Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Peter Bramley, Chief Executive
Date:	16 May 2018
Subject:	**Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

I have had the privilege of engaging with a number of community forums in the last couple of weeks. The purpose of the forums is to keep close to our community so they get a glimpse of some of the challenges and initiatives we have underway to deliver better healthcare for our community, but also to seek their ideas and listen to their concerns. In particular we need input from our community into the Models of Care that will best serve our health needs into the future. We want a health system fit for purpose and tailored to the health needs of our community, and also one that is sustainable and deliverable. If we are to achieve this, we need community involvement in the design of future models of care, and their endorsement – as it is their health system.

One of the recent forums was at Murchison. It was a pleasure to visit their community. They reminded me how crucial it is to try and connect health resources close to home, and how important it is that we address the issues of mental health and wellbeing for those in our scattered rural communities.

I also felt very privileged to connect with our Youth Advisory Panel. I loved hearing their passion for the health concerns of youth. They highlighted for me the very real challenges of both informing and connecting health resources to our young people. We know from various Health Needs Assessments that we have work to do in supporting their health – particularly those who are not in education, employment or training.

We were also privileged to have the Government Panel on the Inquiry into Mental Health in Nelson on Thursday/Friday May 3rd and 4th. I want to thank the team that did a wonderful job of hosting them, and the excellent job they did in presenting such a comprehensive overview of the Mental Health services NMDHB currently provides, along with the current challenges. The panel connected widely with service users and providers in the time they had with us. The public meeting was well attended, and certainly highlighted the diverse needs of our community with regard to Mental Health. There were many issues raised, but also lots of constructive ideas presented.

We continue active preparation for a potential strike by nurses, and also the impending impacts of winter flu pressures on the health system. A variety of contingency measures are being put in place to ensure we can continue to provide safe care for our community.

It was good to see celebrations across the DHB for International Nurses Day on May 12th. It was very appropriate to acknowledge the high standard of care that our nursing teams provide every day across the health system. We are very fortunate to have such a talented, dedicated and professional workforce. I am not convinced our public fully appreciate how critical nursing is to the everyday health care provision for our community.

The Minister of Health's Letter of Expectation was received by the DHB along with the Annual Plan and Planning Priorities Guidance for 2018/19. There is a clear focus to

delivering equitable health outcomes, to strengthening primary care, to improving mental health and addictions, a focus to child and school based services, and a clear expectation of collaboration both regionally and across other key government sectors. Underlying these priorities is a clear expectation of fiscal responsibility – of living within our means, and establishing a sustainable health system for our community. Overall the planning advice from the Minister was very affirming of our own local planning process, and of the priorities we have set for ourselves for 2018/19. The Models of Care work we have underway takes on even greater importance in the light of the planning advice received.

2. PRIMARY & COMMUNITY

- Considerable work has taken place on the contingency planning for both winter pressures and potential strike action for Health of Older People. We are looking at utilising ARC respite beds to 'decant' medically stable patients out of the hospital.
- The Care Foundation have provided funding to enable an enhanced flu vaccination response which allows for funding of outreach clinics, targeting of specific populations, cocooning of children with chronic conditions and supporting enrolment of mental health clients referred for a vaccination. We are also specifically focusing on improving immunisation rates of pregnant women.
- Health targets and key measures:
  - *Better help for smokers to quit (primary).* Our result is 86.6% (up 1.6%). A new smokefree coordinator in Nelson is making a difference.
  - *Better help for smokers to quit secondary.* Our result is 95.5% of patients admitted to hospital who are smokers are given advice and support to quit.
  - *Obesity.* Our result was 86%, however this was for data 6 months prior to February. We have been meeting the target since Christmas.
  - *Immunisation.* Our result is 87%, which is low mostly due to having over 10% declines and opt-offs.
  - *CVD Maori Middle-Aged Men.* The performance to target has not improved since last quarter. Both PHOs have been contacted to ensure that practices are focusing on this cohort.
  - *Cervical Screening.* Small improvements have been made in priority groups this month with 81% of women aged between 20 and 69 being screened in the past three years.
- A draft System Level Measures improvement plan has been developed for 2018-19 with champions and stakeholders across primary and secondary care. The draft plan will be revisited now that planning guidance has been received from the Ministry of Health.
- The first community engagement meeting for 2018 was held in Murchison on 7th May. A brief core presentation has been developed that focuses on the direction of health services and current achievements, with ample time for questions and answers.
- A Mental Health & Addictions pay equity process is currently underway, and all eligible providers are in contact with the Ministry to complete this.
- The Ministry of Health requires a Suicide Prevention Plan by the end of May and this process has commenced.
- National contract negotiations continue for the Aged Residential Care contract. This includes negotiations for treatment of pay equity in the 2018/19 year. ARC admissions remain stable. Beds are available at Rest Home, Hospital and Dementia levels of care. All 18 D6 psychogeriatric beds are full.
- TPO has recruited Kaumatua Navigators and has held meetings with groups across the region. Assessment processes are currently being discussed with the Needs Assessment Service - Support Works.

- The consultation period for the proposed new contract (IPSCA - Integrated Pharmacist Services in the Community) to ultimately replace the current CPSA (Community Pharmacy Services Agreement) has come to an end and announcement of the feedback is imminent. Approximately 1,600 submissions were received nationally.
- Pharmacy Teams are involved in several quality initiatives including HQSC initiatives to improve medication related outcomes during the discharge process which is a high risk time for medications errors. The Pharmaceutical Services Manager is involved in investigations of Safety First incidents relating to medication errors on an ongoing basis.
- HealthPathways website access for April 2018 shows 1,074 users with 6,862 sessions across all pathways. Standing orders have been reviewed by nurses and pharmacists. These pages are about to be uploaded to the draft HealthPathways site before going live.
- The National Bowel Screening local team and South Island regional lead met with Marlborough PHO regarding managing those patients who are not enrolled with a GP in the Marlborough region.
- Eleven individual referrals have been made to the Workplace Stop Smoking Service from seven different businesses. Not one person mentioned prior knowledge of the service or that they had been receiving any current cessation support. This demonstrates how important it is to engage with people through the workplace setting. It provides us with the opportunity to ask about a person's current state of smoking and provide them with information that they may otherwise not be receiving from their healthcare provider.

3. CLINICAL SERVICES

- ESPI compliance and early booking of patients in preparation for SI PICs has dominated the month of April for our clerical teams. Operationally the additional time of two weeks allocated to the project has enabled more training and fine tuning for our teams. We wish to applaud the way the clerical team has come together in a very challenging environment and landed a yellow ESPI result whilst maintaining their absolute commitment to being prepared for their world to be completely different from 14th May.
- Nelson site maintained its delivery without opening any extra beds in DSU over the month, however a total of 42 additional shifts were required as we had 95% occupancy for 16 days and over 100% occupancy for 3 days.
- Wairau site pressure was largely in outpatients. The ADON and her team have begun conversations to manage nursing staffing as a collective across the site. This will require additional training and support, however the end result will be a more flexible skilled workforce appropriate for care delivery in Wairau.
- New call structure for Radiologists, shifts for MRT and removal of Ultrasound afterhours (except by opportunistic request) is targeted for a 28th May start.

4. MENTAL HEALTH & ADDICTIONS AND DSS

4.1 Mental Health Inquiry Panel Visit

The teams involved in the Mental Health Inquiry panel visit worked very hard to ensure it was a success. The Public Forum, with three members of the panel present, was held on the Thursday evening, and attracted approximately 150 people. A good cross section of feedback, ideas and issues was provided by the public.

The following day two more members of the Panel joined and a full day of meetings was planned for a number of groups. The groups included staff, NGOs, cross sector partners, management and advisory team, ELT, consumer groups and a young person's forum.

4.2 Psychosocial Response Update

Ward / Seddon

The PHO is continuing to engage with key community members to ensure access to support is available. Their plan includes:

- Education sessions about specific mental health conditions, services available and how to access them. These can be to youth, adults and those working with service users
- Counsellor clinic in Seddon
- Counsellor at Youth Group for 3 months then reviewed
- Mental health resources for dissemination to the community.

Cyclone Gita and Storm Surge Events

The PHO were contracted to offer navigation support to the specific communities affected by Cyclone Gita and other storm surge events in the district. Funding was also increased to the primary mental health programmes so that GPs were able to offer extended consults and referrals for further counselling as required. The Cyclone and the storm surge event was incorporated into one response package. The total number of referrals over February and March was 20.

4.3 Service Change

Housing and Recovery Procurement Programme

The GM MHA&DSS is progressing with the process to re-procure the contracted residential and other support services for Mental Health this year. We are currently aiming for it to be released to the market in early July.

As per letters sent to the existing providers in August 2017, the impacted services are:

- Housing and recovery services
- Adult community support
- Child & adolescent community support and accommodation.

4.4 ToSHA

The GM MHA&DSS has progressed the initiative to ensure people with significant mental illness do access the flu immunisation. The case managers will support access to an appointment at the person's GP, and will also take that opportunity to ensure enrolment and up to date information, classifications and recall systems are on the system in primary care. This is all part of strengthening our commitment to the Equally Well strategy by ensuring people are accessing services they are eligible for.

4.5 Top of the South Impact Forum

A further meeting was held this month and three work streams tabled their reports:

- **Methamphetamine** – the group is focussed and making progress on three key areas; collection and collation of data, resources and training, and the pathways for accessing support services.
- **Family Harm** – good progress is being made, with daily triage meetings now occurring at Work and Income.
- **Housing** – collaborative planning is well underway with key issues being identified. Coordination and navigation for families with complex needs is critical, as is the need for early identification and supported intervention.

4.6 The Care Foundation

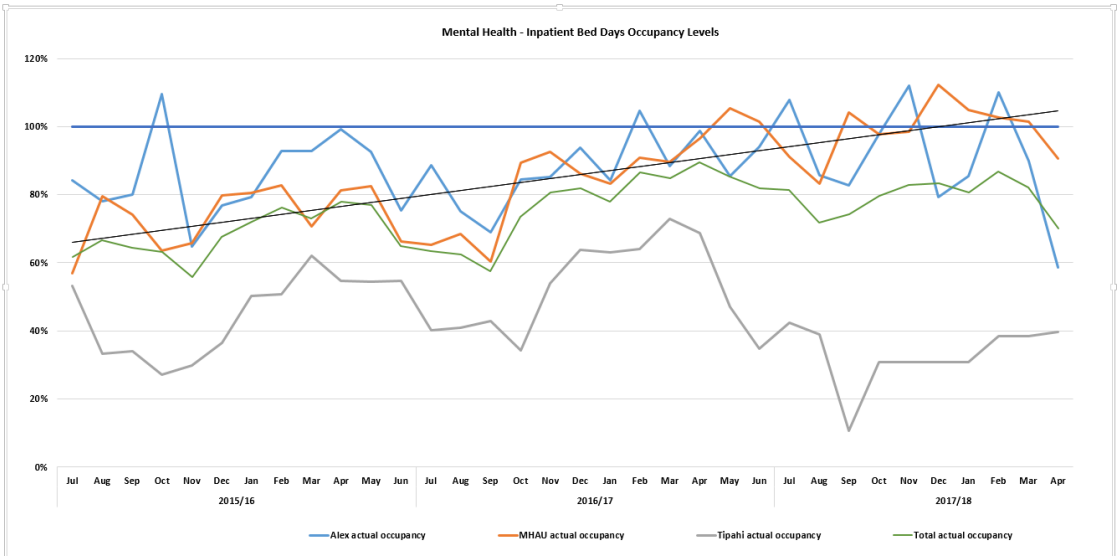
The Care Foundation General Manager has now started and is familiarising herself with the Trust. A subgroup of ELT has triaged requests to The Care Foundation and the Board have begun to consider those applications submitted.

4.7 National IPS Steering Group

The GM MHA&DSS attended the second establishment meeting of the National IPS (Individual Placement Support) Steering Group. NMH is a trial site for this initiative and has begun implementing the trial in Blenheim, working alongside our contracted provider, Te Ara Mahi.

> People with mental health and addiction issues have very low levels of participation in the labour force. This is particularly the case for people who have contact with specialist mental health and addiction services. This is in stark contrast to their desire to be employed, and resume careers.

4.8 Inpatient Occupancy



4.9 Activity – Specialist

	Last Three Months			Year to Date	Year End 16/17
	Feb-18	Mar-18	Apr-18	Monthly Average	Monthly Average
Inpatient Acute Admissions	27	24	28	28	30
Inpatient Acute LOS (days)	14.00	17.00	14.90	14.9	15.5
Inpatient Seclusion Use (hours)	236.5	66.2	48.0	208.5	80.4
Inpatient Seclusion Client Count	8	6	5	8	3
Community Crisis Contacts ***	98	0	0	90	160
People Seen In Month **	2173	1824	1391	1751	1938
Psychogeriatric IP Admissions	7	1	4	6.0	8.3
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	110.0%	0.0%	0.0%	94.8%	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.*

4.10 Seclusion

There is increased awareness amongst staff to look at alternative ways of managing aggressive and violent behaviour. Regular updates of SPEC holds have increased staff confidence, and SPEC instructors have been identified as champions.

Concerns include use of seclusion on admission, alternatives to managing highly aggressive patients and risks to staff, and the percentage of Maori patients secluded.

4.11 Disability Support Services

Disability Support Services (DSS)						
		Current April 2018				YTD April 2018
Contracted Services		ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	168	15		183	
Beds – Moh Individual contracts	As per Contracts at month end	11	2		13	
Beds – S&P- Chronic Health Conditions	As per Contracts at month end	1		13	14	
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	
Beds – Others - CY&F & Mental Health		2	1		3	
	Residential contracts - Actual at month end	**183**	**19**	**13**	**215**	
Number of people supported						
Total number of people supported	Residential service users - Actual at month end	**183**	**19**	**13**	**215**	
	Respite service users - Actual at month end	1	2		3	
	Child Respite service users - Actual at month end	22			22	** increase
	Personal cares service users - Actual at month end	**0**	**1**		**1**	
	Total number of people supported	**206**	**22**	**13**	**241**	** Includes Child respite
Total Available Beds - Service wide	Count of ALL bedrooms	**235**	** Includes Child respite 4 beds			
	Total available bed days	7,050				71,010
Total Occupied Bed days	Actual for full month - includes respite	6,543				66,055
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	**92.8%**				**93.0%**
		Last month	Current month	Variance		
Total number of people supported		**234**	**241**	**7**	Increase child respite	
Referrals (excludes respite)	Total long term residential referrals	**10**	**8**			
	New Referrals in the month	**6**	**2**			
Of above total referrals	Transitioning to service	-	-			
	On Waiting List	**10**	**8**			
Vacant Beds at End of month		**14**	**14**			
	Less people transitioning to service					
	Vacant Beds	**14**	**14**			

5. ALLIED HEALTH

- Work continues on key recommendations from the Allied Health Review. As we move to implement the Allied Health leadership changes, focus on priortising the recommendations can commence.
- The NMH Falls Prevention Alliance continues to meet and ensure a system wide approach to falls prevention. Membership has now been extended to the two NMH home based providers and Age Concern.
- The Staff Engagement:Working Together group met recently and is now chaired by the GM People & Capability. Presentation from the Organisational Development team is planned in order to review training, management and leadership opportunities for staff. The long awaited access to sick leave balances for staff has been made available.

6. INFORMATION TECHNOLOGY

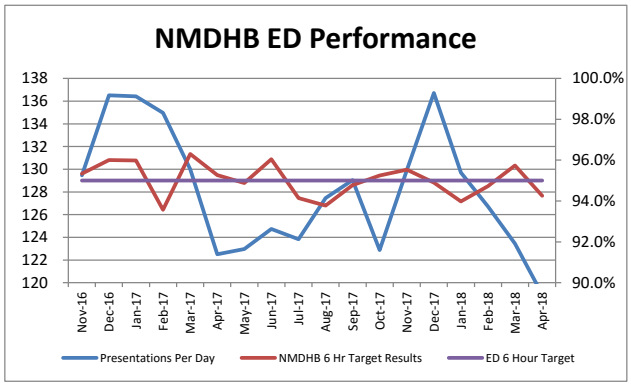
Name	Description	Status	Original Due Date	Revised Due Date	
Paper Lite					
SI PICS	Patient Administration System (PAS) replacement for Ora*Care	Went live on 12th May with successful implementation		May 18	●
Patientrack	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	5 Pilot assessments (from CDHB) reviewed, including 12 additional base assessments available. Mobile Device Mgmt (MDM) infrastructure being installed. Decision on hosting, either local or regional, being assessed.	July 17	Jun 18 for pilot.	●
Scanned Medical records	Scanning, indexing and storing online medical records.	Shift to different interface product to address clinical user feedback. More licences to be purchased to match volume throughput. System stabilised following overload issues with increased throughput, however still at capacity.		n/a	●
eTriage	Electronic triage of referrals delivered via ERMS	Regional solution now available, however implementation was waiting until PICS went live. This will be the next project to go live	Oct 17	Aug 18	●
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. IPS started. Budget identified.		Jul 18	●

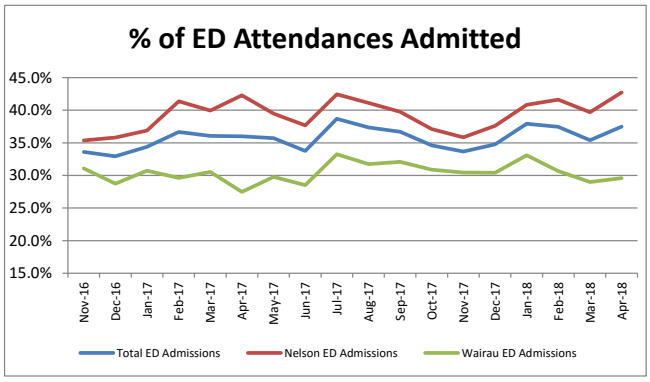
Name	Description	Status	Original Due Date	Revised Due Date	
ICT					
IaaS (NIP)	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre.	Migration has now been completed for stage 1 – into the CCL Polaris data Centre in Nelson (125 servers). Stage 2 dates (to Revera in Christchurch) are yet to be finalised. We are waiting on official confirmation from Revera for the dates for stage 2. Work is now underway to work on the list of servers to be decommissioned and/or be retained on site.	Jun 18	Dec 18	●
District Nurses Tablets	Enables Paper Lite processes including use of HCS, Health One, SIPICS, PatienTrack and Trendcare while Mobile out of the office	Laptops and tablets have been trialled with a preference for tablets. Numbers and configurations are currently being considered.	Apr 18	Jun 18	●
PABX & IP Telephony Upgrade	Replaces non supported PABX hardware and software. A prerequisite to the PABX upgrade is to replace a number of analogue phones to IP to reduce the total number of PABX cabinets required.	We now have the final proposal for the PABX. The intention is to have the upgrade completed by the end of June/early July.	Jul 18		●
Development					
Capex form online	Create an online form and workflow to replace the paper capex form.	FuseIT has completed all form development, this now requires testing, including business rules compliance, and function of workflows and dashboards. This work is now on-hold due to priority SI-PICS development and testing activity. Review again in May.	Aug 17	May 18	●

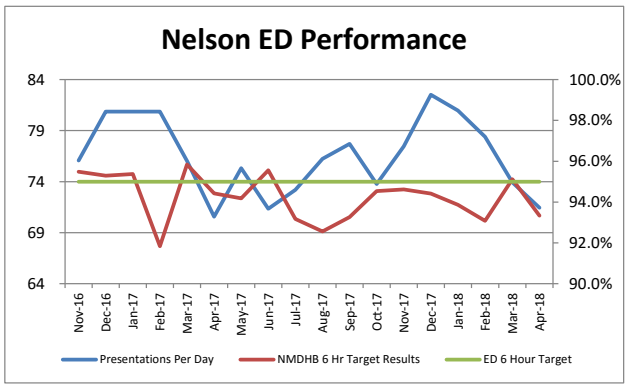
7. PERFORMANCE INFORMATION

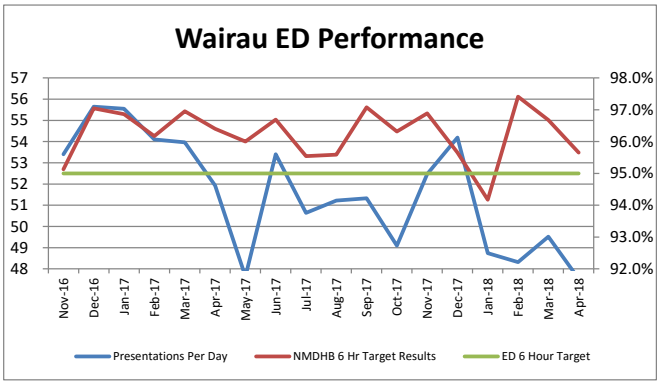
7.1 Shorter Stays in Emergency Department

In April the NMH Emergency Department target of 95% within 6 hours was achieved in Wairau, but not Nelson Hospital.









Length of stay target for past 3 months

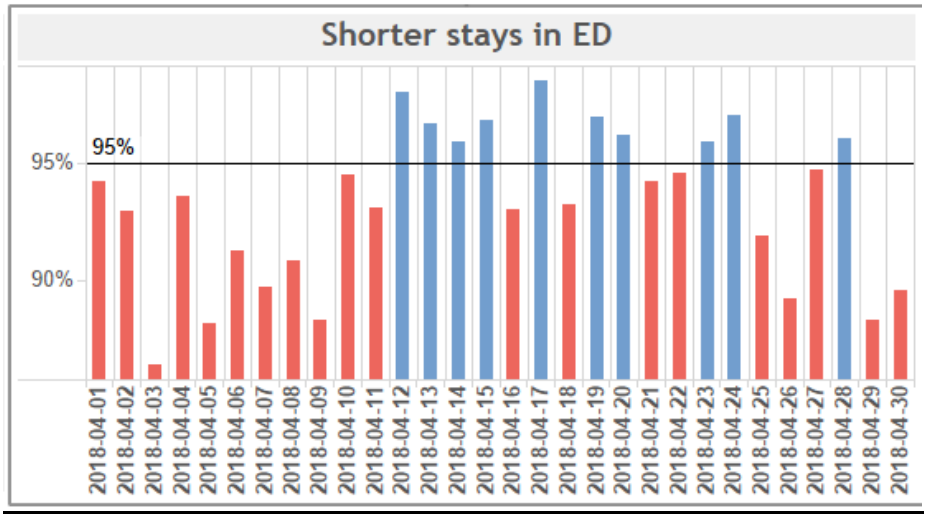
In April the Nelson ED target was 94% against the expected target of 95%.

	February 2018		March 2018		April 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,442	2,264 93.69%	2,286	2,175 95.14%	2,213	2,059 93.04%
Wairau	1,489	1,452 97.52%	1,532	1,452 96.67%	1,475	1,412 95.73%

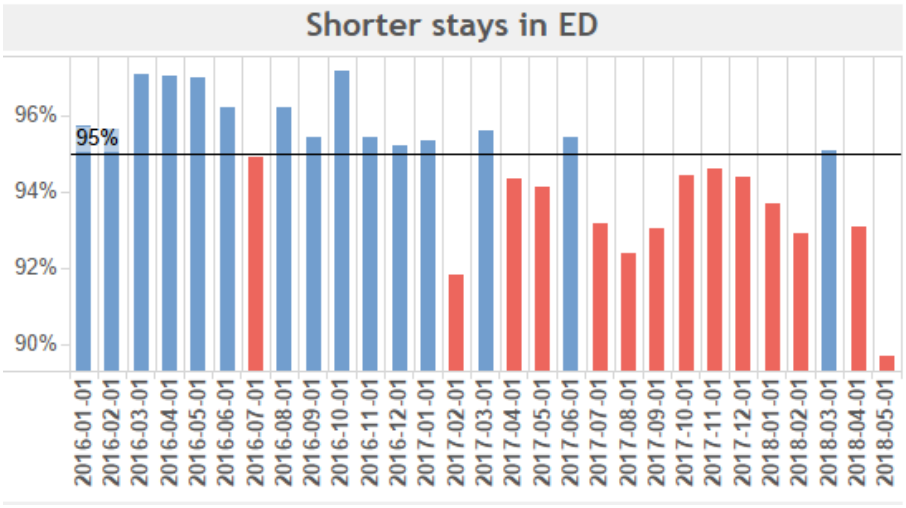
Emergency Department Nelson

There was a 6% drop in the number of presentations in April 2018 (2,138) from March 2018 (2,290). There was also a 1% increase in comparison to April 2017.

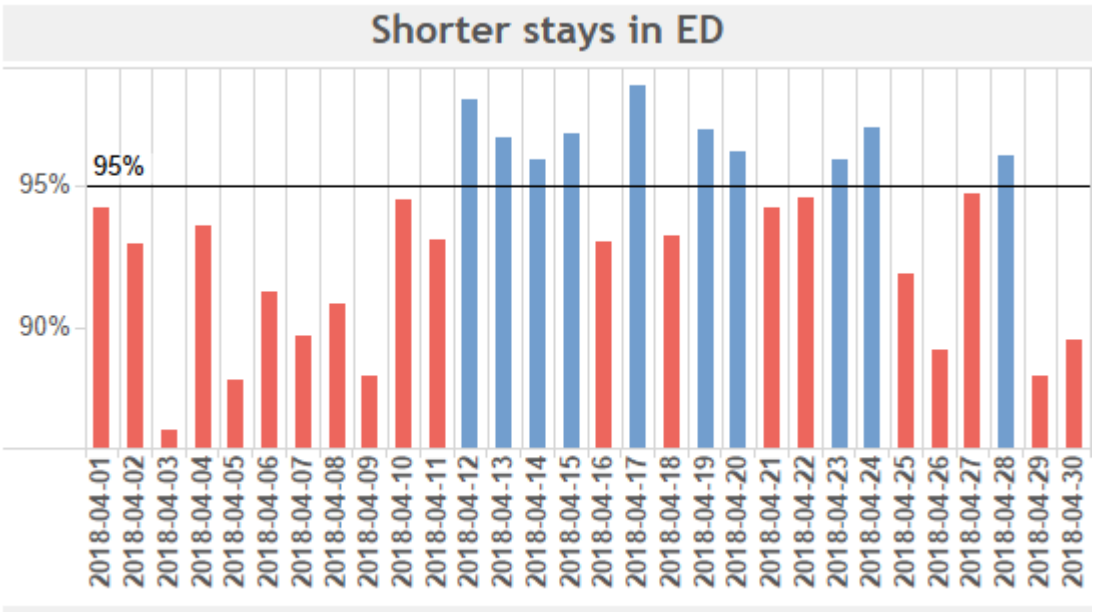
There was a higher than usual admission rate in April compared to March (26.3% from 23.8%) and from April last year (24%).



Performance over the last three years by month, shows the meeting of the <6 hour target in Nelson is declining.

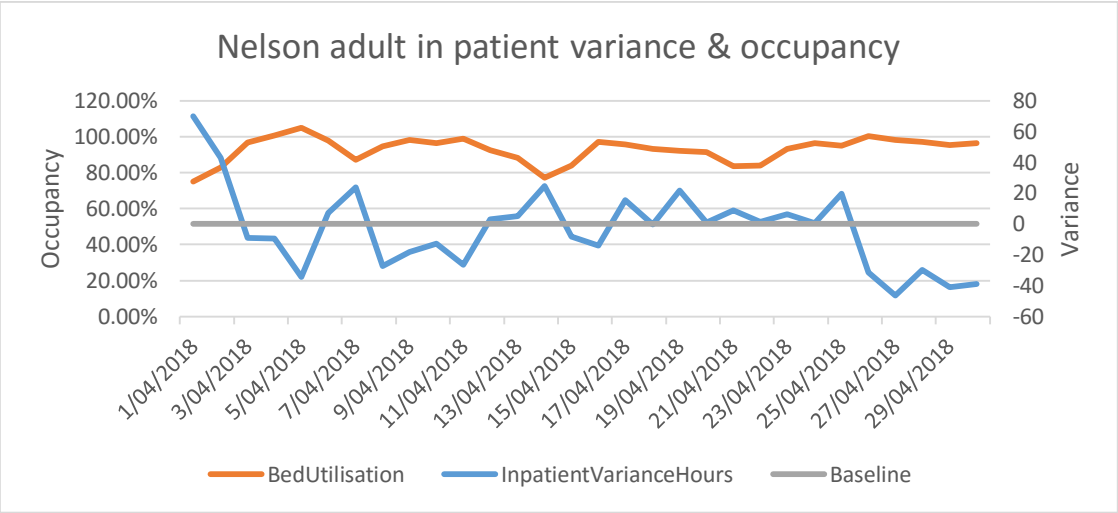


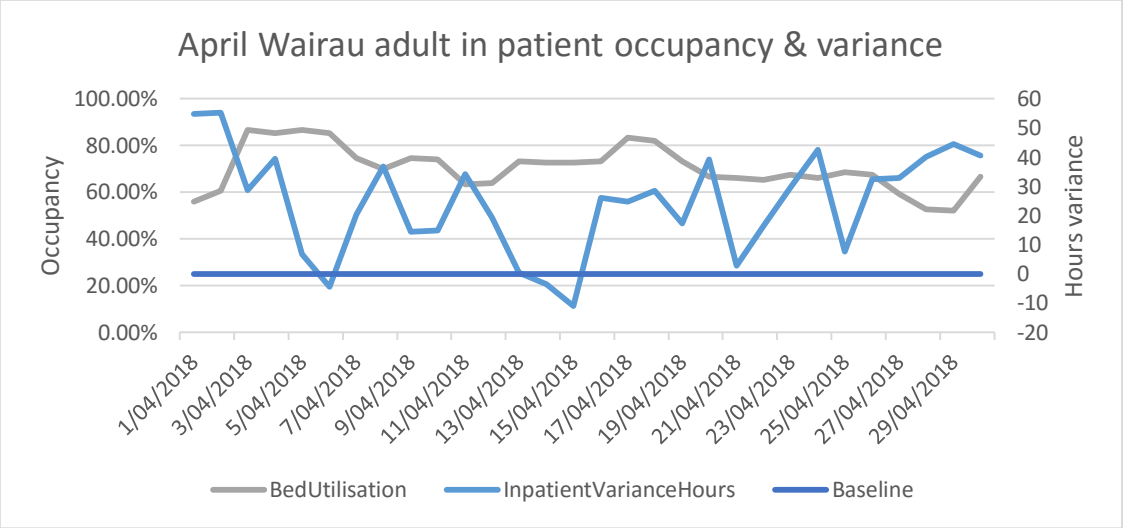
Emergency Department Wairau



7.2 Hospital Occupancy / Acute Demand

Nelson occupancy exceeded 95% on 16 days including three days which exceeded 100%. There were five elective cancellations due to bed pressure.





7.3 Elective / Acute Arranged Services

Year to date internal results to the end of April indicate NMDHB has delivered 5,944 discharges against a plan of 5,643 (a total delivery above plan of 301 discharges). This is likely to increase as IDF patients are finalised at MoH.

Ministry of Health finalised results to the end of March indicate -293 discharges against plan (94.8%). This is due to coding not being completed.

Nelson Marlborough District Health Board
2017/18 Electives Health Target Report

2017/18 Health Target Delivery

	Year to Date HT Plan	Year to Date HT Delivery	Variance from plan	2017/18 Health Target
Elective surgical PUC	4,579	4,426	-153	7,533
Elective non-surgical PUC	123	134	11	
Arranged surgical PUC	884	744	-140	
Arranged non-surgical PUC	57	46	-11	
YTD Health Target	5,643	5,350	-293	94.8 %

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	105.5%	96.7%	94.8%	

ESPI 2 was yellow for the month of April, with 12 patients not being seen within 120 days of referral acceptance.

ESPI 5 has been shown as Red continually for 4 months, however we believe internally this has actually been Yellow for February, March and April. ESPI 5 was yellow for the month of April, with 6 patients not being treated within 120 days of being given certainty.

There was a huge effort by the clerical staff to have the patients all booked by mid-April and a stepping up of leadership from the team leaders to support their teams to achieve this and reach Yellow in both ESPI2 and ESPI5.

Nelson Marlborough Health
TE WAIORA

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2017 Apr			2017 May			2017 Jun			2017 Jul			2017 Aug			2017 Sep			2017 Oct			2017 Nov			2017 Dec			2018 Jan			2018 Feb			2018 Mar		
	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	18 of 21	85.7%	3	21 of 21	100.0%	0	20 of 21	95.2%	1	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
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	44	1.3%	-44	12	0.4%	-12	12	0.4%	-12	26	0.7%	-26	11	0.3%	-11	25	0.6%	-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
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	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.	38	2.5%	-38	32	2.2%	-32	14	1.0%	-14	43	3.0%	-43	32	2.3%	-32	14	1.0%	-14	43	3.1%	-43	13	1.0%	-13	14	1.1%	-14	43	3.2%	-43	32	2.3%	-32	77	4.8%	-77
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.	563	100.0%	0	710	100.0%	0	591	100.0%	0	505	100.0%	0	633	100.0%	0	643	100.0%	0	498	100.0%	0	608	100.0%	0	476	100.0%	0	495	100.0%	0	543	100.0%	0	635	100.0%	0

Data Warehouse Refresh Date: 07/May/2018

Report Run Date: 08/May/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).

National comparison of DHBs for March 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 treated who were prioritised using 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	40	0.3%	-40	0	0.0%	0	450	7.2%	-450	0	0.0%	0	2871	97.5%	74
Bay of Plenty	23 of 23	100.0%	0	13	0.3%	-13	0	0.0%	0	19	0.7%	-19	0	0.0%	0	569	100.0%	0
Canterbury	28 of 28	100.0%	0	294	3.4%	-294	60	0.4%	-60	138	3.9%	-138	6	3.1%	-6	1827	100.0%	0
Capital and Coast	22 of 23	95.7%	1	17	0.3%	-17	20	0.2%	-20	18	0.7%	-18	0	0.0%	0	1379	100.0%	0
Counties Manukau	20 of 20	100.0%	0	204	1.9%	-204	91	0.6%	-91	126	3.8%	-126	11	3.8%	-11	1743	100.0%	0
Hawkes Bay	8 of 17	47.1%	9	149	4.4%	-149	0	0.0%	0	59	4.9%	-59	0	0.0%	0	554	100.0%	0
Hutt Valley	16 of 16	100.0%	0	108	3.5%	-108	0	0.0%	0	11	0.8%	-11	0	0.0%	0	650	100.0%	0
Lakes	7 of 16	43.8%	9	102	3.5%	-102	0	0.0%	0	13	1.7%	-13	0	0.0%	0	403	100.0%	0
MidCentral	23 of 23	100.0%	0	32	1.0%	-32	18	0.3%	-18	1,351	77.9%	-1,351	206	59.2%	-206	23	100.0%	0
Nelson Marlborough	19 of 21	90.5%	2	94	3.2%	-94	0	0.0%	0	77	4.8%	-77	0	0.0%	0	635	100.0%	0
Northland	12 of 15	80.0%	3	50	1.3%	-50	1	0.0%	-1	577	27.3%	-577	0	0.0%	0	639	100.0%	0
South Canterbury	14 of 14	100.0%	0	0	0.0%	0	0	0.0%	0	23	3.4%	-23	0	0.0%	0	289	100.0%	0
Southern	28 of 28	100.0%	0	466	7.1%	-466	28	0.2%	-28	510	18.0%	-510	6	16.2%	-6	1057	100.0%	0
Tairawhiti	17 of 17	100.0%	0	347	17.5%	-347	0	0.0%	0	52	12.7%	-52	0	0.0%	0	221	100.0%	0
Taranaki	21 of 21	100.0%	0	54	1.9%	-54	1	0.0%	-1	30	2.5%	-30	1	5.0%	-1	531	100.0%	0
Waikato	13 of 27	48.1%	14	29	0.3%	-29	48	0.2%	-48	16	0.4%	-16	0	0.0%	0	1717	93.8%	114
Wairarapa	0 of 0	X	0	0	0.0%	0	0	0.0%	0	210	68.0%	-210	0	0.0%	0	0	X	0
Waitemata	20 of 20	100.0%	0	15	0.1%	-15	0	0.0%	0	16	0.5%	-16	0	0.0%	0	1616	100.0%	0
West Coast	18 of 18	100.0%	0	138	12.8%	-138	0	0.0%	0	10	4.7%	-10	0	0.0%	0	141	100.0%	0
Whanganui	10 of 10	100.0%	0	3	0.3%	-3	6	0.2%	-6	196	25.5%	-196	0	0.0%	0	69	100.0%	0
Total:				2,155			273			3,902			230			16934		

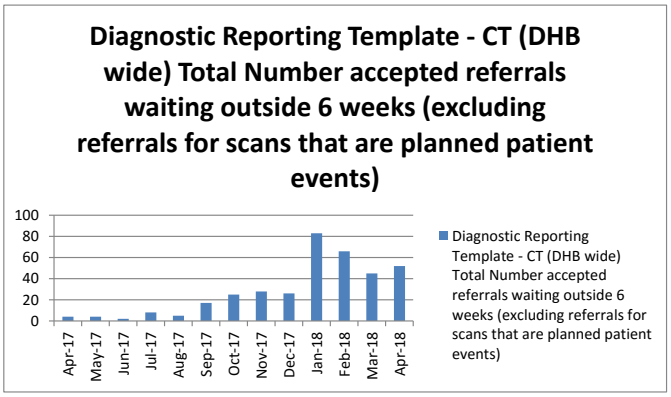
Notes:
1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 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).

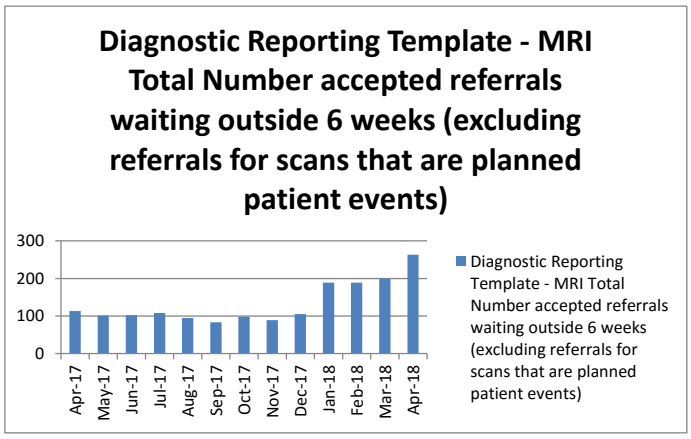
7.4 Enhanced Access to Diagnostics

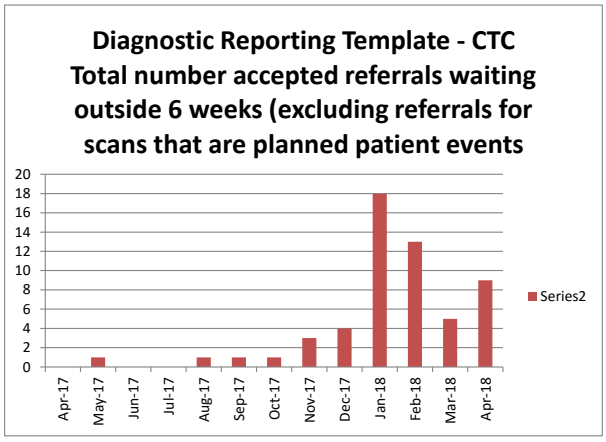
MoH MRI performance shows 47% of referrals accepted are scanned within 42 days (target is 85%). Machine capacity remains the challenge with this target.

Total wait list is 193 waiting less than 42 days, 205 waiting between 42 and 147 days and 21 waiting greater than 147 days (total wait list is 419).

MoH CT overall performance is 85% scanned within 42 days (target is 95%). Nelson CT is running at 94% with 11 patients waiting greater than 42 days, and Wairau CT is running at 68% with 33 patients waiting greater than 42 days.







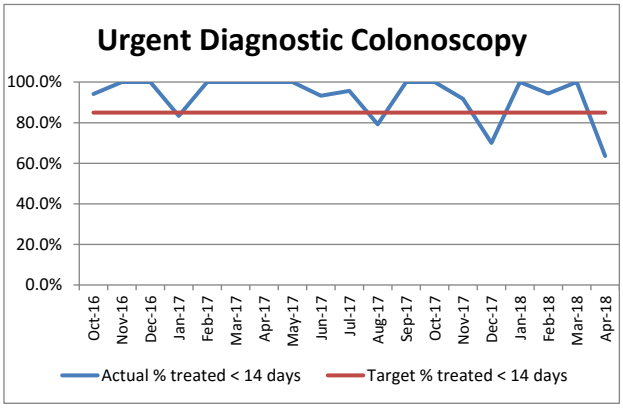
7.5 Improving Diagnostic Waiting Times – Colonoscopy

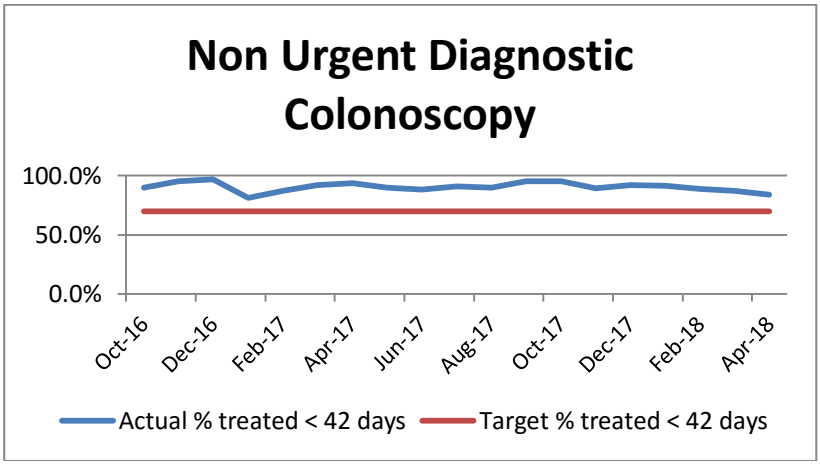
Results for April indicate that we met all targets for non-urgent diagnostic colonoscopy.

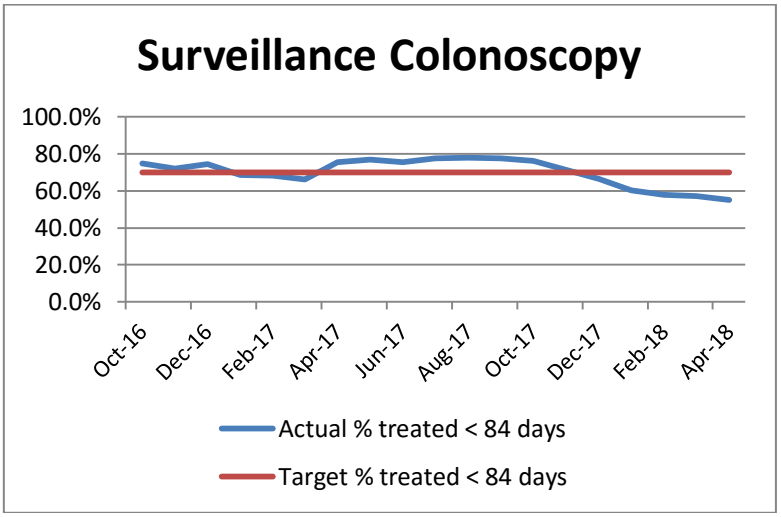
Urgent colonoscopy within 14 days is sitting at 54.5%. This has occurred due to the high number of referrals needing to be scoped within 2 weeks, and less capacity due to approved leave and unexpected sick leave during the month of April.

Diagnostic Surveillance is sitting at 85.1%. Surveillance colonoscopy is sitting at 53.9% of patients being scoped within 84 days of their scheduled date and 61.9% of patients being scoped within 120 days of their scheduled date.

There is a significant backlog (~500) of surveillance scopes that will require a plan before we go live with Bowel Screening in August.


Urgent Diagnostic Colonoscopy
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
Actual % treated < 14 days
Target % treated < 14 days


Non Urgent Diagnostic Colonoscopy
100.0%
50.0%
0.0%
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Actual % treated < 42 days
Target % treated < 42 days


Surveillance Colonoscopy
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Actual % treated < 84 days
Target % treated < 84 days

7.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - April 2018

Reporting Month: Mar 2018 - Quarter 3 - 2017-2018

As at 26/04/2018

62 Day Indicator Records

TARGET SUMMARY	Completed Records															
	Apr-18 (in progress)		Mar-18		Feb-18		Quarter 4 (in progress)		Quarter 3		Financial Year to Date		Year to Date May 17-Apr 18		Previous Financial Year (2016-2017)	
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%	89%	11%	85%	15%	86%	14%	84%	*16%*	89%	11%	90%	10%	94%	6%
Number of Records	18	3	32	4	28	5	18	3	74	14	243	30	*302*	*33*	*308*	*21*
Total Number of Records	21		36		33		21		88		273		335		*329*	
															(Started 01/07/17 - Mandatory from 01/01/17)	
Numbers Including all Delay Codes	86%	14%	86%	14%	82%	18%	86%	14%	79%	21%	82%	18%	83%	17%	86%	14%
Number of Records	18	3	32	5	28	6	18	3	74	20	243	53	302	64	308	49
Total Number of Records	21		37		34		21		94		296		366		357	
90% of patients had their 1st treatment within: # days	66		64		96		66		*80*		74		*71*		*59*	
															(85% target)	

62 Day Delay Code Break Down	Apr-18 (in progress)	Mar-18	Feb-18	Quarter 4 (in progress)	Quarter 3	Financial Year to Date	Year to Date May 17-Apr 18	Previous Year (2016-2017)
01 - Patient Reason (chosen to delay)	0	0	0	0	1	2	3	2
02 - Clinical Cons. (co-morbidities)	0	1	1	0	5	21	28	20
03 - Capacity Constraints	3	4	5	3	14	30	33	21

TUMOUR STREAM 12 Months to Date (May 17-Apr 18)	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS	100%	1	0%	0	1
Breast	100%	43	0%	0	43
Gynaecological	88%	21	13%	3	24
Haematological	85%	23	15%	4	27
Head & Neck	63%	20	38%	12	32
Lower Gastrointestinal	75%	45	25%	15	60
Lung	61%	23	39%	15	38
Other	100%	3	0%	0	3
Sarcoma	100%	1	0%	0	1
Skin	98%	82	2%	2	84
Upper Gastrointestinal	69%	11	31%	5	16
Urological	78%	29	22%	8	37
Blank	#DIV/0!	0	#DIV/0!	0	0
Grand Total	83%	302	17%	64	366

ETHNICITY 12 Months to Date (May 17-Apr 18)	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
African	#DIV/0!	0	#DIV/0!	0	0
Asian - not further defined	#DIV/0!	0	#DIV/0!	0	0
Chinese	0%	0	100%	1	1
Don't Know	#DIV/0!		#DIV/0!		0
European - not further defined	75%	9	25%	3	12
Indian	0%	0	100%	1	1
Not stated	100%	5	0%	0	5
NZ European	84%	255	16%	47	302
NZ Maori	71%	12	29%	5	17
Other Asian	100%	1	0%	0	1
Other European	77%	20	23%	6	26
Response unidentifiable	#DIV/0!	0	#DIV/0!	0	0
Samoan	#DIV/0!	0	#DIV/0!	0	0
Southeast Asian	0%	0	100%	1	1
Grand Total	83%	302	17%	64	366

8. MĀORI HEALTH

8.1 Opening for New Facility for Te Waka Hauora

On the 16th of May a dawn blessing was held for the opening of a whare which is based in Tipahi Street. The whare will house members of Nelson Marlborough DHB's Maori Health & Vulnerable Populations team known as Te Waka Hauora. The building was given the name of Pae Ora which is also the strategic vision of He Korowai Oranga, the National Maori Health Strategy. Pae Ora translates as a "healthy future for Maori" and reaffirms the work that Nelson Marlborough DHB's Maori Health & Vulnerable Populations team is undertaking to address Maori health inequities. Te Waka Hauora has launched 18 district wide projects which target health priority areas for Maori in conjunction with multiple partnerships. The blessing was attended by Iwi inclusive of Iwi Health Board members, Maori provider staff, some of the DHB's Executive team and CE. The name of the new offices was endorsed by the Iwi Health Board. The new facility will also act as a hub to the wider Maori Health team placed across the Nelson Marlborough district.

8.2 Whare Ora Health Homes Initiative Pilot

The Care Foundation has granted funding to support the piloting of Whare Ora, a new healthy homes initiative. Whare Ora will continue to support referrals to the home insulation programme which has insulated over 1000, homes for high needs families/whanau across our district but also supplies additional support services and products into these homes. Additional products will include bedding or beds, thermal curtains, fire alarms with 10year battery, mould kits, draft stoppers, heating devices, and dehumidifiers. The pilot will target children whom have high admission rates to hospital for respiratory problems caused by living in cold, damp, and unhealthy homes. The initiative is part of Project 280 WAP which seeks to mitigate the impact of child poverty across the Nelson Marlborough district and is one of the signature projects of Te Waka Hauora (the Nelson Marlborough DHB"s Maori Health & Vulnerable Populations team). The pilot will have multiple partners inclusive of Housing NZ, Council, Healthy Homes, Ministry of Social Development, Victory Community Centre and Public Health amongst others.

8.3 Te Waka Hauora and Partners Lead Influenza Vaccination Campaign in Franklyn Village

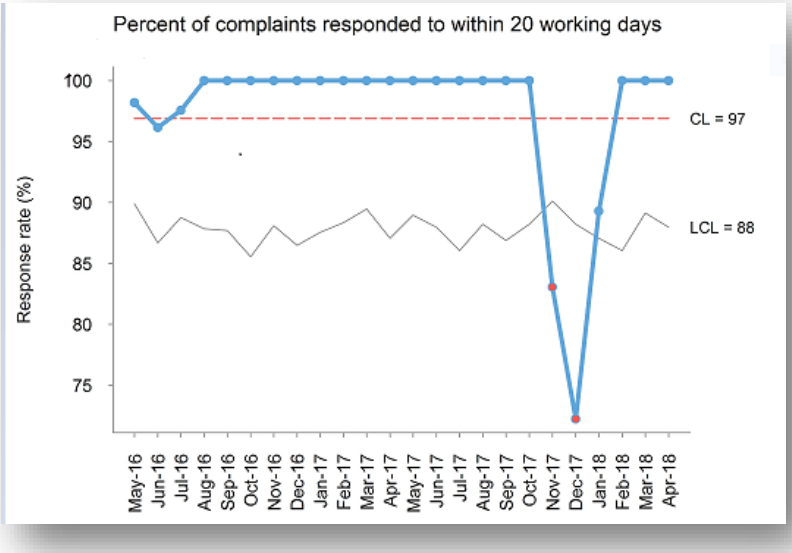
Te Waka Hauora has worked to target the vaccination of high needs population groups with multiple partners in Franklyn Village. The approach builds on the Hauora Direct initiative and saw approximately 54 residents vaccinated, with ongoing vaccination clinics being held. Many of the residents are beneficiaries or low income workers. The residents were encouraged to take up the flu vaccination through the use of a community champion approach and an active health promotion campaign by Te Waka Hauora staff. The message given was that while the health sector could offer vaccinations via a person's GP or even at selected pharmacies, people were being encouraged to take up the vaccine within Franklyn Village itself. Te Waka Hauora joined forces with Victory Community Centre, Victory Pharmacy, Public Health and Nelson Bays Primary Health to target high needs population groups in the first instance that live in Franklyn Village. The approach was fully supported by the Franklyn Village Management Team.

9. CLINICAL GOVERNANCE

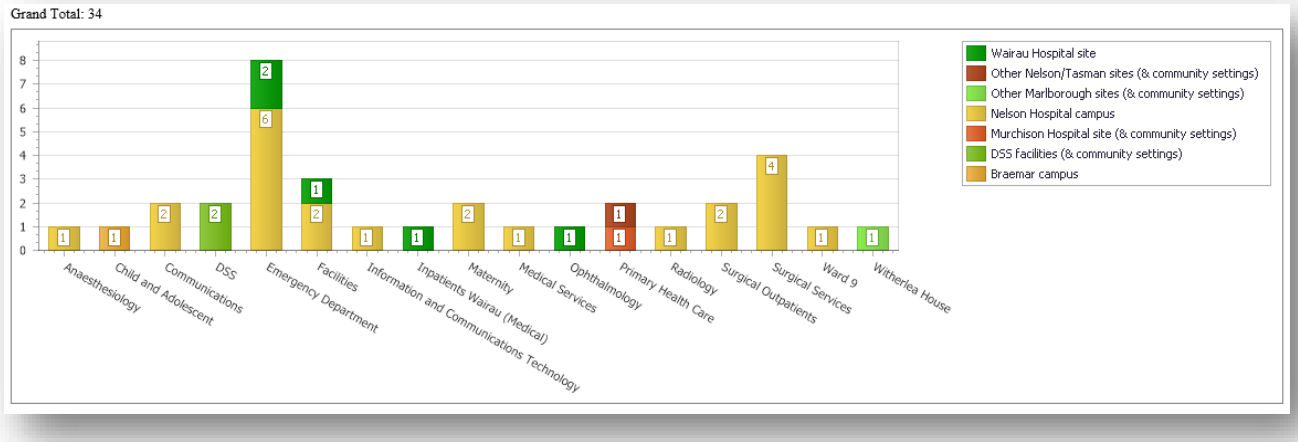
- Two minor privacy breaches, no new SAC 1 or 2 events and no new HDC events were recorded for April.
- Further work is underway to improve both incident review and complaints processes.
- Credentialing of Mental health and Dental has been completed and signed off by the Clinical Governance Committee. Departments planned for credentialing are O&G in August and Orthopaedics in November.
- Falls data for the HQSC Quality Safety Measures will show a significant deterioration next quarter, due to previous inconsistency in the data collection, and the criteria being applied. The criteria is now consistent with the Falls Risk Assessment tool form, and the 24 hour timeline. The Chair of the Falls group is putting in place remedial actions to resolve the issues identified for the next quarter.
- The Consumer Council, at their meeting on 16th April, received an update from the Models of Care programme, participated in a discussion on a proposed Patient, Family and Whanau Escalation of Care Pathway, received a presentation on the National Bowel Screening Programme, and workshopped options for extending the reach of Advance Care Planning in Nelson Marlborough. The next Consumer Council meeting is on 21st May in Nelson.

9.1 Service User Complaints

There were 34 complaints received for April compared to 45 the previous month. There were no new HDC complaints received in April.



Complaints by Service and Site



10. HUMAN RESOURCES

10.1 People & Capability Change Process

The final decision on the structure of the People & Capability team was presented to staff on 4th May.

10.2 Induction

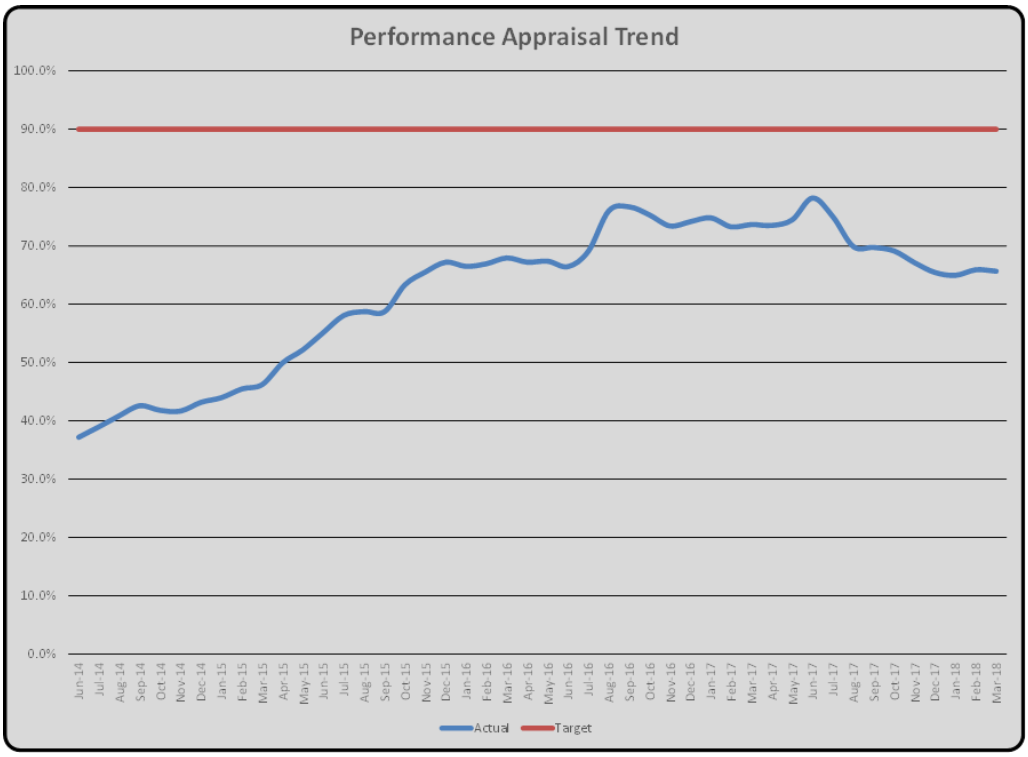
The review of the new induction model is underway. The survey of all new employees who have started since the inception of the new programme last year has been completed and results are being collated.

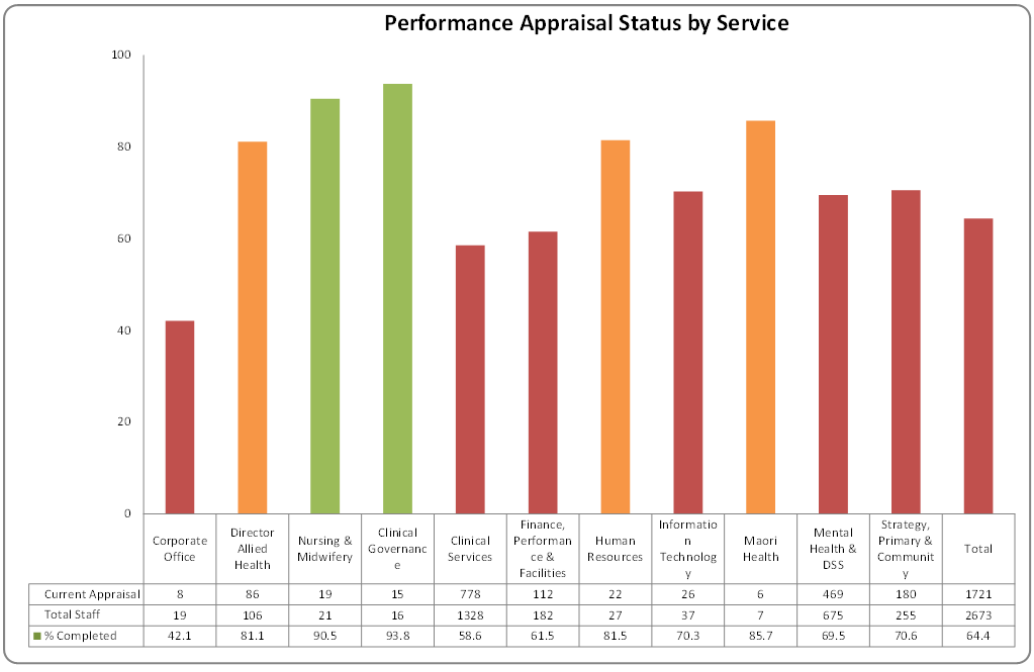
10.3 Adult Education

The National Certificate in Adult Education course started on the 23rd of April with 18 enrolled participants. We are now scheduling dates for the July course which already has 12 waitlisted people. This overwhelming response shows an appetite and commitment to learning and development from our staff.

10.4 Performance Appraisals

To date we are at 64.4% 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	86	19	15	778	112	22	26	6	469	180	1721
Total Staff	19	106	21	16	1328	182	27	37	7	675	255	2673
% Completed	42.1	81.1	90.5	93.8	58.6	61.5	81.5	70.3	85.7	69.5	70.6	64.4

Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED