

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 25 June 2019 at 1.00pm

Seminar Room, Arthur Wicks Building, Wairau Hospital

| Section | Agenda Item | Time | Attached | Action |
|---------|--|---------------|----------|------------|
| | <i>PUBLIC FORUM</i> | 1.00pm | | |
| 1 | Welcome, Karakia, Apologies, Registration of Interests | 1.10pm | Attached | Resolution |
| 2 | Confirmation of previous Meeting Minutes | 1.15pm | Attached | Resolution |
| 2.1 | Action Points | | | |
| 2.2 | Correspondence | | Attached | Note |
| 3 | Chair's Report | | Attached | Resolution |
| 4 | Chief Executive's Report | 1.30pm | Attached | Resolution |
| 5 | Consumer Council Chair's Report | | Attached | Resolution |
| 6 | Finance Report | | Attached | Resolution |
| 7 | Clinical Governance Report | | Attached | Resolution |
| 8 | Glossary | | Attached | Note |
| | <i>Resolution to Exclude Public</i> | 2.00pm | As below | Resolution |

PUBLIC EXCLUDED MEETING

2.00pm

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 May 2019 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)**
- **Decision Items – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)**
- **DHB Chief Executive's Report - To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)**

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

| Name | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|------------------------|--|--|--|---------------------------------|
| Jenny Black (Chair) | <ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Chair of West Coast DHB ▪ Member of West Coast Partnership Group ▪ Member of Health Promotion Agency (HPA) | | | |
| Alan Hinton | <ul style="list-style-type: none"> ▪ Nil | <ul style="list-style-type: none"> ▪ Trustee, Richmond Rotary Charitable Trust ▪ Trustee, Natureland Wildlife Trust ▪ Trustee, Nelson Christian Trust ▪ Director, Solutions Plus Tasman Ltd ▪ Consultant, Azwood Ltd ▪ Secretary, McKee Charitable Trust | <ul style="list-style-type: none"> ▪ Support of local worthy causes ▪ Education and support of endangered species ▪ Local, national and international support ▪ Business consultancy ▪ Heating fuels and landscaping facilities ▪ Tertiary scholarships and general philanthropy | Supply of heating fuel to NMDHB |

| Name | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|---------------------------|---|---|--|--|
| Gerald Hope | | <ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) | <ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim | |
| Judy Crowe | | <ul style="list-style-type: none"> ▪ Daughter is senior HR Consultant at Oranga Tamariki in Wellington | | |
| Patrick Smith | <ul style="list-style-type: none"> ▪ Member of IHB | <ul style="list-style-type: none"> ▪ Managing Director, Patrick Smith HR Ltd | <ul style="list-style-type: none"> ▪ Consultancy services • Contracts held | <ul style="list-style-type: none"> ▪ Focus on primary sector and Maori Working with Maori Health Providers who hold contracts |
| Jenny Black (Marlborough) | | <ul style="list-style-type: none"> ▪ ACP Practitioner | End of life care | |
| Brigid Forrest | <ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian | <ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint owner of Forrest Wines Ltd | <ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB | |

| Name | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|------------------|--|--|--|---------------------------|
| Dawn McConnell | <ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua | <ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs | <ul style="list-style-type: none"> ▪ MOH contract | |
| Allan Panting | <ul style="list-style-type: none"> ▪ Chair Orthopaedic Prioritisation Working Group ▪ Chair General Surgery Prioritisation Working Group ▪ Panel member to review Auckland DHB Orthopaedic Service ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group | | | |
| Stephen Vallance | <ul style="list-style-type: none"> ▪ Chairman, Marlborough Centre of the Cancer Society ▪ Chairman, Crossroads Trust Marlborough | | | |
| Craig Dennis | <ul style="list-style-type: none"> ▪ Trustee of Nelson Region Hospice Investment Trust | <ul style="list-style-type: none"> ▪ Partner of CFO on Call ▪ Business consultancy Director of CD & Associates ▪ Business consultancy Director of Scott Syndicate Development Company Ltd ▪ Property Developer Director of 295 Trafalgar Street Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Chair of Progress Nelson Tasman ▪ Director, Taylors Contracting Co Ltd | <ul style="list-style-type: none"> ▪ Property investor ▪ Property investor ▪ Unincorporated society | |

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|--------------------------|---|--|--|---------------------|---------------------------|
| CLINICAL SERVICES | | | | | |
| Lexie O'Shea | GM Clinical Services | | | | |
| Pam Kiesanowski | Director of Nursing & Midwifery | <ul style="list-style-type: none"> ▪ Chair SI NENZ Group | | | |
| Elizabeth Wood, Dr | Clinical Director Community / Chair Clinical Governance Committee | <ul style="list-style-type: none"> ▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member | | | |
| Nick Baker, Dr | Chief Medical Officer | <ul style="list-style-type: none"> ▪ Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Member of Paediatric Society of NZ ▪ Fellow Royal Australasian College of Physicians ▪ Workforce Taskforce – Health Work Force NZ ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe | <ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work | | |

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|-------------------------------|-----------------------------------|---|--|---------------------|---------------------------|
| | | <ul style="list-style-type: none"> sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member SI Quality Alliance Group - SIAPO ▪ External Clinical Incident Review Governance Group - ACC | | | |
| Hilary Exton | Director of Allied Health | <ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of the South Island Strategic Planning and Integration Team ▪ Member of Physiotherapy New Zealand ▪ Member of the New Zealand DHB Physiotherapy Leaders group ▪ Member of the New Zealand Paediatric Group ▪ Chair of South Island Directors of Allied Health ▪ President of the Nelson Marlborough Physiotherapy Branch ▪ Deputy Chair National Directors of Allied Health | | | |
| MENTAL HEALTH SERVICES | | | | | |
| Jane Kinsey | GM Mental Health Addictions & DSS | <ul style="list-style-type: none"> ▪ Husband works for NMDHB in AT&R as a Physiotherapist. | | | |
| CORPORATE SUPPORT | | | | | |
| Trish Casey | GM People & Capability | <ul style="list-style-type: none"> ▪ Husband is shift manager for St John Ambulance | <ul style="list-style-type: none"> ▪ Trustee of the Empowerment Trust | | |
| Kirsty Martin | GM IT | | | | |

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|----------------|--|--|--|---------------------|---------------------------|
| Eric Sinclair | GM Finance Performance & Facilities | <ul style="list-style-type: none"> ▪ Trustee of Golden Bay Community Health Trust ▪ Member of National Food Services Agreement Contract Management Group for Health Partnerships ▪ Wife is a Registered Nurse working for Tahunanui Medical Centre and Richmond Health Centre on a casual basis | | | |
| Cathy O'Malley | GM Strategy Primary & Community | <ul style="list-style-type: none"> ▪ Daughter employed by Pharmacy Department in the casual pool ▪ Sister is employed by Marlborough PHO as Healthcare Home Facilitator | <ul style="list-style-type: none"> ▪ Daughter is involved in sustainability matters | | |
| Ditre Tamatea | GM Maori Health & Vulnerable Populations | <ul style="list-style-type: none"> ▪ Te Herenga Hauora (GM Maori Health South Island) ▪ Member of Te Tumu Whakarae (GM Maori Health National Collective) ▪ Partner is a Doctor obstetric and gynaecological consultant ▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) | <ul style="list-style-type: none"> ▪ Both myself and my partner own shares in various Maori land incorporations | | |

| Name | Title | Existing – Health | Existing – Other | Interest Relates To | Possible Future Conflicts |
|---------------------------------|-----------------|---|---|---------------------|---------------------------|
| CHIEF EXECUTIVE'S OFFICE | | | | | |
| Peter Bramley, Dr | Chief Executive | <ul style="list-style-type: none"> ▪ Brother has been engaged by NMDHB to explore options for NMHCT ▪ Daughter employed as RN for NDHB ▪ DHB representative on the PHARMAC Board ▪ Lead CE for Joint Procurement Agency | <ul style="list-style-type: none"> ▪ Son-in-law employed by Duncan Cotterill | | |
| Gaylene Corlett | EA to CE | <ul style="list-style-type: none"> • Brother works at NMDHB in the Transport Department | | | |

As at June 2019

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 28 MAY 2019 AT 1.00PM

Present:

Jenny Black (Chair), Alan Hinton (Deputy Chair), Stephen Vallance, Patrick Smith, Jenny Black (Marlb), Dawn McConnell, Judy Crowe, Allan Panting, Craig Dennis, Gerald Hope

In Attendance:

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Pam Kiesanowski (Director of Nursing & Midwifery), Jane Kinsey (GM Mental Health Addictions & DSS), Lexie O'Shea (GM Clinical Services), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Hilary Exton (Director of Allied Health), Cathy O'Malley (GM Strategy Primary & Community), Jane Horder (Communications), Gaylene Corlett (Board Secretary), Roger Taylor (Chair NHRG)

Apologies:

Brigid Forrest

Karakia:

Patrick Smith

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Samantha Gee, Nelson Mail

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Alan Hinton
Seconded: Dawn McConnell

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Alan Hinton
Seconded: Dawn McConnell

THAT THE MINUTES OF THE MEETING HELD ON 30 APRIL 2019 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

3.1 Action Points

Item 1 – H&S Dashboard: Ongoing

Item 2 – Medlab Collection Point in Stoke: Noted the Southern Community Laboratories who hold the Medlab contract have a governance group that are reviewing collection points. More information will be provided as it comes to hand

Item 3 – Review of Consumer Council: Ongoing

Item 4 – Outsourcing Colonoscopies: Noted we are achieving colonoscopies for those completing the bowel screening programme. Overdue surveillance colonoscopies are still a challenge, however we now have more capacity to undertake scopes as a vacant position has been filled and a staff member is fully trained, which will increase output. Outsourcing of services is always looked at, however it is usually more expensive. A full update will be provided for the next Advisory Committee meeting. Completed

Item 5 – Advocacy Service Details: Completed

3.2 Correspondence

Noted.

SECTION 4: CHAIR'S REPORT

The Chair gave an update on the recent National Chairs & CEs meeting where Judge Bouchier spoke on OIAs and our obligations, the Crime & Torture Act around seclusion and constraint (including aspects around how we care for our patients with dementia in the future) and the Protective Disclosure Act (Whistleblowers). The Minister also attended and spoke around financial sustainability, risk management and performance, and improving the overall position of DHBs (how to do things better regionally, where services are, sharing the good things DHBs are doing that other DHBs could do). The Minister also spoke on new reporting measures including planned care, and Board induction for new Board members after the elections.

SECTION 5: DECISIONS

5.1 Fraud Policy

Discussion held on the length of the policy, and a minor error was noted for correction.

The Fraud Policy was endorsed by the Board.

Moved: Alan Hinton
Seconded: Dawn McConnell

RECOMMENDATION:

THAT THE BOARD APPROVE THE FRAUD POLICY.

AGREED

5.2 Alcohol Position Statement

Noted and endorsed.

Moved: Jenny Black (Marlb)
Seconded: Allan Panting

RECOMMENDATION:

THAT THE BOARD ADOPTS THE REVISED NMH ALCOHOL POSITION STATEMENT.

AGREED

5.3 Annual Plan Sign Off

It was noted the Statement of Performance Expectations was to be added to the resolution as there are three parts to the Plan.

The Board noted the change to the resolution and endorsed the Annual Plan sign off.

Moved: Stephen Vallance
Seconded: Allan Panting

RECOMMENDATION:

THAT THE BOARD APPROVES DELEGATION FOR SIGN-OFF OF THE FINAL NELSON MARLBOROUGH HEALTH ANNUAL PLAN, STATEMENT OF INTENT 2019/20 AND THE STATEMENT OF PERFORMANCE EXPECTATIONS BY TUESDAY 18 JUNE 2019 TO THE CHAIR AND DEPUTY CHAIR.

AGREED

SECTION 6: CHIEF EXECUTIVE'S REPORT

The CE thanked the Board for their contributions during the IBC workshop that morning.

It was reinforced how we must be vigilant with winter flu. The number of admissions to our hospitals so far are much higher than this time last year. Approximately 54% of our staff have been vaccinated (which is an increase on last year). Do not put off getting vaccinated as it is spreading across our community now.

Methamphetamine Programme

Discussion was held on the methamphetamine programme to be trialled in Nelson. It was noted that the Mental Health Service will work in partnership with TPO to adapt the programme for NZ and make it available in many areas, however it needs to be trialled in one area first.

Moved: Jenny Black (Marlb)
Seconded: Craig Dennis

RECOMMENDATION:**THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.****AGREED****SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT**

Noted.

SECTION 8: FINANCIAL REPORT

The year to date operating result shows a deficit of \$500k which is unfavourable to the planned result by \$300k. This brings the net deficit of \$1m for the year to date (\$800k adverse to plan).

Equity Repayment

It was noted that notification from the Ministry regarding the annual payment has not yet been received, however it is likely this will arrive before the June Board meeting. The Board endorsed the annual equity payment of \$547,308 which is in line with annual payments made in the previous years.

Moved: Alan Hinton
Seconded: Craig Dennis

RECOMMENDATIONS:**THAT THE BOARD:**

- 1 RECEIVES THE FINANCIAL REPORT.**
- 2 APPROVES THE REPAYMENT OF EQUITY TO THE VALUE OF \$547,308.**

AGREED**SECTION 9: CLINICAL GOVERNANCE REPORT**

Noted.

SECTION 10: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Jenny Black (Marlb)
Seconded: Patrick Smith

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 30 April 2019 (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 – Governance of Nelson Hospital Building Project – APPROVED
- Decision – Models of Care Business Cases - APPROVED
- CE's Report – RECEIVED
- Update – Indicative Business Case – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.55pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 28 May 2019**

| Action Item # | Action Discussed | Action Requested | Person Responsible | Meeting Raised In | Due Date | Status |
|----------------------|-------------------------|--|---------------------------|--------------------------|-----------------|---------------|
| 1 | H&S Report | Develop the H&S reporting data into a dashboard | Peter Bramley | 24 July 2018 | | Ongoing |
| 2 | Public Forum | Update on investigate options for a Medlab collection point in Stoke | Lexie O'Shea | 26 February 2019 | 25 June 2019 | Verbal |
| 3 | Consumer Council Report | Conduct a review of the Consumer Council | Peter Bramley | 26 February 2019 | | Ongoing |

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 June 2019
Subject: Correspondence Received for May

Status

This report contains:

- For decision
- Update
- Regular report
- For information

| Date Received | From | Title |
|---------------|------|-------|
| Nil | | |

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 19 June 2019
Subject: **Chair's Report**

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

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATIONS:

THAT THE BOARD RECEIVE THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Peter Bramley, Chief Executive
Date: 19 June 2019
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

The health system at the moment paints such a multifaceted picture. From one view NMDHB delivers, every day, wonderful healthcare across our services. This is a testament to the skill and commitment of our 2,700 staff. As a health system we benchmark well in terms of quality and performance metrics. We can be suitably proud of the quality and innovation that our services deliver.

With an equity lens, NMDHB is pioneering so many initiatives targeted at our most vulnerable; especially in areas like pregnancy and parenting, supporting people to quit smoking, and improving access to care.

From another vantage point we observe the completion of the Indicative Business Case which will be tabled with MOH and Treasury. This too is a testament of phenomenal involvement by lots of people across our organisation, and is the next vital step in securing approval to proceed towards a rebuild of Nelson Hospital.

From an innovation lens view of our world, the Model of Care programme is ready to launch, with exciting initiatives that are system wide, and crucial for the future delivery of healthcare for our population.

I also love the fact that we have a new course underway called "Time for Innovation" that builds on the "Time for Change" programme. Our desire is to see everyone in our organisation contributing to quality and service improvement – everywhere, every day!

From a wellbeing perspective it is fantastic to see the Wellbeing Budget, recently announced by Government, signal significant investment into our Mental Health and Addiction services.

And then we have the view of demand. Flu has arrived earlier and with a vengeance. Our hospitals have never been busier at this time of year. The numbers presenting acutely unwell are high, and with significant complexity. Our Emergency Department and ward based teams are living with the daily challenge of limited beds and high complexity. The sobering thing is that, at the moment, this demand seems incessant. Our staff at the coal face of care are feeling the pressure, and are getting tired. All through this we are trying to deliver timely planned care, ensuring people do not wait any longer than is appropriate. As a Leadership Team we are wrestling with how best to support our staff to ensure they are safe and resourced to deliver the care that is needed.

The last lens that is troubling is the financial resources available to deliver the care needed across our health system. The budget did indeed deliver more money for health, but the new money has all been consumed simply in meeting the wage increases of recent settlements, along with price and volume increases driven by a growing population, and one that is ageing fast. Even though there are some exciting new initiatives announced, it does feel like we received money for the house extension but not enough to run the daily

Chief Executive's Report

household. NMDHB has done remarkably well over recent years to largely live within the funding we receive, while still investing in service development. Again this is a testament to our teams across the organisation who value highly the public health dollar, and are careful in their spending. However in preparing budgets for 2019/20 we are presenting a budget that sees us running a deficit position. Our disciplines remain the same. We still have a savings programme. Our reality though, is we simply cannot balance the books. We will continue to work with Ministry of Health to establish an agreed budget for 2019/20.

2. PRIMARY & COMMUNITY

- Demand for refugee health services is continuing to grow. Multiple health challenges face former refugees and the Public Health nurse for refugee health has been providing significant ongoing support to Victory Pharmacy to help people access the services they need. With the incoming refugees into Blenheim, it is timely to consider the approach the DHB is putting in place to support this vulnerable group of people.
- The CE, supported by members of the Public Health Service team, presented an oral submission to the Nelson City Council in support of expanded smokefree spaces and policies.
- A review of NMH sexual health services is to occur in the middle/end of June.
- St Joseph's School bike track has been completed and bikes delivered. The school is already seeing huge benefits from the project, and during weekends the track is getting a lot of use by local children.
- Warmer Healthier Homes continues to deliver on its goals of supporting families in our region, with the total number of families now supported/insulated sitting at 1,348. Our goal is to reach 1,500 homes by financial year end 31 June 2019.
- The Health Promotion team met with the DHB Dietician and Food Service Manager to discuss MeatFree Mondays and modifying NMH's Healthy Food and Beverage Policy. The Food Service Manager is very engaged and progress has started towards implementing Meatfree Mondays and Fish Fridays, alongside other café and catering changes to promote healthier food choices.
- Age Related Residential Care bed occupancy continues to increase with periods of no dementia level 3 care availability in ARRC in Marlborough.
- There continues to be high demand for Mental Health & Addictions advocacy services and family support services in Nelson and Marlborough.
- Arrears across the Community Oral Health Service are maintained at 23%, however there have been significant decreases across the hubs with the highest arrears. Saturday clinics at Nelson, and a change to failed-to-attend-processes, are having a positive impact.
- The Public Health Service Oral Health Promoter met with the Pasifika Trust Navigator to identify Pasifika young people/youth not enrolled in the Adolescent Oral Health Service (AOHS). Discussion was held around developing strategies to distribute local oral health information via community support and discussion with Church Ministers.
- This month was a big month for Smokefree Health Promotion with World Smokefree Day (WSFD). The Smokefree Team worked closely with communications to develop and deliver an internal/external communications plan. Promotional displays were in both hospitals, local GP practices, libraries and Saturday Market (Nelson).
- The Public Health Service supported a facilitated conversation of 30 rural people living in Tasman, and 25 participants who attended BluePrint for Learning's MH101. This is part of our continued promotion of community resilience and mental health literacy, with key resources such as 1737 fridge magnets, and health service provider contacts being handed out.

- The Marlborough Youth Trust’s new Youth Development Centre was blessed on 24 May, with over 60 people with a focus on Young People attending.
- Health Promotion are currently working with Nelson College for Girls to set up a stop smoking support group for students, and additionally a separate after hours smokefree group for parents and wider community members. The school is excited to be providing a supportive, neutral space for the wider community to access smokefree support, and will be additionally replacing and adding new smokefree signage throughout the school grounds.
- There has been good progress towards shaping the health promotion programme for the Tasman Mako sponsorship agreement.
- The Individualised Placement Support pilot in Blenheim is progressing well. This pilot sees two employment specialists employed by Te Ara Mahi co-located and integrated with the Witherlea Mental Health teams supporting those with mental health into employment. Work & Income have joined the steering group overseeing the pilot. The pilot has been extended for a further six months (now expiring in September 2019).
- The HQSC/NMH funded Whakakotahi project at Victory Pharmacy has commenced. This project aims to improve access to screening and management of physical co-morbidities in an Opioid Substitution Treatment (OST) population. Community pharmacists will assist 30 OST clients in overcoming the financial, cultural and logistical barriers in accessing appropriate healthcare.

| Progress – Targets and Volumes | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|--------|-------|------------------|-----|--|------|-------|-----|---|-------|-----|-------|-----|---------|------|-------|------|
| Target Name | Target | Actual | | | | | | | | | | | | | | | | |
| Smokefree DHBs | 95% of patients admitted to hospital, who are smokers, are given advice and support to quit. | | | | | | | | | | | | | | | | | |
| B4 School Checks | <table border="0"> <tr> <td>Total</td> <td>1,428</td> </tr> <tr> <td>High Deprivation</td> <td>158</td> </tr> </table> <p>90% (1428) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.</p> | Total | 1,428 | High Deprivation | 158 | <table border="0"> <tr> <td>100%</td> <td>1,434</td> </tr> <tr> <td>86%</td> <td>136</td> </tr> </table> <p><i>(need to be at 100% by 7 July 2019)</i></p> | 100% | 1,434 | 86% | 136 | | | | | | | | |
| Total | 1,428 | | | | | | | | | | | | | | | | | |
| High Deprivation | 158 | | | | | | | | | | | | | | | | | |
| 100% | 1,434 | | | | | | | | | | | | | | | | | |
| 86% | 136 | | | | | | | | | | | | | | | | | |
| 8 Month Immunisations | <table border="0"> <tr> <td>Total</td> <td>95%</td> </tr> <tr> <td>Maori</td> <td>95%</td> </tr> <tr> <td>Pacific</td> <td>95%</td> </tr> <tr> <td>Asian</td> <td>95%</td> </tr> </table> <p>95% of all children at 8 months of age are required to be fully immunised</p> | Total | 95% | Maori | 95% | Pacific | 95% | Asian | 95% | <p>Monthly results ending May 2019</p> <table border="0"> <tr> <td>Total</td> <td>83%</td> </tr> <tr> <td>Maori</td> <td>73%</td> </tr> <tr> <td>Pacific</td> <td>100%</td> </tr> <tr> <td>Asian</td> <td>100%</td> </tr> </table> <p>Total declines/opt offs 15.3%</p> <p><i>(accurate data will not be available until 11 June 2019)</i></p> | Total | 83% | Maori | 73% | Pacific | 100% | Asian | 100% |
| Total | 95% | | | | | | | | | | | | | | | | | |
| Maori | 95% | | | | | | | | | | | | | | | | | |
| Pacific | 95% | | | | | | | | | | | | | | | | | |
| Asian | 95% | | | | | | | | | | | | | | | | | |
| Total | 83% | | | | | | | | | | | | | | | | | |
| Maori | 73% | | | | | | | | | | | | | | | | | |
| Pacific | 100% | | | | | | | | | | | | | | | | | |
| Asian | 100% | | | | | | | | | | | | | | | | | |
| 2 Year Immunisations | <table border="0"> <tr> <td>Total</td> <td>95%</td> </tr> <tr> <td>Maori</td> <td>95%</td> </tr> <tr> <td>Pacific</td> <td>95%</td> </tr> <tr> <td>Asian</td> <td>95%</td> </tr> </table> <p>95% of all children at the age of 2 years are required to be fully immunised.</p> | Total | 95% | Maori | 95% | Pacific | 95% | Asian | 95% | <p>Monthly results ending May 2019</p> <table border="0"> <tr> <td>Total</td> <td>82%</td> </tr> <tr> <td>Maori</td> <td>79%</td> </tr> <tr> <td>Pacific</td> <td>100%</td> </tr> <tr> <td>Asian</td> <td>100%</td> </tr> </table> <p>Total declines/opt offs 13.5%</p> <p><i>(accurate data will not be available until 11 June 2019)</i></p> | Total | 82% | Maori | 79% | Pacific | 100% | Asian | 100% |
| Total | 95% | | | | | | | | | | | | | | | | | |
| Maori | 95% | | | | | | | | | | | | | | | | | |
| Pacific | 95% | | | | | | | | | | | | | | | | | |
| Asian | 95% | | | | | | | | | | | | | | | | | |
| Total | 82% | | | | | | | | | | | | | | | | | |
| Maori | 79% | | | | | | | | | | | | | | | | | |
| Pacific | 100% | | | | | | | | | | | | | | | | | |
| Asian | 100% | | | | | | | | | | | | | | | | | |

| Target Name | Target | Actual |
|-------------------------------|--|---|
| 5 Year Immunisations | No Target | Monthly results ending May 2019 Total 86% Maori 86% Pacific 67% (4 out of 6 vaccinated) Asian 71% (5 out of 7 vaccinated) Total declines/opt offs 6.4% <i>(accurate data will not be available until 11 June 2019)</i> |
| HPV | 75% of year 8 girls in Nelson Marlborough are immunised against HPV. | |
| Adolescent Oral Health | 78% of eligible adolescents will utilise/attend the adolescent dental service annually (January – December) | |
| Cervical Screening | 80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years. | Total 80.9% Maori 73.3% Pacific 76.3% Asian 66.8% Other 82.8% <i>(latest figures available as at March 2019)</i> |

3. MENTAL HEALTH & ADDICTIONS AND DSS

3.1 Mental Health

- This month has been a historic one for the Mental Health & Addictions sector as we welcomed the Government's response to the Mental Health & Addiction Inquiry. It was pleasing to see 38 out of 40 recommendations accepted, accepted in principle or agreed for further consideration.
- The Wellbeing Budget 2019 was also released and it provides a real sense of hope and optimism for those working in the sector, as well as those people experiencing mental health and addiction distress. It is good to see mental health and addiction central in a wellbeing agenda, however there remains much work to be done. Getting the right number of people, with the right skills, in the right places, at the right time will be crucial in supporting the necessary system changes.
- In the beginning of 2018 the GP Liaison Clinician AOD and the Hepatitis C Community Clinical Nurse Specialist PHO started working together on AOD clients to identify clients on Opioid Substitution Treatment (OST) who may have Hepatitis C. Those identified were referred for fibroscan and other work up criteria before being referred back to their GP for prescribing Hepatitis C medications. Of those identified, 90 clients were under GP care. Of these 90 clients, 23 were found to be Hepatitis C antibody negative. Sixty-one had been Hepatitis C RNA positive and have cleared the virus by treatment and are now Hepatitis C RNA negative, ie cured. Eight were identified as Hepatitis C RNA positive and have not, at this time, been treated.

3.2 Reducing Harm Caused by Methamphetamine

NMH submitted an application to the Ministry of Health’s Acute Drug Discretionary Fund for funding to adapt an evidence-based methamphetamine treatment programme called MATRIX to the New Zealand environment. The Ministry of Health recently indicated that they are keen to support NMH’s proposal with one-off funding. NMH, Nelson Bays PHO and two general practices in Motueka have agreed to do a 12 month pilot for mental health and addiction treatment in general practice.

3.3 Older Persons (Alexandra Hospital)

| | March | April | May |
|----------------------------------|-------|-------|-----|
| Bed Occupancy | 71% | 70% | 88% |
| Admissions | 4 | 6 | 4 |
| Discharges | 8 | 4 | 8 |
| # Waiting for D6 Beds (dementia) | 1 | 1 | 1 |

3.4 Community Teams – Nelson and Wairau Older Persons Mental Health

| | March Nelson | March Wairau | April Nelson | April Wairau | May Nelson | May Wairau |
|--------------------|--------------|--------------|--------------|--------------|------------|------------|
| Referrals Received | 7 | 5 | 7 | 6 | 5 | 5 |
| Referrals Accepted | 6 | 5 | 6 | 6 | 5 | 5 |
| # clients with CM | 59 | 26 | 59 | 25 | 56 | 29 |

3.5 Addictions Service

- As reflected in the table below, we remain consistently high with referrals.

| | Adult Nelson/Tasman | | Adult Wairau | | Youth Nelson/Tasman | | Youth Wairau | |
|-----------|---------------------|-----|--------------|-----|---------------------|-----|--------------|-----|
| | Apr | May | Apr | May | Apr | May | Apr | May |
| Referrals | 77 | 73 | 48 | 40 | 18 | 24 | 12 | 13 |

3.6 Nelson and Tasman Adult Mental Health

| | April | May |
|--------------------|-------|-----|
| Referrals accepted | 15 | 43 |

3.7 Marlborough Adult Mental Health

| | March | April | May |
|---|-------|-------|-----|
| Referrals accepted | 10 | 10 | 11 |
| Advice only or redirected to other services e.g. ACC, AOD, primary care | 22 | 11 | 28 |

3.8 Child and Adolescent Mental Health Service (CAMHS)

- Our new Youth Consumer Advisor has settled in well and has already started a number of projects/proposals and visions for ensuring the voice of youth is incorporated into service delivery. They are motivated and enthusiastic which has been fundamental in them building relationships with key stakeholders and consumer groups in the community.

| | Nelson/Tasman | | Wairau | |
|------------------------------|---------------|-----|--------|-----|
| | April | May | April | May |
| Referrals | 68 | 81 | 38 | 31 |
| Waitlist | 33 | 23 | 29 | 19 |
| Discharges | 72 | 58 | 25 | 23 |
| Redirected to Other Agencies | 18 | 10 | 14 | 6 |

3.9 Mental Health Admissions Unit (Wahi Oranga)

| | March | April | May |
|------------------------|-------|-------|-----|
| Admissions | 21 | 21 | 44 |
| Discharges | 27 | 28 | 37 |
| Seclusion: Episodes | 26 | 35 | 40 |
| Number of Patients | 6 | 6 | 7 |

3.10 Disability Support Services

| Disability Support Services (DSS) | | Current April 2019 | | | | YTD April 2019 | Current May 2019 | | | | YTD May 2019 |
|--------------------------------------|--|--------------------|---------------|----------|-------|----------------|------------------|---------------|----------|-------|---------------------------------|
| Contracted Services | | ID | PD | LTCH | Total | YTD Total | ID | PD | LTCH | Total | YTD Total |
| Current Moh Contract | As per Contracts at month end | 166 | 16 | | 182 | | 165 | 16 | | 181 | |
| Beds – Moh Individual contracts | As per Contracts at month end | 7 | 0 | | 7 | | 8 | 0 | | 8 | |
| Beds – S&P-Chronic Health Conditions | As per Contracts at month end | 1 | 0 | 8 | 9 | | 1 | 0 | 8 | 9 | |
| Beds – Individual contracts with ACC | As per Contracts at month end | 1 | 2 | | 3 | | 1 | 1 | | 2 | |
| Beds – Others - CY&F & Mental Health | | 1 | 2 | | 3 | | 1 | 2 | | 3 | |
| | Residential contracts - Actual at month end | 176 | 20 | 8 | 204 | | 176 | 19 | 8 | 203 | |
| Number of people supported | | | | | | | | | | | |
| Total number of people supported | Residential service users - Actual at month end | 176 | 20 | 8 | 204 | | 176 | 19 | 8 | 203 | 2 deaths, 1 exit, 2 new |
| | Respite service users - Actual at month end | 4 | 2 | | 6 | reduction 1 | 3 | 2 | | 5 | reduction 1- now residential |
| | Child Respite service users - Actual at month end | 33 | | | 33 | increase 1 | 31 | | | 31 | reduction 2 - reviewed with Mgr |
| | Personal cares/SIL service users - Actual at month end | 0 | 0 | | 0 | | 0 | 0 | | 0 | |
| | Private Support in own home | 1 | | | 1 | | 0 | 0 | | 0 | reduction 1- now residential |
| | Total number of people supported | 214 | 22 | 8 | 244 | | 210 | 21 | 8 | 239 | reduction 5 |
| Total Available Beds - Service wide | Count of ALL bedrooms | 230 | | | | | 230 | | | | |
| | Total available bed days | 6,900 | | | | 69,920 | 7,130 | | | | 77,050 |
| Total Occupied Bed days | Actual for full month - includes respite | 6,278 | | | | 63,990 | 6,490 | | | | 70,480 |
| | Note: **7 PDSS service users occupy ID beds & 3 ID SU in PD beds | | | | | - | | | | | - |
| Total Occupied Beds | Based on actual bed days for full month (includes respite volumes) | 91.0% | | | | 91.5% | 91.0% | | | | 91.5% |
| | | Last month | Current month | Variance | | | Last month | Current month | Variance | | |
| Total number of people supported | | 244 | 244 | - | | | 244 | 239 | - | 5 | |
| Referrals | Total long term residential referrals | 13 | 11 | | | | 13 | 13 | | | |
| Referrals - Child Respite | Child Respite referrals | 11 | 10 | | | | 11 | 8 | | | |
| | New Referrals in the month | 2 | 2 | | | | 2 | 7 | | | |
| Of above total referrals | Transitioning to service | - | - | | | | - | 1 | | | |
| | On Waiting List | 13 | 11 | | | | 13 | 12 | | | |
| Vacant Beds at End of month | | 13 | 14 | | | | 13 | 15 | | | |
| | Less people transitioning to service | - | - | | | | - | 1 | | | |
| | Vacant Beds | 13 | 14 | | | | 13 | 14 | | | |

4. INFORMATION TECHNOLOGY

- The RFP to replace our old in-house developed Electronic Patient Letter Management System (EPLMS) is concluding, and the evaluation panel is working through vendors for a preferred supplier. The replacement EPLMS will provide improved functionality that has been required for a while, as well as allow us to retire no longer supported servers that we needed to keep just for EPLMS.
- Go-live dates for some PaperLite projects are due in June and July, with eTriage already live in several services.

Project Status

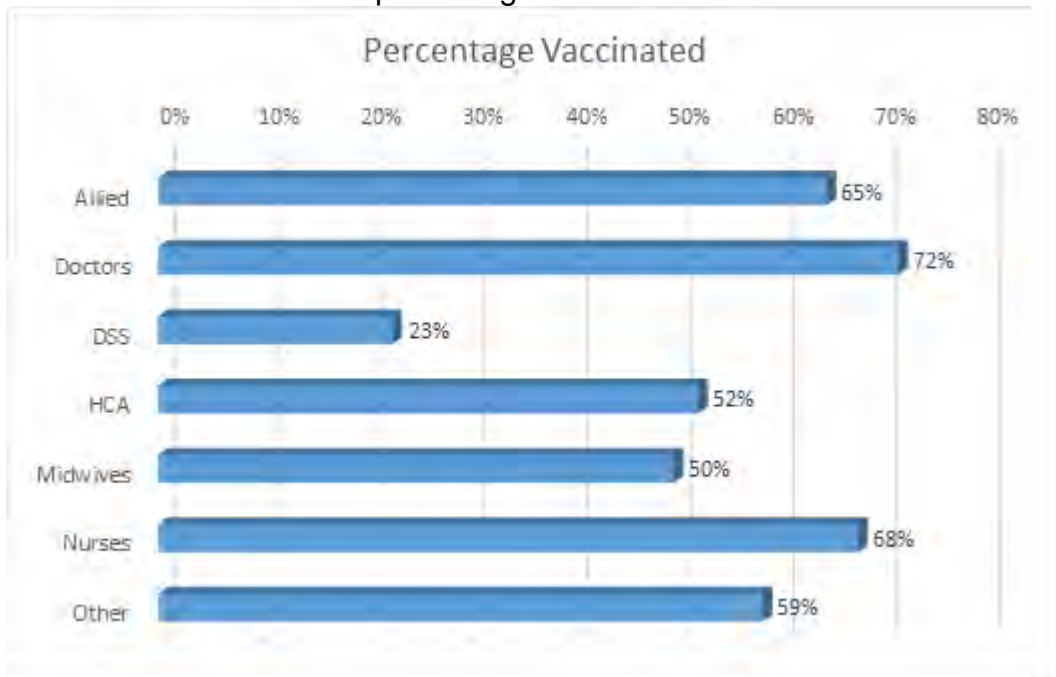
| Name | Description | Status | Original Due date | Revised due date | |
|--|---|--|-------------------|-------------------|---|
| PaperLite and New | | | | | |
| eTriage | Electronic triage of referrals delivered via ERMS | Referrals centre now back on track. Go-live with General Surgery, Endoscopy, Vascular Surgery, Gastroenterology, Orthopaedics and Physiotherapy on 10 June. Some teething and user acceptance problems but these are being worked through. May be delays to further tranches due to Orion and CDHB changing the definition of "Service". Escalation to steering group. | May 19 | Dec 19 | ● |
| eRadiology | Regional project for online ordering and sign-off for Radiology tests and results. | Regional rollout with WCDHB project progressing ahead of NMH, vendors not locked NMH timeframes yet. Config and comms started, intranet info published. | Mar 18 | Jul 19 | ● |
| eObservations (Patientrack) | Mobile Nursing tool to record EWS, assessments, & provide active alerts. | Nelson roll out has gone well with 6 Adult wards now live and ICCU going live in June. Regional instance meetings held and awaiting plan from CDHB on integration. Regional Governance group set up with Kirsty Martin the CIO representative. | July 18 | Oct 18 for pilot. | ● |
| Virtual Health PoC | Establishing small local Proof of Concepts to implement Virtual Health, as part of a step programme. | Successful pilots of Real Presence have been held in WR between OPD and CDHB MDM, NN OPD – WR OPD for Urology visits, Cardiology into WR ED after hours. This work is also being folded into the MoC work streams. | n/a | | ● |
| ePharmacy: Upgrade from WinDOSE | ePharmacy is a dispensing and stock management system which will allow reporting of medication usage. | Vendor (DXC) has supplied a statement of work based on the IPS process completed late in 2018. WCDHB are working on their business case, however, NMH is ready to proceed once SoW signed. NMH working with SIAPO programme manager to develop combined project plan across NMH, WCDHB and CDHB. Project implementation has a significant CDHB ISG and Pharmacy resource impact. | tbc | Dec 19 | ● |

| Name | Description | Status | Original Due date | Revised due date | |
|----------------------------------|--|---|-----------------------|------------------|---|
| SI PICS - Foundation | Patient Administration System (PAS) replacement for Ora*Care | The Release 19.1 upgrade is scheduled for 26 June. Training sessions, Windows 10 (Build 1809) rollout, and data fixes all need to occur in the remaining two weeks before 19.1. The main risk is around forcing Windows upgrades in a condensed timeframe (see Windows 10 project below). Work is well underway to assist Orion with 19.2 functionality, 19.3 requirements and wider Theatre systems requirements. | Release 19.1: June 19 | | ● |
| ICT | | | | | |
| Office 365 Implementation | Utilisation of new M365 licensing to bring organisation up to date for Microsoft software / Cloud adoption | Roadmap now live. UPN change for entire organisation being socialised and discussed. ICT recommendation is to standardise to <firstname>.<lastname>@nmh.health.nz | Various | | ● |
| Zoom Room | Trial use of Zoom enterprise level Video conference capability | Zoom is an easy to use, widely available VC alternative to Vivid. PoC (Proof of Concept) has been initiated with ConnectNZ in order to consolidate zoom licences and usage as well as showcase what a zoom room can do. This may be a partial answer to the Vivid solutions EOL situation as it could provide cost savings if we can replace some Vivid units with Zoom. | | | |

5. CLINICAL SERVICES/NURSING

- The CCDM Nursing Governance Group visited NMH on 24 May, with positive feedback being received from the group regarding our progress to achieve the 21 June target for CCDM.
- International Nurses Day was celebrated across both sites with much enthusiasm. Wairau celebrated the generations of nurses with staff from each generation giving their reflection of life as a nurse and their experiences, followed by afternoon tea. Nelson celebrated the day by welcoming Sylvia Brown, Matron of Nelson Hospital who served overseas during World War I, back into our nursing family. NMH were gifted her war service medals in a well-attended ceremony in the hospital Chapel. The mounted medals will be hung in Nelson Hospital followed by a wreath laying ceremony at the Returned Serviceman's section at Whakapuaka Cemetery at a date to be confirmed.
- Flu admissions continued to present to ED with 17 confirmed cases admitted into Wairau, and 34 admissions to Nelson. Staff vaccinations are sitting at 59% to date. The target population in the community for immunisation remains pregnant women,

vulnerable patients, those who are immune-suppressed, and the chronically unwell. The table below shows the percentage of staff vaccinations as at 12 June 2019:



- Nursing was strongly represented again this year in the Careers Expo at Motueka High School. Nursing also participated in the Top of the South Gateway Industries Fair at Trafalgar Park. Positive feedback has been received with students engaging with the NMH representatives. These events provided an opportunity for good collaboration between Nursing, Maori Health team, Allied Health and HR to ensure success.



5.1 Health Targets

Year to date, as at the end of May 2019, 5,756 discharges were completed against a plan of 6,290 (91.5%). This is under plan by 534 discharges.

The high acute delivery during January, February and April, coupled with 13 days of the RDA strikes has impacted on our ability to meet our Health Targets.

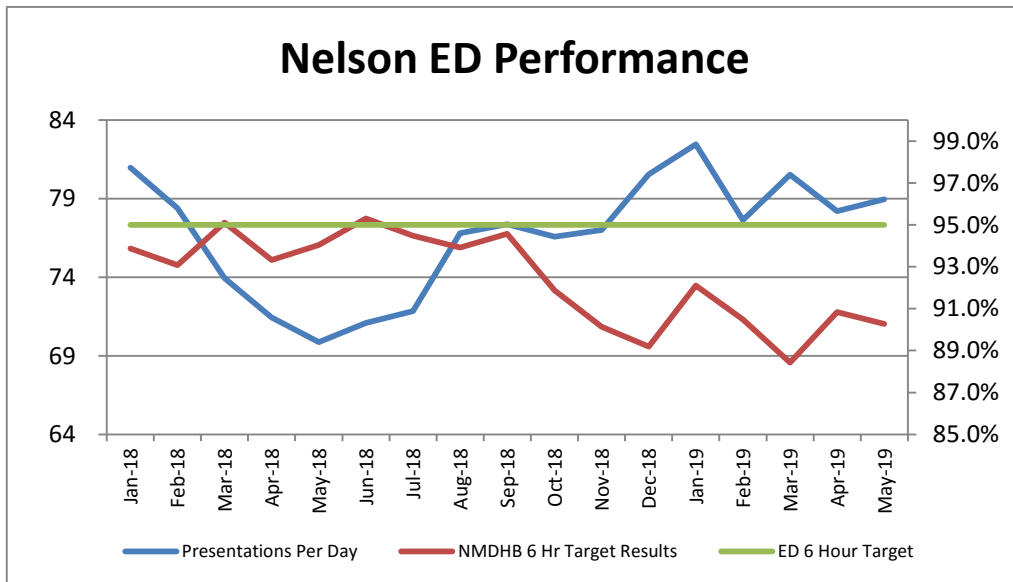
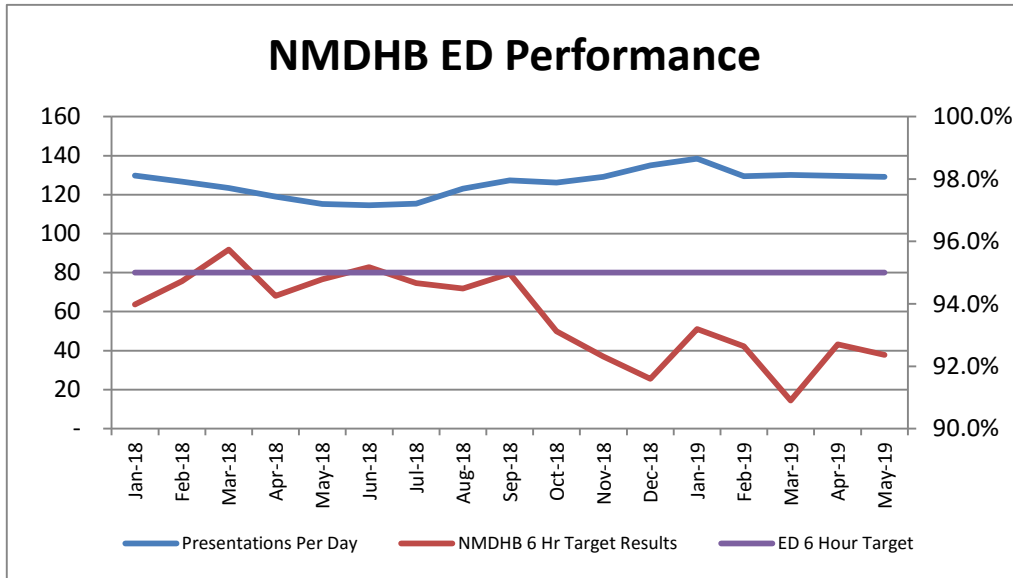
Year to date as at May 2019 NMDHB has delivered 21,220 caseweight discharges (CWDs) against a plan of 19,728 (108%).

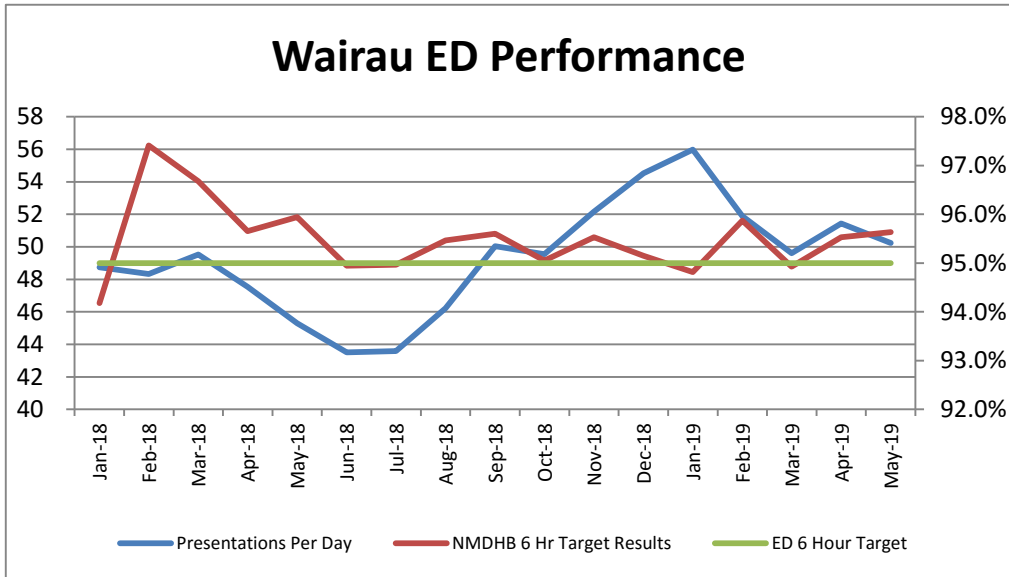
Elective CWD delivery was 614 against a plan of 580 (106%) for May. Acute CWD delivery was 1,435 against a plan of 1,213 (118%) for May.

Year to date delivery for orthopaedic interventions is 464 joints against a total year plan of 485, under plan by 21. Currently 34 joints are booked for June.

Year to date delivery for cataracts is 349, against a total year plan of 482, under plan by 133. Currently 26 cataracts are booked for June. We have sourced a locum on an ongoing basis to assist in this recovery, and are still working on a permanent replacement of a SMO.

5.2 Shorter Stays in Emergency Department



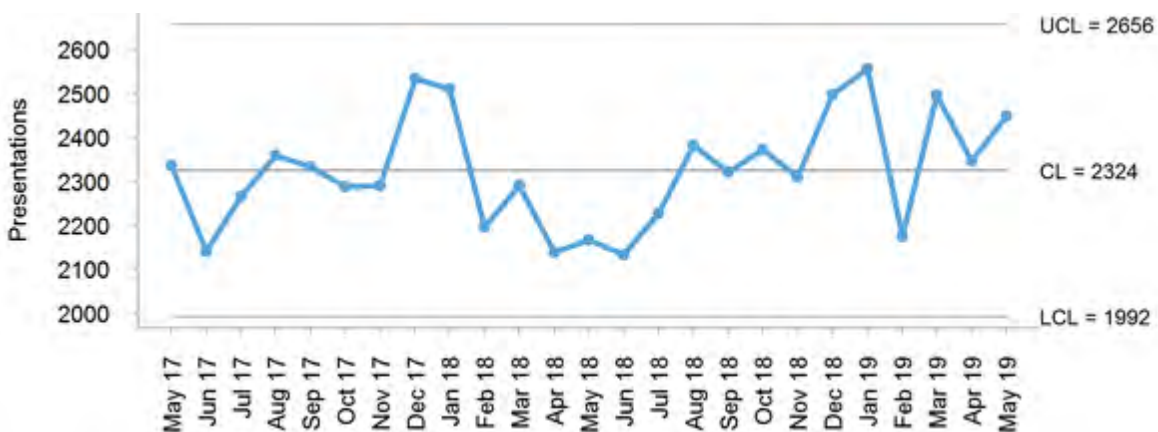


Length of stay target for past 3 months

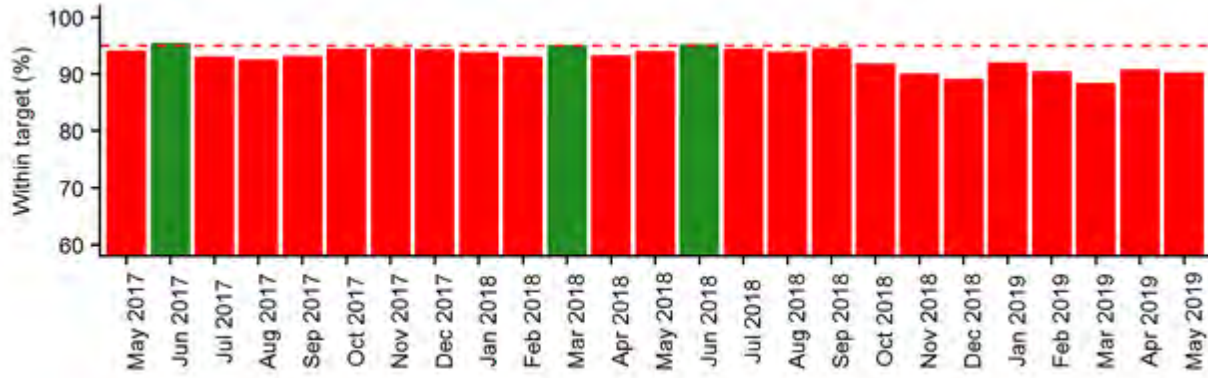
| | March 2019 | | April 2019 | | May 2019 | |
|---------------|------------|--------------|------------|--------------|----------|--------------|
| | Total | <6hrs | Total | <6hrs | Total | <6hrs |
| Nelson | 2,496 | 2,207 88% | 2,346 | 2,131 91% | 2,448 | 2,210 90% |
| Wairau | 1,538 | 1,460 95% | 1,543 | 1,474 95% | 1,557 | 1,489 95% |

The breach volume in Nelson deteriorated again this month to 10%. It was pleasing, however to see Wairau again achieve over 95% of patients seen and away from the ED in less than 6 hours.

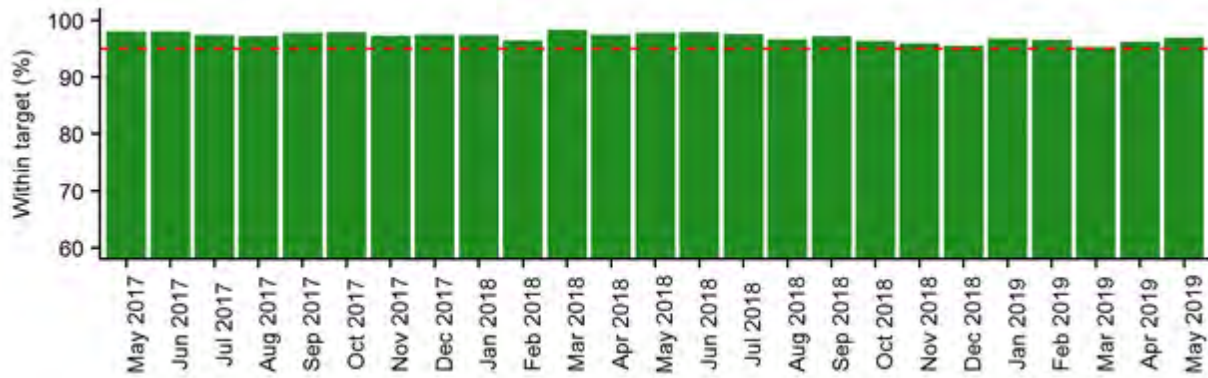
Number of Presentations in Nelson ED



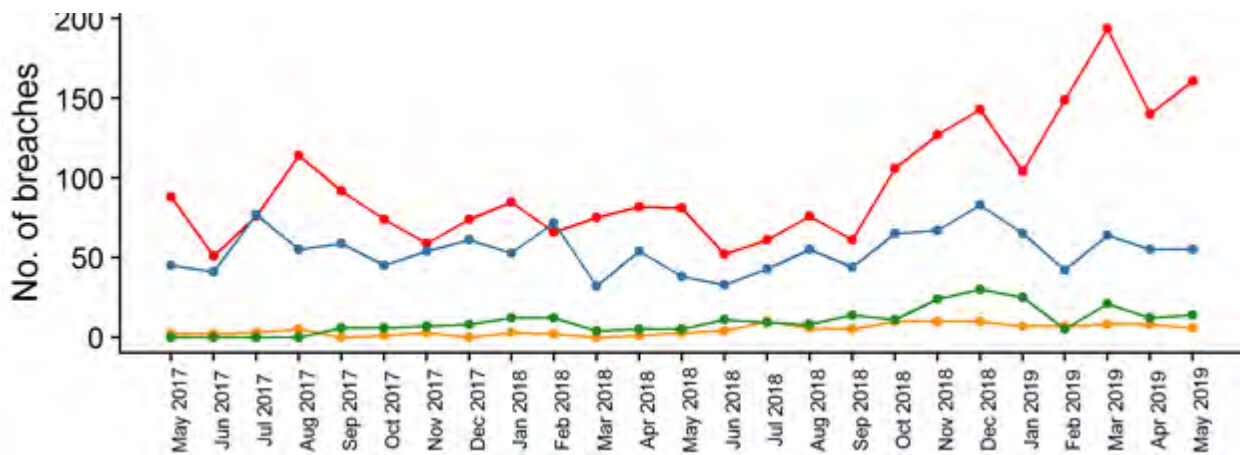
Shorter Stays in ED (% admitted patients <6 hour LOS (by month))



Shorter Stays in ED (% non-admitted patients <6 hour LOS (by month))



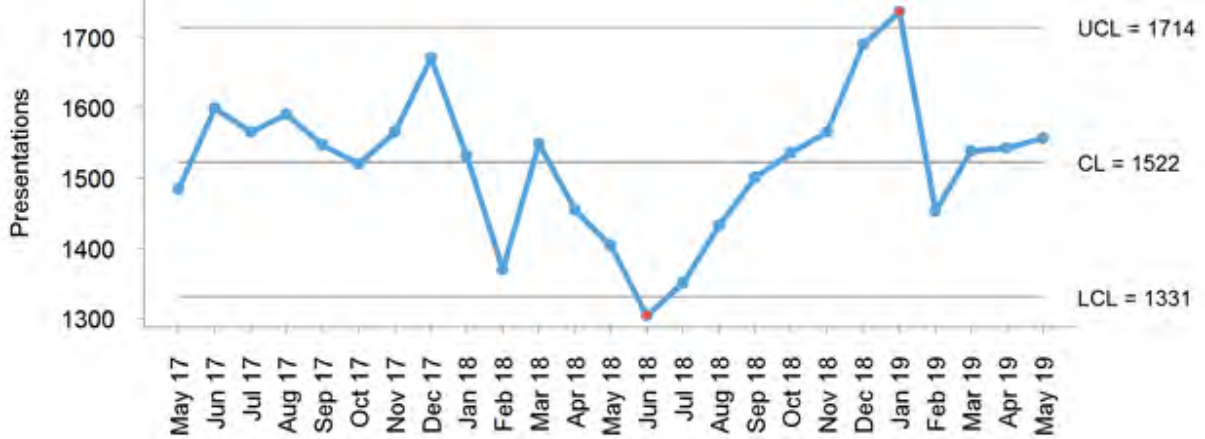
Breach Analysis



Red: Hospital delays (Ward/bed, Radiology, Blood result, MCT)
 Blue: Other (prolonged observation, delayed decision making, other)
 Green: High ED activity
 Orange: External delays (transfer to other hospital, waiting on transport)

Again timely access to ward beds continues to be challenging in May, at a similar level to months post October other than January. When examined further, this is predominantly medical beds, although waiting on surgical beds appears to be trending up.

Number of Presentations in Wairau ED



5.3 Elective / Acute Arranged Services

ESPI 2 was Red for the month of May, with 126 patients not been seen within 120 days of referral acceptance. This was a decrease from 163 patients in April.

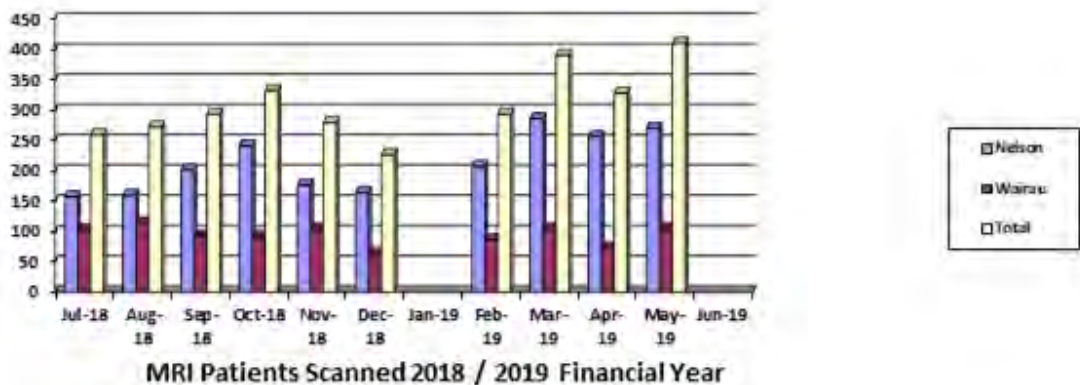
ESPI 5 was Red for the month of May with 124 patients not being treated within 120 days of being given certainty.

ENT, General Surgery, Neurology and Orthopaedics are still the main areas of focus with ESPI targets.

A full recovery plan has been worked up and signed off with Service Managers and HODs. Ministry of Health have given Elective Waiting Time Dispensation with expected compliance by October 2019.

5.4 Enhanced Access to Diagnostics

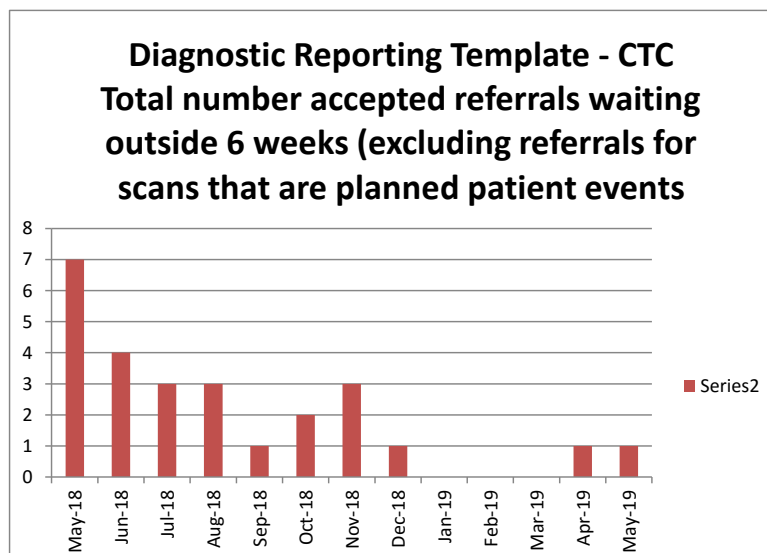
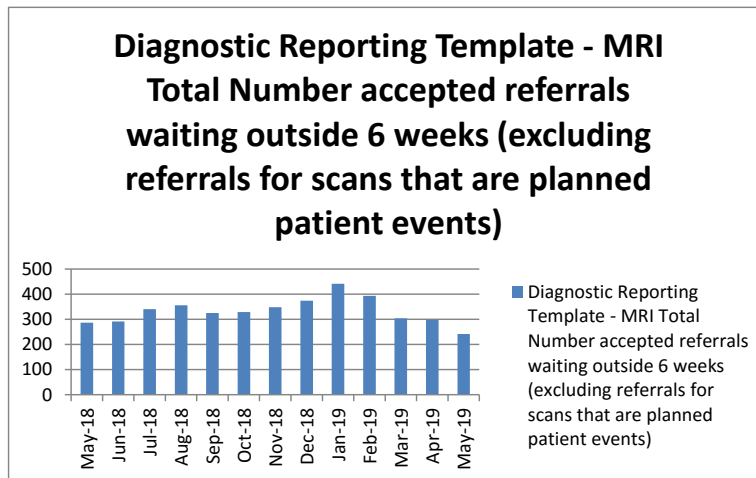
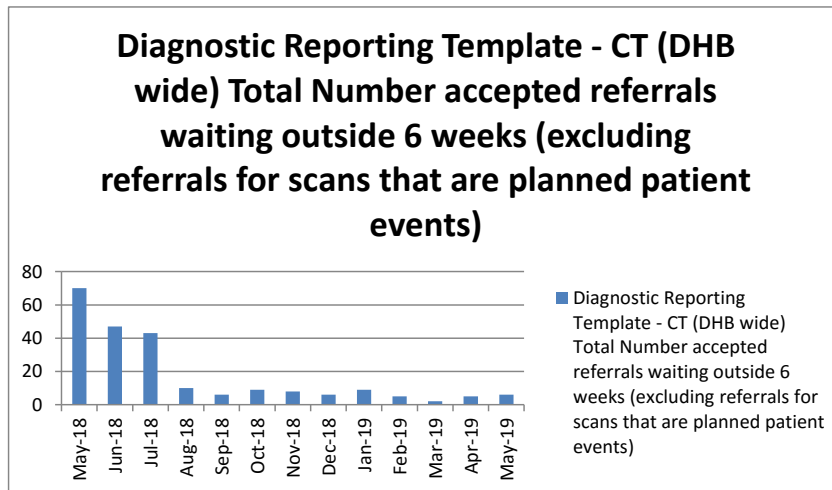
- MRI numbers are 270 patients scanned in Nelson, and 104 scanned in Wairau (a total of 374 for May).



- MoH MRI Target shows 47% of referrals accepted are scanned within 42 days (target 90%). Machine capacity remains the major road block, although it is pleasing to see this percentage is gradually rising.
- Overall waitlist for MRI is 757, however of those 420 are planned scans that are scheduled over the next three to four years.
- MoH CT overall target is 67% of referrals accepted are scanned within 42 days (target is 95%). Nelson CT is running at 91% of target with three patients waiting

greater than 42 days, and Wairau CT is running at 53% of target with 28 patients waiting greater than 42 days.

- Overall the waitlist for CT is 440, however of those 346 are planned scans that are scheduled over the next two to three years.
- Building work for installation of the new MRI scanner continues with an operational date expected in late June. Both the old and new scanners will be used simultaneously for a period to reduce the waitlist before the old scanner is dismantled and removed.



5.5 Improving Diagnostic Waiting Times – Colonoscopy

At the end of May, there were 258 overdue colonoscopies, down from 299 at the end of April.

Bowel Screening

The table below shows the number of invitations sent out to the Nelson Marlborough public for participation in the bowel screening programme, and the percentage of those that participated.

| | Invitations 31 May 2019 | | % Participation - Monthly Cumulative (Target 60) | | | | | | | | | | | NZ |
|---------|-------------------------|----------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----|
| | Total Invited | Total Returned | May 18 | Jun 18 | Jul 18 | Aug 18 | Sep 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | |
| NMDHB | 8,517 | 5,882 | - | - | - | 72 | 70 | 70 | 70 | 69 | 70 | 69 | 69 | 62 |
| Māori | 371 | 236 | - | - | - | 63 | 66 | 64 | 65 | 63 | 63 | 64 | 64 | 56 |
| Pacific | 46 | 27 | - | - | - | 33 | 67 | 60 | 62 | 62 | 65 | 62 | 59 | 42 |
| Asian | 116 | 57 | - | - | - | 50 | 60 | 59 | 47 | 52 | 51 | 50 | 49 | 52 |
| Other | 7,984 | 5,562 | - | - | - | 73 | 71 | 71 | 71 | 70 | 70 | 70 | 70 | 66 |

The table below shows the participation rate along with positive tests returned, adenoma rate, cancers detected and proportion of patients transferring to surveillance colonoscopy.

| | Invitations 31 May 2019 | | FIT management as of 31 May 19 | | | | | | | | | | |
|---------|-------------------------|----------------|--------------------------------|-----------|---------------------|--------------------|-------------------|---------|------------------|---------|----------------|-------------|--------------------|
| | Total Invited | Total Returned | +ve FIT | % +ve FIT | procedure completed | with histo results | % proc with histo | Adenoma | % proc with aden | Cancers | % proc with Ca | to surveill | % proc to Surveill |
| NMDHB | 8,517 | 5,882 | 287 | 5% | 151 | 119 | 79% | 90 | 60% | 11 | 7% | 73 | 48% |
| Māori | 371 | 236 | 12 | 5% | 7 | 4 | 57% | 4 | 57% | - | - | 4 | 57% |
| Pacific | 46 | 27 | 2 | 7% | 1 | 1 | 100% | 1 | 100% | - | - | 1 | 100% |
| Asian | 116 | 57 | 1 | 2% | - | - | - | - | - | - | - | - | - |
| Other | 7,984 | 5,562 | 272 | 5% | 143 | 114 | 80% | 85 | 59% | 11 | 8% | 68 | 48% |

5.6 Faster Cancer Treatment – Oncology

| FCT Monthly Report - May 2019 | | | | | | | | | | | | | | Reporting Month: May 2018 - Quarter 4 - 2018-2019 | |
|--|--|-------------------------|---------------------|---------------------|---------------------|-------------------|---------------------|-----------------------------------|---------------------|-------------------|---------------------|--------------------------|---------------------|---|---------------------|
| 62 Day Indicator Records | | | | | | | | | | | | | | | |
| As at 28/05/2019 | | | | | | | | | | | | | | | |
| TARGET SUMMARY (90%) | | Completed Records | | | | | | | | | | | | | |
| | | May 19 (in progress) | | Apr-19 | | Mar-19 | | Quarter 4 (in progress) | | Quarter 3 | | Quarter 4 (2017-2018) | | Rolling 12 Months May 18-Apr 19 | |
| Numbers as Reported by MOH (Capacity Constraint delay only) | | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days | Within 62 Days | Exceeded 62 Days |
| | | 94% | 6% | 94% | 6% | 86% | 14% | 94% | 6% | 90% | 10% | 90% | 10% | 90% | 10% |
| Number of Records | | 17 | 1 | 17 | 1 | 25 | 4 | 34 | 2 | 70 | 8 | 69 | 8 | 262 | 30 |
| Total Number of Records | | 18 | | 18 | | 29 | | 36 | | 78 | | 77 | | 292 | |
| Numbers Including all Delay Codes | | 77% | 23% | 71% | 29% | 83% | 17% | 74% | 26% | 83% | 17% | 86% | 14% | 76% | 24% |
| Number of Records | | 17 | 5 | 17 | 7 | 25 | 5 | 34 | 12 | 70 | 14 | 69 | 11 | 262 | 81 |
| Total Number of Records | | 22 | | 24 | | 30 | | 46 | | 84 | | 80 | | 343 | |
| 90% of patients had their 1st treatment within: # days | | 85 | | 84 | | 74 | | 84 | | 75 | | 66 | | 85 | |
| 62 Day Delay Code Break Down | | May 19 (in progress) | | Apr-19 | | Mar-19 | | Quarter 4 (in progress) | | Quarter 3 | | Quarter 4 (2017-2018) | | Rolling 12 Months May 18-Apr 19 | |
| 01 - Patient Reason (chosen to delay) | | 1 | | 1 | | 0 | | 2 | | 1 | | 1 | | 11 | |
| 02 - Clinical Cons. (co-morbidities) | | 3 | | 5 | | 1 | | 8 | | 5 | | 2 | | 40 | |
| 03 - Capacity Constraints | | 1 | | 1 | | 4 | | 2 | | 8 | | 8 | | 30 | |
| TUMOUR STREAM | | Within 62 Days | Within 62 Days | Exceeded 62 Days | Exceeded 62 Days | Total Records | | ETHNICITY | | | | | | | |
| Rolling 12 Months (May 18-Apr 19) | | | | | | | | Rolling 12 Months (May 18-Apr 19) | | | | | | | |
| Brain/CNS | | 100% | 4 | 0% | 0 | 4 | | European not further defined | | | | | | | |
| Breast | | 97% | 56 | 3% | 2 | 58 | | 100% | | | | | | | |
| Gynaecological | | 73% | 11 | 27% | 4 | 15 | | 67% | | | | | | | |
| Haematological | | 75% | 15 | 25% | 5 | 20 | | 14 | | | | | | | |
| Head & Neck | | 41% | 7 | 59% | 10 | 17 | | 203 | | | | | | | |
| Lower Gastrointestinal | | 60% | 32 | 40% | 21 | 53 | | 75% | | | | | | | |
| Lung | | 70% | 35 | 30% | 15 | 50 | | 25% | | | | | | | |
| Other | | 29% | 2 | 71% | 5 | 7 | | 67% | | | | | | | |
| Sarcoma | | 50% | 1 | 50% | 1 | 2 | | 100% | | | | | | | |
| Skin | | 93% | 56 | 7% | 4 | 60 | | 1 | | | | | | | |
| Upper Gastrointestinal | | 71% | 12 | 29% | 5 | 17 | | 100% | | | | | | | |
| Urological | | 78% | 31 | 23% | 9 | 40 | | 7 | | | | | | | |
| Grand Total | | 76% | 262 | 24% | 81 | 343 | | 14 | | | | | | | |
| | | | | | | | | Maori | | | | | | | |
| | | | | | | | | 7 | | | | | | | |
| | | | | | | | | 21 | | | | | | | |
| | | | | | | | | 270 | | | | | | | |
| | | | | | | | | 1 | | | | | | | |
| | | | | | | | | 1 | | | | | | | |
| | | | | | | | | 1 | | | | | | | |
| | | | | | | | | 7 | | | | | | | |
| | | | | | | | | 21 | | | | | | | |
| | | | | | | | | 1 | | | | | | | |
| | | | | | | | | 2 | | | | | | | |
| | | | | | | | | 2 | | | | | | | |
| | | | | | | | | 3 | | | | | | | |
| | | | | | | | | 81 | | | | | | | |
| | | | | | | | | 343 | | | | | | | |

6. ALLIED HEALTH

- The new Enable short/long term equipment loan database system is now active and has involved considerable work from the allied health teams. The system will provide improved reporting, equipment tracking, reduce duplication of assessments, home visits and is more client centred.
- A meeting of the NMH Falls Alliance was held and remains an active group with partnerships across the health sector. Key action is to progress the Marlborough ambulance assessment forms onto HCS.
- A stocktake of the current status of electronic clinical documentation has been completed. Implementation plans will be developed to progress the remaining services to the digital platform.
- A review of current Allied Health integration with the IT strategy has been completed. This outlines the current status and identifies next steps in the transition to maximise use of information technology and alignment to NMH strategic direction.
- Implementation of eTriage for physiotherapy will commence early June.

7. MĀORI HEALTH

7.1 Models of Care Working Towards Equity Workstream

The Working Towards Equity workstream has formally ended and the focus for the future will be on two aligned fronts. Firstly the focus on equity will be about progressing the over 20 district wide initiatives currently being implemented within the Māori Health & Vulnerable Populations portfolio. These 20 plus programmes focus on working towards equity in health priority areas for Māori. The second area of focus will seek to integrate a focus on equity into the transformational projects associated with the Models of Care initiative such as Health Care Home, Co-ordination of Care and Workforce Development.

7.2 Hauora Direct Pop Up Events

The latest Hauora Direct pop up event was held on Te Kura Kaupapa Māori o Tuia te Matangi Kura, and took place over two half days in June. Te Piki Oranga, Public Health, St Johns and PHO, along with the Te Waka Hauora team, worked together to set this up to accommodate over 60 appointments for whanau.

7.3 Nikau House Hauora Direct Integration

Nikau House, a community based Mental Health & Addictions service within NMDHB, has been identified as a site for the integration of Hauora Direct into community nursing. The Nikau House piloted the tool with 10 clients. Future work will focus on the wider socialisation of Hauora Direct into mental health and addictions via the community based Mental Health & Addictions Nursing Service. Nikau House has also been targeted as a pilot site for the Advance Care directives initiative Whakaaro pono.

7.4 Hapū Wānanga

Participants for the next Nelson Hapū Wānanga are building up. Maintaining communications with partners and community organisations helps to keep hapū wānanga on their radar, and keep a steady flow of referrals and registrations coming in.

Te Piki Oranga are one of the key partner organisations that contribute to hapū wānanga. Apart from supporting and referring whānau that they are working with, kaimahi from Te Piki Oranga also feature throughout the programme to talk about key components of the pregnancy and parenting programme.

We invite Ngā Pūkenga Manaaki (community support navigators) working in Tamariki Ora to korero to their service. This provides an opportunity for participants to meet these kaimahi kanohi ki te kanohi (face to face) and learn about the services they can provide.

We also invite Ngā Pūkenga Manaaki from Te Hā Aukati Kaipapa (Stop Smoking Services) to korero to their service, but also the Pēpi First initiative which is specifically tailored to support pregnant women to stop smoking.

Nelson Marlborough Health has also contracted Te Piki Oranga to provide a lactation consultancy that gives support and guidance on lactation or breastfeeding issues to Māori, Pacific and vulnerable populations prior to and following the birth of their baby.

7.5 Māori Mental Health and Disability Support Services

Work continues to progress with Māori Mental Health and AOD staff. Several hui have been held and a plan of action has been developed which aligns to Poutama the Māori Mental Health & Addictions integrated Model of Care and its associated Action Plan. Signage has now been finalised and forwarded to management for action, dates for tikanga, te reo and

Treaty of Waitangi training sessions have been confirmed, and the material for the sessions has been developed.

Similar hui have taken place for DSS Māori staff and their managers.

7.6 Project Double-Up

Project Double Up focuses on improving both Māori cervical screening and breast screening rates, and where possible supports wahine to get both screening checks at the same time. Key partners include our Breast Screening Service, the GP practice located underneath the Breast Screening Service and Te Piki Oranga. The initiative is incentivised with each wahine receiving a voucher after completion of their screening check.

Breast screen Aotearoa also wanted to have a designated day for Māori and Pacifica women to be screened, and have aligned that day with the “Double Up” pilot days.

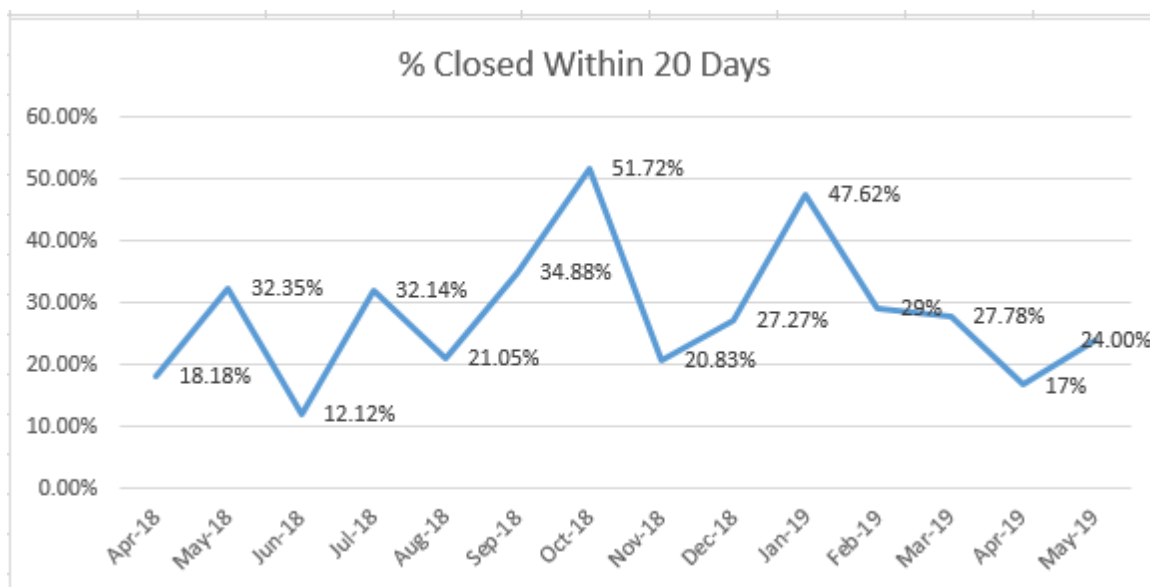
7.7 Influenza Vaccinations Outreach

A total of 36 people were immunised at Franklyn Village in an initiative with Public Health and Te Waka Hauora. A further 46 people were vaccinated at Victory Community Centre. Marlborough PHO is also undertaking an outreach programme for high needs whanau in places such as BETHs. The rest of the immunisation campaign is driven out via GPs and pharmacies, and is free for those whom have been identified as high needs. Outreach immunisation has been funded by the Care Foundation Trust.

8. CLINICAL GOVERNANCE

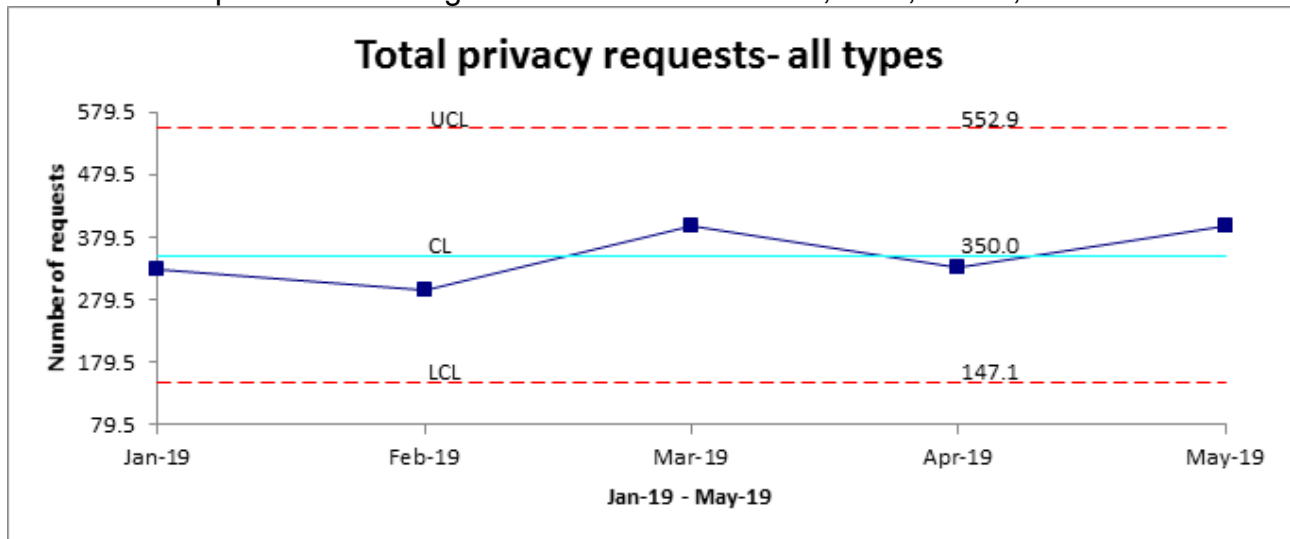
8.1 Service User Complaints

We received 39 new complaints in May compared to 49 the previous month. Forty-five complaints were closed, and 63 complaints remain open and active.



8.2 Privacy Requests

Information requested of the organisation from individuals, ACC, Police, etc.



8.3 Privacy Breaches

There were four reported privacy breaches in May. Three were found to be actual, although all were low level minor breaches.

There was one complaint of unauthorised access, which electronic audit has proven to be unfounded.

8.4 Official Information (OIA) Requests

During May 17 OIAs were completed, with eight extensions of time requested. All 17 were completed within the legislated timeframe.

9. PEOPLE & CAPABILITY

9.1 Organisational Development Team

Key projects for the Organisational Development Team for the year include:

- Establishing the leadership development framework alongside the leadership success profile identified for public sector leadership
- Reviewing and re-engineering orientation to improve outcomes for new starters
- Support culture transformation within NMH
- Overhaul outdated eLearning content and establish the subject matter management framework for this going forward.

9.2 Induction

During May, there was 86% Warm Welcome attendance in Nelson. The Warm Welcome in Wairau was cancelled due to the RMO strikes with participants being rebooked to June. The new starter process bomb group has documented a proposed process for IT set up for new employees. An access card process and workplace induction form has also been drafted.

9.3 eLearning

Current eLearning projects include:

- KoAwatea LEARN will upgrade the software to version 12 in June 2019. We still need to explore how this upgrade will impact our functionality and opportunities for eLearning

- From mid-2019 there will be a discontinuation of Flash which will have an impact on all of our eLearning content. We have begun work on this project, and so far have updated most of the courses that we have taken from other DHBs.

9.4 Recruitment

Positions Advertised

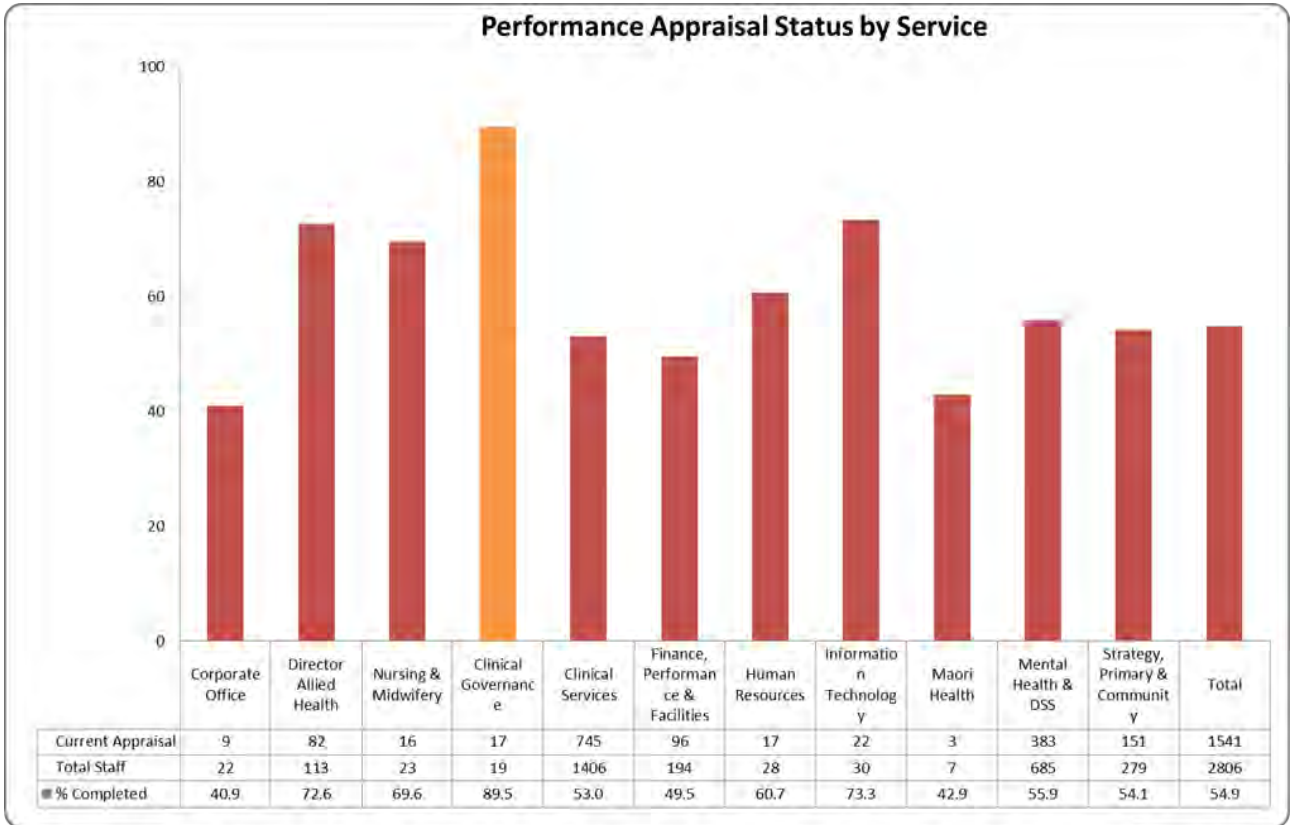
| | Nelson | Wairau | Total |
|--|------------|-----------|------------|
| Advertised via Phoenix | 89 | 21 | 110 |
| Expressions of Interest | 8 | 0 | 8 |
| <i>Sub Total</i> | 97 | 21 | 118 |
| Re-advertised positions via Phoenix | 14 | 3 | 17 |
| Total advertised positions | 111 | 24 | 135 |

Note that 135 is the highest number of total advertised positions that the team have ever processed in a month. This will lead to a very high volume of work flowing through to the rest of the team in the form of interviews to be booked, offer letters generated and on-boarding arranged.

9.5 Performance Appraisals

To date we are at 54% of staff with a current appraisal.





Peter Bramley
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED

MEMO

To: Board Members
From: Judith Holmes, Consumer Council Chair
Date: 19 June 2019
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Consumer Council met in Nelson on Monday 17 June 2019.

The Council was very pleased to welcome three newly appointed members to their first meeting. Some time was dedicated to introductions in which all members had the opportunity to affirm or reaffirm their motivations for, and particular interests, in serving on the Consumer Council, and speak of their relevant experiences which have prepared them for this endeavour.

The Council was given an update on the Models of Care programme. While the main purpose of this session was an overview for new Consumer Council members, the Council also gave feedback on the draft icons the programme are planning on using in forthcoming communications. The Council will provide further feedback on later iterations of the icons and graphics in the near future.

How to advertise for, and the proposed use of independent consumers on Adverse Event Review Teams was discussed. The Council gave advice on the selection of appropriate consumers for these roles. This included ensuring that the person/people selected should hold the patient and whanau as well as all medical personnel involved in any review of any adverse event in high esteem, so as to be able to provide a fair and impartial voice, while keeping the patient's experience at the heart of their purpose. The goal of any review is to identify systemic failure in providing the best possible treatment outcomes for the patient for future learning, and to mitigate against repetition of similar mistakes. The Council discussed the complexity of finding reviewers to represent an independent voice, while also having sufficient knowledge and experience of the health system to be able to comprehend and navigate the review documents and information that must be understood thoroughly to identify systemic inadequacies or failures. Obvious "conflicts of interest" may also pose a problem. Resilience, the capacity to maintain confidentiality, clarity of thought and maturity will be essential qualities for consumer reviewers. The Council recommend recruiting a pool of possible consumers to ensure that an appropriate person can be assigned to a particular review team.

There was a brief discussion on the quarterly Inpatient Experience Survey, and the three response areas which consistently receive lower scores – understanding of medication side effects, family/whanau inclusion in care plans, and enough information to manage prescription use and general care after discharge. It was noted that NMDHB feedback regularly reflects scores at a higher level than national average scores in terms of positive feedback. Some restrictions in terms of sample size are well known and very predictable. However, in general the Experience Survey is overwhelmingly positive and pleasing to the Council.

Judith Holmes
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 19 June 2019
Subject: Financial Report for May 2019

Status

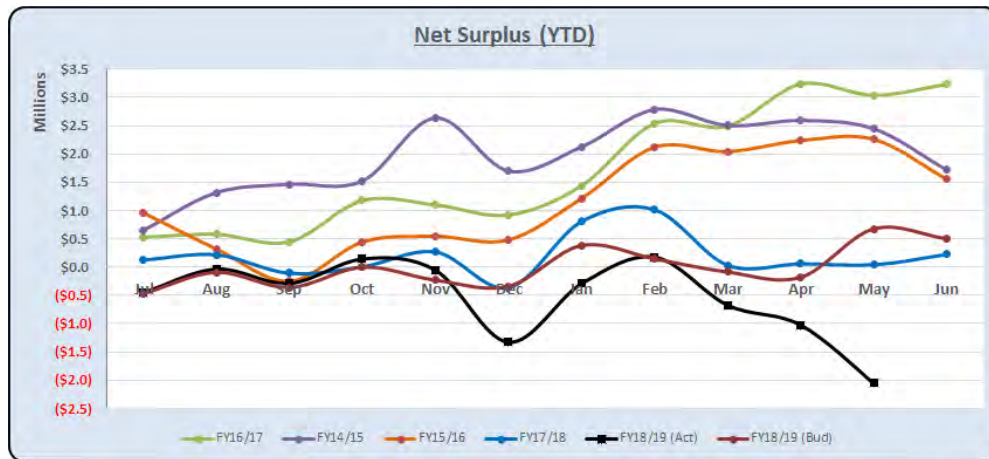
This report contains:

- For decision
- Update
- Regular report
- For information

Overview

The base operating result for the month shows a small surplus of \$19k, however this is \$838k adverse to the planned result. In addition, a total of \$1,049k of additional MECA/SECA related costs have been incurred for the month resulting in a net deficit of \$1,030k for the month, \$1,887k adverse to the planned result.

These monthly results bring the operating surplus to \$986k, which is \$310k favourable to the planned result. However allowing for the \$2,981k of MECA/SECA related costs the net deficit is \$2,055k, which is \$2,731 adverse to plan.



Operating Statement for the period ending May 2019

| Month \$000s | | | | YTD \$000s | | | | Full Year \$000s | |
|--------------------------------------|---------------|---------------|---------------|----------------|----------------|---------------|----------------|------------------|----------------|
| Actual | Budget | Variance | Last Yr | Actual | Budget | Variance | Last Yr | Budget | Last Yr |
| Revenue | | | | | | | | | |
| 45,997 | 43,195 | 2,802 | 40,070 | 432,802 | 426,107 | 6,695 | 407,763 | 463,268 | 444,601 |
| 2,387 | 2,006 | 381 | 2,078 | 24,714 | 21,511 | 3,203 | 21,304 | 23,322 | 23,088 |
| 539 | 529 | 10 | 682 | 5,434 | 5,540 | -106 | 4,882 | 6,034 | 5,264 |
| 870 | 852 | 18 | 864 | 9,506 | 9,323 | 183 | 9,928 | 10,173 | 10,845 |
| 1,106 | 1,130 | -24 | 1,057 | 12,594 | 11,377 | 1,217 | 11,531 | 12,368 | 14,456 |
| 50,899 | 47,712 | 3,187 | 44,751 | 485,050 | 473,858 | 11,192 | 455,408 | 515,165 | 498,254 |
| Expenses | | | | | | | | | |
| 19,441 | 19,150 | -291 | 17,580 | 178,796 | 180,737 | 1,941 | 168,388 | 196,214 | 184,566 |
| 617 | 151 | -466 | 463 | 5,594 | 1,549 | -4,045 | 3,642 | 1,677 | 4,131 |
| 20,058 | 19,301 | -757 | 18,043 | 184,390 | 182,286 | -2,104 | 172,030 | 197,891 | 188,697 |
| 1,604 | 1,451 | -153 | 1,451 | 16,347 | 15,343 | -1,004 | 14,858 | 16,697 | 16,352 |
| 2,594 | 2,484 | -110 | 2,631 | 25,623 | 23,900 | -1,723 | 24,092 | 25,890 | 26,702 |
| 5,211 | 4,071 | -1,140 | 4,294 | 43,139 | 42,525 | -614 | 43,310 | 46,357 | 47,573 |
| 548 | 263 | -285 | 342 | 3,662 | 2,826 | -836 | 2,940 | 3,089 | 3,162 |
| 3,469 | 2,902 | -567 | 2,131 | 29,225 | 28,671 | -554 | 27,140 | 31,058 | 27,183 |
| 11,290 | 10,440 | -850 | 10,336 | 116,275 | 113,777 | -2,498 | 109,651 | 124,107 | 121,406 |
| 3,908 | 3,900 | -8 | 3,701 | 42,945 | 42,901 | -44 | 41,603 | 46,801 | 45,330 |
| 48,682 | 44,812 | -3,870 | 42,929 | 461,606 | 452,229 | -9,377 | 435,624 | 491,890 | 476,405 |
| 2,217 | 2,900 | -683 | 1,822 | 23,444 | 21,629 | 1,815 | 19,784 | 23,275 | 21,849 |
| 27 | 24 | -3 | 28 | 305 | 233 | -72 | 318 | 252 | 346 |
| 1,111 | 1,109 | -2 | 1,032 | 11,933 | 11,983 | 50 | 10,829 | 13,056 | 11,906 |
| 1,060 | 910 | -150 | 780 | 10,220 | 8,737 | -1,483 | 8,595 | 9,465 | 9,376 |
| 2,198 | 2,043 | -155 | 1,840 | 22,458 | 20,953 | -1,505 | 19,742 | 22,773 | 21,628 |
| 19 | 857 | -838 | -18 | 986 | 676 | 310 | 42 | 502 | 221 |
| -1,049 | 0 | -1,049 | 0 | -2,981 | 0 | -2,981 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | -60 | 0 | -60 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | -2,255 |
| -1,030 | 857 | -1,887 | -18 | -2,055 | 676 | -2,731 | 42 | 502 | -2,034 |
| Surplus/(Deficit) before IDCC | | | | | | | | | |
| Operating Surplus/(Deficit) | | | | | | | | | |
| MECA related costs | | | | | | | | | |
| Other one-off cost implications | | | | | | | | | |
| Impairment of NOS asset | | | | | | | | | |
| Net Surplus/(Deficit) | | | | | | | | | |

Key Messages

- A number of impacts have been recognised within the May result which contribute to the adverse result against the plan.
- We have had a number of conversations with Pharmac around the forecast drug spend for the year, and Pharmac have advised that an estimate of \$2.5M higher than our budget is the likely year end position. Within this nearly \$1M relates to the new Hep C drug where NMH has incurred a much higher uptake than our PBF share. The May result has a partial adjustment to reflect the Pharmac year end forecast with the balance to be included within the June result.
- The MOH has made a clawback of additional air ambulance costs from the date of the contract to 31 December 2018, and we have accrued an equivalent amount to cover the five months subsequent giving a total of \$252k. This is being investigated further to understand why the DHB has been required to pay additional costs on top of the significant price increase we have seen from the national procurement for this service.
- There is \$1,049k of additional MECA/SECA related costs shown in the May result. The main contributors to this are:
 - The hotel workers settlement has been accrued with the implementation due to be completed shortly. From the costing work completed there is an additional cost over what was budgeted of \$418k.
 - The MERAS agreement has been completed with additional costs totalling \$120k. There were indications provided from the MOH that some of this amount may receive additional funding, however with no definitive funding advice provided by the MOH we have not allowed for any revenue to offset this amount to date.
 - The five day strike from the RMOs at the start of May has resulted in SMO allowance payments of \$261k.
 - There are three MECAs that were settled earlier in the year for which the MOH funded gaps between the settlement and the budgeted amounts (NZNO Nursing, PSA Nursing and PSA Allied Health). Work undertaken has shown that there is a gap between the actual costs being incurred as a result of these MECAs and the additional funding that has been provided. The total cost estimated within the month is \$250k.
- The other revenue and expenditure lines within the May result are a continuation of what we have seen in the earlier months, with no new variances of any significance occurring.

Eric Sinclair
GM Finance and Performance

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

Appendix A – Detailed Financial Statements

Statement of Financial Position

| | June 2018 | May | May | | Annual |
|--------------------------------|----------------|----------------|----------------|----------------|----------------|
| \$000s | Actual | Actual | Budget | Variance | Budget |
| Current Assets | | | | | |
| Bank | 18,468 | 22,263 | 21,984 | 279 | 20,841 |
| Deposits > 3 months | 19,950 | 21,284 | 19,950 | 1,334 | 19,950 |
| Debtors & Prepayments | 18,436 | 17,398 | 18,636 | (1,238) | 18,636 |
| Stock | 2,715 | 2,670 | 2,715 | (45) | 2,715 |
| Assets Held for Sale | 465 | 465 | - | 465 | - |
| Current Assets | 60,034 | 64,080 | 63,285 | 795 | 62,142 |
| Current Liabilities | | | | | |
| Creditors | 27,437 | 34,647 | 32,314 | (2,333) | 32,086 |
| Employee Entitlements | 37,032 | 37,395 | 34,851 | (2,544) | 34,851 |
| Term Debt - Current Portion | 490 | 501 | 506 | 5 | 507 |
| Current Liabilities | 64,958 | 72,543 | 67,671 | (4,872) | 67,444 |
| Working Capital | (4,924) | (8,463) | (4,386) | (4,077) | (5,302) |
| Non Current Assets | | | | | |
| Property Plant and Equipment | 208,262 | 208,997 | 207,953 | 1,044 | 208,111 |
| Other Non Current Assets | 1,762 | 2,040 | 1,763 | 277 | 1,763 |
| Non Current Assets | 210,024 | 211,037 | 209,716 | 1,321 | 209,874 |
| Employee Entitlements | 9,406 | 9,406 | 9,406 | - | 9,406 |
| Term Debt | 8,172 | 7,707 | 7,732 | 25 | 7,692 |
| Non Current Liabilities | 17,578 | 17,113 | 17,138 | 25 | 17,098 |
| Net Assets | 187,522 | 185,461 | 188,192 | (2,731) | 187,474 |
| Equity | | | | | |
| Crown Equity | 82,467 | 82,467 | 82,468 | (1) | 81,920 |
| Revaluation Reserve | 86,476 | 86,471 | 86,475 | (4) | 86,475 |
| Retained Earnings: | | | | | |
| General | 19,028 | 15,762 | 19,369 | (3,607) | 19,557 |
| DSS | 160 | 496 | (47) | 543 | (51) |
| Mental Health | (610) | 264 | (73) | 337 | (427) |
| Retained Earnings | 18,579 | 16,522 | 19,249 | (2,727) | 19,079 |
| Total Crown Equity | 187,522 | 185,461 | 188,192 | (2,731) | 187,474 |

Statement of Cash Flows

| | Year to Date | | | Full Year |
|--|-----------------|----------------|----------------|----------------|
| | Actual | Budget | Variance | AP |
| Operating Cash Flow | | | | |
| Receipts | | | | |
| Government & Crown Agency Received | 469,094 | 462,482 | 6,612 | 502,797 |
| Interest Received | 1,439 | 1,833 | (394) | 2,000 |
| Other Revenue Received | 11,177 | 11,373 | (196) | 12,363 |
| Total Receipts | 481,710 | 475,688 | 6,022 | 517,160 |
| Payments | | | | |
| Personnel | 181,424 | 180,526 | (898) | 195,964 |
| Payments to Suppliers and Providers | 277,137 | 277,706 | 569 | 298,597 |
| Capital Charge | 4,390 | 4,733 | 343 | 9,465 |
| Interest Paid | 759 | - | (759) | - |
| Total Payments | 463,710 | 462,965 | (745) | 504,026 |
| Net Cash Inflow/(Outflow) from Operating Activities | 18,000 | 12,723 | 5,277 | 13,134 |
| Cash Flow from Investing Activities | | | | |
| Receipts | | | | |
| Sale of Fixed Assets | 103 | - | 103 | - |
| Total Receipts | 103 | - | 103 | - |
| Payments | | | | |
| Capital Expenditure | 12,672 | 8,550 | (4,122) | 9,500 |
| Increase in Investments | 1,636 | - | (1,636) | - |
| Total Payments | 14,308 | 8,550 | (5,758) | 9,500 |
| Net Cash Inflow/(Outflow) from Investing Activities | (14,205) | (8,550) | (5,655) | (9,500) |
| Net Cash Inflow/(Outflow) from Financing Activities | - | (657) | 657 | (1,262) |
| Net Increase/(Decrease) in Cash Held | 3,795 | 3,516 | 279 | 2,372 |
| Plus Opening Balance | 18,468 | 18,468 | - | 18,468 |
| Closing Balance | 22,263 | 21,984 | 279 | 20,840 |

| Consolidated 12 Month Rolling Statement of Cash Flows \$000s | Jun 2019 | Jul 2019 | Aug 2019 | Sep 2019 | Oct 2019 | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 | Mar 2020 | Apr 2020 | May 2020 |
|--|---------------|----------------|---------------|---------------|----------------|---------------|----------------|----------------|---------------|----------------|---------------|----------------|
| | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast |
| Operating Cash Flow | | | | | | | | | | | | |
| Receipts | | | | | | | | | | | | |
| Government & Crown Agency Received | 44,316 | 45,634 | 43,034 | 43,034 | 44,034 | 43,034 | 43,034 | 44,034 | 43,034 | 43,034 | 43,034 | 44,034 |
| Interest Received | 167 | 163 | 131 | 131 | 163 | 131 | 163 | 131 | 131 | 131 | 163 | 131 |
| Other Revenue Received | 990 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 | 1,138 |
| Total Receipts | 45,473 | 46,935 | 44,303 | 44,303 | 45,335 | 44,303 | 44,335 | 45,303 | 44,303 | 44,303 | 44,335 | 45,303 |
| Payments | | | | | | | | | | | | |
| Personnel | 15,438 | 20,437 | 16,349 | 16,349 | 20,437 | 16,349 | 16,349 | 20,437 | 16,349 | 16,349 | 16,349 | 20,437 |
| Payments to Suppliers and Providers | 20,891 | 26,936 | 25,146 | 25,146 | 26,936 | 25,146 | 25,146 | 26,936 | 25,146 | 25,146 | 25,146 | 26,936 |
| Capital Charge | 5,532 | - | - | - | - | - | 5,532 | - | - | - | - | - |
| Interest Paid | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Payments | 41,861 | 47,374 | 41,497 | 41,498 | 47,377 | 41,500 | 47,033 | 47,380 | 41,503 | 41,504 | 41,505 | 47,384 |
| Net Cash Inflow/(Outflow) from Operating Activities | 3,612 | (439) | 2,806 | 2,805 | (2,042) | 2,803 | (2,698) | (2,077) | 2,800 | 2,799 | 2,830 | (2,081) |
| Cash Flow from Investing Activities | | | | | | | | | | | | |
| Receipts | | | | | | | | | | | | |
| Sale of Fixed Assets | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Receipts | - | - | - | - | - | - | - | - | - | - | - | - |
| Payments | | | | | | | | | | | | |
| Capital Expenditure | 950 | 2,100 | 600 | 450 | 700 | 450 | 650 | 1,300 | 950 | 1,100 | 700 | 1,250 |
| Total Payments | 950 | 2,100 | 600 | 450 | 700 | 450 | 650 | 1,300 | 950 | 1,100 | 700 | 1,250 |
| Net Cash Inflow/(Outflow) from Investing Activities | (950) | (2,100) | (600) | (450) | (700) | (450) | (650) | (1,300) | (950) | (1,100) | (700) | (1,250) |
| Net Cash Inflow/(Outflow) from Financing Activities | (605) | (34) | (27) | (27) | (34) | (27) | (34) | (27) | (27) | (27) | (34) | (27) |
| Net Increase/(Decrease) in Cash Held | 2,057 | (2,573) | 2,179 | 2,328 | (2,776) | 2,326 | (3,382) | (3,404) | 1,823 | 1,672 | 2,096 | (3,358) |
| Plus Opening Balance | 22,263 | 24,320 | 21,747 | 23,926 | 26,254 | 23,478 | 25,804 | 22,422 | 19,018 | 20,841 | 22,513 | 24,609 |
| Closing Balance | 24,320 | 21,747 | 23,926 | 26,254 | 23,478 | 25,804 | 22,422 | 19,018 | 20,841 | 22,513 | 24,609 | 21,251 |

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 19 June 2019
Subject: **Clinical Governance Report**

Status

This report contains:

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

Key messages from the NMH Clinical Governance Committee (CGC) meeting held on 7 June 2019 are as follows:

DHB CGC approved:

- **Redesign of the credentialing process** – The annual process for reviewing an individual's work plan, development and future direction is now well established for all professional groups. It has largely replaced the five yearly credentialing of individuals. There is now an opportunity to recognise the critical importance of team function as a key determinant of clinical quality and redesign credentialing to focus on departments or services rather than individuals.

For the current year credentialing of departments will continue as in the past but in 2020 the process will change to focus on all professional groups within the team as well as team function and work. A wider range of external experts will be required to bring skills from all relevant professional groups. They will join the existing credentialing team that consists of an external Senior Medical Officer (SMO) expert, two SMOs from other departments within the DHB, and a consumer.

DHB CGC endorsed:

- **Excellent piece of work on postpartum follow up of gestational diabetes** – This presentation described a project that was undertaken by the diabetes nurses and midwives to increase uptake of screening for diabetes three months after delivery.

International and national data suggest that uptake is poor, only around 50% of women with gestational diabetes have their Hba1c checked at three months post-partum. These women are at significant risk of developing diabetes within the next 10 years.

MOH guidelines state that responsibility for follow up screening sits with primary care but finding a reliable way to ensure the screening occurs has been a problem. This work has increased the screening rates over the past two years to an average of 80%.

DHB CGG noted:

- **The Health Quality & Safety Commission publicly available Quality and Safety Markers (QSMs)** – There are now seven different programs of work contributing to the QSMs. The results are visible on their public website. <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/october-december-2018/>

The list of programs is as follows:

Existing:

1. **Falls** – prevention
2. **Healthcare associated infections** – Hand hygiene
3. **Healthcare associated infections** – Surgical site infection, orthopaedic, hip and knee
4. **Safe surgery**
 - Teamwork and communication around the use of the three paperless surgical checklists: sign in, time out and sign out. This is a work in progress for us.

New programs with details of content:

5. **Medication safety – Opioid safety** – a new marker
 - Percentage of patients where sedation monitored and documented according to guideline
 - Percentage of patients with bowel function recorded
 - Percentage of patients prescribed an opioid with uncontrolled pain
 - Outcome marker – opioid related harm per 100 surgical admissions.
 6. **Patient deterioration** – new
 - Percentage of eligible wards using NZ early warning score (EWS)
 - Correct calculation of early warning score
 - Appropriate response to escalations
 - Outcome measure – rate of in-hospital cardiopulmonary arrests
 - Outcome measure – rate of rapid response escalations.
 7. **Pressure injuries** – new
 - Percentage of patients with a documented and current pressure injury assessment
 - Percentage with an individualised care plan
 - Percentage of patients with a hospital acquired pressure injury
 - Percentage of patients with a non-hospital acquired pressure injury.
- **HDC Annual Report on Complaints involving DHBs** – nationally the most commonly complained about services continue to be Surgery, Mental Health, General Medicine and the Emergency Department. The common themes continue to be communication issues, inadequate treatment, inadequate examinations/assessments, diagnostic issues and treatment delays.
 - **Research projects underway** – Regular review of research underway across the DHB demonstrates multiple areas of activity. Currently there are ten active research projects underway, ten projects in development and multiple other contributions to national data collections and surveys.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

| | |
|-----------|---|
| ABC | Ask about their smoking status; brief advice to quit; cessation |
| A4HC | Action for Healthy Children |
| A&D / AOD | Alcohol and Drug / Alcohol and Other Drugs |
| A&R | Audit & Risk Committee |
| ACC | Accident Compensation Corporation |
| ACMO | Associate Chief Medical Officer |
| ACNM - | Associate Charge Nurse Manager |
| ACU | Ambulatory Care Unit |
| ACP | Advanced Care Plan |
| ADR | Adverse Drug Reactions |
| ADM | Acute Demand Management |
| ADON | Associate Director of Nursing |
| AE | Alternative Education |
| AEP | Accredited Employer Programme |
| AIR | Agreed Information Repository |
| ALOS | Average Length of Stay |
| ALT | Alliance Leadership Team (short version of (TOSHALT)) |
| AMP | Asset Management Plan |
| AOD | Alcohol and Other Drug |
| AOHS | Adolescent Oral Health Services |
| AP | Annual Plan with Statement of Intent |
| ARC | Aged Residential Care |
| ARF | Audit Risk and Finance |
| ARCC | Aged Residential Care Contract |
| ARRC | Aged Related Residential Care |
| ASD | Autism Spectrum Disorder |
| ASH | Ambulatory Sensitive Hospitalisation |
| ASMS | Association of Salaried Medical Specialists |
| AT&R | Assessment, Treatment & Rehabilitation |
| | |
| BSCQ | Balanced Score Card Quadrant |
| BA | Business Analyst |
| BAFO | Best and Final Offer |
| BAU | Business as Usual |
| BCP | Business Continuity Plan |
| BCTI | Buyer Created Tax Invoice |
| BFCI | Breast Feeding Community Initiative |
| BFCI | Baby Friendly Community Initiative |
| BHE | Blenheim |
| BOT | Board of Trustees |
| BS | Business Support |
| BSI | Blood Stream Infection |
| BSMC | Better, Sooner, More Convenient |
| | |
| CaaG | Capacity at a Glance |
| CAMHS | Child and Adolescent Mental Health Services |
| CAPEX | Capital operating costs |
| CAR | Corrective Action Required |
| CARES | Coordinated Access Response Electronic Service |
| CAT | Mental Health Community Assessment Team |
| CBAC | Community Based Assessment Centres |
| CBF | Capitation Based Funding |
| CBSD | Community Based Service Directorate |
| CE (CEO) | Chief Executive (Chief Executive Officer) |

| | |
|----------|---|
| CEA | Collective Employee Agreement |
| CDHB | Canterbury District Health Board |
| CCDHB | Capital & Coast District Health Board (also called C & C) |
| CCDM | Care Capacity Demand Management |
| CCDP | Care Capacity Demand Planning |
| CCF | Chronic Conditions Framework |
| CCT | Continuing Care Team |
| CCU | Coronary Care Unit |
| CD | Clinical Director |
| CDEM | Civil Defence Emergency Management |
| CDHB | Canterbury District Health Board |
| CDM | Chronic Disease Management |
| CEG | Coordinating Executive Group (for emergency management) |
| CeTas | Central Technical Advisory Support |
| CFA | Crown Funding Agreement <u>or</u> Crown Funding Agency |
| CFO | Chief Financial Officer |
| CGC | Clinical Governance Committee |
| CHFA | Crown Health Financing Agency |
| CHS | Community Health Services |
| CIMS | Coordinated Incident Management System |
| CIO | Chief Information Officer |
| CLAB | Central Line Associated Bacteraemia |
| CLABSI | Central Line Associated Bloodstream Infection |
| CLAG | Clinical Laboratory Advisory Group |
| CME | Continuing Medical Education |
| CMI | Chronic Medical Illness |
| CMO | Chief Medical Officer |
| CMS | Contract Management System |
| CNM | Charge Nurse Manager |
| CNS | Charge Nurse Specialist |
| COAG | Clinical Operations Advisory Group |
| Concerto | IT system which provides clinician's interface to systems |
| COHS | Community Oral Health Service |
| COO | Chief Operating Officer |
| COPD | Chronic Obstructive Pulmonary Disease |
| COPMI | Children of Parents with Mental Illness |
| CPHAC | Community and Public Health Advisory Committee |
| CPIP | Community Pharmacy Intervention Project |
| CPNE | Continuing Practice Nurse Education |
| CP | Chief Pharmacist |
| CPO | Controlled Purchase Operations |
| CPSOG | Community Pharmacy Services Operational Group |
| CPU | Critical Purchase Units |
| CR | Computed Radiology |
| CRG | Christchurch Radiology Group |
| CRISP | Central Region Information Systems Plan |
| CSR | Contract Status Report |
| CSSD | Central Sterile Supply Department |
| CSSD | Clinical Services Support Directorate |
| CT | Computerised Tomography |
| CTA | Clinical Training Agency |
| CTC | Contributions to Cost |
| CTC | Computerised Tomography Colonography |
| CTANAG | Clinical Training Agency Nursing Advisory Group |
| CTU | Combined Trade Unions |
| CVD | Cardiovascular Disease |
| CVDRA | Cardiovascular/Diabetes Risk Assessment |
| CWD | Case Weighted Discharge |

| | |
|--------|---|
| CYF | Child, Youth and Family |
| CYFS | Child, Youth and Family Service |
| DA | Dental Assistant |
| DAH | Director of Allied Health |
| DAP | District Annual Plan |
| DAR | Diabetes Annual Review |
| DBI | Diagnostic Breast Imaging |
| DBT | Dialectical Behaviour 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 |

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|-------------|---|
| FPSC | Finance Procurement and Supply Chain |
| FRC | Fee Review Committee |
| FSA | First Specialist Assessment |
| FST | Financially Sustainable Threshold |
| FTE | Full Time Equivalent |
| FVIP | Family Violence Intervention Programme |
| GM | General Manager |
| GMS | General Medical Subsidy |
| GP | General Practitioner |
| GRx | Green Prescription |
| hA | healthAlliance |
| HAC | Hospital Advisory Committee |
| H&DC / HDC | Health and Disability Commissioner |
| H&S | Health & Safety |
| HBI | Hospital Benchmarking Information |
| HBSS | Home Based Support Services |
| HBT | Home Based Treatment |
| HCS | Health Connect South |
| HCSS | Home and Community Support Services |
| HDSP | Health & Disability Services Plan Programme |
| HDU | High Dependency Unit |
| HEA | Health Education Assessments |
| HEAL | Healthy Eating Active Lifestyles |
| He Kawenata | Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104) |
| HEeADSSS | Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety |
| HEHA | Healthy Eating Healthy Action |
| HEP | Hospital Emergency Plan |
| HESDJ | Ministries of Health, Education, Social Development, Justice |
| HFA | Health Funding Authority |
| HHS | Hospital and Health Services |
| HIA | Health Impact Assessment |
| HM | Household Management |
| HMS | Health Management System |
| HNA | Health Needs Assessment |
| HOD | Head of Department |
| HOP | Health of Older People |
| HP | Health Promotion |
| HPI | Health Practitioner Index |
| HPV | Human Papilloma Virus |
| HR | Human Resources |
| HR & OD | Human Resources and Organisational Development |
| HSP | Health Services Plan |
| HQSC | Health Quality & Safety Commission |
| laaS | Infrastructure as a Service |
| IANZ | International Accreditation New Zealand |
| IBA | Information Builders of Australia |
| IBC | Indicative Business Case |
| ICU | Intensive Care Unit |
| IDF | Inter District Flow |
| IDSS | Intellectual Disability Support Services |
| IFRS | International Financial Reporting Standards |
| IHB | Iwi Health Board |
| ILM | Investment Logic Mapping |
| IM | Information Management |

| | |
|-----------------|---|
| IMCU | Immediate Care Unit |
| InterRAI | Inter Residential Assessment Instrument |
| IoD | Institute of Directors New Zealand |
| IPAC | Independent Practitioner Association Council |
| IPC | Intensive Patient Care |
| IPC Units | Intensive Psychiatric Care Units |
| IPG | Immunisation Partnership Group |
| IPS | Individual Placement Support |
| IPSAS | International Public Sector Accounting Standards |
| IPU | In-Patient Unit |
| IS | Information Systems |
| ISBAR | Introduction, Situation, Background, Assessment, Recommendation |
| ISSP | Information Services Strategic Plan |
| IT | Information Technology |
| JAMHWSAP | Joint Action Maori Health & Wellness Strategic Action Plan |
| JOG | Joint Oversight Group |
| KIM | Knowledge and Information Management |
| Kotahitanga | Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127) |
| KPI | Key Performance Indicator |
| KHW | Kimi Hauora Wairau (Marlborough PHO) |
| LA | Local Authority |
| LCN | Local Cancer Network |
| LIS | Laboratory Information Systems |
| LMC | Lead Maternity Carer |
| LOS | Length of Stay |
| LSCS | Lower Segment Caesarean Section |
| LTC | Long Term Care |
| LTI | Lost Time Injury |
| LTIP | Long Term Investment Plan |
| LTCCP | Long Term Council Community Plan |
| LTO | Licence to Occupy |
| LTS-CHC | Long Term Supports – Chronic Health Condition |
| LTSFSG | Long Term Service Framework Steering Group |
| Manaakitanga | Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172) |
| Manawhenua | Power, prestige, authority over land (HW Williams Maori Dictionary pg 172) |
| Manawhenua O Te | Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference) |
| MA | Medical Advisor |
| MAC(H) | Medicines Advisory Group (Hospital) |
| MAPA | Management of Actual and Potential Aggression |
| MAPU | Medical Admission & Planning Unit |
| MCT | Mobile Community Team |
| MDC | Marlborough District Council |
| MDM | Multidisciplinary Meetings |
| MDM | Multiple Device Management |
| MDO | Maori Development Organisation |
| MDS | Maori Development Service |
| MDT | Multi Disciplinary Team |
| MECA | Multi Employer Collective Agreement |
| MEND | Mind, Exercise, Nutrition, Do It |
| MH&A | Mental Health & Addiction Service |
| MHAU | Mental Health Admission Unit |
| MHC | Mental Health Commissioner |
| MHD | Maori Health Directorate |

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

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|------------|--|
| NZISM | New Zealand Information Security Manual |
| NZMA | New Zealand Medical Association |
| NZNO | NZ Nurses Organisation |
| NZPH&D Act | NZ Public Health and Disability Act 2000 |
| OAG | Office of the Auditor General |
| OECD | Organisation for Economic Co-operation and Development |
| OIA | Official Information Act |
| OIS | Outreach Immunisation Services |
| OPD | Outpatient Department |
| OPEX | Operating costs |
| OPF | Operational Policy Framework |
| OPJ | Optimising the Patient Journey |
| OPMH | Older Persons Mental Health |
| OST | Opioid Substitution Treatment |
| ORL | Otorhinolaryngology (previously Ear, Nose and Throat) |
| OSH | Occupational Health and Safety |
| OT | Occupational Therapy |
| PACS | Picture Archiving Computer System |
| PAS | Patient Administration System |
| P&F | Planning and Funding |
| P&L | Profit and Loss Statements |
| PANT | Physical Activity and Nutrition Team |
| PBF(F) | Population Based Funding (Formula) |
| PC | Personal Cares |
| P&C | Primary & Community |
| PCBU | Person Conducting Business Undertaking |
| PCI | Percutaneous Coronary Intervention |
| PCO | Primary Care Organisation |
| PCT | Pharmaceutical Cancer Treatments |
| PDO | Principal Dental Officer |
| PDR | Performance Development Review |
| PDRP | Professional Development and Recognition Programme |
| PDSA | Plan, Do, Study, Act |
| PFG | Performance Framework Group (formerly known as Services Framework Group) |
| PHS | Public Health Service |
| PHCS | Primary Health Care Strategy |
| PHI | Public Health Intelligence |
| PHO | Primary Health Organisation |
| PHOA | PHO Alliance |
| PHONZ | PHO New Zealand |
| PHS | Public Health Service |
| PHU | Public Health Unit |
| PIA | Performance Improvement Actions |
| PICS | Patient Information Care System |
| PIP | Performance Improvement Plan |
| PN | Practice Nurse |
| POCT | Point of Care Testing |
| PPE | Property, Plant & Equipment assets |
| PPP | PHO Performance Programme |
| PRIME | Primary Response in Medical Emergency |
| PSAAP | PHO Service Agreement Amendment Protocol |
| PSR | Preschool Enrolled (Oral health) |
| PT | Patient |
| PTAC | Pharmacology and Therapeutics Committee |
| PTCH | Potential To Cause Harm |

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|----------------|---|
| PRG | Pacific Radiology Group |
| PRIMHD | Project for the Integration of Mental Health Data |
| PVS | Price Volume Schedule |
| Q&SGC | Quality & Safety Governance Committee |
| QA | Quality Assurance |
| QHNZ | Quality Health NZ |
| QIC | Quality Improvement Council |
| QIPPS | Quality Improvement Programme Planning System |
| QSM | Quality Safety Measures |
| RA | Radiology Assistant |
| Rangatiratanga | Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323) |
| RCGPs | Royal College of General Practitioners |
| RDA | Resident Doctors Association |
| RDA | Riding for Disabled |
| RIF | Rural Innovation Fund |
| RIS | Radiology Information System |
| RFI | Request for Information |
| RFP | Request for Proposal |
| RICF | Reducing Inequalities Contingency Funding |
| RIS | Radiology Information System |
| RM | Registered Midwife |
| RMO | Resident Medical Officer |
| RN | Registered Nurse |
| ROI | Registration of Interest |
| RSE | Recognised Seasonal Employer |
| RSL | Research and Sabbatical Leave |
| RTLb | Resource Teacher: Learning & Behaviour |
| SAC1 | Severity Assessment Code |
| SAC2 | Severity Assessment Code |
| SAN | Storage Area Network |
| SCBU | Special Care Baby Unit |
| SCL | Southern Community Laboratories |
| SCN | Southern Cancer Network |
| SDB | Special Dental Benefit Services |
| SHSOP | Specialist Health Services for Older People |
| SI | South Island |
| SIA | Services to Improve Access |
| SIAPO | South Island Alliance Programme Office |
| SICF | South Island Chairs Forum |
| SICSP | South Island Clinical Services Plan |
| SI HSP | South Island Health Services Plan |
| SI-PICS | South Island Patient Information Care System |
| SIRCC | South Island Regional Capital Committee |
| SISSAL | South Island Shared Service Agency |
| SLA | Service Level Agreement |
| SLATs | Service Level Alliance Teams |
| SLH | SouthLink Health |
| SM | Service Manager |
| SMO | Senior Medical Officer |
| SNA | Special Needs Assessment |
| SOI | Statement of Intent |
| SOPD | Surgical Outpatients Department |
| SOPH | School of Population Health |
| SPaIT | Strategy Planning and Integration Team |
| SPAS | Strategy Planning & Alliance Support |

| | |
|----------------|---|
| SPE | Statement of Performance Expectations |
| SSBs | Sugar Sweetened Beverages |
| SSE | Sentinel and Serious Events |
| SSP | Statement and Service Performance |
| SUDI | Sudden Unexplained Death of an Infant |
| TCR | Total Children Enrolled (Oral health) |
| TDC | Tasman District Council |
| TLA | Territorial Local Authority |
| TOW | Treaty of Waitangi |
| TOR | Terms of Reference |
| ToSHA | Top of the South Health Alliance |
| TPO | Te Piki Oranga |
| TPOT | The Productive Operating Theatre |
| UG | User Group |
| USS | Ultrasound Service |
| U/S | Ultrasound |
| VLCA | Very Low Cost Access |
| VRA | Vascular Risk Assessment |
| WAM | Wairau Accident & Medical Trust |
| WAVE (Project) | Working to Add Value through E-Information |
| WEII | Whanau Engagement, Innovation and Integration |
| WIP | Work in Progress |
| WR | Wairau |
| YOTS | Youth Offending Teams |
| YTD | Year to Date |
| YTS | Youth Transition Service |

As at April 2019