
MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 21 June 2017
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

In my interactions with the community I am constantly reminded about two themes. The first is how hard it is, at times, to navigate the health system. Visiting with our Maori health provider, Te Piki Oranga, the team recount many instances of how they help some of our most vulnerable people connect, not only to the health system, but also with other key agencies like housing or social welfare. The challenges of access can be basic things like transport to an oral health clinic, securing a midwife, finding the money to fill a prescription or getting enrolled with a GP. The Navigator roles are key to supporting access and ensuring people and families get the support they need. I have seen the same Navigator type role playing a vital part in supporting the earthquake impacted communities down the Kaikoura coastline. Different issues, but such important supportive roles. Access is often the starting point to improving health outcomes and closing the equity gap. Navigators – be they employed, or volunteers, or neighbours in a community, they all play a vital role in connecting people to the health supports needed.

The second theme was illustrated by many a story when I attended the Grey Power AGM in Marlborough. Great care is not simply skilled care, but rather requires empathy, communication and connection. People love the skill of our clinical teams, and the amazing things they do every day however they appreciate it so much when clinicians also take the time to listen well, explain complex matters in simple language, and look at them in the eye rather than being lost in the computer screen on their desk.

The Budget was released on 25 May and NM Health was allocated \$417M for the 2017/18 financial year. This represents almost \$15M more than the current year's allocation. This is good news, but with rising demand and increased cost pressures, there will be plenty of challenge as we deliver healthcare for our community. We are in a fortunate position as a DHB, in that we are running a surplus position. This means we can both make some savings towards a future Nelson Hospital rebuild, and also will be able to invest into the health system. It will allow investment into key roles in our Hospitals and increased support for our community providers. We will be able to invest in IT systems that will help better connect the health system, and invest into new initiatives that will help close the equity gap and improve access – initiatives in partnership with other agencies to help get people back to work, or deliver healthcare in school settings, or improve access to dental care. Whatever we do, it needs to reflect our commitment to skilled, quality and compassionate care.

NM Health's financial performance for May remains on track with a year to date surplus of \$3,037k which is \$221k unfavourable to budget. Against the revised MOH budget which supports a further \$1M of savings as an efficiency target, we are \$1.08M unfavourable to budget. The results include the planned savings initiatives, and also accruals for planned new investments.

2. KEY ISSUES TO NOTE

2.1 Orthopaedic Initiative

Year to date as at the end of May, 507 joints have been undertaken against a plan of 505.

2.2 Ophthalmology

Overdue Ophthalmology follow ups have reduced to 389 (319 in Nelson, 70 in Wairau).

2.3 Cardiology

MOH targets for cardiology were achieved. Cardiac MRI waiting lists have been reduced by running two extra lists a week.

2.4 Falls

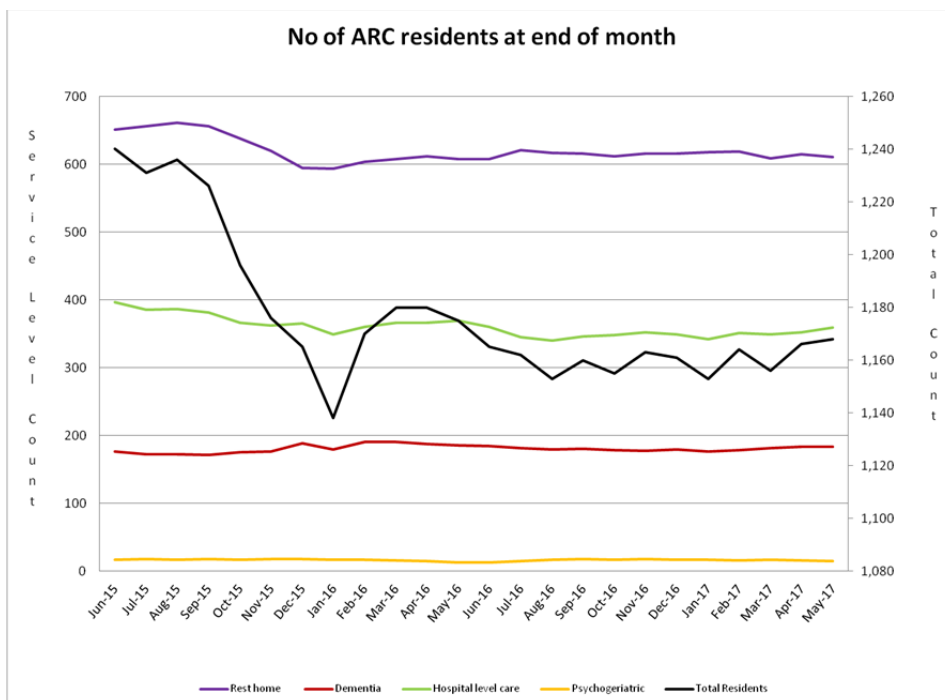
At NMH, 93% of older people were given falls assessments, above the national target of 90%, and the national average for the quarter of 90%. NMH has been consistently above this target since 2014.

For those at risk of falling, 87% received individual care plans. This is a substantial improvement on the previous two quarters, where 77% and 73% of those at risk of falling received individual care plans.

2.5 Hand Hygiene

Compliance with moments of hand hygiene dropped to 78%, falling short of the current target of 80%. Compliance remained at or just below the current target of 80% since 2015. There is room for improvement here, as three of the last four surveys of hand hygiene compliance have failed to reach the target.

2.6 Aged Residential Care



2.7 Facilities

- Business Continuity Plans development work is due to commence in June following the successful engagement of a contractor to complete the Plans. The Plans will be completed in partnership with NMH Facilities and Emergency Planning managers.
- We have advised our clinical stakeholders that we are now focusing on the short-term clinical needs ahead of the Nelson Hospital rebuild, and a workshop to agree tranches and priorities has been completed. The concept plan will be developed in June. It is important that any changes align to future models of care, which will also underpin the new facility design.
- Arthur Wicks refurbishment is now complete, other than the lifts which will be updated with new wall and ceiling lining and carpet.
- Facilities Project Status Update:

Name	Description	Status	Due date	Revised due date
Facilities				
HSNO	Obtaining test certification for Wairau and Nelson Sites	Currently purchasing required equipment to close out audit items and looking to secure the services of a new test certification organisation.		Sep 17
Asbestos	Audit of all NMDHB buildings/equipment to determine the presence of Asbestos	Survey commenced this week on the Nelson site focussing on the Braemar buildings.	Sep 17	
Working at Heights	Full survey of all building working at heights underway. This will determine our requirements	Survey underway, sitting at around 60% complete.	Jul 17	
Confined Spaces	Identification and management of working in a confined space	Currently working through the identification of confined spaces across all sites and putting into place the correct procedures for working in these.	Sep 17	
Wairau Boilers	Current isolation valves and safety valves failed.	Isolation and safety valves installed, now allowing these to be shutoff individually and repairs made.	Jun 17	
Wairau Ventilation systems – Theatre	Sensor and system malfunctioning and not providing adequate heating and cooling	Consultant currently designing modifications and specification for tender.	Jul 17	
Arthur Wicks project	Seismic Strengthening project	Works complete – Defects list complete.	Jul 17	
DSS Management to old Nurses Home	Renovate Kawai street property	Renovations underway – scheduled to be complete Aug 17	Aug 17	

2.8 Information Technology

- Health One planning continues to progress with the key engagement meeting for Nelson Bays PHO GPs held on 1 June. Implementation is currently underway.
- Orthopaedic services (district wide) are now integrated into the referral centre with no significant issues. The electronic receipt of referrals (rather than printing them off the fax machine) has been implemented in the referral centre with positive feedback being received. This is an important paper-lite step and a step towards the electronic triaging of referrals which will be implemented once the Orion Health software is available. This is currently scheduled for September/October with go live in November 2017.
- The management of our Nelson basement medical records health and safety risk has been finalised. This will complement the paper chart transformation initiative and involves re-ordering all records in Nelson to retain on site those records with a medium to high probability of recall ('familiar faces'), removing those records with a low probability of recall to offsite storage, and completely clearing records out of the basement.
- The WannaCry cyber threat meant emergency patching on all servers and PCs occurred over the weekend of 13 May. This led to a revision of our security risk profile, and a greater emphasis on ensuring NMH does not have unsupported software.
- Good progress has been made with Infrastructure-as-a-Service (IaaS), with the Department of Internal Affairs agreeing to the approach, and MOH approving the business case.
- IT Project Status Update:

Name	Description	Status	Due date	Revised due date
PaperLite				
PICS	Patient Administration System (PAS) replacement for Ora*Care	On track for re-baselined time and budget. NPF3 has been accommodated by deprioritising 2 items of planned functionality. Orion agreed verbally to add 1 field to SI PICS to enable maintenance of the PAS – TMS interface. Next milestone 1 st Aug software delivery.		Apr 18
HealthOne	Shared patient record portal with primary and secondary care	Marlborough PHO auditing GP practices prior to software being installed completed. Planning meeting with vendor and PHO PMs held.	Jul 17	

Name	Description	Status	Due date	Revised due date
Patientrack	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	With PICS ramping up, need to re-assign Project Manager duties. Nurse led recruiting underway, contract with MKM being finalised. One ward will be trialled first.	Jul 17	Dec 17
Paper Chart transformation	Digitization of Paper Medical Chart: scanning, indexing and storing.	Capex approved, vendor and software solution chosen. Workshops with clinicians scheduled.	Ongoing	
MedChart	Electronic medication Prescribing & Administration (ePA).	Pre initiation phase. Currently programmed for FY17/18 Q4 to implement to Wairau only first.	TBC	
eRadiology sign-off	Electronic sign-off for radiology results.	Follow on from eLab sign-off, remaining in scoping phase while eLab sign-off bedded in. Need to clarify with clinicians and region whether eRadiology ordering should be implemented first. This is the recommendation of CDHB and NMH project team.	Jun 17	May be revised.
eTriage	Electronic triage of referrals delivered via ERMS	Awaiting regional solution from Orion Health due September 2017. Electronic referrals being received into HCS as of Mon 22 May.	Oct 17	Nov 17
ICT				
IaaS (NIP)	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre.	Transition solution agreed – CCL Nelson stage 1 – Revera/CCL ChCh stage 2. Integrated transition plan due by Friday 2 June.	Jun 17	
Exchange upgrade to 2013	Replace end of life Exchange 2007 email server with Exchange 2013	Planning complete, upgrade in progress.	Mid Jul 17	
Desktop replacement	Replace old desktops and upgrade to Windows 10	Dell PCs have been deployed. Issue with USB dock is delaying deployment of 100 laptops. Dell have agreed to replace all docks with a new model.	Jun 17	
VDI Upgrade	Update to a newer supported version of VDI (z workstations), and upgrade switches.	Capex approved, upgrade underway	Aug 17	

Name	Description	Status	Due date	Revised due date
Development				
TMS	Theatre Management System developed in-house	Phase 1: Enhancements to be deployed to TEST by 16 May 2017. Test scripts to be developed. Delay due to additional Phase 1 business requirement to deliver enhanced acute case form. Projecting Phase 1 to PROD by mid-June.	1: Apr 17 2: Oct 17	1: Jun 17 2: Oct 17
EDaaG	Emergency Department at a Glance developed in-house enhancements	Working on ACC 45 web services integration as priority. Current blocker with a web service element may need external support. This is a dependency for PICS 17.2 release.	Oct 17	
Vehicle booking system	Extend Nelson booking system to be used for Richmond and other hubs.	An interim solution was identified, which required only relatively minor data-level configuration changes within the eFleet system. These changes were made in Test and Production, and this solution is now being evaluated by the Fleet Coordinator.	Jun 17	
Capex form online	Create an online form and workflow to replace the paper capex form.	Resource will be resolved by having new developer work on this as first project, alongside external service provider.		
NPF data extraction	Scripts to derive required fields and automate extraction from OraCare	Next deadline is 30 Jun for referral data up to Dec 16. Extract 11 completed and submitted to MoH with 99.8% acceptance. Changes to NPF data specification around Encounter Outcome data will require additional development. Data Analysis specialist is picking up the ongoing development and maintenance of the NPF solution, including any future development requirements.	Next deadline: 30 Jun 17	

3. PERFORMANCE INFORMATION

3.1 Health Targets

Year to date, as at the end of April, NMH delivered 6,439 discharges against a plan of 6,214 (103.6%).

Nelson Marlborough District Health Board 2016/17 Electives Health Target Report

2016/17 Health Target Delivery				
	Year to Date HT Plan	Year to Date HT Delivery	Variance from plan	2016/17 Health Target
Elective surgical PUC	5,029	5,285	256	7,517
Elective non-surgical PUC	137	145	8	
Arranged surgical PUC	986	940	-46	
Arranged non-surgical PUC	62	69	7	
YTD Health Target	6,214	6,439	225	103.6 %

Health Target includes elective and arranged inpatient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (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.

	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Final Published Health Target Result	107.3%	107.1%	104.5%	

3.2 Mental Health

3.2.1 Activity – Specialist

	Last Three Months			Year to Date	Year End 15/16
	Mar-17	Apr-17	May-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	35	28	30	31	26
Inpatient Acute LOS (days)	15.30	14.32	15.92	15.4	12.8
Inpatient Seclusion Use (hours)	22.0	225.3	216.1	74.9	260.9
Inpatient Seclusion Client Count	3	3	8	3	8
Community Crisis Contacts ***	156	94	48	153	150
People Seen In Month **	2039	1912	1892	1926	N/A
Psychogeriatric IP Admissions	7	6	6	8.2	5.7
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	91.3%	102.0%	84.5%	87.4%	88.0%

* N/A - figures not available at time of report completion, ** Change in data collection / reporting metric (no prior years data).

*** Provisional figures only (due to timing), may change once all data has been received and loaded.

3.2.2 Activity – NGO

Service	Last Three Months			Year to Date	Year End 15/16
	Mar-17	Apr-17	May-17	Monthly Average	Monthly Average
Emerge*	23	23	0	27	33
Gateway Housing Trust	177	181	185	186	172
MHSS	35	35	35	35	37
Te Whare Mahana	29	36	34	39	46
Te Ara Mahi	98	85	75	91	93
Health Action Trust (Kotuku)	22	14	24	19	20
Care Marlborough - day activity (average clients per day)	17	14	14	15	15
The White House (average clients per day)	16	15	16	13	16
SF Nelson (contact hours)	78	75	75	83	58
SF Blenheim (contact hours)	99	98	113	98	144
St. Marks	50	36	45	42	33
Te Piki Oranga	310	320	245	290	172

* N/A - figures not available at time of report completion

3.2.3 Integration Programme Update

The workstreams are progressing well. Independent Living and the Immediate Support workstreams have completed their five meeting process, and two others are nearing completion. The Workforce, Quality and Maori model of care workstreams are developing and making good progress.

3.2.4 Mental Health Service Inpatients Occupancy

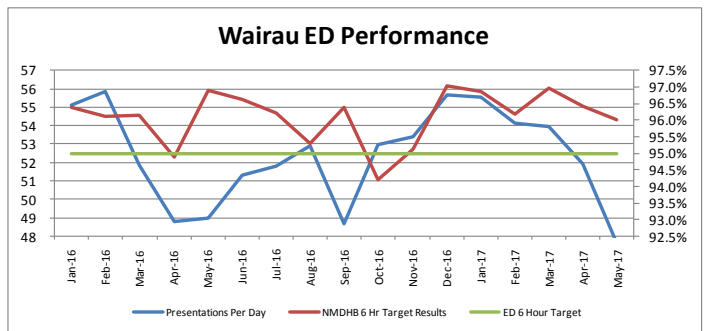
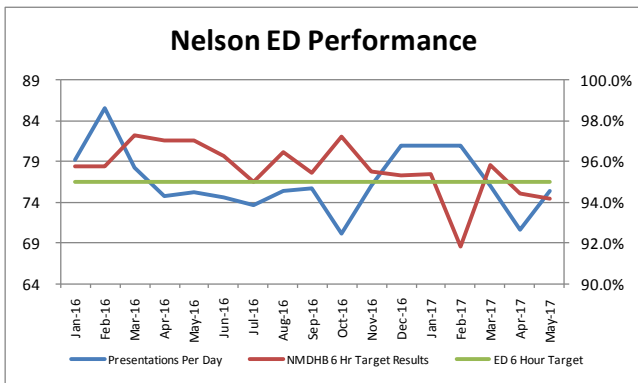
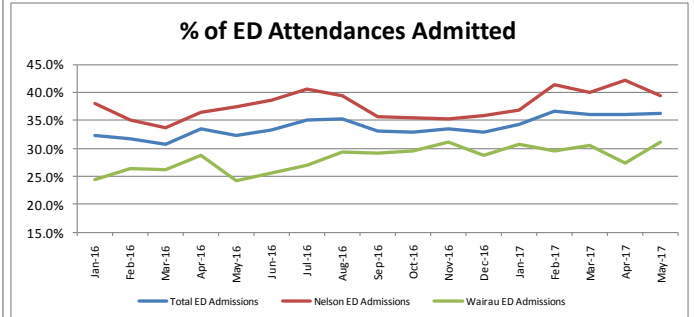
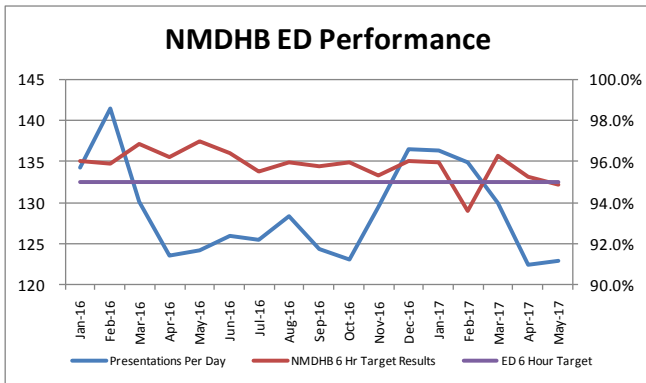
There has been higher than average occupancy across our mental health facilities for May.

3.3 Disability Support Services

Intellectual & Physical Disabilities		Current May 2017			YTD May 17	
Contracted Services		IDSS	PDSS	Total ID & PD	Total ID & PD	
Service provided	Current Moh Contract	As per Contracts at month end	168	17	185	
	Beds – Moh Individual contracts	As per Contracts at month end	9	1	10	
	Beds – P&F - Chronic Health Conditions	As per Contracts at month end	2	10	12	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1	2	
	Total number of service users contracted	Residential contracts - Actual at month end	180	29	209	
	Vacant Beds	Actual at month end	10	6	16	
	Total available beds		190	35	225	
	Total number of service users supported	Residential service users - Actual at month end	180	29	209	
	Beds – Respite	Service users at month end	2	3	5	
		Personal cares service users - Actual at month end	0	1	1	
	Total service users supported		182	33	215	
	Total available bed days		6,014	961	6,975	73,319
	Total Occupied Bed days	Actual for full month - includes respite	5,752	771	6,523	68,912
	<i>Note: **7 PDSS service users occupy ID beds & 3 ID SU in PD beds</i>					
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	96%	80%	94%	94%	
		Last month	Current month			
Total service users supported		211	215	increase 4		
Referrals	Total referrals	14	11			
	New Referrals in the month	-	-			
Of above total referrals	Transitioning to service	9	6			
	On Waiting List	5	5			
Vacant Beds at End of month		19	16			
	Less referrals	- 14	- 11			
	Actual vacancies	5	5			

3.4 Shorter Stays in Emergency Department

There was a 10% increase in presentations to ED for May in Nelson, noting 56% of breaches are attributable to waiting for ward beds and teams.

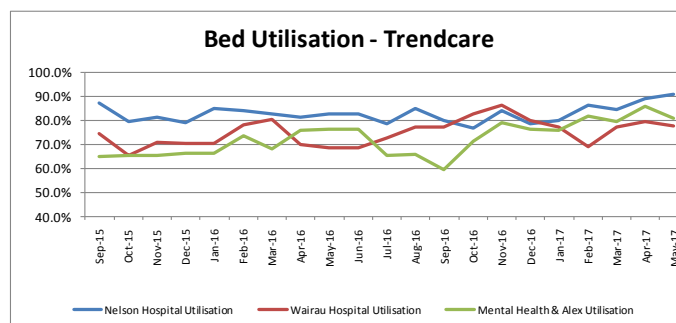


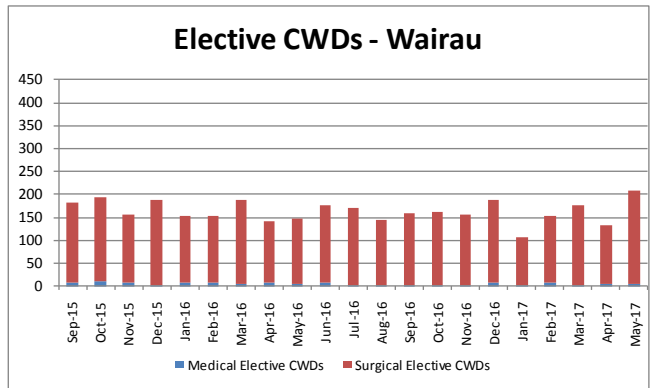
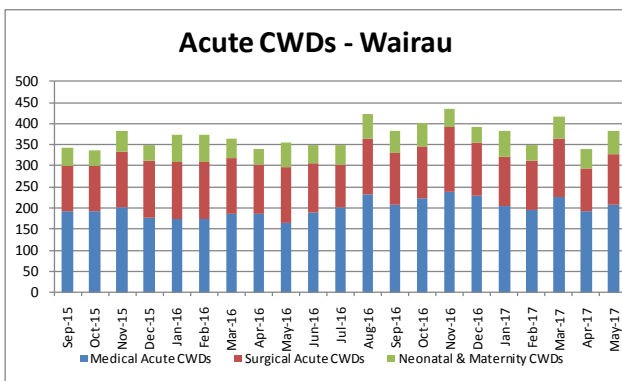
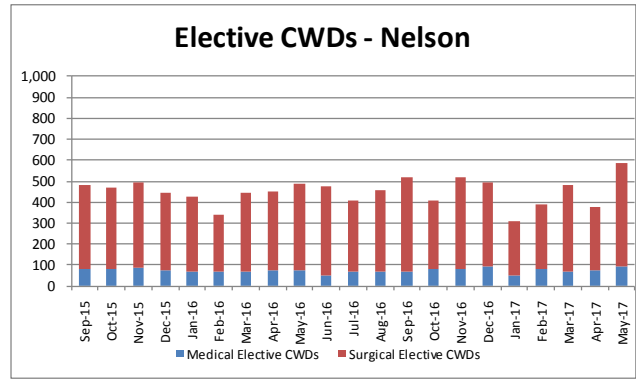
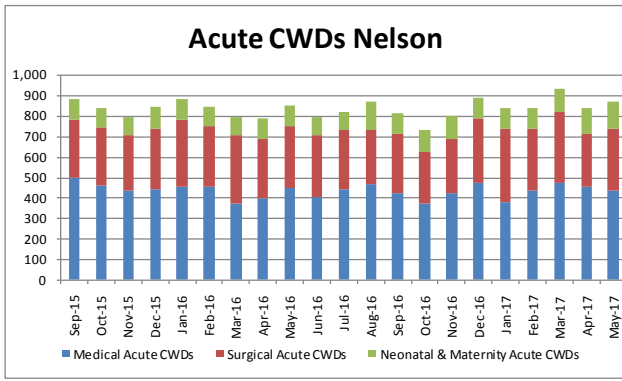
In May 95% of patients were admitted and discharged within the six hour guideline.

	Above 6 hr	Below 6 hr	Total
3911	135	2,193	2,328
3811	55	1,413	1,468
Total	190	3,606	3,796

3.5 Hospital Occupancy / Acute Demand

Hospital occupancy has been challenging throughout the month, with the Day Stay Unit staying open overnight on 14 days, and three Saturdays, to accommodate extra orthopaedic and ESPI activity.





3.6 Elective / Acute Arranged Services

NM Health continues to meet our MOH requirements for elective surgery with the number of elective surgical procedures at 103.6% of the Health Target year to date. The DHB was compliant in May for both ESPI 2 (wait time for FSA), and ESPI 5 (wait time for elective surgery).

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016		2016		2016		2016		2016		2016		2016		2017		2017		2017																	
	May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr													
	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.												
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	21 of 21	100.0%	0	21 of 21	100.0%	0	7 of 21	33.3%	14	19 of 21	90.5%	2	14 of 21	66.7%	7	17 of 21	81.0%	4	20 of 21	95.2%	1	14 of 21	66.7%	7	20 of 21	95.2%	1	19 of 21	90.5%	2	21 of 21	100.0%	0	17 of 21	81.0%	4
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA)	11	0.3%	-11	12	0.4%	-12	11	0.3%	-11	12	0.3%	-12	12	0.3%	-12	12	0.3%	-12	39	1.1%	-39	12	0.4%	-12	73	2.1%	-73	29	0.8%	-29	12	0.4%	-12	44	1.3%	-44
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (uTT).	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	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	13	0.9%	-13	13	0.9%	-13	13	0.9%	-13	11	0.7%	-11	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	49	3.5%	-49	46	3.2%	-46	13	0.9%	-13	13	0.9%	-13	34	2.3%	-34
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	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	693	100.0%	0	629	100.0%	0	563	100.0%	0	703	100.0%	0	551	100.0%	0	526	100.0%	0	625	100.0%	0	534	100.0%	0	457	99.8%	1	600	100.0%	0	711	100.0%	0	544	100.0%	0

Data Warehouse Refresh Date: 02/Jun/2017

Report Run Date: 06/Jun/2017

Notes:

- 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.
- 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.
- 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.
- 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 for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
- ESPI 1 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.
- ESPI 1 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- 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 0.99%, and Red if 1% or higher.
- 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 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- From 01 July 2015 the ESPI 5 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@dmoh.govt.nz).

3.7 Theatre Cancellations

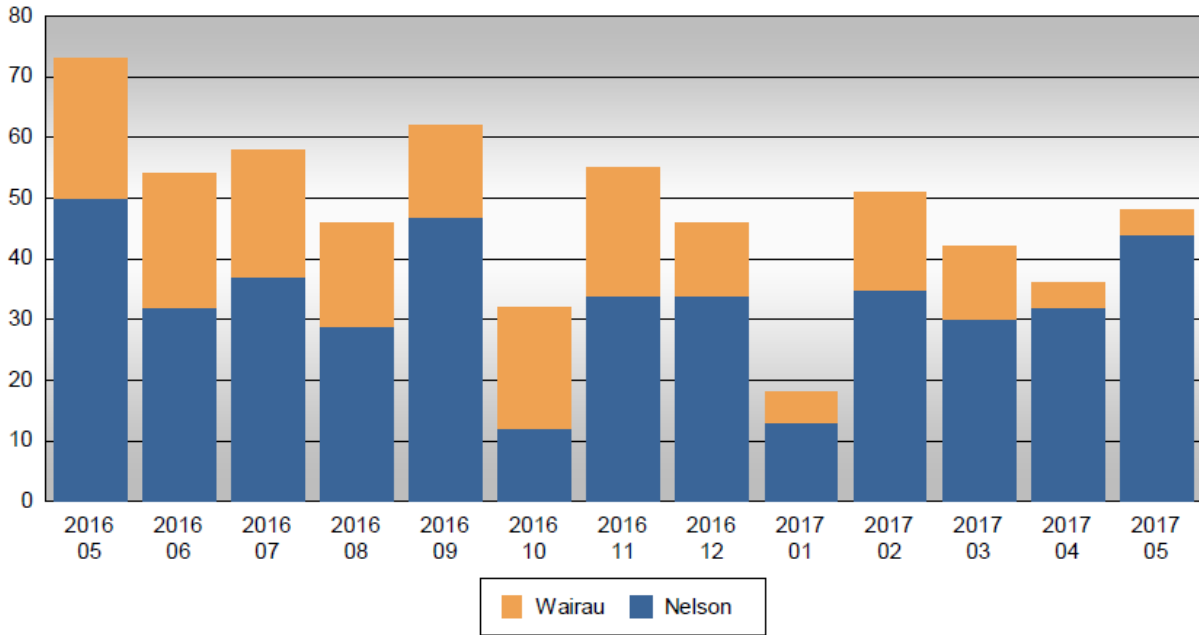
Theatre Cancellations Report YTD

For Wairau Theatres 1-4* and Nelson Theatres 1-6*

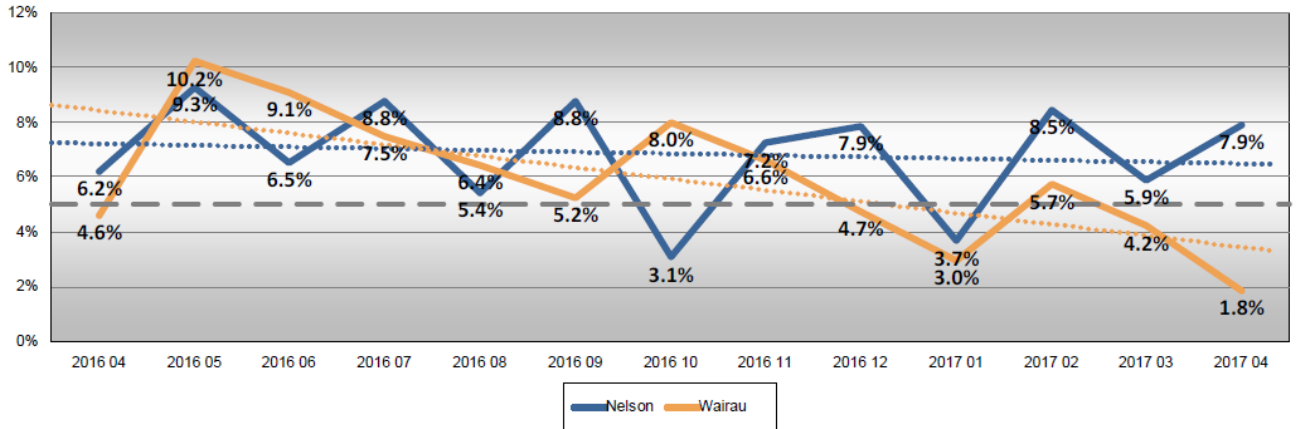
Report date:
7-Jun-17

This report includes all cancellations** for the above theatres, for all TMS data entered as at 7-Jun-17, Financial year-to-date (YTD) reported by TMS Case-Date.
**Cancellation defined as a TMS Event with a cancel code loaded, *Ward/Clinic Code EXCLUSIONS: Nelson NAC, Wairau NAC, CSE, JHE, ECL, GSE, SVE, SME & RRE.
Private Theatre events (isPrivate = true) are EXCLUDED.

Theatre Cancellations



Cancellation Rate by Site



Cancellation by reason and speciality over a rolling 13 months is as follows.

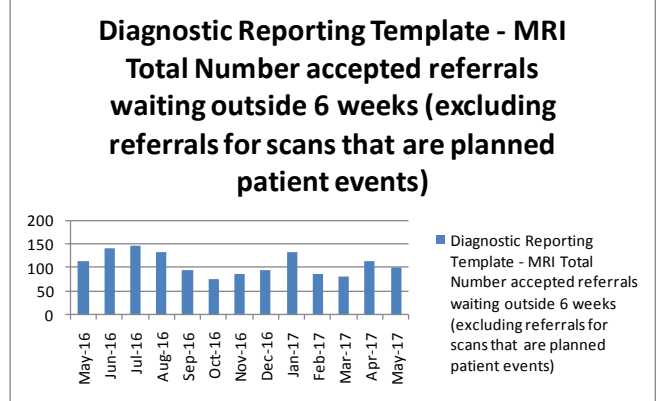
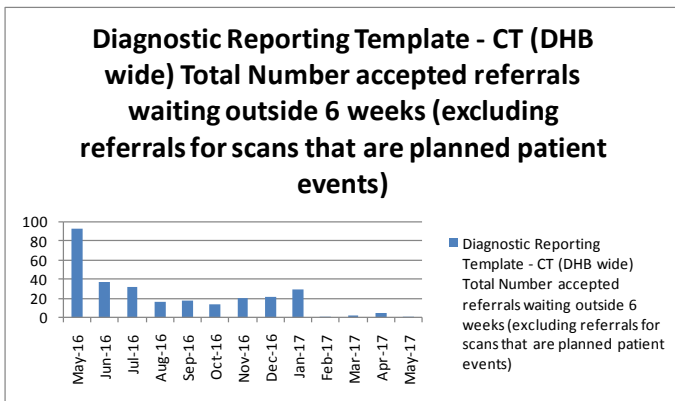
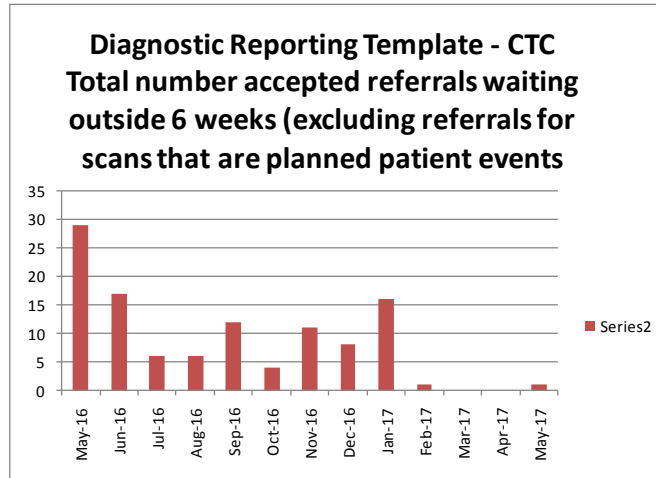
Cancellations by Reason and Speciality

Refer to Report header for reporting definitions

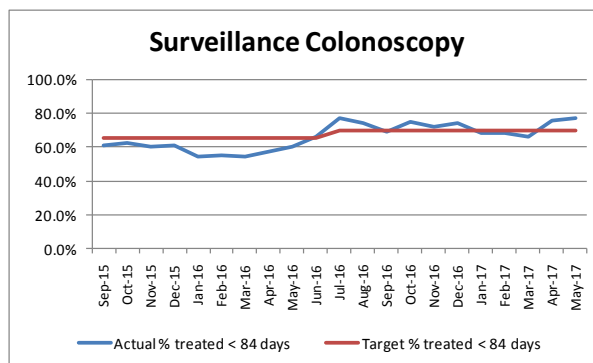
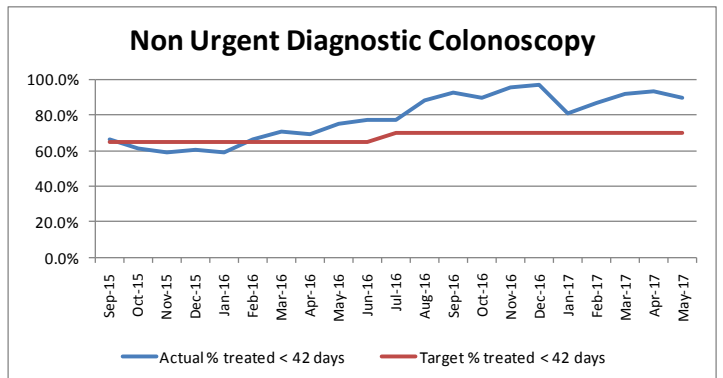
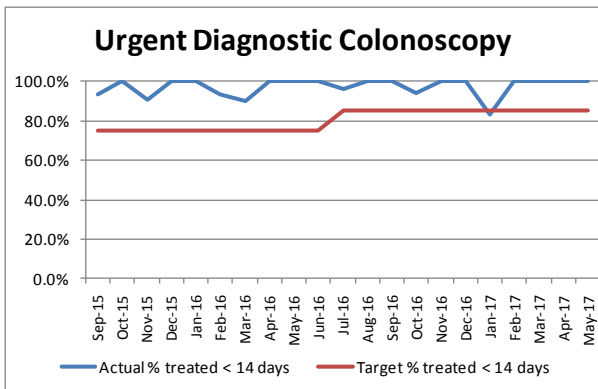
For Wairau Theatres 1-4* and Nelson Theatres 1-6

	Cancellation															Total Cancellations	
	Did not attend/self cancel (patient)	Equipment/environmental failure related to OT	Inadequate pre-operative preparation	Insufficient operating time in current list (patient cancelled)	Medical staff under OT control not available (Surgeons,	Need to substitute an emergency case	No bed available (Including ICU bed & Ward bed	Nursing staff under OT control not available	Operation no longer needed by patient	Operational issue - consent, incomplete preparation by	Other theatre staff not available	Patient acutely unwell (patient unfit for surgery)	Patient not nil by mouth (patient unfit for surgery)	Previous list overun	Scheduled case cancelled in PAS		Theatre list overbooked (with patient cancelled prior to start of
Dental	9	-	1	-	7	1	1	-	-	-	-	4	-	-	-	-	23
ECT	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	3
ENT	7	9	1	8	7	11	5	-	5	2	-	7	1	-	-	-	63
General surgery	3	1	4	14	2	22	2	-	5	1	-	4	-	-	1	-	59
Gynaecology	11	-	-	7	6	2	3	-	7	1	1	2	2	-	-	1	43
No Speciality	6	3	2	12	7	29	16	-	9	1	2	8	2	-	-	-	99
Obstetrics	1	-	-	-	1	1	1	-	4	-	-	2	1	-	-	-	11
Ophthalmology	1	1	2	1	4	-	1	1	-	-	-	4	-	-	-	-	15
Orthopaedics	3	4	1	13	6	27	2	-	5	2	3	8	2	-	-	-	76
Pediatric Urology	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Urology	6	-	2	8	2	-	4	-	-	-	-	7	4	-	-	1	34
Vascular	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	2
Nelson	49	18	13	64	43	93	35	2	35	8	6	46	12	-	3	2	429
Dental	1	-	-	-	-	1	-	-	-	-	-	2	-	-	-	-	4
Endoscopy	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
ENT	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
General surgery	1	5	3	5	24	-	-	2	6	1	-	10	-	1	-	-	58
Gynaecology	4	2	1	5	1	2	-	-	-	-	-	3	-	-	-	-	18
No Speciality	8	-	1	7	9	9	-	-	7	-	-	7	-	-	3	-	51
Obstetrics	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Ophthalmology	3	-	-	-	2	-	-	-	-	-	-	-	1	-	-	-	6
Orthopaedics	-	5	-	9	2	5	-	3	2	-	-	8	-	-	-	-	34
Paediatric (Visiting Surgeon) Plastic surgery	-	-	-	-	3	-	-	-	1	-	-	1	-	-	-	-	5
Urology	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Urology	6	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-	9
Wairau	28	12	5	27	41	18	-	5	18	1	-	32	1	1	3	-	192
Total	77	30	18	91	84	111	35	7	53	9	6	78	13	1	6	2	621

3.8 Enhanced Access to Diagnostics



3.9 Improving Diagnostic Waiting Times – Colonoscopy



3.10 Faster Cancer Treatment – Oncology

The FCT target for NMH has reached 85%, and we are now working towards 90%.

FCT Monthly Report - May 2017						Reporting Month: Apr 2017 - Quarter 4 2016-2017				
						As at 01/06/2017				
62 Day Indicator Records										
TARGET SUMMARY										
Completed Records										
	May -2017 (in progress)		Apr-17		Mar-17		Quarter 4 (in progress)		Year to Date	
	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
62 Day Indicator Records	74%	26%	93%	7%	87%	13%	84%	13%	85%	15%
Number of Records	20	7	28	2	33	5	48	9	291	53
Total Number of Records	27		30		38		57		344	
85% of patients had their 1st treatment within: # days	75		48		60		62		63	

Quarter 3		Previous Year (2016)	
Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
87%	13%	81%	19%
86	13	249	58
99		307	
60		63	

YEAR TO DATE						Ethnicity					
Tumour Stream	% 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		0		0	0	african	100%	1		0	1
Breast	95%	73	5%	4	77	asian not further defined	100%	2	0%	0	2
Gynaecological	92%	12	8%	1	13	don't know	0%	0	100%	1	1
Haematological	100%	14	0%	0	14	european not further defined	73%	8	27%	3	11
Head & Neck	82%	23	18%	5	28	not stated	100%	1	0%	0	1
Lower Gastrointestinal	91%	40	9%	4	44	nz european	87%	251	13%	36	287
Lung	57%	25	43%	19	44	nz maori	44%	8	56%	10	18
Other		0		4	4	other european	84%	16	16%	3	19
Sarcoma		0		1	1	response unidentifiable	100%	1	0%	0	1
Skin	91%	71	9%	7	78	samoan	100%	1	0%	0	1
Upper Gastrointestinal	91%	10	9%	1	11	southeast asian	100%	1	0%	0	1
Urological	75%	21	25%	7	28	N/A	100%	1	0%	0	1
Blank	100%	2	0%	0	2						
All Streams	85%	291	15%	53	344	Grand Total	85%	291	15%	53	344

3.11 Primary & Community

3.11.1 Rheumatology

The Rheumatology contract variation has been signed for an expansion of service capacity. Wait lists are reducing in both Wairau and Nelson/Tasman.

3.11.2 Community Engagement Meetings

Eight community engagement meetings were held across the district in May to provide an update on the Primary & Community Health Strategy (on behalf of ToSHA). Overall, the meetings provided valuable insights into the health needs of our community and local perceptions of high priority health issues.

3.11.3 Service Reviews

Several Service reviews have commenced in May including Murchison Health Centre, Mental Health & Addictions NGO (Primary & Community), District Nurses, Health Promotion and Palliative Care.

3.11.4 Health Pathways

There were 1,080 people who accessed the Health Pathways website in May 2017.

3.11.5 Oral Health

Improving enrolment of under-five year olds is a focus for 2017. This includes Community Oral Health Services working with Public Health Nursing, the Oral Health Project at Pacifica Trust (and in turn Te Piki Oranga) and Victory School on supporting increased enrolments, along with getting kids to their appointments. An emerging issue is that while enrolled in the service, the 'Did Not Attend' rate is high for vulnerable kids. Further work on this is required.

3.11.6 Sweet Enough Water Only Initiative

The Sweet Enough Water Only Schools, Early Childhood Education (ECE) Sector and Sport Organisations initiative was launched on 29 March at symposiums held at the Richmond and Blenheim Health Hubs. The focus has been on getting schools, the early childhood sector and sports organisations to adopt water only guidelines – creating healthy drinking consistency from the classroom to the sports field. Uptake of the guidelines in the first two months has been fantastic and more schools and sports organisations are coming on board every week.

Specifically, the guidelines give schools, ECE centres and sport organisations the ability to adopt water and plain milk as the only drinks provided to students and sport participants respectively. The guidelines have been adapted from the Ministry of Health and Education's guideline recommendations sent to every school in the country at the beginning of 2016. The initiative also directly relates to the Better Public Services Result 3: Keeping kids healthy. In particular it connects with the goals to promote good oral health to parents and children in high need communities and implementing aspects of the New Zealand childhood obesity programme. The goal of the initiative is to make the immediate environment one conducive to promoting water and plain milk as the only drink options and where teaching staff and sport organisers role-model healthy drinking habits.

At the time of writing 34 schools, 20 kindergartens and five sport organisations had adopted water only guidelines.

Between mid-March and late-June 2017, 81 of the 83 school principals in Nelson, Tasman and Marlborough will have had one-on-one meetings with the Sugar Sweetened Beverages Project Manager (2 schools have declined meetings). During this same period, Nelson and Marlborough Playcentre and Kindergarten Association leaders have been met as well as all major sporting code leaders. At meetings, the Sweet Enough programme and the reasoning behind it is discussed and individualised guidelines presented. Principals, early childhood leaders and sport organisation heads generally take the guidelines back to their Boards for discussion and ratification.

Work has begun on developing a conjoined Healthy Sales Initiative. The Healthy Sales Initiative will be a voluntary code of conduct where retailers that sell sweet drinks can sign-up to not sell them to students before and during schools hours. It will be delivered along side Communities of Learning (COLs) and will see PHS staff work with student leaders within an inquiry model to engage retailers.

3.11.7 Healthy Homes

The Warm Up Healthy Homes promotion of home insulation has occurred with services who are the most likely to have contact with the target group, eg Red Cross. The target group is homeowners with a Community Services Card and where there are children under 5 years of age living in the house. Support with understanding how homes can be warmed and ventilated remains an ongoing issue. Red Cross support workers have received training in this specific area.

3.12 Māori Health

3.12.1 Pepi First Quit Smoking Incentivisation Programme

The Pepi First programme targets pregnant/ hapu wahine to give up smoking which can impact negatively on the health of both Mum and baby. The programme was officially launched on 31 May which was World Smoke Free Day. The programme uses biological incentivisation through the use of carbon monoxide (CO) monitors which graphically shows the danger of smoking to Mum in terms of her baby. It also provides quit coach support, nicotine replacement therapy and vouchers across specific time periods for remaining smoke free. Such programmes have been shown to improve quit rates for Māori and other high need population groups.

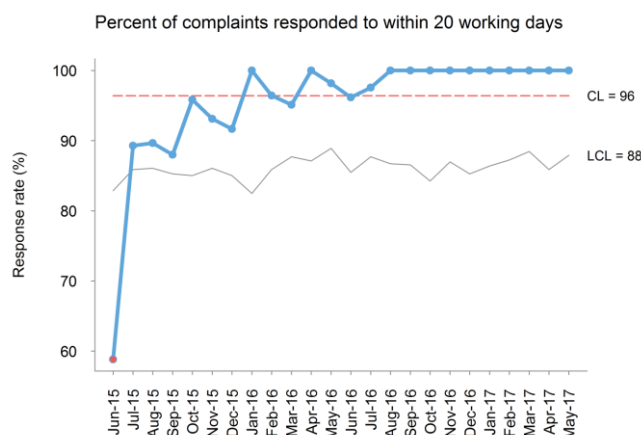
3.12.2 Safe Sleep

The Safe Sleep (Pepi Pods/ Wahakura) initiative seeks to reduce Māori SUDI rates. The DHB has a number of safe sleep devices such as PepiPods and has also run Wahakura wananga with hapu wahine across our DHB district. The devices come with safe sleep messages and practices attached to them, and they act as a practical asset that can enable behaviour change which supports safe sleep. Over 80% of infants that die from SUDI in NZ are Māori. Maternity Services will purchase further PepiPods and Mini-Pods which can be used by wahine whom are in hospital with their baby.

3.13 Service User Compliments and Complaints

3.13.1 Complaints

There were 43 complaints received for May 2017 compared to 29 the previous month. The graph below shows the number of complaints responded to within 20 working days over the past two years.

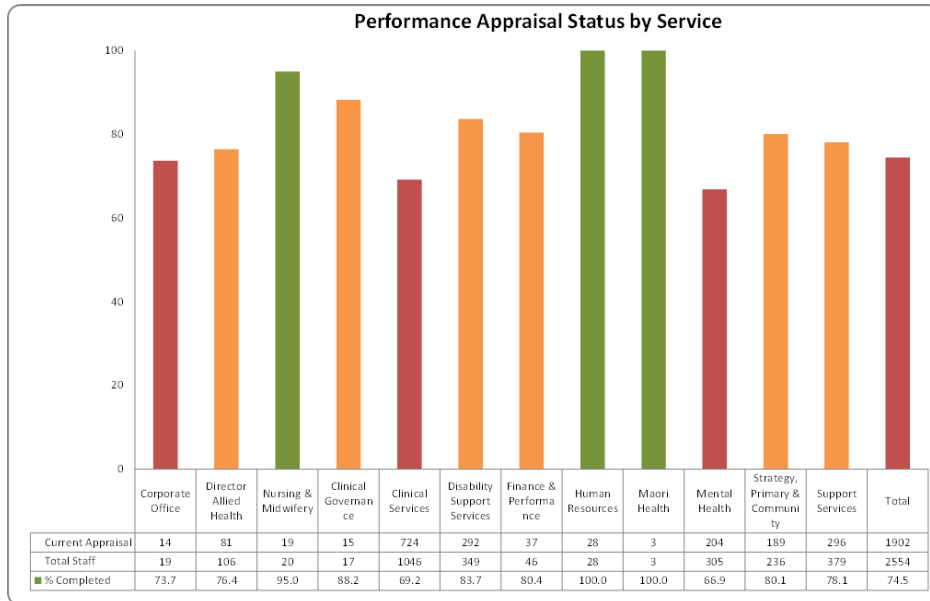


3.13.2 Compliments

Across the board NMH services received a wide variety of compliments totalling 60+ for May. This number represents just a small proportion of compliments our services actually receive, many of which are verbal and not passed on for recording.

3.14. Human Resources

3.14.1 Performance Appraisals



3.15 Careers Expo

Nelson Marlborough Health was represented by Nursing, Clerical, Dental and Occupational Therapy at the recent Motueka High School Careers Expo.

3.16 International Day of Celebrations

International Midwives Day was celebrated on 5 May across the district. International Nurses Day was celebrated on 12 May across the district.

3.17 Infection Prevention

The Influenza Vaccination Programme for 2017 achieved 49% of staff vaccinated as at the end of May. Note, this excludes those who receive their vaccination from their GP or Pharmacist.

Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED