

Regional Services Plan Initiatives and Activities



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Note: The '2019-2022 Regional Services Plan - Initiatives and Activities' is a companion document to the '2019-2022 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. Our Strategic Outcomes

1.1 Strategic outcome 1: Achieve health equity

The New Zealand health service has made good progress over the past 75 years. However, an ongoing challenge is to reduce ethnic inequalities in health outcomes for populations, particularly Māori and Pacific peoples. As a key focus, Midland DHBs will work to support equitable health outcomes in its populations.

A core function of DHBs is to plan the strategic direction for health and disability services. This occurs in partnership with key stakeholders and our community (i.e. clinical leaders, iwi, Primary Health Organisations and Non-Government Organisations) and in collaboration with other DHBs and the Ministry of Health. Achieving health equity is the goal.

“In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.”¹

The workplans in this document show the intended health outcomes of the various projects and initiatives. Work with a population equity focus, and/or work that will impact on equitable outcomes, is marked with an **EAO** tag. This **EAO** work is summarised in Section 1 ('Objective 1 – Health Equity for Māori').

1.1.1 Health equity for Māori

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.

'Health equity for Māori' is one of six regional objectives, and is intentionally first as the region's priority. Initiatives and activities specifically related to health equity for Māori are described in that section (**page 13**).

In addition to these initiatives and activities directly focused on health equity for Māori, achievement of the other Regional Objectives will also contribute to better overall, equitable health outcomes through alignment with the core regional strategic outcomes ('Improve the health of the Midland populations', and 'Achieve health equity').

Māori health equity is a focus in regional reporting, with Network reports, and quarterly reports showing the relative outcomes of Māori and non-Māori (as well as discrepancies among other priority groups such as Pacific ethnicity, the very young and the elderly – depending on the data reported on). This information is used to frame regional discussion and planning.

¹ Ministry of Health definition of the term 'equity', signed off by Director-General of Health, Dr Ashley Bloomfield, in March 2019.



The individual and whānau lens

The Midland region has a commitment to ensuring a Māori voice – at the individual, household, family and community level – is present in the design of health systems and policy. This includes engaging directly with whānau and Iwi in the co-design of initiatives as well as the critical role of Māori representatives in health management and governance.

This engagement includes involving Māori representatives who are accessing, engaging with and navigating health services, as well as involving communities in the design of various targeted services along kaupapa Māori principles. This approach prioritises a Māori worldview, and is respectful of traditional Māori customs, beliefs and practices.

1.1.2 Health equity for Midland populations

Health inequalities affect a range of population groups including (disproportionately) Māori, Pasifika, low socio-economic, low income workers, rural, elderly, disabled, migrants, refugees, those with poor English language skills, and those living in certain localities. Populations with more diverse needs or different abilities (e.g. intellectual, physical or sensory) may need different support to take opportunities to achieve their full health potential.

This strategic outcome reflects the priority in the New Zealand Health Strategy and the New Zealand Triple Aim framework, to focus on health outcomes, equity and results that matter to the public across the health system.

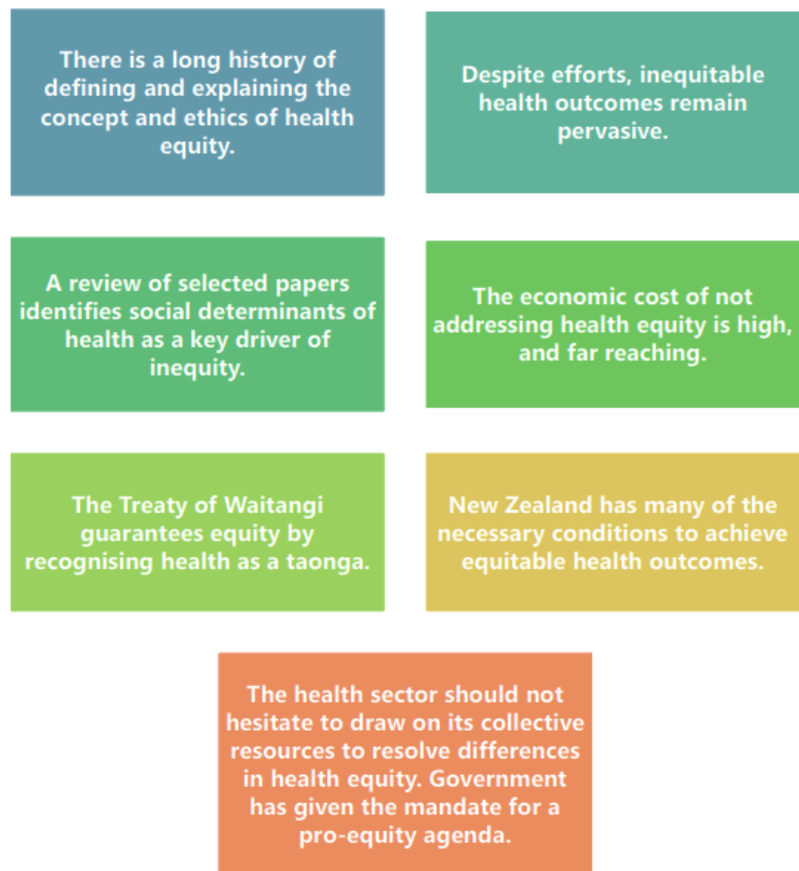


Figure 1: From ‘Achieving Equity in Health Outcomes’ - MoH, 11.2018

Regional services identify disparities and inequalities in the health outcomes of different populations by analysing the available data and by engaging directly with these communities about their healthcare experiences. The regional work programmes in this Regional Services Plan highlight the initiatives to tailor the delivery of accessible, sustainable health services and to align people, systems & processes toward equitable long-term outcomes for all.²

The Midland region has a strategic population focus on Māori health, child health and the health of older people, with focus on Māori health equity being a core priority as listed in the Regional Objective description in the next section.

² Bennett, Hayley & King, Paula. (2018). Pro-equity climate change and environmental sustainability action by district health boards in Aotearoa/New Zealand. The New Zealand medical journal. 131. 56-63.



1.2 Strategic outcome 2: Improve the health of the Midland populations

Health and wellbeing is everyone's responsibility. Individuals and family and whānau are to actively manage their health and wellbeing; employers and local and central body regulators and policymakers are expected to provide a safe and healthy environment that communities can live within.

The health and disability system must overcome two major challenges to remain sustainable over the next four years. First, it must provide services that are affordable and, second, it needs to continue to improve health outcomes for all people who use those services.”³

The second strategic outcome of the Midland health system is closely linked with the first strategic outcome of health equity. Midland has the highest Māori population in New Zealand, therefore there is a disproportionate impact on the regional health system if services are not designed to meet Māori needs. A sustainable health system is one where the short, medium and long-term direction is toward closing the equity gap.

1.2.1 Midland's regional objectives

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

1. **Health equity for Māori.**
2. **Improve quality across all regional services.**
3. **Integrate across continuums of care.**
4. **Build the workforce.**
5. **Improve Data and Digital Services.**
6. **Efficiently allocate public health system resources.**

Work plans 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), e.g. Third Party Provider Audit & Assurance Service and the Regional Internal Audit Service. Alignment with national and regional strategic direction is provided against each work programme's initiatives, i.e. 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.

Figure 2, over the page, outlines the relationship between the regional outcomes, objectives and enablers with regional governance groups, networks and services.

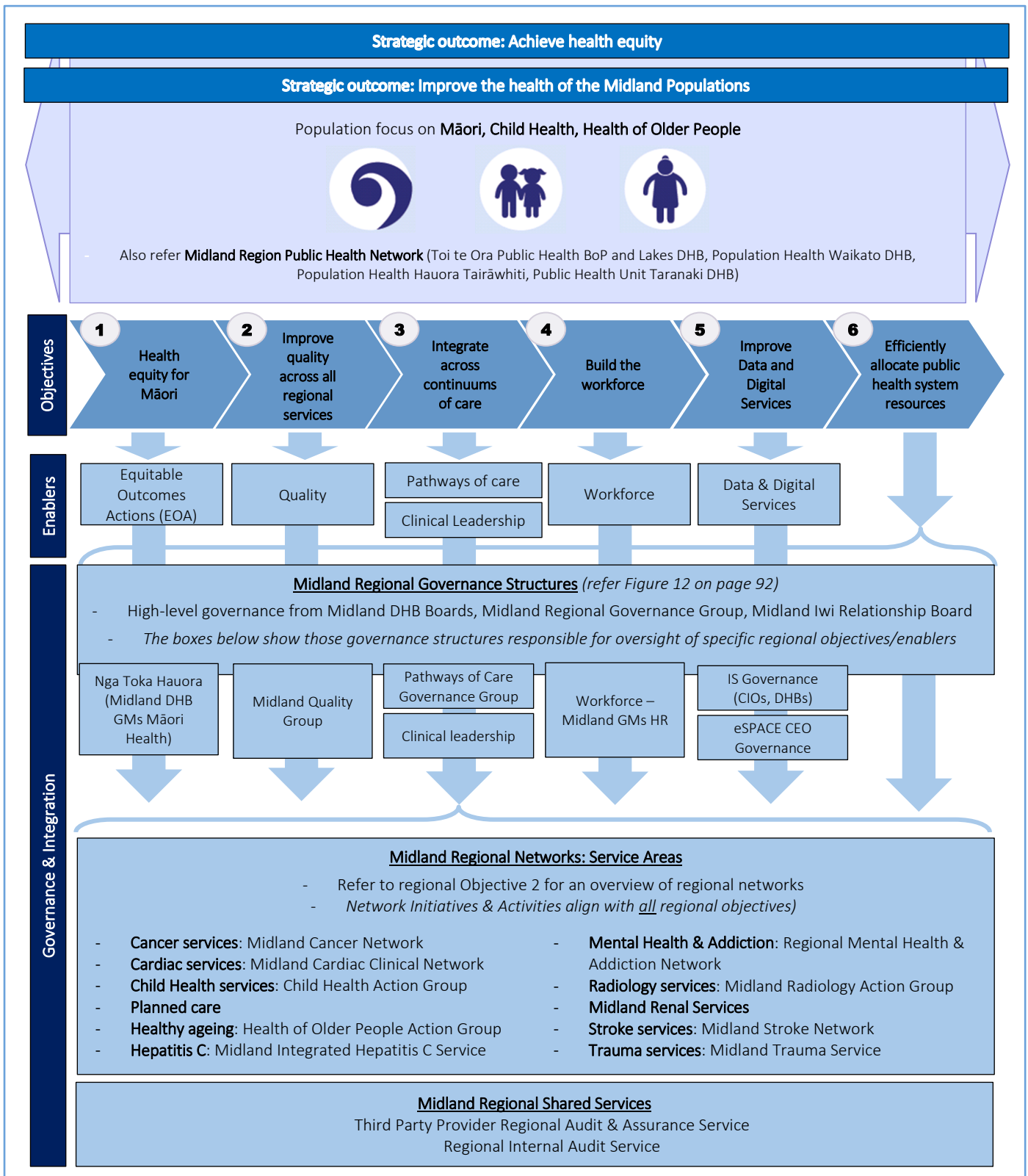
³ Ministry of Health Statement of Strategic Intentions – 2017 to 2021.



Our Strategic Outcomes

(i) Alignment with regional structures, networks and services

Figure 2: Alignment with regional structures, networks and services





1.2.2 A focus on the patient and whānau (NZ Health Strategy – People powered, Closer to home)

Pae ora is the Government’s vision for Māori health, and the basis for He Korowai Oranga, New Zealand’s Māori Health Strategy. Pae Ora describes three interconnected elements of mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments).

These principles are an important component of the Midland region’s commitment to Te Tiriti o Waitangi. Pae ora recognises the role of whānau in Māori culture, the importance of connectedness and relationships in designing approaches to Māori health gain and aspirations (Partnership), the influence of one’s surroundings on personal and collective health, the need to ensure health equity while safeguarding traditional culture, values and practices (Protection). It recognises the need of self-determination for individuals, whānau and communities to control their own future and the importance for a Māori voice at all levels of the health and disability sector (Participation).

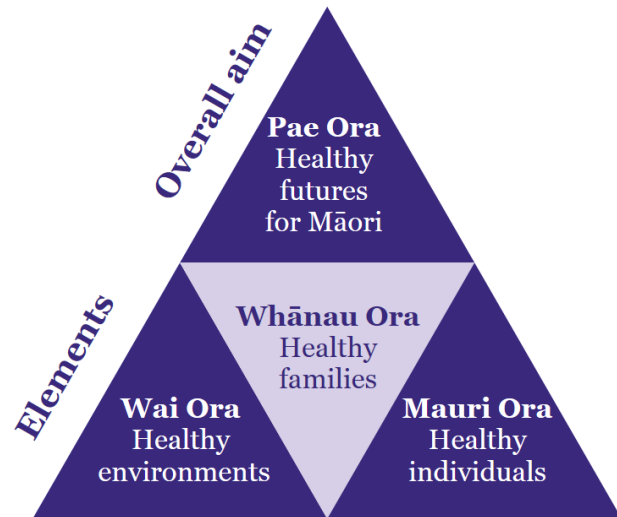


Figure 3: Pae Ora (Healthy Futures)

These are also important principles for the wider Midland population. Any person’s health and wellbeing is affected by their environment, their immediate and wider community, and the availability of various health services, as much as it is determined by their personal circumstances and behaviour. An important factor in ensuring health services are appropriate, effective and sustainable is to listen to the voices of people who use these services.

“The research shows that placing whānau at the centre of service design and delivery not only empowers whānau to realise their own solutions; but also demands greater accessibility, integration and coordination amongst services [resulting in] a positive impact with immediate and longer-term benefits.”

– Michelle Hippolite, Toihautū / Chief Executive Te Puni Kōkiri⁴

For the whole Midland population, Māori and non-Māori alike, this is about having open and meaningful conversations, to co-create solutions.

For Midlands, 2019-20 is an important stage in this journey with the signing of a joint Memorandum of Understanding between the Midland Region Governance Group (MRGG) and the Midland Iwi Relationship Board (MIRB), reinforcing a relationship that has been in place for a number of years.

This Regional Services Plan summarises the initiatives and projects (Outputs) that align with the regional Enablers (which are in turn linked to our six regional Objectives). Network work plans also highlight the high priority health Outcomes for each Network, that is, the main short-term and long-term health benefits that this work will contribute to. Future plans will continue to involve the individuals and their whānau, and the wider community in the design and delivery of health care.

⁴ <https://www.tpk.govt.nz/en/a-matou-mohiotanga/whānau-ora/understanding-whānaucentred-approaches-analysis-of>



1.2.3 Supporting regional sustainability (NZ Health Strategy – Value and high performance, One team, Smart system)

The six strategic objectives are a common reference for all regional services and networks. These objectives help to inform health sector priorities and planning of targeted, efficient approaches. During this planning, it is important to review whether the design of current health care services are reducing or potentially contributing to health inequities, before deciding to invest further in unsustainable systems and services that may further widen these gaps.

Sustainability not only means the services itself (including clinical, financial and workforce sustainability). It also means that health services are improving health outcomes for the community, and that services are working toward environmental sustainability (including addressing the impact of health systems on the climate).

Regional services and networks develop their own medium-term strategic plans based on the needs and opportunities within their specialty areas. These service plans align with the regional strategic objectives and are supported through regional enablers.

The service-level and strategic priorities in the Midland region align with the New Zealand Triple Aim Framework⁵.

Financial oversight and environmental sustainability relates to the Framework's aim of 'best value for public health system resources' (regional Objective 'Efficiently allocate public health system resources'), through the membership, monitoring and governance structures of regional groups. Financial sustainability is supported not only by joint funding of various regional programmes and initiatives, but also – and mainly – through a shared commitment to build best practice services that make the most of the resources, expertise and funding available.

Clinical and service sustainability contributes to 'improved quality, safety and experience of care'. This is expressed in the Midland region through Objectives to 'improve quality across all regional services' (Quality), 'integrate across continuums of care' (Pathways of care and Clinical leadership), 'Build the workforce' (workforce) and 'Improve data and digital services (Data & digital services).

A focus on equity contributes to 'improved health and equity for all populations', through equitable outcomes actions in regional work areas, and a focus on the regional objective to achieve 'health equity for Māori'. This contributes to sustainable outcomes through ensuring the proper use of health resources.

Common objectives, supported by enablers, are a shared direction toward regional strategic outcomes to improve the health of the Midland populations and to achieve health equity for all (with a focus on Māori health equity). Benefits come not only from focusing on current needs, they arise from looking collectively at building on success and celebrating innovative local work, and by working closely with Midland communities to design accessible health care services with a view to the future.

The framework over the page provides regional and national alignment with the vision, mission, values, goals, aspirations, strategic focus and priority areas and overarching outcomes of each Midland DHB.

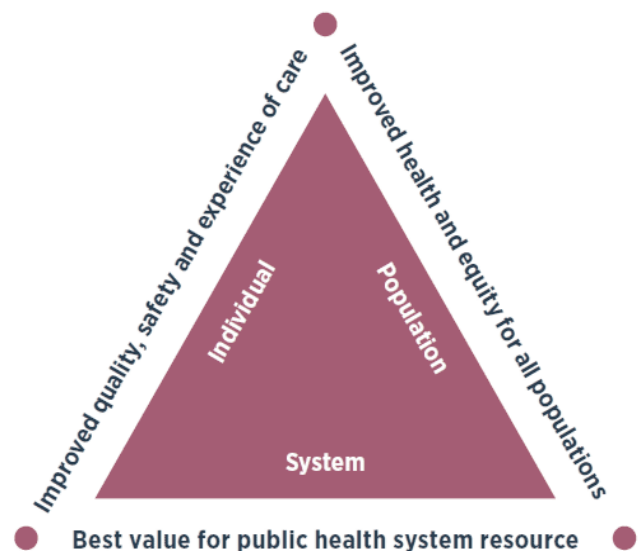


Figure 4: New Zealand Triple Aim Framework
- source: Health Quality & Safety Commission

⁵ New Zealand Triple Aim Framework: A system approach to improving services and balancing our goals – refer <https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction/five-strategic-themes/value-and-high-performance>.



Our Strategic Outcomes

Table 1: Outcomes framework

Ministry of Health's purpose	To lead and shape the New Zealand health and disability system to deliver a healthy and independent future for all					
Ministry of Health's vision	A trusted leader in health and wellbeing today and in the future					
Ministry of Health's mission	Lead, shape and deliver with people at the centre					
Ministry of Health's goal	All New Zealanders live well, stay well, get well					
New Zealand Health Strategy – strategic themes	Theme	Strategic priority			Core work	
	People powered	Improve health outcomes for population groups, with a focus on Māori, older people and children			Regulatory and enforcement services	
	Closer to home	Improve access to and the efficiency of, health services for New Zealanders, with a focus on disability support services, mental health and addiction, primary care and bowel cancer			Sector planning and performance	
	Value and high performance	Improve outcomes for New Zealanders with long-term conditions, with a focus on obesity and diabetes			Information and payments	
	One team	Improve our understanding of system performance			Advising government	
	Smart system	Implement our investment approach			Buying health and disability services	
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			Achieve health equity		
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 objectives:						
^ ^ ^						
Midland DHBs Performance Story						
		Vision	Mission		Values	
Midland DHBs vision, mission and values	Bay of Plenty	Kia Momoho Te Hāpori Oranga – Healthy, thriving communities	Enabling communities to achieve good health, independence and access to quality services		CARE (Compassion, All one team, Responsiveness and Excellence)	
	Lakes	Healthy Communities – <i>Mauriora!</i>	Improve health for all; maximise independence for people with disabilities; with tangata whenua support a focus on health		Manaakitanga; Integrity; Accountability	



Our Strategic Outcomes

	Hauora Tairāwhiti	WAKA (Whakarangātira, Awhi, Kotahitanga, Aroha)	Whaia te Hauora I Roto I te Kotahitanga A healthier Hauora Tairāwhiti by working together		Hauora pai rawa/ wellbeing, partnership, quality – striving for excellence, integration, choice, He Tangata/responsiveness, financial responsibility		
	Taranaki	Taranaki Together, a healthy community – Taranaki Whanui He Rohe Oranga	Improving promoting, protecting and caring for the health and wellbeing of the people of Taranaki		<ul style="list-style-type: none"> - Partnership / Whānaungatanga - Courage / Manawanui - Empowerment / Mana Motuhake - People Matter / Mahakitanga - Safety / Manaakitanga 		
	Waikato	Healthy people. Excellent care	Enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery		People at heart Te iwi Ngakaunui: <ul style="list-style-type: none"> - 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	Achieve equity in Māori health		Build an integrated health system	Strengthen people, whānau and community wellbeing		
	Hauora 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		
	Waikato	Healthy people			Excellent care		
		1.Partnering with Māori in the planning and delivery of health services	2.Empowering whānau to achieve wellbeing	3.Supporting community aspirations & addressing the determinants of health	4.Improving access to services	5.Enhancing the capacity and capability of primary health care; and	6.Enhance the connectedness and sustainability of specialist care
Midland DHBs strategic focus and priority areas	Bay of Plenty	- Live well – empower our populations to live healthy lives		- Stay well – develop a smart, fully integrated system to provide care close to where people live, learn, work & play		- Get well – evolve models of excellence across all of our hospital services.	
	Lakes	<ul style="list-style-type: none"> • Strong fiscal management • Strong and equitable public health and disability system 		<ul style="list-style-type: none"> • Mental health & addiction care • Child wellbeing 		<ul style="list-style-type: none"> • Primary health care • Public health and the environment 	
	Hauora 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 & 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 	



Our Strategic Outcomes

Midland DHBs overarching outcomes		To improve the health of our populations		To reduce or eliminate health inequalities			
Midland DHBs outcomes	Bay of Plenty	<p>Healthy individuals – Mauri Ora</p> <ol style="list-style-type: none"> All people live healthy with a good quality of life All children have the best start in life People die in their place of choice 	<p>Healthy families – Whānau Ora</p> <ul style="list-style-type: none"> Family/whānau live well with long-term conditions People are safe, well and healthy in their own homes and communities 	<p>Healthy environments – Wai Ora</p> <ul style="list-style-type: none"> All people live, learn, work and play in an environment that supports and sustains a healthy life Our population is enabled to self manage All people receive timely, seamless and appropriate care 			
	Lakes	<ul style="list-style-type: none"> Culturally safe & high quality Skilled, capable & healthy workforce 	<ul style="list-style-type: none"> Equity of access Performing productively, well and fiscally managed 	<ul style="list-style-type: none"> Partnerships and Integration Transformation and innovation 			
	Hauora 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	<p>People are supported to take greater responsibility for their health</p> <ul style="list-style-type: none"> Fewer people smoke Reduction in vaccine preventable diseases Improving health behaviours 		<p>People stay well in their homes and communities</p> <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 - Oranga	<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 - Haumarū	<ul style="list-style-type: none"> Deliver high quality, timely, 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 - Manaaki	<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 Promote health services and information to our diverse population to increase health literacy 				
		Effective and efficient care and services – Ratonga a iwi	<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 – Pae taumata	<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 - Whanaketanga	<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. 				

2. Regional Objectives

2.1 Health equity for Māori (Enabler: Equitable Outcomes Actions – EOA)



As outlined in the section above, achieving health equity, with a particular focus on Māori health, is a core strategic outcome for the Midlands region. While achievement of the regional strategic objectives and outcomes aim to result in equitable, sustainable health outcomes, certain regional initiatives and activities have a direct, specific focus on Māori health equity.

The 2019/20 work plans for the Midland region’s enablers and clinical networks / action groups describe the activities identified **equitable outcomes actions for Māori**, and these are highlighted with **EOA** – ‘Equity Outcomes Actions’. It is expected that equity actions will incorporate the principles of;

- a. conducting Health Equity Assessment,
- b. applying the dimensions of good health literacy,
- c. capture, monitor and report all performance indicators by ethnicity.

Nga Toka Hauora, the Midland DHBs’ General Managers Māori Health, supports and guides the region’s **EOA** 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 achieve equity between Māori and non-Māori, as measured by those national Māori health priority indicators that also match regional work streams.

2.1.1 National Māori Health Priorities

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

CE Sponsor: Jim Green (Hauora Tairāwhiti)

<ul style="list-style-type: none"> • Children aged 0 – 4 years; <ul style="list-style-type: none"> ○ 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). 	<ul style="list-style-type: none"> • Mental Health; <ul style="list-style-type: none"> ○ Section 29 Community Treatment Orders. • Cancer; <ul style="list-style-type: none"> ○ Breast screening (50-69 years) (DHB led). ○ Cervical screening (25-69 years) (DHB led). • Māori workforce development.
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Regional Objective 1 – Health equity for Māori

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

Measures: The Midland region utilises 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 national Māori Health indicators:

The table below shows a list from service workplans for all Outputs that include ‘Equitable Outcomes Actions’ as an enabler.

The tick boxes to the right indicate the main equity focus of the initiative or action:

- **‘Māori health equity’** – **EOA** items with outcomes to improve Māori health equity. Includes;
 - o those developed specifically from a Māori perspective (kaupapa Māori framework),
 - o those specifically focused on equitable outcomes for Māori populations, and
 - o those with an intended impact on Māori health equity.
- **‘Māori health priorities’** – **EOA** items that are focused on equity benefits for Māori that relate to the National Māori Health Priorities (refer to the table on the previous page).
- **‘Wider population equity’** – **EOA** items that (/also) focus on equitable outcomes for other population groups.

Refer to work plans – in Section (Objective) 3 – for further details (Actions and Activities, Dates, Enablers, Who, Measures/validation of outcome)

Outcome	Output	Wider population equity			
		Māori health priorities	Māori health equity	Who	
Cancer services					
Midland Cancer Network					
Implementation of improved palliative care services	Midland palliative care community health pathways completed.		y	y	y
	Lakes DHB Palliative Care Strategy Plan review and update completed.	Midland palliative care work group / Midland DHBs / Midland Hospices / Midland Cancer Network / Midland Community Health Pathways / Regional workforce	y	y	y
	Midland Palliative Care Service Development Plan review and update completed.		y	y	y
	Midland Specialist Palliative Care Workforce Plan 2018-2025 (2019) recommendations implemented (within available resources)		y	y	y
Implementation of the national lung cancer work programme	National lung cancer quality performance indicators developed.	National Lung Cancer Working Group / Ministry of Health Cancer & CHIS teams / Midland Cancer Network	y		y
	National lung cancer standards of care review and update completed.		y		y
Improved bowel screening outcomes for Māori	National lead for the Māori bowel screening network, share learnings	Midland BSRC	y		
Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways	Quarterly FCT reports demonstrating equity of access and timely cancer diagnosis and treatment services		y	y	y
	Midland lung and colorectal cancer clinical pathway and MDM management system developed and implemented		y	y	y
	Midland Community Health Pathway for prostate cancer	Midland DHBs / Midland Cancer Network / Māori Health Providers / Midland Cancer Society / HQSC / HWNZ / Ministry of Health	y	y	y
	Midland HQSC cancer patient co-design training and service improvement project initiative delivered		y	y	y
	Support Cancer Societies and DHBs delivery of Kia Ora E te Iwi community health literacy programmes		y	y	y
	HWNZ 3 year Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project year 1 requirements (to be confirmed).		y	y	y

Regional Objective 1 – Health equity for Māori

Outcome	Output	Wider population equity			
		Māori health priorities			
		Māori health equity			
		Who			
	Midland Medical Oncology Service Plan developed		y	y	y
	Midland Radiation Oncology Service Plan developed		y	y	y
	Midland Māori Cancer Equity dashboard developed		y	y	y
	Midland Cancer Strategy Plan review commenced		y	y	y
	Midland lung cancer service review and regional improvement plan		y	y	y
Improved colonoscopy and colorectal cancer services	Bay of Plenty, Waikato and Taranaki DHB colonoscopy/colorectal cancer service improvement projects completed January 2020 and demonstrate readiness to start planning for NBSP.	BSRC / MCN / Midland DHBs	y		y
	Midland DHBs develop a bowel cancer quality improvement plan.		y		y
National bowel screening programme implemented	Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.	Midland BSRC / NBSP / Midland DHBs	y		y
	Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.		y		y
	Participate in NBSP BSRC review.		y		y
Cardiac services					
Midland Cardiac Clinical Network					
More timely and appropriate access to services	A strategy for increasing Cath lab capacity will be agreed	Midland Cardiac Clinical Network Project Manager	y		y
Reduce Barriers to Cardiology Specialist FSA	The Cardiology Health Pathways will be completed and published.	Midland Cardiac Clinical Network Project Manager	y		y
	Proposal outlining recommended strategies to reduce the number of declined referrals from primary care to Cardiology	Midland Cardiac Clinical Network Project Manager	y		y
Develop Cardiac Physiologist workforce	Contribute to a national Strategic Cardiac Physiologist workforce plan	Midland Cardiac Clinical Network Project Manager	y		y
Improve Health Equity for Māori	Based on wānanga feedback, develop a feedback document including recommendations for service change	Midland Cardiac Clinical Network Project Manager	y		
	A strategy will be developed including actions, to reduce the number of Māori DNA in one DHB, key Cardiology service area.	Midland Cardiac Clinical Network Project Manager	y		
Midland Cardiovascular services will be delivered according to best-practice guidelines	A Platelet Protocol will be developed	Midland Cardiac Clinical Network Project Manager	y		y
	ANZAQS information will be regularly monitored	Midland Cardiac Clinical Network Project Manager	y		y
	The new STEMI pathway will continue to be implemented across the Midland region	Midland Cardiac Clinical Network Project Manager			
	Develop a plan which identifies next steps for AF and HF with a focus on improving Māori health equity	Midland Cardiac Clinical Network Project Manager	y		y
Child health services					
Child Health Action Group					
DHBs and Alliances are supported to improve the First 1000 days	A standardised regional primary care First 1000 days checklist	CHAG	y	y	y
	A standardised regional primary care First 1000 days outcomes framework	CHAG	y	y	y
Reduced ASH for oral health	Evidence-informed support arrangements for DHBs to work with the education sector on water and milk-only policies	CHAG	y	y	y
Healthy ageing					
Health of Older People Action Group					
Improved access to dementia services for people with dementia, and their family and whānau	A stocktake of Dementia Services in the Midland Region. An agreed approach for regional implementation	HOP Project Manager / DHB P&F / Health of Older People Portfolio Managers	y		y

Regional Objective 1 – Health equity for Māori

Outcome	Output	Wider population equity			
		Māori health priorities			
		Māori health equity			
		Who			
Increased knowledge base of regional Home and Community Support Service initiatives including models of care, funding and lessons learned	Collated learnings and information from the HCSS forum	HOP Project Manager / DHB P&F / Health of Older People Portfolio Managers	y		y
Hepatitis C Midland Integrated Hepatitis C Service					
Improved community awareness and workforce competency in managing hepatitis C	Deliver hepatitis C awareness and education services	HealthShare Project Manager / Midland Community hepatitis C service	y		y
Increased identification, diagnosis and treatment of people with hepatitis C	Targeted testing based on engagement with priority groups and finding people who are lost to follow up	HealthShare Project Manager / Midland Community hepatitis C service	y		y
Engagement and collaboration across the region of hepatitis C stakeholders	Continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland	HealthShare on behalf of the Midland DHBs	y		y
Mental Health & Addiction Regional Mental Health & Addiction Network					
Health equity for Māori in mental health outcomes	Implementation of Māori mental health equity strategies (this is a priority output)	Midland Regional Director and Midland Regional Stakeholder Groups	y	y	
Health outcomes based on implementing recommendations from He Ara Oranga	Support local DHB implementation of He Ara Oranga: Pathways to Wellness	Midland Regional Director and Midland Clinical Governance	y	y	y
Improved addiction service capacity and capability for implementation of substance abuse legislation	Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured	Midland Regional Director and Midland Clinical Governance	y	y	y
Improved care for people with eating disorders	Midland eating disorders model of care	Regional Director and Clinical Governance	y		y
Mental health workforce is supported through regionally led initiatives	Implementation of workforce initiatives	Midland Regional Clinical Governance and Midland Workforce Network	y	y	y
Planned Care Midland COO Group					
Improved access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways	Regional implementation of actions identified in the national guidelines for AMD and glaucoma	Midland Region Ophthalmology Network	y		y
Improve access (and consistency of access) to plastics and reconstructive services, including breast reconstruction	Regional implementation of actions identified in the national service improvement programme	Midland Region Plastics Network (tba)	y		y
Improve the regional delivery of vascular services with a focus on equity of access for regional DHBs	Regional Business Cases are developed for the implementation of the vascular pathways of care and work force opportunities. Terms of reference is developed and endorsed for MDMs	Midland Region Vascular Network	y		y
Public Health Midland COO Group					
Improve regional issues of anti-microbial resistance, infectious disease	Establish a Midland Region Infectious Diseases Initiative	Midland Region Infectious Diseases Network	y		y

Regional Objective 1 – Health equity for Māori

Outcome	Output	Wider population equity			
		Māori health priorities			
		Māori health equity			
		Who			
workforce and after hours services					
Quality					
Midland Quality Group					
Consistent, collaborative quality improvement	Implementation of the National mental health quality improvement strategy	Midland Quality & Safety Network Chair	y		y
	Regional quality improvement of service delivery		y	y	y
	Improvements in surveillance and response systems and practices including DATIX incidents, complaints and Risk Register		y		y
Radiology services					
Midland Radiology Action Group					
Trends in volumes and case-mix will be monitored to inform future planning and to identify any regional inequities in service provision.	Quarterly reports will be produced and analysed and issues identified	MRAG	y	y	y
Improve Health Equity for Māori through the reduction of DNAs	Proposal outlining recommended strategies will be developed including actions, to reduce the number of Māori DNA in one DHB radiology service	MRAG / DHB project teams for past and current DNA pieces of work	y	y	y
National initiatives and regional projects	MRAG will attend the NRAG meetings and provide support through the completion of assigned tasks	MRAG	y	y	y
Strategies for addressing specialist shortages will be investigated	Strategies will be explored for addressing service gaps due to specialist shortages	MRAG	y	y	y
Renal services					
Midland Regional Services					
Implementation of renal services strategy in alignment with national, regional and local requirements	Midland Renal Services Strategy	Midland CEs	y		y
Stroke Services					
Midland Stroke Network					
Increased access to community based stroke rehabilitation services	Proposal outlining recommended strategies to address the need for community based stroke rehabilitation services	Midland Stroke Network (MSN) / MSN Project Manager / Regional Director of Workforce / Midland Allied Health Stroke Group	y		y
Culturally competent standards of care are provided for Māori consumers of stroke services	A regional approach to progress agreed priority areas for change and service improvement	Midland Stroke Network (MSN) / MSN Project Manager	y		y
Reduced number of strokes caused by Atrial Fibrillation	A plan identifying next steps for AF with a focus on improving Māori Health Equity	Midland Stroke Network (MSN) / MSN Project Manager	y		y
Improved access to thrombolysis and stroke clot retrieval treatment	Proposal for Waikato to provide a Stroke Clot Retrieval service for the Midland region. Agreed start date for provision of out of hours telestroke service	Midland Stroke Network (MSN) / MSN Project Manager	y		y
Trauma Services					
Midland Trauma System					
Injured patients in the Midlands will receive equitable, highest quality trauma care	All Midland DHBs use consistent best practice clinical guidelines for trauma care	MTS	y		y
	Referral and reception pathways for trauma patients are improved		y		y
	The trauma patient and whānau experience is		y		y

Regional Objective 1 – Health equity for Māori

Outcome	Output	Wider population equity			
		Māori health priorities			
		Māori health equity			
		Who			
	captured and used to improve services				
	Trauma clinical training and education framework for Midlands is defined	y		y	
	Inequities in trauma care are identified and reported	y		y	
Regional Injury prevention is targeted for the Midland populations	Collaboration with multiple partners maximises Trauma information use	y		y	
	Trauma registry information is translated into meaningful information which is accessible for use in community awareness and prevention initiatives	y		y	
	MTRC research provides an evidence base for local and regional decision making	y		y	
	Inequities of incidence of Māori trauma are described	y			
Regional trauma infrastructure will enable the delivery of highest possible quality care to patients	Approval of MTS Business case 2020-2025	y		y	
	TQUAL supports regional and national reporting and collaboration with non DHB partners supporting clinical quality improvement and prevention programmes	y		y	
	Trauma registry information is translated for clinical care and system improvement	y		y	
TQIP will improve the efficiency and effectiveness of trauma care delivery in Midland	Data utilisation is efficient and used for targeted quality improvement initiatives	y		y	
	Monitoring of key process indicators occur across Midlands	y		y	
	Standardised loop closure process is applied to identified clinical, system and process issues	y		y	
Workforce					
Workforce Development					
Increased workforce diversity and improved skills to identify regional equity priorities	Regional workforce diversity programmes and collaboration	HealthShare / Kia Ora Hauora / DHB	y	y	y
	DHBs HR processes appropriate to increase Māori health workforce	HealthShare / GMs Māori Health / GMs HR	y	y	y
	Increase numbers of Māori in the workforce		y	y	y

2.2 Improve quality across all regional services (Enabler: Quality)



2.2.1 Strategic Overview

A ‘quality’ focus must be on a ‘whole of the system’ approach to deliver the NZ Health Strategy 2016 Goals, i.e. ‘Be Well, Stay Well, Get Well’ (along with a fourth ‘Die Well’). The NZ Strategy five themes are the mechanisms to assist.

Quality and its dimensions encompass:

- Safety (patient/whānau/healthcare workforce),
- Timeliness of care (includes access and journey),
- Equity (for Māori and the populations within the Midland Region with the most need),
- Effectiveness (regional services based on the evidence of ‘what works’, ‘who delivers’,
- Efficiency (taxpayer funds invested optimally),
- Patient/Whānau-centred (care that is co-designed to ensure the system listens, learns and improves).

Midland DHBs aspire to work collaboratively in our regional services planning as we develop, implement and deliver these services for the Midland population across all of the **Quality—STEEP** dimensions.

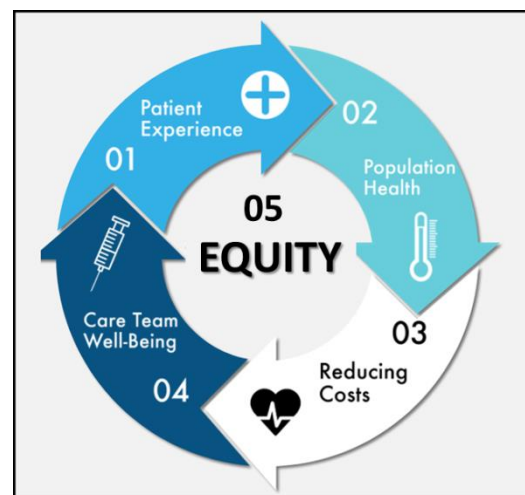
Midland DHBs are working with the Health Quality & Safety Commission (HQSC) to develop, implement and deliver the HQSC’s range of programmes.

To support quality of care throughout our system requires us to address the ‘**Quintuple Aim**’ for our Regional System Collaboration to optimise ‘system performance and sustainability’:

1. better patient/whānau experience of care,
2. better health & wellbeing for the Midland populations,
3. better value (benefit per \$ invested),
4. ensuring a safe, healthy, skilled and capable healthcare workforce,

All of the above related to:

5. achieving and delivering equitable care, particularly for Māori.



Work has continued over the past 12 months to maximise actions that take a regional approach to core regionally networked services — with emphasis on evidence-guided interventions in particular.

Regional Objective 2 – Improve quality across all regional services

The Midland Quality & Safety Strategy promotes ‘Listening, learning, improving, collaborating, speaking-up for safety and influencing ‘system and healthcare workforce’ behaviours’.

The Midland Quality & Safety (MQ&S) Network is progressing the development and testing of our ‘**quality matrix**’. In the future, this matrix should enable us to measure Midland’s collective success in terms of **STEEEP** aligned to each of the regional services’ networks. The underpinning intention of the matrix is to assist the Regional Clinical Networks / Action Groups to address any gaps in their proposed annual programme of work related to quality (STEEEP) and safety in terms of ‘**the patient perspective, the health workforce perspective and the Midland regional system perspective**’.

Organising the co-design of our services must happen within each of the regional services networks with consumers of these services being actively engaged in determining each of the network’s objectives.

The Midland Quality & Safety Network plans to train and support more **Improvement Advisors (IA)** to work collectively with the Midland Regional Services Networks to support Health System Improvement.

Within each of our DHBs, IAs support local services improvement. The regional challenge is for each of the Regional Services Networks to have IAs involved with addressing the mechanisms that interconnect these aims including;

- integrating partnerships,
- collaborating agencies,
- engaging communities,
- achieving equity—particularly for Māori.

This moves the role of Improvement to a ‘**whole of system**’ level in terms of our Midland Region Strategic Outcomes.

Framework to achieve Quality Population Health Outcomes

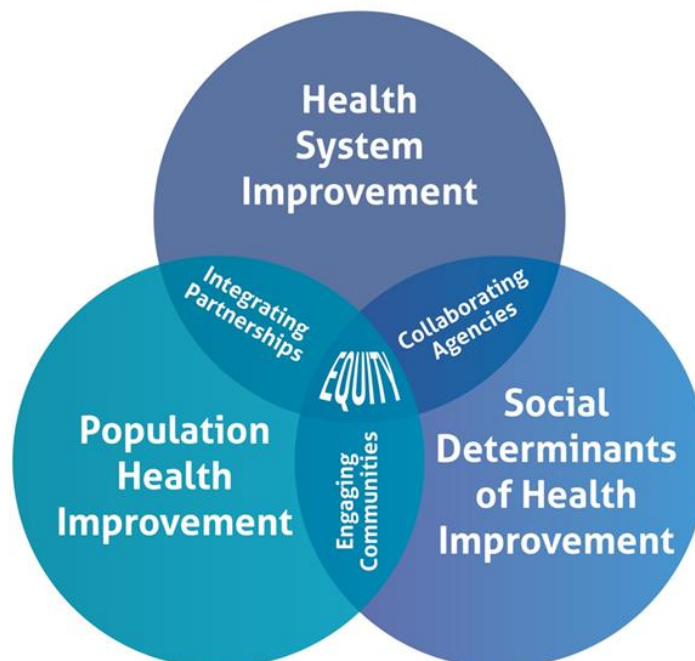
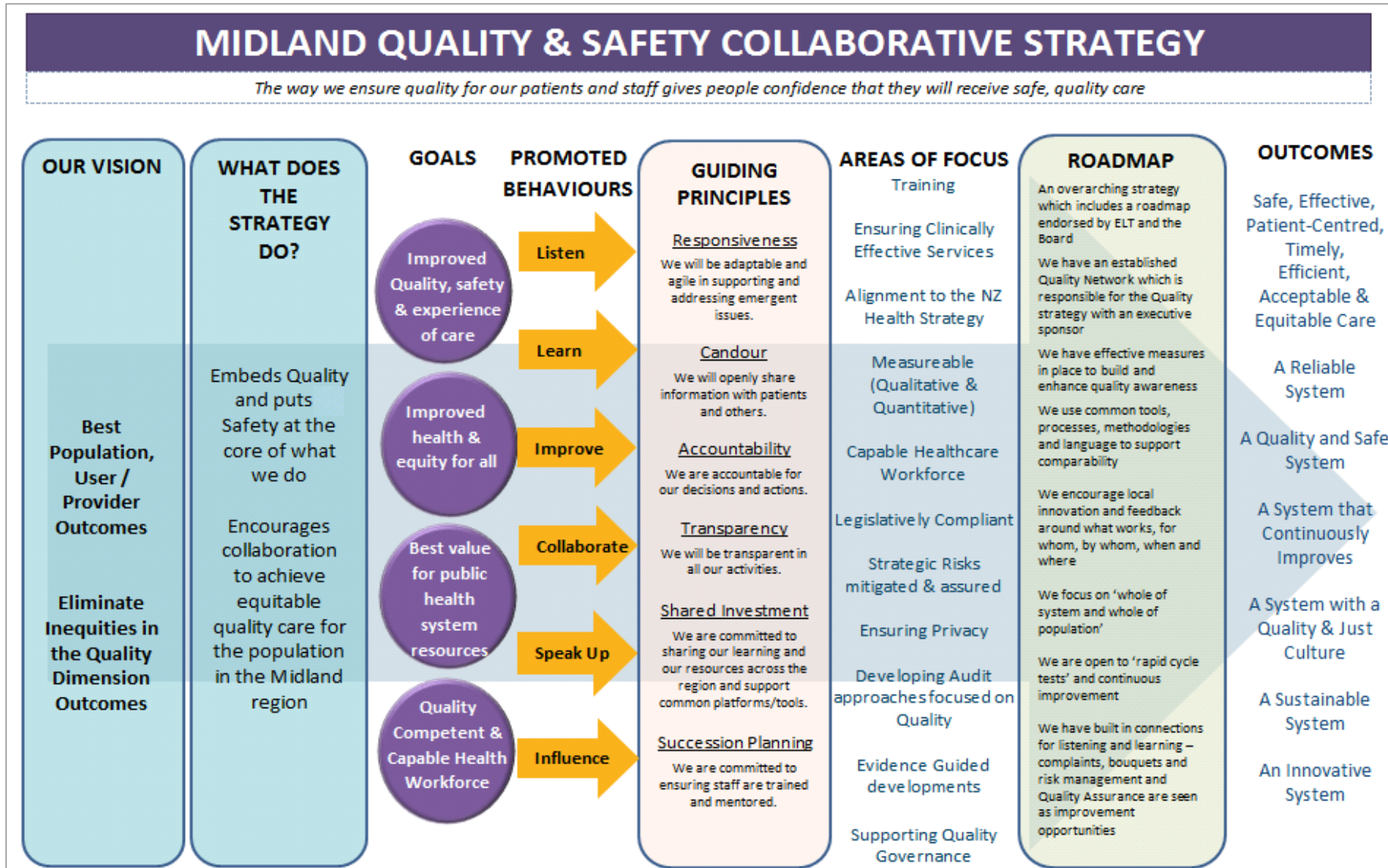


Figure 5: Framework to achieve Quality Population Health Outcomes

Regional Objective 2 – Improve quality across all regional services

Figure 6 The critical elements of the Collaborative Strategy



Regional Objective 2 – Improve quality across all regional services

Quality priorities for 2019/20

Lead:	Dr Sharon Kletchko (Lakes DHB), Chair, Midland Quality Group		
CE Sponsor:	Rosemary Clements (Taranaki DHB)		
Category: Regional Quality and Safety			
Outcome: Consistent, collaborative quality improvement			
Output: Implementation of the National mental health quality improvement strategy.			
Enablers:	EOA / Quality	Who:	Midland Quality & Safety Network Chair
Activities:	Supporting the national mental health quality improvement collaborative.		Q1-4
Actions:			
Measures/ validation:			
Output: Regional quality improvement of service delivery.			
Enablers:	EOA / Quality / Clinical leadership / Workforce	Who:	Midland Quality & Safety Network Chair
Activities:	<ul style="list-style-type: none"> Connecting the Patient Experience Survey (PES) opportunities and emergent quality improvement initiatives that result from the primary care PES and its reporting portal as well as the Inpatient PES. This work also aligns with many of the Midland DHB strategies in terms of improving equity, improving patient outcomes and integrating care delivery across care boundaries. Many of the Midland Regional Services Network plans also include actions to achieve patient-centred care that meet the expectations of patients/whānau. Serious Illness Conversation Guide training. 		Q1-4 Q 1-4
Actions:	<ul style="list-style-type: none"> Developing 'Improvement Advisors' within the regional clinical networks / action groups work programmes. SIC Training programmes and Trainers developed. 		Q1-4 Q 1-4
Measures/ validation:	<ul style="list-style-type: none"> #s of Improvement advisors (total FTE). Evaluation of training by students. 		
Output: Improvements in surveillance and response systems and practices including DATIX incidents, complaints and Risk Register.			
Enablers:	EOA / Quality / Workforce / Data & Digital Services	Who:	Midland Quality & Safety Network Chair
Activities:	<ul style="list-style-type: none"> Sharing best practice in developing risk management and board assurance frameworks and support a regional approach making best use of the Datix risk management system. 		
Actions:	<ul style="list-style-type: none"> Developing a regional approach to the surveillance of predominately hospital-associated infections through the collaborative implementation of the ICNet electronic surveillance system. Implementing the Datix Safety Alert Model to improve timeliness of response and outcomes for 'the deteriorating patient'. 		Q1-4 Q 1-4
Measures/ validation:	<ul style="list-style-type: none"> #s ICNet incorporated into Regional DHBs supported by CDHB Hub. Agreement to adopt Datix Safety Alert Module regionally. 		

Regional Objective 2 – Improve quality across all regional services

The table below shows a list from service workplans for all Outputs that include 'Quality' as an enabler.

Refer to work plans – in Section (Objective) 3 – for further details (Actions and Activities, Dates, Enablers, Who, Measures/validation of outcome).

Outcomes	Outputs
Cancer services	
Midland Cancer Network	
Implementation of improved palliative care services	Lakes DHB Palliative Care Strategy Plan review and update completed
	Midland Palliative Care Service Development Plan review and update completed
	Midland Specialist Palliative Care Workforce Plan 2018-2025 (2019) recommendations implemented within available resources
Implementation of the national lung cancer work programme	National lung cancer quality performance indicators developed
	National lung cancer standards of care review and update completed
Improved bowel screening outcomes for Māori	National lead for the Māori bowel screening network, share learnings
Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways	Quarterly FCT reports demonstrating equity of access and timely cancer diagnosis and treatment services
	Midland lung and colorectal cancer clinical pathway and MDM management system developed and implemented
	Midland Community Health Pathway for prostate cancer
	Midland HQSC cancer patient co-design training and service improvement project initiative delivered
	HWNZ 3 year Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project year 1 requirements (to be confirmed).
	Midland Medical Oncology Service Plan developed
	Midland Radiation Oncology Service Plan developed
	Midland Māori Cancer Equity dashboard developed
	Midland Cancer Strategy Plan review commenced
	Midland lung cancer service review and regional improvement plan
Improved colonoscopy and colorectal cancer services	Bay of Plenty, Waikato and Taranaki DHB colonoscopy/colorectal cancer service improvement projects completed January 2020 and demonstrate readiness to start planning for NBSP.
	Midland DHBs develop a bowel cancer quality improvement plan.
National bowel screening programme implemented	Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.
	Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.
	Participate in NBSP BSRC review.
Child health services	
Child Health Action Group	
DHBs and Alliances are supported to improve the First 1000 days	A standardised regional primary care First 1000 days checklist
	A standardised regional primary care First 1000 days outcomes framework
Healthy ageing	
Health of Older People Action Group	
Improved access to dementia services for people with dementia, and their family and whānau	A stocktake of Dementia Services in the Midland Region. An agreed approach for regional implementation
People living in the Midland Region are offered the opportunity to discuss and complete an advance care plan	Documented feedback and input to the National ACP Steering Group. Minutes and Agreed Actions for the Midland Facilitators Group
Increased knowledge base of regional Home and Community Support Service initiatives including models of care, funding	Collated learnings and information from the HCSS forum

Regional Objective 2 – Improve quality across all regional services

Outcomes	Outputs
and lessons learned	
Hepatitis C	
Midland Integrated Hepatitis C Service	
Improved community awareness and workforce competency in managing hepatitis C	Deliver hepatitis C awareness and education services
Increased identification, diagnosis and treatment of people with hepatitis C	Targeted testing based on engagement with priority groups and finding people who are lost to follow up
Engagement and collaboration across the region of hepatitis C stakeholders	Continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland
Mental Health & Addiction	
Regional Mental Health & Addiction Network	
Health equity for Māori in mental health outcomes	Implementation of Māori mental health equity strategies
Health outcomes based on implementing recommendations from He Ara Oranga	Support local DHB implementation of He Ara Oranga: Pathways to Wellness
Improved addiction service capacity and capability for implementation of substance abuse legislation	Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured
Improved care for people with eating disorders	Midland eating disorders model of care
Mental health workforce is supported through regionally led initiatives	Implementation of workforce initiatives
The successful implementation of modern clinical workstations across the Midland region	Inclusion of MH&A within Midland Clinical Portal
Planned Care	
Midland COO Group	
Improved access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways	Regional implementation of actions identified in the national guidelines for AMD and glaucoma
Improve the regional delivery of vascular services with a focus on equity of access for regional DHBs	Regional Business Cases are developed for the implementation of the vascular pathways of care and work force opportunities. Terms of reference is developed and endorsed for MDMs
Public Health	
Midland COO Group	
Improve regional issues of anti-microbial resistance, infectious disease workforce and after hours services	Establish a Midland Region Infectious Diseases Initiative
Quality	
Midland Quality Group	
Consistent, collaborative quality improvement	Implementation of the National mental health quality improvement strategy
	Regional quality improvement of service delivery
	Improvements in surveillance and response systems and practices including DATIX incidents, complaints and Risk Register
Radiology services	
Midland Radiology Action Group	
National initiatives and regional projects	MRAG will attend the NRAG meetings and provide support through the completion of assigned tasks
Strategies for addressing specialist shortages will be investigated	Strategies will be explored for addressing service gaps due to specialist shortages

Regional Objective 2 – Improve quality across all regional services

Outcomes	Outputs
Renal services	
Midland Regional Services	
Implementation of renal services strategy in alignment with national, regional and local requirements	Midland Renal Services Strategy
Stroke Services	
Midland Stroke Network	
Increased access to community based stroke rehabilitation services	Proposal outlining recommended strategies to address the need for community based stroke rehabilitation services
Culturally competent standards of care are provided for Māori consumers of stroke services	A regional approach to progress agreed priority areas for change and service improvement
Improved access to thrombolysis and stroke clot retrieval treatment	Proposal for Waikato to provide a Stroke Clot Retrieval service for the Midland region. Agreed start date for provision of out of hours telestroke service
Trauma Services	
Midland Trauma System	
Injured patients in the Midlands will receive equitable, highest quality trauma care	All Midland DHBs use consistent best practice clinical guidelines for trauma care
	Referral and reception pathways for trauma patients are improved
	The trauma patient and whānau experience is captured and used to improve services
	Trauma clinical training and education framework for Midlands is defined
	Inequities in trauma care are identified and reported
Regional Injury prevention is targeted for the Midland populations	Collaboration with multiple partners maximises Trauma information use
	Trauma registry information is translated into meaningful information which is accessible for use in community awareness and prevention initiatives
Regional trauma infrastructure will enable the delivery of highest possible quality care to patients	MTRC research provides an evidence base for local and regional decision making
	Approval of MTS Business case 2020-2025
	TQUAL supports regional and national reporting and collaboration with non DHB partners supporting clinical quality improvement and prevention programmes
TQIP will improve the efficiency and effectiveness of trauma care delivery in Midland	Trauma registry information is translated for clinical care and system improvement
	Data utilisation is efficient and used for targeted quality improvement initiatives
	Monitoring of key process indicators occur across Midlands
	Standardised loop closure process is applied to identified clinical, system and process issues

2.3 Integrate across continuums of care (Enablers: Pathways of Care / Clinical Leadership)



2.3.1 Integrated services

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 7 (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;

‘All New Zealanders live well, stay well, and get well’

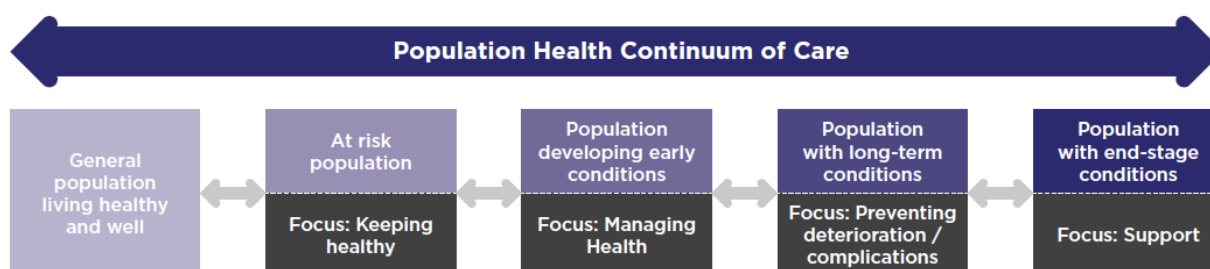


Figure 7: Population health continuum of care

There is no single accepted definition of integrated healthcare⁶. However, most definitions include references to seamlessness, co-ordination, patient centeredness, and whole of system working together.

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 lives⁷. 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.

⁶ The King’s Fund: Lessons from experience - Making integrated care happen at scale and pace (2013)

⁷ 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>

Midland DHBs are supporting integration across the continuum of care by implementing agreed care pathways using the Community Health Pathways 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.

2.3.2 Pathway priorities

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 patients,
- 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 lives⁸. 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.

The Midland Region transitioned to Community HealthPathways in June 2018, connecting the Midland Region with a large collaborative community throughout New Zealand, Australia and the UK, where we can share knowledge, service configurations, and transform pathways of care for the people of the Midland region.

The value of belonging to this large collaborative community was realised with the change in Hepatitis C medications, and Auckland Region leading the change of the pathway with the other regions only having to review the pathway to show local service arrangements. This collaborative community now covers all but three of the New Zealand DHBs with two more joining the community this year.

There are different models of pathway development across the HealthPathway community and the Midland Region model is unique in its support and collaboration across a large, diverse region with a large rural and Māori population. The region continues to endeavour to develop a truly collaborative approach, framework and operational model that ensure the effective use of resources within the region.

The Midland region's Primary Health Organisations (PHOs) continue to advocate the usage of the pathways and their development and are exploring more options to engage primary care in the process. The benefit of integrating the

The value of belonging to this large collaborative community was realised with the change in Hepatitis C medications, and Auckland Region leading the change of the pathway with the other regions only having to review the pathway to show local service arrangements. This collaborative community now covers all but three of the New Zealand DHBs with two more joining the community this year.

⁸ 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>

tool into the primary and secondary care clinical systems has been realised with HealthPathways having a high utilisation rate across the region over a short period of time.

Midland DHBs and PHOs are actively working to integrate services by drawing 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 one of co-creation and highlights opportunities for pathway transformation, 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?”

The Midland eReferral system development is integral as an enabler and to support adherence to the regionally and locally agreed pathways. The creation of regional eReferral forms and processes ensures reduction in variation in this area of the patient journey and an overall improvement to service access for patients. The implementation of the eTriage system in Waikato DHB has greatly reduced the time from referral to outcome decision and has also enabled new service models such as the dermatology advice service/s now available in Waikato and BOP DHBs, though the sending of high resolution images.

Further collaboration between PHOs has also been supported with the use of a single eReferral system into PHO services where development costs are shared and clinicians can support one another when required.

Many common issues are being dealt with simultaneously across the Midland region and this can lead to duplication of effort. Regional pathways and eReferrals enable shared knowledge, learnings and current innovations that are occurring locally to improve patients’ health outcomes for the entire region. 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 system⁹.

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.

Overseeing the development of regional pathways of care in the 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.

⁹ NZMJ, January 2015, vol, 128, Number 1408, Consensus pathways: evidence into practice,

2.3.3 Pathway priorities for 2019/20 - workplan

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.

The plan indicates initiatives to be undertaken in the coming year, however this is contingent on financial ability across the region to fund the initiatives.

Clinical Lead:	Dr Damian Tomic	Project Manager:	TBA
Sponsor:	Regional Pathways of Care Governance Group		
Category: Midland Pathways of Care Team outputs			
Outcome: Strong, integrated regional pathways of care increase the prompt, identification, referral and treatment of health conditions			
Output: eTriage implemented in the Midland region <i>(Enabling safe and secure transfer of referrals across districts and between secondary and community).</i>			
Enablers:	Pathways of Care / Data & Digital Services	Who:	Midland Pathways of Care Team
Activities:	<ul style="list-style-type: none"> Regional sharing and collaboration of triage processes and eTriage development. 		Q1-4
Actions:	<ul style="list-style-type: none"> Introduction of regionally standardised prioritisation templates. Support implementation of the eTriage process. Share service improvement ideas from other DHB implementations. 		Q1-4
Measures/ validation:	Narrative on improved efficiency and safety in the triaging of referrals. Reduction in variation in referral decision outcomes.		
Output: Strengthen Pathways of Care Programme through clinical champions and resourcing. <i>(Continued increase in clinical engagement, collaboration and leadership in regional and local Programme)</i>			
Enablers:	Pathways of Care / Clinical leadership	Who:	Midland Pathways of Care Team
Activities:	<ul style="list-style-type: none"> Support the delivery of regional and local need for the development and redesign of current and transformative pathways. Provide a forum for our regional/local (primary and secondary) pathway champions to share and collaborate. Continue to improve clinical leadership and engagement in the regional pathways programme and work with locally identified champions. 		Q1-4
Actions:	<ul style="list-style-type: none"> Implement and support a regional HealthPathways Clinical Editor operational group. Support, attend and promote engagement activities e.g. clinical education sessions, service improvement and collaboration meetings. Support the Regional Pathways of Care Governance Group to champion the Pathways of Care Programme to regional and local alliances. Regular engagement meetings to be held with pathways champions around the region. 		
Measures/ validation:	<ul style="list-style-type: none"> Improved utilisation of HealthPathways. Localised HealthPathways used in the delivery of education sessions. Improved networking between regional GPs involved in Pathways of Care initiatives. Increased funding to support engagement in the Pathways of Care Programme. 		

Output: Continue to work on the priority pathways identified by the region (Refer Category list below)			
Enablers:	Pathways of Care / Clinical leadership	Who:	Midland Pathways of Care Team
Activities:	<p>The regional Pathways of Care team under the governance of the Regional Pathways of Care Governance Group will support the region 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.</p> <ul style="list-style-type: none"> Regional Pathways of Care Governance Group Priority Pathways. Regional Clinical Networks Priority Pathways. Local DHB/PHO priority pathways – the Pathways of Care team will continue to provide support and centralised to enable the local development of priority pathways and the sharing of this work across the region. 		Q1-4
Actions:	<ul style="list-style-type: none"> Progress towards the development of localised pathways to support: <ul style="list-style-type: none"> Management of chest pain in the community. Mental Health. Prostate Cancer – Midland Cancer Network. Complete Palliative Care – Midland Cancer Network – started 2018-19. Stroke Prevention – Stroke/Cardiac Network. 		Q1-4
Measures/validation:	<ul style="list-style-type: none"> Publishing of localised: <ul style="list-style-type: none"> Chest Pain Pathway. Identified Mental Health Pathways. Prostate Cancer Pathway and eReferral. Palliative Care Pathways (up to 20 pathways). Atrial Fibrillation Pathway and associated eReferral. 		

Category: Support for priority pathways in regional workplans

The table below shows a list from service workplans for all Outputs that include ‘Pathways of Care’ as an enabler (Refer to work plans – in Section (Objective) 3 – for further details (Actions and Activities, Dates, Enablers, Who, Measures/validation of outcome).

Outcome	Output	Pathway of Care name
Cancer services		
Midland Cancer Network		
Implementation of improved palliative care services	Midland palliative care community health pathways completed	Midland Community Health pathways for palliative care
Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways	Midland Community Health Pathway for prostate cancer	Community Health Pathways for prostate cancer
Cardiac services		
Midland Cardiac Clinical Network		
Reduce Barriers to Cardiology Specialist FSA	The Cardiology Health Pathways will be completed and published	Heart Failure Pathway, Atrial Fibrillation, ACS

Regional Objective 3 – Integrate across continuums of care

- Pathway priorities

	Proposal outlining recommended strategies to reduce the number of declined referrals from primary care to Cardiology	
Midland Cardiovascular services will be delivered according to best-practice guidelines	The new STEMI pathway will continue to be implemented across the Midland region	STEMI pathway
	Develop a plan which identifies next steps for AF and HF with a focus on improving Māori health equity	Accelerated ED Chest Pain pathway
Hepatitis C		
Midland Integrated Hepatitis C Service		
Engagement and collaboration across the region of hepatitis C stakeholders	Continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland	Midland Region Hepatitis C Pathway
Mental Health & Addiction		
Regional Mental Health & Addiction Network		
Improved addiction service capacity and capability for implementation of substance abuse legislation	Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured	Pathways of Care for Addiction that includes SACAT
Improved care for people with eating disorders	Midland eating disorders model of care	Adult Eating Disorders pathway
Radiology services		
Midland Radiology Action Group		
National initiatives and regional projects	MRAG will attend the NRAG meetings and provide support through the completion of assigned tasks	Radiology input into pathways where requested
Stroke Services		
Midland Stroke Network		
Reduced number of strokes caused by Atrial Fibrillation	A plan identifying next steps for AF with a focus on improving Māori Health Equity	Atrial Fibrillation

2.3.4 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' CE 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.

(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. Refer to the table on [page 104](#) for the clinical chairs of regional clinical networks and action groups.

2.3.5 Regional networks – Overview and planned outputs 2019/20

Table 2: Overview of key alignments of regional network initiatives

Output	Midland DHB regional objectives					NZ Health Strategy strategic themes					System Level Measures							
	Health equity for Māori	Improve quality across all regional services	Integrate across continuums of care	Build the workforce	Improve Data and Digital Services	Efficiently allocate public health system resources	People-powered	Closer to home	Value and high performance	One team	Smart system	ASH rates for 0-4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	free hold 6wks postnatal	Prop. babies in smoke-free	Youth access/utilisation of approp. health services
Cancer services																		
Midland palliative care community health pathways completed.	Y	Y	Y	Y				Y	Y				Y					
Lakes DHB Palliative Care Strategy Plan review and update completed.	Y	Y	Y	Y	Y			Y	Y				Y					
Midland Palliative Care Service Development Plan review and update completed.	Y	Y	Y	Y	Y			Y	Y				Y					
Midland Specialist Palliative Care Workforce Plan 2018-2025 (2019) commence implementation (within available resources)	Y	Y	Y	Y	Y			Y	Y				Y					
National lung cancer quality performance indicators developed.	Y	Y	Y		Y	Y		Y	Y	Y								
National lung cancer standards of care review and update completed.	Y	Y	Y		Y	Y		Y	Y									
National lead for the Māori bowel screening network, share learnings	Y	Y	Y	Y				Y	Y									
Quarterly FCT reports demonstrating equity of access and timely cancer diagnosis and treatment services	Y	Y	Y		Y			Y	Y	Y			Y					
Midland lung and colorectal cancer clinical pathway and MDM management system developed and implemented	Y	Y	Y		Y			Y	Y	Y			Y					
Midland Community Health Pathway for prostate cancer	Y	Y	Y		Y			Y	Y	Y			Y					
Midland HQSC cancer patient co-design training and service improvement project initiative delivered		Y	Y	Y			Y	Y	Y				Y					
Support Cancer Societies and DHBs delivery of Kia Ora E te Iwi community health literacy programmes		Y	Y	Y			Y	Y	Y				Y					
Midland Community Health Pathways for prostate cancer		Y	Y	Y			Y	Y	Y				Y					
Midland Medical Oncology Service Plan developed	Y	Y	Y	Y	Y			Y	Y	Y			Y					
Midland Radiation Oncology Service Plan developed	Y	Y	Y	Y	Y			Y	Y	Y			Y					
Midland Māori Cancer Equity dashboard developed	Y	Y	Y		Y			Y	Y	Y			Y					
Midland Cancer Strategy Plan review commenced	Y	Y	Y	Y	Y		Y	Y	Y	Y			Y					
HWNZ 3 year Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project year 1 requirements (to be confirmed).	Y	Y	Y	Y				Y	Y				Y					
Midland lung cancer service review and regional improvement plan	Y	Y	Y		Y			Y	Y	Y			Y					
Bay of Plenty, Waikato and Taranaki DHB colonoscopy/colorectal cancer service improvement projects completed January 2020 and demonstrate readiness to start planning for NBSP.	Y	Y	Y		Y			Y	Y									
Midland DHBs develop a bowel cancer quality	Y	Y	Y		Y			Y	Y	Y								

Output	Midland DHB regional objectives					NZ Health Strategy strategic themes					System Level Measures							
	Health equity for Māori	Improve quality across all regional services	Integrate across continuums of care	Build the workforce	Efficiently allocate public health system resources	People-powered	Closer to home	Value and high performance	One team	Smart system	ASH rates for 0-4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	free hnohd 6wvk postnatal	Prop. babies in smoke-free	approp. health services	Youth access/utilisation of
improvement plan.																		
Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.	Y	Y	Y	Y	Y			Y	Y	Y				Y				
Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.	Y	Y	Y	Y	Y			Y	Y					Y				
Midland colonoscopy/colorectal cancer workforce project	Y	Y	Y		Y			Y	Y									
Midland ProVation training	Y	Y	Y		Y			Y	Y									
Participate in NBSP BSRC review.	Y	Y	Y	Y				Y	Y									
Transition Lakes DHB from BSP to NSS (timeframe to be confirmed)					Y			Y	Y									
Support Midland DHBs with ProVation version updates as required.					Y			Y	Y									
Cardiac services																		
A strategy for increasing Cath lab capacity will be agreed	Y		Y	Y		Y	Y	Y	Y	Y		Y	Y	Y				
The Cardiology Health Pathways will be completed and published.	Y		Y			Y	Y	Y	Y	Y		Y	Y	Y				
Proposal outlining recommended strategies to reduce the number of declined referrals from primary care to Cardiology	Y		Y			Y	Y	Y	Y	Y		Y	Y	Y				
Contribute to a national Strategic Cardiac Physiologist workforce plan	Y		Y	Y		Y	Y	Y	Y	Y		Y	Y	Y				
Based on wānanga feedback, develop a feedback document including recommendations for service change	Y					Y	Y	Y	Y	Y		Y	Y	Y				
A strategy will be developed including actions, to reduce the number of Māori DNA in one DHB, key Cardiology service area.	Y					Y	Y	Y	Y	Y		Y	Y	Y				
A Platelet Protocol will be developed	Y		Y			Y	Y	Y	Y	Y		Y	Y	Y				
ANZAQS information will be regularly monitored	Y																	
The new STEMI pathway will continue to be implemented across the Midland region	Y		Y						Y					Y				
Develop a plan which identifies next steps for AF and HF with a focus on improving Māori health equity	Y		Y		Y	Y	Y	Y	Y	Y		Y	Y	Y				
Child health services																		
A standardised regional primary care First 1000 days checklist	Y	Y								Y	Y		Y		Y	Y		
A standardised regional primary care First 1000 days outcomes framework	Y	Y					Y		Y	Y	Y		Y		Y	Y		
Evidence-informed support arrangements for DHBs to work with the education sector on water and milk-only policies	Y								Y		Y							
Healthy ageing																		
A stocktake of Dementia Services in the Midland Region. An agreed approach for regional implementation	Y	Y				Y		Y	Y	Y		Y						
Documented feedback and input to the National		Y					Y		Y	Y		Y	Y					

Output	Midland DHB regional objectives					NZ Health Strategy strategic themes					System Level Measures				
	Health equity for Maori	Improve quality across all regional services	Integrate across continuums of care	Build the workforce	Efficiently allocate public health system resources	People-powered	Value and high performance	One team	Smart system	ASH rates for 0-4 year olds	Acute hospital bed days per capita	Amenable mortality rates	free hoid 6wk postnatal	Prop. babies in smoke-free hoid 6wk postnatal	Youth access/utilisation of approp. health services
ACP Steering Group. Minutes and Agreed Actions for the Midland Facilitators Group															
Collated learnings and information from the HCSS forum	Y	Y			Y	Y		Y		Y					
Hepatitis C															
Deliver hepatitis C awareness and education services	Y	Y	Y			Y	Y	Y	Y				Y		Y
Targeted testing based on engagement with priority groups and finding people who are lost to follow up	Y	Y					Y	Y	Y	Y			Y		Y
Continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland	Y	Y	Y			Y	Y	Y	Y	Y			Y		Y
Mental Health & Addiction															
Improvements in mental health and addiction data management	Y				Y			Y	Y	Y			Y		Y
Implementation of Māori mental health equity strategies	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y		Y
Support local DHB implementation of He Ara Oranga: Pathways to Wellness	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y		
Midland eating disorders model of care	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Implementation of perinatal initiatives	Y		Y		Y		Y		Y	Y		Y	Y		
Implementation of workforce initiatives	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y
Inclusion of MH&A within Midland Clinical Portal		Y	Y	Y	Y	Y	Y	Y	Y			Y			Y
Pathways															
eTriage implemented in the Midland region			Y		Y				Y				Y		
Strengthen Pathways of Care Programme through clinical champions and resourcing.			Y		Y	Y			Y				Y		
Continue to work on the priority pathways identified by the region			Y		Y			Y					Y		
Planned Care															
Regional implementation of actions identified in the national guidelines for AMD and glaucoma	Y	Y	Y	Y				Y					Y		
Regional implementation of actions identified in the national service improvement programme	Y		Y					Y					Y		
Regional Business Cases are developed for the implementation of the vascular pathways of care and work force opportunities. Terms of reference is developed and endorsed for MDMs	Y	Y	Y	Y				Y					Y		
Planned Care (Public Health)															
Establish a Midland Region Infectious Diseases Initiative	Y	Y	Y										Y		
Quality															
Implementation of the National mental health quality improvement strategy	Y	Y				Y	Y	Y			Y	Y	Y		Y
Regional quality improvement of service delivery	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	Y		Y
Improvements in surveillance and response systems and practices including DATIX incidents,	Y	Y		Y	Y	Y		Y		Y	Y	Y	Y		Y

Output	Midland DHB regional objectives					NZ Health Strategy strategic themes					System Level Measures					
	Health equity for Māori	Improve quality across all regional services	Integrate across continuums of care	Build the workforce	Efficiently allocate public health system resources	People-powered	Value and high performance	One team	Smart system	ASH rates for 0-4 year olds	Acute hospital bed days per capita	Patient experience of care	Amenable mortality rates	free hold 6wk postnatal	Prop. babies in smoke-free	Youth access/utilisation of approp. health services
complaints and Risk Register																
Radiology services																
Quarterly reports will be produced and analysed and issues identified	y						y	y			y					
Proposal outlining recommended strategies will be developed including actions, to reduce the number of Māori DNA in one DHB radiology service	y				y	y	y			y	y		y			
MRAG will attend the NRAG meetings and provide support through the completion of assigned tasks	y	y	y		y		y	y	y		y	y	y			
Strategies will be explored for addressing service gaps due to specialist shortages	y	y	y		y		y	y	y			y	y			
Regional IS / eSPACE																
Digital Hospital					y			y	y							
IT Security maturity enhancement					y				y							
National Digital Services					y				y							
Medicines Management Digital Services					y				y							
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					y			y	y			y				
Working with the Midland United Regional Integration Leadership (MURIAL) group and other primary and community partners to create an integrated view of patient information					y			y	y							
Creation of an integrated view of Radiology and Cardiology Imaging and results					y				y							
Creation of an integrated view of patient information					y				y							
Midland Data and Analytics Platform					y				y							
Agreed common practices across the region to data management and standards aligning with national direction where available					y				y							
Implementation of regional DMZ infrastructure to ensure secure access to regional systems from external sources					y				y							
Enhanced integration and interoperability of data/information flows					y				y							
Regional Service Delivery Model reviewed					y				y							
Development and utilisation of Virtual Care technologies and practices					y		y		y							
Renal services																
Midland Renal Services Strategy	y	y	y								y		y			
Stroke Services																
Proposal outlining recommended strategies to address the need for community based stroke rehabilitation services	y	y		y	y		y	y	y		y	y				
A regional approach to progress agreed priority areas for change and service improvement	y	y			y	y	y	y	y			y	y			
A plan identifying next steps for AF with a focus on	y		y		y	y	y	y	y		y		y			

Regional Objective 3 – Integrate across continuums of care

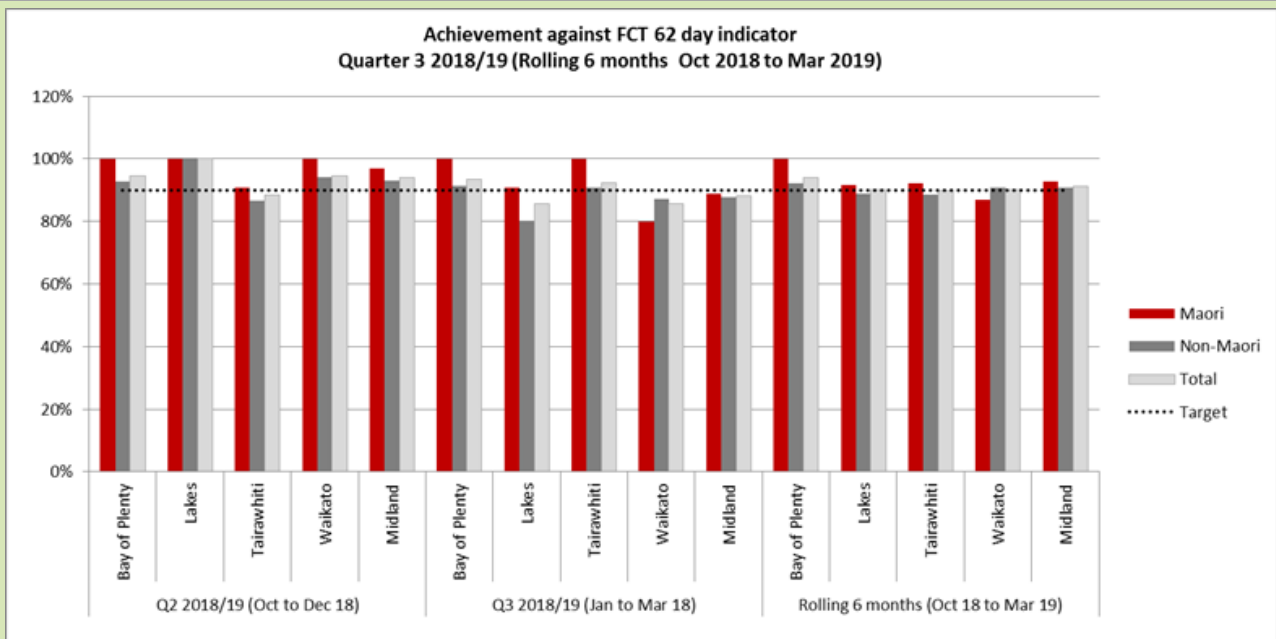
- Regional Networks

Output	Midland DHB regional objectives				NZ Health Strategy strategic themes					System Level Measures				
	Health equity for Māori	Improve quality across all regional services	Integrate across continuums of care	Build the workforce	Efficiently allocate public health system resources	People-powered	Value and high performance	One team	Smart system	ASH rates for 0-4 year olds	Acute hospital bed days per capita	Amenable mortality rates	Prop. babies in smoke-free hōiold 6wks postnatal	Youth access/utilisation of approp. health services
improving Māori Health Equity														
Proposal for Waikato to provide a Stroke Clot Retrieval service for the Midland region. Agreed start date for provision of out of hours telestroke service	Y	Y			Y	Y	Y	Y	Y		Y	Y		
Trauma Services														
All Midland DHBs use consistent best practice clinical guidelines for trauma care	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Referral and reception pathways for trauma patients are improved	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
The trauma patient and whānau experience is captured and used to improve services	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Trauma clinical training and education framework for Midlands is defined	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
Inequities in trauma care are identified and reported	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Collaboration with multiple partners maximises Trauma information use	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Trauma registry information is translated into meaningful information which is accessible for use in community awareness and prevention initiatives	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
MTRC research provides an evidence base for local and regional decision making	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Approval of MTS Business case 2020-2025	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
TQUAL supports regional and national reporting and collaboration with non DHB partners supporting clinical quality improvement and prevention programmes	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Trauma registry information is translated for clinical care and system improvement	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Data utilisation is efficient and used for targeted quality improvement initiatives	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Monitoring of key process indicators occur across Midlands	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Standardised loop closure process is applied to identified clinical, system and process issues	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Workforce														
Regional workforce diversity programmes and collaboration	Y				Y	Y		Y			Y			
DHBs HR processes appropriate to increase Māori health workforce	Y					Y		Y			Y			
Increase numbers of Māori in the workforce	Y					Y		Y			Y			

(iii) Cancer services (Midland Cancer Network)

Recent regional achievements:

- Lakes DHB bowel screening went live February 2019.
- Hauora Tairāwhiti has completed National Bowel Screening Programme (NBSP) phase 1, and commenced phase 2 work programme preparing for bowel screening implementation in 2020.
- Colonoscopy and colorectal cancer service improvement projects commenced in Bay of Plenty, Waikato and Taranaki as precursor to the NBSP rollout in 2020/21.
- Implemented new Midland Adolescent and Young Adult acute lymphoblastic leukaemia pathway and services (AYA ALL) in partnership with Midland DHBs, Auckland DHB and Blood and Leukaemia Foundation. This will enable increased access to clinical expertise, clinical trials and improved supportive care services.
- Development of a Midland Clinical Pathways and Multidisciplinary Meeting Management Solution business case.
- Development of a Midland Cancer Korero booklet that supports community health literacy on cancer prevention and early detection.
- Lakes – Waikato medical oncology/haematology model of service change with establishment of a resident medical oncologist and supporting staff, increased visiting specialist and video conferencing clinics and chemotherapy improvement project in progress.
- Midland Specialist Palliative Care Workforce Plan 2018-2025 developed.
- Community Health Pathways and e-referrals development for lung cancer, gynaecology cancer, NBSP, colorectal cancer and palliative care.
- The region supported (as directed by Ministry) the Midland DHBs to audit and develop radiation oncology recovery plans.
- Regional implementation of Te Awa Whakapiri has commenced.
- National Lung Cancer Follow-up and Supportive Care after Curative Treatment guidance developed.
- National early detection lung cancer toolkit of resources developed to support DHB implementation of the national Early Detection of Lung Cancer Guidance.
- Commenced development of National Lung Cancer Quality Performance Indicators (QPIs).



All Midland DHBs continue to meet the Faster Cancer Treatment wait times of 90% of patients triaged with a high suspicion of cancer and needing to be seen within two weeks receive treatment within 62 days. Midland Cancer Network supports the region to improve the access and quality of all cancer tumor streams and treatment services, including palliative care (malignant and non-malignant).

In addition the Midland Cancer Network facilitates and supports the Ministry of Health National Lung Cancer work programme.

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. The Ministry has verbally announced that the BSRC contract will be extended to support the three Midland DHBs going live in 2020/21.

Lakes DHB is the first Midland DHB to roll out the NBSP in February 2019. Hauora Tairāwhiti has commenced planning for NBSP implementation tentatively in February 2020.

The Midland BSRC/MCN is taking an integrated approach to support Midland DHBs to;

- improve the non-screening colonoscopy demand and capacity planning,
- improve the symptomatic colorectal cancer pathway,
- support development of bowel cancer quality improvement plan, based on the national bowel cancer QPIs report (Ministry of Health. 2019)
- facilitate the development of a regional colonoscopy/colorectal cancer workforce plan.

In addition, the Ministry of Health has agreed the Midland BSRC will hold the contract for the National Māori Bowel Screening Network.

Clinical Chair:	Dr Humphrey Pullon (Waikato DHB)	Project Manager:	Jan Smith
Lead Chief Executive	Neville Hablous (Waikato DHB)		
Outcome: Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways			
<p>Output: Quarterly FCT reports demonstrating equity of access and timely cancer diagnosis and treatment services.</p> <p>Output: Midland lung and colorectal cancer clinical pathway and MDM management system developed and implemented.</p> <p>Output: Midland Community Health Pathway for prostate cancer.</p> <p>Output: Midland HQSC cancer patient co-design training and service improvement project initiative delivered.</p> <p>Output: Support Cancer Societies and DHBs delivery of Kia Ora E te Iwi community health literacy programmes</p> <p>Output: HWNZ 3 year Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project year 1 requirements (to be confirmed).</p> <p>Output: Midland Medical Oncology Service Plan developed.</p> <p>Output: Midland Radiation Oncology Service Plan developed.</p> <p>Output: Midland Māori Cancer Equity dashboard developed.</p> <p>Output: Midland Cancer Strategy Plan review commenced.</p> <p>Output: Midland lung cancer service review and regional improvement plan.</p>			
Enablers:	EOA / Pathways of Care / Clinical leadership / Data & digital services / Quality	Who:	Midland DHBs / Midland Cancer Network / Māori Health Providers / Midland Cancer Society / HQSC / HWNZ / Ministry of Health
Activities:	<ul style="list-style-type: none"> • Coordinate the MCN Executive Group, tumour/service work groups–(Midland lung, bowel, supra-regional gynae-oncology), Midland Hei pa Harakeke Work Group (Māori cancer leadership group) and support local DHB Cancer Service Improvement work groups. • Facilitate improving Midland DHBs cancer consumer participation and engagement. • Support DHBs to sustain the FCT indicator reporting by DHB, by ethnicity, equity, tumour, first treatment, breach reason. • Support DHBs to implement the national tumour standards of service provision. • Support DHBs to review national tumour quality performance indicators and 		

		<p>develop and implement tumour specific quality improvement plans as required.</p> <ul style="list-style-type: none"> • Support the Midland DHBs to implement and monitor against local radiation oncology recovery plans (May 2019). • Support the local Cancer Societies and DHBs delivery of one Kia Ora E Te Iwi community health literacy programme per DHB. Support Midland to facilitate (i.e. KOETI and other forums) the ability to include whānau /consumer stories, sharing experiences of what is working well within DHBs and areas for improvement, support DHBs to work on corrective actions and feedback to community. • Continue development of Midland cancer KPI dashboards and FCT equity based reporting. • Continue to support the Lakes/Waikato medical oncology, chemotherapy, haematology model of service improvement. • Facilitate a regional lung cancer review and implement improvements. • Support the Midland Reducing Delay and Increasing Access to Early Diagnosis for Colorectal Cancer HRC three year research initiative. • Support the Midland Improving Early Access to Lung Cancer Diagnosis for Māori and Rural Communities HRC three year research initiative. 	
	<p>Actions:</p>	<ul style="list-style-type: none"> • Facilitate implementation of the endorsed Midland Clinical Pathway and MDM Management System business case for Midland lung and colorectal cancer (<i>also refer Improve Data and Digital Services section</i>). • Support the Midland Community Health Pathways and e-referral development for prostate cancer. • Facilitate and support Midland participation in the HQSC cancer patient co-design training and service improvement project initiative. • Facilitate the 3 year HWNZ Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project (to be confirmed) and support HWNZ Lakes DHB secondary nurse led palliative care project (to be confirmed). • Review and update the Midland Medical Oncology Service Plan 2013-2018 (note resource dependent). • Review and update the Midland Radiation Oncology Demand and Capacity Modelling 2012-2020 (note resource dependent). • Commence review and update of the Midland Cancer Strategy Plan 2015-2020 aligning with national Cancer Strategy (2003) and action plan (2019 currently in development) (note resource dependent). • Develop a regional Māori Cancer Equity dashboard focusing on positives as well as challenges with priority given to lung and bowel. • To improve Midland Māori and population outcomes for lung cancer. Facilitate implementation of the following Midland lung cancer improvement projects: <ul style="list-style-type: none"> ○ Facilitate regional implementation of National Early Detection of Lung Cancer Guidance (2017). ○ Facilitate regional implementation of national guidance Follow-up and Supportive Care of People with Lung Cancer after Curative Intent Therapy (2019). ○ Facilitate improve timely access to thoracic surgery treatment for lung cancer curative intent project. ○ Facilitate regional review of lung cancer services and develop improvement plan. 	

<p>Measures/ validation:</p>	<p>Achievement of the FCT wait time indicators: 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. 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. Progress reporting on the requirements and key actions via quarterly RSP reports, Q1-Q4.</p>		
<p>Outcome: Improved colonoscopy and colorectal cancer services</p>			
<p>Output: Bay of Plenty, Waikato and Taranaki DHB colonoscopy/colorectal cancer service improvement projects completed January 2020 and demonstrate readiness to start planning for NBSP.</p>			
<p>Output: Midland DHBs develop a bowel cancer quality improvement plan.</p>			
<p>Enablers:</p>	<p>EOA / Clinical leadership / Data & digital services / Workforce</p>	<p>Who:</p>	<p>BSRC / MCN / Midland DHBs</p>
<p>Activities:</p>	<ul style="list-style-type: none"> Support Midland DHBs to achieve the colonoscopy wait time indicators (by DHB, ethnicity, equity). Support Midland DHBs to develop quality improvement plans for bowel cancer informed by the Bowel Cancer Quality Improvement Plan (MOH. 2019). Continue to support Midland DHBs (Bay of Plenty, Waikato and Taranaki) colonoscopy/colorectal cancer service improvement projects until January 2020. Continue to support all Midland DHBs with colonoscopy demand & capacity production planning. Continue to develop the Midland colonoscopy/colorectal cancer indicator dashboard. Continue the Midland colonoscopy/colorectal cancer workforce project. 		
<p>Actions:</p>	<ul style="list-style-type: none"> Facilitate Midland DHBs (Bay of Plenty, Waikato and Taranaki) colonoscopy/colorectal cancer service improvement projects until January 2020. Facilitate Midland DHBs to develop quality improvement plans for bowel cancer informed by the Bowel Cancer Quality Improvement Plan (MoH. 2019). 		
<p>Measures/ validation:</p>	<p>Progress on Midland DHBs achievement of the colonoscopy wait time indicators. 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. Progress reporting on the requirements and key actions via quarterly RSP reports, Q1-Q4.</p>		
<p>Outcome: National bowel screening programme implemented</p>			
<p>Output: Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.</p>			
<p>Output: Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.</p>			
<p>Output: Midland colonoscopy/colorectal cancer workforce project.</p>			
<p>Output: Midland ProVation training.</p>			
<p>Output: Participate in NBSP BSRC review.</p>			
<p>Output: Transition Lakes DHB from BSP to NSS (timeframe to be confirmed).</p>			
<p>Output: Support Midland DHBs with ProVation version updates as required.</p>			
<p>Enablers:</p>	<p>EOA / Clinical leadership / Data & digital services</p>	<p>Who:</p>	<p>Midland BSRC / NBSP / Lakes DHB / Hauora Tairāwhiti / Midland DHBs</p>
<p>Activities:</p>	<ul style="list-style-type: none"> Continue to support Midland DHBs to plan and get ready for bowel screening 		

	<p>rollout.</p> <ul style="list-style-type: none"> • Provide clinical leadership and support. • Support and monitor Lakes DHB bowel screening programme. • Coordinate the Midland BSRC governance groups. • 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. • Facilitate overview of performance of the Midland DHBs against the NBSP quality standards and provide support where there are opportunities of improvement. • Support Midland DHBs with ProVation version updates as required to support the NBSP and regional/local ProVation training and reporting requirements to support the NBSP quality and equity standards. • Support Midland DHBs with the NBSP implementation of the National Screening Solution (NSS) when available, including transition of Lakes DHB (tbc). 	
Actions:	<ul style="list-style-type: none"> • Support Hauora Tairāwhiti to meet phase 2 requirements for go live in 2019/20. • Midland BSRC assists and supports Bay of Plenty DHB, Taranaki DHB and Waikato DHB with NBSP phase one information to inform the Ministry of Health 2019/20 NBSP business case, first draft submitted to Ministry of Health October 2019 with the final CE signed version to be submitted to Ministry of Health February 2020. • Midland BSRC assists and supports Bay of Plenty DHB, Taranaki DHB and Waikato DHB with NBSP phase two work programme requirements from February 2020 until go live in 2020/21. • Participate in NBSP BSRC review. 	
Measures/ validation:	<p>Progress reporting on the requirements and key actions via quarterly RSP reports, Q1-Q4. Hauora Tairāwhiti achieves readiness by February 2020. Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed by February 2020. Midland BSRC review complete. NBSP Indicator: (note applies to Lakes and Hauora Tairāwhiti only in 2019/20): 95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days of their FIT result being recorded in the NBSP IT system.</p>	
Outcome: Improved bowel screening outcomes for Māori		
Output: National lead for the Māori bowel screening network, share learnings.		
Enablers:	EOA	Who: Midland BSRC
Activities:	<ul style="list-style-type: none"> • Facilitate the National Bowel Screening Māori Network. • Facilitate sharing of learnings and promote engagement of those working for Māori equity in the NBSP. Provide feedback to the Ministry about quality improvements to increase participation in the programme for Māori communities to increase equity in the NBSP. • Participate in the National Māori and Pacific bowel screening networks to ensure that the NBSP is implemented in a way that ensures equitable outcomes for priority groups. 	
Actions:	<ul style="list-style-type: none"> • Facilitate National Bowel Screening Māori Network bi-annual hui's . 	
Measures/ validation:	<p>Bi-annual bowel screening Māori hui's held. Six monthly progress reports to NBSP.</p>	

Outcome: Implementation of improved palliative care services

Output: Midland palliative care community health pathways completed.

Output: Lakes DHB Palliative Care Strategy Plan review and update completed.

Output: Midland Palliative Care Service Development Plan review and update completed.

Output: Midland Specialist Palliative Care Workforce Plan 2018-2025 implementation commenced.

Enablers:	EOA / Clinical leadership / Pathways of Care / Workforce	Who:	Midland palliative care work group / Midland DHBs / Midland Hospices / Midland Cancer Network / Midland Community Health Pathways / Regional workforce
Activities:	<ul style="list-style-type: none"> Coordinate the Midland Palliative Care Work Group and support local DHB work groups as required, within available resource. 		
Actions:	<ul style="list-style-type: none"> Continue to facilitate development of Midland Community Health Pathways for palliative care. Continue development of the Lakes Palliative Care Strategy Plan. Facilitate review and update of the Midland Palliative Care Service Development Plan (within available resources). Facilitate the implementation of the Midland Specialist Palliative Care Workforce Plan 2018-2025 (2019) recommendations (within available resources). 		
Measures/ validation:	Progress reporting on the requirements and key actions via quarterly RSP reports, Q1-Q4.		

Outcome: Implementation of the national lung cancer work programme

Output: National lung cancer quality performance indicators developed.

Output: National lung cancer standards of care review and update completed.

Enablers:	EOA / Clinical leadership	Who:	National Lung Cancer Working Group / Ministry of Health Cancer & CHIS teams / Midland Cancer Network
Activities:	<ul style="list-style-type: none"> Lead for facilitating the National lung cancer work programme. Continue to promote implementation and evaluation of the national Early Detection of Lung Cancer Guidance. Continue to promote implementation and evaluation of the national lung cancer follow-up and supportive care following curative treatment guidance. Continue development of national lung cancer Quality Performance Indicators (QPI) in partnership with Ministry. Review and development of national lung cancer Standards of Care in partnership with Ministry. Complete development of the national early detection of lung cancer resource toolkit. 		
Actions:	<ul style="list-style-type: none"> Coordinate the National Lung Cancer Working Group and sub group meetings. Continue development of national lung cancer Quality Performance Indicators (QPI) in partnership with Ministry. Review and development of national lung cancer Standards of Care in partnership with Ministry. 		
Measures/ validation:	First National Lung Cancer QPIs Q2 (tbc). National Lung Cancer Standards of Care Q4 (tbc).		

Line of Sight

- DHB Annual Plans: Please see BOP, Lakes, Waikato, Hauora Tairāwhiti sections for faster cancer treatment, all five DHBs for bowel screening, colonoscopy/endoscopy and colorectal cancer services.
- RSP: Please see the following sections; improving wait times for diagnostic CT and MRI and Radiology Oncology Pathways and Protocols (Radiology Service), pathways of care – prostate cancer and palliative care (Pathways), and objective 2 regional hepatitis C (Hepatitis C service) and regional IS for ProVation, NSS and Midland Clinical Pathways and MDM management Solution.

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 2** on **page 33** for key alignments.

(iv) Cardiac services (Midland Cardiac Clinical Network - MCCN)

Recent regional achievements:

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.

Clinical Chair:	Dr Jonathan Tisch (Bay of Plenty DHB)	Project Manager:	Natasha Gartner
Lead Chief Executive	Derek Wright (Waikato DHB)		
Category: Cardiovascular disease treatment			
Outcome: Reduce Barriers to Cardiology Specialist FSA			
<i>(Reducing the barriers for people to access a Cardiology First Specialist Appointment (FSA) is a key step to ensuring that people can have timely access to appropriate prevention and cardiology interventions).</i>			
Output: The Cardiology Health Pathways will be completed and published.			
Enablers:	EOA / Clinical Leadership / Pathways of Care	Who:	MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Facilitate and support the reviewing and completing of the prioritized Health Pathways. 		
Actions:	<ul style="list-style-type: none"> Review and transition prioritized Health Pathways from Map of Medicine: Heart Failure Pathway, Atrial Fibrillation, ACS. 		Q1-4
Measures/ validation:	Completed Health Pathways. Development of strategy to reduce the number of declined referrals from primary care to cardiology.		
Output: Proposal outlining recommended strategies to reduce the number of declined referrals from primary care to Cardiology.			
Enablers:	EOA / Clinical Leadership / Pathways of Care	Who:	MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Develop and provide oversight of the strategy development. 		
Actions:	<ul style="list-style-type: none"> Assess whether specialty referral forms for cardiology subspecialties would be useful for improving referrals to cardiology. Assess options for improving Primary Care access to diagnostics which are managed by the secondary care services. Continue to support and implement the NZ Cardiac Network recommendations regarding <i>Referral and Access to Secondary Care</i>. Review and transition prioritized cardiology Health Pathways (refer to Output 1). 		Q3-Q4 Q3-4 Q1-4
Measures/ validation:	Completed Health Pathways. Development of strategy to reduce the number of declined referrals from primary care to cardiology.		
Category: Access and health equity			
Outcome: Improved Health Equity for Māori			
<i>(Improving Health Equity for Māori is a MoH and DHB priority. Cardiovascular disease mortality rates among Māori are more than twice as high as that among non-Māori)</i>			
Output: A feedback document will be developed including recommendations based on wānanga feedback.			
Enablers:	EOA	Who:	MCCN Project Manager

Activities:	<ul style="list-style-type: none"> Coordinate and oversee the organisation of the feedback document and subsequent discussions of the recommendations. 	Q1-4
Actions:	<ul style="list-style-type: none"> Collate feedback from the 2019 wānanga, and develop a recommendation document for consideration and discussion. 	Q1-4
Measures/validation:	<ul style="list-style-type: none"> A consultation and feedback document will be produced following the wānanga. A strategy will be developed which identifies actions to take to reduce the number of Māori DNA in one key cardiology area. 	
Output: A strategy will be developed including actions, to reduce the number of Māori DNA in one DHB, key Cardiology service area.		
Enablers:	EOA	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Oversee the development of a strategy to reduce the number of Māori DNA in one key cardiology area. 	
Actions:	<ul style="list-style-type: none"> Analyse existing DNA data across the DHBs to identify which DHB and priority service to focus actions on. Conduct literature review. Consult with DHB Māori health to Identify strategies which have been previously undertaken. Develop a document which will highlight potential strategies which could be implemented by the DHBs, to help reduce Māori DNA rates. 	Q1-4 Q1 Q2-3 Q4
Measures/validation:	<ul style="list-style-type: none"> A consultation and feedback document will be produced following the wānanga. A strategy will be developed which identifies actions to take to reduce the number of Māori DNA in one key cardiology area. 	
Outcome: Midland Cardiovascular services will be delivered according to best-practice guidelines (Cardiovascular disease (CVD) is a leading cause of death in New Zealand. The three significant categories of CVD are arrhythmia, heart failure and coronary artery disease).		
Output: ANZAQS information will be regularly monitored.		
Enablers:	EOA / Clinical Leadership	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Accurate and timely data entry to all core ANZACS-QI modules. 	
Actions:	<ul style="list-style-type: none"> ANZACS-QI: Work with DHB's to ensure accuracy of data within the ANZACS-QI database (ACS, PCI, Devices and Heart Failure), and regularly review outcomes data for these modules. 	Q4
Measures/validation:	ANZAQS data will be monitored and reported on in the quarterly reports.	
Output: A Platelet Protocol will be developed.		
Enablers:	EOA / Clinical Leadership	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Facilitate the development of the Platelet protocol. 	
Actions:	<ul style="list-style-type: none"> Develop a Platelet Protocol for the Midland region. 	Q4
Measures/validation:	A Platelet Protocol will be developed for the Midland region.	
Output: The new STEMI pathway will continue to be implemented across the Midland region.		
Enablers:	EOA / Clinical Leadership / Pathways of Care	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Facilitate regular updates and communication between St John National Patient Pathways Manager and the Network. 	Q1-4

Actions:	<ul style="list-style-type: none"> Invite the National Patient Pathways Manager to the quarterly Network meeting. Maintain a strong relationship with St John. <p><i>Note: The STEMI pathway is primarily about moving patients to a PCI capable hospital (currently Waikato hospital but eventually Tauranga too) within 90 minutes of the event or using fibrinolysis if outside of that time frame).</i></p>	Q1-4
Measures/validation:	An update of the STEMI Pathway will be included in the quarterly report.	
Output: Develop a plan which identifies next steps for AF and HF with a focus on improving Māori health equity.		
Enablers:	EOA / Clinical Leadership / Pathways of Care / Data & Digital Services	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Facilitate discussions amongst the Network and wider Primary Care regarding potential service improvements for Atrial Fibrillation. 	
Actions:	<ul style="list-style-type: none"> Consider next steps for AF and HF and how to involve the Stroke Network and Primary Care. Focus to be improving Māori health equity – investigate screening pilot – New Plymouth. 	Q1-4
Measures/validation:	A plan will be developed which identifies next steps for AF and HF	
Outcome: Develop Cardiac Physiologist workforce		
Output: Contribute to a national Strategic Cardiac Physiologist workforce plan.		
Enablers:	EOA / Clinical Leadership / Workforce	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Ensure the needs of the Midland region are represented on the workforce plan. 	
Actions:	<ul style="list-style-type: none"> Identify demand for cardiac physiology services in Midland DHBs. Undertake gap analysis. Develop a strategic workforce plan in collaboration with DHB Shared Services and Regional and National Cardiac Networks, to address gap analysis findings. Ensure training, recruitment, retention and other relevant workforce issues are addressed to sufficiently support all pathways to cardiac services, including to cardiac surgery. 	Q4
Measures/validation:	Updates of the Cardiac Physiologist national workforce project will be maintained.	
Outcome: More timely and appropriate access to services		
<i>(Across the region, demands for Cardiology services outweigh supply. This situation is going to intensify in the future due to the aging population, funding constraints and workforce issues. Regional planning is required and agreement reached of service area priorities).</i>		
Output: A strategy for increasing Cath lab capacity will be agreed.		
Enablers:	EOA / Clinical Leadership / Workforce	Who: MCCN Project Manager
Activities:	<ul style="list-style-type: none"> Oversee the development and agreement of the plan to increase Cath lab capacity. 	
Actions:	<ul style="list-style-type: none"> Explore options for increasing cath lab capacity across the region – Coronary, Pacing and EP. 	Q1-4
Measures/validation:	An agreed strategy will be developed which documents how to increase cath lab capacity.	

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.

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.

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.
7. Achieve or exceed equity for Māori in SIR rates for Cardiac Surgery, Angiography and Revascularisation.

Cardiac-Thoracic Surgical Services

8. 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)*

9. 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.
10. % 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)

11. Elective - Patients to wait no longer than four months for a Cardiology FSA for Māori and non Māori.
12. 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.
13. 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)

14. Over 95% of patients undergoing cardiac surgery will have completion of Cardiac Surgery registry data collection within 30 days of discharge.
15. Elective - Patients to wait no longer than four months for a Cardio-thoracic FSA.
16. Report the proportion of patients scored using the national cardiac surgery Clinical Priority Access tool (CPAC).

17. Report the proportion of cardio-thoracic patients treated within assigned CPAC urgency timeframes.
18. 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 2](#) on [page 33](#) for key alignments.

(v) Child health services – Child Health Action Group

Recent regional achievements::

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. As reported last year the data tool is now well embedded and reaching a wider audience. It is regularly improved to include more useful data.

Over the past year CHAG has completed a survey of primary schools in the region to support the priority of schools adopting water- and milk-only policies. The survey established the number of schools which had policies and those which wanted support to implement and this information was passed on to public health units to work with the schools. The group has also convened a number of opportunities for staff working with System Level Measures to learn from each other and share resources as many were working on the same measures.

Clinical Chair:	Dr David Graham (Waikato DHB)	Project Manager:	TBA
Lead Chief Executive	Jim Green (Hauora Tairāwhiti)		
Category: Sector coordination			
Outcome: DHBs and Alliances are supported to improve the First 1000 days			
Output: A standardised regional primary care First 1000 days <u>checklist</u> .			
Enablers:	EOA / Quality	Who:	CHAG
Activities:	<ul style="list-style-type: none"> Seek approval from the GMs Planning and Funding (GMs P&F) to proceed to costing and development of age and service specific checklists. Contract delivery of checklists. Final product available to providers/DHBs is a set of checklists appropriate to child’s age and service provider. 		Q1 Q2-Q3 Q4
Actions:	<ul style="list-style-type: none"> Review current copy of the checklist and establish type of users. Understand current systems. Finalise checklist integration cost. Prepare business case. 		
Measures/ validation:	<ul style="list-style-type: none"> Business case sign-off from Planning and Funding. Checklist ready to be released. 		
Output: A standardised regional primary care First 1000 days <u>outcomes framework</u> .			
Enablers:	EOA / Quality	Who:	CHAG
Activities:	<ul style="list-style-type: none"> Framework development. Reporting. Implementation. 		Q1-Q2 Q2-Q3 Q4
Actions:	<ul style="list-style-type: none"> Finalise framework template, identify key contributors and decide framework measures. Identify reporting measures. Source data extracts. Sign off test results. Communicate implementation process. Finalise implementation date. 		
Measures/	Enrolments with primary care.		

validation:	
Category: Health outcomes	
Outcome: Reduced ASH for oral health	
Output: Evidence-informed support arrangements for DHBs to work with the education sector on water and milk-only policies.	
Enablers:	EOA Who: TBC
Activities:	<ul style="list-style-type: none"> Primary schools - share league table and results from 18/19 survey. Intermediate & Secondary schools - Water and Milk only survey. Primary schools - share league table and results from 19/20 survey. Investigate opportunities of collaboration with MOE and other agencies.
Actions:	<ul style="list-style-type: none"> League table and results, peer review and email out to approved recipients. Delivery method and communication draft. DHBs and public health buy-in. Survey monkey – initiation of survey. Gather list of intermediate and secondary schools. Survey communication (draft). Survey analyses and results communication.
Measures/ validation:	<p>Oral health engagement and outcomes.</p> <p>Number of schools with water and milk only policies.</p> <p>Oral health ASH rates.</p>

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 2** on **page 33** for key alignments.

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

Clinical Chair:	TBC	Project Manager:	Kirstin Pereira
Lead Chief Executive	Helen Mason (Bay of Plenty DHB)		
Category: Dementia			
Outcome: Improved access to dementia services for people with dementia, and their family and whānau			
Output: A stocktake of Dementia Services in the Midland Region. An agreed approach for regional implementation.			
Enablers:	EOA / Quality	Who:	HOP Project Manager / DHB P&F / Health of Older People Portfolio Managers
Activities:	<ul style="list-style-type: none"> Coordinate Midland DHBs to identify priority areas and agree regional approach for implementation of the New Zealand Dementia Care Framework. Work jointly with other regions to identify opportunities for efficiency Agree the approach to completing the stocktake with Midland DHBs. 		
Actions:	<ul style="list-style-type: none"> Agree the approach to completing the stocktake with Midland DHBs. Work with Midland DHBs to complete a stocktake of dementia services and related activity in the Midland region. Identify priority areas for the Midland region to progress implementing the New Zealand Dementia Care Framework. Develop an approach to implement the identified regional priorities. 	Q1 – Q2	Q1 – Q2
Measures/ validation:	<ul style="list-style-type: none"> Midland Stocktake completed by end of Q2. Agreed approach endorsed by Midland DHBs by end of Q4. 		
Category: Advance Care Planning (ACP)			
Outcome: People living in the Midland Region are offered the opportunity to discuss and complete an advance care plan			
Output: Documented feedback and input to the National ACP Steering Group. Minutes and Agreed Actions for the Midland Facilitators Group.			
Enablers:	Quality	Who:	HOP Project Manager / Midland ACP Facilitators Group
Activities:	<ul style="list-style-type: none"> Support and facilitate the Midland ACP Facilitators' quarterly forum. Participate in the National ACP Steering Group as a Midland representative. 		
Actions:	<ul style="list-style-type: none"> Work with the Midland ACP Facilitators Group to include additional Primary Health and Community Organisations. Liase with Midland ACP Facilitators on national and regional initiatives undertaken by the National ACP Steering Group. Support Midland ACP Facilitators to collaborate with DHB Facilitators of the Serious Illness Conversation Guide (SICG) training and implementation. 	Q1-Q4	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Increased number of PHOs and Community Organisations taking part in the ACP Facilitators Group by end of Q4. 		
Category: Home and Community Support Services (HCSS)			
Outcome: Increased knowledge base of regional Home and Community Support Service initiatives including models of care, funding and lessons learned			
Output: Collated learnings and information from the HCSS forum.			
Enablers:	EOA / Quality	Who:	HOP Project Manager / DHB P&F /

			Health of Older People Portfolio Managers
Activities:	<ul style="list-style-type: none"> Organise a forum and produce the outputs in a format that can be shared. 		
Actions:	<ul style="list-style-type: none"> Identify the scope of the initiative and the key stakeholders. Agree the approach to holding the forum <p>To be continued in the 2020/21 year (Q1 – Q2 Identify how the information presented at the forum will be collected and collated, hold the forum and collate information and distribute).</p>		Q3 Q4
Measures/validation:	<ul style="list-style-type: none"> Collated information available by end of Q2 2020/21 		

Line of Sight

- DHB 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 2](#) on [page 33](#) for key alignments.

(vii) Hepatitis C – Midland Integrated Hepatitis C Service

Clinical Chair:	Dr Frank Weilert (Waikato DHB)	Project Manager:	Jo de Lisle
Lead Chief Executive	Jim Green (Hauora Tairāwhiti)		
Category: Education and Awareness			
Outcome: Improved community awareness and workforce competency in managing hepatitis C			
Output: Deliver hepatitis C education and awareness services.			
Enablers:	EOA / Quality / Workforce	Who:	HealthShare Project Manager Midland Community hepatitis C service
Activities:	<ul style="list-style-type: none"> Regularly update the regional hepatitis C education and awareness plan and ensure activities across DHBs are coordinated. 		Q1 – Q4
	<ul style="list-style-type: none"> Promote nationally and locally developed hepatitis C resources and activities within the region. 		Q1 – Q4
	<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 patients. 		Q1 – Q4
	<ul style="list-style-type: none"> 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. 		Q1 – Q4
	<ul style="list-style-type: none"> Support and education to people with hepatitis C. Providers of hepatitis C services will be required to work with local organisations in their region that provide services to the population that are at high risk for HCV infection. This includes needle exchange services, community alcohol and drug services, prisons and community-based services hepatitis C clinics. 		Q1 – Q4
Actions:	<ul style="list-style-type: none"> Tailor patient information to the needs of the local populations and update as required. 		Q1 – Q2
	<ul style="list-style-type: none"> Ensure each DHB region has ongoing education sessions planned. 		Q3 – Q4
	<ul style="list-style-type: none"> Plan annual Midland region hepatitis C symposium. Develop a sustainable workforce including investigation peer support workforce. 		Q1 – Q4
Measures/ validation:	<ul style="list-style-type: none"> Each DHB region has at least one education session completed. Midland region hepatitis C symposium completed. Monitor and report on progress on education and awareness activities including narrative updates on: <ul style="list-style-type: none"> 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, 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 Fibroscan and use of the calculator APRI. 		

Category: Patient Experience of Care – identify, test and treat

Outcome: Increased identification, diagnosis and treatment of people with hepatitis C

Output: Targeted testing based on engagement with priority groups and finding people who are lost to follow up.

Enablers:	EOA / Quality	Who:	HealthShare Project Manager Midland Community hepatitis C service
Activities:	<ul style="list-style-type: none"> • Ensure a focus on diagnosing those undiagnosed and at risk of hepatitis C. • Provide quality identification, through testing and diagnosis; assessment; triage; and management, including monitoring. • Primarily direct identification towards targeted testing for people who are at increased risk. • 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. • Ensure a focus on supporting primary care prescribing of hepatitis C treatment to promote an increase in uptake of treatments in the community. • Opportunistic targeted testing at general practice and within the community. 		
Actions:	<ul style="list-style-type: none"> • Identify strategies and proof of concepts for Midland DHBs to implement to improve equitable access within the community (involving service managers and funders). • Seek endorsement to implement the strategies across other DHBs. • Expand the current point of care hepatitis C testing in the community and propose a sustainable model. • Seek sign off for the model and implement. <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. • engage with immigrants from South East Asia, Eastern Europe, Indian subcontinent and Middle East, at-risk and hard to reach groups including people who inject drugs and Department of Correction services. 		<p>Q1-Q4</p> <p>Q2-Q4</p> <p>Q1</p> <p>Q1</p>
Measures/ validation:	<ul style="list-style-type: none"> • eResponse operational. • eReferral updated and push live. • Total number of people with a positive HCV PCR test or antigen test in the DHB region (data from five reference labs provided to DHB regions and in future from community labs who perform antigen tests). • Total number of people prescribed antiviral treatment who have hepatitis C (data from PHARMAC provided to regional DHBs). <i>Note that from 1 February 2019 community pharmacy data will be used to report on Maviret prescribing. Harvoni data will continue via central dispensing reports provided by PHARMAC.</i> 		

Category: Integrated service

Outcome: Engagement and collaboration across the region of hepatitis C stakeholders

Output: Continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland.

Enablers:	EOA / Pathways of Care / Quality	Who:	HealthShare on behalf of the Midland DHBs
Activities:	<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. Implement the Midland region hepatitis C pathway. Deliver integrated services across primary and secondary care to meet the needs of the Midland region’s population. 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. 		Q1 – Q4
Actions:	<ul style="list-style-type: none"> Establish a Midland region hep C working group. Identify hep C champion in each region. Continue to identify new community proof of concepts. Complete the implementation of the bpac regional eResponse. Update the bpac eReferral to align with new pathway and treatments. 		Q1-Q2 Q2 Q3 – Q4 Q1
Measures/ validation:	<ul style="list-style-type: none"> eResponse live - Q1. BPAC eReferral updated - Q1. Monitor and report on progress implementing integrated regional hepatitis C. Services including narrative updates on supporting DHBs to implement integrated services Q1 – Q4. 		

Line of Sight

- Midland DHB Annual Plans.
- Ministry of Health - National Hepatitis C Action plan (under development).
- Ministry of Health - National Hepatitis C Implementation Plan (under development).
- Workforce Section.

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 2** on **page 33** for key alignments.

(viii) Mental Health & Addiction (Regional Mental Health & Addiction Network)

Clinical Chair:	Dr Sharat Shetty (Taranaki DHB)	Project Manager:	Eseta Nonu-Reid
Lead Chief Executive	Interim – Ron Dunham (Waikato DHB)		
Category: Eating disorders			
Outcome: Improved care for people with eating disorders			
Output: Midland eating disorders model of care.			
Enablers:	EOA / Quality / Pathways of Care / Workforce / Data & Digital Services	Who:	Regional Director and Clinical Governance
Activities:	<ul style="list-style-type: none"> Monitor through put by collating local reports and providing quarterly reporting to the MoH. 		
Actions:	<ul style="list-style-type: none"> Implement the Midland Eating Disorders Model of Care as outlined in the MoH Change Management proposal. <ul style="list-style-type: none"> Finalise the Adult Eating Disorders Pathway of Care. Continue to develop quarterly reporting with the regional Eating Disorders Clinical Network. 		Q4
Measures/validation:	Reporting identifies and increase in contacts each quarter. Hub and Spoke data indicates and increase in access for the smaller Midland DHBs quarterly.		
Outcome: Improved addiction service capacity and capability for implementation of substance abuse legislation			
Output: Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured.			
Enablers:	EOA / Quality / Pathways of Care / Clinical Leadership / Workforce / Data & Digital Services	Who:	Midland Regional Director and Midland Clinical Governance
Activities:	<ul style="list-style-type: none"> Undertake a project that reviews the Substance Abuse Compulsory Treatment Act across Midland. 		
Actions:	<ul style="list-style-type: none"> Implement Midland proposal to the MoH if funding secured. Develop Pathway of Care for Addiction that includes SACAT. 		Q4 Q3
Measures/validation:	New funding is received and implemented as per the Midland DHB proposals. Monitoring of new funding is developed and reported quarterly.		
Category: He Ara Oranga			
Outcome: Health outcomes based on implementing recommendations from He Ara Oranga			
Output: Support local DHB implementation of He Ara Oranga: Pathways to Wellness.			
Enablers:	EOA / Quality / Clinical Leadership / Workforce / Data & Digital Services	Who:	Midland Regional Director and Midland Clinical Governance
Activities:	The Midland DHBs will align with national guidance and following regional agreement about what activity occurs at an individual DHB level or regional level.		Q4
Actions:	<ul style="list-style-type: none"> Support the development of a Youth MH&A regional strategy in response to the MoH priorities. Support the development of an Addiction regional strategy in response to the MoH priorities. Support the development of a regional Māori model of care strategy in response to the MoH priorities. Support the development of a regional Peer and Whānau support strategy in response to the MoH priorities. 		Q4

Measures/ validation:			
Category: Midland Clinical Portal			
Outcome: The successful implementation of modern clinical workstations across the Midland region			
Output: Inclusion of MH&A within Midland Clinical Portal.			
Enablers:	<i>Quality / Clinical Leadership / Workforce / Data & Digital Services</i>	Who:	<i>Midland Clinical Governance and eSPACE</i>
Activities:	<ul style="list-style-type: none"> Clinical Governance remains engaged with eSPACE. The development of the mental health and addiction platform being undertaken in the eSPACE Programme is undertaken in partnership with Clinical Governance. Regional support is provided to the phased roll out of the MH&A implementation within the Midland Clinical Portal as identified in the Plan. 		Q4
Actions:	<ul style="list-style-type: none"> Clinical Governance continues to be updated on the Clinical Portal progress quarterly. Regional Networks sign off on the Clinical Portal quarterly updates. 		Q4
Measures/ validation:	<ul style="list-style-type: none"> Lakes go live in 2020 is successful. Tairāwhiti go live in 2020 is successful. Taranaki go live in 2020 is successful. BOP go live in 2021 is successful. Waikato go live in 2021 is successful. 		
Category: Māori health equity			
Outcome: Health equity for Māori in mental health outcomes			
Output: Implementation of Māori mental health equity strategies.			
Enablers:	EOA / <i>Quality / Clinical Leadership / Workforce</i>	Who:	<i>Midland Regional Director and Midland Regional Stakeholder Groups</i>
Activities:	<ul style="list-style-type: none"> Identify exemplar services and examine what works and how lessons learned can be transferred. Working in partnership with GMs Māori Health and Te Huinga o Nga Pou Hauora to identify local and regional work streams Work with GMs Māori to support the implementation of an Equity Framework and Measures.. 		Q4
Actions:	<ul style="list-style-type: none"> Undertaking in-depth analysis of ethnicity data to identify projects for 2019-20. Ensure all projects undertaken have an Equity section that is ratified by Clinical Governance and Te Huinga o Nga Pou Hauora (Māori Leadership Network). Identify a Māori model of care that is agreed regionally in partnership with the GMs Māori Health. 		Q4
Measures/ validation:	<ul style="list-style-type: none"> Reduction in Māori placed on a compulsory treatment order. Feedback Informed Treatment analysis is undertaken and presented to the sector. 		

Category: Sustainable workforce capacity and capability

Outcome: Mental health workforce is supported through regionally led initiatives

Output: Implementation of workforce initiatives.

Enablers:	EOA / Quality / Clinical Leadership / Workforce / Data & Digital Services	Who:	Midland Regional Clinical Governance and Midland Workforce Network
Activities:	<ul style="list-style-type: none"> Re-write the Midland MH&A Workforce Action Plan to align to the He Ara Oranga and MoH Guidance and include the following key themes: <ul style="list-style-type: none"> Increasing Peer Support Workforce Enhancing Primary health options Regional Trauma Informed Care workshops as an early intervention, relapse prevention strategy 		Q2
	<ul style="list-style-type: none"> Clinical Governance will support and provide leadership at a regional and local level to the Health Quality Safety Commission project work: Towards Zero Seclusion, Transition, Service User and Whānau Co-design and Learning from Adverse Events. 		Q4
	<ul style="list-style-type: none"> Workforce projects are identified and approved by Clinical Governance before being implemented. 		Q4
	<ul style="list-style-type: none"> Provide workforce leadership to the sector in partnership with the Regional Training Hub. 		Q4
Actions:	<ul style="list-style-type: none"> Develop initiatives that values NGOs as integrated partners. Develop initiatives that increases the number of Peer Support and Whānau Support workers in the sector. 		Q4
Measures/ validation:	Peer and Whānau Support workers are increased across the region and a workforce strategy is developed that meets the learning needs of this new workforce.		

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 2 on page 33](#) for key alignments.

(ix) Planned Care

Clinical Lead:	Dr Martin Thomas (Lakes DHB) (TBC)	Lead Chief Executive	Rosemary Clements (Taranaki DHB)
COO Lead:	Gillian Campbell	Project Manager:	Jocelyn Carr
Category: Planned Care: Access and service delivery <i>(Areas of focus for the 2019/20 year are equity of access, regional collaboration, workforce utilisation and quality of service delivery).</i>			
Outcome: Improve the regional delivery of vascular services with a focus on equity of access for regional DHBs			
Output: Regional Business Cases are developed for the implementation of the vascular pathways of care and workforce opportunities. Terms of reference is developed and endorsed for MDMs.			
Enablers:	EOA / Quality / Clinical Leadership / Workforce	Who:	Regional Vascular Network Clinical Leads: Thodur Vasudevan & Mark Morgan
Activities:	<ul style="list-style-type: none"> Facilitate and support the implementation of the National Vascular Action Plan. 		
Actions:	<ul style="list-style-type: none"> Complete a Midland Region Intervention rate stocktake of outpatient and inpatient (acute and elective) services to identify areas of inequity of access. 		Q1
	<ul style="list-style-type: none"> Continue to review and support the implementation of primary care pathways where this is requested. 		Q4
	<ul style="list-style-type: none"> Continue to review and support the implementation of the nationally developed acute and elective clinical pathways where this is requested. 		Q4
	<ul style="list-style-type: none"> Support the development of opportunities for the utilisation of vascular workforce to improve access to vascular services. 		Q2
	<ul style="list-style-type: none"> Facilitate a terms of reference for Midland Vascular Multi-disciplinary meetings (MDMs). 		Q2
	<ul style="list-style-type: none"> Oversee the organisation of the inaugural Midland Vascular Day to support inter DHB and vocational group engagement. 		Q3
Measures/ validation:	<i>Business cases are completed and presented to Midland COO Group. Terms of reference is completed and endorsed by the Vascular Network. Inaugural Midland Vascular Day is held.</i>		
Outcome: Improved access (and consistency of access) to plastics and reconstructive services, including breast reconstruction <i>(Note: The initial National Breast Reconstruction meeting has been held. This placeholder will be replaced as information becomes available.)</i>			
Output: Regional implementation of actions identified in the national service improvement programme.			
Enablers:	Quality / Clinical Leadership	Who:	Midland Region Plastics Network (tba) Clinical Lead: TBA
Activities:	<ul style="list-style-type: none"> Engage with the national service improvement programme as actions are developed and support regional implementation as required by the Midland DHBs. 		
Actions:			
Measures/ validation:			

Outcome: Improved access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways

National Ophthalmology pathways for Glaucoma and Age-Related Macular Degeneration have been developed and a National Ophthalmology forum will provide support and guidance for the implementation of the pathways with reference to the benefits of regional collaboration. This meeting should clarify the role of the regional services agencies in supporting District Health Boards with this initiative.

Output: Regional implementation of actions identified in the national guidelines for AMD and glaucoma.

Enablers:	EOA / Quality / Clinical Leadership / Workforce	Who:	Midland Region Ophthalmology Network Clinical Lead: Stephen Ng
Activities:	<ul style="list-style-type: none"> 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. 		
Actions:			
Measures/ validation:			

Category: Public Health

Outcome: Improve regional issues of anti-microbial resistance, infectious disease workforce and after hours services

The Midland Region Chief Medical Officers have endorsed a proposal to establish a Midland Region Infectious Diseases Initiative to address issues of Anti-Microbial Resistance (anti-biotic prescribing), Infectious Disease workforce and After Hours services.

Output: Establish a Midland Region Infectious Diseases Initiative.

Enablers:	EOA / Quality / Clinical Leadership	Who:	Midland Region Infectious Diseases Network Clinical Lead: Martin Thomas
Activities:	<ul style="list-style-type: none"> Establish a Midland Region Infectious Diseases Service. 		
Actions:	<ul style="list-style-type: none"> Facilitate the inaugural meeting of the Midland Infectious Diseases Network. 		Q1
Measures/ validation:	Inaugural meeting of the Midland Infectious Diseases Network is held.		

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

- Increased number of consistent clinical pathways across work streams and increased use of those pathways.

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 2 on page 33](#) for key alignments.

(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)		
Category: Service delivery and systems improvement			
Outcome: Trends in volumes and case-mix will be monitored to inform future planning and to identify any regional inequities in service provision.			
Output: Quarterly reports will be produced and analysed and issues identified.			
Enablers:	EOA	Who:	MRAG
Activities:	<ul style="list-style-type: none"> Inform future planning through the understanding of trends in volumes and case mix as new clinical demands and priorities emerge. 		Q1-4
Actions:	<ul style="list-style-type: none"> Modality trend analysis of case-mix and volumes for future planning of resource requirements. 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. <ul style="list-style-type: none"> Collect annual data per modality. Trend modelling per modality. Analysis of DHB caseloads and understanding the variances across the DHBs. Update KPI targets to ensure the region are aiming to perform at a consistent high standard. 		Q3-4 Q3-4
Measures/ validation:	<ul style="list-style-type: none"> CT- 95% of accepted referrals from primary care or outpatients for CT scans will receive their scan within six weeks (42 days). 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). MRI - 90% of accepted referrals from primary care or outpatients for MRI scans will receive their scan within six weeks (42 days). 		
Outcome: Improve Health Equity for Māori through the reduction of DNAs			
<i>(Māori have significantly lower DNA rates, than other ethnicities, for accessing Health services including services which offer treatment, diagnostics and imaging)</i>			
Output: Proposal outlining recommended strategies will be developed including actions, to reduce the number of Māori DNA in one DHB radiology service.			
Enablers:	EOA	Who:	MRAG / DHB project teams for past and current DNA pieces of work
Activities:	<ul style="list-style-type: none"> Ensure that consistent Did Not Arrive (DNA) and Was Not Brought (WNB) data is being captured across the region. Ensure all DHBs are collecting the required DNA information. 		Q1-4 Q1-4
Actions:	<ul style="list-style-type: none"> Highlight any DNA information which is not being collected and identify actions to resolve. Analyse DNA data across the DHBs to identify which DHB to focus actions on. Consult with DHB Māori health to Identify strategies which have been previously undertaken. Develop a document which will highlight potential strategies to help reduce Māori DNA. 		Q1-4 Q1-4
Measures/ validation:	<ul style="list-style-type: none"> Percentage of patients attending their imaging appointments. 		

Outcome: National initiatives and regional projects

(The MRAG regional services plan will include and support both those initiatives which are identified on the National Radiology Action Group (NRAG) plan and other relevant Healthshare regional plans which require radiology input)

Output: MRAG will attend the NRAG meetings and provide support through the completion of assigned tasks.

Enablers:	EOA / Clinical leadership / Pathways of Care / Quality	Who:	MRAG
Activities:	<ul style="list-style-type: none"> Facilitate and support the completion of actions as requested by NRAG and other Healthshare project managers. 		
Actions:	<p>Respond to NRAG requests for front line information and advice.</p> <p><u>PET-CT</u>: The network will 1) identify the number of PET-CT scans performed in each DHB region and investigate what capacity issues exist, and 2) Identify differences in access criteria to PET-CT across the regions.</p> <p><u>Pathways of Care (PoC)</u>: Support the implementation of Pathways of Care through providing radiology input into specific pathways as requested.</p> <p>RIS/PACS system – Refer Information <i>Technology</i> section of the RSP.</p>		
Measures/validation:	<ul style="list-style-type: none"> MRAG will action requested appropriate tasks and outcomes will be documented. 		

Outcome: Strategies for addressing specialist shortages will be investigated

Output: Strategies will be explored for addressing service gaps due to specialist shortages.

Enablers:	EOA / Clinical leadership / Quality	Who:	MRAG
Activities:	<ul style="list-style-type: none"> Facilitate and support the identification of strategies to address service gaps due to specialist shortages. 		Q4
Actions:	<ul style="list-style-type: none"> Discuss amongst the network what strategies exist. 		
Measures/validation:	Refer Outcome 1.		

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 Network 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 2 on page 33** for key alignments.

(xi) Midland Renal Services

Clinical Lead:	Dr Peter Sizeland (Waikato DHB) (TBC)	Project Manager:	TBC
Lead Chief Executive	Helen Mason (Bay of Plenty DHB)	COO Lead:	TBC
Category: Regional coordination			
Outcome: Implementation of renal services strategy in alignment with national, regional and local requirements			
Output: Midland Renal Services Strategy.			
Enablers:	EOA / Quality / Clinical leadership	Who:	Midland CEs Clinical lead: TBC
Activities:	<ul style="list-style-type: none"> Review of the current Midland Renal Services Strategy to identify gaps and changing needs. Identify relevance, alignment to national, regional and local requirements, affordability and achievability. Identification of service models. 		
Actions:	<ul style="list-style-type: none"> Update and finalise Midland Renal Strategy following consultation. 		
Measures/validation:			
Line of Sight			
<ul style="list-style-type: none"> Midland DHB Annual Plans. 			
Work plan key:			
<p>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 2 on page 33 for key alignments.</p>			

(xii) 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)		
Category: Rehabilitation			
Outcome: Increased access to community based stroke rehabilitation services			
Output: Proposal outlining recommended strategies to address the need for community based stroke rehabilitation services.			
Enablers:	EOA / Quality / Workforce	Who:	Midland Stroke Network (MSN) / MSN Project Manager / Regional Director of Workforce / Midland Allied Health Stroke Group
Activities:	<ul style="list-style-type: none"> Monitor the rate of referral to community rehabilitation services. Support and facilitate the Midland Region Allied Health Stroke Group. In conjunction with the Regional Director of Workforce and the Midland Allied Health Stroke Group identify workforce development activities to position a future community rehabilitation service. 		Q1 – Q4 Q1 – Q4 Q1 – Q4
Actions:	<ul style="list-style-type: none"> Review the recent stocktake of Midland Community Rehabilitation services against the Ministry of Health minimum expectations for Community Stroke Rehabilitation Services and the National Stroke Rehabilitation Strategy. Identify strategies for Midland DHBs to implement to improve community stroke rehabilitation services (involving service managers and funders). Seek endorsement to implement the strategies. 		Q1 – Q2 Q3 – Q4 Q4
Measures/ validation:	<ul style="list-style-type: none"> 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge. 80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred with 7 days of acute admission. 		
Category: Patient Experience of Care			
Outcome: Culturally competent standards of care are provided for Māori consumers of stroke services			
Output: A regional approach to progress agreed priority areas for change and service improvement.			
Enablers:	EOA / Quality	Who:	Midland Stroke Network (MSN) / MSN Project Manager
Activities:	<ul style="list-style-type: none"> Work in collaboration with the Midland Cardiac Clinical Network and General Managers, Māori. 		
Actions:	<ul style="list-style-type: none"> Collate feedback from the June 2019 wānanga. Agree priority areas for improvement/change. Develop an approach/plan to progress the agreed improvements / change. 		Q1 Q2 Q3 – Q4
Measures/ validation:	<ul style="list-style-type: none"> Priority areas are endorsed by the Midland Stroke Network by end of Q2. Plan is developed and endorsed by the Midland Stroke Network by end of Q4. 		
Category: Stroke Prevention			
Outcome: Reduced number of strokes caused by Atrial Fibrillation			
Output: A plan identifying next steps for AF with a focus on improving Māori Health Equity.			
Enablers:	EOA / Pathways of Care	Who:	Midland Stroke Network (MSN) / MSN Project Manager

Activities:	<ul style="list-style-type: none"> Work in collaboration with the Midland Cardiac Network and the HealthPathways team identifying initiatives for the management of Atrial Fibrillation (AF). 	Q1 – Q4
Actions:	<ul style="list-style-type: none"> Approach the Midland Cardiac Network seeking agreement. Identify key stakeholders including primary care. Develop recommendations and a plan for an initiative to reduce the risk of stroke from Atrial Fibrillation. 	Q1 Q2 Q3 – Q4
Measures/validation:	Plan is endorsed by the Midland Stroke Network by end of Q4.	

Category: Thrombolysis and Stroke Clot Retrieval

Outcome: Improved access to thrombolysis and stroke clot retrieval treatment

Output: Proposal for Waikato to provide a Stroke Clot Retrieval service for the Midland region. Agreed start date for provision of out of hours telestroke service.

Enablers:	EOA / Quality / Data & Digital services	Who:	Midland Stroke Network (MSN) / MSN Project Manager
Activities:	<ul style="list-style-type: none"> Monitor thrombolysis rates for areas of non-achievement or inequities of access. Monitor admission rates of stroke patients to a stroke unit or organised stroke services for areas of non-achievement or inequities of access. 	Q1 – Q4 Q1 – Q4	
Actions:	<ul style="list-style-type: none"> Meet with Waikato DHB Chief Executive to discuss Stroke Clot Retrieval. Establish a sub group of Midland Stroke Network members to assist with developing a proposal for Waikato to deliver Midland Stroke Clot Retrieval Services. Identify and agree the proposal format. Develop the proposal. <p>Milestone Present proposal to the Midland CEs.</p> <ul style="list-style-type: none"> Meet with the Waikato Neurology service (potentially the Clinical Director and Service Manager to agree the start date for the Waikato Neurology service to provide telestroke services out of hours to Midland DHBs requiring it. Initiate discussions with the Midland Radiology Group regarding access to CT Angiogram and Perfusion 24/7. 	Q1 Q1 Q1 – Q2 Q2 – Q3 Q4 Q2 Q2	
Measures/validation:	<ul style="list-style-type: none"> 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. Stroke Clot Retrieval Proposal by end of Q3. 		

Line of Sight

- Midland DHB Annual Plans.
- National Stroke Network. A New Zealand Strategy for Endovascular Clot Retrieval.
- Ministry of Health. National Stroke Clot Retrieval Action Plan (under consultation).
- Workforce Section.

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 2** on **page 33** for key alignments.

(xiii) Trauma services (Midland Trauma System – MTS)



Recent regional achievements:

Regional Trauma Verification: Midland hospitals have undergone formal verification by the Royal Australasian College of Surgeons in the first regional program in New Zealand. This has prioritised our regional system improvement work and resulted in verification of Waikato Hospital to Level 1; -the highest level possible and a first for New Zealand. The trauma verification process involves multi-disciplinary assessment of hospital resources and performance, focussed on the quality and equity of service delivery to patients and whānau.

Integrated regional work plans and reporting: Detailed individual work-plans have been created for the trauma services in the five Midland DHBs to ensure integration of high quality services across the region. The work plans incorporate regional priorities, local DHB work and recommendations from the RACS verification reviews. This framework scheduled work ensuring all districts had the ability to participate and input into activities and enabled detailed reporting at a local and regional level. In addition, this framework enables us to learn from each other, share resources and understand how pieces of work contribute to the overall health goals of our region.

Community funded research programme: The Midland Research Trauma Centre (MTRC) has produced a number of published peer reviewed papers in the last 12 months describing patterns of trauma in our communities and revealing opportunities for system improvement and injury prevention. A recent paper on cycling injuries reviewed policy direction and cycling injury admissions to Midland Hospitals. It gained national public interest resulting in wide media exposure and a statements from the minister of Transport regarding policy direction. This type of work aligns well with the MTRC strategic plan 2019-2022 which recognises the high social, economic and medical burden of trauma to patients, their whānau, communities and the health system, and therefore focuses its attention on a systems approach to reducing trauma.

Clinical Chair:	Dr Grant Christey, Clinical Director	Project Manager:	Alaina Campbell
Lead Chief Executive	Rosemary Clement (Taranaki DHB)		
Category: Clinical care			
Outcome: Injured patients in the Midlands will receive equitable, highest quality trauma care			
Output: All Midland DHBs use consistent best practice clinical guidelines for trauma care.			
Output: Referral and reception pathways for trauma patients are improved.			
Output: The trauma patient and whānau experience is captured and used to improve services.			
Output: Trauma clinical training and education framework for Midlands is defined.			
Output: Inequities in trauma care are identified and reported.			
Enablers:	Clinical Leadership / EOA / Quality	Who:	MTS
Activities:	1. Implement revised trauma clinical guidelines.		Q1-2
	2. Equity filter is applied to all measures to better assess care.		Q1-4
	3. Advocate for the development of comprehensive trauma rehabilitation services in the Midland region.		Q1-4
	4. The Midland Trauma Research Centre (MTRC) conducts research that supports the development and monitoring of clinical care standards.		Q3
Actions:	5. Develop telehealth capability to assess and enhance patient outcomes and		Q3

	experience.	
	6. Audit and adjust current MTS pre hospital destination matrix.	Q2
	7. Prioritise and develop inter-hospital trauma referral matrices.	Q4
	8. Initiate project to determine single call notification of inter-hospital transfer of time-critical patients.	Q3
	9. Assess and streamline trauma call, resuscitation and immediate intervention processes for severely injured patients.	Q4
	10. Regionalisation of Optimal Recovery After Trauma (ORAT) programme to standardise in hospital care and discharge processes.	Q3
	11. Regional working group to define framework for regional trauma education and training programme.	Q1
	12. Explore feasibility of hosting trauma training courses in Midland.	Q2
	13. The MTRC, in collaborative research with Wintec and Auckland University, will identify patient and whānau experience with current trauma rehabilitation systems.	Q4
Measures/ validation:	<ul style="list-style-type: none"> • Patients go directly to the right facility for definitive care. – Destination matrices detail. • Reduction in mortality by exsanguination. • Reduction of time spent in ED by trauma patients. • Trauma guideline non-compliance is tracked, reviewed and reported. • Framework for regional training and education identified for staff treating trauma patients and whānau. • Patient experience is captured and used to inform trauma rehabilitation service design. 	

Category: Regional trauma system infrastructure including information systems

Outcome: Regional trauma infrastructure will enable the delivery of highest possible quality care to patients

Output: Approval of MTS Business case 2020-2025.			
Output: TQual upgrade supports regional and national reporting and collaboration with non DHB partners supporting clinical quality improvement and prevention programmes.			
Output: Trauma registry information is translated for clinical care and system improvement.			
Enablers:	<i>Clinical Leadership / EOA / Quality / Data & Digital Services</i>	Who:	<i>MTS</i>
Activities:	1. Comply and report on national targets for data collection and entry.		Q1-4
	2. Ensure integrated work-plans of each trauma service are aligned with RSP and regional objectives.		Q1
	3. Provide snapshot programme to inform stakeholders of groups at risk with a focus on ethnicity in each DHB.		Q1-4
Actions:	4. Review MTS workforce across the region to address service requirements.		Q2
	5. Prepare business for Midland DHB sign off for continuation of services. (Funding for the Midland hub services is by a pro rata arrangement with the Midland DHBs. This is due for renewal in July 2020 for a further 3-5 years.)		Q2
	6. Review registry processes (collection, entry, data quality and extraction) to maximise efficiencies and ensure consistency and high quality data.		Q1-2
	7. Upgrade registry to ensure compatibility with national and bi-national trauma datasets, i.e. ethnicity status, patient tracking.		Q3

	8. Complete stage 2 of TQual platform including direct data inputs (e.g. IPM and Costpro feeds) to support clinical quality improvement and prevention programs.	Q2
	9. Complete migration of Qlik Sense from desktop to server based version to translate trauma information for clinicians and DHBs (TQual dependent).	Q3
	10. Collaborate with Health of Older People and Child Health Action Group networks to review and reduce inequities in trauma care.	Q2
	11. Actively manage the National Major Trauma Registry including database management, training, help desk support and reporting to support the Major Trauma National Clinical Network.	Q1-4
Measures/ validation:	<ul style="list-style-type: none"> National data completion targets, e.g. 30-day targets, are met. Work plans clearly show linkages between the work of each trauma service and regional objectives and MTS strategic priorities. Regional data is verifiable and consistency and accuracy measured. Trauma data is translated to enable use by non-clinical personnel. MTS business case 2020-2025 is approved. TQUAL platform is able to merge data from many sources into new information for use. MTR data points are able to be benchmarked throughout Australasia. NZ-MTR data is available for multi-agency use. 	

Category: Injury prevention and awareness

Outcome: Regional Injury prevention is targeted for the Midland populations

<p>Output: Trauma registry information is translated into meaningful information which is accessible for use in community awareness and prevention initiatives.</p> <p>Output: Collaboration with multiple partners maximises trauma information use.</p> <p>Output: MTRC research provides an evidence base for local and regional decision making.</p> <p>Output: Inequities of incidence of Māori trauma are described.</p>			
Enablers:	Clinical Leadership / EOA / Workforce	Who:	MTS
Activities:	1. Promote injury awareness by publishing and presenting MTS information at targeted meetings and forums.		Q1-4
	2. MTRC conducts targeted research that identifies injury rates in Midland communities (e.g. ethnicity and trauma, urban and rural trauma, farm injuries, alcohol and major trauma, quad bike injuries, child injuries, pedestrians, Spinal).		Q1-4
	3. Extend the Midland Trauma Research Centre (MTRC) programme for collaboration with external research partners to maximise data use, e.g. NZTA, ACC, St John.		Q2
	4. Build networks with community safety groups, including councils, to translate trauma information to impact communities at risk.		Q1-4
Actions:	5. Interrogate registry data to identify groups at risk of injury.		Q1
	6. Participate in community events to promote information use e.g. Right Track, Moana Safe City Group, Safe Driving Expo, Critical Point high school programme.		Q1-4
	7. Actively seek external funding and partnerships to support MTRC research programme.		Q4
Measures/ validation:	<ul style="list-style-type: none"> MTS information is presented at local, regional, national and international networks and forums. MTRC produces peer reviewed publications and extends opportunities for external collaboration. MTS data and targeted research is used to inform local, regional, national decision making. 		

	<ul style="list-style-type: none"> • MTS attends consumer councils in each DHB. • Critical point programme is delivered to at least 4 Midland Schools. • External funds are accessed for trauma research. • Reduction in observed injury rates in areas targeted for regional research, collaboration and prevention.
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Category: Quality improvement

Outcome: TQIP will improve the efficiency and effectiveness of trauma care delivery in Midland

Output: Standardised loop closure process is applied to identified clinical, system and process issues.

Output: MTS data is customised for targeted quality improvement activities.

Output: Trauma key process indicators are monitored and reported across Midlands.

Enablers:	EOA / Quality / Workforce	Who:	MTS
Activities:	1. Review data utilisation with particular attention to inequity and outcome measures, audit panels and quality targets.		Q2
	2. Comply with recommendations of Royal Australasian College of Surgeons verification programme.		Q1-4
	3. Maintain or improve trauma verification levels across Midland hospitals.		Q3
	4. Explore options to improve patient follow up and experience utilising tele health.		Q3
Actions:	5. Develop clinical Issues log in each DHB with loop closure process.		Q1
	6. Develop compliance monitoring framework for trauma guidelines.		Q3
	7. Implement binational process indicator reporting.		Q3
	8. Develop process indicators to monitor and improve sub optimal parts of our trauma system.		Q4
	9. Integrate clinical complication data into Tqual platform (Tqual dependent).		Q4
	10. Develop application for study project grant to investigate long-term outcomes and inequities following trauma discharge.		Q2
	11. Deliver MTS trauma annual symposium.		Q4
Measures/ validation:	<ul style="list-style-type: none"> • Equity filter is applied to all measures to better assess care. • Waikato hospital maintains level 1 trauma centre verification capability. • All RACs verifications recommendations have been addressed or have an action plan around them. • Benchmarks for process indicators are reported and addressed. • Clinical issues logs for trauma are active in all Midland DHBs. • HRC long-term outcome funding application is submitted. • Complication data is available and measurable in Tqual. • Regional Trauma symposium delivered. 		

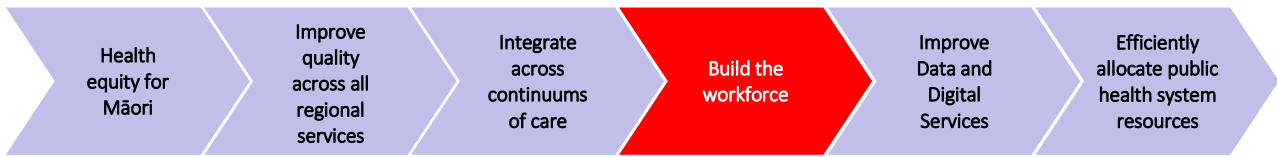
Line of Sight

- Midland DHB Annual Plans, section 2 – delivering on priorities and targets.
- Major Trauma National Clinical Network Strategic Plan.

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 2** on **page 33** for key alignments.

2.4 Build the workforce (Enabler: Workforce)



The Regional Services Plan (RSP) provides the opportunity for the Midland District Health Boards to take a collective approach to collaborating on delivering workforce priorities and activities.

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 using workforce to enhance service delivery capability and supporting equity enhancing initiatives. Strong use of data and intelligence underpins any targeted activities within the region.

Previous years have focused primarily within DHBs with some collaboration with the primary sector and the mental health and addiction NGO sector. This plan consolidates and expands on previous initiatives. It provides regional support to DHBs with regional initiatives where these add value.

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.

Between 2013/14 and 2037/38 the Midland region population is projected to increase by 200,000, with Māori contributing to 49.0% (97,900) of this increase; Asian - 42.3% (84,680), Pacific - 7.4% (14,850), and Other - 1.3% (2,570).

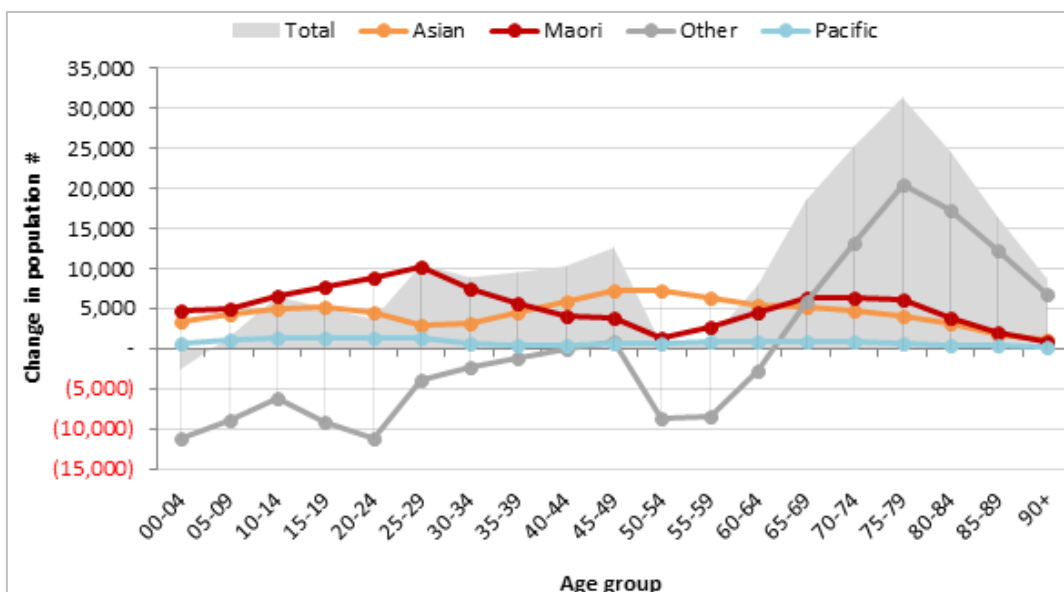


Figure 8: Change in population numbers from 2013/14 to 2037/38 by age group and ethnicity

Regional Objective 4 – Build the workforce

From a percentage of change perspective, as shown in the graph below, Asian have the highest percentage of change between 2013/14 and 2037/38, followed by Pacific, then Māori, then Other.

Note: Pacific shows no change in population at 90+ years as a nil figure was recorded for this age group in 2013/14. The latest population projections estimate 155 Pacific people aged 90+ years in 2037/38.

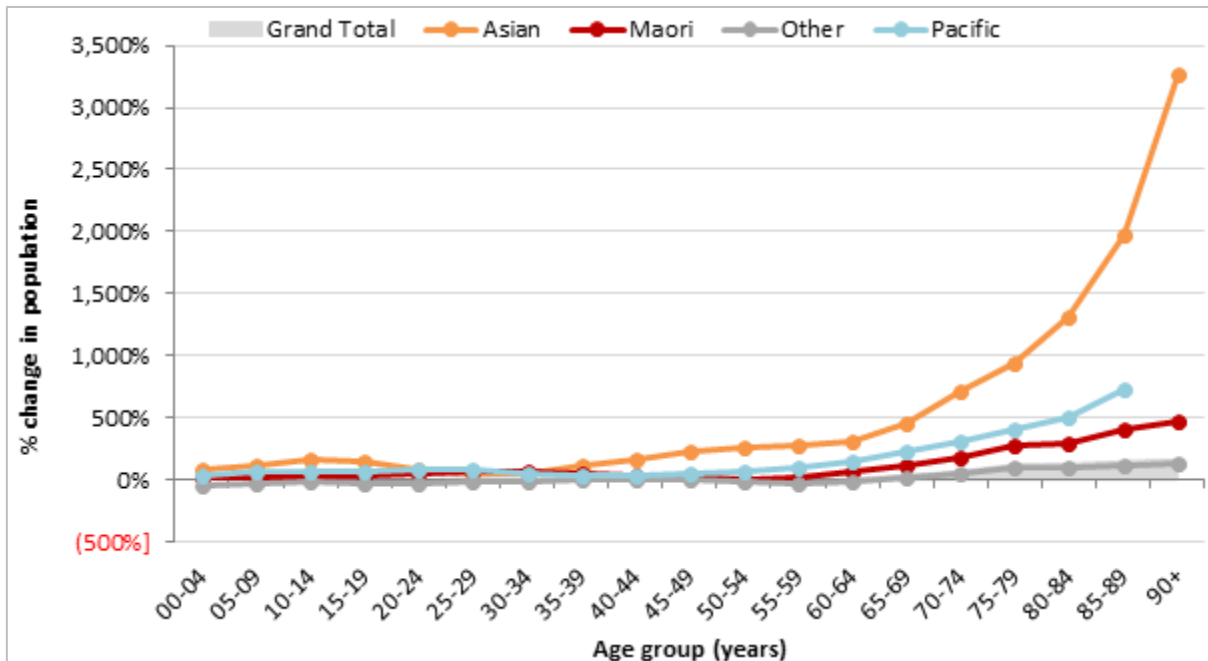


Figure 9: Percentage of change in population numbers from 2013/14 to 2037/38 by age group and ethnicity

Source: MOH, Statistics NZ projected populations (published Dec 2018)

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 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 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.

2.4.1 Workforce priorities for 2019/20

Lead:	Ruth Ross – Regional Director of Workforce Development		
Category:			
Outcome: Increased workforce diversity and improved skills to identify regional equity priorities			
Output: Regional workforce diversity programmes and collaboration.			
Enablers:	EOA	Who:	HealthShare / Kia Ora Hauora / DHB
Activities:	<p>Work regionally and in collaboration with DHBs, Health Workforce, and TAS to support DHB workforce priorities by:</p> <ul style="list-style-type: none"> Supporting regional workforce development collaboration. Providing increased access to workforce data and intelligence. Supporting provision of training and development across occupational groups. Supporting DHBs, as required, to form alliances with training institutions. Supporting regional Kia Ora Hauora (KOH) programme to increase DHBs knowledge about KOH candidates pathway. Building cultural competence across the whole workforce. 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. Supporting Midland DHBs with regional activities as required to improve health literacy. 		Q1
Actions:	<ul style="list-style-type: none"> Facilitating forums and activities that enable regional collaboration. Providing access to GMs HR (pilot with Tairāwhiti DHB) to visualisation tool. Supporting and advising local tertiary education providers, and relevant ITOs. Facilitating discussions between KOH programme lead and DHBs with a view to assisting them to share relevant information. Supporting activities to build cultural competence (see HR processes item below). Liaising with DHBs about activities they are initiating to improve health literacy. 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. 		Q2-Q4
Measures/validation:	<ul style="list-style-type: none"> DHBs increased Māori participation and retention in the health workforce, ensuring that Māori have equitable access to training opportunities as others. DHBs have increased access to workforce data. 		
Financial, clinical and service sustainability (rationale and intervention logic)	<p>Facilitation of forums and supporting regional collaboration will reduce duplication of resources, provide scale for smaller DHBs to increase affordability (financial, sustainability).</p> <p>Providing access to the HealthShare workforce and demand data visualisations for GMs HR will enable them to see workforce trends, access information about vacancies, access exiting survey data etc. The point of this is to increase DHB internal capability and to support workforce planning. (sustainability).</p> <p>Supporting and advising local tertiary education providers and relevant ITOs is about influencing the health and disability workforce pipeline (service sustainability).</p> <p>Supporting KOH programme and DHBs is directly about increasing the number of Māori in the health pipeline and supporting placement of KOH candidates within DHBs (or other health providers) (sustainability).</p> <p>Supporting activities to build cultural competence directly impact on efficacy of service provision</p>		

Regional Objective 4 – Build the workforce

	(clinical, sustainability). Liaising with DHBs regarding providing regional support for health literacy activities is about using scale to reduce cost for individual DHB (financial). Utilising equity data set to inform workforce distribution, combined with increasing GMs HR access to data visualisations will allow DHBs to target the workforce to areas of high need (sustainability).
Output: DHBs HR processes appropriate to increase Māori health workforce.	
Enablers:	EOA Who: <i>HealthShare / GMs Māori Health / GMs HR</i>
Activities:	<ul style="list-style-type: none"> Equity component of HR processes: establishing a process to ensure that all HR / OD policies, processes, and practices across the HR lifecycle align with health equity aspirations in meaningful and real ways.
Actions:	<p>Actions include but are not limited to:</p> <ul style="list-style-type: none"> Training for HR practitioners; understanding racism and unconscious bias, amending job advertising messaging, interviews, reference checks etc to remove subliminal bias and incorporate an appreciation of Māori tikanga (practice); providing follow up coaching; email formats (opening and closing in te reo); making sure that all training has tikanga woven through; use of karakia; sharing cultural specific role descriptions, etc. Undertake review of Māori health workforce data.
Measures/ validation:	DHB HR processes meet requirements for cultural competence.
Financial, clinical and service sustainability	The establishment of a process will allow DHBs to more readily attract and retain the Māori health workforce (sustainability).
Output: Increase numbers of Māori in the DHB workforce.	
Enablers:	EOA Who: <i>HealthShare / GMs Māori Health / GMs HR</i>
Activities:	<ul style="list-style-type: none"> Identify priority professions and settings for the Māori health workforce in Midlands. Provide regional support for DHBs implementing targets.
Actions:	<ul style="list-style-type: none"> Commission report. Support DHBs to implement CE agreed targets as requested.
Measures/ validation:	Report which meets quality requirements delivered. Support provided to DHBs are requested.
Financial, clinical and service sustainability	Identifying where to target scarce specialised equity enhancing resources and then supporting DHBs to meet their targets will enhance clinical outcomes and increase sustainability.

Category: Support for priority pathways in regional workplans

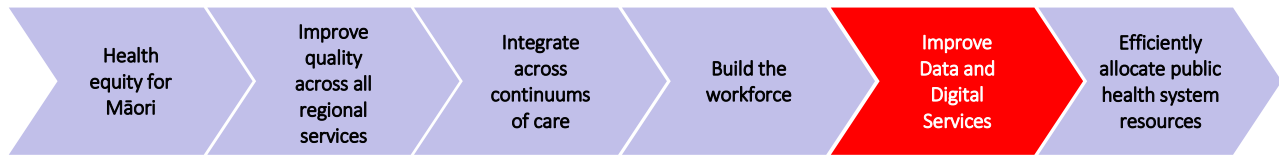
The table below shows a list from service workplans for all Outputs that include 'Workforce' as an enabler (Refer to work plans – in *Section (Objective) 3 – for further details (Actions and Activities, Dates, Enablers, Who, Measures/validation of outcome).*

Outcome	Output
Cancer services	Midland Cancer Network
Implementation of improved palliative care services	Midland palliative care community health pathways completed.
	Lakes DHB Palliative Care Strategy Plan review and update completed.
	Midland Palliative Care Service Development Plan review and update completed.
	Midland Specialist Palliative Care Workforce Plan 2018-2025 (2019) commence implementation (within available resources)
Improved bowel screening outcomes for Māori	National lead for the Māori bowel screening network, share learnings
Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways	Midland HQSC cancer patient co-design training and service improvement project initiative delivered
	Support Cancer Societies and DHBs delivery of Kia Ora E te Iwi community health literacy programmes
	Midland Community Health Pathways for prostate cancer
	Midland Medical Oncology Service Plan developed
	Midland Radiation Oncology Service Plan developed
	Midland Cancer Strategy Plan review commenced
	HWNZ 3 year Midland PETS (prevention, early detection, treatment, support services) Cancer Health Literacy programme for Kaimahi Māori/ Whānau Ora Navigators project year 1 requirements (to be confirmed).
National bowel screening programme implemented	Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.
	Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.
	Midland colonoscopy/colorectal cancer workforce project
	Midland ProVation training
	Participate in NBSP BSRC review.
Cardiac services	Midland Cardiac Clinical Network
More timely and appropriate access to services	A strategy for increasing Cath lab capacity will be agreed
Develop Cardiac Physiologist workforce	Contribute to a national Strategic Cardiac Physiologist workforce plan
Mental Health & Addiction	Regional Mental Health & Addiction Network
Health equity for Māori in mental health outcomes	Implementation of Māori mental health equity strategies
Health outcomes based on implementing recommendations from He Ara Oranga	Support local DHB implementation of He Ara Oranga: Pathways to Wellness
Improved addiction service capacity and capability for implementation of substance abuse legislation	Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured
Improved care for people with eating disorders	Midland eating disorders model of care
Mental health workforce is supported through regionally led initiatives	Implementation of workforce initiatives
The successful implementation of modern clinical workstations across the Midland region	Inclusion of MH&A within Midland Clinical Portal
Planned Care	Midland COO Group
Improved access, and consistency of access, to Age-Related Macular Degeneration (AMD) and Glaucoma pathways	Regional implementation of actions identified in the national guidelines for AMD and glaucoma

Regional Objective 4 – Build the workforce

Improve the regional delivery of vascular services with a focus on equity of access for regional DHBs	Regional Business Cases are developed for the implementation of the vascular pathways of care and work force opportunities. Terms of reference is developed and endorsed for MDMs
Quality	Midland Quality Group
Consistent, collaborative quality improvement	Regional quality improvement of service delivery
	Improvements in surveillance and response systems and practices including DATIX incidents, complaints and Risk Register
Stroke Services	Midland Stroke Network
Increased access to community based stroke rehabilitation services	Proposal outlining recommended strategies to address the need for community based stroke rehabilitation services
Trauma Services	
Midland Trauma System	
Injured patients in the Midlands will receive equitable, highest quality trauma care	Trauma clinical training and education framework for Midlands is defined
Regional trauma infrastructure will enable the delivery of highest possible quality care to patients	Approval of MTS Business case 2020-2025 <i>(funding for the Midland hub services is by a pro rata arrangement with the Midland DHBs. This is due for renewal in July 2020 for a further 3-5 years)</i>
TQIP will improve the efficiency and effectiveness of trauma care delivery in Midland	Standardised loop closure process is applied to identified clinical, system and process issues

2.5 Improve Data and Digital Services (Enabler: Data & 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 Strategy¹⁰

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.

Figure 10, over the page, is a schema of the draft Digital Health Strategy components.

The 2019-22 Regional Plan reflects the New Zealand Health Strategy’s direction, which has set a goal of a people-powered, smart health system by 2025.

The plan also demonstrates regional commitment by Midland DHBs to work as a region to develop and run efficient service models to achieve effective, efficient and sustainable services and deliver a work programme that provides regional insights improvements to deliver against national requirements.

The plan indicates initiatives to be undertaken in the coming year, however this is contingent on financial ability across the region to fund the initiatives.

Health Information Standards and Architecture¹¹

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 2019/20, 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, such as Digital Identity, Connected Health and Interoperability.

¹⁰ <http://www.health.govt.nz/publication/new-zealand-health-strategy-2016>

¹¹ <http://healthitboard.health.govt.nz/health-it-groups/health-information-standards-organisation-hiso>

Regional Objective 5 – Improve Data and Digital Services

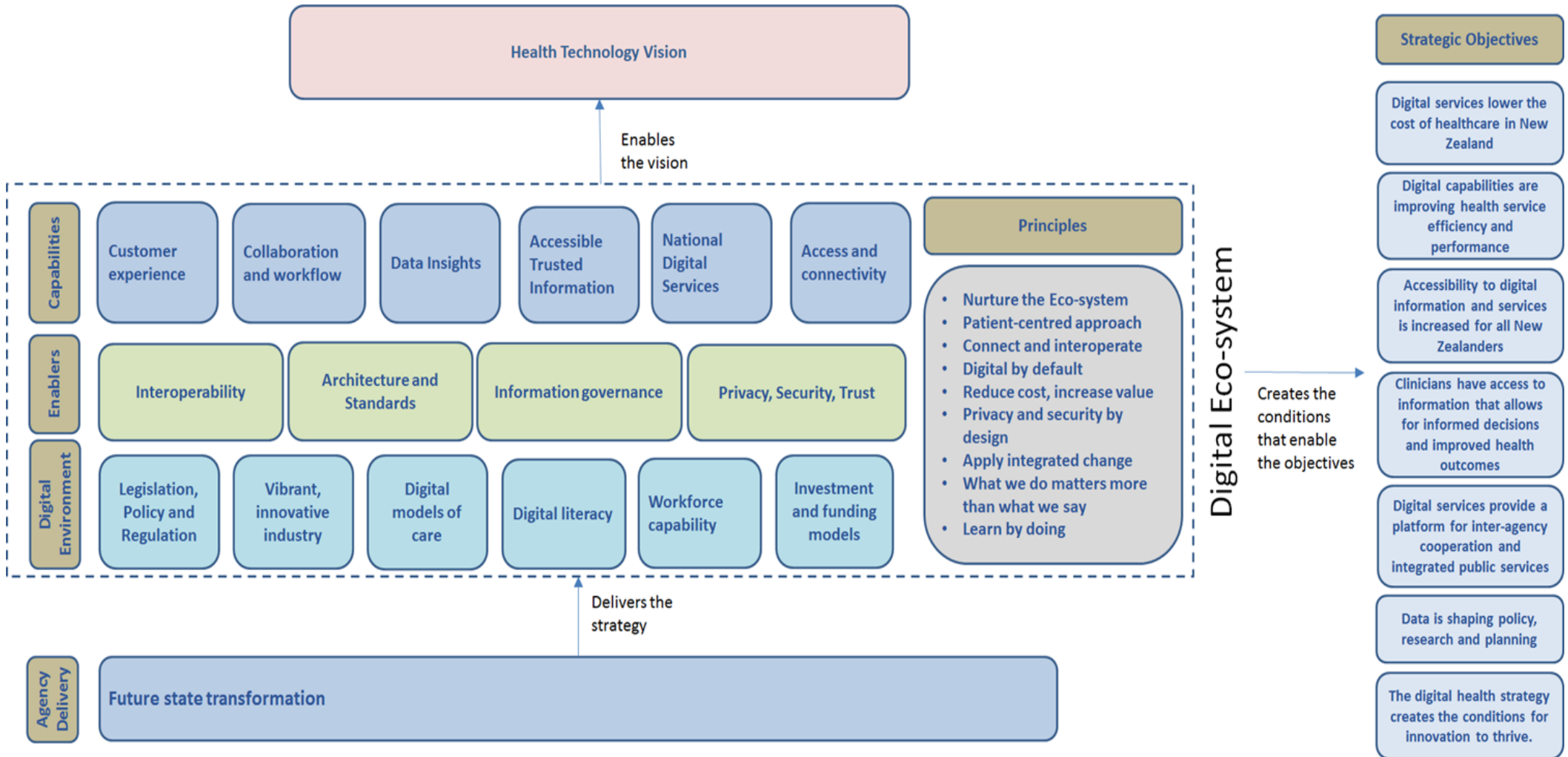


Figure 10: Digital Health Strategy Components (MoH)

Technology and digital services priorities 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: Steven Parrish (interim)

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

Regional Objective 5 – Improve Data and Digital Services

eSPACE Transition Releases Roadmap

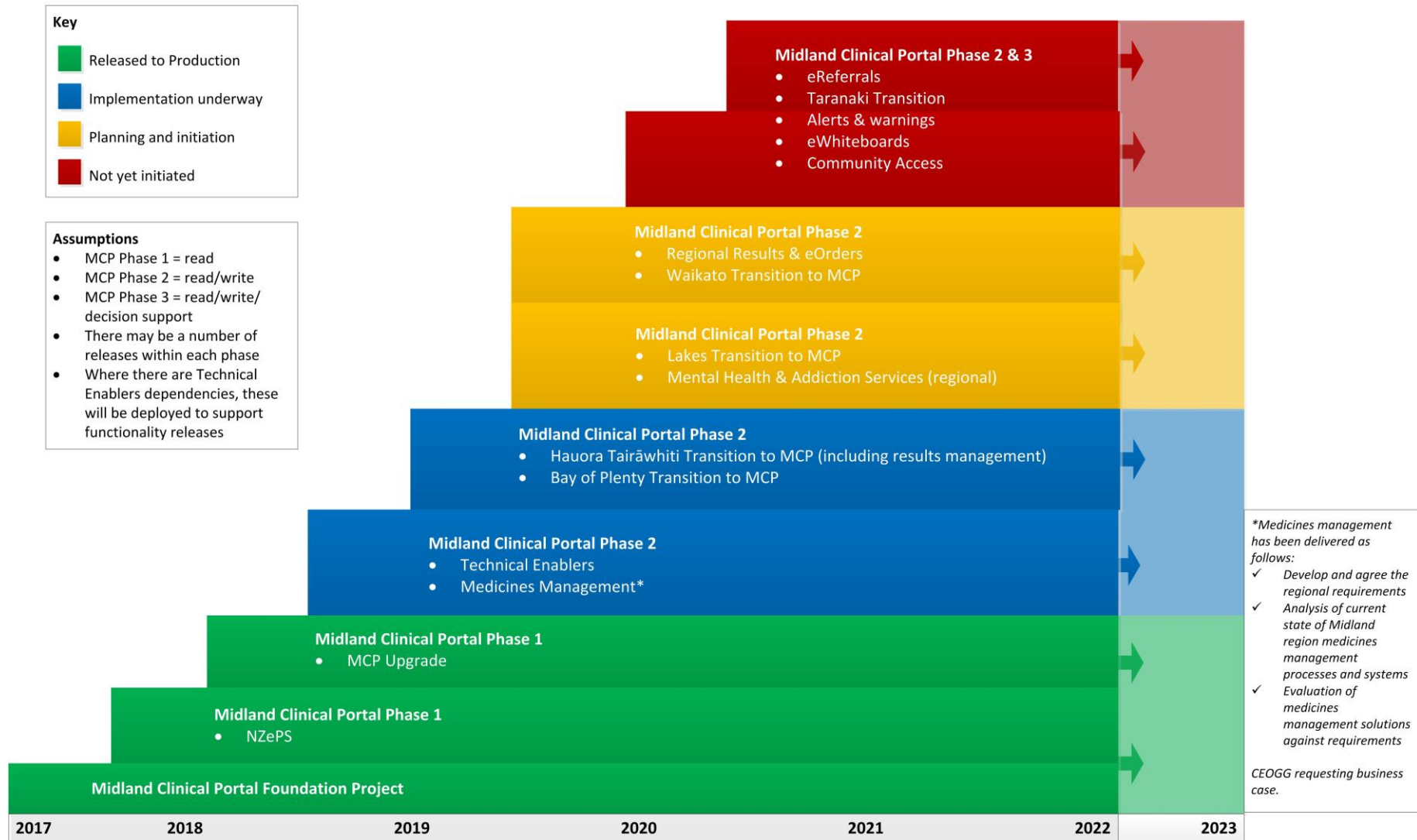


Figure 11: eSPACE Transition Releases Roadmap

Regional Objective 5 – Improve Data and Digital Services

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 all Midland DHBs under considerable and increasing financial pressure.
- The volume of competing demand for local, regional and national ICT delivery that 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 ICT funding decisions required to support local, regional and national priorities.

Outcome: Improved patient outcomes through implementation of national strategies and initiatives for digital health			
Output: IT Security maturity enhancement.			
Enablers:		Who:	<i>All DHBs</i>
Activities:	<ul style="list-style-type: none"> • Collaborating with the Ministry and across wider sector to drive increased ICT Security maturity. 		
Actions:	<ul style="list-style-type: none"> • Constructively engage with the Ministry and other health sector members in the establishment of projected programme of IT Security maturity activities. 		Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> • The successful introduction, and implementation, of a suite of sector-wide IT Security maturity initiatives. 		
Output: National Digital Services.			
Enablers:		Who:	<i>All DHBs</i>
Activities:	<ul style="list-style-type: none"> • Engagement when required for national services led by the Ministry. 		
Actions:	<ul style="list-style-type: none"> • Commit to considering regional and national implementations where possible and consider All of Government initiatives for Cloud based solutions and “as a Service” offerings as first options. • Adoption and operation of national digital services when they become available • Enhancement of national digital services. • Commit to future proofing all ICT investments by implementing standards based integrated systems consistent with the directions of the Ministry of Health Technical Working Groups. • Submit quarterly reports of the regional ICT Investment Portfolio to Data and Digital to support decision making and to maximise the value of sector ICT investment. 		Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> • Business cases consider cloud based solutions and “as a Service” offerings. • Implementations adhere to national and regional standards. • Continue involvement in Ministry standards – Connected Health, Interoperability, Identity Access. • Quarterly Midland Portfolio reporting to Ministry of Health, Data and Digital Team. 		

Regional Objective 5 – Improve Data and Digital Services

Output: Digital Hospital.			
Enablers:		Who:	All DHBs
Activities:	<ul style="list-style-type: none"> 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). Implementation of Disaster Recovery Site for services running from the Midland Regional Platform. Work with Midland Cancer Network to implement a Midland cancer pathways and MDM Management Solution. Continue to implement Midland Clinical Portal across the Midland region. 		
Actions	1	<ul style="list-style-type: none"> Review previous gap analysis undertaken. Investigate the feasibility and develop an agreed approach to deliver electronic nursing notes. 	Q1-Q4
	2	<ul style="list-style-type: none"> Implementation of Disaster Recovery site. 	Q1-Q4
	3	<ul style="list-style-type: none"> Implementation of Midland Cancer Network MDM and pathways (into MCP) to support lung and colorectal pathways of care. 	Q1-Q4
	4	eSPACE: Medications Management Discovery Workstream. <ul style="list-style-type: none"> Develop business case for Midland medicines solution 	Q1-Q4
	5	eSPACE: Regional Results Workstream (EMRAM 3 & 4): <ul style="list-style-type: none"> Integrate radiology and laboratory results from Hauora Tairāwhiti. Provide visibility to Midland Clinical Portal authorised end users to “read” Tairāwhiti Radiology and Laboratory results Provide capability to manage/acknowledge Hauora Tairāwhiti Radiology / Laboratory results using the Orion results repository. 	Q1-Q4
Measures/ validation:	1	<ul style="list-style-type: none"> Agreed approach identified. 	
	2	<ul style="list-style-type: none"> Disaster Recovery site enabled as per business case scope. 	
	3	<ul style="list-style-type: none"> Electronic colorectal and lung cancer pathway and MDM tool in use across the Midland region. Staging information is being captured. Data collected is able to be utilised for research studies. 	
	4	<ul style="list-style-type: none"> Business case is completed and submitted to CEOGG 	
	5	<ul style="list-style-type: none"> Proof of Concept results environment developed Acceptance of the Orion results Proof of Concept from the eSPACE Clinical Authority eOrdering project initiated Regional Results Management and eOrdering project initiated 	
Outcome: Shared Clinical Information			
Output: Creation of an integrated view of Radiology and Cardiology Imaging and results.			
Enablers:		Who:	All DHBs
Activities:	<ul style="list-style-type: none"> Further development of the regional PACS/RIS solution. Inclusion of Cardiology into regional PACS/RIS solution. 		Q1-Q4
Actions:	<ul style="list-style-type: none"> Undertake feasibility study to incorporate cardiology into regional solution completed. 		Q1-Q4

Regional Objective 5 – Improve Data and Digital Services

	<ul style="list-style-type: none"> Explore additional functionality within solution. Business Case developed for inclusion of Cardiology into Regional PACS/RIS Solution (if applicable). 	
Measures/ validation:	<ul style="list-style-type: none"> Feasibility Study completed. Business Case approved (if applicable). 	
Output: Working with the Midland United Regional Integration Leadership (MURIAL) group and other primary and community partners to create an integrated view of patient information.		
Enablers:		Who: All DHBs
Activities:	<ul style="list-style-type: none"> 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. 	Q1-Q4
Actions:	<ul style="list-style-type: none"> Any identified opportunities are progressed to business case stage. 	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Business case(s) approved where applicable. 	
Output: Creation of an integrated view of patient information.		
Enablers:		Who: All DHBs
Activities:	<ul style="list-style-type: none"> eSPACE: Development and implementation of Community Access into Midland Clinical Portal. 	Q1-Q4
Actions:	<ul style="list-style-type: none"> Any identified opportunities are progressed to business case stage. 	Q1-Q4
	<ul style="list-style-type: none"> eSPACE: Development of Community Access business case. eSPACE: Implementation of Community Access solution (subject to business case approval). 	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Business case(s) approved where applicable. eSPACE: Community Access implemented. 	
Output: 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.		
Enablers:		Who: All DHBs
Activities:	<ul style="list-style-type: none"> Continue to implement Midland Clinical Portal across the Midland region. 	
Actions:	1 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 Hauora Tairāwhiti to send documents to the Midland Clinical Portal CDV Tree. MCPFP Enhanced functionality implemented. 	Q1-Q4
	2 eSPACE Transition Workstream: <ul style="list-style-type: none"> Phased implementation of regional clinical portal functionality to replace transition off legacy systems. 	Q1-Q4
Measures/ validation:	1 <ul style="list-style-type: none"> Visibility of NZePS to authorised MCP end users. MCPFP 2 project closed. Hauora Tairāwhiti to send documents to the Midland Clinical Portal CDV Tree. MCPFP Enhanced functionality implemented in patient context. MCPFP Enhanced functionality project closed. 	

Regional Objective 5 – Improve Data and Digital Services

		<ul style="list-style-type: none"> Acceptance of the Midland Clinical Portal integrated to Starship Proof of Concept by the eSPACE Clinical Authority.
	2	<ul style="list-style-type: none"> Business Case approved. Hauora Tairāwhiti transitioned from Healthviews to MCP – scheduled April 2020. Bay of Plenty DHB partially transitioned from CHIP to MCP – scheduled September 2020. Clinical acceptance of enhanced functionality to support the MCP foundation and allow clinicians to search within the Midland Clinical Portal.
Output: Midland Data and Analytics Platform.		
Enablers:		Who: All DHBs
Activities:	<ul style="list-style-type: none"> Further building and development of Midland Analytics Platform – Platform established. 	
Actions:	<ul style="list-style-type: none"> Subject to business case approval, implement solution. Ensure data governance is effective. Data sharing arrangements developed. 	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Business Case approved. Data governance and data sharing agreements in place. Platform established. 	
Output: Agreed common practices across the region to data management and standards aligning with national direction where available.		
Enablers:	EOA	Who: All DHBs
Activities:	<ul style="list-style-type: none"> Development of data governance workplan (via Midland Data Governance Group). 	
Actions:	<ul style="list-style-type: none"> Progression of workplan as agreed. <p><i>Note: This initiative also improves Equitable Outcomes Actions (EOA) by ensuring data and information is stored correctly to then be able to analyse information for equitable outcome actions..</i></p>	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Workplan is agreed. Objectives/outcomes are delivered as agreed. 	
Output: Implementation of regional DMZ infrastructure to ensure secure access to regional systems from external sources.		
Enablers:		Who: All DHBs
Activities:	<ul style="list-style-type: none"> Implementation of infrastructure and services to enable community access to Midland Clinical Portal. 	
Actions:	<ul style="list-style-type: none"> Implement solution as designed. 	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Infrastructure and services are enabled to allow community access. 	
Output: Enhanced integration and interoperability of data/information flows.		
Enablers:		
Activities:	<ul style="list-style-type: none"> Further building and development of Midland Health Integration Platform (MHIP) (incorporating ESB aspects from Waikato DHB business case) – Integration services wider than Rhapsody established. 	
Actions:	<ul style="list-style-type: none"> Implement solution as designed. 	Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Business case approved. 	

Regional Objective 5 – Improve Data and Digital Services

validation:	<ul style="list-style-type: none"> Data flows are enhanced across the Midland region (and nationally where applicable). 		
Output: Medicines Management Digital Services.			
Enablers:		Who:	All DHBs
Activities:	<ul style="list-style-type: none"> Engagement in national programme led by Ministry, with DHB governance and co-design. 		
Actions:	<ul style="list-style-type: none"> All regions to action their approved medicines management strategic plans. Achieve national consistency through the adoption of HISO standards for medicines management. Focus on appropriate prescribing, including using existing pharmaceutical data (eg, epharms, NZePS) for the betterment of the person/patient. <i>Refer also to above Digital Hospital priority, eSPACE Medications Management Discovery Workstream.</i> 		Q1-Q4
Measures/ validation:	<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. 		
Outcome: Enhanced delivery of regional services			
Output: Regional Service Delivery Model reviewed.			
Enablers:		Who:	All DHBs
Activities:	<ul style="list-style-type: none"> Review of regionally delivered services support model and implementation. 		
Actions:	<ul style="list-style-type: none"> Engage with suitable parties to review regional services delivery model. Implement agreed outcomes of review. 		Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Recommendation approved. Service delivery model changes implemented (if applicable). 		
Outcome: Patients are seen Closer to Home			
Output: Development and utilisation of Virtual Care technologies and practices.			
Enablers:	EOA	Who:	All DHBs
Activities:	<ul style="list-style-type: none"> Work with clinical services and specialties to build awareness and use of Telehealth across the Midland region. 		
Actions:	<ul style="list-style-type: none"> Continue to progress the Midland Telehealth Work Plan. <i>Note: This initiative also improves Equitable Outcomes Actions (EOA).</i> 		Q1-Q4
Measures/ validation:	<ul style="list-style-type: none"> Progress against Telehealth work plan timelines. 		

Regional Objective 5 – Improve Data and Digital Services

Category: Support for priority pathways in regional workplans

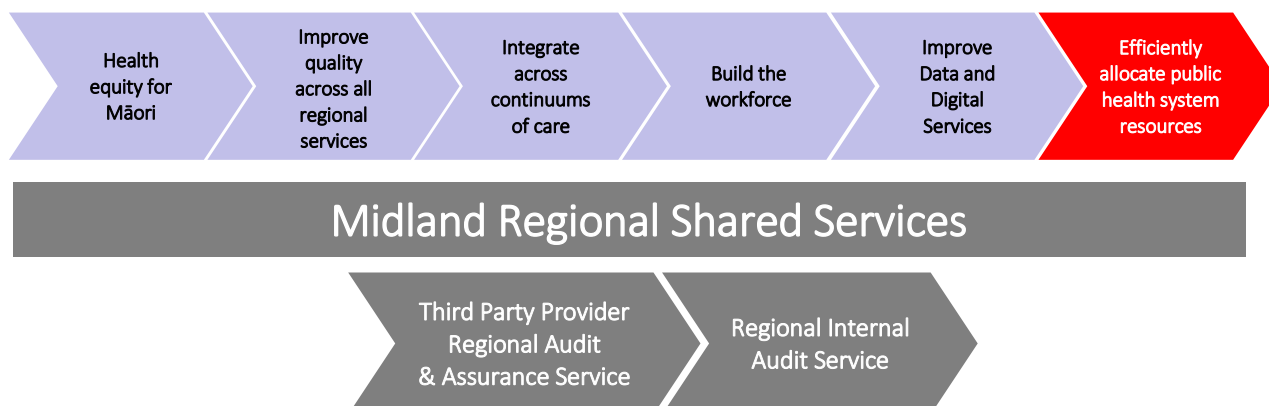
The table below shows a list from service workplans for all Outputs that include 'Data & Digital Services' as an enabler (Refer to work plans – in Section (Objective) 3 – for further details (Actions and Activities, Dates, Enablers, Who, Measures/validation of outcome).

Outcome	Output
Cancer services	
Midland Cancer Network	
Implementation of improved palliative care services	Lakes DHB Palliative Care Strategy Plan review and update completed. Midland Palliative Care Service Development Plan review and update completed.
Implementation of the national lung cancer work programme	National lung cancer quality performance indicators developed.
Equity of access, timely diagnosis and evidence based best practice treatment for all patients on the Faster Cancer Treatment (FCT) pathways	Quarterly FCT reports demonstrating equity of access and timely cancer diagnosis and treatment services
	Midland lung and colorectal cancer clinical pathway and MDM management system developed and implemented
	Midland Community Health Pathway for prostate cancer
	Midland Medical Oncology Service Plan developed
	Midland Radiation Oncology Service Plan developed
	Midland Māori Cancer Equity dashboard developed
	Midland Cancer Strategy Plan review commenced
	Midland lung cancer service review and regional improvement plan
Improved colonoscopy and colorectal cancer services	Bay of Plenty, Waikato and Taranaki DHB colonoscopy/colorectal cancer service improvement projects completed January 2020 and demonstrate readiness to start planning for NBSP.
	Midland DHBs develop a bowel cancer quality improvement plan.
National bowel screening programme implemented	Hauora Tairāwhiti NBSP phase 2 readiness assessment achieved.
	Bay of Plenty, Taranaki and Waikato DHB NBSP phase 1 Ministry business case information completed.
	Transition Lakes DHB from BSP to NSS (timeframe to be confirmed)
	Support Midland DHBs with ProVation version updates as required
Cardiac services	
Midland Cardiac Clinical Network	
Midland Cardiovascular services will be delivered according to best-practice guidelines	Develop a plan which identifies next steps for AF and HF with a focus on improving Māori health equity
Mental Health & Addiction	
Regional Mental Health & Addiction Network	
Health outcomes based on implementing recommendations from He Ara Oranga	Support local DHB implementation of He Ara Oranga: Pathways to Wellness
Improved addiction service capacity and capability for implementation of substance abuse legislation	Implementation of the Addiction pathways, and Midland Addiction Model of Care if funding secured
Improved care for people with eating disorders	Midland eating disorders model of care
Mental health workforce is supported through regionally led initiatives	Implementation of workforce initiatives
The successful implementation of modern clinical workstations across the Midland region	Inclusion of MH&A within Midland Clinical Portal

Regional Objective 5 – Improve Data and Digital Services

Pathways	
Regional Pathways of Care Governance Group	
Strong, integrated regional pathways of care increase the prompt, identification, referral and treatment of health conditions	eTriage implemented in the Midland region
	Strengthen Pathways of Care Programme through clinical champions and resourcing.
Quality	
Midland Quality Group	
Consistent, collaborative quality improvement	Improvements in surveillance and response systems and practices including DATIX incidents, complaints and Risk Register
Stroke Services	
Midland Stroke Network	
Improved access to thrombolysis and stroke clot retrieval treatment	Agreed start date for provision of out of hours telestroke service
Trauma Services	
Midland Trauma System	
Injured patients in the Midlands will receive equitable, highest quality trauma care	Referral and reception pathways for trauma patients are improved
	The trauma patient and whānau experience is captured and used to improve services
	Trauma clinical training and education framework for Midlands is defined
	Inequities in trauma care are identified and reported
Regional Injury prevention is targeted for the Midland populations	Trauma registry information is translated into meaningful information which is accessible for use in community awareness and prevention initiatives
	MTRC research provides an evidence base for local and regional decision making
Regional trauma infrastructure will enable the delivery of highest possible quality care to patients	Approval of MTS Business case 2020-2025 <i>(funding for the Midland hub services is by a pro rata arrangement with the Midland DHBs. This is due for renewal in July 2020 for a further 3-5 years)</i>
	TQUAL supports regional and national reporting and collaboration with non DHB partners supporting clinical quality improvement and prevention programmes
	Trauma registry information is translated for clinical care and system improvement
TQIP will improve the efficiency and effectiveness of trauma care delivery in Midland	Data utilisation is efficient and used for targeted quality improvement initiatives
	Monitoring of key process indicators occur across Midlands
	Standardised loop closure process is applied to identified clinical, system and process issues

2.6 Efficiently allocate public health system resources



(xiv) Third Party Provider Audit & Assurance Service

HealthShare 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 Midland DHB Planning & Funding teams 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. HealthShare works collaboratively with government departments eg. Min. of Social Development, to align auditing standards, where possible. The benefit of this is to reduce the auditing burden on Providers. The audit and assurance activity encompasses contracted funding and service agreements for:

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

HealthShare 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.

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).	Completion of scheduled work plan completed	HealthShare Audit & Assurance
<ul style="list-style-type: none"> • Support Midland DHBs Planning & Funding by completing agreed audit work plan. • Provide audit related risk assurance to funding DHBs Planning & Funding, as requested. 	Q2/Q4 100% response to requests Q2/Q4	HealthShare Audit & Assurance

Regional Objective 6 – Efficiently allocate public health system resources

(xv) Regional Internal Audit Service (Lakes, Hauora Tairāwhiti, Taranaki, Waikato)

The general purpose of the HealthShare 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, | • operational /clinical effectiveness, |
| • corporate and social responsibility, | • project risk, |
| • ethics and business conduct, | • quality and performance improvement, |
| • fraud, | • security and technology. |
| • information technology effectiveness, | |

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

Lead: Ian Cowley, Regional Internal Audit Manager

Activities against DHB internal audit plans	Milestone/Date	Responsibility
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: <ul style="list-style-type: none"> • Lakes DHB, • Hauora Tairāwhiti, • Taranaki DHB, • Waikato DHB. 	Q1-Q4	Regional Internal Audit Manager, HealthShare

3. Addendum to Regional Services Plan

3.1 Regional collaboration

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).

Examples of regional collaboration in the Midland region include the following groups:

- Midland District Health Boards – cross-appointed board members.
- Midland United Regional Integration Alliance Leadership Team.
- Midland DHBs' regional groups.
- HealthShare Limited.
- Third Party Provider Audit & Assurance Service.
- Regional Internal Audit Service (Lakes, Tairāwhiti, Taranaki, Waikato).

3.1.1 Regional governance

The Midland region is defined by the boundaries of five District Health Boards (DHBs) - Bay of Plenty, Lakes, Hauora 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 signalled 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.

(xvi) 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).

Regional Objective 6 – Efficiently allocate public health system resources

Figure 12 (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 Rōpu Hauora o Te Arawa and Ngāti Tuwharetoa.
 - Hauora Tairāwhiti – Te Waiora o Nukutaimemeha.
 - Taranaki – Te Whare Pūnanga Kōrero Trust.
 - Waikato – Iwi Māori Council.

The partnership relationship between the MRGG and the MIRB provides a practical expression of Te 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.

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 from [page 101](#) of this section, 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.

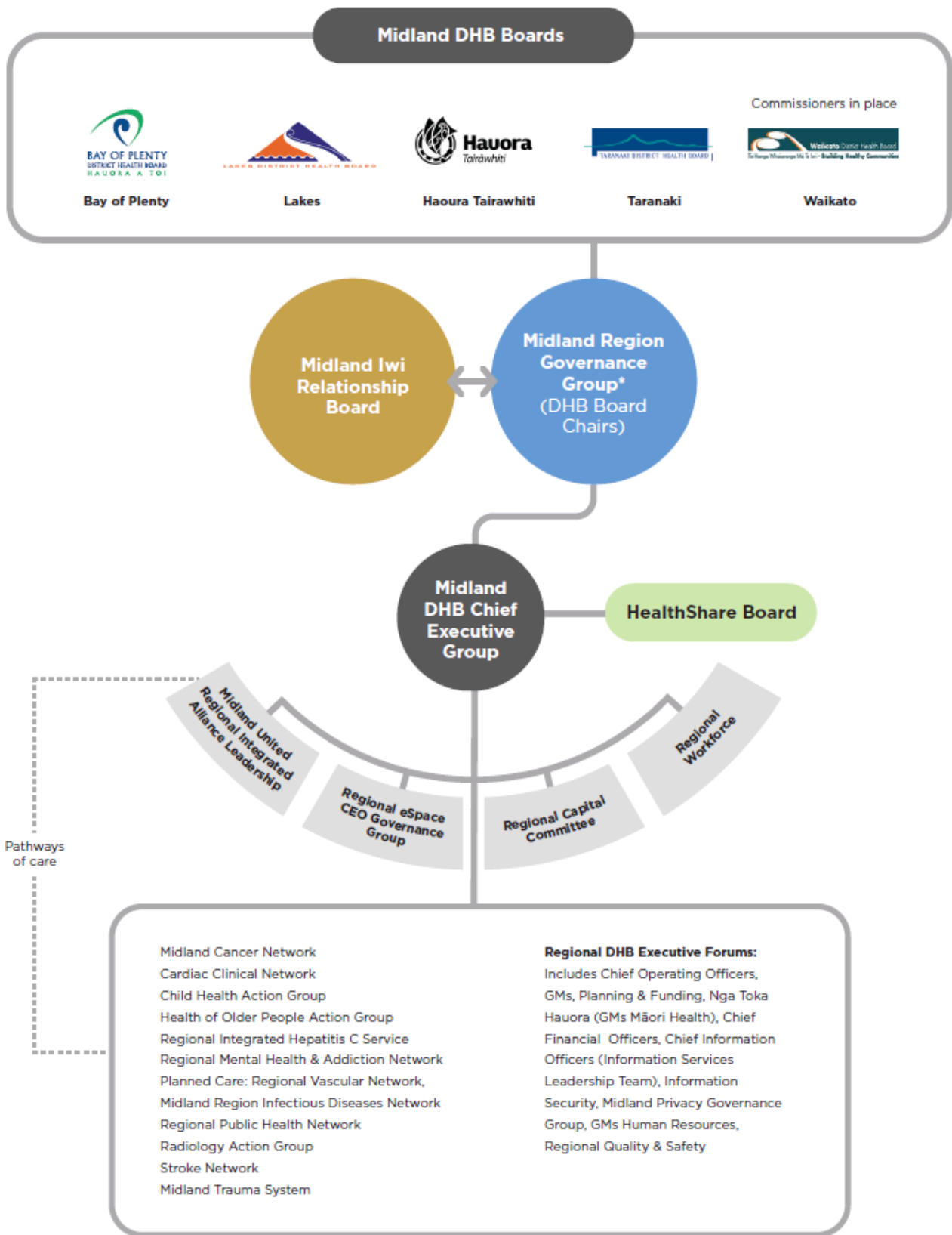
Midland DHBs also support the agreed work plans by releasing staff from their organisations, i.e. medical, nursing, allied health, public health, management, to attend regional meetings - either face-to-face, or by using teleconferencing and videoconferencing technology. In addition to this 'in kind' 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.

Regional Objective 6 – Efficiently allocate public health system resources



* Co-chairs of Midland Iwi Relationship Board are also members of the Midland Region Governance Group

Figure 12: Midland region’s governance structure

Regional Objective 6 – Efficiently allocate public health system resources

(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.

Regional Objective 6 – Efficiently allocate public health system resources

(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.

Regional Objective 6 – Efficiently allocate public health system resources

- 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

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 13](#) (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 Programme Transformation and Strategy Manager, the Financial Director and the Programme Board.

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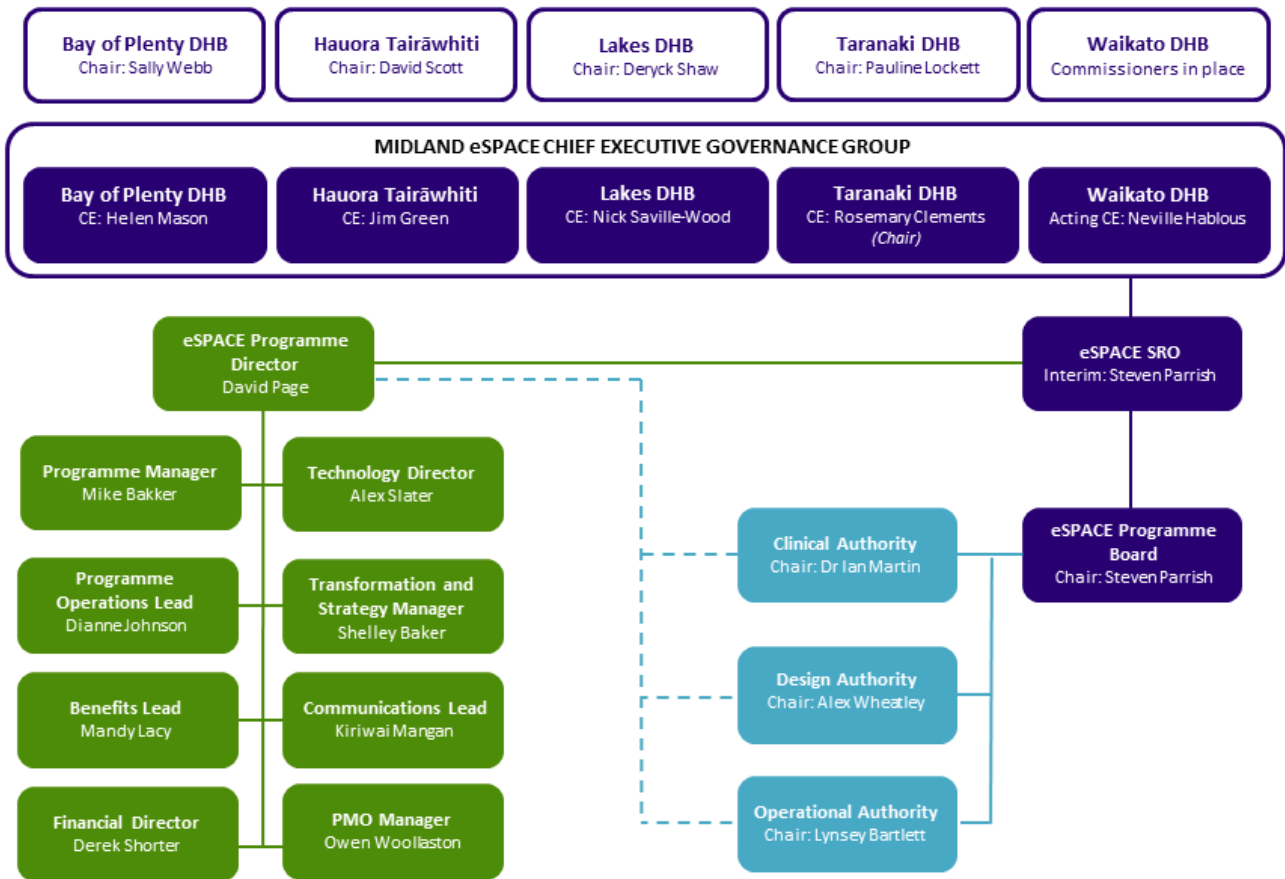


Figure 13: Midland eSPACE CEO Governance Group

(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.

3.1.2 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 achieving health equity, particularly for Māori (*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).
- Waikato Public 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.

Reflecting the Ministry of Health's expectations of continuing to share best-practice innovations with other PHUs, the Midland PHUs will support a commitment to work together in the following areas for 2019/20: HealthScape – Public Health Management System, Healthy Public Policy Network, Health Literacy, Sexual Health.

The Network will continue to liaise around areas of common interest including drinking water, workforce development, 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 achieving equity of health outcomes for Māori.

Regional Objective 6 – Efficiently allocate public health system resources

3.1.3 Midland District Health Boards

(x) 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 DHB	BOPDHB District Annual Plan 2016/17 (incorporating the Statement of Intent)
Lakes DHB	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)

(xi) Midland DHBs' Strategic Intentions:

Bay of Plenty District Health Board (BOPDHB) – Strategic Direction	
<p>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.</p>	
Lakes District Health Board (Lakes DHB) – Strategic Direction	
<p>There are six key areas of focus for Lakes DHB for 2019/20, as agreed with the Ministry of Health. These priorities are supported by the principles of equity and integration to support those most in need. The areas of focus are:</p>	
<ul style="list-style-type: none"> • Strong fiscal management, • Strong and equitable public health and disability system, • Mental health and addiction care, 	<ul style="list-style-type: none"> • Child wellbeing, • Primary health care, • Public health and the environment.

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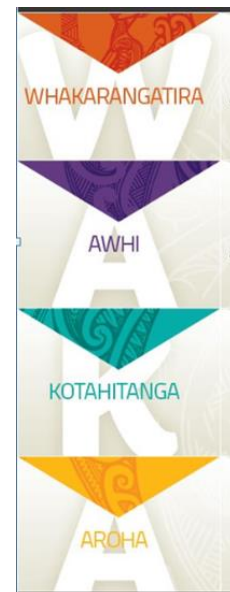


Hauora Tairāwhiti – Strategic Direction

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

Regional Objective 6 – Efficiently allocate public health system resources

matched to population needs and models of care.

4. Using analytics to 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 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 achieve health equity.

It is important to note that, given the Waikato DHB’s challenging financial position, a 2019/20 Savings Plan is being developed that may impact on the achievement of the strategy’s strategic imperatives.



3.1.4 Alliance leadership and shared services

(xii) 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,
- Closer to home,
- Value and high performance,
- One team,
- Smart system.

Regional Objective 6 – Efficiently allocate public health system resources

(xiii) 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 2), 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).
- Regional GMs Planning and Funding.
- Chief Operating Officers forum.
- Chief Financial Officers forum.
- Midland Region Public Health Network.
- Midland Chief Executives Group (MCEG).
- Chief Medical Advisors.
- Directors of Nursing.
- Directors of Allied Health.
- eSPACE Programme Board.

(xiv) HealthShare Limited

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

Until mid-2011 HealthShare 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 HealthShare 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 HealthShare provides services to non-shareholding DHBs, e.g. third party audit and assurance, this support is provided under contract.

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

The Midland DHBs determine the services that HealthShare 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 HealthShare's Business Plan which specifies the company's performance framework, the services to be provided, and the associated performance measures. HealthShare's Business Plan also details at a service level the activities that have been purchased by the shareholding DHBs. Midland DHB CFOs recommend to HealthShare Directors the funding to be provided by Midland DHBs for the coming financial year.

HealthShare has multiple planning and reporting relationships within the Midland region and to national agencies as depicted below.

Regional Objective 6 – Efficiently allocate public health system resources



To support Midland DHBs by working in collaborative partnerships, leading and facilitating change, building a future focused organisation

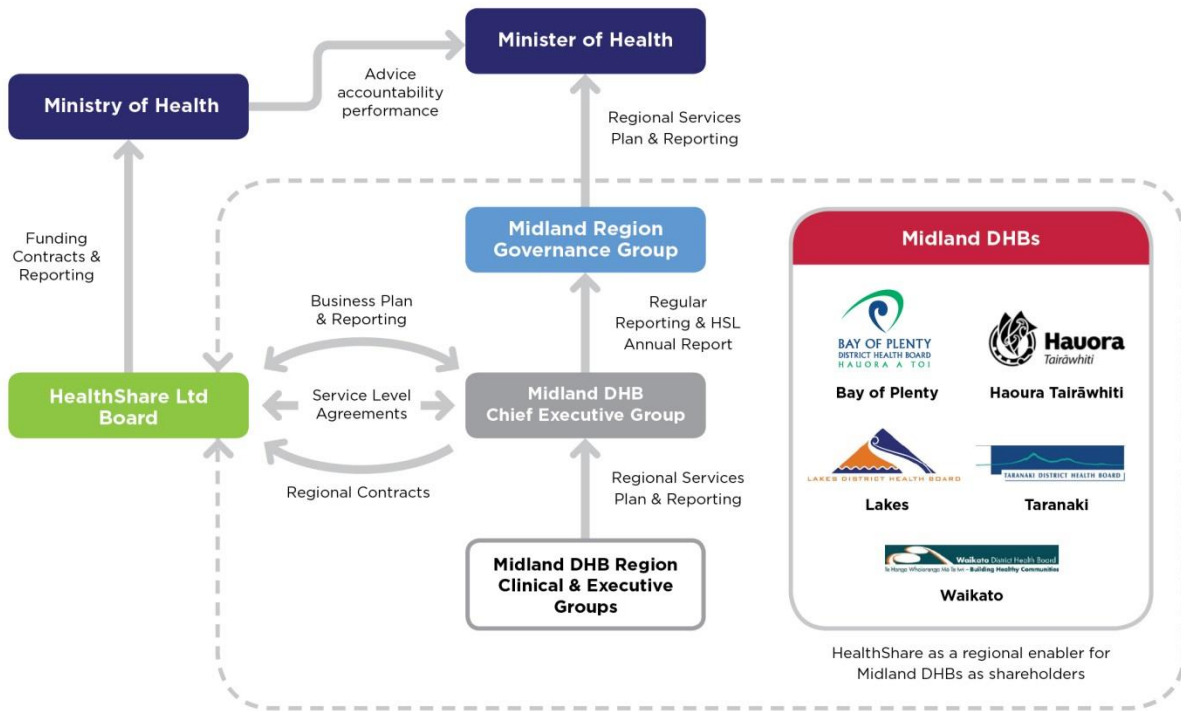


Figure 14: Overview of HealthShare Ltd (Midland DHBs' shared services agency)

Refreshed HealthShare vision, mission and values

Vision: *Hei oranga he hapori, kia oranga te whānau*
When communities are well, whānau will thrive

Mission: To support Midland DHBs by working in collaborative partnerships, leading and facilitating change, building a future focused organisation.

Values:

Focus on people	-	Kia hāngai te iwi
Do the right thing well	-	Whaia te mea tika
Act with integrity	-	Mana tangata, ngākau pono
Be courageous	-	Kia maia, kia manawanui

Regional Objective 6 – Efficiently allocate public health system resources

Regional clinical service development initiatives

Regional clinical service development initiatives are expected to be provided from HealthShare in 2019-20 through the following groups:

- Regional clinical networks and action groups:

Midland Cancer Network	Networks related to Planned Care:
Child Health Action Group	Regional Vascular Network, Midland Region
Health of Older People Action Group	Plastics Network (TBA), Midland Region
Midland Radiology Action Group	Ophthalmology Network, Midland Region
Midland Trauma System ¹²	Infectious Diseases Network
Midland Cardiac Clinical Network	Regional Mental Health & Addiction Network
	Midland Stroke Network.
- 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, Hauora 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 HealthShare to the Midland region requires a close working relationship with DHB staff and key stakeholders.

Costing and financial responsibility

The HealthShare Ltd Annual Report for the year ended 30 June 2018 – including the financial statements and statement of performance – can be found via <https://healthshare.health.nz/about-us/healthshare>.

¹² HealthShare provides a link between the Midland Trauma System (MTS) and the 2019-22 Midland RSP for reporting purposes

3.2 Regional network overview and membership

Clinical chairs of regional clinical networks and action groups

Midland Regional Clinical Networks / Action Group	Chairs*
Midland Cancer Network	Dr Humphrey Pullon (Waikato DHB), Ron Dunham (Waikato DHB)
Hei pa Harakeke Work Group	Dr Nina Scott (Waikato DHB)
Midland Bowel Screening Regional Centre Executive Group and Steering Group	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 (CE, 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 Follow-up and Supportive Care Guidance sub group (Capital Coast DHB)
Midland Lung Cancer Work Group	Mr Paul Conaglen (Waikato DHB)
Midland Cardiac Clinical Network	Dr Jonathan Tisch (Bay of Plenty DHB)
Child Health Action Group	Dr David Graham (Waikato DHB)
Planned Care	Dr Martin Thomas (Lakes DHB)
Midland Integrated Hepatitis C Service	Dr Frank Weilert (Waikato DHB)
Regional Mental Health & Addiction 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 2019

Cancer Services – Midland Cancer Network

Context: “working together to achieve better, faster cancer care”
<p>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:</p> <ul style="list-style-type: none"> 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). <p>The Midland Cancer Strategy Plan 2015-2020 strategic objectives are to:</p> <ol style="list-style-type: none"> 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. <p>The strategic objectives are supported by five enablers: infrastructure, information systems, workforce, supportive</p>

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.

2019/20 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.

Midland Cancer Network - Executive Group

Chief Executive Officer - Sponsor	Waikato DHB
Regional COO for Cancer – Co Chair	Waikato DHB
MCN Clinical Director – Co Chair	Midland Cancer Network
Consumer Representative	Waikato district
Consumer Representative	Aroha Mai Cancer, Lakes district
Midland Cancer Society Representative	CE, Waikato/BOP Cancer Society
Midland Palliative Care Work Group chairs	Specialist Bay of Plenty DHB and CE Hospice Waikato
Lakes Cancer & Palliative Care chair	Specialist, Lakes DHB
Medical Director KKC	Kathleen Kilgour Centre
Clinical Unit Leader regional oncology	Waikato DHB
Hei Pa Harakeke chair	Specialist, Waikato DHB
Midland BSRC/Colorectal Cancer Chair	Specialist, Waikato DHB
Midland Lung Cancer chair	Specialist, Waikato DHB
Clinical Director Radiation Oncology	Waikato DHB
Clinical Chair NZ Breast Cancer Work Group	Waikato DHB
Clinical Nurse Director representative	Waikato DHB
Oncology Nurse manager	Waikato DHB
Clinical Director Medical Oncology	Waikato DHB
Midland Research Representative	Waikato University
GP Liaison	Waikato DHB
Regional Lead for Cancer Psycho-social services	Waikato DHB
Regional Māori GM	Hauora Tairāwhiti
Service / business managers – medicine/oncology/surgery	2x Bay of Plenty, 1x Lakes, 1x Hauora Tairāwhiti, 1x Waikato DHBs
Planning & Funding portfolio managers	Bay of Plenty, Lakes, Hauora Tairāwhiti, Waikato DHBs
MCN Manager	Midland Cancer Network

Midland Cancer Network - Midland Bowel Screening Regional Centre Steering Group

Lead CE – Sponsor	Waikato DHB
Midland BSRC Secondary Lead chair	Waikato DHB
Midland BSRC Primary Lead	Pinnacle PHO
CIO	Waikato DHB
GM Māori services	Lakes DHB
COO	Lakes DHB
Hei pa Harakeke chair	Waikato DHB

Director Strategy and Funding	Lakes DHB
Senior relationship manager	NBSP, Ministry of Health
Regional Lead	Midland Cancer Network, HealthShare Ltd
BSRC Manager	Midland Cancer Network, HealthShare Ltd

Midland Cancer Network - Midland Bowel Screening Regional Centre Steering Group

Midland BSRC Secondary Clinical Lead Chair	Waikato DHB
Midland BSRC Primary Clinical Lead	GP Chair
Consultant	Bay of Plenty DHB
Service Manager	Bay of Plenty DHB
Consultant	Hauora Tairāwhiti
Public Health Physician	Hauora Tairāwhiti
Service Manager	Hauora Tairāwhiti
Manager, Midland BSRC	Midland Cancer Network, HealthShare
Project Managers	Midland Cancer Network, HealthShare
Consultant	Lakes DHB
Consultant	Lakes DHB
COO	Lakes DHB
Director Strategy and Funding	Lakes DHB
GM Māori Health	Lakes DHB
Service Manager	Lakes DHB
Midland BSRC Regional Lead	Midland Cancer Network / HealthShare
Senior Relationship Manager	NBSP, Ministry of Health
Consultant	Taranaki DHB
Director	Taranaki DHB
Chief Information Officer	Waikato DHB
Consultant	Waikato DHB
Cultural Clinical Advisor	Waikato DHB
Director	Waikato DHB
Director, Acute Medical & Older People's Health	Waikato DHB
Manager, Regional Screening Services	Waikato DHB

Cardiac services – Midland Cardiac Clinical Network

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:

- Reduce Barriers to Cardiology Specialist FSA
- Improve Health equity for Māori
- Cardiovascular Disease
- Develop Cardiac Physiologist Workforce
- More timely appropriate access to services

Midland Cardiac Clinical Network membership

CCU RN/ANZACSQI Database Co-ord.	Bay of Plenty DHB
CNS	Bay of Plenty DHB
Service Manager	Bay of Plenty DHB
SMO, Chair	Bay of Plenty DHB
Public Health	BOP and Lakes DHBs
CNS Cardiac	Hauora Tairāwhiti
General Physician	Hauora Tairāwhiti
Planning & Funding Māori Health	Hauora Tairāwhiti
Service Manager	Hauora Tairāwhiti
Project Manager	HealthShare
Senior Analyst	HealthShare
Cardiologist	Lakes DHB
SMO Heart Foundation and National Cardiac Network	Hauora Tairāwhiti / NZ Cardiac Network / NZ Heart Foundation
COO rep.	Lakes DHB
Service Manager	Lakes DHB
MoH	Ministry of Health
Cardiologist	Taranaki DHB
CNM Cardiology / Respiratory Outpatients & Cath Lab	Taranaki DHB
Operations Manager, Acute & Medical Services	Taranaki DHB
Allied Health	Waikato DHB
Cardiac Surgeon	Waikato DHB
Cardiac Surgeon	Waikato DHB
Cardiologist	Waikato DHB
CEO Sponsor	Waikato DHB
CNS Cardiac Surgery	Waikato DHB
CNS, Cath Lab	Waikato DHB
Planning & Funding rep.	Waikato DHB
Primary Health	Waikato DHB
Service Manager	Waikato DHB
Service Manager	Waikato DHB
Specialist – Cardiology	Waikato DHB
Cardiologist	Waikato DHB

Child Health Services – Midland Child Health Action Group

Children who receive the right supports from an early age go on to have better health outcomes, better educational achievements, and lifelong learning¹³. Child wellbeing is also a key priority for the Government with the development of the Child and Youth Wellbeing Strategy¹⁴ due this year.

Child health has been chosen as a focus area in the Midland region because of the high levels of poverty and rurality for our children. 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. CHAG will support the Minister of Health's expectation for DHBs to work directly with schools to support them to adopt water and milk only policies to directly improve oral health and obesity. CHAG will also support the critical First 1000 days of life with a) the development and provision of checklists which will be specific to services and ages e.g. a provider working with a four year old would have a specific list and b) an outcomes framework with agreed minimum measures.

Midland Child Health Action Group membership

Paediatrician	Bay of Plenty DHB
Management	Bay of Plenty DHB
CEO	Hauora Tairāwhiti
Public Health	Hauora Tairāwhiti
Primary sector	Hauraki PHO
Project Manager	HealthShare
Senior Analyst	HealthShare
Deputy Chair, Paediatrician	Lakes DHB
Director of Nursing	Lakes DHB
Ministry of Health	Ministry of Health
Operational Project Manager	NZ C&Y Clinical Network Programme
GP	Pinnacle Midlands Health Network
Clinical Services Manager	Plunket
GP	Rotorua Area Primary Health Services
Planning & Funding	Taranaki DHB
Paediatrician	Taranaki DHB
Public Health	Toi Te Ora
Chair, Paediatrician	Waikato DHB
COO	Waikato DHB

¹³ Ministry of Health. 2017. *Delivering Better Public Services* Wellington: Ministry of Health.

¹⁴ <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Public Health	Waikato DHB
Māori Health and Public Health	Waikato DHB
Allied Health	Waikato DHB

Planned care

Regional Governance Group (COO Group)

COO	Bay of Plenty DHB
COO	Hauora Tairāwhiti
Project Manager	HealthShare
Senior Analyst	HealthShare
COO	Lakes DHB
COO (Lead)	Taranaki DHB
COO	Waikato DHB

Planned Care Network - Vascular Network

Elective Services Manager	Bay of Plenty DHB
Vascular Surgeon (Co-Chair)	Bay of Plenty DHB
Service Manager	Lakes DHB
Vascular/General Surgeon	Lakes DHB
Service Manager	Taranaki DHB
Vascular Surgeon	Taranaki DHB
Planning & Funding rep.	TBA
Primary Care rep.(s)	TBA
Radiology rep.(s)	TBA
Nurse Practitioner	Waikato DHB
Service Manager	Waikato DHB
Vascular Surgeon (Co-Chair)	Waikato DHB

Healthy ageing – Health of Older People

The Healthy Ageing Strategy provides a clear direction for New Zealand and the health of its older people. The strategy urges the health sector to plan and ensure it is prepared at national, regional and local levels for the expected increase in the number of older people. A significant increase in the number of people with dementia is also predicted. People with dementia need support and information to help manage their condition and to stay well. The planned stocktake of dementia services will provide visibility of current services and areas for improvement and innovation. The resulting planning and identification of priority areas will allow for collaboration between Midland DHBs reducing duplication and more efficient use of resources. Improved access to dementia services for people with dementia, and their family and whānau, should result in reduced access of costly secondary care services.

The Midland DHBs will also be collaborating on Advance Care Planning (ACP) and Home and Community Support Services (HCSS). The aim is to have Advance Care Planning as a sustainable service in each DHB through the sharing of successful initiatives and building links with key stakeholders. The HCSS forum will provide an opportunity for the sharing of models of care, initiatives (successful or otherwise) and lessons learned.

Health of Older People – Advance Care Planning

Project Manager	Pinnacle Midlands Health Network
ACP Coordinator	Waikato DHB
Nurse Leader Primary & Community	Hauora Tairāwhiti
ACP Project Advisor	Hauraki PHO
ACP Facilitator	Taranaki DHB
ACP Project Manager	Bay of Plenty DHB
Director of Nursing Services	RAPHS PHO
Regional Community Programme Manager	St John

Hepatitis C

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 three years, education and awareness for health professionals and the community about hepatitis C services and treatment has been provided across the region. The focus has been on promoting community prescribing and diagnosing those undiagnosed or lost to follow up.

From 1 February 2019 PHARMAC replaced the previous DAA with a newer pharmaceutical which treats all Hepatitis C genotypes, has fewer side effects, drug interactions and cures most people within 8 weeks. With the newly funded DAA's the national guidelines are now simplified for clinicians and patients.

The Midland region community hepatitis C mobile service has been implemented across the Midland region. All though the regional service could be considered business as usual, Hauora Tairāwhiti have committed to be the first DHB in New Zealand to eliminate hepatitis C. Proof of concept initiatives have been developed to see what works and hasn't worked well to increase awareness, testing and treatment.

Taranaki DHB currently have a dedicated hepatitis C project working group initially working at collating all known hepatitis C databases to ensure that the patients hepatitis C journey is completed. The next phase is working with community and other services.

Actions in 2019-20 are a continuation of activities to support the successful implementation of an integrated hepatitis C assessment and treatment service in Midland.

Midland Regional Hepatitis C Service

Booking Clerk and Admin. Support	Waikato DHB
Business Analyst	Waikato DHB
Business Manager	Waikato DHB
Gastroenterologist, Hepatitis Foundation Board of Trustees	Waikato DHB
Hep. C Nurse Specialist	Waikato DHB
Service Manager	Waikato DHB

Midland Regional Hepatitis C Service - Regional Point of Contacts

Representative	Bay of Plenty DHB
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Hep. C Nurse Specialist	Bay of Plenty DHB
Hep. C Nurse Specialist	Bay of Plenty DHB
Portfolio Manager, Māori Health Planning & Funding	Bay of Plenty DHB
SMO	Bay of Plenty DHB
SMO	Bay of Plenty DHB
Clinical Quality Assurance Advisor	Department of Corrections
Health Centre Manager	Department of Corrections
CEO	Eastern Bay PHO
Hep. C Nurse Specialist	Hauora Tairāwhiti
SMO	Hauora Tairāwhiti
Operations Manager	Hauraki PHO
Project Manager	HealthShare
Gastroenterologist and Hepatologist	Hepatitis Foundation of New Zealand
Hep. C Nurse Specialist	Lakes DHB
SMO	Lakes DHB
SMO	Lakes DHB
Consumer	Mount Maunganui
General Practice	Mount Medical Centre
Regional Manager	Needle Exchange
General Practitioner, GP Liaison	Nga Kakano Foundation Family Health Services, BoP DHB
Acting Primary Care Manager	Ngati Porou Hauora
GP	Pinnacle Midlands Health Network
Long Term Condition Nurse Manager	Pinnacle Midlands Health Network
General Practitioner, GP Liaison	Student Health Waikato University, Waikato DHB
Hep. C Nurse Specialist	Taranaki DHB
Service Manager	Taranaki DHB
SMO	Taranaki DHB
Gastroenterologist and Hepatologist	Tauranga Hospital
Clinical Nurse Specialist	Waikato DHB
General Practice Services Manager	Western Bay of Plenty PHO

Mental Health & Addiction – Regional Mental Health & Addiction Network (MH&A)

“We have a solid foundation to build on: New Zealand’s mental health and addiction system has valuable strengths. Many people in the system receive good care and we have a skilled and committed workforce. But the system is under pressure and unsustainable in its current form. Signs include escalating demand for specialist services, limited support for people in the community and difficulties recruiting and retaining staff.

Despite the current level of investment, we’re not getting the outcomes we want for our people. The outcomes for Māori are worse than for the overall population, and Māori are subject to much greater use of compulsory treatment and seclusion. There are also unmet mental health needs for Pacific peoples, disabled people, Rainbow communities, the prison population, and refugees and migrants. The estimated reduction in life expectancy of people with severe mental health or addiction challenges is 25 years. Our persistently high suicide rates are of major concern.

Our mental health system is set up to respond to people with a diagnosed mental illness. It does not respond well to other people who are seriously distressed. Even when it responds to people with a mental illness, it does so through too narrow a lens. People may be offered medication, but not other appropriate support and therapies to recover. The quality of services and facilities is variable. Too many people are treated with a lack of dignity, respect and empathy.

We do not have a continuum of care – key components of the system are missing. The system does not respond adequately to people in serious distress, to prevent them from ‘tipping over’ into crisis situations. Many people with common, disabling problems such as stress, depression, anxiety, trauma and substance abuse have few options available through the public system. By failing to provide support early to people under the current threshold for specialist services, we’re losing opportunities to improve outcomes for individuals, communities and the country.

We also fail to address people’s wider social needs. Initial expansion of culturally appropriate services has stalled, and there has been little investment in respite and crisis support options, forensic step-down services in the community, and earlier access to a broader range of peer, cultural and talk therapies.

Despite a lot of consensus about the need for reform, we are yet to take a bold, health-oriented approach to the harmful use of alcohol and other drugs and to provide a wider range of community-based services to help people recover from addiction. Our approach to suicide prevention and the support available to people after a suicide is patchy and under-resourced. Tackling the social and economic determinants of mental health and wellbeing requires a coordinated, integrated approach from social services.

It’s time to build a new mental health and addiction system on the existing foundations to provide a continuum of care and support. We will always have a special responsibility to those most in need. They must remain the priority. But we need to expand access so that people in serious distress – the ‘missing middle’ who currently miss out – can get the care and support they need to manage and recover.

The new system should have a vision of mental health and wellbeing for all at its heart: where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the whole of society, and people who experience mental illness and distress have the resilience, tools and support they need to regain their wellbeing.”

He Ara Oranga – Report of the Government into Mental Health and Addiction; November 2018

Midland Region Clinical Governance Network

Acting Manager	Bay of Plenty DHB
Business Manager	Bay of Plenty DHB
Clinical Director	Bay of Plenty DHB
Clinical Lead	Hauora Tairāwhiti
Senior Manager	Hauora Tairāwhiti
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare
Associate Director of Nursing	Lakes DHB
Clinical Director	Lakes DHB
Portfolio Manager	Lakes DHB
Regional GM Māori Health	Lakes DHB
Regional GM Planning & Funding	Lakes DHB
Senior Manager	Lakes DHB
NGO representative	Platform
Clinical Director (Chair)	Taranaki DHB

Senior Manager	Taranaki DHB
Acting Executive Director	Waikato DHB
Clinical Director	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region PMF Portfolio Managers (MH&A)

Portfolio Manager	Bay of Plenty DHB
Portfolio Manager	Bay of Plenty DHB
Portfolio Manager	Hauora Tairāwhiti
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare
Portfolio Manager	Lakes DHB
Portfolio Manager	Taranaki DHB
Portfolio Manager	Waikato DHB
Portfolio Manager	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region Nga Kōpara o te Rito (Consumer Whānau)

Mataora Te Kuatawata	Hauora Tairāwhiti
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare
Kaumatua	Kaumatua
Trust Manager (Chair)	NGO – Bay of Plenty
Consumer Lead	NGO – BOP
Family Whānau Advisor	NGO – Lakes
Consumer Leader	NGO - Tairāwhiti
Peer Support & Advocacy	NGO - Tairāwhiti
Family Whānau Advisor	NGO – Tairāwhiti
General Manager	NGO – Tairāwhiti
Consumer Advisor	NGO - Taranaki
Director	NGO – Waikato
Family Whānau Advisor Mental Health	Taranaki DHB
Consumer Advisor	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region Addiction Leadership Network (MH&A)

Clinical Team Leader	Bay of Plenty DHB
Portfolio Manager, Planning & Funding	Bay of Plenty DHB
Youth AOD Coordinator	BOP DHB
AOD Practitioner	Hauora Tairāwhiti
Clinical Supervisor/ AOD Counsellor	Hauora Tairāwhiti
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare

Nurse Practitioner	Lakes DHB
General Manager	NGO – Lakes
Senior Clinical Counsellor	NGO – Lakes
CEP Clinician	NGO – Taranaki
Clinical Team Leader	NGO - Taupo
Operations Manager	NGO – Waikato
General Manager	NGO, Bay of Plenty
Kaiwhakahaere	Te Rau Matatini
Portfolio Manager, Planning & Funding	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region Te Huinga o Nga Pou Hauora (Māori)

Portfolio Manager – Planning & Funding	Bay of Plenty DHB
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare
Kaumatua	Kaumatua
Kuia	Kuia
Portfolio Manager, Planning & Funding	Lakes DHB
Regional GMs Māori	Lakes DHB
General Manager	NGO – Bay of Plenty
Peers Support & Advocacy	NGO – Lakes
General Manager (Chair)	NGO – Tairāwhiti
MHAS Clinical Team Leader	NGO – Taranaki
Kaiwhakahononga – Māori Engagement & Development Consultant	NGO – Waikato
Kaiwhakahaere	Te Rau Matatini
Māori Advisor	Werry Centre

Regional Mental Health & Addiction Network (MH&A) - Midland Region Workforce Leadership Network

Information Project Coordinator	HealthShare
Regional Director	HealthShare
Workforce Planning Lead	HealthShare
Portfolio Manager, Planning & Funding	Lakes DHB
Consumer Leader & Navigator	NGO – Lakes
General Manager	NGO – Tairāwhiti
General Manager	NGO – Taranaki
Clinical Team Leader	NGO – Waikato
Kaiwhakahononga – Māori Engagement & Development Consultant (Chair)	NGO – Waikato
Operations Manager	Taranaki DHB
Clinical Lead	Te Pou & Matua Raki
Kaiwhakahaere	Te Rau Matatini
Senior Advisor Workforce Development	Werry Centre

Regional Mental Health & Addiction Network (MH&A) - Regional Mental Health & Addiction Network (MH&A) -

Clinical Psychologist	Bay of Plenty DHB
ED Liaison Coordinator	Bay of Plenty DHB
Senior Manager	Hauora Tairāwhiti
Information Project Coordinator	HealthShare
Regional Director	HealthShare
Community MH Nurse	Lakes DHB
ED Liaison	Lakes DHB
ED Liaison	Taranaki DHB
ICAMHS	Taranaki DHB
Consultant Clinical Psychologist (Chair)	Waikato DHB
ED Clinician	Waikato DHB
Occupational Therapist	Waikato DHB
Psychiatrist	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region Infant Perinatal Network (MH&A)

ICAMHS	Bay of Plenty DHB
Infant MH Clinician	Bay of Plenty DHB
Occupational Therapist	Bay of Plenty DHB
Registered Nurse	Bay of Plenty DHB
Registered Psychologist	Hauora Tairāwhiti
Regional Director	HealthShare
Clinical Social Worker	Lakes DHB
Senior Clinical Psychologist	NGO – Lakes
General Manager	NGO – Tairāwhiti
Kaiarahi Mataora	NGO – Tairāwhiti
Clinical Team Leader	NGO – Taranaki
Whānau Worker	NGO – Taranaki
Clinical Psychologist	NGO - Waikato
Team Leader	Taranaki DHB
Perinatal MH Consultation Liaison (Chair)	Waikato DHB

Regional Mental Health & Addiction Network (MH&A) - Midland Region Opioids Substitute Treatment Network

AOD Clinician	Bay of Plenty DHB
AOD Clinician	Bay of Plenty DHB
AOD Clinician	Bay of Plenty DHB
AOD Counsellor	Bay of Plenty DHB
Clinical Lead	Bay of Plenty DHB
Clinical Team Leader	Bay of Plenty DHB
AOD Counsellor	Hauora Tairāwhiti
AOD Counsellor	Hauora Tairāwhiti
AOD Counsellor	Hauora Tairāwhiti
Clinical Supervisor	Hauora Tairāwhiti

Regional Director	HealthShare
Clinical Nurse Director	Lakes DHB
Community MH Nurse	Lakes DHB
Nurse Practitioner	Lakes DHB
Registered Nurse	Lakes DHB
AOD Clinician	Waikato DHB
CEP AOD Consultation Liaison Clinician	Waikato DHB
Charge Nurse Manager	Waikato DHB
Community MH Nurse	Waikato DHB
Community MH Nurse	Waikato DHB
Community MH Nurse	Waikato DHB
Community MH Nurse	Waikato DHB
Drug & Alcohol Clinician	Waikato DHB
Drug & Alcohol Clinician	Waikato DHB
Drug & Alcohol Clinicians	Waikato DHB
Occupational Therapist	Waikato DHB

Radiology Services – Midland Radiology Action Group

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.

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 modelling 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.

Midland Radiology Action Group membership

Planning & Funding	Bay of Plenty DHB
Radiology Manager	Bay of Plenty DHB
SMO, Chair	Bay of Plenty DHB
Radiology Manager	Hauora Tairāwhiti
SMO	Hauora Tairāwhiti
Project Manager	HealthShare
Senior Analyst	HealthShare
Radiology Manager	Lakes DHB
SMO	Lakes DHB
Radiology Manager	Taranaki DHB
SMO	Taranaki DHB
CE Sponsor	Waikato DHB
Radiology Manager	Waikato DHB
Primary Health	Western Bay of Plenty PHO

Renal Services – Midland Renal Services

A Midland Renal Strategy was developed prior to 2010 and although work has continued to progress since the strategy development the Midland region recognise the need for a refresh of the strategy to ensure the direction remains relevant and current and continues to fulfil the needs of the region and its communities.

Considerations also needed are in relation to how the service is constructed across the region and whether incorporating a ‘hub and spoke’ model utilising existing services within Bay of Plenty, Taranaki and Waikato DHBs.

Representation to be confirmed.

Stroke Services – Midland Stroke Network

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.

Initiatives scheduled for the 2019/20 year will;

- Contribute towards building cultural competency for clinicians delivering stroke services.
- Provide data reporting to assist with identifying examples of best practice for reproduction by other Midland DHBs.
- Collaboration between the Midland Stroke and Cardiac networks to employ a more efficient and sustainable approach to managing Atrial Fibrillation.
- Secure telestroke services for Midland DHBs making clinical support and learning opportunities available out of hours.

Midland Stroke Network membership

GM Planning & Funding representative	Bay of Plenty DHB
Clinical Nurse Manager	Bay of Plenty DHB
Physician (Chair)	Bay of Plenty DHB
Stroke CNS	Bay of Plenty DHB
Clinical Nurse Manager	Hauora Tairāwhiti
Māori Health	Hauora Tairāwhiti
Nurse Leader (Primary and Community) (via email)	Hauora Tairāwhiti
Physician x2	Hauora Tairāwhiti
Project Manager	HealthShare
Senior Analyst	HealthShare
CNS	Lakes DHB
Manager	Lakes DHB
Clinical Nurse Manager	Lakes DHB
Physician	Lakes DHB
MoH	Ministry of Health
Primary Sector	Pinnacle Midlands Health Network
Central Region District Operations Manager	St John
Stroke Foundation	Stroke Foundation
CNS	Taranaki DHB

COO representative	Taranaki DHB
Physician	Taranaki DHB
Allied Health	Taranaki DHB
Allied Health	Waikato DHB
CNS	Waikato DHB
Neurologist	Waikato DHB

Allied Health Stroke Group

Occupational Therapist	Bay of Plenty DHB
Physiotherapist	Bay of Plenty DHB
Physiotherapist	Bay of Plenty DHB
Speech Language Therapist	Bay of Plenty DHB
Team Leader, Rehabilitation	Bay of Plenty DHB
Speech Language Therapist	Hauora Tairāwhiti
Physiotherapist	Lakes DHB
Social Worker	Lakes DHB
Representative	Lakes DHB
Representative	Lakes DHB
Project Manager	Stroke Foundation
Occupational Therapist	Taranaki DHB
Physiotherapist	Taranaki DHB
Physiotherapist	Waikato DHB
Physiotherapist	Waikato DHB

Trauma Services – Midland Trauma System

Trauma remains the leading cause of death for New Zealanders under 45 years^{15,16} 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 care¹⁷. 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 patients and their families have complex needs and are vulnerable to any fragmentation of services.

Trauma systems have been proven to reduce mortality and improve patient outcomes by identifying a consistent approach to complex care delivery^{18,19}. The Midland Trauma System (MTS) clinical staff coordinate care, provide navigation and support for patients and their whānau/families, identify and address system and process related issues and provide information for targeted interventions.

¹⁵ 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>

¹⁶ 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.

¹⁷ Gosselin RA, Spiegel DA, Coughlin R, Zirkle LG. Injuries: the neglected burden in developing countries. Bull World Health Organ. 2009;87(4):246

¹⁸ Gabbe et al. Improved Functional Outcomes for Major Trauma Patients in a Regionalized, Inclusive Trauma System. Annals of Surgery. 2012 255 (6) 1009-1015

¹⁹ Ursic et al. Improved trauma patient outcomes after implementation of a dedicated trauma admitting service. Injury 2009 40:99-103

The Midland Trauma registry (MTR) records over 7000 admissions to Midland hospital's each year with a cost of over \$1 million per week.

Trauma is preventable and many opportunities to improve post injury care exist. Current data indicates that there are inequities related to age, ethnicity and location. The Midland Trauma Research Centre (MTRC) is actively engaged in collaborative injury prevention initiatives which include a focus on Māori trauma and groups at risk. MTS is committed to reducing the trauma burden on our community and health services and is actively improving clinical care systems, processes and outcomes across the region.

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

- Improve the delivery of equitable, high quality and patient centred clinical care to trauma patients and their whānau.
- Develop, implement and maintain trauma system infrastructure including workforce and information systems.
- Support injury prevention and awareness by identifying inequities for Māori and other groups at risk.
- Establish a Trauma Quality Improvement Program (TQIP) to enable evidence-based change that is clinically relevant and cost effective.

Midland Trauma System - Strategic Group

GM, Planning & Funding rep.	Bay of Plenty DHB
Regional COO rep.	Bay of Plenty DHB
Trauma Medical Director	Hauora Tairāwhiti
Manager	HealthShare
GM Māori Health rep.	Lakes DHB
CEO rep.	Taranaki DHB
Regional CMA rep.	Taranaki DHB
Clinical Nurse Specialist	Taranaki DHB
MTS Clinical Director (Chair)	Waikato DHB
Epidemiologist	Waikato DHB (Hub)
Accountant	Waikato DHB
Executive Director, Corporate Services	Waikato DHB
Nurse Consultant/Programme Mgr	Waikato DHB (Hub)
TQIP Coordinator	Waikato DHB (Hub)

Midland Trauma System - Operational Group

Clinical Nurse Specialist	Bay of Plenty DHB
Trauma Medical Director	Bay of Plenty DHB
Trauma Data Administrator	Bay of Plenty DHB
Business Analyst/Elective Services Coordinator	Hauora Tairāwhiti
ED CNM	Hauora Tairāwhiti
RN	Hauora Tairāwhiti
Trauma Medical Director	Hauora Tairāwhiti
Clinical Nurse Specialist	Lakes DHB
Trauma Medical Director	Lakes DHB
Trauma Data Administrator	Lakes DHB
Clinical Nurse Specialist	Taranaki DHB

Trauma Medical Director	Taranaki DHB
Trauma Clinical Director (Chair)	Waikato DHB
Deputy Clinical Director	Waikato DHB
Clinical Nurse Specialist	Waikato DHB
RN	Waikato DHB
Service Coordinator Data	Waikato DHB
Nurse Consultant/ Programme Manager	Waikato DHB (Hub)
Epidemiologist	Waikato DHB (Hub)
Research Coordinator	Waikato DHB (Hub)
Biostatistician	Waikato DHB (Hub)
Data Quality Manager	Waikato DHB (Hub)
Office Manager	Waikato DHB (Hub)
Systems Analyst	Waikato DHB (hub)
TQIP Coordinator	Waikato DHB (Hub)

Midland Regional Enablers - Regional Pathways of Care Governance Group

Integrated Care Clinical Lead	BOPDHB
Clinical Director	Hauraki PHO
Programme Manager	HealthShare
Regional Coordinator	HealthShare
Project Coordinator	Lakes DHB
Portfolio Manager Primary Health	Lakes DHB
GP Liaison	Lakes DHB
Director Strategy, Planning & Funding	Lakes DHB
Medical Director	Pinnacle PHO
Clinical Lead, Hauora Tairāwhiti Locality	Pinnacle PHO
GM Planning, Funding & Population Health	Tairāwhiti DHB
Clinical Director Medical/Mental Health	Tairāwhiti DHB
GP Liaison	Tairāwhiti DHB
Chief Medical Advisor	Taranaki DHB
Primary Care Portfolio Manager	Taranaki DHB
GM Planning & Funding	Taranaki DHB
Consumer Representative	Taranaki DHB
Chair / Clinical Director Strategy, Funding & Primary Care	Waikato DHB
Equity Advisor	Waikato DHB
Clinical Nurse Director	Waikato DHB
GM Strategy Planning & Funding	Waikato DHB
Interim CEO	WBOP PHO

Midland United Regional Integration Alliance (MURIAL) Team – Membership

Chief Executive (or nominee with delegated authority) of each of the partnering organisations
 Senior Medical and nursing clinician from each of the partnering organisations
 Regional Public Health representative
 Regional DHB Māori GM representative

Midland United Regional Integration Alliance (MURIAL) Team – Alliance Partners

Bay of Plenty DHB
 Eastern Bay Primary Health Alliance
 Nga Mataapuna Oranga PHO
 Western Bay of Plenty PHO
 Lakes DHB
 Rotorua Area Primary Health Service
 Hauora Tairāwhiti
 Ngāti Porou Hauora Incorporated
 Taranaki DHB
 Waikato DHB
 Hauraki PHO
 National Hauora Coalition (PHO in Hauora Tairāwhiti and Waikato DHB)
 Pinnacle Midlands Health Network (PHO in Lakes DHB, Hauora Tairāwhiti, Taranaki DHB and Waikato DHB)

Midland Quality Group

Quality & Patient Safety Manager	Bay of Plenty DHB
Quality & Risk Systems Manager/Privacy Officer	Hauora Tairāwhiti
Regional Lead; Quality Risk & Clinical Governance Director	Lakes DHB
General Manager, Quality & Risk	Taranaki DHB
Director of Quality & Patient Safety	Waikato DHB

Data & Digital Services - eSPACE Clinical Authority

DON Rep.	Bay of Plenty DHB
ED Physician and CIRG Chair	Bay of Plenty DHB
Physician and CIRG Chair	Hauora Tairāwhiti
Operations Lead	HealthShare
Programme Director	HealthShare
Programme Manager	HealthShare
ED Clinical Director and CIRG Chair	Lakes DHB
Director, Allied Health	Taranaki DHB
Chair, Clinical Authority; Clinical Director ED	Waikato DHB
DON Rep.	Waikato DHB

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 4](#) below).

Table 4: Midland District Health Boards' cross-appointed board members

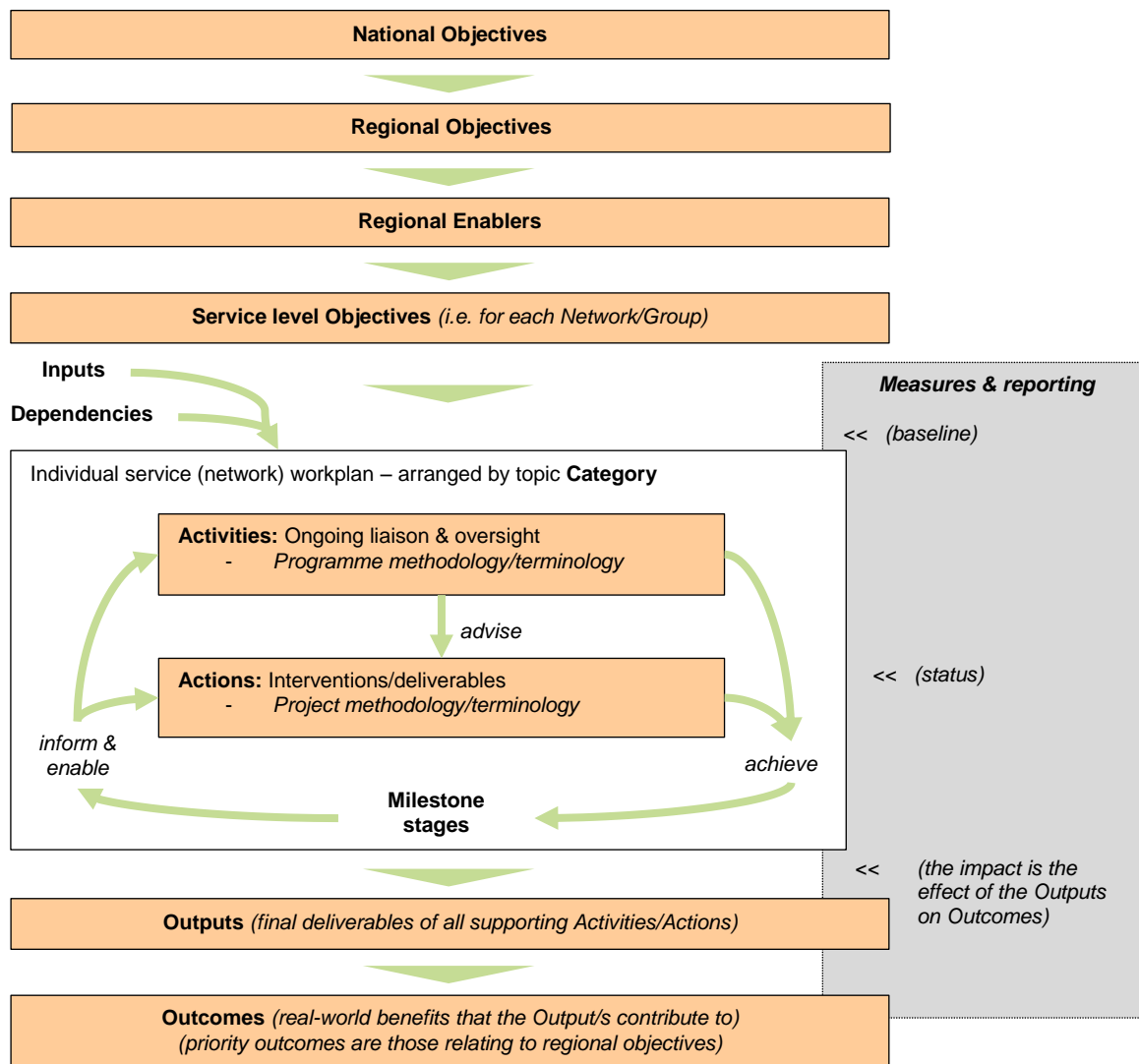
Midland DHB	Name / Role	Cross appointment: Position / Board / Committee	Cross appointed to:
Bay of Plenty DHB	Bev Edlin (Committee Chair, BoP DHB CPHAC/DSAC)	<ul style="list-style-type: none"> Member, Disability Support Advisory Committee Member, Community & Public Health Advisory Committee 	Lakes DHB
	Peter Nicholl	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Lakes DHB
	Marion Guy (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Lakes DHB
Lakes DHB	Janine Horton (Board Member)	<ul style="list-style-type: none"> Member, CPHAC/DSAC 	Bay of Plenty DHB
	Lyll Thurston (Board Member)	<ul style="list-style-type: none"> Member, Hospital Advisory Committee 	Bay of Plenty DHB

3.3 Terminology

Common terminology has been used to standardise and streamline reporting on workplans and status reports, and to allow for reporting across regional service groups for work related to high-level regional objectives and their enablers.

The bullet points and diagram below outlines how terminology has been used. Refer to the Addendum to this document for a glossary of key terms.

- National health strategy and **Objectives** advise the regional direction.
- The regional direction is outlined through the regional **Objectives** and their associated **Enablers**.
- Each regional service (Network) chooses **Objectives that are** linked to regional **Objectives** and aligned to their scope of responsibilities.
- The aim of regional workplan activity is to deliver on a list of **Outputs** whose impacts have a clear effect on health **Outcomes**. Priority **Outputs** have **Outcomes** linked to regional health **Objectives**.
- Workplans describe ongoing, high-level **Activities** and quantifiable **Actions** that contribute to the **Outputs**.



Term	Definition	Source/s
Activities and Actions	<p>What an agency does to convert inputs to outputs.</p> <p>Activity: an ongoing process, usually done to advise the delivery of specific actions or to support business-as-usual and continuous improvement.</p> <ul style="list-style-type: none"> - Activities should be linked to a measure, or have some way to validate how the activity contributes to achieving the outputs and outcomes. - <i>Activities are usually described using words such as “monitor”, “oversee”, “maintain”, “liaise”, “engage”, “troubleshoot”.</i> <p>Action: something to be completed to help achieve an output or outcome.</p> <ul style="list-style-type: none"> - Key actions would relate to milestones, i.e. they are essential tasks to complete (‘critical path’) during a project life cycle. - <i>Actions are usually described using words such as “complete”, “publish”, “release”, “deliver”, “update”.</i> 	<p>DHB Annual Plan guidelines</p> <p>PRINCE2 & industry terminology</p>
Category	Sub-topics within the wider scope of the work programme (/Service/Network) (e.g. Vascular services, breast reconstruction & ophthalmology within Planned Care).	RSP
Enabler	Six MR enablers, linked to MR strategic objectives: <ul style="list-style-type: none"> - Equitable Outcomes Actions (EOA), Quality, Pathway of Care, Clinical Leadership, Workforce, Data & Digital Services. 	RSP
Inputs	Resources such as labour, materials, money, people, and information technology used by departments to produce outputs, that will achieve the Government's outcomes.	DHB Annual Plan guidelines
Intervention	An action or activity intended to enhance outcomes or otherwise benefit an agency or group. May result in one or more outputs and/or one or more outcomes .	DHB Annual Plan guidelines
Milestones	Significant event in a plan’s schedule. <ul style="list-style-type: none"> - Specifically defined output (/measure). - Required for project to proceed in linear way (PRINCE2 ‘waterfall method’). 	PRINCE2
Objective	High-level strategic goals that contribute to government and system outcomes. Six regional strategic objectives: <ol style="list-style-type: none"> 1. Health equity for Māori. 2. Improve quality across all regional services. 3. Integrate across continuums of care. 4. Build the workforce. 5. Improve clinical info. systems. 6. Efficiently allocate public health system resources. 	RSP
Outcomes	Outcomes are the real-world impacts on or the consequences for, the community of the outputs or activities of government. In common usage, however, the term 'outcomes' is often used more generally to mean results, regardless of whether they are produced by government action or other means. <p>An outcome is the final result desired from delivering outputs. An output may have multiple end outcomes, or several outputs may contribute to a single end outcome.</p> <ul style="list-style-type: none"> - An intermediate outcome is expected to lead to an end outcome, but, in itself, is not the desired result. 	DHB Annual Plan guidelines
Outputs	Final goods and services, supplied to someone outside a Crown entity . They should not be confused with goods and services produced entirely for consumption within the DHB group (e.g. management products created for the purpose of managing the project).	<p>DHB Annual Plan guidelines</p> <p>PRINCE2 terms</p>
Priority:	A priority is work (Outputs and their Actions and Activities) relating directly (and/or with project/programme dependencies that relate) to improvements in: <ul style="list-style-type: none"> - MR strategic Objectives (refer above). - National health priorities (RSP Guidelines and Minister’s Letter of Expectations): 	RSP & national documents

Term	Definition	Source/s
	<ul style="list-style-type: none"> ▪ Stronger fiscal management, ▪ Strong and equitable public health and disability system (infrastructure, national asset management plan, devolution, workforce, bowel screening, planned care, disability, SLMs, rural health), ▪ Mental health and addiction care, ▪ Child wellbeing (Strategy/First 1,000 days, WCTO, family and sexual violence reduction, maternity care and midwifery, Smokefree 2025), ▪ Primary health care and prevention, ▪ Non-communicable disease prevention and management (cancer, cardiovascular disease, type 2 diabetes), ▪ Public health & the environment (environmental sustainability, healthy eating and healthy weight, drinking water, integration). <ul style="list-style-type: none"> ○ Also refer National regional requirements in RSP Guidelines: Data & Digital – Regional ICT, Workforce, HepC, Cardiac and Stroke, Healthy Ageing. <ul style="list-style-type: none"> - National Māori health priorities: <ul style="list-style-type: none"> ○ Children aged 0-4yrs (PHO enrolment, ASH, Breastfeeding 6w/3m/6m/8m, pre-school dental enrolments & oral health, SUDI), ○ Mental health (S29 Community Treatment Orders), ○ Cancer (Breast screening 50-69yo, Cervical screening 25-69yo), ○ Māori workforce development). 	
Programme	<p>Define in RSP at a regional Network/Services level.</p> <p>Any temporary, flexible organisation created to coordinate, direct and oversee the implementation of a portfolio of related projects and activities, and is likely to have a life that spans several years.</p> <p>May support continuous improvement but overall focus is on “business-as-usual” and incremental gains, rather than a change or new intervention.</p> <p>Use Managing Successful Programmes (MSP) methodology and use terminology in reporting to define programme stages:</p> <ul style="list-style-type: none"> - MSP: Identify, Define, Govern/manage/deliver, close, post-programme. 	HealthShare Project and Programme Management Policy
Project	<p>Any temporary, organised effort that creates a unique product, service, or process, and is intended to come to an end, while the delivered products, services and processes are generally intended to have a life beyond project completion.</p> <ul style="list-style-type: none"> - Simple two stage project: Nothing over 1 year, nothing over \$500k, no medium/high RPA. May be sub-project of complex project. - Complex multi-stage project: Nothing under 6 months, nothing under \$250k (may be broken down into stages (/sub-projects)). <p>Define project management methodology being used for lifecycle and use terminology in reporting to define project stages in reporting (i.e. current status, proposed timeline (i.e. ‘planning horizon’/‘project lifecycle’).</p> <ul style="list-style-type: none"> - Accelerate (e.g. prepare, discover, alpha, beta, live, grow). - Agile (e.g. processes, requirements, design, engineering, construction, testing, debugging, deployment, maintenance). - PRINCE2 (e.g. start-up, initiation, stage/s, stage boundary (end of stage and next stage planning), acceptance/execution/delivery, close/wrap-up). 	<p>Regional IS Project Management Lifecycle (simple/complex project definition)</p> <p>HealthShare policy (methodology)</p> <p>Accelerate/Agile/PRINCE2 (industry terminology)</p>