MEMO

To: Board Members

From: Peter Bramley, Chief Executive

Date: 16 August 2017

Subject: **Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

The new financial year is well and truly underway. It coincides with one of our busiest times of the year as our health system is put under significant pressure with winter illness. We should be extremely appreciative of our clinical teams who do a wonderful job of providing amazing care to our community in the midst of full waiting rooms and high hospital occupancy. Unfortunately when our health system is most under pressure it is often the time our own staff are battling winter illness themselves.

This winter is certainly busier than last year, and we are observing a higher level of acuity and complexity of illness. If you meet any of our talented team, as you are around and about our community, please do thank them for the sensational work they do every day.

Last month we tried to pause and celebrate some of the amazing achievements of last year. You will remember we reported exceeding our elective health target, more orthopaedic joint procedures delivered than planned, and an improvement to our wait times for cancer care and endoscopy.

As we look forward, we have some very significant initiatives planned that, hopefully, will improve access to care, and start to close the inequity gap in health outcomes for the most vulnerable in our community. We have a focus to strengthen the resources in the community supporting those with a mental health condition. We are underway on programmes to support pregnant women to stop smoking, and provide safe sleep environments for their children. We are about to launch Hauora Direct which will ensure a comprehensive health assessment for key patient groups.

One of the most important pieces of work that we have just begun is consideration of the models of care that will be needed to deliver healthcare into the future. We will be asking our health teams across our community to explore innovative ways to deliver the health services we anticipate our community will need – based on future demographics, taking into account likely changes to technology, treatments, and workforce practice. This piece of work is crucial to ensure we are preparing our health services for the future, but also vital to inform us on what will be required for a Nelson Hospital rebuild. We do not simply want to replace a bigger building of the same configuration, but rather one that will serve us all well into the future.

Financially the year has started well, with thanks again to prudent use of resources by our staff. We are underway with various savings initiatives so we can prepare for a future hospital build, and also have the funds to make new investments into our health system.

2. PRIMARY & COMMUNITY

- The Home & Community Support Services (HCSS) procurement and contracting process concluded with Access and Nurse Maude having been selected. Next steps will involve implementing transition plans. Work is underway to ensure the provision of services continues so that clients are minimally affected by the change process. Meetings have also been held with union representatives to ensure the workforce are supported in this transition. Progression to the new model of HCSS continues across NASC, with staff involved in training on the Calderdale Framework
- The urgent care service in Marlborough is moving forward with agreement for a new entity for GP afterhours, with budgets and staffing being agreed to by the Marlborough Primary Health Board. Updates to GPs from the PHO team are ongoing
- Redirection from ED and St John to the Medical Injury Centre (MIC) in Nelson is expanding to Marlborough (for ED redirections initially) and Motueka (for St John redirections). There is encouraging uptake in Nelson. MIC has seen an additional 38 patients presenting in July. Twenty-One were either by ambulance, or after St John had assessed them, and 17 had been sent from ED
- Initial work has begun on the Models of Care programme, including development of the guiding principles and scoping of the programme of work required to transform ways of working and achieving a reduction in increasing hospital demand, prior to the rebuild of Nelson Hospital
- A project has been initiated with Victory Community Centre to assist with the establishment of a group intervention to support the mental health of Colombian refugees in resettlement. It includes training to enable the project to run as a community-led initiative going forward
- The findings, recommendations and decisions of the District Nursing review were released in July. When taken as a 'whole' the review findings have been welcomed. A project plan to implement the recommendations is being developed
- Work to implement initiatives for the Stop Smoking Service and Tobacco Control is ongoing. This includes fixed term Smokefree Coordinators to work with large organisations and communities to encourage group cessation, and working with mental health organisations. Two Pharmacies (Victory and Golden Bay) are also being approached to deliver stop smoking services due to the remote population that is difficult for current services to reach (Golden Bay), and due to the Pharmacy being able to access a priority population (Victory)
- A pilot project is being implemented for new families with young children, identified by MSD, to be referred to General Practice where a Hauora Direct type assessment and enrolment in services will occur
- Work has been undertaken to address the low representation of Māori in our Health of Older Persons services. This is being planned for, working alongside Te Piki Oranga. This will include looking to contract a Navigator in both Nelson and Marlborough, and funding a day programme
- Work continues on the optimum way for stewardship of medicines to occur across both primary and secondary care, to ensure medicines are used wisely and safely. All three clinical governance committees are currently considering a draft structure for this purpose
- Non-attendance, along with pre-school enrolment, is a key project focus for Community Oral Health Service
- Fifteen more schools have joined the Sweet Enough initiative and adopted water only guidelines bringing the total to 44 schools. More than 50% of schools in

Nelson, Tasman and Marlborough are now part of the initiative. Twenty-seven kindergartens, six play centres and six sports organisations have also joined, including Tasman Football which has 14 clubs.

3. INFORMATION TECHNOLOGY

- HealthOne has been successfully delivered and is now live in Nelson Marlborough. Most GPs in both Nelson and Blenheim have full access. A minority have non-compatible practice management systems. They can access HealthOne via the internet, but cannot make their practice management system visible or contribute to the electronic health record. Experience in other DHBs suggests that GP enquiries will reduce by up to 75% as much of the information the GP queries the hospital about will be visible to them via their connect to HealthOne
- Pre-work is underway for the paper chart transformation initiative. The pre-work involves the removal of all paper records from the basement (coincidentally addressing a Health & Safety risk), identification of paper records that need to remain on-site, and the removal of those that do not need to remain on site
- The Wairau land sub-division required soil to be scrapped from the bare land. This has now been completed by asbestos removal experts, and the environmental report is being updated so that we can request our resource consent from Council. We anticipate resource consent and title work to be completed by the end of October
- An initial Steering Group is being formed for Patientrack and we will progress with pre-studies, and a proof of concept plan before broader implementation. Patientrack provides electronic capture of early warning scores (enabling them to be quickly trended) and overall digital capture for bedside care. It is a key step towards achieving our overall paper-lite objectives.

4. FACILITIES

Facilities has had a focus on compliance this month, with a number of areas that were out of compliance being brought into compliance, specifically cooling towers, safety and isolation valves on the Wairau boiler plant.

5. CLINICAL SERVICES

- July saw both Nelson and Wairau Hospitals under significant pressure in terms of occupancy and staffing
- Day stay beds were open 20 nights during the month
- Nelson occupancy was above 95% (with the exception of the first four days of the month (85%))
- Wairau occupancy was above 95%, higher than last year at this time
- Private beds at Manuka Street Hospital were used to avoid cancellation of surgery when capacity issues were experienced
- There were challenges returning patients from tertiary providers to the region due to bed availability and weather related transport issues
- Double the number of triage 1 patients were seen in ED this month (19 in July, 10 in June). This required significant resource per patient to support care
- For the full year 2016/17 (MOH confirmed delivery) has indicated NMDHB has delivered (including IDF delivery) 7,917 discharges against a plan of 7,517
- Total delivery above plan of 400 discharges (105.3%)

- For the full year 2016/17 the elective joint procedures delivered were 503 against a plan of 459 (+44 variance)
- For the full year 2016/17 the other orthopaedic procedures delivered were 690 against a plan of 763 (-73 variance)
- Influenza Vaccination Programme 2017 – 50% vaccinated at end of July.

6. ALLIED HEALTH

- Preparation for the external Allied Health review is well underway with all staff and union partners fully informed. In addition focus meetings with each service have also been offered.
- Focus on the Building Respect programme continues with the intention to roll out the programme for Nelson staff by the end of August, and September for Wairau staff.

7. MENTAL HEALTH

- Patient Security and Support Worker positions have been recruited in the Mental Health Administration Unit with an official welcome being held.
- The Service welcomed representatives from Work Counts to Nelson Marlborough. They are sponsored by the MOH to assist employment support for people with mental health and addictions challenges. They were pleased to be able to meet with clinical teams, employment support services, consumers, family/whānau and primary mental health contacts as well as Work and Income representatives to find out how local processes, systems and services for employment currently work. They will be providing us with some advice on possible ideas for improvements. Their key message is that 'employment is a health intervention'. Employment supports recovery and brings benefits for the person, employers and the health system when people are able to retain work through a period of mental ill health or return to work as soon as possible after an episode. As well as being a source of income, employment contributes to social connection, self-esteem and a sense of purpose.

7.1 Activity – Specialist

	Last Three Months			Year to Date	Year End 16/17
	May-17	Jun-17	Jul-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	30	21	22	22	30
Inpatient Acute LOS (days)	15.92	17.23	17.48	17.5	15.5
Inpatient Seclusion Use (hours)	216.1	140.3	137.1	137.1	80.4
Inpatient Seclusion Client Count	8	4	6	6	3
Community Crisis Contacts ***	167	137	66	66	160
People Seen In Month **	2228	2108	1720	1720	1938
Psychogeriatric IP Admissions	6	10	4	4.0	8.3
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	84.5%	94.3%	112.3%	112.3%	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.*

7.2 Activity – NGO

Service	Last Three Months			Year to Date	Year End 16/17
	May-17	Jun-17	Jul-17	Monthly Average	Monthly Average
Emerge*	22	23	0	0	27
Gateway Housing Trust*	185	187	0	0	183
MHSS	35	35	35	35	35
Te Whare Mahana*	34	29	0	0	39
Te Ara Mahi*	75	79	0	0	90
Health Action Trust (Kotuku)*	24	22	0	0	19
Care Marlborough - day activity (average clients per day)*	14	17	0	0	15
The White House (average clients per day)*	16	17	0	0	13
SF Nelson (contact hours)*	75	102	0	0	83
SF Blenheim (contact hours)*	113	118	0	0	98
St. Marks*	45	38	0	0	42
Te Piki Oranga*	245	344	0	0	290

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

7.3 Disability Support Services

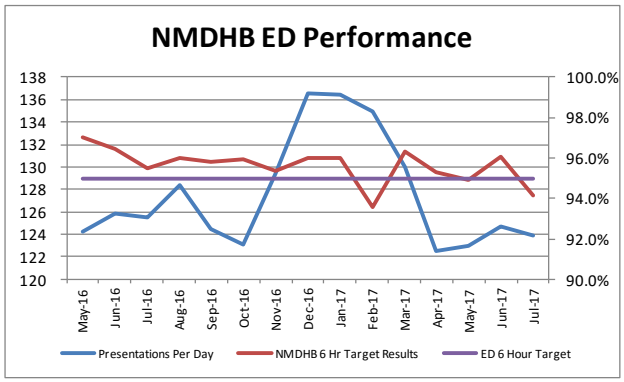
The child respite provider, IDEA services, has given notice to the MOH that they will not be continuing with this contract in Nelson Marlborough. The provider is also exiting a number of other contracts and has negotiated most of these services to transfer to a national provider, all except for the respite services. The MOH has agreed to contract NMH DSS services for provision of respite services for children with the start of service aiming to be 21 August.

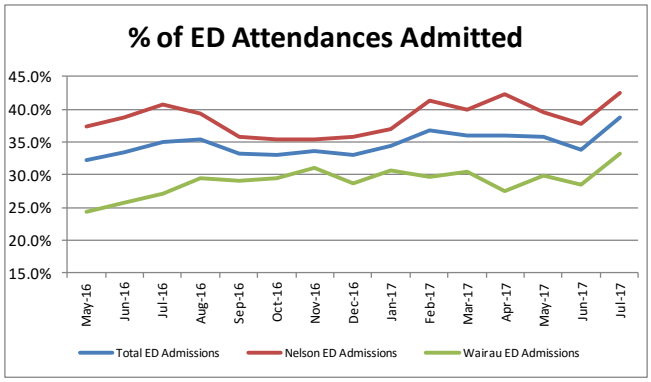
NMH sees this as a key strategy to avoid and prevent the need for crisis respite. The CMO has also drafted a position statement on the value and need for respite services to ensure a sustainable caring arrangement, support for maintaining and building resilience with our carers, and also to avoid the need for crisis respite.

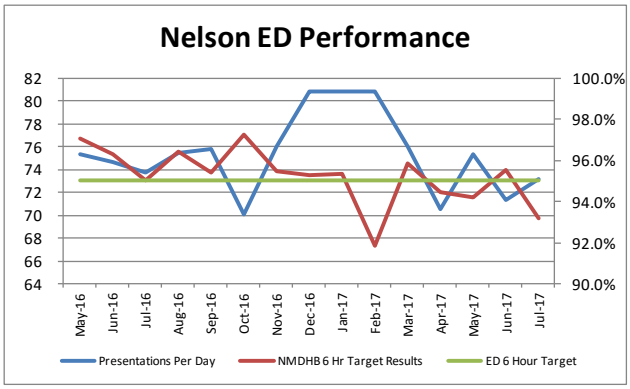
	Disability Support Services (DSS)		Current July 2017				YTD July 17
	Contracted Services		ID	PD	LTCH	Total	YTD Total
Service provided	Current Moh Contract	As per Contracts at month end	168	17		185	
	Beds – Moh Individual contracts	As per Contracts at month end	10	2		12	
	Beds – S&P - Chronic Health Conditions	As per Contracts at month end	1		11	12	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	
	Beds – Individual CYF		1			1	
		Residential contracts - Actual at month end	**181**	**20**	**11**	**212**	
	Number of people supported						
	Total number of people supported	Residential service users - Actual at month end	**181**	**20**	**11**	**212**	
		Respite service users - Actual at month end	2	3		**5**	
		Personal cares service users - Actual at month end	**0**	**1**		**1**	
		Total number of people supported	**183**	**24**	**11**	**218**	
	Total Available Beds - Service wide	Count of ALL bedrooms	**230**				
		Total available bed days	7,130				7,130
	Total Occupied Bed days	Actual for full month - includes respite	6,567				6,567
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	**92%**				**92%**
			Last month	**Current month**	**Variance**		
	Total number of people supported		**215**	**218**	**3**	**Increase**	
	Referrals	Total referrals	**10**	**12**			
		New Referrals in the month	**3**	**4**			
	Of above total referrals	Transitioning to service	**5**	**6**			
		On Waiting List	**5**	**6**			
	Vacant Beds at End of month		**20**	**15**			
		Less people transitioning to service	**- 5**	**- 6**			
		Vacant Beds	**10**	**9**			

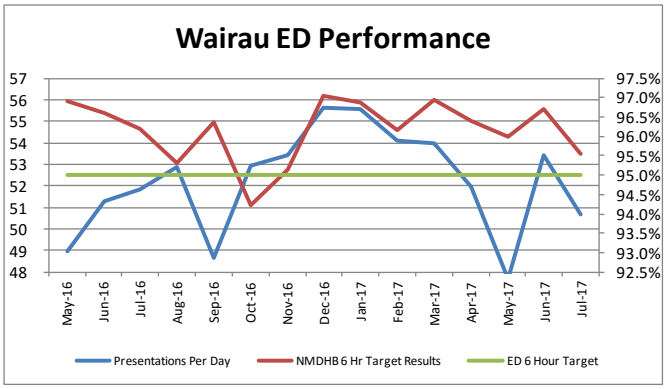
8. PERFORMANCE INFORMATION

8.1 Shorter Stays in Emergency Department









In July 94% of patients were admitted and discharged within the six hour guideline. Reduced bed availability, due to high hospital occupancy, and pressure from acute illness has resulted in reduced flow of admissions from the Emergency Department to inpatient beds.

<u>Length of stay target for past 3 months</u>

	May 2017		June 2017		July 2017	
	Total	**<6hrs**	**Total**	**<6hrs**	**Total**	**<6hrs**
Nelson	2,328	2,193 94.20%	2,203	2,100 95.32%	2,263	2,111 93.28%
Wairau	1,468	1,413 96.25%	1,662	1,600 96.27%	1,571	1,500 95.48%

Breach Analysis – Nelson

Primary reason:	Feb	Mar	Apr	May	Jun	Jul
ED demand>capacity	11	2	6	3	1	3
Prolonged observation required	40	27	36	31	33	56
Waiting for radiology	6	6	5	7	5	6
Waiting for ward bed	42	18	30	38	11	33
Waiting for ward team	68	30	24	37	31	41
Transfer other hospital	4	0	3	2	2	3
Waiting for transport	4	7	4	2	3	8
Other/unknown	9	3	4	7	7	2
Waiting for MCT	8	8	2	6	5	4
Number breaches:	192	101	114	133	98	156

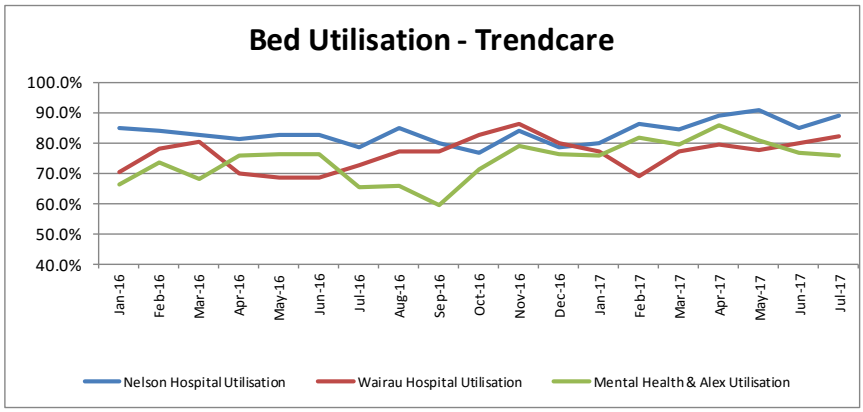
The top three areas causing delays in Nelson were:
- Waiting for ward team – indicating high occupancy and workload
- Prolonged Observation required – indicating high complexity
- Waiting for ward bed – indicating capacity issues.

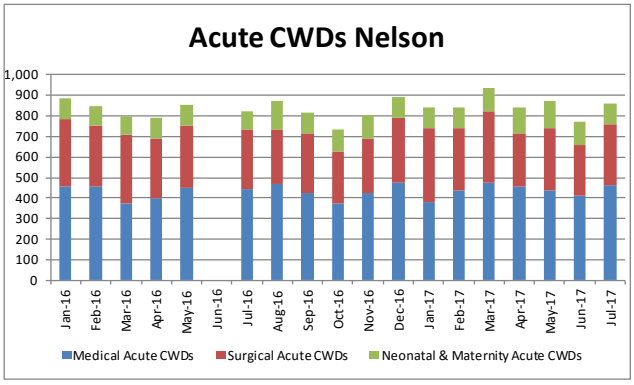
Breach Analysis – Wairau

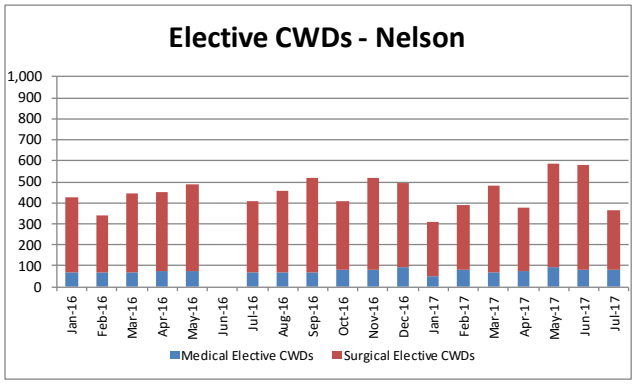
Primary reason:	July
ED demand>capacity	3
Prolonged observation required	27
Waiting for radiology	3
Waiting for ward bed	12
Waiting for ward team	21
Transfer other hospital	1
Waiting for transport	1
Other/unknown	3
Waiting for MCT	0
Number breaches:	71

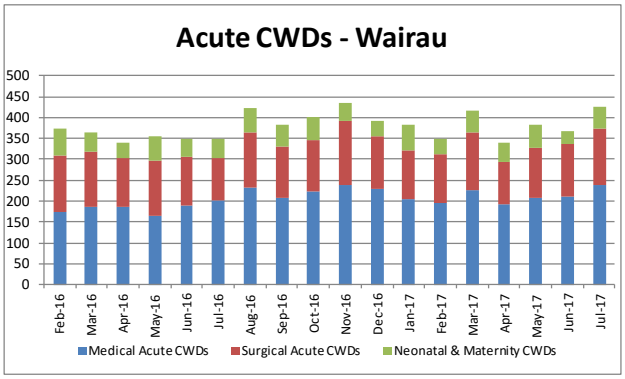
The top three areas causing delays in Wairau were:
- Prolonged observation required
- Waiting for ward team
- Waiting for ward bed.

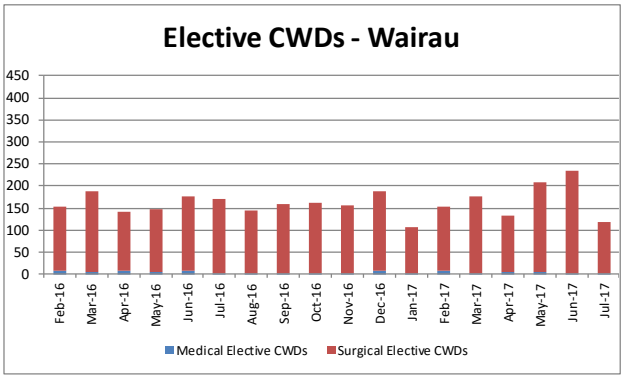
8.2 Hospital Occupancy / Acute Demand











8.3 Elective / Acute Arranged Services

NMH continues to meet our MOH requirements for elective surgery with the number of elective surgical procedures at 105.3% of the Health Target for 2016/17 (7,917 discharges delivered against a plan of 7,517).

The DHB was non compliant in July for ESPI 2 (wait time for FSA), and non compliant for ESPI 5 (wait time for elective surgery) reflecting the challenges of elective delivery with high levels of both acutely unwell patients and staff sickness.

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	6,101	6,532	431	7,517
Elective non-surgical PUC	168	180	12	
Arranged surgical PUC	1,175	1,128	-47	
Arranged non-surgical PUC	73	77	4	
YTD Health Target	7,517	7,917	400	105.3 %

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%	105.3%

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec			2017 Jan			2017 Feb			2017 Mar			2017 Apr			2017 May			2017 Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	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	21 of 21	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	11	0.3%	-11	12	0.3%	-12	12	0.3%	-12	12	0.3%	-12	39	1.1%	-39	12	0.4%	-12	73	2.1%	-73	29	0.8%	-29	12	0.4%	-12	44	1.3%	-44	12	0.4%	-12	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	0.9%	-13	11	0.7%	-11	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	50	3.5%	-50	47	3.3%	-47	14	1.0%	-14	15	1.0%	-15	35	2.3%	-35	30	2.0%	-30	11	0.7%	-11
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	563	100.0%	0	704	100.0%	0	551	100.0%	0	526	100.0%	0	626	100.0%	0	534	100.0%	0	454	99.8%	1	592	100.0%	0	725	100.0%	0	566	100.0%	0	738	100.0%	0	592	100.0%	0

Data Warehouse Refresh Date: 04/Aug/2017

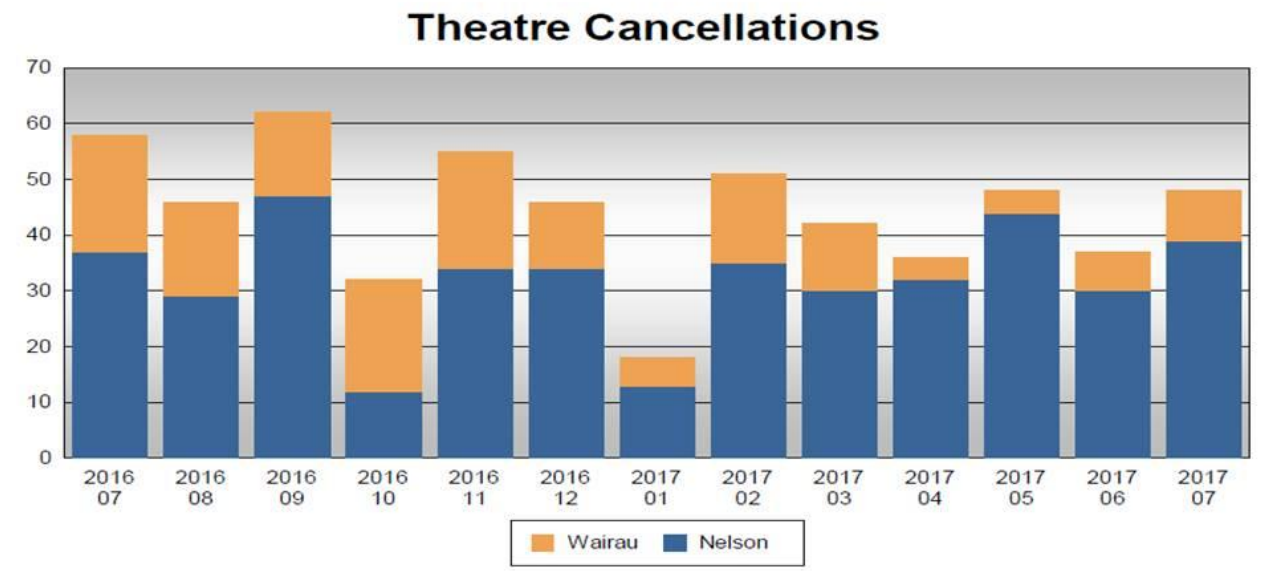
Report Run Date: 07/Aug/2017

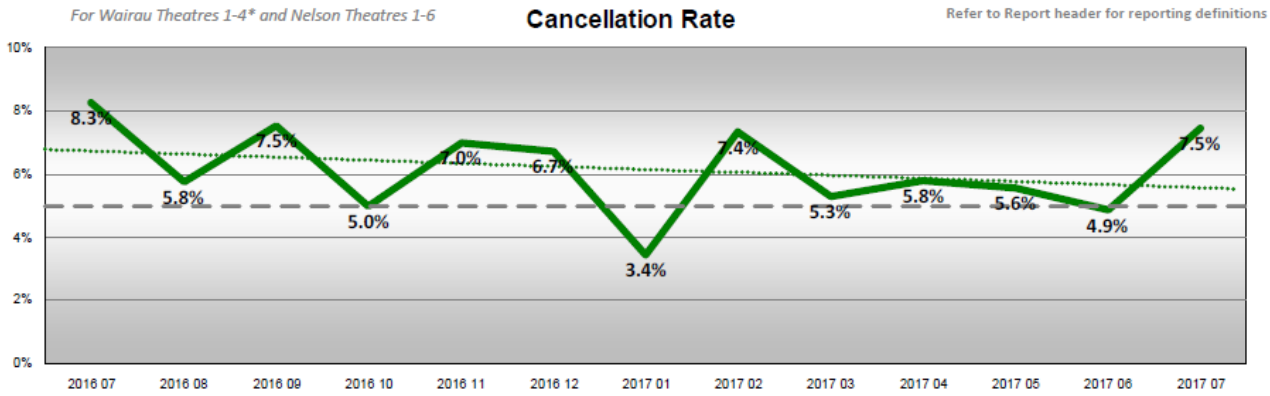
Notes:
1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed for the 2016/17 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 4.99%, and Red if 5% or higher.
7. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
8. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

8.4 Theatre Cancellations

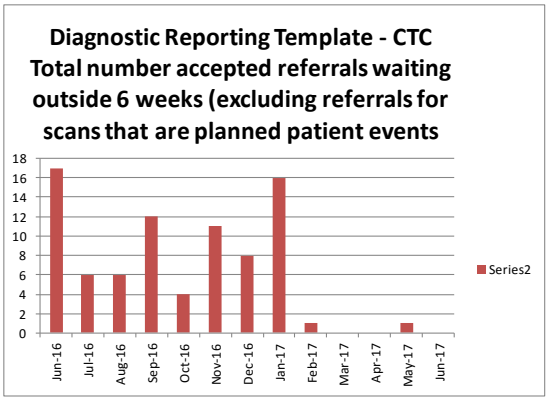
Theatre Cancellations Report YTD For Wairau Theatres 1-4* and Nelson Theatres 1-6* Report date: 7-Aug-17

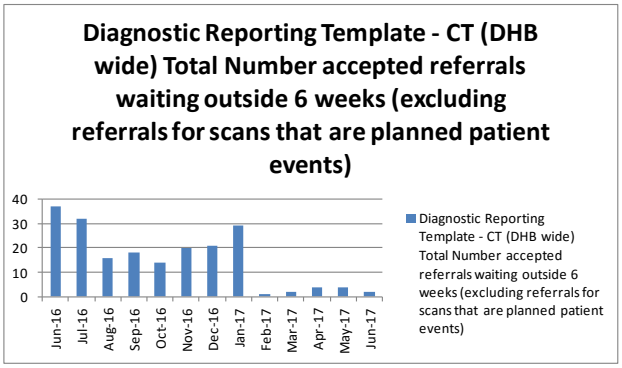
This report includes all cancellations** for the above theatres, for all TMS data entered as at 7-Aug-17. Financial year-to-date (YTD) reported by TMS Case-Date.
**Cancellation defined as a TMS Event with a cancel code loaded, *Ward/Clinic Code EXCLUSIONS: Nelson NAC, Wairau NAC, CSE, JHE, ECL, GSE,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

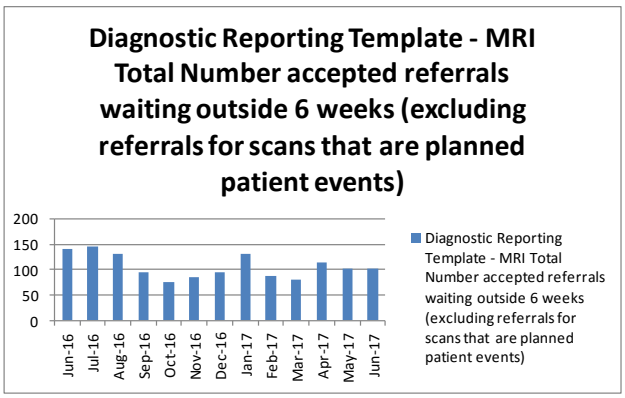




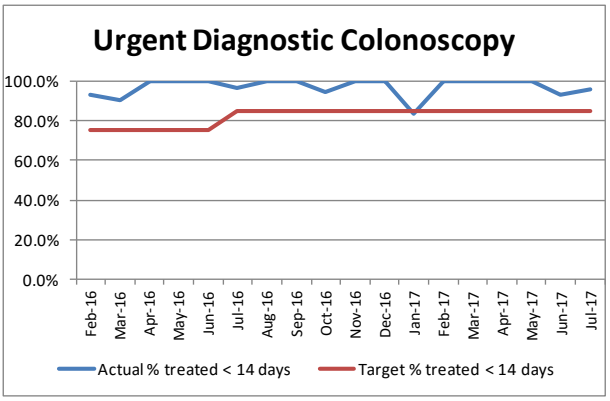
8.5 Enhanced Access to Diagnostics

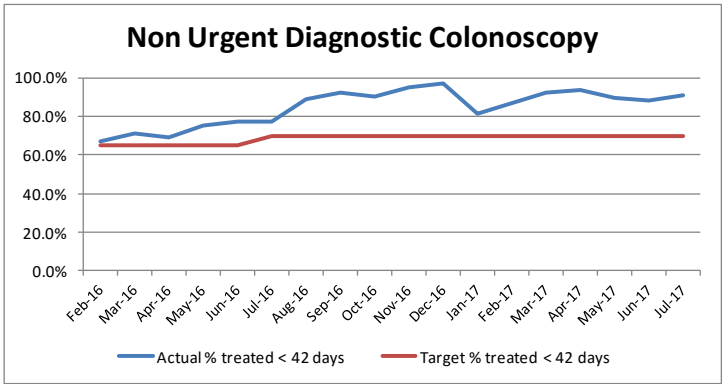


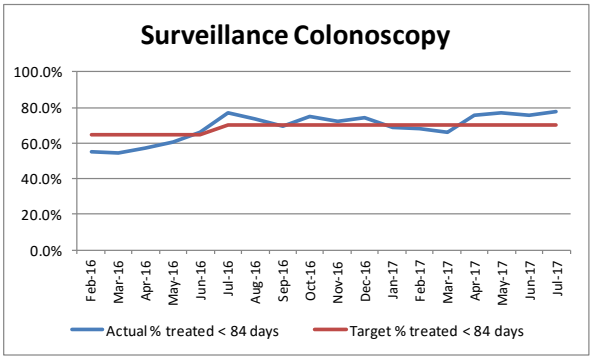




8.6 Improving Diagnostic Waiting Times – Colonoscopy







8.7 Faster Cancer Treatment – Oncology

FCT Monthly Report - July 2017

Reporting Month: Jun 2017 - Quarter 4 2016-2017

As at 31/07/2017

62 Day Indicator Records

TARGET SUMMARY	Completed Records									
	Jul -2017 (in progress)		Jun-17		May-17		Quarter 1 (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	92%	8%	90%	10%	77%	23%	92%	23%	86%	14%
Number of Records	22	2	35	4	23	7	22	2	302	48
Total Number of Records	24		39		30		24		350	
90% of patients had their 1st treatment within: # days(for July & Qtr 1 figures) 85% for remainder of periods incl year to date	57		56		69		57		50	

Delay Code 62 Break Down	Jul 2017 (in progress)	Jun 17	May 17
01 - Patient Reason (chose to delay)	0	0	1
02 - Clinical Reasons (co-morbidities)	2	2	5
03 - Capacity Constraints	0	2	1

Quarter 4		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	
57		63	

YEAR TO DATE Tumour Stream	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS			#DIV/0!		0
Breast	95%	69	5%	4	73
Gynaecological	94%	16	6%	1	17
Haematological	94%	17	6%	1	18
Head & Neck	81%	22	19%	5	27
Lower Gastrointestinal	89%	39	11%	5	44
Lung	57%	24	43%	18	42
Other	33%	1	67%	2	3
Sarcoma	0%	0	100%	1	1
Skin	95%	77	5%	4	81
Upper Gastrointestinal	93%	13	7%	1	14
Urological	79%	22	21%	6	28
Blank	100%	2	0%	0	2
All Streams	86%	302	14%	48	350

Ethnicity	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
african	100%	1	#DIV/0!	0	1
asian not further defined	100%	1	0%	0	1
don't know		0	#DIV/0!	0	0
european not further defined	82%	9	18%	2	11
not stated	100%	1	0%	0	1
nz european	88%	261	12%	36	297
nz maori	57%	8	43%	6	14
other asian	100%	1	0%	0	1
other european	80%	16	20%	4	20
pacific island not further define	100%	1	0%	0	1
response unidentifiable	100%	1	0%	0	1
samoan	100%	1	0%	0	1
southeast asian		1		0	
N/A		0		0	
Grand Total	87%	302	14%	48	349

<u>Breaches of the 62 Day Target</u>

For the period 2012-2017 there were 277 total breaches on the 62 day pathway records. Of those there were 22 who registered their ethnicity as Maori which in the overall total equates to 8% of the total breaches.

Year	Total Number of Breaches
2013	3
2014	4
2015	4
2016	10
2017 (to date)	1
Total	**22**

A breakdown of breaches is as follows:

• Patient Reason	3
• Clinical Considerations	5
• Capacity Constraints	13
• Unknown	1
Total	**22**

Lung Patients Exceeding the 62 Day Target

We are in the process of reviewing the lung pathway, and are aware of the delays for patients getting to definitive treatment. The issues identified are

1. The number of diagnostics required prior to a decision about what treatment is needed may include:
   - CT scanning – not accessible from primary (have now agreed for direct GP access with high suspicion of cancer)
   - Lung function testing (full testing is Nelson based only)
   - Bronchoscopy – 1 clinician performing these 1 x per week, Nelson based
   - CT guided biopsy – limited technical capability
   - PET Scanning – Christchurch
   - Endoscopic Bronchoscopic Ultrasound – Christchurch
   - Biopsy – Dunedin for analysis.

2. At times capacity of the respiratory physician.

3. If the decision is for surgery, then pre-surgical work up is required.

4. If the decision is radiation, then the patient must have radiation planning and work up.

5. There is also the challenge of arranging a MDM (multidisciplinary meeting) across multiple sites with varied professional specialties.

9. MĀORI HEALTH

9.1 Safe Sleep (Pepi Pods/Wahakura)

Hapi Te Hauora will appoint a national co-ordinator for SUDI who will work with our NM Māori Health team. To date MiniPods have been ordered for hospital beds and non motorised breast pumps have also been ordered. Names have been sought from the IHB on whom to approach as potential weavers for wahakura.

9.2 Hauora Direct

This is an intersectoral health whanau programme which will be piloted with Ministry of Social Development to ensure that high needs whanau across our district are linked into GPs and a range of primary care services. A meeting of stakeholders has been held, where it was agreed to pilot Hauora Direct in GP practices, specifically to target whanau who are beneficiaries, and who are new to the area. The team is very excited about this development as it marks the start of one of our new signature projects. It should be noted that this innovation project will have multiple sites of delivery and seeks to lift a range of Māori health priority indicator areas across all age

ranges and genders. The programme will target Māori but will be open to all high needs families.

9.3 Māori Workforce

Currently our workforce profile identifies that about 3% of the DHB's workforce is Māori despite Māori making up close to 11% of the total population and over one in four infants born in our district identifying as either Māori or Pacific. Currently a plan has been developed to progress Māori Health workforce development with the Director of Nursing & Midwifery, and another plan is being developed in conjunction with the Director of Allied Health.

10. CLINICAL GOVERNANCE

10.1 National In-Patient Survey Results

Results for Quarter 2 of the 2017 calendar year for the national in-patient survey are now available. NMH's response rate was 33%, with the national average being 28%.

NMH compares well against the national average on all four domains of communication, coordination, partnership and physical and emotional needs. The two highest scores on this occasion were for:

1. Overall, did you feel staff treated you with respect and dignity while you were in the hospital? = 91%

2. Did you have confidence and trust in the doctors treating you? = 92%

The two lowest scoring items are:

1. Did the hospital staff include your family/whānau or someone close to you in discussions about your care? = 62%

2. Did a member of staff tell you about medication side effects to watch for when you went home? = 54%

10.2 Certification

The surveillance audit of NMH is scheduled from 31 October to 3 November 2017. Information is being collected for the self-assessment. The following tracer audits are being completed by the DHB in August:

- Medical tracer (Medical Unit Nelson Hospital)
- Surgical tracer (Surgical Ward 9 – Nelson Hospital)
- Paediatric tracer (Paediatric Ward – Nelson Hospital)
- Geriatric tracer (Geriatric Ward – ATR beds – Wairau Hospital)

The following tracer audit are being completed by CentralTAS:

- Mental Health
- Maternity
- Intellectual Residential Disability
- Physical Residential Disability
- Rest Home tracer (Murchison Hospital).

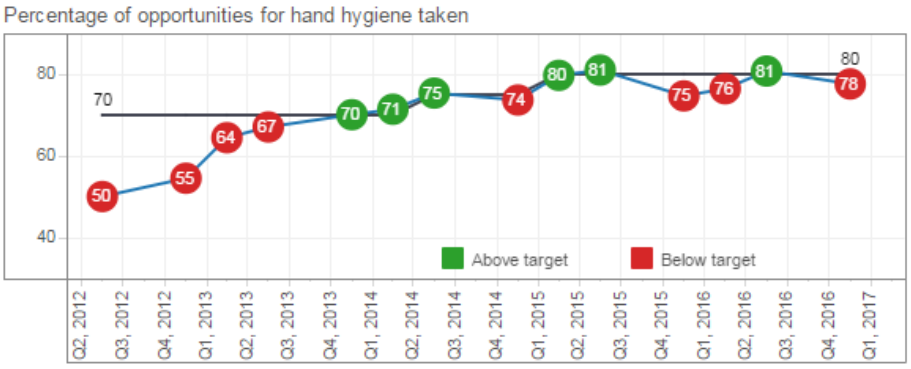
10.3 Falls

At NMH, 93% of older people were given falls assessments (the national target is 90%). NMH has been consistently above this target since Quarter 1 2014.

For those at risk of falling, 87% received individual care plans. This is a substantial improvement on the previous two quarters, where 77% and 73% of those at risk of falling received individual care plans.

10.4 Hand Hygiene

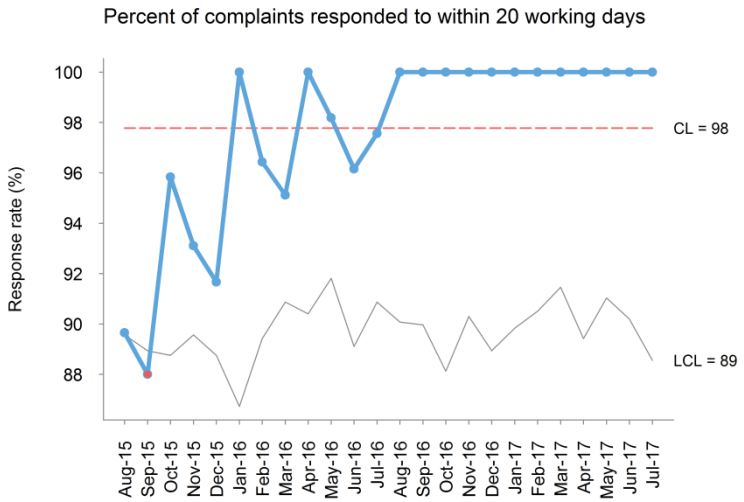
Compliance with moments of hand hygiene has dropped to 78%, falling short of the current target of 80%. Compliance remained at or just below the current target of 80% since 2015. There is some room for improvement here, as three of the last four surveys of hand hygiene compliance have failed to reach the target.



10.5 Service User Compliments and Complaints

10.5.1 Complaints

There were 23 complaints received for July compared to 44 the previous month. The graph below shows the number of complaints responded to within 20 working days over the past two years.



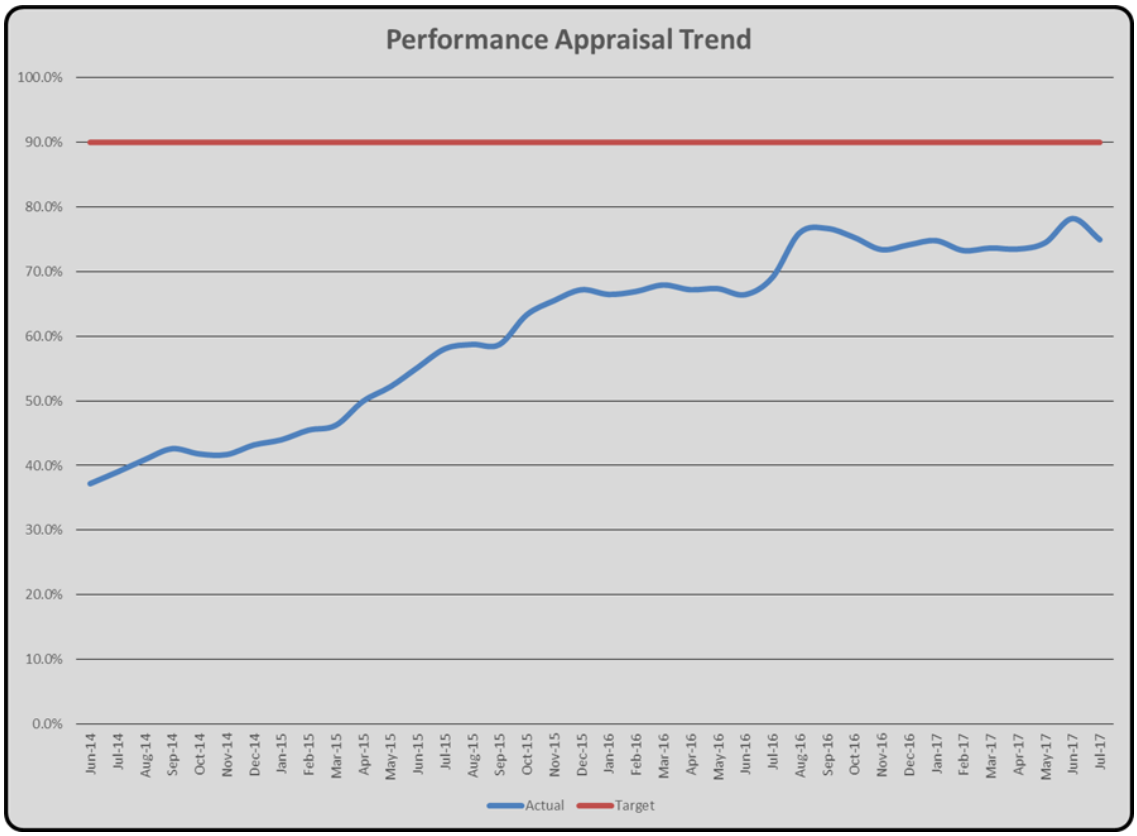
10.5.2 Compliments

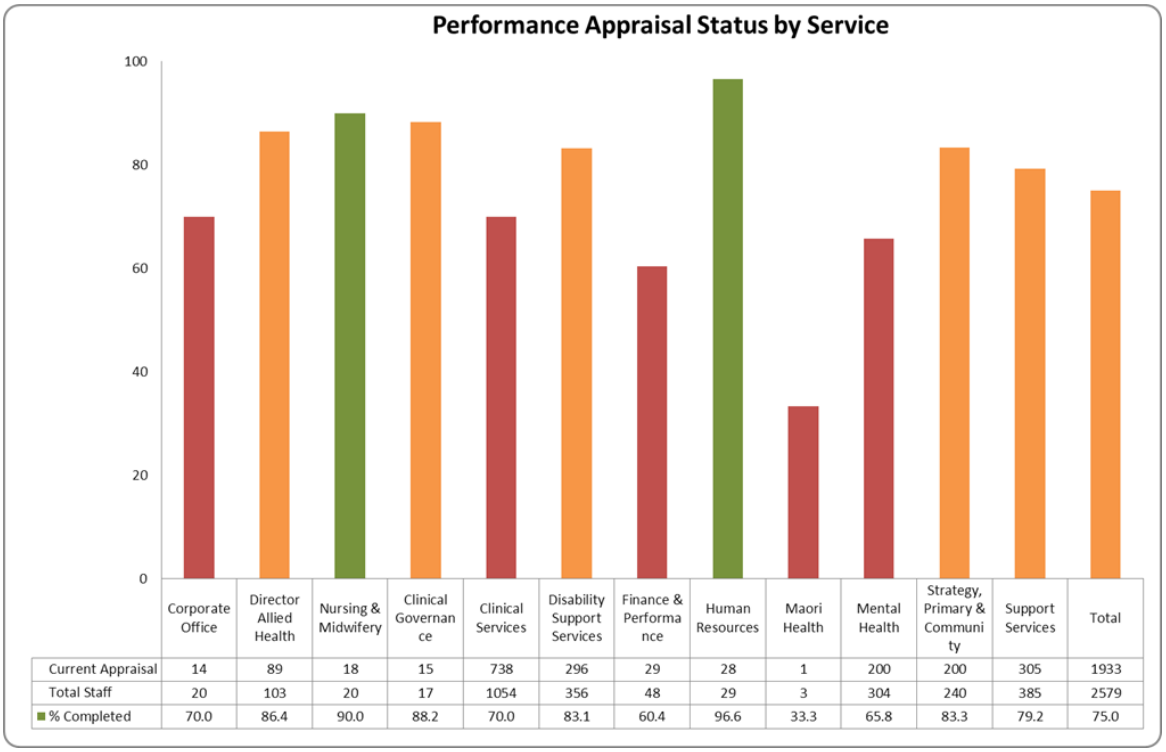
A total of 81 compliments were received in July over a wide range of services including Cardiology, Radiology, AT&R, and ED.

11. HUMAN RESOURCES

11.1 Performance Appraisals

We have dropped from last month's high of 78.2% of staff with a current appraisal to 75%.





	Corporate Office	Director Allied Health	Nursing & Midwifery	Clinical Governance	Clinical Services	Disability Support Services	Finance & Performance	Human Resources	Maori Health	Mental Health	Strategy, Primary & Community	Support Services	Total
Current Appraisal	14	89	18	15	738	296	29	28	1	200	200	305	1933
Total Staff	20	103	20	17	1054	356	48	29	3	304	240	385	2579
% Completed	70.0	86.4	90.0	88.2	70.0	83.1	60.4	96.6	33.3	65.8	83.3	79.2	75.0

Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED