

Government Planning Priority: Healthy Mums and Babies		
<b>Objective:</b> Increase early registration and continued engagement of pregnant women with a Lead Maternity Carer		
<b>Measures/Milestones:</b> Delivery of response actions agreed in Annual Plan (PP38, section 1)		<b>MOH Assessment</b>
		A
Activity	Quarter 1 Progress	
	Status	Comment
Work with Pae Ora Team to design and promote a campaign focused on 'Nurturing the next Generation'	B	The 'Nurturing the next Generation' programme is currently under development.
Support the further development and reach of the Pasifika Maternity Service in line with the Pasifika Health Strategy 2016-2025	B	The Pasifika Health Strategy 2016-2025 has been finalised. Currently awaiting internal prioritisation of funding resource to implement this strategy.
Implement and promote utilisation of the 'Early Booking in Pregnancy – First Trimester' collaborative clinical pathway, by 31 March 2018	P	On track. CCP completed. Currently being tested with nominated GPTs. On track for launch in Qtr3

Government Planning Priority: Keeping Kids Healthy		
<b>Objective:</b> Reduce hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years (respiratory conditions, skin infections and eczema)		
<b>Measures/Milestones</b> Delivery of response actions agreed in Annual Plan (PP38, section 1) Incremental increase in number of families with children who have respiratory conditions supported by Healthy Homes Project by 30 June 2018 Evaluation completed by 31 August 2017 Improvement plan implemented from 01 October 2017		<b>MOH Assessment</b>
		A
Activity	Quarter 1 Progress	
	Status	Comment
Extend interagency membership of Child Health Tamariki Ora District Group to include representatives from New Zealand Police, Housing New Zealand, and Ministry of Social Development, with participation by partner agencies from 01 September 2017	P	All roles have been filled and representatives from New Zealand Police, Housing New Zealand, and the Ministry of Social Development have commenced attending the Child Health Tamariki Ora District Group meetings.
Increase uptake of Healthy Homes Project support to insulate homes of eligible families in collaboration with Central PHO and EnergySmart through targeted awareness campaign with general practice teams (GPTs)	P	EnergySmart working with Central PHO to increase uptake by eligible families. Communication has gone to all GPTs and radio advertising has commenced.
Identify improvement opportunities arising from the evaluation of the family-based approach to improve the management of skin infections in school children	B	Evaluation completed; benefits to students and their whanau evident together with reduced hospitalisations for serious skin infections. Behind scheduled date for implementation of improvement; delay due to due to staff leave. Now expected by end of March 2018 (and aligned to new academic year).

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Government Planning Priority: Increased Immunisation			
<b>Objectives:</b> 1) Maintain immunisation coverage rates across priority age groups, per Immunisation Schedule 2) Increase Human Papillomavirus (HPV) immunisation rates			
<b>Measures/Milestones:</b>			<b>MoH Assessment</b>
(i) ≥95% 8 month old infants fully immunised (HT)			(i) PA
(ii) ≥95% 2 year olds and 5 year olds fully immunised (PP21)			(ii) PA
(iii) ≥75% of DHB population aged 65+ immunised against seasonal influenza (PP21)			(iii) PA
(iv) ≥75% of all 12 year old girls will have completed all doses of their HPV vaccine by 30 June 2018 (2004 birth cohort) (PP21)			(iv) NR
Activity	Results	Quarter 1 Progress	
		Status	Comment
By 30 June 2018, implement annual Immunisation work programme as defined and agreed by the Immunisation Stakeholder Group, including the seasonal influenza campaign for older people	<p>8 month old infants fully immunised on time</p>	P	Immunisation work programme continuing with stronger focus on key messaging, supporting staff (including GPTs) to have the critical conversations and effective informed consent to minimise deferring or wavering on immunisations.  Preparations underway to deliver a Communication skills course aimed at having critical conversations to improve the capability of staff to communicate an effective informed consent conversation  Now looking to work with the Midwifery Advisor around a media campaign to improve access to Pertussis and Influenza vaccination for pregnant women (up to 38 weeks gestation). The campaign will work alongside Community Pharmacy, General Practice Teams and Māori/Iwi providers who hold Well Child framework contracts.
	<p>2 year old and 5 year old children fully immunised on time</p>	P	(i) Two year old children: 93% (n.498) of 534 eligible children were fully immunised on time - a decline in results across all ethnicities relative to last quarter.  (ii) Five year old children: Improved coverage rate to 94% (n.498) of 529 five year old children this quarter. Similar results across ethnicities: 94% (n.186) Māori, 96% (n.22) Pacific children but lower coverage rate of 84% (n.41) for Asian children.
	60% (n.18,800) of 31, 340 total eligible older population and 48.0% (n.983) of 2,050 eligible older Maori population immunised against seasonal influenza as at end September 2017.	B	Annual result as at end September:  Influenza campaign and diligent attention to recall and delivery of influenza clinics held by GPTs throughout the season. Although below target, both rates were better than the national average (53.9% total population and 45.9% Maori population). The Stakeholder Group has been involved with the influenza vaccination campaign; it is looking at other means of ensuring families have the right information to enable informed consent and support them to reduce the potential for vaccine-preventable diseases.
By 30 September 2017, review and update the communication strategy to deliver the HPV campaign to target community groups (education sector and families/whānau)	Measured at end of June 2018. (Result at June 2017 for 2003 birth cohort was 72% [66% national total])	P	On track for Human Papillomavirus Vaccine campaign; planning for HPV and Tdap school based programme continues, with draft timetable for 2018 nearing completion.

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Government Planning Priority: Supporting Vulnerable Children			
<b>Objective:</b> Contribute to the collective action to reduce the incidence of assaults on children			
<b>Measures/Milestones:</b> Supporting Vulnerable Children (PP27) Child protection policy in place and part of contracted provider arrangements Number of instances where requirements for safety checking newly employed or engaged core and non-core children's workers not met. Number of existing staff found working in core children's workers roles who have been suspended under s28 of the Act			<b>MoH Assessment</b> <b>A</b>
Activity	Results	Quarter 1 Progress	
		Status	Comment
By 31 December 2017, secure funding and establish contract for Children's Team Lead Practitioners and Health Broker	One instance of not meeting the requirements for safety checking prior to commencement of work by newly employed children's workers (by three days).	P	Completed. Positions in place.
Subject to the outcome of the evaluation of the pilot conducted in 2016/17, contribute to the whānau-to-whānau ora 'family free of violence' initiative in Horowhenua	Human Resources process revised to comply with Vulnerable Children's Act 2014 requirements. No s28 suspensions of existing staff.	P	On track. The Whanau Ora Strategic Innovation and Development Group has this initiative on their agenda for the October meeting; overseeing progress.

Government Planning Priority: Child Health			
<b>Objectives:</b> 1) Reduce barriers to accessing timely care for young people and their families who are served by Oranga Tamariki 2) Support national work to improve health outcomes for children, young people and their families served by Oranga Tamariki			
<b>Measures/Milestones:</b> Delivery of response actions agreed in annual plan (PP38, section 2)			<b>MoH Assessment</b> NR
Activity	Results	Quarter 1 Progress	
		Status	Comment
By 30 June 2018, re-establish rapid access to on-site vision and hearing testing by Public Health Service staff for targeted priority populations at Te Aue Rere Youth Justice facility		P	On track. Discussions underway with facility staff to improve access through Vision Hearing Technicians working in the facility with the appropriate screening tools, is expected to reduce the number of clients referred to audiology services at the hospital.
By 30 June 2018, establish professional development plan for nursing staff to ensure that young people receive the most appropriate screening prior to referral		P	On track. Plan completed and being delivered.

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Government Planning Priority: Childhood Obesity Plan		
<b>Objective:</b> Progress local initiatives from the Childhood Obesity Plan		
<b>Measures/Milestones:</b> Delivery of response actions agreed in annual plan (PP38, section 2)		<b>MoH Assessment</b>
		NR
Activity	Quarter 1 Progress	
	Status	Comment
By 31 December 2017, maintain support for and promotion of the Active Families programme through the appointment of a local ambassador, with a focus on supporting Maori and Pacific young people and their whānau to participate	P	The Boost team meets monthly. (includes Active Families). Local ambassador in place and will commence support programme in second half of 2017/18 year, including media campaign that will be developed to support and promote Active Families and other local initiatives in the district
By 30 June 2018, establish mechanisms with providers to develop outcome criteria over contact time including feedback to Boost Team	P	The first part of the Massey University research project has been completed. The Childhood Obesity Advisory Group and research supervisors from Massey University will meet in November 2017 to discuss the outcomes and key research questions that the researcher will look to evaluate.
By 31 December, develop and agree process outcome measures following referral to the Boost Team	P	Discussions are underway regarding the next phases of the research and the ethical approval that will be required as some families in the MidCentral district will be asked to engage.
By 30 June 2018, establish baseline data	P	Baseline data continues to be collected for children identified as obese. Families referred to Active Families and dietitian services have data and information collected regarding fitness and dietary patterns. The research to be implemented by the Massey University student will help to measure the effectiveness of the Boost approach.

Government Planning Priority: Raising Healthy Kids																																										
<b>Objective:</b> Increase the number of obese children (and their family) being offered and accepting a referral for appropriate intervention																																										
<b>Measures/Milestones:</b> By December 2017, ≥95% of obese children identified in the B4SC programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions (HT) Reduction in decline rates for referrals over time Delivery of Whanau Ora (SI5)		<b>MoH Assessment</b>																																								
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Activity	Results	Quarter 1 Progress																																								
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Obtain ethics approval to undertake research with Massey University to identify barriers which inhibit or prevent families acceptance of obesity diagnosis to support a reduction in referral decline rates with a particular focus on Māori and Pacific children: Ethics approval granted by 31 December 2017 and research commenced by 31 March 2018	<table border="1"> <caption>Referral Rates Data</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td rowspan="4">16/17</td> <td>Qtr 1</td> <td>68</td> <td>-</td> <td>95</td> </tr> <tr> <td>Qtr 2</td> <td>90</td> <td>-</td> <td>95</td> </tr> <tr> <td>Qtr 3</td> <td>92</td> <td>-</td> <td>95</td> </tr> <tr> <td>Qtr 4</td> <td>94</td> <td>-</td> <td>95</td> </tr> <tr> <td rowspan="4">17/18</td> <td>Qtr 1</td> <td>-</td> <td>98</td> <td>95</td> </tr> <tr> <td>Qtr 2</td> <td>-</td> <td>98</td> <td>95</td> </tr> <tr> <td>Qtr 3</td> <td>-</td> <td>98</td> <td>95</td> </tr> <tr> <td>Qtr 4</td> <td>-</td> <td>98</td> <td>95</td> </tr> </tbody> </table>	Year	Quarter	Total (%)	Māori (%)	Target (%)	16/17	Qtr 1	68	-	95	Qtr 2	90	-	95	Qtr 3	92	-	95	Qtr 4	94	-	95	17/18	Qtr 1	-	98	95	Qtr 2	-	98	95	Qtr 3	-	98	95	Qtr 4	-	98	95	P	Exceeded target this quarter for the first time, achieving an outstanding rating. 101 (97%) of the 104 children identified as obese at the completed B4SC between 01 March and 31 August 2017 were referred to a health professional. The number and rate for Māori children was slightly higher at 98% (n.41) of 42 children over this period.  The first part of the Massey University research project has been completed. Discussions underway regarding the next phases of the research and the ethical approval that will be required as some families in the MidCentral district will be asked to engage.
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<p>Improve the effectiveness of the delivery of healthy conversations through targeted professional development sessions for Well Child Provider staff, Public Health Nurses and General Practice Teams</p> <p>Agreed schedule by 30 September 2017</p> <p>Schedule of sessions completed by 31 March 2018</p>	<p>Declined referrals: Six month period to end of August 2017</p> <table border="1" data-bbox="464 215 858 349"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>14</td> <td>33.3%</td> </tr> <tr> <td>Other</td> <td>19</td> <td>30.6%</td> </tr> <tr> <td>Total</td> <td>33</td> <td>31.7%</td> </tr> </tbody> </table> <p>Last period: Six month period to end of May 2017:</p> <table border="1" data-bbox="464 434 858 568"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>16</td> <td>44.4%</td> </tr> <tr> <td>Other</td> <td>15</td> <td>28.3%</td> </tr> <tr> <td>Total</td> <td>31</td> <td>34.8%</td> </tr> </tbody> </table>	Ethnicity	Number	Rate	Maori	14	33.3%	Other	19	30.6%	Total	33	31.7%	Ethnicity	Number	Rate	Maori	16	44.4%	Other	15	28.3%	Total	31	34.8%	<p><b>P</b> Feedback from the health professionals working in the community regarding further training has been for information regarding BMI percentiles and access to tools for measurement, as well as sensitive conversation and language around conversations including administrative staff. There has also been a preference for repetitive sessions to be held within working hours. This feedback will all be considered in the planning for the next training education session.</p>
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<p>By 31 March 2018, introduction of a 'traffic light' resource to assist Well Child Provider staff, public health nurses and General Practice Teams during healthy conversations with children and their family/whānau</p>	<p><b>P</b> The traffic light resource has been promoted and shared with health professionals during B4 School Check Nurses education sessions and the recent Child Health forum. Feedback from the sector has been positive and has been helpful during discussions with families regarding their child's weight and BMI percentile.</p>																									

Government Planning Priority: Prime Minister's Youth Mental Health Project		
<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1) Sustain delivery of School Based Health Services (SBHS)</li> <li>2) Strengthen equitable access to primary mental health services for young people</li> <li>3) Improve delivery of service options for transgender clients</li> </ol>		
<p><b>Measures/Milestones:</b></p> <p>Prime Minister's Youth Mental Health Project (PP25) quarterly narrative progress report</p> <p>Six monthly quantitative School Based Health Service data per template</p> <p>Milestones achieved per plan</p>	<p><b>MoH Assessment</b></p> <p style="text-align: center;"><b>A</b></p>	
Activity	Quarter 1 Progress	
	Status	Comment
<p>Work with schools, alternate education facilities and teen parent units to implement continuous quality improvement framework for youth health care in schools with SBHS</p>	<b>P</b>	<p>On track with all improvement activities for 2017 based on PDSA cycles for</p> <ul style="list-style-type: none"> <li>• Student Feedback – “Your Clinic, Your Voice, Your Health”- analysis of information completed. Very positive feedback received regarding the service. An action plan is to be developed to follow up on the suggestions made, e.g extended clinic hours.</li> <li>• Health Promoting Schools Rubric – Moving towards HPS Waiopahu College</li> <li>• Sexuality Education programme – “Mates and Dates” program has been delivered at Waiopahu College, Queen Elizabeth and Tararua Colleges.</li> <li>• Tararua College has established a Youth Health Council consisting of 2 representatives from each year group.</li> </ul>
<p>Build on development of the Response Framework in 2016/17, by implementing integrated access and support/treatment pathways for youth by 30 September 2017</p>	<b>B</b>	<p>The focus this quarter has been on carrying out a stock take of youth services (Youth Services Stocktake Survey) within the district and the visual design of the framework. It is intended that the framework be implemented during November 2017.</p>
<p>By 31 October 2017, establish and agree on work programme for delivery options for transgender clients with YOSS and Transgender steering group</p>	<b>B</b>	<p>The collaborative clinical pathway is undergoing further refinements and will be shared with the trans and gender diverse communities prior to finalisation. The work programme will be developed following prioritisation of the collaborative clinical pathway.</p>

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Government Planning Priority: Reducing Unintended Teenage Pregnancy		
<b>Objective:</b> Reduce the number of unintended teenage pregnancies		
<b>Measures/Milestones:</b> Delivery of response actions agreed in annual plan (PP38, section 1)		<b>MoH Assessment</b>
		NR
Activity	Quarter 1 Progress	
	Status	Comment
By 31 March 2018, establish a clinical advisory group to strengthen oversight and performance of the sexual and reproductive health services' contract with Central PHO, with a focus on workforce capability within General Practice Teams and enabling equitable access to long-acting reversible contraception (LARCs)	P	Reconfiguration of sexual health and reproductive contract is completed ready for approval, with an expected start date of 01 January 2018. The Advisory Group will then be established and oversee delivery of the LARC service from July 2018.
Continue to support the provision of funded emergency contraceptive pill (ECP) available via accredited community pharmacists	P	Ongoing – no reported issues. Professional development session with 110 attendees for pharmacies, Public Health Nurses and General Practice Teams regarding the (standardised) use of emergency contraception
Sustain youth friendly access to contraception services and sexual health advice and information by school based health services/public health nurses including ECP endorsement and/or use of standing orders	P	Contraception services (as well as sexual health and screening for sexually transmitted diseases) continues to be delivered by Public Health Nurses and Youth One Stop Shop nurses, under standing orders. No issues

Government Planning Priority: Pharmacy Action Plan		
<b>Objective:</b> Increase the number of patients who may benefit from access to community clinical pharmacists in health care delivery team		
<b>Measures/Milestones:</b> Delivery of response actions agreed in Annual Plan (PP38, section 2)		<b>MoH Assessment</b>
		NR
Activity	Quarter 1 Progress	
	Status	Comment
Subject to national process and funding during the 2017/18 year, support local implementation of national contracting arrangements once agreed to support the vision of 'Integrated Pharmacist Services in the Community' by 30 June 2018	P	National contracting arrangements remain under negotiation. Liaison maintained with CentralTAS (Pharmacy national programme) as coordinating body for this work.

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Government Planning Priority: Better Help for Smokers to Quit																																							
<b>Objective:</b>	Increase quit attempts through the provision of brief advice, offer of nicotine replacement therapy initiation, and referrals to smoking cessation services																																						
<b>Measures/Milestones:</b>	Health promotion schedule agreed by 30 September 2017 ≥90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months (HT) ≥90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking (HT) ≥95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking (PP31)	<b>MoH Assessment</b> (i) PA (ii) A (ii) N																																					
Activity	Results	Quarter 1 Progress																																					
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Implement a schedule of ABC-D health promotion initiatives between Public Health, Community Pharmacy and Central PHO, including use of dashboard tool in IFHCs/GPTs	<table border="1"> <caption>ABC-D Health Promotion Initiatives Progress</caption> <thead> <tr> <th>Quarter</th> <th>Primary (%)</th> <th>Primary &amp; Maternity Target (%)</th> <th>Maternity (%)</th> </tr> </thead> <tbody> <tr> <td>16/17 Q1</td> <td>86%</td> <td>90%</td> <td>94%</td> </tr> <tr> <td>16/17 Q2</td> <td>84%</td> <td>90%</td> <td>95%</td> </tr> <tr> <td>16/17 Q3</td> <td>90%</td> <td>90%</td> <td>96%</td> </tr> <tr> <td>16/17 Q4</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>17/18 Q1</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>17/18 Q2</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>17/18 Q3</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> <tr> <td>17/18 Q4</td> <td>90%</td> <td>90%</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Primary (%)	Primary & Maternity Target (%)	Maternity (%)	16/17 Q1	86%	90%	94%	16/17 Q2	84%	90%	95%	16/17 Q3	90%	90%	96%	16/17 Q4	90%	90%	90%	17/18 Q1	90%	90%	90%	17/18 Q2	90%	90%	90%	17/18 Q3	90%	90%	90%	17/18 Q4	90%	90%	90%	<b>P</b>	(1) Primary: Slightly below target with a 0.4% point reduction in result for period ending 30 September 2017; 19,761 (89%) of 22,092 eligible enrolled population were recorded as having received brief advice and support to quit smoking. (2) Maternity: Returned to exceeding target this quarter. Of the 59 pregnant women identified as smokers, 54 (92%) were offered brief advice and support to quit smoking (92% of 26 Māori women) Collaborative health promotion schedule of initiatives on track: <ul style="list-style-type: none"> <li>A Smokefree Health Promotion Advisor and Smokefree Enforcement Officer from Public Health Services work alongside TOAM and Central PHO to facilitate health promotion around tobacco control, involving providing resources, planning events, communications, funding and support.</li> <li>Ongoing support and education provided to utilise practice management system tools including Provider Portal for missing patient lists and target position on the portal dashboard</li> </ul>
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	<table border="1"> <caption>Percentage of hospital patients who smoke offered brief advice and support to quit smoking</caption> <thead> <tr> <th>Quarter</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr> <td>16/17 Qtr1</td> <td>95%</td> <td>96%</td> </tr> <tr> <td>16/17 Qtr2</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>16/17 Qtr3</td> <td>95%</td> <td>92%</td> </tr> <tr> <td>16/17 Qtr4</td> <td>95%</td> <td>92%</td> </tr> <tr> <td>17/18 Qtr1</td> <td>95%</td> <td>90%</td> </tr> <tr> <td>17/18 Qtr2</td> <td>95%</td> <td>90%</td> </tr> <tr> <td>17/18 Qtr3</td> <td>95%</td> <td>90%</td> </tr> <tr> <td>17/18 Qtr4</td> <td>95%</td> <td>90%</td> </tr> </tbody> </table>	Quarter	Target (%)	Actual (%)	16/17 Qtr1	95%	96%	16/17 Qtr2	95%	95%	16/17 Qtr3	95%	92%	16/17 Qtr4	95%	92%	17/18 Qtr1	95%	90%	17/18 Qtr2	95%	90%	17/18 Qtr3	95%	90%	17/18 Qtr4	95%	90%	<b>B</b>	Hospital: Further decline in results this quarter with 845 (90%) of the 937 admitted patients who smoke offered brief advice and support to quit smoking. Staff changes, ongoing high numbers of presentations and diminished information has had an impact on the result this quarter, particularly in relation to the Emergency Department. Further, lower coding completion (80%) continues to contribute.. Actions have been taken to resume weekly reporting to ED from the coding team, resume detailed reporting to all inpatient areas and to review how the change to coding may have impacted the current below target results. In the meantime monthly reporting to MoH, as opposed to quarterly, has resumed.									
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Activity	Quarter 1 Progress	
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Establish smoking brief advice and cessation support data collaboration between Te Ohu Auahi Mutunga (TOAM), Central PHO and the MidCentral Pharmacy Group by 31 December 2017	<b>P</b>	On track. Partnership in place – supporting training for pharmacists and 7 days free NRT and referral to smoking cessation provider when clients present to their pharmacy and give written consent to engage. Information from participating pharmacists sent to relevant GPTs

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Plan and implement a rapid access diabetes clinic for people with diabetes complications requiring prompt access to specialist advice Planning complete by 31 December 2017. Implementation complete by 30 June 2018		<b>B</b>	Delivery of rapid access clinics as a service rather than clinic model is partially underway; the formal development has not yet started.
Implement an ongoing skills and development programme focusing on management and review in general practices whose patients show poor glycaemic control and who have a higher volume of Māori and Pacific people	Targeted GPT staff complete specified programme/continuing professional development (CPD)/continuing medical education (CME) by 30 April 2018	<b>B</b>	This activity is being undertaken as part of the primary care recommendation group of the Diabetes Leadership Group. There is no definite date for CPD, however an inter-professional educational forum on diabetes is being planned for early 2018

Government Planning Priority: Bowel Screening		
<b>Objective:</b> 1) Contribute to the development activities for the national bowel screening programme (including operational readiness and IT integration) 2) Sustain timely access to diagnostic and surveillance colonoscopy services		
<b>Measures/Milestones:</b>		<b>MoH Assessment</b>
(i)	National bowel screening quality, equity and performance indicators (TBC) Readiness assessment completed, submitted and approved Business case and implementation plan completed, submitted and approved by due date	(i) NR
(ii)	≥90% of people accepted for an urgent diagnostic colonoscopy receive their procedure within 2 weeks ≥70% of people accepted for a non-urgent diagnostic colonoscopy receive their procedure within 6 weeks ≥70% of people waiting for a surveillance colonoscopy wait no longer than 12 weeks (PP29)	(ii) PA
<b>Activity</b>	<b>Quarter 1 Progress</b>	
	<b>Status</b>	<b>Comment</b>
Work with Hutt Valley DHB to implement the Bowel Screening Regional Centre (BSRC) by 31 January 2018	<b>P</b>	Underway. Regionally, DHBs continue to commence planning for Bowel Screen. MidCentral is well connected through the Central Cancer Network with the regional programme.
Undertake a DHB readiness assessment with support from the BSRC and provide to the Ministry of Health	<b>P</b>	In November, a project manager will be assigned to the implementation along with the establishment of the formal project group. A high level approach document is to be presented to MoH by month end
Develop the funding business case and implementation plan including identification of priority populations for the screening programme locally and provide to the Ministry of Health in preparation for roll out programme in 2018/19	n/a	Yet to commence.

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

**Government Planning Priority: Primary Care Integration**

<b>Objectives:</b>		
1) Improve integration with the broader health and disability sector 2) Build capability and capacity to strengthen responsiveness of the primary health care system with support from specialist services 3) Improve system to address acute and urgent care needs of patients (including acute exacerbations of long term conditions)		
<b>Measures/Milestones:</b>		<b>MoH Assessment</b>
(i) Delivery of actions to improve system integration including SLMs (PP22) Pilot evaluation completed by 30 June 2018		(i) A
(ii) SLM Improvement Plan milestones achieved. Total acute bed days per capita (SLM7) Ambulatory sensitive hospitalisations – 0-4 year olds (refer S11) Patient experience of care (SLM8) Amenable mortality rate (SLM9)		(ii) PA
<b>Activity</b>	<b>Quarter 1 Progress</b>	
	<b>Status</b>	<b>Comment</b>
Implement agreed integrated nursing model within primary care – subject to approved business case by 31 December 2017	<b>B</b>	Phase two complete (plan, pilot and evaluate implementation). Case for change to move to phase three endorsed by Project Board - to broaden implementation and care programmes to wider GP Teams/ IFHCs. Business case to be completed by end of quarter two.
Focus resources to the priority health areas of Kainga Whānau Ora pilot programme with the '100 identified cohort of households' in Palmerston North	<b>P</b>	Central PHO is working with several general practice teams including the two Accident & Medical Centres to align services. Continual discussions are occurring with dental services, and further development is required for outpatient services.
Extend coverage of the Primary Options for Acute Care in conjunction with the Urgent Community Care programme in the Horowhenua district by 30 June 2018	<b>P</b>	Extending the coverage of POAC in the Horowhenua district is under discussion with providers. It is planned that this will be implemented at the same time as the 'health care home' roll out.
Provide feedback to IFHCs/GPTs on implementation and utilisation of collaborative clinical pathways aligned to POAC programme for targeted health conditions by 30 June 2018	<b>P</b>	Quarterly case review feedback is provided to POAC providers – predominant use of pathway for cellulitis.
Align capability and capacity requirements to execute (acute and urgent care) strategy across the district by 30 June 2018	n/a	Nil to report at this stage – strategy and deployment plan being finalised in November.
Establish an integrated acute and urgent care governance group by 31 July 2017	<b>P</b>	Group established – first meeting held in October.
Develop acute and urgent care strategy across the district by 30 September 2017	<b>B</b>	Behind scheduled date, but on track with draft strategy now due by November.

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Activity	Quarter 1 Progress	
	Status	Comment
Develop agreed processes to provide urgent /acute care response to Aged Residential Care facilities across the district by 30 November 2017	n/a	Not yet due
Establish processes in IFHCs/GPTs to support early discharge and early follow up (transfer of care) of patients admitted to hospital with complex health care needs by 30 September 2017	B	Discussion occurring with pilot IFHCs and cardiology specialist team regarding timely transfer of care
Utilise common data sets to target resources focused on improving outcomes for patients with respiratory, heart disease and diabetes by 31 October 2017	B	Not yet developed – behind scheduled date and impacted by resources deployed to implementation of webPAS and consequential transfer of priority data reporting requirements at PN Hospital due to go live in early December

Activity	Results	Status	Comment																																
Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)	<p>Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual Rates per 1,000 population</p> <table border="1"> <caption>Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual Rates per 1,000 population</caption> <thead> <tr> <th>Period</th> <th>MidCentral Standardised rate</th> <th>National Standardised rate</th> <th>MidCentral Actual rate</th> <th>National Actual rate</th> </tr> </thead> <tbody> <tr> <td>Jun-15</td> <td>450</td> <td>420</td> <td>520</td> <td>410</td> </tr> <tr> <td>Jun-16</td> <td>440</td> <td>410</td> <td>480</td> <td>400</td> </tr> <tr> <td>Jun-17</td> <td>430</td> <td>400</td> <td>470</td> <td>390</td> </tr> </tbody> </table>	Period	MidCentral Standardised rate	National Standardised rate	MidCentral Actual rate	National Actual rate	Jun-15	450	420	520	410	Jun-16	440	410	480	400	Jun-17	430	400	470	390	B	<p>Predominantly on track, but a few milestones/measures behind plan. Development of plans for the two new developmental measures underway (babies living in smokefree households and intentional self-harm hospitalisations by young people).</p> <p>Standardised acute bed days per capita rate (all ages) to June 2017 was 422.0 per 1,000 population compared to national rate of 392.9 – similar to the rate for 12 months ending June 2016, with notable increase in actual bed day utilisation over the March – June quarter.</p> <p>Actual acute bed days per 1,000 population as a DHB of Service has shown a reduction in utilisation over the last two years from 484.6 per 1,000 for the 12 months to 30 June 2015, to 455.7 per 1,000 over the 12 months to 30 June 2017.</p> <p>Acute bed day utilisation increased over the year for the 0 – 4 and the 20 – 49 year old populations in particular. Rates for Maori and Pacific populations lower than national rates for Maori and Pacific populations.</p>												
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	<p>Average scores out of 10: Adult Inpatient Experience Survey - Communication and Coordination Dimensions</p> <table border="1"> <caption>Average scores out of 10: Adult Inpatient Experience Survey - Communication and Coordination Dimensions</caption> <thead> <tr> <th>Period</th> <th>Communication</th> <th>Coordination</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Feb-16</td> <td>8.1</td> <td>8.1</td> <td>8.5</td> </tr> <tr> <td>May-16</td> <td>8.3</td> <td>8.2</td> <td>8.5</td> </tr> <tr> <td>Aug-16</td> <td>8.4</td> <td>8.2</td> <td>8.5</td> </tr> <tr> <td>Nov-16</td> <td>8.6</td> <td>8.4</td> <td>8.5</td> </tr> <tr> <td>Feb-17</td> <td>8.2</td> <td>8.2</td> <td>8.5</td> </tr> <tr> <td>May-17</td> <td>8.3</td> <td>8.2</td> <td>8.5</td> </tr> <tr> <td>Aug-17</td> <td>8.4</td> <td>8.3</td> <td>8.5</td> </tr> </tbody> </table>	Period	Communication	Coordination	Target	Feb-16	8.1	8.1	8.5	May-16	8.3	8.2	8.5	Aug-16	8.4	8.2	8.5	Nov-16	8.6	8.4	8.5	Feb-17	8.2	8.2	8.5	May-17	8.3	8.2	8.5	Aug-17	8.4	8.3	8.5	P	<p>Raw mean scores derived from the adult inpatient experience survey for the dimensions selected for improvement (communication and coordination), increased compared to the May survey, each with an average score of 8.4 against a target score of 8.5. Improvement activities include communication skills training seminars and medication information packs for patients. (Also see Disability Support Services).</p> <p>Primary care survey tool commenced this quarter with one practice; a good response rate (31.6%) from the 250 patients invited to participate.</p>
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	Amenable mortality rate (annual data update expected in 2018).	<b>B</b> Contributory measures: Breast and cervical screening remain below targets for Maori, Pacific, Asian and under-screened women. Projects in place to address. Small increase in rate of enrolled population recorded as accepting smoking cessation service.
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Government Planning Priority: Shorter Stays in Emergency Departments																																							
<b>Objective:</b> Increase the number of people who have shorter lengths of stay in the Emergency Department and hospital inpatient wards																																							
<b>Measures/Milestones:</b> (i) ≥95% of patients will be admitted, transferred or discharged from the Emergency Department (ED) within six hours (HT) (ii) Standardised acute inpatient ALOS ≤2.45 days Facility improvements completed by 31 March 2018		<b>MoH Assessment</b> (i) PA (ii) PA																																					
Activity	Results	Quarter 1 Progress																																					
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Develop hospital-wide escalation plans as part of the district's acute and urgent care strategy development work by 31 December 2017	<table border="1"> <caption>ED Admission, Transfer, or Discharge Rates (HT)</caption> <thead> <tr> <th>Year/Quarter</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>91.0</td><td>92.5</td><td>95.0</td></tr> <tr><td>16/17 Q2</td><td>93.0</td><td>93.0</td><td>95.0</td></tr> <tr><td>16/17 Q3</td><td>91.5</td><td>91.5</td><td>95.0</td></tr> <tr><td>16/17 Q4</td><td>89.0</td><td>90.0</td><td>95.0</td></tr> <tr><td>17/18 Q1</td><td>87.5</td><td>87.5</td><td>95.0</td></tr> <tr><td>17/18 Q2</td><td>86.5</td><td>86.5</td><td>95.0</td></tr> <tr><td>17/18 Q3</td><td>86.5</td><td>86.5</td><td>95.0</td></tr> <tr><td>17/18 Q4</td><td>86.5</td><td>86.5</td><td>95.0</td></tr> </tbody> </table>	Year/Quarter	Total (%)	Māori (%)	Target (%)	16/17 Q1	91.0	92.5	95.0	16/17 Q2	93.0	93.0	95.0	16/17 Q3	91.5	91.5	95.0	16/17 Q4	89.0	90.0	95.0	17/18 Q1	87.5	87.5	95.0	17/18 Q2	86.5	86.5	95.0	17/18 Q3	86.5	86.5	95.0	17/18 Q4	86.5	86.5	95.0	<b>B</b>	<p>Of the 11,290 attendances at the ED this quarter 9,706 (86%) had shorter stays in ED over the quarter ending September – well below target.</p> <p>Rates for Māori and Pacific people attending the ED are generally better (although small numbers); 1,913 (87%) of 2,197 Māori and 356 (89%) of 400 Pacific people over this quarter.</p> <p>86.4% (n. 12,866) of 14,898 patients attending the Department were admitted, transferred or discharged within six hours year to date ending October 2017. Although improved relative to the lowest result in July 2017, it remains well below target.</p> <p>Escalation plans in place for ED, but not yet developed hospital-wide although improved communications and leadership between services will better enable its development. Variance Response Management has been successfully implemented and continues to be reviewed as required.</p>
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Complete delivery of a hospital-wide campaign for the utilisation of escalation plans and variance response protocols to manage surges in ED and hospital capacity by 31 March 2018	<table border="1"> <caption>Standardised acute ALOS</caption> <thead> <tr> <th>Year/Quarter</th> <th>Acute ALOS</th> <th>Acute Target</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>2.61</td><td>2.55</td></tr> <tr><td>16/17 Q2</td><td>2.58</td><td>2.55</td></tr> <tr><td>16/17 Q3</td><td>2.55</td><td>2.55</td></tr> <tr><td>16/17 Q4</td><td>2.55</td><td>2.55</td></tr> <tr><td>17/18 Q1</td><td>2.61</td><td>2.55</td></tr> <tr><td>17/18 Q2</td><td>2.50</td><td>2.55</td></tr> <tr><td>17/18 Q3</td><td>2.48</td><td>2.55</td></tr> <tr><td>17/18 Q4</td><td>2.45</td><td>2.55</td></tr> </tbody> </table>	Year/Quarter	Acute ALOS	Acute Target	16/17 Q1	2.61	2.55	16/17 Q2	2.58	2.55	16/17 Q3	2.55	2.55	16/17 Q4	2.55	2.55	17/18 Q1	2.61	2.55	17/18 Q2	2.50	2.55	17/18 Q3	2.48	2.55	17/18 Q4	2.45	2.55	<b>B</b>	<p>Standardised acute ALOS for 12 months ending June 2017: 2.61 against a target of 2.55 (data lagged by three months). Had been on track to reduced acute ALOS up until the April – June quarter. (Refer OS3).</p> <p>'Medimorph' project underway, focused in medical specialties implementing plan to improve patient flow and bed availability, including reorganisation of patient allocations for post take ward rounds</p>									
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Activity	Quarter 1 Progress	
	Status	Comment
Commencing 1 April 2018, implement the hospital-wide escalation plans per variance response protocols as required, with relevant reporting of results to clinical and operational executives	n/a	Not yet due.

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Commence establishment of the digital Hospital Operations Centre by 31 October 2017 (*subject to commissioning timeframes for the Clinical Portal and webPAS) with phase one completed by 30 June 2018	<b>B</b>	Now scheduled to be launched six months post implementation of WebPAS, which has had a delay to the 'go live' date of early December.
By 30 September 2017, establish implementation programme arising from outcome(s) of decisions on recommendations of the Service Development Plan for Emergency Department (May 2017)	<b>B</b>	Slightly behind schedule. An action plan has been developed, with key staff identified and a governance group formed. Inaugural meeting to be held in November to oversee the work required and progress the action plan.
Implement Emergency Department facility improvements subject to approved business case (triage and waiting room) and in the context of the overall Service Development Plan for ED	<b>B</b>	Delayed start – Council consent has been granted to commence building work from beginning November 2017, with a six to seven month time scale expected before completion of phase one Working parties are being established to formulate new pathways where required.
Monitor performance against priority ED Quality Framework measures with oversight by the ED Quality Team on a monthly basis	<b>B</b>	Monitoring against the measures continues on a monthly basis. Some of the indicators have not been sustained during the first quarter, all of which have been associated with the volume of presentations to the Emergency Department. Evidence at the beginning of the second quarter indicate that these are improving.

**Government Planning Priority: Improved Access to Elective Surgery**

- Objectives:**
- 1) Reduce elective surgery bed day utilisation through planned preparation and earlier mobilisation of patients post-surgery
  - 2) Achieve annual target volume of elective surgery discharges
  - 3) Improve management of referral and treatment pathways for elective surgery

Measures/Milestones:	MoH Assessment
(i) Standardised Elective ALOS ≤1.55 days by end June 2018 (OS3)	(i) P
(ii) Standardised intervention rates per 10,000 population: (SI4) : major joints (21) cataracts (27) angiography (34.7) revascularization (12.5) cardiac surgery (6.5)	(ii) A
(iii) Achieve planned increase of elective and arranged surgical discharges (annual total of 8,103) (HT)	(iii) A
(iv) Deliver additional 48 elective discharges for orthopaedic (including major joints) and general surgeries, and up to 6 bariatric surgeries	(iv) PA
(v) MoH implementation timeframes for national CPAC tools achieved on time	(v) n/a
(vi) Compliance with all ESPIs within thresholds at end of each quarter	(vi) N
(vii) <5% below planned volume of CWD delivered at end of each quarter (Electives initiative)	(vii) n/a
(viii) <20% below planned volume of FSAs delivered at end of each quarter (Ambulatory initiative)	(viii) n/a

Activity	Results	Quarter 1 Progress	
		Status	Comment
Continue to roll out the Enhanced Recovery After Surgery principles to additional surgical sub-specialties Commence 01 October 2017	<p>16/17 Q1 16/17 Q2 16/17 Q3 16/17 Q4 17/18 Q1 17/18 Q2 17/18 Q3 17/18 Q4</p> <p>— Elective ALOS — Elective Target</p>	<b>B</b>	Standardised elective ALOS for the 12 months ending 30 June 2017: 1.62. Increased over the April – June quarter. Influenced by discharges of three patients from Hospital in the Home service, who accumulated high outlier lengths of stay, attracting a casemixed elective event. Behind schedule in roll out of ERAS to other sub-specialties; Urology anticipated to commence in latter half of 2017/18.

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<p>Implement approved options to maximise theatre capacity, including alternative to manage day case procedures/surgery by 30 June 2018</p>	<p><b>Standardised intervention rates per 10,000 population</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Cardiac surgery</th> <th>Angiography</th> <th>Angioplasty</th> </tr> </thead> <tbody> <tr> <td>12mths to Jun16</td> <td>~10</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Dec16</td> <td>~10</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Jun17</td> <td>~10</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Dec17</td> <td>~10</td> <td>~38</td> <td>~10</td> </tr> </tbody> </table>	Period	Cardiac surgery	Angiography	Angioplasty	12mths to Jun16	~10	~38	~10	12mths to Dec16	~10	~38	~10	12mths to Jun17	~10	~38	~10	12mths to Dec17	~10	~38	~10	<p><b>P</b> Standardised intervention rates all achieved for the 12 month period ending June 2017.</p> <p>Cardiac surgery: 5.80 per 10,000 – a reduction relative to 12 months ending March 2017 but not significantly different from national target rate (6.5).</p> <p>Angiography: 38.70 per 10,000 – a further increase relative to last quarter and was significantly above national target rate (34.7).</p> <p>Angioplasty: 11.84 per 10,000 – a further increase over the quarter and was not significantly different from national target rate (12.5).</p> <p>Cataracts: 31.02 per 10,000 – a reduction over these twelve months from 31.31, but remains significantly above national target rate (27.0)</p> <p>Major Joints: 23.02 per 10,000 – an increase relative to the 12 months ending June 2016 (22.25) and was significantly above national target rate (21.0)</p> <p>The Perioperative Improvement Programme ('Optimise') has commenced. Three workstreams have been agreed, with project teams co-led by senior clinicians and managers formed to drive these initiatives forward. The workstreams are:</p> <ul style="list-style-type: none"> <li>• Redesigning the theatre schedule</li> <li>• Standardised list construction</li> <li>• Improving the consistency of teams</li> </ul>	
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12mths to Jun17	~10	~38	~10																				
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<p>Deliver increased health target discharge volumes, bariatric surgery and year 3 of the additional orthopaedic and general surgery initiative by 30 June 2018</p>	<p><b>Increased volume of elective surgery. Annual target: 8103</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>2017/18 Actual</th> <th>Cumulative Target</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>~2000</td> <td>~2000</td> </tr> <tr> <td>Qtr 2</td> <td>~4000</td> <td>~4000</td> </tr> <tr> <td>Qtr 3</td> <td>~6000</td> <td>~6000</td> </tr> <tr> <td>Qtr 4</td> <td>~8103</td> <td>~8103</td> </tr> </tbody> </table>	Quarter	2017/18 Actual	Cumulative Target	Qtr 1	~2000	~2000	Qtr 2	~4000	~4000	Qtr 3	~6000	~6000	Qtr 4	~8103	~8103	<p><b>B</b> Exceeded target increase in number of discharges for the quarter with 2,229 elective and arranged surgical discharges completed this quarter for MidCentral residents against a planned volume of 2,039 discharges; a positive variance of 190 or 109% delivery against target for the quarter.</p> <p>Achieved 105.4% (n.2,926) of target (n.2,776) volumes year to date (ending October).</p> <p>As at end October, General surgery above target elective and arranged volume by 127 discharges, but orthopaedics behind target volume by 61 discharges year to date.</p> <p>At end September, the additional orthopaedic initiative was behind target by 10 major joint surgeries and 29 other orthopaedic procedures. One discharge for bariatric surgery occurred in quarter one.</p>						
Quarter	2017/18 Actual	Cumulative Target																					
Qtr 1	~2000	~2000																					
Qtr 2	~4000	~4000																					
Qtr 3	~6000	~6000																					
Qtr 4	~8103	~8103																					
<p>Implement mechanisms to better match demand and capacity to deliver contracted volume of expected specialist assessments and treatment by 30 June 2018</p>	<table border="1"> <thead> <tr> <th>ESPI</th> <th>As at end September</th> <th>Completion %</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>23</td> <td>100%</td> </tr> <tr> <td>2</td> <td>27</td> <td>0.5%</td> </tr> <tr> <td>3</td> <td>0</td> <td>0.0%</td> </tr> <tr> <td>5</td> <td>39</td> <td>2.4%</td> </tr> <tr> <td>6</td> <td>6</td> <td>1.9%</td> </tr> <tr> <td>8</td> <td>760</td> <td>99.9%</td> </tr> </tbody> </table> <p>Report date: 6 November 2017</p>	ESPI	As at end September	Completion %	1	23	100%	2	27	0.5%	3	0	0.0%	5	39	2.4%	6	6	1.9%	8	760	99.9%	<p><b>B</b> Work has commenced on development of a Capacity/Demand production plan for all surgical specialties. This work has been positively received by members of the specialties, but progress has been hindered with the organisational rollout of WebPAS.</p> <p>The Perioperative Improvement programme ('Optimise') is expected to have a positive impact on improving the results for these indicators, and mitigate the risk of financial penalties being applied.</p>
ESPI	As at end September	Completion %																					
1	23	100%																					
2	27	0.5%																					
3	0	0.0%																					
5	39	2.4%																					
6	6	1.9%																					
8	760	99.9%																					

Activity	Quarter 1 Progress	
	Status	Comment
Implement the national electronic Clinical Priority Access Criteria tools for each specialty in accordance with timeframes outlined by the MoH	<b>B</b>	General Surgery staff have been to the roll out presentation provided by the MoH. Staff are yet to commence working with the tool in their clinics.

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Monitor utilisation of national electronic Clinical Priority Access Criteria tools across clinicians to ensure appropriate and fair access to all patients referred across the district	n/a	Awaiting further information from the Ministry of Health
Reduce ratio of follow up to first assessment attendances in identified medical and surgical specialty services by 30 June 2018	<b>B</b>	<p>CWDs behind plan to end of September at 98.0% (-45.9) of total planned volume (2341.6); predominantly in orthopaedics, gynaecology, ophthalmology and inpatient dental followed by neurosurgery.</p> <p>FSA volumes delivered to end of September well ahead (132.7%, n.1831) of planned volume (n. 5,602); Surgical FSAs 125.1% and Medical FSAs 147.0% of planned volume</p> <p>Work continues with the Head of Department to ensure that the ratio of follow-ups and FSA attendances at clinics are balanced. The potential need for patients to attend follow-up is reduced with good discharge planning and phone follow-ups.</p>
Extend the primary care based orthopaedic FSA clinic for major joints (hips and knees) to include referrals for paediatric orthopaedics, shoulder joints and some urology conditions (from June 2018)	<b>P</b>	<p>On track for most components. Extending the principles of the Joint FSA primary care clinic to other Orthopaedic procedures is dependent upon resourcing.</p> <p>Work on the assessment tool for Spinal and Shoulder has commenced which will include criteria for staff to work with. Work continues on the Standard Operating Procedures.</p> <p>The Paediatric clinic will be held at Orthopaedic clinic rather than in primary care, due to oversight requirements from SMO. Once established an outreach service will be explored.</p> <p>The potential for outreach Hip and Knee clinics within the district is also being explored for commencement next year, eg Horowhenua.</p>

**Government Planning Priority: Faster Cancer Treatment**

**Objective:** Improve access, timeliness and quality of cancer services

**Measures/Milestones:**

- (i) ≥90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks (HT)
- (ii) ≥85% of patients receive their first treatment (or other management) within 31 days from date of decision to treat (PP30)
- (iii) Improving waiting times for diagnostic services – CT (PP29)
- (iv) All HSC radiation patients treated within four weeks of referral by 30 June 2018
- (v) Proportion of referrals from primary care for all cancers generated from Map of Medicine to specialist services increases over time
- (vi) Monitor and measure referral rate to tumour stream nurses and social work teams on a quarterly basis

**MoH Assessment**

(i) A

(ii) A

(iii) PA

Activity	Results	Quarter 1 Progress	
		Status	Comment

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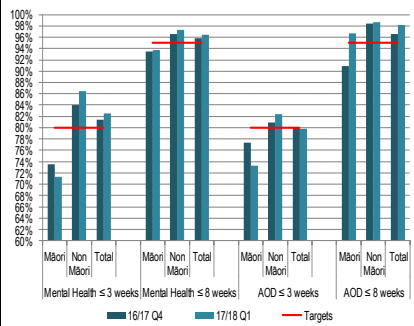
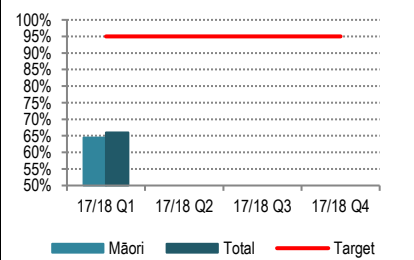
**B** = Behind schedule / some associated risks

<p>Implement cancer nurse coordination for urological cancer and head and neck cancer by 31 December 2017 Maintain regular review systems and oversight of data integrity, including identification and recording of patients referred with a high a suspicion of cancer</p>		<p><b>P</b> Six months to end September 2017: 97.9% (n.94) against a target of 90% and a national average of 92%. For the period MDHB excluded 9 patients out of a total of 105 for clinical or patient's choice reasons, in line with the new data definitions. A review of exception codes shows that 7% of patients were delayed for valid clinical considerations and 2% for patient choice. One patient exceeded the target due to capacity constraints or 1% of the total patients compared with 7% of patients delayed nationally. The FCT programme, including data management and monitoring, continues with oversight by Cancer Governance group; new coding for reasons for delay (patient choice or clinical considerations) now included as required with modification to definition for this indicator. Cancer nurse coordinator roles are on track with the head and neck cancer coordinator in place and planning to redistribute duties in Urology progressing well.</p>
		<p><b>P</b> Six months to end September 2017: 89.3% (n.341) – continuing to achieve target. On track.</p>
<p>Align new patient appointments with radiotherapy CT appointments centralised to Palmerston North by 31 March 2018</p>	<p>87.7% (n.1,590) of people received their CT scan within 6 weeks against a target of 95%</p>	<p><b>B</b> Recent implementation of the regional Radiology Information System required two weeks of reduced bookings to enable training in the system to occur and to enable easier implementation of the system. There were performance issues with the system that have continued throughout the quarter and into October; workflow was taking longer and the number of bookings therefore had to reduce.  <b>P</b> Good progress, with most patients now seen centrally in Palmerston North. The focus to date has been on streamlining processes, ensuring effective patient communication and seamless transport arrangements. The 'one stop shop' appointments have been well received and we continue to work with the regional DHBs to ensure high visibility over the patient journey and sharing of information. In the coming months an evaluative process will be designed and implemented to ensure wait time benefits are met and continuous quality improvement occurs.</p>

Activity	Quarter 1 Progress	
	Status	Comment
<p>Promote uptake and utilisation of priority cancer pathways to improve the timeliness of referral to specialist services by 30 June 2018</p>	<p><b>B</b></p>	<p>Breast Care nurses have visited all General Practices to promote use of the breast pathway and referral form. CCN has reviewed the implementation process for all pathways, focusing on key message/s for when a pathway/s is disseminated to the end users to improve utilisation. The Gynaecology and Prostate pathways will be published this month and have a strong emphasis on the referral process with specific referral forms developed.</p>

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<p>Work in partnership with Pae Ora Directorate to identify barriers preventing Māori and Pacific peoples benefiting from more coordinated care by 31 December 2017</p>	<p><b>B</b></p>	<p>The FCT governance group has a working partnership with the local Maori Cancer Advisory Group (Te Hononga) and Pae Ora Directorate. A joint review of all annual and operational plan initiatives occurred in November to assess progress and coordinate the approach to the next six month period. Te Hononga have also developed a work plan which includes holding a Demystifying Cancer Tour in 2018, a particular focus on urology services looking specifically at a distress tool for Maori patients with urological cancer and establishing a Facebook page for Māori with cancer and their whānau.</p>
<p>Commence implementation of service development activities in two priority areas to address barriers by 31 March 2018</p>	<p><b>P</b></p>	<p>Improvements in breast cancer outcomes focus on eliminating inequities in breast screen coverage, developing a model of care for young women who have significant symptoms of breast cancer, improving post treatment surveillance and exploring the introduction of Tomosynthesis. In early 2018 a project will commence to change the model of care for women post treatment. This will be a partnership between oncology services, surgical services, the Breast Imaging Centre and General Practice. A business case is under development to look at introducing tomosynthesis, an imaging technology that improves visualisation of breast cancer particularly in dense breast tissue.</p>

Government Planning Priority: Mental Health																							
<b>Objectives:</b> 1) Improve the quality of mental health services, including reducing the use of seclusion 2) Improve coordination of mental health care with wider social services for priority population groups 3) Improve health outcomes for clients with a long term mental illness 4) Expand spread of specialist mental health services across communities																							
<b>Measures/Milestones</b> (i) Delivery of response actions agreed in annual plan (PP38, section 2) (ii) 80% of staff receive training in “personal restraint” by 30 June 2018 (iii) ≥80% of non-urgent referrals are seen within 3 weeks , and, ≥95% of non-urgent referrals are seen within 8 weeks (all ages and ethnicities) (PP8) (iv) ≥4.2% of the total population (all ages) and ≥6% of Māori population (all ages) seen by end June 2018 (PP6) (v) At least 95% of all clients discharged will have a quality transition or wellness plan (vi) Delivery of improvement actions for five focus areas in accordance with plan			<b>MoH Assessment</b> (i) NR (ii) N/a (iii) A (iv) NR (v) PA (vi) A																				
Activity	Results	Quarter 1 Progress																					
		Status	Comment																				
Implement the national training programme for “personal restraint” across the service	95% of all Ward 21 clinical staff and 75 % of STAR 1 have completed the training along with all MDHB security staff.	P	The National Safe Practice Effective Communication (SPEC) Training is established. The programme is now established as business as usual training for 2018 calendar is set.																				
Develop a consistent referral management system across all community teams – monitor and ensure referrals for Māori are prioritised	 <table border="1"> <thead> <tr> <th>MH services</th> <th colspan="2">All ages</th> <th colspan="2">0 – 19 years</th> </tr> <tr> <th></th> <th>Maori</th> <th>Total</th> <th>Maori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>≤3 weeks</td> <td>79.5%</td> <td>85.4%</td> <td>71.3%</td> <td>82.5%</td> </tr> <tr> <td>≤8 weeks</td> <td>94.2%</td> <td>96.6%</td> <td>93.7%</td> <td>96.4%</td> </tr> </tbody> </table>	MH services	All ages		0 – 19 years			Maori	Total	Maori	Total	≤3 weeks	79.5%	85.4%	71.3%	82.5%	≤8 weeks	94.2%	96.6%	93.7%	96.4%	P	Non urgent referrals seen: On track for total population group but wait times for Māori behind target. Due to staff vacancies, recruitment within the Kaupapa Māori service in this quarter has impacted on wait times which reflects the delay for young Māori people being seen. Active recruitment to vacancies was undertaken with vacancies now filled. Expectations are that for the next quarter, targets will be met. Referral management system is embedded in all community teams and continues to be streamlined over time using quality improvement processes.
MH services	All ages		0 – 19 years																				
	Maori	Total	Maori	Total																			
≤3 weeks	79.5%	85.4%	71.3%	82.5%																			
≤8 weeks	94.2%	96.6%	93.7%	96.4%																			
Review access and waiting time rates for Māori each month and improve acute response for Māori youth and adults referred to specialist mental health services																							
Establish a new co-designed integrated primary mental health care model, with phased pilot projects implemented at Horowhenua Community Practice by 30 September 2017 Feilding IFHC by 31 December 2017 Tararua Health Group by 31 March 2017	Proportion of population seen by MHA services: 4.4% (n.7706) total population and 6.2% (n. 2168) Maori population (all ages) for 12 months ending June 2017.	P	Te Ara Rau primary mental health model established. Phase 1 sites are underway, with 8 sites to be implemented across the district. Two more Matanga Whai Ora are due to start mid-November. Teams in Tararua, Horowhenua and Feilding have increased Community Mental Health Team resources to support the rural areas.																				
Improving mental health services using wellness and transition (discharge) planning		B	This indicator has been modified for the 2017/18 and now includes all age groups and a component for completing audits for the quality of plans. The target is: At least 95% of all clients discharged will have a quality transition or wellness plan (comparing results to previous years is therefore not appropriate). For the 12 months to 30 September 2017, 1,432 (66%) of 2,175 eligible clients discharged had a transition or wellness plan recorded. Similar rate for Māori with 298 (65%) plans recorded for 464 Māori people discharged. Audits for quality of plans have not yet commenced (due to start next quarter)																				

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Activity	Quarter 1 Progress	
	Status	Comment
Create environmental change to better support alternatives to the use of seclusion - de-escalation space added to inpatient unit by 31 December 2017	P	Use of SPEC practices has supported staff to reduce the use of seclusion. Creation of a sensory room in HNU, utilising sensory modulation practices and tools have also supported the reduction in seclusion. This is evidenced through the monthly dashboard reporting which indicates a downward trend in overall use of seclusion. Patient debrief has begun by our consumer adviser after each seclusion.
Present options for the redesign or rebuild of the acute mental health inpatient unit for approval to prepare a business case based on preferred option by 30 September 2017	P	Options paper was presented to the board and approved in September 2017 to progress a business case for two of the four options. The business case is due to be presented in March 2018.
Establish "One Team Network", including mapped service directory and access information by 30 September 2017	P	Unison 'One team' Network is established. An integrated Mental Health and Addictions services mapping directory which lists all funded services is complete and is available on the Mental Health and Addiction Service webpage. The mapping directory aims to provide consistent information to all providers and stakeholders about available services and how to access them. The mapping directory has been distributed through the district through the network group representatives. Over 200 copies have been distributed with positive feedback from general practitioners, intersectoral agencies, and other services. The network includes representatives from NZ Police, Corrections, Ministry for Social Development, Work & Income, Central PHO, NGOs, Public Health, Palmerston North City Council, Iwi & Pacifica groups, Ministry for Children
Complete design and implementation of One Team Network website by 31 March 2018	P	Design and Implementation completed
By 30 June 2018, establish systems with the "One Team Network" for the collation of information to monitor and report on access rates to a range of services for priority groups	P	The One Team 'Unison' Network is completing a collective assessment of service and community based needs in our local population. The network has identified initial areas needing development as <ul style="list-style-type: none"> <li>• Housing and recovery</li> <li>• Intellectual Disability Dual Diagnosis</li> <li>• Autism Spectrum Disorder</li> </ul>
Establish collaborative approach between child health and mental health service to increase early access to the assessment and treatment of children with learning and behaviour difficulties - Confirm capacity requirements by 31 December 2017	P	Commenced multidisciplinary approach with paediatric, CAFS and Child Development Service for the management of referrals. Current demand for service outstripping current capacity of CAFS and CDS. Service development being further scoped as part of the new Integrated Service Model approach being introduced across the DHB.
By 30 September 2017, promote and monitor utilisation of the Learning and Behaviour Collaborative Clinical Pathway across the local health and education sectors	B	Pathway completed. CCP to be socialised with introduction of Cluster approach (therefore delayed due date – anticipating March 2018)
Joint review of the Shared Care Programme conducted by nominated clinical leads (PHO and specialist) with audits completed by 30 September 2017	P	Joint review of Shared Care Programme is complete. 'Te Ara Rau' model was launched in August 2017
By 30 September 2017, establish baseline of clients on Shared Care Programme that are seen by GPT for their physical health care needs within the last 12 months	P	Baseline of shared care programme that are seen by GPT is completed
Identify and configure integrated rural community care teams Manawatu and Taranaki by 31 December 2017 Horowhenua by 30 June 2018	B	Horowhenua community team is fully integrated with AOD, CAFs, Oranga Hinengaro, Older Persons and Maternal Mental Health on site. Manawatu team now integrated, with the Palmerston North & Feilding teams working closely together Taranaki has AOD onsite with teams commuting as required

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Deliver improvement actions identified for 'Rising to the Challenge: The Mental Health and Addictions Service Development Plan' for: i. Primary mental health ii. Suicide Action Plan iii. Crisis response iv. Outcomes for children v. Employment & physical health	<b>P</b>	<ul style="list-style-type: none"> <li>• Primary mental health on track. Attendance numbers were consistent across the programmes, with an even gender mix. A high number of Maori attended one of the programmes (23), the other programmes having a 50% Maori participant rate.</li> <li>• Suicide pre- and postvention implementation on track although the workforce development programme plan across the NGOs is on hold until successful recruitment of new project manager</li> <li>• Collaborative work between Acute Care Crisis Team, DAMHS, Police and Charge Nurse - ED is underway to clarify pathways, improve communication, and support the development of an agreed coordinated plan and to improve assessment request response times for known clients in crisis.</li> <li>• A 'Service Toolkit' (both clinical and community for Parents and Children) has been developed; a Family Plan and Kids Plan Pack has been drafted, planning for launch in quarter three. A children's programme on understanding mental illness and addiction as well as coping strategies for children aged 7 - 11 years will run at the end of October 2017</li> <li>• Refer 'shared care programme' above for improvement actions.</li> </ul>
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Government Planning Priority: Disability Support Services		
<b>Objective:</b> Support people with a disability when they interact with hospital-based services		
<b>Measures/Milestones:</b> Delivery of response actions agreed in Annual Plan (PP38, section 2)		<b>MoH Assessment</b>
		NR
Activity	Quarter 1 Progress	
	Status	Comment
Staged implementation of the Disability Awareness Online course for all staff by 31 March 2018	P	Not yet due. Waiting for access to the Ko Awatea on line system whilst other modules are loaded.
Develop process for and implement the use of the internationally recognised hearing impaired signage for all inpatient areas by 31 December 2017	P	On track. Consultation with all inpatient areas has been completed. Appropriate signage has been agreed and this will be ordered and in place by late December
Implement the use of video interpreting for sign language as an alternative to an on-site interpretation service by 30 June 2018	P	On track. Implemented in ED and Ambulatory Care and awaiting feedback on outcome prior to wider implementation.

Government Planning Priority: Healthy Ageing		
<b>Objective:</b> <ol style="list-style-type: none"> <li>1) Develop service and funding models that support a sustainable, culturally appropriate and person-centred approach to the support of older people</li> <li>2) Deliver on priority actions identified in the Healthy Ageing Strategy 2016 including integrated falls and fracture prevention services (ACC/MoH)</li> <li>3) Improve older inpatients' experience of care through early supported discharge</li> </ol>		
<b>Measures/Milestones:</b> Implementing the Healthy Ageing Strategy (PP23) Number of people (aged 50 – 64 years and aged 65 years and over, or identified as falls risk) that have been seen by the Fracture Liaison Service or similar fracture prevention service ≥95% of older people who have received long term home and community support services in the last three months have had an interRAI Home Care or a Contact assessment and completed care plan		<b>MoH Assessment</b>  PA
Activity	Quarter 1 Progress	
	Status	Comment
By 30 June 2018, align HCSS contracts with new caregiver training and activity, subject to national leadership	P	On track.
Identify options for the delivery of physical activity programmes / medication support and other ancillary services by caregivers, by 30 June 2018	P	On track.

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Utilise interRAI data to identify equity issues/gaps in access to services for older persons across the district by 30 September 2017 Implement service development activities in two priority areas to address gaps in access to services by 31 March 2018	P	Two key pieces of work have occurred. Data from interRAI looking at disproportionate and inequitable access issues for Maori in the Tararua area and comparison against other populations. The second initiative used interRAI data on social isolation, and loneliness criteria to include in a joint work programme with the Horowhenua District Council Positive Ageing Action Plan 2016 - 2019 and their Community Wellbeing Strategy 2016 – 2019. The interRAI measures are replacing the previous ASH admission data which is limited to up to people aged 74. In addition, data was provided to support the Manawatu-Whanganui Economic Action Plan implementation on affordable ageing for Project Lift.
Commence roll out of the He Waka Kakarauri: Model for engaging Māori in Advance Care Planning conversations to Iwi and Māori providers by 30 September 2017	P	Completed. Palliative care nurse recruited into scholarship role for two years. Project is “Increasing the awareness of ACP in the Maori Community focused on the tool He Waka Kakarauri. Discussions occurred with CEO for Best Care Whakapai and Te Tihi o Ruahine Whanau Ora Alliance to progress, liaisons occurred with Kaumatua service facilitator and Maori Cancer Coordinator. Manawhenua Hauora endorsed tool for use. Between June/Sept 2017, total of 59 people attended education from a range of Maori Providers.
Work with Ministry of Health to implement Part B of the In Between Travel (IBT) agreement (and more particularly, the Future Models of Home and Community Support Services work). - subject to Ministry of Health timeframes	P	Attendance at National Policy day with Ministry of Health occurred August. Involvement in support decisions on modelling. Progressing locally with own modelling in tandem.
Finalise the model of care and implementation plan and seek approval from ACC to fund the Improving Falls and Fracture Service Outcomes for Older People, Prevention and Rehabilitation Programme, by 31 December 2017	P	On track. Business case was submitted to ACC at the end of September 2017.
Subject to funding, implement the community-based Improving Falls and Fracture Service Outcomes for Older People, Prevention and Rehabilitation Programme, by 31 March 2018	P	On track. Business case submitted to ACC for Integrated Falls and Fracture Prevention and Rehabilitation Service.
Develop, implement and evaluate a community based rehabilitation model to support the early discharge for target group of older patients living in the Horowhenua district (evaluation completed by 30 June 2018)	P	On track. A project to trial the implementation of Physiotherapy led Early Supported Discharge Programme in Horowhenua is well underway. Model of care has been developed and confirmed with key stakeholders including a measurable evaluation framework. First patient accepted into the pathway in November.
Work in partnership with the Ministry of Health on implementation of the regularisation and to identify training requirements for kaiāwhina workforce	P	On track and completed in the main (regularisation and pay equity has been implemented). Ongoing liaison with the Ministry of Health leading this work

Activity	Results	Quarter 1 Progress							
		Status	Comment						
Report on progress in delivering Fracture Liaison service	Number of people seen with assessments completed by the Fracture Liaison Service or similar fracture prevention service <table border="1" data-bbox="496 1688 818 1794"> <thead> <tr> <th>Age group</th> <th>Qtr 1</th> </tr> </thead> <tbody> <tr> <td>50 – 64 years</td> <td>16</td> </tr> <tr> <td>65+ years</td> <td>47</td> </tr> </tbody> </table>	Age group	Qtr 1	50 – 64 years	16	65+ years	47	P	On track. Referrals predominantly from hospital based services, followed by the Accident & Medical centres and one IFHC. Treatment interventions include education and information, bone care plans, PHARMAC subsidised medications. 70% of those people in the younger age group who had a DEXA scan had osteoporosis
Age group	Qtr 1								
50 – 64 years	16								
65+ years	47								

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Government Planning Priority: Improving Quality		
<b>Objectives:</b> 1) Increase consumer engagement and participation throughout the DHB 2) Improve patients' experience of care in hospital and primary care settings		
<b>Measures/Milestones:</b> Delivery of response actions agreed in Annual Plan (PP38, section 2) Inpatient survey mean scores for communication and coordination of care dimensions are $\geq 8.5$ at each survey Incremental increase in primary health care survey response rates each quarter		<b>MoH Assessment</b>  NR
Activity	Quarter 1 Progress	
	Status	Comment
Establish Consumer Council by 30 September 2017 Develop and agree training requirements, operating frameworks and guidance material to support Consumer Council by 31 December 2017	P	On track. Consumer Council established and underway, and supporting frameworks being developed.
Implement the medication on discharge pack developed as part of the Partners in Care programme by 31 December 2017	P	On track. Medication on discharge resources are well progressed. Patient Safety Week, November 6-10 <sup>th</sup> had a strong focus on medicines information and understanding for patients and families.
Finalise and promote toolkit for collection and presentation of patient stories to governance groups by 31 March 2018	P	Implemented, promoted and two consumer stories presented to Board
Deliver targeted communication skills seminars each quarter (one seminar each quarter)	P	On track. Schedule of seminars to develop communication skills for staff delivered as planned.
Implement and promote patients' use of the primary care survey tool each quarter	P	Two general practices were set up to participate in the patient experience survey. Unfortunately due to the instability of the National Enrolment Scheme (NES) platform and resulting remedial work needed, only one general practice was able to participate in the survey for the quarter. There were 79 responses to the survey from 250 invited participants (31.6% response rate). A paper is being prepared to outline how Central PHO and General Practice will work together to understand and make service improvements as a result of the survey feedback.

Government planning priority: Living Within Our Means		
<b>Objective:</b> Improve the DHB's financial performance		
<b>Measures/Milestones:</b> Financial performance monitoring each month Agreed financial (budget) templates delivered Business Improvement Programme project milestones achieved on time and on budget		
Activity	Quarter 1 Progress	
	Status	Comment
Address identified structural inefficiencies	B	2017/18 budget not yet approved by MoH. Financial performance monitoring continues against the planned (budgeted) deficit. Year to date showing a \$1.138m negative variance to budget at end October.
Implement tactical management of costs through identified projects as part of the Business Improvement Programme	B	73% of savings target for the quarter achieved Implementation of one key project was delayed resulting in non-achievement for Q1. This project went live in November 2017 so it is anticipated the Q2 result will be much closer to target.  All projects are closely monitored by the applicable Service with their Business Advisor/Management Accountant. All actions are being taken to ensure these savings are achieved in an effective and sustainable manner.
Support development of cost-effective models of care with robust financial analysis and planning in partnership with newly created cluster groups as they are established	n/a	Clusters not yet established. Recruitment to leadership positions underway. Scoping of requirements for financial analysis and planning will then follow with regard to models of care developed over time.

 Legend – MoH Assessment: **A** = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved

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Government planning priority: Delivery of Regional Service Plan (RSP)		
<b>Objective:</b> Contribute to the delivery of Central Region's Regional Service Plan		
<b>Measures/Milestones:</b> Delivery of Regional Service Plans (SI2)		<b>MoH Assessment</b>
		<b>PA</b>
Activity	Quarter 1 Progress	
	Status	Comment
Establish interventional cardiology service Complete Priority Cancer Pathways project Publish and utilise Hepatitis C virus pathways	<b>P</b>	Business case being prepared for consideration by MidCentral's Quality & Excellence Committee. Cancer pathways programme of work is on track; MidCentral's work plan due in qtr 3. Central Cancer Network is working with the teams to undertake an evaluation of the project and to transition the cancer work across to business as usual. CentralTAS reports programme predominantly on track. Some issues with data gathering and reporting from DHBs. Seminars and information sharing regarding community pathway being undertaken with PHOs and GPTs across the region.
Contribute to the development and implementation of the work plans for each programme identified in the RSP	<b>B</b>	Eleven (79%) of 14 programmes for quarter one were assessed by the MoH as meeting the criteria for an achieved rating. Elective services, palliative care/end of life care and cancer services programmes were rated partially achieved.

Government Planning Priority: Local and Regional Enablers - Information Technology and Workforce		
<b>Objectives:</b> <ol style="list-style-type: none"> <li>1) Improve access to secure, up to date clinical information and work toward DHB's contribution to the national Digital Hospital 2020 Strategy</li> <li>2) Regularise and improve the training of the kaiāwhina workforce in home and community support services</li> <li>3) Develop the organisation's workforce capability and capacity</li> <li>4) Contribute to Central Region's workforce planning and development programme</li> </ol>		
<b>Measures/Milestones:</b> <p>Quarterly progress report on delivery of RSP implementation (SI2) via Central TAS (RHIP and Regional Workforce programmes)</p> <p>Report six monthly on progress against key milestones as set out in the roadmap detailed in the Organisational Development Plan</p> <p>Local 'go-live' dates achieved: Clinical Portal – 31 July 2017, Regional radiology Information System – 30 August 2017, WebPAS and RADA by 30 September 2017</p> <p>Achieve adoption Level 2 assessed against EMRAM tool by end of year</p>		
Activity	Quarter 1 Progress	
	Status	Comment
Complete planned projects as part of the Regional Health Informatics Programme with installations of core and common applications (Clinical Portal, regional Radiology Information System and webPAS, and the local Reporting and Data Access (RADA) project	<b>B</b>	Regional Clinical Portal and Radiology Information System installations now "live". Outstanding RCP and RRIS implementation issues being addressed.  Original proposed dates recast for webPAS and RADA - progressing with development, testing and training required for change with expected 'go live' date now early December.
Contribute to the readiness assessment and confirm the information technology and systems' requirements to deliver local expectations of the National Bowel Screening Programme (NBSP) due to be rolled out in the 2018/19 year (Per NBSP project plan)	n/a	Not yet due to commence; participation in readiness assessment will commence once formal project group and approach established from November
Implement year one of the DHB's Organisational Development Plan (ODP)	<b>P</b>	On track. Separately reported to Board.

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Work regionally to provide further opportunities for greater collaboration and continue to participate and support the workforce initiatives contained in the Regional Service Plan.	<b>P</b>	<p>Most workforce initiatives are tracking along well. Exception is Midwifery which for the Central region is a major issue, not only in recruitment and retention of staff, but also in increasing complexity and acuteness of care requirements with increasing elements of practice not being matched by resources. This is now being looked at by Health Workforce New Zealand (HWNZ) both at regional and national level.</p> <p>The work to determine a data set for collection of workforce data outside of DHBs and working with older people is yet to begin. A request for some supporting analyst funding has been made to HWNZ</p>
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Non financial performance measures – Data quality																																						
<b>Measures</b>		<b>MoH Assessment</b>																																				
(i) New NHI registration in error (causing duplication) Recording of non-specific ethnicity in new NHI registration Update of specific ethnicity value in existing NHI record with a non-specific value		(i) A																																				
(ii) NBRS collection has accurate dates and links to NNPAC and NMDS National Collections file load success (PRIMHD, NMDS, NNPAC, NBRS) Assessment of data reported to the National Minimum Data Set (NMDS) Timeliness of National Non Admitted Patient data (NNPAC)		(ii) PA																																				
(iii) PRIMHD data quality audits and corrective actions		(iii) A																																				
Objective	Results	Q1 Progress - Comments																																				
OS10: Improving the quality of identity data within the National Health Index and event data submitted to National Collections Systems	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Q1</th> </tr> </thead> <tbody> <tr> <td>i</td> <td>NHI duplicates in error</td> <td style="text-align: center;">2.0%</td> <td style="text-align: center;">A</td> </tr> <tr> <td></td> <td>NHI non-specific ethnicity</td> <td style="text-align: center;">0.0%</td> <td style="text-align: center;">O</td> </tr> <tr> <td></td> <td>Ethnicity updates</td> <td style="text-align: center;">0.68%</td> <td style="text-align: center;">A</td> </tr> <tr> <td>ii</td> <td>NBRS matches</td> <td style="text-align: center;">95.91%</td> <td style="text-align: center;">P</td> </tr> <tr> <td></td> <td>NCS file load success</td> <td style="text-align: center;">97.96%</td> <td style="text-align: center;">A</td> </tr> <tr> <td></td> <td>Data reported to NMDS</td> <td style="text-align: center;">56.90%</td> <td style="text-align: center;">N</td> </tr> <tr> <td></td> <td>NNPAC timeliness</td> <td style="text-align: center;">68.40%</td> <td style="text-align: center;">N</td> </tr> <tr> <td>iii</td> <td>PRIMHD data quality audit</td> <td style="text-align: center;">-</td> <td style="text-align: center;">A</td> </tr> </tbody> </table> <p>P = Partially achieved    N = Not achieved A = Achieved                    O = Outstanding</p>	Q1				i	NHI duplicates in error	2.0%	A		NHI non-specific ethnicity	0.0%	O		Ethnicity updates	0.68%	A	ii	NBRS matches	95.91%	P		NCS file load success	97.96%	A		Data reported to NMDS	56.90%	N		NNPAC timeliness	68.40%	N	iii	PRIMHD data quality audit	-	A	National identity data requirements and audits for the PRIMHD data continue to achieve expectations. Requirements to achieve data quality standards for the National Collections were not met for three applications: the NMDS data was influenced by the need to deal with the clinical coding backlog coupled with the Clinical Coding staff changes that meant attention to editing text had not been as extensive as in the past but is expected to improve in the coming months. The NBRS data match continues to be influenced by timing of data entries across three different systems, and, the NNPAC timeliness issue is influenced by the update to the underlying software application used to submit the outpatient dataset has slowed; testing on MoH site and reporting errors being resolved. Timing of submission expected to improve although migration to webPAS may impact on this.
Q1																																						
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iii	PRIMHD data quality audit	-	A																																			

Non financial performance measures – Mental Health and Addiction Service Output Delivery																		
<b>Measures:</b> Volume delivery for specialist Mental Health and Addiction services are within:		<b>MoH Assessment</b>																
a) five percent variance (+/-) of planned volumes for services measured by FTE		A																
b) five percent variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day																		
c) actual expenditure on the delivery of programme or places is within 5% (+/-) of the year to date plan																		
Objective	Results	Q1 Progress - Comments																
OP1: Output delivery against plan – Mental Health and Addictions	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Purchase unit</th> <th style="text-align: center;">Q1 Plan</th> <th style="text-align: center;">Q1 Actual</th> <th style="text-align: center;">% Delivery</th> </tr> </thead> <tbody> <tr> <td>Acute bed days</td> <td style="text-align: center;">1664</td> <td style="text-align: center;">1765</td> <td style="text-align: center;">106%</td> </tr> <tr> <td>Intensive bed days</td> <td style="text-align: center;">525</td> <td style="text-align: center;">512</td> <td style="text-align: center;">97.5%</td> </tr> <tr> <td>FTEs</td> <td style="text-align: center;">154</td> <td style="text-align: center;">155</td> <td style="text-align: center;">101%</td> </tr> </tbody> </table>	Purchase unit	Q1 Plan	Q1 Actual	% Delivery	Acute bed days	1664	1765	106%	Intensive bed days	525	512	97.5%	FTEs	154	155	101%	Output delivery substantially in line with planned purchase levels with the exception of the acute inpatient unit at 106% of purchased bed days for the quarter. The development of a clear access criteria policy, linked to an acute care pathway is due to be finalised by the end of quarter two to address the high utilisation rate.
Purchase unit	Q1 Plan	Q1 Actual	% Delivery															
Acute bed days	1664	1765	106%															
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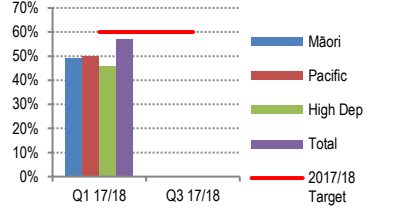
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Crown Funding Agreement Reporting																						
<b>Measures:</b> (i) 90% of eligible children have a completed Before School (health) Check before the age of five (Target: 2,003 by end of June 2018) (ii) Data for enrolments and contacts delivered by Well Child Tamariki Ora service providers		<b>MoH Assessment</b> (i) A (ii) A																				
Objective	Results	Q1 Progress - Comments																				
Before school check funding		Achieved (exceeded) quarterly target for the eligible population, including those identified as high deprivation. A total of 558 B4 School Checks were completed this quarter against a target of 499 children.																				
Well Child Tamariki Ora	Number of babies enrolled at end of each quarter (excluding Plunket) <table border="1"> <thead> <tr> <th></th> <th>2016/17</th> <th>2017/18</th> <th>Core contacts during quarter</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,539</td> <td>1,575</td> <td>468</td> </tr> <tr> <td>Q2</td> <td>1,546</td> <td></td> <td></td> </tr> <tr> <td>Q3</td> <td>1,554</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td>1,586</td> <td></td> <td></td> </tr> </tbody> </table>		2016/17	2017/18	Core contacts during quarter	Q1	1,539	1,575	468	Q2	1,546			Q3	1,554			Q4	1,586			Steady increase in volume over the 2016/17 year continued into the first quarter with an increase of 30 children enrolled at the end of the quarter.
	2016/17	2017/18	Core contacts during quarter																			
Q1	1,539	1,575	468																			
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Q4	1,586																					

Non financial performance measures – policy priorities																
<b>Measures:</b> (i) Reduce the rate of Maori under the Mental Health Act (s29) by at least 10% by the end of June 2018 (ii) 60 percent of babies are exclusively or fully breastfed at three months (iii)(a) ≥8 percent of potentially eligible stroke patients thrombolysed 24/7 80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway 80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission (iii)(b) 90 percent of eligible enrolled population in the PHO have had a cardiovascular risk assessment within the last five years ≥67 percent of eligible Maori men in the PHO aged 35-44 years have had their cardiovascular risk assessed in the last five years (iii)(c) ≥70 percent of high risk patients will receive an angiogram within 3 days of admission >95 percent of patients presenting with acute coronary syndrome (ACS) who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days (iv) Activities to support delivery of the New Zealand Health Strategy		<b>MoH Assessment</b> (i) A (ii) A (iii)(a) A (iii)(b) PA (iii)(c) A (iv) A														
Objective	Results	Q1 Progress - Comments														
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	<b>2017/18 Results</b> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td># Maori under CTOs</td> <td>71</td> </tr> <tr> <td># Maori population</td> <td>35,020</td> </tr> <tr> <td>Rate per 100,000</td> <td>203</td> </tr> <tr> <td># non-Maori under CTOs</td> <td>129</td> </tr> <tr> <td># non-Maori population</td> <td>139,530</td> </tr> <tr> <td>Rate per 100,000</td> <td>92</td> </tr> </tbody> </table> *Q1 data is for the period 1 July 2016 – 30 June 2017		Q1	# Maori under CTOs	71	# Maori population	35,020	Rate per 100,000	203	# non-Maori under CTOs	129	# non-Maori population	139,530	Rate per 100,000	92	Results reported for the 12 month period ending 30 June 2017 show a small reduction in the rate per 100,000 of Māori under Community Treatment Orders relative to previous quarter (208) and remained below the national average (295). A review of all Māori clients under a Community Treatment Order to establish patters of application and confirm requirements for the use of the Act will be completed by end of 2017/18.
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Objective	Results	Q1 Progress - Comments																
<p>PP37: Improving breast feeding rates</p>	 <p>Breastfeeding at three months. Data source – Well Child Tamariki Ora database – Ministry of Health</p>	<p>Preliminary results for the six month period ending 30 June 2017. The number of infants that were exclusively or fully breastfed at three months old was 57% against a target of 60%. The gap between ethnicities is reducing however the rates for Māori, Pacific and infants identified as high deprivation were lower than the total population rate at 49%, 50% and 46% respectively. Initiatives underway include implementation of a peer mentor programme to increase the number of lactation consultants, a focus on early registration with a LMC and the provision of syringes and information to assist with colostrum expression and storage.</p>																
<p>PP20: Improved management for long term conditions i. Long Term Conditions ii Diabetes Services iii Cardiovascular (CVD) health iv. Acute Heart Service v. Stroke Services</p>	<table border="1" data-bbox="507 568 903 831"> <thead> <tr> <th>2017/18 Measures</th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>≥8% eligible stroke thrombolysed</td> <td>8.0%</td> </tr> <tr> <td>≥80% acute stroke service admissions</td> <td>83.0%</td> </tr> <tr> <td>90% CVD risk assessments</td> <td>89.6%</td> </tr> <tr> <td>90% CVD risk assessments – Māori male 35-44yr</td> <td>64.5%</td> </tr> <tr> <td>≥70% angiogram within 3 days</td> <td>85.1%</td> </tr> <tr> <td>95% ANZACS-QI data collection</td> <td>100%</td> </tr> <tr> <td>≥75% HBA1c &lt;64mmol/mol</td> <td>N/A</td> </tr> </tbody> </table> <p>* Stroke data is lagged by 3 months</p>	2017/18 Measures	Q1	≥8% eligible stroke thrombolysed	8.0%	≥80% acute stroke service admissions	83.0%	90% CVD risk assessments	89.6%	90% CVD risk assessments – Māori male 35-44yr	64.5%	≥70% angiogram within 3 days	85.1%	95% ANZACS-QI data collection	100%	≥75% HBA1c <64mmol/mol	N/A	<p>i). Long Term Conditions: not required to be reported this quarter. ii). Diabetes services: not required to be reported this quarter. iii). Cardiovascular (CVD) health: Small increase in results this quarter; remaining just below the target. For this period, 44,760 (90%) of the total enrolled eligible population group (n.49,958) have had their cardiovascular disease risk assessed. iv). Acute heart health: Targets achieved, with an improvement in results this quarter. v). Stroke services: Targets achieved for this quarter.</p>
2017/18 Measures	Q1																	
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<p>HS: Supporting delivery of the NZ Health Strategy</p>	<table border="1" data-bbox="507 949 903 1482"> <thead> <tr> <th>Strategic theme</th> <th>Q1</th> </tr> </thead> <tbody> <tr> <td>People powered</td> <td>Endorsement to develop an indicative business case for acute mental health inpatient unit</td> </tr> <tr> <td>Closer to home</td> <td>Improvements to 'healthy conversations' education in support of Raising Healthy Kids Health Target</td> </tr> <tr> <td>Value &amp; high performance</td> <td>Pre-admission registered nurse role in Ward 23</td> </tr> <tr> <td>One team</td> <td>Integrated Service Model Change Programme</td> </tr> <tr> <td>Smart system</td> <td>Successful launch of Regional Clinical Portal</td> </tr> </tbody> </table>	Strategic theme	Q1	People powered	Endorsement to develop an indicative business case for acute mental health inpatient unit	Closer to home	Improvements to 'healthy conversations' education in support of Raising Healthy Kids Health Target	Value & high performance	Pre-admission registered nurse role in Ward 23	One team	Integrated Service Model Change Programme	Smart system	Successful launch of Regional Clinical Portal	<p>Requirement met for summarising examples of activity or initiatives undertaken in the quarter that can be mapped to the New Zealand Health Strategy.</p>				
Strategic theme	Q1																	
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