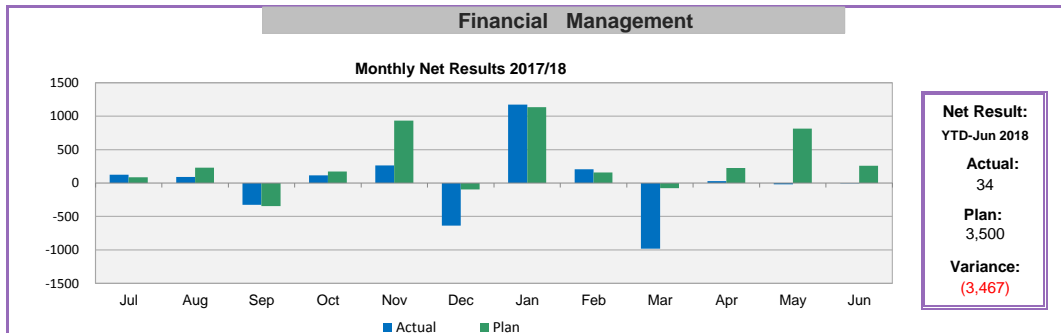
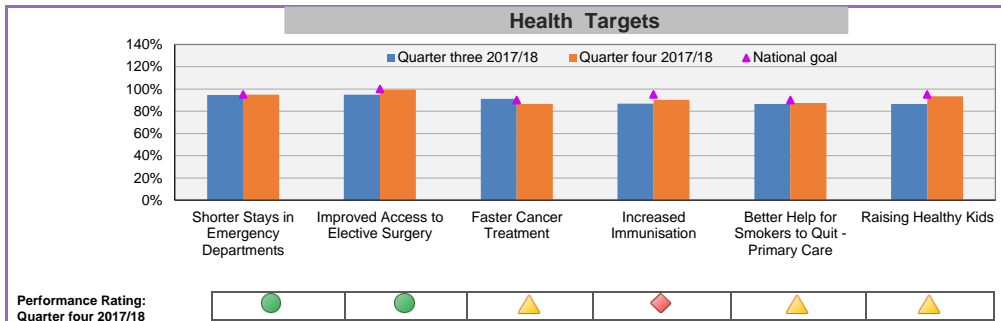
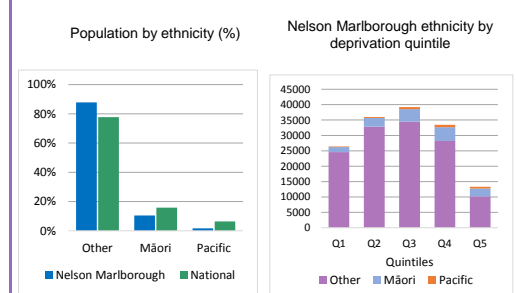
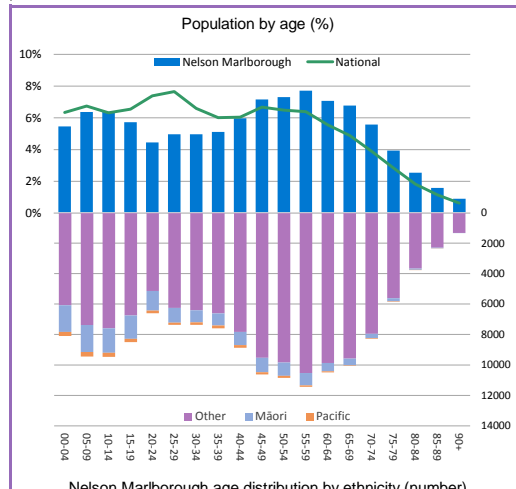


## System Level measures: Implementation of the Improvement Plan

The DHB, on behalf of the district alliance, reported that the SLM plan was partially implemented by the alliance partners. Some of the locally set milestones were not achieved. The district alliance used a quality improvement process and reflected on what caused the lack of progress and identified learnings that will be applied in the future years to increase the chances of success.



## DHB POPULATION OVERVIEW



## PERFORMANCE

### People Powered

**Reducing rheumatic fever**

**Improving mental health services using wellness and transition planning**

**Reducing the rate of Māori under Mental Health Act section 29 community treatment orders**

**Improving breastfeeding rates**

**Health Workforce**

**Key priority response actions:**

People-powered: NMDHB have provided a wealth of evidence of work in regards to Poutama (NMDHB Māori Model of Care within Mental Health and Addictions). Some include: 90% of the activities within the Poutama Māori Model of Care Action Plan have been implemented, ethnicity data training is mandatory for all administrative staff and the new IT system has the capability to accurately capture ethnicity data.

**DHB nominated highlights:**

Each year Nelson Marlborough Health (NMH) holds community engagement meetings to provide an update on health initiatives and obtain feedback from the community about issues that matter to them. This year the community engagement sessions have targeted specific population groups, e.g. youth are a priority population group so the community engagement session was scheduled with the Youth Advisory Panel.

**Regional nominated highlights:**

South Island Electronic Advance Care Plans became available in June. A Regional ACP Quality Check process for all newly written ACPs across the South Island is being implemented to drive quality and ensure that a documented plan is clinically interpretable. This supports all users to have confidence in the plans.

### Closer to Home

**Implementing the Healthy Ageing Strategy**

**Improved management for long term conditions**

**Improved management for cardiovascular health**

**Improved management for diabetes services**

**Improved management for acute heart services**

**Improved management for stroke services**

**Improving breast screening rates**

**Improving cervical screening coverage**

**Cardiac services**

**Stroke services**

**Key priority response actions:**

Childhood Obesity Plan: All Nelson Marlborough kindergartens and play centres have adopted water-only policies. This includes 27 kindergartens and 20 play centres, but excludes privately-owned centres.

**DHB nominated highlights:**

As a member of the South Island Alliance, NMH is actively implementing the Calderdale Framework as a means of developing a more flexible and competent allied health workforce. The Calderdale Framework is a clinically-led workforce development tool to facilitate a 'best for patient, best for system' approach. It provides opportunities to standardise patient care and achieve service efficiencies.

**Regional nominated highlights:**

Be Smarter, a resource to support healthy weight in childhood has been translated into Tongan and Samoan.

### Value and High Performance

**Prime Minister's youth mental health project**

**Rising to the Challenge - Primary mental health**

**Rising to the Challenge- Improve outcomes for children in mental health**

**Rising to the Challenge-District suicide prevention and postvention**

**Improving wait times for diagnostic services - Coronary angiography**

**Improving wait times for diagnostic colonoscopy - Urgent (<14 days), Non-Urgent(<42 days), Surveillance(<84 days)**

**Inpatient average length of stay - elective**

**Inpatient average length of stay - acute**

**Elective services**

**Key priority response actions:**

Child health: NMDHB have reformatted Harti Hauora into Hauora Direct and is a signature project for NMDHB's Māori Health and Vulnerable Populations team. Hauora Direct is currently being implemented and NMDHB is working with a wide range of stakeholders to ensure its success.

**DHB nominated highlights:**

NMH is trialling a Medical Admissions Unit (MAU) in Nelson Hospital to deliver a high quality, evidence based patient centred model of care for patients admitted with acute medical conditions. The MAU will improve efficiency in the admission process for unplanned patients by providing assessment, care and treatment for a designated period of up to 36 hours prior to transfer to the medical unit, or home where appropriate.

**Regional nominated highlights:**

Five service improvement projects to achieve Faster Cancer Treatment across the South Island were successfully completed, including improving the cancer pathway for Māori, valuing patients time in complex cancer, and routes to diagnosis. Each project has been valuable in implementing change that will make a tangible difference to patient journeys and the findings are driving work through 2018/19.

## OWNERSHIP VIEW

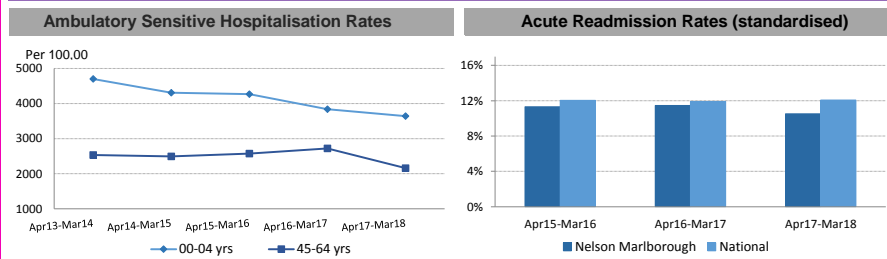
### Standardised Intervention Rates of Procedures

Procedure	12 month period ending in March of the year					National Target
	2014	2015	2016	2017	2018	
Angiography	32.05	35.71	38.11	32.11	32.08	34.70
Angioplasty	14.12	14.71	12.06	11.63	9.51	12.50
Cardiac Surgery	5.00	5.34	6.25	5.03	5.66	6.50
Cataracts	31.13	25.78	25.80	31.51	25.48	27.00
Major Joints	24.24	23.48	29.88	23.74	25.91	21.00

### Service Coverage Delivery

This quarter the DHB supplied reports on:

- supine changing facilities for children and adults who are not inpatients and require supine changing by a carer
- support provided for maintenance of Continuous Positive Airway Pressure CPAP machines
- a self assessment of worker safety initiatives



### Patients Waiting for FSA

	Mar	Apr	May	Jun	Last mth	4 mths
ESPI 2	94	8	67	72	5	-22
ESPI 2 %	3.2%	0.2%	1.3%	1.4%	0.1%	-1.8%

### Patients Waiting for Treatment

	Mar	Apr	May	Jun	Last mth	4 mths
ESPI 5	69	107	187	360	173	291
ESPI 5 %	4.4%	6.3%	11.9%	22.6%	10.7%	18.2%

## Conversation Opportunities

During quarter four DHBs, the Ministry and the Treasury held strategic planning meetings which involved discussions on the wider context in which DHBs operate ahead of DHBs submitting 2018/19 Annual Plans. These meetings were also used to discuss the challenges that DHBs faced and the recent workshop with DHB Chairs and CEOs on 12 September provided an initial opportunity to work collaboratively to respond to these challenges.

### One Team

**Improving wait times for diagnostic services - CT and MRI scans (<42 days)**

**Shorter waits for non-urgent mental health and addiction services for 0-19 year olds**

**Immunisation coverage at 2 & 5 years old**

**Human papillomavirus immunisation**

**Influenza immunisation at age 65+**

**Faster cancer treatment (31 days)**

**Supporting vulnerable children**

**Better help for smokers to quit in public hospitals**

**Cancer services- overall rating**

**Cancer services- Workplan delivery**

**Cancer services- Support for health target**

**Major trauma**

**Mental health and addiction services**

**Hepatitis C**

**Healthy ageing**

**Quality and Safety**

**Key priority response actions:**

Disability Support Services: NMDHB have continued to strive to improve support for people with a disability who also experience mental health issues through collaboration and partnership models. The DSS staff have been working alongside Mental Health RN's and collaborating with Older People's Mental Health.

**DHB nominated highlights:**

NMDHB has a Models of Care programme to improve health of local people through a multi-year programme of transformation, it will support innovation to deliver a connected and networked health system that is experienced as seamless. The first of the areas of focus are underway. End of Life Care activity began with a "town hall" patient journey workshop with over 35 participants from a variety of professions across the health sector.

**Regional nominated highlights:**

A South Island Māori Workforce Workshop was held with participants from across the health and training sector. A number of actions were agreed and a South Island Māori Workforce Position Statement is being developed, supported by Māori workforce data collection and analysis.

### Smart System

**IT critical priorities- Overall Rating**

**IT critical priorities- ePharmacy**

**IT critical priorities- South Island Patient Information Care System (SI PICS)**

**IT critical priorities- Regional Service Provider Index (RSPI)**

**IT critical priorities- eOrdering for Radiology**

**Key priority response actions:**

IT: South Island Patient Information Care System (PICS) went live at NMDHB on 11 May 2018.

**DHB nominated highlights:**

NMH has launched a regional IT system that will seamlessly connect patient information across all its health services for the first time. NMH is the first DHB to roll out the South Island Patient Information Care System (SI PICS) to all of its sites and services. The new system will help create a more streamlined journey for patients across the Nelson Marlborough region.

**Regional nominated highlights:**

Development has begun on a standardised South Island common tool set for Mental Health. The first completed form was a common risk tool for South Island specialist services to be built and accessed through HSC/H1.

## DHB Performance Challenges

The DHB continues to be challenged by high vaccine decline rates for 8 months and 2 & 5 years old, but the low number of children not immunised on time indicates that robust immunisation delivery processes are in place. It is concerning that HPV immunisation for girls in the DHB has a big drop from Q3. The Ministry would like to work with the DHB to better understand how any gaps in the programme delivery model can be addressed.

Re patients waiting for FSA and treatment, the Ministry is working closely with the DHB to improve data quality to NBRIS which has been impacted by the new South Island PICs system. The Ministry is also working to support the DHB in developing and achieving the recovery plans where the DHB have identified that there are performance issues and that these plans are to ensure that patients receive care within expected time frames.

Re stroke services, it is concerning that funding remains a low priority in the DHB. Providing a breakdown data for Māori is expected from the DHB in future quarters.

The DHB's performance on Better help for smokers to quit in public hospitals has decreased compared to previous quarters. Clinical coding has still been identified as a major issue. Actions are being taken in the DHB to address the issue.

## Equity Challenges

The Ministry acknowledges that the DHB continues to be challenged by high vaccine decline rates for Māori children at 8 months and 2 & 5 years, but the low number of children not immunised on time indicates that robust immunisation delivery processes are in place.

HPV immunisation for Māori girls in the DHB had a big drop compared to the previous year which is concerning. The Ministry would like to work with the DHB to better understand how any gaps in the programme delivery model can be addressed.

## Regional Performance Challenges

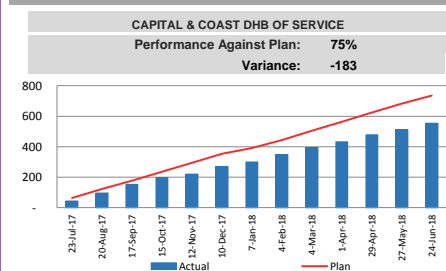
Cardiac ACS Services – Data collection across the region is below the indicator with a regional result of 87.6% and there are issues due to late data collection.

Cardiac Secondary Services - Implementation of the South Island Cardiac model of care is behind plan and significant numbers of patients have waited longer than 90 days in Q4. The Ministry continues to work with the region to improve access.

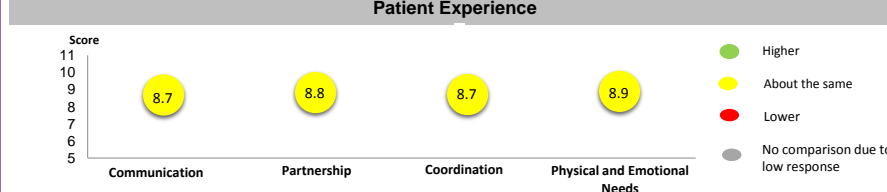
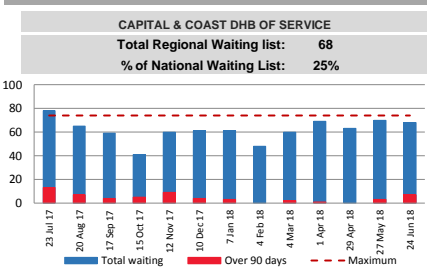
Elective Services – ENT work has been discontinued and the orthopaedic project has not progressed. The Ministry looks forward to seeing an improvement in these areas in 2018/19.

IT Services – A number of deliverables have been moved into the 2018/19, mainly due to resource constraints in some DHBs or a change of strategic directions.

## Regional Delivery of Cardiac Surgery



## Regional Wait List for Cardiac Surgery



## Quality and Safety Markers

Marker	Goal	Performance
Falls risk assessment (Jan-Mar18)	90%	61%
Hand hygiene (Jan-Mar18)	80%	80%
Surgical site infections (Oct-Dec17):		
Antibiotic administered in the right time	100%	100%
Patients receive cefazolin or cefuroxime	95%	97%

# How to read this dashboard

This dashboard shows a summary of most aspects of DHB performance. It combines indicators of DHB performance, as agreed in the 2017/18 Annual Plan, as well as complementary information such as financial management, hospital indicators and other priorities. The structure has been designed to display DHB information using an 'at-a-glance' approach. It is not to be used for general publication. Local and regional **Performance Measures** (<https://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/final-draft-performance-measures>) are grouped by the **New Zealand Health Strategy** themes that include *People Powered, Closer to Home, Value and High Performance, One Team and Smart System* (<http://www.health.govt.nz/publication/new-zealand-health-strategy-2016>). The DHB population overview is included on the dashboard to provide contextual information to performance challenges, and is not performance information itself. Population data are sourced from Statistics New Zealand population projections (2016 based).

Most indicators are accompanied by a traffic light colour to represent the perceived risk to a DHB or a region achieving their target for the year. Traffic lights are applied to \* **T-total population, M-Māori population, O-Pacific population unless indicated**. Where a rating for M or O is empty, this indicates that rating for that measure is applied to total population only.

The DHB is on track to achieve target	
Some aspects still need development / or the DHB is not tracking to target but has an appropriate resolution plan.	
The information available suggests the DHB is not on track to meet the target and does not have an appropriate resolution plan.	
To date, the DHB has provided no report.	NR
Not Applicable	NA

Quality & Safety markers use a traffic light scheme to mimic that used by the Health Quality and Safety Commission:

Performance at or above the goal level	
Performance within 10/15% of the goal level (depending on the marker)	
Performance more than 10%/15% below the goal level (depending on the marker)	

Definitions of each indicators are explained as below. ( Definitions for health target indicators are provided in the health target summary table. Definitions for regional indicators are provided in the regional dashboards. Both definitions have been sent to DHBs each quarter and therefore are not repeated here.)

<b>Supporting Better Public Services result 2 Healthy Mums and Babies</b>	Highlights of progress against agreed actions to support the target of 90% of pregnant women are registered with a LMC in the first trimester by 2021, an interim target of 80% by 2019, with equitable rates for all population groups.
<b>Supporting Better Public Services result 3 Keeping Kids Healthy</b>	Highlights of progress against agreed actions to support the target of a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0-12 years by 2021, an interim target of 15% by 2019
<b>System Level Measures- implementation of the Improvement Plan</b>	This indicator shows if DHB and their alliances are on-track to implement their Improvement Plans, including whether they have provided appropriate corrective actions if not on track.
<b>Financial Management</b>	Overview of the financial performance of the DHB based on data provided by the DHBs in monthly financial templates

<b>Immunisation coverage at 2 &amp; 5 years old</b>	At least 95 percentage of children who have completed their age-appropriate immunisations measured at age 2 years and age 5 years. The rating - indicated by the traffic light colour - is based on the DHB's performance for both the 2- and 5-year-old milestones. The dashboard population for 'Other' includes Pacific only.
<b>Human papillomavirus immunisation</b>	At least 75 percentage of eligible girls fully immunised with human papillomavirus (HPV) vaccine. For 2017/18 it is the 2004 birth cohort measured at 30 June 2018). The dashboard population for 'Other' includes Pacific only. This measure is reported yearly in quarter four.
<b>Influenza immunisation at age 65+</b>	At least 75 percent of the population aged 65 years and over are immunised against influenza annually (measured at 30 September). The dashboard population for 'Other' includes Pacific only. This measure is reported in quarter one.
<b>Reducing rheumatic fever</b>	A progress report against the DHB's rheumatic fever prevention plan. Ratings are only applied to DHBs who are required to submit exception reports.
<b>Improving mental health services using wellness and transition planning</b>	95% of people treated in mental health and addiction services for more than 3 months will have a quality wellness plan or have had a transition plan at discharge.
<b>Reducing the rate of Māori under Mental Health Act section 29 community treatment orders</b>	DHBs will reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.
<b>Improving breastfeeding rates</b>	Breastfeeding is defined as exclusive or fully breastfed at 3 months. This measure is reported in quarters one and three.

<b>Implementing the Healthy Ageing Strategy</b>	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for health of older people services including falls and fracture prevention and rehabilitation services, future models of home and community supports (HCSS), regularisation of the HCSS workforce, use of interRAI assessment tool, an action to improve equity and one locally prioritised action to progress implementation of the Healthy Ageing Strategy
<b>Improved management for long term conditions (Cardiovascular health, diabetes, acute heart and stroke services)</b>	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for long term conditions (LTC), diabetes services, cardiovascular (CVD) health, acute heart services and stroke services. Improved management for long term conditions and diabetes are reported in quarters two and four.
<b>Improving breast screening rates</b>	Number of women screened in the 24 months period as a percentage of women eligible. Target: 70 percent or more screening coverage for all eligible women (50-69 years only). The dashboard population for 'Other' includes only Pacific woman. This measure is reported in quarters two and four.
<b>Improving cervical screening coverage</b>	The proportion of women aged 25-69 years who have had a cervical smear in the previous three years. Target: 80% or more screening coverage for all ethnic groups. The dashboard population for 'Other' includes Asian women. The denominator is derived from Statistics New Zealand's DHB population projections, adjusted for the prevalence of hysterectomy. This measure is reported in quarters two and four. However, data is updated monthly, and is found on the following: <a href="https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/">https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/</a> .

<b>Prime Minister's youth mental health project</b>	Reports on progress towards achieving three initiatives in the Project:1: School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities. 3: Youth Primary Mental Health reported under Rising to the Challenge. 5: Improve the responsiveness of primary care to youth. Initiative 6 is reported under Shorter waits for non-urgent mental health and addiction services for 0-19 year olds, and Initiative 7 is reported under Improving mental health services using wellness and transition (discharge).
<b>Rising to the Challenge - Primary mental health</b>	This measure is to monitor access to evidence-informed psychological therapies for mental health and additions issues in primary care.
<b>Rising to the Challenge- Improve outcomes for children in mental health</b>	Reports on the actions identified in the annual plan for improving outcomes for children in mental health.
<b>Rising to the Challenge-District suicide prevention and postvention</b>	Progress against the agreed 2015-2017 Suicide Prevention Plan is reported by describing highlights, exceptions and milestones for three of the actions, and noting any completed actions.
<b>Improving wait times for diagnostic services - Coronary angiography</b>	Performance against the waiting time indicators for Coronary Angiography.
<b>Inpatient average length of stay (elective and acute)</b>	Reports are against two inpatient average length of stay (ALOS) measures – Part One: Elective surgical inpatient ALOS, Part Two: Acute inpatient ALOS

<b>Improving wait times for diagnostic services - CT and MRI scans</b>	Performance against the waiting time indicators for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Waiting time targets are people accepted for CT or MRI receiving the scan within 42 days.
<b>Improving wait times for diagnostic colonoscopy - Urgent, Non-Urgent, Surveillance</b>	Performance against the waiting time indicators for Colonoscopy that include urgent, non-urgent and surveillance colonoscopy. Waiting time targets are people accepted for an urgent, non-urgent or surveillance colonoscopy receiving the procedure within 14 days, 42 days or 84 days respectively.
<b>Shorter waits for non-urgent mental health and addiction services for 0-19 year olds</b>	All DHBs are expected to reach 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year.
<b>Faster cancer treatment (31 days)</b>	The 31-day indicator is the maximum length of time a patient should have to wait from date of decision-to-date to receive their fist treatment (or other management) for cancer.
<b>Supporting vulnerable children</b>	Actions or initiatives to reduce deaths and hospitalisations due to assault, neglect or maltreatment of children and young people

<b>Better help for smokers to quit in public hospitals</b>	95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
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<b>Standardised intervention rates of procedures</b>	The DHB's level of intervention relative to their population, standardised to take account of variations in the population demographics (age, gender, ethnicity and deprivation) allowing for comparison between different DHBs. Green shows performance is significantly above the national target, grey is no significant variation and red is significantly below the national target.
<b>Service coverage delivery</b>	Self-reported confirmation & exception report. DHBs must ensure service coverage expectations are met, or demonstrate resolution of service coverage gaps by providing an appropriate resolution plan, and adequate progress is being made against the plan. This measure is reported in Q2 and Q4.
<b>Ambulatory sensitive hospitalisation rates</b>	Ambulatory Sensitive Hospitalisations (ASH) result from diseases and conditions sensitive to prophylactic or therapeutic interventions deliverable through primary care and are, therefore, avoidable. The ASH rates are derived by the total number of 12-month ASH for DHB patients aged 0-4 and 45-64 as the numerators and the same age population of the DHB as the denominators respectively. Rates for 45-64 age group are age standardised using national population as a standard. Performance on this measure is rated in quarters two and four.
<b>Acute readmission rates</b>	Acute readmission rates are the number of unplanned acute readmissions to hospital within 28 days of a previous inpatient discharge that occurred within the 12 months to the end of the quarter, as a proportion of inpatient discharges in the 12 months to the end of the quarter. Mental health hospitalisations are excluded from the measure, while acute maternity hospitalisations are not recognised for readmission purposes. The rates are standardised by patient population characteristics, deprivation, rurality, patient health conditions, comorbidity and surgery, using 3 years rolling national patient population as a 'standard'. Indirect standardisation using logistic regression method is applied to derive the rates.
<b>Patients waiting for FSA (ESPI 2)</b>	The total number on the waiting list waiting longer than four months for a first specialist assessment (FSA) for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators
<b>Patients waiting for treatment (ESPI 5)</b>	The total number on the waiting list waiting longer than four months for treatment for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators.
<b>Regional delivery of cardiac surgery and wait list</b>	Regional cardiac provider delivery against plan. Regional cardiac provider total waiting list against the waiting list target including those waiting over 90 days and proportion of regional to national waiting list. DHBs submit four-weekly reports.
<b>Patient Experience</b>	Average rating out of 10 for inpatient experience across the four domains of communication, partnership, coordination of their care, and having physical and emotional needs met, based on results from the national patient experience survey. The survey covers patients in hospital during the second month of each quarter.
<b>Quality and Safety Markers</b>	Progress toward the markers set by the Health Quality and Safety Commission. These include older patients receiving a falls assessment, compliance with good hand hygiene practice, and two surgical site infection measures: hip and knee replacement patients receiving 2g or more of cephazolin and antibiotic administered in the right time.

<b>Key priority response actions</b>	A response to the delivery of an action and milestone agreed in the annual plan for each Government planning priority, this is an opportunity to showcase achievements.
<b>Nominated highlights</b>	A DHB (or a region) nominated highlight of an action, an initiative or an activity that reflects a NZ Health Strategy theme and is delivered within the quarter. No performance assessment is made.
<b>Performance challenges</b>	A performance measure that is assigned a red diamond indicator against performance will have a text comment providing further detail about the resolution path.
<b>Equity challenges</b>	Population and equity assessment is against the expectations agreed in the annual and regional plans, and highlights progress towards equity. A red diamond indicator against progress towards equity will have a text comment providing further detail about the resolution path.
<b>Conversation opportunities</b>	Conversation opportunities are included to provide useful triggers for internal DHB conversations, Ministry officials visits to the DHB and, monitoring and intervention framework (MIF) meetings. The bullet points include both achievements and concerns based on the performance dashboard information and emerging issues identified by Ministry DHB Relationship Managers. The conversation opportunities is not an exhaustive list.