

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough District Health Board
held on Tuesday 22 November 2011 at
1.00pm

Support Services Meeting Room 1
Wairau Hospital
Blenheim



Our VISION is: *“leading the way to health conscious families”*

Our MISSION is to: *“work with the people of our community to promote, encourage and enable their health, wellbeing and independence.”*

Our VALUES are:

Respect

We care about and will be responsive to the needs of our diverse people, communities and staff

Innovation

We will provide an environment where people can challenge current processes and generate new ways of working and learning

Teamwork

We create an environment where teams flourish and connect across the organisation for the best possible outcome

Integrity

We support an environment which expects openness and honesty in all our dealings and maintains the highest integrity at all times



BOARD MEETING AGENDA - OPEN

Nelson Marlborough District Health Board
 Support Services Meeting Room 1, Wairau Hospital, Blenheim
 Tuesday, 22 November 2011 commencing 1.00 pm

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	Committee Reports	2.30 pm
	Iwi Health Board, Joe Puketapu – Chairperson	
	HAC, Judy Crowe – Chairperson	
	CPHAC/DiSAC, Gerald Hope – Chairperson	
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PUBLIC EXCLUDED MEETING	2.45 pm	

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 25 October 2011 (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)**

SECTION 1: WELCOME, KARAKIA AND APOLOGIES

Nothing reported.

SECTION 2: 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"> ▪ Life member of Diabetes NZ. 			
Ian MacLennan (Deputy Chair)	<ul style="list-style-type: none"> ▪ Honorary Treasurer of Nelson Centre of the Cancer Society of NZ 		<ul style="list-style-type: none"> ▪ Tenancy and IT hosting 	<ul style="list-style-type: none"> ▪ Accommodation for the Cancer Society
Fleur Hansby	<ul style="list-style-type: none"> ▪ Son is 6th year medical student ▪ Disability Funding from ACC 		<ul style="list-style-type: none"> ▪ Family member ▪ Self 	
Gerald Hope	<ul style="list-style-type: none"> ▪ Chairman Marlborough Hospice Trust 	<ul style="list-style-type: none"> ▪ Executive Officer Marlborough Research Centre ▪ Director Maryport Investments Ltd 	<ul style="list-style-type: none"> ▪ Landlord to Cawthron Laboratory Services Blenheim 	
Gordon Currie	<ul style="list-style-type: none"> ▪ President Nelson GreyPower 	<ul style="list-style-type: none"> ▪ Wife is Health Representative for Nelson Greypower 	<ul style="list-style-type: none"> ▪ Residents over 50 years 	
John Inder	<ul style="list-style-type: none"> ▪ Board Member St Mark's Society 		<ul style="list-style-type: none"> ▪ Alcohol and other drug residential treatment. NGO part funded by NMDHB 	
John Moore	Nil.	<ul style="list-style-type: none"> ▪ Member Nelson Regional Land Transport Committee ▪ Trustee Top of the South Athletics Charitable Trust 		
Judy Crowe	<ul style="list-style-type: none"> ▪ Chairperson of Nelson Marlborough Hospitals' Charitable Trust 	<ul style="list-style-type: none"> ▪ Member of the Gladys Amelia Pascoe Trust 	<ul style="list-style-type: none"> ▪ Provision of trust funds towards equipment, training and patient support 	
Patrick Smith	<ul style="list-style-type: none"> ▪ Member of IHB 	<ul style="list-style-type: none"> ▪ Managing Director, Patrick Smith HR Ltd ▪ Member on Board of Nelson Tasman Chamber of Commerce ▪ Shareholder in Kimi Human Resources 	<ul style="list-style-type: none"> ▪ Consultancy services. ▪ HR business with a focus in primary industries and Maori Services 	
Roma Hippolite	<ul style="list-style-type: none"> ▪ Chair, Te Rau Matatini Ltd ▪ Member of Ngati Koata 		<ul style="list-style-type: none"> ▪ Contracts for services to NMDHB 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Russell Wilson	<ul style="list-style-type: none"> ▪ Sister in law is an employee of NMDHB 	<ul style="list-style-type: none"> ▪ Member of NZ National Party (Regional Office holder) ▪ Managing Director of Carat Investments; ▪ Principal Consultant at Wilson Consultants (HR and Business Management consultancy) 	<ul style="list-style-type: none"> ▪ NMDHB Board Office; ▪ NZ National Party ▪ Carat Investments ▪ Wilson Consultants 	

As at 1 November 2011

SECTION 2: REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MEDICAL SURGICAL SERVICES DIRECTORATE					
	Dr Bruce King	Nil			
	Dr Elizabeth Wood	<ul style="list-style-type: none"> ▪ Self employed contractor at the Mapua Health Centre as a GP ▪ Work at NRAHDD and a shareholder 			
	Dr Peter Bramley	Nil			
MENTAL HEALTH SERVICES DIRECTORATE					
	Dr Heather McPherson	Nil			
	Dr Jocy Wood	<ul style="list-style-type: none"> ▪ Partner of Nelson East Family Medical Centre. Group GP practice ▪ Shareholder – Nelson Regional After Hours 			
	Robyn Byers	Nil			
COMMUNITY BASED SERVICES DIRECTORATE					
	Dr Nick Baker	<ul style="list-style-type: none"> ▪ Sr 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) ▪ Chair NZ Child and Youth Mortality Review Committee ▪ Member Child and Youth Network Advisory Group – MOH/PSNZ/NHB ▪ Member NZ Paediatric and Child Health Committee Royal Australasian College of Physicians ▪ Instructor for Advanced Paediatric Life Support NZ 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Bev Nicholls	<ul style="list-style-type: none"> ▪ Board of NRADD and Shareholder ▪ Nelson Bays PHO Clinical Governance Group ▪ GP and recipient of Nelson Bays PHO funds ▪ Member of IT Development, National IT Board ▪ Member National Information Clinical Leadership Group 	<ul style="list-style-type: none"> ▪ Wife and close friend GPs. 		
	Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee 		
CLINICAL SERVICES SUPPORT DIRECTORATE					
	Dr Stephen Busby	<ul style="list-style-type: none"> ▪ Shareholder Director, Nelson Radiology Limited 			
	Dr Neil Whittaker	<ul style="list-style-type: none"> ▪ General Practice owner ▪ Contracted to RNZCGP Medical Educator 		<ul style="list-style-type: none"> ▪ Clinical Director Community 	
	Hilary Exton	Nil			
	James Bowyer		<ul style="list-style-type: none"> ▪ Wife a nurse on Paediatric Ward Nelson Hospital 		
MARLBOROUGH SERVICES DIRECTORATE					
	Dr Ros Gellatly	<ul style="list-style-type: none"> ▪ Practice Partner Scott St Health ▪ GP Liaison NMDHB ▪ Executive Clinical Director Marlborough Services NMDHB ▪ Clinical Advisor Electives, NHB, MOH ▪ Kimi Hauora Wairau Marlborough PHO Clinical Governance Committee Chair ▪ Representative, National Health IT Board Clinical 			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> Leadership Group RNZCGP Advisory Group Member, Royal NZ College GPs Professional Practice Expert Advisory Group 			
	Carey Virtue		<ul style="list-style-type: none"> Partner works in the Ministry of Health 		
CORPORATE SUPPORT					
	Nick Lanigan		<ul style="list-style-type: none"> Wife consultant for 2 Degrees 		
	Denise Hutchins	Nil			
	Dr Sharon Kletchko	<ul style="list-style-type: none"> Member Exceptional Circumstances Panel – PHARMAC Treasurer, International Society for Health Care Priorities Member St John South Island Region Trust Board Member RACP NZ Policy and Advocacy Committee. South Island Representative on RACP NZ Joint Executive. Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE Member DHBRF Governance 	<ul style="list-style-type: none"> Deputy Chair of the New Zealand Standards Council Member of the Board – EVIDEM Collaboration. 	<ul style="list-style-type: none"> EVIDEM is a Not-for-Profit international research collaboration whose purpose is “To promote public health through transparent and efficient healthcare decision making via systematic assessment and dissemination of the evidence for and value of healthcare interventions.” 	
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson	Nil			
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> Ngati Toarangatira Connections 		<ul style="list-style-type: none"> Tribal Interest 	
CHIEF EXECUTIVE’S OFFICE					
	John Peters	<ul style="list-style-type: none"> Director of SISSAL Trustee of Nelson Marlborough Hospitals’ Charitable Trust 	<ul style="list-style-type: none"> Director of Management and Industrial Services Ltd. 	<ul style="list-style-type: none"> Shared services provision, administration of trust funds for health purposes & provision of private 	

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> ▪ Trustee Churchill Trust 		health services at Wairau Hospital <ul style="list-style-type: none"> ▪ MIS Ltd previously provided consultant services to other DHBs 	
	Keith Rusholme	<ul style="list-style-type: none"> ▪ Wife provides first aid training and complimentary help services 		<ul style="list-style-type: none"> ▪ Provision of services to DHB staff or contracted providers 	<ul style="list-style-type: none"> ▪ Sister works for IDSS.
	Mike Cummins	<ul style="list-style-type: none"> ▪ Wife works for medical practice 			

As at 1 November 2011

SECTION 3: MINUTES

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD AT THE DHB SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON ON TUESDAY 25 OCTOBER 2011 AT 1.00 PM

Present:

Jenny Black (Chair), Gerald Hope, Judy Crowe, Gordon Currie, Roma Hippolite, John Moore, Fleur Hansby, Russell Wilson, Patrick Smith, John Inder and Ian MacLennan (Deputy Chair)

Apologies

Nil

In Attendance:

John Peters (CE), Nick Lanigan, Mike Cummins, Sharon Kletchko, Katherine Rock, Peter Burton and Mabel Grennell (Kaumatua)

Karakia:

Mabel Grennell

SECTION 1: APOLOGIES

Nil

SECTION 2: REGISTRATIONS OF INTEREST

Patrick Smith noted he is now a shareholder in Kimi Human Resources.

Moved: John Moore

Seconded: Russell Wilson

RECOMMENDATION:

THAT THE REGISTRATIONS OF INTEREST AS AMENDED BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING**3.1 Minutes of the Board Meeting 27 September 2011**

Moved: John Moore
Seconded: Russell Wilson

RECOMMENDATION:
THAT THE MINUTES OF THE MEETING 27 SEPTEMBER 2011 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

3.2 Matters ArisingRutherford Initiative – Quarterly Reporting

The quarterly Rutherford Initiative report has been deferred to the next meeting.

Complaints Reporting

Members asked that compliments be included in future reporting.

3.3 Correspondence

Moved: Roma Hippolite
Seconded: Fleur Hansby

RECOMMENDATION:
THAT THE CORRESPONDENCE BE RECEIVED.

AGREED

SECTION 4: REPORTS**4.1 Chair's Report**

Verbal update was given on the visit by the Minister on 30 September where a presentation was made to the Smokefree Team. The Minister also attended the opening of a local private health facility and Greypower.

4.2 Chief Executive's Report**(I) GENERAL**

Nil

(II) FOR DECISION**(a) Ratify Primary Care Funding**

Members ratified this variation that related to Primary Care funding.

Moved: Roma Hippolite

Seconded: Ian MacLennan

RECOMMENDATION:

THAT THE BOARD RATIFIES THE CHIEF EXECUTIVE SIGNING THE TENTH OMNIBUS VARIATION OF THE CROWN FUNDING AGREEMENT.

AGREED

(b) After Hours / Primary Care Facility Nelson

Members were updated on the latest planning towards this facility and the discussions with SMOs. It was noted that while the preferred location is not available an interim option is being explored. This involves accelerating an extension to the existing ED/Orthopaedic area for Orthopaedics to meet growing demand and number of specialists.

The structure of the site development steering group is being revised to cover both Nelson and Wairau sites.

Members questioned if linkages between ED and After Hours will lead to further gains. It was noted changes to models of care arising from a change in location are still to be agreed.

Noted that management is working with Nelson City Council and Historic Places Trust on the future of Dalton House.

Moved: Judy Crowe

Seconded: John Moore

RECOMMENDATIONS:

- 1. THAT THE BOARD ENDORSES THE CONCEPT OF DEVELOPING THE GP FACILITY ON THE DALTON HOUSE SITE.**
- 2. THAT THE BOARD INCREASES THE DELEGATION UNDER 6.2.2 OF THE BOARD POLICY DELEGATIONS FOR THE CE TO REALLOCATE THE CAPITAL FUNDING PLAN FOR 2011/12 TO \$1,000,000 FOR THE PURPOSES OF FUNDING ANY INCREASED COSTS ASSOCIATED WITH A DEVELOPMENT FOR THE FUTURE USE OF THE ORTHOPAEDIC DEPARTMENT AS DECIDED BY THE SITE STEERING GROUP.**

AGREED**(III) QUALITY AND SAFETY**

Noted the Health Innovation and Quality Awards are to be presented on 1 November and that of the Quality and Safety Governance Framework has a link to the Audit & Risk Committee.

(IV) FINANCIAL

Members noted the decline in results from the previous month. They were briefed on a series of actions that have been put in place by ELT using the Recovery Plan approach from 2010.

There are a range of pressure points including the recent legislative decision for DSS sleepover liabilities.

Summarised Results**For the Month Ended September 2011**

	Prior YTD	Year to Date			September 2011
	<i>Actual</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Variance</i>
	<i>\$000</i>	<i>\$000</i>	<i>\$000</i>	<i>\$000</i>	<i>\$000</i>
Funder	(111)	(489)	(102)	(388)	(19)
Governance	188	9	(22)	31	(78)
Provider	267	399	316	83	(822)
Net Result	344	(81)	193	(274)	(920)

(V) RUTHERFORD

Noted. Focus is on completing the existing work.

(VI) STRATEGY AND PLANNING

Noted.

(VII) COMMUNITY BASED SERVICES

Noted there is a higher than forecasted number of people not prepared to be immunised. The service is identifying pockets of people across the district.

(VIII) CLINICAL SERVICES SUPPORT

Noted a three months report on use of the shuttle between Blenheim and Nelson due after November. The increased acute activity also impacted on higher costs for patient transport.

(IX) MEDICAL SURGICAL SERVICES

Noted. Higher acute activity has impacted on elective volumes. There was no significant change in activity during the Rugby World Cup.

(X) MAORI HEALTH/IWI RELATIONSHIP

Noted.

(XI) ORGANISATIONAL DEVELOPMENT

Noted that the collective settlement was not ratified and negotiations will commence shortly following a more traditional approach.

(XII) CORPORATE SERVICES

Noted.

(XIII) INTERSECTORAL AND OTHER DHB LINKAGES

Noted.

(XIV) STRATEGIC ISSUES

Noted the SI Health Alliance reports.

Moved: Ian MacLennan

Seconded: John Moore

RECOMMENDATION:

- 1. THAT THE FINANCIAL REPORT BE ADOPTED**
- 2. THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.**

AGREED

4.3 COMMITTEE REPORTS**(a) IHB**

Taken as read.

Moved: Patrick Smith

Seconded: Roma Hippolite

RECOMMENDATION:

THAT THE IHB CHAIRPERSON'S REPORT BE RECEIVED.

AGREED

(b) HAC

Taken as read.

Moved: Patrick Smith

Seconded: Roma Hippolite

**RECOMMENDATION:
THAT THE HAC CHAIRPERSON'S REPORT BE RECEIVED.**

AGREED

(c) CPHAC/DISAC

A verbal update was given on the meeting in the morning. A set of recommendations regarding DSS was made by the Committee to the meeting.

The Chair of CPHAC / DiSAC gave a report on the discussions regarding the report on consultation on the future of DSS. The Committee also received a presentation from representatives of Rescare who asked that the Committee, when making its decision, should consider those people receiving the service, the decisions of previous Boards and the time allowed for consultation.

**Moved: Gerald Hope
Seconded: John Moore**

**RECOMMENDATION:
THAT THE CHAIR'S REPORT WITH RECOMMENDATIONS FROM THE
CPHAC / DISAC COMMITTEE BE RECEIVED.**

AGREED

Members then agreed that, as the agenda papers showed the item was to be considered at the meeting the recommendations could be considered. Members were advised that the consultation document did note a decision would be made at this meeting.

**Moved: Gerald Hope
Seconded: John Moore**

**RECOMMENDATION ON THE DSS CONSULTATION FEEDBACK:
THAT THE WORK BE COMPLETED TO RESOLVE THE FUNDING ISSUES.
THAT SUBJECT TO THIS:**

- A. THE BOARD SEEKS APPROVAL FROM THE MINISTER TO ESTABLISH A TRUST FOR THE TRANSFER OF DSS**
- B. THAT A REPRESENTATIVE GROUP BE ESTABLISHED OF DHB MANAGERS, RESCARE REPRESENTATIVE, MOH REPRESENTATIVE, NASC MANAGER AND EXTERNAL EXPERTISE TO DEVELOP AN IMPLEMENTATION PLAN FOR THE DEVELOPMENT OF THE TRUST AND TO OVERSEE THE TRANSFER OF SERVICES TO THAT TRUST**
- C. THAT THE BOARD CONSIDERS THE ASSETS THAT WOULD BE TRANSFERRED TO THE TRUST TO ENSURE IT IS VIABLE**
- D. THAT THE INITIATIVES IN REGARDS TO FINANCIAL VIABILITY AND SERVICE DEVELOPED AS OUTLINED IN THE CONSULTATION DOCUMENT BE SUPPORTED FOR IMPLEMENTATION**
- E. THAT THE ADDITIONAL COST SAVING MEASURES RECEIVED THROUGH THE CONSULTATION PROCESS BE FULLY EXPLORED BY DSS**

F. THAT THE IMPLEMENTATION PHASE OF THE RECOMMENDATIONS INCLUDE INVOLVEMENT OF STAFF AND UNIONS SO THAT AN INCLUSIVE PROCESS IS UNDERTAKEN.

Discussion:

Members were briefed on the decisions of previous Boards. These included in 2006 continuing IDSS as not core business and in 2007 the Board deciding not to accept a recommendation from DiSAC to form a trust. At that time the Board agreed that the service remain as part of NMDHB while management developed a strategic plan. A check is to be made on whether a decision to ringfence funding was made at this time.

Members noted that a series of meetings has been held with the Ministry regarding funding anomalies. The Ministry has agreed to re-examine the funding of all the clients identified as part of the initial integration moves between 1985-1990.

DSS is a separate Ministry contract and not part of population based funding. It was noted that the service is not medically based.

The service has been reviewed by the Rutherford Initiative and the recommendations shared with Rescare.

The plans to establish a trust are not intended to reduce the care provided to the clients. It was agreed that good change management and implementation processes will be required as planning proceeds.

Members noted that discussions have been held with other trust-based providers and that the service also included people with physical disabilities.

AGREED

SECTION 5: FOR INFORMATION

Nil

SECTION 6: MEMBER'S ISSUES

Nil

Public Excluded

Moved: Judy Crowe
Seconded: Russell Wilson

RECOMMENDATION

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

- *Minutes of a meeting of Board Members held on 27 September 2011 (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)*

AGREEDActions Arising from the Meeting

Action	Responsible	Time Frame	Completed
Rutherford Quarterly Report	Mike Cummins	22 November	
Compliments to be included in reports	Heather McPherson	22 November	
Check on whether decision to ringfence funding was made for IDSS service	Mike Cummins/Keith Rusholme	22 November	
Blenheim Nelson Shuttle – 3 Month report	James Bowyer	20 December	

Meeting closed at 4.00 pm

Members of Public

Lyn Morley, Jean Pratt, Robyn Russ and Karen Morley from Rescare outlined their concerns regarding the DSS consultation process. The group questioned if any Board member had visited any of the homes, the undertakings the group state were given by previous Boards, the timeframe of consultation and whether adequate research had been undertaken in developing the options. The group noted the preference of 74% of respondents to remain as part of NMDHB. The decision that DSS was not core business of NMDHB was also questioned.

The group agreed that if the decision was to proceed the preferred option, by default, was for the formation of a trust.

3.1 MATTERS ARISINGRutherford Quarterly Report

See section IV.

Compliments

See section Xc.

Ringfenced Funding for IDSS Service

A verbal update will be provided at the meeting.

3.2 CORRESPONDENCE RECEIVED

Date Received	From	Title
31/10/11	Medical Council	Supervision requirements for doctors registered on a provisional vocational scope of practice
03/11/11	Tasman District Council	Consultation on draft Tasman Regional Passenger Transport Plan
08/11/11	NZ Institute of Rural Health	Diary NZ Farmer Wellness and Wellbeing Programme Update
10/11/11	National Drug Intelligence Bureau	Drug Assessment 2011 – Publication
11/11/11	Ministry of Health	MOH Annual Report
14/11/11	Hospital Services Consumer Research	The Nationwide Patient Survey
16/11/11	Minister of Health	Approval of Service Change for an Integrated Family Health Centre in Golden Bay

SECTION 4: REPORTS

4.1 Chair's Report

To be tabled at the meeting.

Jenny Black
Chairman

**RECOMMENDATION:
THAT THE CHAIRMAN'S REPORT BE RECEIVED.**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.2 Chief Executive's Report

(I) ITEMS FOR DECISION

Nil

(II) QUALITY AND SAFETY

(a) Medical Surgical Services

(i) Surgical Pre-Admission Redesign

The team has process mapped the pre-admission pathway and highlighted the key bottlenecks. An improved criteria, based nurse supported, preadmission pathway is currently being designed. The Ministry of Health has approved funding to support the redesign of our pre-admission pathway.

(b) Organisational Development

(i) Competence & Capability

Health Quality & Innovation Awards were presented by the Board Chair at a ceremony in the DHB Seminar Centre Braemar Campus, Nelson on 1st November 2011. Over 60 people attended including representatives from those who had entered the Awards. People had the opportunity to meet and talk through with representatives about their entry.

The winning and highly commended entries were:

Research & Innovation:

Winner: Smokefree Mental Health entered by Tipahi Mental Health

Clinical Care Improvement:

Winner: Establishment of a Community Based Assessment Centre Education & Training package entered by NMDHB Emergency Management

Highly Commended: Early Mobilisation of Orthopaedic Patients entered by NMDHB Physiotherapy Department,

Collaborating for Health Improvement:

Winner: Marlborough Clued-Up Kids Programme entered by NMDHB Public Health Service, Marlborough

Highly Commended: Cardiology Service Redesign entered by the NMDHB Cardiology Department.

Whanau Ora:

Winner: Targeted Youth Health Service entered by Te Rapuora Health Service

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Overall Winner:

Chosen from the category winners, the judges chose the Marlborough Clued-Up Kids Programme.

The next Awards will be held in 2013.

(ii) ACC Partnership Programme Audit

Notification has been received that NMDHB has been reconfirmed at Tertiary Status with the ACC Partnership Programme following the October 2011 Audit.

(iii) FINANCIAL

The October 2011 net result YTD is a deficit of \$79k, which is \$704k unfavourable to budget.

Summarised Results

For the Month Ended October 2011

	Prior YTD	Year to Date			October 2011
	<i>Actual</i> \$000	<i>Actual</i> \$000	<i>Budget</i> \$000	<i>Variance</i> \$000	<i>Variance</i> \$000
Funder	(111)	(183)	(228)	45	433
Governance	265	52	(19)	71	41
Provider	417	52	872	(820)	(903)
Net Result	571	(79)	625	(704)	(430)

The detailed finance report is attached as **Appendix 1**.

Forecast to 30th June 2012

The current operational forecast is a \$2m deficit, \$2.1m adverse to plan with significant adverse to budget variances forecast in aged residential care area, clinical supplies, nursing, energy and insurance areas.

ELT is currently establishing detailed actions to recover this forecast back to our annual plan result. This will be based on the Recovery Plan methodology that was successfully applied in 2009/10. It is suggested that the Board Sub-Committee of Chair, Deputy Chair and Chair of Audit & Risk be re-convened to oversee the Recovery Plan as previously.

The expected \$3m gain on sale from the Wairau land is not part of this operational forecast.

High level commentary on the financial result follows:

Fund

The Fund result YTD is a deficit of \$183k, being \$45k favourable to budget.

Revenue is ahead by \$929k. This reflects the continuing income, \$475k, from Christchurch DHB for aged residential care of Christchurch residents. This recovery payment is expected to be about 80% of costs. It also includes \$333k extra for long term support services to people with chronic health conditions and \$111k to sustain and grow dementia services.

Personal Health expenditure is \$160k unfavourable to budget including the one-off payment to Pharmac of \$204k to top up the discretionary fund, the extra travel costs of \$201k sending patients to Wellington by air rather than road travel costs to Christchurch, but offset by \$297k payment for the PHO Performance Management Programme.

Provider

The NMDHB Provider result YTD is a surplus of \$52k, \$820k unfavourable to budget.

The most significant item in the October result is the extra \$310k provision for DSS sleepover payments, making the total provision \$840k, which appears in the Allied Health personnel costs.

Revenue is \$460k ahead of budget because of additional PCT receipts of \$240k, \$149k extra recharges of energy costs to other onsite users and the \$84k gain on sale of Wakatu House.

Medical staff are under budget by \$688k, but offset by \$254k over budget in outsourced medical staff.

Nursing staff are over budget by \$196k.

Clinical supplies expenditure continues to exceed budget by \$225k in the month, \$1003k (9%) year to date. Immunosuppressive drugs are \$232k (26%) over YTD and knee prostheses \$126k (up 31%) YTD.

Infrastructure costs exceed budget by \$118k YTD, of which extra earthquake insurance is \$107k.

Interest received remains above budget as rates earned are better than budgeted and more is being invested. Interest paid is at a lower rate on the newest Crown loan than was budgeted.

(IV) RUTHERFORD INITIATIVE

The Rutherford Team has been working on a number of key areas. These include pharmaceuticals, theatre utilisation, capacity overview and Churchill Trust.

The provisional recommendations relating under of the reports are being reviewed by the key stakeholders, clinicians, other staff and external advisors involved in their development. Feedback from them is being incorporated into the final recommendations. It is anticipated that this process will take a couple of weeks.

In analysing data as part of the Capacity Planning/Theatre Utilisation area it was identified there was no reliable data of theatre activity. To enable this data to be collected an interim system has been developed so that information can be available on a regular basis.

While progress seems slow, as focus is now on clinical areas, there is the need to ensure that there is clinical involvement in the analysis and development of options. There is also the need to ensure that we meet contractual obligations with employee representatives.

(V) STRATEGY AND PLANNING

Nil

(VI) COMMUNITY BASED SERVICES**(a) Antenatal HIV Testing**

The antenatal HIV guidelines have now been finalised and are ready for implementation.

(b) Nelson Mayoral Taskforce on "Framing Our Future"

The Nelson City Council has been developing a sustainability strategy for the city. As part of this, representatives of various organisations, along with key individuals, were invited to be on a Mayoral Taskforce to contribute to the strategy. As an initial step, the Cawthron Institute was commissioned to produce a Sustainability Stocktake for Nelson City, to be used as baseline information. Based on the feedback from this consultation process a draft vision for the 'Framing Our Future' strategy was prepared and has been released for comment. The taskforce met in October for a session on the vision and the identified core themes for a sustainability strategy. There is a greater emphasis on sustainability issues coming through, including social and economic sustainability issues as well as environmental. Some issues and actions relevant to the health sector are:

- Urban design that fosters activity, positive mental health, and development of social capital
- Active transport options

- Energy issues including warm homes
- Decreasing our carbon footprint
- Local food supplies and community production
- A strong and sustainable local economy
- Good collaboration among local organisations and citizens
- A Nelson–Tasman focus.

The Council will consider community feedback on the proposed vision; the next stage is the development of the Strategy itself, the actions to achieve the vision, priorities, how to maintain community engagement and ensure momentum. In addition the need for relevant indicators to measure progress in achieving the strategy is important and this can pick up on previous work NMDHB has contributed to around indicators of wellbeing.

The draft strategy is to be completed by June 2012.

(c) Gateway Assessments

Sub contracting has been agreed to by Child Youth and Family (CYF), for the coordination of the service by the two PHOs. The Primary Mental Health delivery service specifications have now been received in draft. CYF will make them available for local providers to submit Expressions of Interest in the next month.

(d) Golden Bay Integrated Family Health Centre

Progress includes:

- Interviews completed and appointment made to Service Director role for the new Centre, under Nelson Bays Primary Health
- Decisions arising from the consultation on the transfer of staff to NBPH as service provider were communicated to staff on 8th November 2011. The current plan is for the DHB staff to transfer to the PHO on 30th January 2012
- An offer has been made to the owner of the adjoining land to purchase the additional land needed for the integrated facility. This offer is subject to the requisite Ministerial approval being obtained
- Building design is progressing with developed design completed on 21st October and issued to the Quantity Surveyor to update costs, and to the user group for sign off
- Subsequent to the Board meeting on 25th October, applications for Ministerial agreement have been made to enable NMDHB to appoint a Trustee to the Golden Bay Community Health Trust, purchase the adjoining property, sell the DHB buildings to the Property Trust secured by way of a subordinated loan, enter in to a long term agreement to lease land to the Trust and write down the value of DHB assets in the amount of \$615,000
- A proposal has been developed for a new model for delivering primary maternity services in Golden Bay for consultation with maternity staff and their unions
- Target date for completion is November 2012.

(e) Community Oral Health Service

The first of two Mobile Oral Health Clinics is operating successfully and has performed examinations in Upper and Lower Moutere with staff based out of the Motueka Clinic. All five clinic hubs are fully operational, but facing a backlog in examinations due to the transition process.

(f) Well Youth Network

A gap in the coordination and connection of youth health services has been identified and a Well Youth Network established. A joint Paediatrics, Nelson Bays Primary Health, and CBSD group has been established to coordinate programmes relating to youth. The first meeting of this clinician led group was held in October. The group will focus their workstreams on increasing access to primary health care, connecting mental health services, and keeping healthy.

(g) Health Targets

(i) Increased Immunisation

No updated data this month.

(ii) Better Help for Smokers to Quit

First quarter results for providing advice and support for hospitalised smokers' is: 90%.

July: 87% (Nelson 94%, Wairau 75%)

September: 90% (Nelson 91%, Wairau 88%, GB 100%)

October: 94% (Nelson 94%, Wairau 96%, Murchison 100%)

The Target for June 2012 is 95%.

(iii) Better Diabetes and Cardiovascular Services

Results indicate targets for this quarter (July-September) have not been achieved. This reflects an increase in indicator targets for 2011/12 – an increased challenge of meeting revised targets. However, the MoH did adjust the denominator of estimated diabetes prevalence to be more favourable to NMDHB. The raw data received from both PHOs indicates a continuing favourable trend. The 'Diabetes Free Annual Check', as one of the three components of the target measure, shows improvement against the increased target levels compared to 2010/11, but 'Diabetes Management' has slipped.

(VII) CLINICAL SERVICES SUPPORT

(a) Blenheim Nelson Shuttle

The six month pilot for a health shuttle between Blenheim and Nelson was launched on 5 September. As at 7th November, there has been a 14.4% utilisation of this service.

Based on 2010/11 figures, the potential users of this service are as follows: Outpatient appointments totalled 3,037 and Inpatient events totalled 553. Of the total number of users (3,590), 68% (2,461) could access the shuttle as their post code is close to the pick up points for the Shuttle. A telephone survey is being conducted with the 150 patients who could have accessed the Shuttle in October this year, to gain a better understanding of the barriers to utilising this service.

(VIII) MEDICAL SURGICAL SERVICES

(a) Activity

The Medical Surgical Service delivered 1631 caseweights (95% of plan) for October and has delivered 6883 caseweights (101% of plan) YTD.

Acute activity was 106% of plan for the month of October. Elective activity was 76% of budget for the month. Elective caseweight delivery YTD was 461 CWDs (76% of plan) compared to a budget of 606 CWDs. Higher than anticipated acute presentations continues to significantly impact bed availability, reducing the capacity for elective delivery.

Dental, ENT, Urology, and Orthopaedics all delivered under plan for the month. Dental reflected a lower than anticipated demand, ENT still has one SMO on maternity leave, Urology has some staff on sick leave and CME resulting in less delivery, and Orthopaedics had a number of Orthopaedic Surgeons attending a NZ/Australia conference with no locum replacement sought.

Cancellation rate for elective cases was 6% in October for Nelson and Wairau hospitals combined.

The DHB remains green overall in terms of ESPI compliance.

There are still a number of patients waiting > 6 months for FSA and Surgical treatment, however numbers are continuing to decrease every month. As at 7th November 41 patients are waiting > 6 months for FSA and 79 surgical patients waiting > 6 months for surgery.

The Ministry of Health has confirmed it expects DHBs to have no patients waiting greater than six months by June 2012. We are working to reduce the time of waiting without having to restrict access to services.

Both Nelson and Wairau Hospitals continue to experience higher than expected admissions.

(b) Health Targets

(i) Shorter Stays in Emergency Departments

This information is only available every quarter. The latest reports continue to indicate excellent performance by our Emergency Department teams with 97% of patients admitted or discharged within six

hours of presenting. The high hospital occupancy through August and September, which puts pressure on access to beds, will increase the length of stay in the Emergency Department.

(ii) Improved Access to Elective Surgery

Ambulatory FSA as at end September 2011 has delivery of 5,748 FSAs against plan of 4,328 (132.8%). Of this total, surgical FSAs are 3,156 against a plan of 2,813 (112.2%).

NMDHB is required to deliver 6029 discharges every year. At the end of September 2011 we have delivered 1,594 discharges against a plan of 1,572 (101.4%)

At the end of September 2011 we have delivered 2356 caseweights (118.4%) against a plan of 1991 caseweights.

The high caseweight delivery in Orthopaedics is the result of trying to reduce the number of long waiting patients to ensure all patients are treated within six months of being given certainty for an elective procedure.

(iii) Shorter Waits for Cancer Treatment

This information is only available every quarter. The latest reports indicate that patients needing radiation treatment are currently receiving treatment within the target time.

(c) The following is a breakdown of volumes for October.

Acute / Elective Caseweights - KPI View									
October 2011									
Type	Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan	
Acute	Med	M00001	General Medical Inpatient DRG's	4797	1688	1770	82	105%	
		M10001	Cardiology Inpatient DRG's	623	219	331	112	151%	
	Med Total			5420	1907	2101	194	110%	
	Specialist	D01001	Dental Inpatient DRG's	27	10	7	-3	70%	
		M55001	Paediatric Medical Inpatient DRG's	697	245	256	11	104%	
		S25001	Ear, Nose and Throat Inpatient DRG's	112	39	34	-5	87%	
		S30001	Gynaecology Inpatient DRG's	203	71	84	13	118%	
		S40001	Ophthalmology Inpatient DRG's	30	11	9	-2	84%	
		S70001	Urology Inpatient DRG's	156	55	72	17	131%	
		W06003	Neonates Inpatient DRG's	416	146	163	17	111%	
		W10001	Maternity Inpatient DRG's	1345	473	683	210	144%	
	Specialist Total			2987	1051	1309	258	125%	
	Surg	S00001	General Surgery Inpatient DRG's	2273	800	750	-50	94%	
		S05001	Anaesthesia Services Inpatient DRG's	20	7	1	-6	16%	
		S45001	Orthopaedics Inpatient DRG's	1766	621	620	-1	100%	
		S75001	Vascular Inpatient DRG's	8	3	15	12	539%	
	Surg Total			4067	1431	1386	-45	97%	
	Acute Total				12474	4389	4795	407	109%
	Elective	Med	M00001	General Medical Inpatient DRG's	114	40	25	-15	62%
			M10001	Cardiology Inpatient DRG's	338	119	93	-26	78%
Med Total			452	159	118	-41	74%		
Specialist		D01001	Dental Inpatient DRG's	196	69	53	-16	77%	
		M55001	Paediatric Medical Inpatient DRG's	28	10	9	-1	93%	
		S25001	Ear, Nose and Throat Inpatient DRG's	479	168	86	-83	51%	
		S30001	Gynaecology Inpatient DRG's	758	267	250	-16	94%	
		S40001	Ophthalmology Inpatient DRG's	420	148	140	-8	95%	
		S70001	Urology Inpatient DRG's	571	201	157	-44	78%	
Specialist Total			2451	862	695	-167	81%		
Surg		S00001	General Surgery Inpatient DRG's	1710	602	533	-69	89%	
		S05001	Anaesthesia Services Inpatient DRG's	30	11	12	2	116%	
		S45001	Orthopaedics Inpatient DRG's	2040	718	684	-33	95%	
		S75001	Vascular Inpatient DRG's	172	61	45	-15	75%	
Surg Total			3952	1390	1275	-116	92%		
Elective Total				6855	2412	2088	-324	87%	
Grand Total				19329	6800	6883	83	101%	
October 2010									
		Type	DM Area		Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Acute		Med			5719	2012	1782	-230	89%
	Surg			4348	1530	1530	0	100%	
	W, C & OH			2657	935	942	8	101%	
Acute Total				12724	4476	4254	-222	95%	
Elective	Med			447	157	174	17	111%	
	Surg			5284	1859	1863	4	100%	
	W, C & OH			956	336	312	-24	93%	
Elective Total				6688	2353	2350	-3	100%	
Grand Total				19412	6829	6604	-225	97%	

(IX) MAORI HEALTH/IWI RELATIONSHIP

(a) IHB Meetings

The IHB meeting held their meeting on 21st October 2011. This was a shortened meeting coinciding with the Strategic Conversation workshop hosted by the NMDHB Board. The meeting covered updates on the Maori and Pacific Health Reference Group, NMDHB Kaumatua Group, and progress against the annual work plan.

(b) Maori Health Outcomes Framework

Description		By When	Progress
Dash Board	Evidence		
✓	<ul style="list-style-type: none"> Complete a literature and evidence based review on Outcomes based frameworks (International/ National). 	21 July 2011	Complete. Literature is complete. Information is being written up
✓	<ul style="list-style-type: none"> Interview key stakeholders to collect information/knowledge (Service Directorates etc) to shape the framework. 	26 Aug 2011	Complete. Appointments have been held with Service Directorates, IHB, NBPHO, & KHPHO.
✓	<ul style="list-style-type: none"> Prepare a report summarising the literature and interview stakeholder's comments. 	09 Sept 2011	Complete. A draft report has been received. Feedback comments have been provided.

Description		By When	Progress
Framework Establishment			
?	<ul style="list-style-type: none"> Map a draft outcomes framework for NMDHB to review. Include as part of the mapping (quantitative/ qualitative): <ul style="list-style-type: none"> Areas of success against the 30-year vision. What data will feed in to the long term framework to inform our success? What other research might be needed to provide continued intelligence covering the 30-year period. 	21 Sept 2011	<p>This project is under way. The latest report indicates that key indicators are being mapped that will inform the future shape of the framework.</p> <p>The NMDHB Reference Group will direct and advise on the shape and form to the framework.</p>
X	<ul style="list-style-type: none"> Prepare a report setting out the Maori Health Outcomes framework with measure to show success. 	06 Oct 2011	It has not started.

(X) ORGANISATIONAL DEVELOPMENT**(a) FTE Report – October 2011****FTE Report
October 2011**

FTE	Actual CM	Budget CM	Variance	Actual YTD	Budget YTD	Variance
SMO	100	97	(3)	95	95	-
MOSS	18	20	2	18	19	1
Registrars	15	12	(3)	14	11	(3)
House Officers	52	48	(4)	47	47	0
Probationers & Interns	-	-	-	-	-	0
Nursing	665	634	(31)	643	629	(14)
Allied Health	593	578	(15)	573	578	5

(b) Complaints

There were 33 complaints for the month of September, with 14 of those for Wairau and 19 for Nelson. One complainant identified as being Maori.

Of these overall complaints, there was one for each region concerning a community site, in both cases being a retirement village and both being considered mild.

There was a 90% response rate achieved within 20 working days, with three complaints responded to outside the desired period.

No Health & Disability complaints were received for the month of September. We are awaiting decisions on six complaints currently with the Commissioner.

The graph indicating responses is attached as **Appendix 2**.

(c) Compliments

The compliments for October are:

Nelson Hospital – 8 from the following departments: Allied Health Physiotherapy; AT&R; Emergency; Maternity; Medical Unit; Oral Health – Hospital; Radiology and Ward 9

Wairau Hospital – 3 from the following departments: Emergency; HDU and Inpatient (Medical/Surgical) Unit.

The compliments listed are gathered from the “Comment on Services” form.

(d) Employee Relations

The National Multi Employer Collective Agreement (MECA) and NMDHB Collective Agreement updates are attached as **Appendix 3**.

(XI) CORPORATE SERVICES

(a) Dalton House

Relocations from Dalton House are proceeding well, with IT and the library the last remaining components.

IT will move to other facilities on site once renovations have occurred.

Alternate temporary plans are being explored for library as no existing on-site facility suits.

(b) Wairau Administration Building

As part of site planning, the Public Health staff in the Wairau Administration Building will move to the space vacated by Churchill Trust, once the Trust has a new facility.

Given on-going concerns of the building’s safety, interim plans are currently being explored for the staff located in this building.

(c) Wairau Parking, Lighting and Signage

Works are now well underway and will be substantially completed in early December.

This includes new parking areas, lighting and footpaths.

(XII) INTERSECTORAL AND OTHER DHB LINKAGES

- (a) Intersectoral and other DHB linkages for the period:
- Golden Bay Interim Management Group
 - National CEOs
 - SI CEOs
 - SI Chairs
 - Churchill Trust
 - Regular meetings with PHO CEOs
 - Meeting with Golden Bay Grey Power.

(XIII) STRATEGIC ISSUES

(a) Nelson Marlborough Health Alliance

(i) Minor Surgical Skin Lesions

The aim is to provide a Better, Sooner, and More Convenient service for patients requiring the removal of a skin lesion. The focus is on involving primary care more fully in the delivery of the service. Referral information in Nelson is being reviewed by General Practitioners with a view to enhancing the service. A Wairau trial of a new pathway for skin lesion removal began on 11th November 2011 for a four month period.

(ii) Clinical Pathways

A number of clinical pathways are under development and the website usage is increasing.

(b) South Island Alliance

The six key indicators in the SI Alliance continue to make good progress, with the Clinical Group focusing on their agreed annual work plans. Considerable activity is being undertaken by the Information Systems workstream and the Shared Services workstream is working closely with HBL.

(c) Emergency Planning

With the Rugby World Cup and South Island Masters Games now complete (without any significant incidents), attention has now moved to working with the PHOs to address emergency planning in community providers.

Regular meetings were held during RWC to ensure NMDHB plans were up to date and an appropriate level of readiness was in place on the three local game days. A CBAC was established in the seminar centre each game day as a precaution to any major incident. This involved four staff from both the DHB and NBPH who set up a temporary assessment centre. The staff were utilised within the hospital on those days.

There was minimal disruption to elective services during a period when occupancy was high.

A number of people were involved in planning for the health response. It is asked that the Board recognises the efforts of those people, and thanks them for ensuring that health and disability services in Nelson Marlborough were ready for the RWC.

John Peters

CHIEF EXECUTIVE

16 November 2011

RECOMMENDATIONS ARISING FROM THIS REPORT:

- 1. THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED**
- 2. THAT THE FINANCIAL REPORT BE ADOPTED.**

4.3 Committee Reports

Nil

Status

This report contains:

- For decision
- Update
- Regular report
- For information

APPENDIX 1 – FINANCIAL REPORT OCTOBER 2011

OPERATING RESULTS

Consolidated Statement of Financial Performance								
\$000	October 2011			Prior YTD	Year to Date			Full Year
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	DAP
Revenue	33,939	33,465	474	130,359	135,392	134,179	1,213	402,179
Expenditure								
Personnel Costs	12,247	11,882	(365)	47,698	48,483	48,688	205	149,506
Outsourced Services	1,135	903	(232)	3,778	4,103	3,601	(502)	10,646
Clinical Supplies	2,817	2,591	(225)	10,696	11,654	10,651	(1,003)	31,301
Infrastructural and Non Clinical Supplies	2,991	2,763	(228)	10,439	11,433	11,219	(215)	33,085
Personal Health Expenditure	9,073	9,162	89	36,148	36,611	36,591	(20)	109,593
Mental Health Expenditure	979	1,021	42	3,835	3,973	4,083	110	12,154
Public Health Expenditure	6	1	(5)	5	25	3	(22)	10
Disability Support Expenditure	3,740	3,687	(53)	13,693	15,442	14,643	(799)	43,612
Hauora Maori Services Expenditure	238	234	(4)	908	910	938	28	2,813
Interdivisional Eliminations	(0)	0	0	0	0	0	0	(0)
Internal Revenue/Expenses	0	(0)	(0)	0	0	0	0	(0)
Total Expenditure	33,225	32,244	(981)	127,201	132,635	130,417	(2,218)	392,720
Net Surplus/(Loss) before Interest & Capital Charge	714	1,222	(508)	3,158	2,757	3,762	(1,005)	9,459
Interest Received	125	70	56	504	483	278	205	835
Interest Paid	(242)	(263)	20	(789)	(940)	(1,018)	78	(3,016)
Capital Charge	(595)	(597)	2	(2,303)	(2,379)	(2,398)	19	(7,170)
Net Surplus/(Loss)	2	432	(430)	571	(79)	625	(704)	108
Made up of Divisional Surplus/(Loss):								
Funder	307	(126)	433	(111)	(183)	(228)	45	23
Governance	43	2	41	265	52	(19)	71	0
Provider	(348)	556	(903)	417	52	872	(820)	85
Total	2	432	(430)	571	(79)	625	(704)	108

The results for the month includes one main exceptional item, this is a further \$310k accrual for the DSS sleepover allowances. This brings the total provision to \$840k.

Revenue: \$1.4m more than budget YTD (including interest received)

Expenses: \$2.1m more than budget YTD (including interest paid and capital charge)

Net Result: \$0.7m worse than budget YTD.

Revenue

Of the \$1.4m variance YTD:

- Income from Canterbury DHB for aged residential care of Christchurch residents is continuing. This has added \$475k to the revenue YTD

- Interest received continues to track better than plan due to careful management and investments made at rates higher than budgeted, giving a \$205k favourable variance to budget YTD
- Other miscellaneous income such as rebates from suppliers, reimbursements of energy charges to other onsite users, and rentals are \$171k favourable to budget YTD
- Variances in the Fund include \$333k unbudgeted funding for long term support to people with chronic health conditions, \$67k favourable variance for HEHA relating to revenue brought forward from 2010/11, PBFF adjustment for growing and sustaining dementia services \$111k, and additional interventions \$72k.

Expenditure

Payments to providers are reporting close to budget with the exception of Disability Support Residential Care Hospitals and Rest Homes \$162k in Oct, \$851k YTD unfavourable variance, in connection with the Aged Residential Care for Christchurch residents. Community Pharmaceutical payments through Healthpac are back on track with a small negative variance in October.

Variances in all other categories in October are unfavourable, partly reflecting the exceptional items mentioned earlier.

Personnel costs are showing 3% (\$365k) over budget in the month

- DSS is \$284k over budget for the month and \$339k over YTD which is principally made up of the DSS Sleepover allowance of \$310k
- Clinical Support is \$137k over budget for the month and \$149k over YTD. This is made up of several small unfavourable variances including nursing unbudgeted patient transport, extra Wairau Admin to update records and cover sick leave, and extra Allied Health payments for maternity and sick leave, and a correction to Radiology CME
- Mental Health is still tracking 5% under budget, \$59k for the month and \$565k YTD (13 FTE under). This is largely in nursing staff.

Outsourced costs show a 26% (\$232k) unfavourable variance in the month and \$502k unfavourable YTD

- This includes the \$107k one-off unbudgeted payment for the InterRAI assessment tool in September
- Medical/Surgical costs are \$296k over budget YTD, largely in Wairau because of \$74k locum cover in ObstetGynae, \$99k in Anaesthetists (offset by saving in Personnel cost in this area) and \$55k on an Orthopaedic locum covering Medical leave.

Clinical Supplies are over budget 9% (\$225k) in October, and 9% (\$1003k) YTD.

- Pharmaceuticals are over budget \$390k YTD, of this, Immunosuppressives make up \$233k YTD. Blood products \$118k unfavourable variance YTD continues to be high reflecting ongoing high activity requiring blood. Air Ambulance for October was \$66k over budget with several high cost flights and one transfer costing \$35k.
- Medical/Surgical are 11% (\$129k) over in the month and 11% (\$569k) over YTD. The bulk of this is in Patient consumables and Knee prostheses. Health Benefits Ltd are currently reviewing procurement arrangements in an attempt to reduce costs.

- A negative variance of \$204k for Pharmacy Services is relating to a one-off payment to Pharmac as NMDHB's share of topping up their discretionary fund to its minimum balance.

Pharmaceuticals Expenditure \$000s	Current Month			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Provider	515	449	(66)	2,308	1,918	(390)	5,692
Community Pharmaceuticals	2,883	2,882	(1)	11,423	11,446	23	33,867
Pharmacy Service	-	-	-	204	-	(204)	-
Total NMDHB	3,398	3,331	(67)	13,935	13,364	(571)	39,559

Infrastructure costs are \$118k over YTD

- \$96k of this relates to the extra cost of earthquake insurance
- Utilities are over budget by 20% (\$210k) YTD. Coal prices up 10% and higher usage than budgeted over the winter have contributed to this variance
- Maintenance is over by 46% (\$165k) YTD
- Interest paid continues with a positive variance related to interest rates obtained late in 2010/11 better than those assumed in the budget for this year.

Financial Performance by Division

Governance & Admin Statement of Financial Performance								
\$000	October 2011			Prior YTD	Year to Date			Full Year
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	DAP
Revenue	536	512	24	1,921	2,139	2,047	93	6,140
Expenditure								
Personnel Costs	78	81	3	506	328	339	11	1,022
Outsourced Services	38	24	(14)	96	225	96	(129)	289
Infrastructural and Non Clinical Supplies	64	101	37	194	283	407	124	1,228
Internal Allocations	155	154	(0)	248	618	616	(1)	1,849
Total Expenditure	335	360	25	1,045	1,453	1,458	5	4,388
Net Surplus/(Loss) before Interest & Capital Charge	201	152	50	877	686	588	97	1,752
Capital Charge	(158)	(150)	(9)	(612)	(634)	(608)	(26)	(1,752)
Net Surplus/(Loss)	43	2	41	265	52	(19)	71	0

Fund Statement of Financial Performance

\$000	October 2011			Prior YTD	Year to Date			Full Year
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	DAP
Revenue								
Ministry of Health	30,840	30,519	321	118,756	123,088	122,191	898	366,718
Other Revenue	27	8	19	0	65	33	32	99
Total Revenue	30,867	30,527	340	118,756	123,153	122,224	929	366,818
Expenditure								
Personal Health Expenditure	21,754	21,828	73	85,328	87,414	87,255	(160)	261,615
Mental Health Expenditure	3,103	3,144	42	12,153	12,467	12,578	110	37,639
Public Health Expenditure	151	151	(0)	920	689	605	(84)	1,814
Disability Support Expenditure	4,856	4,828	(27)	18,057	20,018	19,208	(811)	57,306
Hauora Maori Services Expenditure	238	234	(4)	908	910	938	28	2,813
Other Expenses	523	508	(14)	1,834	2,092	2,034	(58)	6,102
Total Expenditure	30,625	30,694	70	119,200	123,590	122,616	(974)	367,288
Net Surplus/(Loss) before Interest & Capital Charge	243	(167)	410	(444)	(437)	(392)	(45)	(470)
Interest Received	64	41	23	333	255	164	90	493
Net Surplus/(Loss)	307	(126)	433	(111)	(183)	(228)	45	23

Provider Statement of Financial Performance

\$000	October 2011			Prior YTD	Year to Date			Full Year
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	DAP
Revenue								
Ministry of Health	1,792	1,701	91	6,945	6,897	6,968	(70)	20,654
Internal Fund	16,066	16,081	(15)	62,778	64,538	64,325	213	193,004
Other Government	426	381	45	1,690	1,626	1,622	4	4,678
Other Revenue	840	853	(13)	2,880	3,666	3,353	313	9,991
Total Revenue	19,124	19,016	108	74,292	76,727	76,267	460	228,327
Expenditure								
Personnel Costs								
Medical Personnel	3,029	3,113	83	12,259	12,478	13,167	689	40,380
Nursing Personnel	4,090	4,019	(70)	16,232	16,284	16,087	(196)	49,674
Allied Health Personnel	3,071	2,703	(368)	10,360	11,367	11,018	(348)	34,078
Support Personnel	393	367	(26)	1,481	1,502	1,502	(0)	4,620
Management/Administration Personnel	1,586	1,599	13	6,861	6,526	6,575	49	19,732
Total Personnel	12,169	11,801	(368)	47,192	48,156	48,349	193	148,484
Outsourced Services	1,097	879	(218)	3,682	3,878	3,505	(373)	10,357
Clinical Supplies	2,817	2,591	(225)	10,696	11,654	10,651	(1,003)	31,301
Infrastructural and Non Clinical Supplies	2,926	2,662	(264)	10,245	11,148	10,812	(336)	31,857
Provider Payments	0	0	0	0	0	0	(0)	0
Total Expenditure	19,009	17,933	(1,076)	71,815	74,836	73,317	(1,519)	221,999
Internal Allocations	155	154	0	248	618	616	1	1,849
Net Surplus/(Loss) before Interest & Capital Charge	270	1,237	(967)	2,725	2,509	3,566	(1,058)	8,177
Interest Received	61	29	33	171	229	114	115	342
Interest Paid	(242)	(263)	20	(789)	(940)	(1,018)	78	(3,016)
Capital Charge	(436)	(447)	11	(1,690)	(1,746)	(1,790)	45	(5,418)
Net Surplus/(Loss)	(348)	556	(903)	417	52	872	(820)	85

Consolidated Financial Position

Consolidated Statement of Financial Position \$000s	June 2011	CM Last Year	CM Actual	CM Budget	Variance	DAP
Bank	17,881	18,307	22,839	35,034	(12,195)	40,131
Deposits > 3 months	6,020	-	3,056	-	3,056	-
Debtors & Prepayments	13,027	9,136	13,713	9,070	4,643	8,951
Stock	2,043	2,024	2,158	2,318	(160)	2,318
Assets Held for Sale	2,769	-	2,361	-	2,361	-
Current Assets	41,740	29,467	44,126	46,422	(4,656)	51,400
Creditors	24,094	20,400	23,761	32,589	8,828	34,024
Employee Entitlements	27,994	30,645	29,508	25,925	(3,583)	25,826
Term Debt - Current Portion	13,149	1,393	13,130	13,544	414	1,750
Current Liabilities	65,237	52,438	66,399	72,058	5,659	61,600
Working Capital	(23,497)	(22,971)	(22,273)	(25,636)	3,363	(10,200)
Non Current Assets	162,751	163,035	161,149	164,316	(3,167)	161,498
Net Funds Employed	139,254	140,064	138,876	138,680	196	151,298
Long Service Leave	2,452	2,088	2,452	2,088	(364)	2,088
Retiring Gratuities	7,592	7,754	7,592	7,754	162	7,754
Sabbatical Leave	2,275	1,016	2,275	1,016	(1,259)	1,016
Term Debt	37,130	41,117	36,830	36,612	(218)	49,767
Non Current Liabilities	49,449	51,975	49,149	47,470	(1,679)	60,625
Crown Equity	89,805	88,089	89,727	91,210	(1,483)	90,673
Net Funds Employed	139,254	140,064	138,876	138,680	196	151,298

The variance between the actual June 2011 Consolidated Financial Position and that used for the budget was \$2,427k in Net Funds Employed. The variance against budget for October shows \$196k, therefore \$2,231k of total Net Funds Employed variance is attributable to the current financial year.

The variance lies in equity relating to the better than budget result for the year to date. The balancing amount is made up of many small variances both favourable and unfavourable, but concentrated around accruals for debtors, salaries and wages and employee entitlements.

Consolidated Cashflow Position

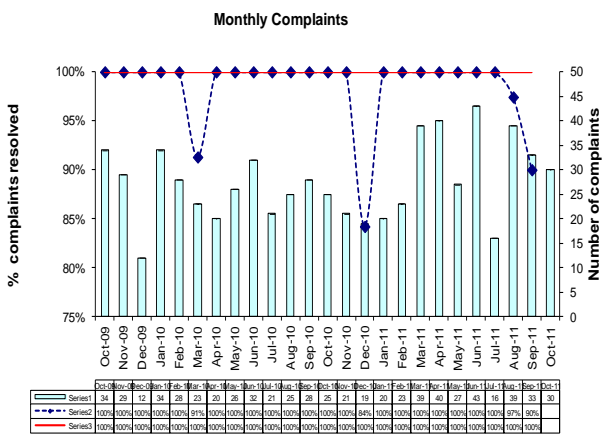
Consolidated Statement of Cash Flows \$000s	Current Month			Prior YTD	Year to Date			Full Year
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	DAP
Operating Cash Flow								
Receipts								
Government & Crown Agency Received	34,987	32,625	2,362	127,925	131,163	130,878	285	392,344
Other Revenue Received	879	853	26	2,870	3,659	3,352	307	9,990
Total Receipts	35,866	33,478	2,388	130,795	134,822	134,230	592	402,334
Payments								
Personnel	11,107	11,882	775	44,277	48,295	48,688	393	149,507
Payments to Suppliers	5,123	5,171	48	28,591	25,110	21,121	(3,989)	61,498
Capital Charge	-	-	-	1,736	598	1,735	1,137	5,326
GST	(1,037)	(22)	1,015	71	(705)	1,455	2,160	1,519
Payments to Other DHBs	-	3,191	3,191	13,875	-	12,766	12,766	38,203
Payments to Other Providers	14,036	10,831	(3,205)	40,714	56,962	43,101	(13,861)	129,752
Total Payments	29,229	31,053	1,824	129,264	130,260	128,866	(1,394)	385,805
Net Cash Inflow/(Outflow) from Operating Activities	6,637	2,425	4,212	1,531	4,562	5,364	(802)	16,529
Cash Flow from Investing Activities								
Receipts								
Interest Received	125	70	55	504	483	278	205	835
Sale of Fixed Assets	361	21	340	42	856	43	813	129
Total Receipts	486	91	395	546	1,339	321	1,018	964
Payments								
Capital Expenditure	601	477	(124)	9,591	2,648	1,906	(742)	7,953
Increase in Investments	1,026	-	(1,026)	-	(2,964)	-	2,964	-
Total Payments	1,627	477	(1,150)	9,591	(316)	1,906	2,222	7,953
Net Cash Inflow/(Outflow) from Investing Activities	(1,141)	(386)	(755)	(9,045)	1,655	(1,585)	3,240	(6,989)
Net Cash Inflow/(Outflow) from Financing Activities	(309)	(295)	(14)	2,901	(1,259)	(1,135)	(124)	(1,799)
Net Increase/(Decrease) in Cash Held	5,187	1,744	3,443	(4,613)	4,958	2,644	2,314	7,741
Plus Opening Balance	17,652	33,290	(15,638)	22,920	17,881	32,390	(14,509)	32,390
Closing Balance	22,839	35,034	(12,195)	18,307	22,839	35,034	(12,195)	40,131

- Net Cash Flow from Operating is \$4.2m favourable to budget for the month. This is a combination of higher than expected government receipts lack of budgeted payments to Other DHB's in October. This favourable cash flow for the month has reduced YTD variance to \$0.8m unfavourable
- Net Cash Flow from investing is unfavourable to budget this month by \$0.8m. This reduces the favourable YTD variance to \$3.2m. Investments have increased and cash was received for the sale of a Kawai Street property
- Financing activities are reasonably close to budget, \$0.1m unfavourable YTD.
- Cash opening balances were \$14.5m unfavourable to budget due to the classification of cash on deposit, and also substantial asset sales that were budgeted in the 2010/11 financial year and did not occur.

APPENDIX 2 – COMPLAINTS REPORT OCTOBER 2011

M8
Resolution of complaints

BSC Objective: C7: Integrity: operate fairly, ethically and responsibly
Objective Owner: Chief Medical Officer
Measure Leader: Pam Stinton-Whetnall



Description:

- The purpose of the complaints resolution process is to provide a managed response to complaints received by the District Health Board.
- It is the DHB's commitment to seek resolution for consumers or their families who have concerns about services received. This is part of quality improvement activities.
- The set target is for 100% of complaints to be responded to within 20 working days from the date of acknowledgement, as stipulated within the Code of Health & Disability Services Consumers' Rights unless otherwise resolved within that timeframe.

Issues:

The new quality reporting database provides reporting facilities into particular services, staff areas, issues and resolution outcomes.

Implications and

- Complaints not responded to in a timely manner may lead to more patient dissatisfaction and escalation by the complainant to the Health & Disability Commissioner.

Expected Impact:

- Increased resourcing implications arise when the DHB is required to investigate a complaint based on the Commissioner's requirement for further investigation.

Actions :

- Complaints coordinator to maintain contact with staff regarding resolution and response timeframes in order to maintain a constant 100% response rate.
- As per policy, where timely responses are not received within the specified timeframe, the Complaints Coordinator must inform the Service Director, with escalation to the Chief Executive if the delay continues.

APPENDIX 3 – MECA & COLLECTIVE AGREEMENT UPDATES**NATIONAL MULTI EMPLOYER COLLECTIVE AGREEMENT (MECA) UPDATE**

MECA & UNION	COVERAGE	UPDATE
Associated Salaried Medical Specialists (ASMS)	132 employees	The parties have agreed a settlement; ASMS is currently recommending the offer to their National Conference. If Conference agrees a formal ratification process will follow with the membership by post.
Clinical Physiology (APEX)	7 employees	The document has lapsed and the Union have applied to the Employment Relations Authority for Facilitation. The outcome of the application is awaited.
Medical Radiation Technologists (MRT) (APEX)	47 employees	The Union initiated bargaining on 4 August. They have initiated to continue a national MRT MECA but have separated Sonographers out for a National MECA. An Interest Based Bargaining approach to these negotiations has been agreed and is underway.
Nurses & Midwives MECA (NZNO)	894 employees	NZNO membership did not ratify the Managed Bargaining offer. Subsequently an Interest Based Bargaining approach was agreed between the parties and is about to get underway.
Public Service Association National MECA	Mental Health & Public Health Nurses (174 employees) Allied Health (270 employees) Clerical (212 employees)	PSA membership did ratify the original Managed Bargaining offer. However due to the multi union approach to that agreement the DHBs are now working specifically with the PSA on a pathway to take the offer back to their membership.
Midwives (MERAS)	48 employees	MERAS have indicated they wish to await the outcome of DHBs negotiations with NZNO prior to recommencing bargaining.
6 NMDHB Single Employer Collective Agreements	476 employees	These agreements were part of the original Managed Bargaining process. They have signaled in discussions with DHB Shared Services that they are prepared to take the offer back to their membership. Discussions continue.

NMDHB & REGIONAL COLLECTIVE AGREEMENT (CEA) UPDATE

CEA & UNION	COVERAGE	UPDATE
Clerical (NUPE)	3 employees	This collective is under negotiation.

SECTION 5: FOR INFORMATION

SECTION 6: MEMBERS' ISSUES

Nil

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
ACC	Accident Compensation Corporation
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
AOD	Alcohol and 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
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CAMHS	Child and Adolescent Mental Health Services
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
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)
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
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
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMS	Contract Management System

CNM	Charge Nurse Manager
Concerto	IT system which provides clinician's interface to systems
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CPO	Controlled Purchase Operations
CPU	Critical Purchase Units
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYAERG	Child Youth Advisory & Expert Reference Group.
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DAP	District Annual Plan
DAR	Diabetes Annual Review
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EQP	Earthquake Prone Building Policy
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
FF&E	Furniture, Fixtures and Equipment
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
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
HAC	Hospital Advisory Committee
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
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
HODs	Heads 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
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan

JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
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)
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHINC	Mental Health Information Network Collection
MHWSF	Maori Health and Wellness Strategic Framework
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
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRT	Nicotine Replacement Therapy
MRSA	Methicillin Resistant Staphylococcus Aureus
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

NETP	Nursing Entry to Practice
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMIT	Nelson Marlborough Institute of Technology
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services
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
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
P&F	Planning and Funding
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
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
PN	Practice Nurse
PPP	PHO Performance Programme
PSAAP	PHO Service Agreement Amendment Protocol
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule

QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SIA	Services to Improve Access
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLH	SouthLink Health
SLT	Strategic Leadership Team
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
TRTT	Te Roopu Tupu Tahī
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEII	Whānau Engagement, Innovation and Integration
WIP	Work in Progress
YTD	Year to Date
YTS	Youth Transition Service

November 2011