

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 28 April 2020 at 10.00am

Via Zoom (Meeting ID 96658946095) or link

<https://nmdhb.zoom.us/j/96658946095>

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>10.00am</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>10.10am</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>10.15am</b>	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report	<b>10.25am</b>	Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	Finance Report		Attached	Resolution
6	For Information			
6.1	Submission from NMH		Attached	Note
6.2	Advisory Committee Dashboard		Attached	Note
7	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	<b>12.00pm</b>	As below	Resolution

**PUBLIC EXCLUDED MEETING**

12.30pm

**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 March 2020 (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

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### 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"> <li>▪ Chair of South Island Alliance Board</li> <li>▪ Chair of National Chairs</li> <li>▪ Member of West Coast Partnership Group</li> <li>▪ Member Health Promotion Agency (HPA)</li> </ul>			
Craig Dennis (Deputy Chair)		<ul style="list-style-type: none"> <li>▪ Director, Taylors Contracting Co Ltd</li> <li>▪ Director of CD &amp; Associates Ltd</li> <li>▪ Director of KHC Dennis Enterprises Ltd</li> <li>▪ Director of 295 Trafalgar Street Ltd</li> <li>▪ Director of Scott Syndicate Development Company Ltd</li> <li>▪ Chair of Progress Nelson Tasman</li> </ul>		
Gerald Hope		<ul style="list-style-type: none"> <li>▪ CE Marlborough Research Centre</li> <li>▪ Director Maryport Investments Ltd</li> <li>▪ CE at MRC landlord to Hill laboratory services Blenheim</li> <li>▪ Councillor Marlborough District Council (Wairau Awatere Ward)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Landlord to Hills Laboratory Services Blenheim</li> </ul>	

## Open Board Agenda

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

## Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	<ul style="list-style-type: none"> <li>▪ Board member Nelson/Tasman Cancer Society</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trustee Te Matau Marine Centre</li> <li>▪ Chair of Top of the South Regional Committee of the NZ Community Trust</li> <li>▪ Justice of the Peace</li> </ul>		
Jill Kersey	<ul style="list-style-type: none"> <li>▪ Board member Nelson Brain Injury Association</li> </ul>		<ul style="list-style-type: none"> <li>▪ Funding from NMDHB</li> </ul>	
Olivia Hall	<ul style="list-style-type: none"> <li>▪ Chair of parent organisation of Te Hauora o Ngati Rarua</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee at NMIT</li> <li>▪ Chair of Te Runanga o Ngati Rarua</li> <li>▪ Board member Nelson College</li> <li>▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)</li> </ul>	Provider for potential contracts	

*As at January 2020*

## REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		<ul style="list-style-type: none"> <li>▪ Associate Fellow of Royal Australasian College of Medical Administrators</li> <li>▪ Fellow of the Royal Meteorological Society</li> <li>▪ Member of NZ Digital Investment Board Ministry of Health</li> <li>▪ External Clinical Incident Review Governance Group - ACC</li> </ul>			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> <li>▪ Member of the Nelson Marlborough Cardiology Trust</li> <li>▪ Member of Physiotherapy New Zealand</li> <li>▪ Member of the New Zealand DHB Physiotherapy Leaders group</li> <li>▪ Member of the New Zealand Paediatric Group</li> <li>▪ Chair of South Island Directors of Allied Health</li> <li>▪ President of the Nelson Marlborough Physiotherapy Branch</li> <li>▪ Deputy Chair National Directors of Allied Health</li> <li>▪ Acting Chief Allied Health Professions Officer MOH (secondment)</li> </ul>			
<b>MENTAL HEALTH SERVICES</b>					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> <li>▪ Husband works for NMDHB in AT&amp;R as a Physiotherapist.</li> <li>▪ Son employed on a short term contract doing data entry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board member Distance Running Academy</li> </ul>		

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CHIEF EXECUTIVE'S OFFICE</b>					
Peter Bramley, Dr	Chief Executive	<ul style="list-style-type: none"> <li>▪ DHB representative on the PHARMAC Board</li> <li>▪ Lead CE for Joint Procurement Agency</li> <li>▪ Lead CE for RMO</li> <li>▪ Lead CE for Mental Health</li> <li>▪ Board Member of Health Roundtable Board</li> <li>▪ Daughter employed as RN for NMDHB</li> </ul>	<ul style="list-style-type: none"> <li>▪ Son-in-law employed by Duncan Cotterill</li> </ul>		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> <li>• Brother employed as a Driver at NMDHB</li> </ul>			

*As at January 2020*

**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 24 MARCH 2020 AT 12.30PM**

**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair)

**Present via Zoom:**

Gerald Hope, Stephen Vallance, Allan Panting, Brigid Forrest, Jacinta Newport, Paul Matheson, Jill Kersey, Olivia Hall, Dawn McConnell

**In Attendance:**

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Gaylene Corlett (Board Secretary)

**Apologies:**

Nil

**Karakia:**

Ditre Tamatea

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Nil.

**SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST**

Noted.

**Moved:** Dawn McConnell

**Seconded:** Brigid Forrest

**RECOMMENDATION:**

**THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.**

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING**

Noted.

**Moved:** Dawn McConnell

**Seconded:** Brigid Forrest

**THAT THE MINUTES OF THE MEETING HELD ON 25 FEBRUARY 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

**AGREED**

**Matters Arising**

Nil.

**3.1 Action Points**

Item 1 – Wood Pellet Trial: Ongoing

Item 2 – Letter to Chaplain Service: Completed

Item 3 – Consumer Council Communication Strategies: Ongoing

**3.2 Correspondence**

Nil.

**SECTION 4: CHAIR'S REPORT**

Nil

**SECTION 5: CHIEF EXECUTIVE'S REPORT**

Report noted.

**SECTION 6: FINANCIAL REPORT**

Report noted.

Noted that due to COVID-19 there will be limited reporting available. The CE and GM Finance Performance & Facilities will raise any issues of concern that arise with the Chair and the Board. Costs for COVID will be kept separate. The Minister of Health has given CEOs of DHBs more financial decision-making authority, however the CE will keep the Chair and Deputy Chair involved, and the Board will be updated as appropriate.

**SECTION 7: UPDATES****7.1 Models of Care**

Report noted.

Noted that disruptors like COVID forces everyone to rethink the way care is delivered. GPs are now thinking of how to make virtual appointments, and hospital specialists are completing consults virtually, which is great for our MOC programme.

**7.2 Clinical Governance Report**

Report noted.

## SECTION 8. GENERAL BUSINESS

Queries from the Board:

- Keep Board informed
- April meeting to be held via Zoom
- Contingency plan for staff? *Every service has a Business Continuity Plan (BCP). One practical event is having two separate streams of care for patients: a green stream (for care for non COVID issues) and a red stream (for those with COVID issues).*
- Important to commend our staff for work they are doing
- Suggested health messaging be sent to community around less alcohol and food, and keep exercising over lockdown period
- As employers need to ensure staff can relieve stress
- Physical distance but social connection – isolation is not fun. Need to keep laughter in midst of changing environment
- Need to be kind to each other.

### **Public Excluded**

Moved: Dawn McConnell

Seconded Brigid Forrest

### **RECOMMENDATION:**

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

- ***Minutes of a meeting of Board Members held on 25 February 2020 (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
- CE's Report – RECEIVED
- Decision – Contract Approvals – APPROVED
- Decision – Risk Appetite and Risk Tolerance Review – APPROVED
- Update – Facilities – RECEIVED
- H&S Report – RECEIVED

**Karakia:**

Olivia Hall

**Meeting closed at 1.50pm.**

**ACTION POINTS - NMH – Board Open Meeting  
held on 24 March 2020**

<b>Action Item #</b>	<b>Action Discussed</b>	<b>Action Requested</b>	<b>Person Responsible</b>	<b>Meeting Raised In</b>	<b>Due Date</b>	<b>Status</b>
1	CE's Report: Wood Pellet Trial	CO <sub>2</sub> emissions to be reported to the Board regularly	Eric Sinclair	26 November 2019	Ongoing	
2	Consumer Council Chair's Report	Meet with Clinical Governance Support Manager and the Chair of the Consumer Council to discuss communication strategies	Stephanie Gray	25 February 2020	24 March 2020	Ongoing

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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 22 April 2020  
**Subject:** **Correspondence for March**

## *Status*

This report contains:

For decision

Update

Regular report

For information

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Inward Correspondence

Nil

Outward Correspondence

Nil

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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 22 April 2020  
**Subject:** **Chair's Report**

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*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: Peter Bramley, Chief Executive  
Date: 22 April 2020  
Subject: Chief Executive's Report

**Status**  
This report contains:  
 For decision  
 Update  
 Regular report  
 For information

COVID-19 is shaping history across the world. It is our generational pandemic, causing deaths across 210 countries, with hugely significant economic impact.

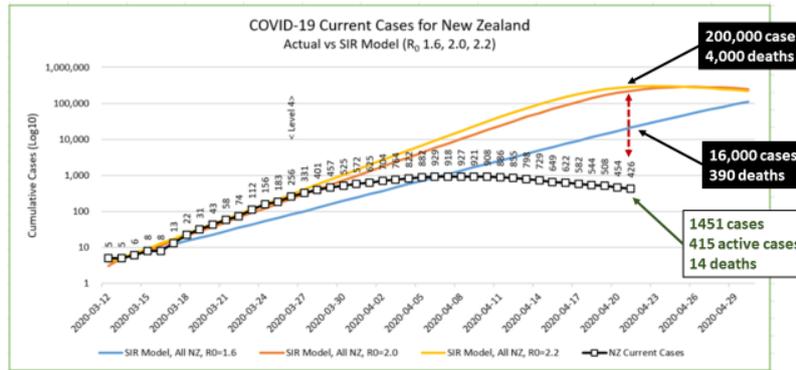


We have witnessed images that we could not have imagined

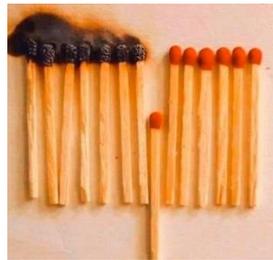


Through exceptional leadership, and a collective commitment from the country to living within their “bubble”, we have avoided both our health system being overwhelmed, and the unnecessary loss of a huge number of lives.

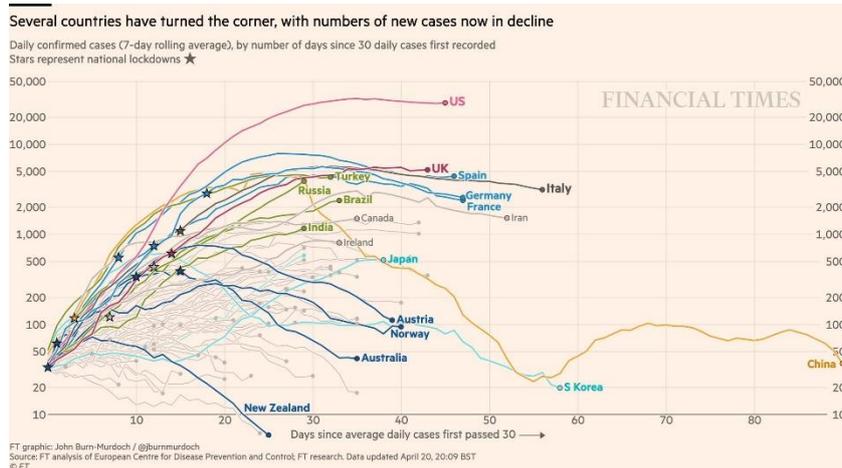
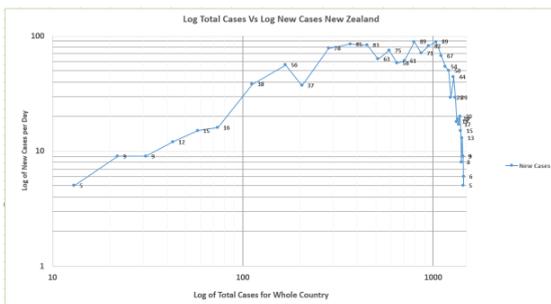
### Comparison with Predictive Modelling



We have learnt the power of physical distancing



And the impact has been extraordinary

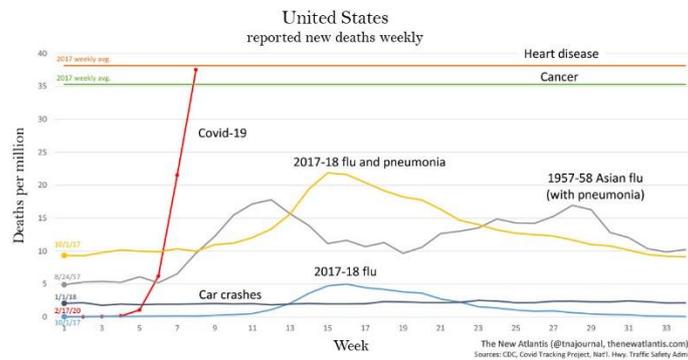


**Confirmed and Probable cases**

- 48 combined confirmed and probable cases
- No new cases reported since 04/04/2020
- Nelson: 21 confirmed and 6 probable
- Marlborough: 12 confirmed and 9 probable
- 45 reported as recovered



This virus is not “just the flu”



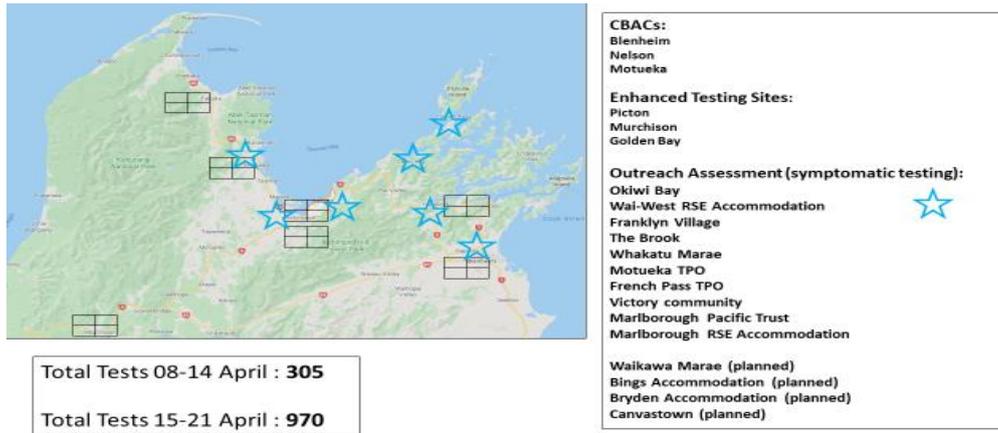
We can be thankful we have given ourselves time to ensure our health system is prepared. Our teams have done an amazing job in setting the health system up to care for patients who are infected with COVID-19, and at the same time ensuring our front line healthcare workers are safe, and those who present for health care are also kept safe.

We hope that virologists manage to find a vaccine. In the interim the key is for our population to continue to practice physical distancing and hand washing, for us to test proactively across the population, and our Public Health teams to swiftly contact trace any confirmed cases. Our Public Health team has done an amazing job over the last month.

**COVID-19 testing: Daily 18/03/2020 - 20/04/2020**  
Number of tests by ethnicity, deprivation and gender

Ethnicity	% of Requests	No. of Requests	NZ Dep Quintile	% of Requests by NZ Dep	No. of Requests
Asian	2.5%	57	Quin. 1	16.8%	391
European or Other	82.3%	1,913	Quin. 2	18.9%	440
Maori	9.0%	208	Quin. 3	22.8%	530
Middle Eastern/Latin A..	0.7%	16	Quin. 4	18.2%	422
Pacific Peoples	0.9%	22	Quin. 5	8.4%	195
Unknown	4.6%	108	Unknown	14.9%	346

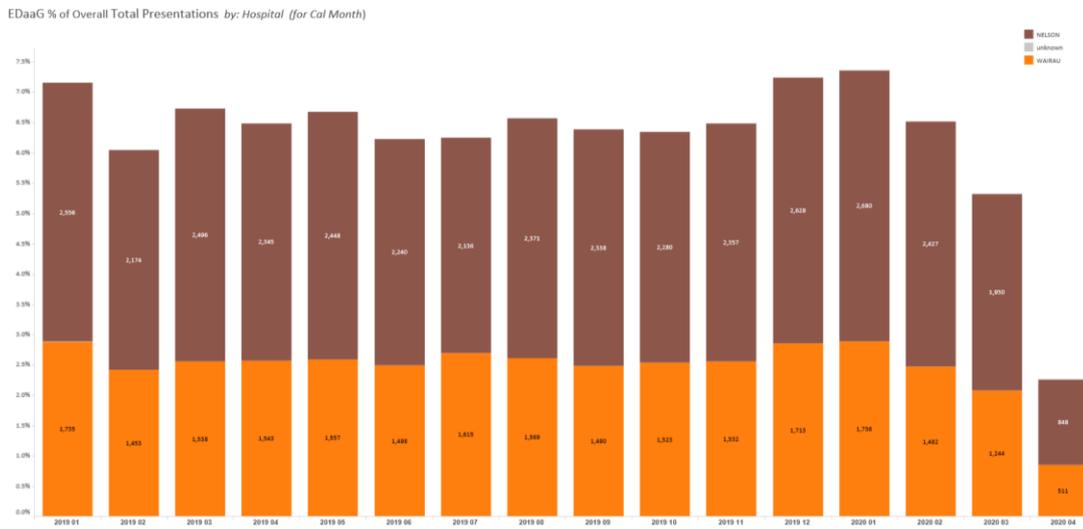
Gender	% of Requests by Gender	No. of Requests	Total Requests 2,324
Female	58.3%	1,355	
Male	36.3%	844	
Unknown	5.4%	125	



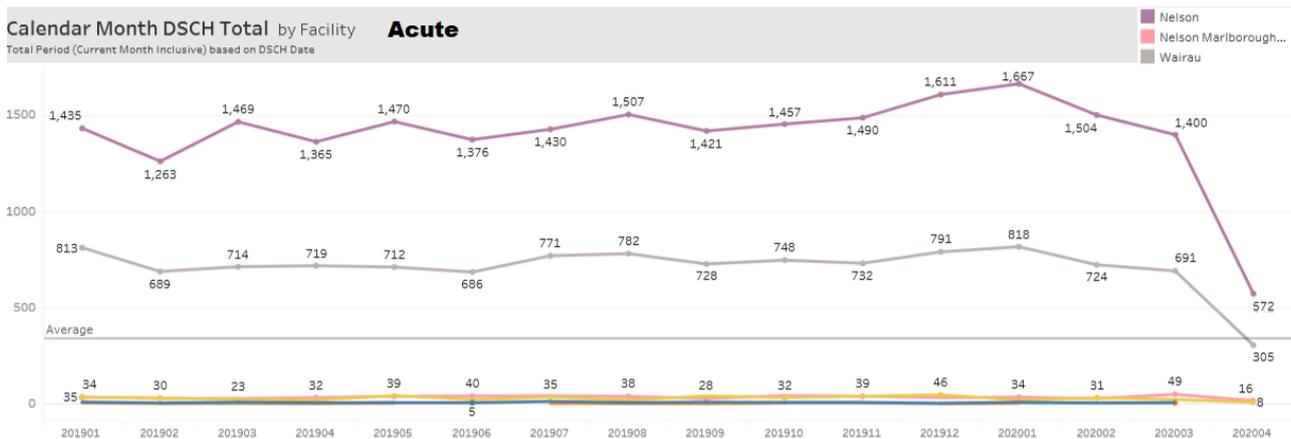
Over this month there has, however, been a significant impact to the health system as the country has been in lockdown. There are two very real concerns – one that people have not sought healthcare when they should have, and secondly there is the significant growing unmet demand in our community.

The following data illustrates the impact over the last month:

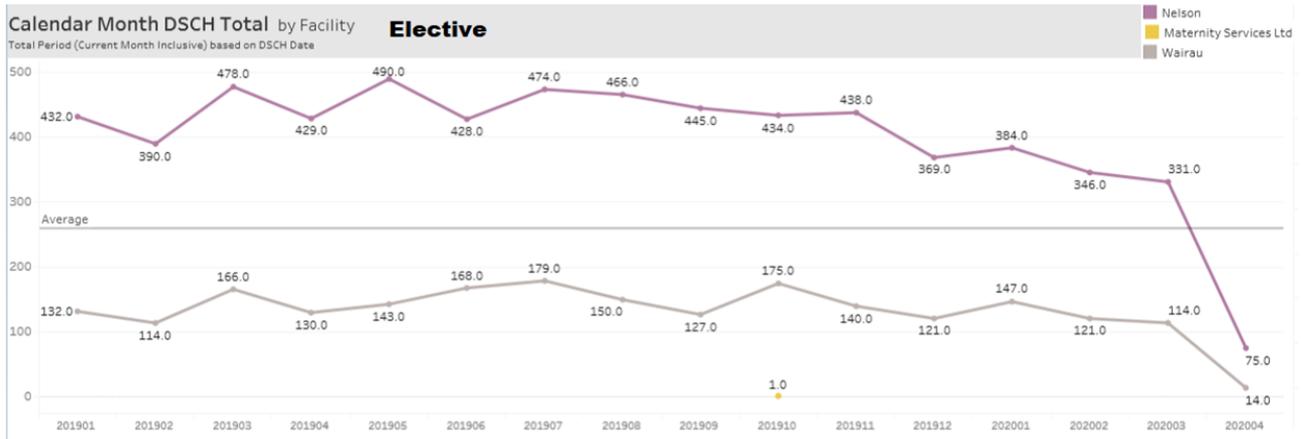
### Emergency Department Presentations



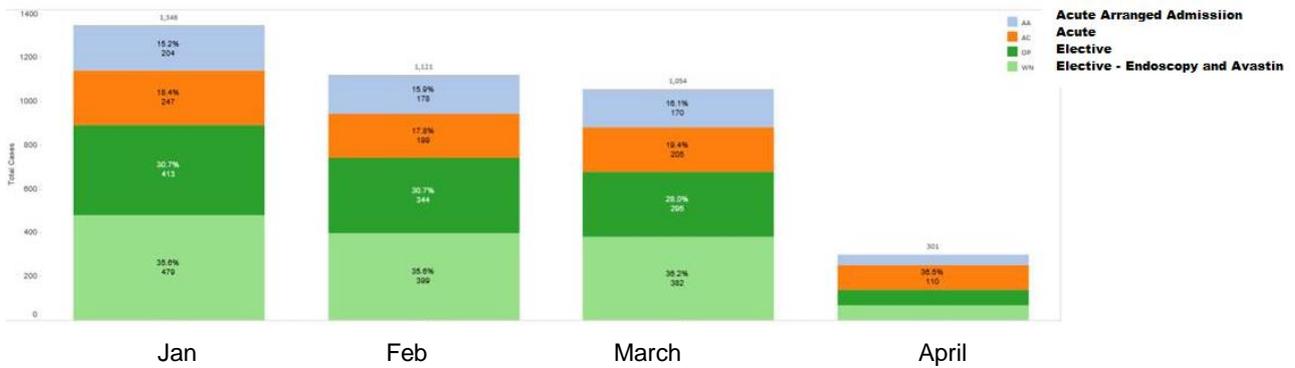
### Hospital Discharges Acute



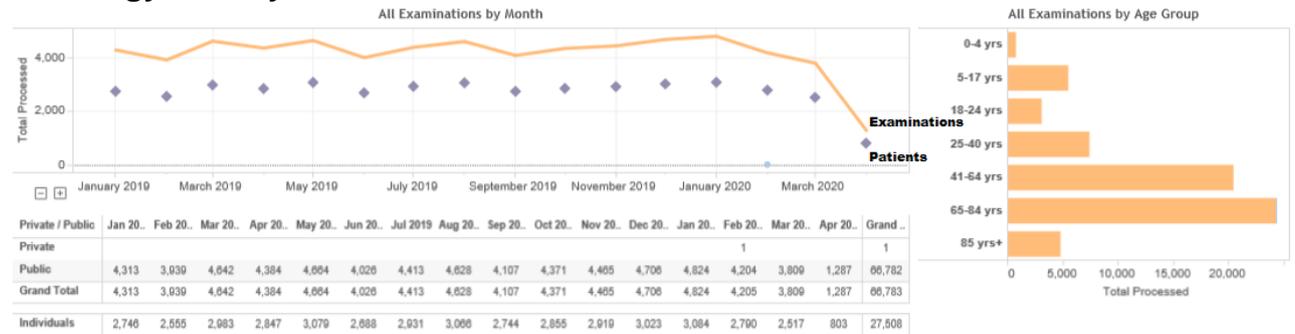
## Hospital Discharges Elective



## Theatre Activity



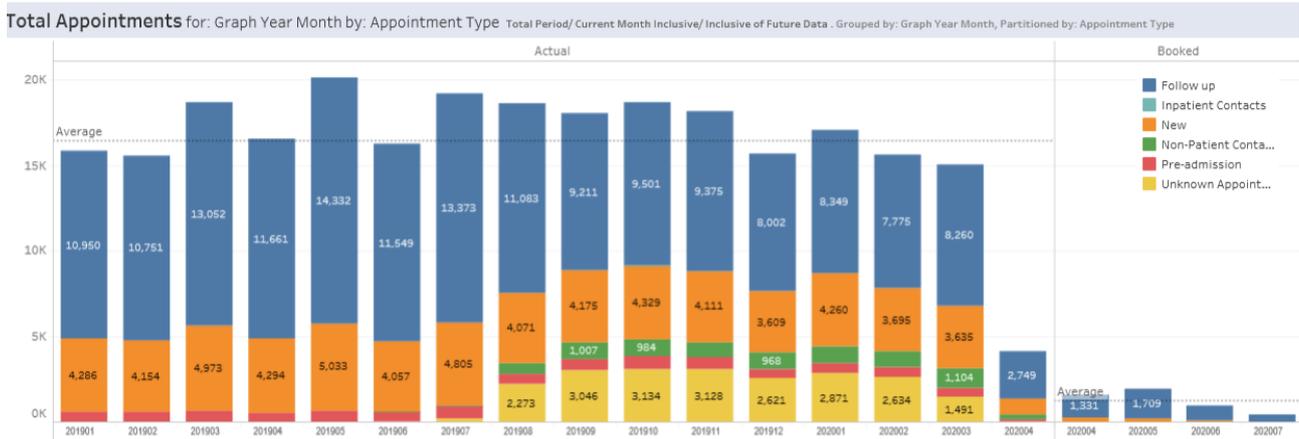
## Radiology Activity



## Referral Activity

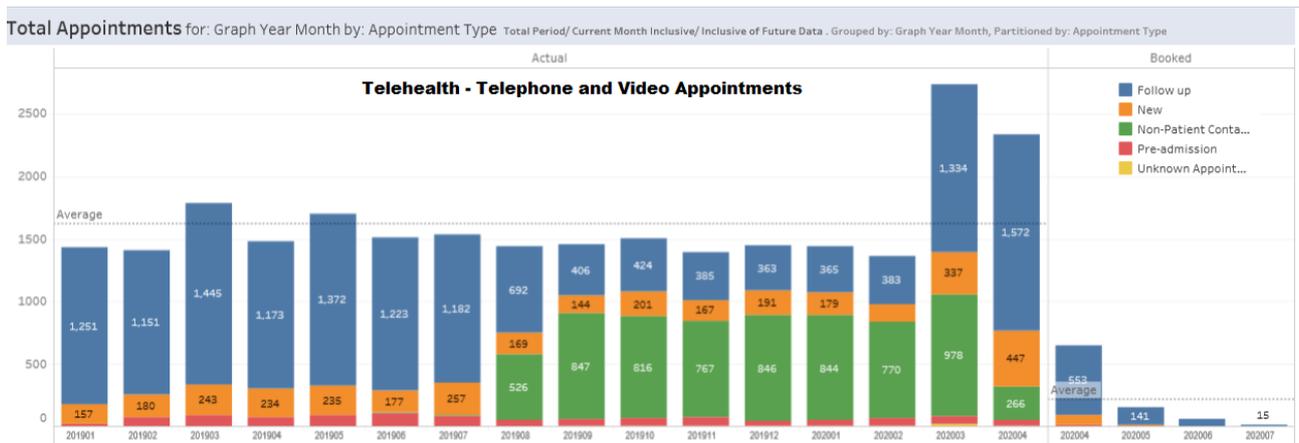


## Outpatient Activity



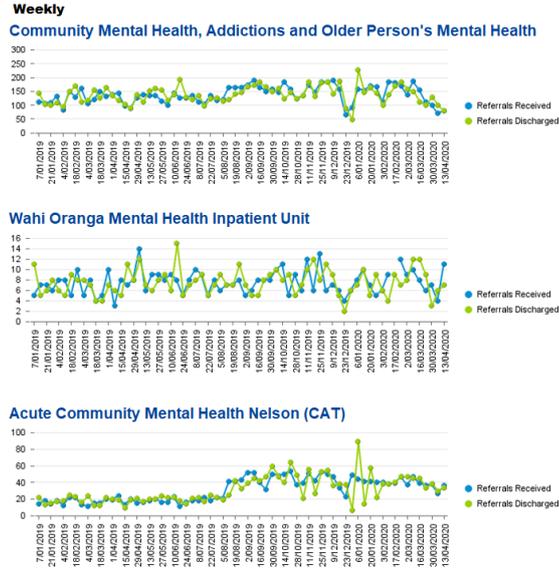
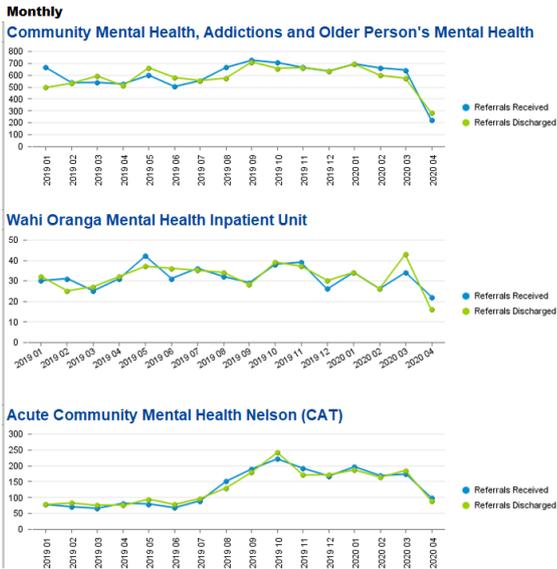
With lockdown at Level 4, and much of planned care being put on hold, it provided the incentive to move more care to a virtual setting – in primary and secondary care.

## Outpatient Activity – Telehealth



## Mental Health

There are very real concerns about the lasting impacts from the loss of social connection, the anxiety of a pandemic, and the impact and uncertainty for many around the loss of employment or business. Psycho-social supports for our community will be key in the coming months.



The way NMH has responded to the challenge of preventing, preparing and managing our COVID-19 response has uncovered our ability to adapt, change at pace, innovate, collaborate, coordinate and integrate across our health system, and work with cross sector partners in remarkable ways. Our people have been amazing.

We have implemented and trialled, and fast tracked many of our Model of Care priorities and programmes to reduce inequity and improve access. Listed below are some of these examples:

- Virtual consults by secondary and primary care clinicians
- Establishment of green, orange and red flow, in hospital inpatients and ambulatory settings in primary and community
- Establishment of CBACs and mobile testing teams
- Home visiting screening service
- Drive through screening and testing services
- Supportive assessments for supporting improved infection prevention for Aged and Residential Care, Mental Health, Addictions and Disability Support Services
- Infection prevention protocols and guidelines
- Establishment of SWOOP teams
- Maori health and welfare alliance
- Iwi liaison role connecting health, CDEMs and Iwi
- Cross agency case management approaches – vulnerable children, homeless people
- Proactive welfare checks for vulnerable communities, e.g. older people, Maori, Pacifica, vulnerable children, refugee
- Proactive support to venues who support people in shared living arrangements, e.g. Franklyn Village, Beths, Bings, Brydon, backpackers, boarding houses
- Joined up health and welfare support referral process and responses
- Adaptable workforce
- Virtual meetings.

It has also uncovered the interconnectedness of our community, vulnerability in our communities who held previously unmet health and welfare concerns, as well as the need to enhance our systems and processes to ensure they are agile and sustained in this 'next normal' phase.

The opportunities created now need to be fully exploited, and care taken to truly establish a “next normal” – Health 2.0 – and not see us simply drift back to previous practices and thinking. This is our system transformation moment.

We still have the challenge of COVID-19 to face over the next months, if not years, and the deferred planned care to try and catch up on, along with the challenge, no doubt, of further financial constraint. We also, though, have an opportunity to shape a new health system that will deliver better outcomes for our community.

Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

**THAT THE CHIEF EXECUTIVE’S REPORT BE RECEIVED**

# MEMO

**To:** Board Members  
**From:** Eric Sinclair  
 GM Finance, Performance & Facilities  
**Date:** 22 April 2020  
**Subject:** Financial Report for March 2020

*Status*

This report contains:

- For decision
- Update
- Regular report
- For information

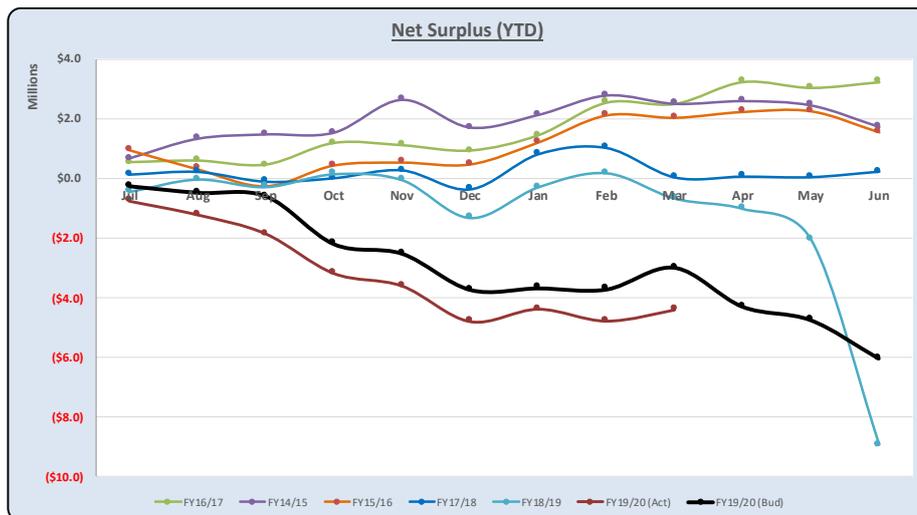
## Commentary

The cut-off period for the March result occurred early in the Covid-19 response and does not include any significant impacts of the response effort. Systems and processes have been developed that enable us to track, and report, the costs associated with the response over the coming months. There is a small cost implication of the response and this is shown as a separate line in the operating statement as noted below.

The result for March shows a small surplus of \$0.38M, however this is \$0.35M adverse to the planned result. This is largely the result of a further \$0.5M that has been recognised for the IDF implications of the seven cases that are very high cost. The YTD result now accounts for a total of \$1.0M of a total of \$1.7M associated with these cases.

The month result, as shown in the Operating Statement includes a line “Other one off cost implications” with a balance of \$72k – this line represents the costs associated with the Covid-19 response as noted above.

This brings the result for the nine months to a deficit of \$4.4M which is \$1.4M adverse to our planned result. This includes the \$1.0M for the IDFs as mentioned and the \$72k for the Covid-19 response.



With the inherent uncertainties from the Covid-19 pandemic no forecast has been made of the potential costs or other implications of the response – there remains a large amount of uncertainty on the flow on implications especially given the relatively short time frame between this month and the end of the financial year to draw any projections on the fiscal implications. The forecast has, therefore, assumed that normal operations continue for the time being.

The key areas of risk for the financial result is now the implications, both within the response phase and the recovery to a “new normal” phase of Covid-19. Other than these implications there is no change to any of the other areas of risk that I reported in previous months including the IDF costs, pharmaceuticals, acute care delivery, aged residential care and the ongoing employment cost implications (employed vs locum and employment negotiation settlements).

The major drivers for the variances within the nine months results which normally tend to remain relatively constant through to year end. These key areas are:

- Favourable variances within the medical workforce vacancies within obstetrics & gynaecology, general surgery and mental health are being covered by various locums. The cost of the locums is at a premium higher than the variance from the vacancies resulting in the adverse variance for workforce. Recruitment efforts continue to fill these roles with a number due to commence employment over the coming months.
- Higher than planned activity, especially in the acute setting resulted in clinical supply costs tracking higher than budgeted in the earlier months. We expected this to track down within the hospital setting October through to December given our budget phasing aligned to the winter season from last year where activity in October was very high but lower in the first two months.
- As we have seen in previous years the costs associated with Intragam can fluctuate depending on a small number of patients requiring this blood product. Over the last several months we have seen a higher level of patients requiring intragam than we have seen over the last five year resulting in intragam accounting for nearly a half (\$721k) of the current overspend in clinical supplies.
- The government recently announced an increase to the Combined Pharmaceutical Budget (CPB) of \$20M nationally. The NMH share for the four months of this increase is \$338k which reflects the adverse result in the pharmaceuticals line shown in the operating statement. This has been offset by an equivalent amount of additional funding provided by the Government to cover this increase. The February forecast from Pharmac was received in late March and projected NMH costs at approximately \$0.8M higher than our planned level of which \$0.7M is offset by the additional funding related to the \$20M increase in the CPB – this left an overspend of \$0.1M.
- Non-clinical supply costs are largely driven by food services. This increase has resulted from higher than planned number of patient meals, corroborating the higher than expected acute activity within the hospital, and from price increases for food services within the national food services contract NMH is a party to with NZ Health Partnerships.
- Provider payments are adverse but are largely offset by additional revenue received including in between travel and payments to the PHOs.
- The Model of Care business case programme costs have been accrued to budget level except for the Health Care Home initiative where the first tranche of costs have been incurred. This creates a timing issue that will correct as the year progresses.

Eric Sinclair  
**GM Finance, Performance & Facilities**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE FINANCIAL REPORT.**

Operating Statement for the period ending March 2020

Month \$000s				YTD \$000s				Full Year \$000s				
Actual	Budget	Variance	Last Yr	Actual	Budget	Variance	Last Yr	Forecast	Budget	Variance	Last Yr	
40,236	40,210	26	37,057									
2,157	1,878	279	2,539									
611	499	112	534									
814	806	8	926									
888	996	(108)	1,100									
<b>44,706</b>	<b>44,389</b>	<b>317</b>	<b>42,156</b>									
16,630	16,571	(59)	15,939									
521	153	(368)	462									
17,151	16,724	(427)	16,401									
1,514	1,523	9	1,573									
2,251	2,020	(231)	2,393									
2,834	3,666	832	3,452									
450	295	(155)	435									
2,333	2,174	(159)	2,198									
11,171	11,054	(117)	10,867									
4,407	3,899	(508)	3,906									
<b>42,111</b>	<b>41,355</b>	<b>(756)</b>	<b>41,225</b>									
<b>2,595</b>	<b>3,034</b>	<b>(439)</b>	<b>931</b>									
34	27	(7)	27									
1,129	1,278	149	905									
797	872	75	848									
<b>1,960</b>	<b>2,177</b>	<b>217</b>	<b>1,780</b>									
<b>635</b>	<b>857</b>	<b>(222)</b>	<b>(849)</b>									
(185)	(125)	(60)	0									
0	0	0	0									
0	0	0	0									
(72)	0	(72)	0									
0	0	0	0									
<b>378</b>	<b>732</b>	<b>(354)</b>	<b>(849)</b>									
<b>Revenue</b>												
				MOH devolved funding	372,069	370,493	1,576	350,179	501,370	499,324	2,046	469,551
				MOH non-devolved funding	18,074	17,746	328	19,813	24,150	24,088	62	26,512
				ACC revenue	5,002	4,570	432	4,338	6,700	6,213	487	5,909
				Other government & DHBs	7,545	7,295	250	7,782	10,050	9,747	303	10,354
				Other income	9,424	8,950	474	10,500	13,000	12,121	879	13,621
				<b>Total Revenue</b>	<b>412,114</b>	<b>409,054</b>	<b>3,060</b>	<b>392,612</b>	<b>555,270</b>	<b>551,493</b>	<b>3,777</b>	<b>525,947</b>
<b>Expenses</b>												
				Employed workforce	156,247	160,782	4,535	146,103	214,450	220,833	6,383	197,407
				Outsourced workforce	6,405	1,464	(4,941)	4,380	8,050	2,004	(6,046)	6,264
				<b>Total Workforce</b>	<b>162,652</b>	<b>162,246</b>	<b>(406)</b>	<b>150,483</b>	<b>222,500</b>	<b>222,837</b>	<b>337</b>	<b>203,671</b>
				Outsourced services	14,393	13,821	(572)	13,298	19,600	18,629	(971)	18,047
				Clinical supplies	20,965	19,369	(1,596)	20,966	28,950	26,421	(2,529)	28,454
				Pharmaceuticals	36,191	36,521	330	34,133	48,966	48,207	(759)	52,267
				Air Ambulance	3,240	2,805	(435)	2,846	3,850	3,839	(11)	4,134
				Non-clinical supplies	22,224	21,141	(1,083)	23,744	30,250	28,889	(1,361)	29,594
				External provider payments	101,768	100,411	(1,357)	94,372	136,500	134,430	(2,070)	127,293
				Inter District Flows	36,240	35,193	(1,047)	35,135	48,590	46,890	(1,700)	46,977
				<b>Total Expenses before IDCC</b>	<b>397,673</b>	<b>391,507</b>	<b>(6,166)</b>	<b>374,977</b>	<b>539,206</b>	<b>530,142</b>	<b>(9,064)</b>	<b>510,437</b>
				<b>Surplus/(Deficit) before IDCC</b>	<b>14,441</b>	<b>17,547</b>	<b>(3,106)</b>	<b>17,635</b>	<b>16,064</b>	<b>21,351</b>	<b>(5,287)</b>	<b>15,510</b>
				Interest expenses	276	258	(18)	250	352	352	0	332
				Depreciation	9,955	11,304	1,349	9,745	13,230	15,056	1,826	13,041
				Capital charge	7,317	7,845	528	8,311	9,960	10,460	500	11,072
				<b>Total IDCC</b>	<b>17,548</b>	<b>19,407</b>	<b>1,859</b>	<b>18,306</b>	<b>23,542</b>	<b>25,868</b>	<b>2,326</b>	<b>24,445</b>
				<b>Operating Surplus/(Deficit)</b>	<b>(3,107)</b>	<b>(1,860)</b>	<b>(1,247)</b>	<b>(671)</b>	<b>(7,478)</b>	<b>(4,517)</b>	<b>(2,961)</b>	<b>(8,935)</b>
				MOC Business Case costs	(1,228)	(1,127)	(101)	0	(1,502)	(1,502)	0	0
				MECA related costs	0	0	0	0	0	0	0	(3,111)
				Holidays Act compliance	0	0	0	0	0	0	0	(7,155)
				Other one-off cost implications	(72)	0	(72)	0	0	0	0	(1,060)
				Impairment of NOS asset	0	0	0	0	0	0	0	(302)
				<b>Net Surplus/(Deficit)</b>	<b>(4,407)</b>	<b>(2,987)</b>	<b>(1,420)</b>	<b>(671)</b>	<b>(8,980)</b>	<b>(6,019)</b>	<b>(2,961)</b>	<b>(20,563)</b>

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**AS AT 31 MARCH 2020**

	Budget Mar-20 \$000	Actual Mar-20 \$000	Actual Jun-19 \$000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	9,604	22,902	6,315
Other cash deposits	21,284	21,298	21,284
Receivables	19,222	18,598	19,222
Inventories	2,742	2,874	2,742
Prepayments	1,188	616	1,188
Non-current assets held for sale	465	465	465
<b>Total current assets</b>	<b>54,505</b>	<b>66,753</b>	<b>51,215</b>
<b>Non-current assets</b>			
Prepayments	36	300	36
Other financial assets	1,715	1,702	1,715
Property, plant and equipment	192,165	197,864	197,681
Intangible assets	10,720	10,590	11,509
<b>Total non-current assets</b>	<b>204,636</b>	<b>210,456</b>	<b>210,941</b>
<b>Total assets</b>	<b>259,141</b>	<b>277,209</b>	<b>262,156</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	33,237	49,737	31,127
Borrowings	501	623	501
Employee entitlements	44,441	46,365	46,585
<b>Total current liabilities</b>	<b>78,179</b>	<b>96,725</b>	<b>78,213</b>
<b>Non-current liabilities</b>			
Borrowings	7,664	8,637	7,664
Employee entitlements	9,870	9,870	9,870
<b>Total non-current liabilities</b>	<b>17,534</b>	<b>18,507</b>	<b>17,534</b>
<b>Total Liabilities</b>	<b>95,713</b>	<b>115,232</b>	<b>95,747</b>
<b>Net assets</b>	<b>163,428</b>	<b>161,977</b>	<b>166,409</b>
<b>Equity</b>			
Crown equity	81,920	81,920	81,920
Other reserves	86,476	86,456	86,476
Accumulated comprehensive revenue and expense	(4,968)	(6,399)	(1,987)
<b>Total equity</b>	<b>163,428</b>	<b>161,977</b>	<b>166,409</b>

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED 31 MARCH 2020**

	Budget Mar-20 \$000	Actual Mar-20 \$000	Budget 2019/20 \$000
<b>Cash flows from operating activities</b>			
Receipts from the Ministry of Health and patients	409,076	415,438	551,523
Interest received	1,242	901	1,700
Payments to employees	(160,750)	(156,493)	(217,472)
Payments to suppliers	(235,791)	(229,921)	(316,682)
Capital charge	(5,230)	(4,925)	(10,460)
Interest paid	-	-	-
GST (net)	-	-	-
<b>Net cash flow from operating activities</b>	<b>8,547</b>	<b>25,000</b>	<b>8,609</b>
<b>Cash flows from investing activities</b>			
Receipts from sale of property, plant and equipment	-	21	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(4,300)	(8,119)	(6,500)
Purchase of intangible assets	(700)	(1,120)	(1,000)
Acquisition of investments	-	(14)	-
<b>Net cash flow from investing activities</b>	<b>(5,000)</b>	<b>(9,232)</b>	<b>(7,500)</b>
<b>Cash flows from financing activities</b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(258)	819	(352)
<b>Net cash flow from financing activities</b>	<b>(258)</b>	<b>819</b>	<b>(899)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,289</b>	<b>16,587</b>	<b>210</b>
Cash and cash equivalents at the beginning of the year	6,315	6,315	6,315
<b>Cash and cash equivalents at the end of the year</b>	<b>9,604</b>	<b>22,902</b>	<b>6,525</b>

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Operating Cash Flow</b>												
<b>Receipts</b>												
Government & Crown Agency Received	47,771	43,780	47,717	42,475	42,475	53,094	42,475	42,475	53,094	42,475	42,475	53,094
Interest Received	163	131	163	143	143	143	143	143	143	143	143	143
Other Revenue Received	1,149	916	1,114	948	948	1,185	948	948	1,185	948	948	1,185
<b>Total Receipts</b>	<b>49,083</b>	<b>44,827</b>	<b>48,994</b>	<b>43,566</b>	<b>43,566</b>	<b>54,422</b>	<b>43,566</b>	<b>43,566</b>	<b>54,422</b>	<b>43,566</b>	<b>43,566</b>	<b>54,422</b>
<b>Payments</b>												
Personnel	21,151	17,485	18,086	17,534	17,534	26,300	17,534	17,534	17,534	17,534	17,534	26,300
Payments to Suppliers and Providers	27,884	26,447	26,559	24,350	24,350	30,437	24,350	24,350	30,437	24,350	24,350	30,437
Capital Charge	-	-	5,230	-	-	-	-	-	5,282	-	-	-
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>49,035</b>	<b>43,932</b>	<b>49,875</b>	<b>41,884</b>	<b>41,884</b>	<b>56,737</b>	<b>41,884</b>	<b>41,884</b>	<b>53,253</b>	<b>41,884</b>	<b>41,884</b>	<b>56,737</b>
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>48</b>	<b>895</b>	<b>(881)</b>	<b>1,682</b>	<b>1,682</b>	<b>(2,315)</b>	<b>1,682</b>	<b>1,682</b>	<b>1,169</b>	<b>1,682</b>	<b>1,682</b>	<b>(2,315)</b>
<b>Cash Flow from Investing Activities</b>												
<b>Receipts</b>												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Receipts</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Payments</b>												
Capital Expenditure	500	1,050	950	625	625	625	625	625	625	625	625	625
Capex - Intangible Assets	-	-	-	625	625	625	625	625	625	625	625	625
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>500</b>	<b>1,050</b>	<b>950</b>	<b>1,250</b>								
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	<b>(500)</b>	<b>(1,050)</b>	<b>(950)</b>	<b>(1,250)</b>								
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>(34)</b>	<b>(27)</b>	<b>(581)</b>	<b>(115)</b>								
Net Increase/(Decrease) in Cash Held	(486)	(182)	(2,412)	317	317	(3,680)	317	317	(196)	317	317	(3,680)
Plus Opening Balance	22,902	22,416	22,234	19,822	20,139	20,457	16,777	17,094	17,412	17,216	17,533	17,851
<b>Closing Balance</b>	<b>22,416</b>	<b>22,234</b>	<b>19,822</b>	<b>20,139</b>	<b>20,457</b>	<b>16,777</b>	<b>17,094</b>	<b>17,412</b>	<b>17,216</b>	<b>17,533</b>	<b>17,851</b>	<b>14,171</b>

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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 22 April 2020  
**Subject:** **FOR INFORMATION**

## **Status**

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. SUBMISSIONS

Submissions sent on behalf of NMDHB during March and April are:

- Submission on the Social Services and Community Select Committee's Reform of the Residential Tenancies Amendment Bill.
- Submission on Proposed National Environmental Standard for the Outdoor Storage of Tyres.
- TDC – Feedback for Moutere – Waimea Ward Reserves Project.
- TDC – 2020 Vision for the Future Pre Engagement Long term Plan 2021-2031.
- NCC – Draft Annual Plan 2020-2021.

Copies of the submissions are available from the Board Secretary.

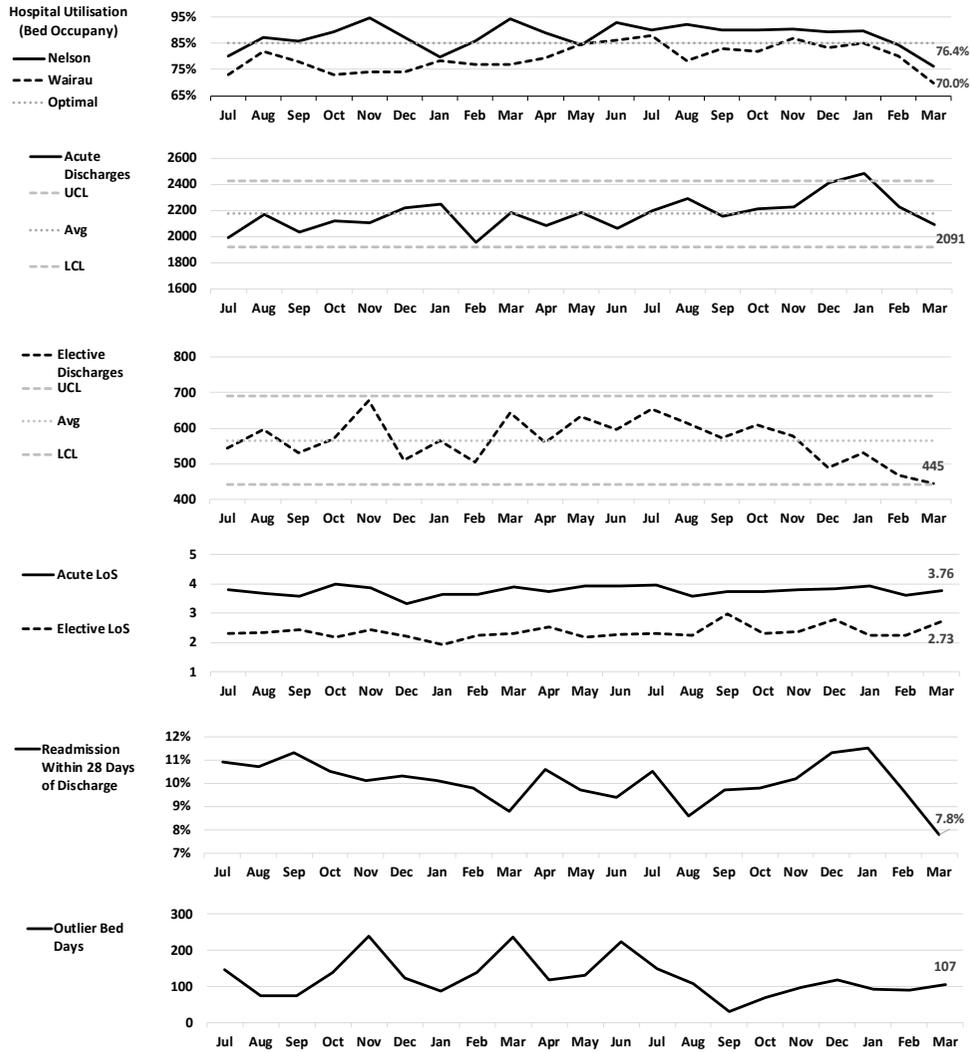
## 2. ADVISORY COMMITTEE DASHBOARD

Attached as item 6.2 is the Hospital Advisory Committee Dashboard for March.

# HAC Dashboard

March 2020

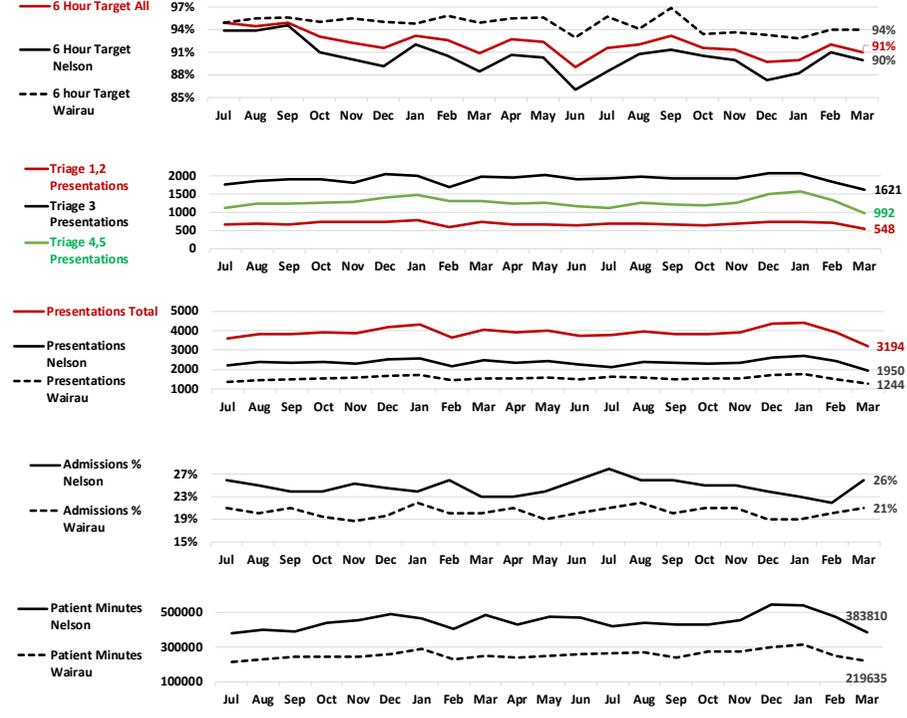
## Inpatient Activity



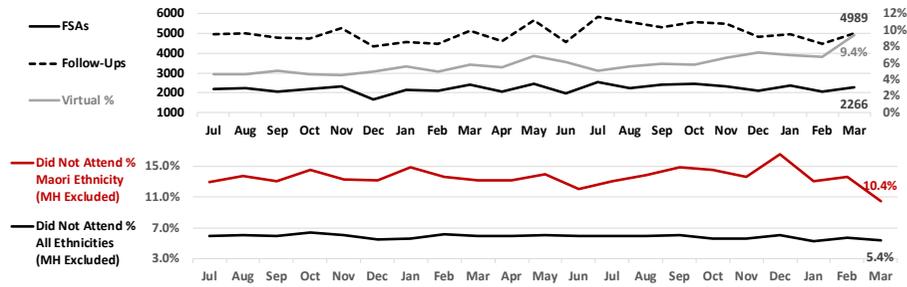
## Theatre



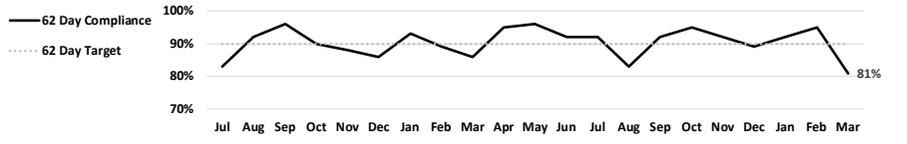
## Emergency Department



## Outpatient Activity



## Fast Cancer



**GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION**

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

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

CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Therapy
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
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
laaS	Infrastructure as a Service
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IBC	Indicative Business Case
ICU	Intensive Care Unit
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
ILM	Investment Logic Mapping
IM	Information Management

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

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

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
PCIT	Parent Child Interaction Therapy
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDO	Principal Dental Officer
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PICS	Patient Information Care System
PIP	Performance Improvement Plan
PN	Practice Nurse
POCT	Point of Care Testing
PPE	Property, Plant & Equipment assets
PPP	PHO Performance Programme
PRIME	Primary Response in Medical Emergency
PSAAP	PHO Service Agreement Amendment Protocol
PSR	Preschool Enrolled (Oral health)
PT	Patient
PTAC	Pharmacology and Therapeutics Committee

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

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

As at April 2019