

PLANNING PRIORITY: SUPPORTING VULNERABLE CHILDREN		
Objective: Contribute to the collective action to reduce the incidence of assaults on children		
Measure: Supporting Vulnerable Children (PP27)		MoH Assessment
		A
Actions	Quarter 3 Progress	
	Status	Comment
By 31 December 2017, secure funding and establish contract for Children's Team Lead Practitioners and Health Broker	C	Completed. Positions in place. Revised policy published on MidCentral's website.
Subject to the outcome of the evaluation of the pilot conducted in 2016/17, contribute to the whānau-to-whānau ora 'family free of violence' initiative in Horowhenua	P	This pilot continues and is part of a district wide approach to reduce family violence by Whanau Ora Innovation and Strategic Development Group (WOISDG). This collaborative project is linked with all Government Agency Partners, NGO and the primary care sector.
Meet requirement for providers of children's services to adopt a child protection policy within the provider's funding agreement	C	Met - all provider agreements include this requirement.
Identify instances where requirements for safety checking newly employed or engaged core and non-core children's workers have not been met, and where existing staff found working in core children's workers roles have been suspended under s28 of the Act	C	Zero instances – safety checking requirements being met. Zero s28 suspensions of existing staff.
Reduce deaths and hospitalisations due to assault, neglect or maltreatment of children aged 0-14 years, including a description of how initiatives are being (or will be) evaluated for success	P	Our Māori Iwi partners, Te Tihi, held a hui in late March to progress the family violence stocktake work undertaken by the Regional Interagency Network during 2017. The hui attracted a huge number of key government agencies and other key stakeholders and partners. It was an excellent day. The outcomes of that are to be fed back within the next two weeks with the way forward clearly articulated.

PLANNING PRIORITY: KEEPING KIDS HEALTHY		
Objective: Reduce hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years (respiratory conditions, skin infections and eczema)		
Measures: 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		MoH Assessment
		NR
Actions	Quarter 3 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, from 01 September 2017	C	Completed. All roles have been filled and representatives from New Zealand Police, Housing New Zealand, and the Ministry of Social Development have commenced attending the Child Health Tamariki Ora District Group meetings.

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

Deliver campaign to increase uptake of Healthy Homes Project support to insulate homes of eligible families in collaboration with Central PHO and EnergySmart	C	Completed. EnergySmart worked alongside Central PHO to provide a visible campaign around the programme.
Identify improvement opportunities arising from the evaluation of the family-based approach to improve the management of skin infections in school children by 31 August and improvement plan implemented from 01 October 2017	B	This programme of work has been delayed due to the implementation of the new Cluster model. Management of skin conditions remains an important area to reduce ASH hospitalisations. The Clinical Executive and the Operations Executive for the Primary, Public and Community Health cluster are now in place; aware of the programme and are keen to review once they have settled into their new roles.

PLANNING PRIORITY: CHILD HEALTH

Objectives:

- 1) Reduce barriers to accessing timely care for young people and their families who are served by Oranga Tamariki
- 2) Support national work to improve health outcomes for children, young people and their families served by Oranga Tamariki

Measure: Delivery of response actions agreed in annual plan (PP38, section 2)

MoH Assessment
N/A

Actions	Quarter 3 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	Discussions continue between Public Health Services and the GP responsible for Te Aue Rere o Te Tonga youth justice facility regarding the implementation of this project.
By 30 June 2018, establish professional development plan for nursing staff to ensure that young people receive the most appropriate screening prior to referral	C	Plan completed for ongoing implementation.

PLANNING PRIORITY: INCREASED IMMUNISATION

Objectives:

- 1) Maintain immunisation coverage rates across priority age groups, per Immunisation Schedule
- 2) Increase Human Papillomavirus (HPV) immunisation rates

Measures:	MoH Assessment
(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) NR
(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

Results	Quarter 3 Progress	
	Status	Comment

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

	<p>B Deteriorating result; decliner rate of 4.9 percent. While this result may be influenced by the holiday period, analysis of the decliner rate has not shown any distinct trend associated with any of the GPTs; the increasing decliners appear to be scattered across the DHB and not in any specific pockets.</p> <p>The Immunisation Stakeholder Group is focusing an action plan on a number of interventions to include: timely referral to outreach, capturing reason for decline at the time, and working with Central PHO and the primary care to mobilise GPT champions</p>
	<p>B Achieved target for the 24 month old milestone age cohort, for the total population group as well as for Māori children. Fluctuating rates noted for smaller population groups. The combined opt-off and decline rate of 4.5 percent was marginally lower this quarter compared to the average for the last 12 months.</p> <p><u>Five year old:</u> Timeliness of immunisations for this cohort remains an issue, with a reduction in the coverage rate across the total population group compared to previous quarters. Work continues to address this, focusing on earlier referral to the Outreach Immunisation Service, which is being implemented across the DHB and GPTs. The decline rate was slightly lower than the average for the last 12 months (4.0 percent compared 4.7 percent).</p>
<p>Seasonal influenza 60% (n.18,800) of 31,340 total eligible older population and 48.0% (n.983) of 2,050 eligible older Māori population immunised against seasonal influenza as at end September 2017.</p>	<p>N/a As reported in quarter one - annual result reported as at end September 2017. Not reported this quarter. Work underway to deliver the 2018 influenza campaign.</p>
<p>Human Papillomavirus Measured at end of June 2018. (Result at June 2017 for 2003 birth cohort was 72% [66% national total])</p>	<p>P As reported in quarter one. On track for Human Papillomavirus Vaccine campaign; planning for HPV and Tdap school based programme continues with 2018 timetable completed.</p>

<p>PLANNING PRIORITY: RAISING HEALTHY KIDS</p>					
<p>Objective: Increase the number of obese children (and their family) being offered and accepting a referral for appropriate intervention</p>					
<p>Measures: 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</p>	<p>MoH Assessment A</p>				
<p>Results / Actions</p>	<table border="1"> <tr> <th colspan="2">Quarter 3 Progress</th> </tr> <tr> <th>Status</th> <th>Comment</th> </tr> </table>	Quarter 3 Progress		Status	Comment
Quarter 3 Progress					
Status	Comment				

<p>Percentage of children identified as obese in the B4SC programme offered a referral</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Qtr 1</td><td>65</td><td>65</td><td>95</td></tr> <tr><td>16/17 Qtr 2</td><td>88</td><td>88</td><td>95</td></tr> <tr><td>16/17 Qtr 3</td><td>88</td><td>88</td><td>95</td></tr> <tr><td>16/17 Qtr 4</td><td>92</td><td>92</td><td>95</td></tr> <tr><td>17/18 Qtr 1</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>17/18 Qtr 2</td><td>98</td><td>98</td><td>95</td></tr> <tr><td>17/18 Qtr 3</td><td>98.8</td><td>98.8</td><td>95</td></tr> <tr><td>17/18 Qtr 4</td><td>98.8</td><td>98.8</td><td>95</td></tr> </tbody> </table>	Period	Total (%)	Māori (%)	Target (%)	16/17 Qtr 1	65	65	95	16/17 Qtr 2	88	88	95	16/17 Qtr 3	88	88	95	16/17 Qtr 4	92	92	95	17/18 Qtr 1	95	95	95	17/18 Qtr 2	98	98	95	17/18 Qtr 3	98.8	98.8	95	17/18 Qtr 4	98.8	98.8	95	<p>P Target achieved for the six month period February 2018. Of the 81 children assessed and identified as obese, 80 (98.8%) were offered a referral. Three children were noted as being already under care. All Māori children (n.27) were offered a referral, although</p>
Period	Total (%)	Māori (%)	Target (%)																																		
16/17 Qtr 1	65	65	95																																		
16/17 Qtr 2	88	88	95																																		
16/17 Qtr 3	88	88	95																																		
16/17 Qtr 4	92	92	95																																		
17/18 Qtr 1	95	95	95																																		
17/18 Qtr 2	98	98	95																																		
17/18 Qtr 3	98.8	98.8	95																																		
17/18 Qtr 4	98.8	98.8	95																																		
<p>Declined referrals: Six month period to 28 February 2018</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>10</td> <td>37.0%</td> </tr> <tr> <td>Other</td> <td>23</td> <td>42.6%</td> </tr> <tr> <td>Total</td> <td>33</td> <td>40.1%</td> </tr> </tbody> </table>	Ethnicity	Number	Rate	Māori	10	37.0%	Other	23	42.6%	Total	33	40.1%	<p>P Parents/caregivers of 10 of the 33 (37%) eligible Māori children declined a referral to a health professional. The decline rate for non Māori children over this period was 42.6% (n.23). The actual number of total declined referrals increased by two over this last period (increased by 3 in the non Māori population group and reduced by 1 for Māori); the variability in reported decline rates is influenced by small numbers (29.2% for the six month period ending November 2017).</p>																								
Ethnicity	Number	Rate																																			
Māori	10	37.0%																																			
Other	23	42.6%																																			
Total	33	40.1%																																			
<p>Obtain ethics approval by 31 December 2017 to commence research with Massey University by 31 March 2018, to identify barriers inhibiting or preventing families accepting a referral for management of obesity, with a particular focus on Māori and Pacific children</p>	<p>B Work is progressing regarding the next phase of the research. The ethics approval has been lodged with Massey University and is now “in committee” awaiting the outcome before further progress can be made.</p>																																				
<p>Deliver schedule of professional development sessions by 31 March 2018, for Well Child Provider staff, Public Health Nurses and General Practice Teams to develop skills in undertaking “healthy conversations”</p>	<p>C Completed. Professional development sessions provided with good uptake.</p>																																				
<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>C Positive feedback continues around the use of resources at the B4SC. The childhood obesity pack of information has been distributed to GP Teams and other health care professionals. The pack includes the BMI centile conversion chart using traffic light colours along with the Be Smarter resource.</p>																																				

PLANNING PRIORITY: CHILDHOOD OBESITY PLAN			
<p>Objective: Progress local initiatives from the Childhood Obesity Plan</p>			
<p>Measure: Delivery of response actions agreed in annual plan (PP38, section 2)</p>	<p>MoH Assessment NR</p>		
<p>Actions</p>	<p>Quarter 3 Progress</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Comment</th> </tr> </thead> </table>	Status	Comment
Status	Comment		
<p>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 Māori and Pacific young people and their whānau to participate</p>	<p>P Christina Su is the local ambassador. Currently working with Sport Manawatu around a media promotion with Christina and the Active Families team working in Feilding.</p>		

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

By 30 June 2018, establish mechanisms with providers to develop outcome criteria over contact time including feedback to Boost Team	C	Completed
By 31 December, develop and agree process outcome measures following referral to the Boost Team and baseline data established by 30 June 2018	C	Completed

PLANNING PRIORITY: REDUCING UNINTENDED TEENAGE PREGNANCY		
Objective: Reduce the number of unintended teenage pregnancies		
Measure: Delivery of response actions agreed in annual plan (PP38, section 1)		MoH Assessment
		NR
Actions	Quarter 3 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)	B	Delayed pending Board approval of the Sexual & Reproductive Health contract reconfiguration. Scoping work continues and will be progressed, subject to Board approval of contract change being sought in May.
Continue to support the provision of funded emergency contraceptive pill (ECP) available via accredited community pharmacists	P	Progressing as planned and within funded capacity. Around 175 ECP dispensings per month across the district
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	Progressing as planned, as part of the School Based Health Service (see PP25).

PLANNING PRIORITY: PRIME MINISTER'S YOUTH MENTAL HEALTH PROJECT		
Objectives: <ol style="list-style-type: none"> 1) Sustain delivery of School Based Health Services (SBHS) 2) Strengthen equitable access to primary mental health services for young people 3) Improve delivery of service options for transgender clients 		
Measures: Prime Minister's Youth Mental Health Project progress report (PP25) Six monthly quantitative School Based Health Service data per template Milestones achieved per plan		MoH Assessment
		A
Actions	Quarter 3 Progress	
	Status	Comment

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

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	On track with programme for the 2017/18 year. <ol style="list-style-type: none"> 1. Student Feedback – “Your Clinic, Your Voice, Your Health”- continues 2. Sexuality Education programme – “Mates and Dates” program has been delivered at Waiopēhu College, Queen Elizabeth and Tararua Colleges. 3. Tararua College has established a Youth Health Council consisting of 2 representatives from each year group. Continues with new student members for 2018. Programme for service improvement initiative is in development for the 2018 academic year.
Build on development of the Response Framework in 2016/17, by implementing integrated access and support/treatment pathways for youth by 30 September 2017	C	Framework finalised. Framework consultation forum and survey undertaken in December 2017 with youth that have accessed Mental Health and Addiction Services. This framework was developed to cater to youth through involvement at every level. Therefore, the questions were targeted at gaining an insight into the current community youth services. The feedback from these questions helped and supported with the overall development of the framework.
By 31 October 2017, establish and agree on work programme for delivery options for transgender clients with YOSS and Transgender steering group	B	Behind scheduled date, but progressing. The development of the collaborative pathway has identified gaps and actions that require to be completed before the pathway comes to fruition. The overall structure and flow of the collaborative pathway has been agreed, feedback and input from the wider stakeholders is currently being sought before finalization. The pathway will also be provided to the trans and gender diverse communities before finalising for feedback. The work programme will focus on developing an expression of interest from GPT who are able to provide transgender care across the district. This information will be developed following the finalization of the pathway.

PLANNING PRIORITY: PHARMACY ACTION PLAN

Objective: Increase the number of patients who may benefit from access to community clinical pharmacists in health care delivery team

Measure: Delivery of response actions agreed in Annual Plan (PP38, section 2)	MoH Assessment
	NR

Actions:	Quarter 3 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	Continuing to participate in national process. Business case for local clinical pharmacy services prepared for consideration.

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

PLANNING PRIORITY: BETTER HELP FOR SMOKERS TO QUIT

Objective: Increase quit attempts through the provision of brief advice, offer of nicotine replacement therapy initiation, and referrals to smoking cessation services

Measures: i) ≥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) ii) ≥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) iii) ≥95% of hospital patients who smoke and seen by a health professional in a public hospital are offered advice and support to quit smoking (PP31)	MoH Assessment	
	i)	N
	ii)	A
iii)	N	

Results / Actions	Quarter 3 Progress	
	Status	Comment
	P	<p>Maternity: 95% of the 40 women registered and seen by LMCs identified as current smokers were offered advice and support to quit.</p>
	B	<p>Primary: Target not achieved and results continuing to decline for PHO enrolled population. Of the 21,804 total eligible enrolled population identified as current smokers, 18,930 (86.8%) were recorded as having been offered help to quit; 83.3% of 6,957 Māori and 88.5% non Māori. Remedial action plan in place (also see below)</p>
<p>Percentage of hospital patients who smoke offered brief advice and support to quit smoking</p>	B	<p>Hospital: Target still not achieved and results continuing to decline; 83 percent (n.845) of the 1,022 patients identified as current smokers over the January to March 2018 quarter were recorded as having been offered brief advice and help to quit smoking. Detailed action plans in place across all areas that are not at or above target and weekly reporting against those plans is in place. The priority actions are refresher education to all clinical staff undertaking this activity, auditing of records of patients who were not provided with cessation advice, improved access to the on line learning for ABC and ongoing dialogue with the coding team to ensure documentation is accurate and complete.</p>
<p>By 30 September 2017, confirm and implement schedule of ABC-D health promotion initiatives between Public Health, Community Pharmacy and Central PHO, including use of dashboard tool in IFHCs/GPTs</p>	P	<ul style="list-style-type: none"> Central PHO and Te Ohu Auahi Mutunga (TOAM), the Smoking Cessation Service, are working in partnership to facilitate ongoing access to general practices. This includes encouraging all practice members to complete the MoH online smoking cessation training for ABCD. The Project Liaison role supports ABC-D activities in General Practice and is looking at how practices who are ‘struggling’ to achieve SBA can be better supported, e.g. buddying up new Matanga with more experienced Matanga and encouraging SBA as part of daily business in their practice-based clinics. Public Health, Community Pharmacy, and Central PHO representatives are now meeting weekly to address concerns and plan future initiatives, including the ‘button badge’ ideas. Community pharmacists working alongside IFHCs are able to update dashboard directly following consult with a client in the pharmacy. Clinical champion continues to support General Practice Teams, especially new staff to follow correct process for capturing SBA data.

Legend – MoH Assessment: **A** = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved
 NR = Not reported this quarter N/a = Not applicable
 Legend – Project Status: **P** = Progressing as planned **B** = Behind schedule / some associated risks **C** = Completed

<p>Establish smoking brief advice and cessation support data collaboration between Te Ohu Auahi Mutunga (TOAM), Central PHO and the MidCentral Pharmacy Group by 31 December 2017</p>	<p>P</p>	<ul style="list-style-type: none"> • TOAM Project Liaison, Central PHO Clinical Champion and Community Pharmacy Chair have discussed/supported ways in which GPTs can be informed that their patient has been seen for Smoking Brief Advice by TOAM. e.g. Pharmacist advises GPT that their patient has been seen in the Pharmacy and given SBA and referred to TOAM for Cessation Support and or given NRT. • TOAM, Central PHO, Community Pharmacy Group, Public Health Unit and Te Tihi staff meet weekly in a collaborative multi-disc approach to data/information sharing
<p>By 30 June 2018, implement and maintain supported standardised (PMS relevant) approaches to ABC-D including data collection, extract and reporting</p>	<p>P</p>	<ul style="list-style-type: none"> • A list of standardised and sustainable measures are again being sent out to practice to remind GPTs how and when they can use and capture SBAs as being given in the community which count toward the Population Health Target for SBA. • Central PHO is progressing with a move to bring data collection, analysis and quality improvement work relating to data processes in house
<p>By 30 June 2018, Matanga (Quit coaches) deliver community outreach ABC messaging programmes to target priority populations (e.g. Māori and Pacific) at workplaces to improve uptake of referrals to smoking cessation services</p>	<p>P</p>	<ul style="list-style-type: none"> • Two Mātanga have been selected to target businesses and big companies to offer support for workers. • Relationships have been created with The Warehouse Limited, Waste Management, Computer Care and First Security. • Relationships with health and safety officers within businesses and companies are strengthening • Consideration being given to pilot an incentivised workplace programme, in large employing organisations, to support smokers to quit
<p>Support targeted activity by general practice teams (GPTs) as a result of utilising ethnicity data and information available on the provider portal</p>	<p>P</p>	<ul style="list-style-type: none"> • Regular Matanga run clinics within GPTs support an improved equity approach for patients referred for cessation support • Building relationships with health practitioners within the practice to increase referrals and support prescription of appropriate NRT therapies • Actively participating in SBA calls • Ensuring all appropriate information is updated within the PMS and data correctly reflects clinical practice

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

PLANNING PRIORITY: LIVING WELL WITH DIABETES																
Objectives: 1) Improve delivery of equitable services for people at high risk of or living with diabetes and reduce variation in practice 2) Continue to implement the actions in Living Well with Diabetes in line with the Quality Standards for Diabetes Care 3) Increase number of patients that benefit from collaborative triage																
Measures: Percentage of people (all ethnicities) enrolled in the PHO aged 15-74 years diagnosed with diabetes with the most recent HbA1c during the past 12 months: 75% with ≤64 mmol/mol, ≥90% with ≤80 mmol/mol and ≥97% with ≤100 mmol/mol (PP20 – Focus area 2)				MoH Assessment NR												
Results / Actions		Quarter 3 Progress														
		Status	Comment													
Number of people (aged 15 – 74 yrs) enrolled with diagnosis of diabetes: Total: 6,304 Māori: 1,384 <table border="1"> <thead> <tr> <th>HbA1c</th> <th>Total</th> <th>Māori</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>≤64mmol/mol</td> <td>60.4%</td> <td>49.2%</td> <td>≥75%</td> </tr> <tr> <td>>100mmol/mol</td> <td>2.9%</td> <td>5.9%</td> <td><3%</td> </tr> </tbody> </table>		HbA1c	Total	Māori	Target	≤64mmol/mol	60.4%	49.2%	≥75%	>100mmol/mol	2.9%	5.9%	<3%	B	<ul style="list-style-type: none"> An additional 95 people (38 Māori) enrolled with PHO were recorded with diabetes compared to last quarter 22% of PHO enrolled population with a diagnosis of diabetes recorded are Māori No significant change to proportion of total patients with HbA1c of 64mmol/mol or less (60.4% compared to 60.6% in quarter 2). Higher proportion of Māori patients noted with their most recent HbA1c level greater than 100mmol/mol 	
HbA1c	Total	Māori	Target													
≤64mmol/mol	60.4%	49.2%	≥75%													
>100mmol/mol	2.9%	5.9%	<3%													
Expand multidisciplinary collaborative triaging and consultations to support patients who have complex treatment and care needs, reported quarterly to Diabetes Leadership Group (DLG) Collaborative consultations: 140 Collaborative case reviews: 131		P	<ul style="list-style-type: none"> Multidisciplinary collaborative triaging is ongoing and well established. The DLG receives regular updates. A Collaborative Triaging presentation was recently given at the Ministry of Health Diabetes and Cardiovascular Meeting 'Shifting Care Closer to Home' in Wellington at the end of February. A Collaborative Triaging abstract has been accepted to be presented at the New Zealand Society for the Study of Diabetes Annual Scientific Meeting in May, focusing on the impact the initiative has had on readmissions to hospital. Multidisciplinary collaborative consultations are ongoing. DHB funding is required for additional Diabetes Specialist Services resourcing for expansion of this initiative 													
Implement approved recommendations from the Diabetes Configuration Project in collaboration with the Diabetes Leadership Group, providing progress report to each quarter against milestones of implementation plan		B	The recommendation 6.1: Recruit an additional 1.5 CNS FTE is complete. The implementation plan for all other Diabetes Configuration Project recommendations is in development. The DLG receives regular updates.													
By 30 June 2018, support the delivery of the TOA programme (Māori men's health) across the district		P	Central PHO Physical Activity Educators work with Te Tihi in delivering the TOA programme. From April 2018 HbA1c will be included in the clinical measures pre-and post-programme delivery													
Complete implementation of a rapid access diabetes clinic for people with diabetes complications requiring prompt access to specialist advice, by 30 June 2018		B	This is one of the Configuration Project recommendations. Planning, aside from a high level configuration project implementation plan, has not yet commenced due to resourcing issues.													

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

Complete implementation of a skills and continuing professional development programme by 30 April 2018, targeting management and review in general practices whose patients show poor glycaemic control and who have a higher volume of Māori and Pacific	<p>P A Diabetes inter-professional forum is scheduled for April 2018. A skills and development programme was piloted in one IFHC facilitated by the Diabetes Community CNS. This has now been introduced to one other practice. The pilot programme upskills practice nurses in insulin initiation, diabetes management, patient education, and referral pathways.</p> <p>All practices' diabetes data is reviewed each quarter by the Clinical Development Manager and Diabetes CNS to inform the distribution of support provided by the CNS, targeting those practices with target priority population groups and patient with poor glycaemic control</p>
---	---

PLANNING PRIORITY: PRIMARY CARE INTEGRATION		
<p>Objectives: 1) Improve integration with the broader health and disability sector</p> <p>2) Build capability and capacity to strengthen responsiveness of the primary health care system with support from specialist services</p> <p>3) Improve system to address acute and urgent care needs of patients (including acute exacerbations of long term conditions)</p>		
<p>Measures:</p> <p>(i) Delivery of actions to improve system integration including SLMs (PP22)</p> <p>(ii) SLM Improvement Plan milestones achieved.</p> <p>Total acute bed days per capita (SLM7)</p> <p>Ambulatory sensitive hospitalisations – 0-4 year olds (refer S11)</p> <p>Patient experience of care (SLM8)</p> <p>Amenable mortality rate (SLM9)</p>	<p>MoH Assessment</p> <p>(i) A</p> <p>(ii) A</p>	
<p>Actions</p>	<p>Quarter 3 Progress</p> <p>Status Comment</p>	
<p>Implement agreed integrated nursing model within primary care – subject to approved business case by 31 December 2017</p>	<p>P Detailed planning to scale the model to Horowhenua and Highbury areas complete. Confirmed digital requirements within wider MDHB digital strategy not progressed this quarter.</p>	
<p>Focus resources to the priority health areas of Kainga Whānau Ora pilot programme with the '100 identified cohort of households' in Palmerston North</p>	<p>P Central PHO provides data, including NHI level data for the Kāinga Whānau Ora pilot, such as primary care enrolment, utilisation, ED and inpatient data and some demographic information. Central PHO also provides support analysing data from the various partners of the Kāinga Whānau Ora pilot.</p> <p>Kāinga Whānau Ora participant data has been matched with Central PHO enrolment data and this identified that almost a third of the pilot whānau were not initially enrolled with a general practice. On-going data matching between Central PHO and Kāinga Whānau Ora as the programme goes to scale will continue to ensure Māori whānau engaged in the programme are enrolled with Central PHO.</p>	
<p>Extend coverage of the Primary Options for Acute Care in conjunction with the Urgent Community Care programme in the Horowhenua district by 30 June 2018</p>	<p>P Engagement with practices, District Nursing, St. John and community pharmacy within the Horowhenua complete and four sites have commenced preparation to implement- Otaki, Te Waioira – Foxton, Cambridge Street and Masonic Medical- Levin.</p> <p>Total population coverage now extended to 56 %.</p>	
<p>Provide feedback to IFHCs/GPTs on implementation and utilisation of collaborative clinical pathways aligned to POAC programme for targeted health conditions by 30 June 2018</p>	<p>P All POAC sites engaged in facilitated case review this quarter. Specific feedback provided on CCP usage and adherence.</p> <p>Case review summaries provided to sites for action within their own clinical governance arrangements.</p>	

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

Align capability and capacity requirements to execute (acute and urgent care) strategy across the district by 30 June 2018	P	As an action of the Acute demand management strategy.
Establish an integrated acute and urgent care governance group by 31 July 2017	C	Complete.
Develop acute and urgent care strategy across the district by 30 September 2017	P	Acute demand management strategy draft complete. Programmes of work and system interfaces identified.
Develop agreed processes to provide urgent /acute care response to Aged Residential Care facilities across the district by 30 November 2017	B	Not complete. Aspect of after-hours delivery and POAC provision to be further explored.
Establish processes in IFHCs/GPTs to support early discharge and early follow up (transfer of care) of patients admitted to hospital with complex health care needs by 30 September 2017	P	Pilot process in 2 IFHCs to support structured transfer of care of heart failure patients back to the primary care team evaluated. Project to scale this to further areas underway. Clinical Nurse Specialist from DHB working closely with the GP Teams.
Utilise common data sets to target resources focused on improving outcomes for patients with respiratory, heart disease and diabetes by 31 October 2017	B	Following the health roundtable event in Auckland looking at cross system data for specified conditions, a project has commenced with MDHB with a focus on heart failure to review the in-patient and PHC journey. A small team of PHO and DHB clinicians are working on this.

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

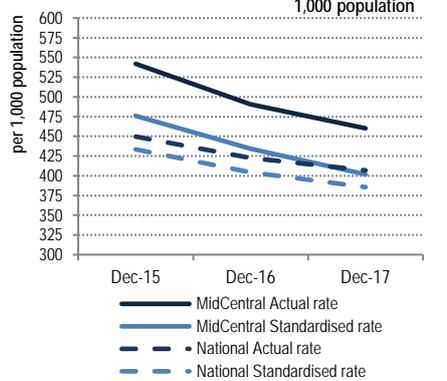
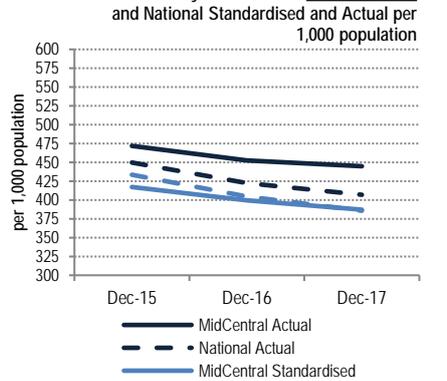
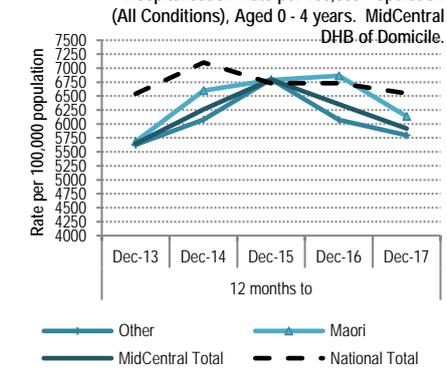
Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

System Level Measures: Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)

Results	Quarter 3 Progress	
	Status	Comment
<p>Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual per 1,000 population</p>  <p>Acute bed days - MidCentral DHB of Service and National Standardised and Actual per 1,000 population</p> 	P	<p>12 months to 31 December 2017. (Estimated population 175,000).</p> <p>DHB of Domicile: The standardised acute bed day rate per 1,000 population has reduced over the 12 months ending December 2017, relative to the prior three years, to 401.8 per 1,000 population, for 21,472 stays. The national standardised rate was 385.7.</p> <p>The actual rate was 460.2 per 1,000 compared to a national rate of 406.9 rate.</p> <p>DHB of Service: The standardised acute bed rate per capita, as a DHB of Service was similar to the national rate for year ending December 2017, at 387.1 compared to 385.7 per 1,000 population. However, the actual rate for MidCentral was 444.8 / 1,000 – considerably higher than the national rate, and did not reduce as much as it had in the previous year.</p> <p>Increases in acute bed day utilisation (a total of 20,784 stays) over 12 months were in the following age groups: 5–9 years, 20–29 years, 35–44 years, 55–59 years, 75–79 years and 85+ years.</p> <p>The top six DRGs with the highest acute bed day utilisation rate (above national average, both as DHB of Service and as DHB of Domicile) were:</p> <ul style="list-style-type: none"> • Stroke and Other Cerebrovascular Disorders • Respiratory Infections/Inflammations • Other Hip and Femur Procedures • Heart Failure and Shock • Cellulitis • Neonate, Admit Weight >2499g without significant operating room procedure <p>'Medimorph' project continuing, focusing on reducing ALOS, processes and pathways between ED and MAPU. Interface geriatrics service also continuing to influence patient pathways for older people presenting to the ED.</p>
<p>Non standardised Ambulatory Sensitive Hospitalisation Rate per 100,000 Population (All Conditions), Aged 0 - 4 years. MidCentral DHB of Domicile.</p> 	P	<p>12 months to 31 December 2017.</p> <p>ASH rate per 100,000 population reduced by 6.8 percent over the year from 6,353 / 100,000 to 5,919 / 100,000 total population (DHB of Domicile). ASH rate for Māori children also reduced but remains higher at 6,134 per 100,000 than the total rate for MidCentral. The predominant ASH conditions continue to be:</p> <ul style="list-style-type: none"> • Upper and ENT respiratory infections • Dental conditions • Gastroenteritis/dehydration • Asthma • Pneumonia • Cellulitis <p>ASH rates for children (including Māori) were well below the national rate.</p> <p>Child Health Group continuing to monitor and remains a focus for incentivised programme with GPTs.</p>

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

	<p>P Weighted average mean scores (out of 10) from the February 2018 inpatient survey show an increase relative to the previous three surveys (8.4 for Communication and 8.5 for Coordination). MidCentral’s response rate continues to be above the national average; 39 percent (n.157) for this last survey, using paper-based and electronic options.</p> <p>Overall, MidCentral’s rates are much the same as other DHBs, including the scores given to the range of questions within these two dimensions. The hospital scores least well in staff telling patients about medication side effects to watch out for when they go home, although the rating did improve by 4 points for this last survey.</p>
<p>Amenable mortality rate (annual data update expected later in 2018).</p>	<p>N/a Contributory measures include cervical and breast screening coverage rates for women, management of long term conditions, reduced smoking rates (refer reports for HT, PP31, PP20, PP22, PP26 and SI10 &11).</p>

<p>PLANNING PRIORITY: SHORTER STAYS IN EMERGENCY DEPARTMENTS</p>							
<p>Objective: Increase the number of people who have shorter lengths of stay in the Emergency Department and hospital inpatient wards</p>							
<p>Measures: 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</p>	<table border="1"> <tr> <th colspan="2">MoH Assessment</th> </tr> <tr> <td>i)</td> <td>PA</td> </tr> <tr> <td>ii)</td> <td>PA</td> </tr> </table>	MoH Assessment		i)	PA	ii)	PA
MoH Assessment							
i)	PA						
ii)	PA						
<p>Results</p>	<p>Quarter 3 Progress</p>						
<p>Percentage of patients admitted, transferred or discharged from the ED within 6 hours</p>	<p>B Target for shorter stays in ED not achieved and continuing to deteriorate. Of the 11,179 patients recorded as attending the department over the quarter, 9,034 (81 percent) were admitted, transferred or discharged within six hours. (Partial achievement rating accorded by MoH on the basis of the noted data issues and the improvement activity that is in progress).</p> <p>With the introduction of a new Patient Management System (WebPas) there has been on-going work to ensure the accuracy of the data that is being collected. Whilst confidence in the data is improving, anomalies are still being uncovered and are being corrected. The reported results likely reflect some of these data collection issues.</p> <p>Throughout this quarter there has been extensive renovation work being undertaken within the Emergency Department. This initially impacted upon the ED Observation Area with 3 of the 5 beds closed throughout February and into March and at the same time 2 consultation rooms were also closed for two weeks. In March work began on the waiting and sub-acute treatment areas with a significant temporary loss of floor space in the waiting area and the closure of 4 clinic / trolley spaces (out of a total of 22 trolley spaces for the whole of ED). Work is scheduled to continue until July 2018.</p>						

		<p>The General Medicine team continues with initiatives to improve patient pathways. These include:</p> <ul style="list-style-type: none"> • Changes to the early morning handover with the inclusion of the ward charge nurses improving communication on patient status, balancing the work for the medical teams of the previous day's admissions and providing timely information between teams. • Exploring opportunities to introduce a future roster after a successful trial of a SMO based in MAPU • Reviewing the potential to relocate the Rapid Assessment Clinic and the patient criteria to optimise its effectiveness. • Continuing the work to improve patient flow with the fast tracking of patients to MAPU <p>Additional improvement initiatives include the processes and pathways within ED, and the ED and Mental Health service interface and liaison.</p>																											
<p>Standardised acute average length of stay (DHB of Service)</p> <table border="1"> <caption>Standardised acute average length of stay (DHB of Service)</caption> <thead> <tr> <th>Quarter</th> <th>Acute ALOS</th> <th>Acute Target</th> </tr> </thead> <tbody> <tr> <td>16/17 Q1</td> <td>2.60</td> <td>2.70</td> </tr> <tr> <td>16/17 Q2</td> <td>2.60</td> <td>2.65</td> </tr> <tr> <td>16/17 Q3</td> <td>2.60</td> <td>2.60</td> </tr> <tr> <td>16/17 Q4</td> <td>2.55</td> <td>2.55</td> </tr> <tr> <td>17/18 Q1</td> <td>2.65</td> <td>2.50</td> </tr> <tr> <td>17/18 Q2</td> <td>2.65</td> <td>2.45</td> </tr> <tr> <td>17/18 Q3</td> <td>2.79</td> <td>2.45</td> </tr> <tr> <td>17/18 Q4</td> <td>2.79</td> <td>2.45</td> </tr> </tbody> </table>	Quarter	Acute ALOS	Acute Target	16/17 Q1	2.60	2.70	16/17 Q2	2.60	2.65	16/17 Q3	2.60	2.60	16/17 Q4	2.55	2.55	17/18 Q1	2.65	2.50	17/18 Q2	2.65	2.45	17/18 Q3	2.79	2.45	17/18 Q4	2.79	2.45	<p>B</p>	<p>Target of 2.54 days by end June 2018. Data for 12 months ending 31 December 2017. Standardised acute ALOS continuing to increase, to 2.79 days compared to national rate of 2.50 days (acute ALOS ratio of 1.12). MidCentral's ALOS for 12 months ending 31 December 2016 was 2.57 days.</p> <p>73 percent of acute events over this latest period were discharged from general medicine (including paediatrics and haematology/oncology), and 19 percent were acute surgical events.</p>
Quarter	Acute ALOS	Acute Target																											
16/17 Q1	2.60	2.70																											
16/17 Q2	2.60	2.65																											
16/17 Q3	2.60	2.60																											
16/17 Q4	2.55	2.55																											
17/18 Q1	2.65	2.50																											
17/18 Q2	2.65	2.45																											
17/18 Q3	2.79	2.45																											
17/18 Q4	2.79	2.45																											
<p>Actions</p>	<p>Quarter 3 Progress</p>																												
	<p>Status</p>	<p>Comment</p>																											
<p>Develop hospital-wide escalation plans as part of the district's acute and urgent care strategy development work by 31 December 2017</p>	<p>P B</p>	<p>A hospital wide variance plan is in place which includes escalation responses.</p> <p>A district wide response as part of the acute and urgent care strategy remains under development.</p>																											
<p>Complete delivery of a hospital-wide campaign for the utilisation of escalation plans and variance response protocols to manage surges in ED and hospital capacity by 31 March 2018</p>	<p>B</p>	<p>A variance response plan is in place.</p> <p>With the introduction of the Acute and Elective Specialist Services cluster it is envisaged that medical engagement in this plan will be enhanced.</p>																											
<p>Commencing 1 April 2018, implement the hospital-wide escalation plans per variance response protocols as required, with relevant reporting of results to clinical and operational executives</p>	<p>B</p>	<p>See above</p>																											
<p>Commence establishment of the digital Hospital Operations Centre by 31 October 2017 (*subject to commissioning timeframes for the Clinical Portal and webPAS) with phase one completed by 30 June 2018</p>	<p>B</p>	<p>The WebPAS was implemented in December 2017 (preceded by the Clinical Portal). The digital Hospital Operations Centre was due to be launched six months post WebPAS implementation. Due to the continuing work to ensure the reliability of data messaging the launch of the HOC will be delayed. Current IT recommendations suggest that August 2018 is the earliest launch date.</p>																											

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

By 30 September 2017, establish implementation programme arising from outcome(s) of decisions on recommendations of the Service Development Plan for Emergency Department (May 2017)	P	An Action Plan to meet the recommendations of the Service Development Plan for the Emergency Department is in place. The Governance Group meets monthly to review progress against the recommendations.
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	Renovations to the ED waiting area, triage and sub-acute areas commenced in November 2017 with a completion date within 7 months. Due to unforeseen additional work relating to building and seismic compliance, delays have been encountered. Joint negotiation phases of working are being run concurrently. Although this is placing an additional burden upon the department it is reducing the risk of building work continuing further into the winter months. New patient pathways and work processes are being developed and tested. An external agency are assisting ED staff to achieve a positive outcome.
Monitor performance against priority ED Quality Framework measures with oversight by the ED Quality Team on a monthly basis	B	Monitoring of the Quality Measures continues. It is particularly challenging to maintain the improvements due to the ED renovations and high presentation numbers

PLANNING PRIORITY: FASTER CANCER TREATMENT

Objective: Improve access, timeliness and quality of cancer services					
<p>Measures:</p> <ul style="list-style-type: none"> (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) All HSC radiation patients treated within four weeks of referral by 30 June 2018 (iv) Proportion of referrals from primary care for all cancers generated from Map of Medicine to specialist services increases over time (v) Monitor and measure referral rate to tumour stream nurses and social work teams on a quarterly basis 	<p>MoH Assessment</p> <table border="1"> <tr> <td>(i)</td> <td>A</td> </tr> <tr> <td>(ii)</td> <td>A</td> </tr> </table>	(i)	A	(ii)	A
(i)	A				
(ii)	A				

Results/Actions	Quarter 3 Progress																									
	Status	Comment																								
<p>Percentage of patients receiving their first cancer treatment within 62 days of being referred</p> <table border="1"> <caption>Graph Data</caption> <thead> <tr> <th>Quarter</th> <th>Within 62 days (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>16/17 Q1</td> <td>88</td> <td>90</td> </tr> <tr> <td>16/17 Q2</td> <td>74</td> <td>90</td> </tr> <tr> <td>16/17 Q3</td> <td>88</td> <td>90</td> </tr> <tr> <td>16/17 Q4</td> <td>90</td> <td>90</td> </tr> <tr> <td>17/18 Q1</td> <td>98</td> <td>90</td> </tr> <tr> <td>17/18 Q2</td> <td>97</td> <td>90</td> </tr> <tr> <td>17/18 Q3</td> <td>97</td> <td>90</td> </tr> </tbody> </table>	Quarter	Within 62 days (%)	Target (%)	16/17 Q1	88	90	16/17 Q2	74	90	16/17 Q3	88	90	16/17 Q4	90	90	17/18 Q1	98	90	17/18 Q2	97	90	17/18 Q3	97	90	P	<p>Target met. Of the 23 patients referred with a high suspicion of cancer over this quarter, 22 (95.7%) received their first treatment within 62 days. Additionally, nine patients received their treatment outside of the timeframe this quarter due to clinical considerations.</p> <p>With the ‘navigation team’ now being established, good progress is being made as a result in the management of complex cancer patients’ journeys, both included and not included in the ‘high suspicion of cancer’ (HSC) category.</p> <p>Lower than expected numbers continue to be identified as HSC at triage. This issue is two-fold. Firstly, continuing to embed the ‘habit’ for clinicians of triaging for HSC as well as routine prioritisation and secondly, ensuring that the data entry processes have translated as expected with the recent DHB-wide implementation of the new WebPAS. An audit of all referrals (HSC identified or not) is being undertaken to identify key road blocks given that the reduced numbers enrolled to the pathway has coincided with the WebPAS change</p>
Quarter	Within 62 days (%)	Target (%)																								
16/17 Q1	88	90																								
16/17 Q2	74	90																								
16/17 Q3	88	90																								
16/17 Q4	90	90																								
17/18 Q1	98	90																								
17/18 Q2	97	90																								
17/18 Q3	97	90																								

<p>Percentage of patients receiving their first cancer treatment (or other management) within 31 days of decision-to-treat</p> <table border="1"> <caption>Data for Percentage of patients receiving their first cancer treatment (or other management) within 31 days of decision-to-treat</caption> <thead> <tr> <th>Quarter</th> <th>Target (%)</th> <th>Within 31 days (%)</th> </tr> </thead> <tbody> <tr> <td>16/17 Qtr1</td> <td>84</td> <td>87</td> </tr> <tr> <td>16/17 Qtr2</td> <td>84</td> <td>88</td> </tr> <tr> <td>16/17 Qtr3</td> <td>84</td> <td>86</td> </tr> <tr> <td>16/17 Qtr4</td> <td>84</td> <td>92</td> </tr> <tr> <td>17/18 Qtr1</td> <td>84</td> <td>89</td> </tr> <tr> <td>17/18 Qtr2</td> <td>84</td> <td>87</td> </tr> <tr> <td>17/18 Qtr3</td> <td>84</td> <td>90</td> </tr> <tr> <td>17/18 Qtr4</td> <td>84</td> <td>91.6</td> </tr> </tbody> </table>	Quarter	Target (%)	Within 31 days (%)	16/17 Qtr1	84	87	16/17 Qtr2	84	88	16/17 Qtr3	84	86	16/17 Qtr4	84	92	17/18 Qtr1	84	89	17/18 Qtr2	84	87	17/18 Qtr3	84	90	17/18 Qtr4	84	91.6	<p>P Target met, as expected. Of the 178 patients within the cohort who received their first treatment over the quarter, 163 (91.6%) received their treatment (or other management) within 31 days of the decision to treat.</p>
Quarter	Target (%)	Within 31 days (%)																										
16/17 Qtr1	84	87																										
16/17 Qtr2	84	88																										
16/17 Qtr3	84	86																										
16/17 Qtr4	84	92																										
17/18 Qtr1	84	89																										
17/18 Qtr2	84	87																										
17/18 Qtr3	84	90																										
17/18 Qtr4	84	91.6																										
<p>Implement cancer nurse coordination for urological cancer and head and neck cancer by 31 December 2017</p>	<p>C Completed. An ENT RN role is now in post to support head and neck cancer patients. This role is a member of the navigation team and is a participant in the Head and Neck Multidisciplinary Meeting (MDM).</p>																											
<p>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>P Navigation team, FCT Governance Group and FCT Tracker manage and oversee referral and data management process. Routine data reports provided. Also undertaking a system wide project to implement a cancer dashboard that can be used to easily identify all patients by tumour stream currently in the hospital system.</p>																											
<p>Align new patient appointments with radiotherapy CT appointments centralised to Palmerston North by 31 March 2018</p>	<p>C Completed as of November 2017</p>																											
<p>Promote uptake and utilisation of priority cancer pathways to improve the timeliness of referral to specialist services by 30 June 2018</p>	<p>P Pathways in use across primary care, ongoing education continues. A broader decision is awaited regarding the impact of the ongoing availability of the Map of Medicine® product. .</p>																											
<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>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 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>P Service development in breast cancer continues. The improvements focus on eliminating inequities in breast screen coverage, improving post treatment surveillance and exploring the introduction of Tomosynthesis. Redesign of post treatment monitoring and breast cancer survivorship is making good progress with a new model of care under consideration. The business case for tomosynthesis, an imaging technology that improves visualisation of breast cancer particularly in dense breast tissue, is being completed with the Breast Cancer Foundation offering to donate this technology for the region. Coverage rates continue to challenge the district with a new equity plan due for release this month.</p>																											

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

PLANNING PRIORITY: BOWEL SCREENING		
Objective: i) Contribute to the development activities for the national bowel screening programme (including operational readiness and IT integration) ii) Sustain timely access to diagnostic and surveillance colonoscopy services		
Measures: (i) ≥90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days), 100% within 30 days (ii) ≥70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 calendar days), 100% within 120 days (iii) ≥70% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days), 100% within 120 days		MoH Assessment PA
Results/Actions	Quarter 3 Progress	
	Status	Comment
Consolidate referral and prioritisation guidelines, scheduling and patient focused booking rules into single Gastroenterology Service Operational Policy document	P	On track
Sustain robust oversight and management of colonoscopy waiting lists by weekly capacity planning endorsed by the Endoscopy Users Group	B	The DHB has been unable to supply complete and accurate monthly data for the colonoscopy waiting times this quarter. This is due to the changeover to WebPAS, which was implemented in early December. A significant amount of work has gone in to investigating the data from the new system; correcting data entry and processing errors as well as the logic for extracting and reporting the relevant data. Our own internal data suggests that we did meet the waiting times for urgent colonoscopies for all patients (100%) and were close to the target for both semi-urgent and surveillance over these months. There is more confident with the accuracy of the data collection for April (meeting or exceeding target for all three categories), Monthly reporting will resume with close monitoring of service delivery and the quality of data and reporting. The Gastroenterology department has been doing extra lists mid-week and on Saturdays in an effort to meet targets and are on track to be ready for the National Bowel Screening Programme.
Work with Hutt Valley DHB to implement the Bowel Screening Regional Centre (BSRC), by 31 January 2018	P	MDHB is an active member of the regional activity participating in regional teleconferences and the regional steering group. Two regional forum are to be hosted in Palmerston north in the coming months, an establishment workshop for the local programme roll out and a regional equity fono for all DHBs in the Regional Centre.
Undertake a DHB readiness assessment with support from the BSRC and provide to the Ministry of Health	P	The implementation project group is established and project documentation and membership is under development. Project support roles are being recruited. The project will be managed by the Screening Programme Manager. Work streams are in development to cover the range of preparation activities and will be finalised prior to 1 July when the project commences.
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 year	P	MDHB has contributed to the national business case developed as requested. A final draft has been submitted and any further feedback is awaited.

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

PLANNING PRIORITY: 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:

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

MoH Assessment

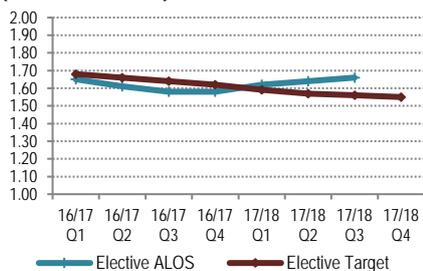
(i)	PA
(ii)	A
(iii)	A
(iv)	
(v)	NR
(vi)	N
(vii)	N
(viii)	A

Results

Quarter 3 Progress

Status	Comment
--------	---------

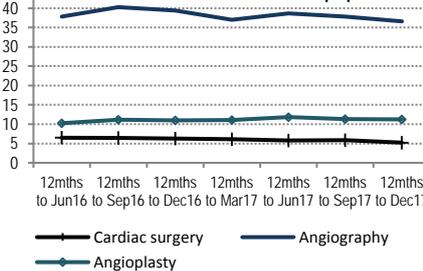
Standardised elective average length of stay (DHB of Service)



B

Target of 1.55 days by end June 2018. 12 months ending 31 December. Standardised elective ALOS continuing to increase, to 1.66 days compared to national rate of 1.55 (elective ALOS ratio of 1.07). While the majority (59 percent) of the eligible stays over these 12 months had 0 days stay, there were a number of higher outliers contributing to the increase over this period; many of whom had patient care complexity levels of three or four during their episode of care in orthopaedics, general surgery and urology (some of which were related to cancers).
The overall programmes linked to improving lengths of stay (including elective events) are the three work streams of the Perioperative Improvement programme (“Optimise”), “Medimorph” and a refreshed model for optimisation of the patient’s journey pre-planned surgery (see below).

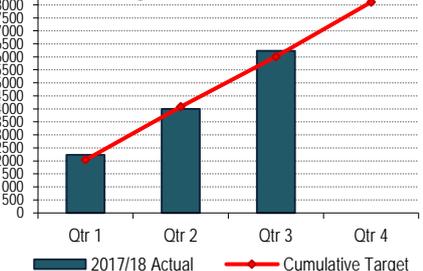
Standardised intervention rates per 10,000 population



P

12 months ending December 2017. Standardised intervention rates for cardiology procedures – angioplasty and angiography not significantly different from the national target rates at 11.27 and 36.6 respectively per 10,000 population. Although fewer angiographies than the previous year (n.739 compared to 802), the intervention rate remains above target. There has been a slight decline in the standardised intervention rate for cardiac surgery to 5.23 per 10,000 population and is significantly below the national target rate (6.50). No apparent rationale for the 18 fewer cardiac surgery events over the year compared to the number in 2016

Increased volume of elective surgery. Annual target: 8103



P

Achieving target; 6,231 elective and arranged surgical discharges for MidCentral’s residents have occurred year to date against a planned volume of 6,006 – 225 ahead of target (103.7% of target).

Legend – MoH Assessment:

A = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved
 NR = Not reported this quarter N/a = Not applicable

Legend – Project Status:

P = Progressing as planned **B** = Behind schedule / some associated risks **C** = Completed

ESPI	As at end March 2017		B	<p>These results reflect data integrity issues and file loads to the national collections (NMDS, NNPAC, NBRIS) as a result of implementation to the new regional WebPAS, A significant amount of work has been undertaken to address system and process issues to gain compliance of scripts and file loads, as well as fixing data entry and processing errors. Regular liaison with the Ministry of Health has been maintained. It is anticipated that data and file loads for NBRIS will be completed by mid-May and regular weekly extracts will commence. All data cleansing of NBRIS to be completed by end of May.</p>
1	23	100%		
2	32	1.0%		
3	18	0.3%		
5	1351	77.9%		
6	206	59.2%		
8	0	100%		
Report date: 08/05/18				
Electives Initiative and Ambulatory Initiative				
2017/18 Q3 YTD	% delivery of YTD plan	YTD target		
CWDs	92.3%	6864.9		
FSA's	121.5%	16403		
NAPs	84.1%	7015		
Cmty Ref Tests	51.6%	26118		
Actions			Quarter 3 Progress	
			Status	Comment
Continue to roll out the Enhanced Recovery After Surgery principles to additional surgical sub-specialties Commence 01 October 2017			B	Behind schedule in roll out of ERAS to other sub-specialties. This initiative has now been closed in favour of an alternate approach to “pre-optimising” patients for surgery; scoping work has commenced.
Implement approved options to maximise theatre capacity, including alternative to manage day case procedures/surgery by 30 June 2018			P	Three workstreams of the Perioperative Improvement Programme (‘Optimise’) continue to be implemented - Redesigning the Theatre Schedule, Standardised List Construction and Consistent Teams. Groups have been established to review and pursue options for theatre capacity to address the combined acute demand and the elective requirements. An additional piece of work aimed at ensuring patients are “pre-optimised” for surgery, is being scoped. Data integrity issues at point of entry with the introduction of WebPAS has limited the ability to report accurate and meaningful data for production planning and theatre capacity at present. The impact of this is delaying a degree of progress with theatre scheduling and utilisation. This is being worked through with clinical, administration and decision support staff.
Deliver increased health target discharge volumes, bariatric surgery and year 3 of the additional orthopaedic and general surgery initiative by 30 June 2018			P	As at the end of the third quarter the volume of expected target discharges for elective surgery has been exceeded, including the additional general surgery volumes. It is unlikely that the additional orthopedic volumes will be achieved – behind additional planned volume by 153 discharges at end March The increased annual volume of discharges for bariatric surgery (6) is also unlikely to be achieved; there have been three discharges up to end March – this is a tertiary provided service.
Implement mechanisms to better match demand and capacity to deliver contracted volume of expected specialist assessments and treatment by 30 June 2018			P	Regular meetings with the Medical Heads of each department is held to gain a better understand by all member of the team as to what is coming into the service and the available capacity for the specialties to manage the demand, ensuring contracted volume and expected MoH timeframes are achieved.
Implement the national electronic Clinical Priority Access Criteria tools for each specialty in accordance with timeframes outlined by the MoH			B	Clinical Priority Access Criteria tools have been implemented in ENT, Orthopaedic, Gynaecology, Cataracts. MidCentral is behind schedule implementing the electronic CPA tool in General Surgery with some general surgeons having difficulty adopting the process and use of the national tool, which is expected to have been completed by end June 2018.

Legend – MoH Assessment:

A = Achieved/On track PA = Partially Achieved N = Not Achieved
 NR = Not reported this quarter N/a = Not applicable

Legend – Project Status:

P = Progressing as planned B = Behind schedule / some associated risks C = Completed

Monitor utilisation of national electronic Clinical Priority Access Criteria tools across clinicians to ensure appropriate and fair access to all patients referred across the district	P	This is monitored both locally and nationally to ensure equity of access within services.
Reduce ratio of follow up to first assessment attendances in identified medical and surgical specialty services by 30 June 2018	P	Project has commenced to address the ratio of follow-up to first assessments across the DHB; the outcome of which is expected to flow through to the 2018/19 year
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)	P	Selected action has been undertaken to facilitate the extension of this primary care based FSA clinic into the 2018/19 year.

PLANNING PRIORITY: MENTAL HEALTH

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

Measures

- 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 (PP26)
- vii) Volume delivery for specialist Mental Health and Addiction services are within:
 - a) five percent variance (+/-) of planned volumes for services measured by FTE
 - b) five percent variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day (OP1)
- viii) Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of June 2018 (PP36)

MoH Assessment

- | | |
|-------|-----|
| i) | NR |
| ii) | N/a |
| iii) | PA |
| iv) | NR |
| v) | PA |
| vi) | A |
| vii) | A |
| viii) | PA |

Results

Quarter 3 Progress

Status	Comment
P	Not reported this quarter. Data to December 2017 shows a decrease in the proportion of the population seen (all age groups), relative to the previous quarter, however this likely reflects data files not being submitted to the national collection (PRIMHD) for the majority of December (and over the third quarter), with the changeover to WebPAS.

Proportion of population seen by MHA services: 12 months ending December 2017

Age group	Māori		Other		Total	
	Target	Actual	Target	Actual	Target	Actual
0-19 yrs	≥4.3%	3.83% n.593	-	4.42% n.1403	≥4.6%	4.23% n.1996
20-64 yrs	≥8.0%	8.30% n.1475	-	4.29% n.3484	≥5.0%	5.01% n.4959
65+ yrs	≥1.5%	1.55% n.32	-	1.80% n.525	≥1.5%	1.79% n.557

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

<p>Output delivery against plan</p> <table border="1"> <thead> <tr> <th>Purchase unit</th> <th>Q3 Plan</th> <th>Q3 Actual</th> <th>% Delivery</th> </tr> </thead> <tbody> <tr> <td>Acute bed days</td> <td>1658</td> <td>1566</td> <td>94.5%</td> </tr> <tr> <td>Intensive bed days</td> <td>523</td> <td>402</td> <td>76.9%</td> </tr> <tr> <td>FTEs</td> <td>153.1</td> <td>151.9</td> <td>99.2%</td> </tr> </tbody> </table>	Purchase unit	Q3 Plan	Q3 Actual	% Delivery	Acute bed days	1658	1566	94.5%	Intensive bed days	523	402	76.9%	FTEs	153.1	151.9	99.2%	<p>P On track – no significant variance from purchased volume.</p>
Purchase unit	Q3 Plan	Q3 Actual	% Delivery														
Acute bed days	1658	1566	94.5%														
Intensive bed days	523	402	76.9%														
FTEs	153.1	151.9	99.2%														
<p>Wait times - 0 - 19 years of age</p> <table border="1"> <thead> <tr> <th>MH Services (DHB provider)</th> <th colspan="3">All Ages 12mths to 31 December 2017</th> </tr> <tr> <th></th> <th>Māori</th> <th>Non Māori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>80% ≤ 3 wks</td> <td>85.0%</td> <td>90.4%</td> <td>89.4%</td> </tr> <tr> <td>95% ≤ 8 wks</td> <td>95.3%</td> <td>97.2%</td> <td>96.8%</td> </tr> </tbody> </table>	MH Services (DHB provider)	All Ages 12mths to 31 December 2017				Māori	Non Māori	Total	80% ≤ 3 wks	85.0%	90.4%	89.4%	95% ≤ 8 wks	95.3%	97.2%	96.8%	<p>P Targets achieved for Mental Health Services: Over the 12 months ending December 2017, 86.4% of 774 clients aged 0 – 19 years have been seen within 3 weeks, and 96.4% within 8 weeks. Waiting times for Māori just on target for both the 3 weeks and 8 week timeframes – 79.9% and 95.2% respectively). Very small reduction compared to last quarter noted due to vacancies in staff positions with the Child, Adolescent and Family Mental Health Services.</p> <p>Alcohol and Drug services (DHB Provider and NGOs); 79.0% of the 81 clients were seen within 3 weeks and 97.5% within 8 weeks). Rates for Maori influenced by small numbers – 68% of 25 clients seen within 3 weeks and 92.0% within 8 weeks (one of the two outside of the 8 weeks was related to omission of data related to an earlier referral to an NGO provider, which has been subsequently rectified).</p>
MH Services (DHB provider)	All Ages 12mths to 31 December 2017																
	Māori	Non Māori	Total														
80% ≤ 3 wks	85.0%	90.4%	89.4%														
95% ≤ 8 wks	95.3%	97.2%	96.8%														
<p>Clients discharged with a quality transition or wellness plan.</p>	<p>B For 12 months ending December 2017. Although improved result this quarter, remains well below target. Of the 2,038 clients discharged from the community mental health teams, 1,572 (77.1%) were recorded as having a transition (discharge) plan. Quality of plans now audited as required (of the 40 audited, 85% were of an acceptable).</p>																
<p>Mental Health Act Community Treatment Orders</p>	<p>For 12 months ending December 2017 (data lagged by three months), 75 Māori and 130 non Māori were recorded as being subject to a Community Treatment Order under the Mental Health Act (214 and 93 per 100,000 population respectively). While the rate of Māori receiving treatment under a Community Treatment Order remains below the national rate, the goal of a reduction in the number and rate by 10 percent by the end of June 2018 is unlikely to be achieved.</p> <p>Monitoring continues. A working group led by the Clinical Manager of the Kaupapa Māori Mental Health Service and the DAMHS has been established.</p>																

Legend – MoH Assessment:

A = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved
 NR = Not reported this quarter N/a = Not applicable

Legend – Project Status:

P = Progressing as planned **B** = Behind schedule / some associated risks **C** = Completed

Actions	Quarter 3 Progress	
	Status	Comment
Implement the national training programme for “personal restraint” across the service	C	As reported previously, the programme is now established as business as usual training and the 2018 calendar is set. 95% of all Ward 21 clinical staff and 75 % of STAR 1 have completed the training along with all MDHB security staff. Four types of training are being provided depending on clinical practice setting and/or based on individual need. Staff working within a community setting is scheduled to have training during quarter’s three and four.
Create environmental change to better support alternatives to the use of seclusion - de-escalation space added to inpatient unit by 31 December 2017	B	The development of de-escalation space in the current inpatient environment is being scoped. Potential layout options have been provided to consultants on facility design. There has been a delay in progressing this work due to advice from the consulting designers that an architectural plan will be required for this change to the facility. Advice is being sought to determine way forward. It is expected that an update will be available for the June 2018 report.
Develop a consistent referral management system across all community teams – monitor and ensure referrals for Māori are prioritised	C	All teams including rural teams (Taranua and Horowhenua) have allocated resources to receive, prioritise and coordinate referral responses. Urban teams in Palmerston North have all responses to referrals for adult services coordinated by the Acute Care Team (as single point of entry system). Specialist teams all have allocated resources to coordinate referrals. Prioritisation of assessment of referrals for Māori involves a number of actions. Firstly working with the Kaupapa Māori service to improve referral and coordination of care standards particularly in rural areas. Secondly, ensuring that coordinated assessments of referrals for Māori are consistent and thirdly, ensuring appropriate referral to primary care follow up by the primary care mental health team. This follow up is to be monitored in a joint referral monitoring and coordination forum between secondary specialist and primary care services.
Review access and waiting time rates for Māori each month and improve acute response for Māori youth and adults referred to specialist mental health services	P	The referral rate for youth for Māori remains high, and waiting times are monitored for effective response. Currently our waiting times are affected by a significant vacancy factor within CAFs services. Work on recruitment is underway for both CAFs services and for the child and adolescent roles in the Kaupapa Māori service (two vacancies).
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 Taranua Health Group by 31 March 2017	C	Te Ara Rau has confirmed they have achieved the following in three of seven IFHCs to date: <ul style="list-style-type: none"> • Prompt GP referral and psychiatric assessment of enrolled patients • Improved continuity of care between primary and secondary sectors • Supported collaboration with mental health professionals and general practice teams • Provided a stigma free environment for clients being seen by mental health providers • Integrated care so that patients’ physical and mental health needs can be optimally met - implementing the ‘Equally Well’ programme. • Addressing earlier access to Alcohol and Drug services through screening in primary mental health settings • Improved relationships with Kaupapa Māori providers and NGOs

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

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	An options paper was presented to the Board committee in September 2017. In November 2017, the Board approved exploration of the options, with a business case for two options - refurbishment and new build. This paper is due to the Board by June 2018 (financial year end)
Establish "One Team Network", including mapped service directory and access information by 30 September 2017	C	Unison 'One team' Network is established. An integrated Mental Health and Addictions services mapping directory listing all funded services is available on the Mental Health and Addiction Service webpage. 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 and Pasifika groups, Ministry for Children
Complete design and implementation of One Team Network website by 31 March 2018	B	Behind scheduled date. UCOL has been approached to design and develop the One Team Network website. Expected completion date will now be later within the year.
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	This workstream is underway. A recent Unison forum had a presentation by regional management of MSD on clients who are supported but who have a mental health issue. Monitoring of access to services is part of the follow on from this presentation
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	Child Health and Mental Health services collaborating to increase early access to the assessment and treatment of children with learning and behaviour difficulties. This is delivered through our Joint Behavioural Referral meeting – which has input from both CDS and the Paediatric team. Te Ohu - a joint MoH/MoE project specifically working with kids with Conduct Disorder (Conduct Disorder is in CAFS exclusion criteria). An update report is submitted to MoH every 3 months. It is expected that the MoH will review the project at some stage this year.
By 30 September 2017, promote and monitor utilisation of the Learning and Behaviour Collaborative Clinical Pathway across the local health and education sectors	B	The pathways remain active in the Map of Medicine® for primary care and GP teams to access. All pathways will continue to be reviewed and updated as necessary. The newest pathway 'Learning Cognition and Communication' will continue to be promoted, although this service development is on hold until decisions regarding the Map of Medicine tool (or alternative pathway tool) are made and the model of care for these children is determined in conjunction with the MoE.
Joint review of the Shared Care Programme conducted by nominated clinical leads (PHO and specialist) with audits completed by 30 September 2017	C	Review undertaken by previous (specialist MHS) Clinical Director and primary care mental health team, including file audit
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	Start of new Clinical Director Primary Mental Health. Project to establish baseline on hold until orientation. View to shift to the Wellbeing Framework for the Shared Care Programme. Meanwhile, current programme continues

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

<p>Identify and configure integrated rural community care teams Manawatu and Tararua by 31 December 2017 Horowhenua by 30 June 2018</p>	<p>P</p>	<p>Integration of resources in rural services (Manawatu and Tararua) has been completed. The Horowhenua team now coordinates visiting resource from specialist teams when locally delivering services with Alcohol and Drug, Older Adult, Māori Mental Health, and Child and Adolescent services locally embedded in the Horowhenua rural team. Systems and processes to support this integrated approach are still being developed and progress with documentation and local data entry is to be completed.</p>
<p>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</p>	<p>P</p>	<p>All planned actions for the five focus areas being achieved. (Refer PP26)</p>

<p>PLANNING PRIORITY: HEALTHY AGEING</p>				
<p>Objectives: 1) Develop service and funding models that support a sustainable, culturally appropriate and person-centred approach to the support of older people 2) Deliver on priority actions identified in the Healthy Ageing Strategy 2016 including integrated falls and fracture prevention services (ACC/MoH) 3) Improve older inpatients' experience of care through early supported discharge</p>				
<p>Measures: 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</p>	<p>MoH Assessment</p> <p style="text-align: center;">PA</p>			
<p>Actions</p>	<p>Quarter 3 Progress</p> <table border="1"> <thead> <tr> <th data-bbox="624 1339 683 1384">Status</th> <th data-bbox="683 1339 1463 1384">Comment</th> </tr> </thead> </table>		Status	Comment
Status	Comment			
<p>By 30 June 2018, align HCSS contracts with new caregiver training and activity, subject to national leadership</p>	<p>P</p>	<p>Pay Equity in 2017 was a dominant feature to improve care to older people in the community and aged residential care. Aligning training is a key feature; the national work continues. MDHB is aligning with the national requirements. For example, current work involves the new medication guidelines for the Home and Community Support Services Sector; this is currently out for consultation.</p>		
<p>Identify options for the delivery of physical activity programmes / medication support and other ancillary services by caregivers, by 30 June 2018</p>	<p>P</p>	<p>The 'Excellence in Homecare' initiative is currently underway. The RFP component is still in train. MDHB is on track for completion.</p>		

<p>Utilise interRAI data to identify equity issues/gaps in access to services for older persons across the district by 30 September 2017</p> <p>Implement service development activities in two priority areas to address gaps in access to services by 31 March 2018</p>	<p>C Completed. The interRAI data collated to look at disproportionate and inequitable access issues for Māori in the Tararua area and comparison against other populations illustrated that equity was not an issue and that many Māori were receiving comparable services. Confirmation from the iwi representative identified that many Māori were living longer in Tararua, and had few access issues to disability support.</p> <p>The Project Lift Programme in Horowhenua has stalled for the time being – data collected from interRAI for use here is still relevant and the overall service improvement remains a focus of the programme. The Horowhenua Positive Ageing Strategy Plan is focused around inclusion activities and will be reported on as the Horowhenua District Council updates the DHB. The Horowhenua Aged Friendly group has picked up the initiative around social isolation to progress.</p>
<p>Commence roll out of the He Waka Kakararui: Model for engaging Māori in Advance Care Planning conversations to Iwi and Māori providers by 30 September 2017</p>	<p>C Completed. As previously reported - Palliative care nurse recruited into a scholarship role for two years. Project is “Increasing the awareness of ACP in the Maori Community focused on the tool He Waka Kakarauri. Discussions occurred with CEO for Best Care Whakapai and Te Tihi o Ruahine Whanau Ora Alliance to progress, liaisons occurred with Kaumatua service facilitator and Maori Cancer Coordinator. Manawhenua Hauora endorsed tool for use. Between June/Sept 2017, total of 59 people attended education from a range of Maori Providers.</p>
<p>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>	<p>C Completed and previously reported on.</p>
<p>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>	<p>C Completed. Contract with MDHB ready for signing.</p>
<p>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>	<p>P Contract with the Central PHO for delivery of this programme finalised February 2018. A coordinator has been identified and commenced at end of March; governance has been confirmed as have aspects of the rollout. The initiative is in the implementation phase and the actual exercise activity to older people is planned for starting in April.</p>
<p>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>	<p>P On track. Some data integrity issues surfaced; this has been reviewed, modified and on track for completion in June.</p>
<p>Work in partnership with the Ministry of Health on implementation of the regularisation and to identify training requirements for kaiāwhina workforce</p>	<p>C Completed; as previously reported this occurred at beginning of 2017/18 fiscal year</p>

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

Results	Quarter 3 Progress													
	Status	Comment												
<p>Number of people seen with assessments completed by the Fracture Liaison Service or similar fracture prevention service</p> <table border="1"> <thead> <tr> <th>Age group</th> <th>Qtr 2</th> <th>Qtr 3</th> </tr> </thead> <tbody> <tr> <td>50 – 64 years</td> <td>9</td> <td>5</td> </tr> <tr> <td>65+ years</td> <td>26</td> <td>30</td> </tr> <tr> <td>Total</td> <td>35</td> <td>35</td> </tr> </tbody> </table>	Age group	Qtr 2	Qtr 3	50 – 64 years	9	5	65+ years	26	30	Total	35	35	P	<p>High percentage (91%) of patients aged 65+ years have been recommended to have medications, mainly intravenous bisphosphonates. Setting the patients up to meet the special criteria for bisphosphonates takes some time, therefore the 'liaison' part of this service is critical for assisting the GPT in prescribing.</p> <p>The younger age group continue to show a pattern of no medication (Vitamin D, calcium, or bisphosphonate) at the time of fracture and therefore are an important group to capture.</p>
Age group	Qtr 2	Qtr 3												
50 – 64 years	9	5												
65+ years	26	30												
Total	35	35												
<p>Percentage of older people receiving long term home and community support services in the last three months who have had an interRAI Home Care or a Contact assessment and completed care plan</p>	<p>Timing and data sources and issues between databases required to report interRAI assessment completions for the eligible cohort of older people are being worked through with Senior Portfolio Manager, MoH. However, all clients receiving long term home based services will have had an interRAI assessment and care plan completed.</p>													
<p>Percentage of LTCF people in ARC facility who have been assessed using an interRAI Home Care assessment tool in the six months prior to first LTCF assessment</p> <table border="1"> <thead> <tr> <th>Qtr 2</th> <th>Qtr 3</th> <th>Qtr 4</th> </tr> </thead> <tbody> <tr> <td>94%</td> <td>93%</td> <td></td> </tr> </tbody> </table>	Qtr 2	Qtr 3	Qtr 4	94%	93%		<p>Data source: CentralTAS – interRAI Long Term Care Facility and Home Care assessments.</p>							
Qtr 2	Qtr 3	Qtr 4												
94%	93%													

PLANNING PRIORITY: DISABILITY SUPPORT SERVICES

Objective: Support people with a disability when they interact with hospital-based services	
Measure: Delivery of response actions agreed in Annual Plan (PP38, section 2)	MoH Assessment
	NR

Actions	Quarter 3 Progress	
	Status	Comment
Staged implementation of the Disability Awareness Online course for all staff by 31 March 2018	B	<p>This course has now been loaded on to the Ko Awatea on-line site with work still to be progressed on a promotional plan and access details.</p> <p>Behind original planned date - anticipated completion now June 2018; no associated risks</p>
Develop process for and implement the use of the internationally recognised hearing impaired signage for all inpatient areas by 31 December 2017	C	Completed
Implement the use of video interpreting for sign language as an alternative to an on-site interpretation service by 30 June 2018	C	Completed

PLANNING PRIORITY: IMPROVING QUALITY		
Objectives: 1) Increase consumer engagement and participation throughout the DHB 2) Improve patients' experience of care in hospital and primary care settings		
Measures: Delivery of response actions agreed in Annual Plan (PP38, section 2) Inpatient survey mean scores for communication and coordination of care dimensions are ≥ 8.5 at each survey Incremental increase in primary health care survey response rates each quarter		MoH Assessment NR
Actions	Quarter 3 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	C	Consumer Council established. Updated Terms of Reference prepared for approval by Board, co-design and expectations statements confirmed by Council, work programme for 2018/19 year being finalised.
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. Resources being trialled with feedback due in May and implementation planned for June 2018.
Finalise and promote toolkit for collection and presentation of patient stories to governance groups by 31 March 2018	C	Completed.
Deliver targeted communication skills seminars each quarter (one seminar each quarter)	C	Completed. A series of four communication training sessions have been held in the 2017 calendar year. These sessions have been implemented as one strategy to improve our Patient Experience Survey results and reduce the number of complaints received.
Implement and promote patients' use of the primary care survey tool each quarter	P	Prerequisite to inviting enrolled primary care patients to participate in the survey is the uptake of the National Enrolment Scheme by General Practice Teams. To date 27 of the 32 general practices in the MidCentral area have adopted and are using the NES service. The national survey provider reports that 17 (53%) of the practices were participating in the Primary care patient experience survey (as at February 2018).

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

PLANNING PRIORITY: LIVING WITHIN OUR MEANS		
Objective:	Improve the DHB's financial performance	
Measures:	Financial performance monitoring each month Agreed financial (budget) templates delivered Business Improvement Programme project milestones achieved on time and on budget	
Actions	Quarter 3 Progress	
	Status	Comment
Address identified structural inefficiencies	P	Project for optimising alignment between Clinical Nurse Specialist resource and nursing workforce progressing to plan, with milestones achieved to date, including confirmed model of care. Expected completion date of August 2018.
Implement tactical management of costs through identified projects as part of the Business Improvement Programme	B	Q3 performance was adversely impacted by a significant deterioration in revenue focused projects off-setting expenditure improvements - revenue projects started in February 2018. This has meant total performance has dropped to 32% - expenditure focused improvements are 65%. All projects are in play for the year, and the year-end position has been factored into the overall financial forecast. A new approach to business improvement will be tabled at the Finance, Risk and Audit Committee June 2018 meeting.
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	B	Clusters not yet established – due to commence from July 2018. Some provisional preparatory work has been undertaken as part of budgeting process for 2018/19 year. Scoping of project to support Cluster groups as they develop their models of care now to be undertaken in 2018/19 year.

PLANNING PRIORITY: DELIVERY OF REGIONAL SERVICE PLAN (RSP)		
Objective:	Contribute to the delivery of Central Region's Regional Service Plan	
Measure:	Delivery of Regional Service Plans (SI2)	MoH Assessment
		PA (All RSP)
Actions	Quarter 3 Progress	
	Status	Comment
Establish interventional cardiology service	P	In collaboration with Central Region Cardiac Network, a Regional Cardiology service Development Working Group has been set up to support and guide the development of total cardiology services including interventional services in MidCentral (and Hawke's Bay) DHBs, and to support development of business case
Complete Priority Cancer Pathways project	B	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. Note impact of business decision by UK vendor not to continue support for Collaborative Clinical Pathways using Map of Medicine® tool (MidCentral, Whanganui and Hawke's Bay DHBs impacted). Alternative solutions being pursued.

Legend – MoH Assessment:

A = Achieved/On track**PA** = Partially Achieved**N** = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned**B** = Behind schedule / some associated risks**C** = Completed

Publish and utilise Hepatitis C virus pathways	C	All the region's health pathways are completed and published. Ongoing support and education is being given to primary care groups for them to be able to offer optimal and whole person care whilst receiving treatment for Hepatitis C. Regular meetings and education sessions continue to be done in primary and community care practices to both inform about the pathway and to keep them up to date with changes.
--	----------	---

PLANNING PRIORITY: LOCAL AND REGIONAL ENABLERS - INFORMATION TECHNOLOGY AND WORKFORCE

Objectives: <ol style="list-style-type: none"> 1) Improve access to secure, up to date clinical information and work toward DHB's contribution to the national Digital Hospital 2020 Strategy 2) Regularise and improve the training of the kaiāwhina workforce in home and community support services (RSP) 3) Develop the organisation's workforce capability and capacity 4) Contribute to Central Region's workforce planning and development programme 		
Measures: <p>Quarterly progress report on delivery of RSP implementation (SI2) via Central TAS (RHIP and Regional Workforce programmes)</p> <p>Report six monthly on progress against key milestones as set out in the roadmap detailed in the Organisational Development Plan</p> <p>Local 'go-live' dates achieved: Clinical Portal – 31 July 2017, Regional radiology Information System – 30 August 2017, WebPAS and RADA by 30 September 2017</p>	MoH Assessment RHIP: A Regional Workforce: A	
Actions	Quarter 3 Progress	
	Status	Comment
Complete planned projects as part of the Regional Health Informatics Programme with installations of core and common applications (Clinical Portal, regional Radiology Information System and WebPAS), and the local Reporting and Data Access (RADA) project	C	The Regional Health Informatics Programme for MidCentral DHB is now complete (notwithstanding remedial follow up work), with the implementation of the new patient administration system, WebPAS in early December 2017. Issues with WebPAS, RRIS and Clinical Portal being addressed on a continuous cycle. Compliance with data items and file loads to the various national collections (NMDS, NNPAC, NBRS and PRIMHD) steadily being achieved from May 2018.
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)	P	On track, in line with plan. The information technology components for the NBSP will be worked up within the wider implementation project due to commence from 01 July
Implement year one of the DHB's Organisational Development Plan (ODP)	P	Of the 33 projects for year one of the ODP, 21 (64%) are tracking to plan or have been completed. Nine are underway and expected to be delivered by due dates. Work on the remaining three (related to future workforce needs and comprehensive team development) are to be undertaken in conjunction with the establishment of Cluster groups from July 2018.
Work regionally to provide further opportunities for greater collaboration and continue to participate and support the workforce initiatives contained in the Regional Service Plan.	P	Regional workforce initiatives tracking to plan with most of the initiatives planned to be been completed at the end of Q4. MidCentral's contribution includes:

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

NON FINANCIAL PERFORMANCE MEASURES – POLICY PRIORITIES																																	
Objective: Improved management for long term conditions (PP20)																																	
Measures:		MoH Assessment																															
1a) ≥8 percent of potentially eligible stroke patients thrombolysed 24/7 (PP20, Focus Area 5)		1a)	A																														
1b) ≥80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway (PP20, Focus Area 5)		1b)	A																														
1c) ≥80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission (PP20, Focus Area 5)		1c)	A																														
2a) ≥90 percent of eligible enrolled population in the PHO have had a cardiovascular risk assessment within the last five years (PP20, Focus Area 3)		2a)	PA																														
2b) ≥67 percent of eligible Māori men in the PHO aged 35-44 years have had their cardiovascular risk assessed in the last five years (PP20, Focus Area 3)		2b)	PA																														
3a) ≥70 percent of high risk patients will receive an angiogram within 3 days of admission (PP20, Focus Area 4)		3a)	A																														
3b) >95 percent of patients presenting with acute coronary syndrome (ACS) who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days (PP20, Focus Area 4)		3b)	A																														
(Also see Planning Priority – Living Well With Diabetes, PP20, Focus Area 2)																																	
Results	Status	Quarter 3 Progress - Comments																															
Stroke thrombolysis	P	Continuing to achieve target. Nine of 88 (10.2%) eligible patients received thrombolysis in the October – December 2017 quarter (data lagged by three months)																															
Acute stroke service admissions	P	Continuing to achieve target. Of the 88 patients admitted with a stroke, 88.6% (n.78) were admitted to the acute stroke service.																															
CVD risk assessments – Eligible PHO enrolled population	B	<p>On target for non Maori and non Pacific population group; small increase for Maori but overall total remains below target and has fallen each quarter since end June 2017. With the focus on increasing assessment rates for younger Maori men (see below), general practice has applied resource to that population group, with less focus on total population.</p> <p>A further health literacy programme is in development for Primary Health professionals, due to take place in May 2018. The programme will focus on promoting self-management and providing self-management support to clients, as well as look at improving skills in having self-management conversations using practical strategies such as the 'Three steps to better health literacy'</p>																															
<table border="1"> <caption>CVD Risk Assessments - Eligible PHO Enrolled Population</caption> <thead> <tr> <th>Category</th> <th>16-17 Qtr 4</th> <th>17-18 Qtr 1</th> <th>17-18 Qtr 2</th> <th>17-18 Qtr 3</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>~84%</td> <td>~84%</td> <td>~84%</td> <td>~84%</td> <td>90%</td> </tr> <tr> <td>Pacific</td> <td>~84%</td> <td>~84%</td> <td>~84%</td> <td>~84%</td> <td>90%</td> </tr> <tr> <td>Other</td> <td>~90%</td> <td>~90%</td> <td>~90%</td> <td>~90%</td> <td>90%</td> </tr> <tr> <td>Total</td> <td>~88%</td> <td>~88%</td> <td>~88%</td> <td>~88%</td> <td>90%</td> </tr> </tbody> </table>				Category	16-17 Qtr 4	17-18 Qtr 1	17-18 Qtr 2	17-18 Qtr 3	Target	Māori	~84%	~84%	~84%	~84%	90%	Pacific	~84%	~84%	~84%	~84%	90%	Other	~90%	~90%	~90%	~90%	90%	Total	~88%	~88%	~88%	~88%	90%
Category	16-17 Qtr 4	17-18 Qtr 1	17-18 Qtr 2	17-18 Qtr 3	Target																												
Māori	~84%	~84%	~84%	~84%	90%																												
Pacific	~84%	~84%	~84%	~84%	90%																												
Other	~90%	~90%	~90%	~90%	90%																												
Total	~88%	~88%	~88%	~88%	90%																												
CVD risk assessments – Māori male aged 35-44 years, 2017/18	P	Achieving Annual Plan target, with steady increases each quarter. This indicator forms part of the incentivised programme for GPTs – recognising hard to reach group of younger men. Some IFHCs conducting out of hours clinics for one-stop-shop for whanau).. PHO supporting outreach clinics in workplaces to reach target population group(s), which are resuming post-holiday period.																															
		Qtr 1	Qtr 2	Qtr 3	Qtr 4																												
CVDRA		879	933	977																													
Eligible		1362	1356	1397																													
Percent		64.5%	68.8%	69.9%																													
Angiogram within 3 days of admission	P	Achieving target; 75.4% (n.43) of 57 eligible patients admitted this quarter with high risk acute coronary syndrome had their procedure within three days of admission. Three coronary angiogram sessions held per week in the shared diagnostic cath lab. Other high risk patients are transferred to Wellington Hospital for angiogram with or without PCI.																															
ANZACS-QI data collection	P	Maintaining high rate of compliance with data registry completions (96.8% of 63 events this quarter).																															

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

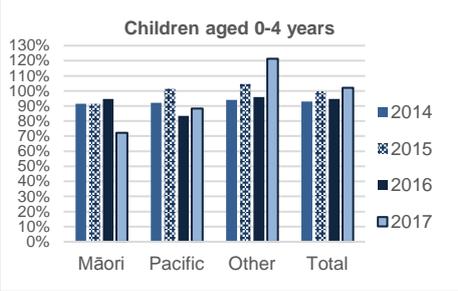
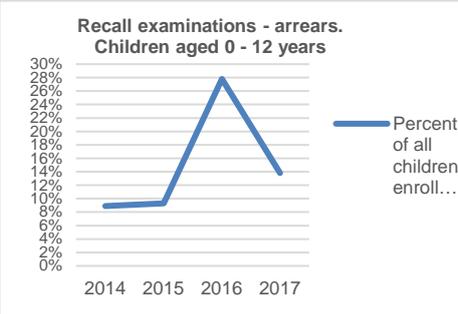
Objective: Support delivery of the New Zealand Health Strategy (HS)		MoH Assessment A
Measure: Identify at least one activity undertaken during the quarter that contributes to each of the five strategic themes		
Actions	Status	Quarter 3 Progress - Comments
Strategic themes People powered Closer to home Value & high performance One team Smart system	P	Examples included: <ul style="list-style-type: none"> • A further health literacy programme for Primary Health professionals, focusing on promoting self-management and providing self-management support to clients, as well as looking at improving skills in having self-management conversations • Some IFHCs in MidCentral’s district hold clinics ‘out of regular hours’ e.g. evenings and weekends to provide an opportunity for target populations to attend the practice with their whanau for a ‘health one-stop-shop’. • Retaining (or exceeding) target performance expectations for acute heart service and acute stroke service. • Unison ‘One team’ network for Mental Health and Addictions service operating and included development of an integrated Mental Health and Addictions services mapping directory

Objective: Improved oral health status of children (PP10, 11, 12, 13)		MoH Assessment
Measures:		
i) ≤1.05 Mean DMFT score of Year 8 children (annual – calendar year)	i) A	
ii) ≥60% of children are caries free at five years of age (annual – calendar year)	ii) A	
iii) ≥95% of children enrolled in DHB funded dental services (calendar year)	iii) A	
iv) ≤10% of pre-school and primary school children over due for scheduled examinations (0 – 12 years, calendar year)	iv) PA	
v) ≥85% of adolescents (School Year 9 up to aged 17 years) utilising DHB funded dental services	v) N/a	

Results	Status	Quarter 3 Progress - Comments																									
Mean DMFT score (2017) <table border="1"> <caption>Mean DMFT score (2017)</caption> <thead> <tr><th>Group</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr> </thead> <tbody> <tr><td>Maori</td><td>1.60</td><td>1.40</td><td>1.20</td><td>1.00</td></tr> <tr><td>Pacific</td><td>1.70</td><td>1.80</td><td>1.00</td><td>1.00</td></tr> <tr><td>Other</td><td>1.00</td><td>1.00</td><td>0.90</td><td>0.50</td></tr> <tr><td>Total</td><td>1.20</td><td>1.10</td><td>1.00</td><td>0.60</td></tr> </tbody> </table>	Group	2014	2015	2016	2017	Maori	1.60	1.40	1.20	1.00	Pacific	1.70	1.80	1.00	1.00	Other	1.00	1.00	0.90	0.50	Total	1.20	1.10	1.00	0.60	P	There were 1,513 Year 8 children seen over the 2017 year – 571 fewer than the previous year Result of 0.59 mean score of decayed, missing and filled teeth overall greatly exceeds (i.e. is much lower/better than) the DHB’s target of 1.05 and the 2016 result of 1.06. However, this result is influenced by the lower number of children seen, and, concerns with the validity of data resulting from the transfer to the electronic oral health clinical information system. Point of entry data at time of examinations had omissions or errors concerning clinic / school locations and fluoridation status, as well as whether teeth were missing due to caries or genetic disorder. Work continues to clean up the data (although data omissions cannot be completed for retrospective events) and further focused, systematic training with staff on the use of and expectations for data collection using Titanium is being undertaken. More regular auditing will also occur
Group	2014	2015	2016	2017																							
Maori	1.60	1.40	1.20	1.00																							
Pacific	1.70	1.80	1.00	1.00																							
Other	1.00	1.00	0.90	0.50																							
Total	1.20	1.10	1.00	0.60																							
Caries free (2017) <table border="1"> <caption>Caries free (2017)</caption> <thead> <tr><th>Group</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th></tr> </thead> <tbody> <tr><td>Maori</td><td>40%</td><td>45%</td><td>45%</td><td>50%</td></tr> <tr><td>Pacific</td><td>40%</td><td>35%</td><td>35%</td><td>35%</td></tr> <tr><td>Other</td><td>65%</td><td>65%</td><td>65%</td><td>70%</td></tr> <tr><td>Total</td><td>55%</td><td>55%</td><td>55%</td><td>65%</td></tr> </tbody> </table>	Group	2014	2015	2016	2017	Maori	40%	45%	45%	50%	Pacific	40%	35%	35%	35%	Other	65%	65%	65%	70%	Total	55%	55%	55%	65%	P	There 1,768 five year old children examined over the 2017 year, of whom 65.3% were recorded as caries-free; exceeding the DHB’s target of 60% and improves on the 2016 result of 57%. However, there are reservations regarding the integrity of data associated with the transition to Titanium.
Group	2014	2015	2016	2017																							
Maori	40%	45%	45%	50%																							
Pacific	40%	35%	35%	35%																							
Other	65%	65%	65%	70%																							
Total	55%	55%	55%	65%																							

Legend – MoH Assessment: **A** = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved
 NR = Not reported this quarter N/a = Not applicable

Legend – Project Status: **P** = Progressing as planned **B** = Behind schedule / some associated risks **C** = Completed

<p>Enrolments (2017)</p>  <p>Children aged 0-4 years</p> <table border="1"> <caption>Enrolment Data (Estimated from Chart)</caption> <thead> <tr> <th>Ethnicity</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>~90%</td> <td>~95%</td> <td>~75%</td> <td>~95%</td> </tr> <tr> <td>Pacific</td> <td>~90%</td> <td>~95%</td> <td>~85%</td> <td>~95%</td> </tr> <tr> <td>Other</td> <td>~90%</td> <td>~95%</td> <td>~95%</td> <td>~125%</td> </tr> <tr> <td>Total</td> <td>~90%</td> <td>~95%</td> <td>~95%</td> <td>~105%</td> </tr> </tbody> </table>	Ethnicity	2014	2015	2016	2017	Māori	~90%	~95%	~75%	~95%	Pacific	~90%	~95%	~85%	~95%	Other	~90%	~95%	~95%	~125%	Total	~90%	~95%	~95%	~105%	<p>P The number of 0 – 4 year old children enrolled with the service increased by 926 over the 2017 year to a total of 11,298. The projected population in this age group for the 2017 calendar year was 11,080, thus there were more enrolled than the estimated population (102%). While there is relative confidence in the total number of children enrolled in the service, the split by ethnicity is estimated at this stage. This is because the enrolment data, recalls (and arrears) is based on manual records, which are more accurate for managing the recalls and arrears (an active remedial action plan is in place), rather than relying on data that has been migrated to Titanium. It has not been possible to examine each individual clinical record manually to determine the ethnicity of each child enrolled. The service is actively working to clean up data and have accurate records in the database for the 2018 year.</p>
Ethnicity	2014	2015	2016	2017																						
Māori	~90%	~95%	~75%	~95%																						
Pacific	~90%	~95%	~85%	~95%																						
Other	~90%	~95%	~95%	~125%																						
Total	~90%	~95%	~95%	~105%																						
<p>Arrears (2017)</p>  <p>Recall examinations - arrears. Children aged 0 - 12 years</p> <table border="1"> <caption>Arrears Data (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>Percent of all children enrolled</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>~10%</td> </tr> <tr> <td>2015</td> <td>~10%</td> </tr> <tr> <td>2016</td> <td>~28%</td> </tr> <tr> <td>2017</td> <td>~14%</td> </tr> </tbody> </table>	Year	Percent of all children enrolled	2014	~10%	2015	~10%	2016	~28%	2017	~14%	<p>B The arrears result of 13.8% (n.4,327) of all 31,434 enrolled children aged 0-12 years overdue for scheduled recall examinations remains outside the national target of <10% but the substantial improvement since the 2016 result of 28% is noted.</p>															
Year	Percent of all children enrolled																									
2014	~10%																									
2015	~10%																									
2016	~28%																									
2017	~14%																									

<p>Objective: Improved waiting times for diagnostic services (PP29)</p>		
<p>Measures:</p>		<p>MoH Assessment</p>
<p>i) ≥95% of accepted referrals for CT scans and ≥90% of accepted referrals for MRI scans will receive their scan within six weeks (42 days)</p>		<p>i) P</p>
<p>ii) ≥95% of accepted referrals for elective coronary angiography will receive their procedure within three months (90 days) (also see Planning Priority – Bowel screening – colonoscopy waiting times)</p>		<p>ii) P</p>
<p>Results</p>	<p>Status</p>	<p>Quarter 3 Progress - Comments</p>
<p>CT and MRI scans <i>Quarter 3 data – unable to be provided</i></p>	<p>B</p>	<p>The provision of data that relies on the both WebPAS and the RRIS continues to be problematic. The DHB continues to work regularly with the regional system provider and vendor to resolve issues (much of which is outside of the DHB's direct control). We are aiming to provide CT data as soon as possible. The MRI data can be resumed this month.</p>
<p>Elective coronary angiography <i>Quarter 3 data – unable to be provided</i></p>	<p>B</p>	<p>Significant factors influencing these results are the data integrity issues and file loads to the national collections (NMDS, NNPAC, NBRIS) as a result of implementation to the new regional WebPAS. A significant amount of work has been undertaken to address system and process issues to gain compliance of scripts and file loads as well as fixing data entry and processing errors. Regular liaison with the Ministry of Health has been maintained. It is anticipated that data and file loads for NBRIS will be completed by mid-May and regular weekly extracts will commence. All data cleansing of NBRIS to be completed by end of May. We do not have sufficiently robust internal manual data to supply waiting times.</p>

Objective: Improved quality of ethnicity data collection in PHO and NHI registers (PP32)		MoH Assessment																															
Measure: Progress on implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT)		NR																															
Actions	Status	Quarter 3 Progress - Comments																															
Implement specific strategies and internal improvement processes and practices for maximising quality of ethnicity data in NHI and PHO registers	P	Not reported this quarter. Central PHO's internal process of 'prioritising' ethnicity for reporting purposes has been validated and confirmed as correct as per Ministry of Health and Statistics New Zealand guidelines. No changes are required to this process. Central PHO practices are implementing National Enrolment Service (NES). Part of this includes a review of patient ethnicities in the PMS compared to the ethnicities recorded against the NHI. Patients with different ethnicities recorded across systems will be highlighted and reviewed by practices as part of the NES validation.																															
Objective: Improved Maori enrolment in PHOs to meet national average (PP33)		MoH Assessment																															
Measure: ≥90% of Maori population enrolled with a PHO		NR																															
Results	Status	Quarter 3 Progress - Comments																															
<p>PHO Enrolment, 2017/18</p> <table border="1"> <caption>PHO Enrolment Data (Estimated from Chart)</caption> <thead> <tr> <th>Quarter</th> <th>MidCentral Māori</th> <th>National Māori</th> <th>MidCentral Total</th> <th>National Total</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>86%</td> <td>90%</td> <td>92%</td> <td>92%</td> <td>90%</td> </tr> <tr> <td>Qtr 2</td> <td>87%</td> <td>90%</td> <td>93%</td> <td>93%</td> <td>90%</td> </tr> <tr> <td>Qtr 3</td> <td>87%</td> <td>90%</td> <td>93%</td> <td>93%</td> <td>90%</td> </tr> <tr> <td>Qtr 4</td> <td>87%</td> <td>90%</td> <td>93%</td> <td>93%</td> <td>90%</td> </tr> </tbody> </table>	Quarter	MidCentral Māori	National Māori	MidCentral Total	National Total	Target	Qtr 1	86%	90%	92%	92%	90%	Qtr 2	87%	90%	93%	93%	90%	Qtr 3	87%	90%	93%	93%	90%	Qtr 4	87%	90%	93%	93%	90%	P	Not reported this quarter At the end of March 2018, 30,594 people identified as Māori were enrolled in PHOs – 86.2% of MidCentral's projected population; of those enrolled, almost all (95.6%, n.29239) were enrolled with Central PHO. The national average PHO enrolment by Māori was 90.8%. Of the total projected population, 92.5% (n.164,535) were enrolled with a PHO (95% of whom were enrolled with Central PHO). There has been a 2.5 percentage point increase in enrolment by Māori with Central PHO relative to the end of the same quarter last year. Work with the Pae Ora team, Te Tihi and Māori/Iwi health providers continues to encourage and support PHO enrolment.	
Quarter	MidCentral Māori	National Māori	MidCentral Total	National Total	Target																												
Qtr 1	86%	90%	92%	92%	90%																												
Qtr 2	87%	90%	93%	93%	90%																												
Qtr 3	87%	90%	93%	93%	90%																												
Qtr 4	87%	90%	93%	93%	90%																												

NON FINANCIAL PERFORMANCE MEASURES – SYSTEM INTEGRATION																																	
Objective: Reduced rate of ambulatory sensitive hospitalisations for the 45 – 64 year old age group (S11)		MoH Assessment																															
Measure: ≤4,432 non-standardised ASH rate per 100,000 total DHB population (see also System Level Measures for ASH rate of 0 – 4 year old population group)		NR																															
Results	Status	Quarter 3 Progress - Comments																															
<p>Non standardised ASH rate per 100,000 population (DHB of Domicile) Aged 45-64 years (All conditions)</p> <table border="1"> <caption>Non-standardised ASH Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>Other</th> <th>Māori</th> <th>MidCentral Total</th> <th>National Total</th> </tr> </thead> <tbody> <tr> <td>Dec-13</td> <td>3500</td> <td>8000</td> <td>4500</td> <td>4000</td> </tr> <tr> <td>Dec-14</td> <td>3800</td> <td>8000</td> <td>4800</td> <td>4000</td> </tr> <tr> <td>Dec-15</td> <td>4000</td> <td>8500</td> <td>5000</td> <td>4000</td> </tr> <tr> <td>Dec-16</td> <td>4200</td> <td>8800</td> <td>5200</td> <td>4000</td> </tr> <tr> <td>Dec-17</td> <td>4500</td> <td>8500</td> <td>5500</td> <td>4000</td> </tr> </tbody> </table>	Year	Other	Māori	MidCentral Total	National Total	Dec-13	3500	8000	4500	4000	Dec-14	3800	8000	4800	4000	Dec-15	4000	8500	5000	4000	Dec-16	4200	8800	5200	4000	Dec-17	4500	8500	5500	4000	B	Not reported this quarter. For 12 month period ending 31 December 2017, there were 1,516 ambulatory sensitive hospitalisation events across the 45 – 64 year old population (n.27,860); a rate of 5,441 per 100,000 total population. The rate for 7,620 Māori was twice that of the 20,240 non Māori – 8,504 per 100,000 versus 4,289 non Māori, although the number of hospitalisations by Māori (n.648) was much the same as in the previous year. The top six conditions for both Māori and non Māori continue to be (highest to lowest): angina and chest pain, myocardial infarction, chronic obstructive pulmonary disease, cellulitis, pneumonia and congestive heart failure.	
Year	Other	Māori	MidCentral Total	National Total																													
Dec-13	3500	8000	4500	4000																													
Dec-14	3800	8000	4800	4000																													
Dec-15	4000	8500	5000	4000																													
Dec-16	4200	8800	5200	4000																													
Dec-17	4500	8500	5500	4000																													

Legend – MoH Assessment: **A** = Achieved/On track **PA** = Partially Achieved **N** = Not Achieved
 NR = Not reported this quarter N/a = Not applicable

Legend – Project Status: **P** = Progressing as planned **B** = Behind schedule / some associated risks **C** = Completed

Objective: Improved cervical screening coverage (SI10) Measure: ≥80% of women aged 25 – 69 years have had a cervical sample taken in the last three years (all ethnicity groups)		MoH Assessment NR																															
Results		Status B	Quarter 3 Progress - Comments Not reported this quarter. Remains below target, although small improvement in total coverage rates influenced by increases in the number of Pacific and Asian women who had a screening event over this quarter. Of the 43,437 eligible women, 32,579 (75.0%) have had a cervical sample taken within the last three years. Lower rates for Māori and Asian women persist, although there has been a small increase each quarter; 62.2% and 63.4% respectively as at end March 2018). Improvement programme (including incentives for target women) in place.																														
<table border="1"> <caption>Cervical screening coverage rate - 2017/18</caption> <thead> <tr> <th>Group</th> <th>Qtr 1</th> <th>Qtr 2</th> <th>Qtr 3</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>~62%</td> <td>~63%</td> <td>~63%</td> <td>80%</td> </tr> <tr> <td>Pacific</td> <td>~70%</td> <td>~71%</td> <td>~71%</td> <td>80%</td> </tr> <tr> <td>Asian</td> <td>~62%</td> <td>~63%</td> <td>~63%</td> <td>80%</td> </tr> <tr> <td>Other</td> <td>~78%</td> <td>~79%</td> <td>~79%</td> <td>80%</td> </tr> <tr> <td>Total</td> <td>~75%</td> <td>~75%</td> <td>~75%</td> <td>80%</td> </tr> </tbody> </table>		Group	Qtr 1	Qtr 2	Qtr 3	Target	Māori	~62%	~63%	~63%	80%	Pacific	~70%	~71%	~71%	80%	Asian	~62%	~63%	~63%	80%	Other	~78%	~79%	~79%	80%	Total	~75%	~75%	~75%	80%		
Group	Qtr 1	Qtr 2	Qtr 3	Target																													
Māori	~62%	~63%	~63%	80%																													
Pacific	~70%	~71%	~71%	80%																													
Asian	~62%	~63%	~63%	80%																													
Other	~78%	~79%	~79%	80%																													
Total	~75%	~75%	~75%	80%																													
Objective: Improved breast screening rates (SI11) Measure: ≥70% of women aged 50 – 69 years have had a screening mammogram in the last two year (all ethnicity groups)		MoH Assessment NR																															
Results		Status P	Quarter 3 Progress - Comments Not reported this quarter. For period ending March 2018, 16,857 (76.5%) of the total eligible women have had a screening mammogram in the last two years; a small decrease on the number (-21) and coverage rate recorded at the end of December 2017. Close to target for Pacific women (68.4%) but screening coverage for Māori women has remained at around 66% these last two quarters. Coverage rates continue to challenge the district with a new equity plan due for release this month.																														
<table border="1"> <caption>Breast screening coverage rate, 2017/18</caption> <thead> <tr> <th>Group</th> <th>17-18 Qtr 1</th> <th>17-18 Qtr 2</th> <th>17-18 Qtr 3</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td>~66%</td> <td>~66%</td> <td>~66%</td> <td>70%</td> </tr> <tr> <td>Pacific</td> <td>~68%</td> <td>~68%</td> <td>~68%</td> <td>70%</td> </tr> <tr> <td>Other</td> <td>~78%</td> <td>~78%</td> <td>~78%</td> <td>70%</td> </tr> <tr> <td>Total</td> <td>~76%</td> <td>~76%</td> <td>~76%</td> <td>70%</td> </tr> </tbody> </table>		Group	17-18 Qtr 1	17-18 Qtr 2	17-18 Qtr 3	Target	Māori	~66%	~66%	~66%	70%	Pacific	~68%	~68%	~68%	70%	Other	~78%	~78%	~78%	70%	Total	~76%	~76%	~76%	70%							
Group	17-18 Qtr 1	17-18 Qtr 2	17-18 Qtr 3	Target																													
Māori	~66%	~66%	~66%	70%																													
Pacific	~68%	~68%	~68%	70%																													
Other	~78%	~78%	~78%	70%																													
Total	~76%	~76%	~76%	70%																													

CROWN FUNDING AGREEMENT REPORTING																					
Measures: (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		MoH Assessment (i) A (ii) A																			
Results		Status P	Quarter 3 Progress - Comments On track for year target for both high deprivation and total eligible population groups. Year to date, 1,527 (76.2%) of the eligible children have received their B4 School Check – on track for year-end target, including the expected number of children living in high deprivation areas.																		
<table border="1"> <caption>2017/18 Before School Checks - Cumulative</caption> <thead> <tr> <th>Group</th> <th>Qtr1 YTD</th> <th>Qtr2 YTD</th> <th>Qtr3 YTD</th> <th>Qtr4 YTD</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>~28%</td> <td>~52%</td> <td>~76%</td> <td>~90%</td> <td>90%</td> </tr> <tr> <td>High Dep</td> <td>~28%</td> <td>~52%</td> <td>~76%</td> <td>~90%</td> <td>90%</td> </tr> </tbody> </table>		Group	Qtr1 YTD	Qtr2 YTD	Qtr3 YTD	Qtr4 YTD	Target	Total	~28%	~52%	~76%	~90%	90%	High Dep	~28%	~52%	~76%	~90%	90%		
Group	Qtr1 YTD	Qtr2 YTD	Qtr3 YTD	Qtr4 YTD	Target																
Total	~28%	~52%	~76%	~90%	90%																
High Dep	~28%	~52%	~76%	~90%	90%																

Well Child Tamariki Ora Number of babies enrolled at end of each quarter (excluding Plunket) <table border="1" data-bbox="167 241 571 443"> <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>1,600</td> <td>489</td> </tr> <tr> <td>Q3</td> <td>1,554</td> <td>1,641</td> <td>379</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	1,600	489	Q3	1,554	1,641	379	Q4	1,586			P	Steady increase in enrolments at the end of each quarter continues. Although there was a reduction in the number of Core contacts over this quarter, there were more Additional contacts.
	2016/17	2017/18	Core contacts during quarter																			
Q1	1,539	1,575	468																			
Q2	1,546	1,600	489																			
Q3	1,554	1,641	379																			
Q4	1,586																					
Immunisation Coordination Service Confirmation statement that service is in accordance with CFA Variation Agreement.	P	Not reported this quarter																				
National Immunisation Register (NIR) Ongoing Administration Services Confirmation statement that service is in accordance with CFA Variation Agreement.	P	Not reported this quarter																				
Appoint Cancer Nurse Coordinators Confirmation statement and exception report that service is in accordance with CFA Variation Agreement.	P	Not reported this quarter																				
Appoint cancer psychological and social support workers Confirmation statement and exception report that service is in accordance with CFA Variation Agreement.	P	Confirmed as meeting CFA requirements.																				
Appoint regional cancer centre clinical psychologists Confirmation statement and exception report that service is in accordance with CFA Variation Agreement.	P	Confirmed as meeting CFA requirements.																				
Disability Support Services Funding Increase	P	Template provided – small volumes. Noted wait times for those referred for allied health community-based assessment and interventions; predominantly influenced by vacancies in staff positions.																				

Legend – MoH Assessment:

A = Achieved/On track

PA = Partially Achieved

N = Not Achieved

NR = Not reported this quarter

N/a = Not applicable

Legend – Project Status:

P = Progressing as planned

B = Behind schedule / some associated risks

C = Completed

GLOSSARY - ABBREVIATIONS

ABC-D	Ask, Brief advice/intervention, Cessation support, Document
ACC	Accident Compensation Corporation
ACS	Acute Coronary Syndrome
ALOS	Average Length of Stay
ANZACS-QI	All New Zealand Acute Coronary Syndrome Quality Improvement (registry)
ASH	Ambulatory Sensitive Hospitalisations
B4SC	Before School (health) Check
BIP	Business Improvement Programme
CAFS	Child, Adolescent and Family (Mental Health) Service
Cath/PCI	Catheterisation and Percutaneous Coronary Intervention
CCP	Collaborative Clinical Pathway
CDS	Child Development Service
Central TAS	Central Technical Advisory Service (Limited)
CFA	Crown Funding Agreement
CNS	Clinical Nurse Specialist
CPAC	Clinical Priority Access Criteria
CT	Computed Tomography
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
CWDs	Case Weighted Discharges
DAMHS	Director of Area Mental Health Services
DHB(s)	District Health Board(s)
DMFT	Decayed, Missing and Filled Teeth
DLG	Diabetes Leadership Group
DRGs	Diagnostic Related Groups
ECP	Emergency Contraceptive Pill
ED	Emergency Department
ELT	Executive Leadership Team
ENT	Ear, Nose and Throat
ESPIs	Elective Services Patient Flow Indicators
FCT	Faster Cancer Treatment
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GP	General Practitioner
GPT(s)	General Practice Team(s)
HCSS	Home and Community Support Services
HOC	Hospital Operations Centre
HPV	Human Papillomavirus Vaccine
HSC	High Suspicion of Cancer
HT	Health Target
IBT	In Between Travel
IFHC(s)	Integrated Family Health Centre(s)
interRAI	International Resident Assessment Instrument
IT	Information Technology
LMCs	Lead Maternity Carers
MAPU	Medical Assessment and Planning Unit

MDHB	MidCentral District Health Board
MHS	Mental Health Service
MoE	Ministry of Education
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MSD	Ministry of Social Development
NAPs	Non Admitted Procedures
NBRS	National Booking and Reporting System
NES	National Enrolment Scheme
NGO	Non Government Organisation
NHI	National Health Index
NIR	National Immunisation Register
NMDS	National Minimum Data Set
NNPAC	National Non Admitted Patient Collection
NRT	Nicotine Replacement Therapy
PHC	Primary Health Care
PHO(s)	Primary Health Organisation(s)
PMS	Patient Management System
POAC	Primary Options for Acute Care
PP	Policy Priority
PRIMHD	Programme for the Integration of Mental Health Data
RFP	Request For Proposal
RRIS	Regional Radiology Information System
RSP	Regional Services Plan
SBA	Smoking Brief Advice
SBHS	School Based Health Service
SI	System Integration
SIR	Standardised Intervention Rate
SLM(s)	System Level Measure(s)
SMO	Specialist Medical Officer
SSIED	Shorter Stays in Emergency Departments
TOAM	Te Ohu Auahi Mutunga
UCOL	Universal College Of Learning
WCTO	Well Child Tamariki Ora
WebPAS	Web-based Patient Administration System