

NOTICE OF MEETING

OPEN MEETING

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

Seminar Centre Room 1, Braemar Campus.
Nelson Hospital

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

PUBLIC EXCLUDED MEETING

1.30pm

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 28 July 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)	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Member of West Coast Partnership Group ▪ Member Health Promotion Agency (HPA) 			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Chair of Progress Nelson Tasman 		
Gerald Hope		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	

Open Board Agenda

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

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	<ul style="list-style-type: none"> ▪ Board member Nelson/Tasman Cancer Society 	<ul style="list-style-type: none"> ▪ Trustee Te Matau Marine Centre ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		
Jill Kersey	<ul style="list-style-type: none"> ▪ Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> ▪ Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> ▪ Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> ▪ Employee at NMIT ▪ Chair of Te Runanga o Ngati Rarua ▪ Board member Nelson College ▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum) 	Provider for potential contracts	

As at January 2020

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CLINICAL SERVICES					
Lexie O’Shea	GM Clinical Services				
Pam Kiesanowski	Director of Nursing & Midwifery	<ul style="list-style-type: none"> ▪ Chair SI NENZ Group 			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> ▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member 			
Nick Baker, Dr	Chief Medical Officer	<ul style="list-style-type: none"> ▪ Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Member of Paediatric Society of NZ ▪ Fellow Royal Australasian College of Physicians ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Member of the New Zealand DHB Physiotherapy Leaders group ▪ Member of the New Zealand Paediatric Group ▪ Chair of South Island Directors of Allied Health ▪ President of the Nelson Marlborough Physiotherapy Branch ▪ Deputy Chair National Directors of Allied Health 			
MENTAL HEALTH SERVICES					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> ▪ Husband works for NMDHB in AT&R as a Physiotherapist. ▪ Son employed short term contract as data entry 	<ul style="list-style-type: none"> ▪ Board member Distance Running Academy 		

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CHIEF EXECUTIVE'S OFFICE					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> ▪ DHB representative on the PHARMAC Board ▪ 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 	<ul style="list-style-type: none"> ▪ Son-in-law employed by Duncan Cotterill 		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> • Brother works at NMDHB in the Transport Department 			

As at August 2020

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 28 JULY 2020 AT 12.30PM**Present:**

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

In Attendance:

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

Apologies:

Nil.

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Carly Gooch – Reporter for Nelson Mail

Katrina, Anna, and Daniel (supported by a large number of the community) spoke on the consultation document to change the services of Nikau House. Documents given to Board members included petition, letters, and submissions. The Chair thanked the group for attending, noting that their submissions and the document had been received and would be considered.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Stephen Vallance

Seconded: Gerald Hope

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance

Seconded: Gerald Hope

THAT THE MINUTES OF THE MEETING HELD ON 23 JUNE 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Point

Item 1 – Wood Pellet Trial: Ongoing

Item 2 – Consumer Council: Chair and CE meeting with Chair of Consumer Council in August

Item 3 – Membership of Consumer Council and Clinical Governance: Noted in CE report in Public Excluded. Completed.

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

Nil.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Report and psychosocial dashboard were noted.

Moved: Craig Dennis
Seconded: Allan Panting

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

Financial results for FY19/20 have been heavily influenced by the costs associated with the COVID-19 response. Taking the COVID-19 net costs into account has resulted in a deficit of \$14.9m compared to the planned deficit of \$6m.

Moved: Craig Dennis
Seconded: Paul Matheson

THAT THE BOARD RECEIVES THE FINANCE REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: KI TE PAE ORA (MOC) UPDATE

Report noted. Models of Care is transitioning to the Next Normal programme of work (Ki Te Pae Ora).

Discussion held on whether we have slipped back into old ways of doing things. Whilst it was noted that in some areas we have slipped back, this is the trend nationally, especially with virtual consults. Work is underway locally, and nationally, to improve the use of this technology. Discussion held on methods of communicating with patients, noting it is still mostly mail based as many older people prefer to receive a letter in the post. Text messaging is used for appointment reminders. Noted during COVID we had the burning platform of clinician buy in, IT enabling systems, and patient support to work virtually. Now we need to support patients to use IT, including bridging the digital divide for those patients do not have the device to link in, and/or the IT literacy.

SECTION 9. GENERAL BUSINESS

Nil.

Public Excluded

Moved: Brigid Forrest
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 23 June 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
- Decision: Contract Approvals – APPROVED
- Decision: Fluoroscopy Replacement – APPROVED
- Decision: Budget FY20/21 – APPROVED
- Decision: NMDHB Annual Plan 2020-21 – APPROVED
- Decision: Capital Expenditure Budget – APPROVED
- CE's Report – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.20pm.

ACTION POINTS - NMH – Board Open Meeting held on 28 July 2020						
Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE's Report: Wood Pellet Trial	CO ₂ emissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
2	Consumer Council 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	28 July 2020	22 September 2020	

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 August 2020
Subject: **Correspondence for July/August**

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

Inward Correspondence

Date	From	Topic

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 19 August 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.

MEMO

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

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

As the song goes “Here you come again, just when I’ve begun to get myself together....Here you come again, just when I’m about to make it work without you...” COVID is back!

We had started to enjoy the experience of not having to worry about COVID in our day to day interactions, but with the outbreak in Auckland suddenly we are back to the very real reality of having to try and eliminate the virus again.

A huge thank you to all the teams that have stepped up to ensure the health system is ready should the virus re-emerge in our community. Special thanks to all the teams that have been involved in testing across our community, and to our laboratory workers that have done an amazing job analysing the tests, and getting the results out quickly. Our Public Health team too is doing a great job supporting the national effort around contact tracing.

The re-emergence of COVID is a timely reminder that we must not be complacent with this virus, and maintain those key public health practices (washing hands, staying home when sick, physical distancing) as part of our daily life. We also have to learn how to keep delivering health services while ensuring we keep our community safe from the virus. Our clinical teams are doing a superb job of recovering the health system following the first period of lockdown. Now they are doing an amazing job of continuing to deliver care while staying vigilant to the re-emergence of COVID in our community. It is our new normal – delivering health care in the shadow of COVID.

2. KI TE PAE ORA

Achievements	Successfully completed actions and significant activities towards completion
Benefits	The positive impact / advantages of what has been achieved
Consumer Story	Information directly from consumers or their representatives
Data Insights	Information about the current situation, forecast impact of changes, or results
Exception Report	Issues, risk and concerns about progress that require support to resolve.

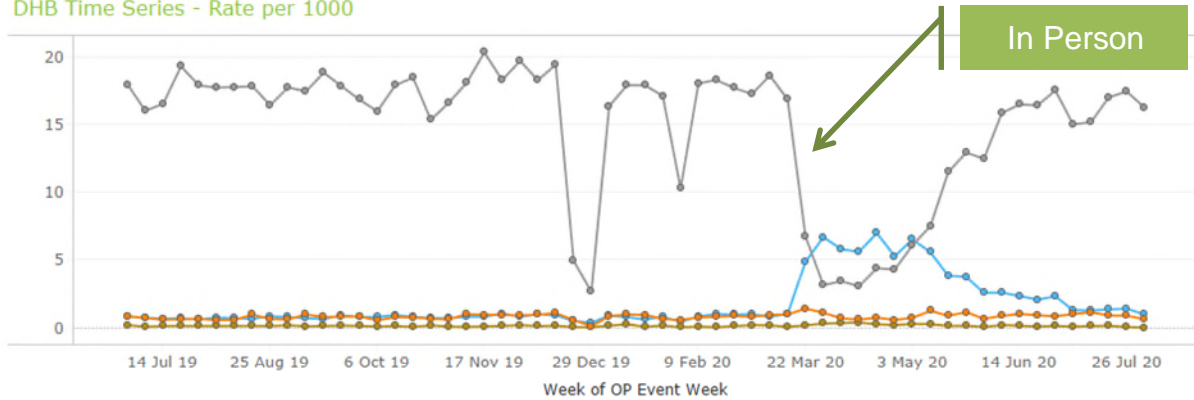
PLANNED CARE		Planned Care Three Year report overdue
A chievements This Month	<ul style="list-style-type: none"> • Held first Planned Care workshop with participants from across the sector • Drafted a partial action plan • Developed a data summary of planned care activity and a Tableau workbook • Drafted Tranche 2B plans for Health Care Home practices • Initial testing of Acute Plan • Clarified governance arrangements going forward • Definition clarity across planning tools documented ready for refreshed implementation plan across whole suite • Covid catch up plan submitted to MOH 	B enefits <ul style="list-style-type: none"> • Common understanding of planned care objectives; Participants are reinvigorated • Clearer expectations of the work required and who will do it • Data will support informed conversations to guide activity; Better evidence based decisions • Realistic plans that take account of the pandemic and change fatigue • Acute Plan testing will identify areas of concern before roll-out
C onsumer Feedback	<ul style="list-style-type: none"> • “Great workshop – we certainly covered a lot in a relatively short period of time” • “I think your coordinated care triangle is upside down – coordination should be at the base to avoid people needing intense support, not at the top” 	D ata Insights <ul style="list-style-type: none"> • Developed a data summary of planned care activity and a Tableau workbook • Clear equity analysis now available
E xception Report	<ul style="list-style-type: none"> • Resignation of the Locality Care Coordinator in Motueka – contributed to review and reflection of role expectations • Access to Timely Advice: need to clarify priorities, actions to progress under planned care workstream. • Budget prioritisation needs completing to confirm Wellbeing practitioner investment or not • Three Year Plan for Planned Care overdue. Work has started to embed MOC and IBC work in hospital priority projects. PHO conversations restarted at Clinical Governance level • need to clarify scope and action plan for work program for Quality Team 	

WELLBEING REPORTING			
Achievements This Month	<ul style="list-style-type: none"> • Held fortnightly meetings with Police, Education, MSD, Iwi and health to develop a framework for cross agency working. Document being drafted to outline this. • Three levels being developed: <ol style="list-style-type: none"> 1. crisis intervention and support, 2. more coordinated response and support 3. prevention and early intervention. <p>Targeted population planning:</p> <ul style="list-style-type: none"> • Pop up assessments: Hui held with health providers from Te Piki Oranga, PHOs, MH&A, Public Health, Sexual Health, Medical and Injury Centre, and Victory to orient to Hauora Direct and plan focussed assessment for vulnerable populations – including Franklyn Village, homeless, emergency housing. • Franklyn Village Ora Hub: Hui held, led by GM MVP and MHA&DSS to engage cross sector partners to be involved in Franklyn Village in a proactive and preventative way. Attended by Police, MSD, PHO, MOE, Whanau Ora, with good engagement and commitment. • Family Harm: Ongoing work to strengthen the Family Harm model and adopting the Whangaia model. Strong interest in further developing the concept of an interagency Hub to support this work <p>Wellbeing strategy for reducing homelessness:</p> <ul style="list-style-type: none"> • Ongoing fortnightly meeting chaired by GM MHA&DSS – regarding the wellbeing strategy for people in the unstable housing continuum – district wide group with housing first providers, MSD, Police, NGOs, Council, IRD, Corrections. • Weekly meetings for the health welfare subgroup to continue to coordinate case management of vulnerable people on this continuum. Consent process developed well to enable sharing of initiation across agencies. <p>Psychosocial plan</p> <ul style="list-style-type: none"> • Fortnightly meeting for psychosocial leads across region – update key messages and refresh dashboard to monitor community wellbeing • Linking with Te Piki Oranga who are leading the iwi psychosocial plan response 		
Benefits	<ul style="list-style-type: none"> • Great enthusiasm to work better together. • Developing a commitment and a framework to support cross agencies to work better together – this is being informed by current work e.g. wellbeing for homeless, psychosocial response, Franklin Village Ora Hub and Nikau Hauora Hub • Need to develop clear expectations of the work required and who will do it • Data will support group to drive action and evidence-based decisions 		
Consumer Feedback	<p><i>“We have told you what we want – now we want to see you do something about it” – Franklin Village resident rep</i></p>	Data Insights	<ul style="list-style-type: none"> • Psychosocial dashboard update • Early discussions with cross sector partners to improve appropriate data to be shared to drive action
Exception Report	Change support person to be identified and confirmed in role		

Telehealth		On Track	
<p>Achievements This Month</p>	<p>Patient Engagement – looking at the ways in which we can address issues such as equity and digital literacy and patient choice around telehealth</p> <ul style="list-style-type: none"> • <i>SI PICS development completed for added features around email capture in Patient Profile, this will be available in a Service Pack following next upgrade. Eg Indicate if an email address has been validated</i> <p>Clinical Engagement – looking to ensure that all services areas are telehealth capable and enabled with both education and hardware.</p> <ul style="list-style-type: none"> • Designed a driver diagram • Created a Telehealth data dashboard • Improvements made to Clinic Admin process • Trial commenced for new clinic sheet • <i>Latest shipment of webcams arrived which has cleared the backlog of requests</i> • <i>Telehealth options have been added to the clinic pathway in eTriage, go live into production 19th Aug.</i> <p>Booking Process – trial a system to enable an online integrated and patient centred booking system.</p>	<p>Benefits</p>	<ul style="list-style-type: none"> • In SI PICS, the status of an email address will be visible in the patient banner to administrators. This functionality is necessary to support corresponding via email, which will benefit privacy, security, and patient engagement. • Visual display outlining the project aim and plan to achieve • Clear and usable data. Shows progress and can be used to educate services and outline opportunity • Clinic admin process significantly quicker and easier to complete. • Simplified process for clinicians to select telehealth appointments. • Staff/services are more equipped to use Telehealth.
<p>Consumer Story</p>	<ul style="list-style-type: none"> • Post COVID patient feedback shows 88% of patient would do telehealth again and 33% would recommend to others. • Plus an overall satisfaction rate of 3.5 (out of 5) and time and money saved were the biggest benefits 	<p>Data Insights</p>	<p>A Tableau workbook called Telehealth Report that will ensure we are able to provide a clear and updated picture of the telehealth world - still a work in progress but we are very excited by it. See chart sample below.</p>

Telehealth Report – DHB appointments delivery method

DHB Time Series - Rate per 1000



Close the Digital Divide		On Track
<p>Achievements This Month</p> <p>A) <i>Digital inclusion:</i> MoH has now released sponsored mobile data until June 2021 (previously referred to as 'zero rated data') to support those who cannot access online information and services, and who are often those with the highest needs.</p> <p>B) <i>Unifying Infrastructure</i> - visit to Richmond hub to assess IT fitout for staff relocation completed. In conjunction with the NBPHO, a design to rationalise servers, phones, and wireless at the Hub is being reviewed. During COVID19 a successful emergency rollout of Wireless to the Hub was completed just prior to Level 4 lockdown. This has brought this initiative back on track.</p>	<p>Benefits</p> <ul style="list-style-type: none"> Removes a barrier by providing free access to key health sector websites, including portals such as Manage my Health. Helps assure successful relocation of staff and positive engagement. Possibility to reduce combined IT operational costs, and improve user experience. 	
<p>Consumer Story</p> <p>From the Sponsored Data pilot: Impact on patients and consumers can best be assessed by the clear feedback from general practices and NGOs that the project was of value. For example: <i>"This project is something that some of the patients have commented on as being very helpful. To the point where we have put the poster on our website too. It would be great to see it continued. Thank you"</i></p>	<p>Data Insights</p> <p>None to report</p>	

3. PRIMARY & COMMUNITY

- Demand across all District Nursing Services remains high. The Nelson District Nursing Service receives around 40-50 referrals per week. It is useful to note not all referrals to the District Nursing Service come from Nelson Hospital.
- Only a third of referrals come from Nelson Hospital with multiple referrals from other providers (of note, 18% of Nelson Hospital referrals are directly from ED preventing

admission to hospital). The service picks up multiple direct referrals from private hospitals, other DHBs, Hospice, other District Nursing Services around the country (as well as internal referrals to specialty nurses within the service), ARC and other community providers such as Allied Health, Nurse Maude, Nelson Nursing Service, NASC etc. All referrals work toward preventing hospital admission.

- The Ministry of Health provided additional minor feedback to be addressed before the final submission of Nelson Marlborough Health's Annual Plan 2020-21 and publication of the Statement of Performance Expectations (SPE) on the website on 15 August 2020. The final System Level Measures Plan 2020-21 (SLM Plan) was submitted to the Ministry of Health on 31 July 2020 and minor changes requested by the Ministry of Health were addressed on 4 August 2020.
- A public announcement on the final decision for Nikau House was made on 7 August 2020. The Ministry of Health has given approval to proceed with the announcement. The final decision includes services for the tangata whaiora of Nikau House to continue at the same location and that a working group will be established with key partners to co-design the future service.
- The Models of Care programme has transitioned to the Ki Te Pae Ora framework. Models of Care projects have been mapped to Ki Te Pae Ora workstreams and enablers, and some MOC groups have or will be disbanded. Existing resources from the MOC and Clinical Governance teams are being aligned with the new workstreams, and some recruitment is required.
- Nelson Marlborough Health Pathways continues to be highly utilised by the primary health care sector. There are opportunities for system-wide improvement to service provision and referral mechanisms, and utilising HealthPathways as a mechanism for embedding and promoting agreed processes across the health system.
- Nelson Marlborough HealthPathways (NMHP) statistics continue to demonstrate a sustained increase in access to HealthPathways when compared with the previous year. There were 1,563 users and 41,608 page views on NMHP in July 2020; a 17% and 10% increase, respectively, when compared with July 2019. NMHP user numbers per capita are significantly higher than other comparable HealthPathways regions.
- A concerted effort is underway for increasing the capacity within NMH for contact tracing preparation. Super users have been appointed and training is underway for increasing case investigation capacity as well as increasing users of the National Contact Tracing System.
- Findings from the 12 month review of the Motueka Wellness Practitioner pilot found strong support and acceptance of the new model of care by both the community and the two group GP practices. The data is telling us:
 - That the wait time for first face-to-face (F2F) contact is significantly shorter than for first F2F in secondary services – supporting the rapid-in and rapid-out model.
 - There has been a tapering-off of crisis contacts in secondary services for people referred from these two practices.

One very exciting development, as seen in the data, was an improvement of Māori DNA rates during COVID-19.

4. MENTAL HEALTH, ADDICTIONS AND DSS

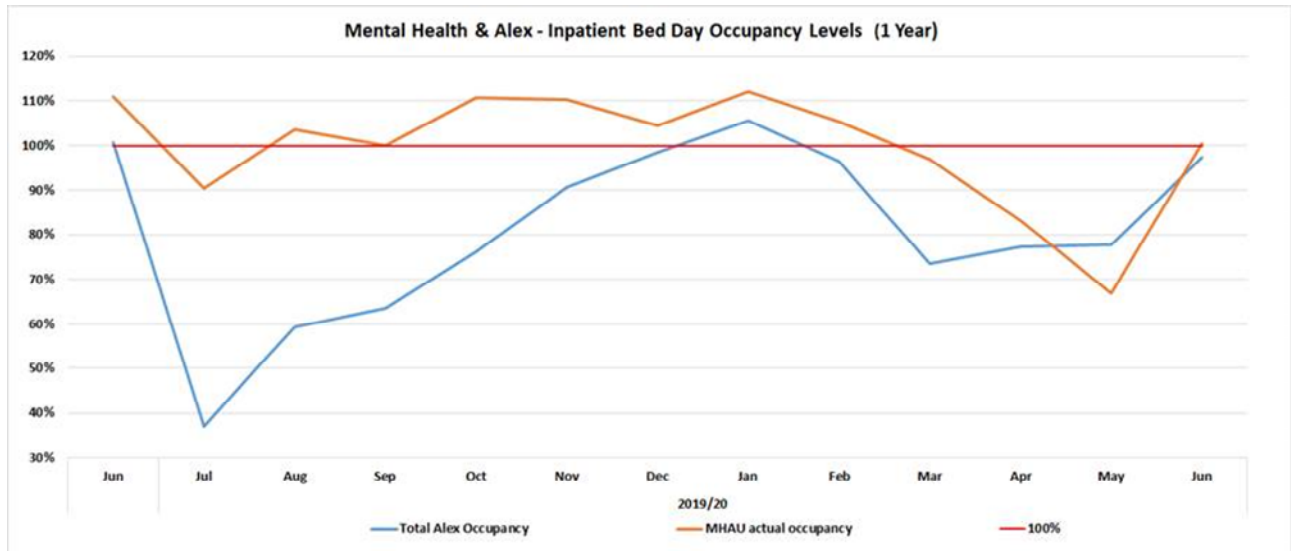
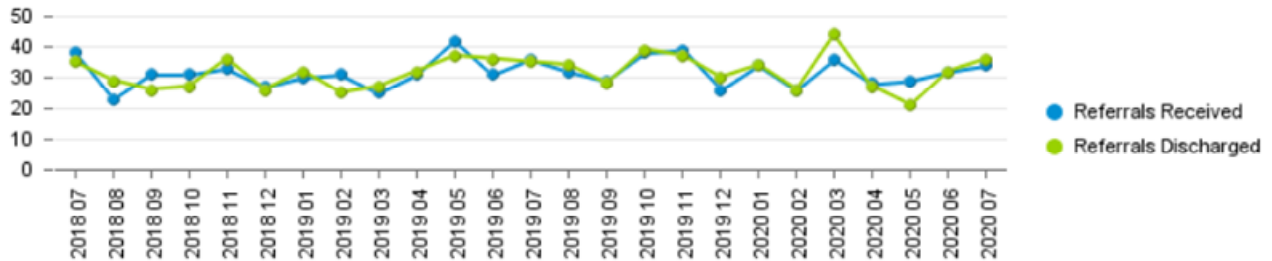
4.1 Addictions

	Referrals - 2020 07			Community Contacts - 2020 06			DNA % - 2020 06	
	Caseload 05/08/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Addictions Matrix Nelson	1	1						
Addictions Nelson	697	114	120	508	66%	29	8.9%	18.3%
Addictions Wairau	269	55	29	173	68%	36	11.6%	9.1%
Total	967	170	149	681	66%	31	9.5%	15.9%

4.2 Mental Health Admissions Unit (Wahi Oranga)

	Referrals - 2020 07			Midnight Occupied Beds - 2020 07		
	Caseload 05/08/20	Received	DX'd	AVG Occupied	Funded Beds	% Occupied
Wahi Oranga Inpatient Unit	28	34	36	24.0	30	80%

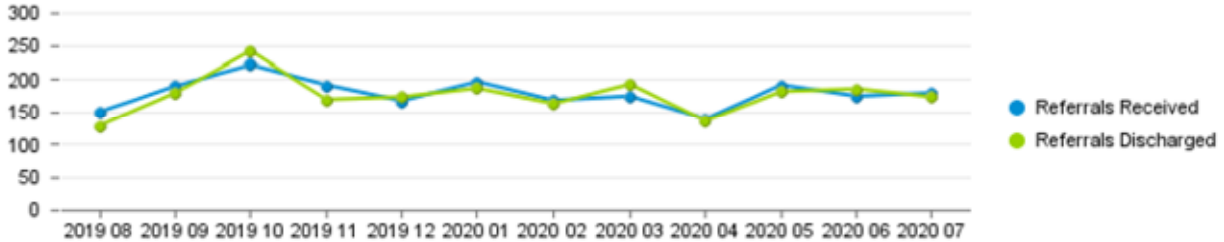
Referrals Received and Discharged



4.3 Community Assessment Team (CAT) Nelson and Psychiatric Liaison Nelson

	Referrals - 2020 07			Community Contacts - 2020 06			DNA % - 2020 06	
	Caseload 05/08/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
CAT Nelson	81	179	172	573	109%	1	0.7%	0.9%
Psychiatric Liaison Nelson			1					

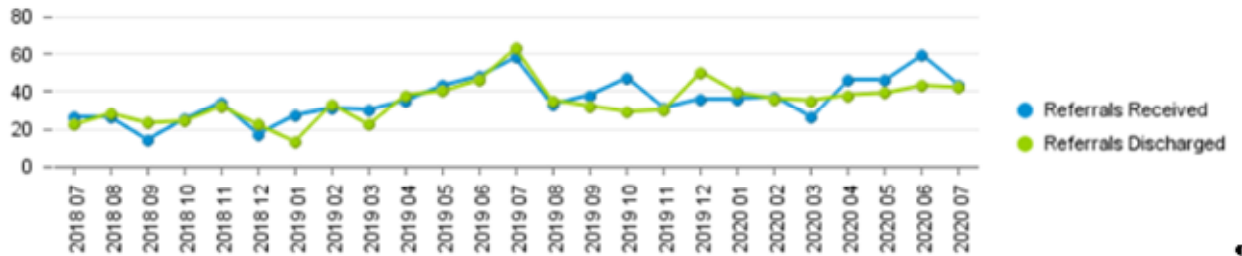
Referrals Received and Discharged



4.4 Older Persons Mental Health (OPMH)

- An exceptionally busy month for the service, particularly inpatient with a range of challenges related to demand, acuity and staffing. Community service more stable in terms of demand, however increase in complexity.

Referrals Received and Discharged



Note: OPMH share Referrals between Inpatient and Community Settings. The Referrals without Staff Team are likely to be Inpatient only Referrals.

4.5 Infant, Child & Adolescent Mental Health Services (ICAMHS)

	Referrals - 2020 07			Community Contacts - 2020 06			DNA % - 2020 06	
	Caseload 05/08/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	4	1		25		56	4.0%	0.0%
ICAMHS Nelson	380	66	60	652	117%	57	7.1%	5.4%
ICAMHS Wairau	201	40	26	395	115%	29	3.0%	4.7%
Total	585	107	86	1,072	119%	45	5.5%	5.0%

4.6 Seclusion

- Seclusion use dramatically reduced with a period of 18 consecutive seclusion free days, although many more days were seclusion free.

4.7 Disability Support Services (DSS)

Disability Support Services (DSS)		Current June 2020				YTD June 2020	Current July 2020				YTD July 2020		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	159	18		177	increase 2	160	18		178	increase 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	11	12	increase 1	1	0	11	12			
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	169	21	11	201		170	21	11	202			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	169	21	11	201	increase 3	170	21	11	202	increase 1		
	Respite service users - Actual at month end	5	1		6	decrease 3	5	1		6			
	Child Respite service users - Actual at month end	37			37	increase 1	37			37			
	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	22	11	244		212	22	11	245			
		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	84,180	6,660	81,252	240	2,928.0	7,130		6,882		248	
Total Occupied Bed days	Actual for full month - includes respite	6,183	76,241	6,070	74,556	113.0	1,685.5	6,441		6,259		182.0	
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	89.6%	90.6%	91.1%	91.8%	47.1%	57.6%	90.3%		90.9%		73.4%	
		Last month	Current month	Variance	Covid 19 Lockdown. Emergency Respite Only Provided 25/03-08/06			Last month	Current month	Variance			
Total number of people supported		243	244	1				244	245	1			
Referrals	Total long term residential referrals	12	11					11	11				
Referrals - Child Respite	Child Respite referrals	8	7					7	9				
	Adult Respite referrals	1	1					1	-				
	New Referrals in the month	3	3					3	4				
Of above total referrals	Transitioning to service	-	-					-	-				
	On Waiting List	21	21					21	23				
Vacant Beds at End of month - (excludes Respite Beds)		23	21					21	19				
	Less people transitioning to service	-	-					-	-				
	Vacant Beds	23	21					21	19				

5. INFORMATION TECHNOLOGY

- Development on the Mental Health Acute Dashboard was completed and rolled out, and was positively received. The project to digitally transfer medications on discharge to an Aged Care Facility is picking up speed. Two pre-requisites for this are to implement a medication reconciliation tool, and update discharge summaries to the newer Care Pathways system. These both bring benefits in themselves, and are nearing completion.

Project Status

Name	Description	Status	Original Due date	Revised due date		
Projects						
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 progressing well. API development kick off, with Datacom working with Orion and CDHB.	n/a			●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	2.7.3 upgrade is progressing with highlights within the upgrade being the ability to integrate with Smartpage for deteriorating patients, this will allow for an automatic reminder to alert staff about at-risk patients. Meetings have been organised with the appropriate clinical leaders to engage others in this process to ensure clinical compliance.	July 18	Live / rolling out.		●
Smartpage	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Clinical systems implementation has been completed with all staff given access to support and training. Good uptake with ward staff and junior medical staff and allied health with all disciplines now on the system.	July 2020	Live / Rolling out		●
SI PICS - Foundation	Patient Administration System (PAS) replacement for Ora*Care	Testing completed for release 20.1 with no issues found. Release scheduled for 12/08/2020 but delayed until 26/08/2020 due to an issue impacting NBRs data. Focus on completing NPF submissions and work on 20.2 which will include critical Theatre functionality supporting NMH scOPe implementation.	Release 20.1: 26 Aug 2020			●
eTriage Phase 2	ETriage to SIPICS integration Electronic Internal Referrals ETriage in the community	Integration effort estimated 2-4 months. ETA December 2020. Internal eReferrals to go live 19/8/20. eTriage in community underway with PHO outsourced services. Other services awaiting integration.	Dec 2020			
scOPe Theatre - Stage 1	Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit.	New PM assigned project start-up planning and validation of existing processes is underway. Resource plan is being updated, factoring in CDHB dependencies that are being worked through with SIAPO in support of the regional solution.	TBD			

Name	Description	Status	Original Due date	Revised due date	
Shifts	A mobile app utilising Microsoft Teams which allows managers to create, update, and manage shift schedules	Working group has been set up and user requirements have been gathered, currently looking at integration requirements and POC within nursing space. Pilot group will be commencing trial 17.8.2020.	Feb 2020	July 2020	●
ICT					
Axe the Fax	Remove hospital fax machines by May, and rest by Dec 2020.	Faxes disabled at Nelson and Wairau hospitals. Interim solution in place for fax notifications from Pacific Radiology until eRadiology ordering has been fully rolled out.	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. Dependency on Winscribe project for the removal of EPLMS has caused a delay in further rollout for July 2020	Aug 19	Nov 2020	●
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	Teams available to all staff. Mailboxes migrated, calendar training planned. Steering group held to review policies & governance. Planning underway for subsequent steps: Sharepoint Online / OneDrive/ Yammer	Various		●
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Provision of external facing HR Kiosks for DSS is dependent on this. Wairau complete. Nelson rollout underway. Dependency discovered in July on 2Degrees hardware reconfiguration which requires an outage. High priority given to this activity.	Aug 19	July 2020	●
Network refresh (LAN)	Re-architecting and improved design of Core Cisco network components, to reduce complexity and make more robust.	CCL SoW signed & post Covid-19 re-alignment underway. Hardware delivered. Progressed through July 2020.	Jul 19	Sept 2020	●
Alexandra Hospital	Install Wireless and Duress systems	Major issue with Covid-19 and supply of Cisco wireless access points for the rollout date. Re-organisation of deliverables around COVID. July update – 90% of hardware installed.	n/a		●
DR Planning	Document Disaster Recovery plans	Current state DR plans received and available if required for Jul 2020 Audit and Risk committee meeting.	Mar 2020	Jul 20	●

Name	Description	Status	Original Due date	Revised due date	
Development					
Hauora Direct	A project aimed at improving enrolments in health programmes for vulnerable populations.	Full go-live scheduled for 19 th of August with final testing underway for the Pakeke and Rangatahi forms and workflows. Full electronic referrals delivery, NHI lookup and reporting will be delivered and the original scope of the project will have been achieved.	Aug 19	Jul 20	●
Mental Health Acute Dashboard	Replacement for shared Excel workbook, being developed using .NET Core for use by MH Acute Team.	Rollout of the dashboard was completed in July, with very positive response from the acute team. The dashboard was developed using modern frameworks and utilises dynamic SIPICS data for MH referrals. Rollout to Wairau acute team planned for late August 2020.	Jul20		●
Allied Health and Inpatient Variance Indicator Board	Replacement for older web application, utilising new/revised VIS model. Built in .NET Core.	New VRM indicator dashboard built and in test. Investigating inclusion of Allied Health VIS within same tool. The new VRM tool has been tested and is now being extended to include Allied Health. CaaG changes have been developed, with final testing and deployment planned for Sept 2020.	Jan 20	Sept 20	●

6. CLINICAL SERVICES

6.1 Health Targets

- Year to date, as at the end of July 2020, 511 surgical discharges were completed against a plan of 503 (101%). This is over plan by 8 discharges.
- Year to date as at the end of July 2020 indicates 545 minor procedures were completed against a plan of 383 (142%). This is over plan by 162 minor procedures.
- Final results for 2019/20 year:

2019/20 Planned Care Interventions Delivery

	Year to Date Plan	Year to Date Delivery	Variance from plan	2019/20 Total Planned Care Interventions
Inpatient Surgical Discharges	7,139	6,293	-846	11,835
Minor Procedures	4,662	6,576	1,914	
Non Surgical Interventions	34	0	-34	
YTD Planned Care Interventions	11,835	12,869	1,034	108.7%

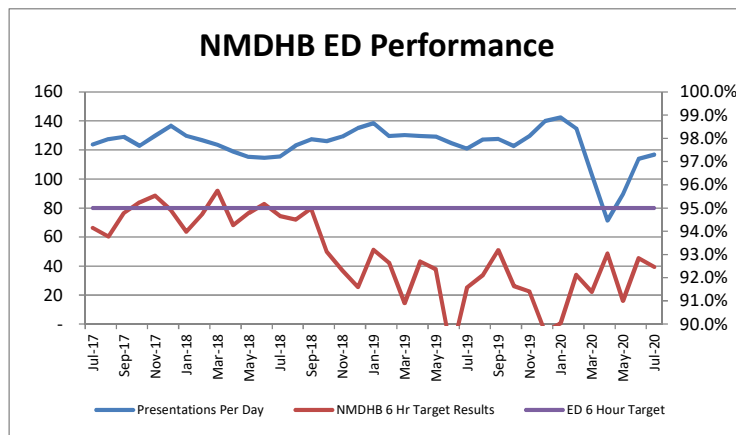
- Year to date delivery to end of July for orthopaedic interventions was 46 joints against a plan of 46. Currently there are 150 joints waitlisted for surgery.
- With the employment of a fixed term Ophthalmologist and an increase in delivery, we have increased the delivery plan for the 2020/21 year from 525 to 600 cataracts, improving the service to our community. Year to date delivery to end of July for cataracts was 56 against a plan of 55 (over plan by 1). Currently 86 cataract patients are waitlisted for surgery.

6.2 Planned Care

- ESPI 2 was Red for the month of July with 462 patients not being seen within 120 days of referral acceptance. This has decreased from 778 patients in June.
- ESPI 5 was Red for the month of July with 215 patients not being treated within 120 days of being given certainty.

6.3 Shorter Stays in Emergency Department

- In Wairau Triage 1s were increased at 13 compared with 7 in 2019, and in Nelson Triage 1s were increased from 4 in 2019 to 6 in 2020. Triage 2s in Nelson were 518, compared with 509 last year, so very similar numbers.
- Both EDs continue to be challenged by managing droplet isolation within the Department.



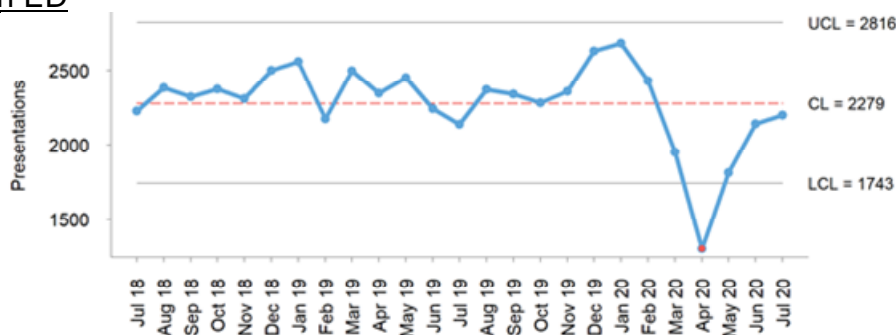
ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	92	186	2,198
Wairau	94	87	1,281

Hospital Occupancy

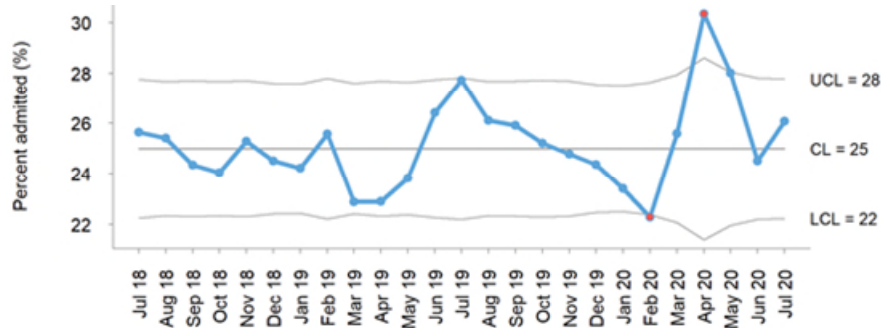
Hospital Occupancy 22 June - 19 July 2020	Adult in patient
Nelson	87%
Wairau	86%

Nelson ED

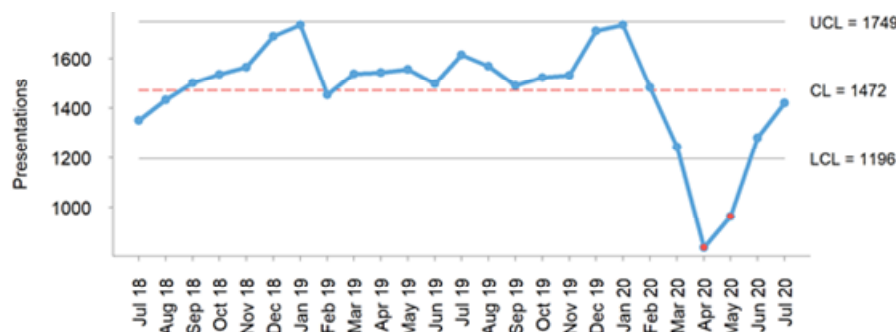


Admissions – Nelson ED

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

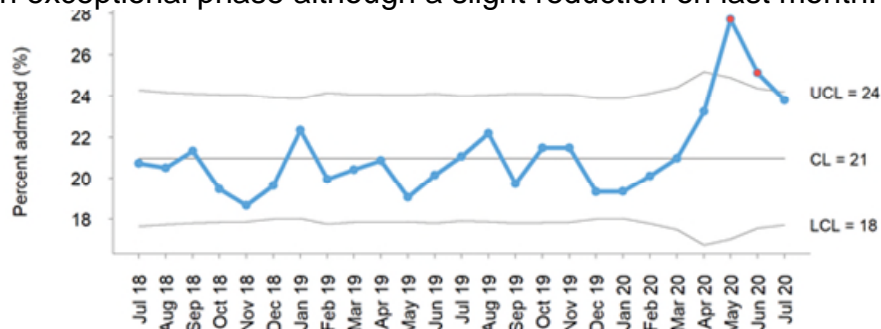


Wairau ED



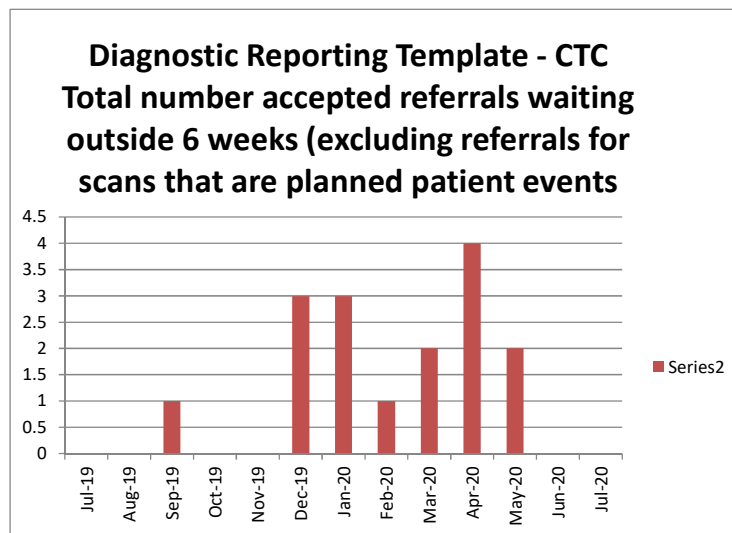
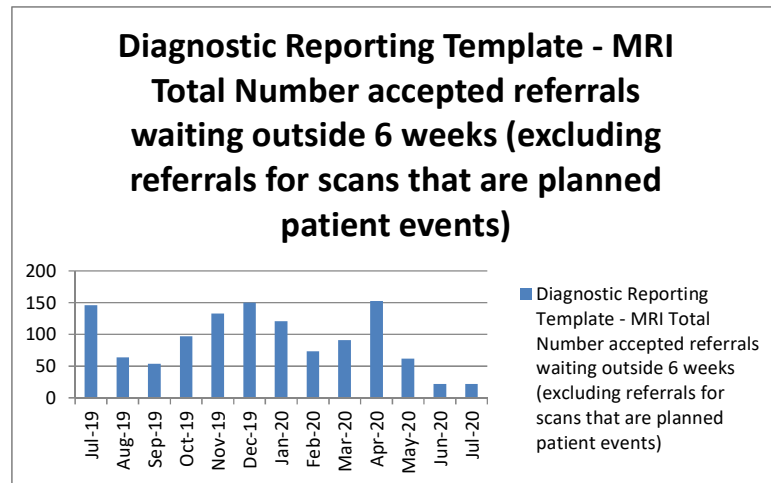
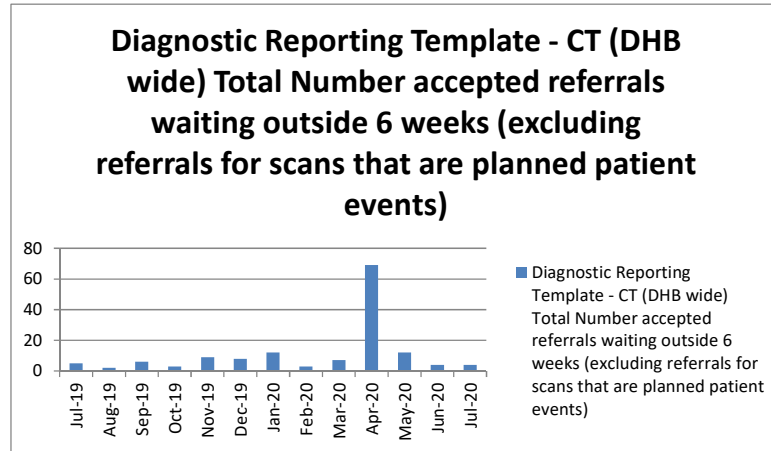
Admissions to Wairau ED

The proportion of patients admitted increased dramatically with some concern that patients were presenting late due to fear of attending hospital where the virus was present. We still remain in an exceptional phase although a slight reduction on last month.



6.4 Enhanced Access to Diagnostics

- MRI numbers show 285 patients were scanned in Nelson, and 139 patients scanned in Wairau – a total of 424 patients for July.
- MOH MRI target shows 91% of referrals accepted are scanned within 42 days (target is 90%).
- MOH CT target shows 95% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 99% of target with 1 patient waiting greater than 42 days, and Wairau CT is running at 85% of target with 8 patients waiting greater than 42 days.



6.5 Improving Waiting Times – Colonoscopy

- As at 3 August 2020, there are 369 unbooked overdue colonoscopies (down from 422 at end of July) as identified below.

	Diagnostic	Screening	Surveillance	Grand Total
Overdue	16	1	352	369
Nelson Hospital	3	0	206	209
Wairau Hospital	13	1	146	160
Grand Total	16	1	352	369

6.6 Faster Cancer Treatment – Oncology

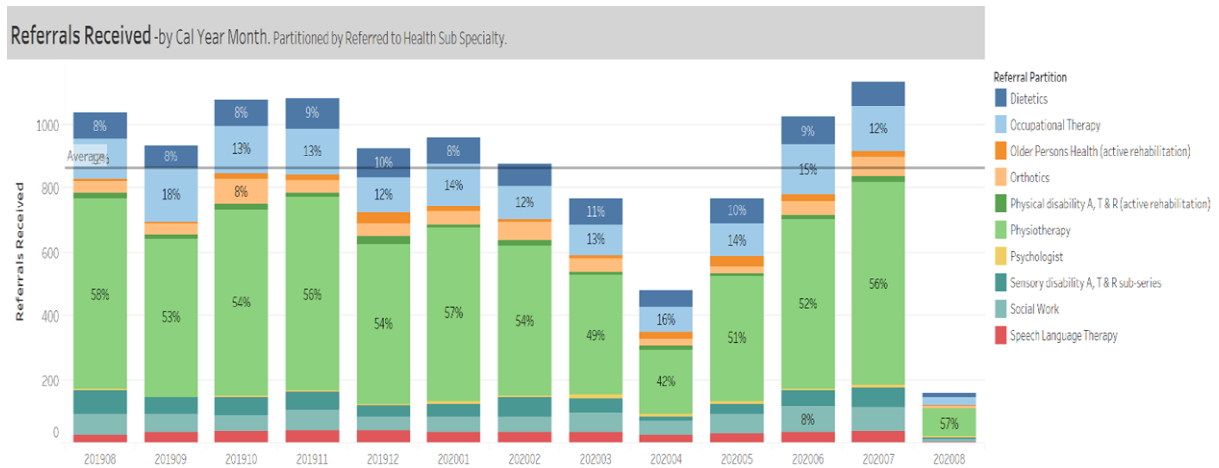
FCT Monthly Report - July 2020														Reporting Month: June 2020 - Quarter 4 - 2019-2020	
As at 28/07/2020															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		July 2020 (in progress)		Jun-20		May-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 4 (2018-2019)		Rolling 12 Months Jul 19-Jun 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
		86%	14%	84%	16%	94%	6%	86%	14%	93%	7%	95%	5%	91%	9%
Number of Records		12	2	16	3	15	1	12	2	63	5	69	4	266	26
Total Number of Records		14		19		16		14		68		73		292	
Numbers Including all Delay Codes		86%	14%	70%	30%	79%	21%	86%	14%	80%	20%	81%	19%	77%	23%
Number of Records		12	2	16	7	15	4	12	2	63	16	69	16	266	79
Total Number of Records		14		23		19		14		79		85		345	
90% of patients had their 1st treatment within: # days		69		88		72		69		88		75		90	
62 Day Delay Code Break Down		July 2020 (in progress)		Jun-20		May-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 4 (2018-2019)		Rolling 12 Months Jul 19-Jun 20	
01 - Patient Reason (chosen to		0		0		0		0		0		2		9	
02 - Clinical Cons. (co-morbidities)		0		4		3		0		11		10		44	
03 - Capacity Constraints		2		3		1		2		5		4		26	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 Months (Jul 19-Jun 20)															
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Breast		100%	53	0%	0	2%	1	4%	2	5%	3	56			
Gynaecological		95%	19	4%	1	22%	6	4%	1	30%	8	27			
Haematological		100%	17	0%	0	15%	3	0%	0	15%	3	20			
Head & Neck		67%	10	24%	5	29%	6	0%	0	52%	11	21			
Lower Gastrointestinal		88%	37	10%	5	12%	6	2%	1	24%	12	49			
Lung		83%	15	9%	3	42%	14	3%	1	55%	18	33			
Other		100%	5	0%	0	33%	3	11%	1	44%	4	9			
Sarcoma		100%	3	0%	0	0%	0	0%	0	0%	0	3			
Skin		95%	63	4%	3	4%	3	3%	2	11%	8	71			
Upper Gastrointestinal		88%	14	13%	2	0%	0	0%	0	13%	2	16			
Urological		81%	29	18%	7	5%	2	3%	1	26%	10	39			
Grand Total		91%	266	8%	26	13%	44	3%	9	23%	79	345			
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 Months (Jul 19-Jun 20)															
Asian not further defined		100%	2	0%	0	0%	0	0%	0	0%	0	2			
Australian		100%	1	0%	0	0%	0	0%	0	0%	0	1			
British and Irish		50%	1	50%	1	0%	0	0%	0	50%	1	2			
Dutch		100%	1	0%	0	0%	0	0%	0	0%	0	1			
European not further defined		88%	7	8%	1	31%	4	8%	1	46%	6	13			
Fijian		100%	1	0%	0	0%	0	0%	0	0%	0	1			
German		0%	0	0%	0	100%	1	0%	0	100%	1	1			
Indian		100%	1	0%	0	50%	1	0%	0	50%	1	2			
Maori		86%	12	10%	2	25%	5	5%	1	40%	8	20			
New Zealand European		91%	214	7%	20	11%	30	2%	5	20%	55	269			
Other Asian		100%	2	0%	0	33%	1	0%	0	33%	1	3			
Other Ethnicity		100%	6	0%	0	0%	0	0%	0	0%	0	6			
Other European		89%	16	9%	2	9%	2	9%	2	27%	6	22			
Southeast Asian not further defined		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Tongan		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Grand Total		91%	266	8%	26	13%	44	3%	9	23%	79	345			

6.7 Surgical Bus

The end of year report from the Mobile Surgical Services team indicate that a total of 503 patients have been treated in Takaka and 515 patients have received treatment in Motueka on the surgical bus over the years. In the 2019/20 financial year, this was 22 patients in Takaka and 158 patients in Motueka. This is a great result for our patients as it allows patients to receive their treatment closer to their domiciled area.

7. ALLIED HEALTH

- Community and outpatient referrals, based on the last financial year, show the average monthly referral for the Allied Health service is 910. July has seen a significant increase in demand (the largest since November 2018). The graph below shows the number of referrals per month to Allied Health Services for August 2019 – July 2020 (excluding CDS). The highest rate for 2 years overall was 1,073 referrals in the month across all areas:
 - 59% referrals from July were from General Practice and DHB Specialist Services
 - 7% Maori (range per service 6-20% depending on service)
 - 49% over 65 years (range 27-81% per service)
 - Average 179 referrals a month for over 80 year olds.



8. MĀORI HEALTH

8.1 Kainga Kore – Applying Hauora Direct to the Homeless

An agreement has been made between lead agencies (Te Waka Hauora, Te Piki Oranga, Salvation Army, Victory Community Centre, Mental Health & Addictions Services, and Public Health) to apply Hauora Direct assessments to those of our whanau who were formerly homeless, but have since moved into accommodation as an outcome of the COVID-19 response. Te Waka Hauora will co-ordinate a range of organisations to apply Hauora Direct to this vulnerable population group, of which there are approximately 120 across the district. 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 Hauora Hub in Franklyn

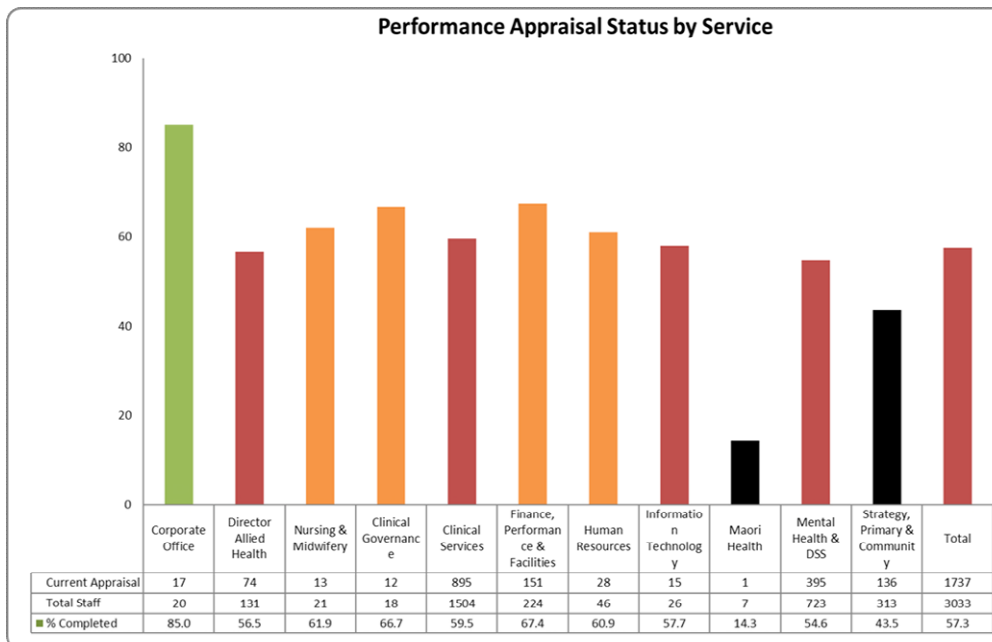
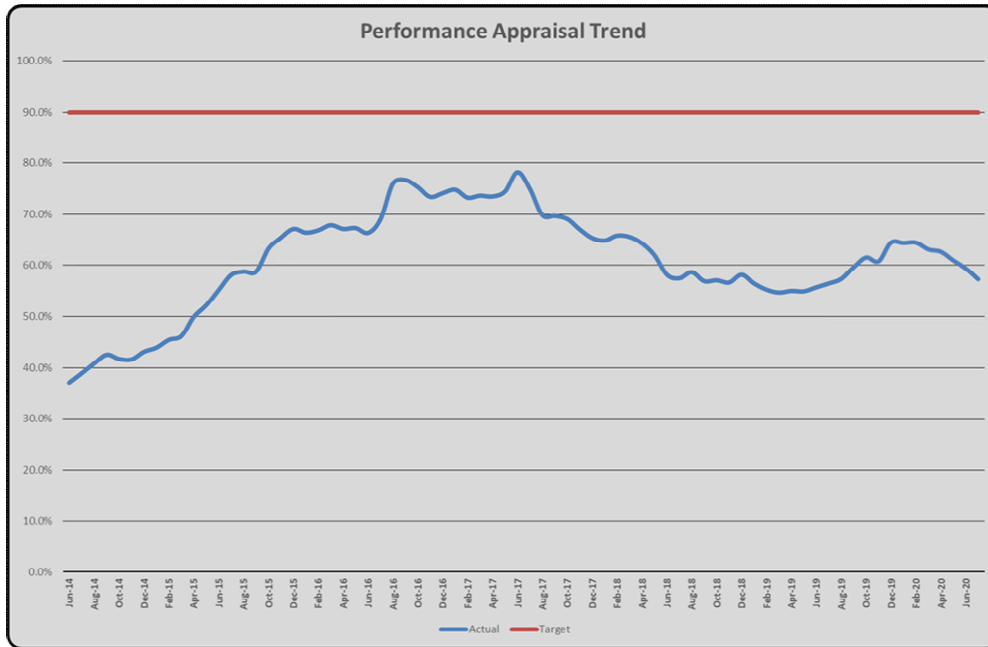
The GM Maori Health & Vulnerable Populations, supported by the GM Mental Health & Addictions, has held a cross sector meeting to look at the development of the Ora Hub (Health and cross sector wellness centre) in Franklyn Village. The purpose of this project is to improve access to key health services and also other Government department services for high needs populations. The model also seeks to have a greater focus on prevention and early intervention as a strengths based approach, rather than solely focusing on crisis management.

The various partners agreed that they could provide services, but would also be keen to partner to create an education programme with a preventative focus across a range of issues that many sectors had in common, and were grappling with amongst high needs communities.

The owner of Franklyn Village has offered to provide space for the setting up of the Ora Hub on the ground floor of the building. All CEs and GMs involved have agreed to support the concept, and will make staff available to work on the co-design, which will also include whanau from Franklyn Village.

9. PERFORMANCE APPRAISALS

To date we are at 57.3% of staff with a current appraisal.



Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

MEMO

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

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the first month of the new 2020/21 (FY21) year shows a small deficit of \$76k which is \$51k adverse to the planned result. This includes a net cost associated with the COVID-19 response of \$117k which brings the “business as usual” result to a surplus of \$41k or \$66k favourable to budget. This is a pleasing start to the new year, and helps lay a foundation for the coming months.

As for the last few months I have shown the impact of the COVID response separately within the Operating Statement shown on the following page. With the FY20 year-end process underway, I have not included the other financial statements for this month and, as is usual, there is some tidy up work required as we transition to the new year.

With only one month in, it is too early to assess any significant trends or issues, and we will continue with the usual monthly review processes, as in previous years, to identify issues.

An update on the FY20/21 savings programme (that has been incorporated into the budgets along with a range of other opportunities where further savings may be achieved) will be reported to the Board following the first quarter. This will include a comparison to the savings achieved in FY19/20.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Revenue									
MOH devolved funding	42,978	579	43,557	42,884	94	673	39,560	542,623	506,044
MOH non-devolved funding	2,242	0	2,242	2,052	190	190	2,027	25,273	24,528
ACC revenue	726	0	726	533	193	193	656	6,710	6,773
Other government & DHBs	929	0	929	867	62	62	832	10,458	10,369
Other income	1,047	0	1,047	938	109	109	948	11,855	11,924
Total Revenue	47,922	579	48,501	47,274	648	1,227	44,023	596,919	559,638
Expenses									
Employed workforce	17,278	48	17,326	17,430	152	104	16,217	234,572	218,848
Outsourced workforce	511	3	514	182	(329)	(332)	595	1,978	7,833
Total Workforce	17,789	51	17,840	17,612	(177)	(228)	16,812	236,550	226,681
Outsourced services	1,764	0	1,764	1,707	(57)	(57)	1,583	20,585	19,246
Clinical supplies	2,418	3	2,421	2,232	(186)	(189)	2,479	28,817	27,482
Pharmaceuticals	4,125	0	4,125	4,106	(19)	(19)	3,845	50,354	50,143
Air Ambulance	327	0	327	328	1	1	292	4,259	4,230
Non-clinical supplies	3,324	63	3,387	3,213	(111)	(174)	2,562	38,723	30,603
External provider payments	11,999	579	12,578	11,851	(148)	(727)	11,309	142,906	141,807
Inter District Flows	4,135	0	4,135	4,135	0	0	3,949	49,623	51,022
Total Expenses before IDCC	45,881	696	46,577	45,184	(697)	(1,393)	42,831	571,817	551,214
Surplus/(Deficit) before IDCC	2,041	(117)	1,924	2,090	(49)	(166)	1,192	25,102	8,424
Interest expenses	33	0	33	36	3	3	27	436	376
Depreciation	1,145	0	1,145	1,257	112	112	1,107	14,806	13,314
Capital charge	822	0	822	822	0	0	821	9,860	9,709
Total IDCC	2,000	0	2,000	2,115	115	115	1,955	25,102	23,399
Net Surplus/(Deficit)	41	(117)	(76)	(25)	66	(51)	(763)	0	(14,975)

	YTD \$'000s							Full Year \$'000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Workforce Costs									
Employed SMO	3,482	8	3,490	3,739	257	249	3,203	49,952	41,891
Outsourced SMO	389	0	389	107	(282)	(282)	511	1,283	6,556
Total SMO	3,871	8	3,879	3,846	(25)	(33)	3,714	51,235	48,447
Employed RMO	1,071	29	1,100	1,118	47	18	1,003	15,013	14,347
Outsourced RMO	18	0	18	33	15	15	15	397	260
Total RMO	1,089	29	1,118	1,151	62	33	1,018	15,410	14,607
Employed Nursing	5,703	9	5,712	5,568	(135)	(144)	5,269	75,711	72,715
Outsourced Nursing	0	3	3	0	0	(3)	3	0	25
Total Nursing	5,703	12	5,715	5,568	(135)	(147)	5,272	75,711	72,740
Employed Allied Health	3,813	0	3,813	3,817	4	4	3,617	51,243	48,731
Outsourced Allied Health	78	0	78	36	(42)	(42)	16	223	482
Total Allied Health	3,891	0	3,891	3,853	(38)	(38)	3,633	51,466	49,213
Employed Hotel & Support	610	1	611	585	(25)	(26)	571	7,840	7,387
Outsourced Hotel & Support	3	0	3	0	(3)	(3)	3	6	60
Total Hotel & Support	613	1	614	585	(28)	(29)	574	7,846	7,447
Employed Management & Admin	2,599	1	2,600	2,603	4	3	2,554	34,813	33,777
Outsourced Management & Admin	23	0	23	6	(17)	(17)	47	69	450
Total Management & Admin	2,622	1	2,623	2,609	(13)	(14)	2,601	34,882	34,227
Total Workforce costs	17,789	51	17,840	17,612	(177)	(228)	16,812	236,550	226,681
Total Employed Workforce Costs	17,278	48	17,326	17,430	152	104	16,217	234,572	218,848
Total Outsourced Workforce Costs	511	3	514	182	(329)	(332)	595	1,978	7,833

	YTD							Full Year	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Full-Time Equivalent Staff Numbers									
SMO	127.5	0.0	127.5	135.6	8.1	8.1	115.5	141.4	125.4
RMO	96.4	2.2	98.6	93.6	-2.8	-5.0	94.3	97.4	99.8
Nursing	747.0	0.8	747.8	733.9	-13.1	-13.9	730.3	755.4	751.4
Allied Health	636.1	0.0	636.1	642.1	6.0	6.0	599.2	659.1	625.9
Hotel & Support	130.9	0.2	131.1	127.0	-3.9	-4.1	123.6	130.9	128.1
Management & Admin	412.1	0.4	412.5	414.9	2.8	2.4	407.0	426.6	404.2
Total FTEs	2,150.0	3.6	2,153.6	2,147.1	-2.9	-6.5	2,069.9	2,210.8	2,134.8

MEMO

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

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met on Monday 17 August via Zoom.

The Council received updates on Ki Te Pae Ora by the Project Manager, and Nikau House by the GM Mental Health Addictions & DSS and the GM Maori Health & Vulnerable Populations.

Ki Te Pae Ora

The Council approves of the details emerging from the ongoing action oriented development of Ki Te Pae Ora. Of particular note is the integration of workstreams and moves towards the reduction of silos and duplicated work. The Council is strongly in favour of an integrated approach within the compacted four workstreams. Council members noted that the proposed reporting also looked simple and would contain tangible and valuable information. The Council raised two discussion points relating to Ki Te Pae Ora:

1. How will the DHB ensure communication about the Ki Te Pae Ora programme, and the new reporting, to the wider community, particularly those not currently well connected with the health system?
2. How will the Consumer Council be integrated into Ki Te Pae Ora?

Nikau House

As mentioned in the July report, Consumer Council members were very aware of public disquiet over the information (and apparent misinformation) related to what the public appeared to perceive as the potential closure of Nikau House during the recent media focus on the matter. In discussion with the two GMs presenting, the value and importance of Consumer Council involvement, at an early stage, in possible programme redesign was stressed. The Council has also received considerable requests from members of the public for programmes similar to those offered through Nikau House to be offered in the Golden Bay and Motueka areas.

General

The Council is pleased to advise the appointment of Angelea Stanton (Marlborough) and Geoff Ormandy (Nelson) to the roles of Co-Deputy Chair of the Consumer Council.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 18 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 7 August 2020.

DHB CGC endorsed:

- ***The work of the smoking cessation team at Te Piki Oranga*** – Work across NMH on smoking cessation by multiple staff and teams including all of the Stop Smoking Service has been successful over the past few years in continuing to support the cessation journey of the people in our region who smoke. The people who continue to smoke are more likely to have tried to stop multiple times, and are likely to need extra support for future attempts to change.

Offering ABC to every patient at every opportunity continues to be a high priority when delivered with respect and support. The Team from Te Piki Oranga demonstrated to the Committee how effective a whānau approach can be. The importance of upholding mana, of keeping whānau at the centre of discussions, and coming up with a personalised plan while considering the environment of the person. All these things taken into account ensure that people feel respected as they make their way to being smoke free.

- ***The Clinical Governance Framework*** – This can be summarised into four key areas: are we safe, can consumers be confident in our skill, do we work with compassion and are we working to achieve equity?

Things that we do every day that represent Clinical Governance in action include the following:

- Having a friendly and supportive conversation with a colleague about a mutual patient.
- Answering the phone with the phrase: Hello, how can I help?
- Encouraging others to 'have your back' by explicitly encouraging them to speak up if they feel something is unsafe.
- Listening to understand.

DHB CGC noted:

- ***The need for a simple system for organisational approval of research*** – We have benefited immensely from the work of Dr Bruce King in handling questions and the approval process for all research that has taken place in the organisation over the past few years. As he has now handed over this responsibility, all requests and queries regarding research type questions should be addressed to Anna Lawlor who will administer the process (currently in development).

- ***New members of the Clinical Governance Committee*** – Welcome to our two newest members of the Clinical Governance Committee: Dr Katie Mulholland (1st year House Officer in Wairau) and Dr Hannah Thompson (General Medicine Registrar, Nelson) – who was immediately required to be on duty for her first meeting. Also welcome to other recent new members of the Committee: Deidre Crichton (Team Leader Physiotherapy) and Dr Pamela Hale (CD Medicine). Farewell and thank you to Dr Bruce King and Carol Merrilees (Team Leader Child Development Services) your contributions were appreciated.

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 <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CLAB	Central Line Associated Bacteraemia
CLABSI	Central Line Associated Bloodstream Infection
CLAG	Clinical Laboratory Advisory Group
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMO	Chief Medical Officer
CMS	Contract Management System
CNM	Charge Nurse Manager
CNS	Charge Nurse Specialist
COAG	Clinical Operations Advisory Group
Concerto	IT system which provides clinician's interface to systems
COHS	Community Oral Health Service
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CP	Chief Pharmacist
CPO	Controlled Purchase Operations
CPSOG	Community Pharmacy Services Operational Group
CPU	Critical Purchase Units
CR	Computed Radiology
CRG	Christchurch Radiology Group
CRISP	Central Region Information Systems Plan
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CSSD	Clinical Services Support Directorate
CT	Computerised Tomography
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTC	Computerised Tomography Colonography
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge

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

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

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

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

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

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

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

As at April 2019