

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 26 January 2021 at 12.30pm

Seminar Centre Room 1, Braemar Campus  
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>12.30pm</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>12.40pm</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>12.45pm</b>	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	Clinical Governance Report		Attached	Resolution
7	Consumer Council Chair's Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	<b>1.30pm</b>	As below	Resolution

**PUBLIC EXCLUDED MEETING**

1.30pm

**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 November 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

Dawn McConnell

**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, Te Hiringa Hauora (previously HPA)</li> <li>▪ Director of TAS (national DHB Shared Service Agency)</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>▪ Director of Malthouse Investment Properties Ltd</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>	

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>			

## Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jacinta Newport	<ul style="list-style-type: none"> <li>▪ Employee of West Coast DHB as Rural Nurse Specialist</li> <li>▪ Trustee of MCANZ</li> <li>▪ RN advocate of MCANZ</li> <li>▪ Member of NZ Nurses Society</li> </ul>	<ul style="list-style-type: none"> <li>▪ Owner/Director of Helibike Nelson</li> </ul>		
Paul Matheson	Nil	<ul style="list-style-type: none"> <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 October 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				
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> </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>▪ Member SI Quality Alliance Group – SIAPO</li> <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>▪ Deputy Chair National Directors of Allied Health</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 short term contract as data entry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Board member Distance Running Academy</li> </ul>		
<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				

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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 permanent part time for Tahunanui Medical Centre and occasional locum for other GP practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Treasurer, Waimea Basketball Club (commences November 2020)</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>▪ National CE Lead for Joint Procurement Agency</li> <li>▪ National CE Lead for RMO</li> <li>▪ National CE Lead for Mental Health</li> <li>▪ Board Member of Health Roundtable Board</li> <li>▪ Trustee of Churchill Hospital</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 works at NMDHB in the Transport Department</li> </ul>			

*As at November 2020*

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

**Present:**

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

**In Attendance:**

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Lexie O'Shea (GM Clinical Services), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Stephanie Gray (Communications Manager), Gaylene Corlett (Board Secretary)

**Apologies:**

Gerald Hope

**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**

**Moved:** Dawn McConnell

**Seconded:** Brigid Forrest

**THAT THE MINUTES OF THE MEETING HELD ON 27 OCTOBER 2020 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

**AGREED**

**Matters Arising**

Nil.

### 3.1 Action Point

Item 1 – Wood Pellet Trial: Ongoing.

Item 2 – Current Research Projects: Carried forward.

Item 3 – Consumer Council Interview Panel: Carried forward.

Item 4 – Update on how the \$1.8m Planned Care funding will be spent: Noted a final meeting with MOH has been held and we are now awaiting the documentation. We are focussed on recovery planning for backlog and talking to staff to ascertain what additional needs there are. Completed.

### 3.2 Correspondence

Noted.

## SECTION 4: CHAIR'S REPORT

Noted.

## SECTION 5: CHIEF EXECUTIVE'S REPORT

### IT Update

Discussion held on Smartpage and the reluctance of registrars and SMOs to participate and engage. Noted there have been challenges implementing Smartpage which provides visibility in of allocating workload in a different way. There is more work to do in this space.

### ESPI Reporting

Discussion held on ESPI2 and ESPI5 reporting.

### Cataracts

Discussion held on cataracts and the increase in delivery.

### scOPe Theatre – Stage 1

Discussion held on the granting of API access for scOPe Theatre – Stage 1 noting Canterbury DHB run scOPe as a theatre system but are not linked to SI PICS. The GM Clinical Services and GM Information Technology are progressing this project, and are confident it will be completed.

### Performance Appraisals

Discussion held on the low completion rate of Performance Appraisals. It was noted that whilst COVID would have had an impact on teams, it does require taking time with employees to have a meaningful conversation. Noted that the percentage completed also reflects when documentation is submitted to HR, meaning the conversation may have occurred but the paperwork not completed. It was suggested that the form may need to be simplified. Noted RMOs are appraised four times per year but is contained on a separate programme. **It was agreed that** the appraisal form be reviewed to see if it is capturing the right information and look at how to make it as easy as possible to submit the information to HR.

## SECTION 6: FINANCIAL REPORT

The result for the four months ended 31 October shows a reported deficit of \$1.89m which is \$1.86m adverse to the planned result. The October result includes net costs associated with the COVID response of \$0.3m. The broader implication of the Holidays Act remediation liability within the year has also been accounted for following conversation with the MOH which has a \$1.84m impact on the YTD result as an adjustment within the October month result. This means the core operating result is a surplus of \$0.25m, favourable to the plan by \$0.12m.

Discussion held on the Niggles Fund noting this is for items that do not meet the capex threshold, but are still projects worth investing in.

## SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT

Noted.

## SECTION 8: GENERAL BUSINESS

Nil.

### ***Public Excluded***

Moved: Brigid Forrest  
Secoded Jacinta Newport

### **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 October 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

- Decision: Risk Appetite and Risk Tolerance Statements – APPROVED
- Decision: He Mana Whakatatu – APPROVED
- Decision: Contract Variatons – APPROVED
- CE's Report – RECEIVED
- Facilitles Update – APPROVED
- Annual Report UpdAte – APPROVED
- Ki Te Pae Ora Update – RECEIVED
- H&S Report – RECEIVED

**Meeting closed at 1.20pm.**

**ACTION POINTS - NMH – Board Open Meeting  
held on 24 November 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	Clinical Governance Committee Report	Provide an update on current research projects	Elizabeth Wood	22 September 2020	26 January 2020	
3	Consumer Council Report	Follow up if there is adequate support on the member interview panel from Maori Health team and DSS	Peter Bramley	27 October 2020	23 February 2021	As part of February update on Consumer Council
4	CE's Report	Performance Appraisal form to be reviewed to ensure it is capturing the right information and review process for submitting completed information to HR	Peter Bramley/ Trish Casey	24 November 2020	23 February 2021	

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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 20 January 2021  
**Subject:** **Correspondence for  
November/December**

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<p><i>Status</i></p> <p><b>This report contains:</b></p> <p><input type="checkbox"/> For decision</p> <p><input type="checkbox"/> Update</p> <p><input checked="" type="checkbox"/> Regular report</p> <p><input checked="" type="checkbox"/> For information</p>
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Inward Correspondence

Date	From	Topic
23/12/2020	Peter Bramley	Resignation

Outward Correspondence

Nil

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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 20 January 2021  
**Subject:** **Chair's Report**

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<p><i>Status</i></p> <p>This report contains:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> For decision</li><li><input checked="" type="checkbox"/> Update</li><li><input checked="" type="checkbox"/> Regular report</li><li><input type="checkbox"/> For information</li></ul>
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A verbal update will be provided at the meeting.

Jenny Black  
Chair

## RECOMMENDATION

**THAT THE BOARD RECEIVES THE CHAIR'S REPORT.**



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# MEMO

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**To:** Board Members  
**From:** Peter Bramley, Chief Executive  
**Date:** 20 January 2021  
**Subject:** Chief Executive's Report

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. INTRODUCTORY COMMENTS

The New Year is underway. There are certainly more changes ahead for us than I anticipated when doing the November Board meeting. I had not at the time anticipated accepting the role as CEO of Canterbury & West Coast DHB.

It has been a privilege to serve as the CEO of Nelson Marlborough DHB. NMH is well placed to deliver the healthcare needed by our community, and with a focus to both equity and models of care will ensure that our health system is indeed fit for the future.

Summer has been different without all the overseas visitors. Nevertheless with BayDreams and lots of NZ holiday makers our primary care services, ED and operating theatres have been busy with acute care demands. Our collective team did an amazing job of supporting the health care needs associated with BayDreams – while also leveraging lots of good reminders to those attending to keep themselves safe from COVID, and being smart and safe with regard to sexual health, alcohol and drug use.

As we look out into 2021 there is plenty of uncertainty – especially with regard to the outcomes of the Health & Disability Review implementation. Regardless of health system structures the priorities and opportunities have not changed. We need to stay focussed to ensure we are shaping, with our Iwi partners, a sustainable health system into the future – one that is closing the equity gap for our most vulnerable, improving access for our population, and embracing innovation in both the digital and workforce spaces.

### *Karakia*

Kia hora te marino  
Kia whakapapa pounamu te moana  
Hei huarahi mā tātou i te rangi nei  
Aroha atu, aroha mai  
Tātou i a tātou katoa  
Hui e! Tāiki e!

*May peace be widespread  
May the sea be like greenstone  
A pathway for us all this day  
Let us show respect for each other  
For one another  
Bind us all together!*

## 2. PRIMARY & COMMUNITY

- Thankfully, no cases of COVID-19 were notified over the last two months, although the teams remain very busy with a significant amount of work planning for a COVID vaccine campaign, managing risk at our borders, quarantine exemptions, managing incidents, testing, supporting shore leave requests, and border systems. Three close contacts were managed following contact with a case at the border. All three

were monitored by the Public Health Service and have now been released after completing 14 days of quarantine. BayDreams required significant attention to ensure high awareness of infection prevention behaviour and a testing site was established at the event. Only a small volume of tests were undertaken, which is consistent with other events of this type.

- The COVID vaccination campaign planning with DHBs was initiated in December by MOH with focus locally and nationally. The Ministry of Health will provide leadership and establish expected models of care, operational policies, standard operating procedures, workforce approaches, vaccine management and logistics, reporting requirements, funding for the programme, and timeframes for vaccine delivery. Core enablers such as technology, data and reporting will be developed and directed by the Ministry of Health. As much as possible, the use of existing processes will be used to minimise disruption. The Ministry of Health will partner with DHBs. Our role is to provide the local system coordination and operationalisation of the programme. DHBs will meet the requirements of the vaccination programme, identifying how they will meet these service requirements, providing the service and population coverage and the setting they will use to deliver vaccinations. Regional approaches are encouraged. It is important that we move with urgency, and we have seconded a Project Manager to manage our efforts across DHB, PHU, PHO and community mobilisation efforts. The local focus is currently on workforce identification and training. This will be by far the largest vaccination campaign ever run in NZ. It is currently expected to begin with priority groups in early March. These initial groups are expected to be border workers, MIQ workers, health workers and contacts of any case. Wider population groups are expected to be included approximately July.
- Pressures in Age Residential Care continue across the district as reduced social interaction and effective infection control has meant that fewer elderly people have died as a result of seasonal illness. There is some evidence that the bed availability is starting to return to patterns normally seen, but it will take some time to develop reliable bed capacity across all levels of care. The NMH review of age care capacity completed at the beginning of 2020 indicated that there was no concern regarding bed availability across the age care sector, with the note that consideration should be given to the availability of dementia beds in the short to moderate term. That situation has changed rapidly. The demand and limited supply currently being experienced is a direct, unintended consequence of the COVID response. The Health of Older People team have put in place a number of actions and improvements across the sector to relieve some of this pressure.
- The Ministry of Health circulated guidance for the Annual Plan 2021-22 and System Level Measures Improvement Plan 2021-22 on 16 December 2020. We are still waiting to receive the Minister of Health's Letter of Expectation. Draft Annual and System Level Measure Improvement Plans are due with the Ministry of Health by 5 March 2021. Internal and external environmental scans to inform planning priorities are underway; including an internal SWOT analysis and initial discussions about identifying our population's health needs.
- Public Health Nurses continue to do well in achieving B4SC targets.
- The measles vaccination campaign is underway with a range of clinics and vaccination events planned across the region.
- Difficulty accessing NZ registered medicines continues to be a problem due to global supply chain issues. It is predicted that essential medications may run out within a few months and PHARMAC and DHBs are planning for this.
- Planning has commenced for procurement of an electronic prescribing and medication administration system. This should streamline patient medication management, prevent errors, and allow for better reporting.
- The proposal to implement Mediman (medicines management) software which should help reduce medication-related errors continues to progress. Initially access

will be restricted to pharmacy teams with a view to rolling this out to prescribers and others.

- The transition of clinical palliative care services to the Marlborough Hospice Trust officially occurred on 9 November, although a number of operations are still being supported from The Salvation Army. All remaining operations will transition to the Trust early in the New Year. Both providers worked collaboratively over the past 6 months to ensure a smooth transition of services.
- A Health Promoter co-organised the “We are still Hiring – Youth Job Expo” held early December in the Blenheim. A total of 120 rangatahi and their whānau attended, alongside 23 employers/training providers. The idea for this event was born out of a meeting in August between multiple community youth agencies who saw the need for a Youth Job Expo following the COVID lockdown. This collaborative event is aimed to reduce the effects of COVID on youth’s perception and awareness of employment in Marlborough, change opportunities for youth with the reduction in foreign workforce, and show case what interactive opportunities that exist in Marlborough.
- Safe And Sound @ The Top was successfully re-accredited as part of the international safe communities’ global network at a ceremony at Marlborough District Council in December.

Progress – Targets & Volumes		
Target Name	Target	Actual
<b>B4 School Checks</b>	1454 Total 146 High Deprivation 329 Maori 50 Pacific  <b>90% (1454) of all 4 year olds in the Nelson Marlborough population are required to have a B4 School Check completed.</b>	1059 73% 92 63% 205 62% 25 50%
<b>8 Month Immunisations</b>	Total 95% Maori 95% Pacific 95% Asian 95%  <b>95% of all children at 8 months of age are required to be fully immunised</b>	<b>Monthly results ending December 2020</b> Total 96.9% Maori 90.0% Pacific 100.0% Asian 100.0%  Total declines/opt offs 1.5% Total missed 1.5%
		<b>Quarterly results ending December 2020</b> Total 92.8% Maori 89.6% Pacific 85.7% Asian 96.3%  Total declines/opt offs 4.6% Total missed 2.6%

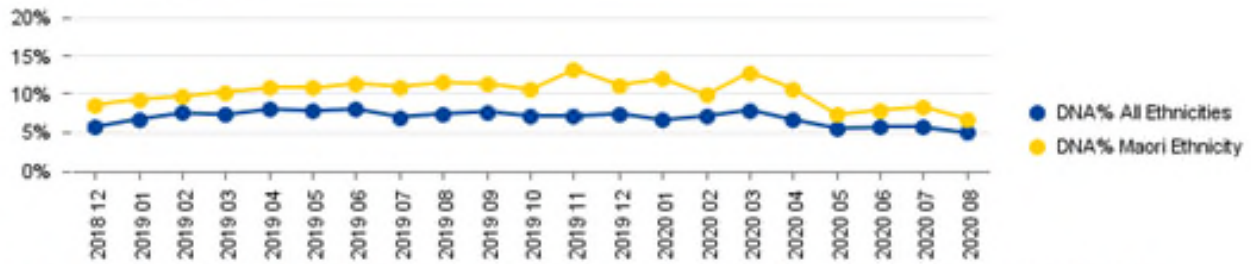
<b>2 Year Immunisations</b>	Total 95% Maori 95% Pacific 95% Asian 95%  <b>95% of all children at the age of 2 yrs are required to be fully immunised.</b>	<b>Monthly results ending December 2020</b> Total 88.1% Maori 86.4% Pacific 100.0% Asian 100.0%  Total declines/opt offs 10.7% Total missed 1.2%
		<b>Quarterly results ending December 2020</b> Total 87.1% Maori 87.3% Pacific 90.0% Asian 100.0%  Total declines/opt offs 9.9% Total missed 1.5%
<b>5 Year Immunisations</b>	<b>No Target</b>	<b>Monthly results ending December 2020</b> Total 82.9% Maori 90.0% Pacific 100.0% Asian 80.0%  Total declines/opt offs 8.5% Total missed 8.5%
		<b>Quarterly results ending December 2020</b> Total 85.5% Maori 89.7% Pacific 92.3% Asian 90.5%  Total declines/opt offs 8.3% Total missed 6.3%
<b>Cervical Screening</b>	<b>80% of women aged between 20 and 69 in the Nelson Marlborough population are required to have been screened in the past 3 years.</b>	Total 75.0% Maori 66.1% Pacific 72.5% Asian 63.5% Other 76.5%

### 3. MENTAL HEALTH, ADDICTIONS AND DSS

- Minister of Health made announcements prior to Christmas regarding the secured funding for two shovel ready projects for NMH. They include child respite facility in Blenheim and an upgrade of the acute end of Wāhi Oranga. A project team is being set up for both projects and we look forward to getting these underway this year.
- Reduced use of seclusion continued through November, with very limited seclusion use in December and early January, with 25 days seclusion-free in one stretch. A recent seclusion event is now undergoing comprehensive review to gain recommendations on how to learn and improve.

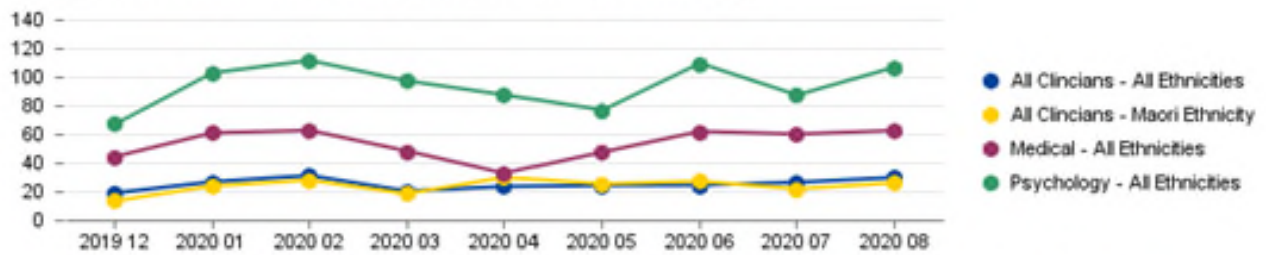
## Mental Health, Addictions and Older Person's Mental Health

### Did Not Attend (DNA) %



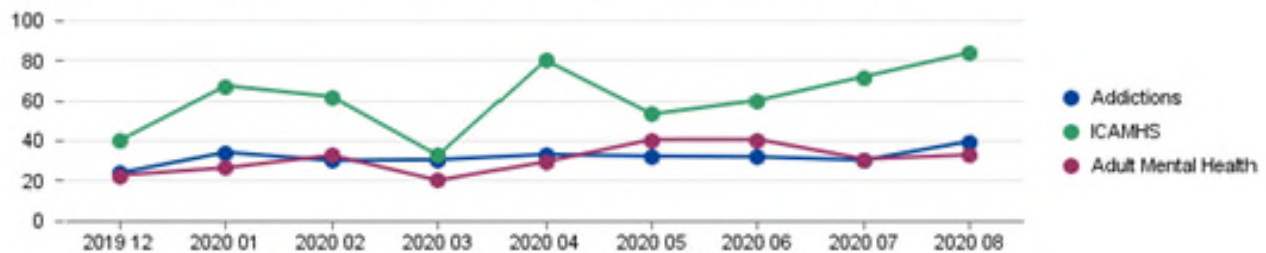
Note: There is currently a 1-4 month delay in data entry of community contacts. This graph only includes up to date data.

### Average Wait Time to First Face-To-Face Community Contact (Days)



Note: There is currently a 1-4 month delay in data entry of community contacts. This graph only includes up to date data.

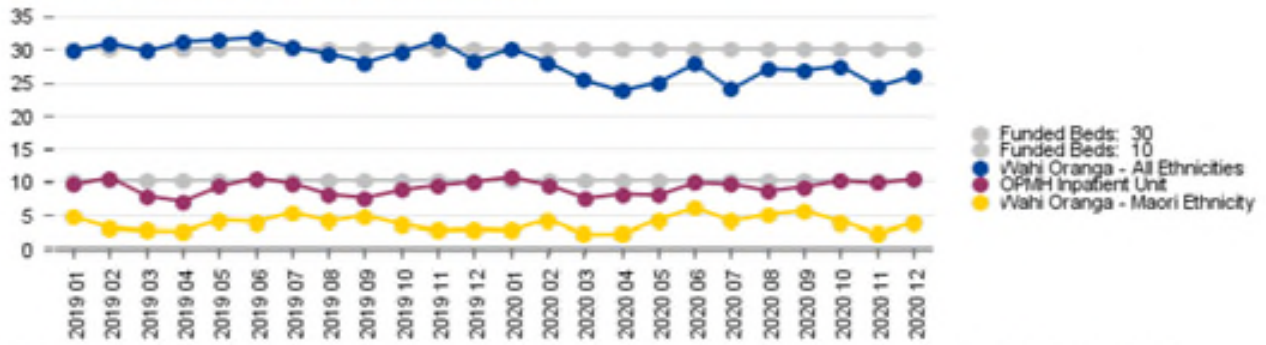
### Average Wait Time to First Face-To-Face Community Contact (Days) - By Service



Note: There is currently a 1-4 month delay in data entry of community contacts. This graph only includes up to date data.

ICAMHS = Infant, Child and Adolescent Mental Health Service. Adult Mental Health includes: Adult Nelson, Adult Psychology Liaison Nelson, Adult Tasman and Adult Wairau (noting that up until 08/09/2020 Adult Wairau data includes both acute and adult mental health).

## Average Midnight Occupied Beds

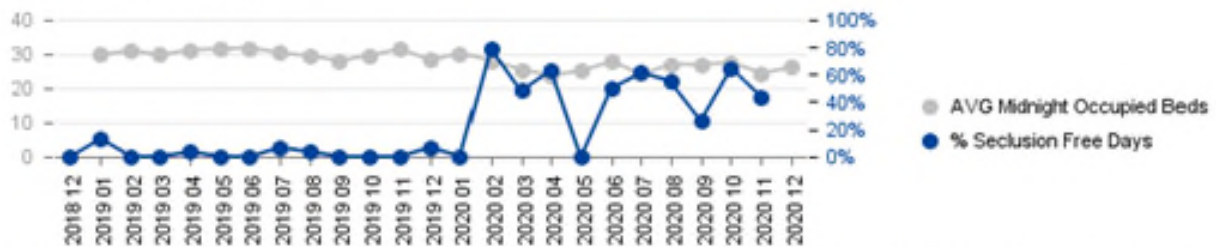


Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

## Seclusion

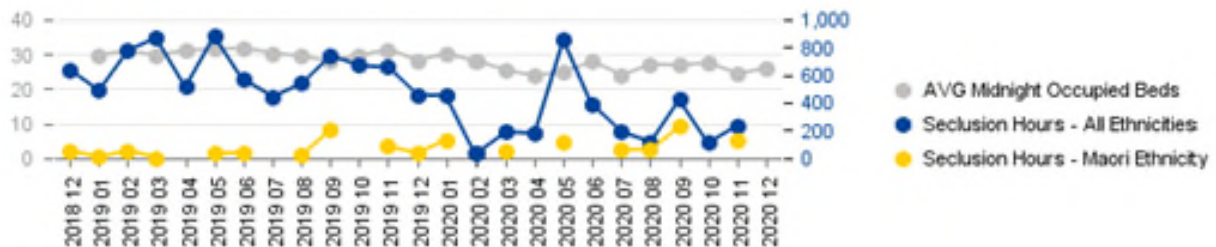
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

### % Seclusion Free Days



% Seclusion Free Days is the number of seclusion free days in the month divided by the total number of days in the month.

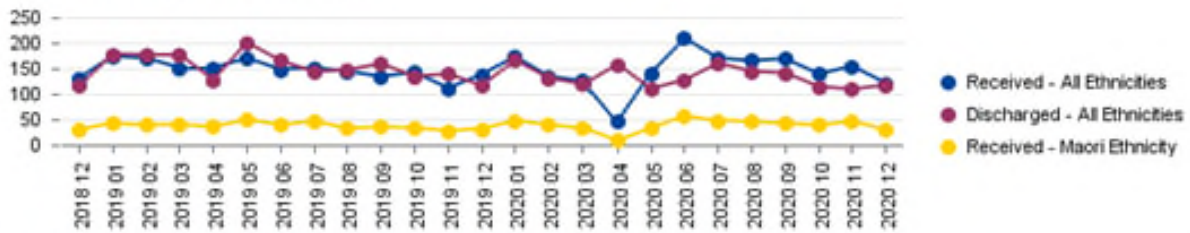
### Seclusion Hours



Seclusion Hours is calculated as the total sum of all hours spent in seclusion.

## Addictions

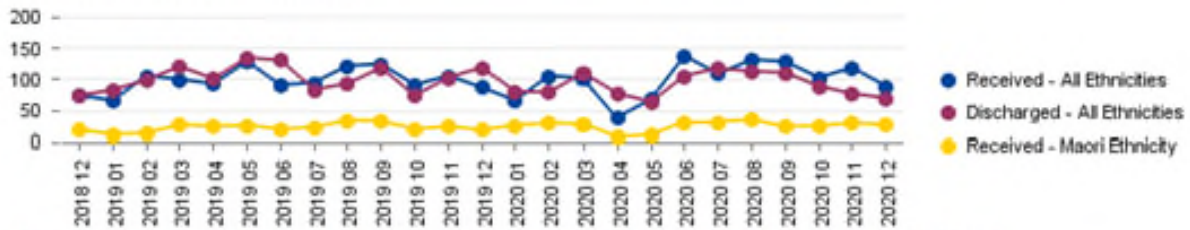
### Referrals Received and Discharged



Note: Includes Addictions Nelson, Addictions Matrix Nelson and Addictions Wairau.

## Infant, Child and Adolescent Mental Health Service (ICAMHS)

### Referrals Received and Discharged



Note: Includes ICAMHS Nelson, ICAMHS Forensic Nelson, ICAMHS Wairau and Infant and Maternal Nelson.

### 3.1 Disability Support Services (DSS)

- Christmas Cheer rounds were completed again to all homes – thanking our team for their contributions this year and wishing a Merry Christmas to all. This was very much appreciated. A big thanks to the Care Foundation for supporting this initiative.
- A draft proposal to initiate an improvement scoping process for Day Services has been developed and will be discussed at ELT in the new year. The aim is to look at how we can improve and strengthen our Day Services programme to better align with Enabling Good lives. We are looking to get underway with this in February 2021.

Disability Support Services (DSS)		Current November 2020				YTD November 2020	Current December 2020				YTD December 2020		
Contracted Services		ID	PD	LTCH	Total	YTD Total	ID	PD	LTCH	Total	YTD Total		
Current Moh Contract	As per Contracts at month end	160	18		178	increase 1	158	19		177	decrease 1		
Beds – Moh Individual contracts	As per Contracts at month end	8	0		8		8	0		8			
Beds – DHB- Chronic Health Conditions	As per Contracts at month end	1	0	10	11		1	0	10	11			
Beds – Individual contracts with ACC	As per Contracts at month end	1	1		2	decrease 1	1	1		2			
Beds – Others - Oranga Tamariki & Mental Health		2	1		3	increase 1	2	1		3			
	Residential contracts - Actual at month end	172	20	10	202		170	21	10	201			
<b>Number of people supported</b>													
Total number of people supported	Residential service users - Actual at month end	172	20	10	202	increase 1	170	21	10	201	decrease 1		
	Respite service users - Actual at month end	7	1		8		10	1		11	increase 4		
	Child Respite service users - Actual at month end	42			42	increase 3	43			43	increase 1		
	Personal cares/SIL service users - Actual at month end	0	0		0		0	0		0			
	Private Support in own home	2	0		2	increase 1	2	0		2			
	Total number of people supported	223	21	10	254	increase 5	225	22	10	257	increase 3		
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
<b>Occupancy Statistics</b>		Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
Total Available Beds - Service wide	Count of ALL bedrooms	233		225		8		233		225		8	
	Total available bed days	6,990	35,649	6,750	34,148	240	1,224.0	7,223	42,872	6,975	41,123	248	1,472.0
Total Occupied Bed days	Actual for full month - includes respite	6,277	31,809	6,132	31,000	144.5	808.5	6,476	38,285	6,331	37,331	145.0	953.5
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	89.8%	89.2%	90.8%	90.8%	60.2%	66.1%	89.7%	89.3%	90.8%	90.8%	58.5%	64.8%
		Last month	Current month	Variance			Last month	Current month	Variance				
Total number of people supported		249	254	5			254	257	3				
Referrals	Total long term residential referrals	18	17				17	16					
Referrals - Child Respite	Child Respite referrals	16	16				16	13					
	Adult Respite referrals	2	4				4	8					
	Oranga Tamariki referrals	1	1				1	1					
	New Referrals in the month	9	2				2	4					
Of above total referrals	Transitioning to service	-	-				-	-					
	On Waiting List	37	38				38	38					
Vacant Beds at End of month - (excludes Respite Beds)		16	17				17	17					
	Less people transitioning to service	-	-				-	-					
	Vacant Beds	16	17				17	17					

#### 4. INFORMATION TECHNOLOGY

- A major highlight at the end of 2020 was the go-live of WinScribe which also allowed us to finally turn off the old servers hosting our old Electronic Patient Letter Management System (EPLMS). These old servers were a roadblock in completing other projects such as VDI, server upgrades, and improves our security profile.
- Good progress is being made in the programme of work to improve resiliency and stability of our IT infrastructure. This is being achieved by updating old servers, implementing modern version of software such as Office 365, planning migration of workloads to the cloud, and re-architecting our network including firewalls and security systems. While there is still work to do, we are relatively well positioned.
- Work is well underway to round out our local digital strategy, and small workshops with staff and other stakeholders were held during November and December. Next steps are forums with ELT to discuss outcomes and prioritisation, with the final output scheduled for March. A regional workshop was also held with all SI DHBs to continue to build consensus on expanding a common systems architecture for the



South Island, where relevant, while allowing for local innovation. Another workshop to discuss resourcing is scheduled for February. SI PICS (a patient administration system customised for the South Island DHBs) is a foundational building block for this as a 'source of truth'. CDHB and NMH both have this implemented, with start dates for SDHB, WCDHB and SCDHB this financial year.

### Ki te Pae Ora Update

Telehealth		Status: On Track
Achievements This Month	<ul style="list-style-type: none"> <li>Met with GBCH around opportunities to support them in being a digital first community, we have shared our database and asked them to look for opportunities. They are keen to look at early supported discharge discussions and as such we have given them access to the Golden Bay admitted patients within the hospital.</li> <li>Met with Oncology to support Kate Gregory project looking at ensuring lead primary care consults for all Wairau patients are maintained. Also working with the service on streamlining booking process around CDHB patients.</li> <li>Working with Physio Kim Donovan around identification of appropriate patients and booking process.</li> <li>Conducted 18 Leap clinics with CDHB involving 18 families at home linking up with both Oncology and Psychologist in CDHB</li> <li>Working with PHO Health care Home Lead to ensure consistency across health system.</li> <li>Planning started on best investment for digital funding received by MoH targeted at telehealth.</li> </ul>	
Benefits	Working with Nelson Paediatrics and CDHB Oncology team to complete 18 LEAP annual clinics between multiple MDT groups and patients in their homes.	
Consumer Story	None to report	
Data Insights	Dashboard showing upcoming virtual health opportunities – 97% of booked clinics	
Exception Report	Need to ensure ELT support for digital first with active leadership within all services. Focus on individual services to develop leading examples.	

### Project Status

Name	Description	Status	Due date	
<b>Projects</b>				
scOPe Theatre - Stage 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, without the SIPICS<-> scOPe waitlist interface. Remaining department roll out ready to commence in Jan-21. Work stalled on interface due to lack of Orion support. Local and Regional discussions trying to unblock. Phase2 yet to be planned, targeting second half of 2021. Key resource left, replacement discussions in progress.	Various	●
SI PICS - Foundation	Patient Administration System (PAS)	Version 20.2 NHI change testing in January. 20.2 delivers patient demographic enhancements and theatre functionality. PROD release scheduled for 17 Feb 2021.		●

Name	Description	Status	Due date	
<b>eObservations (Patientrack)</b>	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	2.7.3 upgrade completed. Highlights are the ability to integrate with SmartPage for deteriorating patients, to allow for an automatic reminder to alert staff about at-risk patients. Meetings have been organised with the appropriate clinical leaders to engage others in this process to ensure clinical compliance.	Live / rolling out.	●
<b>Smartpage</b>	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Registrars and SMO staff are still showing some reluctance to participate and engagement has moved to a 1:1 strategy with them as resourcing allows. Impact is aspects of the product being under utilised as progress is made with integration with Patientrack. Orderly function is currently on hold awaiting development by vendor to meet local needs.	Live / Rolling out	●
<b>eTriage Phase 3</b>	ETriage to SIPICS integration Electronic Internal Referrals ETriage in the community	eTriage in community underway with PHO outsourced services. Other services awaiting integration, which is now underway, with testing planned for January/February.		●

## 5. CLINICAL SERVICES

- November / December has seen an agreed recovery plan for planned care with a consequential intensive and cohesive focus across Clinical Services on enacting the plan.
- Staffing increased in EDs in response to predicted increase in population and the Bay Dreams festival in Nelson.

### 5.1 Health Targets

- At the end of November 2020 we planned 2,687 surgical discharges of which we have delivered 2,634 (98%). This is under plan by 53 discharges.
- At the end of December 2020 we planned 3,181 surgical discharges of which we have delivered 3,072 (96.6%). This is under plan by 109 discharges.
- We have delivered 3,040 minor procedures to the end of November, which is 911 procedures higher than our Plan target of 2,076 for this period.
- We have delivered 3,689 minor procedures to the end of December, which is 1,261 procedures higher than our Plan target of 2,428 for this period.
- For orthopaedic interventions year to date at the end of November, a total of 221 joints have been completed which is slightly down (2 under) on the Plan of 223.
- For orthopaedic interventions year to date at the end of December, a total of 246 joints have been completed which is slightly down (16 under) on the Plan of 262. There are currently 193 joints waitlisted for surgery.
- With the employment of a fixed term Ophthalmologist we have increased the delivery plan for the 2020/21 year from 525 to 600 cataracts. We have lowered the threshold for cataract surgery from 1 November 2020 to allow more cataract patients

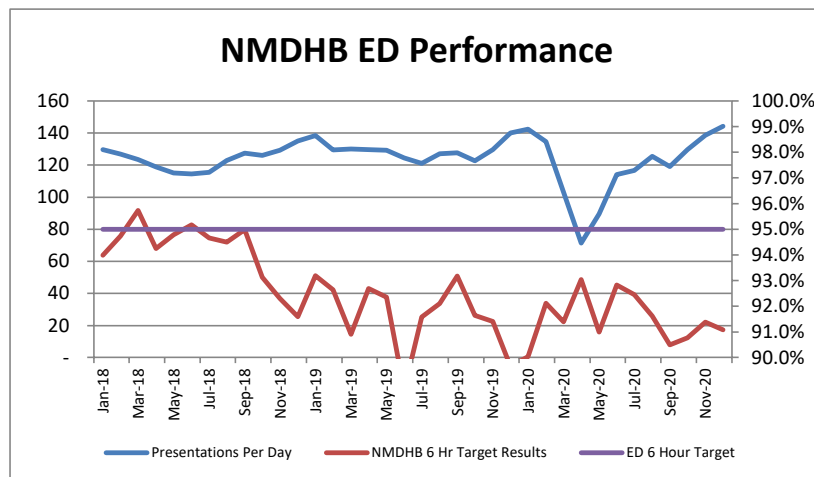
onto our waiting list. Year to date delivery, as at end of November 2020, is 289 cataracts against a plan of 266 which is 23 cataracts above plan.

- Year to date delivery, as at end of December 2020, is 323 cataracts against a plan of 305 which is 18 cataracts above plan. There are currently 150 cataracts waitlisted for surgery.

## 5.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of November with 277 patients not being seen within 120 days of referral acceptance.
- ESPI 2 (time to receive a first specialist assessment) was Red for the month of December with 439 patients not being seen within 120 days of referral acceptance.
- ESPI 5 (time to receive planned procedure) was also Red for the month of November with 147 patients not being treated within 120 days of being given certainty.
- ESPI 5 (time to receive planned procedure) was also Red for the month of December with 203 patients not being treated within 120 days of being given certainty.

## 5.3 Shorter Stays in Emergency Department

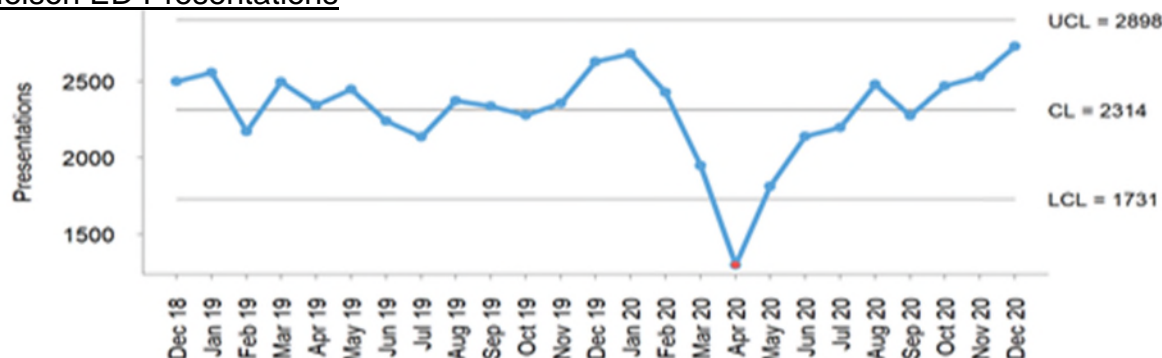


## ED Attendances

	6 Hour target %	Number of breaches	Total Attendances
Nelson	89.7%	281	2,728
Wairau	93.3%	118	1,745

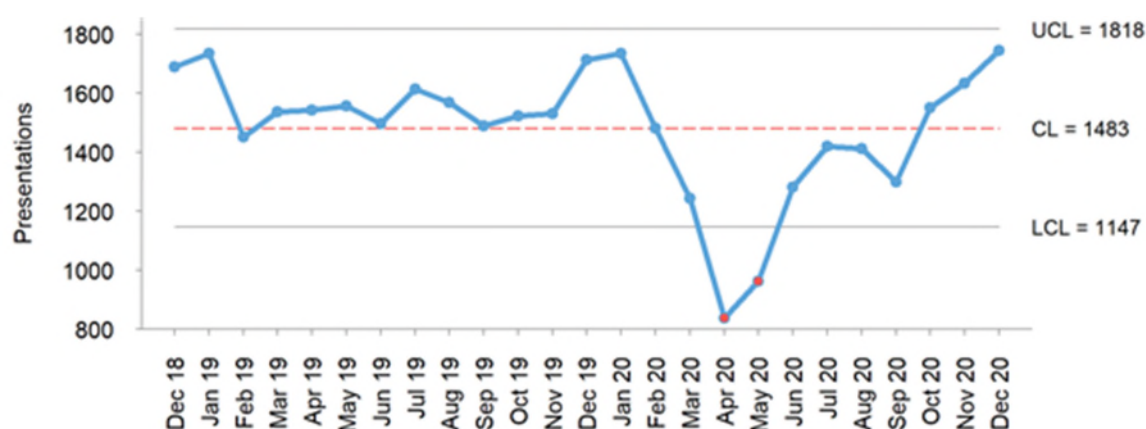
- Both EDs continue to screen for respiratory symptoms. The demand for droplet isolation requirements for patients and staff safety continues with facility challenges slowing the resolution of these issues. In Nelson there were 157 cases requiring isolation, and 101 in Wairau in the past month. Isolation presents challenges for minimum staffing levels in the after-hours when one of the nursing team is in PPE.
- Nelson ED has, with Facilities, identified options for the development of isolation rooms that are now being costed. The earlier areas being considered had challenges with air circulation and the potential to mix expired and clean air. The capital application to complete this work is underway. Attendances at Wairau increased by 19% compared with last month, while at Nelson the number increased by 8.5% from last month. Compared with the same time last year there was 13% reduction in Wairau and a 3% decrease in Nelson.
- Nearly 30% of attendances at both EDs were by people from outside of the NMDHB area. This remains consistent.

### Nelson ED Presentations



A similar pattern of seasonal attendances to prior years. Staffing has been adjusted consciously to accommodate the increased population across the Top of the South.

### Wairau ED Presentations



### Hospital Occupancy

#### *Nelson Theatres*

- There was increased activity in Nelson theatres over December with 217 acute cases, including orthopaedic trauma. This is up from 40 in November. There were 21 cancellations for theatre cases in December due to emergency substitutes. This is down from 33 in November. Quality initiatives related to better theatre lists continues with improvement in area of patients in OT on time. Quality focus on delays to theatre has resulted in dramatic improvement in getting patients into the Operating Theatre on time.

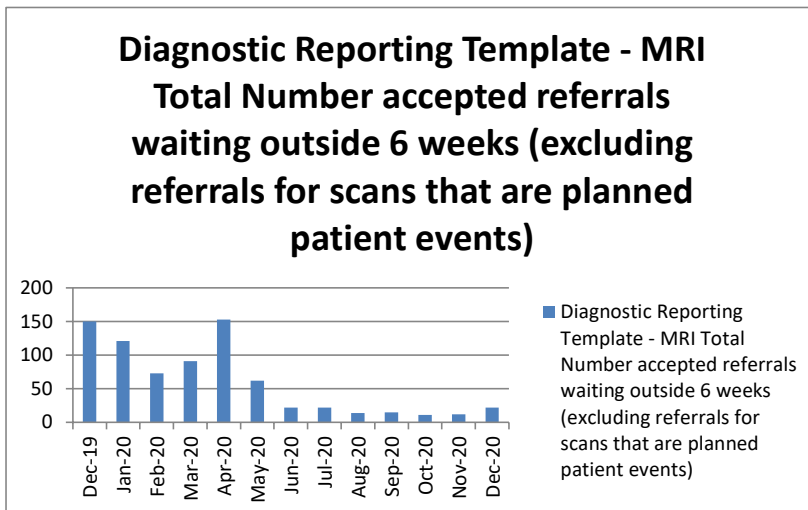
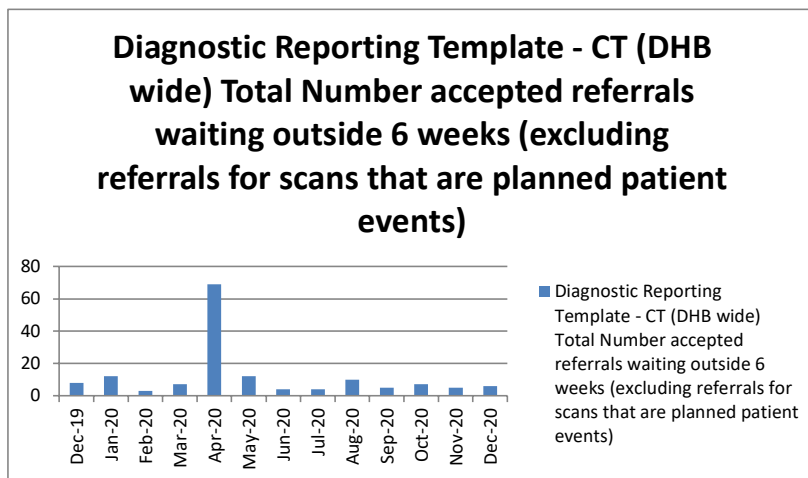
#### *Wairau Theatres*

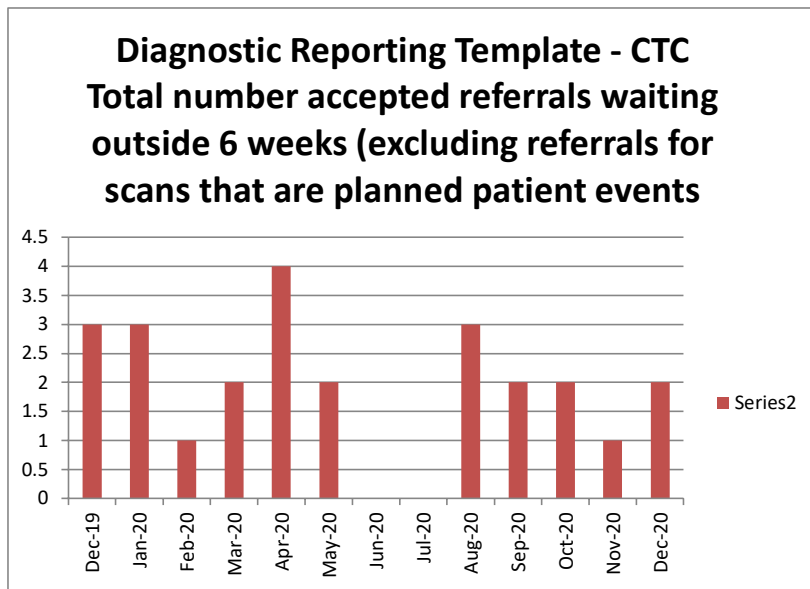
- The total number of completed theatre procedures at Wairau Hospital during December was 576. Although less than November (583), the total volume is still above the average.
- There were 28 cancelled cases for December which is a significant improvement on last month (53). This was largely due to the need to substitute due to acute cases (9%). Acute cases significantly increased this month.

Hospital Occupancy 23 November to 25 December	Adult in patient	Hospital Total including Paediatrics and Maternity
Nelson	95%	83%
Wairau	88%	78%

## 5.4 Enhanced Access to Diagnostics

- MOH MRI target shows 92% of referrals accepted are scanned within 42 days in November (target is 90%).
- MOH CT target shows 93% of referrals accepted are scanned within 42 days in November (target is 95%). Nelson CT is running at 96% of target with 2 patients waiting greater than 42 days, and Wairau CT is running at 90% of target with 5 patients waiting greater than 42 days.
- MRI numbers are 260 scanned in Nelson. Wairau MRI scanned 102 patients – total of 362 for December. This is impacted by long-term sick leave among MRI MIT group and should be resolved by February with backfill currently occurring.
- MRI target shows 89% of referrals accepted are scanned within 42 days in December (target 90%).
- MOH CT overall target is 83% of referrals accepted are scanned within 42 days in December (target is 95%). Nelson CT running at 98% of target with 1 patient waiting greater than 42 days and Wairau CT running at 64% of target with 14 patients waiting greater than 42 days.





### 5.5 Improving Waiting Times – Colonoscopy

As at 4 January 2021, there are 375 unbooked overdue colonoscopies (down from 381 at the end of November) as identified below.

Row Labels	Diagnostic	Screening	Surveillance	Grand Total
<b>2021</b>	<b>37</b>	<b>4</b>	<b>29</b>	<b>70</b>
Nelson Hospital	23	4	15	42
Wairau Hospital	14		14	28
<b>Overdue</b>	<b>9</b>	<b>2</b>	<b>364</b>	<b>375</b>
Manuka Street Hospital			1	1
Nelson Hospital	7	2	159	168
Wairau Hospital	2		204	206
<b>Grand Total</b>	<b>46</b>	<b>6</b>	<b>393</b>	<b>445</b>

## 5.6 Faster Cancer Treatment – Oncology

FCT Monthly Report - Nov 2020														Reporting Month: Oct 2020 - Quarter 2 - 2020-2021					
																		As at 24/11/2020	
62 Day Indicator Records																			
TARGET SUMMARY (90%)		Completed Records																	
		Nov 2020 (in progress)		Oct-20		Sep-20		Quarter 2 2020-21		Quarter 1 2020-21		Quarter 2 (2019-2020)		Rolling 12 Months Nov 19-Oct 20					
Numbers as Reported by MOH (Capacity Constraint delay only)		Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days	Within 62 Days	Exceeded 62 Days				
		88%	12%	100%	0%	100%	0%	100%	0%	95%	5%	92%	8%	93%	7%				
Number of Records		15	2	19	0	21	0	19	0	78	4	61	5	276	22				
Total Number of Records		17		19		21		19		82		66		298					
Numbers Including all Delay Codes		83%	17%	70%	30%	84%	16%	70%	30%	87%	13%	74%	26%	79%	21%				
Number of Records		15	3	19	8	21	4	19	8	78	12	61	21	276	74				
Total Number of Records		18		27		25		27		90		82		350					
90% of patients had their 1st treatment within: # days		74		80		63		80		63		89		82					
62 Day Delay Code Break Down		Nov 2020 (in progress)		Oct-20		Sep-20		Quarter 2 2020-21		Quarter 1 2020-21		Quarter 1 (2019-2020)		Rolling 12 Months Nov 19-Oct 20					
01 - Patient Reason (chosen to		0		2		0		2		0		6		7					
02 - Clinical Cons. (co-morbidities)		1		6		4		6		8		10		45					
03 - Capacity Constraints		2		0		0		0		4		5		22					
TUMOUR STREAM		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records							
Rolling 12 Months Nov 19-Oct 20																			
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Breast		100%	53	0%	0	2%	1	2%	1	4%	2	55							
Gynaecological		100%	17	0%	0	25%	6	4%	1	29%	7	24							
Haematological		93%	14	6%	1	17%	3	0%	0	22%	4	18							
Head & Neck		73%	16	23%	6	15%	4	0%	0	38%	10	26							
Lower Gastrointestinal		90%	28	7%	3	22%	9	2%	1	32%	13	41							
Lung		89%	25	7%	3	29%	12	2%	1	39%	16	41							
Other		100%	5	0%	0	38%	3	0%	0	38%	3	8							
Sarcoma		100%	2	0%	0	33%	1	0%	0	33%	1	3							
Skin		93%	62	7%	5	3%	2	4%	3	14%	10	72							
Upper Gastrointestinal		95%	21	4%	1	12%	3	0%	0	16%	4	25							
Urological		91%	32	8%	3	3%	1	0%	0	11%	4	36							
Grand Total		93%	276	6%	22	13%	45	2%	7	21%	74	350							
ETHNICITY		Within 62 Days	Within 62 Days	Capacity Constraints	Capacity Constraints	Clinical Consider.	Clinical Consider.	Patient Choice	Patient Choice	All Delay Codes	All Delay Codes	Total Records							
Rolling 12 Months Nov 19-Oct 20																			
African		100%	2	0%	0	0%	0	0%	0	0%	0	2							
Asian nfd		100%	2	0%	0	0%	0	0%	0	0%	0	2							
British and Irish		0%	0	100%	1	0%	0	0%	0	100%	1	1							
Chinese		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Dutch		100%	1	0%	0	0%	0	0%	0	0%	0	1							
European nfd		89%	8	7%	1	20%	3	20%	3	47%	7	15							
Fijian		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Indian		100%	1	0%	0	50%	1	0%	0	50%	1	2							
Italian		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Maori		94%	15	5%	1	19%	4	5%	1	29%	6	21							
New Zealand European		93%	226	6%	16	11%	30	1%	2	18%	48	274							
Other Asian		100%	0	0%	0	100%	2	0%	0	100%	2	2							
Other Ethnicity		100%	5	0%	0	33%	3	11%	1	44%	4	9							
Other European		79%	11	19%	3	13%	2	0%	0	31%	5	16							
Other Southeast Asian		100%	0	100%	0	0%	0	0%	0	0%	0	0							
Southeast Asian nfd		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Tongan		100%	1	0%	0	0%	0	0%	0	0%	0	1							
Grand Total		93%	276	6%	22	13%	45	2%	7	21%	74	350							

## 6. NURSING MIDWIFERY

- Recruitment has been successful for 39 new Nursing graduates (33 into the Nurse Entry to Practice programme (NEtP) and six into the Nurse Entry to Specialist Practice (NESP) programme. Orientation will be held early January with all NetPs on the programme within NMIT being placed. There has also been success with increasing numbers of NetP going into ARRC and primary care which will provide a more rounded experience for the NetP/NesP grads over the year.
- N95 mask fit testing for high risk staff has largely concluded, with fit testing now offered to all new clinical staff and other staff on request.

## 7. ALLIED HEALTH

- Allied Health have been allocated one off funding of \$375K for specific innovation projects (shown below). These include telehealth, establishing a physiotherapy clinical network across public and private, new entry Māori Allied Health Assistant's apprenticeship roles and a neurology focus resource, to support a model of care change. This is extremely positive and project plans and reporting requirements are being finalised. MOH funding is expected January 2021.

Innovation	Update	Status
Telehealth	Awaiting appointment of a project lead, reporting to GM IT. Background work underway, including alignment to NMH telehealth and reporting. Workshop to be held once project person appointed to maximise engagement and confirm the work plan and focus areas.	
Kaiāwhina AHA	Progressing the appointment of two AHA apprenticeship roles for one year, targeted to Māori school leavers. Working with Te Waka Hauora and Careerforce to finalise position description, cultural supports, supervision and a minimum of level 2 qualification during the fixed term and commencing the identification of sustainable funding options. Full evaluation will be available.	
Physiotherapy Clinical Network	Project plan in development, building on model that has been implemented in Marlborough. Meeting planned with NBPHO and Physiotherapy Leaders to commence information evening with local physiotherapy network, prior to formal expressions of interest.	
Allied Health Neurology	Project led by Clinical Services, follow up meeting planned for January. Allied health clinical leaders to propose model to group for discussion. Aim early referrals to AH services, from general practice, prior to or while awaiting FSA with neurologist. Aim brief intervention, addressing immediate clinical risk and navigation to appropriate services.	

- Allied Health have reviewed the wheelchair and seating service and are in the process of transitioning to a new integrated district wide service, including adults, paediatrics and inclusive of child development services and general allied health. Drivers related to recruitment, retention, workforce sustainability, credentialing requirements, unacceptable waiting times and inequities in service provision. A clinical lead is being advertised to lead this transition.
- Allied Health continues to experience a significant increase in demand for both short and long term equipment. The importance of equipment to support independence, facilitate activities of daily living and rehabilitation is placing excessive demands on the current Nelson and Wairau stores and clinical teams.
- Between January – December 2020, some 5,052 pieces of equipment were dispatched from the stores and provided to NMH residents. The three highest volume items are shower stools, over toilet frames and mobility aids. An average of 350 items are returned monthly and 80 items per month transferred from short to long term MOH loan.
- Enable reports provide details of the volume and cost of long term equipment that has been provided to Nelson Marlborough residents, over quarter 2 2020. In total for quarter 2, the cost was \$406,804.57, for a total of 558 clients, of which 81% are clients over 65 years of age.

There are a number of key challenges including:

- Increasing demand
- Limited storage space – the previous Child Development Services building on the Nelson Hospital Campus is no longer available
- Limited store opening hours
- Lack of a dedicated Nelson store only person



- Access to DHB cars with cages for safe delivery of equipment.
- ACC have confirmed the future model and funding for NMH Falls Alliance for the next 3 years. Focus is on a fracture liaison service, community falls prevention programs, including use of virtual platforms. Funding for the in-homes falls programme will cease on June 2021. ACC expectation is that DHBs will continue to fund and support this aspect of the falls prevention strategy.
- The Wairau Hospital hydrotherapy pool remains closed due to continual difficulties with water quality and plant requirements. This is being actively addressed by the Facilities team. The local community continue to be concerned regarding the delays and impact on clients with disabilities. The pool was not originally designed to provide safe access for clients with very complex needs. Solutions are being identified to address this, however it remains challenging.

## **8. MĀORI HEALTH**

### **8.1 Te Waka Hauora**

The Acting GM is acknowledged for their major role in supporting the Te Waka Hauora Team during the GM's absence. Their support has been one of encouragement, collaboration, and care towards the furtherance of Māori Health equity to the team over the past months, with appearances at our whakamoemiti, hui gatherings and as a team nurturer greatly appreciated.

### **8.2 Data and Information**

The Acting GM has initiated work to look at developing a set of Māori health data flows to monitor Māori health outcomes and equity. A draft list is being compiled and this will be refined over time, with input from wider NMH and Iwi Health Board.

### **8.3 Sudden Unexplained Death in Infancy (SUDI)**

Twelve wahakura were distributed throughout the month of December, with 11 delivered to those who identified their pepi to be Māori.

68 % of safe sleep devices were distributed to Māori whānau in December.

### **8.4 Nikau Hauora Hub**

The Te Waka Hauora team are embracing the co-design process occurring at Nikau Hauora Hub, with participation in the workshops, introducing and integrating the Te Waka Hauora team with the Nikau whānau by sharing kai, and supporting newcomer's orientation and welcoming processes.

The interview for the Locality Coordinator to be based at Nikau were held and an appointment was successfully made.

### **8.5 Wānanga Hapūtanga**

A Wānanga Hapūtanga was held on 26-27 November at Motueka Family Service Centre, with six hapū māmā and four whānau members attending (three of which were dads to be). All six pēpi identified as Māori.

A Wānanga Hapūtanga was held on 8-9 December at Victory Community Centre, with 11 hapū māmā and seven whānau members attending (six of which were dads to be). Ten pēpi identified as Māori.

## 8.6 Kainga Kore Initiative with Housing First

All Hauora Direct assessments have been undertaken with the 36 participants enrolled in this programme. Of the 36, only 25 have completed the assessment.

Kaiwhakahaere Kaupapa – Portfolio Manager is now collating the data from the programme. By the end of January, the post assessment follow up process will be completed for everyone involved in the initiative, at which time the referral outcome summary will be reported on.

## 9. PEOPLE & CAPABILITY

- The revised Orientation and Warm Welcome event will be launched from 22 January, starting in Nelson. Warm Welcome attendance has been variable during the past 12 months, mostly due to the impact of COVID-19, and improving Warm Welcome attendance will be a focus for the 2021 calendar year.
- The leadership framework was approved by ELT in November. Work has started to fill the five leadership pathways with potential content and delivery.
- Recruitment:
  - 77 candidates were placed into roles in November which is slightly higher than average. Nursing placed 29 candidates and Support 28.
  - The majority of the 77 placements came to us via our careers page or the intranet vacancies page.
  - Time to fill was shorter than average in November with it taking 54 days on average to fill a position (this is across all positions in all areas). This is due to the adoption of electronic on-boarding making it quicker for candidates to complete and return paperwork.
- Our new Specialist Recruitment Advisor for Senior Medical Officers has started. She is based in Wairau and is already meeting with various stakeholders. She is starting to put a plan together as to how we can improve our recruitment process for SMOs.
- We are working towards our first Manager's recruitment training session in February 2021. This will be a great opportunity for the DHB to improve our recruitment practice.
- Workforce:

Workforce-

Staff Details 31/12/2020

Headcount	Contracted FTE	Avg. Age At Rpt Date	Avg. Los Yrs At Rpt Date	Avg. Contracted FTE
2,995	1,980	47.7	7.7	0.66

### ethnicity

Ethnic Group	Percentage
NZ MAORI	6.48%
NZ PAKEHA/EURO	64.57%
OTHER	24.44%
UNKNOWN	4.51%

### expense grp

Expense Grp	Percentage
ALL	16.66%
MAD	16.23%
MED	8.25%
NUR	39.40%
SUP	19.47%

### age group

Age Group ..	Percentage
18-24	3.87%
25-34	16.59%
35-44	16.79%
45-54	25.94%
55-64	30.25%
65+	6.51%
unknown	0.03%

### status

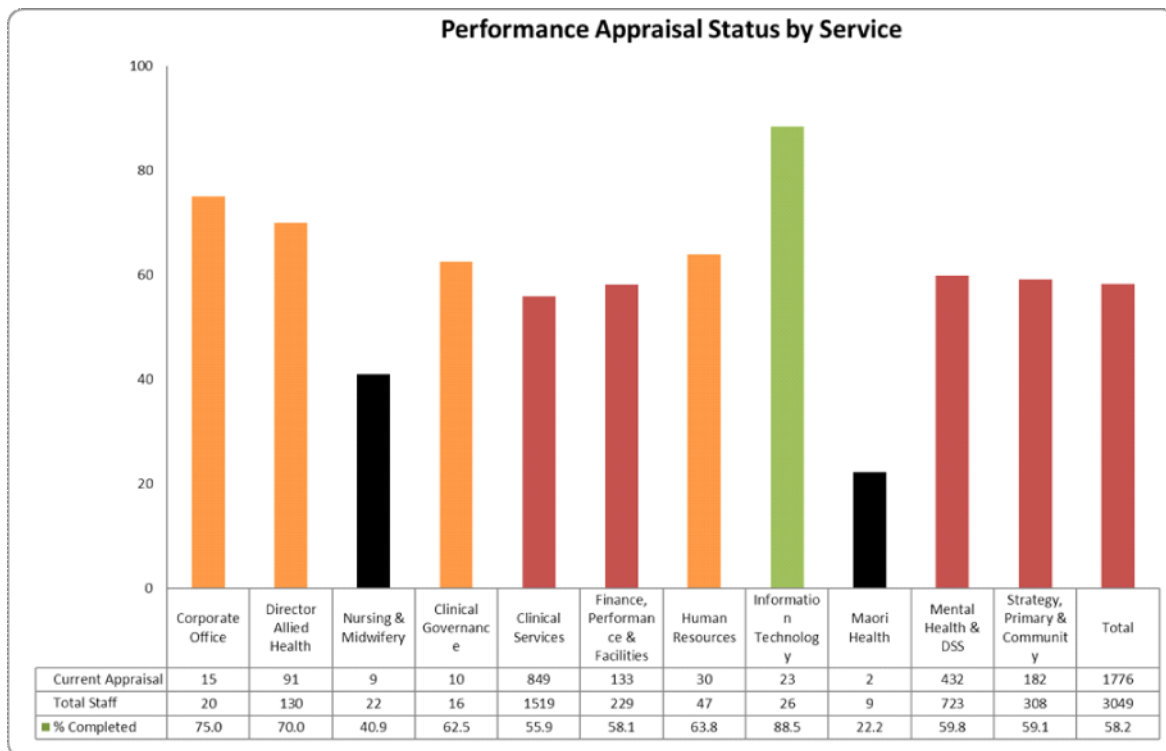
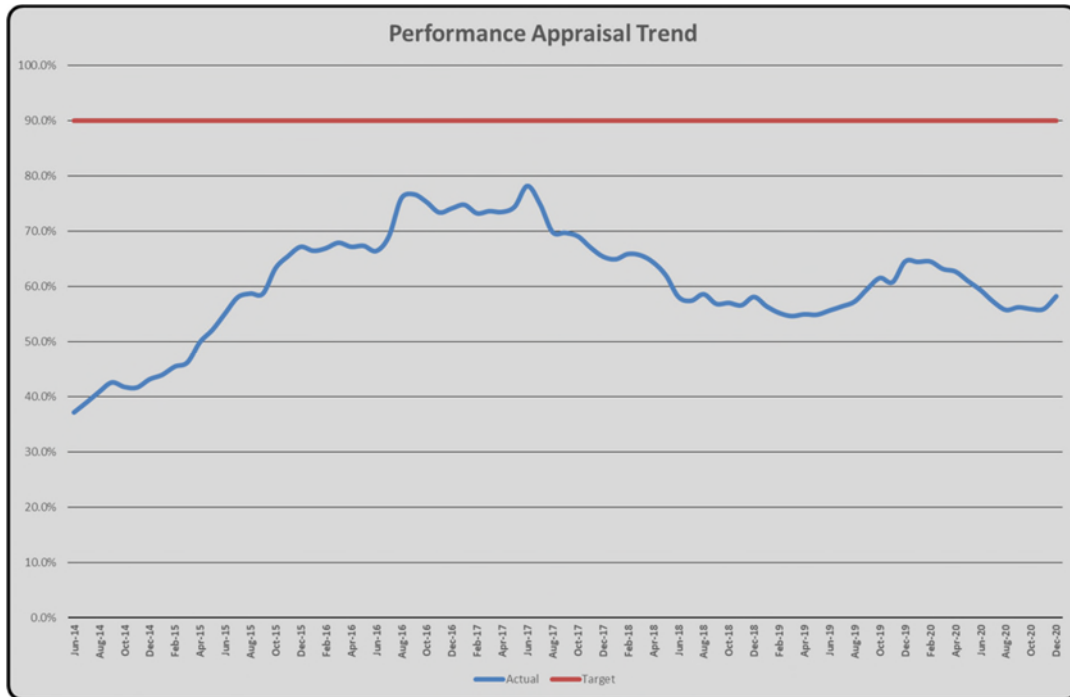
Emp Status	Percentage
Casual	13.09%
Full-time	28.28%
Part-time	58.63%

### gender

Gender	Percentage
FEMALE	80.43%
MALE	19.57%

## 10. PERFORMANCE APPRAISALS

To date we are at 58.2% of staff with a current appraisal.



Peter Bramley  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

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

*Chief Executive's Report*

# MEMO

**To:** Board Members  
**From:** Eric Sinclair, GM Finance, Performance & Facilities  
**Date:** 20 January 2021  
**Subject:** Financial Report for December 2020

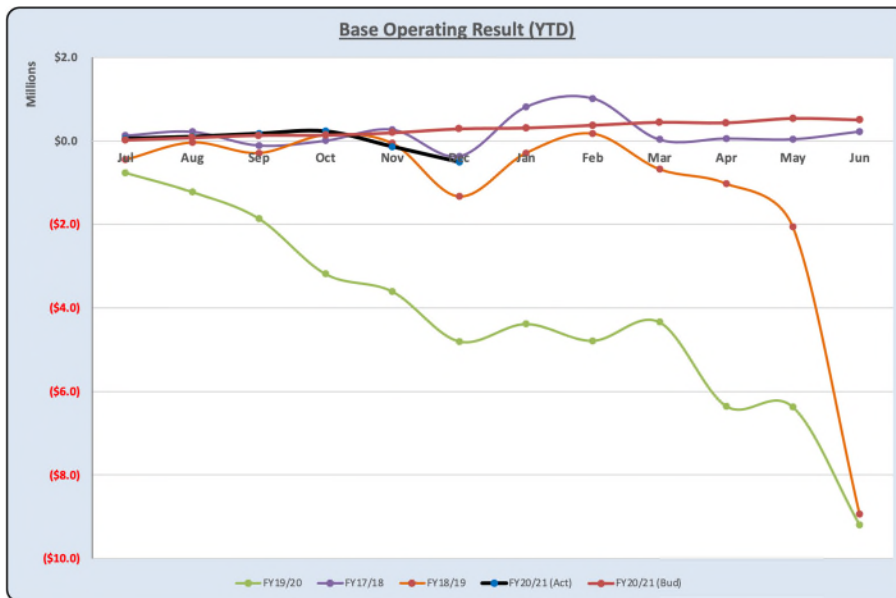
**Status**

This report contains:

- For decision
- Update
- Regular report
- For information

## Commentary

The result for the first half of the year shows a reported deficit of \$3.3M which is \$3.3M adverse to the planned result. This result includes COVID related costs for this financial year of \$2.9M of which \$2.4M has offsetting revenue and Holidays Act remediation provisioning of \$2.75M. This results in a base operating deficit of \$0.5M which is \$0.8M adverse to plan.



Revenue continues to track favourably to budget, and it is particularly pleasing with the continued progress with ACC revenue which is favourable to plan across most of the service areas. This reflects the efforts of the ACC team, in partnership with the various services, to ensure that all ACC eligible services are captured and claimed. Pleasingly we are finding the rejection rate from ACC has also reduced meaning we are realising the revenue in a more timely fashion.

Employment costs will continue to be monitored closely including the FTE levels which is a focus from the MOH. We are finding pressure points across most of the employment categories:

- The medical locum workforce remains a core part of ensuring service delivery, and with vacancies we pay a premium for this whilst we continue efforts to recruit medical staff.
- NMH has a stringent process for managing droplet isolation within a hospital setting at the current time as a precaution for any potential COVID admissions. This has increased nursing staff above budgeted levels for the time being, however it is difficult to assess the exact impact of this.
- Radiology services has higher than planned volumes, partially offset by increased ACC revenue, which is driving workforce costs and with the outsourced reading of images is also causing the outsourced services to run adverse to plan.

- We are investigating the adverse FTE variance in the management/admin category to determine the core drivers.
- With all the employment categories the average cost per FTE is largely at budgeted levels.

Other key issues arising within the month/YTD results are:

- Intragam volumes, and the associated cost impact, continue to track upwards and are running significantly higher than planned levels. We are working on a benchmarking exercise with other DHBs to determine if we are an outlier.
- Pharmaceutical costs are being reviewed as the actuals costs we are seeing come through are running much higher than the latest forecast provided by Pharmac. Discussions with the Pharmac team are ongoing to reconcile the differences.
- Cardiology volumes are higher than plan in both internally delivered and also delivered by other DHBs, resulting in the likelihood of an adverse variance in IDFs needing to be accounted for
- The capital charge rate was reduced to 5% (from 6% on 1 July 2020). As is usual custom when the capital charge rate changes the MOH adjust the revenue to offset any change in cost. The December result reflects a \$720k reduction in revenue offsetting the favourable variance within the capital charge costs

### Capital Expenditure

The following table provides a snapshot on progress with the capital expenditure budget for the FY20/21 year.

\$000s	Budget	Approved	Variance
Baseline allocated to GMs (inc c/fwd)	\$9,278	\$3,414	\$5,864
Niggles	\$200	\$68	\$132
Contingency	\$1,000	\$321	\$679
Strategic	\$3,750	\$0	\$3,750
<b>Total</b>	<b>\$14,228</b>	<b>\$3,803</b>	<b>\$10,425</b>

### Contract Approvals

We are finding that a number of facility rental agreements within the DSS are requiring longer terms with five years now becoming the norm. A five year term is outside the current delegation policy limits and, therefore, these will require Board approval. The challenge we have is the timing to turn these lease arrangements around often does not align to the Board meeting timetable. Since the last Board meeting this situation has occurred on three occasions, and I have signed these after consulting with the Chair and Deputy Chair.

To address this in a practical manner, I propose that a “standing order” delegation is provided by the Board to the Chief Executive and myself to allow us to approve residential lease arrangements for terms up to five years. I am reviewing the delegations policy that will come through to the Audit & Risk Committee next month, and will build this allowance into the revised policy.

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

**RECOMMENDATION:**

**THAT THE BOARD:**

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. APPROVES THE CHIEF EXECUTIVE AND GM FINANCE, PERFORMANCE & FACILITIES HAVE DELEGATED AUTHORITY TO SIGN RESIDENTIAL RENTAL ARRANGEMENTS FOR TERMS UP TO FIVE YEARS**

## Monthly Operating Statement

	Month \$000s							Last Yr
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]		
<b>Revenue</b>								
MOH devolved funding	48,257	217	48,474	48,001	256	473		44,311
MOH non-devolved funding	2,293	0	2,293	2,319	(26)	(26)		2,261
ACC revenue	742	0	742	623	119	119		660
Other government & DHBs	1,059	0	1,059	885	174	174		837
Other income	1,144	3	1,147	1,042	102	105		1,149
<b>Total Revenue</b>	<b>53,495</b>	<b>220</b>	<b>53,715</b>	<b>52,870</b>	<b>625</b>	<b>845</b>		<b>49,218</b>
<b>Expenses</b>								
Employed workforce	22,255	4	22,259	21,953	(302)	(306)		21,151
Outsourced workforce	632	1	633	159	(473)	(474)		545
<b>Total Workforce</b>	<b>22,887</b>	<b>5</b>	<b>22,892</b>	<b>22,112</b>	<b>(775)</b>	<b>(780)</b>		<b>21,696</b>
Outsourced services	1,944	0	1,944	1,810	(134)	(134)		10,777
Clinical supplies	3,107	33	3,140	2,741	(366)	(399)		2,678
Pharmaceuticals	4,394	0	4,394	4,379	(15)	(15)		4,049
Air Ambulance	533	0	533	410	(123)	(123)		451
Non-clinical supplies	3,099	31	3,130	3,164	65	34		2,520
External provider payments	12,488	218	12,706	11,907	(581)	(799)		11,364
Inter District Flows	4,137	0	4,137	4,135	(2)	(2)		3,899
<b>Total Expenses before IDCC</b>	<b>52,589</b>	<b>287</b>	<b>52,876</b>	<b>50,658</b>	<b>(1,931)</b>	<b>(2,218)</b>		<b>57,434</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>906</b>	<b>(67)</b>	<b>839</b>	<b>2,212</b>	<b>(1,306)</b>	<b>(1,373)</b>		<b>(8,216)</b>
Interest expenses	32	0	32	36	4	4		34
Depreciation	1,151	0	1,151	1,257	106	106		1,130
Capital charge	92	0	92	822	730	730		821
<b>Total IDCC</b>	<b>1,275</b>	<b>0</b>	<b>1,275</b>	<b>2,115</b>	<b>840</b>	<b>840</b>		<b>1,985</b>
<b>Operating Surplus/(Deficit)</b>	<b>(369)</b>	<b>(67)</b>	<b>(436)</b>	<b>97</b>	<b>(466)</b>	<b>(533)</b>		<b>(10,201)</b>
Holidays Act compliance	(458)	0	(458)	(42)	(416)	(416)		0
<b>Net Surplus/(Deficit)</b>	<b>(827)</b>	<b>(67)</b>	<b>(894)</b>	<b>55</b>	<b>(882)</b>	<b>(949)</b>		<b>(10,201)</b>

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Revenue</b>									
MOH devolved funding	269,863	2,398	272,261	268,060	1,803	4,201	248,830	542,704	506,044
MOH non-devolved funding	12,777	0	12,777	12,634	143	143	12,231	25,123	24,528
ACC revenue	4,176	0	4,176	3,363	813	813	3,379	6,710	6,773
Other government & DHBs	5,923	0	5,923	5,263	660	660	5,024	10,527	10,369
Other income	6,335	(1)	6,334	5,817	518	517	6,683	11,855	12,287
<b>Total Revenue</b>	<b>299,074</b>	<b>2,397</b>	<b>301,471</b>	<b>295,137</b>	<b>3,937</b>	<b>6,334</b>	<b>276,147</b>	<b>596,919</b>	<b>560,001</b>
<b>Expenses</b>									
Employed workforce	113,816	121	113,937	114,421	605	484	105,603	235,611	218,848
Outsourced workforce	3,443	6	3,449	1,021	(2,422)	(2,428)	4,326	1,978	7,833
<b>Total Workforce</b>	<b>117,259</b>	<b>127</b>	<b>117,386</b>	<b>115,442</b>	<b>(1,817)</b>	<b>(1,944)</b>	<b>109,929</b>	<b>237,589</b>	<b>226,681</b>
Outsourced services	11,142	0	11,142	10,785	(357)	(357)	9,761	21,514	19,246
Clinical supplies	15,889	66	15,955	14,417	(1,472)	(1,538)	14,464	28,833	27,845
Pharmaceuticals	26,257	0	26,257	25,178	(1,079)	(1,079)	25,588	50,355	51,921
Air Ambulance	2,306	0	2,306	2,129	(177)	(177)	2,152	4,259	4,230
Non-clinical supplies	17,960	348	18,308	18,231	271	(77)	15,431	36,159	30,227
External provider payments	72,729	2,359	75,088	71,245	(1,484)	(3,843)	67,554	142,986	141,807
Inter District Flows	24,831	0	24,831	24,812	(19)	(19)	23,500	49,623	51,022
<b>Total Expenses before IDCC</b>	<b>288,373</b>	<b>2,900</b>	<b>291,273</b>	<b>282,239</b>	<b>(6,134)</b>	<b>(9,034)</b>	<b>268,379</b>	<b>571,318</b>	<b>552,979</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>10,701</b>	<b>(503)</b>	<b>10,198</b>	<b>12,898</b>	<b>(2,197)</b>	<b>(2,700)</b>	<b>7,768</b>	<b>25,601</b>	<b>7,022</b>
Interest expenses	195	0	195	218	23	23	175	436	376
Depreciation	6,859	0	6,859	7,463	604	604	6,641	14,806	13,314
Capital charge	4,200	0	4,200	4,930	730	730	4,925	9,860	9,709
<b>Total IDCC</b>	<b>11,254</b>	<b>0</b>	<b>11,254</b>	<b>12,611</b>	<b>1,357</b>	<b>1,357</b>	<b>11,741</b>	<b>25,102</b>	<b>23,399</b>
<b>Operating Surplus/(Deficit)</b>	<b>(553)</b>	<b>(503)</b>	<b>(1,056)</b>	<b>287</b>	<b>(840)</b>	<b>(1,343)</b>	<b>(3,973)</b>	<b>499</b>	<b>(16,377)</b>
Holidays Act compliance	(2,750)	0	(2,750)	(250)	(2,500)	(2,500)	0	(500)	(46,082)
<b>Net Surplus/(Deficit)</b>	<b>(3,303)</b>	<b>(503)</b>	<b>(3,806)</b>	<b>37</b>	<b>(3,340)</b>	<b>(3,843)</b>	<b>(3,973)</b>	<b>(1)</b>	<b>(62,459)</b>



	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Workforce Costs</b>									
Employed SMO	22,746	6	22,752	24,566	1,820	1,814	20,369	50,380	41,891
Outsourced SMO	2,688	1	2,689	641	(2,047)	(2,048)	3,625	1,283	6,556
<b>Total SMO</b>	<b>25,434</b>	<b>7</b>	<b>25,441</b>	<b>25,207</b>	<b>(227)</b>	<b>(234)</b>	<b>23,994</b>	<b>51,663</b>	<b>48,447</b>
Employed RMO	7,384	(7)	7,377	7,310	(74)	(67)	6,460	15,013	14,347
Outsourced RMO	174	0	174	198	24	24	170	397	260
<b>Total RMO</b>	<b>7,558</b>	<b>(7)</b>	<b>7,551</b>	<b>7,508</b>	<b>(50)</b>	<b>(43)</b>	<b>6,630</b>	<b>15,410</b>	<b>14,607</b>
Employed Nursing	37,354	49	37,403	36,777	(577)	(626)	34,907	76,145	72,715
Outsourced Nursing	0	5	5	0	0	(5)	6	0	25
<b>Total Nursing</b>	<b>37,354</b>	<b>54</b>	<b>37,408</b>	<b>36,777</b>	<b>(577)</b>	<b>(631)</b>	<b>34,913</b>	<b>76,145</b>	<b>72,740</b>
Employed Allied Health	16,179	1	16,180	15,840	(339)	(340)	14,669	32,708	30,745
Outsourced Allied Health	416	0	416	145	(271)	(271)	211	223	482
<b>Total Allied Health</b>	<b>16,595</b>	<b>1</b>	<b>16,596</b>	<b>15,985</b>	<b>(610)</b>	<b>(611)</b>	<b>14,880</b>	<b>32,931</b>	<b>31,227</b>
Employed Disability Support Service	8,962	0	8,962	9,184	222	222	8,746	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
<b>Total Disability Support Service</b>	<b>8,962</b>	<b>0</b>	<b>8,962</b>	<b>9,184</b>	<b>222</b>	<b>222</b>	<b>8,746</b>	<b>18,815</b>	<b>17,986</b>
Employed Hotel & Support	4,003	50	4,053	3,816	(187)	(237)	3,548	7,829	7,387
Outsourced Hotel & Support	12	0	12	3	(9)	(9)	27	6	60
<b>Total Hotel &amp; Support</b>	<b>4,015</b>	<b>50</b>	<b>4,065</b>	<b>3,819</b>	<b>(196)</b>	<b>(246)</b>	<b>3,575</b>	<b>7,835</b>	<b>7,447</b>
Employed Management & Admin	17,188	22	17,210	16,928	(260)	(282)	16,904	34,721	33,777
Outsourced Management & Admin	153	0	153	34	(119)	(119)	287	69	450
<b>Total Management &amp; Admin</b>	<b>17,341</b>	<b>22</b>	<b>17,363</b>	<b>16,962</b>	<b>(379)</b>	<b>(401)</b>	<b>17,191</b>	<b>34,790</b>	<b>34,227</b>
<b>Total Workforce costs</b>	<b>117,259</b>	<b>127</b>	<b>117,386</b>	<b>115,442</b>	<b>(1,817)</b>	<b>(1,944)</b>	<b>109,929</b>	<b>237,589</b>	<b>226,681</b>
Total Employed Workforce Costs	113,816	121	113,937	114,421	605	484	105,603	235,611	218,848
Total Outsourced Workforce Costs	3,443	6	3,449	1,021	(2,422)	(2,428)	4,326	1,978	7,833

	YTD							Full Year	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Full-Time Equivalent Staff Numbers</b>									
SMO	131.0	0.0	131.0	138.2	7.2	7.2	119.4	142.7	127.0
RMO	97.6	0.0	97.6	94.5	-3.1	-3.1	95.9	97.4	100.4
Nursing	760.5	0.7	761.2	738.9	-21.6	-22.3	735.4	760.2	761.5
Allied Health	378.2	0.0	378.2	380.0	1.8	1.8	354.4	390.1	368.1
Disability Support Service	268.1	0.0	268.1	264.6	-3.5	-3.5	264.8	272.4	269.0
Hotel & Support	131.0	0.0	131.0	126.9	-4.1	-4.1	125.0	130.7	129.2
Management & Admin	424.1	0.2	424.3	416.1	-8.0	-8.2	405.7	427.9	410.8
<b>Total FTEs</b>	<b>2,190.5</b>	<b>0.9</b>	<b>2,191.4</b>	<b>2,159.2</b>	<b>-31.3</b>	<b>-32.2</b>	<b>2,100.6</b>	<b>2,221.4</b>	<b>2,166.0</b>

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Average Cost Per FTE</b>									
SMO	347		347	356	8	8	341	353	330
RMO	151		151	155	3	4	135	154	143
Nursing	98		98	100	1	1	95	100	95
Allied Health	86		86	83	(2)	(2)	83	84	84
Disability Support Service	67		67	69	3	3	66	69	67
Hotel & Support	61		62	60	(1)	(2)	57	60	57
Management & Admin	81		81	81	0	0	83	81	82
	<b>104</b>		<b>104</b>	<b>106</b>	<b>2</b>	<b>2</b>	<b>101</b>	<b>106</b>	<b>101</b>

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

	Budget Dec-20 \$000	Actual Dec-20 \$000	Actual Jun-20 \$000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	5,563	75,707	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	13,029	17,124
Inventories	2,742	3,022	2,900
Prepayments	1,188	2,491	386
Non-current assets held for sale	465	2,105	2,105
<b>Total current assets</b>	<b>50,464</b>	<b>117,654</b>	<b>52,947</b>
<b>Non-current assets</b>			
Prepayments	36	608	521
Other financial assets	1,715	1,691	1,723
Property, plant and equipment	196,959	190,087	193,039
Intangible assets	12,096	11,125	11,087
<b>Total non-current assets</b>	<b>210,806</b>	<b>203,511</b>	<b>206,370</b>
<b>Total assets</b>	<b>261,270</b>	<b>321,165</b>	<b>259,317</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	45,492	103,391	41,666
Borrowings	501	661	632
Employee entitlements	44,441	101,557	97,310
<b>Total current liabilities</b>	<b>90,434</b>	<b>205,609</b>	<b>139,608</b>
<b>Non-current liabilities</b>			
Borrowings	7,664	8,142	8,473
Employee entitlements	9,870	10,829	10,829
<b>Total non-current liabilities</b>	<b>17,534</b>	<b>18,971</b>	<b>19,302</b>
<b>Total Liabilities</b>	<b>107,968</b>	<b>224,580</b>	<b>158,910</b>
<b>Net assets</b>	<b>153,302</b>	<b>96,585</b>	<b>100,407</b>
<b>Equity</b>			
Crown equity	81,373	81,373	81,373
Other reserves	86,476	83,481	83,481
Accumulated comprehensive revenue and expense	(14,547)	(68,269)	(64,447)
<b>Total equity</b>	<b>153,302</b>	<b>96,585</b>	<b>100,407</b>

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

	Budget Dec-20 \$000	Actual Dec-20 \$000	Budget 2020/21 \$000
<b>Cash flows from operating activities</b>			
Receipts from the Ministry of Health and patients	298,608	358,460	597,222
Interest received	624	252	1,250
Payments to employees	(116,502)	(109,686)	(233,016)
Payments to suppliers	(169,422)	(178,127)	(339,111)
Capital charge	(4,930)	-	(9,860)
Interest paid	-	-	-
GST (net)	-	-	-
<b>Net cash flow from operating activities</b>	<b>8,378</b>	<b>70,899</b>	<b>16,485</b>
<b>Cash flows from investing activities</b>			
Receipts from sale of property, plant and equipment	-	70	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(3,504)	(3,171)	(7,000)
Purchase of intangible assets	(1,002)	(725)	(2,000)
Acquisition of investments	-	-	-
<b>Net cash flow from investing activities</b>	<b>(4,506)</b>	<b>(3,826)</b>	<b>(9,000)</b>
<b>Cash flows from financing activities</b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(216)	(500)	(436)
<b>Net cash flow from financing activities</b>	<b>(216)</b>	<b>(500)</b>	<b>(983)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>3,656</b>	<b>66,573</b>	<b>6,502</b>
Cash and cash equivalents at the beginning of the year	1,907	9,134	1,907
<b>Cash and cash equivalents at the end of the year</b>	<b>5,563</b>	<b>75,707</b>	<b>8,409</b>

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 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	-	48,781	48,781	48,781	48,781	48,782	49,757	49,757	49,757	49,757	49,757	49,757
Interest Received	104	104	104	104	104	106	106	106	106	106	106	106
Other Revenue Received	987	987	987	987	987	992	1,006	1,006	1,006	1,006	1,006	1,006
<b>Total Receipts</b>	<b>1,091</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>49,880</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>	<b>50,869</b>
<b>Payments</b>												
Personnel	19,417	19,417	19,417	19,417	19,417	19,429	19,805	19,805	19,805	19,805	19,805	19,805
Payments to Suppliers and Providers	28,237	28,237	28,237	28,237	28,237	28,503	29,767	29,767	29,767	29,767	29,767	29,767
Capital Charge	-	-	-	-	-	4,930	-	-	-	-	-	5,000
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>47,654</b>	<b>52,862</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>54,572</b>
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>(46,563)</b>	<b>2,218</b>	<b>2,218</b>	<b>2,218</b>	<b>2,218</b>	<b>(2,982)</b>	<b>1,297</b>	<b>1,297</b>	<b>1,297</b>	<b>1,297</b>	<b>1,297</b>	<b>(3,703)</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	584	584	584	584	584	576	584	584	584	584	584	584
Capex - Intangible Assets	167	167	167	167	167	163	167	167	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>739</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>	<b>751</b>
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(739)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>	<b>(751)</b>
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(36)</b>	<b>(587)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>	<b>(37)</b>
Net Increase/(Decrease) in Cash Held	(47,350)	1,431	1,431	1,431	1,431	(4,308)	509	509	509	509	509	(4,491)
Plus Opening Balance	75,707	28,357	29,788	31,219	32,650	34,081	29,773	30,282	30,791	31,300	31,809	32,318
<b>Closing Balance</b>	<b>28,357</b>	<b>29,788</b>	<b>31,219</b>	<b>32,650</b>	<b>34,081</b>	<b>29,773</b>	<b>30,282</b>	<b>30,791</b>	<b>31,300</b>	<b>31,809</b>	<b>32,318</b>	<b>27,827</b>

# MEMO

**To:** Board Members  
**From:** Elizabeth Wood, Chair Clinical Governance Committee  
**Date:** 20 January 2021  
**Subject:** **Clinical Governance Report**

*Status*

This report contains:

- For decision
- Update
- Regular report
- For information

**Purpose**

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 6 November 2020.

DHB CGC endorsed:

- **Work undertaken by multiple teams to prepare for our certification surveillance audit taking place from 24-27 November** – Tracer audits will be taking place in units across our hospital and DSS services. This process is mandated by the Ministry of Health to ensure that we provide safe and reasonable levels of service for consumers, as required under the Health & Disability Services (Safety) Act 2001.
- **NMH smoke-free policy** – This policy re-iterates that all NMH environments, including buildings, grounds, vehicles and non-Board vehicles within Board grounds are smoke and vape free.

DHB CGC noted:

- **Themes from events and near misses logged in the past month** –
  - **Medication that can be confused with other medication** – One event in particular was highlighted where nursing staff checking prior to administration of stroke thrombolysis picked up that the kit contained medication for treatment of myocardial infarction (MI) instead. This prevented the wrong medication from being administered to the patient, who received the correct treatment in a timely manner.

As a result of this near miss, pharmacy staff have improved the kits (as pictured below). They are now sealed so that any tampering will be evident. This is a great outcome from this near-miss event and the Committee wanted to thank the staff for firstly picking this up and, secondly, responding with a safety improvement.



Elizabeth Wood  
**Chair Clinical Governance Committee**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE COMMITTEE CHAIR’S REPORT.**

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# MEMO

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**To:** Board Members  
**From:** Judith Holmes, Consumer Council Chair  
**Date:** 20 January 2021  
**Subject:** **Consumer Council Chair's Report**

## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

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The Consumer Council met on 7 December 2020 in Nelson.

The Council discussed the report from the Clinical Governance Committee meeting. Of note was the topic of access to health medical records for medical staff and consumers.

The key points requiring further discussion were:

- Difficulty maintaining records
- Lack of consistency among GPs. This is of concern to consumers.
- Awareness that this is an issue that is of interest to all DHBs. However, it is something that the Council feels committed to raise until resolved.

The Telehealth project is strongly supported by the Consumer Council. The Council has a representative regularly attending the project meetings. The key to success for this work is ensuring that the infrastructure is in place to support community uptake. This is in place as the first step leading to increased community uptake.

The GM Mental Health Addictions & DSS and Manager Residential & Supported Living (DSS) presented on the Enabling Good Lives project. The Council are very supportive of this work and applauded the goal of empowering people to be self-determining in the services they receive, and to make choices that will enable them to live the life they want.

Finally, as this is my final report, I offer a reflection from my four years as the first Chair of the Consumer Council for Nelson Marlborough Health. I have been delighted by the "cultural" changes that the Council has helped usher in. In our consultations with many different programmes throughout the DHB we have been pleased with the willingness of our NMH staff to adapt to more modern approaches in their provision of health care as they see themselves as advocates for greater individual ownership or responsibility of each-and-every-one-of-us for our own optimal health as part of a health "team". The Council sees this team approach as a necessary evolution of how we consume health interventions in this current "Information Age". In consultations on every stage and aspect of our health journey from the consumer's perspective with many different departments in the DHB, the Council has helped bring about a "cultural" shift from a previous system in which the patient often felt that s/he was directed to follow certain procedures by "those in charge" (whether they had the motivation to, understood why, or had the means to follow the directives) to a culture where the goals are those of being a central part of one's own treatment team in which a greater understanding of treatments, choices involved, motivating factors, advocacy and active involvement are valued and necessary for general wellbeing and achieving health goals.

We have been particularly conscious of how the opening of health systems to fit actual people and actual lives and those of whanau can be helpful in the improvement of health for people of Maori and Pacific heritage. It is an important goal of the Consumer Council to be part of a solution for removing barriers to the gaining of greater health equity for people of all ethnicities in Aotearoa/New Zealand. We all owe this to our fellow citizens.

Members of the Consumer Council see the huge impact that consumer engagement makes in program design and implementation and enjoy active participation in Clinical Governance, Advanced Care Planning, Models of Care and many similar programs wherein the staff appreciate the different perspective gained from considering things from the consumer perspective. It is our hope that health care delivery continues to keep pace with our rapidly changing lives and enables us access to best practice in every sense of the word, and that programme design and implementation continue to consider the consumer perspective as key in every decision.

I wish to thank everyone on the Board for your ongoing service to the health and wellbeing of the people of the Nelson Marlborough district. It has been a pleasure to report to such an enlightened and supportive group. I wish you all well for a healthy and happy future.

Judith Holmes  
**Consumer Council Chair**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.**

**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