

2016/17 QUARTER 2 (OCTOBER - DECEMBER 2016): SUMMARY REPORT OF RESULTS NON FINANCIAL MONITORING FRAMEWORK AND PERFORMANCE MEASURES

| HEALTH TARGETS | RESULTS | SUMMARY COMMENT * | MOH ASSESSMENT | |
|--|---------|--|----------------|-----------|
| Shorter stays in the Emergency Department | | Remains below target. Of the 10,842 total attendances over the quarter, 10,039 (93%) had shorter stays in the ED – a small improvement on the low result in quarter one. Unusually high volume of attendances in the month of December. Examination of “breaches” reveals no one common theme – use of flexi beds continues (“summer plan” with reduced beds and staffing numbers executed over this quarter). Results for Māori and Pacific people fairly consistent. | Q1 | PA |
| | | | Q2 | PA |
| | | | Q3 | |
| | | | Q4 | |
| Improved access to elective surgery | | Exceeding target year to date. 107% (n.4,307) of 4,034 planned elective and arranged surgical discharges achieved year to date; 55% of annual target volume. | Q1 | A |
| | | | Q2 | A |
| | | | Q3 | |
| | | | Q4 | |
| Faster cancer treatment (62 day indicator) | | Variable results continue each quarter. For the six month period, 90 (81%) of the 111 eligible patients received their first cancer treatment (or other management) within 62 days – remaining below target, but improved result relative to the six month period ending September 2016 (77%). | Q1 | PA |
| | | | Q2 | PA |
| | | | Q3 | |
| | | | Q4 | |
| Better help for smokers to quit (primary and maternity) | | <p>(1) Primary: Remains below target; just over a 2 percentage point reduction in result over this quarter ending December 2016. Of the 21,949 adults identified as current smokers, 18,536 (84%) have been recorded as having been offered advice to quit in the last 15 months.</p> <p>(2) Maternity: Target continues to be achieved. 95% (n.57) of 60 women identified as smokers were offered brief advice to quit. Rates for Māori women were slightly higher with 96% of 22 women offered advice.</p> | Q1 | (1) PA |
| | | | | (2) A |
| | | | Q2 | (1) PA |
| | | | | (2) A |
| Q3 | | | | |
| Q4 | | | | |
| Increased immunisation (8 months of age) | | <p>Continuing to achieve target for total population group. 95% (n.474) of 499 eligible infants were fully immunised by their milestone age this quarter.</p> <p>Results for Māori infants remain below target; 94% (n. 176) of 187 infants immunised – just short of target by two infants being fully immunised on time.</p> | Q1 | A |
| | | | Q2 | A |
| | | | Q3 | |
| | | | Q4 | |

Legend: **A** = Achieved **PA** = Partially Achieved **N** = Not Achieved

* All percentages are rounded to nearest whole number

| | | | | |
|-----------------------------|--|--|----|----|
| Raising healthy kids | | <p>Strong progress toward achieving target by year end. Of the 97 children identified as obese who had a completed B4 School health check over the six months ending November 2016, 86 (89%) were referred, already under care or declined their referral.</p> <p>Rates for Māori slightly higher with 42 (91%) of 46 children referred.</p> | Q1 | PA |
| | | | Q2 | PA |
| | | | Q3 | |
| | | | Q4 | |

| NZ HEALTH STRATEGY | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | |
|---|--|--|----------------|---|
| HS: Supporting delivery of the NZ Health Strategy | <p>Strategic theme</p> <p>People powered</p> | <p>Requirement met for summarising examples of activity or initiative undertaken in the quarter that can be mapped to the New Zealand Health Strategy.</p> | Q1 | A |
| | <p>Q2 examples</p> <p>Consumer, family/whanau forums – Mental Health Services Appointment of Chair, Consumer Council</p> | | Q2 | A |
| | <p>Closer to home</p> <p>Primary care based pulmonary rehabilitation programme</p> | | Q3 | |
| | <p>Value & high performance</p> <p>Progress in reducing acute hospital beddays per capita</p> | | Q4 | |
| <p>One team</p> <p>Working toward district-wide model of urgent/acute care co-designed by ED, St John, District Nursing, and General Practice</p> | | | | |
| <p>Smart system</p> <p>Implementation of ePharmacy progressing - going live in January 2017.</p> | | | | |

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| POLICY PRIORITIES | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | |
|--|---------|--|----------------|----|
| PP6: Improving the health status of people with severe mental illness through improved access | | <p>For 12 months to end September 2016. Small increase in access rates across all ethnicity and age groups. Exceeding targets.</p> <p>Over the 12 months, 2,011 Māori clients (6% of projected population), and 5,147 (4% of projected population) were seen. 46% of total Māori and 60% non-Maori people were seen by DHB only; 30% Māori seen by NGOs only, and 17% non Māori. Shared clients represent around 24% of the total population seen.</p> | Q2 | A |
| | | | Q4 | |
| PP7: Improving mental health services using transition / discharge planning (0-19 yrs) | | <p>For 12 months to end September 2016. Remains below target, but improved rate of transition planning noted – particularly for Māori clients. Combination of staffing, audit process, identifying remedial actions and internal monitoring contributing to improvement.</p> <p>Of the 575 eligible discharged clients 452 (79%) were recorded as having a transition/discharge plan recorded for this period.</p> | Q1 | PA |
| | | | Q2 | PA |
| | | | Q3 | |
| | | | Q4 | |

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| <p>PP8: Shorter waits for non urgent mental health and addiction services for 0 – 19 year old age group</p> | <p>2016/17 Mental Health wait times: 0-19 year old</p> | <p>For 12 months to end September 2016. Of the 781 new clients aged 0 – 19 years seen over this period by DHB provider of Mental Health services 71% (n.555) were seen within 3 weeks and 94% (n.731) within 8 weeks; both results remain below target, but small improvement on last quarter's result. Fewer Māori were seen within target wait times than non Māori (60% within 3 weeks and 90% within 8 weeks). Alcohol and Drug services (NGO and DHB providers) saw 118 new clients aged 0 – 19 years over this period – continuing to meet target wait times.</p> | <p>Q1 PA Q2 PA Q3 Q4</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|----|----|----|----------------------------------|-------|-------|--|--|--------------------------------------|-------|-------|--|--|--------------------------|-------|-------|--|--|---|-------|-------|--|--|------------------------------|-------|-------|--|--|-------------------------------|-------|------|--|--|------------------------|-----|-------|-----|--|---------------------------|--|--|-----------|------------|-----------------|----------------------|----|---|----------|---|---|-----|---|---|--------------------|----|---|--------|---|---|---|--|
| <p>PP10: Mean DMFT score for Year 8 children</p> | | <p>Not reported this quarter</p> | <p>Q3 only</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PP11: Caries free children at aged 5 years</p> | | <p>Not reported this quarter</p> | <p>Q3 only</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PP12: Utilisation of DHB-funded dental services by adolescents</p> | | <p>Not reported this quarter</p> | <p>Q4 only</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PP13: Preschool and primary school enrolments</p> | | <p>Not reported this quarter</p> | <p>Q3 only</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PP20: Improved management of long term conditions i. LTC ii. Diabetes iii. CVD iv. Acute heart health v. Stroke</p> | <table border="1"> <thead> <tr> <th>2016/17 Measures</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>≥6% eligible stroke thrombolysed</td> <td>20.9%</td> <td>13.8%</td> <td></td> <td></td> </tr> <tr> <td>≥80% acute stroke service admissions</td> <td>82.5%</td> <td>80.6%</td> <td></td> <td></td> </tr> <tr> <td>90% CVD risk assessments</td> <td>89.8%</td> <td>89.8%</td> <td></td> <td></td> </tr> <tr> <td>90% CVD risk assessments – Maori male 35-44yr</td> <td>60.2%</td> <td>61.1%</td> <td></td> <td></td> </tr> <tr> <td>≥70% angiogram within 3 days</td> <td>71.4%</td> <td>73.8%</td> <td></td> <td></td> </tr> <tr> <td>95% ANZACS-QI data collection</td> <td>95.8%</td> <td>100%</td> <td></td> <td></td> </tr> <tr> <td>≥75% HBA1c <64mmol/mol</td> <td>N/a</td> <td>61.1%</td> <td>N/a</td> <td></td> </tr> </tbody> </table> <p>* Stroke data is lagged by 3 months</p> <table border="1"> <thead> <tr> <th colspan="3">Annual Plan deliverables:</th> </tr> <tr> <th>Programme</th> <th>Number due</th> <th>Number achieved</th> </tr> </thead> <tbody> <tr> <td>Long term conditions</td> <td>13</td> <td>5</td> </tr> <tr> <td>Diabetes</td> <td>6</td> <td>5</td> </tr> <tr> <td>CVD</td> <td>4</td> <td>3</td> </tr> <tr> <td>Acute heart health</td> <td>15</td> <td>9</td> </tr> <tr> <td>Stroke</td> <td>7</td> <td>5</td> </tr> </tbody> </table> | 2016/17 Measures | Q1 | Q2 | Q3 | Q4 | ≥6% eligible stroke thrombolysed | 20.9% | 13.8% | | | ≥80% acute stroke service admissions | 82.5% | 80.6% | | | 90% CVD risk assessments | 89.8% | 89.8% | | | 90% CVD risk assessments – Maori male 35-44yr | 60.2% | 61.1% | | | ≥70% angiogram within 3 days | 71.4% | 73.8% | | | 95% ANZACS-QI data collection | 95.8% | 100% | | | ≥75% HBA1c <64mmol/mol | N/a | 61.1% | N/a | | Annual Plan deliverables: | | | Programme | Number due | Number achieved | Long term conditions | 13 | 5 | Diabetes | 6 | 5 | CVD | 4 | 3 | Acute heart health | 15 | 9 | Stroke | 7 | 5 | <p>Measures for all but cardiovascular risk assessments and HbA1c levels for patients with diabetes achieving targets this quarter; small improvement in cardiovascular risk assessments for younger Māori men over the quarter</p> <p>Telestroke now funded to continue as standard service.</p> <p>Annual Plan deliverables predominantly on track; those that are behind scheduled milestones relate to data collection capacity and processes yet to be established</p> <p>ASH rates for cardiac related conditions (predominantly angina and chest pain) except hypertensive disease and other ischaemic disease increased over the 12 months to September 2016, in the 45 – 64 year old age group</p> | <p>Q1 i A ii A iii A iv A v A Q2 i A ii A iii A iv A v A Q3 i ii iii iv v Q4 i ii iii iv v</p> |
| 2016/17 Measures | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥6% eligible stroke thrombolysed | 20.9% | 13.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥80% acute stroke service admissions | 82.5% | 80.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90% CVD risk assessments | 89.8% | 89.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90% CVD risk assessments – Maori male 35-44yr | 60.2% | 61.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥70% angiogram within 3 days | 71.4% | 73.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95% ANZACS-QI data collection | 95.8% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥75% HBA1c <64mmol/mol | N/a | 61.1% | N/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Plan deliverables: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programme | Number due | Number achieved | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Long term conditions | 13 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | 6 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CVD | 4 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute heart health | 15 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stroke | 7 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>PP21: Immunisation coverage i. 2 years old ii. 5 years old iii. HPV – eligible girls</p> | <p>HPV reported annually – quarter 4</p> | <p>Improved coverage rate for 2 year old children this quarter – 95% (n. 516) of 546 eligible children were fully immunised by their milestone age - achieving target. Coverage rate for 5 year olds declined to 92% (n.517) of 564 eligible children.</p> <p>Results for Māori remain around one percentage point lower than total population coverage rate for two year olds; small improvement this quarter in 5 year old coverage rate (93% of 201 children).</p> | <p>Q1 i PA ii PA Q2 i A ii PA Q3 i ii Q4 i ii</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|------------|-----------------|----|----|---|----|----------|
| PP22: Delivery of actions to improve system integration and System Level Measures (SLMs) | Annual Plan deliverables: | | | | | Deliverables identified for the contributory measures and targets in the SLM Improvement Plan largely on track. Just over 60% of the Annual Plan deliverables achieved this quarter others delayed | Q1 | A |
| | Programme – System design | Number due | Number achieved | | | | Q2 | A |
| | Acute care system | 10 | 6 | | | | Q3 | |
| | Long term conditions | 8 | 5 | | | | Q4 | |
| PP23: Delivery of actions to improve wrap around services for Older People | Annual Plan deliverables: | | | | | Predominantly on track. Some delays due to other priorities and/or availability of and access to data and information to support deliverables. | Q1 | A |
| | Programme | Number due | Number achieved | | | | Q2 | A |
| | Dementia | 3 | 1 | | | | Q3 | |
| | NASC service | 12 | 10 | | | | Q4 | |
| ARC | 5 | 5 | | | | | | |
| Specialist services | 5 | 1 | | | | | | |
| PP25: Prime Minister’s Youth Mental Health project | Annual Plan deliverables: | | | | | School based health services progressing well, with wide ranging health issues across the colleges being addressed. The time of year has had an impact on the primary mental health services delivered to youth over the quarter. Exams, school preferences and revisions in programmes have all contributed to difficulties ranging from number of attendees through to regular sessions. Youth response framework for early intervention under development. | Q1 | A |
| | Programme | Number due | Number achieved | | | | Q2 | A |
| | Primary care responsiveness | 7 | 5 | | | | Q3 | |
| | Primary mental health | 9 | 6 | | | | Q4 | |
| PP26: Rising to the Challenge: The Mental Health and Addictions Service Development Plan i. Primary mental health ii. Suicide Action Plan iii. Crisis response iv. Outcomes for children v. Employment & physical health | Annual Plan deliverables: | | | | | Expectations for the five deliverables met. Annual Plan deliverables for shared care programme delayed – project manager appointed in December to progress this work. | Q1 | A |
| | Programme | Number due | Number achieved | | | | Q2 | A |
| | Crisis response | 2 | 1 | | | | Q3 | |
| | COPMIA | 3 | 2 | | | | Q4 | |
| Shared care | 4 | 1 | | | | | | |
| PP27: Supporting vulnerable children | Annual Plan deliverables: | | | | | Predominantly on track. Delayed review of child abuse policy – now due February. | Q1 | A |
| | Programme | Number due | Number achieved | | | | Q2 | A |
| | Family violence & Children’s Team | 3 | 2 | | | | Q3 | |
| | Social Sector Trial | 1 | 1 | | | | Q4 | |
| Leaning & behaviour | 1 | 1 | | | | | | |
| Vulnerable Children Act | 6 | 5 | | | | | | |
| PP28: Reducing Rheumatic Fever i. hospitalisation rate per 100,000 population ii. case follow up | 2016/17 | Q1 | Q2 | Q3 | Q4 | No cases of first hospitalisations for acute rheumatic fever this quarter although year to date, with three cases reported, the annual target is already exceeded. | Q1 | A |
| | Number of cases | 3 | 0 | | | | Q2 | A |
| | Rate per 100,000 * | 1.7 | 0 | | | | Q3 | |
| | * caution in interpreting rates with small numbers | | | | | | Q4 | |

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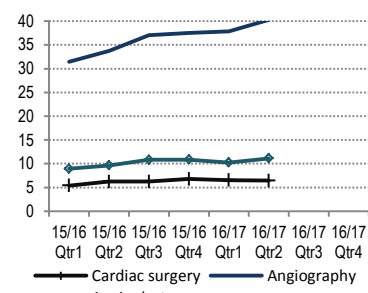
* All percentages are rounded to nearest whole number

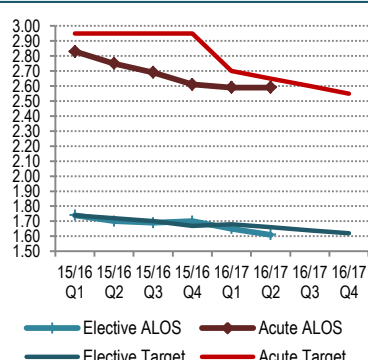
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|--|---|---|---|--|--|
| PP29: Improving waiting times for diagnostic services i. Coronary angiography ii. CT and MRI iii. Colonoscopy - Urgent - Non urgent - Surveillance | 2016/17 Targets 95% elective coronary angiography ≤90 days 95% CT ≤42 days 85% MRI ≤42 days Colonoscopy 85% urgent ≤14 days 70% non-urgent ≤42 days 70% surveillance ≤84 days | Q1 92.7% 92.8% 100% Q2 99.0% 92.9% 100% Q1 100% 91.6% 98.3% Q2 96.3% 73.1% 81.8% | All waiting time targets being achieved with the exception of CT scans. Consistently reported at around 93% each quarter (1,380 of 1,486 within 42 days this quarter); service is confident is meeting target but current RIS unable to differentiate waiting time types therefore “ineligible” numbers included in data – awaiting regional RIS for fix. | i A ii PA iii A | |
| | | | | i A ii PA iii A | |
| | | | | i ii iii | |
| | | | | i ii iii | |
| PP30: i. Faster cancer treatment (31 days) ii. Shorter waits for cancer treatment (radiotherapy and chemotherapy) | | | A: Continuing to achieve target. Of the 198 eligible patients this quarter, 175 (88%) received their treatment within 31 days. B: All patients who were ready for treatment continue to receive radiotherapy or chemotherapy within 4 weeks – no delays due to facility constraints. | i A ii A | |
| | | | | i A ii A | |
| | | | | i ii | |
| | | | | i ii | |
| PP31: Better help for smokers to quit in public hospitals | | | Maintaining target achievement, although reduced rate compared to previous quarters. 95% (n.872) of 919 inpatients identified as smokers received brief advice and support to quit smoking. However, only 73% of all eligible discharges were coded at time of report; result likely to change therefore. | A | |
| | | | | A | |
| | | | | | |
| | | | | | |

| SYSTEM INTEGRATION | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | |
|---|---|--|----------------|--|
| SI1: Ambulatory Sensitive Hospitalisations | | 12 months to end September 2016 00-04 year old – total population – on track for year end target (≤6,706); small reduction in rate relative to 12 months ago, at 6,534/100,000 (10 fewer admissions). However, ASH rate for Māori children increased to 6,990/100,000 – behind plan to reduce rate to within 5% of total DHB rate by year end. ASH rates for 45-64 year old adults increased for both Māori (6,198/100,000) and total population (4,292/100,000), with an additional 106 admissions over the period. Equity gap from national total rate (3,545) was 74.8%. | PA | |
| | | | | |
| SI2: Ensuring delivery of Regional Service Plans | Progress of Programme Deliverables for Quarter Achieved: 8 Partially Achieved: 3 Not Achieved: 0 Total: 11 | Planned activities for the 11 programmes this quarter predominantly achieved. Results as a region for health targets / performance measures for FCT, electives (surgical discharges and ESPIs), and secondary cardiac services not achieved – individual DHB variation. Deliverables for the three enablers were achieved. | PA | |
| | | | PA | |
| | | | | |
| | | | | |

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| | | | | |
|---|---|--|---------|----------|
| SI3: Ensuring delivery of Service Coverage | Prostate cancer guidelines and clinical pathway development informed by regional work as part of Central Cancer Network programme. | Meeting service coverage requirements. Additional information request regarding progress with implementing prostate cancer guidelines | Q2 | A |
| | | | Q4 | |
| SI4: Standardised Intervention Rates - Cataracts - Major Joints - Cardiac surgery - Angiography - Angioplasty |  <p>(Intervention rates for cataracts and major joints reported annually in q1 only)</p> | For 12 months to September 2016. Standardised intervention rates per 10,000 population relative to national target rates: Cardiac surgery: 6.45 – not significantly different from national target Angiography: 40.28 – significantly above Angioplasty: 11.13 – not significantly different – an improved rate | Q1 | A |
| | | | Q2 | A |
| | | | Q3 | |
| | | | Q4 | |
| SI5: Delivery of Whānau Ora | | Not reported this quarter. | Q4 only | |
| SI7: SLM – Acute hospital bed days per capita | | Not reported this quarter. | Q3 | |
| | | | Q4 | |
| SI8: SLM – Patient experience of care | | Not reported this quarter Refer to DV4 | Q3 | |
| | | | Q4 | |
| SI9: SLM – Amenable mortality | | Not reported this quarter | Q3 | |
| | | | Q4 | |

| OWNERSHIP | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------------|---------------------------|-------|----|----------------------------|------|---|-------------------|-------|---|-----------------|--------|----|-----------------------|--------|---|-----------------------|-------|---|------------------|------|---|-------------------------|---|---|--|----|---------------------------|
| OS3: Inpatient length of stay - Acute - Elective |  | For 12 months to September 2016. (1) Elective ALOS: 1.61 (year end target 1.62) (2) Acute ALOS: 2.59 (year end target 2.55) Quarterly targets for both elective and acute standardised ALOS achieved for this period; although previous reductions in acute ALOS now halted. | Q1 | (1) A (2) A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q2 | (1) A (2) A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OS8: Acute readmissions to hospital | | Not reported this quarter | Q1 | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q2 | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OS10: Improving the quality of identity data within the National Health Index and data submitted to National Collections | <table border="1"> <thead> <tr> <th></th> <th>Q2</th> <th></th> </tr> </thead> <tbody> <tr> <td>i NHI duplicates in error</td> <td>3.96%</td> <td>PA</td> </tr> <tr> <td>NHI non-specific ethnicity</td> <td>0.0%</td> <td>O</td> </tr> <tr> <td>Ethnicity updates</td> <td>0.51%</td> <td>A</td> </tr> <tr> <td>ii NBRS matches</td> <td>95.97%</td> <td>PA</td> </tr> <tr> <td>NCS file load success</td> <td>99.03%</td> <td>A</td> </tr> <tr> <td>Data reported to NMDS</td> <td>0.37%</td> <td>A</td> </tr> <tr> <td>NNPAC timeliness</td> <td>100%</td> <td>O</td> </tr> <tr> <td>iii PRIMHD data quality</td> <td>-</td> <td>A</td> </tr> </tbody> </table> <p>P = Partially achieved N = Not achieved A = Achieved O = Outstanding</p> | | Q2 | | i NHI duplicates in error | 3.96% | PA | NHI non-specific ethnicity | 0.0% | O | Ethnicity updates | 0.51% | A | ii NBRS matches | 95.97% | PA | NCS file load success | 99.03% | A | Data reported to NMDS | 0.37% | A | NNPAC timeliness | 100% | O | iii PRIMHD data quality | - | A | Overall achieved for National Identity data, submissions to National Collections and data quality expectations for Mental Health national collection. Slightly fewer NHI registrations causing duplicates this quarter (4), and NBRS date matches and links to NNPAC and NMDS data remains variable (80 records of 1,986 records unmatched) – influenced by timing of downloads and interface issues that are expected to be rectified with webPAS. | Q1 | i A ii A |
| | | | Q2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | i NHI duplicates in error | 3.96% | PA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NHI non-specific ethnicity | 0.0% | O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Ethnicity updates | 0.51% | A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ii NBRS matches | 95.97% | PA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NCS file load success | 99.03% | A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Data reported to NMDS | 0.37% | A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NNPAC timeliness | 100% | O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | iii PRIMHD data quality | - | A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Q2 | i A ii A iii A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Q3 | i ii iii | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Q4 | i ii iii | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Legend: **A** = Achieved **PA** = Partially Achieved **N** = Not Achieved

* All percentages are rounded to nearest whole number

| OUTPUT | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | | | | | | | | | | | | | | | | | |
|--|---|-----------------|----------------|------------|------------|----------------|------|------|--------|--------------------|-----|-----|-------|------|-------|--------|------|--|----|---|
| OP1: Output delivery against plan – Mental Health and Addictions | <table border="1"> <thead> <tr> <th>Purchase unit</th> <th>Q2 Plan</th> <th>Q2 Actual</th> <th>% Delivery</th> </tr> </thead> <tbody> <tr> <td>Acute bed days</td> <td>1651</td> <td>1691</td> <td>102.4%</td> </tr> <tr> <td>Intensive bed days</td> <td>530</td> <td>384</td> <td>72.5%</td> </tr> <tr> <td>FTEs</td> <td>153.9</td> <td>155.38</td> <td>101%</td> </tr> </tbody> </table> <p>* Acute and intensive care beds</p> | Purchase unit | Q2 Plan | Q2 Actual | % Delivery | Acute bed days | 1651 | 1691 | 102.4% | Intensive bed days | 530 | 384 | 72.5% | FTEs | 153.9 | 155.38 | 101% | Increase in acute bed day utilisation to 102.4% of available bed days this quarter – 231 more than last quarter, but within tolerance level. Intensive care bed utilisation remains below purchased level (72.5% of available 530 bed days). FTEs recorded as being above purchased level for the quarter. | Q1 | A |
| | Purchase unit | Q2 Plan | Q2 Actual | % Delivery | | | | | | | | | | | | | | | | |
| | Acute bed days | 1651 | 1691 | 102.4% | | | | | | | | | | | | | | | | |
| | Intensive bed days | 530 | 384 | 72.5% | | | | | | | | | | | | | | | | |
| | FTEs | 153.9 | 155.38 | 101% | | | | | | | | | | | | | | | | |
| Q2 | A | | | | | | | | | | | | | | | | | | | |
| Q3 | | | | | | | | | | | | | | | | | | | | |
| Q4 | | | | | | | | | | | | | | | | | | | | |

| DEVELOPMENTAL MEASURES | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|-----------------|----------------|-------|-------|-------|---------------|-----|-----|-----|-----|-------------|-----|-----|-----|-----|--------------|-----|-----|-----|-----|----------------------------|-----|-----|-----|-----|--|----|---|
| DV4: Improving consumer experience | <table border="1"> <caption>Consumer Experience Scores (Estimated)</caption> <thead> <tr> <th>Domain</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>Communication</td> <td>8.2</td> <td>8.6</td> <td>8.5</td> <td>8.7</td> </tr> <tr> <td>Partnership</td> <td>8.3</td> <td>8.5</td> <td>8.4</td> <td>8.6</td> </tr> <tr> <td>Coordination</td> <td>8.2</td> <td>8.4</td> <td>8.3</td> <td>8.5</td> </tr> <tr> <td>Physical & emotional needs</td> <td>8.3</td> <td>8.6</td> <td>8.5</td> <td>8.7</td> </tr> </tbody> </table> | Domain | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Communication | 8.2 | 8.6 | 8.5 | 8.7 | Partnership | 8.3 | 8.5 | 8.4 | 8.6 | Coordination | 8.2 | 8.4 | 8.3 | 8.5 | Physical & emotional needs | 8.3 | 8.6 | 8.5 | 8.7 | <p>For survey conducted in November 2016, with a response rate of 43.5% - lower than previous survey rounds but still higher than national rates.</p> <p>Improved scores across all four domains recorded for this survey – particularly notable in the Communication and Partnership domains.</p> | Q1 | A |
| | | Domain | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Communication | 8.2 | 8.6 | 8.5 | 8.7 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Partnership | 8.3 | 8.5 | 8.4 | 8.6 | | | | | | | | | | | | | | | | | | | | | | | |
| | | Coordination | 8.2 | 8.4 | 8.3 | 8.5 | | | | | | | | | | | | | | | | | | | | | | | |
| Physical & emotional needs | 8.3 | 8.6 | 8.5 | 8.7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CROWN FUNDING AGREEMENT REPORTS | RESULTS | SUMMARY COMMENT | MOH ASSESSMENT | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|-----------------|----------------|----------|----------|----------|-------|-----|-----|-----|------|----------|-----|-----|-----|-----|--------|-----|-----|-----|------|--|----|---|
| Before school check funding | <table border="1"> <caption>Before School Check Funding Performance (Estimated)</caption> <thead> <tr> <th>Category</th> <th>Qtr1 YTD</th> <th>Qtr2 YTD</th> <th>Qtr3 YTD</th> <th>Qtr4 YTD</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>25%</td> <td>50%</td> <td>75%</td> <td>100%</td> </tr> <tr> <td>High Dep</td> <td>20%</td> <td>45%</td> <td>70%</td> <td>95%</td> </tr> <tr> <td>Target</td> <td>25%</td> <td>50%</td> <td>75%</td> <td>100%</td> </tr> </tbody> </table> | Category | Qtr1 YTD | Qtr2 YTD | Qtr3 YTD | Qtr4 YTD | Total | 25% | 50% | 75% | 100% | High Dep | 20% | 45% | 70% | 95% | Target | 25% | 50% | 75% | 100% | Quarterly targets achieved with 1,033 Before School Checks completed, 313 of which were for children identified as high deprivation. 51.8% of annual target achieved year to date. | Q1 | A |
| | | Category | Qtr1 YTD | Qtr2 YTD | Qtr3 YTD | Qtr4 YTD | | | | | | | | | | | | | | | | | | |
| | | Total | 25% | 50% | 75% | 100% | | | | | | | | | | | | | | | | | | |
| | | High Dep | 20% | 45% | 70% | 95% | | | | | | | | | | | | | | | | | | |
| | | Target | 25% | 50% | 75% | 100% | | | | | | | | | | | | | | | | | | |
| Q2 | A | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 | | | | | | | | | | | | | | | | | | | | | | | | |

| Disability Support Services | DSS: 2016/17 Q2 | | Refers to disability support service purchase units delivered for the under 65 year old age group. Small volumes continue. | MOH ASSESSMENT | |
|---|---|--------|--|----------------|---|
| | | Volume | | | |
| | Number accessing inpatient service over the quarter | 44 | | Q1 | A |
| | Average number on wait list at end of each month | 2.3 | | Q2 | A |
| | ALOS | 9.22 | | Q3 | |
| Outpatient attendances | 58 | Q4 | | | |
| Number of outpatients | 23 | | | | |
| Domiciliary / community visits | 17 | | | | |
| Ave days between referral and first community contact | 16.9 | | | | |

| Elective and Ambulatory Initiatives - case weighted discharges - first specialist assessments - non-admitted procedures - community referred tests Elective Services Performance Indicators – 2 and 5 | 2016/17 Q2 YTD | % delivery of YTD plan | YTD target | Overall achieved for CWD and FSA delivery being within tolerance levels for achieving planned volume for period ending December 2016. Significant difference in planned versus actual delivery for radiology, pacemaker checks and respiratory community referred tests. FSA (ESPI2) and treatment wait times (ESPI5) outside of thresholds as at end December – the majority in urology, paediatric medicine and gastroenterology FSAs and ENT, General Surgery and orthopaedics | MOH ASSESSMENT | |
|---|--------------------|------------------------|---------------------------|---|----------------|---|
| | CWDs | 99.7% | 4,714.4 | | Q1 | A |
| | FSAs | 102.8% | 11,020 | | Q2 | A |
| | NAPs | 95.1% | 4,536 | | Q3 | |
| | Cmty Tests | 142.9% | 17,384 | | Q4 | |
| | ESPI waiting times | >4 months | Number outside wait times | | | |
| | ESPI 2 status* | 1.3% | -64 | | Q3 | |
| ESPI 5 status* | 2.8% | -43 | Q4 | | | |

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* All percentages are rounded to nearest whole number

| | | | | | | | | |
|--|---|-----------|-----------|-------------------------------------|---|-----------|----------|-----------|
| Well Child Tamariki Ora | Number of babies enrolled at end of each quarter (excluding Plunket) | | | | Lower core contacts this period (includes holiday month), but number of enrolled remains consistent; about 100 more than in previous year. | Q1 | A | |
| | | 2015/16 | 2016/17 | Core contacts during quarter | | Q2 | A | |
| | Q1 | 1,411 | 1,539 | 791 | | Q3 | | |
| | Q2 | 1,449 | 1,546 | 471 | | Q4 | | |
| | Q3 | 1,470 | | | | | | |
| | Q4 | 1,501 | | | | | | |
| Establishment of green prescription initiative | Adult Services Annual target number of referrals: 1,517 | | | | Referral numbers dropped leading into Christmas - normal trend. 81 (24%) of the 337 referred to Adult service, were diagnosed with some form of diabetes. Referral and programme attendances lower with end of school term for children and youth. Generally, with seven programmes running in Manawatu, Taranaki and Horowhenua districts good numbers and participation from attendees each week | Q1 | A | |
| | | Q1 | Q2 | Q3 | | Q4 | Q2 | A |
| | Total | 370 | 337 | | | | Q3 | |
| | Maori | 90 | 66 | | | | Q4 | |
| | | | | | | | | |
| | Active Families (children & youth) Annual target number of referrals: 90 | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | | | | |
| | Total | 67 | 24 | | | | | |
| | Maori | 30 | 8 | | | | | |
| | | | | | | | | |
| National Patient Flow | Delivery of phased implementation plan and specified data capture and report extracts to Ministry's collection. | | | | Reporting not required this quarter. | | Q1 | A |
| | | | | | | | Q3 | |
| Appoint Cancer Nurse Coordinators | Confirmation / exception report. | | | | Two CNC roles in lung and gynaecological cancer. Both nurses continue to focus on quality improvement as well as care coordination. All requirements being met. | | Q2 | A |
| | | | | | | | Q4 | |
| Appoint Cancer Psychological and Social Support Workers | Confirmation / exception report. | | | | All requirements have been met with ongoing refining of systems and education needed to gain full benefits. Lead roles making good progress with work plan. | | Q2 | PA |
| | | | | | | | Q4 | |
| Appoint Regional Cancer Centre Clinical Psychologist | Confirmation / exception report. | | | | Patients continue to have excellent access to Clinical Psychology services through the longstanding contract with Massey University, who also provide the Lead role. | | Q2 | PA |
| | | | | | | | Q4 | |
| National Immunisation Register – ongoing administration | Confirmation / exception report. | | | | Meeting all of the terms and conditions of the schedule and has no areas of non-compliance. | | Q2 | A |
| | | | | | | | Q4 | |
| Immunisation Coordination Service | Confirmation / exception report. | | | | Meeting all the service requirements as set out in clause 3 of the Crown funding Agreement. | | Q2 | A |
| | | | | | | | Q4 | |

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