

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 23 February 2021 at 12.30pm

Seminar Centre Room 1, Braemar Campus
Nelson Hospital

| Section | Agenda Item | Time | Attached | Action |
|---------|--|----------------|----------|------------|
| | <i>PUBLIC FORUM</i> | 12.30pm | | |
| 1 | Welcome, Karakia, Apologies, Registration of Interests | 12.40pm | Attached | Resolution |
| 2 | Confirmation of previous Meeting Minutes | 12.45pm | Attached | Resolution |
| 2.1 | Action Points | | | |
| 2.2 | Correspondence | | Attached | Note |
| 3 | Chair's Report | | Attached | Resolution |
| 4 | Chief Executive's Report | | Attached | Resolution |
| 5 | Finance Report | | Attached | Resolution |
| 6 | Clinical Governance Report | | Attached | Resolution |
| 7 | 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 26 January 2021 (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
Jill Kersey

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 Te Hiringa Hauora ▪ Director of TAS (national DHB Share Services Agency) | | | |
| 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 ▪ Director of Malthouse Investment Properties Ltd | | |
| 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 | |

| 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 January 2021

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|--------------------------|---|--|---|---------------------|---------------------------|
| CLINICAL SERVICES | | | | | |
| Pat Davidsen | GM Clinical Services | | <ul style="list-style-type: none"> ▪ Chair Nayland College ▪ Brother's partner undertakes some graphic design work for NMH Brother employed by MIC | | |
| 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 ▪ Associate Fellow Royal Australasian College of Medical Administrators ▪ Member of Paediatric Society of NZ ▪ Occasional Expert Witness Work – Ministry of Justice | <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"> ▪ 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 ▪ Member new Dunedin Hospital Executive Steering Group ▪ Fellow of Royal Meteorological Society ▪ Member of NZ Digital Investment Board Ministry of Health | | | |
| Hilary Exton | Director of Allied Health | <ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ 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 | | |
| 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 | | | | |

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|----------------|--|--|--|---------------------|---------------------------|
| 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 | | | | | |
| Lexie O'Shea | Chief Executive | <ul style="list-style-type: none"> ▪ Board Member of Health Roundtable Board ▪ Trustee of Churchill Hospital | ▪ | | |
| Gaylene Corlett | EA to CE | <ul style="list-style-type: none"> • Brother works at NMDHB in the Transport Department | | | |

As at February 2021

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS OF NELSON HOSPITAL ON 26 JANUARY 2021 AT 12.30PM

Present:

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Allan Panting, Brigid Forrest, Jill Kersey, Olivia Hall, Paul Matheson

In Attendance:

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

Apologies:

Dawn McConnell, Gerald Hope, Jacinta Newport

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Nil.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Stephen Vallance

Seconded: Allan Panting

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance

Seconded: Allan Panting

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 24 NOVEMBER 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Point

Item 1 – Wood Pellet Trial Nelson: Noted the trial is on hold pending implementation of landfill providing more LFG. Coal usage has decreased slightly. With the laundry contract due for renewal, it is likely LFG may suffice and we may not need wood pellets to replace coal. There would be a small diesel boiler installed as backup to LFG boilers.

Item 2 – Current Research Projects: Completed.

Item 3 – Consumer Council Interview Panel: Due 23 February as part of an update on Consumer Council.

Item 4 – Due 23 February 2021.

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The GM Maori Health & Vulnerable Populations was welcomed back to NMH.

Noted resignation of CE and Lexie O'Shea moving into the Interim CE role. Thank you to the Executive Team for stepping up to support the Interim CE during the next period.

Minister of Health and Labour MP for Nelson met with the Board Chair and CE for an unofficial chat about the hospital rebuild, including a tour of NMH. Minister Little also spoke about fluoride.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The CE also welcomed the GM Maori Health & Vulnerable Populations back to the DHB and thanked the GM Mental Health Addictions & DSS for looking after the Maori Health Team during his absence.

Annual Plan

Minister's Letter of Expectations has not been received as yet, however we are progressing planning for 2021/22. First draft of Annual Plan is due to MOH by 1 March. Process has been established to ensure a joined-up conversation is held with all relevant parties. Emphasis is on equity. Board workshop planned for 23 February to update the Board on the annual plan and seek guidance if needed on content. Noted TPO and PHOs will be invited to the workshop.

Discussion held on the upcoming release of the Health & Disability Review, noting until a final outcome has been announced, we will continue on as business as usual.

Medimap

Noted this is used for ARC and will be used for DSS. Medimap enables people to know what is prescribed, where it is dispensed, and what it is for. Expansion of Medimap is still in the development stages, however there is potential to use this across the health system, especially with vulnerable populations.

BayDreams

Noted an international paper (Australia) is to be published using Nelson's response to BayDreams as an exemplar of successfully running a large event of this type.

SECTION 6: FINANCIAL REPORT

The result for the first half of the year shows a reported deficit of \$3.3m which is \$3.3m adverse to the planned result. This result includes COVID related costs for this financial year of \$2.9m of which \$2.4m has offsetting revenue and Holidays Act remediation provisioning of \$2.75m. This results in a base operating deficit of \$500k, which is \$800k adverse to plan.

Contract Approvals

A review of the Delegations Policy is underway and will be presented to the A&R Committee for approval.

Moved: Brigid Forrest
Seconded: Allan Panting

RECOMMENDATION:**THAT THE BOARD:**

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. APPROVES THE CHIEF EXECUTIVE AND GM FINANCE, PERFORMANCE & FACILITIES HAVE DELEGATED AUTHORITY TO SIGN RESIDENTIAL RENTAL ARRANGEMENTS FOR TERMS UP TO FIVE YEARS.**

APPROVED

SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT

Noted.

SECTION 8: CONSUMER COUNCIL CHAIR'S REPORT

Report noted. The process for replacement of two members has been completed. Five applicants were interviewed and, due to the high calibre of the applicants, and after discussion with the Board Chair, it was agreed to engage all five. The Council now has good diversity amongst ethnic groups and age.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Brigid Forrest
Seconded Stephen Vallance

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 24 November 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 Variation – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.26pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 26 January 2021**

| Action Item # | Action Discussed | Action Requested | Person Responsible | Meeting Raised In | Due Date | Status |
|---------------|-------------------------|---|------------------------------|-------------------|------------------|---|
| 1 | Consumer Council Report | Follow up if there is adequate support on the member interview panel from Maori Health team and DSS | Peter Bramley | 27 October 2020 | 23 February 2020 | Interviews completed. Update to be provided in Public Excluded in April |
| 2 | CE's Report | Performance Appraisal form to be reviewed to ensure it is capturing the right information and review process for submitting completed information to HR | Lexie O'Shea/ Trish Casey | 24 November 2020 | 23 March 2021 | |

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 17 February 2021
Subject: **Correspondence for January/February**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence
Nil.

Outward Correspondence
Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 17 February 2021
Subject: **Chair's Report**

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

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: Lexie O'Shea, Chief Executive
Date: 17 February 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

We have a significant number of crucial pieces of work underway, all of which will contribute to the health system we will experience as a community. These pieces of work include:

1. A focus across our system on an 'equity first' in all that we do to help close the health inequity gap for Maori and others who are vulnerable in our community.
2. Ensuring we have our immunisation plans aligned and a workforce to respond to the key vaccinations required of us – MMR (Measles, Mumps, Rubella), Flu and the rollout of the COVID vaccination programme.
3. Maintaining our ability to respond to COVID requirements, both locally and in support of other regions,
4. Our annual planning for 2021/22 which will capture the key priorities and deliverables for our health system – reflecting national, regional and local priorities.
5. Progressing our interim build projects to ensure our facilities allow for a safe environment for our patients and staff, and to support contemporary practice.
6. Continuing to embed the Mental Health model of care and service changes that are needed across our community.
7. Reviewing our Ki Te Pae Ora to ensure we are making the gains we anticipated, and our investment strategy is targeting the programmes that will transform the way we deliver care in the future.

Each of these pieces of work needs a large amount of engagement and leadership – and must be actioned in partnership with our community.

Of course, we continue to provide a high quality of care and manage the daily challenges of the complex adaptive system that is often under pressure.

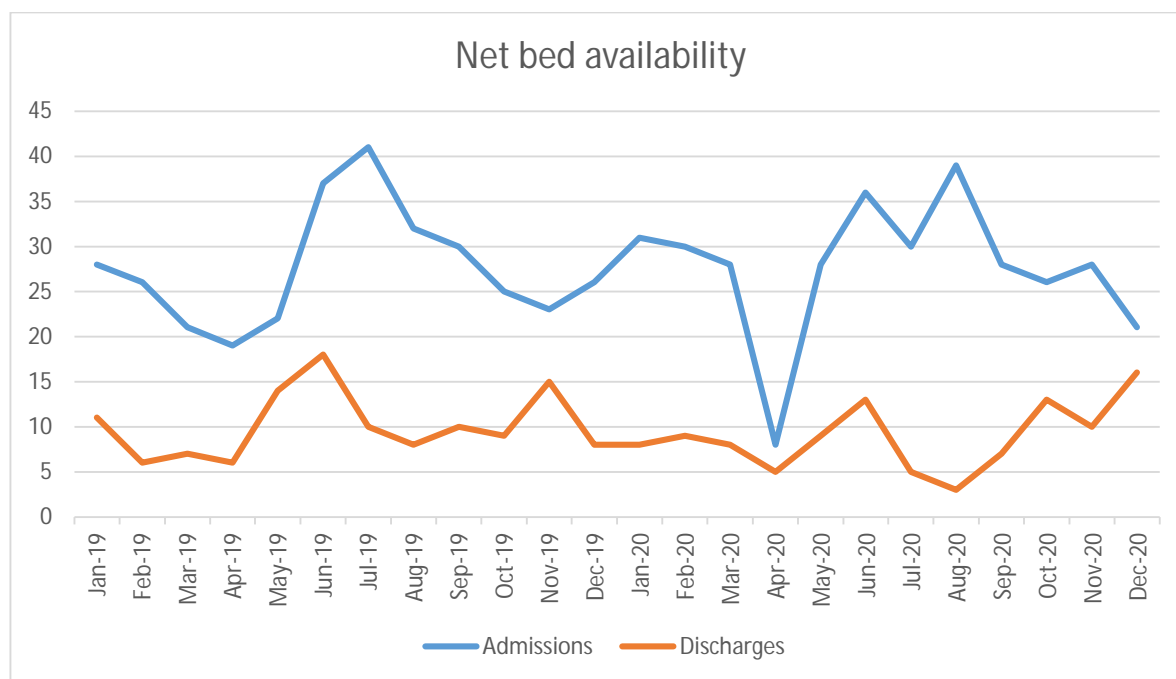
As always there is plenty to be done, and I am very thankful of the talent we have within our health system who deliver quality health care for our community daily.

2. PRIMARY & COMMUNITY

- Work continues on the measles vaccination campaign for 15-30 year olds, with GP recalls underway, targeted marketing via Facebook and pop up clinics happening in Blenheim and Nelson. New approaches and communication channels are needed to reach and motivate the target group to present.

- A Health Promoter presented to Marlborough Piritahi Kahui Ako (Community of Learning Group) teachers after a formal request was made for the history of Wairau to be presented by the three Iwi. The Health Promoter liaised between Ngati Rārua, Ngati Toa and Rangitane.
- The Public Health Dietitian has been working on a project that enables vulnerable populations to receive non-perishable items that create balanced and simple meals through foodbanks and/or affordable supermarket packs. The project is due to be piloted with vulnerable whanau groups associated with Nelson Tasman Kindergartens and many also involve Women's Refuge and the Male Room.
- The Public Health Dietitian was introduced to approximately 130 teachers from Nelson Tasman Kindergartens at their annual planning hui. Nelson Tasman Kindergarten Association has committed to working with the Public Health Dietitian in 2021 to implement the updated nutrition policy and provide nutrition-related health promotion support to kindergartens for teachers, children and whanau.
- A Health Promoter attended a Lake Rotoiti Youth Hui. This was a three day wananga with 60 young people from across Marlborough, Nelson, and Buller hosted by Sport Tasman. The Health Promoter was involved with activities and networking and presented the Rangatahi Wellbeing & Aspirations survey to those from the Nelson Marlborough area. Thirty surveys were completed on the day by young people.
- A new tool is to be implemented for school based health services locally called YouthCHAT. YouthCHAT is a rapid, electronic, self-report screening tool that assess risky health-related behaviours and mental health concerns that allow youth to prioritise areas they want help with. General Practice will also be approached to look at implementing the tool.
- Nelson Marlborough HealthPathways (NMHP) website statistics for January 2021 illustrate sustained user engagement during the holiday period, whereby 1,318 users viewed 32,359 pages over 8,045 sessions. These statistics are comparable with January 2020 data.
- A successful transition to etriage was completed by NASC in November. Indications are that this system is more streamlined with improved feedback to referrers.
- School based immunisation bookings have been made for all schools across the district. Teams plan to complete all Boostrix and first dose HPV before the end of April to ensure we are ready for flu and COVID vaccination programmes. The second dose HPV will be undertaken during the fourth term of year.
- NMH remains the top DHB in completion of B4SCs. This will provide a small buffer in the service if the team are redeployed for COVID vaccination. An article was published in the local paper regarding B4SCs and our local success.
- Health Promotion were involved in creating the key health messages to be promoted at Bay Dreams Festival. It was pleasing to see that the event organisers used all these messages and incorporated them in their correspondence with all ticket holders and on their website and Facebook pages. A debrief of Bay Dreams is to be held in the coming weeks which will provide further insights.
- The Public Health Service has been liaising with Renters United. Recent national publicity about the poor state of some rentals and the vulnerability of tenants has been highlighted by this group. These tenants are more likely to use our health and other social services. Discussion has occurred with the Strategic Advisor, Public Health to explore how our service can respond to and work with Council, other government entities and our own services to support both tenants and landlords.
- The Public Health Service successfully promoted the Aotearoa Bike Challenge at NMH sites to encourage cycling in Nelson Marlborough. The challenge takes place during February.

- Whilst the rate at which ARRC beds returning to normal operating patterns is unknown, Nelson Marlborough remains in a strong position. Strong support in the community is depicted due to low hospital admissions, readmission, and low length of stay. The graph below depicts supply constraints seen across the district in previous months, however in December the trend line between admission and discharges are beginning to converge resulting in less pressure, but a negative bed balance remains.



- The measles catch-up campaign has progressed slowly nationwide, with NMHDB performing better than most DHBs, but still insufficient to make a significant impact. Community and employer clinics and school based vaccinations are planned as well as continued effort at General Practice recall.

| Progress – Targets & Volumes | | |
|------------------------------|--|---|
| Target Name | Target | Actual |
| B4 School Checks | 1454 Total 146 High Deprivation 329 Maori 50 Pacific 90% (1454) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed. | 1135 78% 99 68% 217 66% 27 54% (need to be at 75% by 7 April 2021) |
| 8 Month Immunisations | Total 95% Maori 95% Pacific 95% Asian 95% 95% of all children at 8 months of age are required to be fully immunised | Monthly results ending January 2021 Total 83.1% Maori 81.8% Pacific 75.0% (1 decline) Asian 100.0% Total declines/opt offs 7.8% (6 declines) Missed 9.1% (6 non responders with GP & OIS) |

| | | | | | | | | | | | | | | | | | | |
|-----------------------------|--|---|-------|-------|-------|---------|---------|-------------------------------|-------|--|-------|-------|-------|-------|---------|--------|-------|--------|
| 2 Year Immunisations | <table> <tr><td>Total</td><td>95%</td></tr> <tr><td>Maori</td><td>95%</td></tr> <tr><td>Pacific</td><td>95%</td></tr> <tr><td>Asian</td><td>95%</td></tr> </table> <p>95% of all children at the age of 2 yrs are required to be fully immunised.</p> | Total | 95% | Maori | 95% | Pacific | 95% | Asian | 95% | Monthly results ending January 2021. <table> <tr><td>Total</td><td>86.4%</td></tr> <tr><td>Maori</td><td>81.8%</td></tr> <tr><td>Pacific</td><td>100.0%</td></tr> <tr><td>Asian</td><td>100.0%</td></tr> </table> <p>Total declines/opt offs 8.7% Missed 4.9%</p> | Total | 86.4% | Maori | 81.8% | Pacific | 100.0% | Asian | 100.0% |
| Total | 95% | | | | | | | | | | | | | | | | | |
| Maori | 95% | | | | | | | | | | | | | | | | | |
| Pacific | 95% | | | | | | | | | | | | | | | | | |
| Asian | 95% | | | | | | | | | | | | | | | | | |
| Total | 86.4% | | | | | | | | | | | | | | | | | |
| Maori | 81.8% | | | | | | | | | | | | | | | | | |
| Pacific | 100.0% | | | | | | | | | | | | | | | | | |
| Asian | 100.0% | | | | | | | | | | | | | | | | | |
| 5 Year Immunisations | No Target | Monthly results ending January 2021. <table> <tr><td>Total</td><td>88.0%</td></tr> <tr><td>Maori</td><td>90.0%</td></tr> <tr><td>Pacific</td><td>66.7% (2 out of 3 vaccinated)</td></tr> <tr><td>Asian</td><td>100.0%</td></tr> </table> <p>Total declines/opt offs 8.8% Missed 3.2%</p> | Total | 88.0% | Maori | 90.0% | Pacific | 66.7% (2 out of 3 vaccinated) | Asian | 100.0% | | | | | | | | |
| Total | 88.0% | | | | | | | | | | | | | | | | | |
| Maori | 90.0% | | | | | | | | | | | | | | | | | |
| Pacific | 66.7% (2 out of 3 vaccinated) | | | | | | | | | | | | | | | | | |
| Asian | 100.0% | | | | | | | | | | | | | | | | | |
| Cervical Screening | 80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years. | <table> <tr><td>Total</td><td>75.0%</td></tr> <tr><td>Maori</td><td>68.4%</td></tr> <tr><td>Pacific</td><td>72.1%</td></tr> <tr><td>Asian</td><td>63.2%</td></tr> <tr><td>Other</td><td>76.7%</td></tr> </table> <p><i>(latest figures available as of November 2020)</i></p> | Total | 75.0% | Maori | 68.4% | Pacific | 72.1% | Asian | 63.2% | Other | 76.7% | | | | | | |
| Total | 75.0% | | | | | | | | | | | | | | | | | |
| Maori | 68.4% | | | | | | | | | | | | | | | | | |
| Pacific | 72.1% | | | | | | | | | | | | | | | | | |
| Asian | 63.2% | | | | | | | | | | | | | | | | | |
| Other | 76.7% | | | | | | | | | | | | | | | | | |

3. MENTAL HEALTH, ADDICTIONS AND DSS

- Nikau Hauora Hub:
 - The co-design process at Nikau Hauora Hub has continued. Recruitment to the Locality Coordinator role has occurred and they will be based at Nikau Hauora Hub and be part of the Te Waka Hauora team.
 - The final workgroup meetings have occurred, and the steering group is set to meet in a couple of weeks. A consolidated action plan has been finalised with input from the work groups and this will be presented to the steering group for endorsement and prioritisation.
- Wāhi Oranga:
 - Preparations are underway to put a project team together to begin the facility modifications for Wāhi Oranga after receiving formal notification of the funding investment into modifying and upgrading our Inpatient unit. Plans are underway to progress to a more detailed design stage.
 - The team have welcomed a new Occupational Therapist and Allied Assistants as new members of the team at Wāhi Oranga. January has seen a marked increase in the ward programme and client activities at Wāhi Oranga, which has been of real benefit to the ward milieu and client experience. They have led the development of a new flexible ward programme taking into account feedback from clients and staff. The programme is overseen by the Occupational Therapist and publicised at a morning client meeting and on noticeboards. It is run on a day to day basis by one of the Allied Health Assistants with input from other staff. This frees an Allied Assistant to be available for 1:1 activities with clients, focusing on sensory modulation and distress tolerance tailored to individual needs. A new casual seating area has been set up in the OT room that attracts clients to the area. Everyday there is baking, art activities, sport and flax weaving as well as regular wellbeing groups, walking groups, men's and women's groups,

community outings and swimming. The OT room is a hive of activity and the busiest part of the ward.

- Service activity:
 - Referrals have remained steady for the CAT Nelson team and the Addictions team through the month of January, and there was some reduction for the CAMHS and Adult team over this time period.
 - Inpatient occupancy has remained high on average, although they were quieter at the start of the month for a short period. The second half of January has been a period of high acuity and very high occupancy. Stimulating and calming activities have reduced boredom and frustration, and had a significant positive impact on patient wellbeing and stress levels on the ward. Staff feedback is extremely positive.
 - Seclusion data entry remains one month delayed. We are pleased to report that the team at Wāhi Oranga, working closely with their community team colleagues, achieved 87% seclusion free days in December. This is a great result. Ongoing focus remains on supporting least restrictive practice and proactive planning for clients with our community teams to work to prevent and avoid use of seclusion as much as we can.

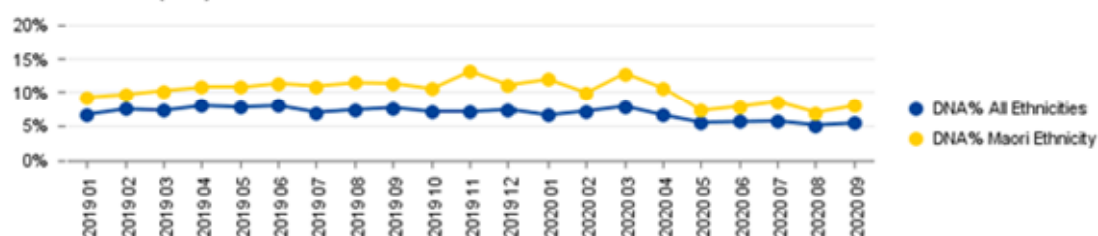
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

January 2021

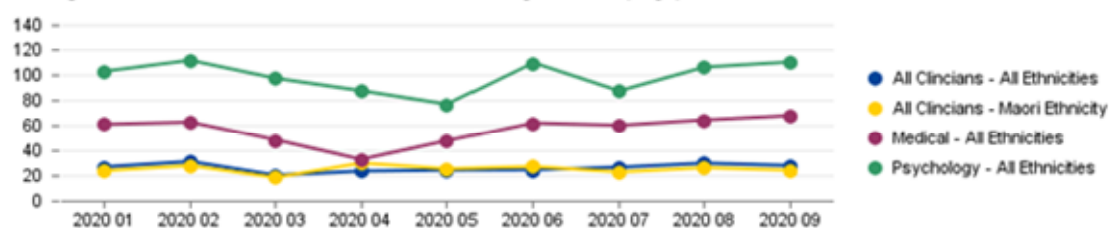
Mental Health, Addictions and Older Person's Mental Health

Did Not Attend (DNA) %



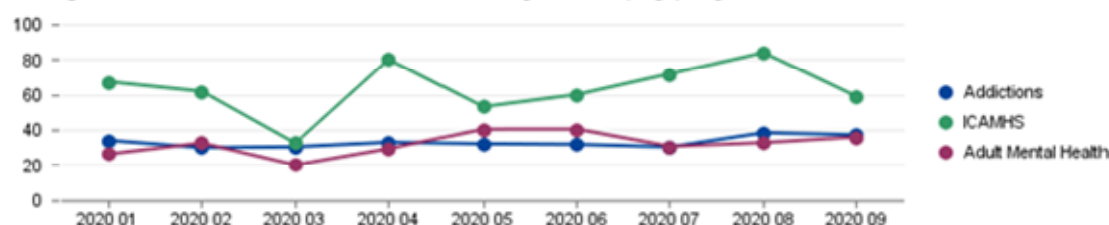
Note: There is currently a 1-4 month delay in data entry of community contacts. This graph only includes up to date data.

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



Note: There is currently a 1-4 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



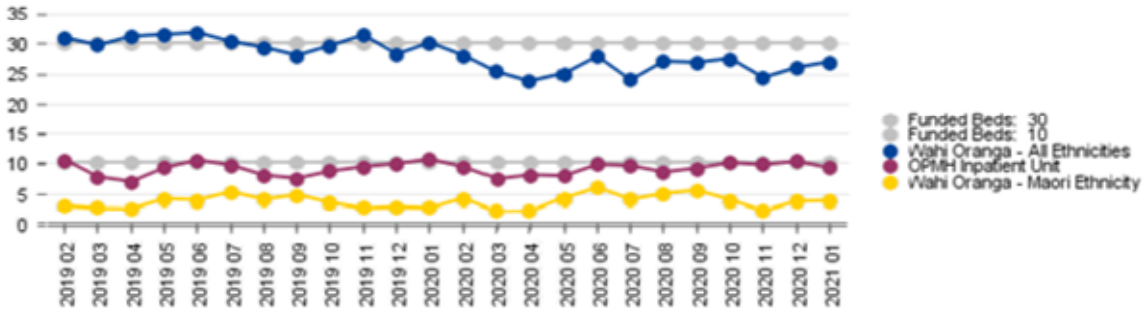
Note: There is currently a 1-4 month delay in data entry of community contacts. This graph only includes up to date data. ICAMHS = Infant, Child and Adolescent Mental Health Service. Adult Mental Health includes: Adult Nelson, Adult Psychology Liaison Nelson, Adult Tasman and Adult Wairau (noting that up until 08/09/2020 Adult Wairau data includes both acute and adult mental health).

Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

January 2021

Average Midnight Occupied Beds

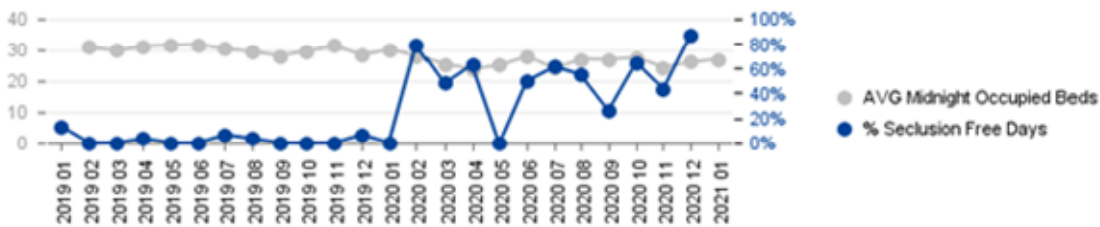


Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

Seclusion

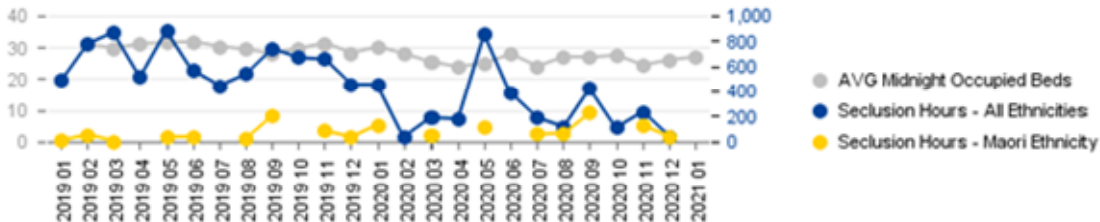
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

% Seclusion Free Days



% Seclusion Free Days is the number of seclusion free days in the month divided by the total number of days in the month.

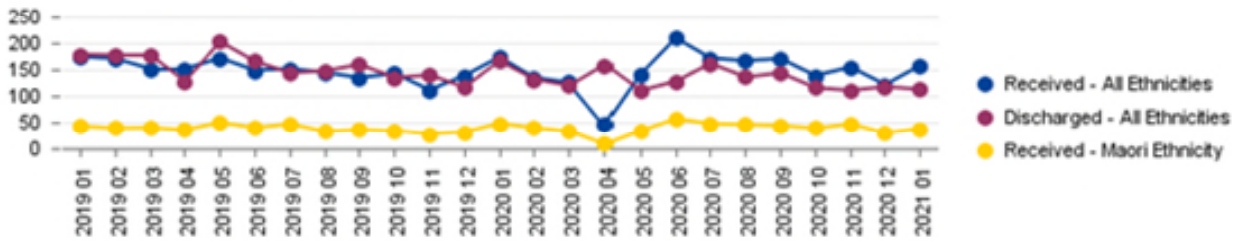
Seclusion Hours



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

Addictions

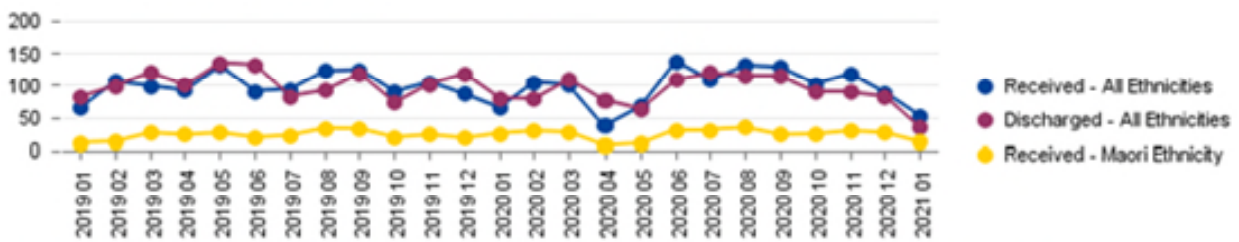
Referrals Received and Discharged



Note: Includes Addictions Nelson, Addictions Matrix Nelson and Addictions Wairau.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

Referrals Received and Discharged



Note: Includes ICAMHS Nelson, ICAMHS Forensic Nelson, ICAMHS Wairau and Infant and Maternal Nelson.

3.1 Disability Support Services (DSS)

We have received the official announcement regarding the Government's investment to establish a child respite facility in Marlborough and have established a Project Board to progress this work.

| Disability Support Services (DSS) | | Current December 2020 | | | | YTD December 2020 | Current January 2021 | | | | YTD January 2021 | | |
|---|--|-----------------------|---------------|-------------|--------|-------------------|----------------------|------------|---------------|-------------|------------------|---------------|---------|
| | | ID | PD | LTCH | Total | YTD Total | ID | PD | LTCH | Total | YTD Total | | |
| Contracted Services | | | | | | | | | | | | | |
| Current Moh Contract | As per Contracts at month end | 158 | 19 | | 177 | decrease 1 | 158 | 19 | | 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 | 1 | | 2 | | 1 | - | | 1 | | | |
| BeDs – Others - Oranga Tamariki & Mental Health | | 2 | 1 | | 3 | | 2 | 1 | | 3 | | | |
| | Residential contracts - Actual at month end | 170 | 21 | 10 | 201 | | 170 | 20 | 10 | 200 | | | |
| Number of people supported | | | | | | | | | | | | | |
| Total number of people supported | Residential service users - Actual at month end | 170 | 21 | 10 | 201 | decrease 1 | 170 | 20 | 10 | 200 | decrease 1 | | |
| | Respite service users - Actual at month end | 10 | 1 | | 11 | increase 4 | 11 | 1 | | 12 | increase 1 | | |
| | Child Respite service users - Actual at month end | 43 | | | 43 | increase 1 | 43 | | | 43 | | | |
| | Personal cares/SIL service users - Actual at month end | 0 | 0 | | 0 | | 0 | 0 | | 0 | | | |
| | Private Support in own home | 2 | 0 | | 2 | | 2 | 0 | | 2 | | | |
| | Total number of people supported | 225 | 22 | 10 | 257 | increase 3 | 226 | 21 | 10 | 257 | increase 3 | | |
| | | ALL | | Residential | | Child Respite | | ALL | | Residential | | Child Respite | |
| Occupancy Statistics | | Current | YTD | Current | YTD | Current | YTD | Current | YTD | Current | YTD | Current | YTD |
| Total Available Beds - Service wide | Count of ALL bedrooms | 233 | | 225 | | 8 | | 233 | | 225 | | 8 | |
| | Total available bed days | 7,223 | 42,872 | 6,975 | 41,123 | 248 | 1,472.0 | 7,223 | 50,095 | 6,975 | 48,098 | 248 | 1,720.0 |
| Total Occupied Bed days | Actual for full month - includes respite | 6,476 | 38,285 | 6,331 | 37,331 | 145.0 | 953.5 | 6,445 | 44,729 | 6,276 | 43,607 | 168.5 | 1,122.0 |
| | Based on actual bed days for full month (includes respite volumes) | 89.7% | 89.3% | 90.8% | 90.8% | 58.5% | 64.8% | 89.2% | 89.3% | 90.0% | 90.7% | 67.9% | 65.2% |
| | | Last month | Current month | Variance | | | | Last month | Current month | Variance | | | |
| Total number of people supported | | 254 | 257 | 3 | | | | 257 | 257 | - | | | |
| Referrals | Total long term residential referrals | 17 | 16 | | | | | 16 | 15 | | | | |
| Referrals - Child Respite | Child Respite referrals | 16 | 13 | | | | | 13 | 10 | | | | |
| | Adult Respite referrals | 4 | 8 | | | | | 8 | 10 | | | | |
| | Oranga Tamariki referrals | 1 | 1 | | | | | 1 | 1 | | | | |
| | New Referrals in the month | 2 | 4 | | | | | 4 | 4 | | | | |
| Of above total referrals | Transitioning to service | - | - | | | | | - | - | | | | |
| | On Waiting List | 38 | 38 | | | | | 38 | 35 | | | | |
| Vacant Beds at End of month - (excludes Respite Beds) | | 17 | 17 | | | | | 17 | 17 | | | | |
| | Less people transitioning to service | - | 1 | | | | | 1 | 1 | | | | |
| | Vacant Beds | 17 | 16 | | | | | 16 | 16 | | | | |

4. INFORMATION TECHNOLOGY


- Work is continuing to round out our local digital strategy. Following small workshops with staff and other stakeholders during November and December, sessions were held with ELT in January to discuss outcomes and prioritisation. A roadmap is now being developed, with the final output scheduled for March.
- Planning finalised for the migration of the on-premise TechOne to the cloud. This is scheduled for mid February.
- Weekly COVID-19 reporting to Ministry of Health continues, daily test reporting is fully automated. Data & Analytics restructure proposal has been finalised, and the team will expand and move to IT rebranded 'Digital'.

Ki Te Pae Ora Update

| Telehealth | | Status: On Track |
|--------------------------------|---|------------------|
| Achievements This Month | <ul style="list-style-type: none"> Planning started on best investment for digital funding received by MOH targeted at telehealth. Funding obtained from MOH for an Allied Health initiative. Meeting held with Te Waka Haoura around DNA project, which led to supporting inpatient to connect virtually with whanau while on ward. Workplan completed for 2021 with aim of 5 new service implementations per quarter | |
| Benefits | Working with Nelson Paediatrics and CDHB Oncology team to complete 18 LEAP annual clinics between multiple MDT groups and patients in their homes. | |
| Consumer Story | Support provided in the form of a device for rural patient who was in last 100 days to support virtual visits with Oncology team. Feedback from patient's family is that this was very successful and greatly appreciated. | |
| Data Insights | Dashboard showing upcoming virtual health opportunities – 97% of booked clinics | |
| Exception Report | Need to ensure ELT support for digital first with active leadership within all services. Focus on individual services to develop leading examples. | |

Project Status

| Name | Description | Status | Due date | |
|------------------------------------|---|---|---------------------|---|
| Projects | | | | |
| 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. | General Surgery has gone live for phase1, without the SIPICS<-> scOPe waitlist interface. Remaining department roll out ready to commence in Mar-21, once pilot issues resolved. Work stalled on interface due to lack of Orion support. Local and Regional discussions trying to unblock. Phase2 yet to be planned, targeting second half of 2021. | Various | ● |
| SI PICS Foundation | Patient Administration System (PAS) | Version 20.2 NHI change testing in January. 20.2 delivers patient demographic enhancements and theatre functionality. PROD release scheduled for 17 Feb 2021. | | ● |
| 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. Meetings have been organised with the appropriate clinical leaders to engage others in this process to ensure clinical compliance. | Live / rolling out. | ● |
| Smartpage | 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 | Live / Rolling out | ● |

| Name | Description | Status | Due date | |
|------------------------|---|---|--|---|
| Projects | | | | |
| | | progress is made with integration with Patientrack. Orderly function is currently on hold awaiting development by vendor to meet local needs. | | |
| eTriage Phase 3 | ETriage to SIPICS integration Electronic Referrals ETriage in the community | Internal in the | eTriage in community underway with PHO outsourced services. Other services awaiting integration, which is now underway, with testing planned for January/February. | |
| ICT | | | | |
| Axe the Fax | Remove hospital fax machines by May, and rest by mid 2021. | | 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. Hub initiatives underway. |  |

5. CLINICAL SERVICES

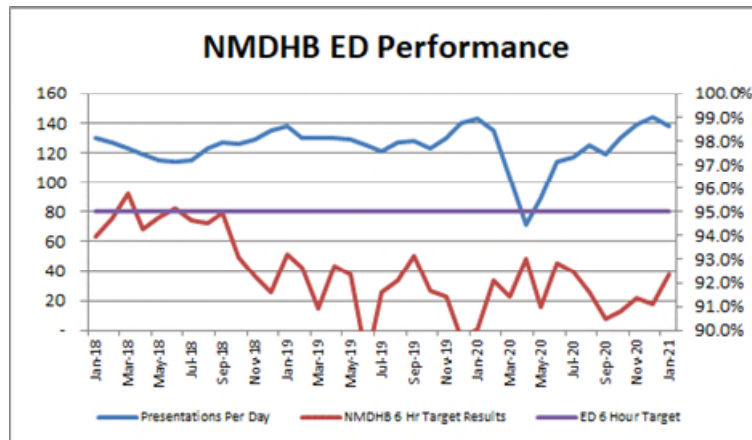
5.1 Health Targets

- At the end of January 2021 we planned 3,622 surgical discharges of which we have delivered 3,394 (93.7%). This is under plan by 228 discharges.
- We have delivered 4,271 minor procedures to the end of January 2021, which is 1,479 procedures higher than our Plan target of 2,492 for this period.
- For orthopaedic interventions year to date at the end of November, a total of 221 joints have been completed which is slightly down (2 under) on the Plan of 223.
- For orthopaedic interventions year to date at the end of January, a total of 268 joints have been completed which is slightly down (35 under) on the Plan of 303. There are currently 191 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 January 2021, is 343 cataracts meeting plan. There are currently 154 cataracts waitlisted for surgery.

5.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of January with 560 patients not being seen within 120 days of referral acceptance.
- ESPI 5 (time to receive planned procedure) was also Red for the month of January with 270 patients not being treated within 120 days of being given certainty.

5.3 Shorter Stays in Emergency Department

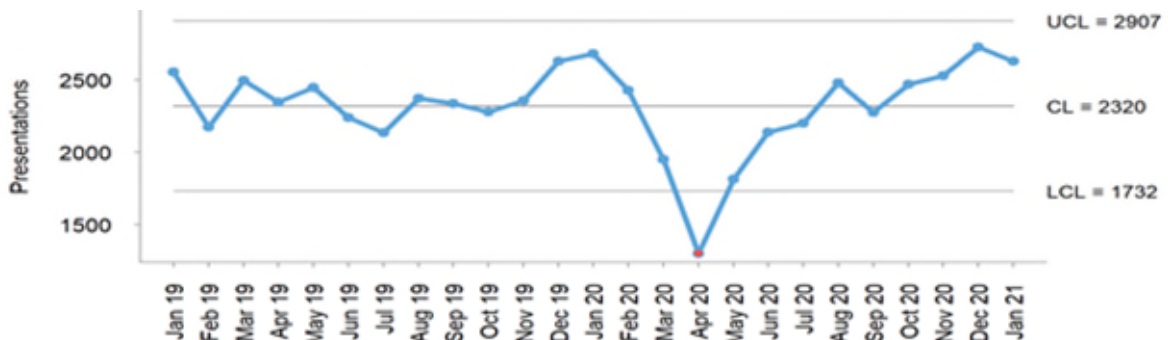


ED Attendances

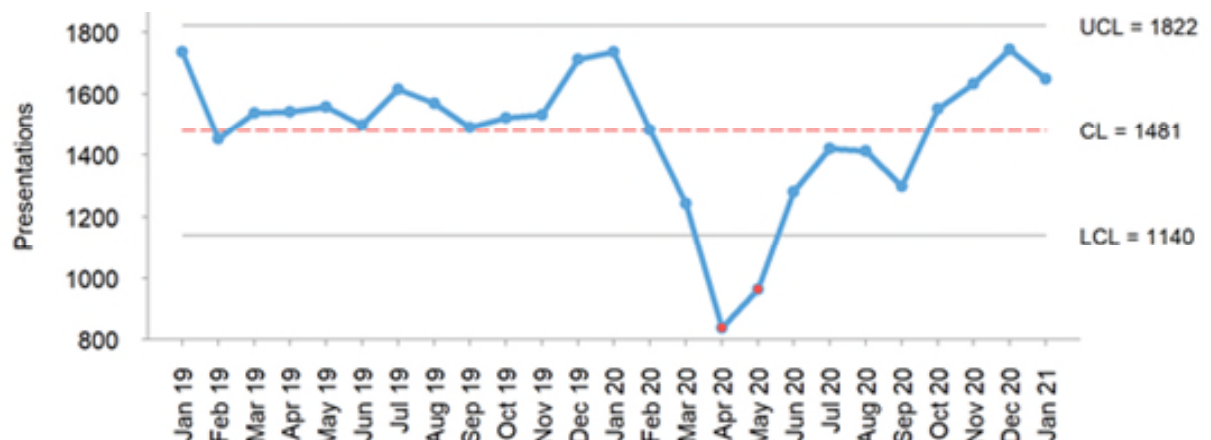
| | 6 Hour target % |
|--------|-----------------|
| Nelson | 91.2% |
| Wairau | 94.1% |

- Both EDs saw a reduction in presentations of almost a hundred people from last month which was surprising with Bay Dreams in Nelson. Both Departments, however, continue to have high numbers of people from outside the NMDHB boundaries.

Nelson ED Presentations



Wairau ED Presentations

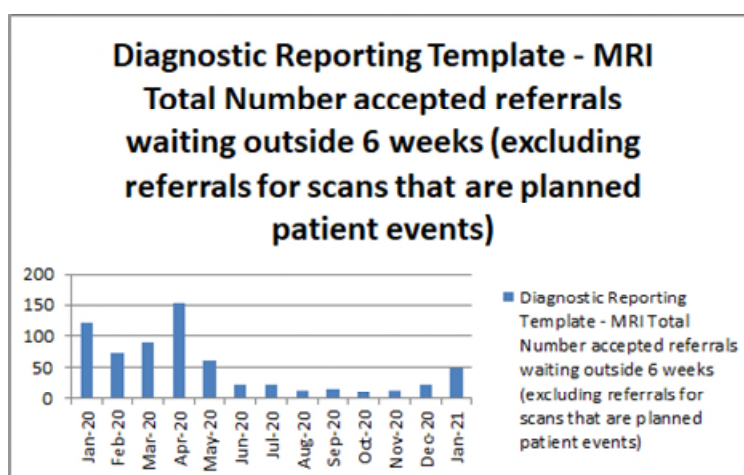
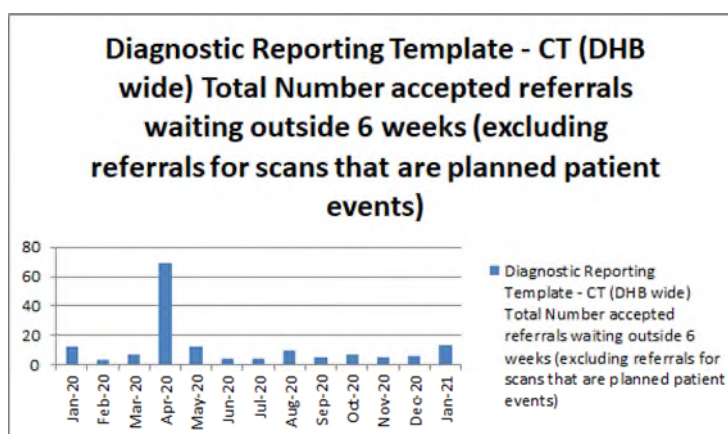


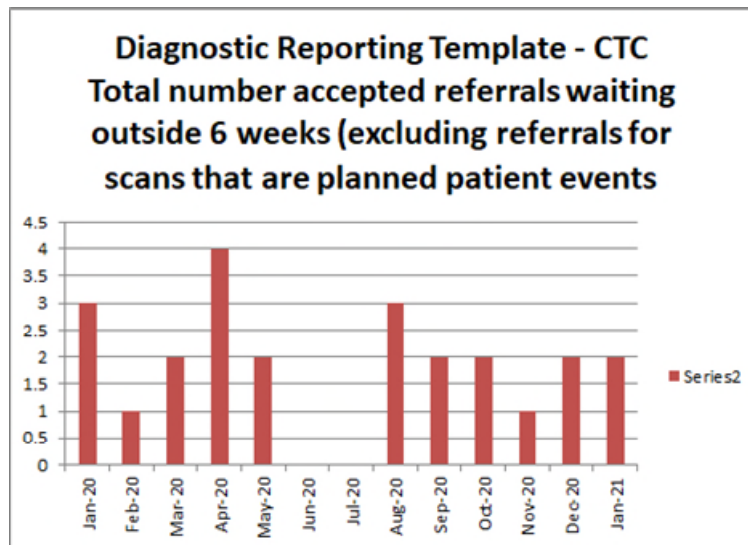
Hospital Occupancy

| Hospital Occupancy 1 – 31 January 2021 | Adult in patient |
|---|------------------|
| Nelson | 82% |
| Wairau | 84% |

5.4 Enhanced Access to Diagnostics

- MOH MRI target shows 80% of referrals accepted are scanned within 42 days in January (target is 90%).
- MOH CT target shows 80% of referrals accepted are scanned within 42 days in January (target is 95%). Nelson CT is running at 96% of target with 2 patients waiting greater than 42 days, and Wairau CT is running at 64% of target with 18 patients waiting greater than 42 days.
- MRI numbers are 222 scanned in Nelson. Wairau MRI scanned 81 patients – total of 303 for January. This is impacted by long-term sick leave among MRI MIT group and should be resolved by February with backfill currently occurring.
- CT continues to be a risk for Nelson with the highest throughput of inpatient and ED recorded for the last quarter of 2021. CT Nelson continues to have one of the highest utilisation rates in the country.





5.5 Improving Waiting Times – Colonoscopy

As at 9 February 2021, there are 352 unbooked overdue colonoscopies (down from 375 at the end of January) as identified below.

| Row Labels | Diagnostic | Screening | Surveillance | Grand Total |
|------------------------|------------|-----------|--------------|-------------|
| 2021 | 2 | | 36 | 38 |
| Nelson Hospital | 0 | 0 | 18 | 18 |
| Wairau Hospital | 1 | 0 | 18 | 19 |
| Overdue | 6 | 2 | 352 | 360 |
| Manuka Street Hospital | | | 2 | 2 |
| Nelson Hospital | 4 | 2 | 146 | 152 |
| Wairau Hospital | 2 | 0 | 204 | 206 |
| Grand Total | 8 | 2 | 388 | 398 |

5.6 Faster Cancer Treatment – Oncology

| FCT Monthly Report - Jan 2021 | | | | | | | | | | | | | | Reporting Month: Dec 2020 - Quarter 2 - 2020-2021 | |
|--|--|---------------------------|---------------------|-------------------------|-------------------------|-----------------------|-----------------------|--------------------------|---------------------|--------------------------|---------------------|--------------------------|---------------------|---|---------------------|
| As at 21/01/2021 | | | | | | | | | | | | | | | |
| 62 Day Indicator Records | | | | | | | | | | | | | | | |
| TARGET SUMMARY (90%) | | Completed Records | | | | | | | | | | | | | |
| | | Jan 2021 (in progress) | | Dec-20 | | Nov-20 | | Quarter 2 (2020-2021) | | Quarter 1 (2020-2021) | | Quarter 2 (2019-2020) | | Rolling 12 Months Jan 2020 - Dec 2020 | |
| Numbers as Reported by MOH (Capacity Constraint delay only) | | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days |
| | | 100% | 0% | 91% | 9% | 84% | 16% | 90% | 10% | 95% | 5% | 92% | 8% | 92% | 8% |
| Number of Records | | 14 | 0 | 21 | 2 | 26 | 5 | 66 | 7 | 78 | 4 | 61 | 5 | 283 | 25 |
| Total Number of Records | | 14 | | 23 | | 31 | | 73 | | 82 | | 66 | | 308 | |
| Numbers Including all Delay Codes | | 82% | 18% | 72% | 28% | 79% | 21% | 74% | 26% | 87% | 13% | 74% | 26% | 79% | 21% |
| Number of Records | | 14 | 3 | 21 | 8 | 26 | 7 | 66 | 23 | 78 | 12 | 61 | 21 | 283 | 73 |
| Total Number of Records | | 17 | | 29 | | 33 | | 89 | | 90 | | 82 | | 356 | |
| 90% of patients had their 1st treatment within: # days | | 77 | | 84 | | 90 | | 57 | | 63 | | 89 | | 60 | |
| 62 Day Delay Code Break Down | | Jan 2021 (in progress) | | Dec-20 | | Nov-20 | | Quarter 2 (2020-2021) | | Quarter 1 (2020-21) | | Quarter 2 (2019-2020) | | Rolling 12 Months Jan 2020 - Dec 2020 | |
| 01 - Patient Reason (chosen to | | 1 | | 2 | | 0 | | 3 | | 0 | | 2 | | 5 | |
| 02 - Clinical Cons. (co-morbidities) | | 1 | | 4 | | 2 | | 7 | | 8 | | 11 | | 43 | |
| 03 - Capacity Constraints | | 0 | | 2 | | 5 | | 7 | | 4 | | 5 | | 25 | |
| TUMOUR STREAM | | | | | | | | | | | | | | | |
| Rolling 12 Months Jan 2020 - Dec 2020 | | 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% | 56 | 0% | 0 | 10% | 6 | 2% | 1 | 11% | 7 | 63 | | | |
| Gynaecological | | 100% | 19 | 0% | 0 | 5% | 1 | 0% | 0 | 5% | 1 | 20 | | | |
| Haematological | | 89% | 16 | 9% | 2 | 22% | 5 | 0% | 0 | 30% | 7 | 23 | | | |
| Head & Neck | | 77% | 20 | 18% | 6 | 21% | 7 | 3% | 1 | 41% | 14 | 34 | | | |
| Lower Gastrointestinal | | 85% | 28 | 12% | 5 | 21% | 9 | 2% | 1 | 35% | 15 | 43 | | | |
| Lung | | 94% | 29 | 6% | 2 | 9% | 3 | 0% | 0 | 15% | 5 | 34 | | | |
| Other | | 100% | 4 | 0% | 0 | 17% | 1 | 17% | 1 | 33% | 2 | 6 | | | |
| Sarcoma | | 100% | 2 | 0% | 0 | 33% | 1 | 0% | 0 | 33% | 1 | 3 | | | |
| Skin | | 92% | 59 | 7% | 5 | 6% | 4 | 0% | 0 | 13% | 9 | 68 | | | |
| Upper Gastrointestinal | | 95% | 21 | 4% | 1 | 12% | 3 | 0% | 0 | 16% | 4 | 25 | | | |
| Urological | | 88% | 28 | 11% | 4 | 14% | 5 | 0% | 0 | 24% | 9 | 37 | | | |
| Grand Total | | 92% | 283 | 7% | 25 | 13% | 45 | 1% | 4 | 21% | 74 | 357 | | | |
| ETHNICITY | | | | | | | | | | | | | | | |
| Rolling 12 Months Jan 2020 - Dec 2020 | | 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 nfd | | 100% | 2 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 2 | | | |
| Australian | | 100% | 0 | 0% | 0 | 100% | 1 | 0% | 0 | 100% | 1 | 1 | | | |
| Chinese | | 100% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 1 | | | |
| European nfd | | 86% | 6 | 8% | 1 | 25% | 3 | 17% | 2 | 50% | 6 | 12 | | | |
| Fijian | | 100% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 1 | | | |
| German | | 0% | 0 | 0% | 0 | 100% | 1 | 0% | 0 | 100% | 1 | 1 | | | |
| Indian | | 100% | 1 | 0% | 0 | 50% | 1 | 0% | 0 | 50% | 1 | 2 | | | |
| Italian | | 100% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 1 | | | |
| Maori | | 100% | 13 | 0% | 0 | 26% | 5 | 5% | 1 | 32% | 6 | 19 | | | |
| New Zealand European | | 92% | 239 | 7% | 21 | 10% | 29 | 1% | 2 | 18% | 52 | 291 | | | |
| Other European | | 79% | 11 | 19% | 3 | 13% | 2 | 0% | 0 | 31% | 5 | 16 | | | |
| Other Southeast Asian | | 100% | 4 | 100% | 0 | 0% | 1 | 0% | 0 | 0% | 1 | 5 | | | |
| Southeast Asian nfd | | 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% | 283 | 7% | 25 | 12% | 43 | 1% | 5 | 21% | 73 | 356 | | | |

6. NURSING MIDWIFERY

- The NetP/NeSp programme is off to a successful start with 39 NetP/NeSP nurses attending orientation at the end of January. These nurses went across the Nelson Marlborough district in primary/community/mental health and secondary services including NGOs, ARC, GPs, Urgent Care and wards and departments. This diverse spread across the district has provided a strong platform to continue to promote the programme for future intakes.

- CCDM is on track to meet the 31 June 2021 deadline. Placeholding to ensure final areas are covered with FTE calculations is currently underway. To date the replacements have been well stratified with a significant portion being HCAs supporting changes to model of care delivery within departments/wards, alongside RN positions within the areas of NMH, which are included in the Safe Staffing Healthy workforce programme as part of the 2017 MECA settlement.
- Hand hygiene for the last quarter continues to improve sitting above the 80% threshold of MOH expectation. Gold auditors within all areas are putting in significant education and follow up to improve statistics.
- Non-slip socks have been removed from acute areas with focus now on encouraging patients to use their own appropriate footwear. Wide consultation has occurred across all areas with particular focus on St John Ambulance to ensure they are part of the programme. The Communications team are supporting roll out of patient information brochures to aid and support successful implementation.
- The Maori Nursing and Midwifery Development Group will be reviewing the data currently being collated in relation to Maori workforce at NMH to assist in developing succession planning and continued diversity in the nursing/midwifery workforce. This workplan will have specific focus on connecting with school students from year 8 onwards to attract a wider group of students into Health as a career.

7. ALLIED HEALTH

- Allied Health have been allocated one off funding of \$375K for specific innovation projects (see table below).

| Innovation | Update | Status |
|---------------------------------------|--|--------|
| Telehealth | Awaiting appointment of a project lead, reporting to GM IT. Background work underway, including alignment to NMH telehealth and reporting. Workshop to be held once project person appointed to maximise engagement and confirm the work plan and focus areas. Additional information from MOH requested. | |
| Kaiāwhina AHA | Progressing the appointment of two AHA apprenticeship roles for one year, targeted to Maori school leavers. Working with Te Waka Hauora and Careerforce to finalise position description, cultural supports, supervision and a minimum of level 2 qualification during the fixed term and commencing the identification of sustainable funding options. Full evaluation will be available. | |
| Physiotherapy Clinical Network | Project plan in development, building on model that has been implemented in Marlborough. Meeting occurred with NMPHO and Physiotherapy Leaders. Need to discuss with Te Piki Oranga and commence information evening with local physiotherapy network, prior to formal expressions of interest. | |
| Allied Health Neurology | Aim early referrals to AH services, from general practice, prior too or while awaiting FSA with neurologist. Delivery - brief intervention, addressing immediate clinical risk and navigation to appropriate services. Review and update health pathways. Next Unconference will finalise model, prior to advertising for an internal secondment. | |

- Dedicated workforce and professional development roles are progressing key activities (see table below). The next key focus area is a review of access to professional development opportunities for all Allied Health, Scientific and Technical workforces. A draft AHST workforce strategy is in development, aligning to NMH, regional and national plans. This will require discussion and engagement with the AHST professional leaders and GM Maori, Pacifica and Vulnerable populations.

| Specific focus project | Update | Status |
|---|--|--------|
| New Practitioner Support Programme (NPS) | Stocktake of other DHB programmes completed and a NMH draft programme developed for 2021. This will focus on new graduates and staff new to NZ and NMH. Initial programme will be a pilot, with full evaluation for the ongoing programme. Aim to support transition to practice, improve retention and recruitment and introduction to wider AH services and NMH. | |
| New Entry Allied Health Assistant Apprenticeship Kaiāwhina roles | As per MOH innovation funding. Progressing to advertising and finalising line manager reporting. | |
| Allied Health Assistants / Kaiāwhina | Ongoing support and development for current AHAs and the two new roles being introduced into Mental Health. Working with Careerforce discussions have commenced for a Level 4 qualification. This also has national alignment. | |
| Staff Health and Well-being | A number of specific workshops and been developed. The 2021 training programme, generic to all AH, this includes: <ul style="list-style-type: none"> • Self-care in HealthCare • Conscious and Unconscious bias • Motivational Interviewing • Supervision & Peer Supervision transitioned to BAU | |

- ACC have confirmed the future falls and fractures model for the next three years. A workshop has been planned for February to review the NMH Falls Alliance objectives in light of ACC changes, and also to ensure alignment to Ki Te Pae Ora. In addition, ACC are holding a series of Fracture Liaison Workshops across New Zealand, which will inform the future model for falls and fracture prevention.

8. MĀORI HEALTH

8.1 Hauora Direct Digital

Hauora Direct Digital introduction outcome summary of the Kainga Kore or Homeless Hauora Direct initiative shows how effective the results of the project was for our whanau. Thirty-six 36 whanau members, who were Kainga Kore, enrolled for the project, however ten participants have since pulled out of the initiative.

The initiative showed 72% of participants were Māori. Whilst 64% completed their assessment, 3% were still in progress and 5% had been referred for ongoing follow up.

8.2 Nga Whakaaro Pono/ Advance Directives

Advance Directives, or Whakaaro Pono, are one of Te Waka Hauora projects and seeks to integrate the option of Advance Directives, in either written or video form, for tangatawhaiora/clients in Mental Health and Addictions.

8.3 Sudden Unexplained Death in Infancy (SUDI)

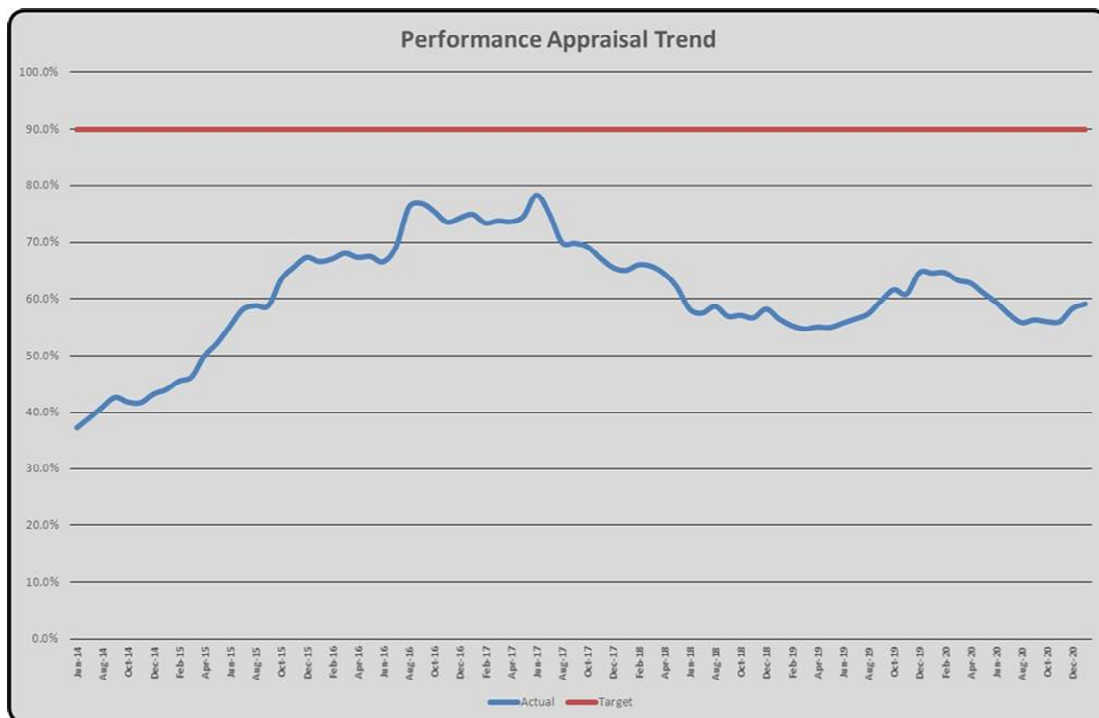
Te Waka Hauora continues to strengthen the range of Mokopuna Ora initiatives. At the last baby friendly audit the Māori auditor, who has audited all DHBs across the country, noted that Nelson Marlborough DHB had developed the strongest model around Māori maternal health that they had seen.

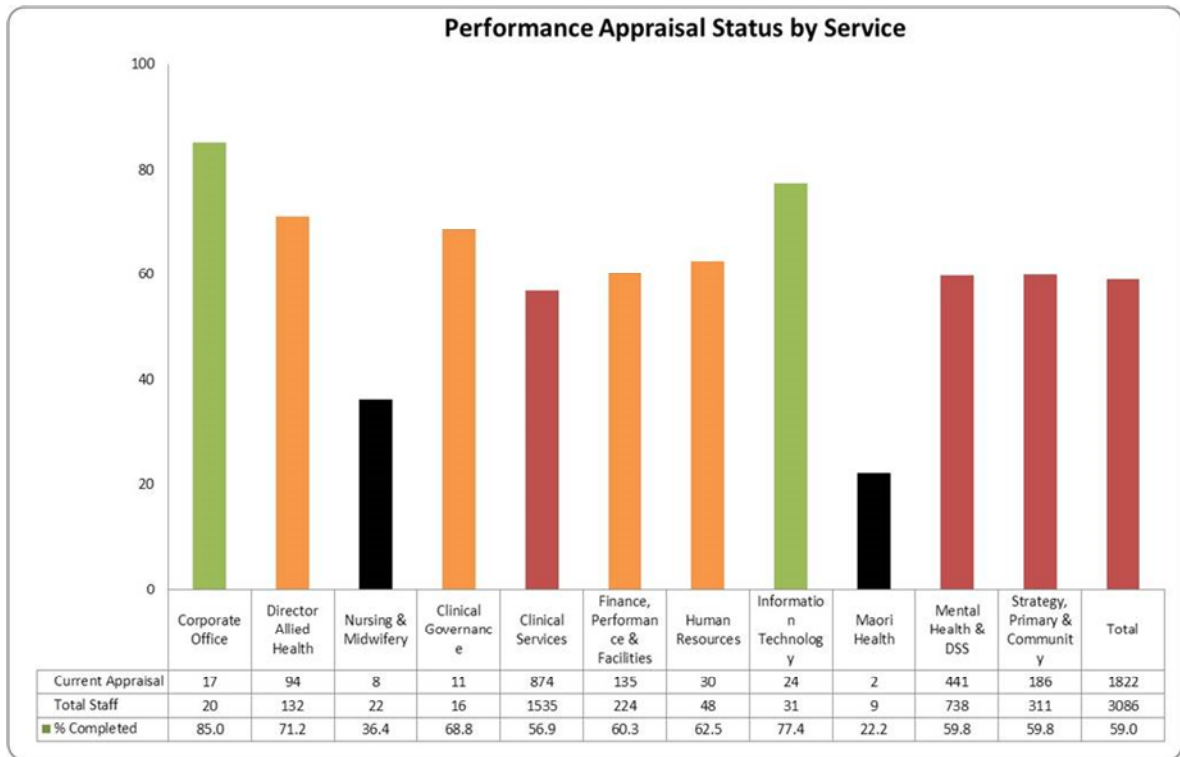
9. PEOPLE & CAPABILITY

- The move to Richmond for HR administration staff, Recruitment, Payroll and Holiday's Act staff is complete.
- The revised Orientation & Warm Welcome event was launched on 22 January in Nelson and has been positively received. Total attendance versus total people invited was 72% for Nelson and 73% for Wairau. This is up from 40% and 55% in the previous month, and aligns with our goal of improving attendance to achieve a consistent 75% attendance rate.
- A Warm Welcome participant feedback survey is being created. For January we emailed participants and managers, and received positive and constructive feedback which will inform the continuous improvement of the Warm Welcome event.

10. PERFORMANCE APPRAISALS

To date we are at 59% of staff with a current appraisal.





Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 17 February 2021
Subject: Financial Report for January 2021

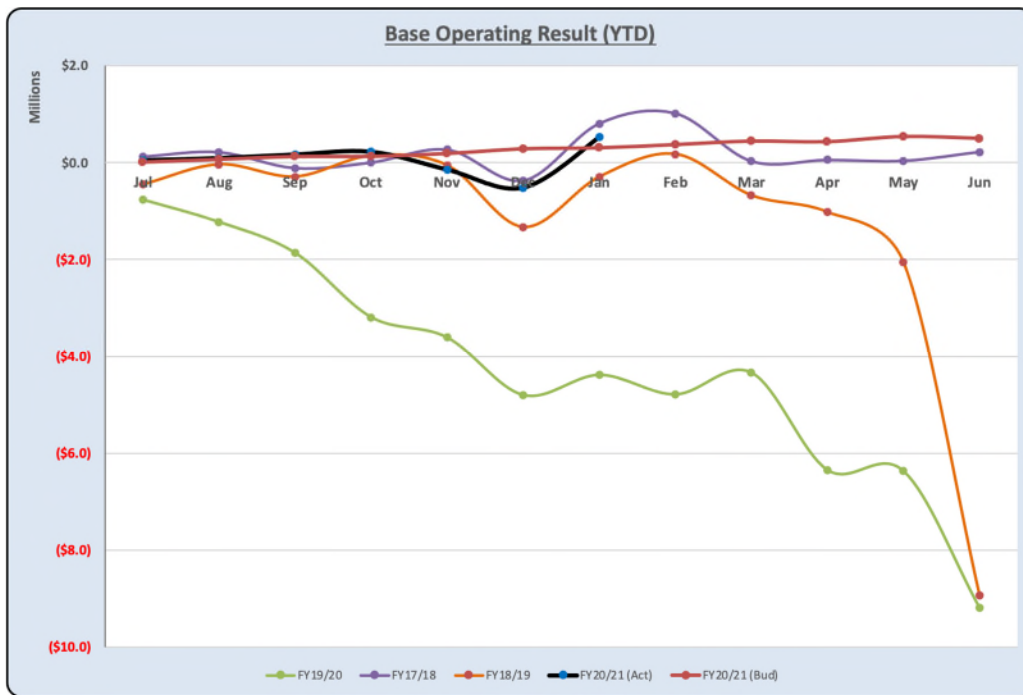
Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the seven months shows a reported deficit of \$2.7M which is \$2.7M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$0.5M which is \$0.2M favourable to plan.



The January result includes a couple of adjustments for the first half of the year which have been accounted for, including:

- Additional IDF costs, largely associated with higher cardiology and vascular volumes, totalling just under \$1M through to the end of December.
- The capital charge costs, and associated revenue, were reduced in the December financials as a result of the reduction of the capital charge rate to 5%. A further reduction to the capital charge costs has been made that reflect the first half of the year invoicing from the MOH that have occurred due to the lower net asset position with the recognition of the Holidays Act remediation liability.

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.
- 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.
- With all the employment categories the average cost per FTE is largely at budgeted levels.

Other key issues arising within the month/YTD results are:

- Intragam volumes, and the associated cost impact, continue to track upwards and are running significantly higher than planned levels. We are working on a benchmarking exercise with some other DHBs to determine if we are an outlier.
- Pharmaceutical costs are being reviewed as the actuals costs we are seeing come through are running much higher than the latest forecast provided by Pharmac. Approximately \$1.7M of the pharmaceutical overspend is offset with additional revenue, however we continue to track adverse to the Pharmac forecast. It is noted that Pharmac forecasting is completed at a national level and then broken down to a DHB level. Pharmac focus is at the national level so some variations at a DHB by DHB level can occur.

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 | \$3,829 | \$5,449 |
| Niggles | \$200 | \$92 | \$108 |
| Contingency | \$1,000 | \$381 | \$619 |
| Strategic | \$3,750 | \$3,240 | \$510 |
| Total | \$14,228 | \$7,542 | \$6,686 |

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 | 46,361 | 172 | 46,533 | 45,737 | 624 | 796 | 42,052 | |
| MOH non-devolved funding | 2,245 | 0 | 2,245 | 1,936 | 309 | 309 | 1,868 | |
| ACC revenue | 500 | 0 | 500 | 513 | (13) | (13) | 533 | |
| Other government & DHBs | 1,072 | 0 | 1,072 | 869 | 203 | 203 | 838 | |
| Other income | 721 | 923 | 1,644 | 1,001 | (280) | 643 | 963 | |
| Total Revenue | 50,899 | 1,095 | 51,994 | 50,056 | 843 | 1,938 | 46,254 | |
| Expenses | | | | | | | | |
| Employed workforce | 20,113 | 8 | 20,121 | 20,537 | 424 | 416 | 16,801 | |
| Outsourced workforce | 637 | 0 | 637 | 159 | (478) | (478) | 833 | |
| Total Workforce | 20,750 | 8 | 20,758 | 20,696 | (54) | (62) | 17,634 | |
| Outsourced services | 1,883 | 0 | 1,883 | 1,781 | (102) | (102) | 12,561 | |
| Clinical supplies | 2,150 | 0 | 2,150 | 2,234 | 84 | 84 | 2,133 | |
| Pharmaceuticals | 5,514 | 0 | 5,514 | 4,104 | (1,410) | (1,410) | 3,982 | |
| Air Ambulance | 364 | 0 | 364 | 328 | (36) | (36) | 348 | |
| Non-clinical supplies | 2,513 | (8) | 2,505 | 2,817 | 304 | 312 | 2,338 | |
| External provider payments | 11,551 | 172 | 11,723 | 11,828 | 277 | 105 | 11,858 | |
| Inter District Flows | 5,119 | 0 | 5,119 | 4,135 | (984) | (984) | 3,949 | |
| Total Expenses before IDCC | 49,844 | 172 | 50,016 | 47,923 | (1,921) | (2,093) | 54,803 | |
| Surplus/(Deficit) before IDCC | 1,055 | 923 | 1,978 | 2,133 | (1,078) | (155) | (8,549) | |
| Interest expenses | 32 | 0 | 32 | 36 | 4 | 4 | 34 | |
| Depreciation | 1,169 | 0 | 1,169 | 1,257 | 88 | 88 | 1,129 | |
| Capital charge | (1,201) | 0 | (1,201) | 822 | 2,023 | 2,023 | 797 | |
| Total IDCC | 0 | 0 | 0 | 2,115 | 2,115 | 2,115 | 1,960 | |
| Operating Surplus/(Deficit) | 1,055 | 923 | 1,978 | 18 | 1,037 | 1,960 | (10,509) | |
| Holidays Act compliance | (458) | 0 | (458) | (42) | (416) | (416) | 0 | |
| Net Surplus/(Deficit) | 597 | 923 | 1,520 | (24) | 621 | 1,544 | (10,509) | |

| | 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 | 316,224 | 2,570 | 318,794 | 313,797 | 2,427 | 4,997 | 290,883 | 542,704 | 506,044 |
| MOH non-devolved funding | 15,022 | 0 | 15,022 | 14,570 | 452 | 452 | 14,098 | 25,123 | 24,528 |
| ACC revenue | 4,676 | 0 | 4,676 | 3,876 | 800 | 800 | 3,912 | 6,710 | 6,773 |
| Other government & DHBs | 6,995 | 0 | 6,995 | 6,133 | 862 | 862 | 5,862 | 10,527 | 10,369 |
| Other income | 7,056 | 922 | 7,978 | 6,818 | 238 | 1,160 | 7,646 | 11,855 | 12,287 |
| Total Revenue | 349,973 | 3,492 | 353,465 | 345,194 | 4,779 | 8,271 | 322,401 | 596,919 | 560,001 |
| Expenses | | | | | | | | | |
| Employed workforce | 133,929 | 128 | 134,057 | 134,958 | 1,029 | 901 | 122,403 | 235,611 | 218,848 |
| Outsourced workforce | 4,081 | 7 | 4,088 | 1,180 | (2,901) | (2,908) | 5,160 | 1,978 | 7,833 |
| Total Workforce | 138,010 | 135 | 138,145 | 136,138 | (1,872) | (2,007) | 127,563 | 237,589 | 226,681 |
| Outsourced services | 13,028 | 0 | 13,028 | 12,566 | (462) | (462) | 11,277 | 21,514 | 19,246 |
| Clinical supplies | 18,037 | 66 | 18,103 | 16,651 | (1,386) | (1,452) | 16,597 | 28,833 | 27,845 |
| Pharmaceuticals | 31,772 | 0 | 31,772 | 29,283 | (2,489) | (2,489) | 29,570 | 50,355 | 51,921 |
| Air Ambulance | 2,670 | 0 | 2,670 | 2,457 | (213) | (213) | 2,501 | 4,259 | 4,230 |
| Non-clinical supplies | 20,468 | 341 | 20,809 | 21,046 | 578 | 237 | 17,767 | 36,159 | 30,227 |
| External provider payments | 84,279 | 2,531 | 86,810 | 83,075 | (1,204) | (3,735) | 79,410 | 142,986 | 141,807 |
| Inter District Flows | 29,950 | 0 | 29,950 | 28,947 | (1,003) | (1,003) | 27,448 | 49,623 | 51,022 |
| Total Expenses before IDCC | 338,214 | 3,073 | 341,287 | 330,163 | (8,051) | (11,124) | 312,133 | 571,318 | 552,979 |
| Surplus/(Deficit) before IDCC | 11,759 | 419 | 12,178 | 15,031 | (3,272) | (2,853) | 10,268 | 25,601 | 7,022 |
| Interest expenses | 227 | 0 | 227 | 255 | 28 | 28 | 209 | 436 | 376 |
| Depreciation | 8,028 | 0 | 8,028 | 8,720 | 692 | 692 | 7,770 | 14,806 | 13,314 |
| Capital charge | 3,000 | 0 | 3,000 | 5,752 | 2,752 | 2,752 | 5,723 | 9,860 | 9,709 |
| Total IDCC | 11,255 | 0 | 11,255 | 14,727 | 3,472 | 3,472 | 13,702 | 25,102 | 23,399 |
| Operating Surplus/(Deficit) | 504 | 419 | 923 | 304 | 200 | 619 | (3,434) | 499 | (16,377) |
| Holidays Act compliance | (3,208) | 0 | (3,208) | (292) | (2,916) | (2,916) | 0 | (500) | (46,082) |
| Net Surplus/(Deficit) | (2,704) | 419 | (2,285) | 12 | (2,716) | (2,297) | (3,434) | (1) | (62,459) |

| | 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 | 26,899 | 6 | 26,905 | 28,873 | 1,974 | 1,968 | 23,510 | 50,380 | 41,891 |
| Outsourced SMO | 3,248 | 1 | 3,249 | 748 | (2,500) | (2,501) | 4,322 | 1,283 | 6,556 |
| Total SMO | 30,147 | 7 | 30,154 | 29,621 | (526) | (533) | 27,832 | 51,663 | 48,447 |
| Employed RMO | 8,605 | (7) | 8,598 | 8,609 | 4 | 11 | 7,713 | 15,013 | 14,347 |
| Outsourced RMO | 217 | 0 | 217 | 231 | 14 | 14 | 180 | 397 | 260 |
| Total RMO | 8,822 | (7) | 8,815 | 8,840 | 18 | 25 | 7,893 | 15,410 | 14,607 |
| Employed Nursing | 44,152 | 53 | 44,205 | 43,581 | (571) | (624) | 40,864 | 76,145 | 72,715 |
| Outsourced Nursing | 0 | 6 | 6 | 0 | 0 | (6) | 15 | 0 | 25 |
| Total Nursing | 44,152 | 59 | 44,211 | 43,581 | (571) | (630) | 40,879 | 76,145 | 72,740 |
| Employed Allied Health | 18,987 | 4 | 18,991 | 18,704 | (283) | (287) | 16,692 | 32,708 | 30,745 |
| Outsourced Allied Health | 432 | 0 | 432 | 158 | (274) | (274) | 300 | 223 | 482 |
| Total Allied Health | 19,419 | 4 | 19,423 | 18,862 | (557) | (561) | 16,992 | 32,931 | 31,227 |
| Employed Disability Support Service | 10,621 | 0 | 10,621 | 10,789 | 168 | 168 | 10,294 | 18,815 | 17,986 |
| Outsourced Disability Support Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Disability Support Service | 10,621 | 0 | 10,621 | 10,789 | 168 | 168 | 10,294 | 18,815 | 17,986 |
| Employed Hotel & Support | 4,709 | 50 | 4,759 | 4,488 | (221) | (271) | 4,163 | 7,829 | 7,387 |
| Outsourced Hotel & Support | 12 | 0 | 12 | 3 | (9) | (9) | 32 | 6 | 60 |
| Total Hotel & Support | 4,721 | 50 | 4,771 | 4,491 | (230) | (280) | 4,195 | 7,835 | 7,447 |
| Employed Management & Admin | 19,956 | 22 | 19,978 | 19,914 | (42) | (64) | 19,167 | 34,721 | 33,777 |
| Outsourced Management & Admin | 172 | 0 | 172 | 40 | (132) | (132) | 311 | 69 | 450 |
| Total Management & Admin | 20,128 | 22 | 20,150 | 19,954 | (174) | (196) | 19,478 | 34,790 | 34,227 |
| Total Workforce costs | 138,010 | 135 | 138,145 | 136,138 | (1,872) | (2,007) | 127,563 | 237,589 | 226,681 |
| Total Employed Workforce Costs | 133,929 | 128 | 134,057 | 134,958 | 1,029 | 901 | 122,403 | 235,611 | 218,848 |
| Total Outsourced Workforce Costs | 4,081 | 7 | 4,088 | 1,180 | (2,901) | (2,908) | 5,160 | 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 | 130.7 | 0.0 | 130.7 | 141.7 | 11.0 | 11.0 | 119.1 | 142.7 | 127.0 |
| RMO | 97.7 | 0.0 | 97.7 | 96.8 | -0.9 | -0.9 | 96.4 | 97.4 | 100.4 |
| Nursing | 765.7 | 0.7 | 766.4 | 756.4 | -9.3 | -10.0 | 740.5 | 760.2 | 761.5 |
| Allied Health | 372.6 | 0.0 | 372.6 | 388.3 | 15.7 | 15.7 | 349.2 | 390.1 | 368.1 |
| Disability Support Service | 272.6 | 0.0 | 272.6 | 270.5 | -2.1 | -2.1 | 268.6 | 272.4 | 269.0 |
| Hotel & Support | 132.1 | 0.0 | 132.1 | 129.8 | -2.3 | -2.3 | 125.5 | 130.7 | 129.2 |
| Management & Admin | 415.9 | 0.2 | 416.1 | 425.7 | 9.8 | 9.6 | 398.2 | 427.9 | 410.8 |
| Total FTEs | 2,187.3 | 0.9 | 2,188.2 | 2,209.2 | 21.9 | 21.0 | 2,097.5 | 2,221.4 | 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 | 357 | | 357 | 353 | (4) | (4) | 342 | 353 | 330 |
| RMO | 153 | | 153 | 154 | 1 | 2 | 139 | 154 | 143 |
| Nursing | 100 | | 100 | 100 | (0) | (0) | 96 | 100 | 95 |
| Allied Health | 88 | | 88 | 83 | (5) | (5) | 83 | 84 | 84 |
| Disability Support Service | 68 | | 68 | 69 | 2 | 2 | 66 | 69 | 67 |
| Hotel & Support | 62 | | 62 | 60 | (2) | (3) | 57 | 60 | 57 |
| Management & Admin | 83 | | 83 | 81 | (2) | (2) | 83 | 81 | 82 |
| | 106 | | 106 | 106 | (0) | (0) | 101 | 106 | 101 |

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 January 2021

| | Budget Jan-21 \$000 | Actual Jan-21 \$000 | Actual Jun-20 \$000 |
|---|---------------------------|---------------------------|---------------------------|
| Assets | | | |
| Current assets | | | |
| Cash and cash equivalents | 6,994 | 31,804 | 9,134 |
| Other cash deposits | 21,284 | 21,300 | 21,298 |
| Receivables | 19,222 | 15,155 | 17,124 |
| Inventories | 2,742 | 3,229 | 2,900 |
| Prepayments | 1,188 | 1,324 | 386 |
| Non-current assets held for sale | 465 | 2,105 | 2,105 |
| Total current assets | 51,895 | 74,916 | 52,947 |
| Non-current assets | | | |
| Prepayments | 36 | 627 | 521 |
| Other financial assets | 1,715 | 1,698 | 1,723 |
| Property, plant and equipment | 195,570 | 190,668 | 193,039 |
| Intangible assets | 12,076 | 10,972 | 11,087 |
| Total non-current assets | 209,397 | 203,965 | 206,370 |
| Total assets | 261,292 | 278,881 | 259,317 |
| Liabilities | | | |
| Current liabilities | | | |
| Payables | 45,492 | 59,408 | 41,666 |
| Borrowings | 501 | 691 | 632 |
| Employee entitlements | 44,441 | 101,766 | 97,310 |
| Total current liabilities | 90,434 | 161,865 | 139,608 |
| Non-current liabilities | | | |
| Borrowings | 7,664 | 8,086 | 8,473 |
| Employee entitlements | 9,870 | 10,829 | 10,829 |
| Total non-current liabilities | 17,534 | 18,915 | 19,302 |
| Total Liabilities | 107,968 | 180,780 | 158,910 |
| Net assets | 153,324 | 98,101 | 100,407 |
| Equity | | | |
| Crown equity | 81,373 | 81,373 | 81,373 |
| Other reserves | 86,476 | 83,481 | 83,481 |
| Accumulated comprehensive revenue and expense | (14,525) | (66,753) | (64,447) |
| Total equity | 153,324 | 98,101 | 100,407 |

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 January 2021

| | Budget Jan-21 \$000 | Actual Jan-21 \$000 | Budget 2020/21 \$000 |
|---|---------------------------|---------------------------|----------------------------|
| Cash flows from operating activities | | | |
| Receipts from the Ministry of Health and patients | 348,376 | 356,814 | 597,222 |
| Interest received | 728 | 295 | 1,250 |
| Payments to employees | (135,919) | (129,597) | (233,016) |
| Payments to suppliers | (197,659) | (198,843) | (339,111) |
| Capital charge | (4,930) | - | (9,860) |
| Interest paid | - | - | - |
| GST (net) | - | - | - |
| Net cash flow from operating activities | 10,596 | 28,669 | 16,485 |
| Cash flows from investing activities | | | |
| Receipts from sale of property, plant and equipment | - | 45 | - |
| Receipts from maturity of investments | - | - | - |
| Purchase of property, plant and equipment | (4,088) | (4,665) | (7,000) |
| Purchase of intangible assets | (1,169) | (821) | (2,000) |
| Acquisition of investments | - | - | - |
| Net cash flow from investing activities | (5,257) | (5,441) | (9,000) |
| Cash flows from financing activities | | | |
| Repayment of capital | - | - | (547) |
| Repayment of borrowings | (252) | (558) | (436) |
| Net cash flow from financing activities | (252) | (558) | (983) |
| Net increase/(decrease) in cash and cash equivalents | 5,087 | 22,670 | 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 | 6,994 | 31,804 | 8,409 |

| Consolidated 12 Month Rolling Statement of Cash Flows \$000s | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 |
|--|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|---------------|----------------|---------------|
| | 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 | 48,782 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 |
| Interest Received | 104 | 104 | 104 | 104 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 |
| Other Revenue Received | 987 | 987 | 987 | 987 | 992 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 |
| Total Receipts | 49,872 | 49,872 | 49,872 | 49,872 | 49,880 | 50,869 | 50,869 | 50,869 | 50,869 | 50,869 | 50,869 | 50,869 |
| Payments | | | | | | | | | | | | |
| Personnel | 19,417 | 19,417 | 19,417 | 19,417 | 19,429 | 19,805 | 19,805 | 19,805 | 19,805 | 19,805 | 19,805 | 19,805 |
| Payments to Suppliers and Providers | 28,237 | 28,237 | 28,237 | 28,237 | 28,503 | 29,767 | 29,767 | 29,767 | 29,767 | 29,767 | 29,767 | 29,767 |
| Capital Charge | - | - | - | - | 4,930 | - | - | - | - | - | 5,000 | - |
| Interest Paid | - | - | - | - | - | - | - | - | - | - | - | - |
| Payments to Other DHBs and Providers | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Payments | 47,654 | 47,654 | 47,654 | 47,654 | 52,862 | 49,572 | 49,572 | 49,572 | 49,572 | 49,572 | 54,572 | 49,572 |
| Net Cash Inflow/(Outflow) from Operating Activities | 2,218 | 2,218 | 2,218 | 2,218 | (2,982) | 1,297 | 1,297 | 1,297 | 1,297 | 1,297 | (3,703) | 1,297 |
| Cash Flow from Investing Activities | | | | | | | | | | | | |
| Receipts | | | | | | | | | | | | |
| Sale of Fixed Assets | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Receipts | - | - | - | - | - | - | - | - | - | - | - | - |
| Payments | | | | | | | | | | | | |
| Capital Expenditure | 584 | 584 | 584 | 584 | 576 | 584 | 584 | 584 | 584 | 584 | 584 | 584 |
| Capex - Intangible Assets | 167 | 167 | 167 | 167 | 163 | 167 | 167 | 167 | 167 | 167 | 167 | 167 |
| Increase in Investments | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Payments | 751 | 751 | 751 | 751 | 739 | 751 | 751 | 751 | 751 | 751 | 751 | 751 |
| Net Cash Inflow/(Outflow) from Investing Activities | (751) | (751) | (751) | (751) | (739) | (751) | (751) | (751) | (751) | (751) | (751) | (751) |
| Net Cash Inflow/(Outflow) from Financing Activities | (36) | (36) | (36) | (36) | (587) | (37) | (37) | (37) | (37) | (37) | (37) | (37) |
| Net Increase/(Decrease) in Cash Held | 1,431 | 1,431 | 1,431 | 1,431 | (4,308) | 509 | 509 | 509 | 509 | 509 | (4,491) | 509 |
| Plus Opening Balance | 31,804 | 33,235 | 34,666 | 36,097 | 37,528 | 33,220 | 33,729 | 34,238 | 34,747 | 35,256 | 35,765 | 31,274 |
| Closing Balance | 33,235 | 34,666 | 36,097 | 37,528 | 33,220 | 33,729 | 34,238 | 34,747 | 35,256 | 35,765 | 31,274 | 31,783 |

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 17 February 2021
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 4 February 2021.

DHB CGC endorsed:

- **Continued focus on annual work planning and review** – The increased complexity of the healthcare environment has highlighted the importance of the individual annual work plan and review. Credentialing of departments is now focused more on the safety and function of the entire departmental team, their safety culture and processes. Therefore at an individual level annual review has become more important. The annual conversation aims to enhance staff performance and wellbeing through regular effective two-way communication about reasonable expectations, workload and plans for personal and service development. It can also provide an opportunity for recognition of contributions; we do not tell people they are doing a good job often enough. Plans for career progression, education opportunities are considered and to check if credentialing for specific parts of work is needed. All providers including contractors should be undergoing this process every year.

DHB CGC noted:

- **Ongoing Covid19 preparedness requirements** – Even with impending immunisations the implications of COVID-19 are going to be with us for a very long time. We continue to need to plan at work and at home in much the same way as we might for an earthquake. Be ready and follow good practices even when we think COVID is not about – hand washing, distancing, masks, stay away if sick and keep scanning QR codes. As health workers others look to us for support and follow our behaviours. Please refer to the NMH public website for information on COVID-19 including the most up to date information on vaccination planning and sequencing. Also keep encouraging use of QR codes, helping our community use them modelling behaviour and making them easily accessible.

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