
MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 July 2017
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

As the financial year ticks over it is worth pausing to reflect on what has happened over the last 12 months. Winter never feels like a time to celebrate – but we should. Our staff across the district have done amazing things through the year, and every day they have demonstrated care that is safe, skilled and kind.

This year we wished Chris Fleming farewell as he left for Southern DHB. He left a strong team, and a DHB on a solid financial base with good business disciplines. Our district experienced the Kaikoura earthquake in November, which thankfully left our hospitals intact. Our Emergency Response Team, Public Health Service and the Marlborough PHO have done a wonderful job supporting those impacted by the event.

Each year our hospital teams deliver around 18,000 first specialist appointments, 36,000 follow up appointments, 11,000 operations and 16,000 procedures. Over 46,000 people present to our Emergency Departments, and this past year Nelson Hospital, more than ever before, has been put under pressure in terms of bed capacity, highlighting how crucial it is we progress a new build. This coming year will be key to shaping the models of care that will underpin, not only our future healthcare delivery, but also help determine the design requirements of a new Hospital.

We have developed our Primary and Community Strategy, and as we move into the coming year our focus is on improving access and health outcomes for our most vulnerable. We have embarked on transformative initiatives in our Mental Health Services with the goal of providing greater support for those with mild to moderate mental health conditions.

We have invested significantly in our IT platforms. With Health Connect South we have connected our clinical teams to some 1 million health records across the South Island, and with the roll out of HealthOne we will join up our community and hospital teams. In this financial year we will look forward to a new patient management system, the digitisation of our medical records and the introduction of PatientTrack.

Perhaps some of our most important gains over the last year are the strengthening of our Clinical Governance and Quality teams and the formation of our Consumer Council. We can be proud of the way our teams are committed to delivering the best care they can, and enhancing the patient experience.

At the heart of our health system are our staff. This year we have worked hard to ensure almost 80% of our staff have a current performance appraisal. They say culture eats strategy for breakfast. We need to keep the focus on shaping an organisation where the culture is to see our staff feeling appreciated, supported and involved.

We finish the year financially in good shape. We have delivered a surplus in the midst of rising demand and increasing costs, which allows us to keep investing in new initiatives and preparing for a new build. Our financial position is a testament to teams being both committed to delivering savings, and being prudent in their health spending. There is much to be thankful for, and so much opportunity in the coming year to deliver better health outcomes for the community we serve.

2. PRIMARY & COMMUNITY

Updates from Primary & Community include:

- Discussions continue regarding pay equity around operational items and the implications on DHBs, since the Pay Equity settlement came into effect on 1 July 2017.
- The final Annual Plan 2017-18 was submitted to the Ministry of Health on 28 June 2017. Key stakeholders have approved, endorsed and provided feedback on the Plan. Feedback from the Ministry of Health about the updated System Level Measures Plan 2017-18 was received and responded to during June. The final System Level Measures Plan was submitted within the Annual Plan.
- An agreement has been reached for a pilot project to “Redirect Patients from ED” to the Medical and Injury Centre
- Systems are being developed by a Skin Lesion stakeholder group for moving 200 ‘intermediate’ level skin lesions (approximately) from secondary to primary.
- The establishment of a multidisciplinary podiatry clinic for high risk feet is being undertaken with the support of community pharmacists contracted to the PHOs.
- All community pharmacies have signed up to the Community Pharmacy Services Agreement.
- The provider of Motueka maternity services has notified they wish to exit their contact on 30 September 2017. NMDHB will take over the services for an interim period.
- At the request of Ward School, the Health Promoting Schools team from the Public Health Service, organised a community hangi at the school as part of Matariki celebrations. The community felt that it was a first step at re-establishing their community since the Kaikoura earthquake. There were 109 people present for the hangi which was laid by the Māori community.

3. INFORMATION TECHNOLOGY

Updates from Information technology include:

- The HealthOne project is on track for its early August go-live. Key activities completed to date include engagement with GP practices, auditing of GP practices, loading of their content (in the case of Wairau), and organisation for their training. Once HealthOne is live in early August, participating GPs (the vast majority have elected to participate) and pharmacies will be able to see secondary care health record information in their practice management systems, and secondary care clinicians will be able to see pharmaceutical and GP information in HealthOne. This project will deliver significant paper-lite and strategic value for our clinicians.
- To complement the PICS project, we are providing resource to ramp up the district wide referral centre and pre-admissions hub.
- The development of an Acute Admitting Unit in the Day Stay area has emerged as the top priority for short-term clinical needs. A working group will be assembled

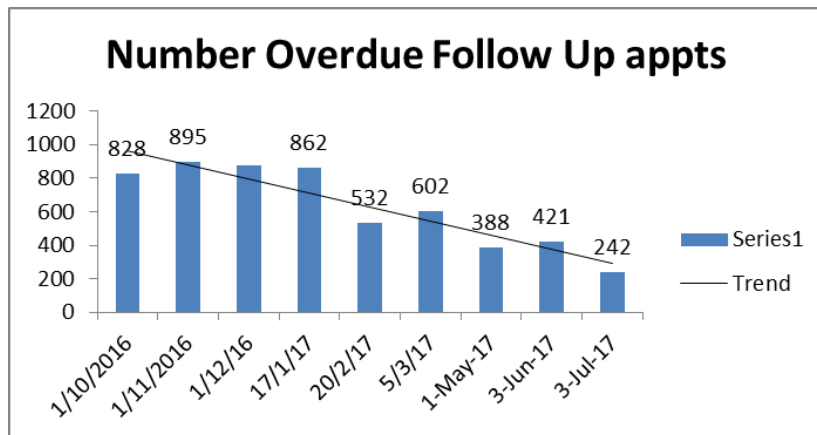
shortly who will review facility plans, and agree the operating and resourcing models.

- Another cyber threat called NotPetya (or variants) emerged on 28 June. The work done to update Microsoft patches for last month’s WannaCry ransomware threat helped protect our systems as it targeted the same vulnerability.

4. CLINICAL SERVICES

Updates from Clinical Services include:

- Year to date as at the end of June, 577 joints have been undertaken as part of the Orthopaedic Initiative against a plan of 553. This includes acute as well as elective delivery.
- Year to date as at the end of June, 601 cataracts have been undertaken as part of the Cataract Initiative against a plan of 466.
- Overdue Ophthalmology follow ups have reduced as per the chart below:



5. MENTAL HEALTH

5.1 Integration Programme Update

The meetings for the workstreams have finished for the Intense Support, Immediate Support, Community Integration and Independent Living. Trials are continuing, and planning for the next steps, post workstreams, is occurring. The Māori Model of Care, and Quality and Workforce Development workstreams are continuing to meet and develop action plans.

An oversight governance group of the work will continue to be provided by the steering group and Terms of Reference are currently being re-drafted to support this next phase.

5.2 Structural Changes

The combining of the Mental Health Admissions Unit and the Tipahi roster is planned to take effect on 21 August. Staff are currently being oriented to the unit and provided with training and support as required.

A proposal for change for the Crisis Response, Assessment and Treatment services (Mobile Crisis team), as well as other support roles has been released. The consultation period will close on 21 July when feedback will be considered and a decision made. Some key aspects of the proposal include:

- Have one crisis response team for all ages and all issues (include CAMHS, Addictions and Adult)
- After hours awake staff to be based in ED
- Introduce shift pattern to the crisis work to support personnel to be rostered to better meet demand
- Co-locate crisis workers to be within the community teams to achieve a more integrated approach to people's care
- Continue to enhance the capacity of locality focussed teams
- Introduce Clinical Coordinators to most teams.

5.3 Activity – Specialist

	Last Three Months			Year to Date	Year End 15/16
	Apr-17	May-17	Jun-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	28	30	21	30	26
Inpatient Acute LOS (days)	14.32	15.92	17.23	15.5	12.8
Inpatient Seclusion Use (hours)	225.3	216.1	140.3	80.4	260.9
Inpatient Seclusion Client Count	3	8	4	3	8
Community Crisis Contacts ***	139	155	75	160	150
People Seen In Month **	1912	2136	1812	1938	N/A
Psychogeriatric IP Admissions	6	6	10	8.3	5.7
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	102.0%	84.5%	94.3%	88.0%	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.

5.4 Activity – NGO

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

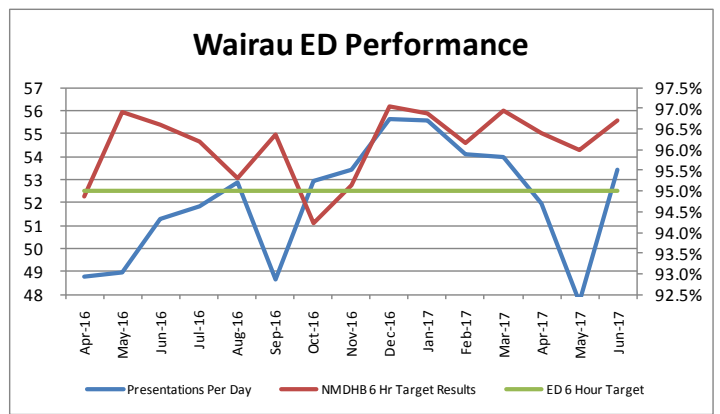
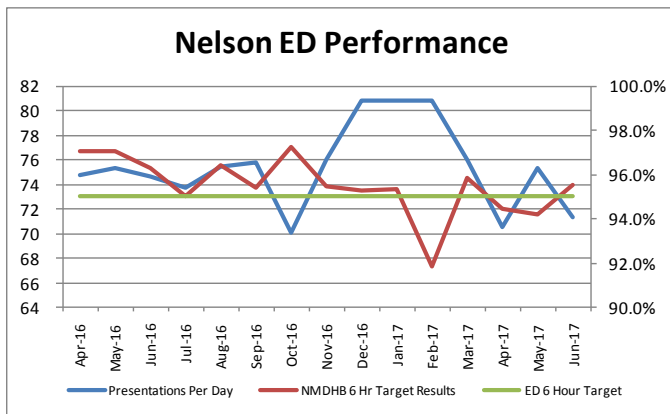
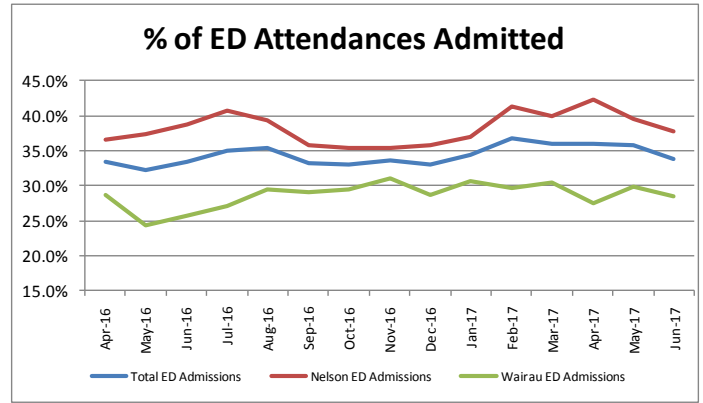
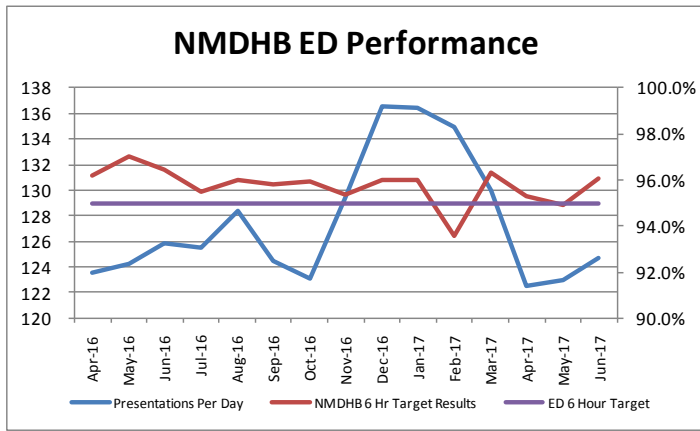
* N/A - figures not available at time of report completion

5.5 Disability Support Services

Intellectual & Physical Disabilities			Current June 2017		
Contracted Services			IDSS	PDSS/ LTCHC	Total
Service provided	Current Moh Contract	As per Contracts at month end	166	17	183
	Beds – Moh Individual contracts	As per Contracts at month end	10	2	12
	Beds – P&F - Chronic Health Conditions	As per Contracts at month end	1	11	12
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1	2
	Total number of service users contracted	Residential contracts - Actual at month end	178	31	209
	Vacant Beds	Actual at month end	11	9	20
		Total available beds	189	40	229
	Total number of service users supported	Residential service users - Actual at month end	178	31	209
	Beds – Respite	Service users at month end	2	3	5
		Personal cares service users - Actual at month end	0	1	1
		Total service users supported	180	35	215
		Total available bed days	5,790	1,080	6,870
	Total Occupied Bed days	Actual for full month - includes respite	5,535	824	6,359
		<i>Note: **7 PDSS service users occupy ID beds & 3 ID SU in PD beds</i>			
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	96%	76%	93%
		Last month	Current month		

6. PERFORMANCE INFORMATION

6.1 Shorter Stays in Emergency Department



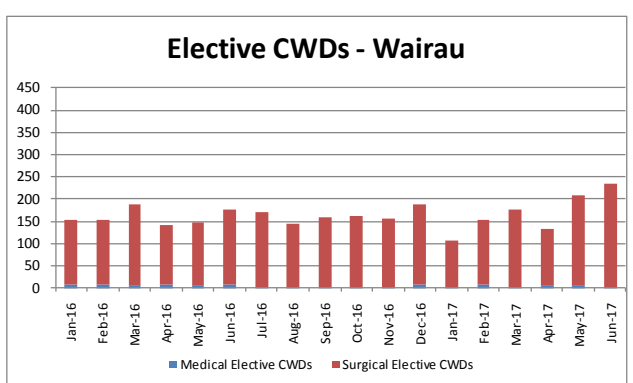
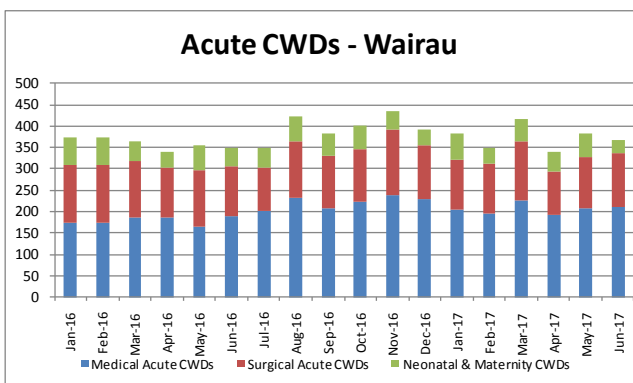
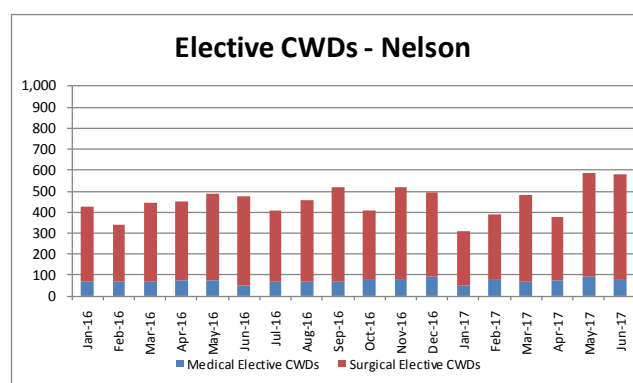
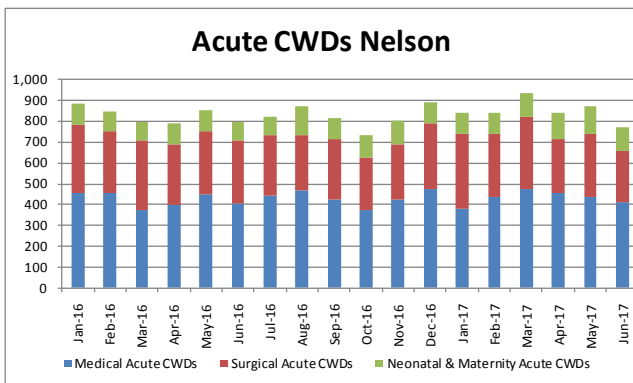
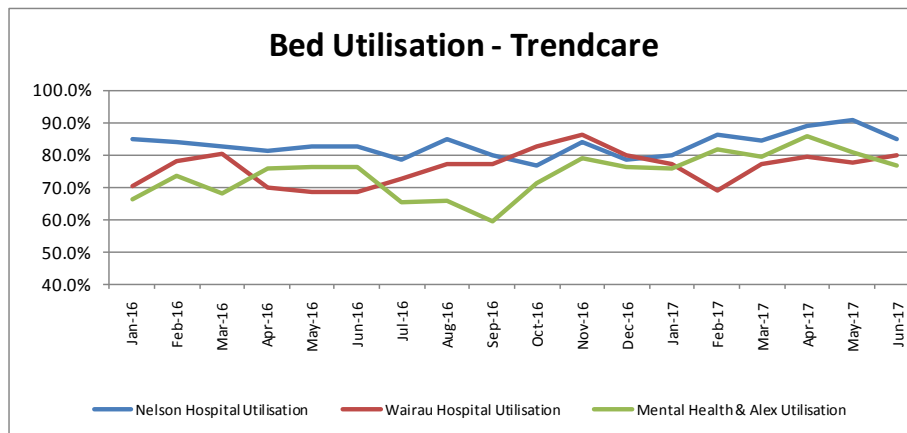
In June 95% of patients were admitted and discharged within the six hour guideline.

	Above 6 Hours	Below 6 Hours	Total
NELSON	103	2,100 95.32%	2,203
WAIRAU	62	1,600 96.27%	1,662

Breach Analysis – Nelson

Breach analysis					
Primary reason:	June	May	April	Mar	Feb
ED demand > capacity	1	3	6	2	11
Prolonged observation required	33	31	36	27	40
Waiting for radiology	5	7	5	6	6
Waiting for ward bed	11	38	30	18	42
Waiting for ward team	31	37	24	30	68
Transfer other hospital	2	2	3	0	4
Waiting for transport	3	2	4	7	4
Other/unknown	7	7	4	3	9
Waiting for MCT	5	6	2	8	8
Number breaches:	98	133	114	101	192

6.2 Hospital Occupancy / Acute Demand



6.3 Elective / Acute Arranged Services

NMH continues to meet our MOH requirements for elective surgery with the number of elective surgical procedures at 103.8% of the Health Target year to date (7,137 discharges delivered against a plan of 6,874). The DHB was compliant in May for ESPI 2 (wait time for FSA), and non compliant for ESPI 5 (wait time for elective surgery).

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

2016/17 Health Target Delivery

	Year to Date HT Plan	Year to Date HT Delivery	Variance from plan	2016/17 Health Target
Elective surgical PUC	5,574	5,879	305	7,517
Elective non-surgical PUC	152	160	8	
Arranged surgical PUC	1,080	1,024	-56	
Arranged non-surgical PUC	68	74	6	
YTD Health Target	6,874	7,137	263	

Health Target includes elective and arranged inpatient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity). Surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.

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

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016			2016			2016			2016			2016			2016			2017			2017			2017			2017			2017					
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.	Level	Status %	Inc. Pac.						
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	21 of 21	100.0%	0	7 of 21	33.3%	14	19 of 21	90.5%	2	14 of 21	66.7%	7	17 of 21	81.0%	4	20 of 21	95.2%	1	14 of 21	66.7%	7	20 of 21	95.2%	1	19 of 21	90.5%	2	21 of 21	100.0%	0	17 of 21	81.0%	4	18 of 21	85.7%	3
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	12	0.4%	-12	11	0.3%	-11	12	0.3%	-12	12	0.3%	-12	12	0.3%	-12	36	1.1%	-36	12	0.4%	-12	73	2.7%	-73	29	0.8%	-29	12	0.4%	-12	44	1.3%	-44	12	0.4%	-12
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.	13	0.3%	-13	13	0.3%	-13	11	0.7%	-11	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	50	3.0%	-50	47	3.3%	-47	14	1.0%	-14	14	1.0%	-14	36	2.4%	-36	35	2.3%	-35
8. 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.	629	100.0%	0	563	100.0%	0	704	100.0%	0	551	100.0%	0	526	100.0%	0	625	100.0%	0	535	100.0%	0	455	99.8%	1	596	100.0%	0	722	100.0%	0	547	100.0%	0	705	100.0%	0

Data Warehouse Refresh Date: 30/Jun/2017
Report Run Date: 03/Jul/2017

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 5 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 50% and 99.9%, and Red if 50% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
 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 4.59%, and Red if 5% or higher.
 7. ESPI 4 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 5 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 50% and 99.9%, and Red if 50% 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.

6.4 Theatre Cancellations

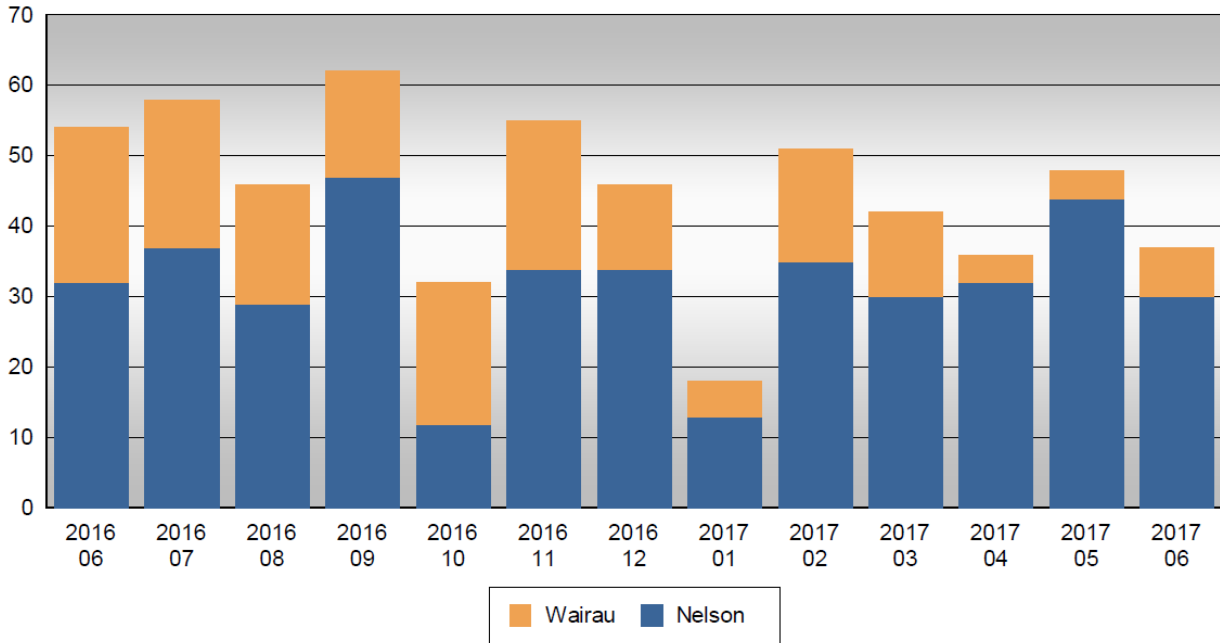
Theatre Cancellations Report YTD

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

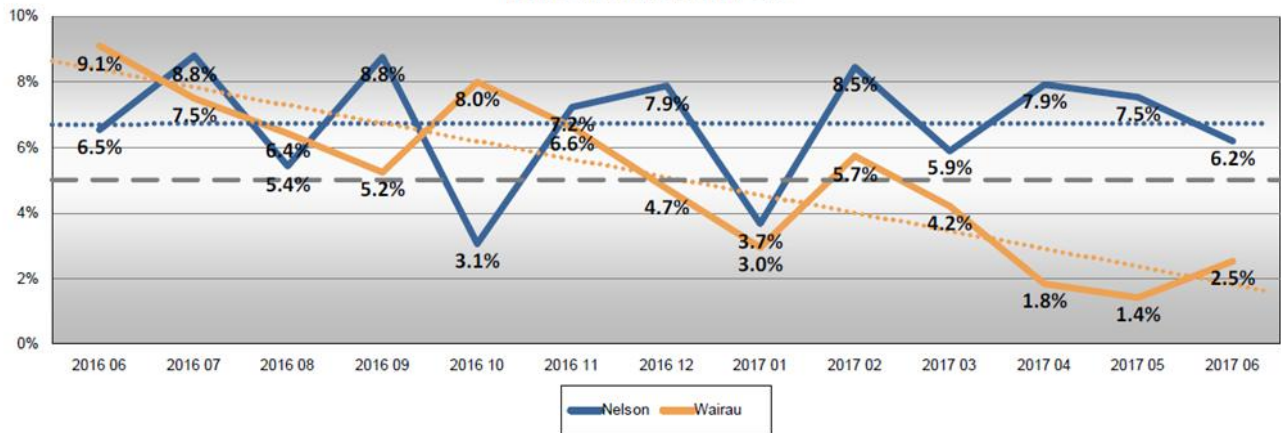
Report date:
7-Jul-17

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

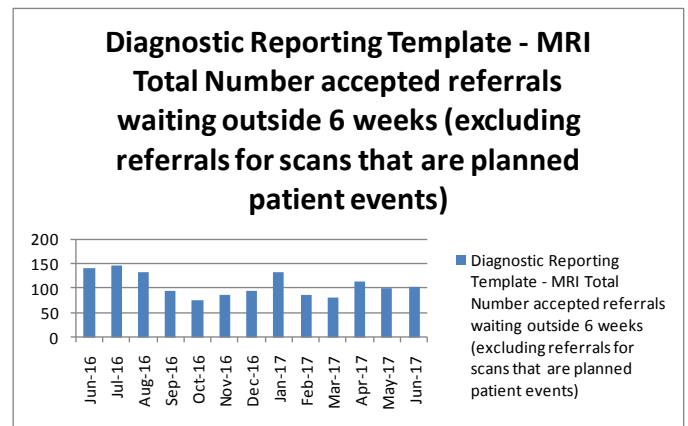
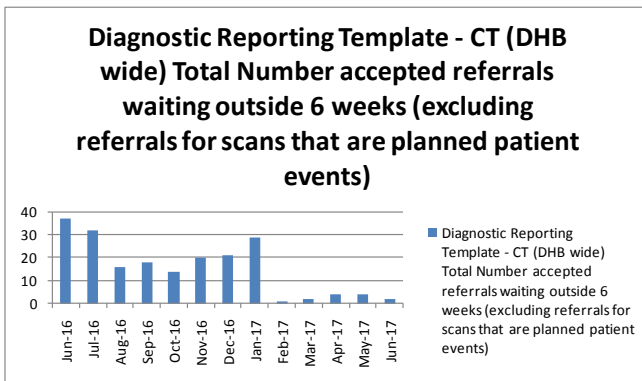
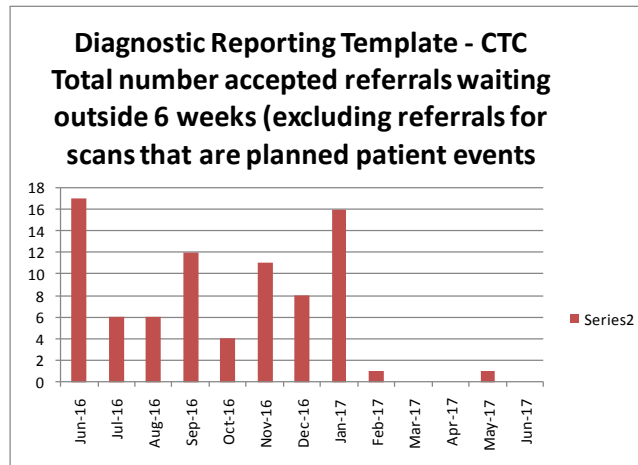
Theatre Cancellations



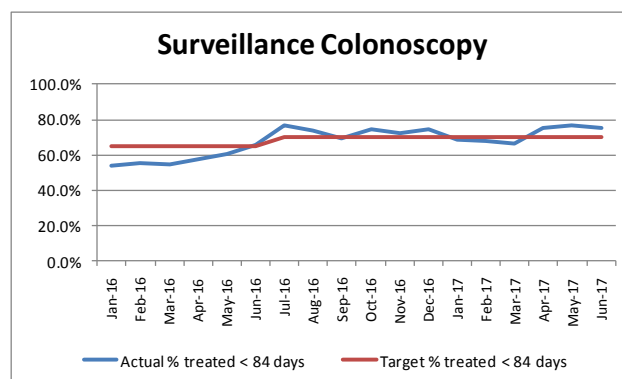
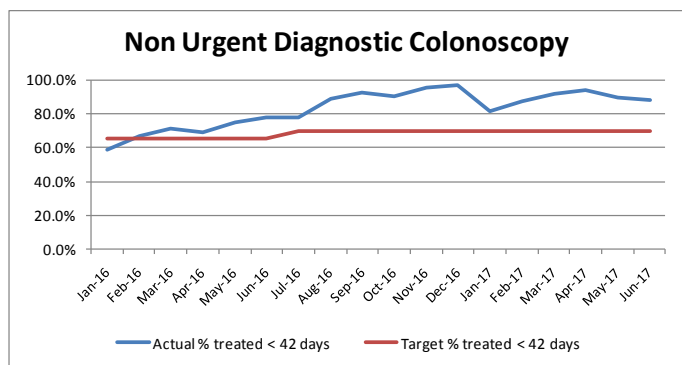
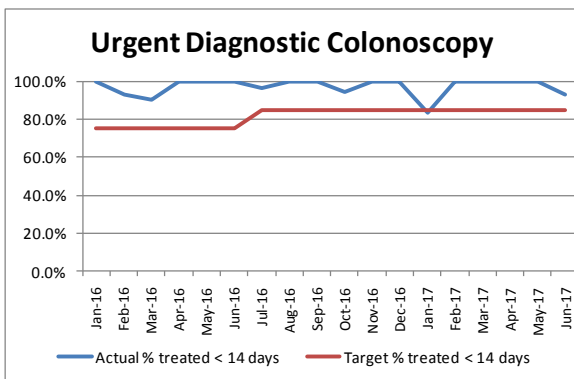
Cancellation Rate by Site



6.5 Enhanced Access to Diagnostics



6.6 Improving Diagnostic Waiting Times – Colonoscopy



6.7 Faster Cancer Treatment – Oncology

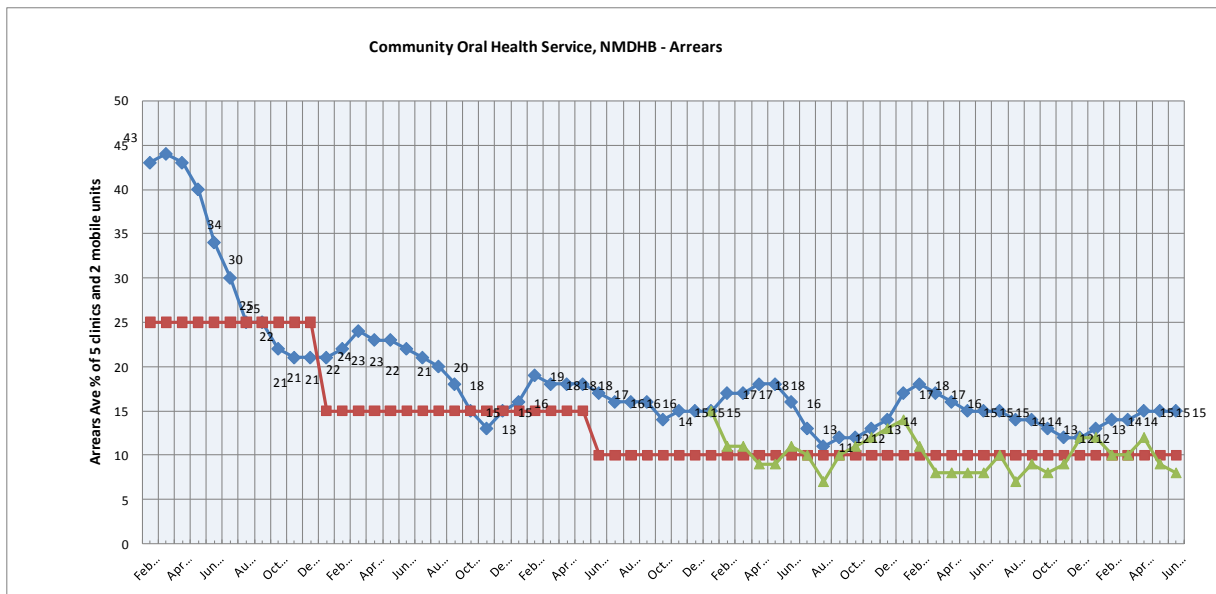
FCT Monthly Report - June 2017						Reporting Month: May 2017 - Quarter 4 2016-2017					
62 Day Indicator Records											
As at 30/06/2017											
TARGET SUMMARY		Completed Records									
	Jun -2017 (in progress)		May-17		Apr-17		Quarter 4 (in progress)		Year to Date		
	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	
62 Day Indicator Records	82%	18%	77%	23%	93%	7%	84%	7%	85%	15%	
Number of Records	23	5	23	7	28	2	74	14	295	51	
Total Number of Records	28		30		30		88		346		
85% of patients had their 1st treatment within: # days	63		69		48		63		62		

Quarter 3		Previous Year (2016)	
Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
87%	13%	81%	19%
86	13	249	58
99		307	
59		63	

YEAR TO DATE	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
Tumour Stream					
Brain/CNS					0
Breast	95%	71	5%	4	75
Gynaecological	94%	16	6%	1	17
Haematological	94%	16	6%	1	17
Head & Neck	82%	23	18%	5	28
Lower Gastrointestinal	90%	38	10%	4	42
Lung	59%	26	41%	18	44
Other	0%	0	100%	4	4
Sarcoma	0%	0	100%	1	1
Skin	92%	71	8%	6	77
Upper Gastrointestinal	92%	12	8%	1	13
Urological	77%	20	23%	6	26
Blank	100%	2	0%	0	2
All Streams	85%	295	15%	51	346

Ethnicity	% 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%	2	0%	0	2
don't know	0%	0	100%	1	1
european not further defined	82%	9	18%	2	11
not stated	100%	1	0%	0	1
nz european	87%	251	13%	37	288
nz maori	59%	10	41%	7	17
other european	82%	18	18%	4	22
response unidentifiable	100%	1	0%	0	1
samoan	100%	1	0%	0	1
southeast asian	100%	1	0%	0	1
N/A					
Grand Total	85%	295	15%	51	346

6.8 Oral Health



Legend:

Red line indicates Ministry’s nationwide target of 10% for arrears / Blue line indicates monthly arrears percentage / Green line indicates the DNA percentage for each month

	TCR	Arrears	%	PSR
June 2017				
Nelson	4163	599	14	1268
Stoke	3042	325	11	973
Richmond	3634	351	10	926
Motueka	1774	119	7	585
Tasman Mobile	2091	103	5	550
Blenheim	4886	1276	26	1690
Mobile	1784	468	26	562
Totals	21374	3241	15	6554

	Treatment Visits			DNAs	
	Pre	School	Total		%
June 2017					
Nelson	83	358	441	53	12
Stoke	75	371	446	27	6
Richmond	84	309	393	29	7
Motueka	39	128	167	6	4
Tasman Mobile	61	226	287	6	2
Blenheim	97	272	369	59	16
Marlborough Mobile	61	106	167	3	2
Total	500	1770	2270	183	8

7. MĀORI HEALTH

7.1 Poutama Māori Model of Care

An integrated Māori Model of Care (Mental Health and Addictions) Poutama has been developed. The work has focused on the development of Poutama, a Māori Model of Care, with an associated change management action plan. Many actions will be undertaken as a result of Poutama, one of which is the proposed development of a Whare for Nelson Marlborough DHB.

8. CLINICAL GOVERNANCE

- It is pleasing to note that all nine corrective actions from the last certification audit have now been completed. The next surveillance audit will occur on 30 October 2017.
- Credentialing of two departments took place in June- July (Paediatrics and Urology). A consumer took part in the credentialing panels for the first time.
- The new National Adverse Events Reporting Policy June 2017 was released by Health Quality & Safety Commission (HQSC). This Policy supports a national approach to reporting, reviewing and learning from adverse events and near misses and came into effect 1 July 2017. The Policy sets out expectations for local organisational roles and the Health Quality & Safety Commission's national role in reporting, reviewing and learning from adverse events. Of particular note, it requires that all adverse event reports sent to the Commission be signed off by the

reporting organisation’s Chief Executive Officer (or equivalent) or senior delegate on their behalf.

Key features of the 2017 Policy are:

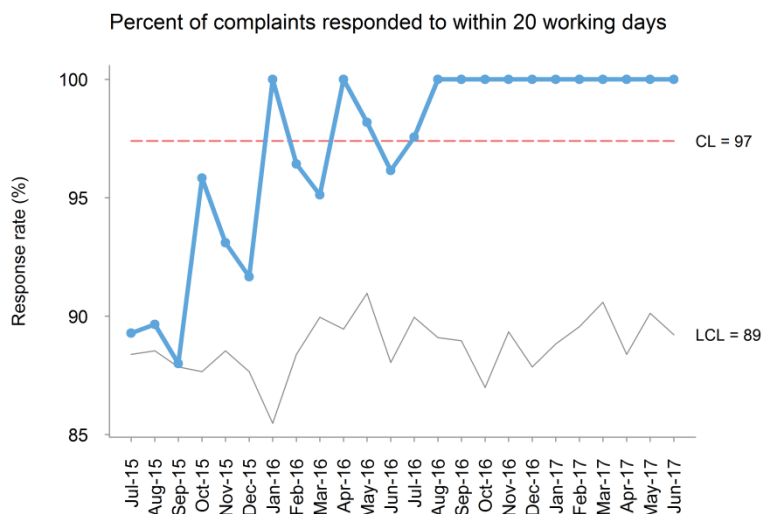
- A strong focus on consumer involvement in reporting, reviewing and learning from adverse events, including an expectation that the involved consumer and their whānau will be offered the opportunity to share their story as part of the review process and that review findings and recommendations will be shared with the involved consumer
- An explicit expectation that organisations will have processes in place to support staff involved in an adverse event and subsequent review
- Strong encouragement to send full, non-identifiable review reports (not just summary reports) to the Commission to support national learning from adverse events
- Introduction of an Always Report and Review list. Always Report and Review events are events that can result in serious harm or death but are preventable with strong clinical and organisational systems. They are a subset of events that should always be reported and reviewed, irrespective of whether or not there was harm to the consumer
- A simplified approach to classification of events so that severity is determined only by outcome. (Likelihood category has been removed)
- Support for a nationally consistent approach to reporting, review and learning across the whole health and disability sector, including a single policy and reporting process for events that occur in different parts of the sector.

NMH are already on the path to meeting these new requirements.

8.1 Service User Compliments and Complaints

8.1.1 Complaints

There were 34 complaints received for June compared to 43 the previous month. The graph below shows the number of complaints responded to within 20 working days over the past two years.

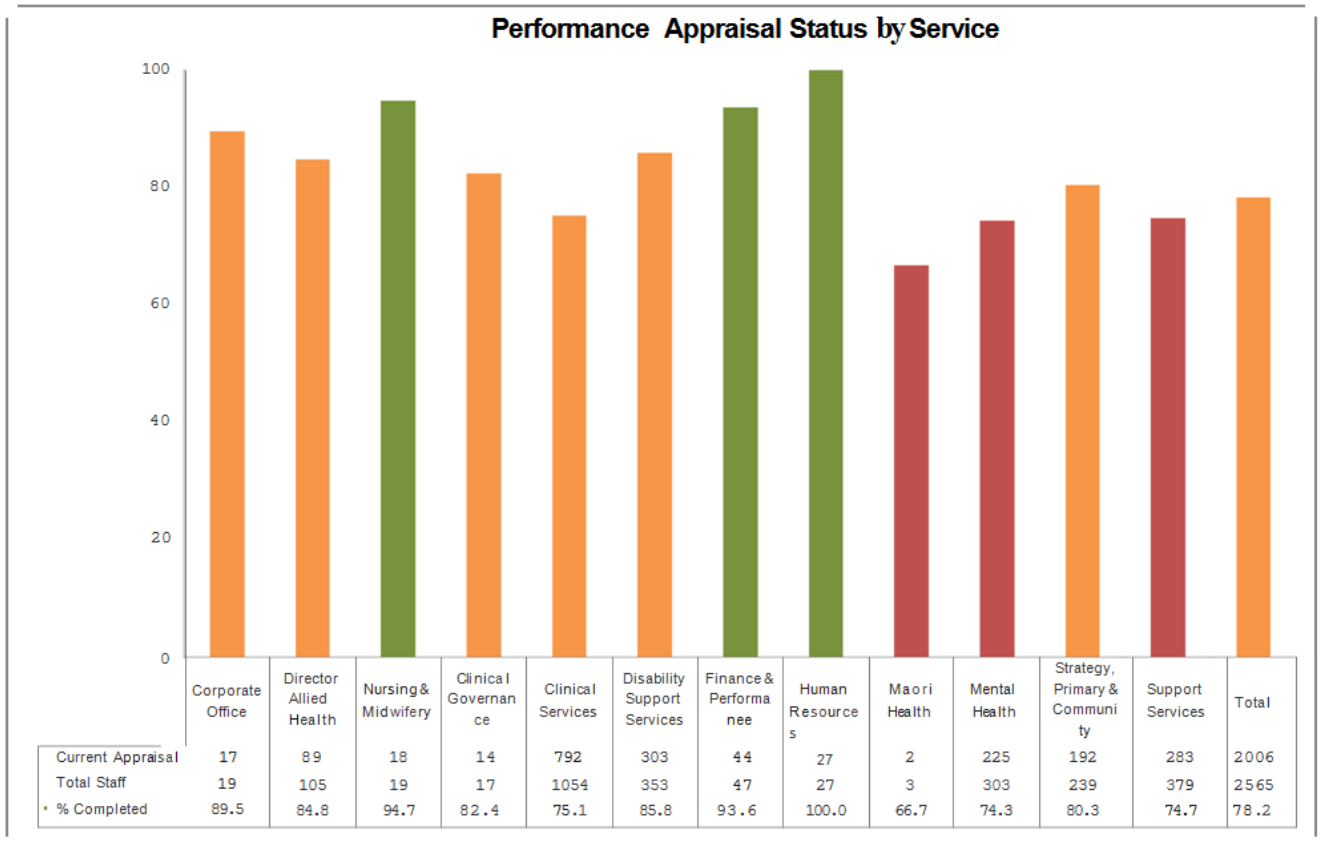


8.1.2 Compliments

A total of 74 compliments were received in June over a wide range of services including AT&R, Cardiology, Radiology, Physiotherapy, Medical Unit, and Ward 9.

9. HUMAN RESOURCES

9.1 Performance Appraisals



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED