

CEOs Report (Open) – December 2008

Procurement

At the recent National Chairs meeting an update on the National Procurement project was given. As part of this presentation Richard Thomson, Chair of Otago and Lead Chair for Procurement asked that Boards ask their management teams to provide them with more information on national, regional and local activity in this area.

ON this agenda is the Quarterly update collated by DHBNZ on national activity and this contains information on national activity in this area so I will not repeat that here. I have included below for your information some local work that is being led by the local procurement team.

Finance and Stores & Purchasing continue to address “goods received not invoiced” and “unvouchered creditors” arising from the annual audit. All staff have been reminded of the need to use the I-procurement system to generate purchase orders and that suppliers are again reminded not to accept an order without an order number.

Supply contracts being managed at present are:

- Orthotics (Contract negotiation stage)
- Lab Analyzer – Whakatane (Signing stage)
- ICU Patient Monitoring (Signed off and ordered)
- Reprographics (Contract negotiation stage)
- Sterilisation Tracking System (Site visit follow-up stage),
- Physiology Implantation Services (drafting RFP – jointly with Waikato)
- Delivery Beds (Final evaluation)
- Mobile Image Intensifier (Evaluation signoff stage)
- EBOS (Contract negotiation stage)
- Fluoroscopy (Project plan and implementation sign off in progress)
- Laparoscopy Towers (Trial stage)
- Patient Acuity System – Whk (RFP stage)
- Lift Maintenance (signoff stage)
- Fire Fighting Equipment (Drafting RFP)
- Security Alarms (Drafting RFP)

As can be noted a number of these contracts are quite significant.

Health Matters

It is often hard to judge how widely read the Health Matters insert into the local free press is.

Recently the COO has updated members on the Service Improvement Unit and the early projects they intend to undertake.

One of these projects relates to knee surgery and the patient journey associated with this procedure.

Key to understanding the patient experience is clearly to have patients recount their journey to the clinicians. In the last edition of Health Matters we asked for people who had recently had knee surgery to contact the DHB if they were prepared to tell their story.

Our expectations were low that this would work however we have had eighteen calls from people wanting to participate in the process. A great result and confirmation that Health Matters does reach its audience.

Planning for the 2009 / 10 DAP

DAP planning has continued in November with a number of themed workshops held with external and internal stakeholders including:

- A workshop with the DHB and all 5 PHOs which was productive with agreement reached on 6 strategic priorities for the PHO's to work on with 2 of these to be elevated in the DAP for 09/10.
- The Runanga DAP workshop which saw good engagement resulting in clear priorities for 09/10.
- The DAP workshop with CPHAC/DSAC did not occur. Feedback from this committee will be received by email.
- The DAP workshop with the Board was reduced in length due to agenda commitments. This was an opportunity for the Board to hear some context around the Long Term System Framework and how to reflect this in DAP planning. Discussions provided direction for an approach to take for the DAP 09/10. Further feedback will also be received by email.
- DHB/TCC/WBOPDC planning meeting provided some insight into what 'social wellbeing' means to all parties and where each party see their responsibility. Some common ground was agreed on.
- Staff forums for November included an introduction to staff on information on the LTSF and regional planning expectations.
- DAP 09/10 templates have been distributed to key staff and management and are expected back as first and then final drafts by 28 January 2009.

An SOI meeting has been held in Wellington with DHBs and central agencies in attendance. Following this meeting it is clear that the agencies are no closer to agreement on 'outputs' and how DHB's 'tell their story'. DHBs requested the central agencies to work together with DHBs to providing DHBs with an exemplar which could be used to inform the DHBs approach to their SOIs.

Minor Skin Project

On 01 December the Minor Skin project was rolled out to all 5 PHOs with agreement reached on standard pricing and a standard process of credentialing of all GPs that recognises that different skill levels may exist.

This transfer of service from the DHB to the PHOs is a good example of what may be able to be achieved in future as PHOs develop their ability to contract and control specific service areas traditionally managed and staffed by the DHB.

Iwi Health Plans

Another iwi has signed up for Phase I of iwi health plans. We now have four iwi, these are;

- Te Runanga o te Whanau Apanui
- Ngai Tai,
- Ngati Ranginui
- Waitaha (most recent)

Four other iwi, Ngati Awa, Ngati Whare, Ngati Pukenga and Ngaiterangi have registered their interest and intent in signing but are undertaking preliminary planning work.

A positive development is an increasing number of Maori Health providers are enquiring as to how they can engage with iwi health plans. Ngati Awa has taken a strategic approach to this development While Ngati Awa has not signed up to the iwi health plan initiative they have registered their strong interest. More notably they are currently facilitating planning hui with their Hauora providers. This joint planning approach to iwi health plans is a fundamental and important first step to adopt.

The team is currently exploring an MOU or possible secondment with Public Health Intelligence Unit to ensure iwi has access to a resource with advance health research experience. This is a critical part of the Iwi health Plan development.

Maori CTA Funding

We have recently been advised that the Ministry, through the CTA, had funding available for investment in the non regulated workforce.

Given the tight time constraints imposed by the Ministry a decision was made to adopt a targeted approach to the Maori CTA funding allocation for this group with a focus on the HBSS providers and home care workers.

The DHB had a month to undertake an intense communication and recruitment drive to secure applications for the eligible funding. The applications were submitted on 5 December 2008 and 30 applications were received of which 14 met the CTA criteria. These 14 applications equated to \$90,000 of the \$180,000 of eligible funding for Bay of Plenty.

IS Collaboration

The BOP and Waikato IS departments met again in November to advance the strategic collaboration discussions. BOP had identified and proposed a number of opportunities and the two DHBs prioritised three areas:

- developing a cohesive network architecture and design with the aim of connecting the networks of the two DHBs & allow users at each DHB to access shared information across the wider network
- creating a trusted environment across the two DHBs – developing and implementing the necessary authentication, identification and security framework that would ensure that users from both DHBs had trusted profiles enabling them to utilise the combined networks
- converged infrastructure standards and components – adopting the same standards regarding servers, storage, facilities, and disaster recovery/business continuity to reduce support costs and eventually enable shared infrastructure

It is pleasing to see this level of cooperation and that it is being turned into tangible benefits for both groups.

Fresh Future

Fresh Future is a fund raising initiative undertaken by Progressive Enterprises on behalf of a number of DHBs.

The Fresh Future fundraising cheque presentation took place at on the 14th November 2008 with Dame Susan Devoy in attendance.

The \$65,000 raised will be used to purchase ten pulse oximeters, two bassinet cosytherm warming systems, two phototherapy systems, three Doppler ultrasounds, and a Propaq monitoring system for SCBU.

Summer Active Transport Campaign 2009

Increasing the number of people using active transport to commute to and from work by providing computer based office workers with relevant information on alternative transport was piloted in January 2008. Given the success of the initiative it has been decided to again run the campaign in January 2009.

Clinical School

The University of Auckland 'Midland Capacity Study Road Show' came to Tauranga and Whakatane on 26th November.

Seven key staff from the University met with Clinical Leaders and SMO's at both hospital sites to discuss opportunities for clinical training in the Midland Region.

The capacity study aims to identify capability in key clinical areas so that the University can develop a proposal for an expanded training experience. The capacity enquiry was supported by a survey questionnaire that was completed by the key specialties for each hospital site. This was the 3rd such visit since the inception of the BOPCS.

The University's initial proposal is that in 2010 it provides the training for a 5th year cohort of 50 students. The students would be coordinated from Waikato and would be able to choose whether they wished to follow the traditional 5th Year programme or follow Northlands "Pukawakawa" Regional/Rural Immersion curriculum. Placements would consist of 30 students at Waikato and 10 Rural/Regional Immersion students at Rotorua and 10 at Tauranga/Whakatane.

Director of Clinical Training

A key role in the Clinical School has recently been filled.

Dr. Neil Graham has accepted this important role and will bring significant expertise and mana to the position. As this is a 0.5 FTE role Dr. Graham will continue to participate in the Medical SMO team roster.

Financial Results and Forecast

Financial Performance

The October YTD result is a negative variance to the DAP budget of \$680,000. The YTD operational deficit being \$680,000.

The forecast year end net result is a deficit of \$2.7 million which is \$2.7 million worse than DAP budget on anticipated year end revenues of \$517 million.