
MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 20 February 2019
Subject: **Chief Executive's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

I think our community is in awe of the amazing response by firefighters in tackling the Pigeon Valley Forest Fire event. We can also be extremely proud of the health response in supporting those who needed evacuating at the height of the fire, especially caring for some of the most vulnerable in our community affected by the fire. A phenomenal effort by many over a number of days has ensured people have been moved to safe places of care, supported to be in alternative accommodation, ensured access to primary care and pharmacy supports, as well as supporting people who have suffered loss as a result of the fires, or found themselves both anxious and fearful. Our Public Health team has been busy ensuring people have safe water to drink, and managing the issues related to smoke exposure. Health has put in place health navigators, and provided the psychosocial supports for people affected by the fire in our community. A huge thank you to all those who have contributed over the past couple of weeks.

In the midst of the fire event we have also had significant industrial disruption this past month. We should not underestimate the work that goes into ensuring the safe provision of care for our community when various workforces take industrial action. I want to thank all those who have put so much time and effort into ensuring our core services are covered, and a big thank you to those who have stepped in, and stepped up to cover gaps in our workforce. The unfortunate consequence of strike action is that inevitably it leads to some cancellation of procedures and outpatients appointments. The team is working hard to ensure those appointments get reinstated, and to minimise any delays people in our community might experience. Again a huge thank you to all those who have worked so hard to support care.

On a more positive note, the team developing the Indicative Business Case for the Nelson Hospital Build is making superb progress, and are still on track for an April submission. The Models of Care team is ready to present the first tranche of key initiatives that will help launch the transformation programme that will help deliver a health system that is fit for the future health needs of our community.

2. PRIMARY & COMMUNITY

- A meeting was held between Hospice Nelson and Nelson District Nurses (DNs) to discuss primary and specialty palliative care and respective roles. This resulted in a decision to progress to developing a project plan for moving the Nelson DNs to taking on more palliative care patients.
- A meeting held with Hospice Marlborough and Wairau DNs resulted in a commitment to greater communication between the Hospice and DN teams. The Community Hospice Nurses have been invited to attend the DN education programme, and attendance at Hospice MDT meetings will be reinvigorated. Once Hospice Marlborough's model of care work is complete, further work will be undertaken to look at respective roles in the community.

- The Public Health Nurses (PHNs) are starting to move into their new locality-based approach.
- Planning for the school based immunisation programme is well underway for the 2019 year, with schools booked in and consent forms being prepared. Murchison Area School will be included in the programme this year.
- NMH is on target to deliver an extension of school based services to decile 4 schools by 1 April.
- In the two weeks ending 25 January, the eczema skin clinic had seen 28 clients.
- The Vision Hearing Technicians (VHTs) have met and developed a plan for aligning their service with the PHN locality approach in Nelson. Both VHTs are excited about the opportunity to consider their service and its contribution to the bigger picture. Work has begun on an audit and professional development process for the service.
- December figures for the Sexual Health service show 207 visits comprising 60 first appointments and 147 follow ups. There is significant potential to consider an outreach Sexual Health service to Franklyn Village, and support for the new School Based Health Services in Murchison.
- Meetings with the PHO Clinical Governance Groups are occurring in February to look at the roll-out of free long acting reversible contraceptive services (LARCs) for those with a Community Service Card and Q5 (low social economic) areas, and low cost consults from 1 April. There is also an aim to have LARCs provided at the Alcohol & Other Drug service.
- Health Promoters met with key government agencies including WINZ, Housing NZ, Te Puni Kokiri, Justice System and Oranga Tamariki to establish how we can work in partnership to support their organisation and the clientele they work with.
- A promotion at Richmond Sundial Square had good outcomes this month with great engagement from Maori whanau and three referrals generated. Health promoters have secured Motueka Warehouse and the Koha Shed as regular community spaces to promote the Stop Smoking Service.
- In January we received a total of 104 referrals (29 from Marlborough and 75 from Nelson). This is the largest volume of referrals since the Stop Smoking Service commenced. Of the 104 referrals, seven were Pepi First referrals.
- The Marlborough Oral Health Service has achieved a great result with completed enrolment forms this year (97%, 549 students) with the support of the Marlborough Community Oral Health Service (COHS). Enrolment documents for Nelson/Tasman Year 8 (2018) students also showed great outcomes with >95% of Year 9 (2019) students attending their initial appointment with no outstanding treatment.
- Because of the prevalence and severity of oral disease in adolescents, there has been ongoing work to increase the number of dentists contracted under the Combined Dental Agreement to provide DHB-funded adolescent oral health services.
- A recently contracted dentist in one of the most socioeconomically deprived areas of Nelson has increased coverage where previous access issues may have precluded enrolment and utilisation.
- The community oral health service is currently short of the workforce required to address arrears. Arrears have increased slightly to 24%. 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 looked at to make this permanent.
- NMDHB's newly developed Free Health Services wallet card for youth 11-19 years was distributed to agencies who work with young people, including Te Piki Oranga. There has been very positive feedback from agencies on the wallet card.

- A Health Promoter supported the drug and alcohol free Youth Music Festival as a nominated Marlborough Youth Trustee (MYT). This “Beach Fest” was held in Picton with over 270 young people attending.
- There continues to be high demand for Mental Health advocacy services and family support services, particularly in Marlborough but also in Nelson, who are under immense pressure to respond.
- Primary Mental Health services continue to encounter high demand for mental health services.
- The Individualised Placement Support pilot in Blenheim is progressing well. This pilot sees two employment specialists employed by Te Ara Mahi co-located and integrated with the Witherlea Mental Health teams. We are looking at extending this pilot for an additional six months.
- Christmas cover went well for Home & Community Support Service providers with adequate staffing and minimal disruption to services. Hospice have begun their contract for the Hospital Palliative Care In-reach Service, and this is going well. Advance Care Planning contract for GPs was implemented. We are awaiting agreement of the draft of the Health Pathways content and the completion of the on-line ACP document.

Progress – Targets & Volumes		
Target Name	Target	Actual
Smokefree DHBs	95% of patients admitted to hospital, who are smokers, are given advice and support to quit.	
B4 School Checks	1440 Total 176 High Deprivation 90% (1440) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.	1077 75% 89 56% (need to be at 75% by 7 April 2019)
8 Mth Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at 8 months of age are required to be fully immunised	Monthly results ending January 2019 Total 92% Maori 100% Pacific 0% (No Pacific) Asian 100% Total declines/opt offs 7.1% (accurate data will not be available until 11 February 2019)
2 Yr Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at the age of 2 yrs are required to be fully immunised.	Monthly results ending January 2019 Total 89% Maori 83% (15 out of 18 vaccinated) Pacific 100% Asian 100% Total declines/opt offs 9.9% (accurate data will not be available until 11 February 2019)
5 Yr Immunisations	No Target	Monthly results ending January 2019 Total 85% Maori 83% (15 out of 18 vaccinated) Pacific 50% (1 out of 2 vaccinated) Asian 100% Total declines/opt offs 12.5% (accurate data will not be available until 11 February 2019)
HPV	75% of year 8 girls in Nelson Marlborough are immunised against HPV.	

Target Name	Target	Actual										
Adolescent Oral Health	78% of eligible adolescents will utilise/attend the adolescent dental service annually (January – December)											
Cervical Screening	80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.	<table> <tr> <td>Total</td> <td>81.3%</td> </tr> <tr> <td>Maori</td> <td>74.8%</td> </tr> <tr> <td>Pacific</td> <td>77.1%</td> </tr> <tr> <td>Asian</td> <td>65.4%</td> </tr> <tr> <td>Other</td> <td>81.3%</td> </tr> </table> <p><i>(latest figures available as at November 2018)</i></p>	Total	81.3%	Maori	74.8%	Pacific	77.1%	Asian	65.4%	Other	81.3%
Total	81.3%											
Maori	74.8%											
Pacific	77.1%											
Asian	65.4%											
Other	81.3%											

3. MENTAL HEALTH & ADDICTIONS AND DSS

3.1 Emergency Response

The GM Mental Health Addictions & DSS was involved in the initial emergency response team EOC structure to address the Tasman Fire. Psychosocial response was initiated immediately and barriers to access health care were removed early. We made the call not to separate physical from psychological appointments, as we understand that they are interrelated. We also quickly deployed navigator resource in the community from NBPH, TPO, Pacific Trust and Whānau Ora. The Health Navigators are supporting each other well, meet every morning to liaise with others, and coordinate activities. The GM has attended all community meetings and the welfare meetings led by the EOC Management team. Health has had a focus on public health messaging, access to services and ensuring vulnerable populations have a targeted approach, eg schools, rural areas, Maori, Pacific, Mental Health & Addictions, older persons and those with disabilities.

DSS had a close call with the Walters Bluff fire, with four homes evacuated. The team did well to relocate to Packham Crescent for the evening, and they enjoyed a movie and fish and chips before being able to return home by 10pm that evening. The teams worked well together to achieve this.

3.2 Occupancy

Since late last year we have had very high occupancy in inpatients in both Nelson and at Alexandra Hospital. This has brought a number of challenges for staffing. The GM has initiated a need for the safe staffing programme to address the immediate needs of Mental Health.

3.3 Top of the South Impact Forum

The workstreams are progressing very well:

- Family Harm – there is very good operational structure for the service and it is heading towards business as usual. All agencies are looking to measure the benefits of this, and the impact on all of our services that this collaboration has brought.
- Youth – two very successful hui have been held with great engagement from young people. They have identified three key areas from which a collaborative work plan will now be developed. This includes mental health and wellbeing, addictions and substance use, and youth friendly spaces. They have also acknowledged the importance of training and employment for young people.
- Reducing harm caused by meth – the group is focused on better availability of resources to support public health advice and access to services, improved and targeted response to people with addictions issues, and developing an

appropriate proposal for supporting people to have a safe place to be if under the influence.

- Housing – a further community forum is being held to progress a community led response to improving housing issues across our community.

3.4 Mental Health Admissions Unit (Wahi Oranga)

	November	December	January
Admissions	33	27	30
Discharges	37	23	32
Seclusion: Episodes	44	43	32
Number of Patients	6	9	6

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

3.5 Older Persons (Alexandra Hospital)

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

	November	December	January
Bed Occupancy	90%	83%	91%
Admissions	6	3	8
Discharges	3	4	8
# Waiting for D6 Beds (dementia)	2	2	2

3.6 Addictions Service

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	Dec	Jan	Dec	Jan	Dec	Jan	Dec	Jan
Referrals	51	86	21	31	13	15	4	8

3.7 Marlborough Adult Mental Health

	November	December	January
Referrals accepted	16	8	8
Advice only or Redirected to other services e.g. ACC, AOD, primary care	9	13	10

3.8 Disability Support Services

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	
	Residential contracts - Actual at month end	176	20	9	205		175	21	9	205	
<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	
	Total number of people supported	210	23	9	242		210	25	9	244	
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	-	-				-	-			
	Vacant Beds	10	13				13	12			

4. INFORMATION TECHNOLOGY

Project Status

Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
eTriage	Electronic triage of referrals delivered via ERMS	ENT pilot successfully gone live. eTriage upgrade to version 5.3 now scheduled for July 19. Next tranche of services being prepared for a May go-live includes General Surgery, Orthopaedics, Physiotherapy, Endoscopy, Gastroenterology. Additional NMH requirements gathered to be presented at next steering group.	various	May 18	●
eRadiology	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 under way.	Mar 18	TBC	●
ePharmacy: IPS	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	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	SI PICS service pack 18.2.4 was successfully released on 23 January 2019 with a 2-hour outage from 03:45 – 05:45. Planning/testing underway for SI PICS 18.3 release (with service pack 1) on 27 February 2019.	Bed mgmt Mar 19 18.3: Mar 19		●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Planning for continued roll out to wider organisation, well underway with Wairau due to go live 18 th March within DSU, PACU and HDU area. Nelson planned for May 2019. Regional instance meetings held and awaiting plan from CDHB on integration.	July 18	Oct 18 for pilot.	●
Scanned Medical records	Scanning, indexing and storing online medical records.	Cutover to FileBound was successfully completed on 30 January 2019. Clinical feedback has been very positive. Post go-live issues have been manageable.	n/a	Jan 19	●

Name	Description	Status	Original Due date	Revised due date	
Virtual Health PoC	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		●
ICT					
DR & BCP	Update Disaster Recovery (DR) and Business Continuity Planning (BCP) to reflect new Paper Lite environment.	Capex budget in place. External Project Manager identified and scoping phase started.	TBC		●
Titanium upgrade	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		●
IaaS (NIP)	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	●

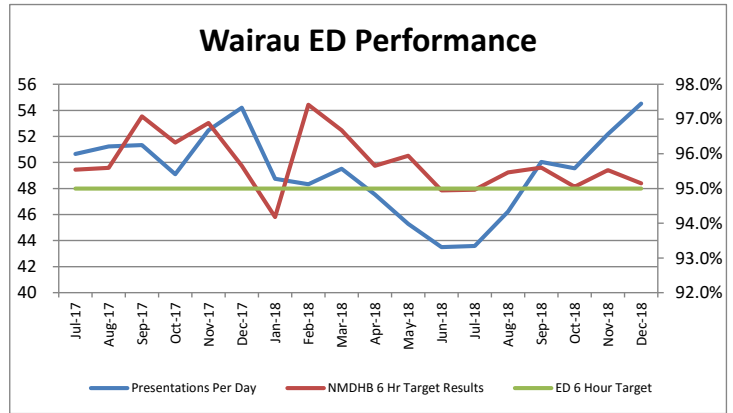
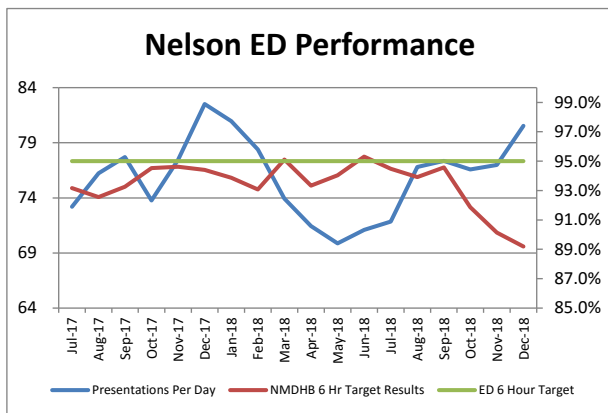
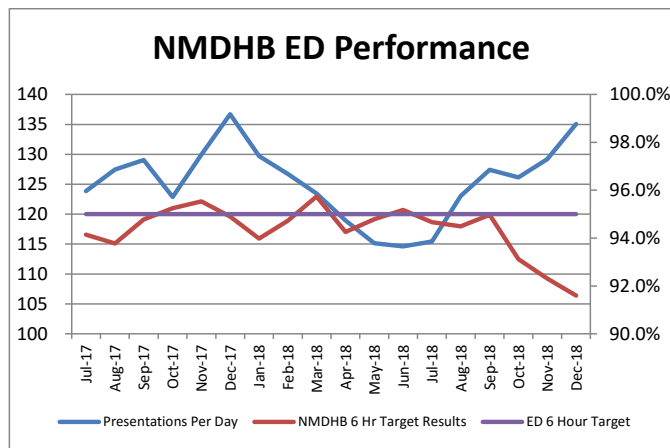
5. CLINICAL SERVICES

- January has been a difficult, demanding and challenging month for all disciplines of staff across Clinical Services with an increase in general population over the seasonal holiday period, a significant music festival, rolling MERAS midwifery strikes, two weekly RMO strikes with the first notice being given on 31 December forcing ongoing holiday period and weekend work for Senior Managers to develop the Life Preserving Services documentation in time to meet legislative deadlines, and the biggest rural fire in New Zealand for 60 years leading to the declaration of a state of Civil Defence Emergency in Nelson / Tasman. The skill, dedication and teamwork shown by all staff over this time is an absolute credit to our organisation and a fine example of living to our values.
- The strikes (and extensive contingency planning required in preparation for them) have particularly impacted heavily on the ability of the services to operate normally, caused a large amount of re-work, exerted additional pressure and consequentially had the flow on effect for our ESPI and health targets.
- Year to date, as at the end of January 2019, 3,499 discharges were completed against a plan of 3,786 (92.4%). This is under plan by 287 discharges.
- Year to date in January NMDHB has delivered 13,416 Case Weighted Deliveries (CWDs) against a plan of 12,797 (105%).
- Elective CWD delivery was 420 against a plan of 513 (82%).
- Acute CWD delivery was 1,451 against a plan of 1,201 (121%).

- The higher levels of acutes year to date as at January in these specialties, is having an impact on being able to meet the expected elective and health target discharges, particularly in orthopaedics where we are delivering 88%.
- Orthopaedic Interventions (standard intervention rates) show year to date delivery is 292 joints against a total year plan of 297, which is under plan by five.
- Cataract Initiative (standard intervention rates) year to date delivery is -81 to end January.

5.1 Shorter Stays in Emergency Department

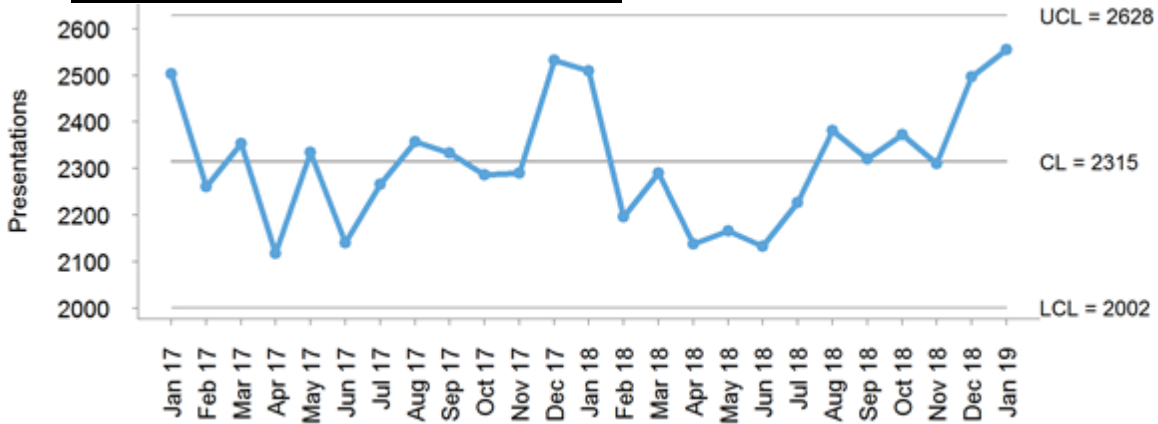
In January the Nelson Emergency Department achieved 92.1% and the Wairau Emergency Department achieved 94.8%, against a target of 95%.



Length of stay target for past 3 months

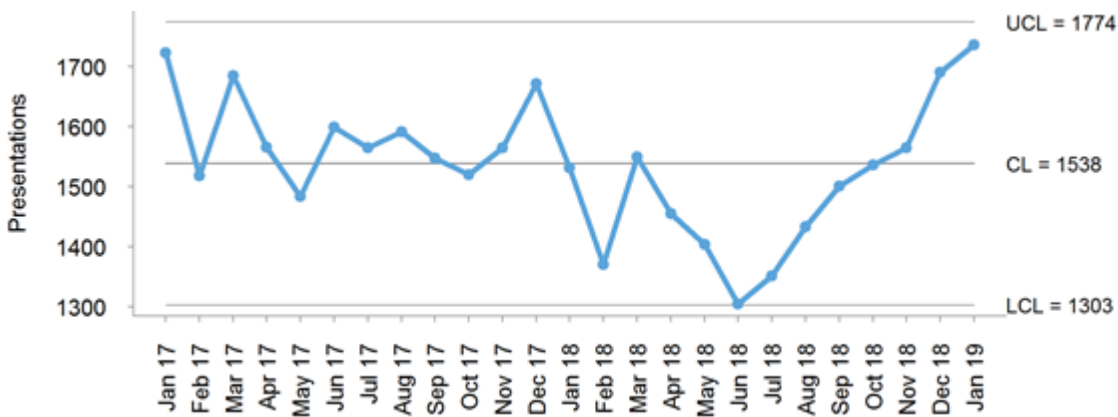
	November 2018		December 2018		January 2019	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,310	2,082 90.1%	2,374	2,181 91.8%	2,556	2,354 92.1%
Wairau	1,565	1,495 95.5%	1,690	1,608 95.1%	1,735	1,645 94.8%

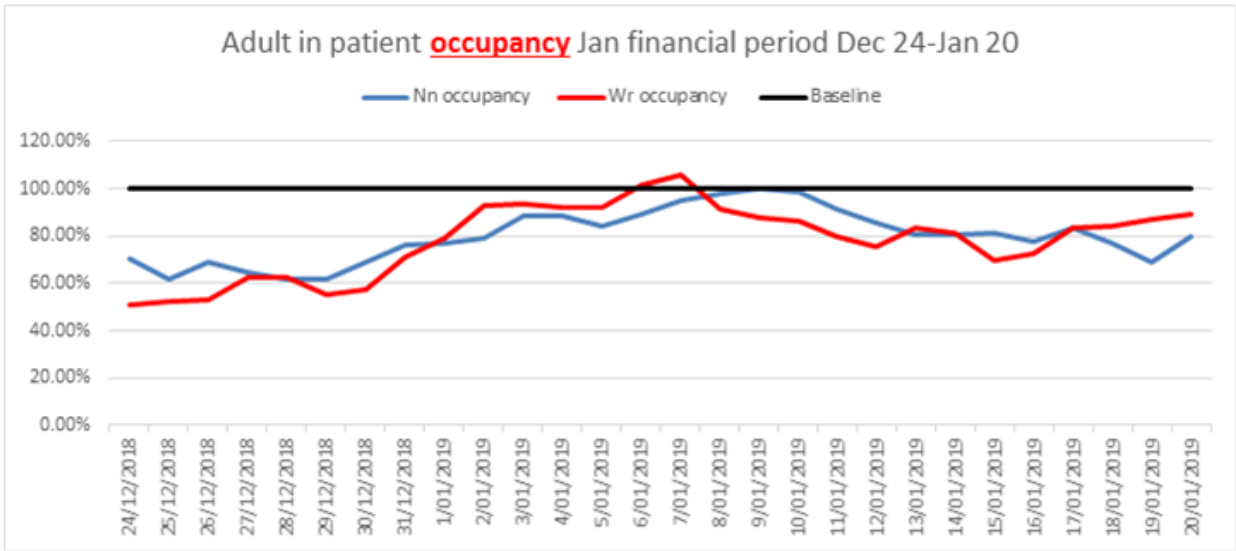
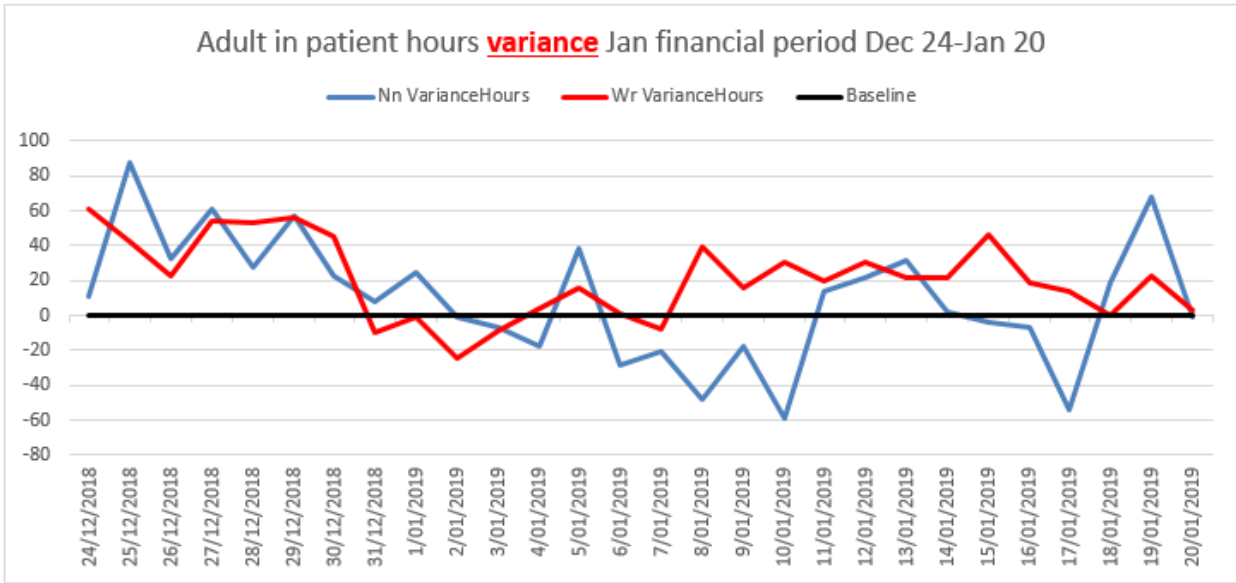
Number of Presentations in Nelson ED



Number of Presentations in Wairau

Wairau was very busy in the month of January with the number of minutes in the department reflecting this with high ED activity being the biggest driver of breaches. We continue to look at a more sustainable staffing model and how advanced nursing practice and RMOs can contribute to this.





5.2 Elective / Acute Arranged Services

ESPI 2 was Red for the month of December, with 233 patients not been 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.

ENT, General Surgery and Orthopaedics are still the main areas of focus with ESPI targets. An ENT locum has been contracted and when patients are booked this should return to Yellow status.

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	3,085	2,680	-405	7,575
Elective non-surgical PUC	83	88	5	
Arranged surgical PUC	581	673	92	
Arranged non-surgical PUC	37	58	21	
YTD Elective Surgical Discharges	3,786	3,499	-287	92.4%

'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

	2018			2018			2018			2018			2018			2018			2018			2018			2018			2018								
	Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	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.	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	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).	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	3.0%	-139	217	4.4%	-217	226	5.0%	-226
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	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	3	0.1%	-3
5. Patients given a commitment to treatment but not treated within the required timeframe.	43	3.3%	-43	22	1.7%	-22	17	1.3%	-17	15	1.1%	-15	21	2.0%	-21	41	4.0%	-41	70	6.5%	-70	78	7.8%	-78	94	8.6%	-94	121	10.0%	-121	188	15.0%	-188	225	19.3%	-225
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	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	2	40.0%	-2
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	494	100.0%	0	527	99.8%	1	623	99.4%	4	478	98.6%	6	320	85.6%	37	241	89.3%	29	180	60.8%	116	205	64.7%	112	275	84.1%	52	261	98.8%	33	330	93.2%	24	120	92.8%	8

Data Warehouse Refresh Date: 01/Feb/2019

Report Run Date: 04/Feb/2019

Notes:
 1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
 2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
 3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialities are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
 4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed from the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
 5. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.3%, and Red if 0.4% or higher.
 6. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.9%, and Red if 5% or higher.
 7. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.0%, and Red if 1% or higher.
 8. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.9%, and Red if 15% or higher.
 9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
 Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

National comparison of DHBs for December 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	114	0.8%	-114	0	0.0%	0	516	7.3%	-516	0	0.0%	0	2250	96.9%	72
Bay of Plenty	29 of 23	100.0%	0	30	0.7%	-30	0	0.0%	0	92	3.0%	-92	0	0.0%	0	486	93.1%	36
Canterbury	28 of 28	100.0%	0	2,627	25.2%	-2,627	101	0.9%	-101	2,450	62.1%	-2,450	45	19.9%	-45	0	X	0
Capital and Coast	21 of 23	91.3%	2	40	0.6%	-40	52	0.4%	-52	60	2.1%	-60	10	14.9%	-10	960	100.0%	0
Counties Manukau	20 of 20	100.0%	0	583	5.0%	-583	30	0.2%	-30	128	3.5%	-128	40	6.6%	-40	1264	83.4%	252
Hawkes Bay	8 of 17	47.1%	9	748	16.1%	-748	0	0.0%	0	538	31.2%	-538	0	0.0%	0	416	100.0%	0
Hutt Valley	15 of 16	93.8%	1	10	0.3%	-10	0	0.0%	0	13	0.8%	-13	0	0.0%	0	538	100.0%	0
Lakes	6 of 16	37.5%	10	78	2.6%	-78	0	0.0%	0	12	1.4%	-12	0	0.0%	0	377	99.2%	3
MidCentral	23 of 23	100.0%	0	9	0.4%	-9	33	0.6%	-33	520	24.4%	-520	220	54.7%	-220	603	100.0%	0
Nelson Marlborough	21 of 21	100.0%	0	226	5.0%	-226	3	0.1%	-3	225	19.3%	-225	2	40.0%	-2	120	93.8%	8
Northland	14 of 15	93.3%	1	305	6.5%	-305	6	0.1%	-6	587	26.6%	-587	0	0.0%	0	456	100.0%	0
South Canterbury	14 of 14	100.0%	0	1	0.1%	-1	0	0.0%	0	25	4.2%	-25	0	0.0%	0	150	100.0%	0
Southern	28 of 28	100.0%	0	1,063	14.3%	-1,063	53	0.4%	-53	399	14.0%	-399	5	5.8%	-5	912	99.8%	2
Tairāwhiti	17 of 17	100.0%	0	184	9.7%	-184	0	0.0%	0	18	3.9%	-18	0	0.0%	0	191	100.0%	0
Taranaki	18 of 21	85.7%	3	305	8.7%	-305	0	0.0%	0	212	14.5%	-212	1	7.1%	-1	468	99.6%	2
Waikato	10 of 27	37.0%	17	397	3.9%	-397	15	0.1%	-15	70	1.3%	-70	3	8.8%	-3	1276	93.3%	92
Wairarapa	14 of 14	100.0%	0	172	20.0%	-172	2	0.2%	-2	49	13.0%	-49	0	0.0%	0	78	100.0%	0
Waitemata	20 of 20	100.0%	0	347	2.6%	-347	0	0.0%	0	132	3.3%	-132	0	0.0%	0	1501	100.0%	0
West Coast	18 of 18	100.0%	0	197	19.1%	-197	0	0.0%	0	23	9.6%	-23	0	0.0%	0	106	100.0%	0
Whanganui	10 of 10	100.0%	0	1	0.1%	-1	0	0.0%	0	17	2.1%	-17	0	0.0%	0	297	100.0%	0
Total:				7,437			295			6,086			326			12449		

Notes:
 1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
 2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
 3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
 4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level Non-compliant Red status for ESPI 1 is temporarily removed from the 2016/17 year onwards so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
 5. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
 6. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
 7. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
 8. ESPI 6 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
 Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@mon.govt.nz).

5.3 Enhanced Access to Diagnostics

MRI numbers are 156 scanned in Nelson. Wairau MR scanned 74 patients – total of 230 for January.

MoH MRI Target shows 25% of referrals accepted are scanned within 42 days (target has been lifted to 90%). Noted machine capacity remains the major road block.

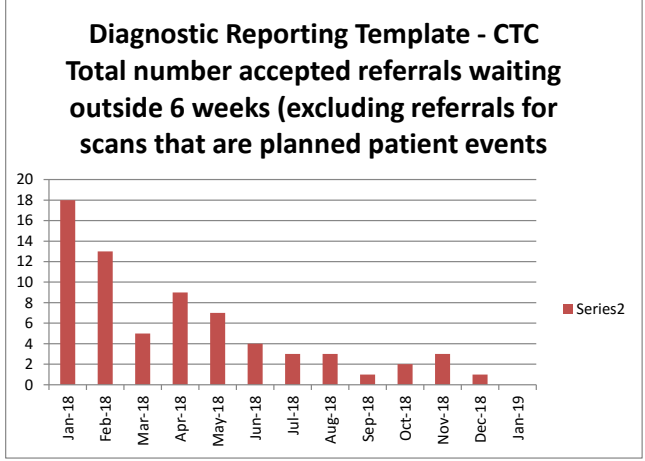
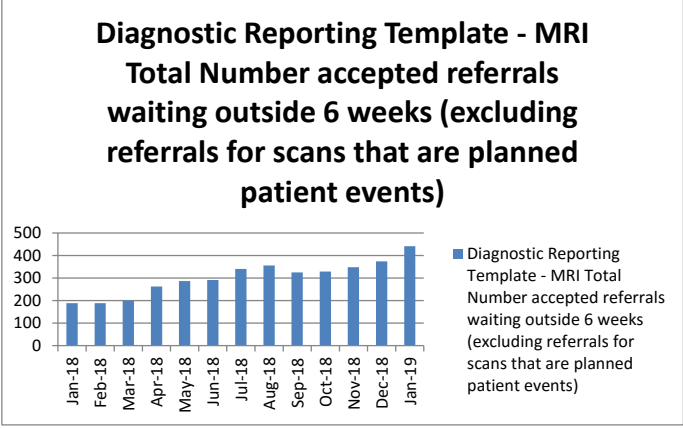
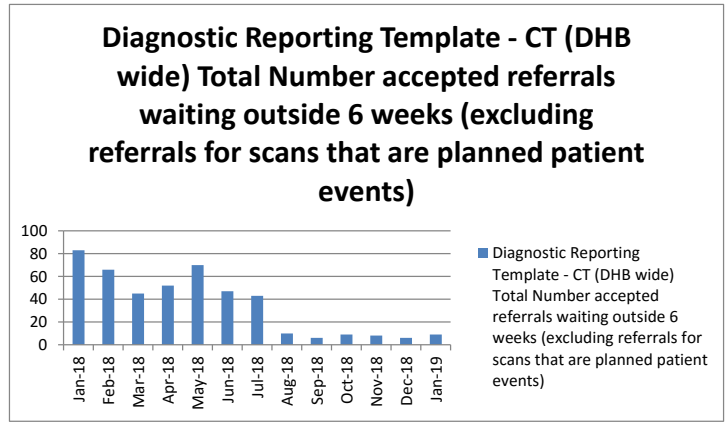
Overall waitlist for MRI is 887, however of those 392 are planned scans that are scheduled over the next two to three years.

MoH CT overall target is 72% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 92% of target with 3 patients waiting greater than 42 days, and Wairau CT is running at 65% of target with 36 patients waiting greater than 42 days.

Overall waitlist for CT is 466, however of those 323 are planned scans that are scheduled over the next two to three years

Building consent for MRI installation has now been received, with construction due to start in February. It is anticipated to have a go live date in early May.

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.



5.4 Improving Diagnostic Waiting Times – Colonoscopy
 At the end of January, there were 331 colonoscopies waiting

5.5 Faster Cancer Treatment – Oncology

FCT Monthly Report - Jan 2018										Reporting Month: Dec 2018 - Quarter 2 - 2018-2019					
62 Day Indicator Records															
As at 28/01/2019															
TARGET SUMMARY (90%)		Completed Records													
		Jan -19 (in progress)		Dec-18		Nov-18		Quarter 2		Quarter 1		Quarter 2 (2017-2018)		Rolling 12 Months Jan 18-Dec 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
		86%	14%	88%	12%	88%	12%	89%	11%	90%	10%	89%	11%	88%	12%
Number of Records		12	2	15	2	15	2	65	8	66	7	72	9	274	37
Total Number of Records		14		17		17		73		73		81		311	
Numbers Including all Delay Codes		67%	33%	71%	29%	58%	42%	71%	29%	74%	26%	82%	18%	77%	23%
Number of Records		12	6	15	6	15	11	65	27	66	23	72	16	274	81
Total Number of Records		18		21		26		92		89		88		355	
90% of patients had their 1st treatment within: # days		97		85		112		109		85		70		85	
62 Day Delay Code Break Down		Jan-19 (in progress)		Dec-18		Nov-18		Quarter 2		Quarter 1		Quarter 2 (2017-2018)		Rolling 12 Months Jan 18-Dec 18	
01 - Patient Reason (chosen to delay)		0		1		1		3		5		0		3	
02 - Clinical Cons. (co-morbidities)		4		3		8		16		11		7		31	
03 - Capacity Constraints		2		2		2		8		7		9		22	
TUMOUR STREAM						ETHNICITY									
Rolling 12 Months (Jan 18-Dec 18)						Rolling 12 Months (Jan 18-Dec 18)									
	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records				
Brain/CNS	100%	4	0%	0	4	Chinese	0%	0	100%	1	1				
Breast	96%	47	4%	2	49	European not further defined	100%	13	0%	0	13				
Gynaecological	74%	14	26%	5	19	Maori	74%	14	26%	5	19				
Haematological	90%	18	10%	2	20	New Zealand European	76%	214	24%	69	283				
Head & Neck	41%	9	59%	13	22	Not Stated	83%	5	17%	1	6				
Lower Gastrointestinal	66%	35	34%	18	53	Other Asian	100%	1	0%	0	1				
Lung	73%	35	27%	13	48	Other Ethnicity	100%	7	0%	0	7				
Other	17%	1	83%	5	6	Other European	72%	13	28%	5	18				
Sarcoma	67%	2	33%	1	3	Other Pacific Peoples	100%	1	0%	0	1				
Skin	93%	66	7%	5	71	Response Unidentifiable	100%	2	0%	0	2				
Upper Gastrointestinal	74%	14	26%	5	19	Samoan	100%	1	0%	0	1				
Urological	71%	29	29%	12	41	Southeast Asian	100%	2	0%	0	2				
Grand Total	77%	274	23%	81	355	Tongan	100%	1	0%	0	1				
						Grand Total	77%	274	23%	81	355				

6. NURSING

- The NETP and NESP Orientation and Warm Welcome took place in January and all graduates are now in the workplace. A total of 37 graduates have been employed across the district including an increase of numbers this year to the Mental Health services from four to seven placements. The first Education Day to bring the group back together will be in early March.
- Smoking cessation rates for patients hospitalised continues to improve with achievement rate for January at 97%.
- Patient track progress is on target with current process of review in Wairau of implementation and identification of learnings. The next stage is to roll out into the rest of Wairau Hospital and commence education in April, for roll out at the end of May/June in Nelson. Many learnings have been gained which will improve the experience for those subsequent areas involved in the programme.

7. MĀORI HEALTH

7.1 Hauora Direct Integration

Wairau Community Clinic and Omaka Medical are both currently piloting the Hauora Direct assessment tool within their practices. There will be some evaluation to determine its benefit. A hui with Civic Health to discuss the integration of Hauora Direct into their day to day practice with priority populations has also been organised for March, and it is hoped this will be the third site for integration in Wairau.

7.2 Hauora Direct – Nga Puawai Kohanga Reo

The pop up event at Nga Puawai has been confirmed for 17 March. There will be enrolment evenings held during the week prior at the Kohanga (11 and 12 March). This pop up will aim to engage with 40 whanau who have tamariki/pepe at the Kohanga. The event will be hosted at the Kohanga venue and will be supported by a similar wide range of health professionals.

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

Hapū wānanga, our new kaupapa Māori pregnancy and parenting programme, has been held in four locations throughout Te Tau Ihu in November through to January. Thirty-three hapū wāhine and their whānau attended hapū wānanga in Picton, Wairau, Motueka and Stoke, with close to 80% of these wāhine identifying as Māori.

The age of women attending ranges from 17-35 years, with an average age of 25.9 years.

The following provides a quick overview of progress against Mokopuna Ora:

- In 2018, we launched Hapū Wānanga, Māori pregnancy and parenting programme, throughout Te Tau Ihu. To date we have held four wānanga with a total of 41 hapū māmā registering for this programme, and 33 of these māmā attending and completing the course.
- 42% who attended the hapū wānanga were primipara (women giving birth for the first time). Compared to other publically funded antenatal courses in Nelson Marlborough, 95.9% of women attending education were first time mothers.
- 76% of hapū wānanga attendees identified as NZ Māori. Only 2.7% of women who attended other publically funded antenatal education identified as NZ Māori.
- Referrals to this programme came from a variety of pathways: 14 from NMDHB (NMH midwives, Social Work, Te Waka Hauora, Public Health), seven from Independent LMC, five from Te Piki Oranga, seven from other Māori organisations, four were self-referrals, and three were classified as Other.
- In 2019 Te Waka Hauora, the Maori Health & Vulnerable Populations team at Nelson Marlborough DHB, will also look to provide training to Safe Sleep distributors.

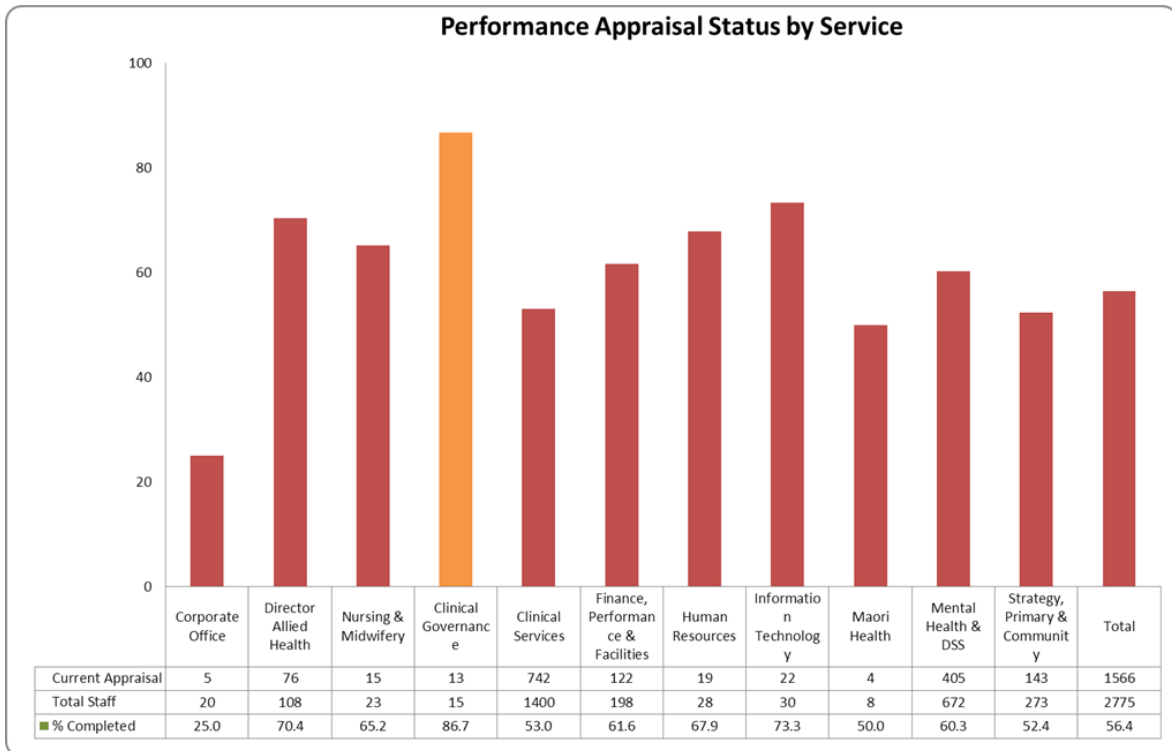
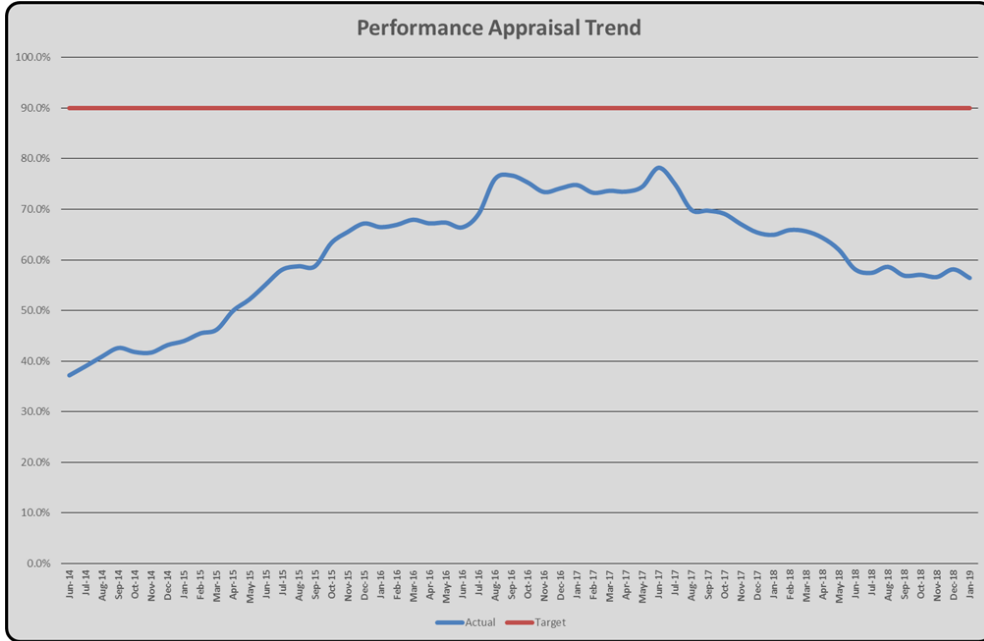
8. CLINICAL GOVERNANCE

8.1 Service User Complaints

We received 46 new complaints in January compared to 32 the previous month. Twenty complaints were closed, and 54 complaints remain open and active.

9. PERFORMANCE APPRAISALS

To date we are at 56.4% of staff with a current appraisal.



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

Chief Executive’s Report