

Waikato District Health Board

2017-18 ANNUAL PLAN



INCORPORATING THE 2017-18 STATEMENT
OF PERFORMANCE EXPECTATIONS



Waikato District Health Board

Contents

Minister's 2017/18 letter of approval to Waikato DHB	4
SECTION 1: Overview of strategic priorities	5
Message from the Deputy Chair – Sally Webb	8
Message from the Interim Chief Executive – Derek Wright	8
Signatories	9
SECTION 2: Delivering on priorities and targets	10
Government planning priorities	10
Financial performance summary	24
Local and regional enablers	25
SECTION 3: Service configuration	27
Service coverage	27
Service change	27
SECTION 4: Stewardship	29
Managing our business	29
Building capability	30
SECTION 5: Performance measures	31

APPENDIX A: 2017-18 Statement of Performance Expectations

APPENDIX B: 2017-18 System Level Measure Improvement Plan

Crown copyright ©. This copyright work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to copy, distribute and adapt the work, as long as you attribute the work to the New Zealand Government and abide by the other licence terms. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. Please note that neither the New Zealand Government emblem nor the New Zealand Government logo may be used in any way which infringes any provision of the Flags, Emblems, and Names Protection Act 1981 or would infringe such provision if the relevant use occurred within New Zealand. Attribution to the New Zealand Government should be in written form and not by reproduction of any emblem or the New Zealand Government logo.

Published by Waikato District Health Board
Private Bag 3200, HAMILTON 3240

This document is available on the Waikato District Health Board website www.waikatodhb.health.nz



Mihi

He honore, he kororia ki te Atua
He maungarongo ki te whenua
He whakaaro pai ki nga tangata katoa
Ka tau te kei o te waka ki te Kiingi Tuheitia
me te whare o te Kahui ariki whanau whanui tonu
Paimarire.
Kahuri ki te korowai aitua
O ratou ko wehi ki te po
Takoto mai, moe mai koutou
Haere, haere, haere atu raa.
Noreira, ka puari te kuaha pounamu
Mahana kia taatou katoa.
“Mehemea ka moemoeaa ahau
Ko au anake
Mehemea ka moemoeaa e taatou,
ka taea e taatou”

All honour and glory to God
Peace on earth
And good will to all mankind
Including Kiingi Tuheitia his family
and the royal household
Paimarire.
We turn to acknowledge those
Who have passed beyond the veil
Rest in peaceful slumber.
Haere, haere, haere atu raa
Therefore the green stone door
Opens wide with a very warm greeting to us all
“If I am to dream
I dream alone
If we all dream together
Then we will achieve”

Minister's 2017/18 letter of approval to Waikato DHB

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance



Ms Sally Webb ONZM
Acting Chair
Waikato District Health Board
Private Bag 3200
Hamilton 3240

07 MAY 2018

Dear Ms Webb

Waikato District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan together with the Minister of Finance.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB has planned a deficit for 2017/18 and the out years. I encourage your Board to consider appropriate activities to ensure that you reduce the projected deficits in the coming years. This will require a concerted effort and I trust that you will continue to work with the Ministry of Health to evaluate and improve your financial performance.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. 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.

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'David Clark', enclosed in a blue circular scribble.

Hon Dr David Clark
Minister of Health

cc Mr Derek Wright, Interim Chief Executive, Waikato District Health Board

SECTION 1: Overview of strategic priorities

This Annual Plan articulates Waikato District Health Board's (DHB)'s commitment to meeting the previous Ministers expectations, and our continued commitment to our Board's vision – Healthy People. Excellent Care.

National strategic intentions

The Treaty of Waitangi

The Treaty of Waitangi (Te Tiriti o Waitangi) is New Zealand's founding constitutional document and is often referred to in overarching strategies and plans throughout all sectors. Waikato DHB values the importance of the Treaty. Central to the Treaty relationship and implementation of Treaty principles is a shared understanding that health is a 'taonga' (treasure).

The principles within the Treaty of partnership, protection and participation implicitly recognise the important role the health sector plays in recognising the indigenous rights of Māori to achieve radical improvements in health outcomes by eliminating health inequities.

New Zealand Health Strategy

The New Zealand Health Strategy is the key source of direction for the health sector. The refreshed New Zealand Health Strategy provides the sector with clear strategic direction and a road map for delivery of more integrated health services for New Zealanders. The strategy has a ten-year horizon, so impacts on not just immediate planning and service provision but enables and requires DHBs and the sector to have a clear roadmap for future planning as well.

The Healthy Ageing Strategy

The Healthy Ageing Strategy presents the strategic direction for change and a set of actions to improve the health of older people, into and throughout their later years. It refreshes and replaces the Health of Older People Strategy 2002, and aligns with the new New Zealand Health Strategy 2016. The Healthy Ageing Strategy vision is that "older people live well, age well, and have a respectful end of life in age-friendly communities". It takes a life-course approach that seeks to maximise health and wellbeing for all older people.

The UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities is the first United Nations human rights treaty of the 21st century. The Convention makes it explicit that member countries must ensure the full realisation of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. It will also help to ensure that mainstream services are inclusive of disabled people and delivered in non-discriminatory ways

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018

To facilitate the delivery of high-quality health services that meet the needs of Pacific peoples, 'Ala Mo'ui has been developed. This builds on the successes of the former plan, 'Ala Mo'ui 2010–2014. It sets out the strategic direction to address health needs of Pacific peoples and stipulates new actions, to be delivered from 2014 to 2018.

Regional strategic intentions

See the Midland Regional Service Plan for details.

Local strategic intentions

Waikato DHB Strategy

During 2015/16 Waikato DHB undertook a Strategic Refresh Project. This project was driven by our Board and concentrated on ensuring the organisation was heading in the right direction, focusing its resources and making the most of future opportunities. It is recognised that there are some fundamental challenges we must face along the way if we want to continue improving the health status of our population and our work to eliminate health inequities.



OUR
vision

*"Mehemea ka moemoeā ahau. Ko au anake
Mehemea ka moemoeā e tātou, Ka taea e tātou"*

*"If I am to dream. I dream alone
If we all dream together, Then we will achieve"*

Te Puea Herangi

Healthy people Excellent care

OUR
mission

Enable us all to manage our health and wellbeing.
Provide excellent care through smarter, innovative delivery.

OUR
strategic
imperatives

OUR
priorities

 <p>Health equity for high need populations <i>Oranga</i></p>	<ul style="list-style-type: none"> • Radical improvement in Māori health outcomes by eliminating health inequities for Māori • Eliminate health inequities for people in rural communities • Remove barriers for people experiencing disabilities • Enable a workforce to deliver culturally appropriate services
 <p>Safe, quality health services for all <i>Haumarū</i></p>	<ul style="list-style-type: none"> • Deliver timely, high quality, safe care based on a culture of accountability, responsibility, continuous improvement, and innovation • Prioritise fit-for-purpose care environments • Early intervention for services in need • Ensure appropriate services are delivered to meet the needs of our populations at all stages of their lives
 <p>People centred services <i>Manaaki</i></p>	<ul style="list-style-type: none"> • Utilise the expertise of communities, providers, agencies, and specialists in the design of health and care services • Provide care and services that are respectful and responsive to individual and whānau needs and values • Enable a culture of professional cooperation to deliver services • Promote health services and information to our diverse population to increase health literacy
 <p>Effective and efficient care and services <i>Ratonga a iwi</i></p>	<ul style="list-style-type: none"> • Live within our means • Achieve and maintain a sustainable workforce • Redesign services to be effective and efficient without compromising the care delivered • Enable a culture of innovation to achieve excellence in health and care services
 <p>A centre of excellence in learning, training, research, and innovation <i>Pae taumata</i></p>	<ul style="list-style-type: none"> • Build close and enduring relationships with local, national, and international education providers • Attract doctors, nurses, and allied health staff to the Waikato through high quality training and research • Cultivate a culture of innovation, research, learning, and training across the organisation • Foster a research environment that is responsive to the needs of our population
 <p>Productive partnerships <i>Whanaketanga</i></p>	<ul style="list-style-type: none"> • Incorporate te Tiriti o Waitangi in everything we do • Authentic collaboration with partner agencies and communities • Focus on effective community interventions using community development and prevention strategies • Work towards integration between health and social care services



Implementing our strategy

To connect strategy with day-to-day activity, we are developing priority programme plans during 2017. These plans will describe how we will implement each of the priorities identified in the Waikato DHB Strategy. The plans will also detail the transformative innovation needed to create the health system that works best for the Waikato. A priority programme plan is designed to:

Coordinate, direct and oversee implementation of a set of related projects and activities in order to deliver outcomes and benefits related to Waikato DHB's strategic imperatives.

A member or members of the Waikato DHB Executive Group are leading each of the priority programme plans. Development of the plans may also include both DHB, primary care and other sector representation. The plans will identify specific activity and actions that will contribute to the achievement of our strategic imperatives and vision. The priority programme plans will not be individual stand-alone developments; they will link with other priority programmes.

Monitoring the strategy

We will monitor delivery of the strategy by assigning performance and progress measures to each priority programme plan. Progress measures will be assigned to each of the strategic imperatives, which will be reported on publicly in our Annual Report.

Message from the Deputy Chair – Sally Webb



As we look forward to the year ahead at the Waikato DHB it's important to recognise that while we have made good progress in a range of areas there is still much that needs to be improved.

Our new vision Healthy People, Excellent Care and the strategic imperatives which flow from it will ensure that we stay focused on what's important for our population.

We want to radically improve the health outcomes of our Maori population; work productively with our health partners; deliver safe, quality health services for everyone and work towards becoming a centre of excellence for learning, research and innovation.

People are at the heart of everything we do and we have a number of key priorities for the year which we will be discussing with our community.

These include a review of mental health and addiction services in our district – not just what we provide at our facilities but also the model of care for the services in our community.

We are also reviewing our delivery of rural health services. We have the largest rural population in the country and people living in our rural communities have poorer access to services and poorer health status. We need to ensure our rural services and facilities are meeting the needs of our population now and into the future.

We are committed to working with our communities, health providers and other agencies to improve the health outcomes of our vulnerable populations. This requires transformational change which I know we can deliver.

Message from the Interim Chief Executive – Derek Wright



This Annual Plan sets out the direction and priorities for the coming 2017/18 year for the Waikato DHB.

We know that in order to meet the coming challenges of an aging population with increasing chronic disease, and to improve the health outcomes of our population, incremental changes are not enough. We need to do things in a radically different way and provide innovative solutions.

One way we are innovating is through the use of virtual health and other technologies. This year we will review the SmartHealth initiative to ensure that it is the right technology to meet the needs of our diverse population.

We are working closely with the University of Waikato on the establishment of a third New Zealand Medical School based in the Waikato. Our proposal for the Waikato Medical School is currently with the government.

We will also be focusing on our health targets for the year, in particular our immunisation rates and treating people in our Emergency Department promptly. To this end we have an exciting new patient flow project which will help to improve the flow of patients through Waikato Hospital and get them admitted to wards quickly for treatment.

Meeting our elective services targets has been a challenge and will continue to be so, but we have been working hard to increase staff, improve our theatres and work with other providers to improve performance against this target. We have recently embarked on a project to improve theatre utilisation.

The year ahead will be challenging but I am confident that we will continue to empower our citizens to live healthy lives and make sure everyone has access to our services no matter who they are or where they live.

Signatories

Agreement for the Waikato DHB 2017/18 Annual Plan

between



Hon Dr David Clark
Minister of Health

Date:



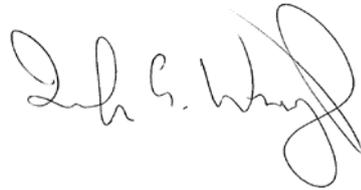
Hon Grant Robertson
Minister of Finance

Date:



Sally Webb
Deputy Chair
Waikato DHB

Date: 30 November 2017



Derek Wright
Interim Chief Executive
Waikato DHB

Date: 30 November 2017



SECTION 2: Delivering on priorities and targets

Government planning priorities

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Prime Minister's Youth Mental Health Project	Value and high performance Te whāinga hua me te tika o nga mihi	Safe, quality health services for all – Haumarū	Waikato DHB is committed to continue activity to deliver on the Prime Ministers Youth Mental Health Project by:	Progress report quarterly	PP25: Prime Minister's Youth Mental Health Project
			1. Implementing the one - two year ACC suicide prevention pilot in Waikato Hospital Emergency Department focusing on youth 10 to 25 years (if business case approved by ACC)		
		Health equity for high need populations – Oranga	2. Evaluation of the new Waikato Youth INTact AOD services for 12-19 year olds	Final evaluation report by 30 May 2018	
			3. Developing a new model of care and outcome framework for Child and Youth Mental Health Services which spans the continuum from promotion/prevention to secondary care	30 June 2018	
		4. Ensuring youth voice and participation in model of care and outcomes framework development	30 June 2018		
Reducing Unintended Teenage Pregnancy BPS (contributory activity)	People powered Mā te iwi hei kawē	People centred services – Manaaki	Waikato DHB will continue to build on the substantive activities identified in our 2016/17 annual plan to reduce unintended teenage pregnancy by:	Group set up and meeting regularly by Q1	PP38: Delivery of response actions agreed in annual plan (section 1)
			1. Development of a Youth SLAT to oversee and monitor this priority		
		Health equity for high need populations – Oranga	2. Carry out an assessment of access and uptake of free contraceptive services across the district particularly for rural communities.	Assessment completed by Q4	
	3. Work with key stakeholders and consumers to co-design and implement a multi-faceted programme of work to address the high rates of teen pregnancy for Māori. This project will link with System Level Measure for youth. (Equitable Outcomes Action)		Co design and implement by Q4		
Supporting Vulnerable Children BPS Target	One team Kotahi te tīma	Productive partnerships – Whanaketanga	Waikato DHB will commit to continue activity to contribute to the reduction in assaults on children by:	Ongoing	PP27: Supporting vulnerable children
			1a. Engaging with national directorate and participating in the Clinical Governance Group on the Hamilton Children's Team by providing FTE allocation for the panel, including Emergency Department representation		
		Health equity for high need populations – Oranga	1b. Development and implementation of a vulnerability assessment tool – Harti Hauora, for use in the Hamilton Children's Team (Equity Outcomes Action)	Tool available to be rolled out and in use for all children by Q4	
			2. Ensure that all staff across mental health, Emergency Department, maternal and child health, sexual health and addiction services have undertaken the Family Violence training	All staff trained by Q4	
		3. Revise and refresh the Waikato DHB Child Health Protection Policy and submit onto the DHB website	Refreshed policy released by Q2		
		4. Contribute to the intersectorial Integrated Safety Response pilot. Involvement in the daily panel and extensive case management	On-going participation in ISR		

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Healthy Mums and Babies BPS Target	One team Kotahi te tīma	 Health equity for high need populations – Oranga	<p>Waikato DHB is committed to supporting delivery of Healthy Mums and Babies interim target of 80% of pregnant women are registered with a Lead Maternity Carer in the first trimester by 2019, with equitable rates for all population groups by:</p> <p>Maternal child health has a growing focus for Waikato DHB. Our population profile shows inequity for our Māori population for the early registration with LMC</p>		PP38: Delivery of response actions agreed in annual plan (section 1)
			<p>1. Roll out the early pregnancy Map of Medicine to ensure primary care are encouraging and assisting women with early registration with LMC. Targeting of GP practices in areas where early registration is low will be carried out and education provided</p>	Roll out Map of Medicine by Q1	
			<p>2. Targeting of areas where early registration is low. Investigate rolling out a similar campaign to Thames/Hauraki area – “Never too Late Campaign”, where free pregnancy tests, lists of LMCs etc were provided.</p>	Areas identified and investigation carried out as to feasibility of campaign by Q2	
			<p>3. Work with school based health services to ensure pregnant young women enrol with a midwife as early as possible.</p>	Completed by Q2	
			<p>4. Investigate how best to work with Māori and Pacific health providers to encourage early registration</p>	Meet and work through a plan by Q2	
Keeping Kids Healthy BPS Target	One team Kotahi te tīma	 Health equity for high need populations – Oranga	<p>Waikato DHB is committed to supporting delivery of the keeping kids healthy interim target of 15% reduction in hospital admission rates for children aged 0-12 years by 2019, by targeting the following areas, intervening early and preventing the need for hospitalisation:</p> <p>1. Flu vaccination Respiratory conditions appears in the top 10 0-4 ASH conditions. Rates for the flu immunization remain low. We will develop a program to identify and vaccinate all children 0-5 who qualify for the free influenza vaccine</p>	Systems in place by Q3	PP38: Delivery of response actions agreed in annual plan (section 1)
			<p>2. Skin infections Skin infections appear in top 10 0-4 ASH conditions also and there is a high and growing rate of hospitalizations for serious skin infections. We will develop a new primary care system of care around childhood skin infections in order to manage in primary care</p>	<p>2a. Data analysis completed by Q1</p> <p>2b. Review Map of Medicine by Q2</p> <p>2c. Investigate the use of standing order in pharmacy by Q3</p>	
			<p>3. Dental Hospitalisations due to dental conditions in the 0-4 age group are significant and increasing We will focus on:</p> <ul style="list-style-type: none"> Ensuring the ‘lift the lip’ assessment is carried out earlier than B4SC by primary care, well child and secondary providers to identify and treat earlier Increasing the number of Early Childhood Education (ECE) Centres with water and milk only policies 	<p>3a. Deliver training and revised referral process by Q4</p> <p>3b. Capture baseline data in number of ECE’s by Q2. Promote water/ milk only policys to target ECE’s by Q4</p>	
			<p>4. Avoidable Injuries Identify avoidable injuries for 0-12 population</p>	Data analysis completed by Q2	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Keeping Kids Healthy BPS Target	One team Kotahi te tīma	Health equity for high need populations – Oranga	5. Reduce readmissions Randomised controlled trial (RCT) with the University of Waikato and Waikato DHB, of the Harti Hauora paediatric inpatient assessment tool (offers opportunistic screening, interventions and follow up packages to children in hospital). The RCT will be carried out six months post admission to follow up outcomes including identifying if use of the tool has assisted with a reduction in paediatric readmissions	RCT set up by Q2 RCT implemented by Q4	PP38: Delivery of response actions agreed in annual plan (section 1)
Reducing Rheumatic Fever	People powered Mā te iwi hei kawē	People centred services – Manaaki	Waikato DHB will commit to reduce rheumatic fever rates in all ethnicity groups in the Waikato District by: 1. Implementing the Rheumatic Fever Prevention plan	On-going implementation of plan to ensure meeting target: 1.2/100,000 acute rheumatic fever hospitalisation rates	PP28: Reducing Rheumatic Fever
			2. Continue delivery of the Healthy Homes service through the Kaupapa Maori providers in Huntly/Ngaruawahia and Tokoroa to the 3 eligible groups Group A: 0 to 5 year olds hospitalised with specified housing-related indicator conditions; Group B: Priority population of 0 to 5 year olds – all families/whānau with children aged 0-5 years old for whom at least two of the following risk factors apply: Child Youth and Family finding of abuse or neglect; caregiver with a corrections history; mother with no formal qualifications; long term benefit recipient; and Group C: Pregnant women and new-born babies	Ensure referrals are received from all 3 eligible groups, assessments and interventions are completed by Q4	
		Health equity for high need populations – Oranga	3. Population Health will continue engaging with our Pacific communities via our key stakeholders including Aere Tai Collective and their representation on the Rheumatic Fever Steering Group and working group and contracts regarding sore throat services. This also includes the provision and distribution of RF information printed in a number of different Pacific languages. (Equity Outcomes Action)	Ensure provision of resources, continued representation on RF steering group and annual updates to Pacific provider	
			4. Maintain timely access to free sore throat management service for the eligible population	Ensure access to eligible 4-19 year olds for timely sore throat management, monitor by ethnicity	
			5. Consider a Smart Health trial with patients who have had Rheumatic Fever by way of ensuring they continue to be compliant with their medication – thus reducing their likelihood of developing ongoing and long term complications	Outcome of trial	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Increased Immunisation Health Target	People powered <i>Mā te iwi hei kaawe</i>	 Productive partnerships – <i>Whanaketanga</i>	<i>Waikato DHB will provide robust governance to ensure that the DHB, PHOs and practices work as one team to increase immunisation coverage rates, to target levels and improve outcomes for children not enrolled with a PHO:</i>	Plan implemented by Q1	Immunisation Health Target PP21: Immunisation Services 95% of 8 month olds are fully immunised 95 % of two year olds are fully immunised 95% of 4 years are fully immunised
			<ol style="list-style-type: none"> Implementing the Immunisation Plan under the governance of the Immunisation Steering Group Weekly teleconferences identifying NHI level data to ensure that the DHB, PHO's, practice teams and outreach immunisation work collaboratively to reduce missed events 	Missed events are reduced by Q2	
		 Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Waikato DHB will support and work with PHOs to establish improved efficiencies and the effectiveness of outreach immunisation delivery for their enrolled population, while also managing non-enrolled children 	On-going	
			<ol style="list-style-type: none"> Support primary care around full electronic GP enrolment at birth 	Full enrolment launched by Q2	
			<ol style="list-style-type: none"> Launch of the Harti Hauora Hubs within the hospital and central city to conduct opportunistic immunisations, PHO enrolment, opportunistic screening of Māori, Pacific and high – deprivation populations (Equity Outcomes Action) 	Both hubs launched by Q4	
Shorter Stays in Emergency Departments Health Target	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Effective and efficient care and services – <i>Ratoranga a iwi</i>	<i>Waikato DHB is committed to achieving and maintaining the Shorter Stays in Emergency Departments Health Target and improvement of acute patient flow within our hospitals by:</i>	On-going	95% of patients will be admitted, discharged or transferred from an Emergency Department within 6 hours of presentation
			<ol style="list-style-type: none"> Addressing acute demand with primary care and St John, to include redirection pathways when clinically appropriate i.e. chronic conditions and falls via the Demand Management Advisory Group 	October 2017	
			<ol style="list-style-type: none"> The LEAN project rollout in Emergency Department focusing on streamlining processes within the department. This will include reviewing the bed booking process, patient hand over within Emergency Department, patient hand over to inpatient services, reduce written duplication, and agree pathways of care between Emergency Department and inpatient specialities 	Plan agreed by September 2017 with full implementation by July 2018	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance					
			Activity	Milestones	Measures			
Shorter Stays in Emergency Departments Health Target	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Effective and efficient care and services – <i>Ratonga a iwi</i>	4. Pilot to establish a Smart Health kiosk in Tokoroa Emergency Department which will enable people who are triaged as level 4 or 5 to access the Smart Health doctor via a laptop in that booth. A successful trial is expected to result in a roll out across all Waikato DHB Emergency Departments	Tokoroa 1 July 2017. Evaluation of trial at 3 months post implementation and assessment of applicability to other ED contexts	95% of patients will be admitted, discharged or transferred from an Emergency Department within 6 hours of presentation			
			5. Launch of Accident Compensation Corporation project which focuses on suicide prevention, Waikato Emergency Department is a national pilot site	October 2017				
			6. Rollout of iMPACT patient flow manager IT project. It will have the effect of shortening length of stay, provide better visibility of patient status in the hospital, and workflow management associated with inpatient care	To commence in Q4 dependant on business case approval				
			7. The Acute Medical Unit at Waikato DHB remit and function will be reviewed to improve access for patients on the acute pathway	May 2018				
			8. The Patient Flow programme will provide a focused project on improved discharges from the DHB	June 2018				
			9. Work with operation and support team and Te Puna Oranga to review the Maori/Pacific patient journey in emergency departments. Analysis of journey to identify key action areas. (EOA)	September 2017				
			Waikato DHB will deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services by:					
			1. Progressing the 'Patient Flow Programme', including projects for production planning, ward management and improving bed availability, design and implementation of DHB wide patient flow manager IT toolset	Design commencing in Q4 for Patient Flow Manager IT tool set		Electives Health Target 17,475 (includes regional share of 183) S14 Standardised Intervention Rates		
			2. Roll out and embed SmartHealth for vascular services outpatients	Roll-out to occur by Q3				
3. Reduce surgery cancellations – continue to roll out the 'Pre hospital Preparedness Programme' to ensure patients are ready for surgery	Roll out completed by 30 June	OS3: Inpatient Length of Stay (Electives)						
4. Clinical pathway audit for equity to be completed by Te Puna Oranga. (Equity Outcomes Action)	To be completed by Q4							
5. Plan delivery in a more structured, consistent and balanced manner to maximise volume delivery subject to budget. Examples of possible changes to resourcing, subject to more careful capacity planning and investment decisions: a. Contract with external facilities to ensure delivery of target volumes and/or b. Long term planning will look at increasing orthopaedic resource	5a. Contracts will be in place by Q1, with delivery over the following 2-3 years 5b. Completed by 31 October 2017							
6. Continue the implementation of the bariatric pathway for local and regional patients	Implementation completed by Q4							
Faster Cancer Treatment Health Target	One team Kotahi te tīma	 Safe, quality health services for all – <i>Haumarū</i>	Waikato DHB is committed to improving access, timeliness and quality of cancer service by: 1. Monitoring Faster Cancer Treatment (FCT) achievement of health target for patients on lung cancer pathway ensuring gains of the one stop shop model are embedded and maintained	On-going monitoring	Cancer Health Target PP30: Faster Cancer Treatment (31 day indicator)			

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance			
			Activity	Milestones	Measures	
Faster Cancer Treatment Health Target	One team Kotahi te tīma	 Safe, quality health services for all – <i>Hauamaru</i>	2. Transitioning urology service to fully utilise DHB patient management system and embed FTC business rules into urology business as usual. Carry out a review of the transitional impact of the business rules	Transition will be complete by Q3	PP29: Improving wait times for diagnostic services – CT and MRI	
			3. Management and clinical leadership to continue to work together to implement service improvement initiatives to ensure women meet the FTC health target and indicator wait times. A dedicated gynae oncologist was appointed in January 17 to ensure all patients are discussed in a timely manner at the joint weekly multi-disciplinary meetings with Auckland. A review of the effectiveness of joint multi-disciplinary meetings will be carried out. Depending on the outcome of the review, local DHBs will have to agree, in conjunction with the Midlands Cancer Network, what patients will be seen and treated in Waikato and those discussed at the specialist MDM in Auckland	Review commenced Q1 and any changes arising from the MDM review are implemented by Q4	SI10: Cancer Screening (Cervical) SI11: Cancer Screening (Breast)	
			4. Implement and monitor fast tracking process to identify all FCT referrals for diagnostics with a high suspicion of cancer with red stamp on referral form. - Review effectiveness of new high suspicion of cancer stamp - Monitor appropriate use of high suspicion of cancer stamp	Initiative commenced Q2		
			5. Service to engage with Te Puna Oranga to minimise inequity in cancer service by addressing ‘Did Not Attend’ DNA’s and identifying barriers. This will be addressed by the promotion of the Clinical Nurse Specialist Equity and Access to identify did not attend (DNA’s), reasons for DNAing, breaking down barriers and re-engaging with the services to ensure patients are seen and treated in a timely manner	Engagement will occur in Q1		
Better Help for Smokers to Quit Health Target	Smart systems He atamai te whakaraupapa	 Health equity for high need populations – <i>Oranga</i>	Waikato DHB is committed to maintain the smoke free public hospital, and to meet the primary and maternity targets – better help for smokers to quit by:	Development of plan and approach by Q1	Tobacco Health Target PP31: Better help for smokers to quit in public hospitals	
			1. Developing of a 3 year tobacco plan along with an approach to increase and support referral and cessation for high needs groups			
			2. Work with Midland Health Network PHO (Lead smoking cessation service providers) to achieve the target of: <ul style="list-style-type: none"> 5500 referrals with a particular focus on Maori, Pacific, pregnant women 2700 enrolments into the smoking cessation programme 50% of enrolments quit This will include supporting the use of eReferral, patient prompt and best practice intelligence reporting tools (Equity Outcomes Action)	Numbers of referrals and 4 weeks successful quits for Maori, other and total population met by Q4		
			3. Progress towards System Level Measure - babies who live in a smoke-free household at six weeks post-natal	Working group identifies quality improvement initiatives by Q3		
			4. Review of the current DHB smoke free policy with the goal of strengthening and invigorating a supported smoke free DHB. Emphasising our commitment to the 2025 New Zealand smoke free goal	Review carried out by Q2		

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Raising Healthy Kids Health Target	Closer to home <i>Ka aro mai ki te kāinga</i>	 People centred services – <i>Manaaki</i>	<p>Waikato DHB will identify actions to take to ensure that the clinical referral pathway and processes to be established in 2016/17 achieves the Raising Healthy Kids target by December 2017 by:</p> <ol style="list-style-type: none"> Roll out strategies to increase the Before School Check uptake for Maori and high needs populations (Equity Outcomes Action) <ul style="list-style-type: none"> Utilising the Child and Youth Coordination Service to identify up to date contact details on children through the Ministry of Social Development – (Work and Income) for all children late or missing a before school check, majority are Maori Utilising the outreach teams at both Pinnacle and Hauraki PHO's to locate children missing the check and carry out the B4SC at home within the child's own environment. There will be a particular focus on Maori children Weekend clinics being held 	An increase in Before School Check seen for the Maori population by Q2	Healthy Kids Health Target S15: Delivery of Whānau Ora
			 Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> District wide implementation of internal and clinical pathways for obese children identified in the Before School Check. Waikato Child Health Network to monitor for equity and quality improvement 	
		<ol style="list-style-type: none"> Roll out education and clinical tools for management of childhood obesity once diagnosed to enable primary care and families/whanau to better manage in the community and at home (Be Smarter tool, Map of Medicine, eReferral) 		Clinical tools rolled out by Q2	
		<ol style="list-style-type: none"> Provide an educational update for Well Child/Tamariki Ora providers to assist with support in this area 	Education update provided by Q4		
Bowel Screening	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Safe, quality health services for all – <i>Haumarū</i>	<p>Waikato DHB will contribute development activities for the national bowel screening programme to ensure the National Bowel Screening Programme will roll out in 2018/19 by:</p> <ol style="list-style-type: none"> Ensuring dedicated resource is allocated to prepare for Bowel Screening 	Resource allocated by Q1	PP29: Improving waiting times for diagnostic services – colonoscopy
			<ol style="list-style-type: none"> Preparation work on waiting lists prior to roll out. The work still to be undertaken is triaging of non referral co-ordination centre referrals and surveillance patients. Also preparation within our IS system of the way we will handle the direct referral for GP for the colonoscopy procedure 	Q4	
			<ol style="list-style-type: none"> Active integration and linkages with the Bowel Screening Regional Committee. Equity and access will be linked though this forum with proactive Maori and Pacifica representation 	Integration, linkages and representation established by Q1	
			<ol style="list-style-type: none"> Waikato DHB is committed to implementing the necessary changes and integration to support the National Bowel Screening Programme (NBSP). This has been included on our DHB's IT work plan. (See the IT section of this plan) 	IT changes completed in Q1	
			<ol style="list-style-type: none"> Submit DHB financial business case to the Ministry for formal approval for Bowel Screening 	Business case submitted Q4	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Bowel Screening	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	Safe, quality health services for all – <i>Haumaru</i>	<p>6. In addition to the regional work underway, a local action for Waikato DHB to prepare to prepare to join NBSP will be to employ a Project Manager to liaise with the National Bowel Screening Programme the regional work and ensure that there is open communication and dialogue</p> <p>7. As part of our pre-preparation programme to ensure Waikato DHB will sustainably meet colonoscopy wait time indicators, we will be employing a Clinical Nurse Specialist to ensure that the colonoscopy wait times are met and reported on</p>	To commence in Q1	PP29: Improving waiting times for diagnostic services – colonoscopy
Mental Health	People powered <i>Mā te iwi hei kawae</i>	Safe, quality health services for all – <i>Haumaru</i>	<p>Waikato DHB is committed to improving the quality of mental health services and reducing the use of seclusion:</p> <p>1. Reduction in the use of seclusion through continued implementation of the seclusion elimination strategy which applies the six core strategies for seclusion reduction as promoted by Te Pou. In addition we have a seventh strategy Hei Oranga ake which ensures a culturally responsive approach. Seclusion reduction is also the indicator we are focused on for national benchmarking. As a result we are ensuring in depth reviews of all patients who have high use of seclusion. Community teams are part of the reviews to ensure we are preventing seclusion prior to admission, particularly with the use of Advanced Directives.</p>	Reduction in the use of seclusion	PP38: Delivery of response actions agreed in annual plan (section 2)
Mental Health (continued)	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	Effective and efficient care and services – <i>Ratonga a iwi</i>	<p>Waikato DHB is also committed to improving population mental health, especially for priority populations including vulnerable children, youth, Maori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical health care, and co-ordinating mental health care with wider social services.</p> <p>Mental Health has a large focus for Waikato DHB for 17/18. Our population profile shows a high Maori and rural mental health population as identified from the Mental Health and Addictions Needs Assessment recently completed. This has helped us identify that our priority focus needs to be in these areas when looking at the development of new models of care.</p> <p>2. The programme of work entitled “Te Pae Tawhiti” is commencing in 2017/18 - there are four major work-streams -</p> <ul style="list-style-type: none"> • Child and Youth Mental Health • Adult Mental Health • Adult Addictions • Mental Health and Addictions for Older People. <p>Te Pae Tawhiti encompasses new and re-vitalised models of care that will take a fresh look at service delivery for communities and their families across the full social spectrum of their lives and consequent decisions on re-configuration and possible new investment in services will then occur</p>	Models of care will be finalised by Q4	PP38: Delivery of response actions agreed in annual plan (section 2)

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance			
			Activity	Milestones	Measures	
Mental Health (continued)	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Effective and efficient care and services – <i>Ratonga a iwi</i>	3. Working groups will be formed to include those with lived experience, primary care and population health with the work spanning the spectrum from prevention/promotion through to secondary care. This will ensure a population approach, early intervention and service integration are addressed. The working groups will be required to use the Health Needs Assessment to guide their work	Working groups formed by Q1 and work commenced with the first workstream Adult Addictions by Q1	PP38: Delivery of response actions agreed in annual plan (section 2)	
			4. The Mental Health Integrated Transition Project will be launched via the Mental Health Integrated Coordination Care Team. This will transition mental health patients from secondary to primary mental health services with free and extended general practice visits and a keyworker for 12 months to help move the patient closer to home and reduce the incidence of readmission	To commence Q1		
			5. Identify and analyse ethnicity data around wait times. Analyse ethnicity data around access. Work with the district to set up a data dashboard for monitoring. (Equity Outcomes Action)	Equity data identified and analysed by Q2		
			6. Contribute to the development of a regional Model of Care for eating disorders with implementation of relevant components	Model developed by Q4		
Healthy Ageing	Closer to home <i>Ka aro mai ki te kāinga</i>	 People centred services – <i>Manaaki</i>	Waikato DHB is committed to the delivery of priority actions identified in the Healthy Ageing Strategy 2016, where we are in lead and supporting roles including:			PP23: Improving Wrap Around Services – Health of Older People
			1. Development of a Waikato Healthy Ageing Strategy and implementation plan to support the implementation of the NZ Healthy Ageing Strategy into Waikato DHB	Strategy and Implementation plan completed and commenced by Q4		
			2. Continue to work with ACC, HQSC, and the Ministry of Health to further develop and measure the progress of our integrated falls and fracture prevention services	On-going		
			3. Implement agreed activity from the IBT settlement Part 2.	Q2		
			4. InterRAI Data <ul style="list-style-type: none"> Work with Midlands DHBs to ensure InterRAI assessment data is used to identify quality indicators and service development opportunities. Agree integrated pathways where data identifies need. Prioritise implementation of access to interRAI data at NHI level across primary and secondary Identify a specific equity issue via use of InterRAI data and work to address that issue 	3a. Quality indicators are developed and utilised for service development initiatives by Q3. 3b. Access is implemented by Q4 3c. Equity issue will be identified by Q1 and work will commence to address it by Q2		
			4. Contribute to the work of TAS shared services for Health of the Older People for a funding model review and options across aged residential care to support person centred care service delivery and future models of care	Q4		
5. Support the Regional Services Plan work of: <ul style="list-style-type: none"> Consolidation of components of the dementia pathway Ensuring family and whanau carers of people with dementia have access to support and education programmes. 						

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Living Well with Diabetes	Closer to home <i>Ka aro mai ki te kāinga</i>	 Safe, quality health services for all – <i>Hauamaru</i>	<p>Waikato DHB will continue to implement the actions in the Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020 by:</p> <p>High Risk of Diabetes</p> <p>1. The area with the most significant equity gap between Maori and other in the Waikato is diabetes. Diabetes is also the highest cause of amenable mortality for Maori within the Waikato. Therefore we have a focus on diabetes with our Maori population to improve outcomes with the following projects:</p> <ul style="list-style-type: none"> Collaborative development work has occurred with the University of Waikato to develop the He Pikinga Waiora Implementation Framework – with the aim of making health interventions work in Māori communities Utilising the He Pikinga Waiora framework, co design work to begin with Te Kohao Health to develop a programme around preventing progression from pre-diabetes to diabetes for Māori 	Work commenced and programme developed by Q4	PP20: Improved management for long term conditions, focus area – Diabetes services
			<p>2. A study to validate the new diabetes prevention programme – Betame will commence led by Pinnacle PHO and the University of Otago. The App is designed to equip people with pre-diabetes with tools, support, education and confidence to take control of their own health and prevent diabetes. The study will commence in 17/18 and take approximately 3 years. It is hoped this will provide a robust evidence base for its use in Maori, Pacific and other patients</p>	Evaluation will commence in Q1	
		 Health equity for high need populations – <i>Oranga</i>	<p>Living with Diabetes – Complex cases</p> <p>3. Development and implementation of a district wide strategically aligned education plan for General Practice, practice nurses, pharmacists and non-clinical workforce ie. Kaiawhina. The education plan will help improve knowledge and familiarity with managing complex cases of diabetes</p>	Execution of the education plan by Q4	
			<p>4. Development and implementation of IT resources to standardise and improve management of complex cases of diabetes in the community</p>	Development of required tools/ clinical pathways and implementation by Q4	
			<p>5. Acquiring enhanced diabetes specialist dietetic support in the community to enable safe and effective progression of insulin therapy, necessary to manage complex cases of diabetes along with patient resources and education material</p>	Staff support available and development of patient education material by Q4	
Childhood Obesity Plan	Closer to home <i>Ka aro mai ki te kāinga</i>	 Productive partnerships – <i>Whanaketanga</i>	<p>Waikato DHB will commit to progress DHB-led initiatives from the Childhood Obesity Plan by:</p> <p>1. Childhood Healthy Weight Plan Completion and implementation of the Waikato Childhood Healthy Weight Plan which as an overarching goal of improving healthy eating and active lives for Waikato children</p>	Implementation commenced by Q3	PP38: Delivery of response actions agreed in annual plan
			<p>2. Population level Population Health to roll-out their programme of work to increase healthy eating environments within the Waikato community, ensuring they have a first 1000 day approach</p>	Plan completed and implementation commenced Q3	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Childhood Obesity Plan	Closer to home <i>Ka aro mai ki te kāinga</i>	Productive partnerships – <i>Whanaketanga</i>	3. Healthy eating and nutrition programmes: <ul style="list-style-type: none"> Expansion of healthy eating and physical activity programmes for decile 1-3 and Kura Kaupapa Maori schools Sustainability and monitoring of existing preschool, primary and middle school ‘Under 5 Energize’ and ‘Project Energize’ programmes into the schools via Sport Waikato and Population Health Increase the number of Kohanga Reo with water/milk only polices. (EOA) 	Expansion of programme by Q2 Increase the number of water and milk only policies by Q4	PP38: Delivery of response actions agreed in annual plan
		Health equity for high need populations – <i>Oranga</i>	4. Preschool BMI Screening: <ul style="list-style-type: none"> Ensure on-going monitoring and screening of BMI is occurring at Well Child/Tamariki Ora checks and General Practice visits Implement clear pathway including referrals for those children requiring more intensive support for a healthy weight 	Monitor uptake of BMI screening in general practice including referrals from Q1	
		Health equity for high need populations – <i>Oranga</i>	5. Pregnancy: <ul style="list-style-type: none"> Increase promotion of healthy weight during pregnancy via the Healthy Start and Healthy Conversations Skills training for midwives Include measuring BMI, healthy weight gain conversation and resources in Early Pregnancy Map of Medicine Roll out healthy weight gain in Hapu Wananga pregnancy and parenting classes. (EOA) 	Roll out further training for LMC’s by Q3 Ensure added to Map of Medicine by Q1 Roll out of healthy eating in Hapu Wananga by Q2	
Child Health	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	Productive partnerships – <i>Whanaketanga</i>	Waikato DHB commits supporting the national work underway to improve the health outcomes for children, young people and their family’s service by Oranga Tamariki, particularly young people in care by: <ol style="list-style-type: none"> Waikato DHB representation by a senior paediatrician, a Strategy and Funding portfolio manager and an NGO Child and Youth mental health clinician at the interagency Waikato Interagency Gateways Governance Group 	Gateways Service Level Agreement with Waikato Hospital Child Health Services reviewed quarterly against contracted volumes. Service is responsive to social workers referrals	PP38: Delivery of response actions agreed in annual plan
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Our priority population is Maori. To reduce barriers for vulnerable Maori children we will roll out our vulnerable children’s Harti Hauora Assessment Tool for use in the Hamilton Children’s Team. The benefits of using this tool are increased opportunistic screening, increased interventions for Māori and vulnerable children, increased number of referrals made to appropriate services when indicated, enhanced clinician skills and expertise when working with vulnerable children, particularly Maori 	Tool will be rolled out into the children’s team by Q1	
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Undertake diagnostic work to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki within the Waikato DHB through the Harti Hauora assessment work 	Complete diagnostic work by Q4	
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Children unenrolled with GP contract to roll out for PHO’s to enable referral from ED to GP of choice at no cost to patient 	Contract in place by Q1	
Disability Support Services	One team <i>Kotahi te tīma</i>	Health equity for high need populations – <i>Oranga</i>	Waikato DHB will enhance the following mechanisms and processes to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances): <ol style="list-style-type: none"> Improved Campus entry lobby signage Improved way finding signage and guidance within Meade Clinical Centre/Waiora An enhanced Enquiries focal point in Meade Clinical Centre Expanded visitor greeting services at key navigation points with the core campus 	Q4	PP38: Delivery of response actions agreed in annual plan
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Improved Campus entry lobby signage 	Q4	
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> Improved way finding signage and guidance within Meade Clinical Centre/Waiora 	Q4	
		Health equity for high need populations – <i>Oranga</i>	<ol style="list-style-type: none"> An enhanced Enquiries focal point in Meade Clinical Centre 	Q4	

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance			
			Activity	Milestones	Measures	
Primary Care Integration	Closer to home <i>Ka aro mai ki te kāinga</i>	 Productive partnerships – <i>Whanaketanga</i>	<p>Waikato DHB will continue to work with its alliances and other providers in the Waikato district to move care closer to home for people through improved integration with the broad health and disability sector by:</p> <ol style="list-style-type: none"> Providing robust governance through the Inter-Alliance to ensure that the DHB and PHOs work collaboratively to: <ul style="list-style-type: none"> Identify 10 key areas of focus for primary and secondary integration and clinical pathway work Provide action plan agreed by Inter-Alliance Oversee the SLM work 	Key areas identified by Q1 Action plan completed by Q3 SLM Improvement Plan signed off by July 2017	PP38: Delivery of response actions agreed in annual plan	
			<ol style="list-style-type: none"> IT integration for community pharmacy and St John access to clinical workstations and primary care access to InterRai assessment data Evaluation of the Primary Options Programme under oversight of the Demand Management Group, commitment to actions identified through evaluation and reporting on actions each quarter With a focus on as our priority group – Maori, carry out full implementation of the GP enrolment project in Waikato Hospital ED and the Hauora Hubs. This will enable referrals to a GP of choice for afterhours care at no cost to the patient, and all patients will then be enrolled with a PHO if not already enrolled. If successful, full rollout into other hospitals COPD new care model initiative in the community launched Rural accelerated chest pain pathway trail rolled out <p>The bulk of Waikato primary care integration activity is related to improving performance and health outcomes as reflected in meeting our SLM Improvement Milestones. See the System Level Measure Improvement Plan attached in appendix.</p> <p>All improvement initiatives within the system level measures support the focus within the pharmacy action plan and have been jointly developed, and agreed with Inter-alliance, and working groups</p>	Integration enabled by Q1		Evaluation by Q1, actions to commence in Q2
Pharmacy Action Plan	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Safe, quality health services for all – <i>Hauamaru</i>	<p>Waikato DHB supports the focus within the pharmacy action plan and enhanced pharmacist services by:</p> <ol style="list-style-type: none"> Development of an Access Sustainability Plan to ensure appropriate minimum coverage across the district 	The Access Sustainability Plan is developed by Q1	PP38: Delivery of response actions agreed in annual plan	
			<ol style="list-style-type: none"> Develop local pharmacy service strategies which align with the Pharmacy Action Plan and the “Integrated Pharmacist Services in the Community” vision, to better meet local need, enhance healthcare and medicines management expertise delivered by pharmacists and support pharmacists to work as one team with primary care Identify opportunities for information enhanced integration across primary, secondary and pharmacy Analyse pharmaceutical access across locations and ethnicities (Ethnicity Outcomes Actions) Support local implementation of national contracting arrangements once agreed to support the vision of ‘Integrated Pharmacist Services in the Community’ 	Progress update Q3		Use the findings to affect change by Q4

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Safe, quality health services for all – <i>Haumaru</i>	<p>Waikato DHB is committed to improving patient experience by:</p> <p>1. Developing and implementing a Waikato DHB consumer council to advise the DHB Board</p>	By Dec 2017 Board approval gained, initial hui and rural roadshows completed, chair and council recruited, TOR agreed	PP38: Delivery of response actions agreed in annual plan
			<p>2. The communication and coordination categories has been selected to focus on from the inpatient survey, specifically around reducing harm from medicines.</p> <ul style="list-style-type: none"> Develop and implement quality improvement project targeting timely, informed discharge planning’ to ensure patients aware of medications on discharge, and who to contact if any problems Establish a medicines safety programme Patient safety week (Oct) to support medicines safety Improve discharge planning to include safe medication transfer 	By September 2017 the medicine safety programme will be in place	
			<p>3. Develop an end of life care framework for Waikato DHB</p> <ul style="list-style-type: none"> Roll out the advance care planning (ACP) process across district Appropriate staff in PHO and acute sector trained at level 1, 1A and 2 	By June 2018 30% of all patients admitted, have an ACP in place	
			<p>4. Active participation in the development of a Midland Region Quality Network (MRQN) and supporting strategy with 2 focused work streams in place</p> <ul style="list-style-type: none"> Recognition and early action for deteriorating patient Infection, prevention and control 	June 2018 MRQN in place	
Living Within our Means	Value and high performance <i>Te whāinga hua me te tika o nga mihi</i>	 Effective and efficient care and services – <i>Ratonga a iwi</i>	<p>Waikato DHB commits to manage our finances prudently, and in line with the Minister’s expectations, and to ensure all planned financials align with previously agreed results by:</p> <ul style="list-style-type: none"> Operating within agreed financial plans Continue to participate in implementation of National Entity initiatives as appropriate for Waikato DHB Proactively manage cost growth and improve use of workforce Provide information on the production plans and explain major variations in the yearly variations in the production schedule 		Agreed financial templates

Government Planning Priority	Link to NZ Health Strategy	Link to Waikato DHB – Strategic Imperative	Waikato DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Delivery of Regional Service Plan	NA		<p><i>Waikato DHB is undertaking to deliver on the Regional Service Plan priorities for the following areas:</i></p> <p>1. Cardiac Services</p> <ul style="list-style-type: none"> • Embed the use of the Cathlab forecasting and planning tool into business as usual. • Release Heart Failure clinical specialists to meet and inform the service design • Contribute to the atrial fibrillation stocktake to inform service design regionally • Provide data analysis using admissions data from Costpro in a similar methodology to the 16/17 Heart Failure analysis 		NA
			<p>2. Stroke</p> <ul style="list-style-type: none"> • Contribute, support and localise the implementation of a pathway of care for accessing thrombectomy services through Auckland District Health Board 		
			<p>3. Hepatitis C</p> <ul style="list-style-type: none"> • Implement, support and utilise new regional Hepatitis C service 		
			<p>4. Major Trauma</p> <ul style="list-style-type: none"> • Support timely trauma data entry, post verification activities and the development of a data platform • Support and carry out professional development of Trauma Service staff 		

Financial performance summary

(Refer to Appendix One for further detail)

Table: Prospective Statement of Financial Performance (Comprehensive Income) for three years ended 30 June 2018, 2019 and 2020

Forecast Statement of Comprehensive Income	2015/16 \$000 ACTUAL	2016/17 \$000 FORECAST	2017/18 \$000 PLANNED	2018/2019 \$000 PLANNED	2019/2020 \$000 PLANNED	2020/2021 \$000 PLANNED
REVENUE						
Patient care revenue	1,285,114	1,339,628	1,415,438	1,459,720	1,505,208	1,552,006
Other operating income	16,847	17,756	18,868	19,332	19,807	20,292
Finance income	1,882	1,839	1,169	1,570	1,619	1,668
TOTAL REVENUE	1,303,843	1,359,223	1,435,475	1,480,622	1,526,634	1,573,966
EXPENSES						
Personnel costs	515,996	537,041	578,253	596,772	615,920	635,707
Depreciation	33,019	34,954	43,900	46,122	48,172	50,788
Amortisation	5,541	5,260	8,144	7,075	7,229	7,792
Outsourced services	61,715	78,419	78,121	78,902	80,479	82,086
Clinical supplies	128,997	135,538	136,778	135,425	136,991	138,983
Infrastructure and non-clinical expenses	70,561	82,486	63,391	52,495	34,028	12,016
Other district health boards	58,284	56,643	60,644	62,594	64,713	66,922
Non-health board provider expenses	398,791	407,107	438,923	473,544	511,657	551,481
Finance Costs	8,814	4,974	198	199	201	202
Capital Charge	18,124	15,188	37,123	37,494	37,244	37,989
TOTAL EXPENSES	1,299,842	1,357,610	1,445,475	1,490,622	1,536,634	1,583,966
Share of profit of Associates and Joint venture	(12)	(3)	-	-	-	-
SURPLUS/(DEFICIT)	3,989	1,610	(10,000)	(10,000)	(10,000)	(10,000)
OTHER COMPREHENSIVE INCOME						
Increase/(decrease) in revaluation reserve	-	176,237	-	-	-	-
TOTAL COMPREHENSIVE INCOME	3,989	177,847	(10,000)	(10,000)	(10,000)	(10,000)

Table: Prospective Financial Performance by Output Class for the four years ended 30 June 2018, 2019 and 2020

Total Cost and Revenue	2017/18 \$000 Budget	2018/19 \$000 Budget	2019/20 \$000 Budget	2020/21 \$000 Budget
Revenue	1,435,475	1,480,622	1,526,634	1,573,966
Costs	1,445,475	1,490,622	1,536,634	1,583,966
Surplus/(Deficit)	(10,000)	(10,000)	(10,000)	(10,000)
Forecast Statement of Cost and Revenue for Prevention	2017/18 \$000 Budget	2018/19 \$000 Budget	2019/20 \$000 Budget	2020/21 \$000 Budget
Revenue	30,677	31,641	32,625	33,636
Costs	28,436	29,324	30,230	31,161
Surplus/(Deficit)	2,241	2,317	2,395	2,475
Forecast Statement of Cost and Revenue for Early Detection and Management	2017/18 \$000 Budget	2018/19 \$000 Budget	2019/20 \$000 Budget	2020/21 \$000 Budget
Revenue	285,262	294,234	303,378	312,784
Costs	251,402	259,255	267,257	275,489
Surplus/(Deficit)	33,860	34,979	36,121	37,295
Forecast Statement of Cost and Revenue for Intensive Assessment and Treatment	2017/18 \$000 Budget	2018/19 \$000 Budget	2019/20 \$000 Budget	2020/21 \$000 Budget
Revenue	951,201	981,118	1,011,606	1,042,971
Costs	1,002,129	1,033,428	1,065,328	1,098,143
Surplus/(Deficit)	(50,928)	(52,310)	(53,722)	(55,172)
Forecast Statement of Cost and Revenue for Support and Rehabilitation	2017/18 \$000 Budget	2018/19 \$000 Budget	2019/20 \$000 Budget	2020/21 \$000 Budget
Revenue	168,335	173,629	179,025	184,575
Costs	163,508	168,615	173,819	179,173
Surplus/(Deficit)	4,827	5,014	5,206	5,402

The output class financial reporting for 2017-18 is built from an allocation of costs by responsibility centre and an allocation of revenue by purchase unit code (purchase unit code mapping to output class as per data dictionary version 22). The out years are based on the same cost and revenue ratios being applied to total cost and revenue.

Local and regional enablers

Local and Regional Enabler	Link to NZ Health Strategy	Waikato DHB Key Response Actions to Deliver Improved Performance		
		Activity	Milestones	Measures
IT	Smart systems He atamai te whakaraupapa	<p>Waikato DHB is regionally aligned and leveraging digital hospital investment by:</p> <p>1. Virtual health care/telehealth/telemedicine:</p> <ul style="list-style-type: none"> Actively progressing the rollout of Telehealth solution, participation in Stroke Thrombolysis telehealth trial. Virtual Health: Progressive rollout in accordance with multi-year programme of work 	On-going	Quarterly reports from regional leads
		<p>2. eSpace:</p> <ul style="list-style-type: none"> Regional Midland Clinical Portal (MCP): Standardisation across region, EMRAM delivery. eSPACE Programme is a 4 year Roadmap which is yet to have definitive milestones established and is dependent on processes to evaluate and set the priorities and affordability aspects. The Roadmap has been committed to by the 5 DHBs (at Board and CE level) and is as defined within the business case submitted to the ministry. Progression of the programme, inclusive of establishment of definitive milestones, is dependent on Ministry and Cabinet approval of the business case 	To be determined following approval of business case	
		<p>3. Integration:</p> <ul style="list-style-type: none"> Implementation of solutions enabling integration between patient care partners. Focus includes; Indici, St John, Radiology providers, Community Pharmacy, LMC's, Lakes DHB. <p><i>Note: The DHB has a dependency on MoH to deliver access to NZePS data to enable realisation of our integration and medication management initiatives</i></p>	Integration completed for Primary Care (Indici), Community Pharmacy, LMCs, Lakes DHB, St John, Radiology by Q4	
		<p>4. Patient Flow (iMPACT):</p> <ul style="list-style-type: none"> Significant investment to transition services from manual to automated toolsets to realise significant improvement in Patient flow (from presentation to discharge), integrated with Clinical Work Stations and Midland Clinical Portal 	Commencing in Q4	
		<p>5. Medication management:</p> <ul style="list-style-type: none"> ePA (eMeds): ePrescribing and Administration is within the scope of the regional eSpace strategy. The regional plan is that the regional requirements and competitive procurement process will be completed over the next 12 months (see regional ISSP). eOrders: As requested DHB initiatives on hold to enable regional solutions to progress (see Regional ISSP) <p><i>Note: The DHB has a dependency on MoH to deliver access to NZePS data to enable realisation of our integration and medication management initiatives</i></p>	see Regional ISSP (eSpace)	
		<p>6. NCHIP (National Child Health Information Programme)</p> <ul style="list-style-type: none"> Roll out of enhancements 	2017/18: Enhancements out	
		<p>7. Titanium:</p> <ul style="list-style-type: none"> Implemented solution for community oral health. Phase 2 to implement across Hospital Dental service 	2017/18: In Hospital. Paper to electronic migration	
		<p>8. Maternity:</p> <ul style="list-style-type: none"> Business Case approved, local team stood down due to national issues. Awaiting guidance from Ministry on likely timetable 	Investigate implementation viability	
		<p>9. Bowel screening integration with Ministry of Health</p> <ul style="list-style-type: none"> The Midland region and each of the 5 DHBs continue to work towards the establishment of the bowel screening service in accordance with the evolving programme and plans being developed by the Ministry. Accordingly the Midland regional Business Case for the establishment of the Regional Centres (BSRC) has been submitted and reviewed by the Ministry. The Ministry have indicated that Waikato DHB is within tranche 2 (2018). We have provided a high-level indicative estimate of the likely budgetary costs for integration with the national solution. We await further information from the Ministry to commence planning and scoping to enable the development of the Waikato DHB Business Case 	Awaiting further information from the Ministry before milestones can be confirmed	

Local and Regional Enabler	Link to NZ Health Strategy	Waikato DHB Key Response Actions to Deliver Improved Performance		
		Activity	Milestones	Measures
Workforce	One team Kotahi te tīma	Waikato DHB is committed to addressing capability and capacity with the following key actions and milestones:	Review carried out Q3-4	
		1. Support the regional review of current workforce data available and enhancement of modelling capacity		
		2. Progress considerations with related government agencies and other DHBs in relation to a new medical school to support availability of a workforce with particular strengths in primary care and rural services	Q4	
		3. Work in conjunction with the broader primary care sector to identify options for addressing workforce gaps/ improving access in rural communities	Q4	
		4. Expanded registered Health Practitioner roles being rolled out: <ul style="list-style-type: none"> Increasing prescribers (pharmacists/ nurses) as well as nurse practitioners. The launch of a rural nurse practitioner in Tokoroa in Gerontology spanning hospital, aged care and community settings 	Q4	
		5. Expanding unregulated but trained health workers ie navigators and dental assistants. Devolving dental therapist work to dental assistants with our training packages, protocols and standards. (Being picked up nationally as part of the reform of the oral health workforce)	Q4	
		6. The SmartHealth pilot continues providing out of hours online doctor services to address the many communities that can't access appropriate out of hours medical care. Evaluate pilot	Pilot evaluated by Q4	
		7. Identification of actions to regularise and improve the training of the Kaiawhina workforce in home and community support services particularly around Health of Older People (EOA)	Actions identified by Q2	
		8. Continued roll out of Kia Ora Hauora to encourage and support Waikato Maori to pursue health professional careers within the health and disability sector (EOA)	Roll out complete December 2017	
9. Te Puna Oranga, Wintec and Pinnacle PHO rolling out the first primary Maori health workforce care assistant pilot programme Kaimahi Maori. This programme aims to further upskill Maori community health workers in their support of general practice by helping apply positive change that is sustainable and achievable; not just in the short term but for lifelong behavioural commitment	Programme complete October 2017			

SECTION 3: Service configuration

Service coverage

Waikato DHB is 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 Waikato District service coverage is shared between Waikato DHB and the Ministry. We are responsible for taking appropriate action to ensure that service coverage is delivered for our population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups.

Waikato 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.

Waikato DHB is not seeking any changes to the formal exemptions to the Service Coverage Schedule in 2017/18.

Waikato DHB has highlighted concerns around Midwifery Lead Maternity Carer coverage particularly over the Summer months. The DHB will work with the Ministry of Health to identify solutions for a stable and sustainable midwifery workforce.

Service change

The table below describes all service reviews and service changes that have been approved or proposed for implementation in 2017/18.

Change	Description of change	Benefits of change	Change for local, regional or national reasons
Women's Health	Redevelopment of the Delivery Suite with respect to: <ul style="list-style-type: none"> Theatre capacity High Dependency Unit Induction of labour rooms Reconfiguration of women's health wards 	<ul style="list-style-type: none"> Increased access to theatre for planned / elective caesarean section, resulting in an increase of quality and safety of care for women. Separation of gynaecology and antenatal care will improve the quality of care for patients, and will enable a more appropriate skill mix in both gynaecology and maternity care 	Primarily local, although the increase capacity benefits the wider region
Rural services	Ongoing implementation of the Rural Health Services review which includes potential service changes in any aspect of rural service delivery, including, but not limited to, the early priority areas of: <ul style="list-style-type: none"> Rural primary maternity Surgical termination of pregnancy Child oral health (dentistry under GA) Urgent care services (primary and secondary) Virtual service delivery Inpatient services 	<ul style="list-style-type: none"> Improved access Earlier intervention Better co-ordinated and integrated services 	Local with some inter-DHB (sub-regional) aspects at the DHB boundaries; eg surgical Termination of Pregnancies
Mental Health and Addictions	Mental Health and Addictions Programme of work to develop new models of care and outcomes frameworks with significant engagement with the community in four areas: <ul style="list-style-type: none"> Adult Mental Health Adult Addictions Child and Youth Mental Health Mental health and Addiction Services for Older People Development work/consultation to be completed with implementation in 18/19	<ul style="list-style-type: none"> Improved access Earlier intervention Better co-ordinated and integrated services 	Local

Change	Description of change	Benefits of change	Change for local, regional or national reasons
Primary care integration	<p>Detail to be formalised prior to final document</p> <p>Considerations are occurring in relation to strategies and mechanisms to increase clinical leadership, and integration across primary care and with secondary services. These considerations may lead to service change later in 2017/18 or out years</p>	<ul style="list-style-type: none"> • Increased integration between primary and secondary services • Increased clinical leadership • Enhanced sustainability of rural services 	Local
Termination of pregnancy services	<p>Regional considerations are occurring in relation to the location of services across the Waikato, Bay of Plenty and Lakes DHB districts</p>	<ul style="list-style-type: none"> • Improving accessibility • Reducing travel requirements 	Regional
SmartHealth	<p>There will be no significant change of approach in relation to SmartHealth and the enhancement of virtual health services across the district</p> <p>During 2017 there is however expected to continual growth and expansion across services areas to ensure that patients are supported virtually when appropriate for their care</p>		
Community Pharmacy and Pharmacist services	<p>Implement the national pharmacy contracting arrangements and develop local services once agreed</p>	<ul style="list-style-type: none"> • More integration across the primary care team • Improved access to pharmacist services by consumers • Consumer empowerment • Safe supply of medicines to the consumer • Improved support for vulnerable populations • More use of pharmacists as a first point of contact within primary care 	National and local

SECTION 4: Stewardship

This section provides an outline of the arrangements and systems that Waikato DHB has in place to manage our core functions and to deliver planned services. Greater detail is included in Waikato DHB's three-yearly Statement of Intent, which was last produced for the 2016/17 year and is available on our website at www.waikatodhb.health.nz

Managing our business

Organisational performance management

Waikato DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at various level(s) of the organisation. These are reported daily, weekly, fortnightly or monthly as appropriate.

Table: External reporting framework

Reporting	Frequency
Information requests	Ad hoc
Financial reporting	Monthly
National data collecting	Monthly
Risk reporting	Quarterly
Health target reporting	Quarterly
Crown funding agreement non-financial reporting	Quarterly
DHB Non-financial monitoring framework	Quarterly
Annual report and audited accounts	Annual

Funding and financial management

Waikato DHB's key financial indicators are Revenue, Net Surplus/Deficit, Fixed Assets, Net Assets and Liabilities. These are assessed against and reported through Waikato DHB's performance management process to stakeholders on a monthly basis. Further information about Waikato DHB's planned financial position for 2017/18 and out years is contained in the Financial Performance Summary section of this document on page 16, and in Appendix A: Statement of Performance Expectations on page 33.

Investment and asset management

Waikato DHBs has completed a stand-alone Long Term Investment Plan (LTIP) covering 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

Waikato DHB has a part ownership interest in HealthShare. In line with all DHB's nationally, Waikato DHB has a shared service arrangement with TAS around support for specified service areas. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

Waikato DHB has a formal risk management and reporting system, which entails incident and complaint management as well as the risk register (Datix management system) and routine reporting to the District Health Board. 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

Waikato 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. The DHB Board approved and published a quality governance strategy 'listen, learn, improve' in December 2016, with progress monitored by the Board of Clinical Governance.

Building capability

Capital and infrastructure development

Business case expecting approval in 2017/18 includes the Tokoroa project.

Business cases due for completion in 2017/18 include the Adult Mental Health, Taumaranui and Education Centre projects.

Business cases that will be started in 17/18 include the Ward Block A project, multi level carpark and oncology/haematology project.

The Waikato University/Waikato DHB medical school is currently awaiting approval in concept, if approved design work and implementation will commence in 17/18.

Information technology and communications systems

Waikato DHB's information technology and communication systems goals align with the national and regional strategic direction for IT. Further detail about Waikato DHB's current IT initiatives is contained in the 2017/18 Midland Regional Service Plan, and in the section on local and regional enablers within this document, on page 17.

Workforce

Future workforce development - our people strategies – will see evolving alignment and integration with the Ministry of Health's New Zealand Health Strategy: Future Direction, and the Waikato DHB Strategy. Further detail can be found in the section on local and regional enablers within this document, on page 18.

However in summary the key areas are:

- A strategic alliance of Waikato DHB with the University of Waikato has resulted in a proposed third Medical School for New Zealand to develop a new kind of rurally focused workforce. (business case currently with the Government)
- In addition to the plan to train doctors, our alliance with the University of Waikato has resulted in a Post Graduate Certificate in Management (Health Management and Leadership) programme. Management and leadership capability is a priority for the Waikato DHB, with the key requirement for first line managers to learn and assume the individual accountabilities of a front line position.
- Use of smart technologies has and will result in innovation and changes to the way we deliver care, and achieve sustainability, given aging population demands and fiscal constraints. SmartHealth – virtual patient care – includes all of the normal aspects of patient care without having in-person contact with the patient. Other technologies and innovation will require our workforce to adapt and change to new ways of working.
- Supporting the development of a culture of innovation is an intentional focus on the culture of our workplace; the environment our people work in. Investment is and will occur in making the workplace safer for staff, finding creative ways to address equity, living and embedding the values staff developed, and enabling ways that staff can speak up about matters that concern them. A culture that encourages ideas that can result in transformational innovation is required.

Co-operative developments

Waikato DHB works and collaborates with a number of external organisation and entities, including:

- Education,
- Corrections,
- Police,
- Child, Youth and Family,
- Local Government

SECTION 5: Performance measures

The DHB non-financial monitoring framework aims to provide a rounded view of performance in key areas using a range of performance markers. The measures are intended to cover a specific set of markers of DHB performance in key areas, rather than all health services or DHB activity. 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'.

Each performance measure has a nomenclature to assist with classification as follows:

Code Dimension

HS Health Strategy

PP Policy Priorities

SI System Integration

OP Outputs

OS Ownership

DV Developmental – Establishment of baseline (no target/performance expectation is set)

Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2017/18.

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	Maori	17/18 4.41%
		Other	4.13%
		Total	4.23%
	Age 20-64	Maori	7.85%
		Other	3.86%
		Total	4.68%
	Age 65+	Maori	2.35%
		Other	2.00%
		Total	2.03%
PP7: Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan		
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	95% of audited files meet accepted good practice		
PP10: Oral Health- Mean DMFT score at Year 8	Year 1	Maori	0.92
		Other	0.92
		Total	0.92
	Year 2	Maori	0.92
		Other	0.92
		Total	0.92
PP11: Children caries-free at five years of age	Year 1	Maori	64%
		Other	64%
		Total	64%
	Year 2	Maori	64%
		Other	64%
		Total	64%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	Maori	85%
		Other	85%
		Total	85%
	Year 2	Maori	85%
		Other	85%
		Total	85%

Performance measure	Performance expectation		
PP13: Improving the number of children enrolled in DHB funded dental services (0-4 years)	Year 1	Maori	≥95%
		Other	≥95%
		Total	≥95%
	Year 2	Maori	≥95%
		Other	≥95%
		Total	≥95%
PP13: Improving the number of children enrolled in DHB funded dental services, (children not examined 0-12)	Year 1	Maori	≤10%
		Other	≤10%
		Total	≤10%
	Year 2	Maori	≤10%
		Other	≤10%
		Total	≤10%
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)			
Focus Area 1: Long term conditions	Commentary on how DHB is using the LTC outcomes framework		
	Implement actions from Living Well with Diabetes		
Focus Area 2: Diabetes services	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	82% (to halve equity gap)	
Focus Area 4: Acute heart service	70% of high-risk patients receive an angiogram within 3 days of admission		
	Over 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		
	Over 95% of patients undergoing cardiac surgery at the regional cardiac centres will have completion of Cardiac Surgery registry data collection within 30 days of discharge		
Focus Area 5: Stroke services	8% 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.		
PP21: Immunisation coverage	At least 95% of two year olds fully immunised and coverage maintained		
	At least 95% of four year olds fully immunised by five years and coverage is maintained		
	75% of girls fully immunised – HPV vaccine		
	75% of 65+ year olds immunised – flu vaccine		
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		
Percentage of older people who have received long-term home and community support services in the last three months who have had an interRAI Home Care or a Contact assessment and completed care plan	95%		
PP25: Prime Minister's youth mental health project	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 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.		

Performance measure	Performance expectation	
PP26: The Mental Health and 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 Vulnerable Children	Report on activities in the Annual Plan	
PP28: Reducing Rheumatic fever	Focus Area 1: Reducing the Incidence of First Episode Rheumatic Fever Focus Area 2: report progress in following-up known risk factors and system failure points in cases of first episode and recurrent acute rheumatic fever	
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.	
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	60% of infants are exclusively or fully breastfed at three months	
PP38: Delivery of response actions agreed in annual plan	Report on activities in the Annual Plan	
SI1: Ambulatory Sensitive Hospitalisations	0-4 years	As specified in the jointly agreed (by district alliances) SLM Improvement Plan
	46-64 years	Total 4066
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.	

Performance measure	Performance expectation	
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	
SI11: Improving breast screening rates	70% coverage for all ethnic groups and overall	
OS3: Inpatient Average Length of Stay (LOS)	Elective LOS suggested target is 1.47 days, which represents the 75th centile of national performance.	1.54
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	2.4
OS8: Reducing Acute Readmissions to Hospital	<i>TBA – indicator definition currently in draft.</i>	
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 NH	New NHI registration in error (causing duplication)	Group A >2% and <= 4% Group B >1% and <=3% 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.	
DV4: Improving patient experience	No performance expectation/ target set, remains under development	
DV6: SLM youth access to and utilisation of youth appropriate health services	No performance expectation/ target set, remains under development.	
DV7: SLM number of babies who live in a smoke-free household at six weeks post natal	No performance expectation/ target set, remains under development.	

APPENDIX A:

2017-18 Statement of Performance Expectations

APPENDIX B:

2017-18 System Level Measure Improvement Plan