

TE WAI ORA



**Nelson Marlborough  
District Health Board**

## **NOTICE OF MEETING**

### **OPEN MEETING**

**The following agenda will be considered at a meeting of the  
Disability Support Advisory Committee  
of the  
Nelson Marlborough District Health Board  
to be held on  
16 November 2010 at 11.00 a.m. in the  
DHB Seminar Centre, Room 1  
Braemar Campus, Waimea Road  
Nelson**

**AGENDA**

<b>PUBLIC FORUM – 11:00 a.m.</b>
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<b>OPEN SECTION – 11:15 a.m.</b>
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11:15 a.m.	Karakia	
	SECTION 1:	<b>Apologies</b>
	SECTION 2:	<b>Registrations of Interest</b>
11:20 a.m.	SECTION 3:	<b>Minutes</b> <ul style="list-style-type: none"> <li>• From previous meeting</li> <li>• Matters Arising</li> </ul>
	SECTION 4:	<b>Correspondence</b>
11:35 a.m.	SECTION 5:	<b>Monitoring Reports</b> <ul style="list-style-type: none"> <li>• Chair</li> <li>• GM Strategy &amp; Planning <ul style="list-style-type: none"> <li>➢ Health of Older People</li> <li>➢ SupportWorks</li> </ul> </li> <li>• IDSS Report</li> <li>• Members' Reports</li> <li>• Members' Issues</li> </ul>
12:00 p.m.	SECTION 6:	<b>Presentation 1</b> CYF Social Worker in Hospital (Marieke Jansen)
<b>12.30 – 1.00 p.m. LUNCH BREAK</b>		
1:00 p.m.		<b>Presentation 2</b> Emergency Planning (Pete Kara)
1:30 p.m.	SECTION 7:	<b>For Discussion</b> Meeting frequencies 2011
2:00 p.m.	Closing Karakia	

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## **1 APOLOGIES**

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Nil received

## 2 REGISTRATIONS OF INTEREST

### 1) Committee Members as at 29 October 2010

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Brinsdon	<ul style="list-style-type: none"> <li>▪ Financial interest in husband's GP practice</li> <li>▪ Husband is employed one-tenth at Nelson Hospital (Eye Department)</li> <li>▪ Financial interest through husband's shareholding in Nelson Medical Limited (1/6 share) which owns the Health@132 medical centre</li> <li>▪ Financial interest through husband's shareholding in different companies undertaking medical developments in Collingwood St, Nelson (1/60 share) and Queen Street, Richmond (1/10 share).</li> </ul>		<ul style="list-style-type: none"> <li>▪ The provision of health and disability services in the Nelson-Marlborough District.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Husband is a member of executive of Southlink Health (IPA)</li> <li>▪ Sister is staff nurse at Wairau Hospital.</li> </ul>
Graeme Faulkner	<ul style="list-style-type: none"> <li>▪ Provision of rental premises to DHB clinic</li> <li>▪ Employee of medical practice.</li> </ul>		<ul style="list-style-type: none"> <li>▪ District Nurse clinics</li> <li>▪ Picton Medical Centre a contracted GP service.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Negotiating DHB contracts for practice.</li> </ul>
Judi Billens	<ul style="list-style-type: none"> <li>▪ Board Member Age Concern</li> <li>▪ Member Barnardos Advocacy for Children &amp; Young People</li> <li>▪ NZ Pelim Practitioners Nelson (Kaumatua)</li> <li>▪ NM Iwi Health Board</li> <li>▪ Healthcare New Zealand Advisory Committee Member</li> <li>▪ Committee Member of St John Nelson Bays Area</li> <li>▪ CYFS Care and Protection Group.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Ngāti Tama Iwi Trust Board</li> <li>▪ Board of Governance Te Rito Family Violence</li> <li>▪ Shareholder and owner in Wakatu Inc.</li> </ul>		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
George Truman	<ul style="list-style-type: none"> <li>▪ Has an adult son with intellectual disability in residential care</li> <li>▪ Wife is committee member of Nelson Branch Alzheimer Society NZ</li> <li>▪ Member of Rescare, National Association of Parents for the Intellectually Disabled (ID).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Active member of Grey Power (Nelson)</li> <li>▪ Townhouse resident at Ernest Rutherford Retirement Village.</li> </ul>		
Glenys MacLellan	<ul style="list-style-type: none"> <li>▪ Cancer Society – Bookkeeping</li> </ul>			<ul style="list-style-type: none"> <li>▪ Get Sorted (business) – May have contracts with government agencies which may include health and disability agencies</li> <li>▪ Active at a national level with the Green Party of Aotearoa NZ and spokesperson.</li> </ul>
Tahi Takao	<ul style="list-style-type: none"> <li>▪ Kaumatua – NMDHB</li> <li>▪ Kaumatua – Te Amo Health</li> <li>▪ Kaumatua – Te Awhina Marae Health</li> <li>▪ IHB Member</li> <li>▪ Adult daughter with intellectual and physical disability</li> <li>▪ Respite care bed with NZ Care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member – National Maori Men’s Health Coalition.</li> </ul>		
Suzanne Win (ex-officio)	<ul style="list-style-type: none"> <li>▪ Director of Split Ridge Associates Ltd that provides consultancy services to health &amp; disability organisations</li> <li>▪ Trustee of Gracelands Group</li> <li>▪ Member of DHBNZ Chairs Executive with lead responsibility for workforce and participant on Tripartite Forum</li> <li>▪ Partner is a part-time employee of NMDHB Provider Division.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health.</li> </ul>	<p>Partner is</p> <ul style="list-style-type: none"> <li>▪ Member on PHO Alliance Executive</li> <li>▪ Chair of West Coast PHO</li> <li>▪ contracted to MOH to coordinate the implementation of the Cardiac Network</li> <li>▪ Chair of the Board of Access Home Health Ltd</li> <li>▪ Director on Management Board of Jack Inglis Friendship Hospital.</li> </ul>
Fleur Hansby	<ul style="list-style-type: none"> <li>▪ Nil</li> </ul>			

2) NMDHB EXECUTIVE LEADERSHIP TEAM (ELT) MEMBERS as at 9/11/10

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>MEDICAL SURGICAL SERVICES DIRECTORATE</b>					
	Dr Bruce King	To be advised			
	Dr Elizabeth Wood	<ul style="list-style-type: none"> <li>▪ Self employed contractor at the Mapua Health Centre as a GP</li> <li>▪ Work at NRAHDD and a shareholder.</li> </ul>			
	Dr Peter Bramley	To be advised			
<b>MENTAL HEALTH SERVICES DIRECTORATE</b>					
	Dr Heather McPherson	Nil			
	Dr Jocy Wood	To be advised			
	Robyn Byers	Nil			
<b>COMMUNITY BASED SERVICES DIRECTORATE</b>					
	Dr Nick Baker	To be advised			
	Dr Bev Nichol	To be advised			
	Peter Burton	Nil	<ul style="list-style-type: none"> <li>▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee.</li> </ul>		
<b>CLINICAL SERVICES SUPPORT DIRECTORATE</b>					
	Dr Stephen Busby	To be advised			
	Dr Neil Whittaker	<ul style="list-style-type: none"> <li>▪ General Practice owner</li> <li>▪ Contracted to RNZCGP Medical Educator.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Clinical Director Community</li> </ul>	
	Hilary Exton	Nil			
	James Bowyer		<ul style="list-style-type: none"> <li>▪ Wife a nurse on Paediatric Ward Nelson Hospital.</li> </ul>		
<b>MARLBOROUGH SERVICES DIRECTORATE</b>					
	Dr Jeremy Stevens	To be advised			
	Dr Ros Gellatley	To be advised			
	Carey Virtue	To be advised			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CORPORATE SUPPORT</b>					
	Nick Lanigan	Nil			
	Denise Hutchins	Nil		▪ Certification/Accreditation.	
	Dr Sharon Kletchko	<ul style="list-style-type: none"> <li>▪ Member Exceptional Circumstances Panel – PHARMAC</li> <li>▪ Treasurer, International Society for Health Care Priorities</li> <li>▪ Member St John South Island Region Trust Board</li> <li>▪ Member RACP NZ Policy and Advocacy Committee.</li> <li>▪ South Island Representative on RACP NZ Joint Executive.</li> <li>▪ Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE</li> <li>▪ Member DHBRF Governance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deputy Chair of the New Zealand Standards Council.</li> </ul>		
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson (Acting CMO)	Nil			
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> <li>▪ Ngati Toarangatira Connections</li> </ul>		▪ Tribal Interest	

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CHIEF EXECUTIVE'S OFFICE</b>					
	John Peters	<ul style="list-style-type: none"> <li>▪ Director of SISSAL</li> <li>▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust</li> <li>▪ Trustee Churchill Trust.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Director of Management and Industrial Services Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared services provision, administration of trust funds for health purposes &amp; provision of private health services at Wairau Hospital</li> <li>▪ MIS Ltd previously provided consultant services to other DHBs.</li> </ul>	
	Keith Rusholme	<ul style="list-style-type: none"> <li>▪ Wife provides first aid training and complimentary help services.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Provision of services to DHB staff or contracted providers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sister works for IDSS.</li> </ul>
	Mike Cummins	Nil			

### 3 MINUTES

MINUTES OF THE OPEN MEETING OF THE DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD			
<b>Date</b>	21 September 2010	<b>Time</b>	11.30am
<b>Where</b>	Wairau Support Services Room 1 (connected to Nelson Seminar Centre by videoconference link)	<b>Previous meeting date</b>	20 July 2010
<b>Present</b>	Sharon Brinsdon (Chair), Graeme Faulkner, Fleur Hansby, Tahi Takao, George Truman, Glenys MacLellan		
<b>Apologies</b>	Judi Billens; Liz Richards; Suzanne Win		
<b>In attendance</b>	Sharon Kletchko, Mark Garisch, Jane Large, Carole Kerr, Mark Nalder, Jasmin Brandt (Secretary), Christine Gallagher, John Brett, Filfilia Puni, Penny Wardle, Jenni Gane, Maria Baxter		
<b>Karakia</b>	Tahi Takao opening karakia; Filfilia Puni closing karakia		

	Section	Discussion	Action	Who/When	Health & Disability Strategy
0	Public Section	<p>John Brett, member of the public, brought forth the following:</p> <p><b>Older Adults Register</b> John Brett would like DiSAC to consider giving support for establishment of a register which could help identify elderly or disabled people living alone who may require assistance in a large scale emergency situation.</p>			
1.	Apologies	<p>Apologies received from members:</p> <ul style="list-style-type: none"> <li>• Judi Billens</li> <li>• Suzanne Win</li> </ul>	<p><b>Moved: Graeme Faulkner</b> <b>Seconded: George Truman</b></p> <p><b>THAT THE APOLOGIES BE</b></p>		



	Section	Discussion	Action	Who/ When	Health & Disability Strategy
5.	Reports				
5.1	Chairperson's Report	Taken as read.	<b>Moved: Sharon Brinsdon Seconded: Tahi Takao</b>  <b>THAT THE CHAIR'S REPORT BE RECEIVED. AGREED</b>		
5.2	GM Planning and Funding's Report	<p>Taken as read.</p> <p><b>Dementia Care Pathway.</b> GM P&amp;F elaborated on recent developments around the establishment of clinical workstreams.</p> <p><b>Financial Report</b> Noted that our budgeting is more closely aligned to reality. The unknown part is the number of discharges from aged residential care which vary in accordance with South Island figures.</p> <p>Page 23: 'volumes invoiced to the end of April'; should read August instead of April. Figure showing clients receiving HBSS has error in the label; i.e. blue should be preventative maintenance; red should be new goal based style.</p> <p>Page 24: Transitional did not have anyone in it this time; sometimes can have 2-3 people; other times none.</p> <p><b>Support Works</b> Will there be NASC standardisation of terminology? Noted</p>	Correction will be provided for Matters Arising in next agenda	GM P&F	7

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		that when NASCs came into being in 1995 they were named individually. There are fewer NASCs than back then; Support Works always points out when doing referrals to another NASC what the name of that NASC is.			8
5.3	Acting GM Finance and Commercial's Report	The report was taken as read.	<p><b>Moved: Glenys MacLellan</b>  <b>Seconded: Fleur Hansby</b></p> <ul style="list-style-type: none"> <li>• <b>THAT THE GM REPORT PLANNING AND FUNDING INCLUDING SUPPORT WORKS BE RECEIVED</b></li> <li>• <b>THAT THE REPORT FROM THE ACTING GENERAL MANAGER FINANCE AND COMMERCIAL INCLUDING IDSS BE RECEIVED.</b></li> </ul> <p><b>AGREED</b></p>		8
5.4	Members' Issues	<p><b>Wheelchair access</b></p> <ul style="list-style-type: none"> <li>• <b>Footpaths.</b> Member noted that it would be helpful for footpaths to have a standard camber when building new ones. Meeting noted that there is a council group who deals with these matters.</li> <li>• <b>Beaches.</b> Question raised about response to letters sent to councils in March 2010 regarding beach access for wheelchairs (Canterbury model).</li> </ul>	<p>Follow up with councils re: beach access</p>	Chair	8 9,13

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		The Chair will follow up.			
6.	Presentation	<p><b>Helen Steenberg (NMDHB) and Mark Preston-Thomas (ACC): “Older Adults Physical Activity &amp; Nutrition Working Group (OAWG)”</b></p> <p>Helen Steenberg provided a summary of the NPA Survey conducted in 2008, which will be repeated in 2011. In summary, the statistics show that older adults in Nelson Marlborough are already doing well generally speaking. The overall intake of fruit and vegetables, as well as the level of physical activity in this district is higher than the national average. Staying well and preventing illness were identified as the most important reasons for having a healthy lifestyle by people in this region. The biggest barrier to physical activity was identified as lack of road safety.</p> <p>Mark Preston-Thomas, who has been chairing the OAWG meetings, summarised the developments of the last eighteen months. A consultation meeting was held in May 2009 in Nelson entitled “Keep sailing through life... older people can remain active and independent”. Key findings revealed that there are a number of transition points in people’s lives, e.g. health scare, retirement, death of spouse, loss of driver’s licence which pose opportunities to connect people with activities in the community. The group found that no new programmes were needed, but that links between groups could be improved. Important factors for older adults in finding a group/ activity suitable were identified as follows: feeling safe, accessibility, feeling at</p>			

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>home etc. Based on the feedback received, an action plan was developed. Upskilling and availability of information at Older Adult Expo, as well as working with GPs, service providers, health care workers, community groups, Government organisations and offering Way2Go workshops were identified as useful for establishing connections.</p> <p>Chair thanked Helen and Mark for the presentation and the good work that has been done.</p>			

**Matters Arising:**

- Beach access follow up letters were sent by Chair
- Correction to GM Planning and Funding financial report: refer to appendix A

## **4 CORRESPONDENCE**

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Nil received.

## **5 MONITORING REPORTS**

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### **5.1 CHAIR'S REPORT**

Since our last meeting I met with Britta Hietz from Nelson City Council. She is responsible for planning the redevelopment of the Tahuna Recreation Reserve. She assured me that the council is looking hard at ways of facilitating beach access for disabled residents and hasn't entirely ruled out the use of the beach mats.

In this final report I would like to thank all the past and present members of DiSAC and the Planning and Funding staff who have been so good to work with. I would like to thank Jasmin for her helpfulness and efficiency. I would like to also acknowledge Liz Richards, Suzanne Win and John Peters for the interest and support they have shown DISAC.

Congratulations to Fleur on her election to the board. I am disappointed that Glenys and Graeme will not be at the board table also, but I hope you will all consider putting yourselves forward as community representatives on DiSAC again. It has been difficult to make a real difference at times despite the high calibre of our committee; however, you have all made valuable contributions and I hope you will all continue to do so.

Thank you.

Sharon Brinsdon  
Chair

### **5.2 REPORT FROM GENERAL MANAGER PLANNING AND FUNDING**

#### **Health of Older People**

Roll out of the InterRAI comprehensive geriatric assessment tool continues with completion of training of assessors in the ATR unit in Nelson Hospital.

Naomi Courts Rest Home in Nelson is extending the number of dementia care beds at the facility by converting rest home level beds to dementia care beds. Following the certification audit, NMDHB performed a site inspection to determine the suitability of the facility for increased dementia care client numbers.

The South Island Regional Health of Older People's Forum is performing a stocktake of Carer Support and Respite Care Services for older people with a view to improving equity of access to services across the South Island

### SupportWorks

A new home is opening for four young people in the Stoke area through IDSS. The residential budget for Ministry of Health clients is at capacity. This currently needs to be managed for urgent entry only.

The Health of Older People team is currently short staffed. Applications for staff replacements have been launched. Processes are working well and the HBSS budget is on track.

## 5.2.1 Financial Report

### Statement of Expenditure NMDHB Fund Division – Health of Older People

At the end of the third month of the financial year 2010/11, the Health of Older People Fund was under budget by \$81K.

Table 1 Statement of Expenditure financial year 10\_11

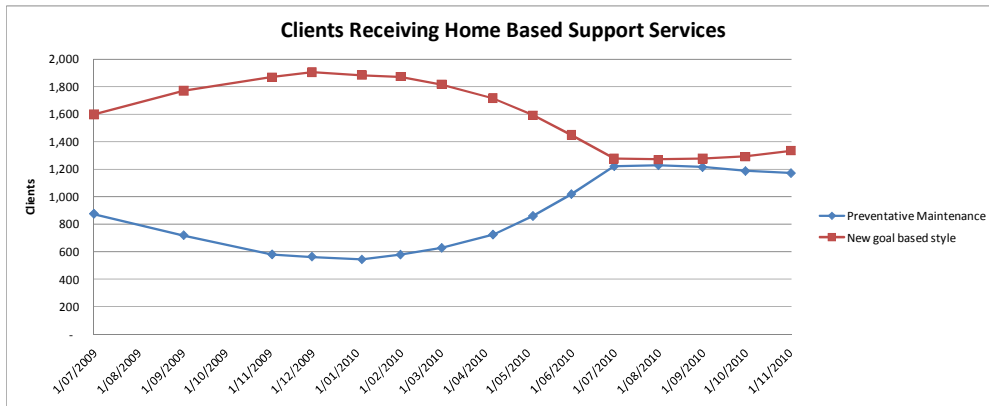
\$000's	Budget YTD	Actual YTD	Variance YTD	Annual	Year End	Projected
	Sep-10	Sep-10	Sep-10	Budget	Projection	Variance
<b>Expenditure</b>						
AT&R	2,443	2,443	(0)	9,772	9,772	-
Information & Advisory	15	15	0	61	61	-
Service Co-ordination	344	344	0	1,374	1,374	-
Home Based Support	2,195	2,309	(114)	9,216	9,216	-
Residential -Rest Homes	3,857	3,698	160	15,303	15,303	-
Residential Care Loans	(107)	(69)	(38)	(429)	(429)	-
Residential -Hospitals	3,985	3,958	27	15,811	15,811	-
Equipment	105	105	(0)	421	421	-
Day Programmes	117	119	(2)	461	461	-
Respite Care	168	119	48	666	666	-
IDF Payments	477	477	(0)	1,910	1,910	-
<b>TOTAL EXPENSES</b>	<b>13,600</b>	<b>13,519</b>	<b>81</b>	<b>54,567</b>	<b>54,567</b>	<b>-</b>

The main areas showing variance from budget are:

### 5.2.2 Home Based Support Services

Home Based Support Services (HBSS) are currently over budget by \$114K however this continues to be a budget phasing issue and we expect to be on track by January 2011. The transition to preventative maintenance from the new goal based model of care has occurred for the individuals for whom it is indicated. Numbers on these services have stabilised. There are currently

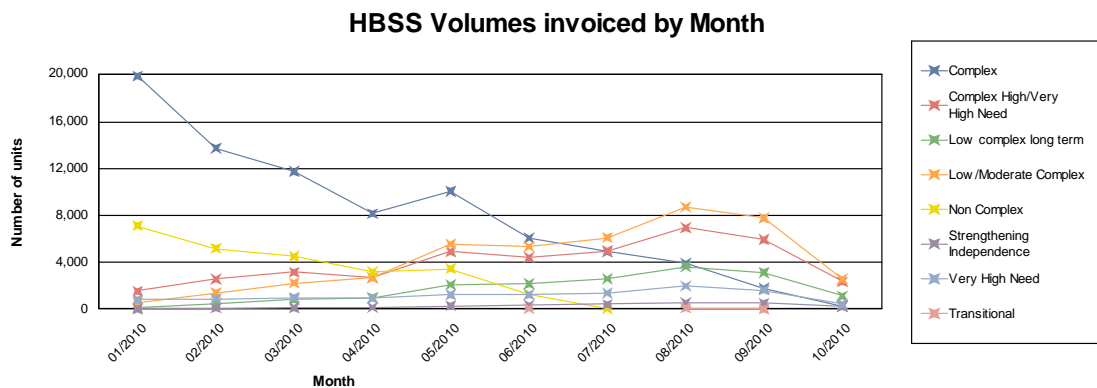
1171 people receiving preventative maintenance and 1335 receiving the goal based service.



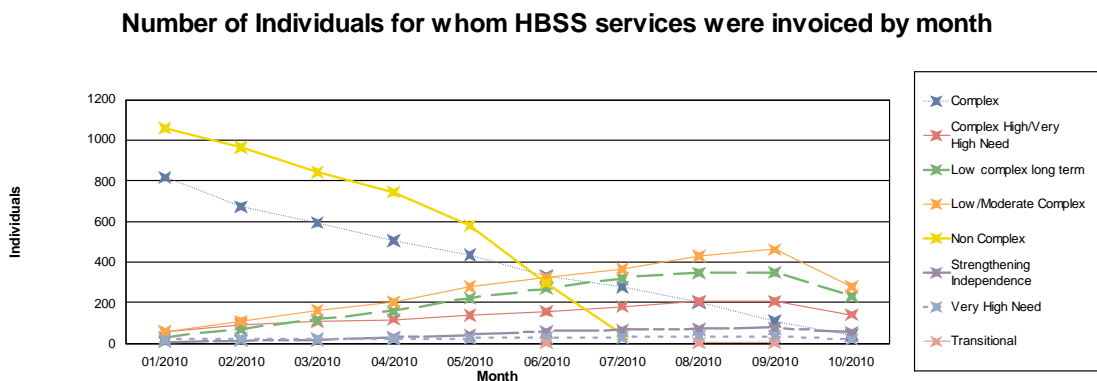
Additional levels of care packages have been introduced to the new goal based model to better target client need. These are shown in Figure 1.

The graphs that follow show the volumes invoiced to the end of October 2010.

**Figure 1 HBSS Volumes invoiced by month**

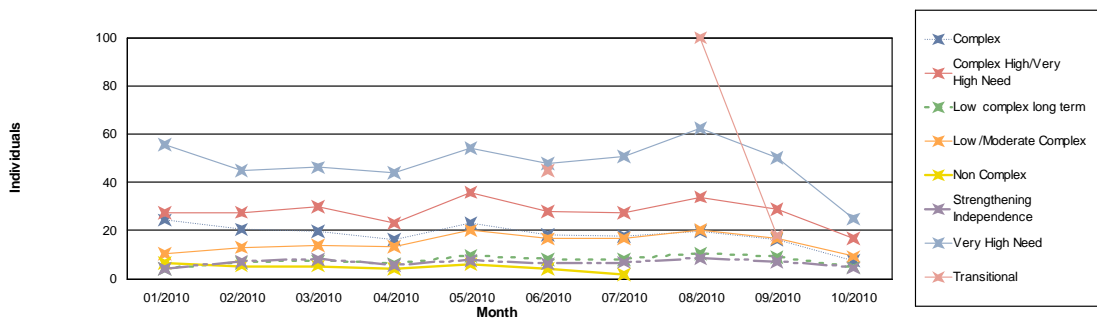


**Figure 2 Number of Individuals for whom HBSS were invoiced by month**



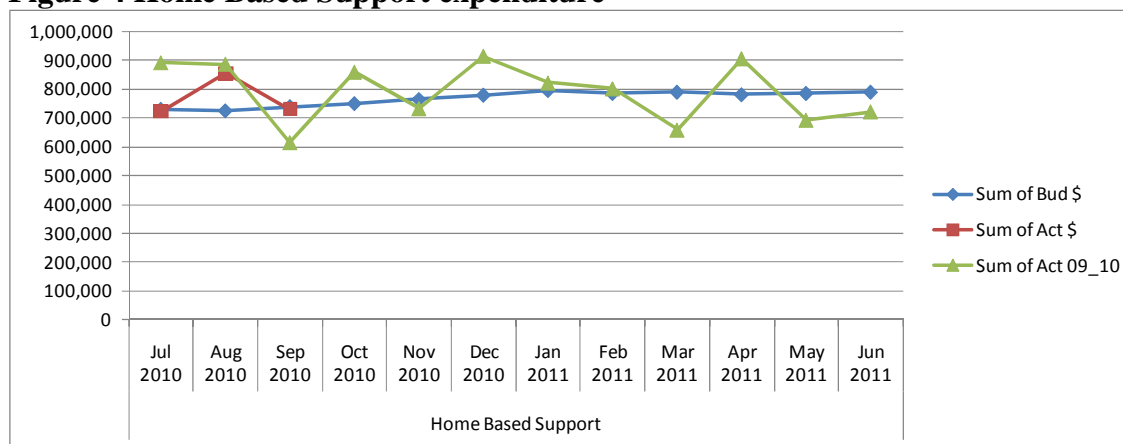
**Figure 3 Mean number of units per individual per month by service type**

**Mean number of units per individual per month by service type**



Expenditure has moved back towards budget as shown in Figure 4 Home Based Support expenditure below. With the budget phasing it should be within budget by year end.

**Figure 4 Home Based Support expenditure**



**5.2.3 Residential Rest Homes and Hospitals**

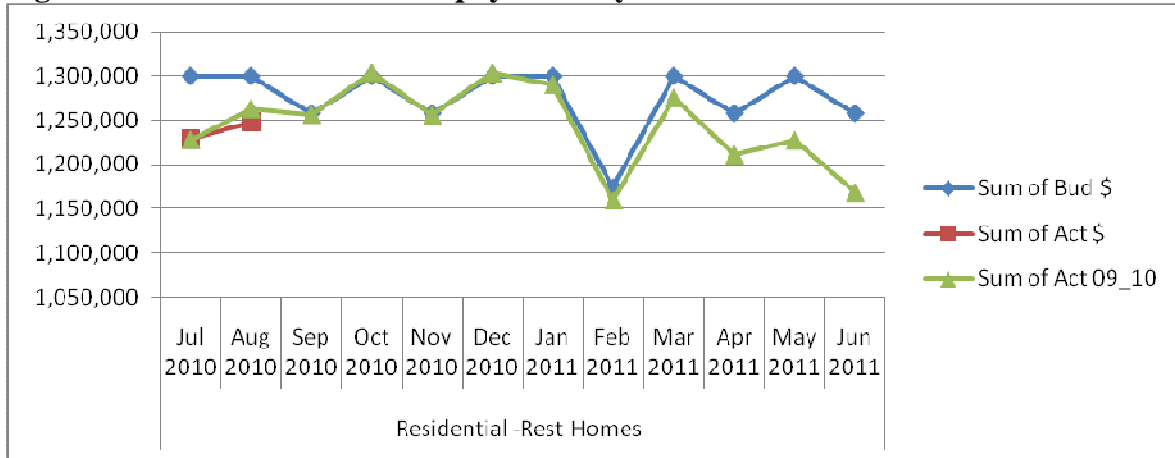
Residential Rest Home level care is under budget by \$114k (5% of the budget year to date). The budget for 2010/11 was adjusted compared to last year to take into account the increase in the number of dementia beds.

Naomi Courts facility have converted their rest home beds to Dementia rest home beds. Dementia bed capacity remains high.

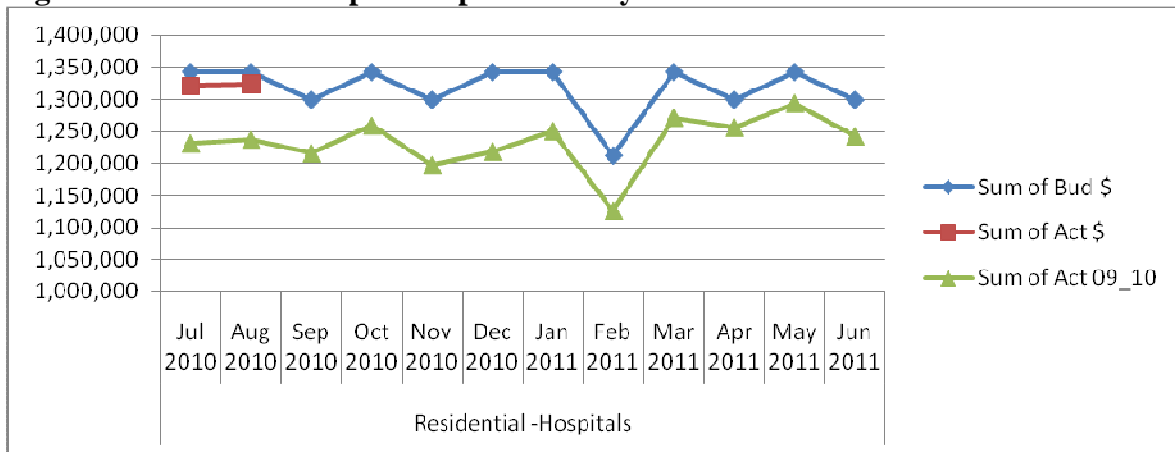
Residential hospitals are below budget by \$27k; which could be an effect of the goal based model of home support.

The graphs below show the actual cost of services delivered by month. Because these graphs show actual payments, data are only present up to August 2010.

**Figure 5 Residential Rest Home payments by month of service**



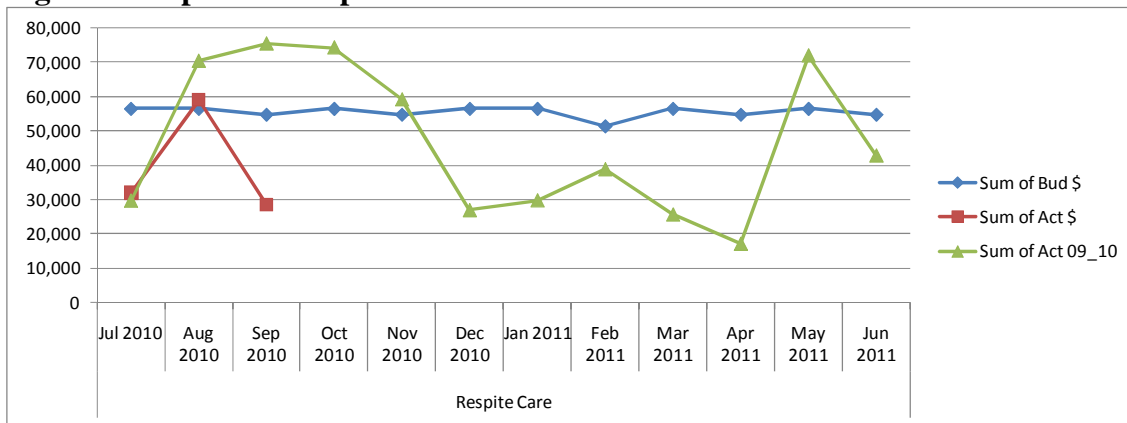
**Figure 6 Residential Hospital Expenditure by month of service**



**5.2.4 Respite Care**

This service is \$48k under budget. This is a demand driven service that has been budgeted for this year to allow for last year’s increased requirement.

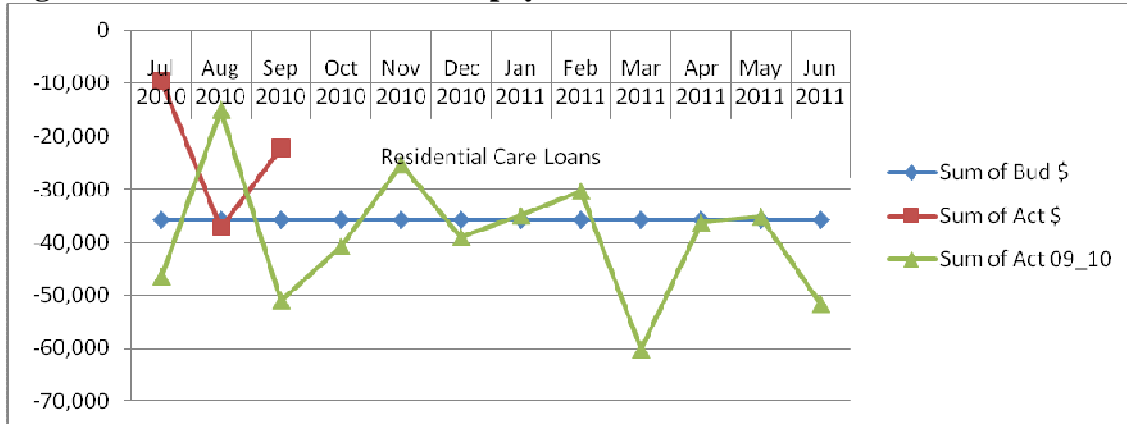
**Figure 7 Respite care expenditure**



**5.2.5 Residential Care Loans**

This line has been repaid \$38k less than budgeted. It is budgeted with only history to guide. We have no control over what repayments are made to us and when.

**Figure 8 Residential Care Loan Repayment**



In summary, at the end of September 2010, the Planning and Funding Health of Older People (HOP) Services budget is under budget by \$81k.

## 5.3 SUPPORTWORKS

### 5.3.1 Support works Financial Position

	YTD September 2010			Full Year	
	Budget	Actual	Variance	Budget	Forecast
Govt & Crown agency Non Health	254,668	234,456	(20,212)	1,018,672	1,018,672
Internal MoH Income	-	-	-	-	-
	391,461	391,461	(0)	1,565,842	1,565,842
<b>Total Revenue</b>	<b>646,129</b>	<b>625,917</b>	<b>(20,212)</b>	<b>2,584,515</b>	<b>2,584,515</b>
Personnel	494,543	429,953	64,590	1,972,240	1,907,649
Outsourced	-	-	-	-	-
Clinical Supplies	36,000	4,965	31,035	144,000	144,065
Infrastructure	84,728	71,517	13,211	339,031	295,399
Internal Charges	9,201	8,701	500	36,804	34,803
<b>Total Expenditure</b>	<b>624,472</b>	<b>515,136</b>	<b>109,336</b>	<b>2,492,075</b>	<b>2,381,916</b>
<b>Contribution to Overheads</b>	<b>21,657</b>	<b>110,781</b>	<b>89,124</b>	<b>92,440</b>	<b>202,598</b>
<b>FTEs</b>	<b>31.9</b>	<b>29.4</b>	<b>2.5</b>	<b>31.9</b>	<b>31.2</b>

**Revenue:** Overall \$20k unfavourable to budget due to delay with Ministry of Health payments. This is being followed up through finance department. Contract had a variation for price increase which required updating through finance. Renewal of contract from 1st October received from Ministry of Health.

**Personnel costs:** Overall \$65k favourable to budget this is due to current vacant positions. These have been advertised and interviews are taking place in November. There has been a good response to positions.

#### **Expenses:**

##### **Clinical Supplies:**

\$31k under budget. Discretionary spend is being monitored closely. There are a number of invoices outstanding which will reverse this underspend.

##### **Infrastructure:**

\$13k under budget. This is mainly due to phasing of charges.

##### **Internal Charges:**

Tracking to budget

**5.3.2 Support Works - General**

Four staff attended the NASC conference with two staff presenting. The presentations were well received with good feedback. The conference theme was “Transitions” involving the changing climate of NASC.

**5.3.3 Support Works Life Long Disability**

The Ministry of Health visited for a day to discuss the potential demonstration site for a new model of service. There will be a small number of NASC areas chosen for this. The first site will be Bay of Plenty. Nelson Marlborough is still being considered as another site. Work is continuing on the implementation of the Autism Spectrum Disorder Coordinator. This position will be based within the child development service. The Team Leader role has been advertised and applications close early November.

**5.3.4 Support Works Health of Older People**

Community support numbers have now exceeded 2,500. This was our original base line. There are a number of people being supported at home who would otherwise be in residential care. The assessor position in the team has been advertised.

There continue to be a number of DHBs visiting and utilising the expertise of our InterRAI Development Coordinator.

## 5.4 REPORT FROM IDSS

### 5.4.1 Financial Report

#### Intellectual Disability & Physical Disability Services – September 2010

	September				YTD				Annual		
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var	Forecast	Budget	Variance
Govt & Crown Agency	1,104,721	1,112,436	(7,715)	(1)	3,510,635	3,489,414	21,221	1	13,705,435	13,638,497	66,938
Other Health Related	13,297	7,707	5,590	73	39,729	23,122	16,608	72	109,094	92,486	16,608
Non Health	5,366	2,331	3,035	130	41,898	6,994	34,904	499	64,879	27,975	36,904
Internal Income	5,141	2,975	2,166	73	14,326	8,925	5,401	61	50,000	35,700	14,300
Internal MoH Income	12,053	12,053	0	0	36,160	36,160	0	0	144,638	144,638	(0)
<b>Total Revenue</b>	<b>1,140,579</b>	<b>1,137,502</b>	<b>3,076</b>	<b>0</b>	<b>3,642,748</b>	<b>3,564,614</b>	<b>78,134</b>	<b>2</b>	<b>14,074,046</b>	<b>13,939,296</b>	<b>134,750</b>
Personnel	966,749	1,010,070	43,321	4	2,977,337	3,034,776	57,440	2	12,721,728	12,811,792	90,064
Outsourced	0	250	250	100	0	750	750	100	2,250	3,000	750
Clinical Supplies	14,101	10,884	(3,217)	(30)	41,277	32,651	(8,626)	(26)	145,208	130,605	(14,603)
Infrastructure	62,557	71,925	9,367	13	192,100	215,024	22,923	11	808,434	859,764	51,330
Internal Allocation	27,447	27,003	(445)	(2)	81,154	81,008	(145)	(0)	339,023	324,033	(14,990)
<b>Total Expenditure</b>	<b>1,070,855</b>	<b>1,120,131</b>	<b>49,276</b>	<b>4</b>	<b>3,291,868</b>	<b>3,364,210</b>	<b>72,342</b>	<b>2</b>	<b>14,016,643</b>	<b>14,129,194</b>	<b>112,551</b>
<b>Contribution to Overheads</b>	<b>69,724</b>	<b>17,372</b>	<b>52,352</b>		<b>350,880</b>	<b>200,405</b>	<b>150,476</b>		<b>57,403</b>	<b>(189,898)</b>	<b>247,301</b>
FTE	254.13	271.78	17.65		258.69	271.57	12.88				

**Revenue:** Overall \$78k additional revenue for the year to date to 30th September 2010

**Govt & Crown Agency:** \$21k additional income due to

- Moh – Additional residential volumes for ID Community \$19k and reduced volumes for Physical Disability \$12k (client left after budgets allocated)
- Moh – Additional Day Services sessions attended \$2k
- Increase in Day Services Ministry of Social Development contract \$12k

**Other Health Related:** \$17k additional income due to

- income received from client contribution

**Non Health:** \$35k additional income due to

- Client recreation/activity funds, Training income received, reimbursement of costs and rental income received

**Internal Income:** \$5k additional income due to

- Internal transfer from ID residential services to Day Services

**Personnel:**

Overall \$57k under spent for the year to date to 30th September 2010 (12.88 FTE under)

Under spending due to

- New service developments budgeted to commence from July and not opened until the end of September

Offset with

- Additional cost for employment contract expiring (accrual)
- Additional client support required
- Additional costs due to budget phasing for sleepover allowances and penal payments being incorrect

**Expenses:** Overall \$15k under spent

**Outsourced Services:** Services not utilised at this time

**Clinical Supplies:** \$9k over spent due to additional client related costs

**Infrastructure:** \$23k under spent

- minor under and overspending occurring in all areas

**Internal Charges:** Internal transfer from ID residential services to Day Services (offset in internal income)

Intellectual & Physical Disabilities		Current Month September 2010			YTD September 2010
		IDSS	PDSS	Total ID & PD	Total ID & PD
<b>Services Provided</b>					
Current Moh Contract	As per Contracts at month end	163	7	170	
Beds – Individual contracts	As per Contracts at month end	36	2	38	
Beds – Respite contracts	As per Contracts at month end	1	1	2	
Beds – Individual contracts P&F	As per Contracts at month end	1	1	2	
Beds – Individual contracts with ACC	As per Contracts at month end		1	1	
<b>Total number of clients supported</b>	<b>Residential contracts - Actual at month end</b>	<b>201</b>	<b>12</b>	<b>213</b>	
<b>Vacant Beds</b>	<b>Actual at month end</b>	7	1	8	
	<b>Total available beds</b>	<b>208</b>	<b>13</b>	<b>221</b>	
<b>Total number of clients supported</b>	<b>Residential contracts - Actual at month end</b>	<b>201</b>	<b>12</b>	<b>213</b>	
	<b>Personal Cares contracts - Actual at month end</b>	2		2	
		<b>203</b>	<b>12</b>	<b>215</b>	
	<b>Total available bed days</b>	6,240	390	6,630	20,394
<b>Total Occupied Bed days</b>	<b>Actual for full month - includes respite</b>	6,035	341	6,376	19,733
<b>Total Occupied Beds</b>	<b>Based on actual bed days for full month (includes respite volumes)</b>	<b>97%</b>	<b>87%</b>	<b>96%</b>	<b>97%</b>

### 5.4.2 Client Contribution

A business case for change has been approved by senior management and is in the process of implementation. Letters have been sent to clients and families advising of the changes.

### **5.4.3 Day Services**

IDSS is gathering information on all the day services available in Nelson to identify any gaps given the recent changes to NMIT courses. Work continues with this.

A business case to relocate from Trafalgar St and Tahunanui Dr day service bases has been presented to senior management for consideration; this has been referred to the Rutherford group for consideration.

### **5.4.4 New Service**

New homes are now open at Daelyn Drive and Covent Drive.

Housing search in Marlborough for Physical Disability services continues.

### **5.4.5 Financial Audit**

A financial audit of the service has been carried out by the Ministry of Health.

## **5.5 MEMBERS' REPORTS**

Nil received

## **5.6 MEMBERS' ISSUES**

At a meeting late August I learnt that Civil Defence in Christchurch had launched CD information specifically for the disabled community there. I had planned to have examples for the meeting, but the earthquake arrived and I felt they had too much on their plate to respond to any such requests.

I'm told the information is in very clear language, and very usable.

Can we suggest that CDs across the DHB area do the same?

Glenys MacLellan

**Note:**

***Refer to presentation 2 today by NMDHB Emergency Planner Pete Kara.***

## 6 PRESENTATIONS

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Time	Topic	Presenter
12:00 – 12:30	CYF Worker in Hospital	Marieke Jansen, CYF
1:00 – 1:30	Emergency Planning for people with a disability	Pete Kara, NMDHB

## 7 FOR DISCUSSION

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Time	Topic
1:30 – 2:00	Meeting frequencies 2011

See discussion paper in appendix B

## 8 APPENDIX A: CORRECTION TO FINANCIAL REPORT

The following is a correction to the GM Planning and Funding financial report for the previous reporting period:

The main areas showing variance from budget are:

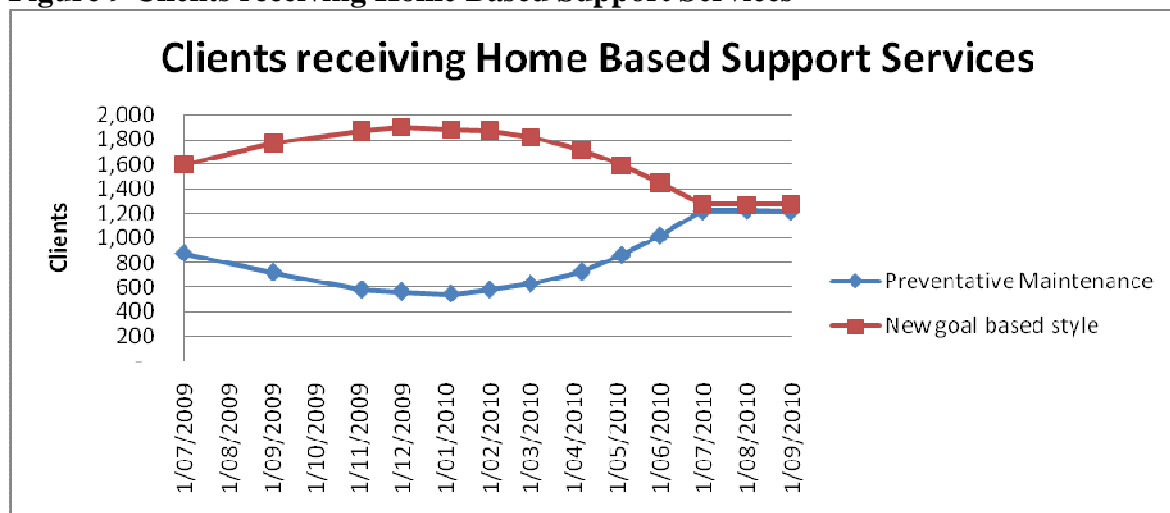
### Home Based Support

Home Based Support Services are currently over budget by \$122K. All older people receiving supports in line with the new service specification that was introduced in Jan 2010 have been reviewed and placed into the appropriate groupings. The number in preventative maintenance group has increased to 1214. The number of people receiving more complex support is 1277. These numbers appear to have stabilised. At time of budgeting, we anticipated that the transition to the groupings would take until February 2011 however as part of the recovery plan this work was achieved earlier. The budgets have been phased according to the original dates. This means that the later months of the financial year have larger budgets; as a result we should complete the year well within budget.

Additional levels of care packages have been introduced to better target client need. These are shown in Figure 1.

The graphs that follow show the volumes invoiced to the end of August 2010.

Figure 9 Clients receiving Home Based Support Services



## 9 APPENDIX B: MEETING FREQUENCIES 2011

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### Introduction

The frequency of advisory committee meetings has been raised following the move to two-monthly meetings for 2010.

The Ministerial Review Group in its report 2009 commented about the number of Board and Committees, this together with the fiscal constraint led to the move from six weekly meetings. The Board noted the following impacts from the move to two-monthly meetings were expected:

- The number of meetings would be reduced to five excluding workshops. It was assumed each committee would have one workshop making the total number of meetings six, four fewer than previously.
- The financial impact, based on seven members for each Committee, was a saving of \$1,812.50 per meeting or \$21,750 if all committees only met six times per year.

A number of indirect savings in staff time were identified as arising from the reduced number of agendas and meetings.

- Agenda preparation:
  - meeting with committee chairs to develop the topics (1 – 2 hours)
  - development of the working papers (can involve range of staff – say 20 hours)
  - review by the management teams of the working papers (2 – 4 hours)
  - formatting (4 hours)
  - printing and binding (4 hours)
- Actual Meeting:
  - Staff attendance (up to 4 hours for 1 – 4 people)
  - Minute taking and preparation (4 – 6 hours)

It was estimated that savings of 50 hours per meeting were possible.

### Meetings in 2010

During 2010 the committees met as follows:

DiSAC regular meeting	CPHAC regular meeting	HAC regular meeting
21 September	31 August	24 August
20 July	22 June	22 June
18 May	27 April	20 April
16 March	23 February	16 February

None of the committees held a workshop on a separate day. Each committee will be meeting one more time during 2010. The first meeting of the committees in 2011 will

be in March to enable the appointment of community representatives to be completed.

The key issue that arose during the year was the fit to the financial reporting cycle and ensuring that committee reports to the Board reflected the most up to date information. This resulted in the HAC moving to the second month in the cycle.

With committees meeting two-monthly and the Board six-weekly, several committee meetings were rescheduled. The reports presented to the Board were (the months indicate the YTD financial results considered at the committee meeting):

Date	CPHAC	DiSAC	HAC	IHB
26-Jan	No meeting	No meeting	No meeting	No meeting
2-Mar	Written- Jan 10	No meeting	Verbal – Dec 09	verbal
13-Apr	No meeting	Written - Jan 10	No meeting	Tabled
25-May	Written	Verbal	Written – Mar 10	Written
6-Jul	Written - May 10	Written – Apr 10	Written – May 10	Tabled
17-Aug	No meeting	Written – Jun 10	No meeting	Written
28-Sep	Written – Jul 10	Tabled – Aug 10	Written – Jul 10	No report

### **Decision Making**

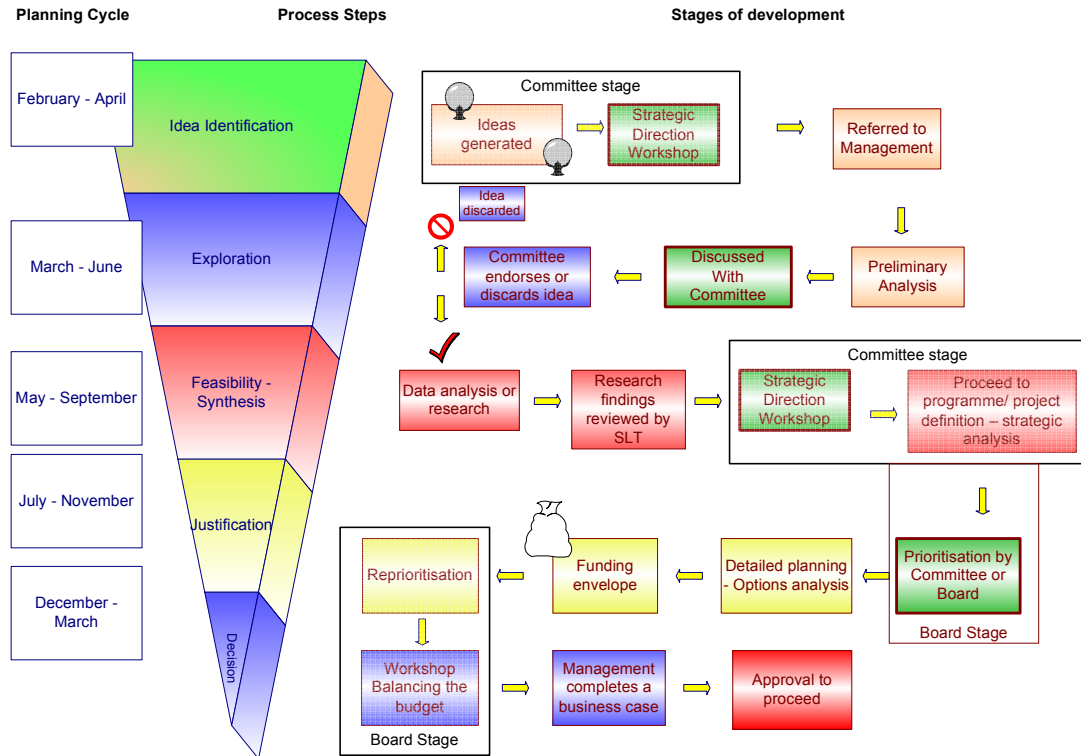
For 2011 to fit with the planning cycle for the District Annual Plan (DAP) and the appointment of community representatives, the Board is meeting on 1 February and again 8 March to review the analysis of the DAP projects and strategies. Both of the meetings will be in the form of a workshop with key stakeholders, e.g. IHB, PHOs, senior staff etc.

The change to two-monthly meetings has resulted in a small number of reports being presented either verbally or tabled as shown above. If such a report contains a recommendation by the committee there is limited opportunity for members to research the issue before being asked to make a decision.

### **Planning Cycle**

The current planning cycle has each of the committees feeding into the ideas, projects, programmes or initiatives that should be part of the overall DAP through workshops midyear. The Board as a whole then considers all of the ideas etc from the committees about September for a decision on those which management are to complete their analysis. For 2010/11 the cycle was varied due to the pending legislative changes and the focus on achieving a break even position by 2011/12.

The various stages of the planning cycle are:



This planning process is likely to change as the move towards regional planning is integrated into the overall cycle.

**Financial Impact**

Under the current payment arrangements for advisory committees, members are entitled to payments of \$250 for each meeting attended with a maximum of 10. The Chair of the Committee is entitled to a higher fee.

As noted in 2010, the cost of each meeting (assuming 7 members) is \$1,812.50 excluding any travel costs.

**Options**

The options for committee meetings in 2011 are:

- Remain with a two-monthly cycle
- Return to a six-weekly cycle.

The strengths and weakness of each option are:

Option	Strengths	Weaknesses
Two-monthly	<ul style="list-style-type: none"> <li>➤ Reduced staff time in servicing the meeting</li> <li>➤ Lower total meeting fees.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Gaps to reporting to the Board, the time between reports can be up to three months. This can be partially addressed with interim offline reporting.</li> <li>➤ Information to the committee is not timely especially if it meets before the 20th.</li> </ul>
Six-weekly	<ul style="list-style-type: none"> <li>➤ Fits with the Board reporting cycle</li> <li>➤ Number of meetings (8) enables the committee to still have two workshops.</li> <li>➤ Enables maintaining Tuesdays as DHB meeting day.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase in staff time to service the meeting.</li> <li>➤ Higher meeting costs.</li> <li>➤ Information to the committee is not timely especially if it meets before the 20th.</li> </ul>

### Legislative Changes

With national and regional plans being central to delivery of health and disability services and the basis for collaboration, the focus of the committees will be on the annual plan. There will be no strategic plan.

The annual plan will set out the operational focus for the coming financial year and describes how the DHB will be held accountable for the delivery of explicit actions (national, regional and local).

A new requirement will be for DHBs to consult where the Minister of Health considers the DHB is making changes to service eligibility, access or the way services are provided that will have a significant impact on recipients of services, their caregivers or providers. The impact of these changes on the role of the committees is still to be determined.

### Conclusions

With the changes in the Board membership there is a need to ensure the new members are fully briefed on health issues in Nelson Marlborough. This change in experience may also be replicated in the advisory committees. Therefore to enable members to seek information orientation workshops will be scheduled for both board and committee members.

### RECOMMENDATIONS

- That the new Board considers this paper at its first meeting and makes the decision about meeting frequency.
- That in the meantime advisory committees continue meeting two-monthly until April 2011.

## 10 GLOSSARY OF TERMS

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ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
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
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
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
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)
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

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
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
EOI	Expression of Interest
ENT	Ears, Nose and Throat
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
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
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
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 Caesarian Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
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
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
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
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
YTD	Year to Date
YTS	Youth Transition Service

November 2010