



SOUTH ISLAND REGIONAL HEALTH SERVICES PLAN

Subject	South Island Regional Health Services Plan: Quarter 1 Report
Lead Chief Executive	Chris Fleming, Chair, South Island Alliance Leadership Team
Date	19 th October 2012

INTRODUCTION

Our Service Level Alliances and regional work activities continue to grow and build on work undertaken to-date to achieve the vision of a clinically and fiscally sustainable South Island health system focused on keeping people well and providing equitable, and timely, access to safe, effective, high-quality services as close to people’s homes as possible for the South Island.

In agreeing to a collaborative regional direction, the South Island DHBs have committed to a ‘best for patients, best for system’ alliance framework to negotiate a way into the future. The Alliance framework is creating an environment where it’s easier for changes to be made to the way we have traditionally interacted and delivered services. Our ability to achieve through this approach is demonstrated by the outcomes achieved to date.

The outcomes from the key activities during the first quarter of 2012-2013 are described below.

Key Outcomes Achieved in this Reporting Period

Improved Access and Treatment for Cancer Patients

South Island Multi Disciplinary Meetings (SI MDM) Project

The South Island DHB’s are working to strengthen the MDMs. Strengthen these will add value the clinical care of our people with cancer. MDMs are recognised as a key aspect of providing best practice treatment and care to improve patient outcomes and team effectiveness

The South Island Alliance Leadership Team (SIALT) has approved the implementation of SI MDM video-conferencing solution. The South Island Proof of Concept (PoC) installation has commenced across the four PoC sites (Nelson, Christchurch (observation only), Dunedin and Invercargill) and the PoC start date is expected to be in late

November. The PoC is expected to run up to three months and will be followed by an evaluation report due in Feb 2013.

MDM coordination is important to support effective MDM functioning. Both Southern DHB and Canterbury DHB have recently completed business cases to develop cancer MDM coordination within their respective specialist centres. Southern DHBs business case has been approved and Canterbury DHBs business case has been approved subject to there being no change to the administration cap.

Faster Cancer Treatment Regional Implementation Plan

To ensure patients receive timely clinical cancer care shorter wait times are required. To achieve this, the SI DHBs are working to implement the agreed indicators. Reports on Faster Cancer Wait Times have been received from Nelson Marlborough, Canterbury, South Canterbury and Southern DHBs, with processes underway to enable reporting for West Coast DHB. Discussions have been held with the Ministry on the proposed funding of the FCT RIP project with a review of the funding being undertaken.

SCN Medical Oncology Wait Time Project

To support aligning and improving access to medical oncology protocols, electronic chemotherapy prescribing is underway. This work will decrease the risk of errors and support best practice treatment and care for our people with cancer. Oncologists and pharmacists from across the South Island have aligned the chemotherapy regimens across the South Island for the development of a core set of scripts. This set of scripts will be available within all South Island MOSAIQ systems, i.e. in the three cancer centres (St. George's, Christchurch and Dunedin).

Better Mental Health and Addictions Support for Consumers and their Families

Eating Disorders

The South Island DHB's aim to support our peoples with an eating disorder by ensuring we have an integrated service across the continuum of care. The Mental Health Service Level Alliance (MHSLA) has agreed the membership of the South Island Eating Disorders Service (SIEDS) Working Group to explore the options for developing and monitoring clinical standards in eating disorders services. The SIEDS have confirmed the Maudsley Family Based Therapy for Anorexia Nervosa requires a further 15 clinicians to be trained across the South Island to continue the sustainability of the model.

Medical Detoxification

To support the South Island approach of an integrated medical detoxification service, the Medical Detoxification Regional Provider has agreed to admission criteria for secondary services and this has been specified in the Service Provision Framework. To monitor this and to ensure our patients are receiving timely and appropriate treatment the Medical Detoxification Regional Provider has committed to providing the MHSLA with the monthly audit reports.

Child and Youth Alcohol and Other Drug Residential Services

The South Island DHB's want our youth with internalising behaviours and their families/ whanau to be involved and understand the options for treatment. To better understand the options available the Youth Alcohol and Other Drug services and MHSLA have commenced work by establishing two working groups. One group will develop a SI position on the best way to meet the needs of youth with internalising behaviours. A second group will work with districts to demonstrate the way they work with

families while their youth is in the Odyssey residential programme.

Inpatient Child and Youth Services

The Inpatient Child and Family Service Proposal for Change has successfully undergone the Ministry of Health approval process and is now the Direction for Change. The expected benefit and outcomes for our patients and our system includes:

- Improved clinical care pathways for children and adolescents.
- Improved access to inpatient beds for young children.
- Compliance with Government UNCROC direction with the housing of young inpatients by way of a pod within the Eating Disorders Service.
- Improved utilisation of current hospital based facilities and resources.
- Improved efficiency and effectiveness of clinical care.
- Provide opportunities for workforce and research development

Work is underway to establish a regional working group to address issues such as model of care, bed planning, eligibility criteria, discharge and consideration of a hub and spoke model

Quality, Timely and Accessible Treatment for Children

Access to paediatric services for children requiring specialist treatment continues to be improved through the development and implementation of regional paediatric referral health pathways. The regional health pathways website provides a portal for sharing evidence based and agreed best practice guidelines and clinical documentation tools. The Child Health SLA (CH-SLA) have approved a range of clinical resource material for use across child and youth health services including tools for the management of end of life pathway and resource material to support families after the death of a child and Starship paediatric intensive care clinical guidelines manual.

Neonatal and Paediatric travel and transfer pathways have been developed and are in the process of being implemented across South Island paediatric services. These pathways will ensure a consistent, timely, safe and cost effective approach for transferring children between paediatric services in the South Island and Starship Hospital. A regional travel register will be maintained to monitor and evaluate the effectiveness of child and youth travel pathways.

The CH-SLA has linked with the national vulnerable children and families working group that are currently undertaking a stocktake of DHB services. Results from the national survey will be used to inform high need infant care pathways activities for action identified in the 2012-13 workplan key strategic priority number 5: health promotion and prevention.

The CHSLA has approved the child and youth quality indicator framework. The quality indicator framework is based on the Health, Quality and Safety Commission's Quality Indicator framework and is focused on learning's from safety, patient experience, effectiveness, access and equity measures. Areas of focus for 2012-13 cover a range of primary health and paediatric health service indicators and include: qualitative analysis of medication errors in paediatric services, infant and child 'always event' measures, breastfeeding at discharge for neonatal services, specific ambulatory sensitive hospitalization (ASH) conditions, measures of diabetes management, percentage of children with named general practitioner at 3 weeks of age and first specialist assessments per capita.

Rollout of the 'Walking in Another's Shoes Dementia Education Programme

To ensure our providers are informed and understand the needs of our dementia patients HOPSLA continues to promote the Walking in Another's Shoes (WIAS) dementia education programme with dissemination of its communication release to a wider audience. The Ministry of Social Development Office of Senior Citizens now lists WIAS amongst a range of other national and local positive ageing initiatives on its website (<http://www.msd.govt.nz/what-we-can-do/seniorcitizens/positive-ageing/initiatives/west-coast-dhb-walking-in-anothers-shoes-dementia-taining.html>). The first academic paper on the WIAS dementia education programme was published in the Aotearoa National Centre for Tertiary Teaching Excellence journal in August 2012 (<http://ako.aotearoa.ac.nz/ako-hub/good-practice-publication-grants-e-book/person-centred-care>).

In September 2012, Canterbury DHB appointed a separate facilitator to deliver the WIAS dementia education programme to staff employed by the three contracted home-based support services (HBSS) providers (Access, Healthcare of New Zealand and Nurse Maude Association). Canterbury commenced their WIAS age residential care (ARC) dementia education programme in 2008, and since this time a total of 100 carers/health care assistants, 6 enrolled nurses and 19 activity staff members from 25 dementia rest homes and 6 dementia hospitals have completed the programme across Canterbury. Currently there are a further 18 carers/healthcare assistants, 4 enrolled nurses and 2 activity staff members, undertaking the WIAS ARC programme.

West Coast DHB appointed a WIAS facilitator (combined ARC and HBSS WIAS role) in February 2012 and commenced the WIAS ARC course in April 2012. Currently there are 9 carers and 4 diversional/activity therapists enrolled onto the WIAS ARC dementia programme, from 2 rest home, 4 rest home/hospital and 1 dementia hospital facilities.

Further detail on the roll out of this programme across the SI is provided in the milestone report below.

The WIAS programme leaders have developed a suite of course evaluations and outcome measures (e.g. course evaluations, pre and post course measures and Line Manager feedback). It is envisaged that a cross-section of these will be used to monitor/benchmark progress across DHB's. The Canterbury DHB have also introduced a six-month follow-up ARC WIAS evaluation to monitor if improvements gained through the WIAS programme have been sustained and maintained. The results from this survey are due by the end of 2012.

Effective Support Services

The work groups and workstreams for Procurement and Supply Chain, Food Services, Laundry Services, Clinical Engineering and Mechanical and Engineering continue to strengthen through strong clinical leadership and having Health Benefits Limited (HBL) membership on the groups.

The South Island Procurement Plan and the South Island Capex Plan have again been developed and adopted through excellent regional collaboration.

The region's savings reported to HBL are on a par with last year and are slightly ahead of predicted by the end of August 2012.

The Support Services SLA (SSSLA) took up HBL's call for Expressions of interest (EOIs) for providing Food services and Linen services. Following careful consideration, Support Services has now gone to the next stage with HBL and is responding to their call for a Non Binding Indicative Offer (NBIO) for the provision of Linen services. A response will be submitted in early November.

To support an efficient and effective St John service a work group of the SS SLA is working with St John to develop a regional agreement for patient transfers. It is the

intended that this will be more efficient for South Island DHBs and St John.

Effective Information Systems

The Information Services Service Level Alliance (IS SLA) work programme has four primary drivers, Medication Management (Go for Gold) Regional Clinical Workstation (Health Connect South), Regional eReferrals and PAS replacement. There are a number of sub projects that impact the implementations of the key programmes.

Foundation infrastructure is being developed for the IS SLA work programme. This includes developing a communication strategy. Communications are seen as critical in managing our relationship with our stakeholders. A programme plan including all the IS SLA projects has been developed to help manage and track the work under development. A new Facilitator has been appointed and a regional budget has been drafted.

Health Connect South (HCS) Clinical Workstation

Upgrades to the regional instance are progressing well, with Enterprise Master Patient Index, Admissions Discharges Transfers and Unique Person Number changes being completed September 2012

Electronic Shared Care Record

The Electronic Shared Care Record (eSCRV) implementation in CDHB is progressing well. 270 Pharmacy users have accounts to access eSCRV and this number is growing. There are 117 Canterbury pharmacies with 101 installed; of the 101 installed, 77 are currently transmitting dispensing data.

Nurse Maude Unique Person Number (UPN) project went live on 29th September. We expect to have full access for all Nurse Maude users by 19th October.

Rollout of the Patient Information Explorer to Canterbury General Practice commenced 1st August. The Patient Information Explorer (PIE) provides single sign on access in patient context to Health Connect South.

Electronic Referral Management System

The Electronic Referral Management System (eRMS) has reached the outstanding milestone of 80,000 referrals. eRMS is also now processing up to 8,000 referrals per month.

Patient Administration System

The Patient Administration System Expression of Interest was published in August. This document was well circulated and received a lot of positive feedback including from NHITB. Responses have now been shortlisted to 3 respondents. Vendors will present to technical, functional, commercial and selection panels in November. This programme is on track to select a vendor by mid December.

Long-term Support for Under 65 Year Olds with Long-term Conditions

The South Island DHBs continue, through the HOP Portfolio Managers network, maintain a regional management structure for the Long Term Conditions (LTCs) service with South Canterbury DHB providing the lead role for the South Island.

Significant cost pressure remains for the LTC service with a final overspend for the 2011-12 year of \$600K (SI total). This pressure will continue in 12-13 with a similar or larger overspend expected.

The South Island DHBs maintained the same Needs Assessment Service Coordination (NASC) services as contracted by the Ministry. SI DHBs will continue to contract with the current NASC services for a further 9 months to allow for service development work to be undertaken.

South Island Regional Training Hub

The collation of workforce data for the South Island is underway. Nursing is completed. Medicine, Midwifery, Allied Health, Scientific and Technical is under development.

The Regional Programme Director Training (RPDT) has visited Nelson Marlborough and the West Coast, meeting with DHB staff, PHO's and GPs. Information gathered will be used to plan South Island Regional Training Hub (SIRTH) activities in 2013/14.

The RPDT and the Project Facilitator attended an e-portfolio seminar in Hamilton. Following this e-portfolios have been added to the agenda for the national RPDT meeting.

Members of the SIRTH steering Group met with the HWNZ Board in Dunedin.

Medical workstream

Have identified four priorities which will form the work plan for the immediate future:

- PGY1/2
- Rural Hospital Medicine/GP Training
- Regionalising Hospital Based Training
- Patient Safety/Lean thinking/Clinical Governance

Work groups have been established for these 4 activities and plan to meet before the end of November, 2012

Midwifery workstream

Have identified two key initiatives:

- A South Island approach to identify core competency training.
- Providing the opportunity for South Island Midwifery educators to network and develop learning and assessment packages to address the core competencies previously identified.

Cardiac

The workstream has developed a paper "Essential Minimum Cardiac Facilities (for South Island hospitals)." This paper is currently with the Alliance Leadership for their

approval, as the intention is to present this paper on the National Cardiac Network agenda as an example which other regions may wish to follow.

Initial training has been undertaken with Streamliners to develop regional cardiac health pathways at secondary to tertiary level.

Electives

A regional approach to improving elective services has resulted in the South Island Alliance (SIA) on behalf of the five SI DHBs submitting a proposal to the National Health Board for funding up to \$610,000 to enhance elective surgery outcomes in keeping with the Government's goals to improve access and timeliness. The available funding is to contribute to the achievement of Government elective services waiting times targets as measured by Elective Service Patient Flow Indicators (ESPIs) Two and Five with no patient waiting longer than five months by 30 June 2013, and to have no patient waiting longer than four months by 31 December 2014.

Stroke

Patients who experience a stroke in the South Island can expected to receive timely access to organised stroke services regardless of where they live. Stroke Workstream has strong clinical leadership and its terms of reference and work plan is closely aligned to national initiatives coordinated through the Stroke Foundation NZ. Each SI DHB has an established stroke working group to support and inform the work of the regional workstream and vice versa.

A regional dashboard of stroke services with agreed stroke service targets has been developed and is used to access each DHBs hospital services progress towards meeting the Stroke Guidelines. All SI DHBs have work to do in achieving their stroke service indicator targets. The regional Stroke Workstream provides clinical leadership and support to DHBs in meeting their target. The dashboard is updated every three months and all DHB stroke services are making good progress towards achieving implementing improvements.

The workstream is mapping the patient journey across the continuum of care to identify gaps/barriers and opportunities for improvement. It is intended the patient journey map is utilized at individual DHB stroke service.

Legend
On Target
Caution
Critical
Complete
Not Started

MILESTONES DASHBOARD 2012 – 13							
Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
SOUTHERN CANCER NETWORK							
Implementation of the SI Blood and Cancer Service Plan (SIBCSP) which includes: <ul style="list-style-type: none"> • faster wait times • medical oncology • radiation oncology • MDMs • bowel and lung • Advanced Symptom Management System (ASYMS). Southern Cancer Network (SCN) working groups are provided with ongoing support to progress their respective work plans. Reducing Inequalities projects are	1	Implementation of the agreed priorities in the regional implementation plans for the faster cancer treatment indicators	Monitoring progress against the national and regional cancer health targets	Q2 &4	FCT RIP complete Three months data capture completed	On target	
	2	Implement priority areas identified in the report New Models of Care for Medical Oncology	Monitoring progress of network groups against their work plans	Q2 &4	SIBCCG meeting	On target	
	3	Implement agreed recommendations from the Radiation Oncology project	Monitoring progress of network groups against their work plans	Q2 & 4	LSI workforce/ workflow report preparation underway	On target	
	4	Sustained performance against the radiotherapy and chemotherapy wait time targets by more efficient use of existing resources, and investing in workforce and	Monitoring progress against the national and regional cancer health targets	Q2 & 4	Targets to be collated in Q2	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
supported across the SI region. Implementation of the SI Clinical Cancer Information System (SICCIS), the SI regional clinical data repository for cancer.		capacity as required					
	5	Improve the functionality and coverage of multidisciplinary meetings (MDMs)	Monitoring progress of network groups against their work plans	Q2 & 4	PoC progressing	On target	
	6	Implement agreed recommendations from the SI Lung and Bowel projects	Monitoring progress of network groups against their work plans	Q2 & 4	Communications plan being developed for Lead CE approval prior to report release	On target	
	7	Identify innovations (e.g. ASYMS) and adapting them to the SI setting	Monitoring progress of network groups against their work plans	Q2 & 4	No progress due to HWFNZ rescinding funding	Critical	ASYMS _ HWFNZ indicate they no longer have the funding which was previously approved
	8	Identify actions to support service improvements along the cancer patient pathway	The development and implementation of the SI Fast Track Colorectal Pathway	Q2 & 4	On track	On target	
	9	Identify actions to establish data collection systems to support service improvements along cancer patient pathway, and implement SICCIS	Monitoring progress against SICCIS action plan goals and measures	Q2 & 4	Imports from all 3 cancer centres successful	On target	

CARDIAC SERVICES

Within its available resources, the SI Cardiac Workstream Group will work with clinical networks (including the National Cardiac Network) to implement actions to improve outcomes for people with suspected Acute Coronary Syndrome (ACS). Specifically, the Group will work together to: <ul style="list-style-type: none"> support a planned approach to coordinated and collaborative regional service delivery and 	1. Targets (National)						
	1.1	Establish regionally agreed protocols, processes and systems to ensure prompt local risk stratification of suspected ACS patients and transfer of high risk patients to tertiary centres for necessary interventions	85% of people will receive elective coronary angiograms within 90 days and no patient will wait longer than six months (Q3) At least 70% of ACS patients accepted for diagnostic coronary angiogram will receive this within three days of admission	Q3	NHB have advised of reports available on the Electives website	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
<p>support local service delivery</p> <ul style="list-style-type: none"> • reduce inequalities in access to cardiology services across the SI • enhance the quality of health services across the SI • use common referral, prioritisation and condition management tools • engage with all associated disciplines to ensure sustainable management of cardiac services in the SI and implement national cardiac strategies <p>Ensure continuous improvement to reduce access times for acute and elective work through improved efficiencies.</p>			<p>Population access to the following conditions will not be significantly below the agreed rate:</p> <ul style="list-style-type: none"> • Cardiac surgery: 6.5 per 10,000 of population • Percutaneous revascularization: 12 per 10,000 of population • Coronary angiography: 32.3 per 10,000 of population (Q4) <p>Regional solutions will be introduced for access problems within the cardiology and cardiac services (Q4)</p> <p>No one will wait longer than five months for first specialist assessment or treatment</p> <p>The waiting list for cardiac surgery will remain between 5 and 7.5% of annual cardiac throughput, and not exceed 10% of annual throughput</p>				
	1.2	Agree regionally the clinical pathway from primary to tertiary care for management of patients with suspected ACS				On target	
	1.3	Ensure local staff are trained in risk assessment of patients with suspected ACS according to national guidelines				On target	
	1.4	Ensure systems and processes for patients with suspected ACS are effective by being tailored to the				On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		needs of high risk population groups such as Māori, Pacific and South Asian people					
	1.5	The National Cardiac Network will identify and agree cardiac surgery targets which will improve equity of access				On target	
	1.6	Improve access to cardiac diagnostics to facilitate appropriate treatment referral		Q4		On target	
2. Regional service plan							
	2.1	A regional service plan for cardiac services will be developed and implemented to support appropriate access to cardiac services, including surgery and percutaneous revascularization	2.1.1 Regional services plan for cardiac services developed	Q3		On target	
3. Health pathways							
	3.1	Formulate a plan to implement health pathways for cardiac services across the SI based on the Canterbury DHB model	3.1.1 SI Alliance approach to health pathways agreed	Q3	Initial training undertaken with Streamliners	Complete	
			3.1.2 Two cardiac health pathways agreed	Q4		On target	
	3.2	SI Alliance determines costs and protocols for cardiac pathways	3.2.1 Protocols developed and agreed	Q1		Complete	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	3.3	Develop consensus for improving transfer times and travel	3.3.1 SI Alliance approach to health pathways agreed	Q3		On target	
4. Minimum facilities							
	4.1	Develop a consensus as to what would be regarded as the absolute minimum essential cardiac facilities for a small to medium hospital	4.1.1 Minimum criteria decided on and reported to the workstream	Q1	Paper approved by workstream	Complete	
			4.1.2 National network supportive of this initiative	Q2		On target	
			4.1.3 All SI DHBs working to at least minimum level	Q3		On target	
5. Training							
	5.1	Ensure increased cardiology nurse training in regards to: <ul style="list-style-type: none"> increased exposure to cardiology during nursing training training opportunities in New Zealand for Clinical Nurse Specialists in Cardiology 	5.1.1 Current position reported to the workstream (Q1)	Q1	Discussions to be held with newly appointed coordinator	Complete	
			5.1.2 Opportunities identified (Q1)	Q1	Ditto	Caution	Further work required with Training Hub personnel now that they are operational.
			5.1.3 Links made and maintained with the SI RTH (Q1)	Q1	Ditto	Caution	Ditto
			5.1.4 Training undertaken and reported (Q3)	Q3		On target	
CHILD HEALTH SERVICES							
1. Strategic Planning for South Island Children and Young People							
Annual child and youth health service planning and identify areas	1a.	Development of a three year strategic plan	3 year planning with 2013-14 annual work plan developed to meet year	Q2	Planning commenced to inform SLA	On Target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
for service improvement with a focus on:			one goals		workshop 14 Nov		
<ul style="list-style-type: none"> taking a whole-of-system approach across DHBs at-risk, high health needs and vulnerable children, families and communities SI child and youth epidemiology report findings clinical leadership and engagement with the wider health and social service Māori Stakeholder engagement.	1b.	Stakeholder engagement survey	Communication plan implemented Implement stakeholder engagement survey	Q1	Deferred stakeholder engagement survey to Q4 Communication plan implemented	Caution	Use information from SI Alliance satisfaction survey and target specific engagement survey Q4 to assess effectiveness of child health pathways after 12 months of use
2. Improving access to South Island Children and Young People							
Working together to improve access across the continuum of healthcare and social welfare to:	2a.	Survey stakeholders to assess level of engagement	Linked to 1b.	Q4		On Target	
<ul style="list-style-type: none"> take a whole-of-system approach support children, young people and their families/whanau Develop a framework of care.	2b.	Regional programme of care for children and young people	Documented programme of care	Q4		On Target	
	2c.	Development and implementation of regional health pathways	Regional health pathways developed <ul style="list-style-type: none"> 4 condition specific general surgery 2 gastroenterology 2 community-based 	Q4	2 general surgery pathways implemented and enhancement to pathway format.	On Target	
	2d.		2 regional general surgery pathways evaluated	Q4		On Target	
3. Collaboration and Integration							

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
Strengthen collaboration and integration of child and youth health care and social services within the continuum of care across SI DHBs, and relevant community providers.	3a.	Map regional community-based child health programmes	Dashboard of regional community based child health services/programmes	Q1	Commenced with links to national process	Caution	Waiting outcome of national process due end Oct 2012
	3b.	Identify system improvements for child development services	Implement 2 child development quality improvement initiatives	Q4	Linked to 6.a	On Target	
	3c.		Reduction in inappropriate referrals from primary care to secondary care services	Q4	Linked to 6.a	On Target	
	3d.	Shared electronic child growth charts for use across all health providers	Progress report of electronic growth charts	Q4	Registered on SI IS programme & with national innovation hub	On Target	
	3a.	Map regional community-based child health programmes	Dashboard of regional community based child health services/programmes	Q1	Commenced with links to national process	Caution	Waiting outcome of national process due end Oct 2012
4. Workforce development							
Shared regional workforce development and planning innovations.	4a.	Workforce plan	Development of regional SI child and youth workforce plan	Q2	In progress	On Target	
	4b.	Education and training framework	2 workforce initiatives implemented <ul style="list-style-type: none"> Regional MDT child education forum Regional peer support/mentoring programme 	Q4		On Target	
5. Health Promotion and Prevention							

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
Work with regional community and public health teams to implement effective health promotion, and prevention, programmes in SI child and youth health services. Participate in national social marketing programmes.	5a.	Development of integrated programme of care plan for high need, at risk children and families	High needs infant care pathway developed (linked 2, 3 & 6) Framework for service improvements based on 'healthy beginnings' policy	Q4	Refer to key activities 5a, 3b, 6a Drafted healthy beginnings framework	On Target	
	5b.		80% pregnant women enrolled with well-child services and have ante-natal well child service contact	Q4		On Target	
	5c.		Maternal depression pathway developed and implemented	Q4	Scoping of workstream commenced	On Target	
	5d.		2 regional pathways for management of children with chronic conditions developed	Q4	SI epidemiology report data analysed and conditions for pathway development determined	On Target	
	5e.	Evaluation of SI epidemiology datasets	Identify regional health promotion/prevention initiatives	Q4	Linked to 6.a	On Target	
6. Quality and Safety							
Share learning's through quality improvement initiatives.	6a.	Quality Improvement framework	Development of quality indicator (QI) schedule for children and young people	Q1		Complete	
	6b.		Evaluation of reportable events and system improvements	Q4		On Target	
MENTAL HEALTH SERVICES							
1. Mental Health and Intellectual Disability Interface							
A regional approach to the		Creation of a Health and Disability Sector Working	Working group report on current	Q4	Working Group established, terms of	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
Intellectual Disability and Mental Health Interface drawing on the national project on disability and mental health.		Group to: <ul style="list-style-type: none"> identify services currently available in each district and regionally explore ways of enhancing access, capability and capacity work effectively across health and disability agencies 	services		reference and membership agreed		
			Relevant pathway established for clients across health and disability agencies	Q4	Ongoing	On target	
			Clear liaison mechanism established with Disability Support Services	Q4	Ongoing	On target	
2. Pacific Mental Health							
Service plans to identify mental health needs in smaller Pacific People communities in each District.		Working group to explore ways of improving quality of services to Pacific people accessing secondary mental health services	Report with recommendations from the working group	Q4	Working Group established, terms of reference and membership agreed	On target	
3. Mothers and Babies							
The regional Mothers and Babies service supports local, regional and national developments to ensure consistency and quality of care across the SI.	3.1	The regional provider reviews existing local and national protocols to identify areas requiring further development	Standards of care protocols reviewed and areas needing development identified where appropriate.	Q4	Ongoing	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	3.2	The regional provider continues to provide additional education opportunities for the District Liaison staff	Educational opportunities provided on an ongoing basis; reviewed	Q2	Ongoing	On target	
	3.3	The regional provider selects and endorses a suite of screening tools for use across the SI (enhancing core skills and competencies for clinicians)	Suite of screening tools endorsed and care pathway agreed. The regional provider will provide referral advice to potential referrers. This process will commence in Canterbury. Dissemination to other districts will be informed by the Canterbury experience.	Q4	Ongoing	On target	
	3.4	The regional provider undertakes a review of the baby boarder status	Review (of baby boarder status) presented to the Mental Health Service Level Alliance	Q4	Ongoing. A Service Provision Framework will be used to address this item	On target	

4. Eating Disorders

A wide range of services based on the guidelines outlined in “ <i>Future Directions for Eating Disorders Services in New Zealand</i> ” (MoH 2008).		The Eating Disorders Working Group explore the options for developing and monitoring clinical standards in eating disorders services	Introduction of standardised outcome measures for eating disorders across the SI: all districts collecting the same data	Q3	Ongoing	On target	
		The Eating Disorders Working Group clarify liaison arrangements with general mental health services	Complete a review of the process of introducing standardized outcome measures	Q4	Ongoing	On target	
			Review and agree standardised liaison arrangements	Q3	Ongoing	On target	
		The Eating Disorders Working	Roll out Werry Centre e-learning	Q3	Ongoing	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		Group advises DHB Planning and Funding on workforce issues	aimed at developing eating disorders capability in the broader workforce. (Agreement with the districts and Werry Centre will be required to confirm targeted clinicians will have the time to complete the workforce development): some clinicians will have completed training				
			Review the above roll out process	Q4	Ongoing	On target	
			Confirm the sustainability of Maudsley Family Based Therapy for Anorexia Nervosa for those under 18 following national roll out of the model ¹	Q1	Circumstances for sustainability established	Complete	
			Work with districts to identify the numbers of additional clinicians required to make the model sustainable ²	Q1	There is a need for a further 15 clinicians to be trained in MFBT across the South Island to continue the sustainability of the model	Complete	
			Run the MFBT training course ³	Q2	Ongoing	On target	
			Review the value of treatment and	Q3	Ongoing	On target	

¹ Reporting measure changed approved by the Alliance Leadership Team – 27 August 2012

² Reporting measure changed approved by the Alliance Leadership Team – 27 August 2012

³ Reporting measure changed approved by the Alliance Leadership Team – 27 August 2012

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
			further needs of districts ⁴				
5. Medical Detox							
An integrated medical detox system that involves partners from across the region.	5.1	The regional provider visits the Districts regularly in order to provide education and support for medical detoxification	Each district is visited twice annually	Q4	Ongoing	On target	
	5.2	The regional provider explicitly articulates admission criteria in the Service Provision Framework	Patients receive appropriate and timely treatment	Q4	Ongoing	On target	
	5.3	The tertiary level service is accessed through secondary services	Admission criteria agreed and specified in Service Provision Framework	Q1	Complete - Service Provision Framework in place	Complete	
6. Child and Youth Alcohol and Other Drug Residential Services							
More appropriate treatment options for youth with internalising behaviours (e.g. anxiety and depression). Consultation with the sector.		Understand the demand for residential services for youth with internalising behaviour	A SI position on the best way to meet the need for residential services for youth with internalising behaviour is agreed	Q4	Ongoing	On target	
		Districts and region work together to develop a family-inclusive model	Districts demonstrate the way they work with families while the youth is in the Odyssey programme	Q4	Ongoing	On target	
7. Inpatient Child and Family Services							

⁴ Reporting measure changed approved by the Alliance Leadership Team – 27 August 2012

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
Improve the monitoring of clinical standards, to maintain a continuous quality improvement cycle.		Establish a regional working group to address issues such as model of care, bed planning, eligibility criteria, discharge and consideration of a hub and spoke model	Regional working group established	Q4	The Specialist Mental Health Service Inpatient Services Proposal has been accepted by MoH and is now the Direction for Change	On target	
Promote best practice for CAMHS across the SI.		Consider access pathways for specialist inpatient services for children aged 4 to 10 years	The Specialist Mental Health Service Inpatient Services Proposal will address pathways for access	Q4	Ongoing	On target	
8. Forensic Services							
A watching brief on government priorities on youth forensic.		Complete a review of progress against the Forensic Strategic Plan	Completion of the review	Q2	Dependent upon clarification on whether the two SI forensic services are part of a national, as opposed to regional service. MHSLA anticipate advice from Ministry of Health soon.	On target	
		Use videoconferencing to deliver training	Monthly information sessions rotating around the SI organised by regional providers	Q2	Dependent upon clarification on whether the two SI forensic services are part of a national, as opposed to regional service. MHSLA anticipate advice from Ministry of Health soon.	On target	
		Development of a plan for the deployment of new	Community Youth Forensic FTE Deployment Phase I	Q2	Ongoing	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		Community Youth Forensic FTE across the South Island ⁵	Information Collation – interview based with key stakeholders to identify the range of activities and services currently being provided to inform FTE recommendations for 12/13				
			Community Youth Forensic FTE Deployment Phase II Commence the process of identifying preferred models going forward upon recruitment and establishment into post of the new CDHB specialist consultant psychiatrist.	Q4	Commences upon recruitment and establishment into post of the new CDHB specialist consultant psychiatrist.	On target	

HEALTH OF OLDER PEOPLE SERVICES

1. Restorative Model of Care

Develop a common approach to restorative delivery of community services.	1.1	Implement the regional restorative homecare specification	All home support services will be delivered using the restorative specification and funding method (Q4) 75% of Canterbury DHB services will do so (Q4), with a view to reach parity with the rest of the SI 12 months later	Q4	The regional restorative homecare specification has been superseded by the national service specification. Once the national service specification has been finalised, all DHB's are looking to utilise this version	On target	The regional restorative homecare specification has been superseded by the national service specification and there is uncertainty about the timeline for this to be implemented.
Align outcome reporting on the Restorative Model of Care with national direction.	1.2	Assess the effectiveness of restorative services and staff training	Agreement on regional outcome measures (Q1) to measure effectiveness of restorative services	Q1	Portfolio Managers and HOPSLA to work together to agree	Caution	The restorative care consensus statement project was placed on hold pending

⁵ Amendment to the workplan approved by Alliance Leadership Team – 30 July 2012

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
			and staff training, and attitudinal change across the health of older people sector (this may require a qualitative study method and relevant funding)		regular, realistic and meaningful reporting		commencement of the new HOPSLA Facilitator. It is envisaged that formal project methodology will be followed and the amended schedule for completing this work is Q3/Q4
2. InterRAI							
Roll-out InterRAI across each of the SI DHBs, including: <ul style="list-style-type: none"> • Contact Assessment • Home Care Assessment • Long Term Care Facility Assessment Enhance the use of the InterRAI as an effective clinical tool.	2.1	Continue extending read-only access to InterRAI to relevant health practitioners	Half of SI primary care practitioners, ARC facilities and homecare agencies will have read-only training and access to InterRAI (Q4). 20% of Canterbury DHB services (Q4), with a view to reach parity with the rest of the SI 12 months later	Q4	Numerator and denominator to be agreed for consistent reporting	On target	
	2.2	Secure agreement from the ITSLA that InterRAI server will be reliable	Subject to technical capability and resourcing, Of this half (20% for Canterbury DHB), 90% will be using it (Q4)	Q4	HOPSLA has had discussions with the leaders of InterRai and systems clinicians in each DHB	On target	
	2.3	Training and Competencies maintained to the national standards	DHB audit of compliance with national standards is provided to HOPSLA (Q4)	Q4	All people trained to use InterRAI have to complete 10 assessments (which are audited) prior to gaining their InterRAI competence. All InterRAI users are then required to complete annual audit checks to ensure competencies are maintained	On target	
	2.4	Consolidate use of the InterRAI suite to improve quality and clinical applicability	All DHBs use the same InterRAI modules and all homecare, and new ARC recipients, will have been assessed prior to entry using InterRAI (Q4)	Q4		On target	
	2.5	Achieve excellence and consistency of reporting on	Regular and consistent data extraction available to HOP service	Q4		On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation	
		aggregate InterRAI data and match it to service utilization	managers and DHB Planning and Funding portfolio managers					
3. Standardised Eligibility Criteria								
Standardize the eligibility criteria and processes for entry to services across the SI.	3.1	Work with SI DHB NASC managers and HOP Portfolio Managers to achieve consistent guidelines	All SI NASCs work to standardised criteria for access to service (Q4)	Q4	All SI DHBs use criterion which is in line with the current draft SI eligibility criteria	On target		
4. Dementia								
Implement the SI Dementia Initiative (SIDI). HOPSLA will take over the advisory role for SIDI. SIDI to continue to manage the MoH Dementia Behaviour Advisory Service tagged funds for the SI. <i>Walking in Others Shoes</i> ('Walking') is as a key training programme.	4.1	SIDI to present a budget to HOPSLA which will make recommendations to ALT on the future use of regional annual funding to assist with "Walking" and local Training Facilitator appointment	Local Training Facilitators appointed by DHBs (Q2)	Q2	CDHB: ARC WIAS Facilitator previously appointed. CDHB: HBSS WIAS Facilitator commenced role Sept 2012. WCDHB: ARC/HBSS WIAS Facilitator appointed Feb 2012. SCDHB: ARC/HBSS WIAS Facilitator appointed Sept 2012. SDHB and NMDHB: ARC/HBSS Facilitators to be recruited before Dec 2012.	On target		
			Initial training by SIDI completed (Q2)					CDHB and WCDHB have already commenced ARC WIAS training. SCDHB, SDHB and NMDHB are scheduled to start ARC/HBSS WIAS by Q2
			First iterations of the 'Walking' programme in each DHB, with the first HBSS group in Canterbury DHB (Q2)					CDHB scheduled to commence HBSS WIAS training in Dec 2012

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	4.2	Ensure that the 'Walking' programme is assessed for quality outcomes	Quality improvement outcomes for 'Walking' established (Q4).	Q4	ARC WIAS programme leaders have developed a suite of course evaluations and pre and post course outcome measures. CDHB are also conducting a six month post ARC WIAS survey and the results are due back by Q2. It is envisaged that a cross-section of these results will be used to monitor/benchmark progress across DHB's	On target	
	4.3	Complete a SI dementia services stocktake	The first regional dementia services stocktake content finalised by HOPSLA/SIDI (Q1) and the results passed on to DHBs (Q1)	Q1		Caution	The regional dementia services stocktake project is on hold as Matthew Croucher is on sabbatical until the end of 2012. The amended schedule for completing this work is Q3
5. Advance Care Planning							
Advance Care Planning (ACP) to be championed by HOPSLA as a key planning approach for older people. Primary Care as the key location. Older people and people with Long Term Conditions involved in DHB ACP planning from the outset.	5.1	Place ACP on the Annual Plan for each SI DHB for all age groups	Each DHB annual plan includes ACP	Q4	ACP is included on each DHB's Annual Plan	On target	
	5.2	Establish ACP cooperative training in the SI	DHBs complete ACP cooperative training or equivalent	Q4	A SI regional ACP workshop is planned for 30 October. DHB's have been asked to nominate ACP 'champions' to attend the workshop and lead the ACP education rollout	On target	
	5.3	Provide ACP material in different languages and standardise terminology as much as possible	Standard terminology is used across the SI in the languages relevant to populations served	Q4		On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	5.4	Use electronic records in order that physicians are aware an advance directive is in place	InterRAI assessment roll-out includes a question on advance directives	Q4	Both the HC and LTCF interRAI tools include a question on advance directives. Thus the LTCF will automatically be populated when a client moves from the community into ARC	On target	

ELECTIVE SERVICES

<p>A standardized, regional approach to the production of electives volumes delivered by the SI DHBs' Provider Arm services.</p> <p>Along with improving timely and equitable access to elective services for those in the SI, outcomes of the plan include:</p> <ul style="list-style-type: none"> • identification of capacity issues • plans to maximise theatre capacity • contingency options • assistance in meeting additional elective volumes (discharges or case weights) • options for secondary elective service volumes (discharges and case weights to be provided at another DHB) <p>Improvement to quality patient care will be a focal point of activity for elective services.</p>	1.1	Regional plans or solutions developed, and implemented, to support improved access to elective services:					
	1.2	<ul style="list-style-type: none"> • minimisation of the risk of under delivery due to limitations of vulnerable services 	1.2 All vulnerable services are identified and risk management strategies agreed, and implemented, for these services ⁶	Q4		On target	
	1.3	<ul style="list-style-type: none"> • consistency in elective services planning methods at each of the individual South Island DHBs 	1.3 All South Island DHBs use the agreed elective services planning methods	Q4		On target	
	1.4	<ul style="list-style-type: none"> • a consistent approach to elective services planning across the whole of the South Island . The ability to forecast electives 'hot spots' within a year term and address them within that year 	<p>1.4.1 A forecasting tool to identify elective 'hot spots' in 2012-13 is developed</p> <p>1.4.2 An approach to address identified 'hot spots' is agreed and in place</p>	<p>Q2</p> <p>Q2</p>	SI region has submitted proposal to NHB for Electives funding. Project will include further development of forecasting tool to identify electives 'hot spots'	On target	

⁶The South Island COOs have identified Bariatric Surgery, Ophthalmology and ENT as the priority areas for 2012-13

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	1.5	<ul style="list-style-type: none"> the ability to plan for elective services at a regional, as well as individual, DHB level 	<p>1.5.1 Access to Ophthalmology and Otorhinolaryngology (ENT) services is improved to meet national intervention rates – in each DHB where indicated</p> <p>1.5.2 Agreed regional volume for bariatric services is met</p>	<p>Q2</p> <p>Q4</p>	<p>1.5.1 Mapping of Ophthalmology pathways in progress</p> <p>1.5.2 Bariatric – SI region has agreed to ‘pool’ volumes; work commenced on SI Bariatric Health Pathway</p>	On target	
	1.6	<ul style="list-style-type: none"> the South Island region collectively meeting its elective services health target 	<p>1.6.1 SI DHBs will meet the reduced waiting times to a maximum of five months by June 2013</p> <p>1.6.2 SI DHBs will work together to meet equal SIRs for one elective specialty</p> <p>1.6.3 The South Island Elective Services Health Target is met</p>	<p>Q4</p> <p>Q4</p> <p>Q4</p>		On target	
	1.7	<ul style="list-style-type: none"> regional (or sub-regional) solutions will be developed for secondary services where appropriate, considering: <ul style="list-style-type: none"> – use neighbouring South Island DHB capacity – sharing of resources clinical leadership to be sourced per current work stream for each selected elective service. 	<p>1.3 All South Island DHBs use the agreed elective services planning methods (repeat 1.3)</p> <p>1.7 There is a clinical leader assigned to each service area work stream</p>	<p>Q4</p> <p>Q1</p>		On target	

STROKE SERVICES

1. Strategic Planning for South Island Organised Stroke Services

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
Annual stroke health service planning and identify areas for service improvement with a focus on: <ul style="list-style-type: none"> • taking a whole-of-system approach across DHBs • clinical leadership and engagement with the wider health service providers • Māori • Stakeholder engagement. 	1a.	Regional stroke workstream terms of reference identify membership & accountabilities	Establishment of regional clinical stroke group	Q1		Complete	
	1b.	2012-13 work plan	Annual service work plan activities reflects key planning approaches	Q1		Complete	
	1c.	Communication plan	Communication plan implemented	Q1		Complete	
	1d.	Survey stakeholders to assess level of engagement	Stakeholder engagement survey implemented	Q2		On Target	
	1e.	Establishment of regional dashboard of acute and rehabilitation stroke services	Regional stroke dashboard for acute, rehabilitation and community service implemented	Q1		Complete	
2. Improving Access to South Island stroke services							
Working together to achieve organized stroke services across SI DHBs: <ul style="list-style-type: none"> • take a whole-of-system approach to improve access to coordinated acute and rehabilitation stroke services and re-integration • all SI DHBs provide thrombolysis services using best practice documented protocols Small DHBs provide thrombolysis services or a timely, effective pathway to access a thrombolysis service.	2a.	Benchmark SI stroke services	Regional stroke dashboard for acute, rehabilitation and community service implemented	Q1	Completed in dashboard –discussion on best indicator dataset to use	Complete	
	2b.	Regional TIA referral pathway for high risk patients	Regional TIA referral pathway for high risk patients implemented in all SIDHB	Q3	CDHB & SDHB TIA referral pathways reviewed and shared for modification in other DHBs development	On Target	
	2c.	Regional TIA referral pathway for low risk patients	Regional TIA referral pathway for low risk patients implemented in all SIDHB	Q3	TIA pathway for low risk shared	On Target	
3. Workforce Development							
Support and facilitate shared regional workforce development and planning innovations to ensure sustainability of SI stroke services.	3a.	Training and education programme planned	Training and education information shared across SI DHB services	Q3		On Target	
	3b.		Access to web-based training programme	Q3		On Target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	3c.		2 shared SI MDT regional education sessions	Q4	First MDT regional education programme planned for 28 – 30 November 2012	On Target	
4. Health Promotion and Prevention							
Work with Stroke Foundation and regional community and public health teams to support effective stroke health promotion, and prevention, programmes in SI. Participate in national social marketing programmes.	4a.	Plan and implement stroke prevention and health promotion programmes	SI DHBs participate in one national public awareness campaign	Q4		On Target	
	4b.		Implementation of Health Info portal on SI health pathways for patients and care givers	Q2		On Target	
5. Quality and Safety							
Share learnings through quality improvement and benchmarking initiatives to improve organised stroke services quality and sustainability.	5a.	Define regional stroke health indicators that are aligned to national stroke health indicators	Implementation of SI regional stroke services quality indicator dashboard	Q2	Linked into national stroke indicator working group	On Target	
	5.b	Evaluation and monitoring of regional stroke services	Evaluate SI dashboard trends	Q4		On Target	
	5c.		Recommendations for service improvements from evaluation findings (5.b)	Q4		On Target	
SUPPORT SERVICES							
Support a planned approach to coordinated and collaborative regional support services delivery and support local service delivery Use common data bases and management tools. Engage with all associated disciplines to ensure consistency of services across the SI. Ensure clinical engagement to maintain appropriateness of support	1. Procurement and Savings						
	1.1	Aggregate procurement requirements	<ul style="list-style-type: none"> Improved financial performance in the form of savings and/or investments. Accumulated savings reported at the end of each quarter Increased number of collaborative projects, with at least one new project underway each quarter 	Quarterly		On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
services. Provide regional leadership. Align with HBL processes and plans to achieve mutual benefits and savings. Maintain and strengthen the relationship with HBL to assist them to achieve their signaled intention of an operating model in partnership with DHBs where regional shared service organisations will be their primary interface.	1.2	Reduce procurement costs	<ul style="list-style-type: none"> Improved financial performance in the form of savings and/or investments. Accumulated savings reported at the end of each quarter SI Procurement and Supply Chain workstream reports savings of \$15 million (using agreed national methodology) during the 2012-13 year Accumulated savings reported at the end of each quarter 	Quarterly		On target	
	1.3	Improve purchasing power	<ul style="list-style-type: none"> Improved financial performance in the form of savings and/or investments. Accumulated savings reported at the end of each quarter 			On target	
2. Collaboration and professional input							
	2.1	Remove road blocks to delivering the workstream objectives	<ul style="list-style-type: none"> Ongoing engagement maintained with those who work in key related services, and management from relevant local, regional and national health services organisations, including clinicians relevant professional groups, provider organisations, DHB Planning and Funding and HBL 	Ongoing		On target	
	2.2	Continue to acquire and maintain clinician involvement on SLAs and workstreams	<ul style="list-style-type: none"> Clinicians regularly contributing to workstreams Less clinical variation to achieve safer and easier clinical exchanges 	Ongoing		On target	
	2.3	SI Procurement and Supply Chain workstream and working group will work collaboratively to identify and act on opportunities to	<ul style="list-style-type: none"> SI DHBs deliver savings and optimise financial and service performance in a timely manner Ongoing engagement maintained with those who work in key related services, and 	Ongoing		On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		secure savings	management from relevant local, regional and national health services organisations, including clinicians relevant professional groups, provider organisations, DHB Planning and Funding and HBL				
	2.4	Build on the work of national initiatives and ensure these are applied locally	<ul style="list-style-type: none"> • HBL are in agreement with work plans (Q2) • HBL has representation on SLA and all workstreams 	Q2		On target	
	2.5	Align with national or other regional activity to deliver the best outcomes for cost and service	<ul style="list-style-type: none"> • Timely access to products and services • Standard reporting on all activity • HBL are in agreement with work plans (Q2) • HBL has representation on SLA and all workstreams 	Q2		On target	
	2.6	Align with the target of collective procurement driven by HBL and MED to take advantage of bulk purchasing savings	<ul style="list-style-type: none"> • Increased rationalisation and standardisation of products and services (where appropriate) across the DHBs to reduce clinical risk and increase purchasing power • Increased number of collaborative projects, with at least one new project underway each quarter • HBL are in agreement with work plans (Q2) • HBL has representation on SLA and all workstreams 	Q2		On target	
3. Workstreams							
	3.1	Food Services workstream which was put on hold in 2011 will be re-engaged	<ul style="list-style-type: none"> • Food services business case updated to show how savings will be achieved in this sector across the SI (Q2) 	Q2		On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	3.2	Laundry Services workstream which was put on hold in 2011 will be re-engaged	<ul style="list-style-type: none"> Laundry services business case updated to show how savings will be achieved in this sector across the SI (Q2) 	Q2		On target	
	3.3	Maintenance and Engineering Services workstreams which were put on hold in 2011 will be re-engaged	<ul style="list-style-type: none"> Maintenance and Engineering services business case updated to show how savings will be achieved in these sectors across the SI (Q2) 	Q2		On target	
	3.1	Food Services workstream which was put on hold in 2011 will be re-engaged	<ul style="list-style-type: none"> Food services business case updated to show how savings will be achieved in this sector across the SI (Q2) 	Q2		On target	
4. Information Systems							
	4.1	Implementation of Oracle in CDHB and WCDHB to mitigate risk of collapse of current system instability	<ul style="list-style-type: none"> FMIS under Oracle demonstrates a stable platform (Q3) 	Q3		On target	
WORKFORCE AND THE REGIONAL TRAINING HUB							
1. Development of Regional Training Hub							
Through the Regional Director, provide coordinated shared workforce planning and innovation regionally through effective planning and administration of the SI Regional Training Hub (RTH).		Standardise training/education programmes regionally. Coordinate clinical placements to specialist training programmes regionally. Administer and implement national workforce initiatives eg voluntary bonding, leadership development. Align workforce training to match national service delivery needs and regional	Annual plan by workstream developed and agreed. This plan will include: <ul style="list-style-type: none"> A minimum of 3 standardised programmes An approach and number of clinical placements to specialist training programmes.	Q2	Medical – Clinical Leadership Team confirmed and four work groups identified.	On target	
					Nursing – Met in July. Workforce profile for SI Nursing has been provided.	Caution	
					Allied Health, Scientific & Technical have identified AH Assistants as a project		
					Midwifery – First workstream meeting	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		clinical service plans.			held and prioritised a South Island approach to core competency training and have provided an opportunity for SI Midwifery educators to meet.		
					Allied Health Scientific & Technical – have had initial discussions re work plan in regard to leadership and career progression. Next meeting scheduled for October.	On target	
			Completion of data analysis for the SI health workforce by workstream. Nursing has been completed	Q1	Initial work has commenced for the regulated health professional groups.	Caution	There is not one data source so information is being collated from multiple sources, so this is taking longer than expected but is achievable.
			Completion of a stakeholder survey regarding innovation and cross-discipline opportunities.	Q3	Requested stakeholder analysis information from HWNZ.	On target	

2. Strategic Planning

Annual workforce planning for medicine, nursing, midwifery and allied health workstreams in association with identification of areas for project focus for individual and collective hub workstreams: <ul style="list-style-type: none"> taking a whole of systems view to workforce planning across DHB's in the SI review current workforce data to inform education and training opportunities across the region consider opportunities for Māori, 		Establish baseline data on the SI health workforce to identify opportunities for delivery within and across the region. Identify agreed SI Alliance initiatives to support Maori and other ethnic groups. Identify opportunities to delivery or connect education to professional group workstreams as part of the SI Alliance. Align and integrate current	Annual plan by workstream developed and agreed.	Q2	Underway. Medical and Midwifery streams have identified work groups.	Caution	Nursing and Allied Health Scientific & Technical yet to identify projects. Priorities will be identified when groups meet, AHS&T on Oct 15 and Nursing by Oct 31.
			Completion of data analysis for the SI health workforce by workstream.	Q1	Underway Nursing completed, Obtained some midwifery and medical data.	Caution	Allied Health Scientific & Technical yet to be collated, as there is not one data set, in fact multiple this is taking longer but will be achieved.
			Completion of a stakeholder survey re innovation and cross discipline opportunities.	Q3	Underway	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
<p>pacific, and those from other ethnic communities</p> <ul style="list-style-type: none"> • Key Stakeholder engagement • contribute to the integration and alignment of work programmes as part of the SI RSP. 		activities to the work programme set out in the SI RHSP.	Review current work programme initiatives in the SI RHSP and align current activities.	Q4	Discussion in progress. Programme director has met with DHB staff, some PHOs, GPs and tertiary education providers.	On target	
3. Improving Access to Education and Training							
<p>Working with the health sector to improve access to tertiary institutions to support education and training opportunities at a post-graduate level. This will be achieved through:</p> <ul style="list-style-type: none"> • Taking a whole of systems approach to education and training. • Working closely with tertiary institutions in the SI to establish areas of opportunity and innovation. <p>Developing a framework to support future educational pathways.</p>	3a	<p>Coordinate and work with tertiary education providers to strengthen or formalize working relationship. Develop and implement a programme of education and training across the SI to encourage post graduate studies by the health workforce. Utilise workforce data to review trends and to establish opportunities for future programmes.</p>	Quarterly meetings held with tertiary institutions to strengthen current relationships	Q1-4	Meeting schedule being established.	On target	
			Agree to a regional programme of education to promote post graduate studies	Q3	Initial discussions on the agenda for all work stream meetings. Initial meetings held with CPIT and the University of Canterbury	On target	
<p>Working with SI DHBs, improve and standardise the career pathways and trainings opportunities for PGY1 & PGY2 students.</p>	3b	<p>Develop career plan pathways for PGY1 and PGY2 student is in line with HWNZ guidelines. Complete stock-take and analyse current training delivery to PGY1 and PGY2 students across the SI DHBs. Standardise the training offered to PGY1 and PGY2 students to ensure consistency in education across the SI.</p>	Review current career planning and submit a report with actions for alignment of actions.	Q1 Q2	Initial discussions on the agenda for Medical work stream meeting. PGY1 and 2 work group has been established with Dr John Thwaites as chairperson	On target	Currently DHBs are reporting this data directly to HWNZ.
			A review is completed on all training delivered to PGY1 and PGY2 students and a final report submitted for approval.	Q3	Initial discussions on the agenda for Medical work stream meeting.	On target	
			Implement reported stocktake and associated training.	Q4	Initial discussions on the agenda for Medical work stream meeting.	On target	

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Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
			Standardise a minimum of three PGY1 and PGY2 programmes regionally.	Q4	Initial discussions on the agenda for Medical work stream meeting.	On target	
			Communicate and coordinate implementation with DHB Training Coordinators.	Q4	Initial discussions on the agenda for Medical work stream meeting.	On target	
Coordinate and improve career planning for all DHB staff who are funded by HWNZ to achieve their career aspirations into the future.	3c	Work with DHBs to review current funding and career planning pathways for all who receive HWNZ funded education. Establish career pathway plans that maps future aspirations through the use of a planning tool used across all DHBs. Review and establish mentoring and support services across all DHBs.	Establish and implement standardised career plans for all HWNZ funded DHB and NGO provider staff.	Q1	Initial discussion with all health professional groups underway.	Caution	Different templates are being used. Careers plans are in place for HWNZ funded nurses & allied health staff. Some are in place for RMOs although this has not been quantified. The RDA has advised that its agreement with HWNZ is that these are voluntary. This requires clarification from HWNZ DHBs individually are reporting on these currently.
			Coordinate with TEC, Kia-ora Hauora, and DHBs the establishment of mentors to align with professional development.	Q2	Under discussion	On target	
			Implement a minimum of 3 innovated new clinical placements/new roles of practice.	Q4	Project Facilitator role approved by ALT to explore "Allied Health Assistant" role. Initial discussion held regarding South Island Pathology Registrar Programme.	On target	
Develop and up-skill the SI Allied Health workforce.	3d	Improving Access to Education & Training – Allied Health Scientific & Technical Undertake a survey to identify all tertiary training organisations providing allied scientific and technical profession training.	Complete the tertiary training organisation survey.	Q1	Will be on agenda for workstream meeting. Initial data collection underway.	Caution	First meeting scheduled for October 15. Training information will be collated by mid November.
			(Resource dependent) A procedure manual for in-house workplace training and supervision of staff is created.	Q4	Will be on agenda for workstream meeting.	On target	

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		Provide Careerforce training to the SI Allied Assistant workforce. Workforces targeted are Dietetics, Speech Language Therapy (dual) and Rehabilitation.					
4. Strengthening Workforce Development							
Coordinate shared workforce planning and innovation regionally with key stakeholders.		Work with SIRTH workstreams to: <ul style="list-style-type: none"> • Promote cross regional education sessions/forums • Promote post graduate training opportunities both regional and rural • Coordinate peer support/mentoring for post-graduate studies • Maintain a presence at national and inter-regional forums to build existing knowledge basis to: <ul style="list-style-type: none"> ○ Understand and influence workforce development opportunities in the SI ○ Grow and repatriate our workforce. 	Develop a SI workforce plan.	Q4	Initial discussions underway with each professional group, and the SI GMS HR Current workforce data being collated.	On target	Nursing New graduates are coordinated across the South Island.
			Develop a peer supporting/mentoring programme for post graduate students.	Q2	Will be on agenda for each workstream meeting.	On target	
5. Strengthening Relationships with Education and Training Providers and the NGO Sector							
Effective relationships are established with education providers, training providers and the		Work with SIRTH workstreams to:	Allied Health tertiary training network and relationship building forum held	Q2	Will be on agenda for workstream meeting.	On target	

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
NGO sector.		<ul style="list-style-type: none"> Ensure representation on each work stream of appropriate education and training providers Ensure NGO representation is included in work stream leadership Provide ongoing communications to all education providers, training providers and NOG related to developments and activities of SIRTH workstreams.	Mix and contribution of education and training providers on each work stream	Q4	Discussions underway.	On target	
			Mix and contribution of NGO providers on each work stream	Q4	Discussions underway.	On target	
			Feedback from education, training and NGO providers that they are fully informed regarding activities of SIRTH work streams.	Q4	Discussions underway.	On target	

6. Key Initiatives Regionally

Outline of key initiatives in the areas of culture, change leadership, capability and capacity.		Work with SIRTH workstreams and SI General Managers of Human Resources to: <ul style="list-style-type: none"> Identify key strategies for change leadership and culture development across each work stream. Work with SIRTH work streams to: Identify capacity deficits and develop plans to remedy same aligned to DHB and Regional Plans.	A minimum of two key strategies are identified and plans established for change leadership and culture development across the SIRTH region.	Q4	Initial presentation undertaken to SI GMs HR with further discussions underway.	On target	
			A minimum of two capacity deficits are identified and remedial plans established to identify opportunities to deliver or connect education to professional capacity and capability requirements as part of the SI Alliance.	Q4	Review of Voluntary Bonding and further discussions underway.	On target	

SOUTH ISLAND INFORMATION SERVICES SERVICE LEVEL ALLIANCE

1. Health Connect South (Concerto Rollout)

			New regional version	Q1 (2012/13)			
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MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	1.1		CDHB - Continues to implement modules as the modules become available		Q1 (2012/13)	On target	
	1.2		NMDHB- Currently own instance. Discussion on alignment	Q4 (2011/12)	Q3 (2012/13) Project Initiated, Aug 2012	Caution	Formal project methodologies now being followed
	1.3		WCDHB regional implementation of base concerto and éclair	Q4 (2011/12)	Q2 –(2012/13) Go live planned,17/11/2012	Caution	Revised project planning due to resources conflicts (eSCRv & HCS)
	1.4		SCDHB finalising base implementation complete, modules are implemented as they become available	Q4 (2012/13)	Q4 (2012/13) HCS Upgrade progressing to planned dates	On target	
	1.5		SDHB - June 2012 SDHB will be supported by WCDHB. July – Dec 2012 Regional instance implemented	Q2 (2012/13)	Q4 (2012/13) Project Initiated, Aug 2012	Caution	Formal project methodologies now being followed
2. eReferrals							
	2.1		A collective decision will be made in Feb 2012 once the eReferrals workshop provides feedback to the SI IS SLA.	Q2 (2012/13)	ERMS accepted as the regional referral solution	Complete	
	2.2		Integration with concerto			Complete	
	2.3		Nov 2011 due for completion within CDHB in Apr 2012 (eRMS).	Q2 (2011/12)	Q4 (2011/12) Referrals live in 5 services Christchurch campus deployment by Dec'12	Caution	Development of RSD messaging and resourcing conflicts with WC HCS & eSCRv implementation
	2.4		CDHB	Q4 (2011/12)	Q2 (2012/13) Tracking to schedule for full Christchurch campus deployment by Dec'12	Caution	Development of RSD messaging and resourcing conflicts with WC HCS & eSCRv implementation
	2.5		NMDHB move to a regional instance of concerto	Q2 (2012/13)	Q2 (2012/13) HCS ERMS project at initiation stage for fax capacity Stage 1	On target	Formal project methodologies now being followed

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	2.6		SCDHB fax capacity and Dec 2012 concerto integration	Q4 (2012/13)	Q4 (2012/13) ERMS project at initiation stage for fax capacity Stage 1	On target	
	2.7		SDHB - June 2012 (fax capacity) and Oct/Nov 2012. This is dependent on the concerto roll out at SDHB	Q2 (2012/13)	Q2 (2012/13) Project initiation Planned stage 1. Planned implementation Q4 (2012/13)	Caution	Formal project methodologies now being followed
3. ePrescribing and eMedicines Managements							
			2012 Regional ePharmacy to be available	Q1 (2012/13)	Awaiting confirmation of regional hosting ability	Caution	
	3.1		Facilitate SI regional funding discussion 7 March 2012	Q3 (2011/12)	Completed. Requires each DHB to fund separately	Complete	
	3.2		Establish a regional medicines management group		Initial meetings held, Alliance supported	On target	
	3.3		Align MedChart regionally in terms of version and supported processes		Underway with National eMeds Group	On target	
	3.4		Integrate MedChart with New Zealand Universal List of Medicines (version 5.3)		Underway via the National eMeds process and CSC	On target	
	3.5		Develop regional protocols (e.g. common use antibiotics and common conditions)		Meetings to be confirmed	On target	
	3.6		Develop a Statement of Intent on regional alignment by March	Q3 (2011/12)		Complete	
4. Patient Administration System							
	4.1		CDHB September 2012 supporting regional IPS/ hardware planning February - June 2013 IPS	2018		Caution	PAS Partner has not been selected
	4.2		October 2013 start implementation	Q2 (2013/14)		Caution	Partner selection by Dec 2012

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
	4.3		NMDHB September			Caution	Partner selection by Dec 2012
			2012 Decision point on regional suitability.			Caution	Partner selection by Dec 2012
			October 2012 commence implementation of the planning study (IPS).			Caution	Partner selection by Dec 2012
			April 2013 commencing local implementation			Caution	Partner selection by Dec 2012
	4.5		WCDHB June 2012 regional evaluation and subsequently alignment with Southern DHB .	Q4 (2011/12)	2013/15 install	Caution	Partner selection by Dec 2012
	4.6		SCDHB June 2012 regional evaluation.	Q4 (2011/12)	Partner Nov12	Caution	Partner selection by Dec 2012
	4.7		SCDHB September 2012 commence implementation plan.	Q1 (2012/13)	2015/16 install	Caution	Partner selection by Dec 2012
	4.8		SDHB currently alignment of district iPM version.	Q4 (2011/12)	Q2 (2012/13)	Caution	On hold pending PAS selection
	4.9		June 2012 regional evaluation then implementation in conjunction with West Coast DHB	Q4 (2011/12)		Caution	Partner selection by Dec 2012

5. Other South Island Alliance Activity

		Provation Align CDHB and SDHB	Q4 (2011/12)	Project Initiated Aug 2012 - Regional solution Regional Scope being developed		Caution	Formal project methodologies now being followed
		Titanium Supporting the national project however this is a separate instance and aligned processes.		No formal engagement with IS SLA			Resource Constraint
		Development of Regional Results Data Repositories Results		Regional ECG Repository project has been initiated.		On target	Formal project methodologies to be followed

MILESTONES DASHBOARD 2012 – 13

Key Planning Approaches	Item No	Actions to Deliver	Measured by	Approved Schedule	Progress against Measures	Legend	Reason for Deviation
		repositories		SDHB Regional TestSafe South implementation being planned			
		Pictures/EHGs archives Privacy policy applied to in and webalagic (regional process option).		No formal Alliance engagement to commence this initiative			Resource Constraint
		Radiology Softwares Alignment of SDHB and NMDHB					
		Supportive requirements for other alliances					
			Southern Cancer Network MDM		Tracking well	On target	
			METRIQ		Ongoing - Alliance Supporting implementation	On target	
			Mosaic Upgrade Medical Oncology		Ongoing Upgrade completed	On target	
			Mental Health	Q3 (2012/13)	Module under development with Vendor	Caution	Auditing framework to be implemented Q1/13
			Older Peoples Health (interRAI)		Ongoing – Managed by hosting DHB	On target	
			Child Health		Growth/ Weight chart to be added to regional HCS		Resource Constraint – Prioritisation required