

**South Canterbury District Health Board
2009/10 District Annual Plan Objectives
Quarterly Progress Reporting – Year To Date 31 December 2009**

This report has been separated into three sections:

- Organisational
- CPHAC / DISAC Oversight
- HAC Oversight

The categorisation is intended to ensure that the Committees recognize their responsibility to the Board to provide advice on the District Annual Plan objectives that most closely align to the Committees areas of focus. The organisational section covers items that are impacted by all aspects of the organisation and its responsibilities, both committees should review this section.

Organisational

<i>Objective</i>	<i>Deliverables</i>	<i>Target</i>	<i>Timeframe</i>	<i>On Track Y/N</i>	<i>If Not On Track Revised Completion Date</i>	<i>Progress to Date</i>
FINANCIAL						
Achieve financial break-even or better (with planned and actual deficits in any one or more years being acceptable to offset any prior accumulated surpluses).	Financial results delivered in accordance with plan	Year end audited result in line with agreed plan	June 2010	Yes		Consolidated results favourable against plan, and forecast on line to meet plan.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date								
Contain the level of investment in Management and Administration resourcing	Manage the FTE's categorised as Management and Administration within the District Health Board within the established FTE cap	<table border="1"> <thead> <tr> <th></th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>FTEs employed (accrued)</td> <td>129.00</td> </tr> <tr> <td>Contractors</td> <td>1.00</td> </tr> <tr> <td>Total</td> <td>130.00</td> </tr> </tbody> </table>		FTE	FTEs employed (accrued)	129.00	Contractors	1.00	Total	130.00	Monthly	Yes		Within Cap, at 31 December actual FTE's and contractors were 124 with 6 FTE vacancies.
	FTE													
FTEs employed (accrued)	129.00													
Contractors	1.00													
Total	130.00													
SOUTH ISLAND HEALTH SERVICES														
Develop regional service plans for 'at risk' services to support viable health & disability services for the South Island population	Regional service planning of prioritised vulnerable services as identified in stocktake undertaken in 2008-09 Establish working groups of stakeholders from relevant SI DHBs and across the continuum. Where possible there will be clinical leadership of these groups.	Business case development to support service delivery changes as appropriate	June 2010	No		South Island Health Service Planning progressing. Some difficulties in identifying common priorities across the 6 DHB's. Conceptual Framework signed off, decision making framework signed off. Planning report produced to be reviewed by CE's and Chairs in the new year. Difficult continues to be centred around a lack of consistency in priority across the 6 District Health Boards, along with the uncertainty created by the significant changes occurring at a national level.								
		Ongoing review and support of regional service developments	June 2010	Yes										
		Health networks established where appropriate to support ongoing service delivery	June 2010	Yes										

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Determine options to provide equitable elective services utilising SI DHB resources where possible	Review of South Island DHBs capacity to deliver elective services for their own & other SI DHB populations Review of equity of access issues Identify options for identifying population need – and differences across South Island DHBs	Elective service volumes delivered to contract Move towards equity of access (e.g. SDR's, thresholds) DHB resources considered prior to contracting with private sector	30 June 2010	Yes		YTD all South Island DHBs on or ahead of elective service targets
Develop a plan from each enabler workstream that will support viable service delivery within the South Island	Develop workstreams to consider opportunities within technology, employment and transport & accommodation that will support alternative service delivery models across the continuum of care Involve stakeholders from across the SI DHBs	Workstream plans Business case development to support recommendations as appropriate.	30 June 2010	Yes		Part of the SIHSP process

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Ensure service development and implementation reduces inequalities.	HEAT tool is used in all services development and implementation	All services development addresses and reduces inequalities.	Ongoing	Yes		Yes
	Health Impact Tool will be used as appropriate	Health Impact Tool training and use will be developed in 2008/09.	Ongoing	No		On hold
PRIMARY CARE FOCUS						
Preparation for the devolvement of services to the primary sector.	Plan for devolving further services to the primary sector in conjunction with secondary and primary sectors and with the involvement of clinicians	Plan for devolvement of services to primary sector	31 December 2009	On Hold		MOH advised of the work being undertaken by Establishment Board which will see future integration of primary and secondary services
Use of new funding to prepare for the devolution of primary services	Planning to include the use of \$96,850 in activities for the preparation for the devolvement of services e.g. clinical time for planning etc.	Funding utilised over the 2009/2010 year \$96,850 in 2009/2010	Six monthly reports on utilisation of funding.	Deleted	No longer applicable – funding withdrawn by Ministry of Health	

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Reduction in the rate of admissions that is avoidable or preventable by primary health care.	<p>Primary/Secondary Working Party to identify actions to reduce ambulatory sensitive admissions to 95% of national ISDR (indirect standardised discharge rates)</p> <p>Reduced ambulatory sensitive admissions (ASH)</p>	<p>Recommendations of working parties implemented</p> <p>0 – 4 Maori 110 0 – 4 Other 105 0 – 74 Maori 95 0 – 74 Other 117 45 – 64 Maori 95 45 – 64 Other 122</p>	<p>June 2010 Quarterly results based on most complete previous 12 months data</p> <p>June 2010</p>	<p>No</p> <p>No</p>		<p>Project Plan prepared.</p> <p>0-4 Māori 80.8 0-4 Other 97.0 0-74 Māori 88.0 0-74 Other 119.5 45-64 Māori 68.7 45-64 Other 117.3</p> <p>ASH admissions has been reviewed and changes have occurred in admissions which are considered ASH admissions. Previous performance not comparable to current performance.</p>
Improve primary care interface with secondary care	Primary-Secondary Steering Group functioning	Oversight of primary secondary working groups to develop integrated after hours plan, reduce unnecessary presentations at Emergency Department and improve utilisation of medical bed including reduction of ASH rates	31 December 2009 and ongoing	Yes		<p>Good progress on after hours and reducing unnecessary presentations at Emergency Department.</p> <p>Less progress on reduction of ASH rates due to lack of Medical Staff engagement</p> <p>Main focus now on developing the new environment for Primary Care through PHO Establishment Board.</p>

CPHAC / DISAC OVERSITE

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
SERVICE IMPROVEMENT						
<i>Patients have timely access to oncology treatment options</i>	All patients in category A, B and C wait less than 6 weeks between first specialist assessment and the start of radiation oncology treatment (excludes category D patients).	100%	30 June 2010 Quarterly report on progress	No		October 82% November 100% December 90% CDHB are making arrangements for new SC patients to be treated in Otago from three months from February 2010 because the increase in referrals and build up of patients waiting for treatment and installation of new Linear Accelerator early in 2010
	All patients referred by Oncology commence chemotherapy within 6 weeks of referral.	100%	30 June 2010 Quarterly report on progress	Yes		Achieved in second quarter of 2009/10 for both patients receiving chemotherapy provided by CDHB in Christchurch and by SCDHB in Timaru.
Continue to develop Oncology Nursing Service	Oncology Nurses will follow the pathway of patients from diagnosis until discharge or transfer to palliative.	All cancer patients will be able to access oncology nursing service	Ongoing – 2010 Reliant on funding for implementation Quarterly reporting.	Yes		2 FTE IN SITU. Oncology pathways continued to be formalised e.g. Lung cancer map in final draft and Bowel cancer map has commenced. The system to conduct VC clinics and MDT mtg established since December 09.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Review delivery of palliative care and implement specialist palliative care service specifications (subject to national approval process and costing of service specifications)	Review palliative care and develop coordinated palliative care delivery model in secondary, primary and community settings.	Patients have access to coordinated specialist and primary palliative care in appropriate settings.	30 June 2010 and ongoing.	Yes	End of 3 rd quarter	Will commence in 3 rd Quarter once internal review completed The mapping of palliative care patient pathways with District Nursing is close to being completed and planning has commenced for a wider review of palliative care services in South Canterbury which is planned to commence during the third quarter.
Service developed to follow Maori patient pathway through secondary services including cancer	Maori patients have access to Maori Nursing service to follow pathway of care through secondary services incl. cancer	All Maori Patients diagnosed with cancer have access to Maori Nursing service to follow patient through secondary services. (Commencement subject to recruitment of staff by Maori Provider	30 June 2010 Quarterly reporting	Yes	Commencing March 2010	
Reduce smoking prevalence in South Canterbury	Train all health practitioners in the ABC approach to core competency training (as per the New Zealand Cessation Guidelines 2007). Enhance access to cessation options in South Canterbury.	75% of health professionals trained in ABC core competency training. Increase the number of quit attempts in South Canterbury.	June 2010 30 June 2010	Training Underway Yes		Training occurring in primary and secondary services. E- learning tool – being used by some staff - approximately 15 – 20 staff passing each quarter Additional FTE appointed to support target

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	Support all DHB providers to establish and/or maintain smoke free services.	80% of providers with smoke free policies, facilities/services	30 June 2010	Yes		Being addressed nationally
	Support Aoraki PHO to implement systems that support the ABC approach to smoking cessation.	Agree on timelines and plans for roll-out of the APHO component of the South Canterbury Tobacco Control Plan.	Milestone reporting quarterly.	Yes		National contract document doesn't support it being a contractual requirement – otherwise facilities/services are smokefree
	Engage with community organisations outside of the health sector	Five (5) of non-health organisations engaged and participating in implementing smoke free policies each quarter in 2008/2009.	30 June 2010	Yes		Aoraki PHO has taken over workplace initiative commenced by SCDHB. Initiative has changed to workplace health screening
	Ensure continued access to cessation services in community – including rural areas	Increase the number of quit attempts in South Canterbury District.	30 June 20010	Yes		

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	<p>Review systems within Hospital environment to ensure smoke free status of patients/clients collected and recorded</p>	<p>80% of patient attending outpatient and inpatient interventions have their smoke free status collected and recorded, and are provided with advice to help to quit.</p>	<p>30 June 2010</p>	<p>No</p>	<p>March 10</p>	<p>Total number of hospitalisation = 1,139 Counselling given to Smokers = 10% At this stage the focus has been on improving inpatients systems to ensure we can meet the health target. The data in this report is being used as a baseline to measure progress in counselling given to smokers. There is already an improvement from the 4.6% (July-Dec08) in the initial data the Ministry provided with the health target reporting information to the 10% for September 2009. Once we have sorted the issues related to inpatient data we will work towards managing the capture of outpatient data – from January 2010</p>
	<p>Promote smokefree/ auahi kore environments and smoking cessation in South Canterbury communities, prioritising low decile communities.</p>	<p>Support interagency projects that promote smoke free environments and smoking cessation.</p>	<p>30 June 2010</p>	<p>Yes</p>		<p>Additional funding provided by MOH to SCDHB for auahi kore Māori smoking cessation health promotion (0.6 FTE) and to CDHB for smoking cessation services in South Canterbury (additional 0.2 FTE)</p> <p>South Canterbury Smokefree Committee submission to Māori Affairs Select Committee submitted</p>
PRIMARY CARE FOCUS						
<p>95 %Children fully immunised at two years of age by ethnicity.</p>	<p>92% of children fully immunised at two years of age by ethnicity.</p>	<p>Maori 92.0% All Other 92.0%</p>	<p>30 June 2010</p>	<p>No</p>		<p>Calculation queried: 89% All Other – only 4 children in South Canterbury not immunised by 2nd birthday. 79% Māori – only 4 Māori children not immunised by 2nd birthday.</p>

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Primary providers are supported to ensure children fully immunised at two years	Immunisation Steering Group work with all general practices not reaching target	As above	30 June 2010	Yes		Immunisation Coordinator working with families and providers. Reached lowest number of children not immunised by 2 nd birthday since NIR reporting commenced.
Immunisation is promoted in South Canterbury community	Immunisation Coordinator and South Canterbury Steering Group will provide education and promote immunisation with providers, PHO and Mothercraft classes	Continued education and promotion occurs in South Canterbury community	30 June 2010	Yes		Immunisation Group continues to promote immunisation: Childhood Immunisation is ongoing Measles recall occurring currently HPV continues – good coverage being achieved H1N1 commencing start February – targeted at frontline health workers and “at risk” population.
<i>Better diabetes and cardiovascular services</i>	<p>(a) <i>Increased % of eligible adult population have had their CVD risk assessed in the last five years</i></p> <p>(b) <i>Increased % of people with diabetes attend free</i></p>	<p>(a) <i>Total 68.5%</i> <i>Maori 58.2%</i> <i>Other 69.0%</i></p> <p>(b) <i>Total 66% n=468</i> <i>Maori 55% n=18</i> <i>Other 67% n=450</i></p>	<p>30 June 2010</p> <p>30 June 2010</p>	No		<i>All three indicators affected by H1N1 – as quarter being reported on is July – September 2009. MOH has changed reporting method – and additional report attached to provide more information.</i>

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	<i>annual checks</i> (c) <i>Increased % of people with diabetes have satisfactory or better diabetes management</i>	(c) <i>Total 83% Maori 75% Other 83%</i>	<i>30 June 2010</i>			
Aoraki PHO general practices have the capability to deliver diabetes and cardiovascular services as agreed in PHO Performance Management Plan	All general practices in South Canterbury have the capability to deliver diabetes and cardiovascular services to meet national performance indicators	All general practices delivering diabetes and cardiovascular services to meet nationally agreed performance indicators	30 June 2010 or earlier as agreed nationally	Yes		Some national data issues still occurring with reporting as identified with the public PMP programme reporting

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
South Canterbury Service Framework encompassing prevention, community support in self-management, and treatment for long term conditions implemented	Primary Secondary diabetes services reviewed and model of care developed to support management of diabetes under the long term conditions management framework	Primary and Secondary diabetes services are reviewed and re-developed under the long term conditions service framework	30 June 2010	On hold		Will occur in new primary environment and will need clinical leadership in primary and secondary services to cover continuum of care for population.
Additional medicines funded	Increase expenditure on pharmaceuticals to facilitate access to additional medicines through Pharmac budget	Pharmac budget increased by DHB to ensure SC population access to new medicines – 3.116% FFT + share of new money \$1,174,700 increase	June 2010	Yes		Included in SCDHB budget - Pharmac working to new budget.
SIA (Services to Improve Access) funding provided to Aoraki PHO is utilised	Aoraki PHO provides Plan for the delivery of SIA services for Maori and Pacific People, Dep 9 & 10 and high need population enrolled with PHO.	Aoraki PHO SIA Plan approved by DHB	1 July 2009	Yes		Service approved – being delivered. Additional 6 month pilot for nursing role to improve access approved in principle.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
South Canterbury has a well performing PHO implementing the Primary Care Strategy	DHB will continue to support the PHO in building capacity in governance, service delivery and workforce development	Aoraki PHO has Workforce Development Plan which is part of the SCDHB workforce development plan which supports new models of primary care	31 December 2009	No		Decision to exit Aoraki Primary Health Organisation and to establish a new environment for primary care supercedes this DAP objective
	Health Education plan to provide health education to support general practice and enrolled population and new models of primary care delivery	Health Education Plan developed and approved by DHB and initiatives delivered	30 June 2009	Yes		Plan received and services approved and delivered
	Aoraki PHO maintains target level of enrolment (70%)	70% of eligible patients enrolled in Care Plus Programme	30 June 2010	Yes		PHO reached 79.9% in MOH report in 2 nd quarter
	SIA Plan developed and services delivered by Aoraki PHO for 2009/2010 year	SIA Plan approved by DHB Services delivered according to performance measure agreed	1 July 2009 In accordance with approved plan	Ongoing Ongoing		PHO reached 79.9% in MOH report in 2 nd quarter

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	Aoraki PHO meeting all Performance Management Targets	PMP Plans approved and targets met	30 June 2010	Ongoing		Continues to meet most targets
		Integrated After Hours Plan for South Canterbury - Primary Secondary Interface developed and supported by general practice	31 December 2009 and ongoing	Yes		Phase I – completed with Emergency Department providing after hours care for General Practitioners in Timaru area from 8pm to 7am each night. PHO still to finalise arrangements for ARC after hours access. Phase II – rural after hours now to proceed.
AGED CARE						
Improve quality of supervision and nursing in rest homes	Additional investment in Aged Residential Care to enable rest homes to support and retain nursing	SCDHB's share of \$18 and FFT (3.116%) is invested in Aged Residential Care as part of the national process. (\$268,200 in 2009/2010)	July 2009	Yes		Funding invested in pricing.
Improve availability of rest home beds	Purchase of dedicated rest home beds	Explore how dedicated beds or bed days could be purchased which meet the needs of clients with complex needs and their carers.	31 December 2009	Yes		RFP undertaken and recommendation to Board – January meeting

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Restorative Packages of Care/new model of Home Based Support Services implemented	Packages of Care model fully implemented	100% of clients assessed using InterRAI tool and provided with packages of care	June 2010	Yes		New model of restorative packages of care now being rolled out to all clients
	Appropriate Providers contracted to deliver restorative and individual packages of care	Appropriate number of providers contracted and hourly rates increased and matched to complexity of support care	June 2010	Yes		No change to number of providers planned at this stage.
CHILD HEALTH						
WAVE Programme creates and supports healthier environments for children and young people	All pre-school, primary, secondary, tertiary and alternative education settings participating in WAVE project.	All South Canterbury education settings engaged in WAVE	30 June 2010	Yes		
Stage 2 (incorporating planned Stage 3 – “At Risk” Children) of Child and Youth Health Project – ensuring access to health services for children and youth including those “at risk” .	Update 2005 Child and Youth Review – Identify gaps in access to health services.		June 2010	Ongoing		Health assessment and services to be provided by public health nursing service at 10 alternative education settings (approximately 140 young people).

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Maintain or increase the utilisation of adolescent oral health services	Adolescents are enrolled with Contracted Dentists and access oral health care.	88% or more eligible adolescents utilise DHB funded oral health services in 2009	Reported for 2009 calendar year in March 2010	No		While data not available until 4 th quarter – however the MOH revised population projections and method of calculating after target was set. SCDHB is still likely to 1 st or 2 nd in utilisation nationally – but 88% will not have been achieved.
Regional coordination of adolescent oral health services	Canterbury DHB provides coordination for SCDHB and WCDHB. Coordination promotes utilisation of free oral health services to adolescents from Year 9 to 18 years of age.	Maintain or increase current utilisation of 88% of eligible adolescents.	Coordination activities reported for 2009 calendar year in March 2010	Yes		
Implement new model of oral health services in South Canterbury - Oral Health Business Case	Commence oral health promotion services and the implementation of mobile examination and treatment services of the South Canterbury Oral Health Business Case	Health promotion position contracted. Implementation of Mobile examination and treatment services commenced and underway.	August 2009 Project implementation planning underway under supervision of CDHB Oral Health Steering Group	Timeline changed due to various delays with mobiles and equipment etc.		SCDHB represented on CDHB governance group – SC business plan being implemented with CDHB services and development underway. Service Level Agreement has been with
		Canterbury DHB	August 2009	No		

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
		contracted via Service Level Agreement rather than via IDFs.				CDHB Legal Service for several months – MOH requires this to be implemented and attempts being made to get this signed.
MENTAL HEALTH						
People with serious mental illness have improved health status	Long-term clients have relapse prevention plan	100%	Ongoing	Yes		Achieved
	Long-term clients have up-to date relapse prevention plans which are reviewed 3 monthly	>90%	Ongoing	Yes		Achieved
Nutrition advice is made available for mental health clients	Mental Health Clients have access to good nutrition advice via services provided by DHB Dietetic Services.	0.5 FTE Dietetic services provided for mental health clients	Monthly reporting	Yes		Clients have access to designated MH Dietician Actual contacts= 138 Target YTD = 182 Total 23% under contracted volume. Commencement of role after 1 July = reason for decreased volumes and expected to catch up by year end.
HEALTHY SOUTH						

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Support implementation structure	Healthy South Steering Group established	Group established July 2009		Deleted		No longer applicable as Health South now not being continued as a priority (as determined regionally). South Island Public Health Plan to be developed in conjunction with MOH and with SIHSP. Further actions will come from that
Develop implementation plan	Health South Steering Group develop agreed 2 yr implementation plan	Plan complete by December 2009		Deleted		
Advancing priority areas	Priority target practitioner networks established.	3 networks established by June 2010		Deleted		
Funding and contracting review	Collaborative plans for health priorities agreed Funding and service contracts reviewed and aligned to agreed priority areas	3 agreed collaborative plans in place by July 2010		Deleted		
Development of 'Capability Backbone'	Agreed shared performance monitoring process in place	Monitoring process commences July 2010 Contract review completed by Dec 2009 ready for funding realignment to		Deleted		

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	<p>Provider Service plans specify how Healthy South will be implemented at a district level.</p> <p>Maori communities and providers have agreed regional programmes and infrastructure that improve whanau ora and provider viability</p>	<p>commence July 2010</p> <p>Agreed development process in place by July 2010</p> <p>Agreed plan in place by July 2011</p> <p>Annual Plans and Service Plans for the 2010 year include actions targets and measures for local implementation</p>		<p>Deleted</p> <p>Deleted</p>		

HOSPITAL ADVISORY COMMITTEE OVERSITE

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
SERVICE IMPROVEMENT						
Ensure Mothers are able to remain in maternity facilities until breastfeeding established and "attachment/parenting issues" managed	Undertake a satisfaction survey of Mothers using the SC maternity facility to establish baseline to measure performance	Undertake survey during first 6 months of 2009/2010	31 January 2010	Yes		Survey has been delayed due to changes of roles with CMM. Will be commenced Jan 18 th 2010.
	Provider information to Mothers making them aware of the criteria for discharge and what can be achieved during their stay and on going home with support and advice	Development information for Mothers in conjunction with stakeholders	30 November 2009	Yes		Facility information reviewed and updated by CMM Sept 2009.
EMERGENCY						
Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an Emergency Department within six hours	100% of patients admitted, discharged or transferred from the Emergency Department at Timaru Hospital with six hours	1 July 2009 and ongoing	Yes to revised target	Revised Target to align with Minister's Expectations which is 95%.	YTD 96.5% discharged within 6 hours.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
<i>Optimise patient flow through the Emergency Department</i>	<i>Patient care provided in timely appropriate manner through the Emergency Department</i>	<i>Meet ACEM Triage times?</i>	<i>Monthly</i>	Yes		<i>Marked improvement in second quarter, particularly noticeable when changes to ED / Primary Care were implemented. Triage 1: Target 100% - 100% Year To Date Triage 2: Target 80%: 81% for 2nd qtr, 79.4% YTD Triage 3: Target 75%: 80% for 2nd qtr, 76.7% YTD</i>
SURGERY						
To deliver SCDHB share of surgical discharges for the SC population (incl. IDFs)	MOH base surgical discharges	Discharges (Incl. IDFs)>22831	30 June 2010	Yes		On target
Patients awaiting elective services are managed according to the requirements of the National Elective Services Booking System	SCDHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPI).	ESPI 1 – >95% ESPI 2 – <1.5% ESPI 3 – <4% ESPI 4 – Nil ESPI 5 – <4% ESPI 6 – <12% ESPI 7 – <4% ESPI 8 - >95%	On going	Yes		SCDB remains green at DHB level in all ESPI's SCDHB Elective Services Performance Indicators (ESPIs) remain green at DHB level for all indicators for November 2009. Orthopaedics now shows compliance for both October and November. Some issues exist in Dental and Gynae but are being addressed.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	<p>plans where appropriate</p> <p>Timely Discharging of patients</p>	<p>75% of Patients discharged by 11am</p>	<p>Monthly</p>	<p>No</p>	<p>March 2010</p>	<p><i>New measure this year, data only recently developed. Performance significantly below targets.</i></p> <ul style="list-style-type: none"> • ATR 19.35% • ICU 12.50% • MED 8.76% • PAED 47.79% • SURG 8.75% <p>The DAP Discharge by 11am Project s fully commenced at Timaru Hospital in January 10.</p> <p>An analysis of the discharge patterns for each of the impatient units is complete. The project plan and meeting forums are underway and the working party has commenced.</p> <p>Currently there is little concerted effort to discharge by the agreed time of 11am. This is most part due the custom and practice of a low priority given to formalised early discharge planning and the use of the tools to enable this to occur in a pre determined way to the benefit of the patient and staff.</p> <p>The project method that was developed in the ED and primacy care project is being applied to this DAP project too as this empowers the staff involved to lead and make decisions that advance towards the</p>

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						project outcome.
BENCHMARKING / PRODUCTIVITY						
Optimise the benefit of belonging to the Australasian Health Round Table	Service Improvement through utilising Health Round Table Benchmark information resulting in service gains and productivity improvements	Reduction in triage 4 & 5 patients treated by 25% through work with Primary / Secondary Interface group	September 2009	Yes		On track meet target by 30 June 10
	Investigate reasoning as to why Radiology Utilisation for SCDHB residents appears significantly higher than benchmark suggestions	Radiology Utilisation in line with benchmark expectations	December 2009	Yes		Changed implemented to take effect January 2010
	Full participation in NZ Benchmarking Group	Investigation of at least 2 other areas where SCDHB performance improvement opportunities are identified through HRT data. Investigate differences and implement any appropriate findings	Minimum of 1 per six month period	No		Priority been on the over utilisation of Emergency Department and Radiology. Annual review scheduled for November will identify further outliers at that stage. Until deliverables achieved on this front unable to progress with additional areas.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Procurement & Inventory Management	Identify options for structured approach to Shared Service Opportunities associated with Procurement & Inventory Management	Options investigated and preferred option determined	July 2009	Yes	Early 2010	Completed
		Implementation of Shared Procurement and Inventory Management Service	October 2009	No		Currently being implemented through Southern Alliance
		Quantified efficiencies as a result of procurement strategies of >= \$250k (impact in 2009/10)	Monthly	Yes		Efficiencies identified and being monitored monthly.
Investigate, and Implement, viable back office Shared Support Services	Evaluation of back office shared support opportunities. Implementation of viable options	Potential shared service opportunities identified	June 2009	Yes	Underway in phased manner	Leadership of this has been assumed as a collective responsibility with the South Island Chief Executives. Survey undertaken, and Procurement agreed as a priority.
		Investigation of viability for each service identified	October 2009	Yes		Second priority being explored is payroll. Further priorities will be considered in finance and IT when procurement and payroll are progressed.
		Implementation plan developed and implemented where viable	June 2010	Yes		Future development will be impacted by direction of National Shared Services Board activity.
QUALITY IMPROVEMENT						

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
The Releasing Time to Care – The Productive Ward model is implemented across adult inpatient wards	Delivery against the project implementation plan	Implementation in the AT&R unit and medical and surgical wards	January 2010	Yes		Medicines module commenced in the medical ward and progressing well. Sustainability in AT&R and progress of implementation of foundation modules in the surgical ward of concern. Action plans for the calendar year being developed for all three wards with (expectation that 4 process modules be completed annually). Audit schedules, KHWD boards to be standardised as much as possible. Six month post implementation evaluation report completed. Work continues on quantifying cost savings to date
The Service Provision Framework model is maintained in clinical services	All inpatient and outpatient units where this model has been introduced have completed/reviewed SPF documents	Maintenance in the 14 areas where this model is utilised	June 2010 – ongoing	Priority Modified		Following review the Service Provision Framework (SPF) model has been disestablished with transition to a modified Service Framework (SF) model approved. Staff have been informed. The replacement model will be adopted by all inpatient units. All services that had a SPF have had their electronic files transferred to new file system. Hard copy folders are being updated, renamed and redistributed to services as they are updated. Retrospective Chart Audit / incorporating SF audit review currently in draft form. Draft audit tool trialled in a number of clinical areas, awaiting feedback. Document control commenced for ICU, Paeds and Maternity services.
SCDHB's local policy and process for	All incidents investigated and managed in	SCDHB policy approved and implemented	July 2009	Yes		

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
incident management reflects the intent and requirements of the National Policy for the Management of Healthcare Incidents	accordance with their allocated Severity Assessment Code	Key staff attend the regional training programme for leading Root Cause Analysis investigations and 'Open Disclosure' mentorship		No		Advice received from the national NZIMS project contractor that allocated funding for additional advanced practitioner workshop is no longer available as utilised to extend the scope of DHB NZIMS workshops. Provision for this advanced training was not included as a rec. in the contractor's final project report to the Ministry as expected
Managers are competent in incident investigation	Managers use the appropriate level of investigation as dictated by the New Zealand Incident Management System Severity Assessment Code	Managers receive training in investigation methodology for Severity Assessment Codes 2 and 3	Dec 2009	No	June 2010	Training package under development with the intent of an interactive learning session. Some individual (one to one) training occurs when managers unsure how to proceed with an investigation. Anticipate that training to occur second half of financial year.
Infection rates are comparable or better than other hospitals participating in the National Nosocomial Infection Surveillance (NNISS) programme	South Canterbury DHB has a robust Infection Control Programme which includes quality improvement initiatives, staff education opportunities, National Nosocomial Infection Surveillance System Programme (NNISS) and a schedule for	Approved Infection Control Plan for 2009/10 Recommended guidelines as described in the project schedule implemented when released	July 2009 TBA	No Yes	March 10	Due to change in key staff member, review of plan delayed. Continuing to operate under existing 2008/09 infection control plan. Nil received to date.

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	<p>environmental and clinical practice audits</p> <p>Implementation of strategies from the QIC Infection Prevention and Control project relating to reducing catheter related blood stream infections and improving surveillance of surgical and procedural site infections</p>					
Hand Hygiene practices within SCDHB are in compliance with best practice guidelines	The intent of the New Zealand Hand Hygiene Guidelines are implemented in SCDHB facilities	Partial implementation of guidelines as able to be supported within existing resources	July 2009	Yes		
Mortality review occurs across all SCDHB clinical services utilising a structured approach	Implementation of strategies from the QIC National Mortality Review project.	<p>Establishment of a local Child & Youth Mortality Review Committee</p> <p>Participation in a national adult mortality review process once established.</p>	<p>June 2010</p> <p>TBA</p>	Yes		<p>Contribution to national CYMRC process and mortality dataset ongoing.</p> <p>Review meetings continue through regular meetings.</p> <p>GP and GSE agents approved.</p> <p>Agents from Plunket and Suicide Prevention Coordinator selected and approval process commenced.</p>

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Medicines are safely prescribed, dispensed and administered within SCHDB	Participation in strategies from the QIC Safe medication management programme	Implementation of recommendations and adoption of standardised documentation	ongoing	Yes		Medicines reconciliation pilot completed now in data analysis phase. Decision made to continue with Medicine reconciliation in the medical ward following medicines reconciliation steering group meeting. There is clear benefits to the patients from the MR process. Roll out to other areas will require additional pharmacist support incorporated into 10/11 budget
SCDHB maintains accreditation and certification standards through Quality Health New Zealand	Action plan from learnings identified and any corrective actions from the May 2009 accreditation survey, is developed and implemented	Action plan developed Actions implemented	September 2009 In accordance with action plan	Yes		
LEADERSHIP						
Clinical Council takes effective ownership of clinical practices and standards across SCDHB	Clinical Council work program for 2009/10 developed and approved Work program delivered		July 2009 As per agreed work program	Yes Yes		Communications plan updated and presented to Clinical council - deliverable as part of the work plan Clinical committee review has been commenced Intraview page on hold until Admin person has the required training in early February

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Strong Clinical Leadership developed throughout the organisation	Cognitive Institute Programme run inhouse for current and emerging clinical leadership		September 2009	Yes		Achieved.
	Mentoring programme for current and emerging clinical leadership established		November 2009	No		Awaiting appointment of new Clinical Leadership to build mentoring around these roles.
	Formal and Informal leadership roles and accountabilities reviewed to ensure that we are fostering		November 2009	No		Formal leadership positions reviewed, identified priority areas for informal leadership. Awaiting new Chief Medical Officer as views of future leadership structures were mixed in response from SMO's.
	Performance expectations of Senior Management Team and Formal Clinical Leadership roles to have an accountability for fostering clinical leadership		July 2009	Yes		

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	development.					
SCDHB has robust credentialing and re-credentialing processes in place which reflects national standards	Five year credentialing plan developed Delivery against the re-credentialing schedule for clinical services	Two services re-credentialed	July 2009 June 2010	No Yes		Awaiting appointment of new Chief Medical Officer Mental Health completed, next service being planned for early 2010
To support the organisation's vision and values through the provision of clinical leadership and advice to the SCDHB for professional matters relating to strategy, clinical policy and standards, patient safety and continuous quality improvement.	Quarterly reporting to SMT, Hospital Advisory Committee and the Board	Delivery against the Clinical Council Work Plan	Ongoing	Yes		Quarterly report to SMT and HAC
Patient involvement is evident in key quality improvement processes within SCDHB	Patients are actively involved in the design and evaluation of care delivery	Patient representative on the Clinical Council Patient input into medical credentialing	June 2010 June 2010	Yes		Work is to commence, planned for next quarter

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
SCDHB has a robust process for the identification, analysis, management and reporting of risks	Risks contained on SCDHB's Risk Register are actively managed	All existing risks will be migrated to the Quantate programme New risks will be entered on the Quantate programme	March 2010 From March 2010	Yes		Presentation to SMT on the Quantate Risk Management Programme. Confirmation regarding responsibility, generic descriptions, review process and reporting requirements established and programme updated. Extensive technical difficulties with Quantate programme – now appear to be resolved. Paper base form for capture of Risk Register Entry Requests in draft. Trial migration of risks to Quantate to commence this month.
HUMAN RESOURCES						
Workforce Development Plan	Project plan for development of overall plans developed	First Draft plan for SCDHB and network organisations	June 10	Yes		High level framework complete. Key workforce group plans still work in progress
Healthy workplace	Establish baseline for staff health which will inform programme development Ongoing targeted programme development Clear procedures and team communication to prevent bullying	All voluntary participants' individual and management reports complete Framework to inform programme development complete 100% 3 rd tier leaders complete programme	September 09 December 09 December 09	No No Yes		Tools and vendors identified. Report to CEO regarding benefits Awaiting baseline development Ongoing orientation programme in place

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	Complete a culture survey and use feedback to drive positive workplace changes		June 10	Yes		Options identified and participation dependant on SMT approval
	All staff receiving no less than annual performance reviews	90%	Monthly	No		Not achieved. At end of December only 54.47% of staff have had performance appraisal complemented within 12 months. Clinical Services is the major contributor to this result with only 27% having been achieved. Action plan being developed within service to improve performance
	Management of low staff turnover rate	<9.5% per annum	Monthly	Yes		Year to date result 6.9%
Learning and development	Collaborative relationships with regional medical and clinical Education providers maintained and developed	Curriculum development in collaboration with providers Return to nursing programme continued with intakes in 2009/10	Ongoing	Yes		Draft Training plan being developed in partnership with SDU and HR – out for consultation in November Competency Assessment Programme (CAP) moving to one larger intake a year, with targeted advertising timed to finish prior to higher vacancy months (August/September)
	Strategy developed and implemented to optimise exposure to health career choices for secondary school children.	Strategy developed and implemented	September 09	No		Strategy developed. Action plans dependant on resource allocation

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	Team Leadership Programme developed and implemented	All 3 rd tier managers engaged in programme including performance management and sentinel event management	March 10	Yes		Fourth and final session completed
Increasing Workforce supply	Support Health Sector brand project initiatives	Adoption of health sector brand within South Canterbury	July 09	Yes		Ongoing
	Foster strong relationships with other regional DHBs to explore collaborative recruitment and retention projects		Ongoing	Yes		Ongoing
	Programme developed and implemented to target local residents with health skills and experience, not currently in the workforce	Programme for nurses and midwives complete	April 09	Yes		Working with the education providers to ensure opportunities to undertake nursing and midwifery programmes locally are available to SCDHB residents

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
	Programme targeted at improving clinical recruitment and retention in areas of need	Reduced utilisation of locums through improved recruitment and retention of staffing Senior Medical Staff vacancies in medicine and paediatrics reduced by 50%	Ongoing 30 June 10	Yes Yes		Participation in national locum project Focus on permanent appointments Senior Medical Staff vacancies for paediatrics achieved(0% vacancy)
HRIS	Explore training and development and Performance Management components of existing Payroll software agreement	Utilise existing software more effectively where productivity gains are identified or investigate alternative or shared system solutions	December 09	No		Meetings with Software provider regarding current reports Shared system solutions are being investigated. Process not complete.
Working in Partnership	To maintain local engagement with respective unions via: <ul style="list-style-type: none"> • Bi partite Forum • Joint Action Committee • Joint Consultation Committee & Safe Staffing Committee 	Quarterly reports against agreed work plans	Ongoing	Yes		Ongoing
INFORMATION TECH / SERVICES						

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Health Information Strategy NZ (HISNZ)	Alignment of SCDHB ISSP with updated HISNZ	Refinement of ISSP to align with updated HISNZ to influence 2010/11 planning	December 09 ²	Deferred		At this time not expecting an HISNZ update being released
Replacement of Patient Management System	Collaborative Results of RFP known	RFP Closure	August 09	No		HMSC deferred progressing to RFP at this time. HMSC Governance Group Meeting with National IT Board Chair scheduled Feb 2010 to discuss future plans
	Alternative options identified and viability tested	Alternative options documented including option of additional support to maintain existing system until permanent solution implemented	August 09	Yes		Interim Moves approved by Board in August, first steps of the interim moves progressing currently with report back to board due in April 2010
	Selection of preferred solution, both final and any interim steps	Solutions identified	December 09	No		Will not be achieved in 2009/10, plan B being actioned
	Business case supported by Board	Board support	April 2010	No		Will not be achieved
	Implementation Commenced		Per Business Case	Yes		

² Subject to timing of HISNZ release

Objective	Deliverables	Target	Timeframe	On Track Y/N	If Not On Track Revised Completion Date	Progress to Date
Regional IS Developments	Increased focus on regional collaboration on IT developments from participation in the regional IT forum	All projects are fully considered in a regional context with collaborative development occurring where practical	Ongoing	Yes		Labs reporting project criteria include regional considerations. National IT Board has indicated its initial themes – Phase 1 consolidate, co-operate or foundation; Phase 2 - Shared Care
Data Quality – National Health Index	High quality data is provided to national systems with continual improvement	Less than 2% of NHI numbers created by the DHB are duplicates	June 2010	Yes		
Data Quality - Ethnicity	High quality data is provided to national systems with continual improvement	Less than 1% of NMDS records are created with a non specific ethnicity status	June 2010	Yes		