

NOTICE OF MEETING

OPEN MEETING

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

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

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	12.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	12.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	12.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report	1.00pm	Attached	Resolution
4.1	Advisory Committee Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.30pm	As below	Resolution

PUBLIC EXCLUDED MEETING

1.30pm

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 26 November 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
Craig Dennis

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) 			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Chair of Progress Nelson Tasman 		
Gerald Hope		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	

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

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jill Kersey	▪			
Olivia Hall	▪			

As at January 2020

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CLINICAL SERVICES					
Lexie O’Shea	GM Clinical Services	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 a number of GPs on a casual basis 			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> Daughter employed by Pharmacy Department in the casual pool Sister is employed by Marlborough PHO as Healthcare Home Facilitator 	<ul style="list-style-type: none"> Daughter is involved in sustainability matters 		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> Te Herenga Hauora (GM Maori Health South Island) Member of Te Tumu Whakarae (GM Maori Health National Collective) Partner is a Doctor obstetric and gynaecological consultant 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 January 2020

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 26 NOVEMBER 2019 AT 11.00AM**Present:**

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

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), Stephanie Gray (Communications), Gaylene Corlett (Board Secretary)

Apologies:

Dawn McConnell, Gerald Hope

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Matt Lawry (as a member of Nelson community) and Dr Ngaire Warner (Toi Toi Medical) spoke on their concerns about the DHB's continued use of coal.

Alison spoke about her experience with Nurse Maude after discharge from hospital having suffered a stroke (three months ago). The Board Chair thanked Alison and noted the GM Strategy Primary & Community would investigate her concerns.

Samantha Gee, Nelson Mail.

Larisa Taylor, new Internal Audit Manager was welcomed to the organisation.

Jane Kinsey (GM Mental Health Addictions & DSS) was congratulated on being awarded the Harkness Scholarship for 2019 to study in the USA in September 2020. Jane's research focussed on ACEs (Adverse Childhood Experiences). It is her hope that this will enable her to better contribute in particular to the First 1000 Days workstream, which will be an ongoing and significant programme of work for NMH.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Alan Hinton
Seconded: Craig Dennis

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Alan Hinton
Seconded: Craig Dennis

THAT THE MINUTES OF THE MEETING HELD ON 22 OCTOBER 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil

3.1 Action Points

Item 1 – Medlab Collection Points. Update due February

Item 2 – MOC benefits realisation update. Agenda item in Public Excluded. Completed

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

Chair's report was noted.

Moved: Jenny Black
Seconded: Jenny Black (Marlb)

THAT THE CHAIR'S REPORT BE RECEIVED.

AGREED

SECTION 5: UPDATES**5.1 MOC Programme**

Update noted. The MOC programme is gaining momentum. All projects are up and running and some have had significant community/locality input. The HCH initiative has prepared an annual report for the first 12 months. **It was agreed that the HCH annual report be provided to the Board.**

SECTION 6: CHIEF EXECUTIVE'S REPORT

The CE acknowledged Judy Crowe, Jenny Black and Patrick Smith for their contrition to the Board.

Mental Health Wellbeing Practitioner Trials

An experienced Mental Health practitioner is now based in Motueka to support access to mental health services for those in the community. A similar role has been developed for Marlborough, with two clinicians working with GP practices. A Kaupapa Māori tender is being advertised to support TPO with mental health services.

Matrix Programme

Matrix is a Methamphetamine treatment programme being run by TPO and the DHB Mental Health Service.

Wairau Nurses Home

Demolition of the Wairau Nurses Home is underway.

Wairau Surplus Land

Titles are expected to be completed next week, and will be added to the documents being submitted to the Minister of Health for approval to dispose of the surplus land.

Wood Pellet Trial

The proposed wood pellet trial was noted. It was noted the boiler at Wairau Hospital needs to be replaced soon, and alternative replacement options are being investigated.

We have a Green Sustainability team helping us lead on a number of initiatives. Approximately 20 initiatives have been identified ranging from small projects to significant ones that will require financial investment. Some smaller projects are underway.

In 2018 we produced 67% of energy for Nelson Hospital through landfill gas. In 2019 we have had a 75:25 split of landfill/coal use. Noted landfill life is another 25 years.

It was agreed that the CO₂ admissions be reported in Board papers regularly.

Microsoft Licensing

Noted.

Reduce Smoking

Discussion held on vaping, noting Nelson has four vaping shops. A paper is being prepared on the DHB's approach to vaping, which will be presented to the Clinical Governance Team. The Ministry of Health's position has not changed. The message promoted by the Health Promotion team is "if you smoke, vaping is a good tool to help you quit, however if you do not smoke, do not start vaping". Vaping as a quit smoking tool is supported by the Māori Health team and TPO.

Interpreter Services

Noted a new contract for face to face interpreters will be rolled out in Nelson Marlborough shortly. Noted Marlborough will be a new refugee settlement and will require interpreters.

Advance Directives

Discussion held on Advance Directives, ACPs, EPOA. Queried if they could be incorporated and have one form or structure or terminology. **It was agreed that GM Strategy Primary & Community look into combining these documents, or at least having the same terminology.**

Community Dashboard

Noted.

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: FINANCIAL REPORT

Result for four months of the 2019/20 financial year shows an operating deficit of \$2.6m, which is \$870k adverse to the current planned operating deficit.

Concern raised about the increasing deficit. Noted we have put a proposed deficit of \$6m to MOH. Savings plan are in place to keep to a \$6m deficit, with the bulk of the deficit used to invest in MOC initiatives (\$5m), which is investing in the future for our health system. We are challenged every day with the pressure to keep to budget in both secondary and primary services.

SECTION 9: CLINICAL GOVERNANCE REPORT

Noted.

SECTION 10: FOR INFORMATION

Noted.

SECTION 11: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Patrick Smith
Seconded Brigid Forrest

RECOMMENDATION:

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

- **Minutes of a meeting of Board Members held on 22 October 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
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- Update – Improving Oral Health Equity – RECEIVED
- Update – Health Select Committee Annual Review Questions – RECEIVED
- Update – MOC Projects Benefits Realisation Summary – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 11.33am.

**ACTION POINTS - NMH – Board Open Meeting
held on 26 November 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	Consumer Council Report	Enquire with Chair why they need one more member	Jenny Black	22 October 2019	28 January 2020	
3	MOC Programme Update	HCH annual report to be provided to the Board	Cathy O'Malley	26 November 2019	25 February 2020	
4	CE's Report: Wood Pellet Trial	CO ₂ admissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
5	CE's Report: Advance Directives	Investigate the possibility of combining Advance Directives, ACPs, EPOA etc or at least have the same terminology	Cathy O'Malley	26 November 2019	25 February 2020	

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 22 January 2020
Subject: **Correspondence for November and December**

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: 22 January 2020
Subject: **Chair's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

With the recent change in Board members, approval is sought for the appointment of Craig Dennis as Chair, and Allan Panting as Committee member of the Audit & Risk Committee.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD:

- 1 APPROVES THE APPOINTMENT OF CRAIG DENNIS AS THE CHAIR OF THE AUDIT & RISK COMMITTEE
- 2 APPROVES THE APPOINTMENT OF ALLAN PANTING AS A MEMBER OF THE AUDIT & RISK COMMITTEE
- 3 RECEIVES THE CHAIR'S REPORT.

MEMO

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

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

We congratulate and welcome the new NMDHB Board who, over the next three years, will play a crucial role in supporting the health of our Nelson Marlborough community. This time of year is a superb opportunity to reflect on how we are progressing against our Annual Plan priorities for 2019/20, and to gather focus to ensure we stay aligned in our endeavours, and give attention to the things that are crucial.

This summer, like others, has been busy across our health system with the huge influx of visitors to our region. Our teams have done a remarkable job in supporting great care over the Christmas/New Year period. Bay Dreams also added 17,500 people to Nelson, on top of the large number of holiday makers in the region. The event was well supported from a health perspective, but still saw over 500 visits to the "medical tent", with people requiring care from first aid to hospitalisation. Unfortunately, there were some 52 presentations to our Emergency Department related to Bay Dreams with significant numbers suffering harm from both alcohol and other drugs – with a high prevalence of MDMA. There were also a number of mental health related presentations at this time.

Our hospitals have been more than full over the summer period, with almost 1 in 4 presenting to ED from out of town, with general medicine, orthopaedics, general surgery and cardiology kept very busy.

I have just welcomed, today, some 40 NETP (Nurse Entry to Practice) and NESP (Nurse Entry to Specialist Mental Health) nurses to their employment in our DHB, having completed their study. It is wonderful to have so many new graduates entering our nursing world. They will learn lots, but also bring a fresh perspective for us as they begin their employment. The exciting thing to observe was the huge variety of settings of care where these new nurses would be working – in the Mental Health Inpatient Unit, in GP practices, in Golden Bay and Murchison, in Nelson and Wairau Hospitals, in Te Piki Oranga, in Hospices and the Medical & Injury Centre. What is also encouraging is having five Māori nurses, and one Samoan nurse part of the new contingent. We wish them all well as they begin their professional practice.

This year will, no doubt, pose many challenges in terms of providing safe, accessible and sustainable healthcare for our community. There is a deep commitment from us all to support our staff in the work that is needed, and a focus to investing in new models of care – new models and services that will ensure we have a health system fit for the future, and one in particular that improves access and addresses the gaps in healthcare outcomes for our most vulnerable.

2. PRIMARY & COMMUNITY

- The Tasman District Council (TDC) Growth Planner has alerted NMH that population figures for Tasman are tracking at a high growth rate as shown in the

Future Development Strategy rather than the medium growth rate that was originally predicted. TDC has asked that NMH joins a Joint Council Working Group in 2020 to look at ramifications of this development.

- Discussions have been held with Ministry of Health regarding changes to Stop Smoking Service contracts. Proposed changes involve an increased national focus on support for young Māori wāhine (18-30 years).
- The Stop Smoking Service received a total of 60 referrals throughout November, and 63 throughout December.
- In December, the Stop Smoking Service received nine Pepi First referrals which is significantly higher than usual. This increase may be associated with an article that was published in the Nelson Weekly about a hapū mama that quit smoking using the service:

“I want to create an environment for my baby where smoking is not ok. I don’t want her growing up thinking it’s ok, there are other tools to use when you’re stressed.” “It was the hardest thing I have ever done, but I am a lot happier now.” “You need that support behind you, you can’t do it on your own, having a quit coach really helped me.”

The client sought the guidance of a quit coach at Te Piki Oranga.

- Health Promotion coordinated the 14th Marlborough Clued-up kids programme on child safety. This was held at Brayshaw Park in Marlborough with 550 students attending during the week-long event. Highlights of the week included a new cyber safety set by Police which was very well received by students and teachers. Health Promotion also played a significant support role in the Nelson Clued-up Kids programme held in Motueka, in which Parklands School were the only ‘Bikes in Schools’ school and significantly stood out for their cycle skills compared to other schools.
- Work on the model for the intensive First 1000 Days intervention pilot in Motueka is well underway. The job description has been drafted, and the FTE has been secured, to pilot from within the PHN service.
- Two people have been appointed as Pressure Injury Practitioners as part of the ACC Pressure Injury project. One is an Occupational Therapist and the other is a District Nurse.
- The Community Oral Health Service has finished the year on 15% arrears, which is our MoH target for the 2019/20 year.
- Work is beginning on extending school based health services to Decile 5 schools.
- The formation of the Sustainability Steering Group, and the adoption of a programme and project management style of working, has begun to gain some further traction to the environmental sustainability agenda in NMH.
- Whilst the HealthPathways website utilisation remains high, there was a slight drop in access from the November to December period. Antibiotic Guidelines for Primary Care continues to be the most accessed pathway with 349 and 350 unique page views, respectively over the November and December period. New pathways have been developed for HIV Prophylaxis, Sexual Health, Antibiotic Allergy, Impetigo and Trigeminal Neuralgia.
- Public Health Nursing (PHN) work continues to highlight the need for more co-ordinated care, shared IT platforms and addressing the social determinants of health. Referrals are increasingly complex requiring focused navigation across services. PHNs have been active in communicable disease work through December – in particular with a complex TB case. Other working includes:
 - School-based Immunisation Programme completed with 925 children immunised in Term 4 across the Nelson Marlborough district for the second dose of HPV.

- B4 school checks – 197 checks completed across the district for the month. On track to meet all targets by end of December
- Outreach immunisation – 26 referrals
- Nelson personal health referrals total = 25 (mix of enuresis, dental, allergies)
- Wairau personal health referrals total = 20 (mix of parental break up and/or family violence, behaviour, anxiety, depression, self-harm, toileting, eczema, head lice, skin infection, asthma, allergy to nuts).
- Healthy Food and Beverage Policy changes were approved by ELT with significant shifts towards sustainability. The development of the updated Policy involved collaboration between Public Health, Dietitians and the Nelson Hospital Cafeteria Manager. Health Promotion are currently working with the Catering Managers and Dietitian Team Leader on implementation. Policy changes to be adopted early 2020. Public Health Advocate is providing support to other DHB’s to adopt similar policies.
- As a result of the Knowledge and Training on Alcohol (KATOA) programme for Māori wardens in Marlborough, Nelson Marlborough Institute of Technology are registering and branding the programme under its academic processes. Due to the programme’s success the Health Promotion Agency are also now working with Te Puni Kokiri and the six Māori warden regional coordinators to facilitate engagement with Māori wardens throughout NZ. Hui will take place early 2020 to gain further insights into what alcohol-related harm, and other harms, wardens see in their communities, alongside opportunities and resources required to maximise their support and influence in reduction and prevention.
- Our NMH Workplace Wellbeing webpage was launched this month. WorkWell is starting to gain good momentum with businesses throughout the district. Mitre 10 Mega are well underway on the programme, Heartlands Packhouse and Cool Store have signed their commitment and are working on their bronze accreditation, and Dominion Salt are booked in for Mental Health & Wellbeing workshops in February.
- Progress against immunisation health targets:

Progress – Targets & Volumes			
Target Name	Target		Actual
B4 School Checks	1468 Total 161 High Deprivation 90% (1468) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.		906 62% 85 50% (need to be at 50% by 7 January 2020)
8 Month Immunisations	Total	95%	Monthly results ending December 2019
	Maori	95%	Total 93%
	Pacific	95%	Maori 95%
	Asian	95%	Pacific 100%
	95% of all children at 8 months of age are required to be fully immunised		Asian 100%
			Total declines/opt offs 6.0%
			<i>(accurate data will not be available until 13 January 2020)</i>

Target Name	Target	Actual
2 Year Immunisations	<p>Total 95%</p> <p>Maori 95%</p> <p>Pacific 95%</p> <p>Asian 95%</p> <p>95% of all children at the age of 2 yrs are required to be fully immunised.</p>	<p>Monthly results ending December 2019</p> <p>Total 91%</p> <p>Maori 86%</p> <p>Pacific 100%</p> <p>Asian 71% (5 out of 7 vaccinated)</p> <p>Total declines/opt offs 6.7%</p> <p><i>(accurate data will not be available until 13 January 2020)</i></p>
5 Year Immunisations	No Target	<p>Monthly results ending December 2019</p> <p>Total 81%</p> <p>Maori 76%</p> <p>Pacific 100%</p> <p>Asian 75% (3 out of 4 vaccinated)</p> <p>Total declines/opt offs 13.7%</p> <p><i>(accurate data will not be available until 13 January 2020)</i></p>
Cervical Screening	80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.	<p>Total 79.2%</p> <p>Maori 72.6%</p> <p>Pacific 77.3%</p> <p>Asian 66.1%</p> <p>Other 80.8%</p> <p><i>(latest figures available as at October 2019)</i></p>
Enrolment and utilisation of adolescents into the Adolescent Oral Health Service - 2018	Ministry of Health= 85%	Final Healthpac data received: NMH= 82.2% (Best in NZ) NZ = 67%
Smokefree	95% of patients admitted to hospital, who are smokers, are given advice and support to quit.	93.5%

2.1 Pharmacy

- Pharmacy has been busy in both hospital services and the community. Fortunately Hospital Pharmacy is fully staffed, however the community has continuing recruitment challenges, especially to staff after hours and weekends. The percentage of inpatients that had their medicines reconciled has increased by 20% over the 2018/2019 year, and this helps detect and prevent medication related errors in hospital. Discharge is an important time to get things right as far as medication is concerned, and it is where miscommunication can, and does, happen. Both Nelson and Wairau pharmacies have worked hard to ensure as many medical/ATR patients as possible are discharged with a “yellow card” which has a list of medications, what they are for, when and how to take them, and a chat about potential side effects. There are also initiatives in place with purple cards for cancer

patients for their, often complicated, regimens and a new initiative for pink cards for post-discharge pain relief with reducing doses. These cards are much loved by patients and community pharmacies. They are a great source of truth when there are mismatches between discharge prescriptions and discharge summaries.

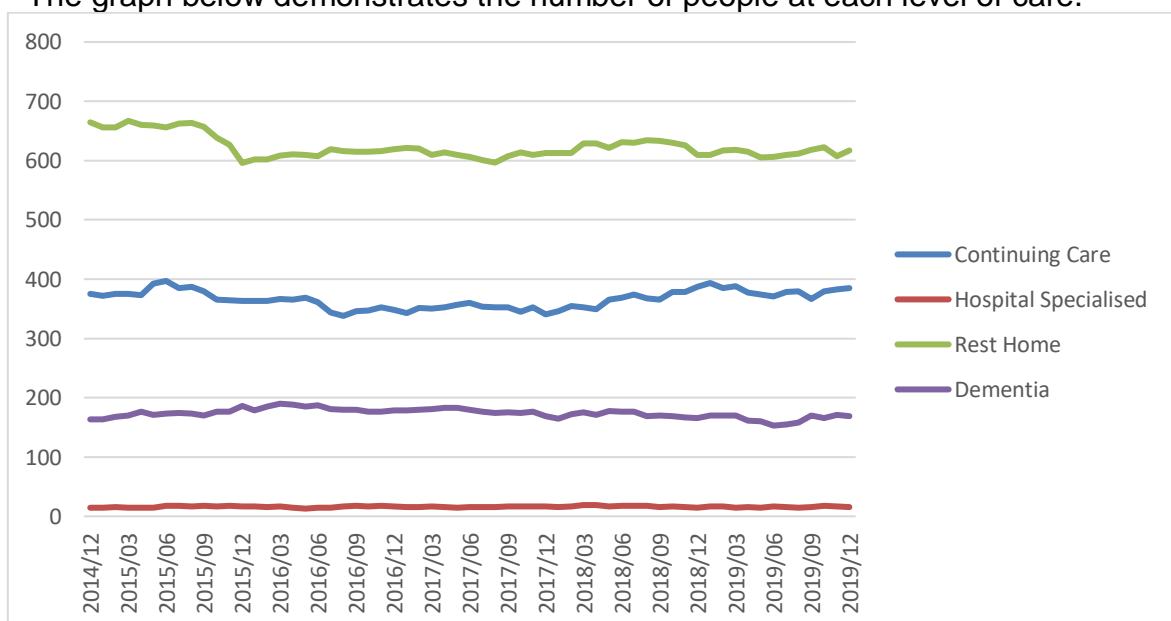
- The Unichem pharmacy on Collingwood Street will close in early February, but does not have any negative consequences for patient access as there are two other pharmacies within approximately 100 metres on the same street.
- A new Pharmacy is planned for Stoke.

2.2 Health of Older People

The \$78.3 million budget for Health of Older Persons is predominately used to fund Age Related Residential Care (ARRC) and Home and Community Support Services (HCSS). These services account for 63.6% of the total budget. The remainder largely funds specialist palliative care services, as well as services to support people living in the community such as information and advisory services, day programmes, respite and carer support.

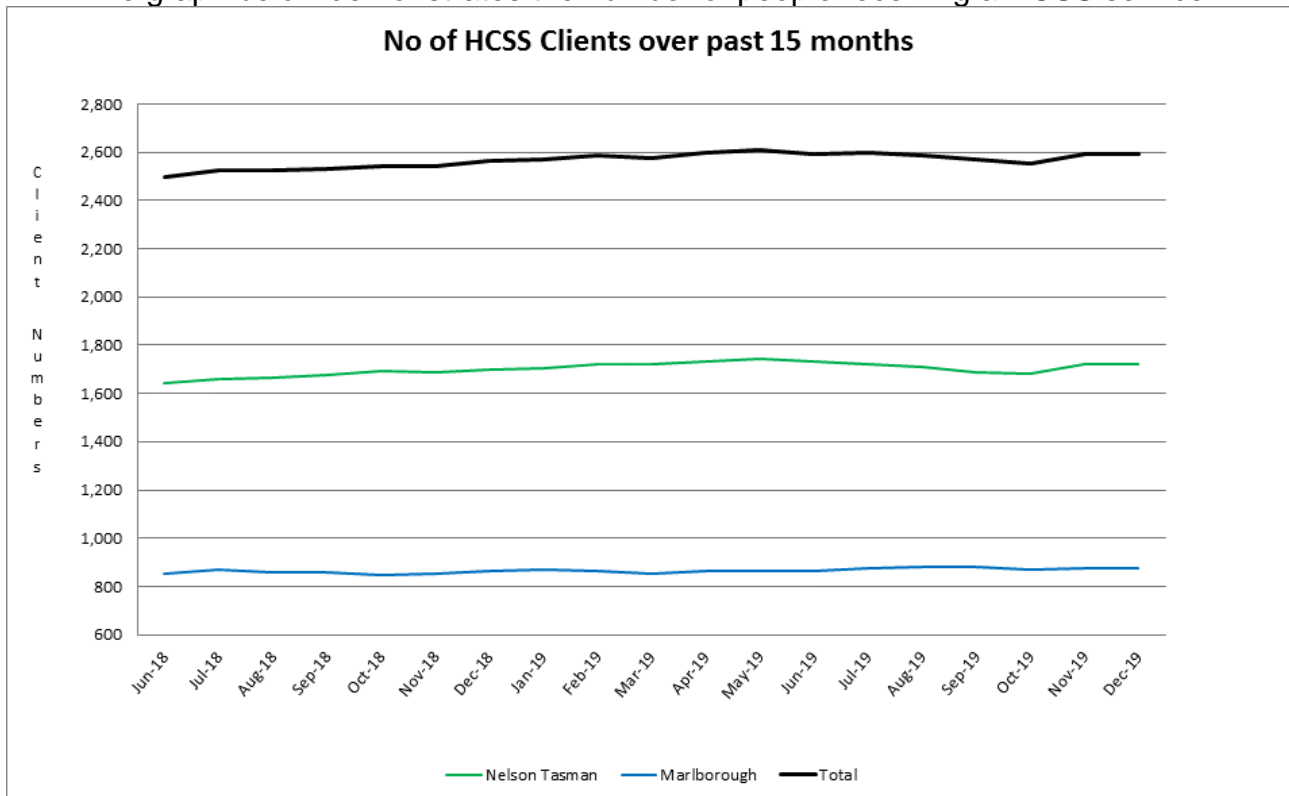
- *Age Related Residential Care.* There are currently four levels of care:
 - Rest Home Level Care – for people who are not safe to be cared for at home for a range of reasons, eg unsafe to transfer independently, unable to use the toilet independently or need overnight supports, but live alone
 - Continuing Care – often referred to as Hospital Level Care, but do not provide the same sort of care as would be received in a hospital. This level of care is normally for people that need the help of two people to transfer, or require the oversight of a registered nurse due to more complex health needs
 - Dementia Level Care – for people who, due to deterioration in their cognitive abilities, require a secure environment to keep them safe from wandering and getting lost or hurt. This level of care has more staff skilled in managing dementia related behaviours
 - Hospital Specialised Services – often referred to as psycho-geriatric care. This level of care is for people who have complex health needs and also require a secure environment. It is essentially a combination of Continuing Care and Dementia Level Care.

The graph below demonstrates the number of people at each level of care.



- **Home Community Support Services.** NMH currently has two contracted providers (The Nurse Maude Association and Access Community Health):
 - In 2017 NMH undertook a procurement to purchase a new model of HCSS services with focus on restorative approaches to care, whilst also moving from a fee for service contracting structure to a bulk funded purchasing method.
 - The move from five agencies to two was agreed to improve consistency and working relationships with HCSS agencies. This reduction also enabled a non-competitive model to improve collaboration and sharing of innovation across providers. This model has been extremely helpful when trying to navigate the complexities of pay equity, in-between travel and the delivery of service to complex clients or in rural areas of the region.

The graph below demonstrates the number of people receiving a HCSS service.



2.3 Advisory Committee Dashboard

As there is no Advisory Committee this meeting, attached as item 4.1 is the dashboard showing data for Community Addictions and Older Persons Mental Health, NBPH and MPHO enrolments, Pharmaceuticals, Aged Residential Care, DSS, and Stop Smoking Activity for the month of December.

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

- In December we successfully submitted our first PRIMHD extract to the MOH. This is very pleasing as it is the first time we have managed to achieve this since adopting the SIPICs system. This has been a significant piece of work and a huge thank you to our data and reporting team and the NMH SIPIIC and IT team to finally achieve this.
- Referrals remained, overall, steady over November and December, and the teams were able to manage demand. We have experienced continued high occupancy in

the Wāhi Oranga. The management of this increasing demand for our services is a real credit to our administration, clinical and coordination teams

- A key focus for our teams have been to support the transition of resident and community support services from the two existing providers to the new provider of these services. Communication from Pathways has been regular to ensure teams, clients and whānau have been kept up to date. The significant pressure in this process has been to ensure we have enough community beds available to continue to support our clients, as many of the existing properties were unable to be transitioned in the process.
- Pathways have been exemplary in the way they have made themselves available for clients, whānau and our teams to ensure as many factors as possible are taken into consideration when the final transition has occurred. All services will be operational under Pathways from 1 February 2020.
- The partnership agreement with the ACCORD group (MH&A funded NGOs) was reviewed and adapted to strengthen our approach to further develop our partnership between NMH and our contracted providers. It was also an opportunity to ensure the partnership was aligned to the strategic priorities of our services. We have now committed to ensuring NMH has a regular and strong presence at the ACCORD meetings with clinical services being present.
- We are working with our PHOs to implement the single point of entry to services e-referral system district-wide. We are utilising the ERMS web tool to achieve this.
- The wellbeing practitioner model is developing across the district. Currently there are three people in place (one in Motueka, two in Blenheim), currently based in General Practice and working within the HIP (Health Improvement Practitioner) model. They currently see from 70 to 90 clients per week who are sub-threshold for secondary MH&A support services. These roles have been very well accepted into General Practice and are well supported by our primary care colleagues. They also pick up a significant amount of unmet need in the community, and are working to upskill and increase confidence of our teams in primary care, in regards to better meeting the needs of people who present with MH&A needs.
- The MH&A services have been developing one page directory reference pamphlets with supporting wallet card resources to give to people and whānau who may need MHA support. We aim to distribute to GPs, Pharmacies, LMCs, schools, NGOs, Iwi offices, and Te Piki Oranga during February.
- Well established forums are now in place to interface with Police and other first responders, including St John and ED. Operational issues that teams face with regards to addressing MH&A issues are being raised and addressed.
- MH&A and Police have completed some joint reviews of adverse events, with recommendations identified for improvement.

3.2 Hei Pa Harakeke / First 1000 Days and Strengthening Coordinated Care

- A survey on what local services and support is in place has been completed.
- Successful community based workshops have occurred in Motueka, Stoke, and Blenheim.
- Fixed term home visiting lead in the Public Health Service has been appointed as has a Kaitawhai Support Worker role to assist.
- Training has been completed for Motueka teams who are involved in direct client contact within the home environment, eg Family Start, Public Health, and Plunket. This was achieved with funding support from the Care Foundation.
- The model is becoming clearer, it is a stepped care model, which requires targeted development at each level across the system to ensure appropriate interventions are made available for people in a responsive way.

3.3 Reducing Harm Caused by Methamphetamine

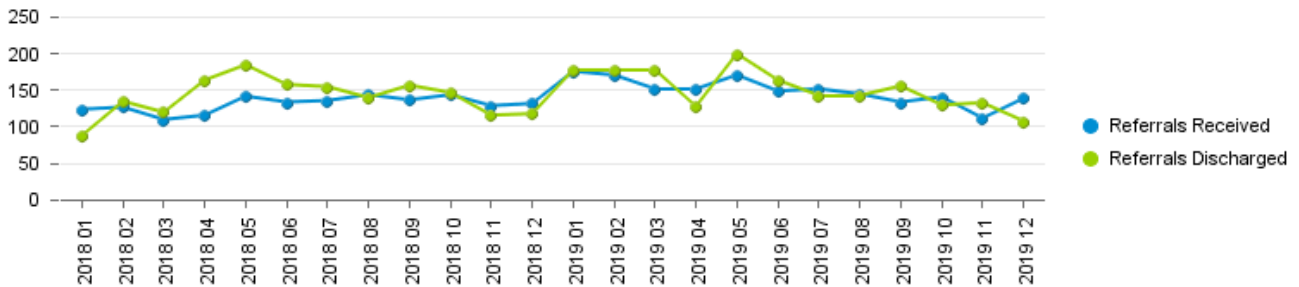
- Waste water and qualitative data from a number of agencies are being compiled into a baseline report.
- Resources have been developed and are well distributed across the district.
- Education sessions which are provided jointly between Health and Police are being well received
- MATRIX programme has begun in both Addictions and Te Piki Oranga, and the programme continued over the Christmas period.
- The issue of accommodation for people with active addictions issues has been raised and addressing these issues in liaison with the housing forum will be investigated.

3.4 Addictions Service

District-wide Referrals

Referrals Received and Discharged

Addictions as at: 10/01/2020

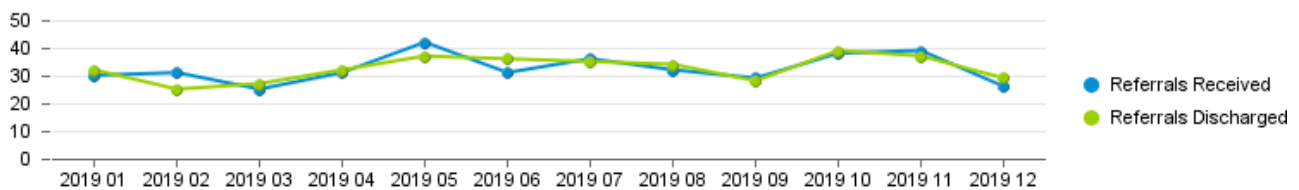


3.5 Mental Health Admissions Unit (Wahi Oranga)

- Ongoing high occupancy in the unit.
- Staff engagement increasing. Staff enjoying opportunities for leadership roles with clients or Trendcare etc.

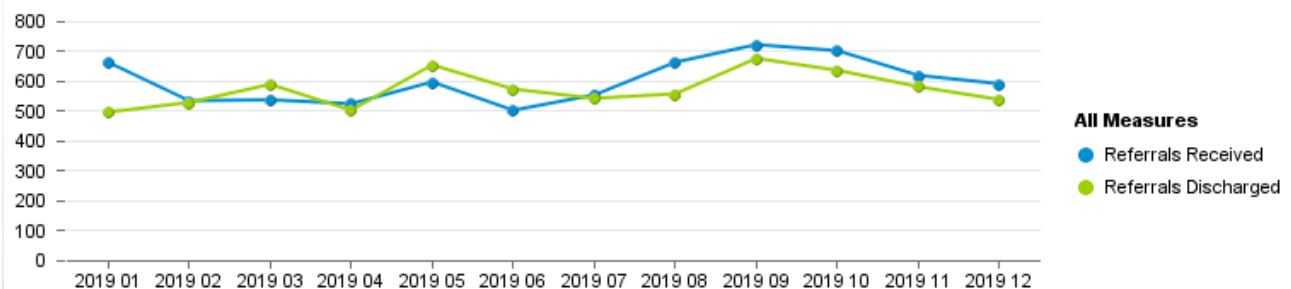
Referrals Received and Discharged

Wahi Oranga Inpatient Unit as at: 10/01/2020



3.6 Community Mental Health Addictions and Older Persons

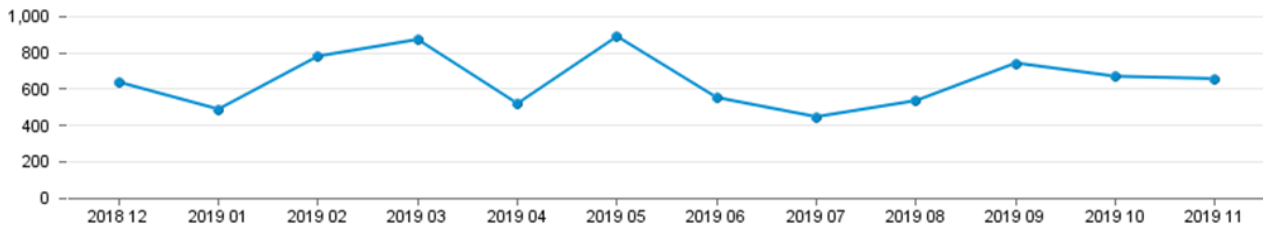
Community Mental Health, Addictions and Older Persons MH - Referrals Received and Discharged



Seclusion

	2018 12	2019 01	2019 02	2019 03	2019 04	2019 05	2019 06	2019 07	2019 08	2019 09	2019 10	2019 11
Seclusion Hours	636	487	779	871	518	888	551	445	534	741	668	655
Seclusion Events	46	33	26	26	36	39	42	40	45	33	33	46
Number of Patients Secluded	9	7	10	6	5	9	8	8	6	8	8	14
Average Hours per Seclusion Event	14	15	30	34	14	23	13	11	12	22	20	14
Average Hours per Consumer	71	70	78	145	104	99	69	56	89	93	84	47

Seclusion Hours by Month as at: 10/01/2020



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

- Weekly meetings of the Zero Seclusion Team are held.
- Zero seclusion away day on 28 November was attended by all, with a new plan developed to reduce seclusion on admission by 50 percent within 6 months

3.7 Child and Adolescent Mental Health Services (CAMHS)

	Open Referrals as at: 10/01/2020	Referrals Received 2019 12	Referrals Discharged 2019 12	Community Contacts 2019 11	DNA % 2019 11
CAMHS Nelson	390	48	64	342	9.06%
CAMHS Forensic Nelson	14	6	3	35	8.57%
CAMHS Wairau	211	31	17	325	4.92%
Total	615	85	84	702	7.12%

3.8 Disability Support Services (DSS)

- DSS appreciated the opportunity to be significantly profiled in the final DHB Connections magazine for 2019. This edition has received great feedback.
- A key focus of DSS for this period has been to undertake an audit across our services to ensure the care and support we are both contracted to do as well as required to do to ensure we are in line with our strategic priorities. Key areas of focus have been identified through this process and plans are underway to make improvements across the services.

Disability Support Services (DSS)		Current November 2019				YTD November 2019	Current December 2019				YTD December 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	18		180	decrease 1		
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	decrease 1	1	0	8	9			
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2		1	2		3	increase 1		
Beds – Others - CY&F & Mental Health		0	1		1	decrease 1	0	1		1			
Residential contracts - Actual at month end		172	21	8	201		172	21	8	201			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	172	21	8	201		172	21	8	201			
	Respite service users - Actual at month end	5	3		8		5	4		9	Increase 1		
	Child Respite service users - Actual at month end	33			33	decrease 2	33			33			
	Personal cares/SIL service users - Actual at month end	1	0		1		1	0		1			
	Private Support in own home	0	0		0		0	0		0			
	Total number of people supported	211	24	8	243	decrease 4	211	25	8	244			
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
Occupancy Statistics		Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms	230		222		8		230		222		8	
	Total available bed days	6,900	35,190	6,660	33,966	240	1224	7,130	42,320	6,882	40,848	248	1472
Total Occupied Bed days	Actual for full month - includes respite	6,247	32,034	6,100	31,262	147	772	6,504	38,537	6,344	37,606	159.5	931.5
	Based on actual bed days for full month (includes respite volumes)	90.5%	91.0%	91.6%	92.0%	61.3%	63.1%	91.2%	91.1%	92.2%	92.1%	64.3%	63.3%
		Last month	Current month	Variance				Last month	Current month	Variance			
Total number of people supported		247	243	- 4				243	244	1			
Referrals	Total long term residential referrals	14	13					13	13				
Referrals - Child Respite	Child Respite referrals	6	6					6	6				
	Adult Respite referrals	3	2					2	2				
	New Referrals in the month	1	4					4	1				
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	23	21					21	21				
Vacant Beds at End of month - (excludes Respite Beds)		15	14					14	15				
	Less people transitioning to service	-	-					-	-				
	Vacant Beds	15	14					14	15				

4. INFORMATION TECHNOLOGY

- The online Capex form pilot has been completed, ready for the organisation-wide launch in January. The Hauora Direct online form Phase 1 delivery has been completed in time for the pilot, which was built around a pop-up event at Stoke School on 7 December.
- ePharmacy is progressing, which migrates us from a local version of WinDOSE to a regional instance of ePharmacy. The benefits are removing an old and unsupported application, enabling us to retire the equally old and unsupported hardware, and clear the way for the next step in our medication management programme.

Project Status

Name	Description	Status	Original Due date	Revised due date	
PaperLite and New					
eTriage	Electronic triage of referrals delivered via ERMS	All core surgical, medical and allied health outpatient services now on eTriage. Scope of original eTriage project complete. Begun work on eTriage to SIPICS integration, internal referrals, mental health and community services.	May 19	Jan 20	●
Digital transfer of medications on discharge	Digitally transfer medications on discharge to a care facility in a clinically safe environment.	A regional workshop with SDHB, CDHB, NMH, Orion, MediMap, and Datacom has been held to explore the viability of this solution. Business case completed and approval received to continue.	n/a		
Shifts	A mobile app utilising Microsoft Teams which allows managers to create, update, and manage shift schedules	Pilot in Wairau with RMOs starting Nov. Scope is all activities related to the management of shifts including view shifts online, shift swap, sick leave notification, and shift replacement. Training has been completed. Note this does not integrate with Actor at this stage.	Feb 2020		●
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	4 workstreams underway under MoC banner. NMH leading coordination of International Telehealth Managers meeting on a quarterly basis with interest from NZ, Australia, Canada and Scotland.	n/a		●
eRadiology	Regional project for online ordering and sign-off for Radiology tests and results.	eOrdering and eSignoff roll out to clinicians is gradual and phased by department. Process changes to fully support the new way of working are in progress. A 'bolt-on' Comrad Dashboard module is set to be activated that enables individual modalities to see their worklist on big screens, replacing whiteboards. Apps Support resource now available to continue roll out.	Mar 18	Live / rolling out	●

Name	Description	Status	Original Due date	Revised due date	
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Attending meeting in November re regionalisation of Patientrack, In October we hosted SDHB for a tour of our instance and to allow them a greater understanding of the product. Currently meeting clinical outliers in relation to their ability to get the most out of Patientrack and to ensure that they have the appropriate hardware access.	July 18	Live / rolling out.	●
ePharmacy: Upgrade from WinDOSE	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage.	Testing Phase – round 1 completed. Resource constraints at CDHB ISG are placing some project dates at risk – escalated to the SI Alliance Programme Office. Go live pushed out to end of March, instead of beginning.	Dev 19	Mar 20	●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Release 19.2 was implemented in November 2019, benefits included improved follow-up booking workflow. PRIMHD (Mental Health Collection) data was submitted to the MoH in December. Ongoing work continues to resolve ministry extract issues. Upcoming activity focuses on the new ministry extract engine and theatre management.	Release 20.1: June-Jul 2020		●
ICT					
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Provision of external facing HR Kiosks for DSS is dependent on this. Great work on this in November and December with the Wairau Firewall being rolled out in late December.	Aug 19	Feb 20	●
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Orders placed before Christmas and All hardware onsite. Rollout underway	Aug 18	Mar 20	●
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	Regional Project Manager is now appointed to assist with coordinating the SI Regional effort. NMH now has broad adoption of Teams through the “Early Adopter” program that is in place. Slippage of dates for mailbox moves and legacy Exchange decommissioning. A lot of effort required in January	Various		●

Name	Description	Status	Original Due date	Revised due date	
Zoom Room	Zoom is an easy to use, widely available VC alternative to Vivid. Trial use of Zoom enterprise level Video conference capability	PoC (Proof of Concept) has been successful and consolidation is underway with 26 licences organisation wide. Roadmap for Zoom integration currently being worked on. Room conversion for CIO group meeting room ongoing. Murchison Telehealth project underway.	July 2020		●
Windows 10 (Build 1809) Rollout	Refreshing windows build to current version	Steady progress. NMH now lead most DHBs in the modernity of their desktop and laptop fleet. The development and rollout planning for the 1909 build is underway	n/a		●
Network refresh (LAN)	Re-architecting and improved design of Core Cisco network components, to reduce complexity and make more robust.	High Level design is complete. Replacement switches are being built at CCL. Architecture is stable and fresh Statement of Work has been presented. This looks promising and the remaining repurposed Capex from the old laaS project will be leveraged to get this fully completed. Justification paper underway. Cisco 2960 hardware replacements continuing. Some slippage with the summer break.	Jul 19	Apr 20	●

6. CLINICAL SERVICES

- There were 21 more births (2.5% increase) in 2019 compared to 2018 in Nelson.
- December birth rate was 10% higher than average months.
- Motueka Primary Care Birthing Unit had a 90% and 96% utilisation rate (November and December respectively) with an overall increase of 28% in postnatal transfers from Nelson for 2019. Births in 2019 were 10 less than 2018, but intrapartum transfers were reduced by 57% which indicates improved risk assessment screening to plan for most appropriate birth place, and improved labour and birth management and guidelines to ensure safe care. No adverse birth outcomes at Motueka in 2019.
- Nelson inpatient postnatal utilisation up 18% from November to 71% for December.
- Wairau inpatient postnatal utilisation range 50-60%.
- Wairau staffing shortage exacerbated by additional sick leave in core and caseloading teams. Covered with staff working overtime, additional shifts, midwives from Nelson going to Wairau to work and contracted locum midwives.
- NETP/NESP orientation was held in January 2020 with 35 NETP and five NESP graduates.
- Approximately 84% of staff have been fitted for uniforms with 127 nurses still to be fitted. Generally a positive response has been received from staff and patients to the new uniforms.

- Our emergency services were well utilised, as planned for, over the holiday break. Notable was the Emergency Departments being pressured by out of town attendees, and the numbers especially peaked during the Bay Dreams concert with an increase on that day in the 15-24 year age group.
- The bed numbers on both hospital sites were reduced during the break, and these were managed well. This enabled as many staff as possible to enjoy time with their families.
- Radiologist staffing is now critical with the retirement late last year of a long serving staff member. The team have been working on recruitment and alternative solutions to address this pressure point.
- A new clinical leadership role has been established for Cancer Services and is currently being recruited to. This has been well received by the Cancer team.
- Ophthalmology continues to be an area of focus as we work to reduce the large waiting lists, and enable sabbaticals in amongst an already under resourced department. An innovative solution utilising Registrars has been developed with the support of the Clinical Lead and Service Manager. The Ophthalmology team have faced significant challenges for years, but continue to put patients foremost in their planning, and are an excellent example of clinical (nursing, medical, allied) and management (service managers, admin leaders) partnership in action.
- The final report from the Medical College of New Zealand (MCNZ) accreditation visit has been received. The overall outcome of the assessment was that NMDHB substantially met accreditation and is accredited for 4 years until 31 Dec 2023. We did, however, receive 12 corrective actions. An action plan draft is complete and will be finalised with responsibilities and timeframes at the next support meeting in February 2020.

6.1 Health Targets

- Year to date, as at the end of December 2019, 3,499 surgical discharges were completed against a plan of 3,693 (94.7%). This is under plan by 194 discharges.
- Year to date as at December 2019 indicates 2,707 minor procedures were completed against a plan of 1,972 (137.3%). This is over plan by 735 minor procedures.
- Year to date as at December 2019 NMDHB has delivered 12,193 caseweight discharges (CWDs) against a plan of 10,700 (114).
- Elective CWD delivery was 486 against a plan of 562 (86.5%) for December. Acute CWD delivery was 1,591 against a plan of 1,172 (135%) for December.
- Acute theatre volume was high in December sitting at 60, the second highest number since February 2019 with an increase in the number of ankles, femurs and LSCS, appendectomies. This month has seen an increase in acute bowel surgery.
- Year to date delivery to end of December for orthopaedic interventions was 261 joints against a plan of 262. Currently 29 joints are booked for January.
- Year to date delivery to end of December for cataracts was 248 against a plan of 266, which is under plan by 18. Currently 25 cataracts are booked for January.

6.2 Elective / Acute Arranged Services

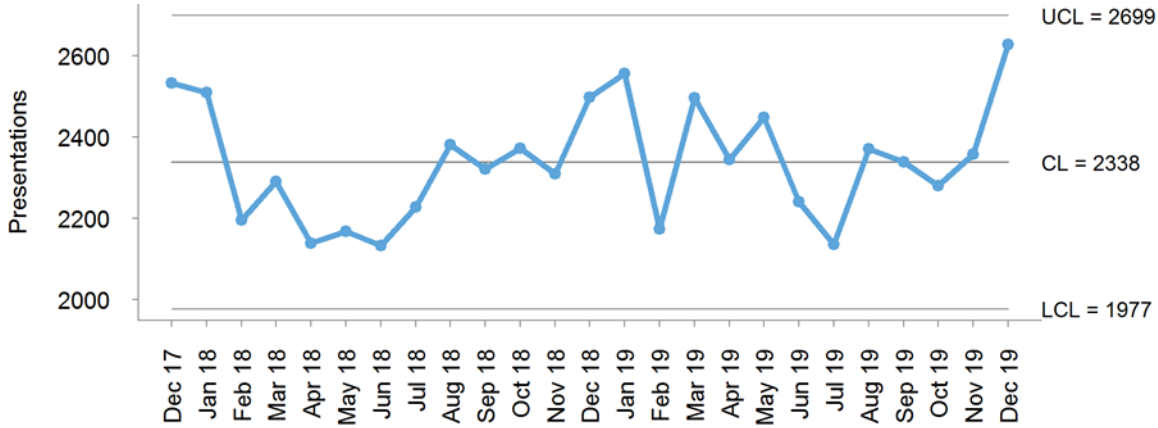
- ESPI 2 was Red for the month of December with 134 patients not being seen within 120 days of referral acceptance. This has increased from 80 patients in November. ESPI 2 requires continual ongoing work with individual services to ensure referrals accepted match the capacity of the service to see.
- ESPI 5 was Red for the month of December with 75 patients not being treated within 120 days of being given certainty. ESPI 5 status is alternating in and out of

yellow/red status, although still not reflective with MOH reporting. Regional SIPICs team reduced the outstanding data errors at MOH in October.

6.3 Shorter Stays in Emergency Department

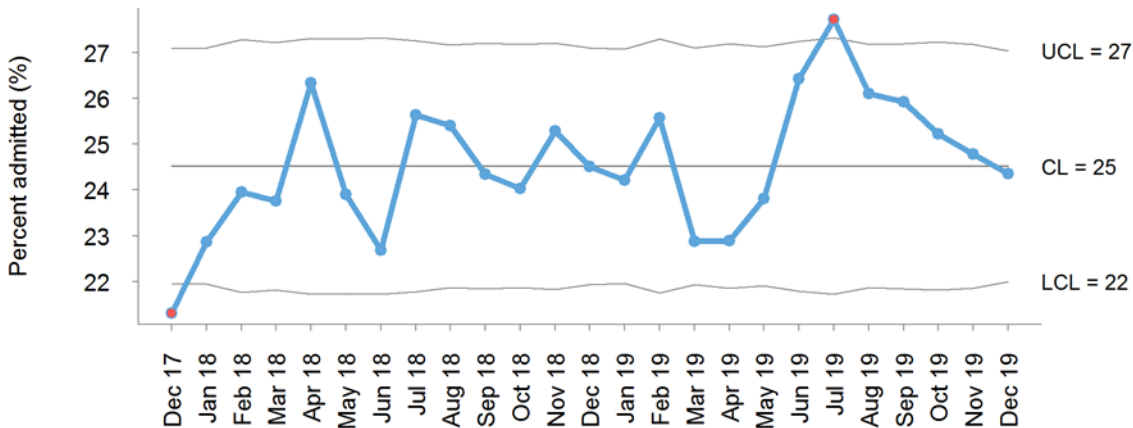
Number of Presentations in Nelson ED

Nelson 89.9% discharged or admitted within 6 hours of presentation to ED in December.



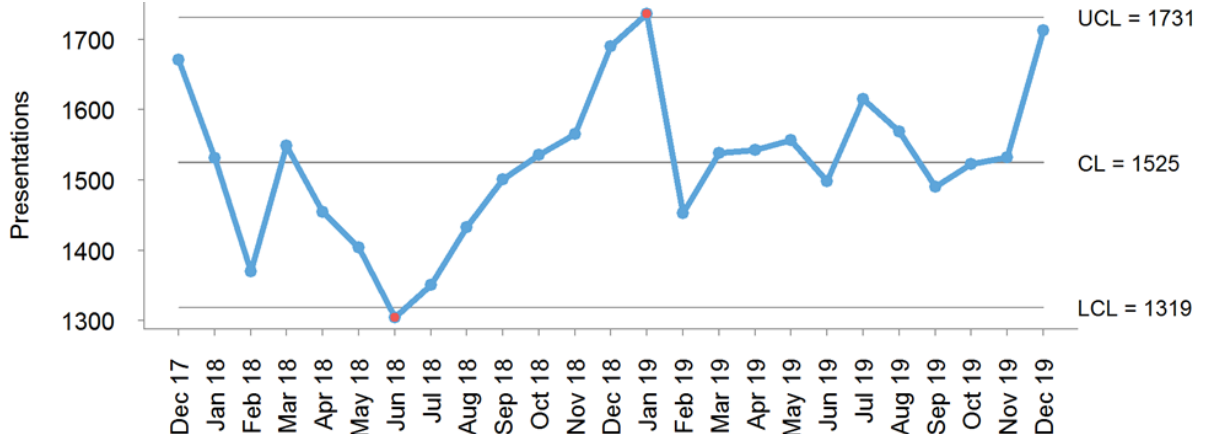
Admissions to Hospital (Nelson)

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

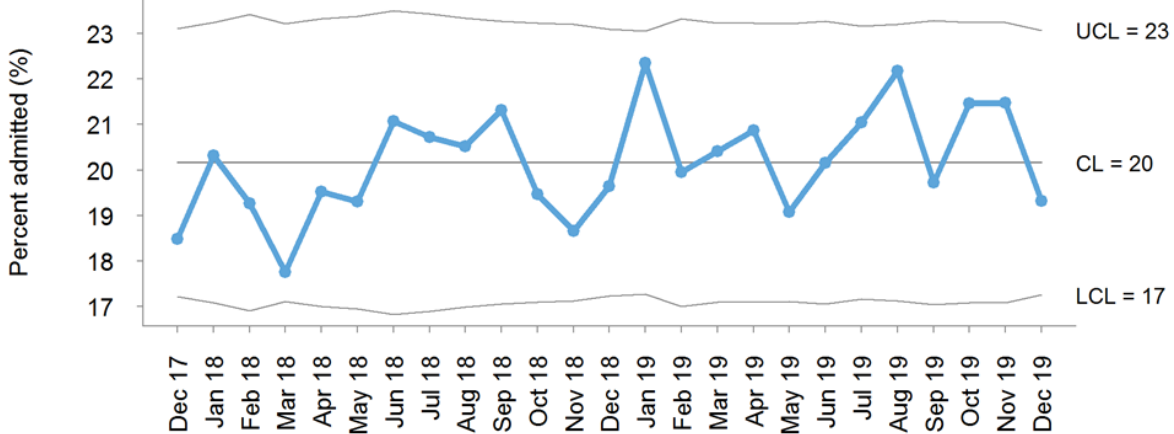


Number of Presentations in Wairau ED

Wairau 93.6% discharged or admitted within 6 hours of presentation to ED in December.



Admissions to Hospital (Wairau)

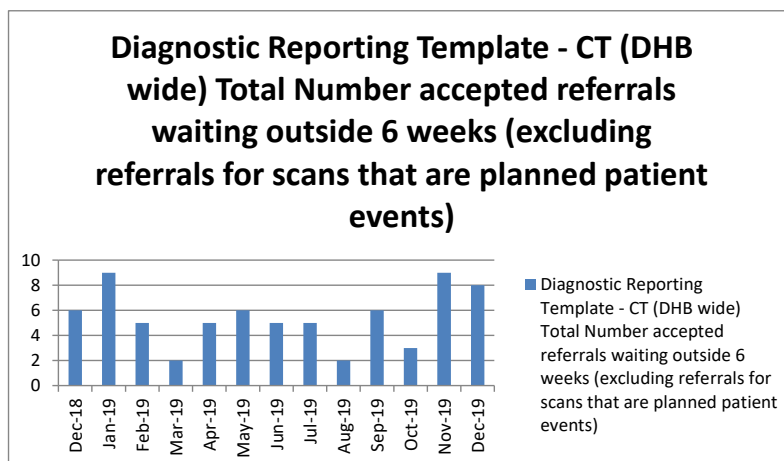


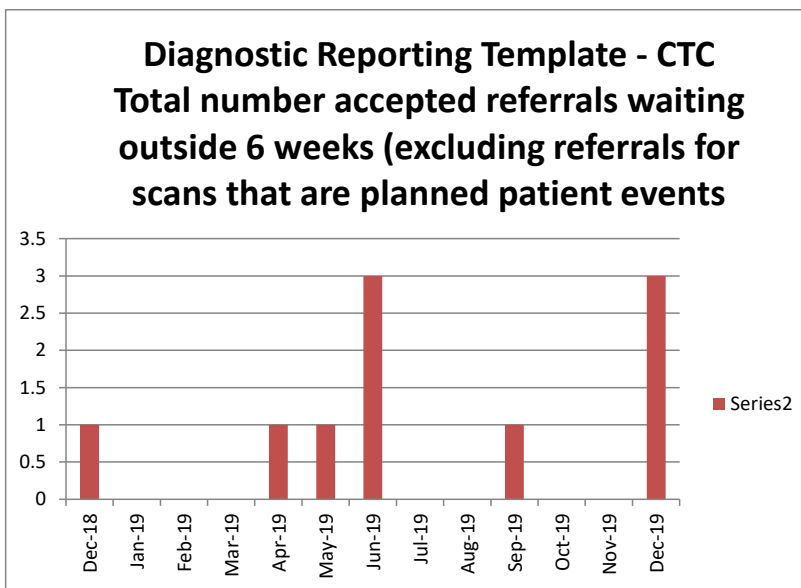
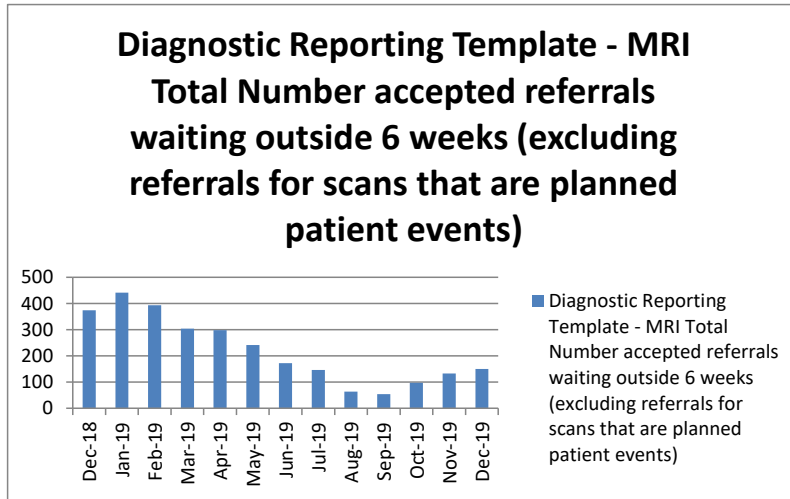
Occupancy Nelson and Wairau Hospitals

Hospital Occupancy December 2019	Adult Inpatient	Hospital (Total including Paediatrics and Maternity)
Nelson	97%	86%
Wairau	93%	82%

6.4 Enhanced Access to Diagnostics

- MOH MRI target shows 73% 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 68% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT running at 92% of target with 5 patients waiting greater than 42 days, and Wairau CT running at 48% of target with 27 patients waiting greater than 42 days.





6.5 Improving Waiting Times – Colonoscopy

At the end of November, there were 173 overdue colonoscopies, up from 120 at the end of October. Outsourcing of colonoscopies to Manuka Street Hospital continues throughout November to assist in further reducing the overdue colonoscopies.

6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - November 2019													Reporting Month: Oct 2019 - Quarter 2 - 2019-2020					
62 Day Indicator Records																	As at 27/11/2019	
TARGET SUMMARY (90%)		Completed Records																
		Nov 19 (in progress)		Oct-19		Sep-19		Quarter 2 (in progress)		Quarter 1		Quarter 2 (2018-2019)		Rolling 12 Months Nov 18-Oct 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			
		100%	0%	95%	5%	92%	8%	97%	3%	90%	10%	89%	11%	91%	9%			
Number of Records		17	0	18	1	23	2	35	1	69	8	64	8	255	25			
Total Number of Records		17		19		25		36		77		72		280				
Numbers Including all Delay Codes		71%	29%	78%	22%	85%	15%	74%	26%	77%	23%	70%	30%	78%	22%			
Number of Records		17	7	18	5	23	4	35	12	69	21	64	28	255	73			
Total Number of Records		24		23		27		47		90		92		328				
90% of patients had their 1st treatment within: # days		84		103		67		89		93		98		64				
62 Day Delay Code Break Down		Nov 19 (in progress)		Oct-19		Sep-19		Quarter 2 (in progress)		Quarter 1		Quarter 2 (2018-2019)		Rolling 12 Months Nov 18-Oct 19				
01 - Patient Reason (chosen to delay)		4		2		0		6		2		3		9				
02 - Clinical Cons. (co-morbidities)		3		2		2		5		11		17		39				
03 - Capacity Constraints		0		1		2		1		8		8		25				
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 (Nov 18-Oct 19)																		
Brain/CNS		100%	2	0%	0	0%	0	0%	0	0%	0	2						
Breast		100%	69	0%	0	3%	2	4%	3	7%	5	74						
Gynaecological		93%	14	6%	1	6%	1	0%	0	13%	2	16						
Haematological		93%	14	6%	1	17%	3	0%	0	22%	4	18						
Head & Neck		89%	8	6%	1	44%	8	6%	1	56%	10	18						
Lower Gastrointestinal		78%	35	18%	10	18%	10	0%	0	36%	20	55						
Lung		83%	19	13%	4	23%	7	0%	0	37%	11	30						
Other		100%	3	0%	0	29%	2	29%	2	57%	4	7						
Sarcoma		100%	4	0%	0	0%	0	0%	0	0%	0	4						
Skin		100%	47	0%	0	4%	2	2%	1	6%	3	50						
Upper Gastrointestinal		83%	10	15%	2	8%	1	0%	0	23%	3	13						
Urological		83%	30	15%	6	7%	3	5%	2	27%	11	41						
Grand Total		91%	255	8%	25	12%	39	3%	9	22%	73	328						
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records						
Rolling 12 Months (Nov 18-Oct 19)																		
European NFD		100%	10	0%	0	23%	3	0%	0	23%	3	13						
Maori		88%	14	10%	2	15%	3	5%	1	30%	6	20						
New Zealand European		90%	198	9%	22	12%	31	2%	6	23%	59	257						
Other Asian		100%	2	50%	0	0%	0	0%	0	0%	0	2						
Other Ethnicity		100%	3	0%	0	0%	0	0%	0	0%	0	3						
Other European		96%	24	3%	1	7%	2	7%	2	17%	5	29						
Samoan		100%	1	0%	0	0%	0	0%	0	0%	0	1						
Southeast Asian		100%	3	0%	0	0%	0	0%	0	0%	0	3						
Grand Total		91%	255	8%	25	12%	39	3%	9	22%	73	328						

7. ALLIED HEALTH

- The NMH bed lever recall process continues and a number of actions have been completed. These include all current clients known to allied health / NASC have been contacted and the bed lever replaced, equipment stock has been replaced, hospital use addressed and communication with ARC occurred.
- Allied Health community and outpatients continues to receive an average of:
 - 983 referrals per month
 - A one third Marlborough and two thirds Nelson / Tasman split
 - 10% Maori, 1.8% Pacifica, 2.5% Asian
 - 16% 0-15 years
 - 41.6% 16-64 years

- 42.4% 65 plus of which 14% are 80 years plus.

Referrals are received from across the health, disability and social sector.

- Allied Health inpatient activity, by service type, for November and December:

Nov 19	<i>Select month from drop down box</i>						
	Allied Health Assistants	Dietician	Occupational Therapist	Physiotherapist	Social Worker	Speech Therapist	Total
Total	360	242	723	861	243	198	2,547
Dec 19	<i>Select month from drop down box</i>						
	Allied Health Assistants	Dietician	Occupational Therapist	Physiotherapist	Social Worker	Speech Therapist	Total
Total	301	280	683	889	211	100	2,468

8. MĀORI HEALTH

8.1 E Hoki Ki Tō Ūkaipō Wānanga Māori Health Innovations Conference First 1,000 Days

The GM Māori Health & Vulnerable Populations has been successful in securing funding for a Māori Health conference E Hoki Ki Tō Ūkaipō Wānanga, which will be held in Nelson in early 2020. The conference will focus on Māori Health innovations in the area of the first 1,000 days. This is part of a focus on our tamariki and is a target within the South Island Child Health Alliance work programme and Te Herenga Hauora GMs Māori South Island. The GM Māori Health & Vulnerable Populations is a member of both forums. E Hoki Ki Tō Ūkaipō Wānanga will start with a Powhiri at Whakatu marae on 29 April 2020 and will be held at the Rutherford Hotel the following two days (30 April/1 May).

8.2 Hapū Wānanga

The latest Hapū Wānanga was held in Victory Community Centre in Nelson on 9/10 January. The latest Hapū Wānanga has achieved a very important milestone, celebrating the fact that over 100 wahine and their whanau have attended the programme since its launch a little over 12 months ago. There have been a total of 14 Hapū Wānanga held across the NMDHB district to date, with five held in Wairau, five held in Whakatū, and four held in Motueka.

8.3 Whare Ora Healthy Homes

Whare Ora is focused on reducing hospitalisations for those of our tamariki whom have respiratory problems which are the result of living in cold, damp unhealthy homes. The initiative is an ASH initiative.

Currently we have completed 42 homes which has brought a benefit to 178 whānau members. Of the 178 people whom have benefited from the initiative, some 89 were aged 0-14 years, and 87 were aged between 15-49 years. Of those whom have benefited so far, 61% identified as Māori, 12% as Pasifika, and 27 % identified as being from other ethnic groups, the largest of which were Pakeha.

8.4 Hauora Direct Pop Up

The pilot for the Hauora Direct Digital occurred on 7 December at Stoke Primary School. We had not held a Hauora Direct “Pop Up” event in this part of our district before. We purposely targeted the area as many of our high needs whānau are based around Karaka Street, Orchard Street and surrounds. This event specifically focused on trialling the electronic version of the tool and was supported by Public Health, Te Piki Oranga, Te Korowai Trust, Baby on the Go, Oral Health and others. Appointments were booked for 53 tamariki with 50 attending. Of the 50 who attended, 60% were Māori, 32% Pasifika, and 8% European. Of those screened, 25 were females, and 25 were males. Initial feedback from the nurses whom used the electronic version of Hauora Direct was extremely positive.

8.5 Nga Whakaaro Pono / Advance Directives

The Advance Directive (Whakaaro Pono) is one of the Te Waka Hauora projects, and seeks to integrate, in the first instance, the option of Advance Directives which are in either written form or video form for tangatawhaiora/clients in the area of Mental Health and Addictions.

8.6 Māori Provider Development

Te Waka Hauora has supported the establishment of:

- A kaupapa Māori lactation service within Te Piki Oranga which will promote breast feeding to Māori Whānau and is the first of its kind in the South Island
- A kaupapa Māori navigation to oral health services which seeks to improve access to oral health services for Māori children
- A kaupapa Māori dietician role
- Te Piki Oranga is also now on an Evergreen contract which will bring more certainty to longevity of funding relationship
- Securing funding that will see nursing roles established in Te Piki Oranga that will conduct Hauora Direct assessments across the NMDHB district
- Securing funding for a kaupapa Māori counselling service within Te Piki Oranga (the first position of its kind)
- Supporting Te Piki Oranga to apply for the national Māori Health Innovation Fund for the establishment of Tūhono (a kaupapa Māori maternal health service innovation).

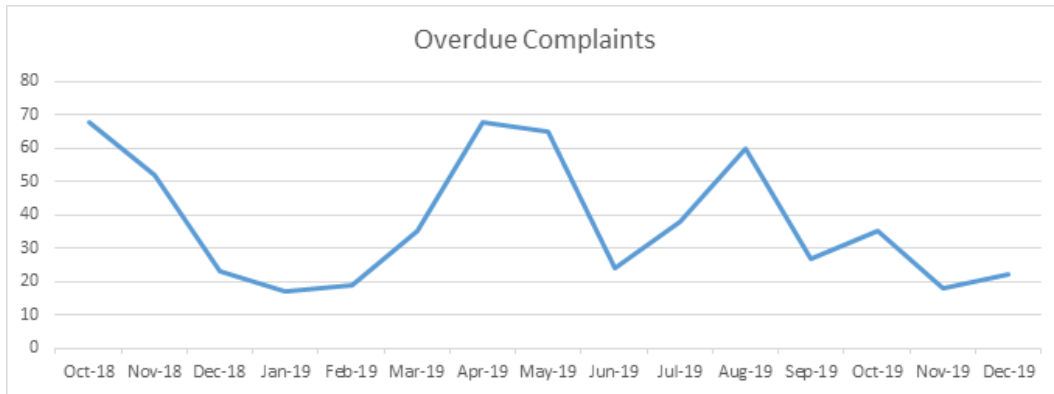
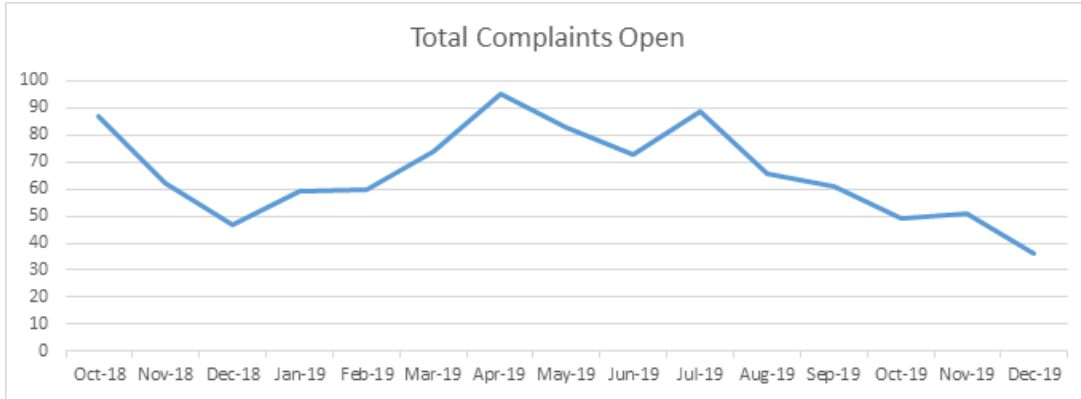
9. CLINICAL GOVERNANCE

- NMH Health Innovation Awards will be held in Wairau this year on 2 April and the Board is warmly invited to attend. The link below will provide more information: <http://nmhintranet/home/news/NMHStaffNewsandNotices/168920298/>
This is an opportunity to showcase the innovative work of teams and individuals across the NMH health system. There are 31 very diverse entries.
- Corrective actions from our most recent external audit against Health & Disability Service Standards (NZS8134:2008) for a district health board have been completed. This means NMDHB continues to be certified under Section 26 of the Health & Disability Services Act 2001 to provide health care services from 19 June 2019 for a period of 36 months (expiring 19 June 2022).

- Good progress has been made on addressing the number of overdue complaints, overdue HDC responses and increasing the percentage of up to date Policies, Procedures & Guidelines (PPGs), currently 69%.

9.1 Service User Complaints

We received 21 new complaints in December compared to 39 the previous month. Thirty-five complaints were closed, and 36 complaints remain open and active.

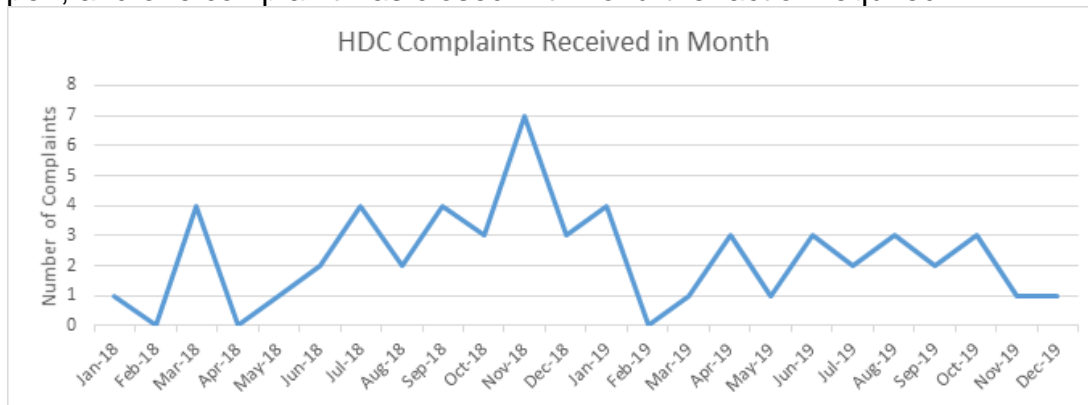


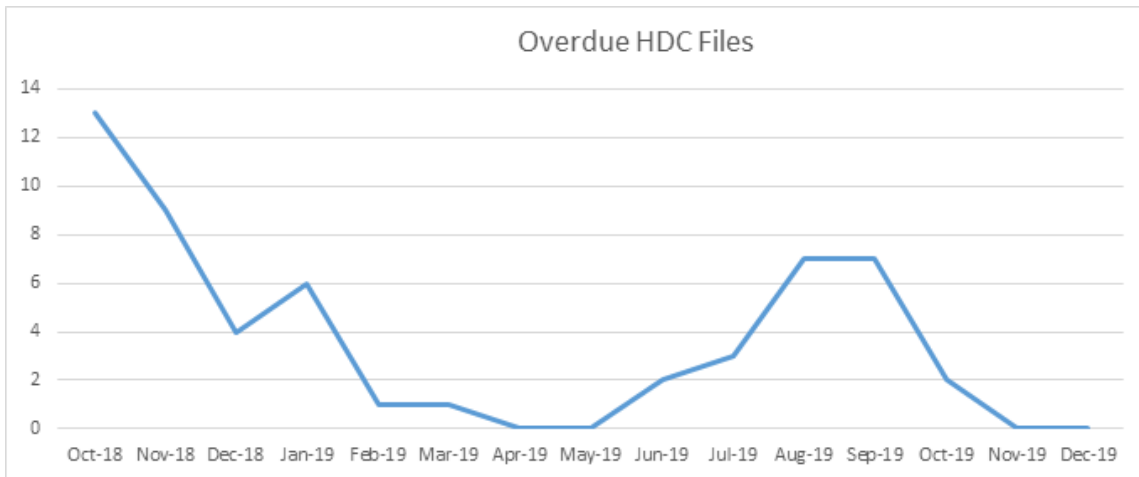
9.2 Service User Compliments

We received 16 compliments in during December, with the majority for the ED and Woman Child & Youth.

9.3 HDC Complaints

We received one new HDC complaint in December. We have two HDC complaints open, and one complaint was closed with no further action required.





9.4 Official Information (OIA) Requests

During November and December 16 OIAs were completed, with eight extensions of time requested. All were completed within the legislated timeframe.

9.5 Privacy Breaches

There were three privacy breaches in November, and two privacy breaches in December. We wait with interest to hear what the new threshold for mandatory reporting of privacy breaches to the Office of the Privacy Commission will be when the new legislation is put in place in April.

9.6 Quality Safety Markers

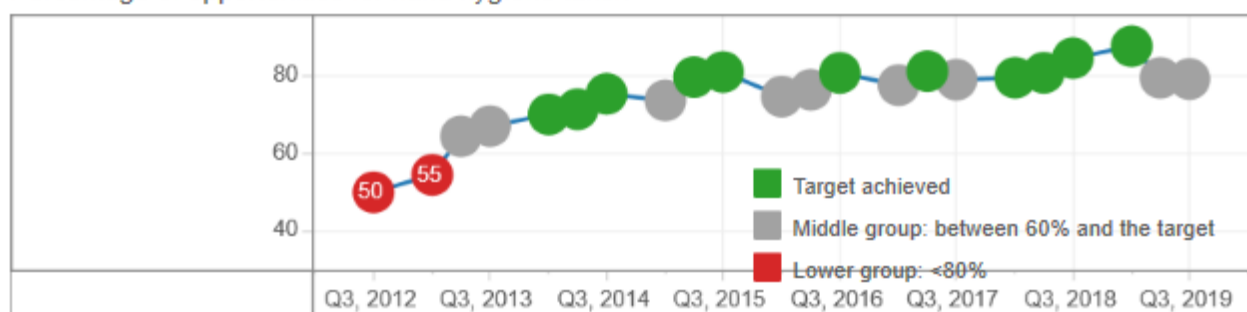
The percentage of older patients assessed for the risk of falling, and with an individualised care plan, is an area of continuous focus by the Falls Working Group.

Percentage of older patients assessed for the risk of falling and with individualised care plan



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

Percentage of opportunities for hand hygiene taken



9.7 National Patient Experience Survey

Nelson Marlborough DHB



10. PEOPLE & CAPABILITY

- The Holidays Act project has commenced with the Project Manager now in place.
- A workforce planning role is required to support the Models of Care work. This role will be recruited for in February.
- A new position to improve our ability to secure SMOs and reduce the timeframe for on-boarding has been approved. Recruitment is underway for this position.
- Work has commenced on the development of a Leadership Capability framework. The consultation phase is underway with a short survey being designed to send to everyone who is on the NMH Team Leaders and Managers email group. This will be followed by interviewing a small cross section of NMH leaders. This consultation will inform about the current leadership strengths and challenges at NMH.

11. COMMUNICATIONS

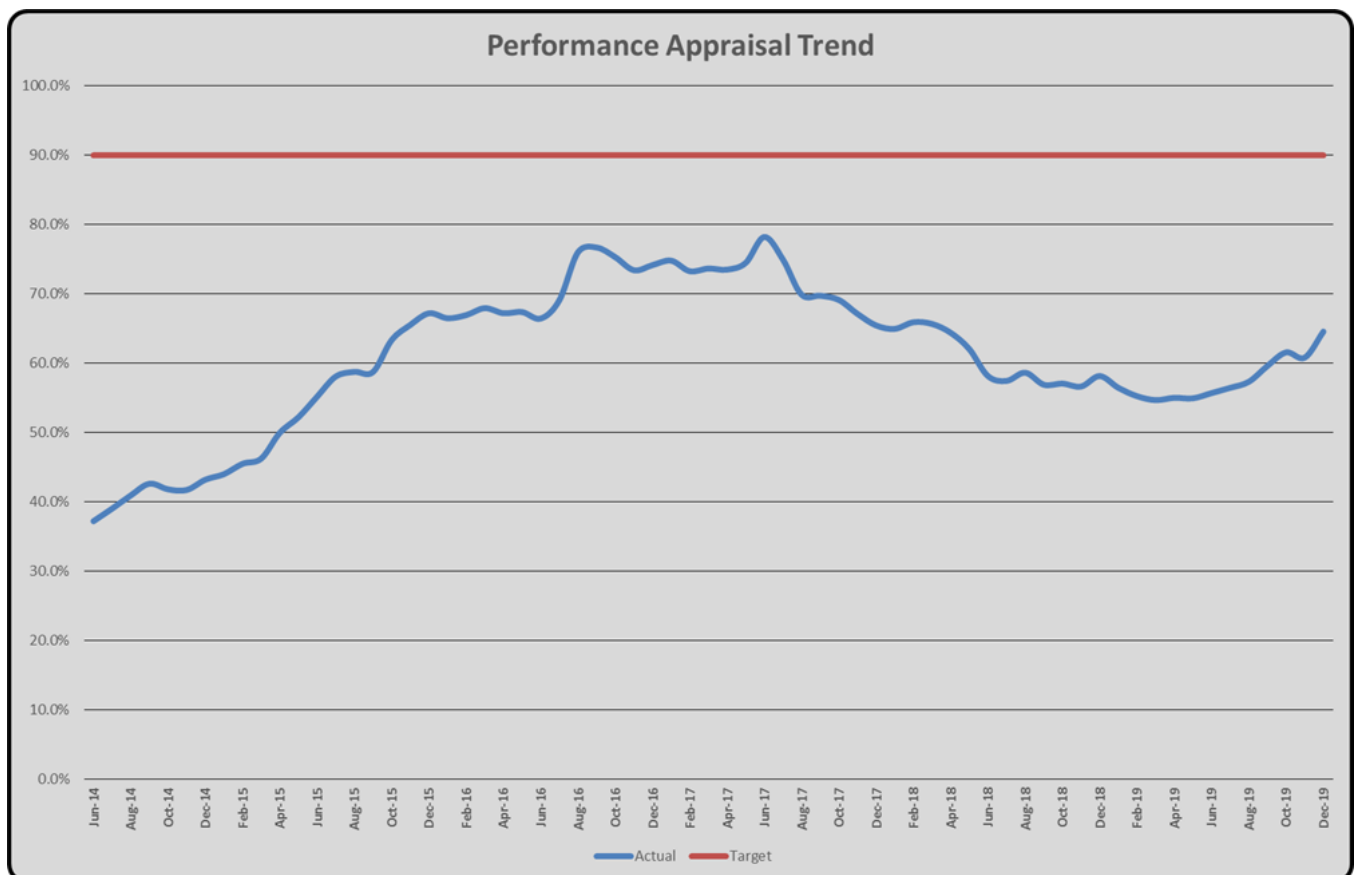
- The Stressbusters video was completed.
- A new webpage has been developed for “Workplace Wellbeing” using the accordion function to display all page content at a glance. Link noted below: <https://www.nmdhb.govt.nz/publichealth-service/health-and-wellbeing/workplace-wellbeing-programmes/>
- DHB Connections magazine and the annual Quality Account were published at the end of 2019.
- Work continued to raise awareness among Nelson patients early in their journey that they may have the option to travel to Wairau Hospital and receive their appointment/procedure sooner than in Nelson.

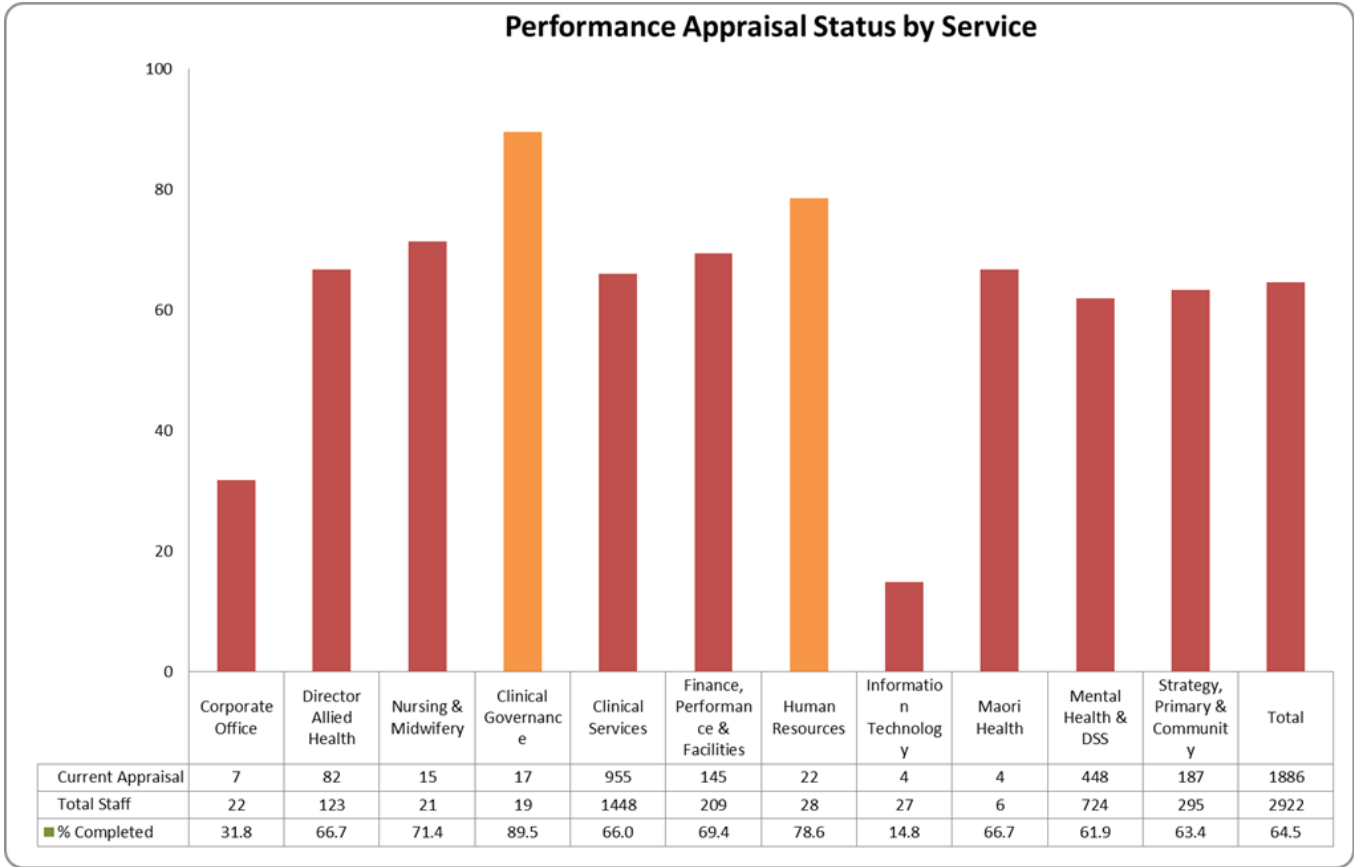
- Intranet statistics:

	November	December
Overall page views	668,567	621,990
Average page views per day	22,285	20,733
Overall visits	231,290	219,014
Average visits per day	7,709	7,300
Average visit length	5 minutes & 4 seconds	5 minutes & 4 seconds
Most-viewed news stories	Fleet cars for sale: 1460 views Fancy an e-bike at a 15-20% discount? 704 views Try an e-bike this week: 613 views A close call on SH6: 587 views	Christmas decorating comp winners (Nelson): 593 views It's great to see nursing staff in their new uniforms: 665 views Christmas decorating comp winners (Wairau): 570 views Alf the Elf (Christmas cheer): 440 views

10. PERFORMANCE APPRAISALS

To date we are at 64.5% of staff with a current appraisal (an improvement from 61.6% in December).



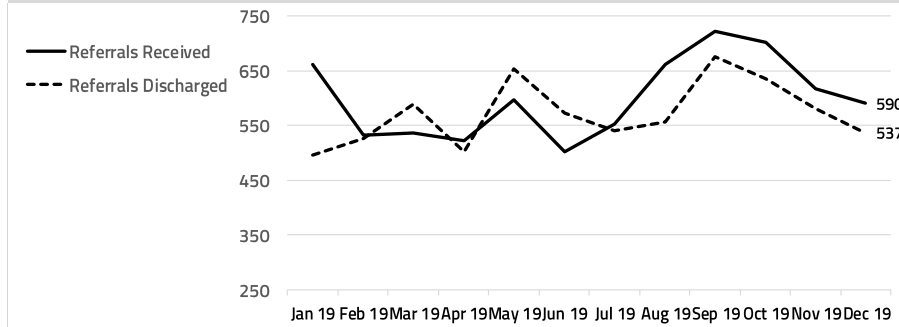


Peter Bramley
CHIEF EXECUTIVE

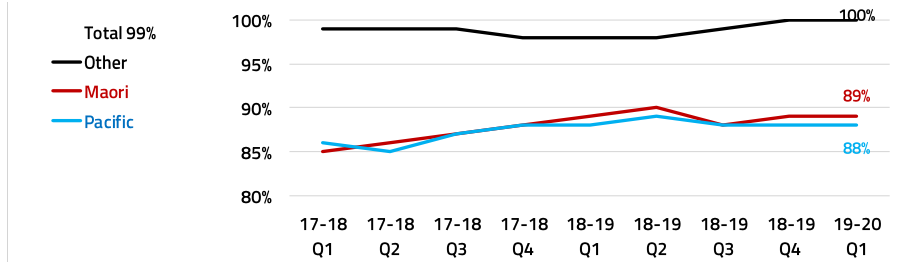
RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

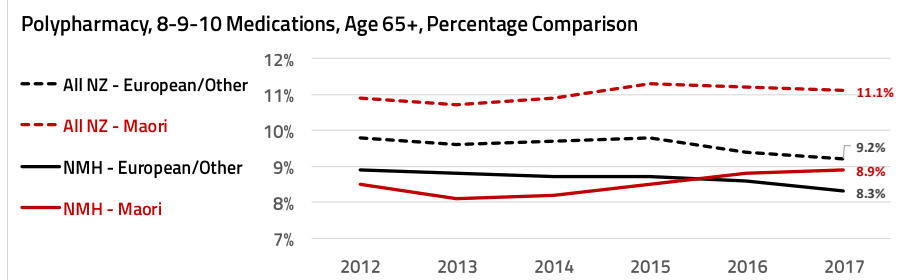
Community, Addictions, & Older Persons Mental Health



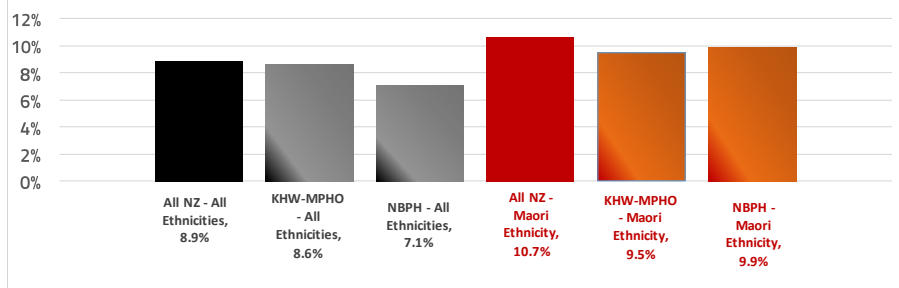
NBPH and MPHO Enrolment



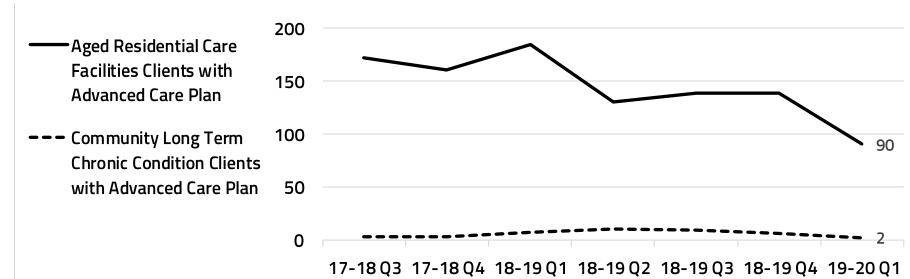
Pharmaceuticals



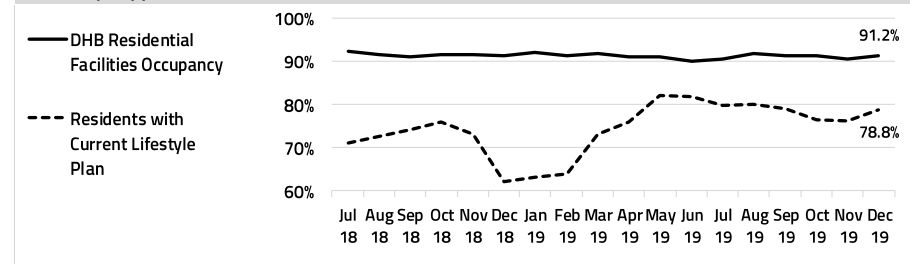
Polypharmacy 2017, 8-9-10 Medications, Age 65+, Percentage Comparison



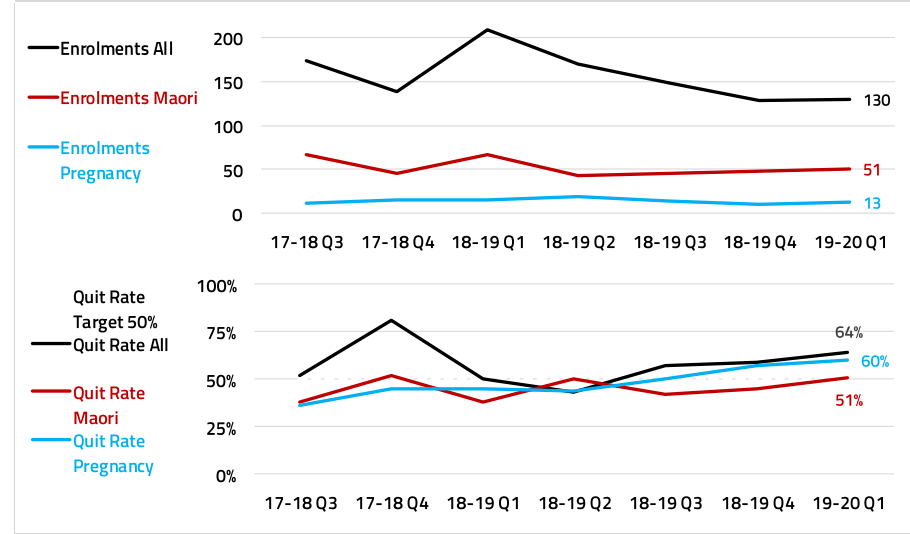
Aged Residential Care



Disability Support Services



Stop Smoking Activity



MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 22 January 2020
Subject: **Financial Report for December 2019**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the first six months of the 2019/20 year shows an operating deficit (before the MOC programme costs are accounted for) of \$3.95M which is \$0.98M 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 \$4.8M for the four months, \$1.08M adverse to our current planned result.

The major drivers for the variances within the first half of the year are:

- Variances within the medical workforce vacancies in Obstetrics & Gynaecology, General Surgery and Mental Health are being covered by various locums. The cost of the locums is at a premium higher than the variance from the vacancies resulting in the adverse variance for workforce. Recruitment efforts continue to fill these roles with a number due to commence employment over the coming months.
- Higher than planned activity, especially in the acute setting resulted in clinical supply costs tracking higher than budgeted in the earlier months. We are also seeing higher costs from higher acute / winter activity in the hospital impacting clinical supply costs in the District Nursing Service.
- As we have seen in previous years the costs associated with Intragam can fluctuate depending on a small number of patients requiring this blood product. Over the last several months we have seen a higher level of patients requiring Intragam than we have seen over the last five years resulting in Intragam accounting for nearly a half (\$513k) 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 \$338k 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. The October forecast from Pharmac was received in late November and projected the NMH costs at \$759k higher than our planned level, of which \$676k is offset by the additional funding related to the \$20M increase in the CPB – this left an overspend of \$89k.
- Non-clinical supply costs are largely driven by food services. This increase has resulted from a 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 December 2019

Month \$000s			
Actual	Budget	Variance	Last Yr
44,311	43,610	701	37,552
2,261	2,235	26	1,608
660	575	85	405
837	820	17	829
1,149	1,130	19	1,125
49,218	48,370	848	41,519
21,151	20,649	(502)	15,859
545	193	(352)	514
21,696	20,842	(854)	16,373
1,661	1,644	(17)	1,483
2,678	2,525	(153)	2,322
4,049	3,982	(67)	4,132
451	369	(82)	374
2,519	2,637	118	2,417
11,365	11,371	6	10,085
3,899	3,899	0	3,902
48,318	47,269	(1,049)	41,088
900	1,101	(201)	431
34	34	0	28
1,130	1,278	148	1,126
821	872	51	552
1,985	2,184	199	1,706
(1,085)	(1,083)	(2)	(1,275)
(110)	(125)	15	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
(1,195)	(1,208)	13	(1,275)

	YTD \$000s				Full Year \$000s	
	Actual	Budget	Variance	Last Yr	Budget	Last Yr
Revenue						
MOH devolved funding	248,830	247,862	968	232,664	499,324	469,551
MOH non-devolved funding	12,231	12,128	103	11,384	24,088	26,512
ACC revenue	3,379	3,150	229	2,932	6,213	5,909
Other government & DHBs	5,024	4,880	144	5,181	9,747	10,354
Other income	6,683	5,977	706	7,138	12,156	13,621
Total Revenue	276,147	273,997	2,150	259,299	551,528	525,947
Expenses						
Employed workforce	105,603	107,942	2,339	95,638	220,800	197,407
Outsourced workforce	4,326	1,002	(3,324)	2,746	2,004	6,264
Total Workforce	109,929	108,944	(985)	98,384	222,804	203,671
Outsourced services	9,744	9,257	(487)	8,681	18,642	18,047
Clinical supplies	14,463	13,308	(1,155)	13,969	26,421	28,454
Pharmaceuticals	25,588	25,248	(340)	23,552	48,207	52,267
Air Ambulance	2,152	1,919	(233)	2,031	3,839	4,134
Non-clinical supplies	15,430	14,587	(843)	16,591	28,891	29,596
External provider payments	67,553	67,258	(295)	62,580	134,486	127,293
Inter District Flows	23,500	23,495	(5)	23,422	46,890	46,977
Total Expenses before IDCC	268,359	264,016	(4,343)	249,210	530,180	510,439
Surplus/(Deficit) before IDCC	7,788	9,981	(2,193)	10,089	21,348	15,508
Interest expenses	175	176	1	168	352	332
Depreciation	6,641	7,552	911	6,693	15,056	13,041
Capital charge	4,925	5,230	305	4,556	10,460	11,072
Total IDCC	11,741	12,958	1,217	11,417	25,868	24,445
Operating Surplus/(Deficit)	(3,953)	(2,977)	(976)	(1,328)	(4,520)	(8,937)
MOC Business Case costs	(851)	(751)	(100)	0	(1,502)	0
MECA related costs	0	0	0	0	0	(3,111)
Holidays Act compliance	0	0	0	0	0	(7,155)
Other one-off cost implications	0	0	0	0	0	(1,060)
Impairment of NOS asset	0	0	0	0	0	(302)
Net Surplus/(Deficit)	(4,804)	(3,728)	(1,076)	(1,328)	(6,022)	(20,565)

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2019

	Budget Dec-19 \$000	Actual Dec-19 \$000	Actual Jun-19 \$000
Assets			
Current assets			
Cash and cash equivalents	7,716	13,771	6,315
Other cash deposits	21,284	21,284	21,284
Receivables	19,222	16,749	19,222
Inventories	2,742	2,998	2,742
Prepayments	1,188	1,912	1,188
Non-current assets held for sale	465	465	465
Total current assets	52,617	57,178	51,215
Non-current assets			
Prepayments	36	366	36
Other financial assets	1,715	1,683	1,715
Property, plant and equipment	193,015	199,033	197,681
Intangible assets	10,872	10,826	11,509
Total non-current assets	205,638	211,908	210,941
Total assets	258,255	269,086	262,156
Liabilities			
Current liabilities			
Payables	33,097	39,098	31,127
Borrowings	501	620	501
Employee entitlements	44,441	49,113	46,585
Total current liabilities	78,039	88,831	78,213
Non-current liabilities			
Borrowings	7,664	8,799	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	17,534	18,669	17,534
Total Liabilities	95,573	107,500	95,747
Net assets	162,682	161,586	166,409
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(5,714)	(6,790)	(1,987)
Total equity	162,682	161,586	166,409

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

	Budget Dec-19 \$000	Actual Dec-19 \$000	Budget 2019/20 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	273,995	279,607	551,523
Interest received	850	644	1,700
Payments to employees	(107,940)	(103,077)	(217,472)
Payments to suppliers	(157,848)	(158,564)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	3,827	13,685	8,609
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	21	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(1,900)	(6,440)	(6,500)
Purchase of intangible assets	(350)	(889)	(1,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(2,250)	(7,308)	(7,500)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(176)	1,079	(352)
Net cash flow from financing activities	(176)	1,079	(899)
Net increase/(decrease) in cash and cash equivalents	1,401	7,456	210
Cash and cash equivalents at the beginning of the year	6,315	6,315	6,315
Cash and cash equivalents at the end of the year	7,716	13,771	6,525

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	45,135	43,555	43,394	47,771	43,780	47,717	42,475	42,475	53,094	42,475	42,475	53,094
Interest Received	131	131	131	163	131	163	143	143	143	143	143	143
Other Revenue Received	995	1,004	998	1,149	916	1,114	948	948	1,185	948	948	1,185
Total Receipts	46,261	44,690	44,523	49,083	44,827	48,994	43,566	43,566	54,422	43,566	43,566	54,422
Payments												
Personnel	18,706	17,535	16,570	21,151	17,485	18,086	17,534	17,534	26,300	17,534	17,534	17,534
Payments to Suppliers and Providers	26,152	25,921	25,872	27,884	26,447	26,559	24,350	24,350	30,437	24,350	24,350	30,437
Capital Charge	-	-	-	-	-	5,230	-	-	-	-	-	5,282
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	44,858	43,456	42,442	49,035	43,932	49,875	41,884	41,884	56,737	41,884	41,884	53,253
Net Cash Inflow/(Outflow) from Operating Activities	1,403	1,234	2,081	48	895	(881)	1,682	1,682	(2,315)	1,682	1,682	1,169
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	1,100	750	900	500	1,050	950	625	625	625	625	625	625
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	1,100	750	900	500	1,050	950	625	625	625	625	625	625
Net Cash Inflow/(Outflow) from Investing Activities	(1,100)	(750)	(900)	(500)	(1,050)	(950)	(625)	(625)	(625)	(625)	(625)	(625)
Net Cash Inflow/(Outflow) from Financing Activities	(27)	(27)	(27)	(34)	(27)	(581)	(115)	(115)	(115)	(115)	(115)	(115)
Net Increase/(Decrease) in Cash Held	276	457	1,154	(486)	(182)	(2,412)	942	942	(3,055)	942	942	429
Plus Opening Balance	13,771	14,047	14,504	15,658	15,172	14,990	12,578	13,520	14,463	11,408	12,350	13,293
Closing Balance	14,047	14,504	15,658	15,172	14,990	12,578	13,520	14,463	11,408	12,350	13,293	13,722

MEMO

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

Status

This report contains:

- For decision
- Update
- Regular report
- For information

On Monday 9 December 2019, the Consumer Council met in Nelson.

Hei Pa Harakeke (First 1000 Days) was discussed at length. The Council was particularly keen to see connections and co-operative relationships between all the services available to support pepe and whanau. The Strengthening Co-ordinated Care and Hei Pa Harakeke combined hui in Motueka was attended by 52 people. The Council found this very positive, but also demonstrative of how many services a consumer may have to navigate to find the appropriate support for their whanau. The Council are pleased to hear the Public Health Nurse and Kaiatawhai (navigator) engaged as part of Hei Pa Harakeke will help whanau navigate the available support (both health and social).

Having received the 2019 Quality Account – Our People, Our Stories as part of their meeting pack, the Council particularly commended the ‘A day in the life of NMH’ and ‘Our Region’ infographics as important to give context for our community on our region’s healthcare system and the environment in which it operates.

The Consumer Council received a request for a representative to join the NMH Choose Wisely Steering Group (CWSG). The Council discussed the options available to enable this participation, which included meeting participation via zoom, alternating consumer membership, and providing agendas in advance. The Chair of the CWSG was agreeable to these suggestions, and the Council will provide a representative for the next meeting in January. The Council is supportive of efforts to increase the participation of consumer representatives, and is appreciative of the support and courtesy given by staff in these groups and committees.

The Council thanked the Consumer Council Facilitator for her significant contribution; she has provided a key role in building awareness of the Council, and they wished her well for her future endeavours.

Angelea Stanton
Acting Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

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

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

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

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

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

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

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

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

As at April 2019