

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Update on the Quarter Two reporting timeline

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To:	Hon Simeon Brown, Minister of Health Hon Matt Doocey, Associate Minister of Health		
From:	Jason Power, Acting National Director Planning Funding and Outcomes		
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Consulted	Ministry of Health		

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Attachments

Appendix 1:	Timeframes for Quarter Two Reporting
Appendix 2:	Measures Impacted by Auckland District TrakCare Implementation

Purpose

1. This briefing provides an overview of Auckland data issues and how we are resolving those to enable publication of our Quarter Two Performance Report before the end of March.
2. The initial plan was to present the report to you on 17 March. The revised date is 31 March.

Summary

3. Health NZ has a regular reporting cadence for the publication of Health Target and Mental Health & Addiction (MH&A) results. A new patient administration system (TrakCare) was implemented in the Auckland district in October 2024, but late adjustments to the TrakCare implementation project scope has led to National Collection data for Auckland district being significantly incomplete and/or incorrect, affecting Health NZ's ability to publish Quarter Two reporting.
4. We anticipate resolving all the data collecting and reporting issues arising from TrakCare implementation will take over 6 months. However, we have identified and assessed a suite of interim options to resolve the issue.
5. Health NZ has progressed **Option One**: creating a reliable submission of Target data for Auckland district, which will cause a two-week publication delay.
6. Health NZ believes this is the right balance of ensuring data is reliable before publishing, while managing a reasonable delay. Options have also been discussed with the Ministry of Health, who have indicated their support for Option One.

Background

7. Health NZ has a regular reporting cadence for the publication of Health Target and MH&A Target results. Internal planning and engagement with your office is for quarter two Health Target and MH&A Target results, and the fulsome Quarterly Performance Report to be published by mid-March 2025 (**Appendix 1**).
8. Quarterly reporting refers to the publishing of two products: first, Health Target and MH&A Target results and a suite of collateral to support that; second the Quarterly Performance Report (which includes the Targets along with 20 additional measures from Health NZ's Statement of Performance Expectations). A further briefing is being prepared for Ministers on options for publicising and promoting Target results in quarter two.
9. Auckland district makes up a significant volume of activity across Health NZ's business. In Jan 2023 to Sep 2024, National Collection data for the Auckland district represented 17% of national emergency department volumes, 14% of national first specialist assessment (FSA) volumes and 17% of national elective treatment volumes.
10. One third of measures reported quarterly (10 out of 30) rely on data which originates in patient administration systems. Patient administration systems manage patient

information and hospital operations. They are a key part of a hospital's IT infrastructure enabling tracking of patient records from admission to discharge, management of waitlists, bed occupancy, appointments, referrals, admission requests – ultimately supporting reporting and administration of operations.

11. Following implementation of a new patient administration system (TrakCare) in Auckland district in October 2024, data for Auckland district is significantly incomplete and/or incorrect, creating challenges to meet our planned publication timeframe for the Quarter Two Performance Report by 17 March.
12. The project to implement TrakCare in the Auckland district began in January 2022 before Health NZ's establishment.

Discussion

Detail of the TrakCare issue

13. TrakCare went live on 31 October 2024, with 40% of the critical reports delivered and National Collections reporting still in development.
14. The platform for reporting and providing data submissions to National Collections was initially assumed to be covered by a separate project so was left out of the TrakCare business case. That project did not eventuate so, in June 2023, this business requirement was brought into scope of the TrakCare implementation project (18 months after the project had commenced).
15. Late inclusion into the project scope left no viable option other than to retrofit the data from TrakCare into the existing data platform structure. This has proved to over-complicate some aspects of reporting, including waitlist reporting.
16. Issues have arisen at both the point of data capture (the front-end) and at the data reporting and management end. For instance, FSA waitlists can be closed erroneously in TrakCare by a patient diagnostic event occurring before the patient's FSA. There are multiple issues of this nature. TrakCare continues to be fixed at the front-end as issues are uncovered, but flow-on effects from fixes can cause more problems, (e.g. breaking feeds into reports).
17. The responsibility for data availability is in the process of being handed over to the Director of Data and Analytics from the TrakCare Project Director. Fifty percent of the TrakCare project team are due to finish at the end of March.
18. The project to date has prioritised patient safety-related reports over National Collection compliance, so continues to have a backlog of compliance work. We anticipate resolving all the data collecting and reporting issues arising from TrakCare implementation will take over 6 months. However, Health NZ has identified an option to progress Quarterly Performance Reporting.
19. While there are 10 measures out of 30 in the Quarterly Performance Report which rely on TrakCare data (**Appendix 2**), Health NZ has identified Health Target and MH&A Target reporting as the greatest immediate priority for resolution.

Options analysis

20. Three options were explored to resolve this issue and enable publication:

- a) Option one: delaying publication until Auckland district data submissions for Targets are reliable (**selected**)
- b) Option two: using estimated values for Targets (with small delay)
- c) Option three: excluding Auckland district National collection data from all measures.

21. While Health NZ has identified three potential options, a fourth option of delaying publication until Auckland district data for all 10 affected measures in the Quarterly Performance Report are reliably submitted to National Collections has been ruled out as it would require a delay of at least two months. Health NZ determines that a delay of this length is not acceptable.

22. Comparative timelines for the three potential options are set out in **Appendix 1**. The table below sets out the advantages and risks/issues of the three options for your visibility.

Table 1: Options and their advantages/risks

Option	Advantages	Risks / Issues
Option One (selected) Create a reliable submission of Target data for Auckland district causing a two-week publication delay	<ul style="list-style-type: none"> Results for Health Targets would show a true picture of Auckland district's performance rather than an estimated position. A two-week delay would still allow publication of the results and Q2 Report before the end of March. 	<ul style="list-style-type: none"> National Collections waitlist data may not be sufficiently correct by mid-March to meet timelines for March publication. With the delay of data, the window for publication of the report will be shortened for narration and sign-off which may reduce the quality of the overall report.
Option Two Estimate Auckland district data for Target results causing a one-week publication delay	<ul style="list-style-type: none"> Imputation of Auckland district data would give a closer estimate of a national result than if it was excluded altogether (Option Three). The publication schedule would only be marginally delayed (one week). 	<ul style="list-style-type: none"> For waitlist data there is very little alternative data to base an estimate on and where data is available, the correct position for Auckland district would be different than the published position. The public's confidence in Health NZ's ability to track performance would be questioned. Imputation would shorten time available for developing narrative to accompany the results and quality assurance sign-off of all measure results in the report.
Option Three Exclude Auckland district data from all results (no delay)	<ul style="list-style-type: none"> All published results by district would use validated data and the publication schedule would proceed as planned (Appendix 1). 	<ul style="list-style-type: none"> The national total for waitlists would be grossly understated. Trends would falsely show a sudden change in the last quarter and future publications would need to include Auckland district's corrected data which would contradict the Q2 published results.

23. Health NZ has assessed the suitability for all three options in enabling the progression of the Quarter Two Performance Report while balancing concerns around data reliability and time to publish.
24. Option One provides a reasonable opportunity to address the data issues in advanced of publication, with only a minor delay. While other reporting may be deprioritised and there may be quality issues for the overall report, the data itself will present a true picture of Auckland's performance.
25. Option Two would see missing National collection data for Auckland replaced with an estimate, enabling the Health Target (wait times for elective treatment, FSAs and Shorter Stays in Emergency Departments (SSED)) and MH&A Target (SSED for people with mental health issues) results to be published. This imputation would have to be performed for several measures at the ethnicity level for the numerator and denominator and incorporated into data feeds. This option creates significant perception risks relating to Health NZ's ability to publish accurate data, while only having a minimal delay difference to Option One.
26. Option Three would see Health NZ produce the Quarterly Performance Report without Auckland district data. Taking this option would mean indicating Auckland district data is unavailable in all district-based results. National and regional totals would be published excluding Auckland district. This option would grossly skew the data and undermine public analysis or reporting of what Health NZ has published.

Selected option

27. Based on the assessment outlined above, Health NZ has progressed with **Option One**. The Ministry of Health was also engaged in the options analysis and agrees with this option.
28. This will require Health NZ to work at speed to provide reliable Auckland district data into National Collections for target results. This would enable all Health Targets and MH&A Targets to be published reliably. The SSED data is close to being reliable and therefore focused effort would be on correcting and collating waitlist data.
29. All teams involved in TrakCare reporting have been working long hours, 7 days a week, but with focus on completing clinically critical reporting. Over the next two weeks, the focus will shift onto National Collections submissions.

Next steps

30. Focused effort on completing reliable data submissions for Auckland district is already underway. We will continue to update you if any further issues or delays occur.
31. We will present the Quarter Two Performance Report to you on 31 March.

Appendix 1: Timeframes for Quarter Two Reporting

Timeframe	Option One (Delay 2 weeks to get accurate Auckland data for the health targets)	Option Two (Delay 1 week - impute data for Auckland)	Option Three (publish without Auckland)
Quarter end (QE)	31 Dec	31 Dec	31 Dec
8 weeks after QE	Inform Ministers of data issue	Inform Ministers of data issue	Inform Ministers of data issue
9 weeks after QE	Work to get accurate data from Auckland district	Impute data for Auckland district QA imputed data	6 Mar: Draft Q2 report submitted to Operational Performance Committee of ELT (OPC), ELT, the Commissioner, Ministry of Health and Treasury and Ministers offices
10 weeks after QE	Work to get accurate data from Auckland district QA validated data available with more accurate Auckland district data for the targets	13 Mar: Draft Q2 report submitted to OPC, ELT, the Commissioner, Ministry of Health and Treasury, and Ministers offices	11 Mar: OPC and ELT review & discussion 13 Mar: Commissioner review & discussion
11 weeks after QE	20 Mar: Draft Q2 report submitted to OPC, ELT, the Commissioner, Ministry of Health and Treasury and Ministers offices	18 Mar: OPC and ELT review & discussion 20 Mar: Commissioner review & discussion	17 Mar: Final Q2 report submitted to Ministers (Health & Mental Health), along with the Ministry of Health monitoring report
12 weeks after QE	25 Mar: OPC and ELT review 27 Mar: Commissioner review	24 Mar: Final Q2 report submitted to Ministers (Health & Mental Health), along with the Ministry of Health monitoring report	Publication
13 weeks after QE	31 Mar: Final Q2 report submitted to Ministers (Health & Mental Health), along with Ministry of Health monitoring report	Publication	
14 weeks after QE	Publication		

Note – Option Three reflects the original internally planned publication timeframe

Appendix 2: Measures Impacted by Auckland District TrakCare Implementation

Health & MH&A Targets impacted	Health & MH&A Targets not impacted	Other Quarterly reported measures impacted
<p>Shorter stays in emergency departments</p> <p>Short waits for first specialist assessment (FSA)</p> <p>Shorter wait times for elective treatment</p> <p>Shorter MH&A-related stays in emergency departments</p>	<p>Improved immunisation for children</p> <p>Faster access to specialist MH&A services</p> <p>Faster access to primary MH&A services</p> <p>Increased MH&A workforce development</p> <p>Strengthened focus on MH&A prevention and early intervention</p> <p>Faster cancer treatment</p>	<p>Ambulatory Sensitive Hospitalisations (ASH) aged 0-4 years of age</p> <p>ASH 45-64 years of age</p> <p>Missed FSAs</p> <p>Appointments delivered through digital channels</p> <p>Hospital pressure injury rate</p> <p>Hospital fall rate</p>