Aide-Mémoire

Health New Zealand
Te Whatu Ora

Topical issues in Nelson

Due to MO:	14 May 2025	**Reference**	HNZ00087172
To:	Hon Simeon Brown, Minister of Health		
From:	Martin Keogh		
Copy to:	N/A		
Security level:	Sensitive	**Priority**	Routine
Consulted	N/A		
Proactive Release:	This title is not proposed by Health NZ for proactive release		

Contact for further discussion (if required)

Name	Position	Phone	1st contact
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Attachments

Appendix 1: Nelson Review timeline

Purpose

1. You requested an update on two aide memoires – one supporting your visit to Nelson Hospital in March (HNZ0081660 refers) and another on the Nelson Review (HNZ00086943 refers) – to ensure the content is up-to-date. Specifically, you requested additional information on progress and timelines of the Nelson Review, workforce, under-pressure services at the hospital, and any emerging issues in primary and urgent care.

Summary

2. The Nelson Review is on schedule and we anticipate the final report, including recommended actions, being with your office in the week commencing 9 June 2025.
3. The Review Team's initial findings show that workforce constraints, and the population's bed demand exceeding capacity, are key contributors to areas of low performance against Health Targets, as well as the under-pressure specialist services. Addressing these constraints will result in more timely, quality access to care and improved Health Target performance.
4. Key local initiatives are being implemented to alleviate workforce constraints and capacity issues. Once available, the recommendations from the Nelson Review will provide greater detail on these. Regional Workforce Planning is also underway, led by Dr Pete Watson, focusing on 'at risk' services.

Discussion

Nelson Review update

5. The Nelson Review is on schedule. An update from each workstream is below.

Workstream 1: Clinical Quality and Safety

6. The Clinical Quality and Safety stream has been established to explore clinical governance, review reported delays to diagnosis and treatment of individual patients highlighted in the media, and review at risk specialities such as Vascular, Obstetrics and Gynaecology.
7. The review team had two two-day onsite visits to Nelson Hospital in April 2025, which were predominantly used to meet with staff and interview clinical, non-clinical and non-management staff. In addition, the following information has been reviewed:
    a) Policies, Guidelines and Controlled Documents.
    b) Committee meeting Terms of References and Minutes.
    c) Service Reports.
    d) Structure Charts.
    e) 'I Have An Issue' Forms.
    f) Extracts of clinical information from the patient management system.
8. The review of reported cases does not replace the Nelson-Marlborough Adverse Event

Process (i.e., if serious patient harm is identified, the SAC Review will be the responsibility of Nelson-Marlborough to investigate).

9. The Quality & Clinical review section of the report has been drafted and is on track for completion by the end of May 2025.

Workstream 2: Access to Care

10. The focus of the Access to Care stream is to evaluate the current performance of each department in delivering timely and equitable access to care and explore any immediate steps to improve access. This will be followed by advice on any changes/investment that may be necessary.

11. Work with clinical leads so far has focused on establishing agreement that the national data on access to care set reflects local data. The next meeting with clinical heads is on 16 May, which will discuss opportunities to change practice and to begin work on understanding and improving access to diagnostic tests.

12. Common themes impacting access to care highlighted during the review include perceived under-staffing, especially RMO and some technical staff, and lack of hospital bed capacity.

13. You requested additional information on under-pressure services at the hospital. A brief assessment of under-pressure services identified by the review so far is below.

14. For access to first specialist assessment (FSA), access to urgent outpatient assessment is broadly good; however significant improvement is needed in timeliness for non-urgent reviews. There are potential opportunities to flex the site of delivery between Nelson and Blenheim, and across the region, for some outpatient work (as well as using telehealth where appropriate).

17. Planned care theatre metrics for Nelson have shown a significant improvement in the last two months. One risk is that Vascular and Spinal surgery services are each delivered by a single clinician. This likely explains some of the poor performance of these specialities and is part of revised regional service delivery planning.

18. Next steps in the Access to Care stream include:

    a) Deeper analysis of FSA and treatment performance at subspecialty level.

    b) Analysis of access to diagnostic services.

c) Exploring with clinical leads opportunities for change.

d) Continuing workforce planning and clinical service delivery planning/change processes.

Workstream 3: Workforce

19. The Workforce stream has been established to investigate the specific workforce challenges faced by the Nelson/Marlborough team, contextualise this within the regional and national system, and make recommendations for short-, medium- and long-term solutions.

20. Initial onsite visits and meetings took place on 1 April, followed by extensive online group and one-on-one meetings. A follow-up onsite visit was conducted over 12 and 13 May to ensure observations by the review team were verified before the final report is written.

21. As part of the review, benchmarking of FTE with other, similar-sized hospitals across Health NZ is also underway. The Nelson and Wairau hospital data being used in this benchmarking is in Table 1.

Table 1: Benchmarked FTE data for Nelson and Wairau Hospitals

Hospital	House Officers	Registrars	SMOs
Nelson Hospital	51.7	53	116.9 including 13.3 vacancies (11.4%)
Wairau Hospital	21	7	40.0 including 5.8 vacancies (14.4%)

Note: Data is not budgeted FTE but is based on payroll data for period ending 6 April 2025 and includes current vacancies for which recruitment is underway. Staff working across both Nelson and Wairau hospital are coded only to Nelson within HR systems.

22. Next, this benchmarking against other similar-sized hospitals to be completed by 23 May, before a final report is delivered to Health NZ Leadership.

Workstream 4: Facilities

23. The facilities stream was established to assess the adequacy, condition and configuration of the hospital facility in relation to current and future clinical service needs, taking into consideration the facility enhancements that are already planned.

24. As a result of the assessments to date, we will be prioritising the following five areas in our facility needs:

a) Nelson ED expansion: The $10.6 million expansion is progressing on time and to budget and is anticipated to open in 2026. The OPEX Business Case for the expanded ED is currently being finalised.

section 9(2)(b)(ii)

c) Outpatient Facilities: we are increasing outpatient facilities with the fully refurbished Ophthalmology Outpatient Centre, on schedule to open in July. Work is underway to how the current amenity is used, and how this existing capacity could be used for other services once the refurbished facility opens.

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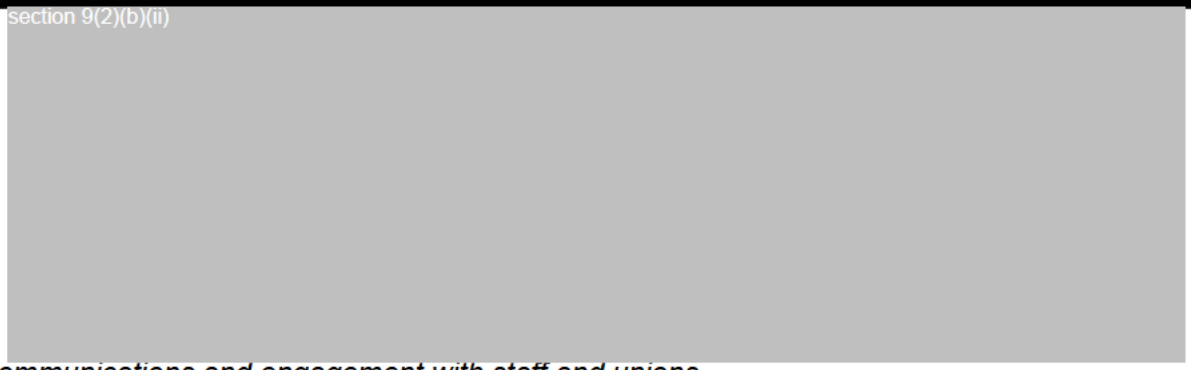


Communications and engagement with staff and unions

25. To ensure staff are kept informed on the Review, Martin Keogh is hosting regular all-staff hui to provide updates and answer questions. Martin, Pete Watson and Helen Stokes-Lampard are also regularly meeting with unions, with the next meeting being scheduled for May or June.

High-level timeline of next steps

26. The proposed timeline of next steps remains accurate (HNZ00086943 refers) and has been included as Appendix 1.

27. Finalised reports from the four workstreams will be submitted to Health NZ leadership week commencing 26 May.

28. Recommendations to be approved/endorsed by Health NZ leadership, and summary report for public release will be prepared, in the week commencing 2 June.

29. The final report shared with your office in the week commencing 9 June.

Updated information on Nelson Hospital

30. On 12 March, we provided you with an event briefing (HNZ00081660 refers)] to support your visit to Nelson Hospital. An update to that aide memoire is below.

31. Current Health Target Performance is outlined below:

Health Target	Recent Operational Data as at 12/05 (Nelson/Marlborough)	Q2 Published (Nelson/Marlborough)
Shorter stays in emergency departments	Nelson: 74.9% Wairau: 86.6%	77.9%
Shorter wait times for first specialist assessment (FSA)	43.4%	51%
Shorter wait times for elective treatment	47.0%	54.3%
Faster cancer treatment	85.2%	86.1%
Improved immunisation	80.1%	77.7%

32. Nelson/Marlborough continues to focus on Shorter Stays in ED and is close to reaching the 2024/25 milestone.

33. Steady progress is also being made on Faster Cancer Treatment with a focus on access to surgery. This focus is showing continued improvement, resulting in Nelson/Marlborough being within 1% of 2024/25 milestone in latest operational data.

34. Nelson/Marlborough is also close to reaching the 2024/25 milestone for Improved Immunisation and is only 13 individuals from achieving 84%. Local teams are working closely with the two highly-engaged PHOs to see these individuals immunised before 30 June.

35. First Specialist Appointment and Treatment for planned care is showing improvement, with Turn Rates over 1.1 – the highest in 12 months.

Initiatives underway to improve health target performance

36. Initial findings from the Nelson Review indicate that resolving workforce constraints and increasing bed capacity will see continued improvement. Examples of initiatives are underway to reduce these constraints, and improve data, are outlined below.

37. The **quality of wait list data** has been identified as a focus area for improvement with Project Manaakitanga – an ongoing project to validate the data on patients waiting longer than 120 days for FSA is starting the week commencing 12 May. The current waitlist has been separated into two cohorts;

    a) Cohort 1: Small specialties, expected to be completed by 31 May.

    b) Cohort 2: Specialties with larger volumes, expected to be completed by 30 June.

38. The ESPI 2 wait list review of Gynaecology carried out last week resulted in 7% of these patients no longer requiring their specialist appointment.

39. An **Early Supported Discharge Service** started on 5 May in Nelson, with an initial focus on ACC patients who meet the non-acute rehab contract criteria. This programme provides specialist rehab in a patient's own home, this enables us to safely discharge these patients 7 – 10 days earlier than was previously possible. Early feedback from patients has been overwhelmingly positive.

section 9(2)(b)(ii)

42. A **Discharge Lounge** has been set up in Nelson to help get patients home to their whānau faster, freeing up bed capacity and improving flow from ED. A Discharge Manager has been appointed who, with a Health Care Assistant, connects with the multi-disciplinary teams and charge nurse managers to identify patients suitable for expediated discharge through the lounge. The Discharge Lounge is processing an average of 10 patients a day.

43. The **assessment of paediatric referrals** for children with behavioural concerns adds complexity to the referral process and introduces delays in getting to FSA. Increasing staffing resource to manage these complex assessments will free up system capacity. The team are:

    a) Recruiting to a coordinator, who will support these assessments and ensure recommendations are completed. This is a new role to Nelson/Marlborough and is based on the Tauranga model, which introduces a single point of entry for these

referrals.

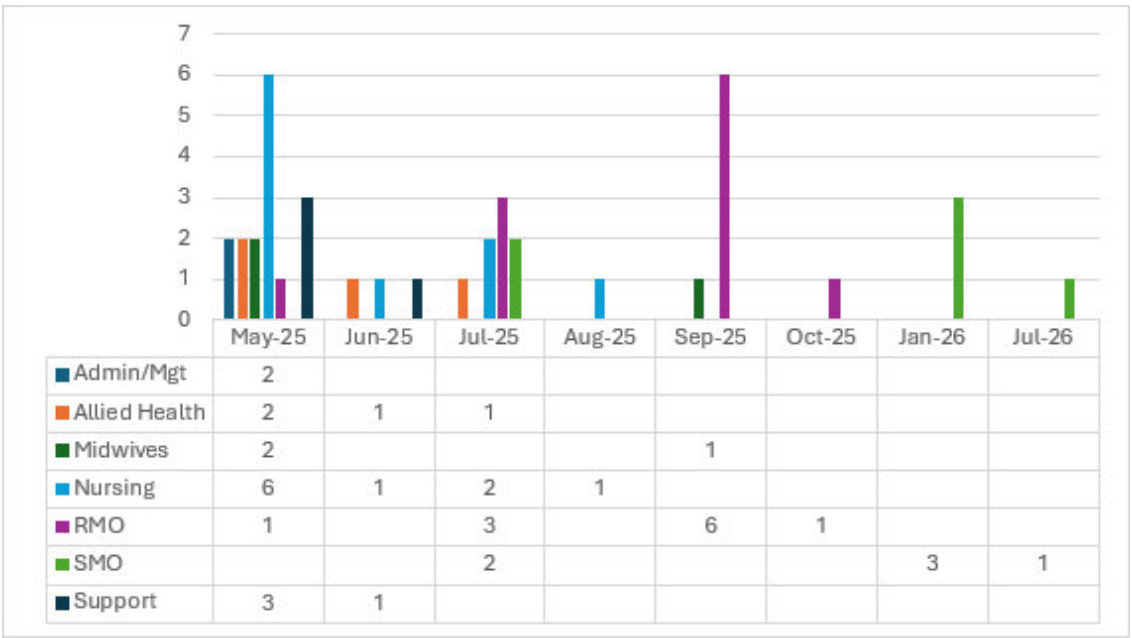
b) Adding a fourth paediatrician to the Wairau on-call roster will free up SMO FTE to assist with the behavioural assessments.

section 9(2)(b)(ii)

Workforce pipeline

46. You requested information on FTE currently under recruitment. As of 9 May, we have 33 front-line staff anticipated to start within the next eight months, including ten nurses, ten RMOs and five SMOs. A detailed breakdown of anticipated start dates by profession is in Table 2.

Table 2: Nelson / Marlborough recruitment pipeline and anticipated start date for new staff, by profession



	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Jan-26	Jul-26
Admin/Mgt	2							
Allied Health	2	1	1					
Midwives	2				1			
Nursing	6	1	2	1				
RMO	1		3		6	1		
SMO			2				3	1
Support	3	1						

47. We have under consideration a further 4.0 SMO FTE,1.6 Nurse FTE, and 1.0 Allied FTE. Details on the specific roles requested of the fund is in Table 3.

Table 3: Nelson / Marlborough recruitment pipeline and anticipated start date for new staff

District	Role	FTE	Fund
Nelson/Marlborough	Emergency Department Specialist	1.00	SMO
Nelson/Marlborough	Obstetrics & Gynaecologist	1.00	SMO
Nelson/Marlborough	Ortho-Geriatrician	1.00	SMO
Nelson/Marlborough	Paediatrician	1.00	SMO
Nelson/Marlborough	Clinical Nurse Specialist; Urology,	0.80	Nurse
Nelson/Marlborough	Clinical Nurse Specialist; Vascular	0.80	Nurse
Nelson/Marlborough	Advanced Physiotherapist MSK	1.00	Allied

Primary & urgent care emerging issues

48. You requested information on any emerging issues in primary and urgent care. Sustainability of urgent primary care in Marlborough has been highlighted by the two PHOs in the region. While there is no current risk to service delivery, the Marlborough PHO has been working with practices regarding the sustainability of GPs working within the Marlborough Urgent Care Centre.

section 9(2)(b)(ii)

Next steps

50. The Nelson Review will be completed and shared with your office the week commencing 9 June.

Appendix 1: Nelson Review timeline

Report Plan	Action	Notes
W/c Monday 26 May	Four workstream leads to provide their final reviews and recommendations for compiling.	
W/c Monday 2 June	Report finalised and out for feedback and approval.	Recommendations put forward to Executive Leadership Team for approval.
	Prepare a summary report for public release (including website)	Including key findings and recommendations once approved/endorsed by ELT.
W/c Monday 9 June	Final report socialised.	Final report to be shared with Health NZ leadership and your office.
Media and Communications	**Action**	**Notes**
Mid/late June Monday	Media advisory to be issued outlining Thursday (embargoed) release of report and PR, followed by media stand-up (including details of time, location)	Spokespeople – Dr Richard Sullivan and Martin Keogh Preference for the stand-up to be held at Nelson Hospital
Wednesday	Your office to receive embargoed report and press release	
Thursday	**10am**: Nelson SMOs /CDs to receive embargoed report (and potentially to unions)	To consider sharing key findings with patients in media (Richard/Martin TBC)
	10.30am: Media receive embargoed report and embargoed press release	
	10.30am: Media briefing with Richard Sullivan and Martin Keogh	
	11am: Potential leadership meeting with Nelson staff to discuss report (and/or all staff hui)	
	12pm: Report and statement go live on Health NZ website	
	12pm: Media Stand-up -including opening remarks and Q&A. Will consider interview requests as required but recommendation is to do 1News (Jess Roden), Nelson Mail, Checkpoint and Drive, then refer all media to statement and report on website.	Led by Dr Richard Sullivan and Martin Keogh.