

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 27 April 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	Consumer Council Chair's Report		Attached	Resolution
7	Clinical Governance Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.30pm	As below	Resolution

PUBLIC EXCLUDED MEETING

1.30pm

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 23 March 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, Allan Panting

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 	

Open Board Agenda

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

Open Board Agenda

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

As at February 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 AT THE PICTON YACHT CLUB HOTEL ON 23 MARCH 2021 AT 12.30PM**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Brigid Forrest, Olivia Hall, Dawn McConnell, Gerald Hope, Jacinta Newport

In Attendance:

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Zoe Dryden (IOD Awardee), Selina Hunter (Minute Secretary)

Apologies:

Jill Kersey, Allan Panting, Paul Matheson. Dawn McConnell and Olivia Hall for lateness

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

The Chair welcomed everyone to the meeting and acknowledged Alan Panting and Jill Kersey who were absent due to illness/injury. They are both recuperating well.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Gerald Hope
Seconded: Bridget Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Gerald Hope
Seconded: Bridget Forrest

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Points

Item 1 – Patient Stories: Carried forward to April

Item 2 – Performance Appraisals Update: Discussion held at ELT. Completed

Item 3 – Update on ESPI catchup and breakdown of waiting lists: Carried forward to April

Item 4 – Update on Wairau CT operation: Carried forward to April

Item 5 – Update on Intragam use: Discussed in Financial Report. Completed

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The Chair updated the Committee on recent meetings with the Minister of Health including discussions on the vaccine rollout.

Members of the MOH Infrastructure Unit are to visit NMH on 7 April, and the Minister of Health is proposed to be visiting on 21 April.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Planning is well underway for the largest roll out of vaccinations across our community alongside the usual other immunisation programmes.

The first draft of the annual plan was submitted on time, and we await the MOH review to guide its refinement, and ensure we are reflecting the national, regional and local priorities.

Moved: Craig Dennis
Seconded: Jacinta Newport

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

AGREED

SECTION 6: FINANCIAL REPORT

Report noted.

Moved: Craig Dennis
Seconded: Jacinta Newport

RECOMMENDATION:

THAT THE FINANCIAL REPORT BE RECEIVED.

AGREED

SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted.

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT BE RECEIVED.

AGREED

Public Excluded

Moved: Gerald Hope

Seconded Brigid Forrest

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 23 February 2021 (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: Delegations Policy – APPROVED
- Decision: Pharmacy Agreement - APPROVED
- CE's Report – RECEIVED

- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.21pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 23 March 2021**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Public Forum/ Announcements	Team to review how patient stories are presented to the Board	Lexie O'Shea/ Nick Baker	23 February 2021	27 April 2021	
2	CE's Report: Health Targets	Further information to be provided to show how we are catching up on ESP1 and ESP5 including a breakdown of how long people have been waiting	Pat Davidsen	23 February 2021	27 April 2021	
3	CE's Report: Diagnostics	Update on low percentage usage of Wairau CT operation	Pat Davidsen	23 February 2021	27 April 2021	

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 21 April 2021
Subject: Correspondence for March/April

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence

Date	From	Topic
30/03/2021	Public Service Commission	Applying a Code of Conduct for Board Members

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 21 April 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: 21 April 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

I write this summary post the announcement of the new vision and structure of the New Zealand health system and it further reinforces what a wise mentor said to me in my first management role, the one constant in health is change. New technologies, new drugs, new roles and today a new health structure.

Our teams manage within this environment of constant change every day, and today has passed in exactly the same way for our patients and community as they have received quality healthcare from our dedicated staff.

Our DHB response to our three key focus areas continues:

1. Business as usual with health promotion, health protection activities, diagnosing and treating, and rehabilitation services for our community. This also includes delivery of a programme of work to ensure we reduce the backlog of planned care created in the early part of 2020 when we were unable to provide planned care in the usual way.
2. COVID vaccination programme roll out; our health system teams are performing well and ensuring we utilise all vaccines available in our region. We are also planning for our future roll out post June of this year, especially around the workforce requirements to enable this.
3. Maintaining our ability to rapidly respond to a COVID outbreak within our community.

We took time in early March to meet as a district wide leadership team and held a growing partnerships and leaders engagement day. Over 140 of our clinical and management leaders attended and we covered the following topics:

- Equity - Responsibility, Leadership and Courage
- Collaborative Decision Making
- Leadership and Partnership
- Beyond Burn out.

Feedback from the day was overwhelmingly positive and the value of such a day will be ongoing.

2. MĀORI HEALTH

- The last Board to Board hui was held at Waikawa marae in Picton on 24 April 2021. The Board received an introduction to the history of Waikawa marae and the local Iwi. Treaty of Waitangi training was delivered by NIMIT. A presentation was given by the GM Māori Health & Vulnerable Populations on a number of innovative programmes which have been launched to uphold the Treaty of Waitangi.
- A presentation on Hauora Direct Digital was given to Te Herenga (GMs Māori South Island DHBs) at their last regional hui. They have collectively supported the

integration of Hauora Direct across the South Island. Conversations are ongoing with the Māori Health Directorate within the Ministry in relation to this.

- Te Waka Hauora, the Māori Health & Vulnerable Populations team at NMH, continues to strengthen the range of Mokopuna Ora initiatives including SUDI (Sudden Unexplained Death in Infancy). The implementation of our Safe Sleep programme for the month of March showed:
 - 16 safe sleep devices were distributed
 - 8 pēpi pod were distributed through either NMH or other distributors
 - 8 wahakura were distributed
 - 9 safe sleep beds went to Māori whānau and 2 to Burmese whānau
 - In total 56% of safe sleep devices were distributed to Māori or Pacific whānau.
- The Hapū Wānanga programme has been rebranded to Wānanga Hapūtanga. Our latest Wānanga Hapūtanga was held over two days in March at Victory Community Centre in Nelson, with six hapū māmā attending. Hapū Wānanga will be held in Wairau and Motueka in the future. The two days cover a range of topics including:
 - Importance of immunisation for all people
 - Stop Smoking service and options for hapū māmā and whānau
 - Services available through Te Piki Oranga, in particular breastfeeding and Lactation Consultant service and the Tamariki Ora service
 - Presentation on SUDI prevention
 - Practical session with whānau making a Tāonga Puoro wind instrument from clay and muka tie (used for tying off the pito or umbilical cord at birth).
- Currently NMH is working on building the capacity of the Māori health workforce and building cultural competence within NMH staff. This will build on the work we have already undertaken with the Nursing & Midwifery Directorate and Allied Health Directorate around increasing our Māori health workforce. Specifically, the DHB has established a proactive approach to the employment of Māori in its HR recruitment strategy. The DHB also promotes annual sessions with rangatahi from local schools to attend the DHB to explore health as an employment opportunity. The DHB continues to invest in Te Piki Oranga (our local Māori Health provider), and through Whānau Ora funding from the DHB to Whānau Ora providers. The DHB will prioritise Māori as an ethnic group within collected ethnicity data, as many staff do not identify their ethnicity. It is noted that the Iwi Health Board also wish Iwi affiliations to be recorded.

3. PRIMARY & COMMUNITY

- The COVID vaccination programme is underway and progressing well. The Aged Residential Care programme is fully planned in Nelson/Tasman and Marlborough. First facility completed on 31 March and second dose due for all sites by 3 June. Targeted focus on equity planning is well underway with first Kaumatua clinic also completed before Easter. Delivery is comparing well to other DHBs with NMH well ahead of planned volumes. Rural delivery in Golden Bay and Murchison has started. The 10,000 dose milestone was reached on 17 April.
- The workforce training pipeline for COVID is well established. It will be very important to grow the workforce sufficiently to ensure sustainability of the program.
- In terms of dispensing volumes, COVID-19 and related supply issues continue to have a negative financial impact on pharmacies with ongoing higher base rates and costs than pre-COVID levels. NMDHB results are in line with other similar sized DHBs.
- Difficulty accessing NZ registered and unregistered medicines continues to be a problem.
- Annual Planning feedback from MOH was received on 9 April. All areas (excluding financials) of the Plan were “Approved” with only minor technical updates required.

- St John is trialing a new model of emergency response in Murchison. Whilst the proposed change was initially controversial, post consultation and a revised model, it is now supported by the community.
- A relationship has been established with the Master Builders Association to disseminate Health Promotion information via their channels. Health Promotion provided interactive opportunities to learn more about health and WorkWell at the Construction Expo. The interactive displays encouraged people to consider their own health habits through setting up a display asking people, 'Can you pour a standard drink?' Our Public Health Dietitian additionally created an interesting display of a 'healthy on the go lunch'. This display showcased two lunches that could be purchased from one bakery – but with vastly different nutritional value. Our presence at the event proved to be a great success with Health Promoters being able to have conversations with workplaces they would not normally interact with. It also allowed us an engaging space to promote our Health Promotion services as 'being here and free' to support Te Tau Ihu businesses. Three workplaces engaged more directly for follow up support. One important setting/workplace is the Trades Department at Nelson Marlborough Institute of Technology.
- Three WorkWell workplaces are working steadily towards their bronze accreditation. One workplace focused on making plans for how they will strengthen and support 'Healthy Eating' both at work and at home for their employees and whanau. Health Promoters are in the process of reviewing local resources and inter-agency partnerships that can be made available to support.
- Partnership is underway with a representative from the Nelson Marlborough NZ Hospitality to utilise an updated resource which will be provided to On-Licensed premises to raise awareness of the '0 alcohol when pregnant message' and the 'Don't know, Don't drink' campaign.
- Public Health staff have analysed the findings from the recent Rangatahi Wellbeing & Aspirations survey completed by 235 rangatahi from across Nelson, Tasman and Marlborough. It is envisaged that the findings will be ready for release by the end of April.
- The Nelson-Tasman Active Transport Forum was facilitated with attendance from Nelson City Council and Tasman District Council transport officers, NGO representatives and NMH.
- NMH is supporting the Nelson Environment Centres Bike Hub initiative where low-income people will be able to access free bikes and learn maintenance skills.
- A Marlborough Youth Hui was facilitated with Sport Tasman, Marlborough District Council, and Marlborough Youth Trust to capture the main priorities for Marlborough youth going forward. The key priorities identified included mental health, cultural growth, drugs and alcohol, and transition from school to employment and environment.
- Support was provided, in conjunction with Marlborough Neighbourhood Support, for the "Growing community stronger together" programme. This project brings young people and elderly in Council flats together with planter boxes and swapping of intergenerational skills. Volunteers from Marlborough Woodworkers Guild and Marlborough Youth Trust attended to assist in creating planter boxes from recycled pallets, used vineyard posts, mussel floats donated from Marlborough PHO. Maata Waka have also come on board and Youth Justice young people are going to be involved with the project.
- The Public Health Dietitian has continued to work on a welfare project that enables vulnerable populations to receive non-perishable items that create balanced and simple meals, through foodbanks and/or affordable supermarket packs. Several vulnerable whanau groups have provided their details to be involved in the pilot. A Richmond supermarket is interested in partnering with Nelson Marlborough Public Health Service for the pilot.

- Plans are underway for the Public Health Dietitian and Community Oral Health Promoter to meet with Te Kohanga Reo o Nga Puawai to speak with teachers and parents about the new choking hazard guidance. This will also be a great opportunity to talk about food and drink policies.
- Work continues with the Health Action Trust to improve mental health in workplaces. Relationship building continues with the Ministry of Education to better understand how we can support schools/students. Together with the Suicide Prevention Coordinator, we are endeavouring to plan to provide an evening that could help support parents and students who are exhibiting behaviours that could lead to suicide.
- Resources for primary schools around self-harm were requested by Barnardo's Marlborough. Resources provided included information from the Collaborative, NMH Suicide Prevention Coordinator and CAMHS. Schools were encouraged to contact the Ministry of Education for support. Information about online courses being run by the "Collaborative" was sent out to Colleges.
- The pressure for Age Residential Care beds has now reduced, and beds are available at all levels of care across Nelson and Marlborough. A new facility is scheduled to open at the start of April in Nelson, which will provide rest home and hospital level care.
- The Health of Older People team continues to work closely with both contracted Home and Community support providers to support people to live well in their own homes for as long as possible.
- The Integrated Primary Mental Health & Addictions Wellbeing Practitioner/Health Intervention Practitioner (HIP) model is about putting health intervention practitioners and health coaches/community support workers into General Practice, which helps to expand access to, and choice of, primary mental health and addiction support. The Ministry of Health has now tabled a funding offer and discussions are ongoing.
- Community Oral Health Service arrears have decreased 2% to 22%, with Nelson decreasing to 36%. Shipping delays have resulted in the new clinic chair for Nelson not being available for at least 5-6 months.
- Work continues on the MMR (Measles, Mumps and Rubella) campaign. The school programme has commenced with good uptake by secondary schools. GP recall continues. Te Piki Oranga have allocated staff to contact the 416 people enrolled with their service in this age group and will offer home or clinic vaccination to them.
- The refugee health nurse has been working to establish more formal links across community providers. Regular meetings have been set up with medical centres to discuss the possibility of an alert to be added onto HCS around refugees and the languages they speak, to enable clinicians and administration staff to book interpreters in the correct languages for medical appointments.
- As part of ongoing efforts to increase the number of smokefree pregnancies, we have initiated a "soft launch" of Opt Out and a new incentives scheme for partners of hapū māmā.
- Waimeha Quit Coach is currently providing weekly support for Nelson Hospital maternity staff to build relationships and answer questions. Frequency of support will be reviewed after three months.
- Quit Coaches and Health Promoters continue to meet monthly with kaimahi from Te Waka Hauora and Te Piki Oranga to progress and maintain a more collaborative approach to cessation support for hapū māmā, young wāhine Māori, partners and whānau. This includes group planning and kōrero before and after all Wānanga Hapūtanga.

4. MENTAL HEALTH, ADDICTIONS AND DSS

- The services continue to face high demand this month. We appreciate the work our teams do to provide high quality services to our community. We have a focus on ensuring our teams are well supported to do this.
- Some highlights this month include progressing being made on work to modify the acute end of Wāhi Oranga, our Mental health inpatient unit, which we hope will start next financial year. Architects have been confirmed and they plan to visit the unit next month.
- We are developing more understanding of the data we are collecting in our system. There is ongoing work required to ensure that the entry of our data is keeping up with what is required and is being accurately recorded. Please also note that the January and February 2021 results for average waiting times may look higher than expected due to Community Contact data not being entered in order of date. Please note that there is a 1-3-month delay in data entry of Community Contacts. This is an improvement from the 1-4-month delay in the previous report however we still have a way to go in catching up on data entry.
- Overall clinical demand on Older Persons Mental Health service has been challenging with staff on leave, some vacancies, and high occupancy/acuity.
- Infant Child Adolescent Mental Health Service (I-CAMHS):
 - Our new Youth Consumer Advisor is gathering opinions from youth regarding the wellbeing plan to ensure it is fit for purpose for youth. He is also networking with several agencies.
 - The Wairau team have seen an increase in eating disorder referrals, with a record high number of referrals.
 - Coordinators continue to meet with the school guidance counsellors from all schools in the district. There is value in brainstorming to reinforce how we can work differently to support each other.
- Addictions Service, at a service level, had a 16% increase in referrals received in March 2021 when compared to the average of the last 12 months.
- A few points to note:
 - Figure 1: Activity service wide – shows a trend of increasing referrals to our services overall for Māori and non-Māori
 - Figure 2: Occupancy levels – are within the inpatient wards have increased over the last few months from a notable drop in July 20, the level is still lower than the last financial year.
 - Figure 3: DNA – shows our focus on reducing DNA (Did Not Attract) rates are reducing over time. There remains a difference between Māori and non-Māori which we are focused on reducing the variation in rates to better meet the needs of Maori
 - Figure 4: Waiting times – The wait time overall for access to a face to face appointment with medical, psychology and other clinicians is remaining about the same
 - Figure 5: Waiting time addictions and iCAMHS – shows that average wait time for face to face community contact is higher for Addictions and ICAMHS than Adult mental health. We are working with both teams to develop a strategy to address this.
 - Figure 6: Seclusion – shows our hours of use of seclusion continue to improve our coordination for acute presentations. We are working to co-create care plans/summaries for people with complex needs to ensure they more easily access interagency care and support by improving our response and minimise risks to people we are supporting, practitioners, whānau and others.

Figure 1

Mental Health, Addictions and Older Person's Mental Health

	Referrals - 2021 03			Community Contacts - 2021 02			DNA % - 2021 02	
	Caseload 07/04/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Total	3,444	862	788	3,353	73%	48	4.9%	7.7%

Referrals Received and Discharged

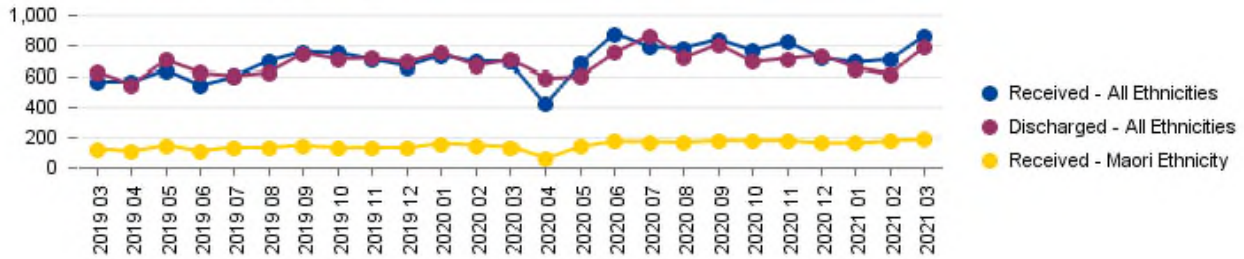


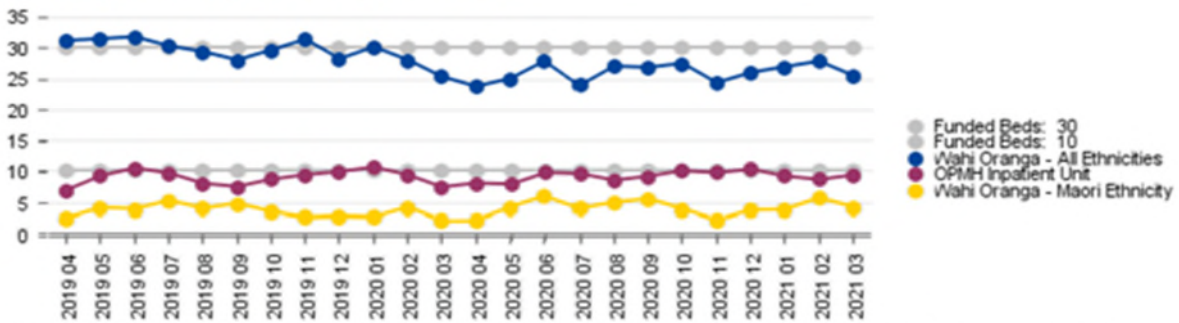
Figure 2

Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

March 2021

Average Midnight Occupied Beds

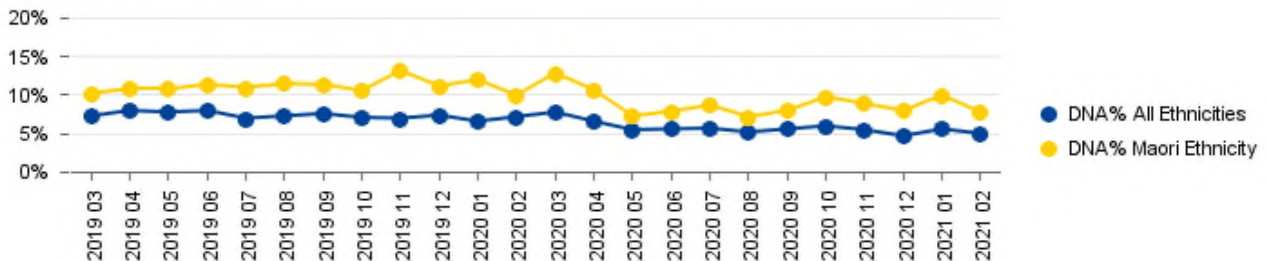


Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

Figure 3

Mental Health, Addictions and Older Person's Mental Health

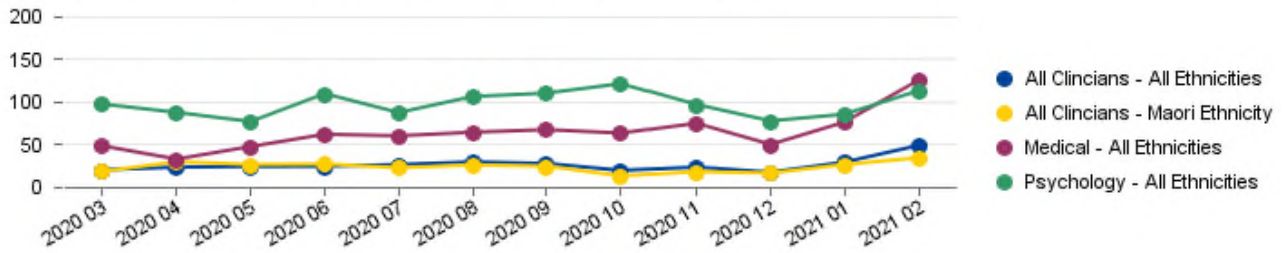
Did Not Attend (DNA) %



Note: January 2021 and February 2021 is estimated as having only 75% of data entered.

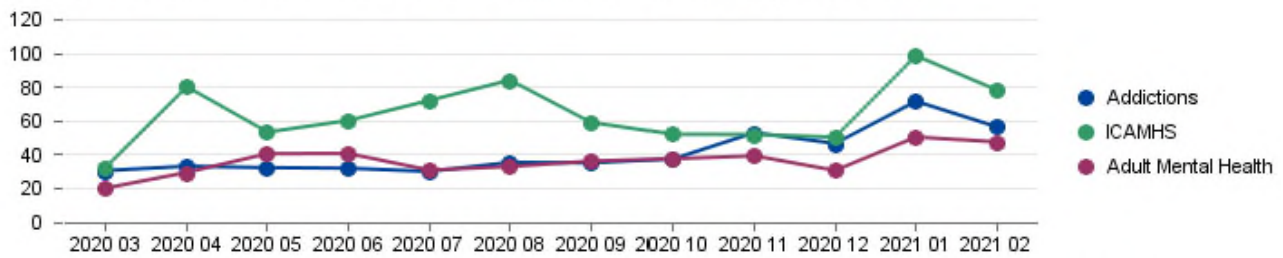
Figure 4

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



Note: January 2021 and February 2021 is estimated as having only 75% of data entered.

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



Note: January 2021 and February 2021 is estimated as having only 75% of data entered. 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).

Figure 5

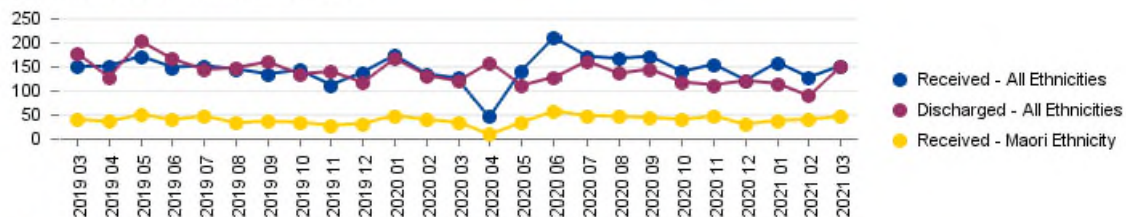
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

March 2021

Addictions

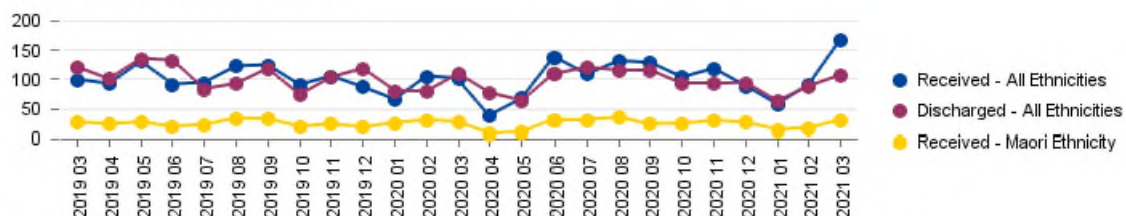
Referrals Received and Discharged



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

Infant, Child and Adolescent Mental Health Service (ICAMHS)

Referrals Received and Discharged



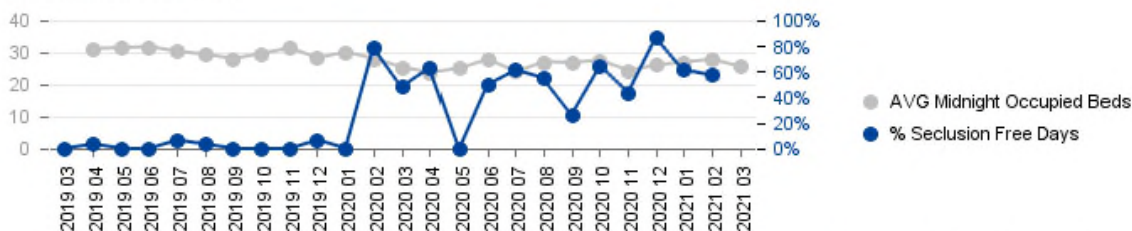
Note: Includes ICAMHS Nelson, ICAMHS Forensic Nelson, ICAMHS Wairau and Infant and Maternal Nelson.

Figure 6

Seclusion

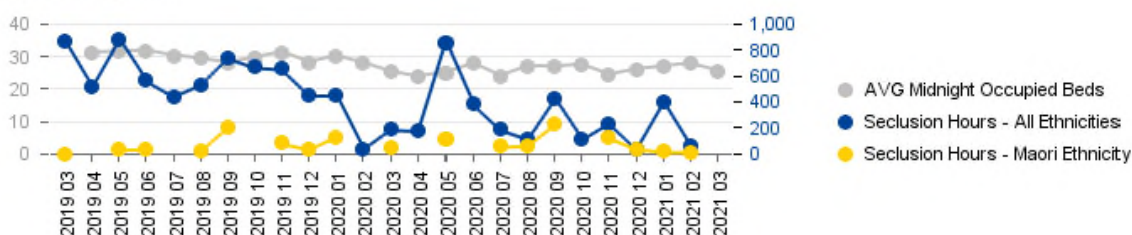
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

% 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.

4.1 Disability Support Services (DSS)

- The goal of the NZ Disability Strategy is that ‘New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.
- Enabling Good Lives (EGL) is a partnership between disability sector and government agencies.
- EGL’s inception was in 2011/12 and has eight principles to support us all to embark on a new approach to supporting disabled people that offers greater choice and control over the supports they receive, so that they can plan for the lives they want. We have been working to understand how we, as an organization, can better align to the eight principles of EGL. We are currently underway with preparations to begin a process to seek feedback on how we can achieve better alignment to Enabling Good Lives in our Day Services. The eight principles are:
 - *Self-determination* – people should be in control of their own lives
 - *Beginning early* – investing in our children and to build community and natural supports rather than waiting for a crisis
 - *Person-centred* – tailoring supports to people’s individual needs and goals
 - *Ordinary life outcomes* – having everyday lives in everyday places. All citizens having access to learning, to a job, to a home and a social life
 - *Mainstream first* – supporting access to conventional facilities ahead of any specialist services
 - *Mana enhancing* – respecting the abilities and contributions that everyone can make to their community
 - *Easy to use* – that our systems and processes make sense and are flexible to each person’s circumstances

- *Relationship building* – our services build and strengthen relationships between us and the people we serve, their family and whanau and community

Disability Support Services (DSS)		Current February 2021				YTD February 2021	Current March 2021				YTD March 2021			
Service provided	Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
		Current Moh Contract	As per Contracts at month end	157	19		176	decrease 1	159	19		178	increase 2	
	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		1	-		1			
	Beds – Others - Oranga Tamariki & Mental Health		2	1		3		2	1		3			
		Residential contracts - Actual at month end	169	20	10	199		171	20	10	201			
	Number of people supported													
	Total number of people supported	Residential service users - Actual at month end	169	20	10	199	decrease 1	171	20	10	201	increase 2		
		Respite service users - Actual at month end	11	1		12		11	1		12			
		Child Respite service users - Actual at month end	44			44	increase 1	47			47	increase 3		
		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	226	21	10	257		231	21	10	262			
			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		232.5		222		10.5	
		Total available bed days	6,524	56,619	6,300	54,398	224	1,944.0	7,208	63,705	6,882	61,280	326	2,877.0
	Total Occupied Bed days	Actual for full month - includes respite	5,744	50,473	5,599	49,206	145.0	1,267.0	6,436	56,908.5	6,231	55,437	204.5	1,471.5
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	88.0%	89.1%	88.9%	90.5%	64.7%	65.2%	89.3%	89.3%	90.5%	90.5%	62.8%	51.1%
			Last month	Current month	Variance			Last month	Current month	Variance				
	Total number of people supported		257	257	-			257	262	5				
	Referrals - Child Respite	Total long term residential referrals	15	13				13	14					
		Child Respite referrals	10	12				12	12					
		Adult Respite referrals	10	10				10	10					
		Oranga Tamariki referrals	1	1				1	2					
		New Referrals in the month	4	3				3	2					
	Of above total referrals	Transitioning to service	-	-				-	3					
		On Waiting List	36	36				36	35					
	Vacant Beds at End of month - (excludes Respite Beds)		17	18				18	19					
		Less people transitioning to service	1	1				1	5					
		Vacant Beds	16	17				17	14					

5. CLINICAL SERVICES

5.1 Health Targets

- At the end of March 2021 we planned 4,637 surgical discharges of which we have delivered 4,340 (93.6%). This is under plan by 297 discharges.
- We have delivered 5,408 minor procedures to the end of March 2021, which is 1,825 procedures higher than our Plan target of 3,583 for this period.
- For orthopaedic interventions year to date at the end of March 2021, a total of 322 joints have been completed which is down 77 on the Plan of 399. There are currently 192 joints waitlisted for surgery.
- We have delivered, as at end of March 2021, 477 cataracts which is 25 above our Plan of 452. This is above plan by 25. There are currently 128 cataracts waitlisted for surgery.

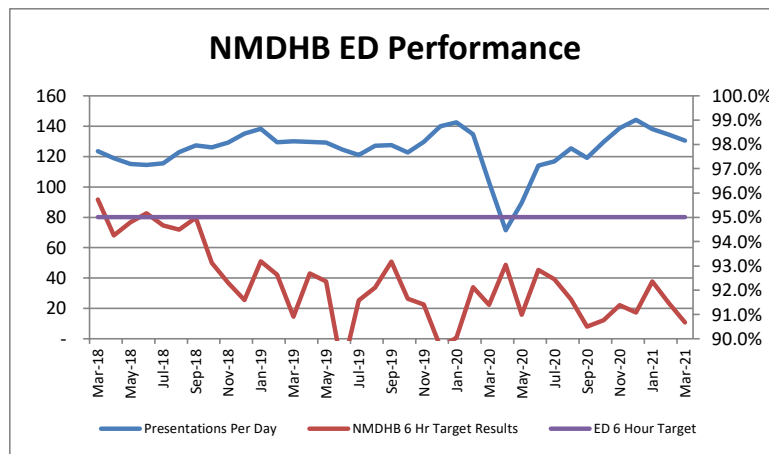
5.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of March with 609 patients not being seen within 120 days of referral acceptance.
- ESPI 5 (time to receive planned procedure) was also Red for the month of March with 369 patients not being treated within 120 days of being given certainty.

5.3 Recovery Plan

- Plans are being actioned and intensively monitored twice weekly for all specialties for both outpatients and inpatients. March 2021 has had a number of challenges to our teams balancing increased acute presentations and high clinical staff sick leave with maintaining planned care and follow-ups/

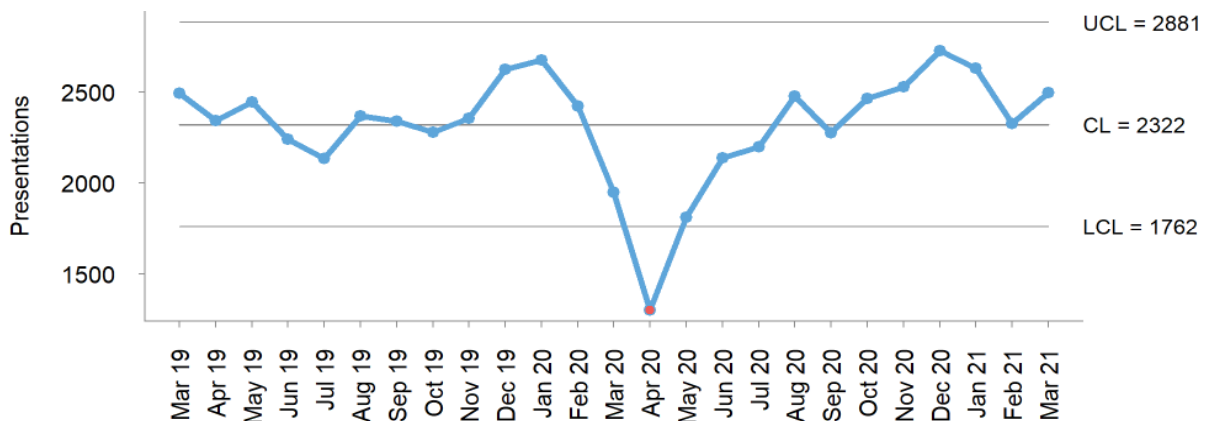
5.4 Shorter Stays in Emergency Department



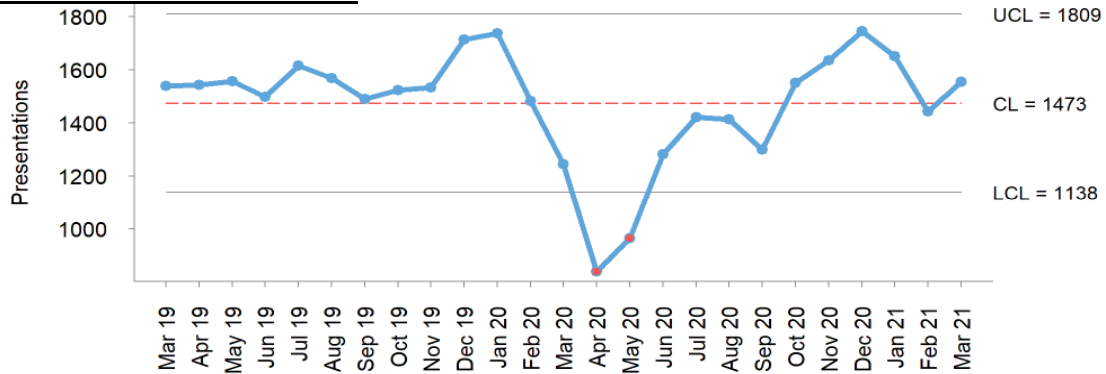
ED Attendances

- Both Emergency Departments continue to have high numbers of people from outside the NMDHB boundaries.

Nelson ED Presentations



Wairau ED Presentations

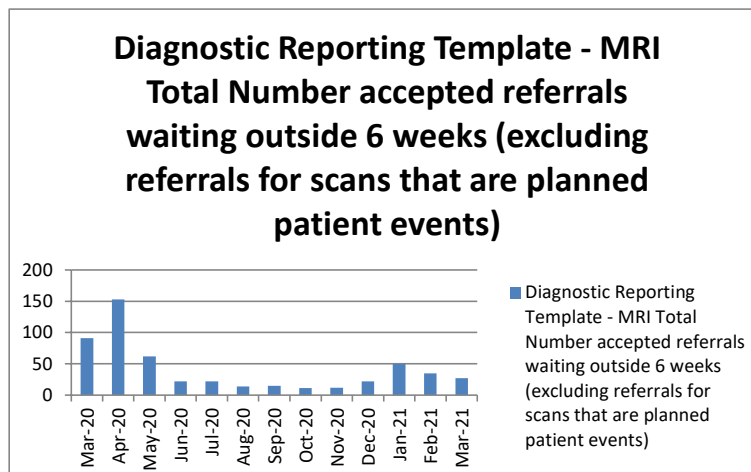
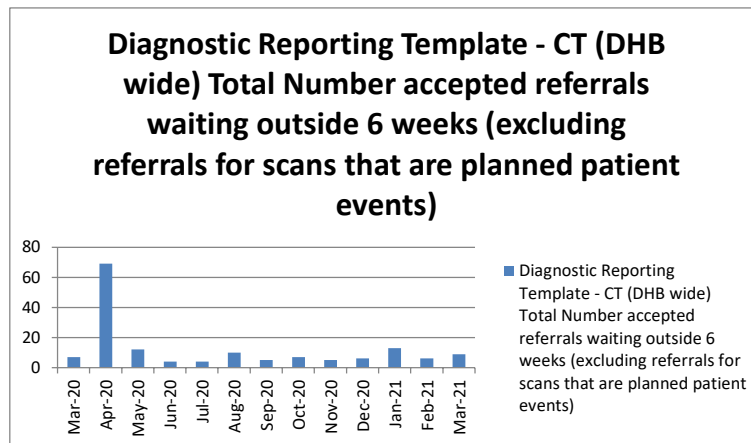


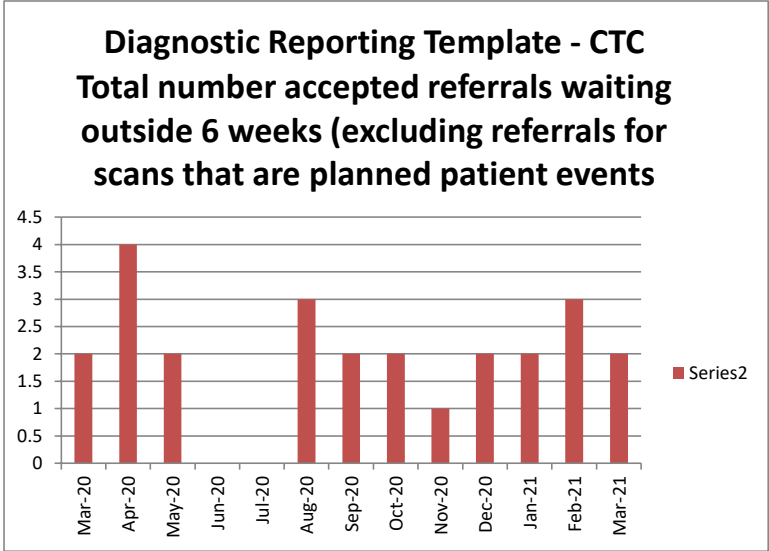
Hospital Occupancy

Hospital Occupancy 1-31 March 2021	Adult in patient
Nelson	94%
Wairau	80%

5.5 Enhanced Access to Diagnostics

- MRI numbers for March 2021 are 456 patients scanned, with 92% being scanned within 42 days of referral acceptance (MOH target is 90%).
- CT is at 92% of patients scanned within 42 days of referral acceptance (MOH target is 95%) with a waiting list of 18 patients exceeding the target.





5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - Mar 2021														Reporting Month: Feb 2021 - Quarter 3 - 2020-2021	
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Mar 2021 (in progress)		Feb-21		Jan-21		Quarter 3 (in progress) 2020-2021		Quarter 2 2020-2021		Quarter 3 (2019-2020)		Rolling 12 Months Mar 2020 -Feb 2021	
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
		78%	22%	79%	21%	95%	5%	83%	17%	91%	9%	90%	10%	91%	9%
Number of Records		21	6	22	6	21	1	64	13	68	7	75	8	286	28
Total Number of Records		27		28		22		77		75		83		314	
Numbers Including all Delay Codes		70%	30%	71%	29%	81%	19%	74%	26%	76%	24%	78%	22%	80%	20%
Number of Records		21	9	22	9	21	5	64	23	68	22	75	21	286	73
Total Number of Records		30		31		26		87		90		96		359	
90% of patients had their 1st treatment within: # days		105		101		87		101		84		90		82	
62 Day Delay Code Break Down		Mar 2021 (in progress)		Feb-21		Jan-21		Quarter 3 (in progress) 2020-2021		Quarter 2 2020-2021		Quarter 3 (2019-2020)		Rolling 12 Months Mar 2020 -Feb 2021	
01 - Patient Reason (chosen to		1		0		1		2		4		1		5	
02 - Clinical Cons. (co-morbidities)		2		3		3		7		11		12		40	
03 - Capacity Constraints		6		6		1		13		7		8		28	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 MonthsMar 2020 -Feb 2021															
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Breast		100%	60	0%	0	5%	3	2%	1	6%	4	64			
Gynaecological		100%	18	0%	0	14%	3	5%	1	18%	4	22			
Haematological		89%	17	10%	2	5%	1	0%	0	15%	3	20			
Head & Neck		79%	23	18%	6	12%	4	3%	1	32%	11	34			
Lower Gastrointestinal		81%	21	15%	5	21%	7	3%	1	38%	13	34			
Lung		87%	27	10%	4	24%	10	0%	0	34%	14	41			
Other		100%	3	0%	0	50%	3	0%	0	50%	3	6			
Sarcoma		100%	1	0%	0	67%	2	0%	0	67%	2	3			
Skin		90%	64	10%	7	1%	1	1%	1	12%	9	73			
Upper Gastrointestinal		96%	24	4%	1	11%	3	0%	0	14%	4	28			
Urological		90%	27	9%	3	9%	3	0%	0	18%	6	33			
Grand Total		91%	286	8%	28	11%	40	1%	5	20%	73	359			
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 MonthsMar 2020 -Feb 2021															
African		100%	2	0%	0	0%	0	0%	0	0%	0	2			
Asian nfd		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Australian		100%	0	50%	1	50%	1	0%	0	100%	2	2			
British and Irish		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Chinese		100%	2	0%	0	0%	0	0%	0	0%	0	2			
European nfd		0%	6	9%	1	18%	2	18%	2	45%	5	11			
Fijian		0%	1	0%	0	0%	0	0%	0	0%	0	1			
Indian		0%	2	0%	0	33%	1	0%	0	33%	1	3			
Italian		0%	1	0%	0	0%	0	0%	0	0%	0	1			
Maori		100%	13	0%	0	32%	6	0%	0	32%	6	19			
New Zealand European		91%	239	8%	23	9%	27	1%	3	18%	53	292			
Other Asian		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Other Ethnicity		100%	5	0%	0	0%	0	0%	0	0%	0	5			
Other European		77%	10	19%	3	19%	3	0%	0	38%	6	16			
Other Southeast Asian		100%	0	100%	0	0%	0	0%	0	0%	0	0			
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		91%	286	8%	28	11%	40	1%	5	20%	73	359			

6. ALLIED HEALTH

- A funding proposal for the NMH Fracture Liaison Service has been submitted to ACC and we await a response.
- The Allied Health Care Capacity Demand Management (CCDM) Programme working group has continued to make progress, particularly the visibility of five therapy services on the inpatient Capacity At A Glance (CAAG) screens. In addition, the teams are reviewing the variance response management (VRM) procedures.
- The Nelson Allied Health equipment store continues to be running at full capacity. The storage of equipment is challenging, and recommendations that are reasonable

and practical are being implemented. These include arranging for a racking specialist to provide safe storage options, arranging for additional on-site space to hold adequate stock levels, rationalising stock ordering where possible. Additional storage space options were also identified in the existing document storage area. The MOH disability equipment is expected to continue to increase, due to our ageing population, increase focus on disability and Enabling Good Lives.

7. NURSING & MIDWIFERY

- The withdrawal of IV pumps, and review of process, has been a significant piece of work to date. This is now in the final stages with replenishment of equipment currently underway.
- The training pipeline for COVID workforce has now been streamlined. Expressions of Interest have gone out in the local papers, and people are now being taken through the process. Those who are appropriate and fit the requirement to vaccinate, eg recently resigned/retired staff known to the service will be fast tracked through to vaccination training as appropriate.
- Year Two and Three nursing students are currently being enrolled in the vaccinator course to support the roll out across the district. NetP graduates are also in the process of enrolling, with some already completed and on the register, to provide added support.

8. PEOPLE & CAPABILITY

- This month we have new reporting formats for Learning & Development and Health Safety & Wellbeing. A lot of work is going into establishing automated reporting systems accessing information that is relevant and informative.
- A pilot Management Series recruitment training course was conducted with feedback received used to update the training for a wider roll out.
- All new starters are invited to attend a Warm Welcome and Orientation event within two months of joining NMH. These events are held monthly in Nelson and every 6-8 weeks in Wairau. Clinical new starters attend for a full day and non-clinical starters attend for half a day. The percentage of new starters attending has been trending upwards since the beginning of the year and is above the target of 75%. One comment received was *"It was all great as far as I can see. Thank you all very much, I left the day feeling very much like part of the team :)"*.
- This month, a total of 509 learners attended face to face courses. The Learning & Development Team have provided support for training courses on General Training (Gnarly Conversations, Managing Actual and Potential Aggression, Fire Warden, Learning Works Adult & Tertiary Learning, Learning Works Introduction to Leadership, Professional Nursing Seminar – Conflict), and Management Series (Conducting Effective Performance Appraisals, Coaching, Recruitment).
- There were 84 placements made across the DHB in March (the highest in the last 12 months). The average over the last 12 months is 68 placements per month. The majority of newly approved positions were in nursing (mostly RN positions). In March our applicants mostly identified as either NZ European (38%) or Asian (30%), with 6% of all our applicants identifying as Māori.
- Ethnicity data gathered from NMH workforce shows out of 3,021 staff 6.36% identify as Māori, 65.21% Pakeha/European, 24.93% Other and 3.51% Unknown.
- Two solution approval meetings for the Holidays Act Remediation project have been held, and we are now two thirds of the way toward having our local rectification plan established. There are five national issues that we await advice on.

9. DIGITAL AND DATA

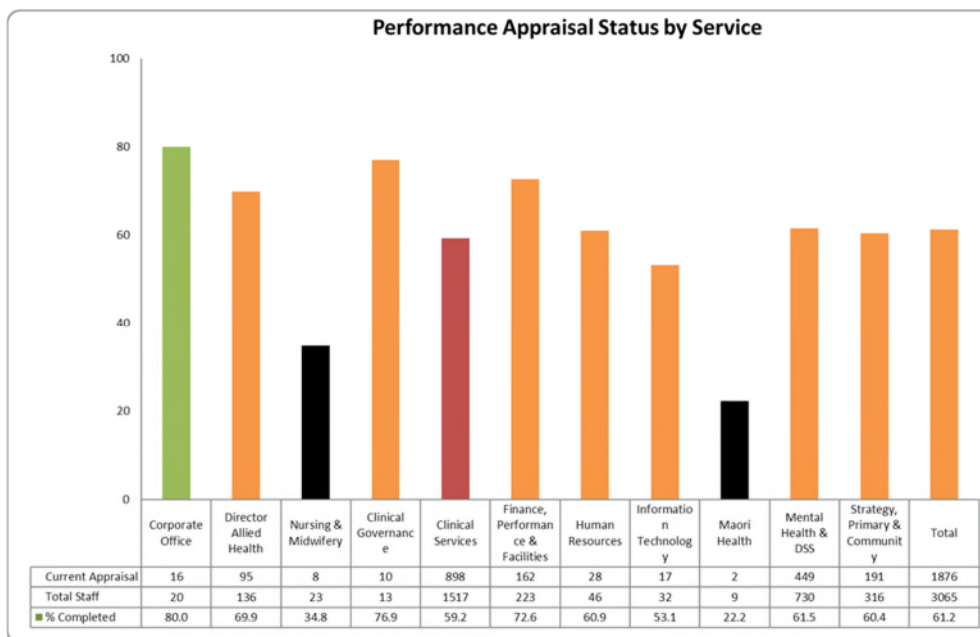
- The implementation of the recommendations from the Data and Analytics review was completed in March, with the new role of Data Analyst Business Partner established, as well as a Data Steward role. The new Data & Analytics team expands on the previous Intelligence & Reporting team, and brings together data analysts from across the organisation into one professional group while utilising the business partner model of embedding analysts within a service.

Project Status

Name	Description	Status	Due date	
ICT				
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	While the bulk of Users are now over on the new infrastructure the old desperately needs to be decommissioned.	Nov 2020	
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	OneDrive/ Yammer to be planned, and consistent rollout of O365 to all users.		
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Wairau complete. Nelson rollout underway.	Mar 2021	
Development				
Medications on Discharge API	Proof of concept to develop a data integration gateway for the transfer of coded and approved discharge medications from secondary to primary providers.	Datacom will build a FHIR standard integration layer between primary care systems and regional HCS/MedMan. A further clinical workflow validation has been requested by the regional team/Orion, and is underway.	May 2021	
Hauora Direct	A mobile assessment tool aimed at improving enrolments in health programmes for vulnerable populations.	Core functionality in place. Further analysis required to confirm scope and costing of the final enhancements package. Power BI reports are now available.	Jun 2021	
Data and Analytics				
SIPICS - Reporting	Patient Administration System (PAS)	Dashboards for departmental performance, PCI, and weekly performance in production.		
Models of Care	Data sharing with PHOs to inform practices and replacement facility requirements. Collaboration with Models of Care project on datamart additions.	Collaboration with NBPH and MPHO analysts as inclusive in NMH virtual team per data sharing agreement. Models of Care analyst now part of Data & Analytics team, as well as Quality team analyst.		

10. PERFORMANCE APPRAISALS

To date we are at 61.2% 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: 21 April 2021
Subject: Financial Report for March 2021

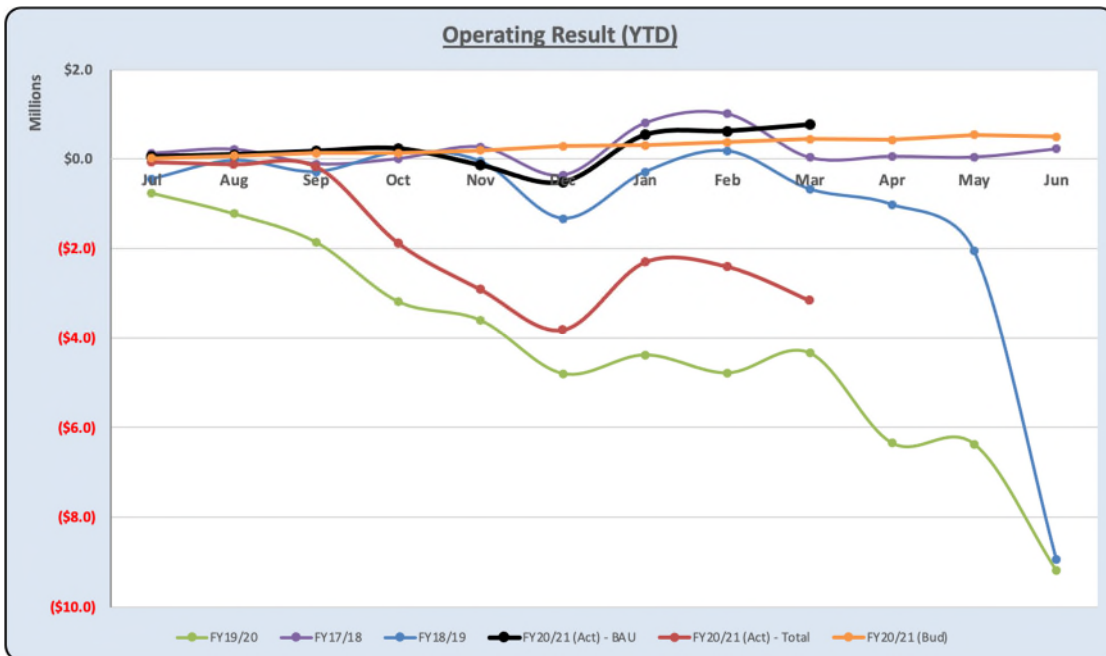
Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the nine months shows a reported deficit of \$3.1M which is \$3.2M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$0.77M which is \$0.33M favourable to plan.



The annual leave liability increased within March at a greater rate than was expected. Further work is underway to determine how much of this reflects rostering practices not allowing for the expected number of scheduled annual leave shifts. The balance should drop back in April with the Easter period and the first week of the school holidays both falling in the April pay period.

Other than this, there are no issues that emerged during the month.

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.

Costs are now largely tracking in line with previous months and our expectations. It is pleasing that both pharmaceuticals and aged residential care have tracked back to budget levels within the month.

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	\$6,055	\$3,223
Niggles	\$200	\$132	\$68
Contingency	\$1,000	\$844	\$156
Strategic	\$3,750	\$3,240	\$510
Total	\$14,228	\$10,271	\$3,957

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT

Monthly Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	47,884	(11)	47,873	47,296	588	577	40,236
MOH non-devolved funding	2,398	0	2,398	2,335	63	63	2,157
ACC revenue	778	0	778	631	147	147	611
Other government & DHBs	1,051	0	1,051	889	162	162	814
Other income	1,222	0	1,222	1,124	98	98	888
Total Revenue	53,333	(11)	53,322	52,275	1,058	1,047	44,706
Expenses							
Employed workforce	21,961	27	21,988	21,381	(580)	(607)	16,642
Outsourced workforce	619	9	628	159	(460)	(469)	521
Total Workforce	22,580	36	22,616	21,540	(1,040)	(1,076)	17,163
Outsourced services	1,641	0	1,641	1,800	159	159	1,514
Clinical supplies	2,966	20	2,986	2,741	(225)	(245)	2,276
Pharmaceuticals	4,033	0	4,033	4,378	345	345	2,834
Air Ambulance	344	0	344	410	66	66	450
Non-clinical supplies	3,111	106	3,217	3,143	32	(74)	2,347
External provider payments	12,529	279	12,808	11,942	(587)	(866)	11,200
Inter District Flows	4,472	0	4,472	4,135	(337)	(337)	4,407
Total Expenses before IDCC	51,676	441	52,117	50,089	(1,587)	(2,028)	42,191
Surplus/(Deficit) before IDCC	1,657	(452)	1,205	2,186	(529)	(981)	2,515
Interest expenses	32	0	32	36	4	4	34
Depreciation	1,177	0	1,177	1,257	80	80	1,129
Capital charge	296	0	296	822	526	526	797
Total IDCC	1,505	0	1,505	2,115	610	610	1,960
Operating Surplus/(Deficit)	152	(452)	(300)	71	81	(371)	555
Holidays Act compliance	(458)	0	(458)	(42)	(416)	(416)	0
Net Surplus/(Deficit)	(306)	(452)	(758)	29	(335)	(787)	555

	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	408,099	3,054	411,153	405,081	3,018	6,072	372,069	542,704	506,044
MOH non-devolved funding	19,490	0	19,490	18,869	621	621	18,074	25,123	24,528
ACC revenue	5,932	0	5,932	5,021	911	911	5,002	6,710	6,773
Other government & DHBs	9,061	0	9,061	7,894	1,167	1,167	7,545	10,527	10,369
Other income	9,106	922	10,028	8,953	153	1,075	9,424	11,855	12,287
Total Revenue	451,688	3,976	455,664	445,818	5,870	9,846	412,114	596,919	560,001
Expenses									
Employed workforce	174,311	156	174,467	175,189	878	722	156,270	235,611	218,848
Outsourced workforce	5,289	15	5,304	1,499	(3,790)	(3,805)	6,405	1,978	7,833
Total Workforce	179,600	171	179,771	176,688	(2,912)	(3,083)	162,675	237,589	226,681
Outsourced services	16,592	6	16,598	16,148	(444)	(450)	14,448	21,513	19,246
Clinical supplies	23,190	87	23,277	21,625	(1,565)	(1,652)	20,990	28,808	27,845
Pharmaceuticals	39,834	0	39,834	37,765	(2,069)	(2,069)	36,191	50,355	51,921
Air Ambulance	3,353	49	3,402	3,194	(159)	(208)	3,240	4,259	4,230
Non-clinical supplies	27,001	464	27,465	27,058	57	(407)	22,241	36,159	30,227
External provider payments	108,514	3,014	111,528	106,842	(1,672)	(4,686)	101,798	143,011	141,807
Inter District Flows	38,928	0	38,928	37,217	(1,711)	(1,711)	36,240	49,623	51,022
Total Expenses before IDCC	437,012	3,791	440,803	426,537	(10,475)	(14,266)	397,823	571,317	552,979
Surplus/(Deficit) before IDCC	14,676	185	14,861	19,281	(4,605)	(4,420)	14,291	25,602	7,022
Interest expenses	290	0	290	327	37	37	276	436	376
Depreciation	10,263	0	10,263	11,115	852	852	9,955	14,806	13,314
Capital charge	3,347	0	3,347	7,395	4,048	4,048	7,317	9,860	9,709
Total IDCC	13,900	0	13,900	18,837	4,937	4,937	17,548	25,102	23,399
Operating Surplus/(Deficit)	776	185	961	444	332	517	(3,257)	500	(16,377)
Holidays Act compliance	(4,125)	0	(4,125)	(375)	(3,750)	(3,750)	0	(500)	(46,082)
Net Surplus/(Deficit)	(3,349)	185	(3,164)	69	(3,418)	(3,233)	(3,257)	0	(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	34,722	13	34,735	37,229	2,507	2,494	29,884	50,380	41,891
Outsourced SMO	4,174	1	4,175	962	(3,212)	(3,213)	5,386	1,283	6,556
Total SMO	38,896	14	38,910	38,191	(705)	(719)	35,270	51,663	48,447
Employed RMO	11,491	(7)	11,484	11,469	(22)	(15)	10,077	15,013	14,347
Outsourced RMO	266	0	266	297	31	31	223	397	260
Total RMO	11,757	(7)	11,750	11,766	9	16	10,300	15,410	14,607
Employed Nursing	57,198	63	57,261	56,505	(693)	(756)	51,993	76,145	72,715
Outsourced Nursing	42	14	56	0	(42)	(56)	15	0	25
Total Nursing	57,240	77	57,317	56,505	(735)	(812)	52,008	76,145	72,740
Employed Allied Health	24,275	4	24,279	23,951	(324)	(328)	21,710	32,708	30,745
Outsourced Allied Health	544	0	544	184	(360)	(360)	373	223	482
Total Allied Health	24,819	4	24,823	24,135	(684)	(688)	22,083	32,931	31,227
Employed Disability Support Service	14,358	0	14,358	14,374	16	16	13,117	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	14,358	0	14,358	14,374	16	16	13,117	18,815	17,986
Employed Hotel & Support	6,128	50	6,178	5,828	(300)	(350)	5,295	7,829	7,387
Outsourced Hotel & Support	22	0	22	4	(18)	(18)	39	6	60
Total Hotel & Support	6,150	50	6,200	5,832	(318)	(368)	5,334	7,835	7,447
Employed Management & Admin	26,139	33	26,172	25,833	(306)	(339)	24,194	34,721	33,777
Outsourced Management & Admin	241	0	241	52	(189)	(189)	369	69	450
Total Management & Admin	26,380	33	26,413	25,885	(495)	(528)	24,563	34,790	34,227
Total Workforce costs	179,600	171	179,771	176,688	(2,912)	(3,083)	162,675	237,589	226,681
Total Employed Workforce Costs	174,311	156	174,467	175,189	878	722	156,270	235,611	218,848
Total Outsourced Workforce Costs	5,289	15	5,304	1,499	(3,790)	(3,805)	6,405	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	130.8	0.0	130.8	142.0	11.2	11.2	119.7	142.7	127.0
RMO	98.0	0.0	98.0	96.8	-1.2	-1.2	97.0	97.4	100.4
Nursing	772.6	0.6	773.2	754.6	-18.0	-18.6	745.8	760.2	761.5
Allied Health	374.1	0.0	374.1	388.3	14.2	14.2	350.7	390.1	368.1
Disability Support Service	276.1	0.0	276.1	270.6	-5.5	-5.5	271.0	272.4	269.0
Hotel & Support	132.5	0.0	132.5	129.6	-2.9	-2.9	125.9	130.7	129.2
Management & Admin	417.6	0.3	417.9	425.5	7.9	7.6	396.5	427.9	410.8
Total FTEs	2,201.7	0.9	2,202.6	2,207.4	5.7	4.8	2,106.6	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	363		363	359	(4)	(5)	342	353	330
RMO	160		160	162	2	2	142	154	143
Nursing	101		101	102	1	1	95	100	95
Allied Health	89		89	84	(4)	(4)	85	84	84
Disability Support Service	71		71	73	2	2	66	69	67
Hotel & Support	63		64	62	(2)	(2)	58	60	57
Management & Admin	86		86	83	(3)	(3)	83	81	82
	108		108	109	0	0	102	106	101

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As at 31 March 2021

	Budget Mar-21 \$000	Actual Mar-21 \$000	Actual Jun-20 \$000
Assets			
<i>Current assets</i>			
Cash and cash equivalents	9,856	22,735	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	16,040	17,124
Inventories	2,742	3,233	2,900
Prepayments	1,188	1,724	386
Non-current assets held for sale	465	2,105	2,105
Total current assets	54,757	67,136	52,947
<i>Non-current assets</i>			
Prepayments	36	658	521
Other financial assets	1,715	1,711	1,723
Property, plant and equipment	192,792	190,169	193,039
Intangible assets	12,036	10,706	11,087
Total non-current assets	206,579	203,244	206,370
Total assets	261,336	270,380	259,317
Liabilities			
<i>Current liabilities</i>			
Payables	45,492	52,790	41,666
Borrowings	501	716	632
Employee entitlements	44,441	100,831	97,310
Total current liabilities	90,434	154,337	139,608
<i>Non-current liabilities</i>			
Borrowings	7,664	7,973	8,473
Employee entitlements	9,870	10,829	10,829
Total non-current liabilities	17,534	18,802	19,302
Total Liabilities	107,968	173,139	158,910
Net assets	153,368	97,241	100,407
Equity			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,481)	(67,613)	(64,447)
Total equity	153,368	97,241	100,407

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 31 March 2021

	Budget Mar-21 \$000	Actual Mar-21 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	447,912	457,585	597,222
Interest received	936	368	1,250
Payments to employees	(174,753)	(170,943)	(233,016)
Payments to suppliers	(254,133)	(263,356)	(339,111)
Capital charge	(4,930)	(2,460)	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	15,032	21,194	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	72	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(5,256)	(5,880)	(7,000)
Purchase of intangible assets	(1,503)	(1,076)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(6,759)	(6,884)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(324)	(709)	(436)
Net cash flow from financing activities	(324)	(709)	(983)
Net increase/(decrease) in cash and cash equivalents	7,949	13,601	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	9,856	22,735	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 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	48,782	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757
Interest Received	54	54	56	56	56	56	56	56	56	56	56	56
Other Revenue Received	987	987	992	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006
Total Receipts	49,822	49,822	49,830	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819
Payments												
Personnel	19,417	19,417	19,429	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805
Payments to Suppliers and Providers	28,237	28,237	28,503	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767
Capital Charge	-	-	2,530	-	-	-	-	-	3,000	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	47,654	47,654	50,462	49,572	49,572	49,572	49,572	49,572	52,572	49,572	49,572	49,572
Net Cash Inflow/(Outflow) from Operating Activities	2,168	2,168	(632)	1,247	1,247	1,247	1,247	1,247	(1,753)	1,247	1,247	1,247
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	584	584	576	584	584	584	584	584	584	584	584	584
Capex - Intangible Assets	167	167	163	167	167	167	167	167	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	739	751	751	751	751	751	751	751	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(739)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(36)	(36)	(587)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)
Net Increase/(Decrease) in Cash Held	1,381	1,381	(1,958)	459	459	459	459	459	(2,541)	459	459	459
Plus Opening Balance	22,735	24,116	25,497	23,539	23,998	24,457	24,916	25,375	25,834	23,293	23,752	24,211
Closing Balance	24,116	25,497	23,539	23,998	24,457	24,916	25,375	25,834	23,293	23,752	24,211	24,670

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 21 April 2021
Subject: **Consumer Council Report**

Status

This report contains:

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

The Consumer Council met on 12 April at the Blenheim campus.

The Council's Terms of Reference were a key topic of this meeting. The Council has identified the need for clarity of their role and the expectations of what is delivered by them to support the development of consumer engagement at NMH. Improved process needs to be implemented to manage requests to the Council to provide clear scope, remuneration and expected outputs of involvement.

The Clinical Quality Data Specialist attended the meeting for discussion on the Inpatient and Primary Care Consumer survey, and Council were asked for their input to the questions and the process, to benefit the Choosing Wisely initiative. Consumer Council understands that NMH has average uptake of this survey in comparison to other DHBs, but the limited uptake, particularly from the non-European communities across the country, needs improvement. The Council has the following suggestions:

- Use the equivalent of a health navigator/support person during the inpatient experience (ie, go to the bed side)
- Access interpreters
- Forward the surveys to NGOs, appreciating that Maori and Pasifika will more readily accept it from someone they know and trust.

The Project Manager Models of Care and Health Pathways attended the meeting and spoke on Ki Te Pae Ora. The Council raised concerns that consumer engagement has stalled. Council understands that there is a review underway, however if consumers are to be at the centre of change at NMH, engagement needs to continue at all levels of this transformation. The Council asks that Board emphasise that projects across NMH are expected to engage consumers, as all changes or developments should be for the benefit of the consumer.

The Consumer Council continues to use the 'Talk to 10' to canvas a wide range of opinions. Council have agreed to setting up a community feedback channel in Microsoft Teams so members can add the themes they are hearing from the community.

Angelea Stanton
Consumer Council Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL CHAIR'S REPORT.

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 21 April 2021
Subject: **Clinical Governance Report**

Status

This report contains:

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

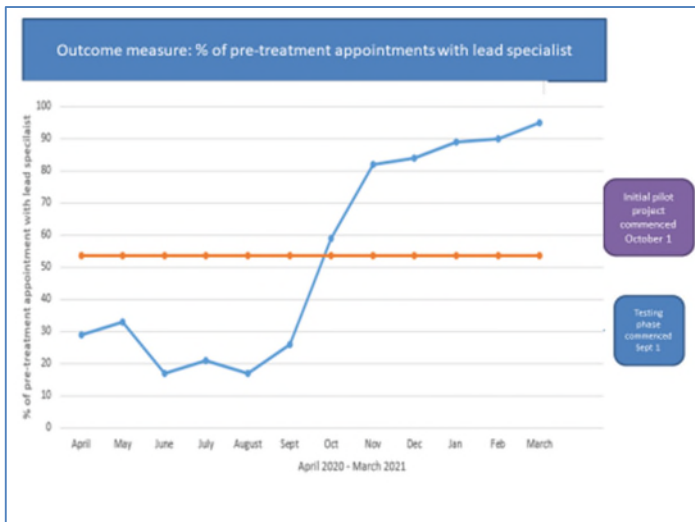
Purpose

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 9 April 2021.

DHB CGC endorsed:

- **COVID-19 Vaccination Programme** – The dramatic progress locally to get vaccine protection available was appreciated. The Committee specifically wished to acknowledge the following.
 - The efforts made to avoid wasting vaccine and reaching the priority groups. Some short notice recipients are often needed.
 - NMH has been a leading DHB in getting high levels of coverage for our people.
 - The strong engagement with PHOs and Maori providers has been used to take vaccine to where the people are. The rural and marae based work is especially important - Golden Bay, Murchison, Motueka, Waikawa Marae.
 - As of 18 April 2021 there had been 878 million vaccine doses administered. Vaccines are proving effective at preventing COVID and for the Pfizer vaccine adverse events are rare indicating the vaccine is as safe in the real world as it was in clinical trials.
- **The improvement in continuity of care for patients undergoing cancer treatments at Wairau Hospital using telehealth** – This project, undertaken by the oncology team, has achieved excellent results and demonstrated the benefits gained from involving the whole team, including the patients themselves, in the design and planning of a new way of doing something.

Patients on a treatment regime for a cancer need to be seen prior to each treatment by their oncologist. Prior to the work only around 20% of pre-treatment oncology appointments were with the patient's lead specialist. By the end of the project this number was over 90% and the patient feedback was extremely positive. All credit to this team for undertaking this piece of work with such pleasing results.



I am really happy with phone appointments – they work well and fit in with my life (Maori 63)

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

WELCOME, KARAKIA AND APOLOGIES

Apologies

Jill Kersey, Allan Panting

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 	

Open Board Agenda

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

Open Board Agenda

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

As at February 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 	<ul style="list-style-type: none"> ▪ 		
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 AT THE PICTON YACHT CLUB HOTEL ON 23 MARCH 2021 AT 12.30PM**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Brigid Forrest, Olivia Hall, Dawn McConnell, Gerald Hope, Jacinta Newport

In Attendance:

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Zoe Dryden (IOD Awardee), Selina Hunter (Minute Secretary)

Apologies:

Jill Kersey, Allan Panting, Paul Matheson. Dawn McConnell and Olivia Hall for lateness

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

The Chair welcomed everyone to the meeting and acknowledged Alan Panting and Jill Kersey who were absent due to illness/injury. They are both recuperating well.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Gerald Hope
Seconded: Bridget Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Gerald Hope
Seconded: Bridget Forrest

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Points

Item 1 – Patient Stories: Carried forward to April

Item 2 – Performance Appraisals Update: Discussion held at ELT. Completed

Item 3 – Update on ESPI catchup and breakdown of waiting lists: Carried forward to April

Item 4 – Update on Wairau CT operation: Carried forward to April

Item 5 – Update on Intragam use: Discussed in Financial Report. Completed

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The Chair updated the Committee on recent meetings with the Minister of Health including discussions on the vaccine rollout.

Members of the MOH Infrastructure Unit are to visit NMH on 7 April, and the Minister of Health is proposed to be visiting on 21 April.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Planning is well underway for the largest roll out of vaccinations across our community alongside the usual other immunisation programmes.

The first draft of the annual plan was submitted on time, and we await the MOH review to guide its refinement, and ensure we are reflecting the national, regional and local priorities.

Moved: Craig Dennis
Seconded: Jacinta Newport

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

AGREED

SECTION 6: FINANCIAL REPORT

Report noted.

Moved: Craig Dennis
Seconded: Jacinta Newport

RECOMMENDATION:

THAT THE FINANCIAL REPORT BE RECEIVED.

AGREED

SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted.

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT BE RECEIVED.

AGREED

Public Excluded

Moved: Gerald Hope

Seconded Brigid Forrest

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 23 February 2021 (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: Delegations Policy – APPROVED
- Decision: Pharmacy Agreement - APPROVED
- CE's Report – RECEIVED

- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.21pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 23 March 2021**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Public Forum/ Announcements	Team to review how patient stories are presented to the Board	Lexie O'Shea/ Nick Baker	23 February 2021	27 April 2021	
2	CE's Report: Health Targets	Further information to be provided to show how we are catching up on ESP1 and ESP5 including a breakdown of how long people have been waiting	Pat Davidsen	23 February 2021	27 April 2021	
3	CE's Report: Diagnostics	Update on low percentage usage of Wairau CT operation	Pat Davidsen	23 February 2021	27 April 2021	

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 21 April 2021
Subject: **Correspondence for March/April**

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

Inward Correspondence

Date	From	Topic
30/03/2021	Public Service Commission	Applying a Code of Conduct for Board Members

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 21 April 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: 21 April 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

I write this summary post the announcement of the new vision and structure of the New Zealand health system and it further reinforces what a wise mentor said to me in my first management role, the one constant in health is change. New technologies, new drugs, new roles and today a new health structure.

Our teams manage within this environment of constant change every day, and today has passed in exactly the same way for our patients and community as they have received quality healthcare from our dedicated staff.

Our DHB response to our three key focus areas continues:

1. Business as usual with health promotion, health protection activities, diagnosing and treating, and rehabilitation services for our community. This also includes delivery of a programme of work to ensure we reduce the backlog of planned care created in the early part of 2020 when we were unable to provide planned care in the usual way.
2. COVID vaccination programme roll out; our health system teams are performing well and ensuring we utilise all vaccines available in our region. We are also planning for our future roll out post June of this year, especially around the workforce requirements to enable this.
3. Maintaining our ability to rapidly respond to a COVID outbreak within our community.

We took time in early March to meet as a district wide leadership team and held a growing partnerships and leaders engagement day. Over 140 of our clinical and management leaders attended and we covered the following topics:

- Equity - Responsibility, Leadership and Courage
- Collaborative Decision Making
- Leadership and Partnership
- Beyond Burn out.

Feedback from the day was overwhelmingly positive and the value of such a day will be ongoing.

2. MĀORI HEALTH

- The last Board to Board hui was held at Waikawa marae in Picton on 24 April 2021. The Board received an introduction to the history of Waikawa marae and the local Iwi. Treaty of Waitangi training was delivered by NIMIT. A presentation was given by the GM Māori Health & Vulnerable Populations on a number of innovative programmes which have been launched to uphold the Treaty of Waitangi.
- A presentation on Hauora Direct Digital was given to Te Herenga (GMs Māori South Island DHBs) at their last regional hui. They have collectively supported the

integration of Hauora Direct across the South Island. Conversations are ongoing with the Māori Health Directorate within the Ministry in relation to this.

- Te Waka Hauora, the Māori Health & Vulnerable Populations team at NMH, continues to strengthen the range of Mokopuna Ora initiatives including SUDI (Sudden Unexplained Death in Infancy). The implementation of our Safe Sleep programme for the month of March showed:
 - 16 safe sleep devices were distributed
 - 8 pēpi pod were distributed through either NMH or other distributors
 - 8 wahakura were distributed
 - 9 safe sleep beds went to Māori whānau and 2 to Burmese whānau
 - In total 56% of safe sleep devices were distributed to Māori or Pacific whānau.
- The Hapū Wānanga programme has been rebranded to Wānanga Hapūtanga. Our latest Wānanga Hapūtanga was held over two days in March at Victory Community Centre in Nelson, with six hapū māmā attending. Hapū Wānanga will be held in Wairau and Motueka in the future. The two days cover a range of topics including:
 - Importance of immunisation for all people
 - Stop Smoking service and options for hapū māmā and whānau
 - Services available through Te Piki Oranga, in particular breastfeeding and Lactation Consultant service and the Tamariki Ora service
 - Presentation on SUDI prevention
 - Practical session with whānau making a Tāonga Puoro wind instrument from clay and muka tie (used for tying off the pito or umbilical cord at birth).
- Currently NMH is working on building the capacity of the Māori health workforce and building cultural competence within NMH staff. This will build on the work we have already undertaken with the Nursing & Midwifery Directorate and Allied Health Directorate around increasing our Māori health workforce. Specifically, the DHB has established a proactive approach to the employment of Māori in its HR recruitment strategy. The DHB also promotes annual sessions with rangatahi from local schools to attend the DHB to explore health as an employment opportunity. The DHB continues to invest in Te Piki Oranga (our local Māori Health provider), and through Whānau Ora funding from the DHB to Whānau Ora providers. The DHB will prioritise Māori as an ethnic group within collected ethnicity data, as many staff do not identify their ethnicity. It is noted that the Iwi Health Board also wish Iwi affiliations to be recorded.

3. PRIMARY & COMMUNITY

- The COVID vaccination programme is underway and progressing well. The Aged Residential Care programme is fully planned in Nelson/Tasman and Marlborough. First facility completed on 31 March and second dose due for all sites by 3 June. Targeted focus on equity planning is well underway with first Kaumatua clinic also completed before Easter. Delivery is comparing well to other DHBs with NMH well ahead of planned volumes. Rural delivery in Golden Bay and Murchison has started. The 10,000 dose milestone was reached on 17 April.
- The workforce training pipeline for COVID is well established. It will be very important to grow the workforce sufficiently to ensure sustainability of the program.
- In terms of dispensing volumes, COVID-19 and related supply issues continue to have a negative financial impact on pharmacies with ongoing higher base rates and costs than pre-COVID levels. NMDHB results are in line with other similar sized DHBs.
- Difficulty accessing NZ registered and unregistered medicines continues to be a problem.
- Annual Planning feedback from MOH was received on 9 April. All areas (excluding financials) of the Plan were “Approved” with only minor technical updates required.

- St John is trialing a new model of emergency response in Murchison. Whilst the proposed change was initially controversial, post consultation and a revised model, it is now supported by the community.
- A relationship has been established with the Master Builders Association to disseminate Health Promotion information via their channels. Health Promotion provided interactive opportunities to learn more about health and WorkWell at the Construction Expo. The interactive displays encouraged people to consider their own health habits through setting up a display asking people, 'Can you pour a standard drink?' Our Public Health Dietitian additionally created an interesting display of a 'healthy on the go lunch'. This display showcased two lunches that could be purchased from one bakery – but with vastly different nutritional value. Our presence at the event proved to be a great success with Health Promoters being able to have conversations with workplaces they would not normally interact with. It also allowed us an engaging space to promote our Health Promotion services as 'being here and free' to support Te Tau Ihu businesses. Three workplaces engaged more directly for follow up support. One important setting/workplace is the Trades Department at Nelson Marlborough Institute of Technology.
- Three WorkWell workplaces are working steadily towards their bronze accreditation. One workplace focused on making plans for how they will strengthen and support 'Healthy Eating' both at work and at home for their employees and whanau. Health Promoters are in the process of reviewing local resources and inter-agency partnerships that can be made available to support.
- Partnership is underway with a representative from the Nelson Marlborough NZ Hospitality to utilise an updated resource which will be provided to On-Licensed premises to raise awareness of the '0 alcohol when pregnant message' and the 'Don't know, Don't drink' campaign.
- Public Health staff have analysed the findings from the recent Rangatahi Wellbeing & Aspirations survey completed by 235 rangatahi from across Nelson, Tasman and Marlborough. It is envisaged that the findings will be ready for release by the end of April.
- The Nelson-Tasman Active Transport Forum was facilitated with attendance from Nelson City Council and Tasman District Council transport officers, NGO representatives and NMH.
- NMH is supporting the Nelson Environment Centres Bike Hub initiative where low-income people will be able to access free bikes and learn maintenance skills.
- A Marlborough Youth Hui was facilitated with Sport Tasman, Marlborough District Council, and Marlborough Youth Trust to capture the main priorities for Marlborough youth going forward. The key priorities identified included mental health, cultural growth, drugs and alcohol, and transition from school to employment and environment.
- Support was provided, in conjunction with Marlborough Neighbourhood Support, for the "Growing community stronger together" programme. This project brings young people and elderly in Council flats together with planter boxes and swapping of intergenerational skills. Volunteers from Marlborough Woodworkers Guild and Marlborough Youth Trust attended to assist in creating planter boxes from recycled pallets, used vineyard posts, mussel floats donated from Marlborough PHO. Maata Waka have also come on board and Youth Justice young people are going to be involved with the project.
- The Public Health Dietitian has continued to work on a welfare project that enables vulnerable populations to receive non-perishable items that create balanced and simple meals, through foodbanks and/or affordable supermarket packs. Several vulnerable whanau groups have provided their details to be involved in the pilot. A Richmond supermarket is interested in partnering with Nelson Marlborough Public Health Service for the pilot.

- Plans are underway for the Public Health Dietitian and Community Oral Health Promoter to meet with Te Kohanga Reo o Nga Puawai to speak with teachers and parents about the new choking hazard guidance. This will also be a great opportunity to talk about food and drink policies.
- Work continues with the Health Action Trust to improve mental health in workplaces. Relationship building continues with the Ministry of Education to better understand how we can support schools/students. Together with the Suicide Prevention Coordinator, we are endeavouring to plan to provide an evening that could help support parents and students who are exhibiting behaviours that could lead to suicide.
- Resources for primary schools around self-harm were requested by Barnardo's Marlborough. Resources provided included information from the Collaborative, NMH Suicide Prevention Coordinator and CAMHS. Schools were encouraged to contact the Ministry of Education for support. Information about online courses being run by the "Collaborative" was sent out to Colleges.
- The pressure for Age Residential Care beds has now reduced, and beds are available at all levels of care across Nelson and Marlborough. A new facility is scheduled to open at the start of April in Nelson, which will provide rest home and hospital level care.
- The Health of Older People team continues to work closely with both contracted Home and Community support providers to support people to live well in their own homes for as long as possible.
- The Integrated Primary Mental Health & Addictions Wellbeing Practitioner/Health Intervention Practitioner (HIP) model is about putting health intervention practitioners and health coaches/community support workers into General Practice, which helps to expand access to, and choice of, primary mental health and addiction support. The Ministry of Health has now tabled a funding offer and discussions are ongoing.
- Community Oral Health Service arrears have decreased 2% to 22%, with Nelson decreasing to 36%. Shipping delays have resulted in the new clinic chair for Nelson not being available for at least 5-6 months.
- Work continues on the MMR (Measles, Mumps and Rubella) campaign. The school programme has commenced with good uptake by secondary schools. GP recall continues. Te Piki Oranga have allocated staff to contact the 416 people enrolled with their service in this age group and will offer home or clinic vaccination to them.
- The refugee health nurse has been working to establish more formal links across community providers. Regular meetings have been set up with medical centres to discuss the possibility of an alert to be added onto HCS around refugees and the languages they speak, to enable clinicians and administration staff to book interpreters in the correct languages for medical appointments.
- As part of ongoing efforts to increase the number of smokefree pregnancies, we have initiated a "soft launch" of Opt Out and a new incentives scheme for partners of hapū māmā.
- Waimeha Quit Coach is currently providing weekly support for Nelson Hospital maternity staff to build relationships and answer questions. Frequency of support will be reviewed after three months.
- Quit Coaches and Health Promoters continue to meet monthly with kaimahi from Te Waka Hauora and Te Piki Oranga to progress and maintain a more collaborative approach to cessation support for hapū māmā, young wāhine Māori, partners and whānau. This includes group planning and kōrero before and after all Wānanga Hapūtanga.

4. MENTAL HEALTH, ADDICTIONS AND DSS

- The services continue to face high demand this month. We appreciate the work our teams do to provide high quality services to our community. We have a focus on ensuring our teams are well supported to do this.
- Some highlights this month include progressing being made on work to modify the acute end of Wāhi Oranga, our Mental health inpatient unit, which we hope will start next financial year. Architects have been confirmed and they plan to visit the unit next month.
- We are developing more understanding of the data we are collecting in our system. There is ongoing work required to ensure that the entry of our data is keeping up with what is required and is being accurately recorded. Please also note that the January and February 2021 results for average waiting times may look higher than expected due to Community Contact data not being entered in order of date. Please note that there is a 1-3-month delay in data entry of Community Contacts. This is an improvement from the 1-4-month delay in the previous report however we still have a way to go in catching up on data entry.
- Overall clinical demand on Older Persons Mental Health service has been challenging with staff on leave, some vacancies, and high occupancy/acuity.
- Infant Child Adolescent Mental Health Service (I-CAMHS):
 - Our new Youth Consumer Advisor is gathering opinions from youth regarding the wellbeing plan to ensure it is fit for purpose for youth. He is also networking with several agencies.
 - The Wairau team have seen an increase in eating disorder referrals, with a record high number of referrals.
 - Coordinators continue to meet with the school guidance counsellors from all schools in the district. There is value in brainstorming to reinforce how we can work differently to support each other.
- Addictions Service, at a service level, had a 16% increase in referrals received in March 2021 when compared to the average of the last 12 months.
- A few points to note:
 - Figure 1: Activity service wide – shows a trend of increasing referrals to our services overall for Māori and non-Māori
 - Figure 2: Occupancy levels – are within the inpatient wards have increased over the last few months from a notable drop in July 20, the level is still lower than the last financial year.
 - Figure 3: DNA – shows our focus on reducing DNA (Did Not Attract) rates are reducing over time. There remains a difference between Māori and non-Māori which we are focused on reducing the variation in rates to better meet the needs of Maori
 - Figure 4: Waiting times – The wait time overall for access to a face to face appointment with medical, psychology and other clinicians is remaining about the same
 - Figure 5: Waiting time addictions and iCAMHS – shows that average wait time for face to face community contact is higher for Addictions and ICAMHS than Adult mental health. We are working with both teams to develop a strategy to address this.
 - Figure 6: Seclusion – shows our hours of use of seclusion continue to improve our coordination for acute presentations. We are working to co-create care plans/summaries for people with complex needs to ensure they more easily access interagency care and support by improving our response and minimise risks to people we are supporting, practitioners, whānau and others.

Figure 1

Mental Health, Addictions and Older Person's Mental Health

	Referrals - 2021 03			Community Contacts - 2021 02			DNA % - 2021 02	
	Caseload 07/04/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Total	3,444	862	788	3,353	73%	48	4.9%	7.7%

Referrals Received and Discharged

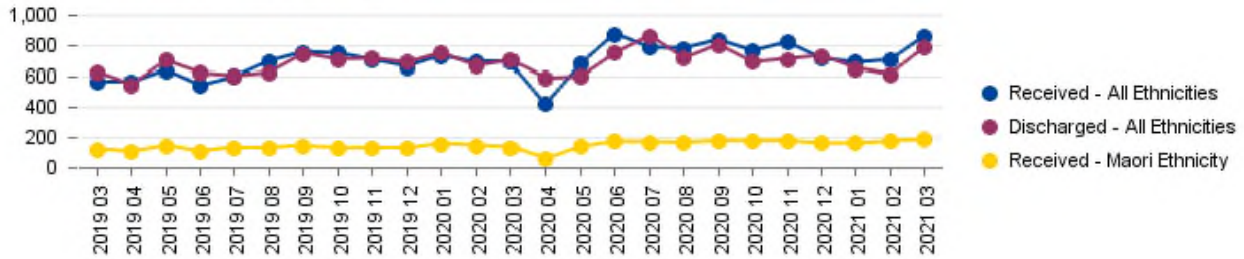


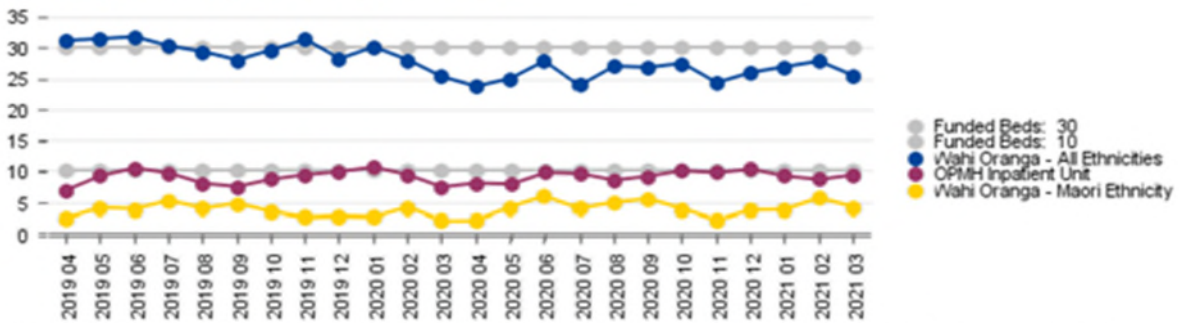
Figure 2

Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

March 2021

Average Midnight Occupied Beds

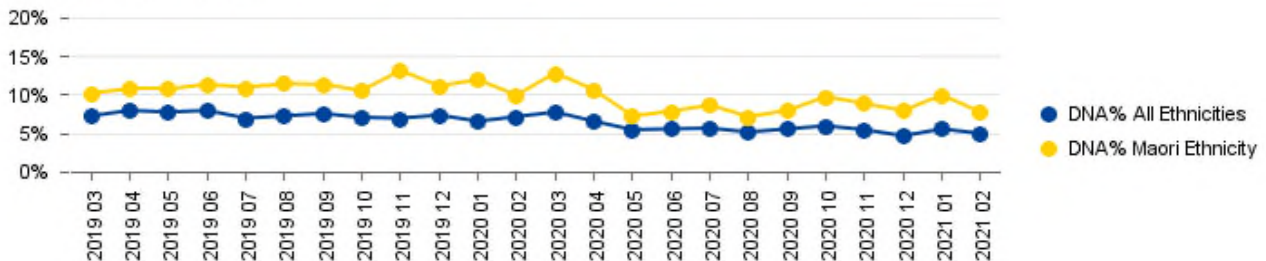


Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

Figure 3

Mental Health, Addictions and Older Person's Mental Health

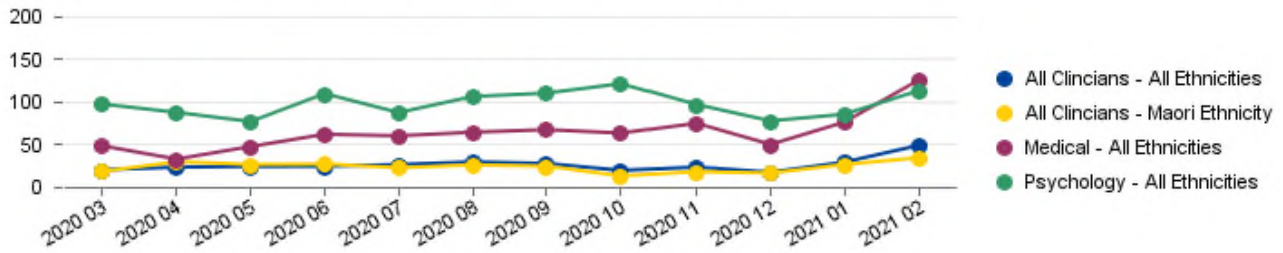
Did Not Attend (DNA) %



Note: January 2021 and February 2021 is estimated as having only 75% of data entered.

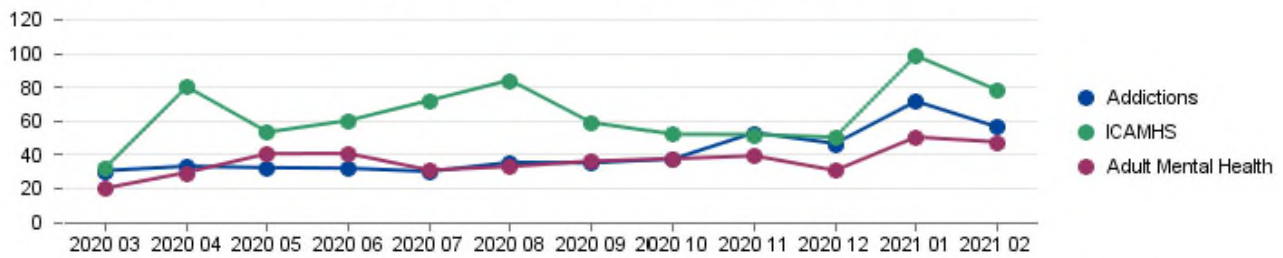
Figure 4

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



Note: January 2021 and February 2021 is estimated as having only 75% of data entered.

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



Note: January 2021 and February 2021 is estimated as having only 75% of data entered. 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).

Figure 5

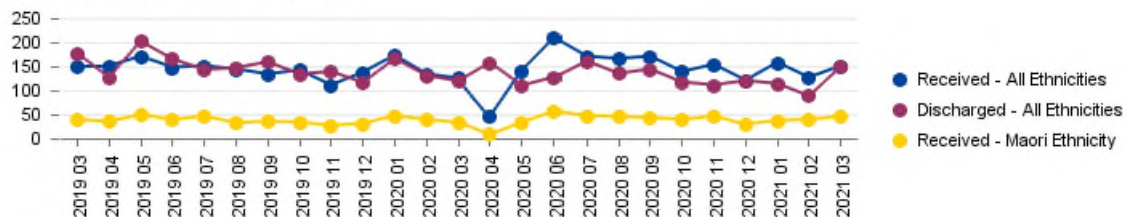
Executive Summary for Board

March 2021

Mental Health, Addictions and Older Person's Mental Health

Addictions

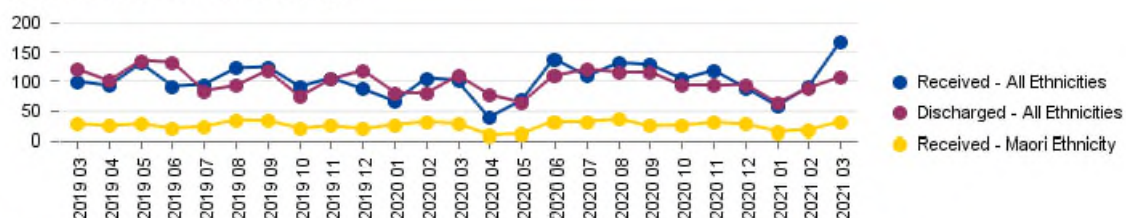
Referrals Received and Discharged



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

Infant, Child and Adolescent Mental Health Service (ICAMHS)

Referrals Received and Discharged



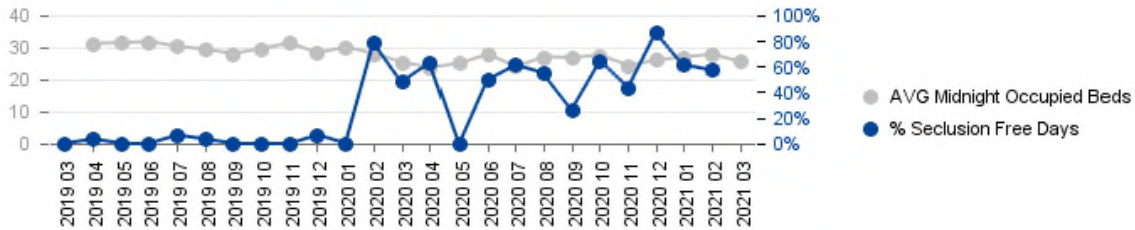
Note: Includes ICAMHS Nelson, ICAMHS Forensic Nelson, ICAMHS Wairau and Infant and Maternal Nelson.

Figure 6

Seclusion

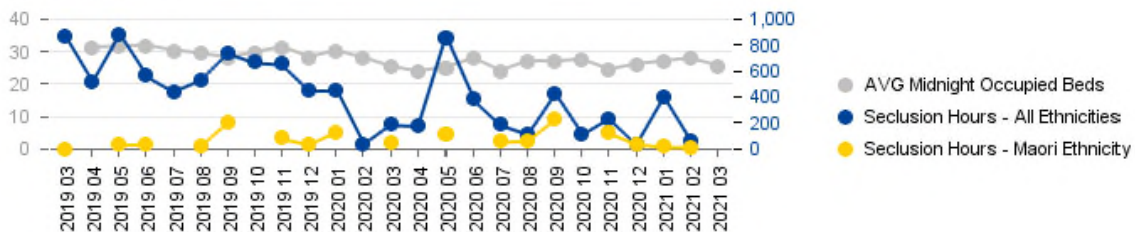
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

% 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.

4.1 Disability Support Services (DSS)

- The goal of the NZ Disability Strategy is that ‘New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.
- Enabling Good Lives (EGL) is a partnership between disability sector and government agencies.
- EGL’s inception was in 2011/12 and has eight principles to support us all to embark on a new approach to supporting disabled people that offers greater choice and control over the supports they receive, so that they can plan for the lives they want. We have been working to understand how we, as an organization, can better align to the eight principles of EGL. We are currently underway with preparations to begin a process to seek feedback on how we can achieve better alignment to Enabling Good Lives in our Day Services. The eight principles are:
 - *Self-determination* – people should be in control of their own lives
 - *Beginning early* – investing in our children and to build community and natural supports rather than waiting for a crisis
 - *Person-centred* – tailoring supports to people’s individual needs and goals
 - *Ordinary life outcomes* – having everyday lives in everyday places. All citizens having access to learning, to a job, to a home and a social life
 - *Mainstream first* – supporting access to conventional facilities ahead of any specialist services
 - *Mana enhancing* – respecting the abilities and contributions that everyone can make to their community
 - *Easy to use* – that our systems and processes make sense and are flexible to each person’s circumstances

- *Relationship building* – our services build and strengthen relationships between us and the people we serve, their family and whanau and community

Disability Support Services (DSS)		Current February 2021				YTD February 2021	Current March 2021				YTD March 2021			
Service provided	Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
		Current Moh Contract	As per Contracts at month end	157	19		176	decrease 1	159	19		178	increase 2	
	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		1	-		1			
	Beds – Others - Oranga Tamariki & Mental Health		2	1		3		2	1		3			
		Residential contracts - Actual at month end	169	20	10	199		171	20	10	201			
	Number of people supported													
	Total number of people supported	Residential service users - Actual at month end	169	20	10	199	decrease 1	171	20	10	201	increase 2		
		Respite service users - Actual at month end	11	1		12		11	1		12			
		Child Respite service users - Actual at month end	44			44	increase 1	47			47	increase 3		
		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	226	21	10	257		231	21	10	262			
			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		232.5		222		10.5	
		Total available bed days	6,524	56,619	6,300	54,398	224	1,944.0	7,208	63,705	6,882	61,280	326	2,877.0
	Total Occupied Bed days	Actual for full month - includes respite	5,744	50,473	5,599	49,206	145.0	1,267.0	6,436	56,908.5	6,231	55,437	204.5	1,471.5
	Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	88.0%	89.1%	88.9%	90.5%	64.7%	65.2%	89.3%	89.3%	90.5%	90.5%	62.8%	51.1%
			Last month	Current month	Variance			Last month	Current month	Variance				
	Total number of people supported		257	257	-			257	262	5				
	Referrals - Child Respite	Total long term residential referrals	15	13				13	14					
		Child Respite referrals	10	12				12	12					
		Adult Respite referrals	10	10				10	10					
		Oranga Tamariki referrals	1	1				1	2					
		New Referrals in the month	4	3				3	2					
	Of above total referrals	Transitioning to service	-	-				-	3					
		On Waiting List	36	36				36	35					
	Vacant Beds at End of month - (excludes Respite Beds)		17	18				18	19					
		Less people transitioning to service	1	1				1	5					
		Vacant Beds	16	17				17	14					

5. CLINICAL SERVICES

5.1 Health Targets

- At the end of March 2021 we planned 4,637 surgical discharges of which we have delivered 4,340 (93.6%). This is under plan by 297 discharges.
- We have delivered 5,408 minor procedures to the end of March 2021, which is 1,825 procedures higher than our Plan target of 3,583 for this period.
- For orthopaedic interventions year to date at the end of March 2021, a total of 322 joints have been completed which is down 77 on the Plan of 399. There are currently 192 joints waitlisted for surgery.
- We have delivered, as at end of March 2021, 477 cataracts which is 25 above our Plan of 452. This is above plan by 25. There are currently 128 cataracts waitlisted for surgery.

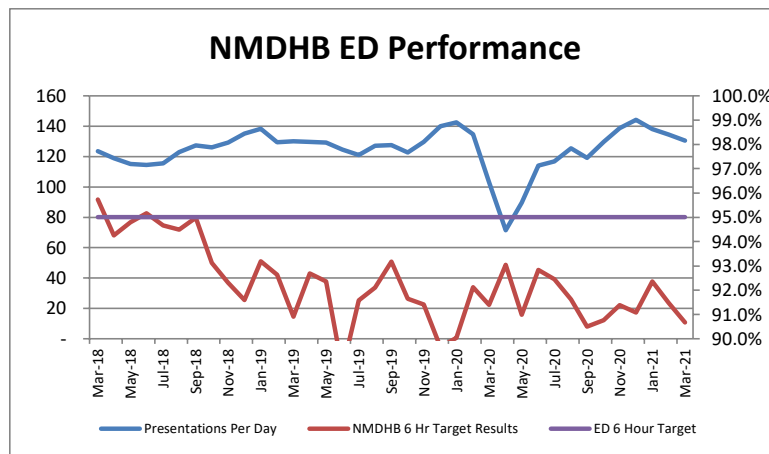
5.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of March with 609 patients not being seen within 120 days of referral acceptance.
- ESPI 5 (time to receive planned procedure) was also Red for the month of March with 369 patients not being treated within 120 days of being given certainty.

5.3 Recovery Plan

- Plans are being actioned and intensively monitored twice weekly for all specialties for both outpatients and inpatients. March 2021 has had a number of challenges to our teams balancing increased acute presentations and high clinical staff sick leave with maintaining planned care and follow-ups/

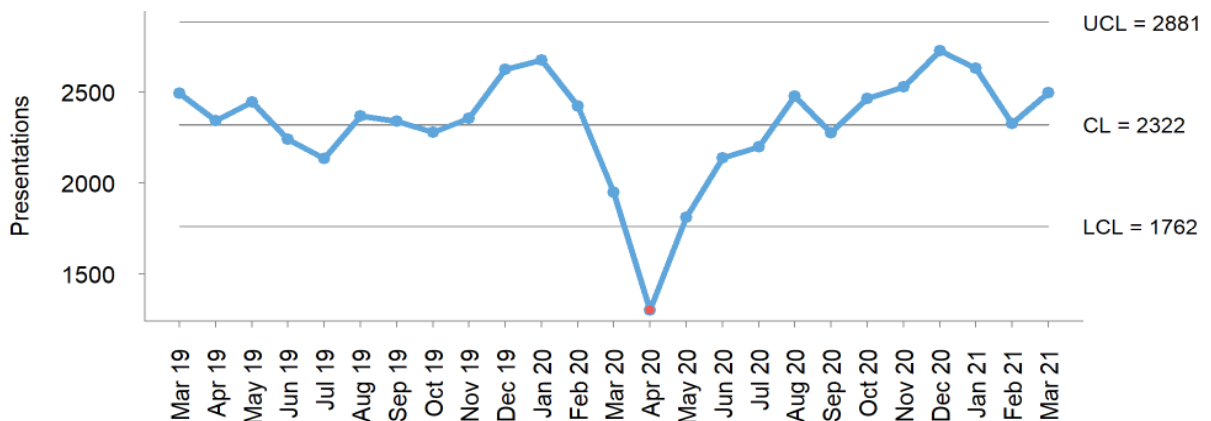
5.4 Shorter Stays in Emergency Department



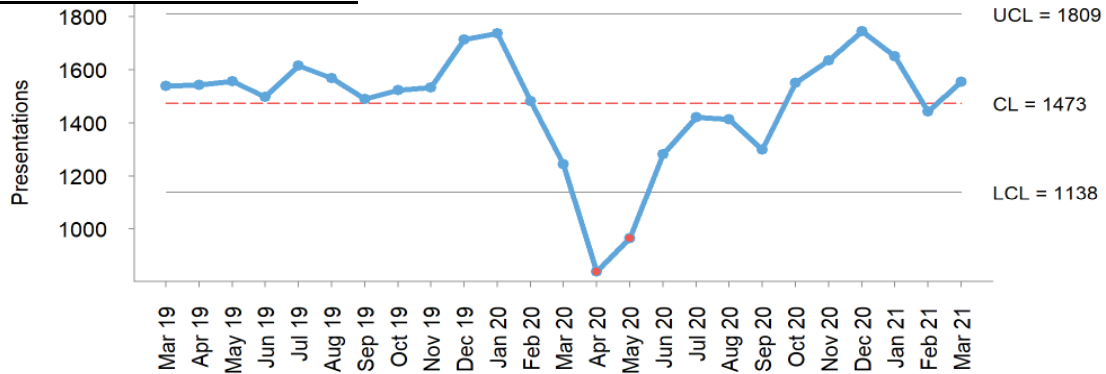
ED Attendances

- Both Emergency Departments continue to have high numbers of people from outside the NMDHB boundaries.

Nelson ED Presentations



Wairau ED Presentations

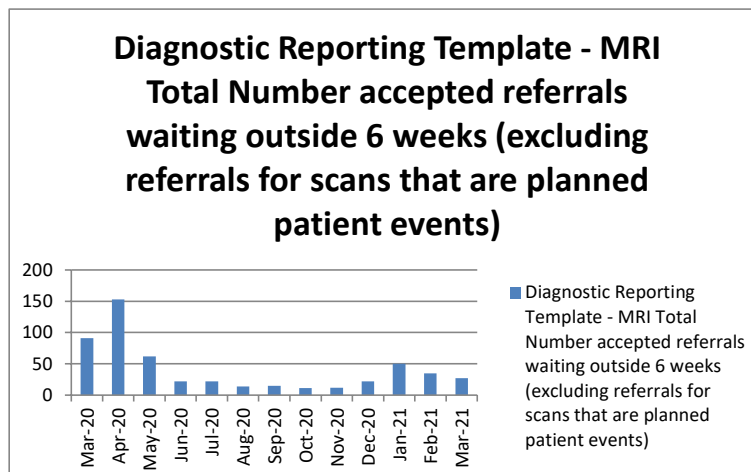
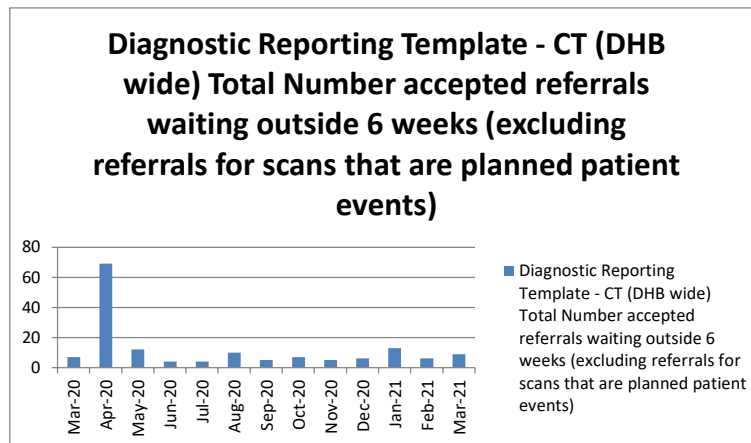


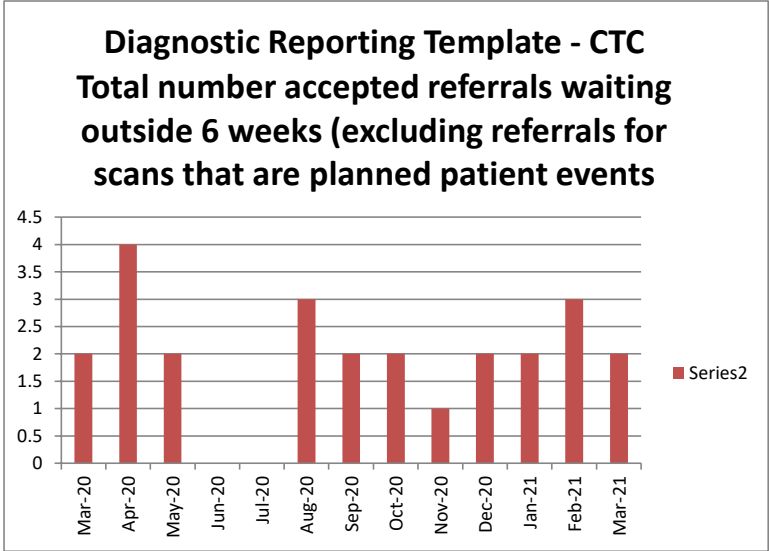
Hospital Occupancy

Hospital Occupancy 1-31 March 2021	Adult in patient
Nelson	94%
Wairau	80%

5.5 Enhanced Access to Diagnostics

- MRI numbers for March 2021 are 456 patients scanned, with 92% being scanned within 42 days of referral acceptance (MOH target is 90%).
- CT is at 92% of patients scanned within 42 days of referral acceptance (MOH target is 95%) with a waiting list of 18 patients exceeding the target.





5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - Mar 2021														Reporting Month: Feb 2021 - Quarter 3 - 2020-2021	
As at 29/03/2021															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Mar 2021 (in progress)		Feb-21		Jan-21		Quarter 3 (in progress) 2020-2021		Quarter 2 2020-2021		Quarter 3 (2019-2020)		Rolling 12 Months Mar 2020 -Feb 2021	
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
		78%	22%	79%	21%	95%	5%	83%	17%	91%	9%	90%	10%	91%	9%
Number of Records		21	6	22	6	21	1	64	13	68	7	75	8	286	28
Total Number of Records		27		28		22		77		75		83		314	
Numbers Including all Delay Codes		70%	30%	71%	29%	81%	19%	74%	26%	76%	24%	78%	22%	80%	20%
Number of Records		21	9	22	9	21	5	64	23	68	22	75	21	286	73
Total Number of Records		30		31		26		87		90		96		359	
90% of patients had their 1st treatment within: # days		105		101		87		101		84		90		82	
62 Day Delay Code Break Down		Mar 2021 (in progress)		Feb-21		Jan-21		Quarter 3 (in progress) 2020-2021		Quarter 2 2020-2021		Quarter 3 (2019-2020)		Rolling 12 Months Mar 2020 -Feb 2021	
01 - Patient Reason (chosen to		1		0		1		2		4		1		5	
02 - Clinical Cons. (co-morbidities)		2		3		3		7		11		12		40	
03 - Capacity Constraints		6		6		1		13		7		8		28	
TUMOUR STREAM		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 MonthsMar 2020 -Feb 2021		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%	60	0%	0	5%	3	2%	1	6%	4	64			
Gynaecological		100%	18	0%	0	14%	3	5%	1	18%	4	22			
Haematological		89%	17	10%	2	5%	1	0%	0	15%	3	20			
Head & Neck		79%	23	18%	6	12%	4	3%	1	32%	11	34			
Lower Gastrointestinal		81%	21	15%	5	21%	7	3%	1	38%	13	34			
Lung		87%	27	10%	4	24%	10	0%	0	34%	14	41			
Other		100%	3	0%	0	50%	3	0%	0	50%	3	6			
Sarcoma		100%	1	0%	0	67%	2	0%	0	67%	2	3			
Skin		90%	64	10%	7	1%	1	1%	1	12%	9	73			
Upper Gastrointestinal		96%	24	4%	1	11%	3	0%	0	14%	4	28			
Urological		90%	27	9%	3	9%	3	0%	0	18%	6	33			
Grand Total		91%	286	8%	28	11%	40	1%	5	20%	73	359			
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records			
Rolling 12 MonthsMar 2020 -Feb 2021		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%	1	0%	0	0%	0	0%	0	0%	0	1			
Australian		100%	0	50%	1	50%	1	0%	0	100%	2	2			
British and Irish		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Chinese		100%	2	0%	0	0%	0	0%	0	0%	0	2			
European nfd		0%	6	9%	1	18%	2	18%	2	45%	5	11			
Fijian		0%	1	0%	0	0%	0	0%	0	0%	0	1			
Indian		0%	2	0%	0	33%	1	0%	0	33%	1	3			
Italian		0%	1	0%	0	0%	0	0%	0	0%	0	1			
Maori		100%	13	0%	0	32%	6	0%	0	32%	6	19			
New Zealand European		91%	239	8%	23	9%	27	1%	3	18%	53	292			
Other Asian		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Other Ethnicity		100%	5	0%	0	0%	0	0%	0	0%	0	5			
Other European		77%	10	19%	3	19%	3	0%	0	38%	6	16			
Other Southeast Asian		100%	0	100%	0	0%	0	0%	0	0%	0	0			
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		91%	286	8%	28	11%	40	1%	5	20%	73	359			

6. ALLIED HEALTH

- A funding proposal for the NMH Fracture Liaison Service has been submitted to ACC and we await a response.
- The Allied Health Care Capacity Demand Management (CCDM) Programme working group has continued to make progress, particularly the visibility of five therapy services on the inpatient Capacity At A Glance (CAAG) screens. In addition, the teams are reviewing the variance response management (VRM) procedures.
- The Nelson Allied Health equipment store continues to be running at full capacity. The storage of equipment is challenging, and recommendations that are reasonable

and practical are being implemented. These include arranging for a racking specialist to provide safe storage options, arranging for additional on-site space to hold adequate stock levels, rationalising stock ordering where possible. Additional storage space options were also identified in the existing document storage area. The MOH disability equipment is expected to continue to increase, due to our ageing population, increase focus on disability and Enabling Good Lives.

7. NURSING & MIDWIFERY

- The withdrawal of IV pumps, and review of process, has been a significant piece of work to date. This is now in the final stages with replenishment of equipment currently underway.
- The training pipeline for COVID workforce has now been streamlined. Expressions of Interest have gone out in the local papers, and people are now being taken through the process. Those who are appropriate and fit the requirement to vaccinate, eg recently resigned/retired staff known to the service will be fast tracked through to vaccination training as appropriate.
- Year Two and Three nursing students are currently being enrolled in the vaccinator course to support the roll out across the district. NetP graduates are also in the process of enrolling, with some already completed and on the register, to provide added support.

8. PEOPLE & CAPABILITY

- This month we have new reporting formats for Learning & Development and Health Safety & Wellbeing. A lot of work is going into establishing automated reporting systems accessing information that is relevant and informative.
- A pilot Management Series recruitment training course was conducted with feedback received used to update the training for a wider roll out.
- All new starters are invited to attend a Warm Welcome and Orientation event within two months of joining NMH. These events are held monthly in Nelson and every 6-8 weeks in Wairau. Clinical new starters attend for a full day and non-clinical starters attend for half a day. The percentage of new starters attending has been trending upwards since the beginning of the year and is above the target of 75%. One comment received was *"It was all great as far as I can see. Thank you all very much, I left the day feeling very much like part of the team :)"*.
- This month, a total of 509 learners attended face to face courses. The Learning & Development Team have provided support for training courses on General Training (Gnarly Conversations, Managing Actual and Potential Aggression, Fire Warden, Learning Works Adult & Tertiary Learning, Learning Works Introduction to Leadership, Professional Nursing Seminar – Conflict), and Management Series (Conducting Effective Performance Appraisals, Coaching, Recruitment).
- There were 84 placements made across the DHB in March (the highest in the last 12 months). The average over the last 12 months is 68 placements per month. The majority of newly approved positions were in nursing (mostly RN positions). In March our applicants mostly identified as either NZ European (38%) or Asian (30%), with 6% of all our applicants identifying as Māori.
- Ethnicity data gathered from NMH workforce shows out of 3,021 staff 6.36% identify as Māori, 65.21% Pakeha/European, 24.93% Other and 3.51% Unknown.
- Two solution approval meetings for the Holidays Act Remediation project have been held, and we are now two thirds of the way toward having our local rectification plan established. There are five national issues that we await advice on.

9. DIGITAL AND DATA

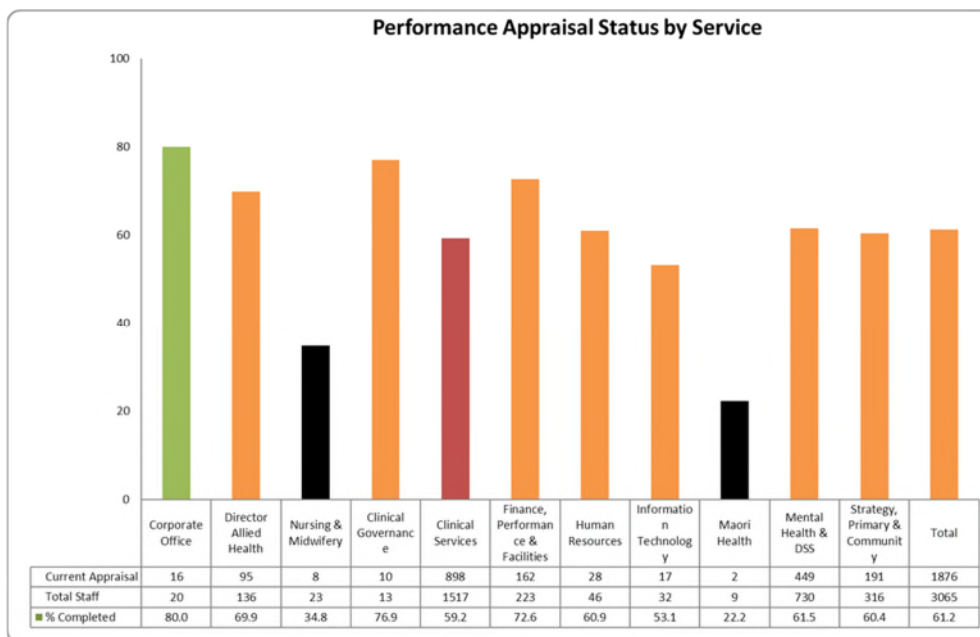
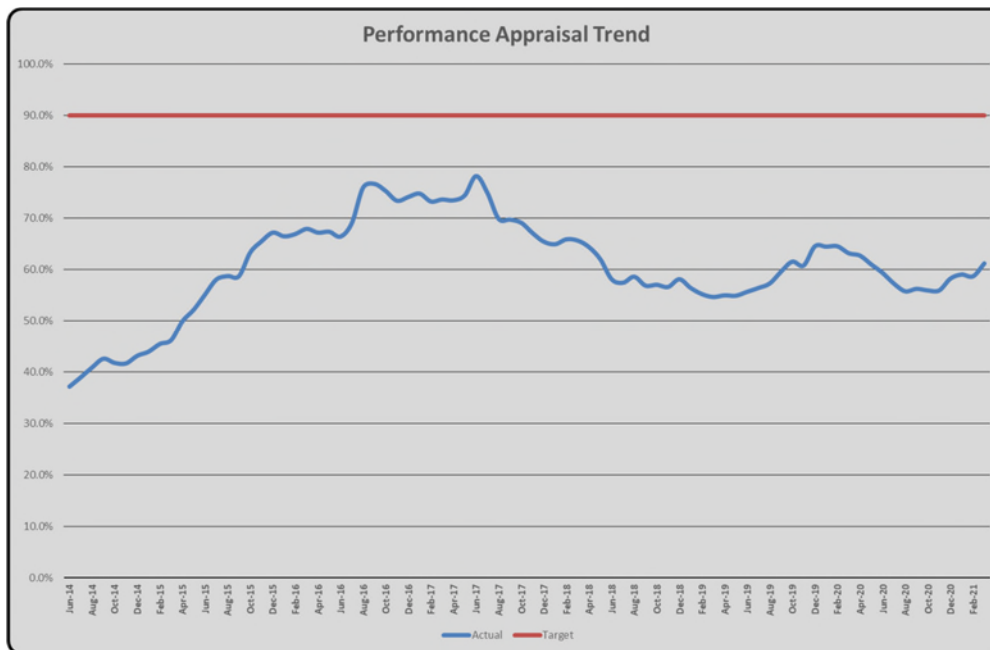
- The implementation of the recommendations from the Data and Analytics review was completed in March, with the new role of Data Analyst Business Partner established, as well as a Data Steward role. The new Data & Analytics team expands on the previous Intelligence & Reporting team, and brings together data analysts from across the organisation into one professional group while utilising the business partner model of embedding analysts within a service.

Project Status

Name	Description	Status	Due date	
ICT				
VDI Upgrade	Update to a newer supported version of VDI (z workstations)	While the bulk of Users are now over on the new infrastructure the old desperately needs to be decommissioned.	Nov 2020	
Office 365 Implementation	Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption	OneDrive/ Yammer to be planned, and consistent rollout of O365 to all users.		
Next Generation Firewalls	Replacement of aging Cisco firewalls to improve cyber security capability.	Wairau complete. Nelson rollout underway.	Mar 2021	
Development				
Medications on Discharge API	Proof of concept to develop a data integration gateway for the transfer of coded and approved discharge medications from secondary to primary providers.	Datacom will build a FHIR standard integration layer between primary care systems and regional HCS/MedMan. A further clinical workflow validation has been requested by the regional team/Orion, and is underway.	May 2021	
Hauora Direct	A mobile assessment tool aimed at improving enrolments in health programmes for vulnerable populations.	Core functionality in place. Further analysis required to confirm scope and costing of the final enhancements package. Power BI reports are now available.	Jun 2021	
Data and Analytics				
SIPICS - Reporting	Patient Administration System (PAS)	Dashboards for departmental performance, PCI, and weekly performance in production.		
Models of Care	Data sharing with PHOs to inform practices and replacement facility requirements. Collaboration with Models of Care project on datamart additions.	Collaboration with NBPH and MPHO analysts as inclusive in NMH virtual team per data sharing agreement. Models of Care analyst now part of Data & Analytics team, as well as Quality team analyst.		

10. PERFORMANCE APPRAISALS

To date we are at 61.2% 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: 21 April 2021
Subject: Financial Report for March 2021

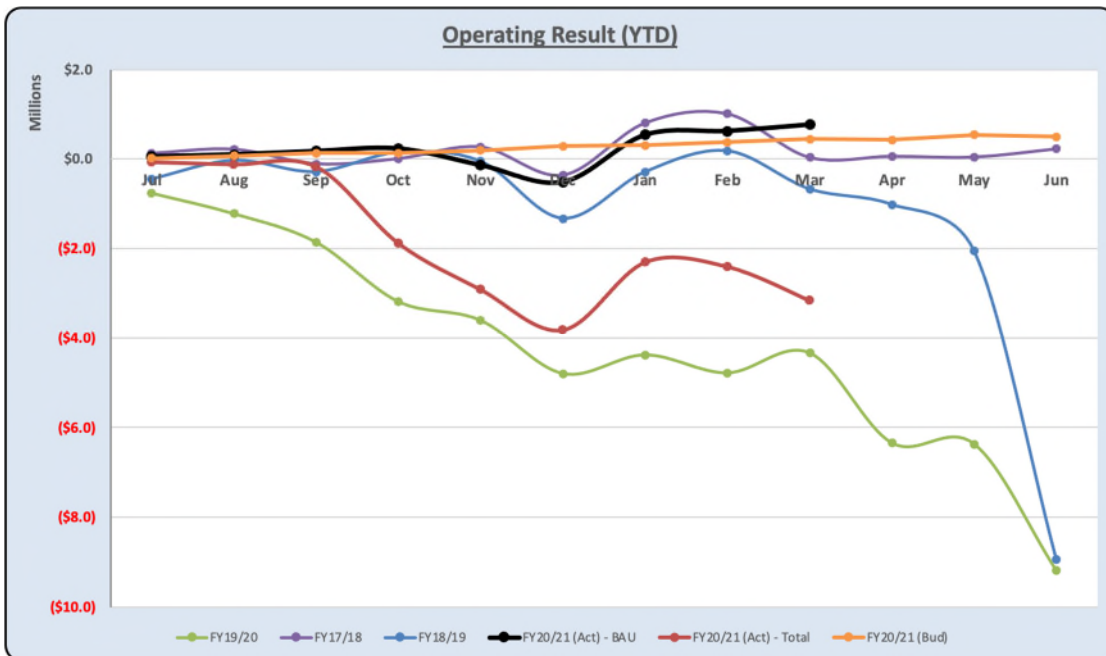
Status

This report contains:

- For decision
- Update
- Regular report
- For information

Commentary

The result for the nine months shows a reported deficit of \$3.1M which is \$3.2M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$0.77M which is \$0.33M favourable to plan.



The annual leave liability increased within March at a greater rate than was expected. Further work is underway to determine how much of this reflects rostering practices not allowing for the expected number of scheduled annual leave shifts. The balance should drop back in April with the Easter period and the first week of the school holidays both falling in the April pay period.

Other than this, there are no issues that emerged during the month.

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.

Costs are now largely tracking in line with previous months and our expectations. It is pleasing that both pharmaceuticals and aged residential care have tracked back to budget levels within the month.

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	\$6,055	\$3,223
Niggles	\$200	\$132	\$68
Contingency	\$1,000	\$844	\$156
Strategic	\$3,750	\$3,240	\$510
Total	\$14,228	\$10,271	\$3,957

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT

Monthly Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	47,884	(11)	47,873	47,296	588	577	40,236
MOH non-devolved funding	2,398	0	2,398	2,335	63	63	2,157
ACC revenue	778	0	778	631	147	147	611
Other government & DHBs	1,051	0	1,051	889	162	162	814
Other income	1,222	0	1,222	1,124	98	98	888
Total Revenue	53,333	(11)	53,322	52,275	1,058	1,047	44,706
Expenses							
Employed workforce	21,961	27	21,988	21,381	(580)	(607)	16,642
Outsourced workforce	619	9	628	159	(460)	(469)	521
Total Workforce	22,580	36	22,616	21,540	(1,040)	(1,076)	17,163
Outsourced services	1,641	0	1,641	1,800	159	159	1,514
Clinical supplies	2,966	20	2,986	2,741	(225)	(245)	2,276
Pharmaceuticals	4,033	0	4,033	4,378	345	345	2,834
Air Ambulance	344	0	344	410	66	66	450
Non-clinical supplies	3,111	106	3,217	3,143	32	(74)	2,347
External provider payments	12,529	279	12,808	11,942	(587)	(866)	11,200
Inter District Flows	4,472	0	4,472	4,135	(337)	(337)	4,407
Total Expenses before IDCC	51,676	441	52,117	50,089	(1,587)	(2,028)	42,191
Surplus/(Deficit) before IDCC	1,657	(452)	1,205	2,186	(529)	(981)	2,515
Interest expenses	32	0	32	36	4	4	34
Depreciation	1,177	0	1,177	1,257	80	80	1,129
Capital charge	296	0	296	822	526	526	797
Total IDCC	1,505	0	1,505	2,115	610	610	1,960
Operating Surplus/(Deficit)	152	(452)	(300)	71	81	(371)	555
Holidays Act compliance	(458)	0	(458)	(42)	(416)	(416)	0
Net Surplus/(Deficit)	(306)	(452)	(758)	29	(335)	(787)	555

	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	408,099	3,054	411,153	405,081	3,018	6,072	372,069	542,704	506,044
MOH non-devolved funding	19,490	0	19,490	18,869	621	621	18,074	25,123	24,528
ACC revenue	5,932	0	5,932	5,021	911	911	5,002	6,710	6,773
Other government & DHBs	9,061	0	9,061	7,894	1,167	1,167	7,545	10,527	10,369
Other income	9,106	922	10,028	8,953	153	1,075	9,424	11,855	12,287
Total Revenue	451,688	3,976	455,664	445,818	5,870	9,846	412,114	596,919	560,001
Expenses									
Employed workforce	174,311	156	174,467	175,189	878	722	156,270	235,611	218,848
Outsourced workforce	5,289	15	5,304	1,499	(3,790)	(3,805)	6,405	1,978	7,833
Total Workforce	179,600	171	179,771	176,688	(2,912)	(3,083)	162,675	237,589	226,681
Outsourced services	16,592	6	16,598	16,148	(444)	(450)	14,448	21,513	19,246
Clinical supplies	23,190	87	23,277	21,625	(1,565)	(1,652)	20,990	28,808	27,845
Pharmaceuticals	39,834	0	39,834	37,765	(2,069)	(2,069)	36,191	50,355	51,921
Air Ambulance	3,353	49	3,402	3,194	(159)	(208)	3,240	4,259	4,230
Non-clinical supplies	27,001	464	27,465	27,058	57	(407)	22,241	36,159	30,227
External provider payments	108,514	3,014	111,528	106,842	(1,672)	(4,686)	101,798	143,011	141,807
Inter District Flows	38,928	0	38,928	37,217	(1,711)	(1,711)	36,240	49,623	51,022
Total Expenses before IDCC	437,012	3,791	440,803	426,537	(10,475)	(14,266)	397,823	571,317	552,979
Surplus/(Deficit) before IDCC	14,676	185	14,861	19,281	(4,605)	(4,420)	14,291	25,602	7,022
Interest expenses	290	0	290	327	37	37	276	436	376
Depreciation	10,263	0	10,263	11,115	852	852	9,955	14,806	13,314
Capital charge	3,347	0	3,347	7,395	4,048	4,048	7,317	9,860	9,709
Total IDCC	13,900	0	13,900	18,837	4,937	4,937	17,548	25,102	23,399
Operating Surplus/(Deficit)	776	185	961	444	332	517	(3,257)	500	(16,377)
Holidays Act compliance	(4,125)	0	(4,125)	(375)	(3,750)	(3,750)	0	(500)	(46,082)
Net Surplus/(Deficit)	(3,349)	185	(3,164)	69	(3,418)	(3,233)	(3,257)	0	(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	34,722	13	34,735	37,229	2,507	2,494	29,884	50,380	41,891
Outsourced SMO	4,174	1	4,175	962	(3,212)	(3,213)	5,386	1,283	6,556
Total SMO	38,896	14	38,910	38,191	(705)	(719)	35,270	51,663	48,447
Employed RMO	11,491	(7)	11,484	11,469	(22)	(15)	10,077	15,013	14,347
Outsourced RMO	266	0	266	297	31	31	223	397	260
Total RMO	11,757	(7)	11,750	11,766	9	16	10,300	15,410	14,607
Employed Nursing	57,198	63	57,261	56,505	(693)	(756)	51,993	76,145	72,715
Outsourced Nursing	42	14	56	0	(42)	(56)	15	0	25
Total Nursing	57,240	77	57,317	56,505	(735)	(812)	52,008	76,145	72,740
Employed Allied Health	24,275	4	24,279	23,951	(324)	(328)	21,710	32,708	30,745
Outsourced Allied Health	544	0	544	184	(360)	(360)	373	223	482
Total Allied Health	24,819	4	24,823	24,135	(684)	(688)	22,083	32,931	31,227
Employed Disability Support Service	14,358	0	14,358	14,374	16	16	13,117	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	14,358	0	14,358	14,374	16	16	13,117	18,815	17,986
Employed Hotel & Support	6,128	50	6,178	5,828	(300)	(350)	5,295	7,829	7,387
Outsourced Hotel & Support	22	0	22	4	(18)	(18)	39	6	60
Total Hotel & Support	6,150	50	6,200	5,832	(318)	(368)	5,334	7,835	7,447
Employed Management & Admin	26,139	33	26,172	25,833	(306)	(339)	24,194	34,721	33,777
Outsourced Management & Admin	241	0	241	52	(189)	(189)	369	69	450
Total Management & Admin	26,380	33	26,413	25,885	(495)	(528)	24,563	34,790	34,227
Total Workforce costs	179,600	171	179,771	176,688	(2,912)	(3,083)	162,675	237,589	226,681
Total Employed Workforce Costs	174,311	156	174,467	175,189	878	722	156,270	235,611	218,848
Total Outsourced Workforce Costs	5,289	15	5,304	1,499	(3,790)	(3,805)	6,405	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	130.8	0.0	130.8	142.0	11.2	11.2	119.7	142.7	127.0
RMO	98.0	0.0	98.0	96.8	-1.2	-1.2	97.0	97.4	100.4
Nursing	772.6	0.6	773.2	754.6	-18.0	-18.6	745.8	760.2	761.5
Allied Health	374.1	0.0	374.1	388.3	14.2	14.2	350.7	390.1	368.1
Disability Support Service	276.1	0.0	276.1	270.6	-5.5	-5.5	271.0	272.4	269.0
Hotel & Support	132.5	0.0	132.5	129.6	-2.9	-2.9	125.9	130.7	129.2
Management & Admin	417.6	0.3	417.9	425.5	7.9	7.6	396.5	427.9	410.8
Total FTEs	2,201.7	0.9	2,202.6	2,207.4	5.7	4.8	2,106.6	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	363		363	359	(4)	(5)	342	353	330
RMO	160		160	162	2	2	142	154	143
Nursing	101		101	102	1	1	95	100	95
Allied Health	89		89	84	(4)	(4)	85	84	84
Disability Support Service	71		71	73	2	2	66	69	67
Hotel & Support	63		64	62	(2)	(2)	58	60	57
Management & Admin	86		86	83	(3)	(3)	83	81	82
	108		108	109	0	0	102	106	101

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As at 31 March 2021

	Budget	Actual	Actual
	Mar-21	Mar-21	Jun-20
	\$000	\$000	\$000
Assets			
<i>Current assets</i>			
Cash and cash equivalents	9,856	22,735	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	16,040	17,124
Inventories	2,742	3,233	2,900
Prepayments	1,188	1,724	386
Non-current assets held for sale	465	2,105	2,105
Total current assets	54,757	67,136	52,947
<i>Non-current assets</i>			
Prepayments	36	658	521
Other financial assets	1,715	1,711	1,723
Property, plant and equipment	192,792	190,169	193,039
Intangible assets	12,036	10,706	11,087
Total non-current assets	206,579	203,244	206,370
Total assets	261,336	270,380	259,317
Liabilities			
<i>Current liabilities</i>			
Payables	45,492	52,790	41,666
Borrowings	501	716	632
Employee entitlements	44,441	100,831	97,310
Total current liabilities	90,434	154,337	139,608
<i>Non-current liabilities</i>			
Borrowings	7,664	7,973	8,473
Employee entitlements	9,870	10,829	10,829
Total non-current liabilities	17,534	18,802	19,302
Total Liabilities	107,968	173,139	158,910
Net assets	153,368	97,241	100,407
Equity			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,481)	(67,613)	(64,447)
Total equity	153,368	97,241	100,407

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 31 March 2021

	Budget Mar-21 \$000	Actual Mar-21 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	447,912	457,585	597,222
Interest received	936	368	1,250
Payments to employees	(174,753)	(170,943)	(233,016)
Payments to suppliers	(254,133)	(263,356)	(339,111)
Capital charge	(4,930)	(2,460)	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	15,032	21,194	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	72	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(5,256)	(5,880)	(7,000)
Purchase of intangible assets	(1,503)	(1,076)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(6,759)	(6,884)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(324)	(709)	(436)
Net cash flow from financing activities	(324)	(709)	(983)
Net increase/(decrease) in cash and cash equivalents	7,949	13,601	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	9,856	22,735	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 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	48,782	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757
Interest Received	54	54	56	56	56	56	56	56	56	56	56	56
Other Revenue Received	987	987	992	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006
Total Receipts	49,822	49,822	49,830	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819
Payments												
Personnel	19,417	19,417	19,429	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805
Payments to Suppliers and Providers	28,237	28,237	28,503	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767
Capital Charge	-	-	2,530	-	-	-	-	-	3,000	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	47,654	47,654	50,462	49,572	49,572	49,572	49,572	49,572	52,572	49,572	49,572	49,572
Net Cash Inflow/(Outflow) from Operating Activities	2,168	2,168	(632)	1,247	1,247	1,247	1,247	1,247	(1,753)	1,247	1,247	1,247
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	584	584	576	584	584	584	584	584	584	584	584	584
Capex - Intangible Assets	167	167	163	167	167	167	167	167	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	739	751	751	751	751	751	751	751	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(739)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(36)	(36)	(587)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)
Net Increase/(Decrease) in Cash Held	1,381	1,381	(1,958)	459	459	459	459	459	(2,541)	459	459	459
Plus Opening Balance	22,735	24,116	25,497	23,539	23,998	24,457	24,916	25,375	25,834	23,293	23,752	24,211
Closing Balance	24,116	25,497	23,539	23,998	24,457	24,916	25,375	25,834	23,293	23,752	24,211	24,670

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 21 April 2021
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met on 12 April at the Blenheim campus.

The Council's Terms of Reference were a key topic of this meeting. The Council has identified the need for clarity of their role and the expectations of what is delivered by them to support the development of consumer engagement at NMH. Improved process needs to be implemented to manage requests to the Council to provide clear scope, remuneration and expected outputs of involvement.

The Clinical Quality Data Specialist attended the meeting for discussion on the Inpatient and Primary Care Consumer survey, and Council were asked for their input to the questions and the process, to benefit the Choosing Wisely initiative. Consumer Council understands that NMH has average uptake of this survey in comparison to other DHBs, but the limited uptake, particularly from the non-European communities across the country, needs improvement. The Council has the following suggestions:

- Use the equivalent of a health navigator/support person during the inpatient experience (ie, go to the bed side)
- Access interpreters
- Forward the surveys to NGOs, appreciating that Maori and Pasifika will more readily accept it from someone they know and trust.

The Project Manager Models of Care and Health Pathways attended the meeting and spoke on Ki Te Pae Ora. The Council raised concerns that consumer engagement has stalled. Council understands that there is a review underway, however if consumers are to be at the centre of change at NMH, engagement needs to continue at all levels of this transformation. The Council asks that Board emphasise that projects across NMH are expected to engage consumers, as all changes or developments should be for the benefit of the consumer.

The Consumer Council continues to use the 'Talk to 10' to canvas a wide range of opinions. Council have agreed to setting up a community feedback channel in Microsoft Teams so members can add the themes they are hearing from the community.

Angelea Stanton
Consumer Council Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL CHAIR'S REPORT.

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 21 April 2021
Subject: **Clinical Governance Report**

Status

This report contains:

For decision

Update

✓ Regular report

✓ For information

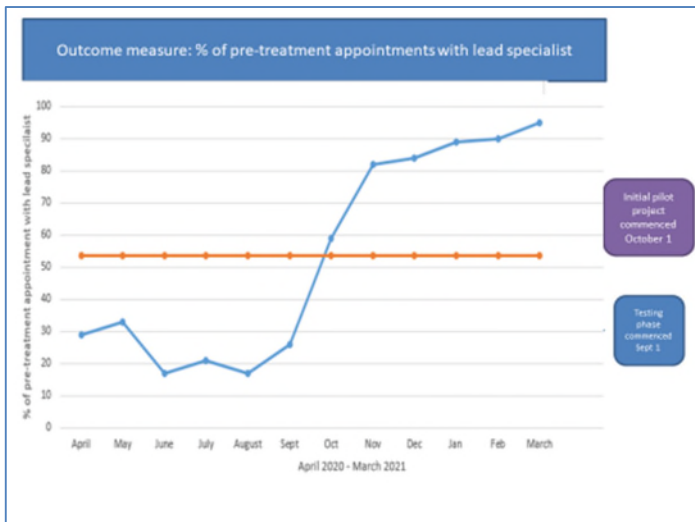
Purpose

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 9 April 2021.

DHB CGC endorsed:

- **COVID-19 Vaccination Programme** – The dramatic progress locally to get vaccine protection available was appreciated. The Committee specifically wished to acknowledge the following.
 - The efforts made to avoid wasting vaccine and reaching the priority groups. Some short notice recipients are often needed.
 - NMH has been a leading DHB in getting high levels of coverage for our people.
 - The strong engagement with PHOs and Maori providers has been used to take vaccine to where the people are. The rural and marae based work is especially important - Golden Bay, Murchison, Motueka, Waikawa Marae.
 - As of 18 April 2021 there had been 878 million vaccine doses administered. Vaccines are proving effective at preventing COVID and for the Pfizer vaccine adverse events are rare indicating the vaccine is as safe in the real world as it was in clinical trials.
- **The improvement in continuity of care for patients undergoing cancer treatments at Wairau Hospital using telehealth** – This project, undertaken by the oncology team, has achieved excellent results and demonstrated the benefits gained from involving the whole team, including the patients themselves, in the design and planning of a new way of doing something.

Patients on a treatment regime for a cancer need to be seen prior to each treatment by their oncologist. Prior to the work only around 20% of pre-treatment oncology appointments were with the patient's lead specialist. By the end of the project this number was over 90% and the patient feedback was extremely positive. All credit to this team for undertaking this piece of work with such pleasing results.



I am really happy with phone appointments – they work well and fit in with my life (Maori 63)

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