource requirements to meet demand			Y		Y			Y							Y		
2: Did Not Arrive (DNA) and Was Not Brought (WNB)	Y	Y	Y			Y			Y			Y	Y	Y			Y
3: National Initiatives and regional projects and enablers			Y	Y	Y			Y	Y			Y	Y	Y		Y	Y
Stroke services - Midland Stroke Network																	
1: Rehabilitation		Y		Y			Y	Y				Y	Y	Y			Y
2: Reducing incidence of stroke – Transient Ischemic Attack (TIA)		Y	Y				Y		Y			Y	Y	Y			
3: Acute services		Y	Y	Y	Y		Y	Y				Y		Y			Y
4: Clinical leadership				Y			Y						Y		Y		Y
5: Patient experience of care				Y				Y				Y	Y	Y			

	NZ Health Strategy strategic themes					System Level Measures					Midland DHBs regional objectives						
	People-powered	Closer to home	Value and high performance	One team	Smart system	Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	Proportion of babies who live in a smoke-free household at 6wk postnatal	Youth access to and utilisation of youth appropriate health services	Health equity for Māori	Integrate across continuums of care	Improve quality across all regional services	Build the workforce	Improve clinical information systems	Efficiently allocate public health system resources
Trauma services - Midland Trauma System																	
1: Improve the delivery of high quality clinical care to trauma patients		Y	Y				Y	Y	Y				Y	Y			
2: Develop, implement and maintain regional trauma system infrastructure including information systems			Y		Y							Y				Y	Y
3: Support injury prevention and awareness	Y			Y					Y		Y	Y					
4: Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change	Y		Y					Y	Y					Y			

(iii) Cancer services (Midland Cancer Network)

Midland Cancer Network Executive Group Clinical Chair:	Dr Humphrey Pullon (Waikato DHB)
Programme Manager:	Jan Smith
Lead Chief Executive:	Derek Wright (Waikato DHB)

Context: “working together to achieve better, faster cancer care”

The Midland Cancer Network is guided by the Midland Cancer Strategy Plan 2015-2020 with a vision of by working together as one, we will lift the performance of our health systems. The Midland Cancer Strategy Plan aligns with:

- the New Zealand Cancer Plan better, faster cancer care 2015-2018 to improve: equity of access to cancer services; timeliness of services across the whole cancer pathway; and the quality of cancer services delivered
- National Cancer Health Information Strategy (2015)
- National Bowel, Breast and Cervical Screening Programmes
- National Adult Palliative Care Service Review and Action Plan (2017).

The Midland Cancer Strategy Plan 2015-2020 strategic objectives are to:

1. reduce the cancer incidence through effective prevention, screening and early detection initiatives
2. reduce the impact of cancer through equitable access to best practice care
3. reduce inequalities with respect to cancer
4. improve the experience and outcomes for people with cancer.

The strategic objectives are supported by five enablers: infrastructure, information systems, workforce, supportive care, knowledge and research.

The Midland strategic framework for action takes a total continuum of care approach for the Midland population from prevention and early detection – screening – diagnosis and treatment – follow-up and surveillance – survivorship – palliative care and last days of life. The plan includes enabler work streams for infrastructure, information systems, workforce, supportive care and knowledge and research.

2018/19 plan aims to build and strengthen the alignment and linkages of the various enablers and Midland health services related to the cancer continuum. This is demonstrated in the Line of Sight Section (refer over page).

Planned outcomes for 2018/19

Midland DHBs as partners of the Midland Cancer Network will continue to implement the Midland Cancer Strategy Plan 2015-2020 for the following key work programmes:

- Implement the Faster Cancer Treatment (FCT) work programme
- Improve the access and timeliness to colonoscopy/endoscopy and colorectal cancer services
- Support implementation of the National Bowel Screening Programme (NBSP) through the Midland Bowel Screening Regional Centre (BSRC)
- Facilitate the National Bowel Screening Māori Network
- Improve Midland palliative care services, including development of a regional workforce plan (note: resource dependent)
- Facilitate the National Lung Cancer Working Group and work programme.

Measures: (by ethnicity, locality and deprivation where possible)

Faster Cancer Treatment (FCT) Health Target and indicator:

90% of Midland DHB patients referred with a high suspicion of cancer and a need to be seen within two weeks have their first treatment (or other management) within 62 days (Cancer Health Target).

85% of Midland DHB patients with a confirmed diagnosis of cancer receive their first treatment (or other management) within 31 days of decision-to-treat (policy priority 30).

Colonoscopy (policy priority 29):

- 90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days
- 70% of people accepted for non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days
- Surveillance colonoscopy – 70% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date, 100% within 120 days.

Line of Sight

- DHB Annual Plans: Please see BOP, Lakes, Waikato, Tairāwhiti sections for faster cancer treatment, all five DHBs for bowel screening, colonoscopy and colorectal cancer services
- RSP: Please see section improving 2.1.5(x) radiology services wait times for diagnostic CT and MRI and Radiology Oncology Stream Pathways, pathways of care 2.1.6, and objective 2 regional hepatitis C service 2.1.5(vii).

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Note: () demonstrate alignment with regional enablers.

Initiative 1: Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway (Equitable Access & Outcomes; Pathways; Workforce; Clinical Leadership)	Milestone/Date	Responsibility
Enable equity of access and timely diagnosis and treatment services for all patients on the FCT pathway (e.g. system/service improvements to minimise breaches of the 62 day FCT for patient or clinical consideration reasons):		
1. 1 Coordinate the MCN Executive Group and tumour service work groups – Midland lung, breast supra-regional gynae-oncology (clinical leadership)	Achievement of the FCT Health Target and indicator	Midland Cancer Network
1. 2 Support DHBs to sustain the FCT Health Target reporting by DHB, by ethnicity, equity, tumour, first treatment, breach reason EAO		
1. 3 Support Waikato (August 2018) and Tairāwhiti DHBs (tbc) with Ministry cancer team FCT visits		Midland DHBs
1. 4 Support DHBs to implement the Midland FCT breach/delay code guidance and reporting template to drive service improvement	Q1-Q4	
1. 5 Implement roll out of the Lakes FCT KPI report to all other Midland DHBs	progress reporting against the MCN Annual Work Plan	Midland Pathways of Care Team
1. 6 Continue to develop web-based reports (registrations, mortality, service purchase units, PET-CT)	2018/19 deliverables agreed with Ministry	Regional Workforce
1. 7 Continue development of the Midland DHB lung and colorectal cancer dashboard reports		
1. 8 Continue to support Midland and Auckland DHBs/Starship to improve the pathway and formalise a service change to the AYA Acute Lymphoblastic Leukaemia (ALL) pathway EAO		
1. 9 Continue to support DHBs to implement the Midland Multi-Disciplinary Meeting (MDM) Action Plan 2018		
1. 10 Continue to support Midland DHBs with the regional psychological and social		

support initiative		
1. 11 Support Midland to transition the Cancer Nurse Coordinator Initiative (CNCI) to business as usual		
1. 12 Support the Lakes/Waikato medical oncology, chemotherapy, haematology model of service improvement		
1. 13 Support the Health Pathways transition and development for lung cancer, bowel screening, colorectal, gynae-oncology, palliative care, and prostate cancer pathways and e-referrals (<i>pathways</i>)		
1. 14 Facilitate regional sarcoma MDM improvement project		
1. 15 Participate in 2018 HWNZ Fund initiative through submission of regional/local ROI's and implement as required (<i>workforce</i>)		
1. 16 Support Midland serious illness training initiative (<i>workforce</i>)		
1. 17 Support the Ministry as required with the development of a Cancer Strategy Plan and work programme.		
Regional coordination and support of quality improvement initiatives to achieve health gain for Māori and equitable and timely access to cancer services:		
1. 18 Coordinate the Midland Hei pa Harakeke Work Group (Māori cancer leadership group) EAO		
1. 19 Support the delivery of one Kia Ora E Te Iwi community health literacy programme per DHB EAO		
1. 20 Continue development of Midland cancer KPI dashboards and FCT equity based reporting EAO		
1. 21 Support the Midland Reducing Delay and Increasing Access to Early Diagnosis for Colorectal Cancer HRC three year research initiative EAO		
1. 22 Support the Midland Improving Early Access to Lung Cancer Diagnosis for Māori and Rural Communities HRC three year research initiative EAO		
1. 23 Facilitate the regional implementation of the National Early Detection of Lung Cancer Guidance (2017) to improve outcomes for Māori and Midland population EAO		
1. 24 Support Waikato DHB Early Detection of Lung Cancer proof of concept project (alignment to Midland routes to cancer diagnosis and treatment project recommendations EAO		
1. 25 The BOPDHB will implement learnings from the Cancer Hauora Navigator test of change as it affects access for patients who identify as Māori and share learnings with region. EAO		
Promote and facilitate to build health literacy practice among health workforce:		
1. 26 Facilitate a Midland cancer health literacy symposium	Q4	
1. 27 Implementation of the Midland health literacy tool for earlier detection - Midland Cancer Korero booklet. EAO	Q1-Q2	
1. 28 Support the region to investigate causes of radiation oncology variation in treatment and assist providers to reduce unwarranted variation when required (as set out in the <i>Radiation Oncology National Plan 2017-2021</i>) EAO	Progress to address unwanted variation in radiation oncology treatment as advised in quarterly reports	Ministry ROAG Midland DHBs Radiation oncology providers
Ensure the application and integration of the prostate cancer decision support tool as business as usual for all general practitioners in the region and coordinate activity to	Note: to be confirmed as	

<p>make improvements in the quality of referral pathway into specialist services, including the quality of information provided with referrals:</p> <p>1. 29 Ensure all Midland stakeholders are aware and have access to the national tool (<i>pathways</i>)</p> <p>1. 30 Consult with regional stakeholders to understand what is required to support quality referrals – note resource dependant (<i>pathways</i>)</p> <p>1. 31 Explore the feasibility of developing a Midland e-referral and pathway – note resource dependant (<i>pathways</i>)</p>	<p>awaiting national primary care tool</p>	
<p>Support and coordinate DHB activity to improve the quality of life for people who have completed cancer treatment to live well:</p> <p>1. 32 Support Midland DHBs to implement the National Lung Cancer Follow-up and Supportive Care Guidance</p> <p>1. 33 Support Midland DHBs to implement the Midland Colorectal Cancer booklet on follow-up after treatment.</p>	<p>Q4</p> <p>Q4</p>	
<p>Regional coordination and support for the delivery of nationally consistent systems across DHBs to inform quality improvements that ensure health gain for Māori and equitable and timely access to cancer services:</p> <p>1. 34 Regional coordination and support for DHBs alignment of their digital systems to collect and report consistent, accessible and accurate cancer data (<i>Technology & Digital Services</i>)</p> <p>1. 35 Continue development of the Midland Regional Multi-Specialty Clinical Pathway System business case (<i>Technology & Digital Services</i>). If approved implement as required for Midland lung and colorectal cancer EO</p> <p>1. 36 Continue development of the Midland MDM Management Solution business case (IS) with options and partnering with regional IS and eSPACE roadmap to ensure alignment in outcomes EO</p> <p>1. 37 Commence scoping of regional chemotherapy prescribing requirements and alignment with eSPACE and/or regional IS work programmes (note resource dependant) (<i>Technology & Digital Services</i>)</p> <p>1. 38 Implement roll out of the Lakes FCT KPI report to all other Midland DHBs EO</p> <p>1. 39 Continue to develop regional web-based reports (registrations, mortality, service purchase units, PET-CT)</p> <p>1. 40 Continue development of the Midland DHB lung and colorectal cancer dashboard reports</p> <p>1. 41 Support Midland DHBs with local ProVation reporting requirements (with regional consistency) to support the National Bowel Screening Programme (NBSP) quality and equity standards EO</p> <p>1. 42 Support Midland DHBs with ProVation version updates as required to support the NBSP</p> <p>1. 43 Support Midland DHBs with the NBSP implementation of the National Screening Solution when available, including transition of Lakes DHB.</p>	<p>Progress the implementation of the Cancer Health Information Strategy and NBSP</p> <p>Q1-Q4</p>	<p>Midland Cancer Network, BSRC</p> <p>Midland DHBs</p> <p>Regional IS, eSPACE</p> <p>Midland CIOs</p> <p>Ministry CHIS team</p>
<p>Initiative 2: Improved access to colonoscopy /endoscopy services (<i>Equitable Access & Outcomes; Technology & Digital Services</i>)</p>	<p>Milestone/Date</p>	<p>Responsibility</p>
<p>2. 1 Support Midland DHBs to achieve the colonoscopy wait time indicators (by DHB, ethnicity, equity) by 31 December 2018</p> <p>2. 2 Continue to develop and refine Midland colonoscopy demand & capacity production plan</p>	<p>Progress on Midland DHBs achievement of the colonoscopy</p>	<p>BSRC</p> <p>Midland DHBs</p>

2.3	Continue to develop the Midland colonoscopy/colorectal cancer indicator dashboard	wait time indicators	
2.4	Achieve quality standards for the colorectal cancer diagnosis and treatment pathway, including implementing Midland MDM Action Plan (2018).	Q1-Q4	
Initiative 3: Midland bowel screening regional centre (BSRC) (Equitable Access & Outcomes ; Technology & Digital Services; Clinical Leadership; Workforce)		Milestone/Date	Responsibility
3.1	Support DHBs to plan and get ready for bowel screening rollout	Lakes go live Feb 2019	Midland BSRC / NBSP Lakes DHB / Tairāwhiti DHB / Midland DHBs
3.2	Provide clinical leadership and support (clinical leadership)	Establishment day - Aug 2018	
3.3	Support Lakes DHB to go live and implement their local bowel screening programme	Tairāwhiti phase 1 - Feb 2019	
3.4	Coordinate Ministry and Tairāwhiti bowel screening establishment workshop	Tairāwhiti phase 2 – June 2020	
3.5	Support Tairāwhiti DHB to meet phase 1 requirements for go live in 2019/20		
3.6	Support Tairāwhiti to meet phase 2 requirements for go live in 2019/20 (TBC)		
3.7	Coordinate the Midland BSRC governance groups (clinical leadership)	Midland BSRC Equity Plan Midland BSRC Quality Plan Identified DHBs to implement NBSP Solution and supply resources for each go-live All Midland DHBs will operate on the same version of the clinical endoscopy system (ProVation) Q1-Q4	Midland BSRC Midland DHBs
3.8	Midland BSRC equity plan continues development during NBSP roll out to assist, support and provide guidance to each Midland DHB when they are developing local DHB bowel screening equity plans. EAO		
3.9	Facilitate overview of performance of the Midland DHBs against the NBSP quality standards and provide support where there are opportunities of improvement.		
3.10	Collaboratively develop Midland bowel screening colonoscopy e-referral, commencing with Lakes DHB (pathways) and support its local implementation		
3.11	Pilot and evaluate Midland bowel screening navigator role (workforce)		
3.12	Facilitate ProVation version updates as required to support the National Bowel Screening Programme		
3.13	Support Midland DHBs with local ProVation reporting requirements (with regional consistency) to support the National Bowel Screening Programme (NBSP) quality and equity standards		
3.14	Support Midland DHBs with the NBSP implementation of the National Screening IT Solution when available, including transition of Lakes DHB.		
Initiative 4: National lead for the Māori bowel screening network (Technology & Digital Services)		Milestone/Date	Responsibility
4.1	Facilitate an annual hui and quarterly teleconferences to facilitate and promote engagement of those working for Māori equity in the NBSP. EAO	Bi-annual bowel screening Māori hui held Six monthly progress reports to NBSP	Midland BSRC
4.2	Facilitate quarterly teleconferences with each regional BSRC		
4.3	Provide feedback to the Ministry about quality improvements to increase participation in the programme for Māori communities to increase equity in the NBSP. EAO		
4.4	Participate in the National Pacifica bowel screening network. EAO		
Initiative 5: Improve palliative care services (Equitable Access & Outcomes; Clinical Leadership; Pathways TBC; Workforce)		Milestone/Date	Responsibility
5.1	Coordinate the Midland Palliative Care Work Group and support local DHB work groups as required, within available resource (clinical leadership)	Progress reporting on the requirements and key actions via quarterly RSP reports Q1-Q4	Midland palliative care work group
5.2	Continue development and implement Midland palliative care clinical guidelines (clinical leadership)		Midland DHBs
5.3	Support implementation of Te Ara Whakapiri (clinical leadership) EAO		Midland Hospices
5.4	Continue to support implementation of the Midland Medical Advanced		Midland Cancer

<i>Palliative Care Trainee Model of Service 2015-2018 (clinical leadership)</i>			Network
5.5	Continue development of the Lakes Palliative Care Strategy Plan		Midland Health Pathways
5.6	Support implementation of BOP Palliative Care services review recommendations within available resources (tbc)		Regional workforce
5.7	Facilitate development of Health Pathways (<i>Pathways to be confirmed</i>) EAO	Q2-Q4	
5.8	To facilitate the development of a Midland palliative care workforce plan (<i>workforce</i>) note: dependent on resourcing yet to be confirmed EAO		
5.9	Participate in 2018 HWNZ Fund initiative through submission of regional/local ROI's and implement as required (<i>refer to workforce priorities</i>). EAO	Q1-Q2	
Initiative 6: National lead for the lung cancer work programme (<i>Clinical Leadership; Technology & Digital Services</i>)		Milestone/Date	Responsibility
Midland Cancer Network is working in partnership with the Ministry of Health Cancer team to finalise the national lung cancer work programme for 2018/19 on initiatives to:			
6.1	Coordinate the National Lung Cancer Working Group and sub group meetings (<i>clinical leadership</i>)	National EDLC resources developed and made available Q1-Q4	National Lung Cancer Working Group Ministry of Health Cancer & CHIS teams Midland Cancer Network
6.2	Continue to implement and evaluate the national Early Detection of Lung Cancer Guidance EAO		
6.3	Complete the development and facilitate guidance for implementation of the national lung cancer follow-up and supportive care guidance EAO	National lung cancer follow-up and supportive care guidance finalised Q2	
6.4	Review and update the national lung cancer quality performance indicators to align with the national tumour standards work programme (<i>Technology & Digital Services</i>) EAO	National lung cancer quality performance indicators developed Q1-Q4	
6.5	Develop nationally consistent information to be collated at lung cancer Multi-Disciplinary Meetings (MDMs) aligning with National CHIS (<i>Technology & Digital Services</i>) EAO		

(iv) Cardiac services (Midland Cardiac Clinical Network)

Clinical Chair:	Dr Jonathan Tisch (Bay of Plenty DHB)
Project Manager:	Natasha Gartner
Lead Chief Executive:	Derek Wright (Waikato DHB)

Context:

The Midland Cardiac Clinical Network (MCCN) works with a regionally collective clinically informed approach that is service improvement focused. Representation includes the five District Health Boards (DHBs) Cardiology Services and Waikato DHBs Cardio-thoracic Surgical Service.

MCCN's vision is a population with well managed risk factors and timely access to appropriate prevention and intervention leading to improved health outcomes with no inequality by ethnicity or residential location.

Cardiovascular disease (CVD) is a leading cause of death in New Zealand. The three significant categories of cardiovascular disease are arrhythmia, heart failure and coronary artery disease with arrhythmia being the leading cause of cardiac admissions, followed by heart failure then ischemic heart disease.

The key foci detailed in the work programme are:

- Ischemic Heart Disease (IHD)
- Heart Failure (HF)
- Atrial Fibrillation (AF)
- Cardiac Surgery
- Māori Health Equity
- Regional projects and enablers.

Planned Outcomes for 18/19:

1. Quarterly communication of key actions and Key Performance Indicators (KPIs) at regional and DHB level utilising the ANZACS-QI and Cardiac Surgery registers to streamline reporting and prevent duplication of effort; the local DHB actions can be reported quarterly by way of consolidated regional report, submitted on behalf of the DHBs if all regional parties have agreed to this, by way of the quarterly reporting template.
2. Achieve the Ministry of Health Acute Coronary Syndrome (ACS) and Elective Services Performance Indicators (ESPI), Standardised Intervention Rates (SIR) and target Key Performance Indicators (KPIs).
3. Achieve or exceed equity for Māori in SIR rates for Cardiac Surgery, Angiography and Revascularisation.
4. Identify gaps in the Midland Cardiac Services against the NZ National Expected Clinical Standards.
5. Conduct a post-implementation review of ACS forecasting tool to confirm next steps for acute and elective services planning.
6. Pathways of Care review and transition to Health Pathways from Map of Medicine for cardiac conditions i.e. STEMI, ACS Accelerated Chest Pain Pathway (ACPP), HF, AF.
7. Review and audit the Accelerated Chest Pain Pathways (ACPPs) in Emergency Departments.
8. Inform and support regional Information System e-SPACE initiatives.
9. Clearly identify current demand for cardiac physiology services and the regional ability to meet these.
10. Support the development and implementation of a workforce plan to ensure that training, recruitment, retention and other relevant workforce issues are addressed to sufficiently support all pathways to cardiac services, including to cardiac surgery.

Measures: (by ethnicity, locality and deprivation where possible)

RSP Measures that will be reported quarterly:

The regional measures for cardiac services are also national indicators for DHBs. Measures will be monitored for the Māori population comparative to the non-Māori population, and by rurality where possible.

Cardiology Services

1. Acute- 70% of high risk patients receive an angiogram within three days of admission
2. Acute - $\geq 85\%$ of ACS patients who undergo coronary angiogram will have pre-discharge assessment of Left Ventricular Ejection Fraction (LVEF)
3. Acute – Composite Post ACS Secondary Prevention Medication Indicator – in the absence of a contraindication all ACS patients who undergo and angiogram should be prescribed at discharge aspirin, a second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF $<40\%$ should also be on a beta-blocker (5-classes)
4. Acute – over 95% of patients presenting with ACS who undergo coronary angiography to have completion of ANZACSQI ACS and Cath/PCI Registry data collection within 30 days and 99% within 3 months
5. Elective + Acute -SIR coronary angiography of at least 34.7 per 10,000 population
6. Elective + Acute - SIR percutaneous revascularization of at least 12.5 per 10,000 population

Cardiac-Thoracic Surgical Services

7. Elective + Acute - SIR of 6.5 per 10,000 populations.

Primary Health Organisation (PHO) and DHB measures that will be tracked and benchmarked by DHBs regionally:

Primary Service KPIs (PHOs report these measures to the MoH)

8. Monitor the % of patients identified as having CVDRA risk $>15\%$ who are on recall/ follow up by General Practitioner and have management as per clinical guidelines
9. % of eligible population having CVDRA
Indicator 1: 90% of the eligible population will have had their cardiovascular risk assessed in the last five years
Indicator 2: 90% of eligible Māori men in the PHO aged 35-44 years who have had their cardiovascular risk assessed in the last 5 years.

Cardiology Services (DHBs report these measures to the MoH)

10. Elective - Patients to wait no longer than four months for a Cardiology FSA for Māori and non Māori
11. Elective – 95% of accepted referrals for elective coronary angiography with receive their procedure within three months (90 days) Coronary Angiogram for Māori and non Māori
12. Elective - Echocardiography, halter, device implantation and exercise tests to be completed within four months of request being submitted.

Cardiac-Thoracic Services (Waikato Hospital reports these measures to the MoH via an on line portal)

13. Over 95% of patients undergoing cardiac surgery will have completion of Cardiac Surgery registry data collection within 30 days of discharge
14. Elective - Patients to wait no longer than four months for a Cardio-thoracic FSA
15. Report the proportion of patients scored using the national cardiac surgery Clinical Priority Access tool (CPAC)
16. Report the proportion of cardio-thoracic patients treated within assigned CPAC urgency timeframes
17. The cardio-thoracic waitlist must remain between 5% and 7.5% of planned annual throughput, and must not exceed 10% of annual throughput.

Line of Sight

DHB Annual Plans:

Section 2.1 - Health Equity in DHB Annual Plans:

Section 4.2 - Building Capability

Section 4.3 - Workforce, Health Literacy and IT

Section 5: 18/19 Performance measures: All DHBs – Focus areas 3, 4, PP20 Management of long term conditions and PP29

Improved wait times for elective Dx services; SI4 SIR rates for Angiogram, PCI and Cardiac Surgery; ESPI compliance.

Linkages: New Zealand Cardiac Network (NZCN), Heart Foundation, New Zealand Cardiac Society (NZCS), MOH, Pharmac

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities.**

Initiative 1: Ischaemic heart disease <i>(Clinical Leadership, Pathways)</i>		Milestone/ Date	Responsibility
1.1	National Expected Standards – gap analysis and recommendations against the National Expected Standards	Q1-Q4	Midland Cardiac Clinical Network Project Manager
1.2	Acute Coronary Syndrome (ACS) - conduct a post-implementation review of ACS forecasting tool to confirm next steps	Q1-Q4	
1.3	Continue to explore opportunities for service improvements and opportunities to reduce inequities for timely access to treatment	Q1-Q4	
1.4	Develop ACS Pathways of Care, including STEMI	Q4	
1.5	Chest Pain – transition pathway of care into Health Pathways	Q4	
1.6	Primary Prevention - understand the barriers to Cardiology FSA and provide recommendations to mitigate these	Q4	
1.7	Explore system options which would enable the counting and coding of FSA cardiac attendances at outpatient clinics	Q2-Q3	
1.8	Assess clinician views about implementing additional patient counting system	Q4	
1.9	Secondary Prevention and Rehabilitation – discharge medications and adherence will be tracked with data from Pharms	Q4	
1.10	Accelerated ED Chest Pain Pathways - review the secondary Accelerated Cardiac Patient Pathways (ACPP) within each Midland DHB.	Q4	
Initiative 2: Heart failure (HF) <i>(Equitable Access and Outcomes, Pathways)</i>		Milestone/ Date	Responsibility
2. 1	Transition the pathway of Care for delivery of HF care in a Primary setting and identify new opportunities for improvement EAO	Q4	Midland Cardiac Clinical Network Project Manager
2. 2	Population of the HF ANZACS- QI Register EAO	Q3	
2. 3	Provide a report on how heart failure services will ideally be delivered across the five Midland DHBs to improve outcomes for the worst affected groups now identified as Māori, low deprivation, male, ages 40–65. EAO	Q4	
Initiative 3: Atrial fibrillation (AF) <i>(Equitable Access and Outcomes, Clinical Leadership, Pathways)</i>		Milestone/Date	Responsibility
3. 1	Investigate options of how to identify the number of patients with Atrial Fibrillation.	Q1-Q4	Midland Cardiac Clinical Network Project Manager
3. 2	Provide a report on how atrial fibrillation services would ideally be delivered across the five Midland DHBs. EAO	Q4	
3. 3	Transition AF pathway of care into Health Pathways.	Q4	
<i>Some resourcing for Atrial Fibrillation medications and increased access to echo and ablation services, and for the device data base in ANZACSQI will be required for this initiative to be successful.</i>			

Initiative 4: Cardiac surgery patient services (Equitable Access and Outcomes, Quality, Clinical Leadership, Pathways)		Milestone/Date	Responsibility
4.1	Explore viability of Cardiac Surgery outreach clinics at Tairāwhiti. EAO	Q4	Midland Cardiac Clinical Network Project Manager
4.2	Explore options on how to keep the cardiac surgery waitlist within 6-10% of the annual volume as per MOH KPIs. EAO <i>Resourcing for increased volumes of Cardiac Surgery may be required to meet waitlist KPIs.</i>	Q4	
Initiative 5: Māori health equity : cultural assessment audit of cardiology and cardiac surgery services (Equitable Access and Outcomes, workforce)		Milestone/Date	Responsibility
5.1	A wananga will be held to provide the opportunity for Midland Māori consumers to talk about their cardiac pathway experiences. The feedback will be collated and a recommendation document will be developed for consideration. EAO	Q1-Q3	Midland Cardiac Clinical Network Project Manager
5.2	To undertake a stocktake of current cultural awareness training and organisational cultural support services for clinicians within the Midland DHBs. This will provide a baseline and an opportunity to align as a workforce enabler to enhance clinical cultural awareness for services for Māori. EAO	Q3	
Initiative 6: Workforce and service planning (Workforce)		Milestone/Date	Responsibility
Workforce			
6.1	Identify demand for cardiac physiology services in Midland DHBs	Q1-Q4	Midland Cardiac Clinical Network Project Manager
6.2	Identify accessibility of cardiac physiology services in Midland DHBs including workforce supply	Q1-Q4	
6.3	Undertake gap analysis	Q1-Q4	
6.4	Collaborate with DHB Shared Services and Regional and National Cardiac Networks to develop a strategic workforce plan to address gap analysis findings.	Q1-Q4	
Service planning			
6.5	Begin regional service planning conversations	Q1-Q4	Regional Director of Workforce Development
6.6	Collate information to inform an updated regional service plan for Cardiology and Cardiac Surgery.	Q1-Q4	

(v) Child health services – Child Health Action Group

Clinical Chair:	Dr David Graham (Waikato DHB)
Project Manager:	Anna-Maree Harris
Lead Chief Executive:	Ron Dunham (Lakes DHB)

Context:

Children who receive the right supports from an early age go on to have better health outcomes, better educational achievements, and lifelong learning⁵. Child health in the Midland region has been chosen as a focus area because it has different challenges to the rest of New Zealand in terms of the constitution of the population and the highest levels of poverty and rurality in the country. The Child Health Action Group (CHAG) work plan provides an opportunity to invest in the long term health of our children and future adult population by working together regionally to maximise health gains in a cost effective way and to provide improved equitable outcomes.

A number of the risk factors for many adult diseases such as diabetes, heart disease and some mental health conditions such as depression that arise in childhood. Child health, development and wellbeing also have broader effects on educational achievement, violence, crime and unemployment.

CHAG will focus on activities that have a wellness and disease prevention focus for children in the Midland District Health Board (DHB) region. This focus will also include decreasing the acute and chronic burden of disease for children / tamariki.

Planned Outcomes for 18/19:

- Development of a standardised regional First 1000 days checklist and outcomes framework
- Regional initiatives to support a reduction in childhood obesity and improved oral health
- Regional approach to System Level Measures (SLMs) and contributory measures.
- Targeted approach to reducing inequity and Ambulatory Sensitive Hospitalisation (ASH) rates.

Key Objectives:

- Recommend regional options to meet child health care needs in the primary, community and secondary sectors and implement solutions
- Support development of elements of a First 1000 days checklist and associated measuring and monitoring outcomes framework for the region
- Co-ordinate a focus on a common group of SLMs and their contributory measures related to the first 1000 days, for alignment across Midland DHBs
- A multi pronged approach to improving oral health and reducing sugar-sweetened beverages (SSB)
- Raise the profile of regionally-led child health improvement initiatives.

Measures: (by ethnicity, locality, equity and deprivation where possible)

- Reduced ASH rates – early enrolment to primary care, immunisations
- Improved oral health engagement and outcomes
- Increased measuring of policy and practice of water/milk only policies in pre-schools
- Co-ordinated regional performance against SLMs.

⁵ Ministry of Health. 2017. *Delivering Better Public Services* Wellington: Ministry of Health.

Line of Sight

- Midland DHB Annual Plans: Section 2 – Delivering on priorities and targets

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Initiative 1: Childhood obesity (Equitable Access & Outcomes)		Milestone/Date	Responsibility
1.1	To undertake a survey of Early Childhood Education centres and primary schools to gauge policies in place and practice of offering only milk/water EAO	Q2-Q3	Midland Child Health Action Group
1.2	Provide findings to DHB Public Health Units, Midland Iwi Relationship Board (MIRB) and other relevant stakeholders EAO	Q3	
1.3	Investigate opportunities for collaboration with the Ministry of Education. EAO	Q3-Q4	
Initiative 2: Oral health (Equitable Access & Outcomes)		Milestone/Date	Responsibility
2. 1	Review available oral health quarterly data for linkages between primary care enrolment and oral health ASH, risk factors for poor oral health and facilitate an opportunity for information sharing to review available oral health data. Note that Initiatives 1 and 2 are closely linked with sugar-sweetened beverages EAO	Q2	Midland Child Health Action Group
2. 2	Identify areas to reduce inequalities by prioritising and aligning with Midland DHBs' Oral Health Services and alignment with System Level Measures EAO	Q2	
2. 3	Provide recommendations for priorities that would improve oral population health across the region to General Managers (GMs) Planning and Funding EAO	Q2	
2. 4	Develop an implementation plan based on agreed priorities between GMs Planning and Funding and CHAG EAO	Q2-Q3 Q4	
2. 5	Begin implementation. EAO		
Initiative 3: Regional approach to Child Health System Level Measures (Equitable Access & Outcomes)		Milestone/Date	Responsibility
3. 1	Identify existing groups and develop a mechanism for the sharing of information on the selected contributory measures with a focus on a reduction of inequity EAO	Q1	Midland Child Health Action Group
3. 2	Review all contributory measures and select common measures related to the First 1,000 days for an in-depth analysis – e.g. smoking in pregnancy, oral health, Primary Health Organisation enrolment and delayed immunisation. Utilise available data to have a targeted approach to inequities EAO	Q1-Q2	
3. 3	Develop a plan for a collaborative approach to achieving SLMs across Midland DHBs including the utilisation of the Midland Child Health Data tool EAO	Q3	
3. 4	Implement a plan and begin data monitoring systems in collaboration with Midland DHBs to continue to monitor progress for child health. EAO	Q4	
Initiative 4: Development of a standardised regional primary care First 1000 days checklist and monitoring framework (Equitable Access & Outcomes)		Milestone/Date	Responsibility
4.1	To support the development of a set of elements for a regional first 1000 days generic checklist/toolkit – each with an appropriate action EAO	Q1	Midland Child Health Action Group MURIAL project group
4.2	Develop a monitoring and outcomes framework for the checklist, and other antenatal/postnatal initiatives EAO	Q1	
4.3	Monitor outcomes in conjunction with MURIAL and related parties EAO	Q2-Q3	
4.4	Support the development of a model to increase primary care engagement EAO	Q1-Q2	

(vi) Elective services (Elective Services Network)

Clinical Lead:	Dr Martin Thomas (Lakes DHB) (TBC)
Project Manager:	Jocelyn Carr
COO Lead:	Gillian Campbell
Lead Chief Executive:	Rosemary Clements (Taranaki DHB)

Context

A review of the regional electives project has been undertaken to ensure both the structure supporting the project and the process to agree regional initiatives deliver maximum value to the region. The outcome of the review is that governance of the project has been devolved to the Midland Chief Operating Officers Group (COO Group) and a more robust process has been implemented to ensure the agreed initiative(s) better reflect the objectives below.

Based on the success of other regional clinical networks involving a whole of specialty approach, agreement has been reached to use a similar methodology for initiatives aligned to the Elective Services Network. The driver for this change is the understanding that elective service delivery is a component of the whole of service delivery. If electives are viewed in isolation the opportunity to consider the inter-relationship between acute demand and electives capacity is missed. This approach also makes clear that while a regional focus on elective services aims to support DHBs, the responsibility for meeting Elective Service Performance Indicators (ESPIs) belongs with individual District Health Boards (DHBs).

During 2017, the Midland Region COO Group reviewed a short list of specialties and considered the benefits and critical success factors of each. A decision to progress a vascular services project based on the outcomes from the Ministry of Health vascular services review has been endorsed by the COO Group. At the December 2017 meeting of service managers and vascular surgeons all attendees agreed there is value in the initiative and wish to progress the Ministry of Health (MoH) Vascular Services Model of Care – Implementation Action Plan. A regional forum including general practice, radiology, nursing and hospital specialists was held on 20 April 2018 to ensure cross sector engagement and agree responsibilities and timeframes.

Planned Outcomes for 18/19:

- Increased health literacy
- Lifestyle advice and changes
- Access to diagnostics
- Standardised processes to improve equity, quality and outcomes
- Enhanced management through best practice guidelines
- Whole of system protocols that define roles and responsibilities
- Acute and elective care pathways ensure patients receive timely intervention in the most appropriate setting
- Improve the patient journey through information pack to support clinical decision making and equity of access
- Patients are able to access appropriate imaging, allied health and social services
- Effective linkages with other service providers support patients.

Key Objectives:

- Optimise prevention and detection
- Reduce clinical variation
- Enhanced equity of access
- Enhance the intervention pathway
- Integrate services effectively

Measures: (by ethnicity, locality and deprivation where possible)

- Agreed number of procedures and 'first specialist assessments' (FSA) are delivered without compromising quality of care
- Agreed number of regional health target discharges are delivered without compromising quality of care

- Reduced waiting times and maintenance of elective service performance indicator (ESPI) compliance
- Variation in Clinical Priority Access Criteria (CPAC) scoring thresholds are reducing once nationally approved tools are implemented
- Increased number of consistent clinical pathways across work streams and increased use of those pathways
- Improved management of elective volumes within regional capacity.

Line of Sight

- MoH Vascular Services Model of Care: Section 2 – Implementation Action Plan
- Midland DHB Annual Plans

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Initiative 1: Vascular Services Clinical Leads : Thodur Vasudevan & Mark Morgan (Equitable Access & Outcomes, Quality; Clinical Leadership)	Milestone/Date	Responsibility
The Vascular Network will focus on improving the delivery of vascular services for the population of the Midland region. This will include:		
1.1 Draft health pathways developed and are ready for publishing (quality)	Q1	
1.2 Stocktake of DHBs access to vascular ultrasound completed and where agreed move to national guidelines (quality)	Q1	
1.3 Current coding practices are audited and where appropriate changed to meet service specification guidelines (quality)	Q2	
1.4 Assessment and confirmation of DHB service levels (clinical leadership)	Q1	Regional Vascular Network
1.5 Regional clinical audit process is implemented to inform service and quality improvements (quality)	Q2	
1.6 Acute and elective pathways are agreed and formalised for nominated conditions (quality, clinical leadership)	Q2	
1.7 Formal vascular multidisciplinary meeting process documented and implemented (quality)	Q2	
1.8 Workforce benchmarking is undertaken and opportunities to develop workforce and technology solutions are identified and progressed (clinical leadership)	Q2	
1.9 Collect data by ethnicity, location and deprivation where this is available. EAO	Q1	
Initiative 2: Breast Reconstruction Services Clinical Lead: TBA (Quality, Clinical Leadership)	Milestone/Date	Responsibility
We acknowledge that there is work anticipated in 2018/19 relating to improving access, and consistency of access, to plastics and reconstructive services, including breast reconstruction. We will engage with the national service improvement programme as actions are developed and support regional implementation as required by the Midland DHBs. (quality, clinical leadership)	TBA	TBA
Initiative 3: Ophthalmology Clinical Lead: Stephen Ng (Equitable Access & Outcomes, Quality, Clinical Leadership)	Milestone/Date	Responsibility
We acknowledge that there is work anticipated in 2018/19 relating to improving access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways. The Ministry of Health will agree arrangements with DHBs regarding the implementation of national guidelines for AMD and glaucoma. This will support HealthShare to facilitate regional meetings and DHB collaboration to assist the implementation process (quality, clinical leadership, EAO).		
3.1 Initial regional meeting to agree regional work plan. (quality)	Q2	Clinical Lead / Project Manager

(vii) Healthy ageing (Health of Older People Action Group)

Clinical Chair:	TBC
Project Manager:	Kirstin Pereira
Lead Chief Executive:	Helen Mason (Bay of Plenty DHB)

Context:

The Healthy Ageing Strategy⁶ provides a clear direction for New Zealand and the health of its older people. There is an expected increase in the number of older people and the strategy urges the health sector to plan and ensure it is prepared at national, regional and local levels. People with long term conditions, including dementia, need support and information to help manage their conditions and to stay well. Family and whānau carers often help to enable older people to remain at home for longer thereby reducing dependence on inpatient or residential care. Carers also need training and information to help manage in their role as carer, helping to reduce the impact the challenges of this role may have on their health.

The strategy also includes a focus on the systems and technologies available in health. The health system is 'data-rich' and holds a vast amount of information. In order to benefit from this, planning needs to include how that information can be used to help improve quality and future service delivery.

Planned Outcomes for 18/19:

- Reduced readmissions through appropriate management of inpatient stay and transfer of care
- Family and whānau carers of older people with dementia have access to standardised support and education programmes
- InterRAI data is accessed and used, by the sector, for service development or improvements
- All people in the Midland region are offered the opportunity to discuss and complete an Advance Care Plan (ACP).

Key Objectives:

- Midland District Health Boards (DHBS) are sharing initiatives for managing acute demand and patient flow across the Health of Older People continuum
- Education guidelines are agreed for education programmes for family and whānau carers of people with dementia, and providers of these programmes are aware of the guidelines
- Increase the use of InterRAI data across the sector
- Midland DHBS have the opportunity to make the most efficient use of resources and information for the implementation of ACP in the Midland region.

Measures: (by ethnicity, locality and deprivation where possible)

- Regional measures agreed for managing acute demand and patient flow
- Means of improving access to advice and support for family and whānau carers identified
- New reports or agreed regional measures are in place using InterRAI data
- Midland Region ACP Facilitators' Group report increased numbers of ACP conversations and completed ACP plans.

⁶ Associate Minister of Health. 2016. *Healthy Ageing Strategy*. Wellington: Ministry of Health

Line of Sight

- DHB Annual Plans:
- Healthy Ageing Strategy, 2016
- New Zealand Framework for Dementia Care, 2013

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Initiative 1: Managing acute demand and patient flow across the continuum (Equitable Access & Outcomes)	Milestone/Date	Responsibility
Regional collaboration on identifying initiatives and best practice for managing acute demand and patient flow across the continuum for health of older people, including mental health services for older people. EAO		
1. 1 Identify the scope of the initiative and work with DHBs to identify their most appropriate representatives for the HOP Action Group.	Q1	HOP Project Manager
1. 2 Support the Action Group to identify the most effective means of sharing successful initiatives, lessons learned and agree a regional approach.	Q2	HOP Action Group
1. 3 Organise the sharing of initiatives and identify regional measures, including rates for Māori, Pacifica and non-Māori. EAO	Q4	
Initiative 2: Dementia (Clinical Leadership; Equitable Access & Outcomes; Pathways)	Milestone/Date	Responsibility
Education programmes, advice and support for family and whānau carers (Clinical Leadership, Pathways)		
2. 1 Determine requirements of a new working group to support this regional work for family and whānau carers of people with dementia and seek nominations from DHBs and the sector. EAO	Q2	
2. 2 Continue to support the development of the Informal Carer, Family and whānau Education Guidelines. EAO	Q2	
2. 3 Continue to support the sector to identify ways to ensure access for informal carers and whānau to the education and support programmes (continued on from Q4 2017/18). EAO	Q2	
2. 4 Identify opportunities to promote the completed guidelines to Midland region education programme providers.	Q3	HOP Project Manager
2. 5 Identify advice and support initiatives available to family and whānau carers post diagnosis and methods of delivery.	Q3	HOP Action Group
2. 6 Support the group to identify ways to ensure access for all people in the Midland region to those initiatives.	Q4	
Dementia Assessment and Management Pathways		
2. 7 (Pathways)		
2. 8 Analysis of the survey of GP practices to assess the use of the dementia pathways and their impact on GP and Practice Nurse confidence levels.	Q1	
2. 9 Review the current HealthPathways base pathway from a Midland region perspective.	Q2-Q4	

Initiative 3: InterRAI <i>(Equitable Access & Outcomes; Quality)</i>	Milestone/Date	Responsibility
InterRAI Data Visualisation Tool 3.1 Continue to promote the use and application of the new visualisation tool with Midland DHBs and the sector. InterRAI Quality indicators <i>(Quality)</i> 3.2 Establish a Subject Matter Expert group to work on InterRAI indicators. 3.3 Identify and agree indicators. 3.4 Develop reports for HOP Action Group to review, including rates for Māori and non-Māori. EAO	Q1-Q2 Q3 Q4	HOP Project Manager
Initiative 4: Advance Care Planning (ACP) <i>(Quality; Technology & Digital Services)</i>	Milestone/Date	Responsibility
Provide support to enable the Midland region to meet the requirements of the national ACP implementation plan 4.1 Coordinate and support the Midland Regional ACP Facilitators, working to include additional Primary Health Organisations. 4.2 Represent the Midland Region and contribute to the work of the National ACP Steering Group. 4.3 Support the Facilitators group to collaborate on a regional approach to the Train the Trainer programme and the Serious Illness Conversation Guide Training programme. 4.4 Initiate discussions with Primary Health Organisations (PHOs) to implement functionality for the electronic capture of ACP plans.	Q1-Q4 Q1-Q4 Q1-Q2 Q4	HOP Project Manager Midland Regional ACP Facilitators

(viii) Hepatitis C – Midland Integrated Hepatitis C Service

Clinical Chair:	Dr Frank Weilert, Waikato DHB
Project Manager:	Jo de Lisle

The Ministry of Health is working in collaboration with PHARMAC and the regional Hepatitis C coordinators to support the increased uptake of new funded hepatitis C treatments and:

- to increase diagnosis rates, find people lost to follow up, improve patient-related outcomes, and reduce liver-related and extra hepatic morbidity and mortality
- to implement integrated hepatitis C assessment and treatment services across community, primary and secondary care services in the region
- to increase hepatitis C treatment uptake and primary care prescribing

Background:

In 2015/16, DHB regions began implementation of a revised approach to the delivery of hepatitis C services across New Zealand. In 2016-17 a Midland regional project working group was established to develop a regional integrated, primary and secondary clinical pathway of care for people with hepatitis C, and developed a regional mobile service delivery model.

Over the past two years, education and awareness for health professionals and the community about hepatitis C services and treatment has been provided. The focus has been on promoting primary care prescribing and diagnosing those undiagnosed or lost to follow up. A gold standard re-issue of historic laboratory results electronically has occurred within two of the Midland DHB regions to support the lost to follow up group.

In July 2016 PHARMAC commenced funding of direct acting antiviral (DAA) therapy for hepatitis C. Access to these DAAs provided for the first time a treatment that offers a 95 percent cure for the eligible population. From October 2016 all prescribers, including general practitioners, have been able to prescribe new treatments allowing the majority of patients with hepatitis C to be managed in the community.

A Midland region community hepatitis C mobile service based on a regional developed clinical pathway has been implemented across the Midland region. The pathway is being reviewed and transitioned from the Map of Medicine tool into the HealthPathways tool.

As from July 2018 the community mobile service ie Fibroscan and patient education service, for the region is provided by Waikato DHB.

There is a BPAC electronic referral for all GPs to refer into the community mobile service where they will receive an electronic response from the service including Fibroscan result and a suggested management plan.

Actions in 2018-19 are a continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland. The Midland region will report in Q2 and Q4 on the following key actions, broken down by ethnicity and age bands (by decade) on the following measures.

Line of Sight

- Midland DHB Annual Plans

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities.**

Actions to support the regional hepatitis C objectives	Milestone/Date	Responsibility
<ul style="list-style-type: none"> • investigating the opportunity to prioritise Hepatitis C as a contributory measure within the System Level Measures framework for Amenable Mortality • provide quality identification, through testing and diagnosis; assessment; triage; and management, including monitoring, support and education to people with hepatitis C • primarily direct identification towards targeted testing for people who are at increased risk • regularly review and implement the Midland region hepatitis C pathway • extend primary and secondary health care services to provide improved assessment and follow up services for people with hepatitis C, including community based Liver Elastography Scanning • deliver integrated services across primary and secondary care to meet the needs of the Midland region's population • implement a national and/or regional approach to using lab data to identify people who have been previously diagnosed with possible and active hepatitis C infection but may have been lost to follow up • regularly update the regional hepatitis C education and awareness plan and ensure activities across DHBs are coordinated with the plan. <p>In delivering hepatitis C education and awareness services the Midland region will:</p> <ul style="list-style-type: none"> • provide information and support to PHO's to enable general practice teams to provide optimal hepatitis C care and support for the delivery of accessible PHARMAC funded DAA hepatitis C treatment for eligible patients • raise the awareness of, and education on, the hepatitis C virus and risk factors for infection both in high risk groups and general practice teams • promote nationally and locally developed hepatitis C resources and activities within the region • ensure a focus on supporting primary care prescribing of hepatitis C treatment to promote an increase in uptake of treatments in the community • ensure a focus on diagnosing those undiagnosed and at risk of hepatitis C • tailor patient information to the needs of the local populations • provide PHO based GP and nursing training sessions on prescribing and support needed for the new funded hepatitis C treatments • engage with staff working in key stakeholder organisations such as Prisons, Needle Exchange Services and Community Alcohol and Drug Services, Opioid Substitution Treatment providing information and / or on the ground training and education • liaise and share information with secondary care staff on the clinical hepatitis C pathway, appropriate treatment pathways for patients and strengthening links with primary care. <p>Further actions to increase identification/diagnosis in each DHB region will include:</p> <ul style="list-style-type: none"> • engage with local Māori and Pacific Island communities. EAO • engage with immigrants from South East Asia, Eastern Europe, Indian 	Q2 / Q4	HealthShare, on behalf of the Midland DHBs

Actions to support the regional hepatitis C objectives	Milestone/Date	Responsibility
<p>subcontinent and Middle East, at-risk and hard to reach groups including people who inject drugs and prisoners. EAO</p> <ul style="list-style-type: none"> opportunistic targeted testing at general practice and within the community. EAO 		

Measures	Data Collection Process and Source	Milestone/Date
1. Number of people diagnosed with hepatitis C per annum (by age bands and genotype)	Total number of people with a positive HCV PCR test in the DHB region (data from five reference labs provided to DHB regions)	Q2 / Q4
2. Number of HCV patients who have had a Liver Elastography Scan in the last year: (a) new patients (b) follow up.	Total number of hepatitis C Liver Elastography Scans performed annually (data from the delivery of Liver Elastography Scans in primary and secondary care). Note: all Liver Elastography Scans are to be counted irrespective of the device used.	Q2 / Q4
3. Number of people receiving PHARMAC funded antiviral treatment per annum	Total number of people prescribed antiviral treatment who have hepatitis C (data from PHARMAC provided to regional DHBs). Ministry of Health to obtain data (by age, ethnicity and medication type) and provide this to DHB regions via annual reporting in the Regional Services Plans.	Q2 / Q4
4. Monitor and report on progress implementing integrated regional hepatitis C services and education and awareness activities including narrative updates on:	<ul style="list-style-type: none"> supporting DHBs to implement integrated services providing information and support to PHOs to enable general practice teams to provide optimal hepatitis C care raising community and general practice team awareness of and education on the hepatitis C virus and risk factors for infection promoting nationally and regionally developed resources and activities extending primary and secondary care services to provide improved assessment and follow up services for people with hepatitis C, including community based Liver Elastography Scanning progress on secondary health care support of hepatitis C assessment and increasing treatment and follow up in primary health care 	Q1-Q4

(ix) Mental Health & Addictions (Regional Mental Health & Addictions Network)

Clinical Chair:	Dr Sharat Shetty (Taranaki DHB)
Regional Director:	Eseta Nonu-Reid
Lead Chief Executive:	Ron Dunham (Lakes DHB)

Context:

Since the 1990s the mental health and addiction sector has been through significant growth and rapid change, not only in relation to the range of services available, the way they are provided and the strong emphasis on a culture of recovery, but also in terms of the expectations of people who use services, their families and whānau, and communities. The service changes have only been possible through the efforts of an innovative and energetic sector that is willing to make continual improvements and never stand still. Despite all the improvements over recent years, service quality and the level of access to services remain variable for people with mental health and addiction issues. It is essential we continue to make changes, with a renewed focus on earlier and more effective responses, improved outcomes, better system integration and performance, increased access to services, effective use of resources and stronger whole-of-government partnerships.

Māori continue to more frequently experience mental health and addiction issues (Oakley Browne et al 2006), inpatient admission, seclusion and compulsory treatment (Ministry of Health 2012a) than other groups. We also continue to have:

- one of the highest rates of youth suicide in the developed world
- high rates of the use of seclusion, with variation between District Health Boards (DHBs)
- high rates of the use of the Mental Health (Compulsory Assessment and Treatment) Act 1992, with variation between DHBs
- variation in access to services especially for children and youth
- variable waiting times for access to mental health and addiction services
- variable alignment and integration between services provided by DHBs and those provided by NGOs
- variable integration between specialist services and primary care
- limited and variable primary mental health responses for people experiencing common but debilitating mental health and addiction issues and no ability to measure access to these primary mental health responses
- gaps in responses for people with co-existing mental health and addiction problems, and those with co-existing mental health issues and disabilities
- variability in the quality of specialist inpatient facilities.

To tackle these challenges, significant changes are needed to better meet the needs of those in our communities who use our services. We must take the time to consider cutting-edge practice and this plan allows the region to take incremental steps towards achieving these goals.

Planned Outcomes for 17/20:

Vision: *“Improving Mental Health and Addictions”* underpinned by:

1. Quality services
2. Sector infrastructure
3. Integration and social inclusion
4. Workforce capacity and capability
5. Health system relationships and integration
6. Early detection and intervention focusing on recovery
7. Information management.

Key Objectives:

- Leading regional mental health and addiction planning
- Leading regional service improvement
- Supporting the achievement of health targets and policy priorities
- Linking to national and regional governance structures and processes
- Leading and/or supporting the development of nationally consistent approaches to mental health and addiction
- Reducing inequalities in mental health and addiction outcomes for Māori
- 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 and should be read in conjunction with the local District Annual Plans.

Measures: (by ethnicity, locality and deprivation where possible)

- A reduction in waiting lists and times for people entering for service as per the national benchmarks.
- Increased access to services for the primary health sector
- Reduction in Māori placed on a compulsory treatment order
- Reduction in people being secluded as per the national benchmarks.

Line of Sight

Midland DHB Annual Plans: section 2 – delivering on priorities and targets; section 3 – service configuration; section 5 – performance measures.

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Initiative 1: Midland eating disorders model of care (Equitable Access & Outcomes; Pathways)	Milestone/Date	Responsibility
Continued regional development of eating disorder services <ul style="list-style-type: none"> Implement the Midland Eating Disorders Model of Care as outlined in the MoH Change Management proposal: EAO <ol style="list-style-type: none"> Develop a Pathway of Care Establish a Prioritisation Panel Develop a regional hub and spoke process Standardise common policies and best practice guidelines Develop workforce objectives that lead to a sustainable service. 	Q4 2018/19	Regional Director and Clinical Governance
Initiative 2: Substance abuse legislation (Clinical Leadership, Equitable Access & Outcomes; Pathways; Workforce)	Milestone/Date	Responsibility
Improved addiction service capacity and capability for implementation of substance abuse legislation EAO <ol style="list-style-type: none"> Implement Midland proposal to the MoH if funding secured Implement and monitor the objectives as identified in the proposal Implement the workforce development requirements as identified in the SACAT Model of Care Develop Pathway of Care for Addiction that includes SACAT. 	Q1 2018/19 Q2 2018/20 Q1 2018/20 Q3 2018/19	Midland Regional Director and Midland Clinical Governance
Initiative 3: National mental health and addiction Inquiry (Equitable Access & Outcomes; Quality)	Milestone/Date	Responsibility
Ensure Midland is fully engaged in the national Inquiry process by: <ol style="list-style-type: none"> Disseminating information as it becomes available Providing back room support to the individual DHBs 	Q2 2018/19	Midland Regional Director and Midland Clinical

3. Bringing together stakeholder groups as needed to consult with the Inquiry. EAO		Governance
4. Provide regional, and by DHB, data as required.		
Initiative 4: MH&A clinical workstation <i>(Technology & Digital Services)</i>	Milestone/Date	Responsibility
The successful implementation of modern clinical workstations across the Midland region. 1. Clinical Governance remains engaged with eSPACE 2. eSPACE of the mental health and addiction platform is undertaken in partnership with Clinical Governance.	Q4 2018/20	Midland Clinical Governance and eSPACE
Initiative 5: Health equity for Māori <i>(Equitable Access & Outcomes)</i>	Milestone/Date	Responsibility
Improving health outcomes for Māori by: 1. Undertaking in-depth analysis of ethnicity data to identify projects for 2018-20. EAO 2. Identify exemplar services and examine what works and how lessons learned can be transferred. EAO 3. Ensure all projects undertaken have an Equity section that is ratified by Clinical Governance and Te Huinga o Nga Pou Hauora (Māori Leadership Network). EAO 4. Working in partnership with GMs Māori Health to ensure that Mental Health and Addiction continue to develop robust equity strategies. EAO	Q4 2018/20	Midland Regional Director and Midland Regional Stakeholder Groups
Initiative 6: Midland Infant Perinatal Clinical Network <i>(Equitable Access & Outcomes; Pathways)</i>	Milestone/Date	Responsibility
The Midland Infant Perinatal Clinical Network will: 1. Complete the review of the primary care pathway (Pathways of Care) and consult with primary, maternity and mental health and addictions services. EAO 2. Develop regionally agreed policies, procedures and clinical best practice guidelines to ensure regional consistency. EAO 3. Participate in the evaluation of the e-Learning tool in partnership with the Central region. EAO	Q1 2018/19 Q1-Q4 2018/19 Q1-Q4 2018/19	Midland Regional Director and Midland Infant Perinatal Clinical Network
Initiative 7: Workforce capacity and capability <i>(Clinical Leadership; Equitable Access & Outcomes; Workforce)</i>	Milestone/Date	Responsibility
Building a sustainable workforce by: 1. Analysis of the Midland workforce, including the NGO sector. EAO 2. Develop initiatives that values NGOs as integrated partners. EAO 3. Develop a Workforce MH&A Strategic Plan that aligns with the National MH&A Workforce Action Plan. EAO 4. Clinical Governance will support and provide leadership at a regional and local level to the Health Quality Safety Commission project work: EAO a. Towards Zero Seclusion b. Transition 5. Projects are identified and implemented. EAO 6. Provide workforce leadership to the sector in partnership with the Regional Training Hub. EAO	Q4 2018/19	Midland Regional Clinical Governance and Midland Workforce Network
Initiative 8: Data management <i>(Equitable Access & Outcomes)</i>	Milestone/Date	Responsibility
Improving mental health and addiction data management by: 1. Regional Stakeholder Networks to identify data sets for analysis. EAO 2. Ensure that analysis of data is undertaken and informs all projects undertaken in 2018-19. EAO 3. Further analysis of current data sets to ascertain effectiveness of information provided.	Q4 2018/19	Midland Regional Director and Midland Regional Networks

(x) Radiology services (Midland Radiology Action Group)

Clinical Chair:	Dr Roy Buchanan (Bay of Plenty DHB)
Project Manager:	Natasha Gartner
Lead Chief Executive:	Derek Wright (Waikato DHB)

Context:

The Midland Radiology Departments work together through the Midland Radiology Action Group (MRAG) to information share, to implement consistent imaging protocols regionally, and to work on service improvement initiatives. Their focus includes equitable and clinically effective access criteria to publically funded imaging, demand-capacity analysis, and horizon scanning. They work to provide high quality, clinically appropriate, timely and culturally safe services. MRAG is also a regional resource for pathways and service change proposals.

MRAG links with the National Radiology Advisory Group (NRAG) which works alongside the Ministry of Health (MOH) and other health agencies including Pharmac, ACC, Health Workforce NZ, and the professional colleges.

New Zealand's District Health Boards (NZ DHBs) face the challenge of new and increasing volumes of work, workforce shortages, and to provide sustainable and affordable services within a financially constrained landscape. As a support service, radiology needs to be able to respond nimbly to these demands, particularly in support of the national priorities and targets. This can be enhanced by radiology being included at the earliest stages of development of clinical pathways and service delivery models. These currently include proposals for:

- Primary Access to Computerised Tomography (CT) for Dementia patients
- Rapid and advanced scanning techniques for stroke patient's
- CT Colonography (CTC) as an alternative to Colonoscopy for some patients
- CT Coronary Angiography (CTCA) as an alternative to a catheterisation laboratory (Cath Lab) procedure

Planned Outcomes for 18/19:

1. Modality trend analysis of case-mix and volumes for future planning of resource requirements
2. Did Not Arrives (DNA) and Was Not Brought (WNB) analysis
3. "Image Once, Image Right" - Clinical Access Criteria, Integrated Pathways of Care, Service Delivery Planning, Results Availability - work with Choosing Wisely, Midland eSPACE, Pathways of Care, and with private radiology practices to create the ideal regional imaging construct
4. Reporting on District Health Board (DHB) CT and Magnetic Resonance Imaging (MRI) key performance indicators (KPIs)
5. Providing collaborative advice to clinical services.

Key Objectives

Guided by the NZ Health Strategy Framework and Midland Quality Framework the focus is on wellness of the population, reduced service vulnerability, and improved value to the population through:

People powered

- Cancer Streams/Pathways – improve the value proposition and performance by working closely with the Midland Cancer Network and other services on their referral criteria, required timeframes and pathway development
- Work with regional clinical networks and the National Radiology Advisory Group

Closer to Home

- Equitable access criteria, clinically and financially sustainable and delivered close to home
- Meet MoH targets and performance objectives

Value and high performance

- Capacity stock takes across the region will identify where current and potential capacity and bottlenecks exist, enabling a regional approach to capital investment
- Modality modeling to give visibility to the demand and capacity flows across the Midland region. This information will provide a regional view of potential capacity and bottlenecks, enabling a data informed regional approach to capital investment

One Team

- Clinical best practice will be enabled with the implementation of national access criteria based on clinical need.
- Work with Regional Workforce identifying intelligence on current and future workforce requirements for the region
- Work with Pathways of Care team

Smart System

A resource for the regional Information Systems (IS) and Supporting Patients and Clinicians Electronically (e-SPACE) teams on the development of eReferrals, data repositories and links to other radiology provider studies.

Measures: (by ethnicity, locality and deprivation where possible)

1. CT- 95% of accepted referrals from primary care or outpatients for CT scans will receive their scan within six weeks (42 days)
2. CT Colonoscopy (a subset of the CT KPI above) – 95% of accepted referrals from primary care or outpatients for CT Colonoscopy scans will receive their scan within six weeks (42 days)
3. MRI - 90% of accepted referrals from primary care or outpatients for MRI scans will receive their scan within six weeks (42 days)
4. Percentage of patients attending their imaging appointments.

Line of Sight

Midland DHB Annual Plans: Section 2 -Delivering on Priorities and Targets and section 5: Performance measures:

All DHBs – PP29 Improved wait times for elective diagnostic services – CT and MRI KPIs

Linkages: NRAG, MOH, Pharmac, HWFNZ, Primary Care providers, Midland Cancer Services.

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities.**

Initiative 1: Modality trend analysis of case-mix and volumes for future planning of resource requirements to meet demand (Workforce)	Milestone/Date	Responsibility
<p>The driver for tracking modality usage into the future is to inform future planning through the understanding of trends in volumes and case mix as new clinical demands and priorities emerge.</p> <p>The volumes, case mix and machine time trends will be tracked annually for all modalities to inform resource requirements to respond to national and local for future requirements from emerging clinical models of care and services i.e. Bowel Screening, Coronary CT Scanning etc.</p> <p>1. 1 Collect annual data per modality</p>	Q1-Q4	MRAG

1. 2 Trend modeling per modality	Q3-Q4	
1. 3 Analysis of DHB caseloads and understanding the variances across the DHBs.	Q3-Q4	
Initiative 2: Did Not Arrive (DNA) and Was Not Brought (WNB) <i>(Equitable Access & Outcomes)</i>	Milestone/Date	Responsibility
<p>DNAs and WNBs are a problem shared by the Midland DHB Radiology departments and anecdotally appear to have different levels of severity and impact across the different modalities and DHBs.</p> <p>This work will provide an understanding as to what is behind these differences, and create an opportunity to develop and share solutions across the region. Reducing DNAs and WNBs will reduce resource waste and potentially improve population health outcomes. For the radiology department delivering the service there will be an increase in resource utilisation. For patients and referrers there will be an improvement in the imaging turnaround times by utilising more appointments.</p> <p>Actions:</p> <p>2.1 Collect DNA rates by multiple factors including ethnicity, deprivation location to services, availability by phone for appointment text, transport option, wait times to see where problem areas are problem EAO</p> <p>2.2 Survey patients who DNA or WNB EAO</p> <p>2.3 Review of available literature on Radiology DNA from NZ DHBs EAO</p> <p>2.4 Document and implement recommendations. EAO</p>	<p>Q1-Q4</p> <p>Q3-Q4 Q4 Q4</p>	<p>MRAG, DHB project teams for past and current DNA pieces of work</p>
Initiative 3: National initiatives and regional projects and enablers <i>(Clinical leadership; Equitable Access & Outcomes, Pathways; Quality)</i>	Milestone/Date	Responsibility
<p>Work with the National Radiology Advisory Group (NRAG) to receive information on emerging services and to provide advice on the impacts and front line requirements of radiology services:</p> <p>3. 1 Respond to requests from NRAG for front line information and advice</p> <p>3. 2 Equity of Positron Emission Tomography – Computerised Tomography (PET-CT) EAO</p> <p>3. 3 Implementation of Oncology Protocols.</p> <p>Pathways of Care (PoC):</p> <p>3.4 Identify and consider pathways of care which require reviewing</p> <p>3.5 Provide radiology representation for the development of service initiatives for pathways of care, ie Midland Regional Bowel Screening programme.</p> <p>Regional ICT Projects</p> <p>3.6 Maintain linkages with eSPACE to ensure connectedness for areas that impact on radiology or where radiology provide information of services.</p>	<p>Q1-Q4</p> <p>Q1-Q4</p> <p>Q1-Q4</p>	<p>MRAG</p> <p>HealthShare eSPACE PoC team</p>

(xi) Stroke services (Midland Stroke Network)

Clinical Chair:	Dr Mohana Maddula (Bay of Plenty DHB)
Project Manager:	Kirstin Pereira
Lead Chief Executive:	Rosemary Clements (Taranaki DHB)

Context:

Stroke is the second most common cause of death worldwide and the most common cause of long-term adult disability in high-income countries such as New Zealand (NZ) (Johnston et al, 2009). In NZ it is estimated that 50,000 people live with stroke and 8,500 have a new stroke each year with an annual cost of \$750 million to the NZ health sector (Brown, P., 2009). A substantial proportion of this overall cost results from long-term disability following stroke.

Successful rehabilitation through organised stroke care can reduce both mortality and the rate of discharge to institutional care. The level of dependence for those who are discharged home can also be reduced through rehabilitation (McNaughton, H et al, 2014). The minimum and 'strongly recommended' standards for DHBs are provided by the National Stroke Network in the *NZ Organised Stroke Rehabilitation Service Specifications (in-patient and community)*.

The Midland Stroke Network has a continued focus on providing timely and accessible high-quality stroke services within the hospital setting and on providing appropriate rehabilitation in the acute and post discharge periods

Planned outcomes for 18/19:

- Midland inpatient and community stroke rehabilitation services benefit from regional collaboration
- Patients who have experienced a Transient Ischemic Attack (TIA) have access to secondary stroke prevention programmes
- Eligible patients in all Midland DHBs receive out of hours thrombolysis treatment from stroke experts
- Issues of access for Māori consumers are identified.

Key Objectives:

- Support Midland DHB rehabilitation services to collaborate on inpatient and community stroke rehabilitation initiatives
- Optimise the pathway for patients who have experienced a TIA
- Support establishment of a Midland region telestroke solution
- Ensure all stroke patients have access to high-quality stroke services regardless of ethnicity or DHB region
- Māori consumers and their family and whānau have the opportunity to share their experiences.

Measures: (by ethnicity, locality and deprivation where possible)

- A Midland region forum held on the application of Australasian Rehabilitation Outcomes Centre (AROC) data
- Agreed approach to a Midland TIA pathway
- 10% or more of eligible stroke patients are thrombolysed 24/7
- 80% of stroke patients are admitted to a stroke unit or organised stroke service with demonstrated stroke pathway
- 80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred with 7 days of acute admission
- 60% of patients referred for community rehabilitation are seen face to face by a member of the community

rehabilitation team

- Strategies are identified to improve access for Māori consumers.

Line of Sight

- Midland DHB Annual Plans
- National Stroke Network. A New Zealand Strategy for Endovascular Clot Retrieval.
- Workforce Section 2.1.2

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities**.

Initiative 1: Rehabilitation (Equitable Access & Outcomes; Quality)	Milestone/Date	Responsibility
Inpatient Rehabilitation - Promote use of Australasian Rehabilitation Outcomes Centre (AROC) data 1. 1 Contribute to the continued development of regional AROC reports 1. 2 Organise a forum (or equivalent), including the Midland Allied Health Stroke group, for sharing the application of AROC data as it applies to Stroke rehabilitation 1. 3 Review and monitor the quarterly inpatient rehabilitation indicator to ensure Midland DHBs are meeting the 80% target. Community Rehabilitation 1.4 Review the quarterly community rehabilitation indicator to monitor the consistency of data collection and equity of access to community rehabilitation services (Quality, EAO) 1.5 Development of a plan of action if equity issues are identified.	Q2 Q4 Q1-Q4 Q1-Q4 Q4	Midland Stroke Network (MSN) MSN Project Manager MSN Project Manager Pathways of Care Project Team
Initiative 2: Reducing incidence of stroke – Transient Ischemic Attack (TIA) (Equitable Access & Outcomes; Pathways)	Milestone/Date	Responsibility
2. 1 Review and monitor quarterly regional TIA indicators for areas of non-achievement or inequities of access. EAO 2. 2 Development of a plan of action if equity issues are identified EAO 2. 3 Initiate discussions with primary care to optimise the Midland / HealthPathways TIA pathway (Pathways) 2. 4 Assess potential for regional implementation of eReferrals from primary care to secondary care for TIA.	Q1-Q4 Q4 Q3 Q4	Midland Stroke Network (MSN) MSN Project Manager Pathways of Care Project Team
Initiative 3: Acute services (Equitable Access & Outcomes, Pathways, Quality; Technology & Digital Services)	Milestone/Date	Responsibility
Admission to a stroke unit or organised stroke service (Quality) 3. 1 Continue to monitor rates of admission of stroke patients to a stroke unit or organised stroke service, reviewing rates for Māori and non- Māori to ensure equity of access. EAO 3. 2 Support DHBs to identify actions to address any inequities of access. EAO Thrombolysis 3.3 Continue to monitor thrombolysis rates to ensure Midland DHBs are meeting the new 10% target 3.4 Collaborate on a regional telestroke solution to support Midland DHBs to deliver 24/7 thrombolysis services (Technology and Digital Services) 3.5 Where 10% thrombolysis is not being achieved collaborate to identify initiatives for improvement (Pathways)	Q1-Q2 Q3-Q4 Q1-Q4 Q2-Q4 Q2-Q3	Midland Stroke Network (MSN) MSN Project Manager MSN Project Manager

Thrombectomy		Q3	
3.6	Continue to collaborate on developing pathways of care for accessing Thrombectomy services through Auckland DHB.		
Initiative 4: Clinical leadership <i>(Clinical Leadership; Workforce)</i>		Milestone/Date	Responsibility
4.1	Support and advocate for protected time for nursing, medical and allied health stroke leadership roles in the Midland region DHBs, and on Regional and National Stroke Networks <i>(Clinical Leadership)</i>	Q1-Q4	Midland Stroke Network (MSN)
4.2	Work with clinical leaders to support and strengthen engagement with stroke education programmes	Q1-Q4	MSN Project Manager
4.3	Support the Midland Region Allied Health Stroke Network to continue to build a regional forum <i>(Workforce)</i> . Refer to section 2.1.2 Workforce.	Q1-Q4	Regional Director of Workforce
Initiative 5: Patient experience of care <i>(Equitable Access & Outcomes)</i>		Milestone/Date	Responsibility
5.1	In conjunction with the Midland Cardiac Clinical Network and General Managers Māori, explore potential for a meeting/hui with Māori consumers and their whānau who have been involved in either (or both) stroke or cardiac services. EAO	Q1	Midland Stroke Network (MSN)
5.2	Agree approach to running the hui to ensure consumers and their whānau are supported and learnings are available to as many of the network and service members as possible. EAO	Q2	MSN Project Manager
5.3	Organise forum for network members to review and discuss learnings from the hui. EAO	Q3	
5.4	Identify strategies to improve issues identified. EAO	Q4	

(xii) Trauma services (Midland Trauma System)

Clinical Chair:	Dr Grant Christey, Clinical Director
Programme Manager:	Alaina Campbell
Lead Chief Executive:	Ron Dunham (Lakes DHB)

Context:

Trauma is the leading cause of death for New Zealanders under 45 years^{7,8} and continues to have a major impact on our Midland communities and health services. It is estimated that for every death following injury there are a further nine people who survive with major injuries requiring complex, multidisciplinary care⁹. For those who survive traumatic injury, recovery periods and long term disabilities result in a reduced economic contribution and/or long-term economic liability imposed on health and social systems². Trauma volumes continue to rise in Midland with 6226 incidents resulting in 7269 admissions in 2016/17 and 32,492 hospital bed days¹⁰. The cost of this to the Midland hospitals is over \$1 million per week.

Trauma is preventable and many opportunities to improve post injury care exist. MTS is committed to reducing the trauma burden on our community and health services. We realise that linkages with multiple DHB and community groups are essential to achieve this.

The Midland Trauma System (MTS) has four main aims:

1. Improve the delivery of high quality clinical care to trauma patients
2. Develop, implement and maintain regional trauma system infrastructure including information systems
3. Support injury prevention and awareness
4. Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change.

Planned outcomes for 2018/19:

- Updated regional trauma guidelines
- Development and implementation of Optimal Recovery After Trauma (ORAT) programme
- Development of regional trauma education nursing plan that shares and utilises skills and resources within the region and promotes access and exposure to trauma best practice
- Delivery of customised reporting programme to Midland DHBs
- Delivery of Stage 2 of TQual platform build
- Provision for trauma rehabilitation is detailed in future regional planning and funding documents and plans
- Consortium of stakeholders formed to support information translation to assist communities at risk.

Line of Sight

- Midland DHB Annual Plans, section 2 – delivering on priorities and targets.

⁷ Gulliver PJ Simpson JC (editors) (2007) Injury as a leading cause of death and hospitalisation. Fact Sheet 38. Injury Prevention Research Unit. (Updated April 2007). <http://www.otago.ac.nz/ipru/FactSheets/FactSheet38.pdf>

⁸ Leonard E, Curtis K. Are Australians and New Zealand trauma service resources reflective of the Australasian Trauma Verification Model Resource Criteria? ANZ J Surg. 2014 Jul-Aug; 84(7-8):523-7. doi: 10.1111/ans.12381. Epub 2014 Feb 12.

⁹ Gosselin RA, Spiegel DA, Coughlin R, Zirkle LG. Injuries: the neglected burden in developing countries. Bull World Health Organ. 2009;87(4):246

¹⁰ Midland Trauma System Database 2017 (pers comm)

Work plan key:

Actions are specifically aimed at achieving the New Zealand Health Strategy five strategic themes; national System Level Measures; and Midland DHBs six regional objectives. Refer to **Table 7: Alignment of regional and national priorities.**

Initiative 1: Improve the delivery of high quality clinical care to trauma patients (Clinical Leadership; Equitable Access & Outcomes; Pathways; Quality)			Milestone/Date	Responsibility
1.1	Update and promote Trauma Guidelines (Quality, Pathways)		Q4	MTS
1.2	Revise pre-hospital and inter-hospital Trauma matrices (Quality, Clinical Leadership, Pathways)		Q4	
1.3	Participate in the development of comprehensive trauma rehabilitation services in the Midland region (Quality, Clinical Leadership)		Q4 – 2020	
1.4	Complete needs analysis for regional clinical trauma education (Quality)		Q2	
1.5	Identify regional trauma education programme for coordination (Quality)		Q4	
1.6	Evaluation and implementation of Optimal Recovery After Trauma (ORAT) programme (Quality)		Q3	
1.7	Review patient and family/whānau feedback on experience of care and promote principles of co design to trauma services (EAO, Quality).		Q4	
Initiative 2: Develop, implement and maintain regional trauma system infrastructure including information systems (Clinical Leadership; Equitable Access & Outcomes; Quality; Technology & Digital Services)			Milestone/Date	Responsibility
2.1	Design and deliver sustainable regular customised reporting to Midland DHBs including volumes, costs and process indicators (Technology and Digital Services)		Q1-Q4	MTS
2.2	Design and implement snapshot programme relating to ethnicity, age, gender and inequities of care – detailing groups and communities at risk of trauma in each DHB (EAO, Clinical Leadership; Quality)		Q2, Q4	
2.3	Develop regular data management training that enhances skills to retrieve, interrogate, utilise and maximise local data in an appropriate timeframe (IT, Quality)		Q3 /Q4	
2.4	Design standardised template that allows local trauma service teams to feedback progress towards local and regional objectives for inclusion in the RSP.(Clinical Leadership)		Q1-Q4	
2.5	Ensure regional representation at regional, national and international trauma forums (Clinical Leadership)		Q1-Q4	
2.6	Comply and report on Ministry of Health targets for data collection and entry (Clinical Leadership)		Q1-Q4	
2.7	Develop regional communication network and processes for information dissemination (Technology and Digital service)		Q3	
2.8	Improve clinical systems by completing stage 2 of TQual platform to support clinical quality improvement and prevention programs including direct data inputs (handheld project eg IPM and Costpro feeds) (Technology and Digital Service)		Q3	
2.9	Maintain hosting platform for National Major Trauma Registry including training, support and reporting (Technology and Digital Services; Clinical Leadership).		Q1	
Initiative 3: Support injury prevention and awareness (Clinical Leadership; Equitable Access & Outcomes; Workforce)			Milestone/Date	Responsibility
3.1	Participate in community events to promote information use eg Right Track schools programme, Moana Safe City Group, Safe Driving Expo		Q1-Q4	MTS
3.2	Create a programme to promote injury awareness by presenting MTS information at targeted meetings and forums by MTS staff eg ATS, etc (EAO, Clinical Leadership)		Q1-Q4	
3.3	Complete research collaboration with NZTA related to motorbike injuries (Clinical Leadership)		Q3	
3.4	Form a consortium of funding stakeholders to support information translation to assist communities at risk. (Workforce; Clinical Leadership; EAO)		Q2	

3.5 Apply for HRC funding to enable sustainable research on issues of access and inequalities (focus 18/19 on Māori trauma) EAO	Q4	
3.6 Create a programme for collaboration with external research partners to maximise data use.	Q2 / Q4 2018/19 (ongoing)	
Initiative 4: Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change <i>(Pathways; Quality; Workforce)</i>	Milestone/Date	Responsibility
4.1 Recruit appropriate personnel to TQIP role <i>(Workforce)</i>	Q1	
4.2 Define TQIP elements, structure and processes, ie:		
a) Assess and improve regional trauma morbidity and mortality review processes <i>(Quality)</i>	Q2	
b) Develop loop closure process on identified variables associated with system, process and outcomes <i>(Quality; Pathways)</i>	Q2	MTS
c) Conduct health literacy review on trauma information EAO	Q3	
d) Audit programme <i>(Quality)</i>		
e) TQIP reporting programme, eg pre hospital and inter hospital compliance reporting; paediatric reporting. <i>(Quality)</i>	Q2 Q3	

2.1.6 Pathway priorities for 2018/19

Pathways, as an enabler, encompass regional development and implementation processes, guidelines and models of care that:

- make best use of regional resources and capacity
- streamline the 'journey' for clients
- clarify the flow to, and between, regional centres
- reduce variability in delivery
- optimise patient outcomes
- identify disparities in current pathways, and the actions to address these.

Health and disability services are delivered by a complex network of organisations and people. Integrated healthcare is seen as essential to transforming the way that care is provided for people with long-term chronic health conditions and to enable people with complex medical and social needs to live healthy, fulfilling, independent lives¹¹. People living with multiple health and social care needs often experience highly fragmented services which are complex to navigate, leading to less than optimal experiences of care and outcomes.

Our response to the challenge requires a strong re-orientation away from the current emphasis on episodic and acute care towards prevention, self-care, better co-ordination, and care that addresses social determinants of health.

Transitioning to Midland Region Community HealthPathways

The withdrawal of the Map of Medicine product has required the Midland DHB CEs, with the Midland United Regional Integrated Alliance Leadership Team's support, to consider other pathway tool options. It was agreed that the Midland region move to the Community HealthPathways tool.

The HealthPathways tool will connect the Midland region with a large collaborative community throughout New Zealand, Australia and the UK, where we can collaborate, share knowledge, service configurations, and transform pathways of care for the people of the Midland region. This collaborative community has been growing over the past 10 years and the pathways tool is being increasingly enhanced and improved. Feedback from the Midland region's PHOs

Midland Region Community HealthPathways will connect our region with a large collaborative community throughout New Zealand, Australia and the UK, where we can collaborate, share knowledge, service configurations, and transform pathways of care for the people of the Midland region. This collaborative community has been growing over the past 10 years and the HealthPathways tool is being increasingly enhanced and improved.

¹¹ A report to the Department of Health and the NHS Future Forum: Integrated care for patients and populations: Improving outcomes by working together <http://www.kingsfund.org.uk/publications/integrated-care-patients-and-populations-improving-outcomes-working-together>

has been very positive regarding the change in tool. The pathways of care team are excited to move into a new phase in the Regional Pathways of Care Programme.

Midland DHBs and Primary Health Organisations (PHOs) are actively working to integrate services between primary and community care, and hospital care. Regional clinical groups are reviewing systems and processes across hospitals in the region to improve the flow of information, patients and clinicians.

Regionally developed pathways of care are a key step in transforming patient care in the Midland region. They enable a collaborative regional approach to more integrated care, allowing the patient journey to be considered along the continuum of care across the region; between community and hospital care and across organisational boundaries. The pathways of care draw together groups of clinicians and management from primary, secondary and other stakeholders to critically evaluate current pathways of care which may include inefficiencies, variation in practice, inequity and gaps in service across our region.

The voice of the patient is of central importance in the design of pathways of care, and wherever possible this occurs to ensure that the needs of patients and their carers and whānau can be included. This includes referrals to NGO providers for respite care, education and support. It also includes self-help information and information to promote independence and goal setting.

The development process is a process of co-creation and highlights opportunities for service redesign, operational process improvement, and possibilities to shift services closer to home, leading to better patient satisfaction and outcomes. Some of the questions that may be asked as a pathway is developed include, “how will this improve the timeliness of care for the patient?”, “who is best to treat the patient?”, “how can we prevent this condition occurring in the population?”, and “how do we improve the health outcomes for Māori?”

Many common issues are being dealt with simultaneously across the Midland region and this can lead to duplication of effort. Regional pathways enable shared knowledge, learnings and current innovations that are occurring locally to improve patients’ health outcomes for the entire region. The use of eReferral and decision support tools can assist primary care and community clinicians to streamline their processes and handling of information.

These dedicated pieces of work enhance the communication between clinicians as they work together across organisations and care settings to support a smooth transition for their patient between health providers and a mutual understanding of the pathway of care in a shared care environment. The interface between general practices and hospital services was recognised as a major area requiring redesign and key to the development of an integrated health system¹².

Building on this best practice guidance, the pathway development process incorporates national, regional and local guidance. The publishing of a pathway of care allows all health providers in the Midland region to have visibility of the regionally agreed pathway of care. A feedback mechanism is used by clinicians to continually improve the pathways.

¹² NZMJ, January 2015, vol, 128, Number 1408, Consensus pathways: evidence into practice,

Overseeing the development of regional pathways of care in Midland region is the Regional Pathways of Care Governance Group (RPoCGG). The role of this group is to provide operational governance across the five Midland DHBs and eight PHOs in the Midland region. This group also has responsibility for coordinating and aligning the work plans of the regional eReferral development as well as the regional pathways of care work plan.

Pathway priorities for 2018/19

Clinical Lead: Dr Damian Tomic

Project Manager: Christine Scott

Sponsor: Regional Pathways of Care Governance Group

Priority	Health Strategy Linkage	Guidance	Milestone / Dates	Responsibility
Regional Pathways of Care		<p>The regional Pathways of Care team under the governance of the Regional Pathways of Care Governance Group will support the Regional Clinical Networks with pathways that are identified in their work plans. The Regional Pathways of Care work plan is over a three year period focusing on the patient journey from primary care to secondary care. The Pathways of care team do not support the patient pathway within the secondary setting or from secondary to tertiary hospitals.</p> <p>Initiative 1: Transition of the Midland region onto the new pathways of care electronic tool - Map of Medicine to HealthPathways Outcomes:</p> <ul style="list-style-type: none"> Increased access to the regional Community Pathways of Care tool via clinical systems Growth in the utilisation of the new electronic Pathways of Care tool – Community HealthPathways Implementation of the Community HealthPathways tool. 	Q1-Q4	Midland Pathways of Care Team
		<p>Initiative 2: Increase clinical engagement and leadership in the Regional Pathways of Care Programme Ongoing regional and local clinical champions and clinical resourcing across both primary and secondary has been identified as a critical success factor to a strengthened Midland Region Pathways of Care programme. The programme supports the delivery of regional and local need for the development and redesign of current and transformative pathways.</p> <ul style="list-style-type: none"> Work with the regional stakeholders to identify clinical champions. Improve clinical leadership and engagement in the Regional pathways programme. 	Q1–Q4	Midland Pathways of Care Team
		<p>Initiative 3: Align regional pathways of care work programme and eReferral work programme Under the guidance of the Regional Pathways of care group work with the region to identify priority pathways and eReferral.</p>	Q1-Q4	Midland Pathways of Care Team

Priority	Health Strategy Linkage	Guidance	Milestone / Dates	Responsibility
Cardiac Services	Closer to home	<p>Work regionally and in collaboration with the DHB Shared Services and Regional and National Cardiac Networks to improve cardiac pathways, across primary and secondary service, for patients with:</p> <ul style="list-style-type: none"> • Acute Coronary Syndrome • Heart Failure • Atrial Fibrillation • Chest Pain <p>Ref: Midland Cardiac Clinical Network 18-19 work plan: Initiatives 1, 2, and 3.</p>	Q4	Midland Pathways of Care Team / Midland Cardiac Clinical Network
	Value and high Performance	<p>These pathways will support improved access cardiac services including:</p> <ul style="list-style-type: none"> • Improved and more timely access to cardiac services, including to cardiac surgery • Patients with a similar level of need receive comparable access to services, regardless of where they live. 		
Elective Services	Value and high Performance	<p>Development and implementation of regional models of care to support better flows between secondary and tertiary service providers and between community and secondary care. This will enable a streamlined journey for the patient in order to achieve better patient outcomes. Key areas identified for 2018/19 are:</p> <ul style="list-style-type: none"> • Vascular • Breast Reconstruction. • Ophthalmology <p>Measure: Clear regional work programme developed and regional progress reporting on the requirements and key actions to be provided via quarterly RSP reports.</p> <p>Ref: Elective Services Network 18-19 work plan.</p> <p><i>Note: work anticipated in 2018/19 relating to improving access, and consistency of access, to plastics and reconstructive services, including breast reconstruction and improving access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways. Electives will engage with the national service improvement programme as actions are developed and support regional implementation as required by the Midland DHBs.</i></p>	Q1-Q4	Midland Pathways of Care Team / Elective Services Network
Cancer Services	Value and high Performance	<p>Regional co-ordination and support of actions to improve cancer systems and services to ensure health gain for Māori and equitable and timely access to cancer services. EAO</p> <p>Measure: Progress against deliverables agreed between RCNs and the Ministry in the RCNs Annual Work Plan for 2018/19.</p> <p>Ref: Midland Cancer Network 18-19 work plan.</p>	Q1-Q4	Midland Pathways of Care Team Midland Cancer Network

Priority	Health Strategy Linkage	Guidance	Milestone / Dates	Responsibility
Mental Health & Addiction Treatment Services	One team	<p>Primary pathways; forensic and maternal mental health pathways are being improved by developing:</p> <ol style="list-style-type: none"> 1. Infant Perinatal Pathways of Care 2. Eating Disorders Pathways of Care 3. Addiction Pathways of Care <p>Regional planning workshop to review regional contracts, complex care and primary partnerships.</p> <p>Ref: Regional Mental Health & Addictions Network 18-19 work plan: Initiatives 1, 2 and 6.</p>	Q1-Q4	Midland Pathways of Care Team Regional Mental Health & Addictions Network
Stroke Services	Closer to home	<p>Work regionally and in collaboration with the DHB Shared Services and Regional and National Stroke Networks to improve acute and rehabilitation stroke pathways, across primary community and secondary service, for patients with:</p> <ul style="list-style-type: none"> • Ischaemic Stroke • TIA. <p>Measure: Regional progress reporting on the requirements and key actions to be provided via quarterly RSP reports.</p> <p>Ref: Midland Stroke Network 18-19 work plan: Initiative 2: Reducing incidence of stroke - Transient Ischemic Attack (TIA).</p>	Q3-Q4	Midland Pathways of Care Team Midland Stroke Network
Major Trauma transfer and destination processes	Value and high performance	<p>Continue to implement regional destination policies, inter-hospital transfer processes and staging guidelines to transport major trauma patients to hospitals designated to best meet their treatment needs (in collaboration with DHBs, ambulance providers and National Major Trauma Clinical Network).</p> <p>Measure: A 6-monthly (minimum) regional review process of the alignment of actual service delivery for major trauma patients with regional destination policies, inter-hospital transfers and staging guidelines.</p> <p>Ref: Midland Trauma System 18-19 work plan: Initiative 1: Improve the delivery of high quality clinical care to trauma patients.</p>	Q2 / Q4	Midland Trauma System

3. Regional governance, leadership, and decision making

The Midland region is defined by the boundaries of five District Health Boards (DHBs) - Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato. The DHBs have a history of co-operating on issues of regional importance and on new programmes of change. The formalising of regional collaboration structures, and their respective accountabilities, provides the strategic regional collaboration framework for aligning work as a region (or part thereof).

It is acknowledged that regional work is complex and occurs as part of DHBs responsibilities to meet the current health needs of their populations. However, as the Midland region continues to plan for service improvement within the current and mid-term environments, via the Midland Regional Services Plan (RSP), the region's governors have signaled their desire to take a longer-term, more integrated, approach to improving health and community wellbeing. They see the development of a more formal regional collaboration framework as supporting the improving health and community wellbeing of their populations.

3.1 Regional governance structure

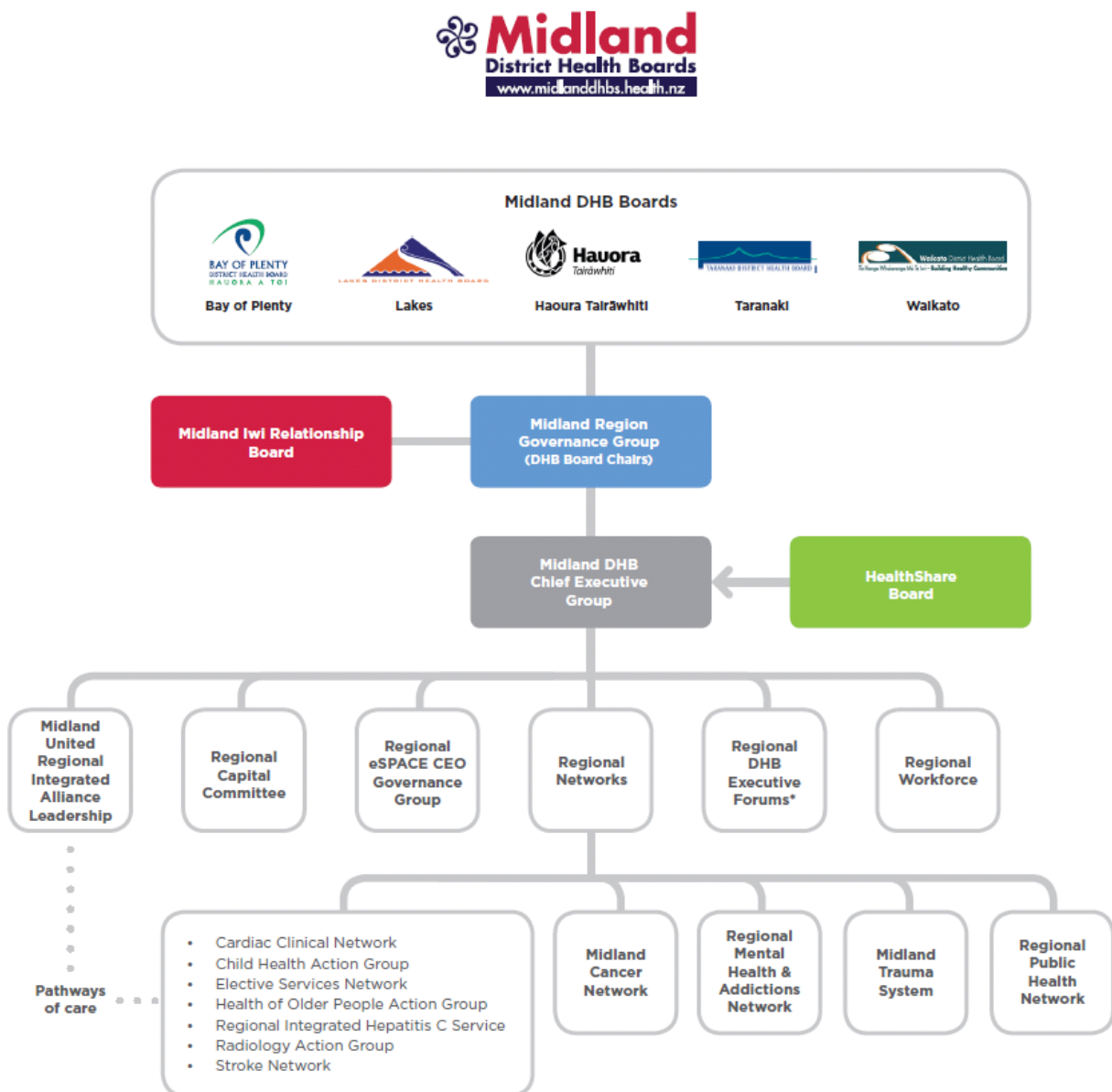
While responsibility for the overall performance of regional activity collectively rests with the five Midland DHB Boards, the operational and management matters concerning the RSP and its implementation have been delegated to the Midland DHB Chief Executive Group (MCEG).

Figure 7 (next page) illustrates the overarching regional reporting and accountability arrangements for Midland DHBs. This includes those for HealthShare Ltd and for various regional projects and work streams.

- The Midland Region Governance group (MRGG) is the key DHB governance group for the region, overseeing and taking accountability and responsibility for regional direction, strategy and key programmes of change. Each member is accountable to their DHB Board and is responsible for informing their DHB of matters of significance, including risk and mitigation strategies, for matters arising from the group's deliberations.
- The Midland Iwi Relationship Board (MIRB) comprises the five elected Chairs of each mandated Midland DHB Iwi group collective:
 - Bay of Plenty – Māori Health Runanga
 - Lakes – Te Roopu Hauora o Te Arawa and Ngati Tuwharetoa
 - Tairāwhiti – Te Whare o Nukutaimemeha
 - Taranaki – Te Whare Puunanga Koorero Trust
 - Waikato – Iwi Māori Council.

The partnership relationship between the MRGG and the MIRB provides a practical expression of the Tiriti o Waitangi relationship and MIRB's strategic oversight on matters related to positively raising the profile of Māori health through the elimination of health inequities; whilst recognising the statutory functions and obligations of the MRGG and the mana motuhake of the MIRB.

- The MCEG provides active leadership and operational decision making for regional initiatives and activities. The group is responsible for the resourcing, and the ongoing support and monitoring of progress, for agreed regional initiatives and activities. The Group manages any associated issues and risks for the Midland region and/or its DHBs.



* Includes Chief Operating Officers, GMs Planning & Funding, Nga Toka Hauora (GMs Maori Health), Chief Financial Officers, Chief Information Officers (Information Services Leadership Team), Information Security, Midland Privacy Governance Group, GMs Human Resources, Regional Quality & Safety.

Figure 6: Midland region's governance structure

HealthShare is the Midland DHBs' shared services agency and is a limited liability company with the five Midland DHBs holding equal shares. An outline of HealthShare's services can be found on pages 111-115, which includes support for the regional clinical networks/action groups and regional enablers to complete annual work plans. HealthShare submits an annual budget, which includes costs related to the support for regional clinical networks/action groups and Midland's regional enablers. The formal budget approval process requires the agreement of the Midland DHB Chief Financial Officers, and the Midland DHB CEs.

Midland DHBs also support the agreed work plans by releasing staff from their organisations, ie medical, nursing, allied health, public health, management, to attend regional meetings - either face-to-face, or by using teleconferencing and videoconferencing technology. In addition to this 'in kind' resourcing, where there are significant individual DHB contributions and/or lead DHB roles then these are identified in the specific work plans. Where substantial additional financial investment is required, a formal business case process is developed.

The Regional Capital Committee comprises the five DHB CEs and this committee is responsible for taking a regional overview for the capital investment by each Midland DHB, documented in the Long Term Capital Investment Plans (LTCIP) of each DHB. The DHB LTCIP is developed / updated during the annual DHB planning process. Strategic discussions on possible new regional capital investment are held at the MRGG and subject to individual DHB Board approval through the normal approval processes.

The Regional CE e-health governance group comprises the five Midland DHB CEs and this committee is responsible for taking a regional overview for the implementation of regional IT systems (including the associated regional standardisation of clinical processes and investment).

The regional clinical networks and forums, regional executive forums, and regional workforce are linked to the Midland CE Group through a Midland DHB CE lead (as sponsor) and through regular reporting to the Midland CE Group.

(i) Decision making principles

The purpose of these principles is to facilitate greater levels of regional co-operation and integration across the Midland DHBs and regional health system. The principles apply to any significant and substantive decision of a Midland DHB that impacts another Midland DHB. The principles apply to the Midland Region Governance Group and the Midland DHB CE Group.

Any significant decision taken shall:

- Require the agreement of all Midland DHBs, but it is not necessary that all Midland DHBs will be involved in the implementation of the decision
- Be approved through appropriate approval processes in each DHB
- Provide that no DHB shall opt out of their commitments around decisions that they have agreed to.

Definition: Midland collaboration can mean a number of DHBs working together virtually across Midland on a particular function, service or programme of work. Midland collaboration may also mean either clinical or non-clinical service provision between two or more DHBs.

(ii) Decision making criteria

The following criteria shall be applied to any decision:

- It makes the service more sustainable by improving any or all of
 - Effectiveness (providing the right services at the right time)
 - Efficiency (providing services the right way, to spend the health dollar once)
 - Economy (input costs lower now or in the future)
- It reduces service risk, particularly around vulnerable services
- It improves health outcomes, including equity of access and equity of outcomes across the region
- It is aligned to national expectations
- There is an opportunity for local say on clinical services (ie. localisation)
- It builds clinical capability
- It reduces duplication in clinical and non-clinical services
- It aligns with regional services (clinical and non-clinical) plans
- It acknowledges that all other things being equal that the provision of clinical and non-clinical services be located as close to the patient (virtual or otherwise) as may be reasonable given the application of the criteria above. This supports patients and their family and whānau to have an optimal experience with the NZ public health system.

(iii) Decision making processes

The following principles provide guidance to the processes that support regional decision making:

- Decision making processes should support timely decision making. Decisions should be agreed, documented, visible and enacted
- Key initiatives will have a lead appointed who will be accountable for progressing the agreed milestones
- Common briefings to DHB Boards will be used wherever possible.

In relation to decisions made, members of each regional collaboration group have a responsibility to:

- Communicate with colleagues locally and consult if necessary
- Ensure that decisions are communicated to and acted on within their own DHB.

(iv) Code of ethics

Good collaboration/governance requires members to exhibit behaviour of the highest ethical and professional standards. Members of regional collaboration groups and any committees or working parties formed as a result of regional initiatives and activities shall exhibit the following behaviours:

- **Good faith:** Act honestly and in good faith at all times in the best interest of the Midland region and its communities
- **Care:** Exercise diligence and care in fulfilling the functions of membership
- **Regional knowledge:** Maintain sufficient knowledge of the Midland region's business and performance to make informed decisions
- **Participation:** Attend regional meetings and devote sufficient time to preparation for the meetings to allow for full and appropriate participation in the regional group's discussions and decision making
- **Decisions:** Abide by the regional group's decisions once reached, notwithstanding a member's right to pursue a review or reversal of a regional group decision
- **Relationships:** Foster an atmosphere conducive to good working relations
- **Behaviour:** Treat all others fairly and with dignity, courtesy and respect
- **Due diligence:** Not agree to Midland DHBs incurring obligations unless he or she believes that such an obligation can be met when required
- **Confidentiality:** Not disclose to any other person confidential information other than as agreed by the regional group or as required under law
- **Collective responsibility:** Not to make, comment, issue, authorise, offer or endorse any public criticism or statement having or designed to have an effect prejudicial to the best interests of the Midland DHBs
- **Conflicts of interest:** Declare all interests that could result in a conflict between personal and regional priorities and comply with the Conflicts of Interest Policy.

(v) Regional governance and management authorisations

Midland DHB Boards approve regional plans, including the Midland Regional Services Plan (RSP). Once these plans are approved, Midland DHB Boards shall authorise their Chairs to undertake regional governance through the MRGG in respect to strategy, activity and performance against these plans. The MRGG collectively deliberates on significant regional matters to establish a regional viewpoint that can be considered and endorsed by each of the Boards.

For any matters arising outside of approved plans, Boards will clearly define their expectations to their Chair and in some situations Boards may need to sign off a new proposal or strategy. In these cases, once developed by

the region, the proposal/strategy will be referred back to Boards and subsequently each Chair will bring back his/her DHB's position on the matter to the MRGG.

Each DHB Chair and CE will ensure that systems are in place to provide individual Boards with accurate information to enable each Board to consider properly all regional matters before it.

Each DHB CE has authority to act on matters relating to the delivery of the agreed regional plans or other agreed strategy once approved by the Board or as is consistent with that CE's delegations, set by DHB's Delegated Authority Policy. The CE will engage with other Midland DHB CEs as required.

(vi) Formation of a regional group

The need for a formal regional group may arise from:

- A Ministry of Health initiative that requires a regional approach
- The development of a new regional strategy or work programme which requires a formal mechanism to ensure successful delivery
- A regional service or function that can be enhanced with support from a cross functional group
- An informal regional group that has identified that a more formal regional structure would support their work programme.

As appropriate the MRGG or the MCEG will endorse the formation of all new formal regional groups to ensure that the group's mandate is aligned to the Midland strategic direction and other change programmes that are underway.

Where appropriate, depending on the nature of the work programme, a new regional group may be required to develop a Terms of Reference (TOR) which includes the regionally agreed principles relating to Decision Making and the Code of Ethics, and the policies relating to a Conflict of Interest and Disclosure of Information. Detail on membership, to ensure appropriate representation, may also be required within the TOR.

(vii) Regional IS governance

Integrated, multi-disciplinary, executive level governance and leadership is critical to support the delivery of the Midland Regional Information Services Plan (MRISP) and other regional ICT initiatives.

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

With this in mind, a delineation of the governance applied to MRISP work programmes has been used 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 regional IS governance arrangements are tailored in relation to the needs of the various programmes of work in the Midland region, and are aligned to the Midland coordinated services model. One such individual governance structure is eSPACE.

(viii) eSPACE governance arrangements

In October 2016 the Midland DHB CEs approved a review of the existing governance structure of the programme, designed to bring a stronger clinical focus to governance and provide each project within the programme with appropriately specialised governance support. The revised governance structure for the eSPACE Programme is summarised in Figure 8 (below).

The eSPACE CEO Governance Group (CEOGG) monitors the performance of the Programme and is an escalation point for executive intervention where the Programme Board is unable to reach a decision or considers that risks require CEO action.

The Senior Responsible Owner (SRO) is accountable for delivery of the programme as delegated by the Midland DHB CEs on the basis of approved business cases. It is the SRO's responsibility to ensure the delivery of all activities within the Programme and realise the projected benefits.

The Programme Board reviews Programme progress and interim results on a frequent, scheduled cycle, taking responsibility for delivery and ensuring alignment with the overall strategic vision and delivery timeframes.

The Programme Board is supported by a Clinical Authority, a Design Authority and an Operational Authority. These authorities own and oversee the implementation of the Programme's business and service transformation activities and ensure alignment with national and regional strategies. Programme artefacts pass through these three authorities in accordance with the approved eSPACE Programme RACI (responsible, accountable, consulted, and informed).

The Programme management hierarchy is led by the Programme SRO, supported by the Programme Director, the Programme Operations, the Programme Manager, the Technology Director, the Benefits Lead, the Change Manager, the Financial Director and the Programme Board.

eSPACE Governance Structure

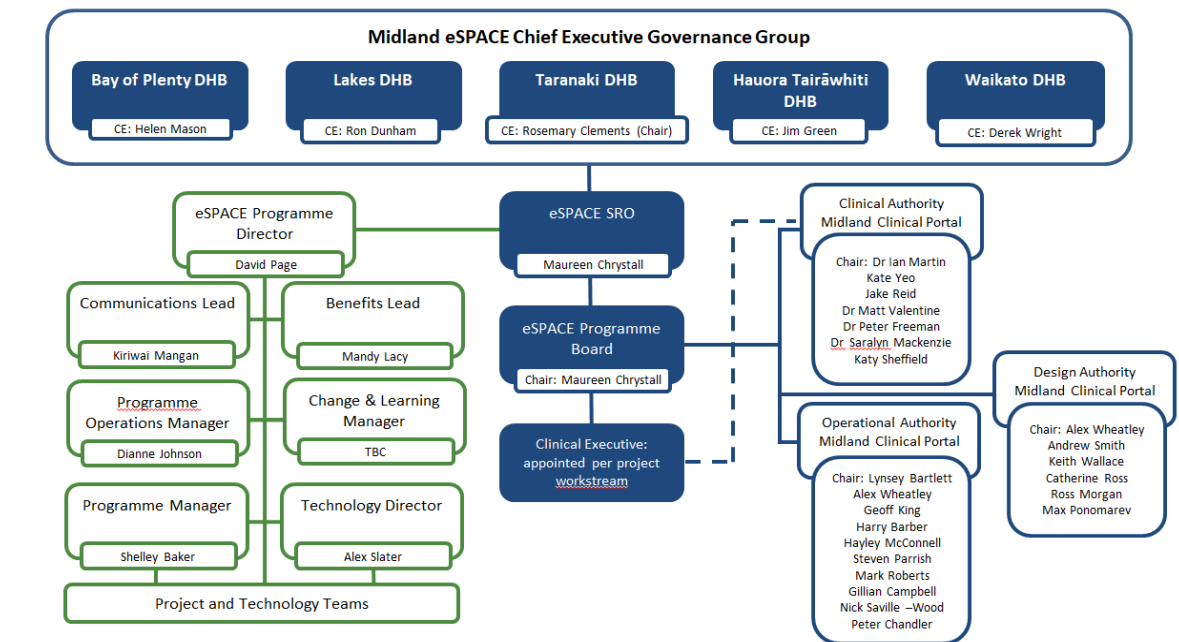


Figure 7: Midland eSPACE CEO Governance Group

(ix) Midland Region ICT Investment portfolio

The Midland region has developed a Midland ICT Investment Portfolio view to support decision making and to maximise the value of sector ICT investment.

Capital ICT investment in the Midland region is informed by and informs the annual capital planning and budgeting processes at each DHB, and for the region. With a move towards IaaS and SaaS type solutions, and a range of capitalisation policies across the region, the portfolio includes potential non-capital investment which is still required to align to approved governance structures.

Requests for ICT investment are evaluated based on business priority, affordability and achievability via agreed processes and governance structures.

Approved business cases or Project Initiation Documents are delivered through regional programmes and projects. Where possible, programme and project teams are formed in HealthShare through permanent appointments or DHB staff secondments. A programme approach is used to ensure a focus on benefits and business case delivery for the eSPACE components; while projects deliver the discrete service components that programmes require.

(x) Efficiently allocating public health system resources

Efficiently allocating public health system resources can occur in a variety of ways. Measuring efficiency savings may be difficult and can take time. The role of Midland DHBS is to fund the provision of the majority of the public health and disability services in the region through the contracts that the five DHBS have with providers.

Midland DHBs are working together to deliver a health system that is clinically and financially sustainable, where safe and effective services are provided as close to people's homes as possible.

For highly specialised clinical services, Midland DHBs work together to ensure that patients are transported in a timely manner to the hospital that performs complex services; providing safe and effective services.

The Midland region is acutely aware of the fiscal constraints impacting health services and the need to focus on innovation, service integration, improved efficiency and reduced waste to support provision of high quality care. Proposals for regional activity must clearly identify the value proposition for patients and/or the system.

As the regional work plans are developed and endorsed, any resource requirements are identified through a business case process with the Midland DHBs GMs P&F and Chief Operating Officers (COOs). Any regional resourcing requests will be prioritised against national, regional and local priorities. Regional activity that needs project or capital funding for Information Service and other capital investments involves discussions with Midland DHB Chief Executives (CEs) and Chief Financial Officers (CFOs).

3.2 Examples of regional collaboration in Midland

(i) Midland District Health Boards – cross appointed board members

District Health Boards have a mixture of appointed and elected board members under the New Zealand Public Health and Disability Act 2000. Cross-appointed Chairs and board members, provide an enhanced regional governance and leadership approach in the Midland region (see

Table 8 below).



Table 8: Midland District Health Boards' cross-appointed board members

Midland DHB	Name / Role	Cross appointment: Position / Board / Committee	Cross appointed to:
Bay of Plenty DHB	Sally Webb (Board Chair)	<ul style="list-style-type: none"> Chair, Waikato DHB Member, Hospitals Advisory Committee Member, Community & Public Health Advisory Committee Member, Audit & Corporate Risk Management Committee Member, Sustainability Advisory Committee 	Waikato DHB
	Ron Scott (Board Member)	<ul style="list-style-type: none"> Member, Hospitals Advisory Committee 	Waikato DHB
	Bev Edlin (Committee Chair, Bay of Plenty DHB CPHAC/DSAC)	<ul style="list-style-type: none"> Member, Disability Support Advisory Committee Member, Community & Public Health Advisory Committee 	Lakes DHB
	Marion Guy (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Lakes DHB
	Mark Arundel (Committee Chair, BOP DHB Strategic Health Committee)	<ul style="list-style-type: none"> Member, Community & Public Health Advisory Committee 	Waikato DHB
Lakes DHB	Lyall Thurston (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Bay of Plenty DHB

Midland DHB	Name / Role	Cross appointment: Position / Board / Committee	Cross appointed to:
	Janine Horton (Board Member)	<ul style="list-style-type: none"> Member, CPHAC/DSAC 	Bay of Plenty DHB
Waikato DHB	Dr Clyde Wade (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Bay of Plenty DHB
	Mary-Anne Gill (Board Member)	<ul style="list-style-type: none"> Member, Strategic Health Committee Member, CPHAC/DSAC 	Bay of Plenty DHB
	Martin Gallagher (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Lakes DHB
	Pippa Mahood (Board Member)	<ul style="list-style-type: none"> Member, Disability Support Advisory Committee Member, Community & Public Health Advisory Committee 	Lakes DHB

(ii) Midland United Regional Integration Alliance Leadership Team

The Midland United Regional Integration Alliance Leadership Team (MURIAL Team) is a regional Alliance Leadership Team (ALT) and is made up of the five DHB CEOs, GMs Planning & Funding (GMs P&F), clinical leaders (as determined), a Population Health and Māori Health Representative, the eight PHO CEOs and PHO clinical leaders (as determined) and the HealthShare CEO. The MURIAL Team's primary objective is:

'to develop and lead a regional strategic 'whole of system' approach that will contribute to the delivery of better health outcomes through more integrated health services'.

The specific work streams are defined through an agreed annual work plan. The MURIAL Team have agreed to consistently recognise and align its planning priorities with those identified by national strategic policy directions and the strategic and/or annual plans of its partners. The MURIAL partners have agreed to consistently recognise and actively progress regional activities and initiatives that reflect the New Zealand Health Strategy's Future Direction themes, i.e.:

- People-powered
- One team
- Closer to home
- Smart system.
- Value and high performance

(iii) Midland DHBs' regional groups

There are a variety of Midland DHB groups that meet to collaborate as a region on a regular basis including Nga Toka Hauora (the Midland GMs Māori Health) (regional objective 1), the Regional Quality Managers (regional objective 3), GMs Human Resources (regional objective 4), and the Chief Information Officers (Midland IS Leadership Team) (regional objective 5).

Other important regional DHB leadership groups include:

- Midland Region Governance Group (MRGG)
- Midland Chief Executives Group (MCEG)

- Regional GMs Planning and Funding
- Chief Operating Officers forum
- Chief Financial Officers forum
- Midland Region Public Health Network
- Chief Medical Advisors
- Directors of Nursing
- Directors of Allied Health
- eSPACE Programme Board

(iv) HealthShare Limited

HealthShare Limited (HSL), established in 2001, is the Midland region's shared services agency. It is jointly owned by Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato DHBs. HSL employs staff to perform tasks on behalf of the Midland DHBs, each with a 20% shareholding.

Until mid-2011 HSL operated as a single function shared service agency with the primary purpose of assisting the shareholding DHBs in meeting their statutory and contractual obligations to monitor the delivery and performance of services through the provision of routine third party audit programmes.

From August 2011 HSL has taken on an expanded role and now provides operational support to the Midland DHBs in a number of areas identified as benefitting from a regional solution. Where HSL provides services to non-shareholding DHBs, eg third party audit and assurance, this support is provided under contract.

HSL has a five member Board of Directors comprising the CE of each of the shareholding DHBs. The HSL CE is accountable to the Board, through the Chairman, for the management of HSL and day to day operations. The Board meets monthly to monitor HSL performance.

The Midland DHBs determine the services that HSL provide and the level of these services on an annual basis. These determinations are made through the 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
- Facilitating the development of clinical service initiatives undertaken by regional clinical networks and action groups that support clinical service change
- 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 Business Plan which specifies the company's performance framework, the services to be provided, and the associated performance measures. HSL's Business Plan also details at a service level the activities that have been purchased by the shareholding DHBs. Midland

Regional clinical service development initiatives

Regional clinical service development initiatives are expected to be provided from HSL in 2018-19 through the following groups:

- Regional clinical networks and action groups:

Midland Cancer Network

Midland Cardiac Clinical Network

Child Health Action Group

Elective Services Network

Health of Older People Action Group

Regional Mental Health & Addictions Network

Midland Radiology Action Group

Midland Stroke Network

Midland Trauma System¹³

- Regional e-health IT systems implementation
- Workforce development and intelligence support
- Regional shared service delivery, including:
 - Third party provider audit and assurance service
 - Regional internal audit service (Lakes, Tairāwhiti, Taranaki, Waikato)
 - Regional pathways of care development and implementation (regional enabler)
 - Taleo IS administration support (for HR/Recruitment).

The nature of the services provided by HSL to the Midland region requires a close working relationship with DHB staff and key stakeholders.

(v) Third Party Provider Audit & Assurance Service

HSL Audit and Assurance (A&A) provides routine audit and assurance to the five Midland DHBs on their Non-Government Organisation (NGO) contracted provision of services. An annual audit plan is agreed collectively by the five DHBs Planning & Funding and targets NGOs using risk history and based on a one in three to four year audit cycle. A&A have experienced and qualified auditors with a range of clinical competence and expertise and specialist knowledge in health and disability services. A&A auditors are careful to always exercise impartiality, manage conflict(s) of interest and to ensure objectivity in carrying out all audit assessment and reporting.

The audit and assurance activity encompasses contracted funding and service agreements for:

- Personal health

¹³ HSL provides a link between the Midland Trauma System (MTS) and the 2018-21 Midland RSP for reporting purposes

- Mental health services
- Health of older people
- Disability support services
- Māori and Pacific health services.

A&A is also a Designated Auditing Agency (DAA) approved by the Director General of Health to audit health services pursuant to the Health & Disability Services (Safety) Act 2001. As a DAA, A&A provides certification services across the country to a range of providers including aged residential care, mental health providers, and home and community support services.

In line with emerging issues and DHB changing environments, the audit work schedule remains flexible with a continual process of audit additions and cancellations or postponements.

Third Party Audit & Assurance Service activities for 2018/19

Lead: Ajit Arulambalam, Manager, Audit & Assurance, Director DAA

Third party provider audit and assurance service	Milestone/Date	Responsibility
The third party provider audit and assurance service covers the five Midland DHBs and supports the performance evaluation of contracted Non-Government Organisations (NGOs).		
<ul style="list-style-type: none"> • Support Midland DHBs Planning & Funding by completing agreed audit work plan 	Completion of scheduled work plan completed Q2/Q4	HSL Audit & Assurance
<ul style="list-style-type: none"> • Provide audit related risk assurance to funding DHBs Planning & Funding, as requested 	100% response to requests Q2/Q4	HSL Audit & Assurance

(vi) Regional Internal Audit Service (Lakes, Tairāwhiti, Taranaki, Waikato)

The general purpose of the HSL regional Internal Audit Service is to provide independent assurance and consulting services to support and monitor the Midland DHBs risk management, internal control and governance processes that have been implemented by management to run these organisations. The role and responsibilities of the service are outlined in the Regional Internal Audit Team Charter.

The internal audit function assists DHB management and staff by developing recommendations for improvement or enhancement in a number of areas, for example:

- the efficiency and effectiveness of a department's business operations and administrative activities, including service delivery procedures
- protection and overall management of medical equipment and other assets
- supplier contract management and monitoring

- the provision, accuracy and usefulness of financial, revenue, contract and other information
- health and safety management systems
- maximising/optimising the use made of computer systems available within the organisation
- security and access to the organisation's information systems.

The diversity of Internal Audit's work is demonstrated by the types of risk and audit activity the service aims to cover within each DHB's annual internal audit plan (mainly developed using a risk-based approach), as follows:

- compliance and assurance
- corporate and social responsibility
- ethics and business conduct
- fraud
- information technology effectiveness
- operational /clinical effectiveness
- project risk
- quality and performance improvement
- security and technology

The Midland DHBs internal audit plans are flexible and agile in order to cater for urgent issues or significant emerging risks.

Regional Internal Audit Service activities for 2018/19

Lead: Ian Cowley, Regional Internal Audit Manager

Activities against DHB internal audit plans	Milestone/Date	Responsibility
<p>Progress against the approved Internal Audit Plans for the client DHBs, expressed as the level of achievement of each internal audit plan to date for the income year, is as follows:</p> <ul style="list-style-type: none"> • Lakes DHB • Hauora Tairāwhiti • Taranaki DHB • Waikato DHB 	Q1-Q4	Regional Internal Audit Manager, HSL

4. Equitable access and outcomes – additional activities to those detailed in section 2

Collated activities demonstrating work towards improving access and outcomes for Māori, not already described under Section 2: Equitable Access and Outcomes – specific equity lens.

Wider equity lens - improving access and outcomes (see section 2 for full 2018/19 work plan detail)	
Midland Regional Enablers:	
Workforce	
Health literacy - supporting Midland DHBs with regional activities as required to improve health literacy.	
Palliative care - regional workforce plan recommendations have a focus on Māori health gain and equitable timely access to palliative care services.	
Technology and Digital Services	
Telehealth - work with clinical services and specialties to build awareness and use of Telehealth across the Midland region – continue to progress the Midland Telehealth work plan	
Quality	
Regional Quality and Safety - maintain and participate in regional quality and safety improvement by applying the Health Quality Safety Commission's four strategic priorities, which includes improving health equity.	
Clinical Leadership	
Midland Trauma System: Develop, implement and maintain regional trauma system infrastructure including information systems	
Design and implement snapshot programme relating to ethnicity, age, gender and inequities of care – detailing groups and communities at risk of trauma in each DHB	
Midland Trauma System: Support injury prevention and awareness	
Create a programme to promote injury awareness by presenting MTS information at targeted meetings and forums by MTS staff eg ATS, etc. Form a consortium of funding stakeholders to support information translation to assist communities at risk.	
Midland Trauma System: Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change	
Conduct health literacy review on trauma information	
Midland Regional Clinical Networks / Action Groups:	
Cancer services - Midland Cancer Network	
Equity of access, timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway	
<i>See Midland Cancer Network 2018/19 work programme:</i>	
<ul style="list-style-type: none"> • Enable equity of access and timely diagnosis and treatment services for all patients on the FCT pathway (eg system/service improvements to minimise breaches of the 62 day FCT for patient or clinical consideration reasons). Refer to 1.2; 1.8, 1.9, 1.11. • Regional coordination and support of quality improvement initiatives to achieve health gain for Māori and equitable and timely access to cancer services. Refer to 1.18, 1.21, 1.22, 1.23, 1.24 	

Wider equity lens - improving access and outcomes (see section 2 for full 2018/19 work plan detail)

- Regional coordination and support for the delivery of nationally consistent systems across DHBs to inform quality improvements that ensure health gain for Māori and equitable and timely access to cancer services.

Improved access to colonoscopy/endoscopy services

Support Midland DHBs to achieve the colonoscopy wait time indicators (by DHB, ethnicity, equity) by 31 December 2018

Midland Bowel Screening Regional Centre (BSRC)

See Midland Cancer Network 2018/19 work programme

Improve palliative care services - *see Midland Cancer Network 2018/19 work programme*

National lead for the lung cancer work programme - *see Midland Cancer Network 2018/19 work programme.*

Cardiac services - Midland Cardiac Clinical Network

Heart failure (HF)

- Pathway of Care for delivery of HF care in Primary setting – consider Primary Care Options
- Population of the HF ANZACS-QI Register
- Provide a report on how HF services will ideally be delivered across the five Midland DHBs to improve outcomes for the worst affected groups now identified as Māori, low deprivation, male, ages 40–65.

Atrial fibrillation (AF)

Provide a report on how AF services would ideally be delivered across the five Midland DHBs.

Some resourcing for Atrial Fibrillation medications and increased access to echo and ablation services, and for the device data base in ANZACSQI will be required for this initiative to be successful.

Cardiac Surgery Patient Access

- Explore viability of Cardiac Surgery Outreach clinics at Tairāwhiti.
- Explore options on how to keep the cardiac surgery waitlist within 6-10% of the annual volume as per MoH KPIs.

Resourcing for increased volumes of Cardiac Surgery required to achieve SIRs.

Māori health equity: Cultural assessment audit of cardiology and cardiac surgery services

- A wananga will be held to provide the opportunity for Midland Māori consumers to talk about their cardiac pathway experiences. The feedback will be collated and a recommendation document will be developed for consideration.
- It is proposed to undertake a stocktake of current cultural awareness training and organisational cultural support services for clinicians within the Midland DHBs. This will provide a baseline and an opportunity to align as a workforce enabler to enhance clinical cultural awareness for services for Māori.

Workforce and service planning - *see Midland Cardiac Clinical Network 2018/19 work programme.*

Wider equity lens - improving access and outcomes (see section 2 for full 2018/19 work plan detail)

Elective Services

Vascular Network

Collect data by ethnicity, location and deprivation where this is available.

Healthy ageing - Health of Older People Action Group

Managing acute demand and patient flow across the continuum

- Regional collaboration on identifying initiatives and best practice for managing acute demand and patient flow across the continuum for Health of Older People.
- Implement agreed method and identify regional measures, including rates for Māori, Pacifica and non- Māori.

Dementia - education programmes for informal carers, family and whānau

- Continue to support the sector to identify ways to ensure access for informal carers and whānau to the education and support programmes (continued on from Q4 2017/18).
- Continue to support the development of the Informal Carer, Family and Whānau Education Guidelines
- Identify opportunities to promote the completed guidelines to Midland Region education programme providers.

InterRAI

Create reports for HOP Action Group to monitor, including rates for Māori and non-Māori.

Hepatitis C – Midland integrated hepatitis C service

Further actions to increase identification/diagnosis in each DHB region will include:

- engage with local Māori and Pacific Island communities
- opportunistic targeted testing at general practice and within the community.

Radiology services - Midland Radiology Action Group

Did Not Arrive (DNA) and Was Not Brought (WNB)

- Collect DNA rates by multiple factors including ethnicity, deprivation location to services, availability by phone for appointment text, transport option, wait times to see where problem areas are
- Survey patients who DNA or WNB
- Review of available literature on Radiology DNA from NZ DHBs
- Document and implement recommendations.

National initiatives and regional projects and enablers

Equity of Positron Emission Tomography – Computerised Tomography (PET-CT)

Wider equity lens - improving access and outcomes (see section 2 for full 2018/19 work plan detail)

Stroke services - Midland Stroke Network

Rehabilitation

Community rehabilitation – review the quarterly community rehabilitation indicator to monitor the consistency of data collection and equity of access to community rehabilitation services.

Reducing incidence of stroke - Regional TIA (Transient Ischemic Attack)

- Review and monitor quarterly regional TIA indicators for areas of non-achievement or inequities of access
- Development of a plan of action if equity issues are identified

Acute services

- Continue to monitor rates of admission of stroke patients to a stroke unit or organised stroke service, reviewing rates for Māori and non-Māori to ensure equity of access
- Support DHBs to identify actions to address any inequities of access.

Patient experience of care

- In conjunction with the Midland Cardiac Clinical Network and General Managers Māori, explore potential for a meeting/hui with Māori consumers and their whānau who have been involved in either (or both) stroke or cardiac services.
- Agree approach to running the hui to ensure consumers and their whānau are supported and learnings are available to as many of the network and service members as possible.
- Organise forum for network members to review and discuss learnings from the hui.
- Identify strategies to improve issues identified.

Trauma services - Midland Trauma System

Improve the delivery of high quality clinical care to trauma patients

Review patient and family/whānau feedback on experience of care and promote principles of co design to trauma services

Develop, implement and maintain regional trauma system infrastructure including information systems

Design and implement snapshot programme relating to ethnicity, age, gender and inequities of care – detailing groups and communities at risk of trauma in each DHB

Support injury prevention and awareness

- Create a programme to promote injury awareness by presenting MTS information at targeted meetings and forums by MTS staff, eg ATS, etc
- Form a consortium of funding stakeholders to support information translation to assist communities at risk.
- Apply for HRC funding to enable sustainable research on issues of access and inequalities (focus 18/19 on Māori trauma)

Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change

Define TQIP elements, structure and processes, ie conduct health literacy review on trauma information. change

Appendix: Clinical leadership – regional group membership

Name	Title/Role	Agency
Midland Cancer Network Executive Group		
Mike Agnew	Planning & Funding	Bay of Plenty DHB
Denise Aitken	Chair Lakes Cancer & Palliative Care Work Group	Lakes DHB
Bronwyn Anstis	Surgical Services Manager	Bay of Plenty DHB
Debbie Barrow	Clinical Care Manager - Medical/Mental Health	Hauora Tairāwhiti
Peter Brown	Regional Māori GM	Hauora Tairāwhiti
Ian Campbell	Clinical Chair NZ Breast Cancer Work Group	Waikato DHB
Jane Chittenden	Service Manager	Lakes DHB
Mark Taylor	GP Liaison	Waikato DHB
Alex Gordon	Executive Director Medical Oncology & ED	Waikato DHB
Sue Hayward	Midland Director of Nursing Rep.	Waikato DHB
Grant Howard	Regional COO for Cancer	Waikato DHB
Marion Kuper	Clinical Director Medical Oncology	Waikato DHB
Ross Lawrenson	Midland Research Rep.	Waikato Clinical School
Busbie Macfarlane	Consumer Rep.	Aroha Mai Cancer
Prue McCallum	Palliative Medicine Specialist	Bay of Plenty DHB
Jenny McCleery	Regional Lead for Cancer Psycho-social services	Waikato DHB
Shelley Campbell	Waikato/BOP Cancer Society Rep.	Waikato/BOP Cancer Society Rep.
Neil McKelvie	Business Leader	Bay of Plenty DHB
Humphrey Pullon	Chair MCN Exec Group	Midland Cancer Network
Gabby Reynolds	Clinical Nurse Director	Waikato DHB
Vanessa Russell	Planning & Funding	Lakes DHB
Nina Scott	Chair, Hei Pa Harakeke	Waikato DHB
Jan Smith	MCN Manager	Midland Cancer Network
Craig Tamblyn	Chair, MCN Exec Group	Waikato Hospice

Name	Title/Role	Agency
Anton Turner	Planning & Funding	Waikato DHB
Leanne Tyrie	Medical Director KKC	Kathleen Kilgour Centre
Ralph Van Dalen	Chair, Midland Colorectal Cancer work group	Waikato DHB
Derek Wright	Chief Executive Officer	Waikato DHB
Barry Young	Consumer Rep.	
Paul Conaglen	Chair, Midland Lung Work Group	Waikato DHB
Charles de Groot	Clinical Director Radiation Oncology	Waikato DHB

Name	Title/Role	Agency
Midland Cancer Network		
Midland Bowel Screening Regional Centre Steering Group		
Kate Chong	Senior Relationship Manager	MoH
Bruce Duncan	Public Health Physician	Hauora Tairāwhiti
Shona Duxfield	Manager, Regional Screening Services	Waikato DHB
Barbara Garbutt	Director, Acute Medical & Older People's Health	Waikato DHB
Adrian Clayton	Consultant	Bay of Plenty DHB
Geoff King	Chief Information Officer	Waikato DHB
Richard Newbury	Consultant	Lakes DHB
Campbell White	Consultant	Taranaki DHB
Geoff King	Director	Waikato DHB
Graeme Dickson	Consultant	Waikato DHB
Lynsey Bartlett	Service Manager	Hauora Tairāwhiti
Leigh Cleland	Director	Taranaki DHB
Neil McKelvie	Service Manager	Bay of Plenty DHB
Peter Stiven	Consultant	Hauora Tairāwhiti
Phyllis Tangitu	GM Māori Health	Lakes DHB
Nina Scott	Cultural Clinical Advisor	Waikato DHB
Jo Scott-Jones	Midland BSRC Primary Care Lead	GP/Chair Rural GP
Ralph Van Dalen	Midland BSRC Secondary Clinical Lead	Waikato DHB
Greg Vandergoot	Service Manager	Lakes DHB
David Vernon	Consultant	Lakes DHB
Nick Saville-Wood	COO	Lakes DHB
Karen Evison	Director Strategy and Funding	Lakes DHB
Derek Wright	Midland Bowel Screening Lead CEO	Waikato DHB
Jan Smith	Midland BSRC Regional Lead	Midland Cancer Network / HealthShare
Brent McMillin	Manager, Midland Bowel Screening Regional Centre	HealthShare
Diane Casey	Project Manager	HealthShare
Maria Stapleton	Project Manager	HealthShare
Sarah Harihari	Project Manager	HealthShare

Name	Title/Role	Agency
Midland Cardiac Clinical Network		
Natasha Gartner	Project Manager	HealthShare
Honor Lymburn	Senior Analyst	HealthShare
Jennifer Goodson	CCU RN/ANZACSQI Database Co-ord.	Bay of Plenty DHB
Jonathan Tisch	SMO, Chair	Bay of Plenty DHB
Neil McKelvie	Service Manager	Bay of Plenty DHB
Wendy Bryson	CNS	Bay of Plenty DHB
Phil Shoemack	Public Health	BOP and Lakes DHBs
Chris Duffy	General Physician	Hauora Tairāwhiti
Debbie Barrow	Service Manager	Hauora Tairāwhiti
Peter Brown	Planning & Funding Māori Health	Hauora Tairāwhiti
Tracy Low	CNS Cardiac	Hauora Tairāwhiti
Andrea Colby	CNS Cardiac	Lakes DHB
Jane Chittenden	Service Manager	Lakes DHB
Nick Saville-Wood	COO rep.	Lakes DHB
Peace Tamuno	Cardiologist	Lakes DHB
Sara Chester	MoH	Ministry of Health
Gerry Devlin	Heart Foundation and National Cardiac Network	NZ Cardiac Network / NZ Heart Foundation
Gerry Devlin	SMO	Hauora Tairāwhiti
Ian Ternouth	Cardiologist	Taranaki DHB
Jan Prideaux	CNM CCU	Taranaki DHB
Janet Gibson	Service Manager	Taranaki DHB
Adam elGamel	Cardiac Surgeon	Waikato DHB
Alison McAlley	CNS Cardiac Surgery	Waikato DHB
Christopher Nunn	Specialist – Cardiology	Waikato DHB
Derek Wright	CEO Sponsor	Waikato DHB
Emma McDermott	Allied Health	Waikato DHB
Fiona Campbell	Primary Health	Waikato DHB
Grant Parkinson	Cardiac Surgeon	Waikato DHB
Jeweleigh Bates	Service Manager	Waikato DHB
Joanne MacDonald	Service Manager	Waikato DHB
Lea Callan	CNS, Cath Lab	Waikato DHB
Raewyn Fisher	Cardiologist	Waikato DHB
Ross Lawrenson	Clinical Director	Waikato DHB
Ruth Rhodes	Planning & Funding rep.	Waikato DHB
Sue Hayward	Director of Nursing	Waikato DHB
TV Liew	Cardiologist	Waikato DHB
David Nicholson	Director of Operations	Waikato DHB

Name	Title/Role	Agency
Midland Child Health Action Group		
David Graham	Chair, Paediatrician	Waikato DHB
Justin Wilde	Paediatrician	Bay of Plenty DHB
Ron Dunham	CEO	Lakes DHB
Becky Jenkins	Planning & Funding	Taranaki DHB
Karen Smith	Management	Bay of Plenty DHB
Michelle Sutherland	COO	Waikato DHB
Lindsay Lowe	Public Health	Toi Te Ora
Margot McLean	Public Health	Hauora Tairāwhiti
Stephen Bradley	Deputy Chair, Paediatrician	Lakes DHB
Gary Lees	Director of Nursing	Lakes DHB
Pat Tuohy	Ministry of Health	Ministry of Health
Marnie Reinfelds	Planning & Funding	Taranaki DHB
Neil Poskitt	GP	Rotorua Area Primary Health Services
Karyn Sanson	Operational Project Manager	NZ C&Y Clinical Network Programme
Viv Edwards	Clinical Services Manager	Plunket
John Doran	Paediatrician	Taranaki DHB
Richard Vipond	Public Health	Waikato DHB
Nina Scott	Māori Health and Public Health	Waikato DHB
Jo Scott-Jones	GP	Pinnacle Midlands Health Network
Tracy Jackson	Starting Well Programme Lead	Pinnacle Midlands Health Network
Debi Whitham	Primary sector	Hauraki PHO
Arish Naresh	Allied Health	Hauora Tairāwhiti
Anna-Maree Harris	Project Manager	HealthShare
Honor Lymburn	Senior Analyst	HealthShare

Name	Title/Role	Agency
Elective Services Network		
Regional Elective Services Governance Group (COO Group)		
Gillian Campbell	COO (Lead)	Taranaki DHB
Grant Howard	COO	Waikato DHB
Pete Chandler	COO	Bay of Plenty DHB
Nick Saville-Wood	COO	Lakes DHB
Lynsey Bartlett	COO	Hauora Tairāwhiti
Joce Carr	Project Manager	HealthShare
Ganga Nanayakkara	Senior Analyst	HealthShare
Vascular Network		
Mark Morgan	Vascular Surgeon (Co-Chair)	Bay of Plenty DHB
Vasu Vasudevan	Vascular Surgeon (Co-Chair)	Waikato DHB
David Griffith	Vascular/General Surgeon	Lakes DHB
Murray Cox	Vascular Surgeon	Taranaki DHB
Joanne MacDonald	Service Manager	Waikato DHB
Leigh Cleland	Service Manager	Taranaki DHB
Greg Vandergoot	Service Manager	Lakes DHB
TBA		Hauora Tairāwhiti
Dorothy McKeown	Elective Services Manager	Bay of Plenty DHB
	Primary Care rep.(s)	TBA
	Radiology rep.(s)	TBA
	Planning & Funding rep.	TBA
Julie Betts	Nurse Practitioner	Waikato DHB

Name	Title/Role	Agency
Health of Older People Action Group		
Rachel Jones	Manager	ARC
Michelle Bloor	Geriatrician	Lakes DHB
Liz Spellacy	Geriatrician	Bay of Plenty DHB
Claire McGowan-Blair	Manager, MHSOP	Bay of Plenty DHB
Rosie Winters	Nurse Practitioner	Bay of Plenty DHB
Henriette Badenhorst	Geriatrician	Taranaki DHB
Vanessa Russell	Planning & Funding Portfolio Manager	Lakes DHB
Erica Amon	Manager	HealthCare NZ
Penny Forrester	Manager, NASC	Hauora Tairāwhiti
Barbara Garbutt	Operations Director	Waikato DHB
Kirstin Pereira	Project Manager	HealthShare
Honor Lymburn	Senior Analyst	HealthShare
Dementia		
Colin Patrick	Psychogeriatrician (Chair)	Waikato DHB
Fiona Campbell	GP Liaison	Waikato DHB
Rachel Jones	Manager	ARC
Esthe Davis	Manager, MHSOP	Lakes DHB
Ruth Thomas		Bay of Plenty DHB
Cheryl Collier	Clinical Nurse Specialist	Bay of Plenty DHB
Rosemarie Webb	Manager, NASC	Bay of Plenty DHB
Karen Southall	Psychiatrist	Hauora Tairāwhiti
Janine Burton	Clinical Nurse Specialist	Waikato DHB
Gail Riccitelli	Psychogeriatrician	Taranaki DHB
Howard Vickridge	Manager	Dementia Waikato
Advance Care Planning		
Dot Brown	Project Manager	Pinnacle Midlands Health Network
Gary Lees	Director of Nursing	Lakes DHB
Heather Burden	Patient Safety Facilitator	Waikato DHB
Heather Robertson	Nurse Leader Primary & Community	Hauora Tairāwhiti
Karlynne Earp	ACP Project Advisor	Hauraki PHO
Kym Noske	ACP Facilitator	Taranaki DHB
Vacant		Bay of Plenty DHB

Name	Title/Role	Agency
Midland Regional Hepatitis C Service		
Haley Scown	Service Manager	Waikato DHB
Frank Weilert	Gastroenterologist, Hepatitis Foundation Board of Trustees	Waikato DHB
Nancy Carey	Hep. C Nurse Specialist	Waikato DHB
Cameron Birchall	Business Analyst	Waikato DHB
Stephanie Firth	Booking Clerk and Admin. Support	Waikato DHB
Luke Wilson	Business Manager	Waikato DHB
Regional Point of Contacts		
Janet Gibson	Service Manager	Taranaki DHB
Campbell White	SMO	Taranaki DHB
Anne Madison	Hep. C Nurse Specialist	Taranaki DHB
Chris Duffy	SMO	Hauora Tairāwhiti
Chrissy Parker	Hep. C Nurse Specialist	Hauora Tairāwhiti
Richard Newsbury	SMO	Lakes DHB
Charles Richardson	SMO	Lakes DHB
Lydia White	Hep. C Nurse Specialist	Lakes DHB
Kate Grimwade	SMO	Bay of Plenty DHB
Massimo Giola	SMO	Bay of Plenty DHB
Nicola Caine	Hep. C Nurse Specialist	Bay of Plenty DHB
Lauren Mabbutt	Hep. C Nurse Specialist	Bay of Plenty DHB
Alex Lampen-Smith	Gastroenterologist and Hepatologist	Hepatitis Foundation of New Zealand
Raewyn Crowe	Regional Manager	Needle Exchange
Kay Sloan	Clinical Quality Assurance Advisor	Department of Corrections
Ross Curle-Dinnington	Health Centre Manager	Department of Corrections
Sally Newell	Long Term Condition Nurse Manager	Pinnacle Midlands Health Network
Jo Scott-Jones	GP	Pinnacle Midlands Health Network
Phil Back	General Practice Services Manager	Western Bay of Plenty PHO
Michelle Murray	CEO	Eastern Bay PHO
Trish Anderson	Operations Manager	Hauraki PHO
Agnes Walker	Acting Primary Care Manager	Ngati Porou Hauora
Anne Currie	Clinical Nurse Specialist	Waikato DHB

Name	Title/Role	Agency
Joe Bourne	General Practitioner, GP Liaison	Nga Kakano Foundation Family Health Services, Bay of Plenty DHB
Fiona Campbell	General Practitioner, GP Liaison	Student Health Waikato University, Waikato DHB
Liz Steeds	Consumer	Mount Maunganui
Jackie Davis	Portfolio Manager, Māori Health Planning & Funding	Bay of Plenty DHB
Christopher Tofield	General Practice Liaison/Clinical Advisor	Bay of Plenty DHB
Alex Lampen-Smith	Gastroenterologist and Hepatologist	Tauranga Hospital
Jo de Lisle	Project Manager	HealthShare
Tony Farrell	General Practice	Mount Medical Centre
Trish Anderson	Operations Manager	Hauraki PHO

Name	Title/Role	Agency
Regional Mental Health & Addiction Network (MH&A)		
Midland Region Clinical Governance Network		
Dr Sharat Shetty	Clinical Director (Chair)	Taranaki DHB
Karen Evison	Regional GM Planning & Funding	Lakes DHB
Phyllis Tangitu	Regional GM Māori Health	Lakes DHB
Dr Rees Tapsell	Clinical Director	Waikato DHB
Vicki Aitken	Acting Executive Director	Waikato DHB
Wendy Langham	Senior Manager	Taranaki DHB
Michael Bland	Senior Manager	Lakes DHB
aupo	Associate Director of Nursing	Lakes DHB
Fiona Miller	Clinical Director	Bay of Plenty DHB
Anja Theron	Acting Manager	Bay of Plenty DHB
Debbie Barrow	Senior Manager	Hauora Tairāwhiti
Dr Diana Rangihuna-Kopu	Clinical Lead	Hauora Tairāwhiti
Vacant	Business Manager	Bay of Plenty DHB
Dr Darren Malone	Clinical Director	Lakes DHB
Marita Ranclaud	Portfolio Manager	Lakes DHB
Marion Blake	NGO representative	Platform
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region PMF Portfolio Managers (MH&A)		
Kiri Pieta	Portfolio Manager	Bay of Plenty DHB
Lesley Watkins	Portfolio Manager	Bay of Plenty DHB
Owen Lloyd	Portfolio Manager	Hauora Tairāwhiti
Marita Ranclaud	Portfolio Manager	Lakes DHB
Jenny James	Portfolio Manager	Taranaki DHB
Rachel Poaneki	Portfolio Manager	Waikato DHB
Kieran McHale	Portfolio Manager	Waikato DHB
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Nga Kōpara o te Rito (Consumer Whānau) (MH&A)		
Brian Thomas	Trust Manager (Chair)	NGO – Bay of Plenty
Hine Moeke-Murray	General Manager	NGO – Tairāwhiti
Lisa Baty	Family Whānau Advisor	NGO – Tairāwhiti
Ann Grennell	Director	NGO – Waikato

Name	Title/Role	Agency
Jim Dickinson	Family Whānau Advisor Mental Health	Taranaki DHB
Tau Moeke	Kaumatua	Kaumatua
Libby Moeke	Mataora Te Kuwatawata	Hauora Tairāwhiti
Brendon Dolman	Consumer Advisor	Waikato DHB
Arana Pearson	Consumer Lead	NGO – BOP
Guy Baker	Consumer Leader	NGO - Tairāwhiti
Herewini Rangī	Peer Support & Advocacy	NGO - Tairāwhiti
Jade Dix	Consumer Advisor	NGO - Taranaki
Wi Te Tau Huata	Family Whānau Advisor	NGO – Lakes
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Addiction Leadership Network (MH&A)		
Lesley Watkins	Portfolio Manager, Planning & Funding	Bay of Plenty DHB
Rose Taylor	CEP Clinician	NGO – Taranaki
Sarah Barkley	Nurse Practitioner	Lakes DHB
Diane Nant	Senior Clinical Counsellor	NGO – Lakes
Rachel Poaneki	Portfolio Manager, Planning & Funding	Waikato DHB
Sally Whitelaw	Clinical Team Leader	Bay of Plenty DHB
Pania Hetet	General Manager	NGO, Bay of Plenty
Linda Gibson	Clinical Supervisor/ AOD Counsellor	Hauora Tairāwhiti
Brett Mataira	AOD Practitioner	Hauora Tairāwhiti
Terry Huriwai	Kaiwhakahaere	Te Rau Matatini
Rachel Haswell	Operations Manager	NGO – Waikato
Tina Winikerei	General Manager	NGO – Lakes
Selina Paerata	Clinical Team Leader	NGO - Taupo
Caleb Putt	Youth AOD Coordinator	BOP DHB
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Te Huinga o Nga Pou Hauora (Māori) (MH&A)		
Hine Moeke-Murray	General Manager (Chair)	NGO – Tairāwhiti
Turaukawa Bartlett	Kaiwhakahononga – Māori Engagement & Development Consultant	NGO – Waikato

Name	Title/Role	Agency
Tau Moeke	Kaumatua	Kaumatua
Pania Hetet	General Manager	NGO – Bay of Plenty
Kiri Pieta	Portfolio Manager – Planning & Funding	Bay of Plenty DHB
Stacy Porter	Māori Advisor	Werry Centre
Terry Huriwai	Kaiwhakahaere	Te Rau Matatini
Phyllis Tangitu	Regional GMs Māori	Lakes DHB
Linda Culloch	MHAS Clinical Team Leader	NGO – Taranaki
Marita Ranclaud	Portfolio Manager, Planning & Funding	Lakes DHB
Te Rau Oriwa Davis	Kuia	Kuia
Wi Te Tau Huata	Peers Support & Advocacy	NGO – Lakes
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Workforce Leadership Network (MH&A)		
Turaukawa Bartlett	Kaiwhakahononga – Māori Engagement & Development Consultant (Chair)	NGO – Waikato
Suzette Poole	Clinical Lead	Te Pou & Matua Raki
Selina Paerata	Clinical Team Leader	NGO – Waikato
Pene Te Puni	Operations Manager	Taranaki DHB
Karin Isherwood	Senior Advisor Workforce Development	Werry Centre
Hine Moeke-Murray	General Manager	NGO – Tairāwhiti
Andrea Rowe	General Manager	NGO – Taranaki
Donna Starling	Consumer Leader & Navigator	NGO – Lakes
Marita Ranclaud	Portfolio Manager, Planning & Funding	Lakes DHB
Terry Huriwai	Kaiwhakahaere	Te Rau Matatini
Eseta Nonu-Reid	Regional Director	HealthShare
Steve Neale	Workforce Planning Lead	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Eating Disorders Liaison Network (MH&A)		
Dr Alesta Stephan	Psychiatrist	Waikato DHB
Amber Fletcher	Clinical Psychologist	Bay of Plenty DHB
Debbie Barrow	Senior Manager	Hauora Tairāwhiti
Emma Thomas-	ED Liaison Coordinator	Bay of Plenty DHB

Name	Title/Role	Agency
Redward		
Helen Mc Petrie-Tarei	Community MH Nurse	Lakes DHB
Jo Miller	ICAMHS	Taranaki DHB
Julia McLean	ED Liaison	Taranaki DHB
Karin Hagenaars	ED Clinician	Waikato DHB
Kaylene Buckley	ED Liaison	Lakes DHB
Lynne Blake	Consultant Clinical Psychologist (Chair)	Waikato DHB
Maree Sievwright	Occupational Therapist	Waikato DHB
Eseta Nonu-Reid	Regional Director	HealthShare
Belinda Walker	Information Project Coordinator	HealthShare
Midland Region Infant Perinatal Network (MH&A)		
Aroha Panapa	Clinical Psychologist	NGO - Waikato
Claire Stowell	Occupational Therapist	Bay of Plenty DHB
Hera Matangi	Whānau Worker	NGO – Taranaki
Hine Moeke-Murray	General Manager	NGO – Tairāwhiti
Jacqueline Coates-Harris	Perinatal MH Consultation Liaison (Chair)	Waikato DHB
Jane Nottingham	Registered Nurse	Bay of Plenty DHB
Linda McCulloch	Clinical Team Leader	NGO – Taranaki
Patrick Morris	Team Leader	Taranaki DHB
Penny Stevens	ICAMHS	Bay of Plenty DHB
Sandra Patton	Infant MH Clinician	Bay of Plenty DHB
Te Awhimate Tawhai	Kaiarahi Mataora	NGO – Tairāwhiti
Tim Gutteridge	Clinical Social Worker	Lakes DHB
Tina Berryman-Kamp	Senior Clinical Psychologist	NGO – Lakes
Wendy Tyghe	Registered Psychologist	Hauora Tairāwhiti
Eseta Nonu-Reid	Regional Director	HealthShare
Midland Region Opioids Substitute Treatment Network (MH&A)		
Belinda Rouse	Community MH Nurse	Waikato DHB
Brian Morrow	Drug & Alcohol Clinician	Waikato DHB
Carla-Lee Hirst	Drug & Alcohol Clinicians	Waikato DHB
Drina Hawea	AOD Counsellor	Hauora Tairāwhiti
Glenda Glogowski	Community MH Nurse	Waikato DHB
Hinetangi Coleman	AOD Counsellor	Hauora Tairāwhiti

Name	Title/Role	Agency
Jo Atwill	AOD Counsellor	Bay of Plenty DHB
Kate Ridder	Drug & Alcohol Clinician	Waikato DHB
Linda Gibson	Clinical Supervisor	Hauora Tairāwhiti
Lisa George	Community MH Nurse	Waikato DHB
Mary Foster	AOD Clinician	Bay of Plenty DHB
Michael O'Connell	Clinical Nurse Director	Lakes DHB
Nick White	Clinical Lead	Bay of Plenty DHB
Norman McFadyen	AOD Clinician	Bay of Plenty DHB
Patricia Anderson	Community MH Nurse	Waikato DHB
Roberta Tibble	AOD Counsellor	Hauora Tairāwhiti
Sally Whitelaw	Clinical Team Leader	Bay of Plenty DHB
Sandra Heald	Community MH Nurse	Lakes DHB
Sarah Barkley	Nurse Practitioner	Lakes DHB
Shannon Thomas	Occupational Therapist	Waikato DHB
Sue Coleman	Registered Nurse	Lakes DHB
Sumita Sumita	AOD Clinician	Waikato DHB
Terrence Philson	AOD Clinician	Bay of Plenty DHB
Velda Raybone-Jones	Charge Nurse Manager	Waikato DHB
Vera Mihajlovic	CEP AOD Consultation Liaison Clinician	Waikato DHB
Eseta Nonu-Reid	Regional Director	HealthShare

Name	Title/Role	Agency
Midland Radiology Action Group		
Jill Wright	Radiology Manager	Bay of Plenty DHB
Roy Buchanan	SMO, Chair	Bay of Plenty DHB
Stuart Ngatai	Planning & Funding	Bay of Plenty DHB
Dan Cornfield	SMO	Hauora Tairāwhiti
Leigh Potter	Radiology Manager	Hauora Tairāwhiti
Natasha Gartner	Project Manager	HealthShare
Ganga Nanayakkara	Senior Analyst	HealthShare
Carl Huxford	SMO	Lakes DHB
Kathy Colgan	Radiology Manager	Lakes DHB
Peter Canaday	SMO	Taranaki DHB
Sue Howard	Radiology Manager	Taranaki DHB
Derek Wright	CE Sponsor	Waikato DHB
Hayley McConnell	Director Community & Clinical Services (COO representative)	Waikato DHB
Kym McNulty	SMO	Waikato DHB
Sue McColl	Radiology Manager	Waikato DHB
Sue Matthews	Primary Health	Western Bay of Plenty PHO

Name	Title/Role	Agency
Midland Stroke Network		
Mohana Maddula	Physician (Chair)	Bay of Plenty DHB
Andrea Seymour	Clinical Nurse Manager	Hauora Tairāwhiti
Karim Mahawish	Physician	Lakes DHB
Trish Blattman	Stroke CNS	Bay of Plenty DHB
Simon Everitt	GM Planning & Funding rep.	Bay of Plenty DHB
Sara Findlay	Allied Health	Waikato DHB
Veronica Duque	CNS	Lakes DHB
Jane Chittenden	Manager	Lakes DHB
Fay Mattson	Nurse Manager	Bay of Plenty DHB
Karin Norman	Nurse Manager	Lakes DHB
Sally Newell	Primary Sector	Pinnacle Midlands Health Network
Ailsa Jacobson	MoH	Ministry of Health
Ginny Abernethy	Stroke Foundation	Stroke Foundation
Heather Robertson	Nurse Leader (Primary and Community)	Hauora Tairāwhiti
Intesar Malik	Physician	Hauora Tairāwhiti
Peter Brown	Māori Health	Hauora Tairāwhiti
Bhaves Lallu	Physician	Taranaki DHB
Bronwen Pepperell	CNS	Taranaki DHB
Gillian Campbell	COO	Taranaki DHB
Raewyn Hohua	CNS	Waikato DHB
Gabby Chitty	Physiotherapist	Taranaki DHB
Matt Phillips	Neurologist	Waikato DHB
Kirstin Pereira	Project Manager	HealthShare
Honor Lymburn	Senior Analyst	HealthShare
Allied Health Stroke Group		
Annie Yohannan	Physiotherapist	Lakes DHB
Anne Beets	Social Worker	Lakes DHB
Shannon Tisbury	Physiotherapist	Waikato DHB
Sara Findlay	Physiotherapist	Taranaki DHB
Gabriella Chitty	Physiotherapist	Taranaki DHB
Karen Visagie	Occupational Therapist	Taranaki DHB
Biddy Robb	Speech Language Therapist	Hauora Tairāwhiti
Justine Slow	Physiotherapist	Bay of Plenty DHB
Natalie Oakley	Speech Language Therapist	Bay of Plenty DHB
Eilidh McGillivray	Physiotherapist	Bay of Plenty DHB
Ginny Abernethy	Project Manager	Stroke Foundation

Name	Title/Role	Agency
Joanna Sweeney	Speech Language Therapist	Waikato DHB
Kim Parnell	Occupational Therapist	Bay of Plenty DHB
Leigh Haldane	Team Leader, Rehabilitation	Bay of Plenty DHB
Tina Proffitt	Psychologist	Waikato DHB

Name	Title/Role	Agency
Midland Trauma System Strategic Group		
Grant Christey	Clinical Director (Chair)	Waikato DHB
Ron Dunham	CEO rep.	Lakes DHB
Gary Hopgood	Regional CMA rep.	Waikato DHB
Jenny Dorrian	CNS	Waikato DHB
Pete Chandler	Regional COO rep.	Bay of Plenty DHB
Alaina Campbell	Nurse Consultant/Programme Mgr	Waikato DHB
Maureen Chrystall	Executive Director, Corporate Services	Waikato DHB
Greg Simmons	Taranaki rep.	Taranaki DHB
Simon Everitt	GM, Planning & Funding rep.	Bay of Plenty DHB
Bronwyn Anstis	Business Leader Surgical Services	Bay of Plenty DHB
Phyllis Tangitu	GM Māori Health rep.	Lakes DHB
Steven Hudson	TOC	Hauora Tairāwhiti
Suzanne Andrew	Manager	HealthShare
Katrina O'Leary	TQIP Coordinator	Waikato DHB
Operational Group		
Grant Christey	Clinical Director (Chair)	Waikato DHB
Troy Browne	SMO/HOD ICU/ Medical Lead Surgical Service	Bay of Plenty DHB
Clare Swanson	CNS	Bay of Plenty DHB
Janette Caird	Trauma Data Entry	Bay of Plenty DHB
Kelly Phelps	ED SMO	Bay of Plenty DHB
Cherry Campbell	CNS	Lakes DHB
Carolyn Duncum	Trauma Data Entry	Lakes DHB
Laura Kwan	SMO	Lakes DHB
Steven Hudson	TOC	Hauora Tairāwhiti
Rick Cirolli	SMO	Hauora Tairāwhiti
Karen MacDonald	RN	Hauora Tairāwhiti
Jaki Boyle	ED CNM	Hauora Tairāwhiti
Kath Cordiner	Business Leader	Hauora Tairāwhiti
Glenn Farrant	SMO	Taranaki DHB
Kylie Keig	CNS	Taranaki DHB
Alaina Campbell	Nurse Consultant/ Programme Manager	Waikato DHB
Jenny Dorrian	CNS	Waikato DHB
Bronwyn Denize	CNS	Waikato DHB
Mary-Jane Pacua	Trauma Services Clerk	Waikato DHB

Midland Regional Enablers

Name	Title/Role	Agency
Regional Pathways of Care Governance Group		
Damian Tomic	CD Strategy, Funding & Primary Care	Waikato DHB
Nina Scott	Equity Advisor	Waikato DHB
Gary Hopgood	Chief Medical Officer	Waikato DHB
Jo-Anne Deane	Director Integrated Care	Waikato DHB
Kate Yeo	Director of Nursing; virtual health and older persons	Waikato DHB
Tanya Maloney	Executive Director Strategy and Funding	Waikato DHB
Jo Scott-Jones	Medical Director	Pinnacle Midlands Health Network
Wendy Carroll	Clinical Director	Hauraki PHO
Joe Bourne	CD Innovation & Improvement	Bay of Plenty DHB
Phil Back	Manager, General Practice Services	Western Bay PHO
Kathy Rex	Portfolio Manager, Primary Care & Pharmacy	Lakes DHB
Karen Evison	Director Strategy, Planning & Funding	Lakes DHB
Nicky Humphris	Project Coordinator	Lakes DHB
Anna Meuli	GP Liaison	Hauora Tairāwhiti
Richard Moore	CD Medical/Mental Health	Hauora Tairāwhiti
Nicola Ehau	Planning & Funding & Population Health	Hauora Tairāwhiti
Greg Sheffield	Primary Care Portfolio Manager	Taranaki DHB
Greg Simmons	Chief Medical Advisor	Taranaki DHB
Sheldon Ngatai	Consumer Rep.	Taranaki DHB
Becky Jenkins	GM Planning & Funding & Population Health	Taranaki DHB
Jo Hollobon	Regional Lead Editor	HealthShare
Christine Scott	Project Manager	HealthShare

Name	Title/Role	Agency
Midland United Regional Integration Alliance (MURIAL) Team		
Jim Green	Lead CEO, MURIAL	Hauora Tairāwhiti
Derek Wright	CEO	Waikato DHB
Helen Mason	CEO	Bay of Plenty DHB
Rosemary Clements	CEO	Taranaki DHB
Ron Dunham	CEO	Lakes DHB
Andrew Swanson-Dobbs	GM	Pinnacle Midlands Health Network
Becky Jenkins	GM Planning & Funding	Taranaki DHB
Damian Tomic	Clinical Director	Waikato DHB
David Oldershaw	CEO	Pinnacle Midlands Health Network
Hugh Kininmonth	CEO	Hauraki PHO
Janice Kuka	CEO	Nga Mataapuna Oranga
Jo Scott-Jones	Clinical Director	Pinnacle Midlands Health Network
Kathy Rex	Portfolio Manager, Planning & Funding	Lakes DHB
Kirsten Stone	CEO	Rotorua Area Primary Health Service
Lindsey Webber	Deputy CEO	Hauraki PHO
Michelle Murray	CEO	Eastern Bay of Plenty PHO
Nicola Ehau	GM Planning & Funding	Hauora Tairāwhiti
Phyllis Tangitu	GM Māori Health	Lakes DHB
Roger Taylor	CEO	Western Bay PHO
Rose Kahaki	CEO	Ngati Porou Hauora
Simon Everitt	GM Planning & Funding	Bay of Plenty DHB
Simon Royal	CEO	National Hauora Coalition
Karen Evison	GM Planning & Funding	Lakes DHB
Tereki Stewart	Chief Operating Officer	National Hauora Coalition
Phil Back	General Practice Services Manager	Western Bay of Plenty PHO
Cathy Cooney	Chair	Alliance Leadership Team
Chad Paraone	Chair	Alliance Leadership

Name	Title/Role	Agency
		Team
Robin Milne	Chair	Alliance Leadership Team
Tanya Maloney	Executive Director, Strategy, Funding & Public Health	Waikato DHB
Bruce Duncan	Public Health Physician	Hauora Tairāwhiti
Lorraine Hetaraka-Stevens	Nurse Leader, Networks & Integration	National Hauora Coalition

Name	Title/Role	Agency
Midland Quality Group		
Sharon Kletchko	Regional Lead; Quality Risk & Clinical Governance Director	Lakes DHB
Mo Neville	Director of Quality & Patient Safety	Waikato DHB
Debbie Brown	Quality & Patient Safety Manager	Bay of Plenty DHB
Anne Kemp	General Manager, Quality & Risk	Taranaki DHB
Amelia Brown-Smith	Quality & Risk Systems Manager/Privacy Officer	Hauora Tairāwhiti

Name	Title/Role	Agency
Technology & Digital Services eSPACE Clinical Authority		
Ian Martin	Chair, Clinical Authority; Clinical Director ED	Waikato DHB
Katy Sheffield	Director, Allied Health	Taranaki DHB
Jake Reid	DON Rep.	Bay of Plenty DHB
Kate Yeo	DON Rep.	Waikato DHB
Matthew Valentine	ED Physician and CIRG Chair	Bay of Plenty DHB
Peter Freeman	ED Clinical Director and CIRG Chair	Lakes DHB
Saralyn Mackenzie	Physician and CIRG Chair	Hauora Tairāwhiti
David Page	Programme Director	HealthShare
Shelley Baker	Programme Manager	HealthShare
Dianne Johnson	Operations Lead	HealthShare