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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 20 September 2017  
**Subject:** Chief Executive's Report

## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. INTRODUCTORY COMMENTS

This winter has certainly been challenging for the health system in NM, but also across the country. We have experienced significant pressure on our hospitals from patients who have been acutely unwell. We have struggled with high levels of bed occupancy, and high numbers of complex patients putting lots of pressure on our ICU service. I am extremely appreciative of the wonderful work our staff have done over the last three months. Staff, while often stretched because their colleagues are also battling winter illness, have stepped up in lots of ways to ensure care is provided. Many have been willing to work extra shifts, or stayed longer. At times staff have missed meal breaks, come in when not on duty, moved wards to support other teams, and a number of our Wairau staff have come across the district to work in Nelson Hospital. People have demonstrated sensational commitment to delivering great care for our community.

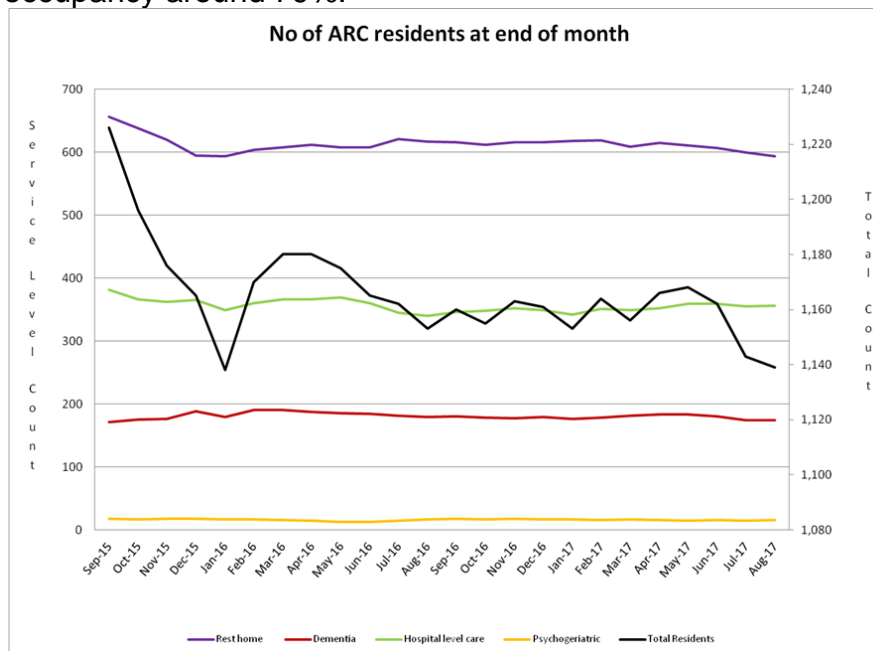
All of this highlights our need to keep investing in our hospital services, create some bed capacity ahead of our Nelson Hospital rebuild, and give urgent attention to new models of care that will better support people to live, get and stay well in our community, hopefully reducing pressure on our hospitals.

The recent months also highlight afresh that healthcare is effectively a people business. It is our talented, compassionate and skilled staff that every day, across a multitude of services, support and deliver care for our community. For that reason, we need to keep the focus on supporting and developing our staff. We have recently looked to improve our orientation programme for new staff so they are more warmly welcomed to the organisation, as well as supported better through their first few weeks. We have also launched our Building Respect Programme which is focussed on trying to intervene early, in a constructive way, to provide insight around bullying behaviours, and support people to change the way they interact with colleagues. We have also recently reinstated our Management training series for staff, as we are keen to ensure teams are well led and staff well supported. Our biannual staff survey results are just in. These indicate that we have made good progress on a number of key issues around staff culture. Details will be shared with unions and staff soon, and no doubt the findings will help shape a programme of work focused on improving our workplace. My desire is that NM Health is considered a great place to work, and one that all of our staff are proud to work at.

In terms of the Executive Team, I am very pleased to welcome Lexie O'Shea as our new General Manager of Clinical Services. We are fortunate to have Lexie join the team, as she brings a wealth of health experience to our organisation.

## 2. PRIMARY & COMMUNITY

- Minor changes to the Annual Plan have been indicated by the Ministry of Health (MoH) before it will be approved. The electives target will only be approved after the finances are approved. MoH has advised that the NMH Annual Plan could be the first plan to be signed off as it is the most complete. The election is expected to cause delays to the release of guidance for the 2018-19 Annual Plan.
- Pay Equity Leave Liability claims were submitted by all providers in August and MoH are ascertaining from analysis, which providers are materially impacted by pay equity. MoH use a tool to determine if they are in fact negatively impacted by the legislative changes. It has been highlighted through MoH analysis a number of facilities will be positively impacted.
- Home and Community Support Services (HCSS) preparations for the transition to the new contracts are going well. Currently working with IT to ensure any admitted person is aware of the support package in place to support discharge planning. Nurse Maude and Access Community Health have signed contracts for the delivery of the HCSS services. Stakeholders have been notified about the next steps of the transition.
- The Nelson Medical Injury Centre (MIC) has seen 80 ED redirected patients in July/August. Agreements are in place for Marlborough and Motueka practices for ED redirections.
- Age-Related Residential Care (ARRC) admissions were low in August, with occupancy around 79%.



- Health One Implementation is complete. The project is being handed over as business-as-usual, and will be delivered by Nelson Bays Primary Health and Kimi Hauora Marlborough PHO. Health One continues to work well for Pharmacy, with work continuing on the optimum way for stewardship of medicines to occur across both primary and secondary care to ensure medicines are used wisely and safely.
- The Health Pathways website was visited by 1,092 visitors in August 2017, with 7,160 sessions across all pathways.
- NHI data collected through the National Immunisation Register is now being shared with the Community Oral Health Service. In sharing the information 12 preschoolers have been identified that were not on a register, and five that have

left the district. The data sharing will aid in improving the preschool enrolment process.

- A project is underway where new families identified by the Ministry of Social Development (MSD) are referred to General Practice and a Hauora Direct assessment and enrolment in services will occur.
- The Nelson Tasman Kindergarten Association received the NZ Kindergarten President’s Award for innovation and community engagement with their work with NM Health with getting teachers into the Paediatric ward at Nelson Hospital to support play therapy. This in particular supports children having procedures and reduces stress and fear.

Progress – Targets & Volumes – AUGUST 2017		
Target Name	Target	Actual
Smokefree DHBs	95% of patients admitted to hospital, who are smokers, are given advice and support to quit.	95.53% for July 2017 96.61% up to 20.08.17 of coded events
B4 School Checks	1,432 Total 139 High Deprivation  80% (1432) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.	330 23% 29 16%  (need to be at 25% by 7 October 2017)
8 Month Immunisations	Total 85% Maori 85% Pacific 85% Asian 85%  85% of all children at 8 months of age are required to be fully immunised	Monthly results ending August 2017  Total 89% Maori 97% Pacific 100% Asian 100% (accurate data will not be available until 11 September 2017)
2 Year Immunisations	Total 95% Maori 95% Pacific 95% Asian 95%  95% of all children at the age of 2 yrs are required to be fully immunised.	Monthly results ending August 2017  Total 88% Maori 75% Pacific 100% Asian 100% (accurate data will not be available until 11 September 2017)
5 Year Immunisations	No Target	Monthly results ending August 2017  Total 90% Maori 95% Pacific 100% Asian 83% (5 out of 6 vaccinated) (accurate data will not be available until 11 September 2017)

Target Name	Target	Actual										
HPV	70% (approx) of year 8 girls in Nelson Marlborough are immunised against HPV.	HPV Dose 1 1,725 Total Population 102 non returns 5.8% 922 given = 52%										
Adolescent Oral Health	78% of eligible adolescents will utilise/attend the adolescent dental service annually (January – December)	81% AOHS enrolment / utilisation										
Cervical Screening	80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.	<table> <tr><td>Total</td><td>80.8%</td></tr> <tr><td>Maori</td><td>68.1%</td></tr> <tr><td>Pacific</td><td>71.8%</td></tr> <tr><td>Asian</td><td>66.2%</td></tr> <tr><td>Other</td><td>83.1%</td></tr> </table> <p>(latest figures available as at June 2017)</p>	Total	80.8%	Maori	68.1%	Pacific	71.8%	Asian	66.2%	Other	83.1%
Total	80.8%											
Maori	68.1%											
Pacific	71.8%											
Asian	66.2%											
Other	83.1%											

### 3. INFORMATION TECHNOLOGY

- The chart transformation initiative has made good initial progress, with 11,000 records culled in Medical Records making way for the scanner and new workflow. Work is about to get underway to clear the basement and the team is targeting the processing of all new paper into charts (replaced by scanning) from the end of October onwards. Once this is achieved it will be a significant milestone and the charts will automatically start to become obsolete from this date forward.
- The highlight for the month was a successful go-live of HealthOne on 1 August. The Cathlab SyngoDynamics integration work was also completed. The PICS software 17.2 release was delivered on time. This is a significant milestone as version 17.2 has most of the functionality that NMH needs to go live.

### 4. FACILITIES

- An external contractor has been engaged to refresh Detailed Seismic Assessment (DSA) work. This work is in response to the latest seismic requirements, and to enhance the DSAs the DHB currently have to give a 'before' and 'after' state for the buildings. This can be achieved using technology available to the contractor whereby they will laser scan the main structures (George Manson and Percy Brunette) to ascertain the current state of the building. After an earthquake the buildings can then be re-scanned and to see whether they have changed relative to the original scans. This is important information that can be used to determine whether the buildings are safe to reoccupy. The DSA work will also provide additional information about how the buildings are likely to perform in an earthquake. This in turn will directly guide our business continuity planning. A Business Continuity Planner has been engaged to develop a NMH continuity plan following a major earthquake. They are covering several likely scenarios, including the hospital being damaged but still largely usable, and the hospital being significantly damaged and largely unusable.

- The deed of lease has been signed by both the CEs of Kimi Hauora Wairau (Marlborough) PHO and NMH, enabling fit-out work to occur at the Blenheim Health hub. In parallel the sub leases are progressing in preparation for signing.
- The referral centre and pre-admissions hub have commenced recruitment for the additional fixed term roles that have been agreed to. This will allow the centres to be ramped up prior to PICS going live and will in turn enable implementation of PICS according to NMH’s future state rather than current state.

**5. CLINICAL SERVICES**

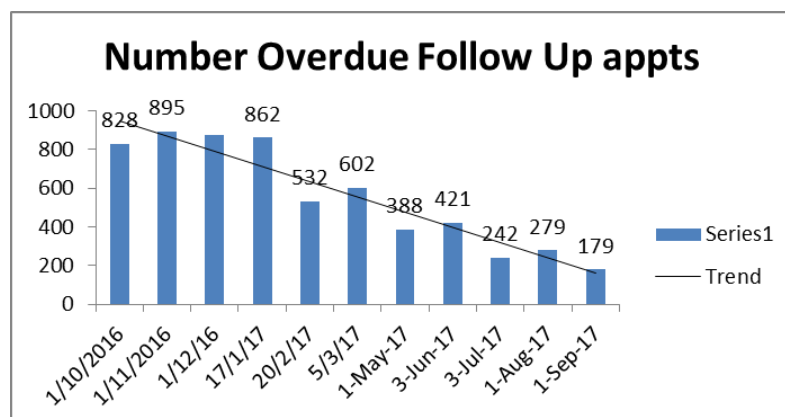
Heightened activity and high inpatient acute admissions meant Nelson Hospital occupancy for the month was constantly at 94% or greater. This led to significant disruptions to surgical throughput related to both hospital occupancy and challenges around ICU availability. As a result, there were 15 theatre postponements directly related to acute volumes and unavailability of beds.

The increase in admissions and bed days also saw up to 28 patients on any one day outlying to other wards throughout the hospital.

The Day Stay Unit has also been opened 24 nights throughout August. This required 62 extra shifts of staffing to support care.

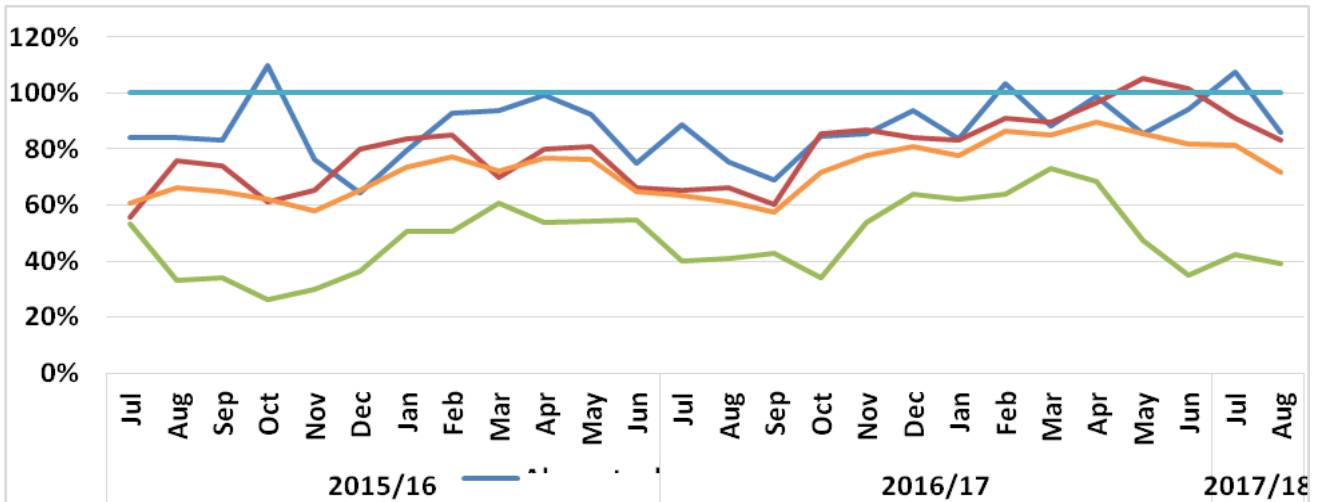
This continued pressure on beds has resulted in many staff working above and beyond to ensure care continues to be provided. This occurred at a time when staff related sickness was also putting pressure on ability to source staff.

- Year to date as at the end of August, NMH has delivered 1,964 caseweights against a plan of 2,059 (94.7%).
- Elective delivery has also been impacted due to high inpatient numbers with 656 discharges delivered in the month against a plan of 678 (94.7%).
- Year to date delivery to end of August for the Orthopaedic Initiative indicates 65 joints undertaken against a plan of 91 (-26 variance to plan). This includes Acute as well as Elective delivery.
- Year to date delivery to the end August for the Cataract Initiative indicates 100 cataracts undertaken against a plan of 85 for (+15 variance to plan).
- Overdue follow ups in eye service have reduced as per chart below. This represents a significant improvement in service delivery and ensures patients are receiving timely care.



**6. MENTAL HEALTH & ADDICTIONS**

- The Integration Programme framework was supported generally by the Management and Advisor team. Attached as item 5.1 is the Integration Programme.
- The new integration roster for the Mental Health Admissions Unit (MHAU) and Tipahi was started on 21 August.
- Very high acuity patients were admitted this month. One client threatened a staff member with perspex glass and another flooded the Intensive Patient Care (IPC) area three times.
- The new Patient Support and Security Workers are being described by staff as excellent, highly skilled and very helpful. They have integrated well in the team, are great with clients, and have a noticeable de-escalation influence on the ward.
- We are aware that referrals to Addiction Services are becoming more complex regarding co-existing issues, along with Methamphetamine issues. Staff have attended a formal meeting with the Blenheim Police drug squad, whom we will be working collaboratively with on Methamphetamine issues. We have also identified a need for AOD support for individuals who may be affected by drugs following police operations.
- The Mental Health Service inpatients occupancy for the last two years is shown in the table below:



Legend:

- Blue – Alexandra Hospital actual occupancy
- Red – MHAU actual occupancy
- Green – Tipahi actual occupancy
- Orange – total actual occupancy.

## 6.1 Activity – Specialist

	Last Three Months			Year to Date	Year End 16/17
	Jun-17	Jul-17	Aug-17	Monthly Average	Monthly Average
Inpatient Acute Admissions	21	22	31	27	30
Inpatient Acute LOS (days)	17.23	17.48	12.78	15.1	15.5
Inpatient Seclusion Use (hours)	140.3	137.1	426.2	281.7	80.4
Inpatient Seclusion Client Count	4	6	9	8	3
Community Crisis Contacts ***	159	103	59	81	160
People Seen In Month **	2108	1720	0	1720	1938
Psychogeriatric IP Admissions	10	4	6	5.0	8.3
Psychogeriatric IP Occupancy (%) - Actual bed days vs Funded bed days.	94.3%	108.7%	85.8%	97.3%	88.0%

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

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

## 6.2 Seclusion

The increase in seclusion hours in August was caused predominantly by the high acuity of two service users. Other contributing factors include our IPC area, which staff use to de-escalate clients and facilitate least restrictive practice, has been put out of action several times this month by a client who has managed to flood the area three times. This resulted in the four bed room area being unusable for up to 48 hours each time as the area was being commercially dried.

Another contributor was an entire wing (8 beds) that was unavailable for one week due to the need to care for a person with high and complex needs. A more appropriate area has now been created for this client, and they are making good progress with a new care plan.

Reducing rates of seclusion remains a high priority for the Wahi Oranga staff, and reviews of these incidents occur, involving the consumer advisory.

## 6.3 Activity – NGO

Service	Last Three Months			Year to Date	Year End 16/17
	Jun-17	Jul-17	Aug-17	Monthly Average	Monthly Average
Emerge	23	24	20	22	27
Gateway Housing Trust	187	145	188	167	183
MHSS	35	35	35	35	35
Te Whare Mahana	29	43	44	44	39
Te Ara Mahi	79	91	34	63	90
Health Action Trust (Kotuku)	22	22	21	22	19
Care Marlborough - day activity (average clients per day)	17	14	14	14	15
The White House (average clients per day)	17	17	18	18	13
SF Nelson (contact hours)	102	94	74	84	83
SF Blenheim (contact hours)	118	125	132	129	98
St. Marks	38	46	36	41	42
Te Piki Oranga	344	315	351	333	290

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



## 6.4 Health Target: PP6 – Mental Health Service Access Rates

Age Group	Ethnicity	Target 2016/17	Actual (12 months to)									
			Mar-15	Jun-15	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17
0-19 yrs	Maori	4.2%	5.0%	4.4%	4.5%	4.5%	4.4%	4.4%	4.4%	4.9%	4.5%	4.5%
	Other	N/A	4.4%	4.1%	4.1%	4.1%	4.0%	4.0%	3.8%	4.5%	4.5%	4.5%
	<b>Total</b>	<b>4.2%</b>	<b>4.5%</b>	<b>4.9%</b>	<b>4.2%</b>	<b>4.1%</b>	<b>4.0%</b>	<b>4.1%</b>	<b>3.9%</b>	<b>4.5%</b>	<b>4.5%</b>	<b>4.5%</b>
20-64 yrs	Maori	6.5%	8.3%	8.1%	7.6%	7.4%	7.5%	7.5%	7.6%	8.2%	8.2%	8.4%
	Other	N/A	4.1%	4.0%	4.1%	4.1%	4.1%	4.1%	4.2%	4.3%	4.4%	4.4%
	<b>Total</b>	<b>4.6%</b>	<b>4.5%</b>	<b>4.4%</b>	<b>4.4%</b>	<b>4.4%</b>	<b>4.5%</b>	<b>4.5%</b>	<b>4.5%</b>	<b>4.7%</b>	<b>4.7%</b>	<b>4.5%</b>
65+ yrs	<b>Total</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>0.9%</b>	<b>1.0%</b>	<b>1.0%</b>	<b>1.0%</b>

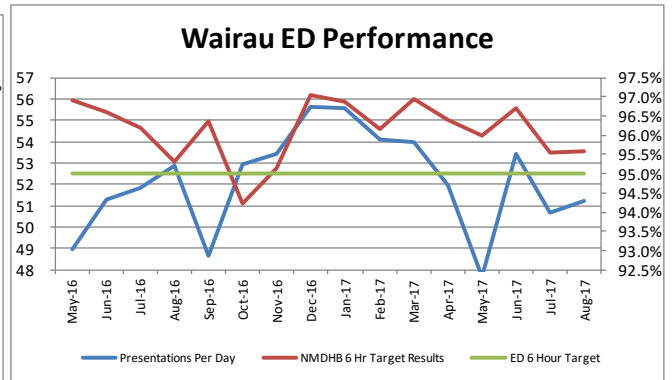
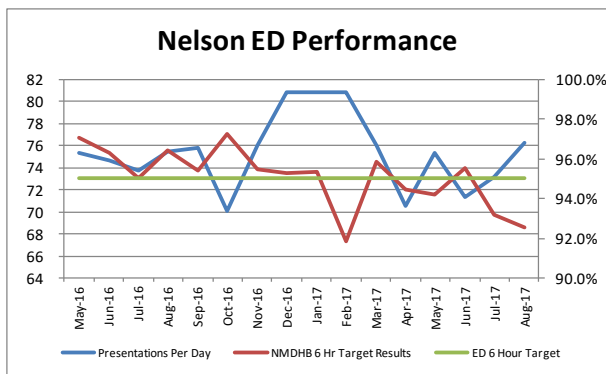
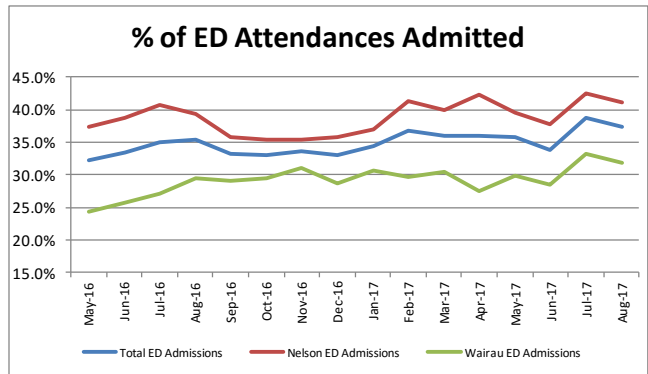
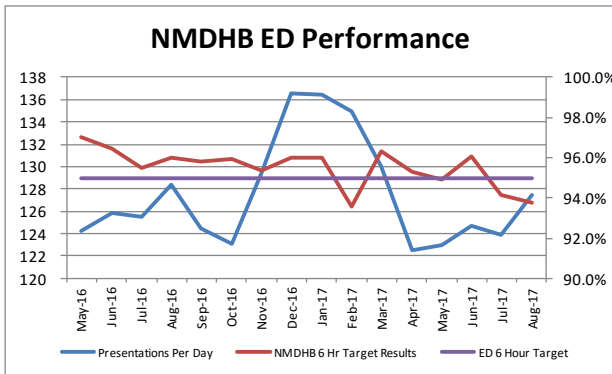
## 6.5 Disability Support Services

Disability Support Services (DSS)		Current August 2017				YTD August 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		12	13	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	
	Beds – Individual CYF					0	
		Residential contracts - Actual at month end	179	20	12	211	
	<i>Number of people supported</i>						
	Total number of people supported	Residential service users - Actual at month end	179	20	12	211	
		Respite service users - Actual at month end	2	3		5	
		Personal cares service users - Actual at month end	0	1		1	
		Total number of people supported	181	24	12	217	
	Total Available Beds - Service wide	Count of ALL bedrooms	230				
		Total available bed days	7,130				14,260
Total Occupied Bed days	Actual for full month - includes respite	6,651				13,218	
	Based on actual bed days for full month (includes respite volumes)	93.3%				92.7%	
		Last month	Current month	Variance			
<b>Total number of people supported</b>		<b>218</b>	<b>217</b>	<b>- 1</b>	<b>Decrease</b>		
Referrals	Total referrals	12	14				
	New Referrals in the month	4	4				
Of above total referrals	Transitioning to service	6	3				
	On Waiting List	6	11				
Vacant Beds at End of month		15	17				
	Less people transitioning to service	- 6	- 3				
	<b>Vacant Beds</b>	<b>9</b>	<b>14</b>				



## 7. PERFORMANCE INFORMATION

### 7.1 Shorter Stays in Emergency Department



In August 93.5% of patients were admitted and discharged within the six hour guideline with only 92.2% achieved in Nelson. Reduced bed availability, due to high hospital occupancy, and pressure from acute illness has resulted in reduced flow of admissions from the Emergency Department to inpatient beds.

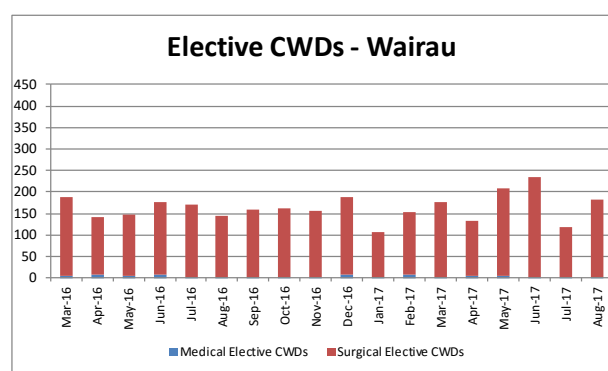
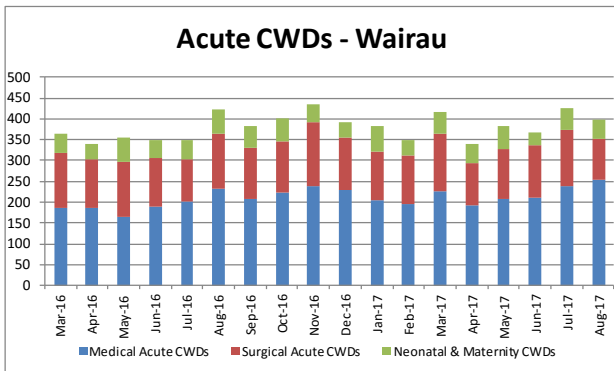
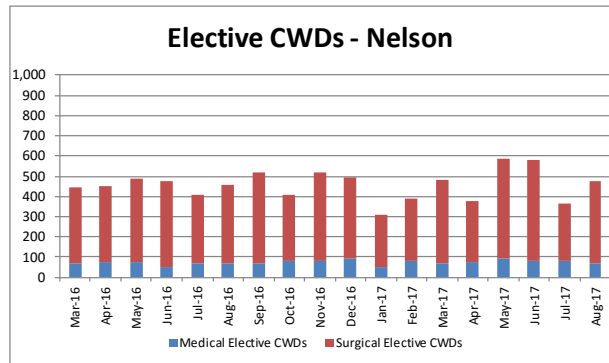
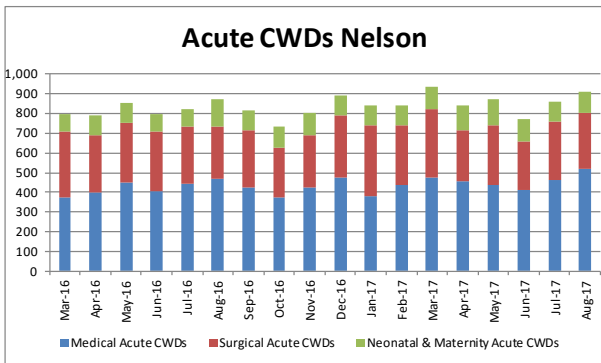
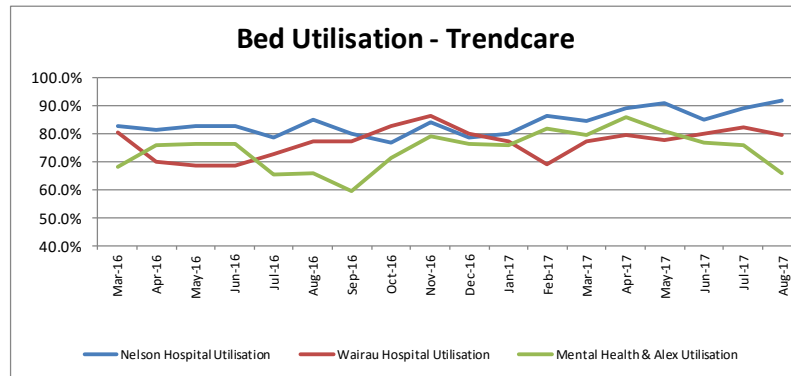
#### Length of stay target for past 3 months

	June 2017		July 2017		August 2017	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
<b>Nelson</b>	2,203	2,100 95.32%	2,263	2,111 93.28%	2,322	2,142 92.25%
<b>Wairau</b>	1,662	1,600 96.27%	1,571	1,500 95.48%	1,547	1,474 95.25%

### BREACH ANALYSIS – Nelson

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

### 7.2 Hospital Occupancy / Acute Demand



### 7.3 Elective / Acute Arranged Services

At the end of July, NMH is below plan by 44 discharges for MOH requirements for elective surgery, with the number of elective surgical procedures at 92.7% of the Health Target for 2016/17 (556 discharges delivered against a plan of 600).

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

#### Nelson Marlborough District Health Board 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	481	451	-30	7,533
Elective non-surgical PUC	13	16	3	
Arranged surgical PUC	99	83	-16	
Arranged non-surgical PUC	7	6	-1	
<b>YTD Health Target</b>	<b>600</b>	<b>556</b>	<b>-44</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
Final Published Health Target Result				

### MoH Elective Services Online

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

DHB Name: Nelson Marlborough

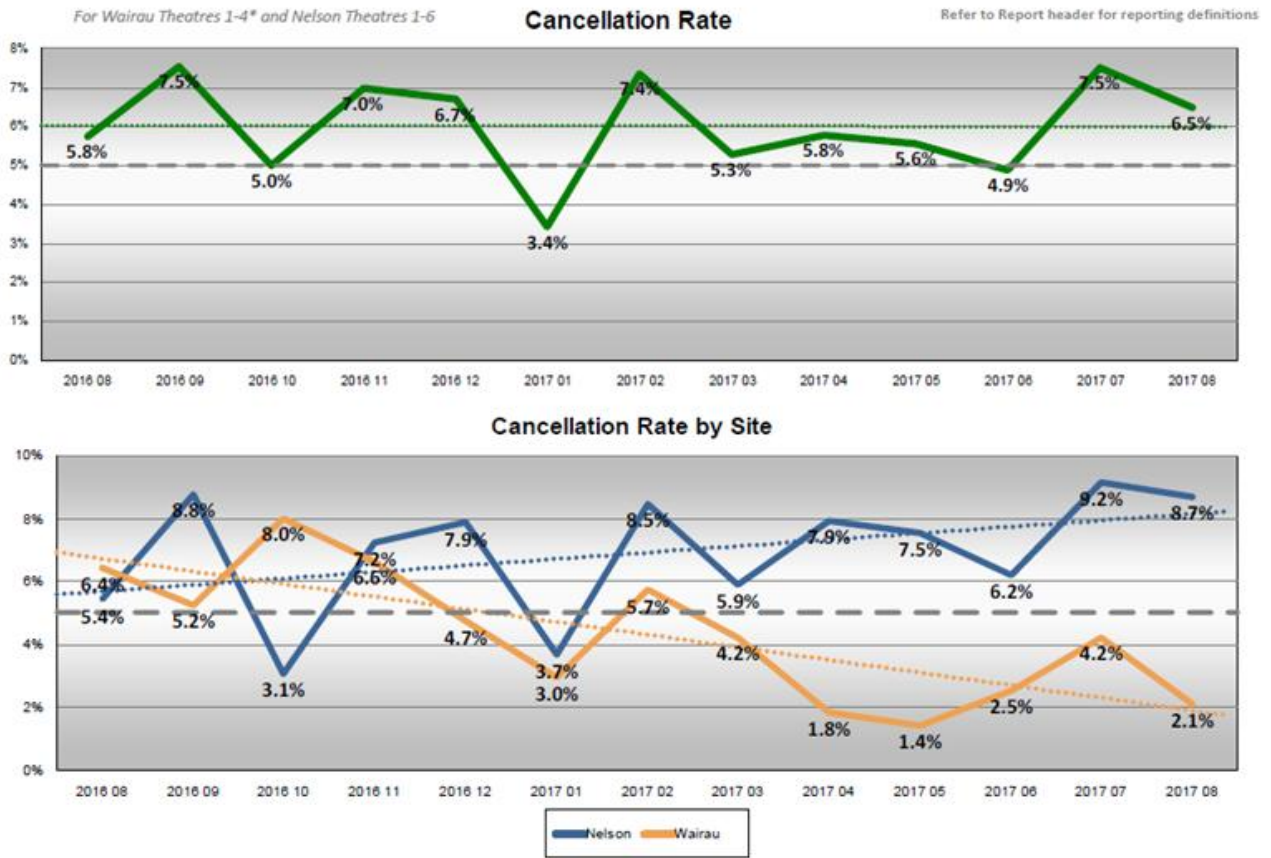
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	Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	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.	19 of 21	90.5%	2	14 of 21	66.7%	7	17 of 21	81.0%	4	20 of 21	95.2%	1	14 of 21	66.7%	7	20 of 21	95.2%	1	19 of 21	90.5%	2	21 of 21	100.0%	0	17 of 21	81.0%	4	18 of 21	85.7%	3	21 of 21	100.0%	0	20 of 21	95.2%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	12	0.3%	-12	12	0.3%	-12	12	0.3%	-12	39	1.1%	-39	12	0.4%	-12	73	2.1%	-73	29	0.8%	-29	12	0.4%	-12	44	1.3%	-44	12	0.4%	-12	12	0.4%	-12	26	0.7%	-26
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	0.7%	-11	14	1.0%	-14	31	2.1%	-31	13	0.9%	-13	50	3.5%	-50	47	3.3%	-47	14	1.0%	-14	16	1.1%	-16	36	2.4%	-36	30	2.0%	-30	12	0.8%	-12	44	2.9%	-44
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.	704	100.0%	0	551	100.0%	0	526	100.0%	0	627	100.0%	0	534	100.0%	0	454	99.0%	1	592	100.0%	0	726	100.0%	0	567	100.0%	0	740	100.0%	0	511	100.0%	0	493	100.0%	0

Data Warehouse Refresh Date: 01/Sep/2017

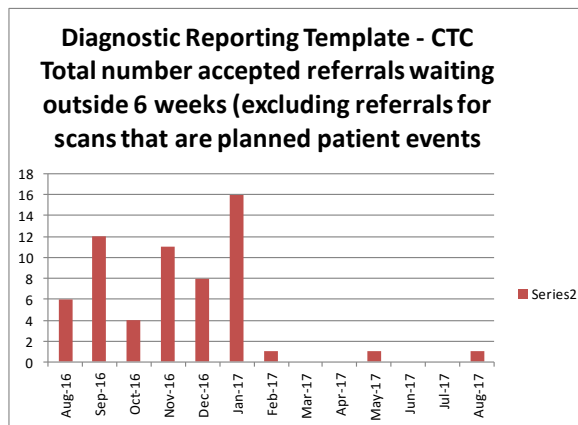
Report Run Date: 04/Sep/2017

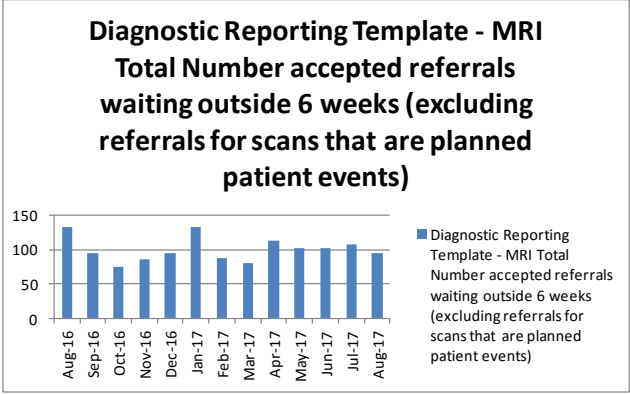
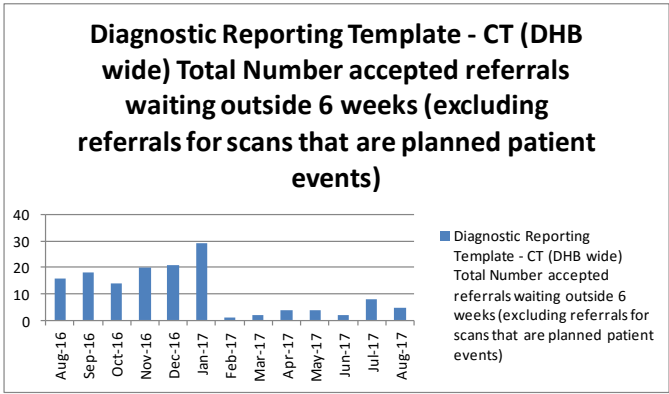
Notes:  
 1. Before July 2016 the required timeframe for ESPI 1 is 10 working days and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.  
 2. Before July 2015 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 6 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 0.3%, 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 10 patients or less than 0.9%, and Red if 1% 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 0.9%, and Red if 1% or higher.  
 8. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.  
 9. 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@mon.govt.nz](mailto:elective_services@mon.govt.nz)).

### 7.4 Theatre Cancellations

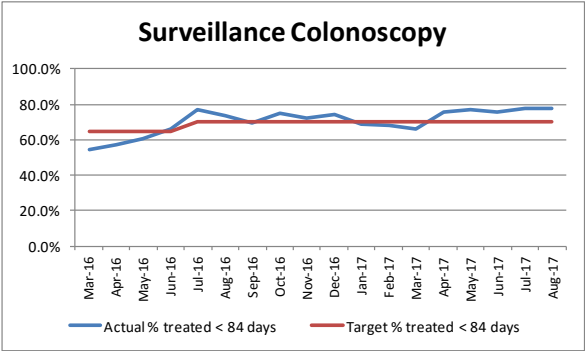
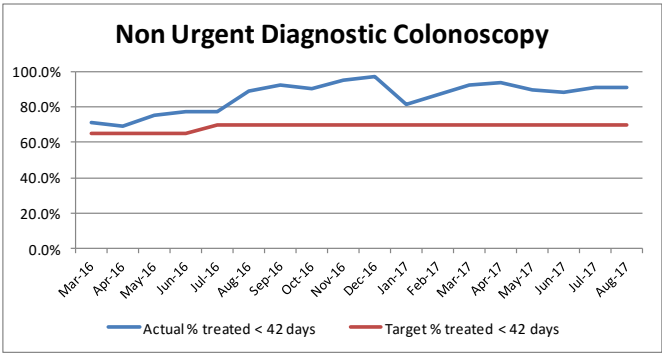
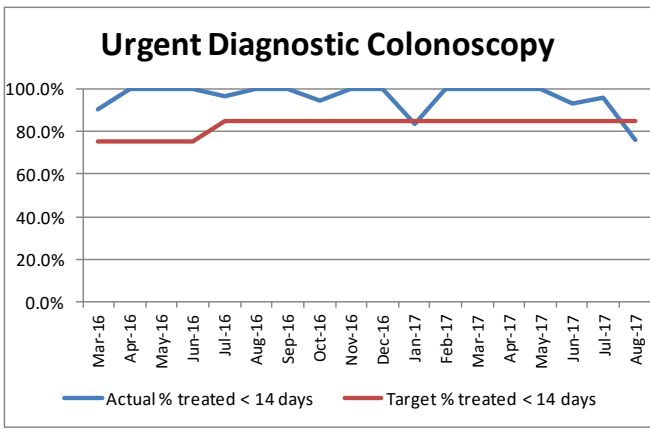


### 7.5 Enhanced Access to Diagnostics





## 7.6 Improving Diagnostic Waiting Times – Colonoscopy



## 7.7 Faster Cancer Treatment – Oncology

FCT Monthly Report - August 2017						Reporting Month: Jul 2017 - Quarter 1 2017-2018					
						As at 06/09/2017					
62 Day Indicator Records											
TARGET SUMMARY	Completed Records										
	Aug -2017 (in progress)		Jul-17		Jun-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	
	81%	19%	88%	13%	90%	10%	84%	10%	86%	14%	
	Number of Records	25	6	28	4	36	4	53	10	315	52
Total Number of Records	31		32		40		63		367		
90% of patients had their 1st treatment within: # days (from July incl Qtr 1 figures) 85% for remainder of periods incl year to date	84		65		56		74		62		

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

Quarter 4		Previous Year (2016)	
Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
87%	13%	81%	19%
87	13	249	58
100		307	
57		63	

YEAR TO DATE	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
Tumour Stream					
Brain/CNS			100%	0	0
Breast	94%	66	6%	4	70
Gynaecological	90%	18	10%	2	20
Haematological	90%	18	10%	2	20
Head & Neck	80%	24	20%	6	30
Lower Gastrointestinal	85%	40	15%	7	47
Lung	59%	27	41%	19	46
Other	50%	2	50%	2	4
Sarcoma	0%	0	100%	1	1
Skin	95%	82	5%	4	86
Upper Gastrointestinal	92%	12	8%	1	13
Urological	86%	24	14%	4	28
Blank	100%	2	0%	0	2
All Streams	86%	315	14%	52	367

Ethnicity	% Within 62 Days	Within 62 Days	% Exceeded 62 Days	Exceeded 62 Days	Total Records
african	100%	1	0%	0	1
asian not further defined	100%	1	0%	0	1
don't know	100%	0	0%	0	0
european not further defined	83%	10	17%	2	12
indian	0%	0	100%	1	1
not stated	100%	2	0%	0	2
nz european	87%	275	13%	40	315
nz maori	58%	7	42%	5	12
other asian	100%	1	0%	0	1
other ethnicity	0%	0	100%	1	1
other european	79%	15	21%	4	19
response unidentifiable	100%	1	0%	0	1
samoan	100%	1	0%	0	1
southeast asian	100%	1	0%	0	1
Grand Total	86%	315	14%	53	368

## 8. MĀORI HEALTH

### 8.1 Māori Cancer Pathways Project He Hata Pukupuku)

This initiative seeks to improve the cancer pathway through cancer services for Māori. However, it should not be viewed in isolation from initiatives which have been undertaken within our district to reduce Māori developing cancer in the first place (quit smoking, exercise, diet and screening initiatives). Former All Black great Buck Sheldford was brought to the district raising awareness around prostate cancer for Māori men on 8 September in Wairau and 9 September in Nelson. The initiative was also run in Franklyn Village and Te Waka Hauora will be running regular sessions with Franklyn Village tenants on key health priority areas that impact on Māori and high needs non Māori on an ongoing basis. Interest from the Franklyn Village residents is very high and enables our promotion direct to high needs population groups.

## 8.2 Māori Model of Care

An integrated Māori Model of Care (Mental Health and Addictions) Poutama has been created for Mental Health and Addictions. Poutama will continue to be implemented over the next 12 to 24 months. An extra Kaiatawhai role has been created in Wairau Hospital in Mental Health and Addictions which will work alongside the Nelson based positions and the wider team.

## 9. CLINICAL GOVERNANCE

### 9.1 Certification

Certification visits are planned to occur on 31 October and 3 November 2017.

### 9.2 Quality & Safety Measures

Results for Quarter 1 of the HQSC quality and safety measures show.

- Hand hygiene rates remain just under the target of 80% at 78%
- Falls assessments remain above target at 93% and falls plans have markedly improved with a rate now of 87% (still short of the target of 90%) but better than previous quarters which were 77 and 73% respectively
- Team engagement with the safer surgery checklists has continued to improve.

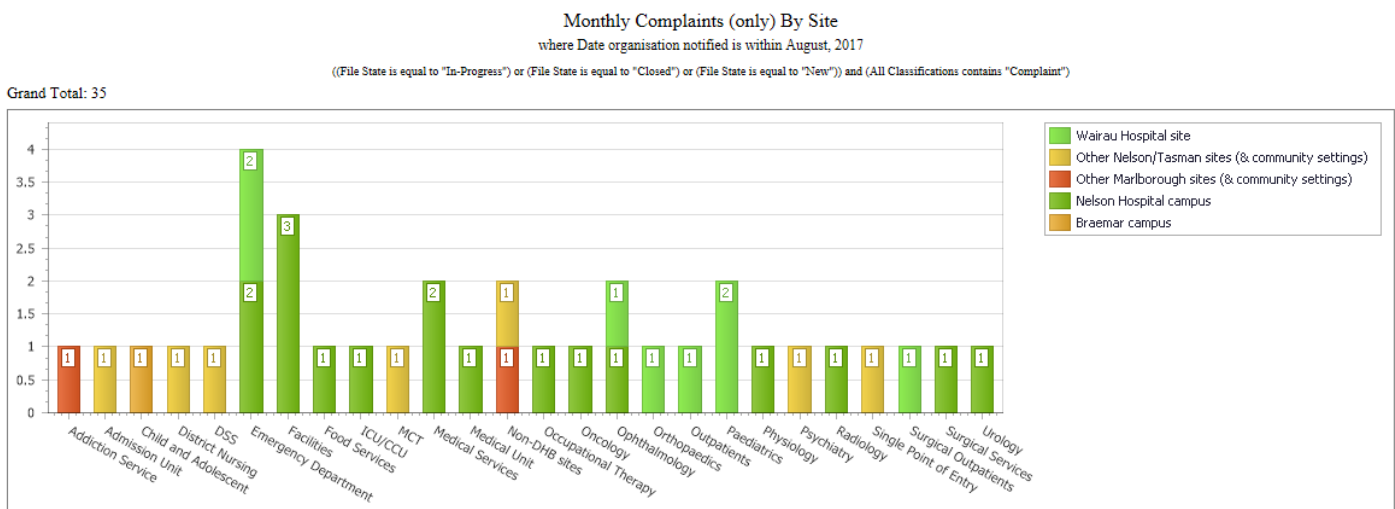
### 9.3 Official Information Act

NMH has had no OIA complaints, and we were ranked 4<sup>th</sup> of 20 DHBs for OIA requests responded to within the legislative timeframe for the 2016/17 period.

### 9.4 Service User Compliments and Complaints

#### 9.4.1 Complaints

There were 22 complaints received for August compared to 23 the previous month. The graph below shows the number of complaints responded to within 20 working days over the past two years.



#### 9.4.2 Compliments

Approximately 65 compliments were received in August over a wide range of services.



## 10. HUMAN RESOURCES

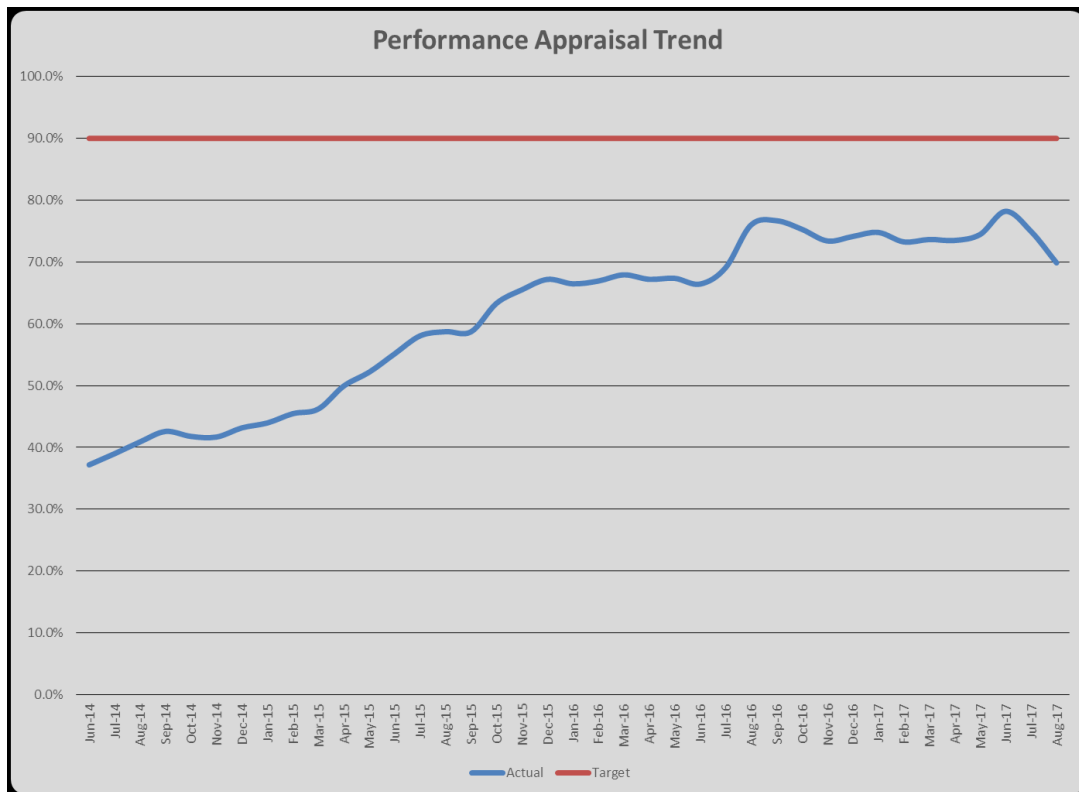
### 10.1 Orientation

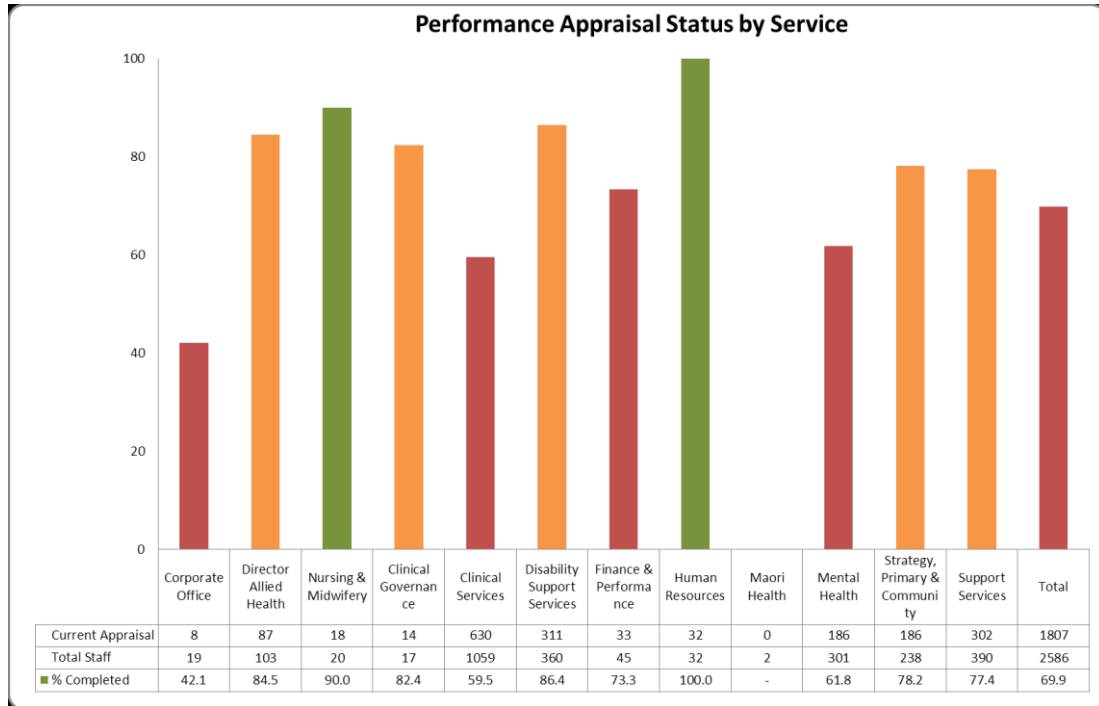
The new employee induction, approved by ELT in May, is now live in Wairau and will be live in Nelson from 1 October. The programme was very well received by those who recently attended.

The New Staff intranet toolkit and Managers toolkit have now launched and feedback so far has been positive. The New Staff toolkit has been designed as a place where all employees can go for key information, helpful links and supports to aid orientation to the organisation, including an overview of induction requirements for the first three months. The Managers toolkit page has been designed to support managers with induction and will continue to grow with further manager supports alongside the development of the Management Series modules.

### 10.2 Performance Appraisals

We have dropped from last month's result of 75% of staff with a current appraisal to 69.9%, but this does reflect the demands on our staff with a high acuity winter.



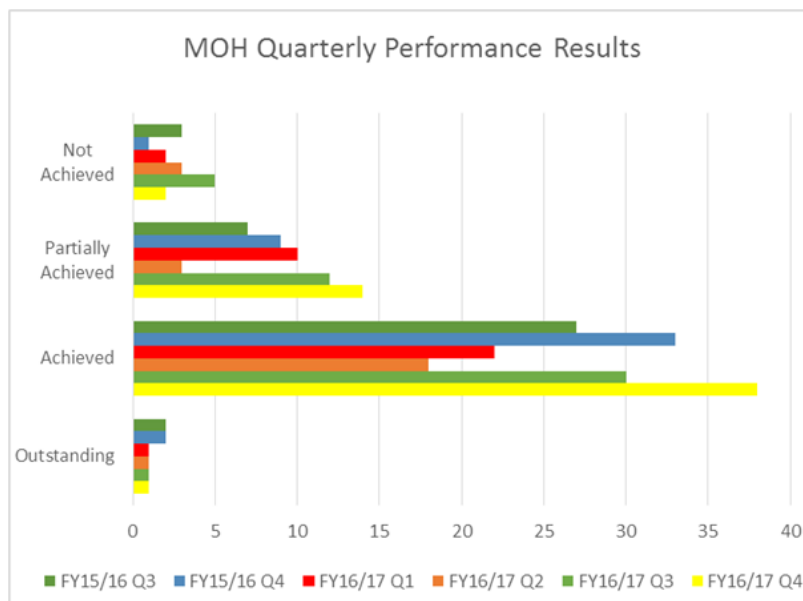


### 10.3 NMH/NMIT Health Career Fairs

NMH and NMIT hosted career fairs for students interested in working in health. These were held in Wairau on 23 August and Nelson on 28 August. The feedback received was extremely positive including “Really interesting and they went out of their way for us to have the best opportunity possible”, “Really interesting to find out about a profession I did not now about”, and “Pharmacy, it was really fun and interesting. It helped me think about it”.

### 10.4 Performance Reporting 2016/17

The Quarter 4 performance reporting has been completed with confirmed ratings provided by MOH. The summarised results are attached as item 5.2. The results continue to be pleasing with 53/55 measures being rated as partially achieved or better. This means only two measures were rated as “Not Achieved” and both of these relate to immunisations rates. The following graph shows the MOH confirmed ratings over the last six quarters.



Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

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