SUMMARY REPORT OF 2017/18 ANNUAL PLAN AND NON FINANCIAL PERFORMANCE MEASURES (QUARTER 4, 2017/18)

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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	Status	Quarter 4 Progress – 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	C	Pilot completed – evaluation (from Police) not available. However, now incorporated with larger PN/Horowhenua programme with new approach to family harm. Participation from subgroup of Whanau Ora Innovation and Strategic Development Group (WOISDG). This project is linked with Government agency partners, NGO and 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	MidCentral's Maori Iwi Te Tihi partners held a hui 21/05/18 as a follow on from the family violence workshop. Police are keen to lead the project using a collective impact (CI) model. Te Tihi will provide a collective impact workshop on 10 July 2018 including members of MAIN, Police family harm team and Oranga Tamariki who have not used CI before. Police to review data. Police have launched a new family harm approach that will transform the way Police attend family harm events – focused on changing language and codes. App developed for family harm reporting and will be used alongside a new risk assessment tool. Raukawa Whanau Services have been awarded a contract for Children's, Men's & offenders programme.

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: A

Actions	Status	Quarter 4 Progress – 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	C	Completed. Process and systems in place. Referrals ready to be received and managed by VHT (for hearing screening checks) or Youth Justice (for vision screening checks).
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.

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: 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) PA**

Results	**Quarter 4 Progress** **Comment**
8 month old infants fully immunised on time (Chart: 16/17 Q1 – 17/18 Q4; Target, Total, Māori)	Remains below target. This quarter, 518 of the total 568 (91.2%) eligible eight month old infants were fully immunised on time. Coverage rate for Māori persistently below all other ethnicity groups; of the 188 eligible Māori infants 166 (88.3%) were immunised on time. Issues with the NIR noted – system outages has had some impact - evident in the increased amount of missing data from the Practices and the amount of data that has failed to successfully message. GPT data suggests a higher immunisation coverage rate than recorded on the NIR, by about two percentage points. MoH advises a number of "quick fixes" have been implemented. The pattern of decreasing rates also coincides with the Influenza campaign – this has been reflected in previous years also but not quite so markedly (new vaccine added to schedule as well – Zovirax). Immunisation team continuing to actively monitor and follow up individual families. Combined decline and opt-off rate remains relatively high at 4.6% this quarter (4.7% for the 12 months). The 12 month data indicates that the majority of families are delaying completion of the full first course of vaccinations by 8 months of age, but complete at later stages.
2 year old and 5 year old children fully immunised on time (Chart: 16/17 Qtr1 – 17/18 Qtr4; 2 yrs old Total, 2 yrs old Māori, 5 yrs old Total, 5 yrs old Māori, 2yr old & 5yr old Target)	Target not achieved for either cohort. Note NIR data issues noted above. 2 year olds: A drop by one percentage point in coverage rate of the total population this quarter (94% of 546 children), although rate is consistent with the rate for the year. Notable reduction in coverage for Maori children recorded for this quarter – from an average of 92 percent to 89% of 167 children). Strict scrutiny is occurring on the overdue lists with emphasis on getting children immunised within the time period. 5 year olds: 487 (92.2%) of 528 total children immunised on time – also a one percentage point reduction compared to last quarter. Coverage rate for Māori children reduced to 91.6% (93.0% last quarter). Work with GPTs regarding missing data continues (noting issues with the NIR as well)
Seasonal influenza – 65+ year old population 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.	As reported in quarter one - annual result reported as at end September 2017. Not reported this quarter.

Human Papillomavirus Vaccine – 12 year old girls Target: ≥75% Annual - measured at end of June 2018 (2004 birth cohort).	Completed campaign for the 2004 birth cohort. 676 of 1,010 (66.9%) total estimated 12 year old population were immunised; 67.8% (n.217) of the 320 Māori girls. A reduction across all ethnicity groups compared to the 2003 birth cohort (72% total, 91% Māori) Rates are broadly similar to the total NZ rates this year, although MidCentral's decline rate is slightly less at 3.9 percent compared to 4.5 percent. Less appetite for the HPV vaccine from families and caregivers seems apparent. The Public Health Nursing team suspects the anti-immunisation lobby that was very active here at the end of 2017 has contributed somewhat to this. However a significant uptake from boys is noted (but not yet reported nationally).

PLANNING PRIORITY: RAISING HEALTHY KIDS

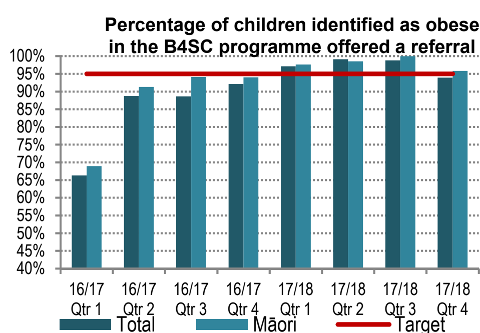
Objective: Increase the number of obese children (and their family) being offered and accepting a referral for appropriate intervention

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

MoH Assessment: PA

Results

Quarter 4 Progress — Comment



For six month period ending May 2018.

Reduction in overall rate to 93.9% (n.62) of 66 children for this period – below target. Continuing to achieve target for Maori at 95.8% (n.23) of 24 children.

There were four eligible children identified as not having been referred. An audit of the results was conducted – an omission in training of new (temporary) administrator was identified concerning the requirements for timeliness of referral management process. This has now been rectified and an audit tool has been implemented. An additional professional development session is being held with all the Nurses delivering the programme to revisit the issue and ongoing monitoring against the criteria will occur.

Declined referrals:

Six month period to 31 May 2018

Ethnicity	Number	Rate
Māori	10	41.7%
Other	19	45.2%
Total	29	43.9%

The total decline rate of 43.9% of the 66 children seen and Maori decline rate of 41.7% remains a concern – although the number has reduced this period. The B4SC team of five RNs have the informed consent discussions with the families and have had the professional development training and support around having the critical conversations with families. The findings from the 'decliner research' project will give some more insight into each family's perceptions of identifying and managing obesity, the role and function of the Boost team and how families can be further supported.

Actions

Actions	Status	Quarter 4 Progress – Comment
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	C	Although behind original schedule, this initial phase is completed. Ethics approval has been granted by Massey University and the Massey student and her supervisors have been connecting into the teleconferences with the Ministry of Health around our specific research project on those declining a Boost referral or any intervention. Progressing well.
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"	C	Completed. Professional development sessions provided with good uptake.

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	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.

PLANNING PRIORITY: CHILDHOOD OBESITY PLAN

Objective: Progress local initiatives from the Childhood Obesity Plan

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

MoH Assessment: A

Actions	Quarter 4 Progress	
	Status	Comment
By 31 December 2017, maintain support for and promotion of the Active Families programme through the appointment of a local ambassador, with a focus on supporting Māori and Pacific young people and their whānau to participate	C	DHB's Champion for "raising healthy kids") has been providing mentoring for the Active Family programme - the children responding well to her positive attitude when working with them and teaching them about healthy options, particularly related to food and exercise. Many of the children in the group have been referred by the Boost team.
By 30 June 2018, establish mechanisms with providers to develop outcome criteria over contact time including feedback to Boost Team	C	Completed. Quantitative outcome measures continue to be recorded and collected in the Sport Manawatu database. Qualitative outcome measures and any barriers are discussed at the regular meetings alongside mitigating strategy's to progress
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: YOUTH MENTAL HEALTH PROJECT

Objectives:
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 4 Progress	
	Status	Comment
Work with schools, alternate education facilities and teen parent units to implement continuous quality improvement framework for youth health care in schools with SBHS	C	Completed as planned.
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	Completed – as previously reported.

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. This programme of work has been delayed for a number of reasons: • Key staff coordinator position leaving the organisation • Delay in engagement and discussions with whole clinical team – meeting now scheduled • Delays with the Collaborative Clinical Pathway – staffing shortage at Central PHO The overall structure and flow of the collaborative pathway has been agreed, feedback and input from the wider stakeholders is being sought before finalisation. This programme of work will be carried over into the 2018/19 year. It will focus on developing an expression of interest from GPTs who are able to provide transgender care across the district. This information will be developed following the finalisation 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**
	A

Actions:	**Quarter 4 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	C	Roll out of national contract arrangements to commence from 01 October 2018. Planning for local Pharmacy Action Plan underway.

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:	**MoH Assessment**
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)	i) N
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)	ii) A
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)	iii) N

Results	**Quarter 4 Progress** – **Comment**
[Chart: 100%–76%; 16/17 Q1 – 17/18 Q4; Primary; Primary & Maternity Target; Maternity]	Primary: Reported results continuing to deteriorate – remaining below target. 18,104 (85.7%) of 21,135 eligible current smokers were recorded as having been given brief advice and support to quit smoking. This was 826 fewer than the number recorded last, while there were 669 fewer eligible enrolled patients. Rate for Māori was lower at 82.7% (n.5,625) of 6,805 current smokers enrolled with the PHO. Some known issues with data extracts – being resolved (although won't be resolved for two practices until end of year). Active management with and information for general practices continues along with support for data cleansing.

	Maternity: Achieving target although with fewer numbers of pregnant women recorded as current smokers each quarter. This quarter, of the 179 women seen by the LMCs, 35 were identified as current smokers of whom 34 (97.1%) were provided with brief advice to quit; 14.3% accepted cessation support. Nineteen of the current smokers were Māori, 18 (94.7%) were provided with brief advice, and two accepted cessation support.
Percentage of hospital patients who smoke offered brief advice and support to quit smoking	Hospital: Although a small improvement this quarter, the result remain well below target. A smoking prevalence rate of 12.5% was recorded – lower than the expected prevalence rate (between 15% - 17%). Of the 1,084 patients identified as current smokers, 918 (84.7%) were recorded as having been given brief advice and support to quit. Despite the higher smoking prevalence rate recorded for Māori (25.4%, n.343) the provision of brief advice and support to quit was proportionately only marginally higher at 85.7% (n.294). The organisation's Smokefree Policy is currently being reviewed and as part of that work some additional FAQs are being developed for staff regarding opportunities in addition to ABC to support patients to quit. These will include but not limited to timely referral to Pae Ora Maori Health, referral to additional support groups and improved information about access to NRT. This work is in progress.

Actions	Quarter 4 Progress Status	Comment
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	C	Schedule completed, and delivered as planned. Smoking Brief Advice working group has representation from Central PHO, Public Health Unit, Te Tihi, Community Pharmacy and TOAM enables a continued and diverse approach to improving support for practices to meet SBA target. Button Badges are being distributed to Pharmacies and General Practice teams for staff to wear to encourage public / patients / whānau to ask how they can be supported to quit smoking. Te Tihi ran a Facebook competition to seek public feedback for bi-lingual messaging for the badges with a smokefree bag and cinema vouchers donated by Public Health and Central PHO as prizes. Central PHO is partnering with TOAM, and Mid Central Public Health in developing a Stop Smoking Symposium (in early October) to educate health professionals about the latest smoking cessation information with a particular focus on Vaping to Quit
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	C	A receipt of referral form has been co-designed by Central PHO and TOAM to ensure that a GPT's referral is acknowledged by TOAM once they receive it. Additionally, a document to advise of service completion and smoking status following stop smoking support is provided to the GPT. Weekly update of data is provided to the TOAM Co-ordinator to update Matanga on SBA numbers achieved from the practice they are aligned to. A fortnightly reporting template has been designed and implemented to support the tracking, recording and updating of SBA activity by TOAM Matanga
By 30 June 2018, implement and maintain supported standardised (PMS relevant) approaches to ABC-D including data collection, extract and reporting	C	Dashboard screen version is variable within practices. Central PHO is working to identify which version every practice is running, to standardise all dashboards. This will rectify any discrepancy in coding, particularly for the ex-smoker category. Missing patient lists continue to be utilised by GPTs, with a shortcut now identified to enable obtaining these lists more efficiently and conveniently. This information will be sent to all practices by way of screenshots to demonstrate the process. Practice visits have been undertaken to demonstrate how to update dashboard and enter relevant codes to capture SBA data. Discussions have been had with practices about correct processes to capture the data.

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

	Status	Comment
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	C	TOAM Matanga have Stop Smoking Clinics in seven general practice settings; targeting Māori and Pacific Island patients as a priority for SBA. TOAM Liaison working alongside TOAM and Pasifika team to identify indigenous champions within Māori and Pasifika communities who can encourage and increase SBA opportunities. TOAM is maintaining its approach to target Smoking Cessation support and education delivered to large organisations with high Māori and Pasifika populations, and has worked alongside Sport Manawatu to support Foodstuffs this quarter
Support targeted activity by general practice teams (GPTs) as a result of utilising ethnicity data and information available on the provider portal	P	See above. Additionally, missing patient lists continue to be utilised by GPTs, with a shortcut now identified to enable obtaining these lists more efficiently and conveniently. This information will be sent to all practices by way of screenshots to demonstrate the process. These lists identify which patients require SBA and offer of support to quit smoking for the quarter

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: PA

Results	Quarter 4 Progress – Comment
Number of people (aged 15 – 74 yrs) enrolled in CPHO with diagnosis of diabetes: Total: 6,339 Māori: 1,390 **HbA1c** / Total / Māori / Target ≤64mmol/mol / 61.8% / 51.0% / ≥75% ≤80 mmol/mol / 78.5% / 68.6% / ≥90% >100mmol/mol / 2.8% / 5.7% / <3%	12 months ending June 2018. Small improvement on results reported last quarter – for both total and Maori population groups recorded in Practice Management Systems as having diabetes. It was noted that 12% (n.642) of enrolled people with diabetes did not have any available HbA1c results recorded on the system. HbA1c and Diabetes Annual Reviews data is trending in a negative direction, quarterly practice meetings, with review of the practice QIP commence in August 2018. These issues will be addressed practice by practice. Central PHO has redesigned the long-term conditions programme, implementing Quality Improvement Plans (QIP) in practice that have outcome measures focused specifically on Cardiac, Respiratory and Diabetes. These include biochemical measures, ASH and ED presentations.

HbA1c	Total	Māori	Target
≤64mmol/mol	61.8%	51.0%	≥75%
≤80 mmol/mol	78.5%	68.6%	≥90%
>100mmol/mol	2.8%	5.7%	<3%

Actions	Status	Quarter 4 Progress – Comment
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: Collaborative case reviews:	C	Podiatry and dietetics services have been included in the Collaborative Triage document to widen the multidisciplinary group

Action	Status	Comment
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	P	Recommendation 6.1: Part of this recommendation, 'diabetes SMO FTE requirements be prioritised for attention', has been addressed. An additional 0.2 Diabetes SMO FTE has been recruited and 0.2FTE is in the process of being recruited. Recommendation 7.'MCH midwifery services (incorporating community and specialist maternity services), obstetric and specialist diabetes services complete a collaborative project' : Diabetes and Endocrinology and Women's health service are having monthly interface meetings with broad representation of all stakeholders. Two part-time midwives have been recruited and are supported by the D&E Service. Their role is gestation diabetes and pregnancy support. A small primary working group has formed to address gaps. Activity to date includes prioritising which General practice teams the diabetes CNS works with. The primary diabetes working group continues to use data to drive activity - reviewing practice level data quarterly.
By 30 June 2018, support the delivery of the TOA programme (Māori men's health) across the district	C	Completed. Central PHO Clinicians provide health checks and diet and lifestyle support with participants in every programme.
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 project has not started yet due to SMO FTE requirement for planning the clinic.
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	C	The diabetes CNS is prioritised to specific General Practice Teams whose patients show poor glycaemic control and who have a higher volume of Maori and Pacific patients based on practice level data. A second diabetes symposium is scheduled for November 2018. A "learning café" online diabetes education sessions is scheduled for delivery in September 2018 in Horowhenua, the Palmerston North locality will follow. Central PHO is working closely with its LTC clinical staff, training them to support general practices' use of the risk stratification tools available on the portal.

PLANNING PRIORITY: PRIMARY CARE INTEGRATION

Objectives:
1) Improve integration with the broader health and disability sector
2) Build capability and capacity to strengthen responsiveness of the primary health care system with support from specialist services
3) Improve system to address acute and urgent care needs of patients (including acute exacerbations of long term conditions)

Measures:	MoH Assessment
(i) Delivery of actions to improve system integration including SLMs (PP22)	(i) A
(ii) SLM Improvement Plan milestones achieved. Total acute bed days per capita (SLM7) Ambulatory sensitive hospitalisations – 0-4 year olds (refer SI1) Patient experience of care (SLM8) Amenable mortality rate (SLM9)	(ii) A

Actions	Quarter 4 Progress	
	Status	Comment
Implement agreed integrated nursing model within primary care – subject to approved business case by 31 December 2017	C	Completed for the 2017/18 year. Progressing to scale up in the 2018/19 year. As previously reported, detailed planning to scale the model to Horowhenua and Highbury areas complete. Confirmed digital requirements within wider MDHB digital strategy will progress with the realisation of the digital strategy.

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

Focus resources to the priority health areas of Kainga Whānau Ora pilot programme with the '100 identified cohort of households' in Palmerston North	C	Expected activity for the year completed – programme has been extended into the 2018/19 year. Central PHO continues to provide data for the Kāinga Whānau Ora pilot, such as primary care enrolment, utilisation, ED and inpatient data and some demographic information. CPHO also provides Health Intelligence support for analysing data from the various partners of the Kāinga Whānau Ora pilot. Central PHO provides specialist personnel to deliver education sessions for Kāinga Whānau Ora cohort members, including Dietitians, Clinical Exercise Physiologists and Primary Mental Health Clinicians for He Tangata Ahunui (Work Readiness Programme).
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	Horowhenua has a total population coverage of 56 %. The four sites have commenced delivery of the POAC programme. Otaki, Te Waiora, Cambridge Street and Masonic Medical. Additionally, three Horowhenua Community pharmacies have commenced delivery of POAC services: Amcal Gimbletts Pharmacy Foxton, Hamish Barham Pharmacy Otaki, Tararua pharmacy, Levin. Discussions have begun with St. John UCC Horowhenua re: linkage with POAC/ DNS as part of the programme
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	C	Specific feedback provided on CCP usage and adherence. Case review summaries provided to sites monthly this quarter for action within their own clinical governance arrangements. General feedback to all POAC partners provided in POAC Updates April and May – these can also be found on the CPHO website. This is an ongoing activity.
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	Acute demand management district group (ADMDG) established in Q2.
Develop acute and urgent care strategy across the district by 30 September 2017	C	Acute demand management strategy drafts 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 for the 2018/19 year
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 two 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 is slow to progress and is linked to the Heart Failure project across primary and secondary services. Cardiac Clinical Nurse Specialist from DHB continues to work closely with the GP Teams and CCN:LTC.
Utilise common data sets to target resources focused on improving outcomes for patients with respiratory, heart disease and diabetes by 31 October 2017	B	An initial project group was established and met. Agreement regarding progression is yet to be reached.

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

Results	Quarter 4 Progress Comment
Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual per 1,000 population per 1,000 population 600 575 550 525 500 475 450 425 400 375 350 325 300 Jun-16 Jun-17 Jun-18 MidCentral Actual rate MidCentral Standardised rate National Actual rate National Standardised rate Acute bed days - MidCentral DHB of Service and National Standardised and Actual per 1,000 population per 1,000 population 600 575 550 525 500 475 450 425 400 375 350 325 300 Jun-16 Jun-17 Jun-18 MidCentral Actual National Actual MidCentral Standardised National Standardised	12 months to 31 June 2018. (Estimated population 175,410). DHB of Domicile: The standardised acute bed day rate per 1,000 population has reduced over the 12 months ending June 2018, relative to the prior two years, to 398.1 per 1,000 population, for 22,734 stays, utilising 80.007 bed days. The national standardised rate was 391.7. The actual rate was 456.1 per 1,000 compared to a national rate of 415.1 rate. The standardised acute bed day utilisation rate for Maori was considerably higher at 451.8 per 1,000 population compared to DHB total rate, but lower relative to the national standardised rate for Maori (562.8). For 4,041 events (17.8% of total acute events) 11,747 acute bed days were utilised by Maori (14.7% of total acute bed days). DHB of Service: The standardised acute bed rate as a DHB of Service was lower the national rate for the 12 month period ending June 2018, at 385.3 compared to 391.7 per 1,000 population. However, the actual rate for MidCentral was 441.9 / 1,000 – considerably higher than the national rate (415.1), Decrease in both number of acute events and number of acute bed days utilised as a DHB of Service – from 22,195 utilising 79,445 bed days over the 12 months ending June 2017, to 22,068 events utilising 77,513 acute bed days over the 12 months ending June 2018.. 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 much the same as the previous year, being: • Stroke and Other Cerebrovascular Disorders • Respiratory Infections/Inflammations • Other Hip and Femur Procedures • Heart Failure and Shock • Dementia and Other Chronic Disturbances of Cerebral Function • Neonate, Admit Weight >2499g without significant operating room procedure Project continuing, focusing on reducing ALOS, improving processes and pathways between ED, MAPU and general medicine.
Non standardised Ambulatory Sensitive Hospitalisation Rate per 100,000 Population (All Conditions), Aged 0 - 4 years. MidCentral DHB of Domicile. Rate per 100,000 population 7500 7250 7000 6750 6500 6250 6000 5750 5500 5250 5000 4750 4500 4250 4000 Mar-14 Mar-15 Mar-16 Mar-17 Mar-18 12 months to MidCentral Other MidCentral Maori MidCentral Total National Total	12 months to 31 March 2018 ASH rate per 100,000 population reduced by 2.9 percent over the 12 months ending March 2018 from 5,961 / 100,000 to 5,790 / 100,000 total population (DHB of Domicile). ASH rate for Māori children also reduced, but remains higher than the total rate for MidCentral, at 6,456 per 100,000 population (6523 for 12 months ending March 2017). The number of ASH events for Māori children reduced by only two admissions (total 255 – 40% of the total ambulatory sensitive hospitalisations). For non Māori children the number of admissions reduced by 21 to a total of 386. The predominant ASH conditions continue to be: • Upper and ENT respiratory infections • Dental conditions • Gastroenteritis/dehydration • Asthma • Pneumonia • Cellulitis ASH rates for children (including Māori) were well below the national rate.

Average scores out of 10: Adult Inpatient Experience Survey - Communication and Coordination Dimensions	Weighted average mean scores (out of 10) from the May 2018 inpatient survey show an increase relative to 2017 surveys for both of the priority domains – increasing to 8.5 for Communication but a decrease in the mean score for this latest survey to 8.4 for Coordination. MidCentral's response rate continues to be above the national average (25%); 38 percent (n.150) for this last survey, using paper-based and electronic options. 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 ratings have steadily improved over the year. The provision of enough information as to how to manage their condition after discharge was also less favourably rated under the umbrella domain of coordination.
Amenable mortality rate (annual data update expected later in 2018).	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).

PLANNING PRIORITY: SHORTER STAYS IN EMERGENCY DEPARTMENTS

Objective: Increase the number of people who have shorter lengths of stay in the Emergency Department and hospital inpatient wards

Measures	MoH Assessment
i) ≥95% of patients will be admitted, transferred or discharged from the Emergency Department (ED) within six hours (HT)	i) PA
ii) Standardised acute inpatient ALOS ≤2.45 days	ii) PA

Results	Quarter 4 Progress – Comment
Percentage of patients admitted, transferred or discharged from the ED within 6 hours	Small improvement this last quarter, but remains well below target. Despite this, the MoH accorded the DHB with a partially achieved rating due to the additional information and improvement efforts underway. Of the 11,126 people presenting to the Emergency Department this quarter, 9,309 (83.7%) were admitted, transferred or discharged within six hours (80.7% of 11,088 attendances over quarter 3). Presentations to the ED continue at a higher than expected rate with a 3.4% increase (n.1,457) in the past 12 months, though admission rates have reduced (an average of 27% per month compared to an average of 30% in 2016/17, although some of the reduction is attributed to a change in the way in which patients admitted/transferred to the EDOA are now counted) Data collection issues within the new WebPas continue to be a problem. The ED, Information Technology and the business analysts are working closely to address any new anomalies as they arise. Extensive renovation work being undertaken within the department has impacted upon the efficiencies and potential improvements due to restriction of floor space and constant changes in area usage. The current completion date has been extended out until September / October 2018. Improvement initiatives, building on the work in General Medicine service, include: • Development of a workforce development strategy for the ED. This has led to the introduction of an education pathway for ED nurses to advance from clinical nurse specialists with a sub-acute care scope, to nurse practitioners with a wider clinical scope. • Improving the professional liaison relationships between ED senior clinicians and their colleagues in other specialties. • Further changes to the General Medicine early morning handover to incorporate the whole multi-disciplinary team.

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

Standardised acute average length of stay (DHB of Service) 16/17 Q1, 16/17 Q2, 16/17 Q3, 16/17 Q4, 17/18 Q1, 17/18 Q2, 17/18 Q3, 17/18 Q4 Acute ALOS, Acute Target		Standardised ALOS of 2.74 days for 12 month period ending March 2018, for 21,806 acute admission episodes. ALOS ratio of 1.10 against the national rate (2.49). Of the 21,806 acute episodes, 15,767 (72%) were discharged from the Medical specialties, of which 7,574 (48%) were from an ED admitted event. In addition to the improvement initiatives noted above, the Medical wards have commenced a daily meetings to initiate care plans and agree discharge goals. General Medicine is also undertaking further trials with a new SMO roster, improving the support to ED, MAPU and the post take ward rounds Planning for the 2018/19 year incorporates additional work focused on the acute care of elderly (including older people with frailty), development of community rehabilitation programme and management of acute demand in primary care and targeted long term conditions
Actions	**Quarter 4 Progress**	
	Status	**Comment**
Develop hospital-wide escalation plans as part of the district's acute and urgent care strategy development work by 31 December 2017	C	A hospital wide variance plan is in place which includes escalation responses. A district wide response as part of the acute and urgent care strategy is being overseen by the PHO and DHB executive group.
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	A variance response plan is in place. With the introduction of the Acute and Elective cluster model, formally commencing in July 2018, it is envisaged that medical engagement in this plan will be enhanced with the support of the clinical executive for the cluster.
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	As above. Also incorporated as part of the patient flow / timely care programme
Commence establishment of the digital Hospital Operations Centre by 31 October 2017 (*subject to commissioning timeframes for the Clinical Portal and WebPAS) with phase one completed by 30 June 2018	B	The WebPas and Clinical Portal were implemented in December 2017. The digital Hospital Operations Centre (HOC) was due to be launched six months post WebPas implementation. Due to the continuing work to ensure the reliability of data messaging and the changes to the digital HOC system to manage this, the launch was delayed. The previously reported potential launch date of August 2018 has been delayed with an anticipated completion date in October 2018.
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)	C	An Action Plan to meet the recommendations of the Service Development Plan for the Emergency Department is in place. Progress reviews are undertaken and are being assisted by an external agency
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 due to building and seismic compliance delays have been encountered. Completion date has been extended out until September / October 2018. New patient pathways and work processes are being developed and tested. An external agency is assisting ED staff with trialing new ways of working to improve efficiencies for patients and staff. Staff morale remains high with go od understanding of the delays. Patients presenting to the department have been very tolerant.
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. There are continuing difficulties maintaining the improvements due to the ED renovations and high presentation numbers

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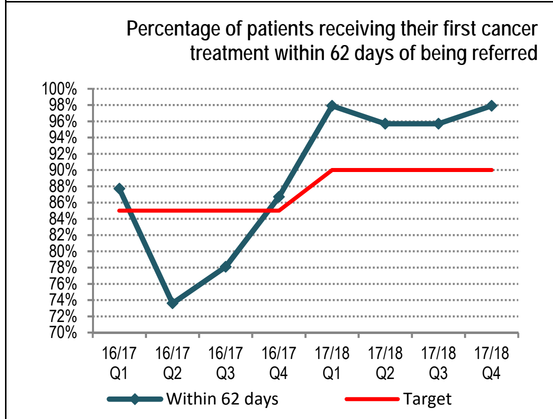
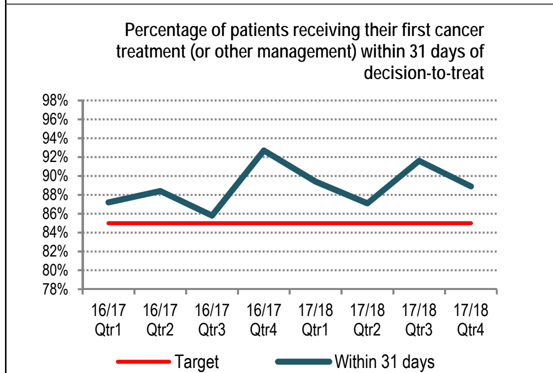
PLANNING PRIORITY: FASTER CANCER TREATMENT

Objective: Improve access, timeliness and quality of cancer services

Measures:	MoH Assessment
(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	(i) A (ii) A

Results	Quarter 4 Progress – Comment
	Target met with all patient delays due to clinical considerations (seven over the quarter) reviewed through FCT Governance forum. For this quarter, 47 of the 48 (97.9%) eligible patients received their first cancer treatment (or other management) within 62 days. The number of records submitted is improving following effort to improve triage processes. The coordination group, for staff who oversee patients from entry to hospital to discharge, is now well embedded. An electronic dashboard is being created and there are good processes to escalate and resolve coordination issue.
	Target continues to be met. This quarter, 184 (88.9%) of 207 eligible patients received their treatment within 31 days of the decision to treat.

Actions	Quarter 4 Progress – Status	Comment
Implement cancer nurse coordination for urological cancer and head and neck cancer by 31 December 2017	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).
Maintain regular review systems and oversight of data integrity, including identification and recording of patients referred with a high suspicion of cancer	C	Sustained, with additional remedial work required subsequent to implementation of WebPAS, which affected the submission of data in quarters two and three. Oversight provided by governance and coordination group, together with data coordinator tracking improved triage processes contributing to increasing volume of eligible patients being identified
Align new patient appointments with radiotherapy CT appointments centralised to Palmerston North by 31 March 2018	C	Completed as of November 2017

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

	Status	Comment
Promote uptake and utilisation of priority cancer pathways to improve the timeliness of referral to specialist services by 30 June 2018	C	Pathways established for all major tumour streams. GP education continues to increase use of pathways. A training programme is being run to support NP in breast assessment including direct access to breast imaging and intervention.
Work in partnership with Pae Ora Directorate to identify barriers preventing Māori and Pacific peoples benefiting from more coordinated care by 31 December 2017	C	Cancer Navigation team established and equity indicators included in all data sets. All Maori patients supported by nurse coordinators across major tumour streams and offered support from iwi cancer coordinators. Further work is needed to better connect community provider to secondary navigation teams. A focus on encouraging young Māori into careers in cancer has also occurred this year. A demystifying cancer tour was held for Te Wānanaga o Aotearoa students studying the Bachelors in Bicultural Social Work, with many expressing interest in oncology post-graduation. Our own staff attended the Rangatahi Hauora Symposium to promote Radiation Therapy as a career, as well as providing information on cancer treatment. Cultural competency of healthcare workers remains a barrier for cancer patients and the team is working with Psychosocial Oncology NZ to progress education for staff specific to cancer care.
Commence implementation of service development activities in two priority areas to address barriers by 31 March 2018	C	Urology: • New processes to ensure all men for radical prostatectomy have a specific CNS education appointment to improve preparation and rehabilitation. • A health literacy research project continues. This includes developing the content for an audio visual resource for patients and their whānau about the choices facing prostate cancer patients. • CX bladder, a urine test for bladder malignancy, is now routine and means that approximately half of patients with haematuria avoid an unnecessary cystoscopy.

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:	MoH Assessment
(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	A

Results/Actions	Quarter 4 Progress	
	Status	Comment
Consolidate referral and prioritisation guidelines, scheduling and patient focused booking rules into single Gastroenterology Service Operational Policy document	C	Completed. Will be further updated as part of preparations for the upcoming bowel screening programme
Sustain robust oversight and management of colonoscopy waiting lists by weekly capacity planning endorsed by the Endoscopy Users Group	C	Returned to sustaining excellent waiting time results this quarter, following issues with data extracts and reporting in quarters two and three (as a result of WebPAS implementation) Targets for all three indicators were achieved or exceeded in each month this quarter. Urgent colonoscopy within 14 days: 100% (n.35) Non urgent colonoscopy within 42 days: 85.0% (n.506) of 595 accepted referrals Surveillance colonoscopy within 84 days: 81.9% (n.231) of 282 waiting or scoped.

Action	Status	Comment
Work with Hutt Valley DHB to implement the Bowel Screening Regional Centre (BSRC), by 31 January 2018	C	Completed.
Undertake a DHB readiness assessment with support from the BSRC and provide to the Ministry of Health	B	Timeframe for national roll out deferred. Now planned for 2018/19 (readiness by July 2019); subject to national information system for bowel screening.
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	B	As above – roll out of programme deferred to July 2019. Start up and business case preparations underway, with project manager in place to support business case development in collaboration with the Bowel Screening Regional Centre

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

Results	Quarter 4 Progress Comment
Standardised elective average length of stay (DHB of Service) 2.00 1.90 1.80 1.70 1.60 1.50 1.40 1.30 1.20 1.10 1.00 16/17 Q1, 16/17 Q2, 16/17 Q3, 16/17 Q4, 17/18 Q1, 17/18 Q2, 17/18 Q3, 17/18 Q4 Elective ALOS — Elective Target	Target of 1.55 days by end June 2018 For 12 months ending March 2018, as reported in quarter 4, at 1.67 days for 5,381 events, MidCentral's standardised elective ALOS was above target, and was the highest across the 20 DHBs for this period; an ALOS ratio of 1.07 against the national rate. Improvements to the patient flow processes within the perioperative service with better planning and increased information sharing between services are expected to contribute to reducing lengths of stay. The three prioritised work streams of the Perioperative Improvement Programme "Optimise" (Redesigning the Theatre Schedule, Standardised List Construction and Consistent Teams) continue and are being embedded in the 2018/19 year. Additionally, an orthopaedic surgeon is leading some work on reducing lengths of stay for people who have had a hip replacement; this is starting to show some results.

Legend – MoH Assessment: A = Achieved/On track PA = Partially Achieved N = Not Achieved NR = Not reported this quarter N/a = Not applicable
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Standardised intervention rates per 10,000 population

(Chart: Cardiac surgery, Angiography, Angioplasty; 12mths to Sep16, 12mths to Dec16, 12mths to Mar17, 12mths to Jun17, 12mths to Sep17, 12mths to Dec17, 12mths to Mar18)

For 12 months ending March 2018, as reported in quarter 4, (based on an estimated population of 176,980)

Cardiac surgery: Further reduction in standardised rate to 4.28 per 10,000 population – significantly below national target rate.

Angioplasty: Further reduction in standardised rate to 10.57 per 10,000 population – significantly below national target rate.

Angiography: Although a reduced rate over this period, at 33.9 per 10,000 population, this results is not significantly different from the national target.

MidCentral continues to liaise with CCDHB in particular regarding implementation of the national STEMI pathway and the STEMI coordinator position. The DHB has also employed a cardiac interventionist who is due to commence in the 2019 year and will be supported by the regional cardiac network in improving and sustaining access to angioplasty until such time as the cath/PCI lab for MidCentral is commissioned.

Increased volume of elective surgery. Annual target: 8103

(Chart: Qtr 1, Qtr 2, Qtr 3, Qtr 4; 2017/18 Actual, Cumulative Target)

Exceeded target; 8,330 elective and arranged surgical discharges for MidCentral's residents occurred over the year against a planned volume of 8,103 – 227 ahead of target (102.8% of target).

ESPI	As at end June 2018	
1	23	**100%**
2	122	**8.8%**
3	47	**0.9%**
5	1,104	**66.2%**
6	255	**66.8%**
8	x	**x**

Report date: 06/08/18

These results, particularly for ESPI5 and 6, reflect ongoing data integrity issues and file extracts to the National Booking Reporting System (NBRS) as a result of implementing the regional WebPAS, A significant amount of work has been undertaken to address data errors, system and process issues to gain compliance of scripts and file extracts. Regular liaison with the Ministry of Health has been maintained. It is anticipated that data fixes and file extracts for NBRS will be completed and resumed by end of August (subject to successful resolution of issues by vendor and regional service delivery provider).

Electives Initiative and Ambulatory Initiative

2017/18 Q4 YTD	% delivery of plan	YTD Actual	YTD Target
CWDs	92.8%	8,609.7	9,274.8
FSAs	124.8%	27,554	22,080
NAPs	89.3%	8,434	9,444
Cmty Ref Tests	48.9%	17,176	35,160

Community referred tests and non admitted procedures affected by change to WebPAS and RRIS with incomplete data submitted between December 2017 and June 2018 against the specified procedures and purchase unit codes. The DHB continues to work with vendor and regional operating service provider to resolve WebPAS, NBRS and RRIS issues

Theatre capacity continues to be a constraint in the delivery of elective (and arranged) surgery for patients (affecting the CWDs). There are some additional tools to assist with this that are being rolled out in qtr 2 (as a result of the perioperative improvement programme undertaken in the 2017/18 year) - a new theatre scheduling tool [theatre grid] and an enhanced theatre production tool. Additionally a clinical nurse coordinator is now working more directly with and between the clinicians and booking coordinators to confirm patients' fitness for surgery associated with the planned schedule. There will also be some further work in reviewing models of care delivery for avastins and some gynaecological procedures in the second half of the year. It should be noted that two elective theatre sessions for orthopaedics were converted to acute sessions (in part to avoid cancellations of elective patients) which has reduced the overall capacity for elective orthopaedic surgery - nonetheless it is anticipated that this arrangement will continue in the 2018/19 year. The planned CWDs for the 2018/19 year have largely been retained at the 2017/18 levels across the specialities rather than further increased.

Actions	Quarter 4 Progress	
	Status	Comment
Continue to roll out the Enhanced Recovery After Surgery principles to additional surgical sub-specialties Commence 01 October 2017	B	Colorectal and Orthopaedics Enhanced Recovery After Surgery are established. Progress towards ERAS pathway for Sub Regional Urology service has been delayed due to Care Logistics (ultra gender pathways) work programme and WebPas issues
Implement approved options to maximise theatre capacity, including alternative to manage day case procedures/surgery by 30 June 2018	C	Phase one of the Perioperative Improvement Programme (Optimise), completed. The programmes focused on: • Redesigning the theatre schedule • Standardised list construction • Improving the consistency of teams • The 'Perfect Day' The four interconnected work streams were each designed to address a key factor contributing to the mismatch between capacity and demand. A workplan has now been devised, outlining the work programme for the next phase designed to ensure momentum is maintained on key work in progress and includes the development of a theatre dashboard', which has been delayed due to on-going data quality issues.
Deliver increased health target discharge volumes, bariatric surgery and year 3 of the additional orthopaedic and general surgery initiative by 30 June 2018	C	Increase in health target volume of elective surgery achieved (102.8% of planned volume). However, the volumes for additional major joints and other orthopaedics were under-delivered by 33 discharges (92.9% of annual target), and, there were 5 of the 6 (83.3%) bariatric surgeries completed in the year. General surgery achieved their additional volumes (101.2% of annual target).
Implement mechanisms to better match demand and capacity to deliver contracted volume of expected specialist assessments and treatment by 30 June 2018	B	Mechanisms established but not fully implemented by year end. A production plan has been developed to manage the capacity and demand in ambulatory elective services. Specific Ophthalmology and Urology plans are already complete. This work has been positively received by members of the specialties, but progress across other services has been delayed due to the focus on WebPas data cleaning and extracts for reporting. Carried over into the 2018/19 year.
Implement the national electronic Clinical Priority Access Criteria tools for each specialty in accordance with timeframes outlined by the MoH	C	MidCentral has successfully implemented all five of the National Clinical Priority Access Criteria Tools (CPAC).
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	The use of the CPAC scoring within services that have implemented the tools continues. Work continues to ensure consistency of use.
Reduce ratio of follow up to first assessment attendances in identified medical and surgical specialty services by 30 June 2018	B	This initiative commenced in the last quarter but was delayed following the implementation of WebPas and consequent data issues. Formal work regarding outpatients is planned in the 2018/19 year as part of the Business Improvement Programme. (also seen capacity and demand for FSAs initiative above)
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	Extending the principles of the Joint FSA primary care clinic to other Orthopaedic procedures is underway. Work on the criteria and assessment tool for Spinal and Shoulder has commenced. The Paediatric clinic will be held at MidCentral's Orthopaedic clinic rather than in primary care, due to oversight requirements from SMO. Once established an outreach service will be explored, together with the potential for outreach Hip and Knee clinics to commence in Horowhenua.

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)	A
ii)	A
iii)	PA
iv)	PA
v)	PA
vi)	A
vii)	A
viii)	PA

Results — **Quarter 4 Progress** — **Comment**

Proportion of population seen by MHA services: 12 months ending March 2018

Age group	Māori Target	Māori Actual	Other Target	Other Actual	Total Target	Total Actual
0-19 yrs	≥4.3%	3.68% n.569	-	3.83% n.1217	≥4.6%	3.78% n.1786
20-64 yrs	≥8.0%	7.83% n.1391	-	3.95% n.3209	≥5.0%	4.65% n.4600
65+ yrs	≥1.5%	1.40% n.29	-	1.52% n.443	≥1.5%	1.51% n.472

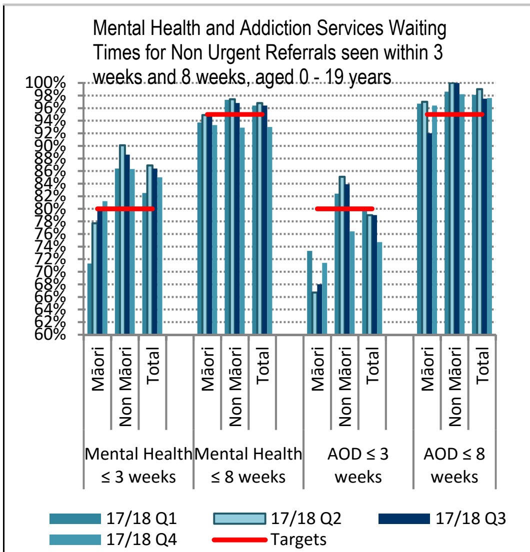
Reported results show lower volume of clients seen, and targets not achieved for the 0 – 19 and the 20 – 64 age groups. However, challenges in extracting accurate data from the newly installed regional WebPas (which has now been operating for seven months) have resulted in either inaccurate, zero and/or incomplete data submissions to PRIMHD over this period. This has been the major contributor to the reported lower access rates compared to last quarter and to same period last year.

Continuing to work through a resolution plan to address a number of issues with the vendor via the regional service delivery provider. Testing of fixes underway; anticipating end of August date for compliance of data extracts and file loads. MoH is aware and assisting.

Output delivery against plan

Purchase unit	Q4 Plan	Q4 Actual	% Delivery
Acute bed days	1686	1633	96.9%
Intensive bed days	532	461	86.7%
FTEs	153.1	153.1	100%

Achieved. Variances in utilisation of purchased available beddays within tolerance range.



MH Services (DHB provider)	All Ages 12mths to 31 March 2018		
	Māori	Non Māori	Total
80% ≤ 3 wks	85.3%	90.5%	89.5%
95% ≤ 8 wks	93.0%	96.2%	95.5%

For 12 months ending March 2018, as reported in quarter 4.

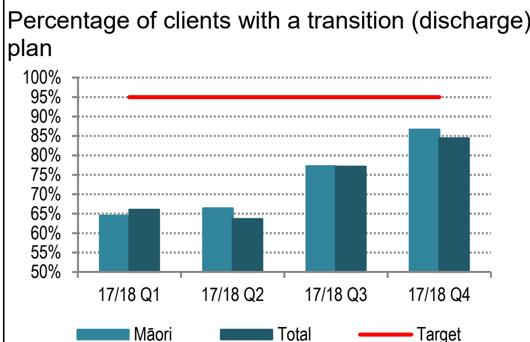
Target waiting times for 0 – 19 year old people with a non urgent referral to mental health (DHB provider only) and addiction services (DHB and NGO providers):

≤ 3 weeks: Target achieved for DHB Mental Health Services at 85% (n.511) of 601 clients seen over this period. For Alcohol and Other Drug Services provided by the DHB and NGOs for this age group, the target was not achieved at 74.7% (n.62) of 83 clients seen.

≤ 8 weeks: Target achieved for AOD services for all but two of the clients seen. For the 601 clients seen by the DHB Mental Health Services, 93.0% (n.559) were seen within 8 weeks – short of target by 12 clients.

Currently recruiting for an additional full time clinical role for the Kaupapa Māori CAFs service to the Horowhenua area, and also for a clinical role in the Tararua district.

Percentage of clients with a transition (discharge) plan



Steady increase for transition (discharge) planning for clients discharged from the community services: 84.4% (n.1,420) of 1,683 total clients were recorded as having had a discharge plan (86.6% of 343 Māori clients).

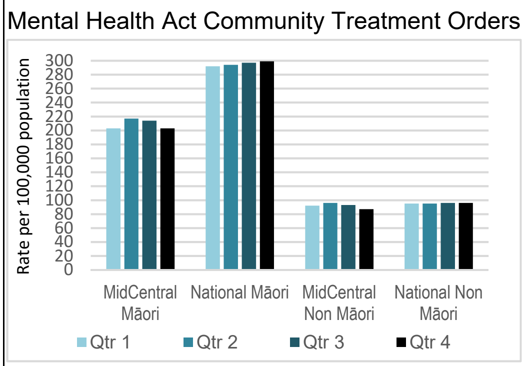
The proportion of longer term clients (n.550) who have a wellness plan in place increased from 59% last quarter to 68.9% (n.379) for this period.

Of the records audited 88% of the 35 transition plans and 100% of the 35 wellness plans met the acceptable standards. As part of the move to Clinical Portal, templates used for transition and wellness planning are currently being reviewed. It is expected that this review and streamlining of procedures will improve compliance.

The Ministry has noted apparent ambiguity with the requirements for reporting these measures, with considerable variability in capability between DHBs. The MoH may follow this up in the 2018/19 year, with the potential to revisit the measures and re-set targets.

MidCentral also expects that the work to be undertaken as part of the HQSC quality improvement project for "transitions" may also have some bearing on these measures.

Mental Health Act Community Treatment Orders



For 12 months ending March 2018, as reported in quarter 4.

The number (71) and rate (203) of Māori under community treatment orders returned to the same as that for the 12 month period ending June 2017. For non-Māori, the number (122) and rate (87) have reduced relative to the 12 month period ending June 2017. MidCentral's rates remain below the national rates for both Māori and non Māori population groups.

A working group process for reviewing all Māori clients under the Mental Health Act to identify patterns and confirm requirements for use of the Act may be revisited with change in management and leadership positions within the service.

Actions	Quarter 4 Progress	
	Status	Comment
Implement the national training programme for "personal restraint" across the service	C	Completed and the 2018 training calendar is set.
Create environmental change to better support alternatives to the use of seclusion - de-escalation space added to inpatient unit by 31 December 2017	P	Behind schedule, but progressing. The following work has been approved, and is expected to be completed within three months: • Cosmetic changes to the room environment • Removal of ligature points • Soft furniture (including padded heavy duty foam rocking chair) to be ordered Additionally, sensory music speakers in the ceiling is awaiting capex sign off
Develop a consistent referral management system across all community teams – monitor and ensure referrals for Māori are prioritised	C	Completed
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	Clinical Managers monitor on a monthly basis both access and waiting times for their services and are expected to look at effective ways to improve both. Noted that current waiting times are affected by a significant vacancy factor within CAFS. Work is underway on recruitment for both CAFS and for the child and adolescent roles in the Kaupapa Māori service, which should help to resolve this issue
Establish a new co-designed integrated primary mental health care model, with phased pilot projects implemented at Horowhenua Community Practice by 30 September 2017 Feilding IFHC by 31 December 2017 Tararua Health Group by 31 March 2018	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	C	Completed. Although delayed timeframe, the options paper has now been completed and presented to the Board. The Board supported the recommended option (new build) but for a funding application to be made. Development of business case for funding to proceed with support from external consultant.
Establish "One Team Network", including mapped service directory and access information by 30 September 2017	C	Completed
Complete design and implementation of One Team Network website by 31 March 2018	P	Behind scheduled date, but no associated risks. UCOL has been approached to design and develop the One Team Network website. Expected completion date will now be later in 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	Currently a multi-agency approach is being trialled for 'top users' across Unison partners to ensure accountability and seamless services. So far this approach has received good feedback from Corrections. Regular presentations are being made by different agencies regarding clients in common.
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	C	Process and approach completed. Delivered through a Joint Behavioural Referral & Pathway meeting – which has input from both CDS and the Paediatric team. A joint MoH/MoE project (Te Ohu) specifically working with kids with Conduct Disorder (a CAFS exclusion criteria). It is expected that the MoH will review the project at some stage this year. Scoping work has begun for an integrated Child Hub (for the region).

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By 30 September 2017, promote and monitor utilisation of the Learning and Behaviour Collaborative Clinical Pathway across the local health and education sectors	C	Behind original date but completed as far as this action can be at this stage. The pathway remains 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 final 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	Original audit completed. Ongoing work. Given the high volume of patients, a further review is underway.
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	B	Behind scheduled date, but no significant risks caused by delay. Being held over as part of above review, and implementation of the "Equally Well" programme for identified clients in primary care setting over the 2018/19 year.
Identify and configure integrated rural community care teams Manawatu and Tararua by 31 December 2017 Horowhenua by 30 June 2018	C	Completed. Community care teams have been integrated across the three localities
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	C	All planned actions delivered. (i) Increase in number of adults seen by primary mental health services noted each quarter. Slight increase in young people (aged 12-19 years) being seen also. Te Ara Rau is established in selected Integrated Family Health Centres throughout the district, and being extended as positions for Matanga Whai Ora are employed. Feedback from GPs and nurses is that the service is valuable, although wait times can be lengthy as a result of limited spaces. However generally clients are prepared to wait for the service despite being offered alternatives. (ii) Suicide prevention and postvention planned actions continue.- focused on local response teams in Tararua and Horowhenua, gender and sexual diversity, educational, training and promotional activities for mental health and wellbeing, with broad community based connections. (iii) Response to client/family crisis initiated by police continues to improve in timeliness. Increasing referrals noted. Liaison continues. (iv) Supporting Parents Healthy Children locally designed Toolkit funded by the DHB, implemented and launched across the district. (v) Shared care programme (primary and secondary) requiring further review, with high volume of clients registered. "Equally Well" programme (improving physical health of people with enduring mental illness) to be delivered in the 2018/19 year.

PLANNING PRIORITY: HEALTHY AGEING

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

Measures:	**MoH Assessment**
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	A

Results	**Quarter 4 Progress** **Comment**
Number of people seen with assessments completed by the Fracture Liaison Service or similar fracture prevention service <table><tr><td>Age group</td><td>Qtr 2</td><td>Qtr 3</td><td>Qtr 4</td></tr><tr><td>50 – 64 years</td><td>9</td><td>5</td><td>11</td></tr><tr><td>65+ years</td><td>26</td><td>30</td><td>40</td></tr><tr><td>Total</td><td>35</td><td>35</td><td>51</td></tr></table>	In addition to the assessments and treatments undertaken by the FLS nurse, an ortho-geriatrician is now also seeing patients on the ward (excluded from data set). To date 92 patients (aged 50 years plus) have been seen on the wards by the ortho-geriatrician. The FLS is now co-located with Central PHO and provides a critical link and liaison with the GPTs, as well as the emerging community-based strength and balance programme for falls prevention and rehabilitation.
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	Quarter 4: 98.1% (n.2432). Consistently achieving or exceeding target (95%). All assessments and care planning undertaken by the NASC service utilise the interRAI tool.
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 <table><tr><td>Qtr 2</td><td>Qtr 3</td><td>Qtr 4</td></tr><tr><td>94%</td><td>93%</td><td>86%</td></tr></table>	MidCentral DHB is one of four DHBs using the interRAI palliative care tool. These assessments are not counted for the purposes of this measure. The palliative care tool is an authentic tool for placing people on the dying pathway into aged residential care. On inspection of this measure, reasons for delivering a lower percentage include the palliative care tool use, ARC facilities completing iLTCF assessments on people not eligible and people accessing chronically medically ill funded services (CMI). These three items are exceptions with two being part of the practice of MidCentral DHB.

Actions	**Quarter 4 Progress** **Status**	 **Comment**
By 30 June 2018, align HCSS contracts with new caregiver training and activity, subject to national leadership	P	The pay equity activity has continued and the DHB is still waiting for the national work on new caregiver training to be implemented reflecting the intent of the improved training aligned with higher wages for support workers.
Identify options for the delivery of physical activity programmes / medication support and other ancillary services by caregivers, by 30 June 2018	C	MidCentral's re-tender of services is completed. The 'model of care' work is underway with the first workshop planned for end of July. The high level model of care is outlined. The area focused on next is the detail to operationalize for the 2018/19 year.

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Utilise interRAI data to identify equity issues/gaps in access to services for older persons across the district by 30 September 2017 Implement service development activities in two priority areas to address gaps in access to services by 31 March 2018	C	Completed. The interRAI data collated to look at disproportionate and inequitable access issues for Maori in the Tararua area and comparison against other populations illustrated that equity was not an issue and that many Maori were receiving comparable services to other populations. Confirmation from the iwi representative identified that many Maori were living longer in Tararua, and had few access issues to disability support. 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 overall programme. The Horowhenua Positive Aging Strategy Plan is focused around inclusion activities and will be reported on as the Horowhenua District Council updates the DHB.
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	C	Completed. 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.
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	C	Completed
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	C	Completed
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	Some delays have occurred while the Central PHO undertake to implement the falls model. The programme is delayed by three months overall which is able to be tagged to the end of the three year contract. This will not impact on services or funding. As at early July four referrals had been received and the service had intended to start delivering on the programme in the Palmerston North area.
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)	C	The trial has concluded and several recommendations were made. These included establishing a true multidisciplinary team to respond to the needs of the population, developing new criteria to facilitate direct referrals from the acute wards and to link this work with the *Frailty and Transitionary Care* project, which will include all aspects of early supported discharge, community rehabilitation and the health of older people (HOP) teams. MDHB is developing a business case for an Acute Care of the Elderly (ACE) unit which will be the focal point to drive patient flow towards this community focused rehabilitation service.
Work in partnership with the Ministry of Health on implementation of the regularisation and to identify training requirements for kaiāwhina workforce	C	Completed.

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: A

Actions	Quarter 4 Progress	
	Status	Comment
Staged implementation of the Disability Awareness Online course for all staff by 31 March 2018	C	Completed
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: A

Actions	Quarter 4 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	Completed. New members' being recruited to replace those who vacated their membership and to extend the Council's capacity.
Implement the medication on discharge pack developed as part of the Partners in Care programme by 31 December 2017	P	Behind scheduled date, but progressing. The pack was trialled and it was identified that more was needed in the way of training/information for staff on why they had to complete "yet another" form. This will be modified and another rapid cycle test completed in August.
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.
Implement and promote patients' use of the primary care survey tool each quarter	P	25 (81%) of the 31 eligible practices have signed up to the Primary Care Patient Experience Survey (PES). A relatively high "opt-out" rate (4.46%) though compared to the national rate (1.35%). Data shows a largely even spread of 'opt outs' amongst the participating practices; a few with slightly higher rates of opt outs than their peers. Early consultation with these practices has not identified any clear reasons for this. Feedback from early adopters of the PES note the long lag time between sample week, survey week and release of results; leaves a one-month window between reported results and the next quarter's survey week. Practices feel that this makes it more difficult to test changes and see if any impact on results in a timely manner.

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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 4 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. Additional improvement programmes being planned for 2018/19 year, including "timely care", workforce alignment
Implement tactical management of costs through identified projects as part of the Business Improvement Programme	B	Q4 performance improved but still behind forecast with 67% of savings target achieved. Core (horizon 1) budget improvements of \$1.952m actual against a \$2.932m target. In prior years, budget savings were more successful due to greater "low hanging fruit" opportunities however in 2017/18 additional savings proved difficult. For 2018/19, a more targeted focus and effort has been taken to enable a step change in identifying, developing and delivering whole of system benefits. Our refreshed Business Improvement Plan (BIP) is focused on improving patient experience and outcomes while living within our financial means. A range of strategic change programmes have been approved and currently scheduled for implementation over the upcoming year
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: INFORMATION TECHNOLOGY AND WORKFORCE

Objectives:

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:

Quarterly progress report on delivery of RSP implementation (SI2) via Central TAS (RHIP and Regional Workforce programmes)

Report six monthly on progress against key milestones as set out in the roadmap detailed in the Organisational Development Plan

Local 'go-live' dates achieved: Clinical Portal – 31 July 2017, Regional radiology Information System – 30 August 2017, WebPAS and RADA by 30 September 2017

MoH Assessment
RSP: PA
RHIP: A
Regional Workforce: A

Actions	Quarter 4 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) still work in progress. Reporting of complete and accurate data remained an issue throughout the fourth quarter. Anticipating that resolution of issues will not be fully complete until end of calendar year.
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)	C	Timeframe for national roll out deferred. Now planned for 2018/19 (readiness by July 2019); subject to national information system for bowel screening.
Implement year one of the DHB's Organisational Development Plan (ODP)	P	Of the 33 projects for year one of the ODP, 30 were tracking to plan or completed. 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.	C	MidCentral's contributions to regional workforce action plan continue. Workforce initiatives are mostly completed with work on the establishment of a Dedicated Education Unit for Māori and Pacific students being taken forward into 2018/19.

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 4 Progress – Status	Comment
Establish interventional cardiology service	B	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. Space for cath lab identified within PNH footprint.
Complete Priority Cancer Pathways project	C	Central Cancer Network has submitted the project evaluation and this closes the project for the Ministry. Continued development of primary care cancer clinical pathways will be considered within the tumour stream prioritisation process which will be completed in Q1 2018/19.
Publish and utilise Hepatitis C virus pathways	C	The clinical Hepatitis C Pathway has been implemented across the Central Region and is working well. Ongoing education and awareness raising is in place to ensure all stakeholders are kept up to date with the new pathway and any changes along the way. There are also regular presentations given in primary care around the region.

NON FINANCIAL PERFORMANCE MEASURES: POLICY PRIORITIES

(Stroke, Cardiovascular disease risk, Acute heart services)

Objective: Improved management for long term conditions (PP20)

Measures:

1a) ≥8 percent of potentially eligible stroke patients thrombolysed 24/7
1b) ≥80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway
1c) ≥80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission
2a) ≥90 percent of eligible enrolled population in the PHO have had a cardiovascular risk assessment within the last five years
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
3a) ≥70 percent of high risk patients will receive an angiogram within 3 days of admission
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

(Also see Planning Priority – Living Well With Diabetes)

MoH Assessment	
1a)	A
1b)	A
1c)	A
2a)	PA
2b)	PA
3a)	PA
3b)	A

Results	Quarter 4 Comments
Stroke thrombolysis (Target ≥8%)	Continuing to achieve target. Six of 62 (9.7%) eligible patients received thrombolysis in the January to March quarter (data lagged by three months)
Acute stroke service admissions (Target ≥80%)	Continuing to achieve target. Of the 69 patients admitted with a stroke, 89.9% (n.62) were admitted to the acute stroke service.
CVD risk assessments – Eligible PHO enrolled population	Declining results over the year (notwithstanding focus on younger Māori men – see below). For the period ending June 2018, of the 50,800 eligible enrolled population, 42,890 (84.4%) were recorded as having had a cardiovascular disease risk assessment within the last five years. Rates for Māori and Pacific continue to be lower than the 'Other' ethnicity group.

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Chart: Māori, Pacific, Other, Total (70%–96%); 16-17 Qtr 4, 17-18 Qtr 1, 17-18 Qtr 2, 17-18 Qtr 3, 17-18 Qtr 4, Target	Central PHO continues to work with practice teams and Te Tihi to improve access to screening through extended hours and "one-stop" clinics, health expo days, CVDRA and general health testing at Kainga Whānau Ora and TOA programmes.

CVD risk assessments – Māori male aged 35-44 years, 2017/18

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
CVDRA	879	933	977	981
Eligible	1362	1356	1397	1390
Percent	**64.5%**	**68.8%**	**69.9%**	**70.6%**

Improving results each quarter. General Practice Teams have focused on this target group of younger Māori men, however the result is considerably less than the effort applied. This population group is challenging to engage with and General Practice Teams are undertaking some innovative ways to lift engagement with primary care.

Angiogram within 3 days of admission

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Maori	83.3%	83.3%	50.0%	60.0%
Non Maori	85.0%	66.2%	79.6%	68.4%
Total	**81.7%**	**67.5%**	**75.4%**	**67.2%**

Threshold for indicator 1 not met this quarter. An audit of patients not meeting this target for the month of June 2018 identified delays due to a combination of individual patient factors (e.g. their instability for procedure) or limited access to angiogram due to fixed number of available sessions per week, or staff unavailability. Māori patients were no more disadvantaged than non Māori patients by these access issues. MidCentral does not have a dedicated cath lab.

ANZACS-QI data collection

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Maori	100%	100%	100%	100%
Non Maori	100%	100%	96.4%	100%
Total	**100%**	**100%**	**96.8%**	**100%**

MidCentral has consistently exceeded target completion rates throughout the year. Systems and processes internally and positive interaction with co-ordinators at Wellington Hospital ensure this target is met.

NON FINANCIAL PERFORMANCE MEASURES: POLICY PRIORITIES
(Child and Adolescent Oral Health)

Objective: Improved oral health status of children (PP10, 11, 12, 13)

Measures:

Measure	MoH Assessment
i) ≤1.05 Mean DMFT score of Year 8 children (annual – calendar year)	NR
ii) ≥60% of children are caries free at five years of age (annual – calendar year)	NR
iii) ≥95% of children enrolled in DHB funded dental services (calendar year)	NR
iv) ≤10% of pre-school and primary school children over due for scheduled examinations (0 – 12 years, calendar year)	NR
v) ≥85% of adolescents (School Year 9 up to aged 17 years) utilising DHB funded dental services	v) PA

Results	**Quarter 4 Progress - Comments**
Mean DMFT score – Yr8 children (2017) Chart: Maori, Pacific, Other, Total (0.00–2.00); 2014, 2015, 2016, 2017	2017 results – as reported in quarter 3.

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Caries free – 5 yr old children (2017) Maori, Pacific, Other, Total — 2014, 2015, 2016, 2017 (0%–75%)	2017 results – as reported in quarter 3.
Enrolments – 0 – 4 yr old children (2017) Māori, Pacific, Other, Total — 2014, 2015, 2016, 2017 (0%–130%)	2017 results – as reported in quarter 3.
Recall examinations – 0 – 12 yr old children (2017) Percent of all children enrolled — 2014, 2015, 2016, 2017 (0%–30%)	2017 results – as reported in quarter 3.
Adolescent utilisation (2017) Percentage of projected DHB adolescent population seen by DHB funded dental services 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 MidCentral, NZ, Target (50%–100%)	Adolescent utilisation of DHB funded dental services - 2017 results: 8,384 of the projected 10,445 adolescent population (80.3%) were seen by contracted dentists or the child and adolescent oral health service over the 2017 year. This was a reduction in rate compared to 2016 (81.2%) with 120 fewer adolescents seen. Although below target (85%), MidCentral's annual rate continues to compare favourably with the NZ rate (71.4%). The DHB provider volumes were lower than usual for adolescents largely due to the service concentrating ion remediating the arrears for recall examinations of the 0 – 12 year old population group. There were also staff vacancies that had an impact of capacity. Strategies for improvement in 2018 implemented.

NON FINANCIAL PERFORMANCE MEASURES: POLICY PRIORITIES

(Diagnostic waiting times)

Objective: Improved waiting times for diagnostic services (PP29)

Measures:

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)

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)

MoH Assessment	
i)	PA
ii)	PA

Results	**Quarter 4 Progress - Comments**
CT and MRI scans	Waiting times for MRI scans continue to be met with all patients receiving their scan within the 42 days. The reported result for CT scans continues to be compromised by data integrity issues with the regional radiology information system.

	However, access to CT scans on time will be improved as a result of implementing Teleradiology with an expected date prior to the end of August. From that time, reporting can be sent off site for completion. The service will be able to increase the number of examinations completed. There are no patients waiting longer than 147 days. Any data suggesting this is flawed or has been incorrectly put into the system.
Elective coronary angiography within 90 days 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% 35 30 25 20 15 10 5 0 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Number waiting or catheterised Number within 90 days Percent within 90 days Target percent	The reported results continue to be negatively impacted by data integrity issues with WebPAS and NBRS that remained unresolved during the quarter. The target for the percentage (95%) of coronary angiographies that were within 90 days or less had been consistently met or exceeded in the first five months of the 2017/18 year – since December the reported volume and those receiving their procedure within 90 days have been deteriorating month on month. The reported result for the year shows that 66 patients of the 286 did not receive their procedure within the timeframe. In actuality, elective angiographies are completed well within the 90 days, with the clinical service stating that patients can choose their procedure date almost always within two to three weeks of their outpatient date. Reported results expected to show accurate performance results from September, once data issues resolved.

NON FINANCIAL PERFORMANCE MEASURES: POLICY PRIORITIES
(Ethnicity data collection)

Objective: Improved quality of ethnicity data collection in PHO and NHI registers (PP32)

Measure: Progress on implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT)

MoH Assessment: PA

Actions	Status	Quarter 4 Progress - Comments
Implement specific strategies and internal improvement processes and practices for maximising quality of ethnicity data in NHI and PHO registers	P	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. Exception reports are being developed to identify inconsistencies in patient ethnicities across data sets.

NON FINANCIAL PERFORMANCE MEASURES: POLICY PRIORITIES
(Māori enrolment)

Objective: Improved Maori enrolment in PHOs to meet national average (PP33)

Measure: ≥90% of Maori population enrolled with a PHO

MoH Assessment: A

Results	Quarter 4 Progress - Comments
PHO Enrolment, 2017/18 100% 98% 96% 94% 92% 90% 88% 86% 84% 82% 80% Qtr 1 Qtr 2 Qtr 3 Qtr 4 MidCentral Māori National Māori MidCentral Total National Total	As at end June 2018, there were 165,438 people (92.8%) with a MidCentral DHB resident address who were enrolled with a PHO (any PHO), of whom 30,829 were Māori. As a proportion of the projected Māori population, 86.4% were enrolled; small incremental increases each quarter (an increase of about 0.7% over the year), but still below the national rate for this period (91.2%) and target (90%). Comments noted regarding SNZ population projections not being “cleansed” for those ineligible for PHO enrolment and funding (e.g. prison and defence force populations). A comprehensive DHB/CPHO enrolment strategy has been developed.

Legend – MoH Assessment: A = Achieved/On track PA = Partially Achieved N = Not Achieved NR = Not reported this quarter N/a = Not applicable
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NON FINANCIAL PERFORMANCE MEASURES: SYSTEM INTEGRATION
(Ambulatory sensitive hospitalisations aged 45 – 64 years)

Objective: Reduced rate of ambulatory sensitive hospitalisations for the 45 – 64 year old age group (SI1)

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)

MoH Assessment: A

Results

Quarter 4 Progress - Comments

For the 12 month period ending 31 March 2018, there were 1937 ASH events for people aged 45 – 64 years of age, producing a non standardised rate of 4,388 per 100,000 population – achieving target with 101 fewer admissions compared to the previous 12 month period ending March 2017. However, rates remain above the national rate.

The top ten ambulatory sensitive conditions that resulted in a hospitalisation remain (in descending order): angina and chest pain, myocardial infarction, pneumonia, cellulitis, nutrition deficiency and anaemia, gastroenteritis/dehydration, COPD, congestive heart failure, diabetes and kidney/urinary infection. ASH rates for Māori continue to be significantly higher for COPD, CHF and diabetes

NON FINANCIAL PERFORMANCE MEASURES: SYSTEM INTEGRATION
(Cervical and breast screening)

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: PA

Results

Quarter 4 Progress - Comments

Data for period ending March 2018 reported in quarter 4.

Of the 43,437 eligible women aged 25 to 69 years old in MidCentral's district, 32,579 (75.0%) had been screened within the last three years. Rates for Māori and Asian women were significantly lower at 62.2% of 7,485 Māori women and 63.4% of 3,511 Asian women (71.6% of 721 Pacific women). The target rate was close to being achieved for 'Other' ethnicity group (79.4%).

Initiatives to increase rates for target population and under-screened women are in place, including incentives schemes and after hours' clinics at Kauri HealthCare, Horowhenua Community practice, Tararua Health Group an Whakapai Hauora.

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: PA

Results

Quarter 4 Progress - Comments

Data for period ending March 2018 reported in quarter 4.

Of the 22,025 women aged 50 – 69 years old in MidCentral's district, 76.5% (n.16,857) had been screened – achieving target. The rate for Māori women continues to be considerably lower, at 65.6% of 2,759 Māori women, (68.4% of 361 Pacific women).

Initiatives in place include data matching with general practices, birthday card invitations, partnerships with local whanau ora contract holders, plans to introduce an incentivise scheme for priority women, combined cervical and breast screening days/evenings.

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NON-FINANCIAL PERFORMANCE MEASURES: DATA QUALITY

Objective: Improve the quality of identity data within the National Health Index and event data submitted to National Collections Systems (OS10)

Measures:

(i) New NHI registration in error (causing duplication)
Recording of non-specific ethnicity in new NHI registration
Update of specific ethnicity value in existing NHI record with a non-specific value

(ii) NBRS collection has accurate dates and links to NNPAC and NMDS
National Collections file load success (PRIMHD, NMDS, NNPAC, NBRS)
Assessment of data reported to the National Minimum Data Set (NMDS)
Timeliness of National Non Admitted Patient data (NNPAC)

(iii) PRIMHD data quality audits and corrective actions

MoH Assessment	
(i)	PA
(ii)	PA
(iii)	PA

Results

		Q4	
i	NHI duplicates in error	-	NR
	NHI non-specific ethnicity	-	
	Ethnicity updates	-	
ii	NBRS matches	97.7%	A
	NCS file load success	89.0%	N
	Coding data to NMDS	83.5%	A
	NNPAC timeliness	98.6%	N
iii	PRIMHD data quality audit	N/A	P

P = Partially achieved N = Not achieved
A = Achieved O - Outstanding

Quarter 4 Progress - Comments

National Identity Data: Unable to discern unique NHIs relating specifically to each of the three DHBs on regional WebPAS. Is being worked through with regional service delivery provider and vendor, with advice from MoH. Despite expectations not being met for NHI duplicates in error, the ethnicity components were apparently achieved albeit with low volumes.

National Collections: Issues remain with NMDS and NBRS. Anticipating fixes for NBRS to be resolved by end of August, although issues are also related to the unique NHIs as noted above. Working with DXC (vendor) to rectify issues with file extracts for NMDS.

PRIMHD: Still unable to submit compliant file extracts to PRIMHD. The fixes have been addressed and are with CTAS contracted testers (QualIT) to complete testing. All going well with testing by CTAS and then the affected three DHBs next, MidCentral is expecting to meet the 31 August deadline.
While data integrity is part of the testing phase, formal data quality audits cannot be routinely conducted until data extracts are compliant.

NON-FINANCIAL PERFORMANCE MEASURES: NZ HEALTH STRATEGY

Objective: Support delivery of the New Zealand Health Strategy (HS)

Measure: Identify at least one activity undertaken during the quarter that contributes to each of the five strategic themes

MoH Assessment: A

Actions – Strategic themes	Quarter 4 Progress - Comments
People powered	Collective contribution to development of WAIORA model for the Government's Inquiry into Mental Health and Addiction Services.
Closer to home	Development of Health Care Home model in four Integrated Family Health Care Centres. Some centres offering extended hours, virtual consults, "one stop shop" clinics, increasing use of patient portal, one offering Kaiawhina support.
Value & high performance	Overall improvement in mean scores for hospital patient experience survey. Health Equity Snapshot and Think Piece published. Refreshing Clinical governance framework to support development of Integrated Service Model and development of service clusters.
One team Smart system	MidCentral DHB, Central PHO and Te Tihi o Ruahine Whānau Ora Alliance are active partners in Kāinga Whānau Ora. This is a Collective Impact initiative supported by Te Pou Matakana and a number of other key partners. The DHB is represented at governance level in the Kotahitanga Alliance and at the Working Group level as a key partner. Central PHO providing data and health intelligence support, as well as personnel to deliver education sessions for Kāinga Whānau Ora cohort members.

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	Development of district-wide Digital Health Strategy. Significant work in Regional Health Informatics Remediation project (regional WebPAS, Clinical Portal and Radiology Information System).

CROWN FUNDING AGREEMENT REPORTING

Measures:	MoH Assessment
(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)	(i) A
(ii) Data for enrolments and contacts delivered by Well Child Tamariki Ora service providers	(ii) A
(iii) Deliver requirements for reporting as set out in the respective Crown Funding Agreement Variations	(iii) A

Results	Quarter 4 Progress - Comments
2017/18 Before School Checks - Cumulative (chart: Qtr1 YTD, Qtr2 YTD, Qtr3 YTD, Qtr4 YTD; Total, High Dep, Target)	Achieved annual target; 2,060 eligible children had had their Before School Check by year end – 102.8% of target. Focus on children living in high deprivation areas continued, with 104.2% (n.568) of the target group receiving their B4SC.
Well Child Tamariki Ora Number of babies enrolled at end of each quarter (excluding Plunket)	On track – increasing number of enrolled babies with the four Iwi/Māori WCTO providers at end of each quarter, with increasing volume of core contacts, although one provider temporarily 'closed their books' to new enrolments due to staffing issues earlier in the year.
Immunisation Coordination Service Confirmation statement that service is in accordance with CFA Variation	Not reported this quarter
National Immunisation Register (NIR) Ongoing Administration Services Confirmation statement that service is in accordance with CFA Variation.	Not reported this quarter
Appoint Cancer Nurse Coordinators Confirmation statement and exception report that service is in accordance with CFA Variation.	Confirmed – requirements met
Appoint cancer psychological and social support workers Confirmation statement and exception report that service is in accordance with CFA Variation	Confirmed – predominantly met – recruiting to 0.6 FTE position currently vacant – anticipating appointment in September 2018.
Appoint regional cancer centre clinical psychologists Confirmation statement and exception report that service is in accordance with CFA Variation.	Confirmed – requirements met.
Disability Support Services Funding Increase	DSS volumes reported as required – continue to be low volumes. Wait list and times for referred patients to be seen by allied health staff continues to be lengthened by insufficient community-based capacity due to vacant positions.

Well Child Tamariki Ora Number of babies enrolled at end of each quarter (excluding Plunket):

	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	1,717	497

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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
PES	Patient Experience Survey
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
RHIP	Regional Health Informatics Programme
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