TE WAIORA Nelson Marlborough Health

Open Board Agenda

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of Nelson Marlborough Health to be held on Tuesday 25 February 2020 at 12.30pm

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

Section	Agenda Item	Time	Attached	Action
	PUBLIC FORUM	**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	Advance Care Planning		Attached	Note
4.2	Advisory Committee Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	**Update:** Models of Care Programme		Attached	Resolution
8	For Information		Attached	Note
9	Glossary		Attached	Note
	Resolution to Exclude Public	**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 28 January 2020 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***Decision Items – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Member of West Coast Partnership Group ▪ Member Health Promotion Agency (HPA)			
Craig Dennis (Deputy Chair)		▪ 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		▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward)	▪ Landlord to Hills Laboratory Services Blenheim	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	▪ 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	▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint owner of Forrest Wines Ltd	▪ Functions and meetings held for NMDHB	
Dawn McConnell	▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua	▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs	▪ MOH contract	
Allan Panting	▪ 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	▪ Chairman, Crossroads Trust Marlborough			
Jacinta Newport	▪			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	▪ Board member Nelson/Tasman Cancer Society	▪ Trustee Te Matau Marine Centre ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace		
Jill Kersey	▪ Board member Nelson Brain Injury Association		▪ Funding from NMDHB	
Olivia Hall	▪ Chair of parent organisation of Te Hauora o Ngati Rarua	▪ Employee at NMIT ▪ Chair of Te Runanga o Ngati Rarua ▪ Board member Nelson College ▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)	Provider for potential contracts	

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	▪ Chair SI NENZ Group			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member			
Nick Baker, Dr	Chief Medical Officer	▪ 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	▪ Wife is a graphic artist who does some health related work		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		▪ 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	▪ 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	▪ Husband works for NMDHB in AT&R as a Physiotherapist. ▪ Son employed on a short term contract doing data entry	▪ Board member Distance Running Academy		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	▪ Husband is shift manager for St John Ambulance	▪ Trustee of the Empowerment Trust		
Kirsty Martin	GM IT				
Eric Sinclair	GM Finance Performance & Facilities	▪ 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	▪ Daughter employed by Pharmacy Department in the casual pool ▪ Sister is employed by Marlborough PHO as Healthcare Home Facilitator	▪ Daughter is involved in sustainability matters		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	▪ 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)	▪ 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	▪ Brother has been engaged by NMDHB to explore options for NMHCT ▪ Daughter employed as RN for NMDHB ▪ DHB representative on the PHARMAC Board ▪ Lead CE for Joint Procurement Agency ▪ Member of Health Roundtable Board	▪ Son-in-law employed by Duncan Cotterill		
Gaylene Corlett	EA to CE	• Brother employed as a Driver at NMDHB			

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 28 JANUARY 2020 AT 12.30PM

Present:
Jenny Black (Chair), Dawn McConnell, Gerald Hope, Stephen Vallance, Allan Panting, Brigid Forrest, Jacinta Newport, Paul Matheson, Jill Kersey, Olivia Hall

In Attendance:
Peter Bramley (Chief Executive), 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:
Craig Dennis (Deputy Chair), Eric Sinclair (GM Finance Performance & Facilities)

Karakia:
Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: **Allan Panting**
Seconded: **Stephen Vallance**

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: **Allan Panting**
Seconded: **Stephen Vallance**

THAT THE MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising
Discussion held on use of coal by the DHB noting it would be beneficial to put out messages about how much coal is used, and what other alternative fuels are used.

3.1 Action Points
Item 1 – Medlab Collection Points: Noted the review will be completed midyear including looking at the appropriateness of where collection centres are located to ensure they are in the right place. This will occur as part of our contract review. Agreed remove this action noting the review report will be presented to the Board in June.
Item 2 – Consumer Council Membership: Noted the increase was for succession planning as two member were to leave during the year. The original number was 8 and this is how many they have. Completed.
Item 3 – HCH Annual Report: Due in February.
Item 4 – CO_2 Admissions: Ongoing.
Item 5 – Advance Directives: Due in February.

3.2 Correspondence
Nil.

SECTION 4: CHAIR'S REPORT
Chair's report was noted.

Moved: **Jenny Black**
Seconded: **Dawn McConnell**

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.**

AGREED

SECTION 5: CHIEF EXECUTIVE'S REPORT
An update on activities in the Emergency Departments was provided by the GM Clinical Services, noting ED Nelson had a steady rate of presentations from our own population, however presentations from the visitor population was significant. In particular, more than usual presentations came from Bay Dreams participants, due to bad drug experiences. Those needing medical assistance were triaged at Bay Dreams, so those that did present to ED were appropriate.

Wairau ED was also busy, noting staffing levels and patient flow will be looked into to assist with this busy period.

Discussion held on the impact on ED resources by the increased number of cruise ships that are due into Picton and Nelson, with the suggestion that contact be made to the respective Councils to look at forward planning for cruise ships, and events like Bay Dreams, to assist with our planning over the busy summer period.

First 1000 Days
The First 1000 Days project (Hei Pa Harakeke) is focussing on the Motueka community with the aim of the model to be installed as a whole of system model, looking at how we support the community, including mainstream services, target agencies that can assist, integration into CAMHS, etc. This is aimed at focussing on close bonding/attachment between infant with their primary caregiver to support positive neuro development. The trial is to strengthen the model at all levels.

Immunisation
Discussion held on immunisation rates, noting Māori are pro vaccination, and the change in numbers are usually quite low. However due to the transient nature of Māori, the system does lose track of whanau. Discussion held on whether we capture data when a child starts school at 5 years for those that are not vaccinated could the school provide information for parents. It was noted that many vaccinations are picked up in the B4School check. Another difficulty is many do not go to Kohanga Reo or preschool. Initiatives like Outreach targets primary school children and so does Hauora Direct.

Knowledge and Training on Alcohol (KATOA)
Discussion held on the KATOA programme for Māori wardens noting it is a Health Promotion initiative. It was suggested that this service could be extended across other agencies.

IT Projects
Noted.

Quality Safety Markers
Noted.

Community Dashboard
Discussion held on new residential care facilities being built in the district, noting the DHB does not contact or fund them unless they are occupied. Many will have Licence to Occupy homes that are brought by the public. Noted there is a gap with dementia care, however it is not an area of concern at this time. Work is being completed to project stats on aged care, especially dementia level care, and this report will come to the Board in March. Noted clients cannot be admitted into a residential care bed or hospital level bed unless they are assessed by NMDHB.

Moved: **Allan Panting**
Seconded **Brigid Forrest**

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The result for the six months of 2019/20 year shows an operating deficit of $3.95m (before the MOC programme costs are accounted for), which is $980k adverse to the current planned operating deficit.

Major drivers for the variances include medical workforce vacancies, higher than planned activity, use of Intragam, increase in Combined Pharmaceutical Budget (CPB), and increase in non-clinical supply costs.

Moved: **Stephen Vallance**
Seconded **Brigid Forrest**

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Report noted.

The Chair informed members that she had passed on the Board's acknowledgement for the Consumer Council Facilitator's contribution to the Consumer Council, and wished her well with her future endeavours.

SECTION 8: GENERAL BUSINESS

Nil.

Public Excluded

Moved: **Gerald Hope**
Seconded **Stephen Vallance**

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 26 November 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 – Financial Year 2018/19 Year End – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.50pm.

ACTION POINTS - NMH – Board Open Meeting held on 28 January 2020						
Action Item #	**Action Discussed**	**Action Requested**	**Person Responsible**	**Meeting Raised In**	**Due Date**	**Status**
1	MOC Programme Update	HCH annual report to be provided to the Board	Cathy O'Malley	26 November 2019	25 February 2020	Public Excluded agenda
2	CE's Report: Wood Pellet Trial	CO_2 admissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
3	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	CE Report

Nelson Marlborough Health
TE WAIORA

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 February 2020
Subject: **Correspondence for January**

Status
This report contains:
☐ For decision
☐ Update
✓ Regular report
✓ For information

Inward Correspondence
Nil

Outward Correspondence
Nil

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Jenny Black, Chair
Date:	19 February 2020
Subject:	**Chair's Report**

Status

This report contains:
☐ For decision
✓ Update
✓ Regular report
☐ For information

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Peter Bramley, Chief Executive
Date:	19 February 2020
Subject:	**Chief Executive's Report**

Status
This report contains:
☐ For decision
✓ Update
✓ Regular report
☐ For information

1. INTRODUCTORY COMMENTS

I am very conscious of some crucial pieces of work that are currently underway that must either be completed soon, or significantly advanced – all of which will contribute to the health system we will experience as a community.

The "big" pieces of work include:

1. A continued focus to service investment and planning that will help close the health inequity gap for Māori and others who are vulnerable in our community.

2. Continuing to embed the Mental Health model of care and service changes that are needed across our community.

3. Making progress in each of the Model of Care workstreams. These are the programmes of work that will potentially transform the way care will be delivered into the future.

4. Completing the Indicative Business Case for the Rebuild of Nelson Hospital. We must have this ready for presentation to the Capital Investment Committee in May so we can progress to the detailed planning stage.

5. Completing the proposed NMH Annual Plan for 2020/21 which will capture the key priorities and deliverables for our health system – reflecting national, regional and local priorities.

6. Doing the detailed work to pull together the Budget that will underpin the Annual Plan. We need services that are appropriately resourced, but the task is very challenging in the midst of growing demand, increasing complexity of care, and limited funds.

7. Identifying practically how we can support services working in ageing facilities who have run out of space, especially in Nelson where occupancy is already at 100% on many days. A Rebuild of Nelson Hospital cannot come quick enough.

Each of these pieces needs huge amounts of engagement and leadership – and must be done in partnership with our community and clinical leads. And all of this needs to be done while we ensure we care for those who need health care today, as well as facing the often daily challenges of a health system that is under pressure. Hopefully we will not have a global epidemic to contend with as well.

There is much to be done, but together these pieces of work will help deliver a health system that is fit for purpose.

2. PRIMARY & COMMUNITY

- A Public Health Emergency of International Concern (PHEIC) was declared by the World Health Organisation (WHO) on 31 January 2020 in response to an outbreak of a Novel Coronavirus (2019-nCoV) in China. The disease was first flagged to the WHO on 31 December 2019. While no cases have been reported in New Zealand so far, a great deal of local work has been undertaken to prevent and prepare for cases, both nationally and locally.
- A NMH outbreak of two cases of Tuberculosis, reported last month, continues to be managed. Fourteen contacts have been found so far with Latent Tuberculosis Infections.
- The Top of the South Health Alliance (ToSHA) had its first meeting for 2020 on 12 February. It was agreed at that meeting to refresh the Alliance's objectives and key result areas having largely achieved its workplan, that stemmed from the Nelson Marlborough Primary & Community Health Environment review (late 2017) and system integration initiatives from 2018-2019. It was agreed that the scope of the Alliance needs to widen to ensure a system wide scope is incorporated into ToSHA's agenda to benefit from the breadth of membership and key decision makers available. Other key areas being currently considered by ToSHA are:
  - Ensuring alignment across the system of mental health initiatives
  - Oversight of the Models of Care Programme
  - Agreeing Corona Virus governance and operational structures
  - Oversight of the rollout of Advance Care Planning
  - Aligning annual planning
  - Oversight of influenza planning for 2020-21
  - Discussing the implications of the WAI2575 Waitangi Tribunal findings
  - Leading development of interdisciplinary medical education.
- The Health Promotion Manager and GM Strategy, Primary & Community presented to the Nelson Marlborough Clinical Governance Group on the addition of vaping as a quitting tool for the service. The addition of vaping to the service is part of a wider strategy to strengthen the Stop Smoking Service. While current evidence and guidance from the Ministry of Health support the use of vaping as a 'tool for quitting', there are still concerns around the long term implications, particularly in utero. Clinical Governance supported the stepped approach that the Stop Smoking Service proposed, agreeing that for harm minimization, particularly for vulnerable populations, that the addition of vaping to the service could help reduce the rates of smoking throughout Te Tau Ihu. With the current lack of regulation the proposed process will also ensure clients provide informed consent, and are being directed towards the safest products on the market.
- A total of 64 referrals were made to the Stop Smoking Service throughout January. Nelson received 39 referrals (including 1 Pēpi First) and Wairau received 21 (including 2 Pēpi First).
- Guided by a new, collectively developed framework (Whakamahere), the Smokefree team continues its efforts to strengthen the Service, particularly to support Māori and vulnerable populations. This includes more consistent, proactive liaison between the Smokefree team and colleagues in Maternity, Social Work and Mental Health as well as kaimahi based in rural areas.
- Health Promoter met with Sealord and Talley's this month, gaining valuable insights into ways in which we can adapt our service delivery model, so that the needs of workers within the local fishing industry are more effectively met.
- Arrears (the number of children not seen in the expected timeframe) for the Community Oral Health Service have remained at 15% over the holiday period. The Ministry of Health target for NMH for this year is 15%, with an aim to be below 10%

next financial year. The Service has begun staffing the dental mobiles again now that arrears are on track.

- Health Promoter have started preparations to support promotional activity focused on migrant and refugee wellbeing. This will provide assistance to the growing refugee population who do not have transport, need interpreters, and may not be registered with a General Practice, which is a priority for the Victory Community Centre.
- Work is underway with the Nelson City Council to set up a Hub for homeless men.
- Progress against key 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.	1053 72% 99 61% *(need to be at 75% by 7 April 2020)*
8 Month Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at 8 months of age are required to be fully immunised	**Monthly results ending January 2020** Total 90% Maori 87% Pacific 67% (2 out of 3 vaccinated) Asian 91% Total declines/opt offs 7.7% *(accurate data will not be available until 11 February 2020)*
2 Year Immunisations	Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at the age of 2 years are required to be fully immunised.	**Monthly results ending January 2020** Total 88% Maori 85% Pacific 100% Asian 92% Total declines/opt offs 10.7% *(accurate data will not be available until 11 February 2020)*
5 Year Immunisations	No Target	**Monthly results ending January 2020** Total 88% Maori 96% Pacific 100% Asian 92% Total declines/opt offs 10.1% (accurate data will not be available until 11 February 2020)

Target Name	Target	Actual
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.	Nov Dec Total 79.5% 79.6% Maori 73.3% 73.7% Pacific 77.8% 77.1% Asian 66.8% 67.7% Other 81.0% 81.1% *(latest figures available as at December 2019)*

2.1 Health of Older People

Bed availability at all levels of care in specific areas of Nelson, Tasman and Marlborough are decreasing, with no dementia beds available in Tasman, and very small numbers in Nelson and Marlborough. There is very limited continuing care level beds in Marlborough, and no specialised hospital beds available in Nelson.

2.2 Advance Care Planning

Response to action item on Advance Care Planning is attached as item 4.1.

3. MENTAL HEALTH, ADDICTIONS AND DSS

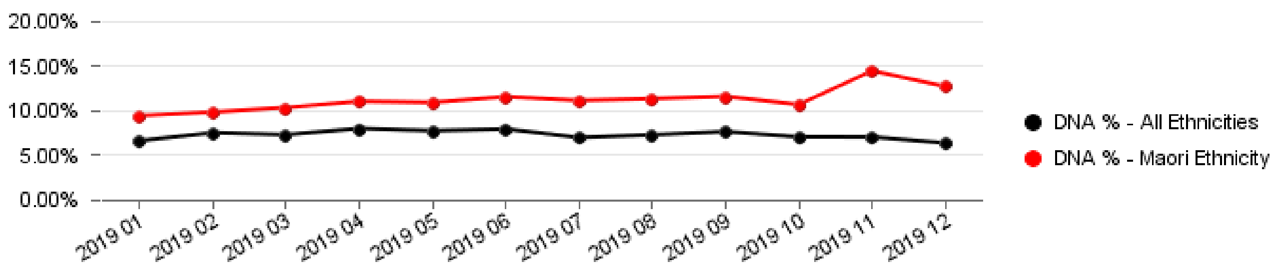
3.1 Mental Health

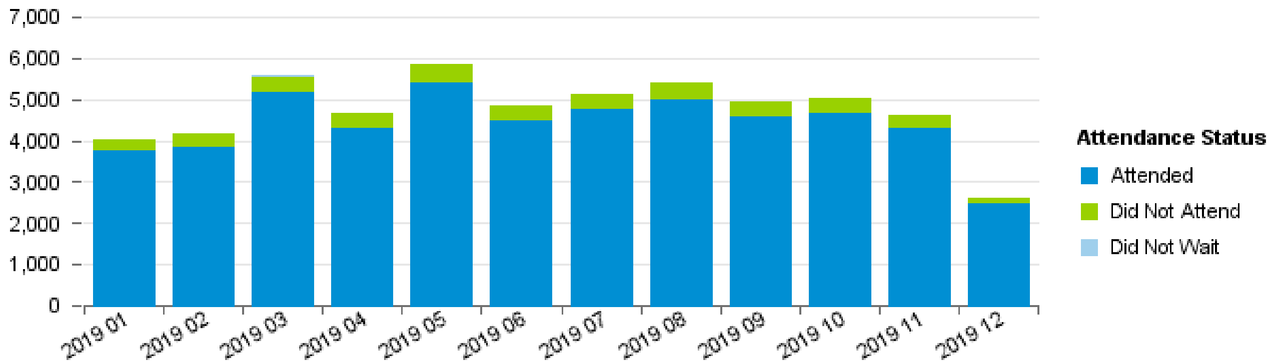
- The transition to the new provider, Pathways Health, for the residential and community support services for MH&A is now in place. Pathways Health will help us to advance our mental health and addictions care model to a more integrated and responsive, community-based and recovery focused approach.
- E-referral Single Point of Entry to Services (ERMS) website technology has been adopted for management of referrals from primary care into primary or secondary services.
- Blenheim now have Wellbeing Practitioners in place and Nelson/Tasman have one in place, with two yet to be oriented at two localities (Victory and Wakefield). Wellbeing Practitioners are averaging 7.7 patient appointments each day this month. Wellbeing Practitioners support GPs with caring for patients with depression and anxiety that require increased support to get onto treatment. This has been beneficial for several patients, especially those with some risk attached to their initial presentation.
- Unfortunately, NMH was not successful in gaining MOH funding in the recent RFPs for either Integrated Primary and Community Mental Health or the strengthening existing Kaupapa Maori Services. We are not sure what the timeframe is for investment in our region to implement this model.
- Good progress is being made in the modification of the West Wing of Alexandra Hospital to accommodate the Tasman Mental Health teams. This is on track for completion in March.
- Plans have been drafted for the adaption of the building on the Braemar site that will accommodate Mental Health Admin and the CDS service, and this is due for completion by May.
- A ‘strategic planning’ architect has made themselves available later next month to assist with some guidance on facility design and modification in both ED and the acute end of Wāhi Oranga. They will be engaging with small groups of staff from all disciplines and at all hours of the day to get a good understanding of the MOC. They

have a three-pronged approach to design; health and safety for staff and clients, design to facilitate the model of care, and therapeutic space for client's recovery.

- The Infant Maternal & Mental Health role is an exciting innovation, which is part of the He Ara Oranga's (Mental Health and Addiction Inquiry) goal of expanding our continuum of care and increasing access and choice. The primary purpose of this new role is to strengthen and increase focus on infant mental health and wellbeing through promotion, prevention, identification and early intervention. The educative aspect of the role is to offer clinicians training in, and exposure to, clinical assessments and interventions for infants/toddlers and their parents/caregivers, with the goal of improving outcomes for tamariki and whanau, and optimising clinicians' ability to identify concerns early.

3.2 DNA by Ethnicity





3.3 Addictions Service

- This is a busy time of the year for the Addiction team, especially around the Opioid Substitution Treatment (OST) and having to script people in different parts of the country as they take their summer holidays outside of our district.
- Current waitlist of Blenheim clients is 37. Nelson has a current waitlist of 18. The waiting time to be seen is approximately 4-6 weeks for Blenheim and Motueka clients.

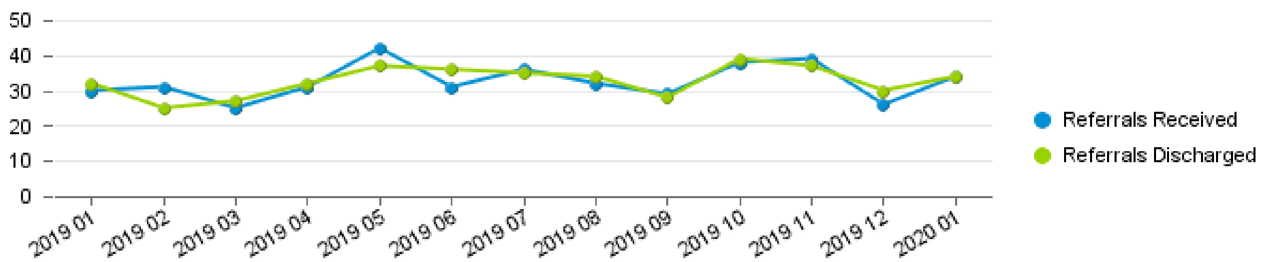
<u>District-wide Referrals</u>

	Open Referrals 07/02/2020	Referrals Received 2020 01	Referrals Discharged 2020 01	Community Contacts 2019 12	DNA % 2019 12	Maori DNA % 2019 12
Addictions Matrix Nelson	2	1		19	0.00%	0.00%
Addictions Nelson	662	118	110	130	14.62%	25.00%
Addictions Wairau	272	52	47	132	20.45%	15.38%
Total	**936**	**171**	**157**	**281**	**16.37%**	**17.54%**

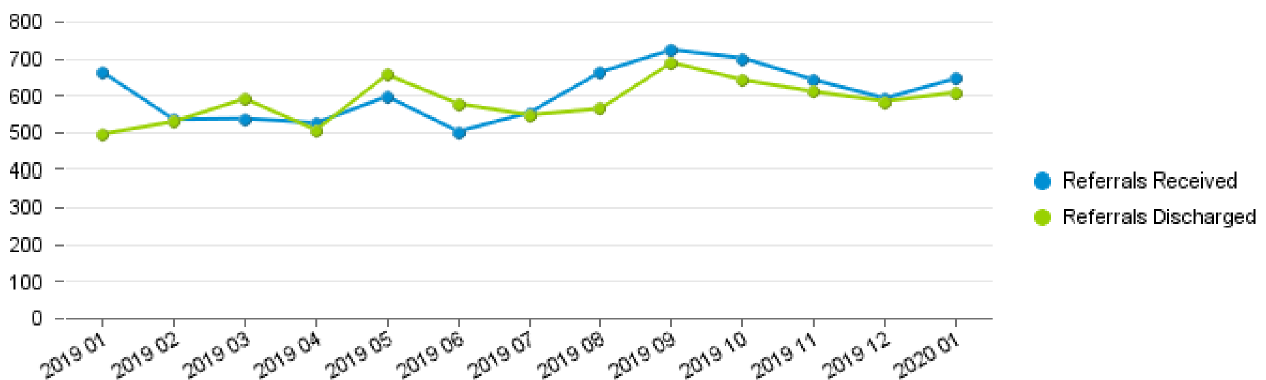
3.4 Mental Health Admissions Unit (Wahi Oranga)

- The Morning Planning Meeting at 8.30am has been revamped. Each Nurse is now presenting the clients they are working with to the rest of team with focus on planning for what needs to happen for the day including Doctor reviews, leave, observation levels, physical reviews, referrals, Mental Health Act activity, family meeting organisation, distress tolerance checklist and other MDT outcomes. The aim is to improve the team communication and organisation, and increase value of nursing input and nursing scope of practice.

	Open Referrals 07/02/2020	Referrals Received 2020 01	Referrals Discharged 2020 01
Wahi Oranga MH Inpatient Unit	30	34	34



3.5 Community Mental Health Addictions and Older Persons



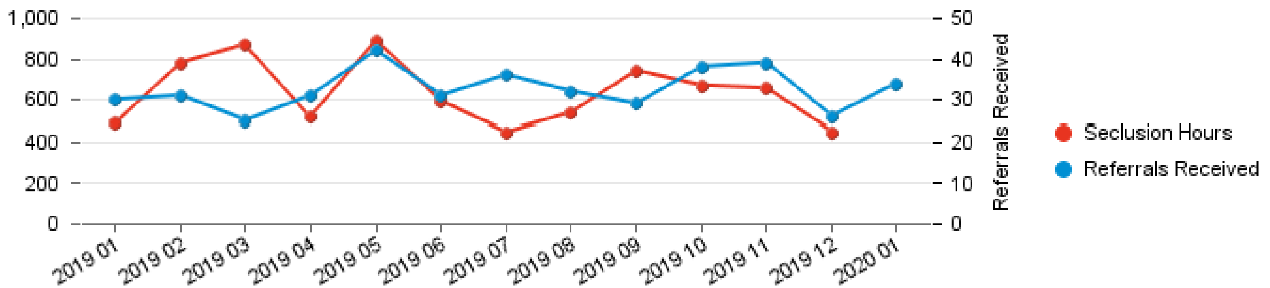
3.6 Older Persons Mental Health (OPMH)

- OPMH inpatient capacity remains high for January with 13 days over 100% and four days on 100%. This level of occupancy creates tension around patient flow and provision/continuity of care.
- All nursing staff in the inpatient service are now onboard with Care Capacity Demand Management (CCDM).

Nelson Marlborough Health

3.7 Seclusion

	Seclusion Hours 2019 12	Seclusion Events 2019 12	Consumers Secluded 2019 12	AVG Hours per Event 2019 12
Seclusion	448	39	11	11



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

- A long term client has moved out of the seclusion area into a modified environment. The move has been successful so far and accepted well by the client, their family and staff.

3.8 Child and Adolescent Mental Health Services (CAMHS)

- January has always been a quiet month for CAMHS due to Christmas Holidays and the school break.
- CAMHS have started to address the Infant Mental Health (first 1000 days) with psychology clinics. In the morning CAMHS provide Parent Child Interaction Therapy (PCIT). PCIT is a short-term, specialised behaviour management programme designed for young children experiencing behavioural and/or emotional difficulties and their families. PCIT teaches caregivers to manage their child's difficult behaviours, while increasing their positive behaviours. PCIT works with the child and caregiver together to improve behaviour and reduce parenting stress. In the afternoon CAMHS provides a Theraplay®-based intervention. The programme is focused on enhancing attachment, self-esteem, trust, and joyful engagement. It encourages natural patterns of healthy interaction between caregiver and child based on the four principles of Theraplay: Structure, Engagement, Nurture, and Challenge. The sessions create an active and emotional connection between child and caregivers, strengthening a positive and rewarding relationship.

	Open Referrals 07/02/2020	Referrals Received 2020 01	Referrals Discharged 2020 01	Community Contacts 2019 12	DNA % 2019 12	Maori DNA % 2019 12
CAMHS Nelson	381	38	48	331	3.63%	4.65%
CAMHS Forensic Nelson	12	1	3	28	7.14%	0.00%
CAMHS Wairau	195	24	10	275	6.55%	9.43%
Total	**588**	**63**	**61**	**634**	**5.05%**	**7.22%**

3.9 Disability Support Services (DSS)

- A Christchurch based contractor has been engaged to progress discussions on a review of the DSS Day Programme. The scope of the project is quite wide as it is in line with Enabling Good lives. One aspect to the proposal is to look at how NMH can look to provide opportunities for employment for people with disabilities, with

- the possibility of offering internships in a variety of departments (as has been done in Christchurch).
- Planning is well underway to move the management and admin office team to co-locate at Packham Crescent (where Day Services are).
- A Business Case is being finalised for a holiday respite proposal in Waikawa Bay.
- Scoping of options for a child respite service in Blenheim is progressing.

Disability Support Services (DSS)		Current December 2019				YTD December 2019		Current January 2020				YTD January 2020	
Contracted Services		ID	PD	LTCH	Total	YTD Total		ID	PD	LTCH	Total	YTD Total	
Current Moh Contract	As per Contracts at month end	162	18		180	*decrease 1*		162	18		180		
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8			8	0		8		
Beds – DHB- Chronic Health Conditions	As per Contracts at month end	1	0	8	9			1	0	8	9		
Beds – Individual contracts with ACC	As per Contracts at month end	1	2		3	*increase1*		1	2		3		
Beds – Others - CY&F & Mental Health		0	1		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	4		**9**	*Increase 1*		5	4		**9**		
	Child Respite service users - Actual at month end	33			**33**			34			**34**	*Increase 1*	
	Personal cares/SIL service users - Actual at month end	**1**	**0**		**1**			**0**	**0**		**0**	*decrease 1*	
	Private Support in own home	**0**	**0**		**0**			**0**	**0**		**0**		
	Total number of people supported	**211**	**25**	**8**	**244**			**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	7,130	42,320	6,882	40,848	248	1472	7,130	49,450	6,882	47,730	248	1,720.0
Total Occupied Bed days	**Actual for full month - includes respite**	6,504	38,537	6,344	37,606	159.5	931.5	6,444	44,981	6,248	43,854	195.5	1,127.0
Total Occupied Beds	**Based on actual bed days for full month (includes respite volumes)**	91.2%	91.1%	92.2%	92.1%	64.3%	63.3%	90.4%	91.0%	90.8%	91.9%	78.8%	65.5%
		Last month	**Current month**	**Variance**				**Last month**	**Current month**	**Variance**			
Total number of people supported		**243**	**244**	**1**				**244**	**244**	**-**			
Referrals	Total long term residential referrals	**13**	**13**					**13**	**12**				
Referrals - Child Respite	Child Respite referrrals	**6**	**6**					**6**	**6**				
	Adult Respite referrrals	**2**	**2**					**2**	**1**				
	New Referrals in the month	**4**	**1**					**1**	**3**				
Of above total referrals	Transitioning to service	**-**	**-**					**-**	**-**				
	On Waiting List	**21**	**21**					**21**	**19**				
Vacant Beds at End of month - (excludes Respite Beds)		**14**	**15**					**15**	**20**			** added 7a Willow	
	Less people transitioning to service	**-**	**-**					**-**	**-**				
	Vacant Beds	**14**	**15**					**15**	**20**				

4. INFORMATION TECHNOLOGY

- "Axe the Fax" is a campaign lifted from the NHS nationwide campaign. This initiative has begun with good progress around engagement with the users of our more than 250 fax machines, including community pharmacies. The guidelines from the MOH are to stop buying new fax machines immediately; and to phase out existing faxes

by December 2020. NMH also has an intermediate deadline of May 2020 to move faxes from old telecoms trunks that will be decommissioned by Chorus. An audit is underway to confirm the location and usage of each fax machine. Analysis of usage will follow, which will identify strategies for removal.

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 2020	
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. 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. Comrad Dashboard module is in testing. It will enable modalities to see their worklist on big screens, replacing whiteboards. Apps Support resource now available to continue roll out.	Mar 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 2020	

Nelson Marlborough Health

Name	Description	Status	Original Due date	Revised due date	
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Release 19.2 Service Pack 2 (adding new functionality) is currently in test for an estimated March release. Ongoing work continues to focus on resolving ministry extract issues and planning for Theatre Management.	Release 20.1: Jun-Jul 2020		●
ICT					
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. January saw good progress with firewall config adoption for hybrid and enablement steps taken.	Various		●
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.	Jul 2020		●
Development					
Hauora Direct	A project aimed at improving enrolments in health programmes for vulnerable populations.	Successful pilot in December 2019. Phase 2-4 work and some enhancement work is now underway for delivery by end of March 2020 – some scope review underway to ensure core functionality is delivered on time.	Jun 19	Apr 20	●
Capex form online	Create an online form and workflow to replace the paper capex form.	Soft go-live in early January with feedback and enhancements being implemented. Positive to date. Full go-live in planned for Feb 20 subject to final stakeholder sign-off.	Aug 17	Feb 20	●

5. CLINICAL SERVICES

As there is no Advisory Committee this meeting, attached as item 4.2 is the dashboard showing data for Inpatient Activity, Theatre, Emergency Department, Outpatient Activity, and Fast Cancer Treatment for the month of January.

5.1 Health Targets

- Year to date, as at the end of January 2020, 3,988 surgical discharges were completed against a plan of 4,188 (95.2%). This is under plan by 200 discharges.
- Year to date as at January 2020 indicates 3,288 minor procedures were completed against a plan of 2,234 (147.2%). This is over plan by 1,054 minor procedures.

- Year to date as at January 2020 NMDHB has delivered 14,282 caseweight discharges (CWDs) against a plan of 12,290 (116%).
- Elective CWD delivery was 485 against a plan of 461 (105%) for January. Acute CWD delivery was 1,603 against a plan of 1,130 (142%) for January.
- Year to date delivery to end of January for orthopaedic interventions was 306 joints against a plan of 303.
- Year to date delivery to end of January for cataracts was 264 against a plan of 298, which is under plan by 34.

5.2 Elective / Acute Arranged Services

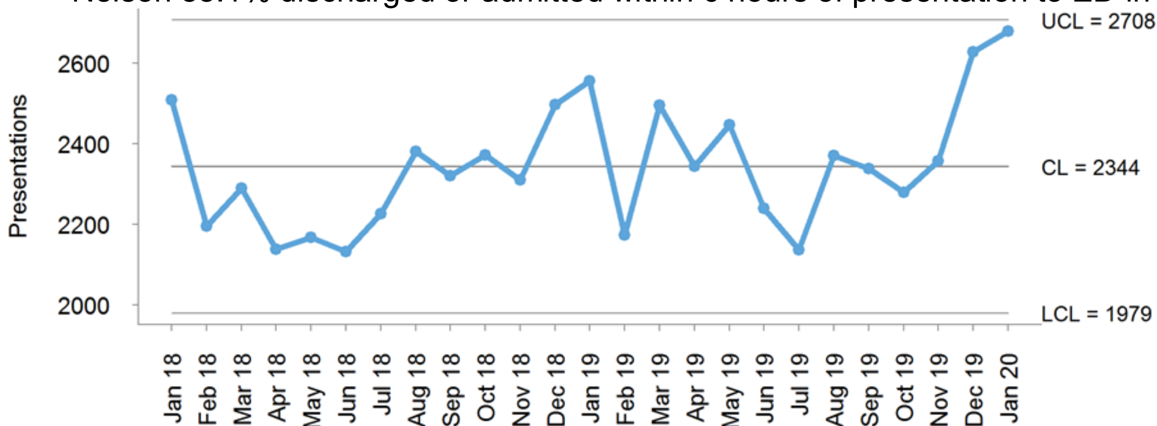
- ESPI 2 was Red for the month of January with 226 patients not being seen within 120 days of referral acceptance. This has increased from 153 patients in December. ESPI 2 requires continual ongoing work with individual services to ensure referrals accepted match the capacity of the service to see.
- ESPI 5 was Red for the month of January with 84 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.

5.3 Shorter Stays in Emergency Department

- While both Emergency Departments were very busy through January, a notable feature is the number of visits by patients from areas outside our DHB. These ranged in triage levels however those in the triage 4 and 5 were noticeably increased.
- The increased number of presentations and flow issues were reflected in the minutes in the department. This was down 2% from December, but increased from January 2019 by 16%. We continue to fall below the LOS (Length of Stay) 6 hour target at 88.3%. Breaches are primarily occurring with admitted patients. The two main reasons for breeches remain the same as December 2019, ie waiting for ward team 67%, and waiting for ward bed 23%.
- Work continues to look at the care provided to patients with Mental Health presentations to ED. Largely this is focused in Nelson with new documentation, facilities and processes being developed, and the conversation has now shifted to be more inclusive of Wairau as well.

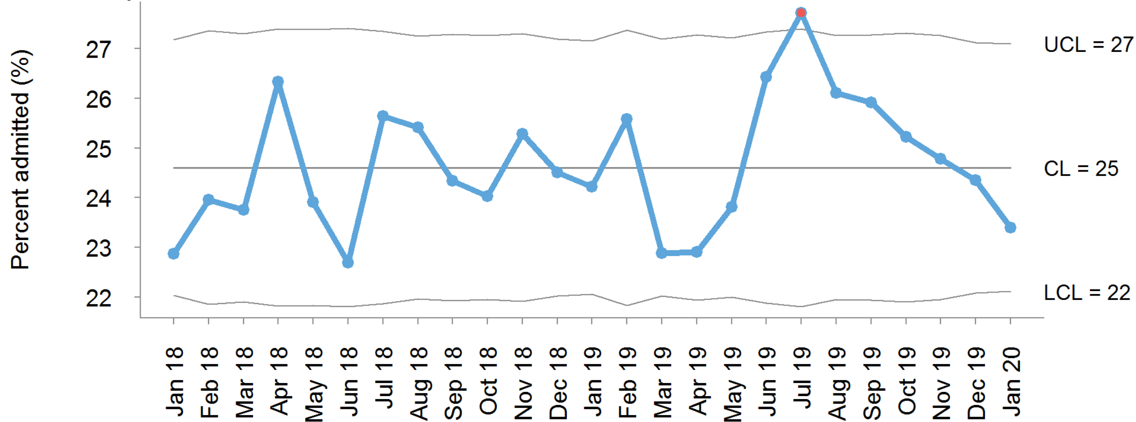
<u>Number of Presentations in Nelson ED</u>

Nelson 88.1% discharged or admitted within 6 hours of presentation to ED in January.



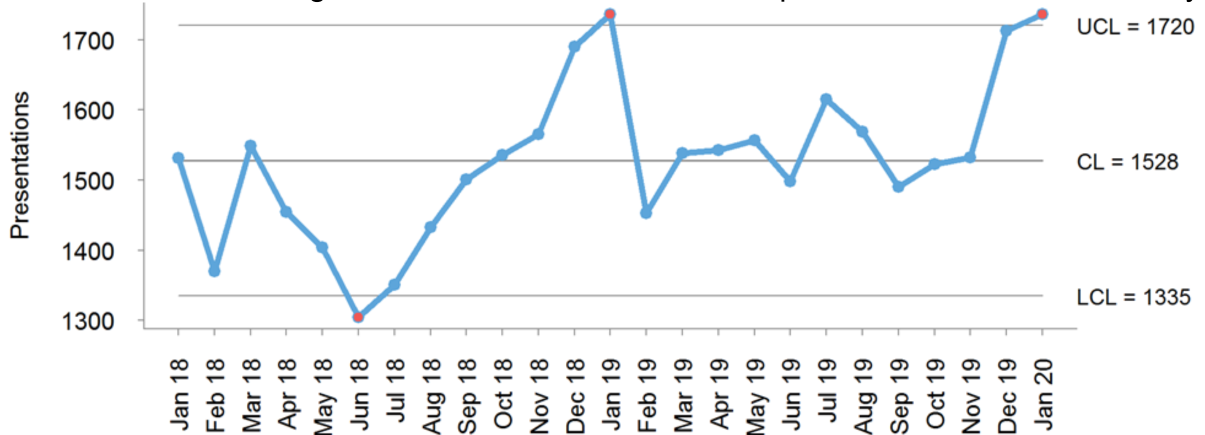
Admissions to Hospital (Nelson)

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



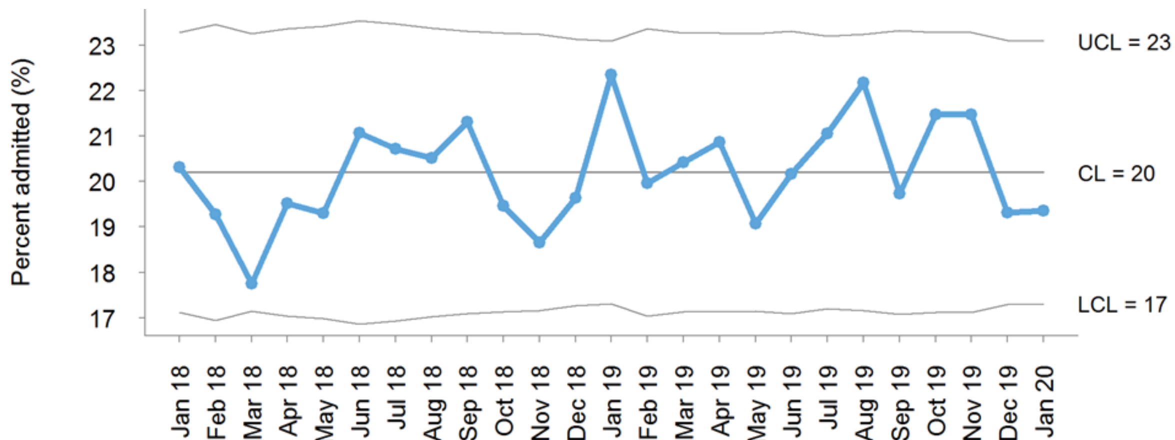
Number of Presentations in Wairau ED

Wairau 92.9% discharged or admitted within 6 hours of presentation to ED in January.



Admissions to Hospital (Wairau)

Note although presentations were higher, the number of patients admitted was lower and the number of triage 4s increased.

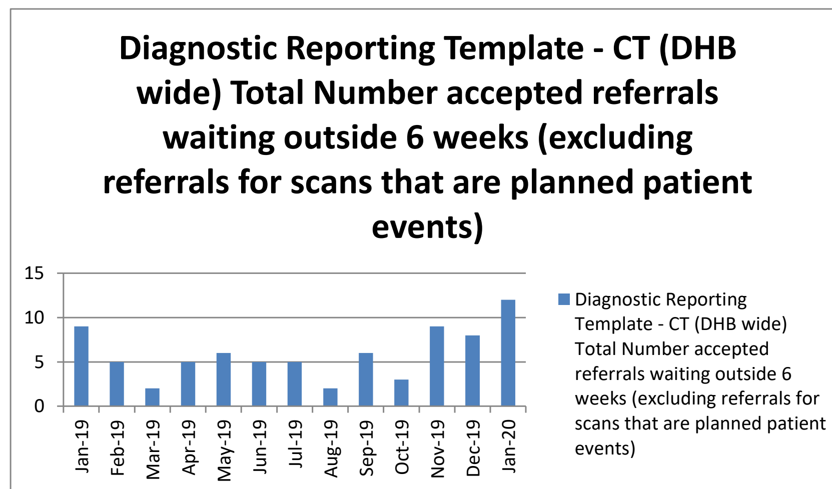


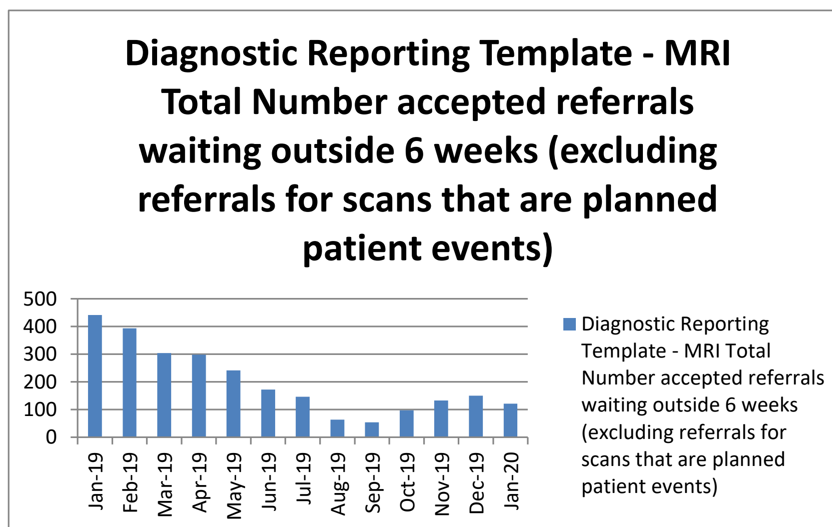
Occupancy Nelson and Wairau Hospitals

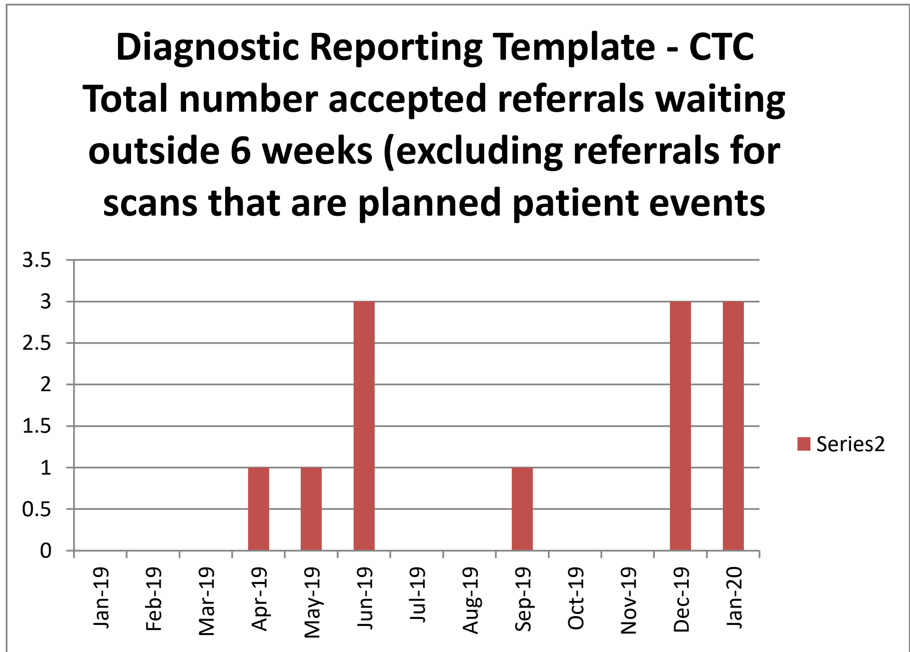
Hospital Occupancy 23 December 2019 to 19 January 2020	Adult Inpatient	Hospital (Total including Paediatrics and Maternity)
Nelson	89%	92%
Wairau	80%	70%

5.4 Enhanced Access to Diagnostics

- MOH MRI target shows 76% 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 82% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT running at 96% of target with 11 patients waiting greater than 42 days, and Wairau CT running at 64% of target with 22 patients waiting greater than 42 days.
- Shortage of Radiologists continues to have significant impacts on staff and throughput.







5.5 Improving Waiting Times – Colonoscopy

At the end of January 2020, there were 136 overdue colonoscopies, down from 173 at the end of December (61 diagnostic, one screening, 74 Surveillance). Surveillance colonoscopy is now within an acceptable target range with further work on diagnostics required.

5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - January 2020

Reporting Month: Dec 2019 - Quarter 2 - 2019-2020
As at 29/01/2020

62 Day Indicator Records

TARGET SUMMARY (90%)	Completed Records													
	Jan 2020 (in progress)		Dec-19		Nov-19		Quarter 3 (in progress)		Quarter 2		Quarter 2 (2018-2019)		Rolling 12 Months Jan 19-Dec 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
	86%	14%	94%	6%	96%	4%	86%	14%	95%	5%	88%	12%	92%	8%
Number of Records	12	2	16	1	23	1	12	2	59	3	66	9	267	24
Total Number of Records	14		17		24		14		62		75		291	
Numbers Including all Delay Codes	67%	33%	76%	24%	72%	28%	67%	33%	76%	24%	69%	31%	79%	21%
Number of Records	12	6	16	5	23	9	12	6	59	19	66	29	267	73
Total Number of Records	18		21		32		18		78		95		340	
90% of patients had their 1st treatment within: # days	96		77		84		96		89		112		82	

62 Day Delay Code Break Down	Jan 2020 (in progress)	Dec-19	Nov-19	Quarter 3 (in progress)	Quarter 2	Quarter 2 (2018-2019)	Rolling 12 Months Jan 19-Dec 19
01 - Patient Reason (chosen to delay)	0	0	4	0	10	17	11
02 - Clinical Cons. (co-morbidities)	4	4	4	4	3	9	38
03 - Capacity Constraints	2	1	1	2	3	9	24

TUMOUR STREAM Rolling 12 Months (Jan 19-Dec 19)	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
Brain/CNS	100%	1	0%	0	0%	0	0%	0	0%	0	1
Breast	100%	65	0%	0	3%	2	4%	3	7%	5	70
Gynaecological	94%	16	6%	1	0%	0	6%	1	11%	2	18
Haematological	88%	15	9%	2	22%	5	4%	1	35%	8	23
Head & Neck	89%	8	6%	1	29%	5	18%	3	53%	9	17
Lower Gastrointestinal	80%	35	17%	9	15%	8	2%	1	34%	18	53
Lung	83%	20	12%	4	27%	9	0%	0	39%	13	33
Other	100%	4	0%	0	29%	2	14%	1	43%	3	7
Sarcoma	100%	3	0%	0	0%	0	0%	0	0%	0	3
Skin	98%	56	2%	1	5%	3	0%	0	7%	4	60
Upper Gastrointestinal	93%	13	7%	1	7%	1	0%	0	13%	2	15
Urological	86%	31	13%	5	8%	3	3%	1	23%	9	40
Grand Total	92%	267	7%	24	11%	38	3%	11	21%	73	340

ETHNICITY Rolling 12 Months (Jan 19-Dec 19)	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
Asian	100%	4	0%	0	0%	0	0%	0	0%	0	4
European	91%	243	8%	24	11%	33	4%	11	22%	68	311
Maori	100%	16	0%	0	24%	5	0%	0	24%	5	21
Other Ethnicity	100%	3	0%	0	0%	0	0%	0	0%	0	3
Pacific Peoples	100%	1	0%	0	0%	0	0%	0	0%	0	1
Grand Total	92%	267	7%	24	11%	38	3%	11	21%	73	340

6. NURSING & MIDWIFERY

- 2020 has been designated by the World Health Assembly International Year of the Nurse and International Year of the Midwife. This international focus on nursing/midwifery for the year is to draw attention to the vital role of nurses and midwives in achieving universal health coverage. This coincides with the 200th anniversary of the birth of Florence Nightingale, and the completion of the Nursing Now three year global campaign, which is aimed at improving health by raising the profile and status of nursing worldwide. A significant part of the events for 2020 will be the launch of the State of the World's nursing report on World Health Day (7 April).
- As part of the Nursing Now campaign for Nursing and Midwifery, NMH will be profiling nursing across the district mentoring and supporting emerging nurse leaders within our district on a monthly basis as a means to celebrate nursing and midwifery across the sector.

- The CCDM programme continues to progress in 2020 with the first tranche of wards completing the process. Both the Medical Unit and Paediatrics Nelson have now had sign off, and are working through the process for appointment into roles.
- In January we welcomed 40 NetP and NesP graduates onto the programme. The group this year is a very diverse group with a large number being local to the district. The significance of this group is that those who are within NMH Clinical Services were given permanent contracts rather than a 12 month Fixed Term contract. The obvious benefit of this is being seen already with staff embracing them within their units as part of the team, and supporting them well in their learning.
- Mid-January saw the two NETP graduates welcomed by Te Piki Oranga at a formal Powhiri at Te Awhina Marae in Motueka. An important reinforcement of the need to support and mentor our primary and community workforces to not only "grow their own", but also recognition of the impact of driving a recruitment programme for Māori nursing students.
- Birth rate for January is 15% higher than average. There was a 30% increase in the number of women without an LMC in Wairau for January, requiring additional secondary midwifery resource to cover workload.
- The Wairau community maternity services hub is ready for use, with the formal opening planned for March.
- Newborn enrolments with GPs have exceeded MOH targets in the last quarter, with 85% enrolled at 6 weeks, and 95% by 3 months. There is, however, a 20% inequality rate for Māori, which will be investigated.

7. MĀORI HEALTH

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

E Hoki Ki Tō Ūkaipō Wānanga will start with a Powhiri at Whakatu marae on 29 April 2020, with the conference being held at the Rutherford Hotel 30 April – 1 May 2020. Tamariki from a local kura in Nelson will perform at the conference.

Key note speakers include Dame Tariana Turia, Sir Mark Solomon, Professor Meihana Durie, and Professor David Tipene-Leach. The conference programme will highlight auahi kore smoke free approaches, approaches to wānanga haputaanga kauapa Māori pregnancy and parenting programmes, Māori programme innovations in the area of child/maternal whānau health including Iwi models, or kaupapa Māori models, or Māori equity mainstream models. Māori television presenter Matai Smith will MC the conference.

7.2 Nga Whakaaro Pono / Advance Directives

Nikau House will look at the ongoing socialisation of the use of Nga Whakaaro Pono/ Advance Directives amongst Tangatawhaiora whom are now based in the community. The initiative enables Mental Health & Addictions Service clients to state their wishes for their care should they become unwell. Such information enables the Mental Health & Addictions Service to better treat and support tangatawhaiora on their journey back to good health. Once the Advance Directive/Whakaaro Pono form has been placed on our IT system, Te Waka Hauora have agreed to help facilitate two community hui to promote uptake from Taangatawhaiora on the use of Advance Directives.

7.3 Māori Mental Health & Addictions Service

A meeting of Te Waka Hauora and Wahi Oranga Māori staff was held at Pae Ora offices to discuss looking at how the needs of Māori can be better met in the service. The aim is to create a practical plan of action that will improve service delivery within Wahi Oranga. The hui was well attended and facilitated by the GM Māori Health & Vulnerable Populations. Proposed key areas of focus include relationships between primary and secondary services, Māori workforce development needs, cultural responsive needs, evaluation and monitoring mechanisms, and seclusion, admission and discharge issues.

8. CLINICAL GOVERNANCE

- The Certification report received from the MOH shows there were 11 Correction Actions (CARS) from the last audit (eight are completed and three require further reporting in September 2020).
- The following three CARs are yet to be completed:
  - 1.3.10.2 Discharge and handover processes
  - 1.3.12.1 Medicines management
  - 2.2.1.1: Restraint and enabler use

8.1 Service User Complaints

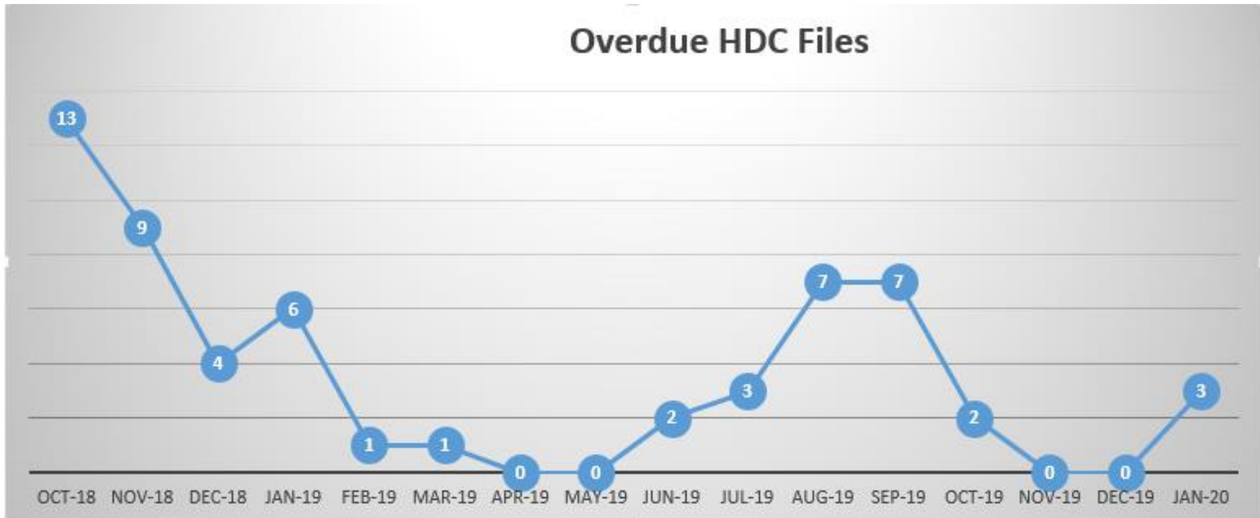
We received 29 new complaints in January compared to 21 the previous month. Twenty complaints were closed, and 48 complaints remain open and active.

8.2 Service User Compliments

We received 23 compliments in January, with the majority for the ED and Ophthalmology.

8.3 HDC Complaints

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



8.4 Official Information (OIA) Requests

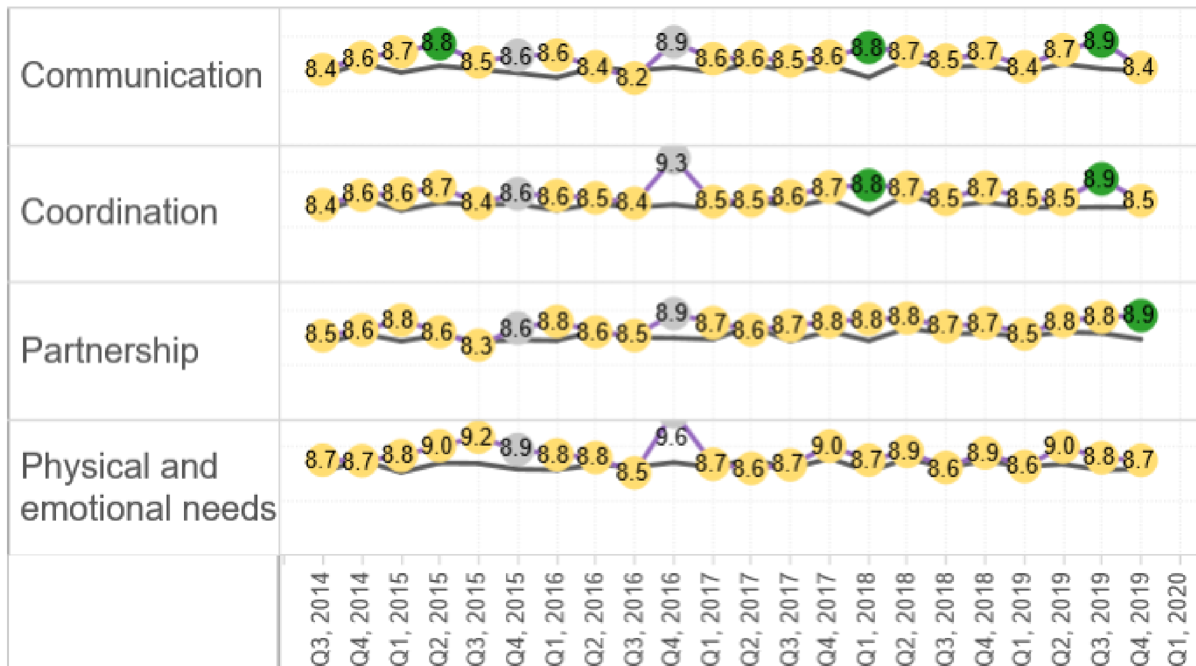
During January 10 OIAs were completed, with five extensions of time requested. All were completed within the legislated timeframe.

8.5 Privacy Breaches

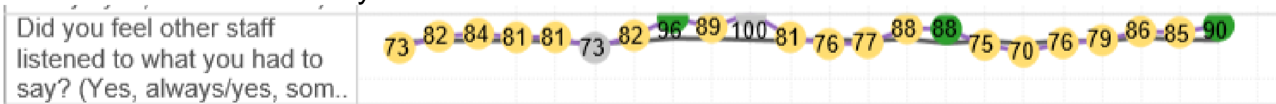
There were three privacy breaches in January (two minor misidentification issues and one case of inappropriate access to notes).

8.6 National Patient Experience Survey

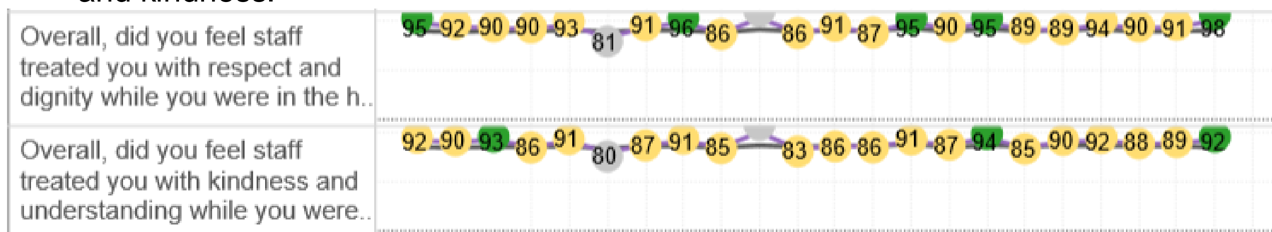
The November 2019 results for the Inpatient Experience Survey have been published. The highlights are as follows, noting we are an exemplar in the aggregated data for partnership.



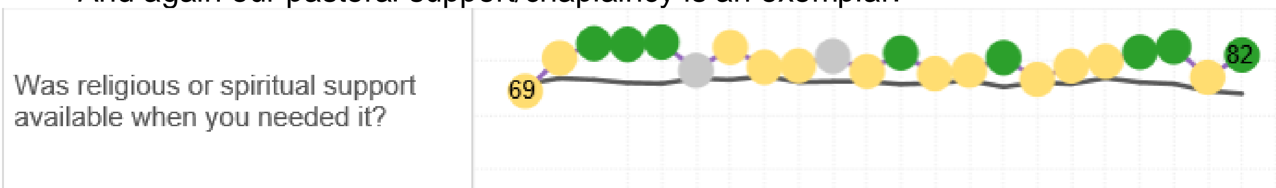
We also score well within Communication, in answers to the question "Did you feel other staff listened to what you had to say?". This would exclude Doctors and Nurses who are captured in a separate question, so the results reflect well on our Allied Health, Clerical and ancillary staff.



In physical and emotional need, we are an exemplar in measures for respect, dignity and kindness.

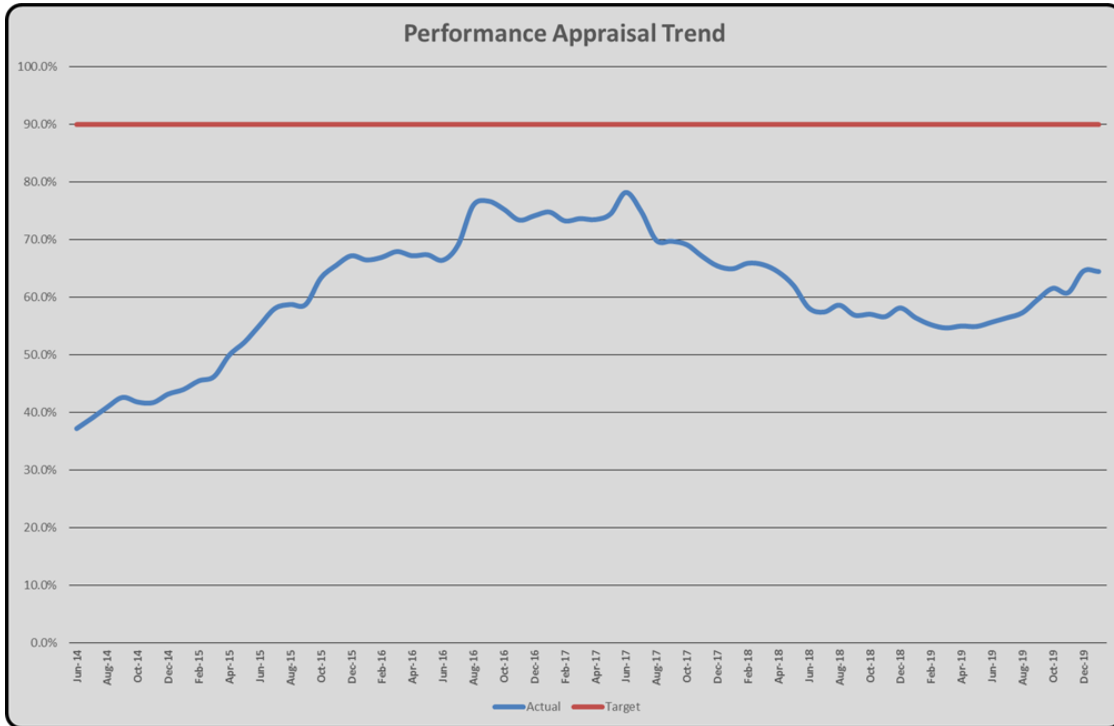


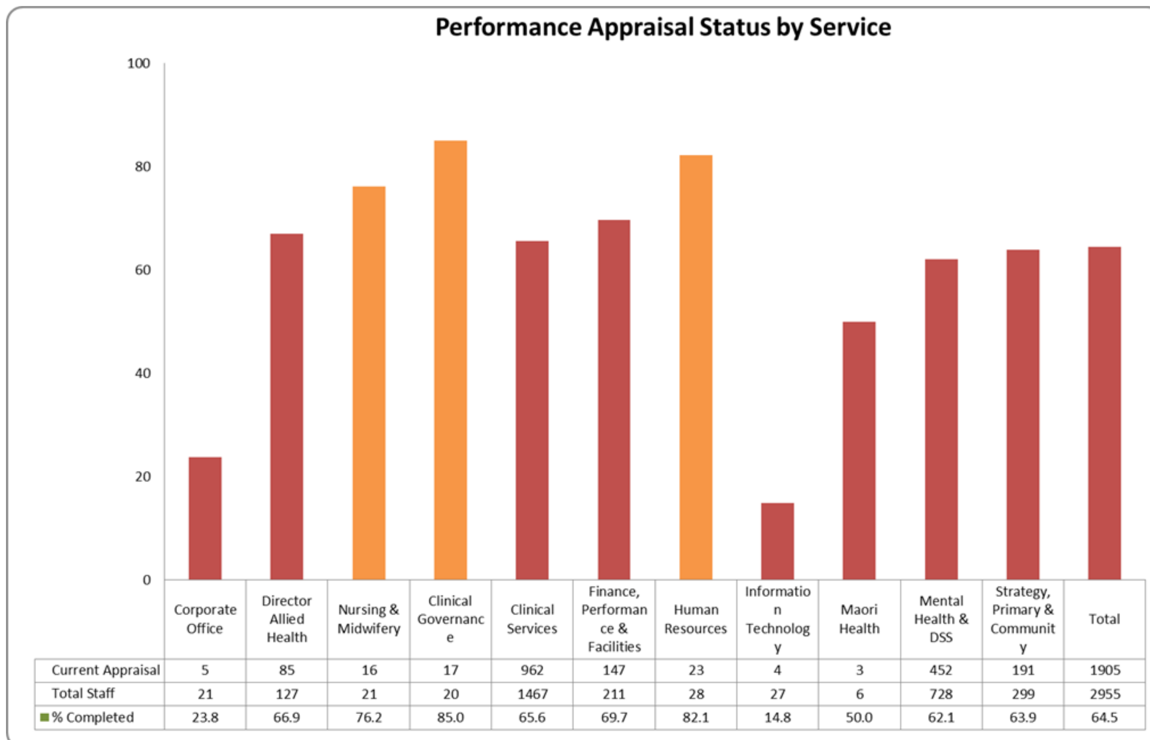
And again our pastoral support/chaplaincy is an exemplar.



9. PERFORMANCE APPRAISALS

To date we are at 64.5% of staff with a current appraisal.





	Corporate Office	Director Allied Health	Nursing & Midwifery	Clinical Governance	Clinical Services	Finance, Performance & Facilities	Human Resources	Information Technology	Maori Health	Mental Health & DSS	Strategy, Primary & Community	Total
Current Appraisal	5	85	16	17	962	147	23	4	3	452	191	1905
Total Staff	21	127	21	20	1467	211	28	27	6	728	299	2955
% Completed	23.8	66.9	76.2	85.0	65.6	69.7	82.1	14.8	50.0	62.1	63.9	64.5

Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Cathy O'Malley, GM Strategy Primary & Community
Date:	19 February 2020
Subject:	**Advance Care Planning**

Status
This report contains:
- ☐ **For decision**
- ☐ **Update**
- ✓ **Regular report**
- ✓ **For information**

Action Item: **Investigate the possibility of combining Advance Directives, ACPs, EPOA etc or at least have the same terminology**

Advance Care Planning (ACP) is a process of discussion and shared planning for future health care. It is focused on the individual and involves both the person and the health care professionals responsible for their care. It may also involve the person's family/whanau and/or carers if that is the person's wish. The planning process assists the individual to identify their personal beliefs and values, and incorporates them into plans for their future health care. ACP provides individuals with the opportunity to develop and express their preferences for care, informed not only by their personal beliefs and values, but also by an understanding of their current and anticipated future health status, and the treatment and care options available.

The ACP process may result in the person choosing to write an Advance Care Plan and/or an Advance Directive and/or to appoint an Enduring Power of Attorney (EPA). If a person is identified as having strong views or preferences about medical treatments and procedures, they should be advised to consider completing an Advance Directive. The value of the ACP process, however, lies not solely in these outcomes but in the conversations and the shared understanding that eventuate.

ACP relies on the patient being competent to share in the planning process and so needs to be considered early in the care of any person for whom the diagnosis of dementia is suspected. A person with advanced dementia will be unable to participate in ACP and in this situation, alternative decision-making approaches have to be applied.[1]

OtTeR stands for Options for Treatment and Resuscitation and is the replacement "Not for CPR". The OtTeR form aims to provide a framework for recording decisions around what treatment options are the most important within the context of a patient's overall life trajectory. It does not try and simplify what is a complex and ongoing discussion, rather aims to provide clear guidance for those less familiar with the patient, namely junior clinical staff after hours. It is not a static document, and is intended to be frequently re-assessed as the clinical situation changes. It aims to ensure that decisions around resuscitation and the goals of patients care are explicit and readily available, to ensure appropriate escalation occurs when indicated, and that administration of futile treatment is avoided.

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[1] Advance Care Planning: A guide for the New Zealand health care workforce https://www.health.govt.nz/system/files/documents/publications/advance-care-planning-aug11.pdf

The OtTeR form aims to provide an effective framework for ceiling of care discussions, as well as communicate clearly and effectively specific treatment priorities to reviewing clinicians. Resuscitation today is broader than chest compressions and defibrillation, in response to the deteriorating patient, patients may be treated with intubation, ventilation, dialysis, feeding and much more in order to save their life. In some patients these actions may be futile and detract from the very important care of the dying patient. DNR orders can be harmful as they inhibit other good medical care not relating to resuscitation. OtTeR provides a neutral term regarding care, shifting the conversation focus from what we are not doing, to what we ARE doing.

How do OtTeR and Advance Care Plans (ACP) Interact?
The ACP is the patient document that expresses their end of life wishes. It is completed in the primary care setting. When a person comes into hospital with an ACP, this forms the basis of the OtTeR discussion. While ACP is a great guide for the patient's care, some of their expectations may not be realistic in the context of life-threatening illness. For this reason it is important for clinicians to have the ability to have frank and honest conversations about end of life treatment options. Often when patients have unrealistic expectations of care, there is a communication issue between them and their clinician.[2]

Enduring Power of Attorney (EPA) is an authority given by a patient (known as donor), while they are competent, to another person (known as the attorney) allowing that person to act for the patient once the patient is mentally incompetent. Under the 2007 amendments to the Protection of Personal and Property Rights (PPPR) Act 1988, a medical certificate stating that the patient is mentally incapable is required before attorneys can act in respect of significant matters. A significant matter means a matter that has, or is likely to have, a significant effect on the health, wellbeing or enjoyment of life of the person. Examples are decisions about a patient permanently changing residence, entering residential care or undergoing a major medical procedure. There are EPAs for Property and EPAs for Personal Care and Welfare.

1. A Personal Care and Welfare EPA appoints a person as an attorney to make decisions about an individual's personal care and welfare on their behalf. Such decisions might include agreement to medical or surgical treatment, or admission to residential care, or choice of a residential home. Only one person can be appointed to be a Personal Care and Welfare attorney.

2. A Property EPA appoints an attorney to manage and make decisions about a person's property. These decisions might concern investment of assets, expenditure and decisions about sale of property. A property attorney may be given the authority to manage property affairs while an individual still has capacity and to continue to act if the individual is mentally incapable, or they may be given the authority to act only once the individual loses capacity.

The same person can be both the Personal Care and Welfare attorney and the Property attorney. However, a trustee corporation cannot be a Personal Care and Welfare attorney.

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[2] OtTeR Audit Report. http://intranetlibrary/treatmentandresus/Shared%20Documents/OtTeR%20audit%20report%20March%202018.pdf

An EPA must be organised before an individual loses capacity, otherwise the power will be invalid.

Advance Directives are defined in the Code of Health and Disability Consumers' Rights as written or oral directives in which a patient makes a choice about a future health care procedure, and this choice is intended to be effective only when the patient is no longer competent. For this reason, Advance Directives are also, though less frequently, referred to as 'living wills'.

Right 7(5) of the Code of Rights gives every individual the legal right to use an Advance Directive in accordance with common law, and health care providers are obliged to take account of Advance Directives when deciding which services to provide to an incompetent patient.

Individuals with an EPA are also required to have regard to any Advance Directive. Advance Directives and Advance Care Plans can be modified or revoked by the individual at any time, while they are still competent.

The Scope of Advance Directives

Advance Directives have tended to be used as a mechanism allowing individuals to indicate refusal of or consent to a particular treatment or procedure at a future time when they have become incompetent and, therefore, are unable to provide current consent or refusal.

Negative Advance Directives (also known as anticipatory refusals) indicate a refusal of treatment and, where valid, have the same authority as a valid and current refusal of treatment. If a patient has made a valid Advance Directive specifying that they do not wish to receive certain treatment in certain circumstances, and those circumstances have arisen, then that treatment should not be provided, irrespective of whether health care providers consider that the treatment would be in the patient's best interest.

The legal authority of an Advance Directive rests with its validity, which should be established before it is honoured or given effect. There are four legal criteria that an Advance Directive needs to meet. These are as follows.

1. The individual was competent to make the particular decision, when the decision was made.

2. The decision was made free from undue influence.

3. The individual intended the directive or choice to apply to the present circumstances – this criterion is likely to incorporate the requirement that the individual was sufficiently informed at the time of making the Advance Directive.

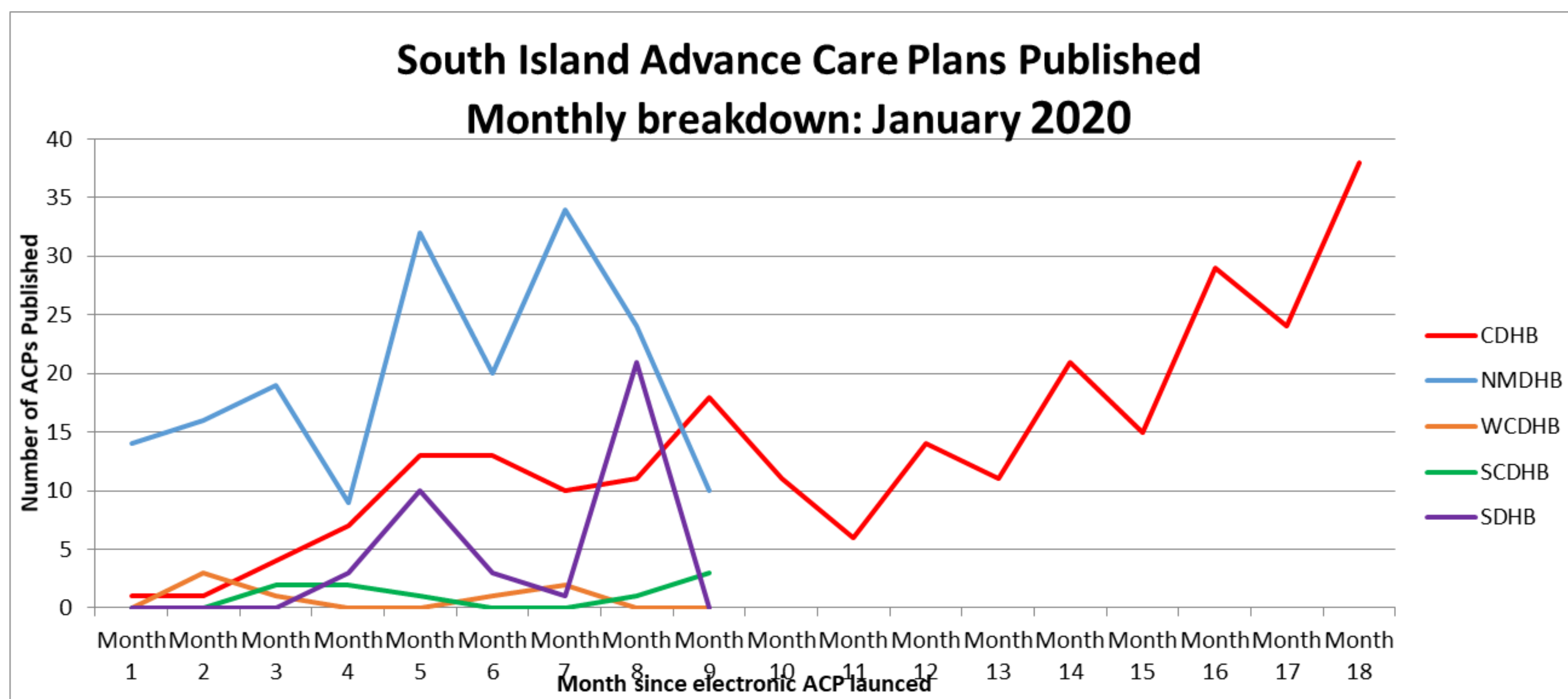
4. The existence and validity of the Advance Directive must be clearly established.

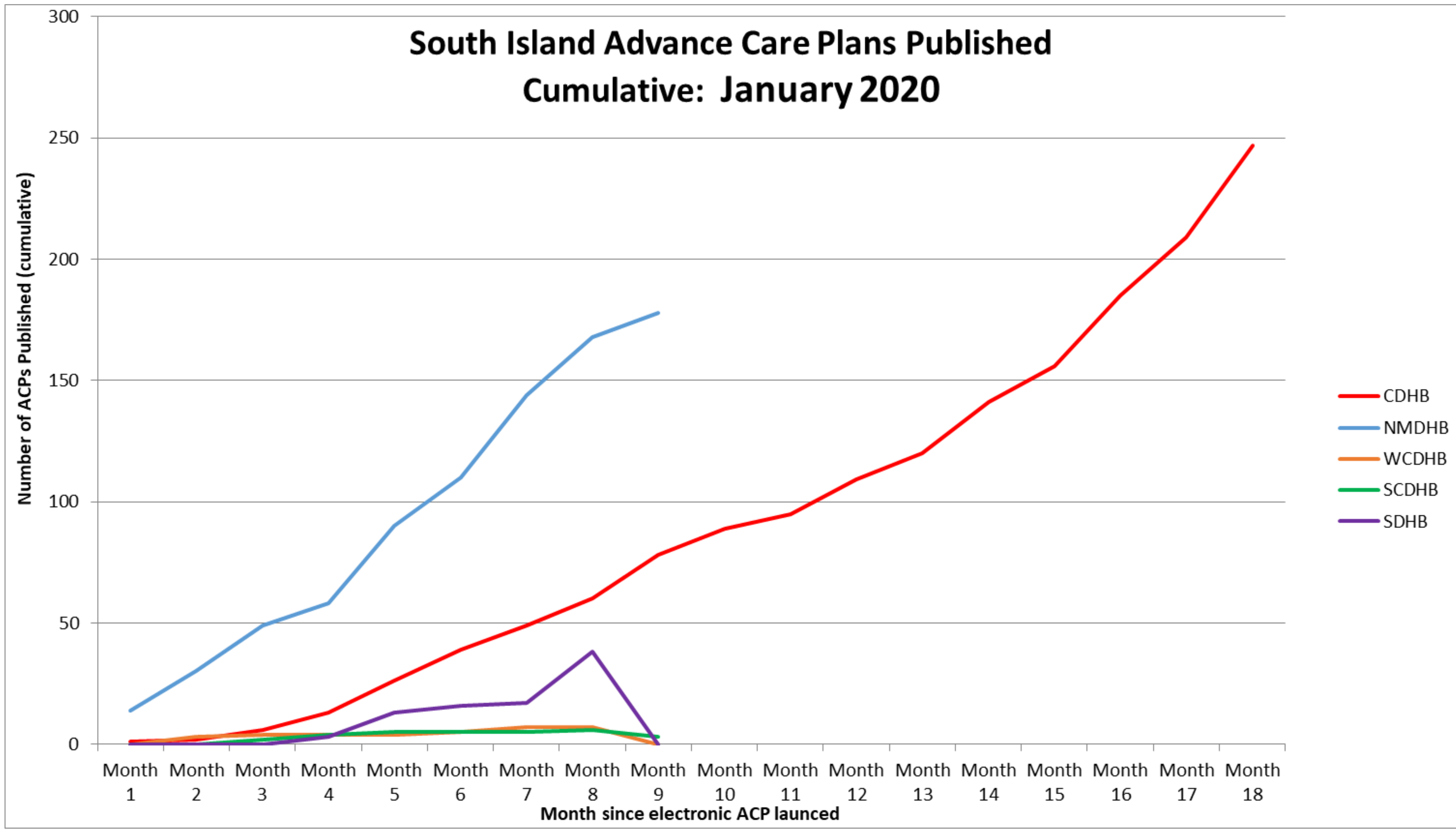
Unless there are reasonable grounds to doubt one of these four criteria, a clinician should ordinarily give effect to an Advance Directive and should not provide services that would contradict it. For positive treatment preferences the Advance Directive should be considered, but it cannot require the clinician to provide treatment or services the patient, if competent, could not choose or expect to receive.

For incompetent patients without a legally authorised proxy decision-maker, the final decision reached represents a substituted judgement made by the clinician on behalf of the patient. It should be based on a ‘best interests’ determination which is informed by the combination of clinical judgements, the patient’s views and values where they are known, and the views of others. The clinician should believe the decision is consistent with that which the patient would have made if they were able.[3]

[3] Advance Care Planning: A guide for the New Zealand health care workforce https://www.health.govt.nz/system/files/documents/publications/advance-care-planning-aug11.pdf

ACP Activity Each Month in Each South Island DHB (Exc CDHB)											
DHB	August 2019 Published	August 2019 Draft	Sept 2019 Published	Sept 2019 Draft	October 2019 Published	October 2019 Draft	November 2019 Published	November 2019 Draft	December 2019 Published	December 2019 Draft	January 2020 Published	January 2019 Draft
NMDHB	9	(4)	32	(2)	20	(3)	34	(8)	24	(12)	10	(2)
WCDHB	0	(0)	0	(1)	1	(0)	2	(1)	0	(2)	0	(0)
SCDHB	2	(5)	1	(2)	0	(1)	0	(0)	1	(0)	3	(0)
SDHB	3	(19)	10	(29)	3	(14)	1	(13)	21	(23)	0	(8)
TOTALS	**14**	**(28)**	**43**	**(34)**	**20**	**(18)**	**26**	**(22)**	**48**	**(37)**	**13**	**(10)**

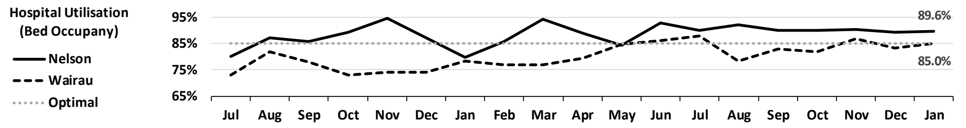


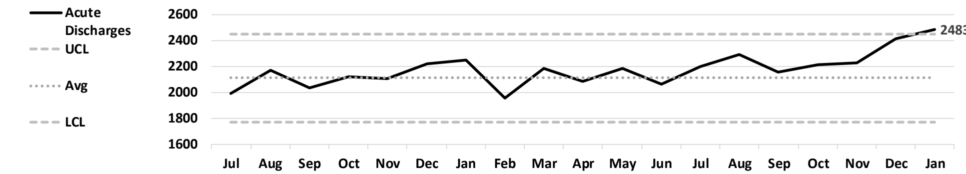

South Island Advance Care Plans Published
Cumulative: January 2020
Number of ACPs Published (cumulative)
300
250
200
150
100
50
0
Month 1
Month 2
Month 3
Month 4
Month 5
Month 6
Month 7
Month 8
Month 9
Month 10
Month 11
Month 12
Month 13
Month 14
Month 15
Month 16
Month 17
Month 18
Month since electronic ACP launced
CDHB
NMDHB
WCDHB
SCDHB
SDHB

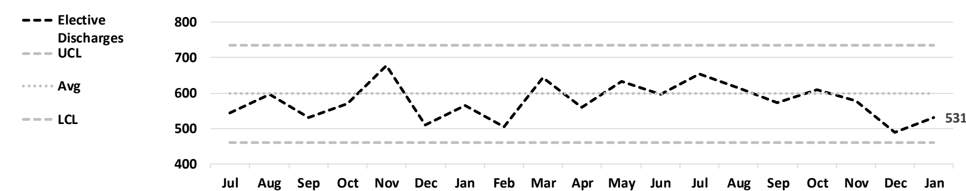
HAC Dashboard

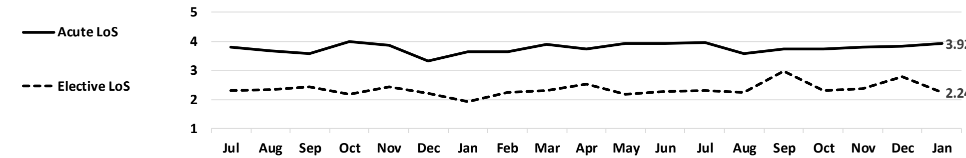
January 2020

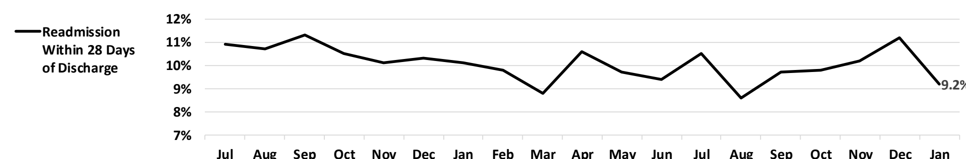
Inpatient Activity

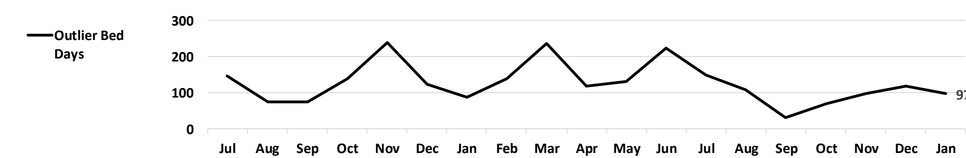




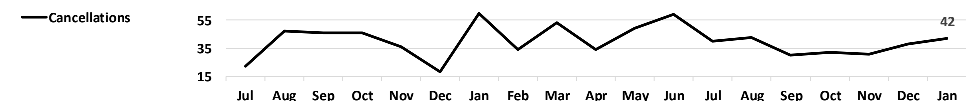




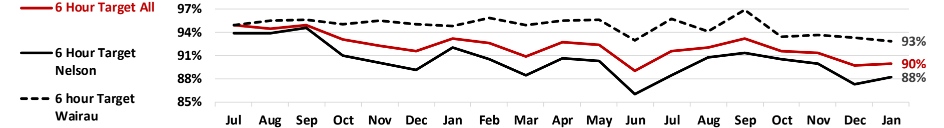


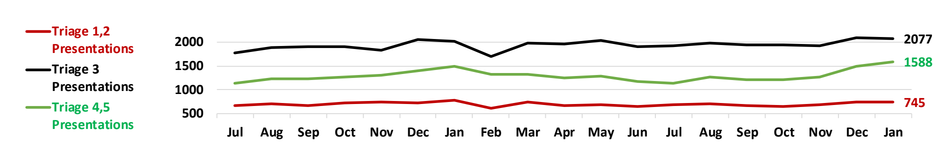


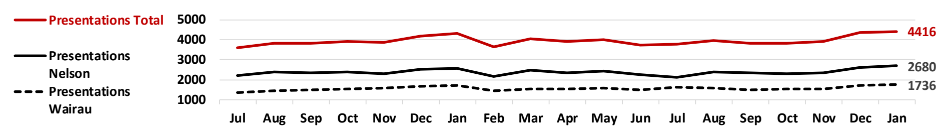
Theatre

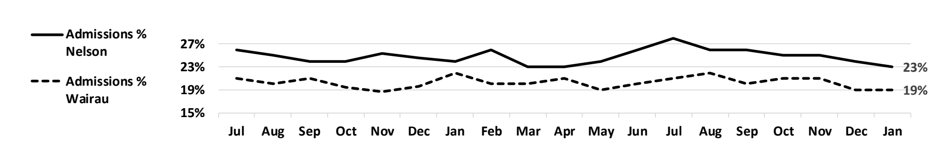


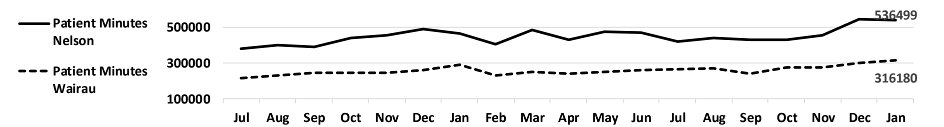
Emergency Department



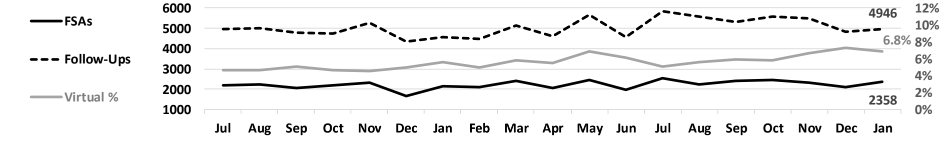


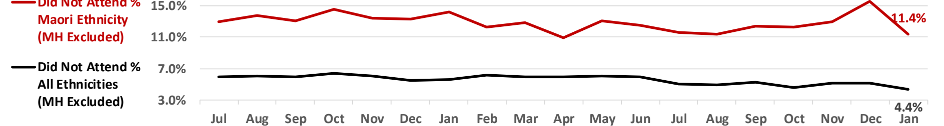




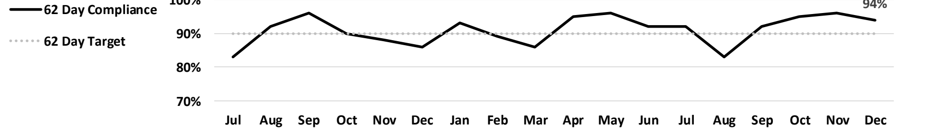


Outpatient Activity





Fast Cancer



TE WAIORA Nelson Marlborough Health

MEMO

To:	Board Members
From:	Eric Sinclair, GM Finance, Performance & Facilities
Date:	19 February 2020
Subject:	**Financial Report for January 2020**

Status

This report contains:
- ☐ **For decision**
- ☐ **Update**
- ✓ **Regular report**
- ☐ **For information**

Commentary

It is pleasing to start the 2020 calendar year with a small surplus and a favourable variance to the budget. The result for January shows a surplus of $0.4M ($0.3M fav). This brings the deficit for the seven months down to $4.4M ($0.7M adverse to our planned result).

The key driver of the result reported for January is a higher uptake of annual leave than was planned for across all workforce categories. This is partially offset by the recognition of higher costs in Aged Residential Care where our local information suggests a higher level of occupancy than we are seeing from the payment accrual files we receive – this is being investigated.

The results for the seven months exclude IDF costs totalling $1.4M relating to five cases where a Nelson Marlborough resident has been discharged from another DHB facility. One of these cases should have been funded through ACC as a treatment injury claim, however a process was missed by the other DHB resulting in the costs falling back to NMH through the IDF process. We are in discussion around this case in particular, and whether ACC funding can be sourced to cover the cost.

Other areas where there are inherent risks include pharmaceuticals, acute care delivery, aged residential care and the ongoing employment cost implications (employed vs locum and employment negotiation settlements).

The major drivers for the variances within the seven months results tend to remain relatively constant through to year end. These key areas are:

- Favourable variances within the medical workforce vacancies within obstetrics & gynaecology, general surgery and mental health are being covered by various locums. The cost of the locums is at a premium higher than the variance from the vacancies resulting in the adverse variance for workforce. Recruitment efforts continue to fill these roles with a number due to commence employment over the coming months.

- Higher than planned activity, especially in the acute setting, resulted in clinical supply costs tracking higher than budgeted in the earlier months. We expected this to track down within the hospital setting October through to December given our budget phasing aligned to the winter season from last year where activity in October was very high, but lower in the first two months. We are also seeing higher consequential costs from the higher acute/winter activity in the hospital with higher costs of clinical supplies occurring in the District Nursing service.

- As we have seen in previous years the costs associated with Intragam can fluctuate depending on a small number of patients requiring this blood product. Over the last 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.

Nelson Marlborough Health
TE WAIORA

Operating Statement for the period ending January 2020

Month $000s					YTD $000s				Full Year $000s	
Actual	Budget	Variance	Last Yr		Actual	Budget	Variance	Last Yr	Budget	Last Yr
				Revenue						
42,052	42,010	42	42,762	MOH devolved funding	290,883	289,872	1,011	275,426	499,324	469,551
1,868	1,862	6	3,315	MOH non-devolved funding	14,098	13,989	109	14,699	24,088	26,512
533	460	73	432	ACC revenue	3,912	3,611	301	3,364	6,213	5,909
838	803	35	836	Other government & DHBs	5,862	5,683	179	6,017	9,747	10,354
963	995	(32)	1,083	Other income	7,646	6,972	674	8,221	12,156	13,621
46,254	**46,130**	**124**	**48,428**	**Total Revenue**	**322,401**	**320,127**	**2,274**	**307,727**	**551,528**	**525,947**
				Expenses						
16,801	18,706	1,905	18,813	Employed workforce	122,403	126,646	4,243	114,451	220,800	197,407
833	153	(680)	662	Outsourced workforce	5,160	1,155	(4,005)	3,408	2,004	6,264
17,634	18,859	1,225	19,475	Total Workforce	127,563	127,801	238	117,859	222,804	203,671
1,511	1,524	13	1,521	Outsourced services	11,255	10,781	(474)	10,203	18,642	18,047
2,133	2,020	(113)	2,441	Clinical supplies	16,597	15,328	(1,269)	16,410	26,421	28,454
3,982	4,112	130	3,947	Pharmaceuticals	29,570	29,361	(209)	27,499	48,207	52,267
348	295	(53)	260	Air Ambulance	2,501	2,215	(286)	2,291	3,839	4,134
2,336	2,165	(171)	2,832	Non-clinical supplies	17,767	16,752	(1,015)	19,423	28,891	29,596
11,858	10,901	(957)	10,134	External provider payments	79,411	78,159	(1,252)	72,714	134,486	127,293
3,949	3,899	(50)	3,902	Inter District Flows	27,448	27,394	(54)	27,324	46,890	46,977
43,751	**43,775**	**24**	**44,512**	**Total Expenses before IDCC**	**312,112**	**307,791**	**(4,321)**	**293,723**	**530,180**	**510,439**
2,503	**2,355**	**148**	**3,916**	**Surplus/(Deficit) before IDCC**	**10,289**	**12,336**	**(2,047)**	**14,004**	**21,348**	**15,508**
34	27	(7)	28	Interest expenses	209	203	(6)	195	352	332
1,129	1,278	149	1,126	Depreciation	7,770	8,831	1,061	7,818	15,056	13,041
797	872	75	1,726	Capital charge	5,723	6,102	379	6,282	10,460	11,072
1,960	**2,177**	**217**	**2,880**	**Total IDCC**	**13,702**	**15,136**	**1,434**	**14,295**	**25,868**	**24,445**
543	**178**	**365**	**1,036**	**Operating Surplus/(Deficit)**	**(3,413)**	**(2,800)**	**(613)**	**(291)**	**(4,520)**	**(8,937)**
(130)	(125)	(5)	0	MOC Business Case costs	(981)	(876)	(105)	0	(1,502)	0
0	0	0	0	MECA related costs	0	0	0	0	0	(3,111)
0	0	0	0	Holidays Act compliance	0	0	0	0	0	(7,155)
0	0	0	0	Other one-off cost implications	0	0	0	0	0	(1,060)
0	0	0	0	Impairment of NOS asset	0	0	0	0	0	(302)
413	**53**	**360**	**1,036**	**Net Surplus/(Deficit)**	**(4,394)**	**(3,676)**	**(718)**	**(291)**	**(6,022)**	**(20,565)**

Nelson Marlborough Health

TE WAIORA

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 JANUARY 2020

	Budget Jan-20 $000	Actual Jan-20 $000	Actual Jun-19 $000
Assets			
Current assets			
Cash and cash equivalents	7,992	13,878	6,315
Other cash deposits	21,284	21,284	21,284
Receivables	19,222	16,938	19,222
Inventories	2,742	2,804	2,742
Prepayments	1,188	1,610	1,188
Non-current assets held for sale	465	465	465
Total current assets	**52,893**	**56,978**	**51,215**
Non-current assets			
Prepayments	36	314	36
Other financial assets	1,715	1,689	1,715
Property, plant and equipment	192,858	198,257	197,681
Intangible assets	10,851	10,696	11,509
Total non-current assets	**205,460**	**210,956**	**210,941**
Total assets	**258,353**	**267,934**	**262,156**
Liabilities			
Current liabilities			
Payables	33,143	37,465	31,127
Borrowings	501	620	501
Employee entitlements	44,441	49,233	46,585
Total current liabilities	**78,085**	**87,318**	**78,213**
Non-current liabilities			
Borrowings	7,664	8,745	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	**17,534**	**18,615**	**17,534**
Total Liabilities	**95,619**	**105,933**	**95,747**
Net assets	**162,734**	**162,001**	**166,409**
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(5,662)	(6,375)	(1,987)
Total equity	**162,734**	**162,001**	**166,409**

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 JANUARY 2020

	Budget Jan-20 $000	Actual Jan-20 $000	Budget 2019/20 $000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	320,125	325,308	551,523
Interest received	981	744	1,700
Payments to employees	(126,646)	(119,758)	(217,472)
Payments to suppliers	(184,000)	(187,266)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	**5,230**	**14,103**	**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	(2,850)	(6,601)	(6,500)
Purchase of intangible assets	(500)	(952)	(1,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	**(3,350)**	**(7,532)**	**(7,500)**
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(203)	992	(352)
Net cash flow from financing activities	**(203)**	**992**	**(899)**
Net increase/(decrease) in cash and cash equivalents	**1,677**	**7,563**	**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	**7,992**	**13,878**	**6,525**

Consolidated 12 Month Rolling Statement of Cash Flows	**Feb 2020**	**Mar 2020**	**Apr 2020**	**May 2020**	**Jun 2020**	**Jul 2020**	**Aug 2020**	**Sep 2020**	**Oct 2020**	**Nov 2020**	**Dec 2020**	**Jan 2021**
$000s	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	43,555	43,394	47,771	43,780	47,717	42,475	42,475	53,094	42,475	42,475	53,094	42,475
Interest Received	131	131	163	131	163	143	143	143	143	143	143	143
Other Revenue Received	1,004	998	1,149	916	1,114	948	948	1,185	948	948	1,185	948
Total Receipts	44,690	44,523	49,083	44,827	48,994	43,566	43,566	54,422	43,566	43,566	54,422	43,566
Payments												
Personnel	17,535	16,570	21,151	17,485	18,086	17,534	17,534	26,300	17,534	17,534	17,534	17,534
Payments to Suppliers and Providers	25,921	25,872	27,884	26,447	26,559	24,350	24,350	30,437	24,350	24,350	30,437	24,350
Capital Charge	-	-	-	-	5,230	-	-	-	-	-	5,282	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	43,456	42,442	49,035	43,932	49,875	41,884	41,884	56,737	41,884	41,884	53,253	41,884
Net Cash Inflow/(Outflow) from Operating Activities	**1,234**	**2,081**	**48**	**895**	**(881)**	**1,682**	**1,682**	**(2,315)**	**1,682**	**1,682**	**1,169**	**1,682**
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	750	900	500	1,050	950	625	625	625	625	625	625	625
Capex - Intangible Assets	-	-	-	-	-	625	625	625	625	625	625	625
Increase in Investments												
Total Payments	750	900	500	1,050	950	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Net Cash Inflow/(Outflow) from Investing Activities	**(750)**	**(900)**	**(500)**	**(1,050)**	**(950)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**
Net Cash Inflow/(Outflow) from Financing Activities	**(27)**	**(27)**	**(34)**	**(27)**	**(581)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**
Net Increase/(Decrease) in Cash Held	457	1,154	(486)	(182)	(2,412)	317	317	(3,680)	317	317	(196)	317
Plus Opening Balance	13,878	14,335	15,489	15,003	14,821	12,409	12,726	13,044	9,364	9,681	9,999	9,803
Closing Balance	**14,335**	**15,489**	**15,003**	**14,821**	**12,409**	**12,726**	**13,044**	**9,364**	**9,681**	**9,999**	**9,803**	**10,120**

Nelson Marlborough Health

TE WAIORA

MEMO

To:	Board Members
From:	Judith Holmes, Consumer Council Chair
Date:	19 February 2020
Subject:	**Consumer Council Report**

Status

This report contains:
- ☐ **For decision**
- ☐ **Update**
- ✓ **Regular report**
- ✓ **For information**

On Monday 10 February 2020, the Consumer Council met in Nelson.

This was our first meeting of the year, and the first without our previous facilitator Amy Clarke who has served us well since our inception in March 2017.

Discussion on considerations arising from our Council member's input at both the Clinical Governance Committee and the Choosing Wisely committee meetings in January was robust. Our focus on the NMDHB current position paper on vaping flushed out considerable community concern about vaping and the necessity to follow empirical research into vaping in order to maintain a current and appropriate position. The Council supports the current DHB position, with the proviso that we follow current empirical research and update our position based on proven empirical data immediately when credible research is provided. There are numerous horror stories about unregulated vapes which are attracting considerable public attention. It is noted that the paucity of reliable research due to the newness of the substances and the unregulated nature of the practice pose considerable challenges.

The discussion from the Choosing Wisely January meeting was threaded into a presentation from the program lead updating the Council on developments. The main input from the Council is that the general public, and many clinical staff, need clear educational guidance on the principles and four key questions at the heart of the program. The Choosing Wisely program represents a huge cultural shift in health provision epitomising a change from an approach in which a patient almost "consulted the oracle" in going to a doctor, to a new paradigm of a medical team approach with health providers being part of a team alongside the consumer in the driving seat. This should involve a widespread public education process. The average person has little or no idea of the cultural change that we are trying to bring about in getting consumers to actively participate in their health provision decision-making. As the recent Australian expert symposium attended by Dr Derek Sherwood amplified, the average patient still appears to feel that they need to have explicit permission to ask questions. We are a long way from achieving our goal of a "team" approach.

The Council participated in discussion on an update on the Models of Care program with the MOC lead. The Council is pleased with progress on recent recruitment for the Clinical Working Group, progress on the First 1000 Days program and the Home Health Hub transitions at various PHO practices. Again, the Council sees a gap in education of the general public relating to changes made under Home Health Hub membership. We, in the Council, are aware of improvements in service delivery accompanying Home Health Hub. However the general public do not appear to have any knowledge of changes such as the daily triage and the different system for allocation of daily appointments which affect them directly.

The Council had previously given input regarding Virtual Health. It was pleasing that this input was useful. The Council remains very supportive of "virtual" health provision seeing it as a useful and appropriate tool in the modern world.

The Consumer Council remains dedicated to cooperating with all members of NMDHB to guarantee best ethical and most practical hands-on delivery of health services achievable within budgetary constraints. We support the telling of "good news" stories as the Council believes that great treatment is enjoyed by the overwhelming majority of consumers within our healthcare system. We thank the Board for exceptional service.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Cathy O'Malley, Models of Care Programme Sponsor
Date:	19 February 2020
Subject:	**UPDATE: Models of Care Programme**

Status
This report contains:
- ☐ **For decision**
- ✓ **Update**
- ☐ **Regular report**
- ☐ **For information**

The purpose of this report is to provide an update on the Models of Care (MOC) programme.

Models of Care Programme

As the Models of Care Programme gets ready to enter its third year, the Clinical Working Group has been bolstered by some recent exciting appointments.

Anna Charles-Jones who has been the Clinical Co-Lead of the programme since 2018 and has recently left on parental leave, has been replaced by the dual appointment of **Shelley Shea** and **Ricki-Lea Aitchison**. These two influential clinicians will work alongside current Clinical Co-Lead Nick Baker.

Ricki-Lea is already a member of the Clinical Working Group. As a GP and casual ED House Surgeon, working in both community and hospital settings has given Ricki-Lea some insight to the challenges of the two and how they often clash, and acknowledges there is not a simple fix. Ricki-Lea has recently joined the PHO Te Tumu Whakaora group and is a registered member of Te Ohu Rata O Aotearoa (Te ORA), Māori Medical Practitioners Association.

Shelley is a Clinical Nurse Specialist – Cancer Care Coordinator and leads the Oncology Nursing Service. As a Care Coordinator, Shelley is well placed to identify opportunities and improvements across services and she understands first-hand the importance of how collaboration between services and working with patients and their whanau can greatly improve care. Shelley has a wide network and is an active member of the Clinical IT Governance Group, Charge Nurse Manager and Faster Cancer Treatment groups. She also belongs to the national Cancer Nurse Coordinator network.

Raewyn Kaihe and **Rachael Cowie** have been appointed as new Clinical Working Group members to strengthen the rural expertise in the group, an opportunity created by Nicky Cooper's departure from the group to focus on implementing the Circle of Security parenting programme in Murchison and supporting further roll-out across the district.

Raewyn has many years' experience in District Nursing in the Motueka area, and was recently seconded to the Associate Charge Nurse Manager role with the Wairau District Nursing team. Raewyn has a broad knowledge and experience of health care in rural areas and understands the inherent differences and needs of the rural population both from the provider perspective and the consumer.

Rachael is a GP and Clinical Director at Golden Bay Community Health, Takaka. Rachael has experience working in general practice in a number of different rural areas across New Zealand. Rachael is thrilled to be part of a team focused on system change that will significantly improve care and put patients at the centre of their health journey.

Alongside their Clinical Working Group colleagues, these new members will provide clinical input into programme initiatives and build connections across the health care system for the best, most equitable health system for the Nelson-Marlborough region.

Key Achievements so far

- Further roll-out of the Health Care Home
  - 14 practices
  - Urgent care is more proactively managed – GP triage, alternatives to face-to-face appointments, adjusting appointment templates
  - Increased patient portal access & usage
  - Self check-in and patient feedback kiosks
  - Health Care Assistants

- Permanent establishment of MAPU

- Contribution to the First 1,000 Days
  - Health professional training in Adverse Childhood Experiences (ACE) and Facilitated Attuned Interactions (FAN)
  - Developing referral criteria for intensive intervention community service

- Strengthening Coordinated Care
  - Patient dataset and referral pathway developed
  - Recruitment of Locality Care Coordinators for Marlborough, Motueka and Stoke/Richmond

- Virtual Health
  - Successful pilots in Murchison and Golden Bay
  - Well received by consumers and clinicians
  - Increased uptake of virtual health appointments

- Workforce Development
  - Drafted competency & training requirements matrices to deliver MOC projects

- Shared Information Platform
  - Introduced a set of shared care plans available in HealthOne / Health Connect South
  - Trial of Personalised Care Plan

- Improving Access to Health Professional Advice
  - Series of stakeholder discussions to clarify requirements and potential solutions

- Extension of Hauora Direct
  - Piloted electronic Tamariki Ora assessment

Projects

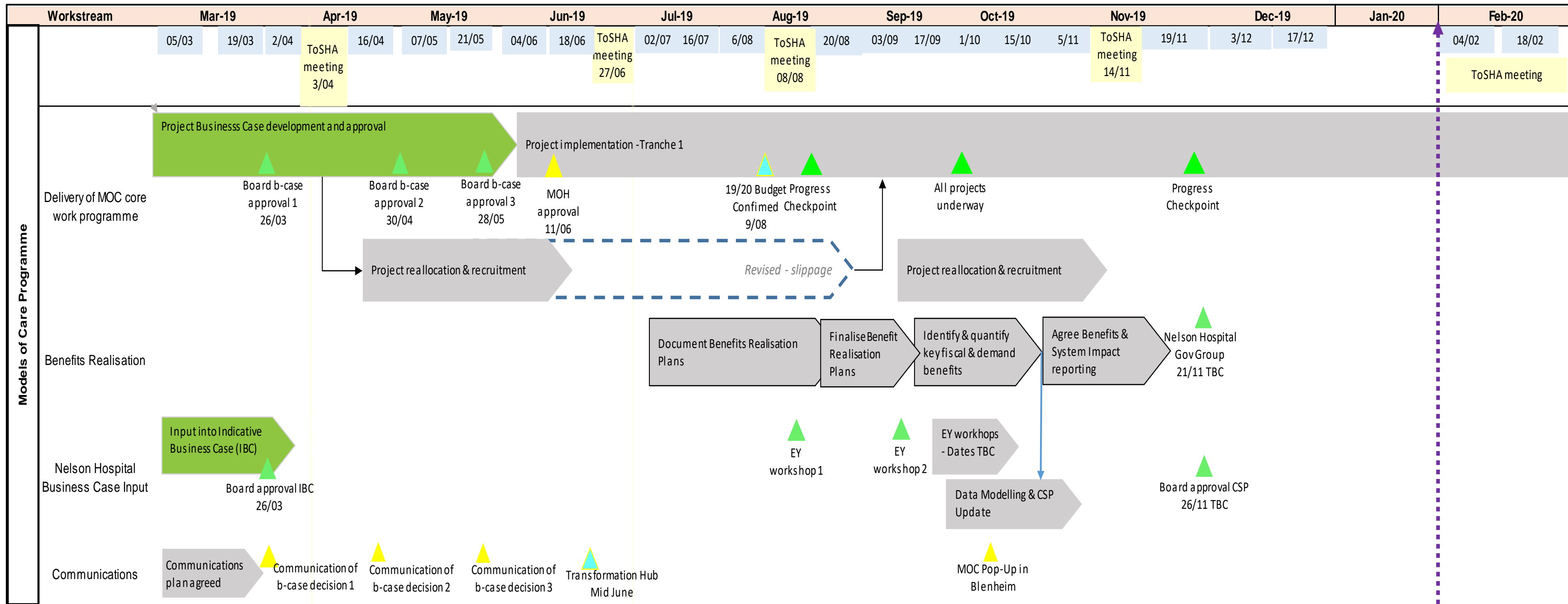
Project	Status	Key activities this month	Key activities next month
Health Care Home	On Track	Tranche One practices are exploring collaborative opportunities with providers to improve patient access to care and relationships between providers. There is ongoing support around the creation of shared plans for practices. Tranche 2A practices have undertaken Lean processes to organise and plan for in improvements in practice efficiency. Trance 2B practices have started their workshops in anticipation of developing their first year implementation plans. Lean Masterclass to be delivered in Marlborough. The HCH programme now has 14 practices which equate to 53% enrolled population of Nelson and Marlborough.	Continue training for practice teams and other system partners on the use of shared care plans and continue training for practice teams in the use of Thalamus reporting in Datacraft. Tranche 2A to begin GP Triage. Extension in practice sessions includes strategic planning sessions to be held with Tranche 2B practices. Development of virtual Lean and process webinars for all Tranches to provide alternative method of supporting practices. Following Ruth Robson's departure there will be a transition to appointment / orientation of HCH Facilitator in Nelson.
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	Ongoing operation of MAPU. Evaluation report of the first 3 months of MAPU is being finalised.	Agree any changes required as a result of the evaluation.
Contribution to the First 1,000 Days: Hei Pa Harakeke	On Track	Planning education sessions for Motueka community health professionals in the Adverse Childhood Experiences (ACE) and the Ages and Stages Assessment tool is underway. Implementation of Facilitated Attuned Interactions with whanau within existing systems such as Family Start, Tu Hono and Plunket. Positive feedback from "FAN" trained staff on new approach. Confirmed Murchison Circle of Security Pilot and have resourcing in place.	Circle of Security Pilot starts in February; will hold sessions with 10-12 parents. Consult on referral criteria for intensive intervention community service and HealthPathway for Infant mental health. Finalise education training plan for Motueka community. Start providing training sessions with Greenwood Health, The Doctors and other health care providers.
Strengthening Coordinated Care	On Track	Locality Care Coordinators (LCC) were appointed for Marlborough, Motueka and Stoke localities. An Orientation programme and schedule for the new coordinators has been	Evaluation and monitoring framework to be discussed as part of wider MoC evaluation along with the communication plan. Locality Care Coordinators start in post on 24 February. Review

Project	Status	Key activities this month	Key activities next month
		completed. Steering Group meetings organised.	and refresh of 2020/21 project budget requirements. Service orientation to be undertaken prior to LCC commencement.
Care Anywhere; Making Virtual Health Happen	On Track	Ongoing clinical engagement with Capita l& Coast DHB to reviewing opportunities for video consultations out of district. Approval for appointment of Telehealth administrator to be appointed on fixed term basis. Departmental plan for paediatric consultations completed with Steering Group appointed. Patient information complete for publication on DHB external website.	Promotion of remote monitoring work stream, working with PHO partners on opportunities within district. Hospital outpatient consumer survey to collect cost and time associated with outpatient appointments to be undertaken. Review and refresh of 2020/21 project budget requirements.
Workforce Development: People Powered Care	In Progress	Advanced the employment process of the Workforce Planner. Drafted skills development framework for MOC roles that includes generic (e.g. cultural safety) and project specific (e.g. Facilitating Attuned Interactions with parents) competencies. Drafted roles and responsibilities framework for MOC roles.	Workforce Planner recruitment in mid February. Complete skills development and roles & responsibilities frameworks by end February.
On the Same Page: Shared Information Platform	On Track	Increased engagement with Mental Health services (overview of AP, PCP) and initial demo and training for Needs Assessment & Service Coordination (NASC) team on access and use of PCP for their service has been delivered. Progression with PHO resource funding / Terms of Reference. A presentation regarding the core aspects of the project was delivered to the CWG. Fixes to the PCP 'Amend' button in HCS have been completed. Agreed extension of PCP licence trial until 13th May 2020. Progression of PCP bug fix (now in testing phase). Scheduled PCP Software evaluation / clinical focus group for 14th February 2020). Mental Health meetings and draft of MH	PCP Software evaluation: identify criteria, agree criteria and measure criteria. Follow up with MH and clinical teams to address specific queries. Planning ED management plan –> AP migration / ED demo's. Finalisation of comms plan (draft under review). Further develop matrix of HCS/H1 access and future roll out of prioritisation. Requirements gathering for EDaaG changes / Plan flag and further engagement with Nurse specialists / Medical Injury Centre (MIC).

Nelson Marlborough Health
TE WAIORA

Project	Status	Key activities this month	Key activities next month
		wellbeing plan discussion document circulated. Acute Plan audit / quality meeting held and approach agreed. Meeting with St. John re. AP access / use.	
One Team: Transforming Timely Advice	In progress	Additional problem definition meeting held with Wairau Emergency Department. Considered the regional ERMS roadmap for upcoming areas of development that may help address issues raised in problem definition meetings.	Complete initial problem definition meetings with midwifery. Continue to explore opportunities and process for file note in HCS including scoping idea with more GP's and secondary care clinicians.
Towards Equity: Extension of Hauora Direct	On Track	Tamariki electronic assessment for Hauora direct was piloted at Stoke Primary on 7th December with 50 children from high needs families. Electronic version was tested and required amendments which are currently underway.	Electronic version of Hauora Direct due for re-testing and piloting in the community in selected areas in February/March.

Models of Care Programme Plan
As at 7 February 2020



Nelson Marlborough Health
TE WAIORA

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 February 2020
Subject: **FOR INFORMATION**

Status
This report contains:
☐ **For decision**
☐ **Update**
☐ **Regular report**
✓ **For information**

Submissions sent on behalf of NMDHB during December, January and February are:

- NCC and TDC Draft Saxton Management Plan Review 2019-2020
- MDC Draft Marlborough Regional Events Strategy 2020-2022
- Ministry for the Environment – Submission on Transforming the Resource Management System: Opportunities for Change – Issues and Options Paper
- Ministry for the Environment – Reducing Waste: A More Effective Landfill Levy
- NZTA – SH6 Hope to Wakefield Speed Consultation
- Transport and Infrastructure Committee – Racing Industry Bill
- Environment Committee – Urban Development Bill

Copies of the submissions are available from the Board Secretary.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC Ask about their smoking status; brief advice to quit; cessation
A4HC Action for Healthy Children
A&D / AOD Alcohol and Drug / Alcohol and Other Drugs
A&R Audit & Risk Committee
ACC Accident Compensation Corporation
ACMO Associate Chief Medical Officer
ACNM - Associate Charge Nurse Manager
ACU Ambulatory Care Unit
ACP Advanced Care Plan
ADR Adverse Drug Reactions
ADM Acute Demand Management
ADON Associate Director of Nursing
AE Alternative Education
AEP Accredited Employer Programme
AIR Agreed Information Repository
ALOS Average Length of Stay
ALT Alliance Leadership Team (short version of (TOSHALT)
AMP Asset Management Plan
AOD Alcohol and Other Drug
AOHS Adolescent Oral Health Services
AP Annual Plan with Statement of Intent
ARC Aged Residential Care
ARF Audit Risk and Finance
ARCC Aged Residential Care Contract
ARRC Aged Related Residential Care
ASD Autism Spectrum Disorder
ASH Ambulatory Sensitive Hospitalisation
ASMS Association of Salaried Medical Specialists
AT&R Assessment, Treatment & Rehabilitation

BSCQ Balanced Score Card Quadrant
BA Business Analyst
BAFO Best and Final Offer
BAU Business as Usual
BCP Business Continuity Plan
BCTI Buyer Created Tax Invoice
BFCI Breast Feeding Community Initiative
BFCI Baby Friendly Community Initiative
BHE Blenheim
BOT Board of Trustees
BS Business Support
BSI Blood Stream Infection
BSMC Better, Sooner, More Convenient

CaaG Capacity at a Glance
CAMHS Child and Adolescent Mental Health Services
CAPEX Capital operating costs
CAR Corrective Action Required
CARES Coordinated Access Response Electronic Service
CAT Mental Health Community Assessment Team
CBAC Community Based Assessment Centres
CBF Capitation Based Funding
CBSD Community Based Service Directorate
CE (CEO) Chief Executive (Chief Executive Officer)

CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CD	Clinical Director
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement or 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
IaaS	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 Techer: 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