
MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 17 October 2018
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

Winter has passed and generally our health system escaped the impact of influenza across our community. We can be very thankful for this, and hopefully this in part reflects the focus on seeing our community and staff well immunized for flu, with a special target to vulnerable populations.

The Medical Admission Planning Unit (MAPU) trial has finished. This initiative is currently being evaluated but it is clear that the additional beds were certainly needed over the winter season to ensure good patient flow through the hospital, and patients being placed in the most appropriate ward settings. We will need to identify additional bed capacity over the next two to five years to ensure we can accommodate the rise in acute demand, especially as the percentage of older persons rises in our community, as we await a new Nelson Hospital build.

The Models of Care team is full steam ahead. I am really encouraged to see lots of transformative initiatives emerging across the various workstreams. We need to support and resource these to ensure we are trialing initiatives that hopefully shape the way care is delivered in the future.

This is our most crucial piece work. Alongside this, and in partnership with the Models of Care work, is the specific preparation of the business case to support the build of Nelson Hospital. This too is a significant piece of work with considerable time pressure. The challenge is to ensure we are building a hospital that will support the future models of care of Nelson Marlborough Health – and not simply repeat the designs of old.

Some days the business of health can seem too hard. Other days it is inspiring – particularly as you hear patient stories and observe the brilliance, compassion and dedication of our clinical teams. We are charged with delivering the best health care we can for our community, but the challenges are many – rising demand, constrained resources and greater complexity to name but three. I am convinced though that we can succeed if we keep working together, with everyone fully engaged and working together on how we find solutions to our many challenges. We will fail if we do not engage, stop listening to one another, do not collaborate, and hide away in our health “silos”. Great health care delivery comes when we bring our ideas and energy to the table and work collaboratively with one another.

2. PRIMARY & COMMUNITY

- Feedback on the draft Annual Plan 2018-19 has been received from the Ministry of Health. Most of the plan has been approved, and the remaining areas were approved with 'technical issues'. As sections of the Plan have been amended to reflect the feedback, these sections have been resubmitted to the Ministry and approved. Planning for the 2019-20 Annual Plan commenced with a CPHAC/DiSAC

workshop during September. The Board confirmed the need to balance illness prevention with treatment, continue cross-sector partnership working, and continue to invest in priorities, the Models of Care programme and the Indicative Business Case.

- The Models of Care programme is progressing well and has identified emerging themes and initiatives. These are being aligned with work being undertaken by the IBC team. The focus will be on gleaning hospital departmental feedback and five strategic issues. Action plans will be developed for the initiatives to provide confidence that these are progressing. Telehealth funding has been approved by the Care Foundation.
- The Health Care Home, Tranche One EOI has been completed with five General Practices selected and planning underway for co-design activity.
- In Murchison, the Cornerstone accreditation site visit went well with only minor issues noted.
- Health and Nutrition activities include a draft proposal for the Mako rugby team for NMH to replace Coca Cola sponsorship and provide a water kit including reusable drink bottles.
- After collaborating with the Heart Foundation and the Libelle Group (who manage all Marlborough high schools, plus Nayland College and Garin College canteens), a new menu has been launched. It is planned to roll out the new menu across 60 school canteens nation-wide in term one 2019.
- All 28 current pharmacies met the September deadline to sign up to the new contract Integrated Community Pharmacy Services Agreement (ICPSA) which replaces the previous Community Pharmacy Services Agreement (CPSA) and takes effect 1 October 2018.
- MOH management of Mental Health & Addictions Pay Equity is now extended to 1 December instead of 1 October 2018.
- The Ministry has requested NMH delay the decision process about the Support/Residential Services procurement until after the Inquiry into Mental Health & Addictions has been released and considered.
- Success with the employer smoking cessation group with 13 of the 14 participants from one business successfully quitting, and management increasingly positive of staff wellbeing and results. A number of businesses are now starting their second groups after further employees have expressed interest from seeing the results from the initial groups.
- Public Health has led the re-establishment of the Nelson-Tasman Active Transport Forum. It was well attended by senior staff from various agencies/organisations. The focus is on promoting active transport infrastructure and behaviour change initiative, and to create support and linkages for existing projects by member organisations.
- Health Protection, Health Promotion and Public Health Nurses are supporting the Hauora Direct initiative at the Blenheim Emergency Housing Transition Housing Service (BETHS) initially with screening health checks, B4 school checks, immunisation, smoking, hearing and vision, social services and Health & Safety and Infection Control.
- A Community Oral Health Service promotion was held at the Canvastown and Rural Schools Cross Country / Water Stand. It provided a good platform and opportunity for enrolments and information sharing.
- A highlight this month is the opening of the Nelson Intermediate School's bike track. This is a fantastic school and community resource.
- The new Interpreter Service has been implemented with 18 interpreters and six language aides now available, covering 13 languages.

- The GPSI skin lesions service is showing good results, with some minor improvements possible around how the contract and operations are structured. There is opportunity to shift a further 340 per year to primary care.
- The Stroke Workstream Steering Group have committed to the delivery of a NMH specific stroke education day delivered separately in Nelson and Blenheim across two days.
- For Health Pathways the website access in September was 1,303 users with 7,559 sessions across all pathways. Since go-live 24 nurses have completed the Standing Order Introductory module, with a further four in progress.
- We are currently advertising for a Suicide Prevention Coordinator.
- Individualised Work Placement Support (IPS) pilot has now started in Blenheim with two Te Ara Mahi employees now working from Witherlea.
- Reports have been completed for 28 of 35 water supplies that were audited for the national Review of Drinking Water Quality. The remainder are on target for the deadline of 9 October. Explanations have been requested where the supplier has not achieved compliance. Under new criteria from the Ministry of Health they will also be referred to a designated officer within the Public Health Service to see if further action is needed under the Health Act.
- Commissioning of the new Seddon Drinking Water Treatment Plant is well underway. This 3-month process will train Marlborough District Council staff to operate the plant and ensure the system works effectively before water is supplied to the community.
- The Marlborough Violence Intervention Project (MVIP) has begun a training programme for workplace champions, so they are available for colleagues to talk about domestic violence, and where to get help from. A further agreement is being signed with the local Speedway to continue promotion messages and a presence at the Speedway which can have 1500-7000 people attending at night. This will be completed in conjunction with local netball with another sign being put up at the courts saying “Integrity is doing the right thing even when no-one is watching”.
- Aged Related Residential Care beds remain available at rest home, continuing care and D3, while D6 remains full. A recent Nelson Tasman ARRC forum was well attended by providers, OPMH, Hospice and Nursing team members.
- A Palliative Care meeting with the Clinical Services Management Group was held to discuss the incoming Palliative In Reach service, including support for service development and the mandate to work with the ADON Nelson on confirming a role and associated job requirements.

3. CLINICAL SERVICES

- The increase of 27 cases of influenza presented in September, following very few admissions in July and August, impacted on admissions for a short period of time, but has now resettled.
- NETP/NESP continues to increase the Maori workforce uptake and more placements in Mental Health with the aim of 7 in the new programme commencing February 2019.
- *CCDM/SSHW Progress*
The CCDM Council made up of NMH/NZNO/SSHW continues to work through the process of allocation of the 2% short term interim funding that has been made available as part of the MECA settlement.

The 2018/2019 Work plan has been completed and will be forwarded to SSHW Governance group along with the final FTE analysis worksheet by the end of the third week in October. Once this is approved it will go to the Chief Nurse for sign off at which point the allocated positions will commence with release of the funding.

Below is the proposed allocation of the current available FTE as at 12 October 2018.

Interim Plan		
		Allocated FTE
Ward 9		
RNs	1-7 days	1.7
Ward 10		
RNs	1-7 days	1.7
Medical unit		
RNs	1-7 days	1.7
HCA's	1 per shift	5.1
ED		
HCA	1 per shift	1.7
Nelson Resource DNM		
RNs	1-7 days (am and pm)	3.4
Wairau Resource DNM		
RNs	1-5 days	1.2
District Nursing		
EN	1-7 days	0.7
CCDM VRM Resource NN		
RNs	1-7 days	4.8

Breakdown of Allocation	
RNs	14.50
ENs	0.7
HCA's	6.8
TOTAL	22.00

4. MENTAL HEALTH & ADDICTIONS AND DSS

4.1 Integration Programme

We are planning for the next primary care credentialing programme aiming to begin next month. There are 17 nurses signed up for the programme and many of the secondary staff are giving time to the programme.

The service has identified three focus areas for education applicable for staff right across the service. They are Trauma Informed Care, Brief intervention and SPEC (Safe Practice Effective Communication). Trauma Informed Care began this month and has been very well received by all who attended. It provides staff with appreciation for the high prevalence of traumatic experiences in people who receive mental health and addictions service, and tools to approach this in order to promote resilience.

4.2 High and Complex Needs

The GM MHA&DSS has liaised with NASC and Mental Health teams around those people who require a flexible approach to better meet their needs across mental health and physical

health. There are currently six individuals identified, and these have been provided to the MOH in order to receive guidance on how to approach meeting their needs in an integrated way.

4.3 Mental Health Inquiry

The Health Minister has announced the government Inquiry into Mental Health Services has been granted a short extension, and will report back by 30 November.

4.4 Mental Health Admissions Unit

Average occupancy settled at around 24, which has eased the pressure. A few events of damage occurred which have been repaired.

	August	September
Admissions		
• Adult	23	27
• Youth	0	0
Discharges		
• Adult	29	30
• Youth	0	0

4.5 Child & Adolescent Mental Health Service (CAMHS)

We continue to meet with Resource Teacher: Learning and Behaviour (RTLB) and Ministry of Education for our agency collaboration meetings where we are able to share updates. We are focussed on how we can work more closely together based on identified trends of mental health needs in schools, and the role that CAMHS may play in the future to provide support and consultation roles to target these groups.

We continue to work closely with Paediatrics on joint assessments and the ongoing development of child and infant mental health service provision within CAMHS.

Our waitlist continues to remain reasonably steady, however we anticipate that it may increase over the next few months whilst we recruit to vacancies.

	Nelson/Tasman		Wairau	
	August	September	August	September
Referrals	84	78	41	38
Waitlist	23	27	41	51
Discharges	45	88	0	16
Redirected to TPO	6	2	2	4
Redirected to other Agencies	18	22	16	7

4.6 Community Assessment Team (CAT)

Fortnightly meetings continue with Home Care Medical. CAMHS are becoming involved in this process now, with the transition being managed exceptionally well by both CAT teams in Nelson and Blenheim.

4.7 Older Persons (Alexandra Hospital)

The number of patients waiting for D6 beds now sits at 4, with the average waiting time being 80 days.

	July	August	September
Bed Occupancy	100%	90%	71%
Admissions	3	4	3
Discharges	4	5	5
# Waiting for D6 Beds (dementia)	6	4	5

4.8 Addictions Service

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep
Referrals	84	67	29	34	11	21	12	6
Court Reports	0	12	5	12	0	0	0	0

4.9 Marlborough Adult Mental Health

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

4.10 Seclusion

	September
Total number of patients	6
Total number of hours	614
Maximum hours in seclusion	120
Minimum hours in seclusion	0.5

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

The Zero Seclusion Project Team continues to work embedding co-design / six core strategies into everyday practice.

The Unit was visited by representatives of HQSC and Te Pou on 10/11 September. The report is yet to be received from this visit, however key recommendations from Te Pou's previous visit have been mostly implemented.

4.11 Top of the South Impact Forum

- **Housing**

A community forum was held recently with more than 80 people from NGOs and community in attendance. Mayor Reece opened the forum, and the GM MHA&DSS provided an overview of the TOSIF to the group. An MSD head official attended to provide an update on recent policy changes in the government affecting and addressing this issue. A world café-style workshop then followed and the comments received are now being collated and themed.

- **Reducing the social harm caused by methamphetamine**

A recent media article profiled the cross sector work that we are undertaking. A key part of the article was outlining the plans to undergo waste water testing in our region. There was also opportunity to update on the work that is occurring in the cross sector group.

- **Youth**

Another work group meeting was held this month, with planning for a youth Hui underway to ensure good feedback is received from young people.

4.12 Disability Support Services

The GM MHA&DSS has written a statement of intent and shared it with Housing NZ to outline our desire to ensure we focus more on wrap around support services and less on being a landlord or managers of properties. We also recently reviewed our housing stock and identified areas and issues with the houses to upgrade. This has also been provided to Housing NZ at their request, and we are awaiting their response.

There were two audits in DSS this month; one with ACC and the other with Standards & Monitoring Service (SAMS). The draft report has not been provided as yet, however verbal reports were positive with some areas of work identified. Health & Safety Leadership training with all team leaders was delivered in conjunction with a contracted expert. Excellent feedback was received with the most common theme being that DSS now has health and safety training specific to the service and the work we do.

Disability Support Services (DSS)		Current August 2018				YTD August 2018	Current September 2018				YTD September
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	163.5	16		179.5		163.5	17		180.5	
Beds – Moh Individual contracts	As per Contracts at month end	9	2		11		9	2		11	
Beds – S&P-Chronic Health Conditions	As per Contracts at month end	1		10	11		1		9	10	
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2		1	1		2	
Beds – Others - CY&F & Mental Health		1.5	1		2.5		1.5	1		2.5	
	Residential contracts - Actual at month end	176	20	10	206	2 deaths/1 transfer to SIL/1 new	176	21	9	206	
Number of people supported											
Total number of people supported	Residential service users - Actual at month end	176	20	10	206		176	21	9	206	
	Respite service users - Actual at month end	2	2		4		2	2		4	
	Child Respite service users - Actual at month end	26			26		28			28	increase 2
	Personal cares/SIL service users - Actual at month end	1	1		2	** increase 1 SIL	1	1		2	
	Total number of people supported	205	23	10	238		207	24	9	240	
Total Available Beds - Service wide	Count of ALL bedrooms	230					230				
	Total available bed days	7,130				14,260	6,900				21,160
Total Occupied Bed days	Actual for full month - includes respite	6,527				13,101	6,277				19,378
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	91.5%				91.9%	91.0%				91.6%
		Last month	Current month	Variance			Last month	Current month	Variance		
	Total number of people supported	239	238	- 1			238	240	2		
Referrals	Total long term residential referrals	8	8				8	7			
Referrals - Child Respite	Child Respite referrals	2	2				2	4			
	New Referrals in the month	1	-				-	8			
Of above total referrals	Transitioning to service	-	-				-	-			
	On Waiting List	8	8				8	7			
Vacant Beds at End of month		11	13				13	13			
	Less people transitioning to service										
	Vacant Beds	11	13				13	13			

5. INFORMATION TECHNOLOGY

- Patientrack is making good progress with a go live date planned for October. The PaBX replacement project is also successfully nearing completion. Titanium upgrade, TrendCare upgrade, Virtual Health pilots, and payroll enhancements have now been initiated with Project Managers assigned.
- The Virtual Health pilots are small initiatives to test capability and provide some proof of concepts that can feed into larger initiatives in time. For example, the RealPresence app that provides the ability to join VCs via your laptop/tablet or phone, has now been properly installed with some stubborn issues resolved. This makes it easier to join established group meetings, or for individual clinicians to potentially access VC endpoints at any time.
- For SI PICS, the next major milestone is CDHB retiring their old PAS (Homer) and going live on SIPICS in October, which is a change from the previous date set for

August. CDHB currently have SIPICS only in Burwood and rural hospitals. Following that, the 18.2 release in November brings improvements including the ability to manage bed requests and transfers to secondary wards.

Project Status

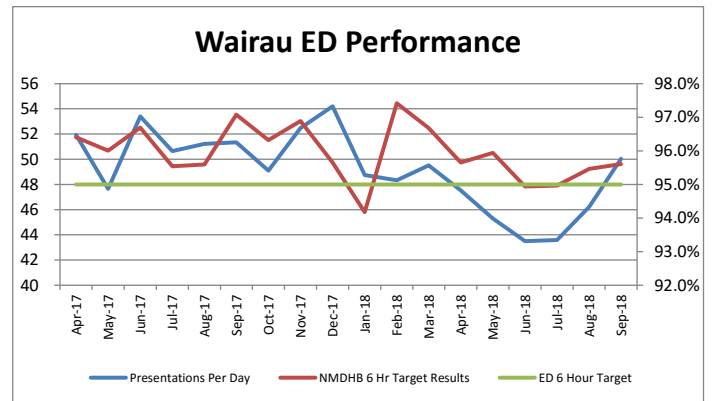
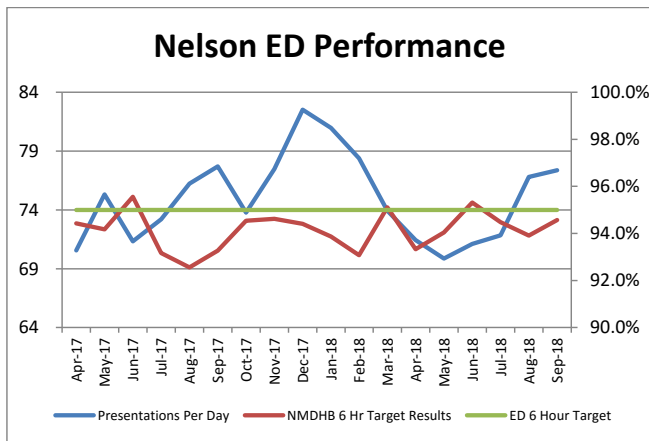
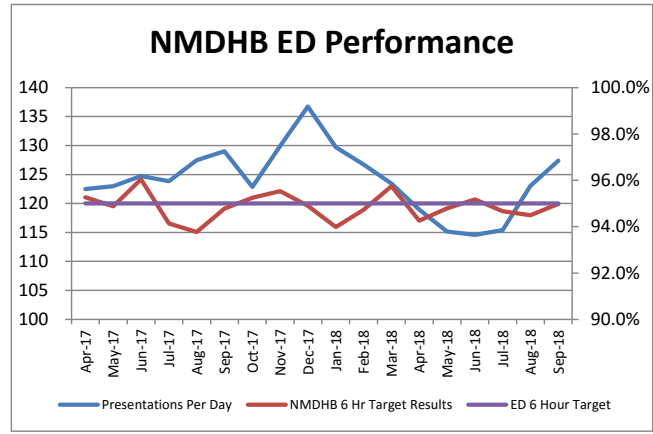
Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
eTriage	Electronic triage of referrals delivered via ERMS	Regional solution now available. Grant Pownall is the PM, and initial planning underway. Pilot go-live of ENT planned for 28 November 2018, dependent on HCS release schedule.	various	May 18	●
eRadiology	Regional project for online ordering and sign-off for Radiology tests and results.	Regional Planning workshop to be held mid-October.	TBC		●
ePharmacy: IPS	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage.	Implementation Planning Study (IPS) to upgrade to regional ePharmacy from local WinDOSE. Still working through IPS documents, with expectation vendor will make a quote late October.	Jul 18	Nov 18	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Version 18.1 was successfully implemented mid-July. CDHB go-live has been rescheduled to the 5 th of October. 18.2 release is tentatively scheduled for 13 th of November.	CDHB: May 18	CDHB: 5 Oct 18	●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Go Live planned for 16 th October, training commenced and no issues identified all environments working well. Work on HCS integration stalled and issues being worked through. Regional governance structure still to be decided.	Jul 18	Oct 18 for pilot.	●
Scanned Medical records	Scanning, indexing and storing online medical records.	System now stabilised, backlog being reduced. FileBound implementation is underway, acceptance testing plan is being defined.	n/a	Nov 18	●
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	RealPresence application now works within firewalls. Small 'use cases' have been selected and testing will continue during September and October. Meetings have been held with Vivid Solutions who are keen to provide enhanced capability as proof of concept work.	n/a		●

Name	Description	Status	Original Due date	Revised due date	
ICT					
Titanium upgrade	Dental Software used by DHB and Community Oral Health	Tom Wheatley assigned as PM. Budget identified. Planning initiated.	TBC		●
IaaS (NIP)	Move all qualified servers and storage from on-site hardware to an off-site managed datacentre.	Stage 2 (to Revera in Christchurch) – on hold by vendor.	Jun 18	Dec 18	●
VDI Upgrade	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	Nov 18	●
Desktop Refresh Deployments	Replacing desktop hardware that is over 4 to 5 years old	This gear has now all been ordered. We are expecting delivery within the next six weeks	Sep 18	May 19	●
District Nurses Tablets	Enables Paper Lite processes including use of HCS, Health One, SIPICS, Patientrack and TrendCare while Mobile out of the office	Laptops and tablets have been trialled with a preference for tablets. Numbers and configurations have now been finalised with Wairau wanting laptops and Nelson Tablets. All the necessary gear has now arrived and installation is underway.	Apr 18	Sep 18	●
PABX & IP Telephony Upgrade	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.	This project has now been completed other than some general tidy up work. A major achievement.	Jul 18	Sep 18	●
Residual Infrastructure Upgrade	Replaces on premise aging server room equipment.	The bulk of the installation has now been completed and servers are in the process of being moved. Completion of this project is expected in the second week of October.	Sep 18	Oct 18	

6. PERFORMANCE INFORMATION

6.1 Shorter Stays in Emergency Department

In September the Nelson Emergency Department achieved 94.6% against a target of 95%, and in Wairau 95.5%.



Length of stay target for past 3 months

	July 2018		August 2018		September 2018	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,227	2,104 95%	2,380	2,236 93.9%	2,321	2,196 94.6%
Wairau	1,351	1,283 95%	1,433	1,368 95.5%	1,433	1,368 95.5%

Emergency Department Nelson

There was a 2.5% decrease in the number of presentations in September 2018 (2,196) from August 2018 (2,380), and similar to September 2017 (2,333).

Emergency Department Wairau

There was no increase in the number of presentations in September 2018 (1,368) from August (1,368).

6.2 Elective / Acute Arranged Services

ESPI 2 was red for the month of September, with 154 patients not being seen within 120 days of referral acceptance.

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

Following the migration to SIPICs we have had ongoing data issues causing the ESPI results to appear Red at Ministry level when internally we have achieved Yellow status.

A discussion has been held with the Ministry of Health regarding these errors and a plan for correction of errors is in place.

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

2018/19 Elective Surgical Discharges (ESD) Delivery

	Year to Date ESD Plan	Year to Date ESD Delivery	Variance from plan	2018/19 Elective Surgical Discharges
Elective surgical PUC	1,004	896	-108	7,575
Elective non-surgical PUC	29	31	2	
Arranged surgical PUC	10	220	210	
Arranged non-surgical PUC	198	14	-184	
YTD Elective Surgical Discharges	1,241	1,161	-80	

'Elective Surgical Discharges' replaces the former 'Electives Health Target' and includes elective and arranged inpatient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical speciality (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.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2017			2017			2017			2017			2018			2018			2018			2018			2018			2018								
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	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.	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	90.5%	2	17 of 21	81.0%	4	0 of 21	0.0%	21	21 of 21	100.0%	0	21 of 21	100.0%	0	21 of 21	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	67	1.3%	-67	72	1.4%	-72	100	2.0%	-100	42	0.8%	-42
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	8	0.1%	-8	7	0.1%	-7	2	0.0%	-2	5	0.1%	-5
5 Patients given a commitment to treatment but not treated within the required timeframe.	18	1.3%	-18	47	3.4%	-47	17	1.3%	-17	18	1.4%	-18	44	3.4%	-44	23	1.8%	-23	19	1.4%	-19	17	1.2%	-17	23	1.8%	-23	68	5.4%	-68	246	18.7%	-246	389	31.6%	-389
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	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	643	100.0%	0	498	100.0%	0	608	100.0%	0	476	100.0%	0	494	100.0%	0	538	100.0%	0	637	99.7%	2	490	99.6%	2	315	92.1%	27	227	89.7%	26	150	58.2%	117	148	57.4%	110

National comparison of DHBs for August 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 (FSA).			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 who were prioritised using approved 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	32 of 33	97.0%	1	35	0.2%	-35	0	0.0%	0	352	5.3%	-352	0	0.0%	0	3119	93.9%	202
Bay of Plenty	23 of 23	100.0%	0	9	0.2%	-9	0	0.0%	0	38	1.3%	-38	0	0.0%	0	722	96.5%	26
Canterbury	28 of 28	100.0%	0	305	3.2%	-305	81	0.5%	-81	141	3.7%	-141	17	9.1%	-17	1641	88.4%	216
Capital and Coast	22 of 23	95.7%	1	17	0.3%	-17	49	0.4%	-49	15	0.6%	-15	1	7.6%	-1	1413	99.6%	6
Counties Manukau	20 of 20	100.0%	0	464	3.9%	-464	121	0.8%	-121	181	5.8%	-181	8	7.6%	-8	1761	84.1%	333
Hawkes Bay	15 of 17	88.2%	2	140	3.6%	-140	0	0.0%	0	340	19.8%	-340	0	0.0%	0	478	82.1%	104
Hutt Valley	16 of 16	100.0%	0	48	1.4%	-48	0	0.0%	0	9	0.7%	-9	0	0.0%	0	719	99.7%	2
Lakes	9 of 16	56.3%	7	47	1.5%	-47	1	0.0%	-1	4	0.5%	-4	0	0.0%	0	478	93.5%	33
MidCentral	23 of 23	100.0%	0	146	8.9%	-146	19	0.3%	-19	731	32.6%	-731	201	51.0%	-201	572	78.6%	156
Nelson Marlborough	21 of 21	100.0%	0	42	0.8%	-42	5	0.1%	-5	389	31.6%	-389	0	0.0%	0	148	57.4%	110
Northland	14 of 15	93.3%	1	49	1.2%	-49	2	0.0%	-2	360	19.0%	-360	0	0.0%	0	625	100.0%	0
South Canterbury	14 of 14	100.0%	0	8	0.4%	-8	0	0.0%	0	27	4.6%	-27	0	0.0%	0	233	100.0%	0
Southern	27 of 27	100.0%	0	695	9.6%	-695	36	0.3%	-36	399	14.3%	-399	7	15.9%	-7	1060	87.6%	150
Tairāwhiti	17 of 17	100.0%	0	489	22.8%	-489	0	0.0%	0	11	2.2%	-11	0	0.0%	0	179	62.4%	108
Taranaki	20 of 21	95.2%	1	118	3.6%	-118	0	0.0%	0	134	8.9%	-134	1	5.0%	-1	995	99.3%	4
Waikato	21 of 27	77.8%	6	33	0.3%	-33	28	0.1%	-28	36	0.7%	-36	3	6.4%	-3	1108	70.0%	474
Wairarapa	14 of 14	100.0%	0	127	16.8%	-127	0	0.0%	0	53	13.4%	-53	0	0.0%	0	111	100.0%	0
Waitemata	20 of 20	100.0%	0	32	0.3%	-32	0	0.0%	0	39	1.8%	-39	0	0.0%	0	1579	100.0%	0
West Coast	18 of 18	100.0%	0	199	17.4%	-199	1	0.1%	-1	7	2.9%	-7	0	0.0%	0	132	100.0%	0
Whanganui	10 of 10	100.0%	0	3	0.3%	-3	0	0.0%	0	76	9.8%	-76	0	0.0%	0	339	100.0%	0
Total:				3,006			343			3,342			238			17012		

6.3 Improving Diagnostic Waiting Times – Colonoscopy

To date there are 297 overdue surveillance colonoscopies.

A plan has been developed and accepted by the MOH to ensure the backlog of colonoscopies are addressed as soon as practical. This will result in having zero overdue follow ups by the beginning of December 2018.

6.4 Faster Cancer Treatment – Oncology

FCT Monthly Report - Sept 2018														Reporting Month: Aug 2018 - Quarter 1 - 2018-2019					
62 Day Indicator Records																		As at 27/09/2018	
TARGET SUMMARY (90%)		Completed Records																	
		Sep -18 (in progress)		Aug-18		Jul-18		Quarter 1 (in progress)		Quarter 4		Financial Year to Date Jul 18-Jun 19		Rolling 12 Months Sep 17-Aug 18		Previous Financial Year (2017-2018)			
Numbers as Reported by MOH (Capacity Constraint delay only)		Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days		
		88%	12%	96%	4%	83%	17%	89%	11%	90%	10%	89%	11%	88%	12%	89%	11%		
Number of Records		15	2	23	1	19	4	57	7	70	8	57	7	276	37	288	35		
Total Number of Records		17		24		23		64		78		64		313		323			
Numbers Including all Delay Codes		83%	17%	72%	28%	68%	32%	73%	27%	86%	14%	73%	27%	80%	20%	83%	17%		
Number of Records		15	3	23	9	19	9	57	21	70	11	57	21	276	68	288	61		
Total Number of Records		18		32		28		78		81		78		344		349			
90% of patients had their 1st treatment within: # days		67		106		77		85		63		85		77		74			
62 Day Delay Code Break Down		Sep-18 (in progress)		Aug-18		Jul-18		Quarter 1 (in progress)		Quarter 4		Financial Year to Date		Rolling 12 Months Sep 17-Aug 18		Previous Fin. Year (2017-2018)			
01 - Patient Reason (chosen to delay)		1		3		1		5		1		5		6		3			
02 - Clinical Cons. (co-morbidities)		0		5		4		9		2		9		25		23			
03 - Capacity Constraints		2		1		4		7		8		7		37		35			
TUMOUR STREAM		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		ETHNICITY											
Rolling 12 Months (Sep 17-Aug 18)		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		Rolling 12 Months (Sep 17-Aug 18)											
Brain/CNS		100%	2	0%	0	2		Chinese											
Breast		95%	41	5%	2	43		0%											
Gynaecological		79%	19	21%	5	24		83%											
Haematological		90%	18	10%	2	20		100%											
Head & Neck		52%	11	48%	10	21		5											
Lower Gastrointestinal		72%	38	28%	15	53		81%											
Lung		73%	24	27%	9	33		229											
Other		40%	2	60%	3	5		61%											
Sarcoma		100%	1	0%	0	1		11											
Skin		96%	77	4%	3	80		39%											
Upper Gastrointestinal		65%	13	35%	7	20		1											
Urological		71%	30	29%	12	42		100%											
Grand Total		80%	276	20%	68	344		Grand Total											
		80%	276	20%	68	344		80%											
		80%	276	20%	68	344		276											
		80%	276	20%	68	344		20%											
		80%	276	20%	68	344		68											
		80%	276	20%	68	344		344											

7. MĀORI HEALTH

7.1 Models of Care Working Towards Equity Workstream

The first workshop for key organisational stakeholders was held on 26 September to discuss the needs of Maori, Pacific, former refugee and low income people. The workshop involved keynote speakers that presented on the issues and challenges for these high priority communities. Following each presentation small group discussions took place to consider solutions to address these issues and challenges. The stakeholders hui was the fourth hui to occur in relation to the Working Towards Equity Workstream associated with the Models of Care programme (the first three hui being community engagement hui held in Franklyn Village, Te Awhina marae in Motueka and at BETH's the Blenheim Emergency Transitional Housing Service).

These workshops will summarise the outcomes from the first hui and will move on to aim at digging deeper into what models of care are in place and working or not working, what needs to be in place, and what is in progress to be put into place that aligns with the need.

7.2 Whare Ora Health Homes

Whare Ora is focused on reducing hospitalisations for those of our tamariki whom have respiratory problems which are the result of living in cold, damp unhealthy homes. The

initiative is by Ambulatory Sensitive Hospitalisation (ASH) rates, as data shows the ASH rates for Maori children are significantly related to respiratory problems and asthma; a result of poverty.

Further home assessments are underway with products being purchased as needed. As the warmer weather arrives there are fewer respiratory admissions, and the problems of cold damp homes are less pressing for families. In addition to monitoring admissions on a weekly basis, the team is reviewing all admissions to Paediatrics over the winter period to ensure that no eligible children and whanau have been missed.

7.3 Advance Care Directives Project “Nga Whakaaro Pono”

The Advance Care Directives initiative is one of the latest Te Waka Hauora projects and seeks to integrate, in the first instance, the option of Advance Care Directives which are in video form for tangatawhaiora/ clients in the area of Mental Health & Addictions.

7.4 Hauora Direct Blenheim

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

In addition to the assessments being undertaken, cervical screening, immunisations, hearing and vision testing, health promotion and education was included. A Quit Smoking Coach was on site providing advice and NRT, a Social Worker attended to liaise directly with WINZ in regard to entitlements, and a representative from the PHO was available to ensure whanau who did not have a GP were able to be enrolled with one.

Post Assessment Day there has been a process of going through each individual assessment to ensure everything has been addressed, along with sending referrals to relevant agencies and following up to ensure they have been received and actioned. There is ongoing work with both PHOs to ensure whanau are enrolled with a GP and able to access primary healthcare. The referrals have been very wide ranging and are evidence of the varied and complex health and social needs the whanau at BETHS have.

7.5 Pacific and Refugees

A presentation to the Top of the South Impact Forum was completed by the GM Maori Health & Vulnerable Populations on Pacific and Refugees. The Forum agreed to support the establishment of a cross sector Action Plan for Pacific peoples and refugees living within the top of the south. The action plan would progress a coordinated approach to Pacific and refugee health and wellbeing in the broadest sense.

7.6 Community Health Day

On Saturday 29 September we had multiple community health services and agencies working together at Victory Community Centre, as part of the Kai Fest, to promote cancer screening and other relevant health services that support the high health needs of our Maori and Pacifica whanau. Cervical screening clinics were set up with thirty women having smears as a result of the promotion. Some women were 6-10 years overdue for their smear, but because of the setting, promotion and activities that surrounded this day they decided to “do it” and get up to date for the sake of their children and whanau.

8. CLINICAL GOVERNANCE

8.1 Service User Complaints

We received 45 complaints in September compared to 38 the previous month. Three new HDC complaints and one coroner’s request were received.

8.2 Health Innovations Awards 2018

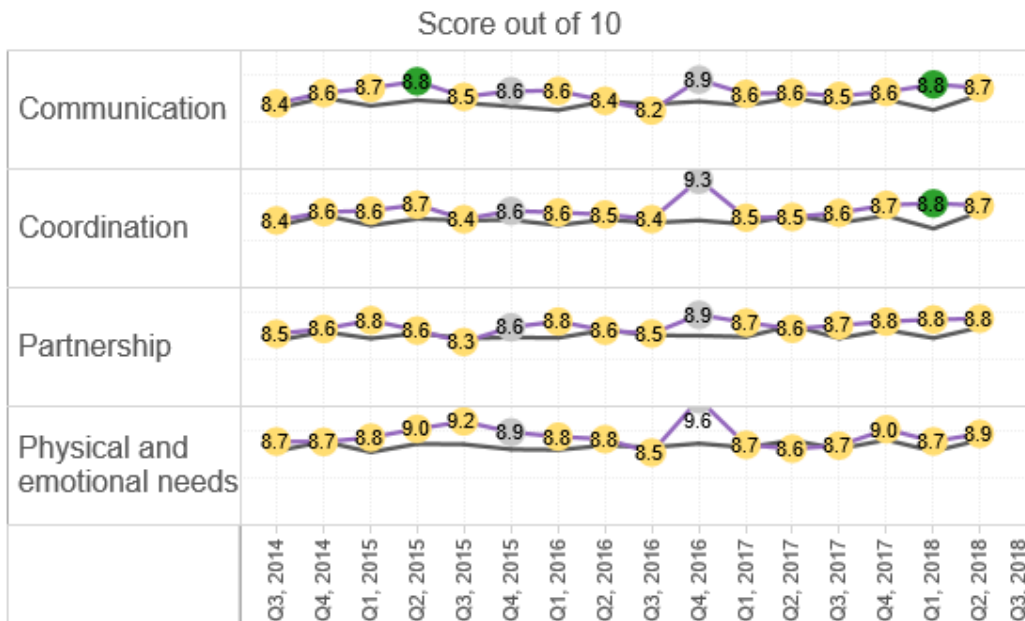
Entries for the NMH Health Innovations Awards for 2018 are open until 31 October. The Awards ceremony will be held on 29 November at the Trafalgar Pavilion as an expo style evening. The guest speaker, and one of the judges, is Dr Robyn Whittaker, Honorary Associate Professor with the National Institute of Health Innovation.

8.3 National Patient Experience Survey

In Quarter 2 2018 (patients treated in May 2018) we achieved a response rate of 28%, marginally higher than the national response rate of 25%.

Our scores across all four of the survey domains were similar to the national average as depicted in the table below, noting the green scores indicate above the national average, and yellow scores indicate no difference from the national average.

Nelson Marlborough DHB



District health board (DHB)
■ Nelson Marlborough DHB
■ New Zealand

For the three lowest scoring questions (informed about medication side effects, inclusion of whanau, enough information on discharge) our scores were:

- Informed about medication side effects (65%)
- Inclusion of whanau (68%)
- Enough information on discharge (73%).

All three scores were above the national average, and in the case of medication side effects and discharge information, these scores were significantly higher than the national average.

9. HUMAN RESOURCES

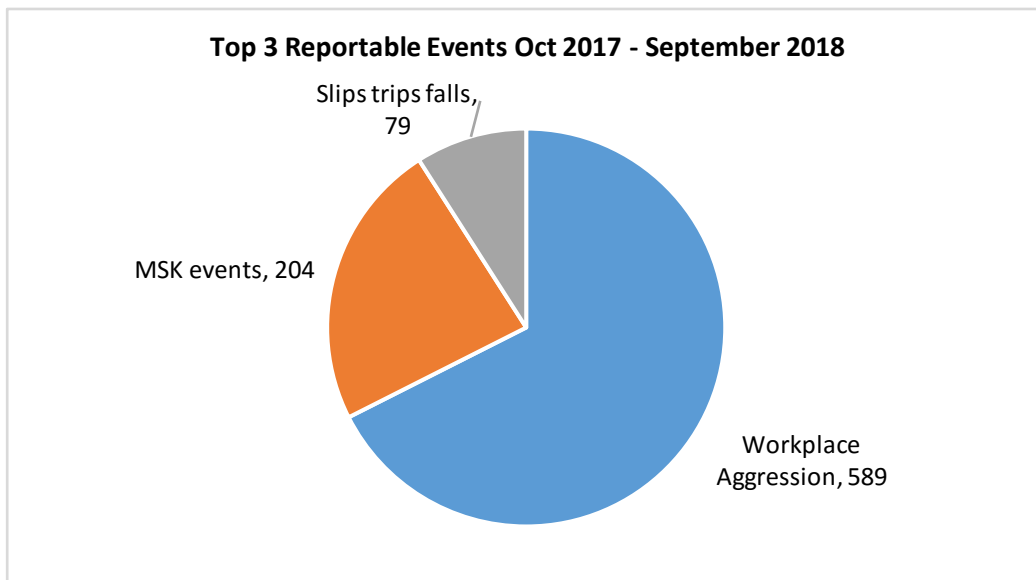
Training has been arranged for a number of staff who work in areas where they may be exposed to potential or actual aggression. Staff from ED, Orderlies and Mental Health directorates are target groups for these sessions. A two pronged training approach is being implemented. Firstly, three staff have been selected to attend a five day training course in order to become accredited with MAPA. Once accredited these people will be able to provide in-house training. Secondly, 15 attendees will attend a 2-day workshop on MAPA. Using this approach ensures training is not watered down and is cohesive and consistent as NMH introduces MAPA into the workplace.

There were 85 worker/workplace events reported in September (compared to 104 for August).

The leading themes are:

- 1) Workplace aggression: physical and verbal 33 (August 55)
- 2) Workload and resourcing 12 (August 16)
- 3) Manual handling nine (9) (August 5)
- 4) Blood/body fluid exposure seven (7)

Total Top Three Reportable Events (October 2017 to September 2018)



As workplace aggression continues to be one of our largest reportable events, two workshops were held in Nelson, and one in Wairau to educate H&S Reps on current security systems, measures and procedures within the organisation.

Fit for Work Management

There were 37 workplace injuries reported in September (compared to 40 in August). Of the injuries reported, 24 were minor, 11 required treatment and two employees required time off work.

The leading themes this month are:

- 1) Musculoskeletal injuries 16 (August 21)
- 2) Contusions and soft tissue 8 (August 10)

3) Lacerations and scratches 4 (August 6)

Musculoskeletal injuries were again prevalent this month. Two employees required time off work for their musculoskeletal injury and nine employees required treatment for musculoskeletal injuries.

Wellbeing

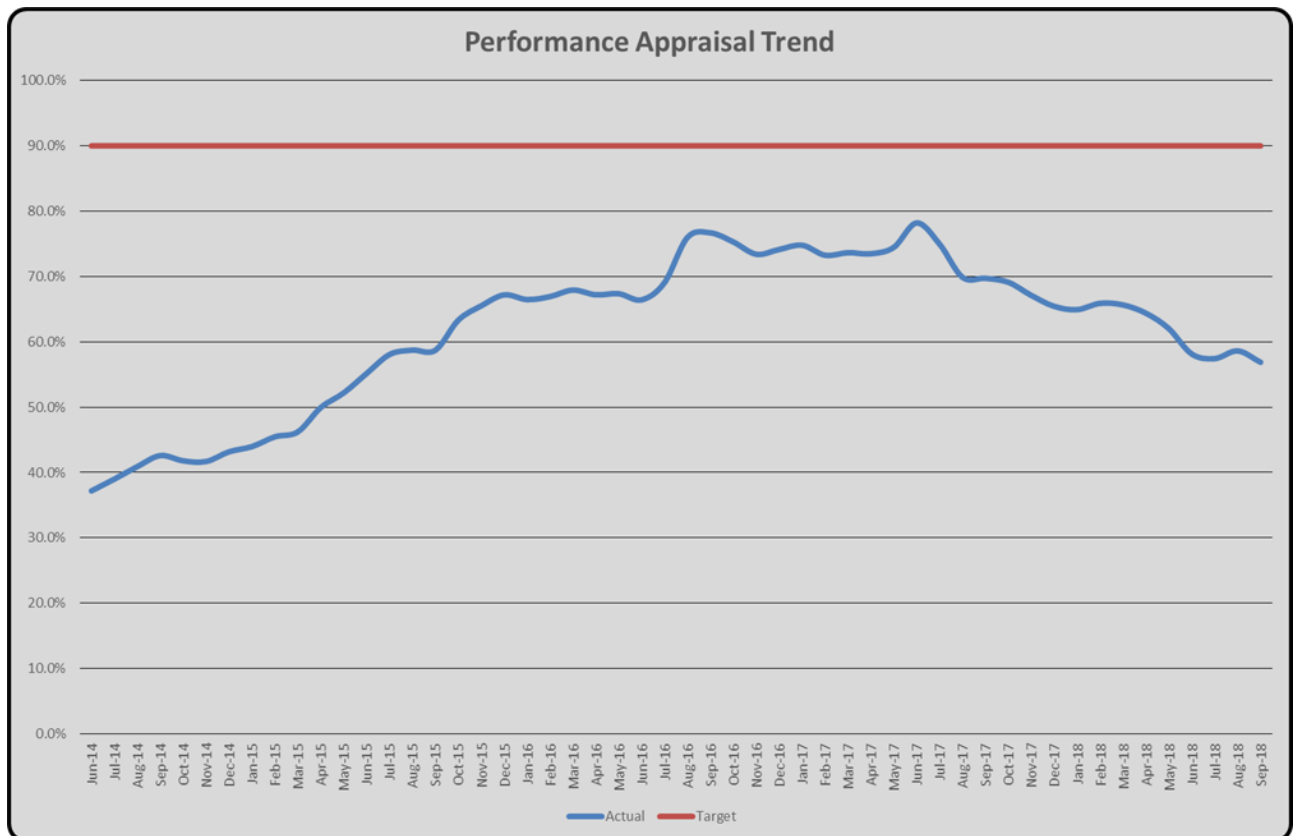
Walk/bike to work day was held on the Nelson and Wairau campuses with people enjoying a cooked breakfast following their exercise. It is planned to target specific work areas in 2019 to get more engagement.

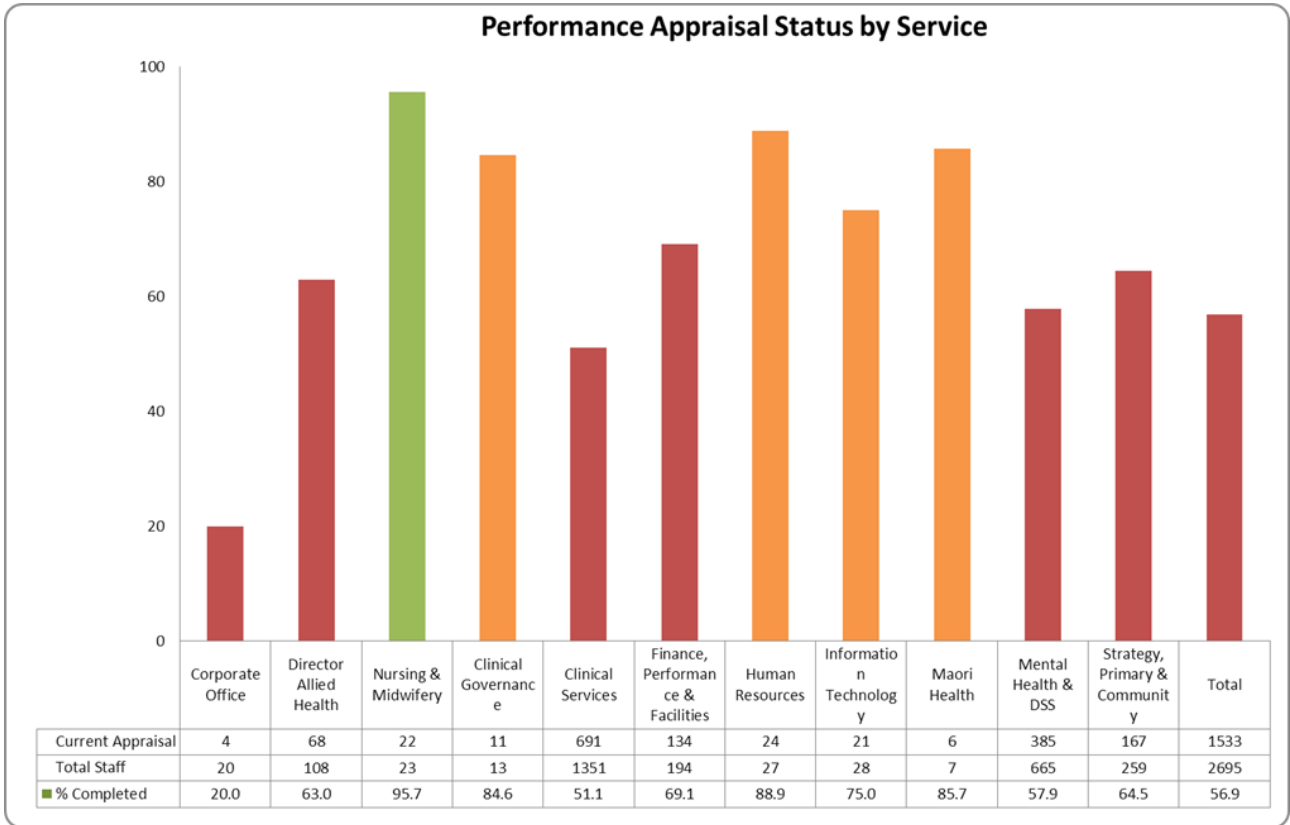
HSW Service have run health checks/clinics in September with both clinics being very successful.

Sun smart information is being promoted on the intranet in early October. The HSW team is supporting the wider P&C team with the promotion of mental health awareness week from 8-14 October. The HSW team has been promoting the '5 ways to wellbeing' with a focus on each 'way' for the last few weeks.

10.1 Performance Appraisals

To date we are at 56.9% of staff with a current appraisal.





Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED