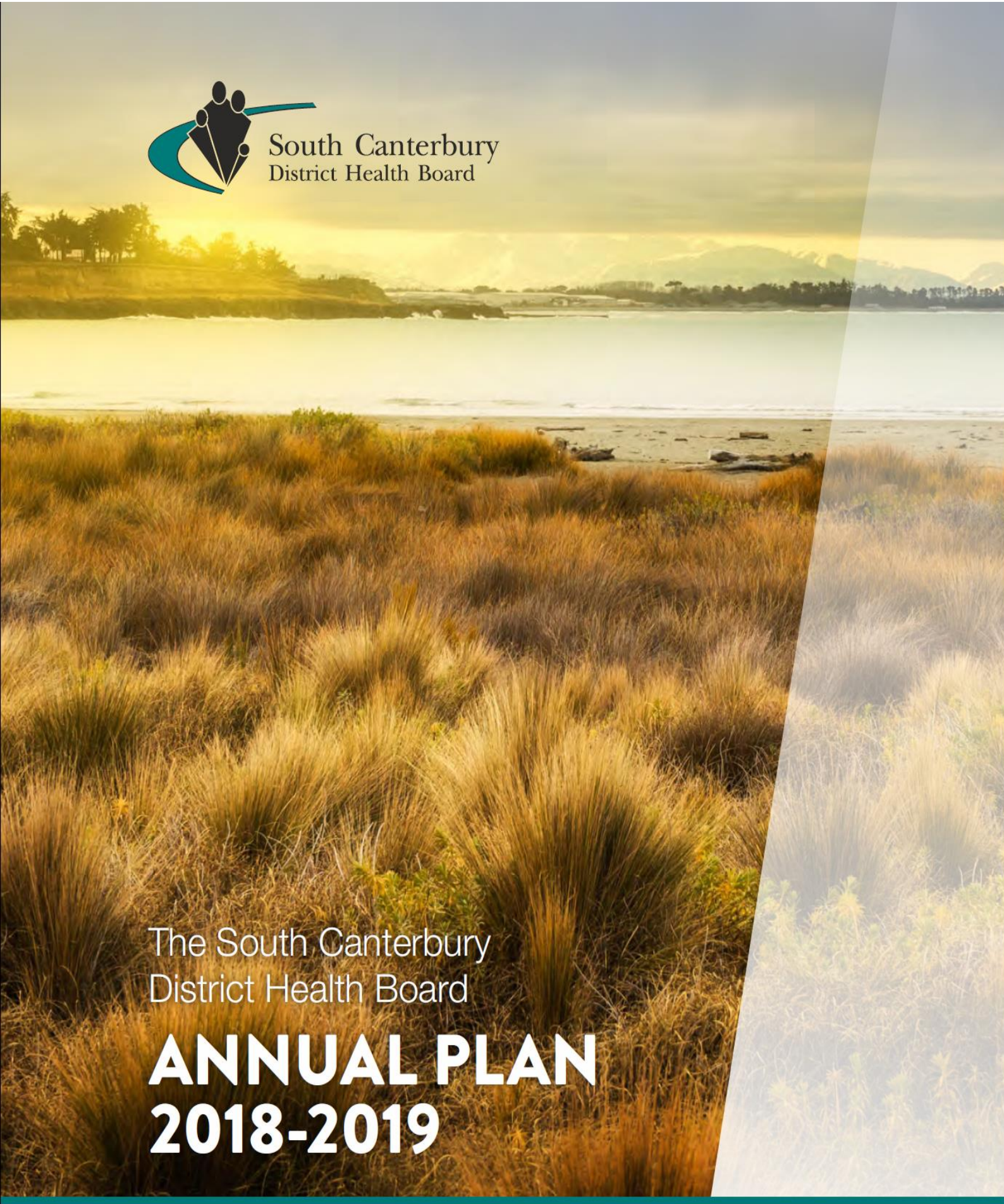

South Canterbury
District Health Board

The South Canterbury
District Health Board

ANNUAL PLAN 2018-2019

Which incorporates

Statement of Performance Expectation 2018-2019

System Level Measures Quality Improvement Plan 2018-2019

Annual Plan dated 14th December 2018

(Issued under Section 39 of the New Zealand Public Health and Disability Act 2000)

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Minister's Letter of Approval

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

17 DEC 2018

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

Dear Ron

South Canterbury District Health Board 2018/19 Annual Plan

This letter is to advise you I have approved and signed South Canterbury District Health Board's (DHB's) 2018/19 Annual Plan for three years.

I understand your DHB has submitted a plan of breakeven for 2018/19 and a path to continue to achieve breakeven in out-years which is commendable. I trust that you have contingencies in place to ensure you achieve your planned result for 2018/19.

I understand approval of your Production Plan is still to be confirmed, and you will work with the Ministry to resolve this.

I am aware you are planning a number of service reviews in the 2018/19 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. 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 that have not been approved through the normal process.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2018/19 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: Mr Nigel Trainor, Chief Executive, South Canterbury District Health Board, ntrainor@scdhb.health.nz

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Message from the Board & Chief Executive

Welcome to the South Canterbury District Health Board (DHB) Annual Plan for 2018/19. This plan has been developed by our DHB leaders with input from our Primary Care Alliance. This envelopes our commitment and details our plans to deliver on priorities during 2018/19.

As a DHB we remain committed to the provision of quality health services for our people. We are in the position of negligible population growth. We also have a population that is already 'old' moving to 'very old' and we are experiencing the associated escalation in health costs. After the release of our strategic direction document - Navigating Our Future earlier this year our focus has shifted to refreshing our Health Services Plan to ensure both the clinical and financial sustainability of our local health service is cemented in our future planning.

Equity for our people remains a priority for the DHB. A commissioned Health Needs Assessment Profile based on 2018 census data will guide the DHB's efforts to target identified populations if inequity in access and health outcomes become evident.

As a DHB we continue to perform well against a number of measures and targets however the coming year will bring continued financial challenges especially in relation to:

- cost pressures related to our restorative model of care supporting people to 'age in place';
- cost pressure of pharmaceutical usage and blood products;
- cost of staff resourcing and skill mix;
- cost of Inter District Flows (IDFs); and
- investment in reducing inequalities.

To meet the challenges of our ageing population's demand for health services, we acknowledge that we cannot deliver our health service tomorrow the same way as we do today. In order to achieve a truly integrated local health system which is sustainable, we need to work differently. We need to design services that meet local need and validates the person and their family at the centre of all that we do. We also need to do this within a fiscally tight environment, therefore it is imperative that we prioritise funding to drive better health outcomes for our population.

SCDHB has managed to remain in surplus for over 10 years and will submit a break-even plan for 2018/19. In order to achieve this budget, the following twelve months will see the DHB progress the following current and planned efficiencies:

- Complete implementation of the Health of Older People Centre of Excellence recommendations;
- Implement recommendations from the current Mental Health & Addictions Review and ensure alignment with the National Mental Health Enquiry outcomes;
- Review Health of Older Persons Services;
- Progress the acute inpatient length of stay reduction project;
- Implement the outcome of the proposal for change to the management structure;
- Partner with Community Public Health, our Public Health provider to develop a Health Promotion and Prevention Strategy;
- Explore options for flexible delivery of elective volumes;
- Commence the Surgical Patient Journey Project;
- Collaborate with other community providers to meet the needs of our vulnerable children and their families;
- Commence a review of our Maternity Model of Care;

- Build regional relationships to ensure sustainable local services;
- Review of the workforce that will lead us into the future;
- Continue work on our culture change; and
- Progress our hospital site development.

Our staff remain our greatest resource. We will continue to invest in supporting our culture reset, creating a safe and enabling workplace which allows our staff to flourish.

We will focus and engage on what is important to our consumers and staff ensuring our behaviours, systems and processes are reflective of our values: ***integrity, collaboration, accountability, respect and excellence***.

Ron Luxton, Chair, SCDHB

Nigel Trainor, CEO, SCDHB

SECTION ONE: Overview of Strategic Priorities

This Annual Plan for 2018/19 has been prepared by the South Canterbury District Health Board (SCDHB) and articulates our commitment to meeting the expectations of Government, and the Minister of Health to deliver against national and regional priorities. It outlines the actions planned over the next 12 months to operationalise this intent. As a key accountability document for the DHB, progress against achievement of this plan is monitored regularly by our executive team and Board.

We are committed to maintaining the same range of services and level of access to services. Thus, ensuring a continued emphasis on building on the quality and safety of services, whilst balancing this against ensuring efficiency and productivity gains are maximised. We have no plans to exit or significantly alter any primary or secondary services during the next twelve months and will work with South Island DHBs towards achieving equitable access to services across the South Island.

1.1 National context

Like health systems world-wide, the challenge DHBs are facing are well understood. Populations are ageing, more people are developing long-term conditions, demand is increasing, treatment costs are rising, and workforce shortages are ever-present. Increasing pressure on government funding also means we have to do more with what we have.

There is a clear understanding that these pressures mean health services cannot continue to be provided in the same way they always have.

If we are to continue to improve health outcomes within current resources, we need to integrate and connect services, not only across the health system, but across all public services.

The long-term vision for New Zealand's health service is articulated through the New Zealand Health Strategy. The overarching intent of which is to support all New Zealanders to "live well, stay well, get well."

The Strategy identifies five key themes to give the health sector a focus for change:

- People powered;
- Closer to home;
- High value and performance;
- One team; and
- Smart system.

Our direction is further guided by a range of condition specific or population strategies, including: the Māori Health Strategy (He Korowai Oranga), Pacific Health Strategy ('Ala Mo'ui), Healthy Ageing Strategy, Disability Strategy and the United Nations convention on the Rights of People with Disabilities.

DHBs are also expected to commit to government priorities and the Minister of Health's letter of expectations signals annual priorities and expectations for DHBs. The 2018/19 expectations signal a strong focus on improving the delivery of public health service and improving equity in health outcomes.

There is increased emphasis on:

- Population health services;
- Primary care health services;
- Mental health services;
- Utilisation of the wider health workforce;
- The health and wellbeing of infants, children and young people;
- A reduction in the burden of long-term conditions;
- Accountability for improved performance; and
- A stronger response to climate change.

1.2 Regional commitment

In delivering its commitment to better public services, the Government also has clear expectations of increased regional collaboration between DHBs.

There are five DHBs in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern) and together we provide services for over one million people, almost a quarter (23.3%) of the total NZ population.

While each DHB is individually responsible for the provision of services to its own population, we work regionally through the South Island Regional Alliance to better address our shared challenges.

The vision for the South Island Alliance is 'A connected and equitable South Island health and social system that supports all people to be well and healthy'. Our jointly-developed Te Wai Pounamu Regional Health Services Plan outlines the agreed regional activity for the next three years. We will maintain our strong regional commitment to implementing the Regional Health Services Plan.[1]

1.3 South Canterbury DHB's Vision

We have recently set a strategic direction for the DHB, to achieve our mission of "enhancing the health and independence of the people of South Canterbury".

The purpose of this strategy '*Navigating Our Future'* is to communicate a collective vision for the SCDHB, where we are described as a DHB which:

- works as part of the community to keep all our people fit and well;
- when needed, supports convenient, seamless and effective healthcare solutions and experiences for whatever health problems our people have; and
- ensures affordable local healthcare for future generations.

The phrase ***'Every Moment Matters'*** has been adopted by the SCDHB as our vision banner as it is something that we as a DHB stands for as well as something we aspire to achieve. It also encapsulates the four key foci for our future, developed by our staff and endorsed by the Board where: every voice matters, every person matters, every day matters and every dollar matters, thus aligning to the New Zealand Health Strategy.

[1] *The South Island Regional Health Services Plan can be found on the Alliance website: www.sialliance.health.nz*

In order to meet future demand for services we need a greater emphasis on preventing disease and maintaining good health; as well as supporting self-management for those with established health conditions.

To this end we have defined five strategic goals:

- Productive partnerships;
- Integrated person-centred care;
- Health equity for all;
- Valuing our people; and
- Fit for future.

These are underpinned by 15 strategic priorities which will provide focus over the next three to five years.

Following release of our Strategic Direction to staff and our community, the DHB is now progressing the development of a Health Services Plan. This requires a refreshed Population Health Needs Assessment, last completed in 2008, as well as updated service profile demand projections. A Model of Care Service Design Framework is therefore under development which will guide service reviews and innovation at the front line.

We are committed to our statutory obligations to Māori under the NZ Public Health & Disability Act and we are advised by our Māori Health Advisory Committee. Through our Māori Consultation Framework which is used by our Iwi/Māori Health Relationship Partners and our organisation we will ensure Māori participation and partnership in health planning, service design, development and delivery, and in the protection of Māori wellbeing. As an agent of the Crown we are committed to the principles of the Treaty of Waitangi and we will continue to maintain our investment in Māori provider services and in mainstream services provided for Māori.

In support of our vision to "work with our community to keep people fit and well", and in shifting our focus from illness to prevention we will work with our health promotion provider to develop a Health Promotion & Prevention Strategy for the DHB.

We will work with the Ministry of Health and Treasury to progress our Site Redevelopment.

Equity of health is intrinsic in the DHB's quest for improved health outcomes for all living in or visiting our community. This plan reflects our strategic goal of 'health equity for all' and as such a health equity lens has been cast across our response to each health priority.

Our refreshed Population Health Needs Assessment and demand projections will allow us to identify areas requiring targeted interventions to improve health equity. In selecting equity outcome actions (EOA) we have considered the following key areas:

- access that matches the individual's need for care;
- health literacy providing the capacity to obtain, process and understand basic health information and services in order to make informed health decisions; and
- adopting a whānau ora approach that places whānau at the centre of service delivery.

In taking a population approach to our annual planning discussions the following table lists the most significant action to be delivered in 2018/19 against each life course group. Further detail is included in section 2 of this document.

Life Course Group	Action
Pregnancy	Enable the best possible start in life for our community, we will work in partnerships to develop a programme to improve pre-conception health and wellbeing. Ref. Page 10
Early years and childhood	Enable the best possible start in life for our community, we will work in partnerships to develop a programme to improve pre-conception health and wellbeing. Ref. Page 10
Adolescence and young adulthood	Continue to provide high quality school-based health services in all secondary and alternate education settings in the South Canterbury district. Ref. Page 12
Adulthood	Achieve equity in Cardiovascular Disease Risk Assessments (CVDRA), particularly for Māori men by taking services to clients' places of work. Ref. Page 9
Older people	Reduce the incidence of serious falls resulting in injury by increasing the number of approved community strength and balance exercise programmes offered in the community. Ref. Page 14

1.4 Signatories

Agreement for the South Canterbury DHB 2018/19 Annual Plan

between

Dr David Clark
Minister of Health
Date: 17/12/18

Ron Luxton
Chair, SCDHB
Date: 26 October 2018

Nigel Trainor
Chief Executive, SCDHB
Date: 26 October 2018

SECTION TWO: Delivering on Priorities

2.1 Planning Priorities

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
Mental Health - Population Mental Health	**One Team**	Commence a project which aims to improve the care of infants engaged in the Mental Health & Addictions service.	Review the current practices and analyse data to gain a baseline of current practice and effectiveness. Focus on consumer feedback, and equity of service. Q1. (EOA)	PP43 Population mental health.
			Explore options to improve the service delivery and identify opportunities for improvement. Focus on early intervention and equity of service. Q3. (EOA)	
			Commence the implementation of the improvement identified. Q4.	
		Encourage the community to participate in the Government Inquiry into the Mental Health and Addiction.	Display posters and other promotional materials providing information on how to make a submission to the inquiry team for consideration.	
		Continue to implement our Supporting Parents Healthy Children project.	Evaluate effectiveness of stage one of this project which focused on child friendly environment and 'asking the questions.' Q1.	
			Trial and implement revised document formats. Q2.	

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
			Provide educational sessions for DHB and NGO staff on Supporting Parents Healthy Children. Q3.	
Mental Health - Mental Health and Addictions Improvement Activities	**One Team**	Commit to the Health Quality & Safety Commission mental health and addictions improvement activities with a focus on:		HQSC Indicator Programme. PP26 The Mental Health & Addiction Service Development Plan. PP7 Improving mental health services using wellness and transition (discharge) planning.
		Minimising restrictive care through the Zero seclusion project.	Continue to monitor seclusion rates quarterly. Ongoing.	
			Continue to compare seclusion rates for Māori with other. Ongoing. (EOA)	
		Improve the transition of care from youth to adult services.	Form a project team and establish project parameters. Q2.	
			Provide a project progress report. Q4.	
		Complete the Mental Health & Addictions Service Review initiated in 2017/18.	Consider and confirm recommendations. Q2. (EOA)	
			Develop a plan to implement confirmed recommendations. Q3.	
		Continue to promote wellbeing including the management of risk of suicide through ongoing collaboration with emergency services, sport clubs and the rural sector.	Initiate quarterly activity reporting to operational and governance groups. Q1.	
		Continue to provide robust Suicide Prevention advice and support to the community of South Canterbury.	Interim Suicide Prevention plan to be released. Q2.	

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
Mental Health - Addictions	**Value and high performance**	Continue to meet addiction related waiting times targets across DHB funded services and understand the reasons when targets are not achieved.	Analyse data to determine why targets not met and identify any emerging trends. Q2.	PP8 Shorter waits for non-urgent mental health and addiction services for 0-19-year olds.
			Develop a workplan to address findings from the analysis ensuring an equity lens has been applied to planned actions. Q3. (E0A)	
			Implement workplan and continue to provide monitoring reports. Q4.	
Primary Health Care – Access	**Closer to Home**	Implement the reduction in fees for under 14 years and Community Services Card Holders in line with the national process.	Work with WINZ to widely promote materials on how to obtain a Community Services Card and make these available in primary care practices, pharmacies and Māori health provider. Q1. (EOA)	Primary Health Care Access Rates for under 14 years and Community Services Cards.
			Promote free under 14 zero fees through our existing community communication channels. Q1.	
			Extend the free funded afterhours visits for under 13-year olds to under 14-year olds. This will apply across the district for our enrolled population regardless of which afterhours service provider/clinic they present to. Q2.	

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
		Utilise TeleHealth to enable rural clients to meet with hospital specialists from their rural primary care practice.	Trial TeleHealth link between one rural practice and a department at Timaru Hospital. Q2.	Utilisation of TeleHealth.
Primary Care – Integration	**Closer to Home**	Expand the membership of the Alliance to include community providers: pharmacist, physiotherapist, occupational therapist and occupational health nurse.	Finalise new Terms of Reference and appoint new members. Q1.	Primary Care Alliance Terms of Reference and meeting records.
		Form an Alliance Executive Group within the wider group.	Executive Group established. Q1.	Primary Care Alliance workplan.
		Focus the Alliance on developing South Canterbury's Primary Health Strategy and participate in the design of sustainable models of care to deliver integrated, person centred care.	Primary Health Strategy finalised. Q4. (EOA)	Primary Care Strategy approved by the SCDHB Board.
		Review the current new born enrolment process with a focus on equity.	Identified improvements in the new born enrolment process are implemented. Q3. (EOA)	SI18: Improving new-born enrolment in General Practice.
		Utilise our DHB workforces to work across the system supporting provision of primary health care.	Continue to support the training of our nurse practitioner workforce. Ongoing.	Workforce Development Plan.
			Implement recommendations from the Clinical Nurse Specialist Review to support the learning and development of the practice nurse workforce. Q1.	
			Align the community health team to provide greater support to	Presentation rate of over 75yrs to

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
			primary care through increased coordination and single point of entry. Q2.	emergency department.
Primary Health Care – System Level Measures	**Value and High performance**	The jointly developed and agreed System Level Measure Improvement Plan for South Canterbury DHB is attached to this document as Appendix 2		
Primary Care – CVD and Diabetes Risk Assessment	**One Team**	Achieve equity in Cardiovascular Disease Risk Assessments (CVDRA), particularly for Māori men by taking services to clients' places of work.	Launch a programme for funded CVDRAs delivered by occupational health nurses, Māori health provider or primary care provider for enrolled Māori men aged 35 to 44 years. Q2. (EOA)	PP20 Cardiovascular Disease Risk Assessment (CVDRA).
			Provide those eligible Māori men identified at risk from the funded CVDRA programme with free visits with their lead practitioner and practice nurse. (EOA)	
		Improve the quality of diabetes care and services delivered in South Canterbury, attaining full compliance against the Quality Standards for Diabetes Care 2014.	Extend the current Encounter Programme to include patient/health provider discussion re lifestyle and psychological issues that impact on self-management. Q1.	PP20 Improved management for long term conditions – Focus Area 2: Diabetes services.
			Review care plan use in general practice, supporting practices to enable patient led individualised care plans. Q3.	

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
			Implement monitoring to ensure renal screening checks occur with appropriate management and referral for abnormal results. Q3.	
Pharmacy Action Plan	**One Team**	Continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers and the wider health sector to develop integrated local services that make the best use of the pharmacist workforce.	Continue to engage with the agreed national process to develop and implement the Integrated Community Pharmacy Services Agreement. Q2. (EOA).	Approved Primary Health Strategy. Approved Pharmacy Strategy.
			Reflect the Pharmacy Action Plan in the Pharmacy Strategy Q3 and Primary Health Strategy. Q4.	
			Progress our plan to develop integrated local pharmacist services through the Primary Health Alliance's expanded membership which will include community pharmacists. Q3.	
			Include cultural competency of pharmacy staff as a focus of the next Primary Health Symposium including introducing the practical application of the Hauora Māori HealthPathway. Q3. (EOA)	

		DHB Key Response Actions to Deliver Improved Performance		
Government Planning Priority	**Link to NZ Health Strategy**	**Activity**	**Milestones**	**Measures**
Support to Quit Smoking	**One Team**	Continue to support the delivery of Brief Advice to Quit in Primary Care in South Canterbury.	Continue to actively support primary care practices through regular Stop Smoking Facilitator contact and relationship management. Ongoing.	HT Percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a health practitioner in the last 15 months.
			Continue to deliver clinics in rural practices to support smoking cessation. Ongoing. (EOA)	
			Continue to fund reminder, prompting and audit tools for practices in South Canterbury. Ongoing	
			Continue to support increasing functionality of the Dr Info tool e.g. use of text and letter functions. Ongoing	
			Continue to hold fortnightly hui with Arowhenua Whānau Services (Māori Health Provider) to provide mutual support ensuring the service is reaching Māori and Pacific populations. Ongoing (EOA)	
			Establish a weekly evening clinic to attract those who have work or commitments that are a barrier to accessing the service. Q2 (EOA).	

Child Health – Child Wellbeing	**Value and high performance**	Enable the best possible start in life for our community, we will be working in partnerships to develop a programme to improve pre-conception health and wellbeing.	Redefine the scope and membership of the current Alliance to be pre-conception– 12 years and draft and consult on terms of reference. Q1.	PP27 Supporting child well-being.
			Re-establish vision, goals and priorities with members. Q2.	
			Develop priority-based work-plans. Q4.	
			Introduce a focus on the first 1000 days. Q3	
		Review enrolment rates in Well Child Tamariki Ora (WCTO) to determine if equity is evident and develop a plan to eliminate identified gaps.	Gather and analyse local WCTO enrolment data. Q2. (EOA).	
			Consult and develop a plan if indicated to address inequities. Q4. (EOA).	
		Improve women centred planning through a partnership approach for vulnerable women during pregnancy.	Redesign the Children Protection Advisory Group to separate out the pregnant women cohort. Q2 (EOA).	
			Seek feedback on design and functionality of the revised plan. Q4.	
			Compare Maternal Wellbeing and Child Protection Group referral data. Q4.	
		Improve early enrolment rate (i.e. during 1st trimester) for pregnant women in South Canterbury.	Analyse data to identify any ethnicity or deprivation gaps in enrolled population. Q2 (EOA)	

			Develop a workplan to address findings from the analysis ensuring an equity lens has been applied to planned actions. Q3. (E0A)	
			Implement workplan and continue to provide monitoring reports by ethnicity and deprivation. Q4. (EOA)	
	Close to home	Continue to provide community-based support for those women requiring antenatal and post-partum maternal mental health services.	Consider the primary mental health needs of pregnant women and parents following the birth of their baby within the scope of the Mental Health & Addiction Health Services Planning Review. Q1.	PP44 Maternal mental health.
Child Health – Maternal Mental Health Services			Complete a stocktake of community-based antenatal and postpartum maternal mental health services. Q2	
			Identify and report on the number of women accessing funded primary maternal mental health services. Q4.	
Child Health – Supporting Health in Schools	**Closer to home**	Continue to build on Public Health Nursing services to all education settings in South Canterbury.	Provide fresh fruit in schools for our three lowest decile primary schools. – ongoing. (EOA)	PP25 Youth mental health initiatives. PP27 Supporting child well-being.
			Embed year 7 Boostrix immunisation option in the school-based immunisation programme. Q1.	

			Introduce physical and sexual health education session for alternate education settings. Q3.	PP39 Supporting Health in Schools
			Implement additional initiatives as identified in the stocktake of health services in public secondary schools in the DHB catchment. Q4.	
Child Health – School-Based Health Services	**Closer to home**	Continue to provide high quality school-based health services in all secondary and alternate education settings in the South Canterbury district.	Complete a stocktake of health services in public secondary schools in the DHB catchment. Q2.	PP25 Youth mental health initiatives.
			Develop an implementation plan with a focus on equity. Q4. (EOA).	
Child Health – Immunisation	**One team**	Improve the percentage of five-year olds fully immunised against the immunisation schedule.	Strengthen B4SC process to include more robust immunisation status checking and capture. Q1.	PP21 Immunisation coverage.
			Introduce ethnicity and high deprivation reporting to identify inequities in coverage, to enable targeted outreach services. Q3. (EOA).	
Responding to Childhood Obesity	**Value and high performance**	Continue to build on healthy weight management support for children identified as clinically obese (>98 percentile).	Provide choice of health professional, including Maori Health provider, for clinical follow up advice and support for children identified as obese rather than a single pathway. Q1. (EOA)	PP27 Supporting child well-being.
			Provide family support in healthy weight management through a series of scheduled consultations at location of choice, including	

			Maori Health provider, till child's target weight achieved. Ongoing (EOA)	
			Conduct a forum for practitioners working with children locally to deliver an update on healthy childhood weight management options and consult on potential approaches for SCDHB's response to those children identified as obese. Q3.	
			Charge the Maternal and Child Health Alliance to recommend a preferred approach to targeted populations to management for consideration. Q4.	
Strengthen Public Delivery of Health Services	**Value and high performance**	Refresh the DHB's Health Services Plan to provide medium term direction in the delivery of health services to our local population.	Complete Population Health Needs Assessment. Q4. (EOA)	SI 16 Strengthening Public Delivery of Health Services.
			Commission Service Demand Projection Profiles. Q4	
			Complete Model of Care Service Design Framework. Q4.	
			Commence drafting the SCDHB Health Services Plan. Q4.	
Shorter stays in emergency department	**Value and high performance**	Improve patient flows in the emergency department through an enhanced physical environment.	Reconfigure and refurbish the emergency department increasing the number of bed spaces so that achievement against the health target is maintained. Building work to commence. Q3.	HT Shorter stays in ED.

			ED is working in conjunction with Mental Health and Addiction Services (MHAS) on improving equity for mental health patients presenting to the ED. Q12019/20 (EOA) - • Environment – 'quiet room' for interview and assessment purposes. Q4 • Review the model of care – this may involve the role of a specialised MH nurse being the key contact for the ED. Q4 • Patient Flow - a process change of reviewing and acceptance of referrals between the two key stakeholders. Q4	
			Create a 'treat & complete' space to provide a fast track' option for patients requiring minimal procedure or investigations. Q4.	
Access to Elective Services	**Value and high performance**	Ensure that the web-based national clinical prioritisation tools for elective services are being administered equitably by clinicians.	Introduce quarterly monitoring prioritisation reports in partnership with the clinicians against national averages to identify outliers. Q1. (EOA)	SI4 Number of Elective Discharges. OS3 Standardised Intervention Rates. Inpatient Length of Stay (Electives).
			Ensure access thresholds for surgery are reviewed and altered as demand/capacity allows. Ongoing	

		Engage with our staff to design the optimal surgical patient journey utilising the High-Performance High Engagement Framework.	Complete the perioperative acute board visualisation project. Q2.	Electives and Ambulatory Initiative Elective Services Patient Flow Indicators.
			Complete the elective surgical patient cancellation communication project. Q2.	
			Commence perioperative long-term production planning project. Q2.	
			Commence the perioperative scheduling and utilisation project. Q2	
		Provide suitable information technology enablers to support elective services clinical practice delivery.	Investigate and trial information technology options such as SCOPE and other alternatives to inform investment. Q3.	
System Settings – Cancer Services	**Value and high performance**	Complete recommendations from the Te Waipounamu Māori Cancer project. (EOA)	Implement a data ethnicity collection system. Q2.	PP30 Faster cancer treatment.
			Introduce ethnicity data reporting. Q3.	
		Implement the prostate cancer decision support tool to improve the pathway for patients with a diagnosis of prostate cancer.	Refresh the Aoraki HealthPathway to include use of KUPE screening tool. Q2.	
		Support patients following completion of their cancer treatment. (survivorship).	Work with the local Cancer Society to design a workshop on supporting survivorship. Q2.	
			Deliver supporting survivorship workshop in conjunction with the local Cancer Society. Q4.	

		Support patients transitioning from remission to active treatment.	Develop a 'Return to Oncology 'pathway. Q4.	
System Settings – Healthy Ageing	**Closer to home**	Reduce the incidence of serious falls resulting in injury by increasing the number of approved community strength and balance exercise programmes offered in the community.	Complete implementation of the ACC contract for falls prevention. Q2.	Compliance against ACC contract and target of 1000 places.
		Reduce the incidence of preventable harm due to pressure injuries through implementing the guiding principles for the prevention and management of pressure injuries.	Roll out a pressure injury prevention programme across the sector. Q2.	Pressure area injury rate.
		Contribute to DHB and Ministry led development of future models of care for Home and Community Support Services.	Agree local implementation plan. Q4	PP23 Implementing the Health Ageing Strategy.
		Reduce preventable presentation at the emergency department for over 75-year olds.	Create an improved pathway for the management of those with a long-term condition over the age of 75 years. Q2.	Emergency department presentation for over 75 years rate. Acute inpatient admission for over 75 years rate.
		Increase uptake of Advance Care Plans by those in the community.	Implement the regional Advance Care Plan format and process. Q2.	Number of Advance Care Plans completed.
		Improve our understanding of the health care experience and outcomes for Māori over the age of 65+ years.	Complete an audit of emergency department presentations for Māori over 65 years to understand the reasons for presentation/admission. Q2.	Emergency department presentations for Māori over 65 years.

			Present audit results to the Māori Health Advisory Committee to identify "quick wins' and inform planning for 2019/20. Q3.	
			Implement any 'quick wins' identified and evaluate and develop a work plan for 2019/20.	
System Settings – Disability Support Services	**One team**	Introduce a learning package to support front staff and clinicians in positive interactions with people with disabilities.	Develop a learning package. Q2.	SI14 Disability support services.
			Launch learning package to staff. Q3.	
			Implement reporting on staff uptake. Q4.	
System Settings – Improving Quality	**Value and high performance**	Reduce the inequity in outcomes for diabetics using the Atlas of Variation and other information sources to identify areas for targeted action.	Complete analysis of Atlas of Variation and other data source information. Q1.	SI17 Improving quality.
			Provide recommendations for service development within the diabetes service. Q2.	
			Implement agreed recommendations. Q4. (EOA)	
		Improve performance for the following question from the SCDHB Patient Experience Survey: *"Did a member of staff tell you about medication side effects to watch for when you went home?"* *(Communication Domain)*	Consult with clinical areas to establish a working group. Q1.	
			Utilise baseline data from the Patient Experience Survey to establish targets for the surgical and medical inpatient areas to guide service improvement activity. Q1.	
			Develop improvement strategies that will improve communication	

			with consumers regarding potential side-effects of their medication prior to discharge. Q1. Implement improvement strategies within Medical and Surgical Inpatient wards. Q2. Reduce the percentage of "No" answers to reach target for each service area. Q4.	
System Settings – Climate Change	**Value and high performance**	Continue to mitigate or adapt to the effects of climate change through a focused effort on identifying actions to reduce carbon emissions across the DHB.	Complete a stocktake on current activity being delivered. Q2. Develop an action plan based on the stocktake outcome to address identified gaps. Q4.	PP 40 Responding to climate change.
System Settings – Waste Disposal	**Value and high performance**	Raise awareness and actively promote the use of approved DHB pharmaceutical waste collection and disposal arrangements.	Complete a stocktake to identify activity to support the environmental disposal of hospital and community waste products including cytotoxic waste. Q2. Develop an action plan based on the stocktake outcome to address identified gaps. Q4.	PP 41 Waste disposal.
Fiscal Responsibility	**Value and high performance**	Deliver best value for money by managing DHB finances in line with Minister's expectations.	Prepare budget expenditure and forecasting reports. Ongoing.	Annual Report
Delivery of Regional Service Plan	**One team**	Continue to actively engage in delivery of the Service Level Alliances and work steams workplans as outlined in the South Island Health Services Plan.	Work with the Ophthalmology workstream to ensure consistent standards of care across the South Island and improve health equity for all patients. Q4.	South Island Health Services Plan quarterly monitoring reports.

			Participate in the review of current orthopaedic workforce resources to understand future workforce demand with particular reference to the provincial setting. Q4.	
			Continue to actively participate in the vascular workstream for model of care. Q4.	
			Support our tertiary provider to improve access and consistency of access to plastics and reconstructive surgery services. Q4	

2.2 Financial Performance Summary

South Canterbury District Health Board Consolidated Financial Performance 2018/2019	2016/17 Audited Actual	2017/18 Forecast	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
MOH Revenue	182,971	191,373	196,600	201,920	207,240	212,559
Patient Related Revenue	1,982	1,402	1,291	1,317	1,343	1,370
Other Revenue	2,296	2,389	2,457	2,506	2,556	2,607
IDF Inflow Revenue	4,367	3,863	3,626	3,698	3,772	3,848
TOTAL OPERATING REVENUE	191,616	199,027	203,974	209,441	214,911	220,384
Personnel Benefit Costs	62,290	65,082	66,729	68,791	70,684	72,785
Treatment Related Costs	21,702	22,075	21,643	22,076	22,517	22,969
External Service Providers	64,691	68,658	70,795	72,354	74,064	75,554
IDF Expenditure	29,526	29,960	31,389	32,341	33,408	34,427
Non Treatment Related Costs	8,151	8,208	7,731	7,937	7,755	7,876
TOTAL OPERATING EXPENDITURE	186,360	193,983	198,287	203,499	208,428	213,611
NET RESULT BEFORE INTEREST DEPRECIATION	5,256	5,044	5,687	5,942	6,483	6,773
Interest expense	253	-	-	-	-	-
Interest Received	(1,162)	(1,001)	(1,011)	(966)	(861)	(756)
Depreciation	4,297	3,725	4,272	4,358	4,834	5,012
NET RESULT BEFORE NON OPERATING ITEMS	3,388	2,724	3,261	3,392	3,973	4,256
Donations						
Profit & (Loss) on Asset sales						
Capital Charge Expense	1,728	2,310	2,415	2,376	2,376	2,376
NET RESULT	**140**	**10**	**11**	**174**	**134**	**141**

REVENUE	2018/19 TOTAL $	2019/20 TOTAL $	2020/21 TOTAL $	2021/22 TOTAL $
Prevention	3,822,905	3,929,946	4,020,335	4,120,843
Early detection and management	44,784,779	46,038,753	47,097,644	48,275,086
Intensive assessment and treatment	120,331,683	123,382,949	126,746,368	129,889,152
Support and rehabilitation	36,046,089	37,055,379	37,907,653	38,855,344
Grand Total	**204,985,456**	**210,407,028**	**215,772,000**	**221,140,425**
EXPENDITURE	**TOTAL $**	**TOTAL $**	**TOTAL $**	**TOTAL $**
Prevention	3,822,905	3,929,946	4,020,335	4,120,843
Early detection and management	44,784,779	46,038,753	47,097,644	48,275,086
Intensive assessment and treatment	120,320,683	123,208,950	126,612,368	129,748,152
Support and rehabilitation	36,046,089	37,055,379	37,907,653	38,855,344
Grand Total	**204,974,456**	**210,233,028**	**215,638,000**	**220,999,425**
Surplus/(Deficit)	**11,000**	**174,000**	**134,000**	**141,000**

South Canterbury District Health Board	2016/17 Audited Actual	2017/18 Forecast	2018/19 Plan	2019/20 Plan	2020/2021 Plan	2021/2022 Plan
Consolidated Financial Position						
2018/2019						
Opening Equity	41,447	41,146	40,904	40,825	40,706	40,594
Operating Result for Period	140	10	11	174	134	141
TOTAL PUBLIC EQUITY						
Current Assets						
Cash & Bank	3	3	3	-	-	-
HBL Treasury Function	12,553	10,000	2,920	5,130	4,438	5,745
Short Term Investments	12,778	-	-	-	-	-
Debtors & Other Receivables	6,613	7,859	7,859	7,350	7,350	7,350
Stock	1,163	1,413	1,413	1,200	1,200	1,200
Total Current Assets	33,110	19,275	12,195	13,680	12,988	14,295
Non Current Assets						
Fixed Assets	35,223	34,623	38,470	38,977	39,232	37,536
Intangibles	2,827	3,003	7,023	7,265	7,539	7,689
Term Investments	935	13,803	11,803	7,803	7,803	7,803
Total Non Current Assets	38,985	51,429	57,296	54,045	54,573	53,027
Current Laibilities						
Overdraft						
Creditors and Accruals	9,165	8,778	8,132	6,090	6,046	6,219
GST	1,023	850	850	1,000	1,000	700
Employee Entitlements	11,527	12,323	12,223	12,175	12,175	12,175
Short Term Loans	235	235	235	235	235	235
Total Current Liabilities	21,950	22,186	21,440	19,500	19,456	19,329
Working Capital	11,160	(2,911)	(9,245)	(5,820)	(6,468)	(5,034)
Non Current Liabilities						
Employee Entitlements	7,909	6,817	6,592	6,750	6,750	6,750
Term Loans	789	555	555	650	650	650
Total Non Current Liabilities	8,698	7,372	7,147	7,400	7,400	7,400
NET ASSETS	41,447	41,146	40,904	40,825	40,705	40,593

South Canterbury District Health Board		2016/17 Audited Actual	2017/18 Forecast	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
Statement of Changes in Equity							
2018/2019							
Total Equity at start of period		28,725	41,447	41,146	40,904	40,825	40,706
Net Surplus/ (Deficit) for year		140	10	11	174	134	141
Capital Movements							
Repayment to Crown		(217)	(217)	(217)	(217)	(217)	(217)
Other Movements		12,799	(94)	(36)	(36)	(36)	(36)
Total Equity at end of period		**41,447**	**41,146**	**40,904**	**40,825**	**40,706**	**40,594**

CASHFLOW & BANK	2016/17 Opening Balance	2016/17 Audited Actual	2017/18 Forecast	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
2018/2019							
Total Receipts		191,828	191,828	203,974	209,441	214,912	220,386
Total payments		(194,587)	(191,639)	(199,682)	(204,477)	(212,481)	(216,215)
CASH FLOW FROM OPERATING ACTIVITIES		(2,759)	189	4,292	4,964	2,431	4,171
CASH FLOW FROM INVESTING ACTIVITIES		(3,418)	(2,273)	(11,156)	(2,537)	(2,907)	(2,649)
CASH FLOW FROM FINANCING ACTIVITIES		(451)	(469)	(216)	(216)	(216)	(216)
NET CASH FLOW		(6,628)	(2,553)	(7,080)	2,211	(692)	1,306
Plus: Cash (Opening)		19,180	12,552	10,000	2,920	5,130	4,438
YTD Net cash movements		(6,628)	(2,553)	(7,080)	2,211	(692)	1,306
Cash (Closing)	**19,180**	**12,552**	**10,000**	**2,920**	**5,130**	**4,438**	**5,745**

Capital Expenditure

General

$000s	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Buildings, Plant & Equipment excl Clinical	135	418	425	431	437	444	451	457	464	471	4,133
Clinical Equipment	1,674	1,473	1,498	1,519	1,750	1,776	1,592	1,614	1,857	1,665	16,418
Other Equipments	166	200	200	205	205	210	210	215	215	220	2,046
IT/IS - devices/hardware	342	60	60	65	65	70	70	75	75	75	957
Intangible Assets (Software)	60	149	152	150	154	152	155	154	157	161	1,444
Vehicles	206	209	212	215	219	222	225	229	232	236	2,205
Contingency	300	305	310	316	321	326	332	338	343	349	3,240
Minor capital	196	199	203	206	210	213	217	221	224	228	2,117
Total General	3,079	3,014	3,060	3,107	3,360	3,413	3,252	3,303	3,568	3,405	32,560

Special Capital Projects

$000s	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Infrastructure	200	200	200	200	200	200	200	200	200	200	2,000
Dishwasker for Kitchen	150										150
Laundry Equipment	500										500
Morgue Chiller	150										150
Environment Upgrade (Transformer)	450										450
Radiology	145										145
Front of Hospital Build	3,000	2,000	2,000								7,000
Environmental Upgrades (Theatre Ventiliation)	200										200
Energy Centre Upgrades	450	450									900
Scope Theatre Planning/Management	80										80
Total Special	5,325	2,650	2,200	200	200	200	200	200	200	200	11,575

Regional/National Projects

$000s	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
Data Warehouse / architecture	218	-	-								218
E-Medication Reconciliations	-	51	48								99
E-Ordering Laboratory	-	-	64								64
E-Ordering Radiology	75	-	-								75
E-Pharmacy	374	-	-								374
E-Prescription Repository	9	-	-								9
E-Referrals - Stage 3 Triage	106	-	-								106
E-Referrals - Inter / Intra DHB	150	-	-								150
Growth Charts	6	-	-								6
MDM	12	-	-								12
Mental Health Module	112	-	-								112
Patient Track	701	-	-								701
Problem Lists	12	-	-								12
Provider Index	51	-	-								51
Emergency Department Solution	81	-	-								81
South Island PICS	1,019	46	9								1,074
National Oracle Solution (NOS)	950										950
	3,877	96	121								4,095

$000s	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
General	3,079	3,014	3,060	3,107	3,360	3,413	3,252	3,303	3,568	3,405	33,260
Special Capital Projects	5,325	2,650	2,200	200	200	200	200	200	200	200	15,070
Regional/National Projects	3,877	96	121	-	-	-	-	-	-	-	4,095
Total	**12,281**	**5,760**	**5,381**	**3,307**	**3,560**	**3,613**	**3,452**	**3,503**	**3,768**	**3,605**	**37,355**

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 2018/19.

3.2 Service Change

There are no service changes proposed for implementation in 2018/19.

SECTION FOUR: Stewardship

4.1 Managing our Business

Organisational performance management

South Canterbury DHB's performance is assessed on both financial and non-financial measures, 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 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 2018/19 and out years is contained in the Financial Performance Summary section of this document on page 18, and in Appendix A: 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

South Canterbury DHB has 100 percentage 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

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

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 District Health Board will report on implementation of the New Zealand Business Number Whole-of Government Directions in its Annual Report.

4.2 Building Capability

Capital and infrastructure development

The Front of Hospital business case incorporating changes to emergency, outpatients, day stay services, hospital reception and Café with a spend of $7m was approved by the Board in 2015. These projects are in the final design stage with expectation some of these projects will be started in the 2018/19 year. Alongside this the DHB is progressing it Strategic Assessment for Timaru Hospital. In addition to this, work to improve environmental components of the existing central services building

is underway to ensure energy efficiency, site infrastructure and preventative maintenance are optimal.

Co-operative developments

South Canterbury DHB recognises the impact of the social determinants of health and as such 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'.

4.3 Workforce

Below is a short summary of South Canterbury DHB's organisational culture, leadership and workforce development initiatives. Further detail about the South Island regional approach to workforce is contained in the 2018/19 South Island Regional Service Plan.

SCDHB will continue to progress our cultural development programme, which is enabled by our commitment to becoming a learning organisation and based on strong partnerships, (particularly with our unions and consumers) and supporting a safe culture for patients and staff. This will be supported in the current year through embedding our "Speaking Up" programme and launching the follow-on "Promoting Professional Accountability" programme in Q1. Our commitment to strong union engagement through our Joint Consultation Committee and Bi-Partite forums will continue as will progress with High Performance High Engagement (HPHE) activities in partnership with New Zealand Nurses Organisation, the Public Service Association and ETu. It is intended to establish a further two HPHE projects by Q2.

For 2018-2019 we will have two overarching goals: To build SCDHB as a learning organisation and to build our community of learning professionals.

We will be undertaking an organisation wide training needs analysis to ensure we are effectively and equitably investing in our people and the teams they work within. We will be increasing the breadth and scope of our simulation activities (within community and primary settings and in both clinical and non-clinical areas) to support interdisciplinary team work capability development and driving high quality patient outcomes. We will also embed our cultural competency framework to ensure we are prepared to deliver equity and value in terms of health outcomes for our community.

A Focus on Leadership

As part of our culture programme we will specifically target both formal managers and other leaders inclusive of union delegates, for leadership development.

We are aware that the expectations of our people are changing, as they desire to be more connected to the business decision making than ever before. In response to this, we will be creating a flatter and more collaborative structure to support our organisational leaders to enhance the agility of the DHB. This means investing in our leaders to understand their role as authentic and collaborative leaders, who openly share information and knowledge, enable their team to be involved in decision making and visibly recognise the power and value that sits within their collective team. We aim to enable all leaders to become facilitators for productive change and disruption.

We will develop a leadership framework that is not a one-size fits all programme, but a toolbox of opportunities for discussion (e.g. consciously created informal spaces to opportunistically connect with staff not directly involved in our day-to-day work and more formal leadership and peer coaching forums) as well as individual developmental and experiential opportunities. The framework will be

clearly linked to our shared values, leadership principles and direction, be customised to individual needs and aspirations, learner/leader driven.

To align leadership development with our workforce goals, in Q1, we will establish a leadership framework and tool kit, linked to our values and the principles outlined in the leadership structural proposal released in June. All line managers will be invited into a process to create their own customised development plan, in line with the framework, by the end of Q2. The toolkit will be widely available across managers and other leaders, by Q4.

To build our community of learning professionals, every nurse, allied professional, RMO, SMO and members of our support staff wanting to progress their contribution or career, will be invited to participate in opportunities to recognise and develop their strengths and competencies, by Q4.

4.3.1 Healthy Ageing Workforce

We will work as part of the region to support the non DHB aged care workforce data collection being undertaken by DHB Shared Services and the Ministry of Health as part of the role out of pay equity.

We will also support the work of the Ministry of Health to ensure that those working with older people with long-term conditions have the training and support they require to deliver high-quality, person-centred care in line with a healthy ageing approach. This includes work to regularise and improve training of the kaiāwhina workforce in home and community support services using the Calderdale Framework principles.

Our focus during the 2018/19 year will be to complete a stock take in Q2 to establish the current capability of our local aged care workforce i.e. current levels of qualifications and experience. Following analysis of this data we will reconcile this against our updated Health Needs Assessment Profile, which is currently being commissioned, to assess whether current capability matches projected health needs in our aged population and identify any gaps. This assessment will be completed in Q4.

4.3.2 Health Literacy

We will continue to build skills in health literacy practice among the health workforce across the health system. To enhance equity, we have developed a cultural competency framework and this will be embedded across clinical services during the coming year. We will be providing a clinician's tool kit and supporting all front-line clinicians across the health system to gain the skills to conduct 'difficult conversations' including in support of recent initiatives such as Advance Care Planning.

4.4 IT

Developing a local Information Technology (IT) Strategy is one of the DHB's 15 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.

The DHB plans to implement Application Portfolio Management including the lifecycle for IT systems i.e., planned upgrades, support and licence renewal etc by Q3 and is committed to engage with the Ministry and other health sector members in the establishment of a projected programme of IT security maturity activities.

In addition, the DHB will focus on plans for the digitalisation of nursing documentation and the provision of health services via digital technology across the health system by Q4. It will also look to increase the utilisation of telehealth solutions between South Canterbury and tertiary care providers in neighbouring DHBs by Q4.

4.5 Care Capacity Demand Management

The DHB remains committed to the rolling out of all programme elements for Care Capacity Demand Management (CCDM) to achieve business as usual status by June 2021. Quarterly reports will continue to be provided to the safe staffing Healthy Workplace Unit.

SECTION FIVE: Performance Measures

5.1 2018/19 Performance Measures

The DHB monitoring framework aims to provide a rounded view of performance using a range of performance markers. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- achieving Government's priority goals/objectives and targets or 'Policy Priorities'
- meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- providing quality services efficiently or 'Ownership'
- purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

Performance measure	Performance expectation	
HS: Supporting delivery of the New Zealand Health Strategy.	Quarterly highlight report against the Strategy themes.	
PP6: Improving the health status of people with severe mental illness through improved access.	Age 0-19	5%
	Age 20-64	7% Māori ,4% Total
	Age 65+	2%
PP7: 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.
		Report on activities in the Annual Plan.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19-year olds.		80% of people seen within 3 weeks.
		95% of people seen within 8 weeks.
		Report on activities in the Annual Plan.
PP10: Oral Health- Mean DMFT score at Year 8.	Year 1	0.77
	Year 2	0.77
PP11: Children caries-free at five years of age.	Year 1	66%
	Year 2	66%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years).	Year 1	>85%
	Year 2	>85%
PP13: Improving the number of children enrolled in DHB funded dental services - (Children enrolled 0-4)	Year 1	95%
	Year 2	95%
PP13: Improving the number of children enrolled in DHB funded dental services (Children not examined 0-12 years)	Year 1	≤10%
	Year 2	≤10%
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke).		

Performance measure	Performance expectation	
Focus Area 1: Long term conditions.	Report on activities in the Annual Plan.	
Focus Area 2: Diabetes services.	Implement actions from Living Well with Diabetes.	
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).	
Focus Area 3: Cardiovascular health.	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.	
	Percentage of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past 5 years.	90%
Focus Area 4: Acute heart service.	>70% of high-risk patients receive an angiogram within 3 days of admission.	
	>95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days and ≥99% within 3 months.	
	≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF.	
Focus Area 4: Acute heart service	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 second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF<40% should also be on a beta-blocker (5-classes). Expected target for 2018/19 is >85%.	
Focus Area 5: Stroke services.	10% or more of potentially eligible stroke patients thrombolysed 24/7.	
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	
	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team i.e. RN/PT/OT/SLT/SW/Dr/Psychologist within 7 calendar days of hospital discharge.	
PP21: Immunisation coverage.		95% of two-year olds fully immunised.
		95% of five-year olds fully immunised.
		75% of girls fully immunised – HPV vaccine.
		75% of 65+ year olds immunised – flu vaccine.
		Report on activities in the Annual Plan.
PP22: Delivery of actions to improve system integration including SLMs.		Report on activities in the Annual Plan.
PP23: Implementing the Healthy Ageing Strategy.	Report on activities in the Annual Plan.	
	Conversion rate of Contact Assessment (CA) to Home Care assessment where CA scores are 4 – 6 for assessment urgency.	Baseline to be established.
	Initiative 1: Report on implementation of school-based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A*	

Performance measure	Performance expectation
PP25: Youth mental health initiatives.	*framework for continuous quality improvement* in each school (or group of schools) with SBHS.
	Initiative 3: Youth Primary Mental Health. As reported through PP26 (see below).
	Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.
PP26: The Mental Health & Addiction Service Development Plan.	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.
PP27: Supporting child well-being.	Report on activities in the Annual Plan.
PP28: Reducing Rheumatic fever.	Reducing the Incidence of First Episode Rheumatic Fever. 0.2
PP29: Improving waiting times for diagnostic services.	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).
	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days.
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days.
	70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.
PP30: Faster cancer treatment.	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
	Report on activities in the Annual Plan.
PP31: Better help for smokers to quit in public hospitals.	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.
PP32: Improving the quality of ethnicity data collection in PHO and NHI registers.	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).
PP33: Improving Māori enrolment in PHOs.	Meet and/or maintain the national average enrolment rate of 90%.
PP36: 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.
PP37: Improving breastfeeding rates.	70% of infants are exclusively or fully breastfed at three months.
PP39 Supporting Health in Schools.	Report on activities in the Annual Plan.
PP40 Responding to climate change.	Report on activities in the Annual Plan.
PP41 Waste disposal	Report on activities in the Annual Plan.
PP43 Population mental health.	Report on activities in the Annual Plan.
PP44 Maternal mental health.	Report on activities in the Annual Plan.
PP45 Elective surgical discharges	3,192 publicly funded, casemix included, elective and arranged

Performance measure	Performance expectation	
	discharges for people living within the DHB region.	
SI1: Ambulatory sensitive hospitalisations.	0-4	≤4,195
	45-64	≤3518
SI2: Delivery of Regional Plans.	Provision of a progress report on behalf of the region agreed by all DHBs within that region.	
SI3: Ensuring delivery of Service Coverage.	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long-term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry).	
SI4: Standardised Intervention Rates (SIRs).	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.	
	Cataract procedures - a target intervention rate of 27 per 10,000 of population.	
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population.	
	Percutaneous revascularization - a target rate of at least 12.5 per 10,000 of population.	
	Coronary angiography services - a target rate of at least 34.7 per 10,000 of population.	
SI5: Delivery of Whānau Ora.	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco.	
SI7: SLM total acute hospital bed days per capita.	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI8: SLM patient experience of care.	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI9: SLM amenable mortality.	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI10: Improving cervical screening coverage.	80% coverage for all ethnic groups and overall for the age groups identified.	
SI11: Improving breast screening rates.	70% coverage for all ethnic groups and overall for the age groups identified.	
SI12: SLM youth access to and utilisation of youth appropriate health services.	See System Level Measure Improvement Plan.	
SI13: SLM number of babies who live in a smoke-free household at six weeks post-natal.	See System Level Measure Improvement Plan.	
SI14: Disability support services.	Report on activities in the Annual Plan.	
SI15: Addressing local population challenges by life course.	Report on activities in the Annual Plan.	
SI16: Strengthening Public Delivery of Health Services	Report on activities in the Annual Plan.	
SI17: Improving quality.	Report on activities in the Annual Plan.	
SI18: Improving new-born enrolment in General Practice.	55% of new-borns enrolled in General Practice by 6 weeks of age. 85% of new-borns enrolled in General Practice by 3 months of age. Report on activities in the Annual Plan.	
OS3: Inpatient length of stay.	Elective LOS suggested target is 1.45 days, which represents the 75th centile of national performance.	1.42 days

Performance measure		Performance expectation
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	2.3 days
OS8: Reducing Acute Readmissions to Hospital.		9.8%
OS10: 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).	Group C >1.5% and <= 6%.
	Recording of non-specific ethnicity in new NHI registrations.	>0.5% and <= 2%.
	Update of specific ethnicity value in existing NHI record with non-specific value.	>0.5% and <= 2%.
	Validated addresses excluding overseas, unknown and dot (.) in line 1.	>76% and <= 85%.
	Invalid NHI data updates.	TBA
Focus Area 2: Improving the quality of data submitted to National Collections.	NBRS collection has accurate dates and links to National Non-Admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS).	>= 97% and <99.5%.
	National Collections File Load Success	>= 98% and <99.5%.
	Assessment of data reported to NMDS.	>= 75%.
	Timeliness of NNPAC data.	>= 95% and <98%.
Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD).		Provide reports as specified about data quality audits.
Output 1: Mental health 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.	

APPENDIX A: Statement of Performance Expectations

APPENDIX 2: System Level Measures Improvement Plan