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3.1 NMDHB’S ANNUAL PLAN AND STATEMENT OF INTENT - 2013/14 PRIORITIES AND TARGETS

The following sections describe how NMDHB (including stakeholders) is addressing our local and regional Key Initiatives as well as the Government’s health targets and priorities. Each initiative and priority is presented as a visual map, built using DoView (www.doview.com) outcomes software designed by Dr Paul Duignan (a NZ academic). Each visual map sets out the main actions needed to achieve the higher-level results (impacts and outcomes) NMDHB expects to achieve and identifies measures that provide evidence of the progress on each action.

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18 Colours in each of the visual maps represent: Yellow – NMDHB Initiatives; Blue – Actions; Pink – Government Targets/Priorities
Initiative 1: Assuring an Integrated System of Care through the Nelson Marlborough Health Alliance (NMHA)

Context
As of 1 July 2013 the new PHO Services Agreement comes into effect. Under the agreement Nelson Marlborough District Health Board, Nelson Bays Primary Health and Kimi Hauora Wairau Marlborough PHO have reinvigorated the Nelson Marlborough Health Alliance (NMHA). The NMHA takes a collaborative approach towards clinical and services integration by focusing on primary care including: strengthening PHO roles, functions, and results; ensuring accountability and alignment with Government priorities and National Health Targets; organising a Performance and Incentive Framework; bringing care closer to home. Attributes of ‘good clinical integration’ to be delivered include: coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-focused (acceptable). This is evidenced by the NMHA implementing an active and ongoing programme to evaluate and modify practice patterns by the Alliance’s providers and to create a high degree of interdependence and co-operation to control costs and ensure quality.

Objectives
Reconfiguring primary and community system to deliver services improvements and value for money; reducing demand on acute hospital service; increasing access to a range of services in a primary and community setting to deliver care closer to home to specialist nursing, allied health professionals and medical services to primary care; accelerating achievement of the health targets.
Initiative 2: Accelerating implementation of actions to achieve the financial recovery programme, including Rutherford recommendations and the required ‘change management’

Context
The Rutherford Initiative\(^\text{1}\), which began over four years ago to take a line-by-line ‘value for money’ review of all of our expenditure, is a key component of the financial recovery programme.

Objectives
Implementing the financial recovery programme ensures that NMDHB achieves a breakeven financial result at 30 June 2014.

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\(^{1}\) The Rutherford Initiative commenced in May 2009 to review line by line all services contracted for or provided by NMDHB.
Initiative 3: Increasing our full time staff proportion while maintaining flexibility

**Context**
NMDHB currently has a ratio of part time to full time staffing (particularly, for nursing, allied health and administrative clerical staff) which has a high percentage of part-time over full time employees. Analysis shows that it would be more appropriate from a quality, safety and financial perspective to employ a greater proportion of full time to part time staff. NMDHB has utilised Trend Care systems for capturing rostering data but has not extracted value from the investment in the system to its full extent.

**Objectives**
NMDHB is reconfiguring the current staffing model of part-time/full-time mix and type beginning with nursing staffing and progressing to allied health and administrative clerical staffing; implementing a centralised rostering system for NMDHB nursing services utilising Trend Care Systems and ensure maximum staff resource utilisation. Other groups such as Allied Health and Clinical Administration are also under consideration.
Initiative 4: Improving the quality, safety and efficiency of ‘Top of the South’ acute services

Context
NMDHB currently operates two 24/7 acute care hospital services in Nelson and in Wairau some of which are associated with quality of care issues at a high cost. A Top of the South Acute Services Review was initiated in May 2013, by the NMDHB Board. The Review supports:
- Clinical quality/safety and financial sustainability
- Cost effectiveness and maximising resources of acute services in the Nelson/Marlborough district
- Consistent access to, and provision of, services across the district for patients based on need.

Objectives
The first services reviewed are orthopaedic surgery, general medicine, and general surgery (one service, two sites). Implementation of recommendations from the Review is subject to Board agreement (includes timeframes and benefits realisation). Any service changes that meet the definition of ‘significant’ are to be agreed by both the NMDHB Board and the Minister (Operational Policy Framework – Significant Service Change).
Initiative 5: Ensuring ‘value for money’ in our diagnostic imaging services through implementing the recommendations from the review of these services

Context
As part of the Initiative 4, NMDHB is reviewing hospital-based imaging services, including those that are community referred. NMDHB currently has two differently provided hospital-based imaging services. Nelson hospital operates a gate-keeping approach using expert radiology and ensuring appropriateness of imaging referrals and timeliness of imaging reporting. Wairau hospital operates a fee-for-service imaging production that has demonstrated a growth over the past two years that exceeds the population demographic growth of Marlborough. Other South Island DHBs (Southern, South Canterbury) are reviewing imaging services; NMDHB will align with the regional approach on imaging.

Objectives
Implementation of recommendations from the Review is subject to Board agreement (includes timeframes and benefits realisation). Any service changes that meet the definition of ‘significant’ are to be agreed by both the NMDHB Board and the Minister (Operational Policy Framework – Significant Service Change).
### Initiative 6: Implementing Top of the South controls to eliminate inappropriate inter-district flow (IDF) to tertiary providers

#### Context
NMDHB currently has experienced a growth in inter district flow procedures to other DHBs that exceeds our population growth. At the same time we continue to maintain the same cost structure despite our required elective target for the population not increasing. This has resulted in increased expenditure over revenue.

#### Objectives
NMDHB is accelerating the process for managing IDF flows in a sustainable way; reconfiguring our local cost structure and taking account of appropriate IDF growth.

**Diagram: Implementing ‘Top of the South’ processes to reduce inter-district flow (IDF) to tertiary providers**

- **Living within our means financially**
  - Implement agreed district wide controls for IDF's
  - Progress improved reporting to and from tertiary providers and internally
    - No patients inappropriately referred to tertiary care reported quarterly
    - Regular reports generated monthly to Managers
    - Weekly reports provided by DHB of service on elective referrals from 31 July 2013
    - Regular monthly reports distributed to clinicians
3.2 PRIORITIES AND TARGETS: Policy and Service priorities and related targets – Government expectations

As part of the focus on ‘living within our means’ the Minister’s letter of expectations for DHBs 2013/14 requires NMDHB to lift productivity while keeping to budget. Our activities in NMDHB include:

- addressing the productivity of our services delivery model within all our hospitals to maximise the quality of our service and to reduce the cost of our services
- matching our delivery capability and capacity to achieve the national health targets and to live within our means
- ensuring consistency of delivery and access to services district-wide (this includes the following services in particular, acute surgery, secondary maternity, cardiology)
- NMDHB, with our alliance partners, are strengthening service integration across the continuum of patient care delivery and across settings of care (facility, hospital, community, home, mobile, virtual etc). We are collectively working to broaden our planned activities and quicken our momentum towards fully integrated services. We are doing this through reducing waste and duplication of resources, through ensuring timely access and more importantly through addressing quality and safety of care provided. Our activities through the NMHA include:
  - coordinated management of people with long-term conditions including progressive implementation of ‘single point of coordination' through the NMHA to ensure more ‘wrap-around care’ for those who might benefit including access to the new Community Pharmacist Services Long Term Condition Service,
  - management of the demand for urgent and unscheduled acute care and particularly readmissions through implementing the NM predictive risk score to address improved discharge planning, discharge medicines reconciliation, increased ability for GP practices to provide access to interventions to better manage the risk of readmission, continuing the free after hours care for under six-year-olds, ensuring rural after-hours delivery, enhancing access to Community Pharmacist Services,
  - supporting patients to be cared for better in their homes (this includes rapid response teams, use of new technologies and access to needs assessment, Community Pharmacist Services and progressively implementing a range of creative and responsive district nursing service delivery models,
  - supporting timely expert nursing and specialist access to community and primary care providers.

In the following DoViews, NMDHB has framed the Government Priorities and National Health Targets, with related key objectives described in the pink boxes. These Objectives, and related Actions and Measures, indicate our approach to achieve ‘better, sooner, more convenient' health and support services that meet the needs of New Zealanders within sustainable publicly funded delivery models. As can be seen these groupings involve systems improvement, services improvement, the work DHBs are expected to do to advance other Government Agency priorities, the Minister of Health’s priority areas and the National Health Targets. Last but no means least we must do all of this while being financially responsible with the taxpayer funds entrusted to us..
Context
A significant number of young people in New Zealand will experience mental health problems during adolescence. Problems such as depression, anxiety and substance abuse can have life-long consequences. As part of the 22 initiatives identified within the project, the Ministry of Health is leading seven initiatives, of which DHBs will contribute to five. NM DHB is developing services that improve primary care responsiveness to youth with mild to moderate mental health issues, for example a single point of access for children and young people to both primary and specialist services.

Objectives
The Nelson Marlborough Health System ensures better mental health and wellbeing for young people – including sub-groups of the population at comparatively higher risk of mental health issues, such as Maori and Pacific.
Maternal and Child Health

Context
Better Sooner More Convenient health services (BSMC) for mothers, babies and children and their families means families do not have to navigate multiple systems in order to access the services they need. Supporting vulnerable children contributes to the Government’s overall priorities by improving services and reducing avoidable expenditure in the justice, health and welfare systems – helping to deliver better public services within financial constraints and helping to build more competitive and productive economy. NMDHB is both supporting and contributing to actions outlined in the Better Public Services Action Plan, led by the Ministry of Education, to increase in the participation in quality early childhood education.

Objectives
For the Nelson Marlborough Health System this ensures that children and their families have improved access to services that maintain good health and independence and that all vulnerable children and families are identified and offered the services they need to enjoy good mental and physical health and wellbeing.
Better Public Services - Supporting Vulnerable Children

Health Target: Increased Immunisation
- 85% of eight months olds will have their primary course of immunisation on time by July 2013, 90% by July 2014 and 95% by December 2014
- Implement processes to facilitate opportunistic vaccinations of children presenting to hospital
- Process designed and implemented by 30 June 2014
- 95% of newborns enrolled on the NIR at birth (measure NIR)
- 90% of newborns enrolled within 4 weeks

Contribute to the Children’s Action Plan (CAP)
- Establish governance arrangements & engagement processes within the DHB & with primary & community partners for implementation of the CAP
- Governance group established by 1 October 2013
- Complete a stocktake of services for vulnerable pregnant women, children and parents
- Stocktake completed by 31 December 2013
- Train clinicians in priority services in recognising signs of maltreatment / abuse & ensure appropriate internal policies & processes for reporting
- 50% of hospital clinicians in priority areas are trained
- Strengthen Family Violence Intervention across the DHB & agency relationships through the MOU with Child Youth & Family & Police
- Meetings at least twice yearly with CYF and Police under the MOU on operations and service development
- Support implementation of Shaken Baby Prevention programmes
- 3 education sessions in Shaken Baby prevention by 30/06/14
- Local implementation the National Child Protection Alert System
- Actions taken towards implementation completed
- Continue to support the cross-agency strategy, for children in care, including the provision of Gateway Assessments
- Actions contributing to strategy on children in care

Rheumatic fever prevention regionally
- Participate in the development & implementation of the South Island plan for rheumatic fever
- South Island Plan developed by 31 October 2013
- Hospitalisation rates per < 0.6/100,000 DHB total population for acute rheumatic fever in the South Island
- Implement effective, evidence-based preventative Public Health interventions
- One public health intervention actioned by 30 June 2014
- Roll out national guidelines and NM clinical pathways for sore throat management
- National guidelines implemented locally by 30 June 2014
- Update local ongoing prophylaxis pathway for patients with a past history of rheumatic fever
- Pathway updated by 30 June 2014

Early childhood education (ECE)
- Contribute to initiatives that help to locate, engage & retain vulnerable children in quality ECE
- Top of the South PHS/PHO/NGO health promotion plan has ECE work stream
- Support health services to link children to early childhood education by working with the Ministry of Education to disseminate information & confirm pathways
- Information developed & disseminated & pathways confirmed by 31 March 2014
**Context**
Better, Sooner, More Convenient health services for New Zealanders in relation to Cancer means all New Zealanders can easily access services, in a timely way to improve overall cancer outcomes.

**Objectives**
The Nelson Marlborough Health System ensures all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Patients with cancer have access to services that optimise good health and independence; patients with cancer receive equitable services wherever they are; services make the best use of available resources across the whole cancer pathway (screening, detection, diagnosis, treatment and management, palliative care).

### Health Target - Cancer Services

**All patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy**

<table>
<thead>
<tr>
<th>Faster Cancer Treatment Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>62 day indicator - proportion of patients referred urgently with a high suspicion of cancer who receives their first cancer treatment (or other management) within 62 days by 30 June 2014</td>
</tr>
<tr>
<td>14 day indicator - proportion of patients referred urgently with a high suspicion of cancer who have their first specialist assessment within 14 days by 30 June 2014</td>
</tr>
<tr>
<td>31 day indicator - proportion of patients with a confirmed diagnosis of cancer who receives their first cancer treatment (or other management) within 31 days of decision-to-treat by 30 June 2014</td>
</tr>
<tr>
<td>100% of patients ready for treatment wait less than 4 weeks for radiation or chemotherapy interventions</td>
</tr>
</tbody>
</table>

**Cancer Nurse Co-ordinator service works to support people with cancer to access timely care across the continuum, in particular local delivery of chemotherapy and regional radiotherapy services**

- Cancer Nurse meets the national KPIs reported quarterly
- Enable and support Cancer Nurse Co-ordinators attendance at national and regional training and mentoring forums.
- Cancer Nurse Co-ordinator attendance recorded and reported quarterly
- Cancer nursing workforce, retention and capacity monitored to ensure performance with chemotherapy wait times
- Waiting times meet national targets reported quarterly
- Priorities identified in the national Prostate Cancer Quality Improvement Plan (PCQIP) are implemented
- Action plan aligned to the PCQIP agreed by 30 September 2013
- Agreed priorities in the action plan being implement and reported quarterly from 30 September 2013
- NMDHB and the NMHA Participate in local and regional cancer networks and SLA workstreams
- Numbers of NMDHB & NMHA aligned staff who are members of cancer networks reported quarterly
- National referral criteria used for direct access to outpatient colonoscopy
- National referral criteria utilised for direct access by 31 December 2013
- The national Prostate Quality Improvement Plan is implemented
- Programme implemented locally aligning to Ministry of Health expectation and progress reported quarterly

**Progress delivering cancer multidisciplinary meetings based on the actions agreed in the 2013/14 annual plans and additional actions using the funding for multidisciplinary meetings (MDMs).**

- The number of local NMDHB patients discussed at MDMs in a six month period increases over the previous six months for the period ending 30 June 2014.

**Support the regional implementation of a clinical data repository for cancer**

- Clinical data that meets requirements of the repository provided and confirmed with quarterly reporting
- MOSAIQ (a comprehensive oncology information management system) rolled out by 30 June 2014, through SIAPO

**The national lung tumour standard is implemented and work to inform other national tumour standards continues.**

- Standards implemented locally and progress reported quarterly
- Priority areas in National Medical Oncology Models of Care Implementation Plan 2012/13 are implemented
- Priority areas locally implemented and progress reported quarterly

**The NMHA, through clinically-led pathways, facilitates primary care involvement in reducing waiting times for patients with cancer.**

- Waiting times meet or better the national Health Target reported quarterly
- The national Endoscopy Quality Improvement Programme (EQIP) is implemented
- Programme implemented locally aligning to Ministry of Health expectation and progress reported quarterly
**Diagnostic Services**

**Context**
The Nelson Marlborough Health System ensures appropriate access to hospital-based diagnostic imaging tests by primary care providers to support the optimal care for their enrolled population and ensures that the delivery of ‘community-based imaging’ is evidence-based and affordable to NMDHB.

**Objectives**
Achieve identified waiting time targets by more efficient use of existing resources; making improvements to referral management and patient pathways; and investing in workforce and capacity as required.
NMDHB aims to achieve its health target of elective discharges as part of the New Zealand health system’s approach to increase the number of elective discharges provided. The Nelson Marlborough Health System continues to: maintain elective discharges; ensure appropriate access to first specialist assessments; reduce waiting times for people requiring elective services; improve prioritisation and selection of patients; support innovation and service delivery; and, reduce follow up visits. Nelson Marlborough already achieves above or at the standardised discharge ratios for elective services and meets the national elective services targets.

**Objective**
People have shorter waiting times for elective services meaning they receive better health services, and can regain good health and independence sooner.
### Context
Better Sooner More Convenient Health Services for New Zealanders in relation to Cardiology and Cardiothoracic Services requires improved and more timely access to services. NMDHB is working regionally with the Central Network to achieve improved regional services. Nelson Marlborough already achieves above the standardised intervention rate for cardiac services and acute coronary syndrome patients.

#### Objectives
Within affordability constraints maintain appropriate cardiac surgery and ACS discharges; maintain needs-based access to cardiac diagnostic services and specialist assessments; reduce waiting times for patients requiring ACS and cardiothoracic services; and, improve prioritisation and selection of cardiac surgery patients.

### Faster Access to Cardiac Services, particularly Acute Coronary Syndrome

<table>
<thead>
<tr>
<th>Action</th>
<th>Baseline</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a baseline for patients and high risk ACS patients receiving a risk assessment and classification within the expected timeframes</td>
<td>Baselines developed by 1 July 2013</td>
<td></td>
</tr>
<tr>
<td>An audit of Outcomes of the first 1000 Percutaneous Coronary Interventions (PCIs) undertaken and action taken on recommendations</td>
<td>Actions completed by December 2013</td>
<td></td>
</tr>
<tr>
<td>Use the CPAC tool to ensure consistency of clinical prioritisation for cardiac surgery patients and treating patients in accordance with assigned priority and time waiting</td>
<td>CPAC tool 100% utilised - bi-annual audit of utilisation undertaken</td>
<td></td>
</tr>
<tr>
<td>Implement a cardiac services 'single service two sites' approach through local and regional pathway development</td>
<td>Cardiac service pathways completed by 31 March 2014</td>
<td></td>
</tr>
<tr>
<td>Top of the South patients have equitable access to the service as measured by</td>
<td>Top of the South patients have equitable access to the service by 31 March 2014</td>
<td>Review completed by December 2013</td>
</tr>
<tr>
<td>Cardiology department to complete a review of the angiogram waiting list through its quality assurance framework by December 2013</td>
<td>Agreement reached about access criteria for angiography by 30 January 2014</td>
<td>Recommendations of the review actioned by 30 June 2014</td>
</tr>
<tr>
<td>Implement nationally agreed protocols, processes and systems to ensure prompt risk stratification of suspected ACS patients Non ST-Elevation ACS (NSTEMACS)</td>
<td>Protocols, process and systems in place by 31 December 2013</td>
<td>Pathway developed by 31 December 2013</td>
</tr>
</tbody>
</table>
NMDHB & NMHA Priorities under the National Mental Health and Addiction Service Development Plan

Context:
The national Mental Health and Addiction Service Development Plan (SDP) articulates prioritised service developments for the next 5 years. The Plan aims to ensure that across the spectrum of health promotion, primary, specialist treatment and support services access and responsiveness will be enhanced; integration will be strengthened while improving value for money and delivering improved outcomes for people using services.

Objectives
The Nelson Marlborough Health System continues to: actively use our resources more effectively; builds infrastructure for integration between primary and specialist services; cements and builds on gains in resilience and recovery; undertakes a gap analysis between the actions identified in the Service Development Plan and the current service provision model.
Contributing to Whanau Ora Outcomes

**Context:** The Nelson Marlborough Health System continues to contribute to Whanau Ora by: maximising the opportunity to support and build capacity and capability of provider collectives to support the growth towards mature providers; working in a seamless and integrated way with other parts of the social sector and delivering improved outcomes and results for Whanau.

**Objectives:** Contributing to Whanau Ora provider collectives to transform to a Whanau-centred integrated approach to deliver improved Whanau health and other social outcomes.

**Reporting:** Nelson Marlborough is caught between two Whanau Ora catchments – Central Region and Te Waipounamu. The DHB has three providers who are affiliated to the Te Waipounamu Whanau Ora Network. The quarterly updates to TPK will ensure they are informed about decisions in this district.
HEALTH TARGET - More Heart and Diabetes Checks and Diabetes Care Improvement Planning

Context
Demands on the health system are increasing with a tight fiscal situation. An aging population, long term conditions, and the needs of vulnerable populations are placing greater pressures on the health system. The Nelson Marlborough Health Alliance is working to develop district-wide service models of care, focussing on patients with long term conditions that ensure coordinated health care through multidisciplinary teams.

Objectives
The Nelson Marlborough Health System delivers care for patients with cardiovascular and diabetes by enhancing risk assessment and proactive primary care services. This approach requires: prompt identification of at-risk people; timely effective assessment and management of their risk factors in primary care; effective self management of their risk factors and their diagnosed conditions; and, close primary care and secondary care clinical integration centred on the patient.

Health Target - More Heart and Diabetes Checks

90% of the eligible adult population will have had their cardiovascular disease (CVD) risk assessed in the last five years by 30 June 2014.

More heart and diabetes checks

- Redevelop the clinical programmes operated within Primary Care across the top of the South
- Clinical programmes redeveloped by 30 September 2013
- # of heart checks measured quarterly, show increases over the previous quarter
- Generate accurate performance data and report back to each practice with benchmarking and easy identification of patient status
- 100% of general practices receive quarterly feedback on performance from 30 September 2013
- Customised support for increasing vascular risk assessments negotiated and provided with each General Practice team
- By 30 January 2014 every General Practice has an individual programme of organisation support
- The PHO Performance Programme payment structure to General Practices is redeveloped to allow ‘up front’ investment by General Practice teams to achieve more vascular risk assessments
- Payment structure changed by 30 September 2013

Support PHOs to develop and implement a shared information system and standardised models of care

- Shared Information System introduced by 31 July 2013
- Models of Care for heart and diabetes checks introduced by 31 December 2013

Further use of nurse-led clinics to improve access and settings outside of a General Practice Setting, such as large employers and Marae

- Quarterly reporting indicates increasing numbers of heart and diabetes checks undertaken outside of general practice setting from 30 September 2013
- Involve Maori health services and other providers in identifying eligible individuals, undertake CVD risk assessments, and refer to General Practice

Quarterly reports identify equitable delivery of CVD risk assessment to Maori from September 2013

- The NMHA will determine incentives for delivery of more heart and diabetes checks utilising, at a minimum, the $223,000 currently used for diabetes checks
- Incentive framework changed by 30 September 2013
Through the NMHA, the Diabetes Care Improvement Programme (DCIP) is implemented

90% of the eligible population will have a diabetes annual review by June 2014

Through the Nelson Marlborough Health Alliance (NMHA) Improving care for people with Diabetes

- Redevlop the DCIP model of care to ensure improved patient access resulting in more heart and diabetes checks meeting the National Target and Government expectations
- Clinical programmes implemented by 30 September 2013
- Reorganising the model of care to allow Diabetes Nurses to spend more of their time within General Practice and community settings
- Diabetes nurses are housed in a community setting by 30 September 2013
- Maori and high needs community who are diabetic have improved health outcomes through targeted services and education
- Maori and high needs population have access that equitably addresses their need as measured quarterly
- Customised support for increasing diabetes review coverage negotiated and provided with each General Practice team
- By 30 January 2014 every General Practice has an individual programme of support
- Improve or maintain appropriate management of microalbuminuria or overt nephropathy in patients with diabetes
- Of enrolled people aged 45-74 in the PHO with diabetes and microalbuminuria, macroalbuminuria or overt nephropathy who are prescribed an ACEI or ARB
- Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control
- Of enrolled people aged 15-74 in the PHO with HbA1c of equal to or less than 64 mmol/mol
- Continuation of Community Education Programmes, known to be effective for the currently diabetic population
- Patient experience survey conducted annually shows benefit to 90% of participants
- Further use of nurse-led clinics to improve access
- 80% of General Practices utilise nurse-led clinics by 31 December 2013
- Ongoing education of nurses in diabetes care management
- Number of nurses attending education and number qualified with Level 2 qualification in diabetes as percentage of primary care nurses delivering diabetes services increases from July 2013 - July 2014
- Generate accurate performance data and report back to each practice with benchmarking and easy identification of patient status
- 100% of general practices receive quarterly feedback on performance from 30 September 2013
- The PHO Programme payment structure to General Practices is redeveloped to allow 'up front' investment by General Practice teams to achieve more diabetes review coverage
- Payment structure changed by 30 September 2013
**Health Target - Better Help for Smokers to Quit**

**Context**
Better Sooner More Convenient Health Services for New Zealanders in relation to tobacco means more smokers make more quit attempts, leading to more successful quit attempts and a reduction in smoking prevalence (including pregnant women). A renewed impetus is required in order to achieve the Government’s aspirational goal of a Smokefree New Zealand by 2025. Increased integration into all other aspects of health is critical to achieving Smokefree Aotearoa 2025.

**Objectives**
The Nelson Marlborough Health System proactively encourages patients who smoke to quit. All patients seen by a health practitioner in either Nelson or Wairau public hospitals or enrolled with primary care providers are offered brief advice and support to quit smoking, and pregnant women who smoke are offered advice and support to quit.

![Diagram of Health Target - Better Help for Smokers to Quit]

<table>
<thead>
<tr>
<th>Maintain achievement of the Health Target for hospitalised patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide staff training and education on the ABC approach to smoking cessation</td>
</tr>
<tr>
<td>100% new clinical staff receive training and education at orientation; reported quarterly</td>
</tr>
<tr>
<td>Maintain systems &amp; processes to enable timely &amp; accurate data collection &amp; reporting to staff, managers &amp; Ministry</td>
</tr>
<tr>
<td>Monthly feedback to staff &amp; managers</td>
</tr>
<tr>
<td>Quarterly reporting to the Ministry</td>
</tr>
<tr>
<td>Ensure each clinical unit has defined roles to lead the implementation of the smoking cessation ABC</td>
</tr>
<tr>
<td>100% of wards have a Smokefree champion</td>
</tr>
<tr>
<td>Offer inpatients, preadmission outpatients &amp; pregnant women who smoke, options for smoking cessation support</td>
</tr>
<tr>
<td>95 percent of hospitalised smokers will be provided with brief advice and support to quit by July 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Achieving the Health Target in primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the provision of training &amp; education for practice staff on the ABC approach</td>
</tr>
<tr>
<td>All practice clinical staff receive education</td>
</tr>
<tr>
<td>Ensure systems, processes &amp; tools enable timely &amp; accurate data collection &amp; reporting to general practices and Ministry</td>
</tr>
<tr>
<td>Quarterly reporting to practices &amp; Ministry</td>
</tr>
<tr>
<td>Ensure each practice has defined roles to lead the implementation of the smoking cessation ABC</td>
</tr>
<tr>
<td>Smokefree champion/resource person identified in 80% of practices by 30 June 2014</td>
</tr>
<tr>
<td>Ensure all patients who smoke are offered options for smoking cessation support</td>
</tr>
<tr>
<td>Cessation options available &amp; clearly outlined for patients</td>
</tr>
<tr>
<td>Integrate ABC &amp; Cessation Support with LTC Programmes</td>
</tr>
<tr>
<td>Smoking Cessation ABC implemented in all LTC programmes</td>
</tr>
<tr>
<td>A collaborative approach between Primary, Specialist, Maori Health &amp; other providers to promote &amp; support smokefree</td>
</tr>
<tr>
<td>Wide participation in health alliance workstream</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnant women who smoke are offered advice and support to quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training opportunities for midwives, both self-employed &amp; DHB-employed, in ABC processes</td>
</tr>
<tr>
<td>All LMCs have received ABC education by 30 June 2014</td>
</tr>
<tr>
<td>Reinforce system for recording ABC at booking &amp; develop collation &amp; reporting systems</td>
</tr>
<tr>
<td>Commence reporting when reporting requirements confirmed by the Ministry</td>
</tr>
<tr>
<td>Identify smokefree clinical leaders for maternity services</td>
</tr>
<tr>
<td>Smokefree clinical leaders available to work with colleagues</td>
</tr>
<tr>
<td>Referral pathways &amp; options for cessation clearly identified</td>
</tr>
<tr>
<td>Smoking cessation options are available &amp; clearly outlined for LMCs &amp; pregnant women</td>
</tr>
<tr>
<td>Utilise Carbon Monoxide (CO) monitors to support learning for pregnant women &amp; encourage quitting</td>
</tr>
<tr>
<td>All pregnant women are offered CO monitoring</td>
</tr>
<tr>
<td>Promote smokefree pregnancies in media, maternity-related &amp; other health services &amp; parent support services</td>
</tr>
<tr>
<td>Media promotions undertaken</td>
</tr>
</tbody>
</table>
HEALTH TARGET - Shorter Stays in Emergency Departments

Context
The Nelson Marlborough Health System actively delivers reduced waiting times for patients in Emergency Departments with patients easily accessing appropriate services in a timely way to improve overall health outcomes. More people have improved access to services that maintain good health and independence. More people have shorter waiting times for emergency department services meaning people receive better health services.

Objectives
To meet acute care needs we: deliver and co-ordinate acute care services across hospital and community settings; improve the public’s confidence in being able to access services when they need to; ensure patients spend less time waiting and receiving treatment in the ED; move patients efficiently between phases of care; and make the best use of available resources.

- Implement EDaaG (ED at a Glance) platform and utilise Hospital at a Glance
  - EDaaG implemented and available to all ED clinicians by September 2013.
  - Laboratory diagnostic test information is available to clinicians through EDaaG by September 2013
- Reorganise Inpatient unit in Wairau
  - No delays in moving patients from ED to the hospital ward by December 2013
- Develop actions with the Medical & Injury Centre (MIC), Wairau after hours GPs and St John ambulance to ensure treatment at the right place, right time
  - Managers and Clinicians at MIC and ED agree and support actions by 31 December 2013
  - Managers and Clinicians at Wairau After Hours, St Johns and ED agree and support actions by 31 December 2013
  - Reduction in triage categories 4 and 5 presenting to ED recorded by 30 June 2014
  - St John data demonstrates greater proportion of patients receive care at home and/or GP Practice vs transferred to ED by 30 June 2014
- Implement actions agreed by the Wairau ED project
  - Recommendations supported and implemented by Senior Managers and Clinicians
  - Benchmarked figures developed; regularly reported & targets set by 31 December 2013
  - Reduced ED volumes in Wairau Hospital by 30 June 2014
  - Pathways support care management by ED staff by 31 December 2013
- Improve admission and discharge processes, care pathways, clinical records and reorganise the physical environment
  - Activities undertaken to improve admission and discharge processes reported quarterly
  - Pathways developed that support ED hospital inpatient staff with pathway development reported quarterly
  - ED Staff report improved line-of-sight & workflow within their physical environment by 30 July 2014
- Further workforce development
  - Senior Managers and Clinicians agree on steps to further develop the workforce by 30 September 2013
  - Clinical roles altered to support efficient processes and outcomes by 30 June 2014
Context
There is a need for integration of care for those with multiple long-term conditions.

Objectives
The Nelson Marlborough Health System ensures that people with multiple advanced conditions receive improved care management and care co-ordination to prevent deterioration and maintain current health and avoid acute hospitalisation; delivers equitable access through a single point of entry to multidisciplinary team management and ensures the right services are delivered to the right patients at the right time; and for patients with stroke, ensures best practice and organised stroke services that reduce functional disability.
Improving wrap around services for the Health of Older People

**Context**
Currently Nelson Marlborough has one in six people over 65 and this will grow to one in five over the next ten years. Many of these people require health care and community support services. The NMHA has a priority to ensure timely access to appropriate general practice services.

**Objectives**
The Nelson Marlborough Health System provides: wrap around services that enable older people to live in their homes for longer; more intensive community based support services for older people; supported hospital discharge; primary care access to specialists; and, comprehensive clinical assessments (InterRAI).
**Stroke**

**Context**
Nelson Marlborough DHB in conjunction with South Island region will embed organised stroke services consistent with evidence-based practice described in the New Zealand Clinical Guidelines for Stroke Management 2010.

**Objectives**
To improve the services provided to people who have, or who are at risk of diabetes, heart disease and stroke.

### Improving Care for Stroke Patients

- **6%** of potentially eligible stroke patients thrombolysed
- **80%** of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.

- Thrombolysis protocol implemented and monitored across the 'Top of the South' by 30 September 2013
  - Number of patients thrombolysed reported quarterly

- Assess all patients with suspected TIA using the ABCD2 tool (as per the NMDHB TIA pathway)
  - Report the progress in developing a mechanism to report the use of ABCD2 tool in primary care each quarter
  - One education session per quarter in use of ABCD2 tool in primary care

- A Named Lead Stroke Clinical Nurse Specialist support patients through the stroke continuum
  - Percent of total new strokes referred to Stroke CNS for support and self care education reported quarterly

- Stroke patients admitted to a stroke unit or organised stroke service with demonstrated clinically agreed stroke pathway across the 'Top of the South'
  - 80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.

- NMDHB contributes resources regionally through the South Island Alliance and the Stroke Workstream
  - Number of SI Stroke meetings attended by NMDHB Lead Stroke Clinician & Portfolio Manager reported each quarter

- All people with new stroke admitted to hospital will have an early comprehensive assessment of their rehabilitation needs by a health professional/s with expertise in stroke.
  - Percent of people with new stroke admitted to hospital assessed for their rehabilitation needs by a health professional/s with expertise in stroke reported quarterly.
Dementia Pathway

Context
Nelson Marlborough DHB in conjunction with South Island region will progress the implementation of the National Dementia Framework.

Objectives
To deliver integrated health and support services that enable people with dementia, their family, and whanau, to maintain and maximise their abilities to practice described in the New Zealand Clinical Guidelines for Stroke Management 2010.

Improving Care for People with Dementia

Nelson Marlborough Health Alliance employs the five Elements of the National Dementia Framework in the Local Dementia Pathway being:
The Nelson Marlborough Health Alliance Pathway approach incorporates primary and community care specialists working together to implement the pathway.

- Raise awareness of dementia & the importance of a healthy lifestyle which may reduce the risk of developing dementia
  - Number of education sessions regarding use of diagnosis pathway, reported each quarter

- Timely assessment in order to aid earlier diagnosis of dementia, enabling information and support to live well with dementia
  - Number of new referrals to Alzheimers who have an established diagnosis of dementia reported each quarter

- Health and social services provide integrated and innovative services for people with dementia, their family and whanau
  - Number of dementia champions identified for each hospital department reported each quarter

- People with dementia are supported to maximise their wellbeing and minimise challenges they may face with dementia; health and support staff have knowledge and confidence in appropriate management of dementia
  - Number of education sessions for health, support & community service providers reported each quarter

- People with dementia, their family and whanau, have access to full palliative services and are able to die in the place of their choice
  - Number of palliative care education sessions delivered to ARRC staff reported each quarter
In July 2012 all Community Pharmacies signed a new agreement (CPSA) which supports a ‘service-based patient-centred’ model of care and incentivises community pharmacists as experts in medicines management. The CPSA has a three year timeframe to safely transition Community Pharmacy from the old ‘fee-per-dispensed item’ business model to the new ‘service delivery’ business model.

**Objectives**

The Nelson Marlborough Health System is committed to fully supporting the effective implementation of the three-year CPSA (1 July 2012 to 30 June 2015) in accord with the direction of the lead DHB CEO and Programme Director.
4.1 MANAGING OUR BUSINESS

4.1.1 Leadership Capability
NMDHB’s Executive Leadership Team is being restructured in line with the DHB’s future direction and the establishment of the NMHA. The intention of the new structure is to place clinical leadership, quality and safety, and managing within our revenue as priorities. The new leadership is key to achieving the Annual Plan 2013/14 initiatives, priorities, and Health Targets.

4.1.2 Clinical Leadership Capability
The Chief Executive is also consulting with clinicians within all disciplines across hospital, primary, and community settings as to his approach to clinical governance.

4.1.3 National Collaboration
The National Health Board is responsible for:
- The funding, monitoring and planning of District Health Boards (DHBs), including the annual funding and planning rounds
- The planning and funding of designated national services
- Bringing together the various activities with strategic planning and funding of future capacity (Information Technology, facilities, workforce), so they can be better integrated and driven by future service requirements. Including:
  - The DHB regional service planning and funding, including arbitration over regional disputes
  - The process for deciding, which services should be planned, funded and provided at national, regional and local levels, and how that should change over time
  - How to best support the Government’s initiative to reduce bureaucracy, so savings can be invested in front-line services.

Along with DHBs nationally, NMDHB funds services for people with haemophilia and PHARMAC for community pharmaceuticals management.

4.1.4 DHB Shared Services
Along with other DHBs, NMDHB collectively funds the National DHB Shared Services agency (DHBSS) to support national collective projects, programmes, national services agreements (i.e. Age Related Residential Care, Community Pharmacy Services Agreement, National Dental Agreement and the PHO Performance Programme). DHBSS also supports ‘functional groups’ such as the Chief Executives and Boards Collective, the GMs P&F Forum, the COO Forum and the CFO Forum in particular are supported in their collective work programmes by the DHBSS team.

4.1.5 Regional Collaboration
Along with other South Island DHBs, NMDHB collectively funds the South Island DHB Alliance Project Office (SIAPPO) to support South Island (SI) collective planning and other projects. SIAPPO also supports DHB management networks such as the South Island GMs Planning and Funding, Chief Operating Officers, Chief Information Officers, General Managers Human Resources, and is governed by the collective SI Chief Executives. SIAPPO also manages the SI ARRC Audit Programme, the SI Mental Health Network, the SI Cancer Network, the SI Health of Older People Network and the SI Child Health Network.

We are collectively involved in implementing the actions outlined in the appendix of the South Island Regional Health Services Plan. For the 2013/14 year, the South Island DHB Alliance service priorities include Cancer Services, Cardiac Services, Elective Services, Child Health Services, Mental Health Services, Health of Older People Services, and Support Services including procurement and information systems. The workstream priorities include continuing actions by the Southern Cancer Network; and our collective approach to elective (scheduled) services production.

4.1.6 Cross-sectoral
NMDHB works with three unitary local authorities (Nelson City, Tasman and Marlborough districts) through a variety of mechanisms including membership of key committees (civil defence, transport, disability access), environmental safety and sustainability (air, water, built environment, footpaths, cycle ways etc.) and undertakes ‘Health Impact Assessments’

21 For a copy of the SI Regional Health Services Plan go to www.nmdhb.govt.nz
collaboratively with other agencies. We contribute to the ‘Safe at the Top’ initiative. Led by the Ministry of Social Development, NMDHB continues to be a member of the Strong Families Regional Governance Group and the Family Violence Intervention Programme. NMDHB is a partner in the Talking Heads initiative. This brings together the three district Mayors and heads of Government departments on local initiatives related to community well being, and includes governance of the WHO sponsored Safer Communities project.

4.1.7 Strategy and Planning Function

Strategy and Planning (S&P) supports the wider organisation towards achievement of local, regional and national goals, objectives, impacts and services development. Located within the support arm of NMDHB, the role of the GM S&P is a comprehensive one, responsible for planning the strategic direction of services across the care continuum within the Nelson Marlborough district, in line with the Board’s direction, organising the Board’s accountability planning, monitoring and reporting requirements, overseeing the strategic allocation of the Board’s Population Based Funding including Crown Funding Agreements, and proactive participation in regional and national service planning and funding initiatives.

In order for this role to deliver performance, the Board allocates financial resources from Governance and Administration to sit within a ‘Strategic Expenditures’ (StratEx) fund. This fund is under the administration of the GM S&P.

For the 2013/14 Annual Plan year the following areas are StratEx fund investments:

1. Nelson Marlborough clinical pathways development costs
2. NMDHB initiatives, particularly to support alignment with regional and national approaches
3. deployment costs for InterRAI and for e-Prescribing
4. any other initiative related to emergent strategic issues as approved by the Chief Executive.

4.2 STRENGTHENING OUR WORKFORCE

4.2.1 Workforce Development and Organisational Health Capability

Workforce development and strong organisation health are central to NMDHB to ensure that we provide high quality effective services and meet the continued challenges of the health needs of our community. Through supporting flexibility and innovation in work design; providing leadership and skill development opportunities; and being a Good Employer, NMDHB aims to be a preferred employer of health workers.

As a ‘good employer’ we have a number of policies that promote equity, fairness and a safe and healthy work environment. These policies address:

- fair, equal opportunity and transparent recruitment to ensure we meet current and future workforce needs and retain staff
- equal employment opportunities as per our legislative requirements
- zero tolerance of all forms of harassment and bullying
- equitable training and development opportunities for all employees
- the management and disclosure of adverse events to ensure a safe quality working environment.

NMDHB is committed to developing our workforce including understanding its needs and expectations. We are committed to promoting leadership opportunities and a positive culture for our organisation and across the community. NMDHB’s workforce plan will see the continued development of all health disciplines. Clinical workforce planning and development will be carried out in conjunction with the South Island Regional Training Hub and non-clinically based development through collaboration with other South Island DHBs via the South Island GMs HR Group.

The Nelson Marlborough District Health Board has the third oldest health workforce as at December 2012. The mean age of all staff is around 49 years; the national mean is 46 years. The mean length of service for all staff is 9 years; national mean is 8 years.

4.2.2 Building Culture and Relationships Capability

NMDHB is committed to a culture of cooperation and collaboration that signals our role as a Crown Entity through promoting a ‘whole of sector’ and ‘whole of Government’ perspective. Our values ensure promotion of the standards of the State Sector’s culture of integrity and conduct. Our culture is central to achieving our outcomes. As such, our leadership team is overseeing continuous processes to embed a ‘new way of thinking’ which is consciously expressed in this Annual Plan. NMDHB is

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22 Good Employer obligations as outlined in the Crown Entities Act 2004 (s 151 (1) (g))
continuously identifying, building and maintaining relationships to assist us in achieving our outcomes. We are working with local, regional, national and international networks to canvas new methods and to test new concepts.

The virtual primary and community environment operates cohesively and collaboratively ensuring the ‘critical connectedness’ with all service providers focused on the patient’s care needs. It is committed to a new era of working to achieve the following:

- **Patient-centredness.** Care that is patient-centred is delivered
- **Consistency of access.** This relates not only to similar services being available across the Top of the South populations, but to measures and reporting of these services
- **Patient Deliverables.** The application of funding by both PHOs results in a similarity of outcomes as perceived by both the patient and the general practice
- **Satisfaction of Providers.** Mechanisms to evaluate and respond to the levels of satisfaction of General Practice with the support and services provided by their PHO
- **Timely Resolution of Differences.** As the range of learning becomes evident through the collaborative approach these are shared together with a plan and realistic timeline to address them
- **Aligned Clinical Governance.** Clinicians in both PHOs and NMDHB are expected to work collaboratively within the Nelson Marlborough Health System.
- **Minimise Administration and Overhead Costs.** Use of common systems, processes and reporting whenever possible.

The objective is to optimise the investment of funds in primary care across the district that focuses on the consistency and efficiency of the approach, access and outcomes.

4.2.3 2013/14 Workforce Improvements

A key workforce improvement in the 2013/14 is to commence rebalancing the nursing full-time/part-time split within NMDHB secondary services. Over time we have reached a situation where at March 2013 only 20% of nurses worked full-time. This is the lowest percentage of full-time nursing staff in the South Island.

The literature is clear that a balance in the mix of full-time/part-time has a positive impact on patient care quality and safety. NMDHB’s goal is to increase the full-time nursing percentage to 40% over a three year period. This will enable the retention of flexibility for a predominantly female workforce and improve the opportunity for new entrants to the nursing workforce to gain full-time work at NMDHB.

4.2.4 Capability

Growing the capability of the Nelson Marlborough and the South Island workforces will be the key to achieving a successful delivery of the Health 2030 strategy. Current capability will be challenged as models of service delivery change and the focus on ‘patient family centred care in a whole of system context’ becomes common.

Support required to enable the development of capability to meet new delivery systems will come from a variety of NMDHB and South Island initiatives. Addressing barriers that currently limit staff from working at the ‘top of their scope’ and supporting core competency development are important.

Nursing is recognised as a group with potential for development to meet the challenges of the future. The development of a district wide registered nurse professional and educational pathway is seen as one way to enable expansion of practice for this significant staff group. The Director of Nursing & Midwifery will take the lead in this initiative.

HWNZ has identified that a key priority for 2013/14 for the Regional Training Hub is to improve regional standardisation of medical training opportunities for PGY1 and PGY2’s. Career plans for all employees receiving HWNZ funding for training/education purposes is to be progressed. DHBs also need to assist with the implementation of the revised General Practitioner Employment Programme (GPEP) being rolled out in 2013/14.

The South Island Regional Training Hub (SIRTH) takes a regional approach to clinical training. South Island General Manager’s Human Resources support the implementation of a regional approach to co-ordinated human resource processes for the 2013/14 year. As more regional workforce initiatives are implemented it is important that sound employment processes underpin development.

NMDHB will aim to support and encourage interdisciplinary workforce innovation as new models of service delivery are developed.
NMDHB is working regionally to address the Allied Health Assistant Programme. The systems and processes for implementing the programme will be established in 2013/14. NMDHB is working regionally in the review of qualifications in Disability, Social Services, and Whanau Ora sectors, which has been initiated by the NZ Qualifications Authority. The review of levels of 1 to 6 of the Framework will have implications for the unregulated workforce in this district.

4.3 2013/14 REPORTING AND MONITORING FRAMEWORK
As a NZ Crown Entity, NMDHB is required to report to our monitoring agency, the Ministry of Health, on a regular basis throughout the year. The Reporting and Monitoring Framework involves a number of measures within four dimensions reflecting NMDHB’s functions as owners, funders, and providers of health and disability services. The four dimensions are:
1. Achieving Government’s priority/goals and targets or ‘policy priorities’
2. Meeting service coverage requirements and supporting sector interconnectedness or ‘system integration’
3. Providing quality services efficiently or ‘ownership’
4. Purchasing the right mix and level of services within acceptable financial performance or ‘outputs’

The Reporting and Monitoring Framework is designed to assist stakeholders ‘to see at a glance’ how well NMDHB is performing across a range of activities but particularly focused on Government priorities.

4.4 INFORMATION SERVICES
NMDHB’s Information Services are planned on a regional basis. This includes a move to a regional clinical workstation, patient administration system, radiology (imaging), and pharmacy systems. NMDHB is addressing an urgent requirement for a new Patient Administration System (PAS). A South Island regional selection process has contracted with Orion Health to develop the system and will go live on 30 June 2014.

4.5 FACILITIES AND EQUIPMENT
A capital investment programme is being developed in line with the South Island Alliance process, including earthquake strengthening.

4.6 QUALITY AND SAFETY
NMDHB is committed to improving services to the people it serves through the provision of safe and quality care. A new NMHS quality and safety group will develop a system that mirrors the requirements of the Health Quality and Safety Commission and the NZ Triple Aim, and reflect the establishment of a NMDHB Quality Report.

There is extensive consumer involvement in the planning and evaluation of services. NMDHB has a Consumer Involvement Strategy which aims to develop and enable a culture of consumer involvement within the organisation. The strategy is supported by a Consumer Involvement policy which outlines the principles supporting consumer involvement in all aspects of care, organisational planning and service monitoring at NMDHB, and outlines the information and process available to staff to achieve consumer participation. NMDHB involves consumer representatives directly in organisational planning and service monitoring at NMDHB. For example, two consumers are on the steering group preparing the first Quality Report (Accounts) for publication in September 2013, two consumer representatives have recently provided feedback on patient education material, such as the ‘Ask 3 Questions’ brochure, and the ‘Patient Safety’ brochure. The brochures have been changed in response to feedback.

Consumer involvement is being reflected in service development. The diabetes working group has, as part of its work programme, a task to develop a consumer engagement process. This is currently in draft and will be further developed and confirmed. The draft process involves the following steps:
- Identifying the consumer stakeholders.
- Identify the current known issues.
- Determine how the consumer voice will be represented (survey, personal stories, literature review, existing consumer /patient groups).
- Convene an initial consumer-only meeting.
- Convene a joint meeting.
- Determine ongoing engagement.

NMDHB will continue whole of system continuous quality improvement utilising a range of proven quality improvement tools with the goal of transforming how we provide care to the people of the district. Integral to quality programmes is the measurement of both clinical and non clinical activity – people, process and structures – that lead to better outcomes. Clinical performance indicators have been agreed across the organisation, they are: falls, medication errors, incidence of pressure
areas, physical assaults on staff, hospital acquired infection rate. These five indicators are reported regularly through Directorates and the quality committee process to ELT and to the Board.

The Patient/Family-Centred Strategy established in 2011/12 has achieved its foundation initiatives. In 2013/14 it plans to improve patient feedback mechanisms and educate patients how to be partners in their healthcare and staff how to engage and include patients and their families in health care decisions.

4.7 SUBSIDIARIES, OTHER INTERESTS OR COOPERATIVE ARRANGEMENTS

The Minister of Health has under sections 24 and 28 of the NZPHD Act 2000 approved the following arrangements:

- Nelson Marlborough Hospitals’ Charitable Trust, which holds trust funds for the benefit of public hospitals
- Marlborough Hospital Equipment Trust, which provides equipment and other items from public donations raised by the trust
- Churchill Private Hospital Trust, which provides private medical and surgical services in Marlborough
- South Island Alliance Project Office (SIAPO), which supports the activities of the South Island DHBs by providing services, such as planning and funding audit, analysis and advice and contract management, as determined by the participating DHBs
- An agreement with Nelson Radiology Ltd, which covers a joint Magnetic Resonance Imaging (MRI) service from the Nelson Hospital site
- Golden Bay Health Alliance for an Integrated Family Health Centre with Nelson Bays Primary Health Trust NBPH and Golden Bay Community Health Trust – Te Hauora O Mohua Trust
- Appointment of a trustee to the board of the Golden Bay Community Health Trust – Te Hauora O Mohua Trust
- An agreement with Top of the South Cardiology Ltd which covers private cardiology services from Nelson Hospital.

NMDHB does not hold any controlling interests in a subsidiary company.

4.8 STEWARDSHIP ROLE (OWNER OF CROWN ASSETS)

<table>
<thead>
<tr>
<th>Description</th>
<th>Physical Assets</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMDHB is a Crown Entity with ownership of:</td>
<td>Buildings and Equipment: People</td>
<td></td>
</tr>
<tr>
<td>Nelson Hospital delivering the full range of New Zealand Role Delineation Model level 4 secondary services including emergency, surgical and medical specialist (acute and elective), primary and secondary maternity, neonatal, paediatric, specialist health services for older people and support services including diagnostic imaging; also includes the Services Directorates of Medical Surgical Services, Clinical Support Services and Community Based Support Services.</td>
<td>Waimea Rd Nelson</td>
<td>620</td>
</tr>
<tr>
<td>Wairau Hospital delivering the full range of New Zealand Role Delineation Model level 3 secondary services including emergency, surgical and medical specialist (acute and elective), primary and secondary maternity, neonatal, paediatric, specialist health services for older people, support services including diagnostic imaging, and mental health services.</td>
<td>Hospital Rd Blenheim</td>
<td>302.39</td>
</tr>
<tr>
<td>Mental Health and Addiction services with acute inpatient facilities and community facilities in Nelson and Wairau.</td>
<td>Tipahi St &amp; Braemar Campus Nelson; Hospital Rd Blenheim</td>
<td>219.8</td>
</tr>
<tr>
<td>Alexandra Hospital in Richmond delivering psycho-geriatric services for older people and aged residential care services for people with dementia. Note: NMDHB is currently in the process of both progressing an RFP for community beds and an alternative delivery model for specialist psycho-geriatric services that will see the closure of Alexandra Hospital over the 2011/13 timeframe.</td>
<td>Gilbert St Richmond</td>
<td>28.37</td>
</tr>
<tr>
<td>Murchison Hospital and Health Centre delivering the full range of primary care services including ‘Primary Response for Medical Emergencies [PRIME], district nursing services and aged residential care rest home and hospital services for Murchison residents.</td>
<td>Fairfax St Murchison</td>
<td>11.24</td>
</tr>
<tr>
<td>District Nursing Services located in Motueka.</td>
<td>Courtney St Motueka</td>
<td>5.5</td>
</tr>
<tr>
<td>Intellectual Disability Support Services (IDSS) – Nelson community based residential and day activities for people with intellectual and physical disabilities.</td>
<td>Tahunanui Drive Nelson plus 65 individual community homes</td>
<td>231.36</td>
</tr>
<tr>
<td>Needs Assessment and Coordination Services (Support Works) for people with lifelong, long-term conditions and age-related disabilities.</td>
<td>Harley St Nelson and Blenheim Hospital Campus</td>
<td>30.24</td>
</tr>
<tr>
<td>Description</td>
<td>Physical Assets</td>
<td>FTEs</td>
</tr>
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<td>----------</td>
</tr>
<tr>
<td>Public Health Unit providing a range of health promotion, health protection and Medical Officer of Health services for Nelson and Wairau.</td>
<td>Franklyn St Nelson and Taylor Pass Rd Blenheim</td>
<td>48.12</td>
</tr>
<tr>
<td>Specialist Dental, School Dental and Adolescent Health Services based in Nelson and Wairau Hospitals and in our communities.</td>
<td>Various locations</td>
<td>48.16</td>
</tr>
<tr>
<td>Corporate Offices in Nelson for the Chief Executive and members of the Executive Leadership Team (ELT) including the Board Secretary, GM Strategy and Planning, GM Organisational Development, GM Corporate Services; Director of Maori Health and Whanau Ora; Chief Medical Officer; Director of Nursing and Midwifery, with the Nursing and Midwifery Service Development Team.</td>
<td>Braemar Campus, Waimea Road, Nelson</td>
<td>34</td>
</tr>
<tr>
<td>South Island DHB Alliance Project Office (SIAPO) – ownership shared with Canterbury DHB, South Canterbury DHB, Otago DHB, Southland DHB and West Coast DHB to work collectively together for improved health for the South Island population.</td>
<td>Hazeldean Rd, Addington, Christchurch</td>
<td></td>
</tr>
<tr>
<td>In 2013/14 NMDHB is selling the buildings for the Golden Bay Community Hospital to Golden Bay Community Health Te Hauora O Mohua Trust. The land continues to be owned by NMDHB.</td>
<td>Takaka Golden Bay</td>
<td></td>
</tr>
<tr>
<td>20 District Health Boards Shared Services, a national arm of TAS, to ensure organisation and collective delivery of national strategies and the organisation of national service interests.</td>
<td>TAS Building, L7, 186 Willis St, Wellington</td>
<td></td>
</tr>
</tbody>
</table>