

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 27 August 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	Decision/Update: FY18-19 Year End		Attached	Resolution
5	Update: Models of Care Programme		Attached	Note
6	Chief Executive's Report	1.30pm	Attached	Resolution
6.1	Falls & Fractures Outcomes Framework		Attached	Note
6.2	Care Foundation Update		Attached	Note
7	Consumer Council Chair's Report		Attached	Resolution
8	Finance Report		Attached	Resolution
9	Clinical Governance Report		Attached	Resolution
10	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 23 July 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 Health Promotion Agency (HPA) 			
Alan Hinton (Deputy Chair)	<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

Open Board Agenda

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 	<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 	

Open Board Agenda

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 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, 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 		

As at July 2019

**REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS
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	Nil			
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 	<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"> sleep ▪ 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. ▪ Son employed on a short term contract doing data entry 	<ul style="list-style-type: none"> ▪ Board member Distance Running Academy 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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				
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 ▪ Member of Health Roundtable Board 	<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 SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 23 JULY 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, Brigid Forrest, Craig Dennis, Gerald Hope

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), Hilary Exton (Director of Allied Health), Cathy O'Malley (GM Strategy Primary & Community), Jane Horder (Communications), Gaylene Corlett (Board Secretary)

Apologies:

Nick Baker (Chief Medical Officer), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Lexie O'Shea (GM Clinical Services)

Karakia:

Patrick Smith

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Samantha Gee, Nelson Mail

Ian and Annie Pirie, members of public

Sarah Preece and Roger Sowman, members of public

Lew Solomon, member of public spoke on the level of nitrates in our public water supply and the possible link to increased risk of colorectal cancer (CRC). He noted the levels of nitrates in the TDC water supply were elevated and asked that the Board request the Medical Officer of Health work with TDC to develop a plan to resolve the nitrate contamination. Lew to send an electronic copy of his information to the Board Secretary to pass onto the Medical Officer of Health and to the Board.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Alan Hinton

Seconded: Brigid Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Alan Hinton
Seconded: Brigid Forrest

THAT THE MINUTES OF THE MEETING HELD ON 25 JUNE 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

3.1 Action Points

- Item 1 – H&S reporting data: Ongoing
- Item 2 – Medlab collection points: Due in September
- Item 3 – Review of Consumer Council: TBC
- Item 4 – Overview of Care Foundation contributions: Due in August
- Item 5 – Air ambulance costs: Chair and CE meeting with MOH next week. Remove
- Item 6 – HQSC measures: Due in August

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

Nil.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Oral Health

Discussion held on the high rate of arrears (23%). It was noted that the arrears are a focus of the Community Oral Health team, and they are looking at other initiatives to reduce this, including holding clinics on Saturdays and referring Year 8 students to private dentists in Blenheim. NMH is currently recruiting for oral health technicians, like many DHBs in the country, however nationwide there is a shortage of child oral health technicians.

Health Targets

Staff were commended for their efforts around performance on achieving health targets given the RDA strikes.

MOC Clinical Working Group

It was noted the Clinical Working Group has 22 members. As they are clinicians, at any given meeting not all can attend. Regularly there are 15-16 clinicians attending which is a good number. The new additions were sought from Marlborough, junior doctors, aged care and mental health participants.

HPV

A Board member noted they had received information querying the safety of the HPV vaccination. This information has been sent to IMAC and the DDG by the Board Chair.

The Board member suggested that, as part of the consent process, parents of children being offered the HPV vaccination should have access to all relevant information available.

Faster Cancer Target (FCT)

Discussion was held on the FCT data, specifically around the reasons for delays in patients getting seen. **It was requested** that the GM Clinical Services provide more information on the tumour streams that had a high percentage of patients exceeding the 62 day target to be seen.

MAPU

Noted MAPU opened on 1 July, currently operating Monday to Friday. The biggest positive change to date is the hospital has an extra 10 beds so we no longer have the over 100% capacity we did prior to MAPU opening.

Allied Health

Hilary Exton, Director of Allied Health, presented on Allied Health, Scientific and Technical (AH,S&T) workforces.

Definition

A distinct group of health professionals, who apply their expertise to diagnose, treat and rehabilitate people. Together with a range of technical and support staff they may deliver direct patient care, rehabilitation treatment, diagnostics and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions” taken from the December 2011 international agreement of the International Chief Health Professions Officers (ICHPO).

There are around 50 professional groups and it is continuously changing. AH,S&T employees work in DHBs (across multiple services), Ministry of Education, MSD, Ministry of Justice, Hospice, private hospitals, private providers, community trusts, NGOs, PHOs and ACC. There are approximately 130 physiotherapists working in the top of the south (in DHB and private). NMH employs 403 AH,S&T staff, excluding DSS support staff.

Noted Kaiāwhina has been established for those workforces receiving delegation from registered health professionals or working in NGOs, health navigators, etc. They are linked through to the national career framework.

SECTION 6: CONSUMER COUNCIL CHAIR’S REPORT

Report noted.

A Board member asked if the Consumer Council or Public Health could investigate their concerns around the 5G network being promoted by Spark NZ. **It was agreed that** the CEO would raise the issue with the Medical Officer of Health.

SECTION 7: FINANCIAL REPORT

Preliminary results for the end of 2018/19 is a 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, it does not diminish the efforts of our various teams over the course of the year.

Discussion held on reassurance for the Board to ensure the deficit does not increase going forward. Noted a large proportion of the deficit are costs we have not been reimbursed for, eg MECA settlements.

Moved: Gerald Hope
Seconded: Stephen Vallance

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.**

AGREED

SECTION 8: CLINICAL GOVERNANCE REPORT

Report noted.

Discussion held on the survey completed by the NMH's RMO workforce, noting we were encouraged by the outcome of the survey around the culture of the organisation. We are exploring using this survey with different workforces across the DHB.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Judy Crowe
Seconded: Stephen Vallance

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)***

- ***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 – Mental Health Procurement – APPROVED
- Decision – Community Pharmacy Strategy Plan - APPROVED
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 2.06pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 23 July 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	CE Report
5	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	CE Report
6	CE's Report: Faster Cancer Treatment	Provide more information on the tumour streams that have a high percentage of patients exceeding the 62 day target to be seen	Lexie O'Shea	23 July 2019	27 August 2019	Verbal
7	Consumer Council	Raise the concerns expressed by a Board member about the 5G network promoted by Spark with the Medical Officer of Health	Cathy O'Malley	23 July 2019	24 September 2019	Completed

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 21 August 2019
Subject: **Correspondence Received for July**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Date Received	From	Title
		Nil this period

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 21 August 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: Eric Sinclair, GM Finance, Performance & Facilities
Date: 21 August 2019
Subject: DECISION/UPDATE: FY18/19 Year End

Status

This report contains:
 For decision
 Update
 Regular report
 For information

Background

This paper provides an update on the year end position for the 2018/19 financial year. It identifies the current position and provides a reconciliation of the differences to the result reported to the Board in July.

Discussion

Subsequent to the Board meeting, two additional transactions have been entered into the last financial year that result in a deterioration of the deficit position by approximately \$10M to now show a deficit of \$20.5M as shown below. These transactions were discussed between the Chair, Deputy Chair and CEO where agreement was reached that these should be accounted for in FY18/19.

Operating Statement for the period ending June 2019

Month \$000s				YTD \$000s				
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	
Revenue								
36,749	37,161	-412	36,838	MOH devolved funding	469,551	463,268	6,283	444,601
1,798	1,811	-13	1,784	MOH non-devolved funding	26,512	23,322	3,190	23,088
475	494	-19	382	ACC revenue	5,909	6,034	-125	5,264
848	850	-2	917	Other government & DHBs	10,354	10,173	181	10,845
1,028	991	37	2,924	Other income	13,621	12,368	1,253	14,456
40,898	41,307	-409	42,845	Total Revenue	525,947	515,165	10,782	498,254
Expenses								
11,455	15,478	4,023	16,179	Employed workforce	190,252	196,214	5,962	184,566
670	128	-542	488	Outsourced workforce	6,264	1,677	-4,587	4,131
12,125	15,606	3,481	16,667	Total Workforce	196,516	197,891	1,375	188,697
1,700	1,354	-346	1,493	Outsourced services	18,047	16,697	-1,350	16,352
2,831	1,990	-841	2,609	Clinical supplies	28,454	25,890	-2,564	26,702
9,127	3,832	-5,295	4,262	Pharmaceuticals	52,267	46,357	-5,910	47,573
473	263	-210	222	Air Ambulance	4,134	3,089	-1,045	3,162
7,525	2,388	-5,137	2,297	Non-clinical supplies	36,750	31,059	-5,691	29,437
11,019	10,329	-690	11,755	External provider payments	127,293	124,107	-3,186	121,406
4,032	3,900	-132	3,727	Inter District Flows	46,977	46,801	-176	45,330
48,832	39,662	-9,170	43,032	Total Expenses before IDCC	510,438	491,891	-18,547	478,659
-7,934	1,645	-9,579	-187	Surplus/(Deficit) before IDCC	15,509	23,274	-7,765	19,595
27	19	-8	28	Interest expenses	332	252	-80	346
1,108	1,073	-35	1,077	Depreciation	13,041	13,056	15	11,906
852	728	-124	780	Capital charge	11,072	9,465	-1,607	9,376
1,987	1,820	-167	1,885	Total IDCC	24,445	22,773	-1,672	21,628
-9,921	-175	-9,746	-2,072	Operating Surplus/(Deficit)	-8,936	501	-9,437	-2,033
-130	0	-130	0	MECA related costs	-3,111	0	-3,111	0
-7,155	0	-7,155	0	Holidays Act compliance	-7,155	0	-7,155	0
-1,000	0	-1,000	0	Other one-off cost implications	-1,060	0	-1,060	0
-302	0	302	0	Impairment of NOS asset	-302	0	302	0
-18,508	-175	-18,333	-2,072	Net Surplus/(Deficit)	-20,564	501	-21,065	-2,033

Holidays Act

An additional accrual of \$6M has been made for the remediation required for compliance with the Holidays Act. This brings the provision held on the balance sheet

to a total of \$8.5M. More detail on the Holidays Act remediation is provided within a separate paper.

We have completed some preliminary calculations at a more detailed level than we have previously. These calculations have sampled a small number of staff and then extrapolated the results across the broader employed workforce. The final calculation of the liability will not be known until the work with the interpretations has been completed.

The extrapolated number the team has arrived at was \$7.4M and advice from Northland DHB (who are in the midst of the detailed calculations now) is that the project team cost is estimated at around \$0.4M-\$0.5M. Noting the inherent risk associated with a small sample size, and the estimated liabilities of similar sized DHBs (Northland is \$9.6M, Hawkes Bay DHB is \$14M) we increased our liability to the \$8.5M level.

Pharmac Accrual

As management has reported to the Board we have seen a reasonable degree of fluctuation with the pharmaceuticals expenditure forecast from Pharmac. The forecasts varied by approximately \$3.5M for the 2018/19 year, but remained relatively static for the 2019/20 year.

The final position for the Pharmac accrual has now picked up the February 2019 forecast, which increased the costs by \$3.5M.

Letter of Comfort

At the Audit & Risk Committee meeting on 20 August the issue of a letter of comfort was discussed. A letter of comfort is a letter provided to the Board from the Ministers of Health and Finance to enable the Board and management to confirm the 'going concern' assumption in the preparation of the annual financial statements. This is an issue for all DHBs for the 2018/19 year given the significant liabilities arising from the Holidays Act.

Given the timing, the request for the letter of comfort was required to be submitted on 20 August. The letter of request was signed by the Chair on behalf of the Board. Procedurally a formal resolution of the Board is required.

Eric Sinclair
GM Finance Performance & Facilities

RECOMMENDATION:

THAT THE BOARD:

- 1. NOTE THE REVISED 2018/19 FINANCIAL RESULTS**
- 2. APPROVE THE CHAIR SIGN A LETTER REQUESTING A LETTER OF COMFORT FROM THE MINISTER OF HEALTH AND THE MINISTER OF FINANCE.**

MEMO

To: Board Members
From: Cathy O'Malley, Models of Care Programme Sponsor
Date: 21 August 2019
Subject: **UPDATE: Models of Care Programme**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Models of Care Programme

Implementation of the approved Models of Care programme business cases is progressing well with the Health Care Home, Strengthening Coordinated Care, and Contribution to the First 1,000 Days projects underway.

Implementation of the remaining projects will have started by the end of September. The Health Intelligence business case is on hold as the outcomes sought are being addressed through internal NMH activities.

Feedback on the Ministry of Health independent review of the Indicative Business Case and Clinical Services Plan was provided on 29 July. Positive feedback was received about the quality of the work so far, with more detail required about patient flow and development of hospital 'front end' capacity. Ernst & Young have subsequently been engaged to complete a short intense piece of work to supplement the IBC.

Benefits Realisation Plans

Nine MoC projects have a draft Benefits Realisation Plan that has been shared with the project's sponsors. Work is progressing on identifying potential fiscal and demand impacts associated with each measure.

System Impact Measures

A set of 42 System Impact Measures has been defined. Some of these measures overlap with measures identified in the Benefits Realisation Plans.

Prioritisation of the measures has been performed to group them into:

- First priority (9) whereby the supporting data exists and is stored in an easily reportable format;
- Second priority (9) whereby the supporting data exists but will require manual collation before the measure can be reported;
- Third priority (23) whereby the underlying data may exist and/or access to the data is limited, reporting may be difficult to achieve on a regular basis;
- Withdrawn – no priority (1) whereby the underlying data is not going to be available and the measure is being withdrawn.

Both first and second priority measures can be developed. The data source for 14 of the 23 third priority measures has been identified.

To date eight draft examples of the measures have been developed for the purpose of establishing the desired charts (and their design). These examples will be used to develop a comprehensive dashboard with measures grouped appropriately.

Projects

Proposed Projects / Business Cases	Status	Key activities this month	Key activities next month
Health Care Home	On Track	Tranche one practices continue to progress against their year one implementation plans. Four Tranche two practices commenced their establishment stage in late July.	Development of a framework and training to implement the use of the Acute Regional Care Plans in the HCH practices to support the start of the proactive domain for the Tranche One practices.
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	MAPU operational – Transferred to Business As Usual	N/A – regular report to be provided to MOC Programme and ELT.
Contribution to the First 1,000 Days	On Track	Project group convened. Began development of a project plan. Initial discussion held about use of an Adverse Childhood Event (ACE) screening tool.	Confirm project plan, charter and Terms of Reference. Begin implementation.
Strengthening Coordinated Care	On Track	Interim Action Group convened. Framework Design session held on 17 July to agree the operational local definition of coordinated care for all participants, an operational framework and initiative scope.	Framework to be finalised. Scoping sessions with pilot sites, including consumer co-design. Steering group to be formally convened.
Care Anywhere: Making Virtual Health Happen	On Track	Draft Benefits Realisation Plan developed. Telehealth pilots continue. Working with administrative and clinical staff to increase uptake; Marlborough PHO leading connectivity testing for Awatere.	Review and evaluate Murchison telehealth project. Continue to promote uptake of video consultations.
Workforce Development: People Powered Care	On Track	Draft Benefits Realisation Plan developed. Resourcing options under consideration.	Agree preferred resourcing option. Convene project group.
On the Same Page: Shared Information Platform	On Track	Draft Benefits Realisation Plan developed. Ongoing planning for roll-out of existing HCS shared care plans to general practice.	Convene Technical Advisory Group; Prepare for trial of Personalised Care Plan.

Proposed Projects / Business Cases	Status	Key activities this month	Key activities next month
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	On Hold		
Towards Equity: Extension of Hauora Direct	On Track	Transferred to Business As Usual.	N/A – regular report to be provided to the MOC Programme.

Workstreams

A workstream is an intense area of focus for the programme. Each workstream will follow the same approach: 1) Diagnose the problem; 2) Generate and test ideas; 3) Assess results - adapt/adopt/abandon.

Current Workstreams	Status	Comment
Departmental Deep Dive	S	The Detailed Business Case (DBC) requires a comprehensive examination of every hospital department; The approach for this work will be agreed by the IBC and MOC Sponsors.
Planned Care	S	Scope to be agreed with consideration of Elective Services Framework changes and IBC/DBC requirements.
Ambulatory Care / Outpatient Services	S	Scope to be agreed.
Population Health Social Movement	S	Resource identified; Initial discussions planned.
Clinical Engagement	S	Identifying existing work in the area of clinical leadership.

Stage	
S	Starting phase – key resources identified, data collection, scoping
P	Planning underway, next steps being developed
I	Implementation
U	Pilot / activity underway
E	Evaluation

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 21 August 2019
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

The new financial year has begun. Daffodils are up, and it is not quite as dark travelling in to and back from work. Winter seems to have abated in terms of acute illness with the numbers affected by influenza reducing.

There is no shortage of challenge across the health system though, and sometimes it can feel like there is difficulty at every corner with increasing demand, limited resources, staff feeling under the pump, and so many areas where improvement is possible. However there is a myriad of good news stories to tell – often sadly lost in the headlines of health system failure or inadequacy. Everyday our staff and health partners are doing an amazing job and making a difference to the health outcomes of our community.

I think this is beautifully illustrated in the following patient story, highlighted by our Public Health nurses, and in the success of the recent Hauora Direct Pop-up and Hapu Wananga events. It is also evidenced in the progress our teams are making in reducing wait times for colonoscopy, improving MRI access, and more than meeting our elective target for July. I love the fact that our team at Alexandra Hospital supported the Inpatient Mental Health Unit as we faced high occupancy during the month of July. In my recent visit to MAPU (now open 7 days a week) it was wonderful to see the staff engaged and positive about delivering care and improving patient flow, and the Day Stay and MAPU teams working well together. Plus we are seeing significant progress in improving technologies that support our health system like the Titanium upgrade for oral health, and getting all of our recruitment forms online. Perhaps most importantly in the long term, our Model of Care first set of transformation initiatives are underway.

It is worth pausing to reflect on the good things that are happening across our world, and to lift our heads and hearts so we are not overwhelmed with the challenges of delivering a quality sustainable health system.

2. PRIMARY & COMMUNITY

The Public Health Nursing Outreach Immunisation Service received a referral from a GP for a 6 month old baby who was overdue their 3 and 5 month immunisations. Two immunisation sessions were completed at home by Public Health Nurse/Outreach Immunisation service staff.

During these visits, and other multiple home visits and phone contacts to make these appointments, other issues were identified including:

- Child safety gate broken giving access onto a busy main road
- Older child (aged 15) not registered for free dental care
- Cold home, lacking firewood
- Baby not registered for dental care

- Baby failed newborn hearing screen and parents did not attend two follow up audiology appointments
- Two other children (aged 4 and 10 years) registered for dental care, however have not been seen for several years due to repeated did not attend appointments(DNA)
- No transport
- Financial issues
- No cot or car seat for baby
- Ongoing family violence
- 4 year old due for their vaccination and B4 school check
- Mum tired and with some, but limited, whanau support (has been on antidepressants).

For periods of time the family had no phone, cell phone or email, which necessitated home visits to make contact. The family receives support from Plunket, Te Piki Oranga, Women's Refuge, Occupational Therapist and Whakatu Marae, and their GP. Intensive work with this whanau has had the following outcomes:

- Mum responds to text messages and engages well on visits
- Baby immunisations are now up to date
- Child safety gate has been repaired
- 15 year old has been referred for free dental care
- Baby enrolled for dental care
- 4 and 10 year olds have attended dental appointments and have follow up appointments booked for treatment
- 4 year old has had B4 school check and has appointment scheduled for immunisation and VHT
- Family linked to Victory Community Centre for firewood support
- Violent partner in jail after assault of Mum. Family referred to Women's Refuge
- Interagency working with TPO/Dental and Plunket. TPO will support Mum and work around financial/equipment issues
- Contact made with Audiology regarding an appointment for baby.

- The final draft Annual Plan 2019/20 (including Public Health Plan and System Level Measures Improvement Plan) was submitted to the Ministry of Health on 26 July. The Performance Measures were circulated to ELT and to the individuals likely to be reporting on them beginning September 2019.
- ePharmacy preparation is underway with staff setting up the configuration for the system. This will be an ongoing task lasting several months. A tentative go-live date is March 2020.
- Progress on changes to the Integrated Community Pharmacy Services Agreement (ICPSA) has been agreed at a national level. The Pharmaceutical Services Manager has completed the final draft of the NMDHB Community Pharmacy Strategic Plan, and this will be sent out for consultation in August.
- Nelson Marlborough's Adolescent Oral Health Service achieved the highest enrolment and utilisation rate of adolescents into the Adolescent Oral Health Service in the country in 2018 at 82% compared to the national average of 67%.
- Community Oral Health Service arrears across the service reduced by 1% to 22%, with the Nelson Hub (which had previously held the highest arrears) now being at 20%. It is believed the Saturday clinics have contributed to this decrease. We are at least 3 FTE short of Dental Therapists. As the mobile clinic is on 2% arrears we are ceasing the mobile for 6 months to retain staff in clinics. This should not impact on rural areas which are up to date. Year 7s and 8s are being referred to private dentists in Blenheim for the remainder of the year.

- A recent Nelson City Council media release confirmed projects for the next 12 months stating “The major additions that were included in the Annual Plan following listening to public submissions were: developing policies that align with central government’s Smokefree Aotearoa 2025 objectives with support from Nelson Marlborough Health”.
- A successful co-design workshop to map the palliative patient journey was held in for Nelson based district nursing, general practice and hospice. The group were able to get a clearer plan as to which service would be involved at different stages of the patient journey.
- Nelson Marlborough Health has continued to make progress with final negotiations completed for our procurement for Mental Health Integrated and Responsive Recovery Support Services. The new provider is Pathways, with implementation due in August. Current provider contracts are being extended to 31 January to allow a well planned transition.
- Nelson Marlborough Health, in conjunction with Canterbury DHB and Capital & Coast DHB, has entered into a contract with Te Whare Mahana to provide Dialectical Behavioural Therapy (DBT) services. The service will be open to DHBs nationally, with all referring agencies reimbursing NMH on a fee-for-service basis.

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

- Recruitment is an ongoing focus with areas including CAMHS Blenheim, medical placements and CAT teams being the services with significant vacancies. It is worth highlighting the nationwide shortage of health sector staff with Mental Health experience. Currently there are 194 positions on Kiwihealth Jobs listed as looking for someone with Mental Health experience.
- There have been significant occupancy issues in our inpatient services with overflow thankfully being able to be covered by Alexandra Hospital.

3.2 Older Persons (Alexandra Hospital)

- A busy month with several days at or over capacity, largely as a result of taking overflow of patients from the Mental Health Admissions Unit to free up acute adult beds, especially over weekends.

	May	June	July
Bed Occupancy	88%	84%	102%
Admissions	4	8	9
Discharges	8	6	11
# Waiting for D6 Beds (dementia)	1	1	1

3.3 Nelson and Tasman Adult Mental Health

	June	July
Referrals accepted	43	58

3.4 Community Teams – Nelson and Wairau Older Persons Mental Health

	May Nelson	May Wairau	June Nelson	June Wairau	July Nelson	July Wairau
Referrals Received	5	5	16	5	14	5
Referrals Accepted	5	5	11	4	14	3
# clients with CM	56	29	49	23	58	24

3.5 Addictions Service

- The lack of local housing in the Nelson/Tasman district has been highlighted via a recent Motueka Community Housing meeting. Housing continues to be an issue for clients returning from residential treatment. Furthermore we are observing an increase in clients who are homeless, especially within the older age group.

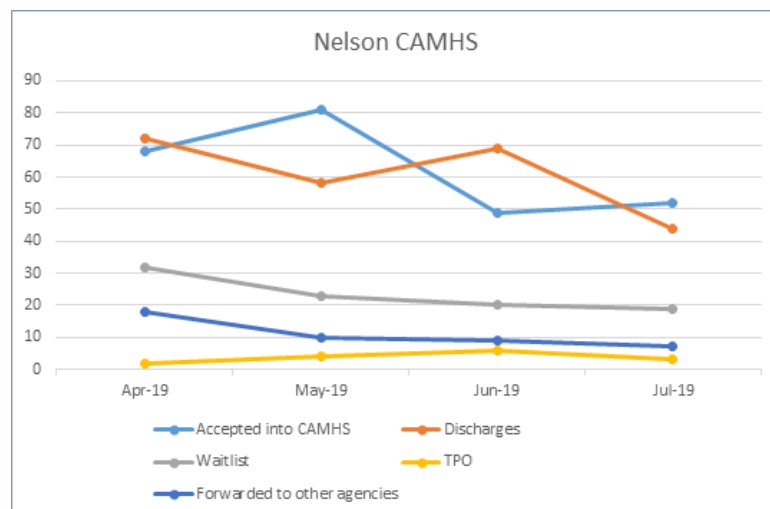
	Adult Nelson/Tasman		Adult Wairau		Youth Nelson/Tasman		Youth Wairau	
	June	July	June	July	June	July	June	July
Referrals	69	102	33	30	18	25	11	13

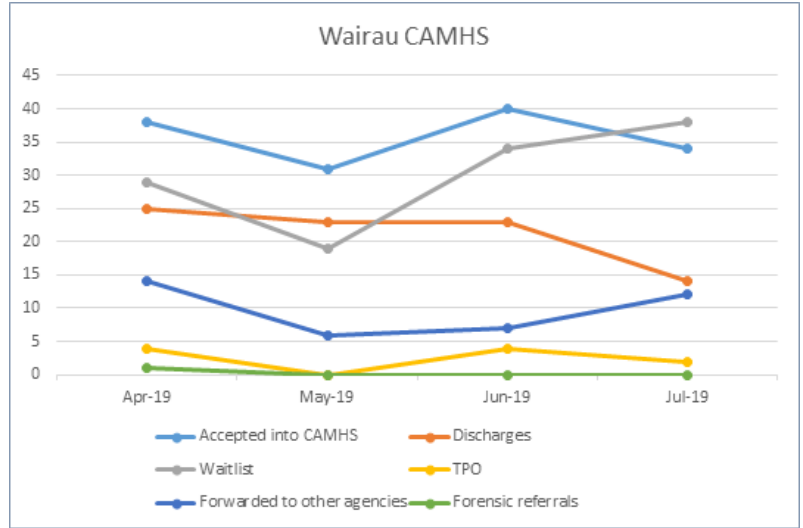
3.6 Marlborough Adult Mental Health

	May	June	July
Referrals accepted	11	12	19
Advice only or redirected to other services e.g. ACC, AOD, primary care	28	9	9

3.7 Child and Adolescent Mental Health Service (CAMHS)

- A meeting was held with key stakeholders regarding the development of the youth forensic role at CAMHS. Given the nature of presentations, and often the use of alcohol and/or drugs, the Youth Forensic Case Manager will use the standard screening tool for addiction assessments. Part of their role will be supporting the young person to navigate the system to access the most appropriate support.





3.8 Mental Health Admissions Unit (Wahi Oranga)

	May	June	July
Admissions	44	37	37
Discharges	37	36	36
Seclusion:			
Episodes	40	40	40
Number of Patients	6	8	8

3.9 Disability Support Services

Disability Support Services (DSS)		Current June 2019				YTD June 2019	Current July 2019				YTD July 2019	
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total	
Service provided	Current Moh Contract	As per Contracts at month end	164	16		180		163	17		180	
	Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8	
	Beds – S&P-Chronic Health Conditions	As per Contracts at month end	1	0	8	9		1	0	8	9	
	Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2		1	1		2	
	Beds – Others - CY&F & Mental Health		1	2		3		2	2		4	
	Residential contracts - Actual at month end		175	19	8	202		175	20	8	203	
	Number of people supported											
	Total number of people supported	Residential service users - Actual at month end	175	19	8	202	1 death	175	20	8	203	1 new
		Respite service users - Actual at month end	3	2		5		4	3		7	2 new
		Child Respite service users - Actual at month end	32			32	1 new	33			33	1 new
	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	21	8	239		212	23	8	243		
							ALL	Residential		Child Respite		
Occupancy Statistics							Current	Current		Current		
Total Available Beds - Service wide	Count of ALL bedrooms	230					230		222		8	
	Total available bed days						7,130		6,882		248	
Total Occupied Bed days	Actual for full month - includes respite						6,447		6,301		146	
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)						90.4%		91.6%		58.9%	
	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			Last month	Current month	Variance			
Total number of people supported		239	239	-			239	243	4			
Referrals	Total long term residential referrals	13	16				16	7				
Referrals - Child Respite	Child Respite referrals	8	9				9	5				
	New Referrals in the month	7	4				4	4				
Of above total referrals	Transitioning to service	1	-				-	1				
	On Waiting List	12	16				16	6				
Vacant Beds at End of month		15	17				17	17				
	Less people transitioning to service	1	-				-	1				
Vacant Beds		14	17				17	16				

4. INFORMATION TECHNOLOGY

- After much anticipation the Titanium dental software upgrade was successfully completed. This turned into an unexpectedly complex project due to the age of the old software. It had multiple integration points that needed investigating and documenting, and old hardware that needed replacing.
- For our IT team there was fabulous engagement in the updated ITIL 4 foundation course with subsequent certification. ITIL is a well-respected framework for ICT service management, covering key concepts from Lean IT, Agile, DevOps, and Organisational Change Management, and why these are important to deliver business value. Along with LinkedIn on-line learning modules and the Microsoft

training day vouchers, our team is investing strongly in their professional development.

Project Status

Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
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 be delays to further tranches due to Orion and CDHB changing the definition of "Service". Escalation to regional team pending 17/7/19.	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/ APEX strike impact may extend timeframes, go live mid Sep 2019.	Mar 18	Sep 19	●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Nelson roll out has gone well with 8 Adult wards now live. Regional instance meetings held, next step is for SDHB to determine participation. Regional Governance group set up with Kirsty Martin the CIO representative. Next steps to move into Maternity, Paediatrics and SCBU - this will involve version upgrade and form development which is all within current capex.	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.	Continued work on POC groups for virtual health, with small and steady steps forward. Pilot group identified with Cardiology and Greenwood Medical Centre for all PCI follow ups. Keith Marshall and Lisa Livingstone asked to present at RACGS 'Back to the Suture' Conference in August in relation to telehealth.	n/a		●

Name	Description	Status	Original Due date	Revised due date	
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 in July. Operational BAU Workshop for Pharmacy stakeholders and suppliers in Christchurch on July 9 th with the objective of undertaking a deeper dive into the roles and responsibilities for support across the regional teams.	Dev 19	Mar 20	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Release 19.1 SP2 was deployed in July. Performance issues still occurring and a SP3 is expected. Planning is underway for Wait-List / Follow-up management changes coming with release 19.2 available in preview late August. Capture of current Theatre system use is underway.	Release 19.2: Nov 19		●
Touchscreen Kiosks	Pilot of two touchscreen kiosks for patient self-arrival in outpatient areas	Wairau and Nelson Kiosks now live, use is being monitored before longer term decisions are made.	June 19	July 19	●
ICT					
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	NMH Active Directory Users now being synced to our O365 Cloud Tenant. Regional approach to deployment now agreed. Roadmap still on track. Pilot NMH Users now using O365 suite	Various		●
Titanium upgrade	Dental Software used by DHB and Community Oral Health	Successful implementation 2/3 rd August. No significant issues, majority of raised issues now resolved.	Q1-2019	LIVE	●
Server 2008 Replacement	Decommissioning or upgrade of all Servers that are going out of support in January 2020	CCL presented a comprehensive proposal to work in together with the NMH IT group in order to hit this deadline. Questions of affordability.	Jan 2020		●
Zoom Room	Zoom is an easy to use, widely available VC alternative to Vivid. Trial use of Zoom enterprise level Video conference capability	PoC (Proof of Concept) has been successful and consolidation is underway with 10 licences organisation wide. Roadmap for Zoom integration currently being worked on. Free POC demo has been extended for a month in August.			

Name	Description	Status	Original Due date	Revised due date	
Development					
Hauora Direct	A project aimed at improving enrolments in health programmes for vulnerable populations.	Business case and capex approved. Requirements and process flow development nearing completion. Engaging with Datacom to start defining solution design. Prototype developing beginning Aug/Sep.	Jun 19	Dec 19	●
Capex form online	Create an online form and workflow to replace the paper capex form.	Process mapping draft completed and out for review. Solution development underway using an iterative approach to initially deliver a prototype form and endorsement/approval workflow. Development work is progressing well and targeting September for roll out.	Aug 17	Sep 19	●
Winscribe Text Implementation (EPLMS Replacement)	Replace the Electronic Patient Letter Management Systems (EPLMS) with Winscribe Text.	The business case and capex request have been signed off. Engagement with successful supplier Sound Business Solutions is underway to agree contract terms and start project initiation and planning. Project kick-off planned for August.	May 19	Dec 19	●

5. CLINICAL SERVICES

5.1 Health Targets

Year to date, as at the end of July 2019, 662 discharges were completed against a plan of 574 (115%). This is over plan by 88 discharges.

Year to date as at July 2019 NMDHB has delivered 2,013 caseweight discharges (CWDs) against a plan of 1,866 (108%).

Elective CWD delivery was 434 against a plan of 388 (112%) for July. Acute CWD delivery was 922 against a plan of 867 (106%) for July.

Year to date delivery to end of July for orthopaedic interventions was 47 joints against a plan of 46, over plan by 1.

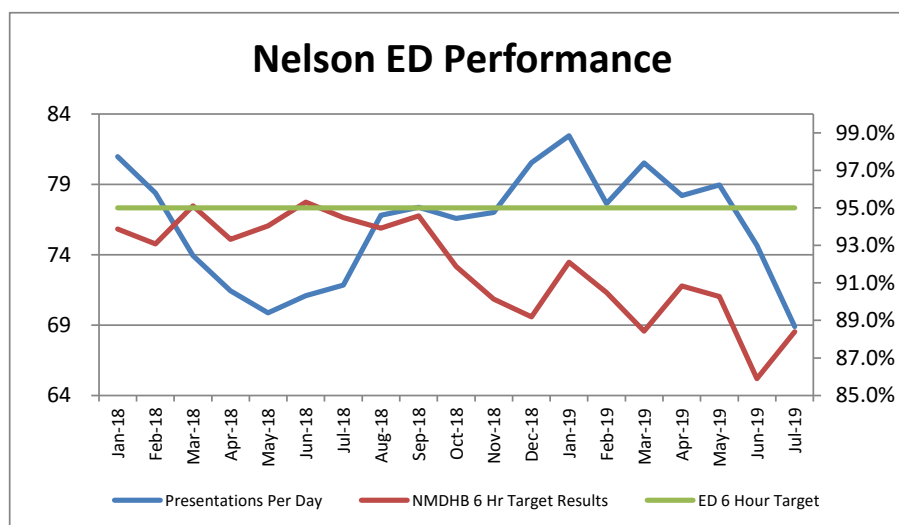
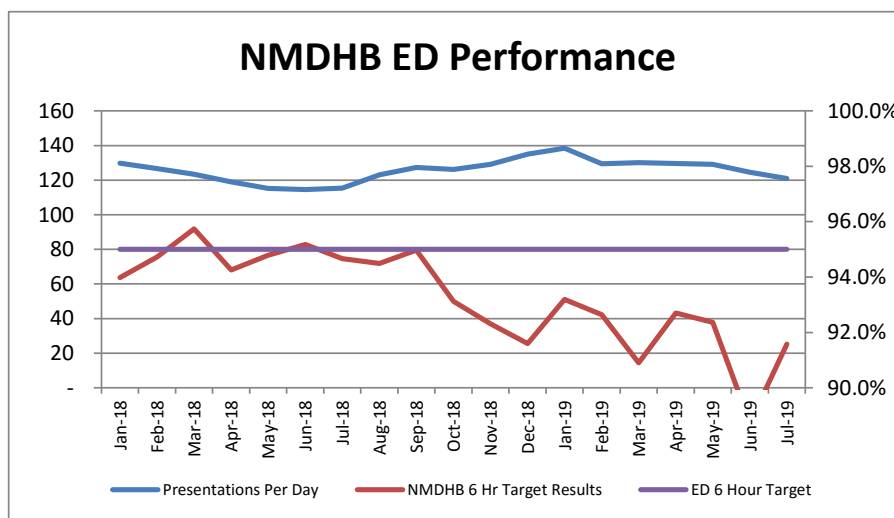
Year to date delivery for cataracts was 51, against a plan of 48, over plan by 3.

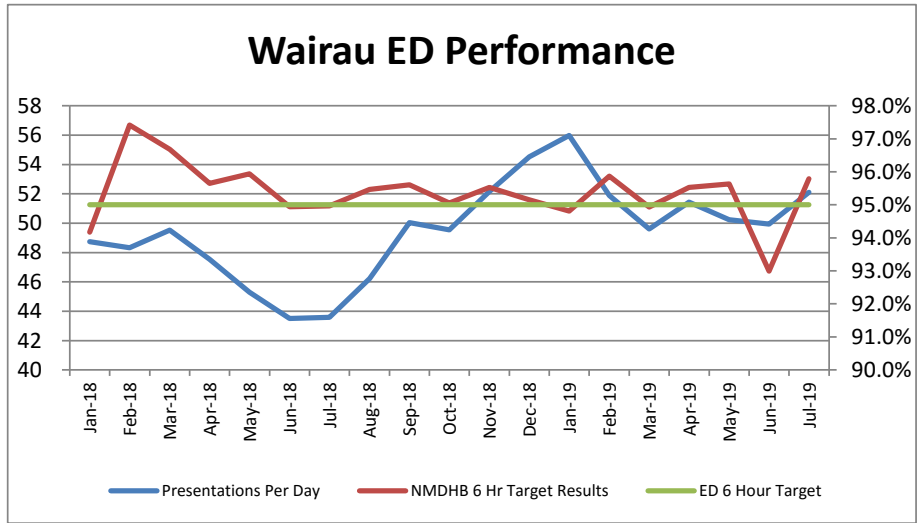
5.2 Elective / Acute Arranged Services

- ESPI 2 was Red for the month of July with 170 patients not being seen within 120 days of referral acceptance.
- ESPI 5 was Red for the month of July with 107 patients not being treated within 120 days of being given certainty.
- General Surgery, Neurology and Orthopaedics are still the main areas of focus with ESPI compliance.

- Ministry of Health have given Elective Waiting Time Dispensation with expected compliance by October 2019.
- The following specialties require compliance for FSA:
 - Orthopaedics by April 2019 – achieved, May and June
 - Ophthalmology by June 2019 – achieved June
 - General Medicine by June 2019 – achieved July
 - Gynaecology by July 2019 – did not achieve
 - ENT, Gastroenterology, General Surgery and Vascular by August 2019
 - Neurology and all services by October 2019.
- The following specialties require compliance for surgical treatment:
 - Ophthalmology by May 2019 – achieved May and June
 - ENT by June 2019 – achieved June
 - Orthopaedics by August 2019
 - General Surgery and Gynaecology by September 2019.

5.3 Shorter Stays in Emergency Department

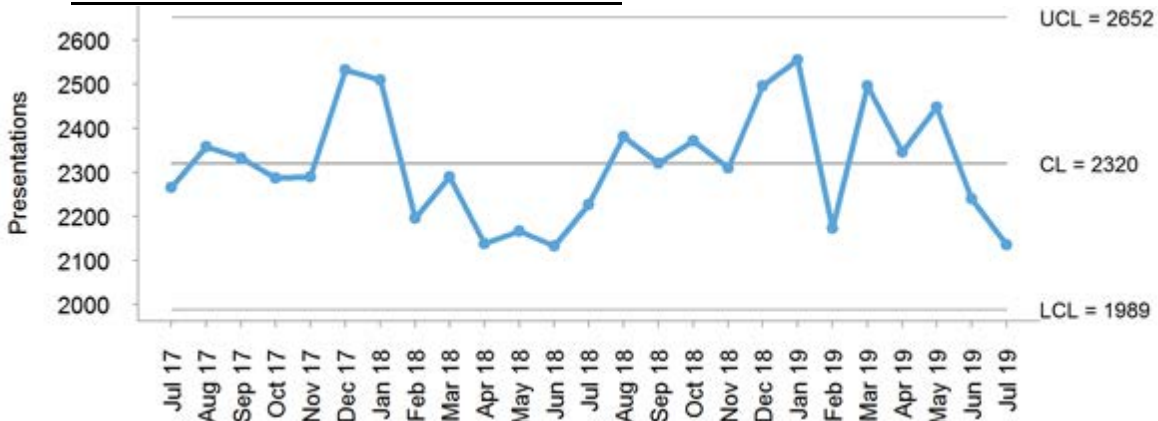




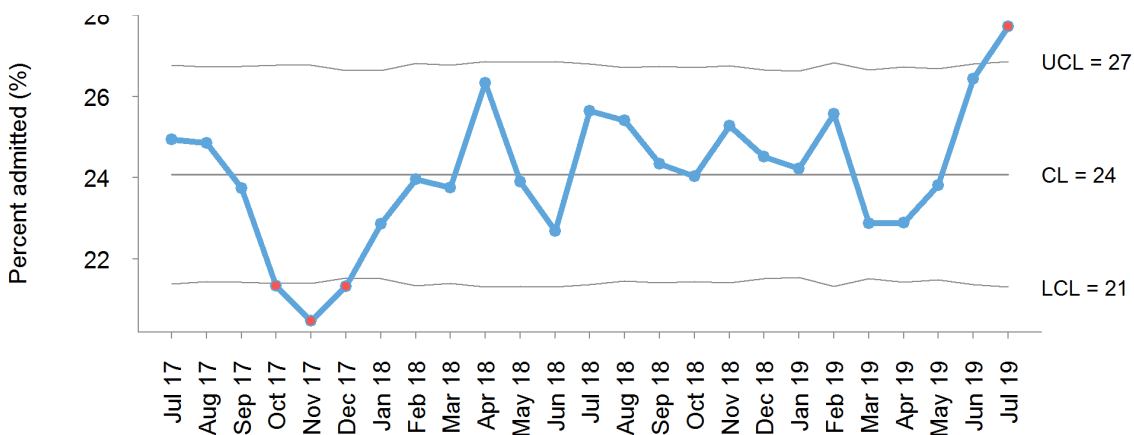
Length of stay target for past 3 months

	May 2019		June 2019		July 2019	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,448	2,210 90%	2,239	1,924 86%	2,136	1,888 88.4%
Wairau	1,557	1,489 95%	1,497	1,393 93%	1,615	1,547 95.8%

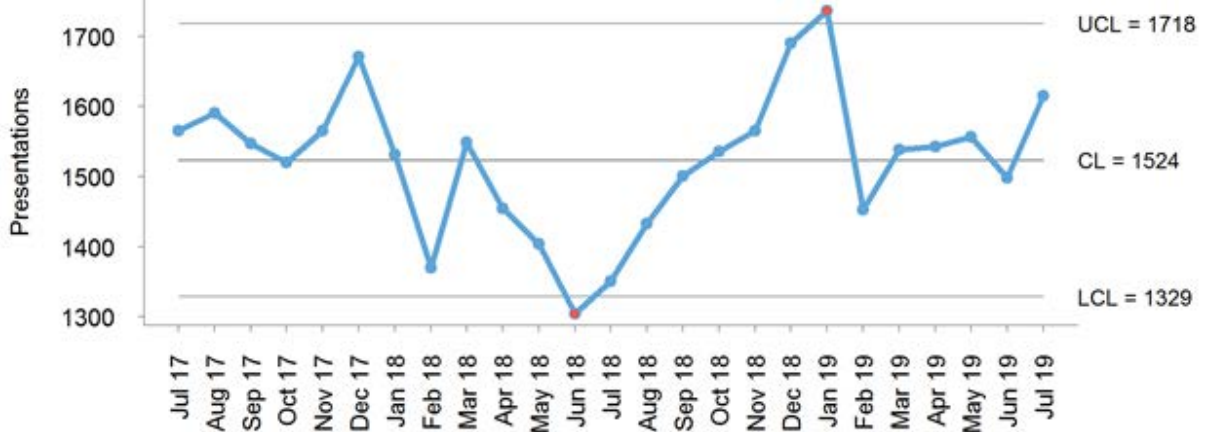
Number of Presentations in Nelson ED



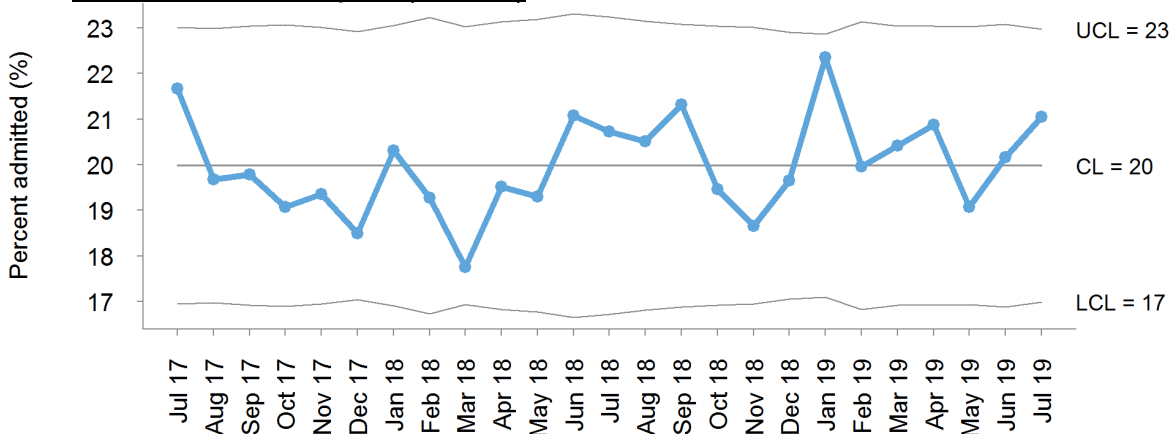
Admissions to Hospital (Nelson)



Number of Presentations in Wairau ED

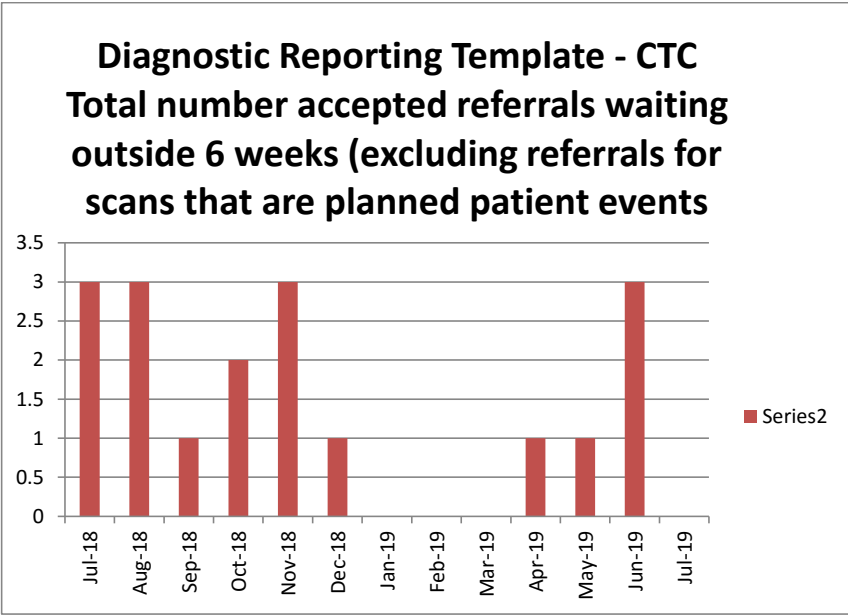
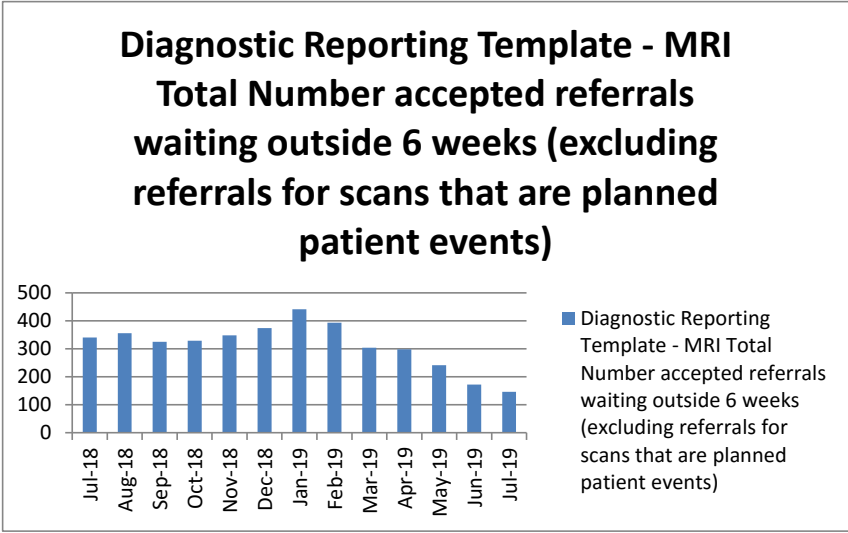
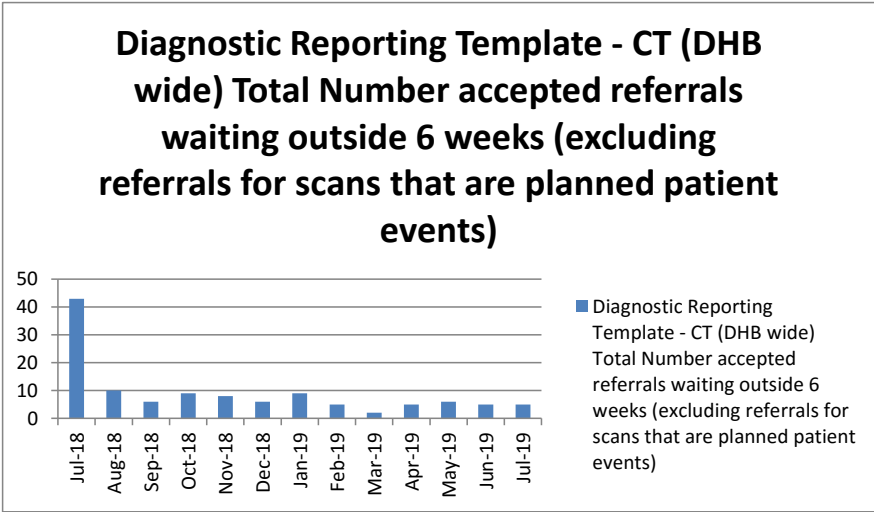


Admissions to Hospital (Wairau)



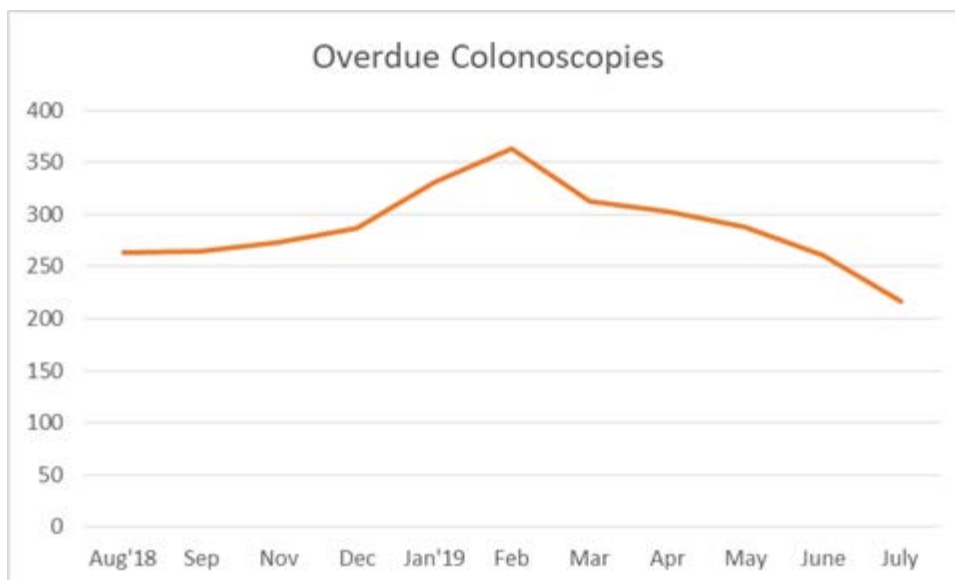
5.4 Enhanced Access to Diagnostics

- MRI numbers are 317 patients scanned in Nelson, and 97 scanned in Wairau (a total of 414 for July).
- MOH MRI target shows 69% of referrals accepted are scanned within 42 days (target is 90%). Machine capacity has increased and we expect to have the waitlist reduced by the end of August. Overall waitlist for MRI is 623, however of those 427 are planned scans that are scheduled over the next three to four years.
- MOH CT target shows 73% of referrals accepted are scanned within 42 days (target is 95%).
- Nelson CT is running at 93% of target with two patients waiting greater than 42 days, and Wairau CT is running at 65% of target with 32 patients waiting greater than 42 days.
- Overall the waitlist for CT is 469, however of those 343 are planned scans that are scheduled over the next two to three years.
- The new Nelson MRI scanner is now installed and operational with effective from 15 July. Applications training is well underway for the MIT team.
- The eRadiology ordering and sign off project continues, however the implementation date has been delayed until early September.



5.5 Improving Waiting Times – Colonoscopy

At the end of July, there were 241 overdue colonoscopies, down from 279 at the end of June. Increased colonoscopy sessions have been taking place whilst we reduce the backlog of colonoscopies.



5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - July 2019										Reporting Month: June 2019 - Quarter 4 - 2018-2019					
62 Day Indicator Records														As at 31/07/2019	
TARGET SUMMARY (90%)		Completed Records													
		Jul 19 (in progress)		Jun-19		May-19		Quarter 1 (in progress)		Quarter 4		Quarter 4 (2018-2019)		Rolling 12 Months Jul 18-Jun 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
		91%	9%	92%	8%	96%	4%	91%	9%	94%	6%	90%	10%	91%	9%
Number of Records		20	2	22	2	26	1	20	2	67	4	69	8	267	28
Total Number of Records		22		24		27		22		71		77		295	
Numbers Including all Delay Codes		71%	29%	85%	15%	81%	19%	71%	29%	80%	20%	86%	14%	76%	24%
Number of Records		20	8	22	4	26	6	20	8	67	17	69	11	267	83
Total Number of Records		28		26		32		28		84		80		350	
90% of patients had their 1st treatment within: # days		94		64		85		94		76		63		84	
62 Day Delay Code Break Down		Jul 19 (in progress)		Jun-19		May-19		Quarter 1 (in progress)		Quarter 4		Quarter 4 (2018-2019)		Rolling 12 Months Jul 18-Jun 19	
01 - Patient Reason (chosen to delay)		2		0		1		2		2		1		11	
02 - Clinical Cons. (co-morbidities)		4		2		4		4		11		2		44	
03 - Capacity Constraints		2		2		1		2		4		8		28	
TUMOUR STREAM						ETHNICITY									
Rolling 12 Months (Jul 18-Jun 19)						Rolling 12 Months (Jul 18-Jun 19)									
	Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records		Within 62 Days	Within 62 Days	Exceeded 62 Days	Exceeded 62 Days	Total Records				
Brain/CNS	100%	3	0%	0	3	Asian not further defined	100%	1	0%	0	1				
Breast	96%	71	4%	3	74	European not further defined	100%	14	0%	0	14				
Gynaecological	100%	31	0%	0	31	Maori	81%	17	19%	4	21				
Haematological	76%	16	24%	5	21	New Zealand European	74%	206	26%	73	279				
Head & Neck	41%	7	59%	10	17	Not Stated	100%	1	0%	0	1				
Lower Gastrointestinal	57%	33	43%	25	58	Other Asian	100%	1	0%	0	1				
Lung	67%	33	33%	16	49	Other Ethnicity	100%	5	0%	0	5				
Other	29%	2	71%	5	7	Other European	70%	14	30%	6	20				
Sarcoma	67%	2	33%	1	3	Other Pacific Peoples	100%	1	0%	0	1				
Skin	91%	51	9%	5	56	Response Unidentifiable	100%	2	0%	0	2				
Upper Gastrointestinal	71%	10	29%	4	14	Samoan	100%	2	0%	0	2				
Urological	78%	25	22%	7	32	Southeast Asian	100%	3	0%	0	3				
Grand Total	78%	284	22%	81	365	Grand Total	76%	267	24%	83	350				

6. NURSING

- The formal opening of MAPU was held on 1 July. This has already had a positive impact on reducing the number of days where hospital occupancy is over 100% to one day for the month of July and the associated impact this has had on staff morale, hospital wide occupancy and occupancy within the ED as a result of more safe / effective and efficient patient flow out of ED. MAPU is now up and running 24/7 and is fully staffed to levels identified. Weekly meetings are held with the Associate Charge Nurse of MAPU, the ED Charge Nurse Manager and the ADON Ops Manager to identify barriers to efficient flow early in order to remove and review the data against KPIs identified in the business case. The first report on data will be available third week of August.
- Care Capacity Demand Management (CCDM) Partnership Training Day was held on 19 July. Following the second review of our CCDM/Safe Staffing Healthy Workforce (SSHW) process the Governance Group suggested the repeat of partnership training due to the number of new members on the CCDM Council for NMH. A Charter for the CCDM Council was discussed and approved as draft to be tabled at the next Council meeting for endorsement.
- The roll out process for new nursing uniforms continues with a second session of fittings to be completed during the first week of September. First delivery of new uniforms is expected in November.
- A review of the current orientation process is underway with plans to make a two to three day orientation programme. This is in response to the significant hours currently being required by staff for ILEARN sign off of competencies in their ward setting.
- Further work is continuing on recognition of prior learning to acknowledge the skills and clinical expertise staff are bringing to NMH, and to allow discussion to identify what added education/support is required (if any).
- The first two Enrolled Nurses students via the combined initiative with Ara Institute of Canterbury are shortly to commence clinical placement within Nelson. Both have identified that on completion they are looking for roles within NMH.

7. ALLIED HEALTH

- ACC have extended the NMH Falls Alliance Advisory Group contract for a further three months, whilst we await a final funding decision from the ACC Board. The programme includes in-home, fracture liaison and coordination across NMH.
- The recent MOH Planned Care now includes funding for a modest musculo-skeletal early management and prevention programme. Clinical services and the orthopaedic team preference is to continue with the lower back programme, delivered within the NM community. Contracts are being finalised and a partnership with both PHOs, Planned Care and Allied Health has resulted in the programme being possible for a further year.
- The Allied Health teams continue to embed the new equipment loan system. The system is providing improved reporting and equipment tracking. The visibility and benefits of transitioning short term loan equipment to MOH long term use is becoming evident. To date 40 pieces of equipment have transitioned virtually, meaning that additional home visits were not required, saving staff / consumers time and transport costs. The improved visibility of the equipment stock will ensure a more planned CAPEX approach.
- Action Item: Investigate if it is possible to include primary care falls data into the HQSC measures: The HQSC, ACC and MOH partnership around falls prevention is in place. The Live Stronger for Longer dashboard ensures primary care falls

related details (with an ACC claim) are captured in the reporting. Attached as item 6.1 is a dashboard showing the Falls and Fractures Outcomes Framework.

8. MĀORI HEALTH

8.1 Hauora Direct Pop Up Events

The aim for our Hauora Direct pop up events is to hold them in the community to provide a service in settings that are familiar and safe for high needs whānau.

A recent event was held with Te Kura Kaupapa Māori o Tuia te Matangi, the only Māori immersion kura in the Top of the South, which is based in Richmond. The event was held on a Friday afternoon and Saturday morning. The uptake to attend the event was more than we expected, and we had a total of 75 individuals seen over the 2 days, the youngest being 8 weeks of age. Those that attended were:

Tamariki: 20 Male and 20 Female
Adults: 6 Male and 29 Female
100% Maori and Pacifica (74 Maori, 1 Pacifica)

There were 89 referrals made for stop smoking support, weight management, B4 School Checks, CVDRA risk factors, enrolment and accessing breast screening, overdue cervical smears, Hep C risk factors, hearing check, unhealthy homes, assistance with GP debt and GP enrolment amongst other things.

The event would not be possible to achieve without the contribution and participation from services such as Public Health, Te Piki Oranga admin support and nurses, Public Health Nurses, vision and hearing testers, Outreach Immunisation Service, Community Dietitians, Stop Smoking Service, St John Ambulance Service, Victory Community Centre, and Medlab. The overall korero that came from the whānau via their evaluation forms, or through conversing with us, was that it was greatly appreciated. A few of the positive comments received are detailed below:

- “Whānau Ora in action”
- “Highly recommend it”
- “It meant I could come and be open”
- “An awesome opportunity for my whole whānau to have a check at one time”
- “I got to be referred when I might not have done it myself”
- “I learnt so much”
- “Was so valuable to know where my health was at”.

The event was successful for strengthening relationships with internal and external stakeholders, and the building of trust between whānau and the health services within our community. We will look to pilot an electronic version of Hauora Direct in the Nelson Marlborough district in November of this year.

8.2 Hapū Wānanga

Our latest hapū wānanga was held in Wairau, at Pareraru, Te Whare o Ngati Rarua. To date nine hapū wānanga have been held (4 in Wairau, 3 in Whakatū, 2 in Motueka).

Just over 80% of wānanga participants have identified themselves as Māori and close to 70 whānau have been through the programme (35 of which were having a pepe for the first time). The number of Māori participating in this programme locally is encouraging.

8.3 Whare Ora Health Homes

Whare Ora is focused on reducing hospitalisations for those of our tamariki who have respiratory problems which are the result of living in cold, damp unhealthy homes. Home assessments are underway with products being purchased as needed. Currently 28 homes have been completed.

8.4 Māori Health Innovations Symposium First 1000 Days

The GM Māori Health & Vulnerable Populations has been successful in securing funding for a Māori Health Symposium which will be held in Nelson in early 2020. The symposium will focus on Māori health innovations in the area of the first 1,000 days, which is a target within the South Island Child Health Alliance work programme and Te Herenga Hauora GMs Māori South Island.

9. CLINICAL GOVERNANCE

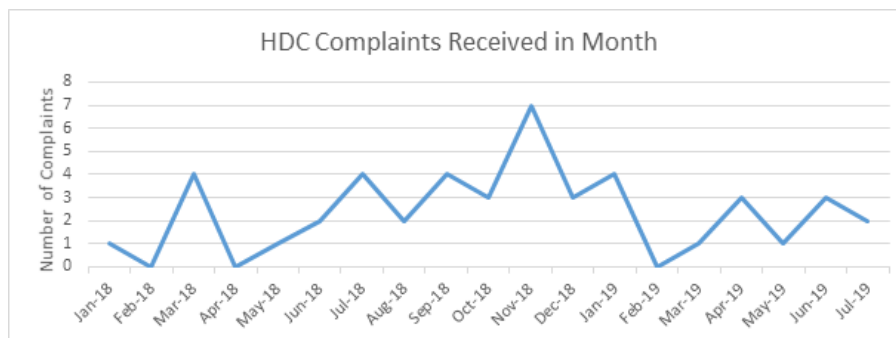
9.1 Service User Complaints

We received 69 new complaints in July compared to 32 the previous month. Forty-four complaints were closed, and 89 complaints remain open and active.



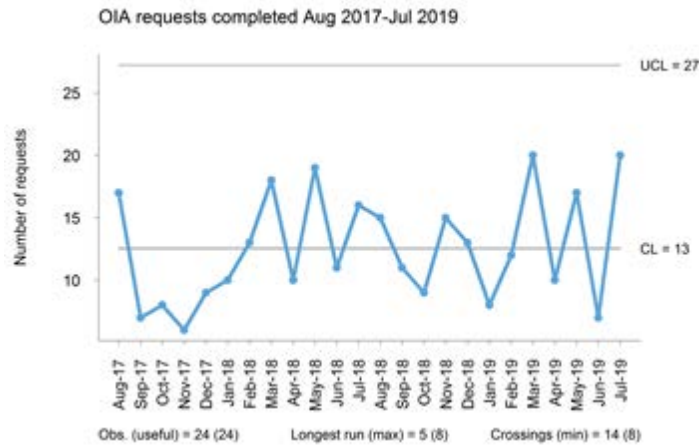
9.2 HDC Complaints

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



9.3 Official Information (OIA) Requests

During July 20 OIAs were completed, with seven extensions of time requested. All were completed within the legislated timeframe.



10. CARE FOUNDATION

In response to action item 4, an overview of funds distributed by the Care Foundation is attached as item 6.2.

11. PEOPLE & CAPABILITY

Nursing dominated recruitment across the DHB in July, with 45 new staff made up of registered nurses, midwives, healthcare assistants and enrolled nurses. There were also a large number of new staff in support roles in July (mostly DSS Support Workers).

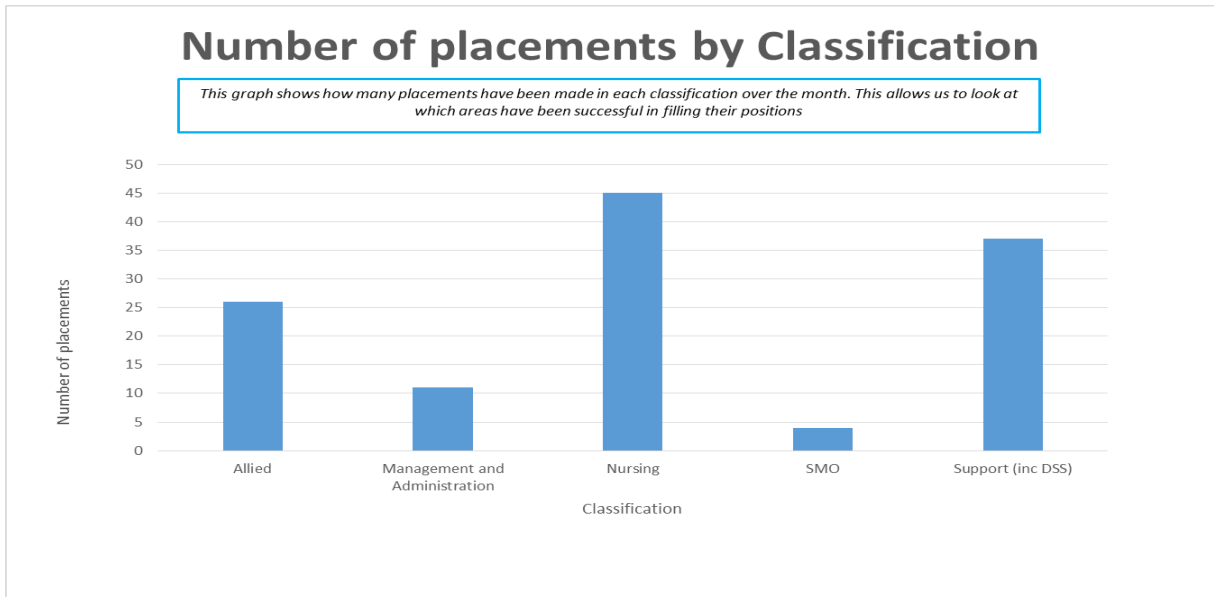
The NMH careers page and the staff intranet contributed a large number to the source of our hires. Word of mouth was again an important source of placements in July, which tells us we need to maintain our employer brand so our current staff are promoting working here. Our biggest spend in advertising was on Senior Medical Officers, Nursing and Allied Health with Senior Medical Officer advertising the most expensive per advert.

Total advertising costs in July was slightly up on June, however it is pretty steady over the last few months. Nursing and Allied Health are where we have struggled to fill roles with 14 and 9 roles being re-advertisements respectively. We have had very limited new FTE approved for advertising in July. Of those candidates placed into roles in July SMOs and Support positions took the longest to fill.

During the month of July the recruitment team has removed the paperbased vacancy approval form from the intranet. This is a milestone as our recruitment approvals become 100% electronic. Continuing with the paperless theme, we have moved away from paper based vacancy files with all the old vacancy information now being stored electronically. As time passes this will free up storage space as older files become obsolete and can be destroyed.

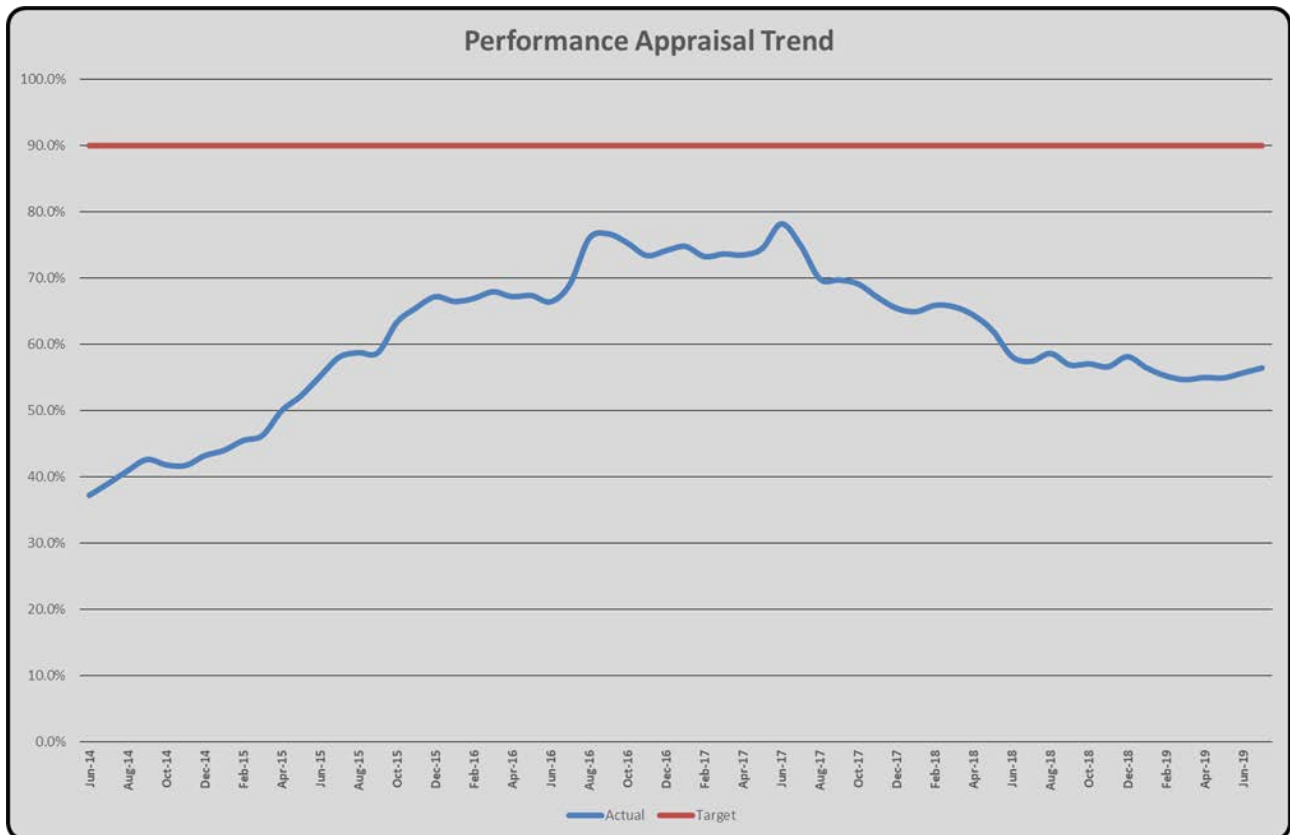
Also in July the recruitment team has transitioned our online interviews from Skype to Zoom. Zoom is more modern technology, more reliable and user friendly. We are currently working with the Ministry of Social Development and hiring managers on Mana in Mahi which is a programme aimed at getting young Māori off the benefit and

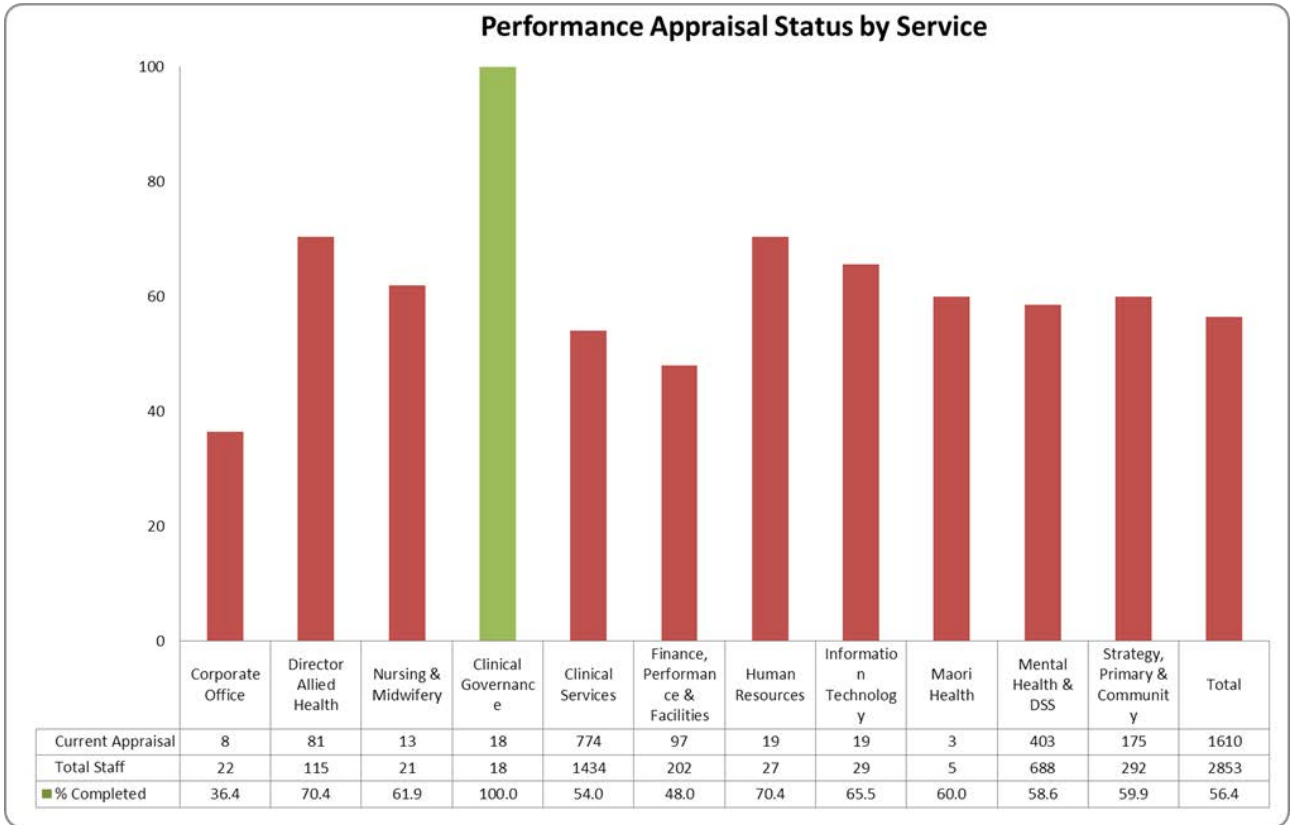
into work. We are looking at taking on two placements in different areas of the business as part of this program.



12. PERFORMANCE APPRAISALS

To date we are at 56.4% of staff with a current appraisal.





Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

Falls & fractures outcomes framework

Supporting quality improvement across the health system to reduce harm from falls

Navigation

See more information on each domain:

- [1: Fewer fall injuries](#)
- [2: Fewer serious-harm falls](#)
- [3: Improved recovery \(hospital\)](#)
- [3: Improved recovery \(home\)](#)
- [4: Integrated care](#)

Filters

Date view
Quarterly

Age Group
(All)

Age groups selected: All

Select main DHB/region
Nelson Marlborough

Select comparison DHB/region
National

Population age distribution (years)

Population age distribution (years)

Welcome

The aim of this dashboard is to support the reduction of falls and fall-related harm in older people.

To achieve this, the dashboard defines and measures outcomes that matter to older New Zealanders and their whānau. These measures will help all health sector partners to evaluate the benefits of the services we provide for older people, and will also drive innovation and development at a local and national level. Over time, the measures will help us to document and disseminate evidence of best practice.

The dashboard is updated quarterly. Please contact falls.dashboard@hqsc.govt.nz if you would like to receive a notification when the dashboard is updated, if you have feedback on the dashboard, or have any other questions.

Note that due to data availability, the reporting for some measures is more delayed than for others.

DOMAIN 1: Fewer fall injuries | [See more](#)

3,322 fall injuries Jan 19-Mar 19

341 ↑ than Jan 18-Mar 18

2.1% ↓ rate than National

Source: ACC claims for a fall
Rate: Calculated per 1,000 population

DOMAIN 2: Fewer serious-harm falls

303 serious-harm falls Jan 19-Mar 19

67 ↑ than Jan 18-Mar 18

2.1% ↓ rate than National

Source: Hospital admissions (including ED short stays)
Rate: Calculated per 1,000 population

DOMAIN 3: Improved recovery (hospital)

3.89 ALOS (days) Oct 18-Dec 18

1.45 days ↓ than Oct 17-Dec 17

2.74 ↓ days than National

ALOS: Average length of stay after a fall
Source: Hospital admissions (including ED short stays) for a

DOMAIN 3: Improved recovery (home)

1,453 ppl on bisphosphonates Jan 19-Mar 19

200 ↓ than Jan 18-Mar 18

274.1% ↓ rate than National

Source: Community pharmaceutical dispensing
Quarterly data only

DOMAIN 4a: Integrated care (community)

326 ppl in community classes Jan 19-Mar 19

27 ↓ than Oct 18-Dec 18

94 ↓ than target

Actual | Target Source: DHB PP23 reporting
Quarterly data only, not filterable by age group
Note: the drop from Jul-Sep 18 to Oct-Dec 18 is largely due to a review of the reporting process.

DOMAIN 4b: Integrated care (home)

47 ppl in home programme Jan 19-Mar 19

8 ↑ than Oct 18-Dec 18

81 ↓ than target

Actual | Target Source: DHB PP23 reporting
Quarterly data only, not filterable by age group
Note: the drop from Jul-Sep 18 to Oct-Dec 18 is largely due to a review of the reporting process.

July 2018 – June 2019



Funds Raised
\$175,000



Funds Distributed
\$250,000



Applications Received
28



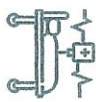
Applications Approved
18 (+ New Buggy)



www.thecarefoundation.org.nz
See your stories, apply for funds and donate.



14 Patient/Whanau in-room Recliner Chairs
For SCBU, NeoNats, Maternity Nelson/Wairau
Plus 9 New Chairs in Maternity Family Room



Bed Alarms for Public Health Nurses in
Nelson, Tasman and Marlborough to
combat nocturnal enuresis.



40 new standout Polo shirts for the NMH Volunteers Team



Provided Seed Funding for development of Virtual Health under
MOC Programme for patient-centred care in the right place and
at the right time.



Funded 1062 Influenza Vaccinations for
High Needs and Vulnerable People in Nelson,
Tasman, Marlborough areas



We ensured DSS homes had a visit from the Christmas Fairy to hand
out Christmas Cheer to Residents and Staff



Darcy Christopher Trust provided \$5,000 for the winner
Of the Innovation Award

Distribution of Funds YTD FY19 (YTD 30 June, 2019)

Applications Approved:

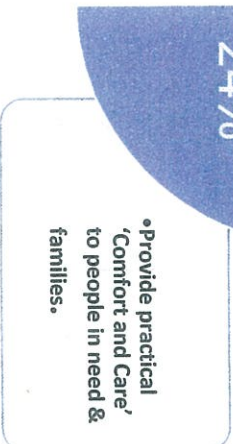
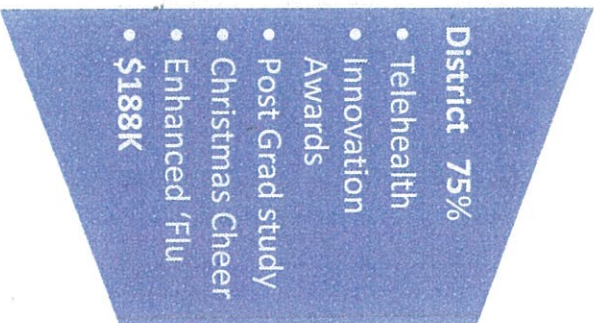
Claims processed for \$ distributions

Income (Donations/Interest)

\$250,000

\$332,160

\$175,079



MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 21 August 2019
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met in Nelson on Monday 19 July 2019.

The Council has been involved in identifying consumer representatives who would be suitable to serve on the Adverse Events Review panels. One representative has been selected from three interviewed by the Chair for an impending trial review. The Council has now focused attention on procedures to follow with family members at the beginning phases of an Adverse Event review. The Council emphasised the importance of reaching out to family/whanau who are to be included in the Adverse Event Review process. It is felt that who comprises the 'family' or 'whanau' group should be defined by the family or whanau themselves, and that this group could be as large or small as the family chose. The Council also reiterated the need for culturally appropriate support and representation on the Adverse Event Review process, including counselling sessions provided to family members as appropriate. There was also a challenge to the use of a brochure as a first step in providing information to the affected consumers, and whether this is the most appropriate form of communication in distressing situations following an adverse event. Warm compassionate human contact through interaction by staff members in conversation, condolences or whatever is appropriate in the situation, actually acknowledging the situation (without attributing blame on anyone) is seen as a first and appropriate behaviour. However, it is agreed that the Adverse Events Consumer Information Brochure should also be put into the hands of family members as a guide to the possibility of an Adverse Events Review which may follow. The Council has the opportunity again (input was also given some years ago) to give input to the brochure during the redesign process which has just begun. It is essential that the brochure is clear, reassuring and relevant to distressed family who will receive it.

Discussions with the Models of Care Team focused on Virtual Health pilots. These have created huge interest. The Council is keen to see these initiatives progress. Opportunities for Virtual Health hubs to be installed across the region within GP practices, places of employment etc are predicted and favoured by the Council.

An overview of the Self Check-In Kiosk pilot was provided to the Council by the project team. Council members had trialled the kiosk. The Council challenged the team to provide more initial support for patients using the kiosks to increase their use (initial use is very low). Council members who viewed the kiosk in Wairau had some concerns about the visibility of information on the screen, which the team took under advisement. The trade-off of very large font versus privacy from other passers-by was debated. A privacy screen (contingent upon the actual angle of the viewer to the orientation of the screen) is built into the programme and should be activated to allay any concerns of confidentiality. Then a user would be able to read the screen only when directly in front of it and it should be angled away from the corridor where others are walking. The Council is interested in how the use of the kiosks for electronic check-ins can minimise the waiting times which

have now become part of the expected “culture” of patient appointments and a “bone of contention” in the community. A focus on valuing patient time is important if we are to minimise “no shows” and build collaborative patient/medical staff teams. The Council believes that patients who are late for appointments should not be waited for. “Early” patients should be offered the latecomer’s time, if and when appropriate for the attending medical personnel. Punctuality should be rewarded to help alleviate the problems of lateness and frustration with long periods of waiting. New upcoming appointments should be able to be made immediately after a current appointment as required. The old system in some departments of waiting for an appointment letter to come through the mail (via Christchurch and sometimes delivered after the actual appointment time and date) should be modernised and use of appointments made in-person or through email and smartphones is encouraged.

The Consumer Council is sad to farewell Diane Strong. Diane has contributed a strong and uncompromised voice for the consumer since the Council began in 2017. Her contribution will be missed. The Council wishes her well in her new role.

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: 21 August 2019
Subject: **Financial Report for July 2019**

Status

This report contains:

✓ For decision

Update

✓ Regular report

For information

Commentary

The result for the first month of the 2019/20 year shows a deficit of \$764k. The 2019/20 financial budget is still to be agreed with the MOH, however any changes to the current position, as shown on the following page, would not affect the July budget, and consequentially the \$509k adverse variance for July – any budget changes would be rephrased across whatever months remain once the budgets are agreed.

With no agreed budget positions there is currently no budget for the balance sheet or cash flow statement, so I have not included those statements for the July period. These will be included for August reporting.

The adverse result for the first month is driven mainly from higher activity within the hospital. The major drivers for the variances within the monthly result are:

- Orthopaedic and cardiology volumes are higher than expected for the month driving clinical supplies costs higher. At this point we expect this is a timing issue as both services are expected to deliver to planned volume levels. Adverse variances in patient meals and laundry corroborate the higher hospital activity.
- Intragam volumes are also higher than expected with the costs in July being at the second highest level over the last five years. As we have seen intragam volumes can fluctuate significantly from month to month, and we will continue to monitor the volumes over the next few months.
- Medical locum costs, especially in Wairau, have tracked higher than the favourable variance from employed medical staff. It remains a challenge to recruit medical staff for Wairau and we expect this will remain a fiscal challenge throughout the year.

Eric Sinclair
GM Finance and Performance

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending July 2019

Month \$000s				YTD \$000s				Full Year \$000s	
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	Budget	Last Yr
Revenue									
39,560	39,573	-13	36,265	39,560	39,573	-13	36,265	498,875	469,551
2,027	1,999	28	2,052	2,027	1,999	28	2,052	23,903	26,512
656	523	133	354	656	523	133	354	6,213	5,909
832	812	20	858	832	812	20	858	9,807	10,354
948	953	-5	1,006	948	953	-5	1,006	12,181	13,621
44,023	43,860	163	40,535	44,023	43,860	163	40,535	550,979	525,947
Expenses									
16,217	16,579	362	14,346	16,217	16,579	362	14,346	220,633	197,407
596	153	-443	369	596	153	-443	369	2,004	6,264
16,813	16,732	-81	14,715	16,813	16,732	-81	14,715	222,637	203,671
1,583	1,461	-122	1,386	1,583	1,461	-122	1,386	18,004	18,047
2,479	2,095	-384	1,970	2,479	2,095	-384	1,970	26,421	28,454
3,845	3,845	0	3,726	3,845	3,845	0	3,726	48,215	52,267
292	295	3	282	292	295	3	282	3,839	4,134
2,436	2,375	-61	2,571	2,436	2,375	-61	2,571	28,909	29,596
11,310	11,068	-242	10,574	11,310	11,068	-242	10,574	134,233	127,293
3,949	3,949	0	3,915	3,949	3,949	0	3,915	47,390	46,977
42,707	41,820	-887	39,139	42,707	41,820	-887	39,139	529,648	510,439
1,316	2,040	-724	1,396	1,316	2,040	-724	1,396	21,331	15,508
27	27	0	28	27	27	0	28	352	332
1,107	1,271	164	1,092	1,107	1,271	164	1,092	15,056	13,041
821	872	51	728	821	872	51	728	10,460	11,072
1,955	2,170	215	1,848	1,955	2,170	215	1,848	25,868	24,445
-639	-130	-509	-452	-639	-130	-509	-452	-4,537	-8,937
-125	-125	0	0	-125	-125	0	0	-1,502	0
0	0	0	0	0	0	0	0	0	-3,111
0	0	0	0	0	0	0	0	0	-7,155
0	0	0	0	0	0	0	0	0	-1,060
0	0	0	0	0	0	0	0	0	-302
-764	-255	-509	-452	-764	-255	-509	-452	-6,039	-20,565
Net Surplus/(Deficit)									

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 21 August 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 2 August 2019 are as follows:

DHB CGC endorsed:

- **Improving Together** – a booklet on how to go about changing something across the NMH system. Gives up to date advice and uses real NMH examples to illustrate how to go from a great idea to actually giving a change a try and then if successful implementing it. The booklet explores what quality is, how to put people at the centre of a change process, how to use the 'Model for Improvement', how to use data for improvement and how to set out your change plan logically so that others can follow it.

DHB CGG noted:

- **The annual roundup of Safety 1st event reporting** – In 2018 some 6,113 risk events were logged into Safety 1st. This equates to 113 per week. Some areas do an incredible job keeping alongside their events and ensuring that they learn from what happens. Examples are DSS and older person's mental health which, between them, account for 3,000 of the events logged, yet these areas have managed to address and close over 80% of their files. Other areas with high numbers of files addressed that are to be acknowledged are ICU and Ward 10.
- **Our accountability for reasonableness** – As our budget for 2019/20 sits in a deficit position and we need to spend around \$6m less this financial year in order to break even, it is a good time to consider the impact of our decisions on each other and on the people in our health care community. As a concept, considering whether an action or decision that we take would be something that we would happily present in a public forum to demonstrate the legitimacy and fairness of the decision is a good yardstick by which to judge ourselves. 1

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

1. Daniels N. Accountability for reasonableness. *BMJ* 2000;321:1300-1.

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
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