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 23 June 2020 at 12.30pm

Seminar Room, Wairau Hospital, Blenheim

Section	Agenda Item	Time	Attached	Action
	PUBLIC FORUM	**12.30pm**		
1	Welcome, Karakia, Apologies, Registration of Interests	**12.40pm**	Attached	Resolution
2	Confirmation of previous Meeting Minutes	**12.45pm**	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report	**1.00pm**	Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
4.1	Psychosocial Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Models of Care Programme Report		Attached	Resolution
7.1	MOC Reporting		Attached	Note
8	Clinical Governance Report		Attached	Resolution
9	Glossary		Attached	Note
	Resolution to Exclude Public	**2.00pm**	As below	Resolution

PUBLIC EXCLUDED MEETING 2.00pm

Resolution to exclude public

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

- ***Minutes of a meeting of Board Members held on 26 May 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	Nil			
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 26 MAY 2020 AT 11.45AM

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, Olivia Hall

In Attendance:
Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Cathy O'Malley (GM Strategy Primary & Community), Pamela Kiesanowski (Director of Nursing & Midwifery), Hilary Exton (Director Allied Health), Stephanie Gray (Communications Manager), Gaylene Corlett (Board Secretary)

Apologies:
Nil.

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Samantha Gee, Nelson Mail in attendance
Sophie Trigger, Marlborough Express in attendance

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: **Paul Matheson**
Seconded: **Allan Panting**

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: **Paul Matheson**
Seconded: **Allan Panting**

THAT THE MINUTES OF THE MEETING HELD ON 28 APRIL 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising
Nil.

3.1 Action Point

Item 1 – Wood Pellet Trail: Ongoing
Item 2 – Consumer Council: Communications Manager has met with Consumer Council Facilitator to discuss communication strategies. Completed
Item 3 – Nelson Refugees: Nelson is not expected to receive any additional refugee quota, however Marlborough will receive more as they are a new refugee centre. No timeframe is known for arrivals at this stage.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair acknowledged the work being undertaken by staff as we move into our "new normal".

SECTION 5: CHIEF EXECUTIVE'S REPORT

The CE reiterated the Chair's acknowledgement of staff, and stated now is the time to collect the innovations put into place during COVID, and find ways to embed them into how we deliver health care that promotes better access, and a more responsive and collaborative health system.

Discussion held on the challenges NMH is facing to counter the backlog of services like elective surgery, bowel screening, etc. Noted that discussions have been held with MOH noting recovery of the backlog of services will take time. We will look at all options including working weekends, longer theatre days, talking to private care partners, and looking at better access to diagnostics so care can be more seamless. Recovery is also another opportunity for innovation. We will need to communicate clearly to our community about progress and have expectations set appropriately in terms of how quickly we can recover the health system.

Discussion held on how ideas are shared between DHBs and the MOH, noting there are a number of forums set up post COVID as learning groups. As the health system recovers, we will be looking at these forums to explore how to embed innovations and capture learnings to shape the new normal. The biggest lesson is the value of consistency of messaging and approach across the country.

The GM Strategy Primary & Community gave an explanation of a SWOOP team, noting they are a group of nurses who can provide care to people in the community identified as having medical needs greater than their immediate caregivers can provide, and who would otherwise be sent to hospital, eg aged residential care facilities, hospice, and general practice. The SWOOP team operated 7 days per week with GP backup. Noted as a result, none of those who the SWOOP team interacted with resulted in a hospital admission. If the COVID outbreak had been larger, the SWOOP team would have been unscaled with the aim of supporting those patients at home or in community facilities rather than transporting them to hospital. There is approximately five weeks left in the pilot phase. All cases have been written up to provide data should a plan be made to keep it going after the trial ends.

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

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The result for April has been heavily influenced to the COVID-19 pandemic. As expected the costs associated with clinical service delivery are favourable for the month reflecting the significant reduction in hospital volumes through the month.

Moved: **Olivia Hall**
Seconded: **Craig Dennis**

THAT THE BOARD RECEIVES THE FINANCE REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Discussion held on succession planning of the Council and their request to extend the terms of three members for a further twelve months. **It was agreed that** the CE and Chair meet with the Chair of the Consumer Council to discuss this request.

SECTION 8. GENERAL BUSINESS

Nil.

Public Excluded

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

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)***
- ***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 – COVID-19 Maori Health Support – APPROVED

Meeting closed at 12.25pm.

ACTION POINTS - NMH – Board Open Meeting held on 26 May 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	An Engineer's feasibility report is being undertaken
2	Consumer Council Report	The Chair and CE to meet with the Consumer Council Chair to discuss the request to extend the terms of three Council members for a further twelve months	Jenny Black Peter Bramley	26 May 2020	23 June 2020	

MEMO

To:	Board Members
From:	Peter Bramley, Chief Executive
Date:	17 June 2020
Subject:	**Correspondence for May**

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:	17 June 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:	17 June 2020
Subject:	**Chief Executive's Report**

Status

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

1. INTRODUCTORY COMMENTS

Just as we are trying to imbed the changes and innovations learnt from responding to COVID-19, along comes the Health & Disability System Review proposing a generational re-shaping of the NZ Health system.

The test of the worth of any change needs to be through the lens of questions like:

- "Does the change result in improved health outcomes for our community?"
- "Are the changes proposed improving access and earlier intervention in delivering health care?"
- "Is there demonstrable gain to closing the equity gap in healthcare for those who are most vulnerable in our community?"
- "Will the change deliver a more compassionate, kind and better quality of health care experience?"
- "Are the result of changes a more sustainable healthcare system – one that will ensure healthcare will be able to meet the needs of our community into the future?"

Over the next few months there will, no doubt, be much discussion as to the merits of various options. Hopefully what emerges will indeed strengthen our health system.

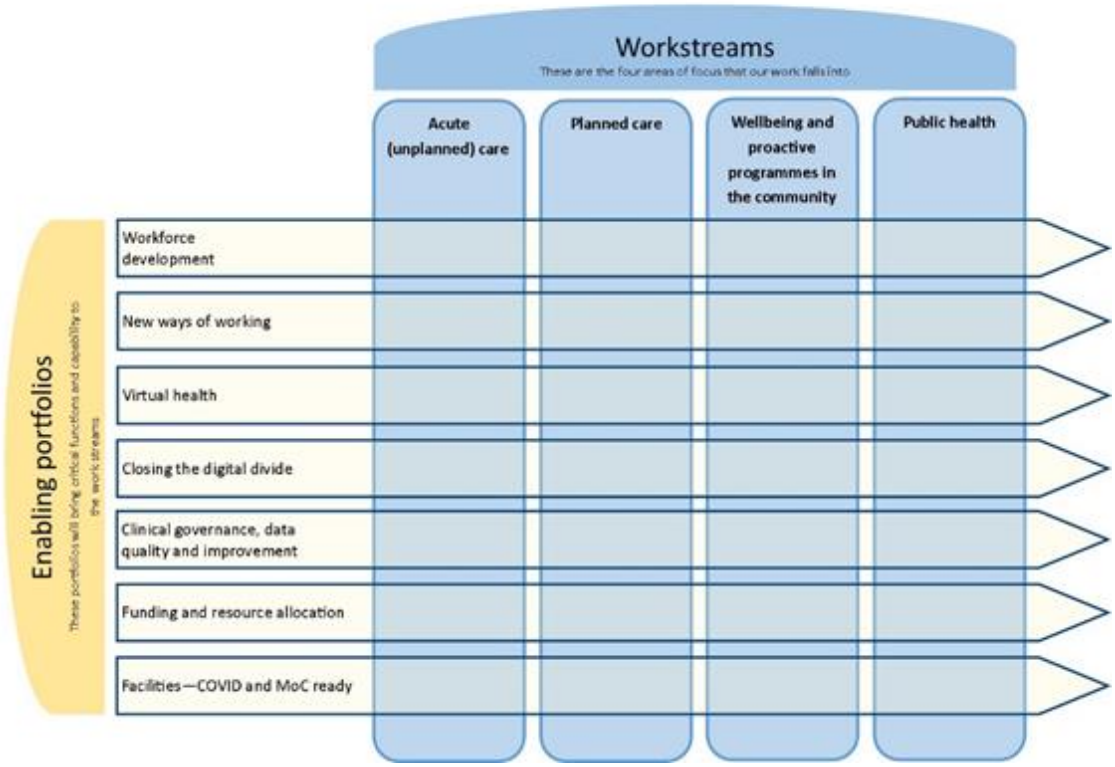
Change is unsettling, and reviews like this will potentially be very distracting. Throughout the debate, and as changes are implemented, we need to stay focussed to what we do well – namely the day to day care of our community, and throughout the process of change look after our people – because, for the most part, health care is delivered and supported by dedicated and talented people who do amazing things every day across our health care system.

2. NEW NORMAL/RECOVERY PLANNING

- Ki Te Pae Ora – or towards a healthy future, is NMH's post-COVID-19 response to healthcare and the 'new normal' way of working. It is not about stopping the great work we already do; it is about building on it. Using what we have learnt from the pandemic response by working together, valuing people's time, prioritising equity, enabling innovation, collaborating and taking a whole of system perspective to drive ongoing system transformation.
- We are making good progress on forming the support structure to support the Ki Te Pae Ora system transformation programme initiated to support our recovery.
- The framework breaks the health system down into four broad domains or workstreams – acute (unplanned) care; planned care; wellbeing and proactive programmes in the community; and public health. Seven enabling portfolios run across these workstreams to grow system wide capability needed in these critical areas, they are: workforce development; new ways of working; virtual health; closing

the digital divide; clinical governance, data quality and improvement; funding and resource allocation; and facilities – COVID and MoC ready.

Ki te Pae Ora framework



- Because the framework is based on the same principles as the current transformation initiatives, existing projects can easily identify their place in the new blueprint without disruption, and immediately benefit from improved synergies and visibility of the work happening around them.
- We will continue to take our teams and system partners on the journey to understand Ki Te Pae Ora through a number of updates, looking at how the framework operates and giving opportunity to contribute.

3. PRIMARY & COMMUNITY

- Community Oral Health Service arrears have improved after restarting normal services due to additional work being undertaken, and are at 22% with the target less than 10%.
- A measles catch-up campaign for 15-29 year olds is being planned, and is part-funded by the Ministry of Health.
- Bowel screening programme outreach with Māori and Pacific Health providers is being continued for another year with Ministry of Health funding.
- With older people continuing to be the most vulnerable population to COVID-19, service delivery has been reassessed and amended to ensure the safety of this population. Several reviews of the sector have been completed nationally, and we are currently reviewing recommendations to embed learning.
- Health Promotion facilitated a Te Tau Ihu Food Resilience hui with key representatives involved in the food security throughout COVID response to reflect and consider sustainable opportunities going forward.
- District nursing is discharging referrals from general practice back to general practice with a letter outlining the care plan, photo to show progress and interventions to date.

- Public Health Nursing has resumed school based immunisation programmes and will complete all programmes in time to enable the second dose of HPV to be administered this year (a significant achievement).
- B4 School Checks have resumed using a new model. The bulk of the check will be undertaken virtually with the face to face component completed in a short 15 minute appointment by a dedicated team.
- Public Health presented to Nelson City Council as part of their Annual Plan submission process. The focus of the submission was on encouraging NCC to sign up to the Good Food Cities Declaration. The submission received positive responses and engagement from Councilors, alongside positive media coverage. Good Food Cities is about pledging commitment and leadership to addressing climate change with a focus on food resilience, food waste and sustainable food procurement.
- The Health Promotion team have been heavily involved in supporting service development for young people through involvement in cross agency work led by Sport Tasman. The collective have been exploring opportunities to support the wellbeing and mental health of young people during COVID-9 and beyond.
- A clinic for refugee groups was held with over 70 former refugees vaccinated against influenza and a number of clients with eczema seen by the eczema nurse. The team recommend a comprehensive health assessment should be undertaken for new refugees 6 to 12 months after their arrival, after they are discharged from the Red Cross to assess coping, unmet health needs, ability to access health care, diet, child wellbeing (vaccinations, B4 school checks, engaged with well child, dental, education etc).
- Since establishment on 7 April, the Swoop team has seen 58 patients:
    - 12 referrals from ED, 18 from general practice, 5 from St John, 11 from rest homes/NASC and the remaining 12 from a mixture of other providers
    - 22 COVID-19 swabs taken
    - 9 acute plans completed
    - 1 Advance Care Plan completed
    - 1 patient attended ED in the 24 hours post Swoop visit for a planned medical intervention (arranged by Swoop)
    - 3 further patients were admitted to hospital in the 7 days post visit, 2 were for issues different to those the Swoop team visited for, and one was due to ongoing pain
    - 7 patients were Maori
    - 50 patients were aged over 60 years
    - 20 referrals were after hours or at weekends (40%)
- Health Promotion played a significant role in supporting Te Oranga Alliance with reaching out to 365 kaumatua and whānau throughout Te Tau Ihu this month. A total of 139 phone calls were made to kaumatua and kuia aged 70+ and 226 calls to whānau aged 60-69 years old. The phone calls to kaumatua/kuia revealed 118 had the flu vaccination and 11 did not believe in having it. There were 27 kaumatua that were unable to be reached due to incorrect numbers or availability. Most of these whānau have had great support from the Iwi and praised the support they have received. They were also very appreciative that the Health sector has made contact with them around their personal wellbeing.

4. MENTAL HEALTH, ADDICTIONS AND DSS

4.1 Mental Health

- We have completed all the major facility moves recently. We welcomed the Addictions team onto the Braemar campus, as well as Child Development Services who have co-located with the MH&A administration and support team.
- Our staffing of the medical team remains our largest concern, as we now have four vacancies across the service. Our inpatients services have high occupancy and high acuity, which is difficult for the teams to manage on the back of the huge amount of change and busy service delivery during COVID.

4.2 Psychosocial Support

- Psychosocial support in NMH is about easing the psychological, social and physical difficulties for individuals, families, whānau and communities. It is also about enhancing wellbeing and helping people to recover and adapt after their lives have been disrupted.
- In order to assist to monitor our community wellbeing we have been developing a weekly and latterly fortnightly dashboard to depict holistic community needs (attached as item 4.1).
- We have been connecting with a wider group of stakeholders throughout the COVID-19 response, and developed sub-groups for targeted responses for priority populations.
- We are focused on ensuring we keep our finger on the pulse on the wellbeing of our communities, hearing issues, and working to address them early by messaging and mobilising service responses as needed, as well as working to predict upcoming concerns and arranging resources to address them.
- Current priorities include supporting regular community messaging and connection with communities, supporting the “no wrong door” concept and making every contact count, ensuring we support people where they are, focus on supporting people who may be unemployed and newly unemployed, as well as our at risk populations such as young people not in education, employment or training.

4.3 Integrated Multi-Agency Approach

- The COVID-19 pandemic provides an opportunity and imperative for us to accelerate the development of our collaborative processes to strengthen the impact and support in our community for people with complex needs that demand a cross agency approach.
- Iwi and government agencies have responded to the challenge of preventing outbreaks, and preparing and managing our COVID-19 response. This has uncovered our ability to adapt, change at pace, innovate, collaborate, coordinate and integrate in remarkable ways with a kind and ‘can-do’ approach.
- It has brought an opportunity for us to learn from our response and work to find more sustainable ways to better meet the diverse needs in our community to reduce inequity and to support in holistic and preventative ways to strengthen community wellbeing. The opportunities created now need to be fully exploited, and care taken to truly establish a “next normal” that does not drift back to old practices and thinking that favoured a historic status quo.
- While the immediate risk of widespread disease is now much reduced COVID will cast an enduring shadow over the months and years to come. Adaptations are required to manage the ways many services are delivered, and the social and economic harm from COVID will necessitate new ways and levels of support for our community. Given high levels of future need coinciding with the need for severe financial constraint, building on our new ways of working is vital.

- People do not consider their health and wellbeing needs in separate compartments that match the way services are organised. The health and wellbeing system should be organised to meet the needs of people seamlessly, not constrained by organisational boundaries. Too often where services and organisations intersect gaps arise introducing waste and impairing people's journeys along what should be a continuum of service. Too often our services may contribute to inequity by being particularly difficult to access and engage for our people with the greatest needs who are at highest risk of adverse outcomes. Services must actively work to remove these barriers with specific co-design, targeting need and be cultural safety.
- The interagency response seeks to create an environment where people thrive and are able to self-manage, minimising health and welfare needs while optimising wellbeing and health. The elements of care or support, which people are likely to either use together or consecutively, are interconnected so that journeys along or across health and welfare systems must be easy, and the information for high quality care readily available.
- A core group of agencies and iwi are currently meeting to develop a strategic goal, priority areas and an implementation framework to progress this work.

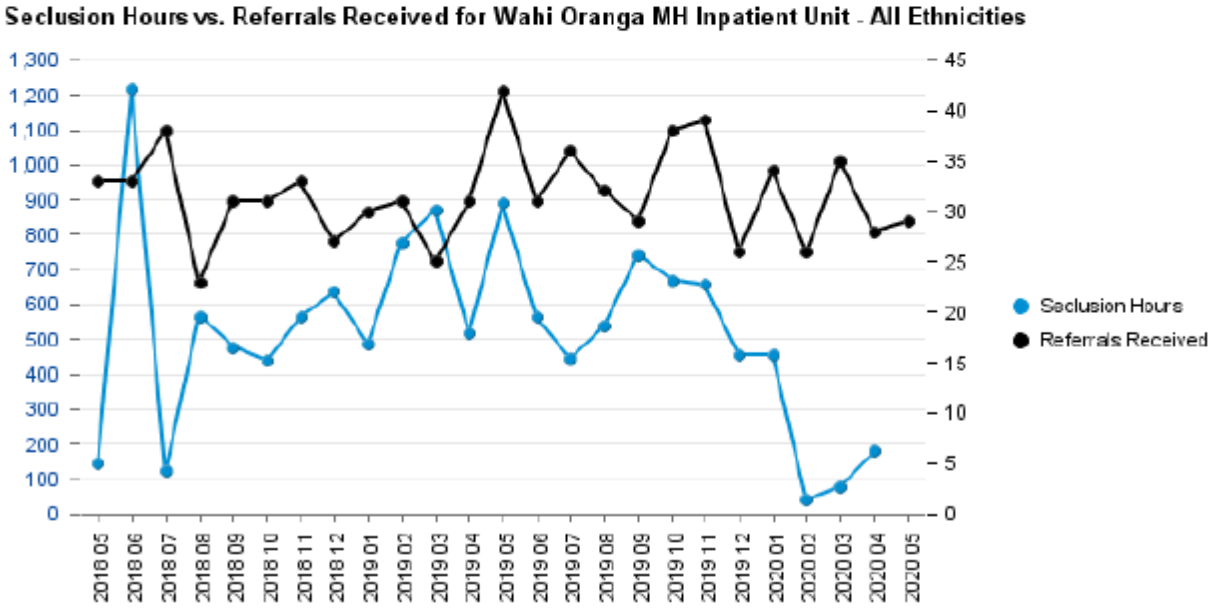
4.4 Mental Health Admissions Unit (Wahi Oranga)

- We have expressed appreciation to the efforts of the team, not only through the COVID-19 response, but also as we transition through the lower alert levels with admissions that have continued to stretch our services. It has been a really challenging time and there has been some amazing team work carried out.

	Referrals - 2020 05		
	Caseload 04/06/20	Received	DX'd
Wahi Oranga Inpatient Unit	29	29	21

4.5 Seclusion

	Seclusion - 2020 04				Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	Hours	Events	Consumers Secluded	AVG Hours per Event
Total	178	8	5	22	12,523	726	94	17
Maori Ethnicity					1,014	42	27	24
Female	160	6	3	27	1,513	101	38	15
Male	18	2	2	9	11,010	625	56	18



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

4.6 Disability Support Services (DSS)

- Our DSS administration office has now re-located to Packham Terrace. We are still needing support with data connections and some furniture, however we are feeling the benefit of being located there as it allows the management and admin team to regularly connect with people who access day services as well as the staff teams when they come and go from there.

Disability Support Services (DSS)													
		Current April 2020				YTD April 2020		Current May 2020				YTD May 2020	
Contracted Services		ID	PD	LTCH	Total	YTD Total		ID	PD	LTCH	Total	YTD Total	
Current Moh Contract	As per Contracts at month end	158	18		176	*decrease 3*		157	18		175	*decrease 1*	
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8			8	0		8		
Beds – DHB-Chronic Health Conditions	As per Contracts at month end	1	0	10	11	*increase 1*		1	0	10	11		
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	**168**	**21**	**10**	**199**			**167**	**21**	**10**	**198**		
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	**168**	**21**	**10**	**199**	*decrease 2*		**167**	**21**	**10**	**198**		
	Respite service users - Actual at month end	7	2		**9**			7	2		**9**		
	Child Respite service users - Actual at month end	36			**36**	*increase 2*		36			**36**		
	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	**211**	**23**	**10**	**244**			**210**	**23**	**10**	**243**		
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
Occupancy Statistics		Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms	**230**		**222**		**8**		**230**		**222**		**8**	
	Total available bed days	6,900	70,150	6,660	67,710	240	2,440.0	7,130	77,280	6,882	74,592	248	2,688.0
Total Occupied Bed days	Actual for full month - includes respite	6,184	63,665	6,106	62,159	78.0	1,506.5	6,393	70,058	6,327	68,486	66.0	1,572.5
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	89.6%	90.8%	91.7%	91.8%	32.5%	61.7%	89.7%	90.7%	91.9%	91.8%	26.6%	58.5%
		Last month	Current month	Variance		Covid 19 Lockdown. Emergency Respite Only Provided		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**	**11**					**11**	**12**				
Referrals - Child Respite	Child Respite referrrals	**7**	**7**					**7**	**8**				
	Adult Respite referrrals	**1**	**1**					**1**	**1**				
	New Referrals in the month	-	-	*** to be updated*				-	**3**				
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	**20**	**19**					**19**	**21**				
Vacant Beds at End of month - (excludes Respite Beds)		**21**	**22**					**22**	**23**				
	Less people transitioning to service	-	-					-	-				
	Vacant Beds	**21**	**22**					**22**	**23**				

5. INFORMATION TECHNOLOGY

- The focus towards the end of May was to re-start projects that had been put on hold due to COVID-19. This included the migration of WinDOSE to ePharmacy, and replacing EPLMS (Electronic Patient Letter Management System) with Winscribe Text. These projects are an important part of retiring very old legacy systems with modern and supported applications.
- SmartPage, the clinical messaging and paging system that will allow automatic escalation of at-risk patients, is being fast tracked as a response to COVID-19 with an anticipated go-live in June. Similarly, the migration of all 6,436 mailboxes (about 500GB) to the cloud as part of our Office 365 implementation is moving at pace with a completion date expected in June. Training for Microsoft Teams is being rolled out organisation wide. 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.	Then next phase of this project is working with services on consolidation of process and streamlining the process for both patients and staff. There are a number of workstreams looking at this within the organisation and it is important that we maintain communication between them all.	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		
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 the IT team has been using the functionality within their 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.	Project closure doc has been created and circulated.	Mar 18	Closed	
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.	Jul 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.	Jul 2020		

Name	Description	Status	Original Due date	Revised due date	
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.	Dec 19	Jun 2020	
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Activity to improve regional ministry extracts accuracy is ongoing but progressing well. Product release 20.1 is installed in test environments, with testing and training planning underway. Planning is continuing for upcoming Theatre Management functionality.	Release 20.1: Aug 2020		
eTriage Phase 2	ETriage to SIPICS integration Electronic Internal Referrals ETriage in the community	Integration effort estimated 2-4 months. ETA October 20 at the earliest. Internal eReferrals piloted and feedback given. eTriage in community awaiting integration.			
ICT					
Axe the Fax	Remove hospital fax machines by May, and rest by Dec 2020.	Hospital based faxes turned off on 11 May, Incoming faxes to be turned off 20/6/20. Pacific radiology solution needed for reports currently coming by fax. Work around will be in place for 20/6/20.	Dec 2020		
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Smooth transitioning now taking place with the fresh environment in place. Now that ePharmacy is in place full decommissioning of the old environment can begin	Aug 19	Mar 2020	
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	Final mailboxes have been migrated and ICT teams resolving mobile device setup calls. Last of 5x external training provider Teams sessions due this week.	Various		

Upcoming Projects (in the next 12 months) include:

- **Medication management** – assessment on implementing MedChart or similar software to be undertaken, in alignment with the rest of the South Island DHBs. A project team is starting to look at requirements in preparation of going to RFP.
- **eTriage phase 3** – All core surgical, medical and allied health outpatient services now on eTriage. Scope of original eTriage project complete. Begin work on eTriage to SIPICS integration, internal referrals, mental health and community services.
- **District Nursing** – Review of District Nursing service system requirements, and planning to replace the 11 year old DN database. Requirements and review work to begin in July 2020.

- **VC** – project to replace Vivid as our core VC platform with Zoom, and later with Teams once that functionality improves. We expect to retain some Vivid connections. This should provide some cost savings. Nationally there is emerging a move away from the more expensive fixed endpoint VC platforms like Vivid.
- **scOPe** – Theatre solution for clinicians to replace largely paper based and manual processes. SI Regional strategy is to adopt SI PICS for Administrative Theatre functionality, scOPe for Clinical Theatre functionality, and to develop tight integration between the two to remove duplication and delays. The scOPe business case has been endorsed by key stakeholders and the project is pending capital funding.
- **Azure cloud migration** – Migration of NMH's 139+ servers from hosted IaaS and on-premise locations as "workloads" to Microsoft Azure. Microsoft have completed an initial assessment including costings for what a change in hosting provider could look like for NMH and the numbers are looking very promising. Initial workloads can be Backup/Recovery related which also solves some of the more complicated DR requirements that have surfaced in the last couple of years.
- **VRM web application** – Redesign web application to support multiple response strategies to support CCDM.
- **Additional Corporate forms and workflow** – HR/IT on-boarding forms and workflow. Travel/conference bookings provided via Phoenix.
- **Imprivata** – delayed due to COVID-19 and vendors based in Australia. Tag on/Tag off access, using a card, for VDI and potentially desktop access for fast and secure access to machines without having to log in and out. This is aimed at clinicians who need to move between available devices and keep the same view open, so providing Session Mobility.

6. CLINICAL SERVICES

- Hospital overall occupancy was at 75% for Nelson Hospital, and 62% for Wairau Hospital which is reflective of increasing planned care and lowered national alert levels, allowing more activity and consequently increasing trauma. Emergency Departments, while 29% busier than last month, are experiencing 30% less flow than compared with last May.
- Movement to COVID-19 Alert Level 2 (14 May 2020) has allowed increasing planned care to be completed. This, along with preparations for moving to Alert Level 1 in early June, has occupied many hours of staff time. There is a focus on maintaining the good aspects, "the right thing", among our team and it is exciting to see the innovation and adaptability of our staff as they plan and implement high level care professionally and rapidly in response to very quickly shifting goalposts.
- There is a considerable backlog in most areas of patients needing to be seen for FSA. Many of these backlogs will grow until such time as the production level overtakes the repressed referrals now flowing in from the community.
- COVID-19 has effectively altered our normal seasonal impacts of viral disease (especially influenza), which has moved us to alter the winter planning to a broader seasonal plan encompassing our community partners to minimise the cause and effect patterns.

6.1 Health Targets

- Year to date, as at the end of May 2020, 5,403 surgical discharges were completed against a plan of 6,552 (82.5%). This is under plan by 1,149 discharges.
- Year to date as at the end of May 2020 indicates 5,063 minor procedures were completed against a plan of 4,104 (123.4%). This is over plan by 962 minor procedures.

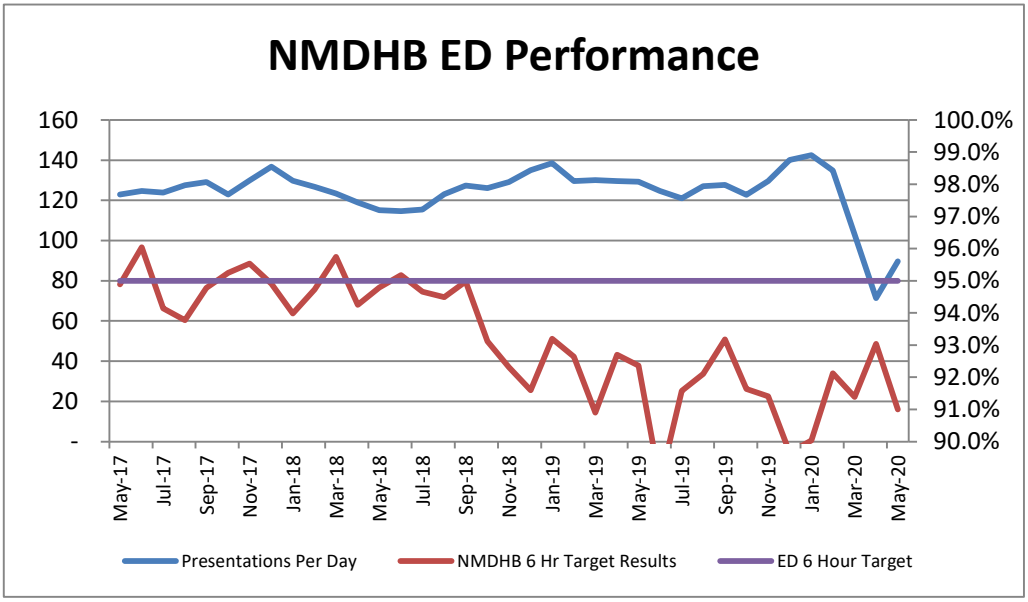
- Year to date as at May 2020 NMDHB has delivered 20,838 caseweight discharges (CWDs) against a plan of 19,009 (110%).
- Elective CWD delivery was 434 against a plan of 652 (66.5%) for May. Acute CWD delivery was 1,247 against a plan of 1,151 (108%) for May.
- Year to date delivery to end of May for orthopaedic interventions was 391 joints against a plan of 484 (95 below plan). The major impact was COVID with reduction of surgery to only essential surgeries being undertaken, of which hips and knees were minimal. Currently 133 patients are waitlisted for surgery.
- Year to date delivery to end of May for cataracts was 370 against a plan of 480 (under plan by 110). The major impact was COVID which reduced surgery to only essential surgeries being undertaken. Currently 73 cataract patients are waitlisted for surgery.

6.2 Planned Care

- ESPI 2 was red for the month of May with 881 patients not being seen within 120 days of referral acceptance. This has increased from 426 patients in March.
- ESPI 5 was Red for the month of May with 426 patients not being treated within 120 days of being given certainty.

6.3 Shorter Stays in Emergency Department

- In May there was a 29% increase in patients compared with last month, however a 31% decrease from last May. Notably the increase was much more evident in Nelson.
- Managing patients in PPE contributed to the length of time in the Emergency Department with a cautious approach being taken to all persons with fever and respiratory symptoms in line with National advice. Clinicians estimated an approximate 50% increase in the time required to attend to a patient who required respiratory isolation.



ED Attendances

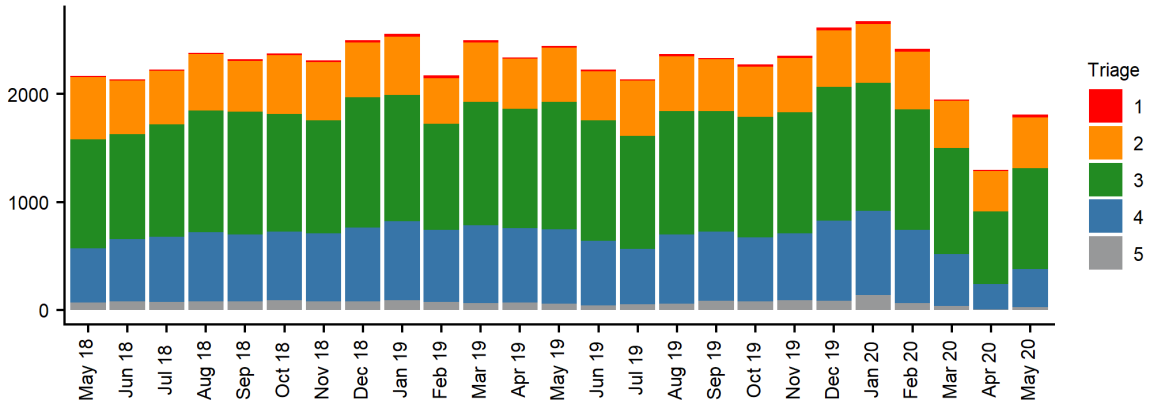
	6 Hour target %	Number of breaches	Total Attendances
Nelson	89.7	188	1813
Wairau	93.5	63	964

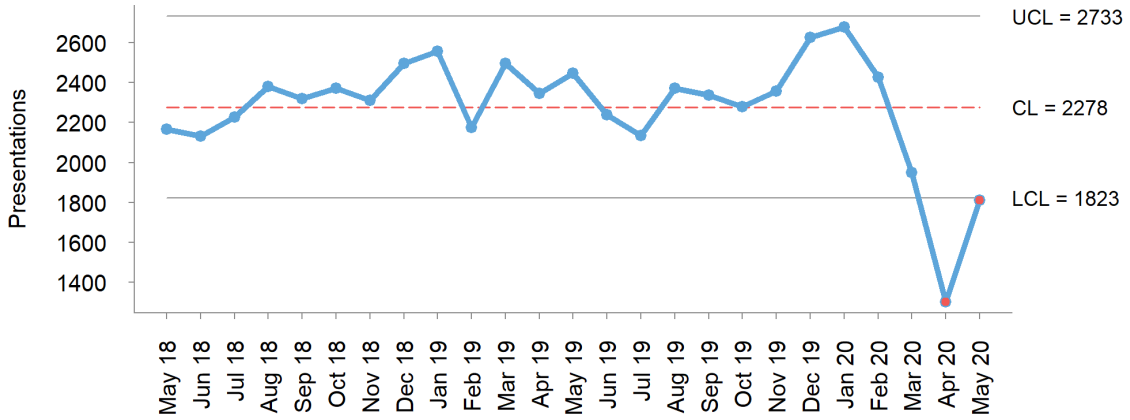
Occupancy Nelson and Wairau Hospitals (27 April-24 May 2020)

	Adult In Patient
Nelson	75%
Wairau	62%

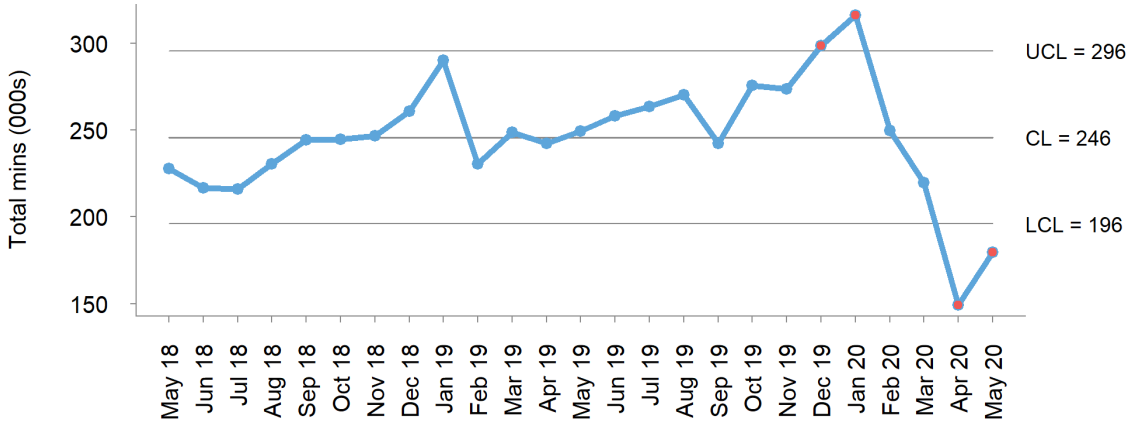
Nelson ED

Presentations for Nelson ED showing the change in triage categories over the April month:





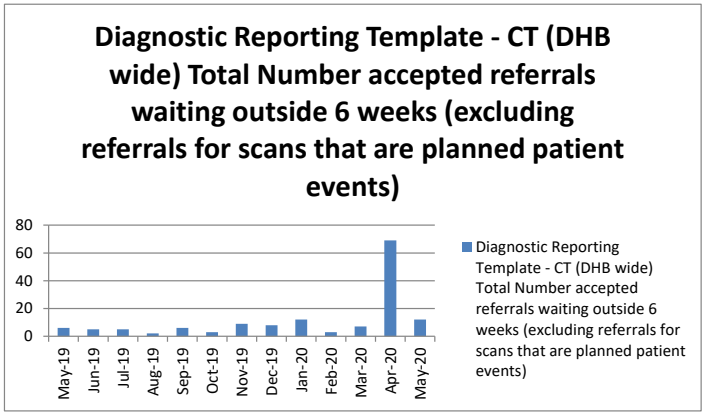
Wairau ED

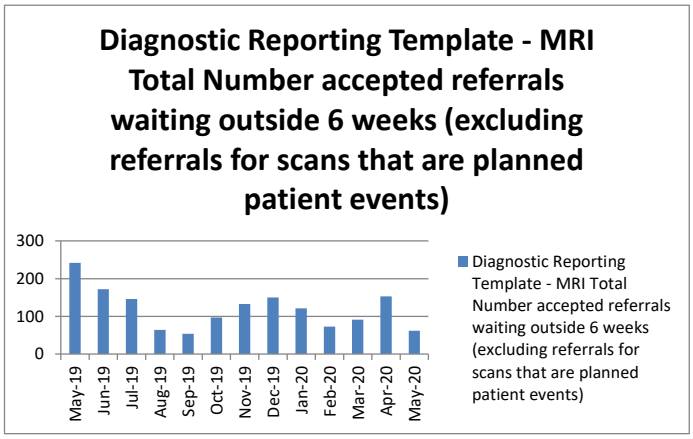


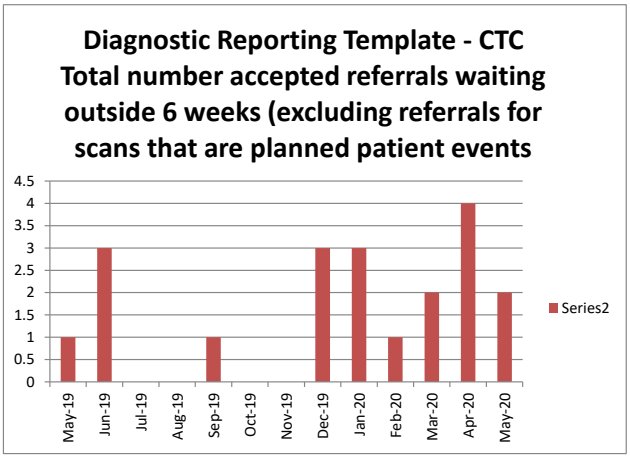
6.4 Enhanced Access to Diagnostics

- MRI numbers show 389 patients were scanned in Nelson, and 93 patients scanned in Wairau – a total of 482 patients for May.

- MOH MRI target shows 82% of referrals accepted are scanned within 42 days (target is 90%). Regrettably this target achievement has been impacted by COVID-19 restrictions, especially in Wairau.
- MOH CT target shows 86% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 97% of target with 3 patients waiting greater than 42 days, and Wairau CT is running at 68% of target with 20 patients waiting greater than 42 days.







6.5 Improving Waiting Times – Colonoscopy

- At the end of May 2020, there were 516 overdue colonoscopies (down from 695 in April) as identified below. Significant reductions have been made with the use of the Mobile Surgical Bus, outsourcing of colonoscopies to Manuka Street Hospital, and delivery at NMDHB.

	Diagnostic	Screening	Surveillance	Grand Total
Overdue	**67**	**4**	**445**	**516**
Manuka Street Hospital	1			1
Nelson Hospital	17	2	330	349
Wairau Hospital	49	2	115	166
Grand Total	**67**	**4**	**445**	**516**

6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - May 2020 — Reporting Month: Apr 2020 - Quarter 4 - 2019-2020

As at 22/05/2020

62 Day Indicator Records

TARGET SUMMARY (90%)	Completed Records													
	May 2020 (in progress)		Apr-20		Mar-20		Quarter 4 (in progress)		Quarter 3		Quarter 4 (2018-2019)		Rolling 12 Months May 19-Apr 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
	89%	11%	97%	3%	86%	14%	95%	5%	90%	10%	90%	10%	92%	8%
Number of Records	8	1	30	1	30	5	38	2	74	8	70	8	283	25
Total Number of Records	9		31		35		40		82		78		308	
Numbers Including all Delay Codes	80%	20%	86%	14%	77%	23%	84%	16%	78%	22%	80%	20%	78%	22%
Number of Records	8	2	30	5	30	9	38	7	74	21	70	17	283	78
Total Number of Records	10		35		39		45		95		87		361	
90% of patients had their 1st treatment within: # days	67		64		75		67		94		75		87	

62 Day Delay Code Break Down	May 2020 (in progress)	Apr-20	Mar-20	Quarter 4 (in progress)	Quarter 3	Quarter 4 (2018-2019)	Rolling 12 Months May 19-Apr 20
01 - Patient Reason (chosen to	0	0	0	0	1	2	10
02 - Clinical Cons. (co-morbidities)	1	4	4	5	12	11	43
03 - Capacity Constraints	1	1	5	2	8	4	25

TUMOUR STREAM Rolling 12 Months (May 19-Apr 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%	64	0%	0	3%	2	4%	3	7%	5	69
Gynaecological	95%	21	4%	1	18%	5	4%	1	25%	7	28
Haematological	100%	18	0%	0	14%	3	0%	0	14%	3	21
Head & Neck	77%	10	16%	3	32%	6	0%	0	47%	9	19
Lower Gastrointestinal	83%	40	15%	8	11%	6	2%	1	27%	15	55
Lung	88%	15	6%	2	44%	14	3%	1	53%	17	32
Other	100%	5	0%	0	25%	2	13%	1	38%	3	8
Sarcoma	100%	3	0%	0	0%	0	0%	0	0%	0	3
Skin	97%	64	3%	2	4%	3	3%	2	10%	7	71
Upper Gastrointestinal	88%	14	13%	2	0%	0	0%	0	13%	2	16
Urological	80%	28	18%	7	5%	2	3%	1	26%	10	38
Grand Total	92%	283	7%	25	12%	43	3%	10	22%	78	361

ETHNICITY 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
Asian not further defined	100%	1	0%	0	0%	0	0%	0	0%	0	1
Australian	100%	1	0%	0	0%	0	0%	0	0%	0	1
British and Irish	80%	4	20%	1	0%	0	0%	0	20%	1	5
Dutch	100%	1	0%	0	0%	0	0%	0	0%	0	1
European not further defined	90%	9	7%	1	21%	3	7%	1	36%	5	14
Fijian	100%	1	0%	0	0%	0	0%	0	0%	0	1
German	0%	0	0%	0	100%	2	0%	0	100%	2	2
Indian	100%	1	0%	0	0%	0	0%	0	0%	0	1
Maori	86%	12	11%	2	17%	3	6%	1	33%	6	18
New Zealand European	92%	225	7%	19	12%	33	2%	6	20%	58	283
Other Asian	100%	1	0%	0	50%	1	0%	0	50%	1	2
Other Ethnicity	100%	5	0%	0	0%	0	0%	0	0%	0	5
Other European	90%	18	9%	2	4%	1	9%	2	22%	5	23
Southeast Asian not further defined	100%	3	0%	0	0%	0	0%	0	0%	0	3
Tongan	100%	1	0%	0	0%	0	0%	0	0%	0	1
Grand Total	92%	283	7%	25	12%	43	3%	10	22%	78	361

7. NURSING & MIDWIFERY

- During the period of COVID with low occupancy in many areas, nursing staff were deployed to support COVID areas under pressure.
- Significant hours were also utilised to do online learning and below is the data that has been collected. That combined with the extraordinary education that was required to equip staff with the knowledge to manage and support the COVID experience is completed below.
- Added to this, there have been a significant number of PDRP completed by staff from 25 March through to end of May. Thirty portfolios were completed in total during this period.

COVID 19 - Professional development hours completed - 23 March to 12 May	Hours
LEARN activity	846.50
Immunisation clinics	15
Simulation COIVD ED	2
PPE donning Doffing	13
NP95fit testing	1
PPE droplet education	3
Triage and portacoms education & set up	20
ED Learning packages new starts	4.8
COIVD isolation training and signage	6
Orientation	
Wairau IP: PPE	6.20
Wairau Fit Testing	38
Wairau Isolation Sessions	16
Wairau COVID Pathways Education	9
Nelson Fit testing	54
Nelson PPE Nursing	88
Nelson PPE Non nursing	60
Simulation (ICCU/PACU)	48
Simulation (ATR)	16
Total hours training and LEARN education	**1246.50**

8. MĀORI HEALTH

8.1 Hauora Direct Digital

The pepe and tamariki electronic version of the Hauora Direct digital tool is set to be piloted by nurses in Victory and Public Health for a second time. The target will be to assess and provide interventions for at least 20 tamariki via the revised electronic version of the tool over the weeks from 19 to 24 June. While this is occurring DataCom are working with the team to further progress both the Pakeke, Kaumatua (Adult and Kaumatua) and Rangatahi (youth) electronic versions of the tool. This includes ensuring the tool has electronic referral pathways to a variety of health providers and providers in other sectors.

An agreement has been made in a discussion, led by the GM Maori Health & Vulnerable Populations, between lead agencies (Te Waka Hauora, Te Piki Oranga, Salvation Army, Victory Community Centre, Mental Health and addictions, Public Health) to apply Hauora Direct Assessments to those of our whanau whom were formerly homeless, but have since been given accommodation as an outcome of COVID-19. A new name is being sought for this specific programme which will be more strengths based than referring to our whanau as homeless/Kainga Kore.

8.2 Hapū Wānanga

Our Hapū Wānanga, which won the highly recommended award which replaces the people's choice award at the Nelson Marlborough Health Innovation Awards, continued to operate virtually through COVID-19.

Te Waka Hauora held its first virtual Wānanga Hapūtanga on 7 and 8 May 2020. Six wahine attended, and two whanau members were present. One mama attended while at work; she sat in her car during her lunchbreak, and then listened to the korero while she worked. Each day was broken up into 2 x 40 minute segments.

In summary the benefits of the virtual approach were:

- Being able to continue the service throughout lockdown.
- Being able to engage people from the wider Nelson Marlborough area to attend, in particular those who had missed out on the April Wānanga Hapūtanga which was cancelled due to COVID-19.
- Our Pouherenga and Poumanaaki from Wairau were able to Zoom in without breaching lockdown rules.
- Whanau were more able to be involved, although they were not visible, there were obviously other whanau in the background listening.
- Whanau were able to ask questions privately on chat that could be answered to the wider group without specifying who had asked them. This allowed more open discussion, and prevented a feeling of shame.
- Some of those who attended were admittedly shy, but found the process less intimidating than a face to face hui.

8.3 Hei Pa Harakeke

Hei Pa Harakeke is a group which is looking at the issue of infant bonding, and is a key component to what the Nelson Marlborough DHB is looking at in regards to the first 1000 days of a child's life. It is known that the first 1000 days of an infant's life, from conception to 2 years, has a huge effect on a child's ability to learn and grow. During this time the effects of nutrition, relationships and environment are directly linked to the developing brain.

As a practical way to address this issue, Te Waka Hauora has been trialling some key messages and practices that support whanau to better bond with their pēpe, with whanau in our Wānanga Hapūtanga.
The word Tika means to be straight, or true and is being used as an acronym to support whanau to bond with their whanau. TIKA stands for:

- Touch – using calm kind touch to develop a bond with pēpe.
- Identify your needs – identifying supports within whanau and the wider community, including identifying our own needs.
- Korero – talking to pēpe and whanau kindly. Using oriori and waiata to soothe.
- Aroha – aroha is important for brain development. Treat everyone with kindness.

The resource will be utilised in Wānanga Hapūtanga sessions, and has a potential to be shared with other organisations or services.

8.4 Mokopuna Ora: Sudden Unexpected Death in Infancy (SUDI) Prevention

Te Waka Hauora continues to strengthen the range of Mokopuna Ora initiatives. At the last baby friendly audit the Maori auditor stated that Nelson Marlborough DHB had developed the strongest model in the country around Maori maternal health that she had seen.

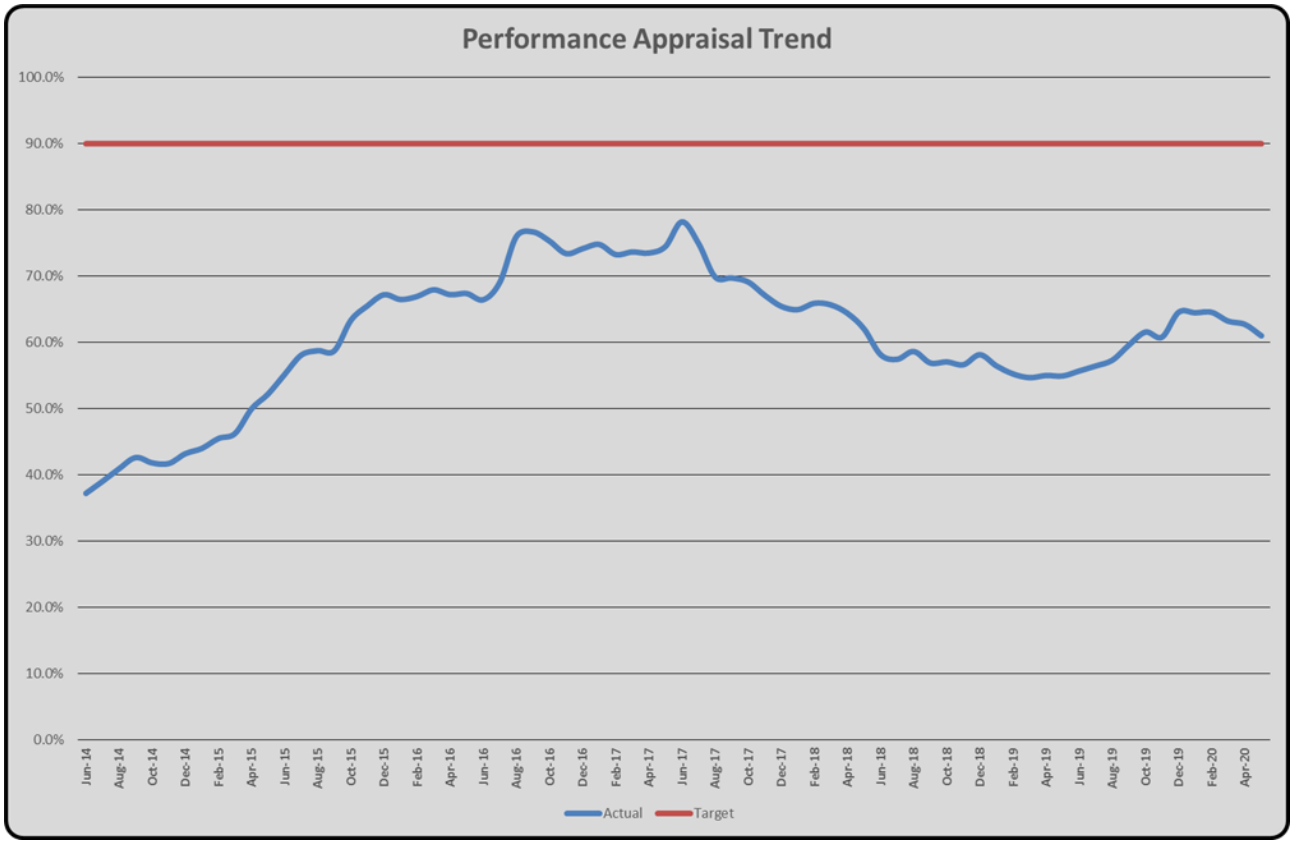
8.5 Hauora Hub in Franklyn

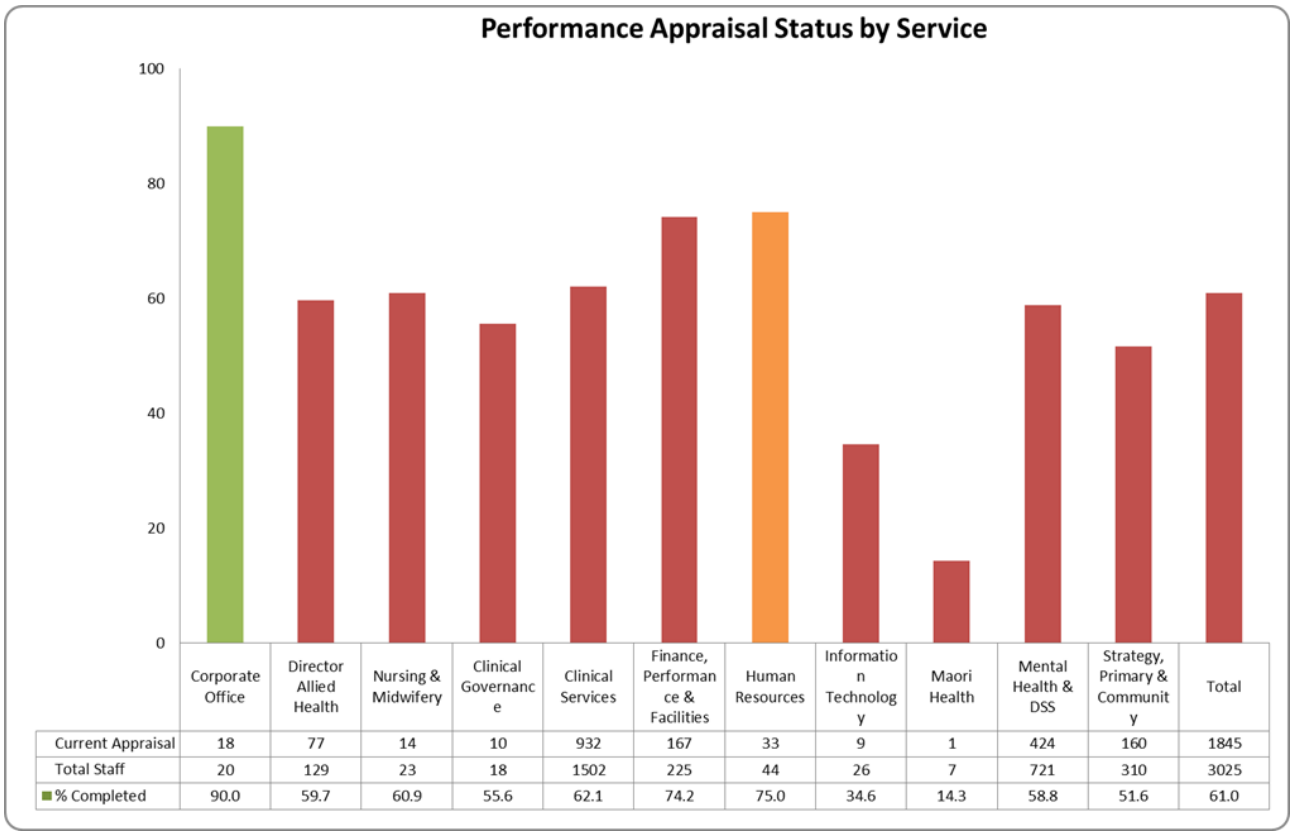
The GM Maori Health & Vulnerable Populations has held a Zoom hui with the Managers of Franklyn Village, Victory Community Centre, Te Piki Oranga, Te Putahitanga, Public Health, Sexual Health, Mental Health & Addictions, and MIC gaining support to develop a Hauora Hub that will operate on site within Franklyn Village.

The Hauora Hub will be part of Nelson Marlborough Health's ongoing work with its partners to address health inequities for high needs population groups. Once the hub is established and piloted, it is envisaged that the model could be exported to other high needs population groups across our district.

9. PERFORMANCE APPRAISALS

To date we are at 61% 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	77	14	10	932	167	33	9	1	424	160	1845
Total Staff	20	129	23	18	1502	225	44	26	7	721	310	3025
% Completed	90.0	59.7	60.9	55.6	62.1	74.2	75.0	34.6	14.3	58.8	51.6	61.0

Peter Bramley
CHIEF EXECUTIVE

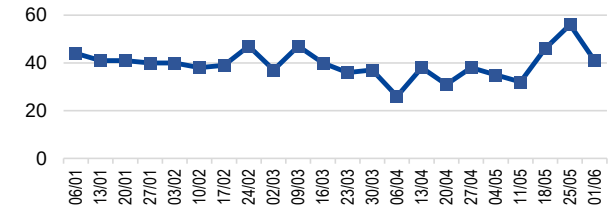
RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

Psychosocial Report

Nelson Marlborough

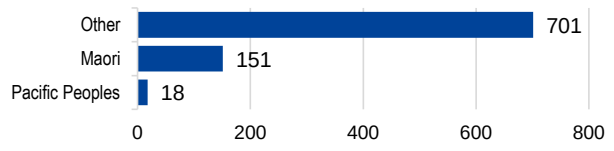
Acute Mental Health Referrals Nelson/Tasman



The last week has had an increase in after hour contacts and assessments, most are referrals for risk assessments.
Less drug and alcohol related incidents.
A few longer term consumers who have struggled with lockdown and social isolation..
General day to day walk ins for distress and psychosocial stress.

NMH Nelson Community Assessment Team (CAT)

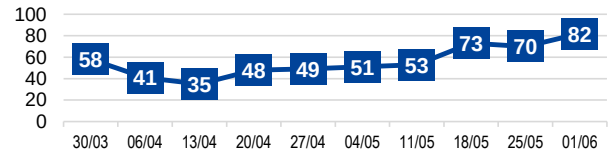
Acute Mental Health Referrals By Ethnicity



4 female referrals this period 1st-7 June that mentions Covid . 2 with depression that has felt worse with lockdown and the other two stress and adjustment.

Nelson Bays Primary Health

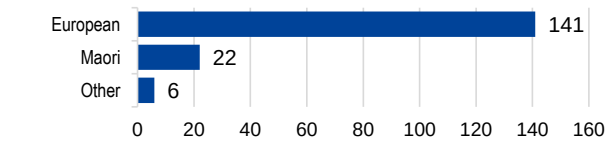
Primary Mental Health Referrals



We have had approximately 45 referrals in the past week, at least a third of these mention COVID, the lockdown or stressors related to the two of these. Some referrals aren't mentioning COVID in the referral however it is evident in the assessment that the period of lockdown or secondary implications are beginning to be more evident. We aren't being asked to undertake welfare calls at the moment, more referrals though.

Marlborough PHO

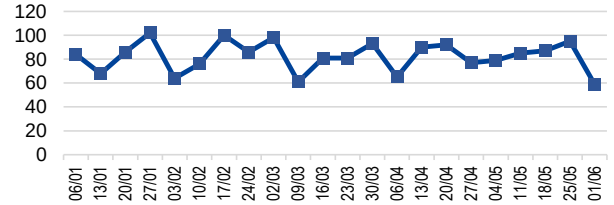
Nelson/Tasman PMHI Referrals by Ethnicity



Nelson Tasman CDEM is preparing to transition over most of our work to the Ministry of Social Development (MSD). For now, we will still assist foreign nationals with any welfare needs they might have. We will continue to provide financial support to the Food Bank and Food Rescue organisations until the funding from MSD comes through. We are also continuing to provide shelter for a small group of those who would be otherwise homeless, until funding from a central government agency is made available.

Nelson/Tasman CDEM

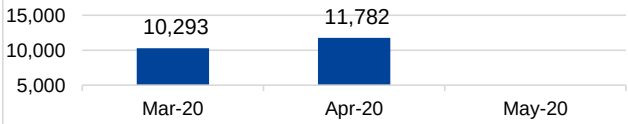
Occurences of Family Harm



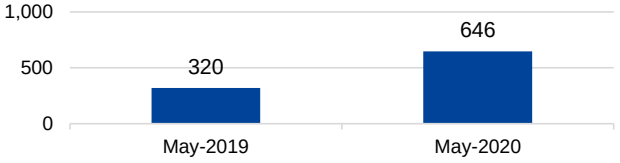
We are aware of approx. 200 vintage workers finishing their contracts in the next couple of weeks. There may be issues around them being able to fund accommodation and food and not being able to travel back to their home countries due to boarder restrictions.

Marlborough CDEM

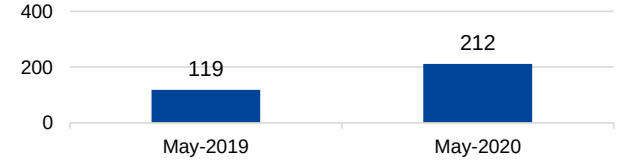
Total Main Benefits - MSD Nelson/Tasman/Westcoast



Foodbank - Total People



Foodbank - Total Parcels

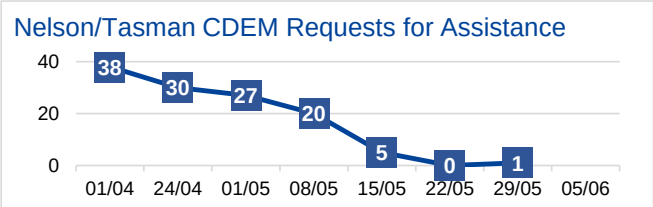


Nelson Bays experienced an increase in Assault on Person in Family Relationship offences on the week of 25/05/20, with 11 separate occurrences reported in this timeframe (previous peak for 2020 of 8 events/week, average of 5). This is potentially balanced by only 1 event of this type being reported in the preceding week, suggesting that more events may have occurred in this timeframe but were not reported until later. The number of FH events reported in Marlborough reduced significantly in the week of 01/06/20, with only 10 events disclosed in this timeframe. No clear pattern has been identified for this drop in reporting, but this is unlikely to be an ongoing trend and may also reflect delayed reporting. Comparing current data for this timeframe to previous years, we are anticipating total Family Harm demand for the remainder of June to remain slightly lower than the average from the last two months.

NZ Police

Psychosocial Report

Nelson Marlborough



Nelson/Tasman CDEM Requests for Assistance
Note that due to low numbers this will be the last Psychosocial Report including data for Nelson/Tasman CDEM Requests for Assistance.

Key Messages

E hara taku toa i te toa takitahi
Engari e toa takitini.
My success is not from me alone
But from the combined efforts of all.

1. Let's celebrate the phenomenal result of eliminating Covid 19 at this time

2. Thank you to everyone for all your work in protecting our community.

3. As we move to Level 1, let's not lose all the good things we've achieved. Let's keep the innovations going, and not lose the fantastic teamwork and collaboration we have developed.

4. The focus now is on recovering the wellbeing of our community. We have to recognize that Covid 19 will likely be back at some time, and it's important we keep up with good practices, like staying home when infectious, washing hands and cleaning surfaces.

5. It's OK to ask for help - Patua te Taniwha te "whakamā"! (don't be embarrassed) - Call MOH COVID19 on 0800 779 997 if you have any questions, or MSD – 0800559009

6. COVID 19 was a scary prospect so it is understandable that many of us still now feel unsure, anxious and concerned. Be patient and kind to yourself, talk about your concerns with close friends and family. Call or text 1737 if you would like to talk to someone

7. Give time for your children to talk through their feelings. Use information from **https://www.allright.org.nz/sparklers**

8. Working is good for your health and well-being. If you have lost your job, there are agencies who can support you to find another. MSD – 0800559009

MEMO

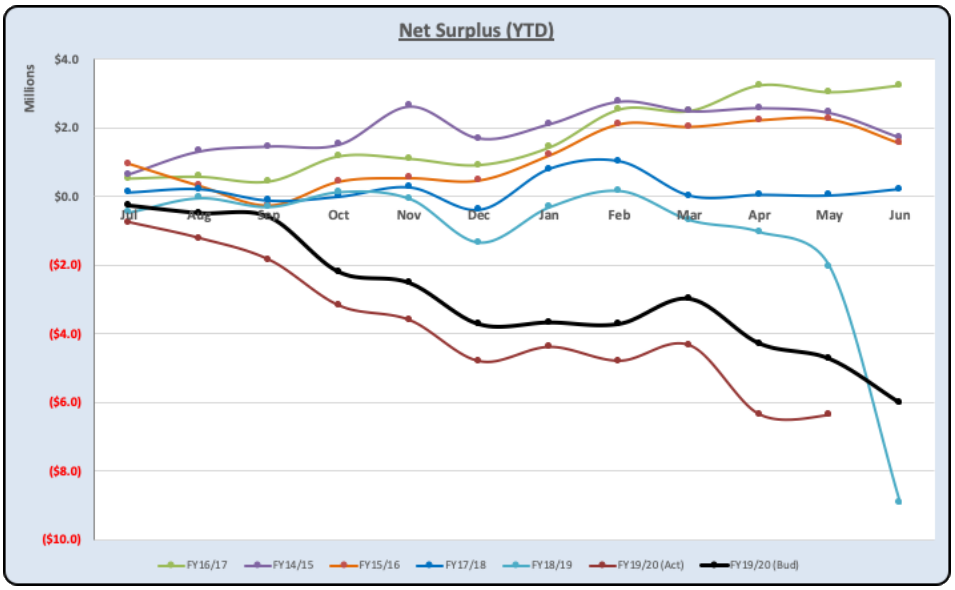
To:	Board Members
From:	Eric Sinclair, GM Finance Performance & Facilities
Date:	17 June 2020
Subject:	**Financial Report for May 2020**

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

Commentary

Like the April result, the May financial result has been heavily influenced by continued costs related to the response to the COVID-19 pandemic. The operating financial statement (on page 4) shows a split of the result into the revenues and expenses associated with business as usual (BAU) to those associated with the response to COVID.

From a "BAU perspective" there is a small deficit of $11k ($0.439k favourable to plan) for the month. This brings the YTD result to a deficit of $6.3M ($1.6M adverse to plan).



COVID Related Costs

The operating statement shows a total of $7M of costs have been incurred in the approximately 10 weeks of the COVID response that are included within the May result. Of this, the MOH have provided $3.4M of funding for a range of activities such as additional funds for GPs, CBAC costs and some public health response work.

This leaves a significant level of costs "unfunded". However, it is important to recognise that there are a number of costs that were not incurred as a result of the lower level of activity, particularly within the hospital setting. Although a number of these costs will be incurred sometime in the future, when the planned care catch up activity occurs, this will be covered by separate funding, the NMH share of which is still to be announced by the MOH. We have not attempted to pull any of these "savings" into the financials for the COVID response.

It is important to note that the revenues/costs associated with the COVID response fall into one of the following categories, so not all costs are attributable to the actual response activities by the DHB.

The various costs captured include:

- Costs directly associated with DHB activity responding to the pandemic such as contact tracing, CBAC establishment and the provision of personal protective equipment
- Costs where special leave has been granted recognising that for a number of reasons a staff member was not able to work – either at their normal place of work or able to work from home
- Revenue that was lost due to the inability to perform the service that would give rise to that revenue, e.g. non-resident income, revenue associated with the private surgery arrangements in Wairau
- Additional costs incurred as a result of the pandemic. One example accounted for within the May result is a total of $906k related to annual leave increases – this represents annual leave that we would normally have expected to see taken through the 10-week period but was not able to be taken resulting in the increase to the annual leave liability.

A further cost still to be accounted for that would fall within the fourth category above will be additional costs above what we were forecasting for Inter District Flows based on advice from the MOH for how IDFs will be treated. It is estimated the impact of this will be somewhere between $0.7M - $1.0M, however the final impact cannot be established until the MOH have completed the calculations for the year end wash ups.

The breakdown of the workforce costs shown on page 5 show that FTEs associated with any of the categories above account for 90 FTEs within the month (it is lower for the YTD as this uses the full year divisor for the number of hours, not the 6 weeks covered within the May result).

BAU Result

There are no significant items of note, other than the couple noted below, within the month impacting the financial result that are not a result of COVID adjustments and the key lines monitored remain consistent to earlier months in the year.

A couple of items to note within the May result:

- Workforce costs have been adjusted by the $906k as noted above for the increase in the annual leave liability given a lower uptake of annual leave through the 10 week period.
- Immunisation costs were approx. $0.6M adverse in April and are a further $0.24M adverse in May (these are included within the external provider payments cost line). This reflects the 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 jab but has the cost implication.

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.

National Procurement Contracts
In line with the agreed process relating to national procurement contracts and agreement to extend the current contract for the provision of print technology (i.e. photocopiers) has been executed on behalf of NMH. This contract is part of the All-of-Government procurement panel contracts with a one-year term for a value of less than $200,000. A longer term contract is being developed nationally through NZ Health Partnerships that is expected to be complete by the end of the next financial year.

Equity Repayment
Since June 2007, DHBs have received additional funding that was provided by Treasury specifically relating to the revaluation of property assets that occurred under the accounting standard applicable at the time, namely Financial Reporting Standard No. 3 (FRS-3). This additional funding ensured a neutral impact to DHB's bottom lines given the revaluation increased depreciation and capital charge.

At the time it was agreed between the DHBs, MOH and Treasury that the amount of the additional funding equivalent to the increased depreciation component would be repaid as an equity repayment on an annual basis. This process has occurred each year since that time. The advice from the MOH for the current year has not been received at the date of writing but is expected to be received within the next week. This advice will request a repayment of $547,308 which is in line with annual payments made in the previous years.

Under the Delegation Policy, management does not have the authority to approve equity repayments and, therefore, the approval of the Board is required for management to make the payment. The due date is likely to be before the end of the financial year, therefore, the request for approval to complete this transaction is being made now. Any change to this will be confirmed with the Chair and Deputy Chair prior to any payment being made.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD:

1. RECEIVES THE FINANCIAL REPORT

2. APPROVES THE REPAYMENT OF EQUITY TO THE VALUE OF $547,308

Nelson Marlborough Health
TE WAIORA

Operating Statement for the period ending May 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									
40,637	1,414	42,051	40,610	27	1,441	45,997	MOH devolved funding	456,842	3,394	460,236	455,213	1,629	5,023	432,802	499,324	469,551
1,991	0	1,991	1,878	113	113	2,387	MOH non-devolved funding	22,276	0	22,276	21,879	397	397	24,714	24,088	26,512
529	0	529	485	44	44	539	ACC revenue	6,044	0	6,044	5,638	406	406	5,434	6,213	5,909
874	0	874	806	68	68	870	Other government & DHBs	9,329	0	9,329	8,924	405	405	9,506	9,747	10,354
842	(25)	817	914	(72)	(97)	1,106	Other income	11,116	(311)	10,805	11,010	106	(205)	12,594	12,121	13,621
44,873	**1,389**	**46,262**	**44,693**	**180**	**1,569**	**50,899**	**Total Revenue**	**505,607**	**3,083**	**508,690**	**502,664**	**2,943**	**6,026**	**485,050**	**551,493**	**525,947**
							Expenses									
16,481	1,593	18,074	17,482	1,001	(592)	20,490	Employed workforce	194,741	2,654	197,395	199,420	4,679	2,025	181,777	220,833	197,407
216	21	237	153	(63)	(84)	617	Outsourced workforce	7,134	46	7,180	1,811	(5,323)	(5,369)	5,594	2,004	6,264
16,697	1,614	18,311	17,635	938	(676)	21,107	Total Workforce	201,875	2,700	204,575	201,231	(644)	(3,344)	187,371	222,837	203,671
1,548	8	1,556	1,523	(25)	(33)	1,604	Outsourced services	17,403	8	17,411	16,987	(416)	(424)	16,347	18,629	18,047
1,993	40	2,033	2,020	27	(13)	2,594	Clinical supplies	24,783	189	24,972	23,914	(869)	(1,058)	25,623	26,421	28,454
4,235	0	4,235	4,008	(227)	(227)	5,211	Pharmaceuticals	44,650	3	44,653	44,544	(106)	(109)	43,139	48,207	52,267
255	0	255	295	40	40	548	Air Ambulance	3,777	0	3,777	3,470	(307)	(307)	3,662	3,839	4,134
2,388	507	2,895	2,276	(112)	(619)	3,469	Non-clinical supplies	27,064	758	27,822	26,117	(947)	(1,705)	29,285	28,891	29,596
11,798	1,317	13,115	11,185	(613)	(1,930)	11,290	External provider payments	125,426	3,237	128,663	123,052	(2,374)	(5,611)	116,275	134,430	127,293
3,904	0	3,904	3,899	(5)	(5)	3,908	Inter District Flows	44,097	0	44,097	42,991	(1,106)	(1,106)	42,945	46,890	46,977
42,818	**3,486**	**46,304**	**42,841**	**23**	**(3,463)**	**49,731**	**Total Expenses before IDCC**	**489,075**	**6,895**	**495,970**	**482,306**	**(6,769)**	**(13,664)**	**464,647**	**530,144**	**510,439**
2,055	**(2,097)**	**(42)**	**1,852**	**203**	**(1,894)**	**1,168**	**Surplus/(Deficit) before IDCC**	**16,532**	**(3,812)**	**12,720**	**20,358**	**(3,826)**	**(7,638)**	**20,403**	**21,349**	**15,508**
33	0	33	27	(6)	(6)	27	Interest expenses	343	0	343	318	(25)	(25)	305	352	332
1,136	0	1,136	1,278	142	142	1,111	Depreciation	12,187	0	12,187	13,819	1,632	1,632	11,933	15,056	13,041
797	0	797	872	75	75	1,060	Capital charge	8,912	0	8,912	9,588	676	676	10,220	10,460	11,072
1,966	**0**	**1,966**	**2,177**	**211**	**211**	**2,198**	**Total IDCC**	**21,442**	**0**	**21,442**	**23,725**	**2,283**	**2,283**	**22,458**	**25,868**	**24,445**
89	**(2,097)**	**(2,008)**	**(325)**	**414**	**(1,683)**	**(1,030)**	**Operating Surplus/(Deficit)**	**(4,910)**	**(3,812)**	**(8,722)**	**(3,367)**	**(1,543)**	**(5,355)**	**(2,055)**	**(4,519)**	**(8,937)**
(100)	0	(100)	(125)	25	25	0	MOC Business Case costs	(1,439)	0	(1,439)	(1,377)	(62)	(62)	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)
(11)	**(2,097)**	**(2,108)**	**(450)**	**439**	**(1,658)**	**(1,030)**	**Net Surplus/(Deficit)**	**(6,349)**	**(3,812)**	**(10,161)**	**(4,744)**	**(1,605)**	**(5,417)**	**(2,055)**	**(6,021)**	**(20,565)**

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
							Workforce Costs									
3,347	268	3,615	3,616	269	1	3,950	Employed SMO	37,268	299	37,567	41,747	4,479	4,180	38,114	46,501	42,060
158	16	174	104	(54)	(70)	465	Outsourced SMO	6,012	26	6,038	1,223	(4,789)	(4,815)	4,435	1,353	4,881
3,505	**284**	**3,789**	**3,720**	**215**	**(69)**	**4,415**	**Total SMO**	**43,280**	**325**	**43,605**	**42,970**	**(310)**	**(635)**	**42,549**	**47,854**	**46,941**
1,092	180	1,272	1,013	(79)	(259)	1,472	Employed RMO	12,966	211	13,177	12,041	(925)	(1,136)	11,821	13,054	13,138
2	0	2	31	29	29	45	Outsourced RMO	236	0	236	366	130	130	313	405	353
1,094	**180**	**1,274**	**1,044**	**(50)**	**(230)**	**1,517**	**Total RMO**	**13,202**	**211**	**13,413**	**12,407**	**(795)**	**(1,006)**	**12,134**	**13,459**	**13,491**
5,460	440	5,900	5,785	325	(115)	7,088	Employed Nursing	64,711	829	65,540	65,049	338	(491)	59,655	72,036	65,895
0	5	5	0	0	(5)	2	Outsourced Nursing	0	20	20	0	0	(20)	16	0	16
5,460	**445**	**5,905**	**5,785**	**325**	**(120)**	**7,090**	**Total Nursing**	**64,711**	**849**	**65,560**	**65,049**	**338**	**(511)**	**59,671**	**72,036**	**65,911**
3,592	450	4,042	3,851	259	(191)	4,601	Employed Allied Health	43,087	842	43,929	44,041	954	112	41,615	48,789	45,514
21	0	21	13	(8)	(8)	40	Outsourced Allied Health	406	0	406	153	(253)	(253)	303	169	376
3,613	**450**	**4,063**	**3,864**	**251**	**(199)**	**4,641**	**Total Allied Health**	**43,493**	**842**	**44,335**	**44,194**	**701**	**(141)**	**41,918**	**48,958**	**45,890**
524	40	564	647	123	83	1,032	Employed Hotel & Support	6,574	82	6,656	6,747	173	91	6,390	7,471	7,105
7	0	7	0	(7)	(7)	10	Outsourced Hotel & Support	52	0	52	5	(47)	(47)	27	6	33
531	**40**	**571**	**647**	**116**	**76**	**1,042**	**Total Hotel & Support**	**6,626**	**82**	**6,708**	**6,752**	**126**	**44**	**6,417**	**7,477**	**7,138**
2,466	215	2,681	2,570	104	(111)	2,347	Employed Management & Admin	30,135	391	30,526	29,795	(340)	(731)	24,182	32,982	26,806
28	0	28	5	(23)	(23)	55	Outsourced Management & Admin	428	0	428	64	(364)	(364)	500	71	605
2,494	**215**	**2,709**	**2,575**	**81**	**(134)**	**2,402**	**Total Management & Admin**	**30,563**	**391**	**30,954**	**29,859**	**(704)**	**(1,095)**	**24,682**	**33,053**	**27,411**
16,697	**1,614**	**18,311**	**17,635**	**938**	**(676)**	**21,107**	**Total Workforce costs**	**201,875**	**2,700**	**204,575**	**201,231**	**(644)**	**(3,344)**	**187,371**	**222,837**	**206,782**
16,481	1,593	18,074	17,482	1,001	(592)	20,490	Total Employed Workforce Costs	194,741	2,654	197,395	199,420	4,679	2,025	181,777	220,833	200,518
216	21	237	153	(63)	(84)	617	Total Outsourced Workforce Costs	7,134	46	7,180	1,811	(5,323)	(5,369)	5,594	2,004	6,264

Month								YTD							Full Year	
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
							Full-Time Equivalent Staff Numbers									
138.6	0.1	138.7	136.4	-2.2	-2.3	126.7	SMO	124.3	0.0	124.3	137.8	13.5	13.5	121.2	138.0	121.6
112.3	3.7	116.0	92.0	-20.3	-24.0	89.1	RMO	99.7	0.5	100.2	93.2	-6.5	-7.0	91.1	93.2	91.5
740.7	34.7	775.4	715.3	-25.4	-60.1	756.0	Nursing	747.6	6.6	754.2	724.7	-22.9	-29.5	706.6	725.6	708.1
625.3	33.9	659.2	637.9	12.6	-21.3	635.9	Allied Health	623.4	8.4	631.8	649.6	26.2	17.8	603.4	650.4	604.5
132.7	3.8	136.5	127.6	-5.1	-8.9	126.7	Hotel & Support	127.7	0.4	128.1	128.8	1.1	0.7	123.6	129.2	123.9
410.3	13.7	424.0	398.4	-11.9	-25.6	397.5	Management & Admin	403.2	3.7	406.9	402.1	-1.1	-4.8	380.3	403.4	383.6
2,159.9	**89.9**	**2,249.8**	**2,107.6**	**-52.3**	**-142.2**	**2,131.9**	**Total FTEs**	**2,125.9**	**19.6**	**2,145.5**	**2,136.2**	**10.3**	**-9.3**	**2,026.2**	**2,139.8**	**2,033.2**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 MAY 2020

	Budget May-20 $000	Actual May-20 $000	Actual Jun-19 $000
Assets			
Current assets			
Cash and cash equivalents	8,937	17,273	6,315
Other cash deposits	21,284	21,298	21,284
Receivables	19,222	18,193	19,222
Inventories	2,742	2,948	2,742
Prepayments	1,188	(2,012)	1,188
Non-current assets held for sale	465	465	465
Total current assets	**53,838**	**58,164**	**51,215**
Non-current assets			
Prepayments	36	559	36
Other financial assets	1,715	1,717	1,715
Property, plant and equipment	191,436	198,081	197,681
Intangible assets	10,484	10,335	11,509
Total non-current assets	**203,671**	**210,692**	**210,941**
Total assets	**257,509**	**268,856**	**262,156**
Liabilities			
Current liabilities			
Payables	33,364	48,299	31,127
Borrowings	501	630	501
Employee entitlements	44,441	45,311	46,585
Total current liabilities	**78,306**	**94,240**	**78,213**
Non-current liabilities			
Borrowings	7,664	8,528	7,664
Employee entitlements	9,870	9,870	9,870
Total non-current liabilities	**17,534**	**18,398**	**17,534**
Total Liabilities	**95,840**	**112,638**	**95,747**
Net assets	**161,669**	**156,218**	**166,409**
Equity			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(6,727)	(12,158)	(1,987)
Total equity	**161,669**	**156,218**	**166,409**

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 MAY 2020

	Budget May-20 $000	Actual May-20 $000	Budget 2019/20 $000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	502,693	511,852	551,523
Interest received	1,537	933	1,700
Payments to employees	(199,386)	(198,714)	(217,472)
Payments to suppliers	(290,124)	(287,413)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	**9,490**	**21,733**	**8,609**
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	32	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(5,750)	(9,788)	(6,500)
Purchase of intangible assets	(800)	(1,655)	(1,000)
Acquisition of investments	-	(14)	-
Net cash flow from investing activities	**(6,550)**	**(11,425)**	**(7,500)**
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(318)	650	(352)
Net cash flow from financing activities	**(318)**	**650**	**(899)**
Net increase/(decrease) in cash and cash equivalents	**2,622**	**10,958**	**210**
Cash and cash equivalents at the beginning of the year	6,315	6,315	6,315
Cash and cash equivalents at the end of the year	**8,937**	**17,273**	**6,525**

Consolidated 12 Month Rolling Statement of Cash Flows	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021
$000s	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	47,717	42,475	42,475	53,094	42,475	42,475	53,094	42,475	42,475	53,094	42,475	42,475
Interest Received	163	143	143	143	143	143	143	143	143	143	143	143
Other Revenue Received	1,114	948	948	1,185	948	948	1,185	948	948	1,185	948	948
Total Receipts	48,994	43,566	43,566	54,422	43,566	43,566	54,422	43,566	43,566	54,422	43,566	43,566
Payments												
Personnel	18,086	17,534	17,534	26,300	17,534	17,534	17,534	17,534	17,534	26,300	17,534	17,534
Payments to Suppliers and Providers	26,559	24,350	24,350	30,437	24,350	24,350	30,437	24,350	24,350	30,437	24,350	24,350
Capital Charge	5,230	-	-	-	-	-	5,282	-	-	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	49,875	41,884	41,884	56,737	41,884	41,884	53,253	41,884	41,884	56,737	41,884	41,884
Net Cash Inflow/(Outflow) from Operating Activities	**(881)**	**1,682**	**1,682**	**(2,315)**	**1,682**	**1,682**	**1,169**	**1,682**	**1,682**	**(2,315)**	**1,682**	**1,682**
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	950	625	625	625	625	625	625	625	625	625	625	625
Capex - Intangible Assets	-	625	625	625	625	625	625	625	625	625	625	625
Increase in Investments												
Total Payments	950	1,250	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	**(950)**	**(1,250)**	**(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	**(581)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**	**(115)**
Net Increase/(Decrease) in Cash Held	(2,412)	317	317	(3,680)	317	317	(196)	317	317	(3,680)	317	317
Plus Opening Balance	17,273	14,861	15,178	15,496	11,816	12,133	12,451	12,255	12,572	12,890	9,210	9,527
Closing Balance	**14,861**	**15,178**	**15,496**	**11,816**	**12,133**	**12,451**	**12,255**	**12,572**	**12,890**	**9,210**	**9,527**	**9,845**

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Judith Holmes, Consumer Council Chair
Date:	17 June 2020
Subject:	**Consumer Council Report**

Status

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

The Consumer Council met on Monday 15 June via Zoom.

The Council engaged in discussions, and provided appropriate feedback on current developments related to Advance Care Planning (ACP) and developments in Models of Care planning related to the "Next Normal".

All Council members see ACP as an important tool for consumers. The "Health" sections (the medical and treatment section of an ACP) can empower consumers in determining their health care choices, and provide clear guidance for a consumer's health care team. Currently our health focus for funding and discussion is related to the end of life (often with a patient with multiple conditions and maybe less than 12 months to live). At any time of life, talking of an ACP is a challenging subject and, in some cases, taboo. However, the Council would like to see a widening of focus within the whole community with more promotion, discussion and awareness of the use of ACPs in primary health, and in the wider community, with the goal of normalising such planning as part of living a good life. The members encouraged the ACP team to continue to utilise their networks and community connections to support their work, and raise awareness of the importance of completing an ACP, just as the Council members do in their own organisations.

Council discussion and feedback focused on:

1) The processes involved in uploading of ACPs to electronic patient records (250 to date after one year of electronic linkage), and maintaining current or updated status on a person's wishes.

2) Funding for medical personnel to help patients complete the medical treatment sections.

3) How to engage vulnerable populations who may not be eligible for funding, or not know about it, and are therefore less likely to engage in ACP.

The Council engaged in discussion on Models of Care relating to the "Next Normal". The Council supports the work being done to remove silos and duplication of projects as the DHB moves towards the smoother operation of working groups and committees. Of particular interest to the Council is the impact of COVID 19, or any future pandemic, on the physical spaces and systems in the hospital and other healthcare facilities. Social distancing to rule out contamination of spaces and spread of disease from person to person minimised the capacity of our facilities in ways that clearly require different design of future buildings to operate efficiently under similar circumstances. Future-proofing of physical "plant" will be of huge significance.

It was noted that significant national changes to the ongoing organisational methods of health care delivery in New Zealand are looming on the horizon. The members of the Council have requested that the CEO attend the July meeting to provide key messaging for Council members to use in discussions within the community in the lead up to the September election.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

MEMO

To:	Board Members
From:	Cathy O'Malley, GM Strategy Primary & Community
Date:	17 June 2020
Subject:	**Models of Care Programme Report**

Status

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

Attached as item 7.1 is the Models of Care programme report for May.

Cathy O'Malley
GM Strategy Primary & Community

RECOMMENDATION:

THAT THE BOARD RECEIVES THE MODELS OF CARE PROGRAMME REPORT.

FIT FOR THE FUTURE > MODELS OF CARE

Monthly Programme Update
May 2020

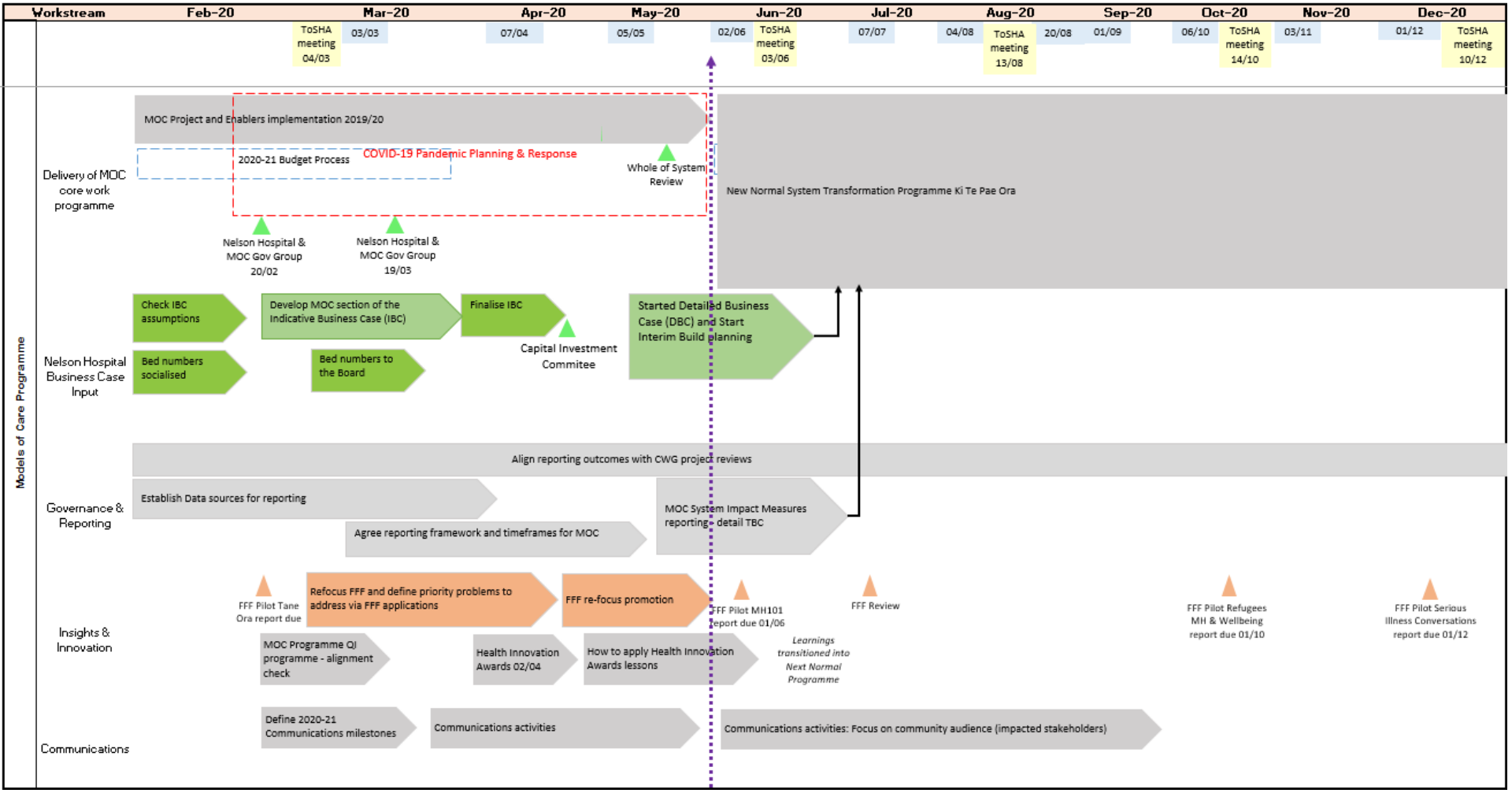
Programme Update

- Even before COVID-19, we knew our transformation projects within the Models of Care and quality improvement programmes were a blueprint for delivering a better healthcare system
- COVID-19 proved this - it is largely as a result of these projects that we were able to respond to the pandemic as well as we did
- Now is the time to take stock and apply what we have learnt, and refocus our efforts
- The Next Normal programme will provide a framework to bring together all the projects into a single transformational pathway
- The framework will help to maintain the single focus allowing everyone involved in a project to clearly see where it sits in the whole of system transformation
- The great work will still continue across the sector as we harness the momentum and refocus on creating a whole of system healthcare for our community that is truly fit for the future.

The Clinical Working Group

- The Clinical Working Group (CWG) continues to be the guiding clinical group for whole of system health transformation across Te Tauihu
- CWG meetings during March and April were cancelled due to the pandemic
- At the May meeting Deb Moore and Annelize de Wet were welcomed as new members of the CWG
- Deb is a Senior Psychologist and a key member of the Hei Pa Harakeke / First 1,000 Days project, and Annelize is the district wide Social Work team leader
- Their competence and experience will be an excellent addition to this group of forward-focused, innovative thinkers.

Programme Plan Tracking



Project Tracking

Project	Status	Key activities this month	Key activities next month
Health Care Home	On Track	The COVID-19 response has dramatically changed General Practice from its traditional delivery model. Some change in delivery was already underway as service elements of HCH, some was in out of necessity due to the pandemic. Tranche One and most of Tranche Two A practices already had clinical triage in place and had intended to start exploring virtual consults as an option. This has been significantly accelerated across all practices. To support this the HCH collaborative have been doing extensive work to consolidate the information provided to all practices to cover; virtual consults (setting up and running); clinical triage and the use of the ProCon triage tool; e prescribing; e labs; payment options for virtual consults and other non Face to Face consults; financial modelling for practices. During lockdown : • Local practice managers peer network was hosted exploring business sustainability approaches • Support and communication remained ongoing for practices during the lockdown, although this has been less than usual • Feedback from practices is that planning and changes implemented for HCH before COVID helped them adapt in this rapidly evolving time • Planning underway for reviewing the changes which have been made and will be kept in place or refined for post lockdown, such as phone consultations, e-prescribing, repeat prescription processes • HCH Collaborative provided webinars to support all practices, not just HCH.	• Support the recovery where possible and recognise change fatigue in practices. Ensure that teams are embedding beneficial changes and undertaking future planning, considering significant changes to General Practice • Provide standardised education and support for practices to utilise Thalamus reports and integrate their data into daily practice, teams on both sides will support this • Create Implementation Plans for Tranche 2B • HCH Lead to review and reconnect across the district to better understand the emerging changes and needs • Recruitment of HCH facilitator in Nelson • Exploring virtual support methods for practices as well as personal support from facilitators • Reschedule postponed Lean training options via Zoom • Provide continued input on MoC projects that have significant interdependencies for HCH • Orientate, support and embed the LCC roles with practices • Support the MoC programme to plan for and deliver the Victory Stakeholder hui • Continue to support the uptake of Shared Care Plans as part of the Shared IT Platform project • Explore appropriate support structures such as Steering and Working groups for interrelated work streams, such as HCH and Strengthening Coordinated Care • Align support and resources for Shared Care Plan suite across the region, working with the ACP team to ensure consistency of information and reduction in duplication.
Acute Demand : Medical Admissions & Planning Unit (MAPU)	On track	Ongoing operation of MAPU.	Agree any changes required as a result of the evaluation process.
Contribution to the First 1,000 Days: Hei Pa Harakeke	On Track	Delays have occurred due to COVID-19 response. A COVID-19 reflections session allowed the team to regroup and determine a direction for the project. The session reiterated the importance of the first 1000 days and how COVID-19 has also placed additional pressures on whanau through increased social disconnectedness and distance from usual support networks. A fast and slow approach to key messages has been agreed. The Clinical Leads provided Te Waka Hauora with some key messaging based on TIKA – Touch, Inquiry, Korero, Aroha - to test with whanau completing Hapu Wananga. Feedback from the Hapu Wananga participants will be provided to the Project Team Group. Health Promotion team is developing an approach based on the Ottawa Charter and have decided they will focus on wider wellbeing of a mother/home environment linking to bonding and attachment. Met with the Care Foundation about how they could support the wider First 1000 Days beyond the direct health contribution.	Train General Practices and Midwives in Adverse Childhood Events and implement the screening tool. Complete the service and referral development with Nurturing Infant Care Team. Explore cost and implications of providing CoS, Parent-Child relationship training and FAN training. Develop a plan with the Care Foundation to support the community conversations and engagement around the First 1000 Days. Community Engagement by the health promotion team to develop a plan and interventions.

Project Tracking

Project	Status	Key activities this month	Key activities next month
Strengthening Coordinated Care	**On Track**	• Locality Care Coordinators (LCC) orientated prior to lockdown, during lockdown LCC's were deployed to support Swoop and CBAC work • The PCP was approved as the regional patient centred shared care plan • Review and refresh of 2020/21 project budget requirements • Reflection post COVID and continuing system wide momentum and beneficial change	• LCCs to Support system wide use of the PCP • Appointment of Victory LCC • Alignment of MoC steering groups which are interrelated to be tabled at ToSHA • Communications for LCC's
Care Anywhere: Making Virtual Health Happen	**On Track**	Since 16th March 2020 we have: • 656 active Zoom users with a total of 1,148 total users registered for Zoom • 9,562 meetings have been held with 47,312 participants • Average of 6% of Outpatient appointments via video over last two months. We have been actively working with a number of teams to support the uptake of telehealth with good engagement from many different disciplines during this time.	During the next phase of telehealth we aim to address the following areas • Equity around access and engagement • Patient centred booking processes • Working with wider teams in the health community to support the use of telehealth • Increasing the digital literacy within our workforce and community.
Workforce Development: People Powered Care	**In Progress**	The workforce development workstream has been reconsidered against the learnings from COVID and the principles developed for the New Normal workstreams resulting in some revisions to the objectives and activities outlined in the Workforce Planning Advisor position description.	Recruitment of the Workforce Planning Advisor has been completed with an offer made - awaiting confirmation. We expect work to commence on the project plan from mid June.
On the Same Page: Shared Information Platform	**On Track**	Significant impact on project delivery due to COVID19 re-prioritisation of resources. IT Enablers Steering Group have approved $140k for Personalised Care Plan (PCP) licencing for 1 year, subject to final budget prioritisations. MOC programme review in progress. Escalation of Acute Plan EDaaG flag to Applications Development team.	Progress / revisit access to plan stats via data warehouse. HealthOne survey to be sent to users to investigate use (for example: why approximately 50% users are not accessing regularly). Use SmartSurvey software. Re-commencement of weekly team meetings and revisit eRecords workshop outputs, agree next steps (supported by Grant Pownall). Acute Plan EDaaG Flag meeting.
One Team: Transforming Timely Advice	**In progress**	COVID-19 response delayed development of parts of Timely Advice due to diversion of clinical and project resources for the response. The COVID-19 response has resulted in several examples of rapid development of communication solutions across the system between health professionals. The implementation of emailing prescriptions between prescriber and the community pharmacy has had positive feedback including allowing return communication clarifying issues with a prescription. A wider piece of work is underway to map the pharmacy and medicines system including "timely advice" communications issues between prescriber and pharmacist. Technical development of a "Clinical Note" from HCS to the GP has been completed and presented to the Heads of Department at the hospital. MS Teams has been recognised as a longer term Timely Advice solution. MS Teams has its own implementation project management team.	Communicate the Clinical Note change in HCS to secondary and primary care clinicians. Explore the current functionality for MS Teams trialled in a clinical setting with external organisations. Specifically look at the use for psychogeriatric teams.
Towards Equity: Extension of Hauora Direct	**On Track**	Hauora Direct electronic for tamariki (children) is largely completed and the electronic version for Pakeke/ Kaumatua (adults) is projected to be completed by end of June. A project team of relevant key stakeholders is being pulled together to look at the application of Hauora Direct hard copy to whanau whom were formerly homeless.	Complete development of the electronic Hauora Direct for Pakeke/ Kaumatua (adults).

Project Tracking

Workstream	Status	Key activities this month	Key activities next month
Population Health Social Movement	In progress	The community response to COVID-19 was arguably a social movement in itself; people were mobilised to be kind, take ownership of their own health and promote the health of others. The focus group of influencers held earlier in the year may have provided the foundation of cross-agency conversations and grass roots action around food security and resilience and community and environmental wellbeing (#kindness). The COVID-19 response saw an increase in not only awareness of inequity within Nelson-Marlborough, but a willingness of individuals (not just agencies) to respond to it. The conversation around 'equity' is also gaining momentum through the #blacklivesmatter movement which is being taken up by New Zealanders.	Determine the best approach for ensuring the momentum of the COVID-19 social movement in the areas of equity and community resilience is retained as part of the 'next normal' planning.
Medical Engagement	In Progress	The Medical Engagement Group Grand Round series focused on clinical engagement and leadership was postponed due to the pandemic, and the group did not meet in April or May.	The Medical Engagement Group is scheduled to meet on 8 June. Will reconsider guest speakers for the Grand Round clinical engagement and leadership series, and progress balancing clinician feedback in the medical engagement report with input from managers.

MEMO

To:	Board Members
From:	Elizabeth Wood, Chair Clinical Governance Committee
Date:	17 June 2020
Subject:	**Clinical Governance Report**

Status

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

Purpose
To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 5 June 2020.

DHB CGC endorsed:

- The ongoing work and commitment of the following committees
  1. ***Resuscitation and Patient Deterioration*** – Addressing rapid and appropriate management of deteriorating patients to prevent delays in escalation of care, reduce the number of adult emergencies and prevent unplanned admissions to the ICU (Intensive Care Unit). The value of the critical care outreach service, when available, was noted as was the importance of the data provided when all RRT (Rapid Response Team) and adult emergency calls are audited. Capturing this data is of critical importance in our ability to continually improve this area.
  2. ***NMH Trauma Committee –*** Aiming to improve trauma care and provision for people who sustain injury and reduce the incidence of death and severe disability. This group works closely with the NZ Major Trauma Network and has been responsible for multiple improvement projects.
  3. ***NMH Transfusion Committee –*** This Committee provides governance, leadership, and a reference group for oversight of all blood-related operational practices within NMH. It oversees a continual program of audit and improvement activity. Current work has included the care of patients who decline the use of blood products and the design of a form for use in emergency situations where the patient's wishes are unclear or where the patient lacks capacity to give or withhold consent.
  4. ***Infection Prevention Committee –*** Over the past couple of months this Committee has been working hard and can be extremely proud of the fact that we had no cases locally of health facility related transmission of COVID-19. This is in contrast with some overseas experiences where up to 25% of all cases have likely resulted from transmission with health care facilities.

DHB CGC noted:

- ***The Health and Disability Commission (HDC) summary report of complaints received by the HDC for the six months ended 31 December 2019 –*** Information and comment in this report is embargoed until 22 June 2020. NMH has had a drop in the number of complaints made to the HDC in this half year period (compared to our average for the previous four reporting periods). Our rate of complaints at 67 per 100,000 discharges for this half year compares favourably with the national rate of complaints, which for this period is 94 per 100,000 discharges. The themes identified in NMH complaints are consistent with national themes, both for the kinds of services which are the subject of complaint and the primary issues in the complaint. Nationally surgery is the most common service type complained about, and

missed/incorrect/delayed diagnosis is the most common primary issue. Nationally surgical services (31.2%) received the greatest number of complaints in Jul–Dec 2019, with orthopaedics (9.5%), general surgery (7.1%), and gynaecology (6.2%) being the surgical specialties most commonly complained about. Other commonly complained about services nationally included mental health (25%), medicine (16%), and emergency department (11%) services. This is broadly similar to what has been seen in previous periods. The most common primary issue categories were:

- Care/treatment (51.5%)
- Access/funding (16.1%)
- Consent/information (11.7%)
- Communication (7.6%).

Over this period staff have been working hard to improve our initial response timeliness and quality. Whenever patients or consumers raise concerns this is a golden opportunity to see things through their eyes and understand how we may be able to do things better. Responding in a timely way with respect and understanding is the first step in the journey towards meaningful action based on real understanding of patient and whānau experiences.

- ***Principles to guide our work into The Next Normal –*** Learning from the experiences of the past two months, these principles are currently in development to guide our work into the Next Normal. These acknowledge the critical importance to health care outcomes of a healthy community, our absolute need and commitment to address equity and the flexible ways we have found over the past few months to provide care. Work to further refine this list and what the words mean continues. Currently the list is:
  - Equitable outcomes
  - Healthy communities
  - Personalised and flexible response to delivering care
  - Person and whānau centred
  - Sustainable
  - An integrated and connected system
  - Safe, skilled and compassionate workforce
  - Health, safety and wellbeing.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE COMMITTEE CHAIR'S 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