

NOTICE OF MEETING

OPEN MEETING

**A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 28 July 2020 at 12.30pm**

**Seminar Centre Room 1, Braemar Campus.
Nelson Hospital**

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	12.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	12.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	12.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
4.1	Psychosocial Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Models of Care Programme Report		Attached	Resolution
7.1	MOC Reporting		Attached	Note
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.15pm	As below	Resolution

PUBLIC EXCLUDED MEETING

1.15pm

Resolution to exclude public

RECOMMENDATION

THAT the Board resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of Board Members held on 23 June 2020 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***Decision Items – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Member of West Coast Partnership Group ▪ Member Health Promotion Agency (HPA) 			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Chair of Progress Nelson Tasman 		
Gerald Hope		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	<ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian 	<ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint owner of Forrest Wines Ltd 	<ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB 	
Dawn McConnell	<ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	
Allan Panting	<ul style="list-style-type: none"> ▪ Chair General Surgery Prioritisation Working Group ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group ▪ Chair National Orthopaedic Sector Group 			
Stephen Vallance	<ul style="list-style-type: none"> ▪ Chairman, Crossroads Trust Marlborough 			
Jacinta Newport	<ul style="list-style-type: none"> ▪ 			

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	<ul style="list-style-type: none"> Board member Nelson/Tasman Cancer Society 	<ul style="list-style-type: none"> Trustee Te Matau Marine Centre Chair of Top of the South Regional Committee of the NZ Community Trust Justice of the Peace 		
Jill Kersey	<ul style="list-style-type: none"> Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> Employee at NMIT Chair of Te Runanga o Ngati Rarua Board member Nelson College Chair Tasman Bays Heritage Trust (Nelson Provincial Museum) 	Provider for potential contracts	

As at January 2020

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CLINICAL SERVICES					
Lexie O'Shea	GM Clinical Services				
Pam Kiesanowski	Director of Nursing & Midwifery	<ul style="list-style-type: none"> Chair SI NENZ Group 			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> General Practitioner Mapua Health Centre Chair NMDHB Clinical Governance Committee MCNZ Performance Assessment Committee Member 			
Nick Baker, Dr	Chief Medical Officer	<ul style="list-style-type: none"> Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) Member of Paediatric Society of NZ Fellow Royal Australasian College of Physicians Occasional Expert Witness Work – Ministry of Justice Technical Expert DHB Accreditation – MOH Occasional external contractor work for SI Health Alliance teaching on safe sleep Chair National CMO Group Co-ordinator SI CMO Group 	<ul style="list-style-type: none"> Wife is a graphic artist who does some health related work 		

Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> Member SI Quality Alliance Group – SIAPO Associate Fellow of Royal Australasian College of Medical Administrators Fellow of the Royal Meteorological Society Member of NZ Digital Investment Board Ministry of Health External Clinical Incident Review Governance Group - ACC 			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> Member of the Nelson Marlborough Cardiology Trust Member of Physiotherapy New Zealand Member of the New Zealand DHB Physiotherapy Leaders group Member of the New Zealand Paediatric Group Chair of South Island Directors of Allied Health President of the Nelson Marlborough Physiotherapy Branch Deputy Chair National Directors of Allied Health Acting Chief Allied Health Professions Officer MOH (secondment) 			

Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MENTAL HEALTH SERVICES					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> Husband works for NMDHB in AT&R as a Physiotherapist. Son employed short term contract as data entry 	<ul style="list-style-type: none"> Board member Distance Running Academy 		
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> Husband is shift manager for St John Ambulance 	<ul style="list-style-type: none"> Trustee of the Empowerment Trust 		
Kirsty Martin	GM IT	Nil			
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> Trustee of Golden Bay Community Health Trust Member of National Food Services Agreement Contract Management Group for Health Partnerships Wife is a Registered Nurse working for a number of GPs on a casual basis 			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> Daughter employed by Pharmacy Department in the casual pool Sister is employed by Marlborough PHO as Healthcare Home Facilitator 	<ul style="list-style-type: none"> Daughter is involved in sustainability matters 		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> Te Herenga Hauora (GM Maori Health South Island) Member of Te Tumu Whakarae (GM Maori Health National Collective) Partner is a Doctor obstetric and gynaecological consultant 	<ul style="list-style-type: none"> Both myself and my partner own shares in 		

Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) 	various Maori land incorporations		
CHIEF EXECUTIVE'S OFFICE					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> DHB representative on the PHARMAC Board National CE Lead for Joint Procurement Agency National CE Lead for RMO National CE Lead for Mental Health Board Member of Health Roundtable Board Trustee of Churchill Hospital Daughter employed as RN for NMDHB 	<ul style="list-style-type: none"> Son-in-law employed by Duncan Cotterill 		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> Brother works at NMDHB in the Transport Department 			

As at May 2020

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE SEMINAR ROOM, FIRST FLOOR ARTHUR WICKS BUILDING, WAIRAU HOSPITAL ON 23 JUNE 2020 AT 12.30PM**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair), Gerald Hope, Stephen Vallance, Allan Panting, Brigid Forrest, Jacinta Newport, Paul Matheson, Jill Kersey, Dawn McConnell, Olivia Hall

In Attendance:

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Gaylene Corlett (Board Secretary)

Via Zoom:

Lexie O'Shea (GM Clinical Services), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Stephanie Gray (Communications Manager)

Apologies:

Nil.

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Samantha Gee, Nelson Mail, via Zoom

Alastair Sowman, member of public

Walter Scott, member of public. Walter spoke about the proposed amalgamation of DHBs, noting the recommendations do not take into account the geographical nature of our community, the need to have the right people on the Board (he believes NMH has the right mix), and does not believe combining DHBs and PHOs has value. The Hospital Support and Services Group does not support the amalgamation of DHBs. The Chair responded that the Review is a report to be received, noting it has 86 recommendations, none of which have been endorsed or put into regulation or been adopted. The DHB serves to support our community for health care, and will continue to do so until any change is confirmed.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance
Seconded: Brigid Forrest

THAT THE MINUTES OF THE MEETING HELD ON 26 MAY 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Point

Item 1 – Wood Pellet Trail: An Engineer's Feasibility Report is being undertaken.
Item 2 – Consumer Council Extension to Member Term: Carried forward.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

Noted comments regarding the Health & Disability Review in Public Forum.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Annual Plan

The draft Annual Plan, and associated budget, was submitted to MOH. This will be presented to the Board at the July meeting.

Mental Health

Discussion was held on the proposal to close Nikau House. It was noted this is a consultation process to review the service, to ascertain if it is still fit for purpose for delivering care to those with mental illnesses in the community. It is not about exiting the service, but about providing it in a different way.

Discussion was held on the vacancies in Mental Health staffing. It was noted that this has only been a concern in the past 12 months, and recruiting issues is a national problem. It also occurs, at times, in many of our other specialist services. The recruitment of Mental Health specialists has been complicated by COVID, noting one specialist was due to arrive from overseas but could not get to New Zealand. We are also looking at options for nurse practitioners, registrars etc.

The psychosocial dashboard was noted.

Swoop Teams

Discussion held on whether Swoop teams will be used going forward. It was noted that COVID did push our models of care thinking around managing people in settings other

than hospital. The pilot was a great success, and we will be looking to see if we can continue this service.

Maori Health

Noted NMDHB has developed the strongest model in the country around Maori maternal health.

Multiagency Approach

The CE commented on the phenomenal energy and endeavour across the health system to cover the gaps that emerged due to the COVID response. This included working with community agencies and iwi around continued support from a health response, and also supporting agencies around social care issues.

It is important not to lose the gains made in improved collaboration, working across agencies, breaking down silos, and opportunities to deliver a more responsive health care system and, in particular, close equity gaps.

As part of the “new normal” operational leads out of key agencies and iwi representatives are still meeting to embed the things we have learnt and want to keep moving forward, eg “no wrong door” for anyone that engages with any part of the social care system, where collectively we help that person navigate to the supports that are needed.

SECTION 6: FINANCIAL REPORT

The May financial result has been heavily influenced by continued costs related to the response to the COVID-19 pandemic.

From a Business As Usual perspective, there is a small deficit of \$11k (\$438k favourable to plan) for the month. This brings the year to date result to a deficit of \$6.3m (\$1.6m adverse to plan).

Discussion held on COVID costs. Noted there will be significant financial impact to a number of organisations including DHBs and PHOs.

National Procurement Contracts

Noted.

Equity Repayment

Noted and endorsed.

Moved: Dawn McConnell

Seconded: Allan Panting

THAT THE BOARD:

1. RECEIVES THE FINANCE REPORT

2. APPROVES THE REPAYMENT OF EQUITY TO THE VALUE OF \$547,308.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: MODELS OF CARE REPORT

Noted.

SECTION 9: CLINICAL GOVERNANCE REPORT

Report noted. It was queried if there is Maori representation on the Clinical Governance Committee and the Consumer Council. **It was agreed that** membership of both Committees would be provided to Board.

SECTION 10. GENERAL BUSINESS

Nil.

Public Excluded

Moved: Allan Panting
Seconded Dawn O'Connell

RECOMMENDATION:

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- ***Minutes of a meeting of Board Members held on 26 May 2020 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

Resolutions from the Public Excluded Meeting:

The Board approved the following resolutions in the Public Excluded section of the Board meeting:

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- CE's Report – RECEIVED
- Decision: Contract Approval – APPROVED

Meeting closed at 1.20pm.

ACTION POINTS - NMH – Board Open Meeting held on 23 June 2020						
Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE's Report: Wood Pellet Trial	CO ₂ emissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
2	Consumer Council Report	The Chair and CE to meet with the Consumer Council Chair to discuss the request to extend the terms of three Council members for a further twelve months	Jenny Black Peter Bramley	28 July 2020	25 August 2020	Chair & CE meeting with Consumer Council Chair in August
3	Clinical Governance Report	Membership of Clinical Governance Committee and the Consumer Council to be provided at the next meeting	Nick Baker	23 June 2020	28 July 2020	See CE's Report in Public Excluded

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 22 July 2020
Subject: Correspondence for June/July

Status

This report contains:

☐ For decision

☐ Update

✓ Regular report

✓ For information

Inward Correspondence

Date	From	Topic
20/07/2020	HDC	Booklet "Going to Hospital"
20/07/2020	HDC	Booklet "My Health Passport"

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 22 July 2020
Subject: **Chair's Report**

Status

This report contains:

- ☐ For decision
- ✓ Update
- ✓ Regular report
- ☐ For information

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 22 July 2020
Subject: Chief Executive's Report

Status

This report contains:

- ☐ For decision
- ✓ Update
- ✓ Regular report
- ☐ For information

1. INTRODUCTORY COMMENTS

Financial year end falls at a time when the health system is in the midst of winter illness and half way through a calendar year. It does seem the wrong time to be pausing and reflecting on the successes and challenges of the previous year.

Nevertheless, I do want to acknowledge the phenomenal efforts of so many across our health system over the past year. We are so fortunate in Nelson Marlborough to have so many dedicated teams committed to delivering the best care we can to our community (whether directly or indirectly). I love the innovations, initiatives and investments that have been made through 2019/20 that have strengthened our health system, and sought to make it both more accessible and equitable for all in our region.

As in many of our recent years, there has been the challenge of growing demand, especially from an ageing population, coupled with financial constraint. On top of this we are in the midst of a global pandemic with COVID-19. I want to particularly acknowledge the incredible effort of our Public Health team who, along with our community, have helped us eliminate (for now) the virus. Special thanks to all of those who contributed to the effort of both caring for those with COVID, but also in getting our health system prepared for the arrival of COVID. Thank you! Our community is indebted to you.

The challenges never stop in health – and there is no shortage of opportunity to improve our health system. We will continue in 2020/21 to progress the next stage of the business case towards the rebuild of Nelson Hospital, following the completion of the Indicative Business Case (another superb effort for 2019/20). While we wait to see what change comes with the Health & Disability System Review, we will keep focussed on delivering the best health care we can, while improving the outcomes for our most vulnerable. Our Model of Care programme, now under the banner of Ki Te Pae Ora, remains crucial to ensuring we have a health system that is sustainable and fit for the future.

Health is never delivered by just one person, but by a team of people working in partnership underpinned by respect and compassion. Thank you again for everyone's contribution across 2019/20.

2. PRIMARY & COMMUNITY

- A measles catch-up campaign for 15-29 year olds is being planned, and is part-funded by the Ministry of Health.
- A new model for Gateway Assessments (health assessments for children in care) has been rolled out.
- 8 month old vaccination targets have been achieved.
- School Based Health Service provision has started in Rai Valley.

- Home and Community Support Services continue to manage the reduced staffing levels as many of their over 70 workforce decided not to return to work post COVID lockdown. Day programmes have re-opened with some providers taking the opportunity to modify the way they deliver services.
- Community Pharmacy is struggling to keep up with monthly dispensing and non-compliance by prescribers with all the (confusing) changes in paperless prescription rules. Difficulty accessing NZ registered medications (despite best endeavours by PHARMAC) is impacting on pharmacy workload in both community and hospital with more bureaucracy involved in temporarily sourced medication.
- ePharmacy was successfully implemented mid-June, and the hospital pharmacy teams are coping well with the change.
- While the intensity of COVID-19 work is not as it was, there has been a great deal of COVID-19 work related to our local outbreak, including preparing to prevent and respond to the next wave.
- Six Hepatitis B notifications of RSE workers were received, which took a great deal of work to sort out. The situation highlighted the need for improved preventative and other work in local RSE workers, in which we are working collaboratively with other DHBs and the Ministry to start to address.
- WorkWell Health Promoters have had an increase in activity through reaching out to support businesses across Te Tau Ihu. Many workplaces had felt overloaded with information during the last few months and, because of this, Health Promotion developed a simplified resource that is easy for workplaces to follow and implement. The document and supporting link has been distributed across all networks, eg Ministry of Business and Innovation, Chamber of Commerce, Rural Trust, Banks and legal offices etc, and sent to individual businesses. The resource was well received by businesses:

"Thanks for this. I think it is great. Easy to read but informative and I like the graphics and colours with the helpful tips on how to start and that these simple questions are part of the whole Well-being/Mental Well-being area and are of value. Too often people think it is too much and don't go there so good to have reaffirmed that it is ok to just ask a simple question. What I really like is the list of agencies on the back. WOW who knew there were so many?"

- COVID-19 has enabled us to work differently, and to be more flexible in the way we work. This has been valued by the Health Promotion team and has also provided opportunities for the Stop Smoking Service to be innovative when considering ways to connect with clients. Offering phone contact and Zoom appointments to clients has provided a more flexible service, which has been well-received, and has removed barriers such as transport and cancelled appointments due to illness or room bookings. It has also been positive for those who experience anxiety or who do not feel comfortable working face to face.
- Smokefree Health Promoters have built good relationships with Marlborough Girls College and Nelson College for Girls, and had interest from the Colleges to provide education on vaping. Multiple students from Nelson College have reached out to Health Promotion for information on vaping.
- Community Oral Health arrears climbed to 24% directly after lockdown, however they have decreased to 19% since examinations have started again. We have restarted doing additional fluoride applications on Maori and Pacific children.
- A system is now in place to ensure there is a coordinated approach to Te Piki Oranga whanau referred to Outreach Immunisation Services for immunisations. This system means the two services can coordinate to provide comprehensive support to whanau with regard to immunisation.
- The refugee health nurse in Nelson continues great work in this community:

- Liaising with GPs, pharmacy, social workers, Red Cross, refugee navigator and other agencies involved with refugees to ensure coordinated care for refugees/former refugees
- Education around the NZ Health Care System continues with groups of refugees over the first year of arriving in Nelson
- Education for other health professionals, eg midwives, on the needs of this specific group
- Ensuring seamless transition in terms of health for all refugees arriving in Nelson from Mangere refugee centre. For example, enrolment in oral health (and addressing DNAs).
- Public Health Advocate has engaged with the two Junior Doctors Unions, the RDA and STONZ, around their support for the initiation of the Meat Free Monday and other initiatives, due to be launched on 3 August with support of the Chief Executive. Public Health Advocate also linked with the key Union person at TAS regarding the national adoption of a modified Healthy Food and Beverage Policy across all DHBs.
- Innovative new ways of providing B4 School Checks that include virtual appointments and a number of alternative ways to provide the checks that are family-centred rather than the 'one size fits all' traditional clinical approach offered prior to COVID-19, are being trialled.
- Feedback from Public Health Nurses include:

"My 3rd year student nurse and I did an outreach immunisation home visit to administer 15 month immunisations to the youngest child of a whanau of 5 children. This single parent household of Maori decent was located in a quintile 5 area in Nelson.

Mum appeared shy and quite reserved for most of the visit, it wasn't until the very end when I offered support for any of the other children or anything she may need that she hesitantly stated that her 7 year old daughter had a problem with her ear and she wasn't sure what the next step was. After obtaining a more comprehensive history, I learned that this young girl had been deaf in one ear since August last year.

At that time she was referred by a GP to Audiology who had tried twice to book an appointment for her at the hospital. Unfortunately around that time, mum changed her cell phone and states she didn't receive any letter/correspondence regarding this. According to SIPICs, mum did not attend set Audiology appointments twice and was discharged back to the GP in January this year.

Since that time, there has been no progress to getting this issue sorted and in effect this child has slipped through the cracks of our health system. Mum has multiple stressors and struggles with managing her 5 children and making/keeping any type of appointment.

This young 7 year old girl has essentially been suffering in silence with this issue, no doubt negatively impacting her socially, academically, emotionally etc and could have been easily resolved with more support and better communication between hospital services, GP and whanau. I have managed to get the GP to re-refer this child to Audiology and advised I will be following this up and supporting this whanau to attend this appointment with the help of TPO and their transport service.

I also discovered this mother wanted to get her cervical smear test done but due to the struggle of making and keeping appointments for multiple reasons, has not been able to have this done since 2003 when she was due. I have successfully engaged mum with our Kaiatawhai and outreach services and will support her to have this done."

- A District Nurse day chosen at random (9 patients). A typical District Nurse day runs from 0800-1630hours:

0800	0745 – Arrive work – Richmond Hub Review patient load for day Read Health Connect South - Clinical Notes Sign in Duress Alarm Organise kit and ensure all relevant dressings/equipment in car
0820	Leave Richmond Hub Drive to 1 st patient – 35mins in traffic
0855	Arrive at patient #1
Patient # 1 - 76yr male - Chronic venous stasis eczema / Weeping ulcers Acuity 3 (30mins) requires bilateral leg dressings, including 3 layer compression bandaging. Daily DN visits due to heavy exudate.	
0925	Finish 1 st patient Drive to 2 nd patient
0935	Visit 2 nd patient
Patient # 2 - 85yr female – Lower leg ulcer, under vascular surgeon. Acuity 2 (20mins) requires dressings including 3 layer compression bandaging.	
0955	Finish 2 nd patient Log remotely onto tablet in car– 5mins Write clinical notes for first 2 patients
1015	Drive to 3 rd patient
1020	Visit 3 rd patient
Patient # 3 - 85yr male – Multiple skin grafts – face. Donor sites thigh. Referral from surgeon. DN assessed signs of infection. Swab taken. Redressed as per the graft management guideline. Acuity 3 (30mins) Daily visits	
1050	Phone call made to surgeon advising of infection, antibiotics organised. Swab dropped to Collingwood Street Medlab.
1100	Drive to 4 th patient
1110	Visit 4 th Patient
Patient # 4 - 80yr female – ACC wound post fall, large skin tear + haematoma lower leg. Requires alternate day dressings, unable to get to GP. Acuity 2 (20mins)	
1130	Drive to 5 th patient
1132	Visit 5 th patient
Patient # 5 - 66yr female – Currently Day 3 post mastectomy (Discharged from hospital Day 1 post op with 2 drains insitu) Drain management, dressing change to surgical wound Acuity 2 (20mins) Daily visits from DN for 7 days post op.	
1150	Drive to 6 th patient
1200	Visit 6 th patient IVABS due at 12pm
Patient # 6 - 67yr male - Streptococcus gallolyticus bacteraemia – Daily IVAB's via PICC line. Weekly bloods via PICC. Weekly PICC line dressing change. Acuity 5 (50mins) Daily visits and regular liaison with infectious diseases specialists.	
1250	Finish 6 th patient Log on remotely to tablet (5mins) Write notes for previous 4 patients Lunch in car while writing notes.
1335	Drive to 7 th patient

Patient # 7 - 31yr female – Multiple bilateral lower leg wounds due to IV drug use, obesity, diabetes, and non-compliance. Unable to get to GP and cost also an issue.
Wounds cleaned and redressed with compression bandaging.
Acuity 3 (30mins) Alternate day dressings by DNs.

1410	Finish 7 th Patient Drive to 8 th patient
1415	Visit 8 th patient

Patient # 8 - 84yr male – IDC insitu, due for 12 weekly catheter change.
Sterile procedure performed, removing old catheter and inserting new one.
Given supplies for 3 months (night and day catheter bags and straps)
Acuity 2 (20mins) – 12 weekly DN visits for change of catheter

1435	Finish 8 th patient Drive to 9 th Patient
1440	Visit 9 th patient

Patient # 9 - 73yr female ACC – Extensive wound to Right elbow following fall, requiring complex wound care, unable to be seen by practice nurse.
Acuity 2 (20mins) Daily DN visits due to heavy exudate, infection, being treated with silver based dressings to address this (GP have limited dressing products)
Once wound has progressed and able to be managed with simple dressings this patient will be referred back to general practice.

1500	Finish 9 th patient Drive back to Richmond Hub (25mins in School traffic)
1525	Arrive Richmond office Restock car and nursing kit Put together patient supplies for tomorrow
1545	Log on to computer Complete clinical notes for last 2 patients Write up wound care charts for 7 patients Download wound photos from 3 patients to update records Complete ACC documentation for 2 patients Phone call to Patient # 3 to ensure antibiotic script has been completed by surgeon and collected. Update Catheter care documentation for 1 patient Liaise with pharmacy in regards to further IVABs for patient # 6 Enter all 9 patients into DN database and schedule their next visit. Print visit schedule for tomorrow, ensure all patient notes are ready for next nurse and update handover book. Calculate Acuity of workload and redistribute patients to other areas as required. Clinical Coordinator oversees this process. Put Duress alarm, cell phone and tablet on to charge
1700	Finish day (30mins overtime)

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Psychosocial Support

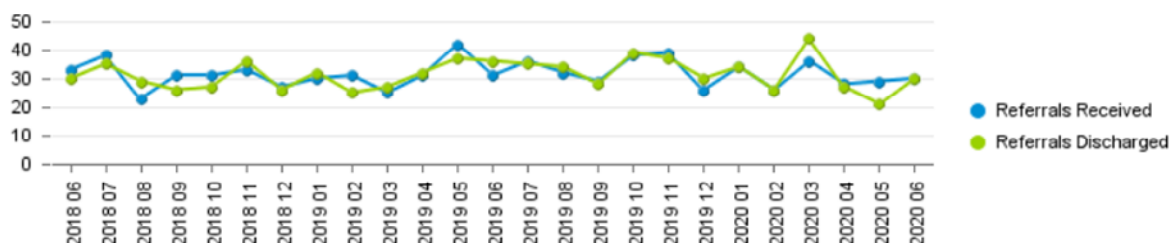
Attached as item 4.1 is the Psychosocial dashboard.

3.2 Mental Health Admissions Unit (Wahi Oranga)

- June has continued to be a challenging month for clients and staff. This has been due to very high acuity and high numbers, and staff beginning to take leave after lockdown, as well as higher rates of staff sickness including medical staff.
- There have been 30 admissions and 30 discharges.
- Long term clients remains an issue for six clients due to lack of discharge options.

	Referrals - 2020 06			Midnight Occupied Beds - 2020 06		
	Caseload 03/07/20	Received	DX'd	AVG Occupied	Funded Beds	% Occupied
Wahi Oranga Inpatient Unit	28	30	30	27.9	30	93%

Referrals Received and Discharged

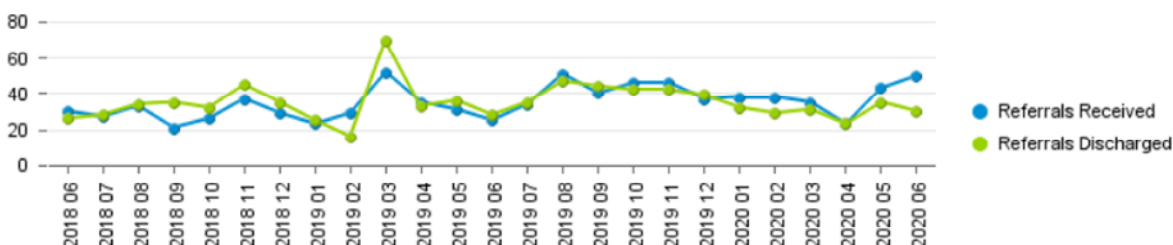


3.3 Adult Mental Health Nelson

- Interesting trend of high number of referrals and low discharges, has resulted in a higher case load.
- Psychology waitlist is unusually long, with current vacancies and an increased number of referrals post-COVID. The waitlist is currently four months.
- A new Psychiatrist was welcomed to the team.

	Referrals - 2020 06			Community Contacts - 2020 05			DNA % - 2020 05	
	Caseload 03/07/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Adult Nelson	414	50	30	654	83%	52	5.4%	7.5%

Referrals Received and Discharged

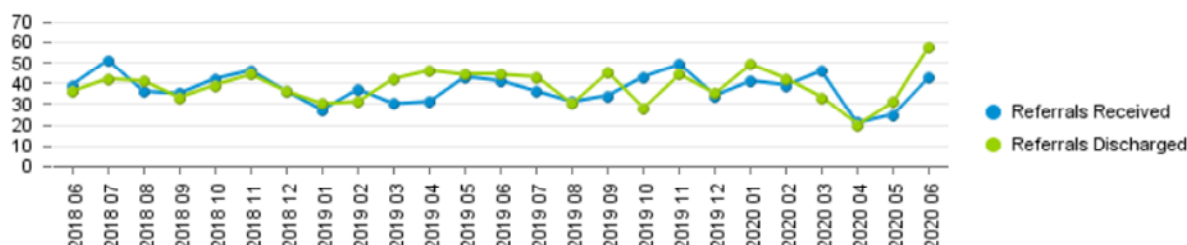


3.4 Adult Mental Health Tasman

- Increase in face-to-face client contact on site, although clinical input also continues with Zoom or phone contact for those not acute, and longer term clients.

	Referrals - 2020 06			Community Contacts - 2020 05			DNA % - 2020 05	
	Caseload 03/07/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Adult Tasman	355	43	58	573	73%	70	3.1%	7.3%

Referrals Received and Discharged

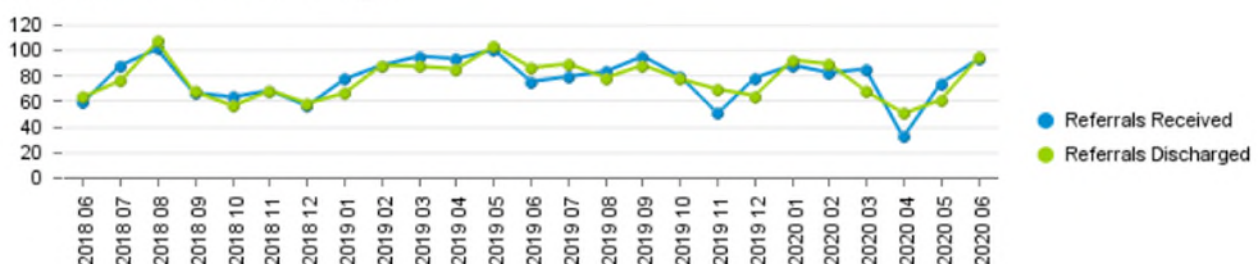


3.5 Adult Mental Health Wairau

- Equally Well meetings with primary care have been re-established post COVID.
- In response to feedback from clients, visitors and staff, the opportunity arose to “brighten” the Witherlea environs with the use of highlighted feature walls and doors. This work has been undertaken to great effect.
- There are scheduled specific mental health Tikanga and Treaty training sessions in 2020. All Witherlea staff will attend with an invitation to CAMHS, Addictions and OPMH staff.

	Referrals - 2020 06			Community Contacts - 2020 05			DNA % - 2020 05	
	Caseload 03/07/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Adult Wairau	244	93	94	775	95%	21	6.8%	5.4%

Referrals Received and Discharged

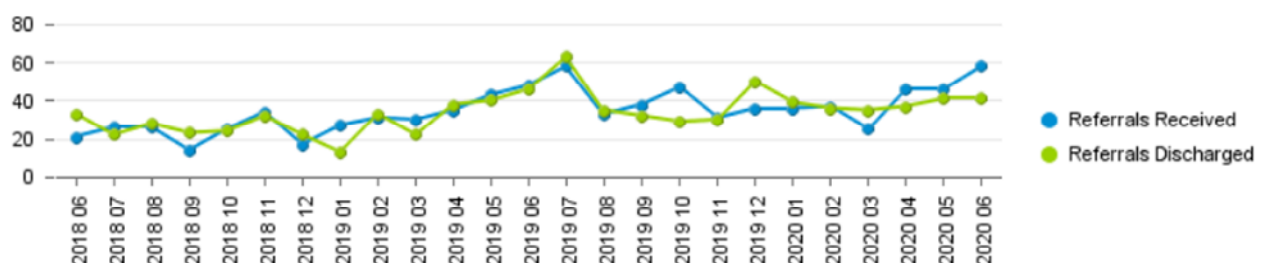


3.6 Older Persons Mental Health (OPMH)

- A very busy month for the service due to an increase in number of referrals, and associated urgency and complexity for community service. Occupancy and acuity are higher than usual for inpatient service.

	Referrals - 2020 06			Community Contacts - 2020 05			Midnight Beds - 2020 06		
	Caseload 03/07/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	8	5	7				9.7	10	97%
Liaison Nelson	21	16	16	16	36%				
Liaison Wairau	17	8	3						
Nelson	73	27	14	62	46%	0			
Wairau	26	2	1	17	77%				
Total	145	58	41	95	42%	0			

Referrals Received and Discharged



Note: OPMH share Referrals between Inpatient and Community Settings. The Referrals without Staff Team are likely to be Inpatient only Referrals.

3.7 Infant, Child & Adolescent Mental Health Services (ICAMHS)

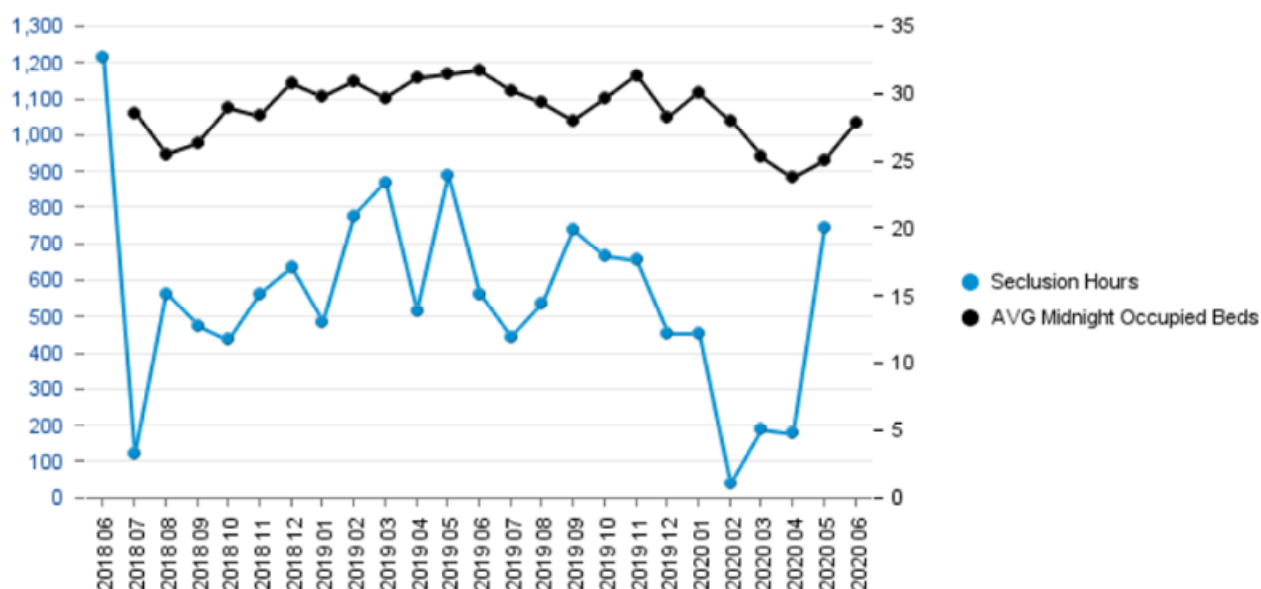
- Since COVID, the Nelson team have seen a significant increase in referrals and risk assessments, mainly associated with anxiety, MHAU admissions and an increase in psychotic symptoms.
- We have had regular admission to the MHU and Paediatrics, which has resulted in moving CAMHS staff to cover these clients while in the wards.

	Referrals - 2020 06			Community Contacts - 2020 05			DNA % - 2020 05	
	Caseload 03/07/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	3		1	13		5	0.0%	
ICAMHS Nelson	370	86	57	648	93%	74	6.8%	6.2%
ICAMHS Wairau	217	49	11	395	91%	58	4.3%	8.8%
Total	590	135	69	1,056	93%	65	5.8%	7.8%

3.8 Seclusion

There was a higher use of seclusion related to high acuity and risk. Reducing and minimising seclusion use remains an ongoing focus.

Seclusion Hours vs. AVG Midnight Occupied Beds for Wahi Oranga MH Inpatient Unit - All Ethnicities



Note: Reporting on Seclusion is one month delayed to allow time for data to be entered.

3.9 Disability Support Services (DSS)

Disability Support Services (DSS)													
		Current May 2020				YTD May 2020	Current June 2020				YTD June 2020		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	157	18		175	decrease 1	159	18		177	increase 2		
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8			
Beds – DHB- Chronic Health Conditions	As per Contracts at month end	1	0	10	11		1	0	11	12	increase 1		
Beds – Individual contracts with ACC	As per Contracts at month end	1	2		3		1	2		3			
Beds – Others - CY&F & Mental Health		0	1		1		0	1		1			
	Residential contracts - Actual at month end	167	21	10	198		169	21	11	201			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	167	21	10	198		169	21	11	201	increase 3		
	Respite service users - Actual at month end	7	2		9		5	1		6	decrease 3		
	Child Respite service users - Actual at month end	36			36		37			37	increase 1		
	Personal cares/SIL service users - Actual at month end	0	0		0		0	0		0			
	Private Support in own home	0	0		0		0	0		0			
	Total number of people supported	210	23	10	243		211	22	11	244			
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
Occupancy Statistics		Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms	230		222		8		230		222		8	
	Total available bed days	7,130	77,280	6,882	74,592	248	2,688.0	6,900	84,180	6,660	81,252	240	2,928.0
Total Occupied Bed days	Actual for full month - includes respite	6,393	70,058	6,327	68,486	66.0	1,572.5	6,183	76,241	6,070	74,556	113.0	1,685.5
	Based on actual bed days for full month (includes respite volumes)												
Total Occupied Beds		89.7%	90.7%	91.9%	91.8%	26.6%	58.5%	89.6%	90.6%	91.1%	91.8%	47.1%	57.6%
		Last month	Current month	Variance		Covid 19 Lockdown. Emergency Respite Only Provided		Last month	Current month	Variance		Covid 19 Lockdown. Emergency Respite Only Provided 25/03-08/06	
Total number of people supported		244	243	- 1				243	244	1			
Referrals	Total long term residential referrals	11	12					12	11				
Referrals - Child Respite	Child Respite referrals	7	8					8	7				
	Adult Respite referrals	1	1					1	1				
	New Referrals in the month	-	3					3	3				
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	19	21					21	21				
Vacant Beds at End of month - (excludes Respite Beds)		22	23					23	21				
	Less people transitioning to service	-	-					-	-				
Vacant Beds		22	23					23	21				

4. INFORMATION TECHNOLOGY

- The migration of WinDOSE to ePharmacy has been successfully completed, and replacing EPLMS (Electronic Patient Letter Management System) with Winscribe Text is well under way in a phased approach. These projects are an important part of retiring very old legacy systems and servers with modern and supported applications. SmartPage, the clinical messaging and paging system that will allow automatic escalation of at-risk patients, went live in June. It has been well received, although it highlights a dependency on an aging mobile phone fleet in some areas.

- Similarly, the migration of all 6,436 mailboxes (about 500GB) to the cloud as part of our Office 365 implementation has now been completed, which is a major milestone. Initial training for Microsoft Teams has been completed.

Project Status

Name	Description	Status	Original Due date	Revised due date	
Projects					
Telehealth	Ki te Pae Ora Telehealth enabler workstream.	The next phase is working with services on consolidation and streamlining the process for both patients and staff, first step is aligning multiple activity in the organisation - it is important that we maintain communication between them all. Based on feedback, we'll consolidate all workstreams into one place via Teams. Initial meeting held with MoH on how some planned care funding targeting telehealth may be spent with NMH being asked to contribute to this thinking. Working with services such as Smoke free and Oral Health to facilitate telehealth uptake. Reviewing Microsoft Bookings app for online booking.	n/a		●
Close the Digital Divide	Ki Te Pae Ora enabler workstream	<i>Infrastructure</i> - visit to Richmond hub to assess IT fit-out. In conjunction with the NBPHO, a design to rationalise servers, phones, and wireless at the Hub being reviewed. March/April successful emergency rollout of Wireless to the Hub just prior to Level 4 lockdown. This has brought this initiative back on track <i>Access</i> – need to establish project structure and support to work on objectives identified in reducing barriers to digital health. Capex provisionally approved in IT capex budget.	n/a		●
Digital transfer of medications on discharge	Digitally transfer medications on discharge to an Aged Care Facility in a clinically safe environment.	A dependency for NMH is the implementation of MedsRec and a structured discharge form in HCS. Both progressing well, with user requirements being worked around a discharge summary MVP. API development kick off, with Datacom working with Orion and CDHB.	n/a		●
Shifts	A mobile app utilising Microsoft Teams which allows managers to create, update, and manage shift schedules	Working group has been set up and user requirements have been gathered, currently looking at integration requirements and POC within nursing space	Feb 2020	July 2020	●

Name	Description	Status	Original Due date	Revised due date	
eObservations (Patienttrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Currently meeting clinical outliers in relation to their ability to get the most out of Patienttrack and to ensure that they have the appropriate hardware access. Version 2.7 upgrade now available for movement into Dev environment, currently meeting with vendor around scope and implementation plan. Continued meetings with Mental Health to develop organisational roadmap.	July 18	Live / rolling out.	●
Smartpage	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Implementation has begun with small working group looking at both technical and clinical implications. System will cover all of NMH main sites including Mental Health. Second phase will look at orderly messaging.	July 2020		●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Testing on major release 20.1 is progressing with no major issues to date. The release is scheduled for go-live on 12 August. Significant improvements have been seen in the NNPAC and NBRIS extracts after successful migration to the Orion Health RME v3 extract engine. Focus is presently on release 20.1 and the NPF extract, with other extracts, eTriage integration, NHI v3, Theatre functionality all backlogged pending resources.	Release 20.1: Aug 2020		●
eTriage Phase 2	ETriage to SIPICS integration Electronic Internal Referrals ETriage in the community	Integration effort estimated 2-4 months. ETA October 20 at the earliest. Internal eReferrals piloted and feedback given. eTriage in community awaiting integration.			●
scOPe Theatre - Stage 1	Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit.	The scOPe Stage 1 business case was approved in June. Handover actions in progress due to PM leaving DHB. New PM is Tom Wheatley. Project start-up planning and validation of existing processes is underway.	TBD		
ICT					
Axe the Fax	Remove hospital fax machines by May, and rest by Dec 2020.	Hospital based faxes turned off on 11 May, Incoming faxes to be turned off 20/6/20. Pacific radiology solution identified utilising COMRAD.	Dec 2020		●

Name	Description	Status	Original Due date	Revised due date	
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Smooth transitioning now taking place with the fresh environment in place. Now that ePharmacy is in place full decommissioning of the old environment can begin	Aug 19	Mar 2020	●
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	Teams available to all staff. Mailboxes migrated, calendar issues in progress. Cloud security assessment lodged. Steering group scheduled to review policies & governance. Planning underway for subsequent steps: Sharepoint Online / OneDrive/ Yammer	Various		●

5. CLINICAL SERVICES

- During June MAPU had a total of 179 patient admissions (162 admissions and 17 transfers in). This is a 59% increase from May (expected due to period of closure). 59% (95) of these patients were discharged directly from MAPU and 41% (68) were transferred onto other wards.

5.1 Health Targets

- Year to date, as at the end of June 2020, 6,208 surgical discharges were completed against a plan of 7,139 (87%). This is under plan by 931 discharges.
- Year to date as at the end of June 2020 indicates 6,255 minor procedures were completed against a plan of 4,662 (134%). This is over plan by 1,593 minor procedures.
- Year to date as at June 2020 NMDHB has delivered 22,858 caseweight discharges (CWDs) against a plan of 20,698 (110%).
- Year to date delivery to end of June for orthopaedic interventions was 434 joints against a plan of 530 (96 below plan). The major impact was COVID with reduction of surgery to only essential surgeries being undertaken, of which hips and knees were minimal. Currently 144 patients are waitlisted for surgery.
- Year to date delivery to end of June for cataracts was 457 against a plan of 525 (under plan by 68). The major impact was COVID which reduced surgery to only essential surgeries being undertaken. Currently 96 cataract patients are waitlisted for surgery.
- Total overdue follow ups for all services are 4,542 for the year to end of June 2020. The top three surgical speciality areas with overdue follows up are Ophthalmology, ENT and Orthopaedics. Plans are underway to address this issue.

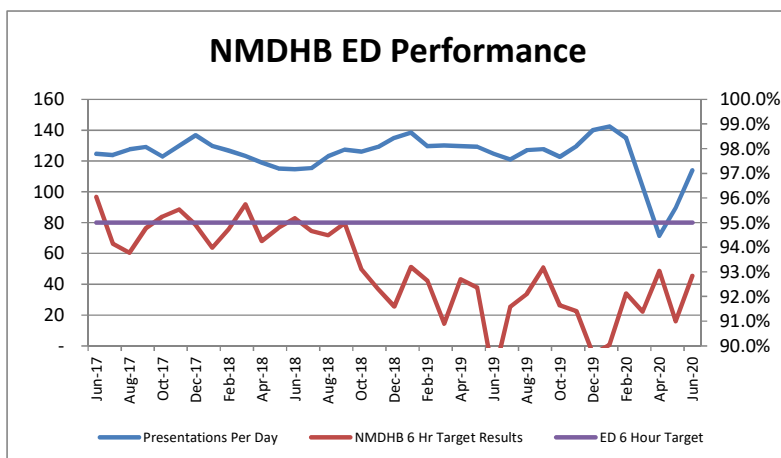
5.2 Planned Care

- ESPI 2 was red for the month of June with 791 patients not being seen within 120 days of referral acceptance. This has decreased from 819 patients in May.
- ESPI 5 was Red for the month of June with 300 patients not being treated within 120 days of being given certainty.

5.3 Shorter Stays in Emergency Department

- Attendances at Wairau ED increased by 33% over May, while at Nelson ED the number increased by 18%. Compared with the same time last year, there was a 17% reduction in Wairau and a 5% reduction in Nelson.

- Using PPE slows patient interactions and adds up to 50% to treatment time.



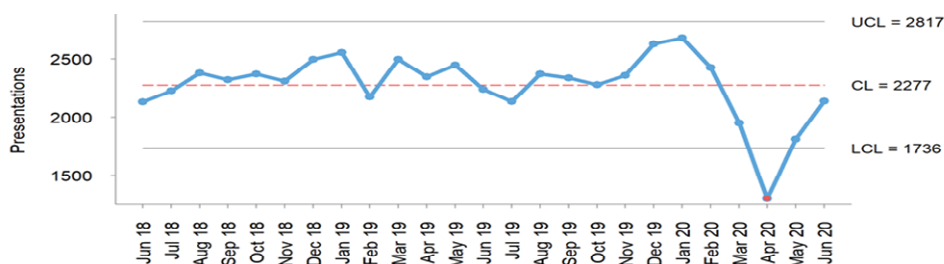
ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	89.7	176	2,139
Wairau	93.5	69	1,281

Hospital Occupancy

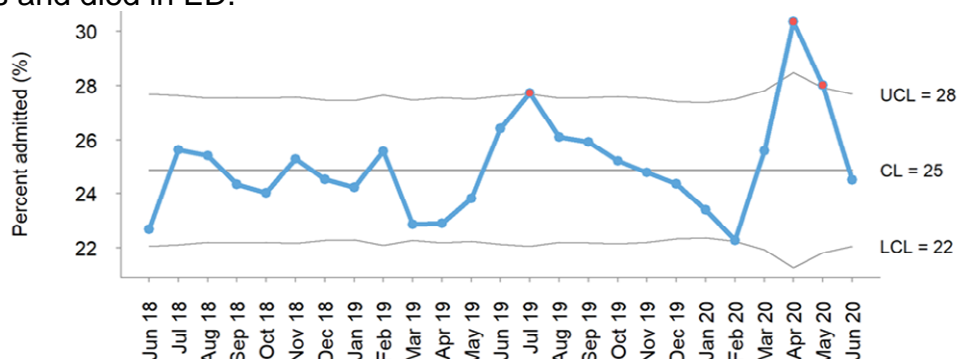
Hospital Occupancy May 25- Jun 21	Adult in patient	Hospital total inc paed & Maternity
Nelson	88%	77%
Wairau	76%	66%

Nelson ED

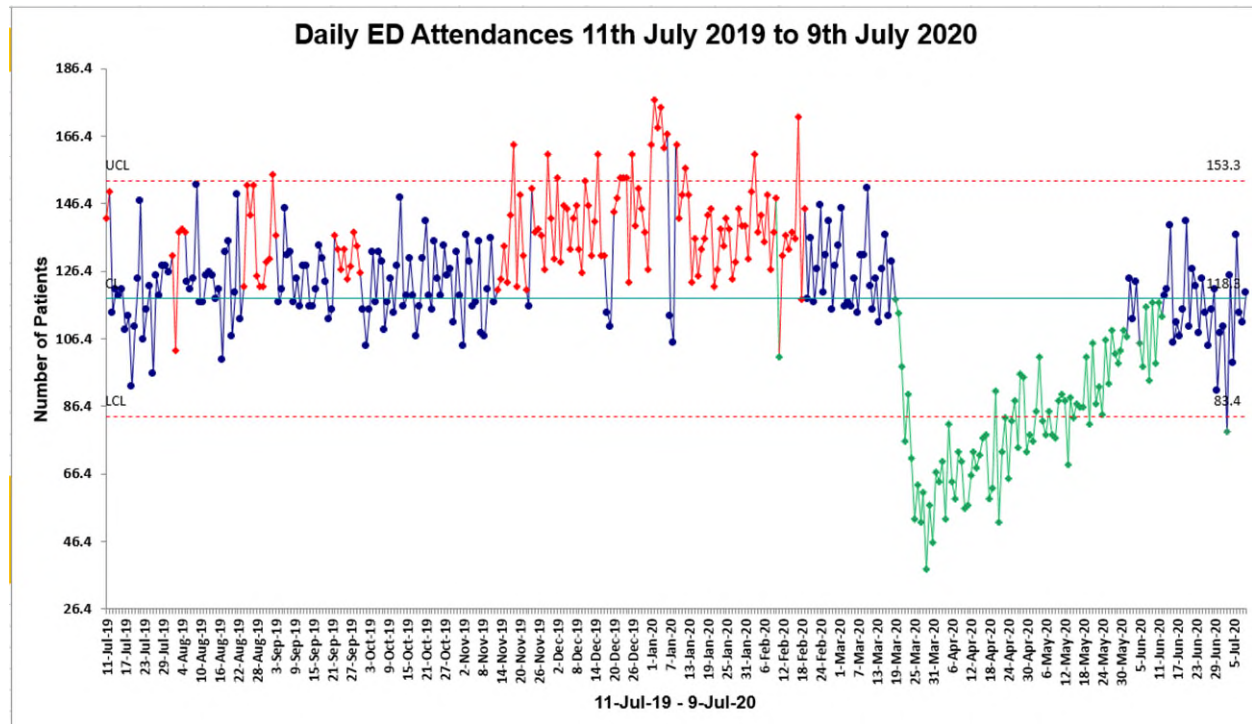


Admissions – Nelson ED

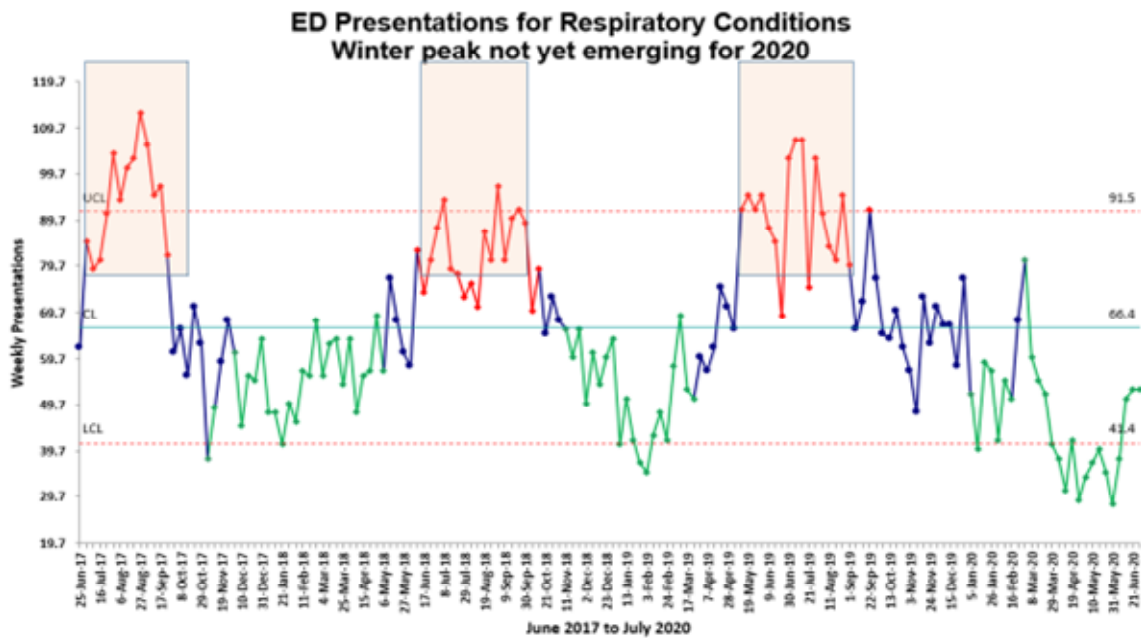
This includes admission and delayed admission to inpatient bed, transferred to other hospitals and died in ED.



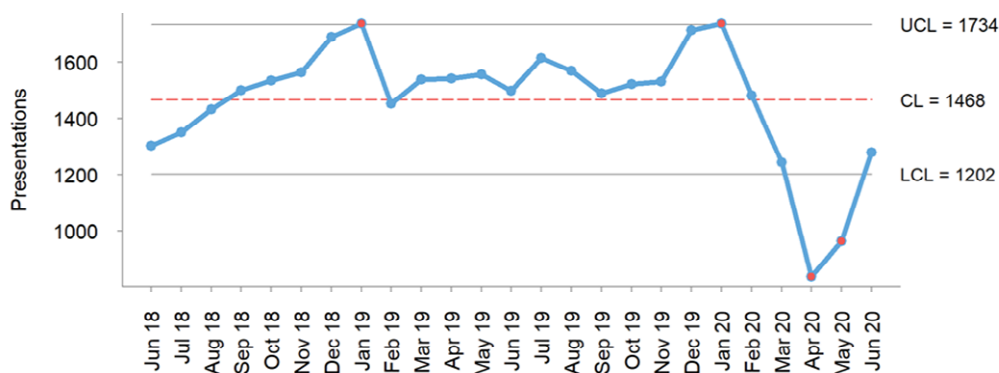
ED presentations reverting towards normal levels



Respiratory conditions remain reasonably low

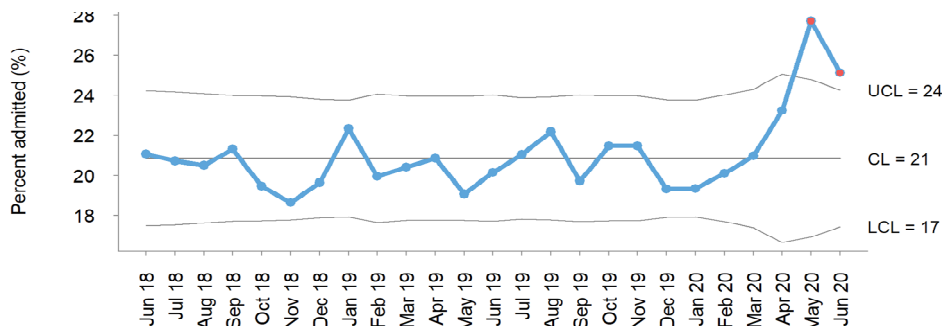


Wairau ED



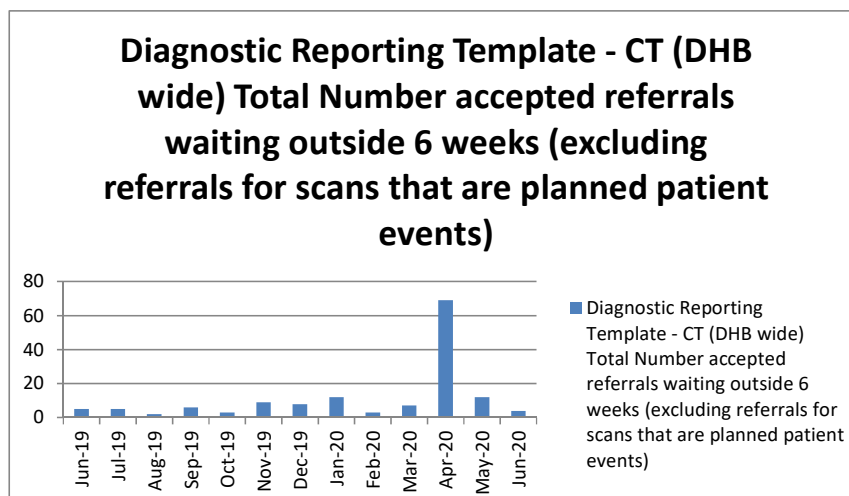
Admissions to Wairau ED

The proportion of patients admitted increased dramatically with some concern that patients were presenting late due to fear of attending hospital where COVID was present. We still remain in an exceptional phase. Admissions include inpatient admission, delayed inpatient admission, transferred to other hospital, and died in ED.

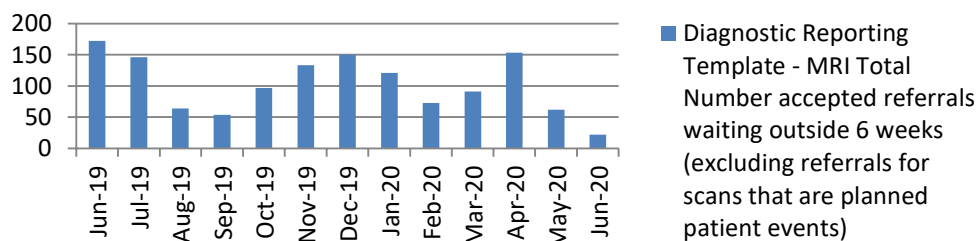


5.4 Enhanced Access to Diagnostics

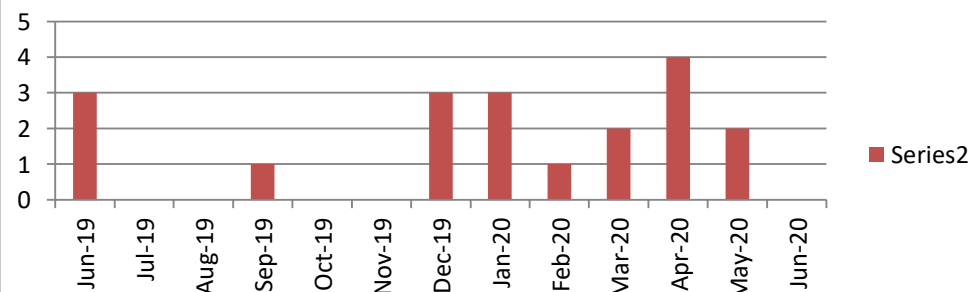
- MRI numbers show 332 patients were scanned in Nelson, and 117 patients scanned in Wairau – a total of 449 patients for June.
- MOH MRI target shows 97% of referrals accepted are scanned within 42 days (target is 90%).
- MOH CT target shows 95% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 100% of target with 0 patients waiting greater than 42 days, and Wairau CT is running at 82% of target with 6 patients waiting greater than 42 days.



Diagnostic Reporting Template - MRI Total Number accepted referrals waiting outside 6 weeks (excluding referrals for scans that are planned...



Diagnostic Reporting Template - CTC Total number accepted referrals waiting outside 6 weeks (excluding referrals for scans that are planned patient events



5.5 Improving Waiting Times – Colonoscopy

- As at 1 July 2020, there are 422 unbooked overdue colonoscopies (down from 516 at end of June) as identified below. The team have worked extremely hard, as coming out of Level 3 we had over 800 overdue colonoscopies. Delivery is being prioritised as per direction from national agencies.

	Diagnostic	Screening	Surveillance	Grand Total
Overdue	46	1	369	422
Manuka Street Hospital	0	0	1	1
Nelson Hospital	8	0	227	237
Wairau Hospital	38	1	141	184
Grand Total	46	1	369	422

5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - June 2020

Reporting Month: May 2020 - Quarter 4 - 2019-2020

As at 25/06/2020

62 Day Indicator Records

TARGET SUMMARY (90%)			Completed Records											
	June 2020 (in progress)		May-20		Apr-20		Quarter 4 (in progress)		Quarter 3		Quarter 4 (2018-2019)		Rolling 12 Months Jun 19-May 20	
Numbers as Reported by MOH (Capacity Constraint delay only)	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	With in 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
	88%	13%	94%	6%	97%	3%	95%	5%	90%	10%	95%	5%	92%	8%
Number of Records	7	1	16	1	31	1	54	3	74	8	69	4	273	25
Total Number of Records	8		17		32		57		82		73		298	
Numbers Including all Delay Codes	58%	42%	80%	20%	86%	14%	79%	21%	78%	22%	80%	20%	78%	22%
Number of Records	7	5	16	4	31	5	54	14	74	21	69	17	273	76
Total Number of Records	12		20		36		68		95		86		349	

TUMOUR STREAM	Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records
Rolling 12 Months (Jun 19-May 20)											
Brain/CNS	100%	1	0%	0	0%	0	0%	0	0%	0	1
Breast	100%	58	0%	0	2%	1	3%	2	5%	3	61
Gynaecological	95%	19	4%	1	22%	6	4%	1	30%	8	27
Haematological	100%	19	0%	0	14%	3	0%	0	14%	3	22
Head & Neck	75%	9	17%	3	33%	6	0%	0	50%	9	18
Lower Gastrointestinal	85%	40	13%	7	11%	6	2%	1	26%	14	54
Lung	87%	13	7%	2	43%	12	4%	1	54%	15	28
Other	100%	5	0%	0	33%	3	11%	1	44%	4	9
Sarcoma	100%	4	0%	0	0%	0	0%	0	0%	0	4
Skin	96%	64	4%	3	4%	3	3%	2	11%	8	72
Upper Gastrointestinal	87%	13	13%	2	0%	0	0%	0	13%	2	15
Urological	80%	28	18%	7	5%	2	3%	1	26%	10	38
Grand Total	92%	273	7%	25	12%	42	3%	9	22%	76	349

ETHNICITY	Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records
Rolling 12 Months (Jun 19-May 20)											
Asian not further defined	100%	1	0%	0	0%	0	0%	0	0%	0	1
Australian	100%	1	0%	0	0%	0	0%	0	0%	0	1
British and Irish	75%	3	25%	1	0%	0	0%	0	25%	1	4
Dutch	100%	1	0%	0	0%	0	0%	0	0%	0	1
European not further defined	89%	8	6%	1	18%	3	29%	5	53%	9	17
Fijian	100%	1	0%	0	0%	0	0%	0	0%	0	1
German	0%	0	0%	0	100%	2	0%	0	100%	2	2
Indian	100%	1	0%	0	0%	0	0%	0	0%	0	1
Maori	85%	11	11%	2	22%	4	6%	1	39%	7	18
New Zealand European	92%	217	7%	19	12%	31	0%	1	19%	51	268
Other Asian	100%	2	0%	0	33%	1	0%	0	33%	1	3
Other Ethnicity	100%	5	0%	0	0%	0	0%	0	0%	0	5
Other European	90%	18	9%	2	4%	1	9%	2	22%	5	23
Southeast Asian not further defined	100%	3	0%	0	0%	0	0%	0	0%	0	3
Tongan	100%	1	0%	0	0%	0	0%	0	0%	0	1
Grand Total	92%	273	7%	25	12%	42	3%	9	22%	76	349

6. NURSING & MIDWIFERY

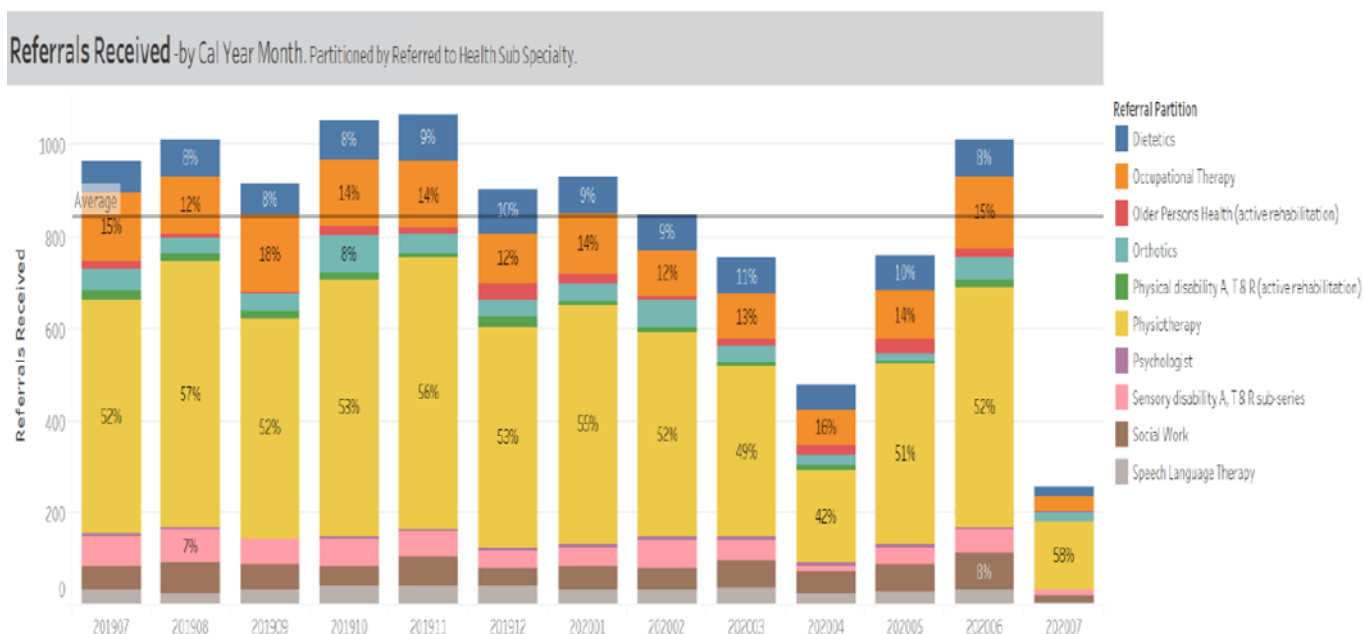
- As preparation for any future COVID escalations in the Nelson Marlborough region, a team of senior nursing leaders co-ordinated by ADON/Ops Manager Nelson, are organising continuing education sessions for a "Critical Care Cluster" of RNs who will rotate between ICCU/PACU/OT/HDU/ED to support workloads and increased bed numbers if required.
- Of significant concern is the increased sick leave which is now occurring on a daily basis within nursing, with 7-10 staff reporting sick within a 24hr period. This appears

to be related to the post-COVID management of influenza-like illnesses amongst staff, and applications of the current guidelines for workforce.

- The first Nelson Hospital RN from Cardiology has completed the national PCCC credentialing programme to allow Nurse Lead PCCC insertions in Nelson to align with the long held service which has been in Wairau for many years.
- Hine Ngaro Mental Health programme within ED is now being led by ADON Nelson in collaboration with the Mental Health Service to maintain momentum and support development of sound clinical admission processes, which align to the same practice as physical health admissions within the ED space. The biggest challenge is reinforcing to all staff in ED the mantra that these patients are not Mental Health patients, they are ED patients with Mental Health concerns.
- CCDM is now well embedded into ward routines, with mostly 100% achieved in actualisation and benchmarking with patient types.
- The Staffing Methodology Group has endorsed the following studies for approval at the next CCDM Council meeting: Ward 9, HDU/AAU, ATR and Paediatrics Wairau. Study in progress for IPU ATR/Medical/Surgical. Ward 10 and SCBU studies about to commence.

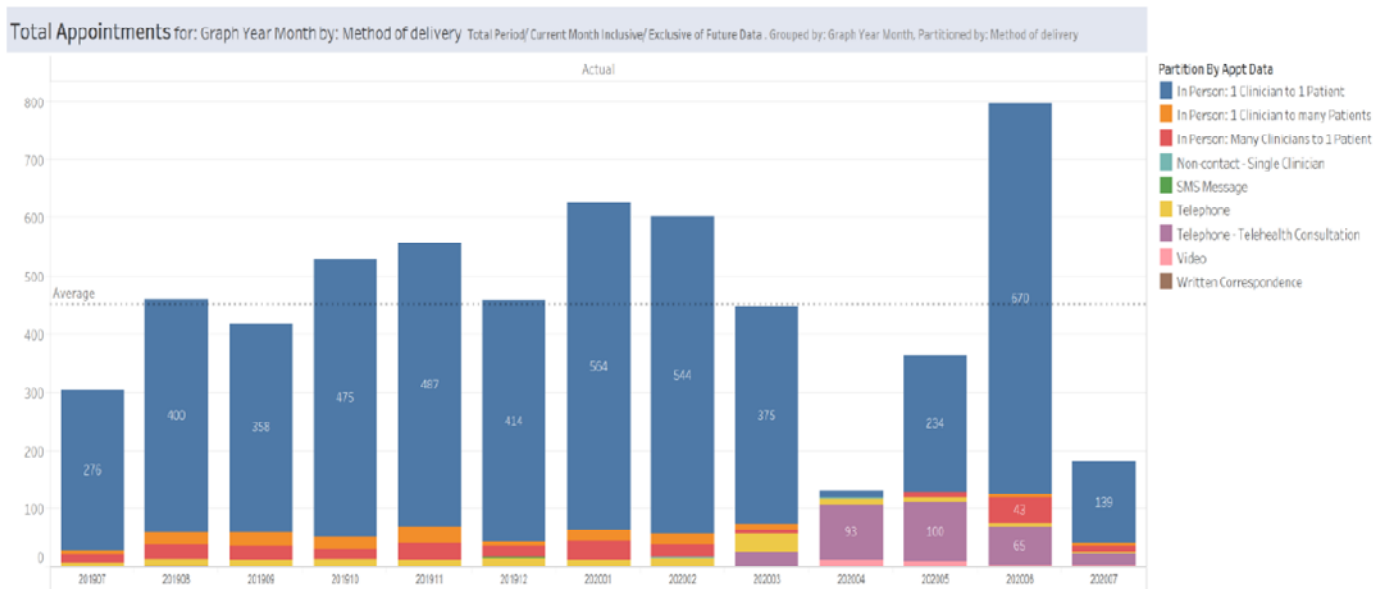
7. ALLIED HEALTH

- Based in the last financial year the average monthly referral for Allied Health Services is 843. The graph below illustrates the significant reduction in April 2020 due to alert level 3 and 4. However, June has seen a return in demand. June 2020 saw a total of 1,014 referrals being received:
 - two thirds of referrals were from General Practice of NMH SMOs
 - 10% Maori, 1% Pacifica, 2% Asian (varies by service – Audiology and Social Work 17%)
 - 50% aged over 65 years (varies by service – Occupational Therapy 73% over 65, and 28% over 80 years)
 - 59% female.



- The graph below illustrates the volume and mode of delivery, and the step changed in telehealth that occurred in April and May. June has seen an increase in face to face appointments, particular evident in physiotherapy and occupational therapy.

However, dietetics, social work and speech and language therapy have continued with telehealth as a main mode of service delivery.



8. MĀORI HEALTH

8.1 Hauora Direct Digital

The pēpe and tamariki electronic version of the Hauora Direct electronic tool has been successfully piloted by nurses in Victory Community Centre and Public Health for a second time. Assessments for some 28 tamariki, via the revised electronic version of the tool, were completed during 19 to 24 June.

An agreement has been made in a discussion led by the GM Māori Health & Vulnerable Populations between lead agencies (Te Waka Hauora, Te Piki Oranga, Salvation Army, Victory Community Centre, Mental Health & Addictions, Public Health) to apply Hauora Direct Assessments to those of our whanau whom were formerly homeless but have since been given accommodation as an outcome of COVID-19. A new name is being sought for this specific programme which will be more strengths based than referring to our whanau as homeless/Kainga Kore. A meeting was held with the Housing First Lead from the Salvation Army who has the lead role around working with the homeless. An agreement was reached that Te Waka Hauora will co-ordinate a range of organisations to apply Hauora Direct to the 120 homeless, that live across the district, who were housed during COVID-19.

8.2 Hei Pa Harakeke (Infant Bonding)

Hei Pa Harakeke is a group looking at the issue of infant bonding, and is a key component to Nelson Marlborough Health's project of the first 1000 days of a child's life. It is known that the first 1000 days of an infant's life (from conception to 2 years) has a huge effect on a child's ability to learn and grow.

As a practical way to address this issue, Te Waka Hauora has been trialling, with whanau in our Wānanga Hapūtanga, some key messages and practices that support whanau to better bond with their pēpe.

The word Tika means to be straight, or true and is being used as an acronym to support whanau to bond with their whanau. TIKTA stands for:

- **Touch** – using calm kind touch to develop a bond with pēpe.

- Identify your needs – identifying supports within whanau and wider community. Including identifying our own needs.
- Korero – talking to pēpe and whanau kindly. Using oriori and waiata to soothe.
- Aroha – aroha is important for brain development. Treat everyone with kindness.

The resource will be utilised in Wānanga Hapūtanga sessions. A meeting was held with a similar programme which is run in Christchurch, and it has been agreed that they will adopt the approach into their pregnancy and parenting programme as well as their Ukaipo breastfeeding programme. This means that the T.I.K.A approach will be adopted regionally.

8.3 Mokopuna Ora: Sudden Unexpected Death in Infancy (SUDI) Prevention

A discussion has been held between the GM Māori Health & Vulnerable Populations and the Operations Manager/Associate Director of Midwifery on how to strengthen the safe sleep model within Nelson Marlborough Health.

Te Waka Hauora will work with its partners (Motueka Birthing Centre, Te Piki Oranga) to move entirely to Waha Kura as its supply of safe sleep devices for Māori, and will co-ordinate the programme throughout the DHB district for Māori. The move has been made by the GM Māori Health & Vulnerable Populations as the Waha Kura are a product which resonates with Māori, comes from a sustainable source and creates a local income for weavers.

8.4 Hauora Hub in Franklyn

Franklyn Village is a low cost accommodation complex with approximately 220 residents, including close to 30 tamariki. A large proportion of the residents identify as Māori.

The GM Māori Health & Vulnerable Populations has gained support from Franklyn Village, Victory Community Centre, Te Piki Oranga, Te Putahitanga, Public Health, Sexual Health, Mental Health & Addictions, and MIC and to develop a Hauora Hub that will operate onsite within Franklyn Village. The purpose of this project is to improve access to key health services for high needs populations, by reducing barriers.

Franklyn Village has offered to provide space for the Hub on the ground floor, and all agencies involved have agreed to support the concept, including staff being available to work on the co-design. The project plan for the Franklyn Hauora Hub was developed in June.

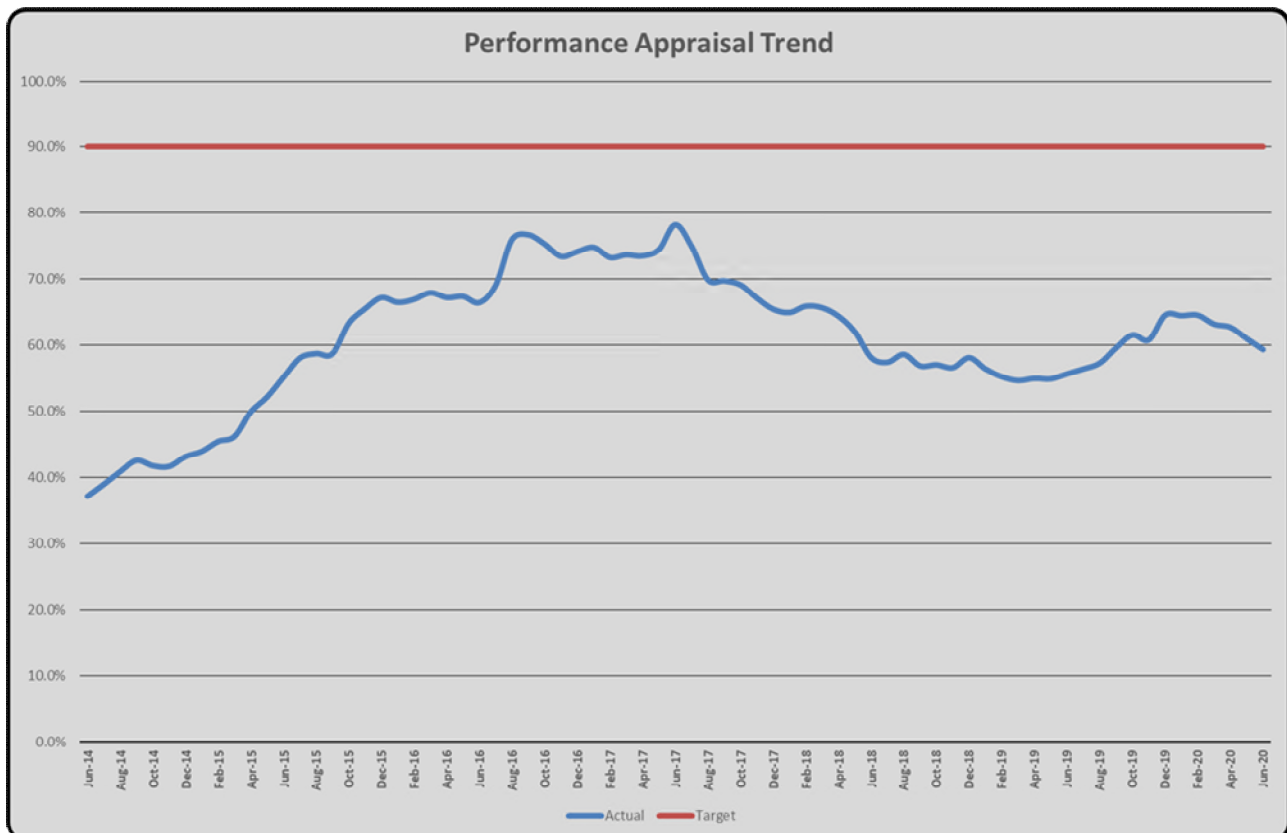
9. PEOPLE & CAPABILITY

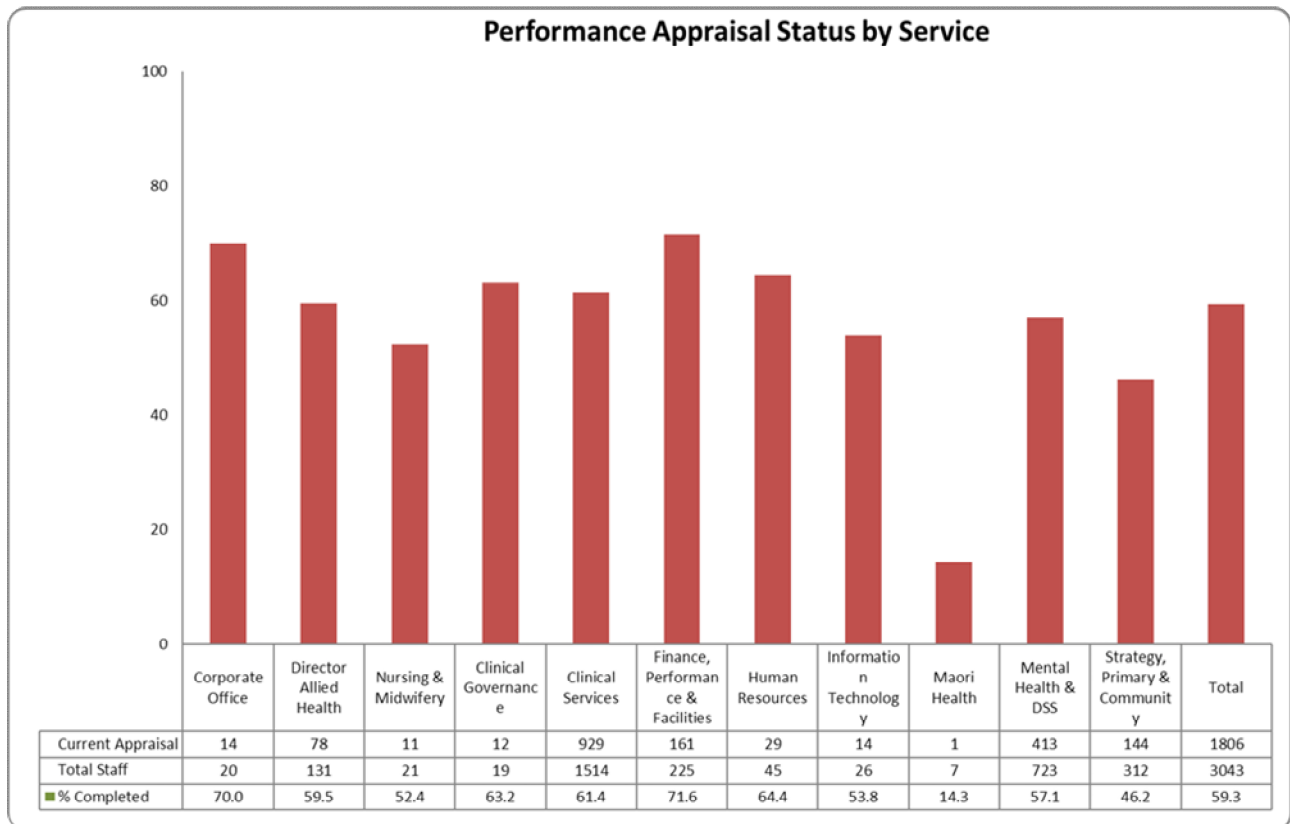
- Work is progressing on the new ways of working project. Flexible working policies, guidelines and digital enablers are being developed.
- The workforce planning project has started with an emphasis on understanding and developing a profile of the current workforce. There are three main deliverables for this project – workforce modelling for the DBC, forecasting of workforce implications from the MOC developments over time, and responses to key workforce issues such as the need for cultural competence and the challenges of an ageing workforce.
- Warm Welcome was delivered via Zoom for the second consecutive month. A survey was distributed to new starters and leaders to capture data to understand their Warm Welcome 'experience', in particular to enable comparison of face-to-face and Zoom delivery.

- We delivered the first Orientation Smoke Free and Infection Prevention sessions via Zoom.
- There were 62 placements made across the DHB in June. Nursing and Support had the highest number of placements with 22 and 19 respectively. The Nelson Marlborough Health careers page and “word of mouth” were the biggest source of hires in June.

10. PERFORMANCE APPRAISALS

To date we are at 59.3% of staff with a current appraisal.





Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

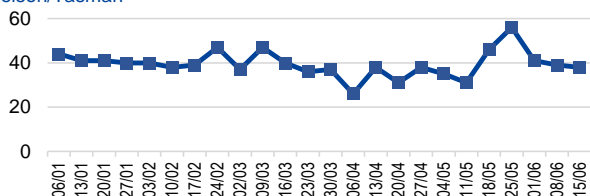
THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

Psychosocial Report

Nelson, Tasman and Marlborough

Acute Mental Health Referrals

Nelson/Tasman

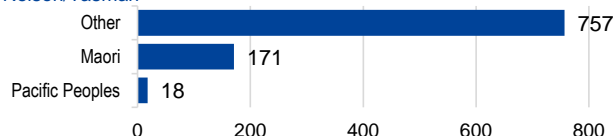


This last week has been busy with late night call outs for people expressing suicidal ideation, a lot of young men/men after relationship breakups alcohol use . Police referrals for safety checks in cells continue to be a constant. I think post COVID increase in referral have slowed this week . Referrals appear to be of low threshold for secondary services so we are directing back to GPs some of these .

NMH Nelson Community Assessment Team (CAT)

Acute Mental Health Referrals By Ethnicity

Nelson/Tasman

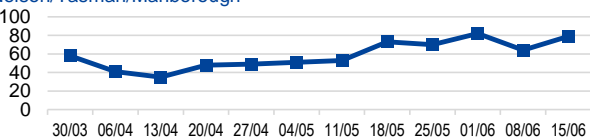


Over the last week only 1 referral which mentioned Covid. GPs are however asking for increase in allocations as they are seeing more presentations due to Covid

Nelson Bays Primary Health

Primary Mental Health Referrals

Nelson/Tasman/Marlborough

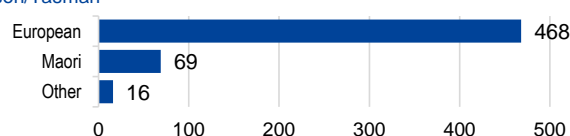


We have had 47 referrals into PMH this past week. Approximately 1/3 relate the issue to COVID in the referral.

Marlborough PHO

PMHI Referrals by Ethnicity

Nelson/Tasman

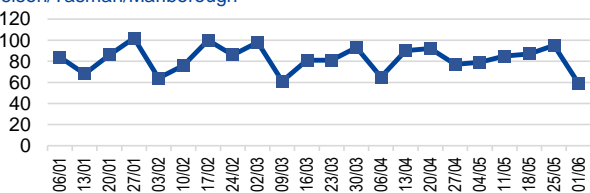


The main theme for us is the need to support foreign nationals who are stranded in New Zealand. This is temporarily with CDEM and will be transferred to the Department of Internal Affairs (DIA) likely to be contracted to an NGO.

Marlborough CDEM

Occurrences of Family Harm

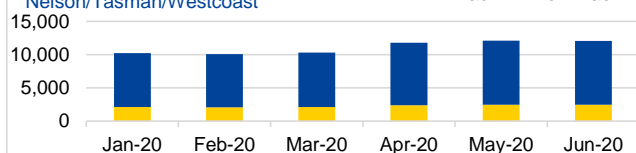
Nelson/Tasman/Marlborough



Total Main Benefits - MSD

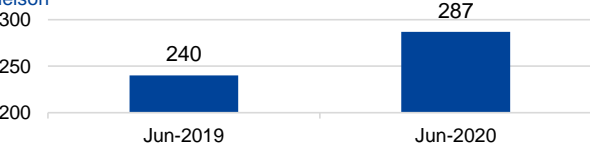
Nelson/Tasman/Westcoast

■ Maori ■ Non-Maori



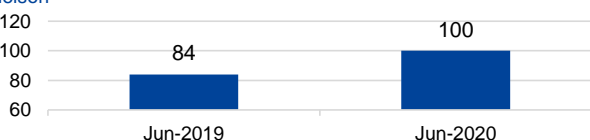
Foodbank - Total People

Nelson



Foodbank - Total Parcels

Nelson



Key Messages

**E hara taku toa i te toa takitahi
Engari e toa takitini.
My success is not from me alone
But from the combined efforts of all.**

1. Let's celebrate the phenomenal result of eliminating Covid 19 at this time
2. Thank you to everyone for all your work in protecting our community.
3. As we move to Level 1, let's not lose all the good things we've achieved. Let's keep the innovations going, and not lose the fantastic teamwork and collaboration we have developed.
4. The focus now is on recovering the wellbeing of our community. We have to recognize that Covid 19 will likely be back at some time, and it's important we keep up with good practices, like staying home when infectious, washing hands and cleaning surfaces.
5. It's OK to ask for help - Patua te Taniwha te "whakamā"! (don't be embarrassed) - Call MOH COVID19 on 0800 779 997 if you have any questions, or MSD – 0800559009
6. COVID 19 was a scary prospect so it is understandable that many of us still now feel unsure, anxious and concerned. Be patient and kind to yourself, talk about your concerns with close friends and family. Call or text 1737 if you would like to talk to someone
7. Give time for your children to talk through their feelings. Use information from <https://www.allright.org.nz/sparklers>
8. Working is good for your health and well-being. If you have lost your job, there are agencies who can support you to find another. MSD – 0800559009

MEMO

To: Board Members
From: Eric Sinclair, GM Finance Performance & Facilities
Date: 22 July 2020
Subject: Financial Report for June 2020

Status

This report contains:

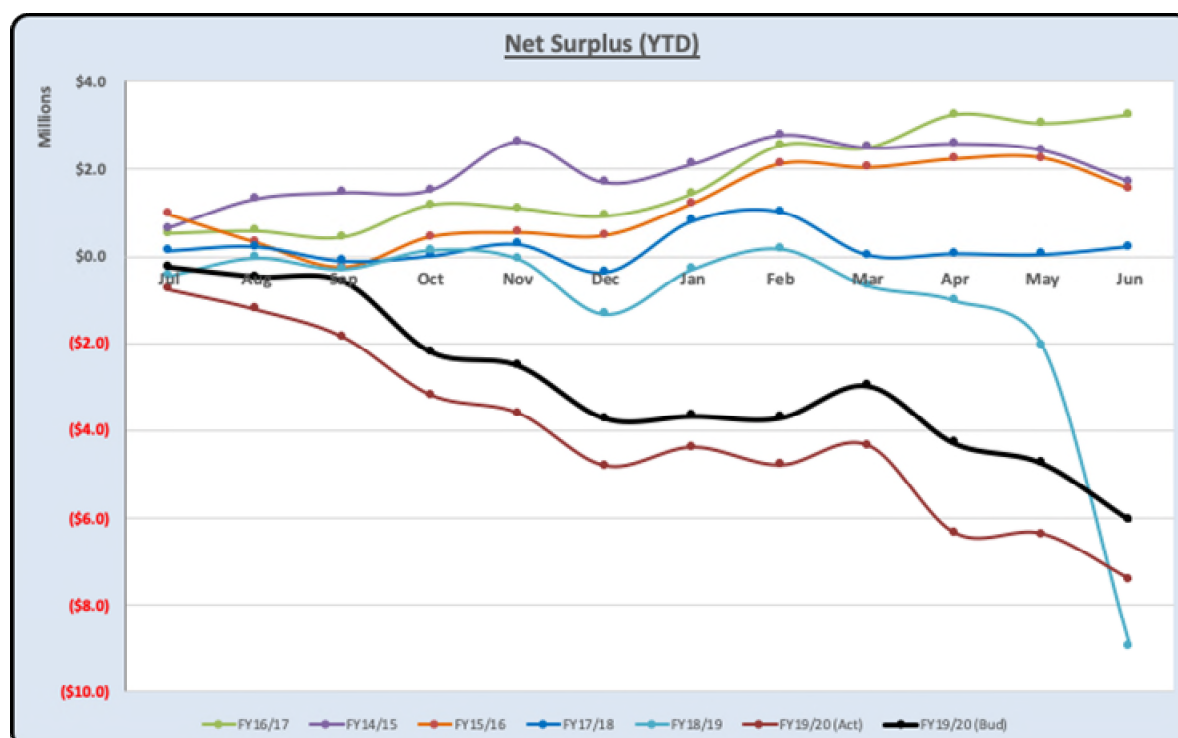
- ☐ For decision
- ☐ Update
- ☒ Regular report
- ☐ For information

Commentary

As previously reported the financial results for FY19/20 have been heavily influenced by the costs associated with the Covid-19 response. Taking the COVID net costs into account has resulted in a deficit of \$14.9M compared to the planned deficit of \$6.0M. However, the net costs associated with COVID have contributed \$7.5M to this deficit position meaning a more accurate picture of the annual result is a deficit of \$7.4M (\$1.4M adverse to the planned result).

Given the impact of additional costs as previously reported to the Board from seven IDF cases, higher national haemophilia costs and higher immunisation costs along with annual adjustments that were higher than expected to employee entitlements and the charge from Pharmac for the discretionary pharmacy fund (DPF) an adverse result of \$1.4M is a satisfactory result.

The following graph shows we have tracked relatively in line with our budget for the year excluding the COVID related costs (the Fy18/19 result in the graph excludes the year end adjustment for the Holidays Act remediation and other one-off type costs as shown in the Operating Statement on page 4 of this report).



COVID Related Costs

The operating statement shows a net total of \$11.0M of costs have been incurred since the middle of March when the COVID started having a material impact on the financial results. Of this the MOH have provided \$3.7M of funding for a range of activities such as additional funds for GPs, CBAC costs and some public health response work.

This however leaves a significant level of costs “unfunded” by external sources meaning these were covered by the cash reserves held by NMH. However it is important to recognise that there are a number of costs that were not incurred as a result of the lower level of activity, particularly within the hospital setting. Although a number of these costs will be incurred sometime in the future when the planned care catch up activity occurs this will be covered by separate funding, the NMH share of which is still to be announced by the MOH. We have not attempted to pull any of these “savings” into the financials for the COVID response.

It is important to note that the revenues/costs associated with the COVID response fall into one of the following categories, so not all costs are attributable to the actual response activities by the DHB. The various costs captured include:

- Costs directly associated with DHB activity responding to the pandemic such as contact tracing, CBAC establishment and the provision of personal protective equipment
- Costs where special leave has been granted recognising that for a number of reasons a staff member was not able to work – either at their normal place of work or able to work from home
- Revenue that was lost due to the inability to perform the service that would give rise to that revenue, e.g. non-resident income, revenue associated with the private surgery arrangements in Wairau
- Additional costs incurred as a result of the pandemic. One example accounted for within the May result is a total of \$906k related to annual leave increases – this represents annual leave that we would normally have expected to see taken through the 10-week period but was not able to be taken resulting in the increase to the annual leave liability.

A major cost that was incurred (falling within the fourth category above) and accounted for within the June monthly result is the wash up provision for Inter District Flows based on the direction from the MOH for how IDFs will be treated. The impact of this has been estimated at \$2.4M however the final impact cannot be established until the MOH have completed the calculations for the year end wash ups sometime in August.

BAU Result

As is usual for the year end a number of additional costs needed to be accounted for. The key items of note within the June result are:

- Workforce costs have been adjusted by the \$1.1M to allow for the increase in employee entitlements (long service leave, retirement gratuities, sick leave provision, sabbatical leave, etc). These costs are valued annually by an actuary (on a discounted cash flow basis) and were higher than expected given a lower discount rate (linked to lower interest rates), higher salaries, an increased workforce age and lower uptake of entitlements linked to the lockdown period. Additionally there was an agreement with the ASMS union (covering the SMO workforce) to extend the

continuing medical education (CME) provisions to a capped four year value rather than the usual three as provided for within the MECA.

- Pharmac have charged the DHB sector a collective \$20M resulting from a lower overall spend on pharmaceuticals than the Combined Pharmaceutical Budget (CPB). The NMH share was \$0.66M. The DPF is a vehicle utilised by Pharmac to ensure that the total spend on pharmaceuticals in any year aligns to the CPB and could be either an invoice to DHBs or result in a refund from the DPF. The wash up per DHB is aligned to the DHB's PBF share irrespective of how the individual DHB pharmaceutical costs align to the DHB's budget.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending June 2020

Month \$000s						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
45,457	364	45,821	44,110	1,347	1,711	36,749
2,253	0	2,253	2,209	44	44	1,798
729	0	729	575	154	154	475
1,041	0	1,041	823	218	218	848
1,119	0	1,119	1,111	8	8	1,028
50,599	364	50,963	48,828	1,771	2,135	40,898
21,167	231	21,398	21,414	247	16	18,740
590	64	654	193	(397)	(461)	670
21,757	295	22,052	21,607	(150)	(445)	19,410
1,687	17	1,704	1,643	(44)	(61)	1,700
2,486	24	2,510	2,508	22	(2)	2,831
4,990	500	5,490	3,664	(1,326)	(1,826)	9,127
453	0	453	369	(84)	(84)	473
1,844	232	2,076	2,775	931	699	8,827
11,778	619	12,397	11,379	(399)	(1,018)	11,019
4,517	2,409	6,926	3,899	(618)	(3,027)	4,032
49,512	4,096	53,608	47,844	(1,668)	(5,764)	57,419
1,087	(3,732)	(2,645)	984	103	(3,629)	(16,521)
33	0	33	34	1	1	27
1,127	0	1,127	1,237	110	110	1,108
797	0	797	872	75	75	852
1,957	0	1,957	2,143	186	186	1,987
(870)	(3,732)	(4,602)	(1,159)	289	(3,443)	(18,508)
(188)	0	(188)	(125)	(63)	(63)	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
(1,058)	(3,732)	(4,790)	(1,284)	226	(3,506)	(18,508)

Revenue

MOH devolved funding

MOH non-devolved funding

ACC revenue

Other government & DHBs

Other income

Total Revenue

Expenses

Employed workforce

Outsourced workforce

Total Workforce

Outsourced services

Clinical supplies

Pharmaceuticals

Air Ambulance

Non-clinical supplies

External provider payments

Inter District Flows

Total Expenses before IDCC

Surplus/(Deficit) before IDCC

Interest expenses

Depreciation

Capital charge

Total IDCC

Operating Surplus/(Deficit)

MOC Business Case costs

MECA related costs

Holidays Act compliance

Other one-off cost implications

Impairment of NOS asset

Net Surplus/(Deficit)

YTD \$000s						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
502,298	3,759	506,057	499,324	2,974	6,733	469,551
24,528	0	24,528	24,088	440	440	26,512
6,773	0	6,773	6,213	560	560	5,909
10,369	0	10,369	9,747	622	622	10,354
12,235	(311)	11,924	12,121	114	(197)	13,621
556,203	3,448	559,651	551,493	4,710	8,158	525,947
215,907	2,885	218,792	220,833	4,926	2,041	190,252
7,723	110	7,833	2,004	(5,719)	(5,829)	6,264
223,630	2,995	226,625	222,837	(793)	(3,788)	196,516
19,088	25	19,113	18,629	(459)	(484)	18,047
27,270	212	27,482	26,421	(849)	(1,061)	28,454
49,640	503	50,143	48,207	(1,433)	(1,936)	52,267
4,230	0	4,230	3,839	(391)	(391)	4,134
28,909	990	29,899	28,892	(17)	(1,007)	36,750
137,203	3,856	141,059	134,430	(2,773)	(6,629)	127,293
48,613	2,409	51,022	46,890	(1,723)	(4,132)	46,977
538,583	10,990	549,573	530,145	(8,438)	(19,428)	510,438
17,620	(7,542)	10,078	21,348	(3,728)	(11,270)	15,509
376	0	376	352	(24)	(24)	332
13,314	0	13,314	15,056	1,742	1,742	13,041
9,709	0	9,709	10,460	751	751	11,072
23,399	0	23,399	25,868	2,469	2,469	24,445
(5,779)	(7,542)	(13,321)	(4,520)	(1,259)	(8,801)	(8,936)
(1,627)	0	(1,627)	(1,502)	(125)	(125)	0
0	0	0	0	0	0	(3,111)
0	0	0	0	0	0	(7,155)
0	0	0	0	0	0	(1,060)
0	0	0	0	0	0	(302)
(7,406)	(7,542)	(14,948)	(6,022)	(1,384)	(8,926)	(20,564)

Month \$000s						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
4,273	51	4,324	4,755	482	431	3,946
459	59	518	130	(329)	(388)	446
4,732	110	4,842	4,885	153	43	4,392
1,132	38	1,170	1,013	(119)	(157)	1,317
24	0	24	39	15	15	40
1,156	38	1,194	1,052	(104)	(142)	1,357
7,077	76	7,153	6,987	(90)	(166)	6,240
0	5	5	0	0	(5)	0
7,077	81	7,158	6,987	(90)	(171)	6,240
4,773	29	4,802	4,747	(26)	(55)	3,898
77	0	77	16	(61)	(61)	73
4,850	29	4,879	4,763	(87)	(116)	3,971
727	4	731	725	(2)	(6)	715
8	0	8	1	(7)	(7)	6
735	4	739	726	(9)	(13)	721
3,185	33	3,218	3,187	2	(31)	2,624
22	0	22	7	(15)	(15)	105
3,207	33	3,240	3,194	(13)	(46)	2,729
21,757	295	22,052	21,607	(150)	(445)	19,410
21,167	231	21,398	21,414	247	16	18,740
590	64	654	193	(397)	(461)	670

Month						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
140.4	0.0	140.4	139.8	-0.6	-0.6	125.0
100.1	2.5	102.6	94.4	-5.7	-8.2	94.5
795.6	7.3	802.9	734.9	-60.7	-68.0	741.5
655.5	-0.4	655.1	656.1	0.6	1.0	640.3
132.8	0.4	133.2	131.4	-1.4	-1.8	128.4
415.6	6.7	422.3	407.6	-8.0	-14.7	418.8
2,240.0	16.5	2,256.5	2,164.2	-75.8	-92.3	2,148.5

Workforce Costs

Employed SMO	41,540	351	41,891	46,501	4,961	4,610	42,060
Outsourced SMO	6,471	85	6,556	1,353	(5,118)	(5,203)	4,881
Total SMO	48,011	436	48,447	47,854	(157)	(593)	46,941
Employed RMO	14,098	249	14,347	13,054	(1,044)	(1,293)	13,138
Outsourced RMO	260	0	260	405	145	145	353
Total RMO	14,358	249	14,607	13,459	(899)	(1,148)	13,491
Employed Nursing	71,788	905	72,693	72,036	248	(657)	65,895
Outsourced Nursing	0	25	25	0	0	(25)	16
Total Nursing	71,788	930	72,718	72,036	248	(682)	65,911
Employed Allied Health	47,860	871	48,731	48,789	929	58	45,514
Outsourced Allied Health	482	0	482	169	(313)	(313)	376
Total Allied Health	48,342	871	49,213	48,958	616	(255)	45,890
Employed Hotel & Support	7,302	85	7,387	7,471	169	84	7,105
Outsourced Hotel & Support	60	0	60	6	(54)	(54)	33
Total Hotel & Support	7,362	85	7,447	7,477	115	30	7,138
Employed Management & Admin	33,319	424	33,743	32,982	(337)	(761)	26,806
Outsourced Management & Admin	450	0	450	71	(379)	(379)	605
Total Management & Admin	33,769	424	34,193	33,053	(716)	(1,140)	27,411
Total Workforce costs	223,630	2,995	226,625	222,837	(793)	(3,788)	206,782
Total Employed Workforce Costs	215,907	2,885	218,792	220,833	4,926	2,041	200,518
Total Outsourced Workforce Costs	7,723	110	7,833	2,004	(5,719)	(5,829)	6,264

Full-Time Equivalent Staff Numbers

SMO	125.4	0.1	125.5	138.0	12.6	12.5	121.4
RMO	99.8	0.6	100.4	93.2	-6.6	-7.2	91.4
Nursing	751.4	6.6	758.0	725.5	-25.9	-32.5	704.0
Allied Health	625.9	7.7	633.6	650.1	24.2	16.5	606.2
Hotel & Support	128.1	0.4	128.5	129.0	0.9	0.5	124.0
Management & Admin	404.2	3.9	408.1	402.5	-1.7	-5.6	383.2
Total FTEs	2,134.8	19.3	2,154.1	2,138.3	3.5	-15.8	2,030.2

YTD \$000s						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
41,540	351	41,891	46,501	4,961	4,610	42,060
6,471	85	6,556	1,353	(5,118)	(5,203)	4,881
48,011	436	48,447	47,854	(157)	(593)	46,941
14,098	249	14,347	13,054	(1,044)	(1,293)	13,138
260	0	260	405	145	145	353
14,358	249	14,607	13,459	(899)	(1,148)	13,491
71,788	905	72,693	72,036	248	(657)	65,895
0	25	25	0	0	(25)	16
71,788	930	72,718	72,036	248	(682)	65,911
47,860	871	48,731	48,789	929	58	45,514
482	0	482	169	(313)	(313)	376
48,342	871	49,213	48,958	616	(255)	45,890
7,302	85	7,387	7,471	169	84	7,105
60	0	60	6	(54)	(54)	33
7,362	85	7,447	7,477	115	30	7,138
33,319	424	33,743	32,982	(337)	(761)	26,806
450	0	450	71	(379)	(379)	605
33,769	424	34,193	33,053	(716)	(1,140)	27,411
223,630	2,995	226,625	222,837	(793)	(3,788)	206,782
215,907	2,885	218,792	220,833	4,926	2,041	200,518
7,723	110	7,833	2,004	(5,719)	(5,829)	6,264

YTD						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
125.4	0.1	125.5	138.0	12.6	12.5	121.4
99.8	0.6	100.4	93.2	-6.6	-7.2	91.4
751.4	6.6	758.0	725.5	-25.9	-32.5	704.0
625.9	7.7	633.6	650.1	24.2	16.5	606.2
128.1	0.4	128.5	129.0	0.9	0.5	124.0
404.2	3.9	408.1	402.5	-1.7	-5.6	383.2
2,134.8	19.3	2,154.1	2,138.3	3.5	-15.8	2,030.2

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 June 2020

	Budget Jun-20 \$000	Actual Jun-20 \$000	Actual Jun-19 \$000
Assets			
Current assets			
Cash and cash equivalents	6,526	9,134	6,315
Other cash deposits	21,284	21,298	21,284
Receivables	19,222	17,124	19,222
Inventories	2,742	2,900	2,742
Prepayments	1,188	386	1,188
Non-current assets held for sale	465	465	465
Total current assets	51,427	51,307	51,215
Non-current assets			
Prepayments	36	521	36
Other financial assets	1,715	1,723	1,715
Property, plant and equipment	191,115	197,640	197,681
Intangible assets	10,518	11,087	11,509
Total non-current assets	203,384	210,971	210,941
Total assets	254,811	262,278	262,156
Liabilities			
Current liabilities			
Payables	32,497	39,874	31,127
Borrowings	501	632	501
Employee entitlements	44,441	51,604	46,585
Total current liabilities	77,439	92,110	78,213
Non-current liabilities			
Borrowings	7,664	8,473	7,664
Employee entitlements	9,870	10,829	9,870
Total non-current liabilities	17,534	19,302	17,534
Total Liabilities	94,973	111,412	95,747
Net assets	159,838	150,866	166,409
Equity			
Crown equity	81,373	81,373	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(8,011)	(16,963)	(1,987)
Total equity	159,838	150,866	166,409

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 June 2020

	Budget Jun-20 \$000	Actual Jun-20 \$000	Budget 2019/20 \$000
<i>Cash flows from operating activities</i>			
Receipts from the Ministry of Health and patients	551,523	561,979	551,523
Interest received	1,700	974	1,700
Payments to employees	(217,472)	(212,876)	(217,472)
Payments to suppliers	(316,681)	(324,776)	(316,682)
Capital charge	(10,460)	(9,709)	(10,460)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	8,610	15,592	8,609
<i>Cash flows from investing activities</i>			
Receipts from sale of property, plant and equipment	-	29	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(6,500)	(10,865)	(6,500)
Purchase of intangible assets	(1,000)	(1,940)	(1,000)
Acquisition of investments	-	(14)	-
Net cash flow from investing activities	(7,500)	(12,790)	(7,500)
<i>Cash flows from financing activities</i>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(899)	17	(352)
Net cash flow from financing activities	(899)	17	(899)
Net increase/(decrease) in cash and cash equivalents	211	2,819	210
Cash and cash equivalents at the beginning of the year	6,315	6,315	6,315
Cash and cash equivalents at the end of the year	6,526	9,134	6,525

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 22 July 2020
Subject: **Consumer Council Report**

Status

This report contains:

- ☐ For decision
- ☐ Update
- ✓ Regular report
- ✓ For information

The Consumer Council met on Monday 13 July.

The Council were pleased to welcome the CEO to the July meeting to provide key messaging for Council members to use in discussions within the community in the lead up to the September election, and proposed changes to the delivery of health services in Aotearoa/ New Zealand.

The key points of note from the CEO were:

- 1) The “Simpson Report” – the Government has not adopted any of the recommendations in the report yet. Our DHB agrees with the principles underpinning the report; specifically improved equity of health outcomes, improved outcomes for Maori and other minority groups and future-focused planning.
- 2) There would be a two to three year pathway of implementation of any recommendations that may be adopted.
- 3) NMH are still progressing with the detailed business case for the rebuild. The need to rebuild will not alter as a result of proposed changes. NMH has not reached the stage of asking for the capital yet.
- 4) If the proposal that Boards will not include elected members is made policy, the role of the Consumer Council will be significant in ensuring that the voice of the community is heard regarding the design and delivery of Nelson/Marlborough health services.

The Council also discussed the proposal to make changes to the use of Nikau House. The Council is aware that there is a high level of public and media interest and considerable opposition to proposed changes.

The Consumer Council will be briefed both on the feedback following the consultation and the proposed recommendations for Community Mental Health Services.

The Council continues to maintain representation on several active committees including the Clinical Governance Committee, Strengthening Coordinated Care, Models of Care and Advance Care Planning.

The Council was pleased to receive an update on the outcomes of the Swoop team, noting that the model was a well organised and useful part of our response to COVID-19, and required a considerable time commitment from clinical staff. Council supported the model as an effective approach to delivering person-centred care, allowing people to

remain in their own home, whom otherwise may have presented at hospital during predicted heavy hospital use. Council look forward to a further update after the team has been stood down and a review has taken place.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

MEMO

To: Board Members
From: Cathy O'Malley, GM Strategy Primary & Community
Date: 22 July 2020
Subject: **Models of Care Programme Report**

Status

This report contains:

☐ For decision

☐ Update

✓ Regular report

✓ For information

Attached as item 7.1 is the Models of Care programme report for June.

Cathy O'Malley
GM Strategy Primary & Community

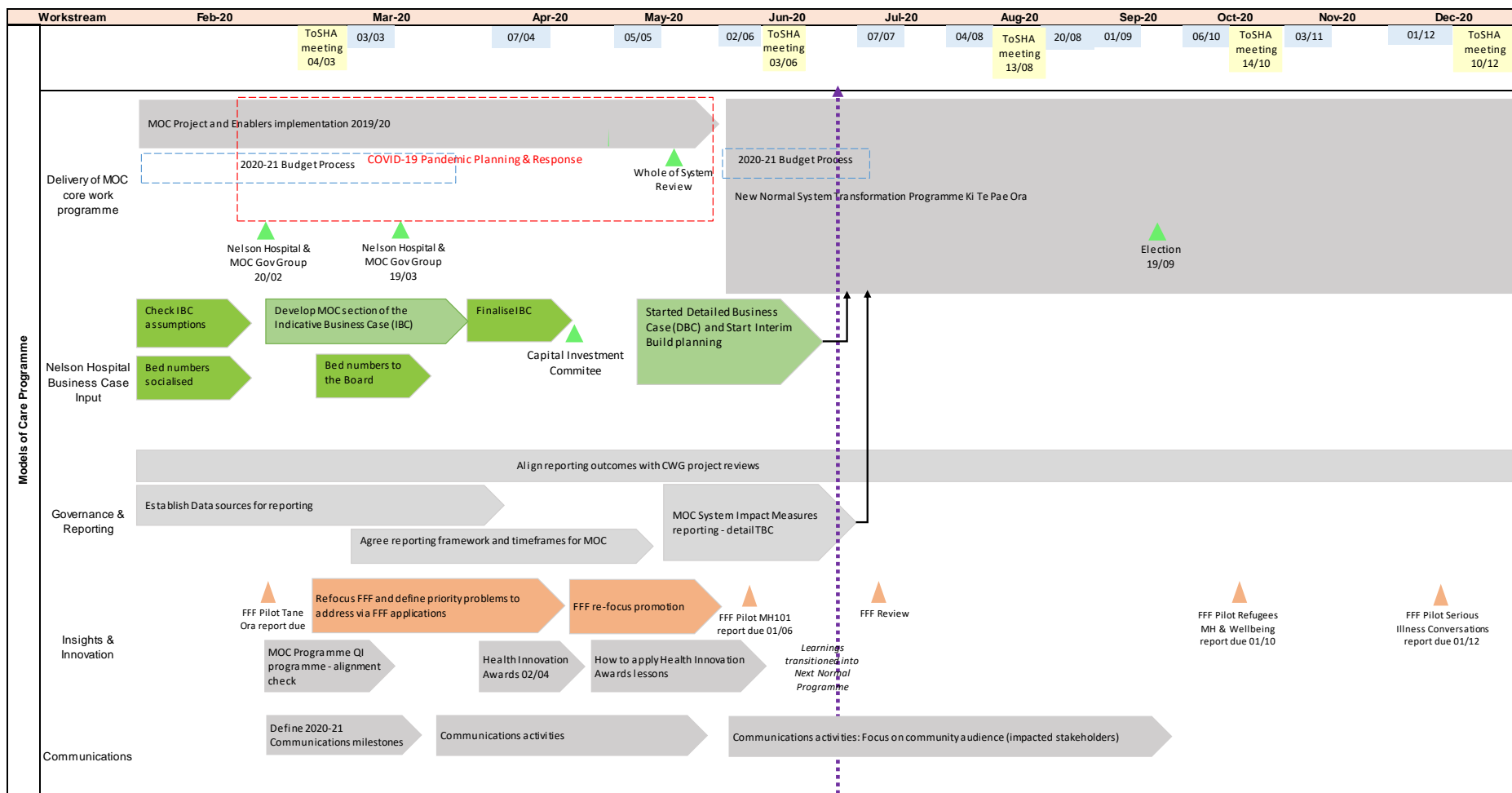
RECOMMENDATION:

THAT THE BOARD RECEIVES THE MODELS OF CARE PROGRAMME REPORT.

MOC Programme Update

- The Models of Care programme is continuing within the Ki te Pae Ora framework
- Ki Te Pae Ora – or towards a healthy future, is NMH's post COVID19 response to healthcare and the 'new normal' way of working and builds on the great work we are already doing
- The approach applies the same principles as the MOC programme, so we have been able to easily identify how MOC projects fit in the new blueprint without disruption and immediately benefit from improved synergies and visibility of the work happening around them
- The Ki Te Pae Ora approach breaks down the health system into four broad areas or work streams—acute (unplanned) care; planned care; wellbeing and proactive programmes in the community; and public health
- These workstreams will each need to work across many services, for example, planned care starts with self care then moves into community supports and care before engaging with hospital services
- The four work streams will be supported by work in seven critical areas: virtual health; closing the digital divide; clinical governance, data quality and improvement; funding and resource allocation; workforce development; new ways of working; and facilities – COVID and MoC ready
- Ki te Pae Ora is about creating a connected system where patient journeys engage with services both within and outside the hospital – planning across services rather than service-by-service
- This approach is especially important for our more vulnerable people as we work to achieve more equitable health outcomes.

Programme Plan Tracking



Project Tracking

Project	Status	Key activities this month	Key activities next month
Health Care Home	On Track	<p>Re-engagement with practices following the shift to Level 1 visiting in person and virtually. The current focus is on reconnecting with practices to gain a better understanding of their needs and future direction while recognising the fatigue and current clinical environment.</p> <p>Tranche 2B Implementation plans are being drafted, Tranche 2A are currently re-scoping the gap and developing their second-year implementation plans. Refocus on the future delivery of Health Care Home to ensure the momentum and change experienced in all practices is sustained and supported. Alignment of interrelated Model of Care projects and associated Steering Groups was discussed at ToSHA. Health Care Home is interlinked with the Strengthening Coordinated Care and Shared Care Plans projects. Reintroducing the Locality Care Coordinators post lockdown and supporting their work with complex patients engaged with practices.</p>	<p>Support the pandemic recovery, ensure teams are embedding beneficial changes and undertaking future planning, considering significant changes to General Practice. Approval by the Steering Group of the Implementation Plans for Tranche 2B. Appointment of HCH facilitator in Nelson – currently being confirmed. Completed quarterly reporting to identify where practices are behind with set goals and what support is required. Continue to orientate, support and embed the LCC roles with practices. Support the MoC programme to plan for and deliver the Victory Stakeholder hui. Explore appropriate support structures such as Steering and Working groups for interrelated work streams, such as HCH and Strengthening Coordinated Care. Align support and resources for Shared Care Plan suite across the region, working with the ACP team and appropriate PHO roles to ensure consistency of information and reduction in duplication</p>
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	Ongoing operation of MAPU.	Agree any changes required as a result of the evaluation process.
Contribution to the First 1,000 Days: Hei Pa Harakeke	On Track	<p>Training of two public health nurses in Parent-Child Interaction – Feeding and Teaching Scales. The training provides valid and reliable assessments for determining concrete areas to guide interventions to grow the parent-child relationship. Development of AROHA TIKA messaging and brochure for use at the Hapu Wananga. Developing process for referral in to the service. Plan for connecting Community Midwives in to the ERMS online platform.</p>	<p>Further meetings with GPs, Midwives and Parent Infant Nurture Service. Initial discussions and meeting with Blenheim GP practice and wider stakeholders in Blenheim. Community Midwives on the ERMS online system. Proposal of initiative for support from Care Foundation. Community Engagement by the health promotion team with Kohanga Reo.</p>
Strengthening Coordinated Care	On Track	<p>Reflection post COVID and continuing system wide momentum and beneficial change. Appointment of Victory LCC delayed due to initial applicant declining role; Role being re-advertised. Alignment of Strengthening Coordinated Care steering group with Ki te Pae Ora Planned Care workstream; Working towards a single Planned Care steering group including former SCC steering group members, and SCC working groups for each locality.</p>	<p>LCCs to support system wide use of the Personalised Care Plan (PCP); LCCs support of existing MDT's and identifying areas for development; Workshop to develop Strengthening Coordinated Care in response to lessons learned so far; Agree an implementation plan; Finalise communications about role of LCCs.</p>

Project Tracking

Project	Status	Key activities this month	Key activities next month
Care Anywhere: Making Virtual Health Happen	On Track	During the past month we have been looking to identify trends in decreased activity noted in telehealth since the return of many in person appointments. We have been working with services such as Oral Health and Smoking Cessation team on ways to deliver telehealth. We have also had begun working with CCDHB with telehealth options for neurosurgical patients so they do not have to travel for follow up appointments, to date we have completed one successful appointment.	We continue to looking to address the following areas Equity around access and engagement Patient centred booking processes Working with wider teams in the health community to support the use of telehealth Increasing the digital literacy within our workforce and community
Workforce Development: People Powered Care	In Progress	The workforce development workstream has been reconsidered against the learnings from COVID and the principles developed for the New Normal workstreams resulting in some revisions to the objectives and activities outlined in the Workforce Planning Advisor position description. Our workforce planning advisor has commenced in the role and is in a data gathering mode for the next few weeks.	We expect work to commence on the project plan from early July.
On the Same Page: Shared Information Platform	On Track	Series of meetings held to reprioritise and progress Acute Plan flag for EDaaG. This work will proceed in parallel with other work as it is not the top priority. Development work is estimated to be two weeks. Agreement to use blank ED Management Plan to flag into EDaaG that an AP exists. HealthOne user metrics discussion with CCL, to drill down to person level. Planning to send survey to clarify why so many inactive users. E.g. 383 users "inactive >30d" out of 610 total". Canterbury responded about data warehouse access: With the Intelligence & Reporting team to progress. Regional team will not add postcode / DHB filter to search functionality in HCS.	Intelligence & Reporting team to progress access to plan stats via data warehouse. HealthOne / CCL work to identify users, so that a survey can be sent to investigate user issues. Revisit eRecords workshop outputs, agree next steps. AP EDaaG Flag development to commence.
One Team: Transforming Timely Advice	On Hold	The development of a General Clinical Communications form from HCS to the GP has been completed and presented to the Heads of Department at the hospital. HOD's have shared this recent development in the Clinical Services Update June 2020. Identification of issues to be addressed across the documentation journey of a patient – for example, admissions forms, lab forms, ERMS, discharge. Alignment with the Ki Te Pae Ora – Planned Care workstream.	Undertake prioritisation process of documentation journey issues. Determine actions aligned with Planned care work.
Towards Equity: Extension of Hauora Direct	On Track	The electronic version of the pepe/ tamariki version of Hauora Direct has been successfully piloted by community nurses in Public Health and Victory Community Centre. Approximately 28 children have been assessed. Most of the assessments were done in people's homes. Preliminary feedback has been extremely positive with the tool effectively reducing administration time of case work and ensures that people are directly connected to support services. The tool also provides a print-out of the assessment which was left with whanau whom have participated in the initiative.	The electronic version of the tool for both adults (Kaumatua and Pakeke) and youth (Rangatahi) should be ready for community pilot in early August. It is intended that the tool be piloted on people who were formerly homeless but have been housed as a result of Covid-19. This is approximately 120 people across the district. 7.1-4

Project Tracking

Workstream	Status	Key activities this month	Key activities next month
Population Health Social Movement	In progress	The community response to COVID-19 was arguably a social movement in itself; people were mobilised to be kind, take ownership of their own health and promote the health of others. The focus group of influencers held earlier in the year may have provided the foundation of cross-agency conversations and grass roots action around food security and resilience and community and environmental wellbeing (#kindness). The COVID-19 response saw an increase in not only awareness of inequity within Nelson-Marlborough, but a willingness of individuals (not just agencies) to respond to it. The conversation around 'equity' is also gaining momentum through the #blacklivesmatter movement which is being taken up by New Zealanders.	Determine the best approach for ensuring the momentum of the COVID-19 social movement in the areas of equity and community resilience is retained as part of the 'next normal' planning. Further progress awaits outcome/decisions around Next Normal work.
Medical Engagement	In Progress	The Medical Engagement Group met during June. The date for the SMO engagement day will be changed to accommodate the Chief Executive who will participate in the day. A draft survey has been developed to obtain feedback from managers to balance the views of clinicians obtained through the medical engagement survey. The series of Grand Round speakers on clinical engagement and leadership that was cancelled due to the pandemic is currently being rescheduled.	Confirm date for the SMO engagement day. Finalise schedule of Grand Round speakers. Finalise management survey.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
A&R	Audit & Risk Committee
ACC	Accident Compensation Corporation
ACMO	Associate Chief Medical Officer
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
ACP	Advanced Care Plan
ADR	Adverse Drug Reactions
ADM	Acute Demand Management
ADON	Associate Director of Nursing
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
ALT	Alliance Leadership Team (short version of (TOSHALT))
AMP	Asset Management Plan
AOD	Alcohol and Other Drug
AOHS	Adolescent Oral Health Services
AP	Annual Plan with Statement of Intent
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ARRC	Aged Related Residential Care
ASD	Autism Spectrum Disorder
ASH	Ambulatory Sensitive Hospitalisation
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BAFO	Best and Final Offer
BAU	Business as Usual
BCP	Business Continuity Plan
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BHE	Blenheim
BOT	Board of Trustees
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CaaG	Capacity at a Glance
CAMHS	Child and Adolescent Mental Health Services
CAPEX	Capital operating costs
CAR	Corrective Action Required
CARES	Coordinated Access Response Electronic Service
CAT	Mental Health Community Assessment Team
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
CBSD	Community Based Service Directorate
CE (CEO)	Chief Executive (Chief Executive Officer)

CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CD	Clinical Director
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CLAB	Central Line Associated Bacteraemia
CLABSI	Central Line Associated Bloodstream Infection
CLAG	Clinical Laboratory Advisory Group
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMO	Chief Medical Officer
CMS	Contract Management System
CNM	Charge Nurse Manager
CNS	Charge Nurse Specialist
COAG	Clinical Operations Advisory Group
Concerto	IT system which provides clinician's interface to systems
COHS	Community Oral Health Service
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CP	Chief Pharmacist
CPO	Controlled Purchase Operations
CPSOG	Community Pharmacy Services Operational Group
CPU	Critical Purchase Units
CR	Computed Radiology
CRG	Christchurch Radiology Group
CRISP	Central Region Information Systems Plan
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CSSD	Clinical Services Support Directorate
CT	Computerised Tomography
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTC	Computerised Tomography Colonography
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge

CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Therapy
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman

FPSC	Finance Procurement and Supply Chain
FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
hA	healthAlliance
HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
IaaS	Infrastructure as a Service
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IBC	Indicative Business Case
ICU	Intensive Care Unit
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
ILM	Investment Logic Mapping
IM	Information Management

IMCU	Immediate Care Unit
InterRAI	Inter Residential Assessment Instrument
IoD	Institute of Directors New Zealand
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPS	Individual Placement Support
IPSAS	International Public Sector Accounting Standards
IPU	In-Patient Unit
IS	Information Systems
ISBAR	Introduction, Situation, Background, Assessment, Recommendation
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LMC	Lead Maternity Carer
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTI	Lost Time Injury
LTIP	Long Term Investment Plan
LTCCP	Long Term Council Community Plan
LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MA	Medical Advisor
MAC(H)	Medicines Advisory Group (Hospital)
MAPA	Management of Actual and Potential Aggression
MAPU	Medical Admission & Planning Unit
MCT	Mobile Community Team
MDC	Marlborough District Council
MDM	Multidisciplinary Meetings
MDM	Multiple Device Management
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MEND	Mind, Exercise, Nutrition, Do It
MH&A	Mental Health & Addiction Service
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate

MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MHINC	Mental Health Information Network Collection
MHSD	Mental Health Service Directorate
MHWSF	Maori Health and Wellness Strategic Framework
MI	Minor Injury
MIC	Medical Injury Centre
MMG	Medicines Management Group
MOC	Models of Care
MOE	Ministry of Education
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MPDS	Maori Provider Development Scheme
MQ&S	Maternity Quality & Safety Programme
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
MTI	Minor Treatment Injury
NMH	Nelson Marlborough Health (NMDHB)
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRL	Nelson Radiology Ltd (Private Provider)
NRT	Nicotine Replacement Therapy
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NESP	Nurse Entry to Specialist Practice
NETP	Nurse Entry to Practice
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NM	Nelson Marlborough
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMH	Nelson Marlborough Health
NMIT	Nelson Marlborough Institute of Technology
NN	Nelson
NOF	Neck of Femur
NOS	National Oracle Solution
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NRSII	National Radiology Service Improvement Initiative
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services

NZISM	New Zealand Information Security Manual
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OAG	Office of the Auditor General
OECD	Organisation for Economic Co-operation and Development
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPEX	Operating costs
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OPMH	Older Persons Mental Health
OST	Opioid Substitution Treatment
ORL	Otorhinolaryngology (previously Ear, Nose and Throat)
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
PAS	Patient Administration System
P&F	Planning and Funding
P&L	Profit and Loss Statements
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCBU	Person Conducting Business Undertaking
PCI	Percutaneous Coronary Intervention
PCIT	Parent Child Interaction Therapy
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDO	Principal Dental Officer
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PICS	Patient Information Care System
PIP	Performance Improvement Plan
PN	Practice Nurse
POCT	Point of Care Testing
PPE	Property, Plant & Equipment assets
PPP	PHO Performance Programme
PRIME	Primary Response in Medical Emergency
PSAAP	PHO Service Agreement Amendment Protocol
PSR	Preschool Enrolled (Oral health)
PT	Patient
PTAC	Pharmacology and Therapeutics Committee

PTCH	Potential To Cause Harm
PRG	Pacific Radiology Group
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
Q&SGC	Quality & Safety Governance Committee
QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
QSM	Quality Safety Measures
RA	Radiology Assistant
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RCGP	Royal College of General Practitioners
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RIS	Radiology Information System
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RIS	Radiology Information System
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
RTLB	Resource Teacher: Learning & Behaviour
SAC1	Severity Assessment Code
SAC2	Severity Assessment Code
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCL	Southern Community Laboratories
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SI	South Island
SIA	Services to Improve Access
SIAPO	South Island Alliance Programme Office
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SI-PICS	South Island Patient Information Care System
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLA	Service Level Agreement
SLATs	Service Level Alliance Teams
SLH	SouthLink Health
SM	Service Manager
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
SPaIT	Strategy Planning and Integration Team

SPAS	Strategy Planning & Alliance Support
SPE	Statement of Performance Expectations
SSBs	Sugar Sweetened Beverages
SSE	Sentinel and Serious Events
SSP	Statement and Service Performance
SUDI	Sudden Unexplained Death of an Infant
TCR	Total Children Enrolled (Oral health)
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
ToSHA	Top of the South Health Alliance
TPO	Te Piki Oranga
TPOT	The Productive Operating Theatre
UG	User Group
USS	Ultrasound Service
U/S	Ultrasound
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEI	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
WR	Wairau
YOTS	Youth Offending Teams
YTD	Year to Date
YTS	Youth Transition Service

As at April 2019