

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 24 August 2021 at 12.30pm

Seminar Centre Room 1, Braemar Campus  
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>12.30pm</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>12.40pm</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>12.45pm</b>	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	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>	<b>1.30pm</b>	As below	Resolution

**PUBLIC EXCLUDED MEETING**

1.30pm

Resolution to exclude public

#### **RECOMMENDATION**

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

- **Minutes of a meeting of Board Members held on 27 July 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

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### Apologies

## REGISTRATIONS OF INTEREST – BOARD MEMBERS

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

## Open Board Agenda

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

## Open Board Agenda

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

As at April 2021

## REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CLINICAL SERVICES</b>					
Pat Davidsen	GM Clinical Services		<ul style="list-style-type: none"> <li>▪ Chair Nayland College</li> <li>▪ Brother's partner undertakes some graphic design work for NMH</li> <li>▪ Brother employed by MIC</li> </ul>		
Pam Kiesanowski	Director of Nursing & Midwifery	<ul style="list-style-type: none"> <li>▪ Chair SI NENZ Group</li> </ul>			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> <li>▪ General Practitioner Mapua Health Centre</li> <li>▪ Chair NMDHB Clinical Governance Committee</li> <li>▪ MCNZ Performance Assessment Committee Member</li> <li>▪ PCM Trainer and Licensee</li> </ul>		<ul style="list-style-type: none"> <li>▪ Providing training to DHB staff via own company Hexameter</li> </ul>	
Nick Baker, Dr	Chief Medical Officer	<ul style="list-style-type: none"> <li>▪ Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine</li> <li>▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service)</li> <li>▪ Member of Paediatric Society of NZ</li> <li>▪ Fellow Royal Australasian College of Physicians</li> <li>▪ Associate Fellow Royal Australasian</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wife is a graphic artist who does some health related work</li> <li>▪ Fellow of Royal Meteorological Society</li> <li>▪ Son employed as casual employee at NBPH in COVID admin workforce</li> </ul>		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		College of Medical Administrators <ul style="list-style-type: none"> <li>▪ Member of Paediatric Society of NZ</li> <li>▪ Occasional Expert Witness Work – Ministry of Justice</li> <li>▪ Technical Expert DHB Accreditation – MOH</li> <li>▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep</li> <li>▪ Chair National CMO Group</li> <li>▪ Co-ordinator SI CMO Group</li> <li>▪ Member new Dunedin Hospital Executive Steering Group</li> <li>▪ Member of NZ Digital Investment Board Ministry of Health</li> </ul>			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> <li>▪ Member of the Nelson Marlborough Cardiology Trust</li> <li>▪ Member of Physiotherapy New Zealand</li> <li>▪ Deputy Chair National Directors of Allied Health</li> </ul>			
<b>MENTAL HEALTH SERVICES</b>					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> <li>▪ Husband works for NMDHB in AT&amp;R as a Physiotherapist.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board member Distance Running Academy</li> </ul>		
<b>CORPORATE SUPPORT</b>					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> <li>▪ Husband is shift manager for St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trustee of the Empowerment Trust</li> </ul>		
Kirsty Martin	GM IT				

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> <li>▪ Trustee of Golden Bay Community Health Trust</li> <li>▪ 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</li> </ul>			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> <li>▪ Daughter employed by Pharmacy Department in the casual pool</li> <li>▪ Sister is employed by Marlborough PHO</li> </ul>	<ul style="list-style-type: none"> <li>▪ Daughter is involved in sustainability matters</li> </ul>		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> <li>▪ Te Herenga Hauora (GM Maori Health South Island)</li> <li>▪ Member of Te Tumu Whakarae (GM Maori Health National Collective)</li> <li>▪ Partner is a Doctor obstetric and gynaecological consultant</li> <li>▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Both myself and my partner own shares in various Maori land incorporations</li> </ul>		
<b>CHIEF EXECUTIVE'S OFFICE</b>					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> <li>▪ Trustee of Churchill Hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> <li>• Brother works at NMDHB in the Transport Department</li> </ul>			

As at July 2021



**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON 27 JULY 2021 AT 12.30PM**

**Present:**

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

**In Attendance:**

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

**Apologies:**

Jacinta Newport

**Karakia:**

Ditre Tamatea

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Katie Townshend, Nelson Mail attended

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

Noted.

**Moved:** Craig Dennis  
**Seconded:** Brigid Forrest

**RECOMMENDATION:**

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

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING**

Noted.

**Moved:** Craig Dennis  
**Seconded:** Brigid Forrest

**RECOMMENDATION:**

**THAT THE MINUTES OF THE MEETING HELD ON 22 JUNE 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

## AGREED

### Matters Arising

Nil.

#### 3.1 Action Points

Item 1 – Meet with Consumer Council Chair: Meetings are being scheduled. Carried forward

Item 2 – Staff FTE: Update in Public Excluded. Completed

#### 3.2 Correspondence

Nil.

## SECTION 4: CHAIR'S REPORT

The Chair gave a brief update on the favourable financial year-end outcome, we are tracking well on the COVID vaccination roll out, grateful for negotiation teams around nursing MECA to limit strike days, and appreciation of staff working under winter pressure.

## SECTION 5: CHIEF EXECUTIVE'S REPORT

### Health & Disability System Review

We continue to contribute to the development of the new nationwide health system. We are receiving increasing numbers of data requests, and we provide these to assist those developing our future health system.

### Smokefree Households Data

Discussion held on the percentage of Maori newborns living in a smoke free household noting this measure is across the whole population and includes all ethnicities.

### 42 "Nude" Lunchboxes

It was noted that the \$2 nude lunchbox resource was a great idea and should be shared wider.

### ESPI

Concern raised that ESPI2 and ESPI5 are still behind. Noted that the Ministry of Health have made changes (for 2021/2022) to make this measure more appropriate for DHBs to achieve. They have divided the requirements into 32 targets. NMH has a significant number of services that are compliant and are focussing on the areas that require compliance in ESPI5, eg General Surgery, Orthopaedics, ENT, Urology and Ophthalmology.

### Seclusion

Discussion held on seclusion, noting it is a complex programme of work to reduce seclusion as many factors make up seclusion events. We are focussed on workforce training around de-escalation, responding to cultural needs, looking at people's risk assessments and how to proactively plan if they become unwell, sharing appropriate

information (with consent) with other agencies, and reviewing cases of seclusion to reduce the use of seclusion.

#### COVID Vaccinations

Discussion held on the COVID vaccination roll out with a suggestion that the best way to engage with those in rural areas was to go to the people rather than them having to come into town to clinics.

#### Sustainability

Discussion held on the sustainability appointment. It was noted that environment is all encompassing, eg staff, community, facilities we build etc. The CE and GM Finance Performance & Facilities attended national workshops looking at public sector responsibilities. It is in the early stages and coordination will be phased in over the next two years to ensure we are all reporting on the same things. This will be initiated across all public sector agencies to reduce emissions as part of being a global citizen.

#### Dashboard

Noted.

## **SECTION 6: FINANCIAL REPORT**

The result, subject to audit, for the 2020/21 financial year shows a small surplus of \$84k before the impact of COVID and the Holidays Act Remediation (HAR). This result reflects the efforts of all staff over the last 12 months.

#### Contracts Signed Under Delegation

The contracts signed by the Chief Executive that exceed the standard value or length of time, as per the approved Delegations Policy, were noted.

#### Letter of Representation

The Board endorsed the Letter of Representation be signed by the Chair, Deputy Chair, Chief Executive and Chief Financial Officer.

**Moved: Dawn McConnell**

**Seconded: Brigid Forrest**

#### **RECOMMENDATIONS:**

#### **THAT THE BOARD:**

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE LETTER OF REPRESENTATION REQUIRED TO ACCOMPANY THE CROWN FINANCIAL STATEMENT RETURN BE SIGNED BY THE CHAIR, DEPUTY CHAIR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER.**

**AGREED**

## SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted.

## SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

It was noted that the Quality Improvement (QI) Residency presentations are invaluable. There is only one other DHB that does this. We are wanting to expand this initiative into other services, eg Allied Health and Nursing. The innovations and improvements from these projects assist with the transformation of the way we provide care – this is our future. We need to give all new staff the opportunity to show innovative ways of improving the way we do things in the health system.

## SECTION 9: GENERAL BUSINESS

Nil.

### ***Public Excluded***

Moved: Craig Dennis  
Seconded Allan Panting

#### **RECOMMENDATION:**

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

- ***Minutes of a meeting of Board Members held on 22 June 2021 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

#### **Resolutions from the Public Excluded Meeting:**

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

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- Decision – Community Pharmacy – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

**Meeting closed at 1.26pm.**

<b>ACTION POINTS - NMH – Board Open Meeting held on 27 July 2021</b>						
<b>Action Item #</b>	<b>Action Discussed</b>	<b>Action Requested</b>	<b>Person Responsible</b>	<b>Meeting Raised In</b>	<b>Due Date</b>	<b>Status</b>
1	Consumer Council Chair's Report	CE and Board Chair to meet with Consumer Council to clarify comment regarding several requests to the Council for an improved process to manage requests	Jenny Black Lexie O'Shea	25 May 2021	24 August 2021	Completed

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# MEMO

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**To:** Board Members  
**From:** Lexie O'Shea, Chief Executive  
**Date:** 18 August 2021  
**Subject:** **Correspondence for July/August**

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## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence

Nil

Outward Correspondence

Nil

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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 18 August 2021  
**Subject:** **Chair's Report**

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

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# MEMO

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**To:** Board Members  
**From:** Lexie O'Shea, Chief Executive  
**Date:** 18 August 2021  
**Subject:** Chief Executive's Report

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. INTRODUCTORY COMMENTS

As I write my Executive Summary this month, we are just over 8 hours into Alert Level 4. I am in awe of the efficiency of our Leadership Team in the way they have responded across our health system. Our Emergency Coordination Centre (ECC) has been re-established as have our Public Health, Community and Hospital Emergency Operation Centres (EOCs).

Our first CBAC (Community Based Assessment Centre) was established by 9am today (Wednesday) to manage the additional testing our system requires, and our community expects, with other CBACs in the late stages of preparation. The workload will then, of course, flow on to our laboratory testing teams. The hospital also set up swiftly (by 10pm last night), as per the Alert Level 4 requirements, with deferrable patients all notified of appointment changes. Our Public Health team too is doing a great job supporting the local response, and also national effort around contact tracing. Our communications have been updated and we will have our health led interagency briefing this afternoon.

We now turn our attention to ensuring any welfare issues are identified and supported alongside our intersector partners and the additional requirements for the re-establishment of the vaccination programme.

During July 2021, as expected, we responded to the increase in viruses and general winter illness across our community. Our planned care programme has been interrupted by several issues including volume of acute patients and staff absences.

We continue our connections with the Health Transition Unit as the changes to the health system begin to take shape. We are expecting the announcement of the interim Maori Health Authority Board and Interim Health New Zealand Board during September.

## 2. MĀORI HEALTH

Whare Ora is focused on reducing hospitalisations for those tamariki who have respiratory problems resulting from living in cold, damp, unhealthy homes. The initiative is an ASH initiative as data shows the ASH rates for Māori children are significantly related to respiratory problems and asthma. Whare Ora to date has successfully provided products and education to a total of 228 whānau members (65% Maori, 12% Pasifika, 23% other ethnicity). Whare Ora receives referrals from NMH services and, with consent of the whānau, a house assessment is provided. Whare Ora aims to provide products and advice that support whanau to achieve these healthy home provisions resulting in better health and wellbeing outcomes for tamariki and their whānau with the expectation that there is less respiratory illness and fewer hospital admissions. In the month of July Whare Ora received 10 assessment referrals with four being successfully completed. Of these assessments there were 18 whānau members in total with 61% identifying as Māori, 28% Pasifika, and 11% other ethnicity. The remaining six homes are still work in progress.



The implementation of the Safe Sleep programme continues with 10 safe sleep devices being distributed in the month of July, 7 Pēpi pod distributed through either NMH or other distributors, three pre-made wahakura distributed, and seven safe sleep beds went to Māori whānau. Te Waka Hauora Māori Health & Vulnerable Populations have invested in Moses baskets to use as our primary safe sleep bed. These will not be a replacement for Wahakura however they will be an alternative to Pēpi pods. Hāpai Te Hauora– National SUDI Prevention Coordination Service is hosting a SUDI Prevention Leads across Aotearoa online hui on 18 August to discuss matters around SUDI prevention. There will be SUDI training for staff at the end of the August and during September, across the wider NMDHB region, including Golden Bay.

A Wānanga Hapūtanga was held on 29 and 30 July in Wairau with three hapū māmā attending with three whānau support, including two dads. All whānau who attended identified as NZ Māori. Included was a discussion about breastfeeding as this is an essential part of both mothering and is important for reducing poor health outcomes and SUDI. Unfortunately, the breastfeeding rates at 2 weeks, 6 weeks and 3 months of age still remain below target.

### **3. PRIMARY & COMMUNITY**

Nelson Marlborough Health received feedback from the Ministry of Health in July on our final draft Annual Plan for 2021/22. The final Annual Plan 2022/23 was re-submitted in early August and we understand it is scheduled to be tabled in Parliament in the first tranche.

Nelson Marlborough Health, in collaboration with its Top of the South Health Alliance (ToSHA) partners, responded to a request from the NZ Health Transition Unit for information that might inform a population health locality approach.

Our NMH COVID-19 vaccination programme has scaled up significantly and on 13 August delivered the 100,000th vaccine. NMH are now delivering over 10,000 vaccines per week. Government have announced that from 1 September everyone can book appointments to be vaccinated. We are recruiting new vaccinators and administrators to ensure a sustainable workforce for the long term. Quality improvement meetings are being held monthly with good discussion. Most Pharmacies and four General Practices are now live vaccination sites. All Age Residential Care facilities continue to be supported by the mobile COVID vaccine team for new admissions who are yet to have their COVID vaccine. Progress continues on vaccinating people with disabilities living in residential care and those high-risk elderly living in the community who may not be able to access vaccination clinics. Grey Power were informed at the bi-annual DHB meeting of the successful roll out for older people in Nelson Marlborough which was well received. Collaborative Outreach COVID vaccination initiatives with Te Piki Oranga, Victory Community Centre and Victory Pharmacy aim to vaccinate the most vulnerable in the community. Three successful refugee/migrant COVID vaccination clinics have now been held at Victory Community Centre with further clinics to be held in August. There has been great collaboration between the health providers involved.

Agreement has been reached by all partners to the Te Teumu Wairoa Primary & Community Mental Health access and choice contracted services. This outlines the allocation of mental health intervention and health coach/support worker practitioners into general practice district wide. The coming 12 months will see the transformation of access to primary mental health and addiction services across our communities. The MOH is funding NMH for these new roles.

Nelson City Council and Tasman District Council have adopted a new Reserve Management Plan for Saxton Field. Public Health suggested that this plan contain an alcohol section which was included. The aim of this alcohol section is to limit the exposure of users of the reserve to alcohol use and alcohol advertising. Public Health submitted to the Nelson Plan that a similar alcohol section is included in Nelson reserves plans. This has not yet been voted on by Council.

Public Health Alcohol Licencing and community agencies, supported by Iwi Māori, opposed a bottle store application in Picton. The application went to hearing and the District Licencing Committee declined the application. No appeal has been received from the applicant within the legal timeframe to challenge the decision, therefore community voice has been heard and the application will remain declined. The National Public Health Alcohol Working Group (NPHAWG) has been set up to support national consistency on regulatory services and develop best practice guidelines for all members working in the alcohol area. A Health Promoter working in the alcohol regulatory role was invited to, and now sits on the working group, to offer a Māori perspective on workforce development at a national level.

NMH Health Promotion Manager sits on the steering group of the 'Wellby' Community Connectedness Project and attended the launch at the Habitat Hub. The launch had a great turn out with representation from Councils and a wide range of government and community agencies. Volunteer Nelson and Age Concern presented to the Health Promotion Team on the project. Social connection is important for everyone and the project has actions that encourage engagement and participation via platforms like Found Directory, Talking Cafes, Sign-posters etc. Neighbourhood Support in Marlborough is interested in establishing similar support alongside other groups including the SAS@TT network.

NMH Public Health Advocate and Health Promotion Manager presented to Nelson City Councillors in a workshop focused on Nelson becoming a Good Food City. Health Promotion were seeking commitment from Nelson City Council to work on a collective declaration / action plan focused on Food and Sustainability. The intention is to have joint commitment to some core principals from NMH and Nelson City Council and then start the wider community engagement and partnerships with iwi and community as to what a 'Good Food City' looks like for Nelson. There was strong support from many of the councillors, but further work and relationship building is required to achieve commitment to progress this work with Nelson City Council.

Health Promotion invited 'Inside Out', a queer youth support organisation in Wellington, to run a Supportive Rainbow Schools workshop in Marlborough. Staff and students from three colleges and Marlborough Youth Trust attended. Students were able to provide feedback to school staff on how it is for them being queer youth at the local schools. Schools made face to face contacts with these people, which will help with access to resources. Health Promotion supported MOH funded THETA organisation to present their "Sexwise" theatre and workshop to five schools and youth groups. This was to challenge and motivate rangatahi/youth to discuss, explore and reflect on behaviours that affect their sexual diversity, gender diversity, and reproductive health of themselves and others, with reference to current accurate information.

In Marlborough, Health Promotion supported a two-hour professional development workshop for Early Learning Services which covered active movement, healthy eating ideas that align with the reducing choking guidelines, and mindful mat time activities. This was part of a series of workshops being delivered across Te Tau Ihu co-organised and delivered by Heart Foundation, Health Promotion, REAP and Just Gymnastics. Positive feedback and learnings outcomes were highlighted from teachers who participated.

Pharmacy owners continue to report difficulty recruiting pharmacists, and this appears to be a New Zealand wide problem in the provinces.

Nationally agreed Age Residential Care & Home and Community Support Services (HCSS) uplifts for 2021/22 contract rates and pay equity uplifts have been determined and contracts are in progress. In response to the Registered Nurse workforce shortage and pressures in Age Residential Care, the bed day rate was amended again in July to include a cost pressure uplift. All respite and long term chronic conditions contracts have been amended to align to national changes.

Short term solutions for Age Residential Care bed pressures in Wairau are actively being pursued with providers such as Hospice and Churchill Trust in response to a facility decommissioning a wing for redevelopment. The Request for Information procurement process awaits executive consideration. Once approval is gained a market test will go out to all providers in the region.

#### **4. MENTAL HEALTH & ADDICTIONS**

Wāhi Oranga held a Matariki celebratory shared lunch on the ward for clients and staff. The focus was international food dishes from countries/cultures the staff and clients originate from. Opportunities for shared kai continue to be an important part of building ward culture and promoting wellbeing amongst the Tangata Whaiora.

The mass planting of tulips on the driveway are starting to pop up generating some excitement watching them grow.

The new Senior Medical Officer in Wairau for Older Person Mental Health is actively promoting service in the Wairau district. This position has significantly strengthened the Wairau based team and has improved the model to be more effective across the district.

Good progress is being made with the planning for the building modifications in Wāhi Oranga and ED.

Our Addictions team are building a stronger relationship with the smoke free service with the two services coming together this week to discuss vaping and how, as services, we can work together.

Graphs noted below:

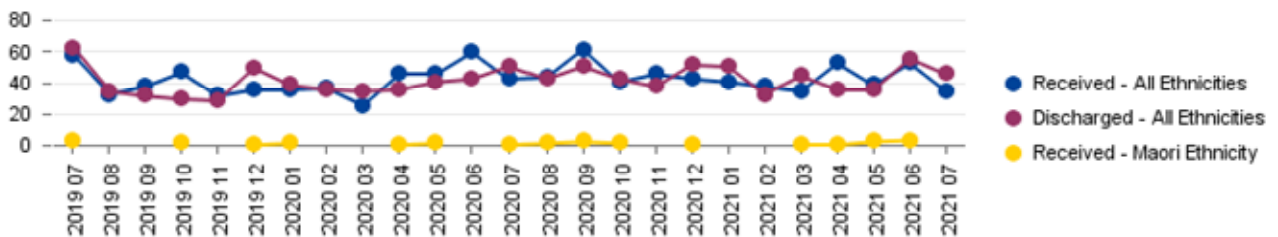
**Figure 1: Older Person’s Mental Health**

Inpatient occupancy on average of 60% for July, with six admissions and two discharges.

**Older Person's Mental Health (OPMH)**

	Referrals - 2021 07			Community Contacts - 2021 06			Midnight Beds - 2021 07		
	Caseload 04/08/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	10	5	2				5.8	10	58%
Liaison Nelson	17	8	14	33	70%	4			
Liaison Wairau	14	2	2						
Nelson	82	19	25	262	100%	27			
Wairau	22	1	3	122	100%	7			
<b>Total</b>	<b>145</b>	<b>35</b>	<b>46</b>	<b>417</b>	<b>100%</b>	<b>15</b>			

**Referrals Received and Discharged**



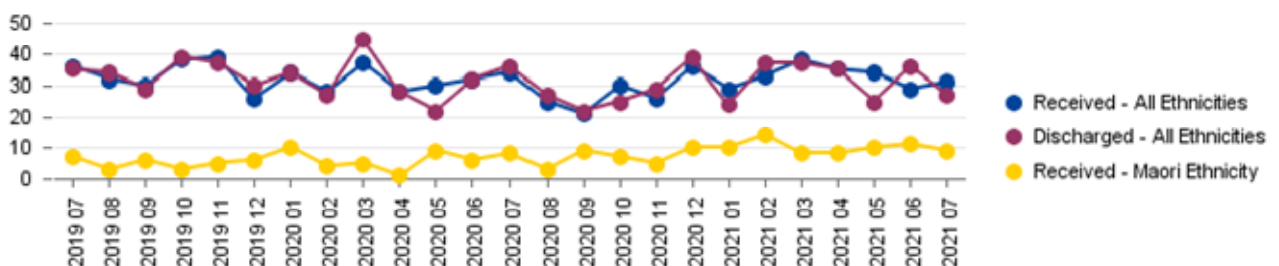
**Figure 2: Wāhi Oranga Inpatient Unit**

July continued to be a busy month for Wāhi Oranga, however there were weeks when there was no requirement for 1:1 staffing. During those weeks, the staffing was much easier to manage and time was freed up for other required activities. There is a general feeling that we are making progress.

**Wahi Oranga Inpatient Unit**

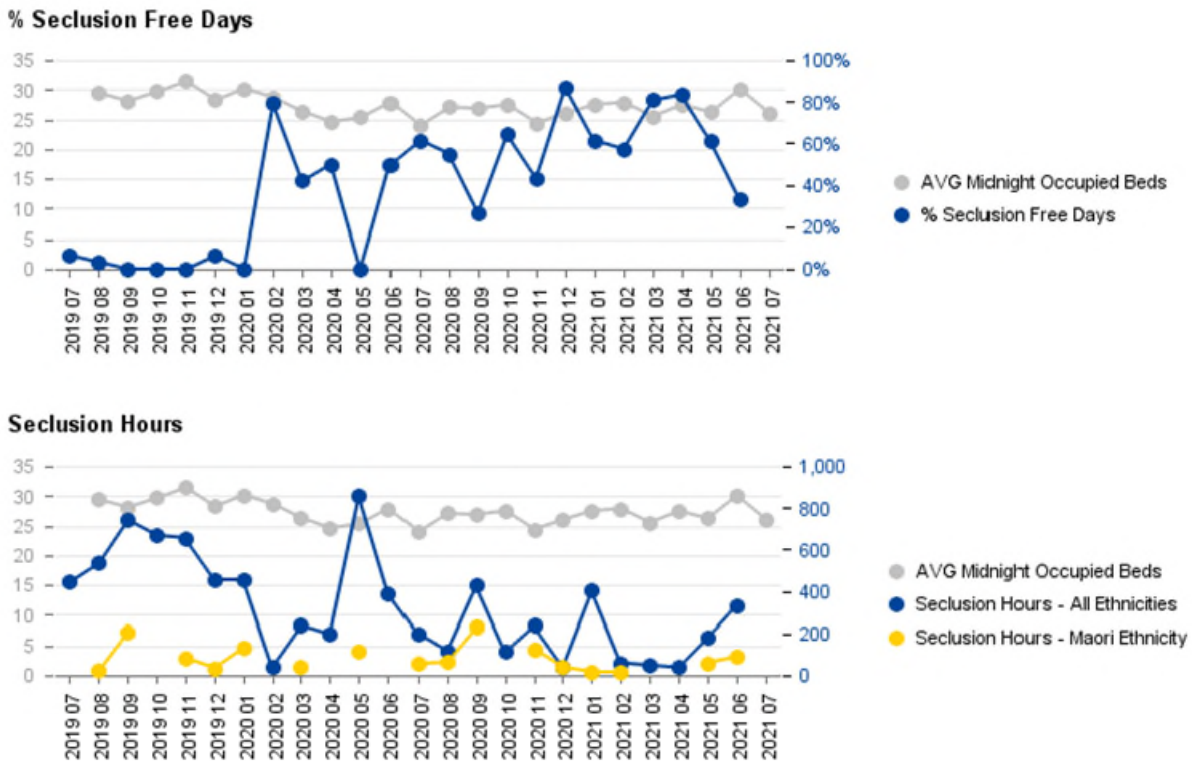
	Referrals - 2021 07			Midnight Occupied Beds - 2021 07			2021 07	2021 06
	Caseload 04/08/21	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
<b>Wahi Oranga</b>	<b>33</b>	<b>31</b>	<b>27</b>	<b>26.1</b>	<b>30</b>	<b>87%</b>	<b>22</b>	<b>100%</b>

**Referrals Received and Discharged**



### Figure 3: Seclusion

We continue to work with acute care planning, non-bias discussions, reflection and review and education in this area. Reviews indicate most seclusion events in July occurred due to not having another suitable environment to manage someone due to high occupancy, or not having staff available to increase staffing to levels to prevent seclusion, eg 2:1.



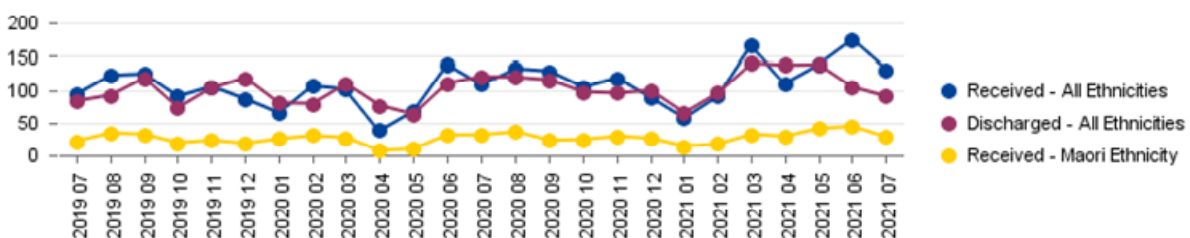
### Figure 4: ICAMHS

ICAMHS Nelson and Wairau Referrals Received and Discharged from January 2020 to February 2021 are lower due to a data collection process issue, which has now been corrected for referrals going forward. The iCAMHS teams have been very busy, with 131 new referrals received during July, and 90 discharges so that our open cases are 681 overall. There were almost 1,300 community contacts in June.

#### Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2021 07			Community Contacts - 2021 06			DNA % - 2021 06	
	Caseload 04/08/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Explore Nelson	2				0%			
ICAMHS Forensic Nelson	4			7	28%		0.0%	0.0%
ICAMHS Nelson	415	81	75	920	100%	44	4.2%	7.1%
ICAMHS Wairau	223	42	8	329	83%	26	4.6%	1.8%
Infant and Maternal Nelson	37	8	7	34	81%	7	2.9%	0.0%
<b>Total</b>	<b>681</b>	<b>131</b>	<b>90</b>	<b>1,290</b>	<b>100%</b>	<b>34</b>	<b>4.3%</b>	<b>5.3%</b>

#### Referrals Received and Discharged



#### **4.1 Disability Support Services (DSS)**

Staff shortages continue to be the biggest challenge in the service currently. This is due to reduced numbers of people applying for positions, length of time to get through recruitment processes and visa restrictions of some of the workforce.

In DSS we currently support 259 people, manage 64 homes and employ 385 staff.

### **5. CLINICAL SERVICES**

Planning is well advanced for the two strikes by MERAS members and one strike (to run concurrently) by NZNO in early August.

#### **5.1 Health Targets – Planned Care**

At the end of July 2021 we planned 503 surgical discharges of which we have delivered 392 (78%). This is under plan by 111 discharges.

We have delivered 407 minor procedures to the end of July 2021, which is 24 procedures higher than our Plan target of 383 for this period.

For orthopaedic interventions year to date at the end of July 2021, a total of 35 joints have been completed which is down 11 on the Plan of 46.

We have delivered, as at end of July 2021, 23 cataracts which is 16 below our Plan of 39. There are currently 248 cataracts waitlisted for surgery.

ESPI 2 (time to receive a first specialist assessment) was Red for the month of July with 616 patients not being seen within 120 days of referral acceptance.

ESPI 5 (time to receive planned procedure) was also Red for the month of July with 336 patients not being treated within 120 days of being given certainty.

Final Planned Care for 2020/21 shows for the full year 7,032 discharges against a plan of 7,131 (97.7%) which is under plan by 99 discharges, and for the full year 7,157 minor procedures against a plan of 4,670 (153%) which is over plan by 2,487 minor procedures. Total Planned Care Interventions for 2020/21 was 14,309 (120.2%).

#### **5.2 Shorter Stays in Emergency Department**

##### Nelson ED Presentations

To be tabled at the meeting.

##### Wairau ED Presentations

To be tabled at the meeting.

##### Hospital Occupancy

Hospitals continue with high adult bed occupancy of 93% at Nelson and 90% at Wairau with a total occupancy of all beds at 86% and 81% respectively.

#### **5.3 Enhanced Access to Diagnostics**

CT shows 95% of referrals accepted are scanned within 42 days (MOH target is 95%).

MRI numbers for July 2021 are 389 patients scanned, with 93% being scanned within 42 days of referral acceptance (MOH target is 90%).

## 6. NURSING & MIDWIFERY

Nurses, Midwives and Health Care Assistants across the district are stepping in to support health care in many aspects, noting more complexity in both clinical and social need.

Contingency planning continues for industrial action on 12 August for MERAS members and 19 August for NZNO and MERAs members. This will have an impact on operating theatres with the need to reschedule theatre cases and all outpatient appointments that require nursing or midwifery input.

Collaborative work continues across Hospice Educators and District Nursing. Currently Motueka District Nurses cover palliative services for Motueka and this collaboration means that patients receive best practice across both providers.

The school-based immunisation programme is completed until dose 2 of HPV later this year.

## 7. ALLIED HEALTH

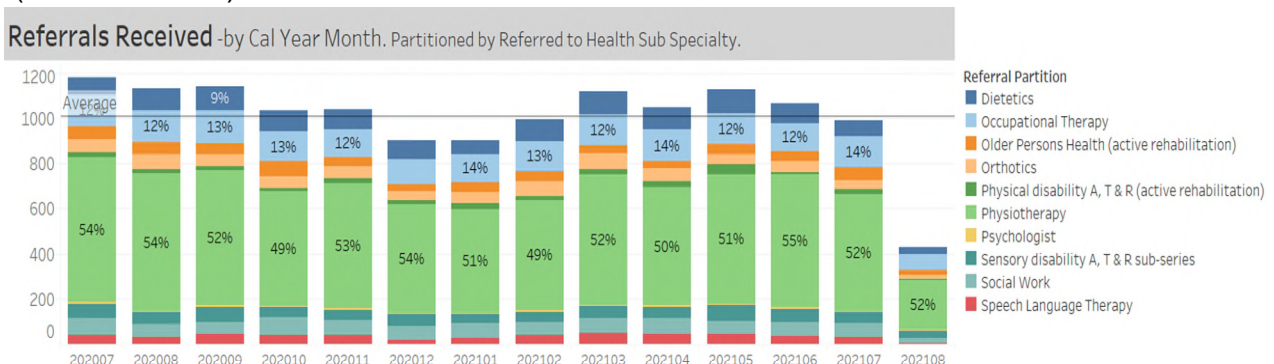
A comprehensive screening, brief intervention and navigation service for clients awaiting a first neurology specialist assessment has commenced. Indications suggest that this is resulting in earlier interventions, a change in onward referral patterns and ensuring a comprehensive report is available to the Neurologist prior to the FSA.

The virtual care project aims to establish solid foundations ensuring virtual care is a sustainable option for Allied Health services. This project not only focuses on telehealth, and video consultations, but also digital workforce competencies, electronic documentation, e-triage, e-referrals and trialling innovative workforce models and virtual services.

Between July 2020 and July 2021, the average monthly referrals to Allied Health services is 1,008. During July 2021:

- 991 referrals were received to Allied Health services.
- 82% referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 9% Māori (93 referrals) across all services and age ranges, however majority for physiotherapy.
- 1% Pacifica (11 referrals).
- 55% were clients over 65 years, and 22% over 80 years of age (total - 113 referrals).

Number of referrals per month to Allied Health Services – January 2020 to March 2021 (excludes CDS) noted below.



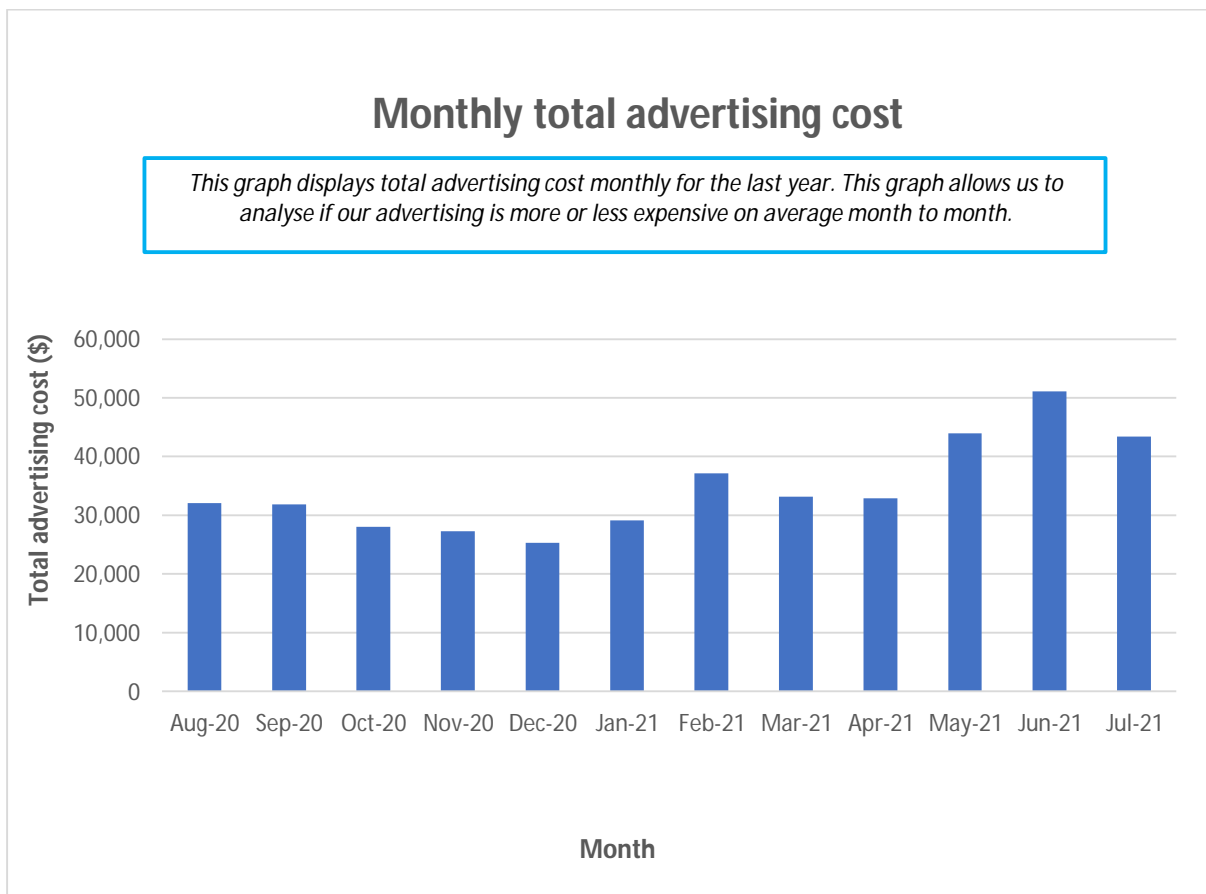
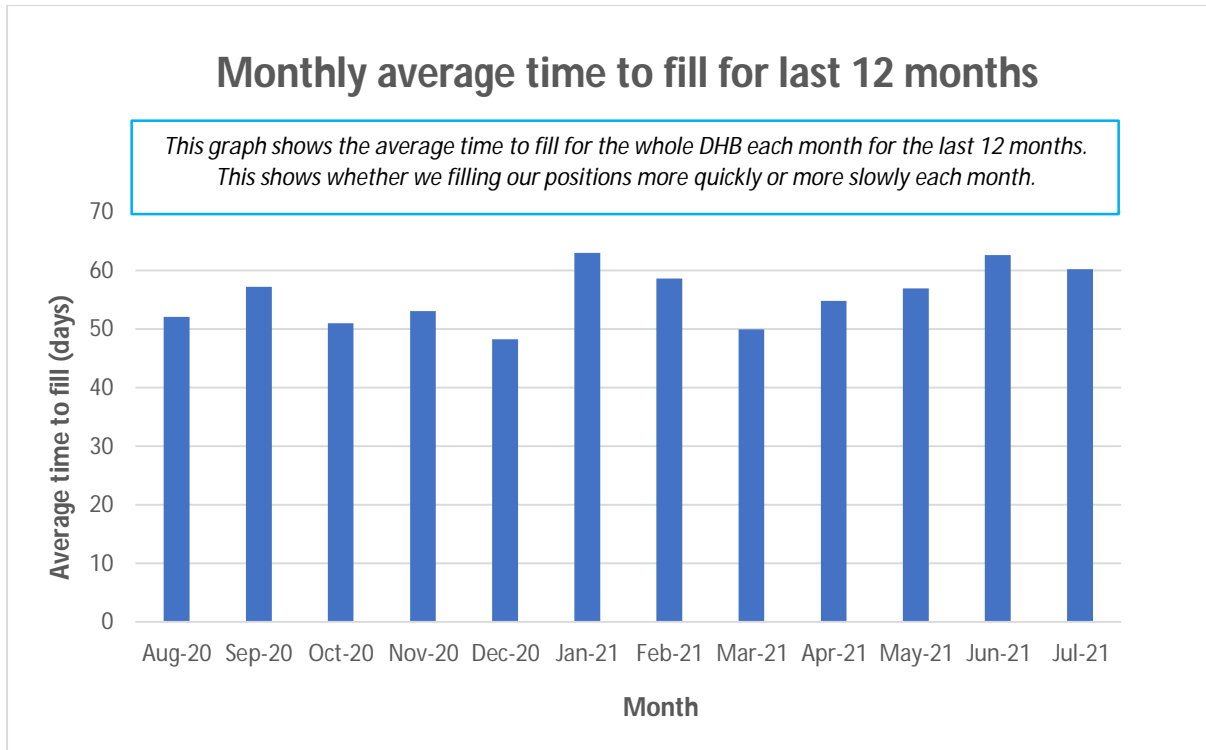
## 8. PEOPLE & CAPABILITY

The DHB advertised a record total of 124 positions in July 2021 and placed 106 candidates into roles across the DHB.



There have been a record number of 20 re-advertisements in July. This is due to a low number of candidates across a range of positions.

The Recruitment and Organisational Development team conducted recruitment training for managers in July. Managers from different areas attended and learnt the recruitment process and how to make good hiring decisions.





## 9. DIGITAL AND DATA

The controls for the cyber security risk have been updated in the risk management system to reflect recent work in this area.

A forum on the national planning for transition to HealthNZ and Maori Health Authority was held recently with the Chief Digital Officers regional leads, the Digital section of the Transition Unit, and MOH data and digital leads. The aim was to understand planning required for 'Day 1' operation of the new entities, as well as review and further develop digital and data priority areas of focus for reform.

A new project has been established to pilot a speech recognition product which utilises a specialised medical dictionary and workflow. The pilot will look at the benefits of streamlining letter typing services and allowing the flexibility for Clinicians to create their own letters and self-approve. This would allow for more efficient deployment of Clinical Support resources.

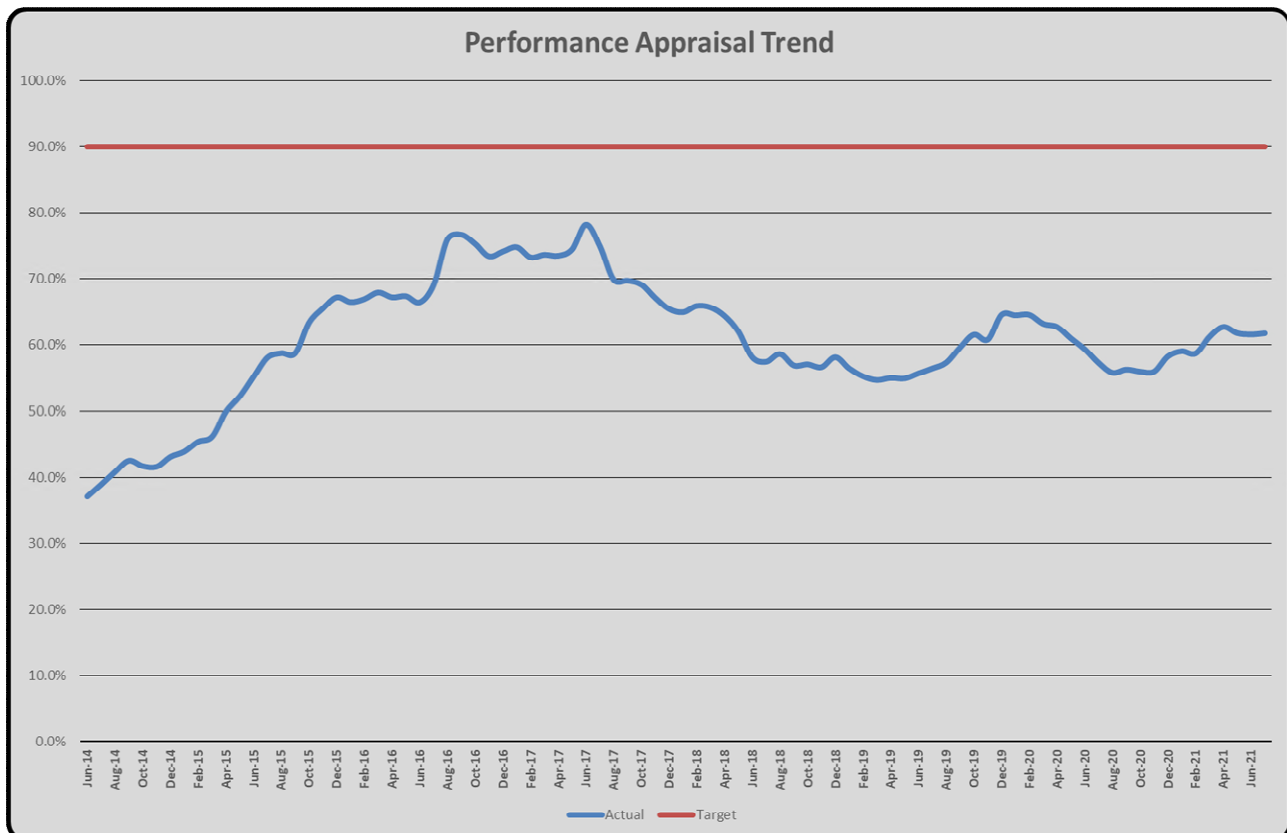
### Project Status

Name	Description	Status	Due date
<b>Project</b>			
<b>Community Connections</b>	With a focus on equity, a proposal to fund a one-year trial of a PMS for selected NGOs and other community providers was approved by the MoH.	First organisations to go onto the pilot will be Whanake Youth and NMDHB Well Child Tamariki Ora service. Contracts between Valentia and each organisation are being negotiated. NMDHB contract has been through Procurement team and is before the Board for approval this month. It is planned that WCTO will be live by the end of September and Whanake Youth a month after that. Work continues on the assessment and inclusion of First 1000 Days MDT, Te Piki Oranga, Victory Community Centre and Te Whare Mahana into the pilot.	Jul 22
<b>Medications Management</b>	Procure a medication prescribing, administration, and reconciliation system that converges on a single list of medicines for a patient in any setting	As the second DHB to go to market for this system following the removal of the direction by MoH to use MedChart, there is wide spread interest. The reference group is now expanded SI wide, and Mid Central (Palmerston North) have expressed an interest as they are evaluating MedChart. Scope creep needs to be managed, with a re-focus on key goals with our key NMH stakeholders. BA has mapped as-is processes for reconciliation and administration, and architect drawing integration points.	tbd

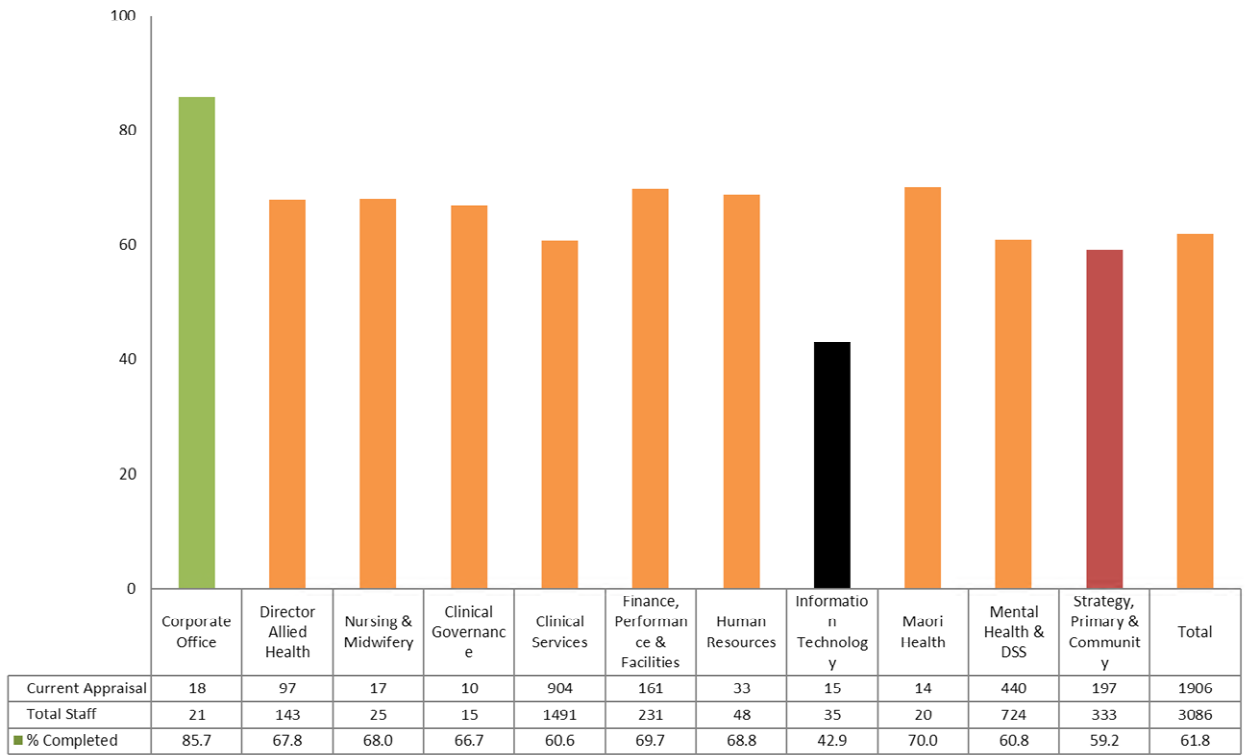
Name	Description	Status	Due date
<b>scOPe Theatre - Stage 1</b>	Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit.	General Surgery has gone live for phase1, without the SIPICS<-> scOPe waitlist interface. Significant CDHB delays in testing now delaying NMH rollout. Live date now 1st September, with rollout following. Phase1 roll out will be supported by Trainers. Phase2 using CDHB model could mean deployment this calendar year, subject to securing BA resource.	Various
<b>eObservations (Patientrack)</b>	Mobile Nursing tool to record Early Warning Scores, assessments, & provide active alerts.	Working with Wahi Oranga to implement Patientrack into inpatient unit. Working with Alcidion on the implementation of preadmission and emergency department and oncology. Needing to determine project support for these projects to move forward.	Live / rolling out.

## 10. PERFORMANCE APPRAISALS

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



### Performance Appraisal Status by Service



Lexie O’Shea  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

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

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# MEMO

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**To:** Board Members  
**From:** Eric Sinclair  
GM Finance, Performance & Facilities  
**Date:** 18 August 2021  
**Subject:** **Financial Report for July 2021**

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## *Status*

**This report contains:**

**For decision**

**Update**

**Regular report**

**For information**

### **Commentary**

The core result for the first month is a deficit of \$396k which is \$21k favourable to the plan which represents a very pleasing start to a new financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$1.2M which is \$0.35M adverse to plan.

Given there is only the one month and the year end roll processes are still underway, I have not provided the additional financial statements given the tidy up work required to transition from one financial year to the next.

### **Contracts Signed Under Delegation**

In line with the approved Delegations Policy, there are various contracts that can be signed by the Chief Executive that exceed the standard value or length of time. The policy requires that these be notified to the Board. For the last month a number of contracts have been executed under this delegation as follows:

- Quarterly variation for Home and Community Support Services. This reduces the funding based on services delivered for the next quarter and provides for the annual pay equity payments. The contract allows for a 6 month term through to 31 December with a total value for services of \$6.03M (annual) and \$0.74M for the 6 monthly pay equity component.
- New services for three providers in the integrated primary mental health services. This introduces wellbeing practitioners and health coaches/community support workers into general practices across the district supporting the most vulnerable. Additional MOH funding has been received that supports the core components of this model. The total cost of the service is \$3.88M for a three year period.
- Additional funding has been received from the MOH to implement the electronic Well Child form for our Well Child Tamariki Ora community Nurses. To complete this requires we agree a contract with a total term of 5 years (initial term of 3 years plus rights of renewal). This is an extension of the current contract for the system that is used by our referral centre to reduce manual entry, while the internal referral capability is being developed in eTriage. Although the annual contract value is only \$15k the approval of the Board is required for contracts with total terms exceeding 3 years.

Eric Sinclair  
**GM Finance, Performance & Facilities**

### **RECOMMENDATIONS:**

**THAT THE BOARD:**

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE CHIEF EXECUTIVE SIGN THE CONTRACTS RELATING TO:**
  - a. QUARTERLY VARIATION FOR HOME AND COMMUNITY SUPPORT SERVICES**
  - b. INTEGRATED PRIMARY MENTAL HEALTH SERVICES**
  - c. ELECTRONIC WELL CHILD FORM.**

## Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Revenue</b>							
MOH devolved funding	45,906	467	46,373	45,602	304	771	43,557
MOH non-devolved funding	2,208	0	2,208	2,204	4	4	2,242
ACC revenue	531	0	531	584	(53)	(53)	726
Other government & DHBs	1,131	0	1,131	1,123	8	8	929
Other income	972	0	972	938	34	34	1,052
<b>Total Revenue</b>	<b>50,748</b>	<b>467</b>	<b>51,215</b>	<b>50,451</b>	<b>297</b>	<b>764</b>	<b>48,506</b>
<b>Expenses</b>							
Employed workforce	18,045	84	18,129	18,829	784	700	17,288
Outsourced workforce	630	279	909	180	(450)	(729)	514
<b>Total Workforce</b>	<b>18,675</b>	<b>363</b>	<b>19,038</b>	<b>19,009</b>	<b>334</b>	<b>(29)</b>	<b>17,802</b>
Outsourced services	1,918	0	1,918	1,870	(48)	(48)	1,763
Clinical supplies	2,636	(4)	2,632	2,414	(222)	(218)	2,421
Pharmaceuticals	4,682	0	4,682	4,338	(344)	(344)	4,125
Air Ambulance	438	(28)	410	335	(103)	(75)	327
Non-clinical supplies	3,140	77	3,217	3,318	178	101	3,349
External provider payments	12,991	432	13,423	12,802	(189)	(621)	12,578
Inter District Flows	4,973	0	4,973	4,958	(15)	(15)	4,135
<b>Total Expenses before IDCC</b>	<b>49,453</b>	<b>840</b>	<b>50,293</b>	<b>49,044</b>	<b>(409)</b>	<b>(1,249)</b>	<b>46,500</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>1,295</b>	<b>(373)</b>	<b>922</b>	<b>1,407</b>	<b>(112)</b>	<b>(485)</b>	<b>2,006</b>
Interest expenses	31	0	31	37	6	6	33
Depreciation	1,157	0	1,157	1,257	100	100	1,145
Capital charge	503	0	503	530	27	27	822
<b>Total IDCC</b>	<b>1,691</b>	<b>0</b>	<b>1,691</b>	<b>1,824</b>	<b>133</b>	<b>133</b>	<b>2,000</b>
<b>Operating Surplus/(Deficit)</b>	<b>(396)</b>	<b>(373)</b>	<b>(769)</b>	<b>(417)</b>	<b>21</b>	<b>(352)</b>	<b>6</b>
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(38)
<b>Net Surplus/(Deficit)</b>	<b>(854)</b>	<b>(373)</b>	<b>(1,227)</b>	<b>(875)</b>	<b>21</b>	<b>(352)</b>	<b>(32)</b>

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# MEMO

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**To:** Board Members  
**From:** Angelea Stanton, Consumer Council Chair  
**Date:** 18 August 2021  
**Subject:** **Consumer Council Report**

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## *Status*

This report contains:

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

The Consumer Council met in Nelson and via Zoom on Monday 9 August 2021.

The Council is pleased that the communication tips they have developed are now being implemented, and hope that they will assist in supporting open communication between NMH and the community.

The Council were informed that three services (Maternity, Oral Health and Disability Support (now *Live Life*)) will complete their self-appraisals for the Health Quality & Safety Commission (HQSC) Quality & Safety Marker (QSM) on consumer engagement reporting in September. The Council looks forward to moderating these at their next meeting and would encourage that QSM form part of credentialing in the future.

The Consumer Council raised community concern with problems relating to coordinating appointments for patients who travel. The Consumer Council believes patients should not have to make multiple appointments for pre-op appointments. We question if telehealth could be used to reduce travel where appropriate and will raise this issue with the Clinical Services Team.

The Council is impressed by the willingness of NMH to run regular seminars in our community and the appropriateness of these topics; this includes the University of Otago public health lectures. However, we would like to assist in improving the community awareness of these events. We suggest a more robust advertising campaign prior, including a focus on informing our more vulnerable populations.

The Council would like to grow stronger ties to the Board and CE, and request that a suitable connection be made to help develop this relationship. The Consumer Council Terms of Reference are clear on their positioning and, as such to meet our responsibilities these relationships are paramount.

Angelea Stanton  
**Consumer Council Chair**

## RECOMMENDATION

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

# MEMO

**To:** Board Members  
**From:** Elizabeth Wood, Chair Clinical Governance Committee  
**Date:** 18 August 2021  
**Subject:** Clinical Governance Report

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

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 6 August 2021.

DHB CGC endorsed:

- **Consumer Council's communication advice – what good looks like** – Pragmatic and helpful guidance to good communication from a consumer's perspective has been developed by the Consumer Council. This was requested after reviewing themes from patient feedback in which the commonest issue was communication breakdown. Even when under pressure a few moments spent acknowledging and sharing a person's emotional status is time well spent.

**GOOD COMMUNICATION IN HEALTHCARE – ADVICE FROM THE CONSUMER COUNCIL**

What it is?	What it looks like?
<ul style="list-style-type: none"> <li>• Be a good listener</li> </ul>	<ul style="list-style-type: none"> <li>• Give undivided attention to patients while they are sharing their request/concerns/ ailment (e.g. not multitasking on the computer or paperwork).</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate cultural awareness and sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• Being aware of cultural differences (e.g. some cultures do not make eye contact with people they regard to be above their status).</li> <li>• Respectfully using words in the person's own language</li> </ul>
<ul style="list-style-type: none"> <li>• Be empathetic</li> </ul>	<ul style="list-style-type: none"> <li>• Show respect and acknowledge consumers concerns, questions and comments.</li> </ul>
<ul style="list-style-type: none"> <li>• Convey respect</li> </ul>	<ul style="list-style-type: none"> <li>• Respect people's personal preferences. (e.g. transgender may prefer the use of their "adopted" name rather than their "dead" name)</li> </ul>
<ul style="list-style-type: none"> <li>• Be personable</li> </ul>	<ul style="list-style-type: none"> <li>• Be a good listener by summarising your understanding of consumer's problems and concerns. Need to be culturally aware and sensitive.</li> </ul>
<ul style="list-style-type: none"> <li>• Be clear and concise</li> </ul>	<ul style="list-style-type: none"> <li>• Check to ensure that you are not missing anything important.</li> <li>• Give clear, concise instructions.</li> <li>• Make every effort to ensure patient understands what is happening next.</li> </ul>
<ul style="list-style-type: none"> <li>• Be appropriately honest</li> </ul>	<ul style="list-style-type: none"> <li>• Give a brief rationalisation for the proposed course of action.</li> <li>• Demonstrate that you understand and know what you are doing.</li> </ul>
<ul style="list-style-type: none"> <li>• Have an open mind</li> </ul>	<ul style="list-style-type: none"> <li>• Be open to giving and receiving feedback and paraphrasing.</li> </ul>
<ul style="list-style-type: none"> <li>• Involve and empower patients to be part of the process</li> </ul>	<ul style="list-style-type: none"> <li>• Outline possible considerations, approaches, options and/or further investigations.</li> </ul>
<ul style="list-style-type: none"> <li>• Clarify and confirm what's next</li> </ul>	<ul style="list-style-type: none"> <li>• Get consensus (buy-in) on the action plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Display relaxed and friendly non-verbal communication skills (body language)</li> </ul>	<ul style="list-style-type: none"> <li>• Signal you are taking time to think by confirming you understand the situation.</li> </ul>
<ul style="list-style-type: none"> <li>• Respect the patient's confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Make every effort to convey to patients that your discussions are held in confidence.</li> </ul>



DHB CGC noted:

- ***The impact of uncertainty*** – To continue the communication theme, the impacts of multiple stressors were noted; COVID-19; the new Delta variant and the potential for a NZ outbreak; border cases and the necessity for some to be admitted to NZ hospitals; upcoming strike action; NZ health reforms; concerning global trends such as global warming and politically divisive rhetoric and the spread of misinformation.

In this context it is more important than ever that health care workers maintain professionalism. We do so by setting an example in terms of immunisation, by being kind and helpful to patients, whānau and each other and in being tidy with our information sharing. We must take the utmost care not to propagate misinformation. Our community tends to trust our words and observe our actions, so it has never been more important to consider our words carefully and to actively demonstrate our commitment to reducing risk to staff and patients by being immunised.

In summary, if you are a healthcare worker: “Be kind, be helpful, be clear and well referenced and be immunised!” Book your COVID vaccine today.

- ***QI Residency presentation – Improving the prescribing of venous thromboembolism (VTE) prophylaxis and improving documentation of VTE risk assessment on admission to hospital*** – Following on from the improvements to the admission proforma in use at Wairau Hospital this project addressed the appropriate prescribing of VTE prophylaxis. Once again excellent results were obtained during the QI residency, a testament to the benefits of applying QI skills in our own working environment.

Elizabeth Wood  
**Chair Clinical Governance Committee**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE COMMITTEE CHAIR’S REPORT.**

**GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION**

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ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
A&R	Audit & Risk Committee
ACC	Accident Compensation Corporation
ACMO	Associate Chief Medical Officer
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
ACP	Advanced Care Plan
ADR	Adverse Drug Reactions
ADM	Acute Demand Management
ADON	Associate Director of Nursing
AE	Alternative Education
AEP	Accredited Employer Programme
AI	Artificial Intelligence
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
CDO	Chief Digital Officer
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
PMS	Patient Management System
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