

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 24 March 2020 at 12.30pm

Scenic Circle Marlborough
Cnr Alfred & Henry Streets, Blenheim

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	12.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	12.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	12.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report	1.00pm	Attached	Resolution
5	Finance Report		Attached	Resolution
6	Update: Models of Care Programme		Attached	Resolution
7	Update: Clinical Governance Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.30pm	As below	Resolution

PUBLIC EXCLUDED MEETING

1.30pm

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 25 February 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
Olivia Hall

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Member of West Coast Partnership Group ▪ Member Health Promotion Agency (HPA) 			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Chair of Progress Nelson Tasman 		
Gerald Hope		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	

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

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	<ul style="list-style-type: none"> ▪ Board member Nelson/Tasman Cancer Society 	<ul style="list-style-type: none"> ▪ Trustee Te Matau Marine Centre ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		
Jill Kersey	<ul style="list-style-type: none"> ▪ Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> ▪ Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> ▪ Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Chair SI NENZ Group 			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> ▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member 			
Nick Baker, Dr	Chief Medical Officer	<ul style="list-style-type: none"> ▪ Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Member of Paediatric Society of NZ ▪ Fellow Royal Australasian College of Physicians ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member SI Quality Alliance Group - SIAPO 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> ▪ Associate Fellow of Royal Australasian College of Medical Administrators ▪ Fellow of the Royal Meteorological Society ▪ Member of NZ Digital Investment Board Ministry of Health ▪ External Clinical Incident Review Governance Group - ACC 			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Member of the New Zealand DHB Physiotherapy Leaders group ▪ Member of the New Zealand Paediatric Group ▪ Chair of South Island Directors of Allied Health ▪ President of the Nelson Marlborough Physiotherapy Branch ▪ Deputy Chair National Directors of Allied Health ▪ Acting Chief Allied Health Professions Officer MOH (secondment) 			
MENTAL HEALTH SERVICES					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> ▪ Husband works for NMDHB in AT&R as a Physiotherapist. ▪ Son employed on a short term contract doing data entry 	<ul style="list-style-type: none"> ▪ Board member Distance Running Academy 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> Husband is shift manager for St John Ambulance 	<ul style="list-style-type: none"> Trustee of the Empowerment Trust 		
Kirsty Martin	GM IT				
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> Trustee of Golden Bay Community Health Trust Member of National Food Services Agreement Contract Management Group for Health Partnerships Wife is a Registered Nurse working for a number of GPs on a casual basis 			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> Daughter employed by Pharmacy Department in the casual pool Sister is employed by Marlborough PHO as Healthcare Home Facilitator 	<ul style="list-style-type: none"> Daughter is involved in sustainability matters 		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> Te Herenga Hauora (GM Maori Health South Island) Member of Te Tumu Whakarae (GM Maori Health National Collective) Partner is a Doctor obstetric and gynaecological consultant Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) 	<ul style="list-style-type: none"> Both myself and my partner own shares in various Maori land incorporations 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CHIEF EXECUTIVE'S OFFICE					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> ▪ DHB representative on the PHARMAC Board ▪ Lead CE for Joint Procurement Agency ▪ Lead CE for RMO ▪ Lead CE for Mental Health ▪ Board Member of Health Roundtable Board ▪ Daughter employed as RN for NMDHB 	<ul style="list-style-type: none"> ▪ Son-in-law employed by Duncan Cotterill 		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> • Brother 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 25 FEBRUARY 2020 AT 12.30PM**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair), Gerald Hope, Stephen Vallance, Allan Panting, Brigid Forrest, Jacinta Newport, Paul Matheson, Jill Kersey, Olivia Hall

In Attendance:

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Cathy O'Malley (GM Strategy Primary & Community), Hilary Exton (Director of Allied Health), Jane Kinsey (GM Mental Health Addictions & DSS), Nick Baker (Chief Medical Officer), Lexie O'Shea (GM Clinical Services), Ditre Tamatea (GM Māori Health & Vulnerable Populations), Stephanie Gray (Communications), Gaylene Corlett (Board Secretary)

Apologies:

Dawn McConnell, Pam Kiesanowski (Director of Nursing & Midwifery)

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

The Chair welcomed Craig Dennis into the role of Deputy Chair. The Director of Allied Health updated the Board on her six month secondment to MOH.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Allan Panting
Seconded: Jill Kersey

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Amendments to minutes:

- Page 2 – 3.1 item 4 – CO2 Admissions should be emissions
- Page 3 – Dashboard – clarify wording around Licence to Occupy and “brought by the public”.

Moved: Allan Panting
Seconded: Jill Kersey

THAT THE MINUTES OF THE MEETING HELD ON 28 JANUARY 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD ONCE AMENDMENTS MADE.

AGREED

Matters Arising

Nil.

3.1 Action Points

Item 1 – Health Care Homes Report. Noted in Public Excluded agenda. Completed

Item 2 – CO2 Emissions Update. Ongoing

Item 3 – Advance Plans. Agenda item. Completed

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair updated on recent activities from meetings with MOH.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The CMO gave an update on preparation around COVID-19 Coronavirus. Planning is underway should an epidemic occur in NZ. First steps are pre-emptive planning which includes border control, isolation of those who may develop infection, how people access health care, availability of personal protective equipment, and plans for circulation in the community. General public information is to be careful around hand washing, hand to nose movements, safe sneezing, and keeping distance from others if they have a cold. There is no vaccination against Coronavirus at this stage. Noted the influenza vaccination will come through in April in readiness for our normal winter period, which is free for those over 65 years. Many employers also provide free vaccinations for their staff.

Immunisation data – Q2 we had only five children out of 165 that could not be located by the Oral Health Service for the 8 month immunisation. We did not, however, meet the target as 22 children declined immunisation.

Patient Satisfaction Survey Results

Discussion was held on the results of the national patient satisfaction survey noting NMDHB is an exemplar in the aggregated data for partnership, communication, respect, dignity, kindness and our pastoral support/chaplaincy. **It was agreed** that the Board Chair would write a letter on behalf of the Board to commend the chaplaincy service for the survey score.

Advance Care Plan

Noted the action item to standardise the terms in Advance Care Plans (ACP) is not appropriate. The informative paper on Advance Care Plans and Advance Directives was noted.

Noted there is also an Advance Directive being developed for those with mental health and addiction issues.

Agreed both the ACP and Advance Directive could be placed on the Intranet for staff and on the website for the community to access.

Advisory Committee Dashboard

Noted.

Falls Prevention

Director of Allied Health gave an update on DHB falls prevention and fracture liaison 20 point work plan for 2020, and explained the falls and fractures outcomes framework dashboard showing how our system approach is having an impact, and how NMDHB is benchmarked against other DHBs.

SECTION 6: FINANCIAL REPORT

Result for January shows a surplus of \$400k (\$300k favourable). This brings the deficit for the seven months down to \$4.4m. Key driver of the result for January is a higher uptake of annual leave than was planned for across all workforce categories.

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

Moved: Gerald Hope

Seconded: Craig Dennis

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Report noted. Discussion held on communication strategies. **It was agreed that** the Communications Manager meet with the Clinical Governance Support Manager and the Chair of the Consumer Council to discuss this further.

SECTION 8: UPDATES

8.1 Models of Care

Noted.

SECTION 9: FOR INFORMATION

Noted.

SECTION 10. GENERAL BUSINESS

Nil.

Public Excluded

Moved: Allan Panting
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 28 January 2020 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

Resolutions from the Public Excluded Meeting:

The Board approved the following resolutions in the Public Excluded section of the Board meeting:

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 2.05pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 25 February 2020**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE's Report: Wood Pellet Trial	CO ₂ emissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
2	CE's Report	Write a letter to Chaplain commending him and his team on the national Patient Satisfaction Survey results	Jenny Black	25 February 2020	24 March 2020	Completed
3	Consumer Council Chair's Report	Meet with Clinical Governance Support Manager and the Chair of the Consumer Council to discuss communication strategies	Stephanie Gray	25 February 2020	24 March 2020	Ongoing

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 18 March 2020
Subject: **Correspondence for February**

Status

This report contains:

For decision

Update

Regular report

For information

Inward Correspondence

Nil

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 18 March 2020
Subject: **Chair's Report**

<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none"><input type="checkbox"/> For decision<input checked="" type="checkbox"/> Update<input checked="" type="checkbox"/> Regular report<input type="checkbox"/> For information
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A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 18 March 2020
Subject: Chief Executive's Report

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

Our world has certainly changed. Borders are closing and travel is ceasing. We have stopped gathering together in large groups, and we are all learning what it means to self-isolate, and practice social distancing. Our focus as a DHB is very much on preparing our health system to respond to the arrival of COVID-19 into our community. Various teams, in conjunction with key community partners, have been working hard to ensure we are as prepared as we can be.

Our focus is on stamping the virus out, and ensuring we have everyone prepared across the health system to support our community should it start to spread. Planning and preparation are our mantra at the moment. Everyone can play a part. Hand hygiene is key. Practicing social distancing is crucial. Staying home and self-isolating when sick is a must. These are the keys to slowing the spread, and ensuring the most vulnerable in our community are protected.

These simple things will help constrain the spread of the virus and protect our health system from becoming overwhelmed. We are indebted to the commitment and experience of many at this time who are doing the hard work of preparation to ensure as a health system we are as prepared as we can be. Thank you.

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 New Zealand. The disease was first flagged to the WHO on 31 December 2019. Ten cases have been confirmed in New Zealand at the time of writing. A great deal of work has been undertaken to prevent and prepare for cases, both nationally and locally. Several close contacts of cases and people from high risk areas have been quarantined locally. No confirmed case has been seen locally, however there have been many suspected cases investigated.
- The Care Foundation has approved an application to do additional influenza vaccinations for high risk communities for the third year running. It was seen as particularly important this year with the Coronavirus (COVID-19). The PHOs have been contracted to coordinate and fund providers and also provide clinics themselves.
- An outbreak of two cases of TB, reported last month, continues to be managed. Twenty-four contacts have been found so far with Latent TB infection. Investigations are ongoing and contact tracing extended given that someone with only one hour exposure was infected, and also someone with exposure 18 months ago. With over 100 contacts this is the largest outbreak in terms of contact followed up seen locally, in recent times.

- Aged Residential Care continuing care bed access in Marlborough remains difficult, with occupancy at 100 percent. Dementia care bed access is also limited with periods of no beds available in Marlborough, and male-only beds available in Nelson/Tasman. The capacity assessment of Health of Older Person's Services continued this month.
- The Community Pharmacy Strategy has been communicated to the sector and interested parties. Work is underway to ensure supporting operational documents are drafted and approved.
- Health Promotion attended the Warmer Healthy Homes meeting in Nelson. Energy Efficiency and Conservation Authority were in attendance and highlighted that Nelson Marlborough has done very well with promotion of insulation. Approximately 768 homes in Nelson Marlborough have been insulated in the last 18 months.
- The Health Promotion Agency has produced a compilation clip of the "Don't Know? Don't Drink" campaign encouraging women to stop drinking alcohol if there is any chance they could be pregnant. The compilation clip is being shown in three films rated M or above in cinemas in Nelson and Blenheim, and also during selected TV programmes.
- Health Promotion met with the Marlborough District Council walking and cycling coordinator to progress Bikes in School projects in Marlborough. The Redwoodtown School asphalt track and bike fleet have been completed and are now officially open. This project required significant investment, with the Health Promoter coordinating project funding. It is the first asphalt track in the Bikes in Schools project in Te Tau Ihu.
- Health Promotion secured 12 bikes for Nelson kindergartens. Three kindergartens will receive four bikes each with the first batch being delivered to Brook Kindergarten in collaboration with the NCC Road Safety Coordinator.
- In Quarter 2 2019-20, the Stop Smoking Service achieved 65% quit rate amongst all clients, and a 59% quit rate amongst Māori. The service has shown consistently high quit rates over the last two quarters with Māori rates increasing from 51% in Quarter 1. The Stop Smoking Service achieved a Strategic Impact score of 9.81, up from 5.19 in Q2 2018-19 (target is 10). An "A" rating was also received for CW09 (Improving Child Wellbeing/Better Help for Smokers to Quit/Maternity).
- A total of 74 referrals were made to the Smokefree Service throughout February. Nelson received 52 referrals (including six Pēpi First) and Wairau received 18 referrals (0 Pēpi First). Four referrals were out of area, including one for Pēpi First.
- The number of Smokefree referrals has been dropping. Ministry of Health feedback was that while our referral numbers may be lower/dropping, they are of a "high quality", i.e. the overall number may be on the lower end of the spectrum, but we have a high conversion rate (referral to enrolment), as well as an excellent quit rate.
- Guided by the collectively developed framework (Te 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.
- This month the main focus for Public Health Nursing has been the school based immunisation programme (SBIP). Up to 3,894 Year 7 and 8 students in the Nelson/Marlborough region over the next quarter will receive vaccinations.
- Public Health Nurses also continue to work with vulnerable families where the upstream social determinants of health, such as housing and income, are increasingly impacting on their health and wellbeing.
- Presentations to refugee groups and Tongan families on immunisation and other health services have been given by Public Health Nurses.

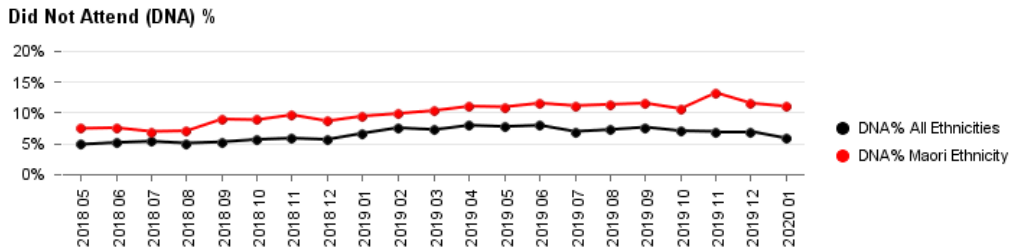
- District Nursing remains under pressure across the region as referrals and complexity increase. The palliative pilot in Nelson District Nursing is going well with both Hospice and the District Nurses expressing satisfaction with the process. A workshop with Hospice Marlborough and District Nursing Wairau is scheduled for March to progress with the Marlborough model of care.
- Community Oral Health Service arrears (the number of children not seen in the expected timeframe) have declined slightly and is sitting at 15%. The MOH target for NMH for this year is 15%, with an aim to be below 10% next financial year.
- The Community Oral Health Service is introducing a new fluoride model of care for Māori, Pacific and very high risk children from March/April. This involves two applications of fluoride a year instead of one, and starting one year earlier at one year of age. This is evidence based and should improve caries rates.
- A new model for the assessments for children in care (Gateway), a Ministry of Social Development funded programme, is being implemented from May. This will involve children being assessed in the community by the PHOs and Te Piki Oranga with a centralised district-wide triage.
- A draft version of the NMH Annual Plan 2020-21 was presented to the Iwi Health Board (IHB) on 27 February, and the final draft sent to the Ministry of Health will be circulated to ToSHA, PHOs and Te Piki Oranga in the following weeks for review and feedback by early April.
- A meeting was held with key stakeholders involved in the regional falls prevention service to discuss service outcomes from the three core falls prevention services contracted through the Nelson Marlborough Health ACC partnership – the in-home strength and balance programmes, the fracture liaison service and local coordination service.
- Client numbers in the Home & Community Support Service at the end of February totalled 2687. Operational and coordination level meetings were held this month.
- Mental Health workshops coordinated by Health Promotion and delivered by Mental Health Foundation for businesses are taking place throughout March across the district. Health Promoters encouraged workplaces attending the Health and Safety Forum and the Community Network to attend the workshops. Over 40 businesses have registered to attend, showing their appetite for support.

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

- The Individualised Placement Support pilot in Blenheim continues to progress well. The pilot co-locates and integrates Te Ara Mahi's two employment specialists with the Witherlea Mental Health teams, and has demonstrated success in firstly achieving employment for a number of our clients, and secondly for clinicians, the importance of employment specialists to the multi-disciplinary team effecting client wellbeing and independence. The pilot has been extended for a further six months. (expiring in September 2020).

3.2 DNA by Ethnicity



3.3 Addictions Service

- NMH received funding this month to support the employment of a Detox Nurse resource within the service. This will be a great asset to the team, and will support the important work of home detox.
- The Blenheim waitlist remains a concern at 32, with a waiting time of six weeks. The Leadership Team will review the utilisation of staff in a way that provides a service in a timely manner. We are working with the PHO to move young people to primary care as appropriate.
- Nelson has a waitlist of 19, with a waiting time of four weeks. All acute referrals continue to be seen in a timely manner.

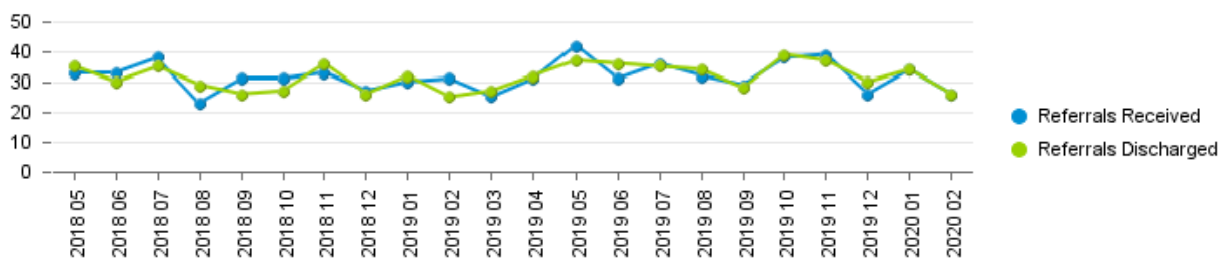
	Referrals - 2020 02			Community Contacts - 2020 01			DNA % - 2020 01	
	Caseload 04/03/20	Received	DX'd	Total	% Complete	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Addictions Matrix Nelson		1	1	29			0.0%	0.0%
Addictions Nelson	651	89	92	7	1%	15	14.3%	0.0%
Addictions Wairau	278	44	33	154	81%	59	18.2%	14.8%
Total	929	134	126	190	18%	53	15.3%	13.8%

3.4 Mental Health Admissions Unit (Wahi Oranga)

- Another busy month for the Team.
- Ongoing challenge with regular locums. There are two new consultants due to begin early April.
- Progress is being made on further development of the pathway for people with complex needs.

	Referrals - 2020 02		
	Caseload 04/03/20	Received	DX'd
Wahi Oranga Inpatient Unit	28	26	26

Referrals Received and Discharged



3.5 Older Persons Mental Health (OPMH)

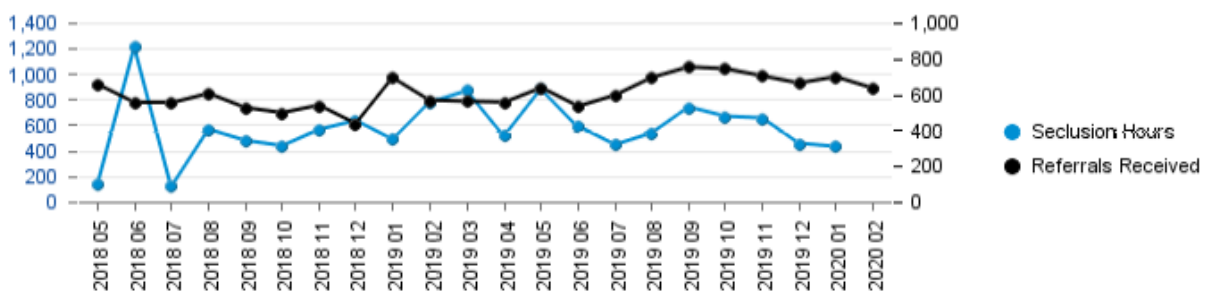
- Capacity and acuity at OPMH inpatient service has been manageable, however challenges with discharging patients who have complex needs continue.
- Steady number of referrals and workload for both community services with majority of patients seen well within triage timeframes.

	Referrals - 2020 02			Community Contacts - 2020 01		
	Caseload 04/03/20	Received	DX'd	Total	% Complete	AVG Days to 1st F2F
*No Staff Team - D21	3		2	1	2%	
Older Persons MH Liaison Nelson	20	11	8	46		9
Older Persons MH Liaison Wairau	18	8	1			
Older Persons MH Nelson	69	11	13	165	204%	30
Older Persons MH Wairau	25	3	4	53	279%	27
Total	135	33	28	265	168%	20

3.6 Seclusion

	Seclusion Hours 2020 01	Seclusion Events 2020 01	Consumers Secluded 2020 01	AVG Hours per Event 2020 01
Seclusion	431	40	9	11

Seclusion Hours vs. Referrals Received for Wahi Oranga MH Inpatient Unit



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

3.7 Child and Adolescent Mental Health Services (CAMHS)

- Continue to facilitate infant mental health intervention clinics on a Friday on a weekly basis consisting of Parent Child Interaction Therapy (PCIT) and Theraplay with good outcomes.
- A number of the clinicians have recently completed the Maudsley training in Christchurch which we are hopeful will boost the number of clinicians within the team who feel competent to work with eating disorder population.

	Referrals - 2020 02			Community Contacts - 2020 01			DNA % - 2020 01	
	Caseload 04/03/20	Received	DX'd	Total	% Complete	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
CAMHS Nelson	397	63	43	244	52%	74	8.6%	13.3%
CAMHS Forensic Nelson	16	1		15		27	0.0%	0.0%
CAMHS Wairau	209	40	9	149	47%	54	2.0%	3.7%
Total	622	104	52	408	52%	60	5.9%	9.2%

3.8 Facilities

- The modifications to Alexandra Hospital are on track, and the team have arranged for a blessing and formal opening at 7am on 20 March. Planning is in place for IT, moving support teams and the admin and clinical teams to swiftly move to their new offices with limited service disruption.
- The Addictions team are planning to move onto the Braemar site in May, following the Mental Health Admin move to the Kawai Clinic building with Child Development Services in April.

3.9 Disability Support Services (DSS)

- NMH submitted a proposal for capital funding support to establish a Child Respite service in Blenheim.
- DSS Administration has put plans in place to move to Packham.

Disability Support Services (DSS)		Current January 2020				YTD January 2020	Current February 2020				YTD February 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		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	9	10	increase 1		
Beds – Individual contracts with ACC	As per Contracts at month end	1	2		3		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	9	202			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	172	21	8	201		172	21	9	202	increase 1		
	Respite service users - Actual at month end	5	4		9		4	4		8	decrease 1		
	Child Respite service users - Actual at month end	34			34	increase 1	34			34			
	Personal cares/SIL service users - Actual at month end	0	0		0	decrease 1	0	0		0			
	Private Support in own home	0	0		0		0	0		0			
	Total number of people supported	211	25	8	244		210	25	9	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	49,450	6,882	47,730	248	1,720.0	6,670	56,120	6,438	54,168	232	1,952.0
Total Occupied Bed days	Actual for full month - includes respite	6,444	44,981	6,248	43,854	195.5	1,127.0	6,074	51,055	5,902	49,756	172.0	1,299.0
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	90.4%	91.0%	90.8%	91.9%	78.8%	65.5%	91.1%	91.0%	91.7%	91.9%	74.1%	66.5%
		Last month	Current month	Variance				Last month	Current month	Variance			
Total number of people supported		244	244	-				244	244	-			
Referrals	Total long term residential referrals	13	12					12	12				
Referrals - Child Respite	Child Respite referrals	6	6					6	7				
	Adult Respite referrals	2	1					1	1				
	New Referrals in the month	1	3					3	-				
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	21	19					19	20				
Vacant Beds at End of month - (excludes Respite Beds)		15	20			** added 7a Willow		20	20				
	Less people transitioning to service	-	-					-	-				
	Vacant Beds	15	20					20	20				

4. INFORMATION TECHNOLOGY

- The Fax has seen rapid progress with the whittling down of a potential 250 fax machines to 67 that we must address in the coming weeks.
- VDI upgrade and MS 365 continue to be the biggest projects for the IT Infrastructure team.
- The Development Team is continuing with getting Hauora Direct online.
- In the project space, the EPLMS replacement with Winscribe Text is progressing well, and replacing WinDOSE with ePharmacy is nearing go-live.
- The Capex online application is in production.

Project Status

Name	Description	Status	Original Due date	Revised due date	
Projects					
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	4 Workstreams currently in progress; Paediatric Department Nelson – OPD clinics into patients homes – trial due to start in March 2020, testing process flow to enable mapping to other services. Remote Monitoring – working with clinical lead to nominate pilot area and identify patient cohort. Primary Health to home – connectivity testing complete with Awatere and Pelorus area, also working with ARRC facilities for in home appointments. IDF appointments – Cohort identified with Cardiology department nursing staff, working on project scope currently.	n/a		●
Digital transfer of medications on discharge	Digitally transfer medications on discharge to a care facility in a clinically safe environment.	A regional workshop with SDHB, CDHB, NMH, Orion, MediMap, and Datacom has been held to explore the viability of this solution. Business case completed and approval received to continue.	n/a		

5. CLINICAL SERVICES

- Acute Inpatient activity continues to be high, with both hospitals challenged with patient flow throughout the month.
- We have two major streams of work being undertaken to streamline our hospital processes across both sites to ensure we are as streamlined as possible with our patient cares. These are focused on perioperative efficiency and patient flow.
- Whilst the Medical Admissions and Planning Unit (MAPU) has had a positive impact on the number of outlier bed days, it has not had the impact expected in regards to ensuring we meet our ED target of seeing and treating patients within 6 hours. As noted in the ED graphs, our attendances have increased across all triage categories and the minutes patients are spending in our EDs is also increasing, which can mean a number of things, e.g. patients are more acutely unwell on presentation,

staffing resources not adequate, or our flow within the ED and the hospital is causing a backlog. We are currently looking more closely at the whole picture.

5.1 Health Targets

- Year to date, as at the end of February 2020 indicates 4,390 surgical discharges were completed against a plan of 4,718 (93%). This is under plan by 328 discharges.
- Year to date as at the end of February 2020 indicates 3,780 minor procedures were completed against a plan of 2,656 (142%). This is over plan by 1,124 minor procedures.
- Year to date as at February 2020 NMDHB has delivered 16,147 caseweight discharges (CWDs) against a plan of 13,842 (120%).
- Elective CWD delivery was 420 against a plan of 493 (85%) for February. Acute CWD delivery was 1,445 against a plan of 1,059 (136%) for February.
- Year to date delivery to end of February for orthopaedic interventions was 328 joints against a plan of 349. This is under plan by 21. Currently 28 joints are booked for March, with a further 22 joints still required to be booked for ESPI compliance.
- Year to date delivery to end of February for cataracts was 315 against a plan of 346, which is under plan by 31. Currently 36 cataracts are booked for March, with a further one to be booked for ESPI compliance.

5.2 Elective / Acute Arranged Services

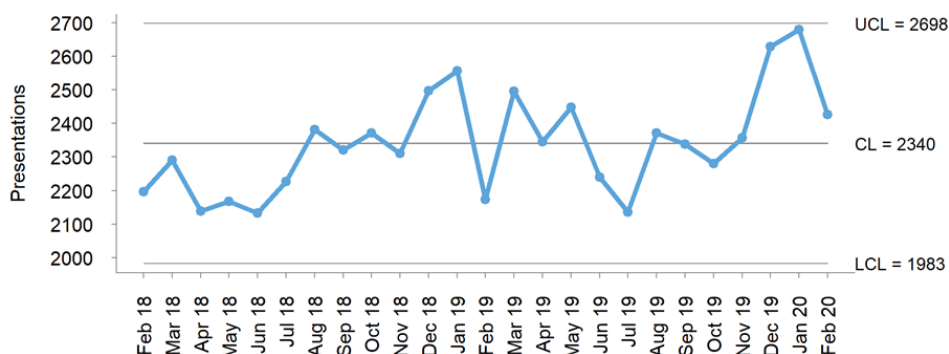
- ESPI 2 was Red for the month of February with 338 patients not being seen within 120 days of referral acceptance. This has increased from 226 patients in January. ESPI 2 requires continual ongoing work with individual services to ensure referrals accepted match the capacity of the service to see.
- ESPI 5 was Red for the month of February with 117 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 of MOH reporting.

5.3 Shorter Stays in Emergency Department

- The higher number from outside of the district continued in February with 794 presentations. Alcohol related presentations dropped off dramatically to 38 from 93 the previous month. Observations made indicated that both Urgent Care facilities were also busy at the same times.
- Work continues to look at the care provided to patients with Mental Health presentations to ED. As part of this process an architect provided some concepts for consideration of how to make the ED more suitable for patients with Mental Health & Addictions concerns.

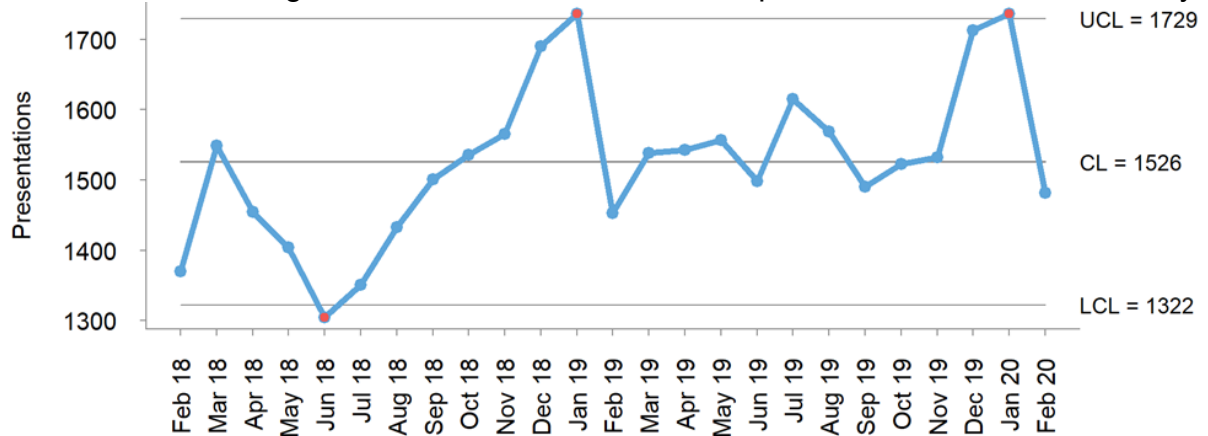
Number of Presentations in Nelson ED

Nelson 91.9% discharged or admitted within 6 hours of presentation to ED in February.



Number of Presentations in Wairau ED

Wairau 94% discharged or admitted within 6 hours of presentation to ED in February.

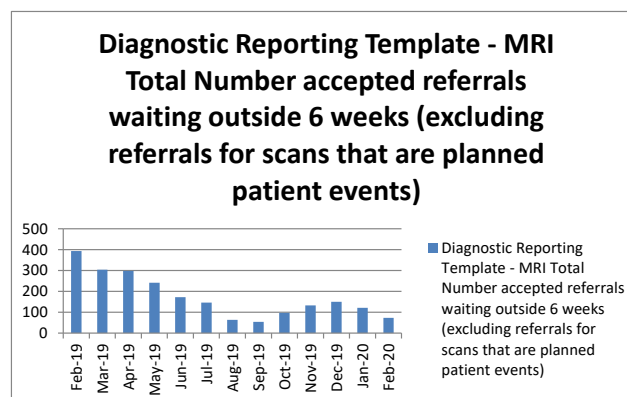
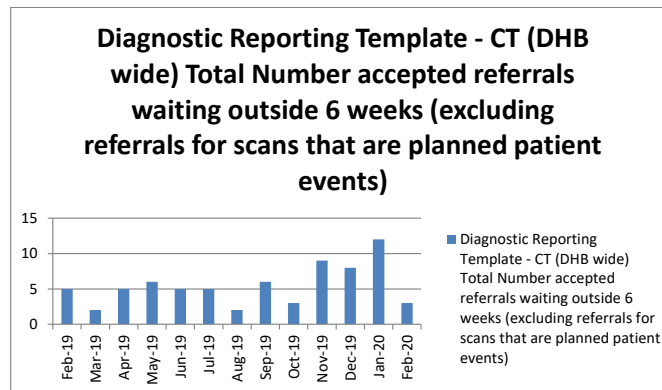


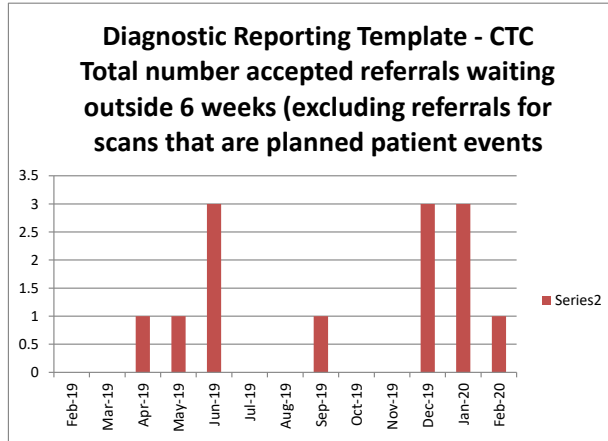
Occupancy Nelson and Wairau Hospitals

Hospital Occupancy 20 January to 16 February 2020	Adult Inpatient	Hospital (Total including Paediatrics and Maternity)
Nelson	86%	76%
Wairau	87%	77%

5.4 Enhanced Access to Diagnostics

- MOH MRI target shows 81% of referrals accepted are scanned within 42 days (target is 90%).
- MOH CT target shows 83% of referrals accepted are scanned within 42 days (target is 95%).





5.5 Improving Waiting Times – Colonoscopy

At the end of February 2020, there were 338 overdue colonoscopies. This is an increase from 136 in January (130 diagnostic, one screening, 206 surveillance). A further 200 colonoscopies have been outsourced with the aim of reducing the backlog further, along with additional sessions being undertaken with the DHB.

5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - February 2020	Reporting Month: Jan 2020 - Quarter 3 - 2019-2020													
As at 27/02/2020														
62 Day Indicator Records														
TARGET SUMMARY (90%)														
Completed Records														
	Feb 2020 (in progress)		Jan-20		Dec-19		Quarter 3 (in progress)		Quarter 2		Quarter 3 (2018-2019)		Rolling 12 Months Feb 19-Jan 20	
Numbers as Reported by MOH (Capacity Constraint delay only)	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days
	100%	0%	92%	8%	89.5%	11%	94%	6%	94%	6%	90%	10%	92%	8%
Number of Records	10	0	23	2	17	2	33	2	60	4	70	8	263	23
Total Number of Records	10		25		19		35		64		78		286	
Numbers including all Delay Codes	83%	17%	77%	23%	74%	26%	79%	21%	75%	25%	83%	17%	79%	21%
Number of Records	10	2	23	7	17	6	33	9	60	20	70	14	263	72
Total Number of Records	12		30		23		42		80		84		335	
90% of patients had their 1st treatment within: # days	107		94		83		96		86		75		84	
62 Day Delay Code Break Down														
	Feb 2020 (in progress)		Jan-20		Dec-19		Quarter 3 (in progress)		Quarter 2		Quarter 3 (2018-2019)		Rolling 12 Months Feb 19-Jan 20	
01 - Patient Reason (chosen to delay)	0		0		0		0		6		1		10	
02 - Clinical Cons. (co-morbidities)	2		5		4		7		10		5		39	
03 - Capacity Constraints	0		2		2		2		4		8		23	
TUMOUR STREAM														
Rolling 12 Months (Feb 19-Jan 20)	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%	56	0%	0	3%	2	5%	3	8%	5	61			
Gynaecological	94%	16	5%	1	14%	3	5%	1	24%	5	21			
Haematological	100%	15	0%	0	17%	3	0%	0	17%	3	18			
Head & Neck	80%	8	15%	2	23%	3	0%	0	38%	5	13			
Lower Gastrointestinal	80%	37	16%	9	15%	8	2%	1	33%	18	55			
Lung	86%	18	9%	3	34%	11	0%	0	44%	14	32			
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	5%	3	11%	7	63			
Upper Gastrointestinal	94%	15	6%	1	6%	1	0%	0	12%	2	17			
Urological	85%	34	14%	6	7%	3	2%	1	23%	10	44			
Grand Total	92%	263	7%	23	12%	39	3%	10	21%	72	335			
ETHNICITY														
Rolling 12 Months (Feb 19-Jan 20)	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	92%	239	7%	20	12%	37	3%	10	22%	67	306			
Maori	85%	17	14%	3	9%	2	0%	0	23%	5	22			
Other Ethnicity	100%	3	0%	0	0%	0	0%	0	0%	0	3			
Pacific Peoples	0%	0	0%	0	0%	0	0%	0	0%	0	0			
Grand Total	92%	263	7%	23	12%	39	3%	10	21%	72	335			

6. MĀORI HEALTH

6.1 Hāpu Wānanga

Our latest Hapū Wānanga was held in Wairau on 20-21 February. The January Hapū Wānanga achieved a very important milestone celebrating that over 100 wahine and their whanau have attended the programme since its launch, a little over 12 months ago.

Fifteen Hāpu Wānanga have been held across the NMDHB district, noting six were held in Wairau, five held in Whakatū, and four held in Motueka. Approximately 82% of Wānanga participants have identified themselves as Māori.

7. CLINICAL GOVERNANCE

Nelson Marlborough District Health Board continues to be certified under Section 26 of the Health & Disability Services Act 2001 to provide health care services from 19 June 2019 for a period of 36 months expiring 19 June 2022.

There were 11 corrective actions (CARs) from the last audit. Eight are completed and only 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.

7.1 Service User Complaints

We received 27 new complaints in February compared to 29 the previous month. Twenty-two complaints were closed, and 44 complaints remain open and active.

7.2 Service User Compliments

We received 21 compliments in February, with the majority for ED, Cardiology, and Ophthalmology.

7.3 HDC Complaints

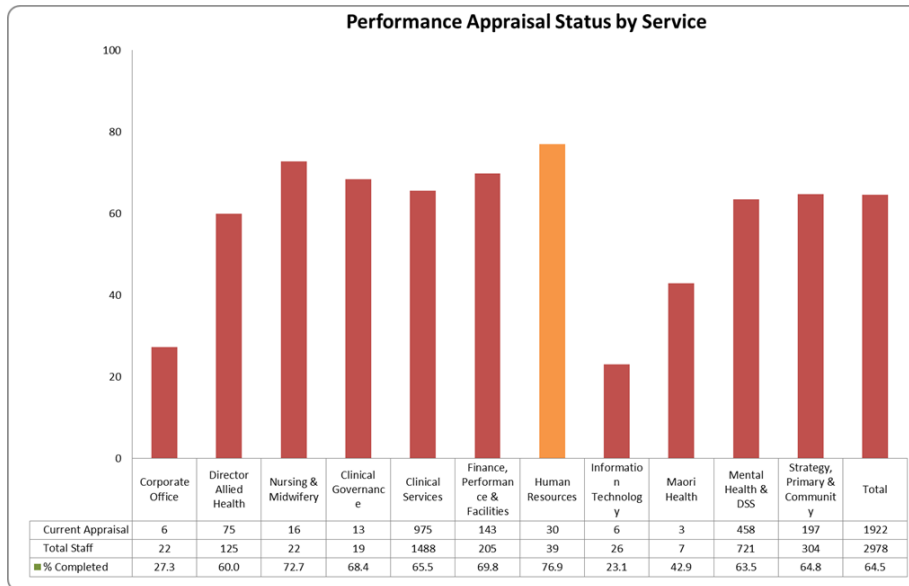
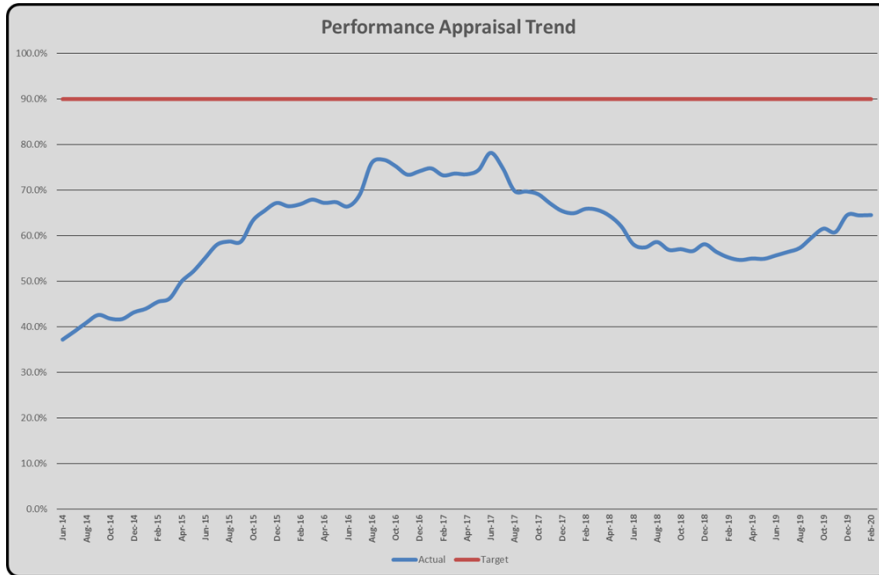
We received three new HDC complaints in February. We have six HDC complaints open, and one complaint was closed with no further action required.

7.4 Official Information (OIA) Requests

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

8. PERFORMANCE APPRAISALS

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



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 15 March 2020
Subject: Financial Report for February 2020

Status

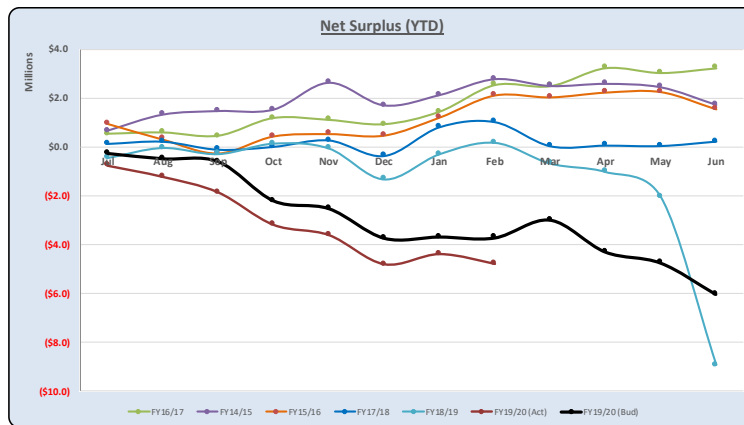
This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for February shows a small deficit of \$0.4M (\$0.36M adv). This brings the deficit for the seven months to \$4.8M (\$1.1M adverse to our planned result).

There has been a number of cases where a Nelson Marlborough resident has been discharged from another DHB facility resulting in IDF costs. We now have seven high value cases totalling circa \$1.7M. We have accounted for \$0.5M of this within the February result. Without this the February result would be slightly ahead of the Plan.



To date there are minimal costs associated with the response to COVID-19. We have some processes in place to track additional costs associated with the response. These will be reported separately as time progresses. At this stage it is not known whether additional funding will be provided to cover the costs of the response.

The key areas of risk (other than the costs associated with the COVID-19 response) to achieving the planned result include the IDF costs as noted above, and this has been reflected within the forecast result provided to the MOH. 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).

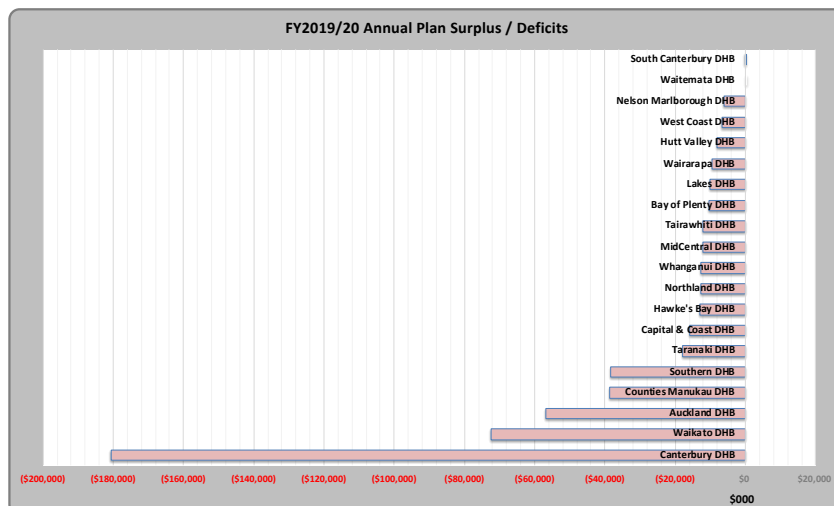
The major drivers for the variances within the eight month's results tend to remain relatively constant through to year end. These key areas are:

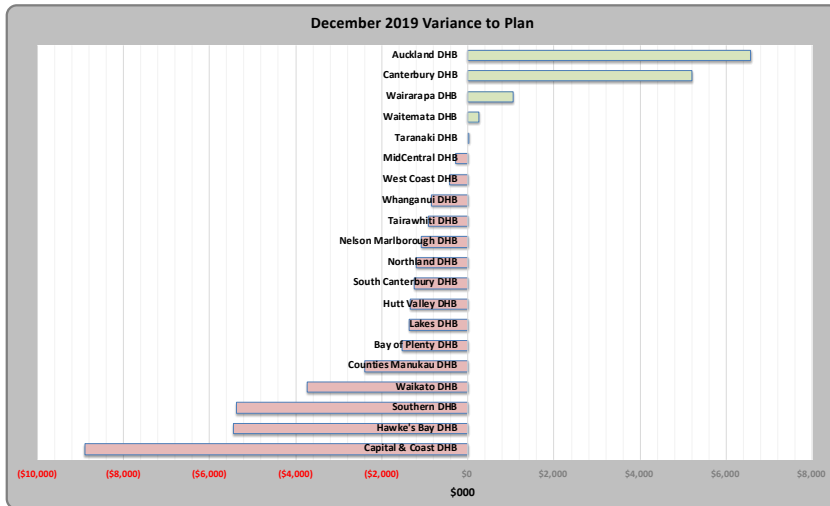
- Favourable variances within the medical workforce vacancies within Obstetrics & Gynaecology, General Surgery and Mental Health are being covered by various locums. The cost of the locums is at a premium higher than the variance from the vacancies resulting in the adverse variance for workforce. Recruitment 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.

A National Perspective

A quick look at the national picture. The first graph shows the planned results for each DHB across the country for the current financial year, and the second shows the current variance by DHB as at 31 December (the latest month results reported by the MOH). Both show NMH is performing relatively well.





Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending February 2020

Month \$000s				YTD \$000s				Full Year \$000s			
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	Forecast	Budget	Variance	Last Yr
40,951	40,410	541	37,696	331,833	330,282	1,551	313,122	501,370	499,324	2,046	469,551
1,819	1,878	(59)	2,575	15,917	15,868	49	17,274	24,150	24,088	62	26,512
480	460	20	440	4,392	4,071	321	3,804	6,700	6,213	487	5,909
868	806	62	839	6,730	6,489	241	6,856	10,050	9,747	303	10,354
890	982	(92)	1,179	8,536	7,954	582	9,400	13,000	12,121	879	13,621
45,008	44,536	472	42,729	367,408	364,664	2,744	350,456	555,270	551,493	3,777	525,947
17,219	17,564	345	15,712	139,617	144,210	4,593	130,163	214,450	220,833	6,383	197,407
724	153	(571)	510	5,885	1,311	(4,574)	3,919	8,050	2,004	(6,046)	6,264
17,943	17,717	(226)	16,222	145,502	145,521	19	134,082	222,500	222,837	337	203,671
1,623	1,516	(107)	1,523	12,878	12,298	(580)	11,726	19,600	18,629	(971)	18,047
2,117	2,020	(97)	2,162	18,714	17,348	(1,366)	18,573	28,950	26,421	(2,529)	28,454
3,786	3,495	(291)	3,183	33,356	32,855	(501)	30,682	48,966	48,207	(759)	52,267
290	295	5	120	2,790	2,510	(280)	2,411	3,850	3,839	(11)	4,134
2,126	2,218	92	2,125	19,893	18,969	(924)	21,548	30,250	28,891	(1,359)	29,596
11,187	11,198	11	10,792	90,598	89,356	(1,242)	83,506	136,000	134,430	(1,570)	127,293
4,384	3,899	(485)	3,904	31,833	31,294	(539)	31,228	48,590	46,890	(1,700)	46,977
43,456	42,358	(1,098)	40,031	355,564	350,151	(5,413)	333,756	538,706	530,144	(8,562)	510,439
1,552	2,178	(626)	2,698	11,844	14,513	(2,669)	16,700	16,564	21,349	(4,785)	15,508
34	27	(7)	27	243	230	(13)	223	352	352	0	332
1,057	1,196	139	1,022	8,827	10,026	1,199	8,840	13,230	15,056	1,826	13,041
797	872	75	1,181	6,520	6,973	453	7,463	9,960	10,460	500	11,072
1,888	2,095	207	2,230	15,590	17,229	1,639	16,526	23,542	25,868	2,326	24,445
(336)	83	(419)	468	(3,746)	(2,716)	(1,030)	174	(6,978)	(4,519)	(2,459)	(8,937)
(63)	(125)	62	0	(1,044)	(1,001)	(43)	0	(1,502)	(1,502)	0	0
0	0	0	0	0	0	0	0	0	0	0	(3,111)
0	0	0	0	0	0	0	0	0	0	0	(7,155)
0	0	0	0	0	0	0	0	0	0	0	(1,060)
0	0	0	0	0	0	0	0	0	0	0	(302)
(399)	(42)	(357)	468	(4,790)	(3,717)	(1,073)	174	(8,480)	(6,021)	(2,459)	(20,565)
Revenue				Expenses				Surplus/(Deficit) before IDCC			
MOH devolved funding				Employed workforce				Interest expenses			
MOH non-devolved funding				Outsourced workforce				Depreciation			
ACC revenue				Total Workforce				Capital charge			
Other government & DHBs				Outsourced services				Total IDCC			
Other income				Clinical supplies				Operating Surplus/(Deficit)			
Total Revenue				Pharmaceuticals				MOC Business Case costs			
				Air Ambulance				MECA related costs			
				Non-clinical supplies				Holidays Act compliance			
				External provider payments				Other one-off cost implications			
				Inter District Flows				Impairment of NOS asset			
				Total Expenses before IDCC				Net Surplus/(Deficit)			

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 29 FEBRUARY 2020

	Budget Feb-20 \$000	Actual Feb-20 \$000	Actual Jun-19 \$000
Assets			
Current assets			
Cash and cash equivalents	8,450	18,910	6,315
Other cash deposits	21,284	21,284	21,284
Receivables	19,222	17,528	19,222
Inventories	2,742	2,842	2,742
Prepayments	1,188	996	1,188
Non-current assets held for sale	465	465	465
Total current assets	53,351	62,023	51,215
Non-current assets			
Prepayments	36	307	36
Other financial assets	1,715	1,696	1,715
Property, plant and equipment	192,372	198,147	197,681
Intangible assets	10,891	10,712	11,509
Total non-current assets	205,014	210,862	210,941
Total assets	258,365	272,885	262,156
Liabilities			
Current liabilities			
Payables	33,191	45,325	31,127
Borrowings	501	621	501
Employee entitlements	44,441	46,778	46,585
Total current liabilities	78,133	92,724	78,213
Non-current liabilities			
Borrowings	7,664	8,691	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	17,534	18,561	17,534
Total Liabilities	95,667	111,285	95,747
Net assets	162,698	161,600	166,409
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(5,698)	(6,776)	(1,987)
Total equity	162,698	161,600	166,409

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 29 FEBRUARY 2020

	Budget Feb-20 \$000	Actual Feb-20 \$000	Budget 2019/20 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	364,684	370,249	551,523
Interest received	1,112	826	1,700
Payments to employees	(144,180)	(139,439)	(217,472)
Payments to suppliers	(209,921)	(206,526)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	6,465	20,185	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	(3,400)	(7,470)	(6,500)
Purchase of intangible assets	(700)	(1,045)	(1,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(4,100)	(8,494)	(7,500)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(230)	904	(352)
Net cash flow from financing activities	(230)	904	(899)
Net increase/(decrease) in cash and cash equivalents	2,135	12,595	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	8,450	18,910	6,525

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	43,394	47,771	43,780	47,717	42,475	42,475	53,094	42,475	42,475	53,094	42,475	42,475
Interest Received	131	163	131	163	143	143	143	143	143	143	143	143
Other Revenue Received	998	1,149	916	1,114	948	948	1,185	948	948	1,185	948	948
Total Receipts	44,523	49,083	44,827	48,994	43,566	43,566	54,422	43,566	43,566	54,422	43,566	43,566
Payments												
Personnel	16,570	21,151	17,485	18,086	17,534	17,534	26,300	17,534	17,534	17,534	17,534	17,534
Payments to Suppliers and Providers	25,872	27,884	26,447	26,559	24,350	24,350	30,437	24,350	24,350	30,437	24,350	24,350
Capital Charge	-	-	-	5,230	-	-	-	-	-	5,282	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	42,442	49,035	43,932	49,875	41,884	41,884	56,737	41,884	41,884	53,253	41,884	41,884
Net Cash Inflow/(Outflow) from Operating Activities	2,081	48	895	(881)	1,682	1,682	(2,315)	1,682	1,682	1,169	1,682	1,682
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	900	500	1,050	950	625	625	625	625	625	625	625	625
Capex - Intangible Assets	-	-	-	-	625	625	625	625	625	625	625	625
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	900	500	1,050	950	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Net Cash Inflow/(Outflow) from Investing Activities	(900)	(500)	(1,050)	(950)	(1,250)	(1,250)	(1,250)	(1,250)	(1,250)	(1,250)	(1,250)	(1,250)
Net Cash Inflow/(Outflow) from Financing Activities	(27)	(34)	(27)	(581)	(115)	(115)	(115)	(115)	(115)	(115)	(115)	(115)
Net Increase/(Decrease) in Cash Held	1,154	(486)	(182)	(2,412)	317	317	(3,680)	317	317	(196)	317	317
Plus Opening Balance	18,910	20,064	19,578	19,396	16,984	17,301	17,619	13,939	14,256	14,574	14,378	14,695
Closing Balance	20,064	19,578	19,396	16,984	17,301	17,619	13,939	14,256	14,574	14,378	14,695	15,013

MEMO

To: Board Members
From: Cathy O'Malley, Models of Care Programme Sponsor
Date: 18 March 2020
Subject: **UPDATE: Models of Care Programme**

<p><i>Status</i></p> <p>This report contains:</p> <p><input type="checkbox"/> For decision</p> <p><input checked="" type="checkbox"/> Update</p> <p><input type="checkbox"/> Regular report</p> <p><input type="checkbox"/> For information</p>

Executive Summary

The In-hospital Models of Care project continues to look at how patients flow through the hospital, and how future healthcare practices and demand will shape a new hospital. A refreshed summary of each MOC initiative is being prepared as part of the Budget 2020-21 process, including proposed transformation initiatives to support achievement of the assumptions in the IBC.

The Health Care Homes (HCH) programme now has 14 practices which equate to 53% of the enrolled population of Nelson and Marlborough. The Circle of Security pilot for the First 1,000 Days project started in February, and is very popular with whanau in Murchison.

Locality Care Coordinators (LCC) were appointed for Marlborough, Motueka and Stoke localities to better coordinate care for consumers, and a Virtual Health Administrator has been recruited to increase the uptake of virtual health.

Models of Care Programme

The Clinical Working Group has been assessing the assumptions in the Indicative Business Case (IBC) about changes to models of care and the future impacts. For example, the introduction of HCH will support an increase in acute care being provided in a primary care setting. What future impact will this have on a reduction in acute hospital admissions and low-level ED presentations?

Workstream Focus: Population Health Social Movement

Personal behaviour and social support networks are determinants of health which traditional health services cannot address alone.

Therefore, the Population Health Social Movement Group is working on what we as a large health organisation can do to be a catalyst for change and build on the strengths and energy that are already in the community to improve the determinants of health. This is an innovative approach to working with the community to reduce future demand for health services. A social movement is a loosely organised and sustained campaign in support of a social goal, which in our case is improved health.

During February the first focus group was held with a diverse group of influencers from the Nelson community. Together the group confirmed the purpose of the workstream, possible approaches to develop a social movement, and shared knowledge about existing community-led action related to health.

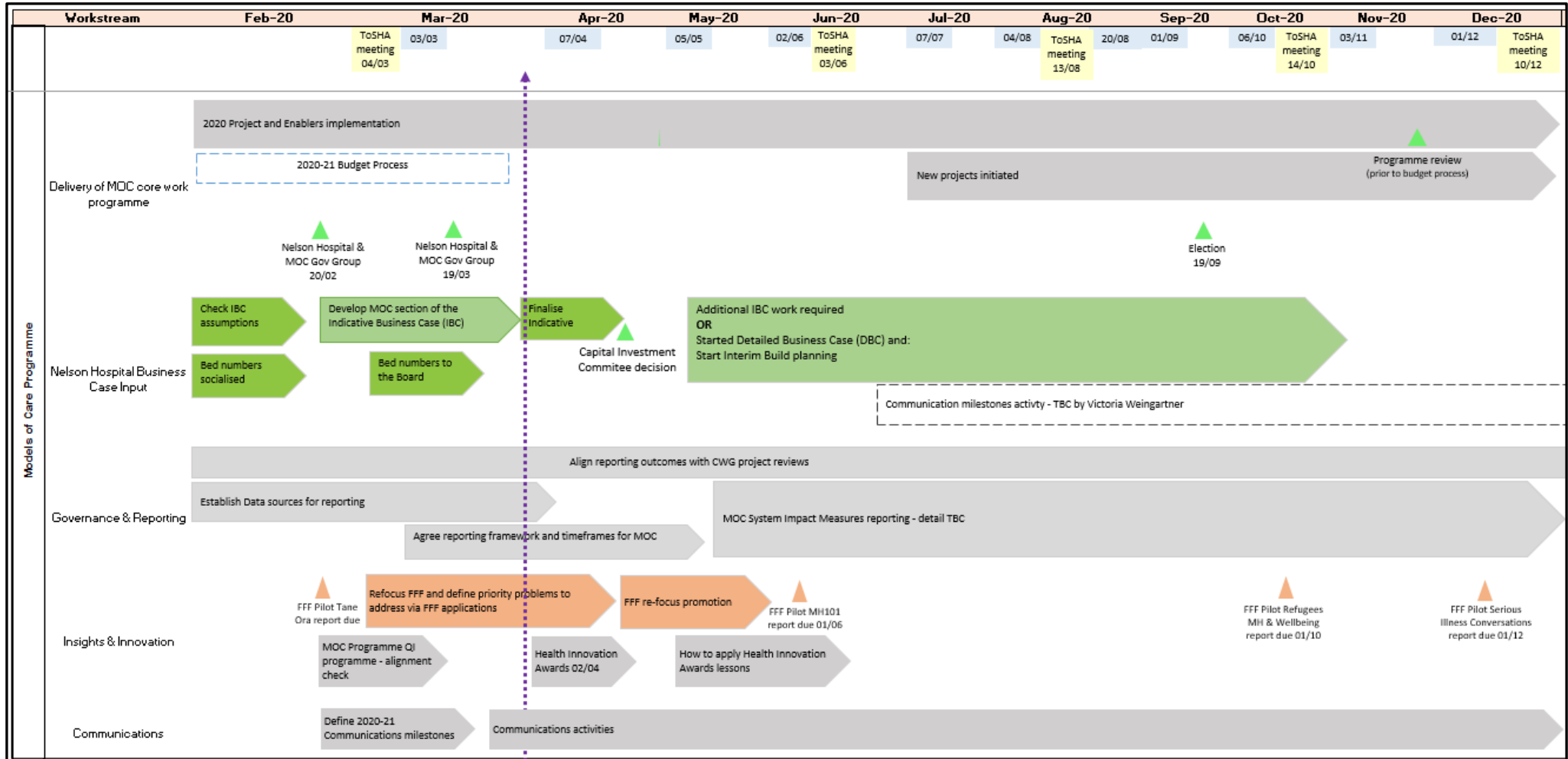
Projects

Project	Status	Key activities this month	Key activities next month
Health Care Home	On Track	<p>Tranche One practices continue to explore the potential and develop shared care plans. Locality Care Coordinators have been introduced to Localities with Tranche One practices to strengthen and drive the relationship development of community based services.</p> <p>Tranche 2A practices are starting phone triage to better manage patient access to acute care. Portal usage continues to increase across all tranches.</p> <p>Tranche 2B have completed their introduction courses and team strategic and visioning sessions. Implementation plans will be written in the coming weeks.</p> <p>The HCH programme now has 14 practices which equate to 53% of the enrolled population of Nelson and Marlborough.</p>	<p>Ongoing Datacraft training about how to utilise and integrate data in HCH practices to identify patients who would potentially benefit from intervention and care planning.</p> <p>Recruitment and orientation of HCH facilitator in Nelson.</p> <p>Support and embed the LCC roles with the HCH practices.</p> <p>Establish reporting capability on Shared Care Plans within HCS.</p> <p>Exploring virtual support methods for practices as well as personal support from facilitators.</p> <p>Support the MoC programme to plan for and deliver the Victory Stakeholder hui.</p> <p>Continue to support the uptake of Shared Care Plans as part of the Shared IT Platform project.</p>
Acute Demand: Medical Admissions & Planning Unit (MAPU)	On Track	Ongoing operation of MAPU.	Agree any changes required as a result of the evaluation process.
Contribution to the First 1,000 Days: Hei Pa Harakeke	On Track	<p>Sarah Haskell, Maternal and Infant Mental Health Clinician has joined NMH and the First 1000 Days Project. Sarah brings extensive knowledge of Infant mental health service establishment, training and case management. The Circle of Security pilot started in February and is very popular with whanau in Murchison. Development of draft process for Locality Triage Team is underway. The Motueka Family Service Centre has been identified and agreed as the venue for Locality Triage Team. Continued development of referral criteria for intensive intervention community service and Health Pathway for Infant mental health.</p>	<p>Sarah Haskell and Claire Salmond to meet with organisations and community providers who interact with whanau during the first 1000 Days in Motueka. Continue to develop education training plan for Motueka community. Work with Health Promotion team to develop key messages for health relationships between parents and infants.</p>

Project	Status	Key activities this month	Key activities next month
Strengthening Coordinated Care	On Track	Locality Care Coordinators (LCC) were appointed for Marlborough, Motueka and Stoke localities. Review and refresh of 2020/21 project completed and budget bid to extend to two additional localities requested	Evaluation and monitoring framework to be completed. Marlborough Locality Care Coordinators start in post beginning of March. Stocktake of localities undertaken and LCC reporting to commence.
Care Anywhere: Making Virtual Health Happen	On Track	Virtual Health Administrator has been recruited. Consumer assessment of capability and preference for video consultations survey with Nelson Paediatrics completed and Survey to establish baseline consumer time and travel metrics designed.	Virtual Health Coordinator starts in post. Outpatient consumer survey completed and analysed. Virtual Health outcomes reporting dashboard completed. Nelson Paediatric Department project 'go live' with OPD appointments. Remote monitoring project initiated.
Workforce Development: People Powered Care	In Progress	Skills development framework for MOC roles that includes generic (e.g. cultural safety) and project specific (e.g. Facilitating Attuned Interactions with parents) competencies and roles & responsibilities completed.	Applications for a Workforce Planning Advisor close on 1 March. Selection process during March.
On the Same Page: Shared Information Platform	On Track	Clinical focus group held to evaluate Personalised Care Plan (PCP) software. Progression of data warehouse access for plan statistical data and PCP bug fix deployed live. Search facility within HCS for care plans live. HealthOne usage data received (319 active users). Mental Health exploring use of Acute Plan for Advanced Directive. Acute Plan audit template circulated. PHO resource funded to support HealthOne access processes	Access to plan stats via data warehouse and HealthOne metrics to be collated. Focus group follow up actions and plan promotions resources to ramp up activities. Health Care Home activities continue to promote PCP.
One Team: Transforming Timely Advice	In progress	Three areas for project focus identified, including an end-to-end pharmacy process project, an addition of a file note in HCS, and the use of teams for improved communication between specialists and the wider care team. Process has identified specific resource required in Process Analysis and Technical Business Analysis with existing understanding of Health IT infrastructure. Budget bid request for technical resource to support these projects in 2020/21 in development.	Continue to clarify three project options and draft briefs. Identify and clarify resource requirements for projects.

Project	Status	Key activities this month	Key activities next month
Towards Equity: Extension of Hauora Direct	On Track	Further testing of the electronic version of Hauora Direct in the community in selected areas.	Complete testing of electronic version of Hauora Direct by end of March.
Population Health Social Movement	On Track	First focus group held with a diverse group of influencers from the Nelson community; Confirmed the purpose of the workstream, possible approaches to develop a social movement, and shared knowledge about existing community-led action related to health.	Identify and contact a youth group to work with to develop the social movement approach.
Medical Engagement	On Track	The medical engagement group endorsed and accepted the medical engagement report summarising the results of the medical engagement survey; Results to be shared with key stakeholders. Began to contact guest speakers for a Grand Round series focused on clinical engagement and leadership.	Consider how to balance the medical engagement report with input from management. Confirm all guest speakers for the Grand Round clinical engagement and leadership series.

Models of Care Programme Plan As at 12 March 2020



MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 18 March 2020
Subject: **Clinical Governance Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Key messages from the NMH Clinical Governance Committee (CGC) meetings held on 7 February and 6 March 2020 are as follows:

DHB CGC discussed and largely endorsed:

- **A proposal from NMH Stop Smoking Service to add e-cigarettes as a quitting tool** – The Clinical Governance Committee (CGC) had significant reservations¹ about supporting the use of vaping as a smoking cessation tool. In particular concerns related to the risk of health endorsement of vaping for smoking cessation being seen to normalise its use and cause increased uptake of vaping by non-smokers, especially children and young people who may then progress to smoking.

Despite these concerns, given the backing of the Ministry of Health Tobacco Control Team, the Committee was willing to take a pragmatic stance to endorse the approach detailed by the Stop Smoking Service² but with a number of reservations.

The significant amount of work the NMH Stop Smoking Service has put into this with the underlying intention to address inequity was acknowledged.

DHB CGG noted:

- **Guidance on the public/private interface** – A position statement on this issue was established in 2016. This document is being revised to ensure that the principles within it are practical, consistent and support appropriate practice. Private health providers are important providers of health care to our community, and we have a responsibility to ensure that the boundaries between what is private practice and clinical activity funded by NMH are clear.
- **Terms of Reference (TOR) for a Public Health and Ambulatory Care (provided by Public Health) Clinical Governance Committee** – This Committee will provide a forum for co-ordination, oversight and support for clinical quality assurance and improvement for the Public Health Services across the district.

¹ Other concerns included; the potential physical harms of vapes particularly in pregnancy, which may not emerge for decades; inadequate laws to control the harms of vaping, the fact that major tobacco manufacturers strongly promote these products; no product standards for vapes; no product has Medsafe approval; no consideration by Pharmac; that the Ministry of Health tobacco control team does not fund vapes as a quit smoking tool and the potential liability and reputational risk for the DHB if it should fund vapes and then someone was harmed by inadequately evaluated products the DHB had recommended.

² The Ministry of Health advises people that they should neither smoke or vape. They are also promoting the message for smokers that vaping was likely to be safer than smoking, a view supported by CGC. Therefore, the CGC supported the NMH Stop Smoking Service to adopt a harm minimisation approach and to work with people who wished to vape to stop smoking. However, the CGC did not support the DHB funding vapes directly. The CGC also requested to approve a consent form for clients, making clear that people vaped at their own risk.

The Committee will start to work in this space with the expectation that the TOR may change as the needs become more apparent. The Committee will report through the CGC.

Elizabeth Wood
Chair, Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

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

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

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

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

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

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

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

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

As at April 2019