APPENDIX 6

Nelson Marlborough District Health Board

Health Targets and Indicators of DHB Performance

Report for Quarter 2 2010/11
February 2011

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Heath Targets and Indicators of DHB Performance (IDP) Ratings

In 2009/10, a standard assessment criterion was used across all IDPs. This included the assessment category of 'Outstanding Performer' or 'Sector Leader' applied only in the fourth quarter as part of the Ministry's Annual Report on DHB performance. DHBs rated as 'Outstanding Performers' or 'Sector Leaders' for an individual indicator will have made significant progress over and above agreed DHB and/or sector expectations. The assessment criteria are described below:

Rating	Abbrev	Criterion
Outstanding performer/sector leader	O[1]↑↑	Applied in the fourth quarter only (or on any HT which is reported annually in any quarter)—this rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.
Achieved	A ↑	Deliverable demonstrates targets/expectations have been met in full. In the case of deliverables with multiple requirements, all requirements are met. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement	P —	Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. A deliverable has been received, but some clarification is required. In the case of deliverables with multi-requirements where all requirements have not been met—at least 50% of the requirements have been achieved.
Not achieved – escalation required	N ↓	The deliverable is not met. There is no resolution plan if deliverable indicates non-compliance. A resolution plan is included, but it is significantly deficient. A report is provided, but it does not answer the criteria of the performance indicator. There are significant gaps in delivery. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.
No report – escalation required	NR	There is no report with no explanation, or The explanation for no report is not considered valid.

[1] To be applied in all quarters for Electives.

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Health Target: Shorter stays in Emergency Departments (ED)

Indicator: 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

Rationale

Emergency Department (ED) length of stay is an important measure of service quality in DHBs, because:

- EDs are designed to provide urgent (acute) health care; the timeliness of treatment delivery (and any time spent waiting) is by definition important for patients
- long stays in emergency departments are linked to overcrowding of the ED
- the medical and nursing literature has linked both long stays and overcrowding in EDs to negative clinical outcomes for patients such as increased mortality and longer inpatient lengths of stay
- overcrowding can also lead to compromised standards of privacy and dignity for patients, for instance, through the use of corridor trolleys to house patients.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure The number of patient presentations to the ED with an ED length of stay less than six hours	95%	98%	An Achieved rating as you continue to perform strongly and achieve the 95 percent target at both ED facilities. Well done and keep up the good work. Achieved

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Health Target: Improved access to elective surgery

Indicator: 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

Rationale

The government wants the public health system to deliver **better, sooner, more convenient** healthcare for all New Zealanders.

Over the period 2000/01 to 2007/08 the number of publicly funded elective surgical discharges rose by an average of 1,432 discharges per annum. The growth in elective surgical discharges did not keep up with population growth over this period. The Minister has set an expectation that the annual increase in elective surgical discharges will improve. The growth in elective surgical discharges will increase access and should achieve genuine reductions in waiting times for patients.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure: The volume of elective surgery will be increased by an average 4,000 discharges per year (compared with the previous average increase of 1400 per year).	6930 discharges for 2010/11	Discharges spreadsheet provided	Achieved Figures on the MOH electives website shows that NMDHB has met the targets: "Your December result is 100 over plan".

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Health Target: Shorter waits for cancer treatment

Indicator: Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010.

Rationale

Specialist cancer treatment and symptom control is essential in reducing the impact of cancer. Development of indicators that mark quality cancer treatment is, however, restricted by the lack of routinely collected information on common treatment. In the interim, waiting times for radiation oncology treatment have been chosen as a representative indicator of specialist treatment, and is an area with waiting time issues for patients. This is justifiable, because radiotherapy is of proven effectiveness in reducing the impact of a range of cancers, and delay to radiotherapy is likely to lead to poorer outcomes of treatment. The target is that everyone needing radiation treatment will have it within **four weeks** of first specialist assessment **by December 2010**.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure **:** Completed monthly templates that measure the interval between the patient's first specialist assessment and the beginning of radiation treatment along with other related measures, are supplied on time and complete from each Cancer Centre as detailed in the reporting template located on the nationwide service framework library	An achieved rating will apply where for all of the months under review, all patients receive radiation oncology treatment within six weeks (four weeks from December 2010) of their first specialist assessment (excluding Category D).	Spreadsheet provided for NMDHB cancer patients treated at Capital Coast and Canterbury DHBs	Achieved Good achievement of the target. The overall performance of Nelson Marlborough DHB was 100% against the target as no patients waited due to facility /capacity constraints.

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Health Target: Increased immunisation

Indicator: 90 per cent of two year olds are fully immunised by July 2011; and 95 per cent by July 2012.

Rationale

The national immunisation goal is 95% of children fully immunised at two years of age by ethnicity.

Immunisation can prevent a number of diseases and is a very cost-effective health intervention. Immunisation provides not only individual protection for some diseases but also population-wide protection by reducing the incidence of diseases and preventing them spreading to vulnerable people. Some of these population-wide benefits only arise with high immunisation rates, depending on the infectiousness of the disease and the effectiveness of the vaccine. New Zealand's current immunisation rates are low by international standards and are not sufficient to prevent or reduce the impact of vaccine preventable diseases such as measles and Pertussis (Whooping Cough). Increasing coverage for 2-year olds will require improvements in the whole immunisation system that should increase the rates for other ages as well. Coverage for 2-year olds tells us whether children have received the full series of infant immunisations when they are most vulnerable and also tells us which children are not being reached by our immunisation system. It is a commonly-used measure internationally. It is still important that DHBs measure coverage at other milestone ages as this will provide more information about the immunisation system.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure : The DHB has reached the year's total population immunisation coverage target for children 24 months of age (as agreed with Target Champion, and as documented in the District Annual Plan).	DHB local targets are to be set for: • DHB total 90% • Māori 83% • Pacific. N/A	Nelson Marlborough District Health Board (NMDHB) Immunisation targets as set out in the District Annual Plan for 90% of all 2 year olds and 85% of Maori and Pacific Island children to be fully immunised have been achieved this quarter. The total number immunised has increased from last quarter of 89% to 90%. The percentage of Maori remains at 89%, however there has been an increase to 100% for Pacific during this quarter from the quarter 1 figure of 82%.	Achieved The Nelson Marlborough DHB achieved outstanding results in quarter two, reaching the health target for the total population and 100% coverage for Pacific children. With 89% coverage for Maori children the DHB is commended for achieving equitable coverage. The Ministry also acknowledges the efforts of the DHB to provide PHOs with the information they need to provide services to their enrolled children and the ongoing NIR system audits achieved in collaboration with the Ministry.

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Health Target: Better help for smokers to quit

Indicator: 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011; and 95 percent by July 2012.

80 percent of patients attending primary care will be provided with advice and help to quit by July 2011; 90 percent by July 2012; and 95 percent by July 2013..

Rationale

Smoking kills an estimated 5000 people in New Zealand every year, and smoking-related diseases are a significant opportunity cost to the health sector. Most smokers want to quit, and there are simple effective interventions that can be routinely provided in both primary and secondary care.

This target is designed to prompt providers to routinely ask about smoking status as a clinical 'vital sign' and then to provide brief advice and offer quit support to current smokers. There is strong evidence that brief advice is effective at prompting quit attempts and long term quit success. The quit rate is improved further by the provision of effective cessation therapies – pharmaceuticals, in particular nicotine replacement therapy (NRT), and telephone or face-to-face support.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure: For hospitalised patients DHBs will provide quarterly reports outlining confirming progress is tracking toward target as planned, or provide a exception report if progress is not tracking to plan. DHBs will use local Patient Management Systems to capture data using coding information developed for 2009/10.	90% of hospitalised smokers	% smokers offered advice /total smokers: Total NMDHB: 46%	Partially Achieved Thank you for providing your Quarter 1 results. The data show an increase in the percentage of smokers offers help and advice to quit this quarter, however at a national perspective the DHB is still the bottom performing DHB in this Quarter and is not on track to achieve the 90% target.

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Health Target: Better diabetes and cardiovascular services

Indicator:

a) increased percent of the eligible adult population will have had their CVD risk assessed in the last five years

b) increased percent of people with diabetes will attend free annual checks

c) increased percent of people with diabetes will have satisfactory or better diabetes management.

Rationale

Long term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions is the leading cause of morbidity in New Zealand, and disproportionately affects Māori and Pacific peoples. As the population ages, and lifestyles change, these conditions are likely to increase significantly.

Diabetes is important as a major and increasing cause of disability and premature death, and it is also a good indicator of the responsiveness of a health service for people in most need.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Indicator: CVD Risk Assessment (CVDRA)	The absolute percentage increase in the following indicator over the annual reporting period: The number of people in the eligible population who have had the laboratory blood tests (lipids and glucose or HBA1c) for assessing absolute CVD risk in the last five years.	Detailed spreadsheet provided to MOH	A Partially Achieved rating. Your performance for each population group has decreased fairly significantly this quarter, taking you below your 2010/11 target for the Total population as well as for Other. The Ministry is concerned about this result and is investigating to see if it is due to an issue with the data. We will be in contact with you to discuss further.

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Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Indicator: Proportion estimated to have diabetes accessing free annual checks	The number of unique individuals with type I or type II diabetes on a diabetes register, whose date of their free annual check is during the reporting period (reported for Māori, Pacific, and Other ethnic groups).	Detailed spreadsheet provided to MOH	A Partially Achieved rating. You delivered an increased number of diabetes free annual checks this quarter (compared to last quarter), and combined with the change in the prevalence dominator, you are now on track to achieve your 2010/11 target for Maori. However, you remain significantly below your targets for Other and the Total population and remain one of the poorest performing DHBs in this indicator. Can you please provide comment on the actions you intend to take to improve performance in this indicator. Thank you for your detailed feedback. We are happy to continue to work with you and provide any support we can to identify where there might be opportunities for further quality improvement and/or resolve potential data issues.
Indicator: Diabetes management	Proportion on the diabetes register who have satisfactory or better diabetes management (HBA1c = 8.0% or less)	Detailed spreadsheet provided to MOH	A Partially Achieved rating. You improved your performance for all population groups this quarter and are now achieving your 2010/11 targets for Other as well as the Total population. If you are able to maintain this performance improvement (while increasing your delivery of free annual checks) you should be able to achieve your target for Maori by the end of 2010/11 as well. Thank you again for your response, your comments are noted.

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Mental Health Volumes

2010/11 Operational Policy Framework
Section 8.6

Rationale

Each DHB must monitor, evaluate the delivery of personal health services and mental health services set out in its District Annual Plan price-volume schedule.

Each DHB must monitor, evaluate and report on the delivery of Personal Health Services and Mental Health Services set out in its DAP Price Volume Schedule (PVS).

For Mental Health Services provided by the DHB's provider arm, the DHB must complete the Mental Health Volumes Reporting template, that s provided by the Ministry, and included with the main quarterly reporting template. (Note: quarterly mental health financial reporting requirements are set out in the OPF.)

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure: Delivery of mental health service in accordance with Price Volume Schedule	100%	100%	Achieved

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OS1 Staff turnover

Rationale

Addressing clinical workforce shortages, and developing clinical leadership, have been identified by the government as two key actions that will assist the sector to deliver improved health care delivery. Improved recruitment and retention of clinicians should assist with the filling of existing workforce vacancies, and this will be expressed in lowered staff turnover. Reducing clinical vacancies should reduce personnel costs (due to reduction in need for high-cost short-term cover for vacancies), and improve DHBs' capacity to deliver services.

Enhanced clinical leadership across all professions should improve clinical staff morale and engagement with the organisation (refer Ownership 1), and in turn this will contribute to improved recruitment and retention, and appropriate levels of staff turnover. It should be noted that DHB staff turnover (as measured by Hospital Benchmark Information) has reached historically low levels in 2009/10, and maintaining current turnover levels as the financial outlook improves will be challenging.

Collection of turnover rates by major personnel groups has utility for limited benchmarking and identification of areas of concern by either the Ministry or DHBs, and is being collected for this reason.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
DHBs should provide the following information, which is divided according to the five main professional groups as set out in the DHB/MoH Common Chart of Accounts: 1. The number of medical personnel (employed by Provider Arm) who cease employment due to voluntary resignation from the Provider Arm during the quarter. 2. The total headcount of medical personnel (employed by Provider Arm) at the beginning of the quarter. 3. The number of nursing personnel (employed by Provider Arm) who cease employment due to voluntary resignation from the Provider Arm during the quarter.	Report provided	Report provided on staffing turnover.	Achieved

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OS10 Data Submitted to National Collections 10/11

Each DHB will improve the quality of data provided to national collections against specified targets.

Rationale
Referred to in the Operational Policy Framework (OPF), and as an action from He Korowai Oranga and Whakatātaka Tuarua. DHBs will set targets to increase funding over the next three years for Māori health and disability initiatives, taking into account their population profiles, needs assessments, and the services currently available. These targets will be incorporated into DHBs' DAPs with the Minister of Health.

It is expected that setting expectations in DAPs and monitoring DHB performance against this indicator HKO-04 will ensure increased funding for Māori health and disability initiatives.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure 1: Timeliness of NMDS data **Measure 2:** National Health Index (NHI) duplications **Measure 3:** Ethnicity set to 'Not stated' or an alternative Residual Ethnicity Code in the NHI **Measure 4** Standard versus specific descriptors in the National Minimum Data Set (NMDS)	4% increase in funding of Māori health services in 2008/09 over 2007/08. Funding to Maori Health Provider Services is planned to increase according to need. by a minimum of FFT for 09/10, 10/11 and 11/12	Report provided. We received two outstanding ratings and two partial achievements.	Achieved: The Ministry encourages Nelson Marlborough DHB to continue daily reporting to increase its performance in measure 3, Standard versus Specific Descriptors in the NMDS and expects an Achieved rating by next quarter given it is so close to this threshold now. The Ministry also expects improvements in NMDS timeliness given that the DHB is up to date as of December 2010.

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B OS11 Output Delivery Against Plan

Each DHB is expected to deliver hospital outputs to a level in line with planned outputs stated at the year's beginning.

Rationale

Recent analysis of national collections and DAP plans for hospital expenditure and activity, indicates that the DHB sector typically overdelivers outputs against the plans outlined in price volume schedules (or, conversely, underplans relative to actual outputs). Overproduction of hospital outputs is often accompanied by over expenditure on Provider Arms relative to financial plans, though the nature of any causal relationship between production and expenditure has not been established. Important and interrelated elements in managing hospital production of outputs are: the ability to forecast outputs accurately; the realism of DAP plans, specifically price volume schedules; and the ability to manage to plan during the year.

The intention of this measure is not to monitor whether planned levels of hospital outputs are appropriate, but to measure the success of DHBs in delivering outputs *in line with plans*.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Each DHB is required by the Operational Policy Framework to submit completed Provider Arm (and Additional) price volume schedules (PVS) as part of the 2010/11 DAP round. From these PVS, the Ministry will calculate planned 2010/11 outputs for the following groups of personal health services. 1. Casemix included medical services 2. Casemix included surgical services 3. Casemix included maternity services 4. Non-casemix medical services 5. Non-casemix surgical services 6. Non-casemix maternity 7. ED non-admitted events 8. Other personal health services (such as allied health, domiciliary services and community referred diagnostics)	Overall output delivery is within three percent of plan (i.e. greater than or equal to 97 percent and less than 103 percent), and delivery in the service groups is within five percent of plan (i.e. greater than or equal to 95 percent to less than 105 percent).	All items achieved except for – Inpatient Caseweighted Discharges and Outpatient Surgical Volumes. Update provided to MOH.	Achieved, Slight concern regarding acute cardiology cover with SMO leave and patient access when surgeon leave is taken

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B OS12 National Patient Satisfaction Survey 10/11

Rationale

Currently there is no detailed measure in this ownership dictionary as a piece of work on the future of the current survey and consideration of alternative models is yet to take place. A place holder measure is included in the summary tables and diagrams so that the measure is captured in the analysis of reporting burden, but the shape of future surveys and associated measures is yet to be confirmed.

While development of the new patient satisfaction survey or similar tool is developed the following is to be supplied.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
DHBs much supply patient satisfaction data as per the Patient Satisfaction guidelines (in line with processes previously used for Hospital Benchmark Information reporting) each quarter for the quarter just completed. The reporting template can be located via the nationwide service framework library	Patient Satisfaction data is supplied	Data supplied	Achieved Data all good thank you

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B OS3 Elective and Arranged Inpatient Length of Stay 10/11

The DHB is expected to reduce average length of stay (ALOS) for elective and arranged inpatients.

Rationale

Over time, hospitals across the developed world have succeeded in shortening the hospital length of stay for patients. Generally speaking, it is desirable to continue making further reductions to the length of stay for inpatients (where clinically appropriate), since this allows more patients to be processed through hospitals without additional capital investment in hospital beds. This capacity to treat more patients is able to contribute to goals such as increasing delivery of elective surgery or decongestion of emergency departments. As well as the improvement in throughput, shortened hospital length of stay for patients reduces risks of nosocomial infections and allows patients to return home. In some cases it may also reflect lowered rates of patient complications, or improvements in the time clinical staff are able to give to direct patient treatment.

The measure described here is for standardised ALOS. That is, the ALOS of each DHB is adjusted to account for casemix and population differences between DHBs, in order to improve the comparability of the measure across the sector. Standardised ALOS is derived from casemix funded events and excludes day cases. It should be noted that situations are conceivable where improvements to services could lengthen inpatient ALOS. In particular, treating increasing numbers of patients as day cases or outpatients, or moving less complex services into primary care setting, will raise the complexity of hospital casemix and could legitimately raise inpatient ALOS. For this reason, it is important to consider ALOS in conjunction with other measures of hospital (and system) performance, such as day surgery rates.

One complication for measurement of ALOS is that current government policy is for greater lengths of stay for new mothers after delivery. For this reason, maternity patients are excluded from the main measure, but ALOS for maternity admissions is nevertheless calculated as a subsidiary measure for information only. This measure, which is applied to elective and arranged patient episodes, links closely to Ownership 4, a similar measure for acute patient episodes.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The measure will be calculated for information held in the National Minimum Data Set (NMDS),	3.92 days	3.61 days	Achieved

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APPENDIX 6

B OS4 Acute Inpatient Length of Stay 10/11

The DHB is expected to reduce average length of stay (ALOS) for acute inpatients.

Rationale

Over time, hospitals across the developed world have succeeded in shortening the hospital length of stay for patients. Generally speaking, it is desirable to continue making further reductions to the length of stay for inpatients (where clinically appropriate), since this allows more patients to be processed through hospitals without additional capital investment in hospital beds. This capacity to treat more patients is able to contribute to goals such as decongestion of emergency departments, or increases in elective surgery. As well as the improvement in throughput, shortened hospital length of stay for patients reduces risks of nosocomial infections and allows patients to return home. In some cases it may also reflect lowered rates of patient complications, or improvements in the time clinical staff are able to give to direct patient treatment.

The measure described here is for *standardised ALOS*. That is, the ALOS of each DHB is adjusted to account for casemix and population differences between DHBs, in order to improve the comparability of the measure across the sector. *Standardised ALOS* is derived from casemix funded events and excludes day cases. It should be noted that situations are conceivable where improvements to services could lengthen inpatient ALOS. In particular, treating increasing numbers of patients as day cases or outpatients, or moving less complex services into primary care setting, will raise the complexity of hospital casemix and could legitimately raise inpatient ALOS. For this reason, it is important to consider ALOS in conjunction with other measures of hospital (and system) performance, such as day surgery rates and ambulatory sensitive hospitalisations.

This measure, which is applied to acute patient episodes, links closely to Ownership 3, a similar measure for elective and arranged patient episodes.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The measure will be calculated for information held in the National Minimum Data Set (NMDS),	3.70 days	3.44 days	Achieved

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APPENDIX 6

B OS5 Theatre Productivity 10/11

Rationale

Currently there is no national available measure for Theatre Productivity. For 2010/11 individual measures have been agreed with DHBs and the following reporting will be required against the measures DHBs set in there DAPs.

Expectations

DHBs to report providing the following information for the respective measure they set in there DAP: ***For those DHBs who set quantitative measures***

- Provide the baseline data from 09/10, and the progress data for the quarter just completed
- An exception report if not meeting the target or not on track to met year-end target

For those DHBs who set qualitative measures

- Provide a report on any programmes and innovations in the area of Theatre Productivity, and the progress you have made on these

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
An Achieved rating will be obtained when the DHB is meeting its agreed target for there respective measure OR has provided a suitable report on there programmes and innovations in Theatre Productivity	Each quarter, the DHB is required to submit the following data elements for each theatre in each Provider Arm facility: • number of scheduled theatre sessions in the quarter (may be zero if the theatre is not in use) • number of cancelled theatre sessions in the quarter • number theatre sessions that start late (and do not finish early) • number of theatre sessions that finish early (and started on time) • number of theatre sessions that start late and finish early	Detailed spreadsheet provided	Achieved

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B OS6 Elective and Arranged Day Surgery 10/11

The DHB is expected to increase the proportion of elective and arranged surgery undertaken on a daycase basis.

Rationale

One important way in which DHBs can increase hospital throughput is through increasing the proportion of surgery carried out on a day surgery basis. For planned admissions (arranged and elective) it should be possible to improve the management of surgery in order to improve day surgery rates.

In addition to the efficiency gains available through day surgery, experience from the United Kingdom has established that patient feedback around day surgery is positive, and day surgery therefore represents a quality experience from the patient perspective. The measure described here is a standardised day surgery rate. That is, the day surgery rate of each DHB is adjusted to account for casemix differences between DHBs, in order to improve the comparability of the measure across the sector.

Expectations

It is expected that DHBs will meet the specific rates for each part and sub-category of this indicator, as agreed in the 2009/10 DAP.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The standardised day surgery rate is the ratio of the 'actual' to 'expected' day surgery rate, multiplied by the nationwide day surgery rate, expressed as a percentage.	61.00% DHBs are to state their year-end target. The Ministry will assume that 25 percent of the improvement towards target can be made each quarter, unless the DHB specifies otherwise.	67.48%	Achieved

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B OS7 Elective and Arranged Day Surgery Admissions 10/11

The DHB is expected to provide 90 percent of its elective and arranged surgery on a day of surgery admission (DOSA) basis.

Rationale

One important way in which DHBs can improve attainable bed days and increase hospital throughput is through increasing the proportion of surgery carried out on the same day the patient is admitted. The usual term for surgery received on the same day as patient admission is 'day of surgery admission' (DOSA). For planned admissions (arranged and elective) it should be possible to improve the management of surgery in order to improve DOSA rates. The number of patients for which a pre-operative in-hospital overnight stay is clinically necessitated is relatively small. The Ministry has been advised that even tertiary paediatric hospitals in Australia aspire to a 95 percent DOSA rate for planned admissions.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The number of DOSA discharges, for elective and arranged surgical patients (excluding day surgical cases) during the 12 months to the end of the quarter, divided by the total number of discharges for elective and arranged surgical patients (excluding day surgical cases) for the 12 months to the end of the quarter, to give the DOSA rate as a percentage.	97%	96.32%	Achieved

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B OS8 Acute Readmissions to Hospital 10/11

The DHB is expected to maintain 28 day unplanned acute readmission rates at the current rate or lower

Rationale

Hospital unplanned acute readmission rates are a well-established measure of quality of care, efficiency, and appropriateness of discharge for hospital patients, particularly as a counter-measure to average length of stay. International experience is that shorter lengths of stay are correlated with higher rates of acute readmissions. Unplanned acute readmissions may imply a possible failure in patient management such as discharge too early, or inadequate support at home. The measure described here is for a *standardised acute readmission rate*. That is, the readmission rate of each DHB is adjusted to account for casemix and population differences between DHBs, in order to improve the comparability of the measure across the sector.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The measure will be calculated from information held in the National Minimum Data Set (NMDS), and does not require a separate DHB data submission.	9.12% The rate of unplanned acute readmissions within 28 days of original discharge from hospital. The rate is indirectly standardised for a range of factors using regression methods.	8.65%	Achieved You have improved since last quarter and continue to achieve the 2010/11 target. Well done.

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B PP2 Implementation of Better, Sooner, More Convenient primary health care 10/11

All DHBs are required to report on the implementation of changes to primary health care services that deliver on the core elements of Better, Sooner, More Convenient primary health care. Those DHBs involved in the development of Better, Sooner, More Convenient business cases, including as Alliance partners, are required to report on the progress of the implementation of those business cases.

Rationale

The Government's goal is for the primary health care sector to make a larger contribution to the health system as the primary point of access to a wider range of publicly funded services. Implementation of the Government's objectives will position the primary health care sector to contribute to the health system to its full potential. This includes but is not limited to:

- shifting services from secondary care to primary health care settings
- the development of Integrated Family Health Centres
- increased access to diagnostics
- the development of nurse walk in clinics
- increased access to extended hours services
- improved access to urgent care and after hours services
- improved care for people with chronic conditions
- maintaining health promotion as a central theme of service development.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The DHB is to supply a progress report on the implementation of changes to primary health care services that deliver on the core elements of Better, Sooner, More Convenient primary health care.	Report against targets in 2010/11DAP	Detailed BSMC report provided	Achieved

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APPENDIX 6

B PP3 Local Iwi/Māori engagement and participation in DHB decision-making, development of strategies and plans for Māori health gain 10/11

Each DHB is required to report demonstrating across seven key aspects how Local Iwi/Māori engagement and participation in DHB decision-making, development of strategies and plans for Māori health gain.

Rationale

Referenced in:

(1) Part 3 of the *New Zealand Public Health and Disability Act 2000* (the Act) 'provides for mechanisms to enable Māori to contribute to decision-making on, and participate in the delivery of, health and disability services'.

(2) The Operational Policy Framework (OPF).

(3) Pathway Two of He Korowai Oranga*: Iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives*, Objective 2.1: 'DHBs … are expected to work in partnership with Iwi and Māori communities to ensure their decision-making effectively leads to whānau ora improvement and supports the achievement of Māori health aspirations are required to involve Iwi and other Māori communities in developing strategies to improve Māori health and enable them to influence the planning, purchasing, delivery and monitoring of services to build Māori health. In addition to developing partnerships with Iwi and Māori at the governance and operational levels, DHBs are also expected to consult with Māori communities.'

(4) Minimum requirements for Primary Health Organisations (PHOs), and Pathway 3 of He Korowai Oranga '*… primary health care services meet the needs of Māori whānau more effectively.'*

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Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure 1 Percentage of PHOs with Māori Health Plans (MHPs) that have been agreed to by the DHB: **Measure 2** Percentage of DHB members that have undertaken Treaty of Waitangi training: **Measure 3** Provide a report demonstrating: • Achievements against the Memorandum of Understanding (MoU) between a DHB and its local Iwi/Māori health relationship partner, and describe other initiatives achieved that are an outcome of engagement between the parties during the reporting period. • Provide a copy of the Memorandum of Understanding (MoU). **Measure 4** Report on **how** (mechanisms and frequency of engagement) local Iwi/Māori are supported by the DHB to participate in the development and implementation of the strategic agenda, service delivery planning, development, monitoring, and evaluation (include a section on PHOs). **Measure 5** Report on how MHPs are being implemented by the PHOs and monitored by the DHB (include a list of the names of the PHOs with MHPs)	Over 80% of MHPs have been agreed by the DHB. 100% of Board members have undertaken Treaty of Waitangi training. Visible engagement with local iwi/Māori, and input by Māori into health initiatives that pertain to Māori health issues. Providing evidence that planned engagement and frequency of that engagement is undertaken and recorded appropriately to enable participation and input into the development and implementation of the strategic agenda, service delivery planning, monitoring, and evaluation. i) DHB names the PHOs that are implementing their MHPs, and that these are being monitored by the DHB. (ii) a list of newly established PHOs, and reported progress in developing of MHPs. 75% of Board members have undertaken Treaty of Waitangi training, including any training offered by the Ministry. Quarter 2: It is evident that progress is being made on the implementation of the DHB MHP through a description of that progress based on details concerning at least two key milestones to be achieved for 2009/10. Quarter 4: It is evident that at least two key milestones have been achieved for 2009/10.	Detailed report provided	Outstanding

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APPENDIX 6

B PP4 Improving mainstream effectiveness DHB provider arms pathway of care of Māori 10/11

Each DHB to report providing information on the activities undertaken to improve mainstream effectiveness ensuring clinical safety and effectiveness for Māori.

Rationale

Referenced in pathway three of He Korowai Oranga: To deliver services to the highest clinical safety and quality standards within available funding, Objective 3.3, pg 22: 'Most of the progress in ensuring clinical safety and effectiveness for Māori will come from teams of health professionals and community workers working and learning together to establish agreed protocols and processes and to share best practice initiatives. In addition, DHBs must establish processes to gather information on Māori patient satisfaction, clinical pathways and decision-making processes, and organisational capacity and capability. This information will assist ongoing monitoring and development of the capacity of mainstream and other providers to address Māori health priorities.'

This indicator is for the DHB's provider arm, not all providers funded by the DHB. The definition for 'pathways of care' follows: "The continuum of health care of an individual from initial presentation to optimal health and wellbeing". (Note that work is in progress also with the implementation of He Korowai Oranga.)

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Qualitative Indicator DHBs to report providing the following information for the DHB's provider arm: **Measure 1** Provide a report describing the reviews of pathways of care that have been undertaken in the last 12 months that focused on improving Health outcomes and reducing health inequalities for Māori. **Measure 2** Report on an example(s) of actions taken to address issues identified in the reviews. If possible, develop a reporting template based on the key points above.	Provide a report describing the reviews of pathways of care that have been undertaken in the last 12 months that focused on improving Health outcomes and reducing health inequalities for Maori. Report on an example(s) of actions taken to address issues identified in the reviews.	Reports provided	Achieved Confirmed assessment: Thank you for the update of your DHB's response to the ethnicity data collections and for indicating the connection to improving pathways of care for Māori. Your rating has improved as a result.

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APPENDIX 6

B PP5 Waiting times for chemotherapy treatment 10/11

Each DHB to report providing wait times data.

Rationale

Inclusion of this measure supports Implementation of the New Zealand Cancer Control Strategy and the New Zealand Health Strategy population priority of reducing the incidence and impact of cancer.

Specialist cancer treatment and symptom control is essential in reducing the impact of cancer. Monitoring chemotherapy waiting times helps to ensure any new or emerging problems are identified early, and equitable access levels are maintained between DHB regions.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Wait times templates are to be supplied each quarter; The templates should display results for each month within the quarter. Qualitative comment on reasons (and management plans) for people with chemotherapy waits longer than 6 weeks is to be supplied in quarterly reports.	100%	Spreadsheet provided	Achieved Good report

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APPENDIX 6

B PP6 Improving the health status of people with severe mental illness 10/11

Each DHB to report confirming access targets are met.

Rationale

This measure targets improved access, as sufficient access to services will lead to improvements in quality of outcomes. It is expected that agreeing access rates for each DHB, and formally monitoring and managing the achievement of these rates, will ensure appropriate access to mental health services.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Improving the health status of people with severe mental illness [NMDHB continues to respect the Mental Health Ringfence. As NMDHB mental health investment has in previous years exceeded the ringfence and local affordability, we are examining, through our Rutherford Initiative, the cost-benefit of our current investments. As per the Operational Policy Framework we agree to seek the Minister's approval for any significant service changes that reduce current access for consumers in Nelson Marlborough]	Age 0-19 Maori 3.2% Other 3.61% Total 3.53% Age 20-64 Maori 6.36% Other 3.89% Total 3.93% Age 65+ Total 0.73%	Detailed spreadsheet provided	Achieved Thank you for providing your DHBs quarterly report. Congratulations on your DHB achieving its targets. The Ministry looks forward to receiving your DHBs next report in quarter 4.

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APPENDIX 6

B PP7 Improving mental health services using relapse prevention planning 10/11

Each DHB to supply reports on relapse prevention planning.

Rationale

Te Tāhuhu—Improving Mental Health 2005–2015 and **Te Kokiri**: The Mental Health and Addiction Plan 2006-2015 confirm that the government remains committed to providing services for people who are severely affected by mental illness, especially those who have enduring severe illness. Service users need easy and well-recognised access to services that are: focused on wellness and recovery, high quality, built on an evidence base of what works best, and provided in the least restrictive environment.

People, who have enduring mental health conditions, are defined, for the purposes of this target, as those who have been in treatment with any mental health service for two years or more in the case of adults and one year or more for Child and Youth. Those with enduring mental illness tend to be the main users of acute beds and rehabilitation services, and have low levels of paid employment and or have difficulty completing their education. There is, however, significant variation across DHB mental health services in the results that are achieved for people with enduring serious mental illness.

Relapse prevention/resiliency planning has been shown to be a key component of service delivery that allows the medium to longer impacts of a serious mental illness to be minimised. Effective prevention planning can be expected to contribute materially to improved outcomes for services. Accordingly, all clients with enduring serious mental illness are expected to have an up-to-date relapse prevention plan. DHBs have been advised in writing of the detailed definitions and expectations of the target.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Provide a report on: • The number of adults and older people (20 years plus) with enduring serious mental illness who have been in treatment* for two years or more since the first contact with any mental health service (* in treatment = at least one provider arm contact every three months for two years or more.) The subset of alcohol and other drug only clients will be reported for the 20 years plus. • The number of Child and Youth who have been in secondary care treatment* for one or more years (* in treatment = at least one provider arm contact every three months for one year or more). • The number and percentage of long-term clients with up to date crisis prevention/resiliency plans (NMHSS criteria 16.4 or HDSS (2008)1.3.5.4), and describe how this is assured.	95%	Detailed spreadsheet provided	Achieved Thank you for providing your DHBs quarterly report. The Ministry congratulates your DHB on achieving its targets and looks forward to receiving its next report in quarter four. .

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APPENDIX 6

B PP8 DHBs report alcohol and drug service waiting times and waiting lists 10/11

Rationale

Inclusion of this measure supports 'Improving Mental Health', one of the government's strategic priorities for 2007/08. Improving the availability of and access to addiction services is one of the 10 leading challenges in Te Tahuhu—Improving Mental Health 2005–2015. Service users need easy and well-recognised access to services that are: focused on wellness and recovery, high quality, built on an evidence base of what works best, and provided in the least restrictive environment.

Changes in practice that can be expected by setting expectations and monitoring DHB performance against this indicator:

Reduced waiting times and clients staying engaged with services for longer, resulting in improved treatment results.

Why was this indicator chosen?

Waiting time and retention have been identified as key service features that impact on the results for clients of addiction services (National Treatment Agency for Substance Misuse, Retaining Clients in Drug Treatment NHS, 2005).

Waiting lists are an indicator of unmet need. Addressing the unmet need to access quality addiction treatment services is a high priority for the Government.

	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
A narrative is also required to: 1. identify the name and location of service(s) with the longest waiting time and waiting list 2. explain variances of more than 10% in waiting times or waiting lists 3. explain/identify targets that the DHB may have for reducing waiting times and or waiting lists Service type: Inpatient Detoxification, Specialist Prescribing, Structured Counselling, Day Programmes and Residential Rehabilitation. DHBs will report waiting times by Māori and Other ethnicities.	Provide required report	Detailed spreadsheet provided	Achieved Thank you for providing your DHBs quarterly report. The Ministry looks forward to receiving your DHBs next report in quarter four.

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APPENDIX 6

SI1 Ambulatory sensitive (avoidable) hospital admissions 10/11

Rationale

Ambulatory sensitive hospital admissions are usually unplanned admissions that are potentially preventable by appropriate health services delivered in community settings, including through primary health care. They provide an indication of access to, and the effectiveness of, primary health care, as well as management of the interface between the primary and secondary health sectors. If there is good access to effective primary health care for all population groups, then it is reasonable to expect that there will be lower levels of ambulatory sensitive hospital admissions. This indicator can also highlight disparities between different population groups that will assist with DHB planning to reduce disparities. The indicator seeks to achieve a reduction in the total number of these admissions and in the variation in ASH rates between DHBs and between different population groups.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Measure: 100% of fee increases that should be referred (as per the Ministry of Health letter sent to DHBs dated 26 January 2007) are referred to a regional fee review committee and 100% of practices comply with the recommendations of the regional fee review committee, and in all cases, where practices fail to comply, the DHB applies appropriate sanctions.	Age 0-74 Maori 95%, Pacific N/A, Other 95% Age 0-4 74 Maori 95%, Pacific N/A, Other 95% Age 45-64 Maori 95%, Pacific N/A, Other 95%	NMDHB has achieved the targets for all population groups for the Ambulatory sensitive (avoidable) hospital admissions indicator. The results were significantly better than the base period national ethnicity rate for all groups with the exception of other 0-4.	Thank you for your quarter 2 report on work being done to manage and reduce ambulatory sensitive admissions. Due to some data inconsistency issues identified in the national data extracts this quarter, the Ministry intends to undertake further quality and consistency checks, and as a result will delay reporting to the Minister on the ASH measure until next quarter. DHBs will be advised if the data checks result in changes to the data previously provided. At this stage it's anticipated that there will be no need for additional reporting from DHBs.

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APPENDIX 6

B SI3 Service coverage 10/11

Rationale

DHBs are held accountable. Service coverage information demonstrates how government policy is to be translated into the required national minimum range and standards of services to be publicly funded. DHBs have the responsibility to take appropriate action to ensure that service coverage is delivered for their populations. This applies, whether services are funded directly by the DHB, or by the Ministry.

Active management of service coverage supports the principles of the New Zealand Health Strategy to ensure timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay, and a high performing system in which people have confidence.

Why was this indicator chosen?

This indicator is included to support the active management of service coverage issues. All agreed Service Coverage gaps affecting a DHB's population should be acknowledged in the DAP. Exceptions will be agreed as either: Short term - resolution of the exception expected within the period of the DAP, or Long term – exception agreed for the period of the DAP. Where the exception is to be managed within the period of the DAP, DHBs will be required to report quarterly on progress towards resolution.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
DHBs to report providing the following information: Report progress achieved during the quarter towards resolution of exceptions to service coverage identified in the DAP, and not approved as long term exceptions, and any other gaps in service coverage identified by the DHB or Ministry through: • analysis of explanatory indicators • media reporting • risk reporting • formal audit outcomes • complaints mechanisms • sector intelligence.	Provide reports as required	Reports provided	Achieved

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APPENDIX 6

C CFA B4 School Check Funding 10/11

Rationale

The DHB must provide quarterly reports outlining progress in delivering the Check and meeting the eligible population target and high deprivation target specified in clause 3.1.5 of this Schedule B5. Each quarter, evidence of the population coverage towards the targets specified in clause 3.1.5 of this Schedule B5 will be obtained by the Ministry from the B4 School Check Information System. This information will be obtained 7 days after the end of each quarter.

For reporting purposes only, where the DHB has reached twenty five percent of its high deprivation target and twenty five percent of its total population target within each quarter a confirmation statement will be required. An exceptions report is required if the DHB has not met twenty five percent of its high deprivation coverage target and twenty five percent of its eligible population target within each quarter. The DHB must provide an exceptions report outlining any risks or delays to meeting the high deprivation target and eligible population target, and steps taken to mitigate these risks/delays. These reports will be submitted through the Ministry's web-based DHB Quarterly Reporting Website.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
The 2009/10 reporting requirements require either a confirmation statement or an exceptions report. If the DHB has not reached twenty five percent of the high needs target and twenty five percent of its total eligible population target within each quarter then an exceptions report is needed.	Provide required reports	Reports provided We have achieved 48% of our targeted population. Our high needs total for this period is 42%. These are both below the agreed targets. Targets were met for this quarter however a shortfall of 33 checks remain outstanding from the previous quarter. Results have improved significantly with the Total Population Target increasing from last quarter at 11% to 48% and High Needs from 5% to 42%.	Satisfactory. Thanks for your report. Although you have not quite met the expected percentage towards targets, your report notes a significant increase in checks this quarter and plans to continue to increase numbers in the next quarter

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APPENDIX 6

C CFA Electives Initiative and Ambulatory Initiative Variation 10/11

Rationale

Provision of 24 hour inpatient and outpatient elective services (treatment after seven days) for surgical, pediatric and oral health. Extracted from revised 2009/10 forecast and includes budgeted IDF elective volumes.

Note NMDHB is delivering significantly greater than NZ average. These services support people with serious health problems to prevent deterioration and potentially cure their problem.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Provide reports to MOH on Electives	Provide required reports No of discharges (CWDs) People discharged Quantity:	Reports provided >8430 >6930	Satisfactory

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APPENDIX 6

C CFA Funding for Ancillary Costs Associated with the Provision of Personal Protective Equipment and Critical Clinical Supplies in the Event of a National Health Emergency

Rationale

Reporting

In addition to the reports required under the Principal Agreement, the DHB will report six monthly to the Ministry's Sector Accountability and Funding Directorate. Reports are to be submitted through the Ministry's web-based DHB Quarterly Reporting Website, on the:

a) Total volume of:
   - agreed base PPE and CCS; and
   - national reserve PPE and CCS purchased and held by the DHB; and

b) Status of expired and expiring PPE and CCS held by the DHB.

The DHB is required to report this information via the DHB's second quarterly and fourth quarterly report template(s) issued by the Ministry by the 20th day of the month following the end of the second quarterly and fourth quarterly months. The Ministry retains the right to require the DHB to produce an independent audit certification of the reports identified above.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Meet reporting requirements	Provide required reports	Reports provided	Satisfactory.

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APPENDIX 6

C CFA HEHA District Planning, Coordination and Implementation 10/11

Rationale

Reporting

In addition to the reports required under the Principal Agreement, the DHB will report to the Ministry's Public Health Group, National Services Purchasing Group of the National Health Board. Reports are to be submitted via email to the Public Health Group Portfolio Manager on the progress towards the performance measures contained in the tables in clause 5.1 above, and in accordance with the following table:

Reports Required	Date Reports Due
A qualitative report, six-monthly, outlining progress in planning and implementation of the Services; timeliness and any delays or risk; and the steps taken to mitigate those delays or risks A quantitative report, six-monthly, containing the information outlined in clause 7.2 below.	20 January 2011 20 July 2011 20 January 2012 20 July 2012 As above, except in respect of clause 7.2.3 below, when the report will be provided only annually on 20 July.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Meet reporting requirements by completing HEHA reporting template	Provide required reports	Reports provided	Satisfactory.

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APPENDIX 6

C CFA Oral Health Business Case for Investment in Child and Adolescent Oral Health Services (2) 10/11

Rationale

In addition to the reports required under the Principal Agreement, the DHB will report to the Ministry's Sector Accountability and Funding Directorate, Written reports are to be submitted through the Ministry's web-based DHB Quarterly Reporting Website ("Database") on the achievement of the service requirements in clause 5.1 of this Schedule, in accordance with the following table:

Report Required	Date Report Due
Quarterly Progress Report detailing: • The progress in implementation of the Services; • The planned implementation of the Services for the following quarter; • A revised Cash Profile detailing Funding spent and anticipated Funding required in future quarters in accordance with clause 5.3.6 of this Schedule; • Documentary evidence of the actual costs incurred in accordance with each Funding Category; • For the Capital Investments, a Letter of Assurance, signed by the Chief Executive of the DHB, addressing each of the points in clause 6.2 of this Schedule and identifying any significant variations or risks and how these risks are being managed; • In addition to the above Reporting requirements, for the 1 April to 30 June quarter (Reports due 20 July 2009/2010/2011/2012), provide a summary of the planned project milestones, revised Financial Model using the template provided by the Ministry.	20 January 2009/2010/2011/2012 20 April 2009/2010/2011/2012 20 July 2009/2010/2011/2012 20 October 2009/2010/2011

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Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Meet reporting requirements by completing Oral Health reporting template	Provide required reports	Reports provided	Satisfactory. Thank you for submitting your Quarter 2 report in the 2010/11 fiscal year. The Ministry has reviewed your report documents as uploaded on the NSF website and advises that all Quarter 2 report requirements have been completed in full. Thank you for the progress made during the reporting quarter.

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APPENDIX 6

C CFA School Based Health Services 10/11

Rationale

Reporting

In addition to the reports required by the CFA, the DHB will report to the Ministry's Sector Accountability and Funding Directorate. Reports are to be submitted through the Ministry's web-based DHB Quarterly Reporting Website on the achievement of the service requirements in clause 5.1 of this Schedule B9, in accordance with the following table:

Report Required (each report)	Date Reports Due
A qualitative report, every six months, outlining progress in planning and preparation for the Services; timelines and any delays or risks; and the steps taken to mitigate any delays or risks.	20 January 2010, 20 July 2010, 20 January 2011, 20 July 2011, 20 January 2012, 20 July 2012
A quantitative report, every six months, containing the information outlined in clause 7.2 below.	20 January 2010, 20 July 2010, 20 January 2011, 20 July 2011, 20 January 2012, 20 July 2012

The six monthly quantitative report to the Ministry must contain the following anonymised information:

(i) Year nine roll and number of year nine Students assessed;
(ii) Years 10-14 rolls and number of assessments and visits;
(iii) Number of Students referrals to:
- (a) primary health care services;
- (b) mental health services;
- (c) oral health services;
- (d) drug and alcohol services;
- (e) sexual health services;
- (f) vision services;
- (g) hearing services;
- (h) guidance counsellors;
- (i) school social workers / community workers;
- (j) Child, Youth and Family services; and
- (k) other services not listed.

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APPENDIX 6

(iv) Total number of young parents assessed in teen parent units who re-enrol at secondary school after the birth of their child

The Ministry will advise the DHB of further reporting that may be required to demonstrate the effectiveness of the Services and value for money. The Ministry reserves the right to undertake audits of service delivery, including referrals of the Students and the follow-up of these referrals to ensure that appropriate Services have been provided.

Measure	DAP 2010/11 Target	NMDHB Performance	Ministry Rating
Meet reporting requirements	Provide required reports	Reports provided	Satisfactory.

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