MEMO

To: Board Members

From: Peter Bramley, Acting Chief Executive

Date: 22 March 2017

Subject: **Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

A couple of quotes caught my attention this month. The first was from Donald Trump - "I have to tell you it's an unbelievably complex subject. Nobody knew that health care could be so complex." Actually, I think most people know this. Our health system across our district is multifaceted. We have huge numbers of people every day in a variety of roles contributing to delivering great care. One of our challenges is to make sure the health system is linked up and working together, with resources targeted in the right places. That is why progress in areas like our Māori Health initiatives, our Mental Health Integration programme, and IT initiatives are so crucial.

The second quote - "it's only great care if the patient thinks so" was a good reminder to me that despite all the metrics of good quality that we observe and monitor, the voice of our patients, consumer and community is a crucial indicator of whether we are delivering great care or not. For that reason we value the feedback, complaints and compliments, of people. It is why it is crucial we are out connecting in various forums with our community – listening and learning. The formation this month of our Consumer Council is an exciting development in strengthening the voice of the consumer, and specifically this group will help promote consumer engagement in service design and improvement.

February and March have seen Nelson Hospital come under significant pressure in terms of both bed and nursing resource. With large numbers of patients with high acuity presenting to our Emergency Department, and with the consequent high numbers of admission, this has put significant pressure on hospital bed availability. The hospital teams across the district supported one another in the provision of good care with lots of people being willing to do extra shifts, work across the district, move to other areas where the need was greatest, and come in to support care when not on call. We are hugely appreciative of the commitment of staff to the care of our community.

NM Health continues to meet our MOH requirements for elective surgery with the number of elective surgical procedures at 102% of the Health Target for the month. The DHB was non compliant in January for ESPI 2 (wait time for FSA) and ESPI 5 (wait time for elective surgery). This in part due to the two Resident Doctor strike periods, along with cancellation of electives due to high acute demand and the lack of beds.

NM Health's financial performance remains on track with a year to date surplus of $2,538k which is $224k favourable to budget. Against the revised MOH budget of which supports a further $1m of savings as an efficiency target, we are $207k unfavourable to budget. The results include the planned savings initiatives, and also

accruals for planned new investments. It should be noted that our strong financial performance has enabled significant investment in our ICU service, our Ophthalmology service, primary Mental Health resources, and Māori Health roles to support new programmes of care.

2. KEY ISSUES TO NOTE

2.1 Raising Healthy Kids Health Target

Stakeholders have met to improve the systems and processes in place with the new obesity health target. Current focus is around looking towards an electronic referral, improving referral information, direct referral to programmes and closing referral gaps.

2.2 Immunisation

Current reporting in Nelson Marlborough shows an immunisation rate for 2 year olds at 91% against a PHO enrolment rate of 94%. While NMH/PHO can often identify the children who are behind on immunisations, it is often the case that their last known address is out of date. A joint Ministry of Social Development/NMH initiative to increase immunisation rates is being progressed.

2.3 ED5000 Project

The ED5000 project and related urgent care services development in Marlborough continues to be given focus including high level GM support across clinical services, nursing and primary care. It is proposed to rename and re-scope to a district wide approach to urgent care.

2.4 Consumer Council

The candidate selection process for the newly created Consumer Council has been completed. Seven people have been selected from 23 applicants using a robust selection process involving a group exercise and individual interviews. The selected candidates cover a wide range of health interest areas, geographic areas, and broad demographic groups. The Consumer Council will strengthen consumer engagement at Nelson Marlborough Health, and will provide a strong consumer voice as an advisory group to the Board.

2.5 Community Pharmacy Flu Vaccinations

At this stage we have five signed flu vaccination variations to provide funded flu vaccinations in community pharmacies from 1st April. There are three pharmacies in Blenheim, one in Motueka, one in Richmond, and we are expecting an additional two in Nelson, one in Blenheim, and one in Stoke.

2.6 Health Pathways

The Health Pathways website was visited by 937 people in February 2017 (an increase of 23% on the preceding year).

2.7 Hepatitis C Assessment and Treatment

The community Specialist Nurse will be in place from 13th March. A funding application to the Trust for a fibroscan is currently being considered.

2.8 Tobacco Signage

A dairy in Tahuna has been displaying the zig zag man picture on its building. Public Health had pursued the owners to remove it as it was, in effect, tobacco advertising.

The case was eventually presented to court. The outcome of the hearing is in favour of the DHB, and the owner must remove the signage. This is a good result for the Public Health team as it sets a precedent that we will not allow tobacco advertising in our district.

2.9 Annual Plan

The first draft of the Annual Plan 2017-18 has been completed, although the Ministry of Health is still to provide planning guidance for the Prime Minister's Youth Mental Health Project, Vulnerable Children, Child Health and Healthy Ageing sections. The funding package will not be released until May which will delay budget preparation, so the due date for submitting the final plan to the Ministry has shifted from 30th May to 16th June. The draft Annual Plan has been submitted to the Iwi Health Board, Nelson Bays PHO Board, Marlborough PHO Board, ELT, ToSHA and the NMDHB Board to review during March.

2.10 Home Based Support Services

A tender process has been enacted in response to changes in the model of Home and Community Support Services (HCSS), moving HCSS from a fee-for-service model to a bulk funded restorative service. This new model supports the regularisation of the workforce, and is guided by the 2016 Healthy Ageing Strategy. The procurement plan has been approved, and RFP placed on GETS, for HBSS providers.

2.11 Falls

At NMH, 92% of older people were given falls assessments, above the national target of 90%, and the national average for the quarter of 90%. For those at risk of falling, 77% received individual care plans.

The NMH Falls Alliance Regional Group continues to take a system wide view to fall prevention in our older population. With the additional support of ACC a regional coordinator is now in post and 2017 will see a number of changes including the new approach to the community falls prevention programme, and the role out of the in-home programme.

2.12 Calderdale Framework for Allied Health Assistants

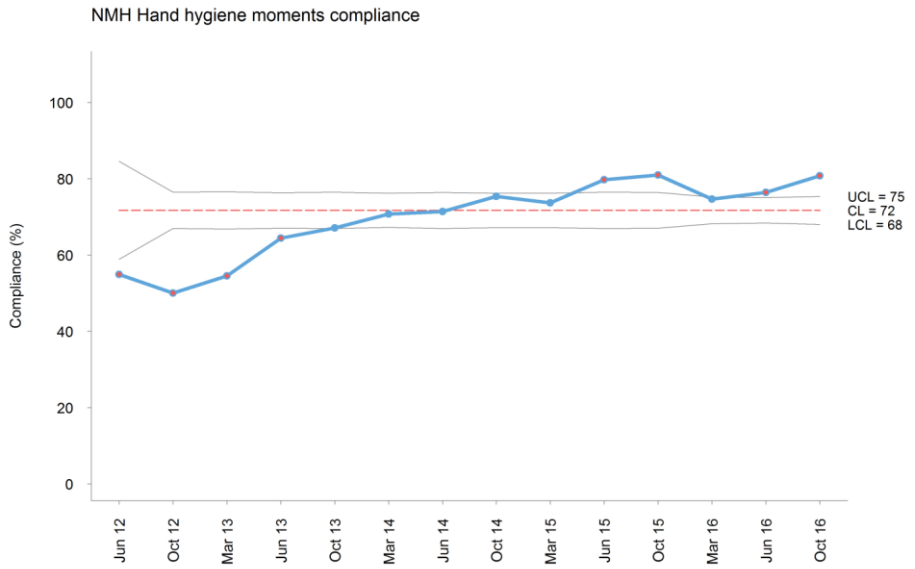
The Calderdale framework continues to be rolled out across Allied Health. The methodology has been applied to the In-Home Falls programme and the inpatient orthopaedics services. Significant foundations have been put in place to ensure robust training, orientation and sustainability of the Allied Health Assistants.

2.13 Marlborough Patient Transport

Progress has been made in relation to residents in Marlborough travelling to Nelson Hospital. The Picton Charitable Trust has now extended the service to Blenheim, including being available to support residents returning to Marlborough from a hospital stay.

2.14 Hand Hygiene

Compliance with moments of hand hygiene has increased from approximately 50% in 2012 to approximately 80% in 2015, and has remained consistently around this level (see below).



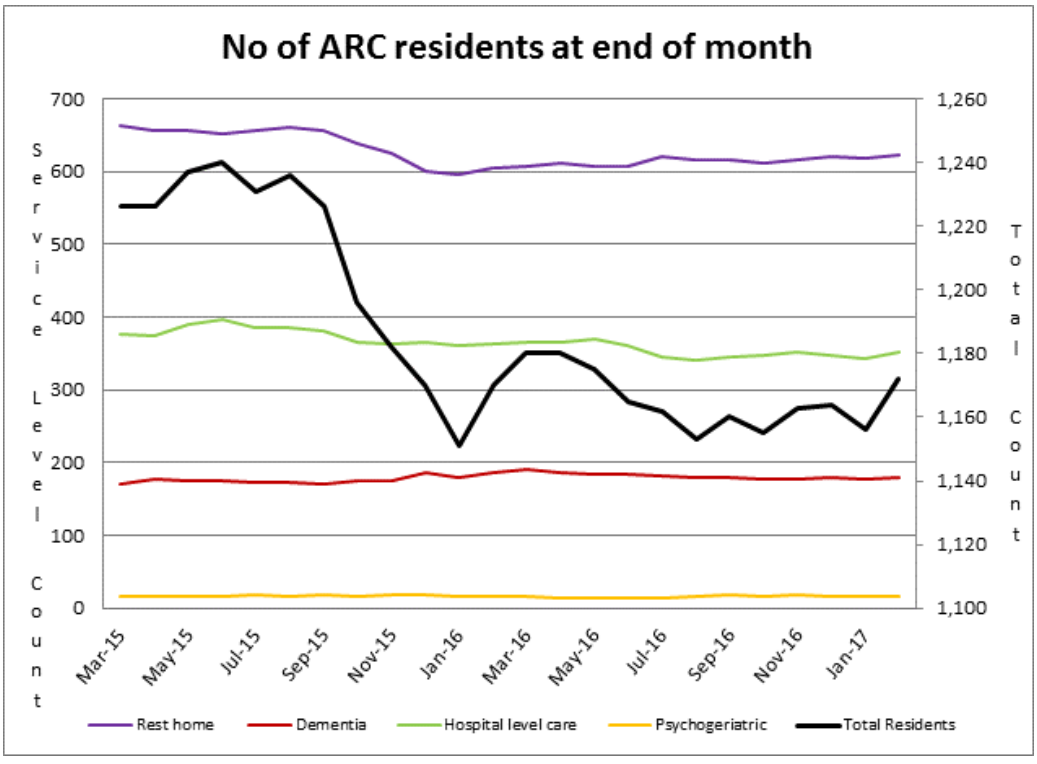
2.15 Surgical Site Infection/Timely Antibiotics, and Surgical Skin Preparation

The targets for these three measures are 100%, 95%, and 100% respectively. NMH achieved 98%, 98%, and 100% respectively for these measures.

2.16 Safe Surgery

The Quarter 3 2016 report introduced a new Quality Safety Measure related to surgical safety checklist audits for three components: 1) sign in, 2) time out, and 3) sign out). NMH uptake rates were 81%, 89%, and 91% respectively for these three components (against a target of 100%).

2.17 Aged Residential Care



2.18 Facilities

Business Case Partner for Nelson Hospital Rebuild. Negotiations have commenced with the two preferred respondents for the provision of a health planning and business case writing partnership for the re-development of Nelson Hospital. The additional information provided by both respondents was encouraging, and we are targeting having an overall proposal on who we will engage with, including a timeline and cost for the work, for the April Board meeting.

Blenheim Health Hub Stage II. Work is underway to commence the second stage of the Blenheim Health Hub. We are finalising the requirements of proposed "tenants", and working towards a deadline of the end of March so we can begin fit out as soon as possible.

Boiler Plant. We have encountered a number of issues recently with the boiler plants at both Nelson and Wairau. In the case of Nelson, machinery has worn on the second (coal) boiler and we had to urgently replace a number of components. The quality of the gas we received from the landfill has also been variable lately, and we have met with the gas provider, Pioneer, to gain assurances that the quality will improve in the future. Isolation valves have worn on the boiler in Wairau, and we are progressing an urgent CAPEX to replace these.

We also need to replace manifolds and exchangers that move hot water around the Wairau Hospital, and another contingency CAPEX is being progressed for this.

2.19 Referral Centre

We have confirmed that the next service to go into our district wide referral service is orthopaedics (during the month of March). This is a large service and will be an important progression for our referral centre concept. We are also working on the development of structured training material for our clerical and administration workforce which will be online and will include competency based assessments so that we can assure the quality of training and understanding for new recruits.

2.20 Information Technology

E-Laboratory Sign Off. Following the implementation of HCS, we successfully went live with e-Laboratory sign-off exactly one month later (13th of March). E-Lab sign-off is a complex project, which touches every RMO and SMO in our organisation (as they all receive and sign-off laboratory results).

Paper-Lite Workplan. Planning is now underway for a number of important paper-lite initiatives. Digital bedside care (Patientrack) was approved by ELT in January (the item is on the approved CAPEX list subject to business case), and detailed project planning will now get underway. HealthOne detailed project planning is now underway, with implementation late April. Detailed planning is underway for E-Radiology sign-off.

National Patient Flow. We made a submission for National Patient Flow (phase 3), and the Ministry has commented back to us that they are pleased with our programme and the quality of our submission.

3. PERFORMANCE INFORMATION

3.1 Health Targets

Nelson Marlborough District Health Board
2016/17 Electives Health Target Report

2016/17 Health Target Delivery

	Year to Date HT Plan	Year to Date HT Delivery	Variance from plan	2016/17 Health Target
Elective surgical PUC	3,478	3,593	115	7,517
Elective non-surgical PUC	99	92	-7	
Arranged surgical PUC	673	641	-32	
Arranged non-surgical PUC	43	54	11	
YTD Health Target	4,293	4,380	87	102.0 %

Health Target includes elective and arranged inpatient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity). Surgical discharges are defined as discharges from a surgical purchase unit (PUC) including Intraocular Injections and Skin Lesions reported to NMDS, or discharges with a surgical DRG.

	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Final Published Health Target Result	107.3%	107.1%		

3.2 Mental Health

3.2.1 Integration Programme Update

Seven workstreams, forming key parts of the change framework to achieve integration across Mental Health services, have been identified. Four of these, including Intense Support, Immediate Response, Community Integration and Living Independently have held their first workshop. One has held the second meeting, and the Māori Model of Care workstream is planning to hold the first workshop in March. The Quality and Workforce Development plan to have their first workshop near the end of March/early April following more progress from the other workshops.

3.2.2 Co-location of Locality Teams

Co-location of the Nelson and Tasman Mental Health teams has been completed. The shift was well co-ordinated by all involved.

3.2.3 Tipahi Nursing and Allied Roster Proposal

Tipahi staff have been presented with a Proposal for Change outlining the plan to move all staff to one roster. It is also planned to increase the Wahi Oranga bed numbers to 30, thus reducing overall bed numbers of the combined MHAU and Tipahi Mental Health by seven beds.

3.2.4 Activity – Specialist

	Last Three Months			Year to Date	Year End 15/16
	Dec-16	Jan-17	Feb-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	29	31	32	31	26
Inpatient Acute LOS (days)	19.97	21.39	14.50	15.5	12.8
Inpatient Seclusion Use (hours)	61.5	56.1	12.0	39.3	260.9
Inpatient Seclusion Client Count	5	3	1	3	8
Community Crisis Contacts ***	142	117	70	153	150
People Seen In Month **	1972	1919	1894	1918	N/A
Psychogeriatric IP Admissions	7	8	11	8.9	5.7
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	93.9%	83.6%	103.6%	85.5%	Formula change from May 16

** 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.*

3.2.5 Activity – NGO

Service	Last Three Months			Year to Date	Year End 14/15
	Dec-16	Jan-17	Feb-17	Monthly Average	Monthly Average
Emerge*	28	26		28	33
Gateway Housing Trust	193	186	191	188	172
MHSS	35	34	33	35	37
Te Whare Mahana	45	26	31	42	46
Te Ara Mahi	80	83	88	92	93
Health Action Trust (Kotuku)	22	18	16	18	20
Care Marlborough - day activity (average clients per day)	15	14	14	15	15
The White House (average clients per day)*	11	12		12	16
SF Nelson (contact hours)	60	75	89	86	58
SF Blenheim (contact hours)	105	98	97	96	144
St. Marks	56	51	41	41	33
Te Piki Oranga	310	261	293	290	172

**Reports directly to PRiMD, which has a reporting timeframe of the 20th of the month, so numbers are provisional only.*

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

3.3 Disability Support Services

3.3.1 Administration Proposal

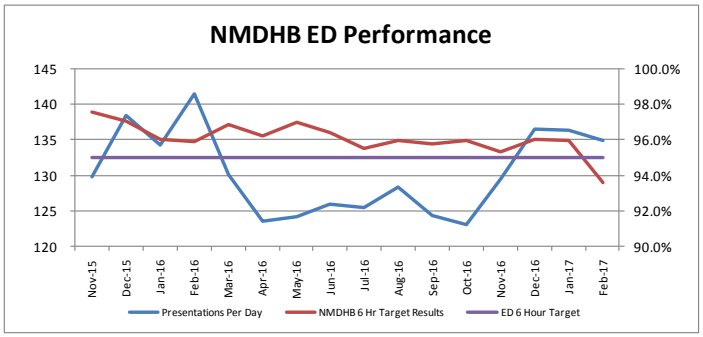
Staff have been presented with a Proposal for Change of the administration roles, and some support roles in DSS. The Proposal was developed in liaison with HR and other key departments including Learning & Development, Clinical Governance and Payroll. Unions were also notified.

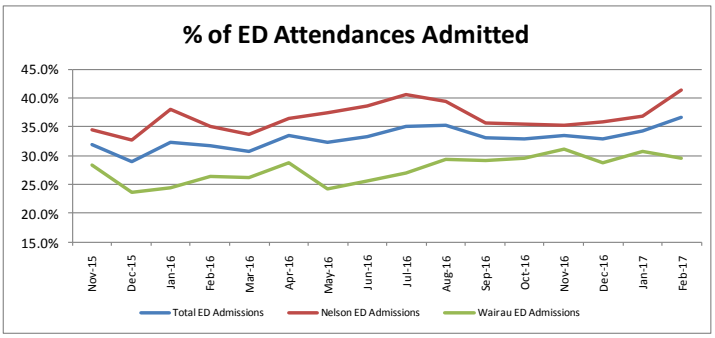
3.3.2 Tahuna Offices

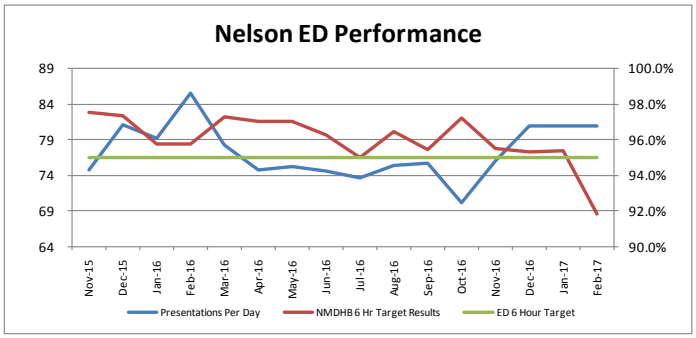
Notice has been given to the landlord of the DSS administration building in Tahuna. Group Managers are now considering options for re-location of staff from this building.

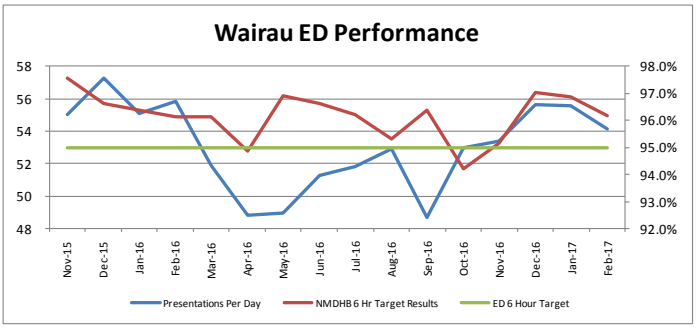
	Intellectual & Physical Disabilities		Current February 2017			YTD February 17
	Contracted Services		IDSS	PDSS	Total ID & PD	Total ID & PD
Service provided	Current Moh Contract	As per Contracts at month end	165	15	180	
	Beds – Moh Individual contracts	As per Contracts at month end	9	1	10	
	Beds – P&F - Chronic Health Conditions	As per Contracts at month end	1	10	11	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1	2	
	Total number of service users contracted	Residential contracts - Actual at month end	**176**	**27**	**203**	
	Vacant Beds	Actual at month end	5	2	7	
		Total available beds	**181**	**29**	**210**	
	Total number of service users supported	Residential service users - Actual at month end	**176**	**27**	**203**	
	Beds – Respite	Service users at month end	1	0	1	
		Personal cares service users - Actual at month end	**0**	**1**	**1**	
		Total service users supported	**177**	**28**	**205**	Last month 206 = less 1 exit TC
		Total available bed days	5,012	868	5,880	52,992
	Total Occupied Bed days	Actual for full month - includes respite	4,886	812	5,698	49,759
						*Note: **2 PDSS service users occupy ID beds & 4 ID SU in PD beds*
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	**97%**	**94%**	**97%**	**94%**

3.4 Emergency Department Presentations









3.5 Shorter Stays in Emergency Department

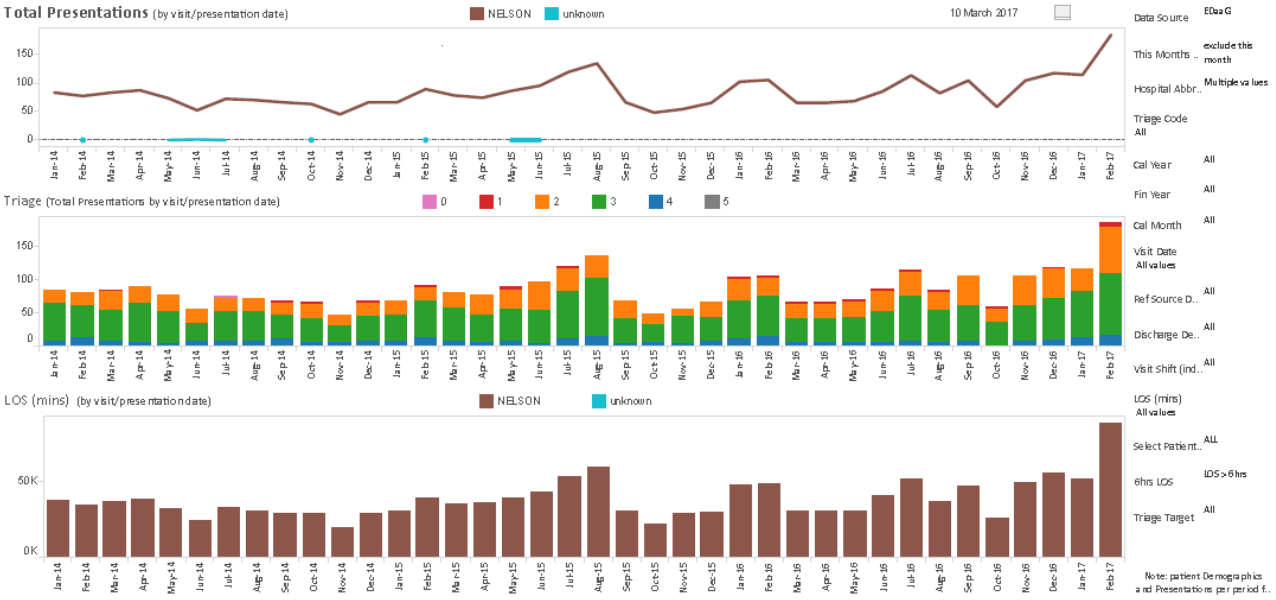
In February 93.4% of patients were admitted and discharged within the six hour guideline.

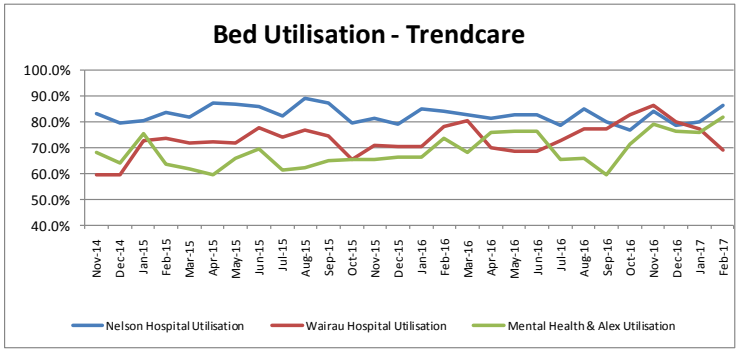
Above or Below ED 6 hour wait - February 2017

NB - This data EXCLUDES cases lacking Treatment Completion Times and Did Not Waits, as per MoH definition

	Above 6 hr	Below 6 hr	Total
3911	184	2,026	2,210
3811	61	1,424	1,485
Total	**245**	**3,450**	**3,695**

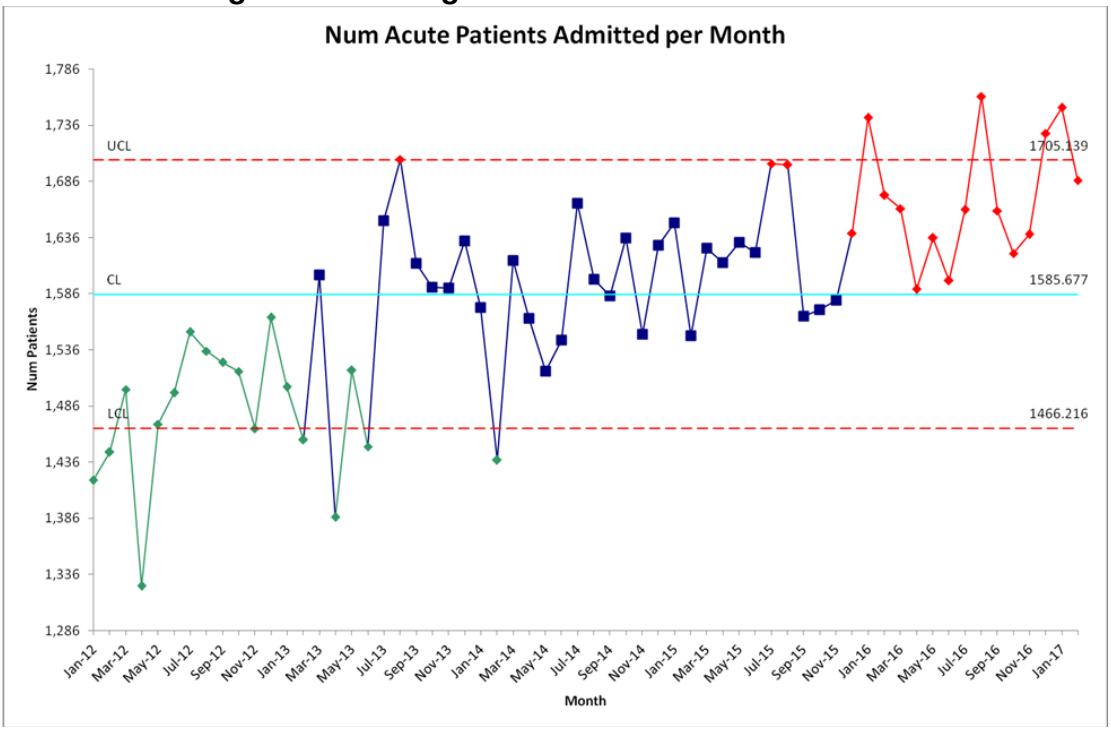
NMH did not meet the health target in February. This reflects the growing number of presentations with high acuity to our Emergency Department, especially in Nelson. This is reflected in the high number of attendees admitted to ED and to our inpatient wards.





3.6 Elective / Acute Arranged Services

3.6.1 Caseweighted Discharges



3.6.2 Elective Service Performance Indicators

NMH was non compliant for both ESPI2 (wait time for FSA) and ESPI5 (wait time for elective surgery). RMO strikes and high admissions putting pressure on bed availability are the key reasons. As illustrated below the country is, in the most part, struggling to meet waiting time targets.

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2016 Feb			2016 Mar			2016 Apr			2016 May			2016 Jun			2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec			2017 Jan		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	21 of 21	100.0%	0	21 of 21	100.0%	0	21 of 21	100.0%	0	21 of 21	100.0%	0	21 of 21	100.0%	0	7 of 21	33.3%	14	19 of 21	90.5%	2	14 of 21	66.7%	7	17 of 21	81.0%	4	20 of 21	95.2%	1	14 of 21	66.7%	7	20 of 21	95.2%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	12	0.4%	-12	23	0.7%	-23	12	0.4%	-12	11	0.3%	-11	12	0.4%	-12	11	0.3%	-11	12	0.3%	-12	12	0.3%	-12	12	0.3%	-12	39	1.1%	-39	12	0.4%	-12	73	2.1%	-73
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.	11	0.9%	-11	12	0.9%	-12	9	0.7%	-9	13	0.9%	-13	13	0.9%	-13	13	0.9%	-13	11	0.7%	-11	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	49	3.4%	-49	52	3.6%	-52
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.	559	100.0%	0	648	99.8%	1	597	100.0%	0	693	100.0%	0	629	100.0%	0	563	100.0%	0	702	100.0%	0	552	100.0%	0	526	100.0%	0	644	100.0%	0	542	100.0%	0	436	100.0%	0

Data Warehouse Refresh Date: 03/Mar/2017

Report Run Date: 06/Mar/2017

Notes:
1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5,but excluded from other ESPIs.
4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
5. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
6. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
7. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
8. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

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MoH Elective Services Online

National comparison of DHBs for January 2017

	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 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	30 of 33	90.9%	3	139	1.0%	-139	0	0.0%	0	251	5.1%	-251	0	0.0%	0	1754	97.2%	50
Bay of Plenty	23 of 23	100.0%	0	7	0.1%	-7	0	0.0%	0	20	0.6%	-20	0	0.0%	0	364	99.5%	2
Canterbury	28 of 28	100.0%	0	222	2.8%	-222	43	0.3%	-43	143	3.8%	-143	2	0.7%	-2	1713	99.9%	1
Capital and Coast	22 of 23	95.7%	1	15	0.3%	-15	0	0.0%	0	19	0.9%	-19	0	0.0%	0	908	100.0%	0
Counties Manukau	20 of 20	100.0%	0	1	0.0%	-1	100	0.6%	-100	39	1.2%	-39	6	1.6%	-6	1423	100.0%	0
Hawkes Bay	11 of 17	64.7%	6	164	4.6%	-164	0	0.0%	0	49	4.3%	-49	0	0.0%	0	500	100.0%	0
Hutt Valley	16 of 16	100.0%	0	164	5.0%	-164	0	0.0%	0	135	8.2%	-135	0	0.0%	0	449	100.0%	0
Lakes	9 of 16	56.3%	7	51	1.9%	-51	0	0.0%	0	29	2.9%	-29	0	0.0%	0	345	99.7%	1
MidCentral	23 of 23	100.0%	0	69	1.4%	-69	4	0.1%	-4	142	9.6%	-142	63	21.5%	-63	429	100.0%	0
Nelson Marlborough	20 of 21	95.2%	1	73	2.1%	-73	0	0.0%	0	52	3.6%	-52	0	0.0%	0	436	100.0%	0
Northland	12 of 15	80.0%	3	111	2.8%	-111	5	0.1%	-5	115	7.4%	-115	0	0.0%	0	373	100.0%	0
South Canterbury	14 of 14	100.0%	0	0	0.0%	0	0	0.0%	0	5	0.9%	-5	0	0.0%	0	261	100.0%	0
Southern	28 of 28	100.0%	0	417	6.0%	-417	10	0.1%	-10	256	9.1%	-256	6	19.4%	-6	1008	99.3%	7
Tairawhiti	17 of 17	100.0%	0	45	2.8%	-45	2	0.1%	-2	4	0.9%	-4	0	0.0%	0	205	100.0%	0
Taranaki	21 of 21	100.0%	0	28	1.1%	-28	16	0.3%	-16	9	0.9%	-9	1	5.9%	-1	421	100.0%	0
Waikato	20 of 26	76.9%	6	342	3.4%	-342	12	0.1%	-12	198	4.1%	-198	2	8.3%	-2	933	94.6%	51
Wairarapa	14 of 14	100.0%	0	14	1.3%	-14	0	0.0%	0	37	11.1%	-37	0	0.0%	0	108	100.0%	0
Waitemata	20 of 20	100.0%	0	34	0.3%	-34	0	0.0%	0	37	1.1%	-37	0	0.0%	0	1046	100.0%	0
West Coast	18 of 18	100.0%	0	45	5.3%	-45	0	0.0%	0	8	5.5%	-8	0	0.0%	0	95	100.0%	0
Whanganui	10 of 10	100.0%	0	2	0.2%	-2	0	0.0%	0	6	0.6%	-6	1	100.0%	-1	242	100.0%	0
Total:				1,943			192			1,554			81			13013		

Notes:
1. Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
4. Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or less.
5. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
6. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
7. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
8. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
10. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 03/Mar/2017
Report Run Date: 06/Mar/2017

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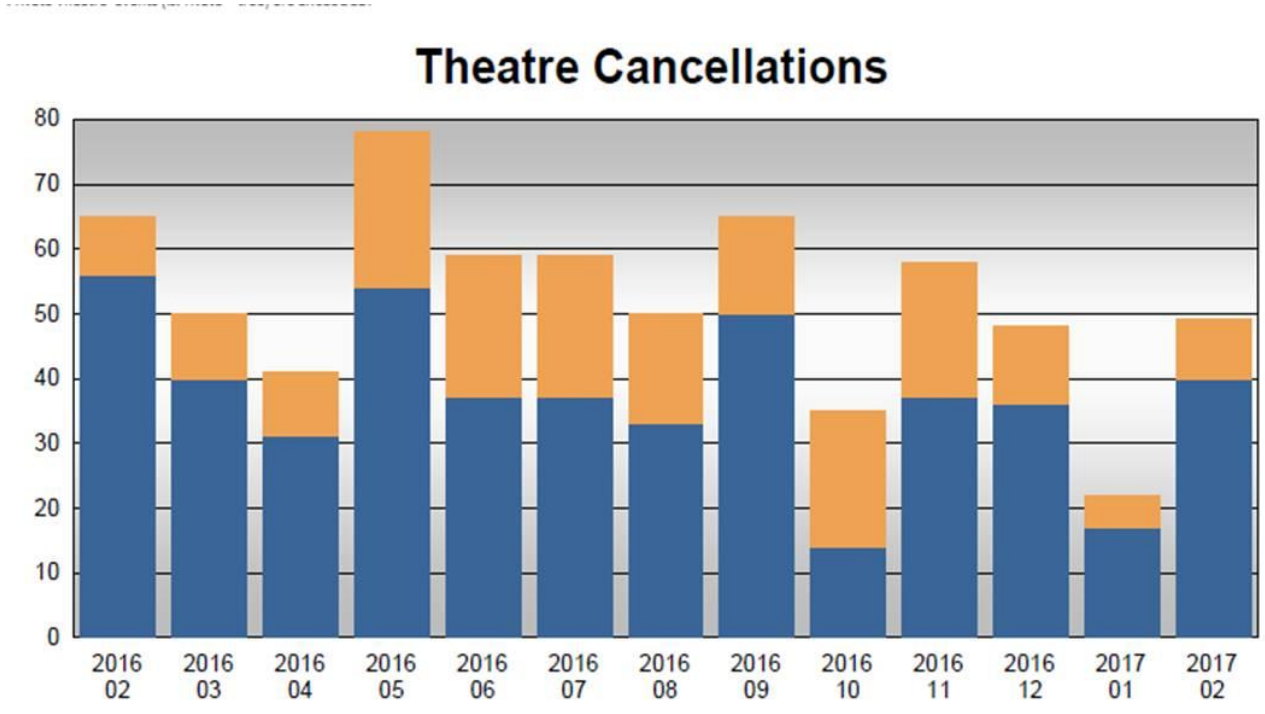
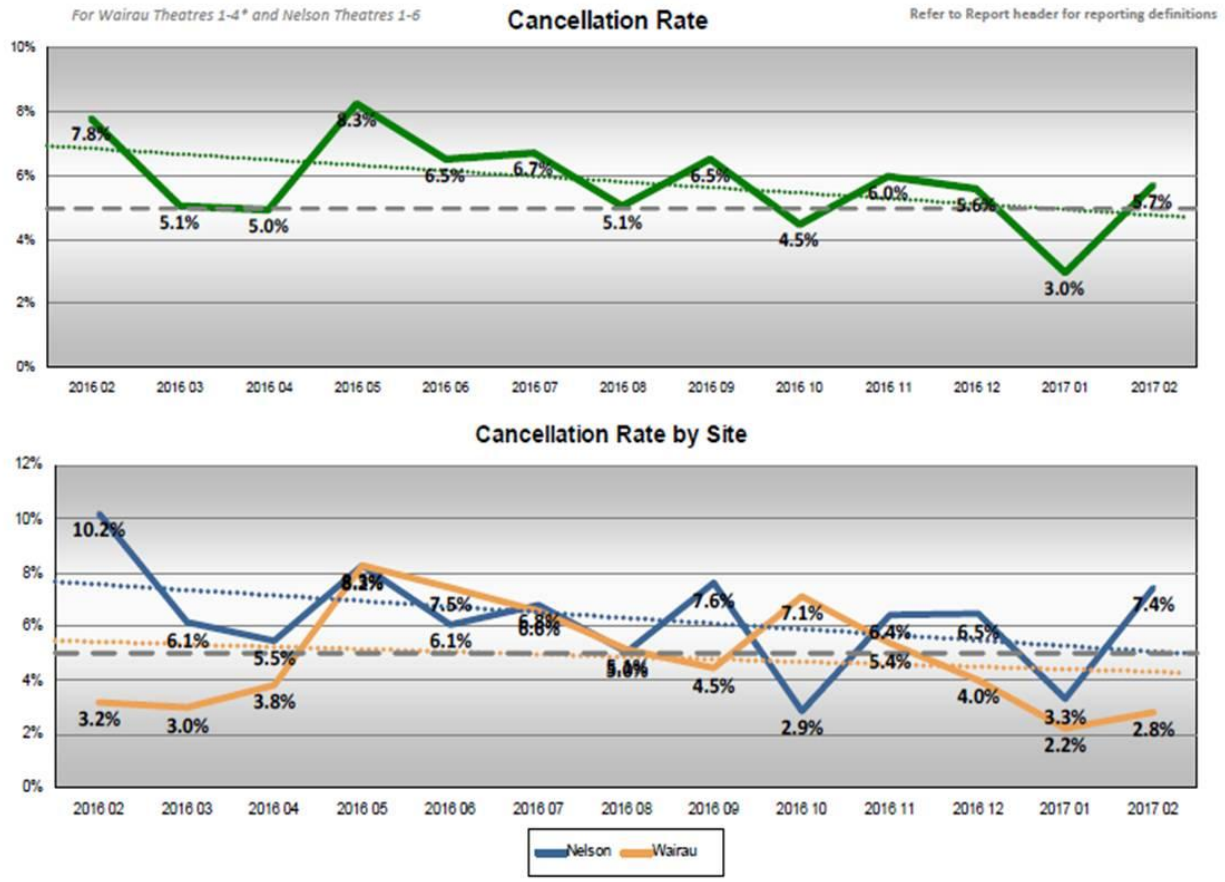
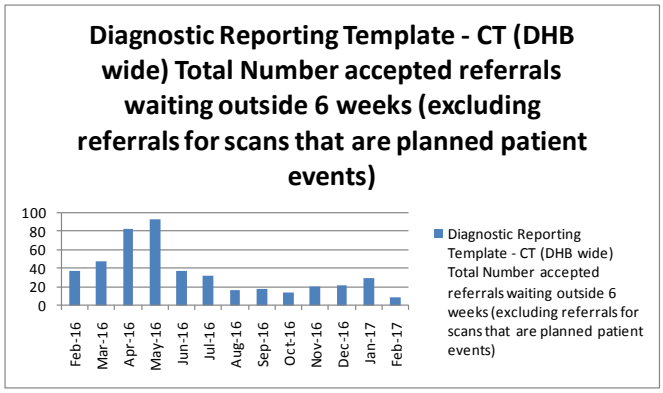
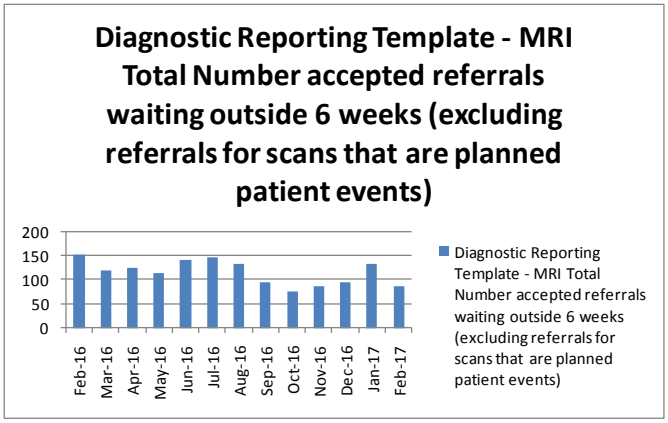
3.7 Theatre Cancellations

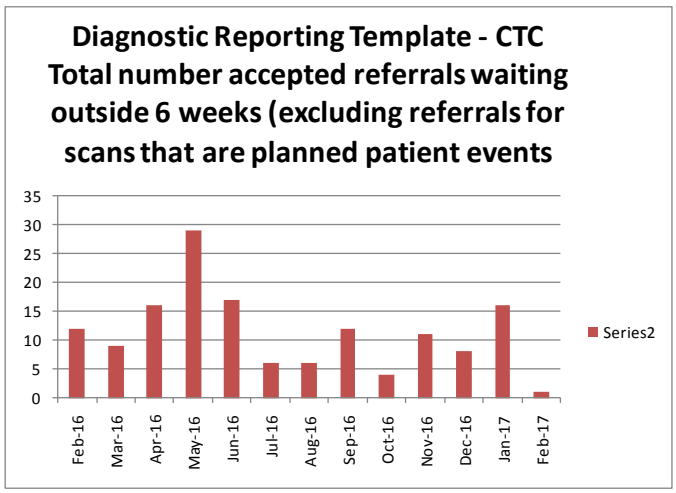




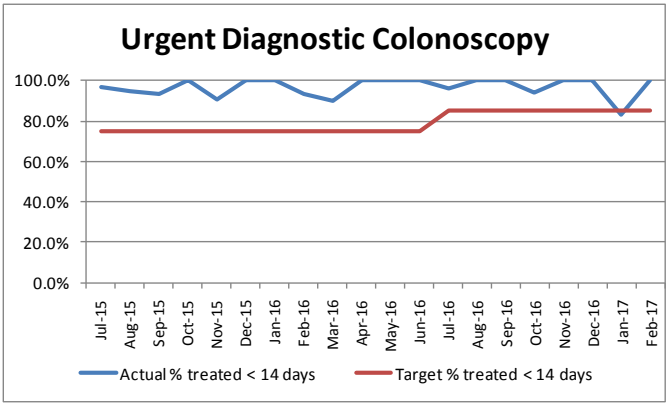
3.8 Enhanced Access to Diagnostics

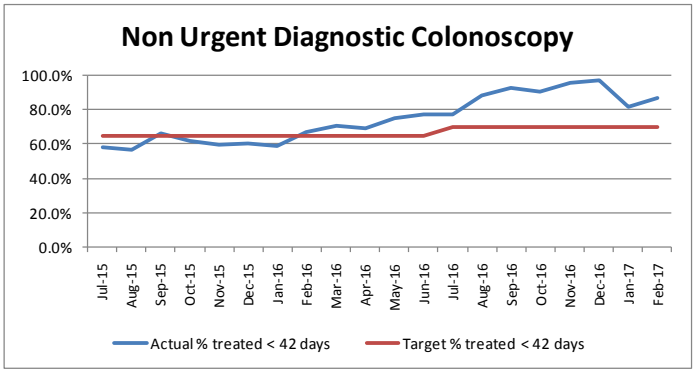


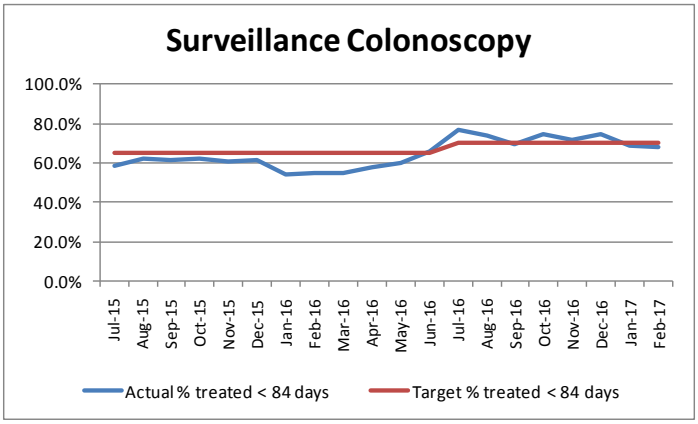




3.9 Improving Diagnostic Waiting Times – Colonoscopy







3.10 Faster Cancer Treatment – Oncology

FCT Monthly Report - February 2017 — **Reporting Month: January 2017 - Quarter 3 2016-2017**

As at 28/02/2017

62 Day Indicator Records

TARGET SUMMARY	Completed Records									
	Feb -2017 (in progress)		Jan-17		Dec-16		Quarter 3 (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	83%	17%	85%	15%	85%	15%	84%	16%	84%	16%
Number of Records	20	4	28	5	28	5	48	9	270	52
Total Number of Records	24		33		33		57		322	
85% of patients had their 1st treatment within: # days	57		61		57		61		63	

Quarter 2		Previous Year (2016)	
Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
84%	16%	81%	19%
70	13	249	58
83		307	
64		63	

YEAR TO DATE

Tumour Stream	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
Brain/CNS	#DIV/0!		#DIV/0!		0
Breast	94%	78	6%	5	83
Gynaecological	94%	16	6%	1	17
Haematological	100%	18	0%	0	18
Head & Neck	77%	20	23%	6	26
Lower Gastrointestinal	89%	31	11%	4	35
Lung	65%	28	35%	15	43
Other	0%	0	100%	2	2
Sarcoma	0%	0	100%	2	2
Skin	84%	46	16%	9	55
Upper Gastrointestinal	92%	12	8%	1	13
Urological	72%	18	28%	7	25
Blank	100%	3	0%	0	3
All Streams	84%	270	16%	52	322

Ethnicity	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
asian not further defined	100%	1	0%	0	1
don't know	0%	0	100%	1	1
european not further defined	60%	9	40%	6	15
latin american /hispanic	#DIV/0!	0	#DIV/0!	0	0
not stated	#DIV/0!	0	#DIV/0!	0	0
nz european	97%	227	3%	6	233
nz maori	54%	13	46%	11	24
other Asian	#DIV/0!	0	#DIV/0!	0	0
other ethnicity	100%	1	0%	0	1
other european	81%	13	19%	3	16
response unidentifiable	67%	2	33%	1	3
samoan	100%	2	0%	0	2
southeast asian	#DIV/0!	0	#DIV/0!	0	0
tongan	#DIV/0!	0	#DIV/0!	0	0
N/A	100%	2	0%	0	2
Grand Total	84%	270	16%	52	322

3.11 Māori Health

3.11.1 Māori Health Priority Indicators

The GM Māori Health & Vulnerable Populations is working with the wider Executive to develop joint programs of action that will seek to lift performance against the 13 national Māori Health Plan indicators. Key initiatives that will be launched over the next 12 to 24 months include:

- Project 280 War against Poverty (WAP)
- Whare Ora Healthy Homes initiative
- Wai-Māori Fresh-Safe Drinking Water on Marae initiative
- Project Aroha – pepi, tamariki and rangatahi within context of whānau
- Pepi First Quit Smoking Incentivisation Programme
- HARTI Hauora Child Health Programme
- Hauora Direct 360 degree assessment, referral and follow up
- Safe Sleep – (Pepi Pods/Wahakura)
- Hapu Wānanga – kaupapa Māori pregnancy and parenting programme
- Recruit Me “Double Up” – Breast and Cervical Screening Initiative
- Poutama – Māori Model of Care (Mental Health and Addictions)
- Māori Cancer Pathways Project He Mate Pukupuku (districtwide /South Island wide)
- Miraka Direct – project used to promote and enable breastfeeding of Māori infants
- Piata “Shine outreach programme” – oral health outreach enrolment initiative

- Track and Chase – outreach infant immunisation programme in conjunction with Ministry of Social Development.

3.11.2 Māori Health Workforce Capacity Development

Currently our workforce profile identifies that about 3% of the DHB's workforce is Māori despite Māori making up close to 11% of the total population, and over one in four infants born in our district identify as either Māori or Pacific. Key areas of focus for the coming period will include:

- Establishment of Māori health workforce targets in the professions of Nursing and Midwifery and Allied Health
- Detailing of actions and initiatives on how we might increase Māori health workforce capacity in the Annual Plan
- The implementation of Kia Ora Hauora Māori Health Workforce development initiative which seeks to promote health as a career option to Māori school children, arranges for workforce placements (Gateway), supports students to apply for scholarships to cover the cost of tertiary education.

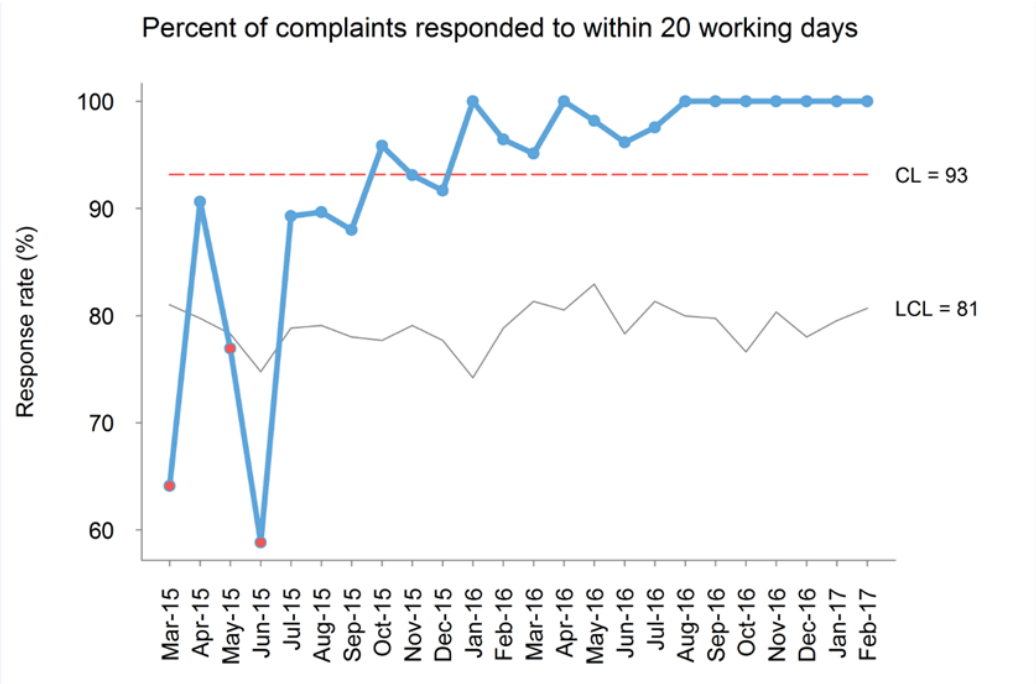
3.12 Service User Compliments and Complaints

3.12.1 Complaints

There were 37 complaints received for February 2017 compared to 31 the previous month. Two HDC complaints were responded to. One HDC final decision was received with the finding that appropriate care was provided, no breach occurred, and no further action required.

Of the 37 complaints received for February, 25 concerned Nelson Hospital services, one concerned community oral health, and 11 complaints concerned Wairau Hospital services.

The graph below shows the number of complaints responded to within 20 working days over the past two years.



3.12.2 Compliments

Fifty-seven compliments were logged in February. This is a big improvement on last month's report. Below is a letter to the editor published in the Nelson Mail on 5 March thanking staff for the care they received, as an illustration of the positive reflections from our community.

Counting blessings

I woke up this morning, my fifth day in Nelson Hospital. I was thinking in the main of people all over the world in war zones, the injured, the bombed children, and even those in the good old USA that need insurance? No cheap drugs there for treatment. In war zones or those country's under sanction like Syria that can not even gain access to medications for anyone, be it children even.

I'll spare you the details of why I'm here. But wanted to give a shout out to all the people that work here. The cleaners, the people that take your meal orders. The ones that deliver the meals hot and on time. The kitchen staff. The meals were great! The orderlies that ferry you around; the nurses like owls in trees even through the night that monitor you. And the doctors and consultants. What an amazing team from top to bottom.

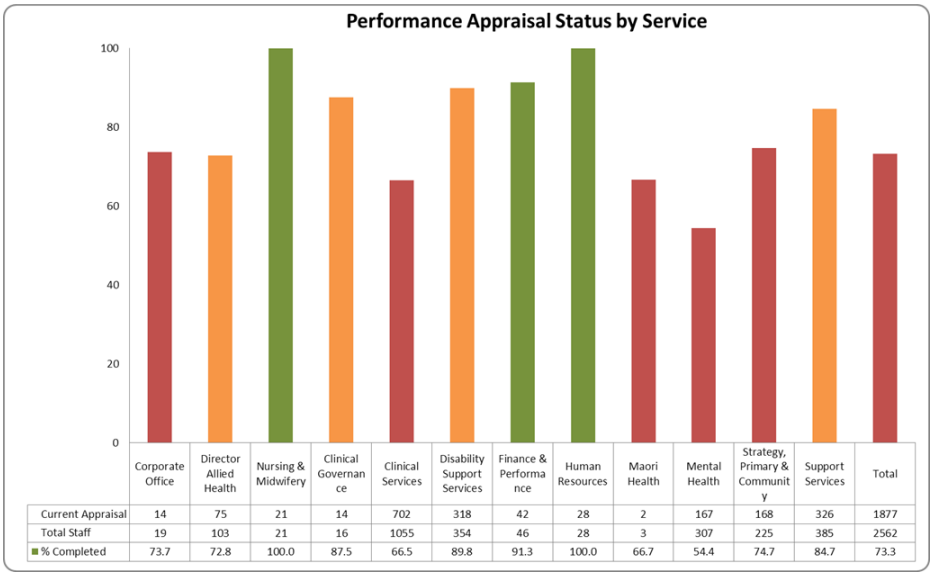
I take my hat off to each and every one of you.

We are absolutely so blessed to live in peace together in a beautiful ... I call it town, like Nelson. And in an hour of need, to drive ten minutes to what must be one of the best hospitals on the planet. !

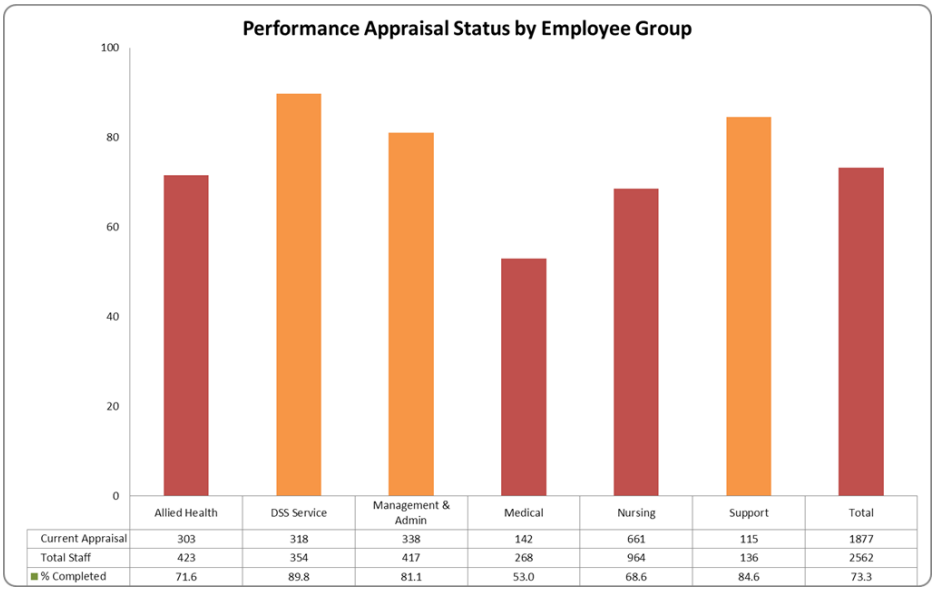
CHRISTIAN BIRCH
Nelson, March 2

3.13. Human Resources

3.13.1 Performance Appraisals



	Corporate Office	Director Allied Health	Nursing & Midwifery	Clinical Governance	Clinical Services	Disability Support Services	Finance & Performance	Human Resources	Maori Health	Mental Health	Strategy, Primary & Community	Support Services	Total
Current Appraisal	14	75	21	14	702	318	42	28	2	167	168	326	1877
Total Staff	19	103	21	16	1055	354	46	28	3	307	225	385	2562
% Completed	73.7	72.8	100.0	87.5	66.5	89.8	91.3	100.0	66.7	54.4	74.7	84.7	73.3



3.14 NMDHB At A Glance

Attached as item 4.1 is the NMDHB At A Glance dashboard.

Peter Bramley
ACTING CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED