

2016/17 QUARTER 4 (APRIL – JUNE 2017): SUMMARY REPORT OF RESULTS - NON FINANCIAL MONITORING FRAMEWORK AND PERFORMANCE MEASURES, INCLUDING HEALTH TARGETS

HEALTH TARGETS	RESULTS	SUMMARY COMMENT *	MOH ASSESSMENT
Shorter stays in the Emergency Department		<p>A further reduction in the performance result this quarter, significantly below target. Of the 10,435 presentations to ED this quarter, 9,191 (88%) were admitted, transferred or discharged within six hours. Examination of lengths of stay greater than 6 hours continues. Programmes of work underway include: development of acute and urgent care strategy with PHO, theatre utilisation review and production planning, medical staff rostering model and overall patient flow improvements.</p> <p>Despite target still not being achieved, the MoH has rated performance as partially achieved due the remedial actions in place.</p>	Q1 PA
			Q2 PA
			Q3 PA
			Q4 PA
Improved access to elective surgery		<p>Exceeded target increase in surgical volume, with 8,281 elective and arranged surgical discharges delivered by year end – 105% of target (7,877). Fifteen percent of the total volume was delivered by other DHBs.</p>	Q1 A
			Q2 A
			Q3 A
			Q4 A
Faster cancer treatment (62 day indicator)		<p>Continued improvement over the quarter to 87% (n.39) of 45 people identified with a high suspicion of cancer receiving their first treatment within 62 days. The rolling six-month result (January to June) was 83% (n.64) of 77 patients (national result was 81%).</p>	Q1 PA
			Q2 PA
			Q3 PA
			Q4 PA
Better help for smokers to quit (primary and maternity)		<p>(1) Primary: Continued improvement (an increase of 2.4%) over the quarter to 89.8% (n. 19,930) of 22,193 eligible enrolled population offered brief advice to quit smoking.</p> <p>(2) Maternity: Reduction in results this quarter – in contrast to previous quarters where the target has been consistently achieved, and exceeded with the exception of quarter three, 2015/16. Suspected issue with incomplete data in the MMPO data base over this period. This will continue to be monitored closely.</p>	Q1 (1) PA (2) A
			Q2 (1) PA (2) A
			Q3 (1) PA (2) A
			Q4 (1) A (2) PA
Increased immunisation (8 months of age)		<p>Below target again this quarter with 515 (93%) of 556 eligible children receiving their immunisation on time. A further rate reduction for eligible Māori children, of whom 191 (90%) of 213 were fully immunised by their milestone age. The decline rate remains similar to quarter three, at 3.8% (n. 21).</p>	Q1 A
			Q2 A
			Q3 PA
			Q4 PA

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* All percentages are rounded to nearest whole number

Raising healthy kids	<table border="1"> <caption>Referral Rates for Raising Healthy Kids</caption> <thead> <tr> <th>Quarter</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>65</td> <td>70</td> <td>86</td> </tr> <tr> <td>Qtr 2</td> <td>88</td> <td>92</td> <td>86</td> </tr> <tr> <td>Qtr 3</td> <td>88</td> <td>92</td> <td>86</td> </tr> <tr> <td>Qtr 4</td> <td>92</td> <td>92</td> <td>86</td> </tr> </tbody> </table>	Quarter	Total (%)	Māori (%)	Target (%)	Qtr 1	65	70	86	Qtr 2	88	92	86	Qtr 3	88	92	86	Qtr 4	92	92	86	<p>For six month period ending 31 May 2017. An increase in result for the total number of children seen, with 92% (n.82) of 89 children offered a referral over this period – ahead of the national rate (86%).</p> <p>The referral offer rate was sustained at 94% (n.34) of 36 Māori children seen, but 47% (n.16) of the offered referrals were declined. The Childhood Obesity Steering Group is set to commence working with Massey University to develop a small research project to identify barriers which inhibit or prevent families’ acceptance of obesity diagnosis to support a reduction in referral decline rates, particularly for Māori and Pacific children.</p>	Q1	PA
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NZ HEALTH STRATEGY	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT													
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	Strategic theme	Q4 examples														
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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	<table border="1"> <caption>Access Rates for PP6</caption> <thead> <tr> <th>Time Period</th> <th>Māori 0-19 yrs</th> <th>Māori 20-64 yrs</th> <th>Māori All ages</th> <th>Non Māori 0-19 yrs</th> <th>Non Māori 20-64 yrs</th> <th>Non Māori All ages</th> <th>Total All ages</th> </tr> </thead> <tbody> <tr> <td>12mths to Jun16</td> <td>4.5</td> <td>7.5</td> <td>5.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> </tr> <tr> <td>12mths to Sep16</td> <td>4.5</td> <td>7.5</td> <td>5.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> </tr> <tr> <td>12mths to Dec16</td> <td>4.5</td> <td>7.5</td> <td>5.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> </tr> <tr> <td>12mths to Mar17</td> <td>4.5</td> <td>7.5</td> <td>5.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> <td>4.5</td> </tr> </tbody> </table>	Time Period	Māori 0-19 yrs	Māori 20-64 yrs	Māori All ages	Non Māori 0-19 yrs	Non Māori 20-64 yrs	Non Māori All ages	Total All ages	12mths to Jun16	4.5	7.5	5.5	4.5	4.5	4.5	4.5	12mths to Sep16	4.5	7.5	5.5	4.5	4.5	4.5	4.5	12mths to Dec16	4.5	7.5	5.5	4.5	4.5	4.5	4.5	12mths to Mar17	4.5	7.5	5.5	4.5	4.5	4.5	4.5	Data included in graph is to 12 month period ending 31 March 2017. Small increase in access rates across all ethnicity and age groups. Exceeded targets. For the 12 months ending March 2017, just over 4% (n.7,415) of the estimated total population (174,340) were seen by Mental Health and Addiction services (6% Māori and 4% non-Māori).	Q2	A
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PP7: Improving mental health services using transition / discharge planning (0-19 yrs)	<table border="1"> <caption>Transition/Discharge Planning Rates for PP7</caption> <thead> <tr> <th>Quarter</th> <th>Māori (%)</th> <th>Total (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>15/16 Q1</td> <td>25</td> <td>55</td> <td>70</td> </tr> <tr> <td>15/16 Q2</td> <td>75</td> <td>80</td> <td>70</td> </tr> <tr> <td>15/16 Q3</td> <td>75</td> <td>80</td> <td>70</td> </tr> <tr> <td>15/16 Q4</td> <td>55</td> <td>75</td> <td>70</td> </tr> <tr> <td>16/17 Q1</td> <td>55</td> <td>75</td> <td>70</td> </tr> <tr> <td>16/17 Q2</td> <td>85</td> <td>80</td> <td>70</td> </tr> <tr> <td>16/17 Q3</td> <td>85</td> <td>80</td> <td>70</td> </tr> <tr> <td>16/17 Q4</td> <td>75</td> <td>80</td> <td>70</td> </tr> </tbody> </table>	Quarter	Māori (%)	Total (%)	Target (%)	15/16 Q1	25	55	70	15/16 Q2	75	80	70	15/16 Q3	75	80	70	15/16 Q4	55	75	70	16/17 Q1	55	75	70	16/17 Q2	85	80	70	16/17 Q3	85	80	70	16/17 Q4	75	80	70	Reduction in results this quarter for the number of younger people discharged with a transition plan. Of the 610 young people discharged over this 12 month period, 474 (78%) had a transition plan (70% of 93 were Māori). The gains made over the previous two quarters were not sustained over this quarter. Rigorous monitoring of this area for improvement was variable during the leadership transition process for the service; this phase is now complete and oversight of the improvement plan has resumed.	Q1	PA
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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>100% 95% 90% 85% 80% 75% 70% 65% 60% 55% 50%</p> <p>Qtr 1 Qtr 2 Qtr 3 Qtr 4</p> <p>— Non Māori <3 weeks — Māori <3 weeks — Non Māori <8 weeks — Māori <8 weeks — <3 weeks Target — <8 weeks Target</p>	<p>Continued improvement in wait times with 81% of all people referred for non-urgent mental health or addiction services seen within three weeks, achieving the target for the non-Māori population group. Sustained achievement of the target wait times for young people being seen within eight weeks for non-Māori and for the total population overall. Refinements made to the intake processes during quarter four are expected to contribute to further improvements to reduce waiting times.</p>	<p>Q1 PA</p> <p>Q2 PA</p> <p>Q3 PA</p> <p>Q4 A</p>
<p>PP10: Decayed, Missed and Filled Teeth (DMFT) mean score for Year 8 children</p>	<p>2.00 1.50 1.00 0.50 0.00</p> <p>Maori Pacific Other Total</p> <p>■ 2014 ■ 2015 ■ 2016</p>	<p>Reporting not required this quarter.</p>	<p>Q3 only A</p>
<p>PP11: Caries free children at aged 5 years</p>	<p>70% 65% 60% 55% 50% 45% 40% 35% 30% 25% 20% 15% 10% 5% 0%</p> <p>Maori Pacific Other Total</p> <p>■ 2014 ■ 2015 ■ 2016</p>	<p>Reporting not required this quarter.</p>	<p>Q3 only A</p>
<p>PP12: Utilisation of DHB-funded dental services by adolescents</p>	<p>Proportion of adolescent population seen by DHB funded dental services</p> <p>90.0% 85.0% 80.0% 75.0% 70.0% 65.0% 60.0% 55.0% 50.0%</p> <p>2010 2011 2012 2013 2014 2015 2016</p> <p>— MidCentral — NZ</p>	<p>The total number of adolescents seen in the 2016 year (including those seen by contracted dentists) was 8,504 (81% of the total estimated population). Interim data suggests there has been a notable decline in the number of adolescents seen by contracted dentists over the year (250 less), compared with previous year, although the estimated adolescent population also reduced (by 155). Despite not achieving the national target of 85%, MidCentral’s utilisation rate continues to be one of the higher rates across the DHBs.</p>	<p>Q4 PA</p>
<p>PP13: Preschool and primary school enrolments</p>	<p>110% 105% 100% 95% 90% 85% 80% 75% 70% 65% 60% 55% 50% 45%</p> <p>0 - 4 years 5 - 12 years</p> <p>■ 2014 ■ 2015 ■ 2016</p>	<p>Reporting not required this quarter.</p>	<p>Q3 only PA</p>

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<p>PP20: Improved management of long term conditions</p> <p>i. LTC</p> <p>ii. Diabetes</p> <p>iii. CVD</p> <p>iv. Acute heart health</p> <p>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>41.4%</td> <td>60.0%</td> </tr> <tr> <td>≥80% acute stroke service admissions</td> <td>82.5%</td> <td>80.6%</td> <td>80.0%</td> <td>86.1%</td> </tr> <tr> <td>90% CVD risk assessments</td> <td>89.8%</td> <td>89.8%</td> <td>89.8%</td> <td>89.6%</td> </tr> <tr> <td>90% CVD risk assessments – Māori male 35-44yr</td> <td>60.2%</td> <td>61.1%</td> <td>62.9%</td> <td>63.0%</td> </tr> <tr> <td>≥70% angiogram within 3 days</td> <td>71.4%</td> <td>73.8%</td> <td>72.0%</td> <td>83.3%</td> </tr> <tr> <td>95% ANZACS-QI data collection</td> <td>95.8%</td> <td>100%</td> <td>98.8%</td> <td>100%</td> </tr> <tr> <td>≥75% HbA1c <64mmol/mol</td> <td>N/a</td> <td>61.1%</td> <td>N/a</td> <td>63.3%</td> </tr> </tbody> </table> <p>* Stroke data is lagged by 3 months</p> <p>Annual Plan deliverables:</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>11</td> <td>2</td> </tr> <tr> <td>Diabetes</td> <td>6</td> <td>3</td> </tr> <tr> <td>CVD</td> <td>4</td> <td>3</td> </tr> <tr> <td>Acute heart health</td> <td>14</td> <td>8</td> </tr> </tbody> </table>	2016/17 Measures	Q1	Q2	Q3	Q4	≥6% eligible stroke thrombolysed	20.9%	13.8%	41.4%	60.0%	≥80% acute stroke service admissions	82.5%	80.6%	80.0%	86.1%	90% CVD risk assessments	89.8%	89.8%	89.8%	89.6%	90% CVD risk assessments – Māori male 35-44yr	60.2%	61.1%	62.9%	63.0%	≥70% angiogram within 3 days	71.4%	73.8%	72.0%	83.3%	95% ANZACS-QI data collection	95.8%	100%	98.8%	100%	≥75% HbA1c <64mmol/mol	N/a	61.1%	N/a	63.3%	Programme	Milestones due	Number achieved	Long term conditions	11	2	Diabetes	6	3	CVD	4	3	Acute heart health	14	8	<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 continued data collection issues and processes not yet implemented. Targets for some measures not achieved, but heading in desired direction.</p> <p>ii). Diabetes: Improvement in results for the HbA1c indicator this quarter. Despite rising 2.2 percentage points to 63%, achievement remains below target. A proactive, dashboard approach to reporting HbA1c results will occur on a quarterly basis in the 2017/18 year allowing closer monitoring of HbA1c results by GPTs.</p> <p>iii). Cardiovascular health: Small reduction in total population rate relative to last quarter and slightly less than result for same period at end June 2016; small increase in Māori and Pacific population groups. There were 1,076 more adults in the total enrolled eligible group over this year – there were an additional 624 CVDRAs completed.</p> <p>iv). Acute heart health: Targets achieved, with improvement in results for both indicators this quarter.</p> <p>v). Stroke: Targets achieved, with improvement in results for both indicators this quarter.</p>	<table border="1"> <tbody> <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>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> </tbody> </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	A	ii	A	iii	A	iv	A	v	A
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<p>PP21: Immunisation coverage</p> <p>i. 2 years old</p> <p>ii. 5 years old</p> <p>iii. HPV – eligible girls</p>	<table border="1"> <caption>Immunisation Coverage Data (Estimated from Graph)</caption> <thead> <tr> <th>Year/Quarter</th> <th>2 yrs old (%)</th> <th>5 yrs old (%)</th> </tr> </thead> <tbody> <tr><td>15/16 Q1</td><td>97.5</td><td>92.0</td></tr> <tr><td>15/16 Q2</td><td>96.5</td><td>93.5</td></tr> <tr><td>15/16 Q3</td><td>95.5</td><td>93.0</td></tr> <tr><td>15/16 Q4</td><td>96.0</td><td>94.0</td></tr> <tr><td>16/17 Q1</td><td>94.5</td><td>93.0</td></tr> <tr><td>16/17 Q2</td><td>95.5</td><td>94.0</td></tr> <tr><td>16/17 Q3</td><td>97.5</td><td>94.5</td></tr> <tr><td>16/17 Q4</td><td>94.5</td><td>93.5</td></tr> </tbody> </table>	Year/Quarter	2 yrs old (%)	5 yrs old (%)	15/16 Q1	97.5	92.0	15/16 Q2	96.5	93.5	15/16 Q3	95.5	93.0	15/16 Q4	96.0	94.0	16/17 Q1	94.5	93.0	16/17 Q2	95.5	94.0	16/17 Q3	97.5	94.5	16/17 Q4	94.5	93.5	<p>Targets not achieved for either the 2 year old or the 5 year old milestone ages.</p> <p>(i) Two year old children: 94% of 558 eligible children were fully immunised on time, falling below target contrary to last quarter's results. With a 4% (n.22) decline rate for this cohort of children this quarter, it is very difficult to achieve target. Work will continue alongside GPTs to reduce the decline rates.</p> <p>(ii) Five year old children: Despite steady gains over this year to achieve target last quarter, a 6% (n.31) decline rate is noted with concern; higher than the 12 month decline rate (5%). The recent anti-immunisation lobby, coupled with the increased workload with the influenza immunisation campaign, has contributed to a lower immunisation rate this quarter.</p> <p>(iii) Human Papillomavirus vaccine (HPV): Achieved target (70%) for this cohort at end of June 2017, with 72% (n.728) of the 1,010 eligible girls fully immunised for HPV. Notable high coverage rates for Māori, Pacific and Asian girls.</p>	<table border="1"> <tbody> <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="3">Q4</td><td>i</td><td>PA</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td>iii</td><td>A</td></tr> </tbody> </table>	Q1	i	PA	ii	PA	Q2	i	A	ii	PA	Q3	i	A	ii	A	Q4	i	PA	ii	PA	iii	A																																																		
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PP22: Delivery of actions to improve system integration and System Level Measures (SLMs)	Annual Plan deliverables:			<p>Acute care system design: Actions centred around improving effectiveness of urgent and acute care response for patients identified as 'frequent users' of ED, St John Ambulance and General Practice are delayed, but planned actions are set to get underway early 2017/18. Delays to milestone dates for integrated district nursing teams with IFHCs/GPTs; implementation scheduled to commence 1 July 2017.</p> <p>Reduced admissions and acute medical bed days for congestive heart failure and gastroenteritis relative to 2015/16 year, although acute bed day utilisation rate for respiratory infections/inflammations remains higher than the national rate.</p> <p>Long term conditions system design: Delays with development and implementation of a roadmap identifying district-wide specialist/primary health care services to be delivered in IFHCs/GPTs.</p>	Q1	A																
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PP23: Delivery of actions to improve wrap around services for Older People	Annual Plan deliverables:			<p>Majority of milestones for programmes met as at June 2017. Targeted dementia education and training programme established and implemented; Collaborative Clinical Pathway for dementia published and being utilised; continued delays with evaluation of specialist Health of Older People (HOP) team pilot – no risk at this time as intended outcome is basis for further expansion. The 'Improving Falls and Fracture Service Outcomes for Older People Prevention and Rehabilitation' programme has been rolled over to the 2017/18 year.</p>	Q1	A																
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PP25: Prime Minister's Youth Mental Health project	Annual Plan deliverables:			<p>All projects on track for school based health services. Transition of Care Planning project deferred until November 2017 due to project management resource availability. Collaborative Clinical Pathway development for transgender clients behind schedule due to broadening of scope to incorporate a more holistic approach.</p>	Q1	A																
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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:			<p>Crisis response service making further sustainable improvements in response times with Police; regular liaison meetings held.</p> <p>Launch of the revised primary health care model (Te Ara Rau) is delayed and will now occur in August with phased implementation set to occur from September 2017.</p>	Q1	A																
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PP27: Supporting vulnerable children	Annual Plan deliverables: <table border="1"> <thead> <tr> <th>Programme</th> <th>Milestones due</th> <th>Number achieved</th> </tr> </thead> <tbody> <tr> <td>Family violence & Children's Team</td> <td>3</td> <td>0</td> </tr> <tr> <td>Social Sector Trial</td> <td>0</td> <td>0</td> </tr> <tr> <td>Learning & behaviour</td> <td>2</td> <td>0</td> </tr> <tr> <td>Vulnerable Children Act</td> <td>6</td> <td>6</td> </tr> </tbody> </table>	Programme	Milestones due	Number achieved	Family violence & Children's Team	3	0	Social Sector Trial	0	0	Learning & behaviour	2	0	Vulnerable Children Act	6	6	Process for the completion of the Child Protection Policy has been delayed, but is underway. Multi-agency plan is not likely to be completed as the group is undergoing a significant realignment process, due for completion later in 2017. NZ Police and the Acting Commissioner for the Ministry of Social Development have agreed to participate in the multi-agency Child Health Tamariki Ora District Group. As reported previously, intended resource to support implementation of learning and behaviour pathway deferred to 2017/18 year.	<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>PA</td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4	PA																														
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PP28: Reducing Rheumatic Fever i. hospitalisation rate per 100,000 population ii. case follow up	<table border="1"> <thead> <tr> <th>2016/17</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Number of cases</td> <td>2</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Rate per 100,000 *</td> <td>1.2</td> <td>0</td> <td>0.6</td> <td>0</td> </tr> </tbody> </table> <p>* caution in interpreting rates with small numbers</p>	2016/17	Q1	Q2	Q3	Q4	Number of cases	2	0	1	0	Rate per 100,000 *	1.2	0	0.6	0	No new hospitalisations for acute rheumatic fever this quarter. Year to date rate remains above annual target however, with three cases.	<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>A</td></tr> </table>	Q1	A	Q2	A	Q3	A	Q4	A																														
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PP29: Improving waiting times for diagnostic services i. Coronary angiography ii. CT and MRI iii. Colonoscopy - Urgent - Non urgent - Surveillance	<table border="1"> <thead> <tr> <th>2016/17 Targets</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>95% elective coronary angiography ≤90 days</td> <td>97.0%</td> <td>100%</td> </tr> <tr> <td>95% CT ≤42 days</td> <td>86.8%</td> <td>87.7%</td> </tr> <tr> <td>85% MRI ≤42 days</td> <td>100%</td> <td>100%</td> </tr> <tr> <td colspan="3">Colonoscopy</td> </tr> <tr> <td>85% urgent ≤14 days</td> <td>88.9%</td> <td>100%</td> </tr> <tr> <td>70% non-urgent ≤42 days</td> <td>56.0%</td> <td>83.9%</td> </tr> <tr> <td>70% surveillance ≤84 days</td> <td>45.6%</td> <td>68.5%</td> </tr> </tbody> </table>	2016/17 Targets	Q3	Q4	95% elective coronary angiography ≤90 days	97.0%	100%	95% CT ≤42 days	86.8%	87.7%	85% MRI ≤42 days	100%	100%	Colonoscopy			85% urgent ≤14 days	88.9%	100%	70% non-urgent ≤42 days	56.0%	83.9%	70% surveillance ≤84 days	45.6%	68.5%	i). Coronary angiography – All 69 patients over this quarter received their elective coronary angiography within the 90 days. ii). CT and MRI – All 1,393 patients over this quarter received their MRI scan within the 42 days. Results for CT scans rose slightly this quarter, with an average of 88% per month this quarter. Increased capacity for CTs is commencing 1 July 2017, as planned. iii). Colonoscopy – Improvement in results this quarter for urgent colonoscopies. Significant improvement in results this quarter for non-urgent colonoscopies with an average of 84% of patients receiving their colonoscopy within 42 days, exceeding the target of 70%. Not far off from achieving the target for surveillance colonoscopies at 69% against a target of 70%.	<table border="1"> <tr><td rowspan="2">Q1</td><td>i</td><td>A</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="3">Q2</td><td>iii</td><td>A</td></tr> <tr><td>i</td><td>A</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="3">Q3</td><td>iii</td><td>A</td></tr> <tr><td>i</td><td>A</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="3">Q4</td><td>iii</td><td>N</td></tr> <tr><td>i</td><td>A</td></tr> <tr><td>ii</td><td>PA</td></tr> <tr><td rowspan="2">Q4</td><td>iii</td><td>A</td></tr> </table>	Q1	i	A	ii	PA	Q2	iii	A	i	A	ii	PA	Q3	iii	A	i	A	ii	PA	Q4	iii	N	i	A	ii	PA	Q4	iii	A
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	PP30: i. Faster cancer treatment (31 days) ii. Shorter waits for cancer treatment (radiotherapy and chemotherapy)	<p>FCT: 31 days</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Within 31 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>15/16 Qtr1</td><td>96</td><td>86</td></tr> <tr><td>15/16 Qtr2</td><td>85</td><td>86</td></tr> <tr><td>15/16 Qtr3</td><td>86</td><td>86</td></tr> <tr><td>15/16 Qtr4</td><td>87</td><td>86</td></tr> <tr><td>16/17 Qtr1</td><td>88</td><td>86</td></tr> <tr><td>16/17 Qtr2</td><td>87</td><td>86</td></tr> <tr><td>16/17 Qtr3</td><td>86</td><td>86</td></tr> <tr><td>16/17 Qtr4</td><td>94</td><td>86</td></tr> </tbody> </table>	Quarter	Within 31 days (%)	Target (%)	15/16 Qtr1	96	86	15/16 Qtr2	85	86	15/16 Qtr3	86	86	15/16 Qtr4	87	86	16/17 Qtr1	88	86	16/17 Qtr2	87	86	16/17 Qtr3	86	86	16/17 Qtr4	94	86	i). 93% (n.166) of 179 eligible patients during this quarter received their first treatment within 31 days of the decision to treat – exceeding target. Rolling six-month result (January – June) was 89% (n.305) of 341 patients. ii). All patients who were ready for treatment continue to receive radiotherapy or chemotherapy within 4 weeks.	<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>A</td></tr> <tr><td>ii</td><td>A</td></tr> </table>	Q1	i	A	ii	A	Q2	i	A	ii	A	Q3	i	A	ii	A	Q4	i	A	ii	A					
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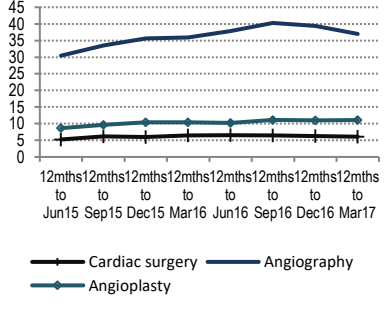
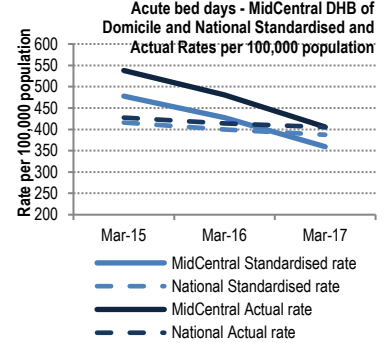
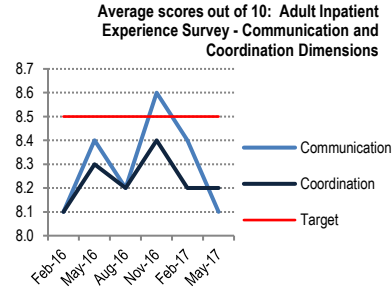
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SYSTEM INTEGRATION	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																										
SI1: Ambulatory Sensitive Hospitalisations (1) 00 – 04 years of age (also SLM) (2) 45 – 64 years of age	<p>Non standardised rate per 100,000 population</p> <table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Period</th> <th>Total 00-04</th> <th>Māori 00-04</th> <th>Total 45-64</th> <th>Māori 45-64</th> </tr> </thead> <tbody> <tr> <td>12mths to Mar14</td> <td>6000</td> <td>6500</td> <td>4500</td> <td>6000</td> </tr> <tr> <td>12mths to Mar15</td> <td>6500</td> <td>6000</td> <td>4200</td> <td>5500</td> </tr> <tr> <td>12mths to Mar16</td> <td>6700</td> <td>6800</td> <td>4500</td> <td>6500</td> </tr> <tr> <td>12mths to Mar17</td> <td>6340</td> <td>6701</td> <td>4523</td> <td>6478</td> </tr> </tbody> </table>	Period	Total 00-04	Māori 00-04	Total 45-64	Māori 45-64	12mths to Mar14	6000	6500	4500	6000	12mths to Mar15	6500	6000	4200	5500	12mths to Mar16	6700	6800	4500	6500	12mths to Mar17	6340	6701	4523	6478	<p>For 12 month period ending March 2017 (note this may be incomplete dataset due to coding delays at time of report extract).</p> <p>(1) 00-04 years of age: Results reported are tracking much better than year-end goal at 5,904 ASH rate per 100,000 total population; a reduction of 117 ASH events over the 12 months. Improved result also for Māori population group with ASH rate reducing from 6,701 in March 2016 to 6,340 per 100,000 Māori 0-4 year old population at end March 2017. Planned activities over the 2016/17 year focused on respiratory conditions, oral health, skin conditions and gastroenteritis all on track; notable reductions in hospitalisations for asthma, gastroenteritis and pneumonia (116 in total).</p> <p>(2) 45-64 years of age: Non standardised ASH rates remain relatively stable for total 45 – 64 year old age group; 4,523 per 100,000 at end of March 2017 (4,541 at end of March 2016) – an increase of five admissions over the year to 1,980 ASH events. For Māori, the number and rate of ASH has reduced from 6,928 per 100,000 (415 ASH events) to 6,478 (401 ASH events) at end of March 2017 (rate also influenced by increase in Māori population). The equity gap between MidCentral Māori and non-Māori rates remain. Predominant ASH conditions for which adults were admitted continue to be angina and chest pain, myocardial infarction, cellulitis, pneumonia, and, nutritional deficiency and anaemia.</p>	Q2	PA
		Period	Total 00-04	Māori 00-04	Total 45-64	Māori 45-64																							
12mths to Mar14	6000	6500	4500	6000																									
12mths to Mar15	6500	6000	4200	5500																									
12mths to Mar16	6700	6800	4500	6500																									
12mths to Mar17	6340	6701	4523	6478																									
Q4	PA																												
SI2: Ensuring delivery of Regional Service Plans	Progress of Programme Deliverables for Quarter 4 <table border="1"> <tbody> <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>Not applicable</td> <td>1</td> </tr> <tr> <td>Total</td> <td>12</td> </tr> </tbody> </table>	Achieved	8	Partially achieved	3	Not achieved	0	Not applicable	1	Total	12	<p>Eight of the 11 programmes assessed this quarter were rated as achieved subsequent to completing follow up requirements or providing additional information. Of the remaining three programmes, the partially achieved rating related to the national health targets or performance measures not being achieved on a regional basis and there were delays to some milestone dates. The measures not being met include the Faster Cancer Treatment health target, elective services wait times (ESPIs), and cardiac intervention rates. (See separate quarter 4 implementation progress update).</p>	Q1	PA															
Achieved	8																												
Partially achieved	3																												
Not achieved	0																												
Not applicable	1																												
Total	12																												
			Q2	PA																									
			Q3	PA																									
			Q4	PA																									
SI3: Ensuring delivery of Service Coverage	<p>Meeting service coverage expectations and resolving any service gaps</p>	<p>No service coverage issues noted. Ad hoc information or updates included as requested by MoH this quarter: Social sector trials, reducing unintended teenage pregnancy and data sharing of health target information / results.</p>	Q2	A																									
			Q4	A																									

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

* All percentages are rounded to nearest whole number

<p>SI4: Standardised Intervention Rates - 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 March 2017. Standardised intervention rates per 10,000 population relative to national target rates: Cardiac surgery: 6.13 – not significantly different from national target. Angiography: 36.98 – above national target Angioplasty: 11.10 – not significantly different from national target. Both angiography and angioplasty rates have increased over these 12 months ending March 2017 relative to the 12 month period ending March 2016.</p>	<p>Q1 A</p> <p>Q2 A</p> <p>Q3 A</p> <p>Q4 A</p>
<p>SI5: Delivery of Whānau Ora</p>	<p>Progress with Whanau Ora Provider Collectives, and supporting and/or delivering progress in the five priority health areas - mental health, asthma, oral health, obesity and tobacco - to support Whānau Ora, and the impact of this progress for whānau, where this is not covered by existing reporting requirements.</p>	<p>Progress report on contributions to Whanau Ora developments by establishing a relationship with Te Pou Matakana. Two initiatives within 2016/17 that have stood out include the Collective Impact work with Te Tihi o Ruahine in regards to Rangatahi and the Cervical Screening Support Commissioning process that Te Tihi o Ruahine secured, developing a continuum of support for Māori women in relation to their cervical health. (Health indicators reported elsewhere)</p>	<p>Q4 A</p>
<p>SI7: SLM – Acute hospital bed days per capita</p>		<p>Result reported to date better than year-end goal at 359.3 per 1,000 population (standardised) with 70,588 acute bed days utilised (12 months to March 2017). Note this may be incomplete dataset due to coding delays at time of report extract. Planned activities to improve average lengths of stay, reduced acute admissions, ambulatory sensitive hospitalisations (children and adults) influenced improved acute bed day reduction.</p> <p>For 12 months to March 2017, the 75+ age group utilised the most acute bed days (26,758 bed days for 4,770 acute admissions/stays) and the 30-44 year old age group utilised the least (5,074 bed days for 2,502 acute admissions/stays).</p>	<p>Q3 A</p> <p>Q4 A</p>
<p>SI8: SLM – Patient experience of care</p>		<p>Also refer to DV4. The SLM focused on improving two dimensions of the Adult inpatient experience survey in the 2016/17 year - communication and coordination. Average scores (out of 10) ranged from 8.1 to 8.6 for communication and from 8.2 to 8.4 for the coordination dimension over the last four surveys (latest one in May 2017, with a reduced response rate of 37% compared to around 46% in previous quarters). The questions where a reduction in rating was given for the Communication dimension mostly referred to patient privacy, with small decreases shown in being listened to by doctors and the provision of explanations and answers that could be understood.</p>	<p>Q3 A</p> <p>Q4 A</p>

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* All percentages are rounded to nearest whole number

		A positive change was noted with explanations on medication side effects. The average scores for MidCentral in both of these dimensions are about the same as the national average scores.		
SI9: SLM – Amenable mortality	Selected contributory measures: <ul style="list-style-type: none"> cervical screening breast screening tobacco smoking cardiovascular risk diabetes management healthy lifestyles 	No new data for amenable mortality available. Contributory measures and improvement plans predominantly on track as at June 2017. Cervical and breast screening rates for priority women and unscreened women remain below target however.	Q4	A

OWNERSHIP	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT	
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OS3: Inpatient length of stay - Acute - Elective		For 12 months to 31 March 2017. (1) Standardised elective ALOS: Slightly lower elective average length of stay than target; a reduction of 0.05 days compared to 12 month period ending March 2016, when there were 315 fewer elective inpatient stays (5,129) with 31 more bed days utilised. (2) Standardised acute ALOS: Reported result to date shows MidCentral achieving target (2.55 days), with a small reduction (0.06 days) in acute average length of stay compared to 12 month period ending March 2016.	Q1	(1) A (2) A
			Q2	(1) A (2) A
			Q3	(1) A (2) A
			Q4	(1) A (2) A

OS10: Improving the quality of identity data within the National Health Index and data submitted to National Collections				Q4	National identity data requirements all achieved expectations – a further improvement in NHI registrations causing duplications in particular. Two measures only partially achieved - National Collections file load success and NBRS links and dates, while NNPAC timeliness was not achieved, although improved compared to last quarter. NNPAC file loads have been problematic and continue to work through this; a complete resubmission has been made and we expect this to return to being on track from next quarter. The PRIMHD file load success rate was not achieved – an issue has been identified with the Alcohol and Drug Outcome Measures (ADOM) component of MHSMArt Online and file loads to PRIMHD - the PRIMHD coordinator is investigating other means to rectify this issue.	Q1	i	A
							ii	A
						Q2	i	A
							ii	A
							iii	A
						Q3	i	O
							ii	A
							iii	A
						Q4	i	A
							ii	A
							iii	A

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>Q4 Plan</th> <th>Q4 Actual</th> <th>% Delivery</th> </tr> </thead> <tbody> <tr> <td>Acute bed days</td> <td>1635</td> <td>1545</td> <td>94.5%</td> </tr> <tr> <td>Intensive bed days</td> <td>525</td> <td>481</td> <td>91.6%</td> </tr> <tr> <td>FTEs</td> <td>153.9</td> <td>155.4</td> <td>101%</td> </tr> </tbody> </table>	Purchase unit	Q4 Plan	Q4 Actual	% Delivery	Acute bed days	1635	1545	94.5%	Intensive bed days	525	481	91.6%	FTEs	153.9	155.4	101%	Output delivery substantially in line with planned purchase levels – variances within tolerance levels.	Q1	A
	Purchase unit	Q4 Plan	Q4 Actual	% Delivery																
	Acute bed days	1635	1545	94.5%																
	Intensive bed days	525	481	91.6%																
	FTEs	153.9	155.4	101%																
	Q2	A																		
	Q3	A																		
	Q4	A																		

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

* All percentages are rounded to nearest whole number

DEVELOPMENTAL MEASURES	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																										
DV4: Improving consumer experience	<table border="1"> <caption>Consumer Experience Scores (Estimated)</caption> <thead> <tr> <th>Quarter</th> <th>Communication</th> <th>Partnership</th> <th>Coordination</th> <th>Physical & emotional needs</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>8.2</td> <td>8.3</td> <td>8.3</td> <td>8.6</td> </tr> <tr> <td>Qtr 2</td> <td>8.6</td> <td>8.5</td> <td>8.4</td> <td>8.7</td> </tr> <tr> <td>Qtr 3</td> <td>8.4</td> <td>8.6</td> <td>8.2</td> <td>8.6</td> </tr> <tr> <td>Qtr 4</td> <td>8.1</td> <td>8.4</td> <td>8.2</td> <td>8.6</td> </tr> </tbody> </table>	Quarter	Communication	Partnership	Coordination	Physical & emotional needs	Qtr 1	8.2	8.3	8.3	8.6	Qtr 2	8.6	8.5	8.4	8.7	Qtr 3	8.4	8.6	8.2	8.6	Qtr 4	8.1	8.4	8.2	8.6	No process issues with administering the survey. About a quarter of the survey sample was by e-mail for this latest survey (May 2017). The questions where a reduction in rating was given by respondents to this survey for the Communication dimension mostly referred to patient privacy, with small decreases showing in being listened to by doctors and the provision of explanations and answers that could be understood. A positive change was noted with explanations on medication side effects. Weighted average scores are about the same as the national average scores across all dimensions.	Q1	A
		Quarter	Communication	Partnership	Coordination	Physical & emotional needs																							
		Qtr 1	8.2	8.3	8.3	8.6																							
		Qtr 2	8.6	8.5	8.4	8.7																							
Qtr 3	8.4	8.6	8.2	8.6																									
Qtr 4	8.1	8.4	8.2	8.6																									
Q2	A																												
Q3	A																												
Q4	A																												
CROWN FUNDING AGREEMENT REPORTS	RESULTS	SUMMARY COMMENT	MOH ASSESSMENT																										
Before school check funding	<table border="1"> <caption>Before School Check Funding (Estimated)</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>80</td> <td>80</td> <td>80</td> </tr> <tr> <td>Qtr4 YTD</td> <td>100</td> <td>100</td> <td>100</td> </tr> </tbody> </table>	Quarter	Total (%)	High Dep (%)	Target (%)	Qtr1 YTD	25	25	25	Qtr2 YTD	50	50	50	Qtr3 YTD	80	80	80	Qtr4 YTD	100	100	100	Achieved (exceeded) annual target for the eligible population, including those identified as high deprivation. A total of 2,101 B4 School Checks were completed in the 2016/17 year against a target of 1,996 and an eligible population of 2,196 children, of which 562 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	80	80	80																										
Qtr4 YTD	100	100	100																										
Q2	A																												
Q3	A																												
Q4	A																												
Disability Support Services	<table border="1"> <thead> <tr> <th colspan="2">DSS: 2016/17 Q4</th> <th>Volume</th> </tr> </thead> <tbody> <tr> <td>Number accessing inpatient service over the quarter</td> <td></td> <td>41</td> </tr> <tr> <td>Average number on wait list at end of each month</td> <td></td> <td>0</td> </tr> <tr> <td>ALOS</td> <td></td> <td>13.4</td> </tr> <tr> <td>Outpatient attendances</td> <td></td> <td>54</td> </tr> <tr> <td>Number of outpatients</td> <td></td> <td>17</td> </tr> <tr> <td>Domiciliary / community visits</td> <td></td> <td>31</td> </tr> <tr> <td>Ave days between referral and first community contact</td> <td></td> <td>5</td> </tr> </tbody> </table>	DSS: 2016/17 Q4		Volume	Number accessing inpatient service over the quarter		41	Average number on wait list at end of each month		0	ALOS		13.4	Outpatient attendances		54	Number of outpatients		17	Domiciliary / community visits		31	Ave days between referral and first community contact		5	Refers to disability support service purchase units delivered for the under 65 year old age group. Report template submitted as required. Small volumes remain.	Q1	A	
		DSS: 2016/17 Q4		Volume																									
		Number accessing inpatient service over the quarter		41																									
		Average number on wait list at end of each month		0																									
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Q2	A																												
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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 Q4 YTD</th> <th>% delivery of YTD plan</th> <th>YTD target</th> </tr> </thead> <tbody> <tr> <td>CWDs</td> <td>99.1%</td> <td>9,203.0</td> </tr> <tr> <td>FSAs</td> <td>126.1%</td> <td>22,205</td> </tr> <tr> <td>NAPs</td> <td>101.7%</td> <td>9,130</td> </tr> <tr> <td>Cmty Tests</td> <td>138.4%</td> <td>34,991</td> </tr> <tr> <td>ESPI waiting times</td> <td>>4 months</td> <td>Number outside wait times</td> </tr> <tr> <td>ESPI 2 status*</td> <td>0.7%</td> <td>35</td> </tr> <tr> <td>ESPI 5 status*</td> <td>1.6%</td> <td>23</td> </tr> </tbody> </table> <p>* as at end June, report date 07 August 2017</p>	2016/17 Q4 YTD	% delivery of YTD plan	YTD target	CWDs	99.1%	9,203.0	FSAs	126.1%	22,205	NAPs	101.7%	9,130	Cmty Tests	138.4%	34,991	ESPI waiting times	>4 months	Number outside wait times	ESPI 2 status*	0.7%	35	ESPI 5 status*	1.6%	23	<p>Volumes delivered against all ambulatory initiative FSAs, procedures and tests well exceeded planned volumes for the year. Case weighted discharges were below target, but within threshold.</p> <p>ESPI results for end of June show that 35 people (0.7%) waited longer than four months for their FSA (11 were 5 months), 17 of whom were in Orthopaedics. ESPI5 show that 23 people (1.6%) waited outside the four month timeframe (four were five months) for their surgery (predominantly ENT, General Surgery, Gynaecology and Ophthalmology).</p> <p>(Assessment rating excludes ESPIs).</p>	Q1	A	
		2016/17 Q4 YTD	% delivery of YTD plan	YTD target																									
		CWDs	99.1%	9,203.0																									
		FSAs	126.1%	22,205																									
NAPs	101.7%	9,130																											
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Q2	A																												
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Q4	A																												

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Well Child Tamariki Ora	Number of babies enrolled at end of each quarter (excluding Plunket)				Small increase each quarter in the number of babies enrolled with WCTO providers. Number of core contacts for quarter four is well under average; the reduced birth rate for the quarter is a contribution. The Relative Volume Unit (RVU) programme set to get underway later this year will gain more realistic expectations of our providers to increase their volumes.	Q1	A	
		2015/16	2016/17	Core contacts during quarter		Q2	A	
	Q1	1,411	1,539	791		Q3	A	
	Q2	1,449	1,546	471		Q4	A	
	Q3	1,470	1,554	681				
	Q4	1,501	1,586	646				
Establishment of green prescription initiative	Adult Services Annual target number of referrals: 1,517				Referrals for Active Families programme were ahead of target for the year; a total of 152 children and young people against an annual target of 90 were referred. Referrals to the Adult Services programme were also ahead of the annual target (1,517) with 1,562 referrals over the year. Maori participants in both programmes represented 26% of the total referred.	Q1	A	
		Q1	Q2	Q3		Q4	Q2	A
	Total	370	337	459		396	Q3	A
	Māori	90	66	115		102	Q4	A
	Active Families (children & youth) Annual target number of referrals: 90							
	Q1	Q2	Q3	Q4				
	Total	67	24	37	24			
	Māori	30	8	19	8			
Appoint Cancer Nurse Coordinators	Reports in accordance with the reporting requirements set out in the CFA Variation for this service				Meeting expectations.	Q2	A	
						Q4	A	
Appoint Cancer Psychological and Social Support Workers	Reports in accordance with the reporting requirements set out in the CFA Variation for this service				Largely meeting expectations – clarification being sought about application of specific funds to recruit and appoint to positions.	Q2	PA	
						Q4	PA	
Appoint Regional Cancer Centre Clinical Psychologist	Reports in accordance with the reporting requirements set out in the CFA Variation for this service				Meeting expectations.	Q2	PA	
						Q4	A	
National Immunisation Register (NIR) Ongoing Administration Services	Confirmation statement that service is in accordance with CFA Variation agreement				Meeting expectations.	Q4	A	
Immunisation Coordination Service	Confirmation statement that service is in accordance with CFA Variation agreement				Meeting expectations.	Q4	A	

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