

# REGIONAL SERVICES PROGRAMME



## Central Region Regional Services Plan 2018/19: Part 2 – Regional Action Plans

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## Purpose

This document details the 2018/19 action plans for the Central Region's six District Health Boards.

It has two parts:

- Part A: The action plans for our regional **priority programmes** – cancer, cardiac, mental health and addiction, and regional care arrangements.
- Part B: The action plans for our **regional programmes and clinical networks** – diagnostics/radiology, elective services, health quality and safety, healthy ageing, hepatitis C, major trauma, regional workforce, stroke, technology and digital services.

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## Part A: Action plans for regional priority programmes

Regional priority programme	Page no.	Chief Executive lead	Chief Operating Officer/General Manager Sponsor
Cancer	6	Kevin Snee	Rachel Haggerty
Cardiac	10	Russell Simpson	Craig Johnston
Mental health and addiction	14	Adri Isbister	Chris Ash
Regional care arrangements	17	Vacant	Rachel Haggerty

## Cancer

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Regional cancer service delivery	Develop a long-term plan to move to a single cancer service delivered to multiple sites	Target operating model developed and implementation begins	Q1 – Q4	Central Cancer Network
	Develop and implement a cancer analytics framework for the region that enables an evidence-based, equity-driven approach to cancer planning			
	Develop and implement a prioritised tumour stream approach for the region that enables an evidence-based, equity-driven approach to clinical pathways and models of care			
<b>Enablers</b>				
Technology and digital services	Central Cancer Network (CCN) to work with district health boards (DHBs) under the Rural Health Interprofessional Programme and digital strategy work programmes to improve MDM business processes and data reporting	DHB MDM business and data processes identified and prioritised in the regional digital strategy	Q1 – Q4	Central Cancer Network
	Regions to work with the Ministry of Health, the Radiation Oncology Working Group and radiation oncology providers to investigate the causes of variations in treatment and help providers to reduce unwarranted variations	Identified variations investigated and addressed, ensuring that equity drives decision-making	Q1 – Q4	Central Cancer Network
Quality	CCN to continue working with DHBs to ensure equity of access to timely diagnosis and treatment for all patients. This includes: <ul style="list-style-type: none"> <li>CCN facilitating a regional Faster Cancer Treatment (FCT) workshop(s) to share initiatives and drive improvements</li> </ul>	Workshop(s) completed	Q1 – Q4	Central Cancer Network
	<ul style="list-style-type: none"> <li>CCN continuing to provide regional FCT reporting (links with the cancer analytics framework and the tumour stream approach)</li> </ul>	Quarterly regional FCT reporting  FCT performance indicators (reported by DHB, ethnicity, tumour stream and first treatment): <ul style="list-style-type: none"> <li>62-day indicator: 90% of patients referred urgently</li> </ul>		

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
		<p>with high suspicion of cancer and need to be seen within two weeks receive their first cancer treatment (or other management) within 62 days of referral</p> <ul style="list-style-type: none"> <li>31-day indicator: 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision to treat</li> </ul>		
	<ul style="list-style-type: none"> <li>CCN and the Regional Radiology Steering Group completing the regional agreement on and implementation of cancer CT/MRI protocols and diagnostic pathways (links to tumour stream approach)</li> </ul>	<p>CT/MRI protocols implemented</p> <p>Diagnostic pathways reviewed for equity and timeliness and standardised regional pathways implemented</p>	Q1 – Q4	Central Cancer Network
	<ul style="list-style-type: none"> <li>CCN working with DHBs to translate the University of Otago C3 (cancer and chronic conditions) study findings into practice to reduce inequalities</li> </ul>	<p>Potential interventions co-designed and implemented in partnership with the university</p>		
	<ul style="list-style-type: none"> <li>CCN engaging with other RCNs to learn from the ‘Routes to Diagnosis’ work and implement it in the region</li> </ul>	<p>Data routinely reported as part of analytics framework</p>		
<ul style="list-style-type: none"> <li>CCN engaging with DHBs to identify opportunities to implement components of the Early Detection of Lung Cancer Guidance (links to tumour stream approach)</li> </ul>	<p>Identified components implemented within existing resources, with a focus on equity first</p>			

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	<ul style="list-style-type: none"> <li>CCN continuing to support the region in implementing the AYA Cancer Network Aotearoa Standards of Care</li> </ul>	Standards implemented		
	CCN to support DHBs in implementing the prostate cancer decision support tool to improve the referral pathways in primary and secondary services as required. This includes ensuring that primary care clinical pathways and secondary care access criteria align with the tool	Pathways and access criteria align with tool	Q2	Central Cancer Network
	CCN to support and coordinate activities to improve quality of life for people who have completed cancer treatment. This includes: <ul style="list-style-type: none"> <li>CCN socialising the <i>Cancer Survivorship in New Zealand</i> consensus statement and identifying opportunities for it to inform service development throughout the region</li> <li>CCN continuing to develop regionally agreed surgical follow-up care booklets via the tumour stream approach</li> <li>DHBs continuing to partner with the Cancer Society and CCN to deliver survivorship programmes for Māori (eg Kia Ora – E te Iwi/Te Mauri)</li> <li>CCN and DHBs working with the Ministry of Health to develop the cancer survivorship model of care</li> <li>CCN supporting DHBs to implement the guidance on national lung cancer follow-up and supportive care once it is released (within existing resources)</li> </ul>	Consensus statement socialised  Regional surgical follow-up booklets developed for priority tumour streams Māori survivorship programme delivered in all DHBs  Input provided  Identified components implemented within existing resources, with a focus on equity first	Q1 – Q4	Central Cancer Network
	Bowel Screening Regional Centre and CCN to continue working with DHBs to plan and implement the bowel screening programme as scheduled: <ul style="list-style-type: none"> <li>Hawke’s Bay DHB go live = Oct 2018</li> <li>Whanganui DHB go live = May 2019</li> <li>MidCentral DHB go live = June 2019</li> </ul>	DHBs go live as scheduled	Q1 – Q4	Bowel Screening Regional Centre/Central Cancer Network
Clinical leadership	DHBs support clinicians to engage effectively with regional cancer clinical leadership positions, as identified for the regional cancer target operating model (interim leadership provided by regional Chief Medical Officers/Directors of Nursing/AHSTD representative	Roles implemented	Q1 – Q2	Central Region DHBs

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	and cancer centre clinical directors) and Bowel Screening Regional Centre			

## Cardiac

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Atrial fibrillation (AF) and heart failure (HF) initiatives	The Cardiac Network, via DHB clinical leads, to work with local Alliance Leadership Teams to identify initiatives to standardise AF and HF programmes in order to reduce access barriers for Māori and Pacific peoples	Prototype standardised programme for AF and HF completed, and addresses Māori and Pacific peoples' inequalities	Q1 – Q4	Cardiac Network/DHB clinical leads
AF and HF monitoring	Engage with primary health organisations to identify current AF and HF data being collected, including ethnicity data  Assess the feasibility of setting up a standardised monitoring system to capture AF and HF data	AF and HF stocktake completed  Feasibility assessment completed	Q1 – Q2	Cardiac Network
Regional cardiology service development	The Regional Cardiology Service Development Working Group to work with Hawke's Bay and MidCentral DHBs to finalise total cardiology service business cases	Hawke's Bay and MidCentral DHBs' business cases finalised	Q1 – Q4	Regional Cardiology Service Development Working Group
Echocardiography (echo)	Confirm a system to report on and monitor echo data	Pilot system for DHBs to report on echo data confirmed All DHBs reporting echo data	Q2 – Q3	Cardiac Network
	Identify gaps and ways to improve access to echo to support the diagnosis of heart failure and other conditions, including those requiring cardiac surgery	Regional data regularly monitored and initiatives identified to address issues and improve performance  95% of echos performed within four months of referral	Q4	Cardiac Network
	Qualified sonographers and echo trainees are recruited by DHBs	DHBs have begun echo training in the region Echo workforce is increased	Q4	Regional DHBs

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	Develop an echo trainee funding model that supports a region-wide approach to training	DHBs with limited capacity to train and supervise can refer to other DHBs with greater echo capacity	Q4	Cardiac Network
Cardiothoracic services	Meet cardiothoracic health targets	95% of patients undergoing cardiac surgery at the five regional cardiac surgery centres have completion of cardiac surgery registry data collection within 30 days of discharge 100% of patients wait less than 90 days for cardiac surgery	Q2	Cardiac Network
	Monitor the standardised intervention rates. Regional rates will be reported against population health standards	6.5 per 10,000 population for cardiac surgery	Q1	Cardiac Network
STEMI [ST-elevation myocardial infarction] Coordinator	Implement a STEMI Coordinator model throughout the region	Hawke's Bay, MidCentral and Whanganui DHBs' STEMI Coordinators in place Pre-hospital fibrinolysis in place for Whanganui and MidCentral DHBs	Q1 – Q2	Cardiac Network
<b>National priorities</b>				
Cardiology health targets	Central Region Cardiac Network to meet quarterly and monitor performance data (data to be reported by ethnicity where appropriate)	70% of patients presenting with acute coronary syndrome (ACS) who are referred for angiography receive it within three days of admission (day of admission being day 0)	Q1 – Q4	Cardiac Network
		95% of patients presenting with ACS who undergo coronary angiography continue to have completion of All of New Zealand ACS Quality Improvement (ANZACS-QI) and Catheter/PCI (percutaneous coronary intervention) registry	Q1 – Q4	Cardiac Network

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
		data collection		
		100% of patients wait less than four months for cardiology first-specialist assessments	Q1 – Q4	Cardiac Network
		80% of outpatients triaged to chest pain clinics are seen within six weeks for cardiology assessments. If a transthoracic echo is considered appropriate, it is undertaken at that time	Q1 – Q4	Cardiac Network
		95% of outpatient coronary angiogram waiting times are less than three months	Q1 – Q4	Cardiac Network
		90% of eligible patients have had their cardiovascular disease risk assessed in the past five years	Q1 – Q4	Cardiac Network
		80% patients presenting with STEMI and referred for PCI are treated within 120 minutes	Q1 – Q4	Cardiac Network
<b>Enablers</b>				
Workforce diversity	Work regionally to identify the current demand for cardiac physiology services and the region's ability to meet it Develop and implement a workforce plan		Q4	Cardiac Network
Workforce	A DHB to host a Central Region education day	Cardiac Network organises education day and programme	Q4	Cardiac Network
Clinical leadership	Work with regional cardiac clinical networks, cardiothoracic surgical units,	Engagement on a quarterly basis	Q1 – Q4	Cardiac Network

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	<p>the New Zealand Cardiac Network and the National Cardiac Surgery Clinical Network to take action to improve outcomes for people</p> <p>Report quarterly at regional and DHB levels using the ANZACS-QI register</p>		Q4	
Pathways	<p>Monitor the use of the accelerated chest pain pathway (ACPP) via DHB self-audit</p> <p>Improve cardiac pathways in primary and secondary services</p>	<p>DHB self-audit of ACPP completed</p> <p>Regional support for DHBs to meet targets</p>	<p>Q3</p> <p>Q1 – Q4</p>	Cardiac Network
IT	DHBs to assess the feasibility of moving to a regional echo system	Feasibility of echo system assessed	Q2	
Equity	<p>Collaborate regionally on the development of an equity framework</p> <p>Work with agencies such as PHARMAC to address equity issues for Māori and Pacific peoples' access to medicine</p>	Cardiac Network reviews inequality data and is supported to address issues raised to improve disparities for Māori and Pacific peoples	Q1 – Q4	

## Mental health and addiction

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Improve qualitative and quantitative reporting to: help tell the story of service user journeys; monitor service performance; and ensure equity issues are addressed	Identify data quality issues with PRIMHD and develop recommendations to correct any issues	Action plan for addressing identified data quality issues in place All DHBs and non-government organisations meet PRIMHD standards and can record mental health activity data	Q1 – Q2	Mental Health and Addiction Regional Leadership group
	Strengthen the current reporting process to better use tangata whaiora stories, service data and outcome indicators to identify priority areas and equity initiatives. Ensure equity is visible throughout the reporting process, especially for Māori	Reporting framework developed with initial focus on key pathways for: <ul style="list-style-type: none"> <li>• primary, secondary and tertiary care</li> <li>• forensic, maternal care</li> <li>• complex care and medium-secure rehabilitation</li> </ul> Priority areas and equity initiatives reported to the leadership group, including information demonstrating areas of concern around equity of provision	Q2 – Q4	Mental Health and Addiction Regional Leadership group
Improve regional information technology (IT) development by addressing the complexities of community care (alongside in-hospital care) in the electronic record environment	Establish a mandated mental health and addiction electronic record steering group that is connected to and aligned with the regional IT programme	Regional attendance at steering group meetings and work on action plan begun, to be completed 2019/20	Q1 – Q4	Clinical and Service Leadership group
	Work with regional ICT leads to ensure future regional platform developments include the ability to share clinical and mental health information, including electronic mental health and addiction care plans	All DHBs have implemented electronic mental health patient care plans	Q1 – Q4	Clinical and Service Leadership group

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Create a strategic plan for the Central Region's mental health and addiction sector developments	Develop a strategic plan to guide the region's planning and development in the next five years, including priorities found by the data and reporting framework, the Ministry of Health Inquiry, the Health Quality & Safety Commission (HQSC) quality improvement programme and other initiatives	Strategic plan endorsed to oversee development for the next five years	Q1 – Q4	Mental Health and Addiction Regional Leadership group
Improve addiction service capability and meet the requirements for implementing the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT)	Report quarterly on local workforce development and regional development activities, with a focus on activities to improve equity	Progress made through regional quarterly reporting  Specific reporting of activities to improve equity	Q1 – Q4	Mental Health and Addiction Regional Leadership Regional AOD Network
	Review the implementation of the regional service model and withdrawal management pathway for SACAT	Progress made through regional quarterly reporting	Q1 – Q4	Mental Health and Addiction Regional Leadership Regional AOD Network
	Review data presented on ethnicity rates for specific actions required to reduce inequality outcomes	Progress made through regional quarterly reporting	Q1 – Q4	Mental Health and Addiction Regional Leadership AOD Network
	Establish regional AOD (alcohol and other drugs) Service Reference group to support and monitor service pathway, including capacity requirements and specific challenges in providing care	Reference group established	Q1 – Q4	RPM
<b>National priorities</b>				
Develop the workforce through delivering the national <i>Mental Health and Addiction Workforce Action Plan 2017–2021</i>	Progress prioritised actions from the action plan	First-year actions completed Second-year actions prioritised and started Progress made through regional quarterly reporting	Q1 – Q4	Mental Health and Addiction Regional Leadership group
Develop clinical leadership and improve service quality	Identify opportunities for regional learning and application from local quality-improvement initiatives	Opportunities reported for future learning and application	Q1 – Q4	Mental Health and Addiction Regional Leadership group

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
through the HQSC quality improvement programme		Action plans for new opportunities developed		
<b>Enablers</b>				
Workforce diversity	Progress the Mental Health and Addiction Workforce Action Plan	See national priorities in action plan		
Workforce	Progress the action plan	See national priorities in action plan		
Clinical leadership	Focus developments in: <ul style="list-style-type: none"> <li>• equity</li> <li>• SACAT</li> <li>• HQSC quality improvement programme</li> </ul>	See regional priorities and national priorities in action plan		
Pathways	Use data reporting framework to highlight issues in specified pathways Detail action plan to address highlighted issues	See regional priorities		
IT	Ensure involvement in developing the regional IT platform	See regional priorities		
Equity	Use the data reporting framework to highlight priority areas for equity initiatives	See regional priorities		

## Regional care arrangements

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Regional engagement and collaboration	Central Regions DHBs to participate in and provide services for care arrangements	Care arrangements reflect local secondary and regional tertiary service delivery	Q4	Central Region DHBs/Chief Operating Officers and General Managers
Models of care	Identify key services for development	Models of care agreed	Q4	Central Region DHBs/Chief Operating Officers and General Managers

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## Part B: Regional programmes and clinical networks

Programme	Page no.	Chief Executive lead	Sponsor
Diagnostics	19	Julie Patterson	Nigel Broom
Elective services	22	Kath Cooke Dale Oliff	Rachel Haggerty Lyn Horgan
Health quality and safety	23	Adri Isbister	Paul Malan
Healthy ageing	25	Adri Isbister	Kieran McCann
Hepatitis C	26	N/A	N/A
Major trauma	28	N/A	Lyn Horgan
Regional workforce	31	Adri Isbister	General Managers HR
Stroke	34	Julie Patterson	Craig Johnston
Technology and digital services	37	Russell Simpson Julie Patterson	Vacant

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## Diagnosics

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Radiology strategy and regional service monitoring	Hold an initiation workshop to agree on a new structure to support the radiology work programme and inform the future strategic plan	Initiation workshop completed	Q1	
	Review the Regional Radiology Steering Group and ensure it aligns with regional and national strategies and has the support of the National Radiology Advisory Group	Radiology group re-established	Q1	
	Develop a radiology strategy and three-year action and investment plan	Strategy and action and investment plan completed	Q3 – Q4	
	Develop a system-level balanced scorecard to enable the region's radiology services to monitor issues related to performance, equity and variations. These include, but are not limited to: <ul style="list-style-type: none"> <li>Ministry of Health CT/MRI wait times</li> <li>workforce capacity and demand</li> <li>the use of private sector services (projected and actual)</li> <li>the provision of diagnostics closer to home</li> <li>risks and issues</li> </ul>	Region can design informatics requirements  Radiology balanced scorecard completed and updated on a quarterly basis for the Radiology Steering Group  Reduced waiting list and improved timeliness to diagnostics for patients	Q2 – Q3	Radiology Working Group Business Intelligence Strategic Workforce
Continue implementation of the Regional Radiology Implementation System (RRIS) to ensure it provides the best possible benefits for the region	Continue to set up a regional radiology governance structure to review and monitor DHBs' transition to RRIS to ensure that benefits are maximised	Region is able to use radiology capacity and capability	Q1 – Q4	Regional Radiology Steering Group and RRISPACS Working Group
Continue to progress workforce recruitment and retention initiatives,	Undertake a stocktake of evidence-based workforce initiatives	Stocktake completed	Q1	Radiology Workforce Group

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
with a particular focus on vulnerable workforces	Develop a regional action plan that aligns with national workforce groups and addresses vulnerable workforces (MRI technicians, MRTs, sonographers, Nuclear Meds, RMOs and SMOs as well as training posts)	Workforce action plan completed	Q1 – Q2	
	Start implementing the workforce action plan for the region	Action plan implemented and progress monitored	Q2 – Q4	
<b>Linkages and support</b>				
Stroke services	Work with stroke services to identify the current radiology demand for acute and rehabilitation stroke services, both in hospitals and in the community, and the region's ability to meet that demand	Radiology actively engaged in stroke demand-management stocktake	Q4	
	<p>Pathways Support the implementation of the clot-retrieval pathway</p> <p>Work regionally and in collaboration with DHBSS and regional and national stroke networks to improve acute and rehabilitation stroke pathways (in primary, community and secondary services) for patients with ischaemic stroke and TIA (transient ischaemic attacks)</p>	Radiology representative identified and participates in regional clot-retrieval project	Q4	
Elective services – quality	Support the development and implementation of regional models of care for vascular services and breast reconstruction	Radiology representative identified and participates in development of regional models of care	Q4	
Cancer services	<p>Pathways Support the implementation of national CT/MR cancer pathways and protocols</p>	CT and MR protocols implemented	Q4	
	Enable equity of access to timely diagnosis and treatment services for all patients on the FCT pathway (eg system/service improvements to minimise breaches of the FCT 62-day indicator for patients or clinical consideration reasons)	Cancer targets monitored quarterly by Regional Radiology Steering Group	Q4	

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
National groups	Ensure representation in and alignment with national workforce groups	Radiology representatives identified and participate in national workforce groups	Q1 – Q4	
National Radiology Advisory Group	Continue to support the National Radiology Advisory Group	<p>Central Region provides secretariat and coordination resources to National Radiology Advisory Group</p> <p>Radiology representatives actively participate in National Radiology Advisory Group</p>	Q1 – Q4	

## Elective services

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Equity	Collaborate regionally on the development of an equity framework by engaging with the regional equity workstream	Quarterly reports on progress	Q1 – Q4	TAS
<b>Enablers</b>				
Workforce	Regional electives group to identify workforce issues and opportunities to address them	Workforce issues identified and workforce plans developed as appropriate	Q1 – Q4	TAS/Regional Electives Group
Quality	Link the development of regional models of care for vascular services, breast reconstruction and ophthalmology to quality standards as appropriate.	Links to quality standards identified and reported on quarterly	Q1 – Q4	TAS/Regional Electives Group/Hutt Valley DHB
Clinical leadership	Provide clinical leadership that supports regional decision-making in the development, implementation and standardisation of practice and regional collaboration on regional models of care for vascular services, breast reconstruction and ophthalmology	Clinical leadership identified in regional elective services programmes	Q1 – Q4	TAS/Central Region DHBs
Pathways	Explore opportunities to develop and implement a regional model of care for vascular services	Regional work programme developed and progressed	Q1 – Q4	Central Region DHBs
	Explore opportunities to develop and implement a regional model of care for breast reconstruction	Regional work programme developed and progressed	Q1 – Q4	Hutt Valley DHB
	Undertake a regional evaluation of ophthalmology models of care, and develop a plan to communicate effective models across the region	Regional work programme developed and progressed	Q1 – Q4	Central Region Ophthalmology Network
	Explore opportunities arising from adopting early intervention programmes to support patients in the community before they need surgical intervention	Regional discussions underway on the opportunity to adopt early intervention programmes	Q1 – Q4	Central Region DHB General Managers Planning and Funding

## Health quality and safety

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Demonstrate actions to develop and maintain multidisciplinary regional governance structures that include consumers	Support the implementation of the National Adverse Events Reporting Policy throughout the Central Region: <ul style="list-style-type: none"> <li>- Connect with the national work alongside HQSC and ACC, support it and standardise approaches, templates and training where appropriate</li> <li>- Work with HQSC to understand the Central Region's data and analytics and identify two or three areas for improvement</li> <li>- Encourage the use of HQSC reviews locally and quarterly</li> <li>- Review regional summaries provided by HQSC to identify lessons and improvements</li> <li>- Support HQSC to develop a 'consumer involvement' component in Adverse Event Review training</li> </ul>	Support a consistent process for and approach to Adverse Event Reviews, including templates and methods Create a thematic analysis approach to sharing lessons and outcomes from Adverse Event Reviews Share data and benchmark throughout the region Deliver local Adverse Event Review training in partnership with HQSC where appropriate	Sept 2018 March 2018  June 2019  Dec 2018  March 2019	Central Region Quality and Safety Alliance
	Increase the Central Region's capability and capacity to support quality improvement activities, using the HQSC 'From Knowledge to Action' framework and integrating the State Services Commission's (SSC's) 'Leadership Success Profile' framework: <ol style="list-style-type: none"> <li>a. HQSC to identify and map attendees at Ko Awatea Improvement Advisor (IA) training throughout the region</li> <li>b. Consider how IA resources can be shared at a regional level</li> <li>c. Collate information on, and investigate how, the local delivery of IA training can be maximised and considered as a standard approach in the Central Region</li> </ol>	Scope and identify regional workforce capacity for and capabilities in improvement methods Identify training that Central Region DHBs are delivering to enhance their quality improvement capabilities locally. Consider how this could be applied throughout the Central Region	Q2  Q4	
	Support HQSC with the implementation of the Central Region Quality Dashboard	Benchmarking quality and patient safety data is available from HQSC, identifying	March 2019	

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
		opportunities for improvement in the Central Region		
	Work collaboratively to improve both the patient experience and the patient response to the lowest-scoring question in the national adult inpatient experience survey: "Did a member of staff tell you about medication side effects to watch for when you went home?". Include the primary care patient experience survey and identify areas for improvement, with a focus on medication side effects	<p>Connect with HQSC to understand what has been investigated nationally</p> <p>Consider a Central Region national inpatient experience working group</p> <p>Consider a regional improvement collaborative project using improvement science</p>	<p>Sept 2018</p> <p>Nov 2018</p> <p>Mar 2019</p>	
	Support the implementation of a person- and family/whānau-centred approach throughout the region, including access to a training package to implement this approach	<p>Partner with Consumer Councils to investigate and consider a regional implementation process for a training module on relationship-centred practice</p> <p>Identify potential training resources for the programme in the Central Region</p> <p>Consider the design of programme delivery in the Central Region, including a programme evaluation component</p>	<p>Oct 2018</p> <p>Dec 2018</p> <p>June 2019</p>	

## Healthy ageing

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Improve equity of outcomes for Māori	Publish a comparative infographic that highlights access by Māori to interRAI Home Care assessments, and key risks and issues in this group of older people	Identify indicators available in the interRAI data that highlight outcome equity for Māori	Q4	Regional benchmarking
<b>Enablers</b>				
Quality	Demonstrate support for DHBs' delivery of actions identified in the <i>Healthy Ageing Strategy 2016</i> , in particular interRAI quality indicators to improve outcomes for older people	Support work led by Canterbury DHB on the development of a patient-level visualisation tool of risks identified from an interRAI assessment, which could be replicated in the Central Region	Q1 – Q4	Regional Medical Leads
		Publish quarterly infographics on the characteristics of older people to raise awareness of, and encourage broader health and social sector engagement in, the issues facing a subsection of the ageing population	Q1 – Q4	Regional benchmarking
Clinical leadership	Demonstrate clinical leadership in identifying, undertaking interventions, providing information, and prioritising advice and support for carers of those with dementia  Ensure that implementation is aligned with the <i>New Zealand Framework for Dementia Care and Improving the Lives of People with Dementia</i>	Develop care pathways to support the early diagnosis and management of young-onset dementia among primary care, neurology services and specialist 'health of older people' services	Q1 – Q4	Regional Medical Leads
		Contribute clinical leadership to the development of family/whānau carer education guidelines in collaboration with the regions and the Ministry of Health	Q1 – Q4	Regional Dementia Reference Group

## Hepatitis C

Regional objectives	Measures	Timeframe	Accountable roles
<b>National and regional priority</b>			
Increase the identification, assessment and treatment of people with hepatitis C	<p>Year-on-year increase in testing for hepatitis C</p> <p>Year-on-year increase in number of liver elastography scans</p> <p>Increase in number of people with hepatitis C receiving antiviral treatment</p>	Q1 – Q4	Central Region Community Hepatitis C Programme
<b>Enablers</b>			
Clinical leadership	The clinical group drives Central Region activities to enable more patients to be diagnosed, assessed and treated. It meets quarterly	Q2	Compass Health
Promotion campaigns	National campaigns and national material are used, with the target group being individuals born between 1945 and 1965	Q1 – Q4	Compass Health
Introduction of point-of-care testing for hepatitis C	<p>Point-of-care testing undertaken in association with high risk groups</p> <p>Monthly point-of-care testing provided in each of the region's needle exchanges</p>	Q1 then ongoing	Compass Health
Clinician education	Twice-weekly education sessions provided to stakeholders including, but not limited to, primary care services, addiction services and OTS	Ongoing	Compass Health
Introduction of pangenotypic medication	<p>The potential implications of the introduction of pangenotypic medication are communicated and implemented in all Central Region DHBs. They include:</p> <ul style="list-style-type: none"> <li>• diagnostic tests</li> <li>• assessment procedures</li> <li>• ease of treatment in primary health</li> <li>• amended health pathways</li> </ul>	Q3 – Q4	
Local implementation of national pathways	<p>All pathways are written, published and reviewed six-monthly or in response to major changes in treatment</p> <p>Pathways are updated once pangenotypic drug introduced</p>	Q1 – Q4	Compass Health

Regional objectives	Measures	Timeframe	Accountable roles
Laboratory follow-up	Existing laboratory results are used to diagnose those diagnosed (partially or fully) and lost to follow-up	Q1-4	Compass Health and other primary health organisations

## Major trauma

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Ensure that workforce development allows for adequate nursing staff (full-time equivalents [FTEs]) to support the major trauma programme, both regionally and nationally, and enable case management for complex patients	Review individual DHBs' number of major trauma admissions and national key performance indicators (KPIs) met, weighed against the current FTEs	Ratio of trauma nursing FTEs to volume of patients with major trauma admitted to that hospital, benchmarked against Northern Region and Midland Trauma Networks, reported quarterly  Improvement in nationally measured KPIs set by New Zealand Major Trauma National Clinical Network	Q1	Regional Clinical Lead Lead Chief Executive
Improve the Major Trauma National Clinical Network's KPIs, including: <ul style="list-style-type: none"> <li>time to CT</li> <li>trauma-specific bloods including blood alcohol, venous base excess and INR</li> </ul>	Increase the percentage of patients receiving radiological imaging within two hours of presentation  Increase the collection rate in trauma-specific blood test makers	Quarterly data reports from trauma system	Q1 – Q4	Clinical and nurse leads for trauma in each DHB
Publish a Central Region major trauma annual report to stakeholders and the public, demonstrating the burden of trauma in the region and identifying opportunities for trauma quality improvements regionally and in individual DHBs	Produce annual report of the Central Region's major trauma data	Annual report for 2017/18 data published	Q1 2019/20	Central Region Trauma Network, TAS
Continue to develop and implement regionally	A trauma clinical guideline is endorsed quarterly by the Central Region Trauma Network and adapted to meet each DHB's requirements	Endorsed trauma clinical guideline implemented in each DHB	Q1 – Q4	Central Region

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
focused major trauma clinical guidelines				Trauma Network
Improve equity of outcomes for Māori	Embed equity measures in regular reporting to the regional trauma network and DHBs	Central Region Major Trauma annual report informs and identifies initiatives to improve equity for patients with major trauma in the region	Q1 2019/20	Central Region Trauma Network members  TAS
<b>Enablers</b>				
Technology and digital services	Undertake nationally consistent data collection and reporting to support improved service delivery for patients with major trauma	All DHBs report elements of National Minimum Dataset (NMDS) for major trauma to the New Zealand Major Trauma Registry (NZ-MTR) no more than 30 days after patient discharge  Data reported to Major Trauma National Clinical Network via arrangement with Midland Trauma System confirms data entry  Quarterly data report from Midland Trauma System provided at each Central Region Trauma Network meeting	Q1 – Q4	Nurse leads for trauma in each Central Region DHB  Midland Trauma System
Quality	When fully implemented, the NZ-MTR will collect nationally consistent, complete and accurate data to support service improvements for people with major trauma  When implemented, appropriate staging and transfers to hospitals that are best able to meet the treatment needs of patients with major trauma will support improved clinical outcomes	All DHBs report elements of NMDS for major trauma to NZ-MTR no more than 30 days after patient discharge  A six-monthly (minimum) regional review assesses the alignment of actual service delivery for patients with major trauma with regional destination policies, inter-hospital transfers and staging guidelines	Q1 – Q4  Q2 & Q4	Nurse leads for trauma in each Central Region DHB  Central Region

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
				Trauma Network
Clinical leadership	Provide clinical leadership for the Major Trauma National Clinical Network to support service improvements for people with major trauma	All DHBs report elements of NMDS for major trauma to NZ-MTR no more than 30 days after patient discharge  A six-monthly (minimum) regional review assesses the alignment of actual service delivery for patients with major trauma with regional destination policies, inter-hospital transfers and staging guidelines	Q1 – Q4  Q2 & Q4	Nurse leads for trauma in each Central Region DHB  Central Region Trauma Network
Pathways	Continue to implement regional destination policies, inter-hospital transfer processes and staging guidelines in transporting patients with major trauma to hospitals that will best meet their treatment needs (in collaboration with DHBs, ambulance providers and the Major Trauma National Clinical Network)	A six-monthly (minimum) regional review assesses the alignment of actual service delivery for patients with major trauma with regional destination policies, inter-hospital transfers and staging guidelines	Q2 & Q4	Central Region Trauma Network

## Regional workforce

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Workforce diversity	Identify workforce data and intelligence collected by services and DHBs, and use it to understand workforce trends and as a basis for workforce planning	Stocktake completed of all systems that collect workforce-related data	Q2	Region Directors/Health Workforce New Zealand/WNZ/Workforce Strategy Group
	Understand the workforce data and intelligence requirements that best support regions and DHBs in undertaking evidenced-based workforce planning	Data collected from stocktake is analysed	Q2	
	Support DHBs with training placements for eligible new health professional graduates	Regional register developed of agreed placements in DHBs' service areas	Q4	GMs HR/Regional Director
	Work with General Managers (GMs) Māori and Pasifika to develop DHB workforce development action plans	List of action plans completed	Q3	Directors of Pasifika/GMs
	Ensure connections with the GMs Māori and Pasifika workforce groups	Scheduled communication in place	Q1 – Q4	Māori/Regional Director
	Work with Kia Ora Hauora to increase the pipeline for Māori wishing to work in the health sector	Ongoing dialogue and collaborative working included in GMs HR meetings	Q1 – Q4	GMs HR
	Explore opportunities to create an interest in health among school/college-age young people	Stocktake completed of regional initiatives aimed at young people (specific to Māori and Pasifika)	Q3	Directors of Pasifika/GMs Māori/Regional Director
Health literacy	Build on current professional development programmes, including those in communication skills, to incorporate good health literacy practices and build capacity for the health workforce to use plain language and proven health literacy practices	DHBs and TAS work together to identify activities seen as beneficial to the region	Q4	GMs HR
	Work with Central Region partners, including TAS on any planned activities that benefit health literacy in the region, to: <ul style="list-style-type: none"> <li>• embed relationship-centred practice training</li> <li>• consider implementing the Ministry of Health's health literacy framework</li> </ul>			

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Palliative care	Complete and implement the regional palliative care workforce plan priorities for 2018/19 to ensure that regions can deliver quality, accessible palliative care in all geographical areas and facilities	<p>Plan agreed</p> <p>A regional training approach is developed for additional specialist palliative medicine trainees (implementation subject to Health Workforce New Zealand funding)</p> <p>A regional training model is developed for advance palliative nursing roles and application for funding is submitted to Health Workforce New Zealand</p> <p>The palliative care workforce (DHB/hospice/primary care/aged residential care) is included in workforce diversity and health literacy actions identified in the 2018/19 <i>Regional Service Plan</i></p>	<p>Q2</p> <p>Q4</p> <p>Q4</p> <p>Q4</p>	Regional Director and supporting manager
Mental health and addiction	Develop workforce plans projecting needs, skill levels and recruitment options that meet the needs of service delivery and models of care	Support provided to DHBs to develop workforce plans fit for the future	Q\$	Regional Director and supporting manager in workforce development
Talent and leadership	Support Central Region DHBs in undertaking a region-wide talent mapping pilot as part of the national programme and the implementation of the new SSC framework	The viability of current Tier 3 managers to meet needs nationally is assessed	Q2	GMs HR
	Consider running a Central Region Career Board	Discussions continue, to explore opportunities	Q3	

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	Review the leadership training available in the Central Region and align it with the SSC Leadership Success Profile framework	A stocktake is completed of training available for Tier 3 managers	Q4	
	Identify a consistent 360 assessment question aligned with the SSC Leadership Success Profile framework			
Wellbeing	Support the workforce to be healthy and resilient by working around bullying and unacceptable behaviour, ensuring that wellbeing policies are in place, and ensuring that family violence support programmes for staff are implemented and socialised	Employee wellbeing policies are reviewed and updated	Q2	GMs HR
		Policies and pathways for family violence support programmes are developed	Q3	
		A process is completed for staff requiring access to family violence support programmes	Q4	
Healthy ageing workforce	Identify the workforces working with older people and their families/whānau/informal carers	A minimum dataset system is developed to collect information required from providers outside the DHB.  The system is rolled out to aged residential care, H&CCS, disability and mental health	Q4	TAS, SW and Regional Director on behalf of the four shared services
	Develop a workforce plan to ensure that those working with older people have the training and support to deliver high-quality, person-centred care			

## Stroke

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Regional engagement and collaboration	The Central Region Stroke Network Chair to meet twice a year with other regional networks in the region to identify common solutions to shared challenges	Relevant regional networks identified and twice yearly meetings take place	Q2 & Q4	Central Region Stroke Network Chair/Manager
Implement a regional endovascular clot retrieval service	Implement an in-hours, accessible service at Capital & Coast DHB  Develop regional pathways and guidelines, including transport	Implementation of regional endovascular clot retrieval service progressed	Q4	Capital & Coast DHB/Central Region Stroke Network
<b>National priorities</b>				
Equitable access to acute stroke services in the Central Region	The Central Region Stroke Network to monitor stroke data and produce a KPI report for review	10% or more of potentially eligible stroke patients thrombolysed 24/7	Q1 – Q4	Central Region Stroke Network
		80% of patients with acute stroke are admitted to stroke units or organised stroke services with demonstrated stroke pathways	Q1 – Q4	
Equitable access to inpatient and community rehabilitation		80% of patients admitted with acute stroke and transferred to inpatient rehabilitation are transferred within seven days of acute admission	Q1 – Q4	
	Explore regional solutions for rehabilitation to ensure access for all patients regardless of age, ethnicity and geographic location	60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within seven calendar days of hospital discharge	Q1 – Q4	Central Region Stroke Network
<b>Enablers</b>				
Equity	The Central Region Stroke Network to engage in the national REGIONS Care project to help identify and address ethnic and geographic disparity	Central Region DHBs complete audit data collection and analysis	Q1 – Q3	Central Region Stroke Network

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Workforce	Identify the current demand for acute and rehabilitation stroke services in hospitals and communities, and identify the region's ability to meet this demand	Data on access to acute and rehabilitation stroke services continues to be monitored and regional ability to meet demand is assessed	Q1 – Q4	TAS/Central Region Stroke Network
	Develop and implement a workforce plan that addresses training, recruitment, retention and other relevant workforce issues	A workforce plan is developed that identifies workforce issues and opportunities to address them	Q4	TAS/Central Region Stroke Network
	Seek new and innovative ways of addressing service delivery in environments where health professionals work primarily in isolation or where the workforce is limited in its ability to meet recommended service delivery	Continue to explore opportunities for service improvement	Q1 – Q4	Central Region Stroke Network
Technology and digital services	Support regionally consistent systems in DHBs to deliver telestroke services for acute stroke service interventions in a safe and timely way, and support participation in the thrombolysis register	Telestroke implemented in the Central Region	Q4	Central Region DHBs
		Central Region DHBs participate in thrombolysis register data-collection processes	Q1 – Q4	
Quality	Work regionally and collaboratively to support DHBs in ensuring that stroke patients are admitted to stroke units or organised stroke services with demonstrated stroke pathways	80% of patients with acute stroke are admitted to stroke units or organised stroke services with demonstrated stroke pathways	Q1 – Q4	Central Region Stroke Network
Clinical leadership	The Central Region Stroke Network Chair to represent the region at national stroke events and	Chair attends National Stroke Network meetings and annual data and quality meetings	Q1 – Q4	Central Region Stroke Network Chair

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	facilitate the implementation of regional priorities			
	Support nursing and medical stroke leadership roles in regional DHBs	Regional nursing, medical and allied health leaders are identified in terms of their contribution to the Central Region Stroke Network and regional representation in the National Stroke Network	Q1 – Q4	Central Region DHBs
	Communicate the importance of, and support, allied health stroke service activities	Central Region Directors of Allied Health group is actively involved in the Central Region Stroke Network to support the role of allied health in stroke service activities	Q1 – Q4	Central Region Stroke Network
	Stroke clinical leaders to support and provide regular regional stroke education programmes and encourage participation	<ul style="list-style-type: none"> <li>Stroke teams are supported to attend annual Stroke Study Days hosted by Central Region DHBs</li> <li>Central Region stroke teams are supported to attend National Acute Stroke Reperfusion Data and Quality Meeting</li> <li>Central Region stroke teams are supported to attend the National Stroke Rehabilitation Quality Meeting</li> </ul>	Q1 – Q4	Central Region Stroke Network/Central Region DHBs
Pathways	Improve acute and rehabilitation stroke pathways in primary, community and secondary services for patients with ischaemic stroke and TIA	Data from BPAC and NMDS is collected and monitored to assess how the BPAC TIA diagnostic tool is being used in primary care and affecting hospital admission and readmission rates for stroke and TIA	Q1 – Q4	TAS/Central Region Stroke Network
		Data on stroke patient admissions to acute stroke units and acute stroke pathways continues to be monitored and strategies developed to support DHBs that do not meet the 80% target	Q1 – Q4	TAS/Central Region Stroke Network

## Technology and digital services

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
<b>Regional priorities</b>				
Single electronic record	Provide regional support to the national programme	Regional engagement with national programme	Q1 – Q4	Central Region DHBs
Digital hospital	DHBs to implement and use regional solutions: <ul style="list-style-type: none"> <li>• WebPAS</li> <li>• RRIS</li> <li>• enhancement</li> <li>• 3 DHB Single Sign Off</li> </ul>	DHBs' implementation and use of regional solutions	Q4	Central Region DHBs
Shared clinical information	Continue the implementation of the regional clinical portal	Regional clinical portal implemented	Q4	Central Region DHBs
National programmes	Identify region-based activities to support national programmes, including engagement with the Digital Health Strategy and national digital programmes	Regional engagement with national programmes	Q1 – Q4	Central Region DHBs