

## 2016/17 QUARTER 3 (JANUARY - MARCH 2017): SUMMARY REPORT OF RESULTS NON FINANCIAL MONITORING FRAMEWORK AND PERFORMANCE MEASURES

HEALTH TARGETS	RESULTS	SUMMARY COMMENT *	MOH ASSESSMENT	
<b>Shorter stays in the Emergency Department</b>		<p>Results continue to be well below target, with a further reduction in performance result this quarter. Of the 10,425 presentations to ED this quarter 9,516 (91%) were admitted, transferred or discharged within six hours.</p> <p>Inpatient lengths of stay, medical staffing and available resourced inpatient beds, coupled with surges in attendances contributing to longer lengths of stay in ED.</p>	Q1	PA
			Q2	PA
			Q3	N
			Q4	
<b>Improved access to elective surgery</b>		<p>Continuing to exceed target increase in surgical volume, with 6,124 elective and arranged surgical discharges completed this quarter – 105% of target (5,826).</p> <p>16% (n.950) of the total volume of discharges has been delivered by other DHBs for MidCentral’s population.</p>	Q1	A
			Q2	A
			Q3	A
			Q4	
<b>Faster cancer treatment (62 day indicator)</b>		<p>Small improvement over the quarter to 77% (n.23) of 30 people identified with a high suspicion of cancer receiving their first treatment within 62 days. Lower volume of patients identified than expected – working with surgical services to improve identification, coding and recording of referrals relevant for this pathway.</p> <p>The rolling six-month result was 75%.</p>	Q1	PA
			Q2	PA
			Q3	PA
			Q4	
<b>Better help for smokers to quit (primary and maternity)</b>		<p>(1) Primary: Improved result by 2.0 percentage points to 87% (n.19,387) of 22,186 eligible enrolled population offered brief advice to quit smoking.</p> <p>(2) Maternity: Of the 425 pregnant women seen by LMCs this quarter, 68 were identified as smokers, 26 of whom were Māori women. Quit smoking brief advice was offered to 96% of total women – continuing to exceed target. Smoking cessation offers were accepted by 13% of women (7% Māori).</p>	Q1	(1) PA (2) A
			Q2	(1) PA (2) A
			Q3	(1) P (2) A
			Q4	
<b>Increased immunisation (8 months of age)</b>		<p>Below target this quarter with 510 (93%) of the 546 eligible children receiving their immunisation on time. Similar rate reduction for the 199 eligible Māori children, of whom 183 (92%) were fully immunised by their milestone age.</p> <p>Twenty-two children (4%) were recorded on the NIR with a declined status this quarter – slightly higher than average for the last 12 months (3.7%)</p>	Q1	A
			Q2	A
			Q3	PA
			Q4	

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

\* All percentages are rounded to nearest whole number

<b>Raising healthy kids</b>		<p>For six month period ending February 2017.</p> <p>Sustained result for total number of children seen, with 89% (n.78) of 88 children offered a referral over this period – slightly ahead of the national rate (86%). Thirty-two of the total referrals were declined. The referral offer rate increased to 94% (n.32) of 34 Māori children seen, but 53% (n.18) of offered referrals were declined.</p>	Q1	PA
			Q2	PA
			Q3	PA
			Q4	

NZ HEALTH STRATEGY	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT		
<b>HS: Supporting delivery of the NZ Health Strategy</b>	<b>Strategic theme</b> People powered Closer to home Value & high performance One team Smart system	<b>Q3 examples</b> Partners in Care programme – 4 projects Local haemodialysis at Horowhenua Health Centre Outcomes based approach in service arrangements with one mental health and addictions NGO provider Sub-regional urology service model redesign / development Review of reporting and system for webPAS implementation (regional access to data agreement)	Requirement met for summarising examples of activity or initiative undertaken in the quarter that can be mapped to the New Zealand Health Strategy.	Q1	A
				Q2	A
				Q3	A
				Q4	

POLICY PRIORITIES	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT	
<b>PP6: Improving the health status of people with severe mental illness through improved access</b>		<p>Reporting not required this quarter.</p> <p>Reported last quarter for 12 months to end September 2016; data included in graph is to 12 month period ending December 2016. Small increase in access rates across all ethnicity and age groups. Exceeded targets.</p>	Q2	A
			Q4	
<b>PP7: Improving mental health services using transition / discharge planning (0-19 yrs)</b>		<p>For 12 months to end December 2016.</p> <p>Improvements continue, notably for young Māori people discharged with a transition plan. Of the 715 young people discharged over this 12 month period 593 (83%) had a transition plan (85% of 149 Māori). Remedial actions and improvement plans continue.</p>	Q1	PA
			Q2	PA
			Q3	PA
			Q4	

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<p><b>PP8: Shorter waits for non urgent mental health and addiction services for 0 – 19 year old age group</b></p>	<p>2016/17 Mental Health wait times: 0-19 year old</p> <p>Legend:  <span style="color: blue;">■</span> Non Māori &lt;3 weeks  <span style="color: lightblue;">■</span> Māori &lt;3 weeks  <span style="color: grey;">■</span> Non Māori &lt;8 weeks  <span style="color: darkgrey;">■</span> Māori &lt;8 weeks  <span style="color: red;">—</span> &lt;3 weeks Target  <span style="color: darkred;">—</span> &lt;8 weeks Target</p>	<p>For 12 months to end December 2016. All waiting time rates improved in Mental Health services (provider arm), although the target for 80 percent being seen within 3 weeks was still not achieved at 77% of 786 clients. Target was achieved for the 8 week waiting time. Rates for Māori remain low, although increased, at 68% within 3 weeks and close to target with 94% seen within 8 weeks. Both wait times for alcohol and other drug services (NGOs and provider arm) continue to be achieved; 84% within 3 weeks and 97% within 8 weeks.</p>	<p>Q1 Q2 Q3 Q4</p>	<p>PA PA PA</p>
<p><b>PP10: Decayed, Missed and Filled Teeth (DMFT) mean score for Year 8 children</b></p>	<p>Legend:  <span style="color: blue;">■</span> 2014  <span style="color: lightblue;">■</span> 2015  <span style="color: darkblue;">■</span> 2016</p>	<p>2016 calendar year. Annual target for total population group achieved, with a mean DMFT score of 1.06 (target <math>\leq 1.15</math>) for the 2,084 year 8 children seen over the year. The DMFT mean scores for Māori and Pacific remain higher than the Other population group (1.26 and 1.82 respectively), although improved for Māori children compared to the 2015 mean score.</p>	<p>Q3 only</p>	<p>A</p>
<p><b>PP11: Caries free children at aged 5 years</b></p>	<p>Legend:  <span style="color: blue;">■</span> 2014  <span style="color: lightblue;">■</span> 2015  <span style="color: darkblue;">■</span> 2016</p>	<p>2016 calendar year. Annual target not achieved although close with 57% of the 1,452 five year old children seen over the 2016 year being caries free (target 58%) - a small (0.3%) improvement on the proportion of children caries free in 2015, including Māori. Result was within target achievement criteria assessed by MoH. Rates for Pacific children are influenced by small numbers (34% [n.19] of 56 Pacific children were caries free)</p>	<p>Q3 only</p>	<p>A</p>
<p><b>PP12: Utilisation of DHB-funded dental services by adolescents</b></p>		<p>Reporting not required this quarter</p>	<p>Q4 only</p>	
<p><b>PP13: Preschool and primary school enrolments</b></p>	<p>Legend:  <span style="color: grey;">■</span> 2014  <span style="color: lightblue;">■</span> 2015  <span style="color: darkblue;">■</span> 2016</p>	<p>2016 calendar year. Enrolments for the 2016 year are negatively impacted by an incomplete dataset (particularly for primary school age children), resulting from a combination of manual data collection and transition to the electronic information system (Titanium). Comparison to prior years' results should be with caution. Of the projected 10,950 total 0 – 4 year old population, 10,372 (95%) were recorded as enrolled with the service – achieving target rate for Māori and Other population groups, but lower for Pacific children (84%). The recorded primary school enrolment rates were considerably lower in the 2016 year across all ethnicities; 83% of the 19,905 projected total population group. Arrears (children overdue their scheduled examinations) significantly higher than target – plan in place to address these.</p>	<p>Q3 only</p>	<p>PA</p>

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<p><b>PP20: Improved management of long term conditions</b></p> <p><b>i. LTC</b></p> <p><b>ii. Diabetes</b></p> <p><b>iii. CVD</b></p> <p><b>iv. Acute heart health</b></p> <p><b>v. Stroke</b></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>41.4%</td> <td></td> </tr> <tr> <td>≥80% acute stroke service admissions</td> <td>82.5%</td> <td>80.6%</td> <td>80.0%</td> <td></td> </tr> <tr> <td>90% CVD risk assessments</td> <td>89.8%</td> <td>89.8%</td> <td>89.8%</td> <td></td> </tr> <tr> <td>90% CVD risk assessments – Maori male 35-44yr</td> <td>60.2%</td> <td>61.1%</td> <td>62.9%</td> <td></td> </tr> <tr> <td>≥70% angiogram within 3 days</td> <td>71.4%</td> <td>73.8%</td> <td>72.0%</td> <td></td> </tr> <tr> <td>95% ANZACS-QI data collection</td> <td>95.8%</td> <td>100%</td> <td>98.8%</td> <td></td> </tr> <tr> <td>≥75% HBA1c &lt;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> <p><b>Annual Plan deliverables:</b></p> <table border="1"> <thead> <tr> <th>Programme</th> <th>Milestones due</th> <th>Number achieved</th> </tr> </thead> <tbody> <tr> <td>Long term conditions</td> <td>14</td> <td>5</td> </tr> <tr> <td>Diabetes</td> <td>6</td> <td>3</td> </tr> <tr> <td>CVD</td> <td>4</td> <td>2</td> </tr> <tr> <td>Acute heart health</td> <td>14</td> <td>9</td> </tr> <tr> <td>Stroke</td> <td>7</td> <td>7</td> </tr> </tbody> </table>	2016/17 Measures	Q1	Q2	Q3	Q4	≥6% eligible stroke thrombolysed	20.9%	13.8%	41.4%		≥80% acute stroke service admissions	82.5%	80.6%	80.0%		90% CVD risk assessments	89.8%	89.8%	89.8%		90% CVD risk assessments – Maori male 35-44yr	60.2%	61.1%	62.9%		≥70% angiogram within 3 days	71.4%	73.8%	72.0%		95% ANZACS-QI data collection	95.8%	100%	98.8%		≥75% HBA1c <64mmol/mol	N/a	61.1%	N/a		Programme	Milestones due	Number achieved	Long term conditions	14	5	Diabetes	6	3	CVD	4	2	Acute heart health	14	9	Stroke	7	7	<p>i) Long term conditions: Although report deliverables were met for the MoH, progress with some of the annual plan initiatives are delayed due to issues with specific data collection system and processes not yet implemented.</p> <p>ii) Diabetes: Collaborative diabetes triaging group meeting weekly. Action being undertaken to support improvements in results for HbA1c and annual diabetes reviews.</p> <p>iii) Cardiovascular health: No change in results over these last two quarters – sustained result at just under 90% (n.44,431) of 49,487 eligible patients received their CVD risk assessments in the last 5 years (achieving target when rounded). For Māori males aged 35-44 years the proportion increased slightly to 63% (n.854) of 1,358 Māori men.</p> <p>iv) Acute heart health: Targets for both indicators achieved.</p> <p>v) Stroke: Targets for both indicators achieved.</p>	<table border="1"> <tr><td rowspan="5">Q1</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td>iii</td><td>A</td></tr> <tr><td>iv</td><td>A</td></tr> <tr><td>v</td><td>A</td></tr> <tr><td rowspan="5">Q2</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td>iii</td><td>A</td></tr> <tr><td>iv</td><td>A</td></tr> <tr><td>v</td><td>A</td></tr> <tr><td rowspan="5">Q3</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td>iii</td><td>A</td></tr> <tr><td>iv</td><td>A</td></tr> <tr><td>v</td><td>A</td></tr> <tr><td rowspan="5">Q4</td><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> <tr><td>iii</td><td></td></tr> <tr><td>iv</td><td></td></tr> <tr><td>v</td><td></td></tr> </table>	Q1	i	A	ii	A	iii	A	iv	A	v	A	Q2	i	A	ii	A	iii	A	iv	A	v	A	Q3	i	A	ii	A	iii	A	iv	A	v	A	Q4	i		ii		iii		iv		v	
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<p><b>PP21: Immunisation coverage</b></p> <p><b>i. 2 years old</b></p> <p><b>ii. 5 years old</b></p> <p><b>iii. HPV – eligible girls</b></p>	<p>HPV reported annually in quarter 4</p>	<p>Targets achieved for both milestone ages – the increased target for the 5 year old cohort attained earlier than expected.</p> <p>i) Two year old children: 97% of 508 eligible children were fully immunised on time. There was a relatively low decline rate this quarter at 1.6% (n.8).</p> <p>ii) Five year old children: 555 of 585 (95%) eligible children were fully immunised by their milestone age – achieving this increased target early.</p>	<table border="1"> <tr><td rowspan="2">Q1</td><td>i</td><td>PA</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="2">Q2</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="2">Q3</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td rowspan="2">Q4</td><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> </table>	Q1	i	PA	ii	PA	Q2	i	A	ii	PA	Q3	i	A	ii	A	Q4	i		ii																																																																																			
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<p><b>PP22: Delivery of actions to improve system integration and System Level Measures (SLMs)</b></p>	<p><b>Annual Plan deliverables:</b></p> <table border="1"> <thead> <tr> <th>Programme – System design</th> <th>Milestones due</th> <th>Number achieved</th> </tr> </thead> <tbody> <tr> <td>Acute care system</td> <td>13</td> <td>5</td> </tr> <tr> <td>Long term conditions</td> <td>4</td> <td>1</td> </tr> </tbody> </table>	Programme – System design	Milestones due	Number achieved	Acute care system	13	5	Long term conditions	4	1	<p>Acute care system design: Delays to milestone dates, but planned actions are underway and some being contingent upon completion of antecedent actions.</p> <p>Long term conditions system design projects subject to some delays.</p>	<table border="1"> <tr><td>Q1</td><td>A</td></tr> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q3</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4																																																																																						
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<p><b>PP23: Delivery of actions to improve wrap around services for Older People</b></p>	<p><b>Annual Plan deliverables:</b></p> <table border="1"> <thead> <tr> <th>Programme</th> <th>Milestones due</th> <th>Number achieved</th> </tr> </thead> <tbody> <tr> <td>Dementia</td> <td>5</td> <td>4</td> </tr> <tr> <td>NASC service</td> <td>11</td> <td>7</td> </tr> <tr> <td>ARC</td> <td>4</td> <td>4</td> </tr> <tr> <td>Specialist services</td> <td>9</td> <td>4</td> </tr> </tbody> </table>	Programme	Milestones due	Number achieved	Dementia	5	4	NASC service	11	7	ARC	4	4	Specialist services	9	4	<p>Programmes predominantly on track. Collaborative Clinical Pathway for dementia finalised; e-learning tool available to GPs. Some delays or closures to some NASC projects – no associated risks; indicators on track. Delays to meeting milestone dates for review of specialist HoP team pilot – is underway and due for completion in qtr4. The “Improving Falls and Fracture Service Outcomes for Older People; Prevention and Rehabilitation” programme with ACC has been delayed due to ACC decisions. Reworked model being developed – project rolled over to 2017/18 year.</p>	<table border="1"> <tr><td>Q1</td><td>A</td></tr> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q3</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4																																																																																
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<b>PP25: Prime Minister's Youth Mental Health project</b>	<b>Annual Plan deliverables:</b>				School based health services at colleges being well received. All projects on track. Delays to commencing transition of care planning from child to adult services project – resource secured commencing November 2017. Collaborative Clinical Pathway development for transgender clients behind schedule but underway.	Q1	A	
	Programme	Milestones due	Number achieved					
	School based	7	7					
	Youth mental health	7	4					
	Youth services	4	0					
<b>PP26: Rising to the Challenge: The Mental Health and Addictions Service Development Plan</b> i. Primary mental health ii. Suicide Action Plan iii. Crisis response iv. Outcomes for children v. Employment & physical health	<b>Annual Plan deliverables:</b>				Improvements to crisis response service noted, in particular to Police referrals. Ongoing liaison work. Programme for children of parents with mental illness or addiction (supporting parents, healthy children) on track; liaising with Werry Centre for evidence-based toolkit information for service providers. Shared care programme behind scheduled milestone dates – now linked to development of revised primary health care model (Te Ara Rau), anticipating phased roll out of new model from July 2017.	Q1	A	
	Programme	Milestones due	Number achieved					
	Crisis response	3	3					
	COPMIA	1	1					
	Shared care	3	0					
<b>PP27: Supporting vulnerable children</b>	<b>Annual Plan deliverables:</b>				Delay to refreshing Child Protection Policy – now due by end of April. Currently negotiating to sustain FTE commitments dedicated to the Horowhenua Children's Team. Intended resource to support implementation of learning and behaviour pathway deferred to 2017/18 year.	Q1	A	
	Programme	Milestones due	Number achieved					
	Family violence & Children's Team	2	1					
	Social Sector Trial	1	1					
	Leaning & behaviour	1	0					
Vulnerable Children Act	6	6						
<b>PP28: Reducing Rheumatic Fever</b> i. hospitalisation rate per 100,000 population ii. case follow up	<b>2016/17</b>	Q1	Q2	Q3	Q4	Q1	A	
	Number of cases	3	0	0				
	Rate per 100,000 *	1.7	0	0				
	* caution in interpreting rates with small numbers							
<b>PP29: Improving waiting times for diagnostic services</b> i. Coronary angiography ii. CT and MRI iii. Colonoscopy - Urgent - Non urgent - Surveillance	<b>2016/17 Targets</b>		Q2	Q3		Q1	i	A
	95% elective coronary angiography ≤90 days		99.0%	97.0%				
	95% CT ≤42 days		92.9%	86.8%				
	85% MRI ≤42 days		100%	100%				
	Colonoscopy		Q2	Q3				
	85% urgent ≤14 days		96.3%	88.9%				
	70% non-urgent ≤42 days		73.1%	56.0%				
	70% surveillance ≤84 days		81.8%	45.6%				
i) Coronary angiography – continuing to achieve target elective angiography wait times – 97% of 101 patients over the quarter received their procedure within 90 days. ii) CT and MRI – All 1,260 patients over this quarter received their MRI scan within the 42 days. Results for CT scans fell to an average of 87% per month this quarter related in part to the holiday period and a higher than average volume of those waiting and scanned in March. Plans to increase capacity for CTs to commence from July. iii) Colonoscopy – considerable reduction in results this quarter, predominantly related to medical staffing – recruiting for gastroenterologist. Plans for additional sessions to be undertaken whenever possible.					Q2	i	A	
					Q3	i	A	
					Q4	i	A	

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<p><b>PP30:</b> i. Faster cancer treatment (31 days) ii. Shorter waits for cancer treatment (radiotherapy and chemotherapy)</p>	<p>FCT: 31 days</p>	<p>i): Provisional data shows 85% (n.115) of 136 eligible patients received their first treatment within 31 days of the decision to treat – on target. ii): All patients who were ready for treatment continue to receive radiotherapy or chemotherapy within 4 weeks – no delays due to facility constraints.</p>	<table border="1"> <tr><td rowspan="2">Q1</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td rowspan="2">Q2</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td rowspan="2">Q3</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>A</td></tr> <tr><td rowspan="2">Q4</td><td>i</td><td></td></tr> <tr><td>ii</td><td></td></tr> </table>	Q1	i	A	ii	A	Q2	i	A	ii	A	Q3	i	A	ii	A	Q4	i		ii	
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	ii	A																					
Q3	i	A																					
	ii	A																					
Q4	i																						
	ii																						
<p><b>PP31: Better help for smokers to quit in public hospitals</b></p>		<p>At the time of reporting, 92% (n.789) of the 855 admitted patients who smoke were offered brief advice and support to quit smoking. The reduction in the reported result may be attributed to the significant number of eligible records that are not yet coded (72% coded records only) for this period. Attempts to recruit to Clinical Coding positions continue. Regular reporting of unit level results continues and refresher education and training is provided where required.</p>	<table border="1"> <tr><td>Q1</td><td>A</td></tr> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q3</td><td>PA</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	A	Q2	A	Q3	PA	Q4													
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SYSTEM INTEGRATION	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																									
<p><b>SI1: Ambulatory Sensitive Hospitalisations</b></p>	<p>Non standardised rate per 100,000 population</p>	<p>Reporting not required this quarter. 12 months to end September 2016 reported in quarter 2.</p>	<table border="1"> <tr><td>Q2</td><td>PA</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q2	PA	Q4		<table border="1"> <tr><td>Q2</td><td>PA</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q2	PA	Q4																	
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<p><b>SI2: Ensuring delivery of Regional Service Plans</b></p>	<p><b>Progress of Programme Deliverables for Quarter 3</b></p> <table border="1"> <tr><td>Achieved</td><td>8</td></tr> <tr><td>Partially Achieved</td><td>3</td></tr> <tr><td>Not Achieved</td><td>0</td></tr> <tr><td><b>Total</b></td><td><b>11</b></td></tr> </table>	Achieved	8	Partially Achieved	3	Not Achieved	0	<b>Total</b>	<b>11</b>	<p>Region has yet to achieve the FCT health target; other projects for cancer programme on track. Waiting times for elective surgery services (FSAs and treatment) not met as a region and progress with regional ophthalmology project on hold pending further decisions. Lag in data entry to Major Trauma Registry by MidCentral and Hutt.</p>	<table border="1"> <tr><td>Q1</td><td>PA</td></tr> <tr><td>Q2</td><td>PA</td></tr> <tr><td>Q3</td><td>PA</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	PA	Q2	PA	Q3	PA	Q4		<table border="1"> <tr><td>Q1</td><td>PA</td></tr> <tr><td>Q2</td><td>PA</td></tr> <tr><td>Q3</td><td>PA</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	PA	Q2	PA	Q3	PA	Q4	
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<p><b>SI3: Ensuring delivery of Service Coverage</b></p>		<p>Reporting not required this quarter.</p>	<table border="1"> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q2	A	Q4		<table border="1"> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q2	A	Q4																	
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<p><b>SI4: Standardised Intervention Rates</b> - Cataracts - Major Joints - Cardiac surgery - Angiography - Angioplasty</p>	<p>(Intervention rates for cataracts and major joints reported annually in q1 only)</p>	<p>For 12 months to December 2016. Standardised intervention rates per 10,000 population relative to national target rates: Cardiac surgery: 6.25 – not significantly different from national target Angiography: 39.42 – significantly above national target Angioplasty: 10.98 – not significantly different from national target</p>	<table border="1"> <tr><td>Q1</td><td>A</td></tr> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q3</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4		<table border="1"> <tr><td>Q1</td><td>A</td></tr> <tr><td>Q2</td><td>A</td></tr> <tr><td>Q3</td><td>A</td></tr> <tr><td>Q4</td><td></td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4									
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<b>SI5: Delivery of Whānau Ora</b>		Not reported this quarter.	Q4 only	
<b>SI7: SLM – Acute hospital bed days per capita</b>		Reduction in acute hospital bed days on track for year end target. Latest data to December 2016 shows 21,942 acute stays utilising 76,189 acute bed days over the 12 months to December 2016 producing a per capita utilisation rate of 438.4 per 1,000 (age standardised rate of 390.7 per 1,000 population). This is a 10.7% reduction on the actual acute bed day rate for the previous year to December 2015 (491.2).	Q3	<b>A</b>
			Q4	
<b>SI8: SLM – Patient experience of care</b>		Refer to DV4. Raw results for February relatively consistent across the four domains – although drop off in mean scores for the two target domains (communication and coordination of care) compared to November results.	Q3	<b>A</b>
			Q4	
<b>SI9: SLM – Amenable mortality</b>		No new data for amenable mortality available. Contributory measures predominantly on track year to date with the exception of cervical screening rates for priority women	Q3	n/a
			Q4	

OWNERSHIP	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																																				
<b>OS3: Inpatient length of stay</b> - Acute - Elective	<p>Legend: Elective ALOS (blue line), Acute ALOS (red line), Elective Target (blue horizontal line), Acute Target (red horizontal line)</p>	<p>For 12 months to December 2016.</p> <p>(1) Elective ALOS: 1.58 (year end target ≤1.62)</p> <p>(2) Acute ALOS: 2.57 (year end target ≤2.55)</p> <p>Quarterly targets for both elective and acute standardised ALOS achieved for this period; small reductions.</p>	<p>Q1 (1) A (2) A</p> <p>Q2 (1) A (2) A</p> <p>Q3 (1) A (2) A</p> <p>Q4</p>																																				
<b>OS10: Improving the quality of identity data within the National Health Index and data submitted to National Collections</b>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Q3</th> <th></th> </tr> </thead> <tbody> <tr> <td>i</td> <td>NHI duplicates in error</td> <td>2.98%</td> <td><b>A</b></td> </tr> <tr> <td></td> <td>NHI non-specific ethnicity</td> <td>0.00%</td> <td><b>O</b></td> </tr> <tr> <td></td> <td>Ethnicity updates</td> <td>0.46%</td> <td><b>O</b></td> </tr> <tr> <td>ii</td> <td>NBRS matches</td> <td>98.16%</td> <td><b>A</b></td> </tr> <tr> <td></td> <td>NCS file load success</td> <td>97.31%</td> <td><b>P</b></td> </tr> <tr> <td></td> <td>Data reported to NMDS</td> <td>-5.04%</td> <td><b>A</b></td> </tr> <tr> <td></td> <td>NNPAC timeliness</td> <td>0.00%</td> <td><b>N</b></td> </tr> <tr> <td>iii</td> <td>PRIMHD data quality</td> <td>93.36%</td> <td><b>N</b></td> </tr> </tbody> </table> <p>P = Partially achieved    N = Not achieved A = Achieved                O = Outstanding</p>			Q3		i	NHI duplicates in error	2.98%	<b>A</b>		NHI non-specific ethnicity	0.00%	<b>O</b>		Ethnicity updates	0.46%	<b>O</b>	ii	NBRS matches	98.16%	<b>A</b>		NCS file load success	97.31%	<b>P</b>		Data reported to NMDS	-5.04%	<b>A</b>		NNPAC timeliness	0.00%	<b>N</b>	iii	PRIMHD data quality	93.36%	<b>N</b>	<p>National identity data requirements all achieved expectations – an improvement in NHI registrations causing duplications in particular.</p> <p>The timeliness measure for the National Non Admitted Patient collections was not achieved due to a resubmission of all data in order to clean up a number of issues year to date. This occurred outside of the timeframe – known to the MoH National Collections team with whom the DHB has been working on this issue. The NNPAC data submission issues will not be fully rectified until the new system is implemented for the 2017/18 year.</p> <p>The PRIMHD file load success rate was not achieved – the DHB is working with MoH on this. Data quality audits continue.</p>	<p>Q1 i <b>A</b> ii <b>A</b></p> <p>Q2 i <b>A</b> ii <b>A</b> iii <b>A</b></p> <p>Q3 i <b>O</b> ii <b>A</b> iii <b>A</b></p> <p>Q4 i ii iii</p>
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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>Q3 Plan</th> <th>Q3 Actual</th> <th>% Delivery</th> </tr> </thead> <tbody> <tr> <td>Acute bed days</td> <td>1633</td> <td>1484</td> <td>90.9%</td> </tr> <tr> <td>Intensive bed days</td> <td>524</td> <td>367</td> <td>70.0%</td> </tr> <tr> <td>FTEs</td> <td>153.9</td> <td>155.38</td> <td>101%</td> </tr> </tbody> </table>	Purchase unit	Q3 Plan	Q3 Actual	% Delivery	Acute bed days	1633	1484	90.9%	Intensive bed days	524	367	70.0%	FTEs	153.9	155.38	101%	Actual delivery within accepted tolerance levels for bed days and FTEs.	Q1	A
	Purchase unit	Q3 Plan	Q3 Actual	% Delivery																
	Acute bed days	1633	1484	90.9%																
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\* Acute and intensive care beds

DEVELOPMENTAL MEASURES	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																										
DV4: Improving consumer experience	<table border="1"> <caption>Raw Mean Scores by Domain and Quarter</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>8.4</td> <td>8.3</td> </tr> <tr> <td>Partnership</td> <td>8.3</td> <td>8.5</td> <td>8.4</td> <td>8.3</td> </tr> <tr> <td>Coordination</td> <td>8.3</td> <td>8.4</td> <td>8.2</td> <td>8.2</td> </tr> <tr> <td>Physical &amp; emotional needs</td> <td>8.6</td> <td>8.7</td> <td>8.5</td> <td>8.4</td> </tr> </tbody> </table>	Domain	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Communication	8.2	8.6	8.4	8.3	Partnership	8.3	8.5	8.4	8.3	Coordination	8.3	8.4	8.2	8.2	Physical & emotional needs	8.6	8.7	8.5	8.4	<p>For survey conducted in February 2017. Raw mean scores only – weighted average scores not available. Raw results show a 0.2 reduction across all four domains compared to November 2016 survey weighted average scores.</p> <p>Response rate remains fairly consistent – 44% this survey.</p>	Q1	A
		Domain	Qtr 1	Qtr 2	Qtr 3	Qtr 4																							
		Communication	8.2	8.6	8.4	8.3																							
		Partnership	8.3	8.5	8.4	8.3																							
		Coordination	8.3	8.4	8.2	8.2																							
Physical & emotional needs	8.6	8.7	8.5	8.4																									
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CROWN FUNDING AGREEMENT REPORTS	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																					
Before school check funding	<table border="1"> <caption>Quarterly Target Progress</caption> <thead> <tr> <th>Quarter</th> <th>Total (%)</th> <th>High Dep (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Qtr1 YTD</td> <td>25</td> <td>25</td> <td>25</td> </tr> <tr> <td>Qtr2 YTD</td> <td>50</td> <td>50</td> <td>50</td> </tr> <tr> <td>Qtr3 YTD</td> <td>75</td> <td>75</td> <td>75</td> </tr> <tr> <td>Qtr4 YTD</td> <td>80</td> <td>80</td> <td>100</td> </tr> </tbody> </table>	Quarter	Total (%)	High Dep (%)	Target (%)	Qtr1 YTD	25	25	25	Qtr2 YTD	50	50	50	Qtr3 YTD	75	75	75	Qtr4 YTD	80	80	100	Continuing to achieve quarterly targets, with 1,591 B4 School Checks completed year to date (80% of annual target), of which 451 were for the high deprivation cohort of children.	Q1	A
		Quarter	Total (%)	High Dep (%)	Target (%)																			
		Qtr1 YTD	25	25	25																			
		Qtr2 YTD	50	50	50																			
		Qtr3 YTD	75	75	75																			
Qtr4 YTD	80	80	100																					
Q2	A																							
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Q4																								

Disability Support Services	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																	
Disability Support Services	<table border="1"> <thead> <tr> <th>DSS: 2016/17 Q3</th> <th>Volume</th> </tr> </thead> <tbody> <tr> <td>Number accessing inpatient service over the quarter</td> <td>42</td> </tr> <tr> <td>Average number on wait list at end of each month</td> <td>4</td> </tr> <tr> <td>ALOS</td> <td>11.0</td> </tr> <tr> <td>Outpatient attendances</td> <td>46</td> </tr> <tr> <td>Number of outpatients</td> <td>21</td> </tr> <tr> <td>Domiciliary / community visits</td> <td>28</td> </tr> <tr> <td>Ave days between referral and first community contact</td> <td>30.7</td> </tr> </tbody> </table>	DSS: 2016/17 Q3	Volume	Number accessing inpatient service over the quarter	42	Average number on wait list at end of each month	4	ALOS	11.0	Outpatient attendances	46	Number of outpatients	21	Domiciliary / community visits	28	Ave days between referral and first community contact	30.7	Refers to disability support service purchase units delivered for the under 65 year old age group. Report template submitted as required. Small volumes continue.	Q1	A
	DSS: 2016/17 Q3	Volume																		
	Number accessing inpatient service over the quarter	42																		
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Elective and Ambulatory Initiatives	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																
Elective and Ambulatory Initiatives - case weighted discharges - first specialist assessments - non-admitted procedures - community referred tests Elective Services Performance Indicators – 2 and 5	<table border="1"> <thead> <tr> <th>2016/17 Q3 YTD</th> <th>% delivery of YTD plan</th> <th>YTD target</th> </tr> </thead> <tbody> <tr> <td>CWDs</td> <td>98.2%</td> <td>6,809.4</td> </tr> <tr> <td>FSA's</td> <td>114.0%</td> <td>16,443</td> </tr> <tr> <td>NAPs</td> <td>88.3%</td> <td>6,767</td> </tr> <tr> <td>Cmty Tests</td> <td>124.9%</td> <td>25,936</td> </tr> </tbody> </table>	2016/17 Q3 YTD	% delivery of YTD plan	YTD target	CWDs	98.2%	6,809.4	FSA's	114.0%	16,443	NAPs	88.3%	6,767	Cmty Tests	124.9%	25,936	<p>Delivery against CWD planned volume within accepted threshold (- 5%); delays in clinical coding of discharged records have an impact on this reported result.</p> <p>Delivery of first specialist assessments and community referred tests are well ahead of target year to date and non admitted procedures are behind planned volume but some of these procedures are completed as admitted events rather than outpatient events).</p> <p>(ESPI results are included for completeness – they are subject to a separate reporting process; not part of this quarterly MoH assessment).</p>	Q1	A
	2016/17 Q3 YTD	% delivery of YTD plan	YTD target																
	CWDs	98.2%	6,809.4																
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ESPI waiting times	>4 months	Number outside wait times																	
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\* as at end March, report date 01 May 2017

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\* All percentages are rounded to nearest whole number



<b>Well Child Tamariki Ora</b>	Number of babies enrolled at end of each quarter (excluding Plunket)				Small increase each quarter in the number of babies enrolled with WCTO providers at end of each quarter, and consequential increase in core contacts	Q1	<b>A</b>	
		2015/16	2016/17	<b>Core contacts during quarter</b>		Q2	<b>A</b>	
	<b>Q1</b>	1,411	1,539	791		Q3	<b>A</b>	
	<b>Q2</b>	1,449	1,546	471		Q4		
	<b>Q3</b>	1,470	<b>1,554</b>	<b>681</b>				
	<b>Q4</b>	1,501						
<b>Establishment of green prescription initiative</b>	Adult Services Annual target number of referrals: 1,517				Large increase in referrals for both programmes this quarter; already exceeding annual target (90) for the Active Families programme with 133 referrals year to date. Participation in BOOST multidisciplinary team programme (for raising healthy kids health target) proving valuable.  Increase in number of referrals for Adult programme – focused activity for refugee/migrant communities as well.	Q1	<b>A</b>	
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>		<b>Q4</b>	Q2	<b>A</b>
	Total	370	337	459			Q3	<b>A</b>
	Maori	90	66	115			Q4	
	Active Families (children & youth) Annual target number of referrals: 90							
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>				
Total	67	24	37					
Maori	30	8	19					
<b>National Patient Flow</b>	Delivery of phased implementation plan and specified data capture and report extracts to Ministry's collection.				Reporting not required this quarter.		Q1	<b>A</b>
							Q4	
<b>Appoint Cancer Nurse Coordinators</b>	Confirmation / exception report.				Reporting not required this quarter.		Q2	<b>A</b>
							Q4	
<b>Appoint Cancer Psychological and Social Support Workers</b>	Confirmation / exception report.				Reporting not required this quarter.		Q2	<b>PA</b>
							Q4	
<b>Appoint Regional Cancer Centre Clinical Psychologist</b>	Confirmation / exception report.				Reporting not required this quarter.		Q2	<b>PA</b>
							Q4	

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