

Planning Priority: Healthy Mums and Babies		
Objective: Increase early registration and continued engagement of pregnant women with a Lead Maternity Carer		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 1)		MOH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
Work with Pae Ora Team to design and promote a campaign focused on 'Nurturing the next Generation'	P	The Maternity Service continues to work alongside Pae Ora, Mokopuna Ora, and Well Child Providers to formulate and facilitate ideas and practices around the engagement of hapu māmā and their whānau. The Māori concept of whānau has been drawn on utilising a collective approach towards supporting the wellbeing of future generations (from conception). The process of weaving a wahakura (woven flax Moses basket) embodies a Maori worldview around practices associated with pregnancy, childbirth and parenting and creates an opportunity through the weaving process to promote and support healthy and connected mothers and babies. This includes: childbirth education, earlier enrolment with an LMC, maternity care, parenting support, breastfeeding, smoking cessation, safe sleeping, drug, alcohol and violence free homes, maternal mental health, nutrition and exercise, oral health and healthy homes - healthy whanau.
Support the further development and reach of the Pasifika Maternity Service in line with the Pasifika Health Strategy 2016-2025	P	Contractor engaged in partnership with CPHO to progress this work.
Implement and promote utilisation of the 'Early Booking in Pregnancy – First Trimester' collaborative clinical pathway, by 31 March 2018	P	Collaborative Clinical Pathway completed and signed off. The CCP will be socialised to the sector early in 2018.

Planning Priority: Supporting Vulnerable Children			
Objective: Contribute to the collective action to reduce the incidence of assaults on children			
Measures/Milestones: Supporting Vulnerable Children (PP27) Child protection policy in place and part of contracted provider arrangements Number of instances where requirements for safety checking newly employed or engaged core and non-core children's workers not met. Number of existing staff found working in core children's workers roles who have been suspended under s28 of the Act		MoH Assessment	
		A	
Activity	Results	Quarter 2 Progress	
		Status	Comment
By 31 December 2017, secure funding and establish contract for Children's Team Lead Practitioners and Health Broker	Zero instances of not meeting the requirements for safety checking prior to commencement of work by newly employed children's workers.	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	Zero s28 suspensions of existing staff.	P	The evaluation is being conducted by the Police Evaluation Unit – the evaluation report is not yet complete. The whanau to whanau ora programme is continuing. WOSIDG is participating in a facilitated workshop in March 2018 that will consider findings from the stocktake on family violence that was commissioned by the PN-based Regional Interagency Network as well as the experiences from the Horowhenua project that will inform a district-wide response.

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Planning Priority: Keeping Kids Healthy		
Objective: Reduce hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years (respiratory conditions, skin infections and eczema)		
Measures/Milestones	Delivery of response actions agreed in Annual Plan (PP38, section 1) Incremental increase in number of families with children who have respiratory conditions supported by Healthy Homes Project by 30 June 2018 Evaluation completed by 31 August 2017 Improvement plan implemented from 01 October 2017	MOH Assessment PA
Activity	Quarter 2 Progress	
	Status	Comment
Extend interagency membership of Child Health Tamariki Ora District Group to include representatives from New Zealand Police, Housing New Zealand, and Ministry of Social Development, with participation by partner agencies from 01 September 2017	C	Completed. All roles have been filled and representatives from New Zealand Police, Housing New Zealand, and the Ministry of Social Development have commenced attending the Child Health Tamariki Ora District Group meetings.
Increase uptake of Healthy Homes Project support to insulate homes of eligible families in collaboration with Central PHO and EnergySmart through targeted awareness campaign with general practice teams (GPTs)	P	EnergySmart is working with Central PHO to increase uptake by eligible families. Communication has gone to all GPTs and radio advertising has commenced. Screening tool – Child Health templates in place in all general practices - with specific question relating to “warm dry home”. Appropriate communication and support given as required. Data not yet available but expected for Q3. Regular Healthy Homes Project communication to families of children referred to Child Health team continues.
Identify improvement opportunities arising from the evaluation of the family-based approach to improve the management of skin infections in school children	B	Evaluation completed; benefits to students and their whānau evident together with reduced hospitalisations for serious skin infections. Behind scheduled date for implementation of improvement; delay due to staff leave. Now expected by end of March 2018 (and aligned to new academic year). No significant issues resulting from delay.

Planning Priority: Childhood Obesity Plan		
Objective: Progress local initiatives from the Childhood Obesity Plan		
Measures/Milestones:	Delivery of response actions agreed in annual plan (PP38, section 2)	MoH Assessment A
Activity	Quarter 2 Progress	
	Status	Comment
By 31 December 2017, maintain support for and promotion of the Active Families programme through the appointment of a local ambassador, with a focus on supporting Maori and Pacific young people and their whānau to participate	P	Active Families and Active Teens programmes continue to be promoted through sector wide networks. A local ambassador has been appointed to promote healthy lifestyles in the community and a communication plan will be developed to promote healthy living and key messages regarding the services that are available in the community.
By 30 June 2018, establish mechanisms with providers to develop outcome criteria over contact time including feedback to Boost Team	P	Qualitative outcomes for families referred to the Boost Team are discussed at the start of each Boost meeting as part of the regular agenda. Quantitative outcome measures are also being collected by the referred services. This includes fitness measures
By 31 December, develop and agree process outcome measures following referral to the Boost Team	P	Discussions are underway regarding the next phases of the research with Massey University and the ethical approval that will be required as some families in the MidCentral district will be asked to engage.
By 30 June 2018, establish baseline data	P	Baseline data continues to be collected for children identified as obese. Families referred to Active Families and dietitian services have data and information collected regarding fitness and dietary patterns. The research to be implemented by the Massey University student will help to measure the effectiveness of the approach.

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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/Milestones: (i) ≥95% 8 month old infants fully immunised (HT) (ii) ≥95% 2 year olds and 5 year olds fully immunised (PP21) (iii) ≥75% of DHB population aged 65+ immunised against seasonal influenza (PP21) (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)			MoH Assessment (i) PA (ii) PA (iii) NR (iv) NR
Activity	Results	Quarter 2 Progress	
		Status	Comment
By 30 June 2018, implement annual Immunisation work programme as defined and agreed by the Immunisation Stakeholder Group, including the seasonal influenza campaign for older people		P	An improved result for the total eligible population group relative to last quarter, with a notable increase in the coverage rates for eligible Māori and Pacific infants. Target coverage rate was attained for NZ European and Asian population groups. The district's decline rate at 4.5% [n.25] this quarter (slightly higher than the national rate, which was 4.0%), continues to impact on our ability to achieve target immunisation coverage on time. <i>Actions to address these factors:</i> We continue to provide a coordinated approach across General Practice Teams and the Outreach Immunisation Service to access these infants and have them immunised on time. Some are in fact immunised but outside of their milestone dates. Additionally, we are working hard to ensure that those infants that are recorded as declined accurately reflects the position of the parents / caregivers following rigorous discussion and informed consent process
			Fully immunised by 24 months of age: A small improvement on the coverage rate reported for this quarter for the total population group, sitting just below target at 94%; sustained result for Māori with fluctuations in rates for those groups with fewer numbers of eligible children. The decline rate for this cohort at 4.3% (n.25) is consistent with the earlier milestone ages but slightly less than the national rate (4.7%) for this period. Fully immunised by 5 years of age: Sustained result at 94% of eligible children with on time immunisations for the total cohort over this quarter; reduction in rate for Maori and NZ European children, although the target was retained for the latter group. Decline rates at this age group were higher at 5.0% (n.32) – slightly above average for the 12 months, but the same as the national rate of declines. This seems to relate to this particular quarter at end of year for families. The improvement actions continue to focus on improving the timeliness of vaccinations and reducing the decline rates by ensuring families have the appropriate informed consent conversations, together with the processes the Immunisation team have in place for tracking and following up individual children and their family.
	60% (n.18,800) of 31, 340 total eligible older population and 48.0% (n.983) of 2,050 eligible older Maori population immunised against seasonal influenza as at end September 2017.		N/a

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By 30 September 2017, review and update the communication strategy to deliver the HPV campaign to target community groups (education sector and families/whānau)	Measured at end of June 2018. (Result at June 2017 for 2003 birth cohort was 72% [66% national total])	P	As reported in quarter one. On track for Human Papillomavirus Vaccine campaign; planning for HPV and Tdap school based programme continues with 2018 timetable completed.
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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			
Measures/Milestones: Delivery of response actions agreed in annual plan (PP38, section 2)			MoH Assessment
			N/A
Activity	Quarter 2 Progress		
	Status	Comment	
By 30 June 2018, re-establish rapid access to on-site vision and hearing testing by Public Health Service staff for targeted priority populations at Te Aue Rere Youth Justice facility	P	The VHT workload over the past quarter has focused on the delivery of the school and B4school programme. Staff availability was tight due to staffing levels and unplanned sick leave. The re-establishment of the onsite vision hearing screening at the Youth Justice Facility was not commenced. Planning has progressed with the Vision Hearing Team developing a proposed process to take to Te Aue Rere Youth Facility staff early in 2018 for discussion.	
By 30 June 2018, establish professional development plan for nursing staff to ensure that young people receive the most appropriate screening prior to referral	P	Professional development opportunity explored with Audiology and will occur early in 2018.	

Planning Priority: Reducing Unintended Teenage Pregnancy			
Objective: Reduce the number of unintended teenage pregnancies			
Measures/Milestones: Delivery of response actions agreed in annual plan (PP38, section 1)			MoH Assessment
			A
Activity	Quarter 2 Progress		
	Status	Comment	
By 31 March 2018, establish a clinical advisory group to strengthen oversight and performance of the sexual and reproductive health services' contract with Central PHO, with a focus on workforce capability within General Practice Teams and enabling equitable access to long-acting reversible contraception (LARCs)	P	In progress; awaiting review paper to go to ELT in February then the Clinical Governance Group will commence. Discussions are taking place around group configuration.	
Continue to support the provision of funded emergency contraceptive pill (ECP) available via accredited community pharmacists	P	Contract continues; no issues	
Sustain youth friendly access to contraception services and sexual health advice and information by school based health services/public health nurses including ECP endorsement and/or use of standing orders	P	Sustained; contraception and STI screening continues to be delivered by both Public Health Nursing and YOSS school-based service providers.	

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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/Milestones: By December 2017, ≥95% of obese children identified in the B4SC programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions (HT) Reduction in decline rates for referrals over time Delivery of Whanau Ora (SI5)			MoH Assessment A																								
Activity	Results	Quarter 2 Progress																									
		Status	Comment																								
Obtain ethics approval to undertake research with Massey University to identify barriers which inhibit or prevent families acceptance of obesity diagnosis to support a reduction in referral decline rates with a particular focus on Māori and Pacific children: Ethics approval granted by 31 December 2017 and research commenced by 31 March 2018	<p>Percentage of children identified as obese in the B4SC programme offered a referral</p>	P	Sustained target achievement (100% of 38 Māori children, 98.5% of 68 non Māori children). Work is progressing regarding the next phases of the research. The ethics approval has been lodged at Massey University but the outcome has not yet been released. Ethical approval is required as some families in the MidCentral district will be asked to engage in the research. Massey University is working with the B4SC team to ensure the ethical requirements are achieved.																								
Improve the effectiveness of the delivery of healthy conversations through targeted professional development sessions for Well Child Provider staff, Public Health Nurses and General Practice Teams	<p>Declined referrals: Six month period to 30 November 2017</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>11</td> <td>28.9%</td> </tr> <tr> <td>Other</td> <td>20</td> <td>29.4%</td> </tr> <tr> <td>Total</td> <td>31</td> <td>29.2%</td> </tr> </tbody> </table> <p>Last period: Six month period to 31 August 2017:</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>14</td> <td>33.3%</td> </tr> <tr> <td>Other</td> <td>19</td> <td>30.6%</td> </tr> <tr> <td>Total</td> <td>33</td> <td>31.7%</td> </tr> </tbody> </table>	Ethnicity	Number	Rate	Maori	11	28.9%	Other	20	29.4%	Total	31	29.2%	Ethnicity	Number	Rate	Maori	14	33.3%	Other	19	30.6%	Total	33	31.7%	P	Small reduction in the number of referrals relative to previous period. The MidCentral DHB Childhood Obesity Advisory Group will meet at the end of January to discuss progress around the health target and broader initiatives to improve the effectiveness of delivering of healthy conversations among health care professionals. One Integrated Family Health Care Centre is leading work on this initiative and the Advisory Group will continue to work with the practice.
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Agreed schedule by 30 September 2017 Schedule of sessions completed by 31 March 2018		P	Schedule in place: Yes. Number of sessions completed this period: Two forums to date. The next critical conversation session is planned for the end of February. The advisory group will gauge the need early in 2018 for ongoing sessions.																								
By 31 March 2018, introduction of a 'traffic light' resource to assist Well Child Provider staff, public health nurses and General Practice Teams during healthy conversations with children and their family/whānau		P	Feedback from the sector has been positive and resource has been helpful during discussions with families regarding their child's weight and BMI percentile. A childhood obesity pack is being developed for distribution to GP Teams and will include the traffic light resource and the Be Smarter resource. This will be distributed to GP teams and other health care professionals before April 2018.																								

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Planning Priority: Prime Minister's 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/Milestones: Prime Minister's Youth Mental Health Project (PP25) quarterly narrative progress report Six monthly quantitative School Based Health Service data per template Milestones achieved per plan		MoH Assessment A
Activity	Quarter 2 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	P	Students are encouraged to complete student survey post clinic visits. This quarter, as a result of the survey analysis, clinic hours are being revisited with a view to opening longer and in school holidays for 2018.
Build on development of the Response Framework in 2016/17, by implementing integrated access and support/treatment pathways for youth by 30 September 2017	B	Framework rollout timeline revised with project group due to delay in completion of framework design, computer graphics and presentation with group – roll out envisaged to be completed February 2018
By 31 October 2017, establish and agree on work programme for delivery options for transgender clients with YOSS and Transgender steering group	B	Progressing but behind scheduled date and now stalled. The overall structure and flow of the collaborative pathway has been agreed; feedback and input from the wider stakeholder group is being sought before finalisation. There are however local repercussions arising from the withdrawal of the international Map of Medicine® tool in terms of completing and implementing the pathway; further development is on hold until decisions are made regarding alternatives and consequential resourcing. In the meantime, engagement with the group continues.

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		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 2)		MoH Assessment PA
Activity	Quarter 2 Progress	
	Status	Comment
Subject to national process and funding during the 2017/18 year, support local implementation of national contracting arrangements once agreed to support the vision of 'Integrated Pharmacist Services in the Community' by 30 June 2018	P	DHBs (collectively) are progressing work on developing a new integrated pharmacist services contract in alignment with the Pharmacy Action Plan. Discussions with the sector, supported by the Ministry of Health, continue.

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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/Milestones: Health promotion schedule agreed by 30 September 2017 ≥90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months (HT) ≥90% of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking (HT)			MoH Assessment																																				
			(i) PA																																				
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Activity	Results	Quarter 2 Progress																																					
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Implement a schedule of ABC-D health promotion initiatives between Public Health, Community Pharmacy and Central PHO, including use of dashboard tool in IFHCs/GPTs	<table border="1"> <caption>Primary & Maternity Target Performance</caption> <thead> <tr> <th>Quarter</th> <th>Primary (%)</th> <th>Primary & Maternity Target (%)</th> <th>Maternity (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>94</td><td>90</td><td>94</td></tr> <tr><td>16/17 Q2</td><td>86</td><td>90</td><td>94</td></tr> <tr><td>16/17 Q3</td><td>96</td><td>90</td><td>94</td></tr> <tr><td>16/17 Q4</td><td>90</td><td>90</td><td>94</td></tr> <tr><td>17/18 Q1</td><td>92</td><td>90</td><td>94</td></tr> <tr><td>17/18 Q2</td><td>90</td><td>90</td><td>94</td></tr> <tr><td>17/18 Q3</td><td>90</td><td>90</td><td>94</td></tr> <tr><td>17/18 Q4</td><td>90</td><td>90</td><td>94</td></tr> </tbody> </table>	Quarter	Primary (%)	Primary & Maternity Target (%)	Maternity (%)	16/17 Q1	94	90	94	16/17 Q2	86	90	94	16/17 Q3	96	90	94	16/17 Q4	90	90	94	17/18 Q1	92	90	94	17/18 Q2	90	90	94	17/18 Q3	90	90	94	17/18 Q4	90	90	94	B	(1) Primary: 88.1%. Target not achieved in Q2. Strategies to improve outcome include more one-on-one clinician engagement and continued outreach activities as reported in following table. (2) Maternity: 90.3% (n. 28) of 31 pregnant women were given brief advice and/or support to stop smoking. Target achieved this quarter.
Quarter	Primary (%)	Primary & Maternity Target (%)	Maternity (%)																																				
16/17 Q1	94	90	94																																				
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	<p>Percentage of hospital patients who smoke offered brief advice and support to quit smoking</p> <table border="1"> <caption>Hospital Patients Performance</caption> <thead> <tr> <th>Quarter</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Qtr1</td><td>95</td><td>96</td></tr> <tr><td>16/17 Qtr2</td><td>95</td><td>95</td></tr> <tr><td>16/17 Qtr3</td><td>95</td><td>92</td></tr> <tr><td>16/17 Qtr4</td><td>95</td><td>92</td></tr> <tr><td>17/18 Qtr1</td><td>95</td><td>90</td></tr> <tr><td>17/18 Qtr2</td><td>95</td><td>90</td></tr> <tr><td>17/18 Qtr3</td><td>95</td><td>90</td></tr> <tr><td>17/18 Qtr4</td><td>95</td><td>90</td></tr> </tbody> </table>	Quarter	Target (%)	Actual (%)	16/17 Qtr1	95	96	16/17 Qtr2	95	95	16/17 Qtr3	95	92	16/17 Qtr4	95	92	17/18 Qtr1	95	90	17/18 Qtr2	95	90	17/18 Qtr3	95	90	17/18 Qtr4	95	90	B	Hospital: 90.0% (Maori, 91.8%). 64 percent of eligible discharge records coded only. The DHB upgraded to a new patient administration system in early December. Coding of discharged records focused on clearing all discharges for October and November from the old patient administration system therefore. In addition, data and report queries from the new system require rewriting and reconciling before being reported for the month of December. A combination of staff changes, number of ED presentations / admissions and diminished information has led to this current result. In addition we have recently noted a change in the assessment documentation in ED that may have led to this under achievement. A meeting was held with service leaders and the clinical coders to ascertain improvements. The result is a better understanding of documentation requirements aligned to the coding process. Some additional education and promotion is underway in the Emergency Department. Services receive their specific results with extra service by service follow up where results are below target. The lag between discharge and result is hampering progress in the provision of timely performance monitoring. A trainee coder has been recruited and an experienced coder commenced full time in December									
Quarter	Target (%)	Actual (%)																																					
16/17 Qtr1	95	96																																					
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Activity	Quarter 2 Progress	
	Status	Comment
Establish smoking brief advice and cessation support data collaboration between Te Ohu Auahi Mutunga (TOAM), Central PHO and the MidCentral Pharmacy Group by 31 December 2017	P	Community Pharmacy Quit Smoking Project in partnership with Central PHO, MidCentral DHB and TOAM restarted in late 2017 following the successful trial in 2016/17. This project increases access to stop smoking support for patients who may not otherwise access health services through their general practice team. Pharmacies provide SBA and a weeks' free supply of NRT to people who want to participate in the stop smoking programme. Referrals sent to TOAM for ongoing smoking cessation support. Information is sent on the GPT. Data updated in PMS.
By 30 June 2018, implement and maintain supported standardised (PMS relevant) approaches to ABC-D including data collection, extract and reporting	P	Central PHO Clinical Champion and Central PHO/TOAM Liaison Lead work in support of standardised approach to training, data collection and reporting, activity including: <ul style="list-style-type: none"> • Clinically relevant education and support given to clinicians to enhance uptake of target work. • On-line ABC-D training encouraged and supported. • Dashboard utilised in <i>MedTech</i> based PMS practices. Lifestyles tab in <i>Best Practice</i> PMS systems. • Referrals are directed to TOAM via Dashboard or PMS outbox document. • Weekly and Quarterly data extracts maintained – giving up to date data for practice teams including missing patient lists and count function towards achieving target. • Weekly data reports with progress updates given to all practices and data available on Provider Portal.
By 30 June 2018, Matanga (Quit coaches) deliver community outreach ABC messaging programmes to target priority populations (e.g. Māori and Pacific) at workplaces to improve uptake of referrals to smoking cessation services	P	TOAM has employed, alongside other Matanga, three Matanga with specific focus for Pasifika, rural populations and pregnant women. Smoking Cessation support and education delivered to large organisations – targeted at those with high Māori and Pasifika populations: <ul style="list-style-type: none"> • Ovation Meat Works (alongside Occupational Health Nurse) • Fonterra Tararua Health Group has commenced an outreach health service focused on shearing gangs within the district. TOAM Matanga attends to provide SBA and cessation support. Horowhenua: Pasifika Matanga (and practice teams) engaging with local market garden managers, where high numbers of Pasifika are employed, to provide SBA and cessation support to garden workers. This work will commence in the next quarter.
Support targeted activity by general practice teams (GPTs) as a result of utilising ethnicity data and information available on the provider portal	P	Provider Portal provides up-to-date weekly SBA data to practices including missing patient lists to better enable a targeted approach. Active participation of local event – <i>Hauora Unleashed</i> where visitors to the event were asked about smoking status and given support to quit where relevant. Referrals and information sent on to TOAM and general practice teams. As above: <ul style="list-style-type: none"> • Horowhenua market gardens targeted activity • Tararua shearing gang targeted activity

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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) Improve delivery of equitable services for people at high risk of or living with diabetes and reduce variation in practice																		
Measures/Milestones: Increase number of patients that are subject to collaborative triage Number of collaborative consultations undertaken Improved management for long term conditions, Focus area 2 (PP20) Three TOA (Māori men's health) programmes delivered 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 A															
Activity	Results	Quarter 2 Progress																
		Status	Comment															
Expand multidisciplinary collaborative triaging and consultations to support patients who have complex treatment and care needs, reported quarterly to Diabetes Leadership Group	Number of people (aged 15 – 74 yrs) enrolled with diagnosis of diabetes: Total: 6,209 Māori: 1,346 <table border="1"> <thead> <tr> <th>HbA1c</th> <th>Total</th> <th>Māori</th> </tr> </thead> <tbody> <tr> <td>≤64mmol/mol</td> <td>60.6%</td> <td>51.0%</td> </tr> <tr> <td>≤80</td> <td>17.9%</td> <td>17.8%</td> </tr> <tr> <td>≤100</td> <td>8.3%</td> <td>11.7%</td> </tr> <tr> <td>>100</td> <td>2.8%</td> <td>5.3%</td> </tr> </tbody> </table>	HbA1c	Total	Māori	≤64mmol/mol	60.6%	51.0%	≤80	17.9%	17.8%	≤100	8.3%	11.7%	>100	2.8%	5.3%	P	The Diabetes Leadership Group (DLG) receives regular updates. Multidisciplinary collaborative triaging is ongoing and well established. A survey of attendees has been completed and suggested improvements implemented. Multidisciplinary collaborative consultations are ongoing. Further resource is required within Diabetes Specialist Services for expansion of this initiative.
HbA1c	Total	Māori																
≤64mmol/mol	60.6%	51.0%																
≤80	17.9%	17.8%																
≤100	8.3%	11.7%																
>100	2.8%	5.3%																
Implement approved recommendations from the Diabetes Configuration Project in collaboration with the Diabetes Leadership Group, providing progress report to Diabetes Leadership Group each quarter against milestones of implementation plan		P	A Project Lead has been recruited to implement the approved recommendations from the Diabetes Configuration Project. Clinical workforce recruitment is progressing; an additional 1.5 CNS FTE has been recruited and discussion regarding the need for additional SMO FTE is occurring.															
By 30 June 2018, support the delivery of the TOA programme (Māori men's health) across the district	One TOA programme was delivered this quarter (one programme is scheduled to be delivered each quarter)	P	Central PHO and Te Tihi have a formal partnership and well established working relationship. Central PHO Physical Activity Educators will be working with the TOA programme from early 2018. From April 2018 HbA1c will be included in the clinical measures pre-and post-programme delivery.															
Plan and implement a rapid access diabetes clinic for people with diabetes complications requiring prompt access to specialist advice Planning complete by 31 December 2017. Implementation complete by 30 June 2018		B	Configuration Project Recommendation 2: Planning, aside from a high-level configuration project implementation plan, has not yet commenced due to service resourcing issues. However, General Practice Teams (GPTs) have telephone access to Diabetes specialist services and can arrange urgent consultations when required.															

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Implement an ongoing skills and development programme focusing on management and review in general practices whose patients show poor glycaemic control and who have a higher volume of Māori and Pacific people	Targeted GPT staff complete specified programme/continuing professional development (CPD)/continuing medical education (CME) by 30 April 2018	<p>P A diabetes forum, planned for February, will provide type-2 diabetes management education for General Practice Teams. An ongoing skills and development programme is being piloted in one IFHC facilitated by the Diabetes Community CNS. This pilot programme upskills practice nurses in insulin initiation, diabetes management, patient education, and referral pathways. All practice's diabetes data has been reviewed and practices whose patients show poor glycaemic control and/or who have a higher volume of Māori and Pacific people will be targeted in the next phase of the diabetes skills and development programme.</p>
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Planning Priority: Primary Care Integration					
Objectives: <ol style="list-style-type: none"> 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/Milestones: <ol style="list-style-type: none"> (i) Delivery of actions to improve system integration including SLMs (PP22) Pilot evaluation completed by 30 June 2018 (ii) SLM Improvement Plan milestones achieved. Total acute bed days per capita (SLM7) Ambulatory sensitive hospitalisations – 0-4 year olds (refer S11) Patient experience of care (SLM8) Amenable mortality rate (SLM9) 		<table border="1"> <thead> <tr> <th data-bbox="1257 766 1449 801">MoH Assessment</th> </tr> </thead> <tbody> <tr> <td data-bbox="1257 801 1449 869">(i) A</td> </tr> <tr> <td data-bbox="1257 869 1449 1023">(ii) PA</td> </tr> </tbody> </table>	MoH Assessment	(i) A	(ii) PA
MoH Assessment					
(i) A					
(ii) PA					
Activity	Quarter 2 Progress				
	Status	Comment			
Implement agreed integrated nursing model within primary care – subject to approved business case by 31 December 2017	P	Case for change endorsed by Project Board and ELT in December. Commitment to scale to priority areas of Horowhenua and in the suburb of Highbury, Palmerston North.			
Focus resources to the priority health areas of Kainga Whānau Ora pilot programme with the '100 identified cohort of households' in Palmerston North	P	Data from Kāinga Whānau Ora has been matched with Central PHO enrolment data, to support Kaiwhakaaraara engaging in conversations with whānau that are not currently enrolled. On-going data matching between Central PHO and Kāinga Whānau Ora as the programme goes to scale will continue to ensure Māori whānau engaged in the programme are enrolled with Central PHO. Central PHO Dieticians, Community Clinical Nurses, Matanga Whai Ora and Physical Activity Educators attended He Tangata Ahunui, educating whānau on preparedness for work- stress relief, whānau fun exercise, mindfulness, coping strategies with competing priorities, healthy, quick meals to prepare at home, weight management and health management and vaccination and screening for health maintenance. The Central PHO working group are exploring possibilities for debt reduction within GP services for whānau.			
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	Initial stakeholder engagement commenced with a stakeholder road show planned for January. Stakeholders to include: GP Teams/ IFHC's, district nursing service, St. John and UCC, Star 4, community pharmacy. Alignment with the PHC Nursing integration scaling is imperative.			
Provide feedback to IFHCs/GPTs on implementation and utilisation of collaborative clinical pathways aligned to POAC programme for targeted health conditions by 30 June 2018	P	All POAC sites are engaged in facilitated case review this quarter. Specific feedback provided on CCP usage and adherence.			
Align capability and capacity requirements to execute (acute and urgent care) strategy across the district by 30 June 2018	P	Initial meeting of Acute Demand Management District Group (ADMDG) as below completed a stocktake of acute demand management programmes across the system. Focus next quarter is to identify and synchronise the system opportunities to provide seamless acute care across the range of programmes in place such as POAC and Medimorph.			

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Establish an integrated acute and urgent care governance group by 31 July 2017	C	Acute demand management district group (ADMDG) established and inaugural meeting held this quarter.
Develop acute and urgent care strategy across the district by 30 September 2017	B	Draft strategy complete and for endorsement 3 rd quarter. Work programme to be developed from this.
Develop agreed processes to provide urgent /acute care response to Aged Residential Care facilities across the district by 30 November 2017	B	Not complete. Aspect of after-hours delivery and POAC provision to be further explored.
Establish processes in IFHCs/GPTs to support early discharge and early follow up (transfer of care) of patients admitted to hospital with complex health care needs by 30 September 2017	P	Pilot process established in 2 IFHCs to support structured transfer of care of heart failure patients back to the primary care team. Primary Health Care representation to contribute to the Medimorph project to further identify opportunities to support effective transfer of care.
Utilise common data sets to target resources focused on improving outcomes for patients with respiratory, heart disease and diabetes by 31 October 2017	B	A group of clinicians and leaders attended a health roundtable event in Auckland looking at cross system data for specified conditions. Work has been commenced on priority areas with an initial hui in December.

Activity	Results	Status	Comment
Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)	<p>Acute bed days - MidCentral DHB of Domicile and National Standardised and Actual per 1,000 population</p> <p>Acute bed days - MidCentral DHB of Service and National Standardised and Actual per 1,000 population</p>	B	<p>Actual acute bed days per capita rate (DHB of domicile, all ages) to September 2017 was 473.0 per 1,000 population compared to national rate of 412.0 – an increase compared to 12 month period ending September 2016. The standardised acute bed day utilisation rate was 414.4 per 1,000 population compared to 391.5 national average.</p> <p>As a DHB of Service, the actual acute bed days showed an increase from 448.0 to September 2016 to 454.8 per 1,000 population over the 12 months ending September 2017.</p> <p>Acute bed day utilisation by MidCentral domiciled people increased over the year for the 85+ year old populations in particular, followed by the 55- 59 year old then 0-4 year old and 30-34 year old age groups.</p> <p>The DRG clusters where there was a variance in acute bed days per 1,000 population of 5 or more days higher than the national rates were:</p> <ul style="list-style-type: none"> • Respiratory Infections/Inflammations • Stroke and Other Cerebrovascular Disorders • Other Hip and Femur Procedures • Neonate, Admit Weight >2499g, without significant operating room procedure • Other Disorders of the Nervous System

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<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Non standardised Ambulatory Sensitive Hospitalisation Rate per 100,000 Population (All Conditions), Aged 0 - 4 years. MidCentral DHB of Domicile.</p>	<p>P The non-standardised rate per 100,000 population for 0-4 year olds has reduced over this last 12 month period to below the average rate recorded for the last five years, at 6,017 per 100,000 population; the highest rate being in the previous 12 month period ending September 2016 at 6,648 per 100,000 population. There were 70 fewer ASH events admitted over the 12 months ending September 2017 relative to the previous 12 month period.</p> <p>The number and rate of ambulatory sensitive hospitalisations reduced for both Māori and non-Māori children. For Māori children, of the top 10 ASH conditions, dental conditions remain the predominant reason for admission (although the number of admissions has reduced compared to the last two years, and has returned to a similar number to that for period ending September 2013). A targeted oral health improvement programme for Māori continues to be implemented, noting that the number of preschool and primary school children enrolled in the Community Oral Health Services has increased significantly. Efforts to address overdue recalls for examinations also continue.</p>
<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Average scores out of 10: Adult Inpatient Experience Survey - Communication and Coordination Dimensions</p>	<p>P There were 156 respondents in total to the November adult inpatient experience survey – the response rate has decreased yet remains higher, at 37%, than the national rate of 24% for the quarter. Final (weighted) mean scores derived from the survey for the dimensions selected for improvement (communication and coordination), are maintained for November; a mean score of 8.1 for the communication dimension and 8.2 for the coordination dimension against a target score of 8.5.</p> <p>Seven General Practice Teams (GPTs) invited patients to participate in the primary care patient experience survey this quarter with the survey week held in early November 2017. Results of the survey are not yet available at time of writing this report.</p>
<p>Implement actions to achieve goals of system level measures (refer System Level Measures Improvement Plan 2017/18)</p>	<p>Amenable mortality rate (annual data update expected in 2018).</p>	<p>B Contributory measures: Breast and cervical screening remain below targets for Maori, Pacific, Asian and under-screened women Projects in place to address (refer SI10 and SI11 performance results). Other contributory measures – management of long term conditions – remains work in progress (also refer PP20). Small increase in rate of enrolled population recorded as accepting smoking cessation service.</p>

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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/Milestones: (i) ≥95% of patients will be admitted, transferred or discharged from the Emergency Department (ED) within six hours (HT) (ii) Standardised acute inpatient ALOS ≤2.45 days Facility improvements completed by 31 March 2018		MoH Assessment (i) PA (ii) PA																																					
Activity	Results	Quarter 2 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	<p>Percentage of patients admitted, transferred or discharged from the ED within 6 hours</p> <table border="1"> <caption>Percentage of patients admitted, transferred or discharged from the ED within 6 hours</caption> <thead> <tr> <th>Quarter</th> <th>Total (%)</th> <th>Māori (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>91.5</td><td>91.5</td><td>95</td></tr> <tr><td>16/17 Q2</td><td>93.5</td><td>93.5</td><td>95</td></tr> <tr><td>16/17 Q3</td><td>91.5</td><td>91.5</td><td>95</td></tr> <tr><td>16/17 Q4</td><td>89.5</td><td>89.5</td><td>95</td></tr> <tr><td>17/18 Q1</td><td>86.5</td><td>86.5</td><td>95</td></tr> <tr><td>17/18 Q2</td><td>88.5</td><td>88.5</td><td>95</td></tr> <tr><td>17/18 Q3</td><td>90.5</td><td>90.5</td><td>95</td></tr> <tr><td>17/18 Q4</td><td>91.5</td><td>91.5</td><td>95</td></tr> </tbody> </table>	Quarter	Total (%)	Māori (%)	Target (%)	16/17 Q1	91.5	91.5	95	16/17 Q2	93.5	93.5	95	16/17 Q3	91.5	91.5	95	16/17 Q4	89.5	89.5	95	17/18 Q1	86.5	86.5	95	17/18 Q2	88.5	88.5	95	17/18 Q3	90.5	90.5	95	17/18 Q4	91.5	91.5	95	P	<p>While neither of the targets were achieved, there were sufficient improvement actions noted this quarter to move assessment rating to “partially achieved.” Of the 10,781 attendances at the ED 9,458 (88%) had shorter stays in ED over the quarter ending December – an improvement relative to previous quarter, but remains well below target.</p> <p>The shorter stays in ED rate for Māori attending the ED increased slightly this quarter; 1,776 (89%) of 1,990 Māori but the rate decreased for Pacific people (although small numbers); 350 (86%) of 406 Pacific people over this quarter.</p> <p>A hospital-wide variance response plan is in place which includes escalation responses. An extension of this to a district-wide response as part of the acute and urgent care strategy is under development. The ‘Medimorph’ project will extend further to ED workstreams. The MoH target champion is expected to visit in mid February.</p>
Quarter	Total (%)	Māori (%)	Target (%)																																				
16/17 Q1	91.5	91.5	95																																				
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Complete delivery of a hospital-wide campaign for the utilisation of escalation plans and variance response protocols to manage surges in ED and hospital capacity by 31 March 2018	<p>Standardised acute average length of stay (DHB of Service)</p> <table border="1"> <caption>Standardised acute average length of stay (ALOS)</caption> <thead> <tr> <th>Quarter</th> <th>Acute ALOS</th> <th>Acute Target</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>2.55</td><td>2.55</td></tr> <tr><td>16/17 Q2</td><td>2.55</td><td>2.55</td></tr> <tr><td>16/17 Q3</td><td>2.55</td><td>2.55</td></tr> <tr><td>16/17 Q4</td><td>2.55</td><td>2.55</td></tr> <tr><td>17/18 Q1</td><td>2.55</td><td>2.55</td></tr> <tr><td>17/18 Q2</td><td>2.74</td><td>2.55</td></tr> <tr><td>17/18 Q3</td><td>2.55</td><td>2.55</td></tr> <tr><td>17/18 Q4</td><td>2.55</td><td>2.55</td></tr> </tbody> </table>	Quarter	Acute ALOS	Acute Target	16/17 Q1	2.55	2.55	16/17 Q2	2.55	2.55	16/17 Q3	2.55	2.55	16/17 Q4	2.55	2.55	17/18 Q1	2.55	2.55	17/18 Q2	2.74	2.55	17/18 Q3	2.55	2.55	17/18 Q4	2.55	2.55	B	<p>Standardised acute ALOS for 12 months ending September 2017: 2.74 against a year end target of 2.55 (data lagged by three months) – a significant increase in acute average length of stay over this period.</p> <p>Work continues with the Francis Health Group to develop and implement the ‘Medimorph’ model. Progress within the four workstreams is supported by a number of initiatives such as patient distribution to enable daily rounding, a dedicated SMO based in MAPU to ensure early assessment, and the introduction of Rapid Access clinics which will see patients referred directly by their GP to an SMO for a specialist assessment.</p>									
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16/17 Q1	2.55	2.55																																					
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17/18 Q3	2.55	2.55																																					
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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	Not yet due. ED escalation protocols and variance response routinely monitored and reported.																																				
Commence establishment of the digital Hospital Operations Centre by 31 October 2017 (*subject to commissioning timeframes for the Clinical Portal and webPAS) with phase one completed by 30 June 2018		P	WebPas and Clinical Portal were implemented December 2017. The digital Hospital Operations Centre is on track to be launched six months after WebPas (June 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)		P	Behind schedule but progressing. An action plan has been developed, with key staff identified and a governance group formed to oversee the work required and progress the action plan.																																				

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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	P	Facility improvements with the renovation of the ED waiting area, triage and sub-acute area commenced in November 2017, with a planned completion date within 7 months. Due to unforeseen circumstances additional preparation work has delayed progress. However, small clinical working parties are in place to introduce new ways of working for each of the areas as they become available. It is anticipated that patient assessment and initial diagnostic testing will be improved with the changes.
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. The department continues to experience difficulties maintaining the improvements previously seen due to the continued increase in high presentation numbers.

Note: Additional information / data request from the Ministry of Health pertaining to ED presentations, capacity and utilisation of acute inpatient services submitted this quarter.

Planning Priority: Improved Access to Elective Surgery																													
Objectives: <ol style="list-style-type: none"> 1) Reduce elective surgery bed day utilisation through planned preparation and earlier mobilisation of patients post-surgery 2) Achieve annual target volume of elective surgery discharges 3) Improve management of referral and treatment pathways for elective surgery 																													
Measures/Milestones: <ol style="list-style-type: none"> (i) Standardised Elective ALOS ≤1.55 days by end June 2018 (OS3) (ii) Standardised intervention rates per 10,000 population: (SI4): major joints (21) cataracts (27) angiography (34.7) revascularization (12.5) cardiac surgery (6.5) (iii) Achieve planned increase of elective and arranged surgical discharges (annual total of 8,103) (HT) (iv) Deliver additional 48 elective discharges for orthopaedic (including major joints) and general surgeries, and up to 6 bariatric surgeries (v) MoH implementation timeframes for national CPAC tools achieved on time (vi) Compliance with all ESPIs within thresholds at end of each quarter (vii) <5% below planned volume of CWD delivered at end of each quarter (Electives initiative) (viii) <20% below planned volume of FSAs delivered at end of each quarter (Ambulatory initiative) 	<table border="1"> <thead> <tr> <th colspan="2">MoH Assessment</th> </tr> </thead> <tbody> <tr> <td>(i)</td> <td>PA</td> </tr> <tr> <td>(ii)</td> <td>A</td> </tr> <tr> <td>(iii)</td> <td>PA</td> </tr> <tr> <td>(iv)</td> <td>PA</td> </tr> <tr> <td>(v)</td> <td>N/a</td> </tr> <tr> <td>(vi)</td> <td>N</td> </tr> <tr> <td>(vii)</td> <td>N/a</td> </tr> <tr> <td>(viii)</td> <td>N/a</td> </tr> </tbody> </table>	MoH Assessment		(i)	PA	(ii)	A	(iii)	PA	(iv)	PA	(v)	N/a	(vi)	N	(vii)	N/a	(viii)	N/a										
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Continue to roll out the Enhanced Recovery After Surgery principles to additional surgical sub-specialties Commence 01 October 2017	Standardised elective average length of stay (DHB of Service) <table border="1"> <caption>Standardised elective average length of stay (DHB of Service)</caption> <thead> <tr> <th>Quarter</th> <th>Elective ALOS</th> <th>Elective Target</th> </tr> </thead> <tbody> <tr> <td>16/17 Q1</td> <td>1.70</td> <td>1.70</td> </tr> <tr> <td>16/17 Q2</td> <td>1.68</td> <td>1.68</td> </tr> <tr> <td>16/17 Q3</td> <td>1.66</td> <td>1.66</td> </tr> <tr> <td>16/17 Q4</td> <td>1.64</td> <td>1.64</td> </tr> <tr> <td>17/18 Q1</td> <td>1.62</td> <td>1.62</td> </tr> <tr> <td>17/18 Q2</td> <td>1.60</td> <td>1.60</td> </tr> <tr> <td>17/18 Q3</td> <td>1.58</td> <td>1.58</td> </tr> <tr> <td>17/18 Q4</td> <td>1.64</td> <td>1.55</td> </tr> </tbody> </table>	Quarter	Elective ALOS	Elective Target	16/17 Q1	1.70	1.70	16/17 Q2	1.68	1.68	16/17 Q3	1.66	1.66	16/17 Q4	1.64	1.64	17/18 Q1	1.62	1.62	17/18 Q2	1.60	1.60	17/18 Q3	1.58	1.58	17/18 Q4	1.64	1.55	
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<p>Implement approved options to maximise theatre capacity, including alternative to manage day case procedures/surgery by 30 June 2018</p>	<p>Standardised intervention rates per 10,000 population</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Cardiac surgery</th> <th>Angiography</th> <th>Angioplasty</th> </tr> </thead> <tbody> <tr> <td>12mths to Jun16</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Sep16</td> <td>~8</td> <td>~40</td> <td>~10</td> </tr> <tr> <td>12mths to Dec16</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Mar17</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Jun17</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Sep17</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> <tr> <td>12mths to Dec17</td> <td>~8</td> <td>~38</td> <td>~10</td> </tr> </tbody> </table>	Period	Cardiac surgery	Angiography	Angioplasty	12mths to Jun16	~8	~38	~10	12mths to Sep16	~8	~40	~10	12mths to Dec16	~8	~38	~10	12mths to Mar17	~8	~38	~10	12mths to Jun17	~8	~38	~10	12mths to Sep17	~8	~38	~10	12mths to Dec17	~8	~38	~10	<p>P Standardised intervention rates all achieved for the 12 month period ending 30 September 2017. Cardiac surgery: 5.83 per 10,000 – a reduction relative to 12 months ending September 2016 with 6 fewer actual discharges over this period, but the rate is not significantly different from national target rate (6.5). Angiography: 37.8 per 10,000 – a slight reduction relative to a year ago with 19 fewer actual discharges, but remains significantly above national target rate (34.7). Angioplasty: 11.36 per 10,000 – a small increase over the 12 months with more actual discharges; the rate is now not significantly different from national target rate (12.5). Pilot projects across the three work streams have commenced as part of the Perioperative Improvement Programme ('Optimise').</p>
Period	Cardiac surgery	Angiography	Angioplasty																															
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<p>Deliver increased health target discharge volumes, bariatric surgery and year 3 of the additional orthopaedic and general surgery initiative by 30 June 2018</p>	<p>Increased volume of elective surgery. Annual target: 8103</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>2017/18 Actual</th> <th>Cumulative Target</th> </tr> </thead> <tbody> <tr> <td>Qtr 1</td> <td>~2000</td> <td>~2000</td> </tr> <tr> <td>Qtr 2</td> <td>~4275</td> <td>~4082</td> </tr> <tr> <td>Qtr 3</td> <td>~4275</td> <td>~6064</td> </tr> <tr> <td>Qtr 4</td> <td>~4275</td> <td>~8103</td> </tr> </tbody> </table>	Quarter	2017/18 Actual	Cumulative Target	Qtr 1	~2000	~2000	Qtr 2	~4275	~4082	Qtr 3	~4275	~6064	Qtr 4	~4275	~8103	<p>P While the Ministry of Health data has recorded the year to date (YTD ending December 2017) result as 97.8% (n. 3,992) of target (4,082), there is data missing for the month of December. This has resulted following the implementation of WebPAS in early December, preventing MDHB from submitting data to the national collections until data integrity and reconciliation processes are complete. Locally held data however, shows the YTD result as exceeding target for the number of discharges for the quarter with 4,275 elective and arranged surgical discharges completed for MidCentral residents against a planned volume of 4,082 discharges; a positive variance of 193 or 105% delivery against target for the quarter. Additional orthopaedics – major joints and other – behind scheduled plan, but additional general surgery slightly ahead of target discharges year to date.</p>																	
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<p>Implement mechanisms to better match demand and capacity to deliver contracted volume of expected specialist assessments and treatment by 30 June 2018</p>	<table border="1"> <thead> <tr> <th>ESPI</th> <th>As at end December '17</th> <th>Completion %</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>23</td> <td>100%</td> </tr> <tr> <td>2</td> <td>50</td> <td>0.9%</td> </tr> <tr> <td>3</td> <td>0</td> <td>0.0%</td> </tr> <tr> <td>5</td> <td>209</td> <td>12.1%</td> </tr> <tr> <td>6</td> <td>96</td> <td>30.8%</td> </tr> <tr> <td>8</td> <td>162</td> <td>100%</td> </tr> </tbody> </table> <p>Report date: 5 February 2018</p>	ESPI	As at end December '17	Completion %	1	23	100%	2	50	0.9%	3	0	0.0%	5	209	12.1%	6	96	30.8%	8	162	100%	<p>B Work has commenced on development of a Capacity/Demand production plan for all surgical specialties. This work has been well received, but progress has been hindered with the organisational rollout of WebPAS. Note the results reported contain an incomplete data set because of not submitting data to national collections from December due to the changeover to webPAS (notwithstanding four months of non compliance for both ESPI 2 and 5 remains true). The Perioperative Improvement programme ('Optimise') is expected to have a positive impact on improving the results for these indicators, and mitigate the risk of financial penalties being applied.</p>											
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Activity	Quarter 2 Progress	
	Status	Comment
Implement the national electronic Clinical Priority Access Criteria tools for each specialty in accordance with timeframes outlined by the MoH	P	On track. MidCentral Health has fully implemented the National Priority Access Criteria tools for Gynaecology, Orthopaedic, Ear Nose and Throat, cataracts and is in the process of trialling the General Surgery tool. The trial will include the test coding of approximately 50 patients across the service. This will then be fully implemented.

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	Use of the CPAC tools is monitored on a regular basis both internally and externally by the Ministry of Health. Generally the use of the tool is being used appropriately however it has been identified that there is a higher than average use of clinical override in a couple of services. This information is sent to the Medical Head for their information and action accordingly.
Reduce ratio of follow up to first assessment attendances in identified medical and surgical specialty services by 30 June 2018	B	Behind schedule – no immediate action plan in place although is subject to discussions with clinical teams. The follow-up situation for the surgical specialties is discussed with the Head of Departments on a monthly basis and is an agenda item for discussion with the team at the monthly departmental meetings. There are plans to commence a clinical review with the clinicians about Models of Care and how integration might help with addressing some of our follow-up issues.
Extend the primary care based orthopaedic FSA clinic for major joints (hips and knees) to include referrals for paediatric orthopaedics, shoulder joints and some urology conditions (from June 2018)	B	Staff within the specialty are still working on the clinical assessment tools that are required before we move forward with other primary care based FSA referral clinics. This is progressing slowly due to other clinical demands staff have which take priority.

Activity	Results	Quarter 2 Progress	
		Status	Confirmation/ Exception report / Remedial action
Consolidate referral and prioritisation guidelines, scheduling and patient focused booking rules into single Gastroenterology Service Operational Policy document	Colonoscopy wait times for quarter ending September 2017: Urgent: 88.9% Non urgent: 94.9% Surveillance: 98.5%	P	On track. Colonoscopy waiting times: Exceeding target for non-urgent diagnostic colonoscopies, with 450 (95%) of 474 patients receiving their colonoscopy within 42 days. Also exceeding target for surveillance colonoscopies with a total of 265 (99%) of 269 patients waiting no longer than 12 weeks beyond the planned date. Small number (16 of 18) for urgent colonoscopies influenced reported rate this quarter.
Sustain robust oversight and management of waiting lists by weekly capacity planning endorsed by the Endoscopy Users Group			

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Planning Priority: Faster Cancer Treatment																																																									
Objective: Improve access, timeliness and quality of cancer services																																																									
Measures/Milestones:		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																																																							
Activity	Results	Quarter 2 Progress																																																							
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Implement cancer nurse coordination for urological cancer and head and neck cancer by 31 December 2017 Maintain regular review systems and oversight of data integrity, including identification and recording of patients referred with a high suspicion of cancer	<p>Percentage of patients receiving their first cancer treatment within 62 days of being referred</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Q1</td><td>86</td><td>86</td></tr> <tr><td>16/17 Q2</td><td>76</td><td>86</td></tr> <tr><td>16/17 Q3</td><td>80</td><td>86</td></tr> <tr><td>16/17 Q4</td><td>88</td><td>86</td></tr> <tr><td>17/18 Q1</td><td>96</td><td>86</td></tr> <tr><td>17/18 Q2</td><td>94</td><td>86</td></tr> <tr><td>17/18 Q3</td><td>90</td><td>86</td></tr> <tr><td>17/18 Q4</td><td>90</td><td>86</td></tr> </tbody> </table> <p>Percentage of patients receiving their first cancer treatment (or other management) within 31 days of decision-to-treat</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>16/17 Qtr1</td><td>86</td><td>86</td></tr> <tr><td>16/17 Qtr2</td><td>88</td><td>86</td></tr> <tr><td>16/17 Qtr3</td><td>86</td><td>86</td></tr> <tr><td>16/17 Qtr4</td><td>92</td><td>86</td></tr> <tr><td>17/18 Qtr1</td><td>88</td><td>86</td></tr> <tr><td>17/18 Qtr2</td><td>86</td><td>86</td></tr> <tr><td>17/18 Qtr3</td><td>86</td><td>86</td></tr> <tr><td>17/18 Qtr4</td><td>86</td><td>86</td></tr> </tbody> </table>	Quarter	Actual (%)	Target (%)	16/17 Q1	86	86	16/17 Q2	76	86	16/17 Q3	80	86	16/17 Q4	88	86	17/18 Q1	96	86	17/18 Q2	94	86	17/18 Q3	90	86	17/18 Q4	90	86	Quarter	Actual (%)	Target (%)	16/17 Qtr1	86	86	16/17 Qtr2	88	86	16/17 Qtr3	86	86	16/17 Qtr4	92	86	17/18 Qtr1	88	86	17/18 Qtr2	86	86	17/18 Qtr3	86	86	17/18 Qtr4	86	86	P	The upgrade of the patient administration system with implementation of WebPAS in early December has necessitated all previous data processing, links and report queries to be rewritten; data submission and reporting for December is therefore delayed. Over this six month period, 96.4% (n.80) of 83 patients received their first treatment within 62 days (national average of 93.2%). Under the new business rules, MidCentral has now achieved the FCT target on a rolling six month and a monthly basis. For the period MDHB excluded 5 patients out of a total of 83 for clinical or patient's choice reasons, in line with the new data definitions. Heat and Neck nurse coordination role in place. The Urology Service Improvement Plan is being implemented which will see the recruitment of a nurse coordinator for urological cancer in the coming months.
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Align new patient appointments with radiotherapy CT appointments centralised to Palmerston North by 31 March 2018		P	First specialist assessments (FSAs) are now centralised to Palmerston North, where patients are suitable, achieving regional equity in access to a FSA and reducing overall wait time from referral to treatment commencing.																																																						
Promote uptake and utilisation of priority cancer pathways to improve the timeliness of referral to specialist services by 30 June 2018		P	Priority cancer pathways have been developed and published for all tumour groups. Good engagement is occurring with primary care including education evenings and specialist nurses visiting General Practice Teams.																																																						

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Work in partnership with Pae Ora Directorate to identify barriers preventing Māori and Pacific peoples benefiting from more coordinated care by 31 December 2017	P Equity indicators, where available, are now included in reporting to the Faster Cancer Treatment Governance Group. Bilingual signage and greetings are being implemented across non-surgical cancer treatment services. The FCT governance group has a working partnership with the local Maori Cancer Advisory Group (Te Hononga) and Pae Ora Directorate. All equity priorities have been assigned to the relevant group to lead and these are monitored monthly. Te Hononga's work plan includes hosting a Demystifying Cancer Tour in 2018, with a focus on urology services, looking specifically at a distress tool for Maori patients with urological cancer and establishing a Facebook page for Maori with cancer and their whanau.
Commence implementation of service development activities in two priority areas to address barriers by 31 March 2018	P The Urology Service Improvement project continues to track to plan. A prospective tracking team is now established and consists of a weekly meeting for all staff coordinating care for cancer patients, including inpatient Charge Nurses. A project will commence in early 2018 to establish a pathway for cancer of unknown primary/acute oncology.

Planning Priority: Mental Health														
Objectives: <ol style="list-style-type: none"> 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/Milestones <ol style="list-style-type: none"> (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 	MoH Assessment <table border="1" style="width: 100%;"> <tr> <td>(i)</td> <td>A</td> </tr> <tr> <td>(ii)</td> <td>N/a</td> </tr> <tr> <td>(iii)</td> <td>PA</td> </tr> <tr> <td>(iv)</td> <td>A</td> </tr> <tr> <td>(v)</td> <td>N/a</td> </tr> <tr> <td>(vi)</td> <td>N/a</td> </tr> </table>		(i)	A	(ii)	N/a	(iii)	PA	(iv)	A	(v)	N/a	(vi)	N/a
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Implement the national training programme for "personal restraint" across the service	95% of all Ward 21 clinical staff and 75 % of STAR 1 have completed the training along with all MDHB security staff.	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #0056b3; color: white;">C</td> <td>As reported last quarter, the programme is now established as business as usual training and the 2018 calendar is set. Four types of training are being provided depending on clinical practice setting and/or based on individual need. Staff working within a community setting are scheduled to have training during quarter three and four.</td> </tr> </table>	C	As reported last quarter, the programme is now established as business as usual training and the 2018 calendar is set. Four types of training are being provided depending on clinical practice setting and/or based on individual need. Staff working within a community setting are scheduled to have training during quarter three and four.										
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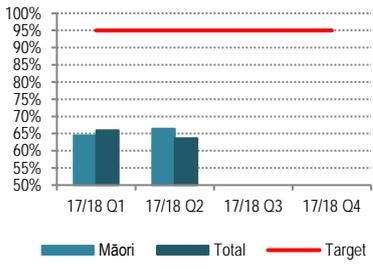
<p>Develop a consistent referral management system across all community teams – monitor and ensure referrals for Māori are prioritised</p>		<p>P Mental Health services (0 – 19 years): A new Intake process within CAFS is in place. Eight week waiting time targets for non-urgent referrals of young people being met for both Maori and non-Maori; three week target being met for non-Maori and although improved, was just under target for Maori for the 12 month period ending September 2017. (Targets being met for all age groups and ethnicities however)</p> <p>Currently Maori clients are being largely provided for by mainstream CAFS due to ongoing recruitment in Oranga Hinengaro (Kaupapa Maori Mental Health team) to fill vacancies (we have had over 180 referrals for Maori since July) not all of these referrals were appropriate for ongoing intervention.</p> <p>AOD services (0 – 19 years): predominantly NGO providers – three week waiting time not met for 11 Maori and 10 non Maori clients but 99% of the 100 new client referrals were seen within 8 weeks.</p>																																		
<p>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>	<table border="1"> <thead> <tr> <th rowspan="2">MH Services (DHB provider)</th> <th colspan="3">All Ages</th> </tr> <tr> <th colspan="3">12mths to 30 September 2017</th> </tr> <tr> <th></th> <th>Maori</th> <th>Non Maori</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>80% ≤ 3 weeks</td> <td>83.5%</td> <td>89.8%</td> <td>88.6%</td> </tr> <tr> <td>95% ≤ 8 weeks</td> <td>95.3%</td> <td>97.2%</td> <td>96.8%</td> </tr> </tbody> </table>	MH Services (DHB provider)	All Ages			12mths to 30 September 2017				Maori	Non Maori	Total	80% ≤ 3 weeks	83.5%	89.8%	88.6%	95% ≤ 8 weeks	95.3%	97.2%	96.8%	<p>P Targets for the proportion of the population seen by the service for all age groups over the 12 month period ending September 2017 are on track for achieving target by year end (already achieved/exceeded for total population groups)</p> <p>Horowhenua and Feilding projects: Due to changes within the management structure of Te Ara Rau, proposed deadline of being situated within identified pilot practice was unable to be met by milestone date.</p> <p>Remedial action: Arrangements have been confirmed via General Manager of HCP in terms of expectations and requirements. Meeting has been arranged to introduce Matanga Whai Ora to the team at HCP on 1 February 2018, with expectation that following this the Matanga Whai Ora will then begin delivering services out of HCP initially for 3 days a week (exact date yet to be confirmed). Service Level Agreement to be formalised.</p> <p>Tararua project: Currently within timeframe - Meetings have been arranged to confirm all requirements /expectations of having a Matanga Whai Ora placed within the practice. Once this has been completed a service level agreement will be developed and an additional meeting will be arranged for the introduction of the Matanga Whai Ora to the practice.</p>															
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<p>Establish a new co-designed integrated primary mental health care model, with phased pilot projects implemented at Horowhenua Community Practice by 30 September 2017 Feilding IFHC by 31 December 2017 Tararua Health Group by 31 March 2017</p>	<p>Proportion of population seen by MHA services: 12 months ending September 2017</p> <table border="1"> <thead> <tr> <th rowspan="2">Age group</th> <th colspan="2">Maori</th> <th colspan="2">Other</th> <th colspan="2">Total</th> </tr> <tr> <th>Target</th> <th>Actual</th> <th>Target</th> <th>Actual</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>0-19 yrs</td> <td>≥4.3%</td> <td>4.23% n.648</td> <td>-</td> <td>4.72% n.1483</td> <td>≥4.6%</td> <td>4.60% n.2131</td> </tr> <tr> <td>20-64 yrs</td> <td>≥8.0%</td> <td>8.67% n.1528</td> <td>-</td> <td>4.45% n.3548</td> <td>≥5.0%</td> <td>5.24% n.5076</td> </tr> <tr> <td>65+ yrs</td> <td>≥1.5%</td> <td>1.84% n.38</td> <td>-</td> <td>1.83% n.535</td> <td>≥1.5%</td> <td>1.83% n.573</td> </tr> </tbody> </table>	Age group	Maori		Other		Total		Target	Actual	Target	Actual	Target	Actual	0-19 yrs	≥4.3%	4.23% n.648	-	4.72% n.1483	≥4.6%	4.60% n.2131	20-64 yrs	≥8.0%	8.67% n.1528	-	4.45% n.3548	≥5.0%	5.24% n.5076	65+ yrs	≥1.5%	1.84% n.38	-	1.83% n.535	≥1.5%	1.83% n.573	<p>P Targets for the proportion of the population seen by the service for all age groups over the 12 month period ending September 2017 are on track for achieving target by year end (already achieved/exceeded for total population groups)</p> <p>Horowhenua and Feilding projects: Due to changes within the management structure of Te Ara Rau, proposed deadline of being situated within identified pilot practice was unable to be met by milestone date.</p> <p>Remedial action: Arrangements have been confirmed via General Manager of HCP in terms of expectations and requirements. Meeting has been arranged to introduce Matanga Whai Ora to the team at HCP on 1 February 2018, with expectation that following this the Matanga Whai Ora will then begin delivering services out of HCP initially for 3 days a week (exact date yet to be confirmed). Service Level Agreement to be formalised.</p> <p>Tararua project: Currently within timeframe - Meetings have been arranged to confirm all requirements /expectations of having a Matanga Whai Ora placed within the practice. Once this has been completed a service level agreement will be developed and an additional meeting will be arranged for the introduction of the Matanga Whai Ora to the practice.</p>
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<p>Improving mental health services using wellness and transition (discharge) planning</p>	<p>Target: At least 95% of all clients discharged will have a quality transition or wellness plan. For 12 months ending September 2017:</p> 	<p>B Transition plans: A small decrease in overall percentage of clients with a transition plan from 66% down to 63.6% this quarter. Work continues on improving this percentage. The interface between Primary Care NGOs and secondary services will also be a focus in 2018.</p> <p>Wellness plans: A small increase in overall percentage of long term clients with a wellness plan (66%); an almost 8% increase for Maori clients has had the largest impact on overall results</p> <p>Quality of plans: 62 plans audited this quarter. Both CAFS and the EIS/IRTS services utilise the MoH template for transition plans and as such, the percentage of plans of an acceptable standard is high. Work is underway to roll out this template to other MHAS sites in early 2018 with a full roll out by mid-2018 and for regular auditing to be added to the monthly clinical audits carried out by community teams.</p> <p>Community Team Clinical Audits currently review the presence of Wellness plans. A working group has been established to agree on an 'acceptable standard' for wellness plans for future auditing and reporting.</p>
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Activity	Quarter 2 Progress	
	Status	Comment
Create environmental change to better support alternatives to the use of seclusion - de-escalation space added to inpatient unit by 31 December 2017	P	A proposal has been submitted to refurbish an area in the high needs unit to a multipurpose/de-escalation area. Sensory modulation equipment purchased.
Present options for the redesign or rebuild of the acute mental health inpatient unit for approval to prepare a business case based on preferred option by 30 September 2017	P	Ward options paper submitted to the MidCentral Quality Excellence Advisory Group in November 2017. Board approved options paper and Destravis group have been employed to write the business case which is to be presented in March 2018.
Establish "One Team Network", including mapped service directory and access information by 30 September 2017	C	Unison 'One team' Network is established. An integrated Mental Health and Addictions services mapping directory which lists all funded services is complete and is available on the Mental Health and Addiction Service webpage. The mapping directory aims to provide consistent information to all providers and stakeholders about available services and how to access them. Over 200 copies have been distributed with positive feedback from general practitioners, intersectoral agencies, and other services. The network includes representatives from NZ Police, Corrections, Ministry for Social Development, Work & Income, Central PHO, NGOs, Public Health, Palmerston North City Council, Iwi & Pasifika groups, Ministry for Children
Complete design and implementation of One Team Network website by 31 March 2018	C	Design and implementation completed.
By 30 June 2018, establish systems with the "One Team Network" for the collation of information to monitor and report on access rates to a range of services for priority groups	P	Team continues to develop and build trust. Trialing multi-agency forms with lead agency. In February 2018, data sharing between the New Zealand Police, Corrections and Tertiary agencies will begin.
Establish collaborative approach between child health and mental health service to increase early access to the assessment and treatment of children with learning and behaviour difficulties - Confirm capacity requirements by 31 December 2017	P	A joint referral group between Paediatrics, the Child Development Service and CAFS has been established. This group meets on a weekly basis to discuss referrals that have often been received individually by these groups. 2018 will see one of the local NGOs joining this group to further enhance its effectiveness. A proposal is being developed to create an integrated child hub partnering between Mental Health, Paediatrics, and Child Development. This 'Hub' previously titled 'Turbokidz' will create a 'one stop shop' approach and integrated service to all referrals for children up to 12 years of age.

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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	P	The pathways remain active in the Map of Medicine® for primary care and GP teams to access. All pathways will continue to be reviewed and updated as necessary. The older behaviour related pathways are no longer active pieces of work but rather available as business as usual for referrers to check to when they have children present in their practices. The newest pathway 'Learning Cognition and Communication' will continue to be promoted as the service becomes established over the next 12 months, although this is on hold until decisions regarding the Map of Medicine tool (or alternative pathway tool) are made.
Joint review of the Shared Care Programme conducted by nominated clinical leads (PHO and specialist) with audits completed by 30 September 2017	C	Joint review of Shared Care Programme is complete. 'Te Ara Rau' model was launched in August 2017.
By 30 September 2017, establish baseline of clients on Shared Care Programme that are seen by GPT for their physical health care needs within the last 12 months	C	Baseline of shared care programme that are seen by GPT is completed.
Identify and configure integrated rural community care teams Manawatu and Tararua by 31 December 2017 Horowhenua by 30 June 2018	P	Horowhenua community mental health team is fully integrated with the inclusion of CAFs clinicians within the service. Tararua community mental health team is currently working with CAFS towards having a clinician based out of this site. An AOD clinician works out of Tararua four days per week with Early Intervention clinicians brought in to support as required. The ability for Tararua to accommodate more clinicians on site may increase when the community rural team moves to larger premises.
Deliver improvement actions identified for 'Rising to the Challenge: The Mental Health and Addictions Service Development Plan' for: i. Primary mental health ii. Suicide Action Plan iii. Crisis response iv. Outcomes for children v. Employment & physical health	P	<ul style="list-style-type: none"> • Primary mental health on track. While the number of referrals decreased slightly during quarter two due to the Christmas/New Year period, attendance numbers were consistent across the programmes, with an even gender mix. Two new Matanga Whai Ora's have commenced, providing access to Package of Care for the Horowhenua district. • Suicide pre- and postvention implementation on track; a Local Response Team (LRT) has been established in the Tararua district, suicide prevention and postvention training was delivered to tertiary education providers this quarter; and a number of community-led workshops, and gatherings were held to create inclusivity for sexual and gender diverse people, support refugees with mental health issues, and promotion of mental health and wellbeing at the MDHB staff expo and Hauora Unleashed (a community expo) • MidCentral DHB is proposed to become a pilot site for a jointly funded project locating Mental Health Crisis Teams, Police and St John Ambulance Service to provide collaborative first line response to crisis. Analysis of information has identified the High End Mental Health Service (HEMHS) users – work will commence in early 2018 to correlate this data with Police data to identify common HEMHS users and develop strategies to jointly support these users more effectively through better coordinated service provision • A 'Service Toolkit' (both clinical and community for Parents and Children) has been completed and will be launched on 1st March 2018. All Mental Health and Addiction staff will receive training on Supporting Parents, Healthy Children that will be implemented in 2018. • Refer 'shared care programme' above for improvement actions.

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Planning Priority: Disability Support Services		
Objective: Support people with a disability when they interact with hospital-based services		
Measures/Milestones: Delivery of response actions agreed in Annual Plan (PP38, section 2)		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
Staged implementation of the Disability Awareness Online course for all staff by 31 March 2018	P	Not yet due. Waiting for access to the Ko Awatea online system whilst other modules are loaded.
Develop process for and implement the use of the internationally recognised hearing impaired signage for all inpatient areas by 31 December 2017	P	On track. Consultation with all inpatient areas has been completed. Appropriate signage has been agreed and this will be ordered and in place by late December
Implement the use of video interpreting for sign language as an alternative to an on-site interpretation service by 30 June 2018	P	On track. Implemented in ED and Ambulatory Care and awaiting feedback on outcome prior to wider implementation.

Planning Priority: Healthy Ageing		
Objective: <ol style="list-style-type: none"> 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/Milestones: 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		MoH Assessment
		A
Activity	Quarter 2 Progress	
	Status	Comment
By 30 June 2018, align HCSS contracts with new caregiver training and activity, subject to national leadership	P	Underway. RFP for HCSS on GETS November 2017. Pay Equity implementation July 2017. National model of work for HCSS initiated mid-2017, further work and analysis of community models underway by Ministry and DHBs.
Identify options for the delivery of physical activity programmes / medication support and other ancillary services by caregivers, by 30 June 2018	P	Pre work in this area underway with local falls and fracture pathway, community activity programmes through a contracted provider to ACC, (Sport Manawatu), collaborative activity between Sport Manawatu & MDHB (recruitment) occurring, Contract for strength and balance exercises in development. Partners being lined up for co-design work with HCSS such as Manawanui, and Ministry representation from the under 65 services along with anticipated successful RFP suppliers.
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.

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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. As previously reported - Palliative care nurse recruited into a scholarship role for two years. Project is “Increasing the awareness of ACP in the Maori Community focused on the tool He Waka Kakarauri. Discussions occurred with CEO for Best Care Whakapai and Te Tihi o Ruahine Whanau Ora Alliance to progress, liaisons occurred with Kaumatua service facilitator and Maori Cancer Coordinator. Manawhenua Hauora endorsed tool for use. Between June/Sept 2017, total of 59 people attended education from a range of Maori Providers.
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. Contract with MDHB by December ready for signing.
Subject to funding, implement the community-based Improving Falls and Fracture Service Outcomes for Older People, Prevention and Rehabilitation Programme, by 31 March 2018	P	On track. Contract with Central PHO about to be finalised, with implementation set up activity occurring as at December, 2017. Service start date 1 February 2018.
Develop, implement and evaluate a community based rehabilitation model to support the early discharge for target group of older patients living in the Horowhenua district (evaluation completed by 30 June 2018)	P	Regular planning via the Provider arm is underway, with several users pathways completed prior to December 2017, good feedback from consumers. Limited numbers presenting for eligibility to date.
Work in partnership with the Ministry of Health on implementation of the regularisation and to identify training requirements for kaiāwhina workforce	C	Completed and as previously reported, this occurred prior to July 2017.

Activity	Results	Quarter 2 Progress									
		Status	Comment								
Report on progress in delivering Fracture Liaison service	Number of people seen with assessments completed by the Fracture Liaison Service or similar fracture prevention service <table border="1" data-bbox="443 1429 762 1568"> <thead> <tr> <th>Age group</th> <th>Qtr 2</th> </tr> </thead> <tbody> <tr> <td>50 - 64 years</td> <td>9</td> </tr> <tr> <td>65+ years</td> <td>26</td> </tr> <tr> <td>Total</td> <td>35</td> </tr> </tbody> </table>	Age group	Qtr 2	50 - 64 years	9	65+ years	26	Total	35	P	On track. Referrals continue to be predominantly from hospital based services, followed by the Accident & Medical centres and one IFHC. Treatment interventions include education and information, bone care plans, and PHARMAC subsidised medications.
Age group	Qtr 2										
50 - 64 years	9										
65+ years	26										
Total	35										

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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/Milestones: 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
Activity	Quarter 2 Progress	
	Status	Comment
Establish Consumer Council by 30 September 2017 Develop and agree training requirements, operating frameworks and guidance material to support Consumer Council by 31 December 2017	P	On track. Consumer Council established and underway, and supporting frameworks being developed.
Implement the medication on discharge pack developed as part of the Partners in Care programme by 31 December 2017	P	On track. Medication on discharge resources are well progressed. Patient Safety Week, November 6-10 th had a strong focus on medicines information and understanding for patients and families.
Finalise and promote toolkit for collection and presentation of patient stories to governance groups by 31 March 2018	C	Completed.
Deliver targeted communication skills seminars each quarter (one seminar each quarter)	C	A series of four communication training sessions have been held in the 2017 calendar year. These sessions have been implemented as one strategy to improve our Patient Experience Survey results and reduce the number of complaints received.
Implement and promote patients' use of the primary care survey tool each quarter	P	Seven General Practice Teams (GPTs) invited enrolled patients to participate in the primary care patient experience survey during November (a significant increase from one GPT in quarter one). Results not yet available for the survey held in early November at the time of writing.

Planning Priority: Living Within Our Means		
Objective: Improve the DHB's financial performance		
Measures/Milestones: Financial performance monitoring each month Agreed financial (budget) templates delivered Business Improvement Programme project milestones achieved on time and on budget		
Activity	Quarter 2 Progress	
	Status	Comment
Address identified structural inefficiencies	P	Progressing with the predominant area of focus being workforce configurations, as planning and budgeting for the 2018/19 year progresses.
Implement tactical management of costs through identified projects as part of the Business Improvement Programme	P	Q2 performance was \$201k actual savings against target savings of \$237k – 85%. This quarter had two new projects phased compared to six for Q1. Q3 and Q4 will see an increased level of activity occurring. Due to the project lifecycle of current phased projects, some variation is to be expected. All actions are being taken to ensure savings are achieved in an effective and sustainable manner to help deliver the planned budget result for 2017-2018 as well as longer term financial sustainability.
Support development of cost-effective models of care with robust financial analysis and planning in partnership with newly created cluster groups as they are established	n/a	Clusters not yet established. Two Operations Executive roles have been appointed to during quarter two. Recruitment to the remaining leadership positions is in progress. Scoping of requirements for financial analysis and planning will then follow with regard to models of care developed over time.

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Planning Priority: Delivery of Regional Service Plan (RSP)		
Objective: Contribute to the delivery of Central Region's Regional Service Plan		
Measures/Milestones: Delivery of Regional Service Plans (SI2)		MoH Assessment
		PA
Activity	Quarter 2 Progress	
	Status	Comment
Establish interventional cardiology service	P	Central TAS continues to support Central Region DHBs in the development of percutaneous coronary intervention business cases. MidCentral DHB Board approved the development of a more detailed business case during quarter two. The Cardiac Network intends setting up a clinical governance group during quarter three to guide the development of these services within the Central Region.
Complete Priority Cancer Pathways project	P	The priority cancer pathways programme in the upper sub-region will be evaluated in quarter three; Central Cancer Network is working with both sub-regional teams to transition the cancer work across to business as usual.
Publish and utilise Hepatitis C virus pathways	P	Hepatitis C virus pathway was published in February 2017. Provision of community-based ongoing, education and support to needle exchanges, alcohol and drug services and other community social service agencies is occurring. Systems for reporting have been developed and are being fine-tuned to meet each of the sub-regions' requirements.

Planning Priority: Local and Regional Enablers - Information Technology and Workforce		
Objectives: <ol style="list-style-type: none"> 1) Improve access to secure, up to date clinical information and work toward DHB's contribution to the national Digital Hospital 2020 Strategy 2) Regularise and improve the training of the kaiāwhina workforce in home and community support services 3) Develop the organisation's workforce capability and capacity 4) Contribute to Central Region's workforce planning and development programme 		
Measures/Milestones: <p>Quarterly progress report on delivery of RSP implementation (SI2) via Central TAS (RHIP and Regional Workforce programmes)</p> <p>Report six monthly on progress against key milestones as set out in the roadmap detailed in the Organisational Development Plan</p> <p>Local 'go-live' dates achieved: Clinical Portal – 31 July 2017, Regional radiology Information System – 30 August 2017, WebPAS and RADA by 30 September 2017</p>		MoH Assessment
		A
Activity	Quarter 2 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.
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)	B	Subject to regional and national timeframe for IT involvement; the timetable for the roll-out of the NBSP has been revised to enable more time to develop the National Screening Solution (NSS) technology required to run it. The NSS is planned to be ready for initial deployment by March 2019, with MidCentral being tagged as one of two potential DHBs to roll-out bowel screening by 30 June 2019 using the NSS (to be confirmed)
Implement year one of the DHB's Organisational Development Plan (ODP)	P	On track. Separately reported to Board.
Work regionally to provide further opportunities for greater collaboration and continue to participate and support the workforce initiatives contained in the Regional Service Plan.	P	Most workforce initiatives continue to track along as planned. Recruitment and retention of midwifery staff remains a significant issue in the Central Region. Funding for Complex Care and other midwifery courses is available for 2018 and an opportunity exists for a Tertiary Education Provider to target Māori specifically, by tailoring the current midwifery programme.

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Non-financial performance measures – Data quality					
Measures				MoH Assessment	
(i) New NHI registration in error (causing duplication) Recording of non-specific ethnicity in new NHI registration Update of specific ethnicity value in existing NHI record with a non-specific value				(i) A	
(ii) NBRIS collection has accurate dates and links to NNPAAC and NMDS National Collections file load success (PRIMHD, NMDS, NNPAAC, NBRIS) Assessment of data reported to the National Minimum Data Set (NMDS) Timeliness of National Non Admitted Patient data (NNPAAC)				(ii) A	
(iii) PRIMHD data quality audits and corrective actions				(iii) A	
Objective	Results			Q2 Progress - Comments	
OS10: Improving the quality of identity data within the National Health Index and event data submitted to National Collections Systems	Q2			i. NHI registration in error: Two of the three indicators received an 'outstanding' rating with 0% registrations with non-specific ethnicity and ethnicity updates. However, NHI registrations causing duplication was not achieved this quarter. Two of these duplicates were by the same person and were around doing searches incorrectly. Extra training advice was given. The Data Quality and Health Information team is continuing to follow up with advice and support to staff to enable them to keep NHI duplication to a minimum. ii. NBRIS data collection: Links and dates to NBRIS were influenced by the NNPAAC collection. NNPAAC production has shifted to a new system (from CostPro DW to CostPro BI) which occurred in October 2017 and the error rates are successively reducing from the data submitted from CostPro BI in mid-October. The result is only 1% below an Achieved rating and is expected to progressively improve. iii. PRIMHD data quality audits: Data quality audits of PRIMHD have not been able to be completed during quarter two following the implementation of WebPAS. Data migration and file loads for PRIMHD are currently being tested with the upgrade to the new system. This has resulted in the need to prioritise resources to track and map the data collection, not only to meet compliance requirements, but also to validate the integrity and redevelop the subsequent reporting of data that can then be used for auditing (notwithstanding the current testing phase which is in part an audit process).	
	i	NHI duplicates in error	5.68%		N
		NHI non-specific ethnicity	0.0%		O
		Ethnicity updates	0.0%		O
	ii	NBRIS matches	96.00%		P
		NCS file load success	96.10%		P
		Data reported to NMDS	86.21%		A
		NNPAAC timeliness	99.76%		O
	iii	PRIMHD data quality audit	-		A
	P = Partially achieved		N = Not achieved		
A = Achieved		O = Outstanding			

Non financial performance measures – Mental Health and Addiction Service Output Delivery				
Measures: Volume delivery for specialist Mental Health and Addiction services are within:				MoH Assessment
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 c) actual expenditure on the delivery of programme or places is within 5% (+/-) of the year to date plan				A
Objective	Results			Q2 Progress - Comments
OP1: Output delivery against plan – Mental Health and Addictions	Purchase unit	Q2 Plan	Q2 Actual	% Delivery
	Acute bed days	1679	1567	93.3%
	Intensive bed days	529	470	88.8%
	FTEs	153	154	100.7%
Output delivery substantially in line with planned purchase levels; although improved, occupancy rate of acute bed days remains above the desirable 85% goal by 140 bed days this quarter; intensive care beds within tolerance level.				

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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																								
Objective	Results	Q2 Progress - Comments																									
Before school check funding		Achieved (exceeded) quarterly target for the eligible population, including those identified as high deprivation. A total of 477 B4 School Checks were completed this quarter, bringing the YTD result to 1,036 children (52%) against a target of 1,000 children (50%).																									
Well Child Tamariki Ora	<table border="1"> <thead> <tr> <th></th> <th>2016/17</th> <th>2017/18</th> <th>Core contacts during quarter</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>1,539</td> <td>1,575</td> <td>468</td> </tr> <tr> <td>Q2</td> <td>1,546</td> <td>1,600</td> <td>489</td> </tr> <tr> <td>Q3</td> <td>1,554</td> <td></td> <td></td> </tr> <tr> <td>Q4</td> <td>1,586</td> <td></td> <td></td> </tr> </tbody> </table>		2016/17	2017/18	Core contacts during quarter	Q1	1,539	1,575	468	Q2	1,546	1,600	489	Q3	1,554			Q4	1,586			Steady increase in volume over the past 12 months has continued into the second quarter with an increase of 89 children enrolled at the end of quarter two.					
	2016/17	2017/18	Core contacts during quarter																								
Q1	1,539	1,575	468																								
Q2	1,546	1,600	489																								
Q3	1,554																										
Q4	1,586																										
Immunisation Coordination Service	Confirmation statement that service is in accordance with CFA Variation Agreement.	Meeting expectations.																									
National Immunisation Register (NIR) Ongoing Administration Services	Confirmation statement that service is in accordance with CFA Variation Agreement.	Meeting expectations.																									
Appoint Cancer Nurse Coordinators	Confirmation statement that service is in accordance with CFA Variation Agreement.	Meeting expectations.																									
Disability Support Services Funding Increase	<table border="1"> <thead> <tr> <th>DSS: 2017/18 Q2</th> <th>Volume</th> </tr> </thead> <tbody> <tr> <td>Number accessing inpatient service over the quarter</td> <td>N/A</td> </tr> <tr> <td>Average number on wait list at end of each month</td> <td>N/A</td> </tr> <tr> <td>ALOS</td> <td>N/A</td> </tr> <tr> <td>Outpatient attendances</td> <td>N/A</td> </tr> <tr> <td>Number of outpatients</td> <td>N/A</td> </tr> <tr> <td>Domiciliary / community visits</td> <td>N/A</td> </tr> <tr> <td>Ave days between referral and first community contact</td> <td>N/A</td> </tr> </tbody> </table>	DSS: 2017/18 Q2	Volume	Number accessing inpatient service over the quarter	N/A	Average number on wait list at end of each month	N/A	ALOS	N/A	Outpatient attendances	N/A	Number of outpatients	N/A	Domiciliary / community visits	N/A	Ave days between referral and first community contact	N/A	Refers to disability support service purchase units delivered for the under 65 age group. Due to the major upgrade of the core patient administration system in December 2017, data for reporting requirements is not available at the time of writing this report. Data queries and report extracts are currently being rewritten as a result of the change. Updated data will be submitted to the Ministry of Health as soon as it is available, duly reconciled and checked for completeness and accuracy.									
DSS: 2017/18 Q2	Volume																										
Number accessing inpatient service over the quarter	N/A																										
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Electives Initiative and Ambulatory Initiative Variation	<table border="1"> <thead> <tr> <th>2017/18 Q2 YTD</th> <th>% delivery of YTD plan</th> <th>YTD target</th> </tr> </thead> <tbody> <tr> <td>CWDs</td> <td>45.9%</td> <td>9,274.8</td> </tr> <tr> <td>FSAs</td> <td>44.5%</td> <td>22,080</td> </tr> <tr> <td>NAPs</td> <td>74.8%</td> <td>3,865</td> </tr> <tr> <td>Cmty Tests</td> <td>57.9%</td> <td>17,447</td> </tr> <tr> <td>ESPI waiting times *</td> <td>>4 months</td> <td>Number outside wait times</td> </tr> <tr> <td>ESPI 2 status</td> <td>0.9%</td> <td>50</td> </tr> <tr> <td>ESPI 5 status</td> <td>12.1%</td> <td>209</td> </tr> </tbody> </table> <p>* as at end December 2017, report date 5 February 2018</p>	2017/18 Q2 YTD	% delivery of YTD plan	YTD target	CWDs	45.9%	9,274.8	FSAs	44.5%	22,080	NAPs	74.8%	3,865	Cmty Tests	57.9%	17,447	ESPI waiting times *	>4 months	Number outside wait times	ESPI 2 status	0.9%	50	ESPI 5 status	12.1%	209	<p>The upgrade of MidCentral's core patient administration system has had an impact on both business process data collection and submissions to the national collections. The current view of the year to date result using the NMDS NNPAC and NBRs shows a significant drop in volumes for both Case Weighted Discharges (CWDs) and First Specialist Assessments (FSAs) in the month of December, when the upgrade to WebPAS occurred (no data was submitted for this month). Local data shows a better result albeit still below target volumes year to date (at -108.1 CWDs variance to plan). Work continues to rectify the data processing and related issues as WebPAS is embedded. File loads for NNPAC are expected to recommence imminently.</p> <p>Activities undertaken to continue to address the shortfalls in delivery of target volumes include:</p> <ul style="list-style-type: none"> additional FSA clinics being planned and undertaken – particularly for neurology, rheumatology and general surgery specialities 	
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		<ul style="list-style-type: none"> • additional day case surgeries for ophthalmology, general surgery and ENT are being conducted with leased space at CREST hospital (with our MidCentral consultants undertaking two four-hour sessions per week) – this due to commence at the end of January • The 'Optimise' perioperative improvement programme continues to be implemented with work streams focusing on optimising theatre throughput and scheduling (including all-day sessions).
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Non financial performance measures – Policy Priorities																							
Measures:	MoH Assessment																						
(i) Reduce the rate of Maori under the Mental Health Act (s29) by at least 10% by the end of June 2018 (PP36)	(i)	PA																					
(ii) 60 percent of babies are exclusively or fully breastfed at three months	(ii)	N/a																					
(iii)(a) ≥8 percent of potentially eligible stroke patients thrombolysed 24/7 (PP20, Focus Area 5)	(iii)(a)	A																					
80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway (PP20, Focus Area 5)	(iii)(b)	PA																					
80 percent of patient admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission (PP20, Focus Area 5)	(iii)(c)	PA																					
(iii)(b) 90 percent of eligible enrolled population in the PHO have had a cardiovascular risk assessment within the last five years (PP20, Focus Area 3)	(iv)	A																					
≥67 percent of eligible Maori men in the PHO aged 35-44 years have had their cardiovascular risk assessed in the last five years (PP20, Focus Area 3)																							
(iii)(c) ≥70 percent of high risk patients will receive an angiogram within 3 days of admission (PP20, Focus Area 4)																							
>95 percent of patients presenting with acute coronary syndrome (ACS) who undergo coronary angiography have completion of ANZACS-QI ACS and Cath/PCI registry data collection within 30 days (PP20, Focus Area 4)																							
(iv) Activities to support delivery of the New Zealand Health Strategy (HS)																							
Objective	Results	Q2 Progress - Comments																					
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	<table border="1"> <thead> <tr> <th>2017/18 Results</th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td># Maori under CTOs</td> <td>71</td> <td>76</td> </tr> <tr> <td># Maori population</td> <td>35,020</td> <td>35,020</td> </tr> <tr> <td>Rate per 100,000</td> <td>203</td> <td>217</td> </tr> <tr> <td># non-Maori under CTOs</td> <td>129</td> <td>134</td> </tr> <tr> <td># non-Maori population</td> <td>139,980</td> <td>139,980</td> </tr> <tr> <td>Rate per 100,000</td> <td>92</td> <td>96</td> </tr> </tbody> </table> <p>*Q2 data is for the period 1 October 2016 – 30 September 2017</p>	2017/18 Results	Q1	Q2	# Maori under CTOs	71	76	# Maori population	35,020	35,020	Rate per 100,000	203	217	# non-Maori under CTOs	129	134	# non-Maori population	139,980	139,980	Rate per 100,000	92	96	Results reported for the 12 month period ending 30 September 2017 show a small increase in the rate per 100,000 of Māori under Community Treatment Orders relative to previous quarter (203) but remained below the national average (294). On review of admissions to the inpatient unit, one contributing influence to use of the Mental Health Act is a background of alcohol and drug use. The rate of utilisation of the Mental Health Act continues to be closely monitored.
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PP20: Improved management for long term conditions Focus Area II: Diabetes Services Focus Area III: Cardiovascular (CVD) health Focus Area IV: Acute Heart Service Focus Area V: Stroke Services	<table border="1"> <thead> <tr> <th>2017/18 Measures</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>≥8% eligible stroke thrombolysed</td> <td>8.0%</td> </tr> <tr> <td>≥80% acute stroke service admissions</td> <td>83%</td> </tr> <tr> <td>90% CVD risk assessments</td> <td>89%</td> </tr> <tr> <td>90% CVD risk assessments – Māori male 35-44yr</td> <td>68.8%</td> </tr> <tr> <td>≥70% angiogram within 3 days</td> <td>67.5%</td> </tr> <tr> <td>95% ANZACS-QI data collection</td> <td>100%</td> </tr> <tr> <td>≥75% HbA1c <64mmol/mol</td> <td>60.7%</td> </tr> </tbody> </table> <p>* Stroke data is lagged by 3 months</p>	2017/18 Measures	Q2	≥8% eligible stroke thrombolysed	8.0%	≥80% acute stroke service admissions	83%	90% CVD risk assessments	89%	90% CVD risk assessments – Māori male 35-44yr	68.8%	≥70% angiogram within 3 days	67.5%	95% ANZACS-QI data collection	100%	≥75% HbA1c <64mmol/mol	60.7%	ii). Diabetes – HbA1c: Target not achieved this quarter. A number of initiatives are focused on improving this rate, including advancing multi-disciplinary collaborative triaging and consultations as well as implementing the recommendations from the Diabetes Configuration Project. iii). Cardiovascular (CVD) health: Slight decrease in results this quarter; remaining just below the target. For this period, 44,727 (89%) of the total enrolled eligible population group (n.50, 250) have had their cardiovascular disease risk assessed in the last five years. For younger Māori men, the result has improved by 4.3 percentage points. Outreach clinics, including after hours and rural centres, and on-site visits to workplaces such as shearing gangs, meat works and market gardens contributing to improved result for target population. iv). Acute heart health: Decrease in result to 67.5% of high risk patients receiving an angiogram within three days of admission. Delays in access to angiogram are due to waiting times for transfer to referral centre and delays in access to a diagnostic angiogram. Target achieved for indicator two, with an improvement in results this quarter.					
2017/18 Measures	Q2																						
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		v). Stroke services: Targets achieved for this quarter.												
HS: Supporting delivery of the NZ Health Strategy	<table border="1"> <thead> <tr> <th data-bbox="494 219 651 271">Strategic theme</th> <th data-bbox="651 219 917 271">Q2</th> </tr> </thead> <tbody> <tr> <td data-bbox="494 271 651 353">People powered</td> <td data-bbox="651 271 917 353">Interim service to deliver a supervised exercise programme</td> </tr> <tr> <td data-bbox="494 353 651 416">Closer to home</td> <td data-bbox="651 353 917 416">Dialysis review clinics in Wanganui</td> </tr> <tr> <td data-bbox="494 416 651 528">Value & high performance</td> <td data-bbox="651 416 917 528">Implementation of the National Early Warning Score and vital signs chart</td> </tr> <tr> <td data-bbox="494 528 651 640">One team</td> <td data-bbox="651 528 917 640">A successful quit smoking pilot project delivered through pharmacies</td> </tr> <tr> <td data-bbox="494 640 651 770">Smart system</td> <td data-bbox="651 640 917 770">The Regional Health Informatics Programme is complete with the implementation of the regional WebPAS system</td> </tr> </tbody> </table>	Strategic theme	Q2	People powered	Interim service to deliver a supervised exercise programme	Closer to home	Dialysis review clinics in Wanganui	Value & high performance	Implementation of the National Early Warning Score and vital signs chart	One team	A successful quit smoking pilot project delivered through pharmacies	Smart system	The Regional Health Informatics Programme is complete with the implementation of the regional WebPAS system	Requirement met for summarising examples of activity or initiatives undertaken in the quarter that can be mapped to the New Zealand Health Strategy.
Strategic theme	Q2													
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