REPORT - TAI ORA I 2013 - 2014

Focus area	Action/Initiative	Completion	Comment
Governance	Formalise appointment of interim NPH board members.	Completed	TRONPnui appointed interim members December 2012.The Chair Mr Teepa Wawatai resigned September 2013 and TRONPnui appointed Mrs Lois McCarthy Robinson to the Board - she was subsequently nominated as the Chairperson.
	Formalise monthly reporting between Chair of NPH and TRNONP Board.	Completed	Reporting to TRONPnui took the form of verbal/written updates and face to face meetings.
	Initiate and oversee management structure review. Appoint new positions if required.	First review completed	Acting CE was appointed in December 2012 and three senior management positions were disestablished in March 2013. Two Acting Managers were appointed at the end of April one from within the organisation and the other was a past employee of the organisation thus allowing for continuity of historical knowledge. The Change Management Manager was appointed as the Chief Executive in October and a new management position was established for the Gisborne services in December. The appointment of a clinical manager with experience of managing a multi-disciplinary team and the appointment of a CE provides for clinical leadership in both Puhi Kaiti and across the organisation.
	Oversee the development and implementation of a change management plan	Completed	Change management to achieve Tai Ora 1was led by the Change Management manager.
	Closely monitor and manage implementation of plan and achievement of milestones	Completed	Monthly reporting to NPH Board by Acting CE and Change manager, then by CE. Included progress against milestones and targets.

Management	Develop detailed change management plan, communication plan and risk management plan for the implementation of Tai Ora 1.	Completed	CM Plan developed by management with input from Governance and TDH management. Communication was worked as a joint approach with management and governance. A Risk Management Matrix was implemented.
Back Office Transfer to TRONPnui Admin support	Develop plan and implement back office support reconfiguration including payroll, finance, and property.	Finance, payroll transfer completed.

Plan for property transfer developed | Finances moved to shared service with TRONPnui in July 2013.
Payroll transitioned to TRONPnui and Datacom at the same time.

HR and IT support transferred to TRONPnui shared service arrangement.
Property management and Communications under discussion for possible transfer to TRONPnui. |
| | Plan to slow / stop revenue leakage. | Completed | New purchasing & approval processes in place and all staff updated. Significant work across all sites to improve data input/extraction, and revenue capture through MedTech.
Improved monitoring of revenue collection. |
| | Re-forecast budgets based on organisational changes and cost saving initiatives. | Completed | Budgets reviewed and more tightly managed in 2013.
A range of cost saving initiatives implemented and monitored.
Teams engaged with management and finance support to forecast realistic budgets and identify cost savings for 2013/14. |
| | Undertake exercise to agree the staff ratio of administration roles in relation to patient enrolments and clinical services provided. | Completed | Completed in most areas. Findings from East Coast Review, configuration and reporting requirements of 2013/14 contracts and anticipated enrolment growth will inform the next phase. |
| Service delivery model research | Conduct research and investigate alternative service delivery models.
Discuss approach with Clinical Advisory Group.

Visit services with similar populations. | Completed | Board and management reviewed a range of literature and presentations from UK, Australia, NZ related to rural health, chronic care, remote community health services, and indigenous health, Whanau Ora, New Zealand pilot programmes, innovative developments and established service models.
Although NPH has participated in regional developments, financial constraints limited ability to visit other services and participation by NPH clinicians in clinical networks. |

Clinical Sustainability	Establish Clinical Governance group	Completed	The Clinical Governance Group (CGG) was established JULY 2013 and the group is made up of Nurses/Drs and Snr management. The inaugural Chair was Dr Julia Carr who resigned in May 2014. Dr Arkin accepted the Clinical Leadership role in June and he now chairs the CGG.
	Research new technologies that improve service access and specialist consultation.		Clinicians attended a range of relevant conferences, building clinical networks. Collegial relationships developed with other Maori and rurally-based providers and PHOs.
			Management and Clinicians attended a telehealth presentation for health providers hosted by the Opotiki Practice in Gisborne and reached agreement with TDH to implement telehealth.
			Telehealth installed in May – June 2014: analysis of activity to be prepared end Q1 Sept 30.
Improve service delivery and clinical coverage	Reconfigure the delivery of primary health care at individual clinic level to enable clinicians to work at the top of their scope and facilitate greater throughput through multidisciplinary teams. (contingent on TDH cooperation re flexibility of funding).	Progress made and an on-going programme of work to advance further in place.	Extensive work with and by clinic-based primary health care teams, rural health nurses, mental health service, dental service, home care services, and allied health to improve service delivery and make best use of existing team members' skills and capability.
			CGG to work on standing orders and performance review process to include consideration of professional development needs in 2014/15 to optimise 'top of scope' practice and service quality/safety.
			TDH have agreed re flexibility in use of SIA funding. Alliance contracts and further flexibility to be developed in 2014.
Clinical Performance	Work with staff in each area to review/improve performance against clinical targets.	Completed	Performance against clinical targets improved refer
	Briefing sessions on Med Tech Dashboard and Clinical Audit Tool		All receptionists and many of the nurses received Health-stat training - can now monitor progress against PPP's.

	Improvements in Health target reporting from Medtech by clinic		Initially led by managers. Clinic-based capability developed to facilitate local target review of progress by teams.
	Internal work shopping of models		East Coast Review – included two models of care workshops and considerable consultation with staff and communities.
East Coast Review Tri – Partite Approach - RFP	Community consultation regarding E C Review approach & findings Development of a detailed business case to implement the recommendations of the East Coast Review	WIP	DHB, TRONPnui involved as East Coast Review and NPH reconfiguration progressed. Joint (three Boards) meetings to synthesise findings and agree on direction – East Coast Review completed and agreement on direction/ approach to future development achieved in November 2013. Working with NPH/TDH and TRONPnui Boards: Business case for Te Puia redevelopment progressed over 2013/2014. RFP developed - SAPERE was the successful applicant due to begin June – ending Sept 2014
Transfer of HR, Legal & Communications to TRONPnui	Develop SLA's with TRONPnui for HR, Legal, Communications	In progress	Shared service arrangement between NPH and TRNONP to be agreed due date July 2014.
Stabilise & grow PK staff PK – fill GP vacancies PK – Recruit Manager PK – Recruit a Senior Nurse	Stabilise staff through good Primary Care Leadership Recruit Nurse Practitioner Recruit Drs to decrease the load on the 1 FTE Dr and provide continuity of care	On – going	This work has led to several gains for Puhi Kaiti. Nurse Practitioner and Manager for Gisborne Services recruited. Locum GP use, has increased due to the difficulty to recruit impacting on costs. A Nurse Practitioner was employed to focus on growing child wellness service overtime. A strategy is in progress. NPH has been able to recruit 2 permanent GPs - Due to start July and August.

Leader			
PK - Grow the Register	Stabilise & grow the number of enrolments	On-going	Enrolments have decreased by approx 863 from Jul 12- Jan 14 mainly due to the lack of permanent Drs & continuity of care. This has a direct impact on our income level. In 2014 we will focus on growing the register and grow our credibility through becoming more visible to communities.
Financial Sustainability of NPH Enrolled Population Annual Income	Work with TDH to: Determine current situation Lower/stop loss of income Grow NPH income & credibility Determine allocation to Maori Providers within TDH Region for comparison Baseline Information 2012 2013 9866 9068 $10,039,491 $8,957,917	 2014 8980 $7,950,000	Transfer Financial to Shared Services TRONPnui Understanding income increases/decreases Decreased Enrolments Decreased Funding/ Lost Primary Mental Health Contract 11/12 Lost PHO Status 12/13, re-est 2013 Next Steps Further Review required Recommendations to the Board Dec 2014