

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough District Health Board
held on Tuesday 24 January 2012 at
1.00pm

DHB Seminar Centre Room 1
Braemar Campus
Waimea Road
Nelson



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

DHB Seminar Centre Room 1, Braemar Campus, Waimea Road, Nelson

Tuesday, 24 January 2012 commencing 1.00 pm

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PUBLIC EXCLUDED MEETING	2.15 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 20 December 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 ▪ Board Member of Ngati Koata Trust 		<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 18 January 2012

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 	<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
		Paediatric Life Support NZ			
	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 			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		Health IT Board Clinical Leadership Group RNZCGP ▪ Advisory Group Member, Royal NZ College GPs Professional Practice Expert Advisory Group			
	Carey Virtue		▪ Partner works in the Ministry of Health		
CORPORATE SUPPORT					
	Nick Lanigan		▪ Wife consultant for 2 Degrees		
	Denise Hutchins	Nil			
	Dr Sharon Kletchko	▪ 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	▪ Deputy Chair of the New Zealand Standards Council ▪ Member of the Board – EVIDEM Collaboration.	▪ 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	▪ Ngati Toarangatira Connections		▪ Tribal Interest	

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CHIEF EXECUTIVE'S OFFICE					
	John Peters	<ul style="list-style-type: none"> ▪ Director of SISSAL ▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust ▪ Trustee Churchill 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 health services at Wairau Hospital ▪ 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 18 January 2012

SECTION 3: MINUTES

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD AT THE FUNCTION CENTRE, SLIP INN, HAVELOCK TUESDAY 20 DECEMBER 2011 AT 9.30 AM

Present:

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

Apologies

Gerald Hope

In Attendance:

John Peters (CE), Nick Lanigan, Mike Cummins and Sharon Kletchko

Karakia:

Patrick Smith

SECTION 1: APOLOGIES, REGISTRATIONS OF INTEREST AND MINUTES OF PREVIOUS MEETING

Moved: John Moore

Seconded: Judy Crowe

RECOMMENDATIONS:

- 1. THAT THE APOLOGIES BE ACCEPTED;**
- 2. THAT THE REGISTRATIONS OF INTEREST BE NOTED; AND**
- 3. THAT THE MINUTES OF THE MEETING 22 NOVEMBER 2011 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

AGREED

1.2 Matters Arising

Minutes from Chairs' meeting were circulated.

1.3 Correspondence

Moved: Ian MacLennan

Seconded: Roma Hippolite

RECOMMENDATION:

THAT THE CORRESPONDENCE BE RECEIVED.

AGREED

SECTION 2: REPORTS**2.1 Chair's Report**

Report was taken as read. Board asked that their thanks for their efforts be conveyed to the staff. Particularly those affected by the recent floods.

Moved: Jenny Black

Seconded: Patrick Smith

RECOMMENDATION:

THAT THE CHAIR'S REPORT BE RECEIVED.

AGREED**2.2 Chief Executive's Report****(I) GENERAL**

The CE thanked the Board for its support during the year. Report was taken as read.

(II) FOR DECISION

Nil

(III) QUALITY AND SAFETY

Members noted a number of whole of system changes are underway e.g. shifting services and theatre productivity.

(IV) FINANCIAL

Results for November is slightly better although the deficit remains over budget. Work is underway on the recovery plan and the Board Sub-committee met the previous week.

The fiscal challenges will be on going for 2012/13 with changes to KiwiSaver, insurances and HBL.

Hospital activity continues at a higher level. The recovery plan assumes that this will revert to previous levels.

Strategy and Planning are examining the reasons for the demand to determine the key drivers. It was noted that costs have been higher due to the drive to address the backlog of elective cases.

Members were briefed on proposed changes to the health targets for 2012/13 and the need for a change in culture in the community to move from illness based care plans to wellness based plans. A greater focus will occur on using IT to help patients access their own health information.

Members noted that the DHB will need to continue to improve efficiency, effectiveness and appropriateness to meet the wave of demand.

Summarised Results

For the Month Ended November 2011

	Prior YTD	Year to Date			November 2011
	Actual \$000	Actual \$000	Budget \$000	Variance \$000	Variance \$000
Funder	(69)	203	(197)	400	354
Governance	268	65	(21)	86	15
Provider	341	(686)	477	(1,163)	(342)
Net Result	540	(418)	259	(677)	27

(V) RUTHERFORD

Draft recommendations for Pharmacy and Churchill Trust are being considered by the Chief Executive.

(VI) STRATEGY AND PLANNING

Noted.

(VII) COMMUNITY BASED SERVICESGolden Bay IFHC

An update was given at a meeting with the Trustees of the alternative site. Information has been shared and a further meeting is planned. Members were briefed on a recent Open Day where the IMG was encouraged to get on with it.

Members discussed the contractual provisions that could direct Nelson Bays PHO as provider in the delivery of services. They also agreed that the proceeds of the Joan Whiting Resthome should be committed to the IFHC project.

The Boards of the PHOs and NMDHB to meet in February 2012 to discuss expectations, the Alliance framework, the governance structure and opportunities for efficiencies. The focus for the future is to find better ways of doing things with less inputs and to consider at a macro level how should services be structured in this district.

(VIII) CLINICAL SERVICES SUPPORT

Noted the mid trial report on the Blenheim Nelson patient shuttle.

(IX) MEDICAL SURGICAL SERVICES

Noted.

(X) MAORI HEALTH/IWI RELATIONSHIP

Agreed that the Board to Board meeting to have specified topic for each meeting.

(XI) ORGANISATIONAL DEVELOPMENT

Noted.

(XII) CORPORATE SERVICES

Noted that land values in Blenheim have decreased which will impact on the expected sale value of the surplus land. Management to consider if there were any benefits to delaying the sale.

(XIII) INTERSECTORAL AND OTHER DHB LINKAGES

Noted.

(XIV) STRATEGIC ISSUES

Noted the recent floods had tested emergency planning. Members discussed the Board having portable generation equipment that can be located in a primary facility in affected areas.

Moved: Gordon Currie

Seconded: Roma Hippolite

RECOMMENDATION:

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

AGREED

2.3 COMMITTEE REPORTSHospital Advisory Committee

Taken as read.

Moved: Judy Crowe

Seconded: Russell Wilson

RECOMMENDATION:

THAT THE HAC CHAIRMAN'S REPORT BE RECEIVED.

AGREED

SECTION 3: FOR INFORMATION

Members noted the guidance notes for Emergency Departments.

SECTION 4: MEMBER'S ISSUES

Nil

Public Excluded

Moved: Ian MacLennan

Seconded: Judy Crowe

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:

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AGREEDActions Arising from the Meeting

Action	Responsible	Time Frame
Members to advise Chair on joint PHO meeting.	All	24 January 2012
Schedule Board meeting in Murchison	Mike Cummins	24 January 2012
Combined report on diabetes for PHOs	Sharon Kletchko	24 January 2012

Meeting closed at 1.00 pm

Members of Public

Jean Wilson (Greypower) and on behalf of John Brett thanked the Board for its efforts over the year.

3.1 MATTERS ARISING

Nil

3.2 CORRESPONDENCE RECEIVED

Date Received	From	Title
08/12	National Health Board (NHB)	Capital Investment Committee (CIC)
12/12	IAS NZ	Proteus Visionary Leadership Programme Offer from IAS NZ
14/12	Rototai Health	Nomination and Appointment of Trustee
15/12	Medibank	Assistance to NMDHB to achieve health targets
“	Child and Youth Mortality Review Committee	Special report: the involvement of alcohol consumption in the deaths of children and young people in New Zealand during the years 2005-2007 (publication)
“	National Health Board (NHB)	Quarter One 2011/12 Performance
“	Medical Council	Changes for doctors registered in a general scope of practice and those providing a collegial relationship
16/12	MOH	Release of the guidelines document <i>Youth Forensic Services Development</i>
19/12	Minister	New health target – More Heart and Diabetes Checks
“	Peter Chapman	Copy of letter re St Marks
23/12	MOH	Fictitious entries on PHO enrolment registers
“	Royal Australasian College of Surgeons	Inspections of general surgery posts for reaccreditation
“	Health Quality and Safety Commission	DHB link with HQSC
09/01	NHB	Funding Envelope 2012/13 and Planning Assumptions for 2013/14 and 2014/15
“	Saysomething.org.nz	The Green Paper for Vulnerable Children
“	Minister	Memorandum – Speech from the Throne
“	MOH	Release of Healthy Beginnings: Developing perinatal and infant mental health services in NZ
“	Stroke Foundation	Stroke Implementation Plan – a call to action

SECTION 4: REPORTS

4.1 Chair's Report

Happy New Year and I hope you and your family have a healthy and prosperous 2012.

The next twelve months will see the Nelson Marlborough District Health Board having to make challenging decisions on many fronts. As a Board, we have been mandated by the Minister of Health and the people of Nelson Marlborough to make the best use of our resources with the aim of improving the health of our population. To achieve this, there will be decisions that may not please everyone. As leaders, we must make these decisions, ensuring we have all available information and that the result will achieve the best health gain, with the resources we have. We can't achieve anything without our valuable resource, the staff of NMDHB. In advance and on behalf of the Board, we look forward to working together to ensure that the high standards we are known for are maintained, whether that is in clinical care or in management.

I look forward to meeting these challenges, as part of an informed Board, and that we do improve the health experience and the health outcomes of those in our region.

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) Shifting Services

The Directorate has a number of initiatives being trialled to shift services from a hospital setting to a community setting, with the focus on delivering a service that is better, sooner and more convenient for the patient. Services include delivery of IV antibiotics; skins lesion removal in community practice; follow-up appointments with General Practitioners with special interests; and IV treatment for migraines.

(ii) Scoping Review

Discussion on a shared Endoscopy waiting list is being held district wide. There is a need to match demand with capacity, and better manage those waiting for a colonoscopy. The Ministry of Health is considering a proposal to support improvements to the endoscopy service.

(iii) Surgical Pre-Admission Redesign

The team has process mapped the pre-admission pathway and highlighted the key bottlenecks. Currently designing an improved criteria based nurse supported preadmission pathway. The Ministry of Health has approved funding to support the redesign of our pre-admission pathway.

(iv) Variance Response to Acute Demand in a Hospital Setting

A project has been initiated as part of the Care Capacity Demand Management Programme to establish clear protocols on how the hospital as a whole can better respond to pressure on demand for services.

(v) Strengthening Clinical Leadership

The roles of Head of Department for the various specialty groups are being interviewed. The investment in clinical leadership is with the purpose of strengthening clinical engagement in service leadership and improvement.

(vi) RMO Review

A review of how we are currently staffing and utilising "junior" doctors in our various medical and surgical services is being undertaken. The focus of this review is to establish where we can deliver a greater quality of service, and value for money. The review is proposed to be concluded by the end of February.

Status

This report contains:

- For decision
- Update
- Regular report
- For information

(vii) Acute Pain Service

The consultation of how best to provide an acute pain service has been concluded, and the decision on how we can best configure a service district wide is due for release in February.

(b) Organisational Development

(i) Safety and Risk

The final Corrective Action Plan from the Accreditation audit was forwarded to the Designated Audit Agency on 21 December 2011 as required. Feedback was received on the 23rd December. The significant majority of actions taken were accepted, a number of corrective actions rated high risk were reduced to moderate risk. All corrective actions will be followed up by the auditors at their next visit 2nd – 5th April 2012.

(ii) Quality and People Development

Learning activity delivered or facilitated by the L&D Team included:

- Resuscitation Training: 36 Golden Bay staff were provided with varying levels of training over two days and 17 in Motueka received training during December
- Orientation attendees – Nelson 14 Marlborough 0, 8 RMOs oriented separately
- Nursing conducted three study days with 20 staff attending
- Family Violence training had 12 attendees
- E-learning programmes in development or at piloting stage include infection control and restraint. Medication safety will be commenced in new year
- Administration services customer service training will include a de-escalation module from February 2012

Floods in December compromised a number of training programmes in terms of the ability of staff to attend. A number were cancelled.

(iii) FINANCIAL

The December 2011 net result YTD is a deficit of \$1,078k, which is \$1,760k unfavourable to budget.

Summarised Results

For the Month Ended December 2011

	Prior YTD	Year to Date		December 2011
	Actual \$000	Actual \$000	Budget \$000	Variance \$000
Funder	(488)	(192)	(466)	274
Governance	298	123	(25)	148
Provider	140	(1,009)	1,173	(2,182)
Net Result	(50)	(1,078)	682	(1,760)

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

High level commentary and action planned on the financial result follows:

Fund

The Fund result YTD is a deficit of \$192k, this being \$274k favourable to budget.

Revenue is ahead of budget by \$1,385k. This reflects the continuing income from Christchurch DHB for aged residential care of Christchurch residents, now \$584k above budget, this recovery is expected to cover 80% of costs. The revenue surplus includes \$188k favourable variance for Interest received; \$143k one off prior year revenue (Electives wash up for delayed breast reconstruction, B4 school checks & additional Interventions St Marks); and \$30k additional Smokefree funding expected to be expended later in the year. The net IDF wash-up for 2010/11 is \$156k favourable to the June estimate.

Expenditure is over budget by \$1,111k. Included in this is the one-off payment to Pharmac of \$204k to top up the Discretionary Pharmaceutical Fund; the \$366k expense over budget for PCT drugs; \$104k for PHO other services; the extra travel costs of \$216k for sending patients to Wellington, rather than Christchurch. A variance of \$188k for aged residential care expenditure for Christchurch evacuees reflects the difference between actual expenditure and estimated funding through a service change based on the agreed business rules.

Provider

The NMDHB Provider result YTD is a deficit of \$1,009k, \$2,182k unfavourable to budget.

Revenue is \$612k ahead of budget YTD. Private patient income is \$119k above budget YTD, however, this is off-set by an associated increase in expenses. Reimbursements for utilities and steam are \$151k over budget YTD. The YTD gain on sale of Wakatu House and three Kawai St properties is \$245k. Interest received remains above budget \$136k YTD, as rates earned are better than budgeted and more is being invested.

Expenditure on Medical personnel is \$994k below budget in the first 6 months, this is offset by \$352k over budget in outsourced medical staff. Nursing staff are over budget by \$668k YTD.

Clinical supplies expenditure continues to exceed budget by \$388k in the month, \$2,008k (13%) year to date. The overspend is spread across a number of services and supply categories.

Infrastructure costs exceed budget by \$348k YTD, of which extra earthquake insurance is \$107k.

Interest paid is below budget \$118k YTD with the newest Crown loan at a lower rate than was budgeted.

(IV) RUTHERFORD INITIATIVE

Work is continuing by the Service Directorates on developing the options identified in the pharmaceutical, theatre capacity and private surgical services projects. Once this development work is complete and the direction endorsed by the CE an implementation plan will be prepared.

DSS is continuing to implement the agreed direction relating to the consolidation of houses and day activities. The number of houses being used has been reduced by relocating clients to vacant beds in other houses.

Some of the analysis work relating to Capacity Planning will form the basis for further investigations in other clinical areas.

(V) STRATEGY AND PLANNING

(a) 2012/13 Annual Plan

The third workshop to prepare for the 2012/13 Annual Plan was held on 6 December with the Board and NMDHB partners. The workshop was considered to be successful with positive conversations about the challenges in delivering on Government priorities and advancing health care in our district within available resources.

The outcomes will be used to develop the content of the 2012/13 draft Annual Plan. A draft agenda for the Board workshop on 24 January 2012 has been finalised.

(b) HEALTH2030

Strategy and Planning, with nominated members of the Service Directorate teams, is in the process of updating NMDHB's HEALTH2030 document to

include recent developments in integrated care, up-to-date evidence of what works, alignment with regional and national approaches, as well as an implementation plan. It is proposed that the updated version will go to management in February and to the Board in March 2012.

(VI) COMMUNITY BASED SERVICES

(a) Activity

(i) New-born Hearing Screening

Feedback from the Ministry on the last quarterly report was positive: "Thank you to the screening team for being committed to providing a high quality service to the families in your region. Your data supports that you are achieving good screening coverage, and your referrals to audiology and for targeted follow-up are within the expected ranges."

(ii) Earthquake Emergency Roadshow 15 December

Seminar held in Nelson regarding learnings for ARC and sector from Canterbury earthquake. 85 registrations. Excellent presentation given.

(iii) Pertussis

Since the start of the main outbreak in mid-November and establishment of the Emergency Operations Centre (EOC) on November 25, the outbreak has peaked during the second week of December. Since Christmas the weekly number of notifications has fallen to similar levels at the time of the EOC being established. However the beginning of the summer holiday period is expected to have lead to a reduction in numbers of notifications (independent of the natural outbreak progression) as people are less likely to access primary care services. In Marlborough there has continued to be a much lower level of notifications than in Nelson-Tasman, and these have also reduced after Christmas, as expected. It is unclear whether the resumption of normal primary care services and people returning from holidays will lead to sustained notification numbers through January, or a continued natural decline in outbreak numbers.

(iii) Murchison and Golden Bay Community Hospitals

- Murchison aged care running at about 50% of capacity. Also patient co payments are running about 10% behind expectation (budget). This will be looked at as part of the budgeting process.
- Similarly continuing care bed days in Golden Bay is running at about 80% of budget.
- Some challenges have been identified by the Charge Nurse manager in Golden Bay as we look to move services closer to home. The examples given include:
 - Oncology clients are now being referred to the Golden Bay oncology District Nurses earlier

- A surgery clinic at GBCH every second month; and
- Day-stay patients (as referred from Nelson) for treatments which up were previously being carried out in the Day Stay Unit at Nelson Hospital.

These are currently being managed within existing DHB resources and consideration is being given as to how these can continue when this service is provided by a third party (NBPH).

(iv) Golden Bay Integrated Health Centre

- Maternity. With assistance of Midwifery Adviser and HR Adviser we are undertaking consultation on a proposal for an independent contracted Primary Maternity Service for Golden Bay new model. The period of consultation was extended until 16 January, following the receipt of new information in relation to the funding that would be available for Maternity Services provided by NBPH.
- Work on the transition of employment of NMDHB staff to NBPH continues following appointment of the service director.
- The detailed design phase has been commenced by the design consultants.
- An Open Day was held 12 December 2011 in Takaka. This included presentations of the developed design and the project financial arrangements for the project. It was very well received.
- The sale and purchase agreement for the adjoining property has been progressed with only minor items outstanding that are yet to be agreed between the solicitors.
- There has been some slippage in the proposed construction timelines for the project with the above ground works to the 'new build' to be completed November 2012, followed by the refurbishment of the existing facilities to be completed in February 2013.
- A meeting was held with the new Rototai Trust to clarify understanding. The meeting was useful, but no conclusions have been reached.

(b) Health Targets

(i) Increased Immunisation
No report this period

(ii) Better Help for Smokers to Quit

The first quarter result showed a trend upwards from last year, which has been continued into the second quarter.

- October: 96% (Nelson 95%, Wairau 99%, Murchison 100%)
- November result 98% (Nelson 98%, Wairau 100%, GB 100%)
- December result 99% (Nelson 99%, Wairau 100%)

The target for June 2012 is 95%; we are well on track to achieving this.

- (iii) Better Diabetes and Cardiovascular Services
No report this period

(VII) CLINICAL SERVICES SUPPORT

(a) General

Cancer drugs spend continues to exceed Budget due to much higher volume of patients than in the past 12 months, especially in Nelson. However December did show a levelling off of demand

Blood costs are higher than budget due to higher occupancy and acuity, plus we have in December a higher and likely to be ongoing monthly costs of Intragam of \$25K per month due to patient need in Wairau

Patient travel in both scheduled and unscheduled flights has exceeded budget due to significant cost of one off expensive evacs to Auckland, \$188K, and trends over past six months have shown more patients travelling to Wellington by air instead of Christchurch (mileage costs).

(b) Blenheim Nelson Shuttle

Patient Shuttle Wairau, six-month pilot launched 5 September, 15.7% utilisation to 31 December, dropping from a high of 17% mid December. Service did operate between Christmas and New Year, but poor usage, and also stopped for two days when Floods impacted Nelson in mid December.

(c) Relocation of Nelson Hospital Therapy Equipment Store

Currently relocated from Dalton House due to Earthquake risk, to temporary location by Transport office. Move seems to have gone well, and communication plan put in place to advise patients.

(VIII) MEDICAL SURGICAL SERVICES

(a) Activity

The Medical Surgical Service delivered 1,978 Caseweights (120% of plan) for December and has delivered 11,238 Caseweights (111% of plan) YTD.

Acute activity was 117% of plan for the month, and 112% YTD.

Elective activity was 126% of budget (732 CWDs compared with a budget of 580 CWDs) for the month, and 109% YTD (3,930 CWDs compared with a budget of 3,597).

Total theatre cancellations for month of December was 5.9%.

Acute activity remains high especially in Medicine, Cardiology and Orthopaedics. This has a significant impact on ward occupancy, nursing costs, and clinical supplies in particular.

Increased elective activity has been driven by the need to reduce long wait patients at the direction of the Ministry of Health. We remain on target to deliver the required elective discharges, however the case complexity has increased for elective work. This has resulted in higher than budgeted costs in particular for nursing care and clinical supplies.

(b) Health Targets

(i) Shorter Stays in Emergency Departments

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. Information only available every quarter.

(ii) Improved Access to Elective Surgery

Elective Services

Ambulatory FSA at end November 2011 has delivery of 9,780 FSAs against plan of 7,228 (135.3%). Of this total surgical FSAs are 5,472 actual delivery against plan of 4,698 (116.5%).

Ambulatory Procedure at end November 2011 has delivery of 590 procedures against plan of 481 (123%). Ambulatory Procedures include Colonoscopy procedures across both Medical and Surgical specialities.

Electives Initiative

Health Target. NMDHB is required to deliver 6029 discharges every year. At the end November 2011 we have delivered 2,665 discharges against a plan of 2,596 (102.7%).

Case Weights (CWDs). Planned case weight delivery (November 2011) was 3,292.2 with actual case weight delivery 4,057.4 (123.2%).

As at 16 January 83 patients are waiting more than 6 months for an FSA and 54 surgical patients are waiting longer than 6 months for a surgical procedure. Both of these measures will need to be at zero patients waiting longer than 6 months by July 1st 2012 otherwise financial penalties will be imposed by the Ministry of Health.

(iii) Shorter Waits for Cancer Treatment

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

(c) The following is a breakdown of volumes for December (refer next page):

Acute / Elective Caseweights - KPI View

December 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	2517	2702	185	107%	
		M10001	Cardiology Inpatient DRG's	623	327	680	353	208%	
	Med Total			5420	2844	3382	538	119%	
	Specialist	D01001	Dental Inpatient DRG's	27	14	10	-4	72%	
		M55001	Paediatric Medical Inpatient DRG's	697	366	333	-33	91%	
		S25001	Ear, Nose and Throat Inpatient DRG's	112	59	50	-9	85%	
		S30001	Gynaecology Inpatient DRG's	203	107	116	10	109%	
		S40001	Ophthalmology Inpatient DRG's	30	16	11	-5	71%	
		S70001	Urology Inpatient DRG's	156	82	120	38	146%	
		W06003	Neonates Inpatient DRG's	416	218	232	14	106%	
	W10001	Maternity Inpatient DRG's	1345	706	749	43	106%		
	Specialist Total			2987	1568	1621	54	103%	
	Surg	S00001	General Surgery Inpatient DRG's	2273	1193	1228	35	103%	
		S05001	Anaesthesia Services Inpatient DRG's	20	10	2	-9	15%	
		S45001	Orthopaedics Inpatient DRG's	1766	927	1033	106	111%	
		S75001	Vascular Inpatient DRG's	8	4	42	38	997%	
	Surg Total			4067	2134	2304	170	108%	
	Acute Total				12474	6546	7308	762	112%
Elective	Med	M00001	General Medical Inpatient DRG's	114	60	40	-20	67%	
		M10001	Cardiology Inpatient DRG's	338	177	160	-17	90%	
	Med Total			452	237	201	-37	84%	
	Specialist	D01001	Dental Inpatient DRG's	196	103	77	-26	75%	
		M55001	Paediatric Medical Inpatient DRG's	28	15	14	0	98%	
		S25001	Ear, Nose and Throat Inpatient DRG's	479	251	187	-64	74%	
		S30001	Gynaecology Inpatient DRG's	758	398	498	100	125%	
		S40001	Ophthalmology Inpatient DRG's	420	220	168	-53	76%	
		S70001	Urology Inpatient DRG's	571	300	294	-5	98%	
	Specialist Total			2451	1286	1238	-49	96%	
	Surg	S00001	General Surgery Inpatient DRG's	1710	897	956	58	106%	
		S05001	Anaesthesia Services Inpatient DRG's	30	16	15	-1	94%	
		S45001	Orthopaedics Inpatient DRG's	2040	1070	1404	333	131%	
		S75001	Vascular Inpatient DRG's	172	90	118	28	131%	
	Surg Total			3952	2074	2492	418	120%	
	Elective Total				6855	3597	3930	333	109%
	Grand Total				19329	10143	11238	1095	111%

December 2011

Type	DM Area	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Acute	Med	5719	3001	2752	-249	92%
	Surg	4348	2282	2352	70	103%
	W, C & OH	2657	1394	1346	-48	97%
Acute Total		12724	6677	6450	-226	97%
Elective	Med	447	235	246	12	105%
	Surg	5284	2773	2907	134	105%
	W, C & OH	956	502	446	-56	89%
Elective Total		6688	3509	3599	90	103%
Grand Total		19412	10186	10049	-137	99%

NB. Changes of the Casemix Model and its exclusions between years mean that exact correlations cannot be made (eg exclusion of Skin Lesions in 11/12 FY)

(IX) MAORI HEALTH/IWI RELATIONSHIP**(a) Progress against Balanced Scorecard**

Projects and activities are progressing in accordance to timelines. There was a delay to the Maori coalition project due to the recruitment of a project manager. This has been resolved and they are now going through a tender process. This should be completed by February 2012.

(b) Te Hoe Nuku Roa Study

The second cohort study of 150 Maori families across Te Tau Ihu/ Top of the South Island has started. The Department of Maori Studies at Massey University is leading this next phase. This phase of the study will include a repeat to the previous questionnaire. In addition, two further questions have been asked exploring 'access barriers to services.' The questions are focused on access to ED and Maori health provider services.

The DHB expects this to be completed by 31 January 2012. We expect the first set of reports to be made available from May/June 2012

(c) Workforce**(i) Maori Cultural Competency Framework**

Te Rau Matatini has started its preparations to complete an extended pilot for 2012. The pilot will include Maori and Non-Maori DHB staff. A Steering Group will review progress.

The objective is to test, over a longer period, the core competencies for suitability to Maori and Non-Maori DHB staff. A revision of the framework will then happen before going live to the organisation. The pilot happened from March to August 2011.

(ii) Whanau Ora Model of Care

A draft Whanau Ora Model of Care is now completed. The model is titled 'Te Pūnga.' The key words that underpin this title are 'origin, centre, and power.' This sits nicely with the model as it has three layers – Guiding Tikanga Principles, Action Pathways, and Measurement of Outcome. Whanau is the centre of this model.

As the model was born from Te Puawai Hauora, NMDHB Maori staff forum, a further period of consultation is underway seeking their feedback by 27 January 2012. Once this is complete, a workshop will be organised where the model will go through a peer review process with Portfolio Managers, Service Managers, and Maori DHB staff. The objective is to redefine the model through a critical analysis process to determine if it can work and what would need to change.

Thereafter, the model will be finalised and released to the wider DHB for final consultation. By June 2012, a final report will be released and plans made to implement.

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

The FTE variance is negative 99 FTE in December, leaving an YTD negative variance of 28 FTE.

**FTE Report
December 2011**

FTE	Actual CM	Budget CM	Variance	Actual YTD	Budget YTD	Variance
SMO	103	92	(11)	98	95	(3)
MOSS	19	19	-	18	19	1
Registrars	15	11	(4)	14	11	(3)
House Officers	51	46	(5)	48	47	(1)
Nursing	642	627	(15)	647	630	(17)
Allied Health	592	565	(27)	576	578	2
Support	102	96	(6)	97	97	-
Management/Admin	349	318	(31)	338	331	(7)
Total	1,873	1,774	(99)	1,836	1,808	(28)

(b) Complaints November/December 2011

There were 25 complaints for the month of November 2011, with five for Wairau and 20 for Nelson. No complainants identified themselves as Maori. A 92% response rate was recorded as being achieved within 20 working days.

Of the overall complaints, one Wairau issue related to the funding provision of bottled oxygen for a patient at home to which community-based services responded. For the Nelson region, two of the complaints involved the same complainant under mental health services; and a community-setting complaint was made by a neighbour of one of the community homes (noise related issues). That complaint has been responded to by DSS management.

Two complaints were received from Health & Disability in November, both of which have been responded to and decisions are now awaited. In total, four decisions are currently with the Commissioner.

There were 15 complaints received for the month of December 2011, three of which related to Wairau services, with the balance in Nelson. Of the Wairau complaints, one related to mental health services and two concerned rest home providers. For Nelson, one complaint referred to a community home (consumer discontent with the introduction of a new flatmate).

One decision was received from the Health & Disability Commissioner (not in breach and complaint closed).

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

(c) Human Resources & Health, Safety and Wellbeing

Vacancies processed: 41 Nelson 11 Wairau

Applications: received district wide 363

Resignations: 16 Nelson 1 Wairau

Appointments: 7 Nelson 13 Wairau

SMO recruitment activity continues to be busy mainly in the locum area. Calendar year-to-date 122 locums, 12 fixed term and 11 permanent positions have been processed.

Health, Safety & Wellbeing:

46 staff related reportable events were received during the reporting period, 42 from Nelson and four from Wairau. Four of those events resulted in injuries to staff, three in Nelson and one in Wairau. No serious harm injury was notified to the Department of Labour.

(d) Employee Relations

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

(XI) CORPORATE SERVICES(a) Property

An additional 30-40 car parks will be developed at Nelson Hospital in early January 2012 to compensate for car parks removed as part of OT relocation.

Temporary Library relocation has now been agreed upon at 148 Kawai on the lawn with plans being drafted ready for submission in early January 2012.

Wairau relocation from old Admin Building – staff are very happy with what they have been offered as temporary solution until old Churchill Trust building becomes available late in 2012. A Capex has been submitted for approval with relocation to happen by the end of February 2012.

Approval has been granted for the new After Hours General Practitioner/ Orthopaedic Outpatients Facility next to Nelson ED. Expressions of Interest were called in early January, while time lines, specifications, tenders and final drawings are being prepared for sign off.

A number of options have been explored for the new psycho-geriatric facility at Nelson, and are currently being drawn up and costed. This will replace the current Alexandra Facility. A business case is being prepared.

Tenders have been accepted for the removal of the old Orthotics building (cnr Motueka & Waimea Rds, Nelson) and this building, subject to approval from the Nelson District Council, will be demolished by the end of January 2012 with the land made good.

(b) Sale of Surplus Land in Blenheim

We are currently awaiting a report to confirm:

- Final plans for sewerage and water mains
- Sewerage pump station
- Final boundary indications
- Tenders will then be called for:
 - Sewerage, pump station and Water lines
- Sub division plans will then be submitted to:
 - Marlborough District Council
 - LINZ

Investigative work associated with the relocation of the sewer and HP water mains which are currently located in the eastern block of land which is to be disposed of, has been completed.

These services also cross the site for the new Churchill Trust building and need to be redirected before construction work can be commenced in mid-January 2012. Simcox Contractors have been engaged to carry out some preliminary redirection of sewer and water services to enable the ground work for the Churchill Trust building to be commenced.

Tenders will be called for the major work involved on the site (relocation of sewer and HP water services from the south to the north side of the eastern block) once Building Consent is approved by the Marlborough District Council.

The current valuation of this site is significantly lower than that obtained during the business case phase of the project.

(c) Energy Saving

We are currently seeking an Energy Saving Awareness & Communications Advisor (Fixed term 3 months) to help develop an internal marketing campaign around simple energy saving initiatives.

This position will be advertised in January 2012.

(d) Wireless Installations

Work has commenced on installing wireless into Wards 9 & 10 in Nelson. This work is being by a clinical desire for bedside access to clinical information.

(e) Care Capacity Demand Management (CCDM)

The CCDM work has been working with the IT team to source a tool for real time information on patient and staffing levels in wards.

Discussions have been held with MidCentral and Bay of Plenty (BoP) CCDM IT representatives for information on their respective solutions. Work is underway to obtain the BoP solution as a starting point for a NMDHB solution.

(XII) INTERSECTORAL AND OTHER DHB LINKAGES

- (a) Intersectoral and other DHB linkages for the period:
- Golden Bay Interim Management Group
 - Regular meetings with PHO CEOs

(XIII) STRATEGIC ISSUES

Nothing to report for this period.

John Peters

CHIEF EXECUTIVE

20 January 2012

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

No meetings held since December Board meeting.

APPENDIX 1 – FINANCIAL REPORT DECEMBER 2011

OPERATING RESULTS

Consolidated Statement of Financial Performance									
\$000	December 2011			Prior YTD	Year to Date			Full Year	
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	AP	Forecast
Revenue	33,504	33,602	(98)	196,009	202,688	201,181	1,507	402,179	404,832
Expenditure									
Personnel Costs	12,402	11,923	(479)	72,086	73,712	73,481	(231)	149,506	148,055
Outsourced Services	1,059	889	(170)	5,815	6,148	5,373	(775)	10,646	11,045
Clinical Supplies	2,930	2,542	(388)	16,515	17,830	15,822	(2,008)	31,301	33,259
Infrastructural and Non Clinical Supplies	2,797	2,688	(109)	15,542	16,767	16,572	(196)	33,085	33,435
Personal Health Expenditure	9,440	9,422	(18)	54,179	55,193	55,123	(70)	109,593	109,813
Mental Health Expenditure	992	1,019	27	5,776	5,951	6,122	171	12,154	12,058
Public Health Expenditure	25	1	(25)	5	53	5	(48)	10	91
Disability Support Expenditure	3,905	3,687	(217)	20,874	22,819	21,912	(908)	43,612	45,687
Hauora Maori Services Expenditure	249	234	(14)	1,362	1,393	1,406	14	2,813	2,817
Interdivisional Eliminations	0	0	0	0	(0)	0	0	(0)	0
Internal Revenue/Expenses	0	(0)	(0)	0	0	(0)	(0)	(0)	0
Total Expenditure	33,799	32,405	(1,394)	192,154	199,865	195,816	(4,049)	392,720	396,260
Net Surplus/(Loss) before Interest & Capital Charge	(295)	1,197	(1,493)	3,855	2,823	5,366	(2,543)	9,459	8,571
Interest Received	140	70	70	759	741	417	324	835	1,392
Interest Paid	(230)	(250)	20	(1,204)	(1,392)	(1,510)	118	(3,016)	(2,812)
Capital Charge	(276)	(594)	318	(3,459)	(3,250)	(3,591)	341	(7,170)	(7,143)
Net Surplus/(Loss)	(661)	423	(1,084)	(50)	(1,078)	682	(1,760)	108	9
Made up of Divisional Surplus/(Loss):									
Funder	(395)	(269)	(126)	(488)	(192)	(466)	274	23	94
Governance	58	(4)	62	298	123	(25)	148	0	(98)
Provider	(324)	696	(1,020)	140	(1,009)	1,173	(2,182)	85	14
Total	(661)	423	(1,084)	(50)	(1,078)	682	(1,760)	108	9

Revenue: \$1.8m better than budget YTD (including interest received)

Expenses: \$3.6m worse than budget YTD (including interest paid and capital charge)

Net Result: \$1.8m worse than budget YTD

Revenue

Of the \$1.8m favourable variance YTD:

- Income from the Canterbury DHB for aged residential care of Christchurch residents is continuing. This has added \$584k to the revenue YTD
- Other miscellaneous income such as rebates from suppliers, reimbursements of energy charges to other onsite users, and rentals are \$118k favourable to budget YTD
- Interest received continues to track better than plan due to careful management and investments made at rates higher than budgeted, giving a \$324k favourable variance to budget YTD.

Expenditure

Of the \$3.6m unfavourable variance YTD:

Personnel costs are \$479k (4%) over budget in the month and \$231k (0%) over YTD. Much of this variance relates to the budget being based on historic phasing for annual leave taken rather than when it is paid out. Payroll records show that only 25% of staff took annual leave over the Christmas New Year period, this seems low and will be checked with managers in January. The December month budget is relatively low whereas the January month budget is relatively high, this should smooth out over the next few months. A separate review has validated actual pay recorded in the accounts.

- MSSD show a significant adverse variance of \$97k (12%) in December and \$199k (4%) over YTD in Surgical & Medical Secretaries Wairau. This is where extra resource is being used to address relocation issues and backlogs
- DSS is \$28k under budget for the month and \$253k over YTD which is principally made up of the DSS Sleepover allowance of \$310k
- Clinical Support is \$61k (4%) over budget for the month and \$213k (2%) 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 under budget \$11k (1%) for the month and \$502k (4%) under YTD. This is largely in nursing staff.

Outsourced costs show a \$170k (19%) unfavourable variance in the month and \$775k (14%) unfavourable YTD.

- Medical/Surgical costs are \$102k (62%) over budget for December and \$511k (51%) over YTD. This was largely in Wairau, prior year locum costs have been paid in December, \$172k YTD for the vacant Anaesthetist position which has now been filled, and \$102k YTD for a locum covering Medical leave and call cover. Some of these costs have been offset by saving in Personnel cost
- This includes the \$107k one-off unbudgeted payment for the InterRAI assessment tool in September.

Pharmaceuticals Expenditure \$000s	Current Month Dec-11			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	AP
Provider	503	515	12	3,372	2,892	(480)	5,692
Community Pharmaceuticals	3,173	3,205	32	17,428	17,477	49	33,867
Pharmacy Service	-	-	-	204	-	(204)	-
Total NMDHB	3,676	3,720	44	21,004	20,369	(635)	39,559

Clinical Supplies are over budget \$388k (11%) in December, and \$2,008k (13%) YTD.

- Pharmaceuticals are over budget \$482k (17%) YTD, of this, Immunosuppressives make up \$276k YTD
- Treatment Disposables are \$235k over budget for the month with \$197k in blood products. The blood products unfavourable variance includes \$44k for Intagram for

one Wairau patient. This is a high-cost item used for particular conditions which present acutely, so is difficult to control. Also \$58k relates to Prothrombinex, which is now used for non-haemophilia treatments and is not fully offset by revenue

- Radiology NN is \$42k over budget particularly in Catheters and Customised Procedure Packs driven by increased Cardiology (+67%) and Vascular (+69%) activity
- Air Ambulance for December was \$44k over budget, \$214k over budget YTD. Further high-cost individual transfers for Air Ambulance costs having been incurred as well as backdated invoices from other DHBs
- Offsetting these unfavourable variances, Health promotion is under budget YTD by \$229k and Patient appliances is under budget by \$83k YTD
- Medical/Surgical is \$222k (20%) over in the month and \$1,121k (15%) over YTD. The bulk of this is in Patient consumables and Knee prostheses \$61k (65%) over for the month and \$263k (43%) over YTD. Wairau Theatre and Private Surgery employed an Orthopaedic Surgeon locum to clear a backlog of patients. Implants and other patient consumables have risen correspondingly
- Wairau Theatre costs are \$64k (22%) over for the month and \$232k (12%) over YTD. Private surgery is \$23k (87%) over budget for the month and \$157k (98%) YTD.

Infrastructure costs are \$263k under budget YTD.

- \$318k of Capital charge wash-up has contributed to this result
- The variance for Consulting fees continue to increase with \$142k over budget.
- YTD Corporate training is \$92k below budget YTD
- Interest paid continues with a positive variance due to interest rates obtained late in 2010/11 being better than those assumed in the budget for this year.

Payments to providers are \$247k (2%) over budget for the month and \$841k (0%) over YTD.

- Disability Support Residential Care Hospitals and Rest Homes has a \$217k deficit in December, \$908k YTD unfavourable variance. This is due to providing Aged Residential Care for Christchurch residents. Community Pharmaceutical payments through Healthpac are back on track.

Financial Performance by Division

Governance & Admin Statement of Financial Performance									
\$000	December 2011			Prior YTD	Year to Date			Full Year	
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	AP	Forecast
Revenue	514	512	3	2,835	3,176	3,070	106	6,140	6,272
Expenditure									
Personnel Costs	87	81	(6)	753	495	508	13	1,022	962
Outsourced Services	34	24	(10)	145	284	145	(139)	289	458
Infrastructural and Non Clinical Supplies	89	111	22	354	463	616	153	1,228	1,264
Internal Allocations	155	154	(1)	372	927	924	(3)	1,849	1,851
Total Expenditure	364	370	6	1,624	2,169	2,193	25	4,388	4,535
Net Surplus/(Loss) before Interest & Capital Charge	150	142	8	1,211	1,007	877	131	1,752	1,737
Capital Charge	(92)	(146)	54	(913)	(884)	(902)	18	(1,752)	(1,835)
Net Surplus/(Loss)	58	(4)	62	298	123	(25)	148	0	(98)

Fund Statement of Financial Performance									
\$000	December 2011			Prior YTD	Year to Date			Full Year	
	Actual	Budget	Variance	Actual	Actual	Budget	Variance	AP	Forecast
Revenue									
Ministry of Health	30,697	30,634	63	178,328	184,505	183,344	1,161	366,718	368,758
Other Revenue	10	8	2	26	85	50	36	99	163
Total Revenue	30,707	30,643	65	178,354	184,590	183,394	1,197	366,818	368,920
Expenditure									
Personal Health Expenditure	22,112	22,088	(24)	128,154	131,358	131,119	(240)	261,615	261,875
Mental Health Expenditure	3,116	3,142	27	18,262	18,693	18,864	171	37,639	37,543
Public Health Expenditure	171	151	(19)	1,386	1,006	907	(100)	1,814	1,916
Disability Support Expenditure	5,032	4,828	(204)	27,433	29,639	28,759	(880)	57,306	59,270
Hauora Maori Services Expenditure	249	234	(14)	1,362	1,393	1,406	14	2,813	2,837
Other Expenses	514	508	(6)	2,751	3,127	3,051	(76)	6,102	6,206
Total Expenditure	31,194	30,952	(241)	179,348	185,217	184,106	(1,111)	367,288	369,646
Net Surplus/(Loss) before Interest & Capital Charge	(486)	(310)	(177)	(994)	(626)	(712)	86	(470)	(725)
Interest Received	92	41	50	505	434	246	188	493	819
Net Surplus/(Loss)	(395)	(269)	(126)	(488)	(192)	(466)	274	23	94

Provider Statement of Financial Performance									
\$000	December 2011			Prior YTD	Year to Date			Full Year	
	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>AP</i>	<i>Forecast</i>
Revenue									
Ministry of Health	1,635	1,746	(111)	10,406	10,157	10,378	(221)	20,654	20,312
Internal Fund	16,069	16,081	(12)	94,401	96,682	96,487	195	193,004	192,975
Other Government	299	386	(87)	2,493	2,320	2,398	(77)	4,678	4,811
Other Revenue	863	824	40	4,669	5,571	4,993	579	9,991	10,721
Total Revenue	18,867	19,038	(171)	111,969	114,731	114,255	476	228,327	228,819
Expenditure									
Personnel Costs									
Medical Personnel	3,410	3,327	(83)	18,602	19,041	20,035	994	40,380	39,032
Nursing Personnel	4,071	3,877	(195)	24,408	24,921	24,253	(668)	49,674	49,817
Allied Health Personnel	2,840	2,720	(120)	15,781	17,016	16,621	(395)	34,078	33,868
Support Personnel	420	370	(50)	2,232	2,327	2,254	(73)	4,620	4,694
Management/Administration Personnel	1,573	1,547	(26)	10,310	9,912	9,810	(103)	19,732	19,682
Total Personnel	12,315	11,841	(474)	71,333	73,217	72,973	(244)	148,484	147,093
Outsourced Services	1,025	865	(160)	5,670	5,864	5,229	(636)	10,357	10,587
Clinical Supplies	2,930	2,542	(388)	16,515	17,830	15,822	(2,008)	31,301	33,259
Infrastructural and Non Clinical Supplies	2,708	2,577	(131)	15,188	16,304	15,956	(348)	31,857	32,171
Provider Payments	2	0	(2)	0	2	0	(2)	0	1
Total Expenditure	18,980	17,826	(1,154)	108,706	113,217	109,979	(3,238)	221,999	223,111
Internal Allocations	155	154	1	372	927	924	3	1,849	1,851
Net Surplus/(Loss) before Interest & Capital Charge	41	1,366	(1,325)	3,636	2,442	5,201	(2,759)	8,177	7,559
Interest Received	48	29	20	253	307	171	136	342	574
Interest Paid	(230)	(250)	20	(1,204)	(1,392)	(1,510)	118	(3,016)	(2,812)
Capital Charge	(184)	(448)	264	(2,547)	(2,366)	(2,689)	323	(5,418)	(5,308)
Net Surplus/(Loss)	(324)	696	(1,020)	138	(1,009)	1,173	(2,182)	85	14

Consolidated Financial Position

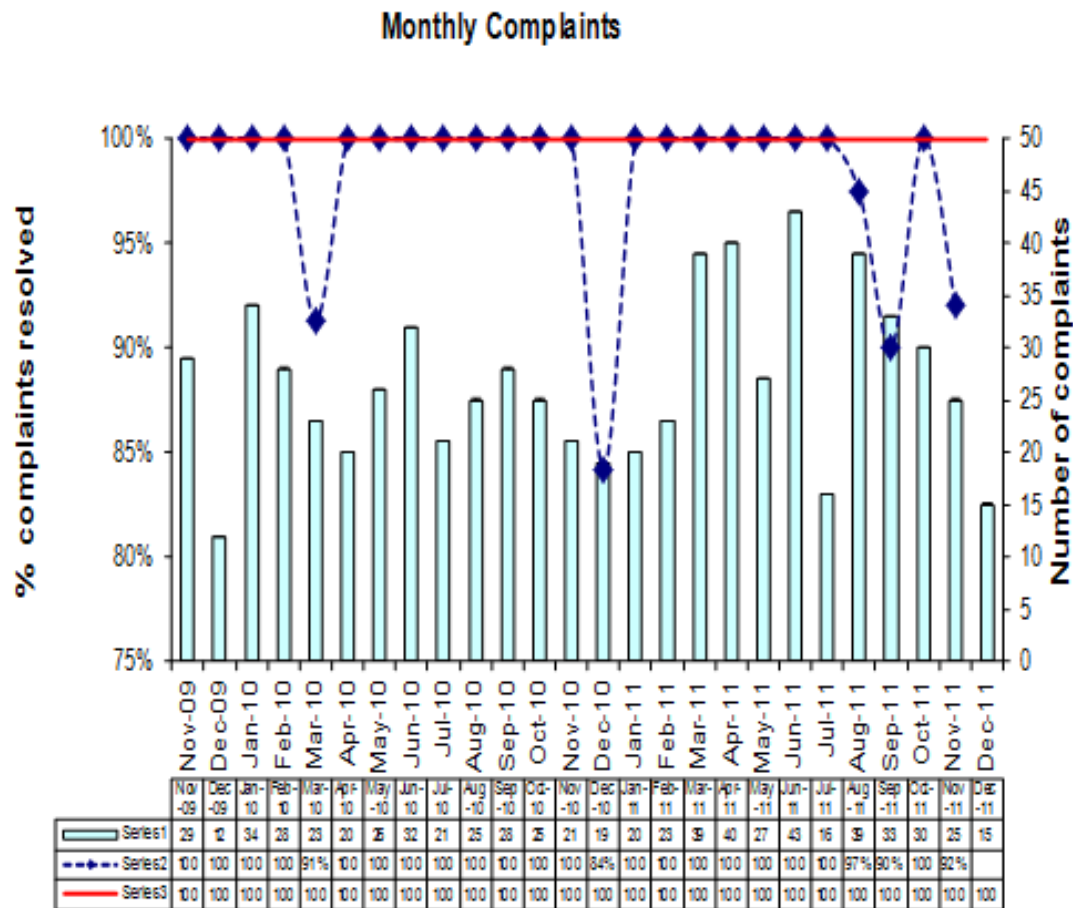
Consolidated Statement of Financial Position \$000s	June 2011	CM Last Year	CM Actual	CM Budget	Variance	AP
	Bank	17,881	53,969	14,646	37,855	(23,209)
Deposits > 3 months	6,020	-	11,079	-	11,079	-
Debtors & Prepayments	13,027	10,748	13,790	9,040	4,750	8,951
Stock	2,043	2,158	2,280	2,318	(38)	2,318
Assets Held for Sale	2,769	-	1,582	-	1,582	-
Current Assets	41,740	66,875	43,376	49,213	(5,837)	51,400
Creditors	24,094	57,369	24,764	34,156	9,392	34,024
Employee Entitlements	27,994	30,069	28,464	25,925	(2,539)	25,826
Term Debt - Current Portion	13,149	13,338	1,101	1,591	490	1,750
Current Liabilities	65,237	100,776	54,328	61,672	7,344	61,600
Working Capital	(23,497)	(33,901)	(10,952)	(12,459)	1,507	(10,200)
Non Current Assets	162,751	165,246	160,962	163,144	(2,182)	161,498
Net Funds Employed	139,254	131,345	150,010	150,685	(675)	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	33,019	48,734	48,560	(174)	49,767
Non Current Liabilities	49,449	43,877	61,053	59,418	(1,635)	60,625
Crown Equity	89,805	87,468	88,957	91,267	(2,310)	90,673
Net Funds Employed	139,254	131,345	150,010	150,685	(675)	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 \$675k, therefore \$3,102k of total Net Funds Employed variance is attributable to the current financial year.

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	AP
Operating Cash Flow								
Receipts								
Government & Crown Agency Received	30,688	32,791	(2,103)	218,228	196,581	196,266	315	392,344
Other Revenue Received	807	824	(17)	4,653	5,426	4,993	433	9,990
Total Receipts	31,495	33,615	(2,120)	222,881	202,007	201,259	748	402,334
Payments								
Personnel	12,097	11,921	(176)	67,801	74,647	73,479	(1,168)	149,507
Payments to Suppliers	4,617	5,057	440	35,470	35,331	31,299	(4,032)	61,498
Capital Charge	3,368	-	(3,368)	3,510	3,966	1,735	(2,231)	5,326
GST	(2,402)	(47)	2,355	(4,663)	(2,508)	1,359	3,867	1,519
Payments to Other DHBs	-	3,189	3,189	20,164	-	19,146	19,146	38,203
Payments to Other Providers	14,610	10,831	(3,779)	62,032	85,409	64,764	(20,645)	129,752
Total Payments	32,290	30,951	(1,339)	184,314	196,846	191,782	(5,064)	385,805
Net Cash Inflow/(Outflow) from Operating Activities	(795)	2,664	(3,459)	38,567	5,161	9,477	(4,316)	16,529
Cash Flow from Investing Activities								
Receipts								
Interest Received	140	70	70	759	741	417	324	835
Sale of Fixed Assets	64	21	43	91	1,428	64	1,364	129
Total Receipts	204	91	113	850	2,169	481	1,688	964
Payments								
Capital Expenditure	725	477	(248)	14,702	4,119	2,860	(1,259)	7,953
Increase in Investments	4,017	-	(4,017)	-	5,059	-	(5,059)	-
Total Payments	4,742	477	(4,265)	14,702	9,178	2,860	(6,318)	7,953
Net Cash Inflow/(Outflow) from Investing Activities	(4,538)	(386)	(4,152)	(13,852)	(7,008)	(2,379)	(4,629)	(6,989)
Net Cash Inflow/(Outflow) from Financing Activities	153	(254)	407	6,334	(1,387)	(1,633)	246	(1,799)
Net Increase/(Decrease) in Cash Held	(5,180)	2,024	(7,204)	31,049	(3,235)	5,465	(8,700)	7,741
Plus Opening Balance	19,826	35,831	(16,005)	22,920	17,881	32,390	(14,509)	32,390
Closing Balance	14,646	37,855	(23,209)	53,969	14,646	37,855	(23,209)	40,131

APPENDIX 2 – COMPLAINTS REPORT DECEMBER 2011



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 ASMS Executive and Conference recommended the settlement to members, a postal ratification process has been completed with the members ratifying the Agreement. Implementation processes are now underway.
Clinical Physiology (APEX)	7 employees	The DHBs made a new offer to the Union on the 15 th December which the Union have agreed to take to its members. This process is underway.
Medical Radiation Technologists (MRT) (APEX)	47 employees	The interest based bargaining discussions have been completed. The parties agreed a settlement on the 15 th December which the Union is taking to its membership. The results of this are due in the New Year. A separate MECA for Sonographers was agreed by the Chief Executives on the 28 th November and negotiations for this group has commenced.
Nurses & Midwives MECA (NZNO)	894 employees	NZNO membership did not ratify the Managed Bargaining offer. Subsequently an interest based bargaining process has been undertaken. The parties discussed a proposed settlement pre Christmas with a paper being taken to ERSG on 16 th January.
Public Service Association National MECA	Mental Health & Public Health Nurses (174 employees) Allied Health (270 employees) Clerical (212 employees)	A postal ballot of PSA members has ratified the offer made post the managed bargaining process. Implementation processes are now underway.
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. The offer made was in line with the original managed bargaining parameters and has been ratified by members. Implementation processes are underway.

NMDHB & REGIONAL COLLECTIVE AGREEMENT (CEA) UPDATE

CEA & UNION	COVERAGE	UPDATE
Clerical (NUPE)	3 employees	An offer has been made to the Union. We await their response.
DSS Support Staff (NUPE)	49 employees	Discussions are underway.

SECTION 5: FOR INFORMATION

Nil

SECTION 6: MEMBERS' ISSUES

Nothing advised

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)
CCDP	Care Capacity Demand Planning
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
CRISP	Central Region Information Systems Plan
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
DIFS	District Immunisation Facilitation Services
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
PAS	Patient Administration 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	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
YTD	Year to Date
YTS	Youth Transition Service

January 2012