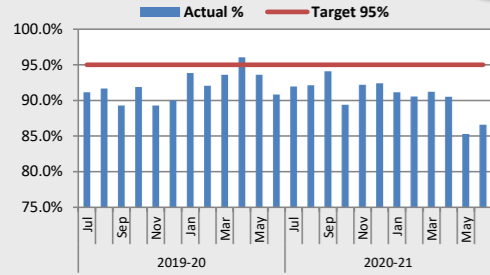
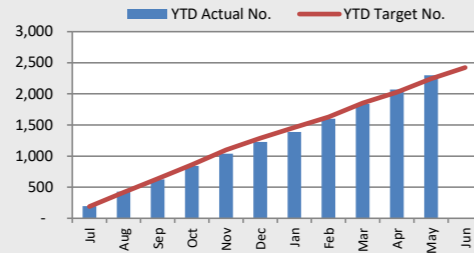


MOH PERFORMANCE MEASURES

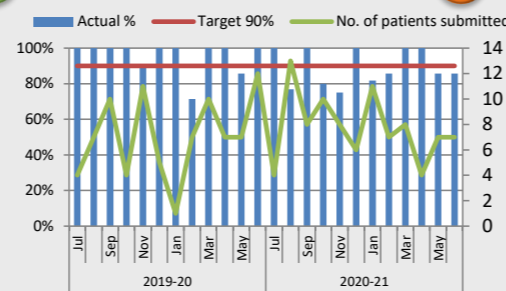
95% of patients will be admitted, discharged or transferred from ED within six hours.



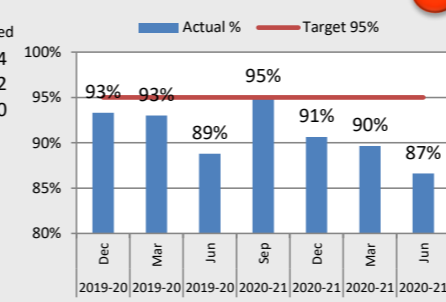
2020/21 Planned Care - Inpatient Surgical Discharges



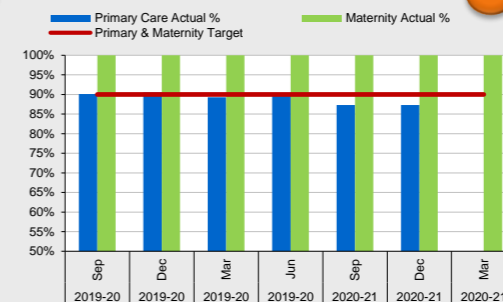
90% of patients receive their first cancer treatment within 62 days



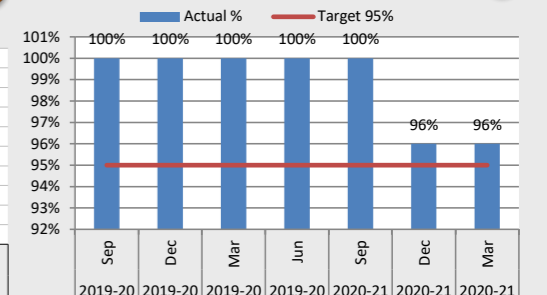
95% of children fully immunised at 8 months (quarterly)



90% of Maternity & PHO identified smokers are offered advice and support to quit (quarterly)

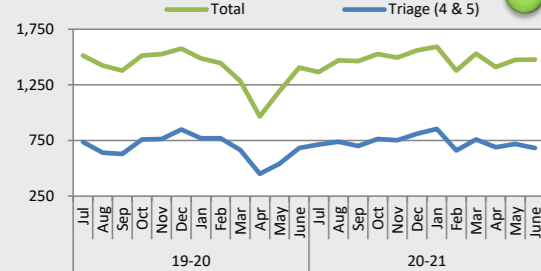


95% of identified obese children will be referred for assessment (quarterly)

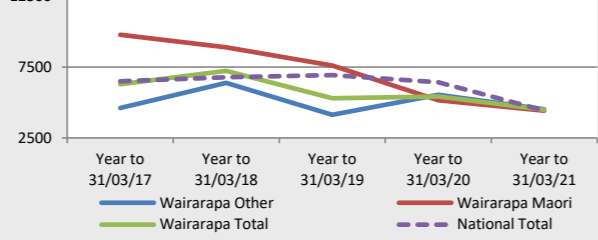


KEY INDICATORS

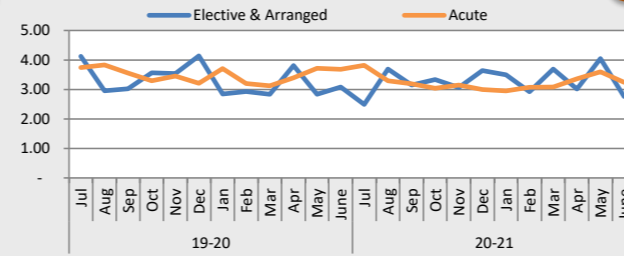
ED Presentations



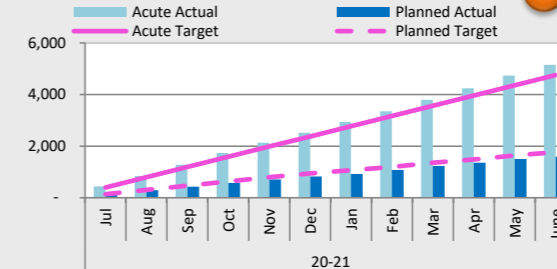
Ambulatory Sensitive Hospitalisations (ASH) (per 100,000 population) - 00-04 Age Group



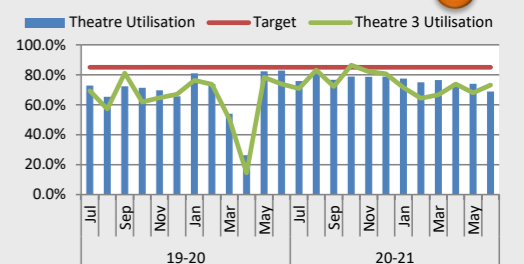
Average Length of Stay (ALOS)



Caseweight (local delivery)

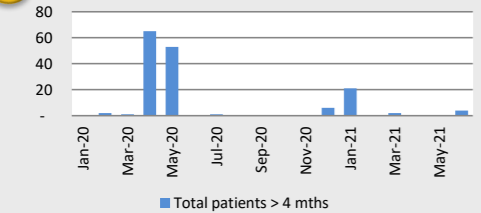


Theatre Utilisation

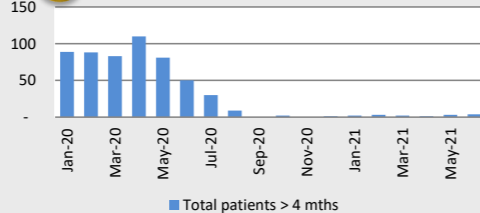


NUMBER LONG WAIT PATIENTS (>4 Months)

First Specialist Assessment - ESPI 2



Treatment- ESPI 5

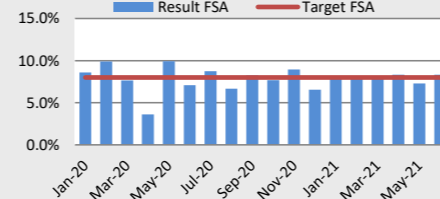


PROCESS & EFFICIENCY

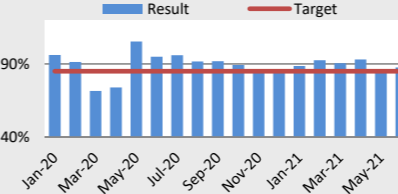
- Elective/Arranged Day Surgery rate
- Ward Bed Utilisation - MSW
- Caesarean Rate (Elective & Acute)
- Acute Readmission Rate
- Theatre Sessions Starting on Time
- Theatre Session Utilisation (Time in Theatre)
- Cancellation on Day of Surgery
- Did Not Attend (DNA) Rate - FSA
- Did Not Attend (DNA) Rate - FUP
- Did Not Attend (DNA) Rate - Maori all

| Target | Actual Mnth | Actual YTD | YTD vs Target |
|--------|-------------|------------|---------------|
| 62% | 75.9% | 64.7% | ✓✓ |
| 85% | 87.6% | 89.8% | ✓✓ |
| 25% | 16.7% | 28.2% | ✗ |
| 8% | 5.6% | 5.5% | ✓✓ |
| 90% | 83.0% | 80.0% | ✗ |
| 85% | 68.8% | 76.4% | ✗ |
| 5% | 2.9% | 6.1% | ✗ |
| 8.0% | 8.3% | 7.9% | ✓✓ |
| 8.0% | 6.8% | 6.0% | ✓✓ |
| 8.0% | 18.9% | 15.6% | ✗ |

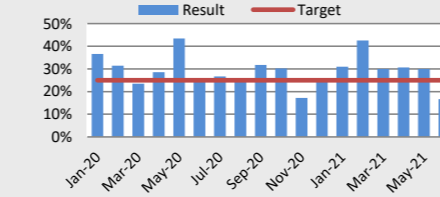
Did Not Attend (DNA) Appointments - FSA



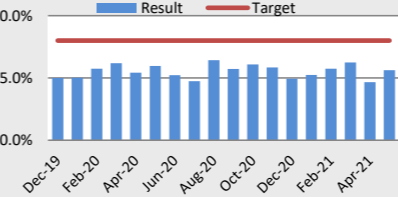
MSW Ward Bed Utilisation



C-Section Rate



Acute Readmissions



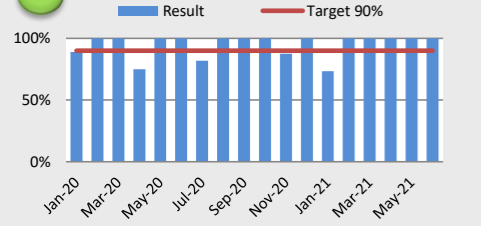
DIAGNOSTIC WAIT TIMES

Diagnostics

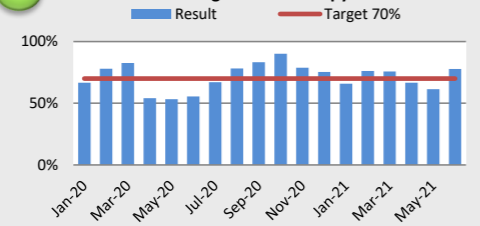
- MRI Wait List seen in 42 days
- Ultrasound Waitlist seen in 42 days
- CT Waitlist seen in 42 days
- Urgent Colonoscopy - Wait or Procedure within 14 Days
- Non-Urgent Colonoscopy - Wait or Procedure within 42 Days
- Surveillance Colonoscopy - Wait or Procedure within 84 Days

| | Target | Actual | |
|---|--------|--------|----|
| MRI Wait List seen in 42 days | 90.0% | 61.3% | ✗ |
| Ultrasound Waitlist seen in 42 days | 85.0% | 51.0% | ✗ |
| CT Waitlist seen in 42 days | 95.0% | 96.8% | ✓✓ |
| Urgent Colonoscopy - Wait or Procedure within 14 Days | 90.0% | 100.0% | ✓✓ |
| Non-Urgent Colonoscopy - Wait or Procedure within 42 Days | 70.0% | 77.8% | ✓✓ |
| Surveillance Colonoscopy - Wait or Procedure within 84 Days | 70.0% | 86.1% | ✓✓ |

Urgent Colonoscopy

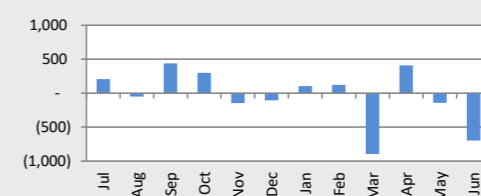


Non-Urgent Colonoscopy

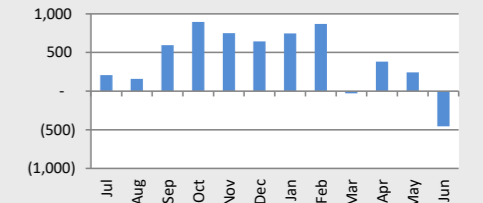


FINANCIAL RESULT

Variance Surplus/(Deficit) - MTD (\$000)



Variance Surplus/(Deficit) - YTD (\$000)



MTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|---------|--------|----------|------------------|
| (1,534) | (838) | (697) | ✗ |

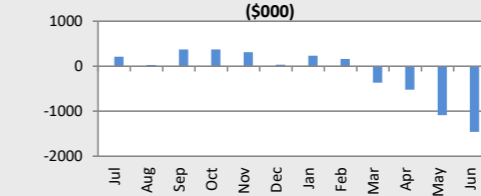
PROVIDER MTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|---------|--------|----------|------------------|
| (1,293) | (924) | (369) | ✗ |

FUNDER MTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|--------|--------|----------|------------------|
| (166) | 86 | (252) | ✗ |

PROVIDER - Variance Surplus/(Deficit) - YTD (\$000)



YTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|---------|---------|----------|------------------|
| (3,454) | (3,000) | (454) | ✗ |

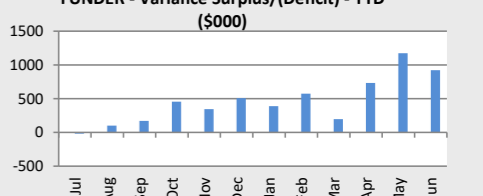
PROVIDER YTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|---------|---------|----------|------------------|
| (5,007) | (3,550) | (1,457) | ✗ |

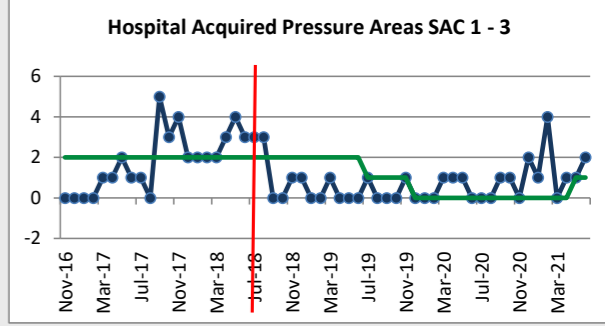
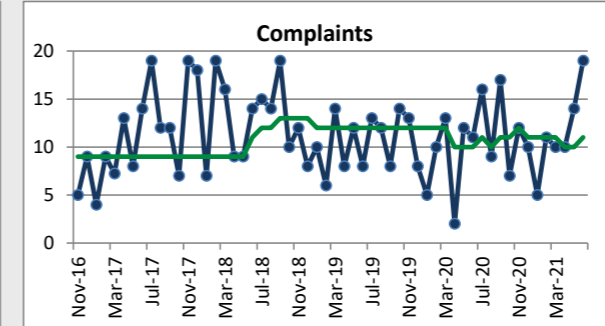
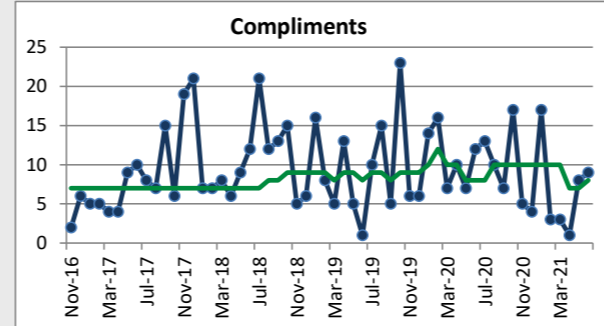
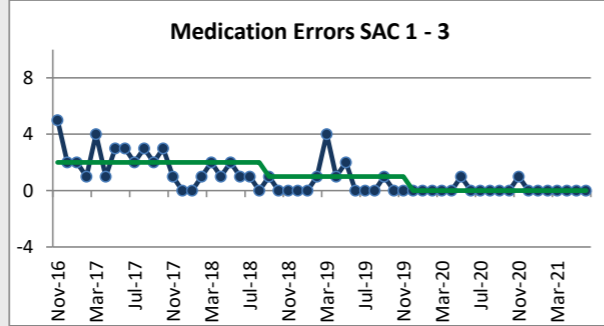
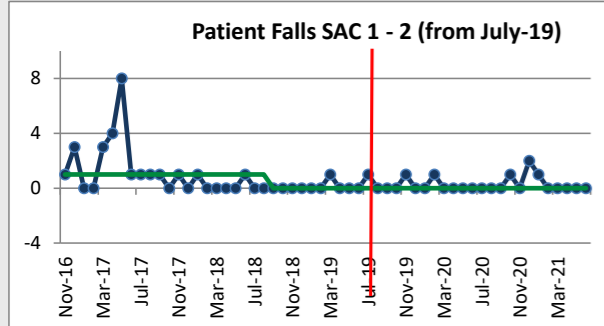
FUNDER YTD (\$000)

| Actual | Budget | Variance | Actual vs Budget |
|---------|--------|----------|------------------|
| (1,471) | (550) | (921) | ✗ |

FUNDER - Variance Surplus/(Deficit) - YTD (\$000)



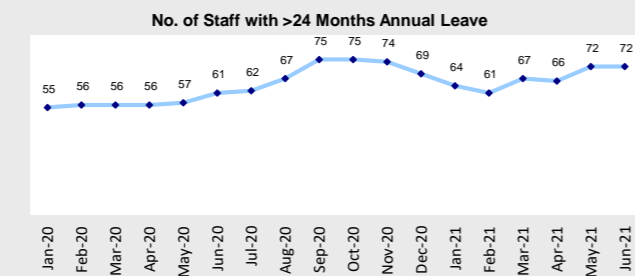
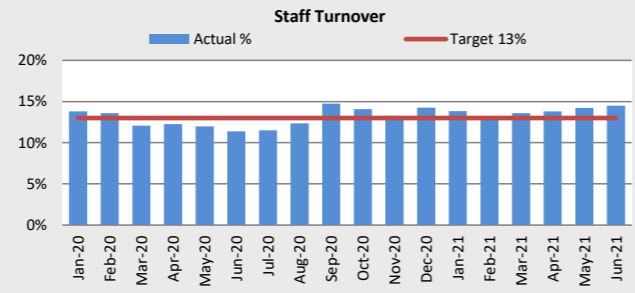
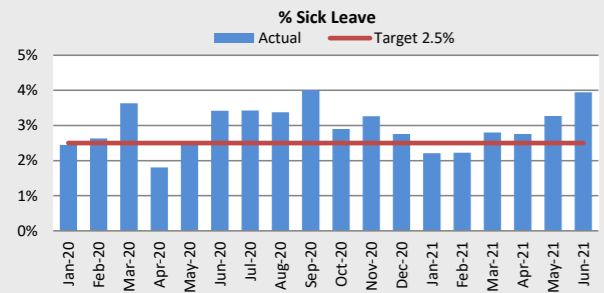
QUALITY MEASURES



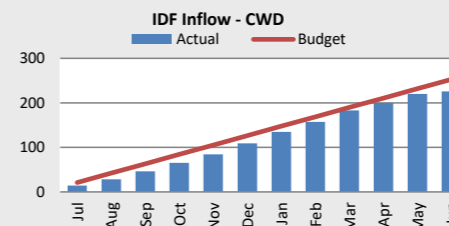
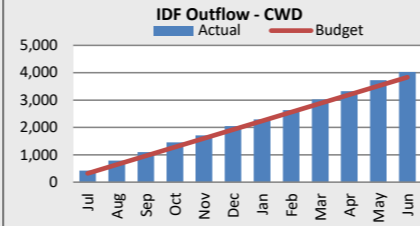
STAFF

| YTD FTE | Actual | Budget | Var |
|------------|--------|--------|------|
| Medical | 40.2 | 49.5 | 9.3 |
| Nursing | 239.4 | 255.3 | 16.0 |
| Allied | 66.8 | 80.8 | 14.0 |
| Support | 15.6 | 15.8 | 0.2 |
| Mgmt/Admin | 103.5 | 112.5 | 9.1 |
| Total | 465.4 | 513.9 | 48.5 |

Appraisals Last 14m



INTER DISTRICT FLOWS



NOTES - JUNE 2021

Financial result is subject to final audit. From July-18 the definitions for Hospital Acquired Pressure Areas and Patient Falls have been redefined. Faster Cancer and Planned Care are impacted by timing of data submission.