



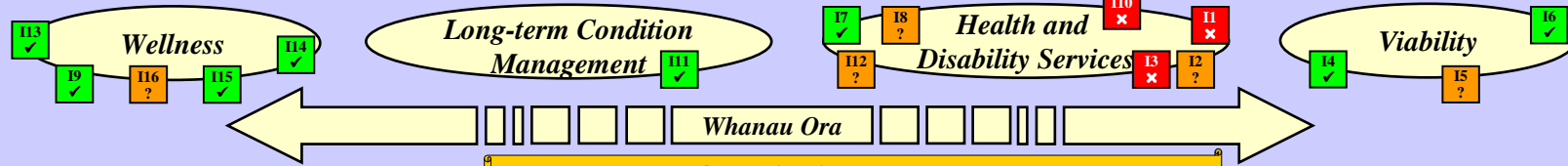
Strategy Map (Jan 2010)

Nelson Marlborough District Health Board Strategy Map 2009/10

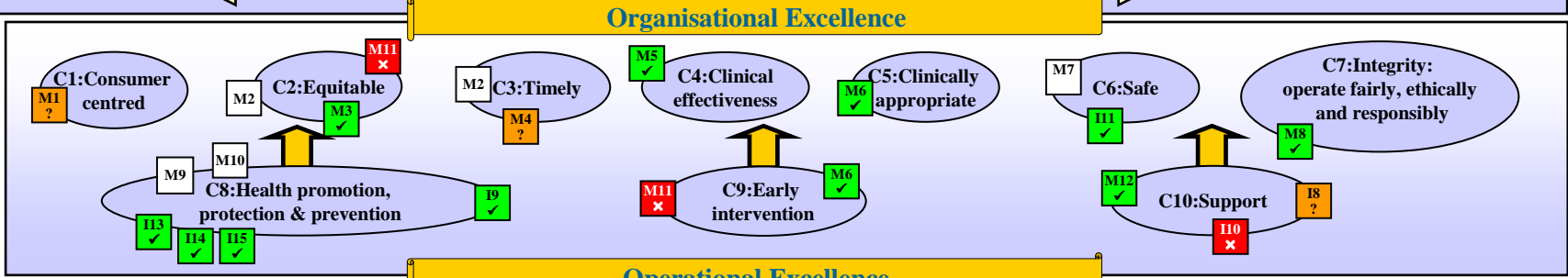
Vision: "Towards Health Conscious Families"

Mission: "To work with the people of our community to promote, encourage and enable their health, well-being and independence"

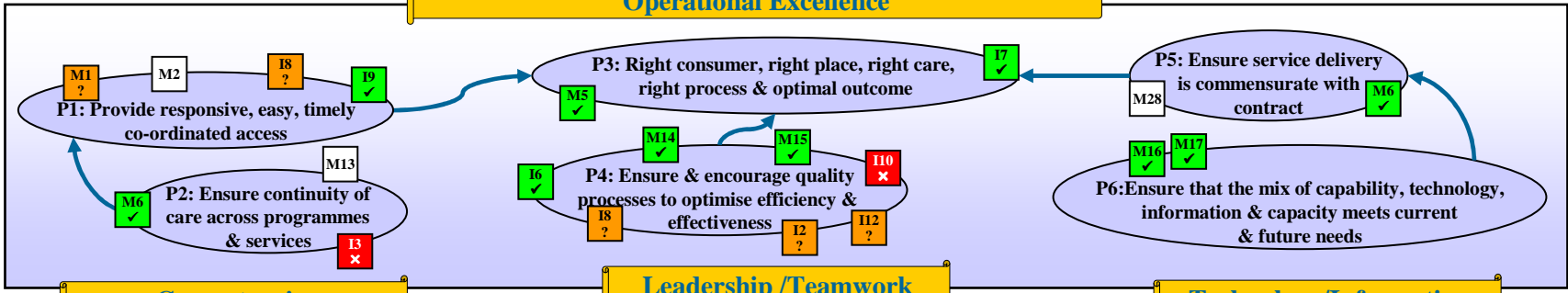
In Partnership with Māori and our Community & Patients Key Strategic Outcomes are.... "To Improve....."



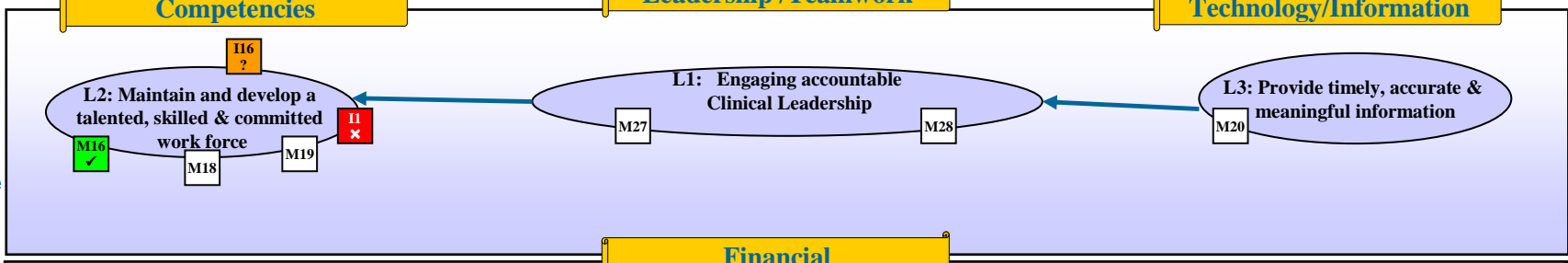
Community, Patient and Consumer
To achieve our vision on how we should appear to our consumers?



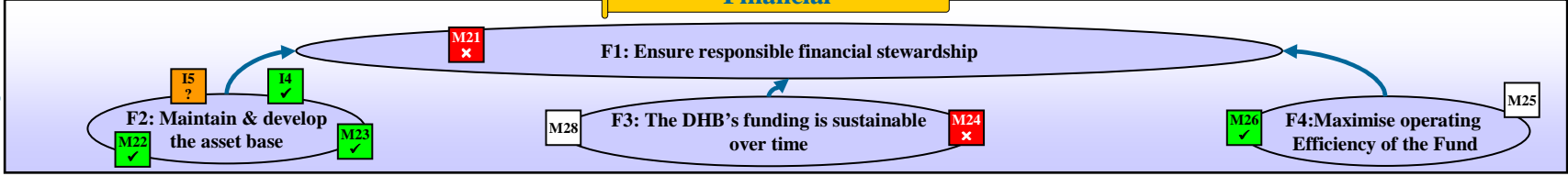
Processes
What operational and quality processes must we excel at?



Learning & Growth
How will we sustain our ability to change & improve as a system?




Financials
To financially sustain our mission, on what must we focus?





Snapshot & Trends Reports

Snapshot & Trends (1 of 2)


 Performing to expectations, consistently achieving target

 Cause for concern, trending down and/or borderline performance

 Performing below expectations/off-Target performance

Measure Number	Measure Description	Measure Leader	Measured	Next Due	Up to June 2009	July	Aug	Sep	Oct	Nov	Dec	2010 Jan	Feb	Mar	Apr	May	Jun
M1	Patient and consumer satisfaction	Denise Hutchins	Quarterly	Due Mar 2010 for Q2 2009	Q1-Q4 2009 ✓	Q1 2009/10 ?			Due Mar 10 (from HBI Report due late Feb)								
M2	High needs GP consults	Sarah Simmonds	[]	Measure being developed													
M3	Life expectancy at birth (by ethnicity)	Sarah Simmonds	3 Yearly	Due calendar Q1 2011 for 2008-10	2005-07 ✓	2008-10 data available from MoH 2011											
M4	ESPI (Elective Services Performance Indicators) - Overall (Local data)	Shane Harrison	Monthly	Due Mar 2010 for Feb 2010	?	?	?	?	?	?	?	?					
M5	Unplanned re-admission rates	Relevant District Managers	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M6	Potentially avoidable hospitalisations	Sarah Simmonds	Monthly	Due Mar 2010 for Jan 2009	×	×	✓	✓	✓	✓	✓						
M7	# of bed days per reported incident	Chris Mouter/Martin Hucklesby	Monthly	Measure being redeveloped	✓	✓	Being Redeveloped										
M8	Resolution of complaints	Pam Stinton-Whetnall	Monthly	Due Mar 2010 for Jan 2009	✓	✓	✓	✓	✓	✓	✓						
M9	Uptake of health promotion factors- Immunisation	Peter Bassett	Quarterly	Measure being developed													
M10	Uptake of health promotion factors- Breastfeeding		Yearly	Measure being developed													
M11	Diabetes detection and follow-up	Diana Peers	Yearly	Due March 2010 for 2009	2008 ×	Due March 2010					Due March 2011						
M12	Completed first contact & assessments	Carole Kerr	Quarterly	Due Apr 2010 for Q3 09/10	✓	✓			✓			Due April 2010					
M13	Patient consumer case plan rate	Sarah Simmonds	[]	Measure being developed													
M14	Average hospital length of stay	Relevant District Managers	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M15	Planned Day Stay admissions that stay one more nights	Relevant District Managers	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					

Snapshot & Trends (2 of 2)

 Performing to expectations, consistently achieving target

 Cause for concern, trending down and/or borderline performance

 Performing below expectations/off-Target performance

Measure Number	Measure Description	Measure Leader	Measured	Next Due	Up to June 2009	July	Aug	Sep	Oct	Nov	Dec	2010 Jan	Feb	Mar	Apr	May	Jun
M16	Staff turnover	Heather Smith	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M17	Staff absenteeism	Heather Smith	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	?	✓					
M18	Personal development	Sue Seymour	[]	Measure being developed													
M19	Staff opinion survey (full & interim)	Denise Hutchins	2 Yearly	Measure being developed													
M20	Timely reporting	Mike Wiles	Monthly	Measure being developed													
M21	DHB cashflow performance to DAP budget	Financial Accountant	Quarterly	Due Mar 2010 for Feb 2010	✗	✓	✓	✓	✓	✓	✗	✗					
M22	Clinical equipment depreciation expense to total patient volume ratio	Financial Accountant	Quarterly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M23	Clinical equipment & building maintenance cost depreciation expense	Financial Accountant	Quarterly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M24	Financial performance to DAP budget	SLT Managers	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✗					
M25	Provider ROCE %	Business Analysts	Monthly	Measure being developed													
M26	Funds Revenue to governance & administration costs %	Mary Hart	Monthly	Due Mar 2010 for Feb 2010	✓	✓	✓	✓	✓	✓	✓	✓					
M27	Clinical Leadership	CMA & DoN	[]	Measure being developed													
M28	Discharge Volume Status	Sharon Ketchko	[]	Measure being developed													



Measures & Definitions

Summary

Measures & Definitions

Measure Number	Measure Description	Calculation Formula	Objective Owner	Measure Leader	Objective Number	Objective
M1	Patient and consumer satisfaction	Survey regularly conducted of patients utilising NMDHB facilities	John Peters	Denise Hutchins	C1	Customer Centred
					P1	Provide responsive, easy, timely, co-ordinated access
M2	High needs GP consults	# of GP consults of high needs population per period / # of GP consults of total enrolled high needs population per period (by ethnicity)	Sharon Kletchko	Sarah Simmonds	C2	Equitable
					C3	Timely
					P1	Provide responsive, easy, timely, co-ordinated access
M3	Life expectancy at birth (by ethnicity)	Life expectancy is the average length of life of a group of people from a given age, in this case from birth.	Sharon Kletchko	Sarah Simmonds	C2	Equitable
M4	ESPI (Elective Services Performance Indicators) - Overall	MoH analysis	Keith Rusholme	Shane Harrison	C3	Timely
M5	Unplanned re-admission rates	Total # of discharges re-admitted in 30 days for the same or similar condition	Keith Rusholme	Relevant District Managers	C4	Clinical effectiveness
					P3	Right consumer, right place, right care, right process & optimal outcome
M6	Potentially avoidable hospitalisations	# of potentially avoidable hospitalisations for the period / total # of discharges for the period	Sharon Kletchko	Sarah Simmonds	C5	Clinically appropriate
					C9	Early Intervention
					P2	Ensure continuity of care across programmes & services
					P5	Ensure service delivery is commensurate with contract

Measures & Definitions


Measure Number	Measure Description	Calculation Formula	Objective Owner	Measure Leader	Objective Number	Objective
M7	# of bed days per reported incident (being redeveloped)	Total # of bed days / total # of reported incidents	Andre Nel	Chris Mouter/Martin Hucklesby	C6	Safe
M8	Resolution of complaints	# of complaints un-resolved within 30 days / total # of complaints	Andre Nel	Pam Stinton-Whetnall	C7	Integrity: operate fairly, ethically and responsibly
M9	Uptake of health promotion factors - Immunisation	Immunisation rates	Peter Burton	Peter Bassett	C8	Health promotion, protection & prevention
M10	Uptake of health promotion factors - Breastfeeding	Breast feeding rates	Peter Burton	Helen Steenbergen	C8	Health promotion, protection & prevention
M11	Diabetes detection and follow-up	# of diabetics taking part in the diabetes programme / # total of diabetics	Sharon Kletchko	Diana Peers	C2	Equitable
					C9	Early intervention
M12	Completed first contact & assessments	# of assessed within 2 working days of referral / total # of referrals	Sharon Kletchko	Carole Kerr	C10	Support
		# of completed assessments within 20 working days of referral / total # completed assessments				
M13	Patient consumer case plan rate	# of people that have 1+ chronic conditions that have patient consumer driven case plans / total # of people that have 1+ chronic conditions	Sharon Kletchko	Sarah Simmonds	P2	Ensure continuity of care across programmes & services
M14	Average hospital length of stay	Average length of stay / total number of discharges	Keith Rusholme	Relevant District Managers	P4	Ensure & encourage quality processes to optimise efficiency & effectiveness
M15	Planned Day cases that stay one or more nights	Number of days case admissions that stay over night for the period	Keith Rusholme	Relevant District Managers	P4	Ensure & encourage quality processes to optimise efficiency & effectiveness

Measures & Definitions

Measure Number	Measure Description	Calculation Formula	Objective Owner	Measure Leader	Objective Number	Objective
M16	Staff turnover	# of resignations for the period / total head count for the period	Denise Hutchins	Heather Smith	P6	Ensure that the mix of capability, technology, information & capacity meets current & future needs
		# of resignations for the period / total head count for the period excl IDSS			L2	Maintain and develop a talented, skilled & committed workforce
M17	Staff absenteeism	# of sick leave hours / total # FTE hours (Overall & Excl. IDSS)	Denise Hutchins	Heather Smith	P6	Ensure that the mix of capability, technology, information & capacity meets current & future needs
M18	Personal development	Personal development costs for the period / total head count for the period	Denise Hutchins	Sue Seymour	L2	Maintain and develop a talented, skilled & committed workforce
M19	Staff opinion survey (full & interim)	(Note: Lack of capacity, capability technology etc, will be reflected in staff level of happiness. Need to establish staff survey that is S.M.A.R.T. with an overall 1-5 rating).	John Peters	Denise Hutchins	L2	Maintain and develop a talented, skilled & committed workforce
M20	Timely reporting	# of reports on time / total # of reports	Mike Cummins	Mike Wiles	L3	Provide timely, accurate & meaningful information
M21	DHB cashflow performance to DAP budget	Actual consolidated cashflow YTD variance to DAP budget YTD	Nigel Trainor	Financial Accountant	F1	Ensure responsible financial stewardship
M22	Clinical equipment depreciation expense to total patient volume ratio	Rolling 12 month clinical equipment depreciation expense for the period/rolling 12 month total patient volume for the period	Nigel Trainor	Financial Accountant	F2	Maintain & develop the asset base

Measures & Definitions

Measure Number	Measure Description	Calculation Formula	Objective Owner	Measure Leader	Objective Number	Objective
M23	Clinical equipment & building maintenance cost depreciation expense	Rolling 12 month clinical equipment & buildings maintenance costs for the period/rolling 12 month clinical equipment & buildings depreciated expense for the period	Nigel Trainor	Financial Accountant	F2	Maintain & develop the asset base
M24	Financial performance to DAP budget	Actual financial performance results for the period within % of original DAP budget YTD	John Peters	SLT Managers	F3	The DHB's funding is sustainable over time
M25	Provider ROCE %	Rolling 12 month Provider EBIT/rolling 12 month Total Net Assets rolling 12 months	Keith Rusholme	Business Analysts	F4	Maximise operating efficiency fo the Fund
M26	Funds Revenue to governance & administration costs %	Rolling 12 month DHB governance & administration costs/rolling 12 months Funds revenue	Sharon Kletchko	Mary Hart	F4	Maximise operating efficiency fo the Fund
M27	Clinical Leadership	To be developed	John Peters	CMA & DoN	L1	Engaging accountable Clinical Leadership
M28	Discharge Volume Status	To be developed	Keith Rusholme	Sharon Kletchko	F3	The DHB's funding is sustainable over time
					P5	Ensure service delivery is commensurate with contract
					L1	Engaging accountable Clinical Leadership

 Started working up the measure

 Measure is active

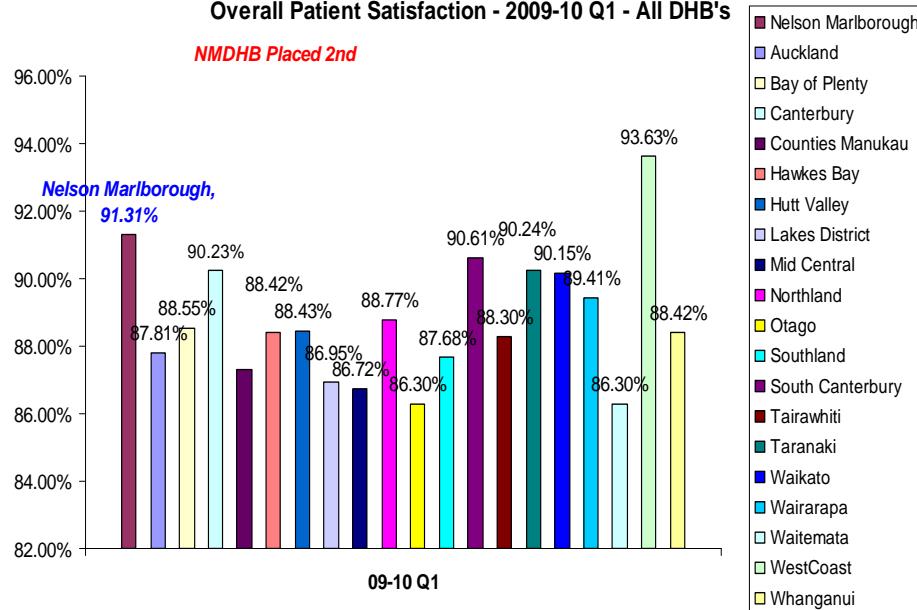


Measures Reports

BSC Objective:	C1:Customer centred P1:Provide responsive, easy, timely co-ordinated access
Objective Owner:	John Peters
Measure Leader:	Denise Hutchins



Overall Patient Satisfaction - 2009-10 Q1 - All DHB's



Description:

The New Zealand patient satisfaction quarterly index of all DHBs is conducted by the Ministry of Health. Two reports result from this process, the Hospital Benchmarking Information (HBI) provides preliminary information on the DHBs patient satisfaction status. The Ministry then forward the data to Health Services Consumer Research who provide detailed in-depth statistical analysis of the results generally with a delay of up to three quarters in receiving the results.

Issues:

NMDHB has up until this quarter reported its consumer satisfaction results using the Health Service Consumer Research analysis which consistently indicates that NMDHB achieves first place in the overall patient satisfaction rate. Given that the HBI report is widely used and reported within the sector as the 'benchmark' document and published on the Ministry's website as the patient satisfaction result, a change has been implemented this quarter to utilise data from the ministry's preliminary report.

Using the HBI data NMDHB is placed second with 91.31% in overall patient satisfaction result for quarter one of the 2009 year. First place is achieved by West Coast DHB (93.63%). Broken down into inpatient and outpatient results NMDHB achieves second in the inpatient survey with 91.99% again beaten by West Coast DHB with 98.1%. The outpatient result sees NMDHB at 6th equal. West Coast again tops this survey with 91,89% then there are six DHBs with results ranging from 90.61% (NMDHB & Waitemata) through to 90.84% (Northland).

Implications:

The HBI report provides preliminary data only before it has undergone detailed analysis. It will be important to acquaint staff with the rationale for the change in data usage.

Actions:

Inform staff of the rationale for change in data usage. Continue to review the detailed but delayed Health Services Consumer Research report for drill down information on areas for improvement related to specific survey questions.

M1
?

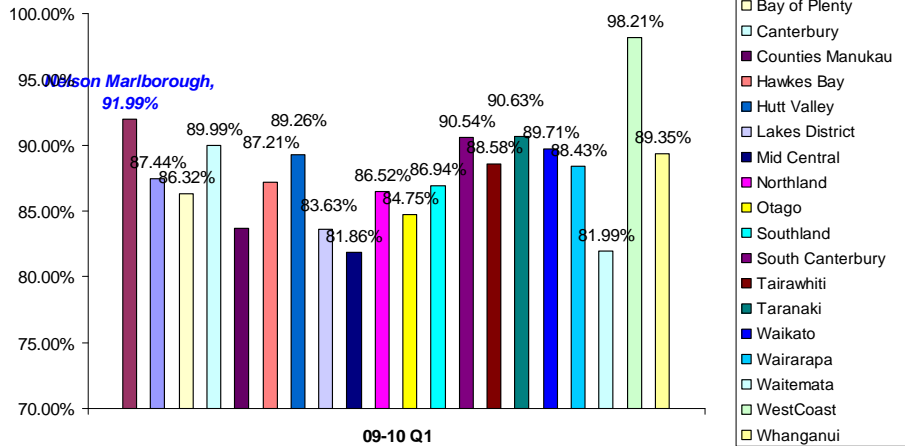
Patient & consumer satisfaction survey - Page 2 of 2

BSC Objective:	C1:Customer centred P1:Provide responsive, easy, timely co-ordinated access
Objective Owner:	John Peters
Measure Leader:	Denise Hutchins



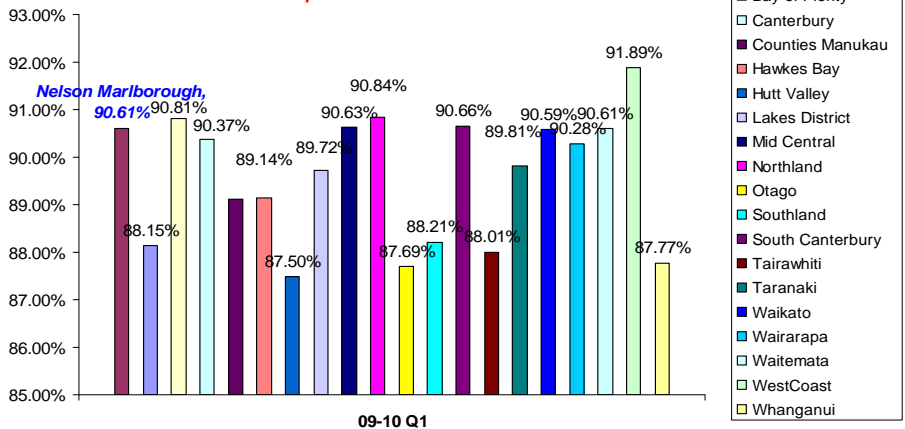
Inpatient Patient Satisfaction - 2009-10 Q1 - All DHB's

NMDHB Placed 2nd



Outpatient Patient Satisfaction - 2009-10 Q1 - All DHB's

NMDHB Placed 6th Equal



Description:

See Page 1.

Issues:

See Page 1.

Implications:

See Page 1.

Actions:

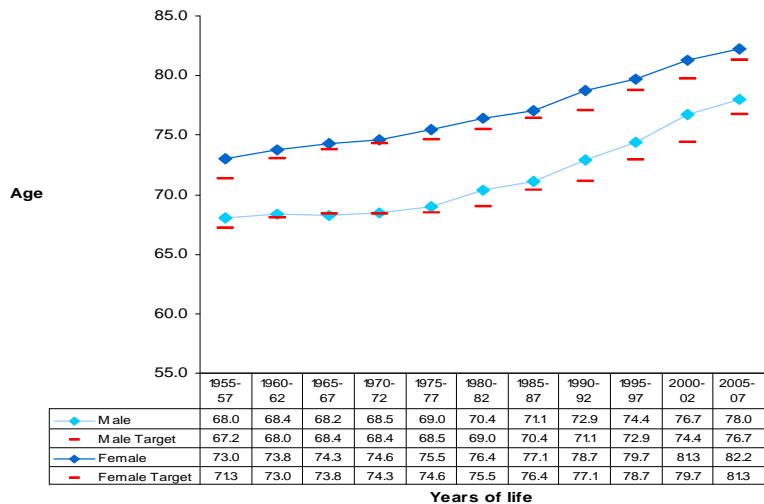
See Page 1.

Life expectancy at birth (by ethnicity)

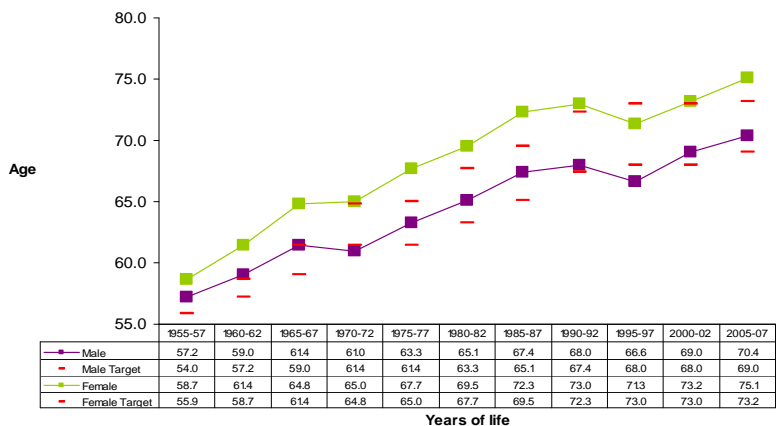
BSC Objective:	C2:Equitable
Objective Owner:	Sharon Kletchko
Measure Leader:	Sarah Simmonds



Life Expectancy at Birth
NZ Population



Life Expectancy at Birth
Maori Population



Description:

Life expectancy is the average length of life a group of people from a given age, in this case birth.

Issues:

Because of fluctuations in death and population numbers, and internal migration movements, abridged period life tables for DHBs should be interpreted with caution. Life tables for Maori have now been produced.

Implications:

Inequalities in life expectancy remain between gender and ethnicity. However over the last 10 years Maori Male and Maori Female life expectancy have been increasing at a higher rate (1.9 years per 5 year period) than total population Male (1.8) and total female population (1.25) so the gap may be beginning to close.

Actions & Expected Impact:

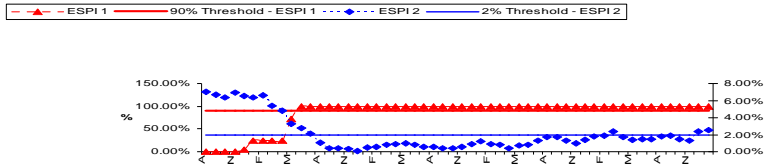
Although it is difficult to specify actions specifically targeted at increasing life expectancy, actions targeted to specific populations and health issues can be aimed at reducing inequalities in health and reducing premature mortality.

M4 ?
ESPI (Elective Services Performance Indicators) - Overall
 Page 1 of 2

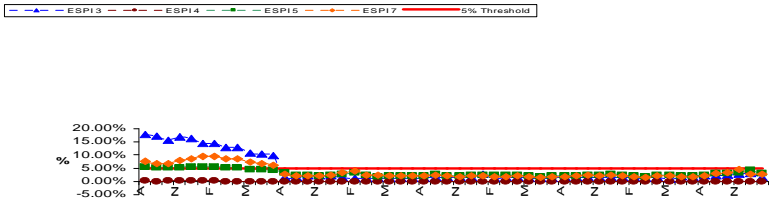
BSC Objective: C3:Timely
Objective Owner: Keith Rusholme
Measure Leader: Shane Harrison



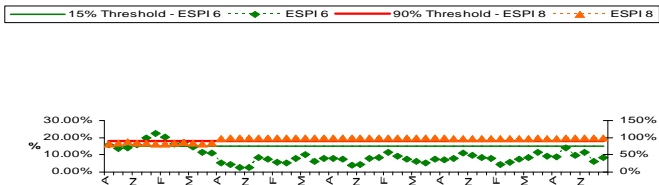
Patient Flow Indicators - Outpatients



Patient Flow Indicators - Inpatients



Patient Flow Indicators - Inpatients



Description:

The patient flow indicators monitor how patients are managed whilst awaiting an elective (non-urgent) service. They do not measure the volume of elective services delivered, or whether a DHB is delivering the same level of service for its population as another DHB.

As a patient moves through the system there are a number of key decision points – from when people are first referred as outpatients through to when decisions are made as to whether or not treatment is appropriate and/or available.

The 3 graphs displayed are the combined result of the DHB Services applicable to outpatients and inpatients.

Refer to following pages for Orange ESPI specialty detail and updated issues, implications and actions.

- ESPI 1** DHB services that appropriately acknowledge and process all patient referrals within 10 working days
- ESPI 2** Patients waiting longer than six months for their first specialist assessment (FSA)
- ESPI 3** Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT)
- ESPI 4** Clarity of treatment status
- ESPI 5** Patients given a commitment to treatment but not treated within 6 months
- ESPI 6** Patients in active review who have not received a clinical assessment within the last six months
- ESPI 7** Patients who have not been managed according to their assigned status who should have received treatment
- ESPI 8** The proportion of patients treated who were prioritised using nationally recognised processes or tools

M4
?

ESPI (Elective Services Performance Indicators) - Overall

Page 2 of 2

BSC Objective: C3:Timely
Objective Owner: Keith Rusholme
Measure Leader: Shane Harrison



ESPI results Jul-08 to Jan 10 by Service

Month	Cardiology	Dental	Ear, Nose & Throat	General Surgery	Gynaecology	Ophthalmology	Orthopaedics	Urology	Vascular
Jul-08	Fail	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Aug-08	Fail	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Pass
Sep-08	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Fail	Pass
Oct-08	Pass	Pass	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Nov-08	Pass	Pass	Pass	Pass	Fail	Pass	Pass	Fail	Pass
Dec-08	Pass	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Jan-09	Pass	Pass	Fail	Pass	Fail	Fail	Pass	Pass	Pass
Feb-09	Pass	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
Mar-09	Fail	Pass	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Apr-09	Pass	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
May-09	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Jun-09	Pass	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Jul-09	Pass	Pass	Fail	Fail	Fail	Pass	Pass	Fail	Pass
Aug-09	Pass	Pass	Fail	Pass	Fail	Fail	Pass	Fail	Pass
Sep-09	Pass	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Oct-09	Pass	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Nov-09	Fail	Pass	Fail	Pass	Pass	Pass	Fail	Fail	Pass
Dec-09	Pass	Pass	Pass	Fail	Pass	Fail	Fail	Pass	Pass
Jan-10	Pass	Pass	Fail	Fail	Fail	Fail	Fail	Fail	Pass

Description:

This page displays a table for all specialties for all ESPIs. Pass or fail is based on whether any one ESPI does not meet the MoH target within each specialty. Therefore to pass every ESPI for that specialty must be within the MoH target. Where 2 or more consecutive fails exist then the relevant individual specialty data is graphed for further explanation.

Issues:

Ophthalmology - 2 month of non-compliance in ESPI 5 (patients waiting > 6 months for their treatment) and ESPI 2 (patients waiting > 6 months for their first appointment)

Orthopaedics - 2 consecutive months of non-compliance in ESPI 5 (patients waiting > 6 months for their treatment)

ENT – 1 month of non-compliance in ESPI 5 (patients waiting > 6 months for their treatment)

General Surgery – 1 month of non-compliance in ESPI 2 (patients waiting > 6 months for their first appointment)

Gynaecology – 1 month of non-compliance in ESPI 2 (patients waiting > 6 months for their first appointment)

Urology – 1 month of non-compliance in ESPI 2 (patients waiting > 6 months for their first appointment)

Implications:

Ophthalmology – Loss of funding if 3 consecutive months

Orthopaedics - Loss of funding if 3 consecutive months

ENT – None

General Surgery – None

Gynaecology – None

Urology – None

Actions & Expected Impact:

Ophthalmology – Data has been cleaned for August through to November which has made these months Green again. The 2 months of non-compliance in ESPI 5 is currently being reviewed and cleaned.

ESPI 2 is a backlog of patients awaiting an appointment and a locum is coming at the end of February to clear patients waiting > 6 months. The department is awaiting a vacancy to be filled for an Ophthalmologist to ensure both the waiting list and clinic appointments can be maintained long-term. Until another specialist commences employment the service is at risk of future non-compliance and loss of funding.

Orthopaedics - This is due to a data issue which has been identified and is currently being cleared for the next ESPI report. Thresholds and access criteria are being reviewed to ensure long-term ESPI compliance.

ENT – This is due to decrease throughput over the Christmas period. This ESPI will be Green again in February.

General Surgery – This is due to a decrease in the number of clinics over the Christmas period as well as not being able to get locum cover in WR causing a number of clinics to be cancelled. This ESPI is planned to go Green again in March.

Gynaecology– This is due to decrease throughput in WR to alleviate pressure on the specialist staff (as well as the decrease throughput of Christmas). There is an additional specialist starting in April 2010 to manage this workload. It is expected that this ESPI will go Green again in February/March.

Urology– This is due to a number of the specialists being on leave in January. Access criteria and threshold increases have been discussed with a number of the specialists to decrease the number of patients on the waiting list. This will be formalised with the entire department in the coming months.

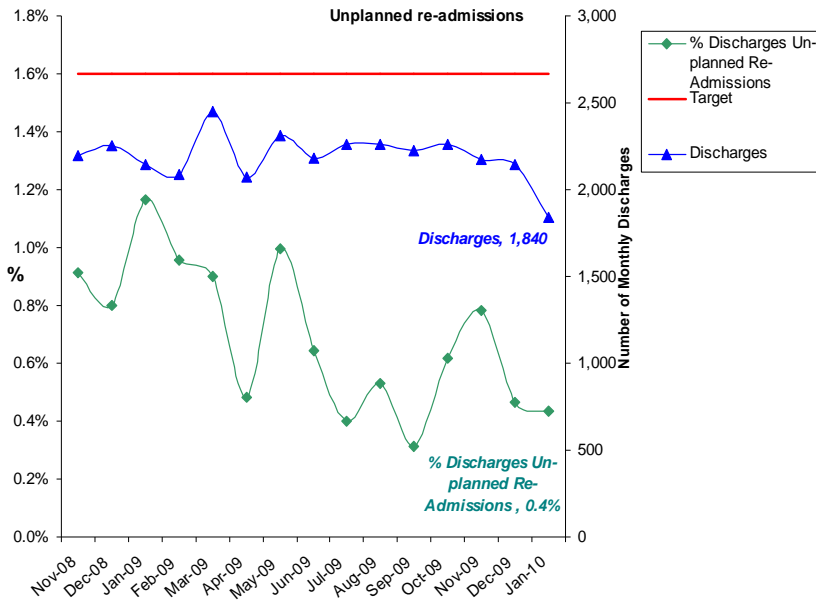
M5
✓

Unplanned re-admission rates

BSC Objective: C4: Clinical effectiveness
P3: Right customer, right place, right care, right process & optimal outcome

Objective Owner: Keith Rusholme

Measure Leader: Relevant District Manager (s)



Description:
Nelson & Wairau Hospitals. This displays total re-admissions as a percentage of total un-weighted discharges. "Re-admissions" are the sum of the Oracare field "Re-admit Indicator = Yes". This is a manually entered field. The target is less than 1.6%.

Issues:
None

Implications:
N/A

Actions & Expected Impact:
None

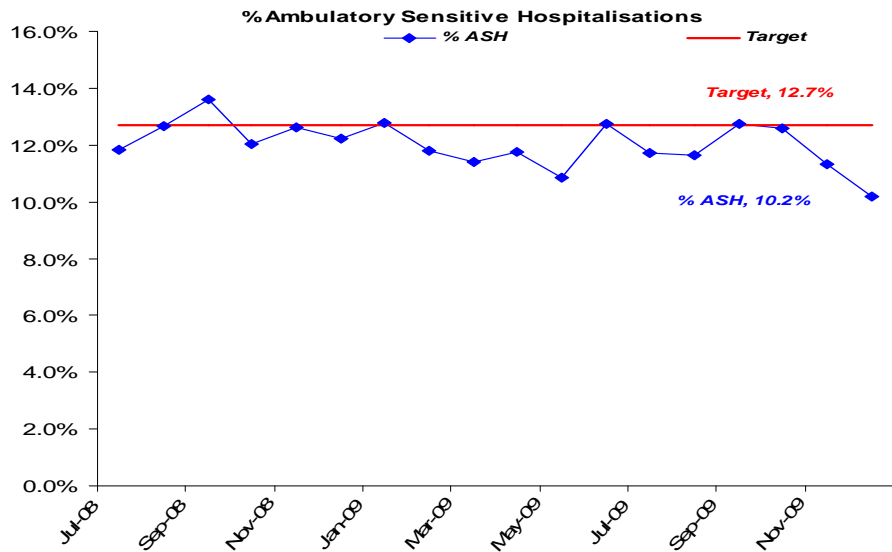
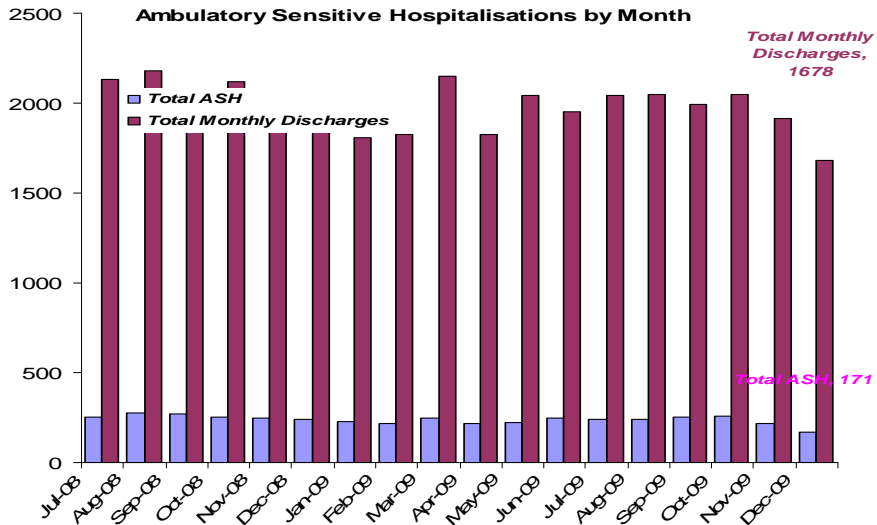
M6
✓

Ambulatory Sensitive Hospitalisations (1 of 2)

BSC Objective: C5:Clinically appropriate
C9:Early intervention
P2:Ensure continuity of care across programmes & services
P5:Ensure service delivery is commensurate with contract

Objective Owner: Sharon Kletchko

Measure Leader: Sarah Simmonds



Description:
Ambulatory sensitive Hospitalisations (ASH) are defined by the MoH as being admissions which are sensitive to prophylactic or therapeutic interventions deliverable in a primary or outpatient setting;

Issues:
N/A

Implications:
N/A

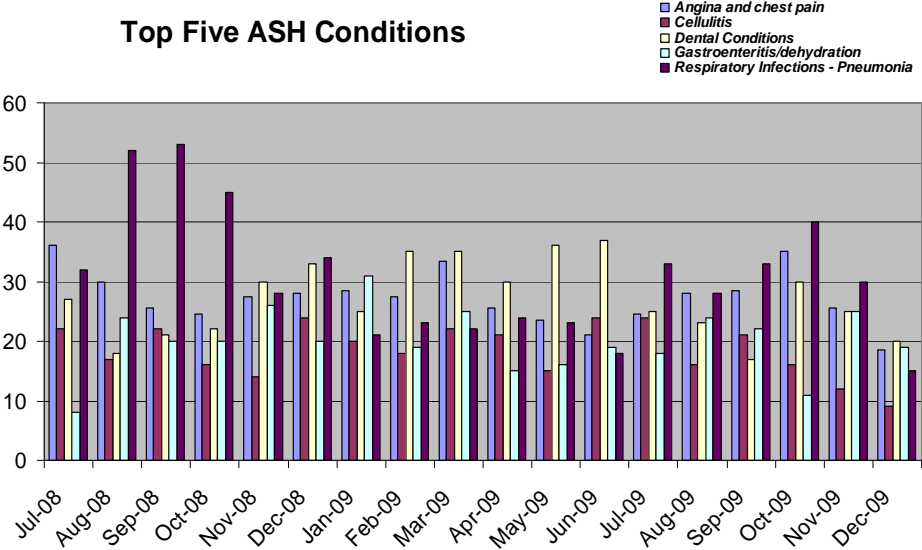
Actions & Expected Impact:
N/A

M6
✓

Ambulatory Sensitive Hospitalisations (2 of 2)

BSC Objective:	C5:Clinically appropriate C9:Early intervention P2:Ensure continuity of care across programmes & services P5:Ensure service delivery is commensurate with contract
Objective Owner:	Sharon Kletchko
Measure Leader:	Sarah Simmonds

Top Five ASH Conditions



Description:
In previous years there has been a peak in discharges for Respiratory Infections in late winter/early spring. This effect has been less pronounced so far this year. There have also been fewer discharges for Cellulitis in recent months.

Note: To ensure accuracy of data, the ASH graphs report the month prior to last month, as the data is based on ICD10 coding, where the target is 21 days from discharge to coding completion.

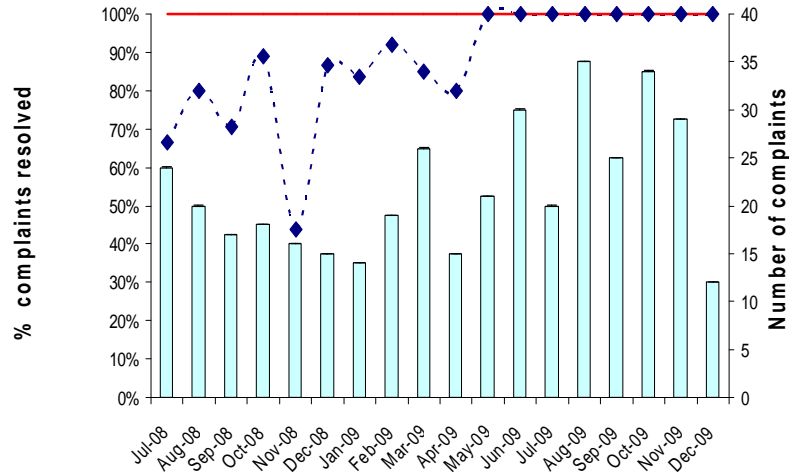
M8
✓

Resolution of complaints

BSC Objective: C7: Integrity: operate fairly, ethically and responsibly
Objective Owner: Andre Nel
Measure Leader: Pam Stinton-Whetnall



Unresolved complaints - Monthly FYE 2009



	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
# of complaints	24	20	17	18	16	15	14	19	26	15	21	30	20	35	25	34	29	12
% resolved within 30 days	67%	80%	71%	89%	44%	87%	84%	92%	85%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Description:

- The purpose of the complaints resolution process is to provide a managed response to complaints received by the DHB.
- It is our commitment to seek a resolution for consumers or their families / whanau who have concerns or who are dissatisfied about services received. This is part of quality improvement activities.

Issues:

- The target is for 100% of complaints to be resolved within 30 days.

Implications:

- Complaints not resolved in a timely manner may lead to more patient dissatisfaction and further complaint to the Health & Disability Commissioner.

Actions & Expected Impact:

- Managers are mindful of the impact on negative outcomes if complaints are not responded to in a timely manner.

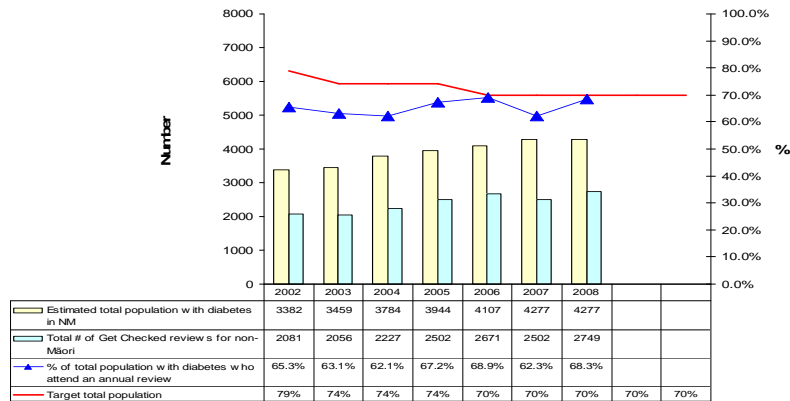
M11
x

Diabetes detection & follow-up

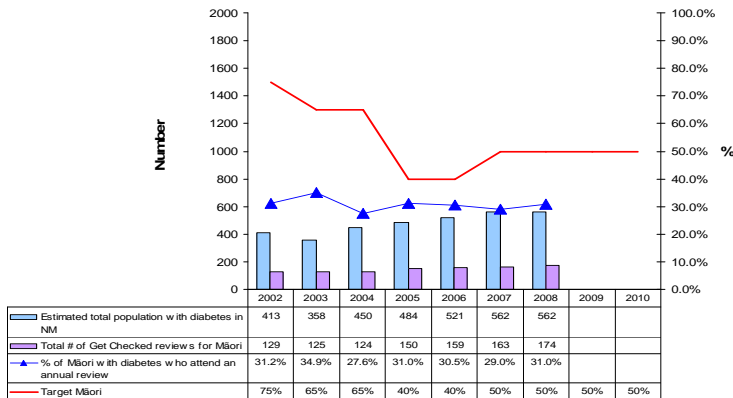
BSC Objective: C2:Equitable
C9:Early intervention
Objective Owner: Sharon Kletchko
Measure Leader: Diana Peers



Total population with diabetes "Get Checked"



Māori with diabetes "Get Checked"



Description:

This represents the proportion of the (estimated) population with diabetes who attend their primary care provider for an annual diabetes review. The service use data is collected at the time of payment claims by the providers.

Issues:

There has been a small improvement each year in coverage rates until 2006, but an apparent fall during 2007 which has reversed during 2008.

Implications:

The denominator data (population with diabetes) is an estimate only, based upon demographic and other data included in prediction models developed by the Ministry of Health. Following an upgrade of the prediction model it expected that previous models have under-estimated the true population with diabetes. From 2008 onwards, the revision upwards of the denominator population has resulted in a higher expected number of people diagnosed with Diabetes across the district totalling 4277 individuals.

It is expected that this number could underestimate the true incidence by a third as undiagnosed (largely sub-clinical) diabetes is not included. The accuracy of the numerator data (number attending for an annual check) depends on the integrity of the data collection processes that take place between provider and Primary Health Organisations.

Although unknown, the reason for the drop in coverage during 2007 but may have been due in part to a temporary problem with the software involved in the claims/data return processes and/or due to allocation to an alternative funding source such as Care Plus. The numbers of people now receiving annual reviews has increased during 2008 to 2923. It should be noted that reporting for the total population masks important information about sub-populations. For example, annual review coverage rates for Māori are significantly lower (and have shown less improvement over time) than for the non-Māori population, however significant improvement has been shown in the proportion of the Pacific Islander population who are now receiving detection and follow up services for Diabetes. Despite this improvement, the national targets for Diabetes detection and follow-up are not being met for Maori and Pacific Islander population groups.

Actions:

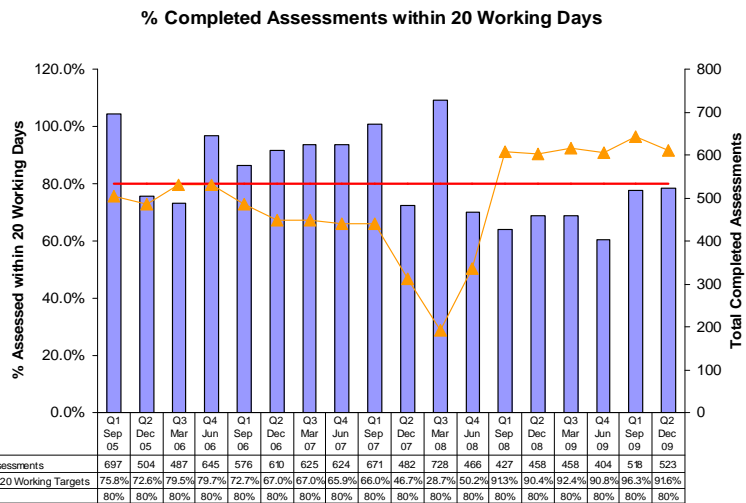
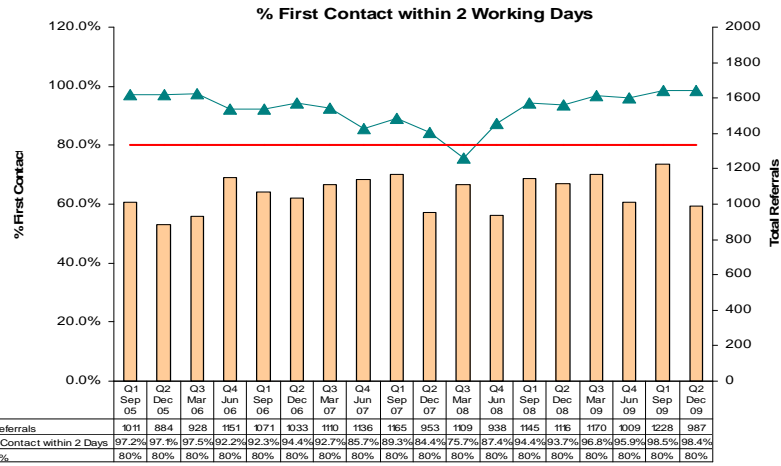
The annual review service (Get Checked) continues to focus on efforts to determine how diabetes detection and follow-up rates can be improved for Maori and Pacific Islander populations. Targets beyond 2008 may need to be lowered to accommodate the predicted increase in the estimated population with diabetes resulting from the upgraded prediction models.

M12



Completed first contact & assessments

BSC Objective: C10:Support
Objective Owner: Sharon Kletchko
Measure Leader: Carole Kerr



Description:

SupportWorks Needs Assessment and Service Coordination Service is required to complete assessments and provide both formal and informal support for people with disabilities. This support will assist in maintaining their goal of achieving an ordinary life. In order to achieve this the service undertakes to respond to referrals within two working days and complete 80 % of assessments within 20 working days and the remaining 20% within 40 working days.

Issues:

N/A

Implications:

N/A

Actions & Expected Impact:

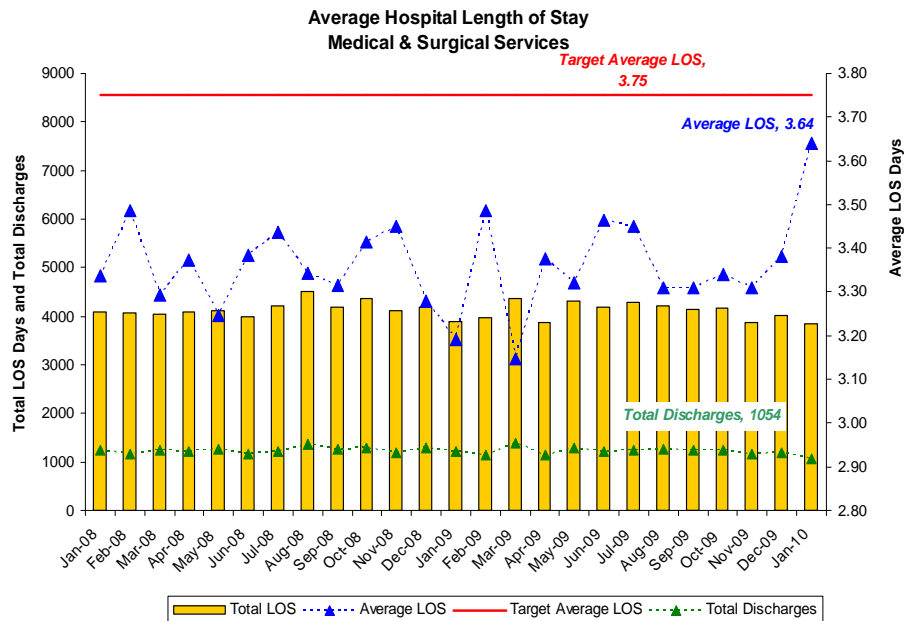
N/A

M14



Average hospital length of stay

BSC Objective:	P4:Ensure & encourage quality processes to optimise efficiency & effectiveness
Objective Owner:	Keith Rusholme
Measure Leader:	Relevant District Manager (s)



Description:

This measure displays the average length of stay for Nelson and Wairau hospitals excluding day stay. The measure is developed in line with the national benchmarking reporting.

The targets are <= 3.73 for Surgical and 3.76 for Medicine. As this measure looks at LOS overall we have used a combined target of <=3.75.

Issues:

N/A

Implications:

N/A

Actions & Expected Impact:

N/A

M15

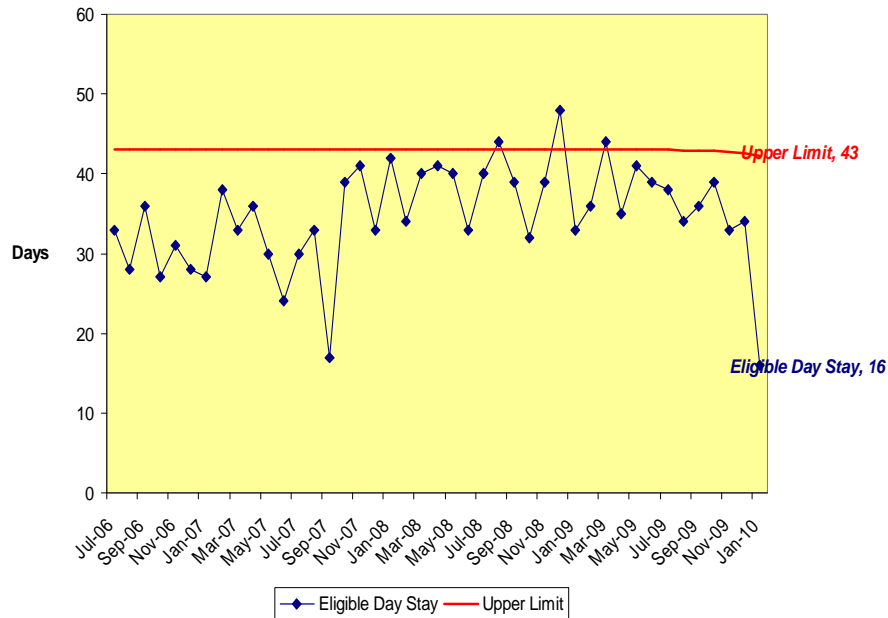


Planned day stay cases that stay one or more nights

BSC Objective:	P4:Ensure & encourage quality processes to optimise efficiency & effectiveness
Objective Owner:	Keith Rusholme
Measure Leader:	Relevant District Manager (s)



Planned day stay cases that stay one or more nights



Description:

This measure represents the number of admissions for Nelson and Wairau hospitals where the admission was indicated as a day stay event, but the patient stayed one or more nights in hospital.

Issues:

N/A

Implications:

N/A

Actions:

N/A

M16

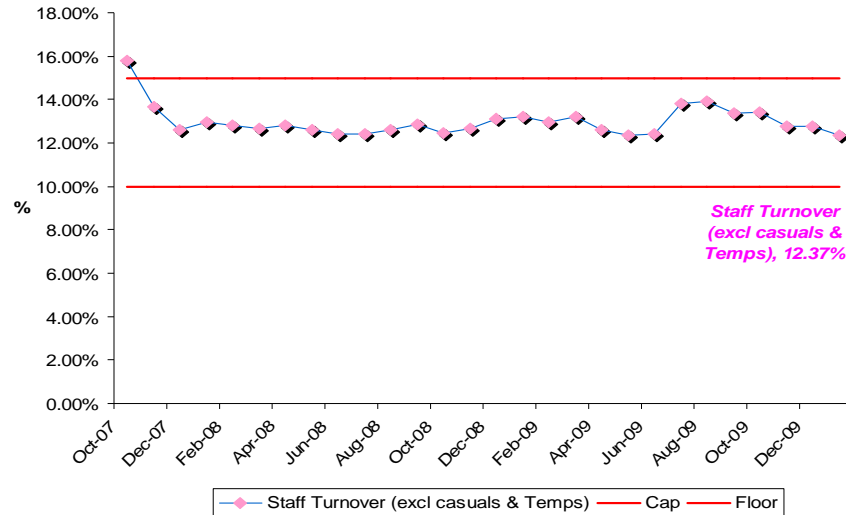


Staff turnover

BSC Objective:	P6:Ensure that the mix of capability, technology, information & capacity meets current & future needs L2:Maintain & develop a talented, skilled & committed workforce
Objective Owner:	Denise Hutchins
Measure Leader:	Heather Smith



Staff Turnover (Excl IDSS)



Description:

HR is a crucial supporting function and we need to get the best out of our people if we are to get the very best NMDHB performance. Happy employees make happy consumers. Staff turnover is one of the measures of how happy the employees are. Its regular monitoring can show why there is a shift (up or down) and enable us to better manage and forecast it.

The target has been set on a rolling annual basis benchmarked against a cluster of other mid sized similar DHB's.

Issues:

Implications:

Actions & Expected Impact:

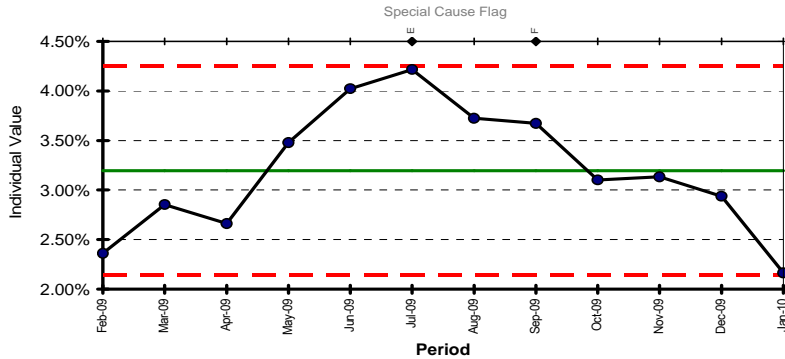
M17



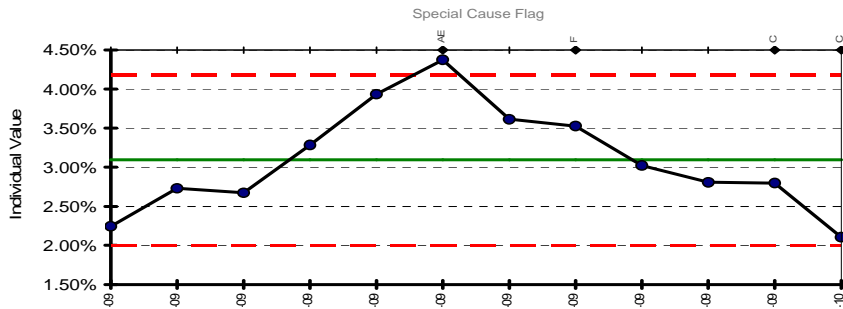
Staff absenteeism

BSC Objective: P6: Ensure that the mix of capability, technology, information & capacity meets current & future needs
Objective Owner: Denise Hutchins
Measure Leader: Heather Smith

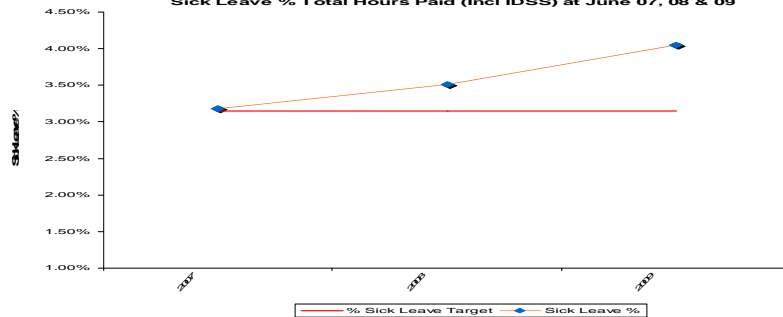
Staff Absenteeism (Incl. IDSS)



Staff Absenteeism (Excl. IDSS)



Sick Leave % Total Hours Paid (Incl IDSS) at June 07, 08 & 09



Description:

HR is a crucial supporting function and we need to get the best out of our people if we are to get the very best NMDHB performance. Happy employees make happy consumers. Sick leave is linked to employee effort, i.e. employees will tend to take more sick days than those employees who regularly give their best efforts in the work place and as such is a good measure of the work environment in terms of stress and being able to cope with the work environment.

The target has been set on a rolling annual basis benchmarked against a cluster of other mid sized similar DHB's.

Issues:

N/A

Implications:

N/A.

Actions & Expected Impact:

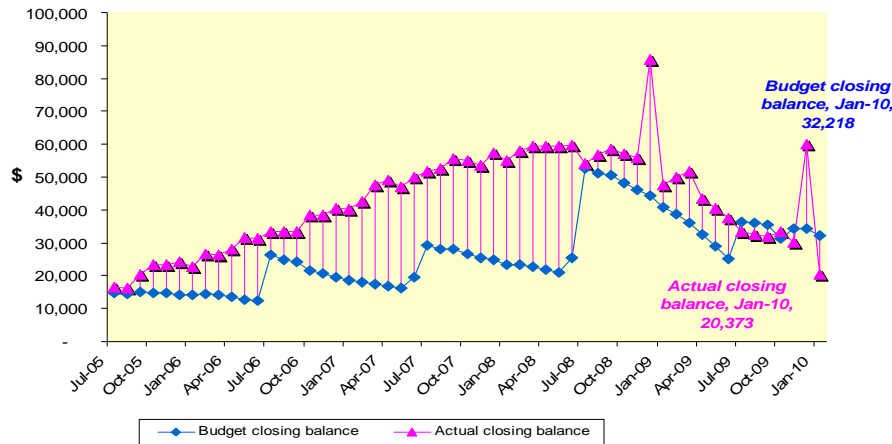
N/A

M21
X

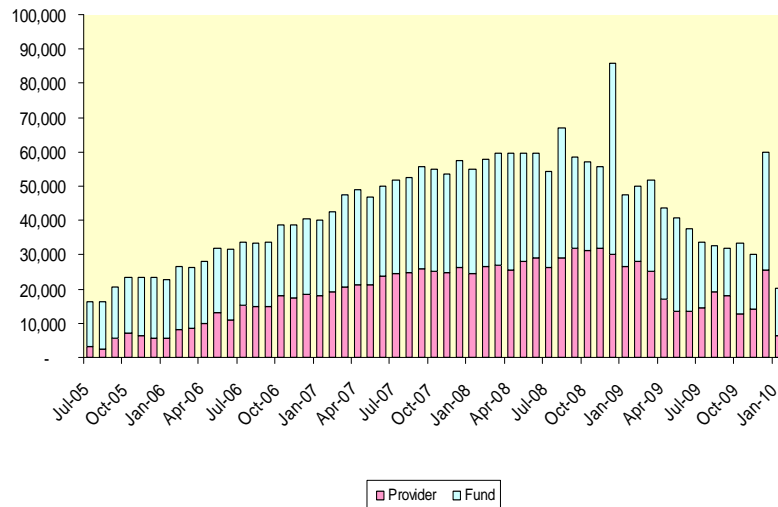
DHB cash flow performance to DAP budget

BSC Objective:	F1:Ensure responsible financial stewardship
Objective Owner:	Nigel Trainor
Measure Leader:	Financial Accountant

Actual v's budget monthly closing cash balance



Provider and Funder closing monthly cash balances



Description:

Actual v's budget monthly closing cash balance - This graph illustrates the DHB's budgetary process in comparing actual to budget; the smaller the gap the more robust the DHB budget;

DHB net cashflow actual to DAP budget variance - Similar to above but focusing on net cashflow actual to budget variance; and

Provider and Funder closing cash balances - "Cash is King" - this measure simply looks at the closing monthly cash balances for the Provider and the Fund and the trend over time.

Issues:

Closing cash balance less than budget by \$11,845k.

Net Cashflow Actual to DAP Budget variance unfavourable by \$37,466k.

Due to the timing of the New Year Statutory holidays in 2010, monthly MoH payment (\$30,678k) which was due on January 4th was received on December 31st, thereby deflating net cashflows in January.

The combined effect of the delayed payment of the November GST and the inflated December GST (due to early MoH payment) came to unfavourable \$4,487.

Wairau retention payment pushes investment cashflow \$1.5m unfavourable to plan.

Implications:

The MoH early payment for January should have no further impact. The oversize GST payment in January should result in a refund in February. The Wairau retention payments are beginning to have some effect on monthly cashflow which will result in a very tight cash situation in the Provider from the end of March.

Actions & Expected Impact:

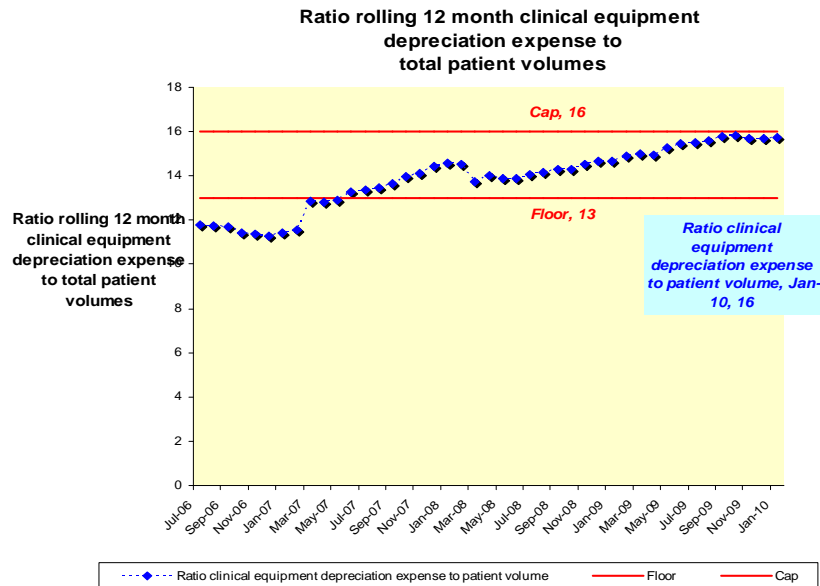
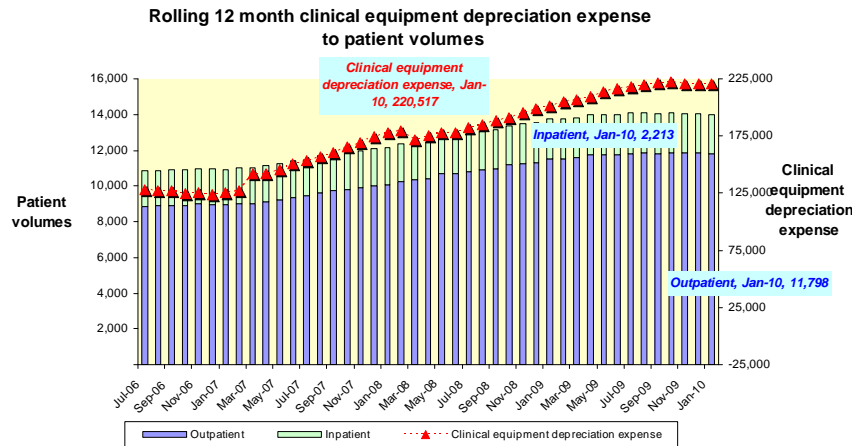
GST refund from IRD in February /March will bolster Fund cashflow \$2.4m. Provider cashflow to be reviewed due to end of month squeeze.

M22



Clinical equipment depreciation expense to total patient volume ratio

BSC Objective:	F2: Maintain & develop the asset base
Objective Owner:	Nigel Trainor
Measure Leader	Financial Accountant



Description:

Clinical equipment and buildings are the most significant areas of capital investment. This measure looks at the adequacy/appropriateness of our investment in clinical equipment by comparing depreciation (as a proxy for capital investment) with patient volumes. The first graph compares the trends in the investment in clinical equipment in relation to patient volume (inpatient and outpatient volumes) on a rolling 12 month basis. The second graph uses "Cap" and "Floor" parameters as bands for optimal utilisation. If the data falls below the "Floor" then we are sweating our assets too much i.e. our investment is not sufficient. If the data is above the "Cap" then we are spending too much, we have "lazy" assets.

Issues:

N/A

Implications:

N/A

Actions & Expected Impact:

N/A

M23

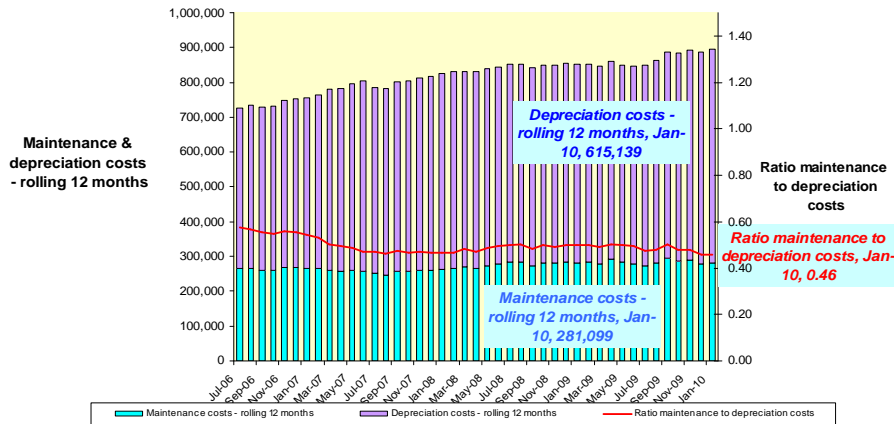


Clinical equipment & building maintenance cost to depreciation expense

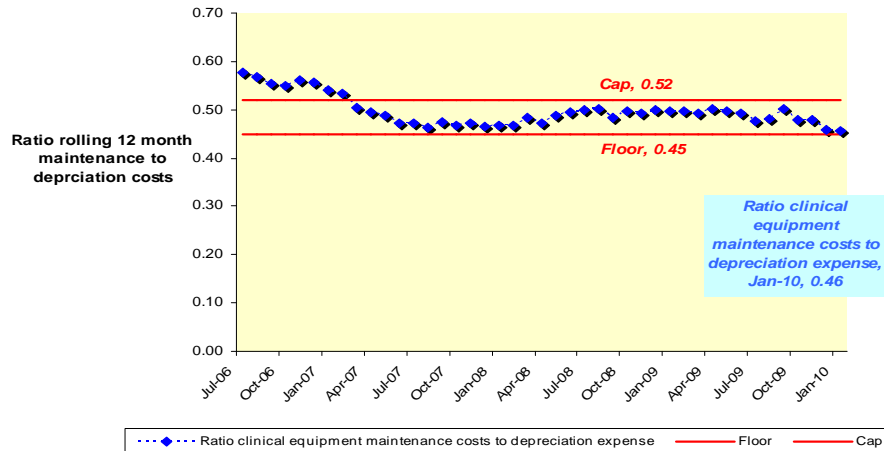
BSC Objective: F2: Maintain & develop the asset base
Objective Owner: Nigel Trainor
Measure Leader: Financial Accountant



Rolling 12 month maintenance to depreciation costs ratio - buildings and clinical equipment



Ratio rolling 12 month maintenance to depreciation costs - buildings & clinical equipment



Description:

Clinical equipment and buildings are the most significant areas of capital investment. This measure looks at the adequacy/appropriateness of our investment in clinical equipment by comparing depreciation (as a proxy for capital investment) with maintenance (a proxy for useful life). The first graph compares the trends in the investment in the total buildings and clinical equipment maintenance in relation to depreciation on a rolling 12 month basis, and shows a ratio of maintenance costs/depreciation expense. The second graph uses "Cap" and "Floor" parameters as bands for optimal utilisation. If the ratio falls below the "Floor" then we are spending too much, we have "lazy" assets as our assets in aggregate are so new or are of a better quality than we had anticipated and thus we do not have to spend the amount on maintenance that we had expected to. If the ratio is above the "Cap" then we are "sweating" our assets or the assets that we have purchased are of a poorer quality than we had planned and as a result require a greater level of maintenance.

Issues:

N/A

Implications:

N/A

Actions & Expected Impact:

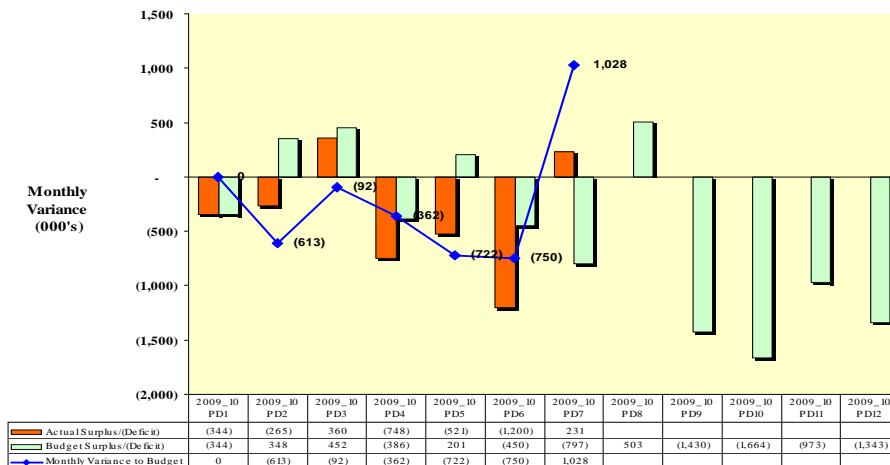
N/A

M24
x

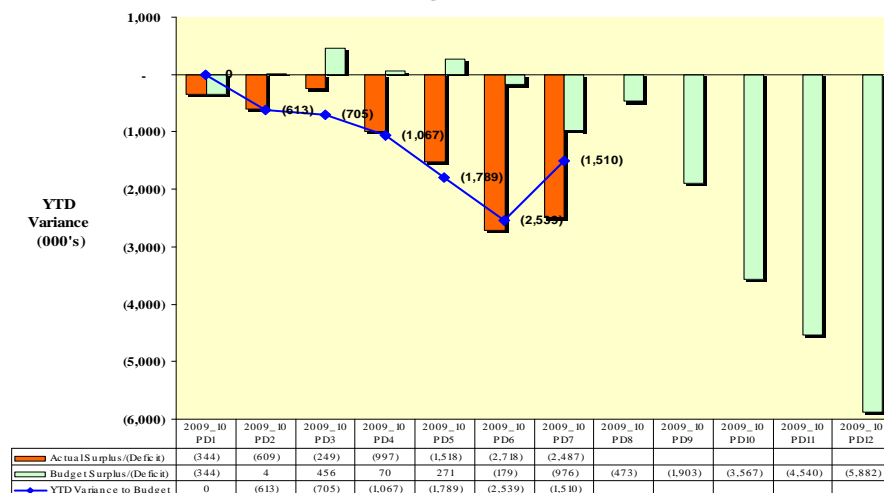
Financial performance to DAP budget

BSC Objective: F3: The DHB's funding is sustainable over time
Objective Owner: John Peters
Measure Leader: SLT Managers

DHB Actual to Budget Variance by Month 2009-2010



DHB Actual to Budget Variance YTD 2009-2010



Description:

These graphs show the actual DHB surplus or deficit by month and year-to-date in comparison to budget. The ultimate target is to achieve a result that is better than or as per the budget

Issues:

YTD deficit of \$2,487k is worse than budgeted deficit by \$1,510k. Deficit has in fact decreased in January however, with a result \$1,028 better than budget.

Implications:

Monthly Financial Performance must continue to come in better than plan in order to offset YTD deficit.

Actions & Expected Impact:

Recovery Plan is in place to bring financial performance back in line with DAP by 30 June 2010.

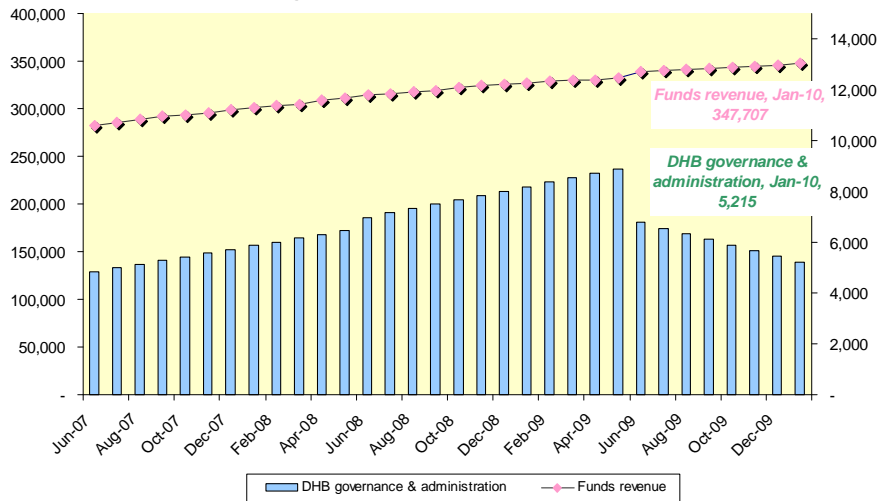
M26



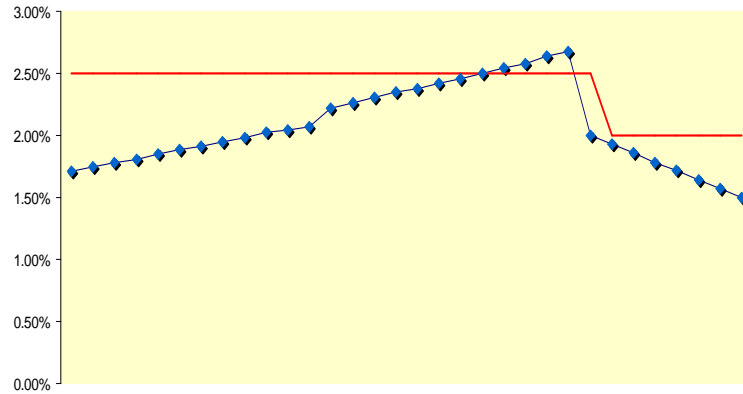
Funds revenue to governance & administration costs %

BSC Objective: F4: Maximise operating efficiency of the Fund
Objective Owner: Sharon Kletchko
Measure Leader: Mary Hart

Rolling 12 month Funds revenue & DHB governance & administration expenses



Rolling 12 month % DHB governance & administration to Funds revenue



	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sept-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept-09	Oct-09	Nov-09	Dec-09	Jan-10
% DHB governance & admin to revenue	1.71	1.74	1.78	1.81	1.85	1.88	1.91	1.95	1.98	2.02	2.04	2.07	2.22	2.26	2.30	2.35	2.38	2.42	2.46	2.50	2.54	2.58	2.64	2.68	2.00	1.93	1.86	1.78	1.72	1.64	1.57	1.50
Target	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.00	2.00	2.00	2.00	2.00	2.00	2.00	

Description:

Rolling 12 month Funds revenue & DHB governance & administration expenses - An efficiency measure.

This looks at the relationship between the level of the Fund's revenue and its level of costs of administration and governance; the greater the Fund's revenue the higher the expected level of costs to administer and conversely the lower the Fund the lower the expected level of costs. What we are looking for is whether the relationship appears out of balance at any point.

The second graph looks at the costs of administration and governance of the Fund as a percentage of the Funds Revenue against an upper limit of 2.5%; that is, for every dollar of Fund revenue no more than 2.5 cents will be spent on the Funds cost to administer the Fund. This is an efficiency measure for the Fund..

Issues:

Governance and Administration expenditure is 1.72% of Fund Revenue and is favourable to the target of 2.0%. This percentage is expected to continue at below 1.7% as the year progresses

Implications:

None


Actions & Expected Impact:

No Actions Required



Initiative Reports (Quarter 2 – 2009/10)

Snapshot & Trends

 Performing to expectations, consistently achieving target

 Cause for concern, trending down and/or borderline performance

 Performing below expectations/off-Target performance

Initiative Number	DAP Ref	Initiative	Strategic Objectives				Initiative SLT Sponsor	Initiative Owner	2009-10			
			C	P	L	F			Q1	Q2	Q3	Q4
I11	1.1.1	Ensure Workforce Capacity and Capability is available for the HDSP			L2		DON	DON	?	X	-	-
I12	1.1.2	Quality Improvement and Innovation		P4			COO	OD	✓	?	-	-
I13	1.1.3	Implement the Health Management System		P2			CIO	CIO	✓	X	-	-
I14	1.1.4	Wairau Hospital Redevelopment		F2			COO	Board Sec	✓	✓	-	-
I15	1.1.5	Nelson Hospital Redevelopment		F2			Board Sec	Board Sec	✓	?	-	-
I16	1.1.6	Rutherford Initiative		P4			CE	AM	?	✓	-	-
I17	2.1.1	Alignment of the SI Health Service Plan with Health 2030		P3			GMP&F	ProgM-HDSP	✓	✓	-	-
I18	2.1.2	Primary Care Services to meet Acute Care need		P1			GMP&F	B&PMgr- P&C	?	?	-	-
	2.1.3	With PHO Stakeholders - develop and implement the "Shifting Some Secondary Services to Primary Care" Initiative and Other Related Initiatives		P1			GMP&C	PM-P&C	✓	?		
	2.1.4	Implement Agreed recommendations from the Review of Acute Services Provision for Nelson Marlborough		P4			COO	DM-MS	X	✓		
	3.1.2	Co-ordination and Continuity of Care	C10					PM-CC	✓	✓		
I19	2.1.5	Implement the Oral Health Services Business Case - School Dental Service	C8				COO	DM-W,C,OH	✓	✓	-	-
I110	2.3.1	Implement the Mental Health and Addiction Action Plan 2008-2015	C10				GMP&F	PM-MH	X	X	-	-
	2.3.2	Develop and Implement the Suicide Prevention Action Plan		P4			GMP&F	PM-MH	X	X	-	-
I111	3.1.1	Medication Management	C6				GMP&F	DM-CS	X	✓	-	-
I112	3.1.3	Development of Advanced Care Practitioner Models of Care. Aligned to NMDHB Health 2030 Framework		P4			GMP&F	ProgM-HDSP	-	?	-	-
I113	4.1.1	Implement the 2009/10 NPA Operational Plan	C8				GMP&C	PD-NPA	✓	✓	-	-
I114	4.2.1	Implement the Child, Youth and Family Health Programme	C8				GMP&F	PM-C&Y	✓	✓	-	-
I115	4.2.2	Address the Healthcare Needs of Children and Youth with High and Complex Needs	C8				GMP&F	MSW	✓	✓	-	-
I116	4.3.1	Inter-sectoral Planning and Action to Address Health Determinants			L2		-	PM-P&C	✓	?	-	-



I1 – Ensure Workforce Capacity and Capability is Available for the HDSP

SLT Owner:	DON
Initiative Owner:	DON

DAP Ref:	1.1.1 Ensure Workforce Capacity and Capability is Available for the Health and Disability Service Plans		
Description	Workforces for continued development in 2009-10 are in primary health, Māori Health, aged care and care and support. NMDHB aims to work with PHOs, NGOs Māori Health and aged residential care providers to build on existing activity in these areas to improve capability and capacity within the district while linking with national workforce activity in all areas and in line with government priorities and funding.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
x	Expansion of the CTA funded Nursing Entry to Practice Programme in Aged Care sector	DON	Graduate nurses are attracted to and supported in their first year of practice in aged care
Achievements:			
Issues:			
No providers interested in participation as unable to accommodate within existing FTE No applicants received 2 Primary Health Care New Graduate positions remain unfilled (salary funded by P and F)			
Implications:			
NETP Expansion programme is not available in 2010 CTA funding for NETP Expansion programme is applied for on an annual basis, therefore should be no implication on subsequent years Funding for further PHC positions is at risk			
Actions:			
To explore opportunities to engage Aged Residential Care providers in developing their workforce To engage with Planning and Funding about the utilisation of the PHC New Graduate funding to support workforce development in Aged Care; with potential mid year intake			
Actions requiring SLT Approval:			



I2 – Quality Improvement and Innovation (1 of 2)

SLT Owner:	COO
Initiative Owner:	OD

DAP Ref:	1.1.2 Quality Improvement and Innovation		
Description:	<p>NMDHB's Quality and Innovation focus for 2009/10 is:</p> <ul style="list-style-type: none"> Enhancing and supporting continued development of a quality improvement and innovation culture within the organisation Further developing a culture of consumer/patient centeredness and involvement Standardising systems and practice Supporting evidence based decision making Demonstrating compliance against legislation <p>The organisation reshaped its quality and innovation framework and support in 2008-09. These changes provide the organisation with additional capacity to achieve local and national quality improvement goals.</p> <p>NMDHB is participating in the five national quality improvement programmes: Optimising the patient journey; management of healthcare incidents; infection prevention and control; national mortality review systems and safe medication management. NMDHB has activity underway in these five areas and will incorporate the national initiatives into that activity. Reporting nationally on the organisations activity in the five programmes will be done via the agreed national QIC process. Reporting internally will be by way of usual Board and management reporting mechanisms. NMDHB is participating in the national Value for Money (VFM) network. We will participate in the national benchmarking programme and actively pursue local VFM initiatives related to procurement and the vehicle fleet. In addition we will be incorporating VFM learning's from other DHBs into local service development.</p>		
Status:	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	<ul style="list-style-type: none"> Optimising the patient journey initiative is rolled out to a further six clinical areas NMDHB participates in phase 2: Optimising the Patient Journey (national activity related to long term conditions) 	COO	<ul style="list-style-type: none"> 12 clinical areas are actively engaged in optimizing the patient journey activity by 30/06/10 NMDHB participates in national collaboratives related to long terms conditions
✓	<ul style="list-style-type: none"> National Incident Management policy and process is implemented locally 	GM OD	<ul style="list-style-type: none"> NMDHB policy and process is reviewed, revised and implemented by 30/06/10.
✓	WHO Hand Washing guidelines are implemented	COO	Guidelines implemented in three clinical areas by 30/06/10
✓	Mortality Review processes within the organisation are reviewed	CMA	NMDHB processes are reviewed and revised as necessary by 30/6/10
?	National medication chart initiative implemented	COO	National Medication chart implemented in inpatient facilities by 30/6/10



I2 – Quality Improvement and Innovation (2 of 2)

SLT Owner:	COO
Initiative Owner:	OD

<p>Achievements:</p> <p>OPJ: NMDHB participated in one national collaborative event this period focused on discharge from hospital processes. SLT considered and agreed that NMDHB should integrate lean methodologies into all its activities and initial discussions regarding reframing the process held with the CE.</p> <p>Handwashing Initiative: NMDHB baseline handwashing audits completed and data forwarded to the national database during the quarter.</p>
<p>Issues:</p> <p>OPJ: Reassessment of approach to integrating lean into the organisation underway.</p> <p>Handwashing Initiative: Baseline audits at Nelson and Wairau Hospitals demonstrate 41% overall compliance with WHO Guidelines. Results appear to be in line with other DHBs at this stage of the initiative.</p> <p>Medication Chart Implementation: The national medication chart is currently being trialled at another DHB and the trial may not be completed by 30.6.10.</p>
<p>Implications:</p> <p>OPJ: Change of approach to integrate lean methodologies into a whole of organisational approach may cause confusion for staff. Key will be to build on successes to date and communicate effectively.</p> <p>Handwashing Initiative: Significant improvement expected following planned education programme.</p> <p>Medication Chart Implementation: NMDHB may not implement national medication chart by 30.6.2010</p>
<p>Actions:</p> <p>OPJ: Reframing of lean methodology roll out will be completed next quarter. Renamed the Nelson Marlborough Improving Care System (NMICS) a strategy and implementation plan will be presented to SLT in March for discussion and agreement.</p> <p>Handwashing Initiative: A staff education campaign commences next quarter. This will be impacted by the staff immunisation load during that period.</p>
<p>Actions requiring SLT Approval:</p>



I3 – Implement the Health Management System

SLT Owner:	CIO
Initiative Owner:	CIO

DAP Ref:	1.1.3 Implement the Health Management System		
Description	NMDHB's vision is to establish an individual-centric health information management service by "wrapping the system around the individual", rather than the provider.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
X	Business Case completed	CIO	Approved Business Case
Achievements:			
Issues:			
The Health IT Board review of the HMSC has effectively ended the HMSC work.			
Implications:			
NMDHB will continue to develop functionality within existing tools. Once the national Health IT plan is known, NMDHB will work to that plan as required.			
Actions:			
Actions requiring SLT Approval:			



I4 – Wairau Hospital Redevelopment

SLT Owner:	COO
Initiative Owner:	Board Sec

DAP Ref:	1.1.4 Wairau Hospital Redevelopment		
Description	To create contemporary, collaboratively operated Hospital and Health Care Facilities that will provide optimised services for our community in settings designed and resourced to achieve that end, and of which all can be proud.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Site Development	COO	28/02/2011
Achievements:			
Stage 2 construction well underway with first area to be occupied by 10 February Full report contained in Board agenda papers for 26 January meeting.			
Issues:			
Keeping the project within budget. Construction, nationally, is picking up which is placing pressure on pricing of trade packages.			
Implications:			
On target to achieve within budget			
Actions:			
Actions requiring SLT Approval:			
Note report			



I5 – Nelson Hospital Redevelopment

SLT Owner:	Board Sec
Initiative Owner:	Board Sec

DAP Ref:	1.1.5 Nelson Hospital Redevelopment		
Description	To provide the best environment for DHB services, obtain best efficiency and ensure high quality care delivery to patients/consumers/clients.		
Linkages	All programmes utilising Hospital services		
Benefits	The site promotes clinical, patient and efficiency-focused objectives Is adaptable to changes in best practice without costly alterations to the layout and fabric of structures		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
?	Business case for Nelson Hospital Redevelopment Stage 2	Board Secretary	Completed 30/06/09
Achievements: Draft models of care have been issued for comment. Concerns that district wide clinical service plans do not guide the project team on future direction. Workshop planned for 5 February to review draft and to identify options for changing how services will be provided.			
Issues: Timing of other planning documents (SIHSP); changes in the process for approval by the National Capital Committee; affordability of a major redevelopment; understanding of the scope of the project; impact of shifting services project on facilities Risk that project is not accepted as part of the National Health Capital Plan			
Implications: The scope of the project is limited to refurbishment of existing areas			
Actions: Continue to develop business case including options for refurbishment. Complete RFP for health planning, architectural and quantity surveying services by Feb 10. Confirm current use of facilities is clinically appropriate.			
Actions requiring SLT Approval:			



I6 – Rutherford Initiative

SLT Owner:	CE
Initiative Owner:	AM – Mike Wiles

DAP Ref:	1.1.6 Rutherford Initiative		
Description	This initiative will involve multi-disciplinary teams including clinicians, analysts and service experts working with managers to review expenditure to improve the quality and performance of the public health system in this district. The teams will be examining line by line current expenditure to ensure each is a priority and gives good quality health services for this district. Together with the outcomes from the Ministerial Group advising on improving the quality and performance of the public health sector, the DHB's own Health 2030 framework these teams will enable NMDHB to achieve a transformational change in health services in this district		
Linkages	Ministerial Group advising on improving the quality and performance of the public health sector; NMDHB Health 2030		
Benefits	A target of \$10 million by 2011/12 has been set to ensure we gain the best value from our spend. Future viability within revenue; enhanced front-line services provision		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Review of all line by line expenditure and make recommendations to the Board and Minister if required on changes	CE	Completed 30/10/09
✓	Review all "back-room" functions (reduce FTEs where possible by attrition; and, explore the potential to regionalise the following: Planning & Funding; Purchasing; Finance; Payroll; IT/IS)	CE	Completed 30/10/09
	Reconfigure Home Based Services Support Packages including the Secondary/Primary Model of Care to enhance the patient	GM P&F	Completed 31/03/10
✓	Review Mental Health 'Ring Fenced Services' to reduce allocation within the agreed quantum	GM P&F	Completed 30/05/10
	Work with all contracted providers to prioritise and implement changes to health spending to reflect the new model of health services in the district.	CE	Completed 30/06/10
	Review all Service Level Agreements and contract lines	GM P&F	Completed 30/06/10
Achievements:			
<p>Rutherford reviews have been completed for Information Technology, Business Support, Payroll, and the Director of Nursing. A further three reviews are being considered by the Chief Executive for Mental Health Services. Planning and Funding contracts, Planning and Funding Primary and Community, Child Youth & family and Smokefree Services NGO contracts, and Organisational Development. The Rutherford Initiative is on track to achieve the savings identified in the 2009/10 DAP. The reviews will be completed in the first quarter of 2010. The team has found investigations are more effective at a deeper level which is taking a bit longer but they are more comprehensive and are identifying smarter ways of working and the savings required. The focus of the Rutherford Initiative will move to the provider departments with the view of making sustainable changes.</p>			
Issues:			
Implications:			
Actions:			
Actions requiring SLT Approval:			



I7 – Alignment of the SI Health Service Plan with Health 2030

SLT Owner:	GM P&F
Initiative Owner:	ProgM-HDSP

DAP Ref:	2.1.1 Alignment and Integration of the South Island Health Services Plan with HEALTH 2030		
Description	NMDHB is working collaboratively with other South Island DHB's to ensure the viability of specialist hospital services. The HEALTH 2030 Future Services Framework outlines an integrated hub and spoke model of hospital with clearly delineated roles and levels of care provision. This initiative will focus on reconfiguring existing services and contracts to implement the SI HSP and HEALTH 2030.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Regional Planning - Contribute to S.I Health Services Plan (SI HSP) - Regional DSP 2009/10 - Maximise elective capacity 2009/10	GM P&F	SI HSP Project implemented to agreed timeframes Elective services plan implemented to utilise regional capacity & capability
✓	- Review and redesign of those vulnerable services most at risk, aligned to agreed SI DHB's collective approach to managing vulnerable services - 'Healthy South' plan to address Public Health Services for the SI addressed to reduce bureaucratic processes and duplicated delivery	GM P&F	Five most vulnerable service reviewed by June 2010; Public Health Services re-aligned by June 2011; Agreed risk management plans in place December 2010
Achievements:			
SI DHB Elective Services plan update for the 2010/11 is underway with the Clinical Leadership group meeting mid January to review and prioritise clinical SI HSP Steering Group meeting set for early February to review and direct plan progression. Vulnerable service reviews across all SI DHB's include on going work in Hospital Paediatric Services and Neurosurgery. Ophthalmology has been added to the Public Health Services across the SI have now been incorporated into the overall SI HSP plan. NMDHB Health Promotion Development project outcomes will			
Issues:			
NMDHB Vulnerable Services Stocktake completed in Jan 2009 provided a snapshot in time of service vulnerability. The stocktake and remedial action plan is currently being updated with DM's to ensure that the risk profile is current and remedial actions are targeted and maximised. This work is to be completed by the end of March 2010			
Implications:			
Actions:			
Review and updating of vulnerable services stocktake to ensure risk identification and management			
Actions requiring SLT Approval:			
Note progress made			

?

I8 – HDS Redesign Initiative (1 of 3)

SLT Owner:	GM P&F
Initiative Owner:	Business & Planning Mgr –Faye Ryan

DAP Ref:	2.1.2 Primary Care Services to meet Acute Care Need		
Description	Expansion of Primary Care capability and capacity to include management of an acute patient that would normally be referred and managed by secondary services through realignment of existing service lines and contracts and within current resources.		
Status	Actions /Projects/ Initiatives Outputs	SLT Champion	Measures Of Success / Milestones
✓	Identify opportunities for acute care service delivery by primary care provider within primary care	GM P&F	Report and recommendation to introduce redesigned service levels in primary care by 30/10/09
?	Develop protocols for safe care and better access	GM P&C	Protocols are in place between Primary and Secondary providers by 30/12/09
DAP Ref:	2.1.3 With PHO Stakeholders Develop and Implement the “Shifting Some Secondary Services to Primary Care” Initiative and Other Related Initiatives		
Description/ Background	<p>During 2008/09 the DHB, in conjunction with the two PHOs, general practice and community organisations, developed a Primary Health Care Strategy for the region and an Implementation Plan for 2009/10 will be completed by 30/06/09. The key focus of the strategy to ensure better, sooner more convenient primary care services are available particularly:</p> <ul style="list-style-type: none"> developing structures and processes to ensure robust primary care clinical leadership primary care management of a range of appropriate devolved services, including First Specialist Assessments, Post discharge follow up and minor elective procedures improving access to after hour services and providing services to those higher need communities not currently regularly accessing services improved chronic conditions management improving coordination between primary and secondary services and between primary health care providers supporting PHOs to lead the implementation and coordination of primary health care services <p>Shifting some secondary services to primary care (including continuing the 'GP access to specialist diagnostics' approach).</p>		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Support PHOs to implement the Urgent After Hours Primary Health Care Strategy within available resources and as outlined in the plan approved by the MoH May 2009	GM P&C	<p>Improved arrangements as part of the Golden Bay Integrated Services implementation, by 31/12/09</p> <p>Motueka GPs have agreement on site for provision by 31/12/09</p> <p>Arrangement progressed for new facility for Nelson Urban area on Nelson Hospital campus by 31/12/09</p> <p>Arrangement progressed for new facility for Marlborough after hours service, close by ED, as part of Marlborough hospital redevelopment, by 31/12/09</p>
?	Implementation of Golden Bay Integrated Health Services Plan	GM P&C	Implementation of the new integrated service for Golden Bay in accordance with the integration plan developed and agreed by parties being integrated by 30/06/10
?	Support the PHOs in the establishment of VLCA services to those higher need communities not currently regularly accessing services	GM P&C	Action plans agreed with both PHOs by 31/12/09
?	Progress alignment of some NGO service contracts to enable PHO Networks enhancement	GM P&F	Contracts established between PHOs and NGOs for network service provision commencing 01/07/09 for specified allied and community support services
?	Shifting some secondary services to primary care including development of a new model of care based on coordination of services through 'Integrated Family Health Centres' [see Appendix 6]	GM P&C	Plan and resourcing in place for devolvement of nationally agreed services in place by October 2009. Implementation initiated by 30/11/09 and continued through to 30/06/12 as per government commitment.
?	Improving linkage between primary and secondary services	GM P&F	Action Plan agreed and implementation commenced on areas where improved linkages and networks that benefit both primary and secondary services, PHOs and NGOs by 31/03/10



I8 – HDS Redesign Initiative (2 of 3)

SLT Owner:	GM P&F
Initiative Owner:	Business & Planning Mgr –Faye Ryan

DAP Ref:	2.1.4 Implement agreed recommendations from the Review of Acute Services Provision for Nelson Marlborough		
Description	The Acute Care Review provided an analysis of acute inpatient, emergency department (ED) services, and day and after-hours urgent primary healthcare (General Practice and community) care provision. The review and action plan is aligned to the HEALTH 2030 future services framework providing a process to improve access, appropriate service utilisation and quality. Meeting the Health Target for ED Waiting Times will be addressed.		
Status	Actions / Outputs	SLT Champion	Measures of Success / Milestones
✓	Redesign of acute ED and inpatient services using information from the Acute Care review	COO	Redesign project commenced 30/11/09 Consultation on proposed changes 30/06/10
DAP Ref:	3.1.2 Coordination and Continuity of Care		
Description	Devolve the specialist diabetes nursing service to be community based, providing care co ordination and continuity for patients with complex and unstable long term conditions using existing Hospital based service resources		
Status	Actions /Projects/ Initiatives Outputs	SLT Champion	Measures Of Success / Milestones
✓	<ul style="list-style-type: none"> Development of community based specialist diabetes nursing service model Scope the services that can be relocated from secondary to primary management. Complete change readiness assessment	GM P&F	Transition plan and model of care completed by June 2010
✓	<ul style="list-style-type: none"> Implement next phase 	GM P&F	



I8 – HDS Redesign Initiative (3 of 3)

SLT Owner:	GM P&F
Initiative Owner:	Business & Planning Mgr –Faye Ryan

Achievements:	
The issues identified in the acute services review are being addressed through integrated clinical services plans being developed through work on managing acute services presentations and improving access to a range of diagnostic services. Clinically lead, multi disciplinary working groups have been established to oversee the development of clinical service plans. This will involve changing the behaviour of patients and clinicians and it will take time to implement. Actions to influence patient behaviour have already commenced with an advertising campaign encouraging people to use the appropriate medical services and free up the Emergency Department in Wairau and Nelson Hospitals for patients with serious injury or illness, New after hours facility nearing completion for Wairau adjacent to ED and business case being prepared for Nelson.	
4 VLCA services established in Nelson/Tasman	Need for a service in Marlborough being determined by KHW PHO
2.1.4 Both sites consistently meet the MOH target for waiting time <6hours. Clinical engagement between primary and secondary urgent services is underway via the Managing Acute Presentations working groups. The Groups have identified a range of initiatives and options to direct patients to the appropriate level of service provider, supported by a high profile marketing campaign.	
3.1.2 - This DAP requirement has now been incorporated into the Diabetes clinical services planning process, which is a work stream of the shifting some secondary services to primary health care project, Phase 2. The process includes development of an integrated clinical care pathway, which may require delivery of specialist diabetes nursing support across the continuum of care. This project is on track to achieve a transition plan and model of care by June 2010.	
Issues:	
The proposed milestone for 2.1.2 to establish protocols by 31 December was never realistic and a more realistic timeframe to get agreement on key actions to make a real difference is 30 June 2010	
While the business case for new afterhours facility in Nelson is running slightly behind schedule options are being explored for improved value for money	
Work is progressing on the improved afterhours arrangements in Golden Bay but this is being affected by delays in the Golden Bay Integration project, while Golden Bay integration is moving forward, it remains well behind schedule.	
Tighter rules for establishment of VLCA	
2.1.4 A collaborative approach to reviewing the level and location of services is essential if the public is to be redirected to better use primary services for urgent care. This requires a focus on viability and sustainability of each service component.	
2.1.4 Capacity in primary care is highly variable and is a threat to the success of some initiatives. Overall capacity is satisfactory and collaborative (workforce) models of servicing are being considered.	
Implications:	
2.1.2 change timeframe	
After hours Nelson - note the delay	
Golden Bay - note the delay and the ongoing support needed to get this to a stage where we have agreement on site, building layout and org design.	
Actions:	
Actions requiring SLT Approval:	



I9 – Implement the Oral Health Services Business Case – School Dental Service

SLT Owner:	COO
Initiative Owner:	DM-W,C,OH

DAP Ref:	2.1.5 Implement the Oral Health Services Business Case – School Dental Service		
Description	Implementation of redesigned oral health services to those aged 0-18 years in the Nelson/Marlborough district		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Commence implementation of stage one of oral health business case	COO	Stage 1 completed by 31/12/10
✓	Commence implementation of stage two of oral health business case	COO	Stage 2 completed by 31/12/10
Achievements:			
3 sites identified and negotiations begun with two sites confirmed Change management process planning underway 2 Mobiles ordered but at the end of the production line due to delays			
Issues:			
Increasing CPI and Forex impacting on costs Addition of a staff room requested for one of the smaller buildings which will impact on expenditure Mobile delivery delays may impact on services operating costs			
Implications:			
Nil at this stage - needs to be monitored closely and expenditure minimised Monitored and review delay mobile delivery delay impact			
Actions:			
Monitor and review			
Actions requiring SLT Approval:			

× **I10 – Implement the Mental Health and Addiction Action Plan 2008-2015 and Development and Implement the Suicide Prevention Action Plan (1 of 2)**

SLT Owner:	GM P&F
Initiative Owner:	PM-MH

DAP Ref:	2.3.1 Implement the Mental Health and Addiction Action Plan 2008-2015		
Description / Background	In 2008, a number of reports informed the development of the NMDHB Mental Health and Addiction Action Plan 2008-2015. In the 2009/10, further focus will be given on implementation of the plan, with five key projects being prioritised. The Mental Health and Addiction Action Plan encompasses implementing agreed actions from the Regional Mental Health Plan (South Island).		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
?	Next phase of Mental Health and Addiction Action Plan implemented through aligning existing services and contracts	GM P&F	As per the Mental Health and Addiction Action Plan
DAP Ref:	2.3.2 Develop and Implement the Suicide Prevention Action Plan		
Description / Background	NMDHB is one of the five Ministry of Health Suicide Prevention Pilot project sites This is a two year funded project designed to work with the community to implement the <i>NewZealand Suicide Prevention Strategy 2006-2016</i> , and its companion document <i>NewZealand Suicide Prevention Action Plan 2008-2012</i> . In 2008/09 financial year a Needs Analysis and Suicide Prevention Action Plan was developed and agreed by representatives on the Inter Agency Steering Group.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
×	NMDHB Suicide Prevention Action Plan formally adopted	GM P&F	30/07/2009
?	As lead agency, co-ordinate the implementation of the Suicide Prevention Action Plan	GM P&F	Quarterly report on achievement against key deliverables in the plan. At least four projects will be completed.
✓	In collaboration with the Ministry of Health, contribute towards the local and national evaluation process	GM P&F	30/04/2010
×	Should funding become sustainable through the Ministry of Health, continue implementation of key deliverables	GM P&F	Quarterly report on achievement against key deliverables in the plan. At least four projects will be completed.



I10 – Implement the Mental Health and Addiction Action Plan 2008-2015 and develop and implement the Suicide Prevention Action Plan (2 of 2)

SLT Owner:	GM P&F
Initiative Owner:	PM-MH

<p>Achievements:</p> <p>2.3.2 NMDHB and IASG have contributed to the Evaluation process, with Ministry of Health reports being received in November 2009.</p> <p>2.3.1 Presentations made to Service Review Teams for Rutherford Initiative Group; Mental Health and Addictions.</p> <p>2.3.2 Suicide Prevention Co-ordinator presented to the World Congress on Suicide Prevention in Uruguay.</p>
<p>Issues:</p> <p>2.3.1 is amber, as \$828k of savings have been made to align to the \$1.8 million required over a two year period. Rutherford Initiative Group considering Draft Mental Health Review - First Report - Report No 5, prior to submission to the Chief Executive, which identifies opportunities for a further \$1million of savings.</p> <p>2.3.2 Suicide Prevention Action Plan being adopted is red, as the plan needs to follow due process; acceptance by Inter Agency Steering Group (IASG), Mental Health Programme Board, Strategic Leadership Team and the Nelson Marlborough District Health Board. Draft Action Plan has been forwarded to the Ministry of Health for comment, and has been sent to IASG for any final comments by January 2010. Ministry of Health agreed to revised timeframes for all five South Island DHB pilots.</p> <p>2.3.2 NMDHB has been informally advised by the Ministry of Health funding for the continuation of the pilot will cease on the 30th June 2010</p> <p>2.3.2 Even though the Suicide Prevention Action Plan is in draft, some of the key actions are already underway with three actions being achieved: Life Matters Marlborough consultations; Mental Health Literacy Workshops (next one being planned for February 2010); and Media Workshop held. There is one more action item from the plan to meet the four project requirement.</p>
<p>Implications:</p> <p>2.3.2 Suicide Prevention Action Plan has been reviewed on the basis that there is no funding for the continuation of the Suicide Prevention Co-ordinator position, and resubmitted to the IASG for their comment.</p>
<p>Actions:</p> <p>2.3.2 Continue with process for adoption of Suicide Prevention Action Plan.</p> <p>2.3.1 Await Chief Executive response to Mental Health Review - First Review - Report No 5</p>
<p>Actions requiring SLT Approval:</p> <p>No actions requiring SLT Approval.</p>



I11 – Medication Management

SLT Owner:	GM P&F
Initiative Owner:	DM-Clinical Support

DAP Ref:	3.1.1 Medication Management		
Description	Identify opportunities for integrated inter-disciplinary approach to medication management in hospital, primary and community service.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	During 2009/10 NMDHB will be working to align the implementation of Medicines Use Review Services with the National Pharmacy Services contracting process	GM P&F	Alignment achieved by 28/02/10
✓	Implementation of Medicines Use Review Services is planned for 2010/11; however, the pilot service is to be implemented and evaluated prior to that	GM P&F	Implementation of Medicines Therapy Assessments and Comprehensive Medicines Management Services by 30/06/12
✓	Reconfigure existing pharmacy service lines and contracts to support the implementation of the remaining services in the National Pharmacist Services Framework and to address improving long-term conditions management		
Achievements:			
NMDHB has been working with local contracted pharmacy owners and are close to agreeing on a process to be embedded in the Pharmacy Base Agreement by target date of 28/02/2010.			
Implementation of MUR and other medication management programmes is work in progress and will be in place by target date. NMDHB is also waiting for Rutherford endorsement.			
NMDHB will commence discussions with local contracted Pharmacy owners early in the New Year. This is within acceptable timeframes.			
Issues:			
NMDHB is delaying implementation of the MUR programme until Rutherford has reviewed and endorsed the programme. There should be no significant impact caused by this delay.			
Implications:			
No service impact apart from delays in service improvement gains.			
Actions:			
Actions requiring SLT Approval:			

?

I12 – Development of Advanced Care Practitioner Models of Care. Aligned to NMDHB Health 2030 Framework

SLT Owner:	GM P&F
Initiative Owner:	ProgM-HDSP

DAP Ref:	3.1.3 Development of Advanced Care Practitioner Models of Care (Nurse Practitioner and General Practitioners with Special Interest Model) Aligned to NMDHB HEALTH 2030 Framework		
Description	HEALTH 2030 identified the need for advanced clinical practitioners (medical, nursing and allied health) able to work across community, primary care and specialist service settings. Models and settings of care that will allow advanced practitioners to provide oversight and specialist care for people with long term conditions will be developed		
Status	Actions /Projects/ Initiatives Outputs	SLT Champion	Measures Of Success / Milestones
✓	Stage 1: re-design patient pathways; organise NP and GP training in minor surgical procedure capability; process development for referrals GP to GP; develop clinical networks	GM P&F	Redesign completed by June 2010
?	Stage 2: implement using kick-start funding and funding from existing resources	GM P&F	Implementation completed by June 2011
?	Evaluation Process 2009/10, 2010/11, 2011/12	GM P&F	Evaluations prepared June 2010, 2011, 2012
Achievements:			
Scoping for redesign of patient pathways was completed through the Phase 1 Shifting Some Secondary Services Project. Implementation has commenced in phase 2 and redesign is expected to be complete by June 2010. Nurse practitioner training for long term conditions will be available through NMIT from February 2010. Specific training for GPsWSI is yet to occur.			
Phase 2 Shifting Some Secondary Services to Primary Health Care Project commenced on 8 October 2009. Assessment of changed care pathway requirements and development of implementation approaches is underway through working groups for a) Managing Acute Presentations, and b) Diabetes clinical services planning respectively. Both projects are achieving significant multi-disciplinary clinical engagement and are expected to make effective changes to delivery of integrated health services across the continuum of care.			
Evaluation of the implementation process will be a component of Phase 2 Shifting Services, planned towards the end of each project approach. Work is yet to commence on this area.			
Issues:			
Stage 1: no issues to report			
Stage 2: MOH have withdrawn all 'kick-start' funding for the Shifting Some Secondary Services to Primary Health Care Project. The projects will continue with a focus on integration of health services (rather than 'shifting services').			
Evaluation: no issues to report			
Implications:			
Stage 2: withdrawal of funding is being managed by delivery of project management services from within existing DHB resources. NMDHB has incurred a loss of approximately \$40,000 due to withdrawal of the funding after committed expenditure.			
Actions:			
Monitoring continues through project board reports through to the Health and Disability Programme Board.			
Actions requiring SLT Approval:			
Report: to note			



I13 – Implement the 2009/10 NPA Operational Plan (1 of 2)

SLT Owner:	GM P&C
Initiative Owner:	PD-NPA

DAP Ref:	4.1.1 Implement the 2009/10 NPA Operational Plan		
Description	A five-year strategic plan has been developed for the NPA programme with input from inter-sectoral partners. Work commenced in 2007/08 has been consolidated into a district wide approach to engaging the community and organisations to improve environments and influence behaviour for healthy choices. Key activity to date has included implementing a community nutrition service and undertaking a Baby Friendly Community Initiative trial to encourage and support breastfeeding. The five NPA Action Areas are backed by evidence and reflect the national HEHA strategy and local priorities. The NPA Programme supports initiatives that are innovative and works to ensure their sustainability and success. There is one high priority Māori-specific project/initiative to build Māori community actions related to physical activity with the implementation of the district wide HEHA Māori Community Action Plan		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones – SHORT TERM
✓	Implement Action Area 1: Healthy Childhood Workplan	GM P&C	<ul style="list-style-type: none"> Baby friendly community initiative models evaluated 80% of schools and Early Childhood Education Services meet MoH nutrition guidelines
✓	Implement Action Area 2: Healthy Food Healthy Choices Workplan	GM P&C	<ul style="list-style-type: none"> Increased fruit and vegetable consumption and access
✓	Implement Action Area 3: Active Neighbourhoods Active Lives Workplan	GM P&C	<ul style="list-style-type: none"> Increase in physical activity levels Increase in active transport commuting
✓	Implement Action Area 4: Supporting Vulnerable People and Families Workplan	GM P&C	<ul style="list-style-type: none"> Increased fruit and vegetable consumption and access
✓	Implement Action Area 5: Reducing Chronic Conditions Workplan	GM P&C	<ul style="list-style-type: none"> Improved community nutrition knowledge and awareness
✓	Implementation the environmental and behaviour change strategy	GM P&C	<ul style="list-style-type: none"> Strategy implementation to occur by 31/10/09 Improved community nutrition knowledge and awareness within target group
✓	Implementation of the Evaluation and Learning Capacity Building plan based on the Centre for Diseases Control evaluation framework	GM P&C	<ul style="list-style-type: none"> Four focussed evaluations completed by 30/06/10 Evaluation Training undertaken by 31/12/09 Up skilled workforce in evaluation knowledge
not yet required	Implement the next phase of the NPA Programme	GM P&C	<ul style="list-style-type: none"> Completed 30/06/11



I13 – Implement the 2009/10 NPA Operational Plan (2 of 2)

SLT Owner:	GM P&C
Initiative Owner:	PD-NPA

Achievements:

Joint meeting with both Nelson and Marlborough Breastfeeding coordinators to align the services with a district wide approach. There has been full agreement to take on the name Mum4Mum with the inclusion of the Maori translation, across the region rather than Peer Counselling programme. Mum4mum aims to train women to provide peer support to help other new mums to successfully breastfeed. 5 Breastfeeding supporters trained in Marlborough with planning pathways with Lead Maternity carers and Lactation consultants still being scoped. Future breastfeeding supporter training aims to capture more of the Maori groups. Details of the Mum4Mum programme and breastfeeding material has been made live on Healthyas website.

Schools are continuing to be supported to encourage healthy food choices through the 'challenges' strategy. This environmental and behaviour change strategy targets children aged 6-12yrs in higher deprivation areas. The Spring and Summer challenges engaged over 3200 children across the district each season in a series of 8 nutrition and physical activity challenges designed to encourage behaviour change. The challenges have been supported with reusable shopping bags, shoe laces and seeds. The Summer Challenge launch at Horton Park in Blenheim took place in December. NPA is now continuing to build the challenge momentum with activity such as regular newspaper articles, website 'teasers' and school contacts. This quarter has seen more than 15 spring and summer challenge articles appearing in local newspapers.

Working with Police, Nelson City Council Tasman District Council and Public Health Service staff to analyse the last five year's cycle crash data and develop an action plan. One of the particular focuses of this work is to improve the safety of the journey of intermediate aged children to and from school.

The NPA Programme funded and took an active role in the coordination of the inaugural "Nelson Growables" Festival. While the organising committee had hoped for 800 people to attend, 4000 did. The revenue generated from entry fees and stall holders fees means that there is sufficient funding to run a Growables Event in 2010. NPA staff will continue to work with the Growables Committee to help develop the structures and procedures so that the event can be sustained long term.

NPA coordinated a visit by Rodney Tolley, Executive Director of Walk 21, to Nelson and Picton. An outcome of this is that Rodney Tolley is being commissioned by Nelson City Council to develop potential plans for improving walking linkages at five sites. Marlborough District Council is commissioning Rodney Tolley to do an accessibility analysis of Picton which will be incorporated into the Picton inner city enhancement, Picton urban growth strategy and Resource Management Plan review. This has been a good experience working through councillors, senior policy planners and the external design consultants to agree that a walkability lens was important.

NPA staff continues to facilitate meetings of Walk Nelson Tasman and coordinated Walk Nelson Tasman's submission on Nelson City Council's Draft Engineering Standards for transport infrastructure. It is of note that the draft standards incorporate higher standards for walking infrastructure than the standards they replace. Walk Nelson Tasman members believe this is a consequence of both the discussions they have been having with Council staff and the increase in Nelson City Council staff awareness of walking issues following their attendance at the Fundamentals of Walking Design course (funded by NPA).

Reducing sporting fees was raised with the Nelson City Council staff during the workshop to discuss the social wellbeing review. Further discussions are to take place, particularly around how Council structures its contracts. Presently the contracted facility managers are able to set and raise fees without having to consult with Council. High facility entry fees (eg to the swimming pool) deter people in low income groups.

The Programme Director participated in the South Island Public Health Units Hui, discussing current work underway, shared planning and delivery, annual planning and future networking. NPA will continue to be linked to this group through the key action networks of workforce development (which is being led by NPA) and Whanau Ora.

50 people are now trained as Get Cooking tutors in Nelson. Organisations providing Get Cooking training include Victory Community Health, Nikau House, Family Start, Golden Bay Community Organic Gardens, the Salvation Army (three sites) and the Motueka Family Service Centre. In general the Get Cooking concept has been embraced by community organisations/groups. Feedback from the New Hub is that holding the contract for the training of trainers, is acting as a bridge to other organisations that they wouldn't normally be linked to.

More than 36 newspaper articles have been generated by NPA this quarter

Issues:

Implications:

Actions:

Actions requiring SLT Approval:



I14 – Implement the Child, Youth and Family Health Programme

SLT Owner:	GM P&F
Initiative Owner:	PM-C&Y

DAP Ref:	4.2.1 Implement the Child, Youth and Family Health Programme		
Description	Implementation of the Child, Youth and Family Health Programme focusing on a review of all service lines and contracts to identify future service improvement within existing resources		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
✓	Stakeholder engagement and completion of Child, Youth and Family Health Implementation Plan	GM P&F	Existing service lines and contracts align to NMDHB's strategic direction
✓	Implementation of next stage of Child, Youth and Family Health Programme	GM P&F	Next stage implemented by 30/06/10
✓	Provision of extended post natal stays for women who choose to stay longer in birthing units, to support breastfeeding and mother craft skills and knowledge	GM P&F	Services in place to provided extended post natal stays by 30/06/10
✓	Immunisation action plan is implemented (including provision of Human Papilloma Virus programme delivery)	GM P&C	Action plan is implemented by 30/06/10
Achievements:			
Preparation of material for the Rutherford Initiative - their recommendations for the C&Y NGO sector are about to be presented to the CE.			
Discussion with stakeholders in preparation for the establishment of the Targeted Youth Health Service. After reviewing the EOs received, a contract has been negotiated with NBPH as the lead provider for this service, with a subcontract with Te Rapuora. The service should commence in February.			
Working with providers on the post-natal stays implementation.			
Immunisation Leadership Group (led by GM P&C) held a workshop in November focussing on 6 key strategies - identifying activities under each that need to be pursued to achieve optimal immunisation status. It is intended now to discuss these with a wider stakeholder group to formulate a district-wide plan.			
The HPV programme continues in both school-based and primary care settings - provisional results for the end of December indicate NM may be a bit below the NZ average for coverage of girls born between 1992-96 and above average for girls born 1990-91 (for the 3rd dose).			
Issues:			
Implications:			
Actions:			
Actions requiring SLT Approval:			



I15 – Address the Healthcare Needs of Children and Youth with High and Complex Needs

SLT Owner:	GM P&F
Initiative Owner:	MSW

DAP Ref:	4.2.2 Address the Healthcare Needs of Children and Youth with High and Complex Needs (C&YwHCN)		
Description	Reconfigure existing service lines and contracts to address personal and mental health access inequalities for C&YwHCN.		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
	Implement the agreed recommendations from the report received in 2008/09 within existing funding	GM P&F	Numerator: C&YwHCN whose personal and mental health needs are met and Denominator: Number of C&YwHCN
Achievements:			
Report completed and presented to the Programme Board in November. With their agreement, after incorporating their suggestions, the report was sent to some key stakeholders for review. It was identified that any agreed recommendations would need to be implemented at no additional cost to NMDHB. The next step is for the final report to go to SLT for agreement, in February. Some elements of the service improvement are in the process of implementation (i.e. changes to the processes for approving and reviewing carer support for families where a child has high and complex personal health needs). Other implementation will commence from March.			
Issues:			
Implications:			
Actions:			
Actions requiring SLT Approval:			

?

I16 – Inter-sectoral Planning and Action to Address Health Determinants (1 of 2)

SLT Owner:	GM P&F
Initiative Owner:	PM-P&C

DAP Ref:	4.3.1 Inter-sectoral Planning and Action to Address Health Determinants		
Description	<p>The health status of individuals and whole communities is socially, economically and environmentally determined. The health sector is not able to impact on the social determinants of health in isolation from other agencies, thus there is a need for more inter-sectoral co-operation, planning and action. NMDHB is increasingly working with other agencies to have an impact on the determinant of health and thereby improve well-being in the community and achievement of agreed Community Outcomes.</p> <p>The areas where NMDHB is particularly seeking to strengthen this work are:</p> <ul style="list-style-type: none"> · Preventing and reducing family violence; improving the mental wellbeing of communities (this links with the Mental · Use of Impact Assessment (IA) in the development of key policies · increasing the uptake of fluoride to improve oral health · Addressing with Local Authorities: air and water quality, tobacco smoking in open places, cycle and walking pathways, contaminated sites restoration; housing insulation/solar heating/sustainable energy sources; sale of alcohol issues; urban design; safe environments for all ages. 		
Status	Actions / Projects / Initiatives	SLT Champion	Measures of Success / Milestones
?	Implement agreed actions from medium term strategy to fluoridate regional water supplies	GM P&C	Agreed actions are implemented by 30/06/10



I16 – Inter-sectoral Planning and Action to Address Health Determinants (2 of 2)

SLT Owner:	GM P&F
Initiative Owner:	PM-P&C

Achievements:
Issues:
<p>Dental caries affects individuals throughout life and water fluoridation has been shown to significantly reduce the ethnic and socioeconomic inequalities in decay rates at all ages.</p> <p>From the workshop held last in Nelson with Dr Robin Wyman (Ministry of Health), he acknowledged the strong community support for water fluoridation which our telephone survey had found among the community compared to other areas in the South Island. However, he cautioned that (1) such support was likely to fade during the active phase of a campaign, (2) overall decay rates for NMDHB were below the national average and (3) we need to keep in mind what was technically and politically feasible.</p> <p>The workshop proposed the need for the following further analyses to be carried out prior to making a decision on the creation of a strategy: mapping all reticulated water supplies serving populations >1000, and approx. capital costs; epidemiological analysis of caries prevalence and severity, mapped against NZDep and reticulated waters supplies; and, level of support/opposition from the three councils.</p>
Implications:
<p>Commitment of resources is expected to be required in order for this important health issue to be effectively addressed over the long term. It has been proposed that with the above analyses completed, a wider community campaign would then be required; in total the process may take around three years.</p>
Actions:
<p>Further analysis of the feasibility of this project is being carried out.</p>
Actions requiring SLT Approval: