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# MEMO

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**To:** Board Members  
**From:** Eric Sinclair, Acting Chief Executive  
**Date:** 18 October 2017  
**Subject:** Chief Executive's Report

<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> For decision</li><li><input checked="" type="checkbox"/> Update</li><li><input checked="" type="checkbox"/> Regular report</li><li><input type="checkbox"/> For information</li></ul>
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## 1. INTRODUCTORY COMMENTS

I would like to start this report, and on behalf of Peter, acknowledge the effort and work completed by Patrick Ng, our GM Support Services who leaves us to head to Southern DHB in November to take up the role of Executive Director Specialist Services. The completion of the Arthur Wicks refurbishment, the digital strategy, and the implementation of Health Connect South are some of the key initiatives that Patrick has led during his time with us, and we wish him every success in his new role.

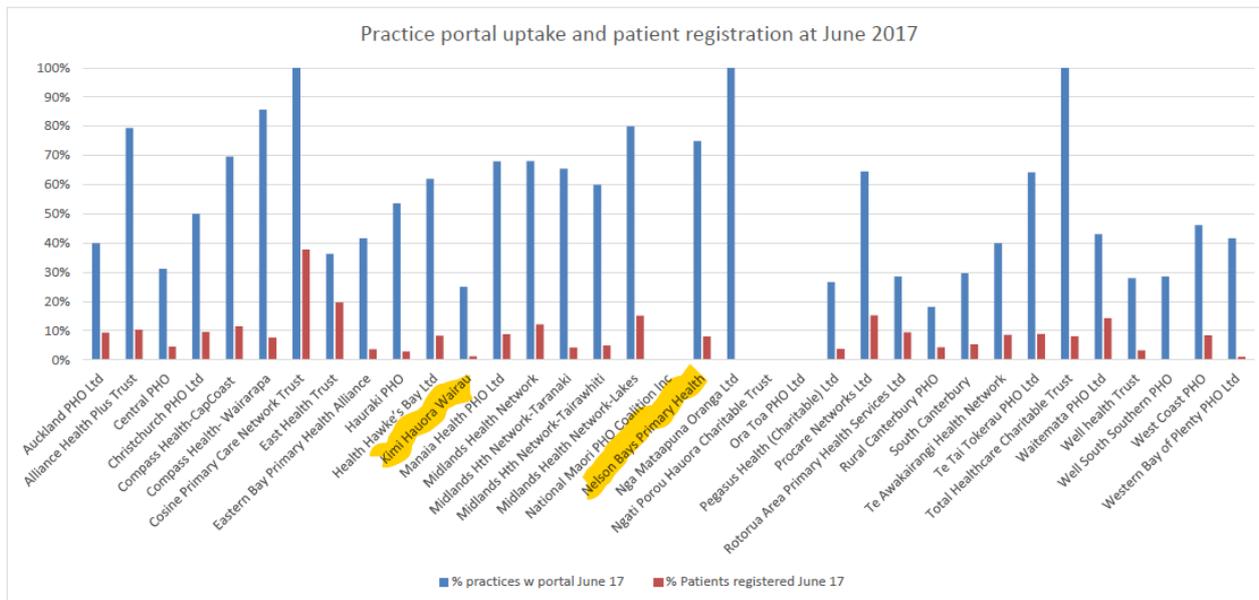
I would also like to welcome Rachel Wells as the GM People & Capability to the team and I know Peter is looking forward to the contribution and leadership from Rachel in continuing to develop and support our staff.

Peter outlined the challenges we were facing with the winter pressures to you last month and that continued through September. Nelson Hospital exceeded 85% occupancy on every day in September, and for half of the month the occupancy level exceeded 95%. Wairau Hospital experienced quite a variable month with some short periods of very high occupancy. Thankfully we have seen a reduction in the occupancy levels through October. Again it is the efforts of our staff through this period that has enabled us to continue to deliver great care to our community.

Even with the significant pressures experienced in our hospitals over the first quarter we remain on track fiscally with a minor adverse variance not unexpected given the activity levels.

## 2. PRIMARY & COMMUNITY

- Patient portals in primary care are becoming more popular nationally with over 471 practices and 407,049 patients using portals according to the June national report. In Nelson we have had a relatively high practice uptake (75% of practices) with Marlborough being slower (25%). Across the NMH district patient uptake is lower so a consumer focused campaign will be looked at. Brochures are available on reception counters and in waiting rooms, and posters are displayed in practices with a portal. Some practices also have portal details in their practice brochure or have an automated voice message so when patients phone the practice to book an appointment it encourages them to sign up before having to speak to reception. Public pressure has prompted several practices to seriously consider their portal options. The main barriers have been the start-up cost to the practice, the need to redesign patient charges, and the other IT initiatives involving practices.



- Aged Residential Care residents in facilities has been stable this month. Occupancy numbers are currently unavailable.
- The new Home Community Support Services (HCSS) has gone live with both services functioning well. The recruitment and transition of staff is well underway, and the implementation of the new model has gone smoothly.
- The Annual Plan 2017-18 has been agreed by the Ministry of Health and sent to the Minister for signing. The Annual Planning process for 2018-19 has begun and timelines are being shared with ELT and ToSHA.
- The Priorities Matrix is currently being refreshed. A workshop was held for the Board and Iwi Health Board (combined) to receive guidance and feedback on the matrix.
- The establishment phase of the Models of Care programme continues. A high level programme plan has been produced and shared with ELT, the Board and ToSHA.

### 3. INFORMATION TECHNOLOGY

- The Theatre Management System (TMS) enhancements went live this month following successful final testing. TMS now provides enhanced session and theatre utilisation management and tracking, along with a host of usability enhancements, and a brand new Acute Booking function which links acute bookings to ORACARE event data for improved data reporting accuracy.

### 4. FACILITIES

- A further meeting was held with Beca to clarify the approach required for the detailed seismic assessment work and the building condition assessment work which will be done in anticipation of it being required for the next business case (the Indicative Business Case).
- Work is now underway on the After Hours Urgent Care Centre, to be built in the old Churchill wing at Wairau Hospital. The first stage, required to open for business, is expected to be completed by December.
- The chart transformation initiative is on track for commencing scanning all new content (rather than maintaining paper medical charts) and making this available electronically via HCS, from November onwards. Space for the scanning workflow

has been established on the 7th floor and work is well advanced on clearing all medical records from the basement in the Percy Brunette building.

- The referral centre and pre-admissions hub are underway with recruitment. The referral centre has confirmed offers to candidates and they are scheduled to commence with us mid-October. Work is underway to create space for both the referral centre and pre-admissions hubs in Nelson and Wairau hospitals.
- Six electric cars (2<sup>nd</sup> generation Nissan Leaf, with a range of 140-150km) have been ordered with an anticipated arrival date of November. The vehicles will be located at Wairau, Nelson and Nelson Health Hub. Work will commence shortly on installing the appropriate electrical infrastructure.

## 5. CLINICAL SERVICES

- The demand on acute hospital services continued to be high throughout September. A combination of high patient demand and acuity, high hospital medical bed utilisation resulting in medical outliers into surgical beds, ICU nursing vacancies, ICU model of care change earlier in the year, adverse weather halting some transfers and our inability to refer to tertiary ICUs due to their high capacity resulted in a very pressured system. Also one of our key diagnostic machines, CTs on both sites, failed at the same time during the month which further pressured the system.
- Staff are to be commended for their leadership during this time and their pragmatic approach e.g. extending shift length, working greater than employed hours as this enabled our patients to receive safe care. Nursing staff from Wairau travelled across to support the Nelson team which was much appreciated.

## 6. MENTAL HEALTH & ADDICTIONS

- Credentialing for practice nurses is underway with seven 7 participants in Wairau and 18 in Nelson. The uptake of this programme has been very successful. The programme is being delivered in partnership with the PHOs and staff from both specialist services and primary care are involved in the delivery. The programme was developed in Northland with expansion into many DHBs in the North Island. NMH is the first South Island DHB to pick this programme up.

### 6.1 Activity – Specialist

	Last Three Months			Year to Date	Year End 16/17
	Jul-17	Aug-17	Sep-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	22	31	34	29	30
Inpatient Acute LOS (days)	17.48	12.78	13.70	14.7	15.5
Inpatient Seclusion Use (hours)	137.1	422.4	343.1	300.9	80.4
Inpatient Seclusion Client Count	6	9	14	10	3
Community Crisis Contacts ***	114	101	56	90	160
People Seen In Month **	1720	0	0	1720	1938
Psychogeriatric IP Admissions	4	6	7	5.7	8.3
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	108.7%	85.8%	82.7%	92.4%	88.0%

\* N/A - figures not available at time of report completion, \*\* Change in data collection / reporting metric (no prior years data)

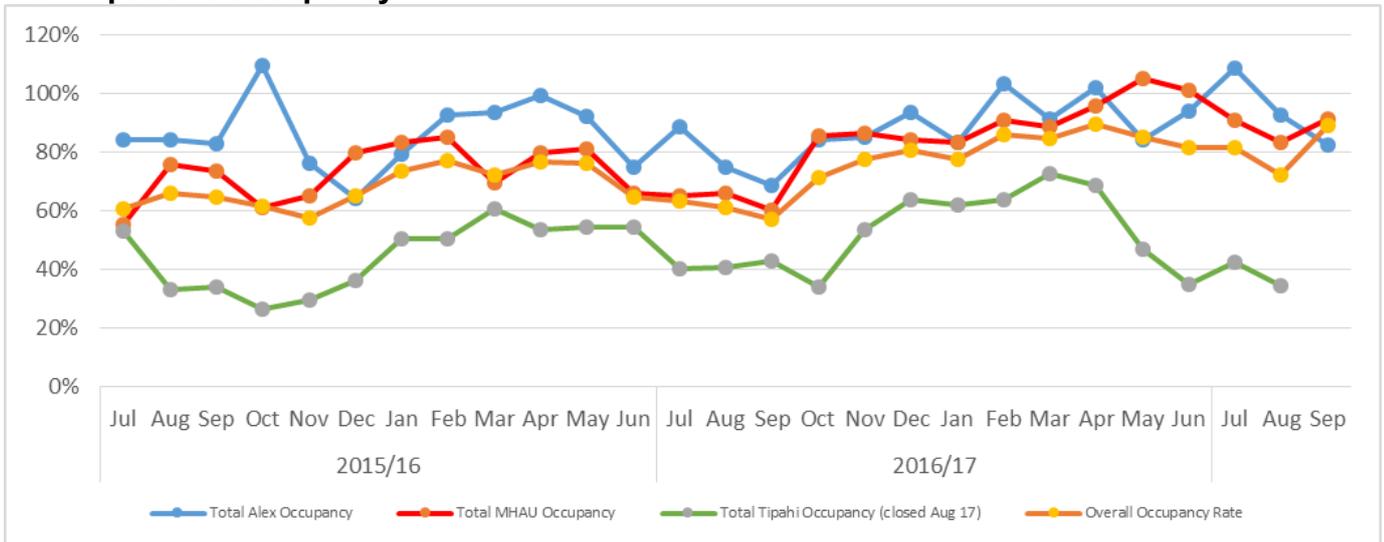
\*\*\* Provisional figures only (due to timing), may change once all data has been received and loaded.

### 6.2 Activity – NGO

Service	Last Three Months			Year to Date	Year End 16/17
	Jul-17	Aug-17	Sep-17	Monthly Average	Monthly Average
Emerge	24	20	24	23	27
Gateway Housing Trust	145	188	202	178	183
MHSS	35	35	35	35	35
Te Whare Mahana	43	44	44	44	39
Te Ara Mahi	91	93	113	99	90
Health Action Trust (Kotuku)	22	21	18	20	19
Care Marlborough - day activity (average clients per day)	14	14	14	14	15
The White House (average clients per day)	17	18	17	17	13
SF Nelson (contact hours)	94	74	88	85	83
SF Blenheim (contact hours)	125	132	127	128	98
St. Marks	46	36	46	43	42
Te Piki Oranga	315	351	357	341	290

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

### 6.3 Inpatient Occupancy

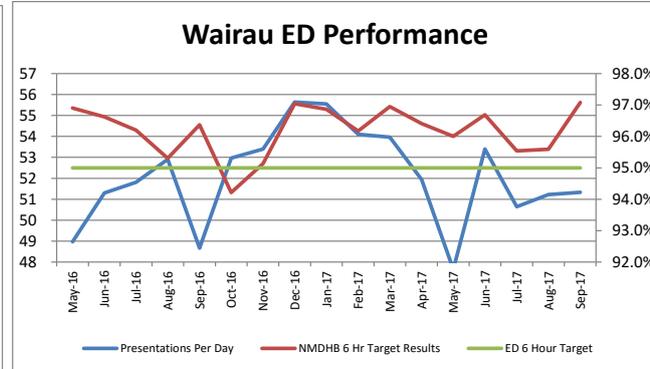
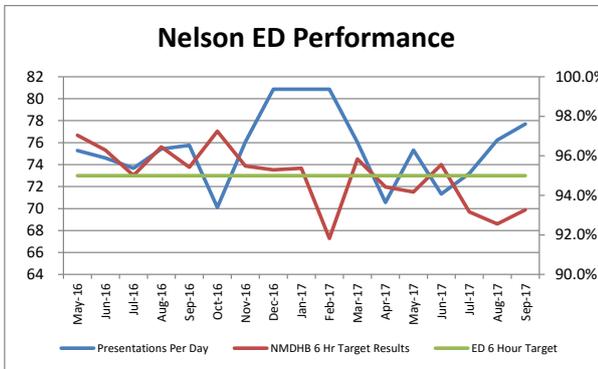
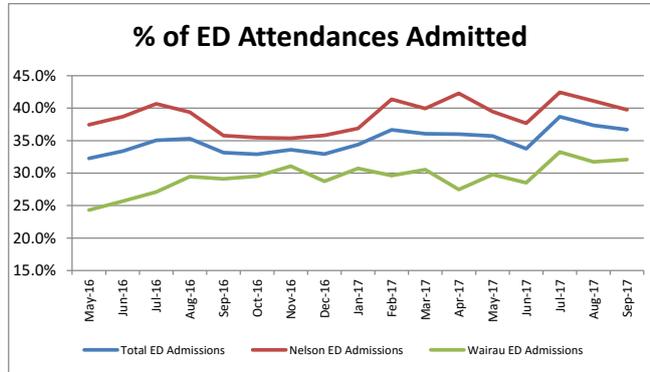
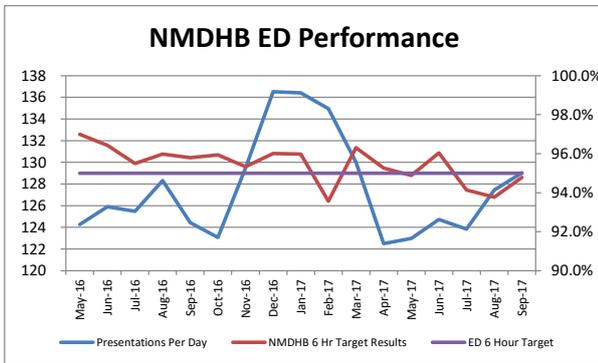


## 6.4 Disability Support Services

Disability Support Services (DSS)		Current September 2017				YTD September 17	
<i>Contracted Services</i>		ID	PD	LTCH	Total	YTD Total	
Service provided	Current Moh Contract	As per Contracts at month end	167	17		184	
	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		13	14	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	
	Beds – Individual CYF		2			2	
		Residential contracts - Actual at month end	181	20	13	214	
	<i>Number of people supported</i>						
	Total number of people supported	Residential service users - Actual at month end	181	20	13	214	
		Respite service users - Actual at month end	1	2		3	
		Personal cares service users - Actual at month end	0	1		1	
		Total number of people supported	182	23	13	218	
	Total Available Beds - Service wide	Count of ALL bedrooms	231				
		Total available bed days	6,930				21,190
	Total Occupied Bed days	Actual for full month - includes respite	6,443				19,661
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	93.0%				92.8%
		Last month	Current month	Variance			
	Total number of people supported	217	218	1	Increase		
Referrals	Total referrals	14	11				
	New Referrals in the month	4	4				
Of above total referrals	Transitioning to service	3	2				
	On Waiting List	11	9				
Vacant Beds at End of month		17	13				
	Less people transitioning to service	- 3	- 2				
	Vacant Beds	14	11				

## 7. PERFORMANCE INFORMATION

### 7.1 Shorter Stays in Emergency Department



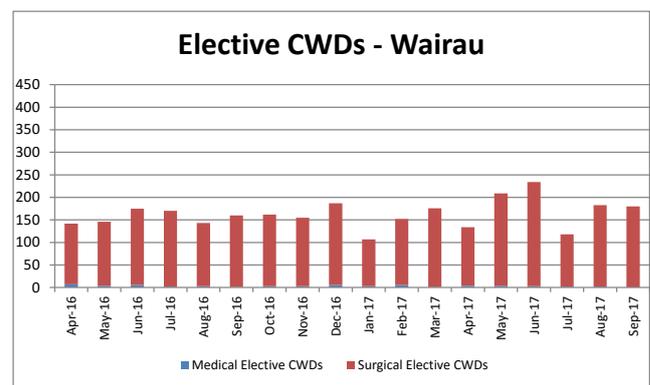
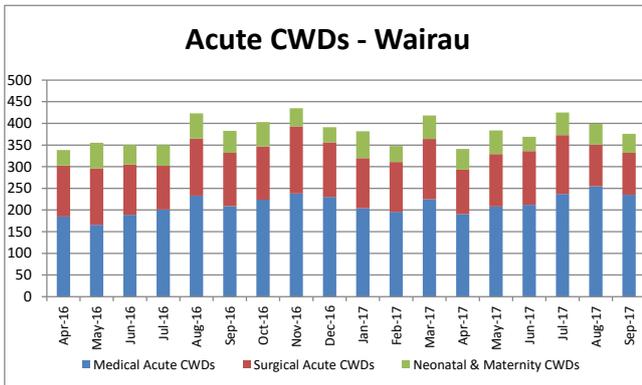
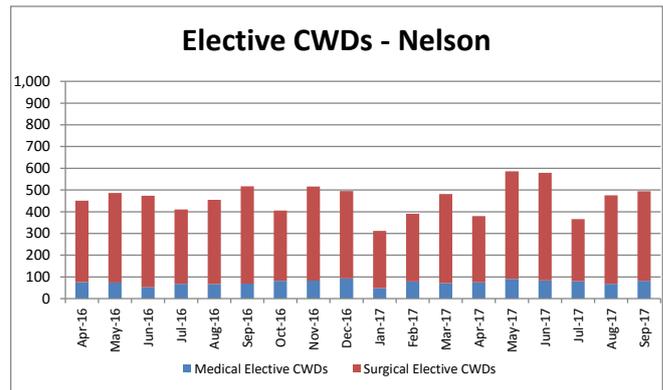
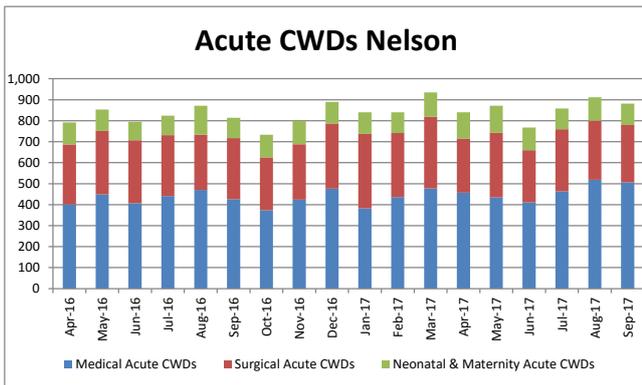
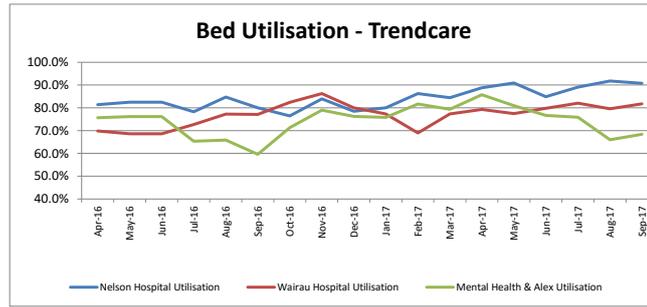
#### Length of stay target for past 3 months

	July 2017		August 2017		September 2017	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
<b>Nelson</b>	2,263	2,111 93.28%	2,322	2,142 92.25%	2,407	2,242 93.14%
<b>Wairau</b>	1,571	1,500 95.48%	1,547	1,474 95.25%	1,585	1,474 97.16%

#### BREACH ANALYSIS – Nelson

Primary reason:	Feb	Mar	April	May	June	July	Aug	Sept
ED demand>capacity	11	2	6	3	1	3	7	6
Prolonged observation required	40	27	36	31	33	56	43	44
Waiting for radiology	6	6	5	7	5	6	7	5
Waiting for ward bed	42	18	30	38	11	33	37	33
Waiting for ward team	68	30	24	37	31	41	69	54
Transfer other hospital	4	0	3	2	2	3	7	0
Waiting for transport	4	7	4	2	3	8	4	4
Other/unknown	9	3	4	7	7	2	5	3
Waiting for MCT	8	8	2	6	5	4	4	7
<b>Number breaches:</b>	<b>192</b>	<b>101</b>	<b>114</b>	<b>133</b>	<b>98</b>	<b>156</b>	<b>183</b>	<b>156</b>

## 7.2 Hospital Occupancy / Acute Demand



### 7.3 Elective / Acute Arranged Services

At the end of August, NMH is below plan by 33 discharges for MOH requirements for elective surgery, with the number of elective surgical procedures at 97.4% of the Health Target for 2016/17 (1,221 discharges delivered against a plan of 1,254).

The DHB was compliant in August for ESPI 2 (wait time for FSA), and non compliant for ESPI 5 (wait time for elective surgery).

## 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	1,018	1,013	-5	<b>7,533</b>
Elective non-surgical PUC	27	27	0	
Arranged surgical PUC	195	169	-26	
Arranged non-surgical PUC	14	12	-2	
<b>YTD Health Target</b>	<b>1,254</b>	<b>1,221</b>	<b>-33</b>	<b>97.4 %</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>				

### MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016			2016			2016			2016			2017			2017			2017			2017			2017			2017								
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	Level	Status %	Imp. Req.																																	
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	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	16 of 21	76.2%	3	21 of 21	100.0%	0	20 of 21	95.2%	1	17 of 21	81.0%	4
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	26	0.7%	-26	11	0.3%	-11
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.	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	50	3.5%	-50	47	3.3%	-47	14	1.0%	-14	16	1.1%	-16	36	2.4%	-36	31	2.1%	-31	13	0.9%	-13	41	2.7%	-41	37	2.4%	-37
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.	551	100.0%	0	526	100.0%	0	627	100.0%	0	534	100.0%	0	455	99.8%	1	592	100.0%	0	725	100.0%	0	563	100.0%	0	717	100.0%	0	614	100.0%	0	512	100.0%	0	629	100.0%	0

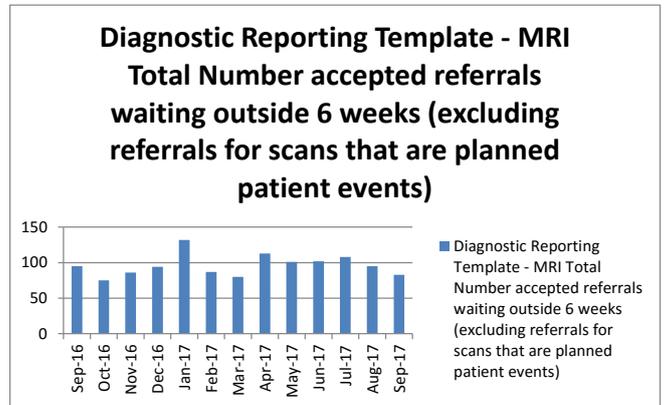
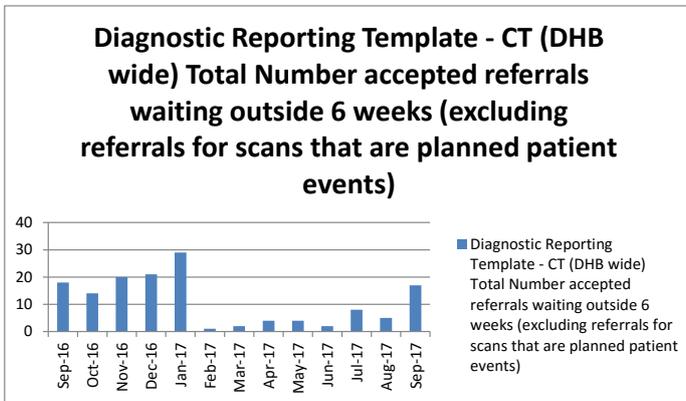
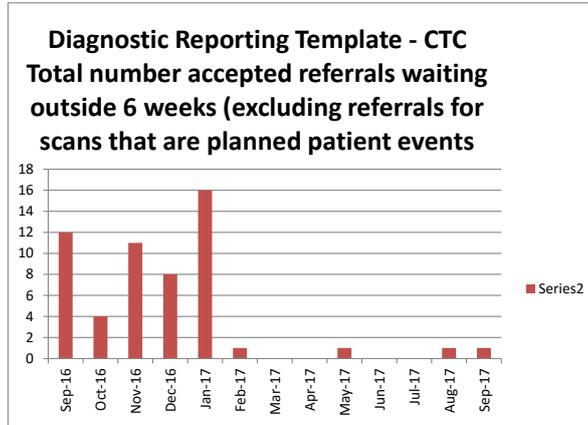
Data Warehouse Refresh Date: 29/Sep/2017  
Report Run Date: 02/Oct/2017

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' status for ESPI 1 is temporarily removed for the 2016/17 and 2017/18 years so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.  
 5. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.  
 6. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 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@mo.govt.nz](mailto:elective_services@mo.govt.nz)).

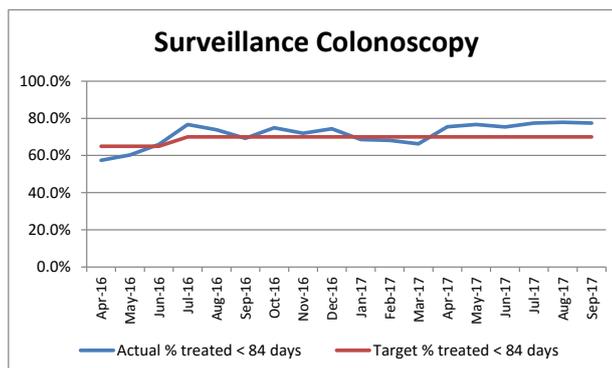
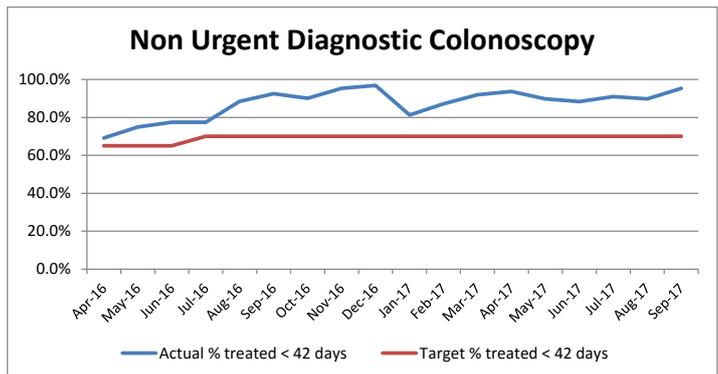
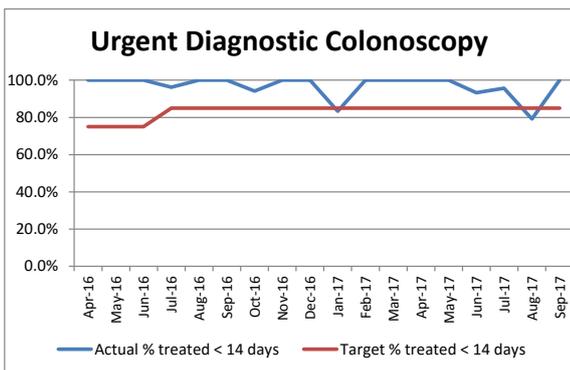
### 7.4 Theatre Cancellations

Due to a technical fault, the theatre cancellation data is not available this month.

### 7.5 Enhanced Access to Diagnostics



### 7.6 Improving Diagnostic Waiting Times – Colonoscopy



## 7.7 Faster Cancer Treatment – Oncology

FCT Monthly Report - September 2017						Reporting Month: Aug 2017 - Quarter 1 2017-2018					
As at 29/09/2017											
62 Day Indicator Records											
<b>TARGET SUMMARY</b>											
<b>Completed Records</b>											
	Sep -2017 (in progress)		Aug-17		Jul-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	76%	24%	79%	21%	88%	13%	82%	#DIV/0!	86%	14%	
Number of Records	13	4	27	7	28	4	68	15	313	51	
Total Number of Records	17		34		32		83		364		
90% of patients had their 1st treatment within: # days(from July incl Qtr 1 figures) 85% for remainder of periods incl year to date	76		69		65		74		62		

Delay Code 62 Break Down	Sep 2017 (in progress)	Aug 17	Jul 17
01 - Patient Reason (chose to delay)	1	0	1
02 - Clinical Reasons (co-morbidities)	2	4	3
03 - Capacity Constraints	1	3	0

Quarter 4		Previous Year (2016)	
Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
89%	11%	81%	19%
88	11	249	58
99		307	
63		63	

YEAR TO DATE						Ethnicity					
Tumour Stream	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records		% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS			#DIV/0!		0	african	100%	1		0	1
Breast	96%	70	4%	3	73	asian not further defined	100%	1	0%	0	1
Gynaecological	90%	19	10%	2	21	don't know		0		0	0
Haematological	90%	18	10%	2	20	european not further defined	83%	10	17%	2	12
Head & Neck	82%	23	18%	5	28	indian		0	100%	1	1
Lower Gastrointestinal	85%	39	15%	7	46	not stated	100%	2	0%	0	2
Lung	58%	26	42%	19	45	nz european	88%	273	13%	39	312
Other	67%	2	33%	1	3	nz maori	50%	5	50%	5	10
Sarcoma	0%	0	100%	1	1	other asian	100%	1	0%	0	1
Skin	95%	80	5%	4	84	other ethnicity		0	100%	1	1
Upper Gastrointestinal	83%	10	17%	2	12	other european	85%	17	15%	3	20
Urological	83%	24	17%	5	29	response unidentifiable	100%	1	0%	0	1
Blank	100%	2	0%	0	2	samoan	100%	1	0%	0	1
All Streams	86%	313	14%	51	364	southeast asian	100%	1	0%	0	1
						Grand Total	86%	313	14%	51	364

## 8. MĀORI HEALTH

### 8.1 Poutama Māori Model of Care Mental Health & Addictions

An integrated Māori Model of Care (Mental Health and Addictions) Poutama has been developed.

The development of Poutama was based on a workshop held some months ago. This wider workshop group has been replaced by a working group which is smaller and will work together to further progress the integrated Māori Model of Care concept.

## 9. CLINICAL GOVERNANCE

### 9.1 Quality & Safety Measures

The preliminary results are available for Q2 of the 2017 calendar year. Noted below are results for NMDHB. The full report is available online on the HQ&SC website.

For falls, our assessment rate for those needing to be assessed for their falls risk has remained high, while our preparation of falls plans for those assessed as being at risk of falling has improved. In the quarter there were two in-hospital falls resulting in hip fractures (Figure QSM.1).

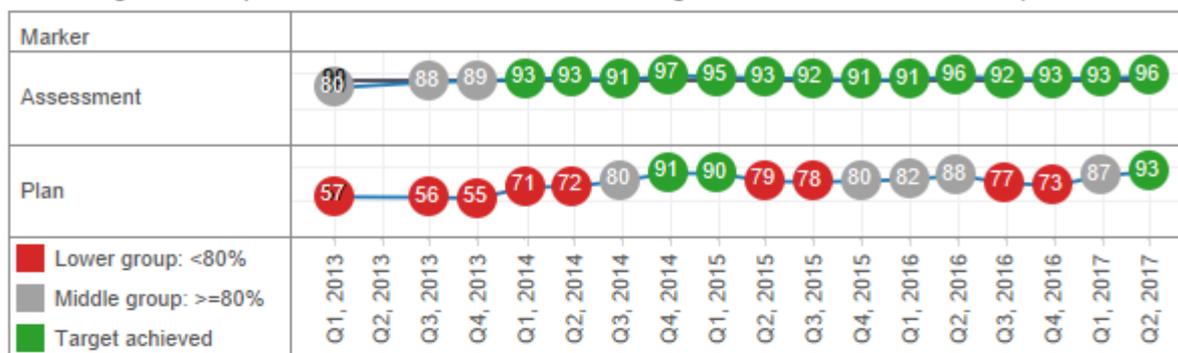
Hand hygiene compliance rates have remained relatively stable around the target value of 80% (Figure QSM.2).

Correct antibiotic use was high, although it is noted that for the first quarter since Q2 2014 we did not achieve the 95% target for hip and knee arthroplasty antibiotic use (Figure QSM.3).

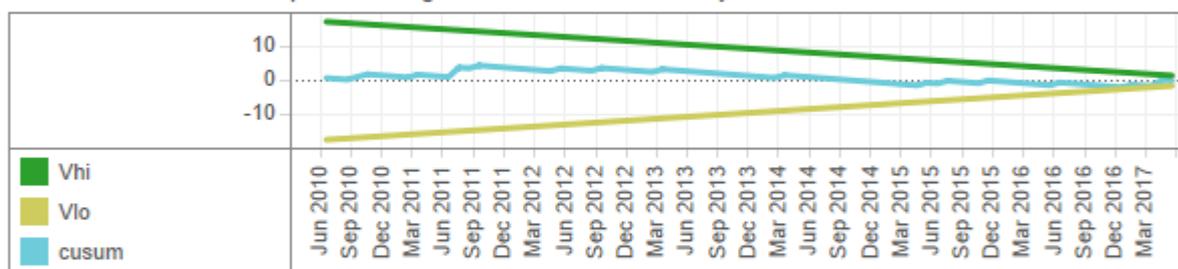
Our compliance rates for the safe surgery checklists at Sign In, Time Out, and Sign Out have increased to rates over 90%, and although these fall short of the 100% target, two of the checklist targets were in the 80% range in the previous quarter (Figure QSM.4).

**Figure QSM.1. Nelson Marlborough Health’s performance to QSM falls targets, Q2 2017**

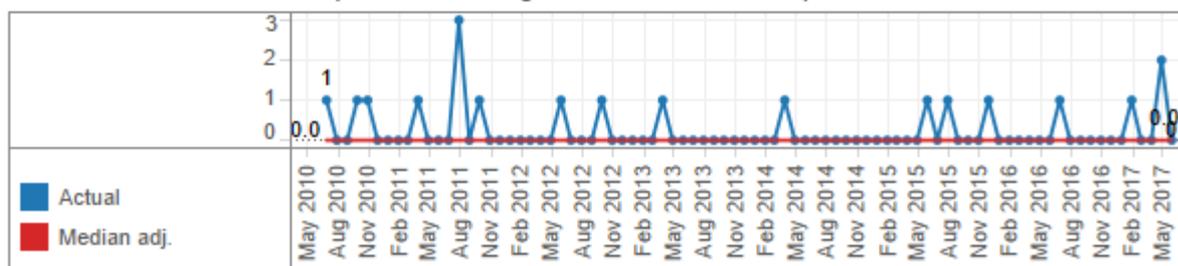
Percentage of older patients assessed for the risk of falling and with individualised care plan



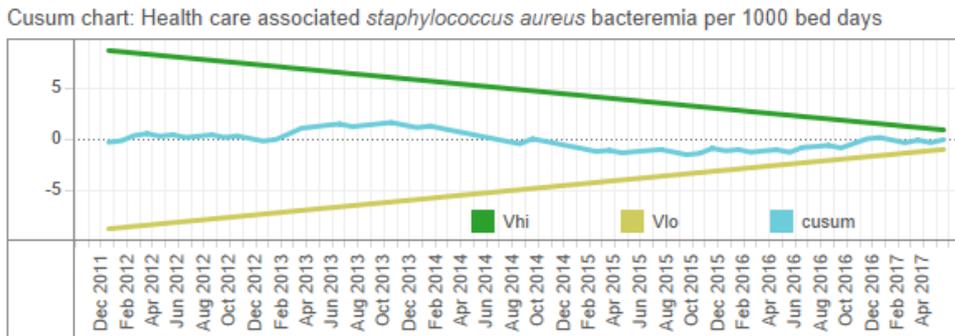
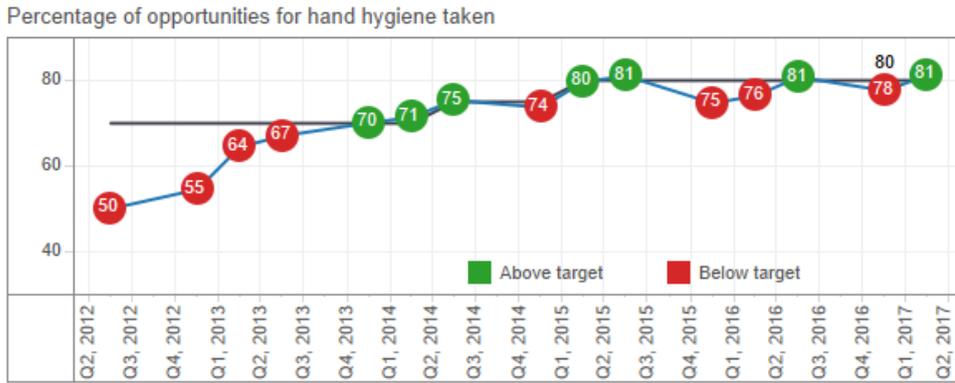
Cusum chart: Fall in hospital causing fracture neck of femur by month



Run chart: Number of in hospital falls causing fracture neck of femur per month



**Figure QSM.2. Nelson Marlborough Health’s performance to QSM targets for hand hygiene, Q2 2017**

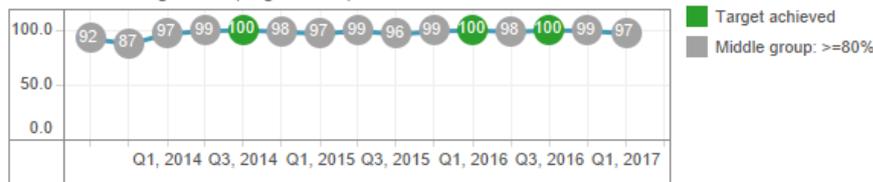


Hand hygiene national compliance data is reported on three times every year, therefore no data point is shown specifically for quarter 4 in any calendar year.

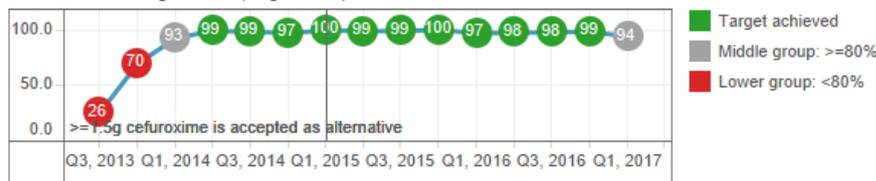
**Figure QSM.3. Nelson Marlborough Health’s performance to QSM targets for surgical site infections, Q1 2017**

## Nelson Marlborough DHB

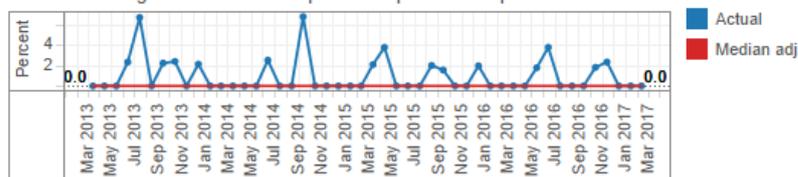
Percentage of hip and knee arthroplasty primary procedures were given an antibiotic in the right time (target 100%)



Percentage of hip and knee arthroplasty procedures were given right antibiotic in the right dose (target 95%)



Run chart: Surgical site infections per 100 hip and knee procedures



Skin preparation process marker is no longer reported since July - September quarter 2016.

Figure QSM.4. Nelson Marlborough Health’s performance to QSM targets for safe surgery checklists, Q2 2017

# Nelson Marlborough DHB

Observations: number of observational audits carried out (target 50 per 3 months)

	Sign in	Time out	Sign out
Observed (target 50)	56	60	51

Uptake: percentage of observed operations where checklist was completed (target 100%)

	Sign in	Time out	Sign out
Uptake	51	57	50
Uptake % (target 100%)	91%	95%	98%

Engagement: percentage of observed stages with scores of 5, 6 or 7 (target 95%)

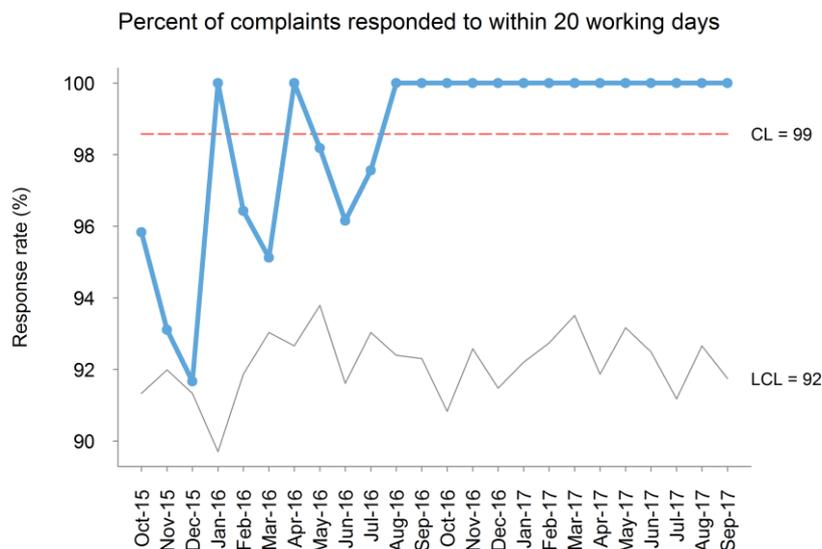
	Sign in	Time out	Sign out
Engagement score 5+ % (target 95%)	65%	96%	82%

- Target achieved
- Middle group: 75% to less than target
- Lower group: <75%
- Observations less than 50

## 9.2 Service User Compliments and Complaints

### 9.2.1 Complaints

There were 27 complaints received for September compared to 36 the previous month. The graph below shows the number of complaints responded to within 20 working days over the past two years.



**9.2.2 Compliments**

Approximately 43 compliments were received in September across the services, including some referring to the more challenging areas such as Mental Health and hospital food services.

**10. HUMAN RESOURCES**

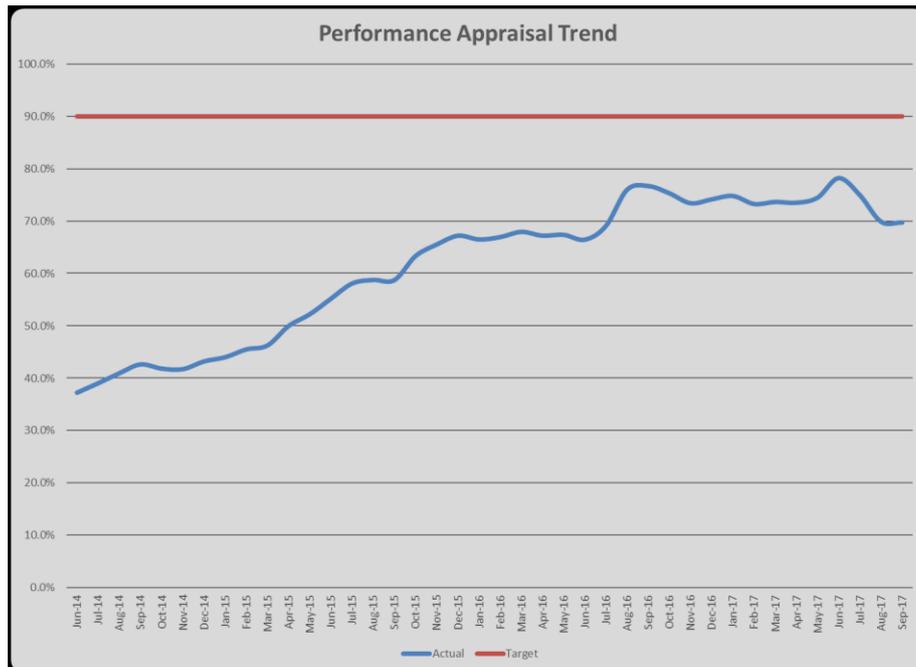
**10.1 Activity**

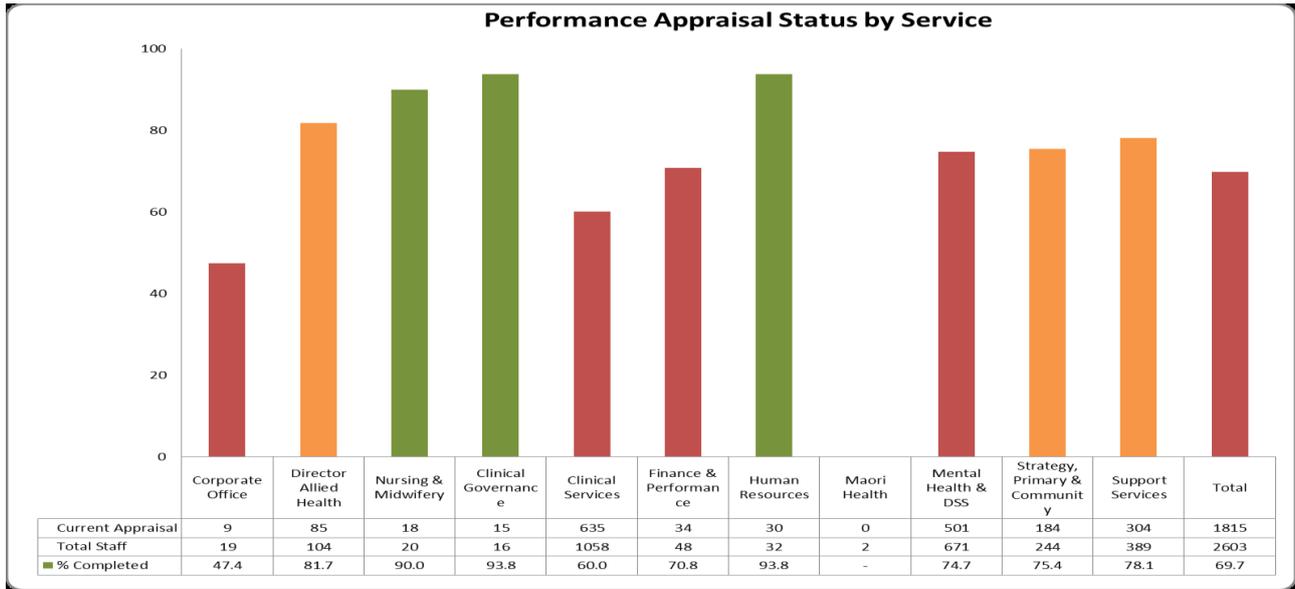
Learning sessions provided by the L&D team members during the month are as follows:

Course Name	Participants
Warm Welcome: Nelson	22
Warm Welcome: Wairau	11
Introduction to Building Respect (co facilitation with Ros Pochin)	4
Team Effectiveness (Paediatric team district wide)	12
Intercultural Communication & Awareness	9
Time for Change (co facilitation with Clinical Governance)	17
Courageous Conversations (Nelson & Wairau)	6
SCBU study day – ‘Many Nurses: One Team’	12
Management Series, Conducting Effective Performance Appraisals	4

**10.2 Performance Appraisals**

We have not increased from last month’s result of 69% of staff with a current appraisal, and focus is needed to improve in this area.





Eric Sinclair  
**ACTING CHIEF EXECUTIVE**

**RECOMMENDATION:**

**THAT THE ACTING CHIEF EXECUTIVE’S REPORT BE RECEIVED**