

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 22 October 2019 at 1.00pm

Marlborough Meeting Room,
Scenic Circle Marlborough
Corner Alfred & Henry Streets, Blenheim

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			
3	Chair's Report		Attached	Resolution
4	Decision: 2020 Meeting Dates		Attached	Resolution
4.1	2020 Board Meeting Dates		Attached	Note
5	Update: Models of Care Programme		Attached	Note
6	Chief Executive's Report	1.30pm	Attached	Resolution
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 24 September 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
Judy Crowe

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 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"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Chair of Progress Nelson Tasman 		

As at September 2019

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 ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member SI Quality Alliance Group - SIAPO 	<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"> ▪ Associate Fellow of Royal Australasian College of Medical Administrators ▪ Fellow of the Royal Meteorological Society ▪ Member of NZ Digital Investment Board Ministry of Health ▪ External Clinical Incident Review Governance Group - ACC 			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Member of the New Zealand DHB Physiotherapy Leaders group ▪ Member of the New Zealand Paediatric Group ▪ Chair of South Island Directors of Allied Health ▪ President of the Nelson Marlborough Physiotherapy Branch ▪ Deputy Chair National Directors of Allied Health ▪ Acting Chief Allied Health Professions Officer MOH (secondment) 			
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 September 2019

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 24 SEPTEMBER 2019 AT 1.00PM

Present:

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

In Attendance:

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

Apologies:

Judy Crowe

Karakia:

Patrick Smith

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Annie Pirie – member of public

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Dawn McConnell

Seconded: Stephen Vallance

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Dawn McConnell

Seconded: Stephen Vallance

THAT THE MINUTES OF THE MEETING HELD ON 27 AUGUST 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil

3.1 Action Points

Item 1 – Medlab Collection Points: Noted the location all collection centres in Southern and Nelson DHB areas will be looked at as part of the review currently being undertaken, however this will take some time.

Item 2 – Immunisation Information: Completed

Item 3 – Tooth brushing education: Completed

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

Nil.

SECTION 5: DECISION**5.1 Position Statement – Environmentally Sustainable Health Care**

Noted and endorsed by the Board.

Moved: Allan Panting
Seconded: Brigid Forrest

RECOMMENDATIONS:**THAT THE BOARD:**

- 1 APPROVE THE POSITION STATEMENT: ENVIRONMENTALLY SUSTAINABLE HEALTH CARE.**
- 2 NOTE THAT THE POSITION STATEMENT WAS APPROVED BY THE ELT ON 4 JULY AND REQUESTED THAT IT BE FORWARDED TO THE BOARD FOR APPROVAL.**

AGREED

SECTION 6: UPDATE**6.1 MOC Programme**

Noted.

SECTION 7: CHIEF EXECUTIVE'S REPORT

Radiology

The CE acknowledged the efforts of the Radiology team for MRI targets to show 92% of referrals accepted are scanned within 42 days. Noted we currently have two MRI machines working at the moment (new one and old one), although this will reduce to one soon. A new machine has been installed privately so our new machine will allow us to have more access to MRI scanning.

Whare Ora

Noted 32 homes have been completed under the Whare Ora initiative to improve cold, damp unhealthy homes.

Hapū Wānanga

Ten Hapū Wānanga have been held to date (4 in Wairau, 3 in Whakatū and 3 in Motueka). Just over 80% of Wānanga participants have identified themselves as Māori, and close to 80 whanau have been through the programme.

Annual Priorities

The annual priorities for the MHA&DSS services have been finalised. These include the DSS Annual Priorities, the Mental Health & Addictions Priorities and the Māori Mental Health & Addictions Strategic Plan.

The purpose of these documents is to work with teams so they can see what the priorities are and see where they fit.

SECTION 8: CONSUMER COUNCIL CHAIR'S REPORT

Discussion held on the word "virtual" noting it sounds cold, and a replacement should be found.

Discussion held on Choosing Wisely and the four questions initiative. It was suggested they could be used in posters, and interaction with primary care.

SECTION 9: FINANCIAL REPORT

The result for the first two months of the 2019/20 year shows a deficit of \$1.2m which is \$700k adverse to the current planned deficit.

MOC initiative programme costs have been accrued to budget level except for the Health Care Home initiative where the first tranche of costs have been incurred. This creates a timing issue that will correct as the year progresses.

Noted planned care delivery needs to be monitored closely, as if we do not meet MOH targets, we will be penalised financially.

Discussion held on cardiology patients from Hawkes Bay being assisted at NMH noting this assistance is for central region patients until the Hawkes Bay DHB cath lab is completed.

Discussion was held on the air ambulance service noting there has been discontent nationally around the new contract, especially Northland.

Moved: Alan Hinton
Seconded: Patrick Smith

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 10: CLINICAL GOVERNANCE REPORT

Noted.

SECTION 11: FOR INFORMATION

Noted.

SECTION 12: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Jenny Black (Marlb)
Seconded: Brigid Forrest

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 27 August 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 – Wairau Surplus Land – APPROVED
- Decision – NZ Health Partnerships – APPROVED
- Decision – Mental Health Procurement – APPROVED
- Decision – Agreement Variations – APPROVED
- Decision – Pharmacy Agreement Signing - APPROVED
- CE’s Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.55pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 24 September 2019**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Public Forum	Update on investigate options for a Medlab collection point in Stoke	Lexie O'Shea	26 February 2019		Ongoing

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 16 October 2019
Subject: **Chair's Report**

<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none"><input type="checkbox"/> For decision<input checked="" type="checkbox"/> Update<input checked="" type="checkbox"/> Regular report<input type="checkbox"/> For information
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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: Gaylene Corlett, Board Secretary
Date: 16 October 2019
Subject: **Decision: 2020 Meeting Dates**

Status

This report contains:
 For decision
 Update
 Regular report
 For information

Attached as item 4.1 are the proposed dates for Board, Advisory Committee, and Audit & Risk meetings for 2020.

Gaylene Corlett
Board Secretary

RECOMMENDATION:

THAT THE BOARD ENDORSES THE MEETING DATES FOR 2020.

NMDHB 2020 Board Meeting Dates

S = Standard C = Closed

Date	2020 Meetings	Type		Location
28 Jan	Combined Workshop	S	9.30-12.30pm	Nelson
28 Jan	Board	S	1-4pm	Nelson
11 Feb	Audit & Risk	C	9.30-12.00pm	Nelson
25-Feb	Advisory Committee	S	9.30-12.30pm	Nelson
25-Feb	Board	S	1-4pm	Nelson
24 Mar	Advisory Committee	S	10.30-12.30pm	Blenheim
24 Mar	Board	S	1-4pm	Blenheim
28 Apr	Advisory Committee	S	10.30-12.30pm	Nelson
28 Apr	Board	S	1-4pm	Nelson
12 May	Audit & Risk	C	9.30-12.00pm	Nelson
26 May	Advisory Committee	S	10.30-12.30pm	Nelson
26 May	Board	S	1-4pm	Nelson
27 May	IHB Board to Board	C	10-3pm	TBC
23-Jun	HAC	S	10.30-12.30pm	Blenheim
23 Jun	Board	S	1-4pm	Blenheim
28 Jul	Advisory Committee	S	10.30-12.30pm	Nelson
28 Jul	Board	S	1-4pm	Nelson
11 Aug	Audit & Risk	C	9.30-12.00pm	Nelson
25 Aug	Advisory Committee	S	10.30-12.30pm	Nelson
25 Aug	Board	S	1-4pm	Nelson
22 Sep	Planning Workshop	S	10.30-12.30pm	Blenheim
22 Sep	Board	S	1-4pm	Blenheim
27 Oct	Advisory Committee	S	10.30-12.30pm	Nelson
27 Oct	Board	S	1-4pm	Nelson
28 Oct	IHB Board to Board	C	10-3pm	TBC
10 Nov	Audit & Risk	C	9.30-12.00pm	Nelson
25 Nov	Advisory Committee	S	10.30-12.30pm	Nelson
25 Nov	Board	S	1-4pm	Nelson

MEMO

To: Board Members
From: Cathy O'Malley, Models of Care Programme Sponsor
Date: 16 October 2019
Subject: **UPDATE: Models of Care Programme**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The purpose of this report is to provide an update on the Models of Care (MOC) programme, including the proposed investment programme and work programme for 2019.

Models of Care Programme

During September work continued to quantify the impact each programme benefit will have on the volume of demand and finances. Some impact measures are common to multiple projects, such as Emergency Department attendance, reduction in unnecessary hospital admission, workforce satisfaction, patient experience, and Did Not Attend rates.

The most relevant benefits for each initiative must be identified to avoid double-counting and ensuring that any monetary savings are able to be re-invested.

An equity lens is also required for fiscal and demand impacts as a decrease in demand and cost may not be the right approach for all patient groups, particularly Maori and vulnerable people.

The Clinical Working Group is keen to support changes that could be made now, such as increased use of virtual consultations and redesigning the outpatient model, rather than waiting for a new facility.

Fast Forward Fund

The Models of Care Programme Fast Forward Fund was established to fund pilot initiatives aimed at transforming health and healthcare provision for the people of Nelson Marlborough. Grants of up to \$5000 are available for those ideas that have the potential to positively affect healthcare outcomes if a small amount of money was available to trial them.

Since mid-September the Models of Care Programme team has received six applications for funding. The ideas include:

- A tikanga based wellness programme for Maori men currently in secondary mental health care and over 110kg to increase physical wellness and activity
- Mental Health training for Emergency Department staff to a) recognise mental illness; b) relate to those experiencing mental illness and distress; c) respond appropriately

- Supporting health professionals to have conversations with seriously ill people in a hospital setting about what they want when their lives may be limited using the 'Serious Illness Conversation Guide'
- A programme to provide education, support and treatment including psychological and medical interventions to former refugee patients.

A sub-group of the Clinical Working Group will review the applications, and the successful applicants will report results back to the Clinical Working Group. Some tests will be successful and go to plan; others will provide us with valuable lessons to inform changes. Either way, the Fast Forward Fund will reduce barriers to innovation and support people to work together to improve the health care outcomes for our communities.

Projects

Projects	Status	Key activities this month	Key activities next month
Health Care Home	On Track	Tranche 1 practices (Greenwood Health; The Doctors Motueka; Stoke Medical; Omaka Health and Civic) are celebrating the end of the year one HCH implementation; a 1 st Year in Reflection report is being compiled. Tranche 2a practices (Tahuna Medical; Mapua Health; Golden Bay and Springlands Health) are completing their first year implementation plans ready to start implementing. On boarding NBPH HCH practices to DataCraft to enable data collection and reporting has been completed.	Continued support for the implementation of the Strengthening Coordinated Care initiative. Planning for stakeholder meeting to co-design the locality based Interdisciplinary approach to coordinated care in Motueka. Support for the shared care plan system wide socialisation and implementation project.
Acute Demand: Medical Admissions & Planning Unit (MAPU)	On track	5 extra beds opened in MAPU to accommodate overflow for 7 nights.	Continue work to address the challenge of medical coverage for the MAPU.

Projects	Status	Key activities this month	Key activities next month
Contribution to the First 1,000 Days	On Track	Stakeholder meeting with the Health Promotion Agency about how the project aims fit with national level health promotion; Stakeholder meeting with South Island Plunket providers on their infant mental health service; Identified options for provision of Home Visiting Service including possible public health nurse to trial; Preparation for combined First 1000 Days and Strengthening Coordinated Care Hui.	Complete stocktake of services providing relationship interventions. Motueka Stakeholder session scheduled for 31/10/19 (joint session with Strengthening Coordinated Care project).
Strengthening Coordinated Care	On Track	Marlborough Stakeholder session held 18 September to commence locality pilot roll-out. SCC framework developed and agreed. The framework describes the interdisciplinary approach, and the tools required to deliver.	Progress actions from Stakeholder session, including recruitment of Interdisciplinary Team Coordinator. Motueka Stakeholder session scheduled for 31/10/19 (joint session with First 1000 days project).
Care Anywhere: Making Virtual Health Happen	On Track	Pilot evaluation report of patient and clinician use and experience of virtual health consultations. 100% of patients (n=8) rated their experience positively, and staff reported high satisfaction with the technical aspects of the consultations.	Establish steering group Recruit Telehealth Coordinator.
Workforce Development: People Powered Care	Delays	Project activities and resourcing to be agreed.	Agree preferred resourcing option. Convene project group.
On the Same Page: Shared Information Platform	In Progress	Project manager has started (part FTE) to focus on PCP trial and AP adoption. Several meetings and regional workshop attended. Orion Personalised Care Plan (PCP) made available to NMH HCS users as part of release 53.2.	Progression of AP communication / ED engagement. PCP approach and planning activities to be defined. Primary based resources in place to support PCS and AP adoption.
One Team: Transforming Timely Advice	In Progress	Initial project meeting held; plan to be developed.	Develop project plan.

Projects	Status	Key activities this month	Key activities next month
Towards Equity: Extension of Hauora Direct	On Track	Hauora Direct assessments completed at Kura Kaupapa in Richmond via community pop-up programme; Presentation to the DDG IT of MOH on Hauora Direct – Ministry has requested the IT rules for Hauora Direct to be sent to them. Work progresses on creating the electronic version of Hauora Direct.	Prepare for pilot of electronic version of Hauora Direct - Child electronic assessment to be piloted in late November / early December; Adult electronic assessment to be piloted in March 2020.

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	P	Planning underway as part of the three related workstreams being developed, which are: 1) Clinical Services Plan & Indicative Business Case refresh; 2) In-Hospital Models of Care; 3) Short Term Facility Requirements.
Planned Care	P	
Ambulatory Care / Outpatient Services	P	
Population Health Social Movement	P	Approach prepared; Stakeholders identified.
Clinical Engagement	P	Development work underway; Plan drafted.

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: 16 October 2019
Subject: Chief Executive's Report

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

Leadership and governance are two key pieces of any organisation. Leadership needs good governance if it is to flourish and succeed in its running of the business. Governance provides counsel and critique, oversight and support, and ensures leadership is accountable to deliver according to strategy and plans. Congratulations to those who have been elected as Board members for the next three years. Your good governance of our health system will be crucial. I am personally very pleased to see a number of experienced Board members returning for another term. Your experience in governance will be hugely valuable in helping support the delivery of healthcare for our community.

I enjoyed catching up recently with one of our clinical leads. We talked about how to promote engagement and enthusiasm amongst our staff when the demands of clinical care seem incessant, resources are constrained, and people are feeling fatigued. Her view was that people will keep engaged and energised if they feel like they are part of a team and are valued for their contribution. As an organisation we need to find lots of ways to help our staff feel part of the vision of delivering quality care for our community, of helping them to feel connected to others, and knowing that the things they do every day make a difference and are hugely appreciated.

2. PRIMARY & COMMUNITY

- Service utilisation of home and community support services by Māori has increased 74% since October 2017.
- There are currently no confirmed cases of measles in Nelson Marlborough. Sixteen notifications were received in September, however all have been found not to be measles. A media release in conjunction with both PHOs was released reiterating those who suspect they may have measles to call ahead to their GP practice, as we see many still turning up rather than calling. As MMR vaccine stocks in NZ are currently limited due to high demand from managing outbreaks, the priorities set by the Ministry of Health to areas outside of Auckland is to ensure the childhood immunisation schedule is maintained.
- The initiatives to reduce oral health arrears are having a major impact with arrears across the service dropping from 23% to 19%. The spread of arrears at the oral health hubs has also reduced from 14% difference between the hubs with the highest and lowest arrears to just 7%.
- Six monthly fluoride applications have been implemented for children who have not had x-rays and their status will be High Risk until shown to be otherwise.
- There is availability at all levels of aged residential care across the region, except for dementia level care in Motueka. September has seen an increase in service utilisation overall, with eight additional residents in situ at the end of the month, compared to August.

- Home and Community Support Services operational meeting held this month, with a focus on service provision in rural localities, further implementation of the intensive intervention service utilising the Calderdale framework, and preparation for upcoming public holidays. The new dementia day programme contract is in place with Flaxmore Lifecare to provide services in Nelson and Richmond to more complex clients in a secure environment.
- Nelson Marlborough Health welcomed Pathways to the region on 2 October. Pathways is the successful respondent to Nelson Marlborough Health's RFP for Integrated and Responsive Recovery Support Services. We will be working with Pathways, existing providers and our clinical teams to ensure a smooth transition for when Pathways commences service on 1 February in our region.
- The Ministry of Health released a Request for Proposals in September for Integrated Primary Mental Health and Addiction Services. We have commenced work with the local PHOs and NGOs in order to submit a collaborative response from our DHB area.
- A total of 60 referrals were received by the Stop Smoking Service in September with Blenheim receiving 21 and Nelson/Tasman receiving 39 (2 Pēpi First). The Smokefree Team are actively strengthening networks through more regular engagement with Maternity, Social Work, Ophthalmology and Mental Health & Addictions. These relationships are fundamental with clients becoming increasingly complex, alongside increased awareness of the service improving referral pathways.
- We continue to work closely with primary care to ensure those women who are identified as high need, eg Maori, Asian or Pacific, are still engaging with general practice to obtain their cervical smears in a timely manner. Activities include:
 - Providing data matching to general practices on a regular basis to assist them with their recall processes
 - Practice visits by the Programme Support team to assist with interpreting the data match reports
 - Supporting practices to be innovative in their approach to cervical screening e.g. evening clinics in practices.

The new kaiatawhai/health Liaison worker has been out and about making connections with Te Awhina marae, Victory community, LMCs in Motueka, and is currently doing practice visits with the Nelson Bays kaiatawhai. Practices are being encouraged to refer all women not engaging with general practice to the new outreach smear taker service.

Patient Story

Carolyn is a 59 year old patient under the care of the District Nurses. Her primary diagnosis is breast cancer and she now has extensive metastatic disease, with open tumours. These are advancing and have become difficult and painful to manage. The District Nurse team has worked closely with her and her husband to problem solve and develop a wound care regime that was adequate and enabled her to have some quality of life.

Written by Husband:

Carolyn has been under the care of Nelson district health for a number of years and has a very good support team who have helped her to cope as her illness has evolved. Just recently the nursing staff changed the bandaging system to a much better way as to make it easier for me to still dress Carolyn's tumours 3 times a week. It is this level of care and concern that the nurses have shown over the years that has made things a lot easier to deal with and enable her and her husband to be able to carry on as much normality as we can.

*We both express our gratitude for the time, care, patience, and understanding that has made this difficult time so much easier to deal with.
Thank you for helping and caring.*

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

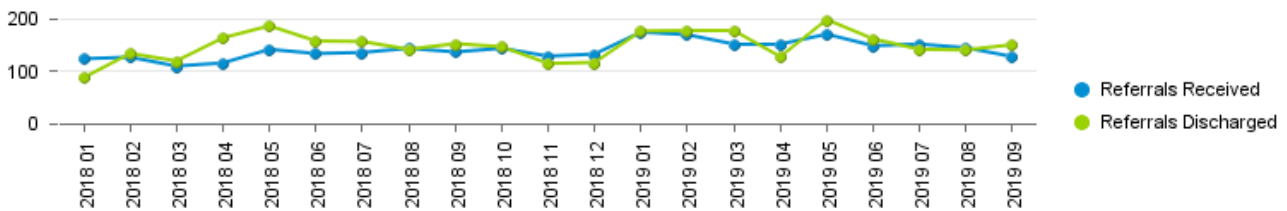
- Our services have experienced high demand this month, particularly in Adult Inpatients, Addictions and CAMHS.
- Regular communications have been occurring with Pathways to progress transition arrangements for their contract to begin on 1 February 2020. These plans are progressing well with Pathways coming to Nelson and Blenheim during October to meet with potential staff, whanau and services to answer questions and begin recruitment and service establishment.
- An initial meeting with both PHOs has been held to understand the progress being made with the establishment of the Wellbeing practitioner roles. This was a positive meeting with good discussion, agreement and understanding of the roles.
- The service welcomed our new psychiatrist to the CAT team. This is the first time this team has had a dedicated medical support which we trust will make a huge difference to the management of people in contact with CAT, as well as strengthening the support for the team generally.
- We still have four vacancies in our teams. Two positions have been filled, with new staff due to be in position early next year. This unfortunately means we are heavily reliant on medical locums to give service coverage. The remaining vacancies are in Wāhi Oranga, and the Marlborough team.

3.2 Addictions Service

District-wide Referrals

Referrals Received and Discharged

Addictions as at: 01/10/2019

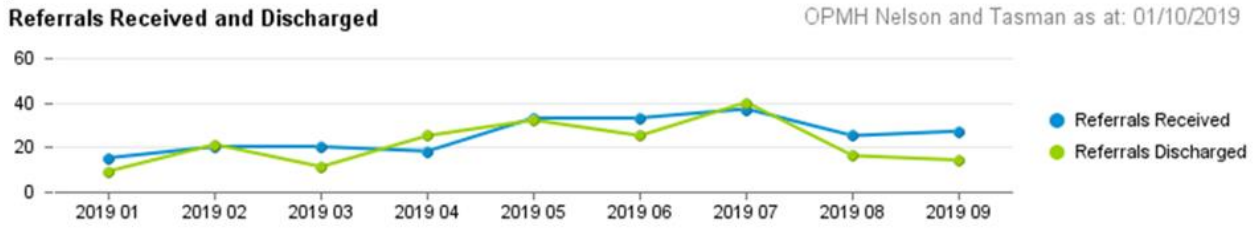


3.3 Older Persons Community

Alexandra Hospital

	July	August	September
Bed Occupancy	102%	75%	74%
Admissions	9	4	9
Discharges	11	5	8
# Waiting for D6 Beds (dementia)	1	0	0

Older Persons Mental Health Nelson and Tasman (Referrals)

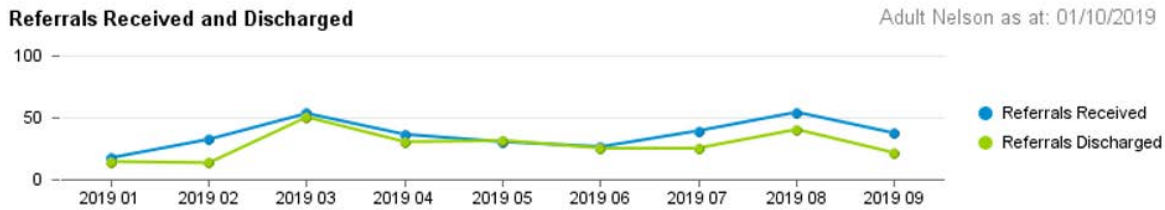


Older Persons Mental Health Wairau (Referrals)

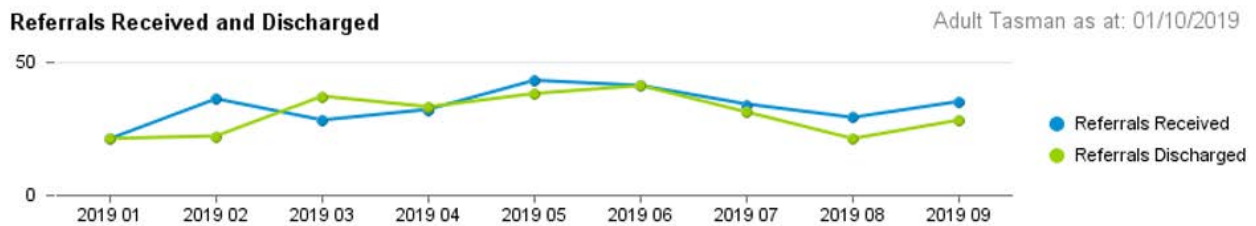


3.4 Community Teams

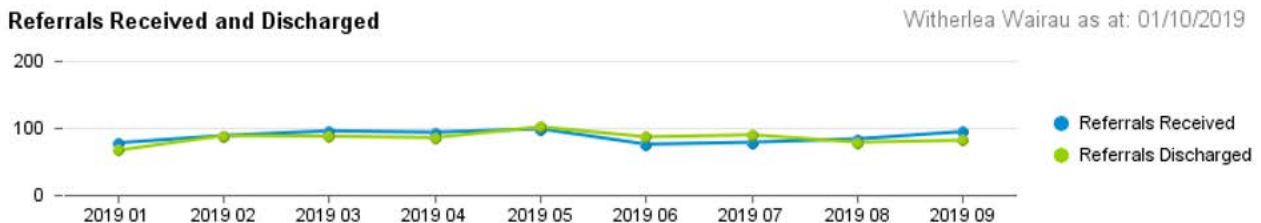
Adult Mental Health Nelson



Adult Mental Health Tasman



Marlborough Adult Mental Health



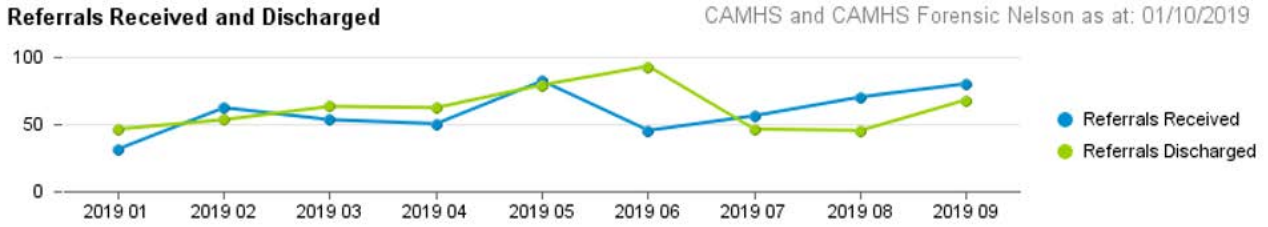
Service Improvement:

- Agreement with Wairau ED to work jointly on Client Journey mapping.
- Methamphetamine use by crisis presentations and current clients is a significant cause for concern.
- Equally Well project is progressing well, with all GPs onboard.
- The Witherlea team continue to benefit from the Mental Health Pharmacist’s consults on system (impress) improvements, regular reviews of long-term clients

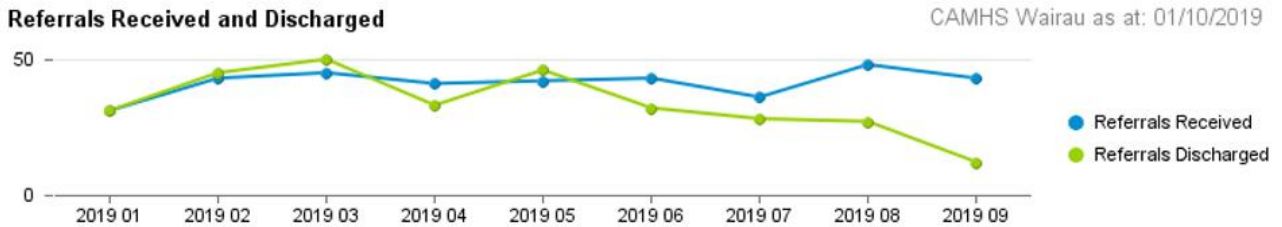
medication (via the Equally Well project), contribution to occasional MDTs, and having regular video-link consults with the doctors.

3.5 Child and Adolescent Mental Health Service (CAMHS)

Nelson

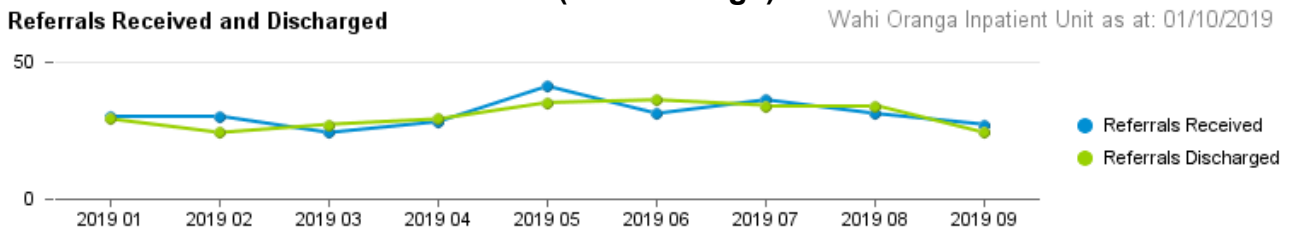


Wairau



- The psychology strike is ongoing with minimal impact on service delivery.

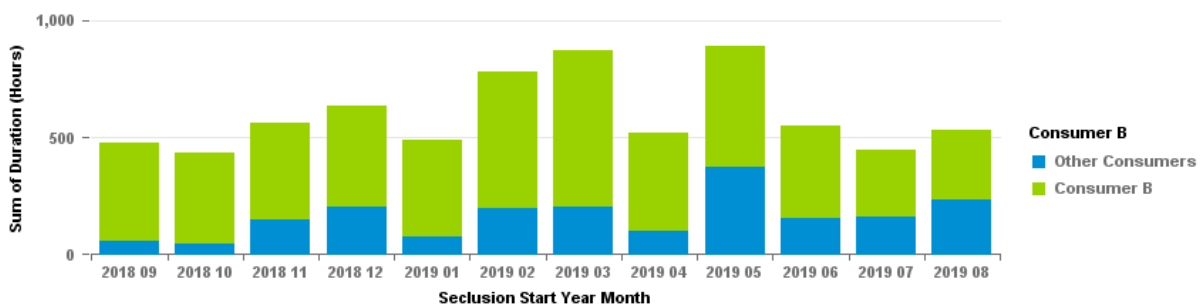
3.6 Mental Health Admissions Unit (Wahi Oranga)



Seclusion

	2018 09	2018 10	2018 11	2018 12	2019 01	2019 02	2019 03	2019 04	2019 05	2019 06	2019 07	2019 08
Seclusion Hours	478	437	564	636	487	779	871	518	888	551	445	534
Seclusion Events	38	39	45	46	33	26	26	36	39	42	40	45
Number of Patients Secluded	7	5	6	9	7	10	6	5	9	8	8	6
Average Hours per Seclusion Event	13	11	13	14	15	30	34	14	23	13	11	12
Average Hours per Consumer	68	87	94	71	70	78	145	104	99	69	56	89

Seclusion Hours by Month



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

3.7 Disability Support Services

- New leases were signed this month for a client currently in Wāhi Oranga with complex needs, another to support the growth of child respite, and to support a group of our clients to enter into a Supported Living Arrangement. We will work closely with them and their families to transition them into this new arrangement.

Disability Support Services (DSS)		Current August 2019				YTD August 2019	Current September 2019				YTD September 2019		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	163	19		182		162	19		181			
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		2	2		4		1	2		3			
	Residential contracts - Actual at month end	175	22	8	205		173	22	8	203			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	175	22	8	205	increase 2	173	22	8	203	decrease 2		
	Respite service users - Actual at month end	4	2		6	redn 1	4	3		7	increase 1		
	Child Respite service users - Actual at month end	34			34	increase 1	34			34			
	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	213	24	8	245	increase 2	211	25	8	244	decrease 1		
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
Occupancy Statistics		Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds Service wide	Count of ALL bedrooms	230		222		8		230		222		8	
	Total available bed days	7,130	14,260	6,882	13,764	248	496	6,900	21,160	6,660	20,424	240	736
Total Occupied Bed days	Actual for full month - includes respite	6,521.5	12,968.5	6,382.0	12,683	139.5	285.5	6,268.5	19,237.0	6,122	18,805	146.5	432
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	91.5%	90.9%	92.7%	92.1%	56.3%	57.6%	90.8%	90.9%	91.9%	92.1%	61.0%	58.7%
		Last month	Current month	Variance				Last month	Current month	Variance			
Total number of people supported		243	245	2				245	244	- 1			
Referrals	Total long term residential referrals	7	8					8	17				
Referrals - Child Respite	Child Respite referrals	5	6					6	6				
	Adult Respite referrals	3	3					3	3				
	New Referrals in the month	4	3					3	8				
Of above total referrals	Transitioning to service	1	-					-	-				
	On Waiting List	14	17					17	26				
Vacant Beds at End of month		17	14					14	14				
	Less people transitioning to service	1	-					-	-				
	Vacant Beds	16	14					14	14				

4. NURSING & MIDWIFERY

- The Māori Nurse’s Council sponsored Professional Day was held recently. The President of Māori Nursing Council was very complementary of the work being done in NMH in relation to pipeline, succession and growing our own Māori nurses.

5. INFORMATION TECHNOLOGY

- Email security has been further enhanced with the successful Mimecast software rollout from last month, and further bedding in of the solution has meant that we have increased visibility of threats as well as increasingly being in a position where we can ensure the safe emailing of sensitive information through knowing that this is being done over an encrypted channel.
- The recent news around the Tū Ora Compass Health information breach gave rise to NMH being requested to provide in-depth security information to the Ministry. Our status through this process is fully compliant and up to date.
- The eRadiology ordering and signoff project has gone live, with a low key rollout department by department to minimise disruption. The Titanium upgrade project is completed, with a handover back to business as usual. eTriage now has an estimated 86% of referral centre volume managed with eTriage, and has the highest percentage of services live among the SI DHBs.
- The virtual health proof of concepts have been successful, and are now evolving into a wider reaching workstream based on recommendations from the evaluation, and under the MoC umbrella. NMH are leading coordination of International Telehealth Managers meeting on a quarterly basis with interest from NZ, Australia, Canada and Scotland.
- The Hauora Direct online form development is underway, with the first form scheduled for November. This is being developed on our new Cloud platform, called Azure, available to us now with the new Microsoft Licencing, and also represents our first steps into our own cloud. The online capex form is also ready to go, with final testing underway and a planned soft launch in late October.

Project Status

Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
Shifts	A mobile app utilising Microsoft Teams which allows managers to create, update, and manage shift schedules	Pilot in Wairau with RMOs starting Nov. Within scope of this pilot is all activities related to the management of shifts including view shifts online, shift swap, sick leave notification, and shift replacement. Training has been completed for all Team Leaders and booked for RMO’s on 30 th October. Note this does not integrate with Actor at this stage.	Feb 2020		●

Name	Description	Status	Original Due date	Revised due date	
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. Moving now towards a wider project based on recommendations from the pilot evaluation. NMH leading coordination of International Telehealth Managers meeting on a quarterly basis with interest from NZ, Australia, Canada and Scotland.	n/a		●
Digital transfer of medications on discharge	Digitally transfer medications on discharge to a care facility in a clinically safe environment.	A regional Agile Kickstart workshop with SDHB, CDHB, NMH, Orion, MediMap, and Datacom has been held to explore the viability of this solution. Results of the workshop are positive, further DHB only consultation in progress.	n/a		
eTriage	Electronic triage of referrals delivered via ERMS	Tranche 3 – all medicine – live on 14/8 and 2/9 (Cardiology). Now an estimated 86% of referrals centre volume managed with eTriage. Next tranche to go live mid October including the rest of core allied health and dermatology taking us to 94% of referral volume (estimated at 47k presenting referrals per year). On track to complete original project scope by 12/2019.	May 19	Dec 19	●
eRadiology	Regional project for online ordering and sign-off for Radiology tests and results.	eOrdering and eSignoff has successfully been deployed for NMH. To ensure minimal disruption, the roll out to clinicians will be gradual and phased by department. A number of process changes will be required to fully support the new way of working.	Mar 18	Live / rolling out	●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Nelson roll out has gone well with 8 Adult wards now live. 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.	●

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.	Testing Phase – round 1 commenced. Preliminary integration (demographics only) implemented. Resource constraints at CDHB ISG are placing some project dates at risk – this has been escalated to the SI Alliance Programme Office.	Dev 19	Mar 20	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	A performance fix will be delivered during October. Testing and training planning is underway for the upcoming functionality release 19.2 in November. Capture of current Theatre system use is underway.	Release 19.2: Nov 19		●

6. CLINICAL SERVICES

6.1 Health Targets

Year to date, as at the end of September 2019, 1,628 surgical discharges were completed against a plan of 1,626 (100.1%). This is over plan by 2 discharges.

Year to date at end of September 2019, 1,191 minor procedures were completed against a plan of 1,206 (98.7%). This is under plan by 15 minor procedures.

Year to date as at September 2019 NMDHB has delivered 6,018 caseweight discharges (CWDs) against a plan of 5,400 (111%).

Elective CWD delivery was 558 against a plan of 608 (92%) for September. Acute CWD delivery was 1,399 against a plan of 1,048 (133%) for September.

Year to date delivery to end of September for orthopaedic interventions was 130 joints against a plan of 138, under plan by 8.

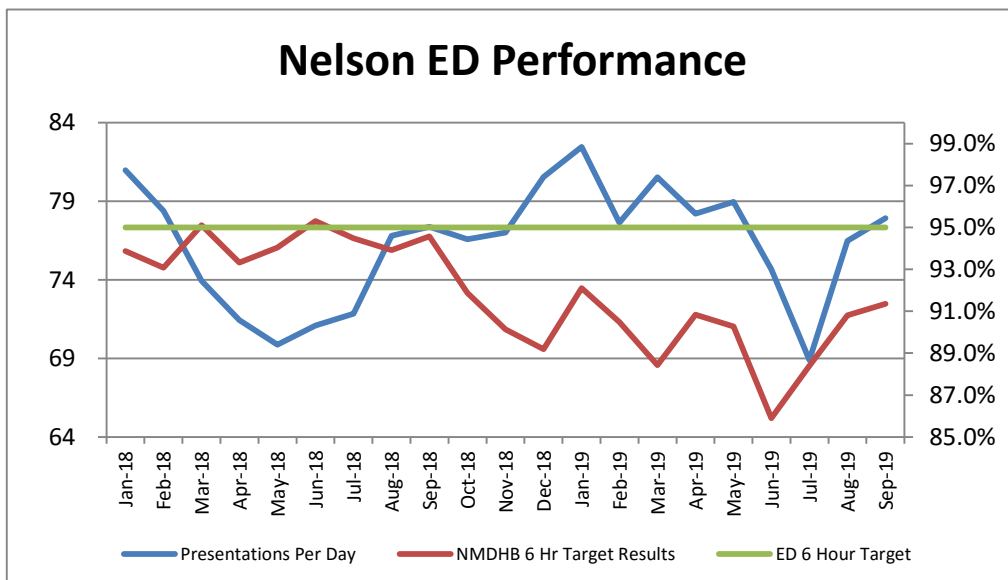
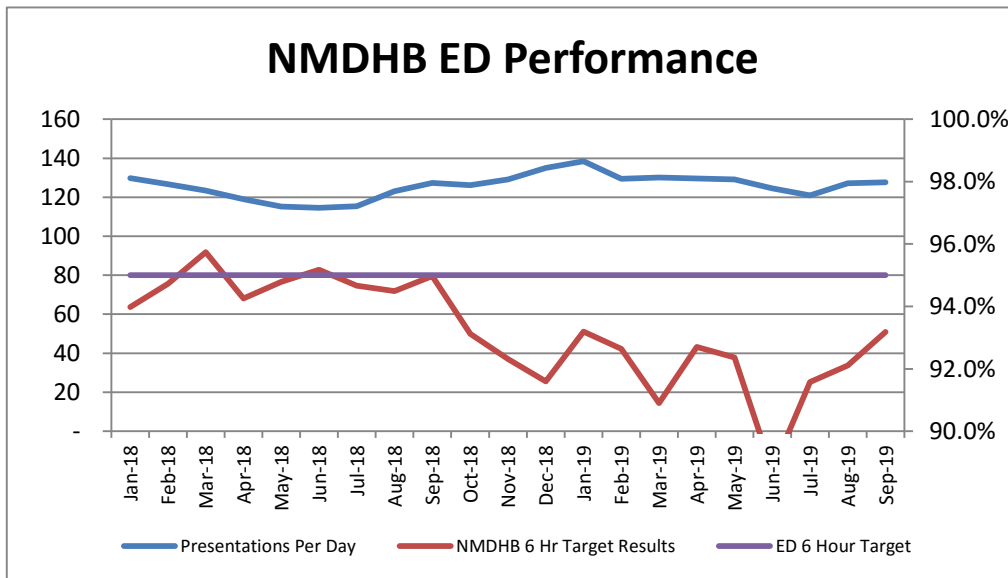
Year to date delivery to end of September for cataracts was 143 against a plan of 141, over plan by 2.

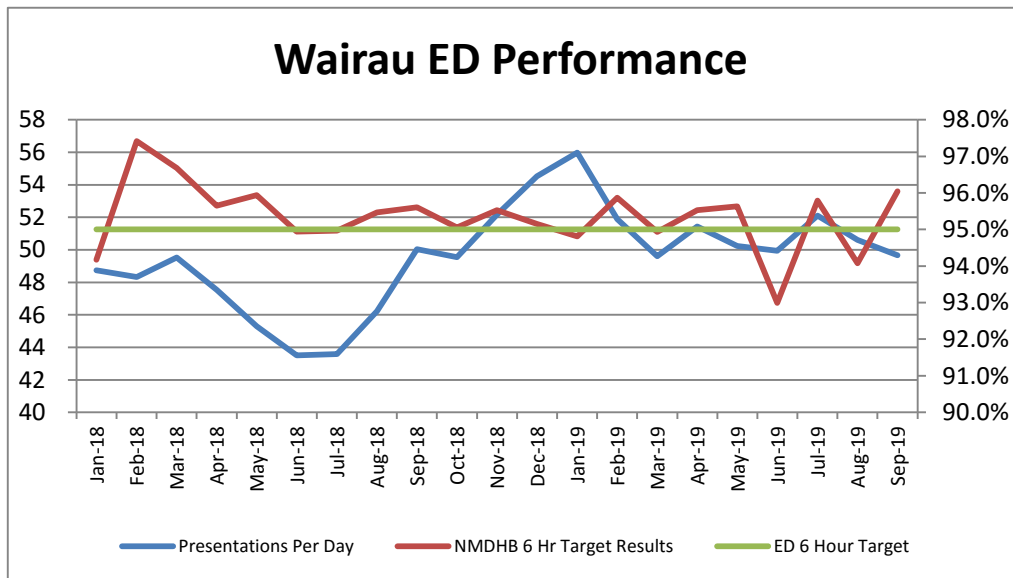
6.2 Elective / Acute Arranged Services

- ESPI 2 was Red for the month of September with 63 patients not being seen within 120 days of referral acceptance. This is continuing to decrease from 124 patients in August.
- ESPI 5 was Yellow (compliant) for the month of September with 11 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.
- The following specialties require compliance for FSA:
 - Orthopaedics by April 2019 – achieved
 - Ophthalmology by June 2019 – not yet achieved
 - General Medicine by June 2019 – achieved in August
 - Gynaecology by July 2019 – not achieved

- ENT by August 2019 – achieved in August, not in September
 - Gastroenterology by August 2019 – achieved in September
 - General Surgery and Vascular by August 2019 – not achieved
 - Neurology and all services by October 2019.
- The following specialties require compliance for surgical treatment:
 - Ophthalmology by May 2019 – achieved in May, June and September
 - ENT by June 2019 – achieved in June, August and September
 - Orthopaedics by August 2019 – not yet achieved
 - General Surgery and Gynaecology by September 2019 – not yet achieved.

6.3 Shorter Stays in Emergency Department





Length of stay target for past 3 months

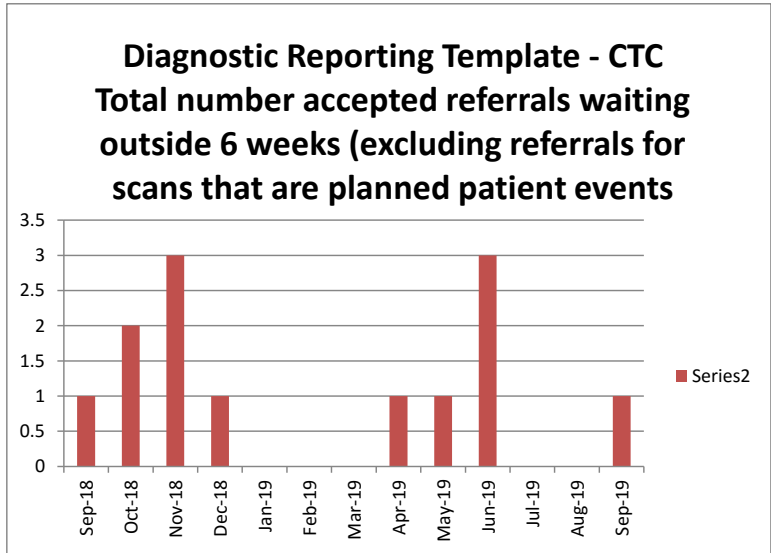
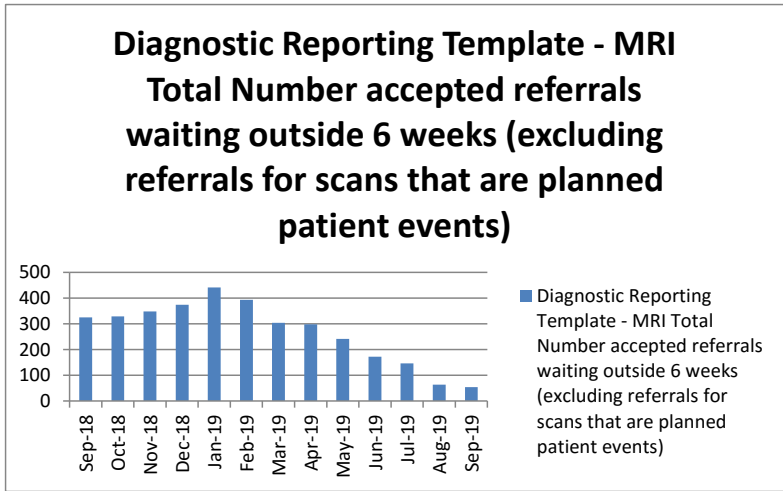
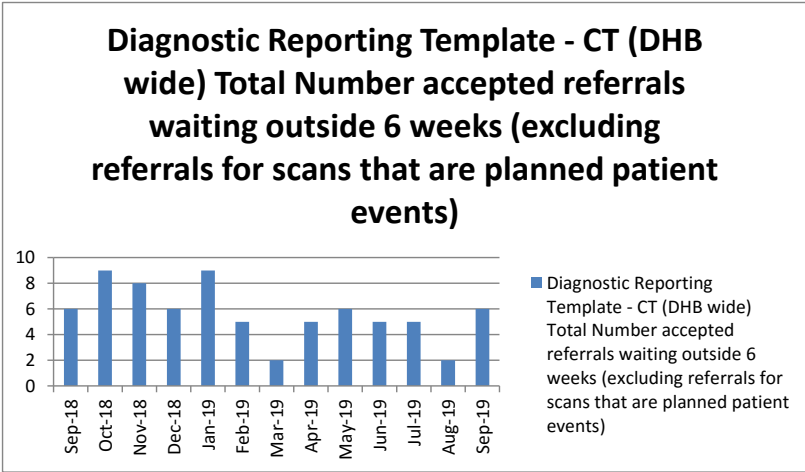
	July 2019		August 2019		September 2019	
	Total	<6hrs	Total	<6hrs	Total	<6hrs
Nelson	2,136	1,888 88.4%	2,371	2,153 92%	2,338	2,136 91.4%
Wairau	1,615	1,547 95.8%	1,569	1,476 94%	1,490	1,431 96%

Occupancy Nelson and Wairau Hospitals

Hospital Occupancy Aug 19-Sept15	Adult in patient	Hospital total inc paed & Maternity
Nelson	92%	83%
Wairau	82%	74%

6.4 Enhanced Access to Diagnostics

- MRI numbers are 174 patients scanned in Nelson, and 84 scanned in Wairau (a total of 258 for September).
- MOH MRI target shows 97% of referrals accepted are scanned within 42 days (target is 90%). Overall waitlist for MRI is 678, however of those 480 are planned scans that are scheduled over the next three to four years.
- MOH CT target shows 87% of referrals accepted are scanned within 42 days (target is 95%).
- Overall waitlist for CT is 465, however of those 324 are planned scans that are scheduled over the next two to three years.
- All modalities have been impacted by industrial action from MITs on 30 September with ongoing strike days planned throughout October and November.



6.5 Improving Waiting Times – Colonoscopy

At the end of September, there were 229 overdue colonoscopies, up from 223 at the end of August. Increased colonoscopy sessions have been taking place whilst we reduce the backlog of colonoscopies. Outsourcing of colonoscopies to Manuka Street Hospital has begun as the end of September to assist in further reducing the overdue colonoscopies.

6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - September 2019 Reporting Month: Aug 2019 - Quarter 1 - 2019-2020
As at 26/09/2019

62 Day Indicator Records

TARGET SUMMARY (90%)	Completed Records													
	Sep 19 (in progress)		Aug-19		Jul-19		Quarter 1 (in progress)		Quarter 4		Quarter 1 (2018-2019)		Rolling 12 Months Sep 18-Aug 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
	89%	11%	82%	18%	96%	4%	89%	11%	95%	5%	89%	11%	91%	9%
Number of Records	16	2	23	5	23	1	62	8	70	4	66	8	273	28
Total Number of Records	18		28		24		70		74		74		301	

Numbers Including all Delay Codes	80%	20%	70%	30%	77%	23%	75%	25%	80%	20%	73%	27%	77%	23%
Number of Records	16	4	23	10	23	7	62	21	70	17	66	24	273	82
Total Number of Records	20		33		30		83		87		90		355	

90% of patients had their 1st treatment within: # days	74	102	94	94	75	85	87
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62 Day Delay Code Break Down	Sep 19 (in progress)	Aug-19	Jul-19	Quarter 1 (in progress)	Quarter 4	Quarter 1 (2018-2019)	Rolling 12 Months Sep 18-Aug 19
01 - Patient Reason (chosen to delay)	0	0	2	2	11	11	45
02 - Clinical Cons. (co-morbidities)	2	5	4	8	4	8	28
03 - Capacity Constraints	2	5	1	83	87	90	355

TUMOUR STREAM	Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records
Rolling 12 Months (Sep 18-Aug 19)											
Brain/CNS	100%	3	0%	0	0%	0	0%	0	0%	0	3
Breast	100%	68	0%	0	3%	2	3%	2	6%	4	72
Gynaecological	100%	12	0%	0	8%	1	0%	0	8%	1	13
Haematological	90%	18	8%	2	17%	4	0%	0	25%	6	24
Head & Neck	75%	9	15%	3	35%	7	5%	1	55%	11	20
Lower Gastrointestinal	78%	38	18%	11	20%	12	0%	0	38%	23	61
Lung	86%	30	11%	5	22%	10	2%	1	35%	16	46
Other	100%	2	0%	0	43%	3	29%	2	71%	5	7
Sarcoma	100%	2	0%	0	33%	1	0%	0	33%	1	3
Skin	98%	53	2%	1	3%	2	3%	2	9%	5	58
Upper Gastrointestinal	85%	11	14%	2	7%	1	0%	0	21%	3	14
Urological	87%	27	12%	4	6%	2	3%	1	21%	7	34
Grand Total	91%	273	8%	28	13%	45	3%	9	23%	82	355

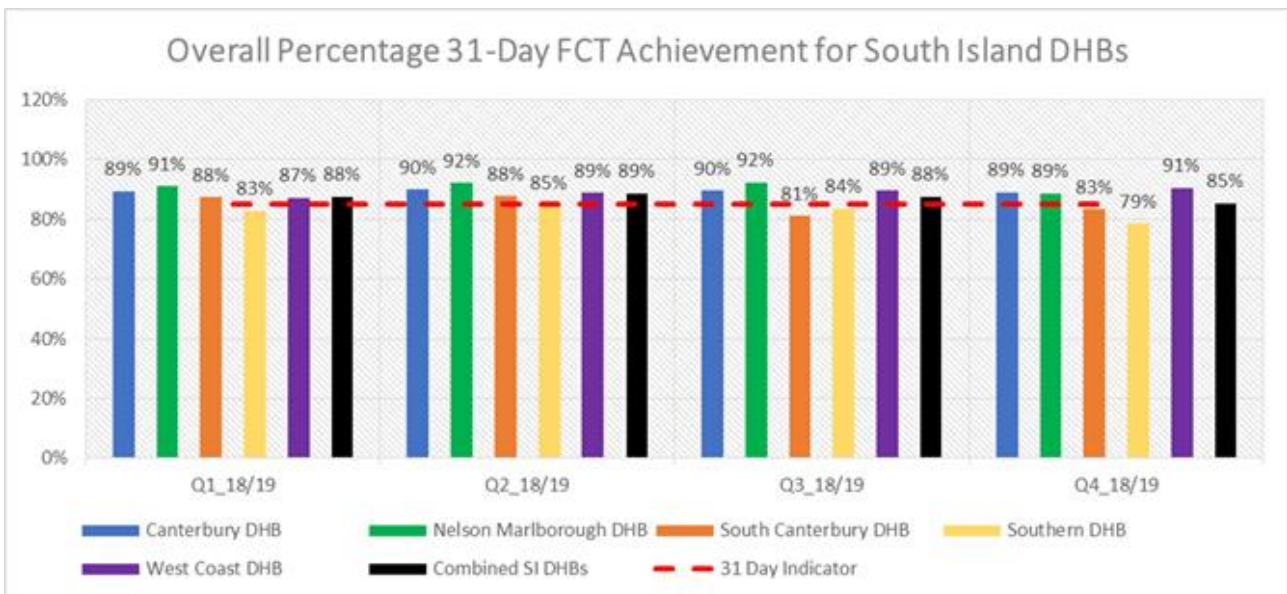
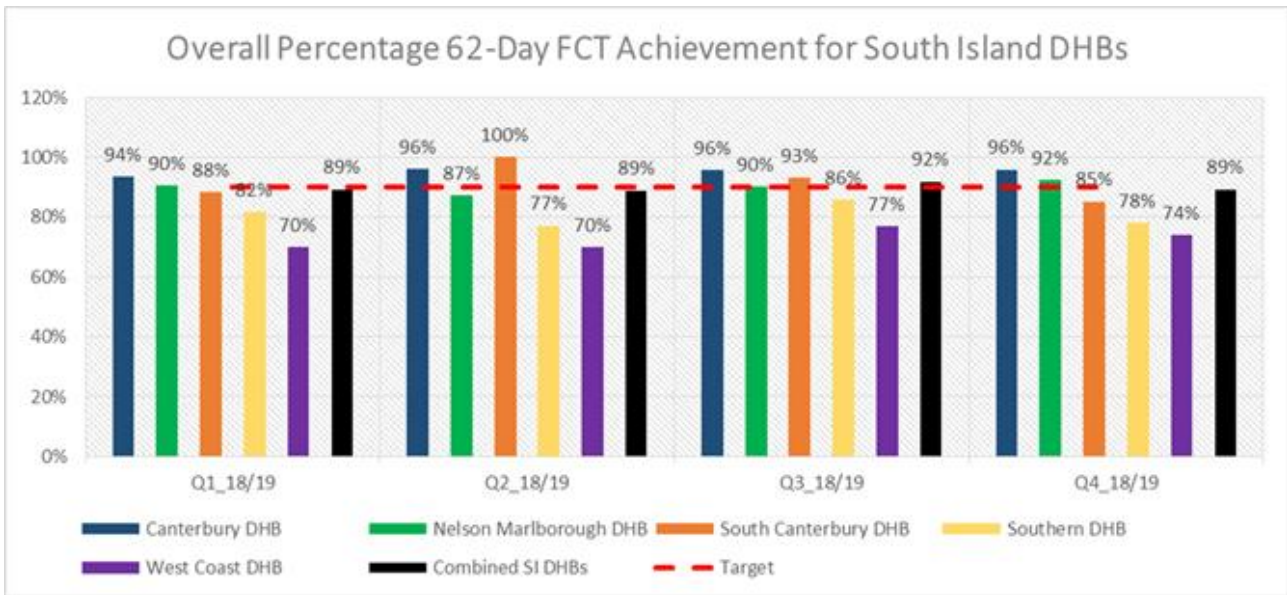
Southern Cancer Network Programme Status Report

Overall Programme Status					
	Good progress against project plan and budget. No major issues outstanding	Previous status	Current Status		
	Issues exist. Programme may run off schedule or over budget but being managed				
	Issues exist. Programme is off critical path and/or materially over budget. Benefits will not be realised				
	Item/Project complete				
	Not started or due to start				
→ Workstream	Key Activity	Quarter	Previous status	Current status	
62-Day-FCT-Health-Target*					
*90% of patients referred in with a high suspicion of cancer and triaged as urgent must receive their first definitive cancer treatment within 62 days of the date of receipt of referral.	South Island Overall Status	Q3-18/19			
	Canterbury DHB	Q3-18/19			
	Nelson Marlborough DHB	Q3-18/19			
	South Canterbury DHB	Q3-18/19			
	Southern DHB	Q3-18/19			
	West Coast DHB	Q3-18/19			
31-Day-FCT-Indicator^					
^85% of all patients with a new cancer diagnosis should receive their first definitive cancer treatment within 31 days of the date of decision to treat.	South Island Overall Status	Q3-18/19			
	Canterbury DHB	Q3-18/19			
	Nelson Marlborough DHB	Q3-18/19			
	South Canterbury DHB	Q3-18/19			
	Southern DHB	Q3-18/19			
	West Coast DHB	Q3-18/19			

Report on performance for Q1 2019/2020

Please note that data for Q1 2019/2020 is not yet available from the Ministry, so this report is based on Q4 2018/2019 data.

- Overall, the South Island did not achieve the 62 day FCT target. Combined 62 day performance across all SI DHBs was 89% (against a target of 90%). Canterbury DHB and Nelson Marlborough DHB individually achieved the target, whereas South Canterbury DHB, Southern DHB and West Coast DHB did not.
- Overall, the South Island achieved the 31 day FCT indicator. Combined 31 day performance across all SI DHBs was 85% (against a target of 85%). Canterbury DHB, Nelson Marlborough DHB and West Coast DHB individually met the target, whereas Southern DHB and South Canterbury DHB did not.
- West Coast DHB has low numbers of records for FCT, reflecting the relatively small population, and this contributes to greater variability in calculated FCT performance on a percentage basis.



7. MĀORI HEALTH

7.1 Hauora Direct

The drive to create an electronic version of the Hauora Direct assessment tool is the top priority for the Māori Health & Vulnerable Populations team. The electronic version of Hauora Direct will be housed in Health Connect South (HCS), allowing access by multiple users within the health sector. It will also have e-Referrals which means that whanau will be quickly connected with health and support services that they may need. The electronic version of the tool will also have mirroring capabilities which will enable the user to see when a specific health priority was last addressed, and when it might need to be addressed. It is expected that the tamariki version of Hauora Direct will be piloted in its electronic form in late November of this year. The adult version will be piloted in March 2020.

7.2 Hapū Wānanga

Our latest Hapū Wānanga was held in Nelson at the Victory Community Centre. The newly appointed Portfolio Manager for Child & Maternal Health for Te Waka Hauora has taken over the lead of the Hapū Wānanga.

Eleven hapū wānanga have been held to date (4 in Wairau, 4 in Whakatū, and 3 in Motueka).

Just over 80% of Wānanga participants have identified themselves as Māori, and close to 85 whanau have been through the programme. It is expected that by the end of the year over 100 whanau will have completed the Hapū Wānanga programme. The programme has dramatically improved local Māori uptake in pregnancy and parental programmes.

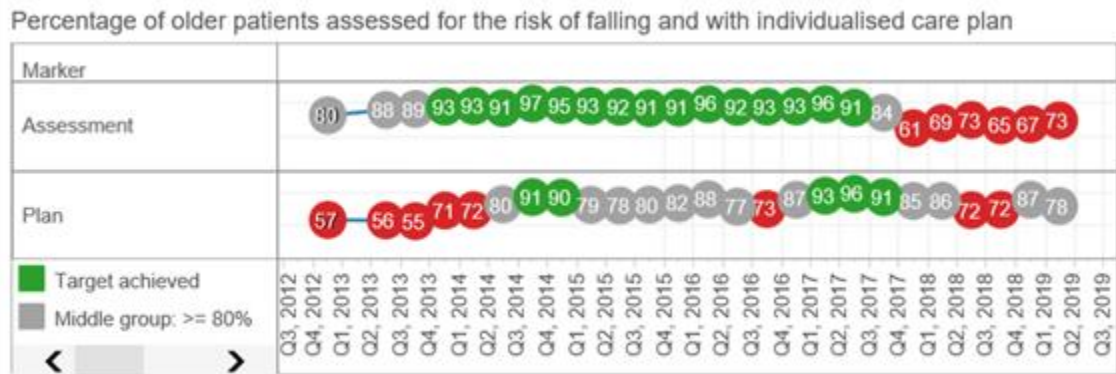
7.3 Wānanga Hapūtanga

The GM Māori Health & Vulnerable Populations is convening a South Island wide workshop or wānanga of Kaupapa Māori pregnancy and parenting programmes within the South Island. On 5 November representatives of the Māori health teams and Māori providers from across the South Island will meet to gain an understanding of Hapū Wānanga, Tuhonu and Whanau Mai programmes. The wānanga will seek to support the establishment of Kaupapa Māori pregnancy and parenting programmes across all South Island DHBs.

8. CLINICAL GOVERNANCE

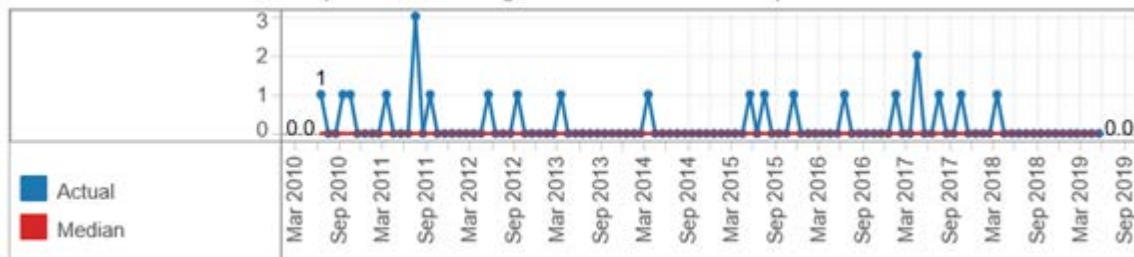
8.1 Quality Safety Marker (QSM) Data

The Quality Safety Marker (QSM) data for April–June 2019 quarter is now reported by HQSC. The percentage of older patients assessed for the risk of falling, and with an individualised care plan, is an area where these process markers consistently under perform.



Work in this space has been re-invigorated with a new Chair of the organisation falls group, and outcome measures show no actual falls with fractures.

Run chart: Number of in hospital falls causing fracture neck of femur per month



Hand hygiene compliance has fallen below the target of 80% (NMH performance = 79%), and can be viewed as within normal variance for the quarter.

Percentage of opportunities for hand hygiene taken



8.2 Safe Surgery

It is pleasing to note that we are now once again contributing to the safe surgery audit data set, with largely good compliance. However, there is still work to be done in the sign out engagement scores.

Observations: number of observational audits carried out (target 50 per 3 months)

	Sign in	Time out	Sign out
Observed	52	56	60

Uptake: count and percentage of observed operations where checklist was completed (target 100%)

	Sign in	Time out	Sign out
Numerator	52	55	58
Uptake Rate	100%	98%	97%

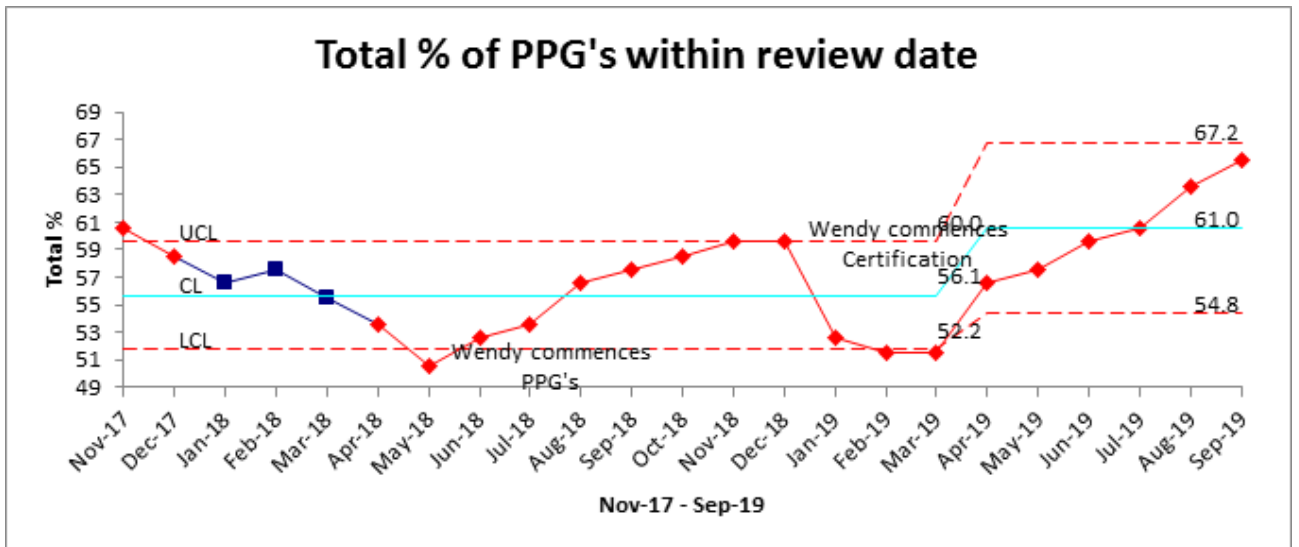
Engagement: percentage of observed stages with scores of 5, 6 or 7 (target 95%)

	Sign in engage	Time out engage	Sign out engage
Engagement	100%	98%	74%



8.3 Policies, Procedures and Guidelines

For September we have 66% compliance with Policies, Procedures and Guidelines (PPGs) which represents our highest compliance since accurate recording began in November 2017.



8.4 Service User Complaints

We received 39 new complaints in September compared to 21 the previous month. Thirty-nine complaints were closed, and 56 complaints remain open and active.

8.5 Service User Compliments

We received 29 compliments in September, with the majority for the Day Stay Unit. Other areas included ED, Endoscopy, ICU/CCU, Ward 10 and Ward 9.

8.6 HDC Complaints

We received two new HDC complaints in September. We have a total of nine HDC complaints open, with two complaints awaiting a decision from HDC.

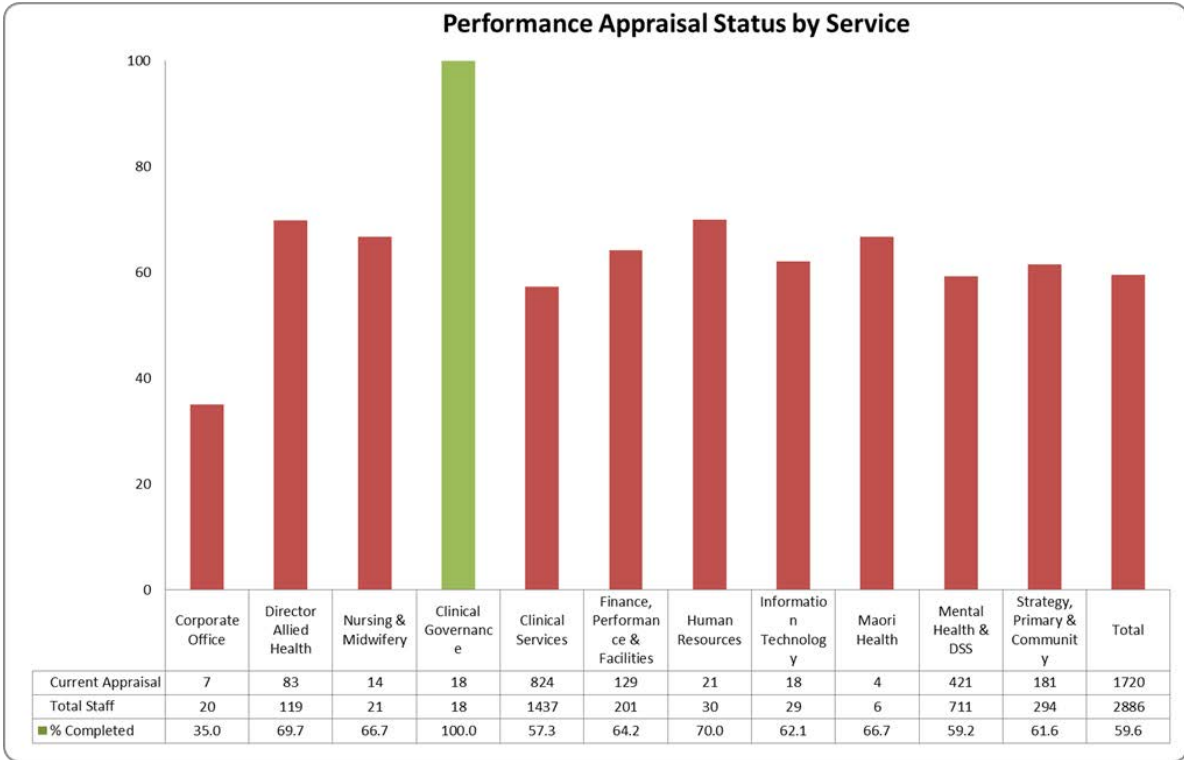
8.7 Official Information (OIA) Requests

During September 15 OIAs were received, with nine extensions of time requested. All were completed within the legislated timeframe.

9. PERFORMANCE APPRAISALS

To date we are at 59.6% of staff with a current appraisal (an improvement from 57.3% last month).





Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 16 October 2019
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met in Nelson on Monday 14 October 2019.

The Council were pleased to receive an overview of the results of the Virtual Health pilots in Murchison and Golden Bay from the Models of Care team. The positive experiences of consumers strengthens the Council's support for the increase in virtual health interactions (in appropriate applications).

Two Models of Care workstreams, Strengthening Co-ordinated Care and the IT Enabler Group, have requested consumer representation. The Consumer Council has also been asked by the steering group of The Choosing Wisely programme to provide consumer representation.

The Clinical Governance Committee had asked for the Consumer Council's guidance on the use of email to communicate patient information to clinicians external to the DHB. In particular, they requested direction on whether patient consent should be sought before email is used as a communication method between DHB and external clinicians. The Council recommends that all patients are asked for their informed consent in writing so that information can be shared via any method (phone, email, video conference etc.) between different health care providers. It is recommended that this permission should be in the form of a 'blanket' consent which would apply to all information sharing in relation to any current or future treatment or care requirements relating to the patient. The Council recommends that there is an option for consumers to "opt out" of this sharing of information. Should patients choose to "opt out" they must be informed of the consequences of such a decision. It is recommended that patients should be able to choose to opt in or out at any time.

A summary of the draft Allied Health Equity Plan was received with interest. Discussions focused on equity objectives for Did Not Attend (DNA) rates, and how cultural responsiveness will be developed. The Council will consider the Allied Health Equity in its entirety once the plan is firmed up.

Recruitment is underway for a replacement Council member. Current members are utilising their networks to identify appropriate candidates who represent the demographics of the population that we serve.

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: 15 October 2019
Subject: **Financial Report for September 2019**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the first quarter of the 2019/20 year shows a deficit of \$1.8M which is \$1.2M adverse to the current planned deficit (noting that we are still to finalise the 2019/20 financial budget with the MOH).

The major drivers for the variances within the first quarter result are:

- Favourable variances within the medical workforce vacancies within obstetrics & gynaecology, general surgery and mental health are being covered by various locums. The cost of the locums is at a premium higher than the variance from the vacancies resulting in the adverse variance for workforce. Recruitment efforts continue to fill these roles with a number due to commence employment over the coming months.
- Higher than planned activity, especially in the acute setting has resulted in clinical supply costs tracking higher than budgeted. In part we expect this to track down over the next month or two as the phasing of the budget aligned to the winter season from last year where activity in October was very high but lower in the first two months. We are also seeing higher consequential costs from the higher acute / winter activity in the hospital with higher costs of clinical supplies occurring in the District Nursing service.
- As we have seen in previous years the costs associated with Intragam can fluctuate depending on a small number of patients requiring this blood product. Over the last five to six months we have seen a higher level of patients requiring intragam than we have seen over the last five years resulting in intragam accounting for \$202k (or 25%) of the current overspend in clinical supplies.
- Pharmacy costs have been held to budget levels for the first quarter with the budget set at the Pharmac February 2019 forecast level compared to the June 2019 forecast which showed a reduction in the cost of \$0.5M. We have held the budget pending the receipt of the October 2019 forecast from Pharmac which we expect to receive mid/late November. Any adjustment will then be made based on that advice from Pharmac. We are seeing the costs for pharmaceuticals running slightly higher than our planned level however expect that this is in part due to the higher activity through winter.
- Non-clinical supply costs are largely driven by food services. This increase has resulted from higher than planned number of patient meals, corroborating the higher than expected acute activity within the hospital, and from price increases for food services within the national food services contract NMH is a party to with NZ Health Partnerships.
- Provider payments are adverse but are largely offset by additional revenue received including in between travel and payments to the PHOs.
- The Model of Care business case programme costs have been accrued to budget level except for the Health Care Home initiative where the first tranche of costs have been incurred. This creates a timing issue that will correct as the year progresses.

Eric Sinclair
GM Finance and Performance

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending September 2019

Month \$000s				YTD \$000s				Full Year \$000s	
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	Budget	Last Yr
Revenue									
39,717	39,779	-62	36,956	119,391	119,338	53	115,855	498,953	469,551
1,843	1,877	-34	1,620	5,764	5,760	4	5,615	24,088	26,512
571	493	78	509	1,650	1,502	148	1,417	6,213	5,909
837	808	29	892	2,490	2,431	59	2,632	9,747	10,354
931	921	10	1,232	3,186	2,800	386	3,376	12,156	13,621
43,899	43,878	21	41,209	132,481	131,831	650	128,895	551,157	525,947
Expenses									
16,130	16,585	455	14,449	48,401	49,779	1,378	46,831	220,816	197,407
947	153	-794	329	2,290	461	-1,829	1,158	2,004	6,264
17,077	16,738	-339	14,778	50,691	50,240	-451	47,989	222,820	203,671
1,623	1,524	-99	1,386	4,764	4,446	-318	4,262	18,642	18,047
2,190	2,065	-125	2,283	7,039	6,238	-801	6,857	26,421	28,454
3,998	3,998	0	3,772	11,813	11,813	0	11,690	48,207	52,267
319	295	-24	285	931	886	-45	860	3,839	4,134
2,079	2,336	257	2,922	7,252	7,039	-213	8,592	28,891	29,596
11,252	10,900	-352	10,253	33,683	33,134	-549	31,429	134,115	127,293
3,899	3,899	0	3,903	11,797	11,798	1	11,712	46,890	46,977
42,437	41,755	-682	39,582	127,970	125,594	-2,376	123,391	529,825	510,439
1,462	2,123	-661	1,627	4,511	6,237	-1,726	5,504	21,332	15,508
27	27	0	28	81	81	0	84	352	332
1,080	1,218	138	1,124	3,299	3,759	460	3,342	15,056	13,041
821	872	51	728	2,463	2,615	152	2,366	10,460	11,072
1,928	2,117	189	1,880	5,843	6,455	612	5,792	25,868	24,445
-466	6	-472	-253	-1,332	-218	-1,114	-288	-4,536	-8,937
-169	-125	-44	0	-527	-376	-151	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
-635	-119	-516	-253	-1,859	-594	-1,265	-288	-6,038	-20,565
Surplus/(Deficit) before IDCC									
MOH devolved funding									
MOH non-devolved funding									
ACC revenue									
Other government & DHBs									
Other income									
Total Revenue									
Expenses									
Employed workforce									
Outsourced workforce									
Total Workforce									
Outsourced services									
Clinical supplies									
Pharmaceuticals									
Air Ambulance									
Non-clinical supplies									
External provider payments									
Inter District Flows									
Total Expenses before IDCC									
Surplus/(Deficit) before IDCC									
Interest expenses									
Depreciation									
Capital charge									
Total IDCC									
Operating Surplus/(Deficit)									
MOC Business Case costs									
MECA related costs									
Holidays Act compliance									
Other one-off cost implications									
Impairment of NOS asset									
Net Surplus/(Deficit)									

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 30 SEPTEMBER 2019

	Budget Sep-19 \$000	Actual Sep-19 \$000	Actual Jun-19 \$000
Assets			
Current assets			
Cash and cash equivalents	8,567	13,446	6,315
Other cash deposits	21,284	21,284	21,284
Receivables	19,222	19,987	19,222
Inventories	2,742	2,843	2,742
Prepayments	1,188	407	1,188
Non-current assets held for sale	465	465	465
Total current assets	53,468	58,431	51,215
Non-current assets			
Prepayments	36	25	36
Other financial assets	1,715	1,662	1,715
Property, plant and equipment	195,274	198,432	197,681
Intangible assets	11,193	11,160	11,509
Total non-current assets	208,218	211,279	210,941
Total assets	261,686	269,710	262,156
Liabilities			
Current liabilities			
Payables	33,387	40,747	31,127
Borrowings	501	501	501
Employee entitlements	44,441	46,528	46,585
Total current liabilities	78,329	87,776	78,213
Non-current liabilities			
Borrowings	7,664	7,535	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	17,534	17,405	17,534
Total Liabilities	95,863	105,181	95,747
Net assets	165,823	164,529	166,409
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(2,573)	(3,847)	(1,987)
Total equity	165,823	164,529	166,409

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 SEPTEMBER 2019

	Budget Sep-19 \$000	Actual Sep-19 \$000	Budget 2019/20 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	131,835	136,533	551,177
Interest received	392	300	1,700
Payments to employees	(49,753)	(48,460)	(217,396)
Payments to suppliers	(79,091)	(77,315)	(316,429)
Capital charge	-	-	(10,460)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	3,383	11,058	8,592
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	4	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(900)	(3,638)	(6,500)
Purchase of intangible assets	(150)	(83)	(1,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(1,050)	(3,717)	(7,500)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(81)	(210)	(352)
Net cash flow from financing activities	(81)	(210)	(899)
Net increase/(decrease) in cash and cash equivalents	2,252	7,131	193
Cash and cash equivalents at the beginning of the year	6,315	6,315	6,315
Cash and cash equivalents at the end of the year	8,567	13,446	6,508

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	47,046	44,549	47,209	45,104	43,524	43,363	47,740	43,749	47,686	42,475	42,475	53,094
Interest Received	163	131	163	131	131	131	163	131	163	143	143	143
Other Revenue Received	1,134	917	1,132	997	1,006	1,000	1,152	918	1,116	948	948	1,185
Total Receipts	48,343	45,597	48,504	46,232	44,661	44,494	49,055	44,798	48,965	43,566	43,566	54,422
Payments												
Personnel	20,798	16,675	20,662	18,737	17,515	16,583	21,103	17,486	18,083	17,534	17,534	26,300
Payments to Suppliers and Providers	28,403	27,265	22,942	26,137	25,907	25,857	27,860	26,433	26,535	24,350	24,350	30,437
Capital Charge	-	-	5,230	-	-	-	-	-	5,230	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	49,201	43,940	48,834	44,874	43,422	42,440	48,963	43,919	49,848	41,884	41,884	56,737
Net Cash Inflow/(Outflow) from Operating Activities	(858)	1,657	(330)	1,358	1,239	2,054	92	879	(883)	1,682	1,682	(2,315)
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	500	250	450	1,100	750	900	500	1,050	950	625	625	625
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	500	250	450	1,100	750	900	500	1,050	950	625	625	625
Net Cash Inflow/(Outflow) from Investing Activities	(500)	(250)	(450)	(1,100)	(750)	(900)	(500)	(1,050)	(950)	(625)	(625)	(625)
Net Cash Inflow/(Outflow) from Financing Activities	(34)	(27)	(34)	(27)	(27)	(27)	(34)	(27)	(581)	(115)	(115)	(115)
Net Increase/(Decrease) in Cash Held	(1,392)	1,380	(814)	231	462	1,127	(442)	(198)	(2,414)	942	942	(3,055)
Plus Opening Balance	13,489	12,097	13,477	12,663	12,894	13,356	14,483	14,041	13,843	11,429	12,371	13,314
Closing Balance	12,097	13,477	12,663	12,894	13,356	14,483	14,041	13,843	11,429	12,371	13,314	10,259

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 16 October 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 4 October 2019 are as follows:

DHB CGG noted:

- ***The imperative to address inequity in outcomes***

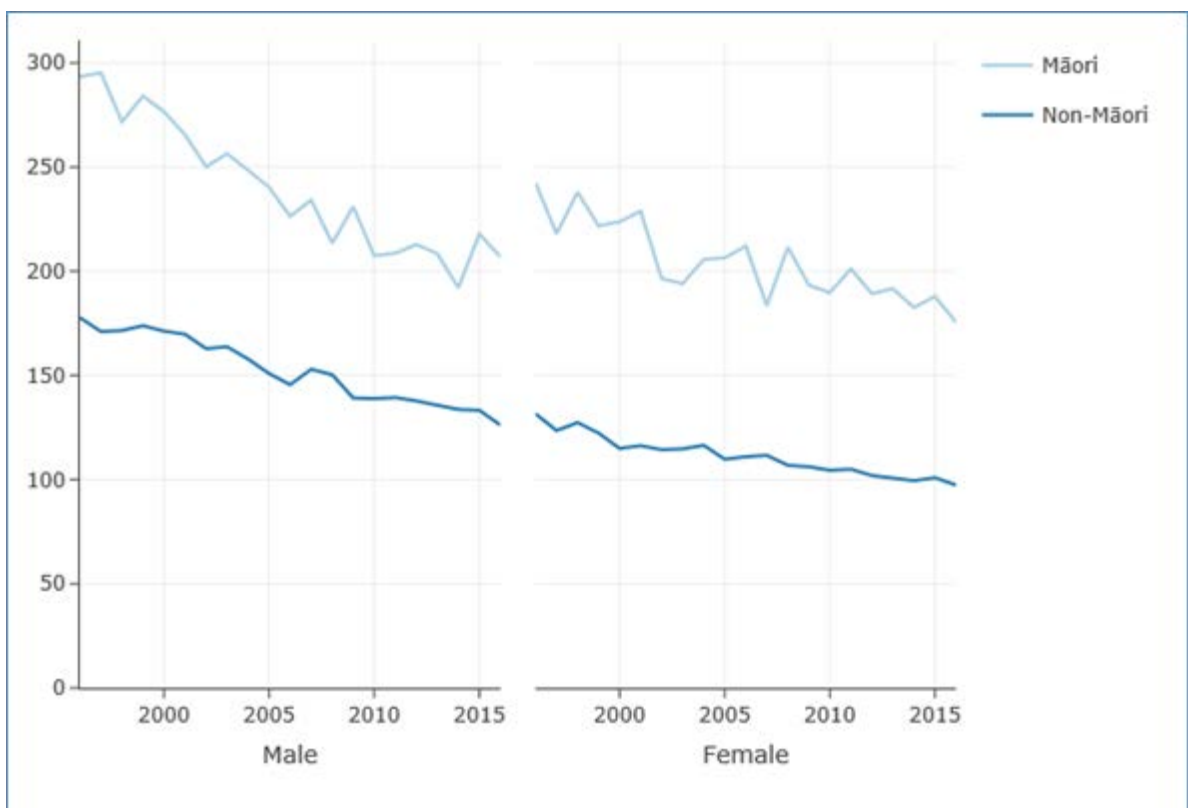


Figure 1: Historical mortality rates by sex and ethnicity. All cancer. From: MOH, Historical mortality: <https://www.health.govt.nz/publication/historical-mortality> Accessed 10/10/2019

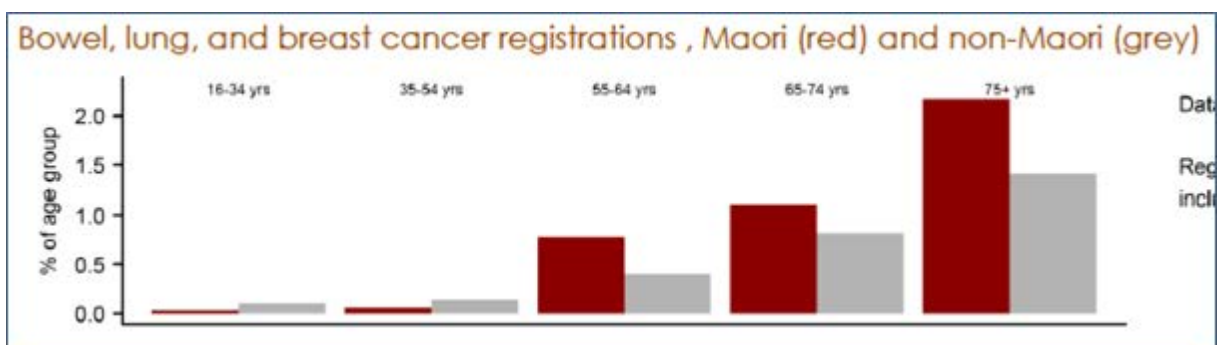


Figure 2: Cancer rates, NMDHB in selected cancers. Data sources: Faster Cancer Treatment (FCT) register, Statistics NZ.

Registrations over the past 4 quarters in the FCT register, stratified by age group. All cases included regardless of FCT eligibility unless no new cancer was diagnosed or cancer diagnosis was not confirmed.

The Committee has agreed to consider three specific clinical issues to work up over the coming year as well as endorsing the ongoing work on improving our cultural competency in all areas, and the work of the Maori Health & Vulnerable Populations Team.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

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

CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour 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