

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 22 September 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 25 August 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 			

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jacinta Newport	<ul style="list-style-type: none"> ▪ Employee of West Coast DHB as Rural Nurse Specialist ▪ Trustee of MCANZ ▪ RN advocate of MCANZ ▪ Member of NZ Nurses Society 	<ul style="list-style-type: none"> ▪ Owner/Director of Helibike Nelson 		
Paul Matheson	Nil	<ul style="list-style-type: none"> ▪ 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 August 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 25 AUGUST 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

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Craig Dennis
Seconded: Brigid Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Craig Dennis
Seconded: Brigid Forrest

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

AGREED

Special Meeting – 12 August 2020

The minutes of the Special Meeting held on 12 August 2020 to discuss the secondment of the Chief Executive to Canterbury DHB were approved. It was noted that the GM Finance Performance & Facilities will be Acting CE during this period.

Moved: Jenny Black

Seconded: Craig Dennis

THAT THE MINUTES OF THE SPECIAL MEETING HELD ON 12 AUGUST 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Discussion held on use of text messaging for appointment reminders noting some areas do use it, however others do not. Also noted that some patients do not want text reminders. We are wanting to make it standard.

3.1 Action Point

Item 1 – Wood Pellet Trial: Ongoing

Item 2 – Consumer Council: Chair and CE meeting with Chair of Consumer Council was postponed due to Alert Level 2. A meeting will be arranged for the future.

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

Discussion held on the Chief Executive's secondment to Canterbury DHB as Interim Acting CE from 27 August to 19 October. It was noted that the ability for the CE to do this role is a great testament to the confidence he has in the Executive Team to keep NMH running smoothly.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The Board were thanked for their support in his secondment to CDHB.

The CE acknowledged Public Health and thanked them for the work they have been doing during COVID in helping protect us and our community.

The CE also thanked the Planning team and senior leads across our system for completing the NMDHB Annual Plan and budget which will be tabled and signed off by the Minister of Health in the first tranche.

The Clinical Services team were thanked for their efforts, post COVID. It was noted that 88% of inpatient elective procedures have been completed in planned care – this is a stunning effort. We are awaiting additional funding to support recovery.

Updates on Ki Te Pae Ora will continue going forward. This is about transformation, and delivering a sustainable and fit for purpose health system into the future.

Wellbeing Practitioners in Mental Health

Wellbeing practitioners are an initiative in line with a national model putting Mental Health clinicians in support roles into primary care. This is part of a Stepped Care model to better meet the needs of people with mental health and addictions issues. MOH are rolling out funding to support DHBs across the country (we will get our funding next year). The concept is the clinician becomes part of the GP practice team, and works alongside nurses, doctors and admin to have the practice better meet the needs of mental health and addictions clients. This will also ease the transition to advice or mental health care. In time it is expected to reduce the increasing demand on secondary services. Wellbeing practitioners will see 7-9 people per day, with the idea to see people earlier. Initial data has shown a reduction in acute crisis calls. In Marlborough wellbeing practitioners are in most GP practices. NBPH has put wellbeing practitioners into a couple of practices.

Hauora Hub Franklyn Village

The Hauora or Ora Hub at Franklyn Village will be a hub for all services for those living in Franklyn Village. Is about strength based front facing support. Will take services direct to the Hub to make it free and accessible and will include educational programmes. Through the Ora Hub will have a coordinator who will assist to develop wrap around packages of care around whanau. Will have cross over to Nikau Hauora Hub.

Discussion held on similar work in Tahunanui noting the Franklyn Ora Hub is a pilot as it is hoped the work being done will be replicated in other areas of need, like Tahuna, Stoke, Blenheim, and Motueka. Noted it will take time to get a sustainable model.

Contact Tracing

Noted the Government has provided funding of around \$1m over 2 years for Public Health capacity. We have strengthened the resource going into our Public Health team. Also ensuring a broader range of health workers are trained in contact tracing, and also trained in swabbing. The Ministry are looking at widening the workforce in this space to maximise not just one workforce but appropriate groups to work together.

Discussion held on processes in place to protect staff from infectious disease, noting there is a robust procedure, including a number of specific questions asked of those entering the hospital. Teams involved in day to day care are vigilant and have good infection control processes. A lot of resource has been put into training and refreshing training of staff on infection control. Hospital has two streams (red and green) in both Nelson and Wairau with all areas, including staff, separated into two pathways. There are clear instructions on what process are needed for each patient grouping. Focus remains on hand washing, cough etiquette, physical distancing, wearing of masks, and staying home if unwell. This process includes the Mental Health Unit and Alexandra Hospital. Work is also being undertaken at the DSS homes, ARC, home support etc. The new normal is learning to live with COVID.

Moved: Allan Panting

Seconded: Olivia Hall

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The result for the first month of the new 2020/21 financial year shows a small deficit of \$76k, which is \$51k adverse to the planned result.

Moved: Allan Panting
Seconded: Olivia Hall

THAT THE BOARD RECEIVES THE FINANCE REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted.

Discussion held on smoking cessation and the use of vaping as a quit smoking tool. It was noted that vaping is an option as a quit smoking tool, and clients then have a vaping cessation programme to get them to stop vaping. It is about being smoke/vape free. TPO use vaping as a tool to quit smoking with great success.

SECTION 9. GENERAL BUSINESS

Nil.

Public Excluded

Moved: Craig Dennis
Seconded: Stephen Vallance

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 28 July 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: Health System Catalogue Business Case – APPROVED
- Decision: NZ Health Partnerships Statement of Performance Expectations – APPROVED
- Decision: Southern Communities Laboratory – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.13pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 25 August 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	Verbal update

MEMO

To: Board Members
From: Eric Sinclair, Acting Chief Executive
Date: 16 September 2020
Subject: **Correspondence for August/
 September**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence

Date	From	Item
15/09/2020	Public Service via email	New standards under the Public Service Act 2020 – access by political parties to information and analysis during government formation negotiations

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 16 September 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: Eric Sinclair, Acting Chief Executive
Date: 16 September 2020
Subject: Chief Executive’s Report

<h2>Status</h2> <p>This report contains:</p> <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

The last month seems to have flown by quite quickly as we have seen the continued impact of the COVID pandemic, but thankfully this has not spread to our district. It is important that we keep reminding people of the need to practise good hygiene, keep track of where you have been and with whom, and to stay at home if you are sick. These messages are likely to be repeated for a number of months.

Our Public Health team not only worked locally with things like the testing at the two ports in our district, but also supported the Auckland Public Health Service with contact tracing. Experiencing this in a ‘live’ situation was invaluable should the need arise in our own district in the future.

We have also seen our Chief Executive support our southern neighbours for a few weeks. I have been in regular contact with him and he sends his best wishes to the Board. Personally I would like to thank you for the opportunity to “hold the ship steady” while the CE is away, but more importantly acknowledge the Executive Leadership Team who continue to do what they do best to ensure we continue to make progress while the CE is supporting Canterbury and the West Coast.

2. KI TE PAE ORA

Close the Digital Divide		On Track	
A chievements This Month	<p>A) <i>Digital inclusion</i>: Received details from HBDHB on ‘Virtual Visitor’ to assist with in-hospital visits.</p> <p>B) <i>Unifying Infrastructure</i> - NBPH is very supportive generally of a more joined up approach. Options discussed around sharing printers, booking systems, VC and any other shared spaces, and what improved support could look like.</p>	B enefits	<ul style="list-style-type: none"> • Conencts Whanau together through a portable proven solution to the bedside. • Possibility to reduce combined IT operational costs, and improve user experience.
C onsumer Story		D ata Insights	None to report
E xception Report	<ul style="list-style-type: none"> • Clarity on project support being finalised. • Recruitment of new senior network engineer currently underway will help progress in the Infrastructure work. 		

Telehealth		On Track	
Achievements This Month	<p>Patient Engagement – Patient engagement strategy complete and presented to the workgroup. Telehealth banner design approved and approval for video story for marketing gained.</p> <p>Clinical Engagement – Working closely with Oncology to complete clinics that have enabled patients the ability to say at home rather than travel to Christchurch for follow up appointments.</p> <p>Booking Process – Reviewed booking process regionally to determine learnings look for opportunities to work on regional solutions.</p> <ul style="list-style-type: none"> • Appointment of SIAPO Regional Telehealth Facilitator. • NMH represented in National communications piece on Telehealth. 	Benefits	<p>Working with Nelson Paediatrics and CDHB Oncology team to complete 18 LEAP annual clinics between multiple MDT groups and patients in their homes.</p>
Consumer Story	<p>Consumer quote: <i>“Great technology and in Paediatrics we can do a good job for most of our patients through Telehealth appointments and this also is a powerful tool to improve access, especially for those with transport limitations or those in remote areas and is likely to address inequity in health provision. Some people do need in person appointments for physical examination, but this is the minority”</i></p>	Data Insights	<p>Recent consumer survey results show that the top three reasons that consumers like are;</p> <ul style="list-style-type: none"> • Time saved on travel – 59% • Ease of doing the consultation – 48% • Personal interaction with specialist – 47%
Exception Report	<p>Remote monitoring trial – on the back burner while work on other workstreams, to manage resources.</p>		

Wellbeing Reporting	
Achievements This Month	<p>Strategic framework:</p> <ul style="list-style-type: none"> • Continue to hold fortnightly meetings with Police, Education, MSD, Iwi and health to develop a framework for cross agency working. Document being drafted to outline this. • Arranged as the GMN rep on the SI Alliance to connect with the Regional Commissioners for MSD across the South Island. We met virtually and agreed to begin a stocktake of collaborative initiatives that occur across health and MSD. This may then inform future collaborative opportunities. The GM drafted a paper to initiate this process. • Three levels being developed: <ol style="list-style-type: none"> 1. prevention and early intervention. 2. more coordinated response and support 3. crisis intervention and support <p>With a 4th including training and workforce development</p> <ul style="list-style-type: none"> • A presentation was delivered to the Clinical Working group this month which was well received <p>Targeted population planning:</p> <p>Level 1:</p> <ul style="list-style-type: none"> • <u>Franklyn Village:</u> awaiting quotes to begin the modification of the building to accommodate offices and clinic rooms • <u>Psychosocial plan:</u> Fortnightly meeting for psychosocial leads across region – update key messages and refresh dashboard to monitor community wellbeing. Linking with MBIE to ensure good information to support wellbeing is being offered to businesses. Also linking with MOE to support children and whanau at school. <p>Level 2:</p> <ul style="list-style-type: none"> • <u>Nikau Hauora Hub:</u> A communique was developed and sent to key stakeholders in an effort to keep people informed on progress. A draft EOI process has been developed for the working groups <p><u>Hei pa harakeke – Nurturing care in the first 1000 days</u> – this is progressing well. We have a draft brochure to describe the strengthened support pathway. The Motueka ‘team’ have begun meeting weekly at the Motueka Family Service centre and have begun taking referrals. Work underway to develop a step-down programme in Murchison for people who have attended ‘circle of security’ facilitated support by our public health nurse.</p> <p>Level 3:</p> <ul style="list-style-type: none"> • <u>Family harm:</u> Ongoing focus this month within the governance group and liaison with MSD nationally and the National Police office to secure funding to develop our Family Harm model and adopting the Whangaia model. Meeting weekly to progress this • <u>Wellbeing strategy for reducing homelessness:</u> Ongoing fortnightly meeting chaired by GM MHA&DSS – regarding the wellbeing strategy for people on the unstable housing continuum – district wide group with housing first providers, MSD, Police, NGOs, Council, IRD, Corrections. • Weekly meetings for the health welfare subgroup continue to coordinate case management of vulnerable people on this continuum. Consent process developed well to enable sharing of initiation across agencies.
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, Family Harm, 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

C onsumer Feedback	<ul style="list-style-type: none"> • “We have told you what we want – now we want to see you do something about it” – Franklyn Village resident rep 	D ata Insights	<ul style="list-style-type: none"> • Psychosocial dashboard update
E xception Report	<ul style="list-style-type: none"> • Change support person has been secured for this workstream 		

WORKFORCE DEVELOPMENT			On track
A chievements This Month	<ul style="list-style-type: none"> • The data analysis of the current state is now being translated into a comprehensive story • A list of current macro challenges to workforce planning has been identified 	B enefits	<ul style="list-style-type: none"> • Creating a starting point for understanding our workforce, the trends and projections • Connecting with professional leads to sense check data story • Starting to crystallise the key workforce challenges for NMH
C onsumer Story	<ul style="list-style-type: none"> • Excellent feedback and insights from the clinical working group 	D ata Insights	<ul style="list-style-type: none"> • A comprehensive set of data across the system starting to emerge
E xception Report	<ul style="list-style-type: none"> • Working on how to ascertain capacity planning for secondary health care settings 		

WAYS OF WORKING			On track
A chievements This Month	<ul style="list-style-type: none"> • ELT discussion about cultural factors needed to enable flexible working to flourish • Policy and procedures to ELT for comment 	B enefits	Expected – not yet realised: <ul style="list-style-type: none"> • Increased employee satisfaction levels • Greater flexibility in employment should improve recruitment and retention outcomes • Positive impact on workforce diversity
C onsumer Story	<ul style="list-style-type: none"> • Good alignment between the work of the group and ELT feedback 	D ata Insights	<ul style="list-style-type: none"> • None available as yet
E xception Report	<ul style="list-style-type: none"> • Current facility planning does not enable the establishment of true flexible workspaces, ie large numbers of hot desk and systems to facilitate their use 		

PLANNED CARE		Planned Care Three Year report still overdue	
Achievements This Month	<ul style="list-style-type: none"> • Prepared and submitted 23 proposals to MOH for Planned Care Initiative funding • Progressed drafting of the 3 year Planned Care Plan required by MOH. Will submit by end September • Action Plans being prepared for all initiatives within workstream • Progressing conversations with 2 PHOs re a whole of system approach • Locality role for Motueka and Victory advertised. Good candidates for interview • Modular Health Care Home approach discussed with PHOs 	Benefits	<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
Consumer Feedback	<ul style="list-style-type: none"> • Nil update this month 	Data Insights	<ul style="list-style-type: none"> • Planned care activity and a Tableau workbook continues to be socialised across stakeholder group • Clear equity analysis now available and needs to increasingly inform decision making
Exception Report	<ul style="list-style-type: none"> • Access to Timely Advice: still need to clarify priorities, actions to progress under planned care workstream. • Budget prioritisation needs completing • Three Year Plan for Planned Care overdue but good progress being made • Need to clarify scope and action plan for work program for Quality Team • A workshop to involve wide stakeholder group being planned for October 		

3. PRIMARY & COMMUNITY

- COVID community testing was at its highest level in August. Fortunately no positive cases were detected locally.
- In August Nelson Marlborough Public Health Service joined a national response team of four Public Health Units supporting the Auckland COVID-19 response. Ninety-two close contacts, who had become symptomatic, were delegated by Auckland Regional Public Health Service to be managed by Nelson Marlborough Health. A seven day per week roster was required and the Public Health Service Emergency Operations Centre was activated to manage the response. This was the first time using the new National Contact Tracing Solution (NCTS) technology. Super users trained and engaged within the service were instrumental in now having 48 Public Health Service staff trained and operational within the NCTS.

- The COVID-19 Public Health Response (Maritime Border) Order 2020 was made on 26 June 2020 to strengthen maritime border controls to further mitigate risks from COVID-19 entering New Zealand via the maritime pathway. Under the order vessels are prohibited to enter NZ (unless exempt) and there are strict isolation or quarantine requirements for those arriving at the maritime border. Quarantine/isolation periods are either more than 14 days and/or 28 days depending on the vessel's journey from their last international port and/or had contact with any other persons other than those people who were on board when the vessel departed. During this period Health Protection processed shore leave for 21 crew members from a commercial vessel and ninety-three crew members from three fishing vessels for crew disembarkation at Port Nelson. All crew are NZ residents.
- In-house COVID-19 outbreak planning was undertaken, including a 'table top' scenario exercise which included an outbreak in an aged residential care facility. Feedback was that this was a valuable and appreciated exercise. An ARRC COVID rapid response plan, detailing the systems response to a COVID case, communication flowchart, roles and responsibilities, and a summary of the ability for all Nelson Marlborough ARC facilities to manage the virus within existing resources has been developed across collaborations with Public Health and a number of key NMH staff.
- Increased occupancy levels have been noted in all levels of Aged Care, but particularly Continuing Care (Hospital Level Care). On analysis this can be attributed to a significantly lower death rate compared to previous years resulting in a lower number of discharges from ARRC. This is consistent with a national picture.
- The Annual Plan 2020-21 is currently one of the first tranche of plans waiting for sign-off by the Minister of Health. The System Level Measures Plan 2020-21 has been approved by the Ministry of Health.
- Existing resources from the MOC and Clinical Governance teams have been aligned to provide Project lead support to the Ki Te Pae Ora programme.
- Community Oral Health Service arrears are reducing.
- A General Practitioner with a special interest in skin lesions is starting in Wairau in September, and will start working on the DHB backlog of intermediate level skin lesion removals.
- District Nursing Nelson continues to be exceptionally busy with close to 2,000 patient visits this month.
- The measles catch-up campaign for 15–29 year olds is being part-funded by the MOH. A Co-ordinator role has been appointed and will start in September.
- The cervical screening outreach programme is progressing well with successful clinics held in Nelson and Blenheim this month and a number of home visits.
- The Public Health Dietitian was invited to present at an early childcare teachers wellbeing webinar on "the impact of sleep and stress on healthy eating choices, meal patterns and the body's ability to function at its best" which was organised by the Nelson Tasman Kindergarten Association (NTKA). The Public Health Dietitian has also been invited to support the COVID-19 wellbeing Hui "fit for work" that NTKA are holding for teachers in October.
- A total of 55 referrals were made to the Stop Smoking Service throughout August. Nelson received 33 referrals (including 1 Pēpi First). Wairau received 17 (including 1 Pēpi First). Two referrals were received from out of area. Thirty-one bookings were made and six clients were not contactable. The services booking to enrolment rate for August was 56%, which is a significant increase from 2019 and in line with our target. The number of not contactable clients continues to drop, which is an encouraging trend.

- HealthPathways statistics continue to demonstrate a sustained increase in access when compared with the previous year. There were 1,536 users and 39,769 page views on Nelson Marlborough HealthPathways in August 2020; a 13% and 19% increase respectively, when compared with August 2019. User numbers per capita also continue to be significantly higher than other comparable HealthPathways regions.
- The COVID19 Clinical Pathway continues to be the most viewed page during August 2020, with 840 views. This is followed by Antibiotic Guidelines for Primary Care with 435 views; a suite of pages that are consistently highly utilised.
- The 15th Annual Marlborough Clued-Up Kids programme is due to be held in Blenheim in November 2020, with 16 schools and 700 students confirmed to attend. School Principals have been advised of the caveat around Alert Level 1. Final 'cancel or continue' decision will be made at the Marlborough Child Safety Group (MCSG) October meeting, however until this time, planning for the programme continues.
- The Public Health Dietitian supported the launch of Meat Free Monday and the changes to NMH's food and drink policy for the Nelson and Wairau hospital cafés. Feedback from the launch has contributed positively towards the ongoing discussions surrounding food and drink provisions at Wairau hospital café.

4. MENTAL HEALTH, ADDICTIONS AND DSS

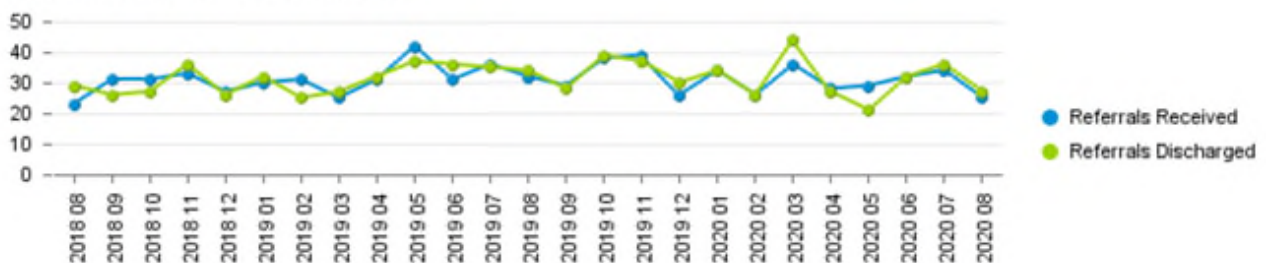
4.1 Addictions

	Referrals - 2020 08			Community Contacts - 2020 07			DNA % - 2020 07	
	Caseload 03/09/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Addictions Nelson	712	113	89	275	65%	33	9.5%	17.4%
Addictions Wairau	252	39	38	148	48%	45	20.3%	22.2%
Total	964	152	127	423	58%	38	13.2%	19.5%

4.2 Mental Health Admissions Unit (Wahi Oranga)

	Referrals - 2020 08			Midnight Occupied Beds - 2020 08			2020 07
	Caseload 03/09/20	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	% Clinically Coded
Wahi Oranga Inpatient Unit	26	25	27	27.5	30	92%	100%

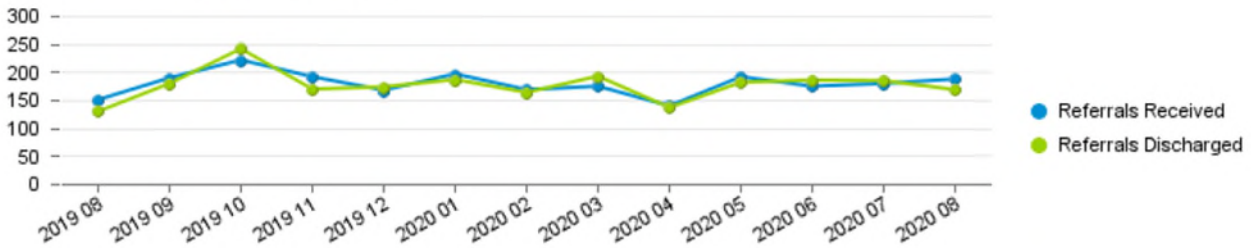
Referrals Received and Discharged



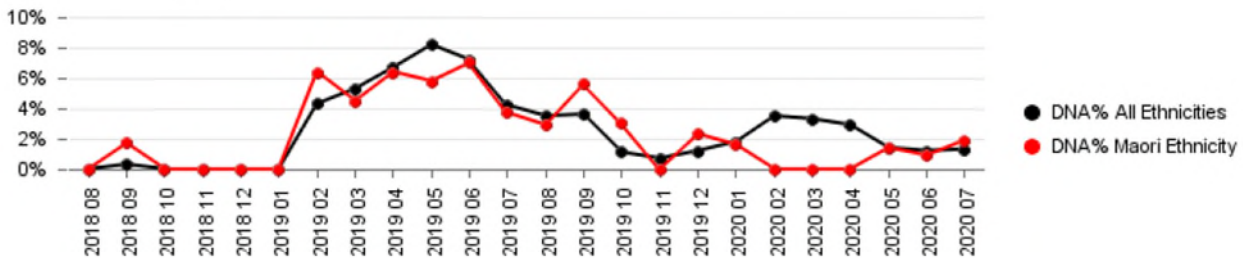
4.3 Community Assessment Team (CAT) Nelson and Psychiatric Liaison Nelson

	Referrals - 2020 08			Community Contacts - 2020 07			DNA % - 2020 07	
	Caseload 03/09/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
CAT Nelson	60	187	168	594	104%	0	1.3%	1.9%
Psychiatric Liaison Nelson				1		1	0.0%	

Referrals Received and Discharged



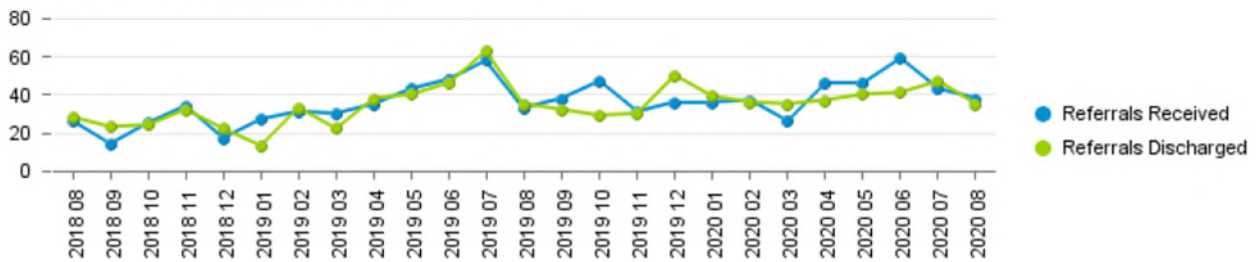
Did Not Attend (DNA) %



4.4 Older Persons Mental Health (OPMH)

- A more manageable month for the service, however overshadowed by COVID alert levels which impacts considerably on all parts of service delivery.

Referrals Received and Discharged



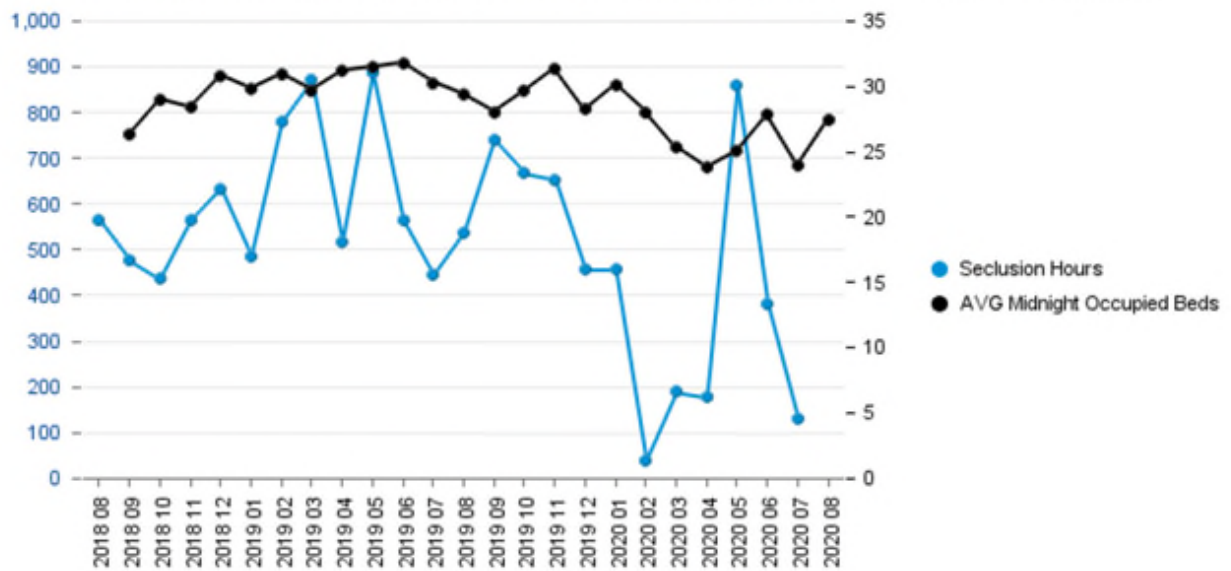
4.5 Infant, Child & Adolescent Mental Health Services (ICAMHS)

	Referrals - 2020 08			Community Contacts - 2020 07			DNA % - 2020 07	
	Caseload 03/09/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	4	1		25		33	0.0%	0.0%
ICAMHS Nelson	402	92	54	708	96%	107	7.1%	15.6%
ICAMHS Wairau	215	34	9	365	109%	41	3.0%	0.0%
Total	621	127	63	1,098	103%	77	5.6%	8.6%

4.6 Seclusion

	Seclusion - 2020 07				Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	Hours	Events	Consumers Secluded	AVG Hours per Event
Total	130	9	4	14	12,524	756	99	17
Maori Ethnicity					971	37	27	26
Female					1,750	109	40	16
Male	130	9	4	14	10,774	647	59	17

Seclusion Hours vs. AVG Midnight Occupied Beds for Wahi Oranga MH Inpatient Unit - All Ethnicities



4.7 Disability Support Services (DSS)

Disability Support Services (DSS)		Current June 2020	Current July 2020				YTD July 2020	Current August 2020				YTD August 2020
Contracted Services		ID	ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total
Current Moh Contract	As per Contracts at month end	159	160	18		178	increase 1	161	18		179	increase 1
Bed - Moh Individual contracts	As per Contracts at month end	8	8	0		8		8	0		8	
Bed - DHB-Chronic Health Conditions	As per Contracts at month end	1	1	0	11	12		1	0	10	11	decrease 1
Bed - Individual contracts with ACC	As per Contracts at month end	1	1	2		3		1	2		3	
Bed - Others - CY&F & Mental Health		0	0	1		1		0	1		1	
	Residential contracts - Actual at month end	169	170	21	11	202		171	21	10	202	
Number of people supported												
Total number of people supported	Residential service users - Actual at month end	169	170	21	11	202	increase 1	171	21	10	202	
	Respite service users - Actual at month end	5	5	1		6		4	1		5	decrease 1
	Child Respite service users - Actual at month end	37	37			37		37			37	
	Personal cares/SiL service users - Actual at month end	0	0	0		0		0	0		0	
	Private Support in own home	0	0	0		0		0	0		0	
	Total number of people supported	211	212	22	11	245		212	22	10	244	
		ALL	ALL	Residential	Child Respite	ALL	Residential	Child Respite				
Occupancy Statistics		Current	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms	230	230		222		8		230		222	
	Total available bed days	6,900	7,130		6,882		248		7,130	14,260	6,882	13,764
Total Occupied Bed days	Actual for full month - includes respite	6,183	6,441		6,259		182.0		6,435	12,876	6,285	12,544
	Based on actual bed days for full month (includes respite volumes)	89.6%	90.3%		90.9%		73.4%		90.3%	90.3%	91.3%	91.1%
		Last month	Last month	Current month	Variance				Last month	Current month	Variance	
	Total number of people supported	243	244	245	1				245	244	- 1	
Referrals	Total long term residential referrals	12	11	11					11	13		
Referrals - Child Respite	Child Respite referrals	8	7	9					9	11		
	Adult Respite referrals	1	1	-					-	-		
	New Referrals in the month	3	3	4					4	4		
Of above total referrals	Transitioning to service	-	-	-					-	-		
	On Waiting List	21	21	23					23	27		
Vacant Beds at End of month - (excludes Respite Beds)		23	21	19					19	21		
	Less people transitioning to service	-	-	-					-	-		
	Vacant Beds	23	21	19					19	21		

5. INFORMATION TECHNOLOGY

- A major milestone in August was the go-live for the Hauora Direct application, including the full functionality for Tamariki, Rangitahi and Pakeke assessments. NHI lookup is still being finalised, along with PowerBI based reporting. The support handover is to be completed in September. This is a great initiative in working towards equity in health.
- SmartPage (Clinical messaging and paging system that will allow automatic escalation of at-risk patients) has seen a good uptake with ward staff, junior medical staff and Allied Health, with all disciplines now on the system. Further work is underway with Registrars and SMOs. The project to implement scOPE theatre system is taking shape.

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. Work underway on a discharge summary MVP. 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. Meeting held with Nelson CNM re concerns around compliance issues with documentation. This has been fed back to the DONM group for action.	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. Orderly function is currently on hold awaiting development by vendor to meet local needs.	July 2020	Live / Rolling out	●
SI PICS Foundation	Patient Administration System (PAS)	20.1 released in August 2020. 20.2 testing will start in September. 20.2 delivers patient demographic enhancements and theatre functionality – theatre functionality will not be utilised until 2021.	Release 20.2 Nov 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.	Phase 1 draft plan completed, first workshop pencilled in for 23 rd Sep. CDHB dependency (TEST server access) delayed, expected next week. Change co-ordinator mentoring commenced.	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. Next step is deprecating fax at the Richmond Hub.	Dec 2020		●
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Smooth transitioning continuing with the fresh environment in place. Dependency on Winscribe project for the removal of EPLMS has caused a delay in further rollout for August 2020. Engineers redeployed to WinscribeTXT project in order to accelerate as misunderstandings around Z machine use cases and User frustration is growing.	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. Steering group held to review policies & governance. Planning underway for subsequent steps: Intranet upgrade, 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	Sept 2020	●
Network refresh (LAN)	Re-architecting and improved design of Core Cisco network components, to reduce complexity and make more robust.	Good progression in August, some tasks will be allocated to new Senior Network Engineer once they are onboarded.	Jul 19	Sept 2020	●
Alexandra Hospital	Install Wireless and Duress systems	Wireless now available @ Alex. Duress rollout issues with Australian vendor still problematic.	n/a		●
DR Planning	Document Disaster Recovery plans	Current state DR plans received and tabled for Jul 2020 Audit and Risk committee meeting. Key new activity for August onwards will be the Azure/Veeam Backup migration to	Mar 2020	Jul 20	●

Name	Description	Status	Original Due date	Revised due date	
		cloud. (New Project started at top of table)			
Development					
District Nursing	Review of system requirements for the District Nursing service. Replacement of DN database.	Initial scoping and requirements work underway in September 2020.	April 21		
Hauora Direct	A project aimed at improving enrolments in health programmes for vulnerable populations.	Full go-live completed in August 2020 including the full functionality for Tamariki, Rangitahi and Pakeke assessments. NHI lookup is still being finalised, along with PowerBI based reporting. Support handover to be completed in September.	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 for Wairau delayed until September 2020 to support transition requirements of the team.	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

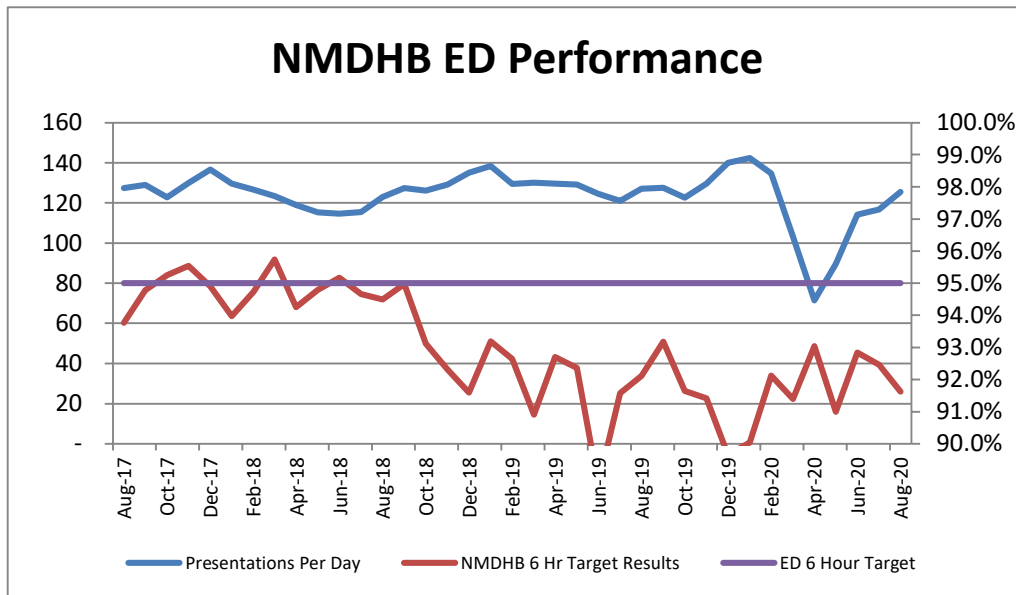
- At the end of August we planned 1,064 surgical discharges of which we have delivered 1,024 (96%). Although slightly down on the Plan we expect to make this up over the remainder of the financial year.
- We have delivered 1,191 minor procedures to the end of August, which is 371 procedures higher than our Plan target of 820 for this period.
- For orthopaedic interventions for the two months of the year to date, a total of 86 joints have been completed which is slightly down on the Plan of 93. However, the number of joints waitlisted for surgery has held static, with 151 joints waitlisted for surgery at the end of August compared to 150 at the end of July.
- As reported last month the employment of a fixed term Ophthalmologist has allowed us to increase delivery plan for the 2020/21 year from 525 to 600 cataracts. For the two months we have delivered 110 cataracts which is the planned target for that period. Pleasingly the number waitlisted for surgery has decreased slightly from 86 at the end of July to 81 at the end of August.

6.2 Planned Care

- ESPI 2 was Red for the month of August with 259 patients not being seen within 120 days of referral acceptance. This has decreased from 462 patients at the end of July.
- ESPI 5 was also Red for the month of August with 99 patients not being treated within 120 days of being given certainty. This has reduced from 215 patients at the end of July.

6.3 Shorter Stays in Emergency Department

- The EDs in both Nelson and Wairau continue to screen for respiratory symptoms and are limiting visitors in line with COVID restrictions. The demand of droplet isolation requirements for patients and staff safety continues.
- Of note is that 30% of attendances across both EDs were from people residing outside the NMH district.
- Triage 1 numbers show a decrease in Wairau (5 in 2020 vs 8 in 2019) but an increase in Nelson (7 in 2020 vs 3 in 2019). Triage 2 numbers were notably higher in Nelson with 602 in 2020 vs 518 in 2019.



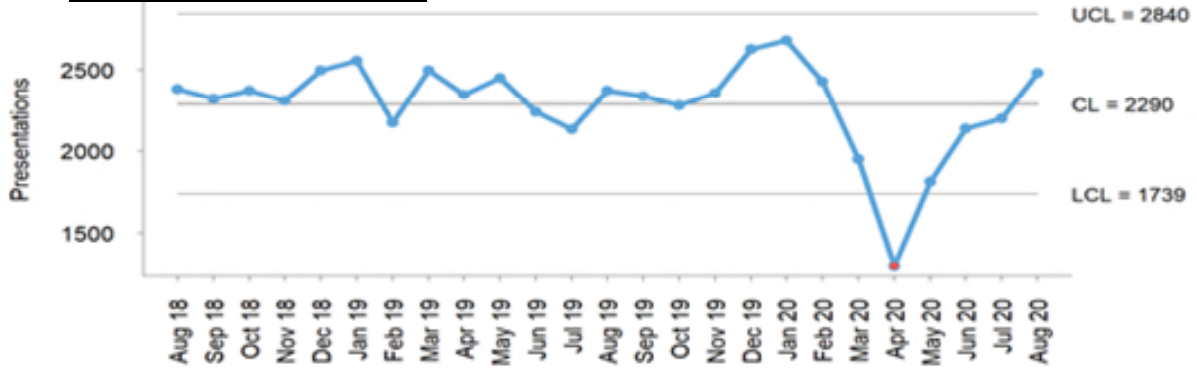
ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	90.6%	232	2,479
Wairau	93.3%	94	1,413

Hospital Occupancy

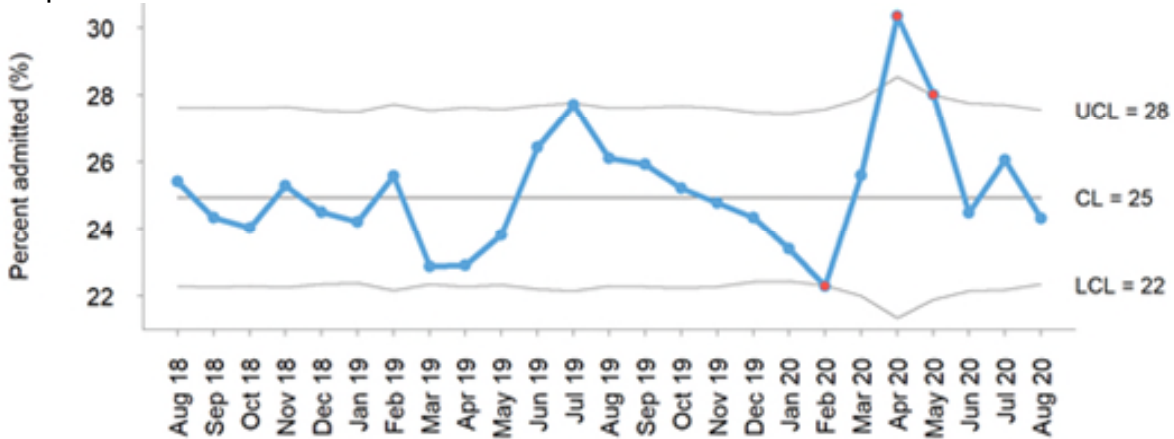
Hospital Occupancy 22 June – 19 July 2020	Adult in patient
Nelson	89%
Wairau	80%

Nelson ED Presentations

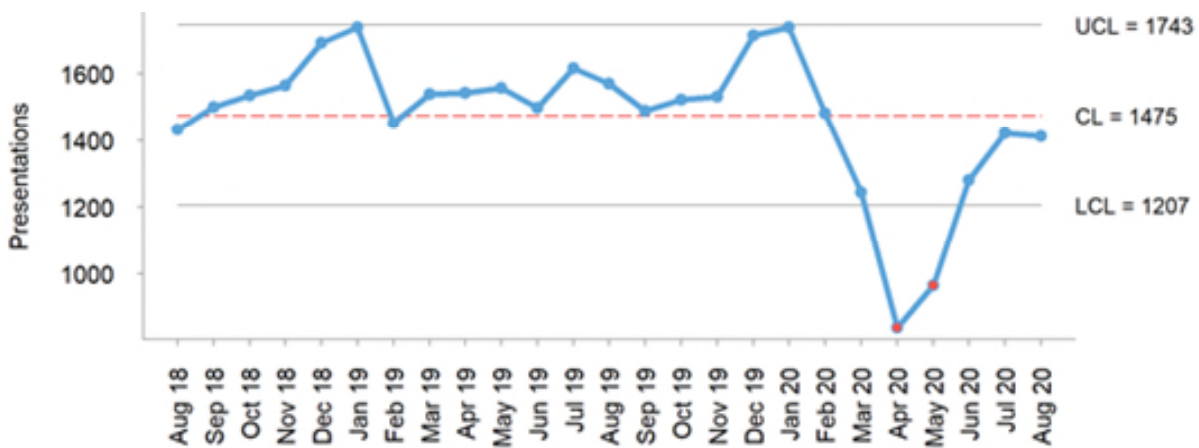


Admissions – Nelson ED

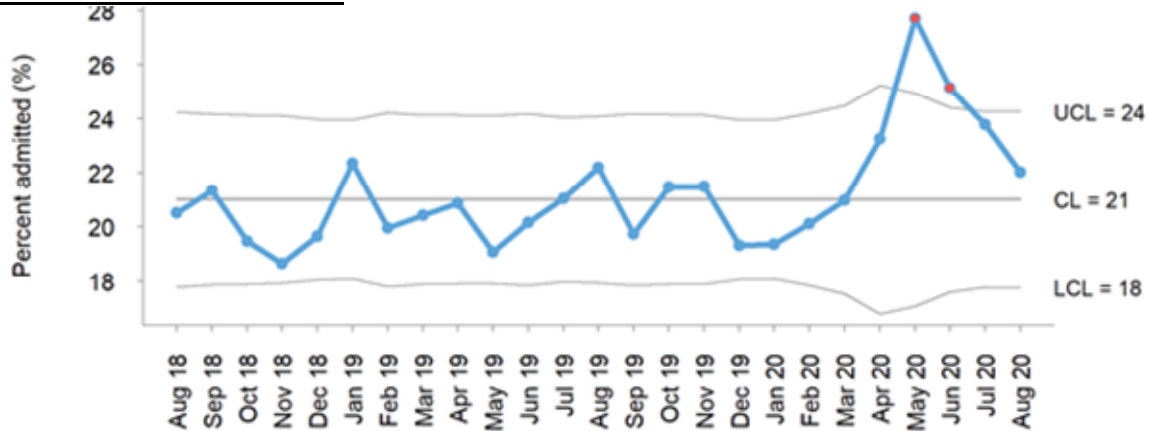
This includes admission and delayed admission to inpatient bed, transferred to other hospitals and died in ED.



Wairau ED Presentations

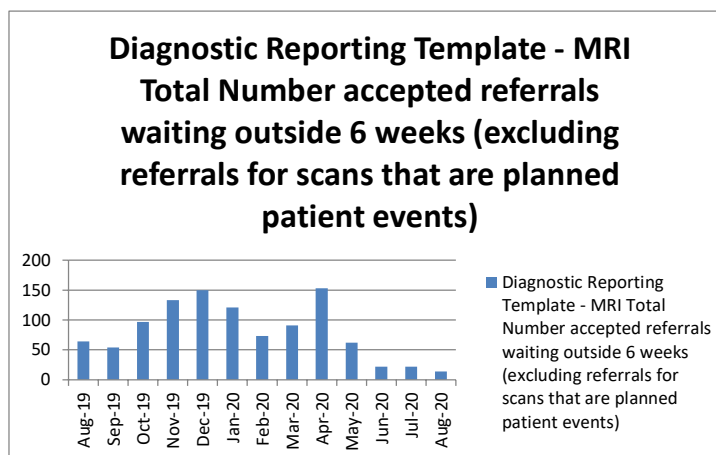
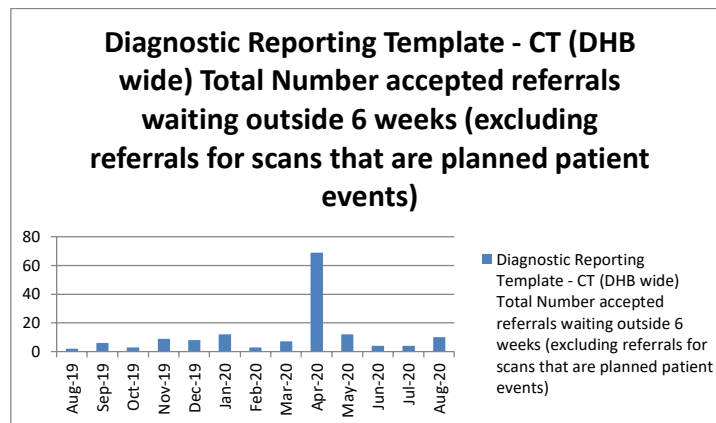


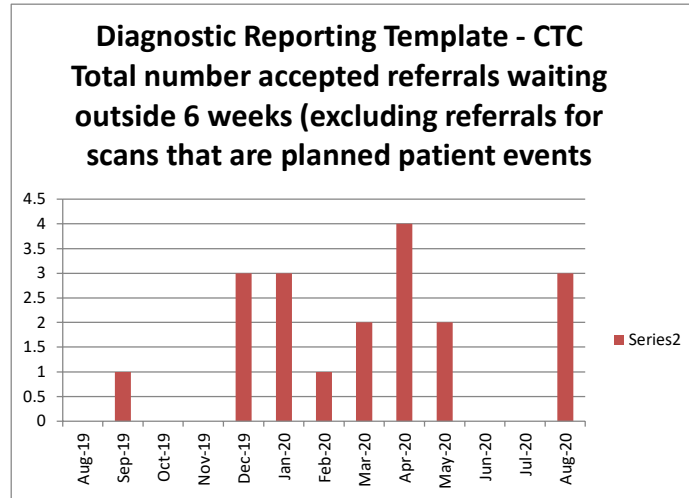
Admissions to Wairau ED



6.4 Enhanced Access to Diagnostics

- MRI numbers show 276 patients were scanned in Nelson, and 130 patients scanned in Wairau – a total of 406 patients for August, which is slightly down on the 424 for July.
- MOH MRI target shows 90% of referrals accepted are scanned within 42 days (target is 90%).
- MOH CT target shows 93% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 98% of target with 1 patient waiting greater than 42 days, and Wairau CT is running at 86% of target with 7 patients waiting greater than 42 days.





6.5 Improving Waiting Times – Colonoscopy

- As at 1 September 2020, there are 443 unbooked overdue colonoscopies (up from 369 at end of August) as identified below.

	Diagnostic	Screening	Surveillance	Grand Total
Overdue	12	1	430	443
Nelson Hospital	3	1	263	267
Wairau Hospital	9	0	167	176
Grand Total	12	1	430	443

6.6 Faster Cancer Treatment – Oncology

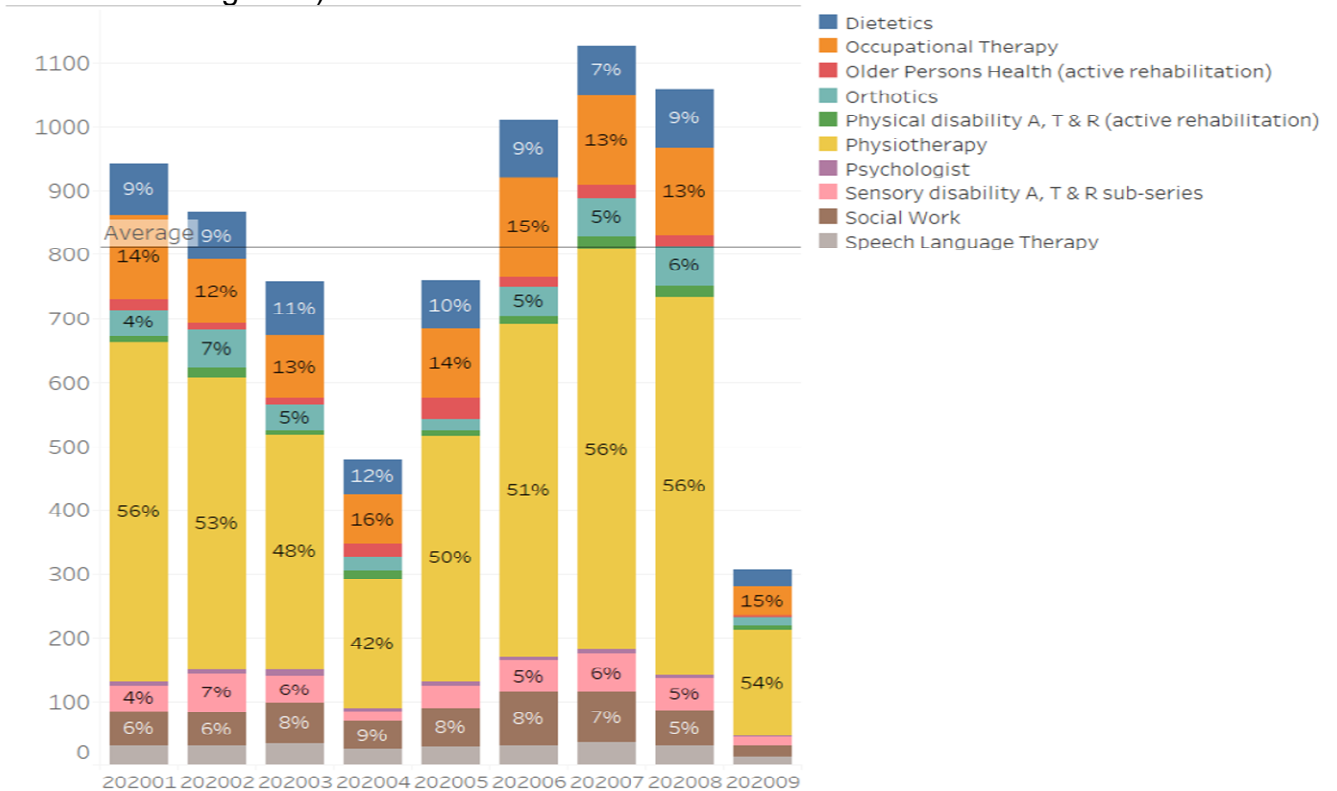
FCT Monthly Report - Aug 2020														Reporting Month: July 2020 - Quarter 1 - 2020-2021	
As at 28/08/2020															
62 Day Indicator Records															
TARGET SUMMARY (90%)															
Completed Records															
	Aug 2020 (in progress)		Jul-20		Jun-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 1 (2019-2020)		Rolling 12 Months Aug 19-Jul 20		
Numbers as Reported by MOH (Capacity Constraint delay only)	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	
	100%	0%	97%	3%	80%	20%	98%	3%	91%	9%	89%	11%	91%	9%	
Number of Records	9	0	30	1	16	4	39	1	63	6	68	8	273	27	
Total Number of Records	9		31		20		40		69		76		300		
Numbers Including all Delay Codes	82%	18%	97%	3%	67%	33%	93%	7%	79%	21%	76%	24%	79%	21%	
Number of Records	9	2	30	1	16	8	39	3	63	17	68	21	273	74	
Total Number of Records	11		31		24		42		80		89		347		
90% of patients had their 1st treatment within: # days	69		56		114		57		89		93		89		
62 Day Delay Code Break Down															
	Aug 2020 (in progress)		Jul-20		Jun-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 1 (2019-2020)		Rolling 12 Months Aug 19-Jul 20		
01 - Patient Reason (chosen to	0		0		4		0		0		2		7		
02 - Clinical Cons. (co-morbidities)	2		0		4		2		11		11		40		
03 - Capacity Constraints	0		1		4		1		6		8		27		
TUMOUR STREAM															
Rolling 12 Months (Aug 19-Jul 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%	54	0%	0	2%	1	2%	1	4%	2	56				
Gynaecological	95%	21	3%	1	21%	6	3%	1	28%	8	29				
Haematological	94%	15	6%	1	11%	2	0%	0	17%	3	18				
Head & Neck	65%	11	26%	6	26%	6	0%	0	52%	12	23				
Lower Gastrointestinal	88%	35	11%	5	13%	6	2%	1	26%	12	47				
Lung	86%	19	8%	3	36%	13	3%	1	47%	17	36				
Other	100%	4	0%	0	33%	2	0%	0	33%	2	6				
Sarcoma	100%	3	0%	0	0%	0	0%	0	0%	0	3				
Skin	95%	61	4%	3	3%	2	3%	2	10%	7	68				
Upper Gastrointestinal	93%	14	7%	1	0%	0	0%	0	7%	1	15				
Urological	83%	35	16%	7	4%	2	2%	1	22%	10	45				
Grand Total	91%	273	8%	27	12%	40	2%	7	21%	74	347				
ETHNICITY															
Rolling 12 Months (Aug 19-Jul 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				
African	100%	1	0%	0	0%	0	0%	0	0%	0	1				
Asian not further defined	100%	2	0%	0	0%	0	0%	0	0%	0	2				
British and Irish	50%	1	50%	1	0%	0	0%	0	50%	1	2				
Chinese	100%	1	0%	0	0%	0	0%	0	0%	0	1				
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				
Italian	100%	1	0%	0	0%	0	0%	0	0%	0	1				
Japanese	100%	1	0%	0	0%	0	0%	0	0%	0	1				
Maori	86%	12	11%	2	21%	4	5%	1	37%	7	19				
New Zealand European	91%	223	8%	21	10%	27	1%	4	19%	52	275				
Other Asian	0%	0	0%	0	100%	1	0%	0	100%	1	1				
Other Ethnicity	100%	5	0%	0	0%	0	0%	0	0%	0	5				
Other European	88%	14	11%	2	11%	2	5%	1	26%	5	19				
Other Southeast Asian	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%	273	8%	27	12%	40	2%	7	21%	74	347				

7. ALLIED HEALTH

- Based on the last calendar year, the average monthly referrals to Allied Health Services is 923. August continues to see above average referrals (1,060). August monthly profile of referrals:
 - 64% referrals from General Practice and DHB Specialist Services (up from 59%)
 - 10% Maori (significant range per service)
 - 3% Pacifica

- 3% Asian
- 50% of clients over 65 years (range per service with 217 referrals received for clients over 80 years old).

Number of referrals per month to Allied Health Services (January–August 2020 excluding CDS)



8. MĀORI HEALTH

8.1 Hauora Direct Digital

All three age ranges within the Hauora Direct digital assessment tool (Pēpe-Tamariki, Rangatahi, and Pakeke-Kaumātua) are live in the production environment. The change request list has been reviewed, refined and prioritised in categories from highest, high, medium, low and lowest priority. There is an importance on having the auditing capabilities for all three age ranges within the tool, as this pertains to the conduct and safety around the access to documentation within the Hauora Direct programme.

The tool, in its full form, will be applied to those whanau who were formerly homeless but have been housed during COVID-19.

Training for assessors has occurred and involved Public Health, Nelson Bays Primary Health, Victory Community Centre, Community Mental Health, and Te Piki Oranga.

8.2 Kainga Kore – Applying Hauora Direct to the Homeless

An agreement has been between lead agencies (Te Waka Hauora, Te Piki Oranga, Salvation Army, Victory Community Centre, Mental Health & Addictions, and Public Health) to apply Hauora Direct Assessments to those whanau who were formerly homeless, but have since been given accommodation as an outcome of COVID-19.

An action plan is currently being developed to provide Hauora Direct assessments to the 68 Kainga Kore whanau in the Housing First service. The idea is to provide the

assessments onsite and involve the support of the navigators that work in the Housing First team. A new name, which is more strength based, is being sought.

8.3 Wānanga Hapūtanga

The latest Wānanga Hapūtanga was held in early September at Motueka Family Service Centre. Seven hapū māmā attended and five whānau including three papa. All seven pēpi were identified as Māori. There were a variety of presenters from Te Piki Oranga, Tamariki Ora Service, Navigators, and Pepifirst who discussed the Primary Birthing Unit, cervical screening, and safe sleep practices. The new Aroha Tika infant bonding model was presented.

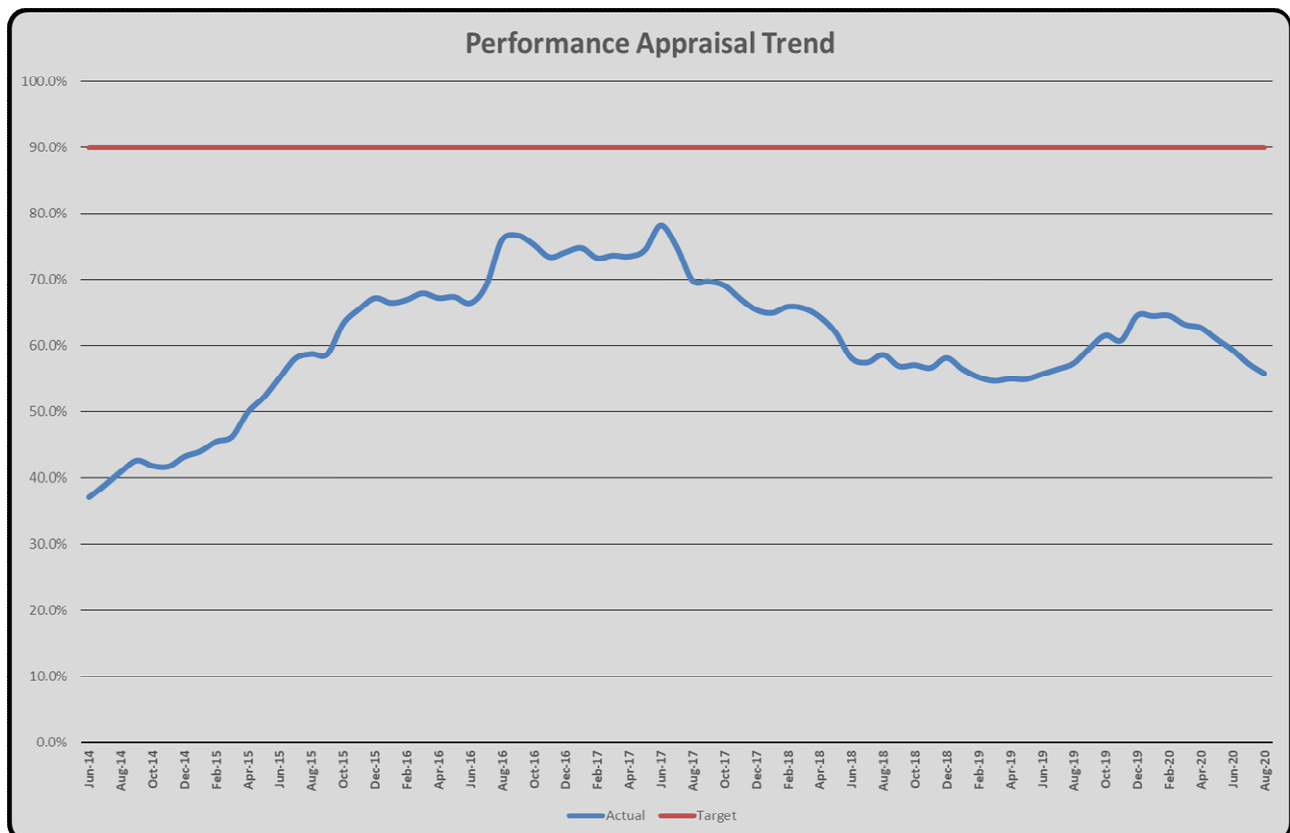
8.4 Kapa Haka

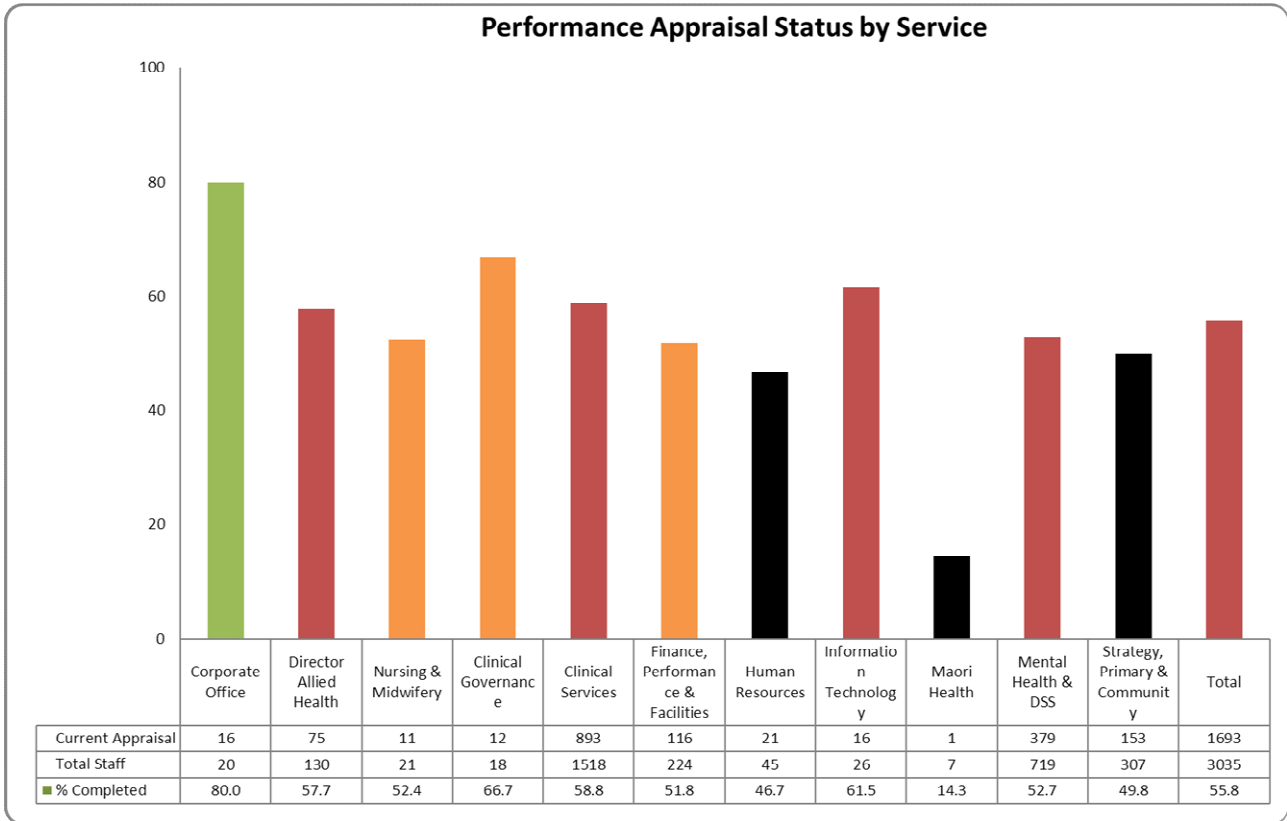
Te Waka Hauora have enabled staff of Nelson Marlborough DHB, both in Nelson and Wairau Hospitals, to attend virtual Kapa Haka classes. This is a first within the top of the South Island and consequently one of the first DHB's in Aotearoa to assist staff to begin their own journey of cultural competency virtually. Staff benefits include the ability to learn Te reo Māori pronunciation and translation through learning waiata, karakia and basic greetings.

The kapa haka sessions continue to gain in popularity with attendance for the month being in excess of 55 people. All feedback has been positive. The roopu also provided a number of performances during te marama o te reo Māori, both in Nelson and in Wairau, which were very well received by other staff, as well as patients and whanau.

9. PERFORMANCE APPRAISALS

To date we are at 55.8% of staff with a current appraisal.





Eric Sinclair
ACTING CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE ACTING CHIEF EXECUTIVE’S REPORT BE RECEIVED

MEMO

To: Board Members
From: Eric Sinclair, GM Finance, Performance & Facilities
Date: 16 September 2020
Subject: Financial Report for August 2020

Status

This report contains:

- For decision
- Update
- Regular report
- For information

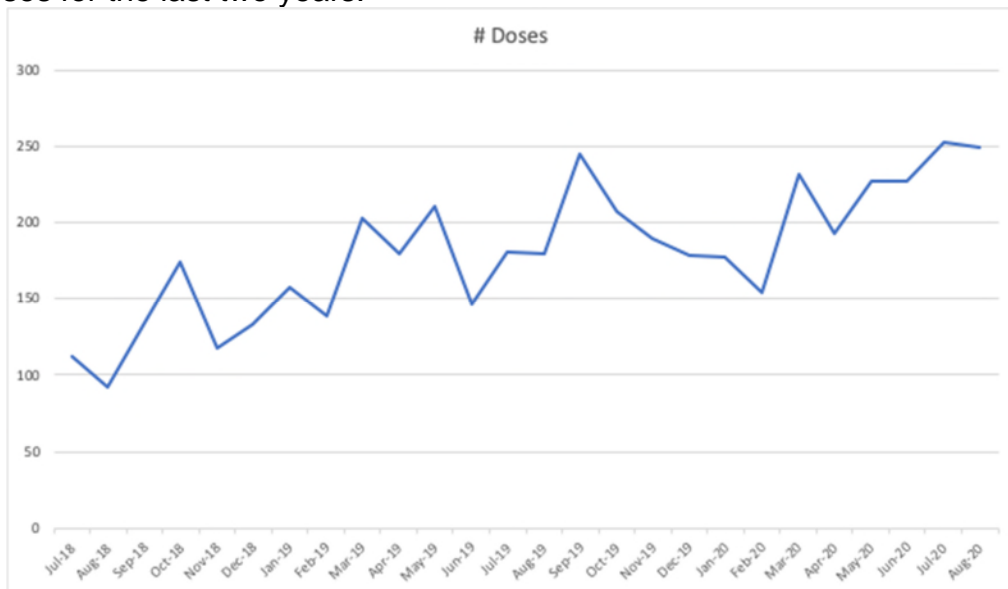
Commentary

The result for the first two months of the new 2020/21 (FY21) year shows a deficit of \$125k which is \$115k adverse to the planned result. This includes a net cost associated with the COVID-19 response of \$169k which brings the “business as usual” result to a surplus of \$44k or \$54k favourable to the 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 pages (now separated into two statements – one for the month and one for the YTD).

Although only two months have been completed we are starting to see a couple of areas within the BAU result that will be monitored closely:

- Provincial hospitals are reliant on a locum, i.e. non-employee, medical workforce to support healthcare and when vacancies exist the premium paid for locum staff can become significant.
- FTE levels within nursing and management/admin are creeping higher than our Plan. Some of this may be COVID related that has not been captured within the COVID costs, however there are also areas where the volume/activity demand has resulted in additional staffing requirements. If this continues additional savings will need to be found to offset these cost increases
- Within clinical supplies the costs of intragam are again running at higher than budgeted levels. For the equivalent two month period last year the costs for intragam are 20% higher in FY21. The following graph shows the increase in the number of doses for the last two years:



Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Monthly Operating Statement

	Month \$000s							Last Yr
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]		
Revenue								
MOH devolved funding	43,025	525	43,550	42,983	42	567	40,114	
MOH non-devolved funding	2,017	0	2,017	2,006	11	11	1,894	
ACC revenue	567	0	567	525	42	42	423	
Other government & DHBs	898	0	898	867	31	31	821	
Other income	955	0	955	933	22	22	1,306	
Total Revenue	47,462	525	47,987	47,314	148	673	44,558	
Expenses								
Employed workforce	17,412	(20)	17,392	17,451	39	59	16,054	
Outsourced workforce	575	2	577	182	(393)	(395)	747	
Total Workforce	17,987	(18)	17,969	17,633	(354)	(336)	16,801	
Outsourced services	1,679	0	1,679	1,707	28	28	3,418	
Clinical supplies	2,299	10	2,309	2,235	(64)	(74)	2,370	
Pharmaceuticals	4,170	0	4,170	4,105	(65)	(65)	3,971	
Air Ambulance	295	0	295	328	33	33	321	
Non-clinical supplies	2,923	60	2,983	3,192	269	209	2,610	
External provider payments	11,967	525	12,492	11,850	(117)	(642)	11,121	
Inter District Flows	4,133	0	4,133	4,133	0	0	3,948	
Total Expenses before IDCC	45,453	577	46,030	45,183	(270)	(847)	44,560	
Surplus/(Deficit) before IDCC	2,009	(52)	1,957	2,131	(122)	(174)	(2)	
Interest expenses	33	0	33	36	3	3	27	
Depreciation	1,153	0	1,153	1,257	104	104	1,112	
Capital charge	822	0	822	822	0	0	821	
Total IDCC	2,008	0	2,008	2,115	107	107	1,960	
Net Surplus/(Deficit)	1	(52)	(51)	16	(15)	(67)	(1,962)	

	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	86,004	1,103	87,107	85,868	136	1,239	79,674	54,623	506,044
MOH non-devolved funding	4,259	0	4,259	4,058	201	201	3,920	25,273	24,528
ACC revenue	1,293	0	1,293	1,058	235	235	1,079	6,710	6,773
Other government & DHBs	1,828	0	1,828	1,733	95	95	1,653	10,458	10,369
Other income	2,002	0	2,002	1,871	131	131	2,254	11,855	11,924
Total Revenue	95,386	1,103	96,489	94,588	798	1,901	88,580	596,919	559,638
Expenses									
Employed workforce	34,689	28	34,717	34,880	191	163	32,271	234,407	218,848
Outsourced workforce	1,089	5	1,094	364	(725)	(730)	1,342	1,978	7,833
Total Workforce	35,778	33	35,811	35,244	(534)	(567)	33,613	236,385	226,681
Outsourced services	3,440	0	3,440	3,418	(22)	(22)	3,141	20,585	19,246
Clinical supplies	4,718	13	4,731	4,466	(252)	(265)	4,849	28,834	27,482
Pharmaceuticals	8,295	0	8,295	8,211	(84)	(84)	7,816	50,354	50,143
Air Ambulance	621	0	621	655	34	34	613	4,259	4,230
Non-clinical supplies	6,248	123	6,371	6,406	158	35	5,172	38,886	30,603
External provider payments	23,966	1,103	25,069	23,700	(266)	(1,369)	22,432	142,891	141,807
Inter District Flows	8,268	0	8,268	8,268	0	0	7,897	49,623	51,022
Total Expenses before IDCC	91,334	1,272	92,606	90,368	(966)	(2,238)	85,533	571,817	551,214
Surplus/(Deficit) before IDCC	4,052	(169)	3,883	4,220	(168)	(337)	3,047	25,102	8,424
Interest expenses	66	0	66	73	7	7	54	436	376
Depreciation	2,298	0	2,298	2,514	216	216	2,220	14,806	13,314
Capital charge	1,644	0	1,644	1,643	(1)	(1)	1,642	9,860	9,709
Total IDCC	4,008	0	4,008	4,230	222	222	3,916	25,102	23,399
Net Surplus/(Deficit)	44	(169)	(125)	(10)	54	(115)	(869)	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	7,057	6	7,063	7,488	431	425	6,370	50,006	41,891
Outsourced SMO	823	0	823	214	(609)	(609)	1,162	1,283	6,556
Total SMO	7,880	6	7,886	7,702	(178)	(184)	7,532	51,289	48,447
Employed RMO	2,211	(7)	2,204	2,237	26	33	1,977	15,013	14,347
Outsourced RMO	33	0	33	66	33	33	38	397	260
Total RMO	2,244	(7)	2,237	2,303	59	66	2,015	15,410	14,607
Employed Nursing	11,358	10	11,368	11,150	(208)	(218)	10,495	75,711	72,715
Outsourced Nursing	0	5	5	0	0	(5)	5	0	25
Total Nursing	11,358	15	11,373	11,150	(208)	(223)	10,500	75,711	72,740
Employed Allied Health	7,634	0	7,634	7,640	6	6	7,256	51,212	48,731
Outsourced Allied Health	175	0	175	72	(103)	(103)	40	223	482
Total Allied Health	7,809	0	7,809	7,712	(97)	(97)	7,296	51,435	49,213
Employed Hotel & Support	1,248	1	1,249	1,172	(76)	(77)	1,104	7,840	7,387
Outsourced Hotel & Support	7	0	7	1	(6)	(6)	8	6	60
Total Hotel & Support	1,255	1	1,256	1,173	(82)	(83)	1,112	7,846	7,447
Employed Management & Admin	5,181	18	5,199	5,193	12	(6)	5,069	34,625	33,777
Outsourced Management & Admin	51	0	51	11	(40)	(40)	89	69	450
Total Management & Admin	5,232	18	5,250	5,204	(28)	(46)	5,158	34,694	34,227
Total Workforce costs	35,778	33	35,811	35,244	(534)	(567)	33,613	236,385	226,681
Total Employed Workforce Costs	34,689	28	34,717	34,880	191	163	32,271	234,407	218,848
Total Outsourced Workforce Costs	1,089	5	1,094	364	(725)	(730)	1,342	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	131.9	0.0	131.9	136.1	4.2	4.2	119.2	141.4	125.4
RMO	98.6	0.0	98.6	93.9	-4.7	-4.7	92.9	97.4	99.8
Nursing	752.7	0.5	753.2	735.4	-17.3	-17.8	728.3	755.4	751.4
Allied Health	641.1	0.0	641.1	641.7	0.6	0.6	609.7	659.1	625.9
Hotel & Support	131.1	0.1	131.2	127.1	-4.0	-4.1	122.8	130.9	128.1
Management & Admin	423.2	0.2	423.4	415.5	-7.7	-7.9	406.3	426.6	404.2
Total FTEs	2,178.6	0.8	2,179.4	2,149.7	-28.9	-29.7	2,079.2	2,210.8	2,134.8

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 August 2020

	Budget	Actual	Actual
	Aug-20	Aug-20	Jun-20
	\$000	\$000	\$000
Assets			
Current assets			
Cash and cash equivalents	4,769	22,888	9,134
Other cash deposits	21,284	21,298	21,298
Receivables	19,222	16,764	17,124
Inventories	2,742	2,814	2,900
Prepayments	1,188	789	386
Non-current assets held for sale	465	465	465
Total current assets	49,670	65,017	51,307
Non-current assets			
Prepayments	36	496	521
Other financial assets	1,715	1,663	1,723
Property, plant and equipment	197,585	194,062	194,666
Intangible assets	12,176	11,092	11,087
Total non-current assets	211,512	207,313	207,996
Total assets	261,182	272,330	259,303
Liabilities			
Current liabilities			
Payables	45,492	53,214	39,874
Borrowings	501	635	632
Employee entitlements	44,441	51,521	51,604
Total current liabilities	90,434	105,370	92,110
Non-current liabilities			
Borrowings	7,664	8,364	8,473
Employee entitlements	9,870	10,829	10,829
Total non-current liabilities	17,534	19,193	19,302
Total Liabilities	107,968	124,563	111,412
Net assets	153,214	147,767	147,891
Equity			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,635)	(17,087)	(16,963)
Total equity	153,214	147,767	147,891

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 August 2020

	Budget Aug-20 \$000	Actual Aug-20 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	99,536	100,429	597,222
Interest received	208	87	1,250
Payments to employees	(38,834)	(34,797)	(233,016)
Payments to suppliers	(56,474)	(50,129)	(339,111)
Capital charge	-	-	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	4,436	15,590	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	36	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(1,168)	(1,369)	(7,000)
Purchase of intangible assets	(334)	(331)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(1,502)	(1,664)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(72)	(172)	(436)
Net cash flow from financing activities	(72)	(172)	(983)
Net increase/(decrease) in cash and cash equivalents	2,862	13,754	6,502
Cash and cash equivalents at the beginning of the year	1,907	9,134	1,907
Cash and cash equivalents at the end of the year	4,769	22,888	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	48,781	48,781	48,781	48,781	48,781	48,781	48,781	48,781	48,781	48,782	49,757	49,757
Interest Received	104	104	104	104	104	104	104	104	104	106	106	106
Other Revenue Received	987	987	987	987	987	987	987	987	987	992	1,006	1,006
Total Receipts	49,872	49,872	49,872	49,872	49,872	49,872	49,872	49,872	49,872	49,880	50,869	50,869
Payments												
Personnel	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,429	19,805	19,805
Payments to Suppliers and Providers	28,237	28,237	28,237	28,237	28,237	28,237	28,237	28,237	28,237	28,503	29,767	29,767
Capital Charge	-	-	-	4,930	-	-	-	-	-	4,930	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	47,654	47,654	47,654	52,584	47,654	47,654	47,654	47,654	47,654	52,862	49,572	49,572
Net Cash Inflow/(Outflow) from Operating Activities	2,218	2,218	2,218	(2,712)	2,218	2,218	2,218	2,218	2,218	(2,982)	1,297	1,297
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	584	584	584	584	584	584	584	584	584	576	584	584
Capex - Intangible Assets	167	167	167	167	167	167	167	167	167	163	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	751	751	751	751	751	751	751	739	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(739)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(587)	(37)	(37)
Net Increase/(Decrease) in Cash Held	1,431	1,431	1,431	(3,499)	1,431	1,431	1,431	1,431	1,431	(4,308)	509	509
Plus Opening Balance	22,888	24,319	25,750	27,181	23,682	25,113	26,544	27,975	29,406	30,837	26,529	27,038
Closing Balance	24,319	25,750	27,181	23,682	25,113	26,544	27,975	29,406	30,837	26,529	27,038	27,547

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 16 September 2020
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- ✓ Regular report
- ✓ For information

The Chair met with the Co-Deputy Chairs and the Council facilitator on 31 August to discuss the planning and functions of the Council. It was agreed that changes be made to operations, such as providing time in the monthly meeting to share topics and themes brought to Council from the community for discussion and possible recommendations.

At the full Consumer Council meeting on 14 September, the topic of funding for breast screening was raised. Breast screening (mammography) services are currently offered free every two years to women between the ages of 45 and 69 years, with exceptions for certain women. The case of a local 71 year old woman, who has just had a double mastectomy and radiotherapy as a result of cancer, was discussed. After some discussion, the Council agreed that the Chair would write to Breastscreen Aotearoa on their behalf to request an extension of the free screening programme, beyond the current end age of 69. If this is not possible, the Council requests Breastscreen Aotearoa consider providing women, who no longer qualify for free screening, with a written invitation, at the time of their check-in for their last free screening, to continue to access screening at their own cost after their 70th year. The current cost is \$205 per mammogram.

The Council was happy to complete three pieces of consultation and pass on recommendations by email. These concerned conversations to be held with patients regarding the body donation programme at the University of Otago Medical School, a brochure regarding blunt chest injury, and also endoscopy services.

The Council discussed points from a presentation from the GM Mental Health Addictions & DSS and the GM Maori Health & Vulnerable Populations about the planned approach for the future development of the Nikau Hauora Hub and the Franklyn Village Ora Hub. The Council were supportive of the focus on:

1. Prevention and early intervention.
2. A well co-ordinated and well planned programme.
3. Quick, efficient and timely crisis intervention and support.

It was pleasing to hear that changes to the service will be determined using a co-design approach. The Council welcomes the offer of continued involvement throughout design and implementation processes. The Council stressed the importance of documenting the process of expanding the Nikau Hauora Hub as it appears that there is a need to replicate this model in other parts of the region, namely Blenheim, Motueka and Golden Bay.

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: 16 September 2020
Subject: **Clinical Governance Report**

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

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 4 September 2020.

DHB CGC endorsed:

- **The roll out of laboratory eOrdering** – This work was endorsed, in principle, while noting that there are multiple layers of clarification needed over both the ordering of tests and then the subsequent result sign off process. It was agreed that specialty nurses and registrars should be able to sign off their own results with nationally consistent nursing pathways giving access to this capability, appropriate supervision and back up for when away or left the organisation. Likewise it was noted the issues for responsibility for testing undertaken by locums. Further clarification of these protocols is required before final sign off.
- **The collection of themes from adverse event reporting, complaints and compliments** – It was noted the considerable work that goes on across the organisation to address both patient and staff feedback in a timely and supportive way. The importance of this work in creating a culture of respect and continual learning cannot be underestimated.

CGC recognised that at times events that are reported have wider implications that can be resolved within one department and, in these situations, once a problem starts to be a recurring issue it will be added to our list of ongoing themes. This will enable such issues to be addressed at an organisational level.

Current themes from the past month, in respect to staff reported events, include:

- Provision of care to patients unable or unwilling to give consent
- Workplace aggression
- COVID-19 related side effects – access to appropriate isolation beds, pressure to fast track, hand-over issues
- Communication discordances between staff – working under pressure – we need to cut each other some slack remembering that everyone is feeling the strain.
- Way-finding for patients
- Access to means for self-harm

Communication is always a recurring event underlining the importance of considering the impact that we have on each other, and our responsibilities as professionals to contribute to a culture of safety.

DHB CGC noted:

- ***The need for a simple system for organisational approval of research*** – The new email address for all research enquiries is research@nmdhb.govt.nz
- ***The process and outcomes from this year's operational expenditure (OPEX) process*** – Noting that NMH is in the privileged position to have funding to invest, in direct contrast to many other DHBs. By way of comparison we have also made a commitment of \$500k to address equity. The comparatively high cost of hospital services is a stark illustration of the critical importance of upstream care, such as public health, early childhood services, smoking cessation activity and immunisations to prevent disease.

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