

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 22 June 2021 at 12.30pm

Seminar Room, First Floor Arthur Wicks Building
Wairau 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
4.2	Hospital Inpatient Experience Survey Report Dashboard		Attached	Note
4.3	Adult Primary Care Survey 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 25 May 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
Paul Matheson

REGISTRATIONS OF INTEREST – BOARD MEMBERS

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

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

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jacinta Newport	<ul style="list-style-type: none"> ▪ Employee of West Coast DHB as Rural Nurse Specialist ▪ Trustee of MCANZ ▪ RN advocate of MCANZ ▪ Member of NZ Nurses Society 	<ul style="list-style-type: none"> ▪ Owner/Director of Helibike Nelson 		
Paul Matheson	Nil	<ul style="list-style-type: none"> ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		
Jill Kersey	<ul style="list-style-type: none"> ▪ Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> ▪ Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> ▪ Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> ▪ Employee at NMIT ▪ Chair of Te Runanga o Ngati Rarua ▪ 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 ▪ PCM Trainer and Licensee 		<ul style="list-style-type: none"> ▪ Providing training to DHB staff via own company Hexameter 	
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 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work ▪ Fellow of Royal Meteorological Society ▪ Son employed as casual employee at NBPH in COVID admin workforce 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		College of Medical Administrators <ul style="list-style-type: none"> ▪ Member of Paediatric Society of NZ ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member new Dunedin Hospital Executive Steering Group ▪ 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. 	<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 ▪ Wife is a Registered Nurse working permanent part time for Tahunanui Medical Centre and occasional locum for other GP practices. She is also a COVID vaccinator 			
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 	<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 		
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 May 2021

Registrations of Interest

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS OF NELSON HOSPITAL ON 25 MAY 2021 AT 12.35PM

Present:

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

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), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Cathy O'Malley (GM Strategy Primary & Community), Hilary Exton (Director Allied Health), Stephanie Gray (Communications Manager), Zoe Dryden (IOD Awardee), Gaylene Corlett (Board Secretary)

Apologies:

Jacinta Newport

Karakia:

Dawn McConnell

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

The Chair and Board members welcomed Jill Kersey back to the meeting after her long absence.

Carly Gooch, reporter for Nelson Mail in attendance.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Noted.

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 27 APRIL 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED**Matters Arising**

Nil.

3.1 Action Point

Nil.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair noted it has been a busy month as result of the reform announcements. Themes include:

1. Focus remains on COVID with ensuring our population gets vaccinated.
2. We are to continue to provide business as usual around patient care, and if things can be done better regionally and locally, we should do them.
3. Expectation to have a breakeven budget over the next 12 months.
4. Focus over the next 13 months will be on transition.

We are looking regionally at what we can do to get ready for the new health entity, and what our "gift" will be to the new structure. The South Island Strategic Plan has been revamped to look at a set number of topics like Equity, IT and Digital, and Workforce and a number of clinical streams like Autistic Spectrum Disorder Assessments, clinical engineering services, Colonoscopies, Dermatology, and Musculoskeletal disease, and will work on developing a South Island solution.

Nationally, the Transition Unit have started the collaboration process and will meet with groups from DHBs as needed.

Heading into winter, our hospitals are getting busier. The Chair expressed the Board's thanks to all staff for their efforts over the coming months.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The CE updated on the work underway regionally and reinforced they are taking up the challenge of having a gift to pass forward into the new health system. Working closely with our regional DHBs collectively on the identified projects.

ESPI2 and ESPI5

Concern was raised that the number of patients waiting for FSA and treatment continue to increase. Noted the Recovery Plan from MOH spans three years and did not start until November last year. The numbers reflect a service under pressure due to COVID and

noting an increase in acute presentations, especially orthopaedic surgery, has a large impact.

HR Dashboard

Noted. It was suggested explanations for red and green figures and Lost Time Injury Rates be presented for easier interpretation of the dashboard.

Moved: Allan Panting
Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

AGREED

SECTION 6: FINANCIAL REPORT

The result for the ten months shows a reported deficit of \$3.6m which is \$3.3m adverse to 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.

Discussion held on the Holidays Act and possible completion timelines.

Lease agreement

The DSS service has increased its staffing in recent months which has resulted in the current facility not meeting their requirements nor having sufficient space. A new facility has been identified 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.

The Board approved the lease arrangement on the 3+3+3 year term proposed.

Moved: Craig Dennis
Seconded: Dawn McConnell

RECOMMENDATION:

THAT THE BOARD:

- 1 RECEIVES THE FINANCE REPORT**
- 2 APPROVES THE CHIEF EXECUTIVE SIGNING THE LEASE AGREEMENT FOR THE DSS MANAGEMENT AND ADMINISTRATION SERVICE.**

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Report noted.

It was agreed that the Board Chair and Chief Executive meet with the Consumer Council Chair to gain clarity around the comment in the report regarding several requests to the Council for an improved process to manage requests.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted. The Board acknowledged the zero surgical site infection rate and asked that the GM Clinical Services relay their thanks to the team.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Stephen Vallance
Seconded Dawn McConnell

RECOMMENDATION:

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- ***Minutes of a meeting of Board Members held on 27 April 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
- A&R Committee Chair's Report – RECEIVED
- CE's Report – RECEIVED
- Annual Plan Update – RECEIVED
- Facilities Update – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.21pm.

ACTION POINTS - NMH – Board Open Meeting held on 25 May 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: 16 June 2021
Subject: **Chair's Report**

<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none"><input type="checkbox"/> For decision<input checked="" type="checkbox"/> Update<input checked="" type="checkbox"/> Regular report<input type="checkbox"/> For information
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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: 16 June 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

As would be expected our Information System team have had focused time over the past weeks reviewing our cyber security systems. These are multi-layered in a complex health system. Our Chief Digital Officers across the South Island are working closely together to support each other, and to help design and support the upcoming change in the data and digital space as we prepare for the transformation ahead.

As each of our Executive interact via their national bodies and the Health Transition Unit, it is clear that we are expected to continue to consolidate, stabilise and innovate, as we work together to maintain a common direction. This bodes well for the South Island region as we have well established relationships throughout many areas within our DHBs. At our recent South Island meeting with Board Chairs and CEOs we have agreed to progress five areas of work ensuring that we have a priority focus on equity first, workforce, digital (infrastructure and systems) and good data. Developing and transforming our clinical services and support services relies on a good suite of data, therefore the data analytics is a priority area to develop. Our new business as usual will involve networks of care, services with new boundaries joined up commissioning and cross agency work supported by the Māori Health Authority and Health NZ.

Our services continue to respond to the demands placed on them, and we are seeing increased attendances across our health system as winter approaches, and increased amounts of sick leave for our staff.

The COVID vaccination programme is going well. The Aged Residential Care programme has two final facilities in Nelson, and one in Blenheim, to be completed in early June. Disability and Mental Health residences are well underway with clinics held on site in both Nelson and Blenheim. Planning is now underway for home-based provision to those who are unable to travel to static hubs. Approximately 145 people have been identified across the region who will need a vaccine at home.

We remain prepared for an escalation of COVID in our community with maintaining as much healthcare delivery as possible.

2. MĀORI HEALTH

The Treaty Training delivered by NMIT to the Board at their last Board to Board meeting will be integrated into the DHB's Cultural Competency training. This will support service delivery requirements which have expanded significantly with an increase in desire for such training from DHB staff around Māori health and equity issues.

The Whare Ora Health Homes project restarted in April 2021 and referrals for Whare Ora services, products and support for whānau to have warmer drier homes have begun to increase as we have moved into the winter period.

The Ministry of Health are interested in the Hauora Direct initiative. A business case was presented to the Executive Team, and whilst they are supportive, it was 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 needed to support the programme's integration into the sector. A meeting has been scheduled to work through this matter further with relevant parties. The business case will also need to be presented to the South Island DHB CEs. The Māori Health Directorate within the Ministry have indicated they will support the initiative with funding. This funding will support the sub-regional roll out of the Hauora Direct programme across the South Island.

Implementation of our Safe Sleep programme continues with 16 safe sleep devices (10 Pēpi pods and 6 wahakura) being distributed during the month of May. Eight safe sleep beds went to Māori whānau, and 2 to Pacifica whānau.

Te Waka Hauora are currently organising the upcoming June Wahakura Wānanga, to be held in conjunction with Hāpai Te Hauora. The aim of the Hui is to support and encourage local weavers to develop skills and knowledge around making wahakura, and to encourage health professionals to understand the cultural significance of wahakura.

The Hapū Wānanga programme has been rebranded to Wānanga Hapūtanga. A Wānanga Hapūtanga was held in May at Motueka Hospital, with six hapū māmā attending (plus three Dads and one support person). All six hapū mama and all six pēpi identified as Māori. We also had the facilitator of the Māmas roopu in Motueka attend. All identified as non-smokers or recently quit. There were five first time mums in attendance. Ages ranged from 23 to 28 years.

On 6 May Te Waka Hauora attended the Mama expo looking at supporting the kaupapa through education around Safe Sleep, Wānanga Hapūtanga, and general parenting and pregnancy. This will be an ongoing event, where the Wānanga Hapūtanga staff, and the online antenatal class staff will work in collaboration to support whānau with face to face exposure to local community service providers. For example, Baby on the Move, who are able to discuss car seat safety, and offer whānau a free drop in to Baby on the Move, for a full baby car seat safety check.

Te Aho o te Kahu (TAOTK) Cancer Control Agency is the new government service established in 2020 to provide national leadership for, and oversight of, cancer control in New Zealand. Te Aho o Te Kahu will be holding three Māori Community Cancer Hui in Te Waipounamu (Christchurch, Invercargill and Nelson-Marlborough regions) throughout June. Te Waka Hauora in partnership with Te Piki Oranga, and both Nelson and Blenheim Cancer Societies have been in support of TAOTK in planning the Nelson/Marlborough event on 12 June in Blenheim. The overall goal of the hui is to understand the perspective of whānau Māori with lived experience of cancer in order to inform future work of TAOTK. This will help strengthen kaupapa Māori approaches through the voice of Māori patients and whānau in this space.

The Kaitiaki Did Not Attract (DNA) initiative is aimed to reduce Māori and vulnerable population groups DNA rates for Cardiology, Oncology, and Paediatrics. The Kaitiaki service was developed to provide transport to and from specialist appointments, support and advocacy during a specialist appointment and assistance with referrals to primary health and social community services to assist whānau to maintain or improve their health outcomes dependant on the diagnosis. From March 2021 the Kaitiaki DNA service engaged with 513 patients with follow up DNA appointments. In November 2020 the total DNA rate was 9.7%, however in April 2021 the total DNA rates were 5.8% (a decrease of 4% (6 months after the Kaitiaki Service Pilot).

3. PRIMARY & COMMUNITY

The COVID vaccination programme is going well, although it continues to be very challenging to ensure up to date and consistent information is provided to the public, and to key providers such as GPs and community based nurses and pharmacists, so they can provide guidance to patients as the roll out progresses. Planning is now underway for home-based provision to those who are unable to travel to static hubs. Approximately 145 people have been identified across the region who will need a vaccine at home. Vaccines nationally will be tight until late July as DHBs are ahead of plan. Tight management of prioritised access is required, and no walk-ins and no Group 4 vaccinations will be accepted until late July. General Practice and Pharmacy will commence some provision from first week in August. The focus in April, for both community and hospital pharmacy, continues to be planning COVID-19 vaccinations. The change in storage conditions to 31 days at fridge temperature has made community pharmacy a more viable option, however that is still being worked through logistically. It is unlikely that freezers will now be needed for surge backup supply of vaccine in the hospital pharmacies, but contingency backup supplies at fridge temperature will likely still be needed. A refugee vaccination clinic has been organised for late June at Victory Community Centre, focussing on Kayan and Nepali, with other populations to follow in July, with St Lukes (General Practice) to support vaccination of their refugee population (predominantly Chin). Agreements have been organised for Māori COVID vaccination navigation and coordination with Te Piki Oranga and Te Kahui O Ngati Koata. The workforce training pipeline for COVID is well established with another 88 people currently working through provisional training and approximately 20 awaiting peer assessment.

Revenue contracts have been received to support the development of co-design specifications for a primary care youth service and changes that may be needed to the existing mental health and addiction service delivery system to better support the districts' population. Both contract terms are short with a co-design plan due August 2021. Appointments of leads are underway.

NMH submissions on NCC, TDC and MDC draft Long Term Plans and appearance at the hearings in support is now complete. We anticipate preparing a report to the Board on the health implications of these post Council adoption of Plans. At the Marlborough Plan hearing the Mayor of Marlborough District Council made the following comments *"We want to thank you for your (NMH) submission, it is well-written and covers a broad range of topics. It is also very supportive of our work which we appreciate. We thank you for your time and effort that you put into the substantial submissions because it provides us with a good base for our decision making. It is really useful."*

NMH has been advised that consideration of the Bill proposing a shift in decision-making on fluoridation from local authorities to the Director General of Health could proceed in the near future. To this end the Clinical Director Oral Health, Ministry of Health has sought an indication of the preparedness, including financial, of NMH to support implementation. As a first step an ELT briefing is being prepared. It can be expected that proposals to fluoridate local water will attract wide community interest.

An audit of tamariki enrolled with Te Piki Oranga support the view that the Community Oral Health Service is successful in enrolling most children.

The new mobile Dental service is having success enrolling and examining/treating adolescents who have not attended a dentist in previous years. The mobile dental service is visiting urban secondary schools and shoulder taping students that have not been to a dentist in some time. There was one instance of a secondary school student who had not been to a dentist for a long time and had 22 cavities.

Work is underway to try to develop better support for patients and clinicians in Murchison around Mental Health needs.

There are new applications for Community Pharmacy Services contracts which are being considered at present. Pharmacy owners continue to report difficulty recruiting pharmacists and this appears to be a NZ-wide problem in the provinces.

Condition specific Health Pathways are now being focussed on to incorporate equity content – Canterbury has appointed a Māori Clinician and Academic to specifically work on this

The updated NMH Vaping Policy has been approved. The Smokefree Team will continue working with kaimahi from Mental Health & Addictions, Pharmacy, Public Health management and Health, Safety and Wellbeing to support strategic and operational implementation of the policy. This change will enable, where appropriate, Vaping to be included as a smoking cessation tool. Vaping is currently understood to be significantly safer than smoking.

Efforts to improve links between Smokefree and the wider maternity workforce were acknowledged by the Ministry of Health in our Q3 CW09 reporting: *“This is the sixth consecutive quarter that year overall and Māori result is 100%, well done. I firmly believe it is your collaborative approach that is helping you maintain your perfect result – at your next monthly hui I would very much appreciate it if you could pass on my thanks to everyone involved.”*

The Smokefree Team has collaborated on the creation of an instructional video for NMH staff on ‘How to have smokefree conversations’. This resource is intended to help address concerns about smoking and vaping on hospital grounds. We hope that this resource will support and encourage more NMH staff to gain confidence in having smokefree conversations, so that we can better protect the health of NMH patients and visitors.

A successful ‘event’ on Supporting Teens in Tough and Challenging Times was held this month at Nelson College for Girls. The Parents’ Association hosted this evening with support from the Public Health Service and the DHB Communications team. There was extensive promotion through various avenues. Close to 200 parents attended the evening facilitated by Dr Chris Bowden, Ph.D Health, MA, BA (Hons1), who is a lecturer in the School of Education at Victoria University of Wellington. Evaluation was extremely positive with 86% of respondents rating the evening as very good, along with additional positive comments. Dr Bowden also facilitated a session for 70 school staff prior to the evening event.

This month the School Based ImmusIP has continued with all schools having completed their Year 7 Boostrix vaccinations. The team have done a great job getting all the Year 8 HPV immunisations completed while supporting the National Contact Tracing Service COVID response and starting the Aged Residential Care and other COVID vaccination programmes.

Despite B4 school checks slowing this month due to COVID vaccinations being priority, it is anticipated that we will meet our annual target as post-lockdown B4 school checks were prioritised to allow a buffer for eventualities such as COVID outbreaks and/or COVID vaccinations. Several clinics have been booked in June to ensure the annual target is met by end of June 2021.

The Public Health Unit is working with Nelson City Council on the development and implementation of the Nelson South Innovating Streets project. Nelson Intermediate have become a significant partner in what is being trialled in Nelson South as a major focus, with the school on Tipahi Street connecting with the Railway Reserve to improve walking and cycling. The proposed concept would see students being able to 'borrow' a bike and helmet from the Bike Library to ride home at the end of the school day (Monday to Thursday) and return it the following day. The loan of the bike and helmet will require Nelson Intermediate administration for signing in/signing out and some agreement regarding damage and/or the equipment not being returned, and appropriate overnight bike storage. The benefit of the Bike Library is to allow students to have a go on bikes, try biking to and from school as well as create equitable access to cycling to and from school. Health Promoter is working to help Nelson Intermediate coordinate the key stakeholders for the Bike Library trial.

The Public Health Unit is supporting the Nelson Environment Centres establishing a Bikes in Schools maintenance service where a mobile mechanic will travel to schools to maintain bike fleets.

The Public Health Unit has been collaborating with the Nelson City Council Transport Demand Manager and EnviroSchools Nelson/Tasman to develop an active transport PD training day for Nelson and Tasman schools which will be delivered in June. The day will focus on knowledge sharing and learning, what is working and what is not or has not, how to integrate bikes into the curriculum, and how to engage other teachers and students. Teacher release time for the day is being funded by Nelson City Council and Tasman District Council. Birchwood School bike track is now complete.

The Public Health Unit has secured 100 tonnes of road surface and asphalt millings for free which can be used to top up existing Nelson bike tracks. PHS has also secured funding to cover 50% of the labour costs to lay the millings.

The Public Health Unit have assisted the facilitator of the Motueka Māmā, Pēpē and whānau wellbeing group to complete a funding application. This group is an ongoing weekly support group. The application has been approved for this group for a six-month period. To date this group has been facilitated in a voluntary capacity. The focus areas of the facilitator are:

- To facilitate engagement between health professionals and mama to enhance health and wellbeing outcomes for māmā/pēpē, including support with bonding and attachment.
- To engage with health services to increase awareness of Māori Kaupapa approach.
- To engage with government and non-government agencies in addition to health services to support whānau wellbeing, e.g. Work & Income.
- To participate in other related events to raise awareness of support pathways for māmā/pēpē and whānau.

The contract for this māmā group is progressing well. The māmā facilitating is very capable of running these sessions alone. Very connected with her Māori values and what she would like to offer/awhi the māmā that are interested in coming along. Also discussed going to the library, taking roopu for hikoī. Both māmā were very engaged with their babies. Te Piki Oranga are happy to support the group. Health Promoter discussed with Te Piki Oranga the need for a mihi whakatau to establish the relationship and is arranging the mihi whakatau to take place. A new person that is based at Motueka Family Centre came to be part of the group and will be a great contact for our māmā group. Health Promoter gave resources to māmā, Paku Mihi sheets, evaluation sheets, waiata, contractual clear sheets, Te Tiriti books, and Old Māori Plan from DHB. The resources provided are to give an idea of what is expected when it comes to writing up reports and evaluation.

4. MENTAL HEALTH, ADDICTIONS AND DSS

A survey calling for feedback and ideas on how we can better support people with stronger alignment to the Enabling Good Lives strategy has been prepared and will be distributed to our teams, people and whānau we support and services we partner with, in early June. There will be an Easy Read hard copy option, an Easy Read online option, an online option, and opportunities for teams, and people we support to take part in several workshops. We have had the opportunity to learn from COVID-19 experiences and will seek to include positive lessons from those experiences. The survey is an important part of our commitment to the Enabling Good Lives 'try, learn, adjust' approach. We will use the experience of the current survey process to help us determine the best ways to gather, respond to, and implement feedback over the coming years. Survey responses will guide the planning and ongoing development of services, and we expect to identify recommendations in July 2021.

A blessing was held to mark the start of the process for the child respite facility in Wairau. Demolition of the current building will now begin, and it is anticipated the construction will be completed by March next year.

There has been improvement in the data from Wahi Oranga being input into Trendcare with draft escalation response being discussed across the service.

It is pleasing to see that, despite high occupancy and staff shortages, we have continued to manage low levels of seclusion use.

Overall clinical demand on the Older Persons Mental Health Service for May has been steady and manageable. The community team has a higher than usual wait list with complexity the main contributing factor. There is a lot of activity in the Health of Older Persons sector with meetings being held to improve integration across the sector and to keep up with developments in ARRC facilities.

Graphs noted below:

Figure 1 Activity Service Wide – At a service level there was a 2% increase in referrals received in May 2021 when compared to the average of the last 12 months.

Mental Health, Addictions and Older Person's Mental Health

	Referrals - 2021 05			Community Contacts - 2021 04			DNA % - 2021 04	
	Caseload 04/06/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Total	3,595	802	660	2,769	49%	21	3.9%	6.4%

Referrals Received and Discharged

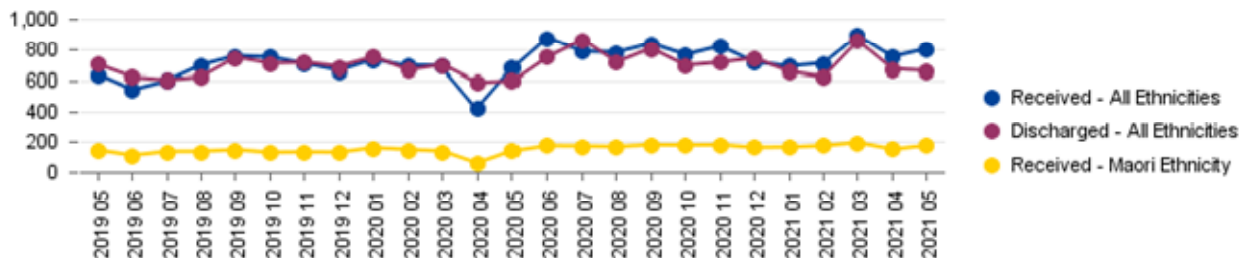


Figure 2

Occupancy levels within the inpatient wards have increased over the last few months from a notable drop in July 20, the level is still lower than the last financial year.

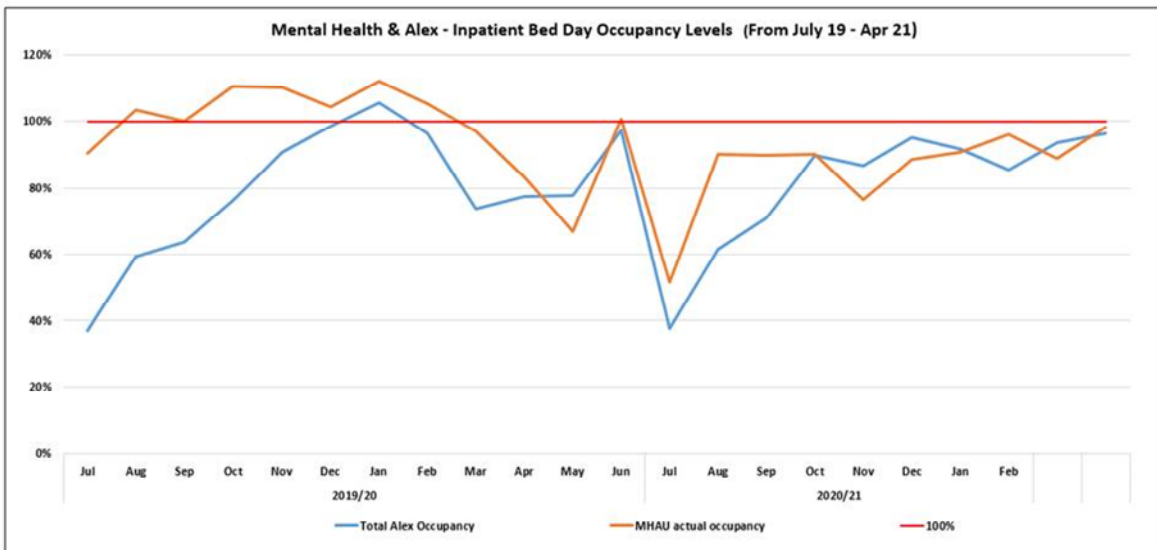


Figure 3

DNA – This shows our focus on reducing DNA (Did Not Attend) rates are reducing over time. There remains a difference between Maori and non-Maori which we are focused on reducing the variation in rates to better meet the needs of Maori. We are highlighting the importance of this to each team and have met with Te Piki Oranga to ensure awareness of our focus and goal to achieve equity.

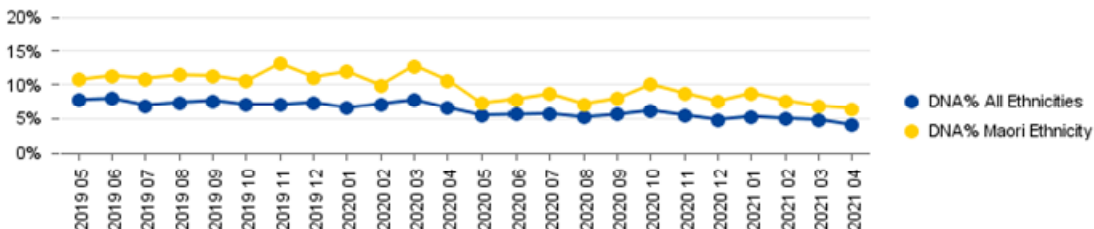
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

May 2021

Mental Health, Addictions and Older Person's Mental Health

Did Not Attend (DNA) %



Note: January 2021 to April 2021 is estimated as having 48-92% of data entered.

Figure 4

Waiting Times Service Wide – The wait time overall for access to a face to face appointment with medical, psychology and other clinicians is remaining fairly constant.

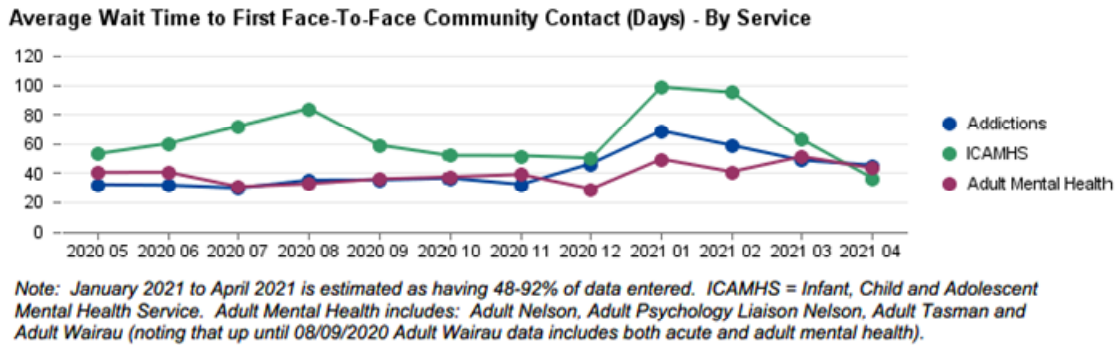
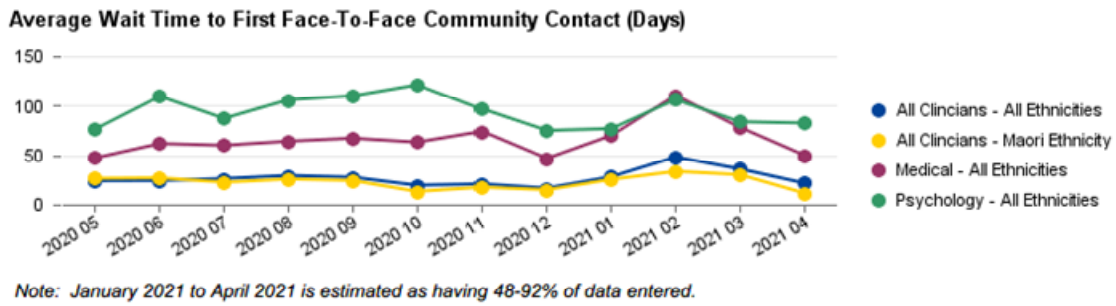


Figure 5

Waiting Time Addictions and iCAMHS – This shows that average wait times for face to face community contact is not increasing further for Addictions and ICAMHS. The referrals for Adult Mental Health have remained at a steady rate and we are focussed on progressing actions to reduce this.

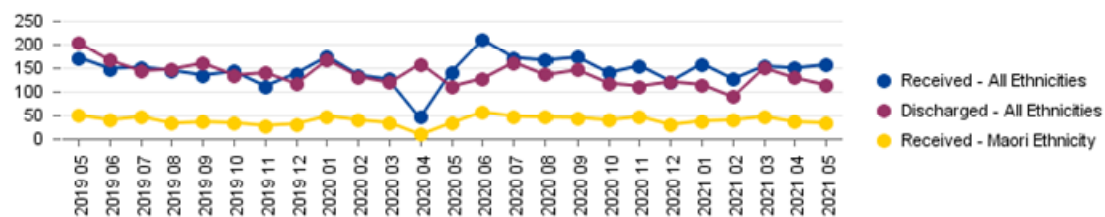
Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

May 2021

Addictions

Referrals Received and Discharged



Infant, Child and Adolescent Mental Health Service (ICAMHS)

Referrals Received and Discharged

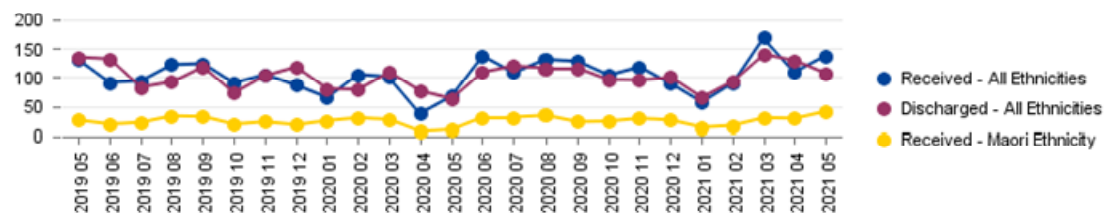


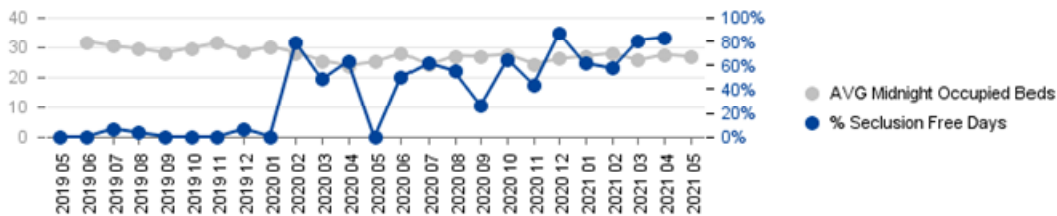
Figure 6

Minimising Use of Seclusion – March data shows continued downward trend of seclusion use. The graph shows our hours of use of seclusion continue to improve our coordination for acute presentations. We are progressing our work to co-create care plans/summaries for people with complex needs with our services and other relevant agencies.

Seclusion

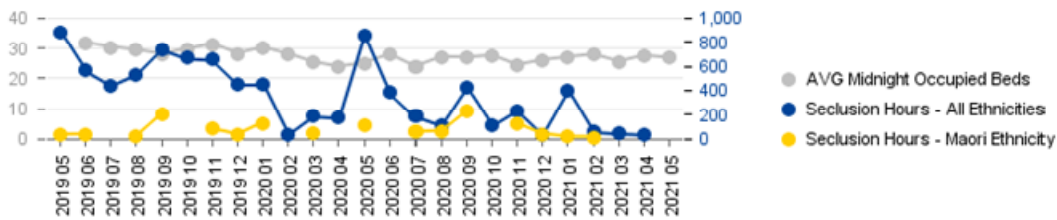
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

% Seclusion Free Days



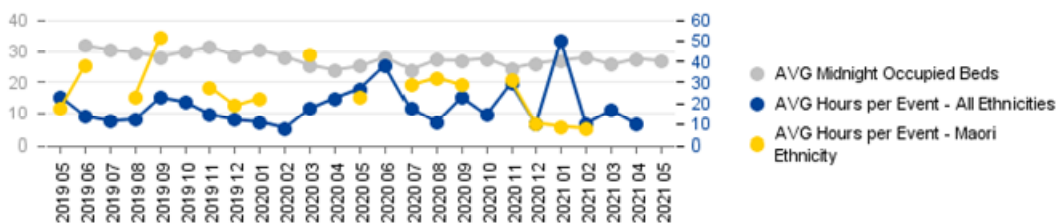
% Seclusion Free Days is the number of seclusion free days in the month divided by the total number of days in the month.

Seclusion Hours



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

Average Seclusion Hours per Event



Average Seclusion Hours per Event is calculated by dividing the total seclusion hours by the total number of seclusion events.

4.1 Disability Support Services (DSS)

Disability Support Services (DSS)		Current April 2021				YTD April 2021	Current May 2021				YTD May 2021		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	163	19		182	increase 4	162	19		181	decrease 1		
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8			
Beds – DHB- Chronic Health Conditions	As per Contracts at month end	1	0	11	12	increase 1	1	0	12	13	increase 1		
Beds – Individual contracts with ACC	As per Contracts at month end	1	-		1		1	-		1			
Beds – Others - Oranga Tamariki & Mental Health		3	1		4	increase 1	3	1		4			
	Residential contracts - Actual at month end	176	20	11	207		175	20	12	207			
Number of people supported													
Total number of people supported	Residential service users - Actual at month end	176	20	11	207	increase 6	175	20	12	207			
	Respite service users - Actual at month end	10	1		11	decrease 1	9	1		10	decrease 1		
	Child Respite service users - Actual at month end	46			46	1 transferred to residential	44			44	decrease 2		
	Private Support in own home/SIL	2	0		2		2	0		2			
	Total number of people supported	234	21	11	266		230	21	12	263			
		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	243.5		233		10.5		240.5		233		7.5	
	Total available bed days	7,305	74,024	6,990	68,270	315	3,192.0	7,456	80,568	7,223	75,493	233	2,512.5
Total Occupied Bed days	Actual for full month - includes respite	6,300	63,199.0	6,171	61,598	129.5	1,601.0	6,594	69,793.0	6,483	68,081	111.0	1,712.0
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	86.2%	85.4%	88.3%	90.2%	41.1%	50.2%	88.4%	86.6%	89.8%	90.2%	47.7%	68.1%
		Last month	Current month	Variance				Last month	Current month	Variance			
Total number of people supported		262	266	4				266	263	- 3			
Referrals	Total long term residential referrals	14	9					9	8				
Referrals - Child Respite	Child Respite referrals	12	12					12	8				
	Adult Respite referrals	10	10					10	9				
	Oranga Tamariki referrals	2	2	33				2	1		28		
	SIL Referrals												
	New Referrals in the month	2	1					1	5				
Of above total referrals	Transitioning to service	3	4					4	1				
	On Waiting List	35	29					29	27				
Vacant Beds at End of month - (excludes Respite Beds)		19	25	** 2 new homes				25	26				
	Less Beds held for people transitioning to service	5	7					7	5				
	Vacant Beds	14	18					18	21				

5. CLINICAL SERVICES

5.1 Health Targets

At the end of May 2021 we planned 5,618 surgical discharges of which we have delivered 5,327 (94.85%). This is under plan by 291 discharges.

We have delivered 6,909 minor procedures to the end of May 2021, which is 2,608 procedures higher than our Plan target of 4,301 for this period.

For orthopaedic interventions year to date at the end of May 2021, a total of 459 joints have been completed which is down 27 on the Plan of 486. There are currently 234 joints waitlisted for surgery.

We have delivered, as at end of May 2021, 579 cataracts which is 28 above our Plan of 551. There are currently 210 cataracts waitlisted for surgery.

5.2 Planned Care

ESPI 2 (time to receive a first specialist assessment) was Red for the month of May with 447 patients not being seen within 120 days of referral acceptance.

ESPI 5 (time to receive planned procedure) was also Red for the month of May with 226 patients not being treated within 120 days of being given certainty.

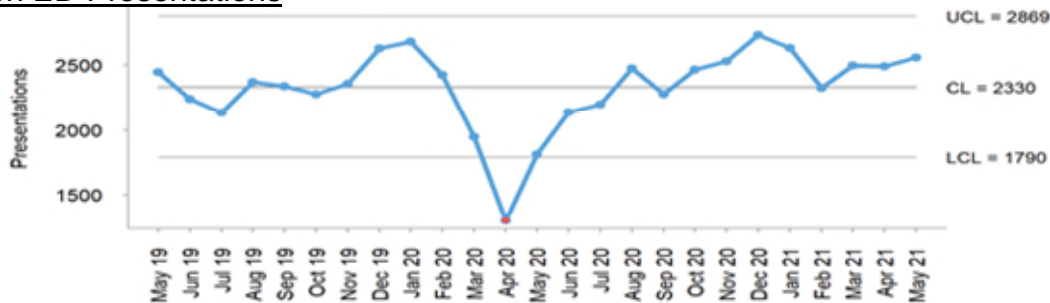
5.3 Recovery Plan

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

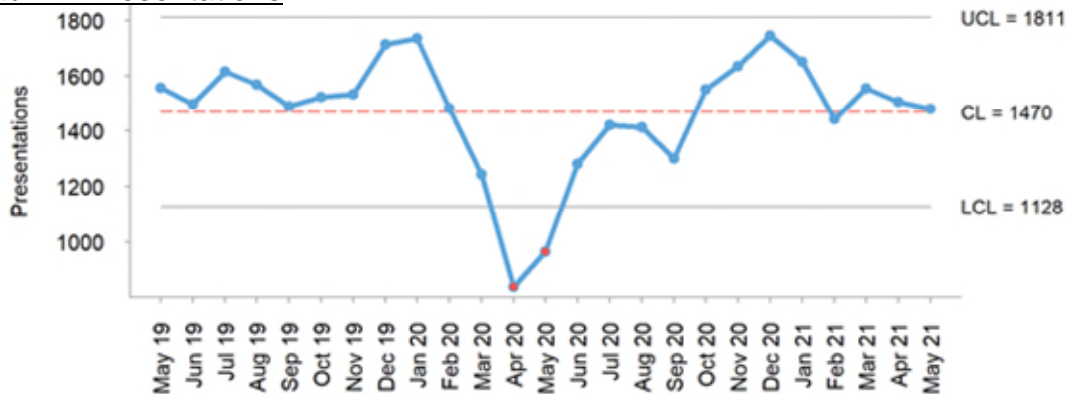
5.4 Shorter Stays in Emergency Department

Emergency Departments are showing an increase in presentation at Nelson and a decrease in Wairau compared to the previous month.

Nelson ED Presentations



Wairau ED Presentations



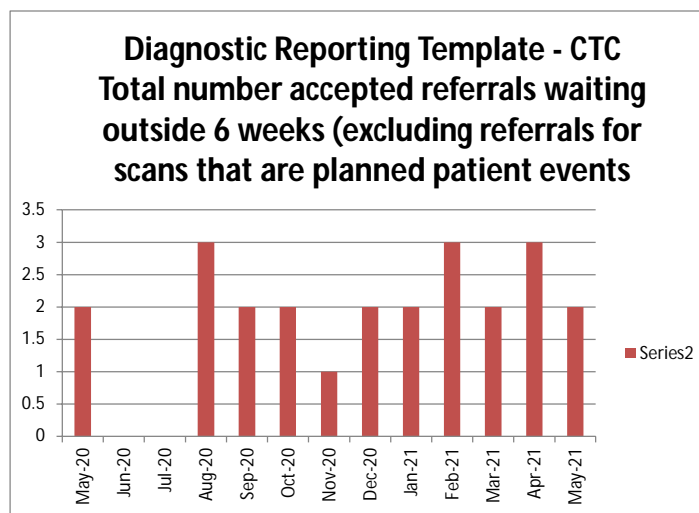
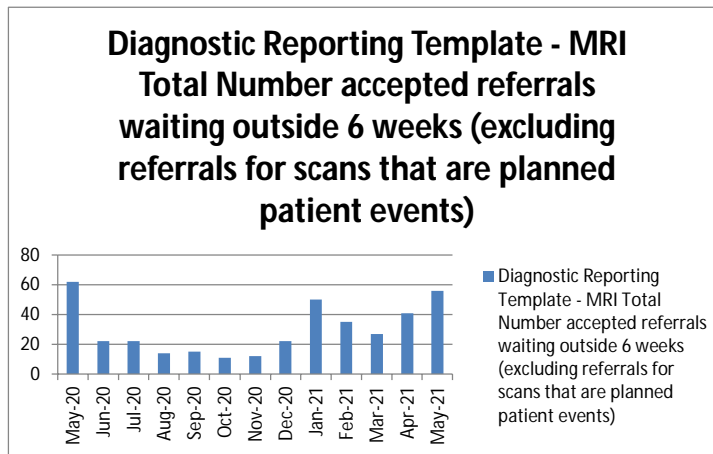
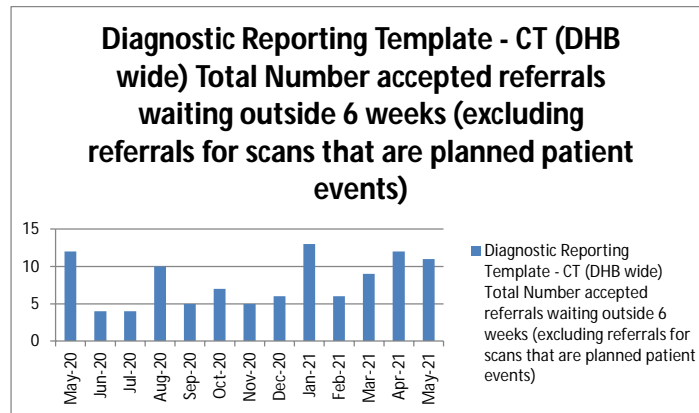
Hospital Occupancy

Our hospitals continue to have significant occupancy of 95% at Nelson and 88% at Wairau respectively.

Hospital Occupancy 1 to 31 May 2021	Adult in patient
Nelson	95%
Wairau	88%

5.5 Enhanced Access to Diagnostics

MRI numbers for May 2021 are 371 patients scanned, with 90% being scanned within 42 days of referral acceptance (MOH target is 90%).



5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - May 2021														Reporting Month: April 2021 - Quarter 4 - 2020-2021	
As at 25/05/2021															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		May 2021 (in progress)		Apr-21		Mar-21		Quarter 4 (in progress) 2021-2022		Quarter 3 2020-2021		Quarter 4 (2019-2020)		Rolling 12 Months May 2020 - Apr 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
		83%	17%	76%	24%	83%	17%	79%	21%	85%	15%	92%	8%	89%	11%
Number of Records		10	2	16	5	24	5	26	7	67	12	65	6	264	32
Total Number of Records		12		21		29		33		79		71		296	
Numbers Including all Delay Codes		71%	29%	76%	24%	75%	25%	79%	21%	74%	26%	79%	21%	78%	22%
Number of Records		10	4	16	5	24	8	26	7	67	23	65	17	264	73
Total Number of Records		14		21		32		33		90		82		337	
90% of patients had their 1st treatment within: # days		82		90		98		90		98		89		87	
62 Day Delay Code Break Down		May 2021 (in progress)		Apr-21		Mar-21		Quarter 4 (in progress) 2021-2022		Quarter 3 2020-2021		Quarter 4 (2019-2020)		Rolling 12 Months May 2020 - Apr 2021	
01 - Patient Reason (chosen to		0		0		1		0		2		0		6	
02 - Clinical Cons. (co-morbidities)		2		0		2		2		9		11		35	
03 - Capacity Constraints		2		5		5		7		12		6		32	

FCT Monthly Report - May 2021

62 Day Indicator Records continued

TUMOUR STREAM	Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records
Rolling 12 Months May 2020 - Apr 2021											
Brain/CNS	100%	0	0%	0	0%	0	0%	0	0%	0	0
Breast	100%	54	0%	0	5%	3	2%	1	7%	4	58
Gynaecological	100%	17	0%	0	14%	3	5%	1	19%	4	21
Haematological	89%	16	11%	2	5%	1	0%	0	16%	3	19
Head & Neck	77%	24	20%	7	9%	3	3%	1	31%	11	35
Lower Gastrointestinal	81%	13	14%	3	23%	5	5%	1	41%	9	22
Lung	83%	25	14%	5	19%	7	0%	0	32%	12	37
Other	100%	2	0%	0	60%	3	0%	0	60%	3	5
Sarcoma	67%	4	25%	2	25%	2	0%	0	50%	4	8
Skin	88%	60	11%	8	1%	1	3%	2	15%	11	71
Upper Gastrointestinal	96%	22	4%	1	15%	4	0%	0	19%	5	27
Urological	87%	27	12%	4	9%	3	0%	0	21%	7	34
Grand Total	89%	264	9%	32	10%	35	2%	6	22%	73	337
ETHNICITY	Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records
Rolling 12 Months May 2020 - Apr 2021											
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	50%	1	50%	1	0%	0	100%	2	2
British & Irish	100%	0	100%	1	0%	0	0%	0	100%	1	1
Chinese	100%	2	0%	0	0%	0	0%	0	0%	0	2
European nfd	100%	8	0%	0	23%	3	15%	2	38%	5	13
Fijian	100%	1	0%	0	0%	0	0%	0	0%	0	1
Indian	100%	1	0%	0	50%	1	0%	0	50%	1	2
Italian	100%	1	0%	0	0%	0	0%	0	0%	0	1
Latin American	100%	1	0%	0	0%	0	0%	0	0%	0	1
Maori	88%	14	10%	2	24%	5	0%	0	33%	7	21
New Zealand European	88%	212	10%	28	9%	23	1%	4	21%	55	267
Other Asian	100%	1	0%	0	0%	0	0%	0	0%	0	1
Other Ethnicity	100%	4	0%	0	0%	0	0%	0	0%	0	4
Other European	100%	14	100%	0	0%	2	0%	0	0%	2	16
Southeast Asian nfd	100%	1	100%	0	0%	0	0%	0	0%	0	1
Grand Total	91%	264	9%	32	10%	35	2%	6	22%	73	337

6. ALLIED HEALTH

Funding has been confirmed for the NMH Fracture Liaison Service contract with ACC. The service will be secondary care-based reporting within Clinical Services.

Between May 2020 to May 2021, the average monthly referrals to Allied Health services totalled 1,046. During May 2021 there were:

- 1,135 referrals were received to Allied Health services.
- 76% referrals were from General Practice or NMH Specialist Services.
- 10% Maori (116 referrals), across all services and age ranges, however majority for physiotherapy.
- 1% Pacifica.
- 53% are for clients over 65 years, and 20% over 80 years of age (total - 230 referrals).

7. NURSING & MIDWIFERY

The workforce training pipeline for COVID is well established with 88 people currently working through provisional training and approximately 20 awaiting peer assessment.

International Midwifery Day was celebrated on 5 May 2021 and International Nurses Day was celebrated by nurses across the district on 12 May 2021.

Care Capacity Demand Management (CCDM) continues to be well advanced within NMH. A combined Wahi Oranga and Older Persons Mental Health local data council group has been formed with two successful meetings being held. This group includes the Trendcare Coordinator and team member, PSA organiser and managers of respective services. Data for CCDM is a priority for the inpatient team.

8. PEOPLE & CAPABILITY

Workforce Summary

Staff Details 31/05/2021

Headcount	Contracted FTE	Avg. Age At Rpt Date	Avg. Los Yrs At Rpt Date	Avg. Contracted FTE
3,076	2,007	47.7	7.5	0.65

ethnicity

Ethnic Group	Percentage
NZ MAORI	6.66%
NZ PAKEHA/EURO	65.51%
OTHER	24.61%
UNKNOWN	3.22%

expense grp

Expense Grp	Percentage
ALL	16.81%
MAD	17.43%
MED	7.96%
NUR	39.17%
SUP	18.63%

age group

Age Group ..	Percentage
18-24	4.55%
25-34	16.22%
35-44	16.55%
45-54	24.97%
55-64	29.78%
65+	7.05%
unknown	0.88%

status

Emp Status	Percentage
Casual	14.43%
Full-time	28.02%
Part-time	57.54%

gender

Gender	Percentage
FEMALE	80.46%
MALE	19.51%
UNKNWN	0.03%

terminations 12 months to date

excludes fixed term & casuals

Terminated	
Terminated - Non-voluntary	29
Terminated - Voluntary	317

9. DATA AND DIGITAL

Supporting our equity first focus, 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”. This project also aligns well with a project to provide an updated system for District Nurses, as these are another community service provider.

NMH is investigating an inpatient charting / administration system and a non-admitted patient prescribing system. We would like to end up with a medication management system delivered on a modern sustainable platform that can deliver a medication management solution that is safe, and uses the best available national resources and Artificial Intelligence (AI) technology to support the system users to minimise the known risks associated with medication prescribing and administration. In addition, we see the system we are implementing being able to provide functional and full linkage with other medication management systems across the health community; the ultimate objective would be a single list of medications common to all systems with visibility for patients as well as the ability for them to contribute. We have established a regional working and steering group and are supported in these goals by Ministry of Health as a candidate for a national solution.

Telehealth	
Achievements This Month	<ul style="list-style-type: none"> • Telehealth Coordinator appointed with start date of 21 June. • Telehealth Awareness week held in May – good uptake of activities. • Virtual Visitor protocol has been agreed and we will be piloting this at Nelson Hospital. • Senior BA appointed for Allied Health project and booking and scheduling work. MoH funding will be used for backfill.
Benefits	<ul style="list-style-type: none"> • 4 new services have expressed interest in support for telehealth during awareness week.
Consumer Story	<ul style="list-style-type: none"> • Supported patient to attend CCDHB appointment from home, attended home and set them up on system. Patient very happy with ability to attend from home instead of travelling to Wellington.
Data Insights	<ul style="list-style-type: none"> • Mental Health Service has seen an increase in activity based on data input now being completed from retrospective data.
Exception Report	<ul style="list-style-type: none"> • Due to significant backlog with outpatient appointments, we are seeing a decrease in support from the clinical admin teams due to workload pressures. Working with Service Manager and Change Manager on this concern.

Project Status

Name	Description	Status	Due date
Project			
Development			
CCDM Automated Reporting	Automated reporting and dashboard across multiple data sources, to assist matching capacity to care with patient demand in the hospital.	First phase CCDM reporting delivered and presented to CCDM team. Further enhancement work is underway to be delivered in July.	July 21

Name	Description	Status	Due date	
District Nursing	Review of system requirements for the District Nursing service. Replacement of DN database.	RFI market scan garnered 6 responses. Working through submissions with Business Systems Analyst and DN stakeholders. Next step would be to go to RFP to procure solution.	June 21	
Hauora Direct	A mobile assessment tool aimed at improving enrolments in health programmes for vulnerable populations.	Core functionality in place. Further analysis required to confirm scope and costing of a final enhancements package. Power BI reports are now available.	June 21	
Legacy Application Replacement	Project to replace legacy vendor and bespoke applications that are unsupported or on unsupported infrastructure.	Initial planning completed to migrate Business Objects and Data Warehouse to new supported platforms. This work is underway. SQL server consolidation work planning is underway. Focus on mitigating security risks in the first instance.	Dec 21	

10. PRIVACY

NMH has just completed the Privacy Maturity Assessment framework. The framework is centred around a number of privacy accountabilities covering core expectations, leadership, planning, policies and practice.

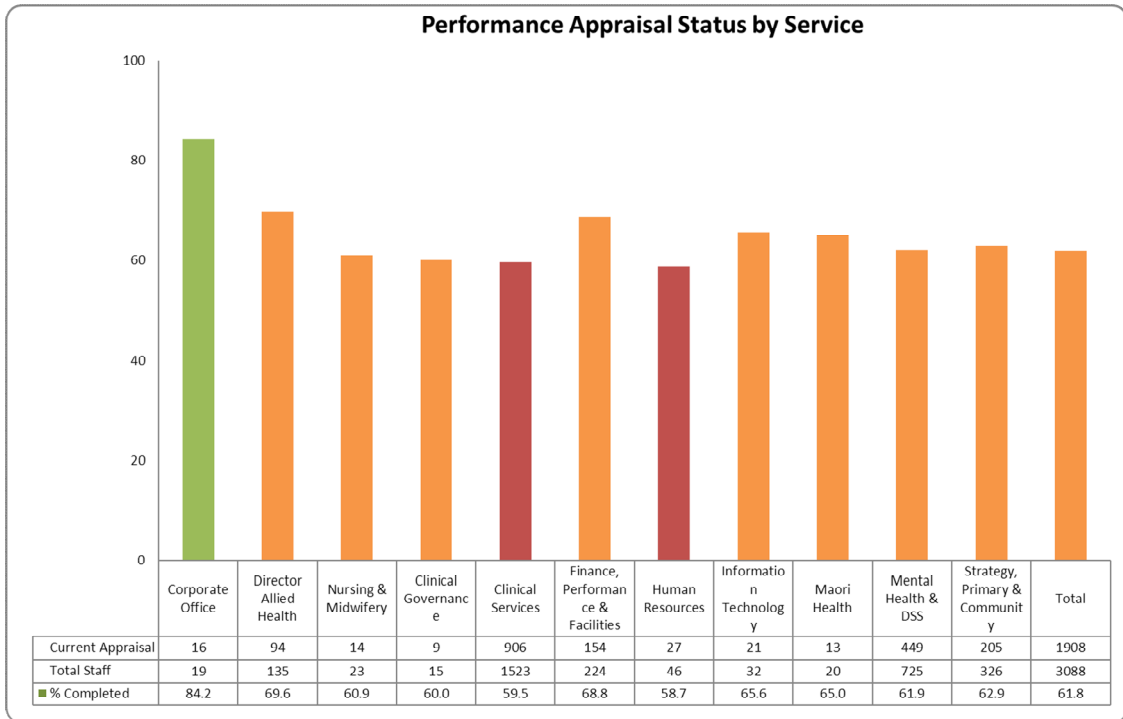
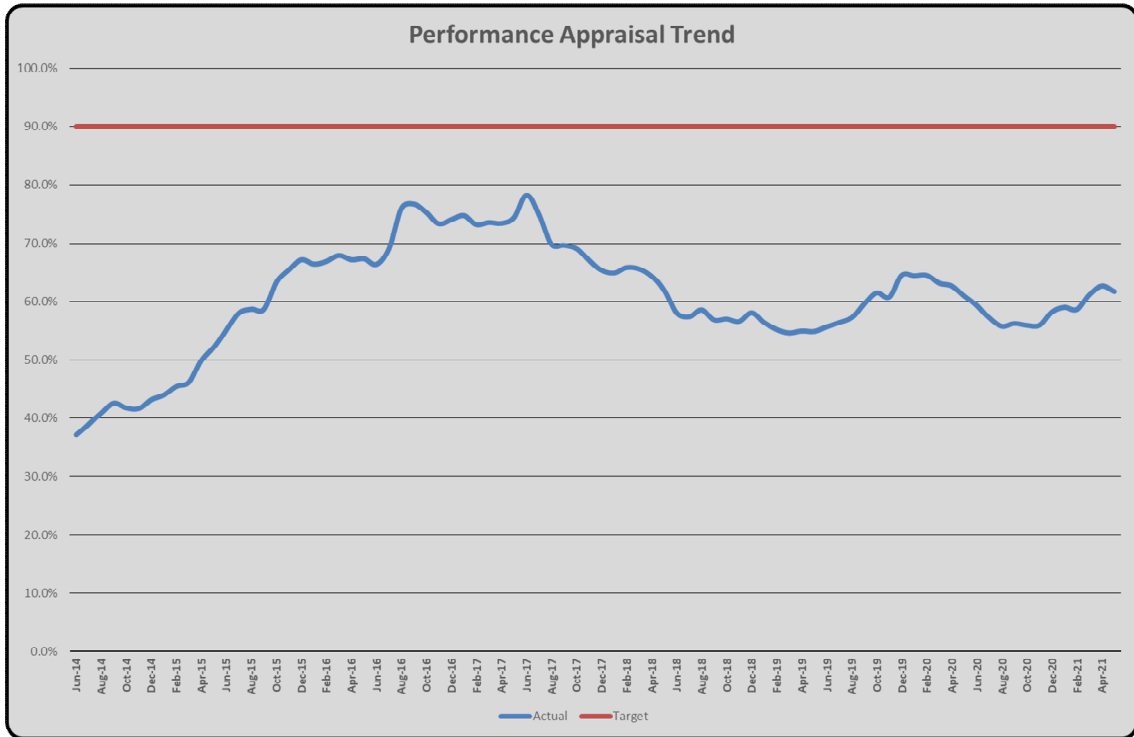
11. DASHBOARDS

Attached as Item 4.1 is the DHB HR KPI dashboard which includes sick leave, accrued annual leave, staff turnover, and ethnicity of employees.

Attached as Item 4.2 is the Hospital Inpatient Experience Survey Report.

11. PERFORMANCE APPRAISALS

To date we are at 61.8% of staff with a current appraisal.



Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

DHB HR KPI (March 2021 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 (%)

3.0[✓]

Comparison period: 3.4

Accrued annual leave > 2 years (%)

10.2[✓]

Comparison period: 10.8

Turnover voluntary resignations (%)

3.6[!]

Comparison period: 3.4

Recruitment time to hire (days)

64.5[!]

Comparison period: 52.4

Lost time injury rates (incidences)

18.4[✓]

Comparison period: 20.7

Overtime (%)

0.5[!]

Comparison period: 0.5

Māori ethnicity (%)

6.4[!]

Comparison period: 6.6

Pacific ethnicity (%)

0.5[✓]

Comparison period: 0.5

Average leave balances (hours)

144.3[✓]

Comparison period: 152.2

In the last quarter our level of sick leave, accrued annual leave and average leave balances, and lost time injury rates have decreased. However turnover, recruitment time to hire, and overtime have increased. The percentage of staff who have identified themselves as being of Maori ethnicity has dropped by 0.2% but the percentage identifying of Pacific ethnicity has remained the same.

Compared to the average for other DHB's, we are similar on most measures. Our percentage of staff of Maori and Pacific ethnicity are lower (the average across them all is 8.5% and 4.8% respectively). We continue to 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 (%)

3.1✓

Comparison period: 3.7

Accrued annual leave > 2 years (%)

9.4✓

Comparison period: 9.8

Turnover voluntary resignations (%)

2.9!

Comparison period: 2.6

Recruitment time to hire (days)

65.3!

Comparison period: 54.0

Lost time injury rates (incidences)

10.7✓

Comparison period: 11.6

Overtime (%)

1.2!

Comparison period: 1.0

Māori ethnicity (%)

8.5✓

Comparison period: 8.5

Pacific ethnicity (%)

4.8✓

Comparison period: 4.8

Average leave balances (hours)

167.2✓

Comparison period: 176.3

Turnover for ALL DHBs

Turnover voluntary resignations (%) - Dashboard



National turnover voluntary resignations (%)

2.9!

Comparison period: 2.8

Highest

4.1!

Comparison period: 3.8

Lowest

1.7✓

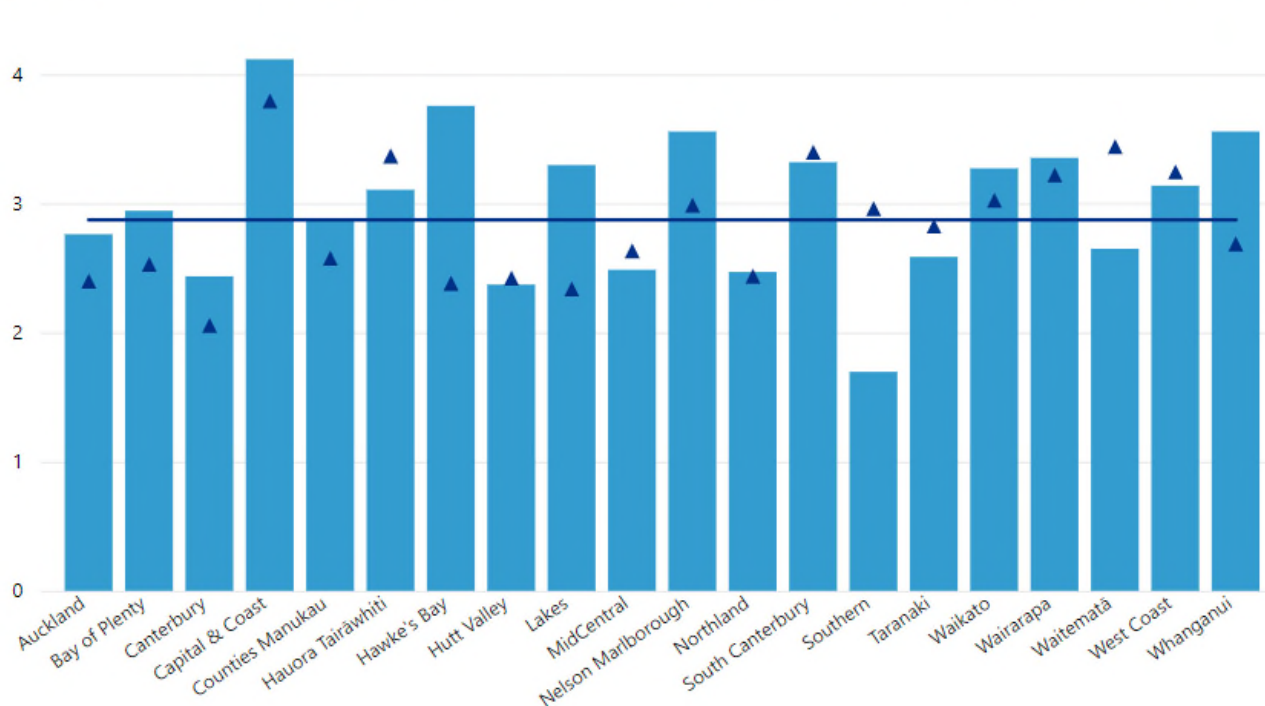
Comparison period: 2.1

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	3.1	2.9
Medium	2.9	2.6
Large	2.8	2.8

Region	Turnover voluntary resignations (%)	Turnover voluntary resignations (%) - comparison
Northern	2.7	2.7
Midland	3.1	2.8
Central	3.4	3.0
South Island	2.5	2.5

Nelson Marlborough DHB as at December 2020 (including Casuals)

Workforce at a glance

Active Casual	Inactive Casual	Non-Casual
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Compare selected quarter (March 2021) with:

3 months prior	6 months prior	1 year prior	2 years prior	3 years prior	4 years prior	5 years prior
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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

3,058✓
% change: 1.2%

Contracted FTE

2,036.0✓
% change: 1.8%

Mean FTE (average full-time status)

0.67✓
% change: 0.6%

Mean age (years)

47.7!
% change: -0.7%

% 55 years and over

35.3✓
% change: -3.4%

% females

80.2✓
% change: -0.2%

Mean length of service (years)

7.5!
% change: -1.8%

Annual turnover rate

15.2✓
% change: 9.7%

Mean % sick leave hours (per FTE)

3.0!
% change: -13.3%

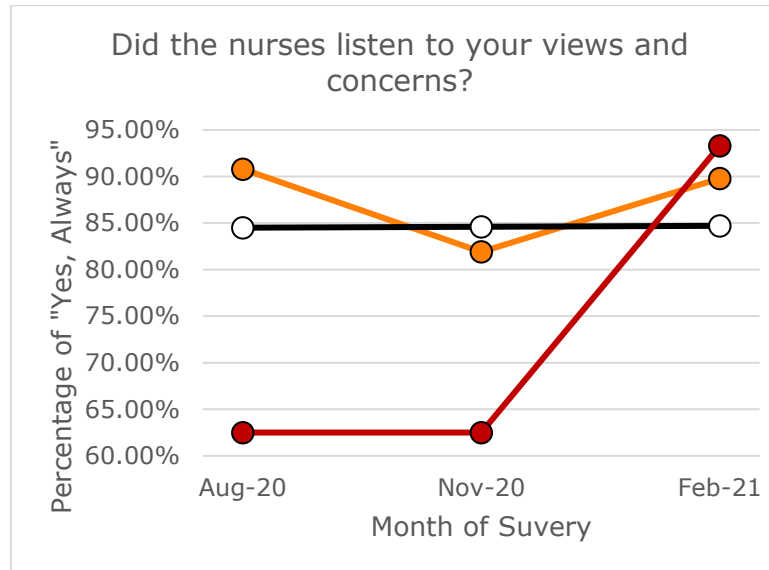
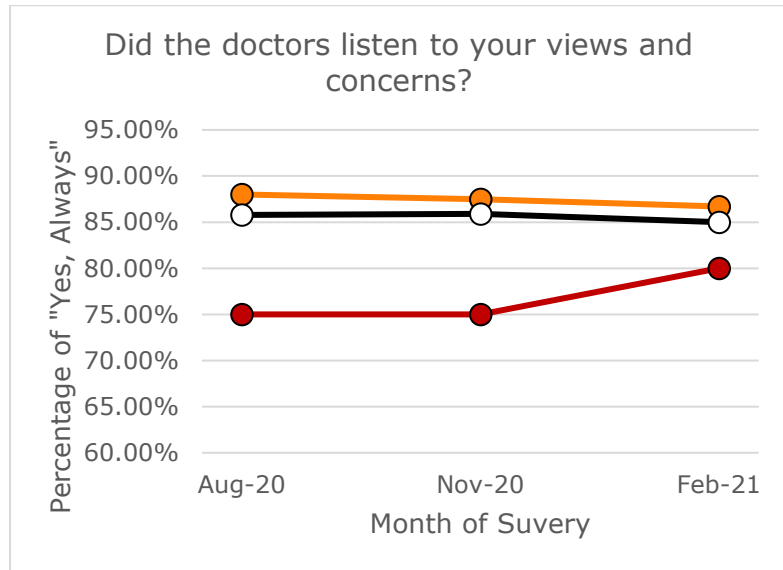
Response Rates

Respondents Ethnicity NMH Percentage	Aug 2020	Nov 2020	Feb 2021
Māori	4.3%	7.1%	13.4%
Pacific Peoples	1.1%	2.9%	-
Asian	0.5%	-	2.5%
Middle Eastern/Latin American/African (MELAA)	0.5%	2.9%	1.7%
Other ethnicity	4.3%	4.3%	7.6%
European	89.2%	82.9%	74.8%
Total Number	186	70	119

Respondents Ethnicity NMH	Aug 2020	Nov 2020	Feb 2021
Māori	8	5	16
Pacific Peoples	2	2	0
Asian	1	0	3
Middle Eastern/Latin American/African (MELAA)	1	2	2
Other ethnicity	8	3	9
European	166	58	89
Total Number	186	70	119

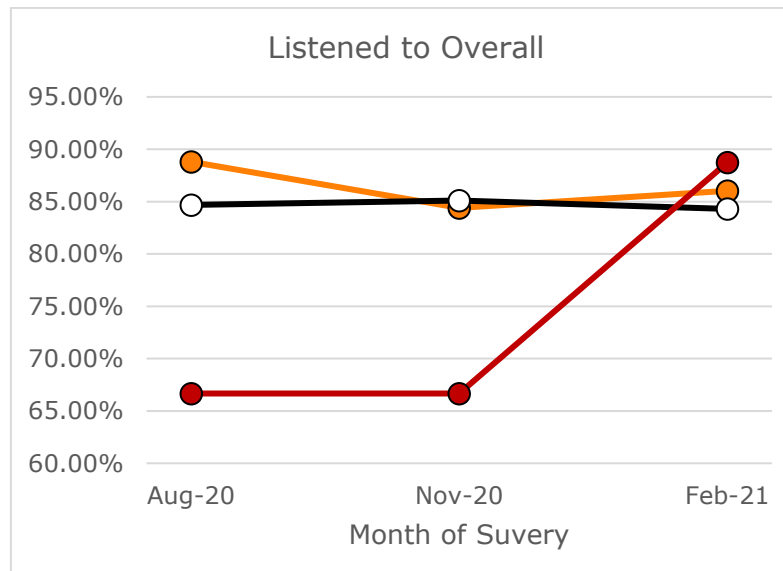
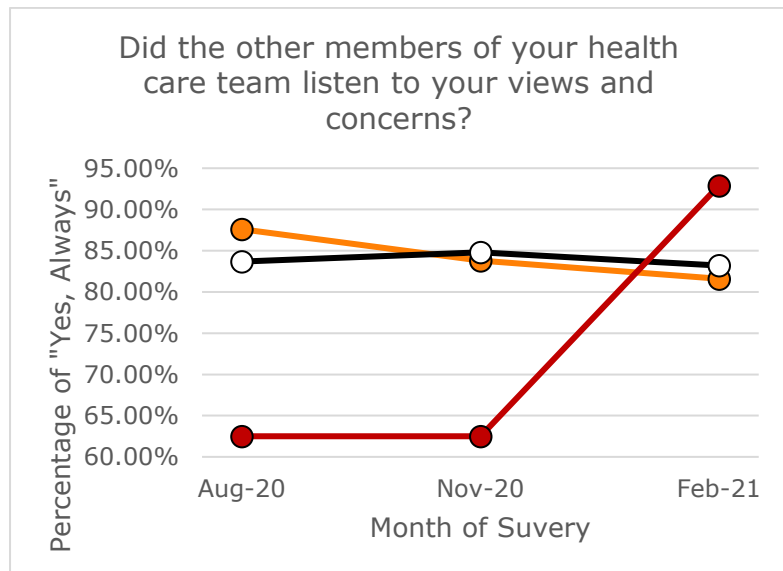
The response rate of non-European has increase in Feb 2021, since Nelson Marlborough DHB decided to oversample the non-European group. The has been achieved by taking 2 weeks' worth of Non-European patients and the standard 1 week of Level 1 Ethnicity European Patients.

Staff Listening

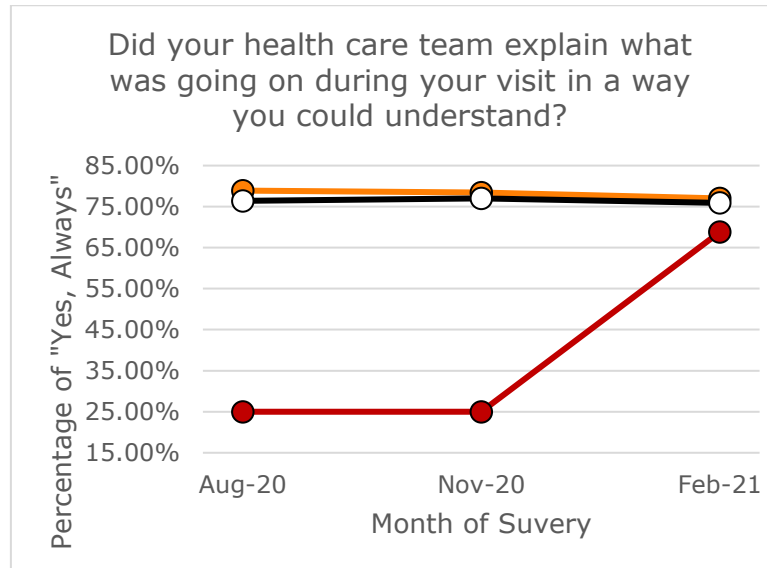
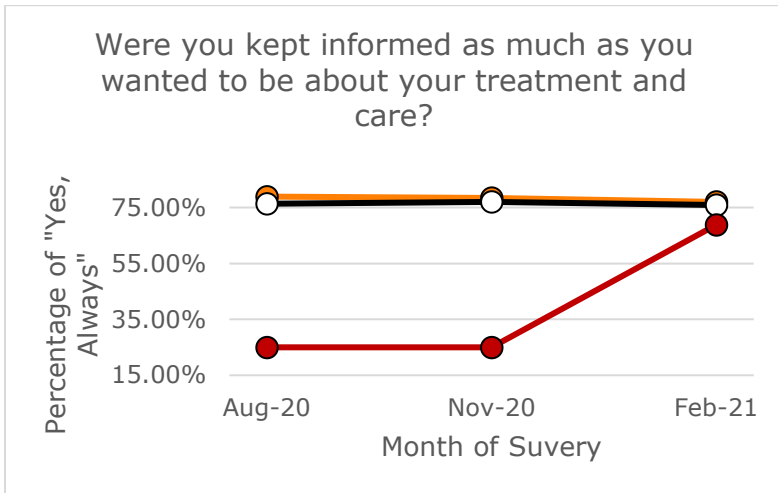


Source:
<https://cx.myexperience.health.nz/levels/nelson-marlborough-district-health-board/surveys/1>

- Nelson Marlborough DHB
- National Total
- NM Maori

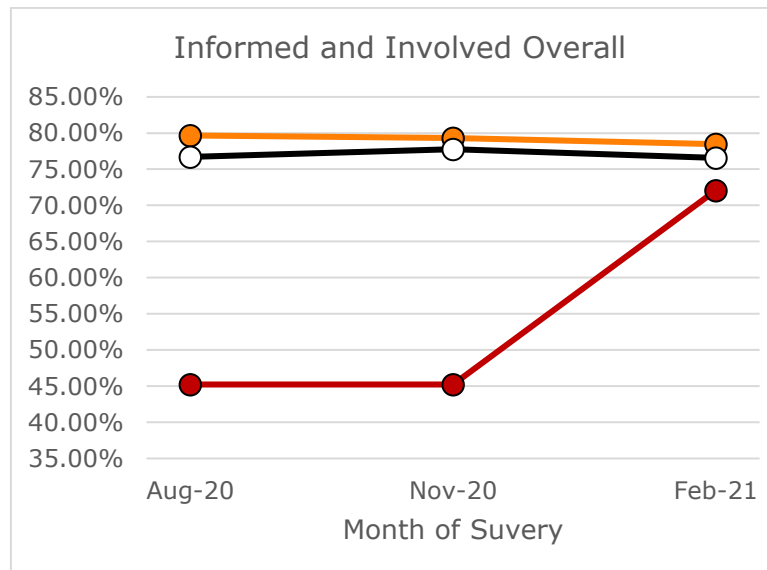
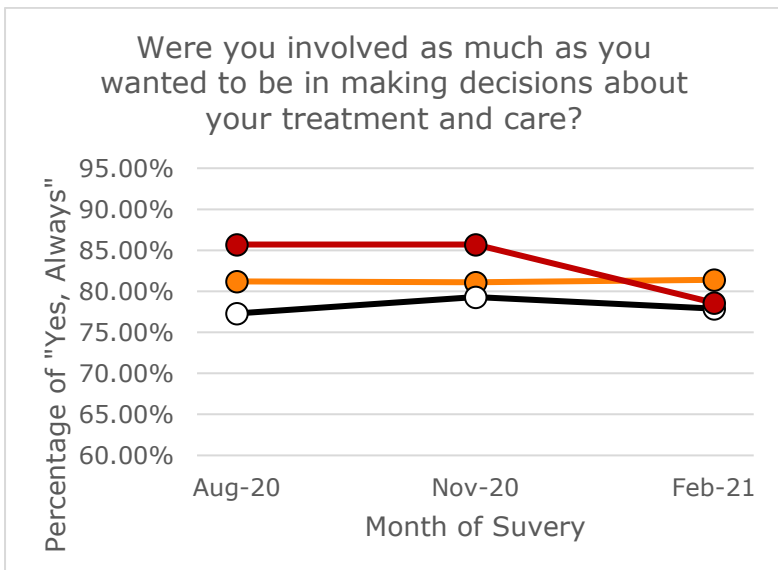


Patient Informed and Involved

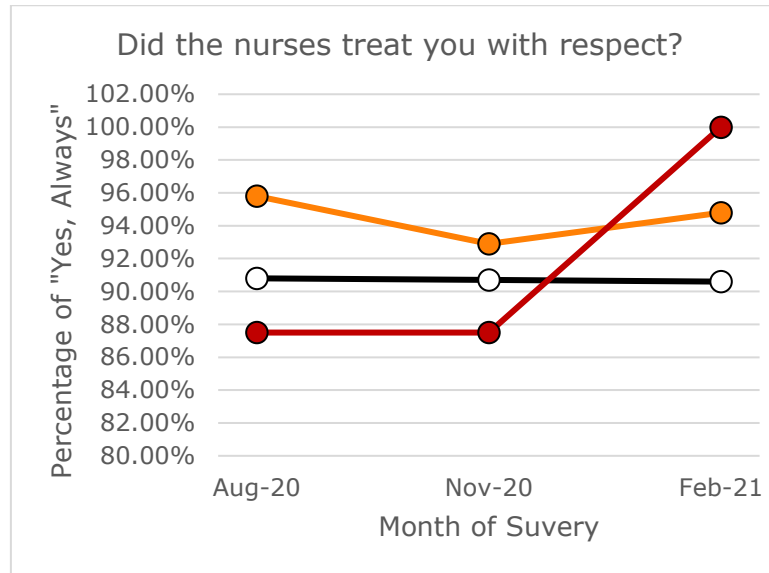
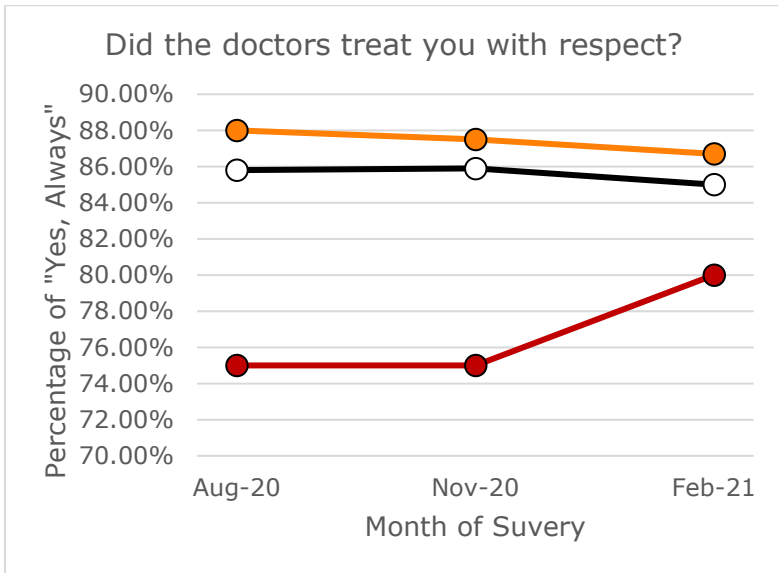


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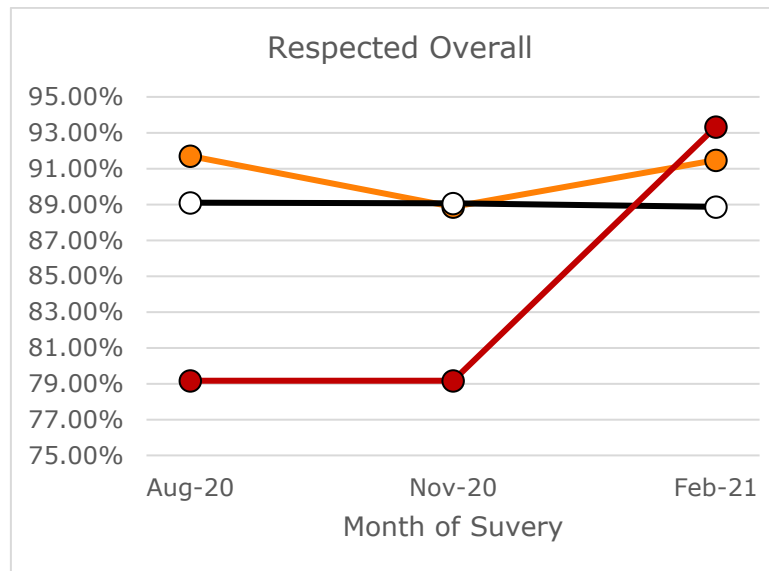
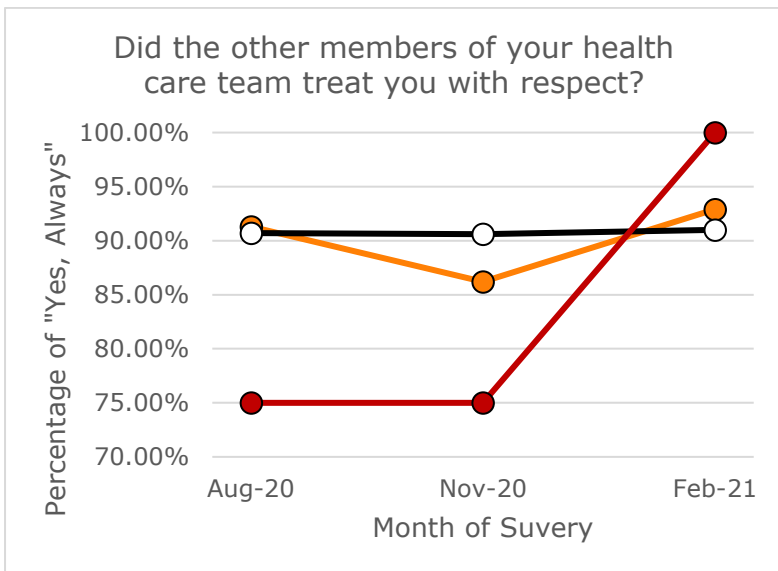


Patient treated with respect

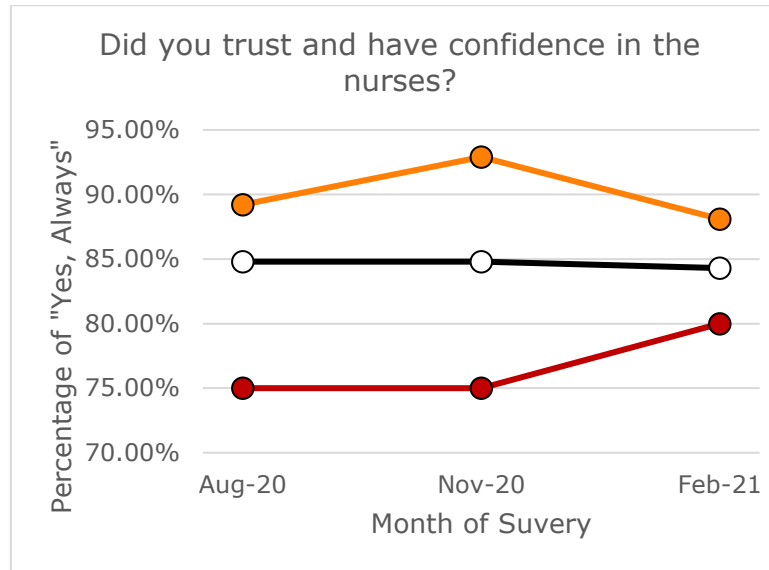
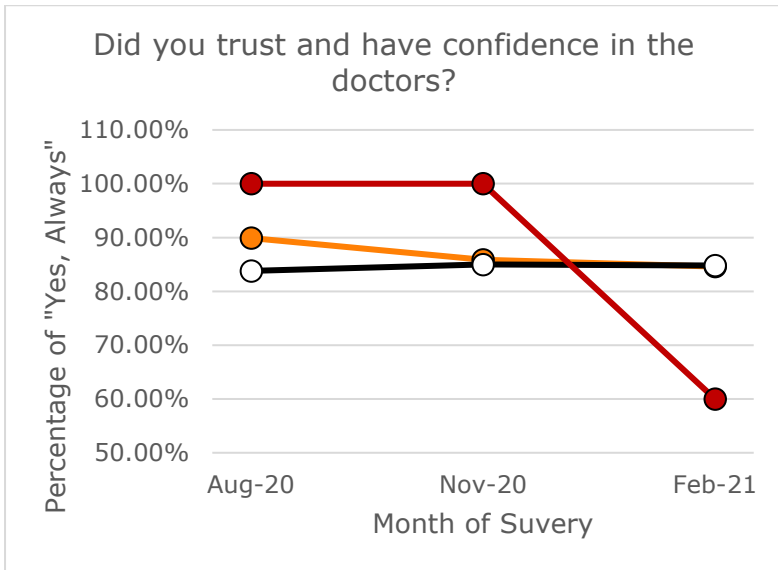


Source:
<https://cx.myexperience.health.nz/levels/nelson-marlborough-district-health-board/surveys/1>

- Nelson Marlborough DHB
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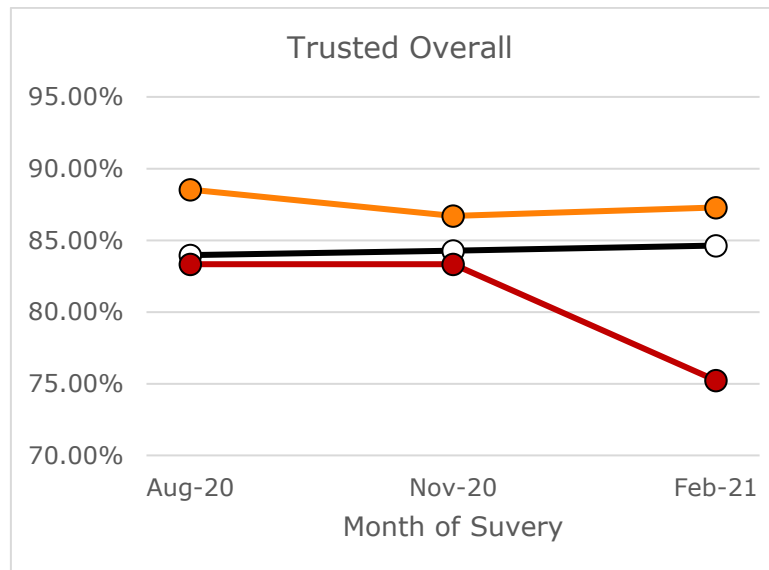
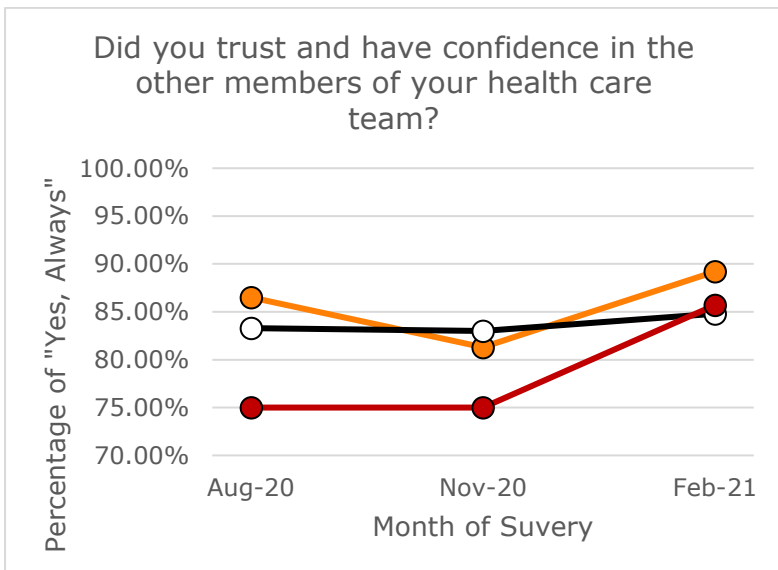


Patient Trust in Staff



Source:
<https://cx.myexperience.health.nz/levels/nelson-marlborough-district-health-board/surveys/1>

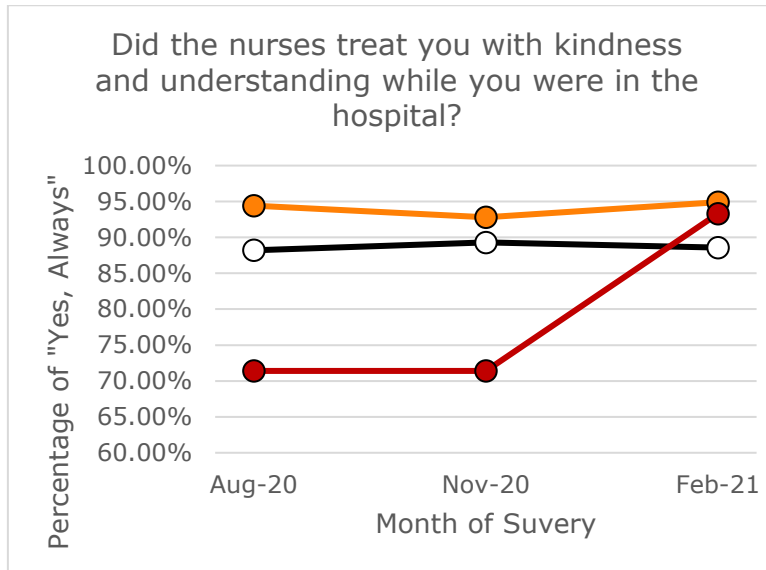
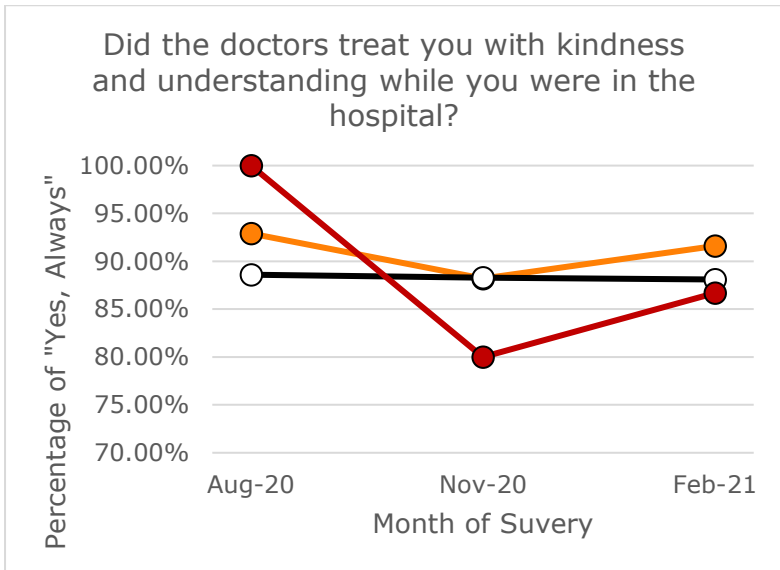
- Nelson Marlborough DHB
- National Total
- NM Maori



Hospital Inpatient Experience Survey Report

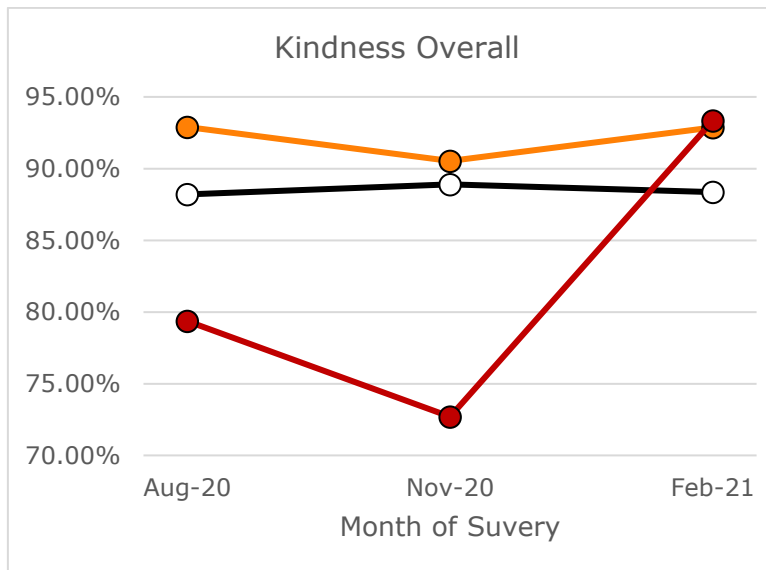
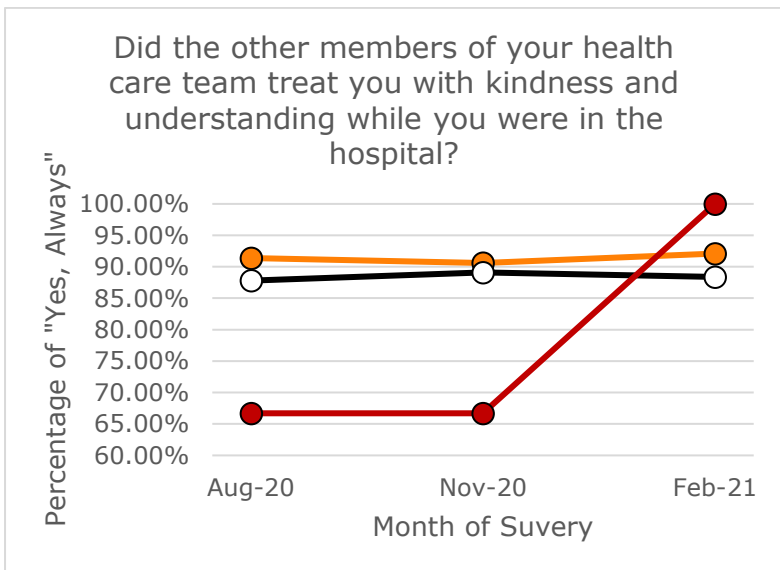


Patient Kindness

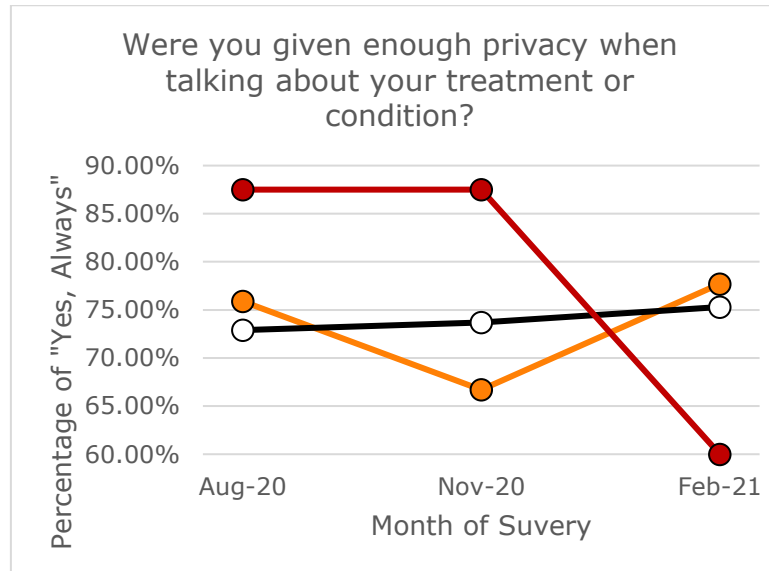
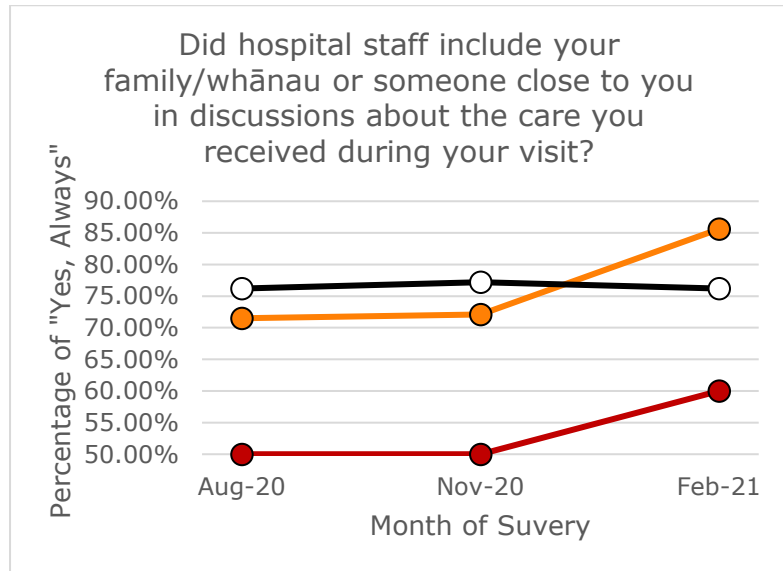


Source: <https://cx.myexperience.health.nz/levels/nelson-marlborough-district-health-board/surveys/1>

- Nelson Marlborough DHB
- National Total
- NM Maori

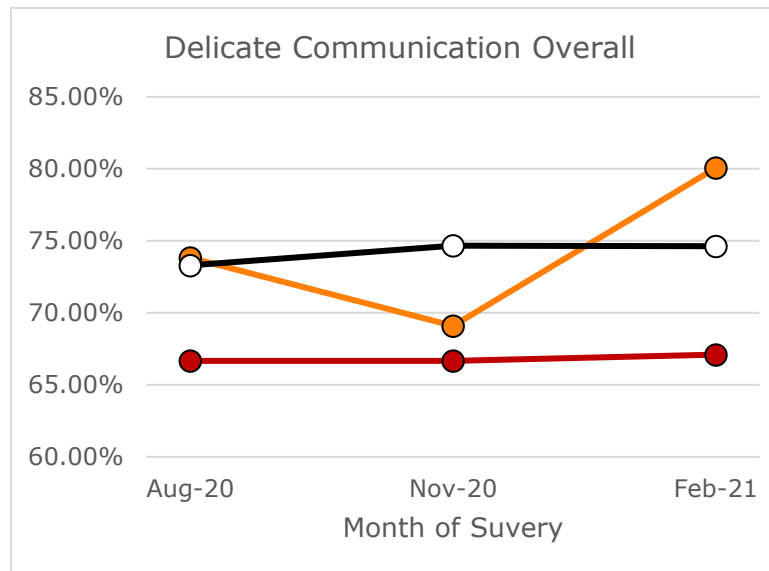
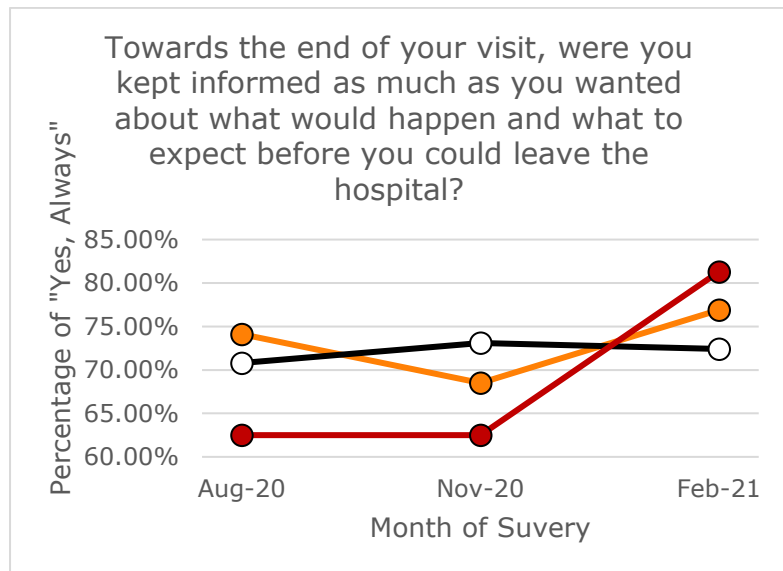


Delicate Communication

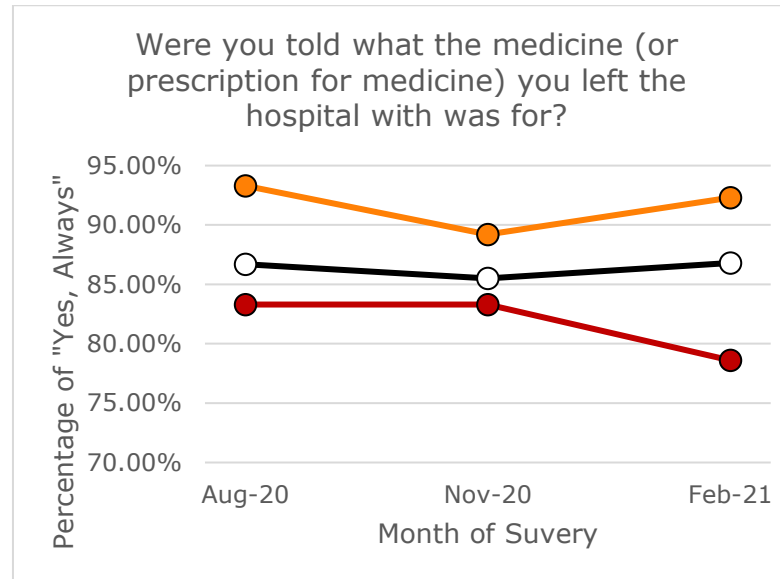
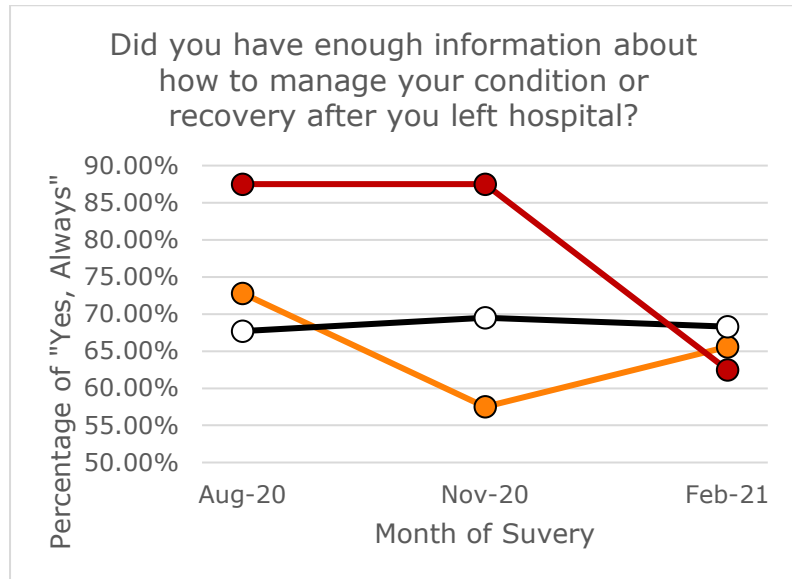


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- Nelson Marlborough DHB
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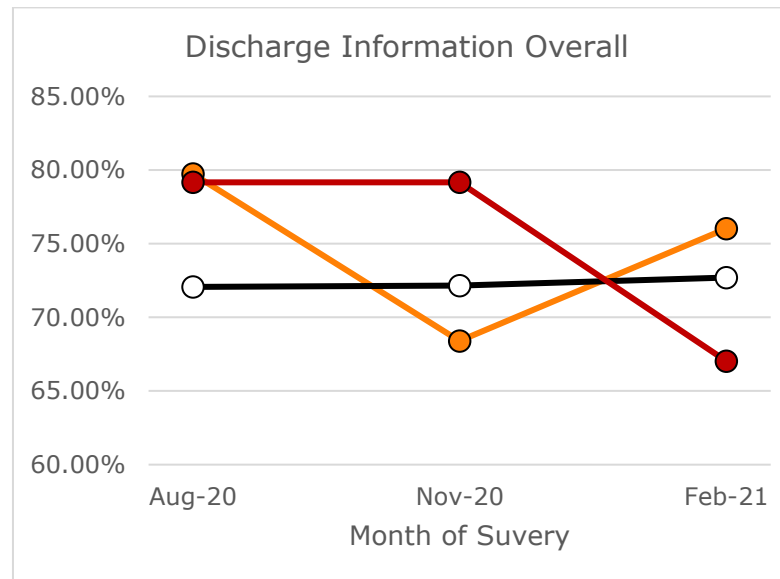
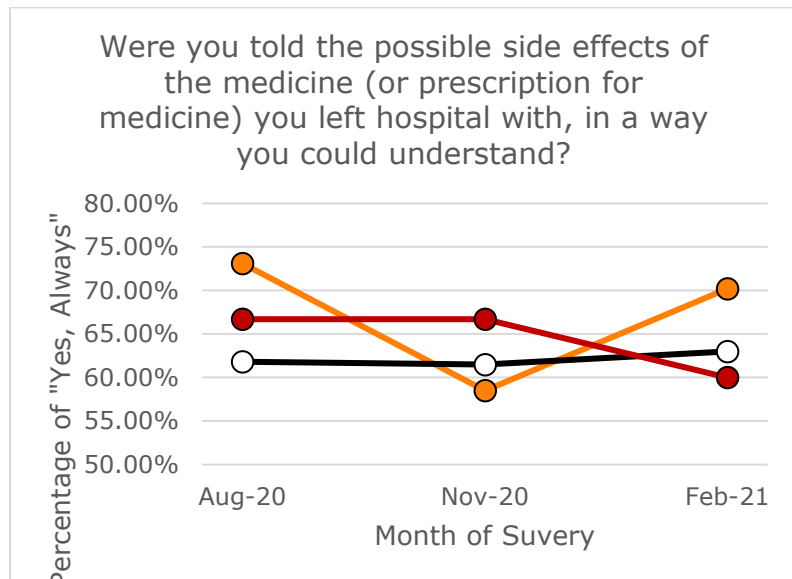


Information on Discharge Delivery

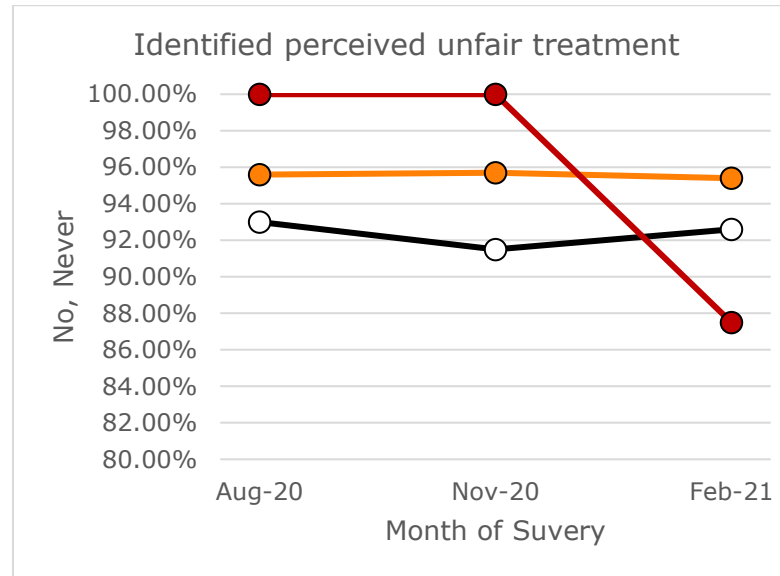
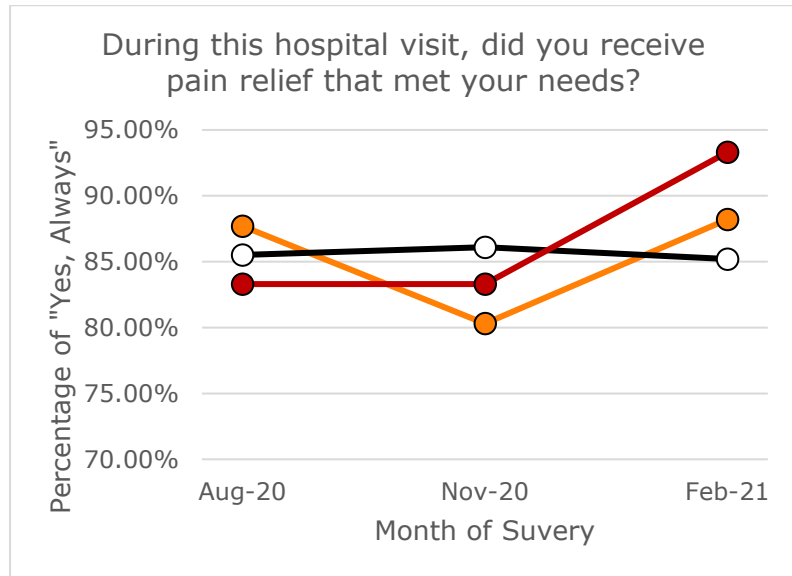


Source:
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- Nelson Marlborough DHB
- National Total
- NM Maori



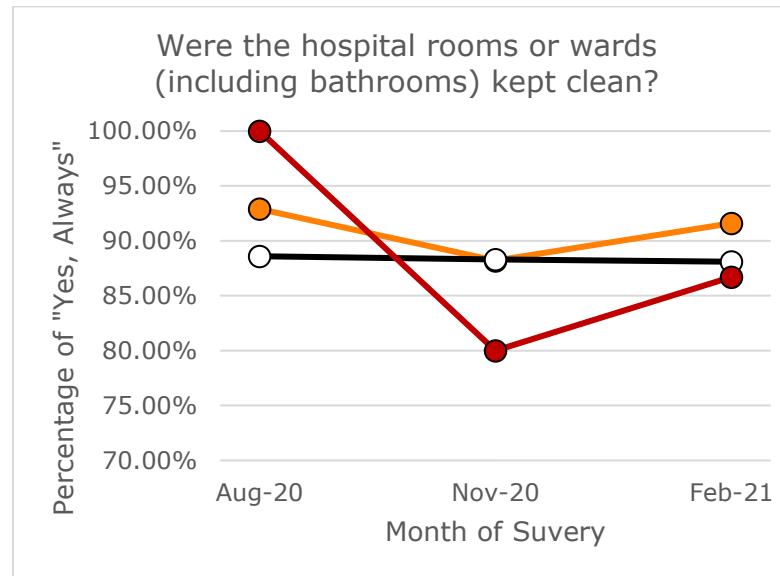
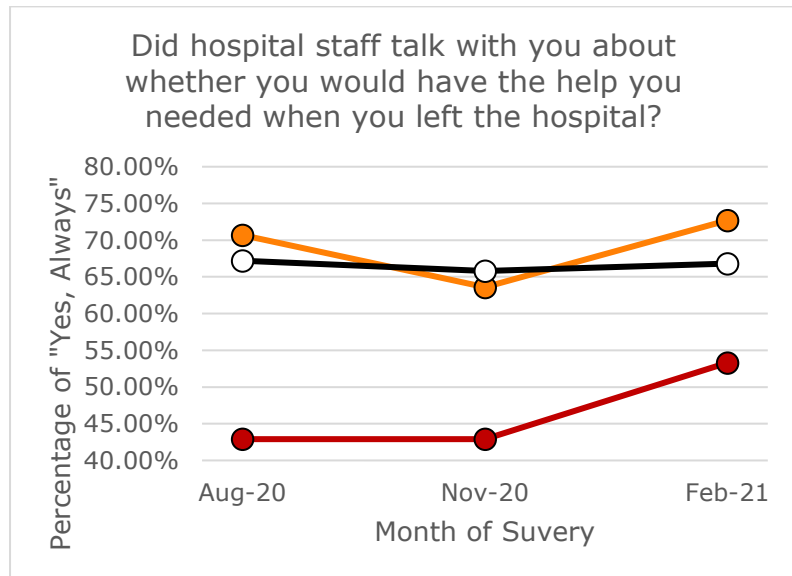
Treatment and Facilities



Source:

<https://cx.myexperience.health.nz/levels/nelson-marlborough-district-health-board/surveys/1>

- Nelson Marlborough DHB
- National Total
- NM Maori



MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 16 June 2021
Subject: Financial Report for May 2021

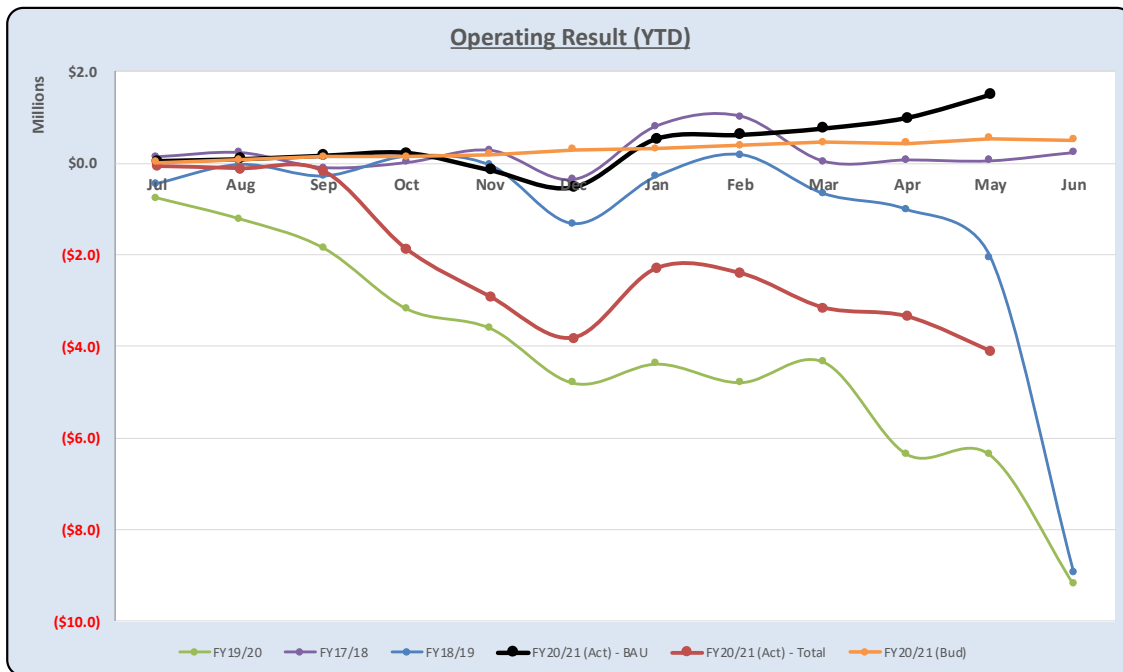
Status

This report contains:

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

Commentary

The result for the eleven months shows a reported deficit of \$4.1M which is \$4.2M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$1.4M which is \$0.9M 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 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.
- *Planned care volume funding:* With the continued acute demand and other impacts such as the nursing strike there is pressure to deliver the base planned care volumes along with the COVID recovery volumes (noting these are due for completion by end of September). There are key targets to deliver to ensure that all funding is received.
- *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	\$7,541	\$1,737
Niggles	\$200	\$194	\$6
Contingency	\$1,000	\$871	\$129
Strategic	\$3,750	\$3,750	\$0
Total	\$14,228	\$12,356	\$1,872

Contracts Signed Under Delegation

In line with the approved Delegations Policy, I am required to advise the Board when a delegation has been exercised that exceeds the agreed parameter for a revenue contract. During May the Chief Executive signed a contract variation to extend the ACC non-acute rehabilitation services for a period of 3 years and a total estimated revenue stream of \$7.3M.

Annual Debt Write-off

As part of the year end accounting processes all long standing amounts owed to NMH are reviewed and a decision is made whether to write the debt off from our financial statements. The debts have all been handed over to a debt collector and are followed up by our debt collector from time to time. Typically these debts are for overseas residents who have subsequently left the country without settling their debt – something that impacts all DHBs. Generally the debts written-off are small and can be approved within the delegations provided to the CEO or myself.

For the 2021 annual write-off there is one outstanding balance totalling \$75,159. This debt arose from a Chinese woman who received services at Wairau Hospital on a number of occasions from November 2014 through to August 2015. Small amounts were being paid in the first few years, however no payment has been received for over 12 months and our debt collector has advised that the woman has left the country and there is no readily apparent trail to determine the woman's whereabouts nor did the woman have insurance that could be claimed to clear the debt. Consequently the recommendation is to write this debt off.

FRS-3 Equity Repayment

Since June 2007, DHBs have received additional funding that was provided by Treasury specifically relating to the revaluation of property assets that occurred under the accounting standard applicable at the time, namely Financial Reporting Standard No. 3 (FRS-3). This additional funding ensured a neutral impact to DHB's bottom lines given the revaluation increased depreciation and capital charge.

At the time it was agreed between the DHBs, MOH and Treasury that the amount of the additional funding equivalent to the increased depreciation component would be repaid as an equity repayment on an annual basis. This process has occurred each year since that time. The request for this repayment from the MOH has been received and is required to be paid by the end of the current month. The annual payment amounts to \$547,308 – in line with previous annual payments.

Under the Delegation Policy, management does not have the authority to approve equity repayments and therefore the approval of the Board is required for management to make the payment.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. NOTES THE APPROVAL OF THE ACC NON-ACUTE REHABILITATION SERVICES CONTRACT**

3. APPROVES THE WRITE-OFF OF THE DEBT TOTALLING \$75,159
4. APPROVES THE REPAYMENT OF EQUITY TO THE VALUE OF \$547,308

Monthly Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	43,695	(148)	43,547	43,987	(292)	(440)	42,051
MOH non-devolved funding	2,096	0	2,096	1,963	133	133	1,991
ACC revenue	630	0	630	533	97	97	529
Other government & DHBs	1,003	0	1,003	872	131	131	874
Other income	842	0	842	925	(83)	(83)	817
Total Revenue	48,266	(148)	48,118	48,280	(14)	(162)	46,262
Expenses							
Employed workforce	18,124	51	18,175	18,384	260	209	18,088
Outsourced workforce	606	139	745	159	(447)	(586)	237
Total Workforce	18,730	190	18,920	18,543	(187)	(377)	18,325
Outsourced services	1,987	23	2,010	1,782	(205)	(228)	1,568
Clinical supplies	2,589	2	2,591	2,226	(363)	(365)	2,034
Pharmaceuticals	2,934	0	2,934	4,105	1,171	1,171	4,235
Air Ambulance	404	0	404	328	(76)	(76)	255
Non-clinical supplies	2,660	176	2,836	2,912	252	76	2,895
External provider payments	12,475	208	12,683	12,030	(445)	(653)	13,115
Inter District Flows	4,029	0	4,029	4,135	106	106	3,904
Total Expenses before IDCC	45,808	599	46,407	46,061	253	(346)	46,331
Surplus/(Deficit) before IDCC	2,458	(747)	1,711	2,219	239	(508)	(69)
Interest expenses	31	0	31	36	5	5	33
Depreciation	1,188	0	1,188	1,257	69	69	1,136
Capital charge	789	0	789	822	33	33	797
Total IDCC	2,008	0	2,008	2,115	107	107	1,966
Operating Surplus/(Deficit)	450	(747)	(297)	104	346	(401)	(2,035)
Holidays Act compliance	(458)	0	(458)	(42)	(416)	(416)	0
Net Surplus/(Deficit)	(8)	(747)	(755)	62	(70)	(817)	(2,035)

	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	496,988	3,339	500,327	493,656	3,332	6,671	460,236	542,704	506,044
MOH non-devolved funding	24,544	0	24,544	22,795	1,749	1,749	22,276	25,123	24,528
ACC revenue	7,093	0	7,093	6,079	1,014	1,014	6,044	6,710	6,773
Other government & DHBs	11,093	0	11,093	9,638	1,455	1,455	9,329	10,527	10,369
Other income	10,812	922	11,734	10,822	(10)	912	10,805	11,855	12,287
Total Revenue	550,530	4,261	554,791	542,990	7,540	11,801	508,690	596,919	560,001
Expenses									
Employed workforce	211,104	276	211,380	212,739	1,635	1,359	197,439	235,611	218,848
Outsourced workforce	6,559	243	6,802	1,818	(4,741)	(4,984)	7,180	1,978	7,833
Total Workforce	217,663	519	218,182	214,557	(3,106)	(3,625)	204,619	237,589	226,681
Outsourced services	20,777	43	20,820	19,712	(1,065)	(1,108)	17,533	21,513	19,246
Clinical supplies	28,387	88	28,475	26,077	(2,310)	(2,398)	24,973	28,808	27,845
Pharmaceuticals	47,177	0	47,177	45,974	(1,203)	(1,203)	44,653	50,355	51,921
Air Ambulance	4,118	49	4,167	3,849	(269)	(318)	3,777	4,259	4,230
Non-clinical supplies	32,718	675	33,393	32,872	154	(521)	27,822	36,159	30,227
External provider payments	133,500	3,400	136,900	130,901	(2,599)	(5,999)	128,663	143,011	141,807
Inter District Flows	47,370	0	47,370	45,488	(1,882)	(1,882)	44,097	49,623	51,022
Total Expenses before IDCC	531,710	4,774	536,484	519,430	(12,280)	(17,054)	496,137	571,317	552,979
Surplus/(Deficit) before IDCC	18,820	(513)	18,307	23,560	(4,740)	(5,253)	12,553	25,602	7,022
Interest expenses	352	0	352	400	48	48	343	436	376
Depreciation	12,596	0	12,596	13,589	993	993	12,187	14,806	13,314
Capital charge	4,431	0	4,431	9,038	4,607	4,607	8,912	9,860	9,709
Total IDCC	17,379	0	17,379	23,027	5,648	5,648	21,442	25,102	23,399
Operating Surplus/(Deficit)	1,441	(513)	928	533	908	395	(8,889)	500	(16,377)
Holidays Act compliance	(5,042)	0	(5,042)	(458)	(4,584)	(4,584)	0	(500)	(46,082)
Net Surplus/(Deficit)	(3,601)	(513)	(4,114)	75	(3,676)	(4,189)	(8,889)	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	41,790	23	41,813	45,205	3,415	3,392	37,567	50,380	41,891
Outsourced SMO	5,260	1	5,261	1,176	(4,084)	(4,085)	6,038	1,283	6,556
Total SMO	47,050	24	47,074	46,381	(669)	(693)	43,605	51,663	48,447
Employed RMO	13,827	(7)	13,820	13,848	21	28	13,177	15,013	14,347
Outsourced RMO	314	0	314	364	50	50	236	397	260
Total RMO	14,141	(7)	14,134	14,212	71	78	13,413	15,410	14,607
Employed Nursing	69,601	117	69,718	68,782	(819)	(936)	65,558	76,172	72,715
Outsourced Nursing	42	171	213	0	(42)	(213)	20	0	25
Total Nursing	69,643	288	69,931	68,782	(861)	(1,149)	65,578	76,172	72,740
Employed Allied Health	29,555	4	29,559	29,146	(409)	(413)	27,346	32,681	30,745
Outsourced Allied Health	616	0	616	210	(406)	(406)	406	223	482
Total Allied Health	30,171	4	30,175	29,356	(815)	(819)	27,752	32,904	31,227
Employed Disability Support Service	17,545	0	17,545	17,349	(196)	(196)	16,583	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	17,545	0	17,545	17,349	(196)	(196)	16,583	18,815	17,986
Employed Hotel & Support	7,495	51	7,546	7,071	(424)	(475)	6,656	7,829	7,387
Outsourced Hotel & Support	31	0	31	5	(26)	(26)	52	6	60
Total Hotel & Support	7,526	51	7,577	7,076	(450)	(501)	6,708	7,835	7,447
Employed Management & Admin	31,291	88	31,379	31,338	47	(41)	30,552	34,721	33,777
Outsourced Management & Admin	296	71	367	63	(233)	(304)	428	69	450
Total Management & Admin	31,587	159	31,746	31,401	(186)	(345)	30,980	34,790	34,227
Total Workforce costs	217,663	519	218,182	214,557	(3,106)	(3,625)	204,619	237,589	226,681
Total Employed Workforce Costs	211,104	276	211,380	212,739	1,635	1,359	197,439	235,611	218,848
Total Outsourced Workforce Costs	6,559	243	6,802	1,818	(4,741)	(4,984)	7,180	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	131.4	0.0	131.4	143.0	11.6	11.6	120.4	142.7	127.0
RMO	98.9	0.0	98.9	97.4	-1.5	-1.5	91.4	97.4	100.4
Nursing	780.5	1.1	781.6	759.7	-20.8	-21.9	699.6	760.2	761.5
Allied Health	376.7	0.0	376.7	390.4	13.7	13.7	328.6	390.1	368.1
Disability Support Service	280.0	0.0	280.0	272.3	-7.7	-7.7	270.1	272.4	269.0
Hotel & Support	133.5	0.0	133.5	130.5	-3.0	-3.0	123.2	130.7	129.2
Management & Admin	419.4	0.7	420.1	427.8	8.4	7.7	377.8	427.9	410.8
Total FTEs	2,220.4	1.8	2,222.2	2,221.1	0.7	-1.1	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	345		345	342	(2)	(2)	338	353	330
RMO	151		151	154	3	3	156	154	143
Nursing	97		97	98	1	1	102	100	95
Allied Health	85		85	81	(4)	(4)	90	84	84
Disability Support Service	68		68	69	1	1	67	69	67
Hotel & Support	61		61	59	(2)	(3)	59	60	57
Management & Admin	81		81	79	(1)	(2)	88	81	82
	103		103	104	1	1	106	106	101

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 May 2021

	Budget	Actual	Actual
	May-21	May-21	Jun-20
	\$000	\$000	\$000
Assets			
Current assets			
Cash and cash equivalents	12,718	31,182	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	21,502	17,124
Inventories	2,742	3,096	2,900
Prepayments	1,188	(1,664)	386
Non-current assets held for sale	465	2,105	2,105
Total current assets	57,619	77,520	52,947
Non-current assets			
Prepayments	36	718	521
Other financial assets	1,715	1,725	1,723
Property, plant and equipment	190,014	189,364	193,039
Intangible assets	11,996	10,888	11,087
Total non-current assets	203,761	202,695	206,370
Total assets	261,380	280,215	259,317
Liabilities			
Current liabilities			
Payables	45,492	63,773	41,666
Borrowings	501	733	632
Employee entitlements	44,441	100,716	97,310
Total current liabilities	90,434	165,222	139,608
Non-current liabilities			
Borrowings	7,664	7,868	8,473
Employee entitlements	9,870	10,829	10,829
Total non-current liabilities	17,534	18,697	19,302
Total Liabilities	107,968	183,919	158,910
Net assets	153,412	96,296	100,407
Equity			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,437)	(68,558)	(64,447)
Total equity	153,412	96,296	100,407

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

	Budget May-21 \$000	Actual May-21 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	547,448	552,491	597,222
Interest received	1,144	448	1,250
Payments to employees	(213,587)	(207,970)	(233,016)
Payments to suppliers	(310,607)	(311,036)	(339,111)
Capital charge	(4,930)	(2,460)	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	19,468	31,473	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	101	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(6,424)	(7,267)	(7,000)
Purchase of intangible assets	(1,837)	(1,399)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(8,261)	(8,565)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(396)	(860)	(436)
Net cash flow from financing activities	(396)	(860)	(983)
Net increase/(decrease) in cash and cash equivalents	10,811	22,048	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	12,718	31,182	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	48,782	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757
Interest Received	56	56	56	56	56	56	56	56	56	56	56	56
Other Revenue Received	992	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006
Total Receipts	49,830	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819
Payments												
Personnel	19,429	19,805	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	28,503	29,767	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	50,462	49,572	49,572	49,572	49,572	49,572	52,572	49,572	49,572	49,572	49,572	49,572
Net Cash Inflow/(Outflow) from Operating Activities	(632)	1,247	1,247	1,247	1,247	1,247	(1,753)	1,247	1,247	1,247	1,247	1,247
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	576	584	584	584	584	584	584	584	584	584	584	584
Capex - Intangible Assets	163	167	167	167	167	167	167	167	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	739	751	751	751	751	751	751	751	751	751	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(739)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(587)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)
Net Increase/(Decrease) in Cash Held	(1,958)	459	459	459	459	459	(2,541)	459	459	459	459	459
Plus Opening Balance	31,182	29,224	29,683	30,142	30,601	31,060	31,519	28,978	29,437	29,896	30,355	30,814
Closing Balance	29,224	29,683	30,142	30,601	31,060	31,519	28,978	29,437	29,896	30,355	30,814	31,273

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 16 June 2021
Subject: **Consumer Council Report**

Status

This report contains:

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

Consumer Council met on 14 June via Zoom. This meeting included the introduction of the new Council's Facilitator. We look forward to working with her and welcome her broad knowledge of NMH. The Council wishes to thank Fran Mitchell for her support and commitment to the Council while awaiting the appointment of a permanent Facilitator.

Members have received several requests over the last few months and attended workshops and webinars including the Primary Care webinar, Advanced Care Planning Workshop, Restorative Approach Workshop and the Australasian Community Health Forum.

The Council continues to have representation on Clinical Governance, Choosing Wisely, Advanced Care Planning, Telehealth, HQSC consumer engagement Zooms and regular contact with the NMH team regarding the progress of Ke Ti Pae Ora. The Council would like to continue to develop relationships with project leads at NMH to assist in the development of these projects with a consumer lens.

Consumer Council members are looking at opportunities to raise their profile in the community. There is a draft comms plan underway and a member recently spoke at a Tongan Community event. The Council is committed to representing the Nelson Marlborough community and extending its connections.

During our June meeting we received a presentation update on the review of Ke Ti Pae Ora. The Council has requested an update of the projects that are still under way from the Models of Care.

A presentation was given on Choosing Wisely and a request for feedback on the strategic plan. The Consumer Council were pleased to hear that there are good linkages between the ACP and Choosing Wisely projects.

A presentation was given on Advanced Care Planning and a request for ideas from the Consumer Council on how to better engage and inform the community and expand their reach.

Angelea Stanton
Consumer Council Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

Consumer Council Chair's Report

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 16 June 2021
Subject: **Clinical Governance Report**

Status

This report contains:

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

Purpose

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 4 June 2021.

DHB CGC approved:

- **Policy on the use of electronic cigarettes (e-cigarettes) as a harm minimisation tool** – The Clinical Governance Committee has continued to have significant reservations¹ about supporting the use of vaping as a smoking cessation tool. However, continuing high levels of smoking remains a major cause for concern and vaping can be a valuable tool to aid quitting.

The policy has clarified the stance of the DHB, namely to support vaping as a harm minimisation tool to support quitting for smokers over 18 years old, when used within our smoking cessation service under the supervision of our qualified quit coaches. The long-term impacts of vaping remain unknown, at this time, although current evidence suggests that vaping is safer than smoking combustible products. Stopping vaping too is the long term goal.

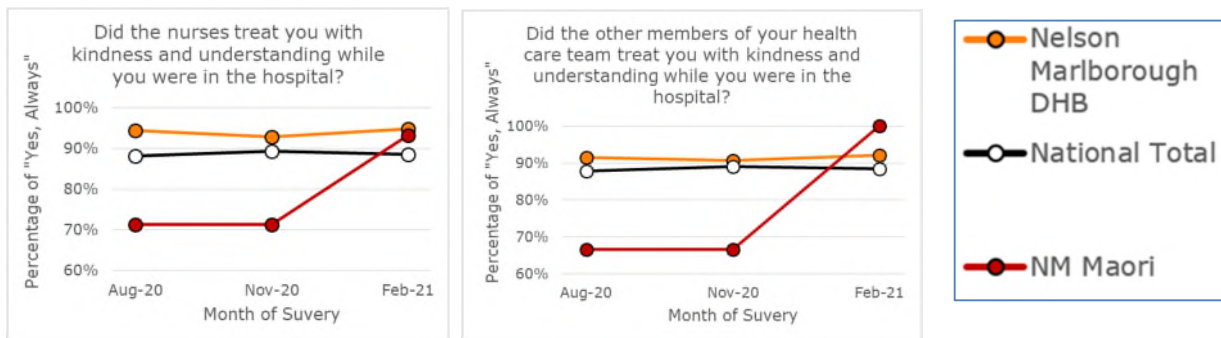
Vaping liquid is extremely toxic for children and very small doses either ingested or coming into contact with skin or mouth has the potential to kill a small child, so needs to be kept away from children and stored in child resistant packaging.

DHB CGC noted:

- **Thematic analysis of all complaints made to the DHB between 2018 and 2020 inclusive revealed that complaints about communication were more common than any other type of complaint** – On the other hand our results from the in-patient experience survey has shown that, on the whole, patients think that we are kind and respectful and we consistently compare well with other DHBs in this regard. A total of 375 people have completed this survey so far, including 30 with Māori ethnicity. Over-sampling is taking place for Māori to ensure their responses are represented and this started in February 2021.

¹ Other concerns included; the potential physical harms of vapes particularly in pregnancy, which may not emerge for decades; inadequate laws to control the harms of vaping, the fact that major tobacco manufacturers strongly promote these products; no product standards for vapes; no product has Medsafe approval; no consideration by Pharmac;.

The positive and lasting impact that a moment of kindness and respect has on a patient and their whānau cannot be underestimated, so all credit to everyone maintaining their calm and integrity even under pressure to provide these lasting positive memories.



- **Vaccination Programmes** – A healthy workforce is critical to support our ability to deliver health care and not spread infections to patients and other staff.
 - Our first priority has been to get high levels of coverage for COVID vaccination with two doses for staff in groups 1 or 2. This has been extremely successful with nearly 2,000 staff having their first dose (that is 69% of all staff), and 1,600 staff having their second dose 61%. We are very grateful for the outstanding work from our vaccinating and admin staff.
 - Once you have had your COVID vaccine it is very important to get your Influenza vaccine. Staff in Group 4 who are not yet eligible for COVID vaccine, or where vaccination is delayed, should get the flu vaccine now, as long as a two-week gap is left before getting the COVID vaccine.
 - Inevitably we will get more illness as winter begins to bite, so protecting our staff now against these two infections is important to reduce suffering and spread.
 - Staff should not be at work to mix with others while suffering symptoms of acute respiratory infections.

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
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 Training
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman
FPSC	Finance Procurement and Supply Chain

FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
hA	healthAlliance
HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HIU	Health Infrastructure Unit
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	Intermediate 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
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)
KTPO	Ki Te Pae Ora
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 Admissions Planning Unit
MCT	Mobile Community Team
MDC	Marlborough District Council
MDM	Multidisciplinary Meetings
MDM	Multiple Device Management
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MEND	Mind, Exercise, Nutrition, Do It
MH&A	Mental Health & Addiction Service
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate

MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MHINC	Mental Health Information Network Collection
MHSD	Mental Health Service Directorate
MHWSF	Maori Health and Wellness Strategic Framework
MI	Minor Injury
MIC	Medical Injury Centre
MMG	Medicines Management Group
MOC	Models of Care
MOE	Ministry of Education
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MPDS	Maori Provider Development Scheme
MQ&S	Maternity Quality & Safety Programme
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
MTI	Minor Treatment Injury
NMH	Nelson Marlborough Health (NMDHB)
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRL	Nelson Radiology Ltd (Private Provider)
NRT	Nicotine Replacement Therapy
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NESP	Nurse Entry to Specialist Practice
NETP	Nurse Entry to Practice
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NM	Nelson Marlborough
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMH	Nelson Marlborough Health
NMIT	Nelson Marlborough Institute of Technology
NN	Nelson
NOF	Neck of Femur
NOS	National Oracle Solution
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NRSII	National Radiology Service Improvement Initiative
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services

NZISM	New Zealand Information Security Manual
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OAG	Office of the Auditor General
OECD	Organisation for Economic Co-operation and Development
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPEX	Operating costs
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OPMH	Older Persons Mental Health
OST	Opioid Substitution Treatment
ORL	Otorhinolaryngology (previously Ear, Nose and Throat)
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
PAS	Patient Administration System
P&F	Planning and Funding
P&L	Profit and Loss Statements
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCBU	Person Conducting Business Undertaking
PCI	Percutaneous Coronary Intervention
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
TU	Health & Disability Review Transition Unit
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 June 2021