

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 28 September 2021 at 10.30am

Seminar Room, Arthur Wicks Building
Wairau Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	10.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	10.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	10.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	Finance Report		Attached	Resolution
6	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	11.30am	As below	Resolution

PUBLIC EXCLUDED MEETING

11.30am

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

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of Te Hiringa Hauora ▪ Director of TAS (national DHB Share Services Agency) 			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> ▪ Director, Taylors Contracting Co Ltd ▪ Director of CD & Associates Ltd ▪ Director of KHC Dennis Enterprises Ltd ▪ Director of 295 Trafalgar Street Ltd ▪ Director of Scott Syndicate Development Company Ltd ▪ Director of Malthouse Investment Properties Ltd 		
Gerald Hope		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	<ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian 	<ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint owner of Forrest Wines Ltd 	<ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB 	
Dawn McConnell	<ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	
Allan Panting	<ul style="list-style-type: none"> ▪ Chair General Surgery Prioritisation Working Group ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group ▪ Chair National Orthopaedic Sector Group 			
Stephen Vallance	<ul style="list-style-type: none"> ▪ Chairman, Crossroads Trust Marlborough 			
Paul Matheson	Nil	<ul style="list-style-type: none"> ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jill Kersey	<ul style="list-style-type: none"> Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> Employee at NMIT Chair of Te Runanga o Ngati Rarua Chair Tasman Bays Heritage Trust (Nelson Provincial Museum) 	Provider for potential contracts	
Zoe Dryden (IOD Awardee)		<ul style="list-style-type: none"> Co-owner Abel Tasman Soul Ltd (ta Abel Tasman Kayaks) Owner and Managing Director Nea Zoe Ltd (ta Second Base) Chair of FACE Nepal Charitable Trust NZ Director Ruapehu Alpine Lifts (RAL) 		

As at August 2021

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
CLINICAL SERVICES					
Pat Davidsen	GM Clinical Services		<ul style="list-style-type: none"> Chair Nayland College Brother's partner undertakes some graphic design work for NMH Brother employed by MIC 		
Sandy McLean-Cooper	Director of Nursing & Midwifery	Nil			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> General Practitioner Mapua Health Centre Chair NMDHB Clinical Governance Committee MCNZ Performance Assessment Committee Member PCM Trainer and Licensee 		<ul style="list-style-type: none"> Providing training to DHB staff via own company Hexameter 	
Nick Baker, Dr	Chief Medical Officer	<ul style="list-style-type: none"> Senior Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) Member of Paediatric Society of NZ Fellow Royal Australasian College of Physicians Associate Fellow Royal Australasian 	<ul style="list-style-type: none"> Wife is a graphic artist who does some health related work Fellow of Royal Meteorological Society Son employed as casual employee at NBPH in COVID admin workforce 		

Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		College of Medical Administrators ▪ Member of Paediatric Society of NZ ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member new Dunedin Hospital Executive Steering Group ▪ Member of NZ Digital Investment Board Ministry of Health			
Hilary Exton	Director of Allied Health	▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Deputy Chair National Directors of Allied Health			
MENTAL HEALTH SERVICES					
Michael Bland	Acting GM Mental Health Addictions & DSS	▪	▪		
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	▪ Husband is shift manager for St John Ambulance	▪ Trustee of the Empowerment Trust		
Kirsty Martin	GM IT				

Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> Trustee of Golden Bay Community Health Trust Wife is a Registered Nurse working permanent part time for Tahunanui Medical Centre and occasional locum for other GP practices. She is also a COVID vaccinator 			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> Daughter employed by Pharmacy Department in the casual pool Sister is employed by Marlborough PHO 	<ul style="list-style-type: none"> Daughter is involved in sustainability matters 		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> Te Herenga Hauora (GM Maori Health South Island) Member of Te Tumu Whakarae (GM Maori Health National Collective) Partner is a Doctor obstetric and gynaecological consultant Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) 	<ul style="list-style-type: none"> Both myself and my partner own shares in various Maori land incorporations 		
CHIEF EXECUTIVE'S OFFICE					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> Trustee of Churchill Hospital 	<ul style="list-style-type: none"> 		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> Brother works at NMDHB in the Transport Department 			

As at September 2021

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON 24 AUGUST 2021 AT 12.30PM**Present:**

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

In Attendance:

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

Apologies:

Nil.

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Nil.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Craig Dennis
Seconded: Dawn McConnell

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Noted.

Moved: Craig Dennis
Seconded: Dawn McConnell

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 27 JULY 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Points

Item 1 – Consumer Council Chair's Report: Meeting held with new Facilities Coordinator. Lines of communication have been clarified and in future the Consumer Council report will be included in the Clinical Governance Committee report. Completed

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair thanked the CE, the Executive Leadership Team and their teams for the contributions staff have made since lockdown. The emergence of the Delta variant has shown us working with partners, intersectoral and health has come back into focus. Thank you to our Public Health, PHOs and TPO partners with the vaccination process and especially setting up the two large vaccination centres. Relationships put in place last year have remained, and this has allowed us to set up for this lockdown quickly.

Hospitals are coping with winter ills and are getting prepared in case there is an outbreak of COVID in our district.

Strike planning and planning for the roll out of a new health system also adds to the pressure felt by teams.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Some 3,323 vaccination were administered yesterday across the region which is 1,100 more than any other day ever – a remarkable achievement. Thank you to NCC and MDC for allowing access to the Trafalgar Centre in Nelson and Stadium2000 in Blenheim to be set up as large vaccination centres.

Inter-agency engagement is strong in this region and it is reassuring we can connect with our Councils, Police, MSD, Civil Defence, MBIE, DIA, FENZ etc. Also, a note of thanks to our Comms team who are doing an outstanding job.

We are investigating options to implement some planned care safely. We have not stopped referrals coming into the hospital, however our ability to respond to the demand will be problematic if we have a long lockdown period.

Recruitment

Noted we have shortlisted two candidates for surgical positions in Wairau. Both look like excellent candidates and both are international candidates. Noted due to availability in MIQ, start dates could take between 5 and 12 months.

Discussion held on notification times for those intending to leave and when replacement processes are started. Noted when staff resign, we often look at the role to see if the

same role is needed or whether changes could be made. We make sure we are recruiting the right person and target our ads accordingly which often takes time.

Discussion held on the role of immigration in recruiting international candidates. Noted the South Island Chairs meet with the Minister of Health regularly and this is raised often as it is an issue for all DHBs. **It was agreed that** the Board Chair liaise with the other DHB Chairs to collectively write to the Minister of Health noting their concerns of recruitment difficulties and ask that the Minister expediate a conversation with the Immigration Minister to alleviate recruitment pressure DHBs are facing.

ED Presentations

Both departments reported increased times when either MIC or MUC were unavailable to support due to staffing challenges. Both departments identified increases with triage 1-3s. Triage 4-5s dropped slightly in Wairau and increased slightly in Nelson.

Maori Health

Discussion held on decreases in SUDI incidents since introducing Pēpi Pods noting there have been no SUDI deaths in our area for some time. Noted the positive impact beyond SUDI includes increased incentive to quit smoking, improved breastfeeding, improved GP enrolments. Nationally SUDI rates are still high. Noted investigation is underway for other devices rather than plastic pēpi pods, ie Moses baskets. Noted the programme has been rolled out throughout the country now.

Planned Care

Discussion held on the impact of lockdown on planned care noting for every week of lockdown it will take 8 weeks of recovery time.

SECTION 6: FINANCIAL REPORT

The core result for the first month is a deficit of \$396k which is \$21k favourable to the plan which represents a very pleasing start to a new financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$1.2M which is \$350k adverse to plan.

Contracts

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

- Quarterly variation for Home and Community Support Services
- Integrated Primary Mental Health Services
- Electronic Well Child Form.

Moved: Gerald Hope
Seconded: Allan panting

RECOMMENDATIONS:

THAT THE BOARD:

1. RECEIVES THE FINANCIAL REPORT

2. APPROVES THE CHIEF EXECUTIVE SIGN THE CONTRACTS RELATING TO:
 - a. QUARTERLY VARIATION FOR HOME AND COMMUNITY SUPPORT SERVICES
 - b. INTEGRATED PRIMARY MENTAL HEALTH SERVICES
 - c. ELECTRONIC WELL CHILD FORM.

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted in future an update from the Consumer Council will be part of the Clinical Governance Committee report to the Board.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Noted.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Brigid Forrest
Seconded: Craig Dennis

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 27 July 2021 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

Resolutions from the Public Excluded Meeting:

The Board approved the following resolutions in the Public Excluded section of the Board meeting:

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- Decision – Position Statements – APPROVED
- CE's Report – RECEIVED

- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.18pm.

ACTION POINTS - NMH – Board Open Meeting held on 24 August 2021						
Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE Report	The Board Chair to liaise with the other DHB Chairs to collectively write to the Minister of Health noting their concerns of recruitment difficulties and ask that the Minister expediate a conversation with the Immigration Minister to alleviate recruitment pressure DHBs are facing.	Jenny Black	24 August 2021	28 September 2021	Verbal update to be provided

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 22 September 2021
Subject: **Correspondence for August/
September**

Status

This report contains:

☐ For decision

☐ Update

✓ Regular report

✓ For information

Inward Correspondence

Nil

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 22 September 2021
Subject: **Chair's Report**

Status

This report contains:

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

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 22 September 2021
Subject: Chief Executive's Report

Status

This report contains:

- ☐ For decision
- ☒ Update
- ☒ Regular report
- ☐ For information

1. INTRODUCTORY COMMENTS

COVID's reappearance has again dominated our last few weeks. The rapid preparedness of our health system after the Alert Level 4 lockdown was announced in August was both challenging and rewarding as, overnight, we transformed seamlessly to our new ways of working.

Our vaccination programme across Te Taihau continues to be a success, and we know to reach the next cohort of people we will need to be even more innovative and creative. We continue to aim for the highest vaccination coverage to ensure the safety of our community.

Our attention has also turned to resurgence planning for the COVID Delta variant and ensuring our facilities and our healthcare delivery processes are as safe as they can be for our patients and staff. We will ensure alignment, both nationally and regionally, as we prepare yet again for the challenge COVID has presented us.

Our interagency relationships remain strong and very connected as we support each other to respond to the different Alert Levels with our collective knowledge.

With national guidance we are re-establishing our planned care with much more attention to both the national, regional and local resource requirements. We are more and more functioning as a collective system.

Through the month our winter workload continued. Our hospitals remained well occupied and acute delivery was maintained at usual winter levels across the NMH system.

2. MĀORI HEALTH

The Vulnerable Technical Advisory Group (VTAG) was re-established to provide the opportunity to keep Māori and vulnerable population groups updated with developments in relation to COVID.

Members of the Te Waka Hauora team undertook roles to complete wellness and food checks for whānau in high needs communities and the homeless. In particular, the focus was on Franklyn Village and Nikau Hauora Hub in Nelson, and Beths and Bings in Wairau. Kai with Love have packed and distributed 1,350 kai parcels in this region over the past month. The Te Waka Hauora team have assisted by distributing 416 of the kai parcels to those in need.

The Te Waka Hauora team also provided PPE to all local Māori Health Providers, Pacific providers and also those providers that focus on refugee whānau.

A team of Te Waka Hauora nurses have been assisting with the roll out of the COVID vaccination throughout Nelson. These outreach clinics have had a huge impact on the number of whānau vaccinated within our district.

3. PRIMARY & COMMUNITY

COVID continued to dominate work in the primary/community space with Public Health supporting Auckland, CBAC stood up, vaccination in full swing and pharmacies, Home Based support, District Nursing, ARC and General Practice moving to different models to continue offering essential services. Previous experience and thorough preparation have once again seen a fantastic response across the whole organisation and health sector. We should take pride in how well the Public Health Service and NMH has worked to support the Ministry of Health, Auckland, and all of NZ.

As at 17 September, NMH vaccination coverage of the enrolled population was leading NZ and looked like this:

District							
Age Band	Population	1st Dose	% 1st Dose	Gap	2nd Dose	% 2nd Dose	Gap
85+	3,653	3,263	89%	-390	3,026	83%	-627
80-84	4,170	3,957	95%	-213	3,735	90%	-435
75-79	6,573	6,112	93%	-461	5,783	88%	-790
70-74	9,722	8,987	92%	-735	8,422	87%	-1,300
65-69	10,247	9,420	92%	-827	8,447	82%	-1,800
Total above 65	34,365	31,739	92%	-2,626	29,413	86%	-4,952
60-64	11,178	9,816	88%	-1,362	7,603	68%	-3,575
55-59	11,642	9,589	82%	-2,053	6,343	54%	-5,299
Total above 55	57,185	51,144	89%	-6,041	43,359	76%	-13,826
50-54	10,985	8,767	80%	-2,218	4,523	41%	-6,462
45-49	10,226	7,852	77%	-2,374	3,624	35%	-6,602
44-12	54,379	37,536	69%	-16,843	11,265	21%	-43,114
Total	132,775	105,299	79%	-27,476	62,771	47%	-70,004

A new Model of Care for *COVID Case Management in Primary/Community Care* is being developed via a national workstream sponsored by the Ministry of Health. This will include a nationally consistent Health Pathway. In the meantime, a local Health Pathway has been drafted. The focus of this is to ensure there is clear available guidance for the eventuality of COVID cases in the community and the desire to keep cases out of the hospital setting. The pathway incorporates key messages from the Canadian model of successfully managing COVID cases in a community setting via the work led by Canada based New Zealander Dr Dee Mangin.

The final Annual Plan 2021/22 was re-submitted in early August and is scheduled to be signed off by the Minister of Finance and Minister of Health in the first tranche.

4. MENTAL HEALTH & ADDICTIONS

This month has focused on the transition of the Interim General Manager. With the move to Alert Level 4, the focus changed to supporting the directorate on responding to the alert level requirements, emergency response planning and the establishment of leadership meetings.

NMH is involved in a national Health Service Quality Commission (HSQC) project. We are one of four sites selected to roll out a program to improve the physical health of those with serious and enduring mental illness. It is an extension of our cardiometabolic screening and intervention project. We will extend the work to a wider group starting with IMI (injectable antipsychotics). Medimap is being used as the vehicle for all parts of the system with Primary, Secondary, NGOs to view and contribute to cardiometabolic screening and intervention.

Graphs noted below:

Figure 1: Older Person's Mental Health

Occupancy and acuity was manageable for most of August, however it was impacted by COVID-19 preparations and lockdown. The Community team did an excellent job of supporting patients in community virtually with only two admissions during the lockdown period. The overall reduction in referrals in August reflects the effects of COVID in primary health and the ARRC sector.

Older Person's Mental Health (OPMH)

	Referrals - 2021 08			Community Contacts - 2021 07			Midnight Beds - 2021 08		
	Caseload 03/09/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	9	3	5				8.1	10	81%
Liaison Nelson	22	9	3	37	49%	6			
Liaison Wairau	17	6	3						
Nelson	84	18	10	236	100%	22			
Wairau	24	7	6	108	100%	4			
Total	156	43	27	381	99%	14			

Referrals Received and Discharged

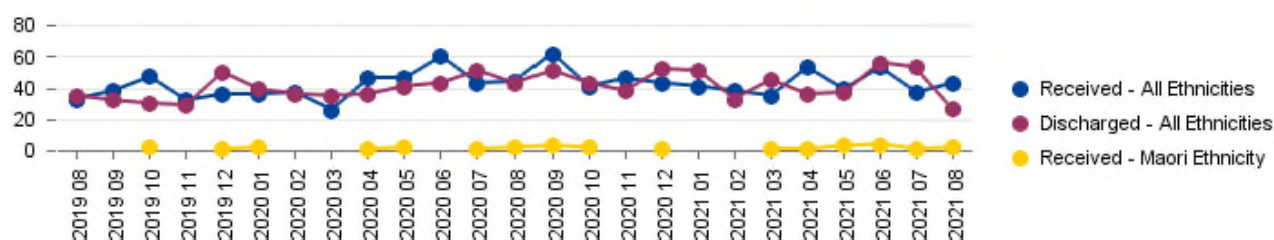


Figure 2: Wāhi Oranga Inpatient Unit

Occupancy levels within the Wāhi Oranga have steadily increased since August 2020.

Wahi Oranga Inpatient Unit

	Referrals - 2021 08			Midnight Occupied Beds - 2021 08			2021 08	2021 07
	Caseload 03/09/21	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	21	18	28	27.3	30	91%	25	100%

Referrals Received and Discharged

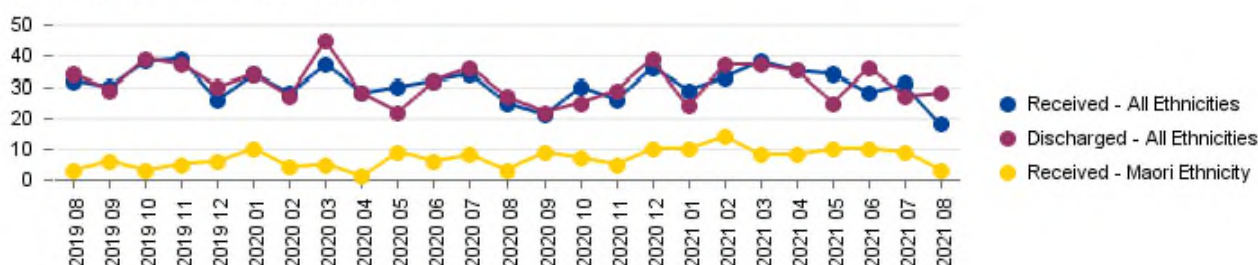


Figure 3: Seclusion

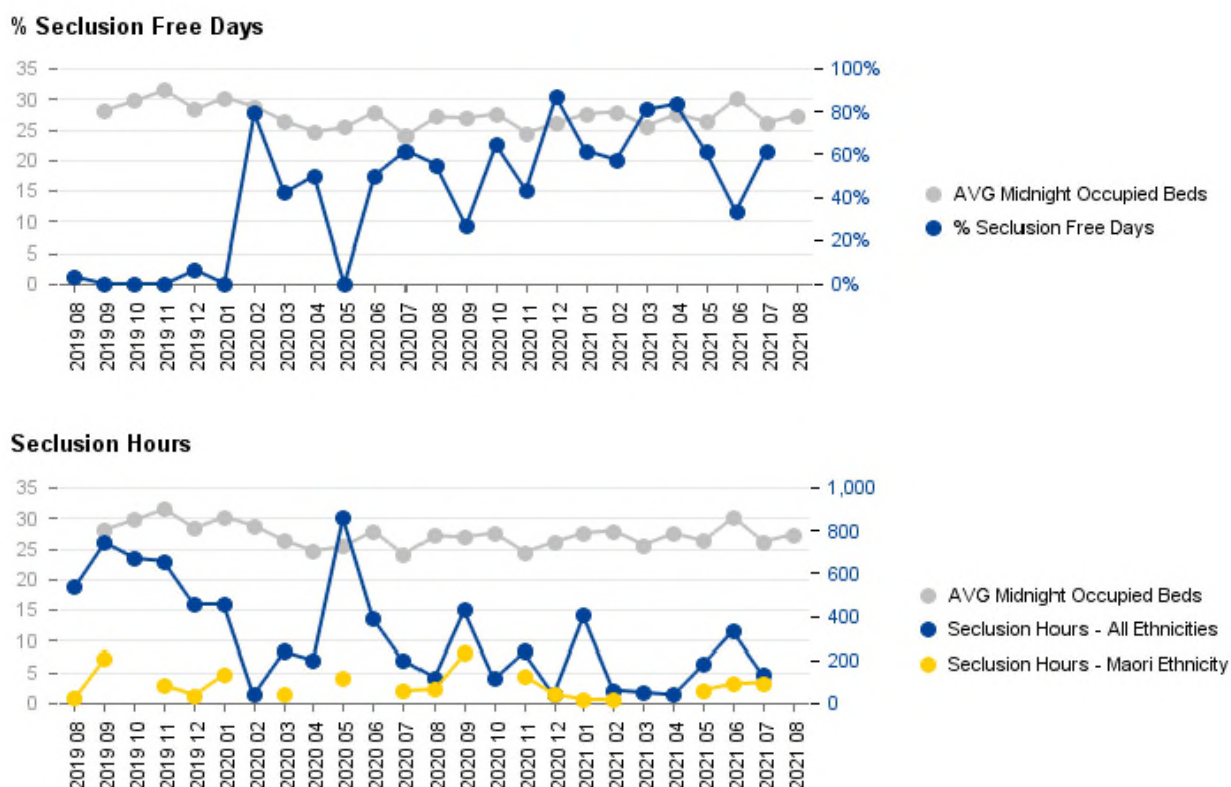


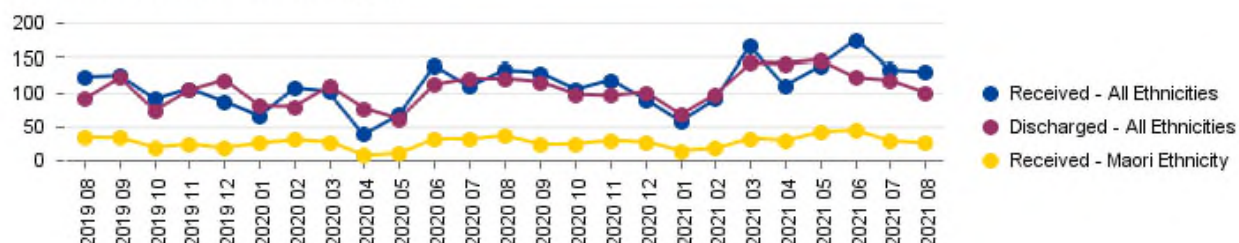
Figure 4: ICAMHS

During August 69 new referrals were received. There are currently 610 open cases (428 in Nelson and 222 in Wairau). Of these, almost half are on waiting lists (181 in Nelson and 98 in Wairau).

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2021 08			Community Contacts - 2021 07			DNA % - 2021 07	
	Caseload 03/09/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Explore Nelson	1				0%			
ICAMHS Forensic Nelson	1		3	10	40%	55	0.0%	0.0%
ICAMHS Nelson	428	90	71	690	97%	76	3.9%	4.3%
ICAMHS Wairau	181	36	16	182	50%	30	6.6%	10.7%
Infant and Maternal Nelson	30	3	9	6	18%	17	16.7%	
Total	641	129	99	888	78%	56	4.5%	5.4%

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

August focused on managing the COVID-19 preparation and response.

5. CLINICAL SERVICES

COVID-19 Alert Level 4 commenced on 18 August 2021 and despite short notice, hospitals were ready, appropriate patients notified of appointment changes, signage in place, security and door management initiated, screening questions and physical spacing implemented for the commencement of Level 4 – spectacular effort by the clinical services team in facilitating this over an evening.

Industrial action planned for late August and early September by both MERAS and NZNO have been cancelled due to the COVID-19 impact.

5.1 Health Targets – Planned Care

At the end of August 2021, we planned 1,065 surgical discharges of which we have delivered 661 (62%). This is under plan by 404 discharges.

We have delivered 1,125 minor procedures to the end of August 2021, which is 317 procedures higher than our Plan target of 808 for this period.

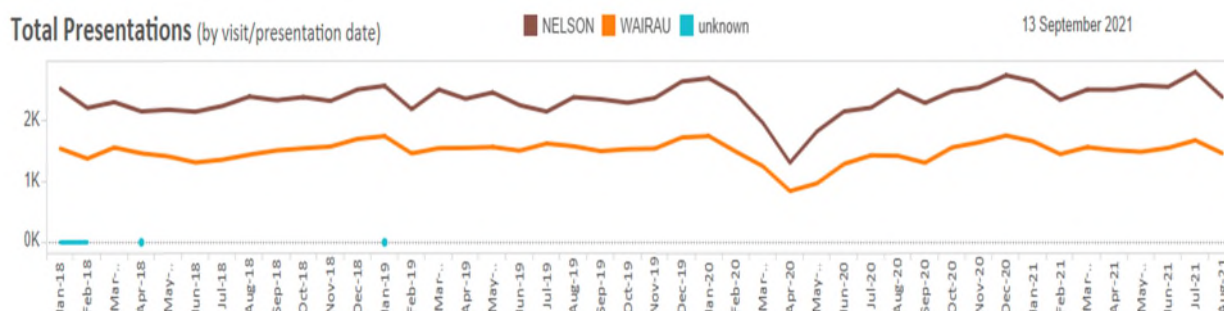
For orthopaedic interventions year to date at the end of August 2021, a total of 71 joints have been completed which is down 22 on the Plan of 93. There are currently 257 joints waitlisted for surgery.

We have delivered, as at end of August 2021, 49 cataracts which is 27 below our Plan of 76. There are currently 256 cataracts waitlisted for surgery. The national prioritisation scoring tool CPAC score raised from 55 to 60, from 2 September 2021. This will reduce the number of Cataracts accepted into the Ophthalmology service.

Planned care delivery this month was impacted by the COVID-19 response with only the most urgent patients being seen, assessed and operated on during Alert Levels 4 and 3.

5.2 Shorter Stays in Emergency Department

ED	Within 6 hours	%	Over 6 hours, includes incalculable	%	Total	Trend
Nelson	2,055	86.5	320	13.5	2,375	
Wairau	1,302	9.6	154	11.4	1,356	



Hospital Occupancy

Both hospitals continue with an adult occupancy of 93% at Nelson and 83% at Wairau, with a total occupancy of all beds at 85% and 75% respectively. Admitted patients are progressively reducing, however both EDs have remained steady throughout the lockdown.

5.3 Enhanced Access to Diagnostics

CT shows 90% of referrals accepted are scanned within 42 days (MOH target is 95%).

MRI numbers for August 2021 are 303 patients scanned, with 64% being scanned within 42 days of referral acceptance (MOH target is 90%).

Unable to meet target this month due to COVID restrictions in planned care. Recovery planning is now well underway.

6. NURSING & MIDWIFERY

First meeting attended for End of Life bill and opportunity for providing support to the national process discussed.

NETP/NESP process is underway for recruitment in 2022 with candidates currently being matched to DHBs. Our recruitment days will be held in October.

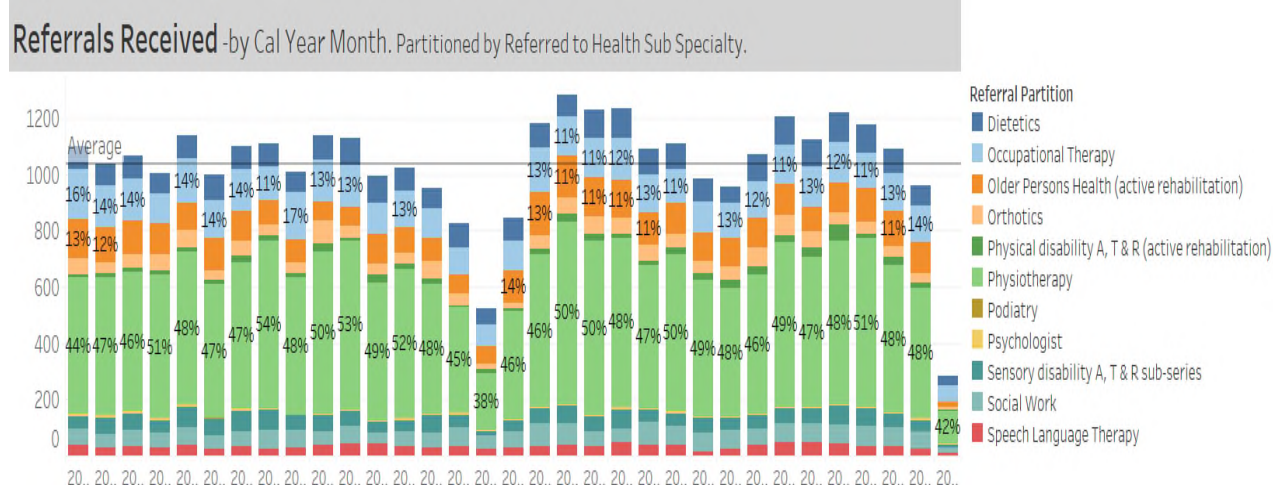
7. ALLIED HEALTH

The month of August has been dominated by the preparation and response to the recent COVID-19 outbreak and the establishment of the Emergency Coordination Centre and the three Emergency Operation Centres. Allied Health has ensured representation on each of these groups, holding daily meetings with the Allied Health leadership team to support communications and appropriate planning and response to the situation. Other Allied Health programs and service initiatives have been prioritised as urgent only.

For the period August 2020 to August 2021, the average monthly referrals to the Allied Health Services was 1000. During July 2021:

- 906 referrals were received by Allied Health services.
- 82% referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 8% Maori (81 referrals) across all services and age ranges, however majority for physiotherapy.
- 1% Pacifica (13 referrals).
- 55% were for clients over 65 years, and 22% over 80 years of age (total of 112 referrals).

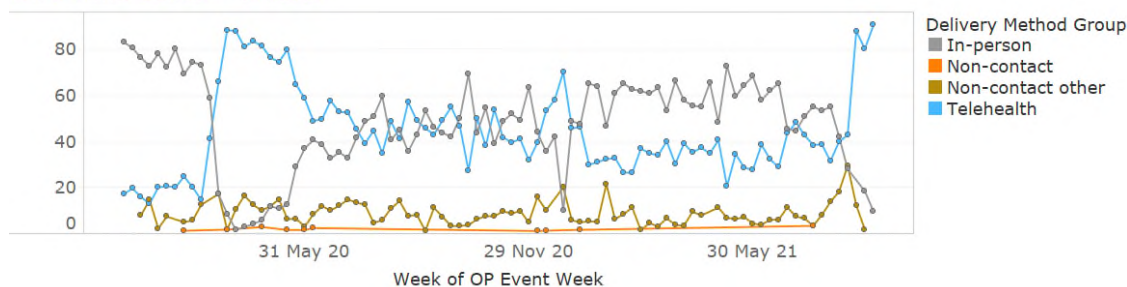
Below is the number of referrals per month to Allied Health Services for the period January 2020 to March 2021 (excludes Child Development Services).



During August 2021 there were 4,706 events, which totalled 3,253 hours across the inpatient therapy services, with 698 patients receiving an average of 4.66 hours of Allied Health service.

The graph below illustrates that the Dietetic Service have not only been able to respond immediately for virtual care but have also maintained a higher rate throughout the year.

DHB Time Series - % Rate

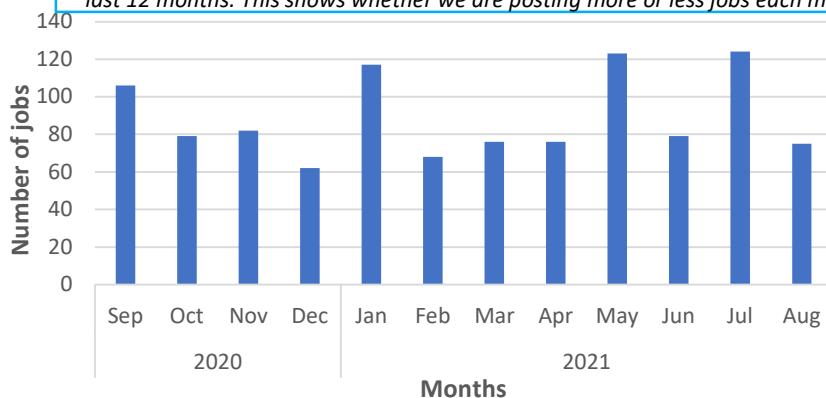


8. PEOPLE & CAPABILITY

NMH advertised 75 positions in August 2021. This is slightly lower than the average across the last 12 months, however given the impact of the COVID outbreak this a high number. Eighty-one candidates were placed into positions in the DHB in August 2021. This is again high considering the impact of the COVID outbreak. Across all the 81 placements the recruitment processes took an average of 62 days from advertising to placement. This is slower than average across the 12 months to date and may be due to the impact of COVID meaning the positions were not filled as quickly.

Monthly jobs posted over last 12 months

This graph shows the number of job posted for the whole DHB each month for the last 12 months. This shows whether we are posting more or less jobs each month.

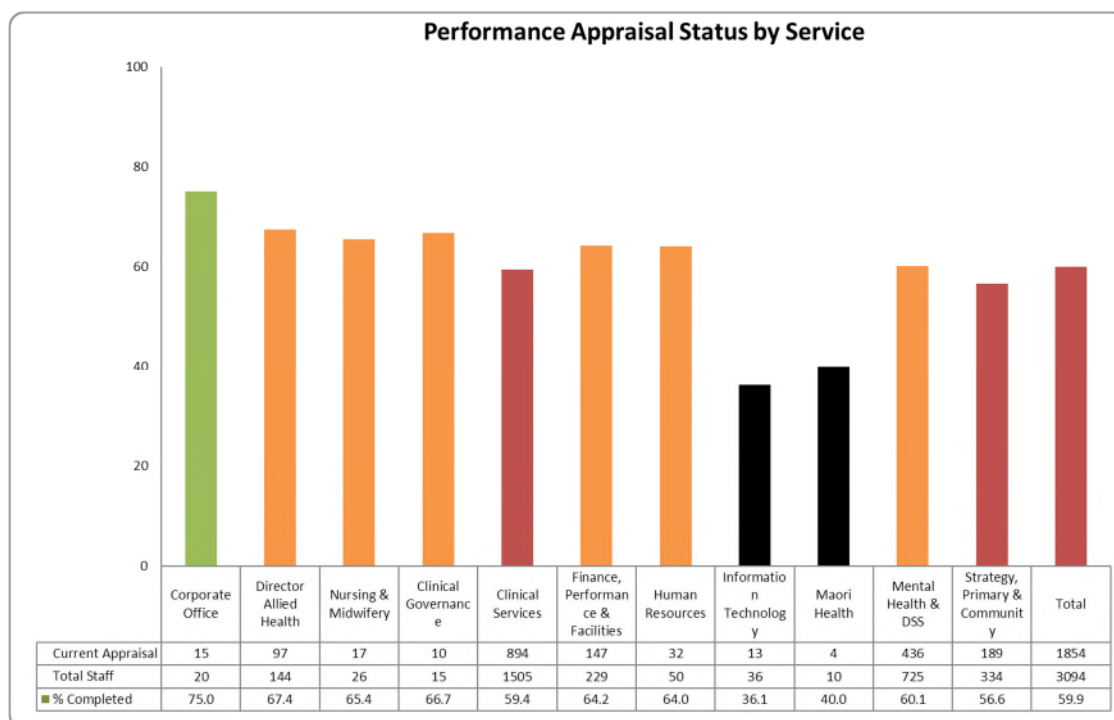
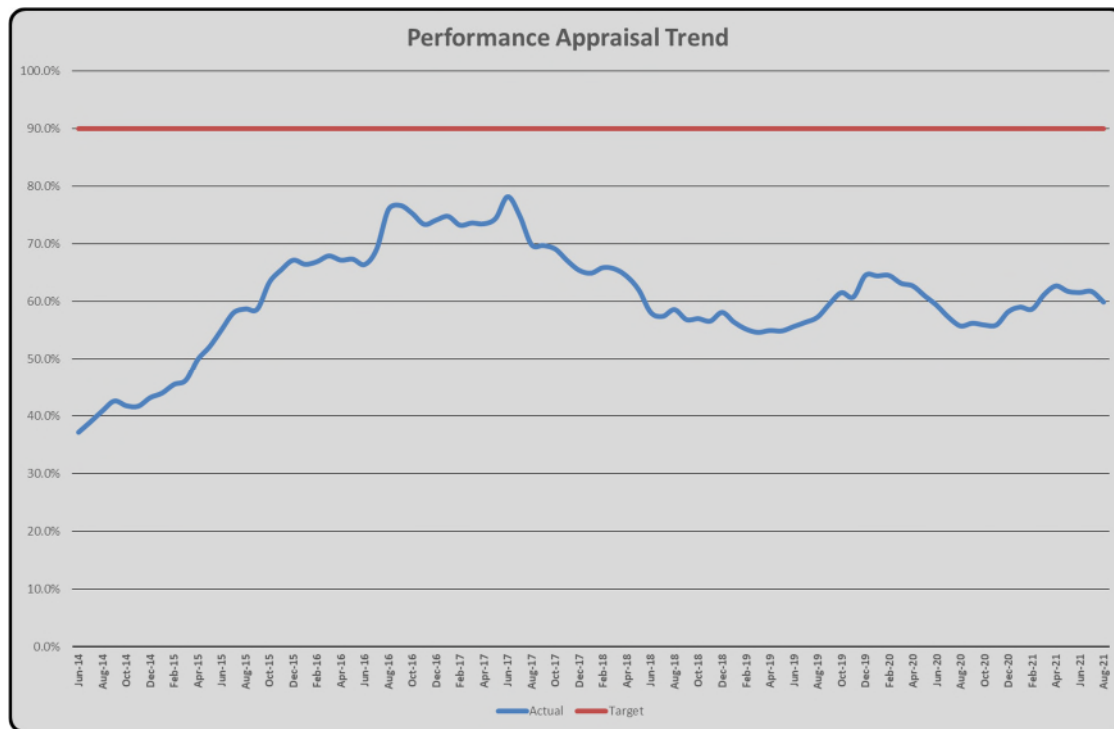


Monthly candidates placed over last 12 months

This graph shows the number of placements for the whole DHB each month for the last 12 months. This shows whether we are appointing more or less each month.



To date we are at 59.9% of staff with a current performance appraisal.



9. DIGITAL AND DATA

Nationally, the EY consulting firm has been engaged to run their Cyber Program Accelerator (CPA) framework and methodology. The aim is to provide a consistent maturity evaluation of each DHB in New Zealand. This will enable the Ministry of Health to report on the adoption and effectiveness of cyber capabilities across each DHB. The assessments are running over the next 5-6 weeks, and the outcomes are planned to be presented in late October.

National planning for transition to HealthNZ and Maori Health Authority has seen Data and Digital planning splitting into two streams: 'Day 1 critical path', and 'setting up the new

system for success'. The focus is shifting to Day 1 planning to ensure linkages are in place with other workstreams around HR and Finance within the Transition Unit.

Work is ongoing on our Regional Operating Framework project, with the target end-state of an integrated digital group sharing common business capabilities, with a single digital roadmap and capital investment plan across all five South Island DHBs.

The current Payroll system is provided by AMS and consists of a series of on-site servers. Maintenance and upgrade cycles for the software place a high demand on Payroll and IT staff and a recent license structure change made a move to a AMS remotely hosted solution attractive. The implementation project aims to migrate the system and the many integrations with other NMH systems to the cloud by December 2021.

Project Status

Name	Description	Status	Due date	
Project				
Community Connections	With a focus on equity, a proposal to fund a one-year trial of a PMS for selected NGOs and other community providers was approved by the MoH.	First organisations to go onto the pilot will be Whanake Youth and NMDHB Well Child Tamariki Ora service. Contracts between Valentia and each organisation are being negotiated. NMDHB contract has been through Procurement team and is before the Board for approval this month. It is planned that WCTO will be live by the end of September and Whanake Youth a month after that. Work continues on the assessment and inclusion of First 1000 Days MDT, Te Piki Oranga, Victory Community Centre and Te Whare Mahana into the pilot.	Jul 22	
Medications Management	Procure a medication prescribing, administration, and reconciliation system that converges on a single list of medicines for a patient in any setting	As the second DHB to go to market for this system following the removal of the direction by MoH to use MedChart, there is wide spread interest. The reference group is now expanded SI wide, and Mid Central (Palmerston North) have expressed an interest as they are evaluating MedChart. Scope creep needs to be managed, with a re-focus on key goals with our key NMH stakeholders. BA has mapped as-is processes for reconciliation and administration, and architect drawing integration points.	tbd	
scOPe Theatre - Phase 1	Theatre solution for clinicians to replace paper elective booking forms, manual operation notes recording, complications recording, surgical audit and anaesthetic audit.	General Surgery has gone live for phase1, with the remaining NMH surgical departments rolling out from the 20 September 2021 until the end of the calendar year.	Live / rolling out	

Name	Description	Status	Due date	
scOPe Theatre - Phase 2	TMS Replacement & Anaesthetic Audit	Phase2 design and planning using CDHB model is progressing, however BA resource is still being recruited and scOPe Solutions have identified some changes, so implementation is now most likely to commence in the 'quiet' period at the start of 2022.	TBC	
eObservations (Patienttrack)	Mobile Nursing tool to record Early Warning Scores, assessments, & provide active alerts.	Working with Wahi Oranga to implement Patienttrack into inpatient unit. Working with Alcidion on the implementation of preadmission and emergency department and oncology. Needing to determine project support for these projects to move forward.	Live / rolling out.	

Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 22 September 2021
Subject: Financial Report for August 2021

Status

This report contains:

✓ For decision

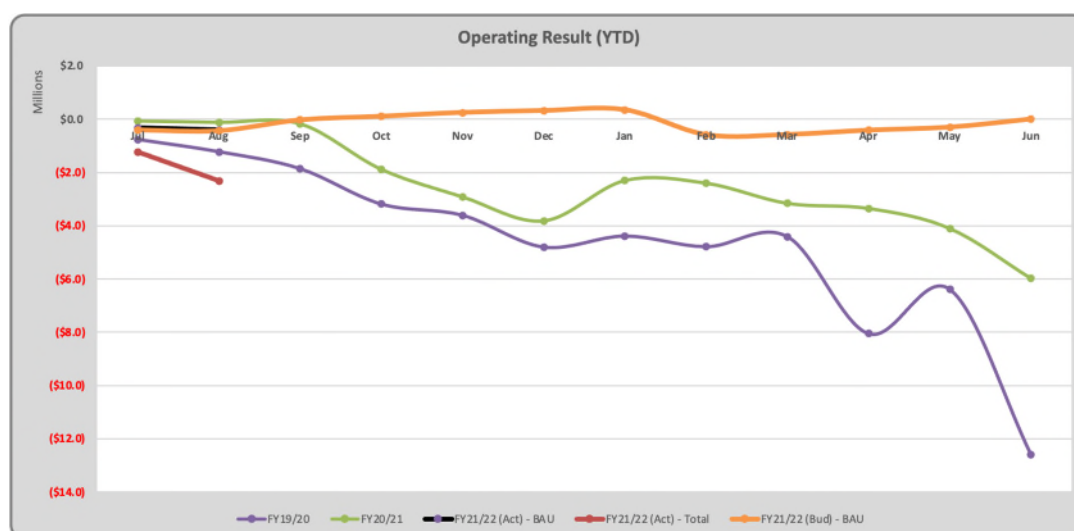
□ Update

✓ Regular report

□ For information

Commentary

The core result for the first two months is a deficit of \$404k. This is \$34k favourable to the plan which represents a very pleasing start to a new financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$2.32M which is \$0.97M adverse to plan.



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

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

- A number of contracts from the MOH with additional revenue that was not known at the time the budget was struck are passed on to various external providers, i.e. NGOs. This results in favourable revenue lines offsetting adverse NGO payments.
- Costs associated with the COVID response, with the flow on impacts from the 2020 event and now costs associated with the 2021 event being separately identified and reported. Currently there is not an expectation that there will be funding to offset a number of the 2021 costs which mean the cash reserves are being utilised to fund these.

Contracts Signed Under Delegation

In line with the approved Delegations Policy, there are various contracts that can be signed by the Chief Executive that exceed the standard value or length of time. The policy requires that these be notified to the Board. For the last month a number of contracts have been executed under this delegation as follows:

- The integrated community pharmacy services agreement covers a range of community pharmacy providers for various pharmacy services. The annual increase has been agreed and the individual agreements with the pharmacy providers have been completed. A number of these agreements either exceed the 3 year period and/or the financial limits set within the Delegations Policy.
- Core Public Health Services Agreement for a three year period ending Jne2024 for a total contract value of \$9.2M.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

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

Operating Statement

	YTD \$'000s							Full Year \$'000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Revenue									
MOH devolved funding	92,267	1,432	93,699	91,555	712	2,144	87,107	580,175	550,486
MOH non-devolved funding	4,435	0	4,435	4,408	27	27	4,259	28,187	27,379
ACC revenue	1,235	0	1,235	1,157	78	78	1,293	7,287	7,877
Other government & DHBs	2,315	0	2,315	2,246	69	69	1,828	13,710	12,254
Other income	1,902	0	1,902	1,871	31	31	2,007	11,901	12,784
Total Revenue	102,154	1,432	103,586	101,237	917	2,349	96,494	641,260	610,780
Expenses									
Employed workforce	36,331	203	36,534	37,685	1,354	1,151	34,637	253,748	232,335
Outsourced workforce	1,455	738	2,193	358	(1,097)	(1,835)	1,094	2,155	7,685
Total Workforce	37,786	941	38,727	38,043	257	(684)	35,731	255,903	240,020
Outsourced services	3,756	59	3,815	3,738	(18)	(77)	3,440	22,522	23,883
Clinical supplies	5,234	6	5,240	4,822	(412)	(418)	4,731	31,130	31,978
Pharmaceuticals	9,055	0	9,055	8,674	(381)	(381)	8,295	53,183	51,915
Air Ambulance	699	0	699	671	(28)	(28)	621	4,359	4,613
Non-clinical supplies	6,414	167	6,581	6,514	100	(67)	6,291	38,849	36,400
External provider payments	26,301	1,260	27,561	25,649	(652)	(1,912)	25,069	154,211	150,672
Inter District Flows	9,925	0	9,925	9,916	(9)	(9)	8,268	59,494	52,827
Total Expenses before IDCC	99,170	2,433	101,603	98,027	(1,143)	(3,576)	92,446	619,651	592,308
Surplus/(Deficit) before IDCC	2,984	(1,001)	1,983	3,210	(226)	(1,227)	4,048	21,609	18,472
Interest expenses	62	0	62	74	12	12	66	443	383
Depreciation	2,319	0	2,319	2,514	195	195	2,298	14,806	13,745
Capital charge	1,007	0	1,007	1,060	53	53	1,644	6,360	4,826
Total IDCC	3,388	0	3,388	3,648	260	260	4,008	21,609	18,954
Operating Surplus/(Deficit)	(404)	(1,001)	(1,405)	(438)	34	(967)	40	0	(482)
Holidays Act compliance	(917)	0	(917)	(917)	0	0	(80)	(5,500)	(5,500)
Net Surplus/(Deficit)	(1,321)	(1,001)	(2,322)	(1,355)	34	(967)	(40)	(5,500)	(5,982)

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 August 2021

	Budget Aug-21 \$000	Actual Aug-21 \$000	Actual Jun-21 \$000
Assets			
Current assets			
Cash and cash equivalents	19,416	32,253	19,415
Other cash deposits	21,300	21,300	21,300
Receivables	23,247	26,367	23,248
Inventories	3,387	3,343	3,387
Prepayments	1,760	1,290	1,760
Non-current assets held for sale	2,105	2,105	2,105
Total current assets	71,215	86,658	71,215
Non-current assets			
Prepayments	695	794	695
Other financial assets	1,732	1,671	1,732
Property, plant and equipment	217,542	218,504	218,258
Intangible assets	10,771	11,071	11,069
Total non-current assets	230,740	232,040	231,753
Total assets	301,955	318,698	302,968
Liabilities			
Current liabilities			
Payables	58,497	72,881	56,440
Borrowings	737	741	737
Employee entitlements	103,462	107,107	105,407
Total current liabilities	162,696	180,729	162,583
Non-current liabilities			
Borrowings	7,819	7,726	7,819
Employee entitlements	9,256	9,256	9,256
Total non-current liabilities	17,075	16,982	17,075
Total Liabilities	179,771	197,711	179,658
Net assets	122,184	120,987	123,310
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(71,556)	(72,753)	(70,430)
Total equity	122,184	120,987	123,310

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 August 2021

	Budget Aug-21 \$000	Actual Aug-21 \$000	Budget 2020/21 \$000
<i>Cash flows from operating activities</i>			
Receipts from the Ministry of Health and patients	101,176	105,913	641,197
Interest received	70	96	452
Payments to employees	(37,606)	(34,832)	(253,300)
Payments to suppliers	(62,070)	(55,622)	(371,035)
Capital charge	-	-	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	1,570	15,555	10,000
<i>Cash flows from investing activities</i>			
Receipts from sale of property, plant and equipment	-	-	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(1,418)	(2,327)	(8,508)
Purchase of intangible assets	(84)	(239)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(1,502)	(2,566)	(9,012)
<i>Cash flows from financing activities</i>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(68)	(151)	(441)
Net cash flow from financing activities	(68)	(151)	(988)
Net increase/(decrease) in cash and cash equivalents	-	12,838	-
Cash and cash equivalents at the beginning of the year	19,416	19,415	19,416
Cash and cash equivalents at the end of the year	19,416	32,253	19,416

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow										
Receipts										
Government & Crown Agency Received	55,645	50,501	52,513	49,408	58,479	54,783	49,263	51,301	50,913	57,201
Interest Received	43	35	35	35	43	43	35	35	35	43
Other Revenue Received	1,111	888	889	943	1,139	1,132	1,032	906	894	1,080
Total Receipts	56,799	51,424	53,437	50,386	59,661	55,958	50,330	52,242	51,842	58,324
Payments										
Personnel	23,282	18,724	20,140	18,581	26,540	24,282	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	32,723	31,915	32,512	27,363	32,328	30,881	30,637	31,214	31,374	28,016
Capital Charge	-	-	-	3,657	-	-	-	-	-	3,657
Interest Paid	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-
Total Payments	56,005	50,639	52,652	49,601	58,868	55,163	49,546	51,456	51,057	56,984
Net Cash Inflow/(Outflow) from Operating Activities	794	785	785	785	793	795	784	786	785	1,340
Cash Flow from Investing Activities										
Receipts										
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-
Payments										
Capital Expenditure	709	709	709	709	709	709	709	709	709	709
Capex - Intangible Assets	42	42	42	42	42	42	42	42	42	42
Increase in Investments	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	751	751	751	751	751	751	751	751
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)
Net Cash Inflow/(Outflow) from Financing Activities	(43)	(34)	(34)	(33)	(43)	(44)	(33)	(34)	(34)	(83)
Net Increase/(Decrease) in Cash Held	-	-	-	1	(1)	-	-	1	-	506
Plus Opening Balance	32,253	32,253	32,253	32,253	32,254	32,253	32,253	32,253	32,254	32,254
Closing Balance	32,253	32,253	32,253	32,254	32,253	32,253	32,253	32,254	32,254	32,760

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

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

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

CWD	Case Weighted Discharge
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Training
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust

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

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

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

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

Open Advisory Committee Agenda

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

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

As at June 2021