South Canterbury
District Health Board

2021/22 ANNUAL PLAN

EVERY moment MATTERS

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Annual Plan dated the 2nd of July 2021.

(Issued under Section 38 of the New Zealand Public Health and Disability Act 2000)

Contents

Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry

Ron Luxton
Chair
South Canterbury District Health Board
rluxton@scdhb.health.nz

30 SEP 2021

Tenā koe Ron

South Canterbury District Health Board 2021/22 Annual Plan

This letter is to advise you that we have jointly approved and signed South Canterbury District Health Board's (DHB's) 2021/21 annual plan (Plan) for one year.

When setting expectations for 2021/22 it was acknowledged that your Plan would be developed in a period where our COVID-19 response, recovery and immunisation programmes remained a key focus and therefore planning requirements were streamlined towards your DHB's work to improve equity and to embed lessons and innovations from COVID-19. Thank you for providing a strong plan for these areas.

Your Plan for 2021/22 will be delivered in an environment where this work continues to be of critical importance and where our system transition process is underway. We acknowledge that providing clarity on the critical areas for improvement through transition is helpful and, on that basis, we are confirming the top challenges that will be of focus for us through 2021/22:

- Keeping COVID-19 out of communities.
- Supporting the mental wellbeing of people, particularly of youth and young people.
- Ensuring child wellbeing, particularly through increased immunisation.
- Managing acute demand.
- Managing planned care.

More broadly, we also acknowledge the importance of your Board delivering on the Plan in a fiscally prudent way.

We invite you to work closely with your regional Chair colleagues to share your skills, expertise, and problem-solving efforts to ensure progress is achieved in these top challenges. As performance progress is discussed through the year, we will look forward to hearing about your joint efforts and progress.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health (the Ministry), including changes in FTE. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

Your 2021/22 Plan provides an important foundation to ensure our health system delivers for New Zealanders during the period of system transition and we expect all DHBs will be disciplined in delivery of their plans.

Please ensure that a copy of this letter is attached to any copies of your signed plan made available to the public.

Ngā mihi nui

Hon Andrew Little
Minister of Health

Hon Grant Robertson
Minister of Finance

Cc Jason Power
Chief Executive

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MESSAGE FROM THE BOARD & CHIEF EXECUTIVE

"He waka eke noa" – We are all in this together

This year is a year like no other. We cannot perform the process of health planning as if we haven't changed, we have. The world has changed.

COVID-19 was and still is a raging pandemic that impacts on each and every person. It placed extreme pressure on health care workers and the whole health care system across the world. As we move into a new normal, we need to ensure we continuously adapt to make room for this everchanging environment.

South Canterbury DHB is well placed to ensure the health and independence of its people. In 2020, the DHB commissioned a Health Needs Assessment and Service Profile for South Canterbury. The purpose of this assessment was to support future planning and investment to improve population and disability outcomes. In conjunction with the Health Needs Assessment, persona developments were conducted which help support the Health Needs Assessment data. This is where the voices of the South Canterbury community can be heard.

The foundation for a strong health system in South Canterbury is literally being laid with development and renovations to the Timaru Hospital. Our paper-based health system is slowly but surely digitising as information is accessed at the bed-side by patients and staff alike. Over the coming years, models of care will be enabled with facilities which allow and support best practice.

Our biggest strength has always been our workforce. Our response to COVID-19 demonstrated an ability to change at incredible speed. We need this agility again if we are going to address health inequity. We have a leadership role to drive initiatives that enable Māori to live healthier, happier lives and the overall goal of *pae ora,* healthy futures. Culture change needs to be swift and driven by tangible skills development that empowers our whānau to achieve their dreams and aspirations.

As we move into one of the biggest vaccination programmes, South Canterbury DHB is committed to supporting the roll out and success of the COVID-19 vaccination programme.

The process of health planning allows us to create meaningful actions and while this is an annual process, this is a year like no other. We welcome 2021/22 as we continue to provide quality health care in our new normal, ensuring '*every moment matters*' by living our values of, *Pono – Integrity, Mahi Tahi – Collaboration, Whaiwhakaaro – Accountability, Whakaute – Respect, Hiraka – Excellence.*

Nga Mihi

Ron Luxton
Chair SCDHB

Jason Power
CEO SCDHB

MESSAGE FROM THE BOARD CHAIR & MĀORI PARTNERSHIP BOARD

"Ko te pae tawhiti whaia kia tata, ko te pae tata whakamaua kia tina"

Seek out the possibilities in the distant horizons to draw them nearer, whilst managing the ones that have already been attained.

He whakarato i kā tākata katoa ki te kōuka o kā ratoka hauora puta noa i tēnei takiwā, te wawata o Te Pōari Hauora o Waitaha ki te toka. He whakatutuki i te mana taurite hauora mō te Māori, tētahi aroka matua o Te Poari. Ka whakamana te pōari i te wairua me kā mātāpono o Te Tiriti o Waitangi. E whakapono hoki ana mātou, koia nei he tūāpapa ki te hauoratanga o te Māori i kā hāpōri.

The aspiration of the South Canterbury District Health Board, is to serve all people with good quality health services throughout this district. Achieving health equity for Māori is a key priority for us. Our commitment to this is to acknowledge the wairua and guiding principles of te Tiriti o Waitangi, which is our belief and pathway to good health for Māori in the community.

Ron Luxton, Chair
SCDHB

Karl Te Raki, Chair
Māori Health Advisory Committee (MHAC)

SECTION ONE: Overview of Strategic Priorities

Ensuring every moment matters and enhancing the health and independence of the people of South Canterbury

Our objectives are to improve, promote and protect the health, wellbeing and independence of our population and to ensure the delivery of effective and efficient health care for our population. Our mission statement is "to enhance the health and independence of the people of South Canterbury" and to achieve this we work with our consumers, our communities, health and disability service providers and other agencies to ensure the quality, safety and coordination of health and disability services for our population.

Our Annual Plan enables us to articulate how we will go about putting our vision and mission into action. We also need to ensure that our key focus areas align with what is expected of us from the Ministry of Health. Here we look at Government's planning priorities and ensure we perform against these priorities, including:

Achieving health equity and wellbeing for Māori through Whakamaua Māori Health Action Plan 2020-2025

We will continue to build on the foundations and relationships formed with our Māori health service provider and iwi partners while raising cultural awareness and competency within the DHB. Whakamaua: Māori Health Action plan provides a clear direction for the Ministry, District Health Boards, Whānau , hapu, iwi and, other key stakeholders to improve Māori health. During the 2021/22 we will be investing in a local cultural competency professional development programme for all staff and across Primary Care settings, with an aim in creating better experiences for Māori in our community.

Sustainability

We are a fiscally responsible, well performing DHB, dedicated to increasing equitable access and outcomes for our community. We need to design services that validate the person and their family at the centre of all that we do, all within a fiscally tight environment. Our aging population combined with chronic lifestyle diseases will continue to put the DHB under significant financial pressure. If we continue to deliver services as we currently do, we will simply be unable to meet this increasing demand. This is why we need to be smart about how we operate and we allocate funding to maximise health care services. We believe our out-year planning is robust as we continuously assess what our priorities are. We understand the financial challenges that we will face, however we are committed to supporting system sustainability.

Improving child wellbeing

As described in the Child and Youth Wellbeing Strategy, the Government's overall vision is *'Making New Zealand the best place in the world for children and young people'*. South Canterbury's strong sense of hapori, community, is evident in the cross-sectoral Maternal Child and Youth Alliance. The Alliance takes a holistic approach to understanding our local social determinants of health, and provides action for change, to improve the health and wellbeing of individuals, families and communities.

Improving wellbeing through prevention

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction indicates that over 50-80% of New Zelanders will experience mental distress or addiction challenges or both in their lifetime. The report highlights that it's time to build a new mental health and addiction system on the existing foundations to provide a continuum of care and support. Mental health and addiction remain a key focus area as we actively work to transform our services in line with the report.

Better population health outcomes supported by a strong and equitable public health and disability system

Our aging population will bring an increased prevalence of chronic illnesses. Demand for services are likely to exceed capacity if we do not evolve our models of care to include a greater emphasis on prevention and self-management of established disease. We see ourselves as a centre of excellence for the health of older persons and our actions against the healthy aging priority will enable us to demonstrate how our innovative Integrated Community Assessment Treatment Team model is decreasing presentations of those people aged over 75 years to the Emergency Department.

Better population health outcomes supported by primary health care

We are unique at South Canterbury DHB in that the DHB is also the Primary Health Organisation. This enables us to have greater collaboration across our primary and secondary services. Greater emphasis is being placed on virtual healthcare and to help us on our journey, one of our key focus areas this year will be to embed Telehealth initiatives. Research indicates, among many other benefits, that Telehealth improves clinical workflow and practice efficiency.

These priorities support the Government's overall priority of *Improving the wellbeing of New Zealanders and their families* through:

- Supporting healthier, safer and more connected communities
- Making New Zealand the best place in the world to be a child
- Ensuring everyone who is able to, is earning, learning, caring or volunteering

We do not look after the health of our community in isolation

A strong health system is fundamental for improving the health of our population and eliminating health inequities. We need to listen to our community and gain a sound understanding of their needs as well as working alongside other government agencies and our community partners to reduce the impact of social determinants of health.

As such, we would like to acknowledge the partnership that has occurred in the development of our plan, particularly with our local Iwi, and our commitment to the principles embedded in the Treaty of Waitangi.

As a region, we will continue to work with our South Island Regional Alliance to provide a connected and equitable South Island health and social system that supports all people to be well and healthy. There are five DHBs in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern) and together we provide services for almost 1.2 million people, 23.3% of the total New Zealand population. While each DHB is individually responsible for the provision of services to its own population, we work collaboratively through the South Island Regional Alliance to develop more innovation and efficient health services, and improve health outcomes for the collective population of the South Island. The five DHB's are currently working on a refocus and reset of priorities for the Regional Alliance in order to better support vulnerable service areas, address the inequities evident across our health system and respond to the recommendations of the National Health and Disability System Review.

Furthermore, our annual plan commitments are guided by a number of national strategies, including: He Korowai Oranga and Whakamaua 2020-25; New Zealand Health Strategy; Healthy Aging Strategy; Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-25 and the UN convention on the Rights of Persons with Disabilities and the Disability Stategy.

The plan is reflective of the vision provided by the South Canterbury District Health Board in the Navigating Our Future document, and aligns with our strategic goals of:

- Productive partnerships
- Integrated person-centred services
- Valuing our people
- Health equity for all
- Fit for future

The Government has a long-term plan to build a modern and fairer New Zealand. South Canterbury DHB has an important role to play in bringing this goal to life. To do this we must ensure the health system in South Canterbury is strong and equitable, performing well, and focused on the right things to improve the wellbeing of our community.

Welcome to our plan that demonstrates our commitment to enhance the health and independence of the people of South Canterbury in the 2021/2022 year.

Signatories

Agreement for the South Canterbury DHB 2021/22 Annual Plan

Between

Ron Luxton

Chair, SCDHB

Date: 10 August 2021

Jason Power

CEO, SCDHB

Date: 10 August 2021

Hon Andrew Little

Minister of Health

Date: 27 September 2021

Hon Grant Robertson

Minister of Finance

Date: 26 September 2021

SECTION TWO: Delivering on Priorities

Give practical effect to Whakamaua: Māori Health Action Plan 2020-2025

Engagement and obligations as a Treaty partner

Treaty of Waitangi obligations as specified in the New Zealand Public Health and Disability Act 2000 (NZPHD Act).

Action	Milestone (s)
Ensure that Māori, as a Treaty partner, have input into health planning through the Māori Health Advisory Committee (MHAC). This committee comprises of iwi representatives from mana whenua Te Rūnaka o Arowhenua, Te Rūnaka o Waihao and Ngā Maata Waka Te Aitarakihi. SCDHB seeks guidance in planning, advising and implementing strategies to improve Māori health outcomes and achieve health equities for Māori within the South Canterbury region. **(EOA)**	Q4 – Evidence of meetings occurring between MHAC Chair, DHB Chair and iwi representatives.
Roll out a health specific cultural learning programme, to drive awareness and understanding across sector leaders in equity, critical consciousness and healthy engagement between Māori Whānau and the SCDHB. **(EOA)**	Q1 – Q4: Minimum of 4 Board members and all Senior Leadership Team members as well as 20 other key leaders across the health system, complete the programme.

Whakamaua: Māori Health Action Plan 2020-25

Whakamaua will assist us to achieve better health outcomes for Māori by setting the government's direction for Māori health advancement.

Action	Milestone (s)
Whakamaua objective: Accelerate and spread the delivery of Kaupapa Māori and whanau-centred services	
Whakamaua Action 3.1 - Collaborate with Kia Ora Hauora to increase the Māori health workforce. **(EOA)**	Q1 – Q4: Engagement with Kia Ora Hauora.
Whakamaua Action 4.4 - Implement the changes following the mental health and addiction service review to improve access, quality and options for Māori. **(EOA)**	Q4 – New model implemented.
Whakamaua Action 6.1 – Please refer to Improving mental wellbeing, Communicable Diseases and Primary Care sections.	
Whakamaua objective: Shift cultural and social norms	
Whakamaua Action 3.3 - Review marketing and recruitment strategies to engage and encourage Māori into the health workforce. **(EOA)**	Q1 & Q2: Review completed with stronger bicultural emphasis.
Whakamaua Action 3.3 - Incorporate mihi whakatau and increased commitment to Māori education training as part of the orientation and induction process for new employees. **(EOA)**	Q1 – Q4: 100% attendance of all new employees.

Whakamaua Action 3.3 - Support Māori staff to attend the Kaupapa Māori Navigate Leadership Programme. **(EOA)**	Q3 & Q4: Māori staff attendance.
Whakamaua objective: Reduce health inequities and health loss for Māori *Whakamaua Action 8.2* - Prioritise actions from Whakamaua in partnership with the Māori Health Advisory Committee. **(EOA)** *Whakamaua Action 4.7 – Refer to Immunisation, breast screening, cervical screening and Smokefree section.*	Q2 & Q4 - Review priorities and develop a plan for implementation.
Whakamaua objective: Strengthen system accountability settings *Whakamaua Action 1.4 – Engage with local iwi and mana whenua through attendance at Runaka hui and marae trustee boards.* *Whakamaua Action 4.9 – SCDHB to facilitate Māori and Pacifika leadership forums that include Māori and Pasifika Health providers.* *Whakamaua Action 5.6 – SCDHB to engage with tāngata whaikaha community, to improve quality of services provided.* *Whakamaua Action 8.5 – Increased funding allocated from SCDHB, to meet specific unmet health needs and distribution of resources to Māori.*	Total attendance by SCDHB 4-6 hui annually Q4 - SCDHB to organise community engagement hui. Total increase in funding from SCDHB, in areas of inequity and unmet health needs for Māori.

Improving sustainability

Short term focus 2021/22

DHBs are expected to clearly demonstrate how strategic and service planning, both immediate and medium term, are supporting improvements in system sustainability.

Action	Milestone (s)
Identify and incorporate opportunities for integration of Home Based Support Services into our community services model.	Q1 – Review completed. Q4 – Outcome of review completed and implemented.
Expand the utilisation of technology to support those patients living in remote South Canterbury to manage their own health by initiating a remote patient monitoring system that will enable home based continuous monitoring and early intervention. **(EOA)**	Q2 – Pilot completed.
Identify opportunities for improvement by conducting a review of the Outpatient booking system.	Q1 – Review completed.

Medium term focus (three years)

DHBs are expected to clearly demonstrate how strategic and service planning, both immediate and medium term, are supporting improvements in system sustainability.

Action	Milestone (s)
Identify opportunities for improvement by conducting a review of the Outpatient booking system.	Q3 – Outcome of review completed and implemented.
The SCDHB will continue to work to ensure the planned 2021/22 and out years sustainable position will be achieved.	Q4 – Break-even result achieved.

Improving maternal, child and youth wellbeing

Maternity care

Ensuring a sustainable workforce, providing culturally safe services and ensuring integrated service models and supporting primary birthing.

Action	Milestone (s)
Ensuring a dedicated primary birthing room/area as part of the planned refurbishment of the maternity ward. The promotion of primary birthing sits predominantly with the LMC. This will allow a safe informed decision of options for labour and birth for the woman. We do however promote the options via our antenatal classes, our consumer council updates, and our LMC partnering meetings. To ensure the purpose of such options, the promotion of primary birthing within the hospital setting, and maternity ward tours that whanau can have leading up to their birth of their child.	Q1 – Q4: Refurbishment expected to commence.
Ratio of primary-secondary facility births closely monitored.	Q1 – Q4: Primary-secondary births monitored, reviewed and investigated each quarter, particularly standard primiparae women.
Social Services Provide sound, culturally responsive and appropriate maternity and social care to women who are experiencing social complexities during their pregnancy and throughout the postnatal period in order to support the best possible outcomes for women, their babies and Whānau. The maternity service is well integrated with our social services – this is activated by health pathways from primary care, options for referrals from LMC individuals or groups and a robust multi-disciplinary approach to all woman needing assessment and support for whatever sub specialty support is required.	Q1 & Q3: Women referred to Postnatal Services are appropriately assessed through the multi-disciplinary approach.
Ultrasound Services Access to routine (nuchal translucency and anatomy) scans are equitable, free and timely for all women who choose to have scans.	Q1 & Q3 - No access or equity issues identified or reported by community midwives or the obstetric team.
Parenting Education Introduce Haputanga Wānanga pregnancy and parenting programme. This kaupapa model will give consumers a wider selection when deciding what programme, they would like to participate in.	Q3 – Programme rollout.
WCTO Work with community midwives to ensure Primary Maternity Notice well child notification requirements are consistently being met.	Q3 – SCDHB's performance and position in relation to WCTO notification consistently exceeds national target.
Screening Programme Ensure a robust system continues to exist between SCDHB and LabPlus to minimize the number of babies not screened.	Q1 & Q3: Number of liveborn babies screened is at least the national target of 99% across all ethnicities, and 95% of tests are

	undertaken within the required timeframe.
Ensure TrendCare maternity data accuracy to enable safe staffing levels and appropriate skills mix.	Q2 & Q4: TrendCare reporting reviewed.
Include a Quality Learning Programme (QLP) in the Maternity Workforce Strategy and succession plan.	Q2 & Q4: Increased QLP engagement reported.
Review rates of Neonatal Encephalopathy (NE) and identify areas for improvement.	Q1 – Q4: Fetal surveillance online education available to all clinicians. Q1– Q4: 100% of community midwives provide evidence of fetal surveillance education completion with their annual access agreement renewal, by the date required. Q1 – Q4: All cases of NE reported and reviewed and recommendations communicated to all clinicians.
Ensure no at-risk babies leave the maternity unit without appropriate observation of SUDI.	Q1 – Q4: Safe sleep audit shows all babies prior to discharge are assessed as having a safe sleep place at home that is their own. Q1 - Q4: SUDI prevention coordinator reports number of safe sleep devices issued by ethnicity.
Recognition and treatment of sepsis included in annual Midwifery Skills Education day and PROMPT training.	Q1 – 4: Number of attendees at Midwifery Emergency Skills and or PROMPT training days. Q4 – Sepsis bundle kit implemented in maternity and Emergency Dept.

Immunisation

Immunisation is the best way to protect tamariki and Whānau against a range of infectious and serious diseases. DHBs are to contribute to healthier populations by establishing innovative solutions to improve and maintain high and equitable immunisation coverage.

Action	Milestone (s)
Enhance our outreach to our Māori community across all immunisations. **(EOA)** *SCDHB delivers well in this area and therefore the focus will be on HPV and influenza for our Māori community.*	Q1 – Systems in place to support increased immunisation coverage for Māori. Q2 – Equitable influenza immunisation rates for Māori. Q3 – Additional Bacillus Calmette-Guérin (BCG)

	endorsed vaccinators. Q4 – Equitable HPV immunisation rates for Māori.
Regular contact with Aoraki Multicultural Council to ensure any new information or campaigns are well promoted to community groups.	Q1 & Q3: Information sharing hui's held.
Work in partnership with Primary Care to identify and promote the immunisation schedule to ensure appropriate intervention. (CW05)	Q1 – Q4: New to District families have immunisation records provided to primary care with associated "catch up" if required.
Ensure all children under 2 years old who present to the emergency department or if they are a Paediatric Inpatient must have a National Immunisation Register (NIR) status query completed. If immunisations are overdue, the primary care practice must be contacted so that they can be reminded and/or referred to the Outreach Immunisation Services.	Q1 – Q4: Audit cross check of children presented/admitted with NIR and gaps identified and actioned.

Youth health and wellbeing

Youth health and wellbeing sits under the Government's Child and Youth Wellbeing Strategy and Current Programme of Action. Youth access to and utilisation of youth appropriate health services is a quality improvement focus.

Action	Milestone (s)
Priority education settings are effectively supported to develop environments that support health and wellbeing needs.	Q2 & Q4 - % of priority education settings with a settings plan.
Promote the WAVE mental wellbeing toolkit and the 5 ways to wellbeing with education settings.	Q2 & Q4 - % of education settings with mental wellbeing in their setting plans.
Promote the mental wellbeing WAVE professional development videos for education settings to use as part of professional development for teachers.	Q2 & Q4 - No. of education settings that have accessed the video resources.
Active involvement in the education sessions that will be held to raise awareness and understanding about Rainbow Rangatahi so that we can identify what we need to improve on in our services to our community.	Q2 – Education session held.
Focus on the principle of "youth trained staff", with at least two School Based Health Service Nurses participating in the newly available mental health credentialing initiative.	Q2 – Stock take of progress. Q4 – Peer hui to share learnings with a goal of assessing how these can make a difference to practice.
Our SBHS will explore the implementation of telehealth options for the delivery of our service. We will continue to work closely with our smoke free colleagues to keep up to date and share appropriate messaging with students and education settings.	Q3 – Complete Telehealth review Q4- Implement telehealth options to SBHS

Ambulatory Sensitive Hospitalisations (ASH) for Children Aged 0-4 year olds

Improvement actions are referenced in the SCDHB System Level Measures (SLM). Summary of the activity is as follows:

- *Addressing the dental ASH rates for 0-4 age group.*

- *Supporting vulnerable and at-risk families to access timely care, and engage in primary care.* - *Intervening on chronic diseases during childhood.* *For more information, please refer to the SCDHB SLM.*

Focus on the expansion of the expansion of the supervised toothbrushing programme from Arowhenua Māori School and He Manu Hou childhood centre across educational institutions in South Canterbury.	Q2 - Percentage of caries-free children at five years of age reported by ethnicity.
Increase enrolments for babies at three months with primary care through a centrally-managed, streamlined and targeted general practice and child dental health enrolment and recall pathway. This to include an outreach component for missed ENT, dental or paediatric clinic appointments.	Q3- General practice enrolments (new-borns at 3 months)

Family violence and sexual violence

Reducing family violence and sexual violence is an important priority for the Government. It is expected that DHBs work in partnership with other agencies when looking at ways to reduce family violence and sexual violence.

Action	Milestone (s)
Provide nationally approved Violence Intervention Programme core training to DHB staff. This will take place in partnership with our Māori Health team.	Q4 – Training attendance
Audit performance against the required National Standards for Family Violence routine enquiry on acute presentations to the hospital facility.	Q1-Q4: Routine audits of the Emergency Department and Acute services to understand areas for improvement and maintaining compliance.
Participate in any new community initiatives to strengthen links with other Government and community organisations.	Q1-Q4: Attendance at Terito meetings and community activities.

Improving the mental wellbeing of people in New Zealand

Improving mental wellbeing

Improving the mental wellbeing of people of New Zealand remains a priority for the Government.

Action	Milestone (s)
Reduce wait times for non-urgent mental health and addiction services.	Q2 – Model of Service Delivery changes have been agreed and implemented. Q4 – Targets for wait times for non-urgent mental health and addiction services for 0-19 years old are met.
Lead community update of virtual tools to increase resilience in high risk communities following the Covid-19 pandemic, with a focus on those in our community with mental health and addiction needs. **(EOA)**	Q4 – Evaluate uptake.

Whakamaua Action 6.1	
Follow up within seven days post discharge is important for the prevention of suicide, self-harm, and other negative outcomes such as readmission. We will work to embedOUr the discharge follow up processes introduced in 2020/21 with a goal of reaching 75% compliance (current performance 58%). **(EOA)**	Q1 – Achieve 60% Q2 – Achieve 65% Q3 – Achieve 70% Q4 – Target of 75% achieved for both Māori and non-Māori. (MHO7)
Transition to wellness plans are important for the prevention of negative outcomes following an inpatient stay. Ensure staff have knowledge and training and that clinical audits are undertaken to achieve 95% compliance for those recently discharged from the inpatient unit.	Q1 – Achieve 90% completed and meet quality requirements. Q2 – Achieve 95% completed and compliant. (MH02)
Improve the quality oversight for South Canterbury DHB community mental health and addiction services PRIMD Key Performance Indicators (KPIs)	Q2 – Training of all key staff completed. Q3 – 10% improvement in KPIs. Q4 – 15% improvement in KPIs.
Implement access to crisis response family and Whanau support provider.	Q2 – A process has been documented and training provided to all relevant staff.
Embed new integrated Primary Mental Health and Addiction roles in Primary Care and establish linkages into Secondary Mental Health and Addiction services through collaborative design implementation. Whakamaua Action 6.1.	Q3 – Full implementation.

Improving wellbeing through prevention

Communicable diseases New Zealand has a strategy for the elimination of COVID-19.	
Action	Milestone (s)
Minimise COVID-19's impact on health, wellbeing and equity in our communities, and support a positive community response. Details of the public health response are included in the Community and Public Health's COVID-19 Programme Plan, COVID-19 Response Plan, and COVID-19 Quality Plan. **(EOA)** Whakamaua Action 6.1.	Q2 & Q4 – COVID-19 status and response.
Monitor and report communicable disease trends and outbreaks.	Q2 & Q4 - Number of reports sent to health professionals.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. **(EOA)**	Q2 & Q4 - Number of notifications completed.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. **(EOA)**	Q2 & Q4 - Number of outbreaks recorded.

Environmental sustainability

The Climate Change Response (Zero Caron) Amendment Act provides an opportunity and an imperative for the health sector to respond.

Action	Milestone (s)
Lead the facilitation of communications with other agencies involved in Water Quality, Air quality and recreational water to ensure coherent, timely and consistent response to issues.	Q2 & Q4 - Number of meetings held and coordinated communications achieved.
Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible, acknowledge and respond to Māori aspirations and promote health through submissions (including working with Aoraki Environmental Consultancy) and public health input into the Timaru District Council Public Transport Advisory Group. **(EOA)**	Q2 & Q4 - Submissions made and identified improvements made in final plans and policies.
Engage with an external organisation to assist SCDHB with emissions reporting, to ensure obligations under the Carbon Neutral Government Programme (CPGN) are met.	Q2 & Q4 - Emissions reporting established.
Replacement of fire boilers with air sourced heat pumps.	Q2 – Installation complete.

Antimicrobial Resistance

Antimicrobial resistance (AMR) is an increasing global public health threat that requires immediate and sustained action to effectively prevent and mitigate its impact on individual and population health.

Action	Milestone (s)
Increase awareness and understanding of Antimicrobial Resistance through educational seminars for health professionals to promote optimal use of antibiotics supported by best practice. This will include a focus on primary care prescribers, including general practice, aged care and dentists.	Q4 – Educational seminar has been held for Primary Care.
Conduct a hospital audit of antimicrobial guidelines with regards to urinary tract infection (UTI) rates and compliance with treatment guidelines.	Q4 – Results and recommendations available to Clinical oversight group.

Drinking water

Actions to support our Public Health Unit to deliver drinking water activities.

Action	Milestone (s)
Deliver and report on the drinking water activities and measures in the Ministry of Health Environmental Health exemplar to ensure high quality drinking water.	Q2 & Q4 - Compliance reports supplied to network suppliers serving 100+ people (annual target 100%). Q2 & Q4 - Compliance of networked drinking water supplies compliant with Health Act (annual target 100%).

Environmental and border health

Actions to support our Public Health Unit to deliver environmental and border health activities.

Action	Milestone (s)
Effectively manage COVID-19 risk at the maritime border (Port of Timaru)	Q2 & Q4 - COVID-19 border management status and response.
Deliver and report on the activities contained in the Ministry of Health Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation, to protect our population, particularly our vulnerable population, from hazards in the physical environment.	Q2 & Q4 - All regulatory performance measures reported as required.
Continue liaison with local rūnanga (including Aoraki Environmental Consultancy) to develop joint and/or coordinated submissions on environmental issues. **(EOA)**	Q2 & Q4 – Numbers of joint activities and submissions undertaken

Healthy food and drink environments

Preventing and reducing risk of ill health and promoting wellness are vital to improving the wellbeing of New Zealanders.

Action	Milestone (s)
Work with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only and healthy food policies in line with the Healthy Active Learning Initiative.	Q2 & Q4 – Monitoring reports on progress and adoption of policies by schools, kura and early learning services.

Smokefree 2025

New Zealand has a goal of reducing smoking prevalence and tobacco availability to minimal levels, making us essentially smokefree by 2025.

Action	Milestone (s)
Identify Māori -led and Māori focused innovative approaches to reduce smoking prevalence for Māori. This will be actioned through a Community Hui seeking rūnanga and youth engagement. **(EOA)**	Q1 – Systems to support the delivery of the plan to reduce smoking prevalence for Māori are in place. Q3 – Plan is evaluated.
Ensure telehealth options are available for clients who live remotely or who would prefer this form of consultation. Telehealth will provide a continuity of service to clients if face to face consultations cannot be delivered.	Q4 – Telehealth is an option for all persons referred to Smoking Cessation services in South Canterbury.

Breast screening

Breast cancer is the most commonly diagnosed cancer for women in New Zealand. Wāhine Māori and Pacific women have higher breast cancer incidence and mortality than non-Māori /non-Pacific.

Action	Milestone (s)
Work with stakeholders to reduce the variance in primary care practice performance and work with practices to target Māori and Pacific wāhine to improve coverage. League tables shared with practices. **(EOA)**	Q4 – Māori and Pacific wāhine have achieved 70% coverage for those aged 45-69 years.
Review outcomes of combined breast and cervical screening clinics held in July 2021 for high priority women.	Q1 – Report on progress.
Identify barriers and enablers to breast screening. This will be actioned through a Community Hui seeking engagement with our Māori community. **(EOA)**	Q4 – 70% of Māori and Pacific wāhine have current breast screening.

Cervical screening

Cervical cancer is the fifth most registered cancer in females in New Zealand. Cervical screening is a preventative health activity.

Action	Milestone (s)
Work with Screen South and all Primary Care practices to reduce the variance in Primary Care and improve coverage. **(EOA)**	Q4 – Target of 80% has been met.
Identify barriers and enablers to cervical screening. This will be actioned through a Community Hui seeking engagement with our Māori community. **(EOA)**	Q4 – Programme developed with Screen South and Primary Care to address identified barriers.
Work with colposcopy clinic to reduce Do Not Attend (DNA) rates for priority women referred for colposcopy with a high grade result. **(EOA)**	Q4 – Reduction in DNAs.

Reducing alcohol related harm

Alcohol contributes to a wide range of health and social harm.

Action	Milestone (s)
Ensure that all persons are offered referral to the Primary Addiction services that are being developed as part of the 'Enhancing Primary Addiction' initiative. **(EOA)**	Q1 – Pathways of care developed for those presenting to the Emergency Department where alcohol is a contributing factor. Q3 – Clinical Audit for referrals to Primary Addiction Services completed.
In partnership with our Māori community identify barriers and enablers to reduce alcohol related harm. **(EOA)**	Q3 – Agreed plan is place.
Work in partnership with Pacific stakeholders to reduce alcohol-related harm in Pacific communities. **(EOA)**	Q2 & Q4 - Number of engagements with local Pacific communities.
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q2 & Q4 - All regulatory performance measures reported as required.

Sexual and reproductive health Preventing and reducing risk of ill health and promoting wellness are vital to improving the wellbeing of New Zealanders.	
Action	Milestone (s)
Promote and organise an education session for teaching staff in partnership with a sexual health training provider.	Q2 & Q4 - Session arranged and number of participants.
Health promotion information provided via the South Canterbury Community Health Information Centre to local providers and shared with NGO's and education settings. **(EOA)**	Q2 & Q4 - Numbers of resources provided.

Cross Sectoral Collaboration including Health in All Policies Health in All Policies (HiAP) is an approach to working on public policies across sectors (both health and non-health) and with communities.	
Action	Milestone (s)
Convene a cross-sectoral debrief of South Canterbury COVID activities and issues using Community & Public Health's Integrated Planning Guide: Pandemic Supplement.	Q2 & Q4: Debrief occurs and report is completed.
Facilitate the monthly Māori and Pacific leaders/organisations hui to identify and respond to relevant issues.	Q4 – Hui occurs and outcomes are identified and reported on.
Co-ordinate, develop and deliver submissions related to policies impacting on our community's health with a particular emphasis on higher need population groups. **(EOA)**	Q2 & Q4: Number of public health-related submissions made.

Better population health outcomes supported by strong and equitable public health and disability system

Delivery of Whānau Ora Action System-level changes by delivering Whānau -centred services to contribute to Māori health advancement and to achieve health equity, including for Pacific communities.	
Action	Milestone (s)
Coordinate regular update meetings with Māori, Pacifika and Whānau Ora leaders to continue to support COVID-19 recovery and support.	Q1 – Q4: Meetings at local marae in South Canterbury.
Expansion of the Tooth Brushing Programme for Māori and ECE in South Canterbury. *(This programme has an overall contribution to Māori health advancement).*	Q2 & Q4: Programme update.
Collaborate with MSD and members of the Māori community to bring Whānau Ora certification course to South Canterbury.	Q2 & Q4: Course delivered in South Canterbury and number of participants.

Care Capacity Demand Management

The CCDM Programme is a set of tools and processes that help DHBs better match the capacity to care with patient demand. The goal is quality patient care, quality work environment and best use of health resources.

Action	Milestone (s)
Governance Develop monthly reporting to CCDM Council across the CCDM programme to increase knowledge, aid implementation and provide focus areas for improvement to be acted upon by the council.	Q1-Q4: Develop and implement reports to CCDM council. Covering acuity tool, Core Data Sets, Local Data Councils, Variance response Management and FTE Calculations.
Patient Acuity Data Socialise TrendCare Operational guidelines with operational staff to ensure data entered is within benchmark and reflects gold standard. TrendCare Steering Group to meet Terms of Reference and operate using TrendCare Guidelines. Optimise education and support for TrendCare uses by a. implementing a full complement of trained TrendCare champions across the services. b. Updating the healthLearn TrendCare learning package and having it listed as highly recommended for clinical teams c. Implementing vendor training sessions	Q1: Evidence of TrendCare operational guidelines completed and distributed to all frontline staff. Q1-Q4: Hours per patient type within national benchmarks. Q1-4: Develop a work plan that is monitored by the CCDM Council to assess and improve TrendCare Steering Group function. Q2: Updated TrendCare HealthLearn Package available for access Q2: TrendCare champions identified across all services using TrendCare.
Core Data Set Access and socialisation of the available data sets to inform local data council activity to be developed. 18 data measures are now displayed in a digital platform, Tableau. This applies to Nursing data. Leverage SSHW consultants to implement the remaining 5 CDS measures.	Q2 & Q4: Local data councils consistently discussing Tableau CDS dashboards. Q4: All 23 CDS measures reflected in Tableau with defined nationally consistent measure.
Variance Response CaaG screens visible in all clinical areas, staff moving identify an opportunity to develop a regular framework (Smart 5) to support moving to a different clinical area that they are unfamiliar. Bed meetings driven by CaaG screen, variance response and ward acuity to determine staffing needs.	Q4: Support the Smart 5 framework for working in a different clinical area. Q4: Evidence of daily bed meeting staffing decisions being supported by variance. This includes meeting location having CaaG screen visibility and CNM expectation to present variance hours per shift.
Staffing Methodology Process Nursing FTE calculation in a timely manner to fit with the 2020/21 budget cycles.	Q2 & Q4: Develop a work plan to complete FTE calculations using recommended software in a timeline that meets budget

	requests.

Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025

Ola Manuia is the key Pacific health plan and provides the strategic framework to improve Pacific responsiveness.

Action	Milestone (s)
Work in partnership with the Pacific leaders to organise and facilitate a community fono/talanoa to identify key health priorities and ensure actions are put in place.	Q1 – Facilitate fono/talanoa.

Health outcomes for disabled people

Improving health outcomes for disabled people.

Action	Milestone (s)
Lead the work across multi agency, to finalise the Safer Communities model to embed the resurgence plan developed during the 2020 Covid-19 pandemic, with a focus on those in our community living with disability. This will include leading a hui with our Māori community to identify their needs in this area. (EOA)	Q4 – Evaluate the effectiveness of the Safer Community framework.
Embed Covid-19 learning to enable remote adjusting of hearing aids in order to reduce presentation to hospital outpatient clinics.	Q3 – Remote technology has been trialed and is rolled out to business.

Planned care

Planned Care Vision: 'New Zealanders receive equitable and timely access to Planned Care Services in the most appropriate setting, which supports improved health outcomes'.

Action	Milestone (s)
Introduction of a 'hospital at home' approach to manage people eligible in their own homes with intensive support. The DHB intends to shift the medical oversight of hospital in the home from the current Geriatrician service to Primary Care.	Q2 – Systems have been established to enable the service shift to occur. Q4 – Evaluation.
Introduction of a streamlined preadmission process for our Planned Care patients. This is a combination of predominantly nurse led and virtual sessions and identification of high-risk complex patients.	Q1 – Complete the change management process in order to exchange to the streamlined process. Q4 – Evaluate patient journey or opportunity for improvement to sustain an efficient patient focused pathway.
Introduction of Nurse led process for the endoscopy suite.	Q1 – Nursing to complete the training package required for nurse led consenting. Q3 – Evaluate and review this change in service model and identify opportunities for improvement.

Work with neighbouring DHBs to support access to planned care and diagnostics within the resourced capacity of our DHB.	Q1 – Q4: Support and deliver planned care discharges based on agreed volumes.
Planned theatre sessions completed to 90% of actual target.	Q4-Achieve 90% of planned Operating Theatre sessions.

Acute demand

Actions to improve the management of patient flow and data in the Emergency Department.

Action	Milestone (s)
Following the Health Needs Assessment recently conducted, a Locality Plan will be developed to focus on areas where inequities have been identified. **(EOA)**	Q4 – Locality Plan developed with clear focus areas identified where inequities exist.
Develop and implement a quality improvement approach using benchmarked data. This will assist in the identification of enablers of best practice and sharing of these enablers.	Q2 – Technology dashboard is in place and is being shared with general practices. Q4 – Practice variation for unplanned Hospitalisations has narrowed.
Pilot a remote patient monitoring system with vulnerable populations, especially those at greatest risk of inequity.	Q2 – Pilot evaluation report has been submitted and long term roll out plan identified.
Review, refresh and, where appropriate increase education and development around the redirection process from ED to Primary Care. **(EOA)** *Groups that this will involve are: Clinical Governance, our Māori Health Provider and Primary Care Workstream.*	Q1 – Refresh all ED staff on redirection protocols from ED to Primary Care
As part of the Transformational change, complete the Mental Health and Addiction crisis response review. This includes increasing capability wherever the client presents and an intensive wrap around service.	Q2 – Introduce refreshed Mental Health and Addiction services model of care. Q4 – Introduce an intensive rap around Mental Health and Addiction wrap around team.
Cultural Competency and Whānau engagement education emphasis for all ED staff.	Q2 – 75% complete SI training package. Q4 – 95% complete SI training package.
Review the top contributing DRGS to the acute hospital demand, and identify improvement actions.	Q1 – Top 4 DRG review complete.
Review the option of the introduction of a Medical Assessment Planning Unit (MAPU) as part of the Hospital Refurbishment project when redesigning the Medical Inpatient area.	Q3 – Determine feasibility of the inclusion of MAPU as part of Refurbishment Programme.

Rural health

Improving access for rural health is a priority for the Government.

Action	Milestone (s)
Expand the utilisation of technology to support those patients living in remote South Canterbury to manage their own health by initiating a remote patient monitoring system that will enable home based continuous monitoring and early intervention. **(EOA)** Whakamaua Action 6.1.	Q2 – Pilot completed.
Undertake an audit to identify the enrolment gap of Māori with a Primary Care provider. **(EOA)**	Q2 – Data match activities are completed.

Implementation of the Health Ageing Strategy 2016 and Priority Actions 2019-22

Implementing these actions will contribute to delivering on the Strategy's vision that: Older people live well, age well and have a respectful end of life in age-friendly communities.

Action	Milestone (s)
Undertake an Emergo Training event with our local Aged Care Providers. The purpose of this training event will be to test the readiness and provide a sound basis for any corrective actions work and learnings.	Q1 – Emergo Training Completed. Q3 – Plan as a result of Emergo exercise has been fully implemented.
Work in partnership with our local Kaumātua to set up a working group to identify access barriers for elderly Māori in to Health of Older Person Services and formulate solutions to improve access. This will result in earlier presentations with early signs of frailty identified with appropriate intervention put in place to retain and restore function. **(EOA)**	Q2 – Increase rates for Māori accessing NASC services.
Improve clinical assessment and diagnosis for people living in the community with cognitive disease.	Q3 – Training for Primary Care settings completed.
Implement early supported discharge, through the integrating of community based support services working in close alignment with Home Based Support Services. This will result in integrated community care with appropriate interventions to retain and restore function.	Q3 – Integrated community care services are based around localities and are in place.

Health quality & safety (quality improvement)

Actions to improve equity in outcomes and consumer engagement.

Action	Milestone (s)
Implement Korero Mae across all inpatient services.	Q1 – Korero Mae accessible to all inpatients.
Implement data insights programme across incident and quality data ("Incident data programme") to provide service specific insight into data driven improvement opportunities.	Q1 – Incident data work programme commenced. Q4 – Programme visible to services.
Increase the compliance of moments of hand hygiene to consistently meet or exceed the 80% national target by increasing the number of hand hygiene gold auditors in departments being audited from one to two auditors per area.	Q2 – Q4: Two hand hygiene gold auditor training days conducted. Q4 – Eight DHB gold auditors trained.

Implement key actions from the health literacy plan in collaboration with the Consumer Council.	Q3 – Key actions implemented.
Progress implementation of the quality and safety marker (QSM) for consumer engagement by: • Continue to support the Clinical Board to provide governance and respond to reports. • Report against the consumer engagement QSM to the HQSC twice -yearly using the SURE framework.	Q1 – Consumer Engagement QSM is a standard agenda item for Clinical Board. Q1 & Q3: Reporting to HQSC on consumer engagement QSM completed.
Hold a monthly Diabetes clinic at our Māori Health Provider's premises, that will provide diabetes support to staff and patients. The Community Dietician will also attend. **(EOA)**	Q3 – Clinics commenced.

Te Aho o Te Kahu – Cancer Control Agency

The purpose of Te Aho o Te Kahu is to provide strong central leadership and oversight of cancer control. Te Aho o Te Kahu is equity-led, knowledge driven, person and Whānau -cantered and outcomes focused, taking a whole of system focus on preventing and managing cancer.

Action	Milestone (s)
Undertake quality improvement with the Systemic Antic-Cancer Therapy (SACT) in response to the implementation and reporting of the nationally agreed SACT NZ treatment regimens for Medical Oncology and Malignant Haematology.	Q1 – Q4: SACT System audits requirement. Q4 – Local audit activity developed utilising the Measurement Analysis Reporting System (MARS) foundation.
Work with Te Aho o Te Kahu to plan and implement the adoption of the cancer related Health Information Standards Organisation (HISO) standards.	Document implemented.
Participate in Te Aho o Te Kahu travel and accommodation projects that aims to improve cancer patient equity of access and support to cancer services/treatment for our district and inter-district patient flow.	Q4 - Active participation in projects.
Continue with the following quality improvement plans: • Implement and report progress against the Bowel Cancer Service Improvement plan. The focus, among others, will be adding the outstanding data points not captured to existing data sets. • Develop a Lung Cancer Service Improvement Plan. The focus will be to request Te Aho o Te Kahu assistance via sharing what templates might be available. Local processes will then be assessed based on this to highlight areas for improvement activity and develop a local work plan. • Develop a Prostate Cancer Service Improvement Plan (pending the National Prostate Improvement Plan).	Improvement Plans developed and implemented.
Ensure equity of access to timely diagnosis and treatment for all patients on the Faster Cancer Treatment pathway to minimize breaches of the 31-day indicator and 62-day target. **(EOA)**	Ongoing reporting and review of breaches. Report progress on working engagement with key stakeholders.
Implementation of local Colorectal Cancer MDM	Q2 – Colorectal Cancer MDM

• Implement as per Bowel Cancer Service Improvement plan • Interlinked with and driven by the South Island MDM platform • Data collection and sharing using health record and laboratory HISO standards	implemented.
Please refer to the Smokefree section for stop smoking activity.	

Bowel screening and colonoscopy wait times

The National Bowel Screening Programme aims to reduce the mortality rate from bowel cancer by diagnosing and treating cancers at an earlier more treatable stage.

Action	Milestone (s)
Continued collaboration with our Māori Health Provider and Pacifica community to ensure participation rates for bowel screening priority population groups are met. (EOA) This will be achieved through the following: • Communicating and connecting with our Māori Health Provider, Arowhenua Whanau Services, on a regular basis about the progress regarding participation and initiatives around targeted approaches. • Due to small numbers of our Pacific community, they are able to be contacted directly.	Q1 – Q4: Target consistently met.
Ensure colonoscopy wait times continue to be met.	Q1 – Q4: Maintain and improve colonoscopy wait times.

Health workforce

It is important to ensure there is a sufficient and sustainable supply of skilled workers to deliver high-quality health services in a timely manner, driving equity and system improvement.

Action	Milestone (s)
Expand the use of Enrolled Nurses to improve sustainable Nursing capacity across Hospital, Primary and Community services.	Q4 – Increased enrolment in the EN new graduate programme (ENSIPP).
Mobilise a casual vaccinator workforce to support Primary Health Services to implement widespread community uptake of the COVID-19 vaccination.	Q1 - Ability to surge vaccination workforce by 30% at key moments in place.
Implement Work from Home health and safety checklists for staff suitability assessments.	Q1 – Checklist available.
Build on our network of Māori leaders (established through our Kaupapa Māori Navigate programme) to engage our wider social services in key initiatives to improve health equity across SCDHB. (EOA)	Q2 – Consultation and development of one key Equity initiative occurs through the network.
Continue to develop our recruitment policy and practice so that diversity in leadership roles is enhanced and promoted. Review the establishment of formal FTE specifically dedicated to Māori cultural leadership.	Q1 –review of leadership capability as reflected in selection criteria for formal leadership roles Q4 – increased FTE in Māori leadership

All Māori staff invited to participate in our Navigate leadership programme.	Q4 – > 3 Māori Health workers participate in a new cohort of Navigate
Develop equity champions within our Board and SLT as well as front line services. **(EOA)**	Q3 – Champions across all key clinical and most support services in place.
Continue to offer service led bespoke in services to improve cultural competency and Te Reo Māori capability across our workforce. **(EOA)**	Q3 – In service programme run in at least two key services.
Develop Health specific cultural learning programme, to drive awareness and understanding across sector leaders of equity, critical consciousness and healthy engagement between Māori Whānau and the SCDHB. **(EOA)**	Q4 – At least 4 Board members and 4 SLT members as well as 20 other key leaders across the health system, complete the programme.
Develop a workplace mental health and wellbeing policy to ensure visibility and access to individualised supports to meet our staff wellbeing and mental health needs.	Q2 – Policy in place.
Implement GPS monitoring for remote workers in line with our security review action plan.	Q1 – GPS monitoring in place for at risk remote workers.
Review the membership and Terms of Reference for SCDHB's Bi-Partite Action Group (BAG), to ensure all DHB unions are included and COVID-19 preparedness activity is a standard agenda item for Bi-Partite engagement. Ensure our COVID workforce response is included as a standard agenda item for collaborative partnership with unions through our BAG	Q1 – COVID-19 standard agenda item for BAG.
Participate in a regional network as well as locally to develop South Canterbury delivery of IMAC certified peer-assessment to support our COVID-19 vaccinator surge workforce.	Q1 – Participation rates.
Work in partnership with Ara Institute of Canterbury to develop third year nursing students as part of our flexible vaccinator workforce.	Q1 – Third year students developed as flexible vaccinator workforce.
Build on our learning from COVID-19 by flexibly deploying our expanded casual vaccinator workforce, specifically for MMR mop up and our Flu vaccination programme, to address pressure points across primary and community and reduce variability for trained COVID-19 vaccinators.	Q2 – Successful deployment of casual vaccinator workforce across primary and community.
Engage with an external organisation to undertake a formal review of our Health and Safety Management systems, with special reference made to aligning this to the Safe365 maturity elements.	Q4 – Audit commenced. (A workplan will be created from the audit findings with a plan formed for 2022/23).

Data and digital enablement

A modern, digitally and data enabled health and disability system can realise the potential of information and digital services to support people to look after their own health and improve decision-making across the system to improve experience, care and outcomes.

Action	Milestone (s)
To improve patient outcomes, review the collection, analysis and reporting of data for South Canterbury DHB. Develop an improved reporting matrix that can affect change to the way services are	Q1 – Reporting framework developed for priority areas of, Provider Arm, Primary Care,

delivered to the population of South Canterbury. This will align to the South Island digital strategy.	Health and Safety. Q3 – Live dashboards developed for use by services to inform patient care.
To improve digital inclusion, undertake a review of the future IT infrastructure/ Digital enablement for South Canterbury DHB. With the refurbishment of the Timaru Hospital over the next three years, this provides the opportunity for the upgrading of the IT infrastructure and technology, to improve the link between staff, patients and information across the hospital and into primary care.	Q3 – Stock take completed of required applications and technology requirements. Q4 – Implementation plan developed in line with the hospital refurbishment timeframe.
To address the significant digital delays due to COVID-19, complete implementation of the South Island Patient Information Care System (PICS).	Q4 – PICS roll out completed.
To digitally enable health services to support COVID-19 recovery, sustain changes to service delivery models and/or embed key learnings from COVID-19 response is transition VC capability from Vivid to a platform that supports both Teams and Zoom as a regional response. This is important because it will support organisational wide adoption of a common telehealth platform, and reduce costs.	Q2 – Complete business case for VC platform replacement. Q4 – Complete replacement of VC hardware.
To improve equity of access in delivering health services through digitally enabled means (e.g. Telehealth), is to continue to embed Telehealth as a standard clinic practice. This is important because reducing barriers for all users regardless of the health service they are engaging means equitable care for all.	Q4 – Identify and facilitate 2 sustainable services to increase Telehealth activity.

Implementing the New Zealand Health Research Strategy

Research and innovation, analytics and technology are all crucial for achieving an equitable, sustainable health system and better patient outcomes.

Action	Milestone (s)
Work with the National Oncology Group to set up teletrials allowing rural patients better access to oncology trials.	Q4 – SCDHB is a pilot centre for oncology teletrials.
Researching appendicectomy as a marker of delivery of acute surgical services in rural communities where hospital services are consultant led and delivered and where this has been withdrawn and what impact this has on patient outcomes.	Q4 – Project completed.
Research is based on our Localised Health Needs Assessment. Stop Smoking Health Promotion programme targeting maori/pacifika is an area of priority. We have incorporated a Stopping Smoking programme into Haputanga Wananga (Maori Parenting and Pregnancy Programme) utilising the Hapu Mama Stop Smoking Programme.	Q3 – increased numbers enrolled in Hapu Mama stop Smoking Programme & Haputanga Wananga.

Better population health outcomes supported by primary health care

Primary care

Improving access to primary care services.

Action	Milestone (s)
Embed TeleHealth initiatives established during the COVID 19 response to maintain contingency capability during future events, enabling a swift and well-coordinated emergency response and sustainable access for the community seeking tier one services. Whakamaua Action 6.1.	Q4 – 100% of practices use Medi-Map.
Review the Primary Care after-hours service in South Canterbury.	Q3 – Review completed. Q4 – Plan for implementation agreed.
Embed key messaging functionality established during COVID 19 response as identified as useful through sector feedback.	Q3 – Annual feedback on communication strategy completed.
Encourage General Practices to participate in the SCDHB Cultural Competency Programme in order to progress alignment with Whakamaua. **(EOA)** Whakamaua Action 6.1.	Q4 – Cultural Competency programme run for General Practice.

Pharmacy

Immunisation and expansion of a pharmacy service development is the focus for 2021/22.

Action	Milestone (s)
Run a focused campaign to increase the uptake of flu vaccination for priority groups utilising both general practice and community pharmacies, with a specific goal of increasing coverage for over 65-year olds and Māori. **(EOA)** Embed availability of the required intermediate level resuscitation training (NZ Resuscitation Councils resuscitation level 4) required as the minimum first aid requirement for pharmacist vaccinators.	Q4 – Target of 70% of 65 year olds received the flu vaccination as monitored by the National Immunisation Register with differentiation between those provided in primary care or Community Pharmacy.

Reconfiguration of the National Air Ambulance Service Project – Phase Two

Air ambulance services are a critical part of how we respond to health emergencies in New Zealand.

Action	Milestone (s)
Actively support and participate in the National Air Ambulance Service Project, led by the National Ambulance Sector Office (NASO).	Q4: Participation at meetings as required and respond to information requests from NASO.

Long term conditions

Improving primary and community services to prevent, identify and manage behaviours to achieve wellbeing for people with, or at risk of, long term conditions.

Action	Milestone (s)
Explore Case Mix Model for those clients with long term conditions, building on the learnings from COVID-19, to prevent hospital admissions through structured timely and person-centred interventions. This may include introduction of Acute Plans, Advance Care Plans, early intervention and self-management programmes.	Q3 – Decision to implement the Case Mix Model has been made. Q4 – Improved management of long term conditions (ASH 45-64

	year olds SS05 and SS13)
Continue to deliver wananga to high-risk communities in partnership with our Māori Health Provider. These will relate to the prevention and self-management of long-term health conditions.	Q4 – Planned wananga have been delivered.
Further develop the Fracture Liaison Service working towards embedding the International Osteoporosis Foundation accredited standards.	Q4 – Standards implemented.
Expand the Hepatitis C service provision through the delivery of community-based screening and engagement clinics. This will identify those unknown in our community with Hepatitis C and support them to access free primary care treatment.	Q1 – Identified positive cases monitored monthly.
Review the end-to-end model of care for those people with Cardiovascular disease risk or established disease. **(EOA)**	Q4 – Review complete.
Please refer to the Amenable Mortality section in System Level Measures for more information.	

Financial Performance Summary

South Canterbury District Health Board

Consolidated Financial Performance 2021/2022

	2019/20 Audited Actual	2020/21 Forecast	2021/22 Plan	2022/23 Plan	2023/24 Plan	2024/25 Plan
Patient Care Revenue	220,269	231,374	238,360	244,577	250,798	257,019
Other Revenue	1,806	3,406	2,015	2,035	2,056	2,078
Finance Revenue	629	356	136	136	136	136
TOTAL OPERATING REVENUE	222,704	235,136	240,511	246,748	252,990	259,233
	-	-	-	-	-	-
Personnel Benefit Costs	74,364	77,407	78,085	81,599	82,822	84,063
Outsourced Services	10,338	11,279	10,531	9,943	10,084	10,227
Clinical Supplies	11,691	14,080	12,792	12,750	12,974	13,200
Infrastructure & Non-Clinical Supplies	10,446	11,857	12,270	11,173	11,467	12,029
Payments to Non DHB health providers	109,353	114,081	120,370	123,669	127,197	130,822
Depreciation and Amortisation expenses	4,453	4,675	5,000	6,141	6,973	7,421
Finance Costs	15	-	-	-	-	-
Capital Charge	1,648	1,368	1,368	1,368	1,368	1,368
TOTAL OPERATING EXPENDITURE	222,308	234,747	240,416	246,643	252,885	259,130
SURPLUS/(DEFICIT)	**396**	**389**	**95**	**105**	**105**	**103**

South Canterbury District Health Board Consolidated Financial Position 2021/2022	2019/20 Audited Actual	2020/21 Forecast	2021/22 Plan	2022/23 Plan	2023/24 Plan	2024/25 Plan
Public Equity						
General Funds	16,300	15,799	22,666	22,533	22,400	22,267
Accumulated Surplus	(4,366)	(3,977)	(3,882)	(3,777)	(3,672)	(3,569)
Equity from Donated Assets	1,534	1,819	1,735	1,651	1,567	1,483
Revaluation Reserve	15,450	15,450	15,450	15,450	15,450	15,450
Total Equity	28,918	29,091	35,969	35,857	35,745	35,631
ASSETS						
Current Assets						
Cash and cash equivalents	10,052	10,698	2,739	-	-	1,763
Financial Assets	7,600	7,600	-	-	-	-
Debtors and other receivables	7,100	8,250	7,215	7,215	7,215	7,215
Debtors & Other Receivables	1,436	1,470	1,380	1,380	1,380	1,380
Inventories						
Total Current Assets	26,188	28,018	11,334	8,592	8,595	10,358
Non Current Assets						
Financial Assets	5,379	5,379	2379	201	201	212
Property, Plant and Equipment	43,096	45,693	67,689	69,654	73,726	69,709
Intangible Assets	803	1,273	5,104	4,758	4,514	4,106
Total Non Current Assets	49278	52345	75172	74613	78441	74027
TOTAL ASSETS	75,466	80,363	86,506	83,208	87,036	84,385

LIABILITIES						
Current Liabilities						
Bank Overdraft	-	-	-	614	2714	-
Creditors and Other Payables	13,571	17,567	17,411	13,561	13,351	13,528
Employee Entitlements	25,545	26,273	25,693	25,743	25,793	25,793
Borrowings	-	-	-	-	-	-
Total Current Liabilities	39,116	43,840	43,104	39,918	41,858	39,321
Non Current Liabilities						
Finance Lease Liability	169	169	169	169	169	169
Term Loans	-	-	-	-	-	-
Employee Entitlements	7,263	7,263	7,264	7,264	9,264	9,264
Total Non Current Liabilities	7,432	7,432	7,433	7,433	9,433	9,433
TOTAL LIABILITIES	46,548	51,272	50,537	47,351	51,291	48,754
NET ASSETS	**28,918**	**29,091**	**35,969**	**35,857**	**35,745**	**35,631**

South Canterbury District Health Board Statement of Changes in Equity 2021/2022	1-Jul-19 Opening Balance	2019/20 Audited Actual	2020/21 Forecast	2021/22 Plan	2022/23 Plan	2023/24 Plan	2024/25 Plan
Total Equity at start of period		28,740	28,918	29,091	35,969	35,857	35,745
Net Surplus/ (Deficit) for year		396	389	95	105	105	103
Movement in Revaluation Reserve		-	-	-	-	-	-
Equity Injection - Capital		-	-	7,000	-	-	-
Capital Repaid		(218)	(216)	(217)	(217)	(217)	(217)
Other Movements		-	-	-	-	-	-
Total equity at end of period		**28,918**	**29,091**	**35,969**	**35,857**	**35,745**	**35,631**

CASHFLOW & BANK 2021/2022	1-Jul-19 Opening Balance	2019/20 Audited Actual	2020/21 Forecast	2021/22 Plan	2022/23 Plan	2023/24 Plan	2024/25 Plan
Total Receipts		222,311	235,367	240,375	246,612	252,854	259,097
Total Payments		(213,588)	(224,775)	(222,882)	(239,194)	(243,083)	(251,465)
CASH FLOW FROM OPERATING ACTIVITIES		8,723	10,592	17,493	7,418	9,771	7,632
CASH FLOW FROM INVESTING ACTIVITIES		(5,908)	(9,729)	(25,235)	(10,554)	(11,654)	(2,938)
CASH FLOW FROM FINANCING ACTIVITIES		(220)	(217)	(217)	(217)	(217)	(217)
NET CASH FLOW		2,595	646	(7,959)	(3,353)	(2,100)	4,477
Plus: Cash (Opening)		7,457	10,052	10,698	2,739	(614)	(2,714)
YTD Net cash movements		2,595	646	(7,959)	(3,353)	(2,100)	4,477
Cash (Closing)	**7,457**	**10,052**	**10,698**	**2,739**	**(614)**	**(2,714)**	**1,763**

SECTION THREE: Service Configuration

3.1 Service Coverage

All DHBs are required to deliver a minimum of services, as defined in *The Service Coverage Schedule*, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000 and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. South Canterbury DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services. South Canterbury DHB is not seeking any formal exemptions to the Service Coverage Schedule in 2021/22.

3.2 Service Change

SCDHB will manage its functions in a way that supports the intended direction and anticipated system change programme.

Change	Description of the Change	Benefits of the change	Local, Regional, or National reason
Home Based Support Services	Review of the Home Based Support Services to identify areas for improvement.	Improve integration and increase efficiencies in the delivery of care across community services.	Local.
Mental Health and Addiction	Currently SCDHB specialist mental health and addiction resources are organised into a traditional hub and spoke model, which directs flow into the mental health facility essentially creating comprehensive hospital-based services. Therefore, this change will involve transforming the service with emphasis on community-based services.	Balancing the emphasis of specialty, hospital and community based services to ensure mental health services in South Canterbury is designed to a contemporary model of care.	Local.
FTE Changes	Senior Medical Officer – 3 FTE Registrars – 3 FTE: Training post for SCDHB not an increase to health sector overall. Nursing – 9.75 FTE: Care Capacity Demand Management and Ministry of Health funded positions. Allied Health – 7 FTE: Care Capacity Demand Management and change to Multi Employer Collective Agreement on call requirement.	Service demand requirement. To support training requirements for Registrars in New Zealand. Care Capacity Demand Management requirements. Care Capacity Demand Management requirements.	Local.

SECTION FOUR: Stewardship

4.1 Managing our Business

Partnerships

The South Canterbury DHB works in partnership with a number of external public and private organisations to implement cross-agency programmes to 'support the health and independence of the people of South Canterbury'. In recognition of our significant role to play in future workforce development, we work closely with local High Schools, Ara Polytechnic and Otago University as well as Kia Ora Hauora to support health sector workforce training, here in South Canterbury.

Organisational performance management

South Canterbury DHB's performance is assessed using financial and non-financial metrics, which are measured and reported at operational, strategic and governance levels of the organisation. These are reported as appropriate.

Funding and financial management

South Canterbury DHB's key financial indicators are the Statement of Financial Performance, Statement of Consolidated Financial Position and Statement of Changes and Equity. These are assessed against and reported through South Canterbury DHB's performance management process to operational, strategic and governance levels on a monthly basis. Further information about South Canterbury DHB's planned financial position for 2021/22 and out years is contained in the Financial Performance Summary section of this document and in Appendix 1: Statement of Performance Expectations.

Investment and asset management

All DHBs are required to complete a stand-alone Long-Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system.

Shared service arrangements and ownership interests

The South Canterbury DHB has a hundred percent ownership interest in South Canterbury Eye Clinic Ltd. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

The South Canterbury DHB has a formal risk management and reporting system, which entails incident management and consumer feedback management systems as well as our risk register, utilising the regional Safety 1st system. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement

The South Canterbury DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care; improved health and equity for all populations; and best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

South Canterbury DHB will continue our clinical leadership programme to improve the use of clinical processes and outcomes information in targeted services to meet the local, regional and national health needs.

A strong focus for South Canterbury DHB will be on enhanced consumer engagement and participation. We will develop a health literacy plan and will implement the HQSC Consumer Engagement QSM in partnership with our Consumer Council.

Work Health and Safety

As an employer, South Canterbury DHB's primary duty of care is to ensure, in so far as is reasonably practicable, that we provide an environment free from risk to the health, safety and wellbeing of our staff and those we serve. South Canterbury DHB is committed to continuously improve how we manage the health, safety and wellbeing. Please refer to the Health Workforce section on page 22 for key actions the DHB is undertaking with regards to work health and safety.

4.2. Building Capability

Capital and infrastructure development

The South Canterbury DHB is undertaking a refurbishment programme which includes some new buildings, this programme covers emergency, outpatients, day stay services, hospital reception, Café and all Wards in the Timaru Hospital. The Ministry has provided $2m towards the refurbishment of the Child and Maternity Ward. The refurbishment programme will involve a number of projects over the next three years with a total cost of approximately $25m, which will be funded by the DHB.

As part of minimising our carbon footprint, the DHB will be replacing the current coal boilers to a more efficient energy source. The Ministry has provided $4m towards this replacement.

Co-operative developments

South Canterbury DHB recognises the impact of the social determinants of health and health equity. We work in partnership with a number of external public and private organisations to implement cross-agency programmes to 'support the health and independence of the people of South Canterbury'.

4.3 Workforce

Below is a short summary of our organisational culture, leadership and workforce development initiatives.

For 2021/22 we continue to support our two overarching goals; to build SCDHB as a learning organisation and to build our community of learning professionals. We will continue to embed our Learning culture and innovation mindset arising from our response to COVID-19.

We began a cultural development programme in 2016, which continues today. In 2018, we increased our investment in leadership development (through Navigate/Whakatere – our leadership learning programme), in strengthened partnerships, (particularly with our unions and consumers) and in support for a safe culture for patients and staff. In 2020 we expanded our focus on equity and cultural sensitivity and competence through our Kaupapa Māori Navigate waka (in partnership with our Māori community) and this created a network of leaders across our region that we will continue to nurture to support improvements in health equity.

In the 2021-2022 year, we will continue to support the Tumu Whakarai Position Statement to increase Māori participation in our workforce. We will be responding to Whakamaua – Māori Health Action plan and Te Korowai Oranga by developing Equity champions across the business and health system starting with our Board and SLT members. We will introduce a new programme - Kia Tika te Ara to provide a Health specific cultural change movement aiming at developing awareness and understanding across sector leaders and frontline staff of Equity, Critical Consciousness and Healthy engagement between Māori Whānau and the SCDHB.

We will continue to invest in leadership and management skills development with bespoke leadership offerings in line with our Navigate principles and ongoing programme of "line managers essentials" workshop to improve sharing and consistency of management practice. Our commitment to strong union engagement through our Joint Consultation Committee and Bi-Partite forums will continue to reflect our commitment to a high performance high engagement (HPHE) approach to service development. Our focus on building data literacy will continue and target key areas of strategic opportunity. We have committed to investing in analytical resource to provide the integrated information/reports needed for genuine distributive leadership and service accountability, at the front line.

Referenced in section two of our Annual Plan are the workforce activities that SCDHB will undertake to meet the workforce commitments.

- *Building a diverse and capable workforce*

  South Canterbury DHB will continue to build on some significant changes to our orientation programme and ongoing development options for front-line staff to develop and maintain Kawa whakaruruhau (cultural safety), Tikanga (understanding protocol), Te Reo Māori and Whakaahua (pronunciation) to ensure our workforce is prepared to deliver equity and value in terms of health outcomes for our community. We will continue to partner with Kia Ora Hauora to target local Māori youth into health careers in addition to maintaining our WISH programme (schools experience programme in health careers) in partnership with schools. We will continue to offer our cultural supervision opportunities for new staff who identify as Māori to improve cultural connectedness for this key part of our workforce, building on existing bi-monthly Māori Workforce Hui.

  High standards of medical practice, education and training are a key priority for us. We employ prevocational doctors and doctors in training, and also offer placements to medical students in both secondary and primary care settings. Our mission is to ensure that every RMO is provided with the education, supervision and pastoral support necessary to complete all MCNZ and SCDHB requirements to the highest standard, and to ensure the successful transition from prevocational training to their desired vocational college. Our vision is to be a centre of excellence in the provision of innovative medical education and training in conjunction with RMO support and development.

  South Canterbury DHB will continue to drive scenario and simulation activities (within community and primary settings and in both clinical and non-clinical areas) as a key learning methodology for interdisciplinary team work capability development.

- *Health Literacy*

  South Canterbury DHB will promote key actions within our health literacy plan developed in partnership with the Consumer Council. This will be inclusive of providing consumer centric health navigation tools and resources aiming to build consumer empowerment and self-efficacy through consumer networks across South Canterbury.

  To support our equity targets, we will prioritise our MHAC endorsed Kia Tika te Ara programme, ensuring our senior leaders and Board visibly adopt and respond to the key learning principles which will be offered widely across our health system. We will continue to offer more targeted specific programmes on institutional racism for all front-line staff and 'difficult conversations' for clinical staff as well as high level communications skills through our leadership learning (Navigate) programme. We will continue to support the deteriorating patient programme through embedding Kōrero mai and implementing shared goals of care.

4.4 Information Technology

Developing a local Information Technology (IT) Strategy is one of the DHB's strategic priorities as outlined in its strategic direction document and will be developed to align to the New Zealand Digital Health Strategy. SCDHB will work to improve the digital capabilities within the organisation and continue to actively engage in the roll out of the South Island IT Alliance work programme. Further detail is contained in Te Waipounamu - South Island Health Services Plan 2018-2021. In addition, the DHB will look to capture and build on the learnings post COVID-19 and investigate the utilisation of telehealth solutions between South Canterbury and tertiary care providers in neighbouring DHBs. Referenced in section two of our Annual Plan are the data and digital activities that SCDHB will undertake to meet the IT commitments.

SECTION FIVE: Performance Measures

2021/22 Performance measures

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	68% (TBC)	
		Year 2	68% (TBC)	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	<0.73 (TBC)	
		Year 2	<0.73 (TBC)	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS)	Year 1	≥ 95%
			Year 2	≥ 95%
		Children (0-12) not examined according to planned recall	Year 1	≤ 10%
		Children (0-12) not examined according to planned recall (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.)	Year 2	≤ 10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥ 85%	
		Year 2	≥ 85%	
CW05	Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.		
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls and boys fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	Newborn enrolment with General Practice	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets.		
CW08	Increased immunisation at two years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years.		
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions.		
CW12	Youth mental health initiatives	Focus area 1 (Youth SLAT): Provide reports as required		
		Focus area 2 (School Based Health Services): Provide reports as required		

		Focus area 3: (Youth Primary Mental Health services) refer MH04		
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19)	Māori	5%
			Other	5%
			Total	5%
		Age (20-64)	Māori	5%
			Other	5%
			Total	5%
		Age (65+)	Māori	2%
			Other	2%
			Total	2%
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.		
		95% of audited files meet accepted good practice.		
MH03	Shorter waits mental health services for under 25-year olds	Provide reports as specified		
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified		
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	Provide reports as specified		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		

SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult)	00-04		≤2,611
		45-64		≤3,265
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% 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.		Only applies to specified DHBs
SS07	Planned Care Measures	Planned Care Measure 1:		TBC
		Planned Care Interventions		
		Planned Care Measure 2:	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
		Elective Service Patient Flow Indicators	ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3:	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
		Diagnostics waiting times	Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).

			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: *Ophthalmology Follow-up Waiting Times*	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 5: *Cardiac Urgency Waiting Times*	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency.	
		Planned Care Measure 6: *Acute Readmissions*	The proportion of patients who were acutely re-admitted post discharge improves from base levels.	9.8%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	<1.5% and <=6%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than 95%

		National Collections	National Collections completeness	Greater than or equal to 94.5% and less than 97.5%
			Assessment of data reported to the NMDS	Greater than or equal to 85% and less than 95%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions, milestones and measures to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the Quality Standards for Diabetes Care.	
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity	
		Focus Area 3: Cardiovascular health	Provide reports as specified	
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram.	
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge	
			Indicator 2b: ≥ 99% within 3 months.	
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (i.e. have had an echocardiogram or LVgram).	

			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator in the absence of a documented contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - Aspirin*, a 2nd anti-platelet agent*, and an statin (3 classes) - ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), - Beta-blocker if LVEF<40% (5-classes). * An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.
			Indicator 5: Device registry completion ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure.
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure.
		Focus Area 5: Stroke services Provide confirmation report according to the template provided	**Indicator 1** ASU: 80% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval: 12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.	

		95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system.
SS17	Delivery of Whānau ora	Appropriate progress identified in all areas of the measure deliverable.
PH01	Delivery of actions to improve SLMs	Provide reports as specified
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent.
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above
PH04	Primary health care: Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Annual plan actions – status update reports		Provide reports as specified

APPENDIX 1: Statement of Performance Expectations

APPENDIX 2: System Level Measures Improvement Plan