

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 23 July 2019 at 1.00pm

Seminar Centre Room 1, Braemar Campus, Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	1.00pm		
1	Welcome, Karakia, Apologies, Registration of Interests	1.10pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	1.15pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report	1.30pm	Attached	Resolution
5	Consumer Council Chair's Report		Attached	Resolution
6	Finance Report		Attached	Resolution
7	Clinical Governance Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	2.00pm	As below	Resolution

PUBLIC EXCLUDED MEETING

2.00pm

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 25 June 2019 (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 ▪ Chair of West Coast DHB ▪ Member of West Coast Partnership Group ▪ Member of Health Promotion Agency (HPA) 			
Alan Hinton	<ul style="list-style-type: none"> ▪ Nil 	<ul style="list-style-type: none"> ▪ Trustee, Richmond Rotary Charitable Trust ▪ Trustee, Natureland Wildlife Trust ▪ Trustee, Nelson Christian Trust ▪ Director, Solutions Plus Tasman Ltd ▪ Consultant, Azwood Ltd ▪ Secretary, McKee Charitable Trust 	<ul style="list-style-type: none"> ▪ Support of local worthy causes ▪ Education and support of endangered species ▪ Local, national and international support ▪ Business consultancy ▪ Heating fuels and landscaping facilities ▪ Tertiary scholarships and general philanthropy 	Supply of heating fuel to NMDHB

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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 	
Judy Crowe		<ul style="list-style-type: none"> ▪ Daughter is senior HR Consultant at Oranga Tamariki in Wellington 		
Patrick Smith	<ul style="list-style-type: none"> ▪ Member of IHB 	<ul style="list-style-type: none"> ▪ Managing Director, Patrick Smith HR Ltd 	<ul style="list-style-type: none"> ▪ Consultancy services • Contracts held 	<ul style="list-style-type: none"> ▪ Focus on primary sector and Maori Working with Maori Health Providers who hold contracts
Jenny Black (Marlborough)		<ul style="list-style-type: none"> ▪ ACP Practitioner 	End of life care	
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 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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 Orthopaedic Prioritisation Working Group Chair General Surgery Prioritisation Working Group Panel member to review Auckland DHB Orthopaedic Service Chair Ophthalmology Service Improvement Advisory Group Chair Maternal Foetal Medicine Service Improvement Advisory Group 			
Stephen Vallance	<ul style="list-style-type: none"> Chairman, Marlborough Centre of the Cancer Society Chairman, Crossroads Trust Marlborough 			
Craig Dennis	<ul style="list-style-type: none"> Trustee of Nelson Region Hospice Investment Trust 	<ul style="list-style-type: none"> Director of CD & Associates Director of Scott Syndicate Development Company Ltd Director of 295 Trafalgar Street Ltd Director of KHC Dennis Enterprises Ltd Director, Taylors Contracting Co Ltd 		

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 ▪ Workforce Taskforce – Health Work Force NZ ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member SI Quality Alliance Group - SIAPO ▪ 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 the South Island Strategic Planning and Integration Team ▪ 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 			
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. 			
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				

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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 Tahunanui Medical Centre and Richmond Health Centre 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 ▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) 	<ul style="list-style-type: none"> ▪ Both myself and my partner own shares in various Maori land incorporations 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CHIEF EXECUTIVE'S OFFICE					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> ▪ Brother has been engaged by NMDHB to explore options for NMHCT ▪ Daughter employed as RN for NDHB ▪ DHB representative on the PHARMAC Board ▪ Lead CE for Joint Procurement Agency 	<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 June 2019

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE SEMINAR ROOM, ARTHUR WICKS BUILDING, WAIRAU HOSPITAL ON 25 JUNE 2019 AT 1.00PM**Present:**

Jenny Black (Chair), Alan Hinton (Deputy Chair), Stephen Vallance, Patrick Smith, Jenny Black (Marlb), Dawn McConnell, Judy Crowe, Allan Panting, Craig Dennis, Gerald Hope, Brigid Forrest

In Attendance:

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Pam Kiesanowski (Director of Nursing & Midwifery), Jane Kinsey (GM Mental Health Addictions & DSS), Lexie O'Shea (GM Clinical Services), Cathy O'Malley (GM Strategy Primary & Community), Stephanie Gray (Communications), Steve Low (Acting Chief Medical Officer), Gaylene Corlett (Board Secretary)

Apologies:

Nick Baker (Chief Medical Officer), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Hilary Exton (Director of Allied Health)

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Walter Scott, member of public
Eleanor Kietzmann, member of public

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Stephen Vallance
Seconded: Jenny Black (Marlb)

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance
Seconded: Jenny Black (Marlb)

THAT THE MINUTES OF THE MEETING HELD ON 28 MAY 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

3.1 Action Points

Item 1 – H&S reporting into Dashboard: Ongoing

Item 2 – Medlab Collecton Points: Southern Community Laboratories hold the contract for laboratory services in Southern DHB and NMH. They are forming a regional governance sub group to look at services including collection centres. This will take time and if changes are needed, the community will be consulted.

Item 3 – Consumer Council Review: Ongoing

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair and CE met with the Minister of Health and Treasury. They are interested in our models of care programme. Discussion held on the Top of the South Health Systems Review noting the first draft is to be written by July. Noting if changes to legislation are required it will not proceed until after the next election.

The IBC was presented and endorsed by the Regional Capital Committee (South Island DHB CEOs and Chairs). The IBC has been sent to the Ministry and Treasury for review before being submitted to the Minister for approval.

The Care Foundation met yesterday, and after spending time sorting the existing trusts, are now looking at fundraising. **It was noted that** an overview of funds given out by the Care Foundation in the last year will be presented to the Board next month.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Appreciation was expressed to the teams for attending the recent careers expo. It was an interactive stand that drew the students. Discussion was held on follow up of those visiting the stand, noting contact details are given to those that show an interest in working for NMH. Noted all workforces are promoted at the expo.

Discussion held on the upgrade of Office 365 around security. It was noted that this is the package that DHB CIOs have recommended around the country. Noted we do have automatic password changes for staff every 60 days.

The establishment of the Youth Development Centre "My Space" in Marlborough was commended.

Discussion held on the number of completed performance appraisals noting the Executive Leadership Team understand the importance of annual conversations with staff. Noted often the conversation has been had, however the paperwork is very manual and takes time to complete. Our People & Capability team are looking at upgrading the system to make it electronic, which will be quicker to complete and should increase the numbers shown as completed.

SECTION 6: CONSUMER COUNCIL CHAIR'S REPORT

Noted the three new Consumer Council members have been appointed.

SECTION 7: FINANCIAL REPORT

Base operating result for the month shows a small surplus of \$19k, however this is \$838k adverse to plan. In addition, a total of \$1,049k of additional MECA/SECA related costs have been incurred for the month resulting in a net deficit of \$1,030k for the month, \$1,887k adverse to the planned result.

Discussion held on the increase of cost for the Air Ambulance noting we had the opportunity to discuss flight transport options with a local provider, however we signed with the national contract which is costing us more. Noted no DHBs are happy with the extra costs. **It was agreed that** the Board Chair express the Board's disappointment at the next national meeting.

Moved: Alan Hinton
Seconded: Craig Dennis

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 8: CLINICAL GOVERNANCE REPORT

Discussion held on HQSC data noting we have changed the measure tool which shows different data. We are the only DHB using this data, however we have suggested to other DHBs to change to the same system. Noted the number of falls is decreasing which is encouraging. Noted it would be of benefit to put in falls data from primary care (preventative measures). **It was requested** that the Director of Allied Health to investigate if it is possible to include primary care falls data.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Patrick Smith
Seconded: Jenny Black (Marlb)

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 28 May 2019 (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
- Decision – FY19/20 Capital Expenditure Programme – APPROVED
- Decision – Contracts 2019/20 – APPROVED
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- Update – Top of the South Health Alliance – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.50pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 25 June 2019**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	H&S Report	Develop the H&S reporting data into a dashboard	Peter Bramley	24 July 2018		Ongoing
2	Public Forum	Update on investigate options for a Medlab collection point in Stoke	Lexie O'Shea	26 February 2019	24 September 2019	Ongoing
3	Consumer Council Report	Conduct a review of the Consumer Council	Peter Bramley	26 February 2019		Ongoing
4	Chair's Report	Overview of funds given out in the last year by the Care Foundation to be presented to the Board	Jane Kinsey	25 June 2019	27 August 2019	
5	Finance Report	The Chair to express the Board's disappointment in the increase in costs for the air ambulance at the next national meeting	Jenny Black	25 June 2019	23 July 2019	Completed
6	Clinical Governance Report	Investigate if it is possible to include primary care falls data into the HQSC measures	Hilary Exton	25 June 2019	27 August 2019	

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 17 July 2019
Subject: Correspondence Received for June

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Date Received	From	Title
07/06/2019	HealthCare NZ	New CEO

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 17 July 2019
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

RECOMMENDATIONS:

THAT THE BOARD RECEIVE THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 17 July 2019
Subject: Chief Executive's Report

<p>Status</p> <p>This report contains:</p> <ul style="list-style-type: none"><input type="checkbox"/> For decision<input checked="" type="checkbox"/> Update<input checked="" type="checkbox"/> Regular report<input type="checkbox"/> For information
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1. INTRODUCTORY COMMENTS

I usually listen to the news on the radio as I travel to work. Duncan Garner on the radio has a segment entitled “the top five things you need to know today”.

In the midst of winter demand, a health system under pressure, along with patient complaints and media scrutiny, it is important for us to remember the top five things from my perspective that underpin a good health system:

1. People – Every day talented, dedicated people deliver healthcare in a thousand different ways across our region. It is people that are largely the face of health care – and every day people turn up to do their best by the community they live in.
2. Values – If we want kind and compassionate care, then our values need to underpin the way we deliver care. At the heart of quality care is people acting with kindness and compassion, and it is often reflected in many small actions often unnoticed.
3. Teamwork – At the heart of innovation and improvement is often teams working together. When things go wrong (and sadly they do despite people’s best intentions), it is often the failure of people working well together. Health is such a complex system, and it relies on people and processes working together for the best outcomes. We need to put more focus on developing teams that work together in supportive and respectful ways.
4. Resources – If we are to provide good care then we need the people, equipment, buildings, drugs and more to make the health system work. Health is a “hungry beast”, always wanting more to meet the growing demand and changing technologies. Our people do an amazing job of looking to extract the best value we can from the resources we are given, to meet the health care needs of our community.
5. A focus to equity and the most vulnerable – As a health system we need to keep the spotlight on the right things – otherwise we will not address the issues of inequity of health outcomes and poor access to services. We need to be clear in our vision and focus which will shape our priorities, actions and investments.

Theses top five things provide an excellent lens to keep checking that our health system is indeed healthy, and oriented with the right focus.

2. PRIMARY & COMMUNITY

- The process to recruit new Clinical Working Group members has been successfully concluded with seven new places offered and accepted. A Benefits Realisation Map will be developed for each of the approved projects being implemented under the MOC programme.

- Immunisation uptake has exceeded expectations locally and nationally, such that influenza vaccines are in short supply. The amount of influenza like illnesses is above the seasonal average.
- A Steering Group has been established by the Marlborough District Council to develop an action plan to support the refugee resettlement expected to start early/mid 2020. The DHB and PHO are both involved in this group.
- The HealthPathways website was used by 1,252 users during June. User numbers are up by 16.25% on the same time last year.
- Oral Health arrears across the service are maintained at 23%. We are beginning Saturday clinics in Blenheim, and are looking to refer consults of year 8s (not just those requiring work) to private dentists in Blenheim.
- We are working with the Wicked Tooth Fairy service to support adolescents that have not been attending a dentist, to receive oral health care.
- A Health promoter has been working alongside the Pasifika Trust Navigator to identify Pasifika young people/youth not enrolled in the Adolescent Oral Health Service (AOHS), and to also facilitate and support their transfer into the free service.
- A review of sexual health services is underway.
- The NMDHB Statement of Intent/Statement of Performance Expectations 2019-20 was submitted to the Ministry of Health on 21 June 2019, and posted on the DHB website. Final planning guidance was received from the Ministry of Health on 28 June, and the revised deadline for submission of the final draft NMDHB Annual Plan 2019-20 is now 26 July.
- The final System Level Measures Improvement Plan 2019-20, addressing the feedback from the Ministry of Health, was circulated to ToSHA for approval.
- Demand for Aged Residential Care services has flattened, with capacity available across the region at all levels of care. Pressure remains in dementia services in Motueka and Marlborough.
- New Stop Smoking Service (SSS) clinics are underway in Victory Community Centre, Tahuna Community Centre, and Jack Inglis Hospital to increase accessibility of the service.
- We were invited to take part in WINZ Job Jam following interactions with their staff over the past year. The event was very successful and we received 10 referrals to the Stop Smoking Service.
- The Stop Smoking Service continues to have a presence during late night shopping hours at the end of each month. Six referrals were received during the most recent evening promotion.
- Work is progressing to finalise templates for District Nursing to allow the team to commence writing clinical notes into the Health Connect South system.
- The Nelson/Wakefield/Tapawera District Nursing team have had another very busy month. Patient visits are similar to last month at 2,155. . .
- One of the changes to District Nursing service provision in Wairau has been the stopping of patch application by staff, in particular the Fentanyl patches. Most of these patients are now self-managing or have family members who will do this for them. There are also a number of patients receiving daily care for 'leaky legs'. The Wairau team are in the process of changing treatment plans to enable patients to be self-caring with compression wraps. The team will continue to supply dressings and monitor progress, on a weekly basis. Another change has been encouraging patients and family to take over the changing of catheter leg bags. In the instances where family members are not able to do this, the team are negotiating with carer agencies to include this task in their personal care package.
- All targets for the Before School Checks (B4SC) are currently being met. The annual target for B4SC checks for our vulnerable population has been achieved.

- MOC projects: Implementation of approved projects is underway. An interim Programme Steering Group is working across the sector to identify existing resources that can be reallocated to the approved projects, and recruitment. Each project will convene a project group. One of the first steps for each project is to document the implementation plan and a Benefits Realisation Plan.

Proposed Projects / Business Cases	Status	Key activities this month	Key activities next month
Health Care Home Tranche Two	On Track	Additional HCH Coordinator recruited and in post; Tranche Two practices selected.	Planning for on-boarding new practices; Roll-out of proactive care domain
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	MAPU Go Live scheduled for 1 July.	MAPU operational; Develop Benefits Realisation Plan.
Contribution to the First 1,000 Days	On Track	Interim Programme Steering Group convened	Identify project resource; Appoint project group; Document the implementation plan; Develop Benefits Realisation Plan
Strengthening Coordinated Care	On Track	Interim Programme Steering Group convened and meeting weekly; Patient experience co-design session in planning	Hold framework design workshop with key stakeholders.
Care Anywhere: Making Virtual Health Happen	On Track	Murchison telehealth trial Go Live on 10 June; Identified patients with hospital appointments from Murchison & Golden Bay, and offered virtual appointment option; Marlborough PHO leading connectivity testing for Awatere.	Telehealth pilots continue; Work with administrative and clinical staff to increase uptake; Develop Benefits Realisation Plan.
Workforce Development: People Powered Care	On Track	Interim Programme Steering Group convened	Identify project resource; Appoint project group; Document the implementation plan; Develop Benefits Realisation Plan.
On the Same Page: Shared Information Platform	On Track	Planning for roll-out of existing HCS shared care plans to general practice; Engagement with ED in agreeing local protocols and thresholds.	Finalise roll-out plan for implementation; Develop Benefits Realisation Plan.
One Team: Transforming Timely Advice	On Track	Implementation Steering Group convened	Identify project resource; Appoint project group; Document the implementation plan; Develop Benefits Realisation Plan.
Health Intelligence	In Progress	Business case under development.	Finalise business case; Submit for Board review.
Towards Equity: Extension of Hauora Direct	On Track	Transferred to Business As Usual.	N/A

Progress – Targets & Volumes		
Target Name	Target	Actual
Smokefree DHBs	95% of patients admitted to hospital, who are smokers, are given advice and support to quit.	
B4 School Checks	1428 Total 158 High Deprivation 90% (1428) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.	1473 103% 158 100% (need to be at 100% by 7 July 2019)
8 Month Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at 8 months of age are required to be fully immunised	Monthly results ending June 2019 Total 86% Maori 84% Pacific 100% Asian 88% (7 out of 8 vaccinated) Total declines/opt offs 10.7% (accurate data will not be available until 11 July 2019)
		Quarterly results ending June 2019 Total 88% Maori 82% Pacific 100% Asian 93% Total declines/opt offs 9.2% (accurate data will not be available until 11 July 2019)
2 Year Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at the age of 2 years are required to be fully immunised.	Monthly results ending June 2019 Total 87% Maori 91% Pacific 100% Asian 100% Total declines/opt offs 10.0% (accurate data will not be available until 11 July 2019)
		Quarterly results ending June 2019 Total 84% Maori 86% Pacific 100% Asian 95% Total declines/opt offs 12.2% (accurate data will not be available until 11 July 2019)
5 Year Immunisations	No Target	Monthly results ending June 2019 Total 86% Maori 76% Pacific 100% (4 out of 6 vaccinated) Asian 100% (5 out of 7 vaccinated) Total declines/opt offs 7.3% (accurate data will not be available until 11 July 2019)
		Quarterly results ending June 2019 Total 87% Maori 83% Pacific 76% (13 out of 17 vaccinated) Asian 82% (18 out of 22 vaccinated) Total declines/opt offs 7.0% (accurate data will not be available until 11 July 2019)

Target Name	Target	Actual	
HPV	75% of year 8 girls in Nelson Marlborough are immunised against HPV.		
Adolescent Oral Health	78% of eligible adolescents will utilise/attend the adolescent dental service annually (January – December)		
Cervical Screening	80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.	Total	81.0%
		Maori	73.8%
		Pacific	77.3%
		Asian	66.1%
		Other	82.8%
		<i>(latest figures available as at April 2019)</i>	

3. MENTAL HEALTH & ADDICTIONS AND DSS

3.1 Mental Health

- The trial of a Wellbeing Practitioner is progressing. A project plan is being developed in co-design with the practices and PHO.
- A new suicide prevention role is working well in support of many agencies.
- Nikau House clients celebrated Matariki, starting with a dawn viewing of the stars from Tahunanui Beach at 5:30am. This was accompanied by a karakia and talk about Maori traditions around Matariki. Kai-cookers were engaged for the food, and throughout the morning clients participated in harakeke flax weaving. Ninety three people enjoyed the day.
- The local trial for the Individualised Placement Support (IPS) supporting employment is progressing well.

3.2 Reducing Harm Caused by Methamphetamine

- A presentation has been developed, jointly by Health and Police, to inform and educate the wider workforce on methamphetamine and what to do when people disclose use.
- The development of a methamphetamine treatment programme is progressing with engagement from our cross sector partners. The programme will be provided in partnership with TPO.

3.3 Older Persons (Alexandra Hospital)

	April	May	June
Bed Occupancy	70%	88%	84%
Admissions	6	4	8
Discharges	4	8	6
# Waiting for D6 Beds (dementia)	1	1	1

3.4 Nelson and Tasman Adult Mental Health

	May	June
Referrals accepted	43	43

3.5 Community Teams – Nelson and Wairau Older Persons Mental Health

	April Nelson	April Wairau	May Nelson	May Wairau	June Nelson	June Wairau
Referrals Received	7	6	5	5	16	5
Referrals Accepted	6	6	5	5	11	4
# clients with CM	59	25	56	29	49	23

3.6 Addictions Service

	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	May	June	May	June	May	June	May	June
Referrals	73	69	40	33	24	18	13	7

3.7 Marlborough Adult Mental Health

	April	May	June
Referrals accepted	10	11	12
Advice only or redirected to other services e.g. ACC, AOD, primary care	11	28	9

3.8 Child and Adolescent Mental Health Service (CAMHS)

	Nelson/Tasman		Wairau	
	May	June	May	June
Referrals	81	49	31	40
Waitlist	23	20	19	34
Discharges	58	69	23	23
Redirected to Other Agencies	10	9	6	7

3.9 Mental Health Admissions Unit (Wahi Oranga)

	April	May	June
Admissions	21	44	37
Discharges	28	37	36
Seclusion: Episodes	40	40	40
Number of Patients	6	7	8

- Work with the HQSC projects of zero seclusion and transitions of care is ongoing.
- Seclusion work continues. Sensory furniture for sensory modulation has arrived, and has been distributed around the unit.

3.10 Disability Support Services

Disability Support Services (DSS)		Current June 2019				YTD June 2019
<i>Contracted Services</i>		ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	164	16		180	
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8	
Beds – S&P- Chronic Health Conditions	As per Contracts at month end	1	0	8	9	
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	
Beds – Others - CY&F & Mental Health		1	2		3	
	Residential contracts - Actual at month end	175	19	8	202	
<i>Number of people supported</i>						
Total number of people supported	Residential service users - Actual at month end	175	19	8	202	1 death
	Respite service users - Actual at month end	3	2		5	
	Child Respite service users - Actual at month end	32			32	1 new
	Personal cares/SIL service users - Actual at month end	0	0		0	
	Private Support in own home	0	0		0	
	Total number of people supported	210	21	8	239	
Total Available Beds - Service wide	Count of ALL bedrooms	230				
	Total available bed days	6,900				83,950
Total Occupied Bed days	Actual for full month - includes respite	6,212				76,692
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	90.0%				91.4%
		Last month	Current month	Variance		
	Total number of people supported	239	239	-		
Referrals	Total long term residential referrals	13	16			
Referrals - Child Respite	Child Respite referrals	8	9			
	New Referrals in the month	7	4			
Of above total referrals	Transitioning to service	1	-			
	On Waiting List	12	16			
Vacant Beds at End of month		15	17			
	Less people transitioning to service	1	-			
	Vacant Beds	14	17			

4. INFORMATION TECHNOLOGY

- The RFP to replace our old in-house developed Electronic Patient Letter Management System (EPLMS) has concluded, and contract terms are being finalised with the preferred supplier. The replacement EPLMS will provide improved functionality that has been required for a while, as well as allowing us to retire no longer supported servers that we needed to keep just for EPLMS.
- The second suite of services to utilise eTriage has just gone. There has been a delay in the Titanium upgrade go live date due to further testing needed for integration, and this is now planned for August.

Project Status

Name	Description	Status	Original Due date	Revised due date	
eTriage	Electronic triage of referrals delivered via ERMS	Tranche 2 Ophthalmology, Urology, Paediatrics, Gynaecology Nelson went live 8/7/19. Gynaecology Wairau on hold due to flux in clinical staff. Orthotics going live 22/7/19. Next tranche (3) is medicine NN and WR due 14/8/19.	May 19	Dec 19	●
eRadiology	Regional project for online ordering and sign-off for Radiology tests and results.	Regional rollout progresses with WCDHB live. NMH project progressing. Potential resource constraint may extend timeframes, go live mid Aug to early Sep 19.	Mar 18	Sep 19	●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Nelson roll out has gone well with 6 adult wards now live and ICCU going live in June. Regional instance meetings held, next step is for SDHB to determine participation. Regional Governance group set up with GM IT as the CIO representative.	July 18	Oct 18 for pilot.	●
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	No change to last month. Successful pilots of Real Presence have been held in WR between OPD and CDHB MDM, NN OPD – WR OPD for Urology visits, Cardiology into WR ED after hours. This work is also being folded into the MoC work streams.	n/a		●
ePharmacy: Upgrade from WinDOSE	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage.	WCDHB and NMH business cases have been signed off. Key User and Super User training for ePharmacy will happen in July. There will be an Operational BAU Workshop for Pharmacy stakeholders and suppliers in Christchurch on 9 July with the objective of undertaking a deeper dive into the roles and responsibilities for support across the regional teams.	Dev 19	Mar 20	●

Name	Description	Status	Original Due date	Revised due date	
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	The release 19.1.1 upgrade was completed on 26 June. A number of new (predominately performance and coding) issues have been raised after the release. A 19.1 Service Pack 2 release and coding hotfix are scheduled to occur by mid-July. Work is well underway to assist Orion with upcoming release 19.2 functionality, 19.3 requirements and wider Theatre systems requirements.	Release 19.1: June 19	Release 19.2: Nov 19	●
Touchscreen Kiosks	Pilot of two touchscreen kiosks for patient self-arrival in outpatient areas	Wairau Kiosk now live. Nelson Kiosk delayed as staff require additional readily available and nearby PCs to update clinic arrivals in SI PICS.	June 19	July 19	●

5. CLINICAL SERVICES

- Over the last month of the year we were able to show a better picture in regards to our contribution to the national data set. After almost a year of challenge, and in conjunction with the CDHB team, we managed to decrease the error rate within our extracts and circa 90% of the errors within the extracts have now been fixed. This will now enable the remaining errors to be targeted and resolved internally.
- As we end the year and reflect on all of our achievements, of which there are many, and look at areas of focus for next year, one of these focus areas needs to be how we support our staff to fully utilise the electronic systems they have at their fingertips. Over the past few months it has become evident that we can no longer rely on the previous training regimes of handover from one staff member to another as we will not benefit from the huge investment we are making with our electronic backbone.
- Inpatient activity has remained high across the June period, with Nelson Hospital at 96% occupancy and Wairau 97%. Wairau is focussing on improving hospital flow and have a number of projects underway. However we did have to utilise the Churchill Trust beds for around 10 days of the month to ensure we kept the elective throughput on track.

5.1 Health Targets

Year to date, as at the end of June 2019, 6,293 discharges were completed against a plan of 6,945 (90.6%). This is under plan by 652 discharges.

The impact of RDA strikes and high acute delivery during January, February and April has impacted on our health target delivery.

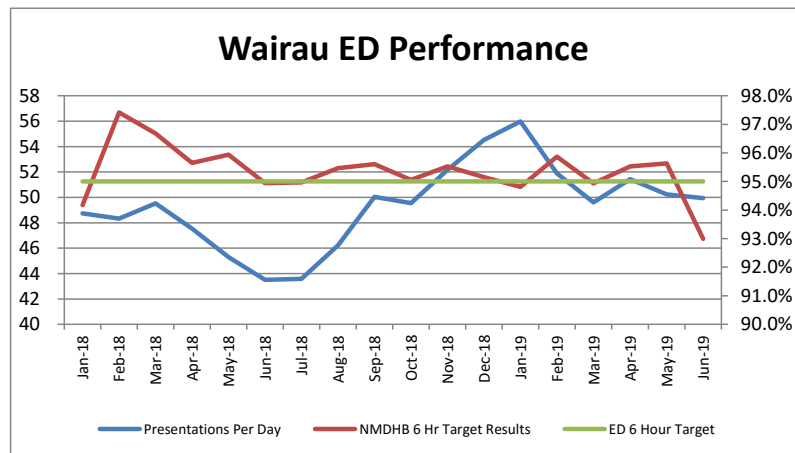
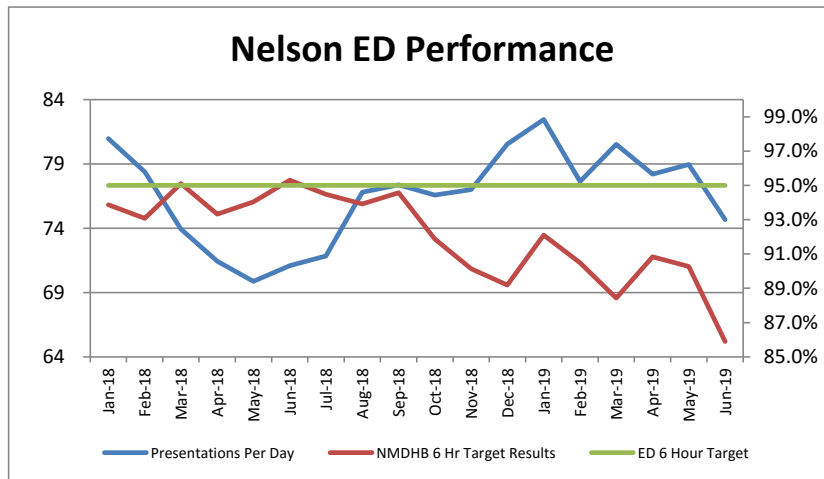
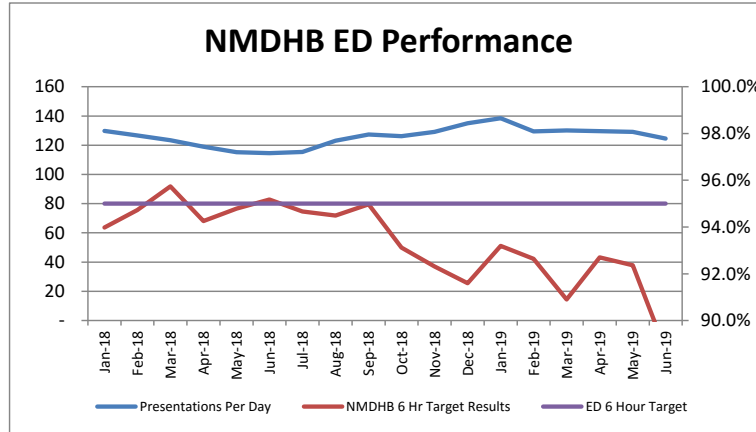
Year to date as at June 2019 NMDHB has delivered 23,250 caseweight discharges (CWDs) against a plan of 21,432 (108%).

Elective CWD delivery was 600 against a plan of 565 (106%) for June. Acute CWD delivery was 1,430 against a plan of 1,140 (125%) for June.

Final 2018-2019 delivery for orthopaedic interventions is 523 joints against a total year plan of 530, under plan by 7.

Final 2018-2019 delivery for cataracts is 387, against a total year plan of 525, under plan by 138.

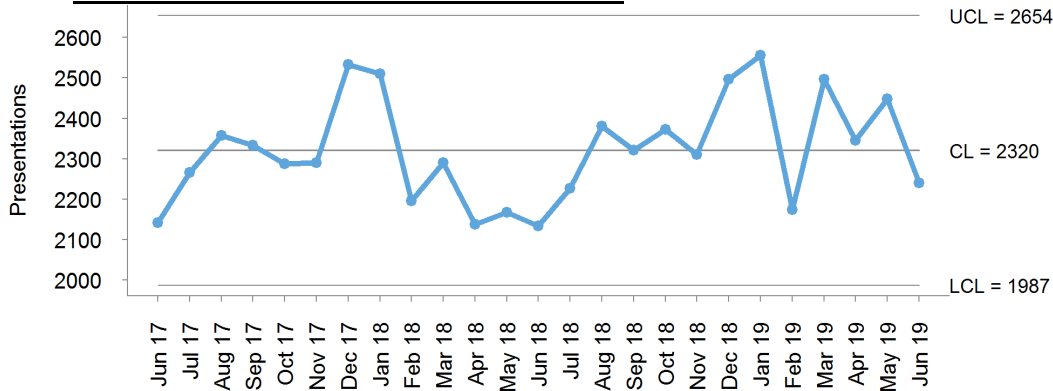
5.2 Shorter Stays in Emergency Department



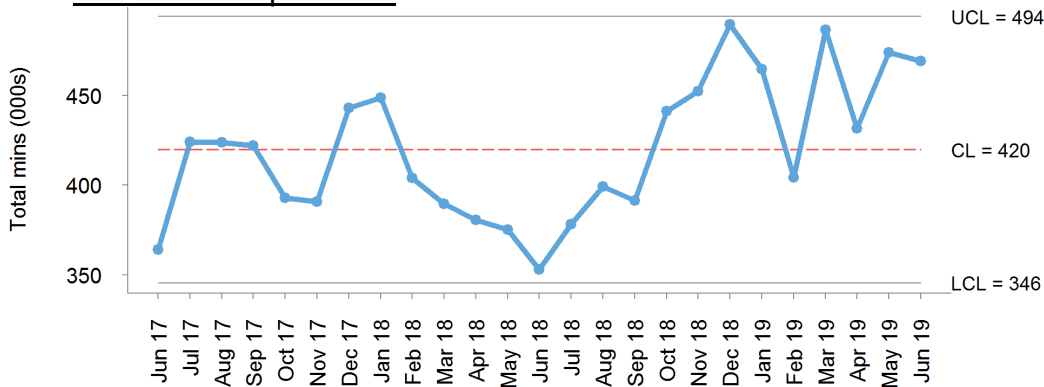
Length of stay target for past 3 months

	April 2019		May 2019		June 2019	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,346	2,131 91%	2,448	2,210 90%	2,239	1,924 86%
Wairau	1,543	1,474 95%	1,557	1,489 95%	1,497	1,393 93%

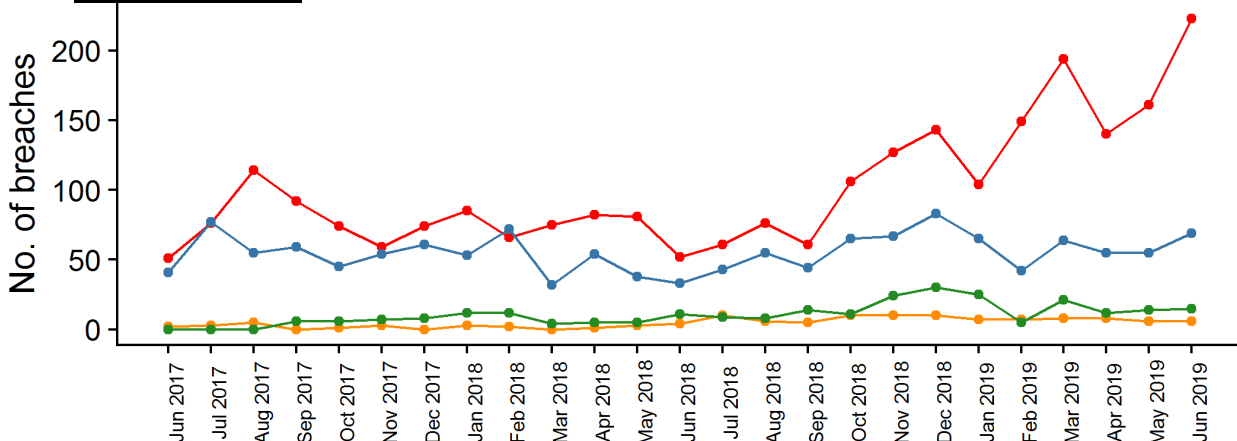
Number of Presentations in Nelson ED



Minutes in Department



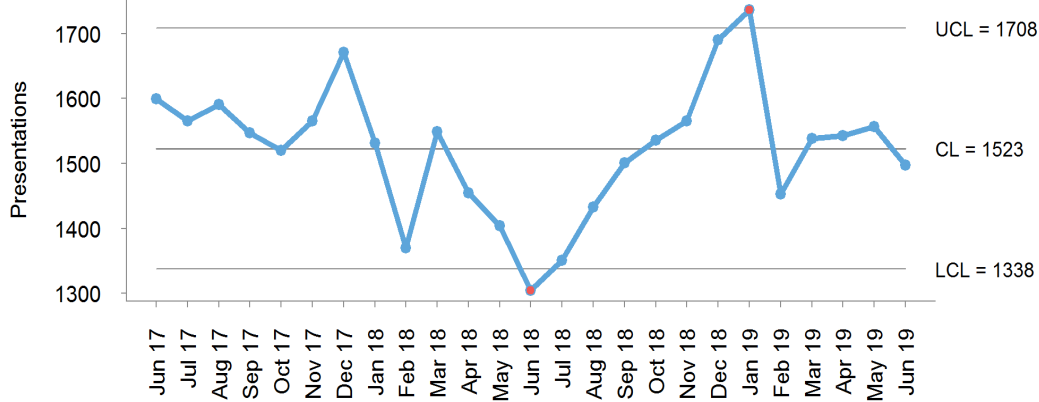
Breach Analysis



Red: Hospital delays (Ward/bed, Radiology, Blood result, MCT)
 Blue: Other (prolonged observation, delayed decision making, other)
 Green: High ED activity
 Orange: External delays (transfer to other hospital, waiting on transport)

Again timely access to ward beds continues to be challenging in June, at a similar level to months post October other than January.

Number of Presentations in Wairau ED



5.3 Elective / Acute Arranged Services

ESPI 2 was Red for the month of June with 205 patients not being seen within 120 days of referral acceptance. The patient numbers increased in June following the SIPICs 19.1 upgrade. Investigation is being undertaken to determine if this is a result of data correction or data error.

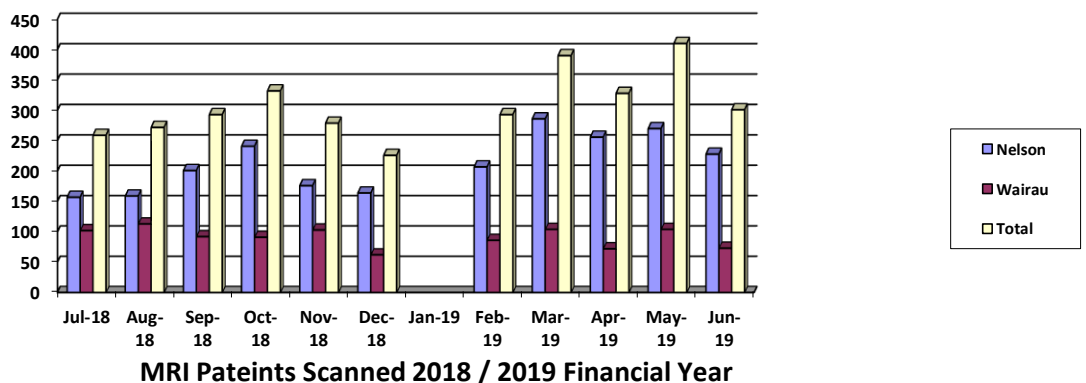
ESPI 5 was Red for the month of June with 68 patients not being treated within 120 days of being given certainty.

ENT, General Surgery, Neurology and Orthopaedics are still the main areas of focus with ESPI targets. ENT has achieved compliance in ESPI 5 for June. Neurology have a locum confirmed with a June start. General Surgery is still the main area of ongoing concern with both ESPI 2 and ESPI 5 and the Service Manager continues to work with the team on this.

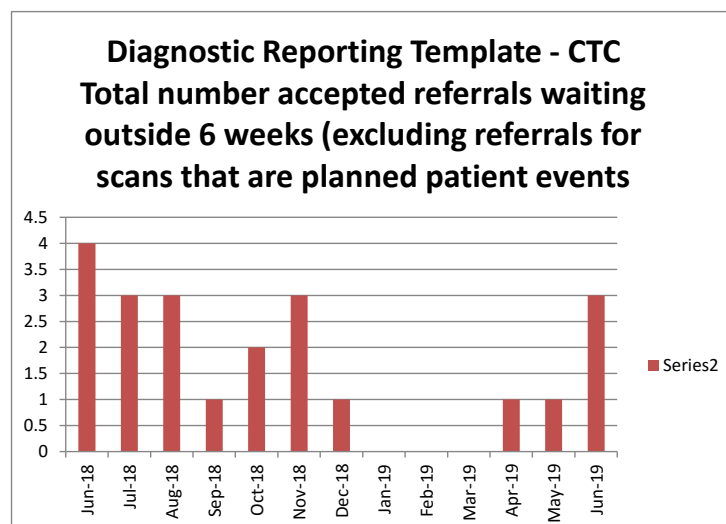
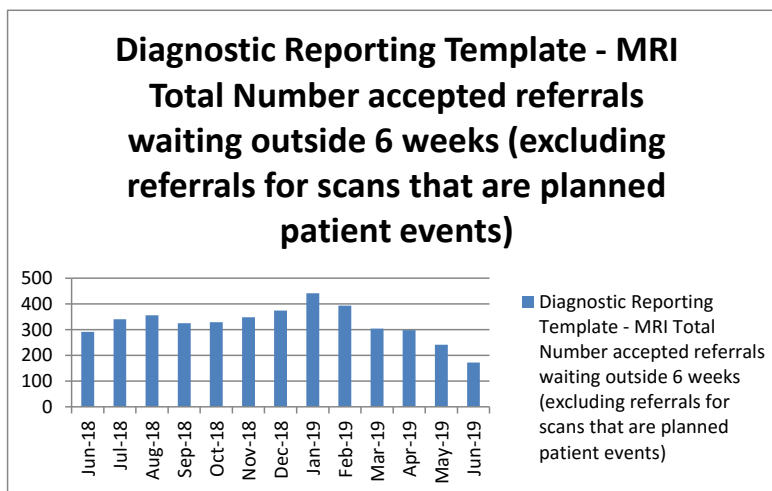
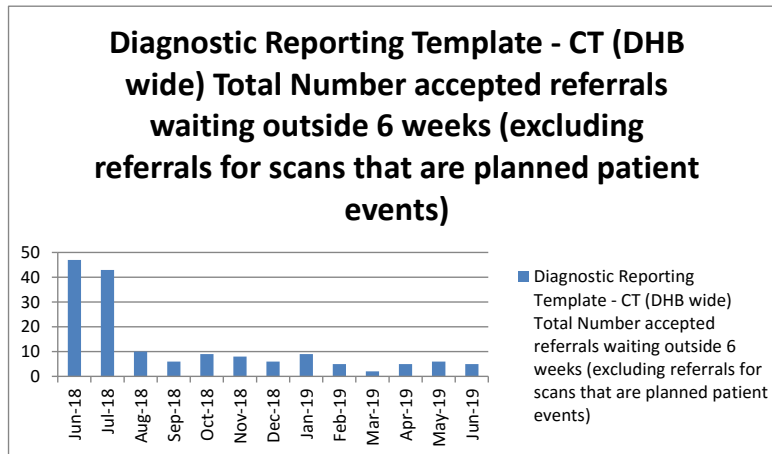
A full recovery plan has been worked up and signed off with Service Managers and HODs. Ministry of Health have given Elective Waiting Time Dispensation with expected compliance by October 2019.

5.4 Enhanced Access to Diagnostics

- MRI numbers are 228 patients scanned in Nelson, and 73 scanned in Wairau (a total of 301 for June).



- MoH MRI Target shows 53% of referrals accepted are scanned within 42 days (target 90%). Machine capacity remains the major road block, although it is pleasing to see the numbers of scanned within waiting time targets is gradually rising.
- Overall waitlist for MRI is 642, however of those 422 are planned scans that are scheduled over the next three to four years.
- Overall the waitlist for CT is 479, however of those 350 are planned scans that are scheduled over the next two to three years.
- Building work for installation of the new MRI scanner continues with an operational date expected in mid-July.



5.5 Improving Waiting Times – Colonoscopy

At the end of June, there were 279 overdue colonoscopies, up from 258 at the end of May. This was due to high diagnostic numbers accepted in June needing to be completed.

5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - June 2019										Reporting Month: May 2018 - Quarter 4 - 2018-2019					
62 Day Indicator Records															
As at 26/06/2019															
TARGET SUMMARY (90%)		Completed Records													
		Jun 19 (in progress)		May-19		Apr-19		Quarter 4 (in progress)		Quarter 3		Quarter 4 (2017-2018)		Rolling 12 Months Jun 18-May 19	
Numbers as Reported by MOH (Capacity Constraint delay only)		Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
		85%	15%	96%	4%	95%	5%	92%	8%	90%	10%	90%	10%	91%	9%
Number of Records		17	3	24	1	18	1	58	5	70	8	69	8	262	27
Total Number of Records		20		25		19		63		78		77		289	
Numbers Including all Delay Codes		76%	24%	80%	20%	72%	28%	76%	24%	83%	17%	86%	14%	76%	24%
Number of Records		16	5	24	6	18	7	58	18	70	14	69	11	262	82
Total Number of Records		21		30		25		76		84		80		344	
90% of patients had their 1st treatment within: # days		72		85		84		76		75		63		85	
62 Day Delay Code Break Down		Jun 19 (in progress)		May-19		Apr-19		Quarter 4 (in progress)		Quarter 3		Quarter 4 (2017-2018)		Rolling 12 Months Jun 18-May 19	
01 - Patient Reason (chosen to delay)		0		1		1		2		1		1		12	
02 - Clinical Cons. (co-morbidities)		2		4		5		11		5		2		43	
03 - Capacity Constraints		3		1		1		5		8		8		27	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		ETHNICITY		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records	
Rolling 12 Months (Jun 18-May 19)								Rolling 12 Months (Jun 18-May 19)							
Brain/CNS		100%	3	0%	0	3		European not further defined		100%	15	0%	0	15	
Breast		94%	61	6%	4	65		Maori		79%	15	21%	4	19	
Gynaecological		81%	13	19%	3	16		New Zealand European		74%	204	26%	72	276	
Haematological		74%	14	26%	5	19		Not Stated		100%	1	0%	0	1	
Head & Neck		44%	8	56%	10	18		Other Asian		100%	1	0%	0	1	
Lower Gastrointestinal		60%	34	40%	23	57		Other Ethnicity		100%	6	0%	0	6	
Lung		68%	34	32%	16	50		Other European		67%	12	33%	6	18	
Other		33%	2	67%	4	6		Other Pacific Peoples		100%	1	0%	0	1	
Sarcoma		50%	1	50%	1	2		Response Unidentifiable		100%	2	0%	0	2	
Skin		93%	54	7%	4	58		Samoan		100%	2	0%	0	2	
Upper Gastrointestinal		69%	11	31%	5	16		Southeast Asian		100%	3	0%	0	3	
Urological		79%	27	21%	7	34		Grand Total		76%	262	24%	82	344	
Grand Total		76%	262	24%	82	344									

6. NURSING

- The opening of MAPU and full staffing of the IMCU from 1 July is seeing early benefit with the increase in 13 beds to the hospital bed stock to accommodate growing occupancy and demand.
- Successful uniform fitting sessions for nursing staff were held over two days in Nelson and two days in Wairau, with 200+ staff in Nelson and 70+ staff in Wairau yet to be fitted.
- Work is underway to return to a three day orientation process for nurses to ensure appropriate and thorough orientation of new staff occurs before they begin their roles.

7. MĀORI HEALTH

7.1 Models of Care Working Towards Equity Workstream

Te Waka Hauora will be progressing a Health Equity Road Show in health priority areas for Māori. The first road show will cover the issue of addictions with a specific focus on methamphetamine, which is having a devastating impact on many whānau across New Zealand. The road show will seek to build health literacy in high needs communities in Motueka, Victory and Wairau.

7.2 Hauora Direct Pop Up Events

The event with Te Kura Kaupapa Māori o Tuia te Matangi was well attended with 74 whānau taking part in the Hauora Direct Assessment and Interventions (initially 60 had enrolled). Te Waka Hauora led the event and partnered with Public Health, Te Piki Oranga, St Johns, the Kura, PHO, and Victory Community Centre who provided multiple onsite services to coincide with the Hauora Direct Assessments. Of the participants 73 were Māori, and one was Pasifika.

7.3 Nikau House Hauora Direct Integration

Nikau House piloted the Hauora Direct tool with ten clients. Further future work will focus on the wider socialisation of Hauora Direct into Mental Health & Addictions via the community based Mental Health & Addictions nursing service. Nikau House has also been selected as a pilot site for the Advance Care directives initiative Whakaaro Pono. Information from the pilot is currently being processed into a written report.

7.4 Hapū Wānanga

The last Nelson hapū wānanga was held at the end of June, with nine hapū whānau in attendance, including one hapū māmā and partner supported to travel from Takaka.

7.5 Project Double Up

Project Double Up focuses on improving both Māori cervical screening and breast screening rates, and where possible supports wahine to get both tests completed at the same time.

7.6 Bowel Screening Programme

Performance for the bowel screening programme for Māori is higher than the national average, sitting at 64%, but lower than Southern DHB which has the highest uptake at 70%.

7.7 Safe Sleep (SSD) Programme

Changes are to be made to the NMH Safe Sleep Programme to improve the compliance and accountability of the programme.

Some of the changes include:

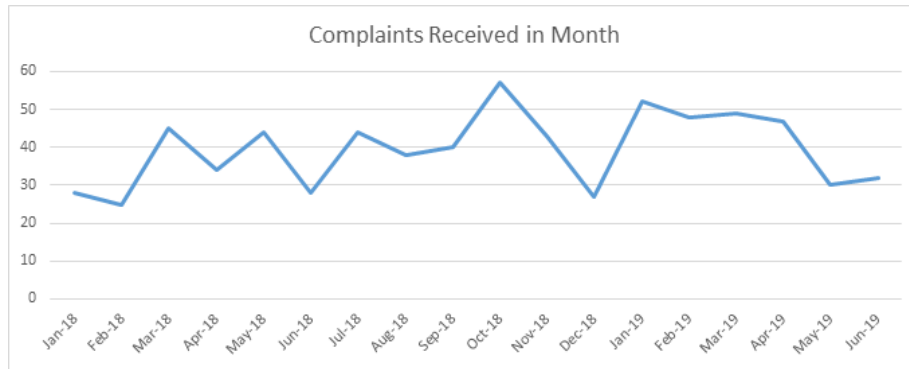
- A new 1-page Safe Sleep form has been developed and will replace the documentation that currently comes with pēpi pods. This will include relevant health information to effectively monitor this programme and also to provide an accountability report to the Ministry of Health.
- Monitoring and evaluation of this programme will be gathered by the NMH Poumanaaki Service follow up visit (in the recipients home to complete a SSD follow up as part of the Whare Ora assessment), and a sample of SSD selected (10%) to undertake SSD follow up, supported by the NMH Maternity Quality & Safety Programme (MQSP).

New SUDI training online modules are available from Hapai te Hauora. These have been developed for a range of stakeholders, including whānau.

8. CLINICAL GOVERNANCE

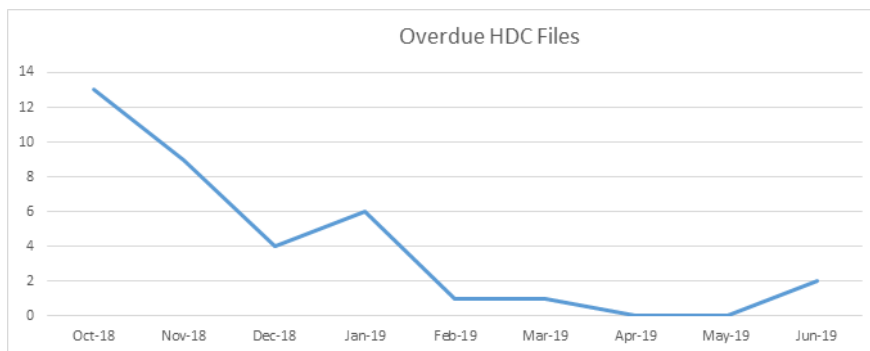
8.1 Service User Complaints

We received 32 new complaints in June compared to 30 the previous month. Twenty-six complaints were closed, and 75 complaints remain open and active.



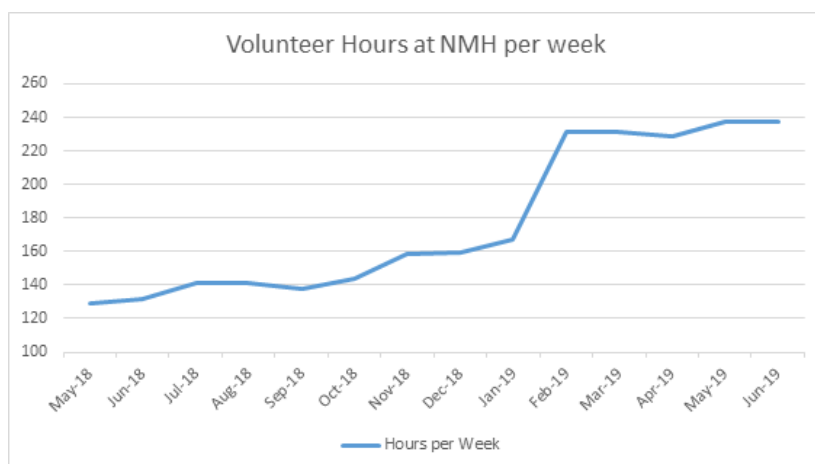
8.2 HDC Complaints

We received two new HDC complaints in June. We have a total of seven HDC complaints open, with one complaint awaiting a decision from HDC.



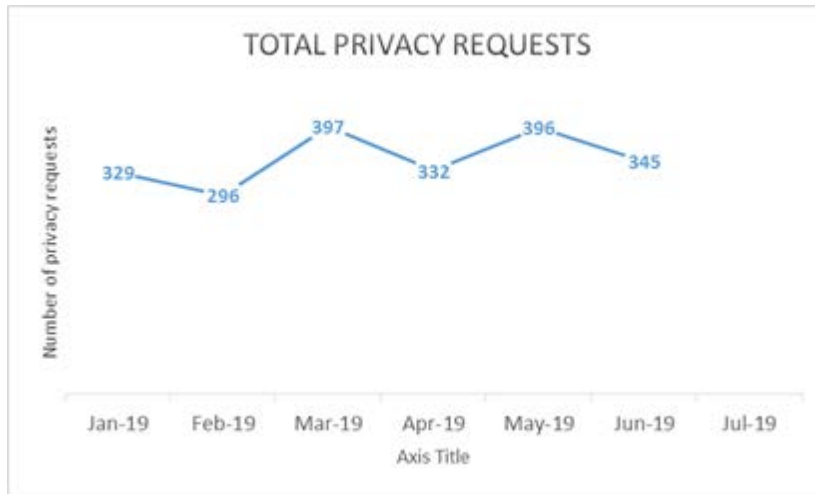
8.3 Volunteers

NMH has 145 volunteers, who spend 237 hours per week assisting us.



8.4 Privacy Requests

There were 345 requests for information for June.

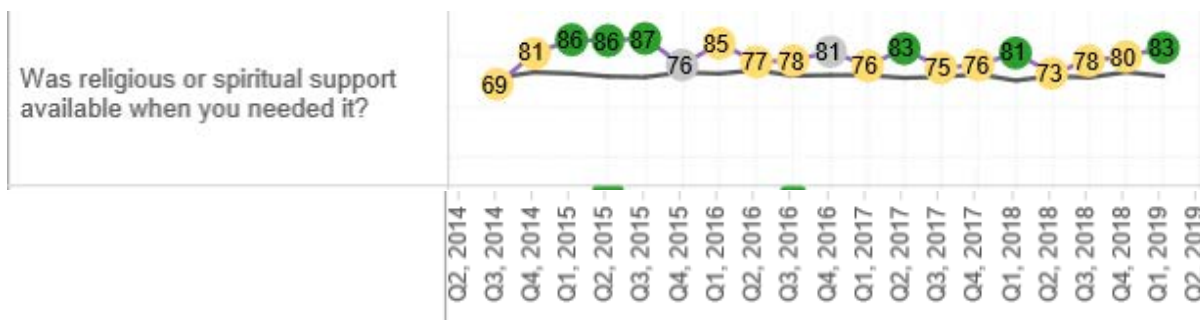


8.5 Official Information (OIA) Requests

During June seven OIAs were completed, with one extension of time requested. All seven were completed within the legislated timeframe.

8.6 Patient Experience Survey

The graph below is an extract from the latest national Patient Experience Survey results showing how often the Chaplaincy team scores above the average nationally.



NMH performance for last 4 years

—	NZ average
●	Exceptional performance
●	Normal variance
●	Insufficient data

This is a great result for our Chaplaincy team, and a reflection of their care and compassion.

9. PEOPLE & CAPABILITY

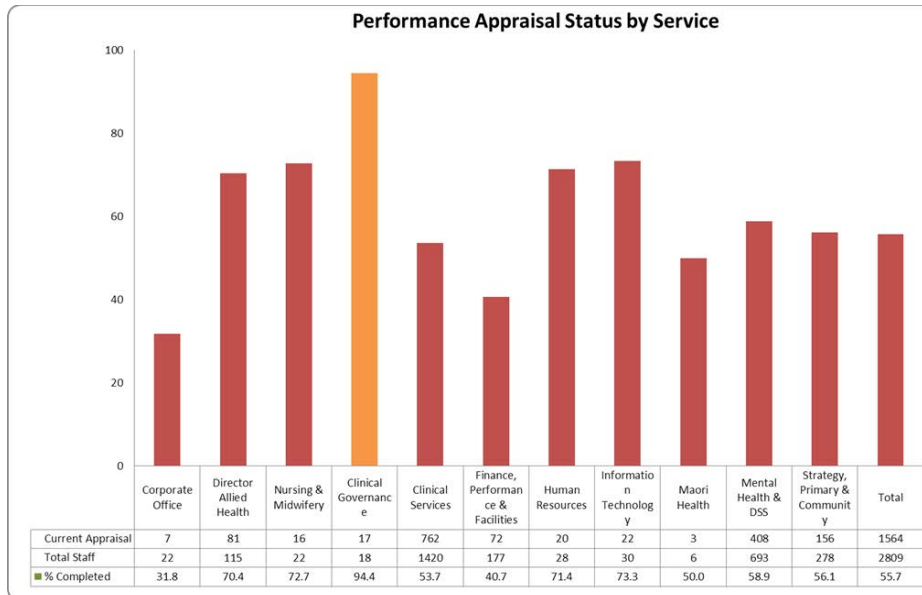
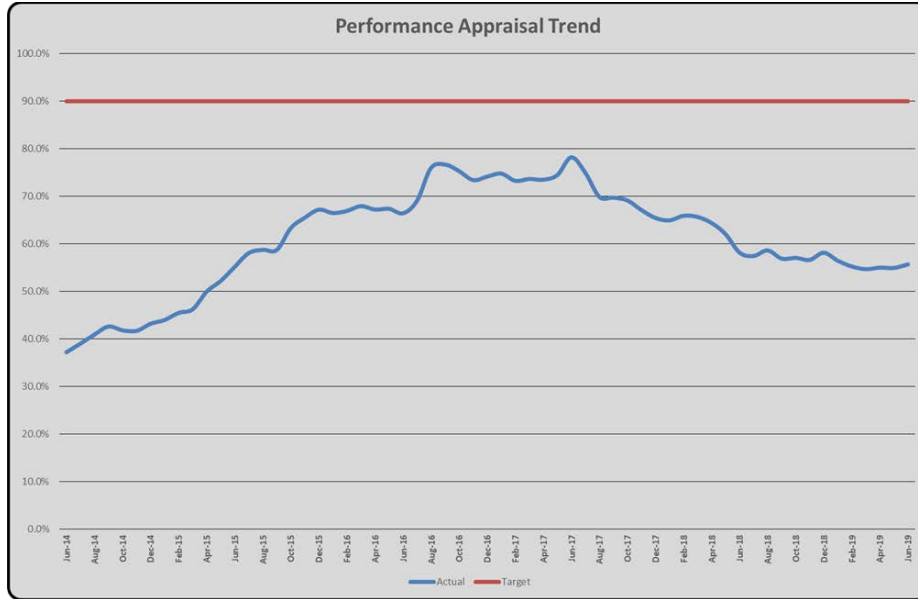
- A two hour communication session for new graduate nurses working in Mental Health was delivered.
- Twenty-five people from across the organisation attended a two day workshop to develop their skills at understanding and managing conflict in the workplace.

Participants from the previous years' workshop gathered for a refresher, and reported significant change in their environments from implementing learnings from this work.

- Two MAPA (Prevention of Workplace Aggression) training courses were delivered in June by the Crisis Prevention Institute (CPI). Eleven staff attend the Wairau course and eight staff attended the Nelson course. Two more MAPA training courses have been planned for October (1 Nelson and 1 Wairau).

Performance Appraisals

To date we are at 55.7% of staff with a current appraisal.



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 17 July 2019
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met in Blenheim on Monday 15 July 2019.

The Council was pleased to discuss efforts to address some of the challenges raised by the “Raising the Bar on the National Patient Experience Survey” report with the Team Leader of Pharmacy in Wairau. Particular attention was focused on the low scores in response to the question “Did a member of staff tell you about medication side effects to watch for when you went home?”. While the Pharmacy team has a goal to meet with each patient being discharged on medications, they also recognise the challenges for patients retaining information during the discharge process when they might be under the influence of medication and are trying to understand and absorb a lot of information. The Wairau Pharmacy Team are therefore going to trial adding a sticker to prescriptions which will identify to community Pharmacists that a medication has been changed and that the Pharmacist should take time to discuss the new medications with the patient. The Council was supportive of the sticker trial. The Council recommended changing the colour of the sticker to a bright fluoro to draw attention to it.

The opportunity to give feedback on the early drafts of the Models of Care Benefits Realisation Plans was appreciated. The Council was pleased to see measures related to patient experience and gave feedback on the individual measures.

An overview was provided of two projects resulting from the Patient Flow work last year, Red2Green – Valuing Patients Time and Perioperative Efficiencies. Red2Green resonated with the Council, and several Council members could relate to the experiences that the project has identified – making sure each day in hospital is used to progress towards discharge (tests completed, home support arranged etc).

Perioperative Efficiencies is also an important project for improving patient experience. The Council was supportive of the project for which one of the goals is preventing unnecessary cancellations of surgeries and discussing the efficiencies from the patient’s perspective.

Information on the work around a standardised discharge summary layout was provided to the Council. The Council appreciated efforts to create a consumer focus in the standardised discharge summary layout, in particular increasing the prominence of the sections on medication side effects and information on managing their condition on discharge.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

MEMO

To: Board Members
From: Eric Sinclair
GM Finance, Performance & Facilities
Date: 17 July 2019
Subject: **Financial Report for June 2019**

Status

This report contains:

For decision

Update

Regular report

For information

Commentary

We have completed the preliminary results for the 2018/19 year with a reported deficit of \$10.8M comprising an operating deficit of \$5.1M with additional costs of \$5.6M. Whilst it is disappointing to end the year with a deficit, especially of this magnitude, it does not diminish the efforts of our various teams over the course of the year. This result is now commencing the annual audit process, and there may be further changes to the reported result as the audit process progresses.

Like with most end of year results there are a number of year end adjustments that are required, and unfortunately some of these deteriorated the result from what was initially expected. The key movements from the May result over what was expected are:

- Recognition of \$1.0M for the demolition of the Wairau Nurses home
- An additional \$1.1M in employee entitlements arising from the actuary revaluation (that is required at year end). Of this approximately half is related to the lower Treasury bond rate which is required as the discount rate, with the balance a combination of higher wage costs and an ageing workforce
- All DHBs were required to recognise an impairment for the Finance & Procurement Information Management System (FPIM) or what was previously referred to as NOS. NMH had taken an impairment of \$2.2M in the 2017/18 year, but was required to take a further \$0.3M impairment to account in this financial year
- Unfortunately an over accrual within two revenue streams was identified through the year end process that required a \$2.4M adverse adjustment in the month. Processes around the month end revenue accruals have been changed to ensure that this does not occur in future
- We have increased the provision for the Holidays Act compliance to \$2.5M at the end of the year amounting to an accrual in June of \$1.2M.

In addition a further \$1.9M was recognised in the June result to bring the total pharmaceutical spend up to the forecast level we were advised by Pharmac. We also increased the provisions for the unsettled MECAs (e.g. junior medical staff, admin & clerical) by \$0.3M to bring the increase into line with recent wage settlements.

Operating Statement for the period ending June 2019

Month \$000s				YTD \$000s			
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr
Revenue				Revenue			
36,749	37,161	-412	36,838	469,551	463,268	6,283	444,601
1,798	1,811	-13	1,784	26,512	23,322	3,190	23,088
475	494	-19	382	5,909	6,034	-125	5,264
848	850	-2	917	10,354	10,173	181	10,845
1,028	991	37	2,924	13,621	12,368	1,253	14,456
40,898	41,307	-409	42,845	525,947	515,165	10,782	498,254
Expenses				Expenses			
17,195	15,478	-1,717	16,179	195,992	196,214	222	184,566
670	128	-542	488	6,264	1,677	-4,587	4,131
17,865	15,606	-2,259	16,667	202,256	197,891	-4,365	188,697
1,700	1,354	-346	1,493	18,047	16,697	-1,350	16,352
2,831	1,990	-841	2,609	28,454	25,890	-2,564	26,702
5,749	3,832	-1,917	4,262	48,889	46,357	-2,532	47,573
473	263	-210	222	4,134	3,089	-1,045	3,162
1,376	2,388	1,012	2,297	30,602	31,059	457	29,437
11,019	10,329	-690	11,755	127,293	124,107	-3,186	121,406
4,032	3,900	-132	3,727	46,977	46,801	-176	45,330
45,045	39,662	-5,383	43,032	506,652	491,891	-14,761	478,659
-4,147	1,645	-5,792	-187	19,295	23,274	-3,979	19,595
27	19	-8	28	332	252	-80	346
1,108	1,073	-35	1,077	13,041	13,056	15	11,906
852	728	-124	780	11,072	9,465	-1,607	9,376
1,987	1,820	-167	1,885	24,445	22,773	-1,672	21,628
-6,134	-175	-5,959	-2,072	-5,150	501	-5,651	-2,033
-130	0	-130	0	-3,111	0	-3,111	0
-1,155	0	-1,155	0	-1,155	0	-1,155	0
-1,000	0	-1,000	0	-1,060	0	-1,060	0
-302	0	302	0	-302	0	302	0
-8,721	-175	-8,546	-2,072	-10,778	501	-11,279	-2,033
Surplus/(Deficit) before IDCC				Surplus/(Deficit) before IDCC			
Operating Surplus/(Deficit)				Operating Surplus/(Deficit)			
Interest expenses				Interest expenses			
Depreciation				Depreciation			
Capital charge				Capital charge			
Total IDCC				Total IDCC			
MECA related costs				MECA related costs			
Holidays Act compliance				Holidays Act compliance			
Other one-off cost implications				Other one-off cost implications			
Impairment of NOS asset				Impairment of NOS asset			
Net Surplus/(Deficit)				Net Surplus/(Deficit)			

Crown Financial Statement Return

All DHBs are required to complete a detailed return for the Crown Financial Statements (CFS) completion by Treasury. This allows the consolidated financial statements for the whole of government to be completed. The detailed CFS templates are due to be submitted to the MOH in early August and this submission is subject to audit.

One part of the CFS process is a letter of representation to both the Director-General of Health and the Auditor that is signed by two Board members (generally the Chair and Deputy Chair), the Chief Executive and the Chief Financial Officer. With the CFS sign off due to occur prior to the next Board and Audit & Risk Committee meeting, approval of the Board for these three people, along with myself, is requested.

Eric Sinclair
GM Finance and Performance

RECOMMENDATIONS:

THAT THE BOARD:

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE CHAIR, DEPUTY CHAIR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER TO SIGN THE LETTER OF REPRESENTATION REQUIRED FOR THE CROWN FINANCIAL STATEMENT RETURN.**

Appendix A – Detailed Financial Statements

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2019

	Budget 2019 \$000	Actual 2019 \$000	Actual 2018 \$000
Assets			
Current assets			
Cash and cash equivalents	20,840	6,315	18,468
Other cash deposits	19,950	21,284	19,950
Receivables	18,021	19,222	18,017
Inventories	2,715	2,742	2,715
Prepayments	615	1,188	414
Non-current assets held for sale	-	465	465
Total current assets	62,141	51,216	60,029
Non-current assets			
Prepayments	55	36	55
Other financial assets	1,708	1,715	1,707
Property, plant and equipment	198,588	197,676	196,453
Intangible assets	9,523	11,509	11,810
Total non-current assets	209,874	210,936	210,025
Total assets	272,015	262,152	270,054
Liabilities			
Current liabilities			
Payables	32,085	27,601	30,138
Borrowings	507	501	490
Employee entitlements	34,377	39,875	33,851
Provisions	474	450	474
Total current liabilities	67,443	68,427	64,953
Non-current liabilities			
Borrowings	7,692	7,664	8,172
Employee entitlements	9,406	9,870	9,406
Total non-current liabilities	17,098	17,534	17,578
Total Liabilities	84,541	85,961	82,531
Net assets	187,474	176,191	187,523
Equity			
Crown equity	81,920	81,920	81,899
Other reserves	86,475	86,471	86,475
Accumulated comprehensive revenue and expense	19,079	7,800	19,149
Total equity	187,474	176,191	187,523

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Budget	Actual	Actual
	2019	2019	2018
	\$000	\$000	\$000
<i>Cash flows from operating activities</i>			
Receipts from the Ministry of Health and patients	515,160	521,978	492,924
Interest received	2,000	1,550	1,745
Payments to employees	(195,964)	(196,504)	(179,243)
Payments to suppliers	(298,597)	(312,522)	(293,187)
Capital charge	(9,465)	(9,908)	(9,376)
Interest paid	-	-	(435)
GST (net)	-	(174)	584
Net cash flow from operating activities	13,134	4,420	13,012
<i>Cash flows from investing activities</i>			
Receipts from sale of property, plant and equipment	-	103	107
Receipts from maturity of investments	-	-	351
Purchase of property, plant and equipment	(8,500)	(11,678)	(13,114)
Purchase of intangible assets	(1,000)	(2,289)	(2,012)
Acquisition of investments	-	(1,334)	585
Net cash flow from investing activities	(9,500)	(15,198)	(14,083)
<i>Cash flows from financing activities</i>			
Borrowings withdrawn	-	-	-
Finance leases raised	-	-	-
Capital contribution	-	-	-
Repayment of capital	(547)	(547)	(547)
Repayment of borrowings	(715)	(828)	(1,475)
Payment of finance lease liabilities	-	-	-
Net cash flow from financing activities	(1,262)	(1,375)	(2,022)
Net increase/(decrease) in cash and cash equivalents	2,372	(12,153)	(3,093)
Cash and cash equivalents at the beginning of the year	18,468	18,468	21,561
Cash and cash equivalents at the end of the year	20,840	6,315	18,468

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 17 July 2019
Subject: Clinical Governance Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Key messages from the NMH Clinical Governance Committee (CGC) meeting held on 5 July 2019 are as follows:

DHB CGC endorsed:

- **Development of a sustainability initiative to reduce pharmaceutical waste** – This potential project concerns the redirection of eligible medication from landfill to Medical Aid Abroad (MAA). Eligible medication is defined as no controlled drugs, no fridge-able items, no lotions or potions, no expired, damaged or unidentifiable medication. The project would increase staff and public knowledge of the safe disposal of medication and use volunteers to safely sort the medication received, redirecting eligible medication to MAA.
- **NMH Infection Prevention Programme 2019-20** – This annual quality work programme for the Infection Prevention Service demonstrates how NMH will meet requirements of the Health & Disability Standards. Particular successes over the past year have been: our excellent performance in the orthopaedic surgical site infection prevention HQSC programme, with infection rates below the national average; achievement of the national target for hand hygiene compliance over the past three quarters; and a 10% increase in staff flu vaccine uptake.

DHB CGG noted:

- **The benefits of a multidisciplinary medication review of polypharmacy in elderly people in rest homes** – The results of a community quality improvement project aimed at addressing this issue was presented at the meeting. Excellent work by pharmacist Megan Peters in association with staff at Stoke Medical Centre. A number of tools are available to trigger a review due to high risk of falls related to medication used. In this project, across eight Nelson and Tasman rest homes, between 33 and 55% of residents would trigger a medication review based on a medicines related falls risk assessment tool (MrFRAT). Two case studies were presented in which two residents, who had been having frequent falls, received the medication review and multiple medications were stopped. For these two residents there were no further falls.
- **Results of the average scores for the postgraduate hospital educational environment for Registered Medical Officers (RMOs) questionnaire (PHEEM)** – This instrument, to measure the postgraduate clinical learning and teaching educational environment for hospital based junior doctors, was developed and validated in the UK¹. It shows that our hospitals and staff provide a safe and respectful environment for young doctors in training. Areas in which we could improve include provision of more opportunities for gaining skills in audit,

¹ S. Roff, S. McAleer & A. Skinner (2005) Development and validation of an instrument to measure the postgraduate clinical learning and teaching educational environment for hospital-based junior doctors in the UK, *Medical Teacher*, 27:4, 326-331, DOI: [10.1080/01421590500150874](https://doi.org/10.1080/01421590500150874)

opportunities for presentation of audits and providing unit specific orientation accompanied by written information.

Our best performing areas were: I felt personally safe, there was no racism, there was no sexual discrimination, and clinical teachers promoted an atmosphere of mutual respect and were enthusiastic. This is a reasonably positive picture with areas for improvement.



Elizabeth Wood
 Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

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 Training
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
laaS	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
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)
RCGPs	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
WEII	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