

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 27 October 2020 at 12.30pm

Marlborough Room, Scenic Circle Marlborough
65 Alfred Street, Blenheim

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	12.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	12.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	12.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Decision: 2021 Board Meeting Dates		Attached	Resolution
5	Chief Executive's Report		Attached	Resolution
5.1	Psychosocial Dashboard		Attached	Note
6	Finance Report		Attached	Resolution
7	Consumer Council Chair's Report		Attached	Resolution
8	Clinical Governance Report		Attached	Resolution
9	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 22 September 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

Paul Matheson

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 	<ul style="list-style-type: none"> Treasurer, Waimea Basketball Club (commences November 2020) 		
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 October 2020

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 22 SEPTEMBER 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:

Eric Sinclair (Acting CE and GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Pat Davidsen on behalf of Lexie O'Shea (GM Clinical Services), Cathy O'Malley (GM Strategy Primary & Community), Hilary Exton (Director Allied Health), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Stephanie Gray (Communications Manager), 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: Brigid Forrest
Seconded: Allan Panting

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Brigid Forrest
Seconded: Allan Panting

THAT THE MINUTES OF THE MEETING HELD ON 25 AUGUST 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Point

Item 1 – Wood Pellet Trial: Ongoing. Report October meeting around emissions.

Item 2 – Consumer Council: The Board Chair met with the Clinical Governance Support Manager and the Consumer Council Facilitator to discuss membership extensions. Completed.

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The Chair thanked the Executive Leadership Team, and acknowledged the Acting CE, for their efforts whilst the CE is at Canterbury DHB. It is a testament to their support and strength as a team that the CE was able to assist Canterbury at this time.

SECTION 5: ACTING CHIEF EXECUTIVE'S REPORT

Franklyn Village

Noted this is not owned by the DHB, although we do provide some heating and steam to the building, which is purchased on a commercial arrangement. NMH is looking at assisting Franklyn Village management to set up a Health Hub, which is still being designed. The Hub will be a collaboration with a number of agencies to provide services to those living in Franklyn Village. The Landlord is socially interested to better the residents, and is willing to invest in space for the Health Hub.

Nikau House

Our commitment to provide a Hub for mental health, Maori health and other services is important. It is intended to increase messages to clients, family and community. It is planned to have all work completed prior to Christmas to enable services to be up and running in the New Year.

Minor Procedures

Noted we are ahead of target. **It was requested that** a breakdown be provided at the next meeting on what minor procedures have been completed.

Ki Te Pae Ora

Updates noted. It was suggested that the English meaning of Ki Te Pae Ora be noted on the report.

Addictions DNA

Discussion held on the high number of DNAs in Mental Health in Wairau. We are focussing on understanding DNA rates in Mental Health and Addictions as it is a concern. Data is being shared with teams and we are looking at strategies to improve the number of DNAs.

Moved: Stephen Vallance
Seconded: Jill Kersey

THAT THE BOARD RECEIVES THE ACTING CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The result for the first two months of the new financial year 2020/21 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 budget.

Workforce and Locums

Due to COVID restrictions of needing two weeks isolation, it is not practical for international short term locums to come to New Zealand, although New Zealand is still a place that locums wish to come to. With New Zealand doctors not moving overseas due to COVID, we are well placed for workforce.

Annual Leave

Noted annual leave total is increasing, however this is a national trend at the moment. We are encouraging staff to take leave to ensure health, safety and wellbeing is covered, and will encourage staff to take leave over the Christmas period.

Moved: Craig Dennis
Seconded: Brigid Forrest

THAT THE BOARD RECEIVES THE FINANCE REPORT.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Discussion held on organisation approval of research. Noted our clinical research requests are usually connected to larger research projects. There is a South Island Ethics Committee and a National Ethics Committee who approve all research projects. The Iwi Health Board at NMH gives approval from an ethical perspective locally. We are wanting to make it easier to manage research requests. There is benefit to doing research projects. **It was agreed that** an update on current research be provided to the Board.

SECTION 9. GENERAL BUSINESS

Nil.

Public Excluded

Moved: Dawn McConnell
Seconded Jacinta Newport

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

Resolutions from the Public Excluded Meeting:

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

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- Decision: Contract Variations – APPROVED
- Decision: Palliative Care Services Hospice Marlborough – APPROVED
- Update: Facilities – APPROVED
- CE's Report – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.00pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 22 September 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	Completed. Refer to item 2.1.1
2	CE's Report	A breakdown be provided on what minor procedures have been completed	Lexie O'Shea	22 September 2020	27 October 2020	Completed. Refer to item 2.1.1
3	Clinical Governance Committee Report	Provide an update on current research projects	Elizabeth Wood	22 September 2020	24 November 2020	

MEMO

To: Board Members
From: Eric Sinclair, Acting Chief Executive
Date: 21 October 2020
Subject: **Action Points**

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

1. Wood Pellet Trial

The wood pellet trial is being conducted in mid-November. The trial will be conducted on a shorter time basis than initially planned given the complexities to ensure that no back burn occurs. We will be able to measure the impact of the wood pellet in this short time period for the heat produced and its comparability to coal.

We are also reviewing other alternatives that may result in only the landfill gas (LFG) boiler being required with a smaller “instant-fire” boiler (e.g. a diesel boiler) available as a back-up. This could occur depending on the volume of steam required for the laundry services.

2. Minor Procedures

A table showing the minor procedures completed in the first quarter will be tabled at the Board meeting.

3. Current Research Projects

An update on the current research projects will be provided to the Board at the November meeting.

Eric Sinclair
ACTING CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE BOARD NOTE THE RESPONSES TO THE ACTION POINTS

MEMO

To: Board Members
From: Eric Sinclair, Acting Chief Executive
Date: 21 October 2020
Subject: **Correspondence for September/ October**

Status
 This report contains:
 For decision
 Update
 Regular report
 For information

Inward Correspondence

Date	From	Item
24/09/2020	NBPH	Thank you and acknowledgement
25/09/2020	Minister of Health	Approval of Annual Plan
20/10/2020	Public Service Commission	Government Decision Making During the Period of Caretaker Government

Outward Correspondence

Date	From	Item
16/10/2020	Salvation Army	Thank you for contribution to palliative care in Marlborough

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 21 October 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: Gaylene Corlett, Board Secretary
Date: 21 October 2020
Subject: **Decision: 2021 Meeting Dates**

<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none">✓ For decision<input type="checkbox"/> Update<input type="checkbox"/> Regular report<input type="checkbox"/> For information

Attached as item 4.1 are the proposed dates for Board, Advisory Committee, and Audit & Risk Committee meetings for 2021.

Gaylene Corlett
Board Secretary

RECOMMENDATION:

THAT THE BOARD ENDORSES THE MEETING DATES FOR 2021.

NMDHB 2021 Board Meeting Dates

S = Standard C = Closed

Date	2020 Meetings	Type		Location
26 Jan	Combined Workshop	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
26 Jan	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
09 Feb	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting Room, Nelson
23-Feb	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
23-Feb	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
23 Mar	Advisory Committee	S	10.00-12.00pm	Blenheim
23 Mar	Board	S	12.30-4pm	Blenheim
26 Mar	IHB Board to Board	C	10-3pm	Waikawa Marae
27 Apr	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
27 Apr	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
11 May	Audit & Risk	C	9.30-12.00pm	DHB Office Meeting Room, Nelson
25 May	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
25 May	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
22-Jun	HAC	S	10.00-12.00pm	Blenheim
22 Jun	Board	S	12.30-4pm	Blenheim
27 Jul	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
27 Jul	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
10 Aug	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting Room, Nelson
24 Aug	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
24 Aug	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
28 Sep	Planning Workshop	S	10.00-12.00pm	Blenheim
28 Sep	Board	S	12.30-4pm	Blenheim
26 Oct	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
26 Oct	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson
27 Oct	IHB Board to Board	C	10-3pm	TBC
09 Nov	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting, Nelson
23 Nov	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
23 Nov	Board	S	12.30-4pm	Seminar Centre Room 1, Nelson

MEMO

To: Board Members
From: Eric Sinclair, Acting Chief Executive
Date: 21 October 2020
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

September, and the first couple of weeks of October, has been a busy period as the health system continues to respond to the COVID-19 pandemic, and deliver the 'business-as-usual' services for our population. This is a credit to the wider team across Te Tau Ihu health system, be it within the DHB or our various partners.

There are no current cases of COVID within our community, and we have closed the CBACs. However, these can be activated within a very short period again if required. The Public Health Team continue to lead the response, including the testing regime that includes some ambitious targets from the MOH. Our Procurement team have done a superb job in managing the distribution of PPE (personal protective equipment) to a range of providers across the community.

At a national level, a number of employment relations initiatives are underway including the pay parity for primary care nursing, and pay equity for clerical, allied health and nursing.

Nationally, work has commenced on the response to the Health & Disability System Review with the lead now appointed. With the election now done, it is expected we will start hearing further details on the Government's intentions for the health sector.

We have submitted a number of bids to the MOH for the planned care initiative and capital funding. A small number have been declined, however over 20 bids have been pushed through to the next review phase by the MOH. We have also been asked to submit a plan for funding from the sustainability fund – this was an appropriation in Budget 2019 but has taken some time to determine what would be made available to DHBs. We have been provided \$460k and the Executive Leadership Team is looking at what options should be put forward in conjunction with a range of other funding pools that are available. The criteria for the sustainability funding includes:

- Development of DHB cost savings and financial sustainability
- Improving equity
- Service improvement aligned to the Ministry of Health measures.

We have completed the first quarter of the 2020/21 year in a positive position, and are set up well to continue through the remainder of the year.

On a personal basis it is great to welcome the CE back into the 'hot seat', and I am sure we will all benefit from his experiences at CDHB. I also extend a special thanks to the Board Chair, the EA to the CE, and the Executive Leadership Team for making the last couple of months as smooth as possible.

2. KI TE PAE ORA / TOWARDS A HEALTHY FUTURE

The overall programme continues to gain strength. A few key points of progress over the last month include:

- A communications panel is being established to assist with the communication plan for the system.
- The Staff Weekly newsletter now includes a regular spot to highlight progress.
- Change support roles to support the Executive lead have been identified for each of the workstreams.
- The monthly reporting of the programme is being reviewed and refined. The table below provides a short overview of each workstream within the programme and its current status whilst the revised report is developed.

Workstream	Status	Comment
Community Wellbeing	Green	<ul style="list-style-type: none"> • Good progress has been made on a number of the key areas within the workstream over the last month including the Nikau Hauroa Hub and the first 1000 days
Telehealth	Green	<ul style="list-style-type: none"> • A number of positive interactions with external and internal parties has occurred • 18 LEAP clinics conducted with CDHB for oncology / paediatrics
Closing Digital Divide	Green	<ul style="list-style-type: none"> • Continued development of the “virtual visitor” to assist with in-hospital visits
Workforce Development	Green	<ul style="list-style-type: none"> • Analysis of current state is underway • List of macro challenges to workforce planning identified
Ways of Working	Green	<ul style="list-style-type: none"> • Flexible working policy being consulted with wide range of staff and unions currently
Acute Care	Orange	<ul style="list-style-type: none"> • A project manager to drive the workstream commences at the beginning of November. They will develop the project plan as their initial priority
Planned Care	Green	<ul style="list-style-type: none"> • The 3-year planned care plan has been submitted to the MOH • COVID catch up planning continues to be discussed with the MOH • Planned care initiatives and capital funding bids submitted to MOH – awaiting MOH decision
Data & Quality	Green	<ul style="list-style-type: none"> • Currently reviewing how data and analytics can best be provided across the organisation
Facilities	Orange	<ul style="list-style-type: none"> • Programme now established with project manager commencing in November • Range of business cases to be developed • Awaiting formal responses from centre on DBC development and the shovel ready projects

3. PRIMARY & COMMUNITY

- The NMDHB Annual Plan 2020-21 has been signed off by the Minister of Health. Quarterly reporting against the activities outlined in both the Annual Plan and System Level Measures plans are underway.
- Preparation for the 2021-22 planning cycle has commenced. The implementation section of the Regional Services Plan (RSP) was circulated to ELT for feedback to inform next year's planning. A table outlining the stakeholders for inclusion in System Level Measures planning is under development.
- Nelson Marlborough HealthPathways (NMHP) statistics continue to demonstrate a sustained increase in access to HealthPathways when compared with the previous year. There were 1,489 users and 39,670 page views on NMHP in September 2020; a 5% and 15% increase respectively, when compared with September 2019. NMHP user numbers per capita also continue to be significantly higher than other comparable HealthPathways regions.
- There continue to be five active COVID-19 pathways on NMHP, however during September page views subsided to an average of 202 per week (compared with 431 in August), and the COVID-19 Clinical Pathway is no longer the most viewed page on the website. This is indicative of the contained regional situation. The predominant focus of these updates related to testing procedures, PPE guidance and associated resources on the clinical pathway.
- Ongoing COVID-19 outbreak planning has been undertaken in Aged Residential Care (ARC) facilities, and the Rapid Response Plan has been approved for dissemination. A simulation exercise was repeated with ARC facilities and clinical managers.
- The Healthy Homes programme has insulated over 2,000 homes to date. The change to the criteria has enabled more homeowners to access insulation.
- A cultural competence/interpreter use workshop was held in Wairau.
- Demand for District Nursing services in Nelson and Motueka continue to increase.
- Across Nelson, Wakefield and Motueka, 4,829 patients were visited by District Nurses in September (up from 3,408 in August), and in Blenheim, 1,294 patients were visited (up from 1,273 in August).
- A project to look at the District Nurse IT/programme requirements is well under way, and is expected to be complete by early next year.
- District Nursing Nelson has now transferred onto eTriage for receiving all referrals from GPs.
- Renwick Medical Centre and the District Nurses (DNs) in Blenheim are collaborating to provide an early intervention service and clinic based at the medical centre. District nursing patients, who are mobile, will be able to attend a clinic at Renwick rather than travel into Blenheim, and the DNs will also provide a fortnightly wound clinic at Renwick to support practice staff with expert advice and early intervention.
- In Blenheim, District Nursing referral numbers continue to increase with a 61% increase in referrals between August and September. The team is presently trialing re-organisation of boundaries (Rural West, North, South, Clinic, Picton), and will add a new team (within existing resource) to assist with increased case load.
- It has been a busy month with Bikes in Schools. Tapawera Area School's bike track has been completed, Wakefield School received bikes and launched a 'Bike Week', Auckland Point School hosted an event to celebrate their new bike track, and 25 bikes from the Bike Station have been secured for Nelson-Tasman kindergartens. Bikes in Schools is a great collaborative programme with support from local Councils being key to its success.
- Health Promotion supported Auckland Point School with the successful launch of its new bike track this month. The school has already seen significant changes in the

school community as a result of the track being built with the school Principal commenting “The children are so excited to be able to get the bikes out and go for it... the physical activity that is occurring has so many benefits for everyone. It has become a magnet for the community too and this means our grounds are being watched over and used for positive purposes during the times school is closed.” The launch was a great collaborative effort between Public Health, the Heart Foundation and NCC Enviro-schools, and flowed on from support being provided to the school with nutrition and physical activity.

- Health Promotion supported the ‘Step into Spring’ active transport initiative delivered by NCC by attending walk and bike to school morning events at Nelson Central and Tahunanui Schools.
- Public Health Dietitian met with NMH Communications team to discuss how nutrition-based health promotion messages could be communicated throughout the organisation and to the public. An article on “Good food for a good mood” for mental health awareness week has been submitted to the Communications team for the newspaper’s October Health News on healthy lunchboxes for the final school term.
- The 15th Annual Marlborough Clued-up Kids programme is planned for November with 16 schools and 700 students confirmed and booked in to attend.
- A total of 91 referrals were made to the Stop Smoking Service throughout September, including 9 for Pēpi First. This is the highest number of referrals for any given month in 2020 to date, and is also the highest number of referrals for the month of September since the service began in 2017. The increase is due in part to enrolments for group-based support, primarily with Pathways (Waimea) and St Mark’s (Wairau). Of the 91 referrals, 72 bookings were made, including 8 for Pēpi First. This represents a 79% referral to enrolment rate.
- The Smokefree team continues to progress their Strategic Plan, Te Whakamahere, with a particular focus on hapū māmā and the Pēpi First programme. This includes greater collaboration with colleagues from Te Waka Hauora and Te Piki Oranga, before and after Hapū Wānanga as well as collective “wrap around” support for māmā, partners, whānau and Smokefree whare throughout the region.
- Meeting held with Not in Education Employment or Training Service (NEETS), a group of young people (15-24 year olds) not in education or training, and Youth Payments staff, as they had requested information on local sexual health services and updates on other local services and resources. It was also a good opportunity to link these youth workers with NMH Oral Health Services and Barnardo’s for further resources/information.
- A new service, Individual Placement and Support (IPS), helping people with mental health issues to find and stay in employment will start on 1 October 2020. IPS has a higher success rate than other employment models and NMH is working closely with Te Ara Mahi to introduce and embed this service into its Nelson, Tasman and Maori Mental Health and Early Intervention Services (including being located at Nikau Hauora Hub). In recent years NMH and Te Ara Mahi established an IPS pilot in Wairau, and IPS is now fully embedded into the Wairau Mental Health Service.
- NMH has commenced the procurement of an electronic prescribing and medication administration system. This should streamline patient medication management, prevent errors and allow for better reporting. Initially access will be restricted to pharmacy teams with a view to rolling this out to prescribers and others.
- Community Oral Health Service arrears have increased 1% in the month to 19% (target < 10% by June 2021), largely due to staff absences and the ceasing of Saturday clinics.

- The Health Promotion team worked with NMH communications team to promote the “0 alcohol when pregnant’ message for Fetal Alcohol Spectrum Disorder (FASD) Awareness day/month on a range of platforms.

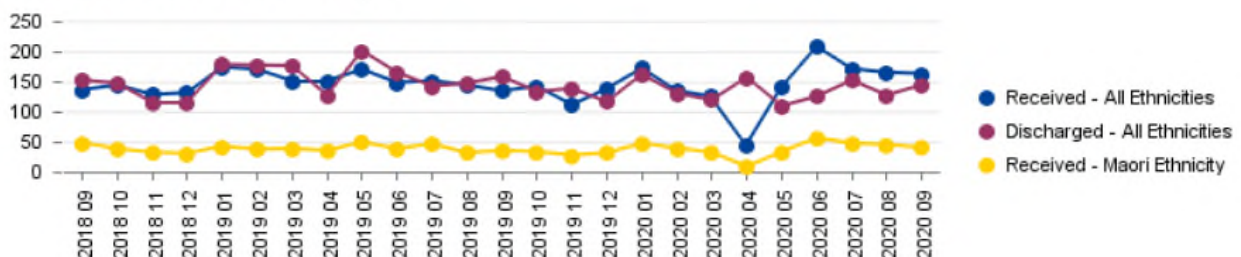
4. MENTAL HEALTH, ADDICTIONS AND DSS

- The GM Mental Health Addictions & DSS is representing health on the Regional Leadership Group (RLG) for Nelson/Tasman. The Marlborough PHO CE is the health representative on the Marlborough RLG. This is a good forum to continue to keep key leaders across the community informed and up to date on COVID-19 response issues.
- Regular connections are being made with CDEM Welfare Managers, Public Health and MSD to refine the referral pathways for health and welfare supports should we face a suspected or positive case in our region. We are currently working on identifying an accommodation option where people who cannot self-isolate and need urgent short-term accommodation, until national direction is received, is being scoped.
- The psychosocial plan continues to be refined and key stakeholders meet regularly. Attached as item 5.1 is the most recent psychosocial dashboard.
- Regular newsletters regarding Nikau Hauora Hub have been sent out to keep people informed and up to date with progress on the co-design improvement programme.
- We have successfully recruited two Nurse Educator roles who will both be based in ED (0.6 FTE Nelson and 0.2 FTE Wairau). This will enable us to make good progress on embedding the hauora hinengaro pathway in both EDs.
- The new integrated model of care began this month with the Te Ara Mahi team joining our secondary Mental Health teams which include Early Intervention Services, Maori Mental Health, Adult Nelson, Tasman and Wairau teams.

4.1 Addictions

	Referrals - 2020 09			Community Contacts - 2020 08			DNA % - 2020 08	
	Caseload 05/10/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Addictions Nelson	711	114	108	51	6%	28	11.8%	25.0%
Addictions Wairau	287	49	36	155	52%	54	15.5%	25.9%
Total	998	163	144	206	18%	44	14.6%	25.8%

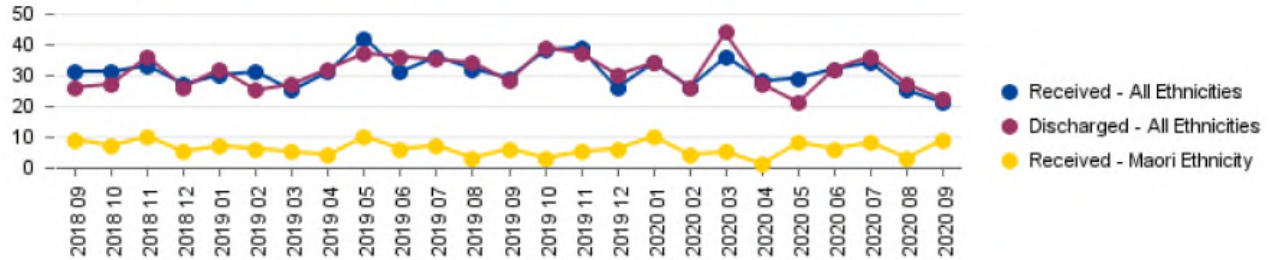
Referrals Received and Discharged



4.2 Mental Health Admissions Unit (Wahi Oranga)

	Referrals - 2020 09			Midnight Occupied Beds - 2020 09			2020 09	2020 08
	Caseload 05/10/20	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	25	21	22	26.9	30	90%	68	96%

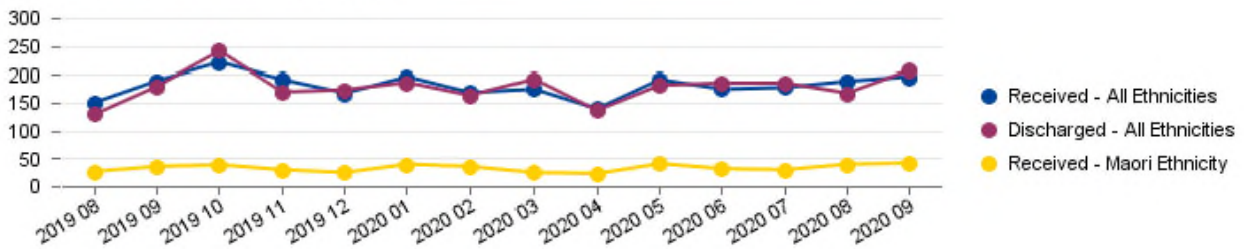
Referrals Received and Discharged



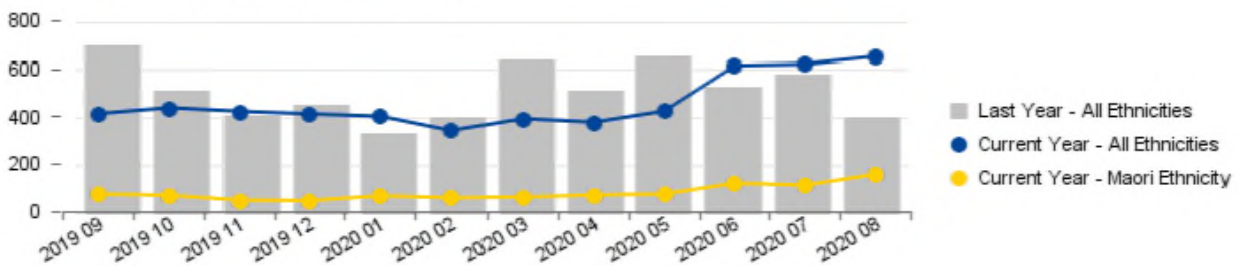
4.3 Community Assessment Team (CAT) Nelson and Psychiatric Liaison Nelson

	Referrals - 2020 09			Community Contacts - 2020 08			DNA % - 2020 08	
	Caseload 05/10/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
CAT Nelson	82	196	208	649	163%	1	1.1%	2.6%
Total	82	196	208	649	163%	1	1.1%	2.6%

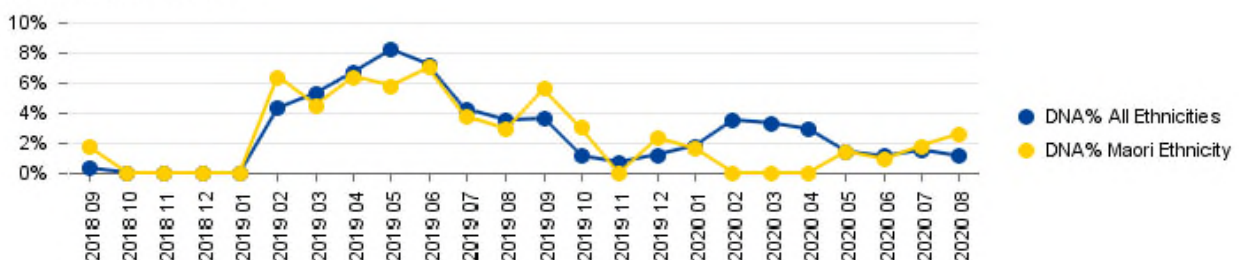
Referrals Received and Discharged



Community Contacts - Data Completeness



Did Not Attend (DNA) %

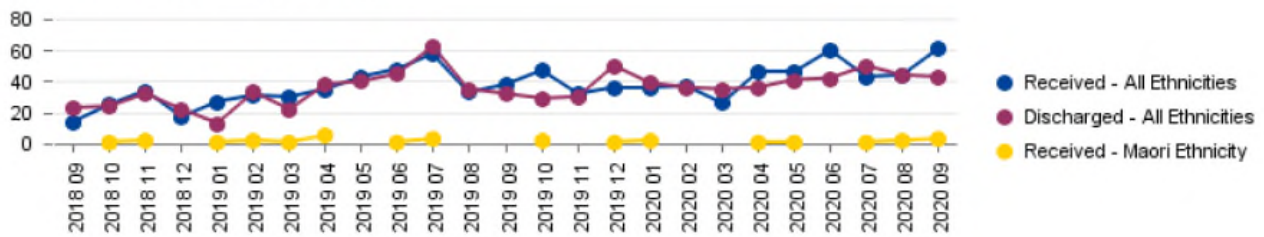


4.4 Older Persons Mental Health (OPMH)

- Increasing pressure on beds in ARC and NPH which is impacting on demand for beds. Patients supported by community service steady, however increase in referrals for more complex patients due to service gaps.

	Referrals - 2020 09			Community Contacts - 2020 08			Midnight Beds - 2020 09		
	Caseload 05/10/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	10	5	4				9.1	10	91%
Liaison Nelson	21	11	11	44	116%	0			
Liaison Wairau	11	2	3	68	2,267%	16			
Nelson	95	36	18	91	54%	26			
Wairau	27	7	7	55	177%				
Total	164	61	43	258	107%	16			

Referrals Received and Discharged

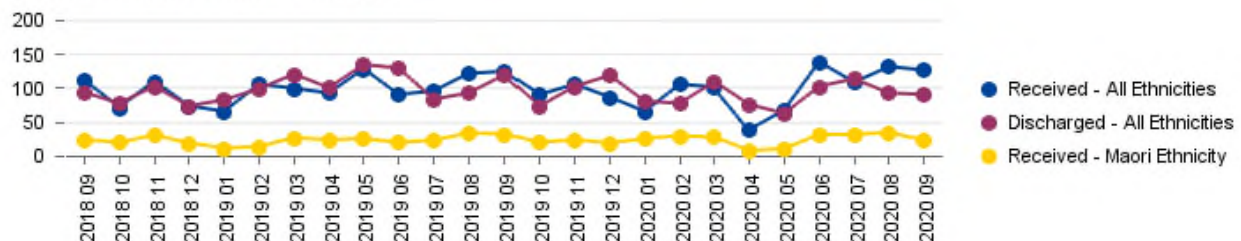


Note: OPMH share Referrals between Inpatient and Community Settings. The Referrals without Staff Team are likely to be Inpatient only Referrals

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

	Referrals - 2020 09			Community Contacts - 2020 08			DNA % - 2020 08	
	Caseload 05/10/20	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	5	2	1	8	160%	36	0.0%	
ICAMHS Nelson	416	85	71	610	84%	88	5.1%	11.2%
ICAMHS Wairau	201	39	18	296	85%	90	4.1%	6.6%
Infant and Maternal Nelson	4			55	262%	98	5.5%	0.0%
Total	626	126	90	969	88%	85	4.7%	9.5%

Referrals Received and Discharged

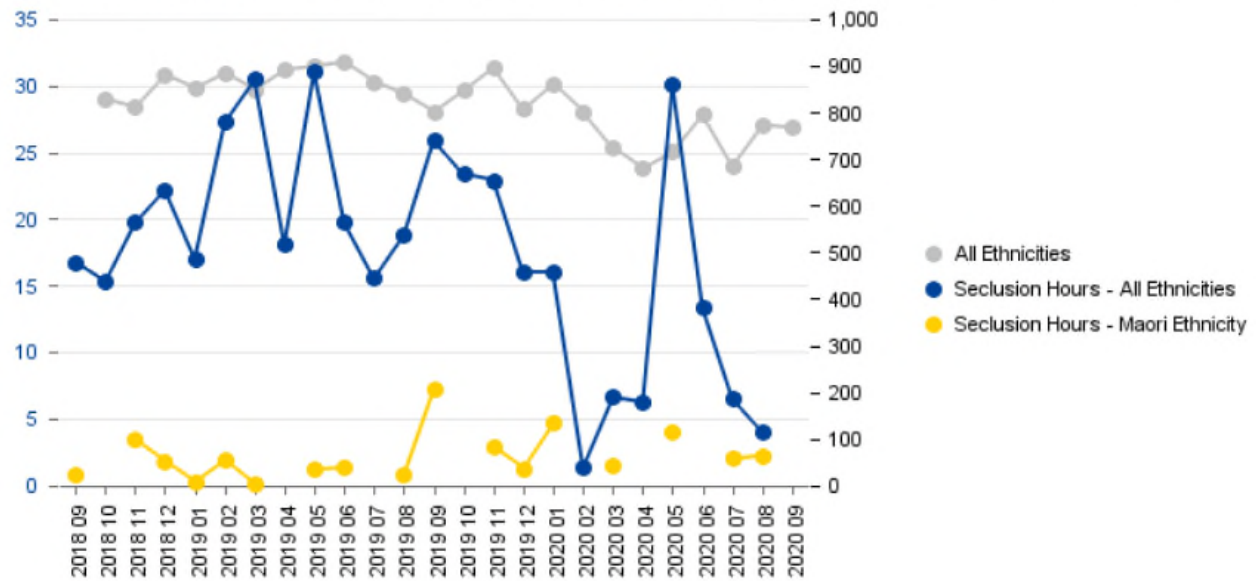


4.6 Seclusion

- Seclusion required on occasions particularly when IPC full.
- Four clients were challenging to manage at times due to their interactions with each other on the ward.

	Seclusion - 2020 08				Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	Hours	Events	Consumers Secluded	AVG Hours per Event
Total	116	11	7	11	12,131	748	102	16
Maori Ethnicity	64	2	1	32	1,069	41	28	26
Female	6	2	2	3	1,722	106	41	16
Male	110	9	5	12	10,409	642	61	16

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

- The project to implement scOPe theatre system is progressing well, with General Surgery targeted for end of year roll out.
- The replacement of our old Electronic Patient Letter Management System (EPLMS) with WinScribe is also making steady progress. Retiring EPLMS is an important milestone as it will allow us to turn off the old end-of-life servers that it runs on. In turn this allows us to complete other projects such as VDI, server upgrades, and improves our security profile.

Project Status

Name	Description	Status	Original Due date	Revised due date	
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.	Workshop held, TEST server access obtained, NMH configuration underway, test and roll out planning in progress. General Surgery targeted for end of year roll out.	Pilot Nov-20		●
eObservations (Patientrack)	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	2.7.3 upgrade completed. Highlights are the ability to integrate with SmartPage for deteriorating patients, to allow for an automatic reminder to alert staff about at-risk patients.	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. 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 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 3	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		●
ICT					
Cloud Backup Re-architecture	Move current Server Backup workloads from CCL hosted IaaS to Microsoft Azure	Significant improvements to DR resilience alongside good operational cost savings to be realised by re-architecting and migrating current “Backup” workloads to the cloud. SoW from CCL and Microsoft received.		Feb 21	●

Name	Description	Status	Original Due date	Revised due date	
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 the Richmond Hub.	Dec 2020		●
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	Smooth transition 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.	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. Intranet upgrade (sharepoint online) work kicked off, focus on profiles and linkages to on/off boarding work underway. OneDrive/ Yammer to be planned subsequently.	Various		●
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Wairau complete. Nelson rollout underway.	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 on-board.	Jul 19	Nov 2020	●
Alexandra Hospital	Install Wireless and Duress systems	Wireless now available at Alex. Duress rollout issues with Australian vendor still problematic.	n/a		●
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		●
Medications on Discharge API	Proof of concept to develop a data integration gateway for the transfer of coded and approved discharge medications from secondary to primary providers.	Development of data mapping design underway with Datacom working with Orion Health. Datacom will build a FHIR standard integration layer between primary care systems and regional HCS/MedMan.	Mar 21		●

Name	Description	Status	Original Due date	Revised due date	
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, Rangatahi and Pakeke assessments. NHI lookup is still being finalised, along with PowerBI based reporting. Support handover is still in progress and to be completed by November 2020.	Aug 19	Nov 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. Rollout for Wairau completed in September 2020.	Jul 20		●
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 delayed until Oct 2020.	Jan 20	Oct 20	●
Server Migration and Consolidation.	Review and consolidate application and SQL database servers.	One full-time developer is currently applied to this work, however, constant reprioritisation is impacting delivery. Around 25% of server moves completed, with a further 15% more than 50% completed. Planning underway in Sept-Oct aiming for at least 75% completed by Nov 2020.	Nov 18	Nov 20	●
Winscribe Text Implementation (EPLMS Replacement)	Replace the Electronic Patient Letter Management Systems (EPLMS) with Winscribe Text.	Following successful pilot (ENT, GM Wairau/ Oncology/ Haematology) Roll out is progressing with General Surgery and Orthopaedics next.	May 19	Various	●
EDaaG	Emergency Department at a Glance developed in-house enhancements	Focus has been on care plan indicator, lab reviews and SIPICS interface v2. Current work programme is due to be completed by the end of Feb 2021.	Various	Feb 2021	●
Shared Care Plans	Acute and Advance Care Plans (built on Clinical Pathways in HCS) to be implemented for NMH.	Acute Care Plan EDaaG integration (Care Plan status indicators) and HCS windowlet configuration is underway.	Jun 19	Various	●

Name	Description	Status	Original Due date	Revised due date	
HCS SMT Migration	Many HCS form templates have been developed over many years using the Soprano Medical Templates tool. With the end of life of Internet Explorer 11 these need to be migrated to new platforms.	Beginning in November 2020 a full stocktake and migration plan for NMH SMT forms will be undertaken. Forms may be migrated to HCS Care Pathways or some other platform depending on user requirements and clinical EMR needs.	TBC	Jun 21	●

6. CLINICAL SERVICES

6.1 Health Targets

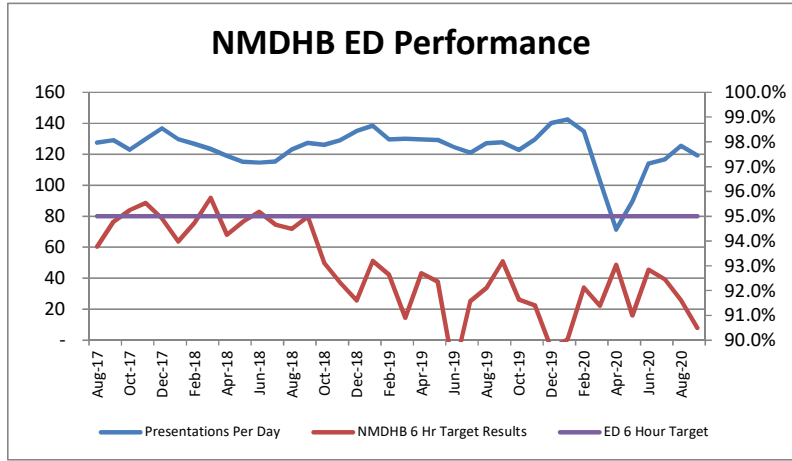
- At the end of September we planned 1,606 surgical discharges of which we have delivered 1,611 (100.3%). This is slightly over plan by 5 discharges.
- We have delivered 1,807 minor procedures to the end of August, which is 568 procedures higher than our Plan target of 1,239 for this period.
- At the end of September internal delivery indicates 6,197 actual Caseweights (CWD) against a plan of 5,388 (115%). This shows year to date Elective CWD delivery was 1,708 against a plan of 1,942 (88%), and Acute CWD delivery was 4,489 against a plan of 3,446 (130%).
- For orthopaedic interventions for the three months of the year to date, a total of 139 joints have been completed which is slightly down on the Plan of 140. There are currently 165 joints waitlisted for surgery.
- 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 three months we have delivered 183 cataracts which is above the planned target for that period (162). There are currently 68 cataracts waitlisted for surgery.

6.2 Planned Care

- ESPI 2 was Red for the month of September with 166 patients not being seen within 120 days of referral acceptance. This has decreased from 232 patients at the end of August.
- ESPI 5 was also Red for the month of September with 65 patients not being treated within 120 days of being given certainty. This has reduced from 99 patients at the end of August.

6.3 Shorter Stays in Emergency Department

- Both EDs continue to screen for respiratory symptoms. The demand for droplet isolation requirements for patients and staff safety continues. In Nelson there were 157 cases requiring isolation, and 101 in Wairau in the past month.
- Attendances at Wairau reduced by 8% compared with last month, while at Nelson the number decreased by 8% from last month. Compared with the same time last year there was 13% reduction in Wairau and a 3% decrease in Nelson.
- Just under 30% of attendances at both EDs were by people from outside of the NMDHB area, likely due to the holiday periods with both Nelson and Wairau seen as national holiday destinations.



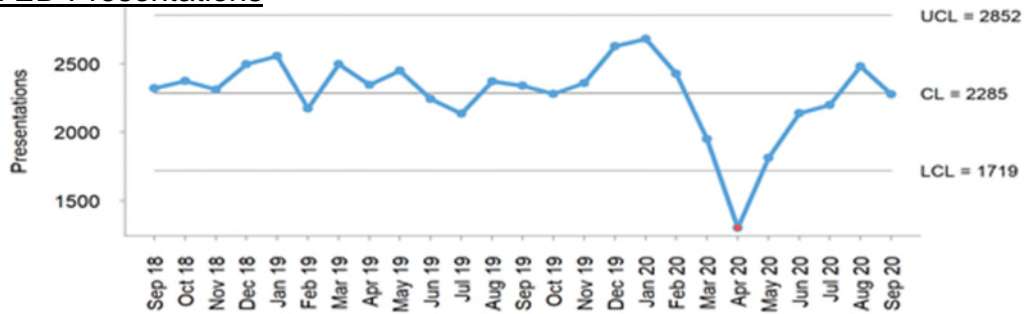
ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	89.2%	245	2,276
Wairau	93.3%	95	1,299

Hospital Occupancy

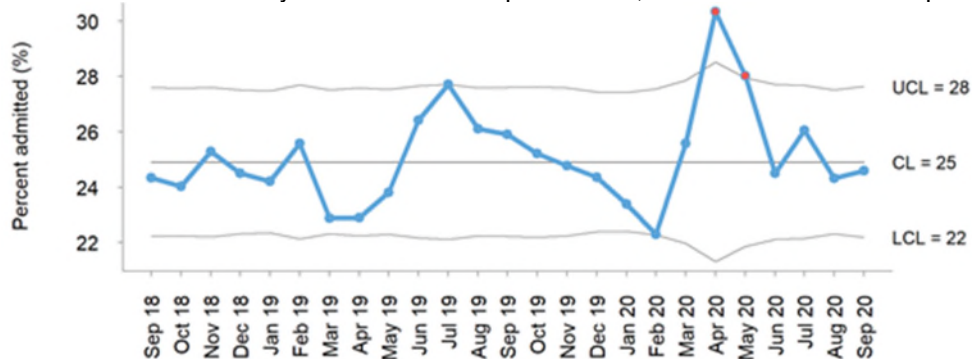
Hospital Occupancy 20 July – 16 September 2020	Adult in patient
Nelson	93%
Wairau	85%

Nelson ED Presentations

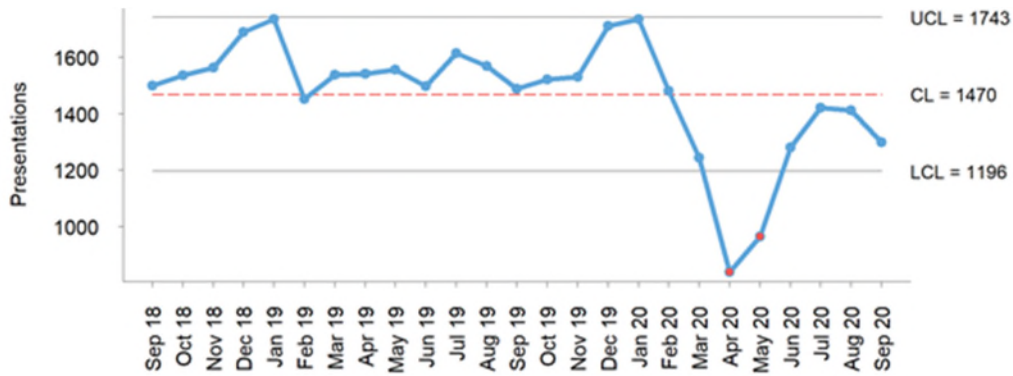


Admissions – Nelson ED

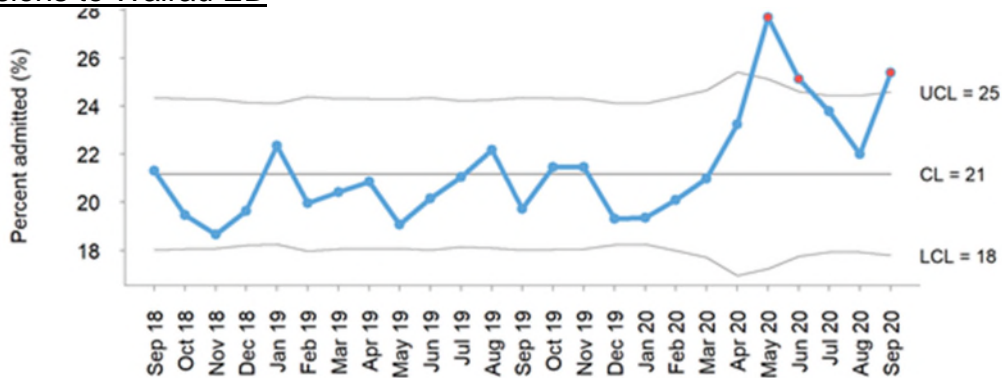
This includes admission and delayed admission to inpatient bed, transferred to other hospitals and died in ED.



Wairau ED Presentations

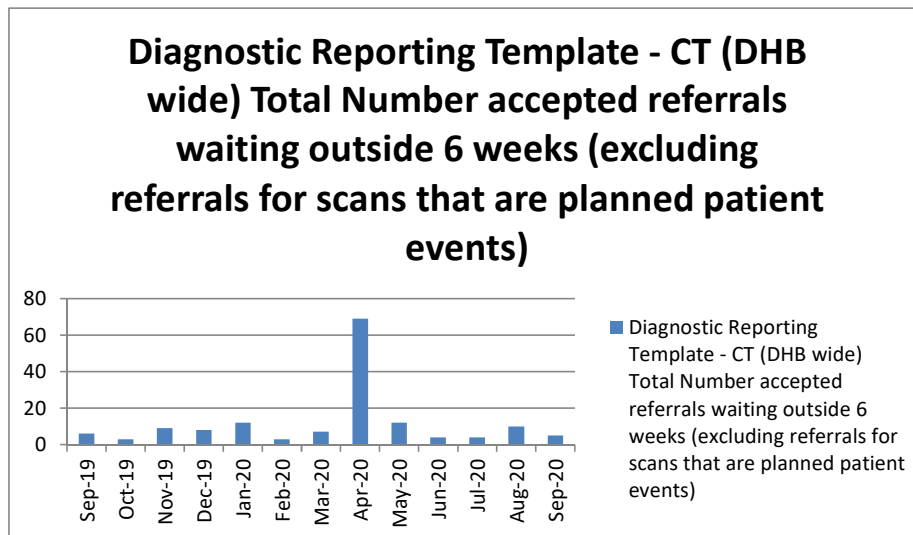


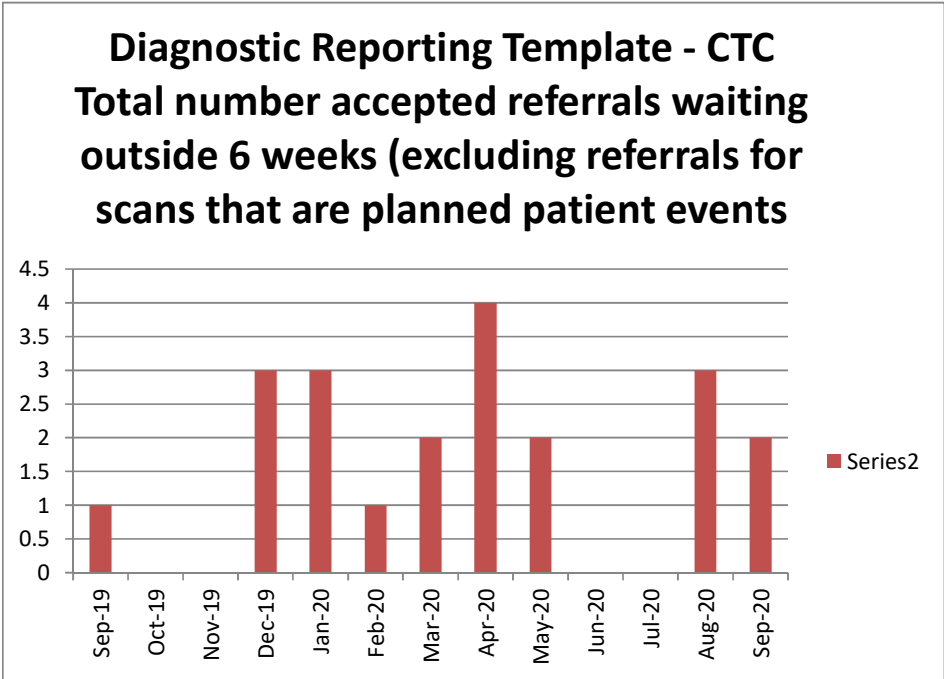
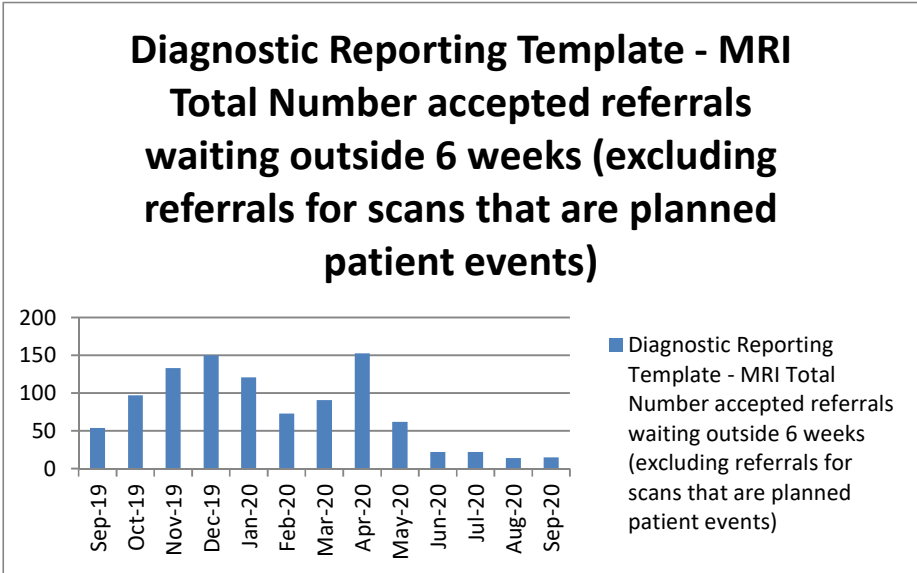
Admissions to Wairau ED



6.4 Enhanced Access to Diagnostics

- MRI numbers show 256 patients were scanned in Nelson, and 132 patients scanned in Wairau – a total of 388 patients for September, which is slightly down on the 406 patients for August.
- MOH MRI target shows 93% of referrals accepted are scanned within 42 days (target is 90%).
- MOH CT target shows 97% 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 96% of target with 2 patients waiting greater than 42 days.





6.5 Improving Waiting Times – Colonoscopy

- As at 5 October 2020, there are 421 unbooked overdue colonoscopies (up from 443 at end of September) as identified below.

	Diagnostic	Screening	Surveillance	Grand Total
Overdue	4	2	415	421
Nelson Hospital	3	1	234	238
Wairau Hospital	1	1	180	182
Manuka Street Hospital	0	0	1	1
Grand Total	4	2	415	421

- A further 250 colonoscopies will be outsourced between September 2020 and April 2021.

6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - Sep 2020														Reporting Month: Aug 2020 - Quarter 1 - 2020-2021	
As at 22/09/2020															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Sept 2020 (in progress)		Aug-20		Jul-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 1 (2019-2020)		Rolling 12 Months Sept 19-Aug 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
Number of Records		5	1	26	2	31	1	62	6	64	6	68	8	279	24
Total Number of Records		6		28		32		68		70		76		303	
Numbers Including all Delay Codes		63%	38%	81%	19%	97%	3%	86%	14%	79%	21%	76%	24%	80%	20%
Number of Records		5	3	26	6	31	1	62	10	64	17	68	21	279	70
Total Number of Records		8		32		32		72		81		89		349	
90% of patients had their 1st treatment within: # days		75		65		56		65		89		68		83	
62 Day Delay Code Break Down		Sept 2020 (in progress)		Aug-20		Jul-20		Quarter 1 2020-21 (in progress)		Quarter 4		Quarter 1 (2019-2020)		Rolling 12 Months Sept 19-Aug 20	
01 - Patient Reason (chosen to		0		0		0		0		0		2		7	
02 - Clinical Cons. (co-morbidities)		2		4		0		6		11		11		39	
03 - Capacity Constraints		1		2		1		6		6		8		24	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 Months Sept 19-Aug 20															
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Breast		100%	54	0%	0	0%	0	2%	1	2%	1	55			
Gynaecological		95%	20	4%	1	21%	6	4%	1	29%	8	28			
Haematological		94%	15	5%	1	16%	3	0%	0	21%	4	19			
Head & Neck		70%	14	23%	6	23%	6	0%	0	46%	12	26			
Lower Gastrointestinal		91%	31	7%	3	15%	6	2%	1	24%	10	41			
Lung		88%	22	8%	3	30%	11	3%	1	41%	15	37			
Other		100%	4	0%	0	43%	3	0%	0	43%	3	7			
Sarcoma		100%	3	0%	0	25%	1	0%	0	25%	1	4			
Skin		94%	61	6%	4	3%	2	3%	2	12%	8	69			
Upper Gastrointestinal		95%	18	5%	1	0%	0	0%	0	5%	1	19			
Urological		88%	36	12%	5	2%	1	2%	1	16%	7	43			
Grand Total		92%	279	7%	24	11%	39	2%	7	20%	70	349			
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 Months Sept 19-Aug 20															
African		100%	2	0%	0	0%	0	0%	0	0%	0	2			
Asian not further defined		100%	2	0%	0	0%	0	0%	0	0%	0	2			
British and Irish		0%	0	100%	1	0%	0	0%	0	100%	1	1			
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		50%	1	14%	1	57%	4	14%	1	86%	6	7			
Fijian		100%	7	0%	0	0%	0	0%	0	0%	0	7			
German		0%	0	0%	0	100%	1	0%	0	100%	1	1			
Indian		100%	1	0%	0	50%	1	0%	0	50%	1	2			
Maori		92%	12	6%	1	18%	3	6%	1	29%	5	17			
New Zealand European		92%	230	7%	19	10%	27	1%	4	18%	50	280			
Other Asian		0%	1	0%	0	50%	1	0%	0	50%	1	2			
Other Ethnicity		100%	5	0%	0	0%	0	0%	0	0%	0	5			
Other European		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		92%	279	7%	24	11%	39	2%	7	20%	70	349			

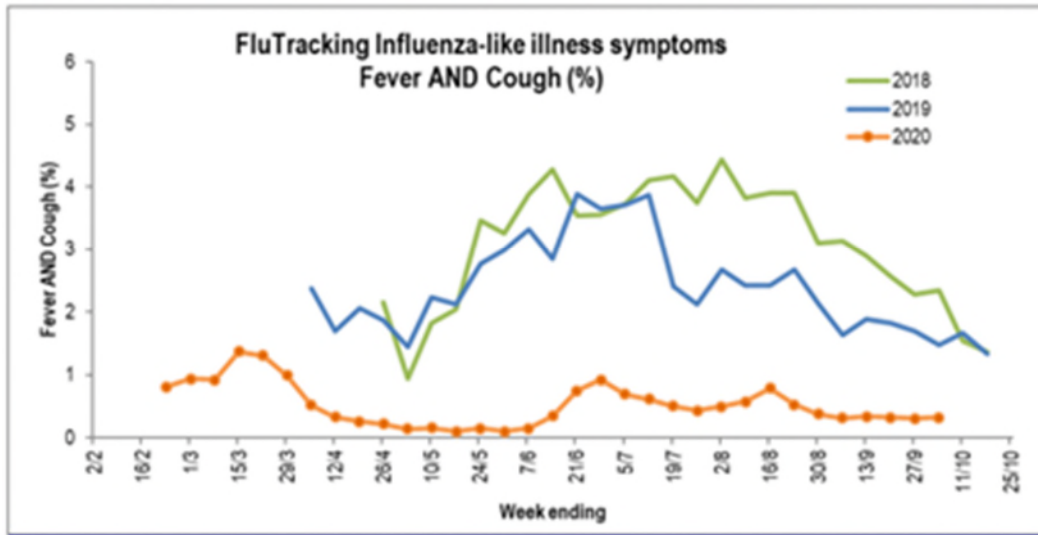
6.7 Respiratory Infections

Nationally, 2020 is remarkable with having a winter with very few respiratory infections. The national FluTracking site, which obtains data from many New Zealanders, demonstrates the pattern below:

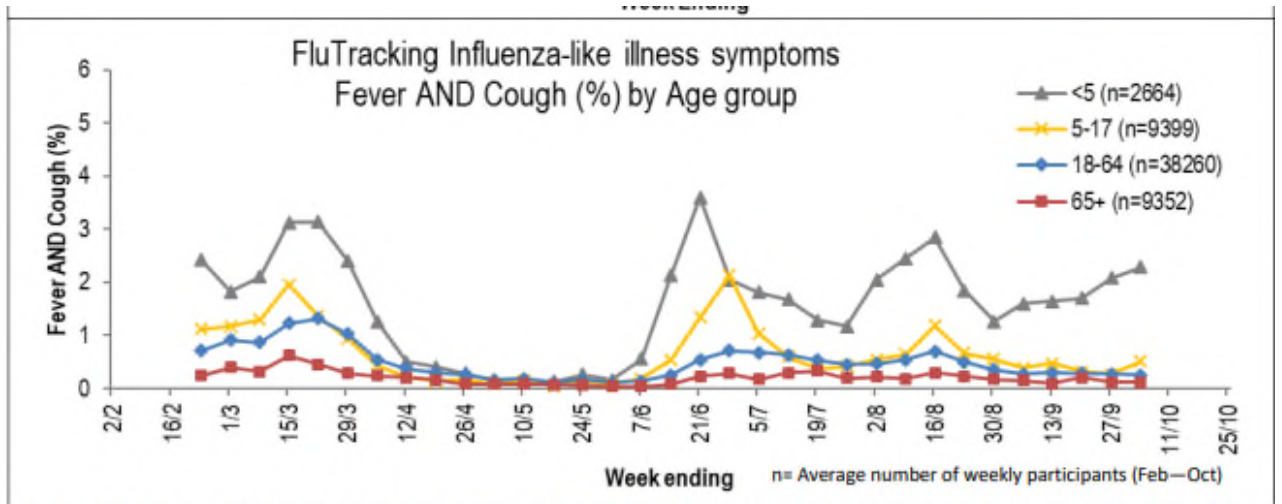
Number of respondents*					
Region	Week ending				
	6 – Sep	13 – Sep	20 – Sep	27 – Sep	4 – Oct
North Island	37144 (74.8%)	36324 (74.6%)	35912 (74.9%)	34495 (74.8%)	31614 (74.4%)
South Island	12498 (25.2%)	12347 (25.4%)	12060 (25.1%)	11633 (25.2%)	10899 (25.5%)
New Zealand	49642 (100%)	48671 (100%)	47972 (100%)	46128 (100%)	42513 (100%)

*Surveys sent on Mondays at 3:00 am and response data updated on Thursdays at 9:00 am.

To join the survey or find out more information: www.flutracking.net - Contact FluTracking team: nzmoh_flutracking@health.govt.nz

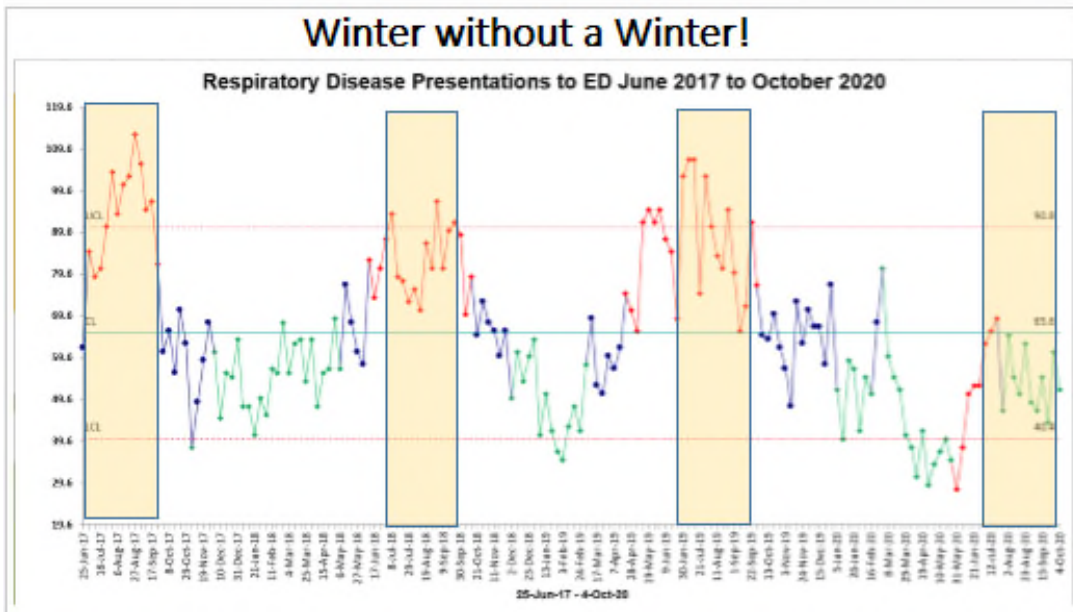


The low rate of symptoms is seen in all age groups, with preschool children having the highest rate, but only about 2% with symptoms.



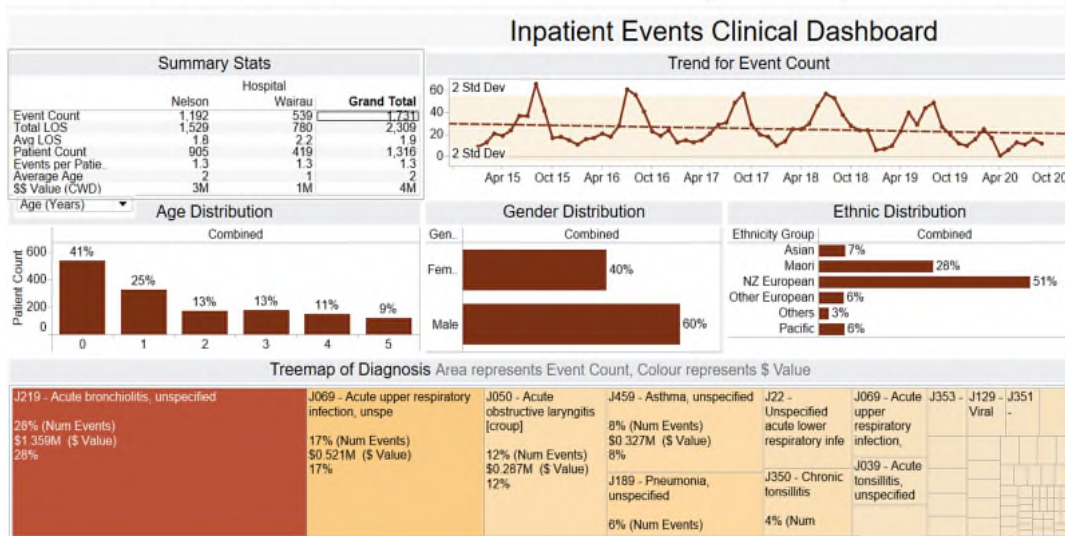
To join the survey or find out more information: www.flutracking.net – Contact FluTracking team: nzmoh_flutracking@health.govt.nz

Overall ED presentations are reverting towards normal levels. Presentations with respiratory conditions remain unseasonably low, meaning we are entering spring without having had any winter peak of respiratory disease.



The trend has been even more obvious for infants and children under five, who normally experience a high level of admissions over the winter months with conditions such as bronchiolitis, croup and asthma.

Trends in Admissions Under 5 Respiratory Diseases



For most of the year COVID testing has been limited to those who have symptoms and present. The low rate of respiratory disease in our community has resulted in relatively low numbers of people presenting. In addition, some targeted testing has occurred to reach more vulnerable people, people at greater risk of spreading COVID and those from higher risk workforces.

COVID-19 tests rates per 1,000 people by DHB and ethnicity from 22 January to 11 October 2020

DHB	Māori	Pacific	Asian	Other
Nelson Marlborough	120	341	103	115
Total	164	285	128	145

7. ALLIED HEALTH

For the period January to September 2020, the average monthly referrals to the Allied Health Services was 856. The Service continues to see above average referrals with 1,060 being received in September. The monthly profile of referrals is as follows:

- 57% of referrals were from General Practice and DHB Specialist Services (down from 64% last month)
- 9% Maori – noting significant range per service
- 1% Pacifica
- 2% Asian
- 50% are for clients over 65 years, noting range per service, with 201 referrals received for clients over 80 years old.

8. MĀORI HEALTH

8.1 Hauora Direct Digital

A meeting was held with Nelson Bays Primary Health Management team, Digital Analyst, Kaiatawhai Nurse and Social Worker to obtain a better understanding around What Hauora Direct is, but also how the Digital System will send referrals to their service. This led to further discussion about the processes and pathways required at their end to support the Hauora Direct programme, particularly around the prompt responses required and processes needed to ensure we connect whanau to a GP Practice.

8.2 Kainga Kore – Applying Hauora Direct to the Homeless

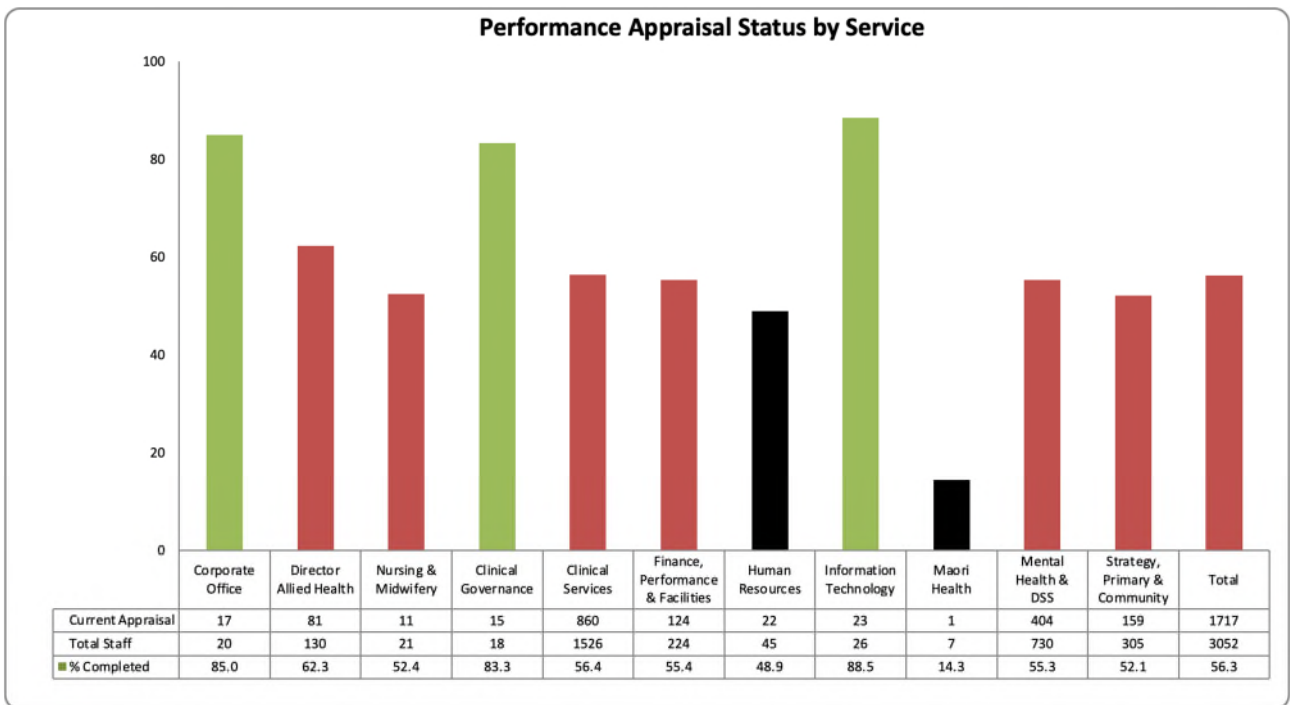
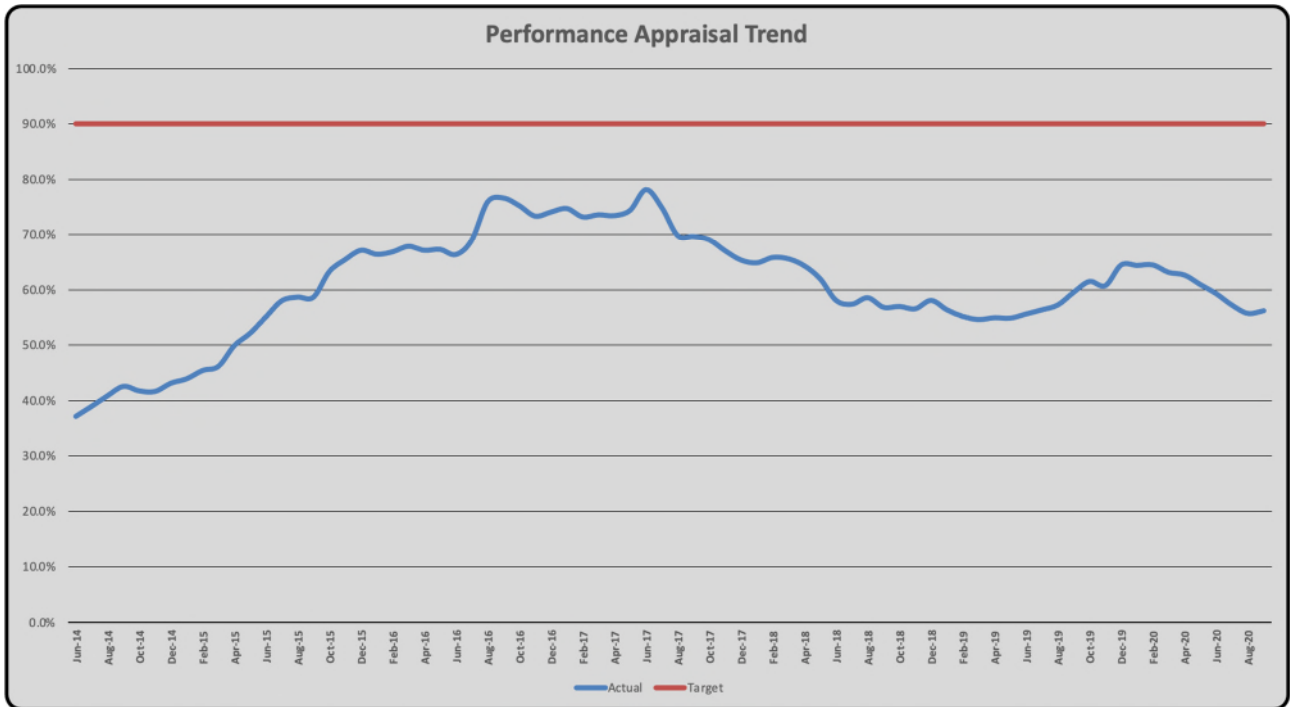
The completion of the Hauora Direct assessments onsite took place at four motels. Fifty percent of the whanau were enrolled and supported by Public Health Nurses and Assessors from the navigators that work in the Housing First team. Two trainings of the Hauora Direct tool were completed in September followed by promotion and application of the tool as part of the Kainga Kore initiative. A new name which is more strength based is being sought.

8.3 Wānanga Hapūtanga

At the end of September two midwives from Māori Health, West Coast DHB attended the Wānanga Hapūtanga held in Nelson at Victory Community Centre, to observe and assist with developing their own programme.

9. PERFORMANCE APPRAISALS

To date we are at 56.3% 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: 21 October 2020
Subject: Financial Report for September 2020

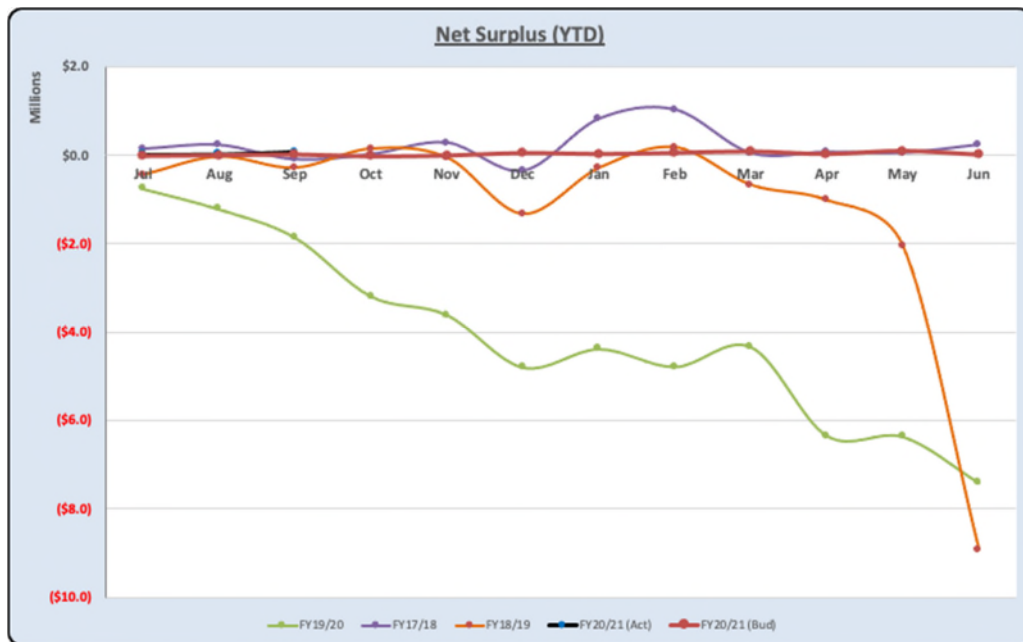
Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the first quarter of the 2020/21 (FY21) year shows a deficit of \$178k which is \$187k adverse to the planned result. This includes a net cost associated with the COVID-19 response of \$289k which brings the “business as usual” result to a surplus of \$111k or \$102k favourable to the budget. This is a pleasing start to the year and sets the organisation up well for the remaining months.



Revenue continues to track favourably to budget, and it is particularly pleasing with the continued progress with ACC revenue which is favourable to plan across most of the service areas. This reflects the efforts of the ACC team, in partnership with the various services, to ensure that all ACC eligible services is captured and claimed. Pleasingly we are finding the rejection rate from ACC has also reduced meaning we are realising the revenue in a more timely fashion.

Employment cost will continue to be monitored closely including the FTE levels which is a focus from the MOH. We are finding pressure points across most of the employment categories:

- The medical locum workforce remains a core part of ensuring service delivery and with vacancies we pay a premium for this whilst we continue efforts to recruit medical staff.
- NMH has a more stringent process for managing droplet isolation within a hospital setting than most other DHBs at the current time as a precaution for any potential COVID admissions. This has increased nursing staff above budgeted levels for the time being however it is difficult to assess the exact impact with the team working on estimating the financial impact of this.

- Radiology services has higher than planned volumes, partially offset by increased ACC revenue, which is driving workforce costs and with the outsourced reading of images is also causing the outsourced services to run adverse to plan.
- We are investigating the adverse FTE variance in the management/admin category to determine the core drivers.
- With all the employment categories the average cost per FTE is largely at budgeted levels.

As noted last month intragam continues to be a key driver for the higher clinical supply costs accounting for nearly half the overall variance. Cardiology volumes are also higher than the financial budget had allowed, resulting in adverse variances in catheters, implants and shunts/stents. A similar pattern emerged in FY20 where the volumes were especially high in the first 4-5 months and then dropped back, however it is likely the volume pressure will result in an adverse financial variance at year end.

Across the sector there is a growing liquidity risk with a number of DHBs running with very low cash balances, and it is likely that further deficit support announcements (like the \$180M announced earlier this month for Canterbury DHB) will be required. DHBs, MOH and NZHP are working collectively to find some solution, but whilst deficits exist in the sector it is likely that this liquidity risk will remain high. Thankfully the prudence that NMH has exhibited over recent years means we are one of the few DHBs with a reasonable cash balance remaining on the balance sheet, although this will reduce if COVID costs being incurred are not funded.

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	47,702	548	48,250	47,624	78	626		39,717
MOH non-devolved funding	2,246	0	2,246	2,330	(84)	(84)		1,843
ACC revenue	790	0	790	623	167	167		571
Other government & DHBs	930	0	930	889	41	41		837
Other income	1,154	0	1,154	1,053	101	101		931
Total Revenue	52,822	548	53,370	52,519	303	851		43,899
Expenses								
Employed workforce	21,470	70	21,540	21,428	(42)	(112)		16,130
Outsourced workforce	527	0	527	181	(346)	(346)		947
Total Workforce	21,997	70	22,067	21,609	(388)	(458)		17,077
Outsourced services	1,835	0	1,835	1,728	(107)	(107)		5,145
Clinical supplies	2,957	14	2,971	2,741	(216)	(230)		2,190
Pharmaceuticals	4,476	0	4,476	4,380	(96)	(96)		3,998
Air Ambulance	346	0	346	410	64	64		319
Non-clinical supplies	3,305	87	3,392	3,495	190	103		2,080
External provider payments	11,720	496	12,216	11,930	210	(286)		11,252
Inter District Flows	4,135	0	4,135	4,135	0	0		3,899
Total Expenses before IDCC	50,771	667	51,438	50,428	(343)	(1,010)		45,960
Surplus/(Deficit) before IDCC	2,051	(119)	1,932	2,091	(40)	(159)		(2,061)
Interest expenses	33	0	33	36	3	3		27
Depreciation	1,133	0	1,133	1,217	84	84		1,080
Capital charge	821	0	821	822	1	1		821
Total IDCC	1,987	0	1,987	2,075	88	88		1,928
Net Surplus/(Deficit)	64	(119)	(55)	16	48	(71)		(3,989)

	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	133,706	1,651	135,357	133,480	226	1,877	119,391	542,704	506,044
MOH non-devolved funding	6,505	0	6,505	6,388	117	117	5,764	25,123	24,528
ACC revenue	2,083	0	2,083	1,682	401	401	1,650	6,710	6,773
Other government & DHBs	2,758	0	2,758	2,633	125	125	2,490	10,527	10,369
Other income	3,156	0	3,156	2,924	232	232	3,186	11,855	11,924
Total Revenue	148,208	1,651	149,859	147,107	1,101	2,752	132,481	596,919	559,638
Expenses									
Employed workforce	56,159	98	56,257	56,308	149	51	48,401	234,422	218,848
Outsourced workforce	1,615	5	1,620	545	(1,070)	(1,075)	2,290	1,978	7,833
Total Workforce	57,774	103	57,877	56,853	(921)	(1,024)	50,691	236,400	226,681
Outsourced services	5,274	0	5,274	5,145	(129)	(129)	4,764	20,585	19,246
Clinical supplies	7,674	27	7,701	7,207	(467)	(494)	7,039	28,833	27,482
Pharmaceuticals	12,772	0	12,772	12,591	(181)	(181)	11,813	50,355	50,143
Air Ambulance	967	0	967	1,065	98	98	931	4,259	4,230
Non-clinical supplies	9,551	211	9,762	9,900	349	138	7,254	38,878	30,603
External provider payments	35,688	1,599	37,287	35,628	(60)	(1,659)	33,683	142,884	141,807
Inter District Flows	12,403	0	12,403	12,403	0	0	11,797	49,623	51,022
Total Expenses before IDCC	142,103	1,940	144,043	140,792	(1,311)	(3,251)	127,972	571,817	551,214
Surplus/(Deficit) before IDCC	6,105	(289)	5,816	6,315	(210)	(499)	4,509	25,102	8,424
Interest expenses	98	0	98	109	11	11	81	436	376
Depreciation	3,431	0	3,431	3,732	301	301	3,299	14,806	13,314
Capital charge	2,465	0	2,465	2,465	0	0	2,463	9,860	9,709
Total IDCC	5,994	0	5,994	6,306	312	312	5,843	25,102	23,399
Net Surplus/(Deficit)	111	(289)	(178)	9	102	(187)	(1,334)	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	10,905	6	10,911	11,817	912	906	9,442	50,006	41,891
Outsourced SMO	1,273	0	1,273	321	(952)	(952)	1,977	1,283	6,556
Total SMO	12,178	6	12,184	12,138	(40)	(46)	11,419	51,289	48,447
Employed RMO	3,874	(7)	3,867	3,905	31	38	3,031	15,013	14,347
Outsourced RMO	48	0	48	99	51	51	70	397	260
Total RMO	3,922	(7)	3,915	4,004	82	89	3,101	15,410	14,607
Employed Nursing	18,325	77	18,402	18,002	(323)	(400)	15,721	75,729	72,715
Outsourced Nursing	0	5	5	0	0	(5)	5	0	25
Total Nursing	18,325	82	18,407	18,002	(323)	(405)	15,726	75,729	72,740
Employed Allied Health	7,723	1	7,724	7,426	(297)	(298)	6,968	32,405	30,745
Outsourced Allied Health	212	0	212	107	(105)	(105)	80	223	482
Total Allied Health	7,935	1	7,936	7,533	(402)	(403)	7,048	32,628	31,227
Employed Disability Support Service	4,696	0	4,696	4,916	220	220	3,972	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	4,696	0	4,696	4,916	220	220	3,972	18,815	17,986
Employed Hotel & Support	2,004	0	2,004	1,890	(114)	(114)	1,656	7,829	7,387
Outsourced Hotel & Support	12	0	12	1	(11)	(11)	15	6	60
Total Hotel & Support	2,016	0	2,016	1,891	(125)	(125)	1,671	7,835	7,447
Employed Management & Admin	8,632	21	8,653	8,352	(280)	(301)	7,611	34,625	33,777
Outsourced Management & Admin	70	0	70	17	(53)	(53)	143	69	450
Total Management & Admin	8,702	21	8,723	8,369	(333)	(354)	7,754	34,694	34,227
Total Workforce costs	57,774	103	57,877	56,853	(921)	(1,024)	50,691	236,400	226,681
Total Employed Workforce Costs	56,159	98	56,257	56,308	149	51	48,401	234,422	218,848
Total Outsourced Workforce Costs	1,615	5	1,620	545	(1,070)	(1,075)	2,290	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	132.0	0.0	132.0	136.0	4.0	4.0	118.8	141.7	127.0
RMO	98.2	0.0	98.2	93.7	-4.5	-4.5	89.8	97.4	100.4
Nursing	755.9	1.1	757.0	729.2	-26.7	-27.8	728.1	755.4	761.5
Allied Health	380.0	0.0	380.0	375.1	-4.9	-4.9	355.1	386.7	368.1
Disability Support Service	260.7	0.0	260.7	263.0	2.3	2.3	257.7	272.4	269.0
Hotel & Support	130.2	0.0	130.2	126.4	-3.8	-3.8	123.4	130.9	129.2
Management & Admin	426.5	0.3	426.8	413.0	-13.5	-13.8	406.0	426.6	410.8
Total FTEs	2,183.5	1.4	2,184.9	2,136.4	-47.1	-48.5	2,078.9	2,211.1	2,166.0

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Average Cost Per FTE									
SMO	307		307	323	16	16	295	353	330
RMO	147		146	155	8	9	125	154	143
Nursing	90		90	92	2	1	80	100	95
Allied Health	75		75	74	(2)	(2)	73	84	84
Disability Support Service	67		67	69	3	3	57	69	67
Hotel & Support	57		57	56	(2)	(2)	50	60	57
Management & Admin	75		75	75	(0)	(0)	70	81	82
	96		96	98	2	2	86	106	101

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 September 2020

	Budget Sep-20 \$000	Actual Sep-20 \$000	Actual Jun-20 \$000
Assets			
Current assets			
Cash and cash equivalents	6,200	13,088	9,134
Other cash deposits	21,284	21,298	21,298
Receivables	19,222	19,078	17,124
Inventories	2,742	2,738	2,900
Prepayments	1,188	1,656	386
Non-current assets held for sale	465	465	465
Total current assets	51,101	58,323	51,307
Non-current assets			
Prepayments	36	483	521
Other financial assets	1,715	1,671	1,723
Property, plant and equipment	196,196	193,526	194,666
Intangible assets	12,156	11,019	11,087
Total non-current assets	210,103	206,699	207,996
Total assets	261,204	265,022	259,303
Liabilities			
Current liabilities			
Payables	45,492	48,435	39,874
Borrowings	501	642	632
Employee entitlements	44,441	49,095	51,604
Total current liabilities	90,434	98,172	92,110
Non-current liabilities			
Borrowings	7,664	8,308	8,473
Employee entitlements	9,870	10,829	10,829
Total non-current liabilities	17,534	19,137	19,302
Total Liabilities	107,968	117,309	111,412
Net assets	153,236	147,713	147,891
Equity			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,613)	(17,141)	(16,963)
Total equity	153,236	147,713	147,891

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 September 2020

	Budget Sep-20 \$000	Actual Sep-20 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	149,304	149,361	597,222
Interest received	312	129	1,250
Payments to employees	(58,251)	(58,762)	(233,016)
Payments to suppliers	(84,711)	(84,344)	(339,111)
Capital charge	-	-	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	6,654	6,384	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	48	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(1,752)	(1,859)	(7,000)
Purchase of intangible assets	(501)	(365)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(2,253)	(2,176)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(108)	(254)	(436)
Net cash flow from financing activities	(108)	(254)	(983)
Net increase/(decrease) in cash and cash equivalents	4,293	3,954	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	6,200	13,088	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 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	48,782	49,757	49,757	49,757
Interest Received	104	104	104	104	104	104	104	104	106	106	106	106
Other Revenue Received	987	987	987	987	987	987	987	987	992	1,006	1,006	1,006
Total Receipts	49,872	49,872	49,872	49,872	49,872	49,872	49,872	49,872	49,880	50,869	50,869	50,869
Payments												
Personnel	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,429	19,805	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	28,503	29,767	29,767	29,767
Capital Charge	-	-	4,930	-	-	-	-	-	4,930	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	47,654	47,654	52,584	47,654	47,654	47,654	47,654	47,654	52,862	49,572	49,572	49,572
Net Cash Inflow/(Outflow) from Operating Activities	2,218	2,218	(2,712)	2,218	2,218	2,218	2,218	2,218	(2,982)	1,297	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	576	584	584	584
Capex - Intangible Assets	167	167	167	167	167	167	167	167	163	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	751	751	751	751	751	751	739	751	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(739)	(751)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(36)	(587)	(37)	(37)	(37)
Net Increase/(Decrease) in Cash Held	1,431	1,431	(3,499)	1,431	1,431	1,431	1,431	1,431	(4,308)	509	509	509
Plus Opening Balance	13,088	14,519	15,950	12,451	13,882	15,313	16,744	18,175	19,606	15,298	15,807	16,316
Closing Balance	14,519	15,950	12,451	13,882	15,313	16,744	18,175	19,606	15,298	15,807	16,316	16,825

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 21 October 2020
Subject: **Consumer Council Chair's Report**

Status

This report contains:

For decision

Update

✓ Regular report

✓ For information

The Consumer Council met on 19 October in Nelson and received a presentation from on the Communications Strategy and Engagement approach for the Ki Te Pae Ora framework.

The Council were asked “what do the Council and the community need in order to be empowered and to be involved in developing solutions with us?”. Key points from the discussion were:

- Consumers need to know what is meaningful and relevant at an individual level.
- Consumers need to know Nelson Marlborough Health (NMH) is making a cultural shift. This can be demonstrated through our communication. The language that is used is very important. (For example phrases like “working with you for your better health”).
- The Choosing Wisely four questions are key in the empowerment of consumers to accept responsibility in determining their own health care choices.
- The Council also raised the importance of involving consumers in the development of the framework, initiative and projects.
- Consumers need to be involved and engaged throughout the process not just in one-off consultations. NMH programmes are complex. Understanding and meaningful contributions are achieved through on-going involvement.

The Council also received a presentation on the Consumer Engagement Quality Safety Marker. The Council noted the complexity of the framework developed by HQSC and the potential workload involved in implementing the reporting across NMH. A simpler self-assessment tool has been developed and the Council have agreed to test the tool and provide feedback at the next council meeting. The discussion centred on the role of the Consumer Council in this work. It was agreed that the implementation was the responsibility of NMH and the Council could add value by taking the role of being a reviewing group for the self-assessments.

Feedback was also provided on the recruitment of new Council members. Three members, including the Chair, will attend their last meeting on 7 December 2020. The Council agreed on the importance of balancing diversity with the skills needed for the role. One of the key attributes identified was strong connections in the community and a willingness to link in with and network in the community.

The Council endorsed the change from an application form to an expression of interest form with the option for groups to nominate candidates. Council members have agreed that, when available, they will accompany the Consumer Council Facilitator to community meetings to promote and encourage interest.

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: 21 October 2020
Subject: **Clinical Governance Report**

Status

This report contains:

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

Purpose

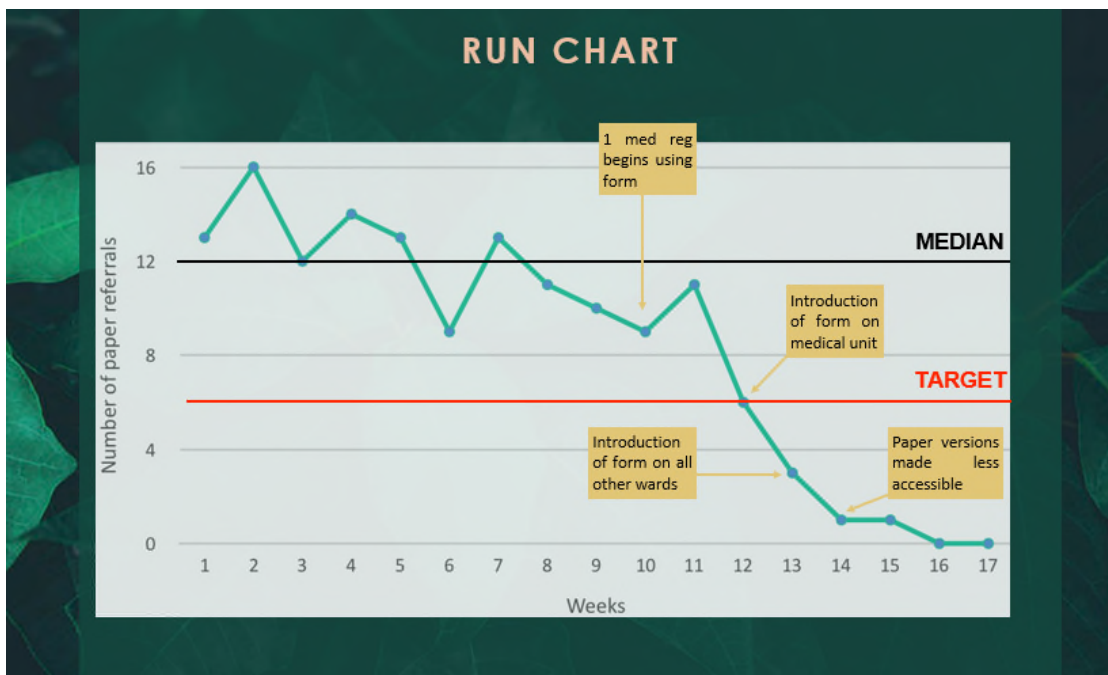
To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 2 October 2020.

DHB CGC endorsed:

- ***The Rapid Response Plan – COVID-19 in Aged Related Residential Care (ARRC) Facility*** – A rapid response plan has been developed to ensure the safety of both ARRC staff and residents if a suspect case or outbreak was to occur in an aged residential care facility. The plan details the systems response and a summary of the ability of all 24 NMH ARRC facilities to manage the virus within existing resources.
- ***Progress on reliable sign off of results*** – The change to electronic sign off processes has been complex and has made visible the number of results that are not being signed off in a timely manner. The e-Signoff of lab results has overcome the difficulties in most departments. The biggest risks seem to arise where there are many changes of staff e.g. covering leave and locums. The next area for transition to e-Signoff is radiology reporting.
- ***iSTENT – New device to manage mild to moderate glaucoma where patients are unresponsive to other therapies*** - Use endorsed and procedure referred back to the Clinical Service Strategy Group for practical implementation considerations including budgeting.
- ***The Registered Medical Officer (RMO) Quality Improvement (QI) Residency programme*** – Regular presentations from this programme now occur at the Clinical Governance Committee meeting.

Our most recent RMO QI Resident presented on ‘What a waste: Reducing the amount of paper used for internal referrals’. Her project identified one referral form used multiple times per week which was printed on coloured paper, completed by hand, scanned into the computer and then emailed to the relevant department to be printed out again.

With the support of her peers and senior colleagues, the form itself has been revised, an online version produced and one minute taken off the time taken to complete it. This is beautifully illustrated in the graph below, an annotated time series chart that counts the number of paper referrals made per week over the course of the project. Down is better.



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

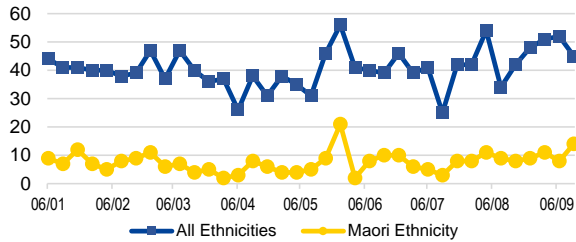
Psychosocial Report

Nelson, Tasman and Marlborough



Acute Mental Health Referrals

Nelson/Tasman

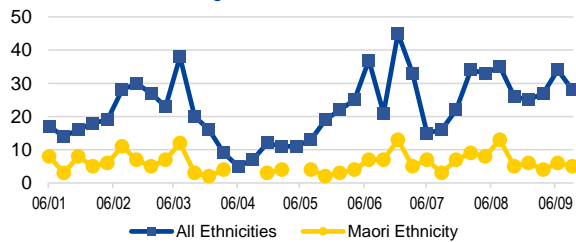


Common themes are, relationship break ups, mood disorders presentations with early warning signs. Alcohol and drug induced presentations. Child/Adolescent Emergency Department presentations after hours also occurring.

NMH Nelson Community Assessment Team (CAT)

ICAMHS Referrals

Nelson/Tasman/Marlborough

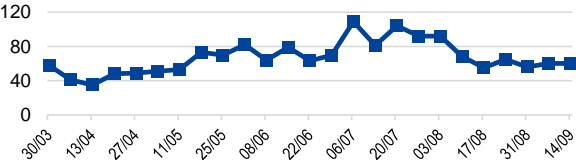


ICAMHS has seen a significant increase in referrals post covid lock down, specifically for ADHD presentations and severity of risk. There has been a higher demand for mental health support in the community which has also had an impact on the number of referrals we are receiving. Since the recent start of infant and maternal mental health, we are now able to provide interventions for mums and babies between 0-2 years of age.

NMH Infant, Child & Adolescent Mental Health Community Team (ICAMHS)

Primary Mental Health Referrals

Nelson/Tasman/Marlborough

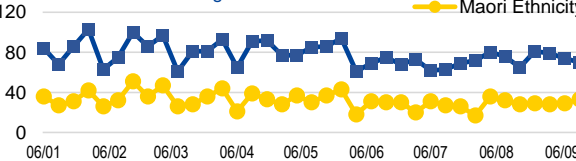


The four referrals mention adjustment related to Covid PHO having in general having a unusually large number of referrals in all services. More children being referred in youth AOD, Gateway health assessments and PMHI. More non-malignant pain referrals over the last month.

Nelson Bays Primary Health

Occurrences of Family Harm

Nelson/Tasman/Marlborough

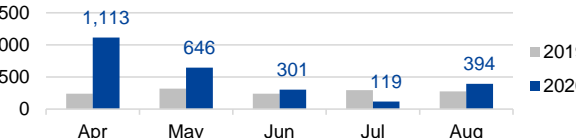


6 of the referrals to Marlborough PHO stated directly related to COVID-19. Referrals were mostly related to anxiety, depression, relationship issues and distress.

Marlborough PHO

Foodbank - Total People

Nelson

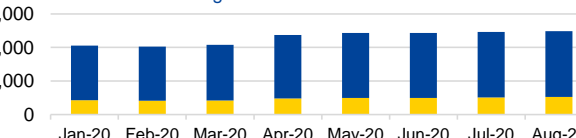


No change from previous report. There are some people that may still be receiving the Covid Income Relief Payment or the Wage Subsidy that may no longer be employed but have not yet applied for a benefit. We might therefore expect to see the numbers increase as these channels of financial assistance come to an end.

MSD

Total Main Benefits - MSD

Nelson/Tasman/Marlborough/Westcoast

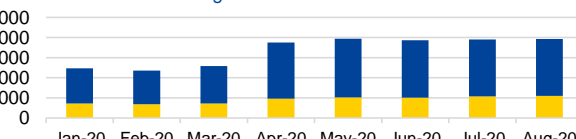


No change from previous report. Unsurprisingly, there are increased levels of anxiety (not clinical) among older people and people with pre-existing health conditions.

Marlborough CDEM

Job Seeker - Work Ready - MSD

Nelson/Tasman/Marlborough/Westcoast

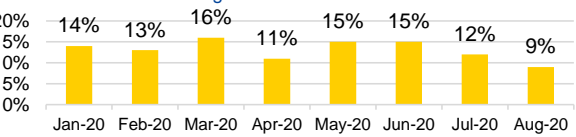


Average weekly demand for service increased over the August-September period for Nelson Bays, with 3 out of 4 weeks in this timeframe showing the highest number of reported incidents since May. While it is expected that demand will begin increasing at around this timeframe, this typically begins in October and trends upwards to a peak in Dec/Jan. The increase seen in September could be an early indicator that the upcoming peak period may have higher than normal volumes, or that the time-based external events that contribute to family harm episodes have begun presenting earlier this year compared to previous. With the school holidays commencing on the 26th, there may also be elevated demand in the upcoming period from families under financial strain or struggling with childcare arrangements.

NZ Police

Homecare Medical Contacts - Maori Ethnicity %

Nelson/Tasman/Marlborough



Note: For Family Harm data, Maori ethnicity includes all occurrences where someone identifying as Maori ethnicity is linked to the event.

COVID-19

Managing fear and uncertainty at all Alert Levels

Ko nga pae tawhiti, whaia kia tata
Ko nga pae tata, whakamaua kia tina



Don't be embarrassed to ask for help

Patua te taniwha te whakamā.
Don't feel embarrassed to ask for help or try some new mental wellness techniques.
Have a look at some of the options at the bottom of this poster.



Acknowledge your feelings

It's normal to feel overwhelmed, stressed, anxious, worried or scared.
Allow yourself time to notice and express what you're feeling.
Write it down or talk about it with someone you trust.



Do things that help you feel happy and calm

Meditating and exercising can help you to relax and have a positive effect on your thoughts. Try not to increase unhealthy habits like comfort eating, drinking, smoking or vaping.



Focus on things you can control

Wash your hands regularly, stay home if you are sick and seek medical advice if you need to. Take a break from social media, or the news, and stick to credible information sources:
www.covid19.govt.nz
www.health.govt.nz



Keep track of where you have been

Download the NZ COVID Tracer App to keep a digital diary of places you visit. This will help with contact tracing to prevent any further spread of COVID-19 in NZ. You can also keep a written record: Where you went. When you went there. Who you met.



Stick to your routines

Try to go to sleep and wake up at the same time, eat at regular times, shower, change your clothes, talk to other people regularly, and do your chores. Children need routine and predictability also.



Check in on other people

Reaching out to those who may be feeling stressed or concerned can benefit both you and the person you reach out to.



Be on the team

We are a team of 5 million and together we can stamp out the virus. We've done it before and we can do it again. Be on the team and follow the Alert Level rules. The rules are listed online: www.covid19.govt.nz



Trust the experts

Be informed but stick to credible information sources, such as www.covid19.govt.nz

Free helplines, tools, apps and supports...

For a larger range of options go to: www.covid19.govt.nz/mental-wellbeing

Need to Talk? – free call or text 1737 any time for support from a trained counsellor

Youthline – call 0800 376 633, free text 234 or email talk@youthline.co.nz

Depression and Anxiety Helpline – 0800 111 757 or free text 4202 to talk to a trained counsellor

Family Services 211 Helpline – 0800 211 211 to be connected to community-based health and social support services

Getting Through Together – online resources with practical tips to help you look after yourself and your whānau. www.allright.org.nz/campaigns/getting-through-together

Getting Through Together, kaupapa Māori – stories and information to help support the mental wellbeing of Māori. www.allright.org.nz/te-waioratanga

Sparklers at Home – online resources for parents to guide conversation with primary school-aged children about their mental health and wellbeing. www.sparklers.org.nz

Mentemia – an app providing practical tips and techniques to help you take control of your mental wellbeing. www.mentemia.com

Melon – an app that provides a health journal, resources and self-awareness tools to help you manage your emotional wellbeing. www.melonhealth.com/covid-19/

Just a Thought – achievable online courses to teach you practical strategies to cope with stress. www.justathought.co.nz

Depression.org.nz – information and advice on how to look after yourself and your whānau. www.depression.org.nz

Depression.org.nz, kaupapa Māori – information and advice for Māori whānau. www.depression.org.nz/covid/alert-level-update/maori/

Whakatau Mai: The Wellbeing Sessions – free, virtual community events to support your wellbeing, you with others, learn and practise new skills, and start looking at things differently. www.wellbeingssessions.nz