Nelson Marlborough Health
TE WAIORA

Open Board Agenda

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of Nelson Marlborough Health to be held on Tuesday 26 May 2020 at 11.30am

Via Zoom (Meeting ID 923 4263 1492) or Link https://nmdhb.zoom.us/j/92342631492

Section	Agenda Item	Time	Attached	Action
	PUBLIC FORUM	**11.30am**		
1	Welcome, Karakia, Apologies, Registration of Interests	**11.40am**	Attached	Resolution
2	Confirmation of previous Meeting Minutes	**11.45am**	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report	**12.00pm**	Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Glossary		Attached	Note
	Resolution to Exclude Public	**12.30pm**	As below	Resolution

PUBLIC EXCLUDED MEETING 12.30pm

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 April 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				
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	▪ Wife is a graphic artist who does some health related work		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		▪ Member SI Quality Alliance Group – SIAPO ▪ 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)			

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MENTAL HEALTH SERVICES					
Jane Kinsey	GM Mental Health Addictions & DSS	▪ Husband works for NMDHB in AT&R as a Physiotherapist. ▪ Son employed short term contract as data entry	▪ Board member Distance Running Academy		
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	▪ Both myself and my partner own shares in		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT)	various Maori land incorporations		
CHIEF EXECUTIVE'S OFFICE					
Peter Bramley, Dr	Chief Executive	▪ DHB representative on the PHARMAC Board ▪ National CE Lead for Joint Procurement Agency ▪ National CE Lead for RMO ▪ National CE Lead for Mental Health ▪ Board Member of Health Roundtable Board ▪ Trustee of Churchill Hospital ▪ Daughter employed as RN for NMDHB	▪ Son-in-law employed by Duncan Cotterill		
Gaylene Corlett	EA to CE	• Brother works at NMDHB in the Transport Department			

As at May 2020

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON 28 APRIL 2020 AT 10.00AM

Present via Zoom:
Jenny Black (Chair), Craig Dennis (Deputy Chair), Gerald Hope, Stephen Vallance, Allan Panting, Brigid Forrest, Jacinta Newport, Paul Matheson, Jill Kersey, Dawn McConnell

In Attendance:
Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Stephanie Gray (Communications Manager), Gaylene Corlett (Board Secretary)

Apologies:
Olivia Hall

Karakia:
Dawn McConnell

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Condolences were expressed for Kaumatua who have passed away recently, including Kereopa Ratapu, Kaumatua for NCC.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: **Gerald Hope**
Seconded: **Brigid Forrest**

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: **Gerald Hope**
Seconded: **Brigid Forrest**

THAT THE MINUTES OF THE MEETING HELD ON 24 MARCH 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising
Nil.

3.1 Action Points
Item 1 – Update on CO2 emissions: Ongoing
Item 2 – Clinical Governance/Consumer Council Support: Ongoing.

3.2 Correspondence
Nil.

SECTION 4: CHAIR'S REPORT
The Chair spoke of how life has unfolded in the last month, with preparation for an illness that could devastate our population, especially the vulnerable and the elderly, and delaying planned procedures.

Our services will return to a "new normal". We will take learnings from the last 4-6 weeks. As a country, our strength has been our people supporting the vulnerable in our community.

The Chair thanked staff for their dedication, strength,and the ability to be innovative and change to a new normal. It was agreed that the Chair write to staff to thank them for their efforts. It was also agreed that a letter of thanks be sent to the PHOs, TPO, pharmacies, and providers in the community.

Discussion was held on expanding the thank you through media and social media (Facebook) with an open letter from the Chair in support of staff over this time once we move to Level 2. **It was agreed that** the Chair discuss with the Chief Executive and the Communications Manager an appropriate thank you letter to staff, followed by letters to providers, and the media.

SECTION 5: CHIEF EXECUTIVE'S REPORT
The Chief Executive spoke of how well staff at NMH have responded to the threat of COVID during this time, with focus on energy, innovation, nimbleness – noting more has been accomplished in some areas that we have dreamt about for years. We will not return to the way the world worked before, as we wrestle with working with a new world, that includes COVID, and building on innovative new ways of working.

The Public Health Service have done an amazing job, and for all intents and purposes we have eliminated COVID from our region, however that does not mean we will not get any new cases in future.

SECTION 6: PRESENTATION ON COVID-19

Dr Nick Baker presented on COVID-19

- 3,017,766 cases, 207,722 deaths, 894,464 recovered globally.
- USA remains the current epicentre for new cases and deaths.
- Russia, UK and Brazil are now emerging.
- Australia, Taiwan and Iceland recovering.
- 1,469 confirmed and probably cases, 19 deaths, 7 in hospitals (1 in ICU), 1,180 recovered nationally.
- CBACs in Nelson, Motueka, and Marlborough. Three enhanced testing sites, and 10 outreach sites (for symptomatic testing). 4 outreach sites planned.
- Elimination not mitigation.
- Next steps:
  - Keep virus reproductive rate down
  - Support vulnerable people
  - Early case identification – swabbing
  - Swift contact tracing
  - Keep borders closed.

Discussion:

- Discussion held on returning to routine care for treatment of illnesses like cancer. Noted access for urgent procedures in relation to cancer has continued. The future will be about joining up health systems like health pathways, specialists supporting primary care colleagues, and being responsive in delivery of health care. This is an opportunity for fostering and supporting innovation – shared care coordination to enable us to support people with one shared conversation across teams.
- Discussion held on new RSE workers arriving from Hawkes Bay noting NMH has started discussions with MBIE to ensure the RSE workers are met and screened to confirm they are well, they know how to access healthcare (especially if they do not speak English), and accommodation is adequate. NMH will work with MPHO to ensure RSE workers are proactively supported.
- Discussion held on how we return to normal noting we can manage patients remotely with virtual consultations, but there is still a significant amount of personal interaction needed to deliver health care. The GM Clinical Services and team have started planning on how to deliver planned care, including reprioritising patients to provide care in a steady way, preserving people in their bubbles, minimising travel, and keeping patients and staff safe.
- Noted the number of community vaccinations is similar to last year. Staff numbers are lower due to staff working from home. As more staff come back to work they will have an opportunity to get vaccinated. Vaccines are available across our community and are prioritised for our vulnerable and high needs population.
- It was rumoured that new refugees are arriving in Nelson. **It was agreed that** the Chief Executive would follow this up.
- Queried how many NMH staff have been infected, noting none have caught COVID from patients. Some staff were stood down as we thought they were at risk, however all tested negative.

SECTION 6: FINANCIAL REPORT

Report noted.

SECTION 7: FOR INFORMATION

7.1 Submissions

Noted.

7.2 Advisory Committee Dashboard

Noted.

SECTION 8. GENERAL BUSINESS

Nil.

Public Excluded

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

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 24 March 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
- Decision – Indicative Business Case – APPROVED

Meeting closed at 11.00am.

ACTION POINTS - NMH – Board Open Meeting held on 28 April 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	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	Completed
3	Presentation on COVID	Enquire if Nelson is to receive new refugees	Peter Bramley	28 April 2020	26 May 2020	

MEMO

To:	Board Members
From:	Peter Bramley, Chief Executive
Date:	20 May 2020
Subject:	**Correspondence for April**

Status

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

Inward Correspondence
Nil

Outward Correspondence
Nil

MEMO

To:	Board Members
From:	Jenny Black, Chair
Date:	20 May 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:	20 May 2020
Subject:	**Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

COVID-19 has dominated our work over the last two months. The pandemic response has been both challenging and rewarding. I believe it has been an incredible team effort from NMH and its contracted providers – with everyone wanting to do as much as they could, as quickly as they could, with the desire to get things right. There is so much to be proud of, and our community has been well supported over this time.

NZ as a nation, along with our Public Health teams, has done a phenomenal job of containing and, it would appear, eliminating COVID-19 from our community. This has given us the gift of time to get our health system prepared for future outbreaks of the virus. However, as we are seeing every day, there has been a phenomenal impact to the local and global economy. Our concerns now are to ensure we learn the lessons of the past weeks, not lose the gains of recent times, and embed the innovations that have served our health system so well. We do have the challenges of recovering the health system – especially the significant amount of deferred care that has resulted from the lockdown of our community, as well as supporting our community from a psycho-social perspective as we both live with COVID-19 and face the economic impact to our region.

2. PRIMARY & COMMUNITY

- Some positive changes and learning has been highlighted through the COVID-19 response:
  - When you put a very clear 'shared purpose' at the centre, collective action comes with ease.
  - Huge benefits to the environment from lockdown. These learnings need to be considered in future planning.
  - Public Health has become 'front and centre' in health sector terms. It has won new respect with the public and also politically, from the Prime Minister down. We have a great opportunity to build on this.
  - This environment has shown the strength, value and importance of the partnership between Iwi and Health. Iwi's welfare response has been heartening and the interface between health, civil defence and Maori providers alongside this has been fantastic. This partnership needs to be nurtured and sustained and provides a great foundation to continue honouring our role as Treaty partners.
  - Across community and hospital services activity has escalated to provide telephone and videoconference options and minimise physical contact between clinicians and patients as required, and enable staff members to work from home. More specialities have adopted to provide phone and video consultations. All clerical and administrative staff in the hospitals have been trained and supported to set up and manage virtual ways of working. All Senior Medical Officers have been provided individual support and training in how to

carry out consultations, and this has resulted in more specialities offering virtual health options to patients. The requisite technology has been provided and installed to improve ease of access for clinicians.
- Government funding to primary care to assist with video conferencing equipment has also seen a sharp increase in the use of virtual consultations in general practice.
- More General Practices are adopting HCH ways of working to increase efficiency, such as GP triage and use of the telephone for patient consultations.
- Mobile clinical SWOOP teams have been able to treat and support people in their homes, rather than them traveling to a General Practice or the hospital for care.
- Reinforced the significant utility of HealthPathways as a localised source of up-to-date clinical guidance for the Nelson Marlborough primary health care sector.
- District nursing on both sides of the hill have remained busy with both picking up more referrals from general practice as face to face services provided by general practice have decreased.
- Both DN services have run virtual clinics for patients who have been able to self-manage. Patients have either picked up supplies from the respective hub or had these delivered by a DN. This will continue in some cases.
- Public Health nurses on both sides have been actively involved in case management of COVID-19 patients and providing flu vaccination for staff and high risk groups. Contact with vulnerable and high needs families via phone and virtual means has continued throughout lockdown.
- Drive thru vaccination has been initiated for both influenza and school based programs.
- A Swoop team designed to provide rapid response to patients at home, or in care, with a view to preventing hospitalisation has been created
- Proactive welfare checks have been implemented for vulnerable communities such as Maori, Pacifica and former refugees, and for people in shared living arrangements eg residents of Franklyn Village in Nelson and Bings Motel in Blenheim. Increased collaboration across sector, with local iwi and emergency response groups has led to greater coordination of support for whānau as part of the COVID-19 response, and an identification of, and response to, previously unmet needs in vulnerable populations.
- During the pandemic we have seen rapid decision making enabled by frequent meetings, clarity of roles and delegation through the emergency management structures. Some of the usual decision making groups and structures prior to the pandemic delayed rather than enabled action.
- For work not requiring direct face-face interaction, such as analysis or report writing, productivity working from home increased. Working from home presented a number of positives to consider. By not commuting daily it saves congestion, money, time and the environment. It also minimises the circulation and exposure to various infectious diseases, potentially reducing the need to take time off sick. Staff have reported better work life balance and many would like the consideration of a flexible model between work and home going forward.
- Virtual consultations have worked well for the Stop Smoking Service. This adds a great new dimension to the dynamic and responsive service and will be part of the service delivery opportunities going forward.

- Last year's Annual Plan 2019-20 was signed off by the Minister of Health on 13 March 2020. Timeframes and processes for the completion and submission of this year's Annual Plan 2020-21 have been amended in consideration of COVID-19.

Specifically, updated guidance from the Ministry of Health is expected in mid-May with final drafts of SLM/Annual Plans/RSPs due with the Ministry of Health by 22 June.

- There are now five localised COVID-19 pages on Nelson Marlborough HealthPathways (NMHP). Nelson Marlborough was one of the first regions in New Zealand to go live with a COVID-19 pathway:
  - COVID-19 Clinical Pathway
  - COVID-19 Information
  - COVID-19 Impact on Local Services
  - COVID-19 Palliative Care
  - For Aged Residential Care Staff (Preparation for ARC and Assessment and Management in ARC)
- In early March, each general practice was asked to identify a "COVID-19 Officer" tasked with keeping up to date with the national and local situation, ensuring patient resources are current, and informing practice staff of any significant changes in local recommendations or procedures.
- The suite of COVID-19 pages have been the most viewed pathways for the last two months, with 6,414 and 4,091 unique page views in April and March, respectively. By comparison, the previous most viewed pathway was consistently Antibiotic Guidelines for Primary Care at 305 unique page views in February.
- User statistics have also been significantly higher over the last two months compared with the preceding year; with monthly averages for this March and April of 1,610 users, viewing 40,912 pages, over 10,672 sessions (37%, 24% and 50% increases, respectively with March and April 2019). This data provides a useful proxy for the role HealthPathways has as an essential source of clinical information and guidance for our primary health care professionals.
- Pathways Health Ltd, our community-based recovery-focused mental health and addiction support service, has faced some challenges since the 31 January transition. We are also thankful that the service was largely transitioned before COVID. However the pressing and ongoing challenge, further heightened by COVID, continues to be in securing accommodation for residents.
- Business contingency plans were updated and enacted early. These signalled the need to triage all District Nursing patients based on acuity and to stop home visits to those who were able to self-manage or manage with minimal intervention. Approximately 400 patients across the service were identified as low risk. These patients were all contacted prior to lockdown and delivered supplies to self-manage wound care with telephone contact as required. Patients triaged as medium risk were all home visited during the week of lockdown to develop a plan of care in conjunction with the patient and their family. Visits were reduced and patients educated on how to manage in between the District Nursing visits. High risk patients continued on their normal visit schedule:
  - Up to 30 March, patient contacts in Nelson dropped from 499 to 239. From 6 to 24 April, these increased back to 351.
  - In Blenheim, patient contacts dropped from 446 per week to 160 per week initially, then increased back to 210.

  Overall, the triage process was effective and has enabled the team to try new approaches to care including virtual/phone consultations. Low risk patients have been able to manage largely with phone support and many have been able to send photos of their wounds for review.
- The past month has seen significant change in the Public Health Nursing service in response to COVID-19. The focus of work has shifted from personal health care to core Public Health nursing work in the population health domain. This has

exemplified the skill set that exists in the team and high value the Public Health nursing role has in the Nelson Marlborough district in population health.

- Key activities and learnings in Public Health Nursing included:
  - Case management and contact tracing.
  - 'Pop-up' influenza vaccination clinics for vulnerable communities and front-line health care workforce. The team were involved in running over 15 vaccination and screening programmes across the region. The ability to provide safe, mobile vaccination for vulnerable groups meant the team were able to respond quickly and effectively where required.
  - Development of a Wellness team to support people in emergency housing requiring health services. A small group of staff are visiting all accommodation sites.
  - Support for the Victory Refugee Community. Collaboration between Victory pharmacy, the Public Health Nurse and the PHO has resulted in shifting the CBAC to Victory Square and development of a system to provide better access to screening and swabbing (where indicated) for refugee groups.
  - Training front-line disability and mental health support workers on correct use of PPE and infection control measures.
  - Providing staff for the SWOOP teams from the Public Health Nurse service.
- Between 7 April and 29 April the Swoop team:
  - 30 cases including 15 COVID-19 swabs
  - Of all visits none have been admitted or readmitted to hospital in the 7 days since the visit
  - 6 referrals from ED, 8 referrals from general practice, 1 from St John, 8 from rest homes etc.

Staffing has been drawn from District Nursing, Public Health Nursing, locality care co-ordinators, the DHB and Allied Health.

3. MENTAL HEALTH, ADDICTIONS AND DSS

3.1 Mental Health

- The MH administration and data teams have now moved into their new building in Waimea Road. The Child Development Services will move into the building once minor alterations have been completed.

<u>COVID-19 Response</u>

- MH&A services, both community and inpatients, maintained a steady service delivery operation, close to usual occupancy and community activity, albeit in a different way.
- Focus on supporting our vulnerable workforce to be away from the workplace and supported all people to work from home if it was possible.
- All services prepared to continue to provide services, with a focus on offering virtual outpatient clinics if possible.
- Significant focus was on inpatient services to ensure we could provide a service and maintain good patient flow with red, orange and green flow pathways.
- Access to PPE was an ongoing focus throughout the period to ensure it was available and well used.
- DSS and MH&A worked with infectious diseases specialist and developed an audit tool to support how COVID-19 was being managed in residential facilities. These audits went very well and the tool is now utilised nationally.

Psychosocial Support

- NMH has led the psychosocial response. A plan has been drafted to support cross agency stakeholders to understand the direction and who else is involved.
- A weekly monitoring dashboard is produced to give indication, both qualitative and quantitative, on how the community is responding and coping.
- Significant number of resources were developed, both online and hard copy, and distributed throughout the community.
- During the response, working groups were formed to ensure targeted support to priority / vulnerable communities such as Maori, Kaumatua, vulnerable children, vulnerable youth, and support to agencies who worked directly with groups such as Pasifica and refugee communities.

3.2 MH&S Integration Programme Progress

- Stepped Care: Wellbeing practitioners have proven very effective throughout the COVID-19 response with good feedback received from GPs in practices with them.
- Connecting Care: This programme has stalled during COVID-19 in a formal way, however the Zoom meetings scheduled to support discharge planning have proven to be very helpful. It is also proving great for our inpatient team to have a permanent psychiatrist recruited to the team.

3.3 Addictions Service

- The Addictions Service has maintained a huge workload, with more focus than usual on being mobile. We are also planning with the team to move from Pascoe Street to the Braemar campus in early June. We have also sent a funding proposal to the MOH for the sustainable funding for our methamphetamine programme.

3.4 Mental Health Admissions Unit (Wahi Oranga)

- During April the leadership team was very focused on planning needed to put in place measures to reduce the risk of the COVID-19 pandemic.
- Occupancy is slightly lower than usual with around 24-26 clients (80% occupancy). Higher acuity towards the end of April with some challenging clients.
- New permanent Consultant has started, which was welcomed by the team.

3.5 Maternal and Infant Mental Health

The following observations have been made from the first three months of activity:

- Amidst the complex demands of the adult clients who have children, the infant/child often becomes invisible to health care providers. It will take time to bring about a change within the culture of importance, one in which the infant/child is not only considered, but whose needs are given precedence, due to their greater vulnerability. However, when it comes to infants, time is of the essence; a month in the life of a 3-month-old is equivalent to one third of her life. Hence the need for targeted training to facilitate this cultural change.
- Nelson Hospital is similar to other service providers in that there has been a scarcity of training for staff about infant/parent mental health and the role this first relationship plays in the overall well-being of both the infant and the primary caregiver.
- Understanding and promoting attachment and positive caregiver-child interactions has not been a priority in any DHB, up until now.
- Many of the staff are eager to learn, and have already begun to include the infant/child in their discussions at meetings. The importance upper management have given to the First 1000 Days programme appears to have set the tone for staff. The message they are getting is that the focus on infants, infancy, infant/caregiver

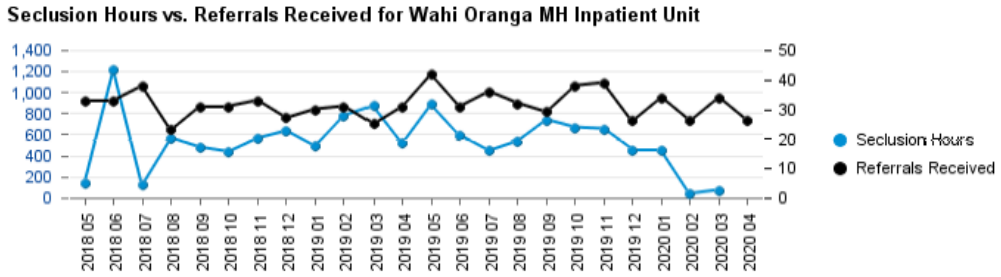
relationships is not only preventative, it also alleviates the current distress of the infant, and the parent.

3.6 Older Persons Mental Health (Alexandra Hospital)

- Capacity and acuity at OPMH inpatient service was manageable with average of 73% in March and 81% in April, with short periods of 100%.
- Some challenges with managing suspected COVID patients indicating that providing care for more than 1-2 COVID patients would be unsustainable.
- Community teams have been instrumental in reducing need for admission and in facilitating discharges. They have been working virtually for most of March / April and have been rostered to work between home and office as part of COVID planning.
- Face-to-face contact minimised and only when deemed clinically necessary
- The modifications to Alexandra Hospital are completed and the team have taken the time during alert Level 3 and 4 to unpack and settle into the new premise.

3.7 Seclusion

	Seclusion - 2020 03			
	Hours	Events	Consumers Secluded	AVG Hours per Event
Seclusion	74	5	4	15



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

3.8 Disability Support Services (DSS)

Disability Support Services (DSS)		Current March 2020				YTD March 2020		Current April 2020				YTD April 2020
Contracted Services		ID	PD	LTCH	Total	YTD Total		ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	161	18		179	*decrease 1*		158	18		176	*decrease 3*
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	9	10			1	0	10	11	*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	**171**	**21**	**9**	**201**			**168**	**21**	**10**	**199**	
Number of people supported												
Total number of people supported	Residential service users - Actual at month end	**171**	**21**	**9**	**201**	*decrease 1*		**168**	**21**	**10**	**199**	*decrease 2*
	Respite service users - Actual at month end	5	4		**9**	*increase 1*		7	2		**9**	
	Child Respite service users - Actual at month end	34			**34**			36			**36**	*increase 2*
	Personal cares/SIL service users - Actual at month end	**0**	**0**		**0**			**0**	**0**		**0**	
	Private Support in own home	**0**	**0**		**0**			**0**	**0**		**0**	
	Total number of people supported	**210**	**25**	**9**	**244**			**211**	**23**	**10**	**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	63,250	6,882	61,050	248	2,200.0	6,900	70,150	6,660	67,710	240	2,440.0
Total Occupied Bed days	Actual for full month - includes respite	6,427	57,481	6,297	56,053	129.5	1,428.5	6,184	63,665	6,106	62,159	78.0	1,506.5
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	90.1%	90.9%	91.5%	91.8%	52.2%	64.9%	89.6%	90.8%	91.7%	91.8%	32.5%	61.7%
		Last month	Current month	Variance		Covid 19 Lockdown. Emergency Respite Only Provided from 26/03		Last month	Current month	Variance		Covid 19 Lockdown. Emergency Respite Only Provided	
Total number of people supported		**244**	**244**	-				**244**	**244**	-			
Referrals	Total long term residential referrals	**12**	**12**					**12**	**11**				
Referrals - Child Respite	Child Respite referrrals	**7**	**7**					**7**	**7**				
	Adult Respite referrrals	**1**	**1**					**1**	**1**				
	New Referrals in the month	-	-					-	-	** to be updated			
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	**20**	**20**					**20**	**19**				
Vacant Beds at End of month - (excludes Respite Beds)		**20**	**21**					**21**	**22**				
	Less people transitioning to service	-	-					-	-				
	Vacant Beds	**20**	**21**					**21**	**22**				

4. INFORMATION TECHNOLOGY

- Many projects have progressed at speed due to COVID-19. On the National CIO calls most agree that it seems as though 4 years of projects have been completed in 4 weeks. Zoom roll out was accelerated as a VC tool for both organisational teams and virtual clinics. Key system infrastructure upgrades to enable remote access for all our staff were fast tracked and were completed in weeks instead of months. The wi-fi upgrade at the Richmond Hub was completed for Public Health. We changed our multi factor authentication from Safenet tokens to Microsoft in one week, as SafeNet tokens were constrained by supply issues and have a cost per

token. CBACs were provisioned with wi-fi and phones in under two weeks. Collaboration with WellSouth and Hawkes Bay resulted in a comprehensive online form for capturing CBAC and GP assessment data, and the new Ministry collection requirement for this data fulfilled. Helpdesk tickets increased from an average of 40 to 160 per day in the first week of lockdown. Our IT partner CCL were instrumental in assisting us, as well as a lot of dedication by the team and willingness to adapt and be flexible (and be patient and kind!) by our DHB staff.

- The Hospital EOC requested implementation of SmartPage ASAP, and this project is well underway. This is a clinical messaging and paging system that will allow automatic escalation of at-risk patients. Virtual clinic uptake increased markedly, with generally positive feedback from patients and clinicians, along with some lessons learned for wider adoption. A lite version of ICNet, an infection control system hosted by CDHB, has been implemented for 6 months. With the scanning bureau, new ways to capture some forms to reduce paper handling was introduced. Safer Sleep, an anaesthetic recording system, is being implemented in one theatre.
- Axe the Fax continued as it fitted the COVID19 criteria of reducing reliance on paper and streamline processes across the health system. Hospital faxing has been stopped since 11 May, with monitoring of process change in place.
- The implementation of Microsoft Teams was accelerated, to run in parallel with the upgrade of the on-premise Office suite to the cloud based Office365. The decision endorsed by the Board to move to the licensing for Office365 and Teams has put the DHB in a much stronger position to face this pandemic. Teams allows for real time digital collaboration such as chat, tasks, or sharing files, from any location, and can include colleagues from across the health sector. This is a large change project, and well recognised as important to support remote working.

Project Status

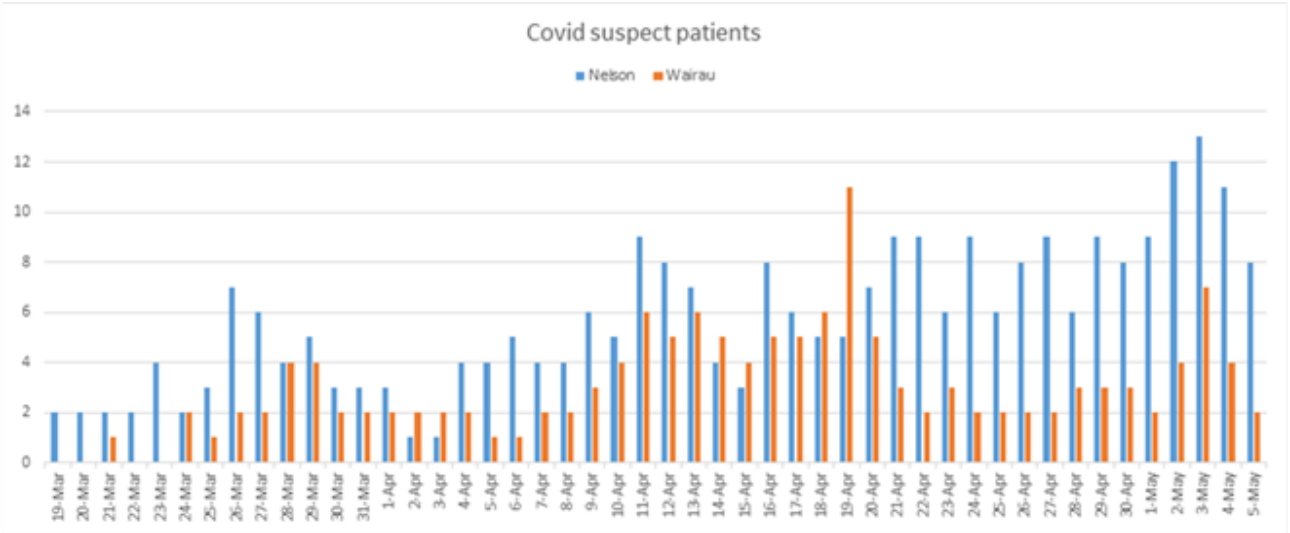
Name	Description	Status	Original Due date	Revised due date	
Projects					
Virtual Health PoC	Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme.	Due to the COVID-19 situation we have had a rapid increase in the virtual health uptake within the organisation. In March we completed 692 telephone contacts and 8 video OPD appointments with patients. In April that changed to 633 telephone and 228 video appointments. The next phase of this project is working with services on consolidation of process and streamlining the process for both patients and staff.	n/a		
Digital transfer of medications on discharge	Digitally transfer medications on discharge to an Aged Care Facility in a clinically safe environment.	A dependency for NMH is the implementation of MedsRec and a structured discharge form in HCS. Both of these progressing well. APU development kick off, with Datacom working with Orion and CDHB.	n/a		

Name	Description	Status	Original Due date	Revised due date	
Shifts	A mobile app utilising Microsoft Teams which allows managers to create, update, and manage shift schedules	This pilot has been put on hold during COVID-19 however Dan Coe has been using the functionality within his team and reports good uptake. We will be aiming to move this project forward during June.	Feb 2020	July 2020	
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 deployed to CT and signed off. Apps Support resource now available to continue roll out. Project closure doc in progress.	Mar 18	Live / rolling out	
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Currently meeting clinical outliers in relation to their ability to get the most out of Patientrack and to ensure that they have the appropriate hardware access. Version 2.7 upgrade now available for movement into Dev environment, currently meeting with vendor around scope and implementation plan. Continued meetings with Mental Health to develop organisational roadmap.	July 18	Live / rolling out.	
Smartpage	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Implementation has begun with small working group looking at both technical and clinical implications. System will cover all of NMH main sites including Mental Health. Second phase will look at orderly messaging.	July 2020		
ePharmacy: Upgrade from WinDOSE	ePharmacy is a dispensing and stock management system which will allow reporting of medication usage.	Go live aborted at 11th hour due to COVID-19 lockdown. The project now reactivated, with go live now scheduled for June.	Dev 19	Jun 2020	
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Release 19.2 Service Pack 2 was released successfully in March. Ongoing work is focused on: resolving ministry extract issues, implementing a new Orion Health managed Regional Ministry Extracts engine, planning for combined release 19.3 and 20.1, and planning for upcoming Theatre Management functionality.	Release 20.1: Aug 2020		
ICT					
Axe the Fax	Remove hospital fax machines by May, and rest by Dec 2020.	Hospital based faxes turned off on 11 May, with the exception of some incoming faxes while alternative processes are worked through. Currently monitoring.	Dec 2020		

Name	Description	Status	Original Due date	Revised due date	
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Extraordinary progress in March/April with Go-live coinciding with Level-4 lockdown for COVID-19 and the new environment being leveraged as a part of NMH's work from home response for staff.	Aug 19	Mar 2020	
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	Mailbox migrations progressing well 35% (2237 moved, 4199 remaining) @ 8th May. PA / ELT / Champions communicated to and first training sessions held. ELT Teams created. Good engagement from wider user base.	Various		
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Provision of external facing HR Kiosks for DSS is dependent on this. Wairau complete. Nelson rollout underway. February still on track – this is an ongoing project so have altered due date accordingly	Aug 19	Apr 2020	

5. CLINICAL SERVICES

- Hospital overall occupancy was at 56% for Nelson, and 47% for Wairau, compared to 80% for Nelson and 74% for Wairau this time last year. Nelson Hospital had 74 COVID suspect and 1 COVID positive patient, Wairau Hospital had 48 COVID suspect, and 2 COVID positive patients.



- It has been a challenging and stimulating two months during the planning time for COVID. We are blessed with amazing staff that dropped regular work, put their shoulder to the grindstone and got on with hours and hours of preparation. The ideas flowed, the facilities were changed, we valued patient's time and their bubbles, the patients got good care, teams connected and then supported solutions together and we made good decisions fast, tried new ideas and despite the reality of the situation were professional. There is huge support to keep doing the right thing by our community and not to slip back to the old inefficient ways.

- Reducing our planned care to non-deferrable only has, as expected, given us a hike in patients needing to be seen for FSA, follow up and treatment. In some specialities the volume of overdues are high, especially when the human resource to deliver is also scarce. Despite this picture the teams are again entering the 'next normal' phase with can do attitudes and very much a team approach.
- Our winter planning has been turned on its head and we are now looking at the winter with new eyes, and ensuring our patient pathways are slick and well connected.
- I would like to put a plug in for our travel team who have had some significant challenges getting patients to non-deferrable appointments/treatments in other DHBs in a safe way. The reduction of flights totally from Blenheim and much reduced from Nelson caused many a headache to be worked through. Again they have risen to the challenge and thought of innovative ways through this.
- Whilst patient assessments and treatments have continued within each service, in regards to non-deferrable planned care all services are now reviewing all previous plans as part of the post COVID-19 preparedness recovery. This is being referred to as the 'next normal' period.
- Total overdue follow ups for all services are 4300 for year to date end of April 2020. The top six speciality areas with overdue follows up remain General Surgery, Orthopaedics, Ophthalmology, General Medicine, Cardiology and Diabetology.
- I&R have developed an Acuity calculation tool, with all administration services undertaking training. They are now able to use the Acuity tool for Outpatient bookings and scheduling.

5.1 Health Targets

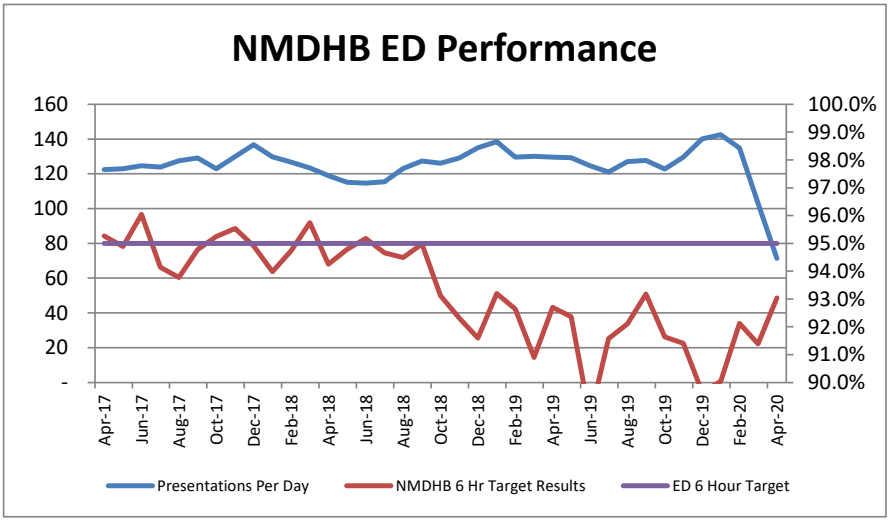
- Year to date, as at the end of April 2020, 4,976 surgical discharges were completed against a plan of 5,887 (84.5%). This is under plan by 911 discharges. Best estimate is we have lost approximately 400 planned care discharges due to COVID19 restrictions.
- Year to date as at April 2020 indicates 4,605 minor procedures were completed against a plan of 3,478 (132.4%). This is over plan by 1,127 minor procedures.
- Year to date as at April 2020 NMDHB has delivered 9,157 caseweight discharges (CWDs) against a plan of 17,207 (111%).
- Elective CWD delivery was 108 against a plan of 537 (20%) for April. Acute CWD delivery was 1,066 against a plan of 1,075 (99%) for April.
- Year to date delivery to end of April for orthopaedic interventions was 379 joints against a plan of 440 (61 below plan). Currently 151 patients are waitlisted for surgery.
- Year to date delivery to end of April for cataracts was 355 against a plan of 437 (82 below plan). Currently 113 cataract patients are waitlisted for surgery.

5.2 Shorter Stays in Emergency Department

- The global pandemic, with nationwide advice to ring ahead and contact your primary care team while hospitals would be overwhelmed with COVID-19 patients, saw huge drops in numbers attending both Nelson and Wairau Emergency Departments. This related to a reduction in trauma and Triage Categories 3, 4 and 5.
- Considerable effort went into preparation for presentations with, or suspected of having, the virus with streaming of patients to ensure good care while reducing any opportunity for ED staff to be infected.
- With the drop in attendances the number of minutes in the Department dropped, however, particularly in Nelson, there continued to be patients who breached the six hour target. Managing patients in PPE contributed to the length of time with a

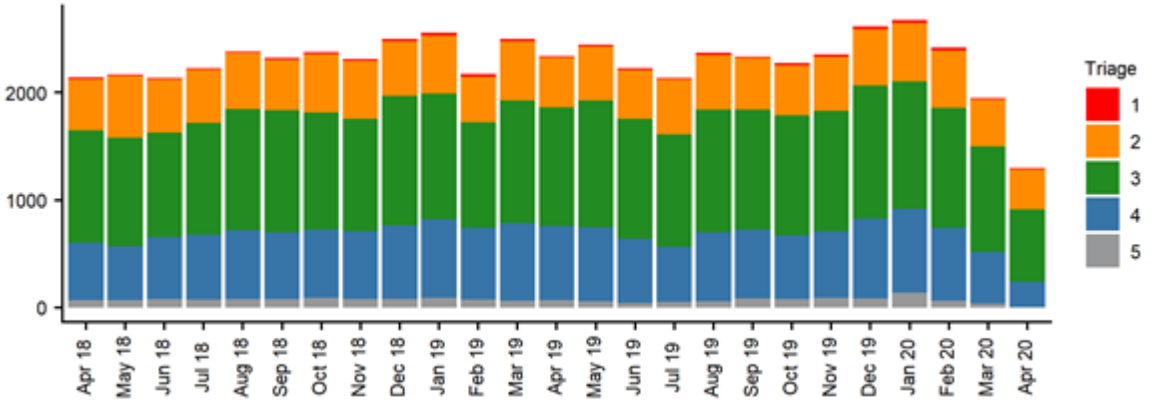
cautious approach being taken to all persons with fever and respiratory symptoms in line with national advice.

- The percentage of patients admitted at both sites increased 30% in Nelson (compared to 23% last April) and 23% in Wairau. Clinicians observed that patients were presenting sicker, and concern was expressed that staying away from hospital resulted in patients presenting later.



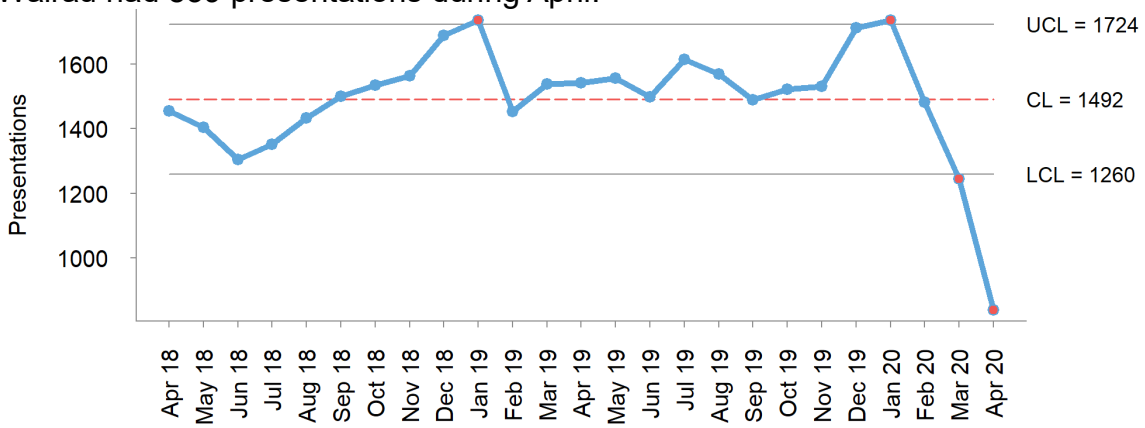
	6 Hour target %	Number of breaches	Total Attendances
Nelson	91.2	115	1302
Wairau	96	34	839

Presentations showing the reduction in triage categories over April for Nelson ED



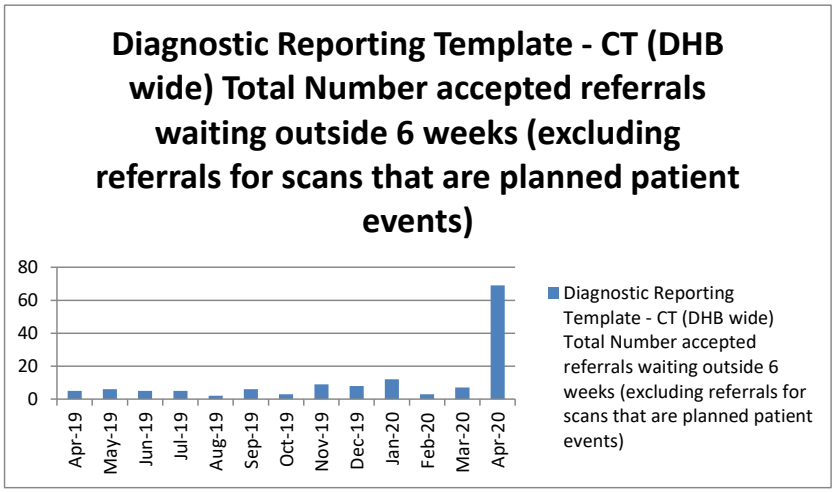
Number of Presentations in Wairau ED

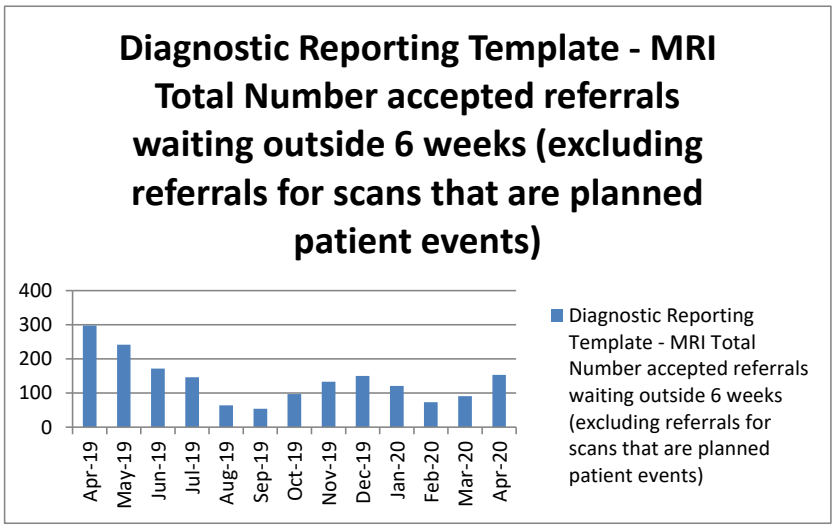
Wairau had 839 presentations during April.



5.3 Enhanced Access to Diagnostics

- MRI numbers show 147 patients were scanned in Nelson, and 47 patients scanned in Wairau – a total of 194 patients for April.
- MOH MRI target shows 54% of referrals accepted are scanned within 42 days (target is 90%). Regrettably this target achievement has been impacted by COVID-19 restrictions.
- MOH CT target shows 65% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT running at 74% of target with 31 patients waiting greater than 42 days, and Wairau CT running at 57% of target with 54 patients waiting greater than 42 days.





5.4 Improving Waiting Times – Colonoscopy

- At the end of April 2020, there were 695 overdue colonoscopies (up from 338 in February). The major increase was due to the reduction in all service activity except emergency / urgent cases with the need to plan for COVID. This has had a significant impact on the number of patients now waiting past their expected due date. We are currently in a planning phase in how to address the backlog,

5.5 Faster Cancer Treatment – Oncology

FCT Monthly Report - April 2020 — Reporting Month: Mar 2020 - Quarter 3 - 2019-2020

As at 30/04/2020

62 Day Indicator Records

TARGET SUMMARY (90%)	Completed Records													
	Apr 2020 (in progress)		Mar-20		Feb-20		Quarter 3		Quarter 2		Quarter 3 (2018-2019)		Rolling 12 Months Apr 19-Mar 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
	97%	3%	86%	14%	95%	5%	90%	10%	92%	8%	90%	10%	92%	8%
Number of Records	28	1	30	5	20	1	73	8	61	5	70	8	271	25
Total Number of Records	29		35		21		81		66		78		296	
Numbers Including all Delay Codes	90%	10%	77%	23%	80%	20%	78%	22%	74%	26%	83%	17%	77%	23%
Number of Records	28	3	30	9	20	5	73	21	61	21	70	14	271	80
Total Number of Records	31		39		25		94		82		84		351	
90% of patients had their 1st treatment within: # days	64		75		105		94		89		75		87	

62 Day Delay Code Break Down	Apr 2020 (in progress)	Mar-20	Feb-20	Quarter 3	Quarter 2	Quarter 3 (2018-2019)	Rolling 12 Months Apr 19-Mar 20
01 - Patient Reason (chosen to	0	0	1	1	6	1	11
02 - Clinical Cons. (co-morbidities)	2	4	3	12	10	5	44
03 - Capacity Constraints	1	5	1	8	5	8	25

TUMOUR STREAM Rolling 12 Months (Apr 19-Mar 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%	59	0%	0	3%	2	5%	3	8%	5	64
Gynaecological	95%	18	4%	1	17%	4	4%	1	25%	6	24
Haematological	100%	17	0%	0	15%	3	0%	0	15%	3	20
Head & Neck	82%	9	13%	2	31%	5	0%	0	44%	7	16
Lower Gastrointestinal	82%	40	15%	9	15%	9	2%	1	32%	19	59
Lung	89%	17	6%	2	39%	13	3%	1	48%	16	33
Other	100%	4	0%	0	29%	2	14%	1	43%	3	7
Sarcoma	100%	4	0%	0	0%	0	0%	0	0%	0	4
Skin	97%	57	3%	2	5%	3	5%	3	12%	8	65
Upper Gastrointestinal	88%	15	12%	2	0%	0	0%	0	12%	2	17
Urological	81%	30	17%	7	7%	3	2%	1	27%	11	41
Grand Total	92%	271	7%	25	13%	44	3%	11	23%	80	351

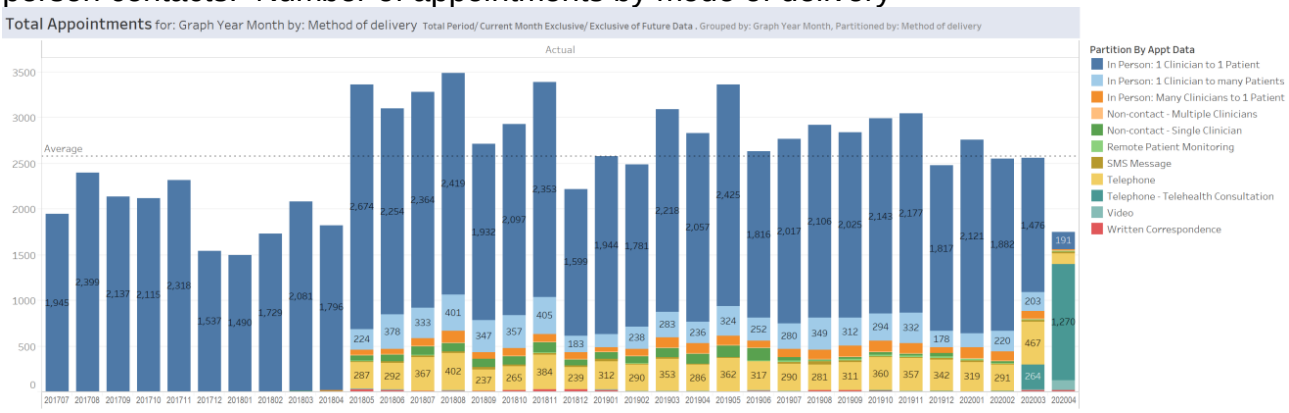
6. NURSING & MIDWIFERY

- AT&R Nelson business as usual ceased as the ward was repurposed to the Respiratory Isolation Ward as part of the NMDHB Pandemic Response Plan. Bed capacity reduced to 14 to reflect a mix of orange/red COVID-19 patients. Rehabilitation patients were transferred to Ward 10 to continue rehab towards discharge. Vulnerable AT&R staff were redeployed to green wards or stood down.
- COVID-19 Pandemic response planning in Wairau Hospital included review and revision of Business Continuity Plans for all Ward/Unit areas through March in preparation for the potential surge in COVID -19 presentations. This included creation of an Isolation Ward in the Inpatient Unit, temporary ICU facilities in Theatre and Day Stay, and separate isolation pathways in the Emergency Department and

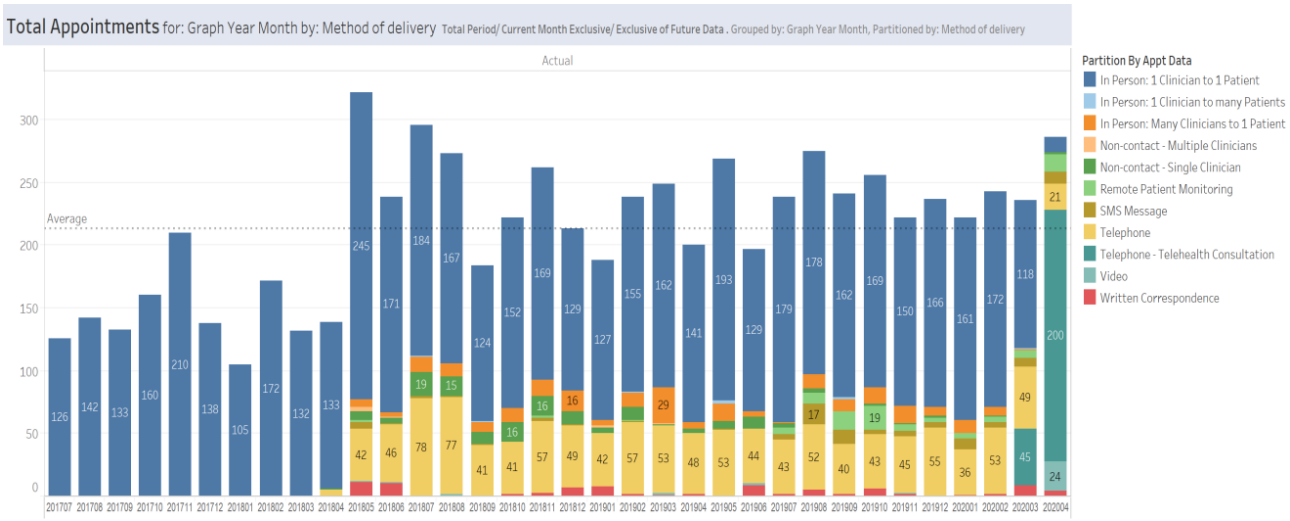
Paediatric Unit. Screening of patients was a priority and workforce deployment to support screening at the front doors of ED and the main entrance of the hospital added extra resource to models of care. Isolation requirements of patients added to complexity of pathways in the Emergency Department, in particular with requirement for increased model of care to support safe PPE practice out of hours.

7. ALLIED HEALTH

- Allied Health illustrates the level and mode of delivery during March and April and the step change in Telehealth that occurred. March maintained average monthly appointments at 2,560. As anticipated April reduced, however the Teams were able to maintain 1,746 contacts, maintaining 68% of activity. There is variability across the services, which reflects adoption of Telehealth and specific requirements for in-person contacts. Number of appointments by mode of delivery



- The significant increase in activity and efficiency for the dietetic service is shown below. It is important to note that consumer feedback and a review of outcomes is essential.



- Allied Health is committed to maintaining the gains made through Telehealth, flexible working and ensuring equity is central to moving forward.

8. MĀORI HEALTH

8.1 Welfare and Formation of Te Oranga Alliance (TOA)

The GM Māori Health & Vulnerable Populations has created Te Oranga Alliance, also known as TOA. Membership includes Te Waka Hauora Māori Health & Vulnerable

Populations, Public Health, Mental Health & Addictions, SIAPO, Victory Community Centre, Te Piki Oranga, Franklyn Village, Blenheim Emergency Transitional Housing Service (BETHS), Brydon, Bings and its associated transitional homes, Ministry of Social Development and Police.

TOA's role is supported by Iwi and the Kokiri a Manaaki welfare group for Iwi which the GM Māori Health & Vulnerable Populations is a member of.

TOA has been proactively screening the welfare needs of whanau who live in Franklyn Village, Blenheim Emergency Transitional Housing Service (BETHS), Brydon, Bings and its associated transitional homes, which house whanau who were previously homeless. They have been proactively screening for welfare needs including need for food and prescriptions. They have also facilitated access to onsite influenza vaccinations, and if whanau meet the case definition an agreement has been made that they will be actively swabbed to see if they have COVID-19. This swabbing will be arranged via nurses whom will go to the whanau member's room and swab in that location. CBAC locations have also been promoted to all residents. In the first round of screening we achieved the following:

- 91 food packages have been delivered to Franklyn Village residents by TOA, which has brought a benefit to 111 people.
- 71 whanau members have received food packages from TOA that are residents of BETHS, BINGS and Brydon transitional homes. This number will continue to rise as further referrals have been made.
- Te Piki Oranga have agreed to pick up prescription costs for Māori residents.
- TOA negotiated with the owner of Franklyn Village for a $1,000 deposit for Franklyn Village residents at Victory Pharmacy to cover prescription costs for residents during lockdown be they Māori or non- Māori.
- An Emergency Action Plan has been developed for Franklyn Village that can deal with a COVID-19 case or outbreak in that facility. This includes isolation, evacuation approaches, infection control etc. This action plan will be applicable to BINGS and BETHS which house many high needs whanau living in close proximity.
- TOA, after discussions with Ministry of Social Development and MAI, took on the role of contacting 550 Kaumatua to discuss what supports they may need across the Nelson Marlborough district and down the West Coast of the South Island. TOA also screened to see if Kaumatua had been vaccinated and promoted uptake if they had not. Also TOA, through screening, would arrange for the swabbing of Kaumatua whom have flu like symptoms and would meet the case definition to be swabbed for COVID-19 testing.
- The GM Māori Health & Vulnerable Populations reached an agreement with our two local PHOs to access Kaumatua contact details from their database for enrolled population aged 60-69 years). Approaching Kaumatua 60 years plus is important as Māori get an earlier onset of chronic conditions ten years early than the rest of the population. We are currently again calling our second cohort of Kaumatua 60-69 years via our call centre and are fast working through some 547 Kaumatua.
- The DHB has obtained a Vulnerable Children's pack from one of our local Churches which provided resources for tamariki to be supported through the lock down period. Several of these packs were distributed to children who are part of whanau living in Franklyn Village, BETHS BINGS and Brydon transitional homes.

8.2 Personal Protective Equipment (PPE) and Resources

Māori providers have, in the early stages of COVID-19, had a direct line to logistics for PPE requirements (total shifted to Māori providers equalled 1,250 pairs of gloves, 500 masks and hand sanitiser, noting these figures do not include Te Piki Oranga who already had PPE from our PHOs, or Te Hauora o Ngati Rarua through connection to Marlborough PHO).

PPE for marae has been distributed across Te Tau Ihu (total initial allocation distributed to marae was in the vicinity of 1,750 pairs of gloves, and 700 masks and hand-sanitiser) held for emergency like natural disaster if marae should have to act as welfare wards.

Some 75 Aroha Packs (containing food and hygiene products) have been delivered to all seven marae. The packs were well received.

In regards to Whanau Ora, some 4,000 hygiene packs have arrived for whanau to be distributed via Whanau Ora Navigators. After a request from the GM Māori & Vulnerable Populations some hygiene packs were forwarded to Te Piki Oranga for distribution to their enrolled population which has significant numbers of Māori.

8.3 Wananga Haputanga

The Hapu Wananga has been rebranded as the Wananga Haputanga. The initiative recently won the highly recommended community award within the Health Innovation Awards. The first virtual Wananga Haputanga was held with wahine and their whanau on 7 and 8 May. Feedback was extremely positive, so the virtual approach will be maintained as part of a new way of delivering Kaupapa Māori pregnancy and parenting to Māori whanau. This, we believe, is the first virtual Kaupapa Māori pregnancy and parenting programme in the country.

8.4 Hauora Direct

The electronic version of Hauora Direct continues to progress, and a pilot of the tamariki child version of Hauora Direct will be set up over the next 2-3 weeks. The adult and Kaumatua version of the electronic tool is about 8 weeks from completion.

9. PEOPLE & CAPABILITY

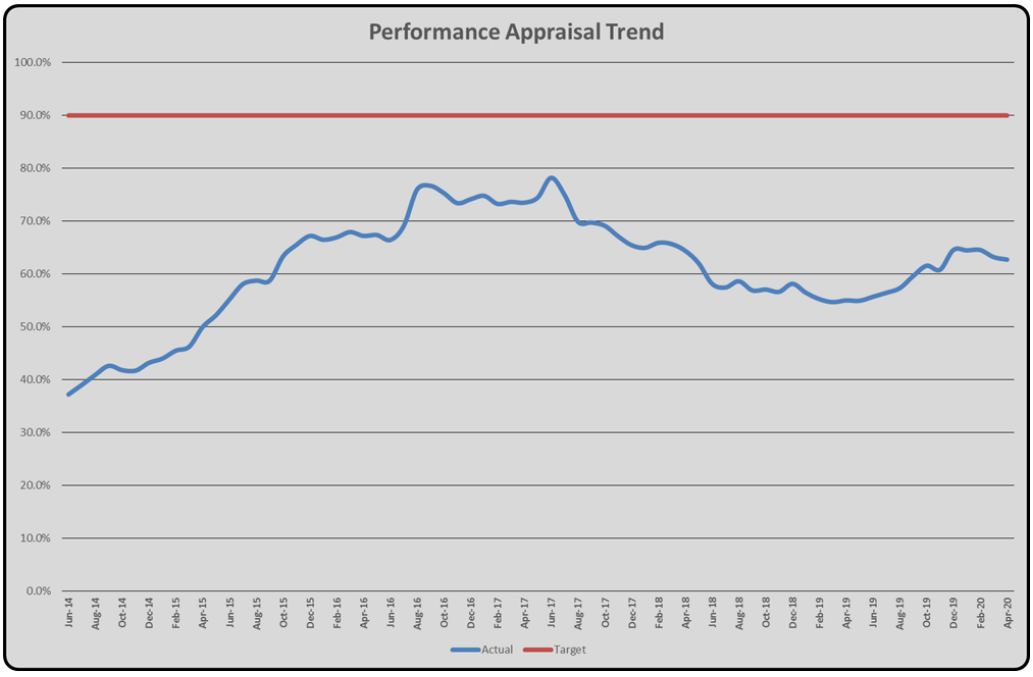
Elearning snapshot (March-April 2020):

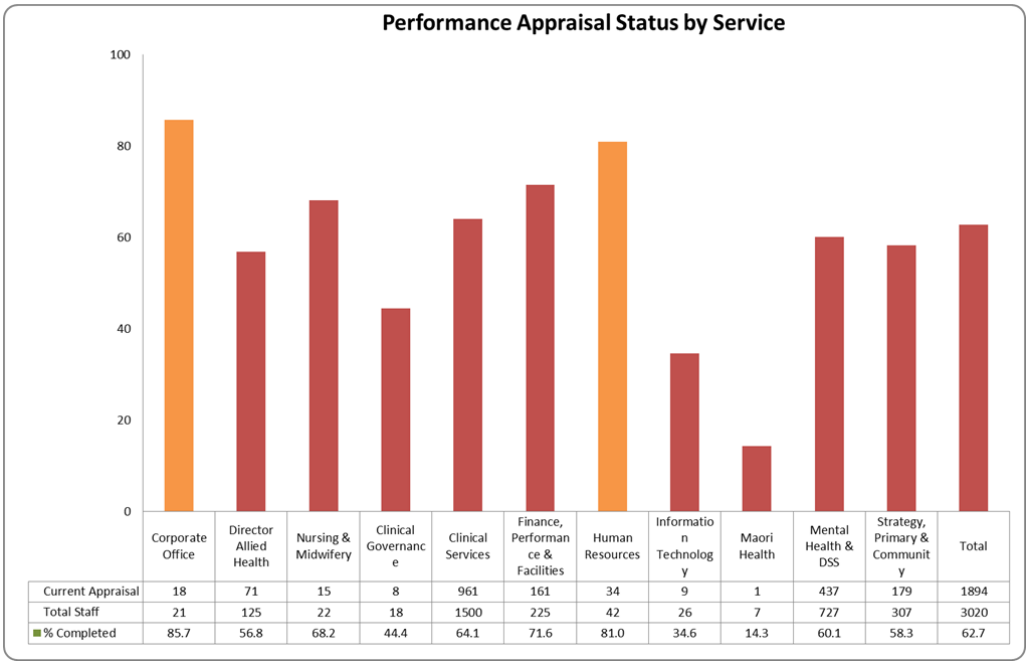
Total Users	Active Users	NMDHB users	Course completions
4,404	3,618	2,506	April 1,014 This figure is almost double the number of April 2019 (575)

As the data above shows, it would appear user activity in Elearning has increased significantly in this current lockdown period.

10. PERFORMANCE APPRAISALS

To date we are at 62.7% 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	18	71	15	8	961	161	34	9	1	437	179	1894
Total Staff	21	125	22	18	1500	225	42	26	7	727	307	3020
% Completed	85.7	56.8	68.2	44.4	64.1	71.6	81.0	34.6	14.3	60.1	58.3	62.7

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:	20 May 2020
Subject:	**Financial Report for April 2020**

Status

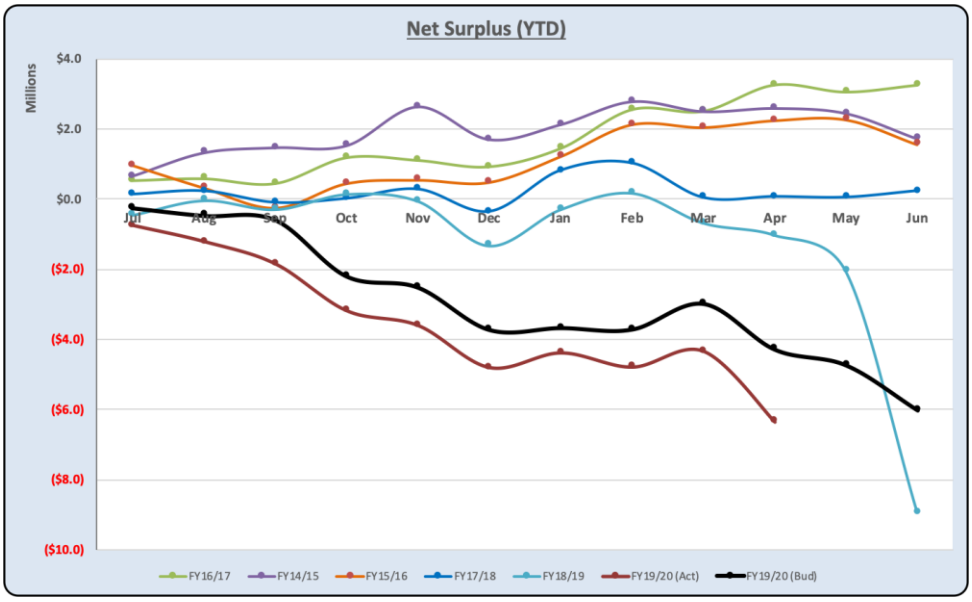
This report contains:
☐ **For decision**
☐ **Update**
✓ **Regular report**
☐ **For information**

Commentary

The result for April has been heavily influenced by the response to the COVID-19 pandemic. The operating financial statement (on page 3) has been slightly modified from its previous format to show the revenues and expenses associated with business as usual (BAU) and COVID separately for both the month and the YTD. As this shows the level of expenditure within the month was significant and, at the current point in time, no decision on additional funding (other than those announced publicly by the MOH) has been made.

As expected the costs associated with clinical service delivery (e.g. outsourced services, clinical supplies, etc) are favourable within the month reflecting the significant reduction in hospital volumes through the month.

From a "BAU" perspective there is a deficit of $1.8M ($0.5M adverse to plan) for the month. This brings the YTD result to a deficit of $6.1M ($1.8M adverse to plan).



Within the month there are three items to note, other than the COVID related impacts that can be seen within the financial results:

- Costs associated with the national haemophilia management programme have increased across the country with an annual impact of $0.5M on NMH. This was only noted to us by the NMHG in January, and will deteriorate the result from what was planned, however this is unfortunately outside of our control. The impact recognised within the month is an

additional $0.4M of costs which reflect the YTD catch up. This is included within the external provider payments cost line.

- Immunisation costs are just under $0.6M adverse in the month (also shown within the external provider payments cost line). This reflects not only the earlier timeframe the flu vaccine was made available this year, but also a significant increase in uptake compared to the equivalent period last year. Overall this is a positive story with more people receiving the flu vaccination, but it does have the cost implication.

- The level of annual leave taken during the month is lower than we have seen in the corresponding periods in previous years and also much lower than we planned as a consequence of the nationwide travel restrictions imposed as a response to the COVID pandemic. Further analysis is underway to estimate the cost impact, which will then be transferred to the COVID cost capture as a cost of the response. This will be adjusted within the May result.

I have also included a breakdown of the workforce costs by the categories that we report to the MOH (refer page 4 of this report) including the FTEs. The FTE picture shows the extent of the COVID response on staffing levels.

A final comment regarding the statement of financial position which continues to show that NMH does have sufficient cash reserves to meet the immediate needs, and also provide flexibility for some of the emerging capital requirements. The rolling cash forecast has two elements currently excluded: any update in funding streams for the FY20/21 year arising from the recently announced budget, and any other COVID implications due to the current level of uncertainty.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Operating Statement for the period ending April 2020

Month $000s								YTD $000s							Full Year $000s	
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr		Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
							Revenue									
44,136	1,981	46,117	44,110	26	2,007	36,626	MOH devolved funding	416,204	1,981	418,185	414,603	1,601	3,582	386,805	499,324	469,551
2,211	0	2,211	2,254	(43)	(43)	2,514	MOH non-devolved funding	20,285	0	20,285	20,001	284	284	22,327	24,088	26,512
513	0	513	583	(70)	(70)	557	ACC revenue	5,515	0	5,515	5,153	362	362	4,895	6,213	5,909
910	0	910	823	87	87	854	Other government & DHBs	8,455	0	8,455	8,118	337	337	8,636	9,747	10,354
850	(286)	564	1,146	(296)	(582)	988	Other income	10,274	(286)	9,988	10,096	178	(108)	11,488	12,121	13,621
48,620	**1,695**	**50,315**	**48,916**	**(296)**	**1,399**	**41,539**	**Total Revenue**	**460,733**	**1,695**	**462,428**	**457,971**	**2,762**	**4,457**	**434,151**	**551,493**	**525,947**
							Expenses									
22,012	1,057	23,069	21,157	(855)	(1,912)	15,183	Employed workforce	178,259	1,062	179,321	181,937	3,678	2,616	161,286	220,833	197,407
538	0	538	193	(345)	(345)	595	Outsourced workforce	6,941	0	6,941	1,658	(5,283)	(5,283)	4,977	2,004	6,264
22,550	1,057	23,607	21,350	(1,200)	(2,257)	15,778	Total Workforce	185,200	1,062	186,262	183,595	(1,605)	(2,667)	166,263	222,837	203,671
1,463	0	1,463	1,642	179	179	1,444	Outsourced services	15,855	0	15,855	15,463	(392)	(392)	14,743	18,629	18,047
1,828	122	1,950	2,525	697	575	2,062	Clinical supplies	22,794	146	22,940	21,893	(901)	(1,047)	23,028	26,421	28,454
4,225	3	4,228	4,015	(210)	(213)	3,796	Pharmaceuticals	40,415	3	40,418	40,535	120	117	37,929	48,207	52,267
281	0	281	369	88	88	267	Air Ambulance	3,521	0	3,521	3,175	(346)	(346)	3,113	3,839	4,134
2,248	438	2,686	2,699	451	13	2,070	Non-clinical supplies	24,469	458	24,927	23,841	(628)	(1,086)	25,816	28,891	29,596
11,861	1,890	13,751	11,456	(405)	(2,295)	10,612	External provider payments	113,630	1,919	115,549	111,867	(1,763)	(3,682)	104,985	134,430	127,293
3,953	0	3,953	3,899	(54)	(54)	3,902	Inter District Flows	40,193	0	40,193	39,092	(1,101)	(1,101)	39,037	46,890	46,977
48,409	**3,510**	**51,919**	**47,955**	**(454)**	**(3,964)**	**39,931**	**Total Expenses before IDCC**	**446,077**	**3,588**	**449,665**	**439,461**	**(6,616)**	**(10,204)**	**414,914**	**530,144**	**510,439**
211	**(1,815)**	**(1,604)**	**961**	**(750)**	**(2,565)**	**1,608**	**Surplus/(Deficit) before IDCC**	**14,656**	**(1,893)**	**12,763**	**18,510**	**(3,854)**	**(5,747)**	**19,237**	**21,349**	**15,508**
33	0	33	34	1	1	27	Interest expenses	310	0	310	291	(19)	(19)	277	352	332
1,096	0	1,096	1,237	141	141	1,077	Depreciation	11,051	0	11,051	12,541	1,490	1,490	10,822	15,056	13,041
797	0	797	872	75	75	848	Capital charge	8,114	0	8,114	8,717	603	603	9,160	10,460	11,072
1,926	**0**	**1,926**	**2,143**	**217**	**217**	**1,952**	**Total IDCC**	**19,475**	**0**	**19,475**	**21,549**	**2,074**	**2,074**	**20,259**	**25,868**	**24,445**
(1,715)	**(1,815)**	**(3,530)**	**(1,182)**	**(533)**	**(2,348)**	**(344)**	**Operating Surplus/(Deficit)**	**(4,819)**	**(1,893)**	**(6,712)**	**(3,039)**	**(1,780)**	**(3,673)**	**(1,022)**	**(4,519)**	**(8,937)**
(111)	0	(111)	(125)	14	14	0	MOC Business Case costs	(1,339)	0	(1,339)	(1,252)	(87)	(87)	0	(1,502)	0
0	0	0	0	0	0	0	MECA related costs	0	0	0	0	0	0	0	0	(3,111)
0	0	0	0	0	0	0	Holidays Act compliance	0	0	0	0	0	0	0	0	(7,155)
0	0	0	0	0	0	0	Other one-off cost implications	0	0	0	0	0	0	0	0	(1,060)
0	0	0	0	0	0	0	Impairment of NOS asset	0	0	0	0	0	0	0	0	(302)
(1,826)	**(1,815)**	**(3,641)**	**(1,307)**	**(519)**	**(2,334)**	**(344)**	**Net Surplus/(Deficit)**	**(6,158)**	**(1,893)**	**(8,051)**	**(4,291)**	**(1,867)**	**(3,760)**	**(1,022)**	**(6,021)**	**(20,565)**

Month $000s								YTD $000s						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr		Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
							Workforce Costs							
4,037	31	4,068	4,270	233	202	3,196	Employed SMO	33,921	31	33,952	38,131	4,210	4,179	34,164
478	0	478	130	(348)	(348)	508	Outsourced SMO	5,863	0	5,863	1,119	(4,744)	(4,744)	3,969
4,515	**31**	**4,546**	**4,400**	**(115)**	**(146)**	**3,704**	**Total SMO**	**39,784**	**31**	**39,815**	**39,250**	**(534)**	**(565)**	**38,133**
1,797	31	1,828	1,529	(268)	(299)	972	Employed RMO	11,874	31	11,905	11,028	(846)	(877)	10,349
11	0	11	39	28	28	11	Outsourced RMO	234	0	234	335	101	101	269
1,808	**31**	**1,839**	**1,568**	**(240)**	**(271)**	**983**	**Total RMO**	**12,108**	**31**	**12,139**	**11,363**	**(745)**	**(776)**	**10,618**
7,266	389	7,655	6,813	(453)	(842)	5,011	Employed Nursing	59,251	389	59,640	59,264	13	(376)	52,567
0	0	0	0	0	0	0	Outsourced Nursing	15	0	15	0	(15)	(15)	15
7,266	**389**	**7,655**	**6,813**	**(453)**	**(842)**	**5,011**	**Total Nursing**	**59,266**	**389**	**59,655**	**59,264**	**(2)**	**(391)**	**52,582**
4,668	392	5,060	4,706	38	(354)	3,561	Employed Allied Health	39,495	392	39,887	40,190	695	303	37,014
12	0	12	16	4	4	36	Outsourced Allied Health	385	0	385	140	(245)	(245)	263
4,680	**392**	**5,072**	**4,722**	**42**	**(350)**	**3,597**	**Total Allied Health**	**39,880**	**392**	**40,272**	**40,330**	**450**	**58**	**37,277**
755	42	797	656	(99)	(141)	490	Employed Hotel & Support	6,050	42	6,092	6,099	49	7	5,357
6	0	6	1	(5)	(5)	2	Outsourced Hotel & Support	45	0	45	5	(40)	(40)	17
761	**42**	**803**	**657**	**(104)**	**(146)**	**492**	**Total Hotel & Support**	**6,095**	**42**	**6,137**	**6,104**	**9**	**(33)**	**5,374**
3,489	172	3,661	3,183	(306)	(478)	1,953	Employed Management & Admin	27,668	177	27,845	27,225	(443)	(620)	21,835
31	0	31	7	(24)	(24)	38	Outsourced Management & Admin	399	0	399	59	(340)	(340)	444
3,520	**172**	**3,692**	**3,190**	**(330)**	**(502)**	**1,991**	**Total Management & Admin**	**28,067**	**177**	**28,244**	**27,284**	**(783)**	**(960)**	**22,279**
22,550	**1,057**	**23,607**	**21,350**	**(1,200)**	**(2,257)**	**15,778**	**Total Workforce costs**	**185,200**	**1,062**	**186,262**	**183,595**	**(1,605)**	**(2,667)**	**166,263**
22,012	1,057	23,069	21,157	(855)	(1,912)	15,183	Total Employed Workforce Costs	178,259	1,062	179,321	181,937	3,678	2,616	161,286
538	0	538	193	(345)	(345)	595	Total Outsourced Workforce Costs	6,941	0	6,941	1,658	(5,283)	(5,283)	4,977

Month								YTD						
Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr		Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
							Full-Time Equivalent Staff Numbers							
139.4	0.3	139.7	139.2	-0.2	-0.5	122.8	SMO	123.0	0.0	123.0	138.0	15.0	15.0	120.4
108.1	1.3	109.4	94.1	-14.0	-15.3	91.3	RMO	98.3	0.2	98.5	93.2	-5.1	-5.3	91.4
733.7	29.4	763.1	729.2	-4.5	-33.9	737.0	Nursing	744.3	4.0	748.3	725.6	-18.7	-22.7	699.6
578.9	44.3	623.2	656.0	77.1	32.8	615.0	Allied Health	617.3	6.0	623.3	650.6	33.3	27.3	598.7
134.0	0.7	134.7	129.2	-4.8	-5.5	123.7	Hotel & Support	127.2	0.1	127.3	128.9	1.7	1.6	123.2
408.1	19.8	427.9	403.0	-5.1	-24.9	400.7	Management & Admin	399.8	2.8	402.6	402.4	2.6	-0.2	377.8
2,102.2	**95.8**	**2,198.0**	**2,150.7**	**48.5**	**-47.3**	**2,090.5**	**Total FTEs**	**2,109.9**	**13.1**	**2,123.0**	**2,138.7**	**28.8**	**15.7**	**2,011.1**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 APRIL 2020

	Budget Apr-20 $000	Actual Apr-20 $000	Actual Jun-19 $000
Assets			
Current assets			
Cash and cash equivalents	9,119	12,967	6,315
Other cash deposits	21,284	21,298	21,284
Receivables	19,222	17,688	19,222
Inventories	2,742	2,984	2,742
Prepayments	1,188	1,648	1,188
Non-current assets held for sale	465	465	465
Total current assets	**54,020**	**57,050**	**51,215**
Non-current assets			
Prepayments	36	293	36
Other financial assets	1,715	1,709	1,715
Property, plant and equipment	191,593	198,150	197,681
Intangible assets	10,555	10,465	11,509
Total non-current assets	**203,899**	**210,617**	**210,941**
Total assets	**257,919**	**267,667**	**262,156**
Liabilities			
Current liabilities			
Payables	33,317	46,221	31,127
Borrowings	501	625	501
Employee entitlements	44,441	44,032	46,585
Total current liabilities	**78,259**	**90,878**	**78,213**
Non-current liabilities			
Borrowings	7,664	8,583	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	**17,534**	**18,453**	**17,534**
Total Liabilities	**95,793**	**109,331**	**95,747**
Net assets	**162,126**	**158,336**	**166,409**
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(6,270)	(10,040)	(1,987)
Total equity	**162,126**	**158,336**	**166,409**

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 30 APRIL 2020

	Budget Apr-20 $000	Actual Apr-20 $000	Budget 2019/20 $000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	457,995	465,381	551,523
Interest received	1,406	889	1,700
Payments to employees	(181,901)	(181,905)	(217,472)
Payments to suppliers	(263,675)	(263,033)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	**8,595**	**16,407**	**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	(4,800)	(9,011)	(6,500)
Purchase of intangible assets	(700)	(1,484)	(1,000)
Acquisition of investments	-	(14)	-
Net cash flow from investing activities	**(5,500)**	**(10,488)**	**(7,500)**
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(291)	733	(352)
Net cash flow from financing activities	**(291)**	**733**	**(899)**
Net increase/(decrease) in cash and cash equivalents	**2,804**	**6,652**	**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	**9,119**	**12,967**	**6,525**

Consolidated 12 Month Rolling Statement of Cash Flows	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
$000s	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	43,780	47,717	42,475	42,475	53,094	42,475	42,475	53,094	42,475	42,475	53,094	42,475
Interest Received	131	163	143	143	143	143	143	143	143	143	143	143
Other Revenue Received	916	1,114	948	948	1,185	948	948	1,185	948	948	1,185	948
Total Receipts	44,827	48,994	43,566	43,566	54,422	43,566	43,566	54,422	43,566	43,566	54,422	43,566
Payments												
Personnel	17,485	18,086	17,534	17,534	26,300	17,534	17,534	17,534	17,534	17,534	26,300	17,534
Payments to Suppliers and Providers	26,447	26,559	24,350	24,350	30,437	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	43,932	49,875	41,884	41,884	56,737	41,884	41,884	53,253	41,884	41,884	56,737	41,884
Net Cash Inflow/(Outflow) from Operating Activities	**895**	**(881)**	**1,682**	**1,682**	**(2,315)**	**1,682**	**1,682**	**1,169**	**1,682**	**1,682**	**(2,315)**	**1,682**
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	1,050	950	625	625	625	625	625	625	625	625	625	625
Capex - Intangible Assets	-	-	625	625	625	625	625	625	625	625	625	625
Increase in Investments												
Total Payments	1,050	950	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Net Cash Inflow/(Outflow) from Investing Activities	**(1,050)**	**(950)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**	**(1,250)**
Net Cash Inflow/(Outflow) from Financing Activities	**(27)**	**(581)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**
Net Increase/(Decrease) in Cash Held	(182)	(2,412)	317	317	(3,680)	317	317	(196)	317	317	(3,680)	317
Plus Opening Balance	12,967	12,785	10,373	10,690	11,008	7,328	7,645	7,963	7,767	8,084	8,402	4,722
Closing Balance	**12,785**	**10,373**	**10,690**	**11,008**	**7,328**	**7,645**	**7,963**	**7,767**	**8,084**	**8,402**	**4,722**	**5,039**

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Judith Holmes, Consumer Council Chair
Date:	20 May 2020
Subject:	**Consumer Council Report**

Status

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

The Consumer Council met on Monday 18 May via Zoom.

The Council received presentations and contributed feedback on both the work of Dr Jill Clendon associated with the development of the SWOOP team, and Keith Marshall on Models of Care developments, particularly throughout the COVID-19 crisis.

All Council members agreed that the evidence to date demonstrated the value of the SWOOP team for the consumer and NMH. The Council supports the continuation of this service as a means to reduce the need for hospitalisations and enabling earlier discharge.

The Council members were pleased to receive Keith Marshall's presentation on the learnings and gains made on projects under the Models of Care programme during the COVID-19 response. Ensuring that improvements are embedded, in particular the progress of Virtual Health services, is seen as a priority by the Council. A key point that the Council would like to emphasise is the importance of patient choice for the method of service delivery, since there are some patients who (and some circumstances that) warrant appointments in person.

The Consumer Council discussed succession planning for the Council. Three members of the Council have terms that expire in December 2020. The Council would like the Board to consider extending those particular terms for a further twelve months. The Council is currently working cohesively and effectively as a team. There is a significant amount of knowledge held by current members. There has already been natural attrition owing to three members having moved on to other opportunities. Three new members were recruited in June 2019. Consequently there is a current balance of experienced and new members. Before the beginning of the Level 4 COVID lockdown, a new Facilitator was appointed. Continuity of current Council membership would give significant benefit to our new Facilitator, who has done very well throughout the seven week period where all meetings have been online. We are yet to meet her in person!

The Council also acknowledge the value of receiving Dr Nick Baker's weekly updates on the COVID-19 response and the significance of having consulted with Dr Baker on behalf of the community. The Council formally congratulated Dr Baker on his outstanding work related to the COVID-19 pandemic, and is pleased to be in an informed position to enable clear factual reporting to the various communities we represent. We feel that we have helped dispel erroneous rumours and fears, and played an important part in the upholding of compliance throughout the pandemic.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

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