

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 23 March 2021 at 12.30pm

Meeting Room, Picton Yacht Club Hotel,  
25 Waikawa Road, Picton

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

## WELCOME, KARAKIA AND APOLOGIES

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### Apologies

Jill Kersey, Allan Panting

## REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jenny Black (Chair)	<ul style="list-style-type: none"> <li>▪ Chair of South Island Alliance Board</li> <li>▪ Chair of Te Hiringa Hauora</li> <li>▪ Director of TAS (national DHB Share Services 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>	

## Open Board Agenda

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

## 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>▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)</li> </ul>	Provider for potential contracts	
Zoe Dryden (IOD Awardee)	Nil			

*As at February 2021*

**REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS**

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CLINICAL SERVICES</b>					
Pat Davidsen	GM Clinical Services		<ul style="list-style-type: none"> <li>▪ Chair Nayland College</li> <li>▪ Brother's partner undertakes some graphic design work for NMH</li> </ul> Brother employed by MIC		
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>▪ Associate Fellow Royal Australasian College of Medical Administrators</li> <li>▪ Member of Paediatric Society of NZ</li> <li>▪ Occasional Expert Witness Work – Ministry of Justice</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>▪ Technical Expert DHB Accreditation – MOH</li> <li>▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep</li> <li>▪ Chair National CMO Group</li> <li>▪ Co-ordinator SI CMO Group</li> <li>▪ Member new Dunedin Hospital Executive Steering Group</li> <li>▪ Fellow of Royal Meteorological Society</li> <li>▪ Member of NZ Digital Investment Board Ministry of Health</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>					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> <li>▪ Board Member of Health Roundtable Board</li> <li>▪ Trustee of Churchill Hospital</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 February 2021*

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**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS OF NELSON HOSPITAL ON 23 FEBRUARY 2021 AT 12.30PM****Present:**

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

**In Attendance:**

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Jane Kinsey (GM Mental Health Addictions & DSS), Pamela Kiesanowski (Director Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Hilary Exton (Director Allied Health), Jane Horder (Communications Manager), Zoe Dryden (IOD Awardee), Peter Bramley, Gaylene Corlett (Board Secretary)

**Apologies:**

Jill Kersey, Pat Davidsen (GM Clinical Services)

**Karakia:**

Ditre Tamatea

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

The Chair welcomed Lexie O'Shea in her role as CEO. Zoe Dryden, winner of Emerging Leader award of IOD, was also welcomed.

Noted conversation with partners in the strategic planning workshop earlier today, particularly the comment that it would be good to have input into planning at the beginning rather than the end. Message from Ministry is focus on equity.

Noted patient stories had dropped out of Board meetings. **It was agreed that** the CE and team review how patient stories are presented to the Board, especially in primary care.

Judy Crowe, member of the public, addressed the Board regarding the vaccination campaign for Measles, Mumps and Rubella (MMR) in secondary schools.

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

Noted.

**Moved:** Stephen Vallance

**Seconded:** Brigid Forrest

**RECOMMENDATION:**

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

### SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance

Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 26 JANUARY 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

#### Matters Arising

Nil.

#### 3.1 Action Point

Item 1 – Consumer Council: Update to be provided in Public Excluded in April. Noted Consumer Council are in process of appointing a Chair.

Item 2 – Performance Appraisal Form Review: Due March.

#### 3.2 Correspondence

Noted.

### SECTION 4: CHAIR'S REPORT

Attended South Island DHBs planning meeting. Reaffirmed some of the principles we are going to live. Main work activity was around IT, digital and data to ensure we have good analytics for the South Island. Next steps are to look at 2-3 areas where there is variability in our service delivery to focus on a better South Island view. Encouraging start of our continuing journey, looking at doing things we can do better that can improve sustainable health care.

National CEOs meeting was very focussed on equity noting we need to improve and to be better partners in the Treaty of Waitangi. Received presentations on vaccination roll out.

### SECTION 5: CHIEF EXECUTIVE'S REPORT

Report noted.

#### COVID Vaccinations

Discussion held on workforce to undertake vaccinations noting preparing for this is underway. It was noted that there is no policy making vaccinations mandatory for staff, however staff will be encouraged to be vaccinated. Discussions are occurring nationally

around mandatory requests for vaccinations in all areas of work, including health and ports/borders. We will follow national direction.

#### Health Targets

Discussion held on ESPI2 and ESPI5 figures with 560 patients not being seen. It was noted that this is a flow on impact from COVID and it will take us a long time to catch up. Additional funding has been received to run additional clinics and provide treatment for patients in ESPI2 and ESPI5. **It was agreed that** further information showing how we are catching up including a breakdown of how long people have been waiting.

#### ED Attendances

Discussion held on the target time to be seen in ED. Noted assistance was sought to identify what we could do in each area of the system including looking broader to see how we manage beds across the organisation and across both sites. COVID presentations and droplet precautions put pressure on our staff and facilities in ED.

#### Diagnostics

Discussion held on Wairau CT operating at 64%. **It was agreed that** the reason for this low percentage be reported back to the Board.

### **SECTION 6: FINANCIAL REPORT**

The result for the seven months shows a reported deficit of \$2.7m which is \$2.7m adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This result is a base operating surplus of \$500k which is \$200k favourable to plan.

Discussion held on the high use of Intragam. **It was agreed that** the CMO and GM Finance Performance & Facilities provide more detail at the next meeting on the use of Intragam.

### **SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT**

Noted.

### **SECTION 8: GENERAL BUSINESS**

Nil.

On behalf of the Board, the Chair thanked Jane Horder for her contribution to NMDHB in the communications area.

#### ***Public Excluded***

**Moved:** Dawn McConnell  
**Seconded:** Olivia Hall

**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 26 January 2021 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

**Resolutions from the Public Excluded Meeting:**

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

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- Decision: Delegations Policy – APPROVED
- Decision: Payroll Service Contract - APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

**Meeting closed at 1.41pm.**

**ACTION POINTS - NMH – Board Open Meeting  
held on 23 February 2021**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Public Forum/ Announcements	Team to review how patient stories are presented to the Board	Lexie O'Shea/ Nick Baker	23 February 2021	23 March 2021	
2	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 March 2021	Discussion held at ELT. Completed
3	CE's Report: Health Targets	Further information to be provided to show how we are catching up on ESP1 and ESP5 including a breakdown of how long people have been waiting	Pat Davidsen	23 February 2021	23 March 2021	
4	CE's Report: Diagnostics	Update on low percentage usage of Wairau CT operation	Pat Davidsen	23 February 2021	23 March 2021	
5	Financial Report	Provide more detail on the use of Intragam	Nick Baker/ Eric Sinclair	23 February 2021	23 March 2021	Update in Finance Report

# MEMO

**To:** Board Members  
**From:** Lexie O'Shea, Chief Executive  
**Date:** 17 March 2021  
**Subject:** Correspondence for February/March

*Status*

This report contains:

- For decision
- Update
- Regular report
- For information

Inward Correspondence

Date	From	Topic
01/03/2021	NBPH	Acknowledgement of NMH's commitment to a whole of system approach to improving health outcomes for our communities
10/03/2021	Department of Corrections	Introduction of new Health Services Team

Outward Correspondence

Nil

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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 17 March 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:** Lexie O'Shea, Chief Executive  
**Date:** 17 March 2021  
**Subject:** Chief Executive's Report

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

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## 1. INTRODUCTORY COMMENTS

I am so impressed with the way our teams (PHO, NGO and DHB) continue to jointly respond to the challenge a pandemic brings to our world. Not the least the planning for the largest roll out of vaccinations across our community alongside the usual vaccination programmes. This is an enormous logistical exercise with many variables. Despite the complexity we have a plan and are now in the process of implementing it, with the first of our border workers being immunised against COVID on 6 March.

We also continue to focus on our recovery plan for those patients who had assessment and treatment delayed due to our disrupted 2020 year. It is expected that we will take 18 to 24 months to return to our pre COVID position. Our teams have committed to plans to ensure we see and treat additional patients over this time with our staff providing additional clinics and some outsourcing to our private providers. As always when we endeavour to deliver more, the shortages of staff in key areas are highlighted. An example of this is Allied Health who are continuing to look at innovative ways to cover staffing shortfalls. In particular, stratification of the workforce and interdisciplinary sharing of workloads. Also key to the successful delivery is maintaining our staff wellbeing, and we continue with our focus on good leave planning across the entire year to enable as much rest and recreation as we can from our demanding world.

Our first draft of the annual plan was submitted on time and we await the MoH review to guide its refinement, and ensure we are reflecting the national, regional, and local priorities.

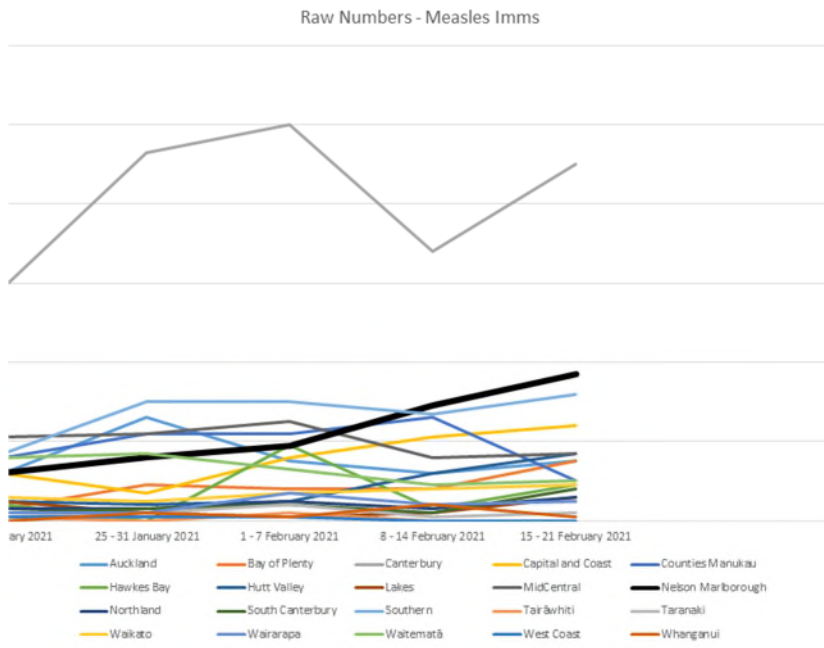
## 2. PRIMARY & COMMUNITY

- Focus on COVID vaccination programme planning is top priority for several of the team at present. Planning is going well with good relationships established across the sector with both PHOs taking a significant role alongside Public Health Nurses, Health Promotion and Infection Prevention team in the hospital. The Project team and data analysis has also been important. Already qualified vaccinators are being trained in COVID specific material. Large national Age Residential Care (ARC) providers are training their nursing workforce to be able to vaccinate. Approximately 80-100 new vaccinators will also be required to meet peak volumes in July/August to delivery nearly 12,000 vaccinations per week.
- The support role for both Auckland Regional Public Health and the Ministry of Health for the South Auckland response has also dominated this month. Many staff have been able to contribute well to what is now a well-oiled Public Health Service machine on COVID-19 outbreak response.
- COVID-19 pharmaceutical dispensing volumes and related supply issues continue to have a negative financial impact with ongoing higher base rates and costs than pre-COVID levels. NMDHB results are in line with other similar sized DHBs.
- The pressure has reduced, and Age Residential Care (ARC) beds are available at all levels of care across Nelson and Marlborough. Engagement with NMH procurement team has commenced considering future development especially in

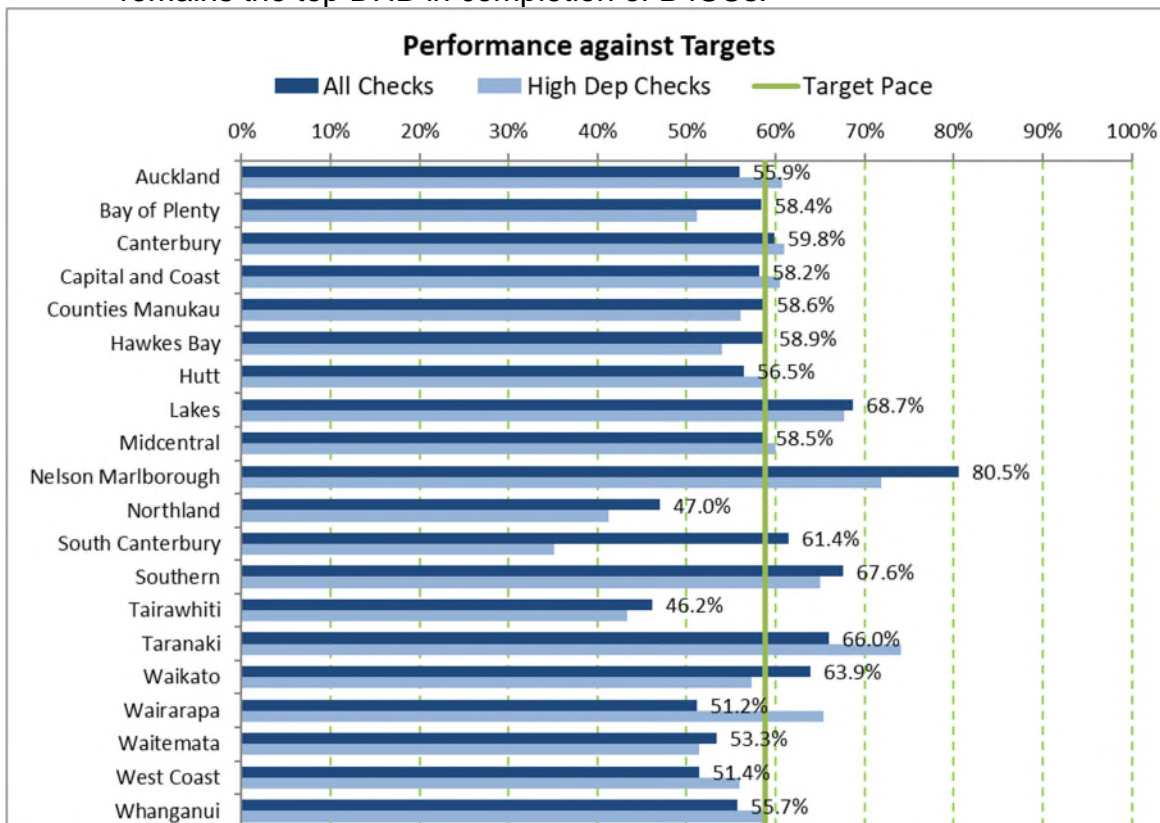
Wairau. The process will look to engage and encourage the private sector to collaborate with NMH in delivering long term solutions for, not only older people, but all age ranges requiring residential care.

- The Public Health Dietitian has been working on a welfare project that enables vulnerable populations to receive non-perishable items (that create balanced and simple meals) through foodbanks and/or affordable supermarket packs. The project is due to be piloted with vulnerable whanau groups associated with Nelson Tasman Kindergartens, Women's Refuge and the Male Room.
- A Health Promoter in conjunction with Marlborough Neighbourhood, supported the "Growing community stronger together" Project, to bring young people and elderly in Council flats together with planter boxes, and swapping of intergenerational skills. Marlborough Woodworkers Guild and Marlborough Youth Trust are to assist in creating planter boxes from recycled pallets, used vineyard posts and mussel floats donated from Marlborough PHO Community Garden contacts. The expected outcome will be to create, beautify and plant out the boxes, to support elderly in Council flats.
- The Smokefree Team Leader has organised a meeting with National SUDI Prevention Coordinator to support facilitation of Wānanga Wahakura in Nelson and Wairau over winter 2021. All these interactions and relationships support our efforts to raise awareness of the Smokefree service (including Pēpi First) and to support healthy, smokefree pregnancies and smokefree whare in Te Tau Ihu. Te Waka Hauora will now take the lead on this project, with Smokefree assisting.
- A new Health Pathway on COVID-19 Vaccination Information has gone live. This pathway has been adopted from a Canterbury version and provides comprehensive universal information on the national vaccination programme. Localisations are being made to the pathway as local processes developed.
- Nelson Marlborough HealthPathways (NMHP) website statistics for February 2021 illustrate sustained high user engagement per capita compared with other New Zealand HealthPathways regions, with 1,368 users viewing 34,804 pages, over 8,580 sessions. These statistics are all percentage increases from February 2020, a proxy for increasing access and relative utility of HealthPathways for our broader primary health care workforce.
- COVID19 Clinical Guidance was the most viewed pathway for February with 279 page views, followed by UTI in Adults (277 views), and Antibiotic Guidelines for Primary Care (225 views). The increase in views on the COVID pathway suite reflect user need for information as Alert levels change due to recent community outbreaks in Auckland, and the commencement of the vaccination programme. Whilst the latter two pathways are consistently highly viewed by our users, this reflects the clinical presentations users seek NMHP guidance for. User engagement and our responsiveness to feedback on pages remains an essential component of Nelson Marlborough HealthPathways work. We have continued to have high work volumes relating to pathway improvements over February, exemplified in our administrative system whereby 27 threads were developed, of which 80% have been completed or are pending publishing.
- The Associate Director of Nursing (ADON) met with Renwick Medical Centre staff to review the district nursing project to align services for early intervention. Some small teething problems around communication between the practice and those district nurses not involved in the model have been addressed. Numbers remain small but everyone remains positive about the potential of the project to align services more closely and provide more early intervention in general practice.
- Two nurses have been appointed to the Hepatitis-C service and the patient waiting list has been reviewed in collaboration with the Contract Management System in Christchurch. The Nelson Hepatitis-C nurse will start training in use of the fibroscanner.

- Work continues-on the measles campaign with GP recalls underway, targeted marketing via Facebook and pop up clinics happening in Picton, Seddon, Blenheim, and Nelson. Focus is on GP recalls, setting up school-based vaccination programmes and ensuring young people know where and when pop ups are on. NMDHB is doing better than most DHBs at present with actual numbers higher than all other DHBs except Canterbury. Nelson in black below.



- The School Based Immunisation Programme has been condensed to ensure completion prior to the Tier 3 COVID vaccination roll out. The challenge at present is balancing the programme with demands of contact tracing and B4SCs. NMH remains the top DHB in completion of B4SCs.



### 3. MENTAL HEALTH, ADDICTIONS AND DSS

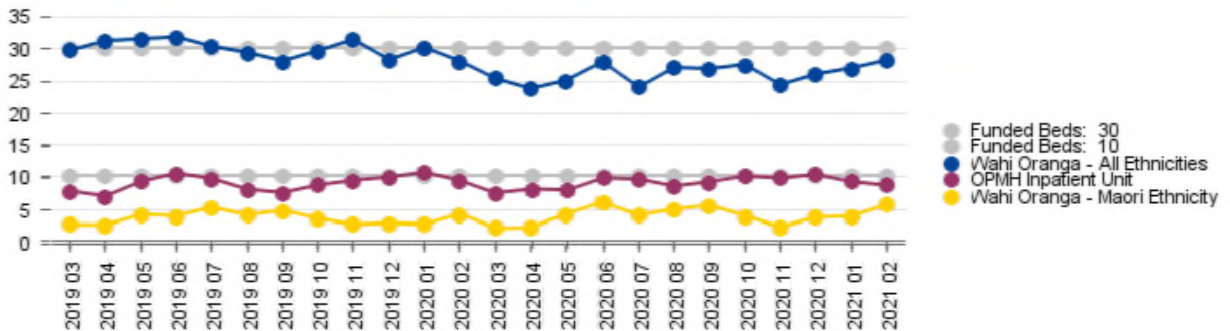
- Wāhi Oranga:
  - Work continues in strengthening the Multidisciplinary Team (MDT) processes, with Te Piki Oranga also participating.
  - Progressing with preparation for implementing Patientrack on the ward.
  - Planning for facility modifications in Wāhi Oranga is underway.
  
- Older Persons:
  - We have appointed an additional SMO in Older Person Mental Health who commences in March. This will enable better access to a specialist psycho-geriatrician for Wairau which will result in significant improvements across the district.
  
- Infant Child Adolescent Mental Health Service (I-CAMHS):
  - The Media Smart programme commences in schools in early March. Media Smart is an evidence-based media literacy programme suitable for girls and boys in late primary school or early high school. Topics covered include techniques used by the media to manipulate images (eg airbrushing), ideas for how to analyse and challenge media messages, tips for handling pressure placed on young people and planning for how to move through adolescence and beyond as a skilful and confident person.
  - ADHD group sessions have been going well in Blenheim and they are planning to also offer them in Nelson/Tasman.
  - The Wairau waitlist has reduced significantly, and strategies are being adopted district-wide to support reduction in Nelson also.

# Executive Summary for Board

Mental Health, Addictions and Older Person's Mental Health

February 2021

## Average Midnight Occupied Beds

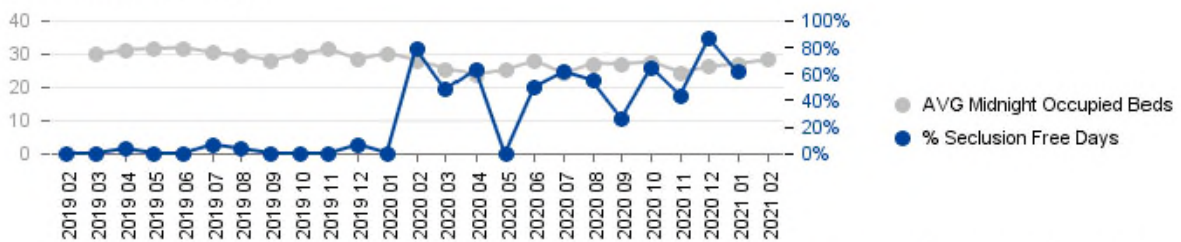


Average Midnight Occupied Beds is calculated by dividing the sum of inpatient beds occupied at midnight by the number of days in the reporting period. Includes patients on leave.

## Seclusion

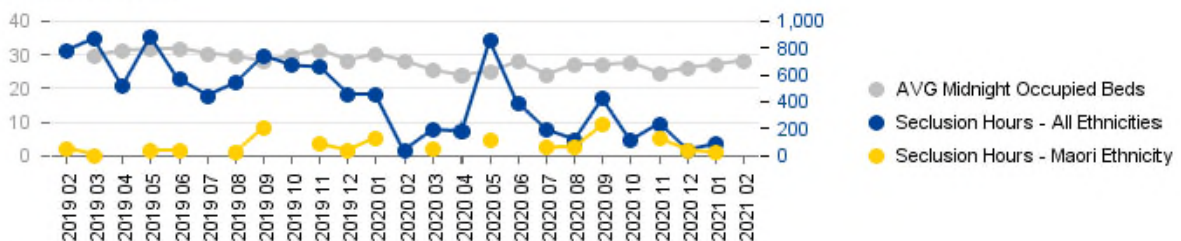
Note: Seclusion data is reported one month delayed due to allow time for data entry. AVG Midnight Occupied Bed figures are for Wahi Oranga MH Inpatient Unit.

### % 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.

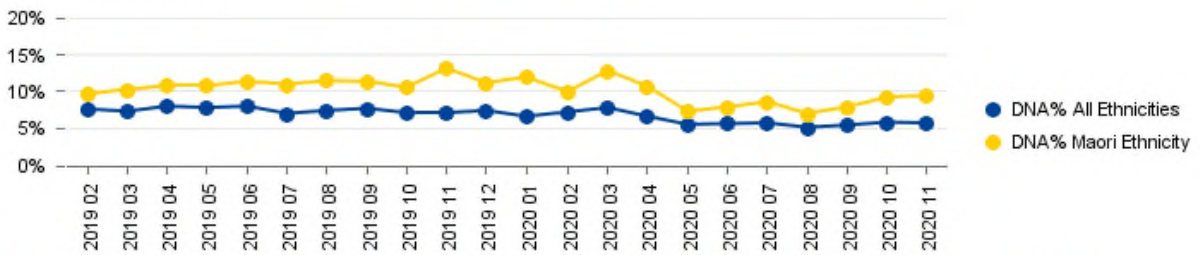
### Seclusion Hours



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

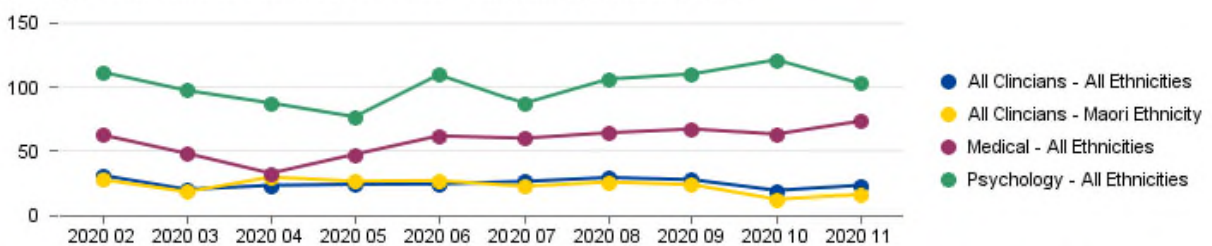
### Mental Health, Addictions and Older Person's Mental Health

**Did Not Attend (DNA) %**



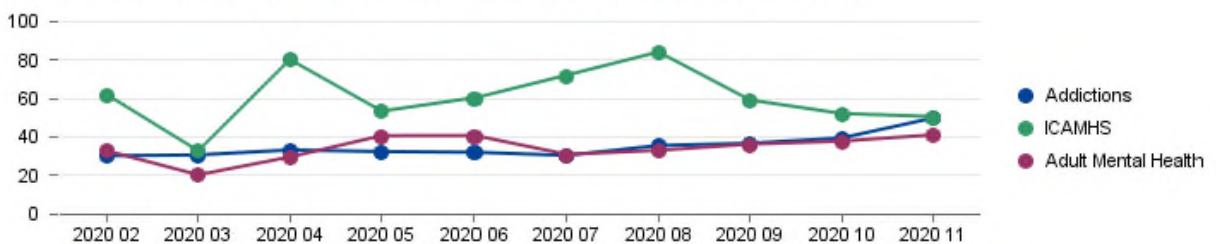
Note: There is currently a 1-3 month delay in data entry of community contacts. This graph only includes up to date data.

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



Note: There is currently a 1-3 month delay in data entry of community contacts. This graph only includes up to date data.

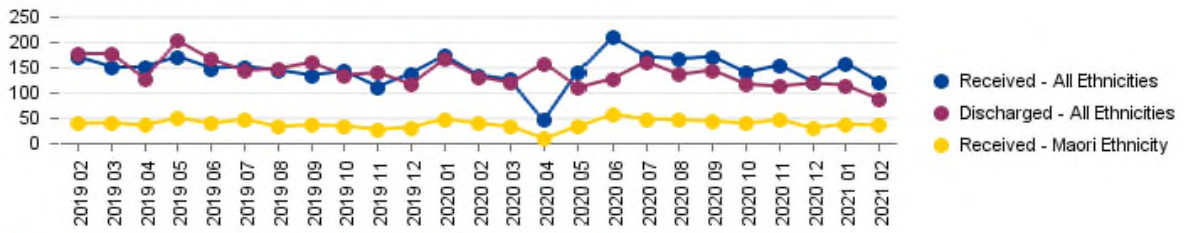
**Average Wait Time to First Face-To-Face Community Contact (Days) - By Service**



Note: There is currently a 1-3 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).

## Addictions

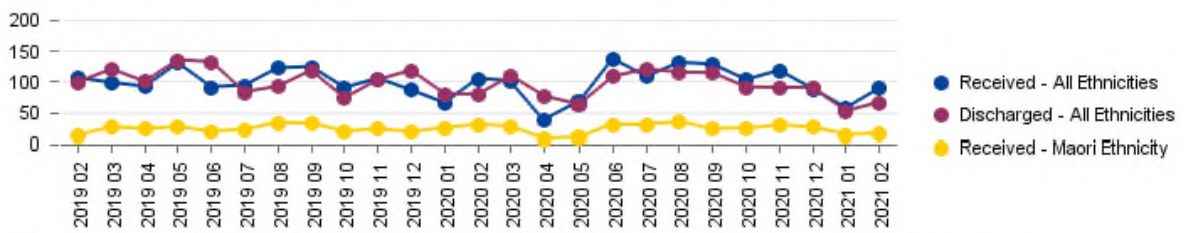
### Referrals Received and Discharged



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)

- Planning for the Child Respite facility in Blenheim is underway.

Disability Support Services (DSS)		Current January 2021				YTD January 2021		Current February 2021				YTD February 2021	
Contracted Services		ID	PD	LTCH	Total	YTD Total		ID	PD	LTCH	Total	YTD Total	
Current Moh Contract	As per Contracts at month end	158	19		177	decrease 1		157	19		176	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			1	-		1		
Beds – Others - Oranga Tamariki & Mental Health		2	1		3			2	1		3		
	Residential contracts - Actual at month end	170	20	10	200			169	20	10	199		
<b>Number of people supported</b>													
Total number of people supported	Residential service users - Actual at month end	170	20	10	200	decrease 1		169	20	10	199	decrease 1	
	Respite service users - Actual at month end	11	1		12	increase 1		11	1		12	increase 1	
	Child Respite service users - Actual at month end	43			43			44			44	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			2	0		2		
	Total number of people supported	226	21	10	257	increase 3		226	21	10	257		
		ALL		Residential		Child Respite		ALL		Residential		Child Respite	
Occupancy Statistics		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	7,223	50,095	6,975	48,098	248	1,720.0	6,524	56,619	6,300	54,398	224	1,944.0
Total Occupied Bed days	Actual for full month - includes respite	6,445	44,729	6,276	43,607	168.5	1,122.0	5,744	50,473	5,605	49,212	139.0	1,261.0
	Based on actual bed days for full month (includes respite volumes)	89.2%	89.3%	90.0%	90.7%	67.9%	65.2%	88.0%	89.1%	89.0%	90.5%	62.1%	64.9%
		Last month	Current month	Variance					Last month	Current month	Variance		
Total number of people supported		257	257	-					257	257	-		
Referrals	Total long term residential referrals	16	15						15	13			
Referrals - Child Respite	Child Respite referrals	13	10						10	12			
	Adult Respite referrals	8	10						10	10			
	Oranga Tamariki referrals	1	1						1	1			
	New Referrals in the month	4	4						4	3			
Of above total referrals	Transitioning to service	-	-						-	-			
	On Waiting List	38	36						36	36			
Vacant Beds at End of month - (excludes Respite Beds)		17	17						17	18			
	Less people transitioning to service	1	1						1	1			
	Vacant Beds	16	16						16	17			

### 4. INFORMATION TECHNOLOGY

- We are in the last stretch of developing our local digital strategy. A roadmap has been developed, with the final output scheduled for March.
- Migration of TechnologyOne (our finance system) to a cloud based service was completed successfully. This improves resiliency, support and maintenance of the underlying platform, and can allow for access to TechOne from anywhere, through use of multi-factor authentication. This is the first phase of a larger TechOne project being managed by the Finance team.



## Project Status

Name	Description	Status	Due date	
<b>Projects</b>				
<b>scOPe Theatre - Stage 1</b>	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 April-July post server upgrade in March. Regional discussions have progressed, identified regional BA requirement for Phase2.	Various	
<b>SI PICS - Foundation</b>	Patient Administration System (PAS)	Version 20.2 NHI change testing in January. 20.2 delivers patient demographic enhancements and theatre functionality. Production release delayed, now targeting 21 April.		
<b>eObservations (Patientrack)</b>	Mobile Nursing tool to record EWS, assessments, & provide active alerts.	Working with Waahi Oranga to implement Patientrack into inpatient unit. Working with Alcideon on the implementation of preadmission and emergency department.	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 underutilised 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. Some services awaiting SIPICS interface development, testing delayed and now planned for March 2021.		
<b>ICT</b>				
<b>Axe the Fax</b>	Remove hospital fax machines by May, and rest by mid 2021.	Faxes disabled at Nelson and Wairau hospitals. Interim solution in place for fax notifications from Pacific Radiology until eRadiology ordering has been fully rolled out. Hub initiatives underway.		

## 5. CLINICAL SERVICES

### 5.1 Health Targets

- At the end of February 2021 we planned 4,084 surgical discharges of which we have delivered 3,822 (93.6%). This is under plan by 262 discharges.
- We have delivered 4,847 minor procedures to the end of February 2021, which is 1,701 procedures higher than our Plan target of 3,146 for this period.
- For orthopaedic interventions year to date at the end of February, a total of 295 joints have been completed which is down (54 under) on the Plan of 349. There are currently 196 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. Year to date delivery,

as at end of February 2021, is 397 cataracts meeting plan. There are currently 128 cataracts waitlisted for surgery.

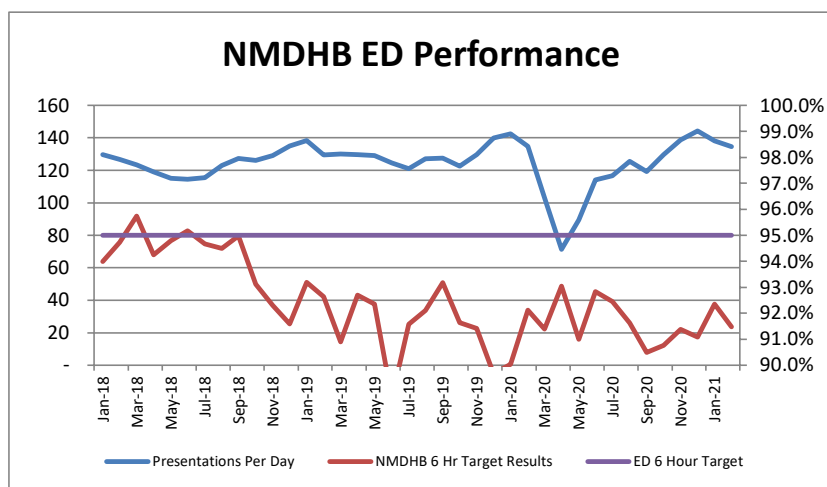
## 5.2 Planned Care

- ESPI 2 (time to receive a first specialist assessment) was Red for the month of February with 617 patients not being seen within 120 days of referral acceptance.
- ESPI 5 (time to receive planned procedure) was also Red for the month of February with 338 patients not being treated within 120 days of being given certainty.

## 5.3 Recovery Plan

- Plans are being actioned in all specialities for outpatients and inpatients. It is clear we have a large task ahead if we are going to deliver our target by 30 June. As always it is a complex equation managing bed capacity, staff leave, including sickness.

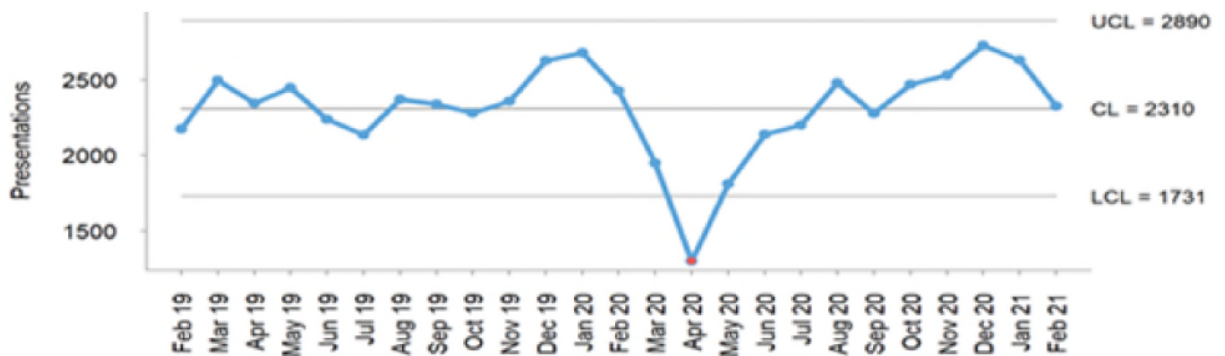
## 5.4 Shorter Stays in Emergency Department



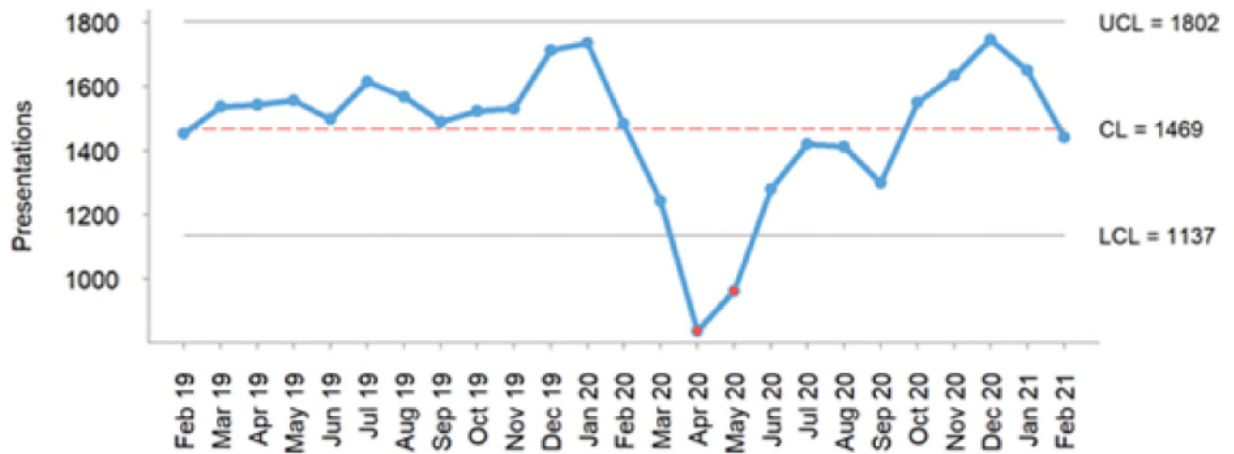
### ED Attendances

- Both Emergency Departments continue to have high numbers of people from outside the NMDHB boundaries (704 in Nelson, 423 in Wairau).
- Wairau Emergency Department have begun the Hauora Hinengāro pathway to smooth the journey for patients with mental health presentations.

### Nelson ED Presentations



## Wairau ED Presentations

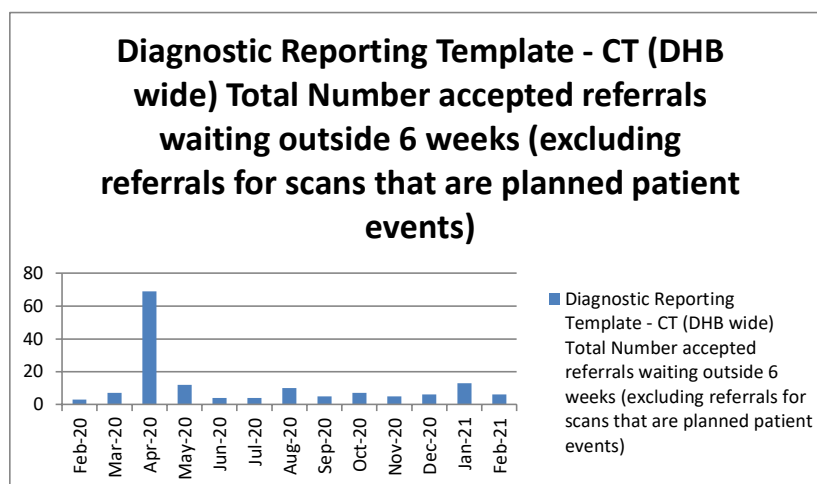


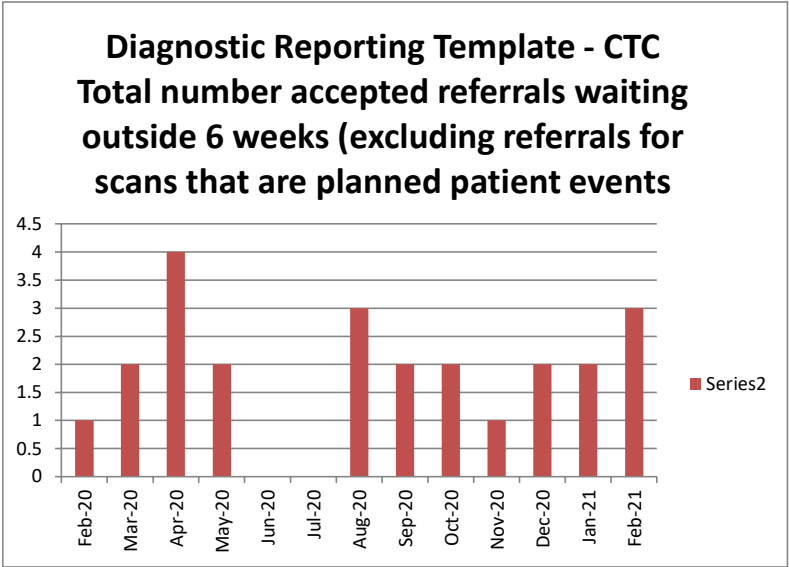
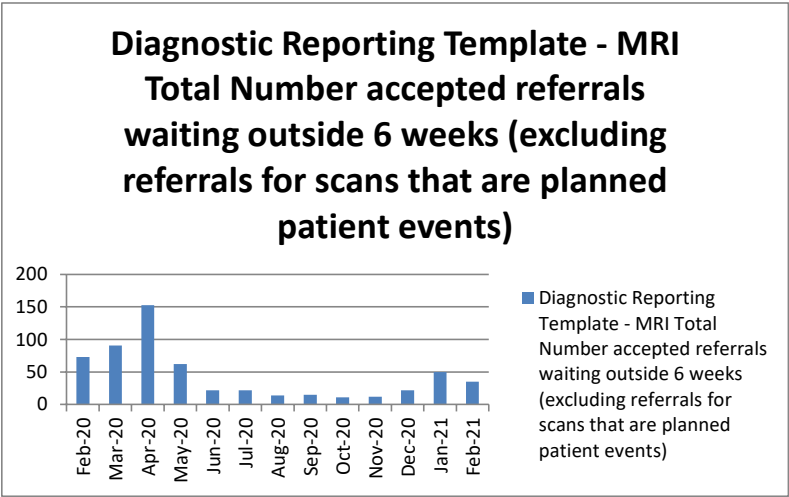
## Hospital Occupancy

Hospital Occupancy 1-28 February 2021	Adult in patient
Nelson	91%
Wairau	79%

### 5.5 Enhanced Access to Diagnostics

- MRI target shows 91% of referrals accepted are scanned within 42 days in January (target is 90%).
- CT target shows 80% of referrals accepted are scanned within 42 days in January (target is 95%). Nelson CT is achieving 89% of target with 7 patients waiting greater than 42 days, and Wairau CT is achieving 69% of target with 13 patients waiting greater than 42 days. A plan is in place to increase the throughput in Wairau to ensure we achieve the target.
- MRI numbers are 225 scanned in Nelson. Wairau MRI scanned 103 patients – total of 328 for February.





**5.6 Improving Waiting Times – Colonoscopy**

We have achieved 195 colonoscopies in February against the plan of 192. Our focus remains on reducing the number of overdue surveillance colonoscopies.

## 5.7 Faster Cancer Treatment – Oncology

FCT Monthly Report - Feb 2021														Reporting Month: Jan 2021 - Quarter 3 - 2020-2021	
As at 25/02/2021															
62 Day Indicator Records															
TARGET SUMMARY (90%)		Completed Records													
		Feb 2021 (in progress)		Jan-21		Dec-20		Quarter 3 (2020-2021)		Quarter 2 (2020-2021)		Quarter 3 (2019-2020)		Rolling 12 Months Feb 2020 - Jan 2021	
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
		74%	26%	96%	4%	91%	9%	86%	14%	90%	10%	90%	10%	92%	8%
Number of Records		14	5	22	1	21	2	36	6	66	7	75	8	282	24
Total Number of Records		19		23		23		42		73		83		306	
Numbers Including all Delay Codes		64%	36%	79%	21%	72%	28%	82%	18%	74%	26%	78%	22%	80%	20%
Number of Records		14	8	22	6	21	8	36	8	66	23	75	21	282	72
Total Number of Records		22		28		29		44		89		96		354	
90% of patients had their 1st treatment within: # days		101		89		84		101		88		89		84	
62 Day Delay Code Break Down		Feb 2021 (in progress)		Jan-21		Dec-20		Quarter 3 (2020-2021)		Quarter 2 (2020-2021)		Quarter 3 (2019-2020)		Rolling 12 Months Feb 2020 - Jan 2021	
01 - Patient Reason (chosen to		0		1		2		0		4		1		6	
02 - Clinical Cons. (co-morbidities)		3		4		4		3		12		12		42	
03 - Capacity Constraints		5		1		2		6		7		8		24	
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 Feb 2020 - Jan 2021															
Brain/CNS		100%	1	0%	0	0%	0	0%	0	0%	0	1			
Breast		100%	63	0%	0	4%	3	1%	1	6%	4	67			
Gynaecological		100%	20	0%	0	13%	3	4%	1	17%	4	24			
Haematological		88%	14	12%	2	6%	1	0%	0	18%	3	17			
Head & Neck		78%	21	18%	6	15%	5	3%	1	36%	12	33			
Lower Gastrointestinal		82%	23	14%	5	19%	7	3%	1	36%	13	36			
Lung		93%	28	5%	2	26%	11	2%	1	33%	14	42			
Other		100%	4	0%	0	43%	3	0%	0	43%	3	7			
Sarcoma		100%	2	0%	0	33%	1	0%	0	33%	1	3			
Skin		92%	58	8%	5	2%	1	2%	1	11%	7	65			
Upper Gastrointestinal		96%	22	4%	1	15%	4	0%	0	19%	5	27			
Urological		90%	26	9%	3	9%	3	0%	0	19%	6	32			
Grand Total		92%	282	7%	24	12%	42	2%	6	20%	72	354			
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 Feb 2020 - Jan 2021															
African		100%	2	0%	0	0%	0	0%	0	0%	0	2			
Asian nfd		100%	1	0%	0	0%	0	0%	0	0%	0	1			
British and Irish		100%	0	100%	1	0%	0	0%	0	100%	1	1			
Chinese		100%	2	0%	0	0%	0	0%	0	0%	0	2			
European nfd		88%	7	7%	1	29%	4	14%	2	50%	7	14			
Fijian		0%	1	0%	0	0%	0	0%	0	0%	0	1			
Indian		100%	1	0%	0	50%	1	0%	0	50%	1	2			
Maori		100%	12	0%	0	32%	6	5%	1	37%	7	19			
New Zealand European		92%	237	7%	20	10%	28	1%	3	18%	51	288			
Other Asian		#DIV/0!	0	0%	0	100%	1	0%	0	100%	1	1			
Other Ethnicity		100%	6	0%	0	0%	0	0%	0	0%	0	6			
Other European		100%	12	100%	2	0%	2	0%	0	0%	4	16			
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		92%	282	7%	24	12%	42	2%	6	20%	72	354			

## 6. ALLIED HEALTH

The NMH Allied Health Services<sup>1</sup> continue to experience significant demands, with approximately 900 outpatient and community referrals a month. Two thirds of the referrals are either from general practice, or NMH specialist services, over 50% of referrals are for people aged over 65 years of age and approximately 45% of all referrals are to the physiotherapy service.

To address these demands a number of actions have been implemented including:

<sup>1</sup> Allied Health – Physical health – Physiotherapy, Audiology, Dietetics, Speech & Language Therapy, Social Work, Occupational Therapy, and Orthotics  
Chief Executive's Report

- The development of a musculo-skeletal physiotherapy clinical network within the Marlborough region, navigating clients to alternative local providers. This model is to be extended to Nelson / Tasman, via Ministry of Health innovation funding.
- Increasing the number of allied health assistants / kaiāwhina workforce to enhance the delegation of appropriate clinical and administrative tasks.
- Increasing the flexibility of the workforce and utilising skills across the district.
- Working with local providers to identify alternative pathways for clients requiring specific specialist assessments, during times of workforce shortages or increased demands.
- Exploring alternative service models, i.e. increasing the use of telehealth.
- Identifying service areas to maximise skill sharing and transdisciplinary practice to reduce potential duplication.
- Increased use of digital platforms such as e-triage.

However, these actions, whilst addressing several issues, are not sufficient to provide timely access and interventions for several services. Further discussion and a more detailed review of current criteria and possible pathways are to be explored.

## **7. MĀORI HEALTH**

### **7.1 Governance**

It is intended to have Board members undertake Treaty of Waitangi training in late March as part of the next DHB Board/IHB Board meeting.

### **7.2 Hauora Direct Digital**

The Hauora Direct action business case continues to develop identified prerequisites of the final digital tool. This will identify how Hauora Direct might be rolled out within the Nelson Marlborough district, and how it could potentially be phased sub-regionally into other DHBs within the South Island. The Ministry of Health is also interested in this initiative.

The Hauora Direct innovation has already provided beneficial outcomes for the 433 participants in all three target areas, (Pēpe Tamariki, Rangatahi and Pakeke Kaumatua) with 170 Tamariki and 263 adults that were assessed. The 282 Māori equates to 65% of the total population evaluated. Of those 433 appraisals, there were 370 referrals made.

### **7.2 Nga Whakaaro Pono/ Advance Directives**

The Advance Directives or Whakaaro Pono is one of Te Waka Hauora projects and seeks to integrate in the first instance the option of Advance Directives which are in either written form or video form for tangatawhaiora/clients in the area of Mental Health and Addictions.

The interagency networking between Te Waka Hauora, Data Com, and the NMH IT team towards the advance directives remains positive and proactive.

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

The range of Mokopuna Ora initiatives continues to strengthen. Partnerships continue with Motueka Birthing Centre and Te Piki Oranga to distribute Waha Kura, as its supply of safe sleep devices for Maori, and will co-ordinate the programme throughout the DHB district for Maori. Maternity will co-ordinate the Safe Sleep devices programme for non-Maori and Maori.

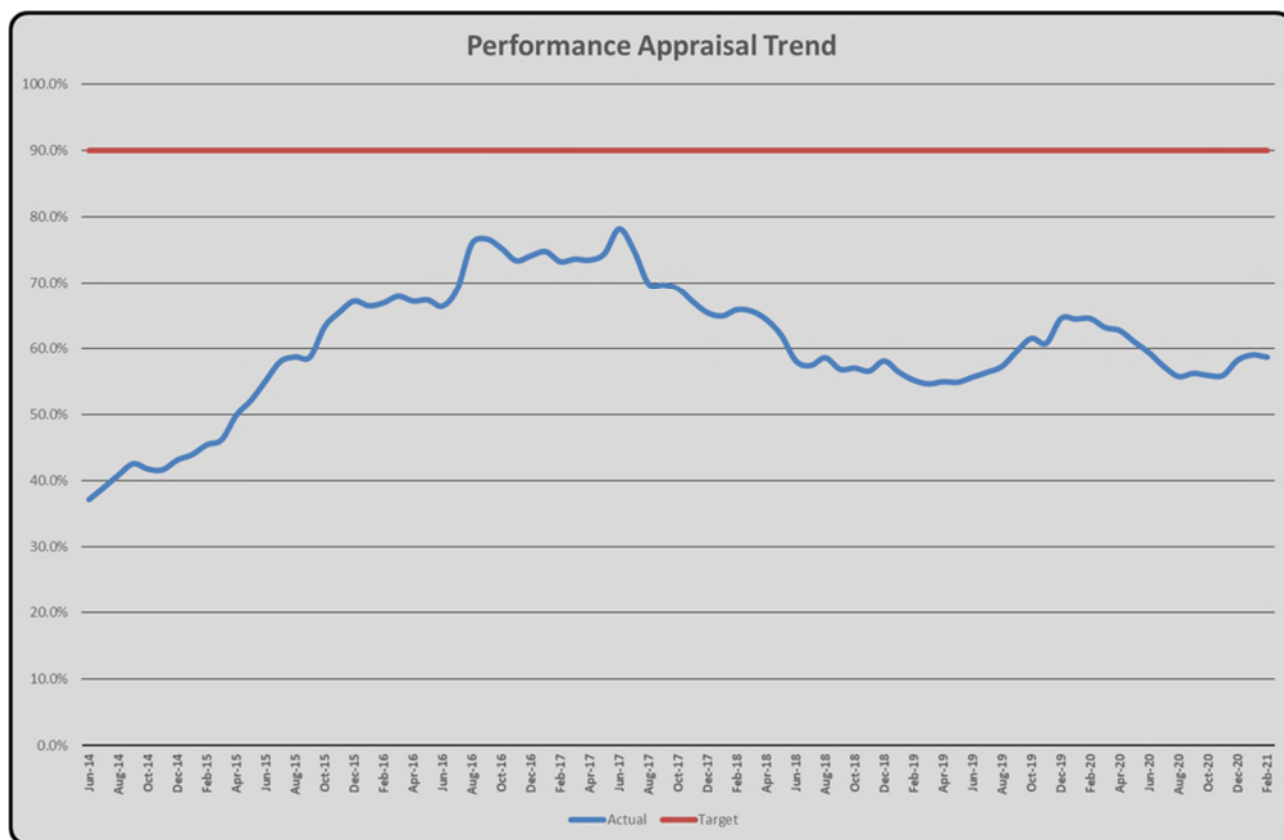
Feedback received from the Ministry of Health Q2 Report on SUDI distribution showed the DHB exceeded expectations. It also commended the direct referrals to the Stop Smoking Service from Wānanga Hapūtanga. There is no doubt this result is from the close working relationship developed between Te Waka Hauora Māori Health and Vulnerable Populations, and the Stop Smoking Service of Nelson Marlborough. Most importantly, this highlights the overall commitment to reducing SUDI, by targeting those most at risk, Māori & Pacifica whānau, and those who smoke during pregnancy.

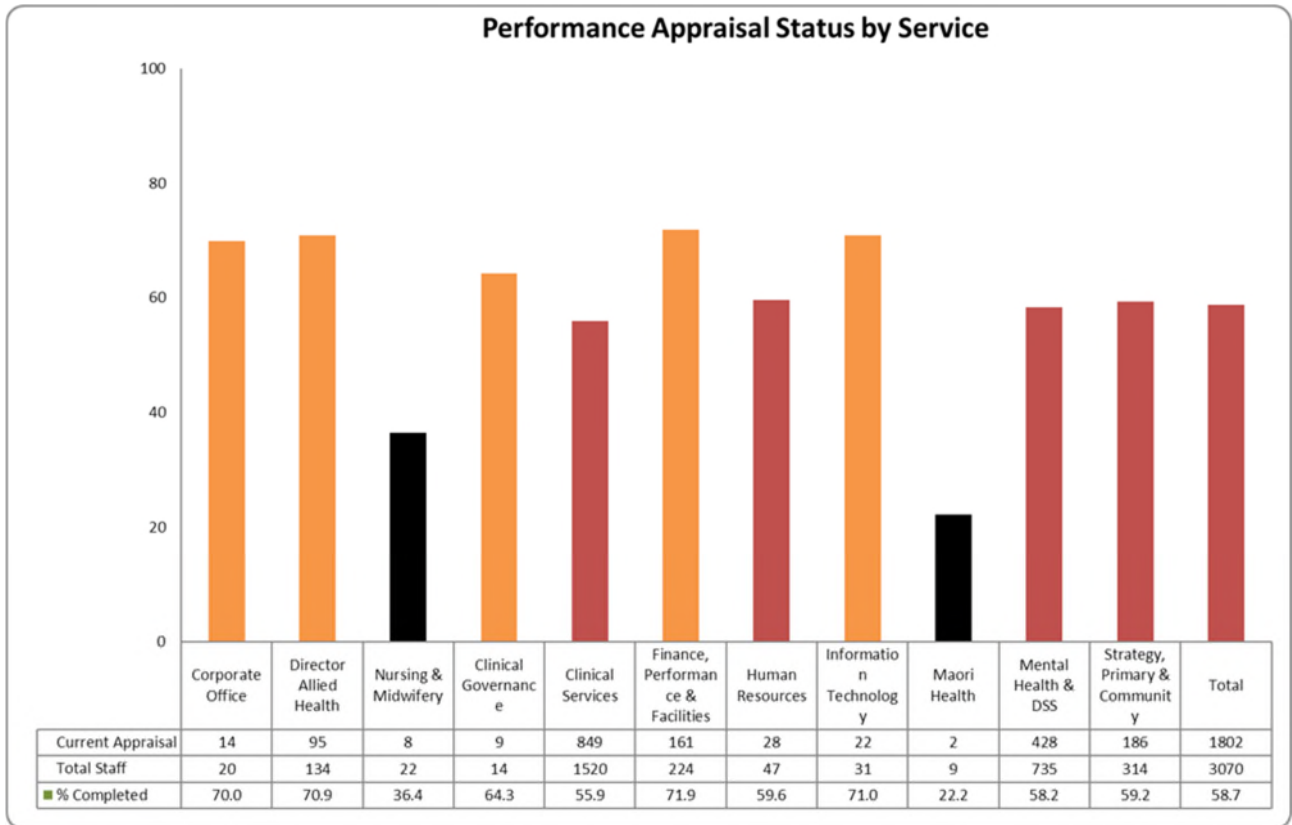
## 8. PEOPLE & CAPABILITY

- Total attendance versus total people invited to the Orientation/Warm Welcome for new staff was 89%. This is up from 72% in the previous month and aligns with our goal of improving attendance to achieve a consistent 75% attendance rate.
- All staff roles at NMH are in the process of being mapped to the Leadership Framework pathways. It is anticipated that this will be completed in late March. Work has started to fill the five leadership pathways with potential content and delivery options. The leadership framework is being familiarised across the organisation and work undertaken is beginning to be mapped to the framework.

## 9. PERFORMANCE APPRAISALS

To date we are at 58.7% of staff with a current appraisal.





Lexie O'Shea  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

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



# MEMO

**To:** Board Members  
**From:** Eric Sinclair  
 GM Finance, Performance & Facilities  
**Date:** 17 March 2021  
**Subject:** Financial Report for February 2021

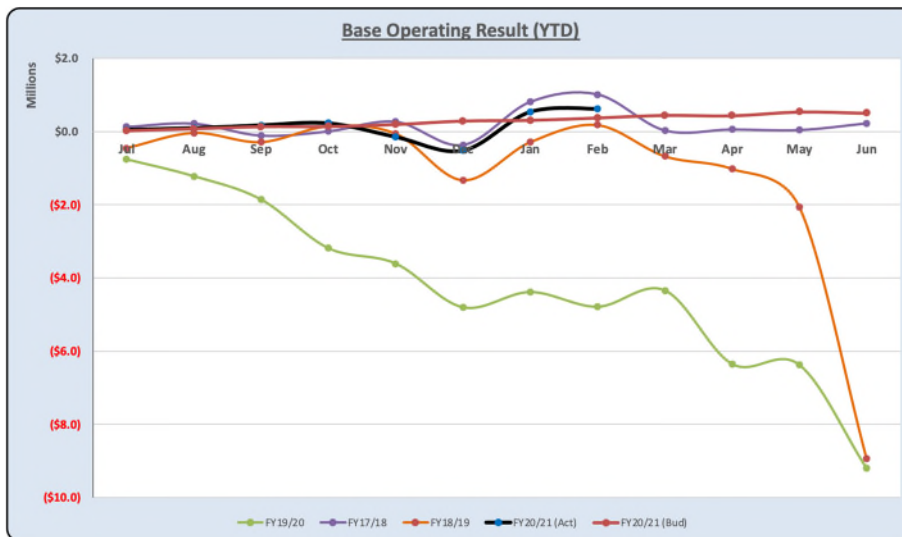
*Status*

This report contains:

- For decision
- Update
- Regular report
- For information

## Commentary

The result for the seven months shows a reported deficit of \$3.1M which is \$3.1M adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$0.6M which is \$0.2M favourable to plan.



There were no new issues that arose within the February result which is pleasing.

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.

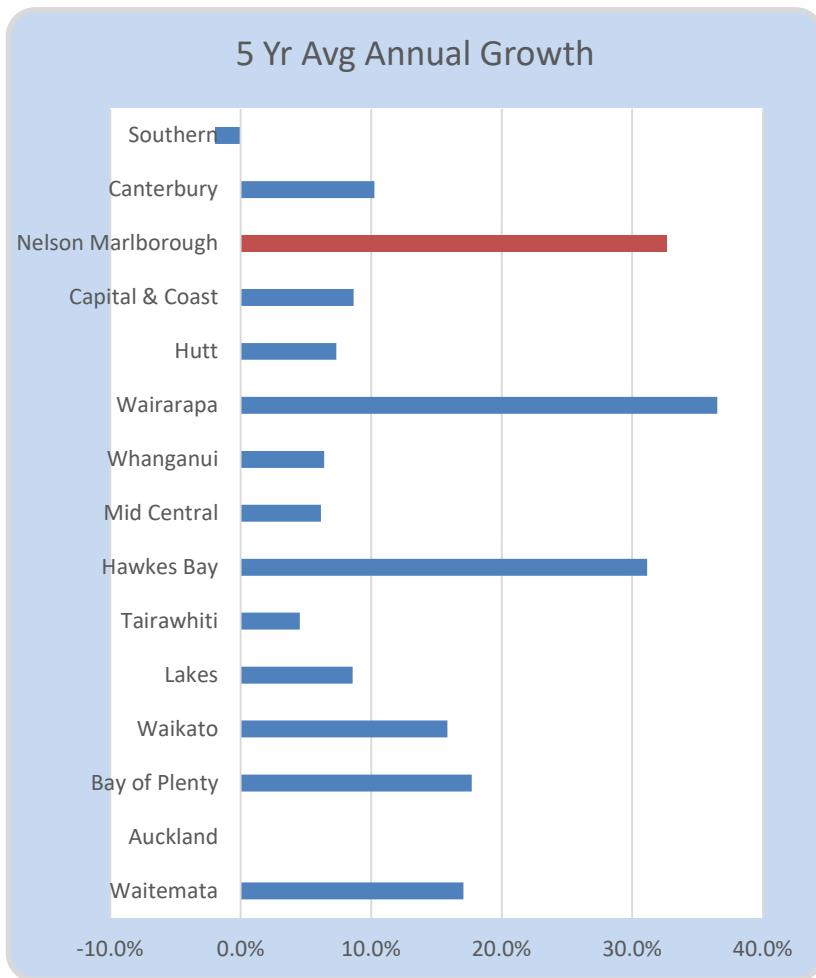
Employment costs will continue to be monitored closely including the FTE levels, which is a focus from the MOH. We are finding pressure points across most of the employment categories:

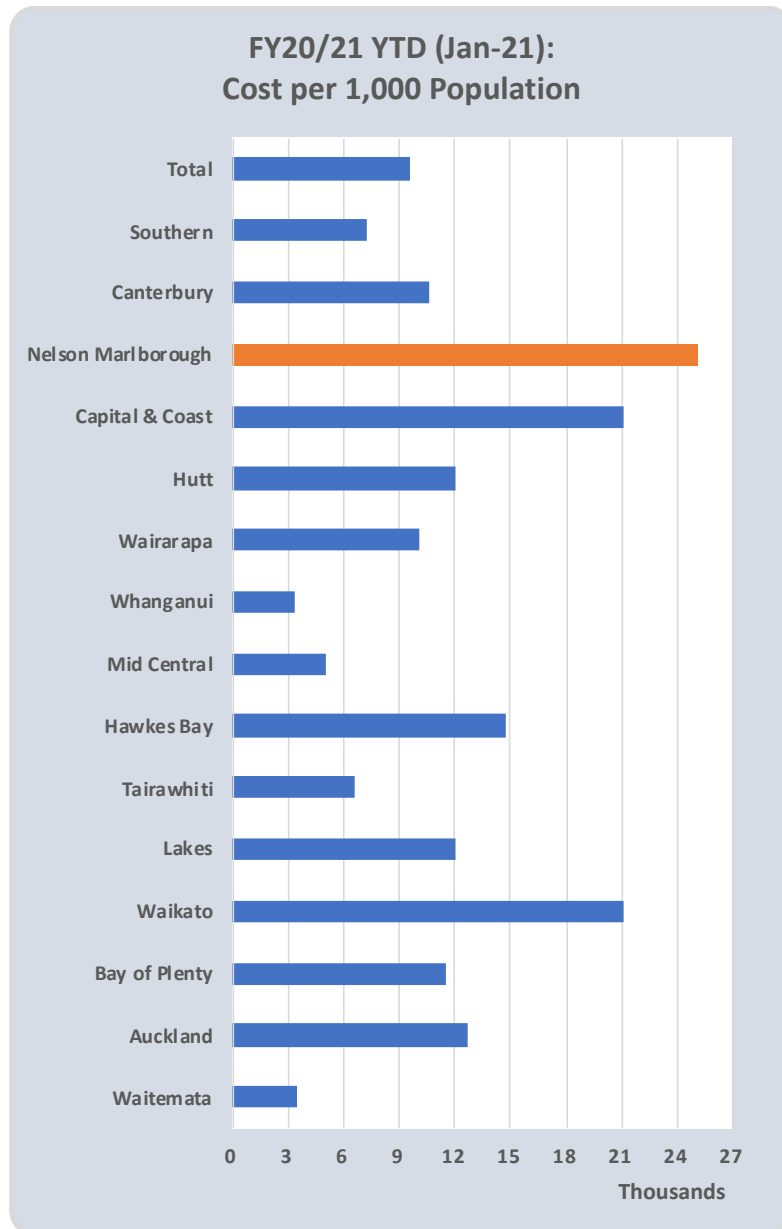
- The medical locum workforce remains a core part of ensuring service delivery and with vacancies we pay a premium for this whilst we continue efforts to recruit medical staff.
- Radiology services has higher than planned volumes, partially offset by increased ACC revenue, which is driving workforce costs and with the outsourced reading of images is also causing the outsourced services to run adverse to plan.
- With all the employment categories the average cost per FTE is largely at budgeted levels.

Costs are now largely tracking in line with previous months and our expectations. It is pleasing that both pharmaceuticals and aged residential care have tracked back to budget levels within the month.

As advised previously a look at intragam from a national perspective has been undertaken which, now that all but five DHB figures for the last 5 years has been received, show an interesting picture and will enable our clinical team to have conversations with their colleagues in other DHBs – especially those with significantly lower costs but similar populations. Included below are two graphs that summarise the national picture for intragam:

- The first shows the average annual growth from the 2015/16 year through to 2019/20. This shows NMH has experienced the second largest growth over this period.
- The second graph shows the cost (annualised from the YTD costs to Jan-21) per 1,000 population across the country. This shows that NMH spends more per 1,000 members of our population than any other DHB.





### 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	\$4,005	\$5,273
Niggles	\$200	\$101	\$99
Contingency	\$1,000	\$706	\$294
Strategic	\$3,750	\$3,240	\$510
<b>Total</b>	<b>\$14,228</b>	<b>\$8,052</b>	<b>\$6,176</b>

Eric Sinclair  
GM Finance, Performance & Facilities

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE FINANCIAL REPORT**

## Monthly Operating Statement

	Month \$000s							Last Yr
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]		
<b>Revenue</b>								
MOH devolved funding	43,992	495	44,487	43,987	5	500		40,951
MOH non-devolved funding	2,070	0	2,070	1,963	107	107		1,819
ACC revenue	477	0	477	513	(36)	(36)		480
Other government & DHBs	1,015	0	1,015	872	143	143		868
Other income	828	0	828	1,010	(182)	(182)		890
<b>Total Revenue</b>	<b>48,382</b>	<b>495</b>	<b>48,877</b>	<b>48,345</b>	<b>37</b>	<b>532</b>		<b>45,008</b>
<b>Expenses</b>								
Employed workforce	18,423	1	18,424	18,849	426	425		17,226
Outsourced workforce	569	19	588	159	(410)	(429)		724
<b>Total Workforce</b>	<b>18,992</b>	<b>20</b>	<b>19,012</b>	<b>19,008</b>	<b>16</b>	<b>(4)</b>		<b>17,950</b>
Outsourced services	1,909	0	1,909	1,782	(127)	(127)		1,622
Clinical supplies	2,189	0	2,189	2,234	45	45		2,117
Pharmaceuticals	4,030	0	4,030	4,104	74	74		3,786
Air Ambulance	389	0	389	328	(61)	(61)		290
Non-clinical supplies	3,419	18	3,437	2,867	(552)	(570)		2,126
External provider payments	11,707	204	11,911	11,828	121	(83)		11,187
Inter District Flows	4,506	0	4,506	4,135	(371)	(371)		4,384
<b>Total Expenses before IDCC</b>	<b>47,141</b>	<b>242</b>	<b>47,383</b>	<b>46,286</b>	<b>(855)</b>	<b>(1,097)</b>		<b>43,462</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>1,241</b>	<b>253</b>	<b>1,494</b>	<b>2,059</b>	<b>(818)</b>	<b>(565)</b>		<b>1,546</b>
Interest expenses	32	0	32	36	4	4		34
Depreciation	1,058	0	1,058	1,137	79	79		1,057
Capital charge	51	0	51	822	771	771		797
<b>Total IDCC</b>	<b>1,141</b>	<b>0</b>	<b>1,141</b>	<b>1,995</b>	<b>854</b>	<b>854</b>		<b>1,888</b>
<b>Operating Surplus/(Deficit)</b>	<b>100</b>	<b>253</b>	<b>353</b>	<b>64</b>	<b>36</b>	<b>289</b>		<b>(342)</b>
Holidays Act compliance	(458)	0	(458)	(42)	(416)	(416)		0
<b>Net Surplus/(Deficit)</b>	<b>(358)</b>	<b>253</b>	<b>(105)</b>	<b>22</b>	<b>(380)</b>	<b>(127)</b>		<b>(342)</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	360,216	3,065	363,281	357,785	2,431	5,496	331,833	542,704	506,044
MOH non-devolved funding	17,093	0	17,093	16,533	560	560	15,917	25,123	24,528
ACC revenue	5,153	0	5,153	4,389	764	764	4,392	6,710	6,773
Other government & DHBs	8,010	0	8,010	7,005	1,005	1,005	6,730	10,527	10,369
Other income	7,884	922	8,806	7,828	56	978	8,536	11,855	12,287
<b>Total Revenue</b>	<b>398,356</b>	<b>3,987</b>	<b>402,343</b>	<b>393,540</b>	<b>4,816</b>	<b>8,803</b>	<b>367,408</b>	<b>596,919</b>	<b>560,001</b>
<b>Expenses</b>									
Employed workforce	152,350	130	152,480	153,809	1,459	1,329	139,629	235,611	218,848
Outsourced workforce	4,650	26	4,676	1,339	(3,311)	(3,337)	5,885	1,978	7,833
<b>Total Workforce</b>	<b>157,000</b>	<b>156</b>	<b>157,156</b>	<b>155,148</b>	<b>(1,852)</b>	<b>(2,008)</b>	<b>145,514</b>	<b>237,589</b>	<b>226,681</b>
Outsourced services	14,934	0	14,934	14,347	(587)	(587)	12,900	21,513	19,246
Clinical supplies	20,226	66	20,292	18,884	(1,342)	(1,408)	18,713	28,833	27,845
Pharmaceuticals	35,801	0	35,801	33,387	(2,414)	(2,414)	33,356	50,355	51,921
Air Ambulance	3,059	0	3,059	2,785	(274)	(274)	2,790	4,259	4,230
Non-clinical supplies	23,889	359	24,248	23,915	26	(333)	19,893	36,159	30,227
External provider payments	95,987	2,735	98,722	94,901	(1,086)	(3,821)	90,598	142,986	141,807
Inter District Flows	34,456	0	34,456	33,082	(1,374)	(1,374)	31,833	49,623	51,022
<b>Total Expenses before IDCC</b>	<b>385,352</b>	<b>3,316</b>	<b>388,668</b>	<b>376,449</b>	<b>(8,903)</b>	<b>(12,219)</b>	<b>355,597</b>	<b>571,317</b>	<b>552,979</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>13,004</b>	<b>671</b>	<b>13,675</b>	<b>17,091</b>	<b>(4,087)</b>	<b>(3,416)</b>	<b>11,811</b>	<b>25,602</b>	<b>7,022</b>
Interest expenses	258	0	258	291	33	33	243	436	376
Depreciation	9,086	0	9,086	9,857	771	771	8,827	14,806	13,314
Capital charge	3,051	0	3,051	6,573	3,522	3,522	6,520	9,860	9,709
<b>Total IDCC</b>	<b>12,395</b>	<b>0</b>	<b>12,395</b>	<b>16,721</b>	<b>4,326</b>	<b>4,326</b>	<b>15,590</b>	<b>25,102</b>	<b>23,399</b>
<b>Operating Surplus/(Deficit)</b>	<b>609</b>	<b>671</b>	<b>1,280</b>	<b>370</b>	<b>239</b>	<b>910</b>	<b>(3,779)</b>	<b>500</b>	<b>(16,377)</b>
Holidays Act compliance	(3,667)	0	(3,667)	(333)	(3,334)	(3,334)	0	(500)	(46,082)
<b>Net Surplus/(Deficit)</b>	<b>(3,058)</b>	<b>671</b>	<b>(2,387)</b>	<b>37</b>	<b>(3,095)</b>	<b>(2,424)</b>	<b>(3,779)</b>	<b>0</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	30,524	6	30,530	32,883	2,359	2,353	26,704	50,380	41,891
Outsourced SMO	3,723	1	3,724	855	(2,868)	(2,869)	4,923	1,283	6,556
<b>Total SMO</b>	<b>34,247</b>	<b>7</b>	<b>34,254</b>	<b>33,738</b>	<b>(509)</b>	<b>(516)</b>	<b>31,627</b>	<b>51,663</b>	<b>48,447</b>
Employed RMO	9,806	(7)	9,799	9,806	0	7	8,928	15,013	14,347
Outsourced RMO	235	0	235	264	29	29	209	397	260
<b>Total RMO</b>	<b>10,041</b>	<b>(7)</b>	<b>10,034</b>	<b>10,070</b>	<b>29</b>	<b>36</b>	<b>9,137</b>	<b>15,410</b>	<b>14,607</b>
Employed Nursing	50,253	54	50,307	49,704	(549)	(603)	46,777	76,145	72,715
Outsourced Nursing	0	25	25	0	0	(25)	15	0	25
<b>Total Nursing</b>	<b>50,253</b>	<b>79</b>	<b>50,332</b>	<b>49,704</b>	<b>(549)</b>	<b>(628)</b>	<b>46,792</b>	<b>76,145</b>	<b>72,740</b>
Employed Allied Health	21,513	4	21,517	21,330	(183)	(187)	19,144	32,708	30,745
Outsourced Allied Health	480	0	480	171	(309)	(309)	357	223	482
<b>Total Allied Health</b>	<b>21,993</b>	<b>4</b>	<b>21,997</b>	<b>21,501</b>	<b>(492)</b>	<b>(496)</b>	<b>19,501</b>	<b>32,931</b>	<b>31,227</b>
Employed Disability Support Service	12,175	0	12,175	12,287	112	112	11,795	18,815	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
<b>Total Disability Support Service</b>	<b>12,175</b>	<b>0</b>	<b>12,175</b>	<b>12,287</b>	<b>112</b>	<b>112</b>	<b>11,795</b>	<b>18,815</b>	<b>17,986</b>
Employed Hotel & Support	5,373	50	5,423	5,113	(260)	(310)	4,770	7,829	7,387
Outsourced Hotel & Support	18	0	18	4	(14)	(14)	34	6	60
<b>Total Hotel &amp; Support</b>	<b>5,391</b>	<b>50</b>	<b>5,441</b>	<b>5,117</b>	<b>(274)</b>	<b>(324)</b>	<b>4,804</b>	<b>7,835</b>	<b>7,447</b>
Employed Management & Admin	22,706	23	22,729	22,686	(20)	(43)	21,511	34,721	33,777
Outsourced Management & Admin	194	0	194	45	(149)	(149)	347	69	450
<b>Total Management &amp; Admin</b>	<b>22,900</b>	<b>23</b>	<b>22,923</b>	<b>22,731</b>	<b>(169)</b>	<b>(192)</b>	<b>21,858</b>	<b>34,790</b>	<b>34,227</b>
<b>Total Workforce costs</b>	<b>157,000</b>	<b>156</b>	<b>157,156</b>	<b>155,148</b>	<b>(1,852)</b>	<b>(2,008)</b>	<b>145,514</b>	<b>237,589</b>	<b>226,681</b>
Total Employed Workforce Costs	152,350	130	152,480	153,809	1,459	1,329	139,629	235,611	218,848
Total Outsourced Workforce Costs	4,650	26	4,676	1,339	(3,311)	(3,337)	5,885	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	130.0	0.0	130.0	142.9	12.9	12.9	119.7	142.7	127.0
RMO	97.4	0.0	97.4	97.4	0.0	0.0	97.0	97.4	100.4
Nursing	770.5	0.6	771.1	760.3	-10.2	-10.8	745.8	760.2	761.5
Allied Health	372.1	0.0	372.1	391.1	19.0	19.0	350.7	390.1	368.1
Disability Support Service	275.5	0.0	275.5	272.5	-3.0	-3.0	271.0	272.4	269.0
Hotel & Support	132.6	0.0	132.6	130.5	-2.1	-2.1	125.9	130.7	129.2
Management & Admin	416.6	0.1	416.7	428.4	11.8	11.7	396.5	427.9	410.8
<b>Total FTEs</b>	<b>2,194.7</b>	<b>0.7</b>	<b>2,195.4</b>	<b>2,223.1</b>	<b>28.4</b>	<b>27.7</b>	<b>2,106.6</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	359		359	352	(7)	(7)	341	353	330
RMO	154		154	154	0	0	141	154	143
Nursing	100		100	100	0	0	96	100	95
Allied Health	88		88	83	(5)	(5)	83	84	84
Disability Support Service	68		68	69	1	1	67	69	67
Hotel & Support	62		63	60	(2)	(3)	58	60	57
Management & Admin	83		83	81	(2)	(2)	83	81	82
	<b>106</b>		<b>106</b>	<b>106</b>	<b>(0)</b>	<b>(0)</b>	<b>101</b>	<b>106</b>	<b>101</b>



**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

**AS AT 28 February 2021**

	<b>Budget</b>	<b>Actual</b>	<b>Actual</b>
	<b>Feb-21</b>	<b>Feb-21</b>	<b>Jun-20</b>
	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	8,425	31,670	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	15,141	17,124
Inventories	2,742	3,157	2,900
Prepayments	1,188	1,644	386
Non-current assets held for sale	465	2,105	2,105
<b>Total current assets</b>	<b>53,326</b>	<b>75,017</b>	<b>52,947</b>
<b>Non-current assets</b>			
Prepayments	36	588	521
Other financial assets	1,715	1,704	1,723
Property, plant and equipment	194,181	190,350	193,039
Intangible assets	12,056	10,834	11,087
<b>Total non-current assets</b>	<b>207,988</b>	<b>203,476</b>	<b>206,370</b>
<b>Total assets</b>	<b>261,314</b>	<b>278,493</b>	<b>259,317</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	45,492	58,629	41,666
Borrowings	501	704	632
Employee entitlements	44,441	102,304	97,310
<b>Total current liabilities</b>	<b>90,434</b>	<b>161,637</b>	<b>139,608</b>
<b>Non-current liabilities</b>			
Borrowings	7,664	8,029	8,473
Employee entitlements	9,870	10,829	10,829
<b>Total non-current liabilities</b>	<b>17,534</b>	<b>18,858</b>	<b>19,302</b>
<b>Total Liabilities</b>	<b>107,968</b>	<b>180,495</b>	<b>158,910</b>
<b>Net assets</b>	<b>153,346</b>	<b>97,998</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	(14,503)	(66,856)	(64,447)
<b>Total equity</b>	<b>153,346</b>	<b>97,998</b>	<b>100,407</b>

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED 28 February 2021**

	Budget Feb-21 \$000	Actual Feb-21 \$000	Budget 2020/21 \$000
<b>Cash flows from operating activities</b>			
Receipts from the Ministry of Health and patients	398,144	407,176	597,222
Interest received	832	330	1,250
Payments to employees	(155,336)	(147,482)	(233,016)
Payments to suppliers	(225,896)	(228,377)	(339,111)
Capital charge	(4,930)	(2,460)	(9,860)
Interest paid	-	-	-
GST (net)			
<b>Net cash flow from operating activities</b>	<b>12,814</b>	<b>29,187</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	(4,672)	(5,125)	(7,000)
Purchase of intangible assets	(1,336)	(963)	(2,000)
Acquisition of investments	-	-	-
<b>Net cash flow from investing activities</b>	<b>(6,008)</b>	<b>(6,018)</b>	<b>(9,000)</b>
<b>Cash flows from financing activities</b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(288)	(633)	(436)
<b>Net cash flow from financing activities</b>	<b>(288)</b>	<b>(633)</b>	<b>(983)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>6,518</b>	<b>22,536</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>8,425</b>	<b>31,670</b>	<b>8,409</b>

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
	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	48,782	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757
Interest Received	54	54	54	56	56	56	56	56	56	56	56	56
Other Revenue Received	987	987	987	992	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006
<b>Total Receipts</b>	<b>49,822</b>	<b>49,822</b>	<b>49,822</b>	<b>49,830</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>	<b>50,819</b>
<b>Payments</b>												
Personnel	19,417	19,417	19,417	19,429	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805
Payments to Suppliers and Providers	28,237	28,237	28,237	28,503	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767
Capital Charge	-	-	-	2,530	-	-	-	-	-	3,000	-	-
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>50,462</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>49,572</b>	<b>52,572</b>	<b>49,572</b>	<b>49,572</b>
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>2,168</b>	<b>2,168</b>	<b>2,168</b>	<b>(632)</b>	<b>1,247</b>	<b>1,247</b>	<b>1,247</b>	<b>1,247</b>	<b>1,247</b>	<b>(1,753)</b>	<b>1,247</b>	<b>1,247</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	576	584	584	584	584	584	584	584	584
Capex - Intangible Assets	167	167	167	163	167	167	167	167	167	167	167	167
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Payments</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>751</b>	<b>751</b>
<b>Net Cash Inflow/(Outflow) from Investing Activities</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>(751)</b>	<b>(751)</b>
<b>Net Cash Inflow/(Outflow) from Financing Activities</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>	<b>(37)</b>	<b>(37)</b>
Net Increase/(Decrease) in Cash Held	1,381	1,381	1,381	(1,958)	459	459	459	459	459	(2,541)	459	459
Plus Opening Balance	31,670	33,051	34,432	35,813	33,855	34,314	34,773	35,232	35,691	36,150	33,609	34,068
<b>Closing Balance</b>	<b>33,051</b>	<b>34,432</b>	<b>35,813</b>	<b>33,855</b>	<b>34,314</b>	<b>34,773</b>	<b>35,232</b>	<b>35,691</b>	<b>36,150</b>	<b>33,609</b>	<b>34,068</b>	<b>34,527</b>

# MEMO

**To:** Board Members  
**From:** Elizabeth Wood, Chair Clinical Governance Committee  
**Date:** 17 March 2021  
**Subject:** **Clinical Governance Report**

**Status**

This report contains:

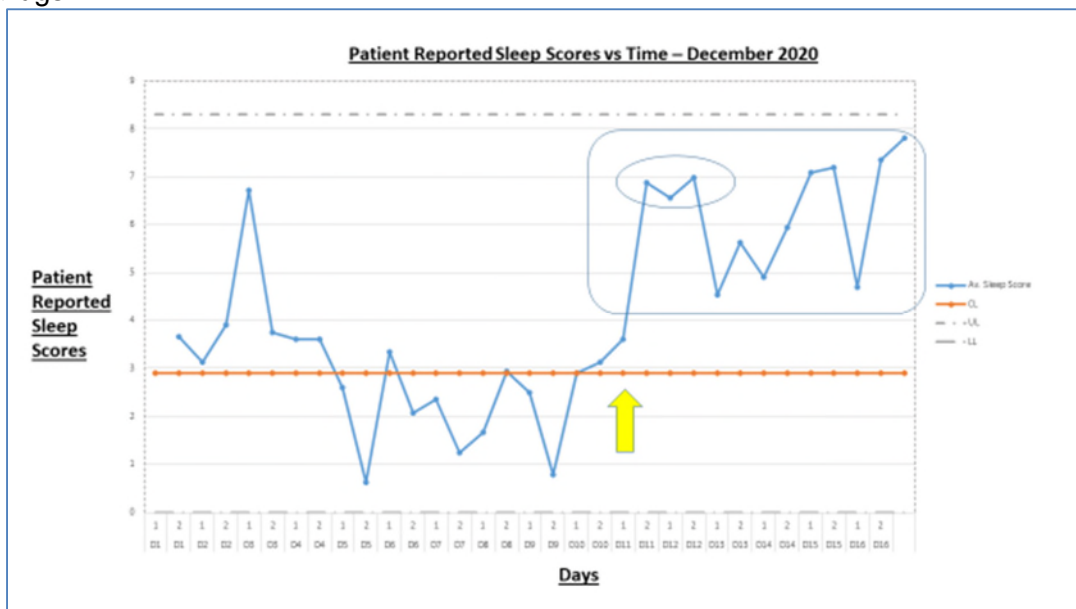
- For decision
- Update
- Regular report
- For information

**Purpose**

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 5 March 2021.

DHB CGC endorsed:

- **Timely advice – Nelson Marlborough Clinical Directory** – Accessed via Health Pathways. This online directory allows clinicians to enter their own preferred contact details, available times and preferred way to be contacted. The more clinicians with their information on here the more likely it is to be useful. So far there are 74 total registrations, 32 GPs and 42 specialists. Easy ways to allow health professionals to ask for and give advice are important to improve system efficiency, smoothing patient journeys by avoiding delays and waste related to traditional processes like “refer and wait.”
- **Improving sleep quality by using eye masks and ear plugs on the Medical Admission and Planning Unit (MAPU) in Nelson** – This quality improvement project, undertaken by a Quality Improvement Resident with significant help from the MAPU team, was a great success as can be seen below. Provision of the masks and ear plugs also reduced the use of benzodiazepines in the studied population – to zero! The project has been so successful and well received by grateful patients it will continue, kindly supported by Air NZ who donated the masks and ear plugs.



Elizabeth Wood  
**Chair Clinical Governance Committee**

**RECOMMENDATION:**

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