

# MEMO

**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 18 July 2018  
**Subject:** Chief Executive's Report

## Status

This report contains:

- ☐ For decision
- ✓ Update
- ✓ Regular report
- ☐ For information

## 1. INTRODUCTORY COMMENTS

It is a very unusual day in the health system when our nurses strike. We certainly went into strike day on 12 July with some trepidation as our front line service delivery is so dependent on our nursing workforce. The 24 hour period went remarkably well, which is a testament to the phenomenal preparation by our contingency team. They worked so hard to ensure all of our services were appropriately covered and we, in particular, thank those nurses that supported the provision of life preserving services. One of the really positive things that I observed on the day of the strike, as I wandered around the hospital, was the large number of staff and public that turned up as volunteers to support the delivery of good care. We really appreciate people's generosity in making themselves available, and we loved the contribution that volunteers made. Their presence on the wards made a significant difference to positively engaging with patients, and helping the team out with tasks that needed to be done. Thank you!

Unfortunately the strike is not without impact. Many patients either had their elective procedure deferred or their outpatient clinic appointment postponed. We apologise for the inconvenience and anxiety this will have caused. We are doing our best to rebook as soon as possible those appointments that were affected with the strike. We hope the delay has not impacted anyone's health adversely.

The strike somewhat overshadows the fact that we start a new financial year in July 2018. We delivered to the Ministry of Health a draft Annual Plan for 2018/19 on 29 June. The focus into the new financial year is very much on improving health outcomes for those who are most disadvantaged, with initiatives planned to support those who are pregnant, to supporting the first 1000 days of life, and a focus on the wellbeing of our youth, especially in the Mental Health & Addiction areas.

Winter is very much here. Our teams are doing some great work on ensuring our hospitals and primary care services are ready for the inevitable rise in illness and acuity. It is great to see progress in establishing a Medical Admissions Unit, and putting in place some step-down beds for higher acuity care on the surgical ward. The project underway on Improving Patient Flow through the health system is also vital.

We are also progressing the work around Models of Care. The various workstreams underway are vital to shaping the future of health care provision. At the same time we are preparing the next phase of the Business Case for the Nelson Hospital Rebuild. We have just selected the partner who will support the health planning and business case writing to ensure we have an Indicative Business Case to present to the Ministry of Health in November of this year.

Lastly, it is important to reflect as we move from one financial year to another, of all the fantastic work that has happened over the previous year. We have a health system we can be proud of. We have so many dedicated and talented staff committed to delivering the best

*Chief Executive's Report*

care we can, often under considerable financial constraint. We should pause and celebrate the day to day care delivered, from the safe arrival of little ones, to the improvements in supporting end of life care. We should acknowledge the kindness and compassion expressed that puts the focus on a better patient experience. We should appreciate all the innovations and change programmes that have happened – all of which have their focus to improving quality of care. So thank you to all who are involved in the Health system – whether in the front line delivery of care, or supporting so well the teams and infrastructure that contributes to delivering great care to our community. Thank you.

## 2. PRIMARY & COMMUNITY

- Strike Contingency Planning for transfers from hospital into aged residential care for the duration of the strike was completed. Patients transferred were supported by a rehab team, virtual and physical rounds by SMOs and additional liaison support via ATR, Ward 9 and 10 Nursing staff. Planning also involved District Nursing, Hospital Pharmacy and the Murchison service.
- The Statement of Performance Expectations (SPE), a draft Annual Plan 2018-19 and the Systems Level Measures Improvement Plan was finalised and submitted to the Ministry of Health on 29 June.
- The expansion of Pay Equity to Mental Health & Addictions support workers has been approved by Cabinet. Providers are to be paid in late July for back-pay for the period 1 July 2017 to 30 June 2018, contribution to leave liability, and a three month forward payment for 1 July to 30 September. DHBs are awaiting details from the Ministry to vary affected contracts and have been informed to recognise costs relating to the settlement at 30 June 2018.
- Community engagement meetings continue, with meetings held at the Whakatu Marae (targeting Māori Health providers and consumers) and at the Stoke Community Centre (targeting older people through the Stoke Seniors network).
- There has been significant growth in the number of vape retail outlets in the Nelson Marlborough area. The recent Phillip Morris v Ministry of Health court case now means vaping products, which contain nicotine and heated tobacco products can be lawfully sold under the Smoke-free Environments Act. This also means the requirements of the Act apply to these products, for example a ban on advertising and making it illegal to sell them to young people under the age of 18. The vape retail premises have been visited to ensure they are aware of the Smoke-free Enforcement section and a discussion has been had about the changes due to the court case.
- A Support/Residential Services Procurement plan was approved by ELT and Board. The Ministry has approved the timing of the process. The communications plan for the procurement has been drafted, along with letters for consumers and service providers.
- It has been confirmed to Emerge Aotearoa and Health Action Trust that they can begin accepting up to 10% of their referrals from the primary sector, once they have submitted an appropriate plan for how they will manage this process.
- Oranga Tamariki – Ministry for Children has contracted the DHB to undertake primary level mental health services for children assessed through the Gateway service in Marlborough.
- Work on Advance Care Planning is progressing well with a contract being signed for ACP facilitation by the Marlborough PHO. Feedback from a recent presentation supported the embedding of the service in primary practice. Conversations continue at a regional level about embedding ACP into HealthOne and at a national level. HQSC have confirmed training local trainers in October.

- The contract with Interpreting NZ has been signed for interpreting services. Information sessions have occurred with interpreters and engagement with stakeholders. Interpreter training will begin in late July. Go-live of the new service is 1 October.
- DHB and sector representatives have almost reached a consensus for a proposed new contract (ICPSA – Integrated Community Pharmacy Services Agreement) to replace the current CPSA (Community Pharmacy Services Agreement) from 1 October 2018. The agreement will be evergreen and allows for greater localisation of targeted services.

### 3. ALLIED HEALTH

- The new Quality, System and Improvement Lead has been appointed and commences on 25 July. Clinical Coordinators position descriptions have been developed and the appointment to these positions will now be led by the relevant team leaders. The final 0.2 FTE professional development facilitator is currently being advertised.
- Many of the recommendations from the Allied Health Review are underway and the intention is to work with the new leadership team, Allied Health staff and key stakeholders to progress the recommendations. A recent conversation with the Model of Care Team highlights that several of the review findings align specifically to the Long Terms Conditions proposed group.

### 4. CLINICAL SERVICES

- Preparation for Bowel Screening continues and a planned 'readiness visit' by the MoH team occurred during June. This was a positive visit and MoH feedback noted our highly committed team. We continue to have weekly meetings with the MoH as we work up production plans.
- Both Radiology departments had surveillance visits from IANZ during June and both were very positive with three corrective actions received in Wairau and one in Nelson.
- Support continues for the Administration team as we work through the post implementation challenges with SIPICS. The teams are coming to terms with their new systems and most are happy with the system but remain frustrated with their individual speed when completing tasks. This is largely due to the additional steps required for the more comprehensive data capture and to some extent the speed of the system itself.
- The Urology Service have been looking at possible service improvements. Over the next few months the team will be looking at trialling/implementing direct access prostate biopsies, and telephone consultations (preventing the need for patients to attend 15 minute appointments).
- As of 1 July 2018 the Urology service will no longer be undertaking flexible cystoscopies in the endoscopy suite. These two sessions every month will be given back to Endoscopy to enable screening colonoscopy to be undertaken. The flexible cystoscopies will be undertaken in surgical outpatients with the service currently reviewing clinic profiles to ensure this can be achieved in the most efficient manner.
- Year to date delivery, to end of June 2018, indicates the elective joint procedures are 440 undertaken against a plan of 439.
- Interviews for two General Surgeons (one in Nelson and one in Wairau), and one General Surgeon with upper Gastrointestinal skills have been undertaken.
- A new HOD has been appointed for the General Surgery service and is Wairau based.

- Two Obstetrics and Gynaecology vacancies have been filled in Wairau (one fixed term and the other permanent, both 0.8 FTE).
- Outreach clinics are being set up in Golden Bay and Motueka to support GP practices, with consultants visiting the sites.
- Teleradiology has been implemented in Nelson with minor issues being resolved by the Radiology Operations Manager.
- Medical Admissions Unit preparation continues with a deferment of opening until 30 July due to maintenance work that was delayed a week due to potential strike. There has been a good uptake of Expressions of Interest for positions from a mix of staff from across the clinical areas.
- Step Down Unit in Ward 10 planning is also well underway and has also been postponed to open on 30 July. Staffing is reasonably well covered with some reliance on the permanent nursing pool to cover shifts as required.
- The Patient Flow project is well underway with themes and workstreams currently being established. Over 200 responses to the process mapping exercise were received, with much enthusiasm to see this project progress to actions and outcomes. The success of this project will have a significant impact on the flow of patients through the two areas opened to support winter activity.
- Influenza immunisation rates are at 57% across the district (78% in Wairau).
- The Hand Hygiene Audit period ended on 30 June. There were a total of 1,484 hand hygiene observations carried out across NMH during the audit period, with a compliance rate of 80.8% (national target = 80%). This is a significant improvement from 2017 where our compliance rate was 42%. All areas achieved their required number of audits with DSU Wairau achieving compliance of 98%.

## 5. MENTAL HEALTH & ADDICTIONS AND DSS

### 5.1 Psychosocial Response

NMH continues to fund Nelson Bays Primary Health (NBPH) to support people affected by the storm surge and Cyclone Gita. NMH also continues contracting Marlborough Primary Health to support those post Kaikoura earthquake residents in Ward, Seddon and south to the Clarence River.

### 5.2 Mental Health Admissions Unit

The Mental Health Admissions Unit (MHAU) has experienced high occupancy levels as well as escalation in behaviour of one client with high and complex needs.

	Apr-18	May-18	Jun-18	YTD Monthly Average
Inpatient Acute Admissions	28	30	34	27.83
Inpatient Acute LOS (days)	717	648	697	761

### 5.3 Child & Adolescent Mental Health Service (CAMHS)

NMH is focusing more on how we can collaborate and be more responsive to community needs. Within the next twelve months we would like to be able to evidence a more positive and responsive perception by our community for children, youth and their whanau.

## Service Activity

	Nelson/Tasman		Wairau	
	May	June	May	June
Referrals	76	79	24	51
Waitlist	34	38	24	36
Discharges	49	29		13
Redirected to TPO	6	5	3	3
Re-directed to other Agencies	6	10	9	12

### 5.4 Older Persons

It has been another busy month with increased occupancy in the inpatient service and referrals for community service.

#### Alexandra Hospital Inpatients

	April	May	June
Bed Occupancy	65%	78%	98.5%
Admissions	5	9	3
Discharges	8	4	2
# Waiting for D6 Beds		3 (+ 2 pending)	5 (+3 pending)

Occupancy is increasing and at full capacity (10). An increasing number of patients (50%) required either D3 with additional support (swing beds), or D6 level of care.

### 5.5 Addictions Service

#### Service Activity

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	May	June	May	June	May	June	May	June
Referrals	68	53	36	25	12	31	8	16
Court Reports		8		5				
Redirected to TPO					1	8		
Re-directed to Primary Care					7	6		
Detox		4						

The number of clients presenting with methamphetamine use continues to increase, however to date they have been managed to be seen acutely (within the week). We are aware that immediate response produces the best outcome.

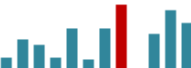
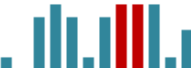

### 5.6 Top of the South Impact Forum

- **Housing.** Good progress is being made on progressing cross agency work in this space. The group has completed an environmental scan to see who the vulnerable people are around housing to identify the key things seen when people have

difficulty accessing or staying in housing. We are scoping potential for people to live together as flatmates. Nelson and Marlborough are a chosen area for the Kiwi First housing initiative from the government, which focuses on housing people with chronic homelessness with wrap around support. The group has started to develop a checklist to use for those having difficulties with housing. The group is also developing an operational group where agency representatives can come together to discuss situations and agree a joint approach to prioritisation of housing solutions for vulnerable people. It is planned for this group to meet fortnightly.

- **Reducing the social harm caused by methamphetamine.** The group is making some progress on the three key areas of focus:
  1. Collection of data – a TOR for an intelligence product which captures cross agency data to give a picture of the extent of the methamphetamine issue in our area.
  2. Resources and education – resource is being developed to clearly articulate support services available for people. The approach taken is that the addiction is a health issue and this is the focus of the group. The group has identified the idea of having a focus on developing an Education Team (Health and Police) to be available to educate and upskill agency workers on the issue of methamphetamine. It was identified that MSD, Oranga Tamariki and health staff do not feel confident or competent on asking people if they are using and what to do if they disclose. All have agreed, even if for a fixed term, the benefit of having a joint education approach covering legal and health issues would be very beneficial.
  3. Service response – Health has identified the need to try and arrange services to be earlier responders to referrals. In Northland for their methamphetamine project, they made a commitment to the Police to having a 24-48 hour response time to any referrals and they feel this has made a significant impact.
- **Family Harm.** This workstream is continuing to develop well. The meetings occur daily in Nelson and good relationships are forming between the agencies. The Police are requesting commitment from the agencies to look at having staff permanently based together instead of attending meetings then returning to their place of employment. Whakatu Marae joined the hub in May/June and are adding value of how agencies work with Maori whanau.

## 5.7 Quality & Safety – MH&A Service and Alexandra Hospital

Event Type	Mar-18	Apr-18	May-18	Last 12 months	2017/18 High	2017/18 Low	2017/18 Mthly Average	2016/17 Mthly Average
<b>Safety/Conduct</b>								
Inpatient	17	23	26		30	11	20.6	24.0
Community	0	2	2		7	0	1.6	2.3
<b>Restraint</b>								
Inpatient	4	46	86		86	1	22.1	15.4
Community	0	0	0		3	0	1.0	1.0
<b>Employee General</b>								
Inpatient	0	2	0		16	0	8.6	10.8
Community	0	2	1		7	0	1.3	0.9
<b>Medication/Fluid</b>								
Inpatient	0	1	2		9	0	3.4	2.2
Community	0	0	0		1	0	0.2	0.2
<b>Other</b>								
Inpatient	0	0	0		17	0	8.4	6.2
Community	22	0	1		22	0	2.7	1.0
<b>Total:</b>								
	43	76	118					

## 5.8 Disability Support Services

- An independent Health & Safety reviewer has been engaged to review health and safety, and develop recommendations for change with a focus on DHB homes supporting residents with high and complex behaviour challenges. A draft report has been received and is being checked for fact accuracy with the intent to then develop an action plan to address the issues raised.
- Consultation has been completed, and a final decision released, on the DSS structure for high and complex services. Job descriptions are being developed and the implementation of the change points has started.

Disability Support Services (DSS)		Current June 2018				YTD June 2018
Contracted Services		ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	164.5	15		179.5	decrease 2.5
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 – Others - CY&F & Mental Health		1.5	1		2.5	decrease .5 - 1 person 50% split Moh
	Residential contracts - Actual at month end	178	19	11	208	
Number of people supported						
Total number of people supported	Residential service users - Actual at month end	178	19	11	208	
	Respite service users - Actual at month end	2	2		4	
	Child Respite service users - Actual at month end	25			25	** increase 2
	Personal cares service users - Actual at month end	0	1		1	
	Total number of people supported	205	22	11	238	
Total Available Beds - Service wide	Count of ALL bedrooms	230	Reduced 2 - 1 used for sleepover & 1 Fire Service review			
	Total available bed days	6,900				85,102
Total Occupied Bed days	Actual for full month - includes respite	6,701				79,488
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	97.1%				93.4%
		Last month	Current month	Variance		
Total number of people supported		241	238	- 3		
Referrals	Total long term residential referrals	7	8			
Referrals - Child Respite	Child Respite referrals	4	4			
	New Referrals in the month	1	1			
Of above total referrals	Transitioning to service	-	-			
	On Waiting List	7	8			
Vacant Beds at End of month		10	11			
	Less people transitioning to service					
	Vacant Beds	10	11			



## 6. INFORMATION TECHNOLOGY

- For SI PICS, June was a month of resolving cutover and production issues and bedding in the application. SI PICS foundation is the next phase of the SI PICS project. The original business case was for a set of functionality that will be fully delivered in the 'foundation' product, which at this stage is anticipated to be in 18 months – 2 years' time. A smaller SI PICS project team is in place to manage this for NMH. The next major milestone is CDHB retiring their old PAS (Homer) and going live on SI PICS in August or September.
- The project to replace our end-of-life WinDOSE with a regional application called ePharmacy got underway with a 3 day Implementation Planning Study workshop held in Christchurch.
- Requirements for scanned medical records were reviewed, to feed into the design specifications for the updated interface and improvements in the back-end processing.
- Work has started on growing regional application support through a distributed model. This means improving collaboration and making better use of technical skills available at each DHB, rather than relying solely on CDHB as the host. There is also a need to have well understood regional processes for incident management, and improved performance reporting against SLAs. This is becoming increasingly important as more of our applications move to a regional platform.

### Project Status

Name	Description	Status	Original Due date	Revised due date	
<b>PaperLite</b>					
<b>SI PICS - Foundation</b>	Patient Administration System (PAS) replacement for Ora*Care	Post go-live issues are being managed by project and BAU support. Performance issues mostly addressed. New system bedding in well. 18.1 release is scheduled for 17 July 2018, testing and system training on track. CDHB go-live expected Aug/Sep.	v18.1 release: May 18	v18.1 release: 17 Jul 18	●
<b>Patienttrack</b>	Mobile Nursing tool to record EWS, assessments, & provide active alerts	A bug in the latest version has been discovered in testing at other DHBs. The fix for this is scheduled for September, which impacts our timeline. Work on HCS integration underway following agreement with the region.	Jul 18	Sep 18 for pilot	●
<b>Scanned Medical records</b>	Scanning, indexing and storing online medical records	Planning shift to different interface product to address clinical user feedback, as well as speed of throughput. System now stabilised, backlog being reduced. Filebound implementation plan is underway.	n/a		●

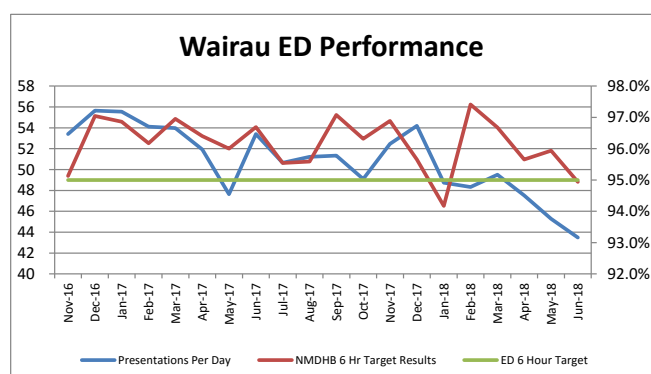
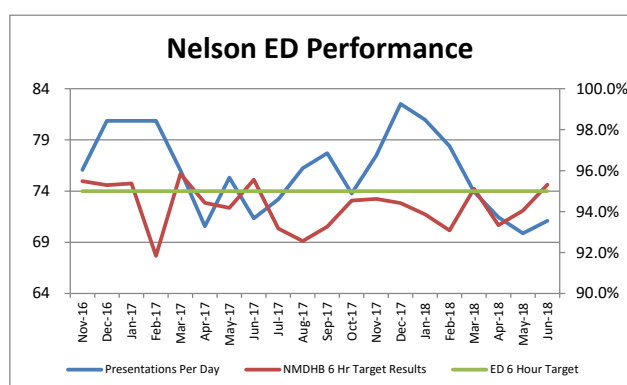
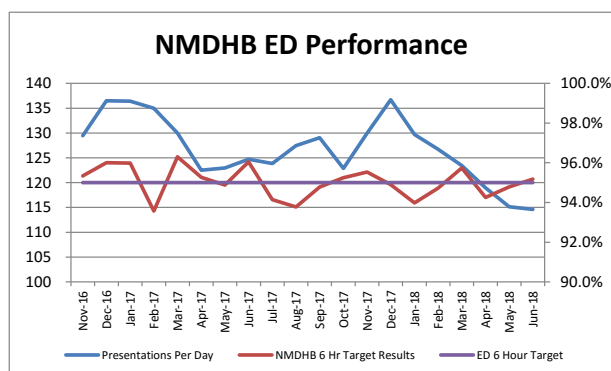
Name	Description	Status	Original Due date	Revised due date	
<b>eTriage</b>	Electronic triage of referrals delivered via ERMS	Regional solution now available, planning to start in mid-July for NMH.	various	Dec 18	●
<b>ePharmacy: IPS</b>	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage	Implementation Planning Study (IPS) to upgrade to regional ePharmacy from local WinDOSE. IPS completed. Budget approved. The IPS will inform the project plan and resources required.	Jul 18		●
<b>ICT</b>					
<b>IaaS (NIP)</b>	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre	Migration has now been completed for stage 1 – into the CCL Polaris data Centre in Nelson (125 servers). Waiting on official confirmation from Revera for the dates for stage 2. Work is now underway to work on the list of servers to be decommissioned and/or be retained on site. The business case to refresh the residual servers and storage will be submitted late June. We will be looking to place orders 1 July to avoid ongoing extended warranties for the old hardware.	Jun 18	Dec 18	●
<b>VDI Upgrade</b>	Update to a newer supported version of VDI (z workstations), and upgrade switches	This upgrade is included in the residual infrastructure refresh (mentioned above – IaaS (NIP))	Aug 17	Jun 18	●
<b>Desktop Refresh Deployments</b>	Replacing desktop hardware that is over 4 to 5 years old	We have taken on three temporary contractors to work on the deployment of the 95 Laptops and 77 PCs. The deployments are well underway.	Jun 18		●
<b>District Nurses Tablets</b>	Enables Paper Lite processes including use of HCS, Health One, SIPICS, PatientTrack and Trendcare while Mobile out of the office	Laptops and tablets have been trialled with a preference for tablets. Numbers and configurations are currently being considered. We are now waiting on the numbers required.	Apr 18	Jun 18	●

Name	Description	Status	Original Due date	Revised due date	
<b>PABX &amp; IP Telephony Upgrade</b>	Replaces non supported PABX hardware and software. A prerequisite to the PABX upgrade is to replace a number of analogue phones to IP to reduce the total number of PABX cabinets required	The equipment has now arrived and a plan has been completed to install the equipment. A pre-requisite task of installing over IP 100 phones has begun. The upgrade is also dependent on some key network switch replacements which is also under way. The plan is to install the upgraded equipment into Wairau first. There is no pre-requisite work to be completed in Wairau.	Jul 18		●

## 7. PERFORMANCE INFORMATION

### 7.1 Shorter Stays in Emergency Department

In June the NMH Emergency Department target of 95% within 6 hours was achieved in Nelson, with Wairau Hospital just missing the target at 94.9%.



### Length of stay target for past 3 months

	April 2018		May 2018		June 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
<b>Nelson</b>	2,213	2,059 93.04%	2,166	2,037 93.04%	2,133	2,033 95.3%
<b>Wairau</b>	1,475	1,412 95.73%	1,469	1,412 95.94%	1,305	1,239 94.9%

### Emergency Department Nelson

There was a 1.5% drop in the number of presentations to Nelson ED in June 2018 (2,133) from May 2018 (2,166). There was a 0.4% decrease in comparison to June 2017 (2,141).

The admission rate in June was closer to the average; down from May at 23.9%, but up from June last year (21.3%).

### Emergency Department Wairau

There was a drop in the number of presentations to Wairau ED in June 2018 (1,305) from May (1,404) and compared with June 2017 (1,599).

## 7.2 Elective / Acute Arranged Services

Ministry of Health finalised results to the end of May indicate -805 discharges against plan (88.3%). This is due to coding not being completed and incomplete submissions to MOH post SI PICS go live.

We anticipate delivering the required Health Target for the Nelson Marlborough population for 2017/18.

### 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	5,599	4,985	-614	7,533
Elective non-surgical PUC	155	160	5	
Arranged surgical PUC	1,080	893	-187	
Arranged non-surgical PUC	69	60	-9	
<b>YTD Health Target</b>	<b>6,903</b>	<b>6,098</b>	<b>-805</b>	<b>88.3 %</b>

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
<b>Final Published Health Target Result</b>	<b>105.5%</b>	<b>96.7%</b>	<b>94.8%</b>	

ESPI 2 was red for the month of June, with 48 patients not being seen within 120 days of referral acceptance.

ESPI 5 was red for the month of June, with 35 patients not being treated within 120 days of being given certainty.

## MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2017			2017			2017			2017			2017			2017			2017			2018			2018			2018			2018			2018		
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	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.	21 of 21	100.0%	0	20 of 21	95.2%	1	17 of 21	81.0%	4	15 of 21	71.4%	6	17 of 21	81.0%	4	19 of 21	90.5%	2	18 of 21	85.7%	3	14 of 21	66.7%	7	19 of 21	90.5%	2	19 of 21	90.6%	2	17 of 21	81.0%	4	0 of 0	X	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (PSA).	12	0.4%	-12	26	0.7%	-26	11	0.2%	-11	25	0.8%	-25	53	1.5%	-53	13	0.4%	-13	5	0.2%	-5	62	1.8%	-62	85	2.6%	-85	94	3.2%	-94	8	0.2%	-8	0	X	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (pTT).	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	9	0.2%	-9
5. Patients given a commitment to treatment but not treated within the required timeframe.	14	1.0%	-14	43	3.6%	-43	32	2.3%	-32	14	1.0%	-14	43	3.1%	-43	13	1.0%	-13	14	1.1%	-14	43	3.3%	-43	31	2.2%	-31	69	4.4%	-69	107	6.2%	-107	189	12.8%	-189
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	0.0%	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	591	100.0%	0	505	100.0%	0	633	100.0%	0	643	100.0%	0	498	100.0%	0	608	100.0%	0	476	100.0%	0	495	100.0%	0	544	100.0%	0	647	99.7%	2	498	99.6%	2	310	92.0%	27

Data Warehouse Refresh Date: 29/Jun/2018

Report Run Date: 02/Jul/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.  
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 9. ESPI 6 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](mailto:elective_services@moh.govt.nz)).

## MoH Elective Services Online

### National comparison of DHBs for May 2018

	1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.			2. Patients waiting longer than the required timeframe for their first specialist assessment (PSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).			5. Patients given a commitment to treatment but not treated within the required timeframe.			6. Patients in active review who have not received a clinical assessment within the last six months.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
	Level	Status %	Imp Req	Level	Status %	Imp Req	Level	Status %	Imp Req	Level	Status %	Imp Req	Level	Status %	Imp Req	Level	Status %	Imp Req
Auckland	31 of 33	93.9%	2	29	0.2%	-29	0	0.0%	0	374	5.8%	-374	0	0.0%	0	2846	96.1%	116
Bay of Plenty	23 of 23	100.0%	0	6	0.1%	-6	14	0.1%	-14	2	0.1%	-2	0	0.0%	0	776	100.0%	0
Canterbury	28 of 28	100.0%	0	278	3.2%	-278	49	0.3%	-49	137	3.7%	-137	6	3.6%	-6	1983	100.0%	0
Capital and Coast	23 of 23	100.0%	0	13	0.2%	-13	39	0.3%	-39	8	0.3%	-8	0	0.0%	0	1408	100.0%	0
Counties Manukau	20 of 20	100.0%	0	31	0.2%	-31	86	0.6%	-86	139	3.9%	-139	16	5.7%	-16	2108	99.9%	2
Hawkes Bay	14 of 17	82.4%	3	5	0.1%	-5	0	0.0%	0	184	12.7%	-184	0	0.0%	0	633	100.0%	0
Hutt Valley	16 of 16	100.0%	0	8	0.3%	-8	0	0.0%	0	24	2.0%	-24	0	0.0%	0	685	100.0%	0
Lakes	7 of 16	43.8%	9	171	5.5%	-171	0	0.0%	0	4	0.6%	-4	0	0.0%	0	469	100.0%	0
MidCentral	23 of 23	100.0%	0	253	7.4%	-253	47	0.8%	-47	900	54.0%	-900	228	59.7%	-228	89	100.0%	0
Nelson Marlborough	0 of 0	X	0	0	0.0%	0	9	0.2%	-9	189	12.0%	-189	0	0.0%	0	310	92.0%	27
Northland	14 of 15	93.3%	1	1	0.0%	-1	2	0.0%	-2	303	14.9%	-303	0	0.0%	0	714	100.0%	0
South Canterbury	14 of 14	100.0%	0	0	0.0%	0	0	0.0%	0	27	4.9%	-27	0	0.0%	0	299	100.0%	0
Southern	28 of 28	100.0%	0	628	8.8%	-628	35	0.3%	-35	445	15.7%	-445	5	11.9%	-5	1261	99.8%	2
Tairāwhiti	17 of 17	100.0%	0	357	18.2%	-357	0	0.0%	0	41	8.9%	-41	0	0.0%	0	271	100.0%	0
Taranaki	21 of 21	100.0%	0	1	0.0%	-1	0	0.0%	0	10	0.8%	-10	1	5.6%	-1	629	99.8%	1
Waikato	6 of 27	22.2%	21	23	0.3%	-23	34	0.2%	-34	12	0.3%	-12	0	0.0%	0	1833	94.9%	98
Wairarapa	14 of 14	100.0%	0	9	1.3%	-9	61	6.3%	-61	165	63.5%	-165	0	0.0%	0	25	100.0%	0
Waitemata	20 of 20	100.0%	0	2	0.0%	-2	0	0.0%	0	6	0.2%	-6	0	0.0%	0	1842	100.0%	0
West Coast	18 of 18	100.0%	0	143	13.5%	-143	1	0.1%	-1	14	7.3%	-14	0	0.0%	0	123	100.0%	0
Whanganui	10 of 10	100.0%	0	2	0.2%	-2	6	0.2%	-6	516	67.1%	-516	0	0.0%	0	0	X	0
<b>Total:</b>				1,960			383			3,500			256			18304		

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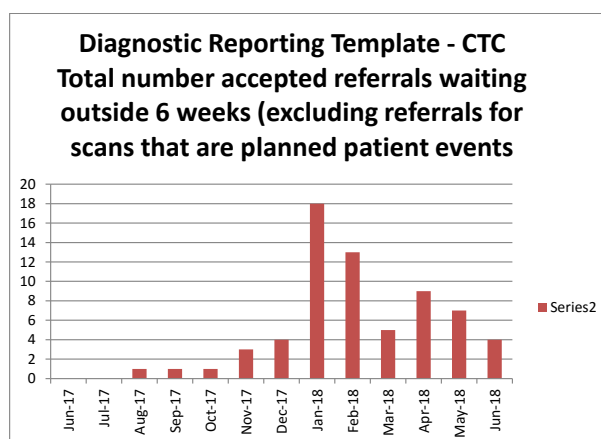
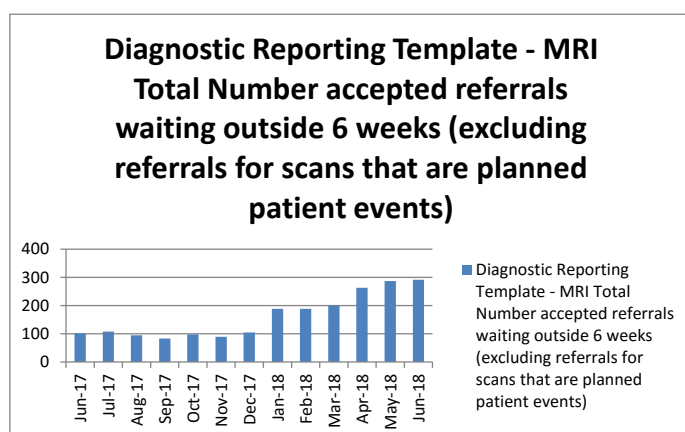
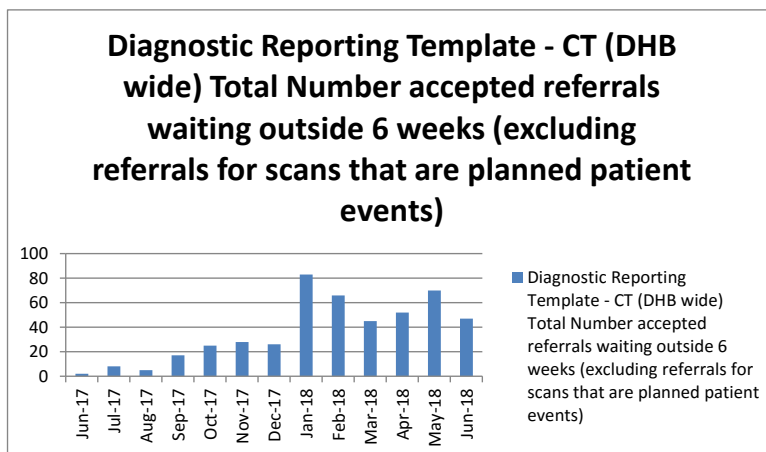
### 7.3 Enhanced Access to Diagnostics

MoH MRI performance shows 47% of referrals accepted are scanned within 42 days (target is 85%). Nelson machine capacity remains the challenge with this target. Business case development for the replacement of the Nelson MRI is almost complete.

Total wait list is 208 waiting less than 42 days, 228 waiting between 42 and 147 days and 12 waiting greater than 147 days (total wait list is 448).

MoH CT overall performance is 74% scanned within 42 days (target is 95%). Nelson CT is running at 89% with 15 patients waiting greater than 42 days. Flexibility within the staffing roster allows the CT in Nelson to continue running throughout lunch and other breaks hence achieving a higher run rate.

Wairau CT is running at 47% with 42 patients waiting greater than 42 days. The Wairau CT is owned by the DHB and runs to the maximum capacity with rate limiting factors being staffing resource (9am-5pm) and acute demand.



### 7.4 Improving Diagnostic Waiting Times – Colonoscopy

Since the implementation of SIPICS, the colonoscopy monitoring report has not yet been recreated indicating we are unable to identify how we are tacking against the colonoscopy targets. To date there are 402 overdue surveillance colonoscopies, down from 426 in May. A plan is being developed to ensure the backlog of colonoscopies are addressed as soon as practical.





## 8.2 Safe Sleep (Pepi Pods/Wahakura)

Current activities that relate to Safe Sleep include a significant investment in Safe Sleep devices inclusive of PepiPods and MiniPods for the inpatient setting. A local weaver, from Blenheim, has been contracted to weave 100 Wahakura over the next 12 months. Te Waka Hauora is also looking to launch Wahakura Wananga sessions as a “train the trainers programme”, whereby staff from local providers are taught how to weave a Wahakura for baby. Pepi Pods and Wahakura will be distributed to high needs population groups (Māori and non-Māori) whom are at higher risk for SUDI.

## 8.3 Te Piki Oranga

Funding has been secured for the establishment of:

- A kaupapa Māori lactation service within Te Piki Oranga which will promote breast feeding to Māori whanau and is the first of its kind in the South Island
- A kaupapa Māori navigation which seeks to improve access of Māori children to oral health services.

# 9. CLINICAL GOVERNANCE

## 9.1 Service User Complaints

A changed process for managing complaints started this month with front line staff now responsible for ensuring an early phone call to the complainant to establish what happened. Letters, if required, are now written by the clinicians and service managers and signed off by their General Manager rather than coming from the Clinical Governance Support Team. Serious complaints will continue to be triaged by the Clinical Governance Core Group and managed accordingly. We should be able to begin to develop some thematic reporting of complaints now that we have changed the process.

There were 28 new complaints received for June compared to 45 the previous month. Four new HDC complaints were received in June, one HDC complaint closed, and ten HDC provision and/or final decisions are awaited.

# 10. HUMAN RESOURCES

## 10.1 Health, Safety and Wellbeing

There were 110 reported worker/workplace events for June 2018 (May totalled 120).

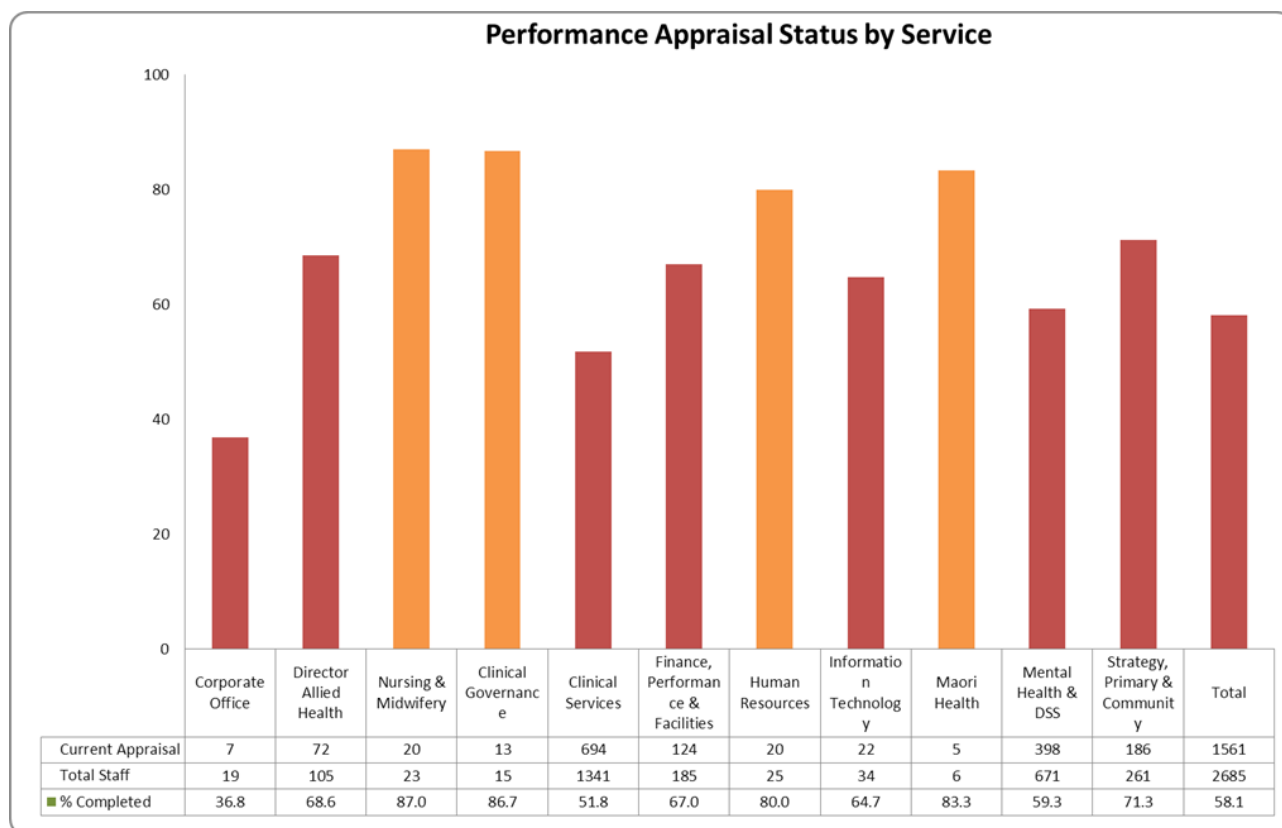
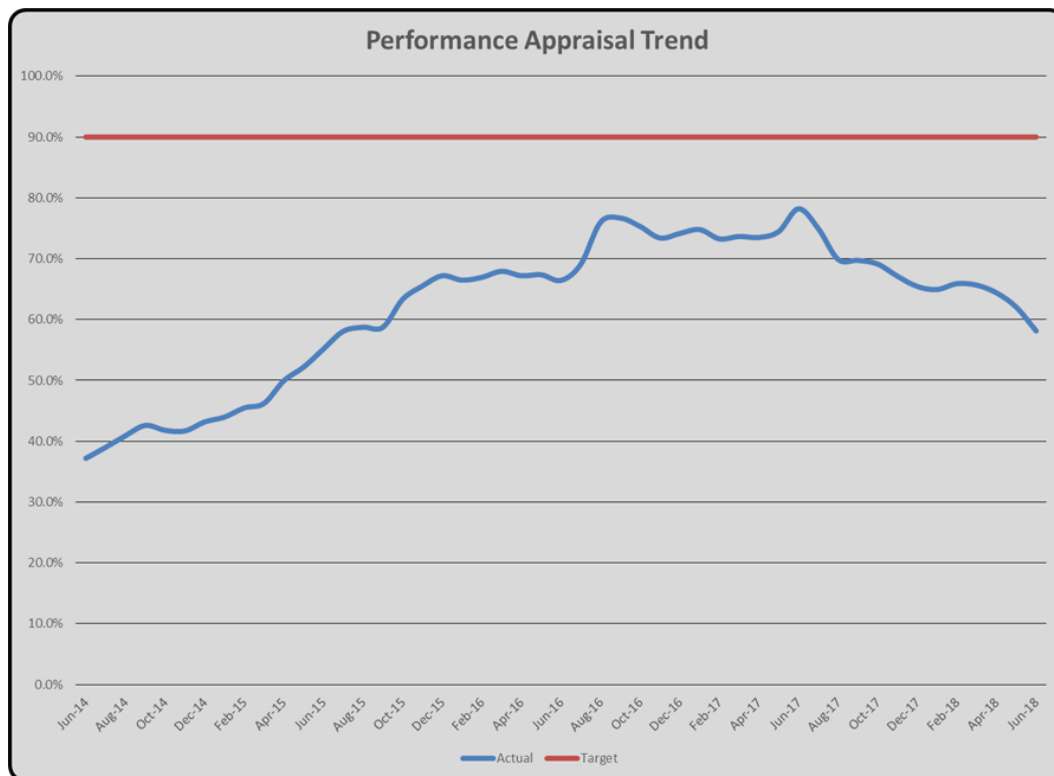
The leading themes were:

- |   |    |          |
|---|----|----------|
| • Workplace aggression (physical and verbal): | 77 | (May 69) |
| • Strains and sprains:                        | 19 | (May 16) |
| • Slips, trips and falls:                     | 04 | (May 0)  |

## 10.2 Performance Appraisals

To date we are at 58.1% of staff with a current appraisal.





Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

**THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED**

*Chief Executive's Report*