

What we have achieved in 2004 – 2005

ORGANISATIONAL ACHIEVEMENTS

Financial

- Improved target of organisational break-even financial result. The interim unaudited end position of \$312k favourable represents a \$1.570m improvement on forecast and \$5.790m improvement on our revised budget. Given that we did not spend the anticipated full amount on priority initiatives, this still represents an operating improvement of \$2.740m over plan, excluding priority initiatives impact. This favourable financial position will allow CMDHB to carry forward over \$5m for further initiatives in 05/06
 - This favourable result includes an \$805k provider arm surplus
 - The commitment to mental health has been significantly improved by further Blueprint money increasing mental health funding by 27.2% over the past three years, from \$36,418k in 01/02 to \$46,357k in 04/05.
 - Positive review by the Health Select Committee of CMDHB's financial performance for 2003/04
 - Continuing strong cashflow management has enabled significant contribution to our ongoing capital expenditure programme and facilities enhancement.
 - Continuing reduction in External Nursing Bureau Costs. After achieving \$2.1m reduction from 02/03 a further five percent reduction has been achieved over 04/05, reflecting successful recruitment and retention strategies within CMDHB
 - 2005/06 District Annual Plan signed off by July 2005 in line with Ministerial expectations
 - Outsourcing of vehicle fleet management to FleetSmart. Financial savings and efficiency gains are expected to be achieved.
- § Health Alliance Savings Achieved:
- (i) Total benchmarked capital savings of \$6.135 million, (CMDHB share = \$2.394 million). Budgeted capital savings across both DHBs were \$3.000 million.
 - (ii) As a result of (i) above, we have avoided cost increases in depreciation and interest of \$1.307 million, (CMDHB share = \$524,000). Budgeted savings across both DHBs were \$639,000.
 - (iii) Total consumables / service cost savings of \$7.243 million, (CMDHB share = \$4.490 million). These savings represent the \$ value of lower prices negotiated assuming current volumes, and are calculated over the term of the particular contract. Here we record savings in the year in which they eventuate rather than accumulating all savings over the term of the contract and showing the total figure in year 1. Our budgeted savings across both DHBs was \$3.500 million.
 - (iv) Total savings in hA direct operating costs of \$2.229 million (CMDHB share = \$1.257 million). This is calculated by measuring actual costs against a 5 year DHB shared service cost projection without healthAlliance in existence,

In summary, total savings in DHB operating costs (excluding capital) of \$10.779 million (CMDHB \$6.271 million), this against a budget of \$6.872 million. In addition to this, total DHB capital savings of \$6.135 million (CMDHB \$2.394 million), this against a budget of \$3.000 million.

Volumes & Contractual Obligations

- Total elective volumes were 794 Wies (eight percent) up on last year.
- 11% decrease in acute medical admissions for Kidz First
- Number of babies delivered increased by 4.5% from 03/04. Also the highest number of deliveries in our primary maternity units since 2002

- An 18% increase in people accessing mental health services
- With the addition of the national Care Plus initiative CMDHB now has approximately 6,650 people enrolled in structured management programmes including the Chronic Care Management Programme.
- 95% of CMDHB population enrolled with 1 of 7 PHOs
- 95% of CMDHB GPs participating in PHOs

Quality

- CMDHB awarded Accreditation status for 3 years. A progress visit was completed in early July 2005 and our progress was commended by the Quality Health New Zealand surveyors.
- Leadership training – a leadership programme is now established and will continue to be developed as needs change. CMDHB is also actively committed to the DHBNZ LAMP Leadership Programme. This programme is available to the provider arm and primary sector.
- PHO Governance review has been initiated; and a training program will now be developed and implemented in 05/06.
- PHO performance framework is being implemented nationally and additional local key performance indicators have been agreed with PHOs with specific focus locally on the Chronic Care Management programme.
- Introduced an annual cycle of business planning for PHOs
- PHO Clinical Governance – a report detailing the Clinical Governance options for PHOs and indicating resource implications has been completed. The Initial Clinical Governance Forum with Primary Care was started in February 05 and the ongoing meeting schedule is now established.
- Patient Flow Project initiated with the aim of creating an improved patient journey, reducing delays and improving standard of care in a shorter timeframe. The project focuses on highlighting and reducing duplication, delays and potential for errors through improved care within individual groups as well as during handover of care.
- Trial of new Medical Roster which will be reviewed in line with improved patient outcomes and satisfaction.
- Laboratory successful in gaining continuing accreditation with IANZ in December 2004.
- Pharmacy successfully retained licence to operate following Medsafe audit in March 2005.
- Implementation of bed replacement programme resulting in improved patient handling and reduced incidence of back injuries
- More robust infection control management processes resulting in reduced MRSA rates
- Baby Friendly Hospital Accreditation achieved for Pukekohe and Botany Maternity Units
- First DHB to commence formally accredited Technical Skills Workshop for Midwives
- The Clinical Indicator programme continues to monitor high clinical risk areas, with an emphasis on the patient perspective. There has been some success in improving access for renal patients to vascular surgery, which will decrease the rate of infections from temporary access lines.
- Increasing consumer involvement in clinical governance has been an area of focus for the Clinical Board executive for the last two years. The Consumer representative for credentialling has been increasingly involved in credentialing processes and committees, and the Consumer Representative on the Clinical Board and Clinical Advisory Group has been working with the Community Liaison Manager to establish a Consumer Panel.

- A Clinical Governance Forum has been developed for Primary Care, and Primary Care staff have accessed leadership (including LAMP), quality and clinical training both internal and external to the DHB.

Innovations

- Successful development and establishment of the personal health component of the PATHS programme (Providing Access to Health Solutions for people on sickness or invalids benefits). Excellent outcomes being achieved with approximately ¼ of enrollees returning to the workforce.
- 43 churches are to be funded with programmes spanning physical activity, nutrition, child and youth health, workforce development and information workshops to educate Pacific communities about key health issues totalling \$200 000
- Launch of HealthPoint Services directory to be available in the community
- Healthy Housing programme won both the “Organisational” and the “Supreme” awards in the Health Innovations awards
- The *Lets Beat Diabetes Plan* was completed in December 2004 and approved by the Board in February 2005. The official launch was held in May 2005.
- 75% of year 9 students in AIMHI schools have been successfully assessed and referred to appropriate services as required.
- 70 alternative education students in Counties Manukau have had extensive assessment and referrals plus the provision of onsite health services developed specifically for them
- Commenced scoping for the establishment of three teen parent units with additional wraparound and clinical services starting July 1st 2005.
- Establishment of a Maori Community Support Worker (Hauora Whanau initiative) as part of the multidisciplinary Neonatal Unit team
- Successful pilot of integrated Health and Education management for children with disabilities attending Special Schools (Mt Richmond)
- Development of the Pacific Women's Health Research and Development Centre
- Use of PHO funding to introduce new initiatives such as community radiology, physical activity programmes, school based primary care services, pharmacy compliance packaging.
- National Pacific Diabetes Project gathering national best practice for health professionals and organisations working in Diabetes under way, with a literature review as a first key product completed, and toolkits for nutrition, physical activity and smoking cessation for public consultation
- A successful Sciencefest conference was held in March. This year there were 12 oral presentations and 28 poster presentations, from a wide selection of clinical disciplines and services. Science Fest is an initiative of the Clinical Board where some of the excellent work that staff are achieving in their areas (innovative projects, clinical audit, and research studies) can be recognised and shared with colleagues to celebrate clinical excellence at Counties Manukau DHB. Awards went to staff from several areas including Primary Care.
- Progress in the development of the Maori governance strategy and the involvement of the Maori community
- Co-sponsored the Body Odyssey and festival of events in conjunction with Manukau City Council at the TelstraClear Pacific Events Centre.
- TIM (Template Interface Manager) was developed and implemented. This new software enables more functional integration between primary care and DHB based systems, real time access to decision support and feedback, easier implementation of new templates and eventually, it is hoped, will enable web based interface for patients to access their own information. The I.S. system for Chronic Care Management support (including TIM) has

reached the finals in the TUANZ Innovation Awards with the winner to be announced in August.

- Frequent Adult Medical Admission module now fully integrated with Chronic Care Management for those using the new TIM interface.
- Implementation of the Community Nutrition Project to provide assistance to overweight individuals but also to up-skill primary health care providers to provide consistent and evidence based advice on lifestyle and diet to address prevention of obesity.
- Ongoing success with Primary Options for Acute Care initiative. 5010 referrals 59% resulting in avoided hospital admissions (4,436 avoided admissions) 77% inc on last year, and a reduction in the average clinical cost from \$168.45 per patient to \$153.73

Service Delivery

- CMDHB awarded the contract for delivering Breast Screening services for our community
- The school-based MeNZB campaign is complete. As at the end of June 2005, the 90% coverage rate target for dose 3 has been achieved for the school aged group. This is an enormous achievement. We are also extremely pleased with the still climbing coverage rate in the 18 and 19 year old age group, with the key focus now being on supporting primary care coverage for under 5s via outreach. Recognition received from the Ministry of Health on the success of the Meningococcal Campaign and the significant commitment from CMDHB which prioritised this programme and allocated senior staff to the task due to the commitment of CMDHB.
- Improvement in the delivery of community radiology services achieving a 40% decrease in waiting list
- Significant increase in elective surgery (23% patient numbers) compared to 2003/04
- New Community Mental Health facilities opened east Auckland and Manukau City. Completion of strategy to establish 4 CMHCs within the locations that they serve.
- New mental health facilities pending: child & youth, mental health management, Mental Health Services Older People (MHSOP) (10 full teams moving location)
- Maori Mental Health service – restructure, discontinued inappropriate services, focus on clinical services, mainstream enhancement, integration with Non-Government Organisation services
- Development of Maori Mental Health provider forum, Te Ara Whiriwhiri, to focus on the development of service delivery
- Child & Youth mental health services - significant growth in FTE count, referrals accepted, access to population. Establishment of sector wide strategic development approach, established consistent clinical process
- Mental Health Services for Older People (MHSOP) successful tender for nationally contested Peer Support service. Establishment of joint venture with Age Concern (new entrant to MHSOP). Community team doubled in size
- Implementation of core adult mental health services project including: core role and function, triage re-engineering, crisis resolution model developed, inpatient integration project underway, non-government organisation collaborative group successful joint venture projects including establishment of housing entity with HNZ, primary health initiatives including Trailblazers and CCM (depression module)
- Developed community based rehabilitation team. Key strategic project to efficiently provide care in the time of expected rapid population growth (65+) and reduce the need to admit to hospital for the rehabilitation component of care
- Increased NASC staffing to meet population growth demands

- New Retinal Screening Service established which was enabled by the commitment from the Southern Trust for the purchase of a Digital Mydriatic Camera and Portable laser
- Approval of the Oral Health Plan
- Increased mobile dental services
- Establishment of ORL and Plastic surgical initiatives within primary care
- Improved access to mental health services - New Community Living Services improve outcomes. For the 117 people enrolled for six months:
 - reduced acute inpatient use by on average 5.8 beds
 - improved living circumstances for 17 (15%)
- Excellent progress with facilities developments including opening of second floor at Manukau SuperClinic, funding approval for National Burn Centre, and Cath lab, NICU and 3 new floors on the AMC building, all expected to be fully operational by February 2006.
- Completion of phases 2 – 5 of the Radiology Refurbishment Project – which includes the provision of a new Interventional Suite and new X-Ray rooms.
- Establishment of a Level 1 ICU service at Manukau SuperClinic.
- Initiation of the next stage of the Facilities upgrade including a full rebuild of the Middlemore Hospital ICU facility
- Planning for new Delivery Suite and Mother and Baby Assessment Unit areas
- The NZBS Progesia system was successfully implemented into the Laboratory in March 2005
- Community based Dialysis Unit was opened in Mangere in March 2005
- Laboratory extended services to Manukau SuperClinic in April 2005
- Reduction in waiting list time for First Specialist Appointment times for Kidz First
- CMDHB Child and Youth Health achieved 2nd equal in the Paediatric Society DHBNZ Scorecard
- Continuing improving Kidslink immunisation rates. The Kidslink cohort of children now have the some of the highest immunisation and Well Child rates in the country.
- Completed a review of pharmacist services that could be utilised to support the Chronic Care Management Programme
- Well Child Framework implementation has progressed with all providers (mostly Maori and Pacific providers) on the Framework from 1 July, a first Well Child Provider Group meeting (to be held quarterly) was completed with a draft implementation report in circulation for comment

Workforce Development

- Quality in HealthCare: Practical skills training course program pilot started at the beginning of June. Includes participants from both the Provider Arm divisions and PHOs. Feedback has been positive to date.
- A ten minute DVD aimed at sparking an interest in health careers in young secondary school students has been produced by the DHB. The short film profiles health workers in our community and is targeted to 3rd and 4th from students. The DVD is part of a larger package of resources (including career advisor training) being put together to be distributed to all schools in the Counties Manukau district to encourage health as a career.
- Community, NGO & Primary Care Workforce Census is currently underway, with results due by 30 Sep 06. These results will form the basis of planning for many workforce initiatives.

- Community Health Workers - agreement has been reached with MIT to develop a level 4 course for all Community Health Workers, ready to start in Semester II 2006.
- A series of Fa'alogo Mai Health careers workshops have been held with Pacific and Maori senior school students. This reached 80 students who gave very positive evaluations on the workshops and how it has positively changed their view of working in health.
- Scholarships for Maori, Pacific and mental health for upskilling the current primary care workforce and recruiting new people into health have been established. These will be managed as part of the South Auckland Health Foundation programme during 05/06.
- Pacific Cultural Competency Training course has restarted with training sessions in progress and a framework for cultural competency development agreed by the Region
- Workforce Hospital Census report was published; Workforce Projections reporting underway
- Joint appointment of Clinical Nurse Leader, Maori to Te Kupenga o Hoturoa, Maori PHO. This appointment is to facilitate better working with Maori

People & Culture

- Completion of the staff satisfaction survey in June 2005 with a response rate of over 50%. Results show a positive slant to almost all questions surveyed. Work now ongoing to develop action plans to address areas as required.
- An ongoing focus on valuing staff including the recognition of long serving staff members at the Long Service Function held in July 2005, celebrating 20-40+ years service. Extremely positive feedback has been received following this function.
- The formulation of a food policy for all CMDHB food services commenced May 2005. This ties in with the "Lets Beat Diabetes" project and the staff "Wellness Programme". It is envisaged the major benefit to staff and the public will be an improvement in availability of healthy food.