



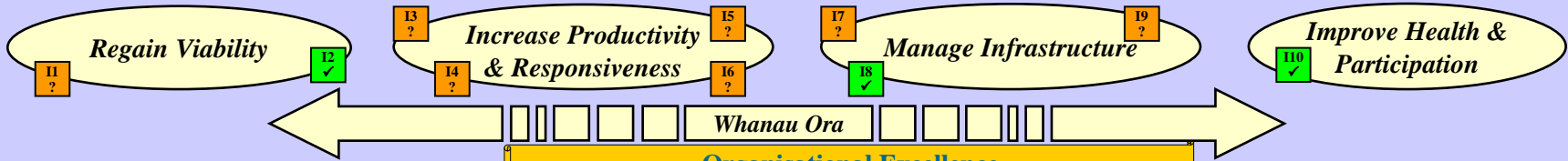
Strategy Map (January 2011)

Nelson Marlborough District Health Board Strategic Map 2010/11

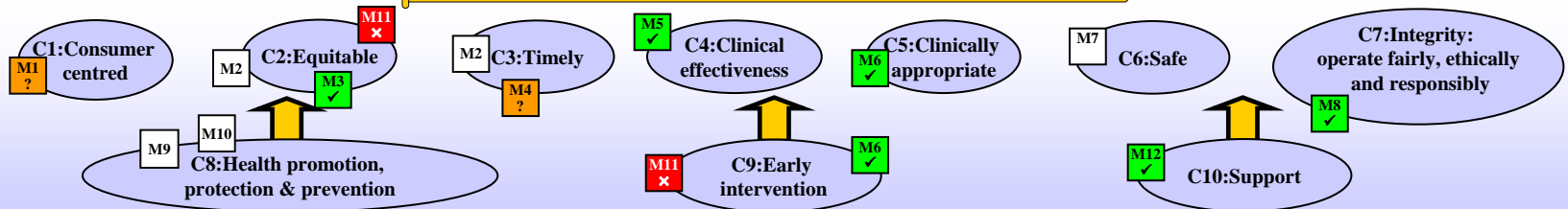
Vision: "Towards Health Conscious Families"

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

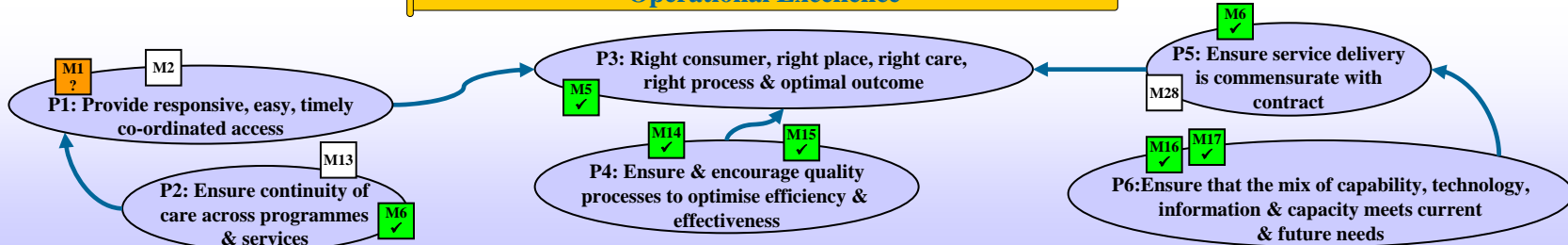
In Partnership with Māori and our Community & Patients Key Strategic Outcomes are..... "To Improve....."



Organisational Excellence



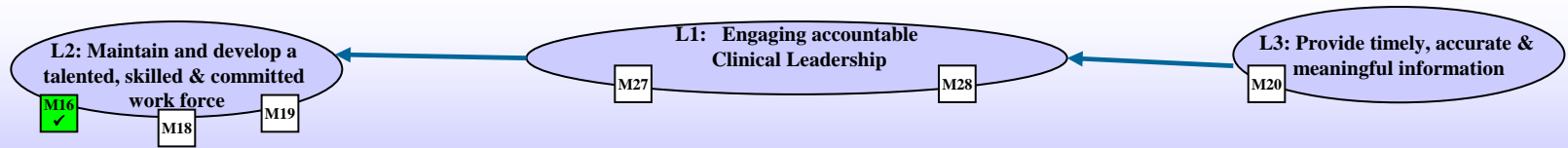
Operational Excellence



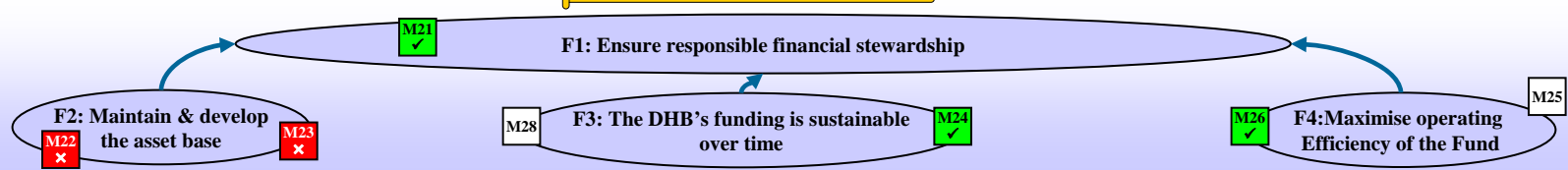
Competencies

Leadership /Teamwork

Technology/Information



Financial



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 2010	July	Aug	Sep	Oct	Nov	Dec	2011 Jan	Feb	Mar	Apr	May	Jun
M1	Patient and consumer satisfaction	Denise Hutchins	Quarterly	Due Mar 2011 for Q2 10/11	Q4 09/10	Q1 10/11			Due Mar 11 (from HBI Report)								
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)	Gillian Champion	Monthly	Due Mar 2011 for Feb 2011	?	?	?	?	?	?	?	?					
M5	Unplanned re-admission rates	Relevant Managers	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					
M6	Potentially avoidable hospitalisations	Sarah Simmonds	Monthly	Due Mar 2011 for Jan 2010	✓	✓	✗	✓	✓	✗	✓						
M7	# of bed days per reported incident	Chris Mouter/Martin Hucklesby	Monthly	Measure being developed	Being Redeveloped												
M8	Resolution of complaints	Pam Stinton-Whetnall	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✗	✓					
M9	Uptake of health promotion factors - Immunisation	Peter Bassett	Quarterly	Measure being developed	Being Redeveloped												
M10	Uptake of health promotion factors - Breastfeeding		Yearly	Measure being developed	Being Redeveloped												
M11	Diabetes detection and follow-up	Diana Peers	Yearly	Due March 2011 for 2010	?	Due March 2011											
M12	Completed first contact & assessments	Carole Kerr	Quarterly	Due Apr 2011 for Q3 10/11	✓	✓											
M13	Patient consumer case plan rate	Sarah Simmonds	[]	Measure being developed	Being Redeveloped												
M14	Average hospital length of stay	Relevant Managers	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					
M15	Planned Day Stay admissions that stay one more nights	Relevant Managers	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					

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 2010	July	Aug	Sep	Oct	Nov	Dec	2011 Jan	Feb	Mar	Apr	May	Jun
M16	Staff turnover	Heather Smith	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					
M17	Staff absenteeism	Heather Smith	Monthly	Due Mar 2011 for Feb 2011	?	?	?	?	✓	✓	✓	✓					
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 2011 for Feb 2011	✗	✓	✓	✓	✓	✗	✗	✓					
M22	Clinical equipment depreciation expense to total patient volume ratio	Financial Accountant	Quarterly	Due Mar 2011 for Feb 2011	✗	✓	✗	✗	✗	✗	✗	✗					
M23	Clinical equipment & building maintenance cost depreciation expense	Financial Accountant	Quarterly	Due Mar 2011 for Feb 2011	✗	✗	✗	✗	✗	✗	✗	✗					
M24	Financial performance to DAP budget	ELT Managers	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					
M25	Provider ROCE %	Business Analysts	Monthly	Measure being developed													
M26	Funds Revenue to governance & administration costs %	Mary Hart	Monthly	Due Mar 2011 for Feb 2011	✓	✓	✓	✓	✓	✓	✓	✓					
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	Peter Bramley	Gillian Champion	C3	Timely
M5	Unplanned re-admission rates	Total # of discharges re-admitted in 30 days for the same or similar condition	Peter Bramley	Relevant 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	Heather McPherson	Chris Mouter/Martin Hucklesby	C6	Safe
M8	Resolution of complaints	# of complaints un-resolved within 30 days / total # of complaints	Heather McPherson	Pam.Stinton-Whetnall	C7	Integrity: operate fairly, ethically and responsibly
M9	Uptake of health promotion factors - Immunisation	Immunisation rates	Peter Burton	Peter Burton	C8	Health promotion, protection & prevention
M10	Uptake of health promotion factors - Breastfeeding	Breast feeding rates	Peter Burton	Helen Steenberg	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	Peter Bramley	Relevant 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	Peter Bramley	Relevant 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	Nick Lanigan	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	Nick Lanigan	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	Nick Lanigan	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	ELT 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	Peter Bramley	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	Peter Bramley	Sharon Kletchko	F3	The DHB's funding is sustainable over time
					P5	Ensure service delivery is commensurate with contract
					L1	Engaging accountable Clinical Leadership



Measures Reports

M1
?

Patient & consumer satisfaction survey

BSC Objective:

C1: Customer centred
P1: Provide responsive, easy, timely co-ordinated access

Objective Owner:

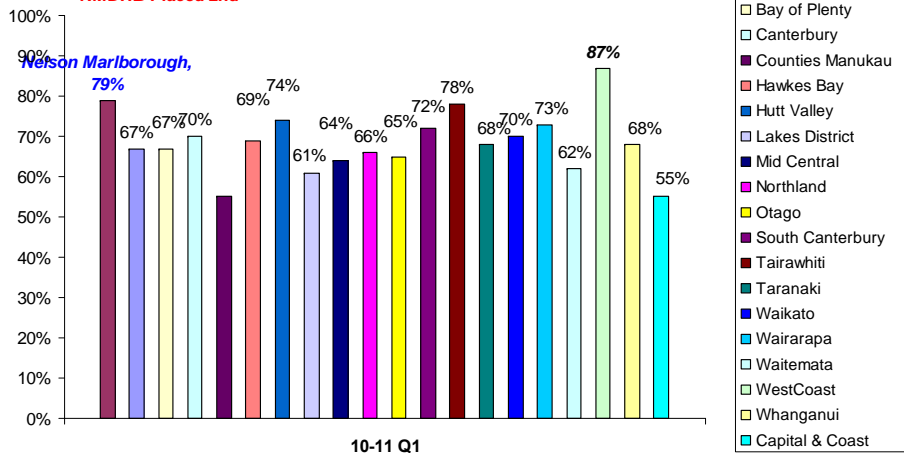
John Peters

Measure Leader:

Denise Hutchins

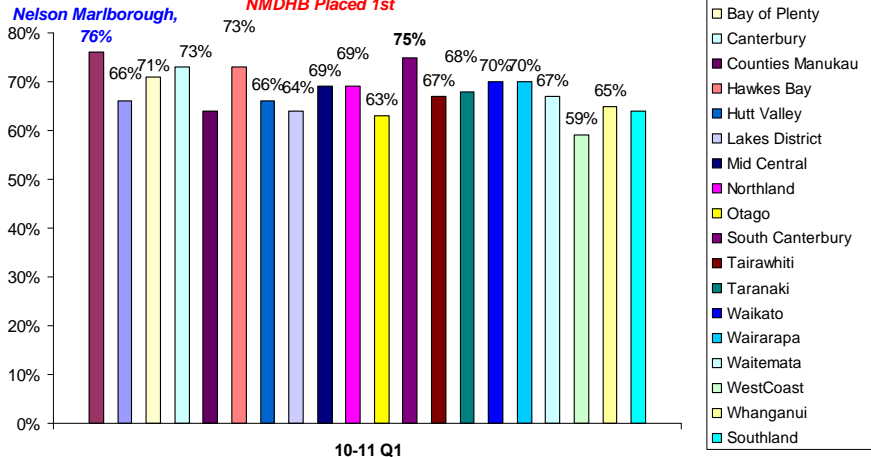
Inpatient Patient Satisfaction - 2010-11 Q1 - All DHB's

NMDHB Placed 2nd



Outpatient Patient Satisfaction - 2010-11 Q1 - All DHB's

NMDHB Placed 1st



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:

According to the report received for this quarter five of the 20 DHBs collected a sufficient number of responses to ensure a valid sample size. NMDHB was one of the five. Given 15 DHBs did not meet the required level the analysis focuses on a 'moving annual target'. Based on the moving annual target NMDHB achieved second place behind West Coast DHB in the inpatient overall satisfaction and first in the outpatient overall satisfaction.

Information via the National Quality Managers Group indicates this survey will cease in the near future with a new tool being introduced nationally from July 2011. We await formal notification of these developments.

Implications:

Changes to the national patient satisfaction survey will impact on a key NMDHB indicator. NMDHB will need to actively participate if provided with the opportunity in the development any new national tool.

Actions:

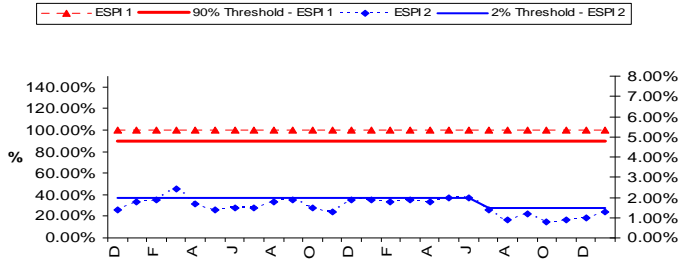
Participate in development of the new national patient satisfaction tool when the initiative is advised by the National Health Board

ESPI (Elective Services Performance Indicators) - Overall

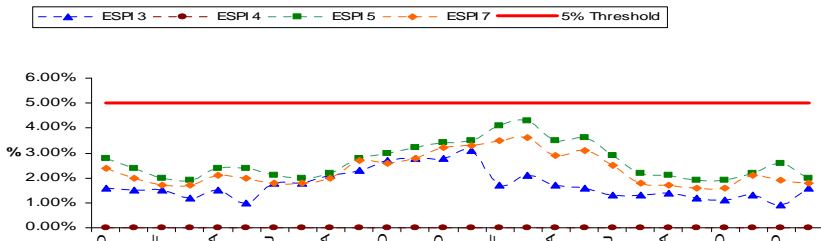
Page 1 of 3

BSC Objective:	C3:Timely
Objective Owner:	Peter Bramley
Measure Leader:	Gillian Champion

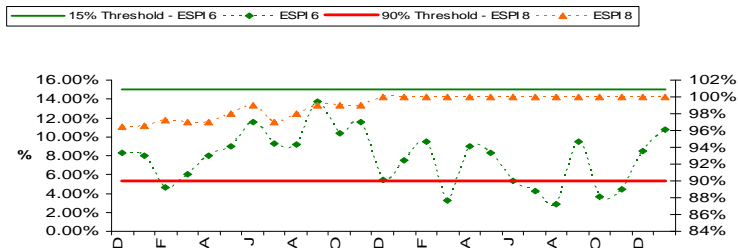
Patient Flow Indicators - Outpatients



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



ESPI results Dec-08 to Jan 11 by Service

Month	Cardiology	Ear, Nose & Throat	General Surgery	Gynaecology	Ophthalmology	Orthopaedics	Urology	Vascular
Dec-08	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Jan-09	Pass	Fail	Pass	Fail	Fail	Pass	Pass	Pass
Feb-09	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
Mar-09	Fail	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Apr-09	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
May-09	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Jun-09	Pass	Fail	Fail	Pass	Pass	Pass	Fail	Pass
Jul-09	Pass	Fail	Fail	Fail	Pass	Pass	Fail	Pass
Aug-09	Pass	Fail	Pass	Pass	Fail	Pass	Fail	Pass
Sep-09	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Oct-09	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Nov-09	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Dec-09	Pass	Fail	Fail	Pass	Fail	Pass	Pass	Pass
Jan-10	Pass	Fail	Fail	Fail	Fail	Fail	Fail	Pass
Feb-10	Pass	Fail	Fail	Pass	Fail	Fail	Fail	Pass
Mar-10	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Apr-10	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
May-10	Pass	Fail	Pass	Pass	Pass	Fail	Fail	Pass
Jun-10	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Jul-10	Pass	Fail	Pass	Pass	Pass	Pass	Pass	Pass
Aug-10	Pass	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Sep-10	Pass	Fail	Pass	Fail	Pass	Pass	Fail	Pass
Oct-10	Pass	Pass	Pass	Fail	Pass	Fail	Pass	Pass
Nov-10	Pass	Fail	Pass	Fail	Fail	Fail	Pass	Pass
Dec-10	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Pass
Jan-11	Pass	Fail	Pass	Fail	Pass	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.

Overall DHB

The MOH ESPI reports at end of December are green. Internal ESPI reports for January are sitting at 1.5% with the following individual speciality areas having orange ESPIs.

ENT – ESPI 6 - Active Review Timeliness (Patients not receiving review within 6 months). There are currently 8 (25.8%) patients who have not received reviews within 6 month active review period.

Actions & Expected Impact: Administration requested to investigate immediately and to arrange for review to occur if not undertaken or else data to be updated in Patient Management System.

Gynaecology – ESPI 2 Patients receiving FSA within 6 months is currently sitting at 6.6% with 94 patients waiting > 6 months.

Actions & Expected Impact:

In Nelson theatre sessions are being swapped for outpatient clinics to ensure long wait patients are booked.

In Wairau the new Gynaecologist (who starts in March) will have long wait patients booked to see him to reduce backlog

Referrals will be reviewed to see if there are any referrals being accepted that could be managed in primary care This may result in some patients not receiving access to specialist resource.

ESPI 6 - Active Review Timeliness (Patients not receiving review within 6 months). There are currently 2 (22.2%) patients who have not received reviews within 6 month active review period.

Actions & Expected Impact: Administration requested to investigate immediately and to arrange for review to occur if not undertaken or else data to be updated in Patient Management System.

ESPI (Elective Services Performance Indicators) - Overall

Page 3 of 3

BSC Objective: C3:Timely
Objective Owner: Peter Bramley
Measure Leader: Gillian Champion

ESPI results Dec-08 to Jan 11 by Service

Month	Cardiology	Ear, Nose & Throat	General Surgery	Gynaecology	Ophthalmology	Orthopaedics	Urology	Vascular
Dec-08	Pass	Pass	Pass	Fail	Fail	Pass	Pass	Pass
Jan-09	Pass	Fail	Pass	Fail	Fail	Pass	Pass	Pass
Feb-09	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
Mar-09	Fail	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Apr-09	Pass	Pass	Pass	Fail	Fail	Fail	Pass	Pass
May-09	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
Jun-09	Pass	Fail	Fail	Pass	Pass	Pass	Fail	Pass
Jul-09	Pass	Fail	Fail	Fail	Pass	Pass	Fail	Pass
Aug-09	Pass	Fail	Pass	Pass	Fail	Pass	Fail	Pass
Sep-09	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Oct-09	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Nov-09	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Dec-09	Pass	Fail	Fail	Pass	Fail	Pass	Pass	Pass
Jan-10	Pass	Fail	Fail	Fail	Fail	Fail	Fail	Pass
Feb-10	Pass	Fail	Fail	Pass	Fail	Fail	Fail	Pass
Mar-10	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Apr-10	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
May-10	Pass	Fail	Pass	Pass	Pass	Fail	Fail	Pass
Jun-10	Pass	Fail	Pass	Pass	Fail	Fail	Fail	Pass
Jul-10	Pass	Fail	Pass	Pass	Pass	Pass	Pass	Pass
Aug-10	Pass	Fail	Pass	Fail	Pass	Pass	Pass	Pass
Sep-10	Pass	Fail	Pass	Pass	Pass	Pass	Fail	Pass
Oct-10	Pass	Pass	Pass	Fail	Pass	Fail	Pass	Pass
Nov-10	Pass	Fail	Pass	Fail	Fail	Fail	Pass	Pass
Dec-10	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Pass
Jan-11	Pass	Fail	Pass	Fail	Pass	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.

Orthopaedics – ESPI 5 – Access to Surgical Treatment is currently sitting at 6.8% with 58 patients waiting > 6 months for treatment.

Actions & Expected Impact:

Outpatient sessions are being swapped for theatre to ensure overdue patients are undertaken.

Additional theatre sessions are being added during month of March.

Currently looking at bringing some Wairau SMO capacity to Nelson to reduce long wait patients.

ESPI 6 - Active Review Timeliness (Patients not receiving review within 6 months).

There are currently 21 (15.6%) patients who have not received reviews within 6 month active review period.

Actions & Expected Impact: Administration requested to investigate immediately and to arrange for review to occur if not undertaken or else data to be updated in Patient Management System.

Urology – ESPI 2 Patients receiving FSA within 6 months is currently sitting at 1.7% with 13 patients waiting > 6 months.

Actions & Expected Impact:

Backlog is particularly in Wairau hence looking at swapping theatre session for outpatient clinic as very few patients on surgical waiting list.

ESPI 3 Equity of Access to Treatment - Currently sitting at 6.3% with 33 patients sitting in Active Review above the Treatment Threshold. .

Actions & Expected Impact:

ES Manager to discuss with Urologists putting more patients in certainty to return to green ESPI status. Currently green at national level.

Implications:

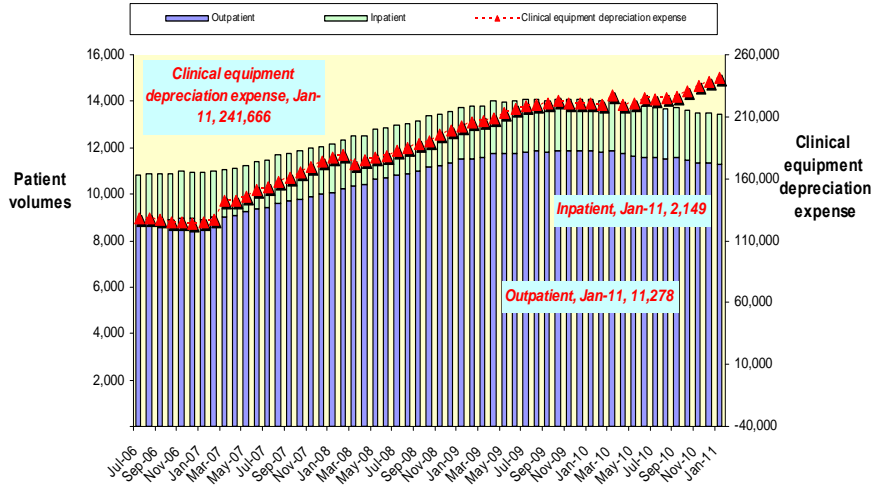
ES Funding policy was changed in .

Under the revised policy services with funding suspensions or orange ESPIs are able to use additional funding to support these services in order to reduce the number of people waiting > 6 months, providing the DHB maintains green ESPI compliance at a DHB level.

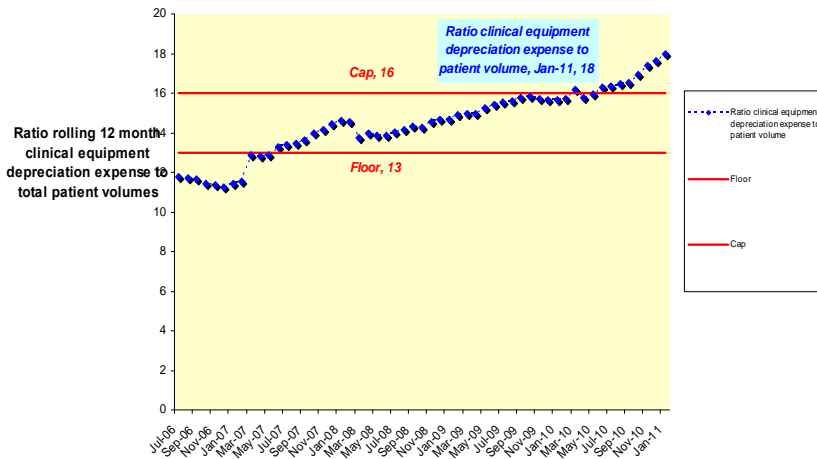
Clinical equipment depreciation expense to total patient volume ratio

BSC Objective:	F2: Maintain & develop the asset base
Objective Owner:	Nick Lanigan
Measure Leader:	Financial Accountant

Rolling 12 month clinical equipment depreciation expense to patient volumes



Ratio rolling 12 month clinical equipment depreciation expense to total patient volumes



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:

Ratio 12 month rolling clinical equipment depreciation expense to total patient volume is above the cap, at \$18.00 per patient against a cap of \$16, indicating potential over-investment in clinical equipment. The increase in the ratio has been driven by both an ongoing increase in the depreciation rolling average and a significant decrease in rolling average of total monthly volumes.

Implications:

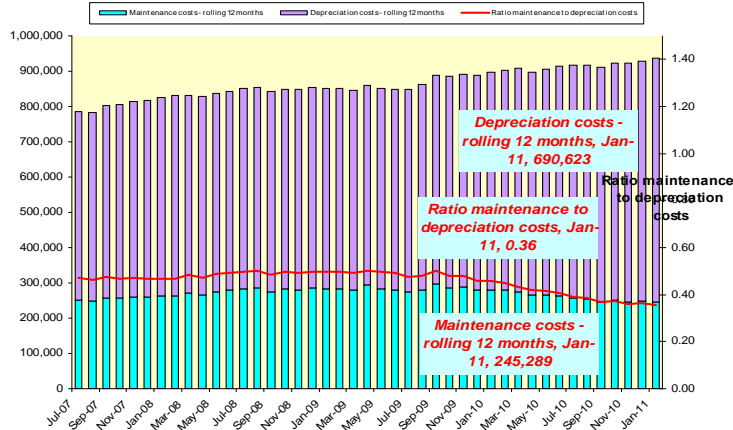
That NMDHB may not be obtaining optimum value for money from it's clinical equipment investment.

Actions & Expected Impact:

Unless patient volumes increase, this ratio is likely to remain high due to ongoing investment in technology. Leave taken by specialists has impacted patient volumes over the last few months, particularly electives.

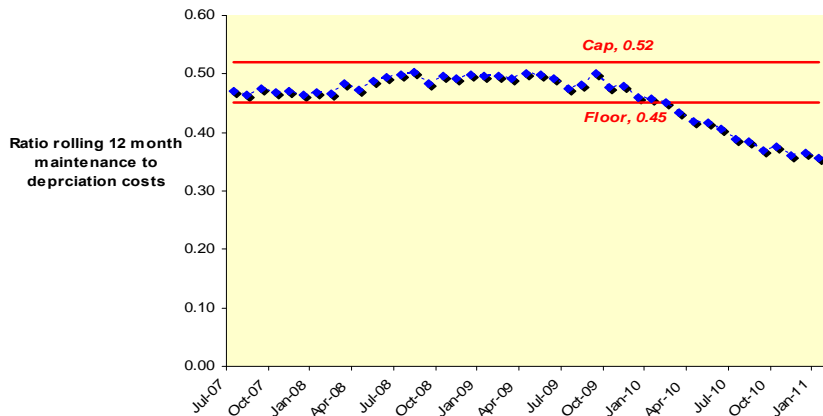


Rolling 12 month maintenance to depreciation costs ratio - buildings and clinical equipment



Maintenance & depreciation costs - rolling 12 months

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



Ratio rolling 12 month maintenance to depreciation costs

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:

Ratio 12 month rolling building & clinical equipment maintenance costs to depreciation expenses is below the floor of \$0.45 at \$0.36. The rolling average of maintenance costs has been dropping since September 2009, and depreciation costs have been increasing, most particularly for buildings.

Implications:

Potentially indicating that the asset base is newer or of better quality than expected.


Actions & Expected Impact:

The commissioning of Wairau Stage 2 and other assets acquired in the 09/10 financial year has kept this ratio very low this year. The expected commissioning of Wairau Stage 3 will further affect this ratio.



Initiative Reports (Quarter 2 – 2010-2011)

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	Strategic Objectives				Initiative ELT Sponsor	Initiative Owner	2010-11			
		V	P	I	H			Q1	Q2	Q3	Q4
I1	1.1	✓				CE	CMO	?	?		
I2	1.2	✓				CE	DONM/GM OD	✓	✓		
I3	2.1		✓			GM S&P	CMO	?	?		
I4	2.2		✓			GM S&P/GM OD	SDs/CMO/DONM	✓	?		
I5	2.3		✓			CE/GM S&P	SDs/CMO	?	?		
I6	2.4		✓			SDs	SDs/CMA/DONM	✓			
I7	3.1			✓		SDs/BD SEC	SDs/CMA/DONM	?	?		
I8	3.2			✓		SD CB	GL - DENTAL	✓	✓		
I9	3.3			✓		GF CS	GF CS	?	?		
I10	4.2				✓	GM S&P/DMH	GM OD/DMH/PM	✓	✓		

ELT Owner:	CE
Initiative Owner:	CMO

Initiative Title & Ref No	1.1 Rutherford Initiative				
Description	Progress is continuing to be made on the Rutherford Initiative (RI) tasked with finding smarter ways for NMDHB to work contributing \$10 million to achieve a break even position in 2012. RI is looking at all services funded and provided by NMDHB (infrastructure, hospital and community providers). The RI recommendations have resulted in budget adjustments projecting \$24,939,992 as at 28 January 2010.				
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	ELT Leadership	Clinical Leadership	Measures of Success / Milestones	Rutherford Savings
?	On-going implementation of Rutherford Initiative recommendations	CE	Independent Advisor (Ian Brown)	Implementation completed in 2010/11 to successfully achieve the recommendations in Rutherford Initiative review reports	
✓	Review recommendations made to confirm that all efficiencies identified and implemented in 2009/10 have been achieved	CE	CMA	Completed 30/09/10	
✓	Assess the impact and support changes to achieve ongoing efficiencies in back office functions for IT, Payroll and Procurement	CE	CMA	Completed 31/11/10	
Achievements: Focus for the last quarter has been on clinical areas including psychogeriatrics, ophthalmology, maternity and production planning. Consultation is underway on the first two services and has created considerable interest from groups such as ASMS.					
Issues: It is anticipated that with an extended timeline and the input from the new ELT further gains will be achieved. Implementation has sped up with the Business Development Manager focussing on outstanding reports particularly in the Corporate Services area. On going resources is a concern with 1 of the 3 seconded staff returning to their role in February and the other 2 involved in the annual budgeting process.					
Implications: That changes will be made to budgets before they have been examined by the Rutherford Initiative. There is a risk of rework.					
Actions: Continue to work with ELT on identifying areas for examination.					
Actions requiring ELT Approval: Nil					



I2 - Matching staff to revenue in order to deliver expected output targets

ELT Owner:	CE
Initiative Owner:	DONM/GM OD

Initiative Title & Ref No	1.2 Matching staff to revenue in order to deliver expected output targets				
Description	Indicators are that NMDHB's current workforce design and skill mix is too costly and unsustainable into the future. We are implementing the workforce development plan completed in the first half of 2010 to ensure the right staffing level and mix to deliver services, including workforce redesign.				
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	ELT Leadership	Clinical Leadership	Measures of Success / Milestones	Rutherford Savings
✓	Implement the agreed Nursing Service Rutherford recommendations	Service Directors	DONM	Nursing skill and competence levels are maintained to agreed level Nursing workforce composition reflects identified service need Nursing personnel costs are within budget	CTA programme 90 RN's-ongoing education and skills development
✓	As completed implement agreed whole of organisation Rutherford workforce recommendations	GM OD	Appropriate to service	Competence and skill level maintained Workforce composition reflects identified service need Personnel costs are within budget	Base Establishment project underway
Achievements:					
<p>Casual Nursing Utilisation Report now completed and implementation is under way. Accepted by CEO. Base Establishment to be examined and recommendations made regarding the appropriate capacity of nursing staff to provide quality care i.e. The right competencies,; right numbers for levels of acuity presenting. Revised consultation document is being prepared.</p> <p>Rutherford workforce recommendations: Under way through the Base Establishment project. An EOI is being prepared.</p>					
Issues:					
Implications:					
Actions:					
Actions requiring SLT Approval:					



I3 – Funding NMDHB Primary and Community and Hospital Providers according to affordability and required baseline delivery

ELT Owner:	GM S&P
Initiative Owner:	CMO

Initiative Title & Ref No	2.1 Funding NMDHB Primary and Community and Hospital Providers according to affordability and required baseline delivery			
Description	We are reducing unscheduled (acute) services through more and better integration with Primary Care providers as well as working collectively regionally to meet the Minister’s target for scheduled (elective) services regionally and locally. Increased emphasis has been placed on monitoring performance around our activities to ensure the right volume of services is delivered affordably. Our new priority is to build systems around the new capacity funding model (Production Volume Scheduling) for our hospital provider. We are introducing Patient Reported Outcomes Measures (PROMs) to determine the impact of our baseline delivery (patients assessing functional quality of life before and after receiving scheduled care).			
Linkages	Elective Services plan; volume schedule; Health Targets; Government Initiatives; NMDHB HEALTH2030			
Benefits	The fund will come in on budget and the new funding arrangements will drive efficiencies as well as right sizing.			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
?	Implement productivity and performance measurement pilot using the EQ-5D Patient Reported Outcomes Measures tool (PROMS)	GM P&F	Mr Derek Sherwood	Pilot established and quarterly reporting of PROMS informs service redesign
✓	Implementation of the new funding model	GM P&F	CMA	New funding model in place as of 01 Jul 10
✓	Process evaluation of funding versus expected service delivery	GM P&F	CMA	Ongoing monthly monitoring of the expected volumes and corrective actions agreed
✓	Improved access to Elective Services volumes including the extra 2000 national surgical discharges delivered in accordance with surgical volumes set by the Ministry of Health (MOH: 23 December 2009)	SD Med/Surg Serv	CMA	Elective services volumes for NMDHB delivered in accordance with the Elective Services Price Volume Schedule, which maintains NMDHB delivery above the equitable share of national elective surgery volumes
Achievements:				
<p>Funding Model: While the implementation of new funding model is in place with the Hospital Services Provider (soon to be the Medical Surgical Services Directorate) the 2010/11 year is regarded as a handover year to identify and address any issues arising from application of the new model.</p> <p>Process evaluation of the funding versus expected service delivery is monitored monthly through the Contract Status Report.</p> <p>In the case of improved access to Elective Services Delivery, while there is overall overdelivery this is due to ESPI issues in a few areas such as Urology, ENT, General Surgery and Medicine. The overdelivery is driven by the need for ESPI compliance.</p>				
Issues:				
<p>There are some issues with ESPI compliance in Urology, Gynaecology ENT, General Surgery and Medicine. The need to address these ESPI issues is driving overproduction of elective services overall. This has implications for performance expectations in out years.</p> <p>The PROMs Pilot, while stopped officially, has continued using process improvements. The data is being collected and will be analysed and the results will inform the implementation of PROMs generally for NMDHB services for the 2011-12 year.</p>				
Implications:				
Furthering the development of the PROMs process requires a dedicated resource for this activity -- ELT is requested to approve this investment.				
Actions:				
Actions requiring ELT Approval:				
Request for a dedicated 'PROMs' analytical support - 4/10s FTE as soon as possible to assist with the process and monitoring of the programme.				

?

I4 – Quality Improvement & Innovation – promoting the ‘LEAN way’ (1 of 3)

ELT Owner:

GM S&P/GM OD

Initiative Owner:

SDs/CMO/DONM

Initiative Title & Ref No	2.2 Quality Improvement and Innovation – promoting the ‘LEAN way’			
Description	Over the last two years, we have been investing in ‘Optimising the Patient Journey’ (OPJ) to achieve better quality and safety for patients and increase staff productivity. In 2010/11 we are extending this approach by setting cost saving targets and ensuring lean processes identify waste. We are addressing the quality of our plans, information systems, our processes and procedures as part of this improvement initiative, and so will be introducing structured production planning of hospital delivered services We are committed to reducing waste and minimising error particularly through eliminating adverse events such as hospital acquired infections and errors in medications. We are strengthening our current clinical engagement and leadership processes to ensure clinicians are able to deliver gains through accountability for patient outcomes.			
Linkages	National Quality programme; regional approaches			
Benefits	More consistent services coverage and delivery; reduced adverse events; enhanced productivity; improved medicines management; more innovation in elective services delivery.			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
✓	Working with NM clinical networks, establish performance objectives to address clinically appropriate: <ul style="list-style-type: none"> · medication usage · maternity care interventions · ED visits and acute hospitalisations · end-of-life services · interventions that provide benefit. · laboratory tests, diagnostic and other procedures 	Service Directors	CMA	Performance objectives established by 30/12/10
✓	Implement district wide hospital services production planning	Service Directors	CMA	Hospital Production Planning is in place by 30/06/2011
?	Implement stage one of the Nelson Marlborough Improving Care System Plan	GM OD	DONM	All new staff attend initial orientation to the Nelson Marlborough Improving Care System 10% of existing staff are oriented to the first level of the Nelson Marlborough Improving Care System 75 staff complete the three day bronze level Nelson Marlborough Improving Care System programme

?

I4 – Quality Improvement & Innovation – promoting the ‘LEAN way’ (2 of 3)

ELT Owner:	GM S&P/GM OD
Initiative Owner:	SDs/CMO/DONM

✓	Clinical pharmacists incorporating medicines reconciliation are implemented in priority areas within the Provider Division	Service Directors	CMA	Clinical pharmacists and medicines reconciliation is implemented in ED (Nelson and Wairau) and Medical Unit (Nelson) and Inpatients (Wairau) by 30-12-10 Medication errors in ED (Nelson & Wairau) and Medical Unit Nelson and Inpatients Wairau are reduced by 50%
✓	Medicines Reconciliation/Use Review is implemented in the community	GM P&F	CMA	Community Pharmacists are appropriately engaged in delivery and supporting the service and critically linked to the Hospital Medicine's Reconciliation processes.
✓	Patient falls assessment process is actively implemented in all patient care areas	Service Directors	DONM	Hospital related patient falls are reduced by 50%
✓	Elective services quality improvement initiatives are implemented related to : <ul style="list-style-type: none"> - increasing day surgery - increasing day of surgery admissions rates - increasing theatre efficiency - PROMs 	Service Directors	CMA	Agreed performance measures for each initiative are achieved and reported to the Ministry of Health
?	National Quality Improvement Programme initiatives related to: <ul style="list-style-type: none"> - Optimising the Patient Journey - Management of Healthcare Incidents - Infection prevention and control - Safer medication management are implemented 	GM OD	CMA/DONM	All national milestones related to these initiatives are met Stage one of the Nelson Marlborough Improving Care System Plan is implemented All SAC one & two events are reported to the Ministry of Health Hand washing audits demonstrate a 75% improvement by 30-6-11 Medication errors in identified priority areas are reduced by 50%

?

I4 – Quality Improvement & Innovation – promoting the ‘LEAN way’ (3 of 3)

ELT Owner:

GM S&P/GM OD

Initiative Owner:

SDs/CMO/DONM

Achievements:

Hospital Production Planning: Work is under way to develop and implement hospital production planning.

Clinical pharmacists incorporating medicines reconciliation: The National Pharmacy Base Agreement will now incorporate activities associated with the Medicine Use Review. This will permit community pharmacists to engage with patients who would benefit from a review of their medication profile to ensure safety and compliance. NMDHB supports the inclusion of these initiatives to be incorporated into the Base Pharmacy Agreement.

Medicines Reconciliation/Use Review: We are now part of the National Pharmacist Agreement process and have therefore not progressed any local solutions.

Patient falls assessment: Falls project underway involving gerontologists and nursing staff.

Increasing theatre efficiency: Elective Admission Process (Nelson Hospital) - a workshop mapping the current admission process was held in Dec 2001 by Belinda Wheatly (Quality Advisor). A number of improvements are being implemented. Information on theatre usage is to be given to each consultant with an offer for Peter T wamley/Maureen Leggett and the appropriate theatre CNM to meet and explore solutions for improvement.

Elective services quality improvement initiatives: Currently looking at sending some lesion work to primary care to free capacity for more complex work to be undertaken.

Looking at theatre schedule and ability to alter sessions in order to improve patient flow thus allowing less elective cancellations

Issues:

Nelson Marlborough Improving Care System Plan: : The new ELT wish to reassess the organisations Quality & Safety Framework. This may impact on the planned implementation of NMICS. .

National Quality Improvement Programmes: The National Health Safety & Quality Commission has notified that their priorities for 10-11 and beyond are:

- national standardised medication chart
- reduction in hospital acquired infections
- learning from preventable adverse events in hospitals
- reviewing the current hospital satisfaction survey

Three of the above priorities are similar to those stated in the DAP but milestones need to be re stated, OPJ has been omitted and replaced with review of the patient survey

Implications:

Nelson Marlborough Improving Care System Plan: The milestones as currently stated in the DAP/BSC will not be met

National Quality Improvement Programmes: Some of the milestones as stated in the DAP/BSC will not be met

Actions:

Nelson Marlborough Improving Care System Plan: Assist ELT with reassessment of Quality & Safety Framework, integrate NMICS into revised framework, identify revised milestones as a result of the Quality & Safety Framework

National Quality Improvement Programmes: : Re state two milestones according to revised National Health Safety & Quality Commission priorities, namely:

Actions requiring ELT Approval:

Nelson Marlborough Improving Care System Plan: Approval to change milestones once outcome of Quality & Safety Framework discussion

National Quality Improvement Programmes: Approval to adjust milestones

I5 – Working smarter through working collaboratively – locally, regionally & nationally (1 of 2)

?

ELT Owner:	CE/GM S&P
Initiative Owner:	SDs/CMO

Initiative Title & Ref No	2.3 Working smarter through working collaboratively – locally, regionally and nationally			
Description	NMDHB continues to progress integration, collaboration, efficiency, effectiveness and equity of population access to services with: <ul style="list-style-type: none"> • NM PHOs through aligning funding to deliver Integrated Care • South Island Regional approaches (e.g. the SI Health Services Plan and Regional Asset Management Plan, the SI Elective Services Plan) • Central Regional approaches (e.g. services such as Cardiothoracic and Renal) • National collective approaches (21 DHB Priority Initiatives) • National Shared Services Organisation initiatives • National Health Board initiatives • Ministry of Health 			
Linkages	Local and regional initiatives including the SI-HSP and the Central Region Clinical Services Plan			
Benefits	Better care coordination, sustainable services delivery, better outcomes for patients			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
✓	<ul style="list-style-type: none"> • implement next steps for Golden Bay Integrated Community Care • assess and implement options for Murchison primary care and ARC • implement the South Island New Pharmacist Services Strategy • implement care coordination and management interventions for people with long-term chronic conditions • assess and implement options for ARC services provided at Alexandra facility 	Service Directors; GM S&P		<ul style="list-style-type: none"> • Golden Bay Integrated model progressed • Murchison services progressed • New Pharmacist Services Strategy progressed • Services for people with long-term conditions implemented • Alexandra services progressed
✓	Regional Planning <ul style="list-style-type: none"> • Collaborate on SI Health Services Plan (SI HSP), in particular: <ul style="list-style-type: none"> – regional Strategic Plan and Asset Management Plan 2010-2015 – deliver target elective volumes 2010/11 and address population equity of access – plan and implement SI regional Health of Older People services – plan and implement SI regional Mental Health services – plan and implement SI regional Cancer Services – implement SI Pharmacist Services • Collaborate with the Central Region for regional services, in particular: <ul style="list-style-type: none"> – Cardiovascular Services – Renal Services – Plastic surgical and related Oncology services 	GM S&P	CMA	<ul style="list-style-type: none"> • SI HSP Project implemented to agreed timeframes • Elective services workstreams progressed and first steps implemented Key services strengthened through alignment and partnership with Central Region
?	Maximise local capacity (facilities and workforce) to support delivery of elective services targets locally and across the South Island. Review current capacity and use of <ul style="list-style-type: none"> • theatres • day surgery • day of surgery admissions • outpatients • alternative models of care delivery, particularly Primary Care 	Service Directors	CMA	Review of current utilisation and improved utilisation plan completed by Oct 2010
✓	21 DHB Collective Initiative priorities <ul style="list-style-type: none"> • Location of national services • High cost treatments • Health procurement • Remove low value services 	CE		five most vulnerable services reviewed by June 2011; agreed risk management plans in place December 2010
✗	National Shared Agency Initiatives	CE		To be defined
✗	National Health Board Initiatives	CE		To be defined



I5 – Working smarter through working collaboratively – locally, regionally & nationally (2 of 2)

ELT Owner:	CE/GM S&P
Initiative Owner:	SDs/CMO

<p>Achievements:</p> <p>Golden Bay Achievements: 1. Property owning trust now registered and applications commenced to philanthropic organisations for institutional donations and a community contributions campaign is planned for early in 2011;</p> <p>2. Work on updating models of care is well advanced with the assistance of health planners provided via the MOH through their IFHC consortia process;</p> <p>3. Work well underway on the detailed information needed to support an application for a resource consent. This includes the detailed design of the traffic intersection to meet the requirement of NZTA. However in order for the application to be finalised we need to get agreement from the key stakeholders on an updated facility design following input from the health planner and architect provided by the MOH and the models of care working group. This is currently underway.</p> <p>4. A project manager has been brought on through the IHFC consortia to provide project management support to this initiative. Work will commence with him next week to update the project plan.</p> <p>Alexandra Hospital: services are being progressed according to plan with an EOI to go out for community provision of these services in January 2011.</p> <p>New Pharmacist Services Implementation: Pharmacist services are now being addressed through a national process.</p> <p>Regional Planning: NMDHB is participating (Peter Bramley/Derek Sherwood) in the regional planning under way to develop priorities for the delivery of Ophthalmology services across the South island. The SI Regional HOP Service Planning is on track with respect to the workplan endorsed by GMs Planning and Funding and CEOs, though Canterbury/DJHB will not be using the SI HBSS Service Specification that has been developed by the SI HOP Portfolio Managers. NMDHB will contribute</p> <p>Increasing theatre efficiency: Elective Admission Process (Nelson Hospital) - a workshop mapping the current admission process was held in Dec 2001 by Belinda Wheatly (Quality Advisor). A number of improvements are being implemented. Information on theatre usage is to be given to each consultant with an offer for Peter Twamley/Maureen Leggett and the appropriate theatre CNM to meet and explore solutions for improvement.</p> <p>Maximise local capacity to support delivery of elective services targets: Currently looking at skin lesion removal being given to primary care. Skin lesion pathway developed for implementation in 2011/12 in accordance with the objectives of Better Sooner More Convenient Care to create additional theatre capacity.</p>
<p>Issues:</p> <p>National Shared Services Initiatives: This target is still to be defined at a national level to clarify expected achievements.</p> <p>National Health Board Initiatives: The National Health Board Services Plan is not yet published. We will report on initiatives once they are confirmed.</p>
<p>Implications:</p>
<p>Actions:</p>
<p>Actions requiring SLT Approval:</p>

I6 – Transforming Hospital Provider Services

(1 of 2)

?

ELT Owner:

SDs

Initiative Owner:

SDs/CMA/DONM

Initiative Title & Ref No	2.4 Transforming Hospital Provider Services			
Description	The intention of this initiative is to transform and integrate hospital provider and primary care services in line with NMDHB's HEALTH2030 Strategy, district wide services development, the National Health Board's work on Acute Services in Provincial Hospitals, the Minister of Health's drive for Integrated Family Health Centres, the NZ Role Delineation Model and the affordability of the current model.			
Linkages	Community-based Service Directorate; Medical/Surgical Services Directorate; Clinical Support Service Directorate; Marlborough Services Directorate.			
Benefits	The Patient Journey will be optimised across the continuum of care delivery and all health and disability care resources will be optimally utilised.			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
?	Implement agreed actions from the second phase of the "shifting services project" - acute care; diabetes services; and, access to imaging diagnostics; Initiate 'District Wide Clinical Services Plans' (CSPs) for Medicine, Paediatrics, and Maternity – planned and unplanned patient pathways Implement any actions resulting from the Acute Services in Provincial Hospitals as appropriate	Service Directors, CEOs KHWM & NBPH, PHOs	CMA/DONM	Implementation initiated and completed as appropriate.
Achievements:				
NMDHB has two substantial projects underway to shift services to community based providers. They include proposals to:				
<p>1. Shift Psych-geriatric age related residential hospital (continuing care) level services from its Hospital Services Provider to a community provider. We have commenced consultation with all stakeholders which will be completed by the end of November 2010. Following consultation a decision taken as to whether to progress this transfer of services. If services are to be transferred then community based provider(s) will be sought. The timeframe for any service shift will be dependent on the availability of a facility and whether new building will be required to effect the shift. Accordingly, any service shift may occur in the 2010/2011 financial year or in the 2011/2012 year; and</p> <p>2. Create an integrated rural primary care service through the merger of the services currently provided by NMDHB, through the Golden Bay Community Hospital, by Nelson Bays Primary Health at the Golden Bay Medical Centre and the Joan Whiting Memorial Trust at their rest home in Collingwood. The merged services will be provided by Nelson Bays Primary Health from an extended and upgraded community owned facility on the existing community hospital site. The project plan currently envisages the transfer of these services to NBPH by the end of May 2011 with all services integrated on the same site by March 2012.</p> <p>Transferring skin lesion removal to primary care: A further initiative for shifting services to community based providers is the development of a Skin lesion pathway for implementation in 2011/12 in accordance with the objectives of Better Sooner More Convenient Care to create additional theatre capacity.</p> <p>Endoscopy Review: An Endoscopy Review is being undertaken with the Ministry of Health on equity of access and improved timeliness of delivery.</p> <p>Preadmission procedures: Elective Admission Process (Nelson Hospital) - a workshop mapping the current admission process was held in Dec 2001 by Belinda Wheatly (Quality Advisor). A number of improvements are being implemented. Information on theatre usage is to be given to each consultant with an offer for Peter Twamley/Maureen Leggett and the appropriate theatre CNM to meet and explore solutions for improvement.</p> <p>Over the past year we have also been working with clinicians across the continuum to identify services to be shifted to primary care and effect service change. A key focus of this work has been on better managing acute presentations for a number of conditions such as DVT and cellulitis that present to the DHB's ED. Through this process clinical guidelines have been developed and in use for the management of suspected DVT in primary care and a business case developed to support the treatment of cellulitis in primary care.</p> <p>Moving forward, we will be providing a stronger focus and mandate to this work through:</p> <ol style="list-style-type: none"> 1. The development of the Nelson Marlborough Health Alliance between NMDHB and our two PHOs; and 2. The stronger focus on engaging clinical leadership, and patient centred service delivery, across the care continuum within the new DHB Executive Leadership Team. <p>This has seen a number of new work streams initiated to provide better sooner more convenient Primary Health Care for patients. This includes work on:</p> <ul style="list-style-type: none"> • Stepped Care Mental Health • Pain • Morbid Obesity • Diabetes • Dementia Pathway • Cardiology 				

I6 – Transforming Hospital Provider Services

(2 of 2)

?

ELT Owner:	SDs
Initiative Owner:	SDs/CMA/DONM

Issues:

The Funding/Finance Management Committee process is being completed and involves a bottom-up level of mandated authority to implement service improvements as well as a top-down level of over-view and alignment with regard to statutory and regulatory processes and procedures. Completing these issues has delayed some of the implementation of those programmes that would be considered 'significant' service change under the new Operational Policy Framework.

Implications:

Implementation of some 'shifted services' will be minimally delayed but the expectation is that these services will be in place by the financial year end.

We will need to look carefully at DAP 10/11 commitments to the 11/12 and 12/13 years, assess Directorate priorities against these and work out what individual and cross Directorate commitments we can make. Also key is the way "shifting services project" morphs into a work programme under the NM Health Alliance.

It is essential that we focus on the critical changes to move forward. A major aspect of this is expectations around the NM health alliance priorities. Regional priorities and Ministerial priorities (e.g. Bariatric surgery is high on the list). Discussions with Clinical Directors will continue on confirmation of actions for the three work streams: an Alliance Framework, Clinical Services Plans and Clinical Pathways. It is expected that the future priority will be on clinical leadership to develop efficient programs of care of which Clinical Pathways are an integral part. This process will require transformation of the Clinical Services Plans, as well as Community and Hospital practice.

Actions:

Strategy and Planning to complete a draft of the changes/updates of the FMC Processes.

Actions requiring ELT Approval:

That ELT approve the updated FMC Processes.

I7 – Hospitals Redevelopment Programme – Wairau, Nelson, Alexandra & Murchison

?

ELT Owner:	SDs/BD SEC
Initiative Owner:	SDs/CMA/DONM

Initiative Title & Ref No	3.1 Hospitals Redevelopment Programme – Wairau, Nelson, Alexandra and Murchison			
Description	We are progressing the redevelopment of our hospital facilities to provide the right environment for modern, safe health and disability services delivery aligned to the South Island Health Services Asset Plan.			
Linkages	Regional and National asset management plans; SI-HSP; HEALTH2030			
Benefits	Improved practice and better patient outcomes; improved productivity			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
✓	Site Redevelopment Wairau Hospital	Business Development Manager	CMA/ DONM	Completed 30/11/10
?	Stages 2 and 3 of Business case for Nelson Hospital Redevelopment completed	Board Secretary	CMA/ DONM	Completed 30/11/10

Achievements:

Final completion date for Wairau redevelopment is 16 February 2011. Mediation with architects on fee claims has been resolved. Claim against QS being formulated. Emphasis of the business case for the next stage of the Nelson Hospital redevelopment has moved towards identifying interim solutions. This reflects the latest signals from the CAC that the project is unlikely to be approved as part of the national health capital budget at this time. Scope of the project being examined to reflect the after hours project and recommendation to relocate psychogeriatric acute services on site.

Issues:

Ministerial approval is required for the change to Churchill Trust leasing land on the Wairau site and building its own facilities. The scope of changes in the surgical outpatients area at Nelson Hospital will not be as great as the Rutherford Initiative expected due to increasing numbers in other sub specialties. This issue to be examined as part of the larger project ie after hours and psychogeriatric. Outcome of consultation may impact on the scope of this project. Value management exercise in December on the current Nelson plans failed to reduce the variances to budget. Design work on hold while scope is re-examined.

Implications:

Wairau project being over budget following architect fee claim settlement and the quantity surveyor's error in reporting. Continued pressure on beds at Nelson Hospital while the over budget position is resolved. Milestone will not be achieved. Level of frustration within GP community while the after hours project is re-examined, especially in light of private developments in Nelson.

Actions:

Seek Ministerial approval for Churchill lease and change in scope to Wairau project. Revise project scope once consultation re psychogeriatrics and ophthalmology completed and after hours facility resolved.

Actions requiring ELT Approval:

Completion date for Wairau Hospital changed to 16 February 2011. Clarification on scope of Nelson site project.

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



ELT Owner:	SD CB
Initiative Owner:	GL - DENTAL

Initiative Title & Ref No	3.2 Implement the Oral Health Services Business Case – School Dental Service			
Description	We are continuing the implementation of redesigned oral health services for those aged 0-18 years.			
Linkages	National School Dental improvement project; national procurement approach			
Benefits	Better oral health for school children; better retention and recruitment of dental therapists/hygienists			
Status	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
	Commence implementation of stage two of the oral health business case	Service Director Primary and Community	Geoff Lingard	Stage 2 completed by 31/12/11

Achievements:

One clinic (Motueka) is nearing completion requiring only the installation of equipment and training (6 weeks ahead of schedule).
 Three other clinics are under construction and on target for completion in the new year.
 Tender has been awarded for the final clinic on DHB land (Franklyn Street).
 Equipment for the clinics has all arrived and is on site in NMDHB containers for installation in the new year.
 Negotiations with the PSA have begun and will continue in the New Year.

Issues:

Staff change of conditions to meet the Ministry of Health criteria.
 Change in ELT leadership in relation to Sponsorship and Operational level.

Implications:

Staff training may be delayed for the new environment.
 Decisions may be delayed where sign off is required by PM.

Actions:

Work with staff and PSA to resolve.
 Ensure decisions which require sponsor or DM decisions are planned where possible.

Actions requiring ELT Approval:

Nil

Initiative Title & Ref No	3.3 Implementation of the Next Stage of the ISSP			
Description	<p>For the last two years, NMDHB has been a member of the Health Management Systems Collaborative (HMSC), working to develop an environment that enables clinical transformation (ENACT), and focuses on the patient rather than the provider of service. Following the MRG Report, the ENACT programme has been reviewed and it has been agreed with the National Health IT Board that its vision and clinical engagement approach be incorporated into the wider sector thinking around transitioning from the existing, fragmented systems throughout the sector towards a system that allows all engaged parties to access common data and to pursue more centralisation of transaction systems. NMDHB will support this being done through the 20 DHBs Collective Information Portfolio. It will be vital to ensure that the strong clinical engagement, from both primary and secondary/tertiary, is maintained and enhanced. In addition, NMDHB will continue to develop, on an interim basis, those key systems required for our Clinical Intranet and to maintain necessary functionality pending the development of the national approach. In doing so, we will be mindful of ensuring that as much of this work as possible is able to contribute to the longer term goal, to minimise the potential for duplicative or wasted investment. NMDHB's current Patient Management System (PMS) is approaching its end of life. Whilst support has not been terminated by the vendor, components of the application are outdated and expensive and difficult to replace/support. The existing system lacks key functionality, such as the ability to build inbound electronic interfaces which dramatically reduce the utility of the system.</p>			
Linkages				
Benefits				
Timeframe	Actions	ELT Leadership	Clinical Leadership	Measures of Success / Milestones
✓	Business Case exploring opportunities for the replacement of the Patient Management System	Chief Information Officer	Chief Medical Adviser	Business case completed by June 30
?	Implementation of a solution for e-referrals	Chief Information Officer	Chief Medical Adviser	Implemented by June 30
Achievements:				
Issues:				
e-referrals is being directed as national project, with the current implementation occurring in the Auckland metro region being the model for a regional implementation. The National Health IT Plan indicates this functionality should be available in the Auckland DHBs by 12/2011, with functionality available to all other DHBs by 6/2012.				
Implications:				
NMDHB will not be able to implement e-referrals prior to the Auckland DHBs implementation.				
Actions:				
Actions requiring ELT Approval:				
Changing the e-referral implementation target to align with the National Health IT Plan, to 6/2012.				

I10 – Continue to implement the Maori Health & Wellness Strategic Plan (1 of 2)

ELT Owner:	GM S&P/DMH
Initiative Owner:	GM OD/DMH/PM

Initiative Title & Ref No	4.2 Continue to implement the Māori Health and Wellness Strategic Plan			
Description	The NMDHB Māori Health directorate continues to implement the Māori Health and Wellness Strategic Plan, under the guidance of the IHB, and build on the achievements made since 2009/10.			
Linkages	<p>This project links to the following core strategies for NMDHB:</p> <ol style="list-style-type: none"> 1. Regain Viability (financial and workforce) 2. Increase Productivity (value for money) and Responsiveness (quality and collaboration) 4. Improve Health and Participation (level, equity, well-being and independence) 			
Benefits	<p>NMDHB Expects to see the following key benefits emerge within the next 12 months:</p> <ul style="list-style-type: none"> • Improved coordination of Māori health services across Te Tau Ihu. • Reduced service duplication and enhanced service coverage through provider hubs that are targeted toward population health needs (e.g. Tane Ora, Disease State nursing etc). • Improved working relationships with primary health care and greater involvement with PHO service developments. • Alignment of work programme to national requirements under Whanau Ora. 			
Status	Actions	ELT Leadership	Māori Health Leadership	Measures of Success / Milestones SHORT TERM
✓	Extend the Whānau Ora contracting process across the District	GM PFP	DMH	New services specifications aligned to Wellbeing, Māori Population Health and Wellness have been established. All Māori health providers have been transitioned onto the new service specifications.
✓	Continue to implement the Joint Agency Māori Health Strategic Action plan and include other sector agencies	DMH	PM	The action plan is implemented in accordance to agreed milestones. Other sectors (Corrections/ WINZ/Police/Education) have agreed to participate in the Action Plan.
✓	Review and consolidate the implementation of the new services being rolled out (Tane Ora, Palliative Care, Kaumatua Ora and Pathfinder Service).	GM PFP	DMH	New service specifications and contracts signed. The impact of additional 'throughput' volumes are being monitored against the planned efficiencies for these services.
✗	Implement the Māori health workforce plan	DMH	GM OD	All milestones listed in the workforce plan have been implemented against agreed timelines.
✓	Continue the roll-out of He Taura Tieke to PHO, Hospice and wider NGO sector	GM PFP	DMH	New sites have been identified and NGO's have agreed to participate.
✗	Complete a review on the Whānau Ora Programme and its implementation	DMH	PM	A stocktake is completed by December 2010.
✗	Implement the Rutherford Initiative findings	DMH	PM	Rutherford findings are implemented against the reported timelines.



I10 – Continue to implement the Maori Health & Wellness Strategic Plan (2 of 2)

ELT Owner:	GM S&P/DMH
Initiative Owner:	GM OD/DMH/PM

Achievements:

Extend Whanau Ora Contracting - In Progress . A review to the new established Whanau Ora Palliative Care, Hauora Tane and Kaumatua Services have noted some concerns about the provider leadership model, reported requirements and general communications. With this knowledge, these contracts will be altered and improved. In addition, as part of the 'Coalition' developments participating providers are also exploring Whanau Ora contracting method for future service deliver. A workstream is now being developed to support this discussion. Sitting outside of this are the three Maori health providers who have, as part of Whanau Ora nationally, joined He Oranga Pounamu based in Christchurch. Work with these three providers will start in the next few months to explore how services will be aligned to the need of the district.

Implement Joint Agency Maori Health Strategic Action Plan - In Progress. The previous report indicated problems with DNAFSA data. He Pukenga Hauora and the newly appointed Portfolio Manager continue to monitor the quarterly data reports. Discussions with the Ministry of Social Development continue in regards to them being party to this action plan. The DHB has had a request from Nelson Bays and Kimi Hauora PHO's to review the JAMHSAP. Their request is based on two areas of interest - Maori Health Plans now being rolled out nationally and changing priorities within their own organisations. The DHB has indicated that it will work with the PHO's and start a process of review.

Review and consolidate new services - In Progress . The review on Hauora Tane, Palliative Care and Kaumatua Ora have been completed. The reports are nearing their final phases. These have been delayed due to the Portfolio Managers departure in August 2011.

Implement Maori health workforce plan - Not Started . This project will start in February 2011. Wider consultation on the draft plan will be needed with the community before being submitted to the DHB Board of approval.

Continue to roll out Taura Tieke (PHO & Hospice) - In Progress. Work continues with this project. Kimi Hauora and Nelson Bays PHO's have completed their baseline reviews. Feedback has been provided by the lead contractor Joanne Doherty.

Complete a review on the Whānau Ora Programme and its implementation - Not Started . This review is a stocktake on progress to date (started in 2008) and to determine what changes maybe needed to achieve the desired result for Whanau Ora regionally.

Implement the Rutherford Initiative findings - Not Started . The latest update from the Rutherford is that the review on Maori health will start in January 2011.

Issues:

Jeremy Tumoana has been recruited to the position of Portfolio Manager, Maori Health and Whanau Ora. He took up his new role on 20 December 2010. The only capacity issue will be time needed for him to come up to speed with district wide planning for Maori health and Whanau ora (regionally).

Implications:

JAMHSAP will be reviewed during the 3rd and 4th quarters of this year with the PHO's and other stakeholders who are party to the plan.

ELT working document to be developed with each service directorate identifying areas of commitment to achieve Maori health and Whanau ora. A first draft to be developed by April 2011 following discussions with Service Directors and Clinical Directors.

Implementation of the Maori Health Workforce Action Plan. The DHB will be working towards a cost neutral strategy to implement this document. A project plan will be developed with timelines for consultation.

Actions:

None to report.

Actions requiring ELT Approval:

None to report.