Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Peter Bramley, Chief Executive
Date:	17 January 2018
Subject:	**Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

The Christmas New Year break is over for most. Hopefully many of our staff enjoyed some time out to refresh and recharge with family and friends. In the lead up to Christmas, with the Director of Nursing & Midwifery, I enjoyed judging the Christmas decorations around our hospitals. It was lovely seeing the creativity and team spirit that many areas displayed, and it certainly made the hospital setting festive. I am sure our patients and visitors appreciated the effort. I took some time out on Christmas Day to wander around Nelson Hospital. I was so impressed with the small gestures staff, especially the AT&R ward, had made in making the day special and positive for those patients who found themselves in hospital at Christmas. I want to thank, in particular, all those who worked through the Christmas/New Year period. Health is a 24/7 365 day business – and I was reminded afresh on the wander around how many people across our district work during the holiday season to ensure our community is provided with the health care needed. THANK YOU.

With Nelson and Blenheim topping the sunshine hours for 2017 you can understand why so many people pour into our stunning district for a visit or holidays. Not surprisingly our Emergency Departments have been super busy. An excerpt from our overnight report on 8 January is illustrative of the pressure our clinical teams are under on some days:

> *"High demand for services. 48 presentations over pm shift (1445 to 2300 hrs) with high acuities - Stat 1 trauma patient 1742, several 1:1 nursing required at the time (Bipap, non STEMI). Junior staff needing guidance/close supervision with heavy workloads and certain procedures. Senior RN and CNS deployed to trauma and 1:1s. Three breeches of 6 hour target, with mental health patients requiring department in lockdown from 1730 to 2315hrs. Triage inundated with presenters. Few people able to be re-directed to primary care. Delays for nursing in meal breaks due to demand. Overtime required to cope. Great assistance from Duty Nurse Manager who facilitated ward transfers."*

Sadly too many presentations around the New Year period were alcohol related. As a community we need to do more to support safe and healthy patterns of alcohol consumption.

Related to this is the growing concern that many of our front line staff are subjected to aggressive and violent behaviour from both patients and families. Too many of our staff are experiencing verbal and physical abuse as they go about their day to day care. By way of illustration on 6 January our Emergency Department reported the following event:

> *On Saturday night shift there were 5 very drunk presentations, verbal abuse, with 2 drunk men attempting to fight each other despite both having significant injuries. Security was required to be stationed in the department, with an orderly needed after 0400hours. There was an*

abusive drunk in the waiting room. The Police were called to attend to one of the offenders. This was a very unsafe environment for patients and staff.

We are attempting to ensure our staff are trained to manage such situations, and are supported and safe as they go about their clinical care. As a community we need to support our clinical carers and promote appropriate behaviour amongst friends and family when attending hospital settings.

Our Public Health Service has also being busy over this season with outbreaks of pertussis (whooping cough), mumps, gastroenteritis, and the concerns around the spread of measles from up North. So far, to mid-December, 161 cases of Pertussis have been notified, with eleven children under 1 being treated. It is a timely reminder again of the importance of ensuring our children are being immunised.

Financially our health system locally is under significant financial pressure. This certainly reflects the ageing demographic, increasing presentations to Emergency Departments, and the rising complexity of admissions. Places like our ICU are busier than ever. The number of cancer procedures being operated on is rising. The cost of specialist pharmaceuticals is increasing rapidly. For the month of December the DHB had a negative variance to budget of $528k, which means YTD we are living beyond our means to the tune of $367k and have a YTD negative variance to budget of $1.355m.

As an Executive Team we are doing everything we can to manage expenses, and various initiatives are underway to generate savings and contain costs.

It is interesting to read of the current challenges the NHS in the UK is facing – both with winter pressures, but also the challenge of an ageing population and increasing chronic conditions. We, like them, must give focus and attention to the work on new Models of Care otherwise we simply will not be able to adequately provide the care needed for our community. The health system, if it remains in its current configuration, will be unsustainable as the pressures rise. Our challenge at the moment, with financial constraint, is how to keep investing in the future. We have to invest in innovative ways of delivering care otherwise we will not have a health system fit for the future.

Let me finish with a good news story. I have attached as item 5.1 the story of Jock Wyllie. You may have seen this reported recently in Stuff (https://www.stuff.co.nz/business/farming/rural-women/100577493/love-wells-up-during-farmer-health-scare-for-the-new-year). It illustrates beautifully the great teamwork across our health community and the fantastic care various teams have provided for Jock when he had a heart attack. Despite all of our current challenges – there is fantastic care being delivered across our community from midwives to paediatricians, from district nurses to surgeons, from GPs to Emergency Physicians. We have lots to be thankful for.

2. PRIMARY & COMMUNITY

- The Annual Plan process for 2018-19 has begun with the focus on refreshing the priorities matrix. During November the Clinical Governance Group, Talking Heads, Pharmacy leaders, Public Health, ToSHA and Charge Nurse Managers in Wairau had provided input to the matrix. Meetings were held with Nelson City Council and the Tasman District Council to contribute health priorities to their long term plans, and to identify mutual issues for combined effort. Ministry of Health guidance for the Annual Plan 2018-19 is expected in the New Year.

- The establishment phase of the Models of Care programme continues. The Terms of Reference for the Clinical Reference Group (CRG) have been finalised following consultation with the Consumer Council, ELT and ToSHA. The CRG is a multi-disciplinary advisory group to support the development of sustainable models of care, and expressions of interest will be sought across community, primary and secondary health services.

- Several issues with the Hospital Smoking ABC target will result in this target not being met for the coming quarter. The issues include:
    - Delays in clinical coding, meaning that issues are not able to be addressed in a timely manner
    - Pressure on Nelson ED. Pressure on staff from volumes and high acuity or multi-issue patients is resulting in difficulty in ensuring ABC processes are complete.

- A small number of complaints continued to be received regarding both Home and Community Support Services (HCSS) providers during the months of November and December. These have been forwarded to the providers in question and discussed, both individually, and at group HCSS meetings. Meetings continue to be held every 2-3 weeks with providers during this transitional phase to ensure any issues are resolved quickly.

- The Ministry of Health alerted all Public Health Services of a national pertussis outbreak. The Nelson Marlborough district has received a marked increase in pertussis notifications primarily among primary and secondary school age children. The outbreak is ongoing with 161 cases of pertussis notified between 28 October and 14 December 2017. One hundred and seven in Nelson, 34 in Tasman, and 20 in Marlborough. Eleven so far have been in those under 1 year of age. The majority of cases continue to be among those aged 5-14 and older adults, however we are seeing more in the under 1 year olds. No hospitalisations have been reported so far.

- Mental Health and Addictions contracts have been completed and signed. Primary Mental Health contracts with the PHOs were changed to enable greater flexibility for PHOs to offer services more responsively.

- The Hauora Direct initiative has progressed with a series of three sessions offering health assessments being held at Franklyn Village. There was good uptake and a significant level of follow-up. The Oral Health Educator was involved with the three health assessment days. This was a great opportunity to enroll children that live in Franklyn Village into the COHS, to meet whanau and give good oral health advice to them while they were taking part in the assessments.

- A Public Health Service focus for much of December was on the all-of-government response to water contamination at RNZAF base Woodbourne. An ingredient in fire-fighting foam, used for 30 years up to 2002, has contaminated the groundwater on Base. Current drinking water is safe, but as part of wider investigations water tests were taken by consultants from approximately 50 neighbouring properties downstream of the Base (results are expected by the end of January). Those neighbours have been offered bottled water in the meantime. As a precaution, Council also took samples from wells serving the township of Blenheim. No

contamination was detected, however regular testing will continue to ensure safety of those supplies.

- The Havelock North Campylobacter Outbreak Inquiry (Stage 2) report was released and contains a number of recommendations that, if accepted and actioned by the government, will have far-reaching implications for the regulatory system and for water suppliers themselves. In December the Director General of Health issued a statement under the Health Act encouraging all water suppliers that do not currently treat their drinking water to do so as soon as possible. This statement was forwarded to all three of the Nelson Marlborough District Councils and all water suppliers in Nelson Marlborough that do not have treatment.

- A gastroenteritis outbreak occurred in Marlborough over the Christmas holiday period, with hospital acquired cases. The outbreak was managed with Public Health Liaisons and closure of the surgical area of the inpatient unit for isolation purposes for a period of 5 days.

- Signed commitment for the Healthy Sales Initiative (Sugar Sweetened Beverages) has been gained from 29 schools across the district. In collaboration with school principals, we are asking retailers of sugary and artificially sweetened drinks to not sell them to students on school days between 7am and 3pm. To date, two retailers have joined the initiative.

- Low numbers of referrals into the health pathway for the Warmer Healthier Homes initiative are disappointing. The Public Health Service continues to engage the sector/services and promote the Healthy Homes insulation project. The team have worked with the Pathways Coordinator, and a newsletter has gone out to GPs with a very simplified referral process aiming to reduce barriers to accessing this opportunity.

- Ongoing work is being completed with General Practices to assist with recall and screening of priority women for cervical screening. Emphasis has been on Pacific women, with 51 Pacific women being screened in the last 2 months.

- Occupancy in the Murchison Health Centre and ARC Hospital is full and there is one acute bed available. There were 10 Primary Response in Medical Emergency (PRIME) calls in November. Predicted traffic flows for December were relieved by the Kaikoura east highway being re-opened with limited hours. After one week post-Christmas flows increased again but with visibly fewer trucks passing through Murchison.

3. CLINICAL SERVICES

- The early part of the holiday season has been well managed, and the plans in place have been effective. There will be a review across the health system to ensure our services are appropriate in managing this very busy time of year.

- ED Nelson continues to experience high demand with more than 100 presentations on some days over the holiday period. However, the combination of the Medical & Injury Centre (MIC) and ED managed the emergency demand for Nelson. The Marlborough Urgent Care facility opened in early December on the Wairau Hospital campus, and supported urgent care delivery. This is a superb addition to the acute

care picture for the Marlborough community ensuring greater access and more immediate care, as well as keeping our ED for emergencies.

- Despite a reduction in overall activity for medicine the acuity and occupancy remains high in ICU requiring high resource allocation. Other ICUs have been very full so patient transfer ability has also been limited with four of our 12 transfers over the two month period being sent to CDHB rather than our normal referral route to CCDHB. Nursing resource was again increased in the ICCU as we move to a 5/5/5 roster model 24/7. Medical leadership in the area remains an area for focus. The ICCU review took place in November.

- A focus remains on Elective Service Performance Indicators (ESPI) management and the administration team leaders are becoming more proactive in the management of bookings. The next area of focus will be managing theatre session capacity. The active management of FSA is causing discussion and concern in some areas in relation to maintaining the balance of delivery across all of outpatients; FSAs, acutes, follow ups.

- Progress has been made with CCDHB in regard to the provision of a Dermatology service. We have signalled our intent to combine our resources to enable a more skilled and better resourced service. The new service will provide regular clinics at Wairau and Nelson hospitals.

- A challenge in the last two months has been planned and unplanned sick leave of physicians coinciding, resulting in the need to have increased locum cover for acute services.

- Activity remains over predicted levels in Oncology, with this reflected in higher drug costs and clinic volumes.

- A physician with dual training in respiratory medicine and general medicine has been appointed and will start in early February.

- The new anaesthetic machines were installed in mid-November now making us compliant with ANZCA standards.

- The two new ultrasound machines (one for theatre and one for ICU) have been installed during November.

- The first formal meeting between MOH and the NMDHB bowel screening team took place in early December 2017. The next step will be establishing steering/working groups as we aim to start working through some of the issues in preparation of the screening programme beginning for NMDHB in August 2018.

- A pilot for the hip fracture pathway commenced from November until February 2018. The purpose of the pathway is to improve patient outcomes by aiming for patients to have surgery for an acute event on the same day or next day of admission.

- At this point in time there is a significant backlog in clinical coding which is impacting our reporting against targets, such as the orthopaedic initiative and ESPIs. An external review of the department, and improving the processes being utilised to

ensure best practice, will be undertaken. Additional resource is being sought from this hard to source skill set.

- The pilot project for Nurse Practitioner Older Adults based in Stoke Medical Centre will continue until July 2018.

- Thirty-two Nurse Entry to Practice (NETP) and five Nurse Entry to Specialist Practice (NESP) graduate positions have been chosen, including eight nurses who identify as Maori in line with our focus on strengthening our Maori workforce. Orientation has been arranged for 22 January 2018.

- A successful implementation of the "end PJ paralysis" pilot in Ward 9 has been completed, and this is now business as usual. The programme is currently being introduced in the Inpatient Unit.

4. ALLIED HEALTH

- The external Allied Health review report and recommendations has been received and presented to Allied Health, ELT and key stakeholders. There are a significant number of recommendations that require discussion, confirmation and prioritisation.

- The NMH Falls Alliance Regional Group continues to take a system wide view to falls prevention in our older population, noting early signs of a reduction in Neck of Femur (NOF) rates. It is evident that whilst significant gains have been made, there is still opportunity to support this area for our frail older people.

5. MENTAL HEALTH & ADDICTIONS AND DSS

5.1 Mental Health & Addictions

- A 1.5 day session was held with the Manager and Advisory team for MH&A run by L&D and an external provider. These sessions were very successful with good team building and positive feedback from all.

- A strategic planning day for DSS management team was held facilitated by an external provider.

- A meeting on housing has been held led by MSD and Housing NZ. The meeting was very focused and action oriented. The first action is to do a stocktake of the sector.

- Collaboration between the Mental Health & Addictions team and Corrections/Probation is being looked into as there are many areas identified for improving our joint response.

- A first cross sector meeting 'addressing meth in our communities' was held with good attendance and agreement to share information and resources at the next meeting, with a view to develop an action plan.

- The Service is developing a Clinical Coordinator role for the Community team. We are reviewing Dementia Education, and a liaison role has been provided to the Aged Residential Care sector.

- There are a steady number of referrals to the community service, with an increase in complexity of cases associated with comorbidity/early onset of dementia. The number of older mental health patients with significant social issues, eg accommodation/support, is increasing.

- November and December have been extraordinarily busy for both Nelson and Blenheim Addictions. This time of year is the busiest time for the Opioid Substitution Treatment (OST) team having to arrange scripts for approximately 360 clients, many of whom are travelling to various destinations in NZ.

- The Youth Team had 36 new referrals for November, with December's referrals looking to exceed this. All referrals were accepted.

- The Nelson Team (Adult) had 30 new referrals, plus 18 Probation referrals, with one restorative justice referral this month. In addition to the above we received 14 referrals in November from ED. These referrals get followed up by phone or letter offering alcohol and drug education with the option of being seen if required.

5.2 Activity – Specialist and NGO

Due to staff leave, reporting on this activity is not available this period.

5.3 Average Inpatient Occupancy Rates for Mental Health

MHAU

Service	Description	Contracted Beds	Type	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
Specialist Mental Health	Inpatient - Acute 24 Hour Clinical Intervention	20.00	Occupancy %	91%	95%	104%	101%	110%	118%	112%	99%	100%	121%	115%	103%	121%
Specialist Mental Health	Inpatient - Infant, Child & Adolescent & Youth	1.00	Occupancy %	0%	0%	11%	0%	20%	13%	10%	71%	0%	0%	10%	40%	0%
Specialist Mental Health	Intensive Care Beds	4.00	Occupancy %	86%	44%	45%	56%	47%	67%	71%	69%	22%	45%	32%	93%	98%
	Total MHAU beds	25.00	Occupancy %	86%	83%	91%	90%	97%	105%	101%	93%	83%	104%	98%	98%	112%

Tipahi MH

Change to 5 beds

Service	Description	Contracted Beds	Type	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
Specialist Mental Health	Inpatient - Subacute / Extended Care	13.00	Occupancy %	64%	63%	64%	73%	69%	47%	35%	110%	101%	28%	80%	80%	180%

** Bed days funding reduced to 5 from July 2017; recording of Tipahi MH actual bed days merged into Adult beds from September 17, estimate used thereon*

Alexandra Inpatient Unit

Service	Description	Contracted Beds	Type	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
Alex	Inpatient	10.00	Occupancy %	94%	84%	105%	88%	99%	85%	94%	108%	86%	83%	98%	112%	79%

5.4 Disability Support Services

Disability Support Services (DSS)		Current December 2017				YTD December 17
Contracted Services		ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	169	16		185	
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	**184**	**20**	**13**	**217**	
Number of people supported						
Total number of people supported	Residential service users - Actual at month end	**184**	**20**	**13**	**217**	
	Respite service users - Actual at month end	1	2		**3**	
	Child Respite service users - Actual at month end	14			**14**	
	Personal cares service users - Actual at month end	**0**	**1**		**1**	
	Total number of people supported	**199**	**23**	**13**	**235**	** Includes Child respite
Total Available Beds - Service wide	Count of ALL bedrooms	**235**	** Includes Child respite 4 beds			
	Total available bed days	7,285				42,810
Total Occupied Bed days	Actual for full month - includes respite	6,785				39,860
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	**93.1%**				**93.1%**
		Last month	**Current month**	**Variance**		
Total number of people supported		**231**	**235**	**4**		
Referrals (excludes respite)	Total long term residential referrals	**9**	**9**			
	New Referrals in the month	**4**	**7**			
Of above total referrals	Transitioning to service	**-**	**-**			
	On Waiting List	**9**	**9**			
Vacant Beds at End of month		**11**	**11**			
	Less people transitioning to service	**-**	**-**			
	Vacant Beds	**11**	**11**			

6. INFORMATION TECHNOLOGY

Project Status

Name	Description	Status	Original Due date	Revised due date	
PaperLite					
PICS	Patient Administration System (PAS) replacement for Ora*Care	On track to go live April.		Apr 18	●
Patientrack	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Project Manager and Nurse lead recruited. Draft scope and deliverables documented.	Jul 17	Jun 18 for pilot.	●
Scanned Medical records	Digitisation of paper Medical records: scanning, indexing and storing.	Went live in December. Some teething issues identified – automated transfer of docs between Psi Capture and DocuShare; scanning loose filing in a timely manner; and disk space until this can be migrated to IaaS.		Dec 17	●
eTriage	Electronic triage of referrals delivered via ERMS	Regional solution now available, however implementation needs to wait until PICS go-live. Resourcing needs to be identified, especially Project Manager and Process Analyst.	Oct 17	Jul 18	●
MedChart	Electronic medication Prescribing & Administration (ePA).	Pre initiation phase. Currently programmed for FY17/18 Q4 to implement to Wairau only first. Reliant on decision re ePharmacy (WinDOSE upgrade).	TBC		
ICT					
IaaS (NIP)	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre.	Network connectivity to the CCL datacentre in Nelson in place. Hardware is commissioned in the datacentre. Technical admin training complete. The migration schedule is running behind as a result of the network issues experienced in December. The plan is to start migrating from Monday 15 January 2018.	Jun 18		●
Exchange upgrade to 2013	Replace end of life Exchange 2007 email server with Exchange 2013	All mailboxes have now been moved to the new 2013 Exchange server. Now complete.	Dec 17		●
VDI Upgrade	Update to a newer supported version of VDI (z workstations), and upgrade switches.	This project has been delayed due to the network issues in December. The order has been placed to expand VDI capacity. Planning for the installation is underway with CCL.	Aug 17	Mar 18	●

Name	Description	Status	Original Due date	Revised due date	
Development					
EDaaG	Emergency Department at a Glance developed in-house enhancements	ACC45 forms are ready. Integration development to connect to ACC web service is delayed due to critical SI-PICS interface development work stream. ACC45 forms integration will be completed before SI-PICS go-live in April 2018.	Oct 17	Apr 18	●
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. Current work will be reviewed in January.	Aug 17	Feb 18	●

- The replacement of the Nexus core network switches was not able to be completed on 20 November due to a compatibility issue between the new switches and part of the older SAN fabric it needed to connect to. An alternative approach to replace the switches is now planned, with CCL covering the warranty of the old switches as they have reached end of life.

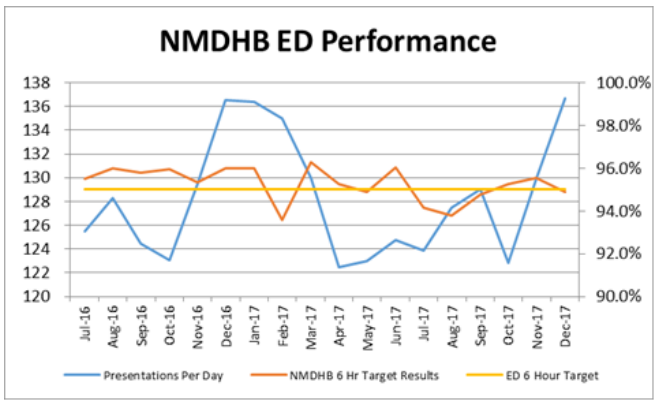
- A second issue was experienced with network degradation that started around midnight on 10 December after a power event, which caused loss of availability of some clinical systems intermittently. The system was stabilised, and work is ongoing to identify the root cause, which is now looking like a faulty line card. The underlying issue is an ageing infrastructure and application set. The resolution is moving to IaaS and upgrading key systems, eg PICS.

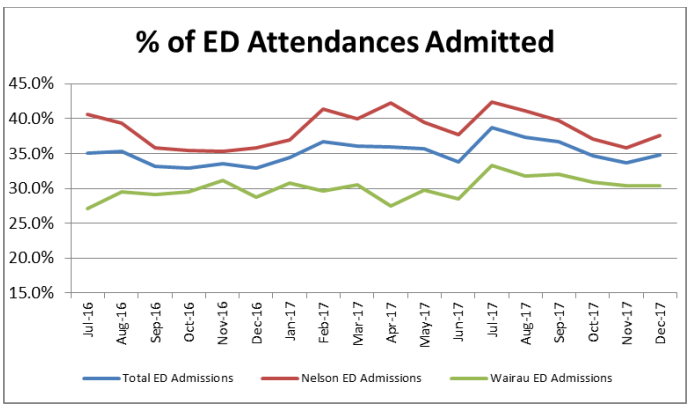
- Ongoing support for WinDOSE has been negotiated with the vendor until the South Island DHBs upgrade to ePharmacy, which is estimated to be completed in May.

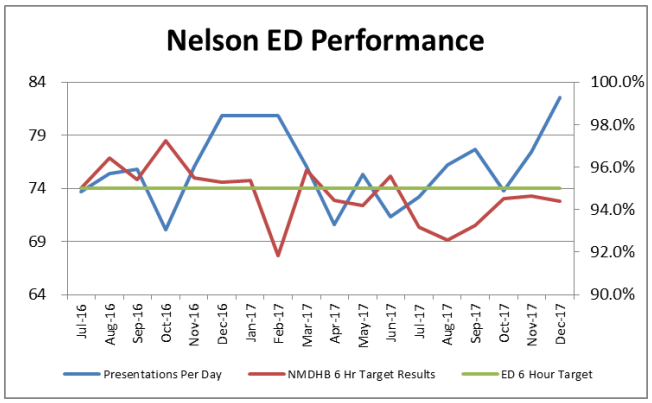
7. PERFORMANCE INFORMATION

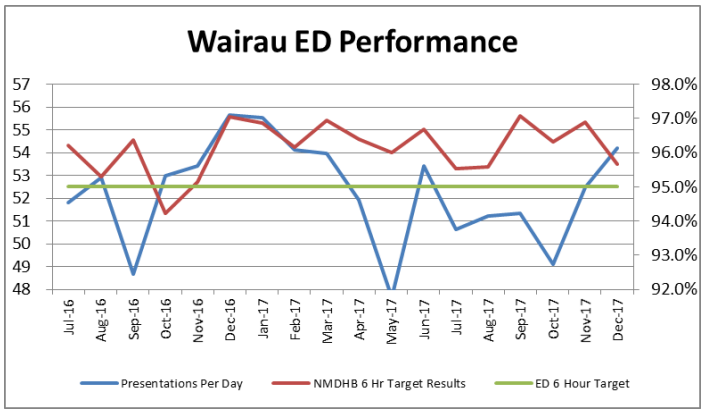
7.1 Shorter Stays in Emergency Department

NMH achieved the DHB ED target of 95% within 6 hours in November and December.







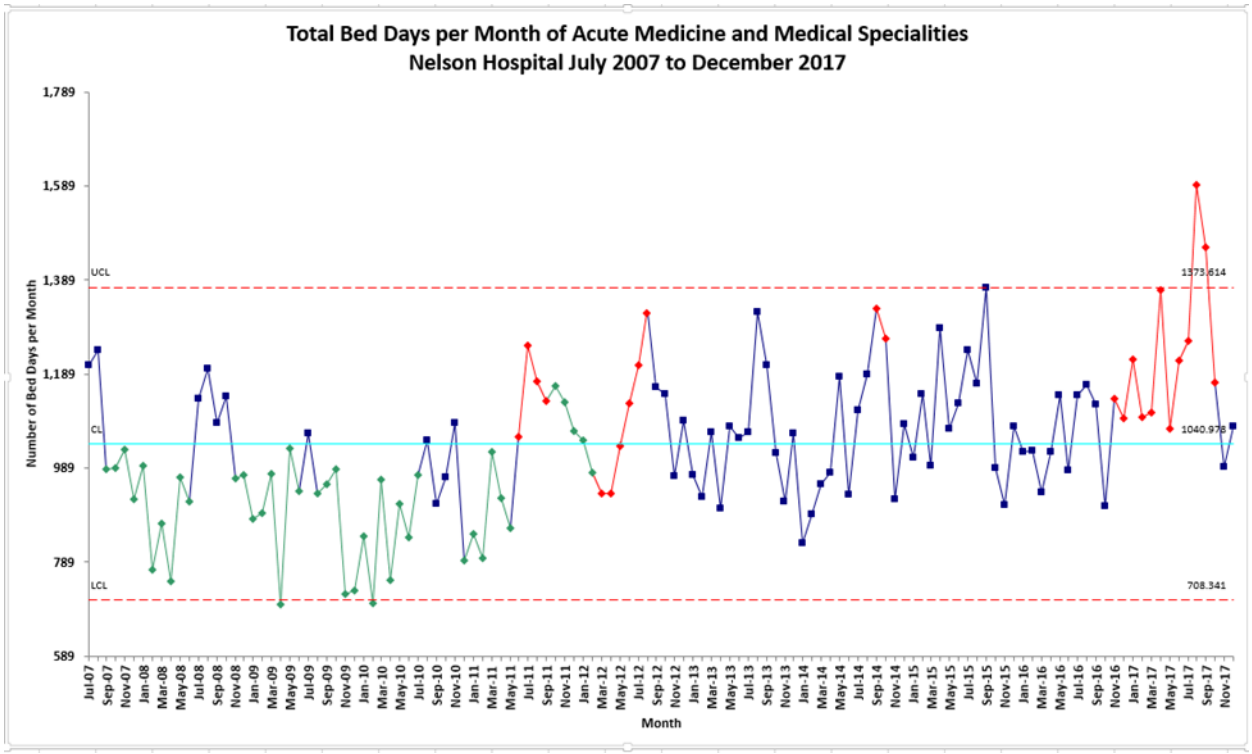


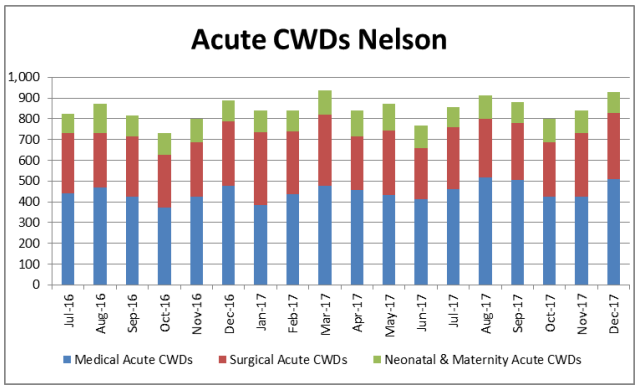
Length of stay target for past 3 months

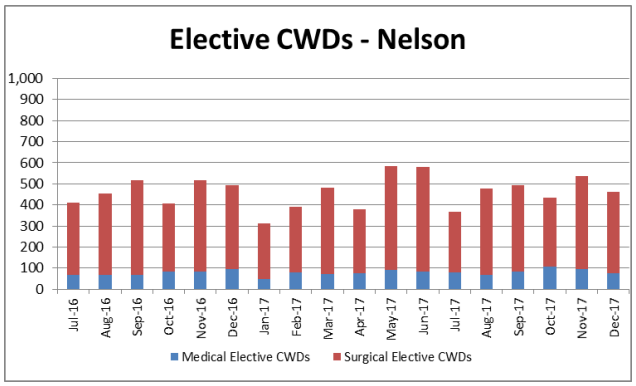
	October 2017		November 2017		December2017	
	Total	**<6hrs**	**Total**	**<6hrs**	**Total**	**<6hrs**
Nelson	2,287	2,162 94.53%	2,287	2,263 94.29%	2,056	1,946 94.65%
Wairau	1,522	1,474 96.29%	1,628	1,576 96.81%	1,407	1,576 96.23%

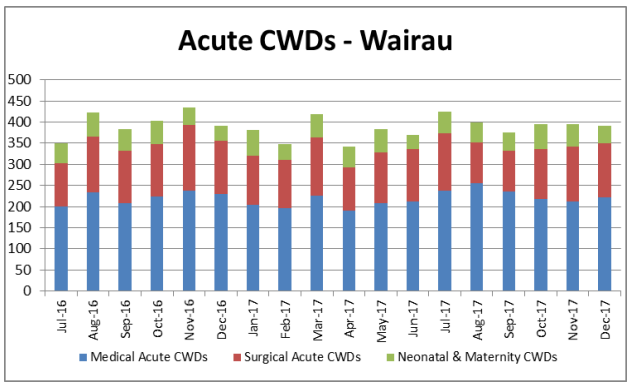
7.2 Hospital Occupancy / Acute Demand

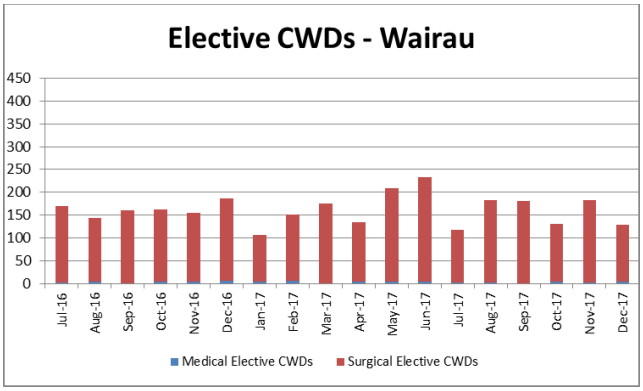
Nelson Hospital Bed Pressure











7.3 Elective / Acute Arranged Services

At the end of November NMH is on target for MOH requirements for elective surgery, with the number of elective surgical procedures at 100% of the Health Target for 2017/18 (3,157 discharges delivered against a plan of 3,157).

ESPI 2 was yellow for the month of December with five patients not being seen within 120 days of referral acceptance (wait times for an FSA).

ESPI 5 was yellow for the month of December with 12 patients not being treated within 120 days of being given certainty (wait times for an elective procedure).

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	2,577	2,599	22	7,533
Elective non-surgical PUC	71	75	4	
Arranged surgical PUC	475	453	-22	
Arranged non-surgical PUC	34	30	-4	
YTD Health Target	3,157	3,157	0	100.0 %

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	105.6%			

- Year to date, as at the end of November for the Cataract Initiative, 266 cataracts were undertaken against a plan of 241 (110%).

- Year to date, as at end of December for the Orthopaedic Initiative, 48 joints were undertaken against a plan of 41. Year to date, as at end of December, delivery is 246 joints against a plan of 271.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016 Dec			2017 Jan			2017 Feb			2017 Mar			2017 Apr			2017 May			2017 Jun			2017 Jul			2017 Aug			2017 Sep			2017 Oct			2017 Nov		
	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj	Level	Status %	YTD Adj
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	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	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
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	12	0.4%	-12	73	2.5%	-73	29	0.9%	-29	12	0.4%	-12	44	1.5%	-44	12	0.4%	-12	13	0.4%	-13	26	0.7%	-26	11	0.3%	-11	28	0.9%	-28	63	1.9%	-63	13	0.4%	-13
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
4.Patients given a commitment to treatment but not treated within the required timeframe.	50	2.0%	-50	47	1.6%	-47	14	1.0%	-14	16	1.0%	-16	37	2.5%	-37	31	2.1%	-31	13	0.9%	-13	42	2.8%	-42	31	2.2%	-31	13	0.9%	-13	41	2.8%	-41	20	1.4%	-20
5. 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
6. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	535	100.0%	0	454	89.8%	1	592	100.0%	0	726	100.0%	0	563	100.0%	0	710	100.0%	0	590	100.0%	0	508	100.0%	0	632	100.0%	0	647	100.0%	0	453	100.0%	0	575	100.0%	0

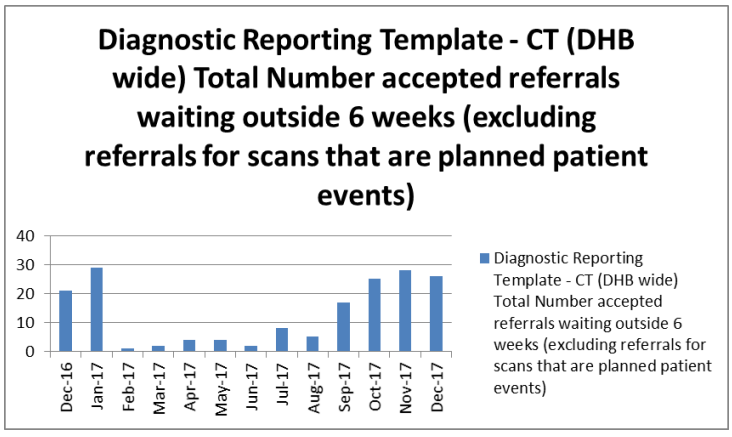
Data Warehouse Refresh Date: 09/Jan/2018

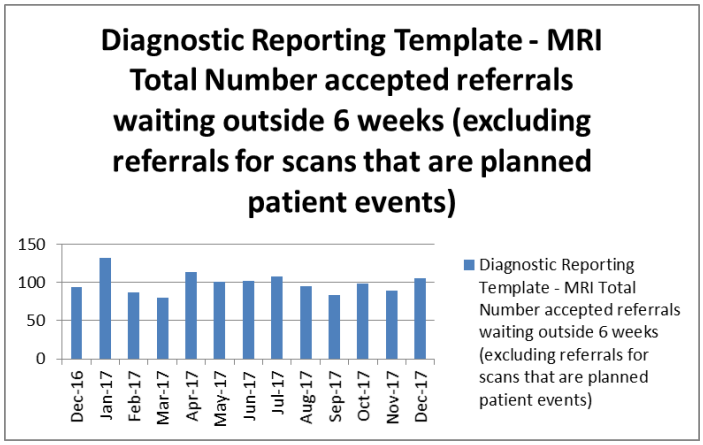
Report Run Date: 10/Jan/2018

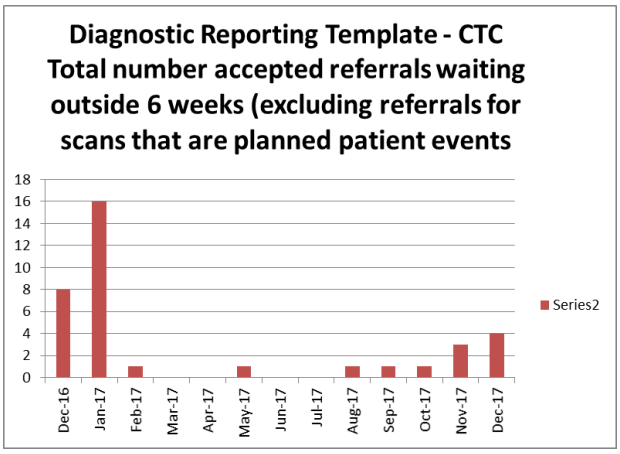
Notes:
1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI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

Page 1 of 1

7.4 Enhanced Access to Diagnostics





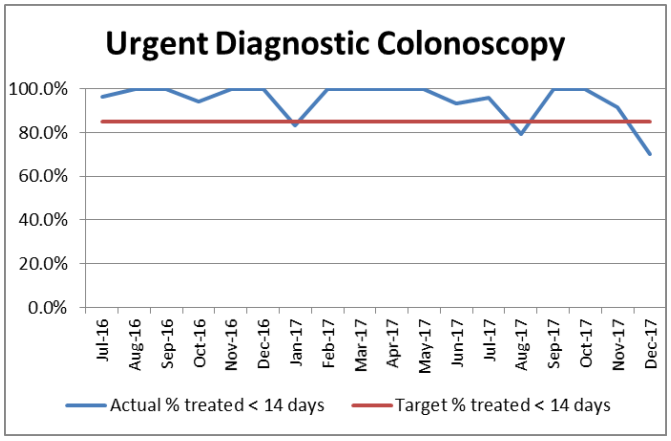


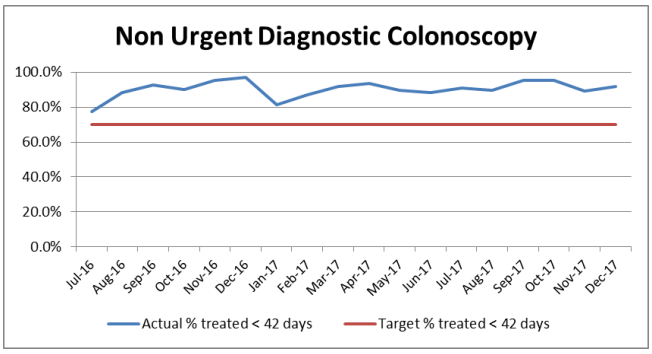
7.5 Improving Diagnostic Waiting Times – Colonoscopy

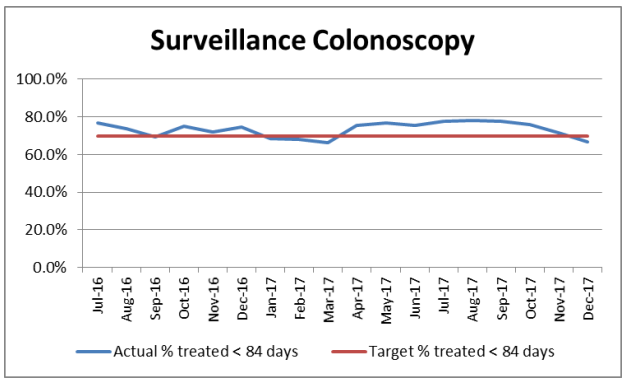
Results for December indicate that we are not meeting colonoscopy targets for urgent patients, with 77.8% of urgent patients being scoped within 42 days with an expected target rate of 85%. Actions are being taken to resolve this issue.

86.5% of non-urgent patients are being scoped within 42 days.

Surveillance colonoscopy is sitting at 71.3% of patients being scoped within 120 days of their scheduled date.







7.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - December 2017													Reporting Month: Nov 2017 - Quarter 2 - 2017-2018	
													As at 14/12/2017	
62 Day Indicator Records														
TARGET SUMMARY	**Completed Records**													
	Dec-17 (in progress)		**Nov-17**		**Oct-17**		**Quarter 2 (in progress)**		**Quarter 1**		**Year to Date**		**Previous 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
	86%	14%	94%	6%	76%	24%	87%	13%	*95%*	*5%*	93%	7%	*93%*	*7%*
Number of Records					16	5	52	8	*76*	*4*	301	21	*308*	*22*
Total Number of Records					21		60		*80*		322		*330*	
													(Started 01/07/17 - Mandatory from 01/01/17)	
Numbers Including all Delay Codes	**60%**	**40%**	**88%**	**12%**	**76%**	**24%**	**80%**	**20%**	**84%**	**16%**	**85%**	**15%**	**86%**	**14%**
Number of Records	6	4	30	4	16	5	52	13	76	14	301	53	308	49
Total Number of Records	10		34		21		65		90		354		357	
90% of patients had their 1st treatment within: # days	**81**		**68**		**84**		**69**		*69*		**69**		*62*	
													(85% target)	
62 Day Delay Code Break Down	**Dec-17 (in progress)**		**Nov-17**		**Oct-17**		**Quarter 2 (in progress)**		**Quarter 1**		**Year to Date**		**Previous Year (2016-2017)**	
01 - Patient Reason (chosen to delay)	0		0		0		0		*1*		3		*6*	
02 - Clinical Cons. (co-morbidities)	3		2		0		5		*9*		29		*21*	
03 - Capacity Constraints	**1**		**2**		**5**		**8**		*4*		**21**		*22*	
											(Started 01/07/17)		*(Started 01/07/17 - Mandatory from 01/01/17)*	

Breach types 1&2 don't become non-breach records, they are removed from the total number of records, thus not counted.

TUMOUR STREAM 12 Months to Date	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS	0%		0%		
Breast	98%	56	2%	1	57
Gynaecological	88%	21	13%	3	24
Haematological	89%	17	11%	2	19
Head & Neck	67%	16	33%	8	24
Lower Gastrointestinal	80%	45	20%	11	56
Lung	57%	24	43%	18	42
Other	100%	3	0%	0	3
Sarcoma	0%	0	100%	1	1
Skin	99%	83	1%	1	84
Upper Gastrointestinal	67%	8	33%	4	12
Urological	86%	25	14%	4	29
Blank	100%	3	0%		3
Grand Total	85%	301	15%	53	354

ETHNICITY 12 Months to Date	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records
African	100%	1	0%	0	1
Asian - not further defined	100%	1	0%	0	1
Don't know	0%	0	0%	0	0
European - not further defined	71%	10	29%	4	14
Indian	0%	0	100%	1	1
Not stated	100%	4	0%	0	4
NZ European	87%	255	13%	39	294
NZ Maori	67%	6	33%	3	9
Other Asian	100%	1	0%	0	1
Other European	80%	20	0%	5	25
Response unidentifiable	100%	1	0%	0	1
Samoan	100%	1	0%	0	1
Southeast Asian	50%	1	50%	1	2
	#DIV/0!				0
Grand Total	85%	301	15%	53	354

8. MĀORI HEALTH

8.1 Pepi First Quite Smoking Incentivisation Programme

This initiative 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 initial pilot phase showed a 60% success rate, however this has moderated to a little over 42%, which is still an excellent result.

8.2 Poutama Māori Model of Care Mental Health & Addictions

An integrated Māori Model of Care (Mental Health & Addictions) Poutama has been developed. Some initiatives include:

- 100% of staff are made aware through the orientation programme of the local Māori providers that operate across our district
- Full list of local Māori providers placed on the DHB intranet site with links to the full range of services (Te Awhina Marae, Whakatu Marae, Te Hauora o Ngati Rarua, Maata Waka, Te Piki Oranga)

- Wairau Hospital Māori Mental Health & Addictions Nurse established
- CAMS Nurse Kaiawhai position being advertised
- Māori Health Social worker position created in Wahi Oranga
- Māori Cultural Assessment Tool becomes part of the integrated care pathway for Māori patients and their whanau in progress.
- 100% of new Staff have a Powhiri or Whakatau as they enter the organisation
- Te Reo and Tikanga workshop programmes in place and total number of DHB staff attending recorded.

8.3 Hauora Direct

Hauora Direct has been piloted in Franklyn Village with 82 residents undertaking Hauora Direct assessments. Multiple health issues have been identified and addressed through the programme which was led by Te Waka Hauora in conjunction with Victory Community Centre, Tahuna Community Centre, Public Health and Te Piki Oranga.

Hauora Direct is also now set to be piloted with a local employer in Motueka which is part of the work wellness (Mahi Ora initiative) which seeks to apply Hauora Direct assessment and follow up in primary industries. These industries have high numbers of Māori working in them. This Hauora Direct pilot site will be led by Te Waka Hauora in conjunction with Te Piki Oranga, Public Health and our local GP practices in Motueka.

A third pilot site for Hauora Direct is an intersectoral health whanau programme which will be piloted with Ministry of Social Development to make sure that high needs whanau across our district are linked into GPs and a range of primary care services. It has been agreed to pilot Hauora Direct in GP practices specifically to target whanau who are beneficiaries, new to the area, and who have children in their care.

9. CLINICAL GOVERNANCE

9.1 Service User Compliments and Complaints

9.1.1 Complaints

There were 59 complaints received for November compared to 36 the previous month.

9.1.2 Compliments

As always, a high number of compliments were received across the services, especially prior to and over the Christmas holiday period with patients and families acknowledging the care provided by hospital staff.

10. HUMAN RESOURCES

10.1 Warm Welcome and Induction

Over November and December, 101 new starters attended the Warm Welcome across Nelson and Wairau. The team continues to receive positive feedback on the Warm Welcome. This initiative is designed to make new staff feel valued as they enter the organisation.

10.2 Staff Training

Two Performance Appraisal workshops were held in November.

The first level of the management leadership programme is nearing completion. Topics covered during the program include:

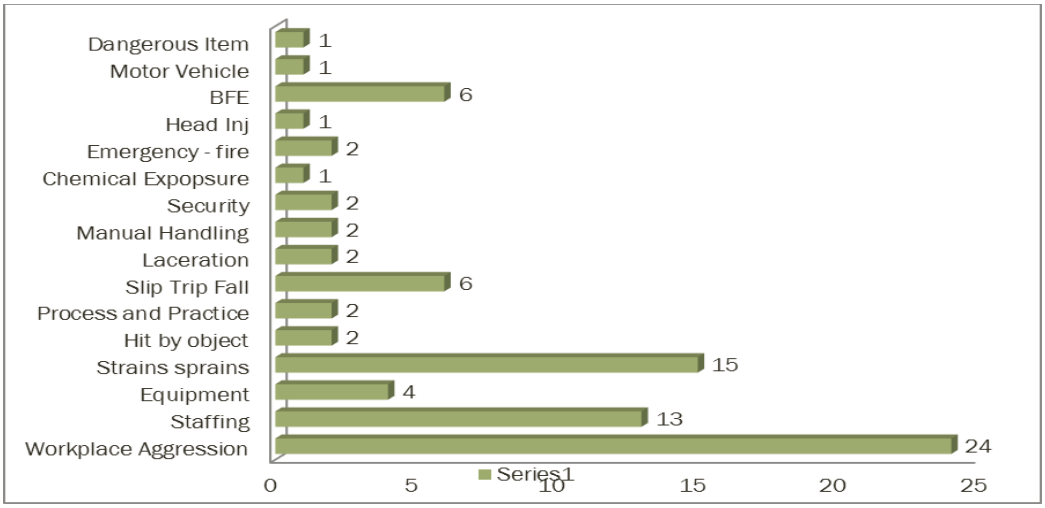
- Introduction to Leadership at NMH - complexity theory and the leadership pipeline
- Me as a Leader – using MBTI
- Achieving Through Others: coaching skills
- Embracing Conflict
- Innovation and Change Systems thinking.

10.3 Summary of Reportable Events

There were a total of 84 reported worker/workplace events for December 2017. The four leading themes concluded from Safety 1st Events reported include:

- Workplace Aggression: Non Physical, Physical and Behavioural (24)
- Strains and Sprains: including Musculoskeletal related (15)
- Staffing concerns raised: resource/skill mix, workload, stress and fatigue (13)
- Body fluid exposure (6)
- Slip/Trip/Fall (6).

Data Collection Logged Events by type - December 2017



As the above graph illustrates, workplace aggression continues to be the most highly reported event. This reinforces the need to keep investing in Management of Actual and Potential Aggression (MAPA) and de-escalation training for 'at risk' groups in NMH, and continuing to identify practical supports for our front line staff.

10.4 Health & Wellbeing

We experienced an increased number of workplace injuries in December (41) compared to November (34) – with musculoskeletal injuries the most commonly reported. Of the 43 reported injuries for December, 18 were minor, 13 required treatment, and four were Lost Time Injuries (LTI).

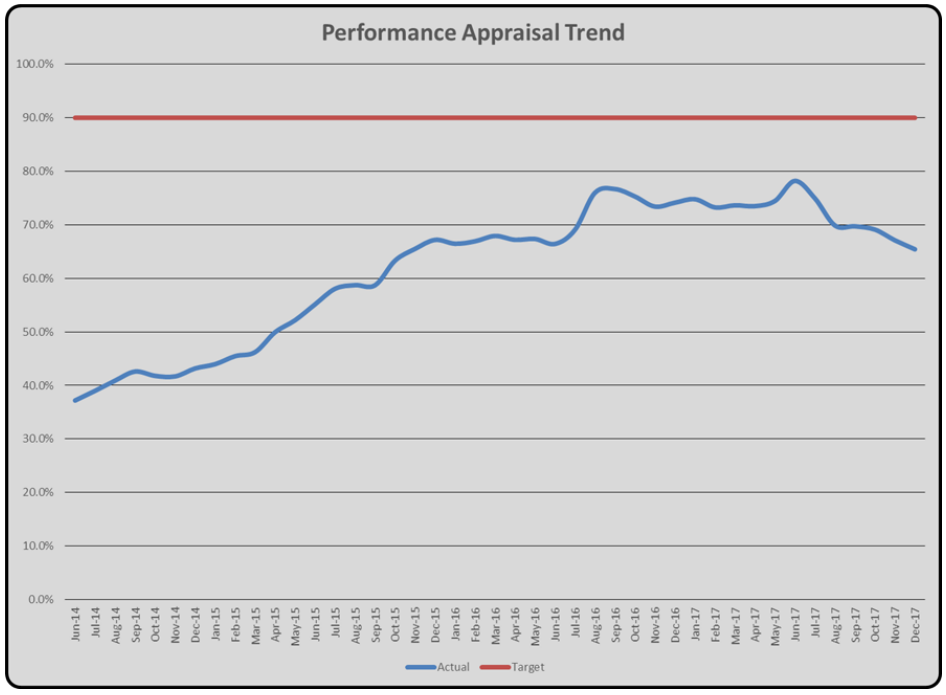
10.5 Staff Survey

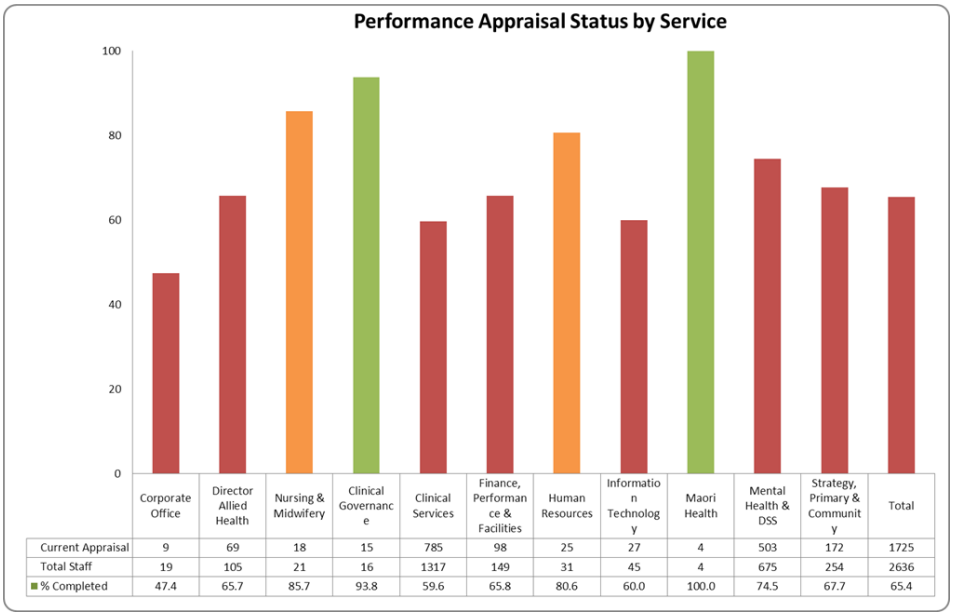
The Staff Engagement: Working Together group has refocused following the results of the 2017 staff survey. There is a strong commitment from all partners to move forward and develop positive action plans for 2018.

10.6 Performance Appraisals

To date we are at 65.4% of staff with a current appraisal. More focus needs to be given to this important area by our managers. Performance appraisals are a conversation with each

employee to ensure they are continually being supported and developed in their role within the organisation.





	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	9	69	18	15	785	98	25	27	4	503	172	1725
Total Staff	19	105	21	16	1317	149	31	45	4	675	254	2636
% Completed	47.4	65.7	85.7	93.8	59.6	65.8	80.6	60.0	100.0	74.5	67.7	65.4

Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED