

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 25 May 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 |
| 4.1 | DHB HR KPI Dashboard | | Attached | Note |
| 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 27 April 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

REGISTRATIONS OF INTEREST – BOARD MEMBERS

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

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

| 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) | | <ul style="list-style-type: none"> ▪ Co-owner Abel Tasman Soul Ltd (ta Abel Tasman Kayaks) ▪ Owner and Managing Director Nea Zoe Ltd (ta Second Base) ▪ Chair of FACE Nepal Charitable Trust NZ ▪ Director Ruapehu Alpine Lifts (RAL) | | |

As at April 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 IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS OF NELSON HOSPITAL ON 27 APRIL 2021 AT 12.30PM

Present:

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Allan Panting, Brigid Forrest, Olivia Hall, Paul Matheson, Dawn McConnell, Jacinta Newport

In Attendance:

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Pat Davidsen (GM Clinical Services), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Hilary Exton (Director Allied Health), Marama Haycock-Scott (Communications Advisor), Zoe Dryden (IOD Awardee), Gaylene Corlett (Board Secretary)

Apologies:

Jill Kersey, Gerald Hope

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Allan Panting was welcomed back to the Board.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Craig Dennis
Seconded: Stephen Vallance

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Amendment to attendees noting Dawn McConnell did not attend the Board meeting and Olivia Hall did attend the meeting.

Moved: Craig Dennis
Seconded: Stephen Vallance

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 23 MARCH 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD ONCE AMENDMENTS MADE.

AGREED

Matters Arising

Nil.

3.1 Action Point

Item 1 – Patient stories. Completed

Item 2 – Information on ESPI1 wand ESPI5: Update as part of presentation in Advisory Committee meeting. Completed

Item 3 – Wairau CT Operation: Update in CE report. Completed

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The Chair mentioned the outcome of the Health & Disability System Review noting ELT and Board members had met separately to discuss the outcome.

The anxiety of staff was acknowledged, and those present were asked that we be mindful of any reactions to the outcome. More detail on the review will come before we can better understand the full impact of the changed health system. It was noted that our community does not need to be concerned as there will be no change to health services.

The Chair attended the blessing of the new Nelson COVID vaccination centre.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The CE informed the Board that guidance and relationships formed across the South Island will stand us in good stead as we move to a new health system.

COVID continues to dominate our world, however we believe we are ready should we need to respond to an outbreak. Blessing of the Blenheim vaccination clinic is to be held tomorrow and the Richmond clinic next week.

Discussion held on the performance appraisal target noting there is ongoing focus on this area.

Discussion held on St John service in Murchison noting they wished to change the model. Their proposal was supported by the community and NMH to retain a service in Murchison with paid and volunteer staff.

SECTION 6: FINANCIAL REPORT

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 Holiday Act

remediation provisioning. This results in a base operating surplus of \$770k which is \$330k favourable to plan.

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted. Discussion held on the successful use of telehealth for appropriate consultations.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Allan Panting
Seconded: Stephen Vallance

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 23 March 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: Contracts – APPROVED
- Decision: Insurance Placement – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.00pm.

| ACTION POINTS - NMH – Board Open Meeting held on 27 April 2021 | | | | | | |
|---|-------------------------|-------------------------|---------------------------|--------------------------|-----------------|---------------|
| Action Item # | Action Discussed | Action Requested | Person Responsible | Meeting Raised In | Due Date | Status |
| | | Nil | | | | |

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 19 May 2021
Subject: **Correspondence for April/May**

Status

This report contains:

For decision

Update

Regular report

For information

Inward Correspondence

Nil

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 19 May 2021
Subject: **Chair's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 19 May 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

We are learning more about the structural change within the health system and our leadership teams are looking for opportunities to gift to the new entity.

Locally we will continue to progress the focus on updating our facilities for the next 5-10 year period as well as the goal of a new Nelson Hospital. Our engagement with the new Health Infrastructure Unit continues to be positive and this week we advertised for a Project Director to guide the next stage in development of a more detailed business case for our new hospital.

Working closely with our regional DHBs collectively we have identified several projects where, if we work more closely together, we can improve the health outcomes for all the South Island region. Our approach is to deliver an interconnected, interdependent service delivery model that is guided by the following themes:

1. Common pathways of care to improve consistency.
2. Consistent operating procedures.
3. A hub and spokes model adapted to the task in hand.
4. A service managed from one DHB e.g. gynae-oncology.
5. A service with one entry point and several delivery sites e.g. Bariatric surgery.
6. Joined up planning to address evolving whole of South Island facility and workforce needs.

As with any significant change our workforce wellbeing is front and centre. The Executive Leadership team spent time this month reviewing our current wellness programme and looking at opportunities to strengthen our resources and knowledge.

The COVID vaccination programme continues at pace, and our teams are achieving above expectations. To date we have managed to utilise all vaccines we have been allocated with our vaccination teams running like fine oiled machines. Feedback from our community to date has been extremely positive.

As I write this, we are hearing of a ransomware incident affecting Waikato DHB. This is the first major successful cyber-attack on the NZ Health sector, and the national response reflects this. The National Cyber Security Centre is managing the response at Waikato, with the help of other relevant agencies. For NMH, our IT team are monitoring activity, and taking action to further strengthen our security profile. A two-tier incident management response team is being put in place, one at a local level, and another regionally around the host. Business continuity plans for the services and phones are in place.

2. MĀORI HEALTH

The GM Māori Health & Vulnerable Populations reactivated the Whare Ora Health Homes initiative at the start of April 2021 by ensuring that products can be brought for whānau in a timely manner. It is expected that referrals will increase as we move into the winter period.

The Hauora Direct Digital initiative business case was discussed and supported by the Executive Leadership Team (ELT). ELT suggested that there would be value in establishing a working group to support how Hauora Direct might be rolled out through different parts of the health workforce to support the programme's integration into the sector. The business case will also need to be presented to the DHB Chief Executives in the South Island. The Māori Health Directorate within the Ministry have indicated they will support the initiative with funding, however the volume of which is yet to be determined. At a local level, the Māori Health team will be supporting the training of Te Piki Oranga in the use of Hauora Direct, as the organisation has indicated they are keen to integrate the programme into their work schedule.

Te Waka Hauora, the Māori Health & Vulnerable Populations team at Nelson Marlborough Health (NMH), continues to strengthen the range of Mokopuna Ora initiatives. The following information details data that relates to the implementation of our Safe Sleep programme:

- 22 safe sleep devices were distributed in the month of April.
- 12 Pēpi pod were distributed through either Nelson Marlborough Health or other distributors.
- 10 wahakura were distributed throughout April 2021.
- 10 safe sleep beds went to Māori whānau, and one to a Tongan whānau.

In total 50 % of safe sleep devices were distributed to Māori or Pacific whānau.

A meeting was held with Hāpai Te Hauora, to organise the upcoming Wahakura Wānanga (learning session for flax woven Safe Sleep devices) which is set for June 2021. Hāpai will fund the Wānanga costs, and provide a rāranga kaiawhina, (Wahakura probation trainers). The Hui will involve experienced weavers, learner weavers, and health professionals. The aim of the Hui is to support and encourage local weavers to develop skills, and knowledge around making wahakura, and also to encourage health professionals to understand the cultural significance of Wahakura, and the way the Safe Sleep message is woven into the creation of these beautiful taonga.

A rebrand of the Hapū Wānanga programme has occurred and it will now be known as Wānanga Hapūtanga. A Wānanga Hapūtanga was held on 29-30 April at Wairau Hospital with eight hapū māmā attending, along with five Dads, one support person, and two Tamariki. Of the eight hapū māmā that attended, seven identified as Māori. The GM Māori Health & Vulnerable Populations, as the Chair of Te Herenga (GMs Māori South Island) convened a training session with representatives from Māori health from other DHBs late last year to run a 'train the trainers' forum on Wānanga Hapūtanga. As a result of this, all DHBs within the South Island have adopted Wānanga Hapūtanga, and this initiative has been placed within all DHB annual plans. This is the first health equity initiative that has been regionalised by Te Waka Hauora and Te Herenga.

Te Waka Hauora and Mental Health are aligned in a partnership approach on two major initiatives. These are Nikau Hauora Hub and First 1000 Days.

Te Waka Hauora is proving cultural development opportunities for tangata whaiora and staff in the Mental Health & Addictions Service. Key functions include:

- Promoting and holding mihi whakatau and poroporoaki at Wahi Oranga.
- Being involved with tangata whaiora reviews.

- Providing support for our Poumanaaki in the unit.
- Advocating and supporting processes for reducing seclusion.
- Facilitating “Wananga” cultural morning hui weekly.
- Facilitating Tane Roopu at Nikau Hauora Hub.
- Helping staff understand cultural awareness (looking at bias / stereotyping).
- Karakia / Waiata
- Facilitating blessings / Karakia for whanau.
- Assisting with staff training “Kawe Mate” processes and policies around whanau Whakawhanaungatanga with new admissions (via brief mihi whakatau), and being present at admissions where possible.
- Providing cultural support for staff.
- Tautoko whanau and NMDHB Wahi Oranga staff at hui as cultural support upholding the importance of wellbeing protocols of Kawa and tikanga (Tapu and Noa).

The GM Māori Health & Vulnerable Populations is looking to develop several virtual training programmes, some of which will be recorded. This will include a basic introduction into the Māori language. The GM is working with People & Capability on a plan regarding building cultural competency in our workforce.

The Vulnerable Technical Advisory Group (VTAG) has been reinstated to provide the opportunity to keep a significant range of Māori and vulnerable population groups updated with developments in relation to COVID-19. The last meeting included a presentation that covered an overview of COVID-19 from a global, national, and local perspective. There was also a presentation from the Iwi Lead for COVID-19 which covered the focus of the newly formed Iwi entity that will look to support whānau in the areas of food, education, employment, housing and Tikanga matters relating to COVID-19.

3. PRIMARY & COMMUNITY

The focus for all community services continues to be planning for COVID-19 vaccinations. The national situation has understandably been evolving and much time devoted to redeploying current workforces as we build new ones. Almost three quarters of all 26 ARC facilities across the region have had their first COVID vaccine with some facilities now having had their 2nd dose. It is expected that all Age Residential Care will have their 2nd vaccine completed by mid-June. Preparations for vaccination of all other private residents in age residential settings are now underway and this is expected to commence in mid-May. Central vaccination sites are open in Blenheim, Nelson and Richmond, and General Practice and community pharmacies have more clarity on what the vaccine roll out might look like if they were involved. Vaccination of health workforces has seen strong uptake with over 65% coverage so far.

Support was provided to the Marlborough PHO and Te Hauora o Ngati Rarua (Marlborough) to organise kaumatua and their whānau to receive the COVID-19 vaccination, with 163 vaccinations being delivered at Marlborough Youth Trust. Kaumatua enjoyed catching up with each other and appreciated that their whole whānau were able to choose to be vaccinated together, recognising their whānau bubble. Second round of vaccinations is set for 8 May.

The Hospital Pharmacy Team Leaders continue to be busy planning for COVID-19 vaccinations, implementation of the new MECA and the myriad of out of stock situations associated with COVID-19 shipping delays and stock supply issues. Difficulty accessing NZ registered and unregistered medicines continues to be a national issue.

Ministry of Health funding contract for the Integrated Primary Mental Health & Addiction Services – Wellbeing Practitioner model has been signed. Funding is part of the 2019

Wellbeing Budget and provides support for the new model of care into selected general practices across NMH.

The Public Health Service convened a meeting with key government and public service stakeholders including Tenancy Services, Ministry of Social Development, Nelson City Council and Tasman District Council. This meeting was a relationship building exercise to understand how we can work together and establish what levers and opportunities there are to ensure landlords meet their legal obligations to their tenants, allowing tenants to expect to live in a safe, warm and dry home. It was well understood that many of our most vulnerable families are reluctant to complain about their circumstances when there are few other options. The meeting was valued by those involved.

The bed pressure in Age Residential Care at rest home and hospital level have lessened over the past six months, however, both Nelson and Marlborough are experiencing a shortage of dementia beds at both dementia (D3) and psychogeriatric (D6) levels of care. A new facility has opened this month which has assisted in reducing carer stress by providing respite for more people in the community. The facility will also look to provide dementia care, however this will be from 2022 onwards.

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. Workforce shortages and the flow on affect it has on service provision remains the number one challenge for both providers across the region.

Our Community Oral Health Service arrears have decreased significantly from 21% to 16%.

4. MENTAL HEALTH, ADDICTIONS AND DSS

We are making good progress on the development of the child respite facility in Wairau with plans currently being finalised with the architect.

Mental Health Services continue to face high demand this month.

We are making good progress 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 visited and they have mocked up three options which we are now consulting the wider team on.

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. There is a 1-3-month delay in data entry of Community Contacts.

We were pleased to host the Minister of Health in our district, at Mapua Health, where he announced the release of funding for the Access and Choice programme (Te Tumu Waiora) to our area. We are currently drafting the contracts with our primary care partners to support release of this funding.

Figure 1

Mental Health, Addictions and Older Person's Mental Health

| | Referrals - 2021 04 | | | Community Contacts - 2021 03 | | | DNA % - 2021 03 | |
|--------------|---------------------|----------|------|------------------------------|----------------|---------------------|-----------------|-----------------|
| | Caseload 05/05/21 | Received | DX'd | Total | % Data Entered | AVG Days to 1st F2F | All Ethnicities | Maori Ethnicity |
| Total | 3,491 | 748 | 642 | 3,780 | 70% | 35 | 4.9% | 7.4% |

Referrals Received and Discharged

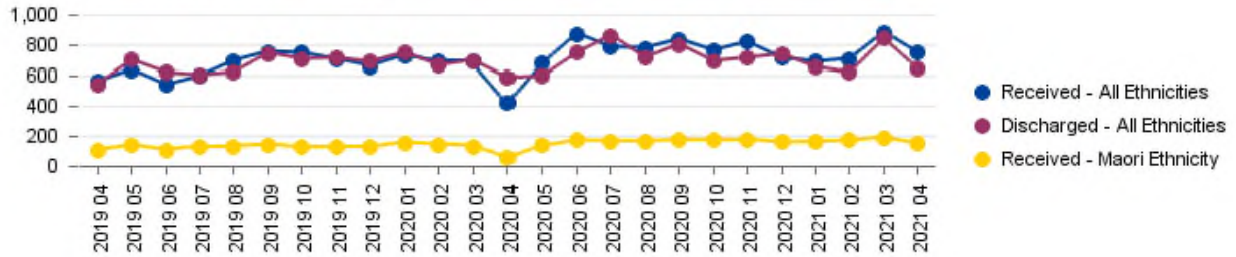


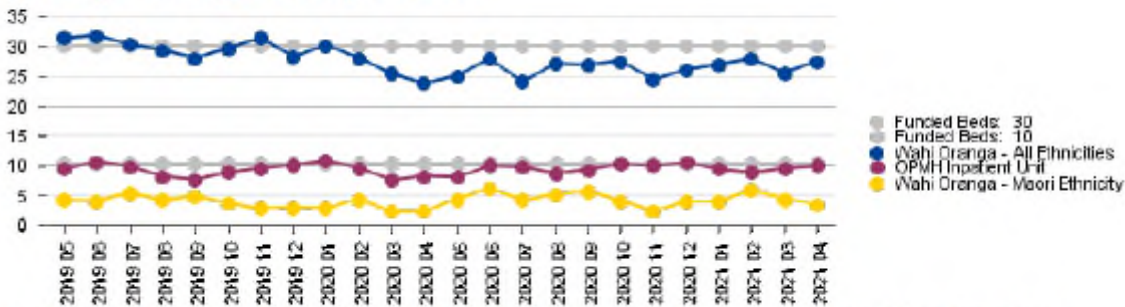
Figure 2

Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

April 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

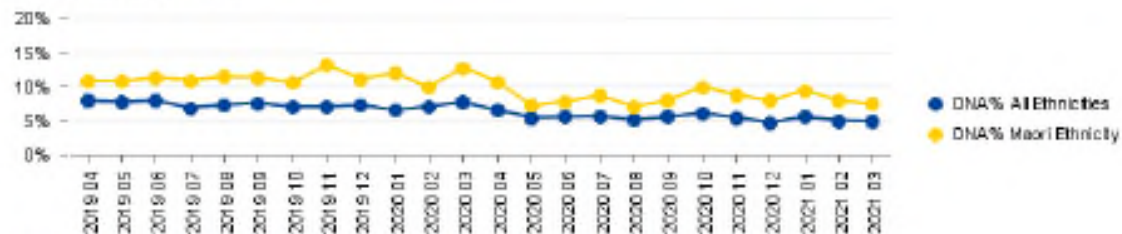
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

April 2021

Mental Health, Addictions and Older Person's Mental Health

Did Not Attend (DNA) %



Note: January 2021 to March 2021 is estimated as having only 70-85% of data entered.

Figure 4

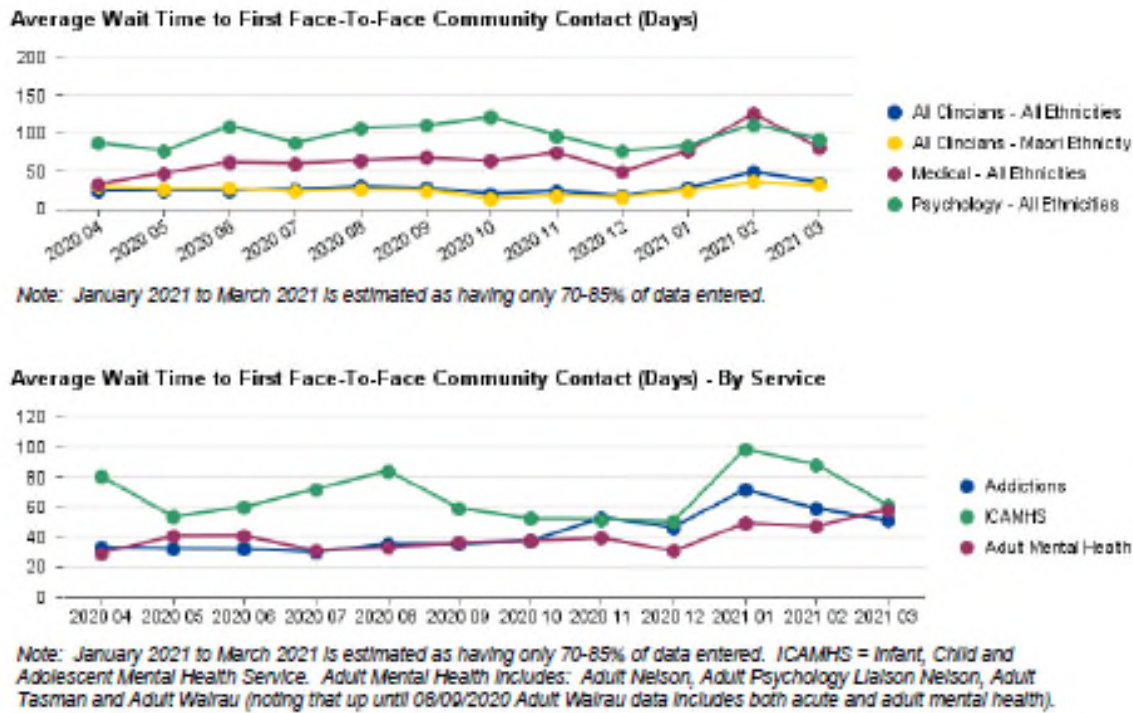


Figure 5

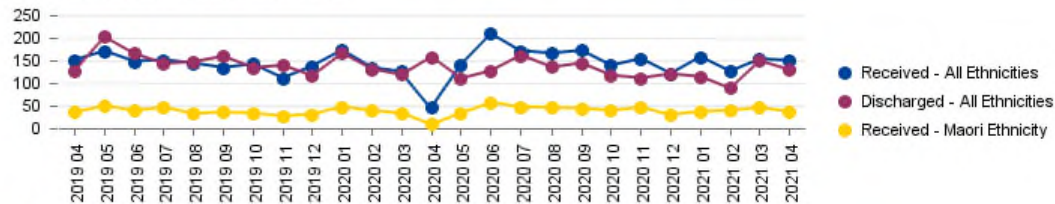
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

April 2021

Addictions

Referrals Received and Discharged



Infant, Child and Adolescent Mental Health Service (ICAMHS)

Referrals Received and Discharged

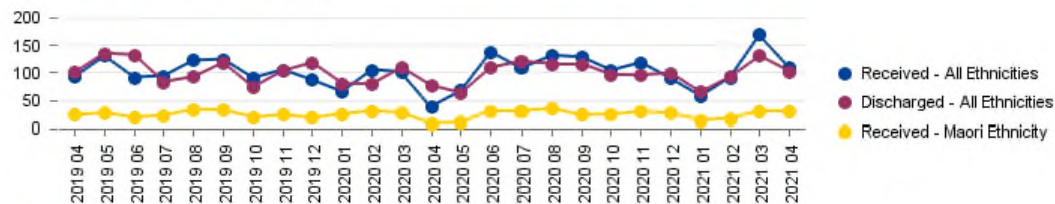
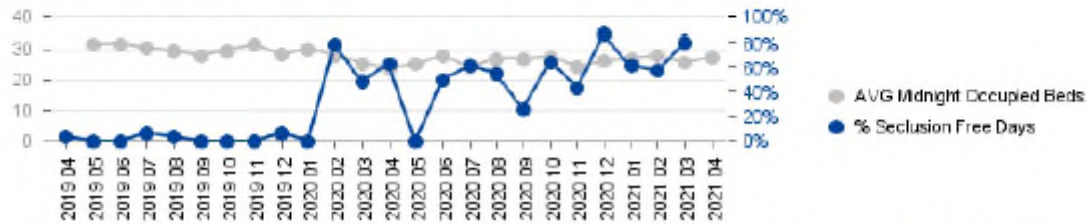


Figure 6

Seclusion

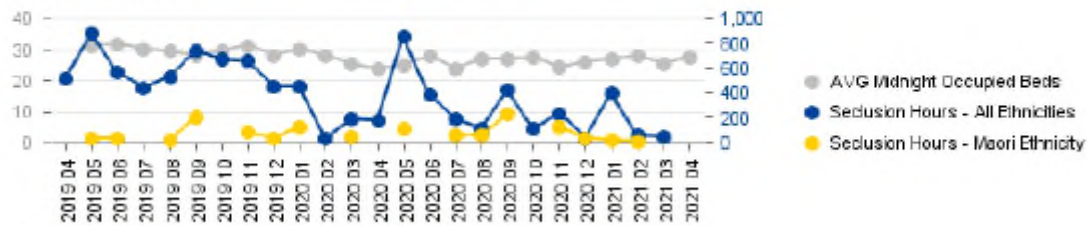
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

% 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)

Live Life Disability Support is progressing with our intention to align strongly with the enabling good lives strategy by gaining feedback across our services on how we offer our day services by supporting people to have more choice and control, weaving together policy and research for better outcomes and delivering lasting change through collaboration. Enabling Good Lives is a partnership between the disability sector and government agencies.

Currently DSS has 65 homes, employs 311 staff and supports 266 people.

| Disability Support Services (DSS) | | Current February 2021 | | | | YTD February 2021 | Current March 2021 | | | | YTD March 2021 | | |
|---|--|-----------------------|---------------|-------------|--------|-------------------|--------------------|------------|---------------|-------------|----------------|---------------|---------|
| 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 | | |
| Bed - Moh Individual contracts | As per Contracts at month end | 8 | 0 | | 8 | | 8 | 0 | | 8 | | | |
| Bed - DHB-Chronic Health Conditions | As per Contracts at month end | 1 | 0 | 10 | 11 | | 1 | 0 | 10 | 11 | | | |
| Bed - Individual contracts with ACC | As per Contracts at month end | 1 | - | | 1 | | 1 | - | | 1 | | | |
| Bed - 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 |
| | 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 | Total long term residential referrals | 15 | 13 | | | | | 13 | 14 | | | | |
| Referrals - Child Respite | 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

Dr Kate Gregory and Team won the prize for the “Best Story Board overall in the Ko Awatea Improvement Advisory Programme”. It never ceases to amaze how these already very busy clinicians are always seeking ways to improve how they work, better continuity of care and clinician leadership.

Supplies, eg IV giving sets and sterile wraps, are nationally in short or with no supply. MOH coordinating supply chain nationally of critical risk items. NMH has a Critical Supply EOC to manage supply and distribution / contingency.

5.1 Health Targets

At the end of April 2021 we planned 5,052 surgical discharges of which we have delivered 4,797 (95%). This is under plan by 255 discharges.

We have delivered 5,408 minor procedures to the end of April 2021, which is 1,554 procedures higher than our Plan target of 3,854 for this period.

- For orthopaedic interventions year to date at the end of April 2021, a total of 390 joints have been completed which is down 50 on the Plan of 440. There are currently 212 joints waitlisted for surgery.
- We have delivered, as at end of April 2021, 528 cataracts which is 28 above our Plan of 500. There are currently 172 cataracts waitlisted for surgery.

5.2 Planned Care

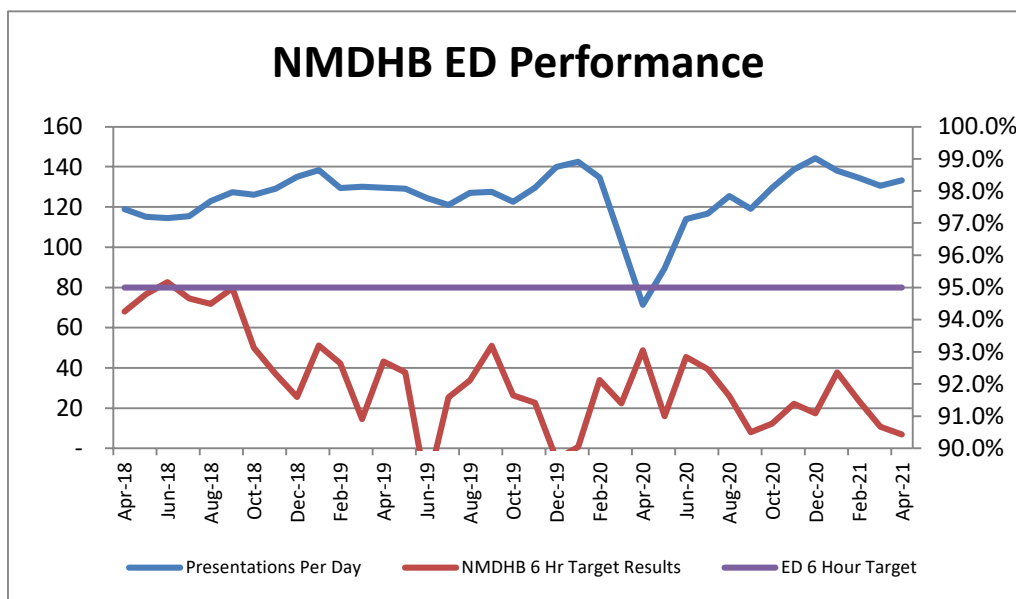
ESPI 2 (time to receive a first specialist assessment) was Red for the month of April with 636 patients not being seen within 120 days of referral acceptance.

ESPI 5 (time to receive planned procedure) was also Red for the month of April with 329 patients not being treated within 120 days of being given certainty.

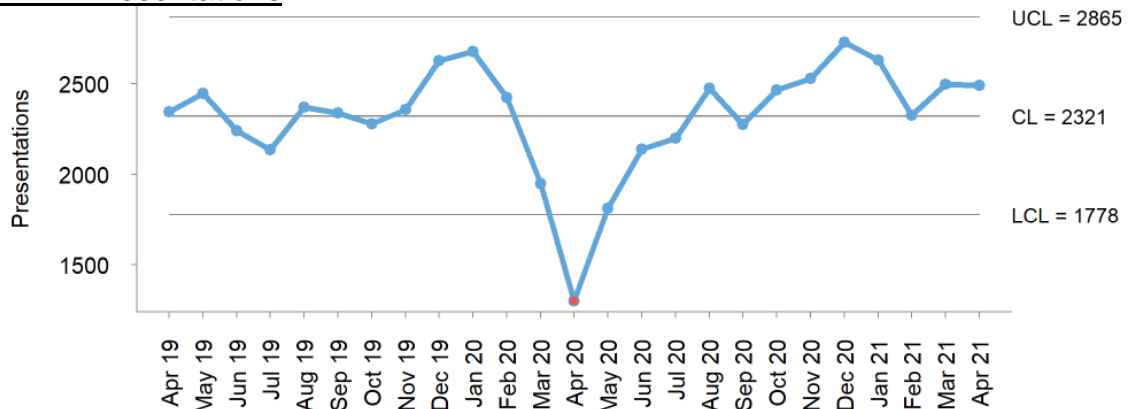
5.3 Recovery Plan

Plans are being actioned and intensively monitored twice weekly for all specialties for both outpatients and inpatients. April 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.

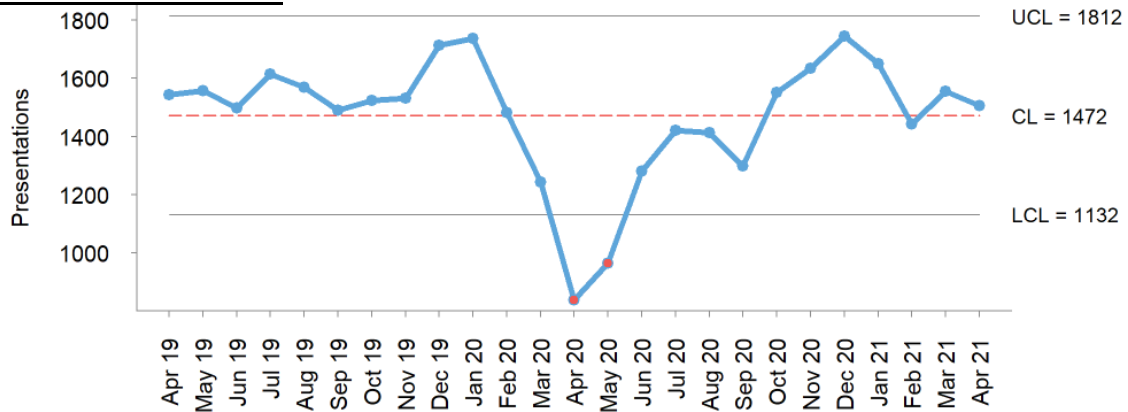
5.4 Shorter Stays in Emergency Department



Nelson ED Presentations



Wairau ED Presentations



Hospital Occupancy

Our hospitals continue to have significant occupancy of 98% at Nelson and 86% at Wairau respectively.

| Hospital Occupancy 1-30 April 2021 | Adult in patient |
|---------------------------------------|------------------|
| Nelson | 98% |
| Wairau | 86% |

5.5 Enhanced Access to Diagnostics

MRI numbers for April 2021 are 339 patients scanned, with 86% being scanned within 42 days of referral acceptance (MOH target is 90%). This is below target due to the anaesthetic monitor being out of service, therefore no general anaesthetic MRIs being able to be completed.

CT is at 89% of patients scanned within 42 days of referral acceptance (MOH target is 95%).

5.6 Faster Cancer Treatment – Oncology

| FCT Monthly Report - Apr 2021 | | | | | | | | | | Reporting Month: Mar 2021 - Quarter 3 - 2020-2021 | | | | | |
|--|--|---------------------------|---------------------|-------------------------|-------------------------|-----------------------|-----------------------|---|---------------------|---|---------------------|--------------------------|---------------------|---|---------------------|
| As at 19/04/2021 | | | | | | | | | | | | | | | |
| 62 Day Indicator Records | | | | | | | | | | | | | | | |
| TARGET SUMMARY (90%) | | Completed Records | | | | | | | | | | | | | |
| | | Apr 2021 (in progress) | | Mar-21 | | Feb-21 | | Quarter 4 (in progress) 2021-2022 | | Quarter 3 2020-2021 | | Quarter 3 (2019-2020) | | Rolling 12 Months Apr 2020 -Mar 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 |
| Number of Records | | 63% | 38% | 83% | 17% | 79% | 21% | 63% | 38% | 85% | 15% | 90% | 10% | 91% | 9% |
| Total Number of Records | | 5 | 3 | 25 | 5 | 22 | 6 | 5 | 3 | 68 | 12 | 75 | 8 | 280 | 28 |
| | | 8 | | 30 | | 28 | | 8 | | 80 | | 83 | | 308 | |
| Numbers Including all Delay Codes | | 63% | 38% | 74% | 26% | 69% | 31% | 63% | 38% | 74% | 26% | 78% | 22% | 79% | 21% |
| Number of Records | | 5 | 3 | 25 | 9 | 22 | 10 | 5 | 3 | 68 | 24 | 75 | 21 | 280 | 74 |
| Total Number of Records | | 8 | | 34 | | 32 | | 8 | | 92 | | 96 | | 354 | |
| 90% of patients had their 1st treatment within: # days | | 82 | | 98 | | 101 | | 82 | | 98 | | 90 | | 87 | |
| 62 Day Delay Code Break Down | | Apr 2021 (in progress) | | Mar-21 | | Feb-21 | | Quarter 4 (in progress) 2021-2022 | | Quarter 3 2020-2021 | | Quarter 3 (2019-2020) | | Rolling 12 Months Apr 2020 -Mar 2021 | |
| 01 - Patient Reason (chosen to | | 0 | | 1 | | 0 | | 0 | | 2 | | 1 | | 6 | |
| 02 - Clinical Cons. (co-morbidities) | | 0 | | 2 | | 4 | | 0 | | 10 | | 12 | | 40 | |
| 03 - Capacity Constraints | | 3 | | 5 | | 6 | | 3 | | 12 | | 8 | | 28 | |
| TUMOUR STREAM | | | | | | | | | | | | | | | |
| Rolling 12 MonthsApr 2020 -Mar 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% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0 | | | |
| Breast | | 100% | 59 | 0% | 0 | 5% | 3 | 2% | 1 | 6% | 4 | 63 | | | |
| Gynaecological | | 100% | 21 | 0% | 0 | 15% | 4 | 4% | 1 | 19% | 5 | 26 | | | |
| Haematological | | 89% | 16 | 10% | 2 | 10% | 2 | 0% | 0 | 20% | 4 | 20 | | | |
| Head & Neck | | 79% | 23 | 18% | 6 | 12% | 4 | 3% | 1 | 32% | 11 | 34 | | | |
| Lower Gastrointestinal | | 84% | 16 | 12% | 3 | 23% | 6 | 4% | 1 | 38% | 10 | 26 | | | |
| Lung | | 87% | 27 | 10% | 4 | 21% | 8 | 0% | 0 | 31% | 12 | 39 | | | |
| Other | | 100% | 2 | 0% | 0 | 60% | 3 | 0% | 0 | 60% | 3 | 5 | | | |
| Sarcoma | | 75% | 3 | 17% | 1 | 33% | 2 | 0% | 0 | 50% | 3 | 6 | | | |
| Skin | | 90% | 65 | 9% | 7 | 1% | 1 | 3% | 2 | 13% | 10 | 75 | | | |
| Upper Gastrointestinal | | 96% | 22 | 4% | 1 | 15% | 4 | 0% | 0 | 19% | 5 | 27 | | | |
| Urological | | 87% | 26 | 12% | 4 | 9% | 3 | 0% | 0 | 21% | 7 | 33 | | | |
| Grand Total | | 91% | 280 | 8% | 28 | 11% | 40 | 2% | 6 | 21% | 74 | 354 | | | |
| ETHNICITY | | | | | | | | | | | | | | | |
| Rolling 12 MonthsApr 2020 -Mar 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% | 2 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 2 | | | |
| Australian | | 0% | 0 | 0% | 0 | 100% | 1 | 0% | 0 | 100% | 1 | 1 | | | |
| Chinese | | 100% | 2 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 2 | | | |
| European nfd | | 90% | 9 | 7% | 1 | 20% | 3 | 13% | 2 | 40% | 6 | 15 | | | |
| Fijian | | 100% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 1 | | | |
| Indian | | 100% | 1 | 0% | 0 | 50% | 1 | 0% | 0 | 50% | 1 | 2 | | | |
| Maori | | 94% | 15 | 5% | 1 | 27% | 6 | 0% | 0 | 32% | 7 | 22 | | | |
| New Zealand European | | 90% | 229 | 9% | 25 | 9% | 27 | 1% | 4 | 20% | 56 | 285 | | | |
| 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 | | 92% | 12 | 100% | 1 | 0% | 2 | 0% | 0 | 0% | 3 | 15 | | | |
| Southeast Asian nfd | | 100% | 1 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 1 | | | |
| Grand Total | | 91% | 280 | 8% | 28 | 11% | 40 | 2% | 6 | 21% | 74 | 354 | | | |

6. ALLIED HEALTH

A greater focus on preventative, early rehabilitation and self-management is required in order to shift the Musculo-skeletal pathway and life curve, progress Ki Te Pae Ora programme and begin to address the increase demands for health of older persons allied health services, musculo-skeletal needs and surgical interventions. This is a complex area and requires a system approach and has now been discussed and agreed by the South Island Region.

In 2017 the Ministry of Health (MOH) introduced the Mobility Action Programme (MAP) which included new funding over three years to help improve care for people with musculoskeletal health conditions (Spinal Care Programme). This included increasing access to early community-based advice, treatment, education to improve self-

management, and rehabilitation to improve function and participation in activities that are important to them.

In March 2017, TBI Health commenced a pilot with the Ministry of Health (MOH) and Nelson Marlborough Health (NMH) to provide a multi-disciplinary community rehabilitation programme in the Nelson Marlborough region to assist people with persistent Low Back Pain (LBP).

Over a 22 month period TBI Health assessed and treated over 309 people in the region. Patients enrolled in the SpineCare programme showed statistically significant improvements in average levels of self-rated pain, disability, and quality of life measures. These improvements were sustained at the 3 month follow up (88.2% follow-up rate), and 12 month follow up checkpoint (84.6% follow up rate). There was also an approximately 60% reduction in health usage rates for GP and specialist services and diagnostic tests for patients completing the programme.

Following the success of the pilot NMH have continued to fund the programme, in partnership with both PHOs, with the aim to:

- Improving client understanding and self-management of their condition.
- Increasing functional activity and independence.
- Reducing impact of symptoms on lifestyle.
- Improving quality of life and health status.
- Integrating patients into community-based services that support ongoing independence
- Improving access for high needs population groups.
- Reducing health disparities within the NMH region.
- Reducing ongoing reliance on tertiary care services.

In 2020 / 2021 the programme has provided community-based spine assessment and rehabilitation services to 147 people in the region and receives an average of 20 referrals a month.

7. NURSING & MIDWIFERY

April was an exciting month with a refresh on improving cancer services. This has been spurred on by the ADON/Ops Manager for Nelson attending the Joint Lung and Prostate Cancer QPI Forum in Wellington.

8. PEOPLE & CAPABILITY

All new starters are invited to attend a Warm Welcome and Orientation event within two months of joining. 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.

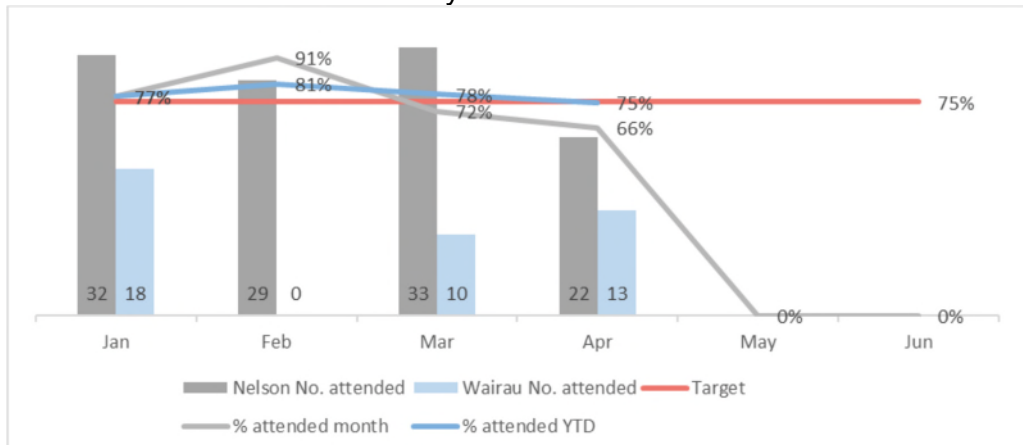


Figure 1 Warm Welcome attendance, by location and % attendance, by month and year to date

The number of jobs we are posting each month continues to trend upwards. We posted 76 jobs in total, and placed 69 candidates into positions in total across the whole DHB in April.



Two solution approval Holidays Act Remediation Project meetings 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.

Attached as item 4.1 is the DHB HR KPI (December 2020 compared with three months prior) for NMH.

Workforce Summary

Staff Details 30/04/2021

| Headcount | Contracted FTE | Avg. Age At Rpt Date | Avg. Los Yrs At Rpt Date | Avg. Contracted FTE |
|-----------|----------------|----------------------|--------------------------|---------------------|
| 3,068 | 2,016 | 47.6 | 7.5 | 0.66 |

ethnicity

| Ethnic Group | Percentage |
|----------------|------------|
| NZ MAORI | 6.55% |
| NZ PAKEHA/EURO | 65.55% |
| OTHER | 24.80% |
| UNKNOWN | 3.10% |

expense grp

| Expense Grp | Percentage |
|-------------|------------|
| ALL | 16.82% |
| MAD | 17.18% |
| MED | 8.12% |
| NUR | 39.24% |
| SUP | 18.64% |

age group

| Age Group .. | Percentage |
|--------------|------------|
| 18-24 | 4.69% |
| 25-34 | 16.40% |
| 35-44 | 16.36% |
| 45-54 | 25.00% |
| 55-64 | 29.73% |
| 65+ | 7.01% |
| unknown | 0.81% |

status

| Emp Status | Percentage |
|------------|------------|
| Casual | 13.98% |
| Full-time | 28.32% |
| Part-time | 57.69% |

gender

| Gender | Percentage |
|--------|------------|
| FEMALE | 80.05% |
| MALE | 19.92% |
| UNKNWN | 0.03% |

terminations 12 months to date

excludes fixed term & casuals

| Terminated | |
|----------------------------|-----|
| Terminated - Non-voluntary | 30 |
| Terminated - Voluntary | 299 |

9. DIGITAL AND DATA

All DHBs have received digital enablement funding as part of the COVID-19 recovery effort, and specifically tagged to telehealth related activities. The guideline for this funding are as follows:

1. To enable health providers to deliver telehealth services as a direct response to COVID-19.
2. To mitigate the impact of COVID-19 on the delivery of health services by enabling a rapid shift in delivery models from in-person to virtual.
3. To specifically support Māori, those with mental health and addiction needs and those who may be digitally excluded from using virtual health services.
4. To sustain the positive changes brought about by the COVID-19 response and ensure the benefits of those changes are embedded in business as usual.

With a focus on improving equity, a proposal to fund a one year trial of a Patient Management System (PMS) for selected NGOs and other community providers was approved by the Ministry of Health. This project aims to deliver a common technology platform for community providers to enable legitimate and user-controlled access to HealthOne / Health Connect South (hospital and regional shared patient record), enabling the delivery of safer care from appropriately informed clinical teams. A secondary aim is to utilise this platform to test providing patient-centred notes and tasks for multiple providers in a locality setting. We have called this project “Community Connections”.

Recruitment for Telehealth skills is underway to resource the Allied Health initiative to increase uptake of telehealth and associated digital enablement, as well as support the increase of Telehealth generally.

A concerted focus on finishing the VDI project to complete the last, and harder to migrate, usage of the old VDI environment is underway with a deadline of June. This will remove the cyber risk associated with the older VDI (Z machine) environment, and clear the way to retire some older servers. Another milestone in reducing our technical debt.

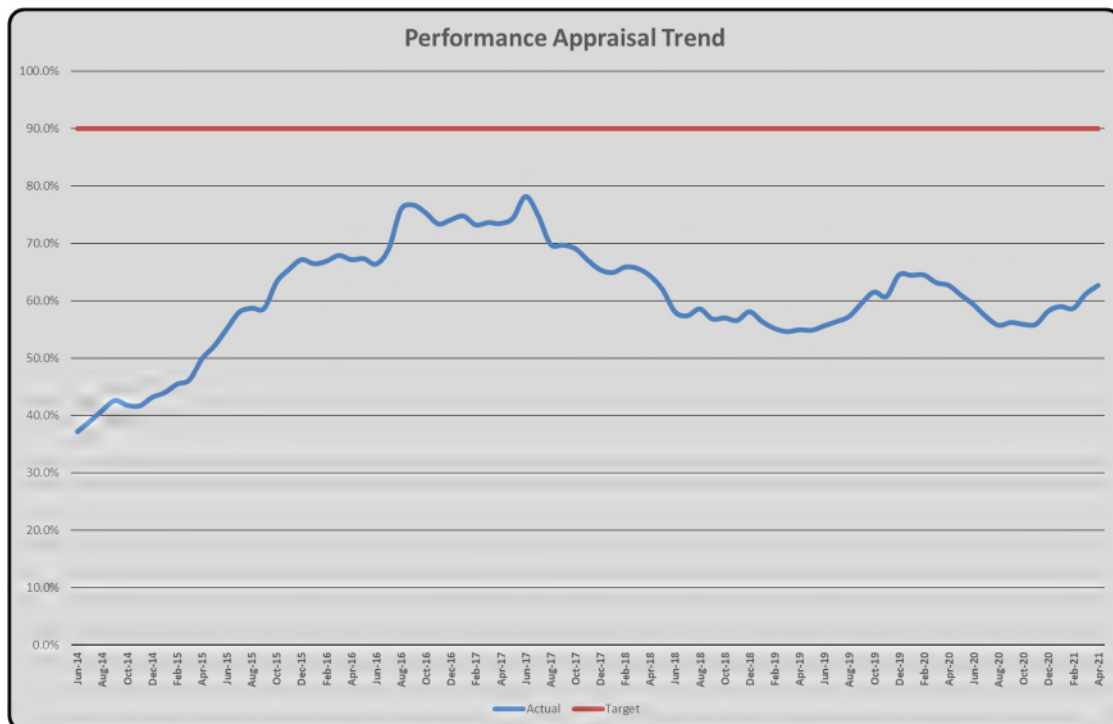
Project Status

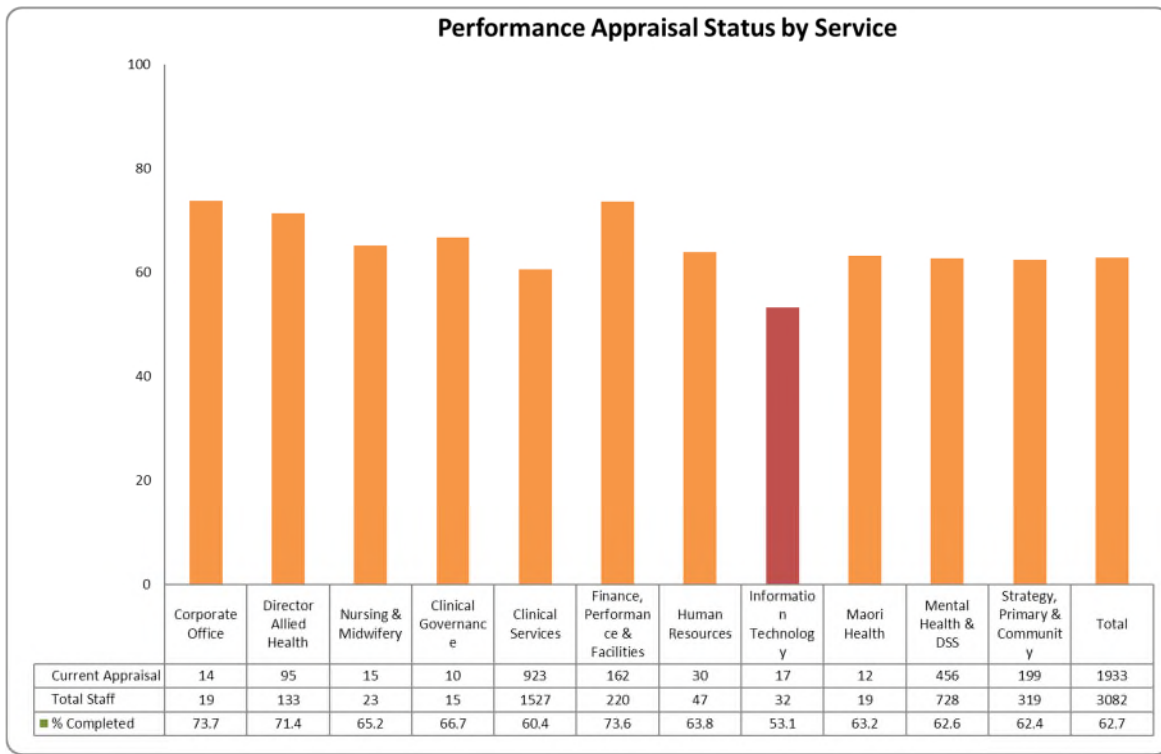
| Name | Description | Status | Due date |
|--------------------------------|---|--|----------|
| Project | | | |
| Medications Management | Procure a medication prescribing, administration, and reconciliation system that converges on a single list of medicines for a patient in any setting | Project Initiation Document created and ready for review. Stakeholders being identified and various groups such as Project Steering group and working group members identified and invited to initial meetings. Engagement with region initiated, with WCDHB wanting to be part of the procurement. MOH contacted for discussion. Te Manawa Taki (Midlands) have shared their artifacts from a similar exercise. | tbd |
| scOPe Theatre - Stage 1 | Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit. | General Surgery has gone live for phase1. | Various |

| Name | Description | Status | Due date |
|------------------------------------|--|---|---------------------|
| eObservations (Patientrack) | Mobile Nursing tool to record EWS, assessments, & provide active alerts. | Working with Waahi Oranga to implement Patientrack into inpatient unit. Working with Alcideon on the implementation of preadmission and emergency department. | Live / rolling out. |
| Payroll enhancement | A payroll-led project, covering enhancements to roster costings and CME management, online leave forms, internet kiosks, and upgrades of underlying systems. | Online Leave request for corporate roll out continuing. Internet facing KIOSK to progress ahead of AMS Pulse deployment. | Various |
| Development | | | |
| CCDM automated reporting | Automated reporting and dashboard across multiple data sources, to assist matching capacity to care with patient demand in the hospital. | Final delivery of CCDM reporting solution planned on track for completion end of May 21. | May 21 |
| Data and Analytics | | | |
| SIPICS - Reporting | Patient Administration System (PAS) | Data visualisations for inpatient-outpatient-waitlist activity in production, departmental performance, PCI, and recovery plan dashboarding in production. | |

10. PERFORMANCE APPRAISALS

To date we are at 62.7% of staff with a current appraisal.





Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED

DHB HR KPI (December 2020 compared with three months prior) for Nelson Marlborough Health

Large text shows data for the selected quarter and small text shows the % change from the comparison period.

Green numbers show an improvement, red numbers a deterioration.

Sick leave (%)

3.4[✓]

Comparison period: 3.8

Accrued annual leave > 2 years (%)

10.8[✓]

Comparison period: 11.4

Turnover voluntary resignations (%)

3.4[!]

Comparison period: 2.2

Recruitment time to hire (days)

52.4[✓]

Comparison period: 58.9

Lost time injury rates (incidences)

20.7[!]

Comparison period: 18.3

Overtime (%)

0.5[✓]

Comparison period: 0.6

Māori ethnicity (%)

6.6[✓]

Comparison period: 6.6

Pacific ethnicity (%)

0.5[!]

Comparison period: 0.5

Average leave balances (hours)

152.2[✓]

Comparison period: 156.7

In the last quarter our level of overtime, sick leave, accrued annual leave and leave balances have decreased as has time to hire. The percentage of staff who have identified themselves as being of Maori ethnicity has remained the same. The percentage identifying of Pacific ethnicity is still technically 0.5% but has decreased slightly in rounding. However, our voluntary resignations have increased from 2.2% to 3.4%.

Compared to the average for other DHB's, we have similar sick leave, overtime' leave balances and time to hire. Our Maori and Pacific ethnicity are lower (the average across them all is 8.5% and 4.8% respectively). We have significantly higher lost time injury rates however, this is not considered a good measure by Health and Safety as it does not measure how long staff members are absent from work, only that they had an initial period of time off.

Averages for ALL DHBs

Sick leave (%)

3.7✓

Comparison period: 3.9

Accrued annual leave > 2 years (%)

9.8✓

Comparison period: 10.3

Turnover voluntary resignations (%)

2.6!

Comparison period: 2.2

Recruitment time to hire (days)

54.0✓

Comparison period: 65.7

Lost time injury rates (incidences)

11.6!

Comparison period: 11.0

Overtime (%)

1.0✓

Comparison period: 1.0

Māori ethnicity (%)

8.5✓

Comparison period: 8.4

Pacific ethnicity (%)

4.8✓

Comparison period: 4.7

Average leave balances (hours)





176.3!

Comparison period: 170.2

Turnover for ALL DHBs

Turnover voluntary resignations (%) - Dashboard



National turnover voluntary resignations (%)    

2.6!

Comparison period: 2.2

Highest

4.7!

Comparison period: 4.6

Lowest

1.7!

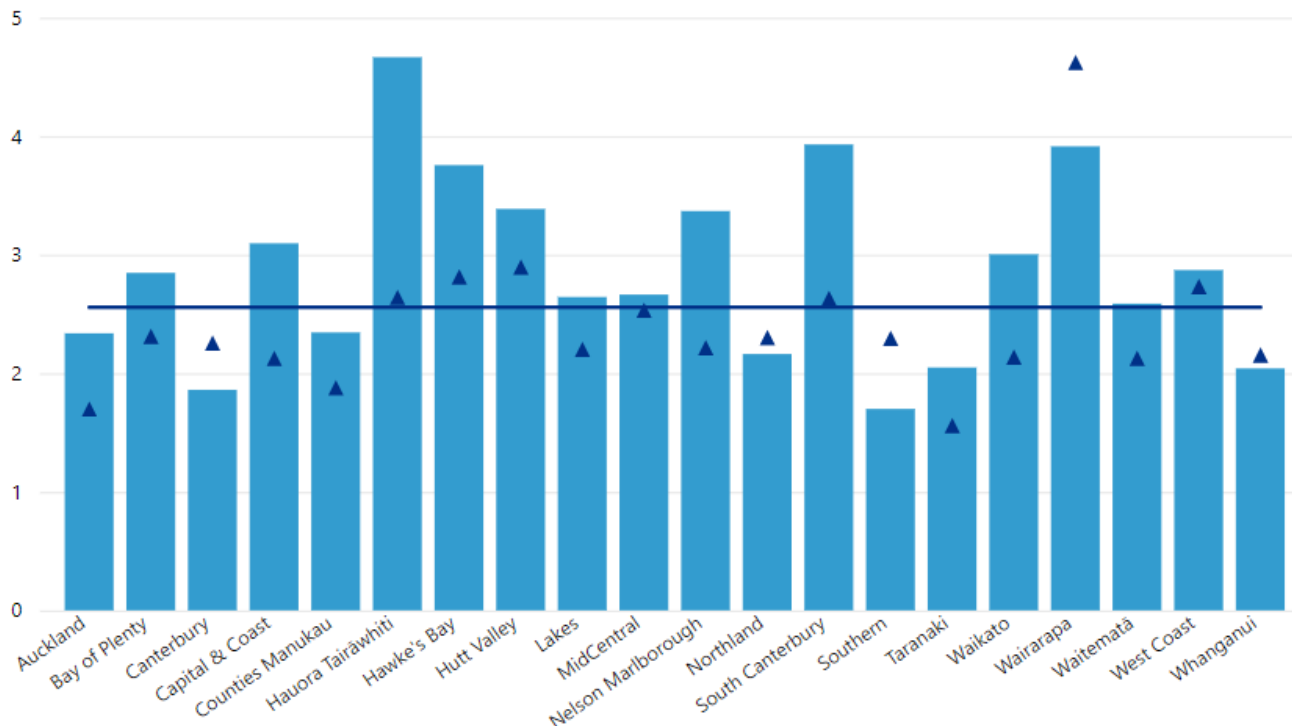
Comparison period: 1.6

Large text shows data for the selected quarter and small text shows data for the comparison period

Note : Some DHBs fail to provide data

Turnover voluntary resignations (%) and its comparison with selected period

● Turnover voluntary resignations (%) ▲ Turnover voluntary resignations (%) - comparison period ● Turnover voluntary resignations (%) - National ...



| DHB size | Turnover voluntary resignations (%) | Turnover voluntary resignations (%) - comparison |
|----------|-------------------------------------|--|
|----------|-------------------------------------|--|

| | | |
|--------|-----|-----|
| Small | 2.9 | 2.4 |
| Medium | 3.0 | 2.5 |
| Large | 2.4 | 2.1 |

| Region | Turnover voluntary resignations (%) | Turnover voluntary resignations (%) - comparison |
|--------|-------------------------------------|--|
|--------|-------------------------------------|--|

| | | |
|--------------|-----|-----|
| Northern | 2.4 | 1.9 |
| Midland | 2.9 | 2.1 |
| Central | 3.1 | 2.6 |
| South Island | 2.1 | 2.3 |

Workforce at a glance

Active
Casual

Inactive
Casual

Non-Casual



Compare selected quarter (December 2020) with:



3 months prior

6 months prior

1 year prior

2 years prior

3 years prior

4 years prior

5 years prior

Large text shows data for the selected quarter and small text shows the % change from the comparison period.

Green numbers show an improvement, red numbers a deterioration.

Note: percentage change is proportional and not a percentage point change

Headcount

3,022[✓]

% change: -0.7%

Contracted FTE

2,000.5[✓]

% change: 0.0%

Mean FTE (average full-time status)

0.66[✓]

% change: 0.7%

Mean age (years)

48.1[!]

% change: 0.2%

% 55 years and over

36.5[✓]

% change: -2.1%

% females

80.3[✓]

% change: -0.5%

Mean length of service (years)

7.6[!]

% change: 0.5%

Annual turnover rate

13.9[✓]

% change: 11.5%

Mean % sick leave hours (per FTE)

3.4[!]

% change: -11.2%

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 19 May 2021
Subject: Financial Report for April 2021

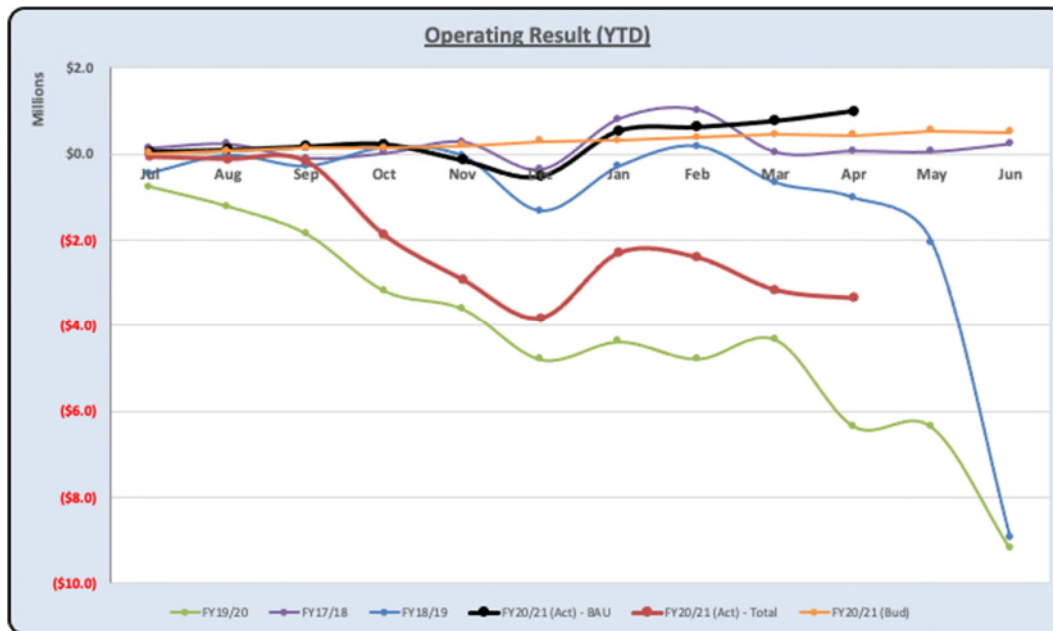
Status

This report contains:

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

Commentary

The result for the ten months shows a reported deficit of \$3.6M which is \$3.3M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$0.96M which is \$0.53M favourable to plan.



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

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.

Key Financial Risks

The following are some of the key financial risks being monitored and managed:

- *Critical supply chain exposures:* The impact of the Covid-19 pandemic has started to see the production and distribution of a range of critical hospital supplies becoming an increasing issue. For some such as the IV pump consumables and sterile wrap the MOH have centralised the management of the supply chain to ensure that stock piling to the detriment of other DHBs does not occur.
- *Liquidity:* Whilst NMH remains cash positive and is delivering, largely to a breakeven result, the cash reserves in the sector are very tight with a number of DHBs that will need to seek deficit support through the year. The overall cash position is being closely monitored by the MOH and NZHP.
- *COVID-19:* there remain a number of uncertain parameters around the response to the pandemic including the potential for further lockdowns, etc. Costs and any associated revenues will continue to be reported separately.
- *Holidays Act compliance:* the workstream to determine the remediation liability continues to make progress with an accrual aligned to the estimated liability calculation accounted for in the FY19/20 financial statements. The final liability cannot be determined until the calculations are completed. In addition the ongoing increase in costs to ensure compliance remain uncertain.

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 | \$6,720 | \$2,558 |
| Niggles | \$200 | \$147 | \$53 |
| Contingency | \$1,000 | \$871 | \$129 |
| Strategic | \$3,750 | \$3,750 | \$0 |
| Total | \$14,228 | \$11,488 | \$2,740 |

Lease Agreement Approval

The DSS service has increased its staffing in recent months to include a Live Life trainer, a health & safety advisor, an office manager along with other administrative roles. This has resulted in the current facility not meeting the requirements nor having sufficient space resulting in a requirement for a new facility.

A new facility has been identified that meets the requirements located and a draft lease agreement prepared. The lease agreement proposed is for a term of 3 years with 2 rights of

renewal for a further term of 3 years each. This gives a total lease term of 9 years as defined by the delegations policy and therefore exceeds the delegation of the CEO.

It is recommended that the Board approve the lease arrangement on the 3+3+3 year term proposed.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE CHIEF EXECUTIVE SIGNING THE LEASE AGREEMENT FOR THE DSS MANAGEMENT & ADMINISTRATION SERVICE**

Monthly Operating Statement

| | Month \$000s | | | | | | | Last Yr |
|--------------------------------------|---------------|----------------|----------------|---------------|----------------|------------------|----------------|---------|
| | Actual [BAU] | Actual [Covid] | Actual [Total] | Budget | Variance [BAU] | Variance [Total] | | |
| Revenue | | | | | | | | |
| MOH devolved funding | 45,235 | 392 | 45,627 | 44,587 | 648 | 1,040 | 46,117 | |
| MOH non-devolved funding | 2,958 | 0 | 2,958 | 1,963 | 995 | 995 | 2,211 | |
| ACC revenue | 531 | 0 | 531 | 525 | 6 | 6 | 513 | |
| Other government & DHBs | 1,029 | 0 | 1,029 | 872 | 157 | 157 | 910 | |
| Other income | 864 | 0 | 864 | 944 | (80) | (80) | 564 | |
| Total Revenue | 50,617 | 392 | 51,009 | 48,891 | 1,726 | 2,118 | 50,315 | |
| Expenses | | | | | | | | |
| Employed workforce | 18,697 | 39 | 18,736 | 19,168 | 471 | 432 | 23,081 | |
| Outsourced workforce | 692 | 60 | 752 | 159 | (533) | (593) | 538 | |
| Total Workforce | 19,389 | 99 | 19,488 | 19,327 | (62) | (161) | 23,619 | |
| Outsourced services | 2,197 | 14 | 2,211 | 1,782 | (415) | (429) | 1,464 | |
| Clinical supplies | 2,606 | 0 | 2,606 | 2,226 | (380) | (380) | 1,950 | |
| Pharmaceuticals | 4,410 | 0 | 4,410 | 4,103 | (307) | (307) | 4,228 | |
| Air Ambulance | 361 | 0 | 361 | 328 | (33) | (33) | 281 | |
| Non-clinical supplies | 3,056 | 36 | 3,092 | 2,901 | (155) | (191) | 2,686 | |
| External provider payments | 12,510 | 178 | 12,688 | 12,030 | (480) | (658) | 13,751 | |
| Inter District Flows | 4,412 | 0 | 4,412 | 4,135 | (277) | (277) | 3,953 | |
| Total Expenses before IDCC | 48,941 | 327 | 49,268 | 46,832 | (2,109) | (2,436) | 51,932 | |
| Surplus/(Deficit) before IDCC | 1,676 | 65 | 1,741 | 2,059 | (383) | (318) | (1,617) | |
| Interest expenses | 31 | 0 | 31 | 36 | 5 | 5 | 33 | |
| Depreciation | 1,145 | 0 | 1,145 | 1,217 | 72 | 72 | 1,096 | |
| Capital charge | 296 | 0 | 296 | 822 | 526 | 526 | 797 | |
| Total IDCC | 1,472 | 0 | 1,472 | 2,075 | 603 | 603 | 1,926 | |
| Operating Surplus/(Deficit) | 204 | 65 | 269 | (16) | 220 | 285 | (3,543) | |
| Holidays Act compliance | (458) | 0 | (458) | (42) | (416) | (416) | 0 | |
| Net Surplus/(Deficit) | (254) | 65 | (189) | (58) | (196) | (131) | (3,543) | |

| | 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 | 453,293 | 3,487 | 456,780 | 449,668 | 3,625 | 7,112 | 372,069 | 542,704 | 506,044 |
| MOH non-devolved funding | 22,448 | 0 | 22,448 | 20,832 | 1,616 | 1,616 | 18,074 | 25,123 | 24,528 |
| ACC revenue | 6,463 | 0 | 6,463 | 5,546 | 917 | 917 | 5,002 | 6,710 | 6,773 |
| Other government & DHBs | 10,090 | 0 | 10,090 | 8,766 | 1,324 | 1,324 | 7,545 | 10,527 | 10,369 |
| Other income | 9,970 | 922 | 10,892 | 9,897 | 73 | 995 | 9,424 | 11,855 | 12,287 |
| Total Revenue | 502,264 | 4,409 | 506,673 | 494,709 | 7,555 | 11,964 | 412,114 | 596,919 | 560,001 |
| Expenses | | | | | | | | | |
| Employed workforce | 192,980 | 224 | 193,204 | 194,356 | 1,376 | 1,152 | 156,270 | 235,611 | 218,848 |
| Outsourced workforce | 5,981 | 75 | 6,056 | 1,658 | (4,323) | (4,398) | 6,405 | 1,978 | 7,833 |
| Total Workforce | 198,961 | 299 | 199,260 | 196,014 | (2,947) | (3,246) | 162,675 | 237,589 | 226,681 |
| Outsourced services | 18,791 | 19 | 18,810 | 17,931 | (860) | (879) | 14,448 | 21,513 | 19,246 |
| Clinical supplies | 25,796 | 87 | 25,883 | 23,851 | (1,945) | (2,032) | 20,990 | 28,808 | 27,845 |
| Pharmaceuticals | 44,243 | 0 | 44,243 | 41,868 | (2,375) | (2,375) | 36,191 | 50,355 | 51,921 |
| Air Ambulance | 3,715 | 49 | 3,764 | 3,522 | (193) | (242) | 3,240 | 4,259 | 4,230 |
| Non-clinical supplies | 30,059 | 499 | 30,558 | 29,959 | (100) | (599) | 22,241 | 36,159 | 30,227 |
| External provider payments | 121,024 | 3,193 | 124,217 | 118,871 | (2,153) | (5,346) | 101,798 | 143,011 | 141,807 |
| Inter District Flows | 43,340 | 0 | 43,340 | 41,353 | (1,987) | (1,987) | 36,240 | 49,623 | 51,022 |
| Total Expenses before IDCC | 485,929 | 4,146 | 490,075 | 473,369 | (12,560) | (16,706) | 397,823 | 571,317 | 552,979 |
| Surplus/(Deficit) before IDCC | 16,335 | 263 | 16,598 | 21,340 | (5,005) | (4,742) | 14,291 | 25,602 | 7,022 |
| Interest expenses | 321 | 0 | 321 | 364 | 43 | 43 | 276 | 436 | 376 |
| Depreciation | 11,408 | 0 | 11,408 | 12,332 | 924 | 924 | 9,955 | 14,806 | 13,314 |
| Capital charge | 3,642 | 0 | 3,642 | 8,217 | 4,575 | 4,575 | 7,317 | 9,860 | 9,709 |
| Total IDCC | 15,371 | 0 | 15,371 | 20,913 | 5,542 | 5,542 | 17,548 | 25,102 | 23,399 |
| Operating Surplus/(Deficit) | 964 | 263 | 1,227 | 427 | 537 | 800 | (3,257) | 500 | (16,377) |
| Holidays Act compliance | (4,583) | 0 | (4,583) | (417) | (4,166) | (4,166) | 0 | (500) | (46,082) |
| Net Surplus/(Deficit) | (3,619) | 263 | (3,356) | 10 | (3,629) | (3,366) | (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 | 38,226 | 17 | 38,243 | 41,282 | 3,056 | 3,039 | 29,884 | 50,380 | 41,891 |
| Outsourced SMO | 4,768 | 1 | 4,769 | 1,069 | (3,699) | (3,700) | 5,386 | 1,283 | 6,556 |
| Total SMO | 42,994 | 18 | 43,012 | 42,351 | (643) | (661) | 35,270 | 51,663 | 48,447 |
| Employed RMO | 12,684 | (7) | 12,677 | 12,679 | (5) | 2 | 10,077 | 15,013 | 14,347 |
| Outsourced RMO | 285 | 0 | 285 | 330 | 45 | 45 | 223 | 397 | 260 |
| Total RMO | 12,969 | (7) | 12,962 | 13,009 | 40 | 47 | 10,300 | 15,410 | 14,607 |
| Employed Nursing | 63,650 | 85 | 63,735 | 62,798 | (852) | (937) | 51,993 | 76,145 | 72,715 |
| Outsourced Nursing | 37 | 74 | 111 | 0 | (37) | (111) | 15 | 0 | 25 |
| Total Nursing | 63,687 | 159 | 63,846 | 62,798 | (889) | (1,048) | 52,008 | 76,145 | 72,740 |
| Employed Allied Health | 26,891 | 4 | 26,895 | 26,610 | (281) | (285) | 21,710 | 32,708 | 30,745 |
| Outsourced Allied Health | 566 | 0 | 566 | 197 | (369) | (369) | 373 | 223 | 482 |
| Total Allied Health | 27,457 | 4 | 27,461 | 26,807 | (650) | (654) | 22,083 | 32,931 | 31,227 |
| Employed Disability Support Service | 16,024 | 0 | 16,024 | 15,886 | (138) | (138) | 13,117 | 18,815 | 17,986 |
| Outsourced Disability Support Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Disability Support Service | 16,024 | 0 | 16,024 | 15,886 | (138) | (138) | 13,117 | 18,815 | 17,986 |
| Employed Hotel & Support | 6,830 | 50 | 6,880 | 6,462 | (368) | (418) | 5,295 | 7,829 | 7,387 |
| Outsourced Hotel & Support | 25 | 0 | 25 | 5 | (20) | (20) | 39 | 6 | 60 |
| Total Hotel & Support | 6,855 | 50 | 6,905 | 6,467 | (388) | (438) | 5,334 | 7,835 | 7,447 |
| Employed Management & Admin | 28,675 | 75 | 28,750 | 28,639 | (36) | (111) | 24,194 | 34,721 | 33,777 |
| Outsourced Management & Admin | 300 | 0 | 300 | 57 | (243) | (243) | 369 | 69 | 450 |
| Total Management & Admin | 28,975 | 75 | 29,050 | 28,696 | (279) | (354) | 24,563 | 34,790 | 34,227 |
| Total Workforce costs | 198,961 | 299 | 199,260 | 196,014 | (2,947) | (3,246) | 162,675 | 237,589 | 226,681 |
| Total Employed Workforce Costs | 192,980 | 224 | 193,204 | 194,356 | 1,376 | 1,152 | 156,270 | 235,611 | 218,848 |
| Total Outsourced Workforce Costs | 5,981 | 75 | 6,056 | 1,658 | (4,323) | (4,398) | 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 | 131.3 | 0.0 | 131.3 | 142.9 | 11.6 | 11.6 | 120.4 | 142.7 | 127.0 |
| RMO | 98.7 | 0.0 | 98.7 | 97.4 | -1.3 | -1.3 | 91.4 | 97.4 | 100.4 |
| Nursing | 779.4 | 0.8 | 780.2 | 759.3 | -20.1 | -20.9 | 699.6 | 760.2 | 761.5 |
| Allied Health | 375.3 | 0.0 | 375.3 | 390.7 | 15.4 | 15.4 | 328.6 | 390.1 | 368.1 |
| Disability Support Service | 279.2 | 0.0 | 279.2 | 272.4 | -6.8 | -6.8 | 270.1 | 272.4 | 269.0 |
| Hotel & Support | 133.2 | 0.0 | 133.2 | 130.4 | -2.8 | -2.8 | 123.2 | 130.7 | 129.2 |
| Management & Admin | 419.0 | 0.3 | 419.3 | 427.8 | 8.8 | 8.5 | 377.8 | 427.9 | 410.8 |
| Total FTEs | 2,216.1 | 1.1 | 2,217.2 | 2,220.9 | 4.8 | 3.7 | 2,011.1 | 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 | 360 | | 361 | 358 | (3) | (3) | 307 | 353 | 330 |
| RMO | 159 | | 159 | 161 | 2 | 2 | 137 | 154 | 143 |
| Nursing | 101 | | 101 | 102 | 1 | 1 | 92 | 100 | 95 |
| Allied Health | 89 | | 89 | 84 | (4) | (4) | 82 | 84 | 84 |
| Disability Support Service | 71 | | 71 | 72 | 1 | 1 | 60 | 69 | 67 |
| Hotel & Support | 63 | | 64 | 61 | (2) | (3) | 53 | 60 | 57 |
| Management & Admin | 85 | | 85 | 83 | (2) | (2) | 79 | 81 | 82 |
| | 108 | | 108 | 108 | 1 | 0 | 96 | 106 | 101 |

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 April 2021

| | Budget | Actual | Actual |
|---|----------------|----------------|----------------|
| | Apr-21 | Apr-21 | Jun-20 |
| | \$000 | \$000 | \$000 |
| Assets | | | |
| Current assets | | | |
| Cash and cash equivalents | 11,287 | 29,459 | 9,134 |
| Other cash deposits | 21,284 | 21,300 | 21,298 |
| Receivables | 19,222 | 16,009 | 17,124 |
| Inventories | 2,742 | 3,247 | 2,900 |
| Prepayments | 1,188 | (206) | 386 |
| Non-current assets held for sale | 465 | 2,105 | 2,105 |
| Total current assets | 56,188 | 71,914 | 52,947 |
| Non-current assets | | | |
| Prepayments | 36 | 688 | 521 |
| Other financial assets | 1,715 | 1,718 | 1,723 |
| Property, plant and equipment | 191,403 | 189,915 | 193,039 |
| Intangible assets | 12,016 | 10,640 | 11,087 |
| Total non-current assets | 205,170 | 202,961 | 206,370 |
| Total assets | 261,358 | 274,875 | 259,317 |
| Liabilities | | | |
| Current liabilities | | | |
| Payables | 45,492 | 58,759 | 41,666 |
| Borrowings | 501 | 726 | 632 |
| Employee entitlements | 44,441 | 99,592 | 97,310 |
| Total current liabilities | 90,434 | 159,077 | 139,608 |
| Non-current liabilities | | | |
| Borrowings | 7,664 | 7,919 | 8,473 |
| Employee entitlements | 9,870 | 10,829 | 10,829 |
| Total non-current liabilities | 17,534 | 18,748 | 19,302 |
| Total Liabilities | 107,968 | 177,825 | 158,910 |
| Net assets | 153,390 | 97,050 | 100,407 |
| Equity | | | |
| Crown equity | 81,373 | 81,373 | 81,373 |
| Other reserves | 86,476 | 83,481 | 83,481 |
| Accumulated comprehensive revenue and expense | (14,459) | (67,804) | (64,447) |
| Total equity | 153,390 | 97,050 | 100,407 |

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 30 April 2021

| | Budget Apr-21 \$000 | Actual Apr-21 \$000 | Budget 2020/21 \$000 |
|---|---------------------------|---------------------------|----------------------------|
| Cash flows from operating activities | | | |
| Receipts from the Ministry of Health and patients | 497,680 | 508,598 | 597,222 |
| Interest received | 1,040 | 408 | 1,250 |
| Payments to employees | (194,170) | (190,918) | (233,016) |
| Payments to suppliers | (282,370) | (286,811) | (339,111) |
| Capital charge | (4,930) | (2,460) | (9,860) |
| Interest paid | - | - | - |
| GST (net) | | | |
| Net cash flow from operating activities | 17,250 | 28,817 | 16,485 |
| Cash flows from investing activities | | | |
| Receipts from sale of property, plant and equipment | - | 73 | - |
| Receipts from maturity of investments | - | - | - |
| Purchase of property, plant and equipment | (5,840) | (6,571) | (7,000) |
| Purchase of intangible assets | (1,670) | (1,210) | (2,000) |
| Acquisition of investments | - | - | - |
| Net cash flow from investing activities | (7,510) | (7,708) | (9,000) |
| Cash flows from financing activities | | | |
| Repayment of capital | - | - | (547) |
| Repayment of borrowings | (360) | (784) | (436) |
| Net cash flow from financing activities | (360) | (784) | (983) |
| Net increase/(decrease) in cash and cash equivalents | 9,380 | 20,325 | 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 | 11,287 | 29,459 | 8,409 |

| Consolidated 12 Month Rolling Statement of Cash Flows \$000s | May 2021 | Jun 2021 | Jul 2021 | Aug 2021 | Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Mar 2022 | Apr 2022 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|
| | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast |
| Operating Cash Flow | | | | | | | | | | | | |
| Receipts | | | | | | | | | | | | |
| Government & Crown Agency Received | 48,781 | 48,782 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 | 49,757 |
| Interest Received | 54 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 |
| Other Revenue Received | 987 | 992 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 | 1,006 |
| Total Receipts | 49,822 | 49,830 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 | 50,819 |
| Payments | | | | | | | | | | | | |
| Personnel | 19,417 | 19,429 | 19,805 | 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 | 28,503 | 29,767 | 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 | 50,462 | 49,572 | 49,572 | 49,572 | 49,572 | 49,572 | 52,572 | 49,572 | 49,572 | 49,572 | 49,572 |
| Net Cash Inflow/(Outflow) from Operating Activities | 2,168 | (632) | 1,247 | 1,247 | 1,247 | 1,247 | 1,247 | (1,753) | 1,247 | 1,247 | 1,247 | 1,247 |
| Cash Flow from Investing Activities | | | | | | | | | | | | |
| Receipts | | | | | | | | | | | | |
| Sale of Fixed Assets | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Receipts | - | - | - | - | - | - | - | - | - | - | - | - |
| Payments | | | | | | | | | | | | |
| Capital Expenditure | 584 | 576 | 584 | 584 | 584 | 584 | 584 | 584 | 584 | 584 | 584 | 584 |
| Capex - Intangible Assets | 167 | 163 | 167 | 167 | 167 | 167 | 167 | 167 | 167 | 167 | 167 | 167 |
| Increase in Investments | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Payments | 751 | 739 | 751 | 751 | 751 | 751 | 751 | 751 | 751 | 751 | 751 | 751 |
| Net Cash Inflow/(Outflow) from Investing Activities | (751) | (739) | (751) | (751) | (751) | (751) | (751) | (751) | (751) | (751) | (751) | (751) |
| Net Cash Inflow/(Outflow) from Financing Activities | (36) | (587) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | (37) | (37) |
| Net Increase/(Decrease) in Cash Held | 1,381 | (1,958) | 459 | 459 | 459 | 459 | 459 | (2,541) | 459 | 459 | 459 | 459 |
| Plus Opening Balance | 29,459 | 30,840 | 28,882 | 29,341 | 29,800 | 30,259 | 30,718 | 31,177 | 28,636 | 29,095 | 29,554 | 30,013 |
| Closing Balance | 30,840 | 28,882 | 29,341 | 29,800 | 30,259 | 30,718 | 31,177 | 28,636 | 29,095 | 29,554 | 30,013 | 30,472 |

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 19 May 2021
Subject: **Consumer Council Report**

Status

This report contains:

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

The Consumer Council met on Monday 10 May 2021 at the Nelson campus.

The Council would like to acknowledge the efforts of NMH regarding the COVID vaccination rollout. We were pleased to hear positive examples of collaboration between vaccinators, TPO and PHOs including the recent vaccination of 68 people in the Marlborough Sit and be Fit programme.

The Council has also been informed of the appointment of the new Consumer Council Facilitator, and look forward to her starting on 14 June 2021. Our appreciation to Fran Mitchell for her support over this period of recruitment.

There have been several requests to the Council for an improved process to manage requests and provide clear scope, remuneration and expected outputs of involvement. The development of a pathway for requests and aligning this with the policy on suggested reimbursement is underway.

The Council would like to raise awareness that NMH will need to develop a payroll system to support the use of external Consumers. At times the Council or NMH Project Leads will need to connect with people outside of the Consumer Council who may be better suited to advise on projects. A system to support their engagement needs to be clear, and this will enable the most appropriate Consumer voice for projects and in turn improved outcomes for those Consumers.

The Consumer Council would like to raise its profile both within NMH and in the community, and we will be asking for help towards developing a Comms Plan to maintain Consumer Council visibility. Members of the Council have offered suggestions towards a template to assist as we connect with new community groups who may not be aware of the existence of the Consumer Council. This template will be refined at our next Meeting.

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: 19 May 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 7 May 2021.

DHB CGC endorsed:

- **HealthOne and the sharing of healthcare information** – We are increasingly able to work together across the health care system with more use by external providers such as GPs, pharmacists, Te Piki Oranga and the hospices of access to DHB held health information.

We are therefore reviewing the information that is visible to, and provided to, patients around where their health information goes and how it is used. The main message for the public is that we work together as a team and share their health information to best support the delivery of excellent health care. No patient is advantaged by fragmenting the information needed for their safe care.

It is important and satisfying to note that increasing numbers of patients now have access to their general practice notes via a patient portal. This means that all lab, histology and radiology results as well as hospital letters sent to GPs are also visible to patients once the GP has 'filed' them. This does mean that GPs annotate every report in an appropriate way to ensure that patients understand whether there is anything to be concerned about or not. Overall patients are empowered to be better informed about their health, but the complexity of care is increasing with more process steps.

- **The ceasing of routine copying of all out-patient, ED and hospital generated lab results to GPs** – Given the additional workload noted above annotating every result that comes into general practice, both PHO Clinical Governance Groups have requested that routine copying of all lab results to GPs cease.

It was noted that the requestor of a test is the person legally responsible for any actions arising from the result.

It was also noted that patients would no longer be able to see and monitor their own results if they are not in the GP system. Therefore some further details need to be agreed such as that patients undergoing serial testing to monitor complex medication or a complex condition would continue to have their results automatically copied to their GP. Further discussion is also needed around histology results as there would then be no 'second line of defense' for these samples if missed by the requestor.

- **Surgical site infection – Orthopaedic surgery** – The Quarter 3 report for 2020 has shown that nationally the cumulative surgical site infection (SSI) rate for hip and knee arthroplasty procedures is 1.0%. Meanwhile, locally NMH performed 171 hip and knee arthroplasty procedures and there were ‘ZERO SSI – again’. Our cumulative local rate is zero. This is an excellent achievement and all the people involved in every step of the process are to be congratulated.

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 |

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|-------------|---|
| 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 |

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|--------|---|
| 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 |

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|------------|--|
| 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