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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 23 January 2019  
**Subject:** Chief Executive's Report

<p><b>Status</b></p> <p>This report contains:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> For decision</li><li><input checked="" type="checkbox"/> Update</li><li><input checked="" type="checkbox"/> Regular report</li><li><input type="checkbox"/> For information</li></ul>
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## 1. INTRODUCTORY COMMENTS

It is hard to complain about such a stunning summer. Holidays in health are a bit of an oxymoron – as we are required to provide health services for our community 24/7 while somehow trying to give people a break. However my observation was that people were getting tired as the year came to a close. I think generally people needed some space to soak up the sun (with sunscreen) and recharge and refresh away from the workplace if possible. A huge thank you goes out to the healthcare workers across the health system that worked on Christmas and New Year's day to ensure our communities could access great care. Thank you.

Summer is our busiest season in terms of presentations to our Emergency Departments. It is a reflection of lots of visitors in our wonderful part of NZ, while also indicating that new mountain bikes should be tested cautiously and not ridden as if you were still 20. Combined with lots of visitors Nelson City also hosted Bay Dreams. Twenty-three thousand people attending an amazing music festival in baking sun was a recipe for a busy medical tent. The combined health team did an amazing job of providing care to people who had experienced too much sun, or alcohol and drugs.

I enjoyed a week away walking one of the great walks – Lake Waikaremoana and then a road trip around the East Cape. Such beautiful remote country – but it also highlighted for me afresh the issues of inequity, poverty and the challenges that people face in trying to access health services. We have these challenges in our region. Not as stark certainly – but unfortunately, for too many the issues of low income, poor housing and poor health outcomes are all too real. That is why we must keep giving tangible focus to trying to close the health outcome gap for our most vulnerable.

I found myself returning to work a few days before most were back from holidays. It gave me time to reflect afresh on the things we must focus on for 2019 if we are to make a difference and keep transforming our health system. As a leadership team we need to remain focused and stay aligned on the important opportunities and challenges. The Models of Care programme is vital to the future of our health system. I am excited about the initiatives that are emerging. As we present these at the planning day in February they will demand of us all focus and energy and for some initiatives further investment of resource. I am hopeful and expectant that we can, in 2019, see significant progress in strengthening our health system.

## 2. PRIMARY & COMMUNITY

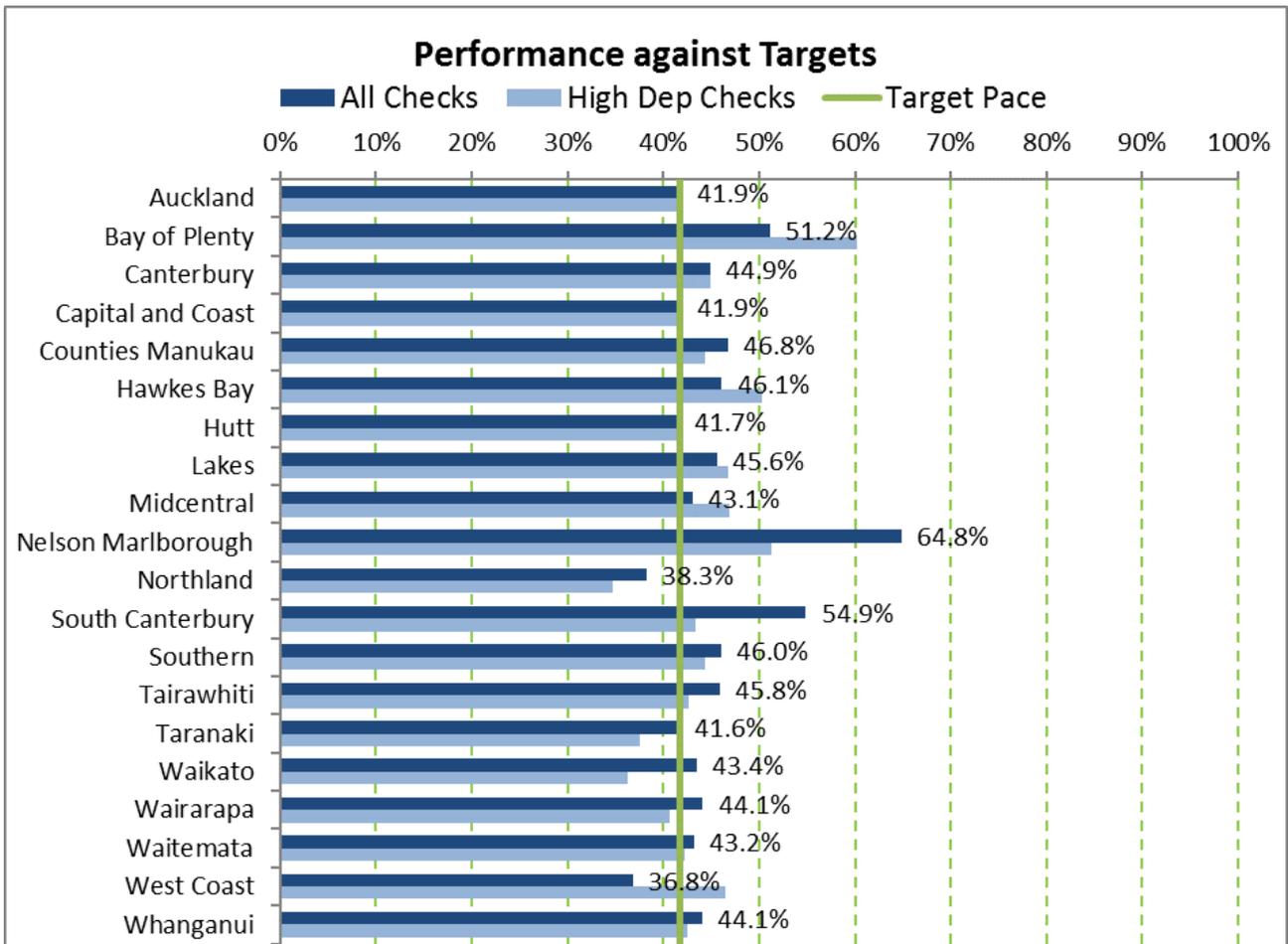
- The MOC programme is working closely with the IBC programme to ensure activities are aligned. Recent activity includes developing a set of assumptions for inclusion in the IBC about the potential contribution that models of care change could have on reducing the growth in acute bed demand.

- A review of the District Nursing service data has been completed. Data shows the following for the Nelson/Richmond/Wakefield area:

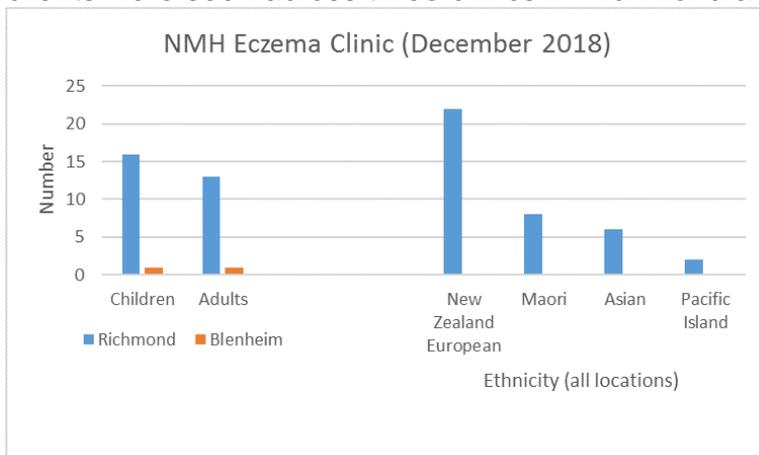
Period	Service/Activity	% increase/decrease over 23 months
2017-2018	Admissions	14% increase
	Visits	20% increase
	Contact/hour	7% increase
	Total patients under treatment	16% increase

The data indicates, for Nelson, that while admissions have increased, the number of visits has substantially increased due to higher acuity levels. That is, designated patients now require frequent if not daily visits. The complexity of patients continues to grow. Some of the complex patients District Nursing are now seeing in the community would once have been nursed in hospital for several weeks. For example, individual patients with stomas and bowel fistulas are frequently discharged using a negative pressure device requiring regular flushing of the wound. Although family may be of assistance, these patients can take 1-2 hours per visit.

- November and December saw the conclusion of the 2018 school-based immunisation programme. A total of 87 schools across the Nelson/Tasman/Marlborough region received the programme which involved 972 Boostrix (tetanus, diphtheria, pertussis booster) and 981 HPV (Human papilloma virus) doses being given. Planning is now well underway for 2019.
- Following a successful professional development day in December, the Public Health Nurse service will be moving to a locality based approach in 2019. Two Public Health Nurses (PHNs) will be assigned a specific geographic area within which to focus their work. They will be expected to complete a community profile and community needs assessment specific to their community over the course of 2019. A particular focus will be on improving interactions with other services in their particular geographic area including mental health providers, general practice, schools and NGOs.
- Nelson/Marlborough continues to perform well against other DHBs in the country for Before School Checks, with 1,009 checks undertaken year to date. This is 71% of the target, with 88 of those being high deprivation checks (56% of target). Checks are being completed in clinics and some pre-schools across the district. Increased social and behavioural issues, and an increase in parents with mental health and addiction issues, are being noted by the Public Health Nurse team. There are clear links between parents presenting with mental health and addiction issues and children identified with behavioural and possible mental health issues by the Strengths and Difficulties Questionnaire completed by early childhood teachers (SDQ-T). Both teachers and PHNs are reporting challenges of having to manage the parent's issues prior to addressing the issues for the child.
- The four Public Health Nurses in Wairau continue to take a lead role in the Marlborough Children's Team. There is high demand for the team to take on the lead professional role with families as a result of the effective work they are doing in this space.



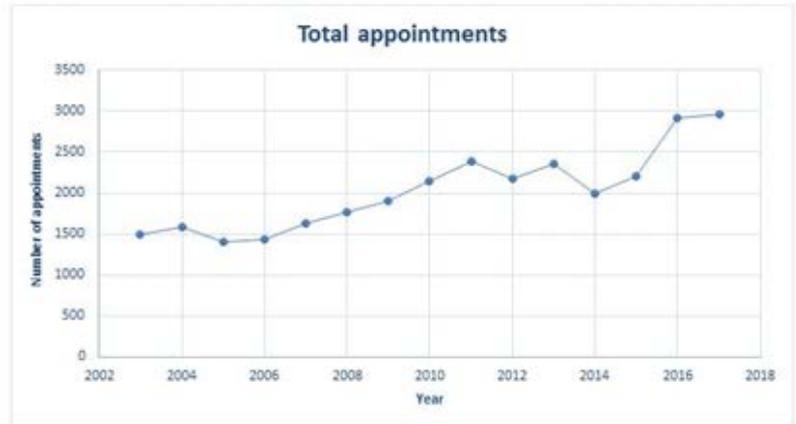
- The Outreach Immunisation Service (IAS) continues to reach families who struggle to access mainstream services. Complex families with multiple social, housing and health issues characterise the types of families seen by the service. Moving forward, we will look at ways the OIS service can be extended, potentially by upskilling all PHNs to be able to immunise infants and children.
- A Public Health Nurse currently provides an eczema clinic to children across the region. Since the clinic was established two years ago, admissions to Nelson Hospital for children with eczema have decreased from 78 to 3. In December 31 clients were seen across three clinics in Richmond and two clinics in Blenheim.



- The Sexual Health Service continues to see high numbers of patients. There has been a gradual increase in patient numbers over time with more rapid increases over the past 5 years.

Total appointments per Year

Year	Total appointments
2003	1500
2004	1583
2005	1401
2006	1427
2007	1623
2008	1762
2009	1909
2010	2141
2011	2380
2012	2170
2013	2353
2014	1987
2015	2199
2016	2921
2017	2957



- The HealthPathways website was used by 1,241 users over November and the usual seasonal reduction in December with 1,108 users. This is similar to use in the same time in the preceding year. Reviews and updates are underway on 21 pathways, and a revised priority review schedule has been developed by the Clinical Editors.
- This period saw the first recorded case of hepatitis E notified to NMDHB Medical Officers of Health. Investigations showed the infected person had extensive travel to Europe, and had eaten a lot of cured uncooked pig meat. This disease has a similar course to hepatitis A. No further transmission in NZ was observed.
- There is an ongoing national pertussis outbreak, which Medical Officers of Health continue to be involved in responding to.
- There was a second outbreak of measles in the South Island this year. The index case had been a kayak instructor in Southland, and as such had come into contact with a large number of people. We had one confirmed case, a Blenheim resident who was an unvaccinated person in their 20's who had been a work colleague of the primary case. It should be noted that immunisation coverage for measles is at a level that means Nelson Marlborough residents are at risk of further outbreaks of measles. Efforts are ongoing to improve the immunisation uptake.
- Unusually two cases of serious invasive meningococcal disease were reported in two adults in quick succession. Both cases were seriously ill and required intensive care treatment in hospital, but fortunately treatment was sought and given in time to prevent severe disability and/or death, and good outcomes were seen. Contact tracing was carried out with eleven contacts, between the two cases, being offered and receiving prophylactic antibiotics and immunisation.
- A case of community acquired pneumonia was reported. The notification was received via the microbiology laboratory. The case turned out to be caused by *Legionella longbeachae*, most likely acquired via potting mix, with the added factor that standard advised precautions were not followed.
- A tourist suffering from typhoid was admitted to hospital. The source was most likely from overseas travel in Asia.
- An improved influenza staff immunisation rate was achieved by the DHB. The incidence of influenza during this flu season was relatively low.

- NMH has been involved with planning for Bay Dreams, alongside City Council and event organisers. This event involved an influx of over 20,000 guests to the Nelson region. The focus has been in reducing risk from a range of harms, including alcohol, violence, drugs, communicable disease, and heatstroke. Three nurses were employed for the day at Bay Dreams to avoid flow onto ED/MIC. This supplemented St John and Red Cross volunteers. The nurses saw nearly 80 patients of which they estimate 50% would have required transfer to MIC or ED without their intervention.
- The membrane treatment plant in Seddon has been built, and commissioning trials completed. Operational data from both trials has been reviewed by NMH's Drinking Water Assessor, along with treatment plant certification. This has established that the plant can meet the drinking water standards for NZ 2005 (revised 2008) and is capable of meeting it in the future (monthly reports from the plant will verify the ongoing compliance). E.coli testing of the treated water shows it is safe to drink, however, the boil water notice remains in place until all clearances are given by the Drinking Water Assessor. A Water Safety Plan is being updated and, if approved by the Drinking Water Assessor, and additional criteria are met, then the boil water notice (in place since 1999) will be lifted. Council proposes an open day for the public in late January 2019, and an official opening at some point. This will be a cause for celebration for the Council, community and NMH staff.
- Two teams were used to undertake two Controlled Purchase Operations (CPO) for tobacco in December. Thirty-four tobacco retail premises were visited, with four sales being made to our 15year old volunteers. The Ministry of Health has issued infringement notices to those retailers who sold cigarettes.
- All practices in Nelson/Tasman have opted into the Community Service Card (CSC) initiative from 1 December (meaning those with a CSC pay at most \$18.50 for a GP consultation). In Marlborough two practices opted in from 1 December, three have opted in from 1 January and two are currently undecided if and when they will opt in. All after-hours services are providing free care to under 14 year olds after hours.
- Work is underway with primary care providers to have free Long Acting Reversible Contraceptive (LARC) insertions and removals for women aged 15-44 who live in quintile 5 areas or have a CSC. This will be funded from new revenue from the MoH. Low cost (\$5) contraceptive consultations will also be provided for a similar cohort of women, although this may be restricted due to the level of funding available. It is aimed for this to begin 1 April 2019.
- School based health services provided by a nurse are to be extended from just alternative education in Nelson Marlborough to decile 4 schools (Murchison, Tapawera and Te Kura Kaupapa Maori o Tuia te Matangi) from 1 April 2019. NMH is supplementing a small amount of additional funding. A key focus of the service is for health assessments for first year secondary pupils.
- The service is currently short of the workforce required to address arrears. Arrears are steady at 22%. Two graduates are being trained and will be at full capacity in 3-4 months. There are currently two vacancies for Therapists which are being advertised. Saturday clinics at Nelson will continue in 2019 with options being looked at to make this permanent. Go live on the Titanium (software) upgrade is April 2019 and should be completed under the initial budget estimate due to less IT support needed than expected.
- Work is underway with the Pacific Trust to support access to oral health care.

- During November and December Public Health submissions were submitted on:
  - Tasman District Council's Freedom Camping Bylaw
  - Food Standards Committee; review of Health Star Ratings
  - Marlborough District Council's Disaster Strategy
  - Child Wellbeing Strategy, Department of Prime Minister and Cabinet
  - Health (Drinking Water) amendment Bill.

As previously with Tasman District Council the PHS appeared in front of Nelson City Council at their Gambling Hearing regarding a sinking lid policy for pokie machines in the Nelson area. Importantly 30 out of the 36 submissions were in favour of strengthening gambling policies and requested a sinking lid policy.

### **3. MENTAL HEALTH & ADDICTIONS AND DSS**

#### **3.1 He Ara Oranga**

The report of the Government Inquiry into Mental Health and Addiction was released in December. While the Government is not due to respond to the report until March 2019, the themes coming through the report are similar to the direction NMDHB has been taking the service recently. Key recommendations which may impact DHBs are:

- That delivery of Mental Health and Addictions services should be targeted at 20% of the population, rather than the current 3%. This recommendation will see a greater spectrum of services available, across the continuum of acuity
- That greater emphasis is placed on primary health and community services to deliver patient care
- To place people at the centre of mental health and addiction governance, planning, policy and service development. It was recommended specifically that DHBs should be required to report on this measure
- To increase choice in the type of services available. The report has a strong lean towards talking therapies, alcohol and other drug services and culturally aligned therapies
- To create a Mental Health and Wellbeing Commission to provide leadership and oversight to the sector, especially in service design and health promotion and prevention.

The full report is available at [www.mentalhealth.inquiry.govt.nz](http://www.mentalhealth.inquiry.govt.nz).

In general our service feels we have made good progress in the direction that this report is requesting. Ongoing focus to embed the changes we have initiated is required.

#### **3.2 Models of Care**

Mental Health reporting through the MOC programme is now better integrated. Key projects the team are involved with include:

- Virtual health clinics
- Access to specialist advice
- Primary care credentialing programme
- Infant mental health programme development.

#### **3.3 Care Foundation**

The Care Foundation has agreed to fund psychological first aid courses with the view to making them widely available in the community, workplaces and schools. This will improve the community's knowledge about Mental Health and how to take care of one self and others.

### 3.4 Community Teams

There are vacancies in the Community Assessment Team (CAT) which we are actively recruiting to. The Community Team staff assist the CAT team during the day.

### 3.5 Mental Health Admissions Unit (Wahi Oranga)

Overall, a busy month. The team has coped well, but it has been challenging. Staff have begun to use electronic notetaking which is going well. They have managed high occupancy and high acuity over the Christmas/New Year period, and are accommodating the locum medical workforce very well.

	October	November	December
Admissions	31	33	27
Discharges	27	37	23
Seclusion (Episodes/Number of Patients)	42	50	52

### 3.6 Child & Adolescent Mental Health Service (CAMHS)

We operated on skeleton staff as this traditionally is not a busy time for the CAMHS team. The CAT team and CAMHS day time duty worked effectively on the minimal out of hours contact over the Christmas and New Year period.

All referrals are actively triaged at the point of receiving referral to service. Urgent referrals are seen face to face within 72 hours (depending on urgency and need).

A proposal is being developed for Infant Mental Health and a steering group meeting to drive the project is planned.

A person has been appointed to the Eating Disorder clinician role, and advertising for the Support Worker role to support community and inpatient work in the area is underway.

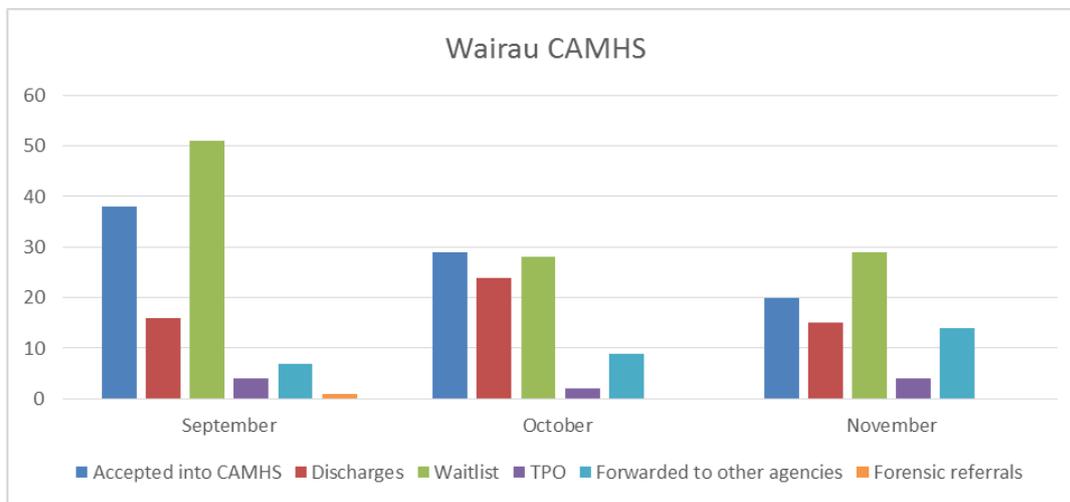
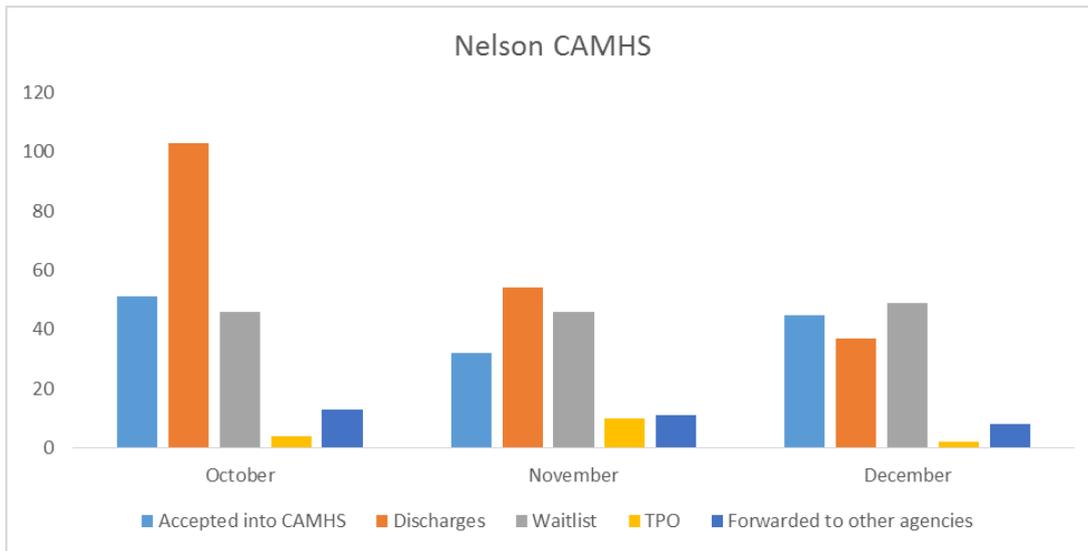
Positive feedback continues to be received about the responses from CAMHS and building our relationships within the community. The change from all hours 'crisis' to day time CAMHS duty appears to be settling well into business as usual.

Meetings are being held with GPs about having CAMHS involvement in the health hub initiative. This has had a significant impact on improving our relationships as a service.

We are working with schools to improve communication.

Initiatives to work closely with Paediatrics on joint assessments and the ongoing development of child and infant mental health service provision within CAMHS is ongoing. Further improvement projects will be underway in 2019

	Nelson/Tasman		Wairau	
	November	December	November	December
Referrals	32	45	20	Not available
Waitlist	46	49	29	Not available
Discharges	54	37	15	Not available
Redirected to TPO	10	2	4	Not available
Redirected to other Agencies	11	8	14	Not available



### 3.7 Older Persons (Alexandra Hospital)

The number of patients waiting for D6 beds now sits at 2, with the average waiting time being 80 days.

	October	November	December
Bed Occupancy	70%	90%	83%
Admissions	2	6	3
Discharges	3	3	4
# Waiting for D6 Beds (dementia)	3	2	2

### 3.8 Addictions Service

We continue to work in consultation with other agencies around complex cases, and this approach is increasing with our Mental Health and physical health colleagues.

A meeting was held with personnel around a programme called the Matrix Programme, specific for those addicted to Methamphetamine. This is very timely as this client group is very difficult to keep in treatment with our current system.

On call remains steady. This is mostly around supporting the pharmacies, ED, Police, CAT and Wards with concerns around Addiction clients.

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	Nov	Dec	Nov	Dec	Nov	Dec	Nov	Dec
Referrals	65	51	19	21	23	13	14	4
Court Reports	7	0	5	0	0	0	0	0

### 3.9 Marlborough Adult Mental Health

Currently the PHO are identifying suitable staff and undertaking training, as unfortunately there is no credentialing programme in Marlborough this year. The plan is to integrate a Mental Health Pharmacy screen.

	October	November	December
Referrals accepted	27	16	8
Advice only or Redirected to other services e.g. ACC, AOD, primary care	12	9	13

### 3.10 Seclusion

	October	November	December
Total number of patients	5	6	9
Total number of hours	463	586	648
Maximum hours in seclusion	64	91	58
Minimum hours in seclusion	0.2	0.2	0.2

Increased use of seclusion is attributed to increased occupancy, often exceeding capacity and level of acuity associated with a small number of patients.

The project team on the Zero Seclusion Project continue to work embedding co-design/six core strategies into everyday practice. One of the focus areas will be to develop alternative pathways for patients who are known to the service to avoid seclusion on admission.

### 3.11 Disability Support Services

The GM visited 46 homes as well as DSS Day Services, delivering parcels of Christmas goodies to express thank you to staff for their hard work throughout the year. This was very well received by staff and by the people we support. Thank you to the Care Foundation for supporting this initiative.

Disability Support Services (DSS)		Current November 2018				YTD November 2018	Current December 2018				YTD December 2018
<i>Contracted Services</i>		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	163.5	17		180.5		162.5	17		179.5	
Beds – Moh Individual contracts	As per Contracts at month end	9	1		10		9	1		10	
Beds – S&P- Chronic Health Conditions	As per Contracts at month end	1		9	10		1		9	10	
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2		1	1		2	
Beds – Others - CY&F & Mental Health		1.5	1		2.5		1.5	2		3.5	
	<b>Residential contracts - Actual at month end</b>	<b>176</b>	<b>20</b>	<b>9</b>	<b>205</b>		<b>175</b>	<b>21</b>	<b>9</b>	<b>205</b>	
<i>Number of people supported</i>											
Total number of people supported	Residential service users - Actual at month end	176	20	9	205	decrease 2	175	21	9	205	
	Respite service users - Actual at month end	3	2		5		3	3		6	increase 1
	Child Respite service users - Actual at month end	31			31	increase 1	32			32	increase 1
	Personal cares/SIL service users - Actual at month end	0	1		1		0	1		1	
	<b>Total number of people supported</b>	<b>210</b>	<b>23</b>	<b>9</b>	<b>242</b>		<b>210</b>	<b>25</b>	<b>9</b>	<b>244</b>	
Total Available Beds - Service wide	Count of ALL bedrooms	230					230				
	Total available bed days	6,900				35,190	7,130				42,320
Total Occupied Bed days	Actual for full month - includes respite	6,317				32,216	6,501				38,717
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	91.6%				91.5%	91.2%				91.5%
		Last month	Current month	Variance			Last month	Current month	Variance		
Total number of people supported		243	242	- 1			242	244	2		
Referrals	Total long term residential referrals	7	8				8	7			
Referrals - Child Respite	Child Respite referrals	10	11				11	11			
	New Referrals in the month	4	4				4	3			
Of above total referrals	Transitioning to service	-	-				-	-			
	On Waiting List	7	8				8	7			
Vacant Beds at End of month		10	13				13	12			
	Less people transitioning to service	-	-				-	-			
	<b>Vacant Beds</b>	<b>10</b>	<b>13</b>				<b>13</b>	<b>12</b>			

#### 4. INFORMATION TECHNOLOGY

- The eTriage project reached a significant milestone with the first service going live. ENT is the pilot service to test functionality. The benefits of eTriage are efficiency and visibility. Clinicians and GPs can now track the progress of referrals and outcomes within the HCS portal. Clinicians can electronically triage the referral and if necessary transfer these among specialities, and so reduce manual effort required for a paper workflow.
- The plan to upgrade from the end-of-life WinDOSE to ePharmacy has reached the end of the Implementation Planning Study (IPS) stage. We now await confirmation from the vendor and the regional host on the plan and detailed costs. The upgrade includes moving to share the regionally hosted ePharmacy so that CDHB, WCDHB and NMH share the same application.

Project Status

Name	Description	Status	Original Due Date	Revised Due Date	
<b>PaperLite and New</b>					
<b>eTriage</b>	Electronic triage of referrals delivered via ERMS	ENT pilot successfully gone live. eTriage upgrade to version 5.3 scheduled for Feb 19. Next tranche of services being prepared for a March go-live. Additional NMH requirements gathered and a Gap analysis underway.	various	May 18	●
<b>eRadiology</b>	Regional project for online ordering and sign-off for Radiology tests and results.	Comrad referral eTriage added to scope. Vendors committed to March implementation, comms and change planning underway.	Mar 18	TBC	●
<b>ePharmacy: IPS</b>	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage.	Implementation Planning Study (IPS) to upgrade to regional ePharmacy from local WinDOSE. Documents for NMH and WCDHB now submitted to vendor to confirm project plan and price ( <i>no change from previous month</i> ).	Jul 18	Dec 18	●
<b>SI PICS - Foundation</b>	Patient Administration System (PAS) replacement for Ora*Care	Upgrade Release 18.2.3 went live on 5 December (delayed from 27 November) bringing a number of minor enhancements. Focus remains on extracts, reporting, and data quality. Planning is underway for the nurse champions group and bed management process changes and for release 18.3 – these are pencilled for March currently. A service pack 18.2.4 is planned for release on 23 January 2019 requiring a 2-hour outage from 03:45 – 05:45.	Bed mgmt Mar 19  18.3: Mar 19		●
<b>eObservations (Patientrack)</b>	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Inpatient Unit Wairau went live with system in October, excellent implementation and application well received by clinical team. HCS integration phase one complete and working well. Regional governance structure still to be decided with meetings planned for January prior to finalising organisational road map.	July 18	Oct 18 for pilot.	●

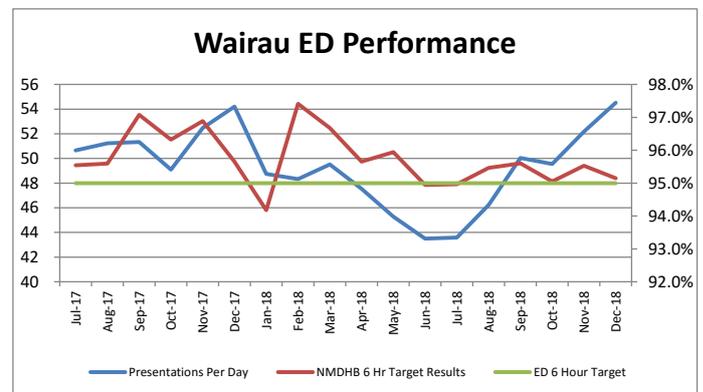
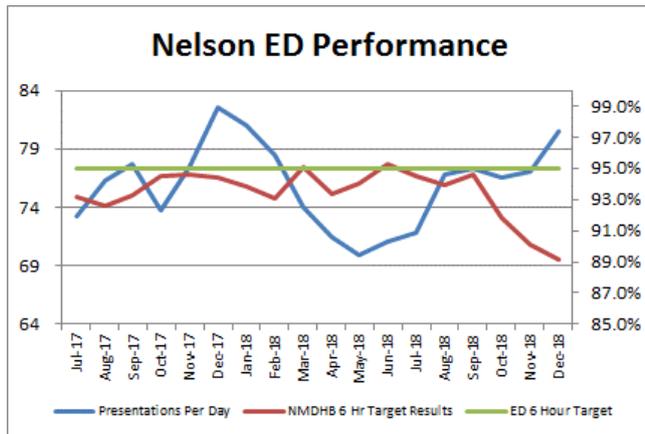
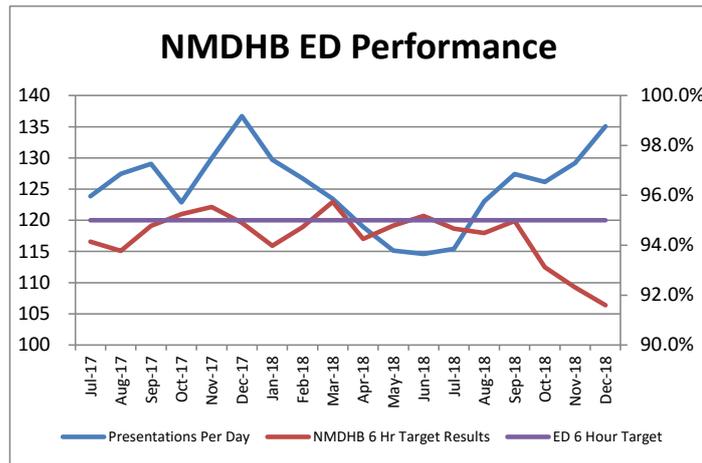
Name	Description	Status	Original Due Date	Revised Due Date	
<b>Scanned Medical records</b>	Scanning, indexing and storing online medical records.	System now stabilised, backlog being reduced. A migration of DocuShare data to FileBound is planned for January 2019. Cutover to FileBound is scheduled for 28 <sup>th</sup> January.	n/a	Jan 19	●
<b>Virtual Health PoC</b>	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	RealPresence application now works within firewalls. Successful pilots have been held in WR between OPD and CDHB MDM, NN OPD – WR OPD for Urology visits, Cardiology into WR ED after hours and within Public Health in Richmond. This work is also being folded into the MoC work streams.	n/a		●
<b>ICT</b>					
<b>DR &amp; BCP</b>	Update Disaster Recovery (DR) and Business Continuity Planning (BCP) to reflect new Paper Lite environment.	Capex budget in place. Possible external Project Manager identified. The new ICT Manager will pick up as a priority in January 19.	TBC		●
<b>Titanium upgrade</b>	Dental Software used by DHB and Community Oral Health	Vendor PM assigned, plan agreed, test environment setup in progress. On target for Easter roll out.	Q1-2019		●
<b>IaaS (NIP)</b>	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre.	Stage 2 (to Revera in Christchurch) – on hold by vendor.	Jun 18	Dec 18	●
<b>VDI Upgrade</b>	Update to a newer supported version of VDI (z workstations), and upgrade switches.	This upgrade is included in the residual infrastructure refresh (mentioned above – IaaS (NIP)). Last pieces of the upgrade will; be finalised this month.	Aug 17	Dec 18	●
<b>Desktop Refresh Deployments</b>	Replacing desktop hardware that is over 4 to 5 years old	This project is well underway. We have two temporary engineers working through the devices that need to be replaced.	Sep 18	May 19	●
<b>Residual Infrastructure Upgrade</b>	Replaces on premise aging server room equipment.	This work has now been completed.	Sep 18	Nov 18	●

## 5. CLINICAL SERVICES

### 5.1 Shorter Stays in Emergency Department

In December the Nelson Emergency Department achieved 91.8% and the Wairau Emergency Department achieved 95%, against a target of 95%.

In Nelson almost 50% of breaches of the 6 hour target resulted from patients waiting for a ward bed, or the ward team for admission. This is in part a reflection of higher presentations and high hospital occupancy.



#### Length of stay target for past 3 months

	October 2018		November 2018		December 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
<b>Nelson</b>	2,374	2,181 91.8%	2,310	2,082 90.1%	2,374	2,181 91.8%
<b>Wairau</b>	1,536	1,464 95%	1,565	1,495 95.5%	1,690	1,608 95.1%

#### Emergency Department Nelson

There was a 2.7% decrease in the number of presentations in November 2018 (2,310) from October 2018 (2,374). There was a 0.9% increase in comparison to November 2017 (2,290).

There was an 8.1% increase in the number of presentations in December 2018 (2,374) from November 2018 (2,310). There was a 1.3% decrease in comparison to December 2017 (2,533).

## 5.2 Elective / Acute Arranged Services

ESPI 2 was Red for the month of December, with 233 patients not being seen within 120 days of referral acceptance.

ESPI 5 was Red for the month of December, with 120 patients not being treated within 120 days of being given certainty.

### Nelson Marlborough District Health Board 2018/19 Electives Initiative Report

#### 2018/19 Elective Surgical Discharges (ESD) Delivery

	Year to Date ESD Plan	Year to Date ESD Delivery	Variance from plan	2018/19 Elective Surgical Discharges
Elective surgical PUC	2,570	2,271	-299	<b>7,575</b>
Elective non-surgical PUC	69	76	7	
Arranged surgical PUC	482	568	86	
Arranged non-surgical PUC	30	50	20	
<b>YTD Elective Surgical Discharges</b>	<b>3,151</b>	<b>2,965</b>	<b>-186</b>	

'Elective Surgical Discharges' replaces the former 'Electives Health Target' and includes elective and arranged inpatient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical speciality (excluding maternity). Surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.

### MoH Elective Services Online

#### Summary of Patient Flow Indicator (ESPI) results for each DHB

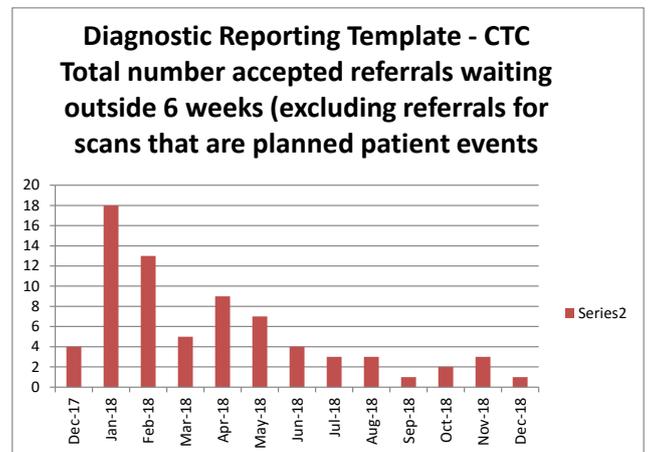
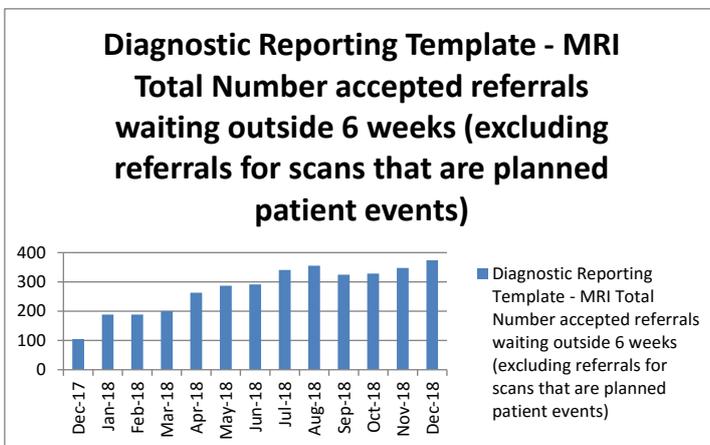
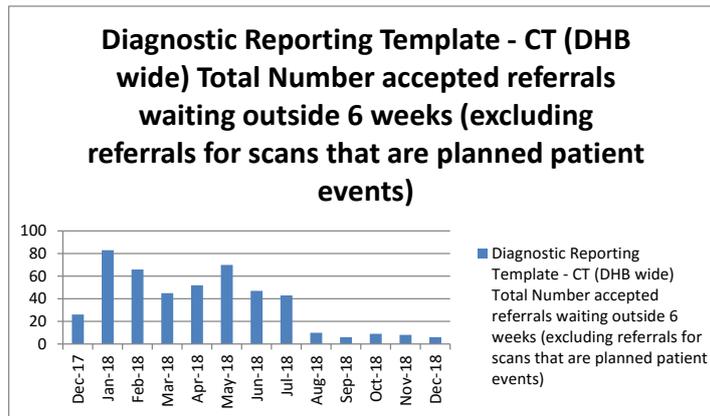
DHB Name: Nelson Marlborough

	2017		2018		2018		2018		2018		2018		2018		2018		2018		2018		2018															
	Dec		Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov													
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.																								
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 21	85.7%	3	14 of 21	66.7%	7	19 of 21	90.5%	2	19 of 21	90.5%	2	17 of 21	81.0%	4	0 of 21	0.0%	21	21 of 21	100.0%	0	21 of 21	100.0%	0	21 of 21	100.0%	0									
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	5	0.2%	-5	62	1.8%	-62	85	2.6%	-85	94	3.2%	-94	8	0.2%	-8	67	1.3%	-67	72	1.4%	-72	100	2.0%	-100	42	0.8%	-42	157	3.1%	-157	139	3.9%	-139	217	4.4%	-217
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	8	0.1%	-8	7	0.1%	-7	2	0.0%	-2	5	0.1%	-5	4	0.1%	-4	2	0.0%	-2	3	0.1%	-3
5. Patients given a commitment to treatment but not treated within the required timeframe.	16	1.2%	-16	43	3.3%	-43	22	1.7%	-22	17	1.3%	-17	15	1.1%	-15	21	2.0%	-21	45	4.3%	-45	94	0.5%	-94	126	12.0%	-126	151	13.1%	-151	179	14.2%	-179	253	19.2%	-253
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	20.0%	-1
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	476	100.0%	0	494	100.0%	0	528	99.8%	1	623	99.4%	4	479	98.6%	6	320	89.6%	37	239	89.5%	28	177	60.4%	116	201	64.0%	113	273	84.3%	51	262	89.1%	32	328	93.2%	24

National comparison of DHBs for November 2018

	1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.			2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).			5. Patients given a commitment to treatment but not treated within the required timeframe.			6. Patients in active review who have not received a clinical assessment within the last six months.			8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.		
	Level	Status %	Imp Req.	Level	Status %	Imp Req.	Level	Status %	Imp Req.	Level	Status %	Imp Req.	Level	Status %	Imp Req.	Level	Status %	Imp Req.
Auckland	31 of 33	93.9%	2	44	0.3%	-44	0	0.0%	0	391	5.6%	-391	0	0.0%	0	2986	95.9%	124
Bay of Plenty	23 of 23	100.0%	0	17	0.3%	-17	0	0.0%	0	18	0.6%	-18	0	0.0%	0	666	92.8%	53
Canterbury	X	X	0	416	4.4%	-416	110	0.9%	-110	1,273	32.3%	-1,273	18	8.0%	-18	0	X	0
Capital and Coast	21 of 23	91.3%	2	16	0.2%	-16	47	0.4%	-47	18	0.7%	-18	4	6.7%	-4	1432	100.0%	0
Counties Manukau	20 of 20	100.0%	0	291	2.4%	-291	44	0.3%	-44	81	2.3%	-81	19	3.2%	-19	1420	78.5%	390
Hawkes Bay	16 of 17	94.1%	1	521	11.8%	-521	0	0.0%	0	438	26.4%	-438	0	0.0%	0	508	100.0%	0
Hutt Valley	15 of 16	93.8%	1	3	0.1%	-3	0	0.0%	0	10	0.6%	-10	0	0.0%	0	689	100.0%	0
Lakes	11 of 16	68.8%	5	52	1.6%	-52	0	0.0%	0	6	0.7%	-6	0	0.0%	0	472	99.6%	2
MidCentral	23 of 23	100.0%	0	212	9.4%	-212	15	0.3%	-15	1,575	70.0%	-1,575	284	75.5%	-284	0	X	0
Nelson Marlborough	21 of 21	100.0%	0	217	4.4%	-217	3	0.1%	-3	253	19.2%	-253	1	20.0%	-1	328	93.2%	24
Northland	14 of 15	93.3%	1	228	5.2%	-228	2	0.0%	-2	436	20.6%	-436	0	0.0%	0	670	100.0%	0
South Canterbury	14 of 14	100.0%	0	3	0.2%	-3	0	0.0%	0	23	3.6%	-23	0	0.0%	0	205	100.0%	0
Southern	28 of 28	100.0%	0	922	12.7%	-922	71	0.6%	-71	347	12.4%	-347	7	6.7%	-7	1292	99.8%	3
Tairāwhiti	17 of 17	100.0%	0	348	15.8%	-348	0	0.0%	0	13	2.9%	-13	0	0.0%	0	274	100.0%	0
Taranaki	21 of 21	100.0%	0	304	8.9%	-304	0	0.0%	0	173	12.1%	-173	1	7.7%	-1	537	100.0%	0
Waikato	22 of 27	81.5%	5	107	1.1%	-107	20	0.1%	-20	51	1.8%	-51	2	5.7%	-2	1919	94.9%	104
Wairarapa	14 of 14	100.0%	0	156	19.2%	-156	6	0.5%	-6	72	17.7%	-72	0	0.0%	0	115	100.0%	0
Waitemata	20 of 20	100.0%	0	320	2.5%	-320	0	0.0%	0	117	3.1%	-117	0	0.0%	0	1805	100.0%	0
West Coast	18 of 18	100.0%	0	202	20.3%	-202	0	0.0%	0	19	7.3%	-19	0	0.0%	0	141	100.0%	0
Whanganui	10 of 10	100.0%	0	6	0.6%	-6	0	0.0%	0	13	1.6%	-13	0	0.0%	0	379	100.0%	0
<b>Total:</b>				4,385			318			5,327			336			15808		

5.3 Enhanced Access to Diagnostics



- MoH MRI target shows 27% of referrals accepted are scanned within 42 days (target is 85%). Machine capacity remains the major road block.

- MRI installation at Nelson has stalled temporarily in terms of obtaining building consent from Nelson City Council compounded by holiday closed downs. This is expected in early January 2019.
- Joint Venture (PRG/NMH) for the current Nelson MRI scanner will end on 1 February 2019. This will increase our capacity for MRI at Nelson.
- Preparations for implementation of 24 hour shift roster are complete. All staff have been recruited with graduated start dates to effect CT training required.

### 5.4 Improving Diagnostic Waiting Times – Colonoscopy

At the end of December, there were 377 colonoscopies waiting, of which 283 are overdue surveillance colonoscopies.

### 5.5 Faster Cancer Treatment – Oncology

FCT Monthly Report - Dec 2018														Reporting Month: Nov 2018 - Quarter 2 - 2018-2019	
As at 20/12/2018															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Dec-18 (in progress)		Nov-18		Oct-18		Quarter 2 (in progress)		Quarter 1		Quarter 1 (2017-2018)		Rolling 12 Months Dec 17-Nov 18	
Numbers as Reported by MOH (Capacity Constraint delay only)		Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
		83%	17%	88%	12%	90%	10%	88%	12%	90%	10%	95%	5%	88%	12%
Number of Records		10	2	15	2	35	4	60	8	66	7	73	4	283	37
Total Number of Records		12		17		39		68		73		77		320	
Numbers Including all Delay Codes		71%	29%	58%	42%	78%	22%	71%	29%	74%	26%	84%	16%	78%	22%
Number of Records		10	4	15	11	35	10	60	25	66	23	73	14	283	82
Total Number of Records		14		26		45		85		89		87		365	
90% of patients had their 1st treatment within: # days		69		112		73		109		85		69		83	
62 Day Delay Code Break Down		Dec-18 (in progress)		Nov-18		Oct-18		Quarter 2 (in progress)		Quarter 1		Quarter 1 (2017-2018)		Rolling 12 Months Dec 17-Nov 18	
01 - Patient Reason (chosen to delay)		0		1		1		2		5		1		9	
02 - Clinical Cons. (co-morbidities)		2		8		5		15		11		9		36	
03 - Capacity Constraints		2		2		4		8		7		4		37	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		ETHNICITY		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records	
Rolling 12 Months (Dec 17-Nov 18)								Rolling 12 Months (Dec 17-Nov 18)							
Brain/CNS		100%	4	0%	0	4		Chinese		0%	0	100%	1	1	
Breast		96%	47	4%	2	49		European nfd		100%	14	0%	0	14	
Gynaecological		74%	14	26%	5	19		Maori		72%	13	28%	5	18	
Haematological		88%	21	13%	3	24		New Zealand European		76%	219	24%	69	288	
Head & Neck		42%	10	58%	14	24		Not Stated		89%	8	11%	1	9	
Lower Gastrointestinal		64%	36	36%	20	56		Other Asian		100%	1	0%	0	1	
Lung		73%	32	27%	12	44		Other Ethnicity		100%	6	0%	0	6	
Other		20%	1	80%	4	5		Other European		71%	15	29%	6	21	
Sarcoma		67%	2	33%	1	3		Other Pacific Peoples		100%	1	0%	0	1	
Skin		94%	74	6%	5	79		Response Unidentifiable		100%	2	0%	0	2	
Upper Gastrointestinal		74%	14	26%	5	19		Samoan		100%	1	0%	0	1	
Urological		72%	28	28%	11	39		Southeast Asian		100%	2	0%	0	2	
Grand Total		78%	283	22%	82	365		Tongan		100%	1	0%	0	1	
								Grand Total		78%	283	22%	82	365	

## 6. ALLIED HEALTH

- The benefits of both the Allied Health Quality, System and Improvement Lead and the fixed term Allied Health Professional Development Facilitator is adding significant value to the Allied Health Services resulting in a number of key projects

being progressed. These include: a review of Allied Health informatics and the PICS process, progressing the clinical documentation scanning project, development of a specific equity plan, embedding the supervision framework, and a detailed survey of Allied Health practitioners access to professional development.

- The Allied Health informatic dashboard has now been developed and is currently included with all the clinical services activity.

## **7. NURSING**

- Dialysis remains a service under pressure and has undergone a practice review resulting from a patient complaint earlier in the year. This was performed by the Wellington Haemodialysis Unit on 15-16 November and verbal feedback provided to staff at the time of the review. Immediate concerns included the lack of PPE and Health and Safety. The review included an assessment of nursing practice and a competency assessment of junior nurses in the area. The report has been received and an action plan is in process of being developed to address the recommendations made.
- CCDM work continues. Employment of 21 FTE has occurred with all new staff commencing by mid-February. It was particularly reassuring to look at the strong candidates from across the country applying and being successful.
- December saw the commencement of the Intern Nurse Practitioner within the Emergency Department at Wairau Hospital. This is a key advanced practice role with the new model supported by the Medical team and other multi-disciplinary teams.
- Planning for the April Accreditation process is underway. Tasks have been allocated and a meeting planned for early January to ensure readiness for the visit including close oversight of the CCDM/SSHW addition.

## **8. MĀORI HEALTH**

### **8.1 Hauora Direct**

Review of the current assessment tool is being undertaken by the Wairau Community Clinic to enable them to familiarise themselves with what the Hauora Direct assessment tool covers. They will determine how they may pilot the tool with a small number of whanau (maybe 10), and will complete the review with an evaluation to determine the tool's benefit. Confirmation of when implementation will take place is still to be confirmed, however it is intended for the coming weeks.

A hui with Omaka Medical is being organised for 28 January to discuss the integration of Hauora Direct into their day to day practice with priority populations. Further approaches will be made to Civic Health (previously Scott Street Medical) to also consider integration of Hauora Direct into their business as usual.

A Hauora Direct pop up event at Nga Puawai a Kohanga Reo in Wairau has been confirmed for 17 March. There will be enrolment evenings held during the week prior at the Kohanga. This pop up will aim to engage with up to 40 whanau who have tamariki/pepe at the Kohanga. The event will be hosted at the Kohanga venue and will be supported by a wide range of health professionals.

## 8.2 Mokopuna Ora: Sudden Unexpected Death in Infancy (SUDI) Prevention

2018 saw Te Waka Hauora, the Māori Health & Vulnerable Populations team at Nelson Marlborough DHB, introduce a number of initiatives to protect and promote mokopuna ora in Te Tau Ihu o te Waka a Maui.

The redevelopment of the NMH Safe Sleep Device (SSD) programme involved training 34 new SSD distributors throughout the region from a number of organisations, and the purchase of a supply of SSD, including 200 Pepi Pods, 30 mini pods and 30 wahakura. Of these safe sleep devices, 141 Pepi Pods have been given out to trained distributors (with 46 of these logged and tracked to whānau), 25 wahakura have been distributed to whānau attending Hapū wānanga and the mini pods are available for whānau to use within NMH maternity services.

Hapū wānanga, our new kaupapa Māori pregnancy and parenting programme, was launched in three locations throughout Te Tau Ihu in November and December. Twenty-five hapū wāhine and their whānau attended hapū wānanga in Picton, Motueka and Stoke, with 80% of these wāhine identifying as Māori. The age of women attending ranged from 17-35 years, with an average age of 25 years, and 48% of hapū wāhine attending this programme were primips (pregnant for the first time). Hapū wānanga will be held every month throughout Te Tau Ihu.



Above: Te Waka Hauora with some of the whānau at the Nelson hapū

## 8.3 Bowel Screening Programme Roll Out

The Roadshow activities have begun to be organised and booked in to target our priority populations across Te Tau Ihu. The Bowel Screening Team will visit with organisations and communities over the coming weeks to promote the programme, provide information and answer questions from whanau. Organisations such as Te Piki Oranga (Wairau, Whakatu, and Motueka), Pacific Trust Marlborough, Pacific Trust Nelson, Crossroads, Franklin Village and Victory Community Centre are the initial venues to hold such hui. The wider community will also be engaged as the roadshow progresses.

A hui has been organised with Service Managers from TPO and the Pacific Trusts to discuss the outreach/follow up service that is being funded through the programme to assist navigation staff to contact whanau who have not completed the screen, provide education and support to complete.

## 9. CLINICAL GOVERNANCE

- The Health Innovation Awards 2018 were well received. Gillian Taylor and Deb Moore accepted the Darcy Christopher Award on behalf of the 'Stressbusters' team, a project supporting Colombian Refugees in Nelson.
- Certification is due to occur during the week beginning 8 April 2019. Work is underway to prepare for this.

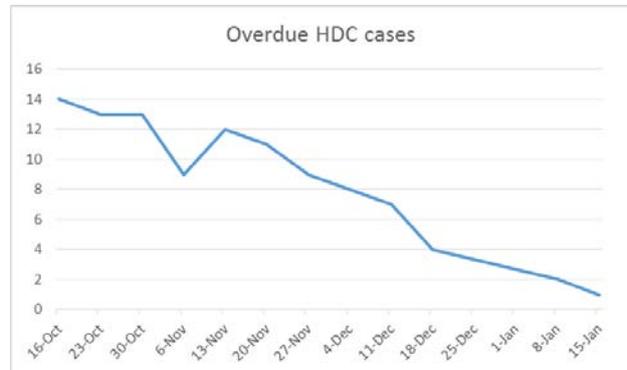
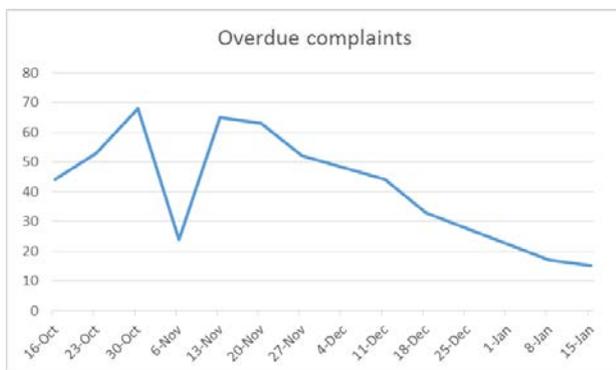
- New quality and safety markers (QSMs) from HQSC for the calendar year Q3 2018 has been released. This now includes new measures on pressure injuries and patient deterioration. We have work to do to reach national averages on these, plus work to do to address issues in falls and safe surgery. Falls assessments and plans are both substantially below the target of 90% at 73% and 72% respectively.
- The Quality Team have met with Clinical Services, Mental Health, DSS and Nursing leadership to agree the priority programmes for support in 2019. Considerations were to accommodate HQSC programmes, themes arising from adverse events and complaints over the preceding year, planned developments and priorities in Clinical Services and the output from the hospital flow work undertaken last year. The programmes decided were as follows:
  - Preventing patient deterioration
  - Roll out of eProjects: eObservations and eReferrals within the hospitals
  - Efficient Theatres
  - Valuing In-patient Time: Red to Green.
  - Mental Health: Episodes of Care
  - DSS: Medication Safety.

### 9.2 Service User Complaints

We received 37 new complaints in November compared to 60 the previous month. Forty-six complaints were closed, and 69 complaints remain open and active.

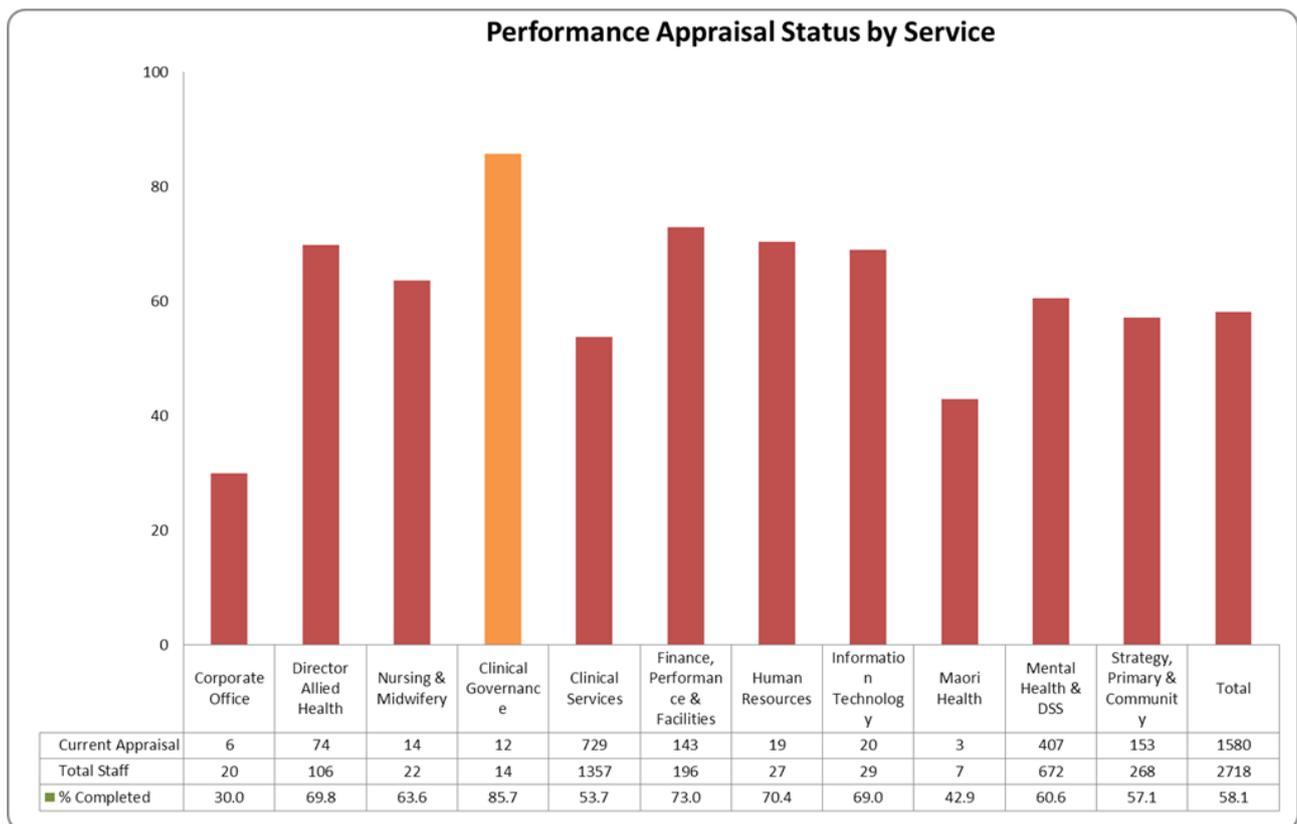
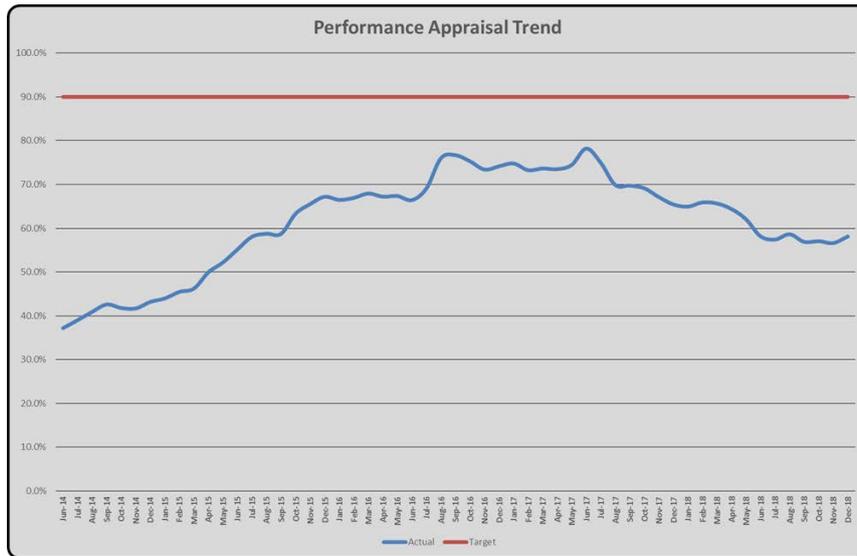
We received 32 new complaints in December, compared to 37 the previous month. Forty-one complaints were closed, and 47 complaints remain open and active.

There has been significant progress in reducing the numbers of overdue responses to complaints, a credit to the teams involved.



### 10. PERFORMANCE APPRAISALS

To date we are at 58.1% of staff with a current appraisal.



Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

**THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED**