

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 26 November 2019 at 10.00am

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

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	10.00am		
1	Welcome, Karakia, Apologies, Registration of Interests	10.10am	Attached	Resolution
2	Confirmation of previous Meeting Minutes	10.15am	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Update: Models of Care Programme		Attached	Note
5	Chief Executive's Report	10.30am	Attached	Resolution
5.1	Dashboard		Attached	Note
6	Consumer Council Chair's Report		Attached	Resolution
7	Finance Report		Attached	Resolution
8	Clinical Governance Report		Attached	Resolution
9	For Information		Attached	Note
10	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	11.00am	As below	Resolution

PUBLIC EXCLUDED MEETING

11.00am

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 22 October 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 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 THE MARLBOROUGH ROOM, SCENIC CIRCLE MARLBOROUGH, BLENHEIM ON 22 OCTOBER 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), Ditre Tamatea (GM Māori Health & Vulnerable Populations), Trish Casey (GM People & Capability), (Stephanie Gray (Communications), Gaylene Corlett (Board Secretary)

Apologies:

Judy Crowe

Karakia:

Patrick Smith

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Sophie Trigger, Marlborough Express

Paula Hulbutt, Blenheim Weekly

Vicky Nalder (Picton Health Group) – raised the following about Wairau land disposal:

- 1) Seeking advice on the Board's recommendations after viewing submissions.
- 2) Land which has been surplus since the hospital redevelopment (2010), can the Board elaborate on consideration of partnership for community housing. The Board responded that NMH is waiting on approval from the Minister to proceed to disposal of the surplus land, and also waiting on Certificates of Title for Lots 1-11 to be issued.

Brian Ross (Abbeyfield and Vice President Marlborough GreyPower) spoke about a possible partnership with Council to ensure, when the process of disposal of Wairau surplus land is completed, we assist with community housing.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Craig Dennis
Seconded: Dawn McConnell

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Craig Dennis
Seconded: Dawn McConnell

THAT THE MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil

3.1 Action Points

Item 1 – Update due February

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

Nil.

SECTION 5: DECISION

5.1 2020 Meeting Dates

Noted and endorsed by the Board.

SECTION 6: UPDATE

6.1 MOC Programme

Update noted. **It was agreed that** an update on benefits realisation will be provided at the next Board meeting.

SECTION 7: CHIEF EXECUTIVE'S REPORT

Congratulations to those Board members who have been re-elected.

Measles

Update provided on the current national measles outbreak. Noted we have one confirmed case in the region. Front line staff have been fully vaccinated. Our Public Health Nurses have been supporting Southern DHB with their outbreak.

SI Alliance

South Island regional planning day held in Christchurch on 14 October, with five DHBs represented. Discussions were held on mental health, first 100 days and elder care looking at regional initiatives.

*Discussion:*Health & Community Support Services

Noted many in rural areas in Marlborough are not happy with the service but do not complain. Noted if they do not give feedback we cannot improve the service. It was suggested they may feel more comfortable contacting GreyPower with their issues, noting the DHB meet with GreyPower presidents twice a year.

Virtual Health

Agreed need a better word than virtual health.

SECTION 8: CONSUMER COUNCIL CHAIR'S REPORT

Report noted. It was believed the Consumer Council had a full complement of members. **It was agreed that** the Board Chair would enquire why they require one more member.

SECTION 9: FINANCIAL REPORT

Result for first quarter of 2019/20 year shows a deficit of \$1.8m, which is \$1.2m adverse to the current planned deficit.

Moved: Alan Hinton
Seconded: Patrick Smith

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 10: CLINICAL GOVERNANCE REPORT

Noted.

SECTION 11: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Jenny Black (Marlb)
Seconded: Craig Dennis

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)***
- ***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 – Adoption of FY18/19 Annual Report – APPROVED
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.38pm.

ACTION POINTS - NMH – Board Open Meeting held on 22 October 2019						
Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Public Forum	Update on options for a Medlab collection point in Stoke	Lexie O'Shea	26 February 2019		Ongoing
2	MOC Update	Provide an update on benefits realisation to the Board	Cathy O'Malley	22 October 2019	26 November 2019	Closed agenda

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 20 November 2019
Subject: **Correspondence for October**

Status

This report contains:

For decision

Update

Regular report

For information

Inward Correspondence

Nil

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 20 November 2019
Subject: **Chair's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The end of a triennium is a good time to reflect on what has been achieved, to note the changes in the environment in which we operate, and to be incredibly grateful for the amazing people involved in health in Te Tai Ihu, who make a difference every day. We thank you all.

At the end of 2016, the election process saw us welcome Allan Panting and Stephen Vallance, Craig Dennis joined the Board as a government appointment, and we farewelled Jessica Bagge and Pat Heaphy.

The first task of the new Board was to appoint a Chief Executive, as Chris Fleming resigned in February 2017 having been seconded to Southern DHB the previous year. Peter Bramley had been in the acting role, and after a strongly contested process, we welcomed him officially to the role. In the last two and half years Peter has shaped a new leadership team, with some familiar faces. We are grateful to this strong and dedicated group of senior leaders.

There have been many changes in the last three years, and I will highlight several which I believe have been game changers.

In 2016 there were major changes to the Health & Safety regulations, and our obligations as a Board were much more explicit and demanding. After much learning, new systems were put in place, new groups formed or strengthened and a much higher profile was given to this work. We now have regular reporting and the awareness amongst staff groups is far greater. As a consequence, I believe we have an improved culture and, therefore, a much safer workplace.

The roll out of many IT platforms have enabled our teams to be more connected with our primary care partners, and our regional colleagues. These include Health Connect South, Health One, SIPICS, Patientrack and the digitising of our historical patient records. For our population this has meant better communication between departments, safer care, and savings in time and paper. Each of these roll outs have meant a lot of staff education and change for the people using the systems – I admire their tenacity and desire to improve and “get it right”.

With the support of our Top of the South Alliance partners we have been able to put more emphasis on primary and community care. This is a must do. We cannot afford to have increasing numbers coming through the hospital doors – we need to see people earlier, in primary care, before they need specialist services. More recently we have used our Models of Care programme to strengthen this work. Changing the way we work in the community is also a necessity before we build a new Nelson Hospital. If we don't change the way we provide care now, the need for many more beds will be unaffordable and difficult to staff.

The new hospital is in the near future and much work and planning has occurred in the last Board term, including the refresh of our Clinical Service Plan, the assessment of the present building stock, and the writing of the Indicative Business Case. These are all essential pieces to fulfil the Treasury process. Many staff groups have been involved in this work, and again their energy for this mahi on top of their daily tasks, is commendable.

After many review recommendations, the Mental Health & Addictions Service has undergone a lot of change in the last 3 years. Some of this work was put on hold while a National review was undertaken. However, the recommendations were very closely aligned with our own direction, and momentum has been maintained. Again, I would like to acknowledge the change that has occurred – this is often a difficult time for staff and our user groups, and they have been very understanding while we make considerable, but necessary, change.

Over the last three years providing health services has become harder. While we acknowledge the rights of staff to strike, this has meant more reworking of schedules for some staff and more disruption for clients. There is constant pressure to provide services to a growing older population who have higher acuity than in the past. Funding is another constant concern; we are always having to prioritise and if we say 'yes' to something, then it does mean we say 'no' to another equally important piece of the health puzzle. While these decisions are part of our core role, they do not come easily.

In providing services and looking after our number one resource (the staff), there is always the relentless challenge between illness and prevention. Our role as governors of the Nelson Marlborough Health system is often challenging as we constantly balance the need of the community with resources available. Our overriding commitment is both safe care, and supported staff.

The Māori Health & Vulnerable Populations directorate has built on its workforce and its service, which the Board is very supportive of. To reduce health inequalities we have to put more emphasis into this work. The uptake of the Hapū Wānanga, Hauora Direct, Whare Ora, and Mokopuna Ora programmes has been very positive, and will bring about a change in health status for those who attend, and their Whānau. The advance of this work would not be possible without the partnership of our Māori Health provider, Te Piki Oranga.

The Board has continued its twice yearly meetings with the Iwi Health Board. These hui have matured and always provide respectful, robust korero. As well as discussing the mahi of the day, it also provides both Boards with an opportunity to learn about the particular Marae we are visiting, their taonga and history.

In 2017 the Board rearranged how they ran their advisory committee meetings, which allowed the formation of the Consumer Council. The vacancies were highly sought after and, after a robust process, seven people were selected for the first Council. In the course of the last 2 years this group has grown in its understanding of the health sector, and is now a valuable part of what we do. They are regularly consulted by staff who are wanting to change how our services are provided, and for support in co-designing new services.

Also in 2017 the Board reassessed the role of the Nelson Marlborough Hospitals Trust, and from this the Care Foundation was borne. A great deal of work was required in

modernising and making the Foundation fit for purpose. This has now become an important provider of funds for various projects in the wider Nelson Marlborough health community. The Foundation is run independently of the NMH Board, and we are grateful to the community members who volunteer their time to this valuable resource.

As with any end of term, there are many people to thank, new people to welcome and old friends to farewell. This month we will farewell Jenny Black, Judy Crowe and Patrick Smith. Patrick has sat at the table for 3 terms and has reminded us of our obligations to Māori, and frequently asked questions about our responsibilities to our staff. Jenny has been with us for 2 terms and has been a strong advocate for a one service across two sites approach in Te Tai Ihu. Jenny's previous knowledge of how the health sector operates has been invaluable to our discussions. Judy has been the longest serving member of our DHB Board under the present system, and she was part of the transition in 2001. Prior to that Judy was also an employee as a Dietitian. Judy has been a consistently diligent, well prepared Board member. She has brought respectful, robust challenge to many discussions, and we thank her for this. It takes courage to be a single voice, and we all appreciate that Judy is a woman of great strength. We thank all three members for their dedication and energy to their roles on this Board, and wish them well for their future endeavours.

From the election process we will welcome Paul Matheson and Jacinta Newport to the new Board in December.

Finally, to Peter and members of ELT who sit with us each month, thank you for your time, patience and knowledge. You all support us with concise papers, strong commentary and persuasive argument – you also respect our right to question, discuss and decide. We thank you sincerely. This triennium report would not be complete without an enormous thank you to Gaylene. You sort us, manage our demands and for me personally you have reminded me, written me notes and provided me with amazing support. Thank you from all of us.

Jenny Black
Chair

RECOMMENDATIONS:

THAT THE BOARD RECEIVE THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Cathy O'Malley, Models of Care Programme Sponsor
Date: 20 November 2019
Subject: **UPDATE: Models of Care Programme**

<p><i>Status</i></p> <p>This report contains:</p> <p><input type="checkbox"/> For decision</p> <p><input checked="" type="checkbox"/> Update</p> <p><input type="checkbox"/> Regular report</p> <p><input type="checkbox"/> For information</p>
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The purpose of this report is to provide an update on the Models of Care (MOC) programme.

Models of Care Programme

The current projects underway will enable us to meet the future health and care needs of our communities by delivering a sustainable, responsive primary and community health sector that is fully integrated with the wider system.

The programme also continues to support small-scale change, and has seen an increase in the number of Fast Forward Fund applications. The purpose of the Fast Forward Fund is to approve grants of up to \$5,000 to pilot initiatives aimed at transforming health and healthcare provision for the people of Nelson Marlborough.

The Models of Care Programme is in the process of recruiting a new Clinical Co-Lead to replace Anna Charles-Jones, who is going on parental leave. The successful Clinical Co-Lead applicant will be announced in November, and will work alongside Nick Baker to provide clinical input into programme initiatives, including the Nelson Hospital redevelopment project.

Projects

Project	Status	Key activities this month	Key activities next month
Health Care Home	On Track	Drafted the HCH implementation 'First year in Reflection' report and shared it with the general practices for feedback. Tranche 2a practices have completed their first year plans which they are now implementing. Recruitment planning for Marlborough and Motueka Locality Care Coordinator positions is in progress. The HCH team continues to support implementation of the Strengthening Coordinated Care initiative and the shared care plan system wide socialisation and implementation project.	Shared care plan training for doctor and nurse teams across the HCH practice teams. Continue preparation for the onboarding of 5 further practices in Tranche 2B who are due to start in late January 2020, to achieve a total of 53.4% of the total enrolled population with a HCH practice. Delegates from 8 local HCH practices will participate in National HCH symposium on 19 th November in Hamilton.

Project	Status	Key activities this month	Key activities next month
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	Ongoing operation of MAPU. Collate data on MAPU results.	Complete analysis and finalise MAPU report.
Contribution to the First 1,000 Days: Hei Pa Harakeke	On Track	Developed a Home Visiting Service proposal and identified training requirements for Motueka pilot team. Arranged to send 10-12 people to Wellington for Facilitated Attuned Interaction (FAN) training on 25-26 th November. Decided on the ASQ – Ages and Stages Assessment tool. Proposal developed for 0.2FTE nurse to trial Circle of Security 8-week training programme in Murchison. Held the combined First 1000 Days and Strengthening Coordinated Care Hui in Motueka.	Review outputs of Motueka Hui and develop a plan of action from the opportunities presented. Train Motueka Home Visiting Service staff in Facilitated Attuned Interactions, ACE Screening and ASQ – Ages and Stages Assessment tool.
Strengthening Coordinated Care	On Track	Motueka hui (Combined with Hei Pa Harakeke) attended by 52 people. Framework revised to reflect developmental approach to roll-out. Locality Care Coordinator employment arrangements confirmed. Consumer Council member recruited to project steering group.	Recruitment of Locality Care Coordinators for Marlborough and Motueka. Stakeholder session scheduled for Stoke on 25 th November.
Care Anywhere: Making Virtual Health Happen	On Track	IT Enabler Steering Group convened and initial meeting held. Continuation of early adopter roll-out. Initial opportunities review for out of district follow-up video consultations.	Telehealth equipment demonstration at Nelson Hospital. Clinical review of opportunities for video consultations out of district. Recruitment of Virtual Health Coordinator. Departmental plan for paediatric consultations to be completed.
Workforce Development: People Powered Care	Delays	Collated the initial workforce requirements received from the MOC project groups. Developed a high level approach to share with the Clinical Working Group for input at the next meeting on 5 th November.	Develop a Workforce Planner position description and begin the recruitment process.

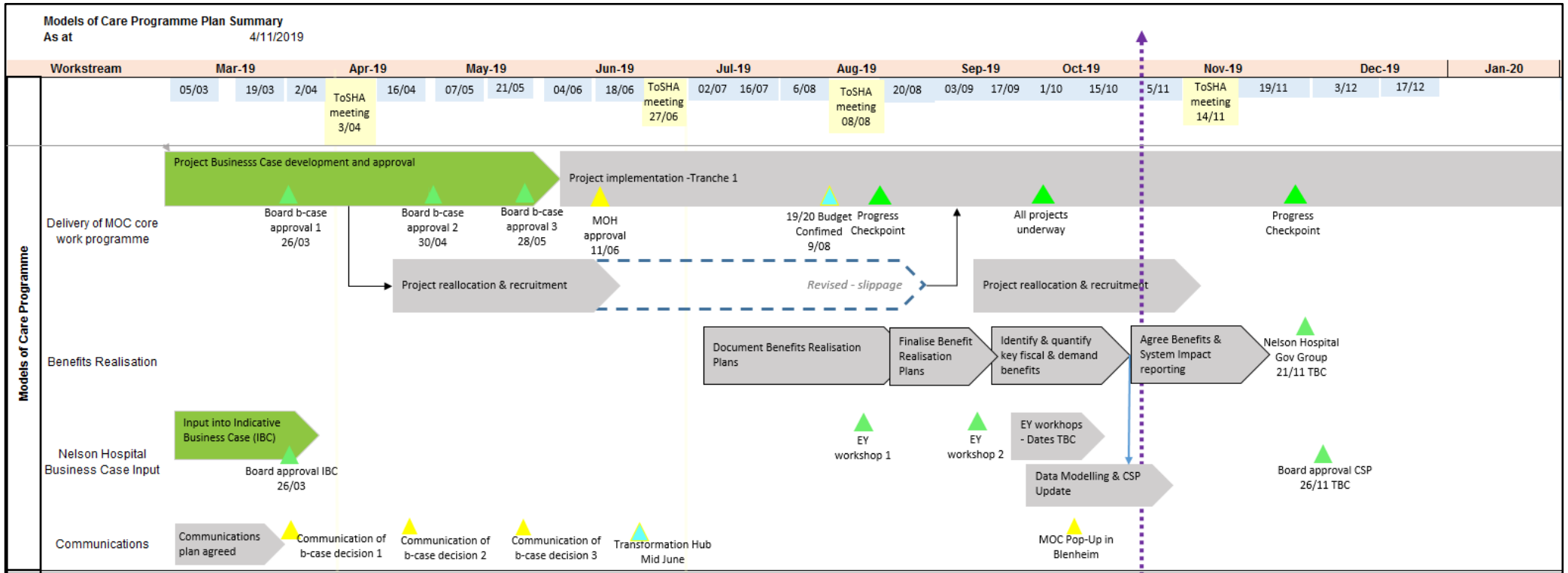
Project	Status	Key activities this month	Key activities next month
On the Same Page: Shared Information Platform	In progress	Initial stakeholder meetings held, working group formed and meeting weekly. Progress made identifying prospective cohorts for the PCP trail. Start of matrix defining H1/HCS current/planned access. Initial work to get access to HCS plan data/metrics.	Further stakeholder meetings. Seek agreement / confirmation of cohorts. Follow up on HCS API for EDaaG flag timeline. Progression of draft plan.
One Team: Transforming Timely Advice	In progress	Steering group met and developed a plan of action to understand the “timely advice” problem for different health care settings and professionals. Initial problem definition meetings held with pharmacy and older persons psychiatry.	Finish the initial problem definition meetings with pharmacy, general practice, Wairau ED and age related residential care. Describe the business needs for the scenarios developed and possible solutions. Identify initial pilot opportunities from initial discussions.
Towards Equity: Extension of Hauora Direct	On Track	Continue to prepare for pilot of electronic version of Hauora Direct - Child electronic assessment. Work underway to identify community pop-up sites in high needs communities. Funding bid submitted to the MoH to accelerate and scale-up Hauora Direct in Nelson Marlborough and the South Island.	Pilot of electronic version of Hauora Direct - Child electronic assessment in late November / early December.

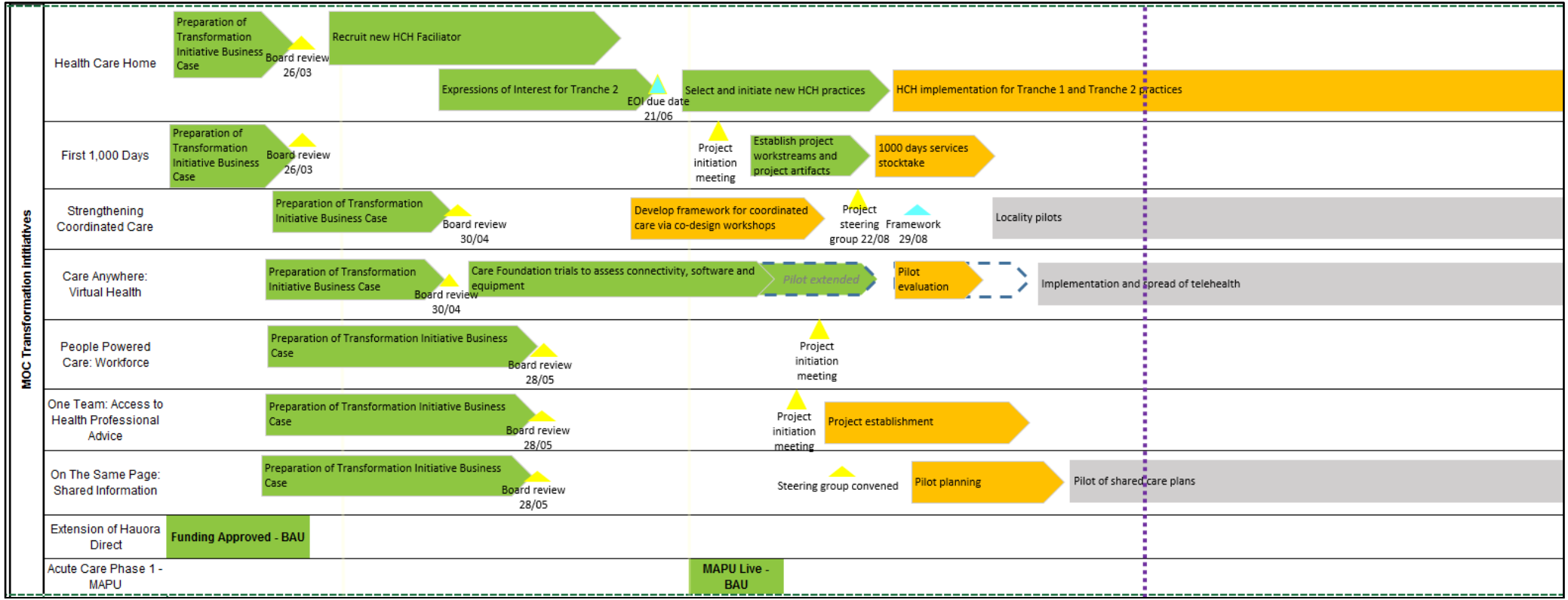
Strengthening Coordinated Care and Contribution to the First 1,000 Days

The Strengthening Coordinated Care initiative is designed to support people and whānau with complex health and social needs to achieve their personal health goals through development of a shared plan of care and collaborative interdisciplinary team work.

The First 1,000 Days initiative also aims to support people and whānau with complex health and social needs, with a specific focus on strengthening infant mental health and the infant-parent relationship.

During October a joint hui was held in Motueka to bring together health and social care providers to better understand the tools and support the Motueka health care community need to achieve these aims. Approximately 50 people participated. It is clear that these two topics are very important to the Motueka community, and there is a very strong foundation on which we can continue to develop both improved care coordination and strong nurturing relationships for whānau in the first 1000 days.





MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 20 November 2019
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

We are only half way through a financial year, however one cannot help but reflect as 2019 draws to a close on the highlights of the healthcare year so far.

From my perspective, I just love the stories of people in our health system demonstrating kindness in their interaction with our community, of teams working together to try and improve the care and support they provide to the health sector, and the emergence of new initiatives that reflect our priorities of improving equity, and increasing access for those with issues of mental health.

I love the early successes of the Hapū Wānanga programme for pregnant mums and their whānau, the trial placement of Wellbeing Practitioners in General Practice, and the phenomenal work of our teams trying to protect our community from measles.

The passion and energy of those involved in the various Models of Care programmes is so encouraging. If we are to deliver a health care system that is fit for the future then now is the time to look at new ways to deliver care, along with new ways of working together to ensure we are focussed on prevention, earlier intervention, and improved access to healthcare for our community – especially for our most vulnerable.

Our people are what make this a fantastic organisation – and it is their daily commitment to treating others around them with kindness and compassion that makes such a difference to the quality of teamwork and care.

In the midst of demand and constraint we need to keep the focus on being kind, thanking the people around you for the work they do, and recognising that everyone plays a vital part in supporting fantastic healthcare to our wider community. Unfortunately Christmas is hardly a quiet time of year for health care – especially with lots of visitors and events like Bay Dreams. Nevertheless hopefully our staff get some much needed time away with family and friends to refresh and recharge.

A special thank you to the three Board members for whom this is their last Board meeting. You each have served our community so well, and brought yourselves, your skills and experience, and a given lots of time and energy to helping us deliver a health system we can all be proud of. Thank you!

2. PRIMARY & COMMUNITY

- The initiatives to reduce arrears in the Community Oral Health Service are having a major impact, with arrears across the service dropping from 19% to 16% in the last month. Two hubs have bettered the Ministry of Health target of 15% for arrears for this year.

- Adolescent Oral Health Coordinators have been working alongside the Marlborough Child Oral Health Service to improve the uptake of enrolment forms for Year 8 students transitioning into the Adolescent Oral Health Service in Year 9.
- A contract has been drafted for Te Piki Oranga to undertake school based health services at the Richmond Kura.
- Interpreting NZ is to start delivering face-to-face interpreter services in Marlborough from late November.
- A Crown Funding Agreement variation for extending school based health services to Decile 5 schools (Rai Valley and Motueka High) has been received.
- ED and St John redirection agreements have been extended with Medical and Injury, Marlborough Primary Health (Marlborough Urgent Care), and the two Motueka practices.
- Seven cases have been confirmed with two notifiable diseases. Campylobacter being the predominate disease combined with Yersiniosis in two of the cases, and likewise another two cases that had Cryptosporidiosis. Other cases were confirmed with Shigella, Salmonella and Leptospirosis respectively.
- Eight notifications of measles have been received in October, with one confirmed case. The confirmed case was expected as they had been a close contact of a confirmed case originating from Auckland. They were able to be totally isolated during the infectious period. The only two contacts were both immune by age and have remained well. There was little risk to the local population as the case was well managed.
- The District Nurse team has become very visible with clinical notes now in Health Connect South. There have been many comments that they are being read and are valuable to the patient's care. The next step is to have the wound care plan also on Health Connect South.
- A total of 70 referrals were made to the Smokefree Service throughout October. Nelson received 49 referrals (including two Pepi First) and Blenheim received 21 (including three Pepi First). The Smokefree Team Leader has been coordinating ways to strengthen the service, particularly to support Māori and vulnerable populations.
- Health promoters and the Smokefree Team Leader met with the General Practice Manager NBPH to discuss how we can best engage with GP practices to provide them with updates, and strengthen their relationships with the NM Stop Smoking Service. Benefits from this meeting included better use of the Health Pathways Portal, improved transitioning for patients using medication from doctor to Quit Coach, and future presentations by health promoters at Practice Manager and Practice Nurse meetings.
- Smokefree Health Promoters, Public Health Policy Analyst and the Cancer Society met with the Nelson City Council to further encourage the development of a Nelson City Council Smokefree/Vape Free policy. Great advances were made during this meeting and a request was made for Health Promoters to provide a workshop for incoming Councillors around the reasons why we would like Nelson CBD to implement a Smokefree environment.
- The Health Promotion Manager coordinated a Food and Sustainability meeting between Dietitians, Public Health, NMH Green Team and local Lifestyle Doctors to discuss nutrition and physical activity. A desire to work as a collective was expressed by all parties, alongside the re-establishment of a district wide nutrition network. Next steps are to re-establish the network, stocktake all food and nutrition programmes across the district, and to work on a NMH position statement.

- Tahunanui School launched their new bike track in which Health Promotion played a key role in the establishment of this initiative.
- School Principals have expressed a mixed response to the Health Promoting Schools contract ending with some disappointed the new contract has a narrower scope, while others seeing it as a positive change as food environments are at the forefront of their school issues. Principals also voiced to Health Promoters that the relationships they have developed has enabled schools to progress their health focused initiatives and programs. A review will take place throughout 2020 involving a co-design process with key stakeholders to determine future health and wellbeing support for schools.
- Health Promotion is continuing to raise awareness on Fetal Alcohol Spectrum Disorder. Nelson Tasman Plunket has received resource packs for distribution to clinic rooms, and the infographic which informs that there is “no safe level of alcohol consumption when pregnant” has been added to the first and second trimester resource packs for pregnant women.
- The Health Promoter met with Te Piki Oranga’s Tuhono Kaiawhina (working with at risk whānau) providing resources around mental health, sexual health and alcohol and drug resources, services and websites.
- There is availability at all levels of aged residential care across the region, except for dementia level care in Motueka. Access to dementia beds in Marlborough has also been tight.
- Work on the implementation of the community palliative nursing pilot continues with a meeting with Stoke Medical Centre, the practice where all pilot patients will be based, for early next month. An initial meeting was held between Nelson Marlborough Health and Nelson Tasman Hospice to discuss the provision of allied health services to palliative clients across the area, as well as oxygen provision.

As there is no Advisory Committee this meeting, attached as item 5.1 is the dashboard showing data for community Addictions and Older Persons Mental Health, NBPH and MPH O enrolments, Pharmaceuticals, Aged Residential Care, DSS, and Stop Smoking Activity for the month of October.

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

- An RFP was successfully submitted to the MOH for the Integrated Primary Care model. This was a collaborative submission by NMH, Nelson Bays Primary Health, Marlborough Primary Health and Te Piki Oranga.
- The RFP for enhancing existing Kāupapa Māori services has also been released and is due next month. We have met with Te Piki Oranga and we will be submitting a collaboratively developed proposal.
- The NMH Addiction Service responded to a request to change a prisoner’s medication; a situation which has previously caused challenges. In this case a teleconference allowed the NMDHB doctor to develop a plan that was able to be administered by the prison medical team. We received an email from Corrections thanking us for taking this initiative:
- *“a transition of a client from methadone to subxone possible was made possible.*

The client is delighted with the achievement and asked that his sincere thanks is expressed to you all for making this possible after months of obstacles. The Department’s strategic direction in Hōkai Rangi encourages us to build on the good things we do – to innovate and find alternative ways to achieve outcomes for the men in our care. You delivered on this today. The client has renewed belief in a future outside of prison and this is due entirely to your clinical experience, confidence and commitment to improving the health of all men in our care and in our communities”

- The wellbeing practitioner trial sites are making good progress in both Motueka and Blenheim. The practice team have provided positive feedback, and the clinicians are enjoying the role. The secondary care teams are also supporting the roles.
- Good progress has been made on the Advance Directives project, with a finalised policy, guideline and form being developed. We are currently planning our communications approach with teams, consumers and whānau.
- The contract for the upgrade of the west wing at Alexandra Hospital is signed and work has commenced.

3.2 First 1000 Days

- Good progress is being made on the First 1000 Days initiative. Training is underway with key parts of the workforce to facilitate them to be in place by end of November, where we plan to do a soft launch of the programme in Motueka. We are also underway with upskilling and backfilling public health nurses as one pathway for referrals alongside Te Piki Oranga’s Tuhono programme. A community hui in Motueka was held this month, with 50 people in attendance from a wide range of local services, agencies, as well as consumers and interested stakeholders.

3.3 Reducing Harm Caused by Methamphetamine

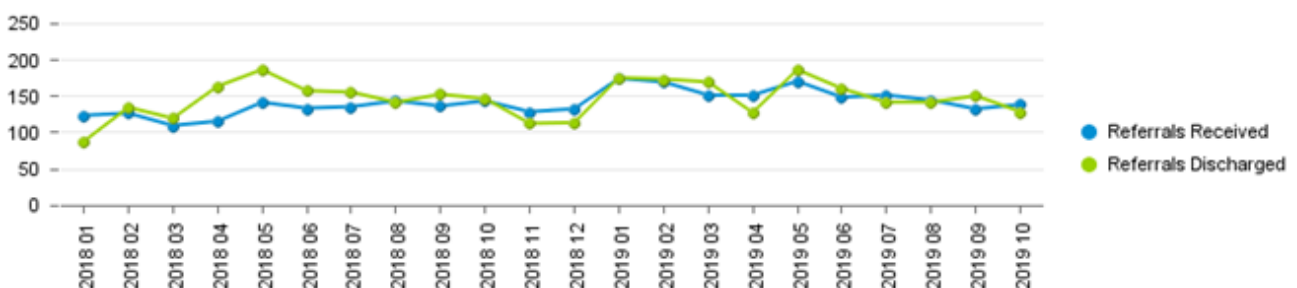
- The Matrix programme is progressing well. Te Piki Oranga have a programme already started and are receiving referrals. The Addictions team are looking to begin the programme this month.
- A visit to DHB owned houses, with both MSD and Housing NZ, is planned to see if there are any innovative ways to offer a service for people who cannot be provided with a safe place due to additions use.

3.4 Addictions Service

District-wide Referrals

Referrals Received and Discharged

Addictions as at: 05/11/2019

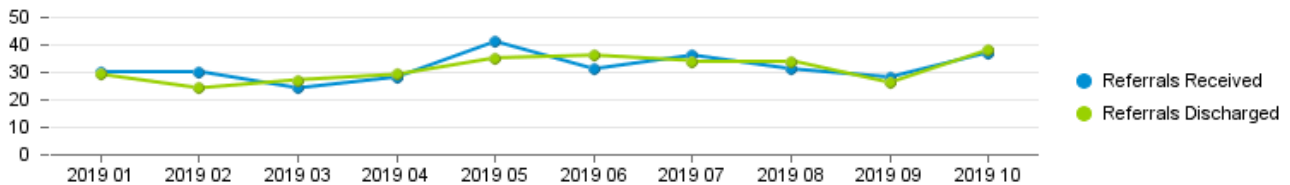


3.5 Mental Health Admissions Unit (Wahi Oranga)

- The Mental Health Admissions Unit continues to be very busy, with very high occupancy and a significant increase in admissions and discharges from the previous month.
- Staffing shortages this month increased as multiple staff are on ACC and back to work programmes with reduced hours. Nurse absentee hours (from Trendcare) doubled from 400 in previous DHB reporting period to 994 (ACC driven).

Referrals Received and Discharged

Wahi Oranga Inpatient Unit as at: 05/11/2019



Seclusion

	2018 10	2018 11	2018 12	2019 01	2019 02	2019 03	2019 04	2019 05	2019 06	2019 07	2019 08	2019 09
Seclusion Hours	437	564	636	487	779	871	518	888	551	445	534	741
Seclusion Events	39	45	46	33	26	26	36	39	42	40	45	33
Number of Patients Secluded	5	6	9	7	10	6	5	9	8	8	6	8
Average Hours per Seclusion Event	11	13	14	15	30	34	14	23	13	11	12	22
Average Hours per Consumer	87	94	71	70	78	145	104	99	69	56	89	93

Seclusion Hours by Month as at: 05/11/2019



- HQSC South Island 'away day' planned for November, which will be an opportunity to regroup and set targets for the next six months.
- Sensory Modulation (Zero seclusion) – improved sensory room, purchase of sensory equipment, diffuser and updated posters. Regular discussion about sensory modulation on agenda for team meeting.

3.6 Disability Support Services

Disability Support Services (DSS)		Current September 2019				YTD September 2019	Current October 2019				YTD October 2019		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	162	19		181		162	19		181			
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8			
Beds – DHB-Chronic Health Conditions	As per Contracts at month end	1	0	8	9		1	0	9	10			
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		0	2		2			
	Residential contracts - Actual at month end	173	22	8	203		172	22	9	203			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	173	22	8	203	decrease 2	172	22	9	203			
	Respite service users - Actual at month end	4	3		7	increase 1	5	3		8	increase 1		
	Child Respite service users - Actual at month end	34			34		35			35	increase 1		
	Personal cares/SIL service users - Actual at month end	0	0		0		1	0		1	increase 1		
	Private Support in own home	0	0		0		0	0		0			
	Total number of people supported	211	25	8	244	decrease 1	213	25	9	247	increase 3		
		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	6,900	21,160	6,660	20,424	240	736	7,130	28,290	6,882	27,306	248	984
Total Occupied Bed days	Actual for full month - includes respite	6,268.5	19,237.0	6,122	18,805	146.5	432	6,493.0	25,730.0	6,357	25,162	136.0	568
	Based on actual bed days for full month (includes respite volumes)	90.8%	90.9%	91.9%	92.1%	61.0%	58.7%	91.1%	91.0%	92.4%	92.1%	54.8%	57.7%
		Last month	Current month	Variance			Last month	Current month	Variance				
Total number of people supported		245	244	- 1			244	247	3				
Referrals	Total long term residential referrals	8	17				17	14					
Referrals - Child Respite	Child Respite referrals	6	6				6	6					
	Adult Respite referrals	3	3				3	3					
	New Referrals in the month	3	8				8	1					
Of above total referrals	Transitioning to service	-	-				-	-					
	On Waiting List	17	26				26	23					
Vacant Beds at End of month - (excludes Respite Beds)		14	14				14	15					
	Less people transitioning to service	-	-				-	-					
	Vacant Beds	14	14				14	15					

4. INFORMATION TECHNOLOGY

- EPLMS replacement “Winscribe Text” project has begun.
- 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 BAU.
- 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 Hauora Direct online form development is underway, with the first form scheduled for end of November. This is being developed on our new Cloud platform, called Azure, available to us with the new Microsoft Licensing, which 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 November.

Microsoft Agreement Update

In October 2018 the Board approved the implementation of the Microsoft 365 (M365) licensing arrangements. The Board approved the implementation based on the licensing costs estimated over a six year period. Whilst the first year (running from November to October) came within the cost approved by the Board, the costs for the second year are slightly higher than what was provided to the Board. This was not unexpected given the licensing costs are based on the number of users within the organisation, and we do expect the costs to continue to track slightly higher than the October 2018 paper approved by the Board showed. The impact for the coming year is less than \$10,000 so is not significant, however management felt it prudent to advise the Board given the delegation given to the CEO to approve the M365 arrangements is higher than the general operating expenditure delegation.

5. FACILITIES

A number of facilities projects are underway and the following provides a quick summation of these:

Wairau Nurses Home

Work has commenced on the demolition of the old Wairau nurses home. The initial stages are focussed on the removal of the asbestos and other items that need to be removed before the heavy machinery arrives to complete the demolition. The work is expected to take 3-4 months to be completed. We also expect that the costs to complete the demolition will come in lower than the amount we provided for in the 2018/19 financial result.

Wairau Surplus Land

The section 224 notices were received from MDC on 19 November. Our solicitor and surveyor are expected to lodge the final documentation with LINZ by 22 November to enable LINZ to issue the certificates of title. Once we have received the titles they will be submitted to the MOH to complete the health report to be submitted to the Minister of Health for approval.

Wood Pellet Trial

The Executive Team recently endorsed a trial where coal will be replaced by wood pellets in the Nelson boilers. This should reduce the carbon emissions, and also reduce the level of particulates that are discharged. The trial will run for approximately three months. Whilst the cost of the wood pellets is estimated to be \$100k (annualised) higher than the cost of coal, we have made savings in the renegotiation of the land fill gas contract that can be used to offset the additional costs we will incur from the wood pellets. Our research shows that we can burn the wood pellets with very minimal changes to the boilers, however the pilot through the lower demand summer months will allow us to confirm this.

6. CLINICAL SERVICES

- ED Nelson were congratulated by the University of Otago for being the best Trainee Intern run at Nelson Hospital.
- Customer Service training for clinical administration staff has been trialled with extremely positive feedback.

6.1 Health Targets

Year to date, as at the end of October 2019, 2,326 surgical discharges were completed against a plan of 2,457 (94.6%). This is under plan by 131 discharges.

Year to date as at October 2019 NMDHB has delivered 7,984 caseweight discharges (CWDs) against a plan of 7,130 (113.6%).

Elective CWD delivery was 527 against a plan of 559 (94.6%) for October. Acute CWD delivery was 1,440 against a plan of 1,169 (123%) for October.

Year to date delivery to end of October for orthopaedic interventions was 175 joints against a plan of 175.

Year to date delivery to end of October for cataracts was 175 against a plan of 186, under plan by 11.

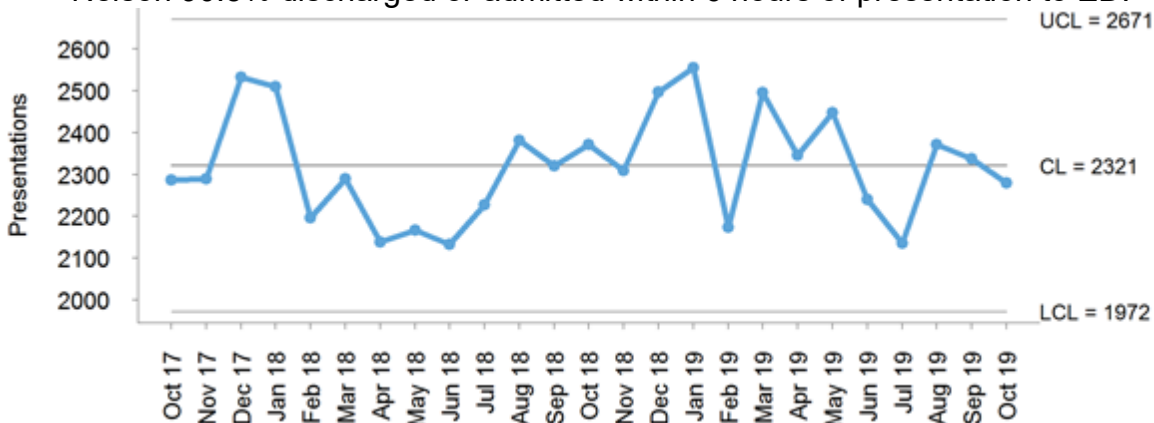
6.2 Elective / Acute Arranged Services

- ESPI 2 was Red for the month of October with 62 patients not being seen within 120 days of referral acceptance. This is continuing to decrease from 124 patients back in August.
- ESPI 5 was Red for the month of October with 28 patients not being treated within 120 days of being given certainty.

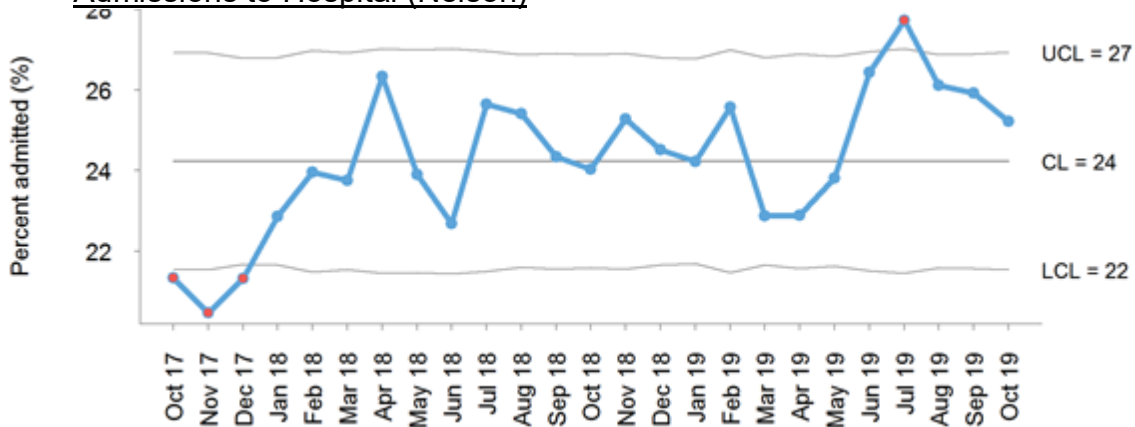
6.3 Shorter Stays in Emergency Department

Number of Presentations in Nelson ED

Nelson 90.5% discharged or admitted within 6 hours of presentation to ED.

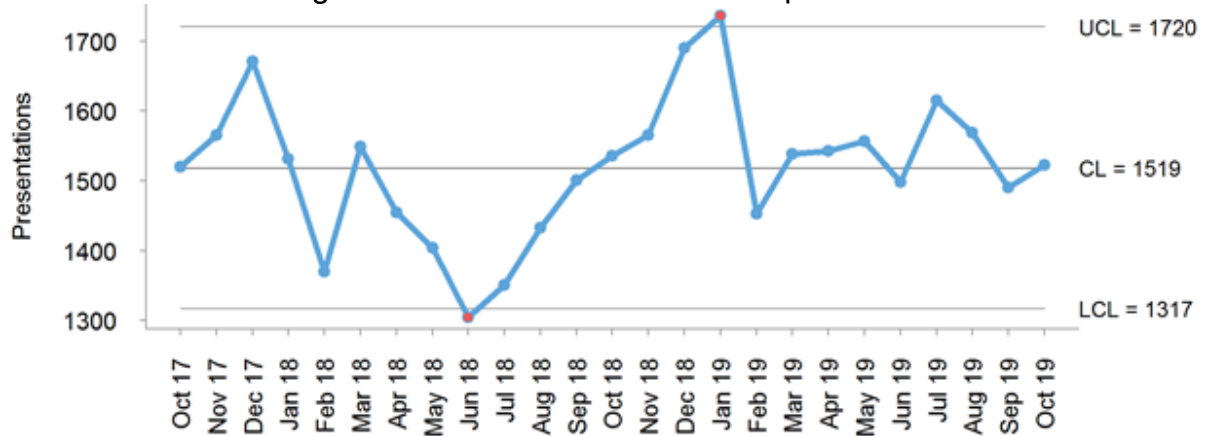


Admissions to Hospital (Nelson)

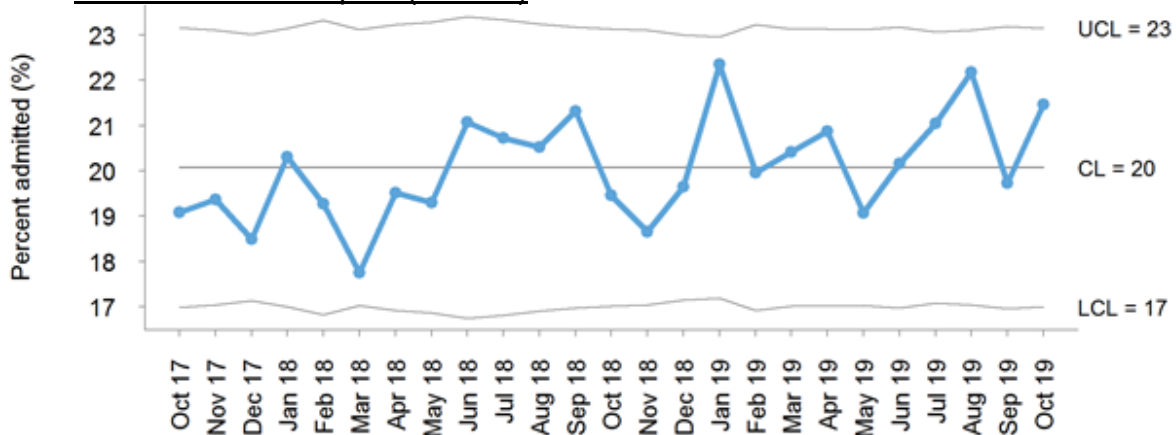


Number of Presentations in Wairau ED

Wairau 93.3% discharged or admitted within 6 hours of presentation to ED.



Admissions to Hospital (Wairau)



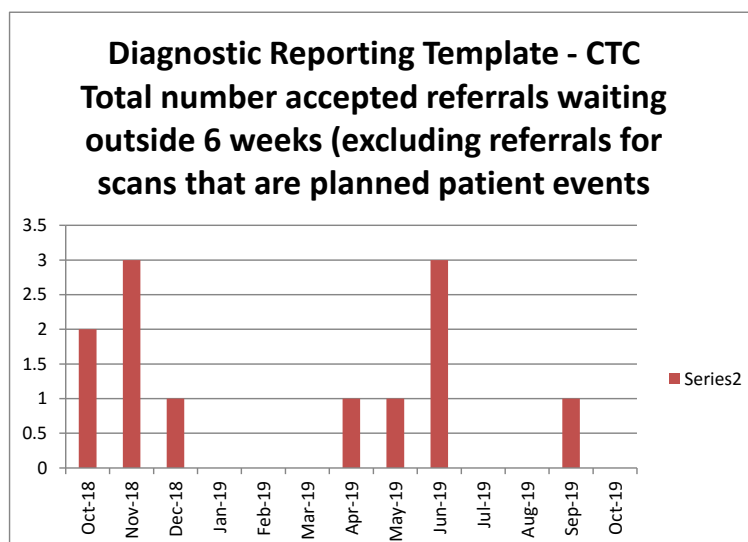
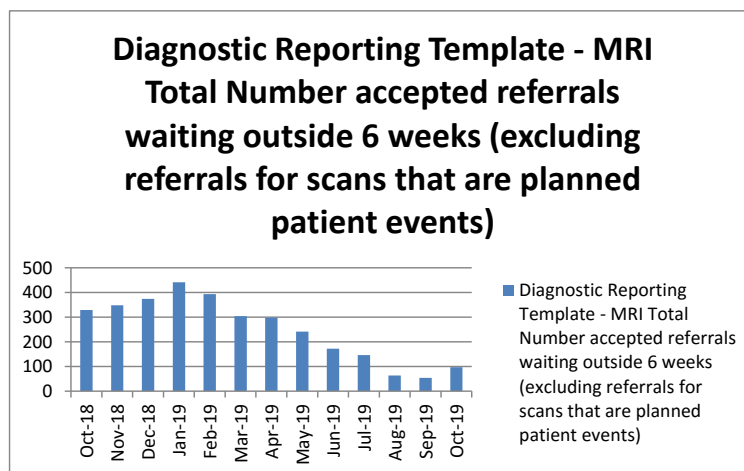
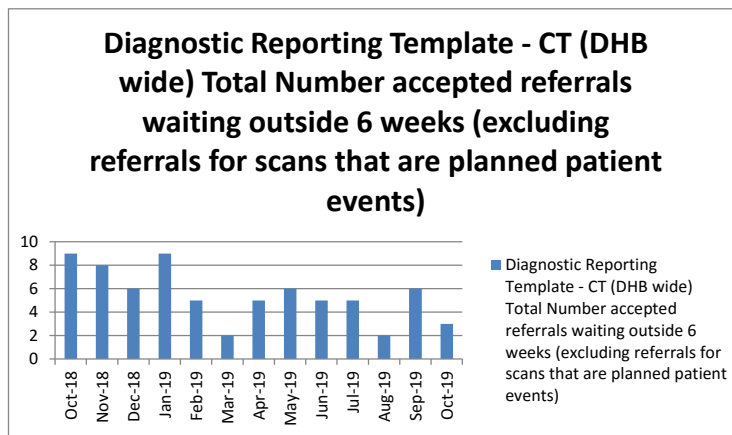
Occupancy Nelson and Wairau Hospitals

Hospital Occupancy for Nelson was 89%, and Wairau was 77% during October.

Hospital Occupancy October 2019	Adult Inpatient	Hospital (Total including Paediatrics and Maternity)
Nelson	89%	83%
Wairau	77%	71%

6.4 Enhanced Access to Diagnostics

- MRI numbers are 187 patients scanned in Nelson, and 87 scanned in Wairau (a total of 274 for October).
- MOH MRI target shows 81% of referrals accepted are scanned within 42 days (target is 90%). Regrettably this target achievement has been impacted by the continuous industrial action
- MOH CT target shows 87% of referrals accepted are scanned within 42 days (target is 95%).
- All modalities have been impacted by industrial action from. Lost production due to strikes are MRI – 81 patients, CT – 118 patients, Plain film – 180 patients, and Interventional Radiology – 36 patients.



6.5 Improving Waiting Times – Colonoscopy

At the end of October, there were 120 overdue colonoscopies, down from 229 at the end of September. Increased colonoscopy sessions have been taking place whilst we reduce the backlog of colonoscopies. Outsourcing of colonoscopies to Manuka Street Hospital continues throughout October to assist in further reducing the overdue colonoscopies.

6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - October 2019														Reporting Month: Sep 2019 - Quarter 2 - 2019-2020	
As at 31/10/2019															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Oct 19 (in progress)		Sep-19		Aug-19		Quarter 2 (in progress)		Quarter 1		Quarter 2 (2018-2019)		Rolling 12 Months Oct 18-Sep 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
		93%	7%	92%	8%	83%	17%	93%	7%	90%	10%	89%	11%	91%	9%
Number of Records		14	1	23	2	24	5	14	1	70	8	64	8	274	28
Total Number of Records		15		25		29		15		78		72		302	
Numbers Including all Delay Codes		78%	22%	88%	12%	71%	29%	78%	22%	78%	22%	73%	27%	78%	22%
Number of Records		14	4	23	3	24	10	14	4	70	20	64	24	274	79
Total Number of Records		18		26		34		18		90		88		353	
90% of patients had their 1st treatment within: # days		103		57		93		103		93		109		86	
62 Day Delay Code Break Down		Oct 19 (in progress)		Sep-19		Aug-19		Quarter 2 (in progress)		Quarter 1		Quarter 2 (2018-2019)		Rolling 12 Months Oct 18-Sep 19	
01 - Patient Reason (chosen to delay)		2		0		0		2		2		5		8	
02 - Clinical Cons. (co-morbidities)		1		1		5		1		10		11		43	
03 - Capacity Constraints		1		2		5		1		8		8		28	
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-(Oct-18-Sep-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		93%	13	7%	1	7%	1	0%	0	13%	2	15			
Haematological		95%	18	4%	1	17%	4	0%	0	22%	5	23			
Head-&-Neck		75%	9	16%	3	32%	6	5%	1	53%	10	19			
Lower-Gastrointestinal		78%	40	17%	11	19%	12	0%	0	37%	23	63			
Lung		84%	27	12%	5	21%	9	2%	1	36%	15	42			
Other		100%	2	0%	0	33%	2	33%	2	67%	4	6			
Sarcoma		100%	3	0%	0	25%	1	0%	0	25%	1	4			
Skin		100%	53	0%	0	4%	2	2%	1	5%	3	56			
Upper-Gastrointestinal		85%	11	14%	2	7%	1	0%	0	21%	3	14			
Urological		84%	27	14%	5	8%	3	3%	1	25%	9	36			
Grand-Total		91%	274	8%	28	12%	43	2%	8	22%	79	353			

7. MĀORI HEALTH

7.1 Hauora Direct

The GM Māori Health & Vulnerable Populations met with the Principal of a local primary school and gained agreement to run a community “Pop Up” event at the school in early December. We will look at a select cohort of about 40 tamariki to test the electronic version of the pepe/tamariki tool. We will look to our partners in Public Health, Te Piki Oranga, the Pasifika Trust and Victory Community Centre to support the event on the day.

The Pasifika Trust nurse has started to trial the Hauora Direct tool with some of the whānau she is working with and Te Waka Hauora has provided training in Wairau for Te Piki Oranga staff, who will also look to adopt Hauora Direct into their practice.

7.2 Hapū Wānanga

The latest Hapū Wānanga was held in Picton at Waikawa Marae, with seven whānau in attendance.

Twelve hapū wānanga have been held to date (5 in Wairau, 4 in Whakatu, and 3 in Motueka).

Approximately 90% of Wānanga participants have identified themselves as Māori, with 92 whānau having been through the programme.

7.3 Whare Ora Healthy Homes

Currently 34 homes have been completed as part of the Whare Ora Healthy Homes initiative. This has brought a benefit to 165 whānau members. Of the 165 people who have benefited from the initiative, some 81 were aged 0-14 years, and 67 were aged between 15-49 years. Of those who have benefited so far, 60% identified as Māori, 13% as Pasifika, and 27% identified as being from other ethnic groups, the largest of which were Pakeha.

8. CLINICAL GOVERNANCE

8.1 Service User Complaints

We received 21 new complaints in October compared to 39 the previous month. Twenty-three complaints were closed, and 49 complaints remain open and active.

8.2 Service User Compliments

We received 12 compliments in October, with the majority for the Day Stay Unit and the Medical Unit.

8.3 HDC Complaints

We received three new HDC complaints in October. We have two HDC complaints open, with seven complaints awaiting a decision from HDC.

8.4 Official Information (OIA) Requests

During October 17 OIAs were completed, with eight extensions of time requested. All were completed within the legislated timeframe.

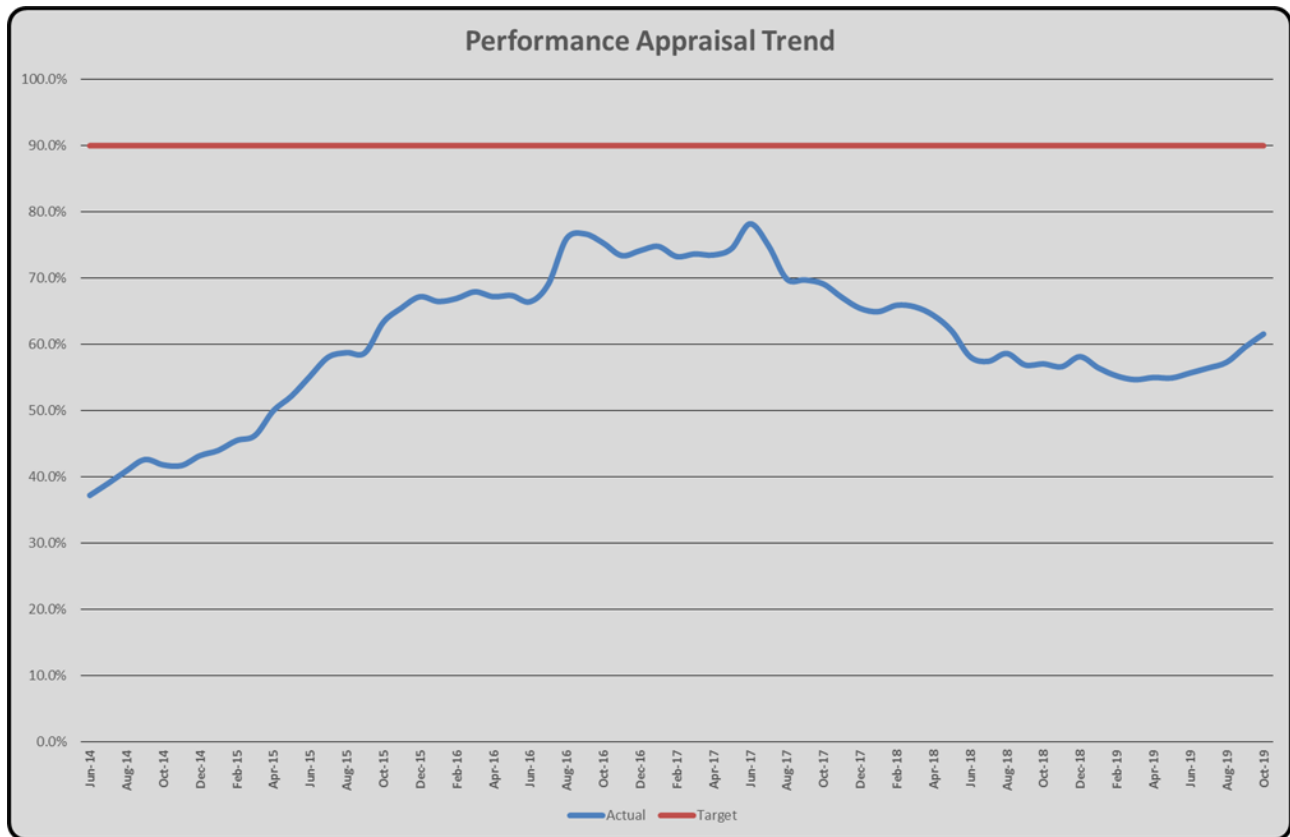
9. COMMUNICATIONS

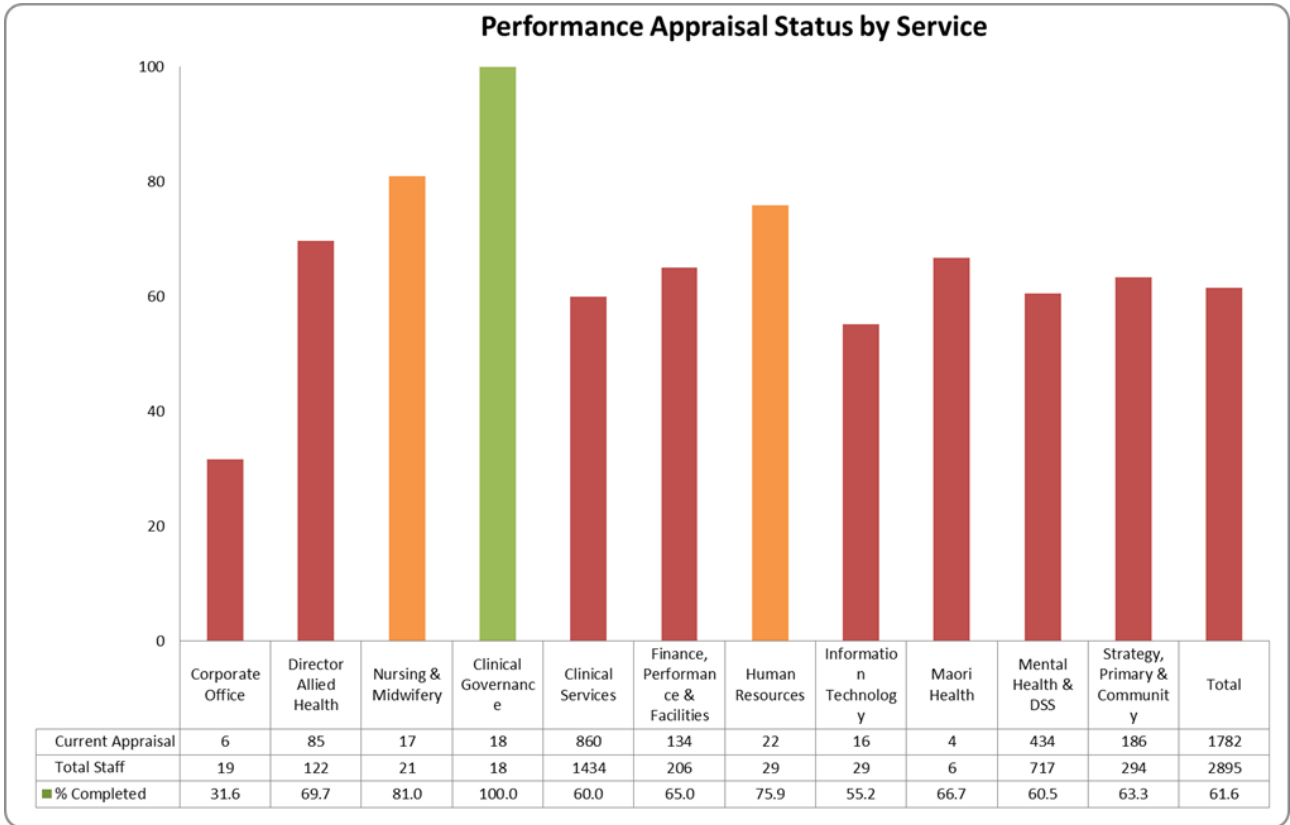
Intranet Statistics (October)

Overall Page Views	676,057
Average Page Views Per Day	22,535
Overall Visits	229,692
Average Visits Per Day	7,656
Average Visit Length	5.09 minutes
Most Viewed News Stories	<ul style="list-style-type: none"> • e-bike scheme coming soon (500+ views) • Nelson Hospital Springtime Soiree event • Measles outbreak reaches Marlborough • Severe weather warning: Northwest Nelson • Sending SMS text messages from email is changing • Car parking changes at Nelson Hospital

10. PERFORMANCE APPRAISALS

To date we are at 61.6% of staff with a current appraisal (an improvement from 59.6% last month).



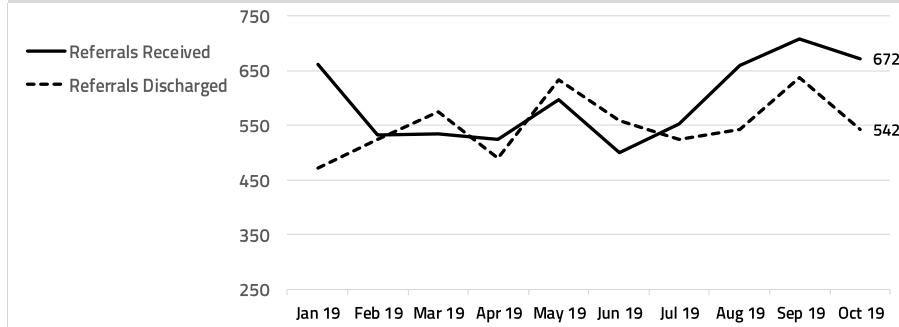


Peter Bramley
CHIEF EXECUTIVE

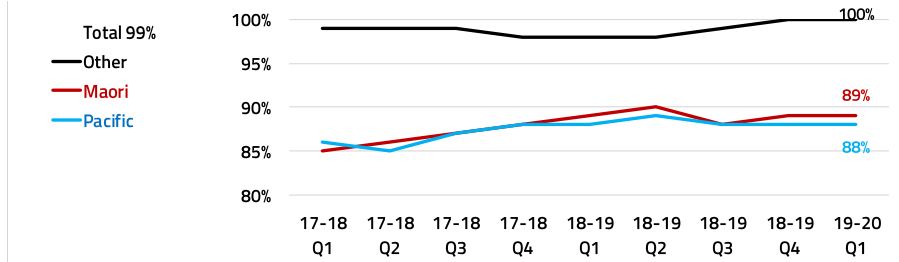
RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

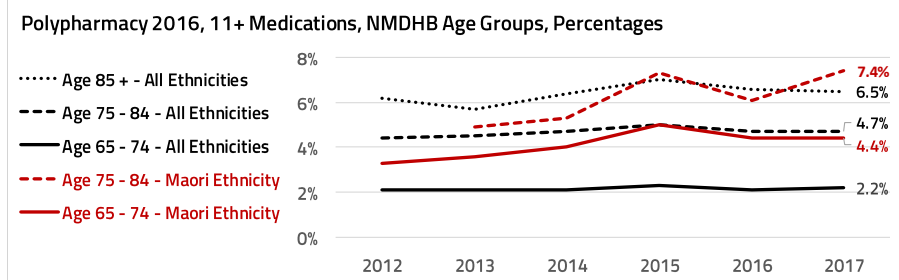
Community, Addictions, & Older Persons Mental Health



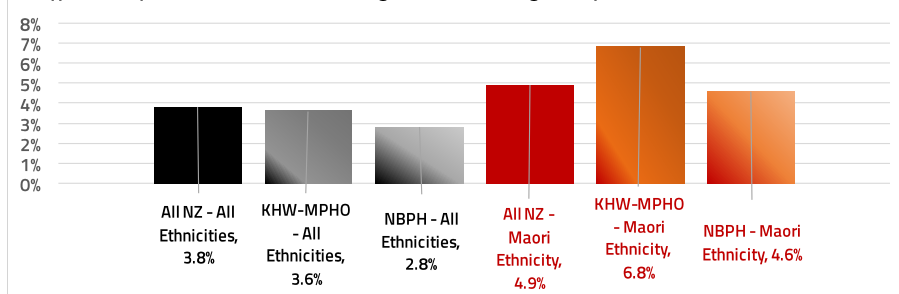
NBPH and MPHO Enrolment



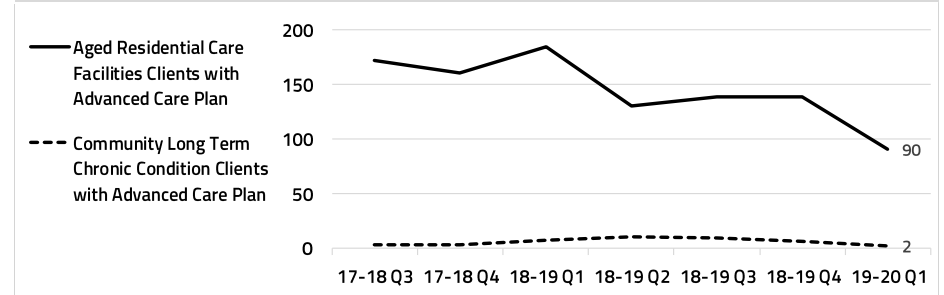
Pharmaceuticals



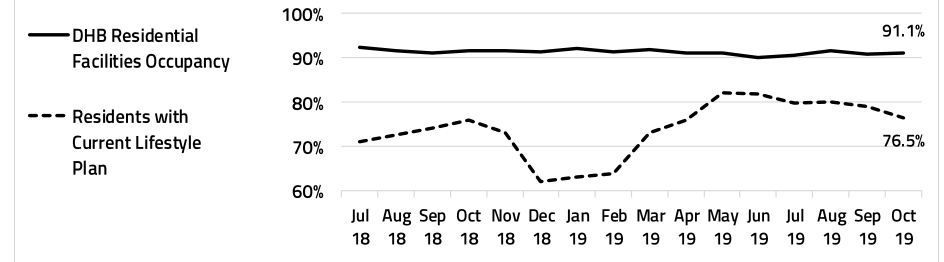
Polypharmacy 2016, 11+ Medications, Age 65+, Percentage Comparison



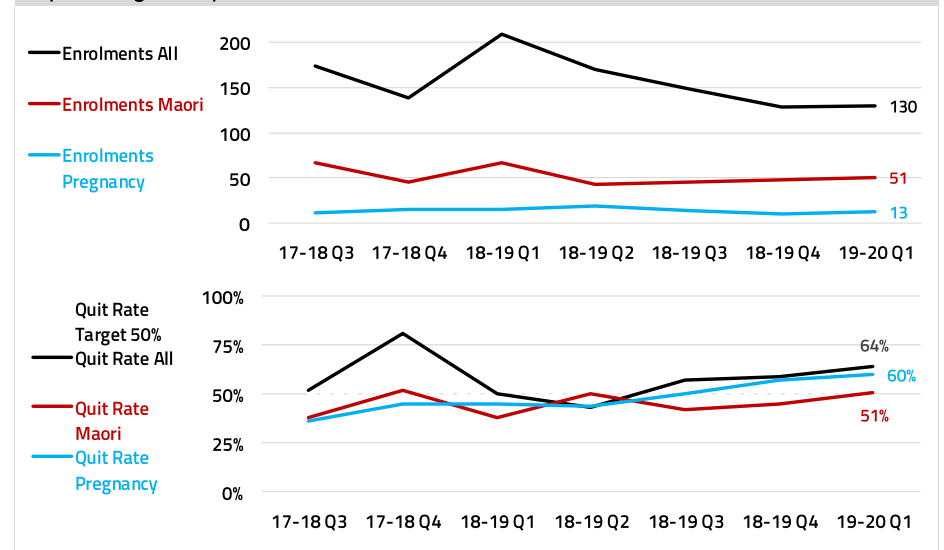
Aged Residential Care



Disability Support Services



Stop Smoking Activity



MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 20 November 2019
Subject: **Consumer Council Report**

Status

This report contains:

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

On 18 November 2019, the Consumer Council met in Wairau, with two members video conferencing (VC) from Golden Bay and Nelson. We also received the Models of Care update via VC. The Council appreciate the increasing opportunities technology offers to facilitate consumer participation across the region.

The Council discussed the projects funded through the Fast Forward Fund. Discussion focused on the Serious Illness Conversation Training, which supports other initiatives which the Councils have also championed, namely Advance Care Planning, and the OTTER form. There was strong support for The Tane Ora program and the Mental Health training for ED staff as well. The Council recognises the need for, and supports the funding, of such projects.

An update on the Health Care Home programme was provided at the meeting. Of interest to the Consumer Council was the example given of the impact of the GP/NP (General Practitioner / Nurse Practitioner) triage. Of 4,563 phone triage calls with a GP or NP, 1,261 were resolved without the patient needing to come into the practice! A great win for patient and clinic time. The greater efficiencies of the Health Care Home programme across the whole system appear positive and significant.

The Health Care Home Patient Journey map was also noted by the Council as an effective way to communicate the aims of the programme. The Council recommends that public information/advertising of changes going on in practices who have become part of, and are planning to become part of, the Health Care Home network is crucial. Advertising the goal of strengthening the efficiency and quality of patient services would make an appropriate theme. Patients need to be educated about the benefits of changes. The Council looks forward to receiving the first year report.

An update of some of the Quality Improvement initiatives across Wairau and the wider region was provided. This included an overview of the Wellness Facilitators, Mental Health presentations in ED, connecting youth to mental health services, Korero Mai badges, and information about the Green Team and Sustainability Steering Group. The Council is in strong support of all initiatives proposed by the Quality Improvement team, particularly the Green initiatives. Again the Council would like to see publicity of the positive quality improvements that the DHB is making featured in local free and subscription newspapers.

Of particular note was the calibre of our young(er) presenters. Their enthusiasm, dedication and passion related to healthcare improvement in our region is praiseworthy and inspiring.

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: 20 November 2019
Subject: **Financial Report for October 2019**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for four months of the 2019/20 year shows an operating deficit (before the MOC programme costs are accounted for) of \$2.6M which is \$0.87M adverse to the current planned operating deficit (noting that we are still to finalise the 2019/20 financial budget with the MOH). The net deficit, which includes the MOC programme costs stands at \$3.2M for the four months, \$0.99M adverse to our current planned result.

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

- Favourable variances within the medical workforce result from vacancies within obstetrics & gynaecology, general surgery and mental health which are all being covered by various locums. The cost of the locums is at a premium higher than the positive variance from the vacancies resulting in an overall 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 resulted in clinical supply costs tracking higher than budgeted in the earlier months. We expected this to track down within the hospital setting October through to December given our budget phasing aligned to the winter season from last year where activity in October was very high but lower in the first two months.
- 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 several months we have seen a higher level of patients requiring intragam than we have seen over the last five year resulting in intragam alone accounting for one-third (\$335k) of the current overspend in clinical supplies.
- The government recently announced an increase to the Combined Pharmaceutical Budget (CPB) of \$20M nationally. The NMH share for the four months of this increase is \$230k which reflects the adverse result in the pharmaceuticals line shown in the operating statement. This has been offset by an equivalent amount of additional funding provided by the Government to cover this increase. We are waiting for the October forecast from Pharmac (expected to be received around the time of the Board meeting) and will assess what other changes to the pharmaceutical costs need to be allowed for.
- 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, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending October 2019

Month \$000s				YTD \$000s				Full Year \$000s	
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	Budget	Last Yr
43,388	43,503	(115)	42,143	162,778	162,841	(63)	157,998	499,324	469,551
2,489	2,254	235	2,511	8,252	8,014	238	8,127	24,088	26,512
707	589	118	569	2,357	2,091	266	1,986	6,213	5,909
862	823	39	870	3,352	3,254	98	3,501	9,747	10,354
1,336	1,132	204	1,321	4,522	3,932	590	4,697	12,156	13,621
48,782	48,301	481	47,414	181,261	180,132	1,129	176,309	551,528	525,947
19,177	20,157	980	18,405	67,581	69,936	2,355	65,238	220,799	197,407
793	193	(600)	620	3,083	654	(2,429)	1,779	2,004	6,264
19,970	20,350	380	19,025	70,664	70,590	(74)	67,017	222,803	203,671
1,627	1,644	17	1,476	6,391	6,089	(302)	5,738	18,642	18,047
2,763	2,525	(238)	2,558	9,802	8,762	(1,040)	9,415	26,421	28,454
4,699	4,469	(230)	4,069	16,513	16,283	(230)	15,759	48,207	52,267
371	369	(2)	388	1,303	1,255	(48)	1,247	3,839	4,134
3,377	2,701	(676)	2,931	10,629	9,740	(889)	11,522	28,891	29,596
11,336	11,641	305	10,567	45,020	44,775	(245)	41,996	134,486	127,293
3,899	3,899	0	3,902	15,696	15,697	1	15,614	46,890	46,977
48,042	47,598	(444)	44,916	176,018	173,191	(2,827)	168,308	530,179	510,439
740	703	37	2,498	5,243	6,941	(1,698)	8,001	21,349	15,508
27	34	7	28	107	115	8	112	352	332
1,116	1,278	162	1,128	4,416	5,037	621	4,470	15,056	13,041
821	872	51	910	3,284	3,487	203	3,276	10,460	11,072
1,964	2,184	220	2,066	7,807	8,639	832	7,858	25,868	24,445
(1,224)	(1,481)	257	432	(2,564)	(1,698)	(866)	143	(4,519)	(8,937)
(102)	(125)	23	0	(629)	(501)	(128)	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)
(1,326)	(1,606)	280	432	(3,193)	(2,199)	(994)	143	(6,021)	(20,565)
Revenue				Expenses					
MOH devolved funding				Employed workforce					
MOH non-devolved funding				Outsourced workforce					
ACC revenue				Total Workforce					
Other government & DHBs				Outsourced services					
Other income				Clinical supplies					
Total Revenue				Total Expenses before IDCC					
Surplus/(Deficit) before IDCC				Surplus/(Deficit) before IDCC					
Interest expenses				Interest expenses					
Depreciation				Depreciation					
Capital charge				Capital charge					
Total IDCC				Total IDCC					
Operating Surplus/(Deficit)				Operating Surplus/(Deficit)					
MOC Business Case costs				MOC Business Case costs					
MECA related costs				MECA related costs					
Holidays Act compliance				Holidays Act compliance					
Other one-off cost implications				Other one-off cost implications					
Impairment of NOS asset				Impairment of NOS asset					
Net Surplus/(Deficit)				Net Surplus/(Deficit)					

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 31 OCTOBER 2019

	Budget Oct-19 \$000	Actual Oct-19 \$000	Actual Jun-19 \$000
Assets			
Current assets			
Cash and cash equivalents	7,174	16,647	6,315
Other cash deposits	21,284	21,284	21,284
Receivables	19,222	16,661	19,222
Inventories	2,742	2,771	2,742
Prepayments	1,188	1,492	1,188
Non-current assets held for sale	465	465	465
Total current assets	52,075	59,319	51,215
Non-current assets			
Prepayments	36	22	36
Other financial assets	1,715	1,669	1,715
Property, plant and equipment	194,649	197,435	197,681
Intangible assets	11,036	11,085	11,509
Total non-current assets	207,436	210,211	210,941
Total assets	259,511	269,530	262,156
Liabilities			
Current liabilities			
Payables	33,466	44,945	31,127
Borrowings	501	501	501
Employee entitlements	44,441	43,523	46,585
Total current liabilities	78,408	88,969	78,213
Non-current liabilities			
Borrowings	7,664	7,491	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	17,534	17,361	17,534
Total Liabilities	95,942	106,330	95,747
Net assets	163,569	163,200	166,409
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(4,827)	(5,176)	(1,987)
Total equity	163,569	163,200	166,409

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 31 OCTOBER 2019

	Budget Oct-19 \$000	Actual Oct-19 \$000	Budget 2019/20 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	180,015	186,767	551,177
Interest received	556	412	1,700
Payments to employees	(70,551)	(70,646)	(217,396)
Payments to suppliers	(107,496)	(102,159)	(316,429)
Capital charge	-	-	(10,460)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	2,524	14,374	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	(1,400)	(3,239)	(6,500)
Purchase of intangible assets	(150)	(527)	(1,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(1,550)	(3,762)	(7,500)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(115)	(280)	(352)
Net cash flow from financing activities	(115)	(280)	(899)
Net increase/(decrease) in cash and cash equivalents	859	10,332	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	7,174	16,647	6,508

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	44,580	47,240	45,135	43,555	43,394	47,771	43,780	47,717	42,475	42,475	53,094	42,475
Interest Received	131	163	131	131	131	163	131	163	143	143	143	143
Other Revenue Received	915	1,130	995	1,004	998	1,149	916	1,114	948	948	1,185	948
Total Receipts	45,626	48,533	46,261	44,690	44,523	49,083	44,827	48,994	43,566	43,566	54,422	43,566
Payments												
Personnel	17,355	20,650	18,706	17,535	16,570	21,151	17,485	18,086	17,534	17,534	26,300	17,534
Payments to Suppliers and Providers	27,279	22,967	26,152	25,921	25,872	27,884	26,447	26,559	24,350	24,350	30,437	24,350
Capital Charge	-	5,230	-	-	-	-	-	5,230	-	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	44,634	48,847	44,858	43,456	42,442	49,035	43,932	49,875	41,884	41,884	56,737	41,884
Net Cash Inflow/(Outflow) from Operating Activities	992	(314)	1,403	1,234	2,081	48	895	(881)	1,682	1,682	(2,315)	1,682
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	250	450	1,100	750	900	500	1,050	950	625	625	625	625
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	250	450	1,100	750	900	500	1,050	950	625	625	625	625
Net Cash Inflow/(Outflow) from Investing Activities	(250)	(450)	(1,100)	(750)	(900)	(500)	(1,050)	(950)	(625)	(625)	(625)	(625)
Net Cash Inflow/(Outflow) from Financing Activities	(27)	(34)	(27)	(27)	(27)	(34)	(27)	(581)	(115)	(115)	(115)	(115)
Net Increase/(Decrease) in Cash Held	715	(798)	276	457	1,154	(486)	(182)	(2,412)	942	942	(3,055)	942
Plus Opening Balance	16,647	17,362	16,564	16,840	17,297	18,451	17,965	17,783	15,371	16,313	17,256	14,201
Closing Balance	17,362	16,564	16,840	17,297	18,451	17,965	17,783	15,371	16,313	17,256	14,201	15,143

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 20 November 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 1 November 2019 are as follows:

DHB CGG endorsed:

- ***The work of the Infection Control Team, ensuring that staff are protecting vulnerable patients from measles*** – Over the past year, 615 NMH staff working in high-risk areas have now been assessed as to their measles, rubella and pertussis immune status, with only a handful left to vaccinate. Access to vaccine for this group has been negotiated with the Public Health Service due to current MoH restriction on MMR vaccine. The next step will be to extend the catch up programme to staff who work in medium risk areas once the MMR vaccine is freely available again.

DHB CGC noted:

- ***The half yearly report from the Health and Disability Commissioner (HDC) for 1 Jan to 30 June 2019*** – The HDC received 427 complaints about DHB services nationally in this half year period, and noted a slight national increase in the number of complaints about mental health services on the background of a slight overall decrease in all other areas. The Commissioner considered a number of factors that could be contributing to this, such as a mental health workforce under significant pressure and greater public awareness of mental health and addiction issues with the significant attention generated by the Government's Inquiry into Mental Health and Addiction.
- ***The work done every day to both report and address mishaps and near misses in Safety 1st*** – An important part of preventing adverse events is the vigilance and willingness of staff to report in Safety 1st when things have not gone as planned.

For the managers, clinical and team leads who receive notification of these events, and then have to acknowledge the submitter, thank the submitter, and report back to the submitter the outcome of their investigation and resolution of the event – the Clinical Governance Committee would like to thank you. This is a big task and an important contributor to the development of a culture of safety and continuous learning; your work is much appreciated.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 20 November 2019
Subject: **FOR INFORMATION**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Submissions sent on behalf of NMDHB during September and October:

- MDC – Speed Limit Survey
- Department of Internal Affairs – Online Gambling in NZ Public Discussion Document
- Ministry for the Environment – Hazardous Substances Assessments: Improving Decision Making
- Ministry for the Environment – Proposed Priority Products and Priority Product Stewardship Scheme Guidelines
- Ministry for the Environment – National Policy Statement on Highly Productive Land
- Ministry for the Environment – National Policy Statement on Urban Development
- MOH – Cancer Action Plan 2019-2029
- Food Standard Australia and New Zealand – Pregnancy Warning Labels on Alcoholic Beverages
- Finance & Expenditure Committee – Submission on Public Finance (Wellbeing) Amendment Bill
- Ministry for the Environment – Action for Healthy Waterways
- TDC – Speed Limit Bylaw
- NCC – Proposed Dangerous, Insanitary and Affected Buildings Policy
- Environment Committee – Submission on Resource Management Amendment Bill
- MOH – Healthy Food and Drink Guidance Survey
- NZTA – SH6 Blenheim to Nelson Speed Consultation
- NZ Foods Safety – Review of Folic Acid Fortification of Food
- MOH – Minimising Food Related Choking Risk in Early Learning Service Settings
- TDC – Responsible Camping Strategy

Copies of the submissions are available from the Board Secretary.

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