

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 24 November 2020 at 12.30pm

Seminar Centre Room 1, Braemar Campus  
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>12.30pm</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>12.40pm</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>12.45pm</b>	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	Ki Te Pae Ora Update		Attached	Note
6	Finance Report		Attached	Resolution
7	Clinical Governance Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	<b>1.30pm</b>	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 27 October 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

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### Apologies

## REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	<ul style="list-style-type: none"> <li>▪ Chair of South Island Alliance Board</li> <li>▪ Chair of National Chairs</li> <li>▪ Member of West Coast Partnership Group</li> <li>▪ Member Health Promotion Agency (HPA)</li> </ul>			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> <li>▪ Director, Taylors Contracting Co Ltd</li> <li>▪ Director of CD &amp; Associates Ltd</li> <li>▪ Director of KHC Dennis Enterprises Ltd</li> <li>▪ Director of 295 Trafalgar Street Ltd</li> <li>▪ Director of Scott Syndicate Development Company Ltd</li> <li>▪ Director of Malthouse Investment Properties Ltd</li> </ul>		
Gerald Hope		<ul style="list-style-type: none"> <li>▪ CE Marlborough Research Centre</li> <li>▪ Director Maryport Investments Ltd</li> <li>▪ CE at MRC landlord to Hill laboratory services Blenheim</li> <li>▪ Councillor Marlborough District Council (Wairau Awatere Ward)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Landlord to Hills Laboratory Services Blenheim</li> </ul>	

## Open Board Agenda

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

## Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jacinta Newport	<ul style="list-style-type: none"> <li>▪ Employee of West Coast DHB as Rural Nurse Specialist</li> <li>▪ Trustee of MCANZ</li> <li>▪ RN advocate of MCANZ</li> <li>▪ Member of NZ Nurses Society</li> </ul>	<ul style="list-style-type: none"> <li>▪ Owner/Director of Helibike Nelson</li> </ul>		
Paul Matheson	Nil	<ul style="list-style-type: none"> <li>▪ Chair of Top of the South Regional Committee of the NZ Community Trust</li> <li>▪ Justice of the Peace</li> </ul>		
Jill Kersey	<ul style="list-style-type: none"> <li>▪ Board member Nelson Brain Injury Association</li> </ul>		<ul style="list-style-type: none"> <li>▪ Funding from NMDHB</li> </ul>	
Olivia Hall	<ul style="list-style-type: none"> <li>▪ Chair of parent organisation of Te Hauora o Ngati Rarua</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee at NMIT</li> <li>▪ Chair of Te Runanga o Ngati Rarua</li> <li>▪ Board member Nelson College</li> <li>▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)</li> </ul>	Provider for potential contracts	

*As at October 2020*

## REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> <li>▪ Member SI Quality Alliance Group – SIAPO</li> <li>▪ Associate Fellow of Royal Australasian College of Medical Administrators</li> <li>▪ Fellow of the Royal Meteorological Society</li> <li>▪ Member of NZ Digital Investment Board Ministry of Health</li> <li>▪ External Clinical Incident Review Governance Group - ACC</li> </ul>			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> <li>▪ Member of the Nelson Marlborough Cardiology Trust</li> <li>▪ Member of Physiotherapy New Zealand</li> <li>▪ Deputy Chair National Directors of Allied Health</li> </ul>			
<b>MENTAL HEALTH SERVICES</b>					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> <li>▪ Husband works for NMDHB in AT&amp;R as a Physiotherapist.</li> <li>▪ Son employed short term contract as data entry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board member Distance Running Academy</li> </ul>		
<b>CORPORATE SUPPORT</b>					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> <li>▪ Husband is shift manager for St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trustee of the Empowerment Trust</li> </ul>		
Kirsty Martin	GM IT				

## Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> <li>▪ Trustee of Golden Bay Community Health Trust</li> <li>▪ Member of National Food Services Agreement Contract Management Group for Health Partnerships</li> <li>▪ Wife is a Registered Nurse working permanent part time for Tahunanui Medical Centre and occasional locum for other GP practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Treasurer, Waimea Basketball Club (commences November 2020)</li> </ul>		
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> <li>▪ Daughter employed by Pharmacy Department in the casual pool</li> <li>▪ Sister is employed by Marlborough PHO as Healthcare Home Facilitator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Daughter is involved in sustainability matters</li> </ul>		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> <li>▪ Te Herenga Hauora (GM Maori Health South Island)</li> <li>▪ Member of Te Tumu Whakarae (GM Maori Health National Collective)</li> <li>▪ Partner is a Doctor obstetric and gynaecological consultant</li> <li>▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Both myself and my partner own shares in various Maori land incorporations</li> </ul>		



Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CHIEF EXECUTIVE'S OFFICE</b>					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> <li>▪ DHB representative on the PHARMAC Board</li> <li>▪ National CE Lead for Joint Procurement Agency</li> <li>▪ National CE Lead for RMO</li> <li>▪ National CE Lead for Mental Health</li> <li>▪ Board Member of Health Roundtable Board</li> <li>▪ Trustee of Churchill Hospital</li> <li>▪ Daughter employed as RN for NMDHB</li> </ul>	<ul style="list-style-type: none"> <li>▪ Son-in-law employed by Duncan Cotterill</li> </ul>		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> <li>• Brother works at NMDHB in the Transport Department</li> </ul>			

As at November 2020

**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE MARLBOROUGH ROOM, SCENIC CIRCLE MARLBOROUGH, 65 ALFRED STREET, BLENHEIM 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, Jill Kersey, Dawn McConnell, Olivia Hall

**In Attendance:**

Peter Bramley, Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Lexie O'Shea (GM Clinical Services), 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:**

Paul Matheson

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Sophie Trigger, Reporter for Marlborough Express

The Chief Executive was welcomed back from his secondment to Canterbury DHB.

**SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST**

Noted.

**Moved: Brigid Forrest**  
**Seconded: Stephen Vallance**

**RECOMMENDATION:**

**THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.**

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING**

**Moved: Brigid Forrest**  
**Seconded: Stephen Vallance**

**THAT THE MINUTES OF THE MEETING HELD ON 22 SEPTEMBER 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

**AGREED**

**Matters Arising**

Nil.

**3.1 Action Point**

Item 1 – Wood Pellet Trial: Ongoing. Update noted.

Item 2 – Minor Procedures. Verbal update noted. Completed.

Item 3 – Current Research Projects. Due November.

**3.2 Correspondence**

Noted.

**SECTION 4: CHAIR'S REPORT**

Noted we are awaiting confirmation of who will be appointed the Minister of Health under the new government, however in the interim it remains Minister Hipkins.

Stephen McKernan has been appointed to lead the Health and Disability System Review.

Conversations are ongoing with SI Alliance looking at what we can do faster and better, as a region

**SECTION 5: DECISION****5.1 2021 Board Meeting Dates**

Noted and endorsed.

**Moved: Craig Dennis**  
**Seconded: Jacinta Newport**

**THAT THE BOARD ENDORSES THE MEETING DATES FOR 2021.**

**AGREED**

**SECTION 6: ACTING CHIEF EXECUTIVE'S REPORT****COVID-10**

Pop up testing clinic held in Nelson car park on Friday and a clinic at Kaiteriteri for tourism operators, with a total of 211 tests completed.

Focus continues on maritime borders with a large number of tests conducted at both ports (Nelson and Marlborough).

**Planned Care Funding Bids**

A pool of funding is available from MOH for planned care innovations. An application for funding was submitted to MOH, with NMH being successful in receiving one off funding of \$1.8m. **It was agreed that** a breakdown of how the \$1.8m of planned care funding

will be spent to be provided at the next meeting. There is \$469k of sustainability funding also available, which we will apply for.

#### Ki Te Pae Ora / Towards a Health Future

A summary of progress of workstreams will be provided each month.

#### Healthy Homes Initiative

Noted 2,000 homes have been insulated to date. Focus in the last year has been on data analysis around our patients and whether they live in rented accommodation. We can then backtrack into the programme to have their homes insulated. **It was noted that** the CE and GM Strategy Primary & Community are to meet with the Healthy Homes team and they will ascertain if there is any further data on the numbers of homes needing insulation. Determinants around the decrease in the number of children being admitted to hospital covers a number of things like smoking in pregnancy, smoking after pregnancy, flu vaccinations, healthy homes, etc. All these factors have played a part in reducing the number of children admitted to hospital this year.

#### CAMHS

Concern raised regarding the 3 month waiting time for first face to face appointments. It was noted that acute referrals are seen quickly, with the others being triaged as more routine follow up.

A new group programme has started in Wairau which is working well. Will likely do the same in Nelson. The GM has met with the Director of Education looking at a partnership for working with schools and CAMHS, as schools have noted higher rates of anxiety in children.

#### Seclusion

Noted seclusion hours are higher for Maori. Specific projects have been developed looking at how we manage admissions including seclusion. Have improved staff training and improved data reporting to provide transparency. Have made huge progress on reducing seclusion hours over the past 12 months, and seclusion remains a focus for Mental Health.

#### Psychosocial Dashboard

Noted.

**Moved: Alan Panting**  
**Seconded: Dawn McConnell**

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

**AGREED**

## **SECTION 7: FINANCIAL REPORT**

The result for the first quarter of the 2020/21 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.

Noted health sector has a growing liquidity risk with a number of DHBs running with very low cash balances, and it is likely that further deficit support announcements will be required. NMH is 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.

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

**THAT THE BOARD RECEIVES THE FINANCE REPORT.**

**AGREED**

### **SECTION 8: CONSUMER COUNCIL CHAIR'S REPORT**

Reported noted. Discussion held on the interview panel for new Consumer Council members. **It was agreed that** the CE follow up if there is support from the Maori Health team and Disability Support Services on the panel.

### **SECTION 9: CLINICAL GOVERNANCE COMMITTEE REPORT**

Noted.

### **SECTION 10: GENERAL BUSINESS**

Nil.

### ***Public Excluded***

**Moved:** Brigid Forrest  
**Seconded:** Olivia Hall

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

**Resolutions from the Public Excluded Meeting:**

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

- Minutes of Previous Meeting – APPROVED
- Chair’s Report – RECEIVED
- CE’s Report – RECEIVED
- H&S Report – RECEIVED

**Meeting closed at 1.23pm.**

**ACTION POINTS - NMH – Board Open Meeting  
held on 27 October 2020**

<b>Action Item #</b>	<b>Action Discussed</b>	<b>Action Requested</b>	<b>Person Responsible</b>	<b>Meeting Raised In</b>	<b>Due Date</b>	<b>Status</b>
1	CE's Report: Wood Pellet Trial	CO <sub>2</sub> emissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
2	Clinical Governance Committee Report	Provide an update on current research projects	Elizabeth Wood	22 September 2020	24 November 2020	
3	Consumer Council Report	Follow up if there is adequate support on the member interview panel form Maori Health team and DSS	Peter Bramley	27 October 2020	24 November 2020	

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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 18 November 2020  
**Subject:** **Correspondence for October/  
November**

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## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence

Nil

Outward Correspondence

Nil



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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 18 November 2020  
**Subject:** Chair's Report

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## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

2020 – the year we learnt about viruses and more particularly COVID-19. The effect it would have on the running of NMH would have been hard to predict. The preparation for a possible influx of patients, caring for one of the first hospitalised with COVID in the country, the setting up of Community Based Assessment Centres (CBACs), the building of contact tracing teams which went on to support colleagues in Auckland, closing the hospital for elective surgery and outpatient activity with the flow on being dealing with the backlog, working with our public sector partners to care for people in the community, the increase in anxiety for many and the ongoing conversations about a possible vaccine. It has been an extraordinary year. Yet through it all, the NMH team of 3000 worked longer and harder, along with their colleagues in primary and community health and the wider Te Taihū health system. Our population have been the beneficiaries of this hard work. Thank you everyone at NMH and our primary and community partners – you have all done an amazing job at keeping us all safe in these very unusual times.

COVID-19 was the big news of 2020, but there has been plenty of other issues for those of us in health to consider. We have a new Minister of Health, Andrew Little – he is looking forward to visiting DHBs in the next year, and is supported by Ministers Henare, Verrall, Hipkins and Sio who are yet to be allocated their responsibilities.

The Health and Disability System Review was reported in March, and we await how it will be rolled out. A Transition Team has been announced and we will work with them through this once in a twenty year programme of work.

We continue to plan the new Nelson Hospital. We presented the Indicative Business Case to the Capital Investment Committee in May, and now move to the next phase, the Detailed Design Case.

We welcomed four new Board members in 2020. For Paul, Jacinta, Olivia and Jill it has been a wobbly start to their NMH term. We can only hope that year two is more about business as usual and less about pandemic planning.

As this is the last meeting of the year, I would like to thank the Chief Executive and his team for their exceptional energy and leadership in 2020. We appreciate that the hours you worked in the earlier months of the year were extraordinary and we are very grateful for your dedication to our health system. To my fellow Board members, thank you for learning how to govern during a pandemic – Zoom technology, hours online and ensuring that we continued to look at the basics as well as the new issues that came with COVID.

To everyone, thank you. I hope you all get some well-earned rest over the summer and time with family and friends. We can be certain of one thing, Health in 2021 will continue to throw us surprises and challenges, and I look forward to facing them with you all.

Jenny Black  
**Chair**

**RECOMMENDATION**

**THAT THE BOARD RECEIVES THE CHAIR'S REPORT.**

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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 18 November 2020  
**Subject:** Chief Executive's Report

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. INTRODUCTORY COMMENTS

As the end of the year races towards us we cannot help but reflect on what has been a turbulent year. I know personally, when I was enjoying a summer break, and news was just emerging out of China of a new virus, I could not have imagined the global disruption, the impact to health systems, and sadly the ongoing loss of life. We all have a new appreciation for the value of public health, we have all become armchair epidemiologists, and have a new language that we are fluent in that involves words like “bubble”, “social distancing”, “R numbers” and “community transmission”. The images of mass numbers of diggers building hospitals in China inside 2 weeks, our Air NZ fleet grounded, and of mass graves in Central Park will linger for many years. We are all hugely thankful for where NZ is at present in terms of the community absence of COVID-19. We enjoy freedom and interaction that many parts of the world dream of.

A huge thank you to everyone across our health system in Nelson Marlborough. People put in phenomenal hours to ensure we got ourselves prepared, and managed well those early cases of COVID in the district. There was amazing collaboration and innovation across health, Iwi, and other social agencies to ensure those who were most vulnerable in our community were supported and protected. So many teams behind the scenes, like procurement, worked tirelessly to ensure we had the equipment and supplies to keep services going, and our staff protected.

And it is not over. We need to stay vigilant as a community. Our Public Health team continue to do amazing work ensuring our borders are safe, and our systems are prepared for the next outbreak. Plus our teams across our community and hospitals are doing a superb job of recovering the backlog of care from the lockdown period.

So thank you to everyone who played a part. You did an amazing job, and the community will be in your debt.

As Christmas fast approaches, I do hope you all manage to get some time away from work, and can enjoy a refreshing break – enjoying family and friends in close proximity and not only via a Zoom call. Refill the tank and recharge so you move into 2021 with enthusiasm and energy – a year hopefully that sees us able to live life more fully, but holding on to the positive changes, like connection and collaboration, that COVID has brought.

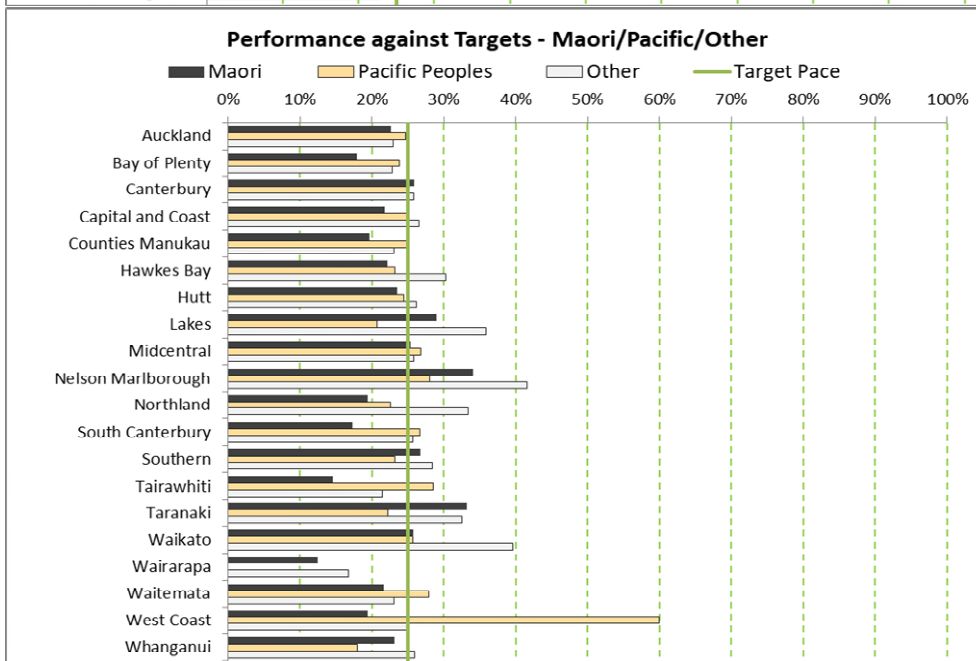
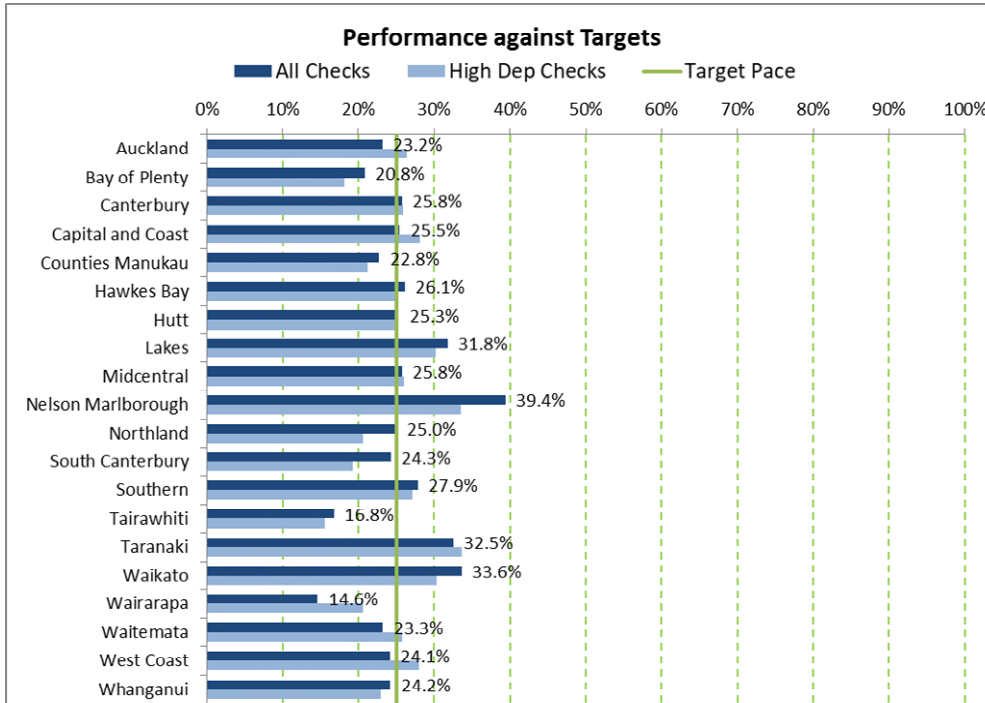
Thank you again.

## 2. PRIMARY & COMMUNITY

- NMH have achieved amongst the highest rates of B4SC completion nationwide.
- Two initiatives for Sustainability project funding have been submitted to MOH with positive feedback being received. Final approval is due late November. One initiative proposes implementing Practice Management Software within ambulatory care providers which will support more integrated care as well as NGO capability. The other initiative focuses on Workforce Development.

- The Health Protection Team in the Public Health Unit has a strong focus on work associated with COVID-19. Orders relating to the maritime area require ongoing high resource for both testing and quarantine requirements. Preparation and planning for COVID-19 response work continues.
- Difficulty accessing New Zealand registered medicines continues to be impacted by COVID-19.
- All Community Pharmacy owners have signed up to the nationally agreed changes in a timely manner prior to 1 October 2020.
- After presentation of Pharmacy Services to the Board in October, the Pharmaceutical Services Manager has started seeking more detailed information from other DHBs as to how they are managing polypharmacy.
- The proposal to implement Medsman (medicines management) software, which should help reduce medication-related errors, continues to progress. Initially access will be restricted to pharmacy teams with a view to rolling this out to prescribers and others if this goes well.
- The Steering Group of Warmer Healthy Homes recently marked a milestone of 2,000 homes insulated in Te Tau Ihu. The programme continues to be grateful for the financial and other support of NMH.
- For Nikau Hauora Hub, the co-design process is well-underway with the Working Groups now focused on ideas identified in the four workstream workshops and developing these ideas further. Once ideas are trialled these will guide the Hub design. The four workstreams are Environment and Facility, Strengthening Partnerships, Stepped Care Model, and Community Engagement. In addition, focused sessions with specific groups, such as Māori, Youth and Women are underway.
- The Individual Placement Support for employment (a new service helping people with mental health issues to find and stay in employment) was integrated into the Nelson, Tasman and Maori Mental Health and Early Intervention Services (including being located at Nikau Hauora Hub) on 1 October. The service is already seeing referrals and warm handovers happening across the teams.
- Nelson Marlborough Health Pathways (NMHP) statistics continue to demonstrate a sustained increase in access when compared with the previous year. There were 1,510 users and 37,199 page views on NMHP in October 2020; an 8% and 10% increase respectively, when compared with October 2019. NMHP user numbers per capita also continue to be significantly higher than other comparable HealthPathways regions.
- The Annual Plan 2020-21 has been signed off by the Minister of Health. Quarterly reporting against the activities outlined in both the Annual and System Level Measures Plans are underway. Preparation for the 2021-22 planning cycle has commenced.
- The Planning & Projects Manager has been working with the Clinical Audit Co-ordinator (Clinical Governance) to identify NMH staff involved in research to form a network to implement the New Zealand Research Strategy. The establishment of this network is an action in the Annual Plan 2020-21.
- The Community Oral Health Service arrears have maintained at 19%, however the Nelson hub is of concern with arrears of 33%. This has been due to unplanned staff leave, but also capacity issues.
- Two mobile dental services are being established. One will utilise Dentists and will provide non-funded care to aged care and other adults, and has also sought an adolescent dental agreement to work in schools. The other is staffed by a Therapist with a MoU with a local Dentist. This will give parents new options, and potentially increase access to those who have not attended.

- Pre-Christmas pop up clinics are planned as part of the MMR Catch-up campaign. General Practice is currently embedded in MMR for 12-month olds catch up, so a concerted effort will take place in the New Year for 15-29-year olds.
- Nelson Marlborough continues to be one of the leading DHBs in the number of B4 school checks completed in terms of total numbers, high deprivation, Maori, Pacific and other.



Progress – Targets & Volumes		
Target Name	Target	Actual
B4 School Checks	1454 Total	608 42%
	146 High Deprivation	54 37%
	329 Maori	121 37%
	50 Pacific	15 30%
	90% (1454) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.	(need to be at 50% by 7 January 2021)

<b>8 Mth Immunisations</b>	<p>Total 95%</p> <p>Maori 95%</p> <p>Pacific 95%</p> <p>Asian 95%</p> <p><b>95% of all children at 8 months of age are required to be fully immunised</b></p>	<p><b>Monthly results ending October 2020</b></p> <p>Total 92.9%</p> <p>Maori 71.4%</p> <p>Pacific 0% (no children)</p> <p>Asian 100%</p> <p>Total declines/opt offs 3.6%</p> <p>(accurate data will not be available until 13 November 2020)</p>
<b>2 Yr Immunisations</b>	<p>Total 95%</p> <p>Maori 95%</p> <p>Pacific 95%</p> <p>Asian 95%</p> <p><b>95% of all children at the age of 2 yrs are required to be fully immunised.</b></p>	<p><b>Monthly results ending October 2020</b></p> <p>Total 85.3%</p> <p>Maori 94.4%</p> <p>Pacific 0% (no children)</p> <p>Asian 100%</p> <p>Total declines/opt offs 10.7%</p> <p>(accurate data will not be available until 13 November 2020)</p>
<b>5 Yr Immunisations</b>	<p><b>No Target</b></p>	<p><b>Monthly results ending October 2020</b></p> <p>Total 86.8%</p> <p>Maori 100%</p> <p>Pacific 100%</p> <p>Asian 87.5% (7 out of 8 vaccinated)</p> <p>Total declines/opt offs 3.9%</p> <p>(accurate data will not be available until 13 November 2020)</p>
<b>Cervical Screening</b>	<p><b>80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.</b></p>	<p>Total 74.8%</p> <p>Maori 67.7%</p> <p>Pacific 75.0%</p> <p>Asian 62.4%</p> <p>Other 76.5%</p> <p>(latest figures available as at August 2020)</p>

### 3. ANNUAL PLAN

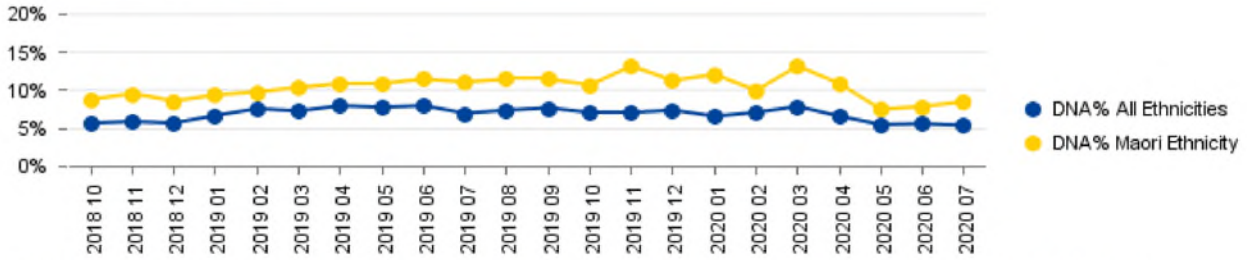
The GM Strategy Primary & Community will give a brief presentation on the Annual Plan and 2021/22 overview.

### 4. MENTAL HEALTH, ADDICTIONS AND DSS

- There is some improvement shown in the data for overall reduction in use and duration of seclusion for the total population, however there is no improvement evident in the data for reduction for Maori or Pasifika clients as yet. We will continue to focus on this area and work to being seclusion free. One area of importance to target, identified in discussion, is to work more closely with the Police in the admission process and with our Maori Health teams. We also identified the need to be more proactive in discussions and planning with our community teams to plan admission processes should they be required for the identified at risk clients known to our services.
- The Workplace Aggression Working Group is making good progress, using co-design processes, in articulating a work programme for the coming year. Membership includes clinicians, managers, PSA, quality improvement and HS&W team. This is strategically positioned alongside reducing seclusion with the objective of overall safety for all.

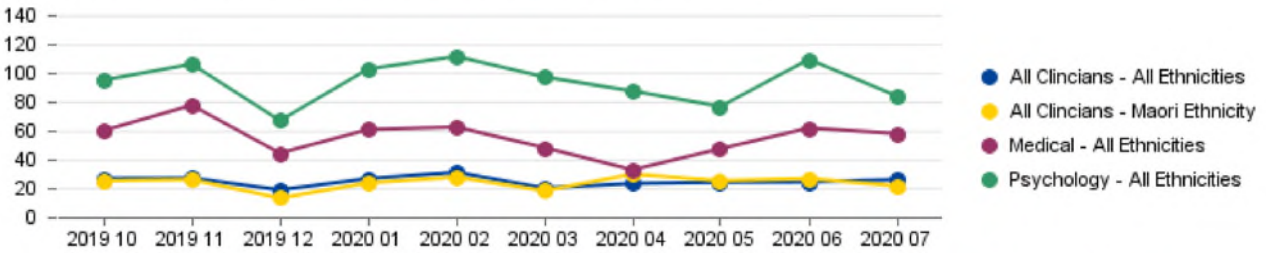
## Mental Health, Addictions and Older Person's Mental Health

### Did Not Attend (DNA) %



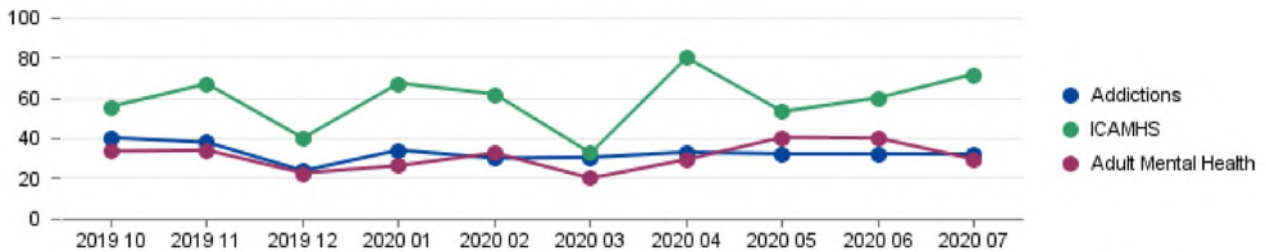
Note: There is currently a 1-3 month delay in data entry of community contacts. This graph only includes up to date data.

### Average Wait Time to First Face-To-Face Community Contact (Days)



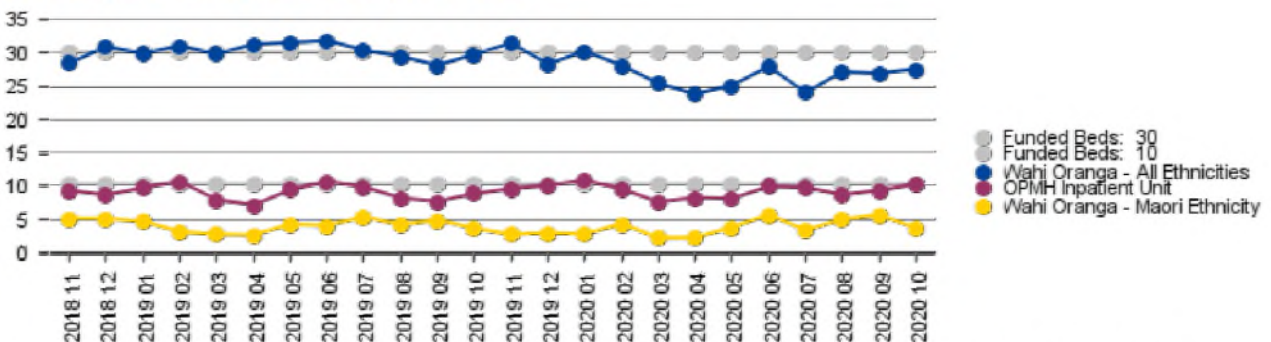
Note: There is currently a 1-3 month delay in data entry of community contacts. This graph only includes up to date data.

### Average Wait Time to First Face-To-Face Community Contact (Days) - By Service



Note: There is currently a 1-3 month delay in data entry of community contacts. This graph only includes up to date data. ICAMHS = Infant, Child and Adolescent Mental Health Service. Adult Mental Health includes: Adult Nelson, Adult Psychology Liaison Nelson, Adult Tasman and Adult Wairau (noting that up until 08/09/2020 Adult Wairau data includes both acute and adult mental health).

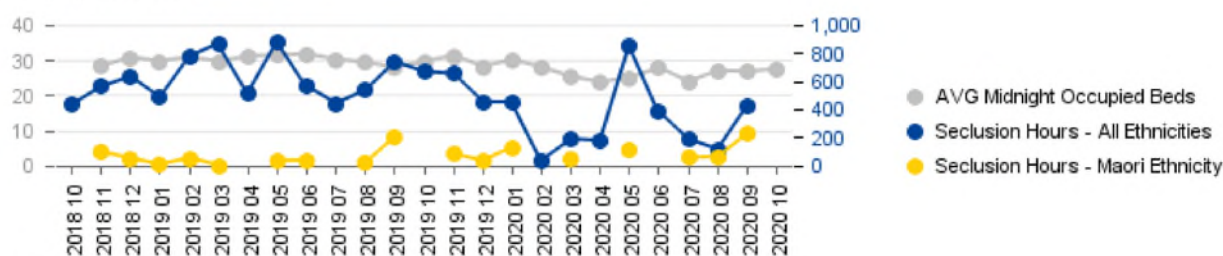
### Average Midnight Occupied Beds



Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.



## Seclusion Hours



Seclusion Hours is calculated as the total sum of all hours spent in seclusion.

## 4.1 Disability Support Services (DSS)

Disability Support Services (DSS)		Current September 2020				YTD September 2020	Current October 2020				YTD October 2020			
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total			
Service provided	Current Moh Contract	As per Contracts at month end	160	18		178	increase 1	159	18		177	decrease 1		
	Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8			
	Beds – DHB- Chronic Health Conditions	As per Contracts at month end	1	0	10	11		1	0	10	11			
	Beds – Individual contracts with ACC	As per Contracts at month end	1	2		3		1	2		3			
	Beds – Others - Oranga Tamariki & Mental Health		0	1		1		1	1		2	increase 1		
	Residential contracts - Actual at month end		170	21	10	201		170	21	10	201			
<b>Number of people supported</b>														
Total number of people supported	Residential service users - Actual at month end		170	21	10	201	decrease 1	170	21	10	201			
	Respite service users - Actual at month end		5	1		6	increase 1	7	1		8	increase 2		
	Child Respite service users - Actual at month end		37			37		39			39	increase 2		
	Personal cares/SIL service users - Actual at month end		0	0		0		0	0		0			
	Private Support in own home		0	0		0		1	0		1	increase 1		
	Total number of people supported		212	22	10	244		217	22	10	249			
			ALL		Residential		Child Respite		ALL		Residential		Child Respite	
<b>Occupancy Statistics</b>			Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms		231		223		8		232		224		8	
	Total available bed days		6,930	21,252	6,690	20,454	240	736.0	7,192	28,536	6,944	27,398	248	984.0
	Total Occupied Bed days		6,192	19,068	6,035	18,579	156.5	488.5	6,439	25,506	6,263	24,842	175.5	664.0
	Total Occupied Beds		89.3%	89.7%	90.2%	90.8%	65.2%	66.4%	89.5%	89.4%	90.2%	90.7%	70.8%	67.5%
			Last month	Current month	Variance				Last month	Current month	Variance			
Total number of people supported	Total long term residential referrals		244	244	-				244	249	5			
Referrals	Child Respite referrals		13	15					15	18				
	Adult Respite referrals		11	12					12	16				
	Oranga Tamariki referrals		-	2					2	2				
	New Referrals in the month		2	3					3	1				
	Of above total referrals		4	7					7	9				
	Transitioning to service		-	1					1	-				
	On Waiting List		27	31					31	37				
Vacant Beds at End of month - (excludes Respite Beds)			21	21					21	16				** removed 6 - 12 Leicester St - new respite house
	Less people transitioning to service		-	-					-	-				
	Vacant Beds		21	21					21	16				

## 5. INFORMATION TECHNOLOGY

- The two main IT projects in Clinical Services (implementing scOPe audit and theatre system) are still on track, with General Surgery targeted for end of year roll out. The other is the replacement of our old Electronic Patient Letter Management System (EPLMS) with WinScribe. Retiring EPLMS is an important milestone as it will allow us to turn off the old end-of-life servers that it runs on.



## Project Status

Name	Description	Status	Original Due date	Revised due date	
<b>Projects</b>					
<b>scOPe Theatre - Stage 1</b>	Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit.	Testing in progress. General Surgery targeted for end of year roll out, still possible, risks/dependencies remain. Work on SIPICs <-> scOPe interface stalled due to Orion not granting API access, escalating.	Pilot Nov-20		●
<b>SI PICS - Foundation</b>	Patient Administration System (PAS)	Version 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		●
<b>eObservations (Patientrack)</b>	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. Meetings have been organised with the appropriate clinical leaders to engage others in this process to ensure clinical compliance.	July 18	Live / rolling out.	●
<b>Smartpage</b>	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Registrars and SMO staff are still showing some reluctance to participate and engagement has moved to a 1:1 strategy with them as resourcing allows. Impact is aspects of the product being under utilised as progress is made with integration with Patientrack. Orderly function is currently on hold awaiting development by vendor to meet local needs.	July 2020	Live / Rolling out	●
<b>eTriage Phase 3</b>	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		●

## 6. CLINICAL SERVICES

- ANZCA re-assessment for anaesthetic trainees has been completed and we have achieved a further 12 months accreditation.
- Feedback from the South Island Child Development Facilitators was that they are really impressed with the work the NMH team has done in terms of seeing new children and reducing waiting time and waitlist numbers.

## 6.1 Health Targets

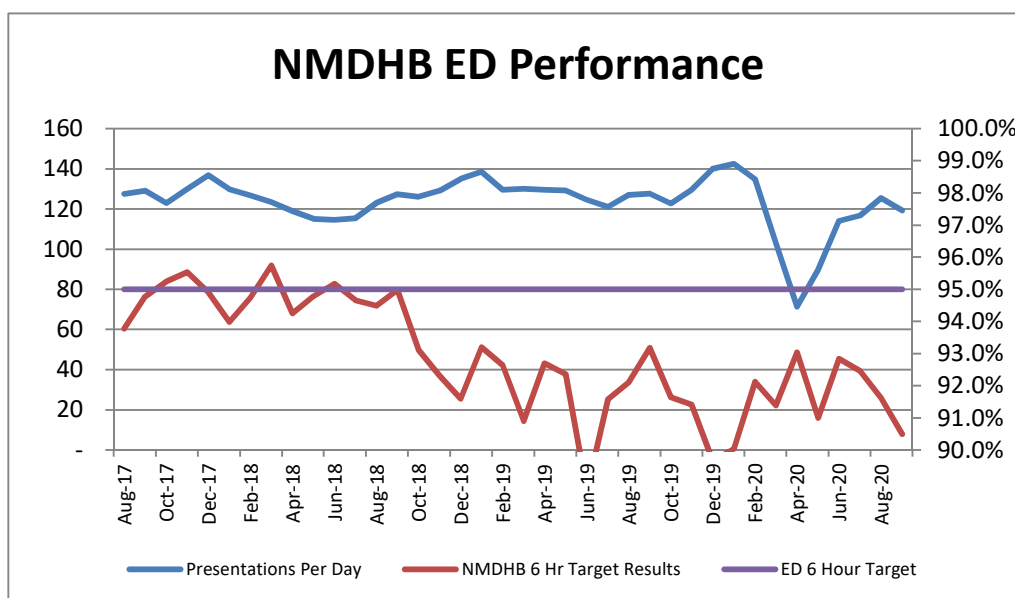
- At the end of October we planned 2,107 surgical discharges of which we have delivered 2,126 (100.9%). This is over plan by 19 discharges.
- We have delivered 2,516 minor procedures to the end of October, which is 894 procedures higher than our Plan target of 1,622 for this period.
- For orthopaedic interventions year to date at the end of October, a total of 177 joints have been completed which is slightly up on the Plan of 175. There are currently 173 joints waitlisted for surgery.
- With the employment of a fixed term Ophthalmologist we have increased the delivery plan for the 2020/21 year from 525 to 600 cataracts. We have lowered the threshold for cataract surgery from 1 November 2020 to allow more cataract patients onto our waiting list. Year to date delivery, as at end of October 2020, is 235 cataracts against a plan of 212. There are currently 85 cataracts waitlisted for surgery.

## 6.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of October with 260 patients not being seen within 120 days of referral acceptance. This has increased from 166 patients at the end of September.
- ESPI 5 (time to receive planned procedure) was also Red for the month of October with 97 patients not being treated within 120 days of being given certainty. This has increased from 65 patients at the end of September.

## 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.



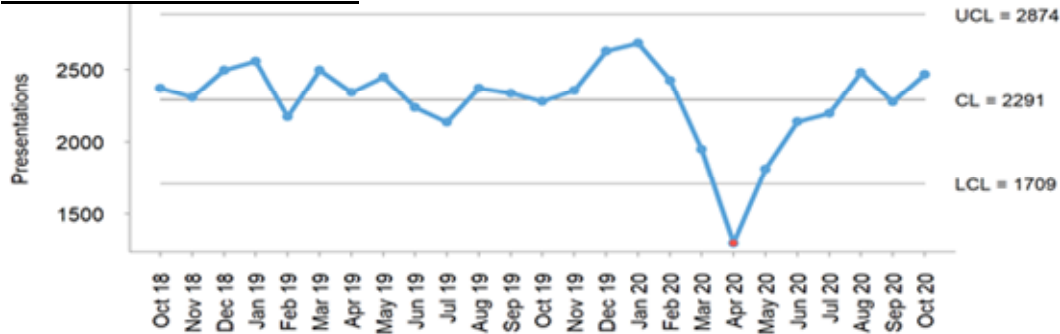
## ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	90.7%	255	2,469
Wairau	93.5%	116	1,551

Hospital Occupancy

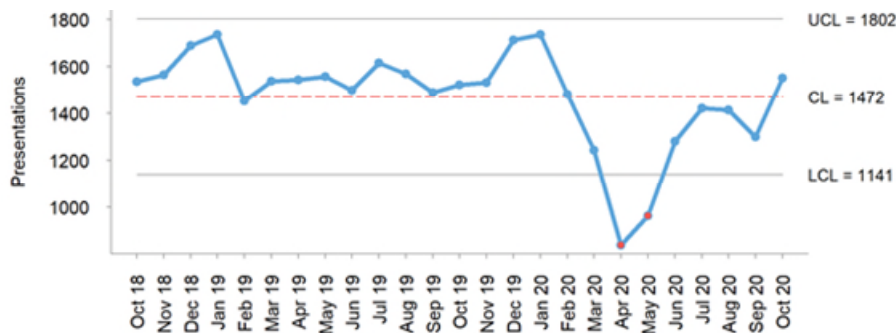
Hospital Occupancy 28 September – 25 October 2020	Adult in patient	Hospital Total including Paediatrics and Maternity
Nelson	91%	79%
Wairau	90%	81%

Nelson ED Presentations



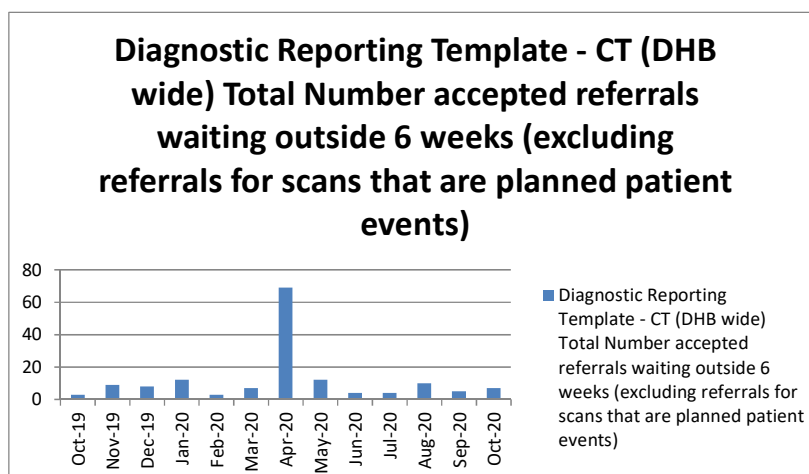
Wairau ED Presentations

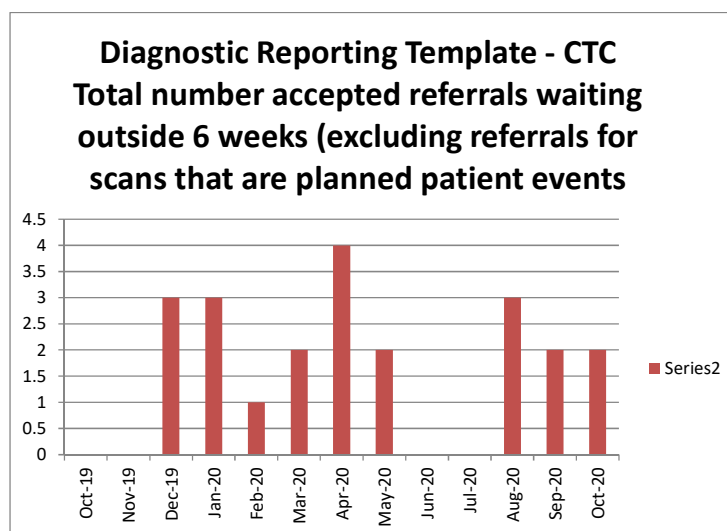
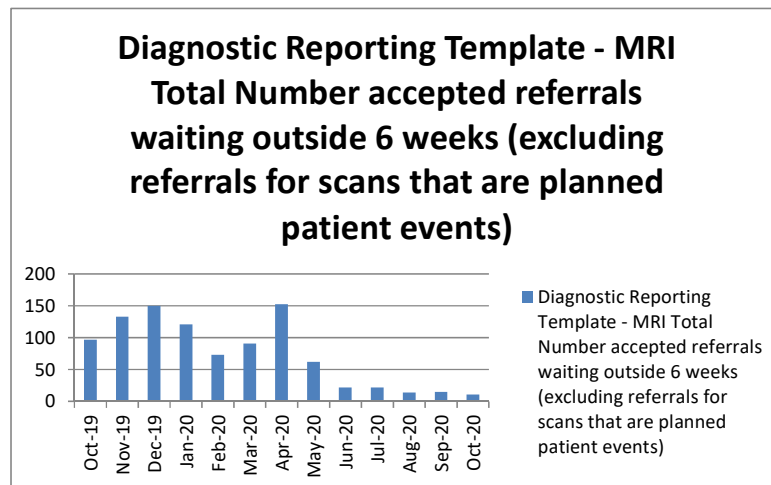
A meeting with Mental Health to discuss facilities provided an opportunity to reflect on how we might work better together.



**6.4 Enhanced Access to Diagnostics**

- MOH MRI target shows 94% 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%).





## 6.5 Improving Waiting Times – Colonoscopy

- As at 2 November 2020, there are 391 unbooked overdue colonoscopies (down from 421 at end of October) as identified below.

Count of NHI	Column Label	Diagnostic	Screening	Surveillance	Grand Total
2020 11		15	1	62	78
Nelson Hospital		9	1	45	55
Wairau Hospital		6		17	23
overdue		5	1	381	387
Manuka Street Hospital				1	1
Nelson Hospital				195	195
Wairau Hospital		5	1	185	191
(blank)					
(blank)					
Grand Total		20	2	443	465

## 6.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - Oct 2020										Reporting Month: Sept 2020 - Quarter 1 - 2020-2021					
As at 22/10/2020															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
Numbers as Reported by MOH (Capacity Constraint delay only)	Oct 2020 (in progress)		Sep-20		Aug-20		Quarter 1 2020-21		Quarter 4 (2019-2020)		Quarter 1 (2019-2020)		Rolling 12 Months Oct 19-Sept 20		
	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	
	100%	0%	100%	0%	90%	10%	95%	5%	91%	9%	89%	11%	92%	8%	
Number of Records	7	0	22	0	26	3	78	4	64	6	68	8	278	23	
Total Number of Records	7		22		29		82		70		76		301		
Numbers Including all Delay Codes	64%	36%	85%	15%	79%	21%	87%	13%	79%	21%	76%	24%	80%	20%	
Number of Records	7	4	22	4	26	7	78	12	64	17	68	21	278	71	
Total Number of Records	11		26		33		90		81		89		349		
90% of patients had their 1st treatment within: # days	102		76		69		65		89		93		82		
62 Day Delay Code Break Down		Oct 2020 (in progress)		Sep-20		Aug-20		Quarter 1 2020-21		Quarter 4 (2019-2020)		Quarter 1 (2019-2020)		Rolling 12 Months Oct 19-Sept 20	
01 - Patient Reason (chosen to		0		0		0		0		0		2		7	
02 - Clinical Cons. (co-morbidities)		3		4		4		8		11		11		41	
03 - Capacity Constraints		0		0		3		4		6		8		23	
TUMOUR STREAM												Rolling 12 Months Oct 19-Sept 20			
		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Breast		100%	51	0%	0	2%	1	2%	1	4%	2	53			
Gynaecological		100%	20	0%	0	22%	6	4%	1	26%	7	27			
Haematological		94%	15	5%	1	16%	3	0%	0	21%	4	19			
Head & Neck		71%	15	22%	6	22%	6	0%	0	44%	12	27			
Lower Gastrointestinal		91%	30	7%	3	19%	8	2%	1	29%	12	42			
Lung		88%	22	8%	3	28%	10	3%	1	39%	14	36			
Other		100%	5	0%	0	38%	3	0%	0	38%	3	8			
Sarcoma		100%	2	0%	0	33%	1	0%	0	33%	1	3			
Skin		92%	61	7%	5	3%	2	3%	2	13%	9	70			
Upper Gastrointestinal		95%	21	4%	1	4%	1	0%	0	9%	2	23			
Urological		90%	35	10%	4	0%	0	3%	1	13%	5	40			
Grand Total		92%	278	7%	23	12%	41	2%	7	20%	71	349			
ETHNICITY												Rolling 12 Months Oct 19-Sept 20			
		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
African		100%	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		89%	8	8%	1	23%	3	8%	1	38%	5	13			
Fijian		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Indian		100%	1	0%	0	50%	1	0%	0	50%	1	2			
Maori		50%	1	17%	1	50%	3	17%	1	83%	5	6			
New Zealand European		43%	13	27%	17	46%	29	6%	4	79%	50	63			
Other Asian		0%	228	0%	0	0%	1	0%	0	0%	1	229			
Other Ethnicity		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Other European		63%	5	23%	3	31%	4	8%	1	62%	8	13			
Other Southeast Asian		100%	13	0%	0	0%	0	0%	0	0%	0	13			
Tongan		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Grand Total		92%	278	7%	23	12%	41	2%	7	20%	71	349			

## 7. ALLIED HEALTH

- The Allied Health Services are in the process of recruiting to the additional roles made possible by prioritised investment for 2020/21. A balanced approach is being taken, whilst also considering the district wide demands on individual services, progressing the skill share and delegation model and alignment to Ki Te Pae Ora.
- Allied Health have been allocated one-off funding for specific projects. These include telehealth, establishing a physiotherapy clinical network across public and private, new entry Maori Allied Health Assistant roles, and a neurology focus resource to support the changing model of care. This is extremely positive and project plans are being finalised.

- A specific Allied Health dashboard has been developed, which will provide sustainability for the new initiative funding and ability to track the changes in the model of care.
- The PSA Allied, Public Health Career Framework / Te Anga Mahi Hauora Haumi me Hauora-a-iwi was released on 12 October and NMH has commenced the implementation. This is a significant piece of work, in partnership with the PSA and the South Island Group.
- ACC have confirmed that Falls Alliance funding will end on 31 December 2020. ACC have now also indicated that funding will be realigned to the system approach of fracture liaison, community strength and balance and a greater focus on virtual and possible falls coordination.
- Allied Health is experiencing a significant increase in demand for both short and long term rehabilitation/restorative equipment. The importance of equipment to support independence, facilitate activities of daily living and rehabilitation is placing excessive demands on the current Nelson and Wairau stores and clinical teams. In October, across the district, 496 pieces of equipment were dispatched, 347 returns, 122 pieces of equipment transferred from short to long term loan (meaning 122 avoided appointments).
- From October 2019 to October 2020, the average monthly referrals to the Allied Health Services was 939. During the current month referrals are as follows:
  - 948 referrals were received by Allied Health Services
  - 51% of referrals from General Practice and DHB Specialist Services (down from 57% last month)
  - 8% Maori – noting significant range per service
  - 1% Pacifica
  - 1% Asian
  - 52% of clients over 65 years, and 22% of clients over 80 years old (total of 206 referrals).
- During the month of October, there were 4,378 specific events, which totalled 2,746 hours across the inpatient therapy services, with 668 patients receiving an average of 4.11 hours of Allied Health Services support.

## **8. MĀORI HEALTH**

### **8.1 Hauora Direct**

Hauora Direct has currently linked the kainga kore with community nurses with 18 out of the 35 having completed the medical checks. Once all checks have been completed, collected data will be analysed and evaluated and a report of findings produced.

### **8.2 Suicide Prevention and Postvention Working Group (SPPWG)**

Kaiwhakahaere Kaupapa –Portfolio Manager has been working on a Te Waka Hauora Suicide Prevention framework to present to the community.

### **8.3 Kapa Haka**

Kapa haka continues to flourish within NMDHB, both in Wairau and Nelson, and with Zoom capabilities we are now joined by other external health and community organisations on a weekly basis. Te Waka Hauora encourages all staff to come along or Zoom in and join kapa haka as waiata helps with cultural awareness through pronunciation of Te Reo Māori within a non-threatening and encouraging learning environment.

## 8.4 Sudden Unexplained Death in Infancy (SUDI)

During October, 17 safe sleep devices were distributed, and 11 Pēpi pods were distributed through either Te Waka Hauora Poumanaaki, or other distributors.

Te Waka Hauora Māori Health & Vulnerable Populations distributed six Wahakura during October to Māori whānau where the pēpe is identified as Māori.

## 9. PEOPLE & CAPABILITY

### Staff Details 31/10/2020

Headcount	Contracted FTE	Avg. Age At Rpt Date	Avg. Los Yrs At Rpt Date	Avg. Contracted FTE
3,001	1,971	47.7	7.7	0.66

#### ethnicity

Ethnic Group	Percentage
NZ MAORI	6.36%
NZ PAKEHA/EURO	65.21%
OTHER	23.76%
UNKNOWN	4.67%

#### expense grp

Expense Grp	Percentage
ALL	16.43%
MAD	16.36%
MED	8.43%
NUR	39.55%
SUP	19.23%

#### age group

Age Group ..	Percentage
18-24	4.27%
25-34	16.43%
35-44	16.69%
45-54	25.62%
55-64	30.39%
65+	6.53%
unknown	0.07%

#### status

Emp Status	Percentage
Casual	13.73%
Full-time	27.96%
Part-time	58.31%

#### gender

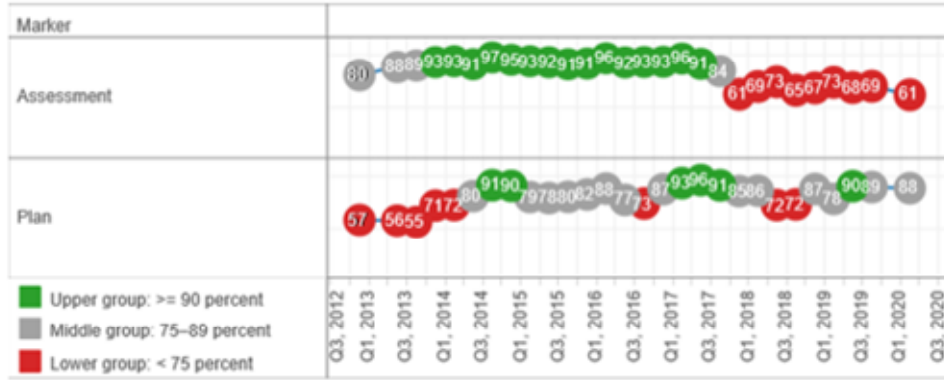
Gender	Percentage
FEMALE	80.74%
MALE	19.26%

## 10. QUALITY SAFETY MANAGEMENT

We see in the most recent years that the percentage of audited patients with a fall assessment is currently in the lowest third of the country, yet those audited with a fall care plan is at a reasonable percentage. We have created a Falls dashboard which creates more transparency around the falls data recorded in Safety First, to hopefully reduce the overall number of falls, and ultimately in-hospital falls causing a fractured neck of femurs (NoF), which have been sitting above the national average in the last three quarters.

# Nelson Marlborough

Percentage of older patients assessed for the risk of falling and with individualised care plan



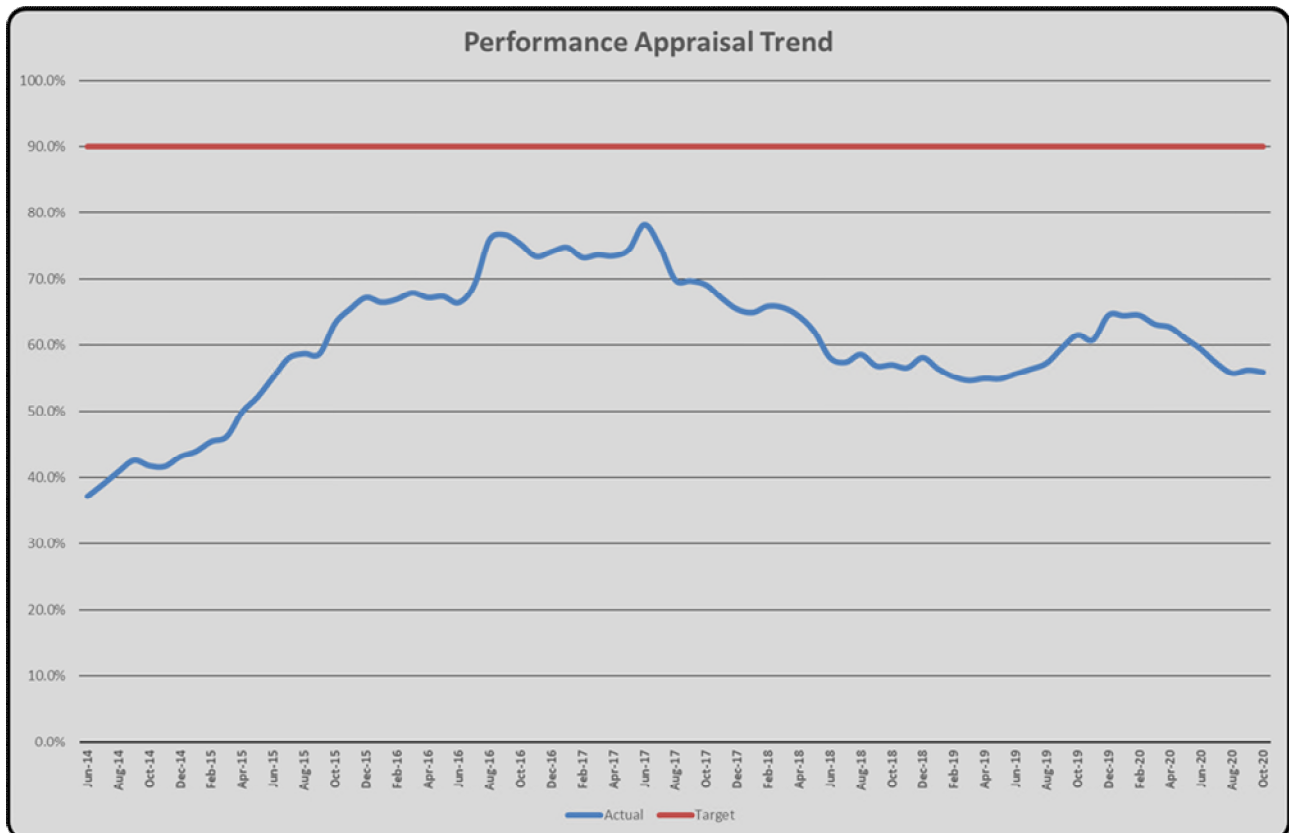
Run chart: Number of in hospital falls causing fracture neck of femur per month



Blue line is rate of falls with #NOF per 100,000 bed days. (not absolute number of fractured neck of femurs (NOF) per quarter)

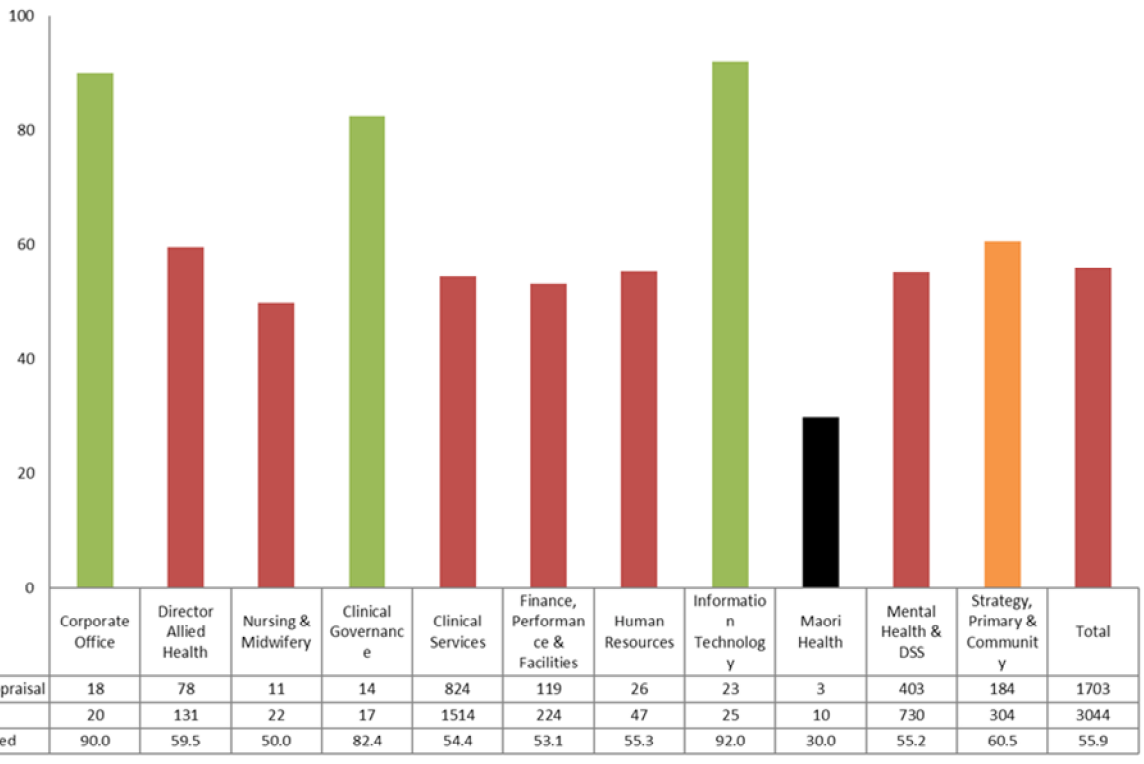
## 11. PERFORMANCE APPRAISALS

To date we are at 55.9% of staff with a current appraisal.





**Performance Appraisal Status by Service**



Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

**THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED**

# MEMO

**To:** Board Members  
**From:** Eric Sinclair, GM Finance, Performance & Facilities  
**Date:** 18 November 2020  
**Subject:** Financial Report for October 2020

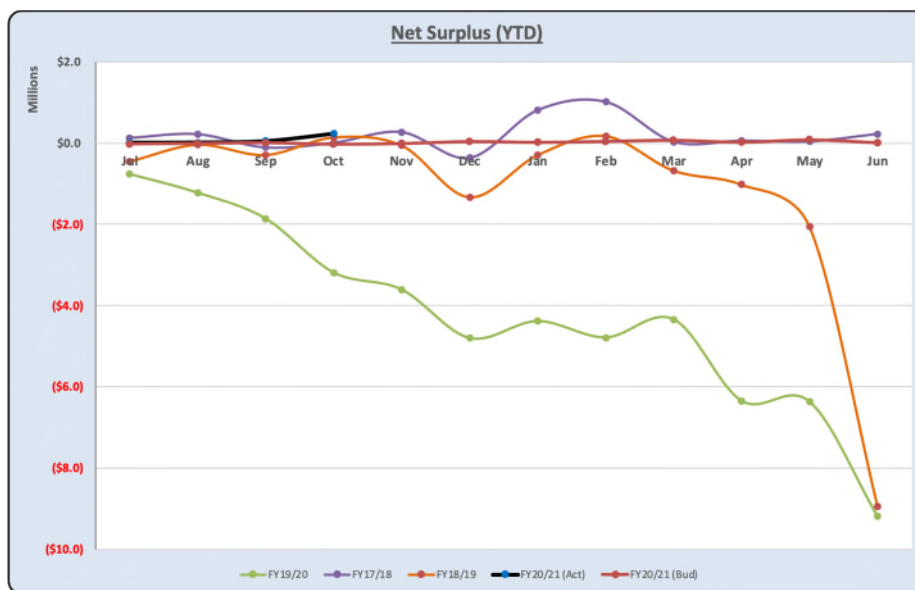
**Status**

This report contains:

- For decision
- Update
- Regular report
- For information

## Commentary

The result for the four months ended 31 October shows a reported deficit of \$1.89M which is \$1.86M adverse to the planned result. The October result includes net costs associated with the COVID response of \$0.3M. The broader implication of the Holidays Act remediation liability within the year has also been accounted for following conversation with the MOH which has a \$1.84M impact on the YTD result as an adjustment within the October month result. This means the core operating result is a surplus of \$0.25M, favourable to the plan by \$0.12M.



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 are 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 costs 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.

- 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.

### Capital Expenditure

The following table provides a snapshot on progress with the capital expenditure budget for the FY20/21 year.

\$000s	Budget	Approved	Variance
Baseline allocated to GMs (inc c/fwd)	\$9,278	\$2,964	\$6,314
Niggles	\$200	\$33	\$167
Contingency	\$1,000	\$321	\$679
Strategic	\$3,750	\$0	\$3,750
<b>Total</b>	<b>\$14,228</b>	<b>\$3,318</b>	<b>\$10,910</b>

### Contract Approvals

Two years ago the Board approved the three year contract with Microsoft for the provision of software licenses for the Microsoft Office suite and other key software services. With the growth in staffing numbers the value of the contract in year two was higher than the business case approved by the Board, and separate approval from the Board was sought last year. This has occurred again for year three as expected last year. The Chief Executive has approved the year three cost with the higher cost of approximately \$80,000. This is noted for the attention of the Board given it exceeded the case approved by the Board.

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]		
<b>Revenue</b>								
MOH devolved funding	43,841	213	44,054	42,890	951	1,164	43,388	
MOH non-devolved funding	2,000	0	2,000	1,963	37	37	2,489	
ACC revenue	742	0	742	525	217	217	707	
Other government & DHBs	1,018	0	1,018	872	146	146	862	
Other income	1,078	0	1,078	927	151	151	1,336	
<b>Total Revenue</b>	<b>48,679</b>	<b>213</b>	<b>48,892</b>	<b>47,177</b>	<b>1,502</b>	<b>1,715</b>	<b>48,782</b>	
<b>Expenses</b>								
Employed workforce	17,226	5	15,522	17,644	418	2,122	19,177	
Outsourced workforce	546	0	546	159	(387)	(387)	793	
<b>Total Workforce</b>	<b>17,772</b>	<b>5</b>	<b>16,068</b>	<b>17,803</b>	<b>31</b>	<b>1,735</b>	<b>19,970</b>	
Outsourced services	1,724	0	1,724	1,707	(17)	(17)	6,853	
Clinical supplies	2,432	0	2,432	2,234	(198)	(198)	2,764	
Pharmaceuticals	4,403	0	4,403	4,104	(299)	(299)	4,699	
Air Ambulance	420	0	420	328	(92)	(92)	371	
Non-clinical supplies	3,297	49	3,346	2,889	(408)	(457)	3,378	
External provider payments	12,416	213	12,629	11,857	(559)	(772)	11,334	
Inter District Flows	4,147	0	4,147	4,135	(12)	(12)	3,899	
<b>Total Expenses before IDCC</b>	<b>46,611</b>	<b>267</b>	<b>45,169</b>	<b>45,057</b>	<b>(1,554)</b>	<b>(112)</b>	<b>53,268</b>	
<b>Surplus/(Deficit) before IDCC</b>	<b>2,068</b>	<b>(54)</b>	<b>3,723</b>	<b>2,120</b>	<b>(52)</b>	<b>1,603</b>	<b>(4,486)</b>	
Interest expenses	32	0	32	36	4	4	27	
Depreciation	1,157	0	1,157	1,257	100	100	1,116	
Capital charge	822	0	822	822	0	0	821	
<b>Total IDCC</b>	<b>2,011</b>	<b>0</b>	<b>2,011</b>	<b>2,115</b>	<b>104</b>	<b>104</b>	<b>1,964</b>	
<b>Operating Surplus/(Deficit)</b>	<b>57</b>	<b>(54)</b>	<b>1,712</b>	<b>5</b>	<b>52</b>	<b>1,707</b>	<b>(6,450)</b>	
Holidays Act compliance	(1,709)	0	(1,709)	(42)	(1,667)	(1,667)	0	
<b>Net Surplus/(Deficit)</b>	<b>(1,652)</b>	<b>(54)</b>	<b>3</b>	<b>(37)</b>	<b>(1,615)</b>	<b>40</b>	<b>(6,450)</b>	

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Revenue</b>							
MOH devolved funding	177,556	1,854	179,410	176,369	1,187	3,041	162,778
MOH non-devolved funding	8,505	0	8,505	8,351	154	154	8,252
ACC revenue	2,825	0	2,825	2,207	618	618	2,357
Other government & DHBs	3,776	0	3,776	3,506	270	270	3,352
Other income	4,234	0	4,234	3,851	383	383	4,522
<b>Total Revenue</b>	<b>196,896</b>	<b>1,854</b>	<b>198,750</b>	<b>194,284</b>	<b>2,612</b>	<b>4,466</b>	<b>181,261</b>
<b>Expenses</b>							
Employed workforce	73,423	65	73,488	73,953	530	465	67,581
Outsourced workforce	2,160	5	2,165	703	(1,457)	(1,462)	3,083
<b>Total Workforce</b>	<b>75,583</b>	<b>70</b>	<b>75,653</b>	<b>74,656</b>	<b>(927)</b>	<b>(997)</b>	<b>70,664</b>
Outsourced services	6,999	0	6,999	6,854	(145)	(145)	6,390
Clinical supplies	10,107	27	10,134	9,442	(665)	(692)	9,802
Pharmaceuticals	17,175	0	17,175	16,695	(480)	(480)	16,513
Air Ambulance	1,388	0	1,388	1,392	4	4	1,303
Non-clinical supplies	12,731	253	12,984	12,663	(68)	(321)	10,629
External provider payments	48,101	1,813	49,914	47,485	(616)	(2,429)	45,019
Inter District Flows	16,550	0	16,550	16,541	(9)	(9)	15,696
<b>Total Expenses before IDCC</b>	<b>188,634</b>	<b>2,163</b>	<b>190,797</b>	<b>185,728</b>	<b>(2,906)</b>	<b>(5,069)</b>	<b>176,016</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>8,262</b>	<b>(309)</b>	<b>7,953</b>	<b>8,556</b>	<b>(294)</b>	<b>(603)</b>	<b>5,245</b>
Interest expenses	131	0	131	145	14	14	107
Depreciation	4,589	0	4,589	4,989	400	400	4,416
Capital charge	3,287	0	3,287	3,287	0	0	3,284
<b>Total IDCC</b>	<b>8,007</b>	<b>0</b>	<b>8,007</b>	<b>8,421</b>	<b>414</b>	<b>414</b>	<b>7,807</b>
<b>Operating Surplus/(Deficit)</b>	<b>255</b>	<b>(309)</b>	<b>(54)</b>	<b>135</b>	<b>120</b>	<b>(189)</b>	<b>(2,562)</b>
Holidays Act compliance	(1,835)	0	(1,835)	(168)	(1,667)	(1,667)	0
<b>Net Surplus/(Deficit)</b>	<b>(1,580)</b>	<b>(309)</b>	<b>(1,889)</b>	<b>(33)</b>	<b>(1,547)</b>	<b>(1,856)</b>	<b>(2,562)</b>

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Workforce Costs</b>							
Employed SMO	14,330	6	14,336	15,539	1,209	1,203	12,739
Outsourced SMO	1,747	0	1,747	427	(1,320)	(1,320)	2,610
<b>Total SMO</b>	<b>16,077</b>	<b>6</b>	<b>16,083</b>	<b>15,966</b>	<b>(111)</b>	<b>(117)</b>	<b>15,349</b>
Employed RMO	4,994	(7)	4,987	5,025	31	38	4,207
Outsourced RMO	59	0	59	132	73	73	105
<b>Total RMO</b>	<b>5,053</b>	<b>(7)</b>	<b>5,046</b>	<b>5,157</b>	<b>104</b>	<b>111</b>	<b>4,312</b>
Employed Nursing	24,101	44	24,145	23,704	(397)	(441)	22,296
Outsourced Nursing	0	5	5	0	0	(5)	5
<b>Total Nursing</b>	<b>24,101</b>	<b>49</b>	<b>24,150</b>	<b>23,704</b>	<b>(397)</b>	<b>(446)</b>	<b>22,301</b>
Employed Allied Health	10,092	1	10,093	9,925	(167)	(168)	9,175
Outsourced Allied Health	254	0	254	119	(135)	(135)	149
<b>Total Allied Health</b>	<b>10,346</b>	<b>1</b>	<b>10,347</b>	<b>10,044</b>	<b>(302)</b>	<b>(303)</b>	<b>9,324</b>
Employed Disability Support Service	6,060	0	6,060	6,324	264	264	5,970
Outsourced Disability Support Service	0	0	0	0	0	0	0
<b>Total Disability Support Service</b>	<b>6,060</b>	<b>0</b>	<b>6,060</b>	<b>6,324</b>	<b>264</b>	<b>264</b>	<b>5,970</b>
Employed Hotel & Support	2,624	0	2,624	2,475	(149)	(149)	2,255
Outsourced Hotel & Support	12	0	12	2	(10)	(10)	20
<b>Total Hotel &amp; Support</b>	<b>2,636</b>	<b>0</b>	<b>2,636</b>	<b>2,477</b>	<b>(159)</b>	<b>(159)</b>	<b>2,275</b>
Employed Management & Admin	11,222	21	11,243	10,961	(261)	(282)	10,939
Outsourced Management & Admin	88	0	88	23	(65)	(65)	194
<b>Total Management &amp; Admin</b>	<b>11,310</b>	<b>21</b>	<b>11,331</b>	<b>10,984</b>	<b>(326)</b>	<b>(347)</b>	<b>11,133</b>
<b>Total Workforce costs</b>	<b>75,583</b>	<b>70</b>	<b>75,653</b>	<b>74,656</b>	<b>(927)</b>	<b>(997)</b>	<b>70,664</b>
Total Employed Workforce Costs	73,423	65	73,488	73,953	530	465	67,581
Total Outsourced Workforce Costs	2,160	5	2,165	703	(1,457)	(1,462)	3,083

	YTD						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Full-Time Equivalent Staff Numbers</b>							
SMO	128.9	0.0	128.9	135.7	6.8	6.8	116.5
RMO	97.1	0.0	97.1	93.7	-3.4	-3.4	93.1
Nursing	753.0	0.9	753.9	731.3	-21.7	-22.6	725.9
Allied Health	377.3	0.0	377.3	377.0	-0.3	-0.3	352.5
Disability Support Service	261.7	0.0	261.7	262.4	0.7	0.7	259.7
Hotel & Support	130.4	0.0	130.4	126.0	-4.4	-4.4	123.4
Management & Admin	423.6	0.2	423.8	412.3	-11.3	-11.5	403.4
<b>Total FTEs</b>	<b>2,172.0</b>	<b>1.1</b>	<b>2,173.1</b>	<b>2,138.4</b>	<b>-33.6</b>	<b>-34.7</b>	<b>2,074.5</b>

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Average Cost Per FTE</b>							
SMO	321		321	331	10	10	316
RMO	149		148	155	6	7	131
Nursing	92		93	94	1	1	89
Allied Health	77		77	76	(1)	(1)	75
Disability Support Service	67		67	70	3	3	66
Hotel & Support	58		58	57	(1)	(1)	53
Management & Admin	77		77	77	0	0	78
	<b>98</b>		<b>98</b>	<b>100</b>	<b>2</b>	<b>2</b>	<b>94</b>

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

**AS AT 31 October 2020**

	Budget Oct-20 \$000	Actual Oct-20 \$000	Actual Jun-20 \$000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	7,631	17,206	9,134
Other cash deposits	21,284	21,298	21,298
Receivables	19,222	16,205	17,124
Inventories	2,742	2,847	2,900
Prepayments	1,188	(341)	386
Non-current assets held for sale	465	2,105	2,105
<b>Total current assets</b>	<b>52,532</b>	<b>59,319</b>	<b>52,947</b>
<b>Non-current assets</b>			
Prepayments	36	484	521
Other financial assets	1,715	1,677	1,723
Property, plant and equipment	194,807	191,245	193,039
Intangible assets	12,136	11,214	11,087
<b>Total non-current assets</b>	<b>208,694</b>	<b>204,620</b>	<b>206,370</b>
<b>Total assets</b>	<b>261,226</b>	<b>263,939</b>	<b>259,317</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	45,492	50,804	41,666
Borrowings	501	654	632
Employee entitlements	44,441	94,879	97,310
<b>Total current liabilities</b>	<b>90,434</b>	<b>146,337</b>	<b>139,608</b>
<b>Non-current liabilities</b>			
Borrowings	7,664	8,253	8,473
Employee entitlements	9,870	10,829	10,829
<b>Total non-current liabilities</b>	<b>17,534</b>	<b>19,082</b>	<b>19,302</b>
<b>Total Liabilities</b>	<b>107,968</b>	<b>165,419</b>	<b>158,910</b>
<b>Net assets</b>	<b>153,258</b>	<b>98,520</b>	<b>100,407</b>
<b>Equity</b>			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,591)	(66,334)	(64,447)
<b>Total equity</b>	<b>153,258</b>	<b>98,520</b>	<b>100,407</b>



**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED 31 October 2020**

	Budget Oct-20 \$000	Actual Oct-20 \$000	Budget 2020/21 \$000
<b>Cash flows from operating activities</b>			
Receipts from the Ministry of Health and patients	199,072	203,637	597,222
Interest received	416	170	1,250
Payments to employees	(77,668)	(75,916)	(233,016)
Payments to suppliers	(112,948)	(116,683)	(339,111)
Capital charge	-	-	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
<b>Net cash flow from operating activities</b>	<b>8,872</b>	<b>11,208</b>	<b>16,485</b>
<b>Cash flows from investing activities</b>			
Receipts from sale of property, plant and equipment	-	57	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(2,336)	(2,382)	(7,000)
Purchase of intangible assets	(668)	(482)	(2,000)
Acquisition of investments	-	-	-
<b>Net cash flow from investing activities</b>	<b>(3,004)</b>	<b>(2,807)</b>	<b>(9,000)</b>
<b>Cash flows from financing activities</b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(144)	(329)	(436)
<b>Net cash flow from financing activities</b>	<b>(144)</b>	<b>(329)</b>	<b>(983)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>5,724</b>	<b>8,072</b>	<b>6,502</b>
Cash and cash equivalents at the beginning of the year	1,907	9,134	1,907
<b>Cash and cash equivalents at the end of the year</b>	<b>7,631</b>	<b>17,206</b>	<b>8,409</b>

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Operating Cash Flow</b>												
<b>Receipts</b>												
Government & Crown Agency Received	48,781	48,781	48,781	48,781	48,781	48,781	48,781	48,782	49,757	49,757	49,757	49,757
Interest Received	104	104	104	104	104	104	104	106	106	106	106	106
Other Revenue Received	987	987	987	987	987	987	987	992	1,006	1,006	1,006	1,006
<b>Total Receipts</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,880</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>
<b>Payments</b>												
Personnel	19,417	19,417	19,417	19,417	19,417	19,417	19,417	19,429	19,805	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	28,503	29,767	29,767	29,767	29,767
Capital Charge	-	4,930	-	-	-	-	-	4,930	-	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>47,654</b>	<b>52,584</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>52,862</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>2,218</b>	<b>(2,712)</b>	<b>2,218</b>	<b>2,218</b>	<b>2,218</b>	<b>2,218</b>	<b>2,218</b>	<b>(2,982)</b>	<b>1,297</b>	<b>1,297</b>	<b>1,297</b>	<b>1,297</b>
<b>Cash Flow from Investing Activities</b>												
<b>Receipts</b>												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Receipts</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Payments</b>												
Capital Expenditure	584	584	584	584	584	584	584	576	584	584	584	584
Capex - Intangible Assets	167	167	167	167	167	167	167	163	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>739</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(739)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(587)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>
Net Increase/(Decrease) in Cash Held	1,431	(3,499)	1,431	1,431	1,431	1,431	1,431	(4,308)	509	509	509	509
Plus Opening Balance	17,206	18,637	15,138	16,569	18,000	19,431	20,862	22,293	17,985	18,494	19,003	19,512
<b>Closing Balance</b>	<b>18,637</b>	<b>15,138</b>	<b>16,569</b>	<b>18,000</b>	<b>19,431</b>	<b>20,862</b>	<b>22,293</b>	<b>17,985</b>	<b>18,494</b>	<b>19,003</b>	<b>19,512</b>	<b>20,021</b>

# MEMO

**To:** Board Members  
**From:** Elizabeth Wood, Chair Clinical Governance Committee  
**Date:** 18 November 2020  
**Subject:** Clinical Governance Report

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

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 6 November 2020.

DHB CGC endorsed:

- **Work undertaken by multiple teams to prepare for our certification surveillance audit taking place from 24-27 November** – Tracer audits will be taking place in units across our hospital and DSS services. This process is mandated by the Ministry of Health to ensure that we provide safe and reasonable levels of service for consumers, as required under the Health & Disability Services (Safety) Act 2001.
- **NMH smoke-free policy** – This policy re-iterates that all NMH environments, including buildings, grounds, vehicles and non-Board vehicles within Board grounds are smoke and vape free.

DHB CGC noted:

- **Themes from events and near misses logged in the past month** –
  - **Medication that can be confused with other medication** – One event in particular was highlighted where nursing staff checking prior to administration of stroke thrombolysis picked up that the kit contained medication for treatment of myocardial infarction (MI) instead. This prevented the wrong medication from being administered to the patient, who received the correct treatment in a timely manner.

As a result of this near miss, pharmacy staff have improved the kits (as pictured below). They are now sealed so that any tampering will be evident. This is a great outcome from this near-miss event and the Committee wanted to thank the staff for firstly picking this up and, secondly, responding with a safety improvement.



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**

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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 Techer: Learning & Behaviour
SAC1	Severity Assessment Code
SAC2	Severity Assessment Code
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCL	Southern Community Laboratories
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SI	South Island
SIA	Services to Improve Access
SIAPO	South Island Alliance Programme Office
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SI-PICS	South Island Patient Information Care System
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLA	Service Level Agreement
SLATs	Service Level Alliance Teams
SLH	SouthLink Health
SM	Service Manager
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
SPaIT	Strategy Planning and Integration Team

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