Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Jane Kinsey, Acting Chief Executive
Date:	19 September 2018
Subject:	**Chief Executive's Report**

Status

This report contains:
☐ **For decision**
✓ **Update**
✓ **Regular report**
☐ **For information**

1. INTRODUCTORY COMMENTS

On 14 September the Chair, CE and Management hosted the Minister of Health, Dr David Clarke on his visit to NMH.

We spent time at the Nelson Community Oral Health Hub where he observed a Future Smiles Group (Mums with bubs who are getting their first teeth), and met with staff.

We then visited the Oral Health hospital team where there was a cleft palate clinic with a visiting specialist, intern dentists performing dentistry and again another great opportunity for our team to engage with the Minister.

Onto the cafe for a coffee and meeting some senior clinicians and nurses for him to talk with, and also a media opportunity where he was interviewed and photographed about NMH's water only policy and the initiative we undertook in 2014 to ban sugar sweetened drinks from our hospitals (the first DHB to do so).

We then drove to the Richmond Health Hub where we were welcomed with a Mihi Whakatau. The CE and members of his team gave a quick presentation of key initiatives we have underway including Hauora Direct, Pepi First, Mental Health, and the Water Only Campaign. The Minister was taken around the Hub where he got an appreciation of the variety of services working from that site.

When you observe our team present our work programme, walk around and talk with members of our bigger NM Health team on a gorgeous Nelson spring day, it makes you feel fortunate to work with such a talented team. I am sure the Minister left with a very positive impression of NMH.

2. PRIMARY & COMMUNITY

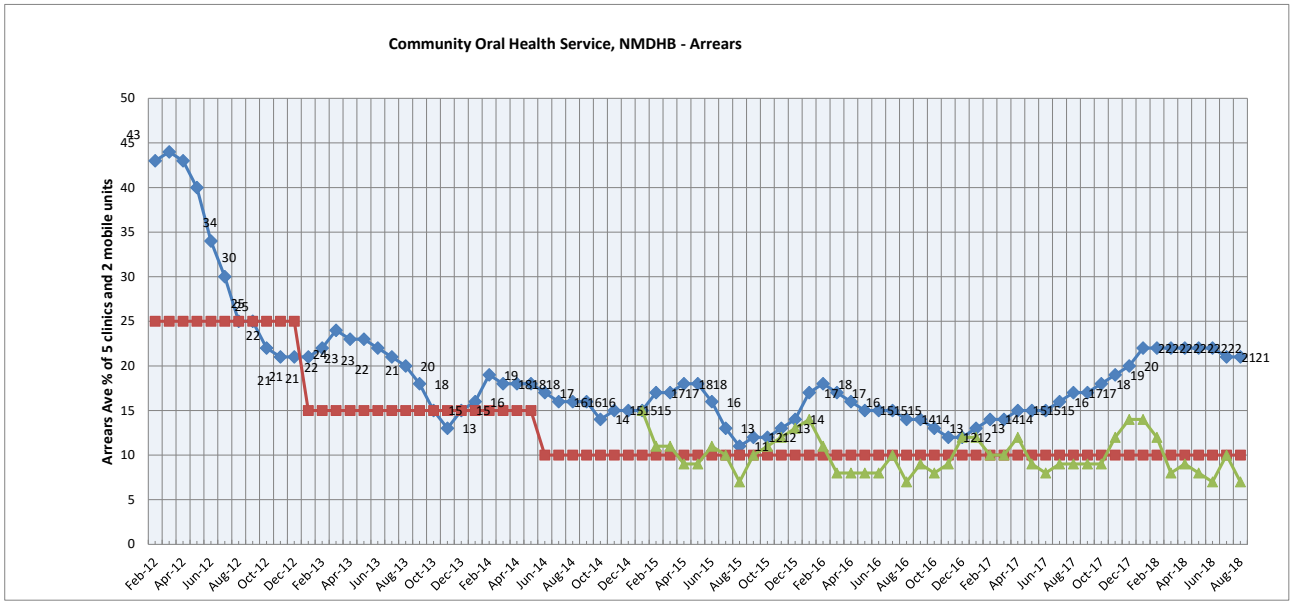
- Great success for the Stop Smoking Services. Two further business cessation groups having 100% and 80% success rates of participants becoming smoke free and partners and whanau have also become smokefree as a result of the groups with quit coaches additionally reaching out to support their family members.
- The Model of Care programme has concluded the majority of the workshops and patient journey mapping sessions. These have provided good insight and engagement from a wide set of stakeholders. The next steps are to understand overall themes, validate some data sets, progress key initiatives and continue to seek both internal and external clinical challenge and oversight.
- The highest monthly access was reported on the HealthPathways website since go-live in 2011. In August we had users with 8,218 sessions across all pathways.
- Feedback from the Ministry of Health on the draft Annual Plan 2018-19 has been very positive with only minor updates required. The System Level Measures

Improvement Plan was amended and finalised following feedback and discussions with the Ministry. Planning and work is continuing in this space as if approved.

- The building of the new membrane water treatment plant at Seddon has been completed. NMH staff were involved in the training day to learn about this complex system. A set of criteria is being developed by NMH staff to lift the boil water notice that has been in place in the Seddon community since 1999.
- The new Interpreter service is on track to start on 1 October, with interpreter hiring and training currently underway.
- ACP facilitators are now onboard in Nelson and Marlborough, and the redevelopment work on the pathway has started with SIAPO.
- A new ACC Non Acute Rehab Contract has been presented to NMH and assessed by the wider ATR teams, Allied Health, and NASC.

3. ORAL HEALTH

- Arrears 21%, with the Nelson Hub at 39%
- Failed to attends 7%
- Urgent action is being taken to address arrears in the COHS particularly at Nelson. This will involving therapists from Richmond working in Nelson during October, Saturday clinics being held, and hiring new staff in 2019.



Number of Stainless Steel Crowns			GIC Replacement Restoration		
Nelson	92		Nelson	47	
Blenheim	59		Blenheim	14	

	Treatment Visits			DNA'S		
Aug-18	Pre	School	Total			
Nelson	72	238	**310**	31	**10**	%
Stoke	72	330	**402**	24	**6**	%
Richmond	138	429	**567**	38	**7**	%
Motueka	59	212	**271**	22	**8**	%
Tasman Mobile	43	220	**263**	5	**2**	%
Blenheim	104	472	**576**	49	**9**	%
Marlborough Mobile	32	152	**184**	20	**11**	%
Total	**520**	**2053**	**2573**	**189**	**7**	%

2018	TCR	Arrears	%		PSR
August					
Nelson	4607	1881	41	%	1611
Stoke	3152	725	23	%	1035
Richmond	3897	582	15	%	1083
Motueka	1858	231	12	%	653
Tasman Mobile	2162	305	14	%	578
Blenheim	5358	1045	20	%	1820
Mobile	1833	55	3	%	478
Totals	**22867**	**4824**	**21**	**%**	**7258**

Dental Day

An action item from the last meeting was for the CE to ascertain if a Dental Day would be held in Nelson Marlborough.

Smile NZ Free Dental Day is now in its fourth year. This year 78 dentists will be volunteering to treat 925 low income patients. The free dental days will run from 10-24 September with 55 dental practices from Auckland to Invercargill participating.

People that hold a Community Services Card are eligible. Bookings are essential and patients must call 0800 373 376 for an appointment.

Attached as item 4.1 is the media release dated 28 August 2018.

3. CLINICAL SERVICES

- We are now just over 4 months into SI PICS and our administration teams are becoming more and more familiar with the software and process changes that are now in use.
- Work is continuing with Maori Nursing Leaders to look at ways of increasing the Maori Nursing workforce to reflect population.

4. MENTAL HEALTH & ADDICTIONS AND DSS

4.1 National Connections

The GM and CE visited Auckland DHB and Tairawhiti DHB (Gisborne) to learn about approaches to address equity, developing the workforce to be progressive and focused on supporting staff, and addressing the needs of the workforce.

In Auckland some key initiatives to progress in NMH include:

- Building capability in responding to HR issues across people leaders
- Further develop orientation programme
- Build a comprehensive approach to staff wellbeing
- Develop a comprehensive programme to develop organisational development
- Develop an approach to investing in and supporting the low paid workforce - Maximise income and improve health and wellbeing.

In Gisborne key initiatives to progress to address equity include:

- Maori workforce development - recruiting specifically for Te Ao Maori and local knowledge – Maata Ora roles – who then work alongside clinical teams
- Building in cultural competence in Job Descriptions (desirable) and ability to address and recognise inequities (recently recruited four medical staff with these new competencies)
- Support bowel screening programmes to better meet the needs of Maori
- Involvement in cross sector responses, with a focus on quality improvement processes (family harm, Children's Teams)
- Initiatives involving Pharmacy in Models of Care
- Work with PHOs to support health promotion and prevention initiatives that are grass roots
- Don't stop collaborating, but stop creating new collaboratives.

4.2 Mental Health Admissions Unit

	July	August
Admissions		
o Adult	37	23
o Youth	2	0
Discharges		
o Adult	32	29
o Youth	2	0
Seclusion		Not available at time of report
o Episodes (No. of Patients)	9	
o Total Time (Hours)	86.5 hrs	

Seclusion work is ongoing. We continue to have issues around our data and reporting, however, we have a pathway forward, and interim measures established. There will, however, be a gap in reported data to PRIMD until we achieve data extraction.

4.3 Child & Adolescent Mental Health Service (CAMHS)

- Our CAMHS Psych is developing the infant mental health service, which is a priority for service delivery. This is also being incorporated into our improvement project. We are also updating clinic space for parent/child interactive therapy which currently has the best evidence for intervention with young age groups.
- Staff attended the Werry Workforce sector leadership day. There is a national priority for working with children and infants, increasing awareness of AOD issues

in CAMHS and raising the importance of screening and brief intervention rather than additional referrals to separate service.

- The improvement project (as part of the Mental Health & Addictions Facilitator's Course / HQSC) is now underway and we are collating community feedback about the criteria for CAMHS to improve the quality of referrals. Our improvement team have had good feedback for the quality of the project through Te Awakoa and HQSC.

	Nelson/Tasman		Wairau	
	July	**August**	**July**	**August**
Referrals	56	84	28	41
Waitlist	33	23	29	41

4.4 Community Assessment Team (CAT)

The CAT team are progressing with their new team structure and implementation of the all ages roster.

4.5 Older Persons

Alexandra Hospital

The number of patients waiting for D6 beds now sits at 4, with the average waiting time being 80 days.

	June	July	August
Bed Occupancy	98.5%	100%	90%
Admissions	3	3	4
Discharges	2	4	5
# Waiting for D6 Beds (dementia)	5 (+ 3 pending)	6	4

4.6 Addictions Service

- It has been a busy month with overall referrals at 149 for August. There is a current waitlist of 29 clients.
- The team have developed a wallet sized resource outlining support services available for agencies to hand to people who may require Addictions Service support.
- The CEO of DAPAANZ presented to the team on recent research regarding the outcomes of three DHBs on consumer feedback (NMDHB were one of the three involved). This highlighted consumer views from the Nelson region on their satisfaction around our OST programme. NMDHB had the most positive feedback.
- Motueka Services is in high demand with a waitlist of up to three months for some clients.
- Staff attended the alcohol harm reduction forum which highlighted the importance of continuing with our public awareness work. Alcohol is the biggest presenting issue for Addictions.

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	July	August	July	August	July	August	July	August
Referrals	67	84	21	29	21	11	17	12
Court Reports	11	0	5	0	0	0	0	0

4.7 Top of the South Impact Forum

- **Housing.**
  A community forum is being planned for September. The forum will also trial a cross agency response meeting to challenging referrals.

- **Reducing the social harm caused by methamphetamine**.
  Terms of Reference are being developed for a cross agency dashboard to understand the impact of methamphetamine.

- **Family Harm.**
  NMH is continuing to contribute personnel to the daily intake and referral meeting that occurs in MSD. Early data indicates a reduction in recidivism for Police attention which is a great early sign. We are now working on how to capture impact in other sectors.

- **Youth.**
  A forum for feedback is being planned, with a focus on how to ensure the voice of young people is heard. One challenge is how to respond to the needs of high risk and vulnerable young people, such as NEET young people (Not In Education, Employment of Training).

4.8 Psychosocial Response

The psychosocial response plan was finalised this month and was shared with other DHBs. The structure of the plan was considered to be well placed for NMH to base the staff support response plan on.

4.9 Disability Support Services

- The Information & Assessment Centre went well with many good candidates. This will continue to strengthen as we refine our process

	Disability Support Services (DSS)		Current July 2018				YTD July 2018	Current August 2018				YTD August 2018
	Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total
Service provided	Current Moh Contract	As per Contracts at month end	165.5	15		180.5		163.5	16		179.5	
	Beds – Moh Individual contracts	As per Contracts at month end	9	2		11		9	2		11	
	Beds – S&P-Chronic Health Conditions	As per Contracts at month end	1		11	12		1		10	11	
	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	1		2.5	
		Residential contracts - Actual at month end	**178**	**19**	**11**	**208**		**176**	**20**	**10**	**206**	2 deaths/1 transfer to SIL/1 new
	Number of people supported											
	Total number of people supported	Residential service users - Actual at month end	**178**	**19**	**11**	**208**		**176**	**20**	**10**	**206**	
		Respite service users - Actual at month end	2	2		**4**		2	2		**4**	
		Child Respite service users - Actual at month end	26			**26**	** increase 1	26			**26**	
		Personal cares/SIL service users - Actual at month end	**0**	**1**		**1**		**1**	**1**		**2**	** increase 1 SIL
		Total number of people supported	**206**	**22**	**11**	**239**		**205**	**23**	**10**	**238**	
	Total Available Beds - Service wide	Count of ALL bedrooms	**230**					**230**				
		Total available bed days	7,130				7,130	7,130				14,260
	Total Occupied Bed days	Actual for full month - includes respite	6,574				6,574	6,527				13,101
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	**92.2%**				**92.2%**	**91.5%**				**91.9%**
			Last month	Current month	Variance			Last month	Current month	Variance		
	Total number of people supported		**238**	**239**	**1**			**239**	**238**	**- 1**		
	Referrals	Total long term residential referrals	**8**	**8**				**8**	**8**			
	Referrals - Child Respite	Child Respite referrrals	**4**	**2**				**2**	**2**			
		New Referrals in the month	**1**	**1**				**1**	-			
	Of above total referrals	Transitioning to service	-	-				-	-			
		On Waiting List	**8**	**8**				**8**	**8**			
	Vacant Beds at End of month		**11**	**11**				**11**	**13**			
		Less people transitioning to service										
		Vacant Beds	**11**	**11**				**11**	**13**			

5. CARE FOUNDATION

At the recent Care Foundation Board meeting, discussion occurred as a result of the development of the NMH Project Team who triage, give advice and comment on applications to the Foundation. Terms of Reference for the Project Team has been finalised. The four key pillars for investment priority have been developed and work is underway to describe the spread and contribution made in the four key areas.

6. ALLIED HEALTH

- The two new leadership roles: Quality, System & Improvement Lead (QSIL), along with the Professional Development Facilitator (PDF), are now in place. The appointment of the Clinical Coordinators is awaiting progression by the relevant Team Leaders.
- The Social Work Team Leader has made connections with NBPH social work in order to strengthen the integration across the system.

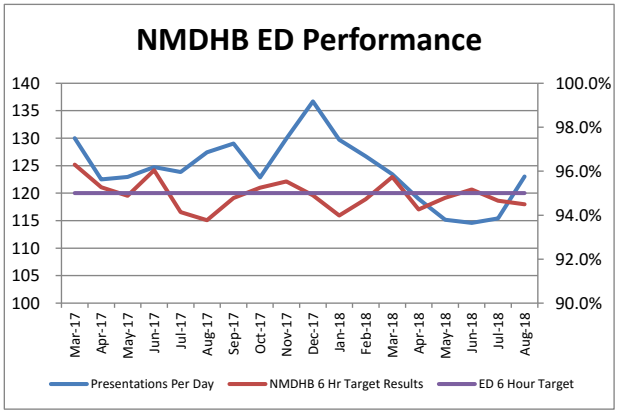
7. INFORMATION TECHNOLOGY

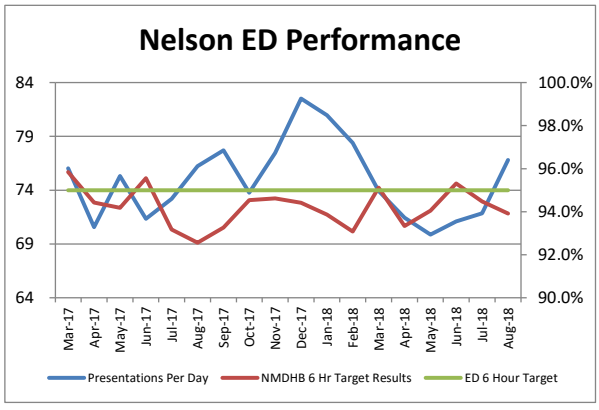
- More projects were added to the active list in August. Titanium upgrade, TrendCare upgrade, Virtual Health Pilots, and payroll enhancements have now been initiated with Project Managers assigned.
- The next major milestone for SI PICS is CDHB retiring their old PAS (Homer) and going live on SI PICS in October. CDHB currently have SI PICS only in Burwood and rural hospitals. Following that, the 18.2 release in November brings improvements including the ability to manage bed requests and transfers to secondary wards. We are looking to make SI PICS the master for all bed movements and train up to 400 registered nurses onto SI PICS.

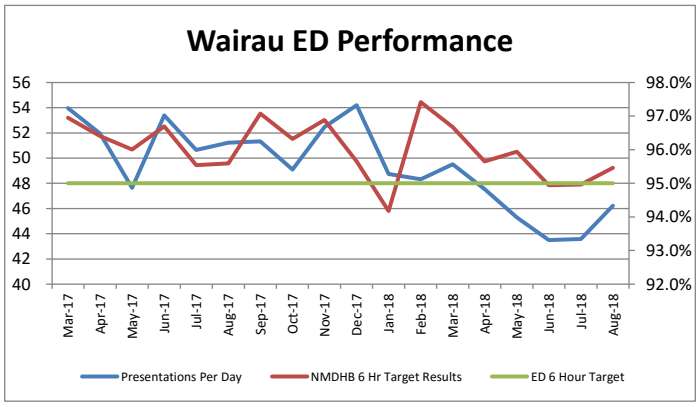
8. PERFORMANCE INFORMATION

8.1 Shorter Stays in Emergency Department

In August the Nelson Emergency Department achieved 93.9% against a target of 95%, and in Wairau 95.5%.







Length of stay target for past 3 months

	June 2018		July 2018		August 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,133	2,033 95.3%	2,227	2,104 95%	2,380	2,236 93.9%
Wairau	1,305	1,239 94.9%	1,351	1,283 95%	1,433	1,368 95.5%

Emergency Department Nelson

There was a 6.9% increase in the number of presentations in August 2018 (2,380) from July 2018 (2,227). There was a 1.0% increase in comparison to August 2017 (2,358).

Emergency Department Wairau

There was an increase in the number of presentations in August 2018 (1,433) from July (1,351) and compared with August 2017 (1,589).

8.2 Elective / Acute Arranged Services

ESPI 2 was red for the month of August, with 102 patients not being seen within 120 days of referral acceptance. These were predominately in General Surgery (51), Orthopaedics (13), and Vascular (8).

ESPI 5 was yellow for the month of August, with 12 patients not being treated within 120 days of being given certainty.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2017 Aug			2017 Sep			2017 Oct			2017 Nov			2017 Dec			2018 Jan			2018 Feb			2018 Mar			2018 Apr			2018 May			2018 Jun			2018 Jul		
	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.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	17 of 21	81.0%	4	15 of 21	71.4%	6	17 of 21	81.0%	4	19 of 21	90.5%	2	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
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	11	0.3%	-11	25	0.8%	-25	53	1.5%	-53	13	0.4%	-13	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
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (pTT).	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	8	0.1%	-8	7	0.1%	-7	2	0.0%	-2
5.Patients given a commitment to treatment but not treated within the required timeframe.	36	2.5%	-36	18	1.3%	-18	47	3.4%	-47	17	1.3%	-17	18	1.4%	-18	45	3.5%	-45	24	1.8%	-24	21	1.5%	-21	19	1.3%	-19	28	2.2%	-28	75	5.8%	-75	257	19.1%	-257
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	0.0%	0	0	0.0%	0	0	0.0%	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	633	100.0%	0	643	100.0%	0	498	100.0%	0	608	100.0%	0	476	100.0%	0	494	100.0%	0	539	100.0%	0	639	99.7%	2	492	99.6%	2	318	92.2%	27	227	89.7%	26	148	56.3%	115

Data Warehouse Refresh Date: 31/Aug/2018

Report Run Date: 03/Sep/2018

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' staus for ESPI 1 is temporarily removed for the 2016/17 and 2017/18 years so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
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 0.39%, 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 4.99%, 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 0.99%, 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 14.99%, 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).

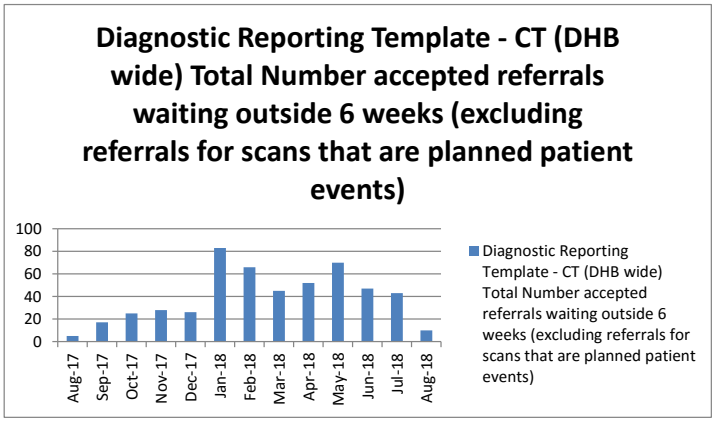
MoH Elective Services Online

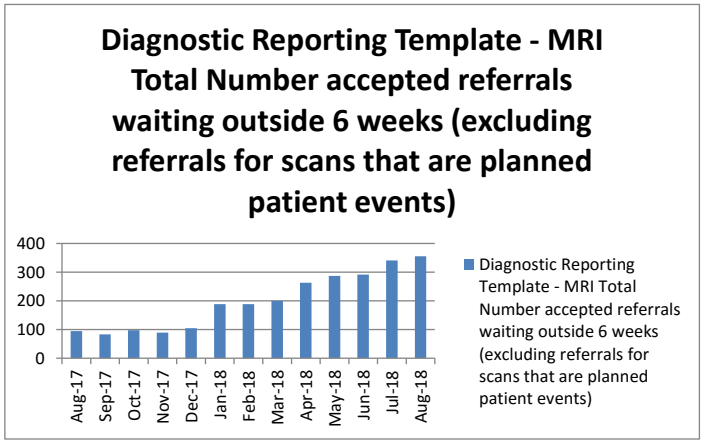
National comparison of DHBs for July 2018

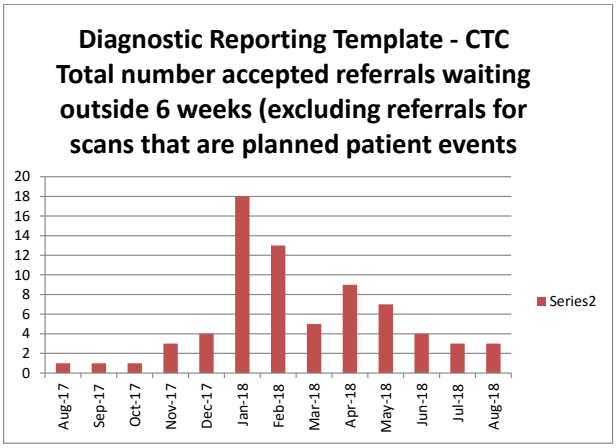
	1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.			2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual 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	30 of 33	90.9%	3	201	1.4%	-201	0	0.0%	0	381	6.2%	-381	0	0.0%	0	2498	93.0%	187
Bay of Plenty	23 of 23	100.0%	0	2	0.0%	-2	0	0.0%	0	37	1.2%	-37	0	0.0%	0	561	93.5%	39
Canterbury	28 of 28	100.0%	0	348	3.6%	-348	91	0.6%	-91	137	3.7%	-137	7	3.4%	-7	1414	85.4%	241
Capital and Coast	23 of 23	100.0%	0	18	0.3%	-18	38	0.3%	-38	21	0.8%	-21	0	0.0%	0	1182	97.0%	36
Counties Manukau	20 of 20	100.0%	0	639	5.0%	-639	151	1.0%	-151	167	4.9%	-167	11	2.6%	-11	1564	83.7%	305
Hawkes Bay	9 of 17	52.9%	8	202	5.1%	-202	0	0.0%	0	298	18.0%	-298	0	0.0%	0	439	83.8%	85
Hutt Valley	16 of 16	100.0%	0	9	0.3%	-9	0	0.0%	0	11	0.9%	-11	0	0.0%	0	724	99.5%	4
Lakes	9 of 16	56.3%	7	102	3.2%	-102	0	0.0%	0	6	0.7%	-6	0	0.0%	0	383	92.5%	31
MidCentral	23 of 23	100.0%	0	129	7.9%	-129	47	1.0%	-47	1,201	72.0%	-1,201	288	75.4%	-288	0	X	0
Nelson Marlborough	21 of 21	100.0%	0	100	2.8%	-100	2	0.0%	-2	257	19.1%	-257	0	0.0%	0	148	56.3%	115
Northland	13 of 15	86.7%	2	15	0.4%	-15	1	0.0%	-1	342	18.5%	-342	0	0.0%	0	509	100.0%	0
South Canterbury	14 of 14	100.0%	0	4	0.2%	-4	0	0.0%	0	27	4.3%	-27	0	0.0%	0	269	100.0%	0
Southern	28 of 28	100.0%	0	793	10.7%	-793	22	0.2%	-22	438	15.2%	-438	4	16.0%	-4	1063	88.6%	137
Tairawhiti	17 of 17	100.0%	0	425	20.3%	-425	0	0.0%	0	28	5.9%	-28	0	0.0%	0	159	62.6%	95
Taranaki	21 of 21	100.0%	0	51	1.6%	-51	0	0.0%	0	99	6.7%	-99	1	5.6%	-1	534	92.5%	43
Waikato	19 of 27	70.4%	8	28	0.3%	-28	36	0.2%	-36	26	0.5%	-26	0	0.0%	0	1140	68.8%	516
Wairarapa	14 of 14	100.0%	0	89	12.8%	-89	25	2.3%	-25	107	24.8%	-107	0	0.0%	0	117	100.0%	0
Waitemata	20 of 20	100.0%	0	17	0.1%	-17	0	0.0%	0	14	0.4%	-14	0	0.0%	0	1465	100.0%	0
West Coast	18 of 18	100.0%	0	183	16.3%	-183	0	0.0%	0	6	2.3%	-6	0	0.0%	0	180	100.0%	0
Whanganui	10 of 10	100.0%	0	4	0.4%	-4	6	0.3%	-6	767	99.7%	-767	6	42.9%	-6	0	X	0
Total:				3,359			419			4,370			317			14349		

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' staus 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 3 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 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.
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 14.99%, 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).

8.3 Enhanced Access to Diagnostics







8.4 Improving Diagnostic Waiting Times – Colonoscopy

Whilst reporting to the MOH targets has improved, the ability to monitor waiting times proactively is still outstanding. To date there are 236 overdue surveillance colonoscopies (down from 308 in July).

A plan has been developed and accepted by the MOH to ensure the backlog of colonoscopies are addressed as soon as practical. This will result in having zero overdue follow ups by the beginning of November 2018.

8.5 Faster Cancer Treatment – Oncology

TARGET SUMMARY (90%)	Completed Records															
	Aug-18 (in progress)		Jul-18		Jun-18		Quarter 1 (in progress)		Quarter 4		Financial Year to Date Jul 18-Jun 19		Rolling 12 Months Aug 17-Jul 18		Previous Financial Year (2017-2018)	
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	Within 62 Days	Exceeded 62 Days
	86%	14%	83%	17%	95%	5%	84%	16%	90%	10%	84%	16%	88%	12%	89%	11%
Number of Records	12	2	19	4	20	1	31	6	70	8	31	6	280	39	288	35
Total Number of Records	14		23		21		37		78		37		319		323	
Numbers Including all Delay Codes	67%	33%	68%	32%	87%	13%	67%	33%	86%	14%	67%	33%	81%	19%	83%	17%
Number of Records	12	6	19	9	20	3	31	15	70	11	31	15	280	66	288	61
Total Number of Records	18		28		23		46		81		46		346		349	
90% of patients had their 1st treatment within: # days	74		77		57		77		66		77		74		74	

62 Day Delay Code Break Down	Aug-18 (in progress)	Jul-18	Jun-18	Quarter 1 (in progress)	Quarter 4	Financial Year to Date	Rolling 12 Months Aug 17-Jul 18	Previous Fin. Year (2017-2018)
01 - Patient Reason (chosen to delay)	1	1	1	2	1	0	3	3
02 - Clinical Cons. (co-morbidities)	3	4	1	7	2	0	24	23
03 - Capacity Constraints	2	4	1	6	8	0	39	35

TUMOUR STREAM Rolling 12 Months (Aug 17-Jul 18)	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS	100%	2	0%	0	2
Breast	98%	41	2%	1	42
Gynaecological	76%	19	24%	6	25
Haematological	87%	20	13%	3	23
Head & Neck	54%	13	46%	11	24
Lower Gastrointestinal	74%	39	26%	14	53
Lung	70%	23	30%	10	33
Other	25%	1	75%	3	4
Sarcoma	100%	1	0%	0	1
Skin	97%	77	3%	2	79
Upper Gastrointestinal	68%	13	32%	6	19
Urological	76%	31	24%	10	41
Grand Total	81%	280	19%	66	346

ETHNICITY Rolling 12 Months (Aug 17-Jul 18)	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
Chinese	0%	0	100%	1	1
European not further defined	77%	10	23%	3	13
Indian	0%	0	100%	1	1
Not stated	100%	4	0%	0	4
NZ European	82%	232	18%	50	282
NZ Maori	67%	12	33%	6	18
Other Ethnicity	100%	1	0%	0	1
Other European	82%	18	18%	4	22
Other Pacific	100%	1	0%	0	1
Response unidentifiable	100%	1	0%	0	1
Southeast Asian	0%	0	100%	1	1
Tongan	100%	1	0%	0	1
Grand Total	81%	280	19%	66	346

9. MĀORI HEALTH

9.1 Advance Care Directives Project "Nga Whakaaro Pono"

The Advance Care Directives initiative is one of the latest Te Waka Hauora projects and seeks to integrate, in the first instance, the option of Advance Care Directives which are in video form for tangatawhaiora/clients in the area of Mental Health & Addictions.

It is planned to hold a workshop to map the process for Advance Care Directives and identify what needs to be in place to expand the availability of Advance Care Directives including by video.

9.2 Hauora Direct

Hauora Direct is a 360 degree health assessment of an individual's health needs and will be conducted by health professionals in multiple settings. The health assessment aligns directly to health priority indicator areas for Maori and is designed to accelerate sector performance against the 14 top Maori health priority areas.

The GM Maori Health & Vulnerable Populations Health has agreement with IT to look at Hauora Direct going into a Digital format into the DHB's IT system, and preliminary work is being undertaken on how this will occurs.

10. CLINICAL GOVERNANCE

10.1 Service User Complaints

The new process for managing complaints, with front line staff now responsible for ensuring an early phone call to the complainant to establish what happened, is progressing.

We received 36 complaints in August, along with three HDC complaints and four coroner's requests. Of the 36 complaints, currently 14 have been responded to. Of these, 16 were due by the time of this report, and only five of these had been responded to in a timely manner (within 20 working days). This reflects the departure of the previous Patient Relationships Coordinator, a role that is currently being filled by a Temp, and the need to cover the backlog of complaints from the previous periods in addition to the current months.

10.2 Compliments

There were eight compliments logged in Safety1st Feedback for August, however we believe this is just a fraction of what services across the organisation receive in the way of praise for the care our staff provide.

10.3 Volunteers

A Volunteer Handbook is being developed which will provide information on being a Volunteer at NMH, as well as useful information on NMH. This handbook will be provided both electronically and in printed for (for those volunteers who do not have access to the handbook electronically).

11. HUMAN RESOURCES

- The People & Capability team are making good progress on adopting new ways of working, and engaging across the business.
- The HR Business Partners are engaged and stepping into the partnering space, and taking collective responsibility for the growth and development of the HR Coordinators.
- A leadership session for DSS Team Leaders was delivered in August focusing on Performance Appraisals. Feedback was very positive and a follow up session has been scheduled for September.
- NMH have partnered with Adult Learning Support to provide a digital literacy course for 20 participants. This is a free basic level computer course and 10 expressions of interest have been received to date.
- Ideas are forming around how the OD team can link in with Time for Change training in the future. This course has had significant uptake across the

organisation and the OD team endeavour to support and grow capability in this space.

- There has been a focus on Mental Health and the Five Ways to Wellbeing in August with information on the Intranet and sent to work areas. Manual handling information has also been distributed.
- The mature workforce interest group is gaining interest and the August meeting on financial planning was well supported. The next meeting is on home choices/management planned for 25 September. Topics for discussion are suggested by the participants.
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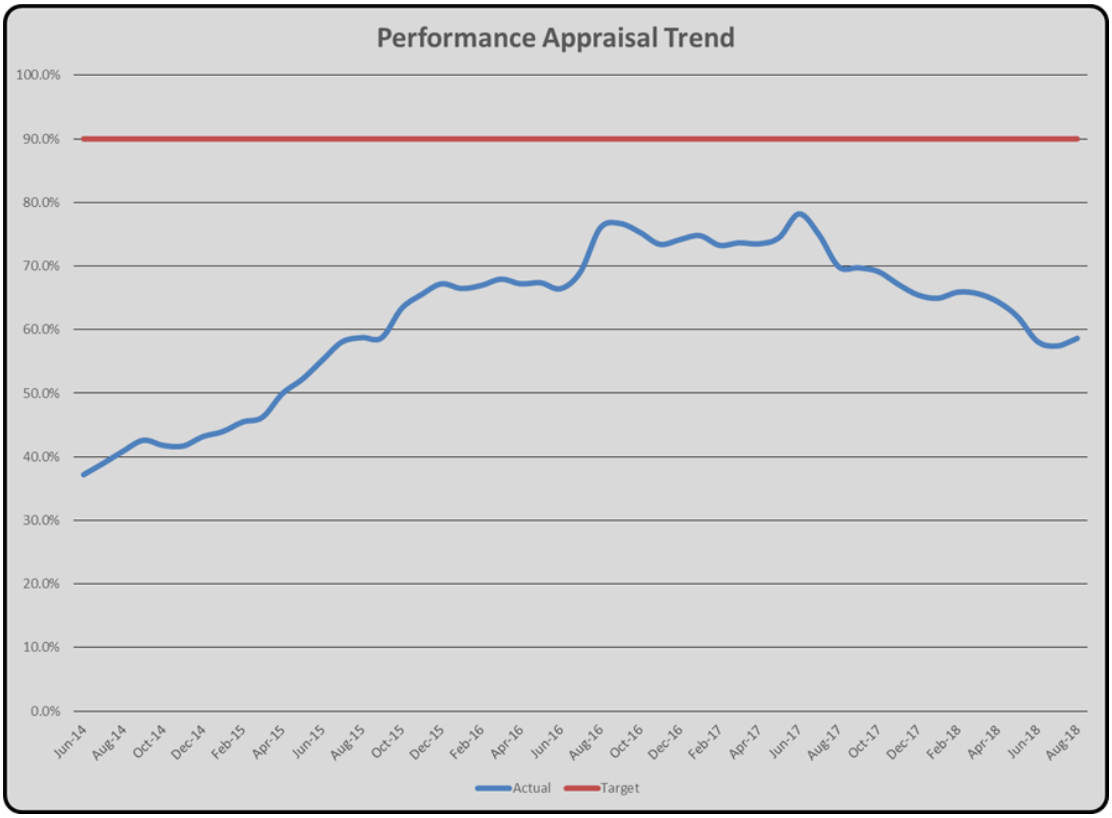
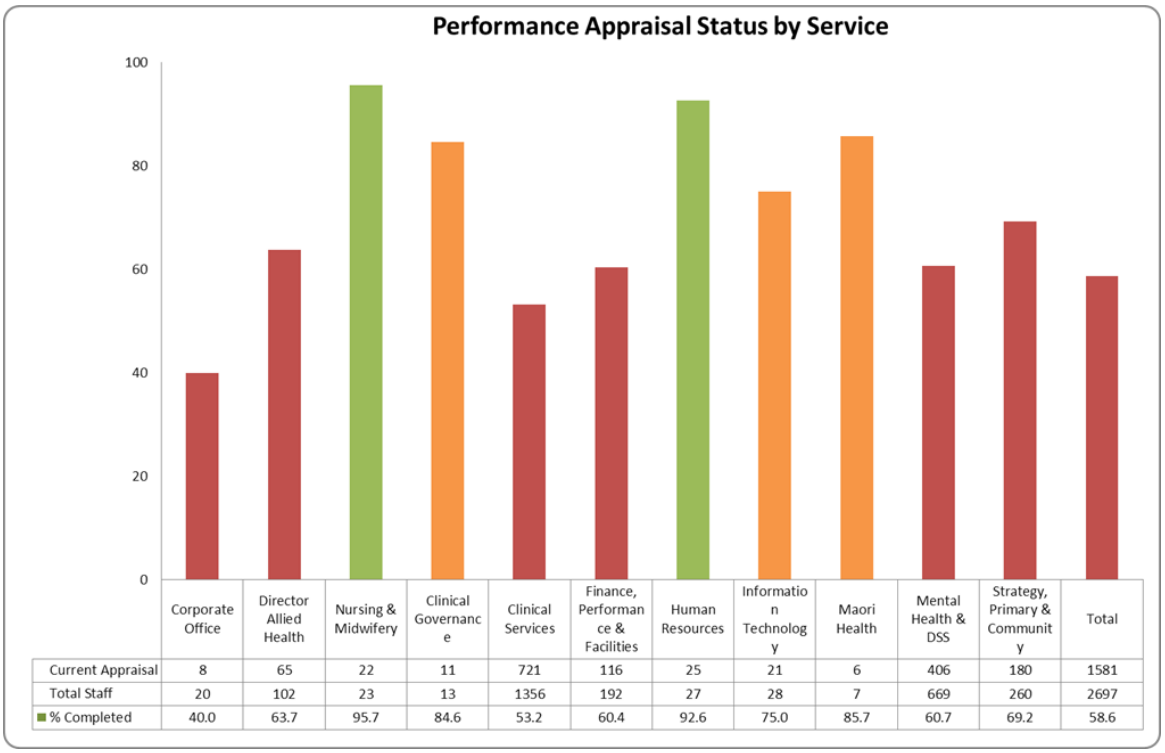
11.1 Performance Appraisals

To date we are at 58.6% of staff with a current appraisal.





	Corporate Office	Director Allied Health	Nursing & Midwifery	Clinical Governance	Clinical Services	Finance, Performance & Facilities	Human Resources	Information Technology	Maori Health	Mental Health & DSS	Strategy, Primary & Community	Total
Current Appraisal	8	65	22	11	721	116	25	21	6	406	180	1581
Total Staff	20	102	23	13	1356	192	27	28	7	669	260	2697
% Completed	40.0	63.7	95.7	84.6	53.2	60.4	92.6	75.0	85.7	60.7	69.2	58.6

Jane Kinsey
ACTING CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE ACTING CHIEF EXECUTIVE'S REPORT BE RECEIVED