
MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 21 November 2018
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

It has been wonderful to see the level of involvement and engagement from across our health community as we are considering the Models of Care that will be appropriate for future health care provision, as well as preparing the business case for a new Nelson Hospital.

The Models of Care work is surfacing key themes that will underpin future care, and identifying lots of new ways of working which we will need to test and trial. It is interesting to observe that two crucial pieces of work are emerging – the importance of IT as a future enabler of health care, and the vital importance of having a future workforce strategy – that begins with involving patient and family in their healthcare provision.

We have also refreshed the population data projections over the next 20 years for our community. The findings are key reminders of why the work in the Models of Care area is so vital. Generally our population risk factors are better than the NZ average, but not with regards to smoking, and our record with regard to hazardous alcohol use is high. Even though our obesity rates are lower than the NZ average it is still estimated we have approximately 6,000 morbidly obese people in Nelson Marlborough, which will have a significant adverse health impact into the future.

Population is projected to grow approximately 0.5% per annum over the next 20 years. It is important to note, however, the percentage of older ages (65+) is increasing rapidly – 70% over the next 20 years – with those over 80+ more than doubling when compared to today's numbers.

Growth for Maori is projected at almost 3% per annum over the next 20 years – with the large increase in numbers in those under 25. This highlights how crucial it is that we focus on the health of the next generation, and in particular to supporting families in the first 1000 days of life. Initiatives and investment in these areas will go a long way to closing the equity health gap, and to ensuring a healthy next generation.

2. PRIMARY & COMMUNITY

- Initial parameters of the Mako sponsorship deal have been established. NMH will be the official name on water bottles of the Mako and all Tasman Rugby representative teams. Other initiatives include alcohol free stands at Trafalgar Park and Lansdown Park, and players being available as health promotion champions.
- The report from the Government Inquiry into Mental Health & Addictions has been delayed from 31 October to 30 November 2018. This has impacted the current procurement for Integrated and Responsive Recovery Support Services, as decision-making cannot be made until after that report has been released and considered by NMH.

- Stop Smoking Service information sessions have been held at various businesses in Nelson.
- Promotion for Stop Smoking was provided at the Asthma Society's Pulmonary Rehabilitation Course, at the Richmond Mall and local gyms. The 'Quit for Christmas' campaign is beginning with a billboard being installed from 1 November to 1 December. The Nelson Library promotion is planned to support this along with a newspaper story to reflect workplace support pre-Christmas. Smokefree updates were given to the Nelson Mental Health Unit and Nelson Midwives about the Smokefree Service and Pepi First.
- The Public Health Service continues to strengthen its partnership with the Rural Trust and Rural Women NZ. A workshop presentation was delivered for those living and working in the Murchison/Maruia community. This was well attended and reported for future reference in the rural news.
- The Public Health Service facilitated an opportunity for 20 management staff from the region's workplaces to attend two workshops on mental wellbeing in the workplace. The Mental Health Foundation led the workshops, which were oversubscribed. This is a key priority area for most workplaces and has been recognised by the WorkWell programme.
- The Individualised Placement Support pilot in Blenheim was launched early in the month with two employment specialists employed by Te Ara Mahi being co-located and integrated within the Witherlea Mental Health teams. This pilot is for six months.
- Discussions are beginning with Interpreting NZ regarding the roll out of services in Marlborough, which is timely with Blenheim being suggested as a resettlement area.

3. CLINICAL SERVICES

- October saw the implementation of Patientrack within the inpatient areas in Wairau Hospital. The extensive implementation planning, coupled with the positivity of the staff, has made for a very smooth transition to this nursing tool for patient planning.
- MAPU completed the 10 week trial at the beginning of October, and although there was available funding to extend, the CNMs all voted to return to life without MAPU. The IMCU will continue until 21 December and is having a positive impact on HDU beds.
- Acute demand has remained steady throughout the first four months of the year, especially surgical demand. Thus our elective health target is below plan. Pressure remains on the delivery of timely ESPIs but progress has been made with reporting and HODs now have a report that can assist with demand management versus available capacity. The new acute roster within General Surgery is settling in, however the impact on elective delivery has been greater than predicted and more work is being undertaken to understand this.
- In some areas reporting to assist with managing service delivery remains an issue. This includes overdue follow ups and managing our production plan for elective discharges. Ongoing discussion are being held with the reporting team to expedite these crucial reports.
- A new role for a nurse practitioner has been successfully recruited to in ED Wairau. This is a superb example of the team leading a change in model of care to provide a stable workforce for the future.
- Christmas and holiday season planning is well advanced and will be based on learnings from last year.

4. MENTAL HEALTH & ADDICTIONS AND DSS

4.1 Smartrak

Smartrak demonstrated two different types of staff duress alarms to all Mental Health & Addictions teams. Staff feedback from the demonstrations was positive. The next step is to undertake a short pilot to ensure the alarms are “fit for purpose”.

4.2 SMO Vacancies

Contingency planning is underway to manage current vacancies whilst recruitment is proceeding. Specifically to address the recent resignation of Dr Heather McPherson (DAMHS/DAO) and her immediate successor Dr Richard Tranter. Dr Joe Babinski has accepted the role of DAMHS for the next 6 months, and Dr Craig Fenwick has accepted the role of Clinical Director/Mental Health for the next 6 months.

4.3 Community Teams

Nelson Tasman are focusing on maintaining continuity in the acute service at a time of staffing shortfall, embedding contingency actions put in place over recent weeks. Recruitment for permanent positions continues.

Plans for the relocation of Tasman Team to the Alexandra site continue.

In Marlborough initiatives on IPS (employment) Equally Well (metabolic monitoring) in conjunction with the PHO, and liaison development with the Mental Health Pharmacist are some of the activities currently underway.

4.4 Mental Health Admissions Unit

Capacity has been challenging and even when under capacity, we still have up to five patients returning for review.

	September	October
Admissions		
• Adult	27	29
• Youth	0	2
Discharges		
• Adult	30	25
• Youth	0	2
Seclusion		
• Episodes	38	37
• Number of Patients	6	5

4.5 Child & Adolescent Mental Health Service (CAMHS)

The Day Programme young people have been knitting for the Special Care Babies Unit at Nelson Hospital. They have made three blankets, six hats, six pairs of booties, six cardigans and 12 wash cloths. This has been very warmly received.

	Nelson/Tasman		Wairau	
	September	October	September	October
Referrals	78	51	38	38
Waitlist	27	46	51	28
Discharges	88	103	16	28
Redirected to TPO	2	4	4	2
Redirected to other Agencies	22	13	7	7

4.6 Older Persons (Alexandra Hospital)

The number of patients waiting for D6 beds now sits at 3, with the average waiting time being 80 days.

	August	September	October
Bed Occupancy	90%	71%	70%
Admissions	4	3	2
Discharges	5	5	3
# Waiting for D6 Beds (dementia)	4	5	3

4.7 Addictions Service

The main highlight for Addictions services in Nelson is that we have cleared all of the waitlist. People will be seen within 1-2 weeks and urgent need can be seen straight away. Well done to the team.

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	Sep	Oct	Sep	Oct	Sep	Oct	Sep	Oct
Referrals	67	57	34	30	21	0	6	9
Court Reports	12	22	12	10	0	0	0	0

4.8 Marlborough Adult Mental Health

	August	September	October
Referrals accepted	15	19	27
Advice only or Redirected to other services e.g. ACC, AOD, primary care	18	26	12

4.9 Seclusion

	August	September	October
Total number of patients	7	6	5
Total number of hours	1,589	614	463
Maximum hours in seclusion	105	120	64
Minimum hours in seclusion	0.25	0.5	0.2

Increased use of seclusion is attributed to a small number of patients with high acuity and special needs requiring separation from the main ward.

The Zero Seclusion Project team continues to work embedding co-design/six core strategies into every day practice.

4.10 Disability Support Services

Disability Support Services (DSS)		Current September 2018				YTD September	Current October 2018				YTD October 2018
<i>Contracted Services</i>		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	163.5	17		180.5		164.5	17		181.5	
Beds – Moh Individual contracts	As per Contracts at month end	9	2		11		9	2		11	
Beds – S&P-Chronic Health Conditions	As per Contracts at month end	1		9	10		1		9	10	
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2		1	1		2	
Beds – Others - CY&F & Mental Health		1.5	1		2.5		1.5	1		2.5	
	Residential contracts - Actual at month end	176	21	9	206		177	21	9	207	
<i>Number of people supported</i>											
Total number of people supported	Residential service users - Actual at month end	176	21	9	206		177	21	9	207	increase 1
	Respite service users - Actual at month end	2	2		4		3	2		5	increase 1
	Child Respite service users - Actual at month end	28			28	increase 2	30			30	increase 2
	Personal cares/SIL service users - Actual at month end	1	1		2		0	1		1	decrease 1
	Total number of people supported	207	24	9	240		210	24	9	243	
Total Available Beds - Service wide	Count of ALL bedrooms	230					230				
	Total available bed days	6,900				21,160	7,130				28,290
Total Occupied Bed days	Actual for full month - includes respite	6,277				19,378	6,521				25,899
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	91.0%				91.6%	91.5%				91.5%
		Last month	Current month	Variance			Last month	Current month	Variance		
Total number of people supported		238	240	2			240	243	3		
Referrals	Total long term residential referrals	8	7				7	7			
Referrals - Child Respite	Child Respite referrals	2	4				4	10			
	New Referrals in the month	-	8				8	4			
Of above total referrals	Transitioning to service	-	-				-	-			
	On Waiting List	8	7				7	7			
Vacant Beds at End of month		13	13				13	10			
	Less people transitioning to service						-	-			
	Vacant Beds	13	13				13	10			

5. INFORMATION TECHNOLOGY

- The eObservations project chalked up success with Patienttrack going live in the pilot wards in Wairau this month. Overall the roll out went smoothly, and is being well received by the clinical team. The regional DONs are working through a regional governance structure for shared assessment forms and processes. The next decision is where to host the Patienttrack software, either in our datacentre or on the regional host. Another good milestone for a big project is the PaBX replacement has been successfully completed.
- For SI PICS, CDHB retired their old PAS (Homer) and went live on SI PICS in October. Following that, the 18.2 release in November brings improvements including the ability to manage bed requests and transfers to secondary wards. We are looking to make SI PICS the master for all bed movements and train up to 400

registered nurses onto SI PICS. Currently this functionality is scheduled to be activated early in the new year.

Project Status

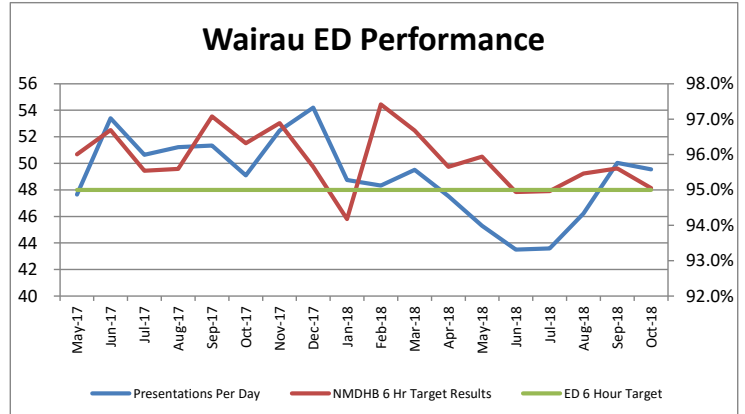
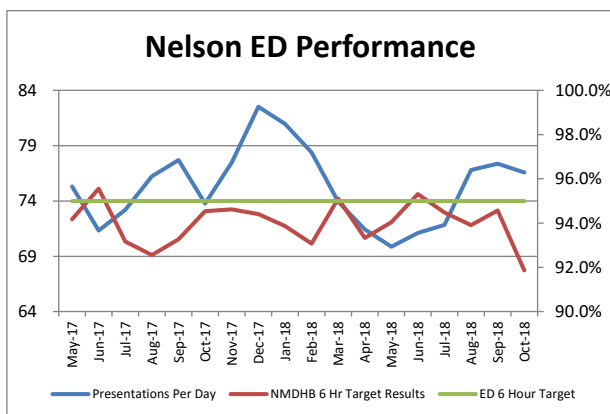
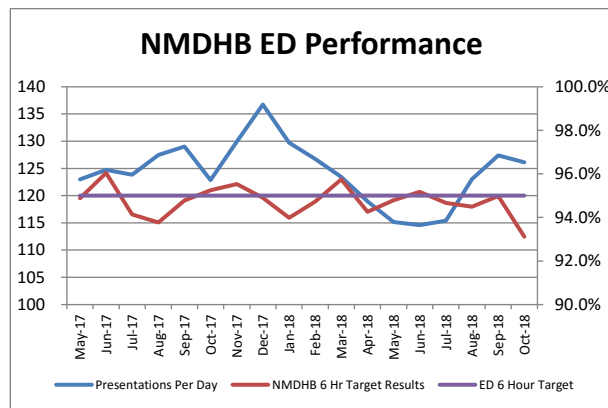
Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
eTriage	Electronic triage of referrals delivered via ERMS	ENT confirmed for pilot. Code set finalised and being built by Orion. Business process agreed. Train the trainer planned for 11 Nov. Issue raised on suitability of Cardiology (and likely other) services with current form. Raised regionally, and Gap analysis underway.	various	May 18	●
eRadiology	Regional project for online ordering and sign-off for Radiology tests and results	Kick-off workshop held, SIAPO to issue PID with revised costs and timelines.	Mar 18	TBC	●
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. Documents for NMH and WCDHB now submitted to vendor to confirm project plan and price.	Jul 18	Nov 18	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	CDHB Phase II went live on the 6 th October, NMH provided some floor walking assistance. Release 18.2 is scheduled for 27 th November however it is dependent fixes and testing. Work is underway to establish a nurse champions group and to plan training for nurses to complete after hours bed management in SI PICS from the end of January.	18.2: Nov 18		●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts	Inpatient Unit Wairau went live with system in October, excellent implementation and application well received by clinical team. HCS integration on track for 5 th December. Regional governance structure still to be decided.	July 18	Oct 18 for pilot.	●
Scanned Medical records	Scanning, indexing and storing online medical records	System now stabilised, backlog being reduced. FileBound implementation complete, acceptance testing underway. Comms scheduled for Nov.	n/a	Nov 18	●

Name	Description	Status	Original Due date	Revised due date
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme	RealPresence application now works within firewalls. Small 'use cases' have been selected and testing will continue during September and October. This work is also being folded into the MoC workstreams.	n/a	

6. PERFORMANCE INFORMATION

6.1 Shorter Stays in Emergency Department

In October the Nelson Emergency Department achieved 91.8% and the Wairau Emergency Department achieved 95%, against a target of 95%.



Length of stay target for past 3 months

	August 2018		September 2018		October 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,380	2,236 93.9%	2,321	2,196 94.6%	2,374	2,181 91.8%
Wairau	1,433	1,368 95.5%	1,433	1,368 95.5%	1,536	1,464 95%

Emergency Department Nelson

There was a 2.3% increase in the number of presentations in October 2018 (2,374) from September 2018 (2,321). There was a 3.8% increase in comparison to October 2017 (2,287).

6.2 Elective / Acute Arranged Services

ESPI 2 was Red for the month of October, with 150 patients not being seen within 120 days of referral acceptance.

ESPI 5 was Red for the month of October, with 72 patients not being treated within 120 days of being given certainty.

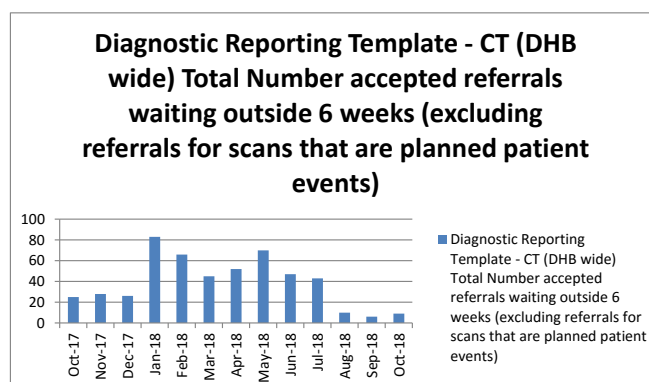
Following the migration to SIPICs we have had ongoing data issues causing the ESPI results to appear Red at Ministry level when internally we have achieved Yellow status. This has caused an error in five of the past 12 months. A discussion has been held with the Ministry of Health regarding these errors and a plan for correction of errors is in place.

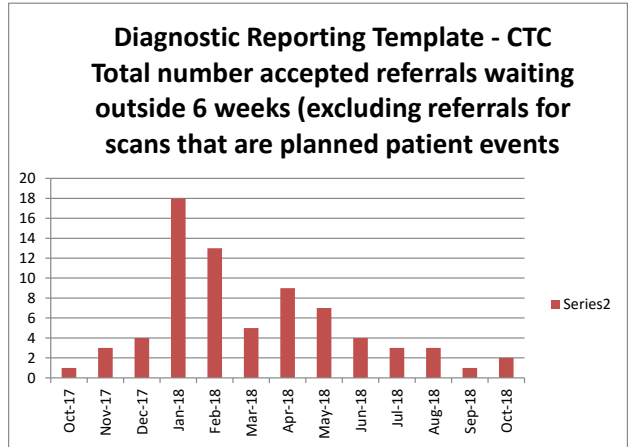
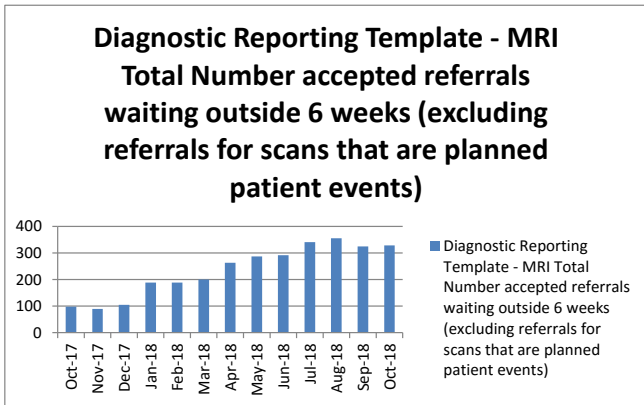
**Nelson Marlborough District Health Board
2018/19 Electives Initiative Report**

2018/19 Elective Surgical Discharges (ESD) Delivery

	Year to Date ESD Plan	Year to Date ESD Delivery	Variance from plan	2018/19 Elective Surgical Discharges
Elective surgical PUC	1,530	1,334	-196	7,575
Elective non-surgical PUC	44	43	-1	
Arranged surgical PUC	16	337	321	
Arranged non-surgical PUC	295	32	-263	
YTD Elective Surgical Discharges	1,885	1,746	-139	

6.3 Enhanced Access to Diagnostics





6.4 Improving Diagnostic Waiting Times – Colonoscopy

To date there are 285 overdue surveillance colonoscopies.

6.5 Faster Cancer Treatment – Oncology

FCT Monthly Report - Oct 2018										Reporting Month: Sep 2018 - Quarter 1 - 2018-2019						
62 Day Indicator Records																As at 01/11/2018
TARGET SUMMARY (90%)		Completed Records														
	Oct -18 (in progress)		Sep-18		Aug-18		Quarter 2 (in progress)		Quarter 1		Financial Year to Date Jul 18-Jun 19		Rolling 12 Months Oct 17-Sep 18		Previous Financial Year (2017-2018)	
Numbers as Reported by MOH (Capacity Constraint delay only)	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
	88%	12%	96%	4%	92%	8%	88%	12%	90%	10%	90%	10%	88%	12%	89%	11%
Number of Records	23	3	23	1	24	2	23	3	66	7	66	7	281	38	288	35
Total Number of Records	26		24		26		26		73		73		319		323	
Numbers Including all Delay Codes	68%	32%	79%	21%	73%	27%	68%	32%	73%	27%	73%	27%	80%	20%	83%	17%
Number of Records	23	11	23	6	24	9	23	11	66	24	66	24	281	71	288	61
Total Number of Records	34		29		33		34		90		90		352		349	
90% of patients had their 1st treatment within: # days	79		79		106		79		91		91		79		74	
62 Day Delay Code Break Down	Oct -18 (in progress)		Sep-18		Aug-18		Quarter 2 (in progress)		Quarter 1		Financial Year to Date Jul 18-Jun 19		Rolling 12 Months Oct 17-Sep 18		Previous Financial Year (2017-2018)	
01 - Patient Reason (chosen to delay)	1		2		1		1		6		6		8		3	
02 - Clinical Cons. (co-morbidities)	7		3		4		7		11		11		25		34	
03 - Capacity Constraints	3		3		2		3		7		7		38		42	
TUMOUR STREAM	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		ETHNICITY									
Rolling 12 Months (Oct 17-Sep 18)						Rolling 12 Months (Oct 17-Sep 18)										
Brain/CNS	100%	2	0%	0	2	Chinese	0%	0	100%	1	1					
Breast	93%	42	7%	3	45	European not further defined	85%	11	15%	2	13					
Gynaecological	77%	17	23%	5	22	Not stated	100%	5	0%	0	5					
Haematological	90%	19	10%	2	21	NZ European	80%	229	20%	56	285					
Head & Neck	50%	11	50%	11	22	NZ Maori	65%	13	35%	7	20					
Lower Gastrointestinal	73%	37	27%	14	51	Other Ethnicity	100%	3	0%	0	3					
Lung	74%	26	26%	9	35	Other European	80%	16	20%	4	20					
Other	33%	2	67%	4	6	Other Pacific	100%	1	0%	0	1					
Sarcoma	100%	1	0%	0	1	Response unidentifiable	100%	1	0%	0	1					
Skin	94%	80	6%	5	85	Samoan	100%	1	0%	0	1					
Upper Gastrointestinal	68%	13	32%	6	19	Southeast Asian	0%	0	100%	1	1					
Urological	72%	31	28%	12	43	Tongan	100%	1	0%	0	1					
Grand Total	80%	281	20%	71	352	Grand Total	80%	281	20%	71	352					

7. MĀORI HEALTH

7.1 Mokopuna Ora: Sudden Unexpected Death in Infancy (SUDI) Prevention

Te Waka Hauora, the Māori Health & Vulnerable Populations team at Nelson Marlborough Health, continues to strengthen the NMH Safe Sleep Device (SSD) programme. A one-page SSD information flyer has been developed and circulated to provide information about the programme and eligibility requirements for SSD. This hopes to support referrals to this programme and ensure that pēpi pods are being distributed to those whānau that could benefit the most from these devices.

7.2 Hapū Wānanga Kaupapa Māori Pregnancy and Parenting Programme

Te Waka Hauora launched a new Hapū Wānanga initiative in Picton on 8 and 9 November. This involved six hapū whanau, between 26 weeks and 36 weeks gestation, attending over the two days. The programme, a partnership between NMH Maternity Services and Te Waka Hauora, covered pregnancy, birth and parenting information using a kaupapa Māori approach and invited a range of guest speakers from local organisations to introduce their health services. Participants created taonga pūoro, were introduced to the art of raranga and, on completion, received their choice of wahakura or pēpi pod and a pēpi pack containing goodies for both whānau and pēpi. Hapū Wānanga will continue to roll out across Te Tau Ihu o te Waka a Maui, with wānanga planned for Motueka on 22 and 23 November and Nelson on 6 and 7 December.

7.3 Hauora Direct Blenheim

Hauora Direct has been implemented in Wairau for the first time at the Blenheim Emergency Housing Transition Housing Service (BETHS). A total of 66 residents from both BETHS and BINGS, which provides accommodation to low income whanau/families, took part in the Hauora Direct 360 degree health assessment. All of these individuals/whanau were high needs and all, prior to becoming residents at BETHS, were homeless. Many of the inhabitants are young whanau with children or young babies in their care.

8. CLINICAL GOVERNANCE

8.1 Service User Complaints

We received 49 complaints in October compared to 45 the previous month.

9. COMMUNICATIONS

There are a number of campaigns for summer including:

- *1,2,3 Where should I be? (find the right healthcare)*. This builds on previous years' campaigns but we are working on a substantial website information refresh, and a broader advertising reach – eg healthcare information included on the visitor maps and brochures available at i-sites and visitor accommodation.
- *Quit for Christmas*. This is a 'tweak and repeat' of the 2017 quit-smoking campaign that contributed to good referral and quit rates in early 2018.
- *The Plan*. 'The Plan' comprises resources and interactive guides for parents to help them delay their teenagers drinking. It was developed by our Public Health Service and the Health Action Trust. We are promoting the resources over the school holiday period.
- *Smart Summer Guide*. This is our web-based public health platform using social media and screen media (and a bit of print media) to encourage people to be proactive with their health this summer. It points to the '1, 2, 3 Where should I be?' information.

At the same time we are developing smaller campaign plans for Patient Safety Week, Antibiotics Awareness Week and youth immunisation (national HPA campaign).

The most visited website pages in September/October 2018 were:

- Home page – 8,747 views
- Carers and Education: 4,024 views
- Contact Us General: 2,017 views
- Contact Us: 1,961 views
- Wairau Hospital: 1,590 views
- Nelson Hospital: 1,100 views

Staff intranet visitation over view in September/October shows:

- Page views: 1,109,521
- Average pages visited per day: 18,492
- Overall visits: 399,661
- Average visits per day: 6,661

The most visited intranet news stories in September/October were:

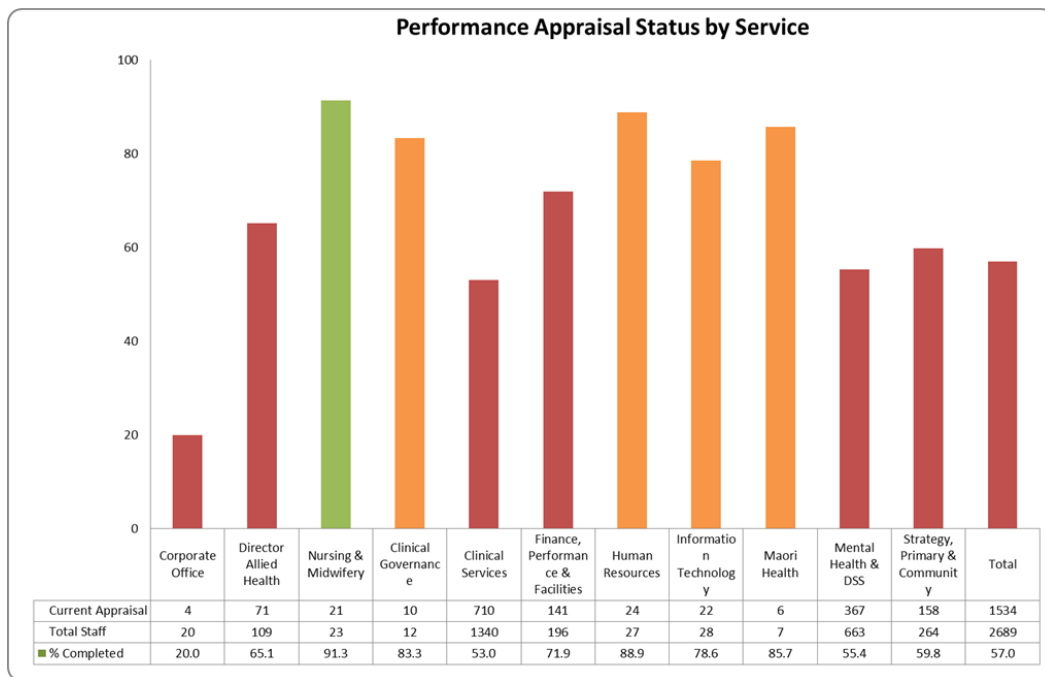
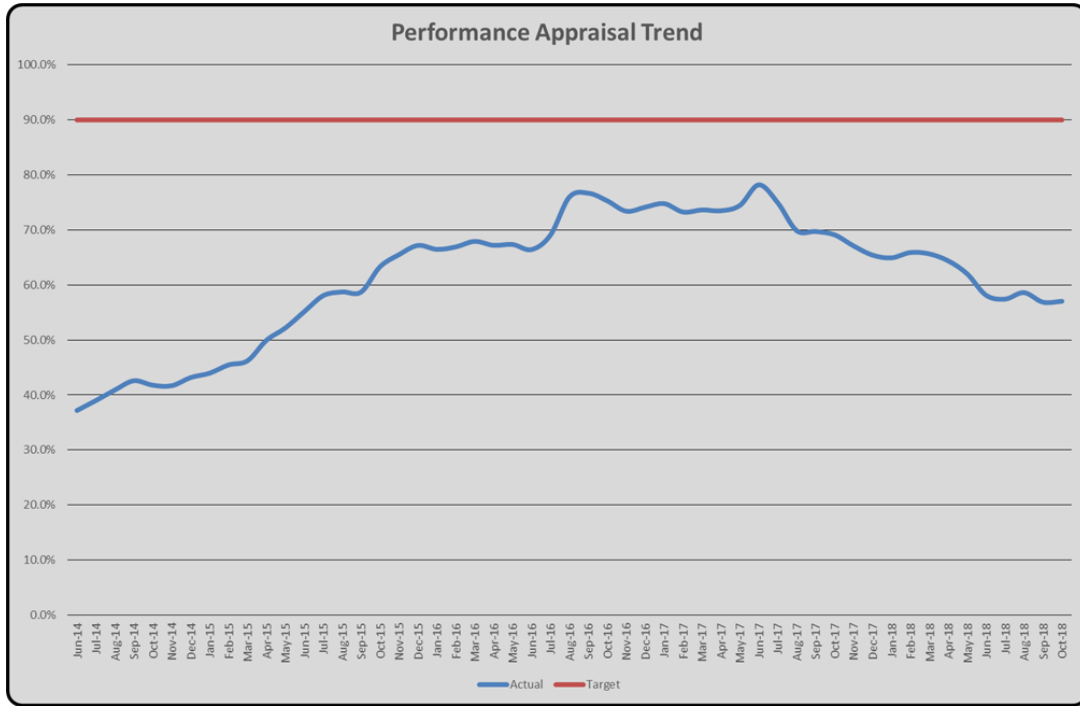
- Vacancy circular: average 623 page views
- Sue Allen's departure: 488 views
- The 2018 Nelson Hospital variety show is back: 376 views
- Publishing staff photos to intranet: 348 views
- Atrial Fibrillation Week 2018: 324 views

The top five post topics for engagement, reactions, and comments on social media for September/October were:

- Psychiatrist Vikram moves to NZ (Marlb) 7 Oct post
- National Anaesthesia Day & Re-Start Your Heart Day (NN) 16 Oct post
- Thanks for knitting for SCBU (NN) 16 Oct post
- Hear April Walker's breast cancer story (NN) 19 Oct post
- Digital devices eliminate human error on wards (Marlb) 29 Oct post

10. PERFORMANCE APPRAISALS

To date we are at 57% of staff with a current appraisal.



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED