21 District Health Boards

QUARTERLY UPDATE FOR BOARDS

OCTOBER 2008

02. Value for Money
04. Primary Health
07. Workforce
09. Employment Relations
11. Procurement
13. Information
15. Communications

www.dhbnz.org.nz
Collective Activity

DHBs work collectively - locally, regionally and nationally. Collaboration to mutual advantage is now a core part of health sector activity.

Successful collective action through District Health Boards New Zealand (DHBNZ) improves performance and efficiency and creates better outcomes.

The 21 DHBs have agreed collective principles and collective decision making and are fully engaged in collaboratively delivering the five Strategic Priorities.

District Health Boards New Zealand DHBNZ

District Health Boards New Zealand is the Association of the 21 District Health Boards.

DHBNZ acts in DHBs’ collective interests and supports and assists DHBs to deliver on their obligation under the Act. We support the Chairs’ Board of Governance and Executive Committee and the Chief Executive Group.

DHBNZ facilitates and organises national collective work programmes as agreed by the 21 DHBs through the Strategic Plan and Annual Plan.

DHBs are clearly accountable to the Minister. DHBs make their own decisions and DHBNZ has no ability to direct them.

Quarterly Update for Boards publication dates

<table>
<thead>
<tr>
<th>Month</th>
<th>Quarter</th>
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<tbody>
<tr>
<td>October</td>
<td>1st quarter</td>
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<tr>
<td>February</td>
<td>2nd quarter</td>
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<tr>
<td>April</td>
<td>3rd quarter</td>
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<td>July</td>
<td>4th quarter</td>
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Purpose
Support and facilitate ‘best practice’ in health delivery by celebrating learning and good performance and encouraging benchmarking.

What’s been done
“INNOV’08 – Weaving Innovation into Health” – a national forum hosted by Ministry of Health and the New Zealand Trade and Enterprise with DHB input was held in early November – “a platform to establish leadership and promote the development, adoption and commercialisation of innovative healthcare solutions within NZ’s health and technology industries”. The VfM Steering Group is following up discussions from the summit.

The inaugural meeting of the NZ Chapter of the Health Roundtable was in October.

What’s happening now
DHBs are working collectively to implement the principles outlined in the VfM Statement of Commitment they all signed last year. Meetings to coordinate and update each other continue.

A draft framework for a Learning Sector is being prepared for discussion at the December CEO meeting. The focus is on how learning is transferred within the sector, and what frameworks, tools and support are essential to assist this at local level. A multi-disciplinary approach is being taken with a range of sector experts involved.

Achievements
- Provider–arm benchmarking is under way through the Health Roundtable and the Chief Operating Officers’ Group. All DHBs have now joined. The NZ Chapter of HRT has set priority areas: stroke, emergency departments and operating theatres. The benchmarking involves collection, analysis and comparison of patient data and volumes, and discussion of these results by HRT members to better understand individual performance and which other DHBs they can learn from.
- The Ministry representation on the VfM Steering Group is working well with good sharing of information and alignment of activities. The Steering Group is currently working on learning sector framework and tools including a central web-based repository of initiatives.
Quarterly Update for Boards | October 2008

Approach -
• Establish a NZ Chapter of the Health Roundtable (HRT)
• Process performance improvement, quantify known interventions and measure effectiveness
• Connect the local and regional learning sector within VfM programme initiatives – eg QIC, procurement
• Facilitate and encourage, not govern or duplicate

COMING UP
- VfM Champions’ third workshop February/March 2009
- Third quarter report for Quality Improvement Initiatives in January
- Finalisation of the Learning Sector Framework as the direction for the next stage of VFM development. This awaiting confirmation of resources to support this stage
- COOs benchmarking over the next 18 months will focus on stroke, ED and Theatres, sharing comparative Stroke and ED information. A follow-up meeting in Auckland in 6 months will evaluate progress with stroke and ED initiatives and commence benchmarking on theatre productivity. The Ministry has indicated there is funding available to assist with the stroke innovation.

the NZ Chapter of HRT has set priorities: stroke, emergency departments and operating theatres

Strategic Plan 2008/2011

<table>
<thead>
<tr>
<th>Outcome Sought -</th>
<th>Approach -</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Encourage and support all DHBs to move to ‘best practice’ in health delivery from a culture of tolerance to one that celebrates and incentivises good performance.</td>
<td>• Establish a NZ Chapter of the Health Roundtable (HRT)</td>
</tr>
<tr>
<td>• DHBs collectively agree to benchmark analysis</td>
<td>• Process performance improvement, quantify known interventions and measure effectiveness</td>
</tr>
<tr>
<td></td>
<td>• Connect the local and regional learning sector within VfM programme initiatives – eg QIC, procurement</td>
</tr>
<tr>
<td></td>
<td>• Facilitate and encourage, not govern or duplicate</td>
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Primary Health and Service Improvement

QuaRteRl y upUpdate foR BoaRDs

Primary Health and Service Improvement

Strengthen the primary care sector by achieving value locally and meeting local health targets – in collaboration with DHBs, PHOs, providers, the Ministry and the wider sector.

What’s happening now

Future directions for Primary Care and for Primary Health Organisations (PHOs) are being widely discussed in the sector. DHB CEOs and MOH senior management at the October CEO meeting recognised PHOs are at different levels of development and capability, and share the responsibility to work with DHBs to continue the implementation of the Strategy within their local districts. PHOs have the potential to act as change agents and service integrators for DHBs.

Future directions for Primary Care and achieving closer working relationships were also discussed at the South Island DHB and PHO Chairs’ Board of Governance and CEO/General Manager forum, and at the PHCS Steering Group and extended DHBNZ/MOH Teams workshop in late October.

The Programme plans to have public reporting of PHO performance information. It is developing this in consultation with the Advisory Group. Although it’s early days, it is suggested reporting requirements include: a brief outline of the Programme, what the Programme indicators are and how they are assessed (including national targets), each PHO’s performance against the indicators, utilisation of services – the most/least common, and PHO narratives to support the report results.

The Programme is currently consulting with PMS vendors about changing the Clinical Performance Indicator report (CPI report) which has been implemented into most PMS systems. The CPI report will be used by the Programme to source cardiovascular disease and diabetes data. We propose the change be implemented by April 2009. In the meantime the existing CPI report functionality does meet the current reporting needs of the Programme.

Achievements

- 123 applications for Round Two of the $5.5M MOH-funded PHCS Innovation Fund have been received and evaluated so far. (applications close 14 November – funds released end of year).
The Regional Fees Review Committees are working effectively, with issues such as indemnity clarified to the satisfaction of all parties.

The Regional Fees Review Committees are working effectively, with issues such as indemnity clarified to the satisfaction of all parties.

Local after-hours service issues are being addressed with the development of a DHB Reference Group to meet with the Ministry of Health. Together they’ll develop an agreed process to roll-out of additional funds to DHBs to help with this issue.

The Programme Governance group met 14 November. Key agenda topics were

- Strategic Plan 2008/11
- Progress reporting against the Annual Plan
- Decisions regarding the 1st July 2008 CVD-Diabetes Indicator Set and Weightings, Targets and Programme Goals for the second six month period and Budget allocation
- Decision on the final SIEVE tool through which proposed new indicators will be screened
- Decisions on Advisory Committee membership

**COMING UP**

- The Primary Focus 3 Conference, NZ Made Primary Health Care is on 24-26 February 2009 Registrations are open and keynote speakers have been confirmed
- A consolidated report from the PHOs’ self assessment processes is due late November
- Planning for regional workshops is well underway. This is a key engagement mechanism and will bring together DHBs, PHOs and other key stakeholders to provide momentum and link the district, regional and national activity focused on implementing the Primary Health Care Strategy
- A relationship framework is being developed to enable stronger and more effective communication and engagement with DHBs and other key stakeholders
- A Synthesis paper of previous Programme published papers will be completed by Victoria University Health Research Services Office by late November
- The 2008/09 Work Plan will be released shortly. All DHBs support the Programme and Work Plan.
- We are contacting DHBs to request new PHO targets for the next 2 performance periods (1 Jul to 31 Dec 08 and 1 Jan to 30 Jun 09). The Programme will propose what the targets should be based on each PHO’s actual performance for the previous performance period. DHBs are encouraged to contact PHOs to discuss the proposed
targets so that organisational, local or regional variations are considered prior to agreement. DHBs will need to confirm targets with the Programme by January 2009

- Announcement of members appointed to Programme Advisory Committee (late Nov 08) - National road shows Feb – Mar 09
- Evaluation of the current Programme indicator set to identify individual indicator gaps/enhancements needed relating to data, systems or processes.

more effective communication and engagement with DHBs and other key stakeholders

**Strategic Plan 2008/2011**

<table>
<thead>
<tr>
<th>Outcome Sought -</th>
<th>Approach -</th>
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<tbody>
<tr>
<td>• Develop and improve access and effectiveness of the primary health delivery system</td>
<td>• Strong sector relationships</td>
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<td></td>
<td>• Joint DHB workplan with a sharper focus on workforce development, chronic care management, DHB/PHO capability building and MOH relationship</td>
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<td></td>
<td>• DHBs, MOH and PHOs continue commitment to PHO Performance Programme, new Governance arrangements and indicators</td>
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</table>
Purpose

Develop a flexible and sustainable health workforce – DHBs, the Ministry and the wider sector in collaboration.

What’s been done

Future Workforce has led workforce change and delivered a number of key milestones in this quarter from an increasingly sector wide base involving DHBs, primary health and NGOs.

What’s happening now

Lead Chief Executive Cathy Cooney and the Future Workforce Group are continuing to work with the Ministry to achieve a fully integrated and coordinated approach to workforce activity. The sector is expecting more clarity around roles and responsibilities for workforce activity as the need for concerted workforce action becomes more urgent.

Achievements

- A DVD showing the flexibility Nurse Practitioners can add to services was launched by the Minister at the Chairs’ Board of Governance meeting on 15 September. The DVD was well received and has been widely circulated with very positive feedback from the sector. At the launch the Minister announced a second year of funding to continue promoting new Nurse Practitioner roles.

- The Health Careers Brand was launched by Associate Ministers Steve Chadwick and Peter Dunne at Onslow College in Wellington on 21 October. The launch coincided with the beginning of the national Inzone bus roadshow which will profile health careers in secondary schools across the country over the next 12 months. General information on health careers is now live on the new www.healthcareers.org.nz which also links to all DHB web recruitment pages.

- The Health Workforce Information Programme (HWIP) is finalising a number of workforce forecasting projects which provide critical information for future workforce planning on pathologists, medical surgical specialties, midwives and dental therapists.

“successfully placed 341 first year graduates wanting to work in New Zealand hospitals”
Clerical workers are critical for coordinating and supporting all health services – a joint DHB/PSA working group has developed a guide outlining practical and innovative ways to develop this workforce. DHBs will be able to use it to pick up and adapt initiatives that have worked well elsewhere.

The 2008 ACE collaborative recruitment scheme for first first year resident medical officers has successfully placed 341 first year graduates wanting to work in New Zealand hospitals – the highest number in a single year since the scheme began 5 years ago.

Health Regulatory Authorities are to work with DHBs under the Health Practitioners Competency Assurance Act (HPCAA) to reduce duplication and improve effectiveness – the first initiative explores differences in the way competence issues are managed across the sector and between Regulatory Authorities.

DHBs, the Ministry and clinical and academic experts will recommend a framework for developing future executive clinical and management leaders to the CEO Group December meeting.

The first national allied health conference – which included a leadership master class was held in Auckland 12 - 13 November.

COMING UP
- Good progress on the next stage of the DHB led Future Workforce strategy - it is to be extended out to 2018
- The first major workshop on a shared medical workforce strategy for New Zealand to be held in December
- The Health Workforce Information Programme releases the April /July 2008 quarterly report covering the DHB employed workforce in November.

Strategic Plan 2008/2011

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<td>• Collaborate with a coordinated and connected sector wide approach</td>
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<td>• Reflect Health Sector Relationship Agreement goals</td>
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<td></td>
<td>• Minimise duplication</td>
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<td></td>
<td>• Align Employment relations strategies – act collectively on ER for next 3 years</td>
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<td>• Coordinate and integrate collaborative workforce, human resources and employment relations activity - across workstreams and responsive to DHB activity</td>
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Purpose

Drive employment relations according to an agreed workforce strategy over the next three years - coordinate collaborative workforces, human resources and employment relations and ensure they are integrated with and responsive to District Health Board activity.

What’s been done

There’s been significant progress finalising collective employment agreements and most of our outstanding agreements have been ratified.

It was particularly pleasing to settle the New Zealand Resident Doctors Association (NZRDA) Multi Employer Collective agreement (MECA) within the original parameters set by District Health Boards.

We’ve also reached agreement with the Public Service Association (PSA) for Allied, Public Health and Technical staff and settlement with the Association of Professional and Executive Employees (APEX) for Psychologists also represented by the PSA.

What’s happening now

The two Director General sponsored Workforce Commissions (Resident Medical Officers -RMOs and Senior Medical Officers -SMOs) provide a valuable opportunity for the sector to examine how we can best achieve a medical workforce that meets New Zealanders’ changing health needs.

Negotiations with the PSA (Clerical Staff) in the Auckland and Lower North Island regions are nearly completed. The Midland region is also expected to be settled soon.

The current round of negotiations is drawing to a close which provides a small window of opportunity to reflect on the achievements of the bargaining round. The Employment Relations strategy is being refreshed and CEOs are currently providing feedback on this.

DHBs and unions must now deliver on the commitments they made in collective agreements such as the Joint Action Committee (JAC) with the New Zealand Nurses Organisation (NZNO). These commitments promise real potential benefits to the sector and, given the impact of wage settlements above confirmed funding, it is important for DHBs and unions to fully implement them. For example JAC has held several workshops for managers and delegates which focused on working more constructively together and on sharing best practice.
Approach:
- Deliver on work plan
- Identify and address priorities
- Collaborate with a coordinated and connected sector wide approach
- Reflect Health Sector Relationship Agreement goals
- Minimise duplication
- Align employment relations with workforce strategies – act collectively on ER for next 3 years
- Coordinate and integrate collaborative workforce, human resources and employment relations activity - across workstreams and responsive to DHB activity

Achievements:
- Agreement was reached with NZRDA (RMOs), APEX (Psychologists), and PSA (Allied, Public Health and Technical).
- Recommendations for more efficient management of Locums were agreed by all DHBs and are now being implemented.
- The Constructive Engagement project resulting from the Health Sector Relationship (HSR) agreement is working towards a joint problem solving culture in the sector. It is well underway.
- The HSRA steering group which includes the Ministry of Health (MOH), Council of Trade Unions (CTU) and DHBs is sharing experiences of the bargaining round and identifying the relevant constraints and drivers of the sector. This is to have all parties sharing the same understanding of the issues and a common goal.

COMING UP
- Planning for negotiations with Service and food workers (SFWU) – negotiations are due to start around April 2009
- Reconfirmation of the collaborative three year work programme – negotiation schedule and associated projects between Workforce Group and DHB managers

Strategic Plan 2008/2011

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### Active Projects

#### Collective Procurement Strategy
- **Type:** 21 DHBs
- **Budget:** $150K
- **Benefit:** National review and strategy development of procurement activity will clarify the best structure to maximise DHBs' position.
- **Agent:** LECC
- **Experts:** DHBs, MED, OAG and various international agencies eg HPV
- **Savings:** Comprehensive review and strategy development will clarify the best structure for supply chain efficiency to maximise DHBs' position
- **Next Steps:** Phase 1 (scope & planning) complete. Waiting endorsement from PSG to proceed with remaining phases
- **Delivery Dates:** November 2008, February 2009

#### Common Catalogue
- **Type:** 21 DHBs
- **Capacity:** Base
- **Benefit:** Savings in efficiencies and supply chain management - no direct savings
- **Agent:** DHBNZ
- **Experts:** DHBs & IT consultants
- **Savings:** Common catalogue use across DHBs improves supply chain & procurement efficiencies
- **Next Steps:** Benchmarking of DHBs completed. Presentation at Procurement Managers workshop to discuss options and agree next step
- **Delivery Dates:** TBC, following Proc Managers workshop

#### National Procurement Tools, Policies & Procedures
- **Type:** Option
- **Capacity:** Base
- **Benefit:** A set of approved documents available for DHBs - adding value and reducing repeat work
- **Agent:** DHBNZ
- **Experts:** MED, OAG
- **Savings:** Resource and process efficiencies - no direct savings
- **Next Steps:** Suite of approved P&P available for use and uptake by DHBs. Ongoing development of library of standard procurement tools
- **Delivery Dates:** Ongoing, July 2008

#### Oral Health (OH): Mobile Dental Units
- **Type:** 21 DHBs
- **Capacity:** Base
- **Benefit:** Quality and standardisation of one design
- **Agent:** DHBNZ
- **Experts:** DHB advisory group
- **Savings:** Efficiencies gained through small number of suppliers with common contract
- **Next Steps:** Sign off by Suppliers and PSG prior to final sign off by CEOs
- **Delivery Dates:** December 2008, December 2008

#### OH: Equipment
- **Type:** 21 DHBs
- **Capacity:** Base
- **Benefit:** Quality and standardisation of one design
- **Agent:** DHBNZ
- **Experts:** DHB advisory group
- **Savings:** Efficiencies gained through small number of suppliers with common contract
- **Next Steps:** Sign off by suppliers and PSG prior to final sign off by CEOs
- **Delivery Dates:** December 2008, December 2008

#### Vehicles
- **Type:** 21 DHBs
- **Capacity:** $30K (stage 1)
- **Benefit:** Reduced range of models helps fleet reduction
- **Agent:** DHBNZ
- **Experts:** DHB advisory group
- **Savings:** Advantages to fleet management efficiencies
- **Next Steps:** Consultants report and Advisory groups recommendation awaiting PSG response and recommendation to CEOs re way forward
- **Delivery Dates:** November 2008, December 2008, February 2009

#### Orthopaedic prostheses
- **Type:** 21 DHBs
- **Capacity:** Base
- **Benefit:** Assists with Market tension and aids rationalisation of product
- **Agent:** PHARMAC
- **Experts:** PTAC
- **Savings:** Improved stock management - freight cost savings
- **Next Steps:** Developing paper for CEOs regarding recommended next stage
- **Delivery Dates:** March 2009, July 2009

#### Wound Care
- **Type:** 21 DHBs
- **Capacity:** Base
- **Benefit:** Assists with Market tension and aids rationalisation of product
- **Agent:** Health Alliance
- **Experts:** Advisory group
- **Savings:** Improved stock management
- **Next Steps:** Undergoing priority process prior to sharing pricing in formation and DHBs making decision
- **Delivery Dates:** November 2008, December 2008

#### Cardiac Stents & related devices
- **Type:** Option
- **Capacity:** Base
- **Benefit:** Assists with Market tension and aids rationalisation of product
- **Agent:** CHB, CCHB & ADHB
- **Experts:** Advisory group
- **Savings:** More efficient and effective processes
- **Next Steps:** Awaiting response from 2 DHBs regarding alignment detail
- **Delivery Dates:** April 2008, April 2008

#### Capital - waiving drivers
- **Type:** Majority - However UNI and Southland have already moved to contract
- **Benefit:** Appropriate streamlining of range over time to meet clinical best practice
- **Agent:** PHARMAC
- **Experts:** PCWQ, MOH
- **Savings:** Standard Contract for both DHBs & NGOs ensuring consistency of supply in line with clinical requirements
- **Next Steps:** Recommendation made to PSG, awaiting endorsement prior to implementation
- **Delivery Dates:** November 2008, November 2008

#### Four New Procurement Initiatives
- **Type:** 21 DHBs
- **Benefit:** High value collective procurement projects to be selected
- **Agent:** DHBNZ
- **Experts:** Expert Advisory Groups to be established
- **Savings:** Standardisation and Quality key factors in project selection
- **Next Steps:** Overall procurement approach includes supply chain
- **Delivery Dates:** TBC, TBC, TBC, TBC
### Completed Projects

<table>
<thead>
<tr>
<th>Completed Projects</th>
<th>Type</th>
<th>Budget</th>
<th>Benefit Achieved</th>
<th>Lead Agent</th>
<th>DHBs Trading</th>
<th>Delivery Dates Achieved</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$160K placement broker fee</td>
<td>Maintain benefits. Improve claims processing and alignment across Service Brokers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Collective Insurance 2008/09</td>
<td>21 DHBs</td>
<td>$160K placement broker fee</td>
<td>A standard policy across the sector enables sharing of information and collective work practices.</td>
<td>DHBNZ, AON</td>
<td>21</td>
<td>April 2008</td>
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<tr>
<td></td>
<td></td>
<td>$160K placement broker fee</td>
<td>Maintain benefits. Improve claims processing and alignment across Service Brokers</td>
<td></td>
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<td>August 2008</td>
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<tr>
<td>Recruitment Advertising</td>
<td>Regional</td>
<td>$89,500</td>
<td>Awaiting Results</td>
<td>DHBNZ, NZ Police</td>
<td>21</td>
<td>December 2007, December 2007</td>
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<tr>
<td></td>
<td></td>
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<td>Regional standardisation and economies of scale may push savings into the sector</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Fuel</td>
<td>Option</td>
<td>Base Capacity</td>
<td>$0.1M pa. Further savings may be possible on review with supplier</td>
<td>DHBNZ, DHB advisory group</td>
<td>21</td>
<td>May-08</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Efficiencies to be gained from having only 1 supplier for all 21 DHBs</td>
<td></td>
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<td>May-08</td>
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<tr>
<td></td>
<td></td>
<td>$0.1M pa.</td>
<td>Standard contract / supplier interface.</td>
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<td></td>
<td>Quarterly</td>
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<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>Electricity</td>
<td>HESG</td>
<td>Run by DHBs</td>
<td>Savings are yet to be determined. Some have purchased under the spot market and actual savings will not be known until review complete.</td>
<td>Castletown Police</td>
<td>21</td>
<td>April 2008, April 2008</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Detail of gains from standardisation will be determined on completion of review</td>
<td></td>
<td></td>
<td>Evaluation underway with report due December 2008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2.7M</td>
<td>Quality and standardisation of one design</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH: Fixed Facility Design Production of a suite of generic plans</td>
<td>21 DHBs</td>
<td>MOH Funded</td>
<td>$2.7M</td>
<td>Quality and standardisation of one design</td>
<td>N/A</td>
<td>DHB advisory group</td>
</tr>
</tbody>
</table>
Purpose

Achieve savings and efficiencies through DHBs’ collective procurement

What’s happening now

Some DHBs are moving faster than others towards collective thinking and the more discussion and engagement between DHBs on the subject the better. Workshops like the DHB Procurement Managers’ one in early November help to further develop collective thinking and recognition of the value of collective activity.

We are seeking to share all DHBs’ procurement work plans in order to build one single picture of local, regional and national procurement. This will help DHBs select the most valuable collective activities at any level. Common activity worked on collectively reduces cost, assists with standardisation, builds capability and coordinates limited resources. While there are significant benefits at the national level, significant opportunities also exist for collective procurement regionally.

Achievements

- Completed benchmarking of DHB procurement catalogues
- Collective Insurance renewal signed off by CEOs for next 12 months
- Oral Health fixed facilities plans completed and presented to DHBs
- All DHBs have now taken up the offer of the collective Fuel contract. 2 DHBs (Canterbury & Wairarapa) are yet to begin using contract
- Completed DHB vehicle fleet analysis. Report and recommendation made to the Procurement Steering Group on appropriate procurement process and next step
- All Wound Care agreements signed with suppliers. Access to agreements by DHBs underway.
- Syringe Driver RFP process completed with recommendation of preferred supplier awaiting final sign off.

DHB Portfolio Chair: Richard Thomson.
DHB Lead CEO: Phil Cammish
DHBNZ Portfolio: Procurement
DHBNZ Manager: Garth Blake
COLLECTIVE PROCUREMENT

"the more discussion and engagement between DHBs on collective thinking the better"

COMING UP
- Complete Collective Procurement Strategy - due Feb 2009
- Finalise Wound Care agreements with individual DHBs with DHBs uptake of benefits
- Complete Syringe Driver contracts with DHBs' take up from December 08
- Finalise Oral Health Mobile units and begin building of prototype
- Recommendation to CEO group regarding next step for Orthopaedic Prosthesis project
- CEOs to receive recommendations on phase 2 of procurement process for Vehicle fleet
- Select and establish next 4 major national procurement projects – to be developed at upcoming Procurement Managers workshop. A number of regional projects will also be identified at the workshop
- Sharing of DHB procurement workplans.

Strategic Plan 2008/2011

Outcome Sought -
- DHBs prefer collective procurement and select that achieves demonstrable value fiscally and sustainability

Approach -
- Maximise dollar savings and establish sustainable procurement deals
- Document savings and efficiencies and align policies and processes with Government direction

DHBNZ
Purpose

The Information Portfolio doesn’t run programmes or projects. It has a strategic, advisory and monitoring role where national, regional and local sector information systems involve or affect District Health Boards.

What’s happening now

More than ever we need well informed leadership from Boards, CEOs and clinicians on information technology and information management issues in the health sector. We’re entering a period of significant investment in IT and IM, particularly in the DHB provider arm, primary health care and the Ministry of Health. Boards could encourage their CEOs in their commitment to a stronger strategic and lead role in information.

The Ministry runs national infrastructures like Health networks, Patient Identifiers, Provider Identifiers and national payment systems - it is very important DHBs are represented and can give feedback on how these national projects are running.

DHBs are represented on the National Systems Review by Lead CEO Brian Rousseau (Otago/Southland DHBs) There is some anxiety about the effectiveness of sector input into the National System at the senior advisory level and while this has been fed back into the Ministry, that concern hasn’t gone away.

There needs to be greater communication, sector ownership and participation, and more certain timeframes for some Ministry projects.

HISAC – The new committee was finalised and announced by the Health Minister in October. Chai Chuah – Lead CEO Information (Hutt Valley DHB) remains on the committee as the DHBNZ’s representative. A first job is to lead a review of the current sector strategy (Health Information Strategy NZ) which involves the whole sector and takes into account national and international developments since the current strategy was established 3 years ago.

In particular, the current strategy supports a Distributed Electronic Health Record (EHR) which needs to be reviewed. The strategy specifically doesn’t support a Single National Electronic Record and highlights the risk of such an approach. Given the debate in the sector on the need to reconsider this, we must review it in a well structured sector way - not by making ad hoc decisions.

At the DHB level a proposed work plan for the implementation of E Referral and E Discharge calls for DHBs to be standards compliant. Some DHBs are
already implementing these - they need to move towards complying with the standards. The Health and Disability Commissioner’s report about referrals between hospitals and primary care show this is becoming a priority. Once we move towards compliance with the standard we will achieve consistency, and the ability to share information across multiple systems.

E-Pharmacy has largely been integrated into the Quality Improvement Committee’s Safe Medication Programme. Other programmes being worked on and which will impact on DHBs are Standards for Medication Charts, E – Prescribing and a universal medicines list.

**Achievements**

- A clinicians’ workshop on the Safe Medication Programme was held in September. Over 60 clinicians attended and a range of projects were discussed including the need to link and standardise hospital medication systems.

- There has been a good link up between the Information portfolio and the Primary Health Care portfolio. Primary Care needs to take a leading role in the implementation of the Approved Key Directions - Phase One – where the projects affect Primary Care.

**COMING UP**

- E-Lab, the next Action Zone is now at a crossroads. Significant sector collaboration has developed specifications for e-lab ordering and a results reporting repository that can be applied at regional and national levels. Now we need funding from MOH and a few DHBs to pilot this action zone.

- The Electronic Health Record ‘blueprint’ will be circulated to all DHBs for comment and wider sector discussion. This is an an opportunity to capture sector enthusiasm, and align activity and the 4 eEvent Action Zones are fundamental building blocks.

- Awaiting advice on how to achieve co-ordination across the 10 DHBs replacing their PMS systems.

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**Strategic Plan 2008/2011**

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<tr>
<th>Outcome Sought -</th>
<th>Approach -</th>
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<tbody>
<tr>
<td>Sector unison on IT/IS issues to enable patients to move seamlessly through the health services</td>
<td>Visible, measurable co-ordination and convergence and data available for the collective good</td>
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<tr>
<td>Boards support the 12 Action Zones in Health Information Strategy</td>
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Purpose
Promote and explain collective activity at the national level, encourage well informed public confidence in the public health system and support collaborative communications between DHBs.

What’s happening now
Quarterly reporting to Boards and CEOs has been given a make-over. We’ve tuned up the language and layout to be more accessible and relevant to you and we’re aligning the different reports and newsletters to ensure messages are consistent and appropriate to their audiences. We hope this new look is an improvement – your feedback is welcome.

We are also refreshing Portfolios’ communications strategies – they will continue to regularly report to their steering groups and Lead CEOs and sponsors as well as keep all stakeholders informed through their networks.

Achievements
 HealthCareers brand launched in Wellington 21 September – the first all-of-sector brand promoting health as a career destination. DHBs are encouraged to include the brand in their own promotional and recruitment material. Learn more at info@healthcareers.org.nz

 The OIA process is working well - the Minister’s Office, Ministry and DHBs are being kept in the loop with no surprises. DHBNZ’s national OIA coordination policy gives clear legal and practical guidelines and has sped up nationally coordinated responses considerably.

COMING UP
- Proactive promotion of the December Board of Governance decisions to highlight the value in national collaboration and give DHBs a national voice on issues at the strategic level
- Greater engagement with DHB communications staff to prepare for and support a fast ‘one voice’ response to negative media attention at the national level - to support and streamline roll outs of national collective work programmes.
# Strategic Plan 2008/2011

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<td>- Public confidence in the public health system</td>
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<td>- Well informed stakeholders at all levels and a strong sector network</td>
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<tr>
<td>- A clear media presence</td>
<td>- Describe and promote collective activity clearly and proactively</td>
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<td></td>
<td>- Work closely and collaboratively with DHB communications</td>
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