Nelson Marlborough Health
TE WAIORA

Open Board Agenda

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of Nelson Marlborough Health to be held on Tuesday 26 October 2021 at 12.30pm

Seminar Centre Room 1, Braemar Campus Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	PUBLIC FORUM	**12.30pm**		
1	Welcome, Karakia, Apologies, Registration of Interests	**12.40pm**	Attached	Resolution
2	Confirmation of previous Meeting Minutes	**12.55pm**	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	**Decision:** 2022 Meeting Dates		Attached	Resolution
4.1	2022 Meeting Dates		Attached	Note
5	Chief Executive's Report		Attached	Resolution
5.1	System Level Measures		Attached	Note
5.2	CCDM Update		Attached	Note
6	Finance Report		Attached	Resolution
7	Clinical Governance Committee Chair's Report		Attached	Resolution
8	Glossary		Attached	Note
	Resolution to Exclude Public	**2.30pm**	As below	Resolution

PUBLIC EXCLUDED MEETING 2.30pm

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 28 September 2021 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***Decision Items – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	▪ Chair of South Island Alliance Board ▪ Chair of Te Hiringa Hauora ▪ Director of TAS (national DHB Share Services Agency)			
Craig Dennis (Deputy Chair)		▪ 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		▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward)	▪ Landlord to Hills Laboratory Services Blenheim	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	▪ 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	▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint owner of Forrest Wines Ltd	▪ Functions and meetings held for NMDHB	
Dawn McConnell	▪ Te Atiawa representative and Chair of Iwi Health Board	▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs	▪ MOH contract	
Allan Panting	▪ 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	▪ Chairman, Crossroads Trust Marlborough			
Paul Matheson	Nil	▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jill Kersey	▪ Board member Nelson Brain Injury Association		▪ Funding from NMDHB	
Olivia Hall	▪ Chair of parent organisation of Te Hauora o Ngati Rarua	▪ 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)		▪ 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 September 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		▪ Chair Nayland College ▪ Brother's partner undertakes some graphic design work for NMH ▪ Brother employed by MIC		
Sandy McLean-Cooper	Director of Nursing & Midwifery	Nil			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member ▪ PCM Trainer and Licensee		▪ Providing training to DHB staff via own company Hexameter	
Nick Baker, Dr	Chief Medical Officer	▪ 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	▪ 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 ▪ 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	▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Deputy Chair National Directors of Allied Health			
MENTAL HEALTH SERVICES					
Michael Bland	Acting GM Mental Health Addictions & DSS	▪	▪		
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	▪ Husband is shift manager for St John Ambulance	▪ 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	▪ 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	▪ Daughter employed by Pharmacy Department in the casual pool ▪ Sister is employed by Marlborough PHO	▪ Daughter is involved in sustainability matters		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	▪ 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)	▪ Both myself and my partner own shares in various Maori land incorporations		
CHIEF EXECUTIVE'S OFFICE					
Lexie O'Shea	Chief Executive	▪ Trustee of Churchill Hospital	▪		
Gaylene Corlett	EA to CE	• Brother works at NMDHB in the Transport Department			

As at September 2021

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE SEMINAR ROOM. WAIRAU HOSPITAL ON TUESDAY 28 SEPTEMBER 2021 AT 10.45AM

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

In Attendance:
Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Pat Davidsen (GM Clinical Services), Cathy O'Malley (GM Strategy Primary & Community), Sandy McLean-Cooper (Director Nursing & Midwifery), Hilary Exton (Director Allied Health) via Zoom, Ditre Tamatea (GM Maori Health & Vulnerable Populations) via Zoom, Zoe Dryden (AOD Awardee) via Zoom, Stephanie Gray (Communications Manager) via Zoom, Gaylene Corlett (Board Secretary)

Apologies:
Nil.

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Maia Hart, reporter for Marlborough Express attended
Jenny Nicholson, reporter for Waimea Weekly attended

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: **Gerald Hope**
Seconded: **Dawn McConnell**

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.
AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Noted future minutes to use the macron for Maori words.

Moved: **Gerald Hope**
Seconded: **Dawn McConnell**

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 24 AUGUST 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.
AGREED

Matters Arising
Nil.

3.1 Action Points
Item 1 – Recruitment Pressure: The issue of immigration and recruitment issues has been raised at national meetings with the Minister. We have been reassured that announcements on immigration of staff will be made shortly. Discussion held on staff leaving NZ to work overseas. Completed.

3.2 Correspondence
Nil.

SECTION 4: CHAIR'S REPORT
Congratulations to new Director of Nursing & Midwifery and noted Interim GM Mental Health Addictions & DSS is now in place.

Noted announcement has been made of the two new Boards who will appoint new CEs and then work with the Transition Unit to ensure plans are in place by 1 July 2022.

Noted SI DHBs have provided nursing support for Auckland DHBs which is appreciated.

SECTION 5: CHIEF EXECUTIVE'S REPORT
Noted Pamela Kiesanowski has retired as Director of Nursing & Midwifery and moved to Canterbury to be with family.

Interim GM Mental Health Addictions & DSS is now onboard. Thank you to Director Allied Health who has been caretaking the role since August.

<u>COVID</u>
Two projects are underway – Hospital and Community to prepare for COVID resurgence in our district and learning to live in a dual system with focus on patient flow through facilities.

<u>Elective Surgery</u>
Discussion held on the backlog of procedures noting the challenge is workforce which will impact on the number of procedures that can be performed, as some surgeons are employed in private hospitals as well as public. If Level 1 continues with the need for screening and mask wearing, this will still have an impact on electives. Noted there has been an increase in acute cases coming into the hospitals which impacts on elective procedures.

Discussion held on supplies noting many are managed by Ministry of Health to ensure critical supplies can be allocated around the country where needed. Conversations are underway with MOH, Pharmac, and Health Partnerships around stocks, where they are held, how they are stored and how they are distributed.

Discussion held on barriers for some using telehealth noting learnings from last lockdown continue with projects like DNA continuing successfully and a review of all waiting lists to ensure we know about the people on these lists and what consultation is best for them. Learnings became business as usual however there are still barriers. Whilst we try to be innovative and push for new ways of doing things, we need to ensure we do not create further barriers. Noted DNA data has shown a reduction in Maori DNA which is a strong indication that the Kaitiaki programme is working. Training with whanau and follow up to ensure they can use telehealth for virtual appointments is also ongoing.

CAMHS
Discussion held on waiting lists noting this is largely due to staff shortages. Noted a member from another DHB is scheduled to visit NMH to present at Grand Round on how to revolutionise the waiting lists using telehealth.

Shorter Stays in ED
Noted error in the graph showing Wairau percentage as 9.6 – this should be 96%.

Performance Appraisals
Noted.

SECTION 6: FINANCIAL REPORT

The core result for the first two months is a deficit of $400k. This is $34k 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 $2.32M which is $0.97M.

Discussion held on COVID costs noting last year we were given assurance costs would be covered by MOH. Noted no formal advice has been received this year.

Contracts
The Board endorsed the approval of the Chief Executive to sign the following contracts listed below.

- Integrated Community Pharmacy Services
- Core Public Health Services Agreement
- EOI for Aged Residential Care (first stage). Noted further information on this will be presented to the Board at an upcoming meeting.

Moved: **Gerald Hope**
Seconded: **Stephen Vallance**

RECOMMENDATIONS:

THAT THE BOARD:

1. **RECEIVES THE FINANCIAL REPORT**

2. **APPROVES THE CHIEF EXECUTIVE SIGN THE CONTRACTS RELATING TO INTEGRATED COMMUNITY PHARMACY SERVICES AGREEMENTS AND THE CORE PUBLIC HEALTH AGREEMENT.**

3. APPROVES THE FIRST STAGE OF THE EOI FOR RESIDENTIAL CARE.

AGREED

SECTION 7: GENERAL BUSINESS

Nil.

Public Excluded

Moved: **Dawn McConnell**
Seconded **Olivia Hall**

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 24 August 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 – Pacific Radiology Contract – APPROVED
- Decision – Hauora Direct Initiative Contract – APPROVED
- Decision – Golden Bay Community Health Centre Agreements – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 11.30am.

ACTION POINTS - NMH – Board Open Meeting held on 28 September 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:	20 October 2021
Subject:	**Correspondence for September/ October**

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:	20 October 2021
Subject:	**Chair's Report**

Status

This report contains:
☐ **For decision**
✓ **Update**
✓ **Regular report**
☐ **For information**

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To:	Board Members
From:	Gaylene Corlett, Board Secretary
Date:	20 October 2021
Subject:	**Decision: 2022 Meeting Dates**

Status

This report contains:
✓ For decision
☐ Update
☐ Regular report
☐ For information

Attached as item 4.1 are the proposed dates for Board, Advisory Committee, and Audit & Risk Committee meetings for 2022.

Gaylene Corlett
Board Secretary

RECOMMENDATION:

THAT THE BOARD ENDORSES THE MEETING DATES FOR 2022.

NMDHB 2022 Board Meeting Dates

S = Standard C = Closed

Date	2020 Meetings	Type		Location
24 Jan	Combined Workshop	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
25 Jan	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
08 Feb	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting Room, Nelson
22-Feb	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
22-Feb	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
22 Mar	Advisory Committee	S	10.00-12.00pm	Seminar Room, Wairau Hospital
22 Mar	**Board**	S	12.30-4pm	Seminar Room, Wairau Hospital
23 Mar	IHB Board to Board	C	10-3pm	TBC
26 Apr	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
26 Apr	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
10 May	Audit & Risk	C	9.30-12.00pm	DHB Office Meeting Room, Nelson
24 May	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
24 May	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
28-Jun	Advisory Committee	S	10.00-12.00pm	Seminar Room, Wairau Hospital
28 Jun	**Board**	S	12.30-4pm	Seminar Room, Wairau Hospital
26 Jul	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
26 Jul	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
09 Aug	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting Room, Nelson
23 Aug	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
23 Aug	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
27 Sep	Planning Workshop	S	10.00-12.00pm	Seminar Room, Wairau Hospital
27 Sep	**Board**	S	12.30-4pm	Seminar Room, Wairau Hospital
25 Oct	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
25 Oct	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson
26 Oct	IHB Board to Board	C	10-3pm	TBC
08 Nov	Audit & Risk	C	9.30-12.30pm	DHB Office Meeting, Nelson
22 Nov	Advisory Committee	S	10.00-12.00pm	Seminar Centre Room 1, Nelson
22 Nov	**Board**	S	12.30-4pm	Seminar Centre Room 1, Nelson

MEMO

To:	Board Members
From:	Lexie O'Shea, Chief Executive
Date:	20 October 2021
Subject:	**Chief Executive's Report**

Status

This report contains:
☐ **For decision**
✓ **Update**
✓ **Regular report**
☐ **For information**

1. INTRODUCTORY COMMENTS

COVID-19 and its many challenges have dominated our thinking and planning over the last month. However, despite all the disruption our staff and community providers continue to deliver healthcare in one of the most challenging times we have known.

Our priorities remain maintaining our staff safety and capacity and ensuring a safe environment for our patients, their whānau and our wider community.

Our DHB healthcare system is resilience planning (previously referred to as resurgence planning), to ensure we are ready for any reappearance of COVID in our community. We are working locally, regionally, and nationally to achieve alignment across the country.

Care will be provided for those who need it in the most appropriate place with a focus on healthcare delivery in the community and at home. This fits in well with the direction of care delivery we have been progressing as we have implemented our primary and community strategy over the past few years.

Patient flows through our hospitals are under review to ensure minimum exposure along the corridors and our patients that are infectious move to a point of definitive care directly as possible. It is expected some facility changes will be required.

Although our main focus has been resilience planning and delivering business as usual healthcare, we have also been actively engaging with the Health Infrastructure Unit and progressing the detailed business case for the Nelson Hospital rebuild. A number of workshops have been held reviewing the model of care, infrastructure, digital footprint and testing our original assumptions regarding why we need a new facility.

We are reminded every day why we do the job we do, and the impact because of our collective effort is highlighted in this patient story:

WellChild Service – Chronic Eczema

"I have been seeing in the clinic a 3yrs with severe discoid eczema.
He was extremely hyperactive, always trying to escape the clinic.
Did not engage with me or look at me.
After 5 clinic visits his eczema is now healed. He is now sleeping through the night. Mum commented that he is less hyperactive and will listen to her.
He looked at me said hello Pam. I asked what he was going to after this.
He told he was off to Kmart to buy toys.
Nothing else has changed except for managing his eczema to allow him to sleep.
I have now discharged from the clinic".

2. MĀORI HEALTH

Whakamaua – Māori Health Action Plan 2020-2025 (Whakamaua) sets the Government's direction and action for Māori health advancement over five years. The plan signals a strong commitment from the Crown and Ministry to honour its obligations under Te Tiriti o Waitangi. It reinforces that achieving equity for Māori is no longer a choice for the health and disability system, but an obligation as Te Tiriti partners.

Funding has been secured for the Hauora Direct programme from the MOH Māori Health Directorate. The Hauora Direct prototype project aims to improve health outcomes for Māori in the Nelson Marlborough, West Coast and Southern District Health Boards. In 2020 Nelson Marlborough DHB funded a trial of the Hauora Direct programme (in conjunction with several community providers) as "pop-up" events at eight Nelson and Marlborough community locations. The initiative aligns with two of the eight Whakamaua priority areas and supports four of the actions.

Description of Services

The Services to be delivered through this contract include the following:

1. *Deliver HD assessments to whānau*

As follows:

- Nelson Marlborough DHB area: Three Te Waka Hauora nurses to deliver HD assessments to up to 2,400 whānau members a year, and one nurse to be funded within Te Piki Oranga.
- West Coast DHB area: Two nurses to deliver HD assessments to up to 1,320 whānau members a year.
- Southern DHB area: Two nurses to deliver HD assessments to up to 1,980 whānau members a year (note that Southern will have three nurses completing the programme as they already have funding for one nurse from the first version of Hauora Direct (Harti Hauora).

Hauora Direct assessments are to identify physical and mental health, and social and wellbeing concerns. The assessment is to identify whānau needs to be addressed, and health and social services they are eligible to receive. The assessment will include a risk-identification process for possible and probable health issues so whānau can access early support. The funding allocated will also be used to provide an enhancement of the digital component to Hauora Direct and to provide research on the success of the programme.

2. *Deliver on-the-spot interventions to whānau*

Deliver on-the-spot interventions as required. On the spot interventions to include immunisations for children and adults, blood tests for diabetes, cardiovascular screening, cervical smears, smoking cessation support and tamariki hearing and vision testing. Whānau will be referred to other services where issues cannot be dealt with immediately.

3. *Deliver pop-up events*

Each of the three DHB's to deliver a Hauora Direct pop up event in a high needs community during the term of the contract.

4. *Train new staff*

Provide initial and ongoing training for staff to deliver the Services.

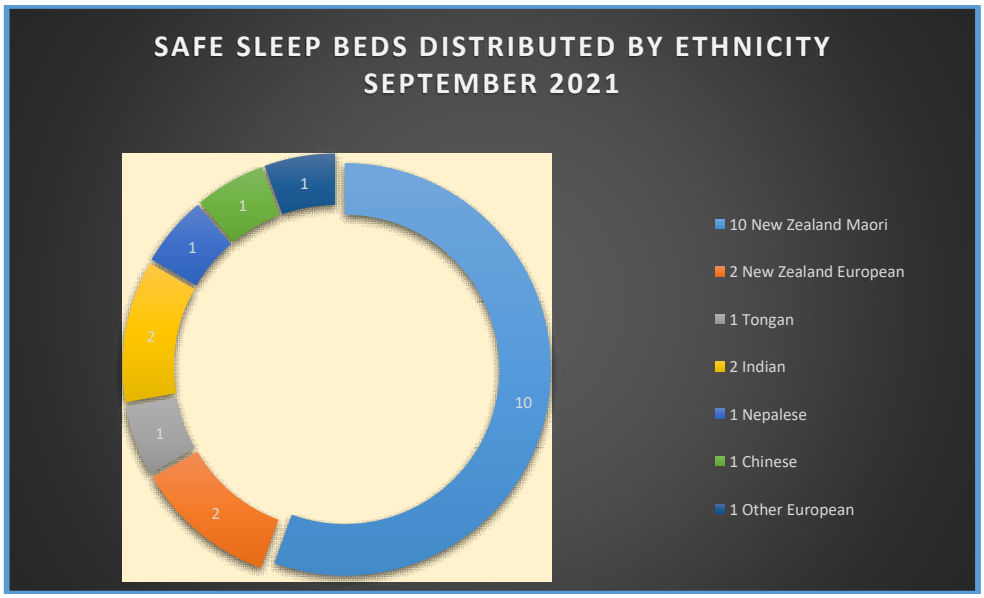
5. *Build relationships*
   The Provider will build and maintain relationships with stakeholders in the Hauora Direct programme.

6. *Further develop the electronic HD assessment tool*
   Further develop and enhance the HD electronic assessment tool and platform, including roll out to all DHBs involved in the prototype initiative.

7. *Evaluation*
   Contract an independent provider to evaluate the prototype to determine the impact of the Hauora Direct service for people who are not currently accessing primary health care and other services. The evaluation is to be set up within the first three months of the contract.

The range of Mokopuna Ora initiatives continue to be strengthened. Te Waka Hauora will work with its partners (Motueka Birthing Centre, Te Piki Oranga) to distribute Waha Kura, as its supply of safe sleep devices for Māori, and will co-ordinate the programme throughout the DHB district for Māori. NMH Maternity Unit will co-ordinate the Safe Sleep devices programme for non-Māori and Māori.

Data noted below relates to the implementation of our Safe Sleep programme. Some 18 safe sleep devices were distributed in the month of September (15 Pēpi pod and three wahakura). In total 61% of safe sleep devices were distributed to Māori or Pacific whānau.



SUDI prevention information provision is well above target in NMDHB, according to the latest March WellChild Tamariki Ora Quarter One Framework Indicators, sitting at 98% (the target is 90%).

One of the most significant contributors to SUDI is smoking during pregnancy. The Smokefree team are currently providing Zoom/telephone support to those wishing to quit. However, they are considering providing face to face consultations for those hapū māma going through the Pēpifirst programme.

There was some discussion around the possibility of using the Heru and Hapū Māmā quit smoking programme. It involves Hapū Māmā receiving a package, which connects to an app, and shows holograms of the effects of smoking from a kaupapa Māori perspective. In its trial stages it was very successful in supporting hapū māma to quit smoking.

A breakdown of the Wānanga Hapūtanga data over the last three years shows that the number of attendees at the Wānanga Hapūtanga continues to increase. Given the disruption due to COVID-19, this is a great success.

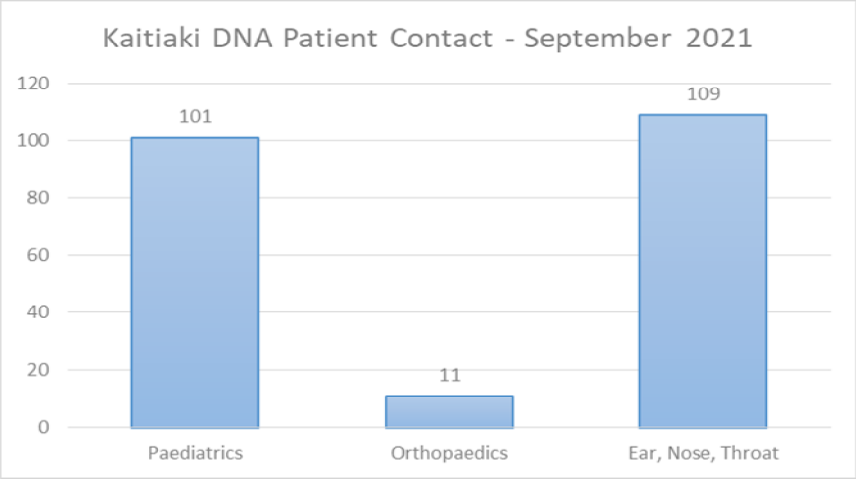
A Wānanga Hapūtanga planned for September 2021 was cancelled due to Level 3 COVID-19 restrictions. Instead whānau were forwarded the link to the current NMDHB online classes. The next Wānanga will be held virtually over two days. This will be completed under a reduced period of two hours per day.

The Kaitiaki DNA (Did Not Attend) initiative aims to reduce Māori and vulnerable population groups DNA rates for the Cardiology, Oncology, and Paediatric Departments. During the pilot period urgent DNA referrals were activated for Surgical, Neurology and ENT. The Kaitiaki service was developed to provide transport to and from Specialist appointments, support, and advocacy during Specialist appointments (recorded Specialist care plan with patient documented). If required referrals were also made to primary health and social community services to assist whānau to maintain or improve their health outcomes dependant on the diagnosis. The Kaitiaki programme has been tracking three Departments (Ears, Nose & Throat (ENT), Paediatrics and Orthopaedics), while still open to referrals from other areas that have urgent or a high DNA.

The Kaitiaki service continues to mediate between Departments and patients. This has seen an increase in Specialist appointments transitioning to Telehealth appointments preventing possible DNA. It is also used to update incorrect demographic details and cancelled or rescheduled appointments are made to fit in with the patient.

Under Alert Level 2 the Kaitiaki service can now support transport to Hospital appointments adhering to COVID guidelines.

The Kaitiaki service had 221 patient engagements in September 2021.



The next steps for Kaitiaki DNA Support Services include:

- Working closer with Telehealth to increase virtual appointments
- Develop an information brochure to profile the service
- Employ a second Kaitiaki position
- Increase the service in other departments once the second Kaitiaki position has been recruited to.

Health Promotion met with the Manager of Cancer Society Marlborough and the PHO Community Health and Operations Manager to discuss a possible Matariki seed swap for 2022 along with other health initiated activities that could possibly take place over a week.

The meeting reviewed possible links with other agencies and discussed how to work on a team approach.

Health Promotion connected with Nelson City Council to discuss how the Council might be active in supporting our Kaumatua/Kuia living in the district, particularly those on their own, and if there is any way of having a strategic plan for this vulnerable population. Health Promoter advised the need for connection between Iwi, Managers of two Marae who have contracts and are working with their community, and our Māori Health Provider from Te Piki Oranga who will be able to connect them with Council.

3. PRIMARY & COMMUNITY

In August 2021, the Minister of Health launched the Health System Indicators framework that is to complement the health system reforms. The Health Quality & Safety Commission has developed an online dashboard for reporting improvements on the Health System Indicators at a national level. The Ministry/Health Quality & Safety Commission will begin publishing these results quarterly on our behalf from December 2021 and improvement planning against these measures will be required from January 2022.

September has been a challenging month for the Health Promotion team with many interagency hui and community events being postponed due to COVID. Agencies continue to undergo changes and challenges making interagency work difficult at present. Health Promotion has been focused on maintaining relationships and staying connected across agencies as community programmes and work priorities are evaluated.

In August Health Promoters ran a two-hour workshop for staff at a local employer's premises on the Mental Health Foundation's 'Working Well – The Five Ways to Wellbeing'. This workshop proved to be a great success with many positive responses received in the staff anonymous evaluation.

The District Nursing teams continue to receive referrals from the COVID call centre, disability, and mental health services, Te Piki Oranga (kaumatua) and ARCs, etc for outreach COVID vaccinations and catch ups. This is going well across the district.

The school based immunisation programme started again during September with the second dose of HPV. Seven schools in Nelson Tasman and five schools in Marlborough have had clinics so far with the rest booked for Term 4. The Immunisation team are impressed with the high number of children presenting who have already received their COVID vaccinations.

Sexual Health services have now fully resumed following lockdown. Master of Public Health Student Project on sexual health needs of young people in the region continues.

A tri agency Zoom meeting was held in September with applicants being reminded of the requirements to comply with COVID-19 alert level restrictions in effect while licensed venues are operating. Most special events have opted to only run under COVID Alert level 1, resulting in events being postponed.

Health Promotion supported Foetal Alcohol Spectrum Disorders (FASD) awareness day/month through promoting resources to key stakeholders and an awareness piece in all local community newspapers and on the NMH Health page. Health Promoters participated in the National FASD Forum chaired by the NZ Children's Commissioner in which there were 350 local and regional representatives. The National FASD Action Plan was discussed, along with advocacy updates and current projects and activities raising awareness of the

impact of FASD within families and the wider communities in NZ. Health Promotion shared the recording with local agencies.

Health Promotion have been collaborating with staff from Te Waka Hauora and the Communications team to develop the logo design for the Hapori Fruit and Veg Box. Health Promoter has also been working with the Communications team and Victory Community Centre to organise promotion and the launch of the Hapori Fruit and Veg Box initiative.

Health Promotion Manager and Health Promoter presented to the Iwi Health Board on the initiative. The Iwi Health Board were supportive and enthusiastic about the initiative, with many of them highlighting the current food needs and challenges in our communities.

Onion, kale, broccoli and cabbage seedlings were given out to the Seddon and Blenheim community gardens and Te Kahurangi Te Kohanga Reo in Blenheim. These have been developed through the gardener working with Public Health Promotor. This continues to be a trial towards the community gardens being able to obtain seeds from these seedlings.

4. MENTAL HEALTH & ADDICTIONS

To promote Mental Health Awareness Week (MHAW), an email was sent out to Community Groups and agencies to promote this year's theme "Take time to Korero - a little chat can go a long way," with downloadable posters from Mental Health Foundation. Health Promoter also provided Marlborough Community networks with information on PHO Primary Mental Health services, following a presentation to the Marlborough Youth Workers Collective. Health Promoter held meetings with Citizens Advice Bureau and Neighbourhood Support Health. Service information and resources were made available.

Over 700 participants provided feedback (46 questions) to a variety of social, health and economic issues on the Positive Ageing Strategy and a summary of outcomes was tabled. The final strategic plan has been collated and will be presented at the next steering group meeting in October.

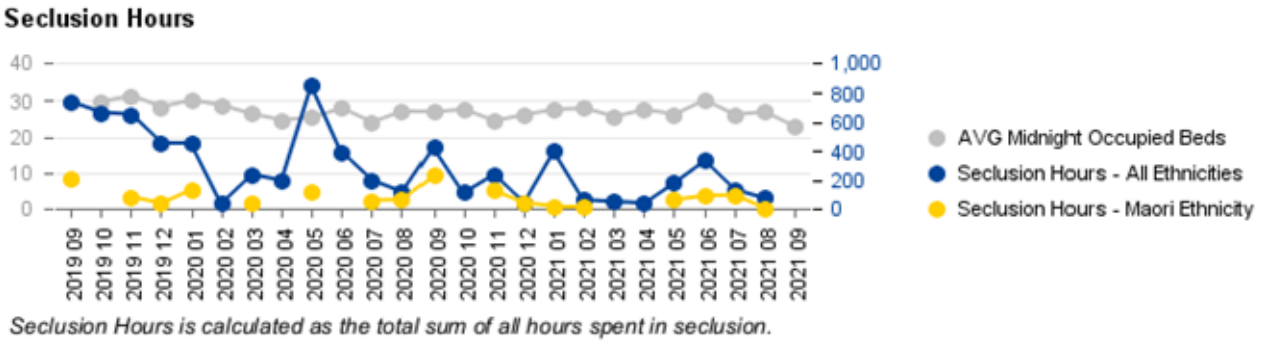
The Ministry of Health has developed a long-term Pathway for the Implementation of He Ara Oranga recommendations to address mental wellbeing. Through this work, the Ministry of Health is funding a programme that brings together DHBs, iwi and community providers to identify a small number of priorities that could change to work better for the people using them.

This mahi will look at where we are now and, within existing resources, look at what priority changes could be made that can further build on the transformation work already embarked on by the Nelson Marlborough Health mental health and addictions portfolio.

Guidance has been sought from the Iwi Health Board on:
1. Providing some level of overview and monitoring of the design process.
2. Being the conduit to finding people that represent iwi that have knowledge of the health sector and or lived experience of mental health.

A fixed-term appointment for a Programme Lead is being recruited.

Seclusion episodes appear to be trending down within Wāhi Oranga, including for Māori.



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

4.1 Disability Support Services (DSS)

The move to new premises at Nelson Airport (Rapide House) has created a new learning and development space to better equip the sector to deliver on its obligations within Enabling Good Lives. A new appointment to a dedicated Health & Safety Manager, embedded in the sector, will support the robust planning of safety plans for our clients, staff and facilities, and reduce liabilities to the DHB.

5. CLINICAL SERVICES

We are in the final phase to implement the Maternity Apprentice trial. This is a pilot being jointly run with Te Piki Oranga to support a Māori wahine interested in midwifery into training through supporting them to undertake the career force training while being employed at the living wage. It is envisaged that the pilot will be a first step for the wahine on the path to midwifery training and eventual work in the region.

5.1 Health Targets – Planned Care

At the end of September 2021, we planned 1,607 surgical discharges of which we have delivered 1,253 (78%). This is under plan by 354 discharges.

We have delivered 1,675 minor procedures to the end of September 2021, which is 436 procedures higher than our Plan target of 1,239 for this period.

At the end of September 2021, internal delivery indicates 6,385 actual caseweights (CWDs) against a Plan of 6,024 (106%).

At the end of September elective CWD delivery was 1,246 against a Plan of 2,0754 (60%). At the end of September acute CWD delivery was 5,975 against a Plan of 4,597 (130%).

Planned care is continuously being impacted by the COVID-19 response. We are able to accommodate a maximum of 80% of patients in waiting areas, which leads to a reduction in both outpatient and inpatient appointments of 20%. We continue to support clinicians to transition to virtual health care.

5.2 Shorter Stays in Emergency Department

Please find the updated table below:

ED	Within 6 hours	%	Over 6 hours, includes incalculable	%	Total
Nelson and Wairau Hospitals	3,153	89.3	427	10.3	3,580

Hospital Occupancy

Hospital Occupancy 1 August to 30 September 2021	Adult Inpatient
Nelson	**96%**
Wairau	**85%**

5.3 Enhanced Access to Diagnostics

CT, for September, shows 94% of referrals accepted are scanned within 42 days (MOH target is 95%).

MRI, for September, shows 89% of referrals accepted are scanned within 42 days of referral acceptance (MOH target is 90%).

We have been unable to meet target this month due to COVID restrictions in planned care. Recovery planning is now well underway.

5.4 System Level Measures

Attached as item 5.1 is the System Level Measures report for October 2021 showing ambulatory sensitive hospitalisations (ASH), acute hospital bed days (ABD), smoke free data, amendable mortality rate, and youth access to and utilisation of youth appropriate health services.

6. NURSING & MIDWIFERY

An update on Care Capacity Demand Management (CCDM) is attached as item 5.2.

7. PEOPLE & CAPABILITY

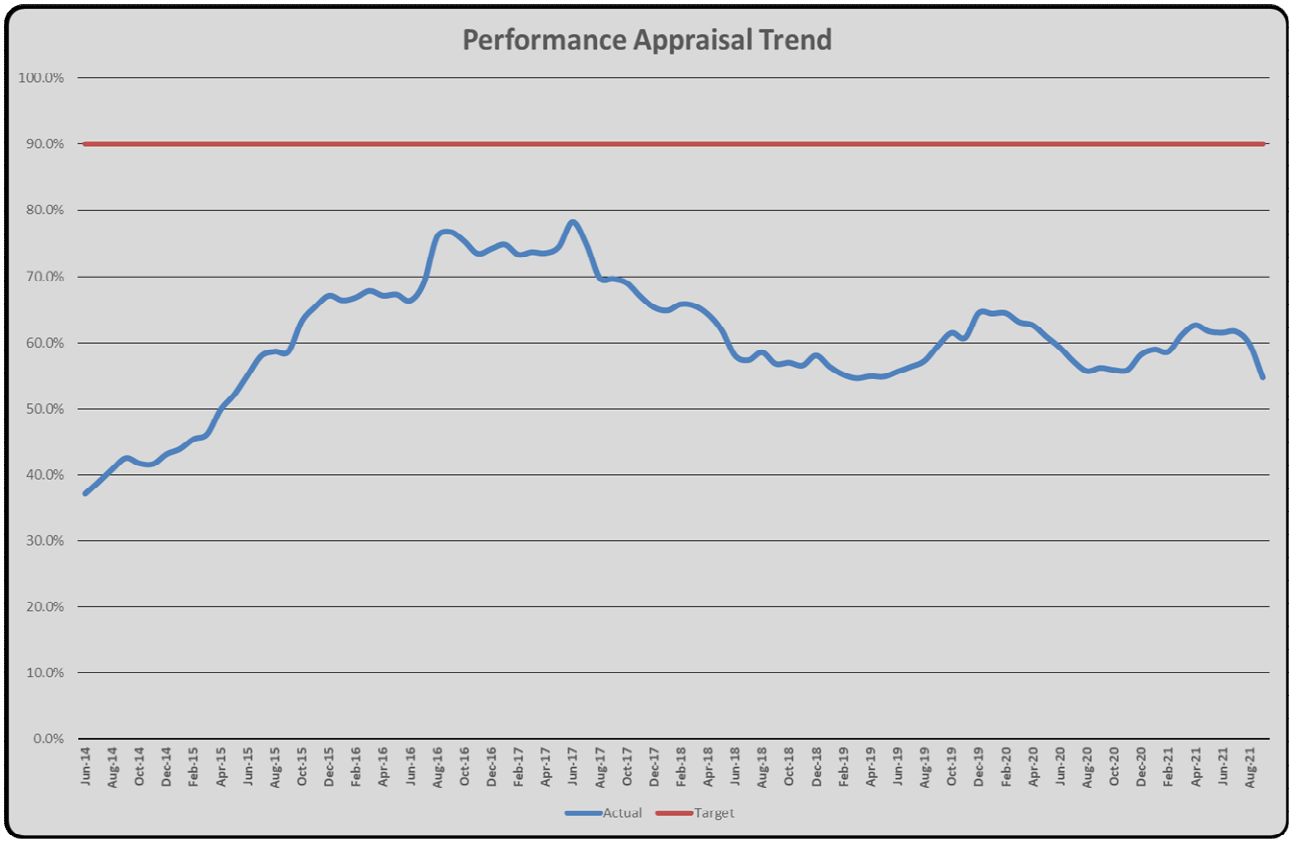
The month of September has seen key vacancies in the HR team, Payroll team and the H&S team. Staff have worked long hours to keep heads above water. Vacancies are being filled, and training is the focus at this time.

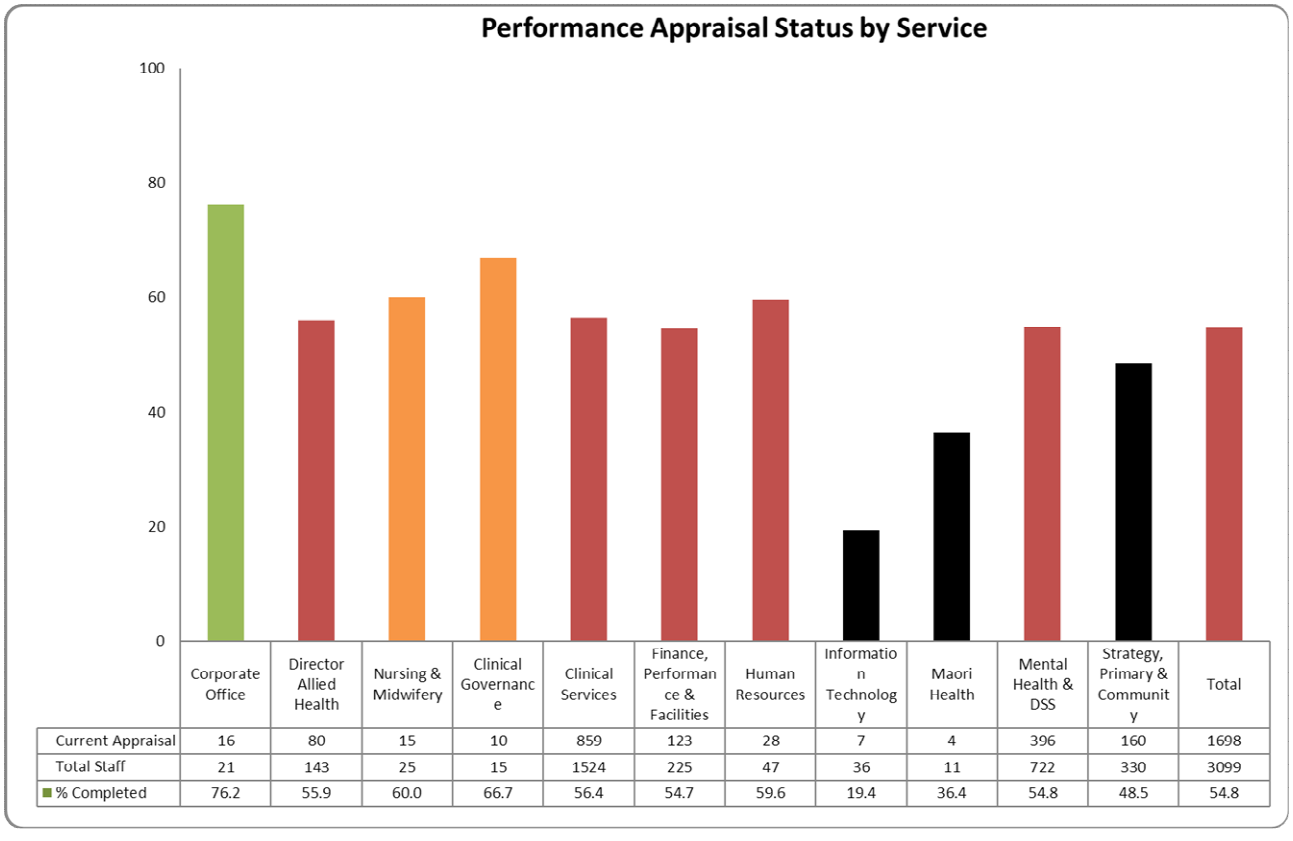
The leadership program RFP closed with four applicants and the cultural competence project is underway.

Our recruitment support roles are now beginning to have effect supporting the clinical teams. We anticipate a lot of work over the coming months to deal with vaccination status recording and options for those who remain unvaccinated.

Performance Appraisals

To date we are at 54.8% of staff with a current performance appraisal.





	Corporate Office	Director Allied Health	Nursing & Midwifery	Clinical Governance	Clinical Services	Finance, Performance & Facilities	Human Resources	Information Technology	Maori Health	Mental Health & DSS	Strategy, Primary & Community	Total
Current Appraisal	16	80	15	10	859	123	28	7	4	396	160	1698
Total Staff	21	143	25	15	1524	225	47	36	11	722	330	3099
% Completed	76.2	55.9	60.0	66.7	56.4	54.7	59.6	19.4	36.4	54.8	48.5	54.8

8. DIGITAL AND DATA

A stocktake of all regional digital steering and operational groups has been completed. A survey is being run canvassing Information Services Service Level Alliance (ISSLA) (a regional governance group for IT) and Chief Digital Officers (CDOs) for their feedback. A

proposed new structure for regional digital governance, including stakeholder engagement and project oversight, will be ready for review by December.

A combined capital investment view across all five South Island DHBs is mostly complete. Initial analysis has been completed for a balanced portfolio view, to identify if investment is being directed to the right activities. Several opportunities for a combined approach have been identified, a key one being collaborating on infrastructure planning. A regional group has been established for this.

Telehealth has progressed with:

- Telehealth Coordinator – Completed Module 1 – Improving Together Advisor Programme, Health Quality & Safety Commission
- Telehealth support given to staff on the ground during Level 3 lockdown
- Participation with Change Management pilot at SIAPO
- Support with trial Telehealth Screen
- Connecting with Secretaries to champion Telehealth Super Users
- Visit Murchison Hub to build relationship and see Telehealth trolley
- Connect with Golden Bay to build telehealth relationship
- Telehealth training provided to newly appointed administrators.

Projects in the planning phase are:

- *Cloud migration* – Assess current environment to identify applications that can migrate to a cloud infrastructure. The benefits of Cloud include better resiliency, flexibility in capacity, and cost transparency.
- *Health Needs Assessment* – A Health Needs Assessment has been proposed. The data and analytics team will assist Strategy, Primary and Community and PHOs as appropriate. Ideally a refresh would align with annual planning.
- *CASPA* – Database used by Aged Care for Needs Assessment. Aged Care are retiring an unsupported Access based platform called CASPA, replacing with an HCS based form for Needs Assessment and Coordination Services. Old and new data source exploration, department timeline unstated
- *Phriendly Phishing* – Cybersecurity Awareness training for staff.

Project Status

Name	Description	Status	Due date	
Projects				
Community Connections	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. Rollout for WCTO will start 20 Oct. 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	
eObservations (Patientrack)	Mobile Nursing tool to record Early Warning Scores, assessments, & provide active alerts.	Working with Wahi Oranga to implement Patientrack into inpatient unit. On track for 3 November Go Live. Currently working on Patientrack Upgrade on track to be deployed 15 November.	Live / rolling out.	

Name	Description	Status	Due date	
Smartpage	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Meeting set up with Senior Clinical Staff to work on re-engagement for staff with Smartpage Clinical. Orderly function is currently on hold awaiting development of MDM by NMH to enable upgrade.	Live / Rolling out	
ICT				
PABX Upgrade	Software upgrade for Telephony	Rollout scheduled moved to October 2021 due to Wellington based Tech and the need to travel; no outages anticipated	Oct 21	
Business Solutions				
Hauora Direct	A mobile assessment tool aimed at improving enrolments in health programmes for vulnerable populations.	SoW signed off for next tranche of enhancement work. This will include a platform review. Work to be completed by end of October. Final development still to be scheduled.	Oct 21	
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.	Dec 21	
Data and Analytics				
Nursing – CCDM	Safe Staffing – Healthy Workplaces, nursing workload data improvement	Variance Response Management dashboard in production early February, ongoing modifications adding visuals to 'patient in Hospital' dashboard (ventilation status). CCDM metrics presentation built on Power BI, implementation discovery complete, platform selected (CDHB Premium capacity), users provided to CDHB, local Power BI licensing acquired, MoH audit scheduled late October.		
Models of Care	Data sharing with PHOs to inform practices and replacement facility requirements. Collaboration with Models of Care project on datamart additions.	Telehealth dashboarding distributed to PHOs and practices, virtual consult datamart addition completed. COVID-19 Vaccination status dashboarding developed and published.		

9. SUSTAINABILITY

As discussed at previous Board meetings a short presentation on the current environment sustainability work programme will be provided to the Board by our Environmental Sustainability Programme Coordinator. With this additional resource now underway we expect to make good progress on a range of initiatives.

Lexie O'Shea
CHIEF EXECUTIVE

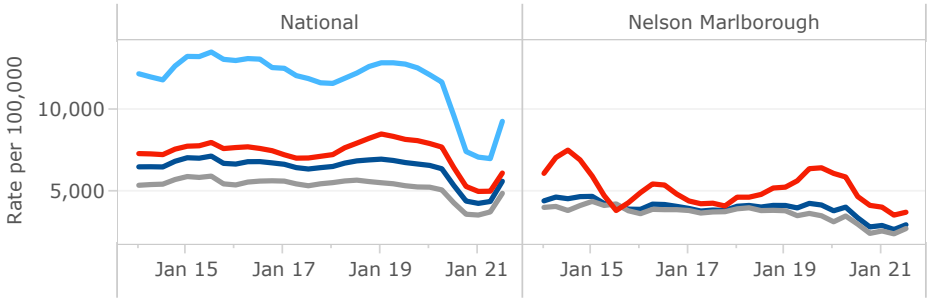
RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

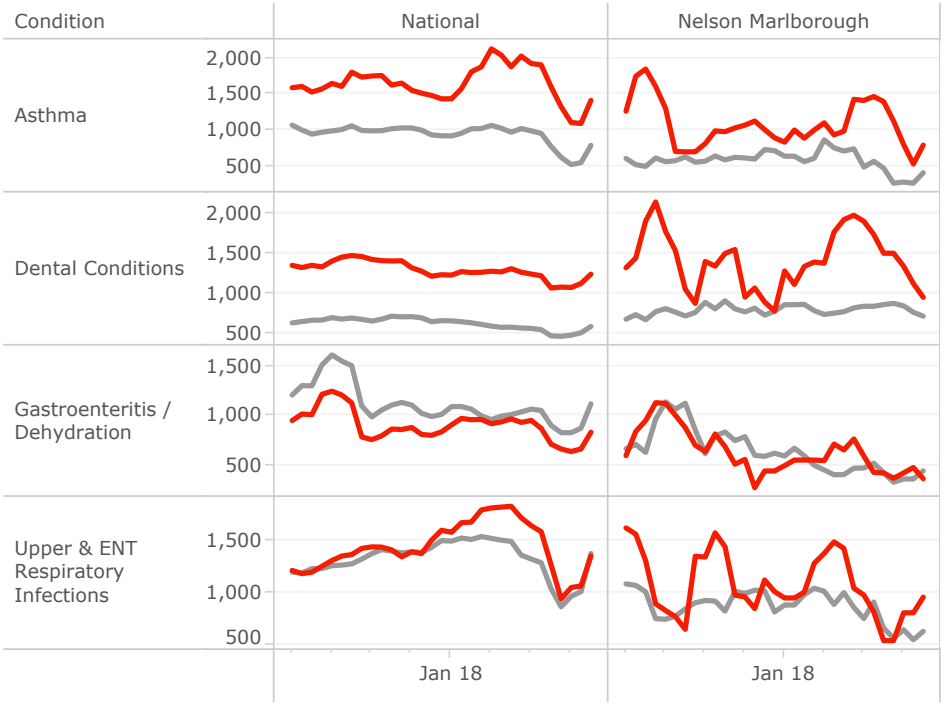
System Level Measures Report for October 2021

Ambulatory Sensitive (Avoidable) Hospitalisations (ASH)

ASH, 00-04, All Conditions



ASH, 00-04, Selected Conditions



Nelson Marlborough Health shows continued achievement of lower rates for ASH, 00-04 age group, All conditions, than the National rate.

There is evidence of an equity gap between Māori and Others which has continued to exist since June 2017.

Avoidable hospitalisations in our region are generally lower than the national rate. We have previously identified both dental conditions and asthma for additional work to address these.
E Wood

The conditions with the greatest equity gap between Māori and Others, for Nelson Marlborough, are:

- Asthma
- Dental conditions

Of concern was the Nelson Marlborough ASH rate for 00-04 with Dental Conditions showing an above National rate, particularly for Māori, during the early part of 2020 (during the COVID-19 Alert level 4 & 3 lockdown periods). There is evenidence that the ASH rate is reducing more recently.

The equity gap in both dental conditions and asthma for this age group reinforces the continued importance of our focus on these areas.
E Wood

Data Source Information

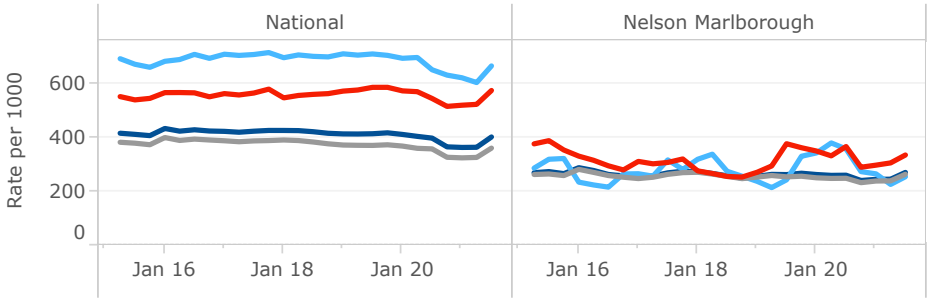
Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring, Stats NZ Population Projections. Available at: https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive

The **Rate per 100,000** is a rolling 12-month value calcualted for each reporting quarter. The rate is non-standardised. The child's domicile is used to determine the DHB.

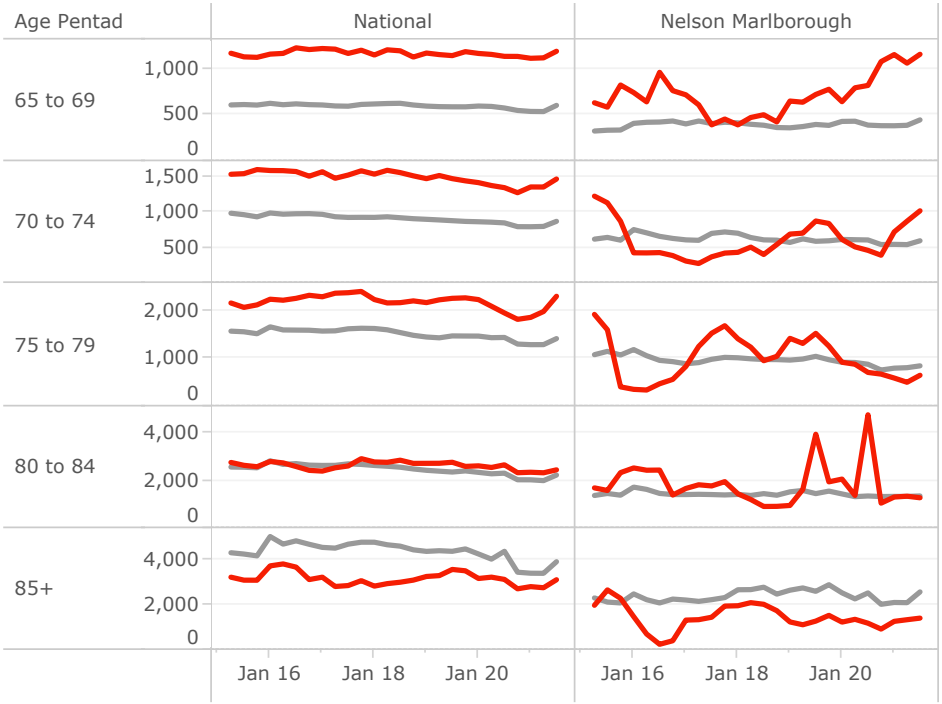
Ethnicity
- Maori
- Other
- Pacific
- Total

Acute Hospital Bed Days (ABD)

Acute Bed Days by DHB of Domicile



Acute Bed Days for Selected Age Pentads, DHB of Domicile



Acute Hospital Bed Days by DHB of Domicile, age-standardised (to Census 2013), for all Nelson Marlborough ethnicities is consistently below the National rates.

There is evidence of a sustained equity gap between Māori and Others starting in Dec 2019 for Nelson Marlborough.

Overall lower rate of acute hospital bed days than the national rate.
As multiple factors contribute to this no direct conclusions can be drawn.
E Wood

When looking at the actual (non-standardised) rates by Age Pentad for patients 65 and older, there is evidience of an increasing equity gap between Māori and Others for those aged 65-69.

Important to note that due to lifelong health inequity the disease burden for Māori patients often reflects that of an older age group in other ethnicities.
E Wood

Data Source Information

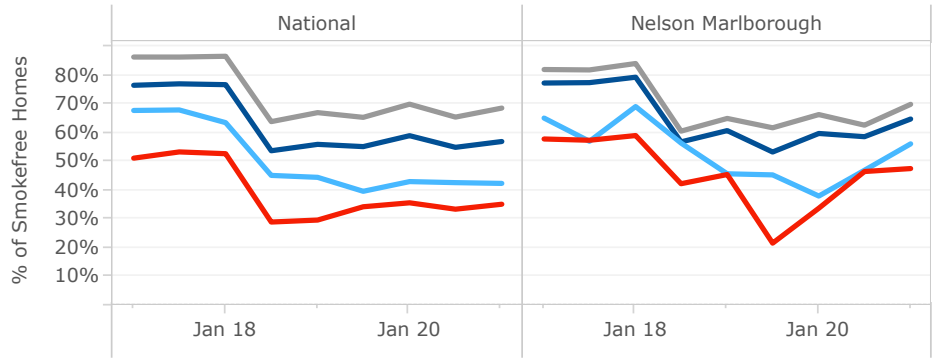
Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring, Stats NZ Population Projections. Available at: https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/acute

The **Rate per 1000** is a rolling 12-month value calcualted for each reporting quarter. The patient's domicile is used to determine the DHB.

The Acute Hosptial Bed Days measure can be used to manage the demand for acute inpatient services on the health system. The intent of the measure is to reflect integration between community, primary, and secondary care and it supports the strategic goal of maximising the use of health resources for planned care rather than acute care.

Ethnicity
- Maori
- Other
- Pacific
- Total

Babies Living in Smoke-free Homes



Getting our infants off to a good start in life has long been a priority for this DHB and so there is much activity in this space, in particular to reduce the impact of smoking in pregnancy.

Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring. Available at: https://ns-fl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/babies

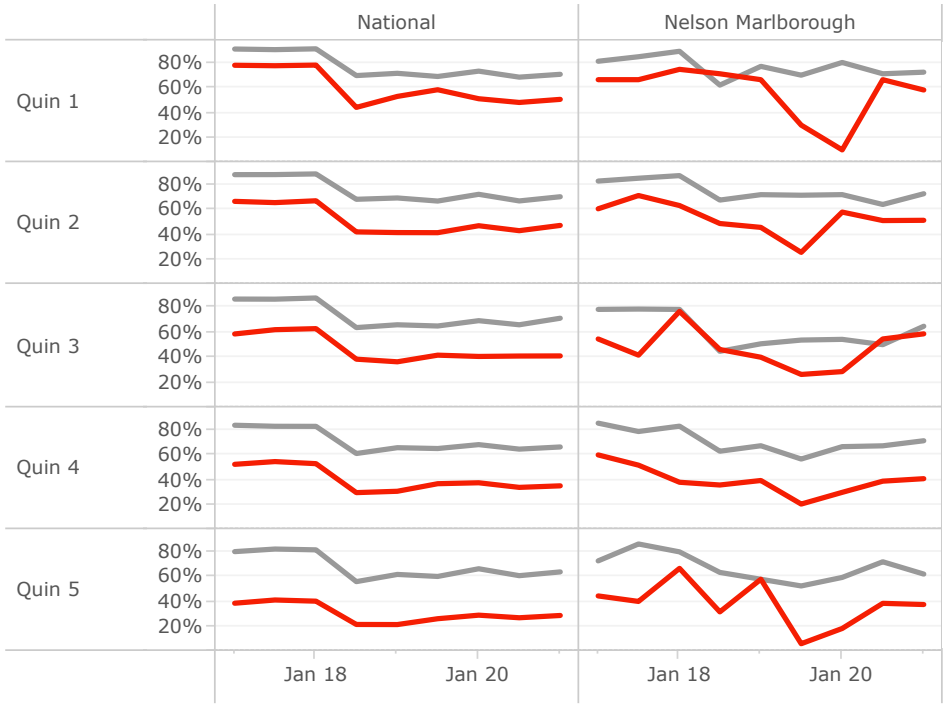
The **Rate per 1000** is a rolling 12-month value calcualted for each reporting quarter. The patient's domicile is used to determine the DHB.

The **Deprivation Quintile 5** is the most deprived and Quintile 1 is the least.

The Babies Living in Smoke-free Homes measure aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whānau environment. The measure aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) providers and general practitioners occur.

Note: New data standards came into effect on 1-Jan-2019 which improved data quality and accuracy over time. This data is provided for implementation of the System Level Measures programme and therefore should only be used for quality improvement purposes. This data standard change may have caused a significant change in the reported rates.

Babies Living in Smoke-free Homes by Deprivation Quintile

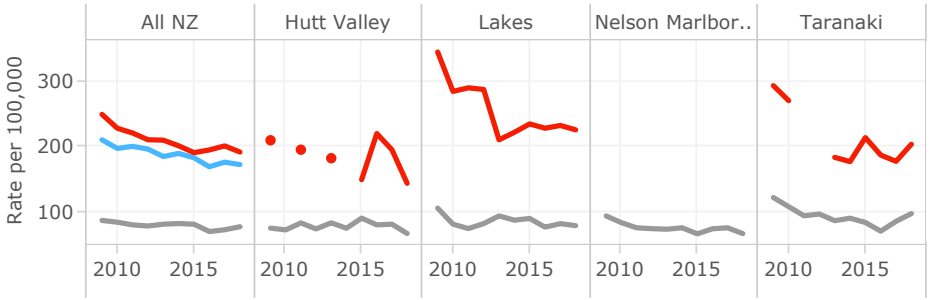


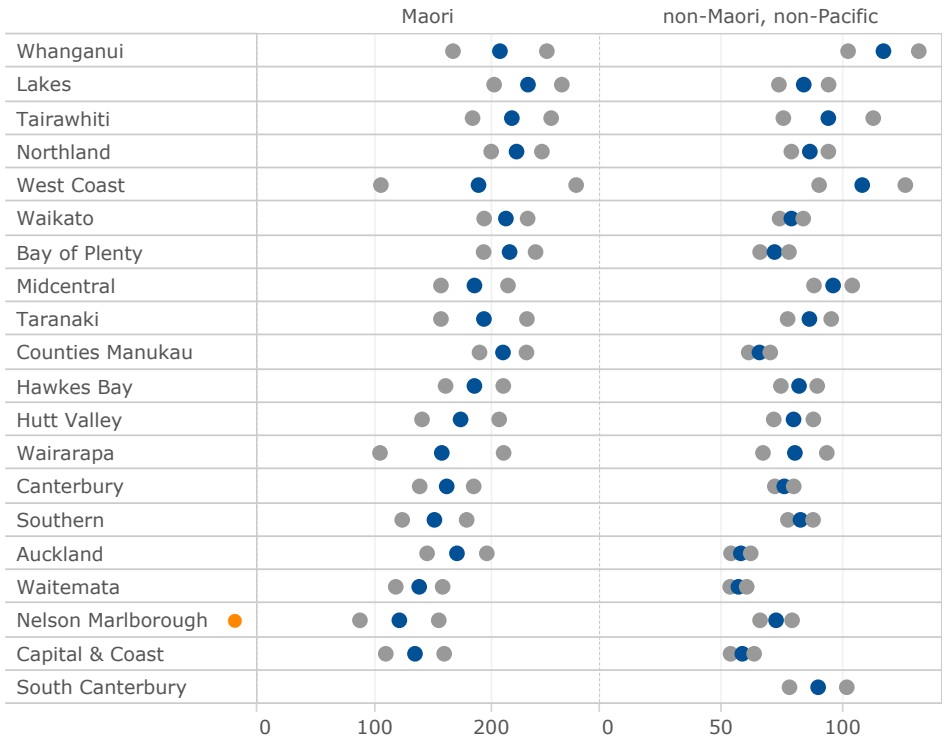
For Nelson Marlborough, the percentage of Māori babies living in smoke-free homes is significantly lower than Others, for families living in higher deprivation areas (quintiles 4 and 5) - indicating an equity gap. The equity gap is reduced between Māori and Others for those living in lower deprivation areas (quintiles 1, 2, and 3).

Ethnicity
- Maori
- Other
- Pacific
- Total

Amenable Mortality

Amenable Mortality Rate (Age Standardised), 00-74





"Amenable mortality is defined as premature deaths that could potentially be avoided given effective and timely care. That is, deaths from diseases for which effective health interventions exist that might prevent death before an arbitrary upper age limit (usually 75)"
MoH Amenable mortality FAQs

Insufficient numbers for Māori mortality in this sub-group means there is no data on our local rate for Māori.

The upper graph provides a time series view of the age-standardised amenable mortality rate, per 100,000 of the estimated population, for Nelson Marlborough and peer DHBs (selected based on similar Amenable Mortality deaths).

The lower graph is a summarised rate of amenable mortality for the years 2014 to 2018, calculated using 2016 population data. The confidence interval (CI) points are at 99%. Nelson Marlborough's rate for Māori is the lowest of any DHB, at 120.6 per 100,000. However, for non-Māori, non-Pacific, Nelson Marlborough's rate of 72.3 per 100,000 ranks it at 15 out of the 20 DHBs.

This chart demonstrates that NMH has the lowest amenable (potentially preventable) death rate for Māori in the country. However, the local rate is still considerably higher than the local rate for non-Māori.
E. Wood

Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Data to Support System Level Measures, Amenable Mortality SLM. Available at: https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/amenable

Rates per 100,000 age standardised to WHO world standard population. Rates are suppressed where there are less than 30 deaths.

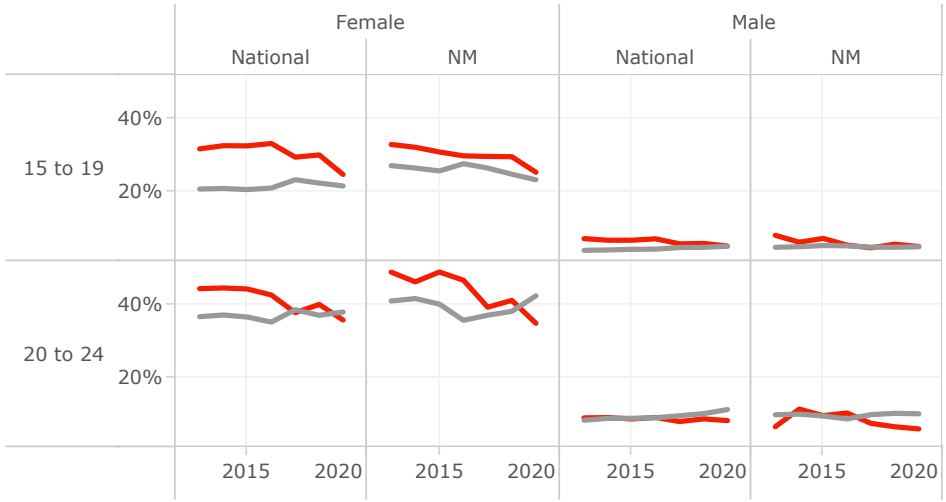
Additional information on Mortality is available via a MoH interative application, available at: https://min-healthnz.shinyapps.io/mortality-web-tool/

Ethnicity
- Maori
- Non Maori, Non-Pacific
- Pacific

Rate Summary
- Upper CI
- Rate
- Lower CI

Youth Access to and Utilisation of Youth Appropriate Health Services

STI Test Coverage for Chlamydia



Nelson Marlborough (NM) has chosen Sexual and Reproductive Health – Chlamydia (& Gonorrhoea) testing coverage for 15 to 24 year olds as the primary measure for this SLM.

Testing coverage for Nelson Marlborough **Māori** & **European or Other** females is slightly higher than the National coverage. Male coverage in Nelson Marlborough are consistent with the National rate.

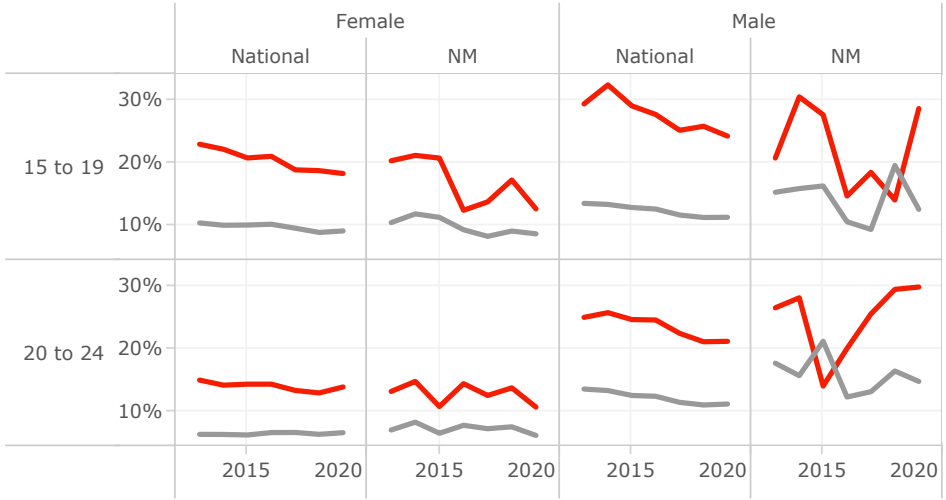
"Testing has dropped over time but so has positivity suggesting an appropriate reduction of access."
Nick Baker

Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring. Available at: https://ns-fl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/youth-slm--4

Testing **coverage rates** (people tested): the number of people tested based on NHI, patient ID numbers, and demographic characteristics; and using the age and location of the individual at the time of the first test of the year. These rates do not include multiple tests within the year for the same individual.

STI Test Positivity for Chlamydia



There is evidence of an equity gap between **Māori** and **European or Other** males in Nelson Marlborough.

Positivity percentage appears to have an inverse relationship for NM Māori males (approx. 30% in 2019 – likely influenced by lower numbers of tests).

"Testing is much less in males than females while positivity is higher and increasing as testing drops. These results suggest an access of care issue for makes especially Māori. An understanding of barriers to care for Māori males could be used to address this issue."
Nick Baker

Ethnicity
European or Other
Māori

MEMO

To:	Chief Executive
From:	Sandy McLean-Cooper, Director of Nursing & Midwifery
Date:	20 October 2021
Subject:	**FOR INFORMATION: Care Capacity Demand Management (CCDM)**

Status
This report contains:
☐ **For decision**
☐ **Update**
☐ **Regular report**
✓ **For information**

Specific implications for Nursing

1. **Equity:** recruitment of additional CCDM and Midwifery FTE will focus on NMH strategies to purposely increase the Māori Workforce proportionate to population.

2. **Operational efficiency:** CCDM matches resources to staffing models utilising data obtained via the TrendCare patient acuity tool.

3. **Workforce:** CCDM was mandated under the 2018 signed Accord for Nursing and midwifery workforces. The allied health workforces are also part of the CCDM programme.

4. **Financial:** CCDM investment has been considered and is currently in part of budget investments since 2018.

Background

The CCDM Programme enables an organisation to more accurately predict and measure the demand on its system and more accurately determine its capacity to meet that demand. In addition CCDM facilitates the development of strategies and responses designed as counter measures to unexpected mismatch between demand and capacity (known as variance). Positive partnerships between the District Health Boards and NZNO and the other health unions is key to the successful implementation of the CCDM programme.

A safe staffing and CCDM effective implementation Accord was signed by NZNO, DHBs and the Director General of Health in 2018 to ensure commitment and assurance of the parties to safe staffing levels for nurses and midwives and describes the actions that will be taken. The accord committed DHBs to fully rolling out CCDM by 2021, Nelson Marlborough Health rolled out its first round of FTE calculations in 2020 and has started individual ward recalculations for year 2 of the program.

Calculations come out of patient data inputted by staff utilising the TrendCare patient acuity system. TrendCare has predetermined patient type benchmark ranges and depending on patient type hours per patient day (HPPD) calculations result. Benchmark ranges offer a data quality checks.

The NMH CCDM council governs care capacity and demand management for the organisation. The council ensures quality work environments, quality patient centred care and best use of resources by meeting CCDM programme standards.

Ongoing Evaluation
A review of the safe staffing implementation and ability of DHBs to respond to changes in patient acuity and workload fluctuations will occur during October, looking at adherence to CCDM standards, and overarching governance and support. Concurrently there has been a Nursing advisory Group appointed by the Minster to review the CCDM programme via a series of focus groups.

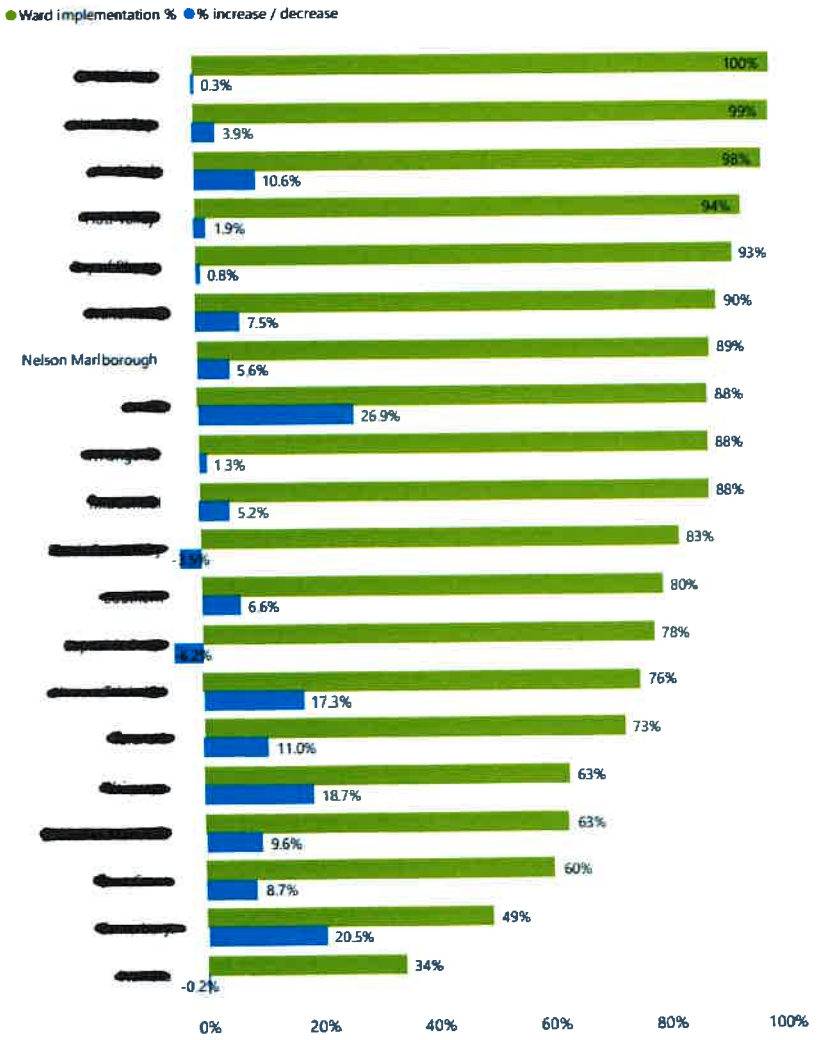
Progress to Date
Twenty NMH clinical areas have been through the CCDM assessments and a total of increase of 32.89 FTE has been added to the budgets. Currently waiting Council approval are Maternity Nelson and the Medical Assessment & Planning Unit (MAPU) both eligible for budget increases post calculations.

Emergent Risks
Nursing shortages have meant a focus on recruitment and we have recently appointed a recruiter to assist in timely recruitment and onboarding. Work is also underway from a National nursing perspective.

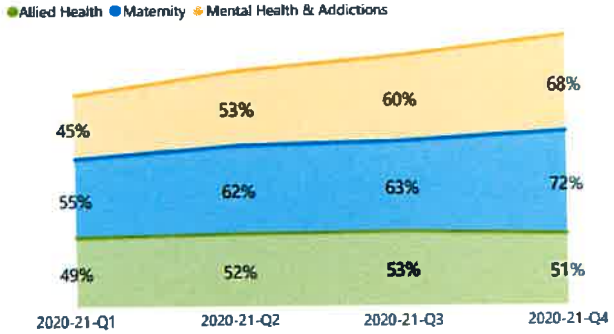
Care Capacity Demand Management (CCDM) progress by DHB

Rolling four quarters from July 2020 to June 2021

5. DHB implementation rate quarter 4 2020-21

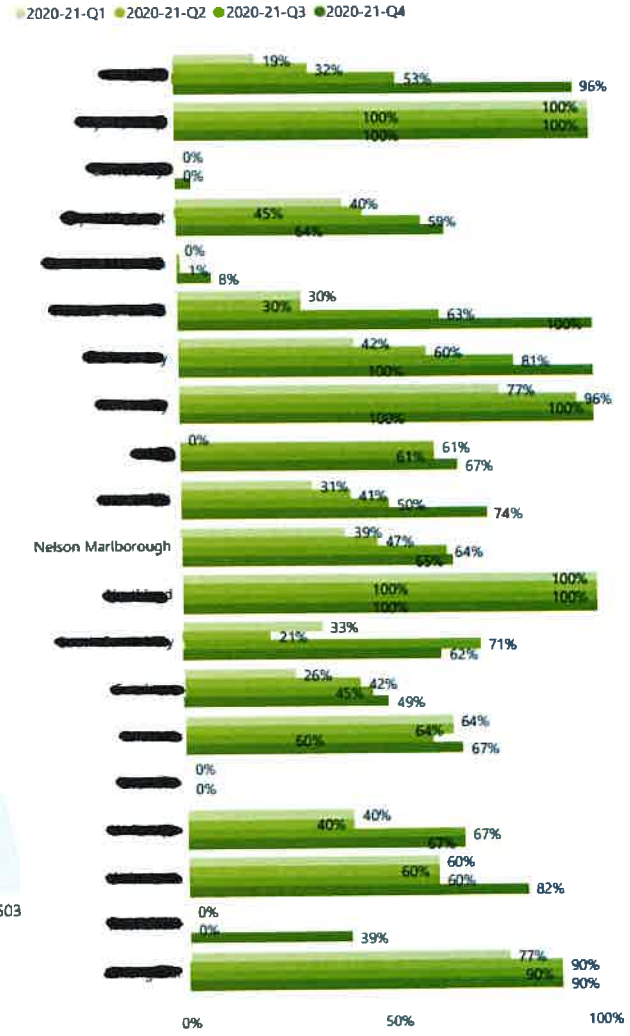


6. Progress in Allied Health, Maternity and Mental Health services



7. Count of total wards completed FTE calculations

8. Progress with annual FTE calculation as at quarter 4 2020-21



MEMO

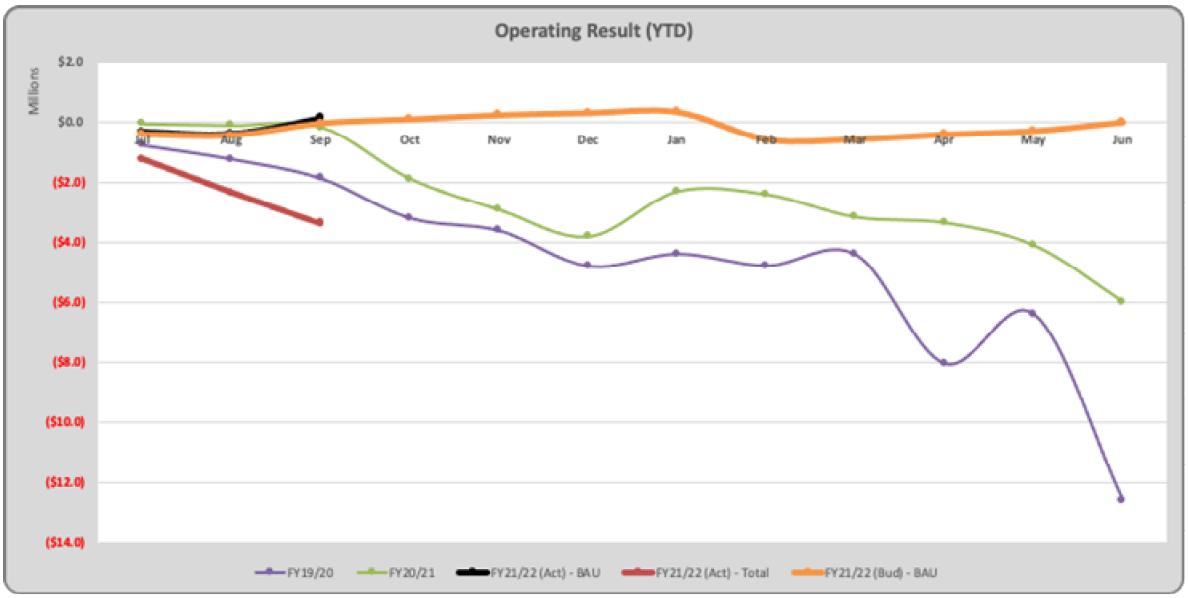
To:	Board Members
From:	Eric Sinclair GM Finance, Performance & Facilities
Date:	20 October 2021
Subject:	**Financial Report for September 2021**

Status

This report contains:
- ✓ **For decision**
- ☐ **Update**
- ✓ **Regular report**
- ☐ **For information**

Commentary

The core result for the first quarter is a small surplus of $149k, which is $180k favourable to the plan and 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 $3.37M which is $1.96M adverse to plan.



The key areas within the core result that are being monitored are:

- Employment costs and the associated FTEs: There are a number of vacancies across the organisation which we are seeking to fill. However a shortage of some specialised roles and the impact of COVID with areas like travel restrictions, domestically and internationally, mean it is taking longer than usual to fill these roles. We are also seeing an increasing value in the outstanding annual leave as both the vacancies and travel restrictions are an inhibitor for staff to take leave as they usually would.
- Intragam and various blood products continue to be a challenge. The budget for the year was increased to align to the spend in the previous financial year, however the costs in the first two months are approximately 30% higher than for the equivalent period last year.
- Planned care volumes, and the associated costs, will be challenging through the year given the planned expectations for the first quarter are now behind due to the nationwide lockdown and further catch-up needs to be allowed for.
- Pharmaceutical costs remain a key pressure area and we continue to work with Pharmac to determine all the various drivers.
- A change in the capitalisation policy, especially in IT, means costs previously capitalised will need to be treated as operational costs. I believe this can be managed within current

budgets for the current year but will be an issue that needs to be addressed on the transition to Health NZ.

- A number of contracts from the MOH, with additional revenue that was not known at the time the budget was struck, are passed on to various external providers, i.e. NGOs. This results in favourable revenue lines offsetting adverse NGO payments.
- Costs associated with the COVID response, with the flow on impacts from the 2020 event and now costs associated with the 2021 event are being separately identified and reported. Currently there is no expectation that there will be funding to offset a number of the 2021 costs which mean the cash reserves are being utilised to fund these.

Contracts Signed Under Delegation

The following contracts have been signed under the standing order delegation (i.e. the contract exceeds the CEO delegation but relates to a central agency revenue agreement or is the pass through of national arrangements) during the month:

- Master Services Agreement with Oranga Tamariki for the Live Life Disability Services for a four year period. This is a head agreement overarching the individual service agreements specific to the various clients/houses within the service.
- A contract with Kimi Hauora Wairau Marlborough PHO for an 18 month period that covers the uplift for core services and an additional component related to integrated primary mental health and addictions.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

1. **RECEIVES THE FINANCIAL REPORT**

2. **NOTES THE CHIEF EXECUTIVE HAS SIGNED CONTRACTS UNDER DELEGATION RELATING TO:**
   a. **ORANGA TAMARIKI MASTER SERVICES AGREEMENT FOR LIVE LIFE DISABILITY SERVICES**
   b. **PRIMARY HEALTH ORGANISATION SERVICES AGREEMENT WITH KIMI HAUORA WAIRAU.**

Operating Statement

	Month $000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	51,376	1,297	52,673	51,245	131	1,428	48,250
MOH non-devolved funding	2,514	181	2,695	2,664	(150)	31	2,246
ACC revenue	739	0	739	693	46	46	790
Other government & DHBs	1,259	0	1,259	1,183	76	76	930
Other income	1,164	0	1,164	1,012	152	152	1,154
Total Revenue	**57,052**	**1,478**	**58,530**	**56,797**	**255**	**1,733**	**53,370**
Expenses							
Employed workforce	22,710	519	23,229	23,357	647	128	21,498
Outsourced workforce	774	508	1,282	180	(594)	(1,102)	527
Total Workforce	23,484	1,027	24,511	23,537	53	(974)	22,025
Outsourced services	2,028	42	2,070	1,895	(133)	(175)	1,835
Clinical supplies	3,118	26	3,144	2,961	(157)	(183)	2,971
Pharmaceuticals	4,954	0	4,954	4,624	(330)	(330)	4,476
Air Ambulance	502	0	502	419	(83)	(83)	346
Non-clinical supplies	2,912	203	3,115	3,302	390	187	3,350
External provider payments	12,885	1,325	14,210	12,911	26	(1,299)	12,216
Inter District Flows	4,958	0	4,958	4,958	0	0	4,135
Total Expenses before IDCC	**54,841**	**2,623**	**57,464**	**54,607**	**(234)**	**(2,857)**	**51,354**
Surplus/(Deficit) before IDCC	**2,211**	**(1,145)**	**1,066**	**2,190**	**21**	**(1,124)**	**2,016**
Interest expenses	30	0	30	37	7	7	33
Depreciation	1,121	0	1,121	1,217	96	96	1,133
Capital charge	503	0	503	530	27	27	821
Total IDCC	**1,654**	**0**	**1,654**	**1,784**	**130**	**130**	**1,987**
Operating Surplus/(Deficit)	**557**	**(1,145)**	**(588)**	**406**	**151**	**(994)**	**29**
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(42)
Net Surplus/(Deficit)	**99**	**(1,145)**	**(1,046)**	**(52)**	**151**	**(994)**	**(13)**

	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	143,537	2,835	146,372	142,800	737	3,572	135,357	580,175	550,486
MOH non-devolved funding	6,950	181	7,131	7,072	(122)	59	6,505	28,342	27,379
ACC revenue	1,974	0	1,974	1,850	124	124	2,083	7,287	7,877
Other government & DHBs	3,575	0	3,575	3,430	145	145	2,758	13,710	12,254
Other income	3,067	0	3,067	2,883	184	184	3,161	11,746	12,784
Total Revenue	**159,103**	**3,016**	**162,119**	**158,035**	**1,068**	**4,084**	**149,864**	**641,260**	**610,780**
Expenses									
Employed workforce	58,942	822	59,764	61,041	2,099	1,277	56,135	253,897	232,335
Outsourced workforce	2,230	1,246	3,476	538	(1,692)	(2,938)	1,620	2,155	7,685
Total Workforce	61,172	2,068	63,240	61,579	407	(1,661)	57,755	256,052	240,020
Outsourced services	5,786	100	5,886	5,631	(155)	(255)	5,275	22,528	23,883
Clinical supplies	8,352	32	8,384	7,783	(569)	(601)	7,701	31,130	31,978
Pharmaceuticals	14,009	0	14,009	13,298	(711)	(711)	12,772	53,183	51,915
Air Ambulance	1,202	0	1,202	1,090	(112)	(112)	967	4,359	4,613
Non-clinical supplies	9,322	373	9,695	9,815	493	120	9,640	38,653	36,400
External provider payments	39,186	2,584	41,770	38,563	(623)	(3,207)	37,287	154,252	150,672
Inter District Flows	14,883	0	14,883	14,874	(9)	(9)	12,403	59,494	52,827
Total Expenses before IDCC	**153,912**	**5,157**	**159,069**	**152,633**	**(1,279)**	**(6,436)**	**143,800**	**619,651**	**592,308**
Surplus/(Deficit) before IDCC	**5,191**	**(2,141)**	**3,050**	**5,402**	**(211)**	**(2,352)**	**6,064**	**21,609**	**18,472**
Interest expenses	92	0	92	111	19	19	98	443	383
Depreciation	3,440	0	3,440	3,732	292	292	3,431	14,806	13,745
Capital charge	1,510	0	1,510	1,590	80	80	2,465	6,360	4,826
Total IDCC	**5,042**	**0**	**5,042**	**5,433**	**391**	**391**	**5,994**	**21,609**	**18,954**
Operating Surplus/(Deficit)	**149**	**(2,141)**	**(1,992)**	**(31)**	**180**	**(1,961)**	**70**	**0**	**(482)**
Holidays Act compliance	(1,375)	0	(1,375)	(1,375)	0	0	(122)	(5,500)	(5,500)
Net Surplus/(Deficit)	**(1,226)**	**(2,141)**	**(3,367)**	**(1,406)**	**180**	**(1,961)**	**(52)**	**(5,500)**	**(5,982)**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 September 2021

	Budget Sep-21 $000	Actual Sep-21 $000	Actual Jun-21 $000
Assets			
Current assets			
Cash and cash equivalents	19,416	19,888	19,415
Other cash deposits	21,300	21,300	21,300
Receivables	23,247	27,982	23,248
Inventories	3,387	3,358	3,387
Prepayments	1,760	2,869	1,760
Non-current assets held for sale	2,105	2,105	2,105
Total current assets	**71,215**	**77,502**	**71,215**
Non-current assets			
Prepayments	695	709	695
Other financial assets	1,732	1,694	1,732
Property, plant and equipment	217,215	217,866	218,258
Intangible assets	10,629	10,913	11,069
Total non-current assets	**230,271**	**231,182**	**231,753**
Total assets	**301,486**	**308,684**	**302,968**
Liabilities			
Current liabilities			
Payables	58,109	66,915	56,440
Borrowings	737	743	737
Employee entitlements	103,462	104,149	105,407
Total current liabilities	**162,308**	**171,807**	**162,583**
Non-current liabilities			
Borrowings	7,819	7,679	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	**17,074**	**16,935**	**17,075**
Total Liabilities	**179,382**	**188,742**	**179,658**
Net assets	**122,104**	**119,942**	**123,310**
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(71,636)	(73,798)	(70,430)
Total equity	**122,104**	**119,942**	**123,310**

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 30 September 2021

	Budget Sep-21 $000	Actual Sep-21 $000	Budget 2020/21 $000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	157,932	159,114	641,197
Interest received	113	136	452
Payments to employees	(60,888)	(61,017)	(253,300)
Payments to suppliers	(94,793)	(94,643)	(371,035)
Capital charge	-	-	(7,314)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	**2,364**	**3,590**	**10,000**
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	-	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(2,127)	(2,448)	(8,508)
Purchase of intangible assets	(126)	(443)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	**(2,253)**	**(2,891)**	**(9,012)**
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(111)	(226)	(441)
Net cash flow from financing activities	**(111)**	**(226)**	**(988)**
Net increase/(decrease) in cash and cash equivalents	**-**	**473**	**-**
Cash and cash equivalents at the beginning of the year	19,416	19,415	19,416
Cash and cash equivalents at the end of the year	**19,416**	**19,888**	**19,416**

Consolidated 12 Month Rolling Statement of Cash Flows	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
$000s	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow									
Receipts									
Government & Crown Agency Received	50,501	52,513	49,408	58,479	54,783	49,263	51,301	50,913	57,201
Interest Received	35	35	35	43	43	35	35	35	43
Other Revenue Received	888	889	943	1,139	1,132	1,032	906	894	1,080
Total Receipts	51,424	53,437	50,386	59,661	55,958	50,330	52,242	51,842	58,324
Payments									
Personnel	18,724	20,140	18,581	26,540	24,282	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	31,915	32,512	27,363	32,328	30,881	30,637	31,214	31,374	28,016
Capital Charge	-	-	3,657	-	-	-	-	-	3,657
Interest Paid	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-
Total Payments	50,639	52,652	49,601	58,868	55,163	49,546	51,456	51,057	56,984
Net Cash Inflow/(Outflow) from Operating Activities	**785**	**785**	**785**	**793**	**795**	**784**	**786**	**785**	**1,340**
Cash Flow from Investing Activities									
Receipts									
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-
Payments									
Capital Expenditure	1,209	1,759	1,759	1,759	1,759	1,759	1,759	1,759	1,759
Capex - Intangible Assets	42	42	42	42	42	42	42	42	42
Increase in Investments	-	-	-	-	-	-	-	-	-
Total Payments	1,251	1,801	1,801	1,801	1,801	1,801	1,801	1,801	1,801
Net Cash Inflow/(Outflow) from Investing Activities	**(1,251)**	**(1,801)**	**(1,801)**	**(1,801)**	**(1,801)**	**(1,801)**	**(1,801)**	**(1,801)**	**(1,801)**
Net Cash Inflow/(Outflow) from Financing Activities	**(34)**	**(34)**	**(33)**	**(43)**	**(44)**	**(33)**	**(34)**	**(34)**	**(83)**
Net Increase/(Decrease) in Cash Held	(500)	(1,050)	(1,049)	(1,051)	(1,050)	(1,050)	(1,049)	(1,050)	(544)
Plus Opening Balance	19,888	19,388	18,338	17,289	16,238	15,188	14,138	13,089	12,039
Closing Balance	**19,388**	**18,338**	**17,289**	**16,238**	**15,188**	**14,138**	**13,089**	**12,039**	**11,495**

MEMO

To:	Board Members
From:	Elizabeth Wood, Chair Clinical Governance Committee
Date:	20 October 2021
Subject:	**Clinical Governance Report**

Status

This report contains:
☐ **For decision**
☐ **Update**
✓ **Regular report**
✓ **For information**

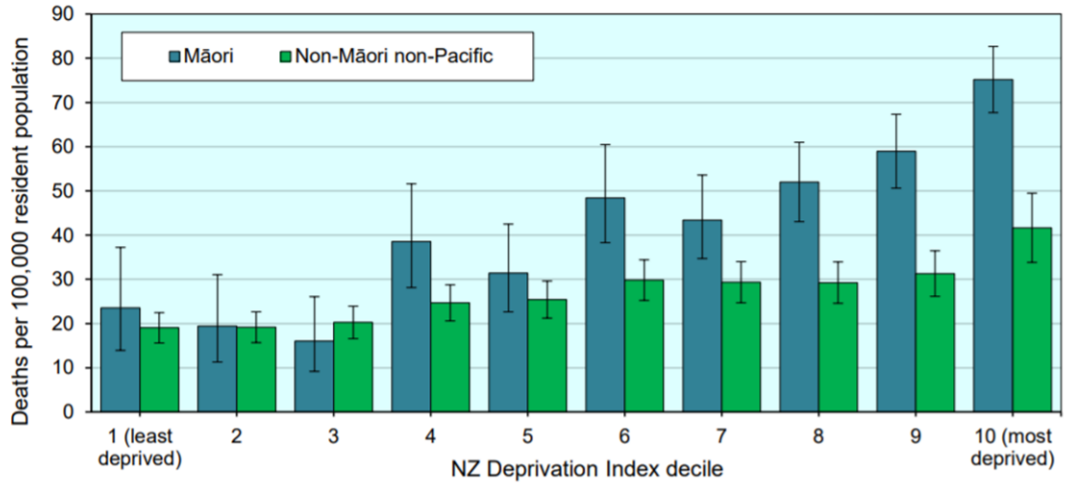
Purpose
To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 1 October 2021.

DHB CGC endorsed:

- ***The positive impact on the health of our pēpi, tamariki and rangatahi from this region's long term focus on activities to improve child health –*** The latest Child and Youth Mortality Review Committee (CYMRC) national report has been released by the Health Quality and Safety Commission (HQSC) and for the five year period from 2015-19, NMH had the lowest rate in the country of mortality in children under the age of 1 and also under the age of 14 years. Gains have been made by separating learning to drive from learning to drink alcohol, efforts to improve road safety, reducing sudden unexpected death in infancy (SUDI) and suicide prevention.

  However, mortality is not evenly distributed in the population: rates are higher in Māori and Pacific children and young people than in other ethnic groups. Mortality rates are also highest in areas of high socioeconomic deprivation, with those in the New Zealand Deprivation Index decile 10 (the group with the highest deprivation) three times more likely to die than those in decile 1 (the group with the lowest deprivation). We still have much work to do to address this inequity.

Figure 2.1: Mortality (rates per 100,000 population and 95 percent confidence intervals) in tamariki and rangatahi Māori aged 28 days to 24 years by NZ Deprivation Index decile, compared with non-Māori non-Pacific children and young people, Aotearoa/New Zealand 2015–19 combined (n=2,361 deaths*)



* Excludes five cases with no available deprivation data.
Sources: Numerator: Mortality Review Database; Denominator: NZMRDG Estimated Resident Population 2015–19, 0–24 years.

DHB CGC noted:

- ***Vaccination efforts and contribution to reduction of system overload*** – Immediately prior to the latest series of lockdowns our hospitals were experiencing a taste of the workload that may

come with high levels of respiratory admissions related to the respiratory syncytial virus (RSV). We can expect next winter to have to contend with similar levels of RSV as well as flu and COVID-19.

Given our already overloaded system right now, even without any of these additional illnesses, we can only be extraordinarily grateful to those in our community who are able to and choose to be vaccinated both against COVID-19 now and against flu next year.

- ***Medical Council of New Zealand (MCNZ) updated statement on informed consent June 2021 –*** The statement (and NMH's own policy and procedure) acknowledges that several different clinicians may contribute to the consent process but confirms that the clinician performing the procedure is responsible for ensuring the validity of the consent.

  The key new considerations in the MCNZ statement are as follows.

  1. Consent is an interactive process between the clinicians, the patient and sometimes those close to the patient such as whānau. It is not a one-off event but a process of shared decision-making covering the patient's understanding of their medical condition and the options for treating (or not treating) their condition.
  2. The importance of checking with the patient whether they would like to involve others when making decisions.
  3. A section on delegating the patient's care to another doctor or health practitioner.

  These developments acknowledge that a number of different clinicians may work with patients at different stages of their journey to arrive at a consent decision. To encourage this we will need to ensure that all clinicians document relevant conversations in the clinical record and highlight any key concerns that patients or their whānau may have so that they can be addressed.

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
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 or 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
IaaS	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
ISSLA	Information Services Service Level Alliance (a regional governance group for IT)
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 Techer: 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
WCTO	WellChild Tamariki Ora
WEll	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 October 2021