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Contact Details Committee Secretary

Telephone 06-3508913

Next Meeting Date 1 May 2018

Deadline for Agenda Items 12 April 2018

MidCentral District Health Board

A g e n d a

Meeting of the Healthy Communities Advisory Committee and Quality & Excellence Advisory Committee

to discuss matters of shared
interest

Part 1

Date: 20 March 2018

Time: 10.45 am

Place: Board Room
Board Office
Heretaunga Street
Palmerston North

MidCentral District Health Board

Healthy Communities Advisory Committee Meeting Quality & Excellence Advisory Committee


Tuesday, 20 March 2018

Matters of Shared Interest - Part 1

Order

- | | | |
|------|--|---------|
| 1. | ADMINISTRATION MATTERS | 10.45am |
| 1.1. | Apologies | |
| 1.2. | Late Items | |
| 1.3. | Conflict and/or Register of Interests Update | |
| 2. | STRATEGIC & ANNUAL PLANNING | 10.50am |
| 2.1. | 2018/19 Operational Plan | |
| | Pages: 3-6 | |
| | Documentation: report from the Manager, DHB Planning & Accountability dated 9 March 2018 | |
| | Recommendation: that the Committees note this report | |
| 2.2. | Joint Report Mental Health and Addictions Update | |
| | Pages: 7-23 | |
| | Documentation: report from the Service Director and Portfolio Manager dated 2 March 2018 | |
| | Recommendation: that the update on Mental Health and Addiction services across the district be noted . | |
| 3. | PERFORMANCE REPORTING | 11.10am |
| 3.1. | 2017/18 Annual Plan Implementation and Non-Financial Performance - Quarter Two | |
| | Pages: 24-59 | |
| | Documentation: report from the Manager, DHB Planning & Accountability dated 13 March 2018 | |
| | Recommendation: that the Committees note this report and endorse the progress being made in advancing delivery of MidCentral DHB's Annual Plan for the 2017/18 year. | |

At the conclusion of the shared meeting, a planning workshop will be held p 11.30am-1.00pm with lunch to follow.

		For: <table border="1"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td></td> <td>Endorsement</td> </tr> <tr> <td>X</td> <td>Noting</td> </tr> </table>			Decision		Endorsement	X	Noting
	Decision								
	Endorsement								
X	Noting								
To	Healthy Communities Advisory Committee Quality and Excellence Advisory Committee								
Author	Vivienne Ayres Manager, DHB Planning and Accountability								
Endorsed by	Craig Johnston General Manager, Strategy, Planning and Performance								
Date	09 March 2018								
Subject	2018/19 Operational Plan and Budgeting								
RECOMMENDATION It is recommended that the Committees: <ul style="list-style-type: none"> • note this report 									

Strategic Alignment

This report is aligned to the DHB's Strategy and considers how this will be advanced through the annual operational and budgeting process for the 2018/19 year.

Glossary

DHB – District Health Board

HCAC – Healthy Communities Advisory Committee

QEAC – Quality and Excellence Advisory Committee

COPY TO:

Strategy, Planning & Performance
 MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North 4440
 Phone +64 (6) 350 8928
 Fax +64 (6) 355 8926

1. PURPOSE

The purpose of this report is to update the Committees on the preparation of the 2018/19 Operational Plan and budget. Committee members are invited to participate in and decide upon the next course of actions in the development of plan for the year.

2. SUMMARY

2.1 Planning Workshops

A planning workshop was held with Board and Committee members at the end of January 2018. This workshop provided an opportunity for members to have input to the planning process at an early stage. It used the 'World Café' format, which was well received, particularly with the opportunity for discussions with clinical leads that attended. A further planning workshop is scheduled with Committee members at their joint meeting on 20 March 2018. At the this time, management will discuss a range of tactical and operational initiatives and service change proposals that will be proposed as options to assist the DHB strengthen its financial position and reconcile service delivery expectations based on current funding assumptions.

Over the last three months, a series of workshops with the executive, operational and clinical leads for each of the cluster planning groups have been held as an input to the development of the 2018/19 Operational Plan and budget.

2.2 Ministry Guidance

The annual Letter of Expectations from the Minister of Health outlining Government expectations and the annual planning priorities and guidance material for the 2018/19 year have still not been received from the Ministry of Health. The Letter of Expectations is anticipated to be provided over the next few weeks.

It is unlikely that we will receive the Funding Envelope until the 2018 Budget is released in May.

We are anticipating that the likely Government planning priorities can be accommodated within our current operational planning priorities and focus areas for the DHB. Where there may an expectation for new activity and/or outputs, then we expect that new funding will follow.

The external facing Annual Plan, including the Statement of Performance Expectations, will be crafted once the planning guidance material, including the non-financial monitoring framework and performance measures, and timeframes are received.

2.3 Operational Plan for 2018/19

In the absence of planning and funding advice from the Ministry of Health, the DHB's Operational business planning and budgeting continues to be guided by the assumptions set out in the Planning Assumptions document, approved by the Board in December 2017. This includes assumptions about funding growth, which was set at 1.54 percent.

The Board endorsed the following key strategic priorities to guide operational planning for the 2018/19 year, ranking the priority to strengthen our financial position as preeminent.

- Strengthen our financial position
- Reduce health inequities
- Address our acute care demand
- Minimise the impact of long term conditions
- Target services for target populations
- Develop our communities
- Deliver our enabler plans – information systems, facilities, organisational development, quality and innovation

A feature of the Operational Plan for 2018/19 will be consolidation of the key work programmes commenced this year that relate to these strategic priorities and implementing strategies to address the issue of affordability in delivering health and disability services for our population.

These work programmes are:

- Establishing clusters and developing the integrated service model
- Improving patient flow ('Medimorph')
- Improving perioperative services and operating theatre capacity ('Optimise')
- Speaking up for Safety and Promoting Professional Accountability
- Delivering a refreshed business improvement and financial recovery programme
- Infrastructure – information technology and facilities
- Implementing projects associated with 'Choosing Wisely'

The first cut of plans for each cluster for 2018/19 included the significant initiatives already underway, new approved initiatives (for example, the Cardiac Catheterisation Laboratory), as well as a number of smaller proposals for service improvements.

The initial detailed budget incorporated current initiatives, and new approved initiatives but not any of the smaller proposals. Even with the limited incorporation of those items, budgeting to date has shown a significant gap between forecast budget and 'living within our means' in 2018/19.

Over the last three weeks the draft budget and the operational plans have gone back to the Cluster Planning Groups to reconsider in light of the indicative budget deficit and the range and extent of initiatives included in the plans.

The outcome of this work to date will be subject of the planning workshop with the Committees at their joint meeting on 20th March.

2.4 Planning Timelines

MidCentral's planning timelines as signalled to the Board in December 2017 anticipated a working draft budget to be submitted to the Board by 27 February in order to be uplifted to the Ministry of Health by 2 March. The draft external facing Annual Plan was to go to the Joint HCAC/QEAC Committee by 20 March in order to be uplifted to the Ministry of Health by 28 March.

In light of the delays to key planning documents from the Ministry of Health, in particular the Funding Envelope, these dates are no longer feasible. At this time the Ministry has not formally requested any draft submissions or provided any definite timelines.

In the meantime, we will continue to work with the Committees and Board to ensure that they are part of the process and have the opportunity to guide intentions for the 2018/19 Operational plan.


The internal Planning Steering Group is continuing to oversee the development of the plan and budget, which is necessarily an iterative process. Once the Ministry releases its planning guidance material, the planning process and timelines will require further review to deliver an Annual Plan that meets those expectations as well.

3. RECOMMENDATION

It is recommended:

*that the Committees **note** this report*

Vivienne Ayres
Manager, DHB Planning and Accountability

		For: <table border="1"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td></td> <td>Endorsement</td> </tr> <tr> <td>x</td> <td>Noting</td> </tr> </table>			Decision		Endorsement	x	Noting
	Decision								
	Endorsement								
x	Noting								
To	Healthy Communities Advisory Committee Quality & Excellence Advisory Committee								
Authors	Christopher Nolan Service Director Claudine Nepia-Tule Portfolio Manager								
Endorsed by	Craig Johnston General Manager Strategy, Planning & Performance								
Date	2 March 2018								
Subject	Joint Report Mental Health and Addictions Update								
RECOMMENDATION It is recommended that: <ul style="list-style-type: none"> that the update on Mental Health and Addiction Services across the district be noted. 									

Strategic Alignment

This report is aligned to the DHB's Strategy, and its four strategic imperatives.

Glossary

ALOS	Average Length of Stay
AOD	Alcohol & Other Drug
CEO	Chief Executive Officer
CMH	Community Mental Health
CNS	Clinical Nurse Specialist
DAA	Designated Auditing Agency
DNA	Did Not Attend
EPOA	Enduring Power of Attorney
HDC	Health & Disability Commission
HDSS	Health and Disability Service Standards

COPY TO:

MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North 4440

HQSC	Health Quality Safety Commission
ICT	Information Communication Technology
IHI	Institute Health Improvement
KPI	Key Performance Indicator
LOS	Length of Stay
MRTF	Marama Real Time feedback – electronic patient survey
MCH	MidCentral Health
MDHB	MidCentral District Health Board
MDT	Multidisciplinary Team
MH&A	Mental Health and Addiction
MHAS	Mental Health and Addiction Service
MoH	Ministry of Health
NGO	Non-Government Organisation
OAD	Office of Auditor General
OAMH	Older Adult Mental Health
PPPR	Protection of Property and Personal Rights
PSP	Patient Safety Programme
SACAT	Substance Abuse Compulsory Assessment and Treatment
SMO	Senior Medical Officer
SPEC	Safe Practice Effective Communication
Te Ara Rau	Primary Mental Health Service

1. PURPOSE

This report is for the Committees' information and discussion. It provides information about the Mental Health and Addictions sectors performance, and updates the progress made against delivering on the priorities and targets set out in the 2017/18 Annual Plan and Operational Plan.

2. SUMMARY

This report highlights the service's activities including the progress against annual and operational plan objectives, current risks and issues identified for the service, the locality planning underway and update on current projects and service developments.

Recent successes include the creation of an entry criteria policy into MHAS, the embedding of Real Time Marama Feedback collection service wide, presentation of the Collective Impact Framework at the National HQSC Conference, development of the comprehensive framework which includes line of sight across MDHBs overarching strategy of goals, imperatives and desired outcomes, draft locality plan, ongoing progress with Unison including partnering with other inter sector agencies and the AOD/Offenders Service Initiative.

The service has had some challenges around the implementation of WebPAS and its impact on the reporting capability. Additionally, there has been extensive workforce development in AOD services to support the implementation of the recently enacted SACAT legislation.

We expect the HQSC framework, Health and Disability Commission Report on Mental Health and Addictions, the national Mental Health Inquiry and the

development of a 2018/19 Operational Plan, Locality Plan and Annual Plan 2018/19 initiatives, will take up much of the focus over the next few months.

3. PROGRESS UPDATE ON 2017/18 ANNUAL PLAN AND OPERATIONAL PLAN

Progress updates on both the Annual Plan and Operational Plan are listed below in a dashboard table format. These both outline progress made against the major operational plan goals.

Rating & Trend Legend

G	On Track, progressing as planned	A	Behind plan – remedial action plan in place	R	Behind plan – major risks and exception report required	D	Not completed as planned
↑	Improved from last report	↓	Regressed from last report	●	No change from last report		



3.1 Annual Plan




The 2017/18 Annual Plan has a broad range of activities, and includes goals focused on development of a system of service provision (the Unison network) and leadership (the NGO leader's forum and advisory groups). The range is further enhanced with the inclusion of public health and education and promotion activity.

Objectives	Due	Next Report	Rating & Trend		Commentary
Improve the quality of mental health services, including reducing the use of seclusion	31 Dec 2017	May 2018	G	●	<p>A proposal has been submitted to refurbish an area in the high needs unit to a multipurpose/de-escalation area.</p> <p>Sensory modulation equipment has been purchased to support access to music for this area.</p> <p>The Health Quality Safety Commission has an initiative Zero Seclusion: towards eliminating seclusion by 2020. This programme (based on co-design) will be rolled out nationally from March 2018.</p>
Improve coordination of mental health care with wider social services for priority population groups	30 Sept 2017	May 2018	G	●	<p>Intersectoral working groups have been set up for the continuum of care for Autism Spectrum Disorder, Mental Health and Intellectual Disabilities, Housing the Un-Houseable and Employment through the 'Unison' network group.</p>
Improve health outcomes for clients with a long term mental illness	30 sept 2017	May 2018	G	↑	<p>Currently trialing multi agency forms with lead agency status defined for complex clients with ongoing experience of Mental Health disorder.</p> <p>The target client group has multiagency input (NZ Police, Corrections and NGOs) and for clients with a potential high risk</p>





					<p>profile, an emphasis has been put on family/whanau inclusion and involvement for better community living.</p> <p>In February 2018, combined care plans based on current intersectoral input from New Zealand Police, Corrections and Tertiary agencies will begin.</p>
Expand spread of specialist mental health services across communities	30 Jun 2018	May 2018	G	↑	<p>The MHAS continues to implement an integrated model of service delivery in rural services through co location and local coordination of activity.</p> <p>The Locality Planning Group has now identified priority areas including Maori, Pacific, people who are socio-economically disadvantaged, and Older people.</p> <p>Horowhenua Community Mental Health is now fully integrated with the inclusion of CAFs and Oranga Hinengaro clinicians within the service.</p> <p>We are working on integrating systems (filing storage and referral management) for CAFs, Oranga Hinengaro and AOD. Elderly services are already fully integrated in the Horowhenua team with the OAMH role working from within the Horowhenua CMHT.</p> <p>Tararua community mental health is currently working with CAFs towards having a clinician based out of this site. Oranga Hinengaro are developing a consult and liaison function to support the local CMHT as the OH resource level does not support local case management from the OH base in Palmerston North.</p> <p>An AOD clinician works out of Tararua 4 days per week with Early Intervention clinicians brought in to support as required.</p> <p>The ability for Tararua to accommodate more clinicians on site will increase when the community rural team moves to larger premises in 2018. The new facility will further develop the already installed video conferencing function in order to further improve our ability to carry out timely assessments.</p>




3.2 Operational Plan

Objectives	Status	Rating & Trend	Next Report	Commentary
Improve access to and coordination of mental health care across an integrated system of care with wider social services for priority population groups		G ●	May 2018	<p>Clinical Director of Te Ara Rau (Central PHO) has confirmed:</p> <ul style="list-style-type: none"> model is now operational in Horowhenua Community Practice and Kauri Integrated Family Health Centre Tararua Health Group and Feilding Integrated Family Health Centre will be operational from March 2018 developed partnership with Mana o te Tangata Trust in creating greater service user involvement as part of service design and delivery supporting Te Tihi to deliver the He Tangata Ahunui (Supported Employment) Programme in conjunction with the Collective Impact Project which involves Ministry of Social Development.
Children who have parents with a mental illness are supported and more resilient		G ↑	May 2018	<p>Supporting Parents Healthy Children (SPHC) Essential Training workshops commence mid-2018.</p> <p>Development of workforce essential training and single session family consultation workshops is underway.</p> <p>Single Session Family Whānau Consultation Workshops commence later in the year.</p> <p>Supporting Parents Healthy Children Workforce toolkit is being launched in conjunction with Manawatu Supporting Families 1 March 2018.</p>

Implement district-wide model of care for mental health specialist services for older persons		A	↑	May 2018	<p>Work on this project continues in partnership with the stakeholder group to complete the model.</p> <p>Priority focus is on recruiting a Clinical Manager for the specialist service for which there are interviews on 13 March.</p> <p>In collaboration with the stakeholder group, work is also underway to develop referral criteria for older adult specialist services and provision of more flexible contracts with NGOs to support community placements.</p>
Ensure local and regional capacity to respond to potential requirements from the new Substance Addiction Compulsory Assessment and Treatment Act (SACAT)		G	↑	May 2018	<p>Workforce training held to support implementation of SACAT legislation implemented on 21 February.</p> <p>Significant communication undertaken hospital wide to educate and support departments affected by this change. Close monitoring will occur to gauge how this new legislation impacts on services, particular resourcing in the interim and long-term.</p>
Reduce unacceptably high occupancy levels and lengths of stay in acute inpatient unit		A	↑	May 2018	<p>Occupancy rates are relatively high at present following a period of months when they were at a more manageable level.</p> <p>The arrival of the permanent Charge Nurse is expected late March, following delays in the registration and immigration process.</p> <p>Working towards the completion of the Ward 21 bed management plan. The final stage will be a planned engagement with the hospital operations centre to consolidate its final configuration.</p>

					We have now developed a MHAS entry criteria policy. This will assist to address the impact of referrals that do not require specialist services input and potential admissions into the service, and associated over demand.
Improve quality of care delivery system, reduce risks and enhance the consumer's experience of care		G	↑	May 2018	<p>Quality & Risk reporting is provided through the in MHAS Dashboard. This is an ongoing improvement process.</p> <p>Breakdown of Marama Realtime Feedback data is being explored (for example, Service User/Whānau /Ethnicity/Age specific collection to enable identification of trends for on-going service improvement.</p>
Improve access to consistent, coordinated services for assessment and follow up of clients in crisis and provide a better response to consumers presenting with acute need		G	↑	May 2018	<p>Regular meetings have been established between ED and MHAS to discuss working together more effectively.</p> <p>Work has begun to analyse the demand against capacity on our Acute Services vs demand on ED. This is an ongoing process to better respond to consumers with acute needs.</p> <p>A process has been established for the Consult Liaison Team to attend ED each morning (Monday to Friday) to identify any immediate needs. Between 7am to 4.30pm, the Consult Liaison Team are the point of contact for any consumers presenting at ED with presenting needs.</p>
Clients receive improved safe delivery of treatment options for opioid addiction per standard guidelines		G	↑	May 2018	Work is ongoing in this area with positive results/feedback. A reduction in the numbers being referred continues to be seen. Next Ministry of Health reporting is due June 2018.

Support staff to better engage with consumers and family as valued partners in service delivery and service development opportunities across Mental Health Services		G	●	May 2018	<p>Mechanisms in place and embedded within MHAS.</p> <p>Marama Real Time feedback electronic survey has been rolled out across the service.</p> <p>Consumer and family forums are held twice yearly, with community forums to be held in May and November 2018.</p>
Improve equity of access and timeliness of service response for all population groups across the district through increased capacity of community based mental health services		G	●	May 2018	<p>Development is ongoing finalising the Locality plan for the region. This will help develop Mental Health Services from a local stakeholder perspective (actual need rather than based on existing service planning).</p> <p>Video conferencing capability is due to be implemented within the Palmerston North Community Team This will enable further expansion of services to this district.</p>
Build on the mental health public health promotion programmes across the district		G	↑	May 2018	<p>Locality planning meeting occurring regularly, priority areas identified. Establishing community Locality Group (Tararua) and Locality Planning group underway for developing the Locality Plan Mental Health & Addiction.</p> <p>Public Health promotion and prevention services are now represented in Unison.</p>
Consider requirements to support the shift to an outcome focused approach		G	●	May 2018	<p>Guidance from the Ministry of Health on implementing the Ministry of Health Commissioning Framework is yet to be received. Further update will be made when advised.</p>

Monitor the effectiveness of Maori receiving mental health care under Compulsory Treatment Order (CTO) relative to non-Maori population		G	●	May 2018	The rate of utilisation of the Mental Health Act to provide compulsory treatment remains under the national population rate and continues to be closely monitored.
Contribute to the reduction of suicides and suicidal behaviour through implementation of the Suicide Prevention and Postvention Action plan		G	↑	May 2018	Terms of Reference agreed for Tararua Local Response team which is meeting monthly. Work on establishing the next local response team in Horowhenua will occur in early 2018.
NGO collective focussing on improved outcomes for people				May 2018	An Outcomes Based framework is in the process of being developed further to ensure focus on improving the outcomes of the population.

Budget

The service continues active management of budgetary challenges, with matching FTE to budget a priority. Currently the service is again projecting an end of year deficit with a requirement to address this through robust planning for the 2018/19 budget planning exercise.

Risks, Issues

SACAT – New legislation came into effect on 21 February 2018. Close monitoring will need to occur as demand on resource is as yet unknown

WebPas –Following implementation, the impact on reporting has been significant for MHAS. This is particularly apparent for community teams where reporting is yet to be available. As such, our ability to accurately monitor demand into these services is limited. Reporting for inpatient wards (Ward 21 and Star 21) has been less impacted. Admission and Discharge data, along with the 28 day readmission rate is unavailable for this dashboard

4. FUTURE SERVICE DIRECTION

4.1 Locality Planning

We are leading a developmental piece of work to establish a planning and design framework for managing and guiding future growth and development within the Mental Health & Addictions sector for MidCentral.

A co-design approach with Consumers, Family, Central PHO, NGOs and MDHB has been undertaken as part of this. The framework is to structure activity at different levels in the service system. To date a draft Locality Plan has been developed for the four areas (Horowhenua, Tararua, Manawatu, and Palmerston North).

4.1.1 Update on projects in the Localities

Feilding - Progress continues on providing an integrated approach to locality based community service provision.

Horowhenua - Oranga Hinengaro has successfully recruited to one role and is about to appoint a second to provide locally coordinated services. The Horowhenua team has been supported to include the commencement of a new local rural registrar training programme commence.

Palmerston North - In 2017 a multi-agency response initiative was proposed to be established with Central Police District and St John's ambulance. This is a national initiative, with MidCentral being one of three national pilot sites, which proposed to create a combined Police, MHAS and St John's response to 111 calls. Calls that are identified as requiring Mental Health input to be responded by a team comprising of a Police Officer, St Johns Responder and Mental Health Clinician. This initiative was proposed to be piloted in Horowhenua, but was changed to Palmerston North due to a higher demand for services out of hours. Unfortunately the funding for this initiative was put on hold when the Government changed in the recent General Election, with no further indication as to whether this proposal will proceed.

Otaki - The first Doctor led clinic for Otaki will commence in early March, providing a doctor led clinic for two days per month. A Registered Nurse will also be sited at the Otaki Women's Collective site approximately four hours per day.

Tararua - Work is underway to relocate the Dannevirke team to new premises. This change in location will support integration with other Mental Health Services (in particular visiting Clinicians) as current space is limited. The service has explored one option in partnership with District Nursing and Primary Care and is currently costing this. An alternative option is also being explored dependant on the outcome of the initial costing assessment.

4.2 Maternal Mental Health Service

Referrals received into the service have seen a recent decrease. This decrease is most likely due to a change in process where referrals are now triaged through our crisis/acute response service, the Acute Care Team. The Acute Care team is the first point of contact and is able to immediately respond to urgent/acute and short term need. This enables the Maternal Mental Health services to focus on ongoing treatment and care. The service is experiencing an increase in complex referrals.

A high percentage of women report distress with social (relationship) issues. The package of care 'average length of stay' is remaining stable.

4.3 Mental Health Inpatient Ward 21 Redevelopment

Significant work is underway to provide input to business case options, involving redesign of the inpatient unit, with a user group comprised of stakeholders and clinical team representation, working on co-design principles. A dedicated meeting with the external consultants was held on the 28 February 2018 with a further meeting planned for early March. The user group is providing clear direction about design elements that will meet consumer, family/whanau and cultural needs. A completed business case is due back to the Board prior to the end of the 2018 financial year.

5. SERVICE CHANGES

5.1 Development of the Integrative Primary Care Model

The integrative Primary Care Model (Te Ara Rau) is now operational within Horowhenua Community Practice and Kauri Integrated Family Health Centre. It is further expected that Taraura Health Group and Feilding Integrated Family Health Centre will be operational from July 2018.

5.2 Older Adult Mental Health Service (OAMH)

The OAMH Stakeholder group continues to drive the establishment of an integrated model of care involving the key players that include general practice teams, NGOs, residential aged care, Needs Assessment and Service Coordination (NASC) and MCH Elder Care and Older Adult Mental Health specialist services.

Community caseloads and ward occupancy remain relatively high, though the interim team leadership model is working well.

5.3 Intensive Rehabilitation Treatment Service (IRTS)

The Mental Health Executive team has been developing a new model of care. This proposed new model is centred on shifting the services currently delivered by the IRTS team into the following areas:

1. direct care being provided through Non-Government Organisations (NGO)
2. service Users continuing to require secondary service support will receive this from Palmerston North Community Mental Health Service (PNCMHT).

If adopted, the proposed service model would allow for an integrated approach to service delivery across the care continuum; providing a basis of care aligned with the DHB integrated service model, strategic imperatives and DHB 10 year outcomes. This service is working through a consultation process with affected staff, stakeholder NGOs and others.

5.4 Enabling Service awareness and access through Technology

MDHB have now completed the online directory with the national provider contracted by the Ministry of Health (Homecare Medical).

MDHB were the first DHB in New Zealand to have completed this government initiative, with all contracted mental health and addictions service providers' information online. This project took four months to complete and MidCentral DHB was acknowledged recently in a national media release.

6. PARTNERING WITH OTHERS

6.1 Stakeholder Engagement

Stakeholder Forums are planned for May and November 2018. It is hoped to be in line with the MDHB Locality planning meetings. This provides an opportunity to inform whānau on MidCentral Mental Health and Addictions updates and listen to concerns and suggestions for our service.

The key themes from the stakeholders in 2017 were:

- after hours support
- increased support for whānau
- respite in Levin & Dannevirke
- social sector inclusion
- workforce development especially cultural workforce
- cultural responsiveness.

6.2 Co-Design

MHAS is very active in co-design including consumers, family/ whānau at all levels.

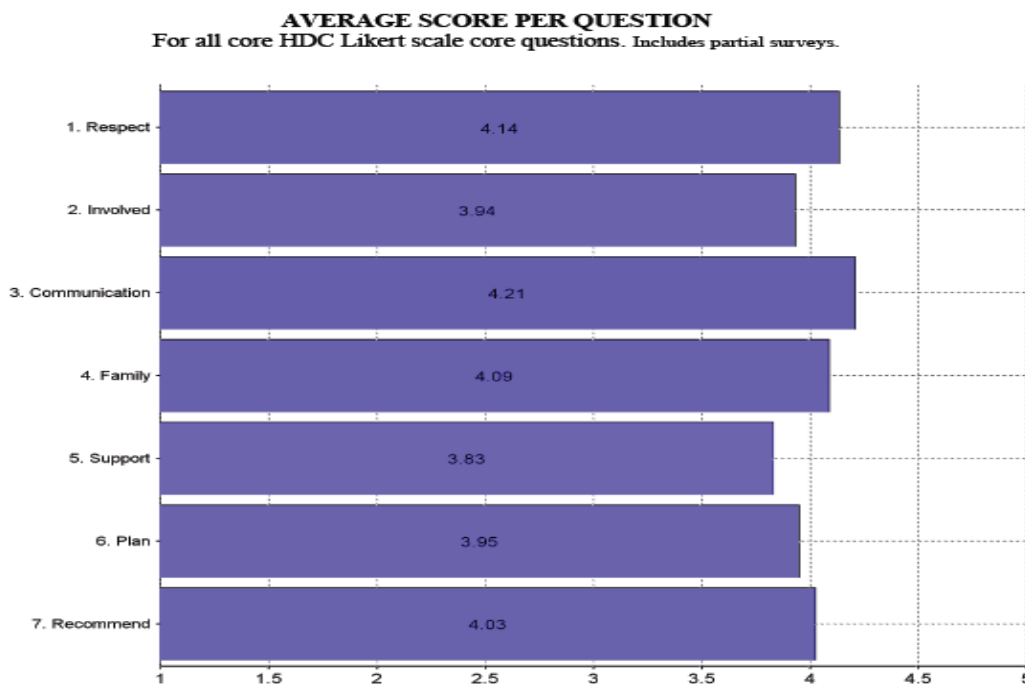
Recent pieces of work include:

- redevelopment of the Multi-Disciplinary Team meeting form to improve communication with service users
- final stage implementation and review of initial data from Marama Real-time feedback
- consumer advisor's attendance at the Health Quality and Safety Commission Quality Improvement Facilitators course
- SafeWards implementation, including representation at steering group, working group and workforce development level
- SACAT implementation
- consumer input into the redesign / rebuild option Ward 21
- Suicide Prevention & Postvention Group.

6.3 Marama Real-time feedback

Over 16 weeks, the service has now collected 174 surveys. This includes:

- 119 service user responses and 46 family whānau
- 61 percent were female and 38 percent male
- 38 percent of the feedback was provided by Maori responders and 59 percent other, with 3 percent Pacifica
- the age range collected was from 12-75 years plus
- our overall score currently sits at 4.02, continuing to improve and draw closer to the national average of 4.35 out of 5.



6.4 Alcohol and Drug/Community Corrections Service Response for Offenders with AOD issues

The purpose of this group is to govern and guide the work of the inter agency AOD/Community Probation Service Service's-Toitu te Ora. Toitu te Ora is a combined group of four NGO providers, that includes Rangitane O Tamaki Nui A Rua, Raukawa Whanau Ora, Mana o te Tangata Trust, MASH Trust and the Department of Corrections Community Correction Services. The objectives of the single point of entry service between health and justice are:

- reduced stigma and heightened awareness of the needs of offenders/clients with AOD problems by offering choice of services
- streamlined access point by Community Probation Services to AOD services for offenders/clients with AOD problems
- increased service coverage across the district, particularly the rural areas
- integrated care for those experiencing co-existing problems of addiction and mental health problems
- established monitoring and regular review processes of client progress, treatment and service provision for AOD services
- strengthened collaboration for cross agency approach between health and justice sectors
- liaison and consultation services to other providers of health services and other agencies such as housing.

Quarterly update

October 2017 saw an overall increase in referral rates. It was noted however there was a decrease in referrals for Horowhenua (Raukawa Whanau Ora). Referrals by gender remained reasonably steady for the month.

In November 2017 there was an increase in Māori offenders for both Raukawa Whanau Ora and MASH Trust. A higher percentage of male offender referrals were processed through this month.

Total clients referred this quarter using the single point of entry service was 96 referrals compared to the previous quarter of 160.

This data is reported to the Ministry of Health, who are interested in the Key Performance Indicators work the local Health/Justice group is developing.

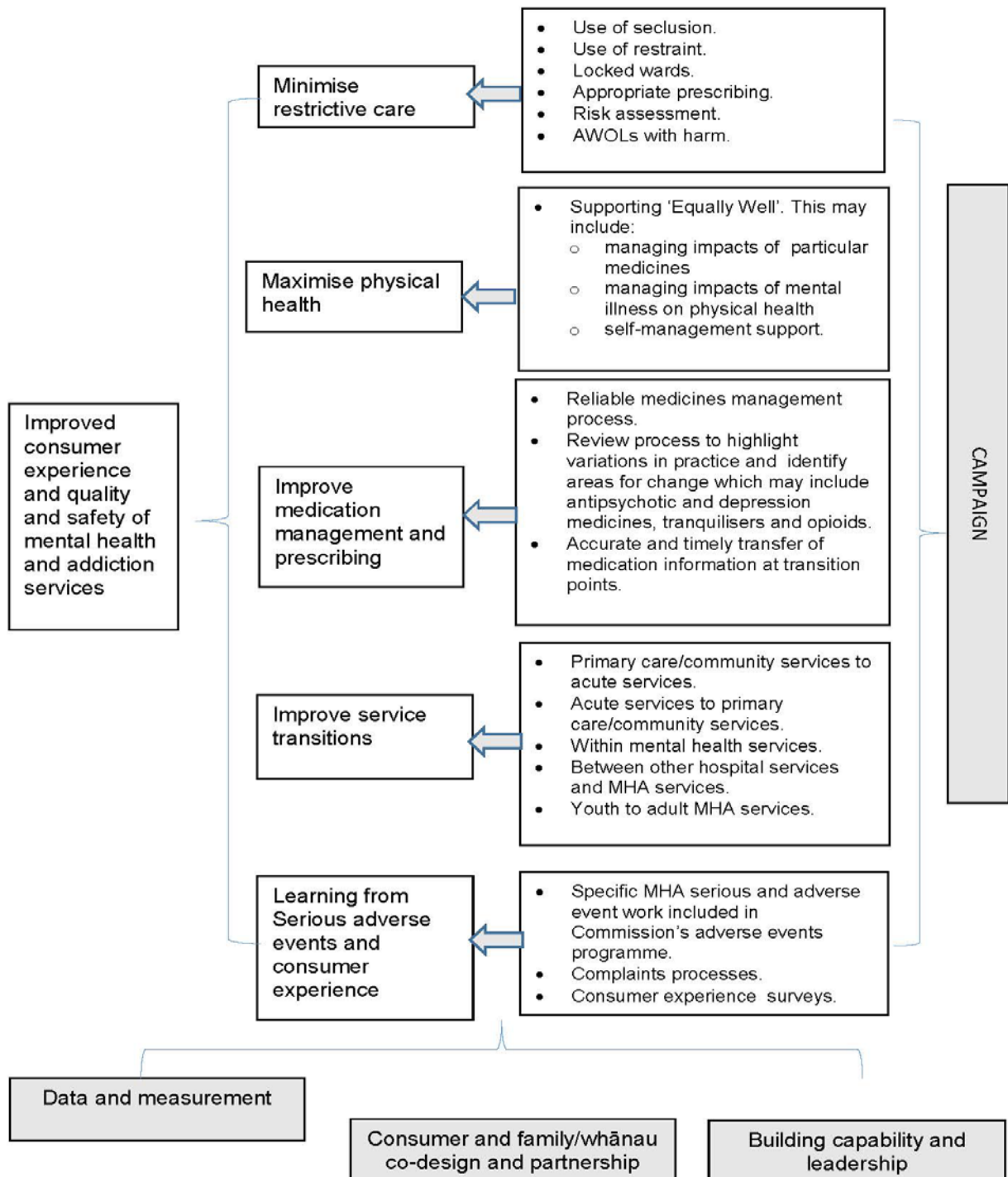
6.5 Health and Quality Safety Commission (HQSC)

A five-to-ten-year national MHA improvement programme is being rolled out with a review point at three years. The programme will focus on a small number of nationally agreed priorities and use the collaborative methodology similar to the Scottish Patient Safety Programme (Scottish PSP) and the Institute for Healthcare Improvement (IHI). The programme focus is to improve the quality and safety of mental health and addiction services.

Assistance and leadership for the programme will also be sought from services and agencies that have implemented and/or supported successful improvement initiatives – including DHBs, NGOs, PHOs and MHA workforce centres. The programme will be established with a view to future sustainability through building change into everyday practice. All DHBs are expected to participate in the programme and CEOs have also approved their support for the programme.

We are participating in this work at several levels and MDHB have agreed to fund this as per our PBFF share for this year.

The diagram below is informed by the first HQSC national workshop hosted at MidCentral at the end of last year and includes some initial thoughts about what the programmes for the priority action areas may include. These are subject to further detailed scoping once a MHA improvement programme has been finalised.



6.6 Presentation of the NGO Primary Collective Impact Framework at the National HQSC Conference

On March 8/9 2018 the Health Quality & Safety Commission is hosting Let's talk: our communities, our health conference.

The forum focuses on the following areas:

- how can we all improve the quality and safety of our health system?
- what does it really mean to co-design health services?
- how are service users, consumers, families and whānau actively involved in decision-making about health services and does it make a difference?
- communication and health: how are we doing in New Zealand?

The MDHB and NGO sector are presenting the Collective Impact Framework at this Conference and the locally designed outcomes, which all NGOs will feed data into. Further update will be made, as this is further developed.

6.7 Health and Disability Commission- Mental Health Commissioner

On the 28 February 2018, the Mental Health Commissioner released the New Zealand's Mental Health and Addiction services: *the monitoring and advocacy report of the Mental Health Commissioner* – which is an independent assessment of the state of mental health and addiction services in New Zealand.

This report makes a number of recommendations to the Minister of Health and calls for an action plan to respond to New Zealanders' mental health and addiction needs. The proposed action plan suggests;

- broaden the focus of service delivery from mental illness and addiction to mental wellbeing and recovery
- increase access to health and other support services
- improve the quality of mental health and addiction services
- ensure timely information is available about changing levels of need, current services and support, and evidence about best practice
- implement a workforce strategy that enables the sector to deliver better, more accessible services
- achieve changes through collaborative leadership, supported by robust structures and accountabilities to ensure successful, transparent results.

The report, is prepared as part of the Commissioner's independent monitoring and advocacy role, and is being released as the Government begins an inquiry into mental health and addiction services. Further updates will be provided.


7. RECOMMENDATION

It is recommended that:

*that the update on Mental Health and Addiction Services across the district be **noted**.*

Christopher Nolan
Service Director

Claudine Nepia-Tule
Portfolio Manager

		For: <table border="1"> <tr> <td></td> <td>Decision</td> </tr> <tr> <td>x</td> <td>Endorsement</td> </tr> <tr> <td>x</td> <td>Noting</td> </tr> </table>		Decision	x	Endorsement	x	Noting
	Decision							
x	Endorsement							
x	Noting							
To	Healthy Communities Advisory Committee Quality and Excellence Advisory Committee							
Author	Vivienne Ayres, Manager, DHB Planning and Accountability							
Endorsed by	Craig Johnston General Manager – Strategy, Planning and Performance							
Date	13 March 2018							
Subject	2017/18 Annual Plan Implementation and Non-Financial Performance - Quarter Two							
RECOMMENDATION It is recommended that the Committees: <ul style="list-style-type: none"> • note this report and endorse the progress being made in advancing delivery of MidCentral DHB's Annual Plan for the 2017/18 year. 								

Strategic Alignment

This report addresses the previous Government's planning priorities and DHB accountabilities for the current year. It is consistent with good stewardship and governance practices.

Glossary

Please see Appendix 1.

COPY TO:

Strategy, Planning & Performance
 MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North 4440
 Phone +64 (6) 350 8928
 Fax +64 (6) 355 8926

1. PURPOSE

This report provides the Committees with a combined summary of MidCentral DHB's progress and performance in Quarter 2 against its commitments and accountabilities to Government. It is for members' information – no decision is required.

2. BACKGROUND

In 2017/18 there are twenty-four planning priorities of the now previous Government that DHBs are tasked with addressing. This includes health targets and Better Public Services targets. Each DHB must provide in its Annual Plan key response actions against each of these planning priorities and targets. Aligned to these actions are a range of measures that DHBs report to the Ministry of Health as part of the Non-Financial Monitoring Framework and the annual planning process. The Ministry in turn, reports a subset of the Non-Financial Monitoring Framework for each DHB to the Minister of Health each quarter. It should be noted that while the new Government has moved away from the previous Government's Better Public Services targets, to date there has been no notification that reporting against these requirements should desist and therefore continue each quarter. The new Minister of Health approved the DHB's Annual Plan for the 2017/18 year (prepared with the previous Government's planning priorities) in December 2017.

The attached report brings together reporting to the Ministry of Health and an update on progress on activities in the Annual Plan. It provides a consolidated view of progress and performance across all DHB accountabilities to the Ministry of Health, and includes the Ministry's assessment of MidCentral's performance for that quarter. It also includes commentary on actions to improve performance where required.

This report provides Committee members with an outward looking perspective of DHB activity, covering Quarter 2 of the 2017/18 year.

3. SUMMARY OF PROGRESS

The attached report documents MidCentral's progress and performance against our external accountabilities. Furthermore, the full Non-Financial Monitoring Framework and Performance Measures report to the Ministry is available to members on the governance SharedNet site.

It should be noted that for quarters two and four, there are the six-monthly reports of some performance measures as well as reports of progress against Annual Plan activities that are not reported as part of a non-financial performance measure or deliverable. These are under the umbrella policy priority area referred to as "Delivery of response actions and milestones agreed in the annual plan for each Government planning priority" (ref PP38).

3.1 Planning priorities

Fully achieved or on track this quarter:

- Healthy mums and babies
- Supporting vulnerable children

- Childhood obesity plan
- Raising healthy kids
- Youth mental health project
- Reducing unintended teenage pregnancy
- Living well with diabetes
- Faster cancer treatment
- Disability support services
- Mental Health – Rising to the Challenge
- Healthy ageing
- Improving quality
- Local and regional enablers – information technology and workforce
- Supporting delivery of the New Zealand Health Strategy

Partially achieved this quarter:

- Keeping kids healthy
- Increased immunisation
- Child health
- Pharmacy action plan
- Better help for smokers to quit
- Bowel screening
- Primary care integration
- Shorter stays in Emergency Departments
- Improved access to elective surgery
- Delivery of Regional Service Plan

Details of progress against the milestone dates and measures for each of these planning priorities are included in the attached report.

3.2 Non-Financial Performance Monitoring Framework

Of the 57 Health Targets, performance measures, or other deliverables (including seven CFA variation reports) reported this quarter, 36 (63 percent) received an 'achieved' rating, 20 (36 percent) were 'partially achieved' and one was rated as 'not achieved'.

3.2.1 Health Targets

Of the seven Health Targets (includes the help to quit smoking for pregnant women), three were rated as achieved and three targets remain a challenge:

- Shorter Stays in Emergency Department (SSIED)
- Immunisation coverage rate for eligible eight year old infants, particularly Māori
- Better help for smokers to quit smoking - Primary

National data collections for the elective surgery health target showed a result that was below target (rated as partially achieved). This was because of data not being submitted in December due the upgrade and transition to WebPAS and its impact on data mapping, extracting and reporting. Local data shows that the target for the period was achieved.

Performance improvement actions are in place for those areas where there are shortfalls against the expected goals or targets.

3.2.2 Policy Priorities, NZ Health Strategy and Developmental Measures

Of the 30 Policy Priorities, New Zealand Health Strategy and Developmental Measures, 19 were rated as achieving the expected deliverable(s) and 10 were partially achieved. One was rated as not achieved. This was:

- the proportion of people admitted to hospital and identified as current smokers that were offered brief advice to quit smoking

3.2.3 System Integration

Of the seven System Integration measures this quarter, three were achieved. These were:

- ensuring delivery of service coverage
- elective services standardised intervention rates, and
- delivery of whānau ora

The remainder were rated as partially achieved (Ambulatory Sensitive Hospitalisations 45 – 64 year old age group, Regional Service Plan, Cervical Screening and Breast Screening).

3.2.4 Ownership and Outputs

Of the six Ownership and Outputs measures, four were achieved and two were rated as Partially Achieved.

3.2.5 Crown Funding Agreement Variation Reports

Expectations for the seven Crown Funding Agreement (CFA) Variation reports submitted for quarter two were met and all received an achieved rating.

4. CONCLUSION

Overall, MidCentral DHB is performing satisfactorily across the wide range of targets and measures that encompass the organisation's commitments to Government and Ministry of Health. Similar to quarter one, on most items, the Ministry rated MidCentral's performance for quarter two as Achieved. Nearly all of the remainder were Partially Achieved. One performance expectation continued to be not achieved - Better Help for Smokers to Quit - Hospital.

The attached report provides more detail on the various activities and measures organised according to the planning priorities.

5. RECOMMENDATION

It is recommended:

that the Committees note this report and endorse the progress being made in advancing delivery of MidCentral DHB's Annual Plan for the 2017/18 year.

Vivienne Ayres
Manager, DHB Planning and Accountability

Appendix 1

Glossary

"A"	Achieved
ABC-D	Ask, Brief advice, Cessation support, Document
ALOS	Average Length of Stay
AOD	Alcohol and Other Drugs
ASH	Ambulatory Sensitive Hospitalisations
B4SC	Before School [health] Check
BMI	Body Mass Index
CAFS	Child, Adolescent and Family (Mental Health) Service
CCP	Collaborative Clinical Pathway
Central PHO	Central Primary Health Organisation
Central TAS	Central Technical Advisory Service Limited
CFA	Crown Funding Agreement
CPAC	Clinical Priority Access Criteria
CT	Computerised Tomography Scan
CTO	Community Treatment Order
CVD	Cardiovascular Disease
CVDRA(s)	Cardiovascular Disease Risk Assessment(s)
CWD	Case Weighted Discharge
DHB(s)	District Health Board(s)
ECP	Emergency Contraceptive Pill
ED	Emergency Department
EMRAM	Electronic Medical Record Adoption Model
ERAS	Enhanced Recovery After Surgery
ESPI(s)	Elective Services Patient Flow Indicator(s)
FCT	Faster Cancer Treatment
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GPT(s)	General Practice Team(s)
HbA1c	Haemoglobin A1c
HPV	Human Papillomavirus
IFHC(s)	Integrated Family Health Centre(s)
LARC	Long Acting Reversible Contraception
MDHB	MidCentral District Health Board
MHA	Mental Health and Addictions
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
"N"	Not achieved
N/A	Not applicable
NBSP	National Bowel Screening Programme
NGO	Non Government Organisation
NHI	National Health Index
NIR	National Immunisation Register
NRT	Nicotine Replacement Therapy
ODP	Organisation Development Plan
"PA"	Partially Achieved
PHO	Primary Health Organisation
PMS	Patient Management System
POAC	Primary Options for Acute Care
PP	Policy Priority dimension
RADA	Reporting And Data Access
RSP	Regional Service Plan

SBHS	School Based Health Service
SI	System Integration dimension
SLM(s)	System Level Measure(s)
SSIED	Shorter Stays in Emergency Departments
TOAM	Te Ohu Auahi Mutunga
VHT	Vision Hearing Technician
WCTO	Well Child Tamariki Ora
WebPAS	Web based Patient Administration System
YOSS	Youth One Stop Shop

Planning Priority: Healthy Mums and Babies		
Objective: Increase early registration and continued engagement of pregnant women with a Lead Maternity Carer		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 1)		MOH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
Work with Pae Ora Team to design and promote a campaign focused on 'Nurturing the next Generation'	P	The Maternity Service continues to work alongside Pae Ora, Mokopuna Ora, and Well Child Providers to formulate and facilitate ideas and practices around the engagement of hapu māmā and their whānau. The Māori concept of whānau has been drawn on utilising a collective approach towards supporting the wellbeing of future generations (from conception). The process of weaving a wahakura (woven flax Moses basket) embodies a Maori worldview around practices associated with pregnancy, childbirth and parenting and creates an opportunity through the weaving process to promote and support healthy and connected mothers and babies. This includes: childbirth education, earlier enrolment with an LMC, maternity care, parenting support, breastfeeding, smoking cessation, safe sleeping, drug, alcohol and violence free homes, maternal mental health, nutrition and exercise, oral health and healthy homes - healthy whanau.
Support the further development and reach of the Pasifika Maternity Service in line with the Pasifika Health Strategy 2016-2025	P	Contractor engaged in partnership with CPHO to progress this work.
Implement and promote utilisation of the 'Early Booking in Pregnancy – First Trimester' collaborative clinical pathway, by 31 March 2018	P	Collaborative Clinical Pathway completed and signed off. The CCP will be socialised to the sector early in 2018.

Planning Priority: Supporting Vulnerable Children		
Objective: Contribute to the collective action to reduce the incidence of assaults on children		
Measures/Milestones: Supporting Vulnerable Children (PP27) Child protection policy in place and part of contracted provider arrangements Number of instances where requirements for safety checking newly employed or engaged core and non-core children's workers not met. Number of existing staff found working in core children's workers roles who have been suspended under s28 of the Act		MoH Assessment
		A
Activity	Results	Quarter 2 Progress
		Status Comment
By 31 December 2017, secure funding and establish contract for Children's Team Lead Practitioners and Health Broker	Zero instances of not meeting the requirements for safety checking prior to commencement of work by newly employed children's workers.	C Completed. Positions in place. Revised policy published on MidCentral's website.
Subject to the outcome of the evaluation of the pilot conducted in 2016/17, contribute to the whānau-to-whānau ora 'family free of violence' initiative in Horowhenua	Zero s28 suspensions of existing staff.	P The evaluation is being conducted by the Police Evaluation Unit – the evaluation report is not yet complete. The whanau to whanau ora programme is continuing. WOSIDG is participating in a facilitated workshop in March 2018 that will consider findings from the stocktake on family violence that was commissioned by the PN-based Regional Interagency Network as well as the experiences from the Horowhenua project that will inform a district-wide response.

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

Planning Priority: Keeping Kids Healthy		
Objective: Reduce hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years (respiratory conditions, skin infections and eczema)		
Measures/Milestones	Delivery of response actions agreed in Annual Plan (PP38, section 1) Incremental increase in number of families with children who have respiratory conditions supported by Healthy Homes Project by 30 June 2018 Evaluation completed by 31 August 2017 Improvement plan implemented from 01 October 2017	MOH Assessment
		PA
Activity	Quarter 2 Progress	
	Status	Comment
Extend interagency membership of Child Health Tamariki Ora District Group to include representatives from New Zealand Police, Housing New Zealand, and Ministry of Social Development, with participation by partner agencies from 01 September 2017	C	Completed. All roles have been filled and representatives from New Zealand Police, Housing New Zealand, and the Ministry of Social Development have commenced attending the Child Health Tamariki Ora District Group meetings.
Increase uptake of Healthy Homes Project support to insulate homes of eligible families in collaboration with Central PHO and EnergySmart through targeted awareness campaign with general practice teams (GPTs)	P	EnergySmart is working with Central PHO to increase uptake by eligible families. Communication has gone to all GPTs and radio advertising has commenced. Screening tool – Child Health templates in place in all general practices - with specific question relating to “warm dry home”. Appropriate communication and support given as required. Data not yet available but expected for Q3. Regular Healthy Homes Project communication to families of children referred to Child Health team continues.
Identify improvement opportunities arising from the evaluation of the family-based approach to improve the management of skin infections in school children	B	Evaluation completed; benefits to students and their whānau evident together with reduced hospitalisations for serious skin infections. Behind scheduled date for implementation of improvement; delay due to staff leave. Now expected by end of March 2018 (and aligned to new academic year). No significant issues resulting from delay.

Planning Priority: Childhood Obesity Plan		
Objective: Progress local initiatives from the Childhood Obesity Plan		
Measures/Milestones: Delivery of response actions agreed in annual plan (PP38, section 2)		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
By 31 December 2017, maintain support for and promotion of the Active Families programme through the appointment of a local ambassador, with a focus on supporting Maori and Pacific young people and their whānau to participate	P	Active Families and Active Teens programmes continue to be promoted through sector wide networks. A local ambassador has been appointed to promote healthy lifestyles in the community and a communication plan will be developed to promote healthy living and key messages regarding the services that are available in the community.
By 30 June 2018, establish mechanisms with providers to develop outcome criteria over contact time including feedback to Boost Team	P	Qualitative outcomes for families referred to the Boost Team are discussed at the start of each Boost meeting as part of the regular agenda. Quantitative outcome measures are also being collected by the referred services. This includes fitness measures
By 31 December, develop and agree process outcome measures following referral to the Boost Team	P	Discussions are underway regarding the next phases of the research with Massey University and the ethical approval that will be required as some families in the MidCentral district will be asked to engage.
By 30 June 2018, establish baseline data	P	Baseline data continues to be collected for children identified as obese. Families referred to Active Families and dietitian services have data and information collected regarding fitness and dietary patterns. The research to be implemented by the Massey University student will help to measure the effectiveness of the approach.

Legend – MoH Assessment:

A = Achieved/On track

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Legend – Project Status:

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Planning Priority: Increased Immunisation			
Objectives: 1) Maintain immunisation coverage rates across priority age groups, per Immunisation Schedule 2) Increase Human Papillomavirus (HPV) immunisation rates			
Measures/Milestones: (i) ≥95% 8 month old infants fully immunised (HT) (ii) ≥95% 2 year olds and 5 year olds fully immunised (PP21) (iii) ≥75% of DHB population aged 65+ immunised against seasonal influenza (PP21) (iv) ≥75% of all 12 year old girls will have completed all doses of their HPV vaccine by 30 June 2018 (2004 birth cohort) (PP21)			MoH Assessment (i) PA (ii) PA (iii) NR (iv) NR
Activity	Results	Quarter 2 Progress	
		Status	Comment
By 30 June 2018, implement annual Immunisation work programme as defined and agreed by the Immunisation Stakeholder Group, including the seasonal influenza campaign for older people		P	An improved result for the total eligible population group relative to last quarter, with a notable increase in the coverage rates for eligible Māori and Pacific infants. Target coverage rate was attained for NZ European and Asian population groups. The district's decline rate at 4.5% [n.25] this quarter (slightly higher than the national rate, which was 4.0%), continues to impact on our ability to achieve target immunisation coverage on time. Actions to address these factors: We continue to provide a coordinated approach across General Practice Teams and the Outreach Immunisation Service to access these infants and have them immunised on time. Some are in fact immunised but outside of their milestone dates. Additionally, we are working hard to ensure that those infants that are recorded as declined accurately reflects the position of the parents / caregivers following rigorous discussion and informed consent process
			Fully immunised by 24 months of age: A small improvement on the coverage rate reported for this quarter for the total population group, sitting just below target at 94%; sustained result for Māori with fluctuations in rates for those groups with fewer numbers of eligible children. The decline rate for this cohort at 4.3% (n.25) is consistent with the earlier milestone ages but slightly less than the national rate (4.7%) for this period. Fully immunised by 5 years of age: Sustained result at 94% of eligible children with on time immunisations for the total cohort over this quarter; reduction in rate for Maori and NZ European children, although the target was retained for the latter group. Decline rates at this age group were higher at 5.0% (n.32) – slightly above average for the 12 months, but the same as the national rate of declines. This seems to relate to this particular quarter at end of year for families. The improvement actions continue to focus on improving the timeliness of vaccinations and reducing the decline rates by ensuring families have the appropriate informed consent conversations, together with the processes the Immunisation team have in place for tracking and following up individual children and their family.
	60% (n.18,800) of 31, 340 total eligible older population and 48.0% (n.983) of 2,050 eligible older Maori population immunised against seasonal influenza as at end September 2017.	N/a	As reported in quarter one - annual result reported as at end September 2017. Not reported this quarter. Work has commenced for the 2018 influenza campaign.

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

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By 30 September 2017, review and update the communication strategy to deliver the HPV campaign to target community groups (education sector and families/whānau)	Measured at end of June 2018. (Result at June 2017 for 2003 birth cohort was 72% [66% national total])	P	As reported in quarter one. On track for Human Papillomavirus Vaccine campaign; planning for HPV and Tdap school based programme continues with 2018 timetable completed.
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Planning Priority: Child Health			
Objectives: 1) Reduce barriers to accessing timely care for young people and their families who are served by Oranga Tamariki 2) Support national work to improve health outcomes for children, young people and their families served by Oranga Tamariki			
Measures/Milestones: Delivery of response actions agreed in annual plan (PP38, section 2)			MoH Assessment
			N/A
Activity	Quarter 2 Progress		
	Status	Comment	
By 30 June 2018, re-establish rapid access to on-site vision and hearing testing by Public Health Service staff for targeted priority populations at Te Aue Rere Youth Justice facility	P	The VHT workload over the past quarter has focused on the delivery of the school and B4school programme. Staff availability was tight due to staffing levels and unplanned sick leave. The re-establishment of the onsite vision hearing screening at the Youth Justice Facility was not commenced. Planning has progressed with the Vision Hearing Team developing a proposed process to take to Te Aue Rere Youth Facility staff early in 2018 for discussion.	
By 30 June 2018, establish professional development plan for nursing staff to ensure that young people receive the most appropriate screening prior to referral	P	Professional development opportunity explored with Audiology and will occur early in 2018.	

Planning Priority: Reducing Unintended Teenage Pregnancy			
Objective: Reduce the number of unintended teenage pregnancies			
Measures/Milestones: Delivery of response actions agreed in annual plan (PP38, section 1)			MoH Assessment
			A
Activity	Quarter 2 Progress		
	Status	Comment	
By 31 March 2018, establish a clinical advisory group to strengthen oversight and performance of the sexual and reproductive health services' contract with Central PHO, with a focus on workforce capability within General Practice Teams and enabling equitable access to long-acting reversible contraception (LARCs)	P	In progress; awaiting review paper to go to ELT in February then the Clinical Governance Group will commence. Discussions are taking place around group configuration.	
Continue to support the provision of funded emergency contraceptive pill (ECP) available via accredited community pharmacists	P	Contract continues; no issues	
Sustain youth friendly access to contraception services and sexual health advice and information by school based health services/public health nurses including ECP endorsement and/or use of standing orders	P	Sustained; contraception and STI screening continues to be delivered by both Public Health Nursing and YOSS school-based service providers.	

Legend – MoH Assessment:

A = Achieved/On track

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N = Not Achieved

NR = Not reported this quarter

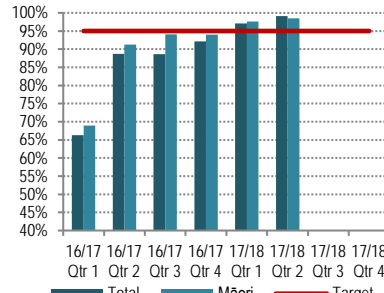
N/a = Not applicable

Legend – Project Status:

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B = Behind schedule / some associated risks

C = Completed

Planning Priority: Raising Healthy Kids																											
Objective: Increase the number of obese children (and their family) being offered and accepting a referral for appropriate intervention																											
Measures/Milestones: By December 2017, ≥95% of obese children identified in the B4SC programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions (HT) Reduction in decline rates for referrals over time Delivery of Whanau Ora (SI5)		MoH Assessment A																									
Activity	Results	Quarter 2 Progress																									
		Status	Comment																								
Obtain ethics approval to undertake research with Massey University to identify barriers which inhibit or prevent families acceptance of obesity diagnosis to support a reduction in referral decline rates with a particular focus on Māori and Pacific children: Ethics approval granted by 31 December 2017 and research commenced by 31 March 2018	 <p>Percentage of children identified as obese in the B4SC programme offered a referral</p>	P	Sustained target achievement (100% of 38 Māori children, 98.5% of 68 non Māori children). Work is progressing regarding the next phases of the research. The ethics approval has been lodged at Massey University but the outcome has not yet been released. Ethical approval is required as some families in the MidCentral district will be asked to engage in the research. Massey University is working with the B4SC team to ensure the ethical requirements are achieved.																								
Improve the effectiveness of the delivery of healthy conversations through targeted professional development sessions for Well Child Provider staff, Public Health Nurses and General Practice Teams	<p>Declined referrals: Six month period to 30 November 2017</p> <table><tr><th>Ethnicity</th><th>Number</th><th>Rate</th></tr><tr><td>Maori</td><td>11</td><td>28.9%</td></tr><tr><td>Other</td><td>20</td><td>29.4%</td></tr><tr><td>Total</td><td>31</td><td>29.2%</td></tr></table> <p>Last period: Six month period to 31 August 2017:</p> <table><tr><th>Ethnicity</th><th>Number</th><th>Rate</th></tr><tr><td>Maori</td><td>14</td><td>33.3%</td></tr><tr><td>Other</td><td>19</td><td>30.6%</td></tr><tr><td>Total</td><td>33</td><td>31.7%</td></tr></table>	Ethnicity	Number	Rate	Maori	11	28.9%	Other	20	29.4%	Total	31	29.2%	Ethnicity	Number	Rate	Maori	14	33.3%	Other	19	30.6%	Total	33	31.7%	P	Small reduction in the number of referrals relative to previous period. The MidCentral DHB Childhood Obesity Advisory Group will meet at the end of January to discuss progress around the health target and broader initiatives to improve the effectiveness of delivering of healthy conversations among health care professionals. One Integrated Family Health Care Centre is leading work on this initiative and the Advisory Group will continue to work with the practice.
Ethnicity	Number	Rate																									
Maori	11	28.9%																									
Other	20	29.4%																									
Total	31	29.2%																									
Ethnicity	Number	Rate																									
Maori	14	33.3%																									
Other	19	30.6%																									
Total	33	31.7%																									
Agreed schedule by 30 September 2017 Schedule of sessions completed by 31 March 2018		P	Schedule in place: Yes. Number of sessions completed this period: Two forums to date. The next critical conversation session is planned for the end of February. The advisory group will gauge the need early in 2018 for ongoing sessions.																								
By 31 March 2018, introduction of a 'traffic light' resource to assist Well Child Provider staff, public health nurses and General Practice Teams during healthy conversations with children and their family/whānau		P	Feedback from the sector has been positive and resource has been helpful during discussions with families regarding their child's weight and BMI percentile. A childhood obesity pack is being developed for distribution to GP Teams and will include the traffic light resource and the Be Smarter resource. This will be distributed to GP teams and other health care professionals before April 2018.																								

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Planning Priority: Prime Minister's Youth Mental Health Project		
Objectives: 1) Sustain delivery of School Based Health Services (SBHS) 2) Strengthen equitable access to primary mental health services for young people 3) Improve delivery of service options for transgender clients		
Measures/Milestones: Prime Minister's Youth Mental Health Project (PP25) quarterly narrative progress report Six monthly quantitative School Based Health Service data per template Milestones achieved per plan		MoH Assessment A
Activity	Quarter 2 Progress	
	Status	Comment
Work with schools, alternate education facilities and teen parent units to implement continuous quality improvement framework for youth health care in schools with SBHS	P	Students are encouraged to complete student survey post clinic visits. This quarter, as a result of the survey analysis, clinic hours are being revisited with a view to opening longer and in school holidays for 2018.
Build on development of the Response Framework in 2016/17, by implementing integrated access and support/treatment pathways for youth by 30 September 2017	B	Framework rollout timeline revised with project group due to delay in completion of framework design, computer graphics and presentation with group – roll out envisaged to be completed February 2018
By 31 October 2017, establish and agree on work programme for delivery options for transgender clients with YOSS and Transgender steering group	B	Progressing but behind scheduled date and now stalled. The overall structure and flow of the collaborative pathway has been agreed; feedback and input from the wider stakeholder group is being sought before finalisation. There are however local repercussions arising from the withdrawal of the international Map of Medicine® tool in terms of completing and implementing the pathway; further development is on hold until decisions are made regarding alternatives and consequential resourcing. In the meantime, engagement with the group continues.

Planning Priority: Pharmacy Action Plan		
Objective: Increase the number of patients who may benefit from access to community clinical pharmacists in health care delivery team		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 2)		MoH Assessment PA
Activity	Quarter 2 Progress	
	Status	Comment
Subject to national process and funding during the 2017/18 year, support local implementation of national contracting arrangements once agreed to support the vision of 'Integrated Pharmacist Services in the Community' by 30 June 2018	P	DHBs (collectively) are progressing work on developing a new integrated pharmacist services contract in alignment with the Pharmacy Action Plan. Discussions with the sector, supported by the Ministry of Health, continue.

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Planning Priority: Better Help for Smokers to Quit												
Objective: Increase quit attempts through the provision of brief advice, offer of nicotine replacement therapy initiation, and referrals to smoking cessation services												
Measures/Milestones: Health promotion schedule agreed by 30 September 2017 ≥90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months (HT) ≥90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking (HT)			MoH Assessment									
			(i) PA									
			(ii) A									
Activity	Results	Quarter 2 Progress										
		Status	Comment									
Implement a schedule of ABC-D health promotion initiatives between Public Health, Community Pharmacy and Central PHO, including use of dashboard tool in IFHCs/GPTs	<table><caption>Quarter 2 Progress Data (Q2 17/18)</caption><thead><tr><th>Measure</th><th>Value</th><th>Target</th></tr></thead><tbody><tr><td>Primary</td><td>88.1%</td><td>90%</td></tr><tr><td>Maternity</td><td>90.3%</td><td>90%</td></tr></tbody></table>	Measure	Value	Target	Primary	88.1%	90%	Maternity	90.3%	90%	B	(1) Primary: 88.1%. Target not achieved in Q2. Strategies to improve outcome include more one-on-one clinician engagement and continued outreach activities as reported in following table. (2) Maternity: 90.3% (n. 28) of 31 pregnant women were given brief advice and/or support to stop smoking. Target achieved this quarter.
Measure	Value	Target										
Primary	88.1%	90%										
Maternity	90.3%	90%										
	<p>Percentage of hospital patients who smoke offered brief advice and support to quit smoking</p> <table><caption>Quarter 2 Progress Data (Q2 17/18)</caption><thead><tr><th>Measure</th><th>Value</th><th>Target</th></tr></thead><tbody><tr><td>Hospital</td><td>90.0%</td><td>90%</td></tr><tr><td>Maori</td><td>91.8%</td><td>90%</td></tr></tbody></table>	Measure	Value	Target	Hospital	90.0%	90%	Maori	91.8%	90%	B	Hospital: 90.0% (Maori, 91.8%). 64 percent of eligible discharge records coded only. The DHB upgraded to a new patient administration system in early December. Coding of discharged records focused on clearing all discharges for October and November from the old patient administration system therefore. In addition, data and report queries from the new system require rewriting and reconciling before being reported for the month of December. A combination of staff changes, number of ED presentations / admissions and diminished information has led to this current result. In addition we have recently noted a change in the assessment documentation in ED that may have led to this under achievement. A meeting was held with service leaders and the clinical coders to ascertain improvements. The result is a better understanding of documentation requirements aligned to the coding process. Some additional education and promotion is underway in the Emergency Department. Services receive their specific results with extra service by service follow up where results are below target. The lag between discharge and result is hampering progress in the provision of timely performance monitoring. A trainee coder has been recruited and an experienced coder commenced full time in December
Measure	Value	Target										
Hospital	90.0%	90%										
Maori	91.8%	90%										

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Activity	Quarter 2 Progress	
	Status	Comment
Establish smoking brief advice and cessation support data collaboration between Te Ohu Auahi Mutunga (TOAM), Central PHO and the MidCentral Pharmacy Group by 31 December 2017	P	Community Pharmacy Quit Smoking Project in partnership with Central PHO, MidCentral DHB and TOAM restarted in late 2017 following the successful trial in 2016/17. This project increases access to stop smoking support for patients who may not otherwise access health services through their general practice team. Pharmacies provide SBA and a weeks' free supply of NRT to people who want to participate in the stop smoking programme. Referrals sent to TOAM for ongoing smoking cessation support. Information is sent on the GPT. Data updated in PMS.
By 30 June 2018, implement and maintain supported standardised (PMS relevant) approaches to ABC-D including data collection, extract and reporting	P	<p>Central PHO Clinical Champion and Central PHO/TOAM Liaison Lead work in support of standardised approach to training, data collection and reporting, activity including:</p> <ul style="list-style-type: none"> Clinically relevant education and support given to clinicians to enhance uptake of target work. On-line ABC-D training encouraged and supported. Dashboard utilised in <i>MedTech</i> based PMS practices. Lifestyles tab in <i>Best Practice</i> PMS systems. Referrals are directed to TOAM via Dashboard or PMS outbox document. Weekly and Quarterly data extracts maintained – giving up to date data for practice teams including missing patient lists and count function towards achieving target. Weekly data reports with progress updates given to all practices and data available on Provider Portal.
By 30 June 2018, Matanga (Quit coaches) deliver community outreach ABC messaging programmes to target priority populations (e.g. Māori and Pacific) at workplaces to improve uptake of referrals to smoking cessation services	P	<p>TOAM has employed, alongside other Matanga, three Matanga with specific focus for Pasifika, rural populations and pregnant women. Smoking Cessation support and education delivered to large organisations – targeted at those with high Māori and Pasifika populations:</p> <ul style="list-style-type: none"> Ovation Meat Works (alongside Occupational Health Nurse) Fonterra <p>Tararua Health Group has commenced an outreach health service focused on shearing gangs within the district. TOAM Matanga attends to provide SBA and cessation support.</p> <p>Horowhenua: Pasifika Matanga (and practice teams) engaging with local market garden managers, where high numbers of Pasifika are employed, to provide SBA and cessation support to garden workers. This work will commence in the next quarter.</p>
Support targeted activity by general practice teams (GPTs) as a result of utilising ethnicity data and information available on the provider portal	P	<p>Provider Portal provides up-to-date weekly SBA data to practices including missing patient lists to better enable a targeted approach.</p> <p>Active participation of local event – <i>Hauora Unleashed</i> where visitors to the event were asked about smoking status and given support to quit where relevant. Referrals and information sent on to TOAM and general practice teams. As above:</p> <ul style="list-style-type: none"> Horowhenua market gardens targeted activity Tararua shearing gang targeted activity

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Planning Priority: Living Well with Diabetes			
Objectives: 1) Improve delivery of equitable services for people at high risk of or living with diabetes and reduce variation in practice 2) Continue to implement the actions in Living Well with Diabetes in line with the Quality Standards for Diabetes Care 3) Improve delivery of equitable services for people at high risk of or living with diabetes and reduce variation in practice			
Measures/Milestones: Increase number of patients that are subject to collaborative triage Number of collaborative consultations undertaken Improved management for long term conditions, Focus area 2 (PP20) Three TOA (Māori men's health) programmes delivered Percentage of people (all ethnicities) enrolled in the PHO aged 15-74 years diagnosed with diabetes with the most recent HbA1c during the past 12 months: 75% with ≤64 mmol/mol, ≥90% with ≤80 mmol/mol and ≥97% with ≤100 mmol/mol (PP20 – Focus area 2)			MoH Assessment A
Activity	Results	Quarter 2 Progress	
		Status	Comment
Expand multidisciplinary collaborative triaging and consultations to support patients who have complex treatment and care needs, reported quarterly to Diabetes Leadership Group	Number of people (aged 15 – 74 yrs) enrolled with diagnosis of diabetes: Total: 6,209 Māori: 1,346 HbA1c Total Māori ≤64mmol/mol 60.6% 51.0% ≤80 17.9% 17.8% ≤100 8.3% 11.7% >100 2.8% 5.3%	P	The Diabetes Leadership Group (DLG) receives regular updates. Multidisciplinary collaborative triaging is ongoing and well established. A survey of attendees has been completed and suggested improvements implemented. Multidisciplinary collaborative consultations are ongoing. Further resource is required within Diabetes Specialist Services for expansion of this initiative.
Implement approved recommendations from the Diabetes Configuration Project in collaboration with the Diabetes Leadership Group, providing progress report to Diabetes Leadership Group each quarter against milestones of implementation plan		P	A Project Lead has been recruited to implement the approved recommendations from the Diabetes Configuration Project. Clinical workforce recruitment is progressing; an additional 1.5 CNS FTE has been recruited and discussion regarding the need for additional SMO FTE is occurring.
By 30 June 2018, support the delivery of the TOA programme (Māori men's health) across the district	One TOA programme was delivered this quarter (one programme is scheduled to be delivered each quarter)	P	Central PHO and Te Tihi have a formal partnership and well established working relationship. Central PHO Physical Activity Educators will be working with the TOA programme from early 2018. From April 2018 HbA1c will be included in the clinical measures pre-and post-programme delivery.
Plan and implement a rapid access diabetes clinic for people with diabetes complications requiring prompt access to specialist advice Planning complete by 31 December 2017. Implementation complete by 30 June 2018		B	Configuration Project Recommendation 2: Planning, aside from a high-level configuration project implementation plan, has not yet commenced due to service resourcing issues. However, General Practice Teams (GPTs) have telephone access to Diabetes specialist services and can arrange urgent consultations when required.

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Implement an ongoing skills and development programme focusing on management and review in general practices whose patients show poor glycaemic control and who have a higher volume of Māori and Pacific people	Targeted GPT staff complete specified programme/continuing professional development (CPD)/continuing medical education (CME) by 30 April 2018	P	A diabetes forum, planned for February, will provide type-2 diabetes management education for General Practice Teams. An ongoing skills and development programme is being piloted in one IFHC facilitated by the Diabetes Community CNS. This pilot programme upskills practice nurses in insulin initiation, diabetes management, patient education, and referral pathways. All practice's diabetes data has been reviewed and practices whose patients show poor glycaemic control and/or who have a higher volume of Māori and Pacific people will be targeted in the next phase of the diabetes skills and development programme.
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Planning Priority: Primary Care Integration			
Objectives: <ol style="list-style-type: none"> 1) Improve integration with the broader health and disability sector 2) Build capability and capacity to strengthen responsiveness of the primary health care system with support from specialist services 3) Improve system to address acute and urgent care needs of patients (including acute exacerbations of long term conditions) 			
Measures/Milestones: <ol style="list-style-type: none"> (i) Delivery of actions to improve system integration including SLMs (PP22) Pilot evaluation completed by 30 June 2018 (ii) SLM Improvement Plan milestones achieved. Total acute bed days per capita (SLM7) Ambulatory sensitive hospitalisations – 0-4 year olds (refer S11) Patient experience of care (SLM8) Amenable mortality rate (SLM9) 			MoH Assessment <div>(i) A</div> <div>(ii) PA</div>
Activity	Quarter 2 Progress		
	Status	Comment	
Implement agreed integrated nursing model within primary care – subject to approved business case by 31 December 2017	P	Case for change endorsed by Project Board and ELT in December. Commitment to scale to priority areas of Horowhenua and in the suburb of Highbury, Palmerston North.	
Focus resources to the priority health areas of Kainga Whānau Ora pilot programme with the '100 identified cohort of households' in Palmerston North	P	<p>Data from Kāinga Whānau Ora has been matched with Central PHO enrolment data, to support Kaiwhakaaraara engaging in conversations with whānau that are not currently enrolled. On-going data matching between Central PHO and Kāinga Whānau Ora as the programme goes to scale will continue to ensure Māori whānau engaged in the programme are enrolled with Central PHO.</p> <p>Central PHO Dieticians, Community Clinical Nurses, Matanga Whai Ora and Physical Activity Educators attended He Tangata Ahunui, educating whānau on preparedness for work- stress relief, whānau fun exercise, mindfulness, coping strategies with competing priorities, healthy, quick meals to prepare at home, weight management and health management and vaccination and screening for health maintenance.</p> <p>The Central PHO working group are exploring possibilities for debt reduction within GP services for whānau.</p>	
Extend coverage of the Primary Options for Acute Care in conjunction with the Urgent Community Care programme in the Horowhenua district by 30 June 2018	P	Initial stakeholder engagement commenced with a stakeholder road show planned for January. Stakeholders to include: GP Teams/ IFHC's, district nursing service, St. John and UCC, Star 4, community pharmacy. Alignment with the PHC Nursing integration scaling is imperative.	
Provide feedback to IFHCs/GPTs on implementation and utilisation of collaborative clinical pathways aligned to POAC programme for targeted health conditions by 30 June 2018	P	All POAC sites are engaged in facilitated case review this quarter. Specific feedback provided on CCP usage and adherence.	
Align capability and capacity requirements to execute (acute and urgent care) strategy across the district by 30 June 2018	P	Initial meeting of Acute Demand Management District Group (ADMDG) as below completed a stocktake of acute demand management programmes across the system. Focus next quarter is to identify and synchronise the system opportunities to provide seamless acute care across the range of programmes in place such as POAC and Medimorph.	

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Establish an integrated acute and urgent care governance group by 31 July 2017	C	Acute demand management district group (ADMDG) established and inaugural meeting held this quarter.
Develop acute and urgent care strategy across the district by 30 September 2017	B	Draft strategy complete and for endorsement 3 rd quarter. Work programme to be developed from this.
Develop agreed processes to provide urgent /acute care response to Aged Residential Care facilities across the district by 30 November 2017	B	Not complete. Aspect of after-hours delivery and POAC provision to be further explored.
Establish processes in IFHCs/GPTs to support early discharge and early follow up (transfer of care) of patients admitted to hospital with complex health care needs by 30 September 2017	P	Pilot process established in 2 IFHCs to support structured transfer of care of heart failure patients back to the primary care team. Primary Health Care representation to contribute to the Medimorph project to further identify opportunities to support effective transfer of care.
Utilise common data sets to target resources focused on improving outcomes for patients with respiratory, heart disease and diabetes by 31 October 2017	B	A group of clinicians and leaders attended a health roundtable event in Auckland looking at cross system data for specified conditions. Work has been commenced on priority areas with an initial hui in December.

Activity	Results	Status	Comment
Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)	<p>Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual per 1,000 population</p> <p>Acute bed days - MidCentral DHB of Service and National Standardised and Actual per 1,000 population</p>	B	<p>Actual acute bed days per capita rate (DHB of domicile, all ages) to September 2017 was 473.0 per 1,000 population compared to national rate of 412.0 – an increase compared to 12 month period ending September 2016. The standardised acute bed day utilisation rate was 414.4 per 1,000 population compared to 391.5 national average.</p> <p>As a DHB of Service, the actual acute bed days showed an increase from 448.0 to September 2016 to 454.8 per 1,000 population over the 12 months ending September 2017.</p> <p>Acute bed day utilisation by MidCentral domiciled people increased over the year for the 85+ year old populations in particular, followed by the 55- 59 year old then 0–4 year old and 30–34 year old age groups.</p> <p>The DRG clusters where there was a variance in acute bed days per 1,000 population of 5 or more days higher than the national rates were:</p> <ul style="list-style-type: none"> • Respiratory Infections/Inflammations • Stroke and Other Cerebrovascular Disorders • Other Hip and Femur Procedures • Neonate, Admit Weight >2499g, without significant operating room procedure • Other Disorders of the Nervous System

Legend – MoH Assessment:

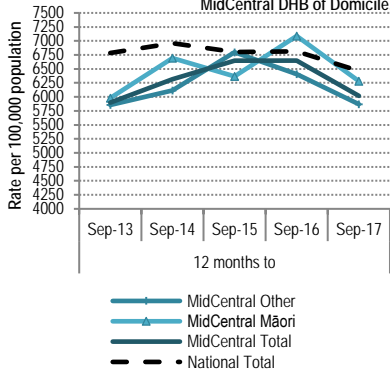
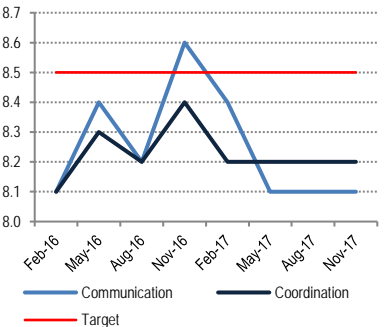
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<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Non standardised Ambulatory Sensitive Hospitalisation Rate per 100,000 Population (All Conditions), Aged 0 - 4 years. MidCentral DHB of Domicile.</p> 	<p>P The non-standardised rate per 100,000 population for 0-4 year olds has reduced over this last 12 month period to below the average rate recorded for the last five years, at 6,017 per 100,000 population; the highest rate being in the previous 12 month period ending September 2016 at 6,648 per 100,000 population. There were 70 fewer ASH events admitted over the 12 months ending September 2017 relative to the previous 12 month period.</p> <p>The number and rate of ambulatory sensitive hospitalisations reduced for both Māori and non-Māori children. For Māori children, of the top 10 ASH conditions, dental conditions remain the predominant reason for admission (although the number of admissions has reduced compared to the last two years, and has returned to a similar number to that for period ending September 2013). A targeted oral health improvement programme for Māori continues to be implemented, noting that the number of preschool and primary school children enrolled in the Community Oral Health Services has increased significantly. Efforts to address overdue recalls for examinations also continue.</p>
<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Average scores out of 10: Adult Inpatient Experience Survey - Communication and Coordination Dimensions</p> 	<p>P There were 156 respondents in total to the November adult inpatient experience survey – the response rate has decreased yet remains higher, at 37%, than the national rate of 24% for the quarter. Final (weighted) mean scores derived from the survey for the dimensions selected for improvement (communication and coordination), are maintained for November; a mean score of 8.1 for the communication dimension and 8.2 for the coordination dimension against a target score of 8.5.</p> <p>Seven General Practice Teams (GPTs) invited patients to participate in the primary care patient experience survey this quarter with the survey week held in early November 2017. Results of the survey are not yet available at time of writing this report.</p>
<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Amenable mortality rate (annual data update expected in 2018).</p>	<p>B Contributory measures: Breast and cervical screening remain below targets for Maori, Pacific, Asian and under-screened women Projects in place to address (refer SI10 and SI11 performance results). Other contributory measures – management of long term conditions – remains work in progress (also refer PP20). Small increase in rate of enrolled population recorded as accepting smoking cessation service.</p>

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Planning Priority: Shorter Stays in Emergency Departments			
Objective: Increase the number of people who have shorter lengths of stay in the Emergency Department and hospital inpatient wards			
Measures/Milestones: (i) ≥95% of patients will be admitted, transferred or discharged from the Emergency Department (ED) within six hours (HT) (ii) Standardised acute inpatient ALOS ≤2.45 days Facility improvements completed by 31 March 2018		MoH Assessment	
		(i) PA	
		(ii) PA	
Activity	Results	Quarter 2 Progress	
		Status	Comment
Develop hospital-wide escalation plans as part of the district's acute and urgent care strategy development work by 31 December 2017	<p>Percentage of patients admitted, transferred or discharged from the ED within 6 hours</p> <p>Legend: Total (blue line), Māori (teal line), Target (red line)</p>	P	<p>While neither of the targets were achieved, there were sufficient improvement actions noted this quarter to move assessment rating to “partially achieved.” Of the 10,781 attendances at the ED 9,458 (88%) had shorter stays in ED over the quarter ending December – an improvement relative to previous quarter, but remains well below target.</p> <p>The shorter stays in ED rate for Māori attending the ED increased slightly this quarter; 1,776 (89%) of 1,990 Māori but the rate decreased for Pacific people (although small numbers); 350 (86%) of 406 Pacific people over this quarter.</p> <p>A hospital-wide variance response plan is in place which includes escalation responses. An extension of this to a district-wide response as part of the acute and urgent care strategy is under development. The ‘Medimorph’ project will extend further to ED workstreams. The MoH target champion is expected to visit in mid February.</p>
Complete delivery of a hospital-wide campaign for the utilisation of escalation plans and variance response protocols to manage surges in ED and hospital capacity by 31 March 2018	<p>Standardised acute average length of stay (DHB of Service)</p> <p>Legend: Acute ALOS (blue line), Acute Target (red line)</p>	B	<p>Standardised acute ALOS for 12 months ending September 2017: 2.74 against a year end target of 2.55 (data lagged by three months) – a significant increase in acute average length of stay over this period.</p> <p>Work continues with the Francis Health Group to develop and implement the ‘Medimorph’ model. Progress within the four workstreams is supported by a number of initiatives such as patient distribution to enable daily rounding, a dedicated SMO based in MAPU to ensure early assessment, and the introduction of Rapid Access clinics which will see patients referred directly by their GP to an SMO for a specialist assessment.</p>
Commencing 1 April 2018, implement the hospital-wide escalation plans per variance response protocols as required, with relevant reporting of results to clinical and operational executives		P	Not yet due. ED escalation protocols and variance response routinely monitored and reported.
Commence establishment of the digital Hospital Operations Centre by 31 October 2017 (*subject to commissioning timeframes for the Clinical Portal and webPAS) with phase one completed by 30 June 2018		P	WebPas and Clinical Portal were implemented December 2017. The digital Hospital Operations Centre is on track to be launched six months after WebPas (June 2018).
By 30 September 2017, establish implementation programme arising from outcome(s) of decisions on recommendations of the Service Development Plan for Emergency Department (May 2017)		P	Behind schedule but progressing. An action plan has been developed, with key staff identified and a governance group formed to oversee the work required and progress the action plan.

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Implement Emergency Department facility improvements subject to approved business case (triage and waiting room) and in the context of the overall Service Development Plan for ED	P	Facility improvements with the renovation of the ED waiting area, triage and sub-acute area commenced in November 2017, with a planned completion date within 7 months. Due to unforeseen circumstances additional preparation work has delayed progress. However, small clinical working parties are in place to introduce new ways of working for each of the areas as they become available. It is anticipated that patient assessment and initial diagnostic testing will be improved with the changes.
Monitor performance against priority ED Quality Framework measures with oversight by the ED Quality Team on a monthly basis	B	Monitoring of the Quality measures continues. The department continues to experience difficulties maintaining the improvements previously seen due to the continued increase in high presentation numbers.

Note: Additional information / data request from the Ministry of Health pertaining to ED presentations, capacity and utilisation of acute inpatient services submitted this quarter.

Planning Priority: Improved Access to Elective Surgery																														
Objectives: 1) Reduce elective surgery bed day utilisation through planned preparation and earlier mobilisation of patients post-surgery 2) Achieve annual target volume of elective surgery discharges 3) Improve management of referral and treatment pathways for elective surgery																														
Measures/Milestones: (i) Standardised Elective ALOS ≤1.55 days by end June 2018 (OS3) (ii) Standardised intervention rates per 10,000 population: (SI4) : major joints (21) cataracts (27) angiography (34.7) revascularization (12.5) cardiac surgery (6.5) (iii) Achieve planned increase of elective and arranged surgical discharges (annual total of 8,103) (HT) (iv) Deliver additional 48 elective discharges for orthopaedic (including major joints) and general surgeries, and up to 6 bariatric surgeries (v) MoH implementation timeframes for national CPAC tools achieved on time (vi) Compliance with all ESPIs within thresholds at end of each quarter (vii) <5% below planned volume of CWD delivered at end of each quarter (Electives initiative) (viii) <20% below planned volume of FSAs delivered at end of each quarter (Ambulatory initiative)			MoH Assessment (i) PA (ii) A (iii) PA (iv) PA (v) N/a (vi) N (vii) N/a (viii) N/a																											
Activity	Results	Quarter 2 Progress																												
		Status	Comment																											
Continue to roll out the Enhanced Recovery After Surgery principles to additional surgical sub-specialties Commence 01 October 2017	Standardised elective average length of stay (DHB of Service) <table><caption>Standardised elective average length of stay (ALOS) Data</caption><thead><tr><th>Quarter</th><th>Elective ALOS</th><th>Elective Target</th></tr></thead><tbody><tr><td>16/17 Q1</td><td>1.70</td><td>1.55</td></tr><tr><td>16/17 Q2</td><td>1.68</td><td>1.55</td></tr><tr><td>16/17 Q3</td><td>1.65</td><td>1.55</td></tr><tr><td>16/17 Q4</td><td>1.60</td><td>1.55</td></tr><tr><td>17/18 Q1</td><td>1.62</td><td>1.55</td></tr><tr><td>17/18 Q2</td><td>1.65</td><td>1.55</td></tr><tr><td>17/18 Q3</td><td>1.63</td><td>1.55</td></tr><tr><td>17/18 Q4</td><td>1.64</td><td>1.55</td></tr></tbody></table>	Quarter	Elective ALOS	Elective Target	16/17 Q1	1.70	1.55	16/17 Q2	1.68	1.55	16/17 Q3	1.65	1.55	16/17 Q4	1.60	1.55	17/18 Q1	1.62	1.55	17/18 Q2	1.65	1.55	17/18 Q3	1.63	1.55	17/18 Q4	1.64	1.55	B	Standardised elective ALOS for the 12 months ending 30 September 2017: 1.64, an increase over the July – September quarter. The Perioperative Improvement Programme “Optimise” continues to make steady progress. On the 30 th October, the three prioritised work streams, Redesigning the Theatre Schedule, Standardised List Construction and Consistent Teams, all embarked on pilot projects. Behind schedule in roll out of ERAS to other sub-specialties; Urology anticipated to commence in latter half of 2017/18.
Quarter	Elective ALOS	Elective Target																												
16/17 Q1	1.70	1.55																												
16/17 Q2	1.68	1.55																												
16/17 Q3	1.65	1.55																												
16/17 Q4	1.60	1.55																												
17/18 Q1	1.62	1.55																												
17/18 Q2	1.65	1.55																												
17/18 Q3	1.63	1.55																												
17/18 Q4	1.64	1.55																												

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Implement approved options to maximise theatre capacity, including alternative to manage day case procedures/surgery by 30 June 2018	<p>Standardised intervention rates per 10,000 population</p> <p>12mths to Jun16 12mths to Sep16 12mths to Dec16 12mths to Mar17 12mths to Jun17 12mths to Sep17 12mths to Dec17</p> <p>— Cardiac surgery — Angiography — Angioplasty</p>	<p>P Standardised intervention rates all achieved for the 12 month period ending 30 September 2017.</p> <p>Cardiac surgery: 5.83 per 10,000 – a reduction relative to 12 months ending September 2016 with 6 fewer actual discharges over this period, but the rate is not significantly different from national target rate (6.5).</p> <p>Angiography: 37.8 per 10,000 – a slight reduction relative to a year ago with 19 fewer actual discharges, but remains significantly above national target rate (34.7).</p> <p>Angioplasty: 11.36 per 10,000 – a small increase over the 12 months with more actual discharges; the rate is now not significantly different from national target rate (12.5).</p> <p>Pilot projects across the three work streams have commenced as part of the Perioperative Improvement Programme ('Optimise').</p>																					
Deliver increased health target discharge volumes, bariatric surgery and year 3 of the additional orthopaedic and general surgery initiative by 30 June 2018	<p>Increased volume of elective surgery. Annual target: 8103</p> <p>Qtr 1 Qtr 2 Qtr 3 Qtr 4</p> <p>■ 2017/18 Actual — Cumulative Target</p>	<p>P While the Ministry of Health data has recorded the year to date (YTD ending December 2017) result as 97.8% (n. 3,992) of target (4,082), there is data missing for the month of December.</p> <p>This has resulted following the implementation of WebPAS in early December, preventing MDHB from submitting data to the national collections until data integrity and reconciliation processes are complete.</p> <p>Locally held data however, shows the YTD result as exceeding target for the number of discharges for the quarter with 4,275 elective and arranged surgical discharges completed for MidCentral residents against a planned volume of 4,082 discharges; a positive variance of 193 or 105% delivery against target for the quarter.</p> <p>Additional orthopaedics – major joints and other – behind scheduled plan, but additional general surgery slightly ahead of target discharges year to date.</p>																					
Implement mechanisms to better match demand and capacity to deliver contracted volume of expected specialist assessments and treatment by 30 June 2018	<table border="1"> <thead> <tr> <th>ESPI</th> <th>As at end December '17</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>23</td> <td>100%</td> </tr> <tr> <td>2</td> <td>50</td> <td>0.9%</td> </tr> <tr> <td>3</td> <td>0</td> <td>0.0%</td> </tr> <tr> <td>5</td> <td>209</td> <td>12.1%</td> </tr> <tr> <td>6</td> <td>96</td> <td>30.8%</td> </tr> <tr> <td>8</td> <td>162</td> <td>100%</td> </tr> </tbody> </table> <p>Report date: 5 February 2018</p>	ESPI	As at end December '17		1	23	100%	2	50	0.9%	3	0	0.0%	5	209	12.1%	6	96	30.8%	8	162	100%	<p>B Work has commenced on development of a Capacity/Demand production plan for all surgical specialties. This work has been well received, but progress has been hindered with the organisational rollout of WebPAS. Note the results reported contain an incomplete data set because of not submitting data to national collections from December due to the changeover to webPAS (notwithstanding four months of non compliance for both ESPI 2 and 5 remains true).</p> <p>The Perioperative Improvement programme ('Optimise') is expected to have a positive impact on improving the results for these indicators, and mitigate the risk of financial penalties being applied.</p>
ESPI	As at end December '17																						
1	23	100%																					
2	50	0.9%																					
3	0	0.0%																					
5	209	12.1%																					
6	96	30.8%																					
8	162	100%																					

Activity	Quarter 2 Progress	
	Status	Comment
Implement the national electronic Clinical Priority Access Criteria tools for each specialty in accordance with timeframes outlined by the MoH	P	On track. MidCentral Health has fully implemented the National Priority Access Criteria tools for Gynaecology, Orthopaedic, Ear Nose and Throat, cataracts and is in the process of trialling the General Surgery tool. The trial will include the test coding of approximately 50 patients across the service. This will then be fully implemented.

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Monitor utilisation of national electronic Clinical Priority Access Criteria tools across clinicians to ensure appropriate and fair access to all patients referred across the district	P	Use of the CPAC tools is monitored on a regular basis both internally and externally by the Ministry of Health. Generally the use of the tool is being used appropriately however it has been identified that there is a higher than average use of clinical override in a couple of services. This information is sent to the Medical Head for their information and action accordingly.
Reduce ratio of follow up to first assessment attendances in identified medical and surgical specialty services by 30 June 2018	B	Behind schedule – no immediate action plan in place although is subject to discussions with clinical teams. The follow-up situation for the surgical specialties is discussed with the Head of Departments on a monthly basis and is an agenda item for discussion with the team at the monthly departmental meetings. There are plans to commence a clinical review with the clinicians about Models of Care and how integration might help with addressing some of our follow-up issues.
Extend the primary care based orthopaedic FSA clinic for major joints (hips and knees) to include referrals for paediatric orthopaedics, shoulder joints and some urology conditions (from June 2018)	B	Staff within the specialty are still working on the clinical assessment tools that are required before we move forward with other primary care based FSA referral clinics. This is progressing slowly due to other clinical demands staff have which take priority.

Activity	Results	Quarter 2 Progress	
		Status	Confirmation/ Exception report / Remedial action
Consolidate referral and prioritisation guidelines, scheduling and patient focused booking rules into single Gastroenterology Service Operational Policy document	Colonoscopy wait times for quarter ending September 2017: Urgent: 88.9% Non urgent: 94.9% Surveillance: 98.5%	P	On track. Colonoscopy waiting times: Exceeding target for non-urgent diagnostic colonoscopies, with 450 (95%) of 474 patients receiving their colonoscopy within 42 days. Also exceeding target for surveillance colonoscopies with a total of 265 (99%) of 269 patients waiting no longer than 12 weeks beyond the planned date. Small number (16 of 18) for urgent colonoscopies influenced reported rate this quarter.
Sustain robust oversight and management of waiting lists by weekly capacity planning endorsed by the Endoscopy Users Group			

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Planning Priority: Faster Cancer Treatment																																							
Objective: Improve access, timeliness and quality of cancer services																																							
Measures/Milestones:			MoH Assessment																																				
(i) ≥90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks (HT)			(i) A																																				
(ii) ≥85% of patients receive their first treatment (or other management) within 31 days from date of decision to treat (PP30)			(ii) A																																				
(iii) All HSC radiation patients treated within four weeks of referral by 30 June 2018																																							
(iv) Proportion of referrals from primary care for all cancers generated from Map of Medicine to specialist services increases over time																																							
(v) Monitor and measure referral rate to tumour stream nurses and social work teams on a quarterly basis																																							
Activity	Results	Quarter 2 Progress																																					
		Status	Comment																																				
Implement cancer nurse coordination for urological cancer and head and neck cancer by 31 December 2017 Maintain regular review systems and oversight of data integrity, including identification and recording of patients referred with a high suspicion of cancer	<p>Percentage of patients receiving their first cancer treatment within 62 days of being referred</p> <table><caption>Percentage of patients receiving their first cancer treatment within 62 days of being referred</caption><thead><tr><th>Quarter</th><th>Within 62 days (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>16/17 Q1</td><td>88</td><td>93.2</td></tr><tr><td>16/17 Q2</td><td>78</td><td>93.2</td></tr><tr><td>16/17 Q3</td><td>90</td><td>93.2</td></tr><tr><td>16/17 Q4</td><td>96</td><td>93.2</td></tr><tr><td>17/18 Q1</td><td>94</td><td>93.2</td></tr></tbody></table> <p>Percentage of patients receiving their first cancer treatment (or other management) within 31 days of decision-to-treat</p> <table><caption>Percentage of patients receiving their first cancer treatment within 31 days of decision-to-treat</caption><thead><tr><th>Quarter</th><th>Within 31 days (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>16/17 Q1</td><td>86</td><td>85</td></tr><tr><td>16/17 Q2</td><td>88</td><td>85</td></tr><tr><td>16/17 Q3</td><td>86</td><td>85</td></tr><tr><td>16/17 Q4</td><td>92</td><td>85</td></tr><tr><td>17/18 Q1</td><td>88</td><td>85</td></tr></tbody></table>	Quarter	Within 62 days (%)	Target (%)	16/17 Q1	88	93.2	16/17 Q2	78	93.2	16/17 Q3	90	93.2	16/17 Q4	96	93.2	17/18 Q1	94	93.2	Quarter	Within 31 days (%)	Target (%)	16/17 Q1	86	85	16/17 Q2	88	85	16/17 Q3	86	85	16/17 Q4	92	85	17/18 Q1	88	85	P	The upgrade of the patient administration system with implementation of WebPAS in early December has necessitated all previous data processing, links and report queries to be rewritten; data submission and reporting for December is therefore delayed. Over this six month period, 96.4% (n.80) of 83 patients received their first treatment within 62 days (national average of 93.2%). Under the new business rules, MidCentral has now achieved the FCT target on a rolling six month and a monthly basis. For the period MDHB excluded 5 patients out of a total of 83 for clinical or patient's choice reasons, in line with the new data definitions. Heat and Neck nurse coordination role in place. The Urology Service Improvement Plan is being implemented which will see the recruitment of a nurse coordinator for urological cancer in the coming months.
	Quarter	Within 62 days (%)	Target (%)																																				
16/17 Q1	88	93.2																																					
16/17 Q2	78	93.2																																					
16/17 Q3	90	93.2																																					
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16/17 Q3	86	85																																					
16/17 Q4	92	85																																					
17/18 Q1	88	85																																					
	P	Six months to end December 2017 (with incomplete data for the month of December): 87.1% (n.283) of 325 patients received their treatment within 31 days of decision-to-treat – continuing to achieve target. On track.																																					
Activity	Quarter 2 Progress																																						
	Status	Comment																																					
Align new patient appointments with radiotherapy CT appointments centralised to Palmerston North by 31 March 2018	P	First specialist assessments (FSAs) are now centralised to Palmerston North, where patients are suitable, achieving regional equity in access to a FSA and reducing overall wait time from referral to treatment commencing.																																					
Promote uptake and utilisation of priority cancer pathways to improve the timeliness of referral to specialist services by 30 June 2018	P	Priority cancer pathways have been developed and published for all tumour groups. Good engagement is occurring with primary care including education evenings and specialist nurses visiting General Practice Teams.																																					

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Work in partnership with Pae Ora Directorate to identify barriers preventing Māori and Pacific peoples benefiting from more coordinated care by 31 December 2017	P	Equity indicators, where available, are now included in reporting to the Faster Cancer Treatment Governance Group. Bilingual signage and greetings are being implemented across non-surgical cancer treatment services. The FCT governance group has a working partnership with the local Maori Cancer Advisory Group (Te Hononga) and Pae Ora Directorate. All equity priorities have been assigned to the relevant group to lead and these are monitored monthly. Te Hononga's work plan includes hosting a Demystifying Cancer Tour in 2018, with a focus on urology services, looking specifically at a distress tool for Maori patients with urological cancer and establishing a Facebook page for Maori with cancer and their whanau.
Commence implementation of service development activities in two priority areas to address barriers by 31 March 2018	P	The Urology Service Improvement project continues to track to plan. A prospective tracking team is now established and consists of a weekly meeting for all staff coordinating care for cancer patients, including inpatient Charge Nurses. A project will commence in early 2018 to establish a pathway for cancer of unknown primary/acute oncology.

Planning Priority: Mental Health

- Objectives:**
- 1) Improve the quality of mental health services, including reducing the use of seclusion
 - 2) Improve coordination of mental health care with wider social services for priority population groups
 - 3) Improve health outcomes for clients with a long term mental illness
 - 4) Expand spread of specialist mental health services across communities

Measures/Milestones	MoH Assessment
(i) Delivery of response actions agreed in annual plan (PP38, section 2)	(i) A
(ii) 80% of staff receive training in "personal restraint" by 30 June 2018	(ii) N/a
(iii) ≥80% of non-urgent referrals are seen within 3 weeks, and, ≥95% of non-urgent referrals are seen within 8 weeks (all ages and ethnicities) (PP8)	(iii) PA
(iv) ≥4.2% of the total population (all ages) and ≥6% of Māori population (all ages) seen by end June 2018 (PP6)	(iv) A
(v) At least 95% of all clients discharged will have a quality transition or wellness plan	(v) N/a
(vi) Delivery of improvement actions for five focus areas in accordance with plan	(vi) N/a

Activity	Results	Quarter 2 Progress	
		Status	Comment
Implement the national training programme for "personal restraint" across the service	95% of all Ward 21 clinical staff and 75 % of STAR 1 have completed the training along with all MDHB security staff.	C	As reported last quarter, the programme is now established as business as usual training and the 2018 calendar is set. Four types of training are being provided depending on clinical practice setting and/or based on individual need. Staff working within a community setting are scheduled to have training during quarter three and four.

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<p>Develop a consistent referral management system across all community teams – monitor and ensure referrals for Māori are prioritised</p>	<p>Mental Health and Addiction Services Waiting Times for Non Urgent Referrals seen within 3 weeks and 8 weeks, aged 0 – 19 years</p> <table><tr><th>MH Services (DHB provider)</th><th colspan="3">All Ages 12mths to 30 September 2017</th></tr><tr><th></th><th>Maori</th><th>Non Maori</th><th>Total</th></tr><tr><td>80% ≤ 3 weeks</td><td>83.5%</td><td>89.8%</td><td>88.6%</td></tr><tr><td>95% ≤ 8 weeks</td><td>95.3%</td><td>97.2%</td><td>96.8%</td></tr></table>	MH Services (DHB provider)	All Ages 12mths to 30 September 2017				Maori	Non Maori	Total	80% ≤ 3 weeks	83.5%	89.8%	88.6%	95% ≤ 8 weeks	95.3%	97.2%	96.8%	<p>P Mental Health services (0 – 19 years): A new Intake process within CAFS is in place. Eight week waiting time targets for non-urgent referrals of young people being met for both Maori and non-Maori; three week target being met for non-Maori and although improved, was just under target for Maori for the 12 month period ending September 2017. (Targets being met for all age groups and ethnicities however)</p> <p>Currently Maori clients are being largely provided for by mainstream CAFS due to ongoing recruitment in Oranga Hinengaro (Kaupapa Maori Mental Health team) to fill vacancies (we have had over 180 referrals for Maori since July) not all of these referrals were appropriate for ongoing intervention.</p> <p>AOD services (0 – 19 years): predominantly NGO providers – three week waiting time not met for 11 Maori and 10 non Maori clients but 99% of the 100 new client referrals were seen within 8 weeks.</p>
MH Services (DHB provider)		All Ages 12mths to 30 September 2017																
	Maori	Non Maori	Total															
80% ≤ 3 weeks	83.5%	89.8%	88.6%															
95% ≤ 8 weeks	95.3%	97.2%	96.8%															
<p>Review access and waiting time rates for Māori each month and improve acute response for Māori youth and adults referred to specialist mental health services</p>	<p>Establish a new co-designed integrated primary mental health care model, with phased pilot projects implemented at</p> <p>Horowhenua Community Practice by 30 September 2017</p> <p>Feilding IFHC by 31 December 2017</p> <p>Tararua Health Group by 31 March 2017</p>	<p>P Targets for the proportion of the population seen by the service for all age groups over the 12 month period ending September 2017 are on track for achieving target by year end (already achieved/exceeded for total population groups)</p> <p>Horowhenua and Feilding projects: Due to changes within the management structure of Te Ara Rau, proposed deadline of being situated within identified pilot practice was unable to be met by milestone date.</p> <p>Remedial action: Arrangements have been confirmed via General Manager of HCP in terms of expectations and requirements. Meeting has been arranged to introduce Matanga Whai Ora to the team at HCP on 1 February 2018, with expectation that following this the Matanga Whai Ora will then begin delivering services out of HCP initially for 3 days a week (exact date yet to be confirmed). Service Level Agreement to be formalised.</p> <p>Tararua project: Currently within timeframe - Meetings have been arranged to confirm all requirements /expectations of having a Matanga Whai Ora placed within the practice. Once this has been completed a service level agreement will be developed and an additional meeting will be arranged for the introduction of the Matanga Whai Ora to the practice.</p>																

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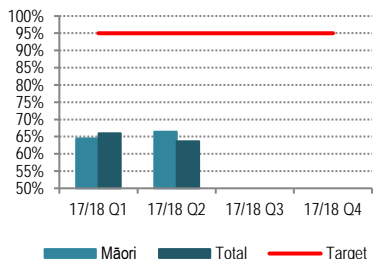
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Improving mental health services using wellness and transition (discharge) planning	<p>Target: At least 95% of all clients discharged will have a quality transition or wellness plan.</p> <p>For 12 months ending September 2017:</p>  <table><thead><tr><th>Quarter</th><th>Māori (%)</th><th>Total (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>17/18 Q1</td><td>65</td><td>65</td><td>95</td></tr><tr><td>17/18 Q2</td><td>65</td><td>65</td><td>95</td></tr><tr><td>17/18 Q3</td><td>65</td><td>65</td><td>95</td></tr><tr><td>17/18 Q4</td><td>65</td><td>65</td><td>95</td></tr></tbody></table>	Quarter	Māori (%)	Total (%)	Target (%)	17/18 Q1	65	65	95	17/18 Q2	65	65	95	17/18 Q3	65	65	95	17/18 Q4	65	65	95	<p>B Transition plans: A small decrease in overall percentage of clients with a transition plan from 66% down to 63.6% this quarter. Work continues on improving this percentage. The interface between Primary Care NGOs and secondary services will also be a focus in 2018.</p> <p>Wellness plans: A small increase in overall percentage of long term clients with a wellness plan (66%); an almost 8% increase for Maori clients has had the largest impact on overall results</p> <p>Quality of plans: 62 plans audited this quarter. Both CAFS and the EIS/IRTS services utilise the MoH template for transition plans and as such, the percentage of plans of an acceptable standard is high. Work is underway to roll out this template to other MHAS sites in early 2018 with a full roll out by mid-2018 and for regular auditing to be added to the monthly clinical audits carried out by community teams.</p> <p>Community Team Clinical Audits currently review the presence of Wellness plans. A working group has been established to agree on an 'acceptable standard' for wellness plans for future auditing and reporting.</p>
Quarter	Māori (%)	Total (%)	Target (%)																			
17/18 Q1	65	65	95																			
17/18 Q2	65	65	95																			
17/18 Q3	65	65	95																			
17/18 Q4	65	65	95																			

Activity	Quarter 2 Progress	
	Status	Comment
Create environmental change to better support alternatives to the use of seclusion - de-escalation space added to inpatient unit by 31 December 2017	P	A proposal has been submitted to refurbish an area in the high needs unit to a multipurpose/de-escalation area. Sensory modulation equipment purchased.
Present options for the redesign or rebuild of the acute mental health inpatient unit for approval to prepare a business case based on preferred option by 30 September 2017	P	Ward options paper submitted to the MidCentral Quality Excellence Advisory Group in November 2017. Board approved options paper and Destravis group have been employed to write the business case which is to be presented in March 2018.
Establish "One Team Network", including mapped service directory and access information by 30 September 2017	C	Unison 'One team' Network is established. An integrated Mental Health and Addictions services mapping directory which lists all funded services is complete and is available on the Mental Health and Addiction Service webpage. The mapping directory aims to provide consistent information to all providers and stakeholders about available services and how to access them. Over 200 copies have been distributed with positive feedback from general practitioners, intersectoral agencies, and other services. The network includes representatives from NZ Police, Corrections, Ministry for Social Development, Work & Income, Central PHO, NGOs, Public Health, Palmerston North City Council, Iwi & Pasifika groups, Ministry for Children
Complete design and implementation of One Team Network website by 31 March 2018	C	Design and implementation completed.
By 30 June 2018, establish systems with the "One Team Network" for the collation of information to monitor and report on access rates to a range of services for priority groups	P	Team continues to develop and build trust. Trialing multi-agency forms with lead agency. In February 2018, data sharing between the New Zealand Police, Corrections and Tertiary agencies will begin.
Establish collaborative approach between child health and mental health service to increase early access to the assessment and treatment of children with learning and behaviour difficulties - Confirm capacity requirements by 31 December 2017	P	A joint referral group between Paediatrics, the Child Development Service and CAFS has been established. This group meets on a weekly basis to discuss referrals that have often been received individually by these groups. 2018 will see one of the local NGOs joining this group to further enhance its effectiveness. A proposal is being developed to create an integrated child hub partnering between Mental Health, Paediatrics, and Child Development. This 'Hub' previously titled 'Turbokidz' will create a 'one stop shop' approach and integrated service to all referrals for children up to 12 years of age.

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By 30 September 2017, promote and monitor utilisation of the Learning and Behaviour Collaborative Clinical Pathway across the local health and education sectors	P	<p>The pathways remain active in the Map of Medicine® for primary care and GP teams to access. All pathways will continue to be reviewed and updated as necessary. The older behaviour related pathways are no longer active pieces of work but rather available as business as usual for referrers to check to when they have children present in their practices.</p> <p>The newest pathway 'Learning Cognition and Communication' will continue to be promoted as the service becomes established over the next 12 months, although this is on hold until decisions regarding the Map of Medicine tool (or alternative pathway tool) are made.</p>
Joint review of the Shared Care Programme conducted by nominated clinical leads (PHO and specialist) with audits completed by 30 September 2017	C	<p>Joint review of Shared Care Programme is complete.</p> <p>'Te Ara Rau' model was launched in August 2017.</p>
By 30 September 2017, establish baseline of clients on Shared Care Programme that are seen by GPT for their physical health care needs within the last 12 months	C	Baseline of shared care programme that are seen by GPT is completed.
Identify and configure integrated rural community care teams Manawatu and Tararua by 31 December 2017 Horowhenua by 30 June 2018	P	<p>Horowhenua community mental health team is fully integrated with the inclusion of CAFs clinicians within the service. Tararua community mental health team is currently working with CAFS towards having a clinician based out of this site. An AOD clinician works out of Tararua four days per week with Early Intervention clinicians brought in to support as required. The ability for Tararua to accommodate more clinicians on site may increase when the community rural team moves to larger premises.</p>
<p>Deliver improvement actions identified for 'Rising to the Challenge: The Mental Health and Addictions Service Development Plan' for:</p> <ul style="list-style-type: none"> i. Primary mental health ii. Suicide Action Plan iii. Crisis response iv. Outcomes for children v. Employment & physical health 	P	<ul style="list-style-type: none"> • Primary mental health on track. While the number of referrals decreased slightly during quarter two due to the Christmas/New Year period, attendance numbers were consistent across the programmes, with an even gender mix. Two new Matanga Whai Ora's have commenced, providing access to Package of Care for the Horowhenua district. • Suicide pre- and postvention implementation on track; a Local Response Team (LRT) has been established in the Tararua district, suicide prevention and postvention training was delivered to tertiary education providers this quarter; and a number of community-led workshops, and gatherings were held to create inclusivity for sexual and gender diverse people, support refugees with mental health issues, and promotion of mental health and wellbeing at the MDHB staff expo and Hauora Unleashed (a community expo) • MidCentral DHB is proposed to become a pilot site for a jointly funded project locating Mental Health Crisis Teams, Police and St John Ambulance Service to provide collaborative first line response to crisis. Analysis of information has identified the High End Mental Health Service (HEMHS) users – work will commence in early 2018 to correlate this data with Police data to identify common HEMHS users and develop strategies to jointly support these users more effectively through better coordinated service provision • A 'Service Toolkit' (both clinical and community for Parents and Children) has been completed and will be launched on 1st March 2018. All Mental Health and Addiction staff will receive training on Supporting Parents, Healthy Children that will be implemented in 2018. • Refer 'shared care programme' above for improvement actions.

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Planning Priority: Disability Support Services		
Objective: Support people with a disability when they interact with hospital-based services		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 2)		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
Staged implementation of the Disability Awareness Online course for all staff by 31 March 2018	P	Not yet due. Waiting for access to the Ko Awatea online system whilst other modules are loaded.
Develop process for and implement the use of the internationally recognised hearing impaired signage for all inpatient areas by 31 December 2017	P	On track. Consultation with all inpatient areas has been completed. Appropriate signage has been agreed and this will be ordered and in place by late December
Implement the use of video interpreting for sign language as an alternative to an on-site interpretation service by 30 June 2018	P	On track. Implemented in ED and Ambulatory Care and awaiting feedback on outcome prior to wider implementation.

Planning Priority: Healthy Ageing		
Objective: <ol style="list-style-type: none"> 1) Develop service and funding models that support a sustainable, culturally appropriate and person-centred approach to the support of older people 2) Deliver on priority actions identified in the Healthy Ageing Strategy 2016 including integrated falls and fracture prevention services (ACC/MoH) 3) Improve older inpatients' experience of care through early supported discharge 		
Measures/Milestones: <p>Implementing the Healthy Ageing Strategy (PP23)</p> <p>Number of people (aged 50 – 64 years and aged 65 years and over, or identified as falls risk) that have been seen by the Fracture Liaison Service or similar fracture prevention service</p> <p>≥95% of older people who have received long term home and community support services in the last three months have had an interRAI Home Care or a Contact assessment and completed care plan</p>		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
By 30 June 2018, align HCSS contracts with new caregiver training and activity, subject to national leadership	P	Underway. RFP for HCSS on GETS November 2017. Pay Equity implementation July 2017. National model of work for HCSS initiated mid-2017, further work and analysis of community models underway by Ministry and DHBs.
Identify options for the delivery of physical activity programmes / medication support and other ancillary services by caregivers, by 30 June 2018	P	Pre work in this area underway with local falls and fracture pathway, community activity programmes through a contracted provider to ACC, (Sport Manawatu), collaborative activity between Sport Manawatu & MDHB (recruitment) occurring, Contract for strength and balance exercises in development. Partners being lined up for co-design work with HCSS such as Manawanui, and Ministry representation from the under 65 services along with anticipated successful RFP suppliers.
Utilise interRAI data to identify equity issues/gaps in access to services for older persons across the district by 30 September 2017 Implement service development activities in two priority areas to address gaps in access to services by 31 March 2018	C	Completed. The interRAI data collated to look at disproportionate and inequitable access issues for Maori in the Tararua area and comparison against other populations illustrated that equity was not an issue and that many Maori were receiving comparable services to other populations. Confirmation from the iwi representative identified that many Maori were living longer in Tararua, and had few access issues to disability support. The Project Lift Programme In Horowhenua has stalled for the time being – data collected from interRAI for use here is still relevant and the overall service improvement remains a focus of the overall programme. The Horowhenua Positive Aging Strategy Plan is focused around inclusion activities and will be reported on as the Horowhenua District Council updates the DHB.

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Commence roll out of the He Waka Kakararui: Model for engaging Māori in Advance Care Planning conversations to Iwi and Māori providers by 30 September 2017	C	Completed. As previously reported - Palliative care nurse recruited into a scholarship role for two years. Project is "Increasing the awareness of ACP in the Maori Community focused on the tool He Waka Kakarauri. Discussions occurred with CEO for Best Care Whakapai and Te Tihi o Ruahine Whanau Ora Alliance to progress, liaisons occurred with Kaumatua service facilitator and Maori Cancer Coordinator. Manawhenua Hauora endorsed tool for use. Between June/Sept 2017, total of 59 people attended education from a range of Maori Providers.
Work with Ministry of Health to implement Part B of the In Between Travel (IBT) agreement (and more particularly, the Future Models of Home and Community Support Services work) - subject to Ministry of Health timeframes	C	Completed.
Finalise the model of care and implementation plan and seek approval from ACC to fund the Improving Falls and Fracture Service Outcomes for Older People, Prevention and Rehabilitation Programme, by 31 December 2017	C	Completed. Contract with MDHB by December ready for signing.
Subject to funding, implement the community-based Improving Falls and Fracture Service Outcomes for Older People, Prevention and Rehabilitation Programme, by 31 March 2018	P	On track. Contract with Central PHO about to be finalised, with implementation set up activity occurring as at December, 2017. Service start date 1 February 2018.
Develop, implement and evaluate a community based rehabilitation model to support the early discharge for target group of older patients living in the Horowhenua district (evaluation completed by 30 June 2018)	P	Regular planning via the Provider arm is underway, with several users pathways completed prior to December 2017, good feedback from consumers. Limited numbers presenting for eligibility to date.
Work in partnership with the Ministry of Health on implementation of the regularisation and to identify training requirements for kaiāwhina workforce	C	Completed and as previously reported, this occurred prior to July 2017.

Activity	Results	Quarter 2 Progress									
		Status	Comment								
Report on progress in delivering Fracture Liaison service	<div>Number of people seen with assessments completed by the Fracture Liaison Service or similar fracture prevention service</div> <table><tr><td>Age group</td><td>Qtr 2</td></tr><tr><td>50 – 64 years</td><td>9</td></tr><tr><td>65+ years</td><td>26</td></tr><tr><td>Total</td><td>35</td></tr></table>	Age group	Qtr 2	50 – 64 years	9	65+ years	26	Total	35	P	On track. Referrals continue to be predominantly from hospital based services, followed by the Accident & Medical centres and one IFHC. Treatment interventions include education and information, bone care plans, and PHARMAC subsidised medications.
Age group	Qtr 2										
50 – 64 years	9										
65+ years	26										
Total	35										

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Planning Priority: Improving Quality		
Objectives: 1) Increase consumer engagement and participation throughout the DHB 2) Improve patients' experience of care in hospital and primary care settings		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 2) Inpatient survey mean scores for communication and coordination of care dimensions are ≥ 8.5 at each survey Incremental increase in primary health care survey response rates each quarter	MoH Assessment <div style="background-color: #92d050; text-align: center; padding: 10px; font-weight: bold;">A</div>	
Activity	Quarter 2 Progress	
	Status	Comment
Establish Consumer Council by 30 September 2017 Develop and agree training requirements, operating frameworks and guidance material to support Consumer Council by 31 December 2017	P	On track. Consumer Council established and underway, and supporting frameworks being developed.
Implement the medication on discharge pack developed as part of the Partners in Care programme by 31 December 2017	P	On track. Medication on discharge resources are well progressed. Patient Safety Week, November 6-10 th had a strong focus on medicines information and understanding for patients and families.
Finalise and promote toolkit for collection and presentation of patient stories to governance groups by 31 March 2018	C	Completed.
Deliver targeted communication skills seminars each quarter (one seminar each quarter)	C	A series of four communication training sessions have been held in the 2017 calendar year. These sessions have been implemented as one strategy to improve our Patient Experience Survey results and reduce the number of complaints received.
Implement and promote patients' use of the primary care survey tool each quarter	P	Seven General Practice Teams (GPTs) invited enrolled patients to participate in the primary care patient experience survey during November (a significant increase from one GPT in quarter one). Results not yet available for the survey held in early November at the time of writing.

Planning Priority: Living Within Our Means		
Objective: Improve the DHB's financial performance		
Measures/Milestones: Financial performance monitoring each month Agreed financial (budget) templates delivered Business Improvement Programme project milestones achieved on time and on budget		
Activity	Quarter 2 Progress	
	Status	Comment
Address identified structural inefficiencies	P	Progressing with the predominant area of focus being workforce configurations, as planning and budgeting for the 2018/19 year progresses.
Implement tactical management of costs through identified projects as part of the Business Improvement Programme	P	Q2 performance was \$201k actual savings against target savings of \$237k – 85%. This quarter had two new projects phased compared to six for Q1. Q3 and Q4 will see an increased level of activity occurring. Due to the project lifecycle of current phased projects, some variation is to be expected. All actions are being taken to ensure savings are achieved in an effective and sustainable manner to help deliver the planned budget result for 2017-2018 as well as longer term financial sustainability.
Support development of cost-effective models of care with robust financial analysis and planning in partnership with newly created cluster groups as they are established	n/a	Clusters not yet established. Two Operations Executive roles have been appointed to during quarter two. Recruitment to the remaining leadership positions is in progress. Scoping of requirements for financial analysis and planning will then follow with regard to models of care developed over time.

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Planning Priority: Delivery of Regional Service Plan (RSP)		
Objective: Contribute to the delivery of Central Region's Regional Service Plan		
Measures/Milestones: Delivery of Regional Service Plans (SI2)		MoH Assessment
		PA
Activity	Quarter 2 Progress	
	Status	Comment
Establish interventional cardiology service	P	Central TAS continues to support Central Region DHBs in the development of percutaneous coronary intervention business cases. MidCentral DHB Board approved the development of a more detailed business case during quarter two. The Cardiac Network intends setting up a clinical governance group during quarter three to guide the development of these services within the Central Region.
Complete Priority Cancer Pathways project	P	The priority cancer pathways programme in the upper sub-region will be evaluated in quarter three; Central Cancer Network is working with both sub-regional teams to transition the cancer work across to business as usual.
Publish and utilise Hepatitis C virus pathways	P	Hepatitis C virus pathway was published in February 2017. Provision of community-based ongoing, education and support to needle exchanges, alcohol and drug services and other community social service agencies is occurring. Systems for reporting have been developed and are being fine-tuned to meet each of the sub-regions' requirements.

Planning Priority: Local and Regional Enablers - Information Technology and Workforce		
Objectives: <ol style="list-style-type: none"> 1) Improve access to secure, up to date clinical information and work toward DHB's contribution to the national Digital Hospital 2020 Strategy 2) Regularise and improve the training of the kaiāwhina workforce in home and community support services 3) Develop the organisation's workforce capability and capacity 4) Contribute to Central Region's workforce planning and development programme 		
Measures/Milestones: <p>Quarterly progress report on delivery of RSP implementation (SI2) via Central TAS (RHIP and Regional Workforce programmes)</p> <p>Report six monthly on progress against key milestones as set out in the roadmap detailed in the Organisational Development Plan</p> <p>Local 'go-live' dates achieved: Clinical Portal – 31 July 2017, Regional radiology Information System – 30 August 2017, WebPAS and RADA by 30 September 2017</p>		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
Complete planned projects as part of the Regional Health Informatics Programme with installations of core and common applications (Clinical Portal, regional Radiology Information System and webPAS), and the local Reporting and Data Access (RADA) project	C	The Regional Health Informatics Programme for MidCentral DHB is now complete (notwithstanding remedial follow up work), with the implementation of the new patient administration system, WebPAS in early December 2017.
Contribute to the readiness assessment and confirm the information technology and systems' requirements to deliver local expectations of the National Bowel Screening Programme (NBSP) due to be rolled out in the 2018/19 year (Per NBSP project plan)	B	Subject to regional and national timeframe for IT involvement; the timetable for the roll-out of the NBSP has been revised to enable more time to develop the National Screening Solution (NSS) technology required to run it. The NSS is planned to be ready for initial deployment by March 2019, with MidCentral being tagged as one of two potential DHBs to roll-out bowel screening by 30 June 2019 using the NSS (to be confirmed)
Implement year one of the DHB's Organisational Development Plan (ODP)	P	On track. Separately reported to Board.
Work regionally to provide further opportunities for greater collaboration and continue to participate and support the workforce initiatives contained in the Regional Service Plan.	P	Most workforce initiatives continue to track along as planned. Recruitment and retention of midwifery staff remains a significant issue in the Central Region. Funding for Complex Care and other midwifery courses is available for 2018 and an opportunity exists for a Tertiary Education Provider to target Māori specifically, by tailoring the current midwifery programme.

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Non-financial performance measures – Data quality					
Measures				MoH Assessment	
(i) New NHI registration in error (causing duplication) Recording of non-specific ethnicity in new NHI registration Update of specific ethnicity value in existing NHI record with a non-specific value				(i) A	
(ii) NBRIS collection has accurate dates and links to NNPA and NMDS National Collections file load success (PRIMHD, NMDS, NNPA, NBRIS) Assessment of data reported to the National Minimum Data Set (NMDS) Timeliness of National Non Admitted Patient data (NNPA)				(ii) A	
(iii) PRIMHD data quality audits and corrective actions				(iii) A	
Objective	Results			Q2 Progress - Comments	
OS10: Improving the quality of identity data within the National Health Index and event data submitted to National Collections Systems			Q2	i. NHI registration in error: Two of the three indicators received an 'outstanding' rating with 0% registrations with non-specific ethnicity and ethnicity updates. However, NHI registrations causing duplication was not achieved this quarter. Two of these duplicates were by the same person and were around doing searches incorrectly. Extra training advice was given. The Data Quality and Health Information team is continuing to follow up with advice and support to staff to enable them to keep NHI duplication to a minimum. ii. NBRIS data collection: Links and dates to NBRIS were influenced by the NNPA collection. NNPA production has shifted to a new system (from CostPro DW to CostPro BI) which occurred in October 2017 and the error rates are successively reducing from the data submitted from CostPro BI in mid-October. The result is only 1% below an Achieved rating and is expected to progressively improve. iii. PRIMHD data quality audits: Data quality audits of PRIMHD have not been able to be completed during quarter two following the implementation of WebPAS. Data migration and file loads for PRIMHD are currently being tested with the upgrade to the new system. This has resulted in the need to prioritise resources to track and map the data collection, not only to meet compliance requirements, but also to validate the integrity and redevelop the subsequent reporting of data that can then be used for auditing (notwithstanding the current testing phase which is in part an audit process).	
	i	NHI duplicates in error	5.68%		N
		NHI non-specific ethnicity	0.0%		O
		Ethnicity updates	0.0%		O
	ii	NBRIS matches	96.00%		P
		NCS file load success	96.10%		P
		Data reported to NMDS	86.21%		A
		NNPA timeliness	99.76%		O
	iii	PRIMHD data quality audit	-		A
	P = Partially achieved		N = Not achieved		
A = Achieved		O = Outstanding			

Non financial performance measures – Mental Health and Addiction Service Output Delivery				
Measures: Volume delivery for specialist Mental Health and Addiction services are within:				MoH Assessment
a) five percent variance (+/-) of planned volumes for services measured by FTE b) five percent variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day c) actual expenditure on the delivery of programme or places is within 5% (+/-) of the year to date plan				A
Objective	Results			Q2 Progress - Comments
OP1: Output delivery against plan – Mental Health and Addictions	Purchase unit	Q2 Plan	Q2 Actual	Output delivery substantially in line with planned purchase levels; although improved, occupancy rate of acute bed days remains above the desirable 85% goal by 140 bed days this quarter; intensive care beds within tolerance level.
	Acute bed days	1679	1567	
	Intensive bed days	529	470	
	FTEs	153	154	

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Crown Funding Agreement Reporting				
Measures:				MoH Assessment
(i) 90% of eligible children have a completed Before School (health) Check before the age of five (Target: 2,003 by end of June 2018)				(i) A
(ii) Data for enrolments and contacts delivered by Well Child Tamariki Ora service providers				(ii) A
Objective	Results		Q2 Progress - Comments	
Before school check funding			Achieved (exceeded) quarterly target for the eligible population, including those identified as high deprivation. A total of 477 B4 School Checks were completed this quarter, bringing the YTD result to 1,036 children (52%) against a target of 1,000 children (50%).	
Well Child Tamariki Ora	Number of babies enrolled at end of each quarter (excluding Plunket)		Steady increase in volume over the past 12 months has continued into the second quarter with an increase of 89 children enrolled at the end of quarter two.	
	2016/17	2017/18	Core contacts during quarter	
Q1	1,539	1,575	468	
Q2	1,546	1,600	489	
Q3	1,554			
Q4	1,586			
Immunisation Coordination Service	Confirmation statement that service is in accordance with CFA Variation Agreement.		Meeting expectations.	
National Immunisation Register (NIR) Ongoing Administration Services	Confirmation statement that service is in accordance with CFA Variation Agreement.		Meeting expectations.	
Appoint Cancer Nurse Coordinators	Confirmation statement that service is in accordance with CFA Variation Agreement.		Meeting expectations.	
Disability Support Services Funding Increase	DSS: 2017/18 Q2		Volume	Refers to disability support service purchase units delivered for the under 65 age group.
	Number accessing inpatient service over the quarter		N/A	Due to the major upgrade of the core patient administration system in December 2017, data for reporting requirements is not available at the time of writing this report. Data queries and report extracts are currently being rewritten as a result of the change.
	Average number on wait list at end of each month		N/A	Updated data will be submitted to the Ministry of Health as soon as it is available, duly reconciled and checked for completeness and accuracy.
	ALOS		N/A	
	Outpatient attendances		N/A	
	Number of outpatients		N/A	
	Domiciliary / community visits		N/A	
	Ave days between referral and first community contact		N/A	
Electives Initiative and Ambulatory Initiative Variation	2017/18 Q2 YTD	% delivery of YTD plan	YTD target	The upgrade of MidCentral's core patient administration system has had an impact on both business process data collection and submissions to the national collections. The current view of the year to date result using the NMDS NNPAC and NBRs shows a significant drop in volumes for both Case Weighted Discharges (CWDs) and First Specialist Assessments (FSAs) in the month of December, when the upgrade to WebPAS occurred (no data was submitted for this month). Local data shows a better result albeit still below target volumes year to date (at -108.1 CWDs variance to plan). Work continues to rectify the data processing and related issues as WebPAS is embedded. File loads for NNPAC are expected to recommence imminently.
	CWDs	45.9%	9,274.8	Activities undertaken to continue to address the shortfalls in delivery of target volumes include:
	FSAs	44.5%	22,080	• additional FSA clinics being planned and undertaken
	NAPs	74.8%	3,865	– particularly for neurology, rheumatology and general surgery specialities
	Cmtly Tests	57.9%	17,447	
	ESPI waiting times *	>4 months	Number outside wait times	
	ESPI 2 status	0.9%	50	
	ESPI 5 status	12.1%	209	
	* as at end December 2017, report date 5 February 2018			

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		<ul style="list-style-type: none"> • additional day case surgeries for ophthalmology, general surgery and ENT are being conducted with leased space at CREST hospital (with our MidCentral consultants undertaking two four-hour sessions per week) – this due to commence at the end of January • The 'Optimise' perioperative improvement programme continues to be implemented with work streams focusing on optimising theatre throughput and scheduling (including all-day sessions).
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Non financial performance measures – Policy Priorities																									
Measures:				MoH Assessment																					
(i)	Reduce the rate of Maori under the Mental Health Act (s29) by at least 10% by the end of June 2018 (PP36)			(i) PA																					
(ii)	60 percent of babies are exclusively or fully breastfed at three months			(ii) N/a																					
(iii)(a)	≥8 percent of potentially eligible stroke patients thrombolysed 24/7 (PP20, Focus Area 5)			(iii)(a) A																					
	80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway (PP20, Focus Area 5)			(iii)(b) PA																					
	80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission (PP20, Focus Area 5)			(iii)(c) PA																					
	90 percent of eligible enrolled population in the PHO have had a cardiovascular risk assessment within the last five years (PP20, Focus Area 3)			(iv) A																					
(iii)(b)	≥67 percent of eligible Maori men in the PHO aged 35-44 years have had their cardiovascular risk assessed in the last five years (PP20, Focus Area 3)																								
	≥70 percent of high risk patients will receive an angiogram within 3 days of admission (PP20, Focus Area 4)																								
(iii)(c)	>95 percent of patients presenting with acute coronary syndrome (ACS) who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days (PP20, Focus Area 4)																								
	Activities to support delivery of the New Zealand Health Strategy (HS)																								
Objective		Results		Q2 Progress - Comments																					
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders		<table><tr><td>2017/18 Results</td><td>Q1</td><td>Q2</td></tr><tr><td># Maori under CTOs</td><td>71</td><td>76</td></tr><tr><td># Maori population</td><td>35,020</td><td>35,020</td></tr><tr><td>Rate per 100,000</td><td>203</td><td>217</td></tr><tr><td># non-Maori under CTOs</td><td>129</td><td>134</td></tr><tr><td># non-Maori population</td><td>139,980</td><td>139,980</td></tr><tr><td>Rate per 100,000</td><td>92</td><td>96</td></tr></table> <p>*Q2 data is for the period 1 October 2016 – 30 September 2017</p>		2017/18 Results	Q1	Q2	# Maori under CTOs	71	76	# Maori population	35,020	35,020	Rate per 100,000	203	217	# non-Maori under CTOs	129	134	# non-Maori population	139,980	139,980	Rate per 100,000	92	96	Results reported for the 12 month period ending 30 September 2017 show a small increase in the rate per 100,000 of Māori under Community Treatment Orders relative to previous quarter (203) but remained below the national average (294). On review of admissions to the inpatient unit, one contributing influence to use of the Mental Health Act is a background of alcohol and drug use. The rate of utilisation of the Mental Health Act continues to be closely monitored.
2017/18 Results	Q1	Q2																							
# Maori under CTOs	71	76																							
# Maori population	35,020	35,020																							
Rate per 100,000	203	217																							
# non-Maori under CTOs	129	134																							
# non-Maori population	139,980	139,980																							
Rate per 100,000	92	96																							
PP20: Improved management for long term conditions Focus Area II: Diabetes Services Focus Area III: Cardiovascular (CVD) health Focus Area IV: Acute Heart Service Focus Area V: Stroke Services		<table><tr><td>2017/18 Measures</td><td>Q2</td></tr><tr><td>≥8% eligible stroke thrombolysed</td><td>8.0%</td></tr><tr><td>≥80% acute stroke service admissions</td><td>83%</td></tr><tr><td>90% CVD risk assessments</td><td>89%</td></tr><tr><td>90% CVD risk assessments – Māori male 35-44yr</td><td>68.8%</td></tr><tr><td>≥70% angiogram within 3 days</td><td>67.5%</td></tr><tr><td>95% ANZACS-QI data collection</td><td>100%</td></tr><tr><td>≥75% HbA1c <64mmol/mol</td><td>60.7%</td></tr></table> <p>* Stroke data is lagged by 3 months</p>		2017/18 Measures	Q2	≥8% eligible stroke thrombolysed	8.0%	≥80% acute stroke service admissions	83%	90% CVD risk assessments	89%	90% CVD risk assessments – Māori male 35-44yr	68.8%	≥70% angiogram within 3 days	67.5%	95% ANZACS-QI data collection	100%	≥75% HbA1c <64mmol/mol	60.7%	<p>ii). Diabetes – HbA1c: Target not achieved this quarter. A number of initiatives are focused on improving this rate, including advancing multi-disciplinary collaborative triaging and consultations as well as implementing the recommendations from the Diabetes Configuration Project.</p> <p>iii). Cardiovascular (CVD) health: Slight decrease in results this quarter; remaining just below the target. For this period, 44,727 (89%) of the total enrolled eligible population group (n.50, 250) have had their cardiovascular disease risk assessed in the last five years. For younger Māori men, the result has improved by 4.3 percentage points. Outreach clinics, including after hours and rural centres, and on-site visits to workplaces such as shearing gangs, meat works and market gardens contributing to improved result for target population.</p> <p>iv). Acute heart health: Decrease in result to 67.5% of high risk patients receiving an angiogram within three days of admission. Delays in access to angiogram are due to waiting times for transfer to referral centre and delays in access to a diagnostic angiogram. Target achieved for indicator two, with an improvement in results this quarter.</p>					
2017/18 Measures	Q2																								
≥8% eligible stroke thrombolysed	8.0%																								
≥80% acute stroke service admissions	83%																								
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		v). Stroke services: Targets achieved for this quarter.
HS: Supporting delivery of the NZ Health Strategy	Strategic theme	Q2
	People powered	Interim service to deliver a supervised exercise programme
	Closer to home	Dialysis review clinics in Wanganui
	Value & high performance	Implementation of the National Early Warning Score and vital signs chart
	One team	A successful quit smoking pilot project delivered through pharmacies
	Smart system	The Regional Health Informatics Programme is complete with the implementation of the regional WebPAS system
		Requirement met for summarising examples of activity or initiatives undertaken in the quarter that can be mapped to the New Zealand Health Strategy.

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