

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 27 July 2021 at 12.30pm

Seminar Centre Room 1, Braemar Campus
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	12.30pm		
1	Welcome, Karakia, Apologies, Registration of Interests	12.40pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	12.45pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
4.1	Quality & Safety Markers Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Clinical Governance Report		Attached	Resolution
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.30pm	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 22 June 2021 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)**
- **Decision Items – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)**
- **DHB Chief Executive's Report - To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)**

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

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

Open Board Agenda

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

Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jacinta Newport	<ul style="list-style-type: none"> ▪ Employee of West Coast DHB as Rural Nurse Specialist ▪ Trustee of MCANZ ▪ RN advocate of MCANZ ▪ Member of NZ Nurses Society 	<ul style="list-style-type: none"> ▪ Owner/Director of Helibike Nelson 		
Paul Matheson	Nil	<ul style="list-style-type: none"> ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		
Jill Kersey	<ul style="list-style-type: none"> ▪ Board member Nelson Brain Injury Association 		<ul style="list-style-type: none"> ▪ Funding from NMDHB 	
Olivia Hall	<ul style="list-style-type: none"> ▪ Chair of parent organisation of Te Hauora o Ngati Rarua 	<ul style="list-style-type: none"> ▪ Employee at NMIT ▪ Chair of Te Runanga o Ngati Rarua ▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum) 	Provider for potential contracts	
Zoe Dryden (IOD Awardee)		<ul style="list-style-type: none"> ▪ Co-owner Abel Tasman Soul Ltd (ta Abel Tasman Kayaks) ▪ Owner and Managing Director Nea Zoe Ltd (ta Second Base) ▪ Chair of FACE Nepal Charitable Trust NZ ▪ Director Ruapehu Alpine Lifts (RAL) 		

As at April 2021

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		College of Medical Administrators <ul style="list-style-type: none"> ▪ Member of Paediatric Society of NZ ▪ Occasional Expert Witness Work – Ministry of Justice ▪ Technical Expert DHB Accreditation – MOH ▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep ▪ Chair National CMO Group ▪ Co-ordinator SI CMO Group ▪ Member new Dunedin Hospital Executive Steering Group ▪ Member of NZ Digital Investment Board Ministry of Health 			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> ▪ Member of the Nelson Marlborough Cardiology Trust ▪ Member of Physiotherapy New Zealand ▪ Deputy Chair National Directors of Allied Health 			
MENTAL HEALTH SERVICES					
Jane Kinsey	GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> ▪ Husband works for NMDHB in AT&R as a Physiotherapist. 	<ul style="list-style-type: none"> ▪ Board member Distance Running Academy 		
CORPORATE SUPPORT					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> ▪ Husband is shift manager for St John Ambulance 	<ul style="list-style-type: none"> ▪ Trustee of the Empowerment Trust 		
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"> ▪ Trustee of Golden Bay Community Health Trust ▪ Wife is a Registered Nurse working permanent part time for Tahunanui Medical Centre and occasional locum for other GP practices. She is also a COVID vaccinator 			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> ▪ Daughter employed by Pharmacy Department in the casual pool ▪ Sister is employed by Marlborough PHO 	<ul style="list-style-type: none"> ▪ Daughter is involved in sustainability matters 		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> ▪ Te Herenga Hauora (GM Maori Health South Island) ▪ Member of Te Tumu Whakarae (GM Maori Health National Collective) ▪ Partner is a Doctor obstetric and gynaecological consultant ▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT) 	<ul style="list-style-type: none"> ▪ Both myself and my partner own shares in various Maori land incorporations 		
CHIEF EXECUTIVE'S OFFICE					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> ▪ Trustee of Churchill Hospital 	<ul style="list-style-type: none"> ▪ 		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> • Brother works at NMDHB in the Transport Department 			

As at July 2021

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE SEMINAR ROOM, FIRST FLOOR ARTHUR WICKS BUILDING, WAIRAU HOSPITAL ON 22 JUNE 2021 AT 12.35PM

Present:

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

In Attendance:

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Steve Low (for GM Clinical Services), Jane Kinsey (GM Mental Health Addictions & DSS), Michael Bland (Interim GM Mental Health Addictions & DSS), Cathy O'Malley (GM Strategy Primary & Community), Hilary Exton (Director Allied Health), Jodi Miller (for Director of Nursing & Midwifery), Trish Casey (GM People & Capability), Natasha Hoskins (Communications Advisor), Gaylene Corlett (Board Secretary)

Apologies:

Paul Matheson, Zoe Dryden, Jill Kersey, Pat Davidsen, Pamela Kiesanowski, Ditre Tamatea

Karakia:

Olivia Hall

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Nil.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Brigid Forrest
Seconded: Dawn McConnell

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Noted.

Moved: Brigid Forrest
Seconded: Dawn McConnell

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 25 MAY 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Point

Nil.

Add action for CE and Chair to meet with the Consumer Council Chair to gain clarity around the comment in the May report regarding several requests to the Council for an improved process to manage requests.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

No report this meeting.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Cybersecurity

Work continues following on from the cybersecurity event in Waikato. Our Chief Digital Officers (CDO) in the South Island are working closely together to support DHBs in ensuring we are digitally safe.

Transition Unit

Discussion held on the Transition Unit, including localities, and administration services.

COVID Vaccinations

COVID vaccination delivery in Nelson Marlborough is progressing well, noting 4,900 doses were delivered last week. More stocks of vaccines are to be arrive in July. In August/September our volumes need to increase to 12,500 doses per week.

Noted pharmacies and general practice will be able to deliver COVID vaccines from August.

Communications are being managed both locally and nationally around vaccine groups and timelines.

Nurses Strike

Nurses strike occurred on 9 June. Noted strikes require significant amounts of work to prepare to ensure a safe environment for patients on the day, and respect Nurses right to strike. At the July Board meeting a CCDM paper will be presented on care capacity.

HR KPI Dashboard

Noted information in the dashboard is gathered from TAS and is data as at end of March.

Lost time injury rates is the measure of people away for one full shift day after an accident or injury and measured in one shift per 1 million hours. We do not use this measure as we monitor all staff that are away from work, whether through injury or illness. We have five staff currently away for more than three months, which is good for the size of our workforce.

Noted Pacifika numbers of staff is significantly low. Noted there are no strategies in place like Maori at this stage and this will be discussed at the Executive level.

Discussion held on turnover of staff and the FTE of staff noting the minimum of part time staff is 0.8FTE. **It was requested that** the GM Finance Performance & Facilities look into FTE of staff over the past two years.

Hospital Inpatient Survey Dashboard

Noted this is the start of a regular dashboard to be presented to the Board.

Discussion held on how the survey is given to patients, eg only online which is a barrier to many, how it compares to the results of the HQSC patient experience survey, and the comparators of how the questions can be answered.

SECTION 6: FINANCIAL REPORT

The result for the 11 months shows a reported deficit of \$4.1m which is \$4.2m adverse to the planned result. This result includes COVID related costs and Holidays Act remediation provisioning. This results in a base operating surplus of \$1.4m which is \$900k favourable to plan.

ACC Non-Acute Rehabilitation Services Contract

The Board endorsed the signing by the Chief Executive of the ACC Non-Acute Rehabilitation Services contract.

Annual Debt Write Off

The Board approved the debt write-off of debt totalling \$75,159.

Repayment of Equity

The Board approved the repayment of equity to the value of \$547,308.

Moved: Olivia Hall
Seconded: Allan Panting

RECOMMENDATION:

THAT THE BOARD:

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. NOTES THE APPROVAL OF THE ACC NON-ACUTE REHABILITATION SERVICES CONTRACT**
- 3. APPROVES THE WRITE-OFF OF THE DEBT TOTALLING \$75,159**

4. APPROVES THE REPAYMENT OF EQUITY TO THE VALUE OF \$547,308.**AGREED****SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT**

Noted the Council is in a rebuilding phase, with a new Chair recently being appointed, term of three members extended for a further two years, and a new Facilitator has been appointed. As noted in the Action Items above, **it was agreed that** the Board Chair and Chief Executive meet with the Consumer Council Chair.

SECTION 8: CLINICAL GOVERNANCE COMMITTEE REPORT

Report noted.

Discussion held on the proposed national positional policy regarding front line staff refusing influenza vaccinations. It was queried if staff refuse the vaccination whether this information is kept on HR personnel files so a ready list of those not vaccinated can be obtained should a COVID outbreak occur. Noted the Infection Protection Team keep information on those who are vaccinated. Noted we have national management advice around staff vaccinations stating we cannot insist on staff receiving influenza vaccinations, however we have taken a H&S stance regarding staff working in front line areas to keep both patients and staff safe. All new staff are required to be vaccinated.

SECTION 9: GENERAL BUSINESS

Nil.

It was noted in the CE report under Primary & Community it stated that "Agreements have been organised for Maori COVID vaccination navigation and coordination with Te Piki Oranga and Te Kahui O Ngati Koata". This is incorrect and should have read Te Piki Oranga and Te Kotahi o Te Tauihu Charitable Trust. We apologise for the error.

Public Excluded

Moved: Gerald Hope
Seconded: Stephen Vallance

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 25 May 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
- CE's Report – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.52pm.

**ACTION POINTS - NMH – Board Open Meeting
held on 22 June 2021**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Consumer Council Chair's Report	CE and Board Chair to meet with Consumer Council Chair to clarify comment regarding several requests to the Council for an improved process to manage requests	Jenny Black Lexie O'Shea	25 May 2021	27 July 2021	Meeting in progress
2	CE's Report	Look into FTE of staff over the past two years	GM Finance Performance & Facilities	22 June 2021	27 July 2021	Public Excluded Agenda

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 21 July 2021
Subject: **Correspondence for June/July**

Status

This report contains:

For decision

Update

Regular report

For information

Inward Correspondence

Nil

Outward Correspondence

Nil

MEMO

To: Board Members
From: Jenny Black, Chair
Date: 21 July 2021
Subject: **Chair's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 21 July 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

Our financial year end falls at a time when the health system is in the midst of winter illness and halfway through a calendar year. It does seem the wrong time to be pausing and reflecting on the successes and challenges of the previous year, and so often amongst the winter pressures we are head down ensuring safe patient care as we meet the challenges winter illness brings. For this year we are seeing, as are the rest of the country, an upsurge in children impacted by respiratory illness requiring hospitalisations.

We are so fortunate in Nelson Marlborough to have so many dedicated teams committed to delivering the best care we can to our community (whether directly or indirectly). There are so many innovations, initiatives and investments that have been made through 2020/21 that have strengthened our health system and sought to make it both more accessible and equitable for all in our region. On top of this we are in the midst of our biggest vaccination programme in health's history. We can now reflect on the positives that the chaos COVID created in the 2019/20 year. Our healthcare teams, and our community, have established strong relationships and this bodes well for our new future as the changes from the Health and Disability review are implemented.

The Health & Disability System Review has been widely discussed, and we are connecting with the health transition team to contribute expertise for the blueprint for our new national health system, the hospital network and the community locality work. Detail is being formulated with sector and out-of-sector input.

As in many of our recent years, there has been the challenge of growing demand, especially from an ageing population, coupled with financial constraint.

However, we know the challenges never stop in health – and there is no shortage of opportunity to improve our health system. We will continue in 2021/22 to progress the next stage of the business case towards the rebuild of Nelson Hospital. We are looking forward to working closely with the newly formed Health Infrastructure Unit to progress our detailed business case for submission to the Capital Investment Committee. Alongside this we have continued our focus on key areas for our interim build to ensure we have improved facilities for the next 5-7 years, and will shortly be in a position to bless the ground for our new Dialysis Centre.

For 2021/22 we will keep focussed on delivering the best health care we can, while improving the outcomes for our most vulnerable. We are in the process of recharging our Ki Te Pae Ora programme of work, as this remains crucial to ensuring we have a health system that is sustainable and fit for the future.

Health is never delivered by just one person, but by a team of people working in partnership underpinned by respect and compassion.

Thank you to everyone for your contribution to the NMH healthcare system during 2020/21.

2. MĀORI HEALTH

Application for Hauora Direct Digital funding has been made to the Ministry of Health, which is informed by the business case that had been sent to the Māori Health Directorate. The funding will support the sub-regional roll out of the Hauora Direct programme across the South Island.

Te Waka Hauora, the Māori Health & Vulnerable Populations team at Nelson Marlborough Health, continues to strengthen the range of Mokopuna Ora initiatives. Te Waka Hauora will work with its partners (Motueka Birthing Centre and Te Piki Oranga) to distribute Waha Kura, as its supply of safe sleep devices for Māori, and will co-ordinate the programme throughout the DHB district for Māori. Maternity will co-ordinate the Safe Sleep devices programme for non-Māori and Māori. The implementation of the Safe Sleep programme during June shows:

- Distribution of 20 Safe Sleep devices
- Distributed through either Nelson Marlborough DHB or other distributors 11 pēpi pod
- Distributed 9 wahakura
- 11 safe sleep beds went to Māori whānau, 2 to Pacifica Whānau, 1 to an Indian whānau, and 5 to NZ Europeans
- In total 65% of safe sleep devices were distributed to Māori or Pacific whānau.

A Wānanga Hapūtanga was held on 23 and 24 June at Victory Community Centre with nine hapū māmā attending. Also in attendance were five Dads, five support people, and one toddler. Of the nine hapū māmā to attend, seven identified as Māori, one Nepalese (part of the former refugee community), and one NZ European. One māmā identified as a smoker, however declined pēpi first referral. Another māmā, who had been a smoker, was already in the pēpi first system and was now smokefree. There were six first time mums in attendance with ages ranging from 18 to 40 years.

In early June Te Waka Hauora representatives attended the Te Aho o te Kahu (TAOTK) Cancer Control Agency hui in Blenheim. The goal of the hui was to understand the perspective of Māori whānau with lived experience of cancer to better inform future work of TAOTK. The hui provided a platform for TAOTK to listen to a Māori voice and identify issues and solutions of Māori patient and whānau experiences across the continuum of cancer pathways.

Kaitiaki DNA have had a steady patient engagement process with ENT and Paediatrics this month including support at specialist appointments, re-scheduling appointments and updating SIPICs data for whanau who have moved out of the region.

The Kaitiaki DNA service is working with Telehealth and a Paediatrician to implement a framework where Paediatricians will be able to identify Telehealth appointment options for whanau. One of the benefits of the Telehealth appointments is that it supports isolation of RSV respiratory virus within Paediatrics outpatient clinic.

From January to June 2019, in Nelson Marlborough, only 40.1% of Māori newborns were enrolled with a WellChild Tamariki Ora (WCTO) provider, and only 21.7% of Māori newborns in Nelson Marlborough could be confirmed as living in a smoke free household at six weeks postnatal. From July to December 2020, 71.8 % of Māori newborns were enrolled with a WCTO provider, and 47.7% of Māori newborns could be confirmed as living in a smokefree household at six weeks postnatal. Whilst we have exceeded our milestone, the proportion of babies living in a smokefree home six weeks postnatal still remains lower than for non-Māori ethnic groups.

The System Level Measures milestone of reducing the Ambulatory Sensitive Hospitalisation (ASH) rate for Māori children aged 0-4 years from 6,087 to 5,174 by June 2021 has been met. In the 12 months to March 2021, the rate for Māori children fell from 5,925 in March 2020 to 3,602 in March 2021. While initially we assumed this trend was driven by a reduction in admissions for asthma (as a result of border closures and reduced circulation of winter viruses), a closer look shows that admissions for dental conditions for Māori children has also decreased significantly. After rising steadily since March 2017, dental condition ASH rates for Māori children are at the lowest they have been in more than 4 years. This may reflect the impact of NMH's prevention efforts in the areas of fluoride, stainless steel crowns, water only policies and partnership with Te Piki Oranga.

3. PRIMARY & COMMUNITY

NMH's final draft Annual Plan has been submitted to the Ministry of Health. The Ministry of Health then intend to provide feedback to DHBs on the final draft plans from 23 July.

System-wide Acute Demand planning is underway in response to the RSV outbreak putting pressure on the whole system, and our routine winter preparedness planning is also a focus. ELT have implemented a weekly ELT briefing to manage our way forward. The Top of the South Health Alliance (ToSHA) have also agreed to lead work around using SNOMED and READ (coding programmes) to improve the primary care of patients within diabetes and chronic obstructive pulmonary disease (COPD).

The COVID vaccination programme has continued at a steady pace this month. All residents in Age Residential Care Facilities who consented to COVID-19 vaccinations are now fully vaccinated. Focus is now shifting to capturing new residents entering facilities. As the number of over 65s become vaccinated, the need for mobile vaccination clinics in Age Residential Care should lessen. Significant progress has been made in vaccinating people with disabilities living in residential care and those high-risk elderly living in the community who may not be able to access vaccination clinics. Those people likely to require a home visit have been identified and are being contacted. Work has been undertaken to assess how many vaccinations General Practice and community pharmacy can undertake in the coming months, and contracting work to engage this workforce will be undertaken in July with a start date of early August 2021. It is less likely that hospital pharmacies will be required for back-up storage in case of surge supply needs, but this remains the plan. Public Health Promotion team supported Marlborough Primary Health Organisation and Te Hauora o Ngati Rarua in Marlborough in contacting and preparing the Seddon community through the Wairau Valley Trust to organise the outreach clinical vaccine centre to be undertaken at the Seddon Hall. From this, 270 vaccinations were delivered to Seddon community and RSE workers based at Seddon.

The new CEO for Hospice Nelson Tasman is now in post and active engagement with the DHB is underway. In Marlborough, the new Hospice Trust Board recently updated NMH on the positive transition progress since taking over the contract from the Salvation Army and a work group is set for August to progress a system wide palliative care model.

The addition of two new Age Residential Care providers in Nelson Tasman has provided an increase of over 100 beds, however Age Residential Care bed pressures remain in Wairau, particularly with one facility decommissioning a wing for redevelopment.

The NMH Public Health Dietitian has continued to work 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 meal kits are being trialled with families from early learning services that have a high number of low income

whānau, Māori and Pacific populations. The Nelson Community Foodbank and Te Pataka in Wairau are interested to adopt these recipes once they have finished being trialled.

A "\$2 "nude" [packet-free] lunchbox in 5 minutes" resource has been created by a NMH Dietitian in response to queries from early learning services for something that would be helpful for parents to address the cost and barriers to healthy and sustainability-friendly lunchboxes. This has been well-received and will be freely available for distribution.

Our Health Promotion and Public Health Dietitian partnered with the Heart Foundation Nutrition Advisor and Just Gym Advisor to organise and deliver professional development for early learning service staff across Te Tau Ihu. Three workshops have been set up in Stoke, Motueka and Blenheim. The focus is on mindful mat times, healthy and affordable eating for under-fives that meets the choking hazard guidance, and active movement in under-fives. The Oral Health Promoter and Kindergarten Enviroschools Coordinator also attended. Feedback from the first workshop in Stoke was extremely positive.

Public Health Nurses are catching up on B4SCs and Outreach Immunisation Services are continuing.

Community Oral Health Service arrears have decreased again this month. The Community Oral Health Service is looking to extend the age range of services provided for some youth with mild intellectual disability to ensure ongoing access to oral health services.

Permanent recruitment and locum/casual difficulties are reported by ARC, Home based support, General Practice, Pharmacy and private Dental providers.

The proposal to implement Medsman (medicines management) software designed to reduce medication-related errors is now back on track, and one training has taken place. This should help prevent some prescribing errors and should speed up the process of medicines reconciliation.

Health Promotion team have been connecting with colleges to scope the best way to provide sustainable support. There are several health areas that continue to be a challenge for Health teachers and schools including vaping, alcohol and other drugs and sexual health. Health Promotion are working as a team to ensure that there is a streamlined approach and that best practice approaches are promoted, including opportunities for health to support professional development.

4. MENTAL HEALTH & ADDICTIONS

June has been a very challenging month for Wāhi Oranga with high occupancy and lower staffing numbers. On the positive side there have been numerous examples of exceptional and amazing teamwork. Allied, nursing and support staff have absolutely pulled together and supported each other. The Allied Health Assistants, Social Workers, Poumanaaki, and our Occupational Therapist (OT) have taken on multiple extra shifts in the evenings and weekends that has allowed the team to keep going with providing safe care for the patients here. This has changed the way the team views their work and has allowed different ways of arranging care in the evenings that is not solely nursing driven. There has also been consistent support from community coordinators to help with breaks and staffing support from Alexandra Hospital.

A June highlight for Wāhi Oranga was a shared Tangata Whaiora and staff project of planting 300 tulips as a mass planting on the driveway and in the Inpatient courtyard. Tulips should bloom in October and will be a welcoming display to clients and visitors alike. Clients really enjoyed this project as it leaves messages of hope for others to come after them.

The Addictions team have arranged networking with cross agency partners to strengthen our collaborative approaches to support clients across services. One is planned with Community Probation staff in July. It will have a focus on assessment, formulation, treatment and supervision.

The newly appointed Older Persons Mental Health SMO is connecting with primary health in Wairau to promote awareness of the service and strengthening our interface across the system.

We are strengthening the pathway for admissions to inpatients for young people with eating disorders. This involves meeting with various departments. This month we have achieved good recovery stories for five ICAMHS clients with eating disorders who have required intensive input over the past few months for anorexia. All have had hospital admissions, intense community intervention and are now well on the road to recovery and have been able to be discharged. This highlights that our model of treatment for eating disorders and the input that ICAMHS clinicians offer is effective.

Graphs noted below:

Figure 1: Older Person’s Mental Health

At a service level there was a 4% increase in referrals received in June 2021 when compared to the average of the last twelve months.

Mental Health, Addictions and Older Person's Mental Health

	Referrals - 2021 06			Community Contacts - 2021 05			DNA % - 2021 05	
	Caseload 05/07/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
Total	3,676	820	692	2,843	50%	38	3.4%	6.5%

Referrals Received and Discharged

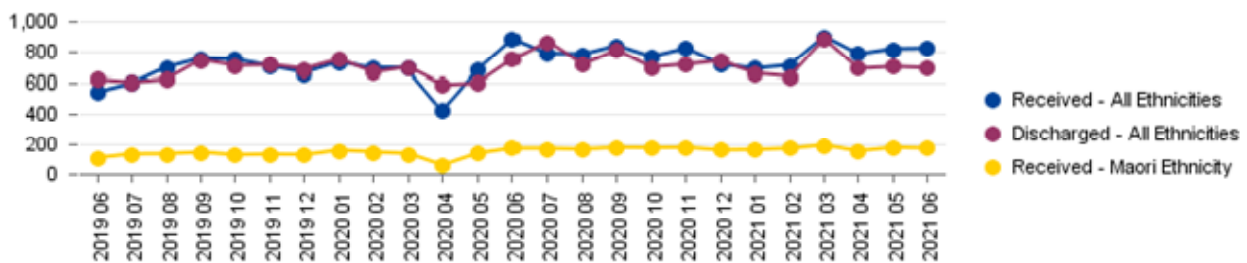


Figure 2: Wāhi Oranga Inpatient Unit

June has been a very challenging month for Wāhi Oranga with high occupancy and lower staffing numbers.

Wahi Oranga Inpatient Unit

	Referrals - 2021 06			Midnight Occupied Beds - 2021 06			2021 06	2021 05
	Caseload 05/07/21	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	28	28	36	29.9	30	100%	52	100%

Referrals Received and Discharged

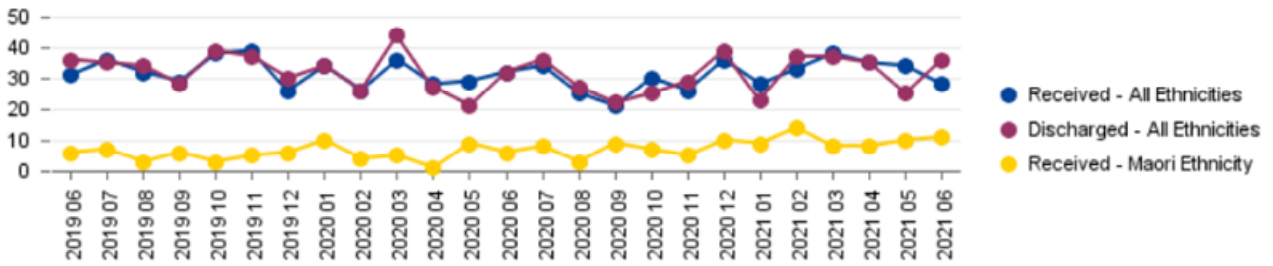
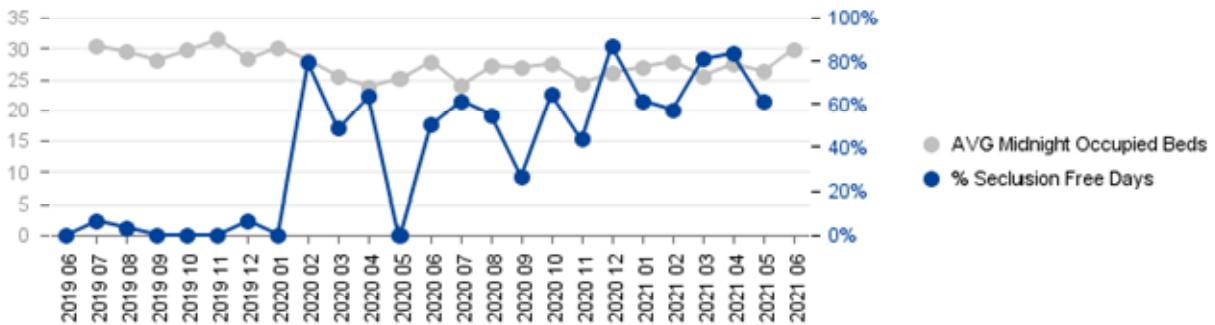


Figure 3: Seclusion

There has been some increase in seclusion use this month. We remain focussed on reducing seclusion.

% Seclusion Free Days



Seclusion Hours

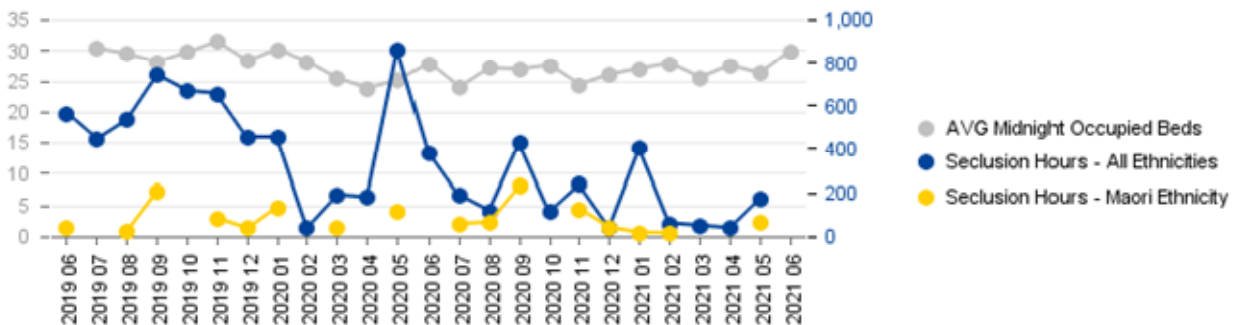


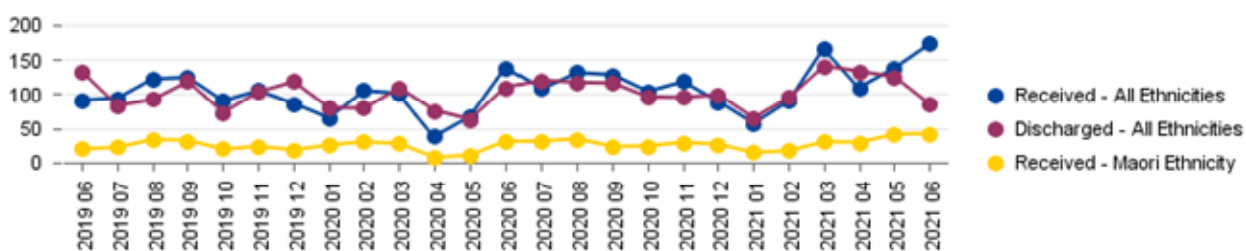
Figure 4: ICAMHS

There has been an increase in ICAMHS referrals received over recent months.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2021 06			Community Contacts - 2021 05			DNA % - 2021 05	
	Caseload 05/07/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	4	1			0%			
ICAMHS Nelson	411	114	75	732	100%	111	2.3%	4.8%
ICAMHS Wairau	217	45	10	89	23%	51	4.5%	0.0%
Infant and Maternal Nelson	36	13			0%			
Total	668	173	85	821	74%	94	2.6%	4.2%

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

Five people have been selected for Special Olympics (two for indoor bowls and three for ten pin bowling) and are starting to organise for the Nationals in Hamilton this coming December. There is great excitement in the team during the planning stages.

We are making good progress on accessing the COVID vaccinations for people we support and for our teams. We are now focussing on accessing the flu immunisation.

5. CLINICAL SERVICES

5.1 Health Targets

At the end of June 2021 we planned 7,131 surgical discharges of which we have delivered 6,840 (95.9%). This is under plan by 296 discharges.

We have delivered 7,479 minor procedures to the end of June 2021, which is 2,809 procedures higher than our Plan target of 4,670 for this period.

For orthopaedic interventions year to date at the end of June 2021, a total of 514 joints have been completed which is down 14 on the Plan of 530.

We have delivered, as at end of June 2021, 615 cataracts which is 15 above our Plan of 600. There are currently 225 cataracts waitlisted for surgery.

5.2 Planned Care

ESPI 2 (time to receive a first specialist assessment) was Red for the month of June with 502 patients not being seen within 120 days of referral acceptance.

ESPI 5 (time to receive planned procedure) was also Red for the month of June with 228 patients not being treated within 120 days of being given certainty.

For 2021/2022 the MOH have introduced a change to the Improvement Action Plan for ESPI compliance. Funding will be allocated to the achievement of waitlist trajectories, ie reduction

in number of patients waiting > 120 days. Our base as at June 2021 for ESPI 2 is 74% compliant, and for ESPI 5 we are 60% compliant.

Payments will be made based on percentage of services that achieve the trajectories for each quarter. Our intense focus areas are ESPI5 General Surgery, Orthopaedics, ENT, Urology, Ophthalmology.

5.3 Shorter Stays in Emergency Department

Nelson ED Presentations

In Nelson, the admission percentage at 26% reflected a similar level to June 2019, while minutes in the department continue to trend upwards with non-admitted patients again reaching the 95% target. Only 60.8% of admitted patients were discharged to the wards within 6 hours with 18 patients in ED for greater than 12 hours over the month due to bed availability.



Wairau ED Presentations



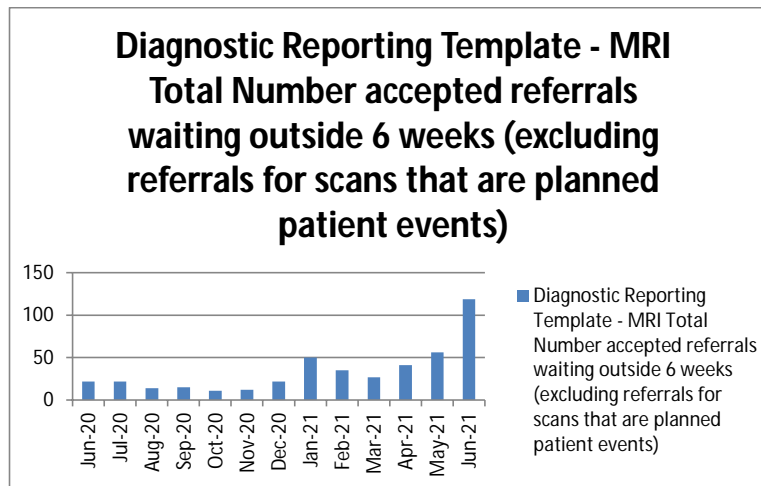
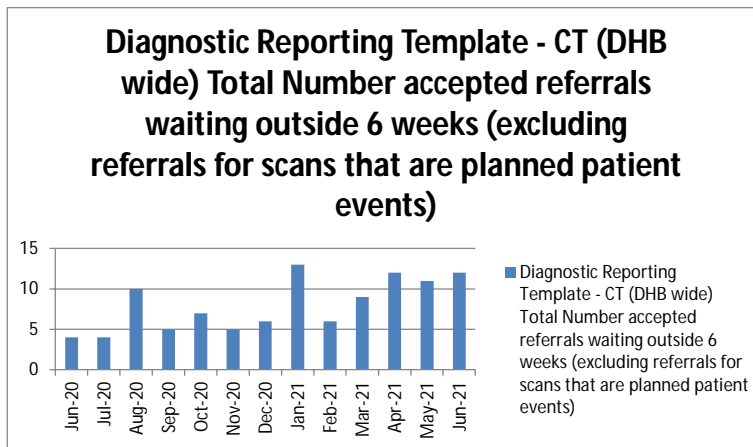
Hospital Occupancy

Our hospitals continue to have significant occupancy of 95% at Nelson and 88% at Wairau respectively.

5.4 Enhanced Access to Diagnostics

MRI numbers for June 2021 are 396 patients scanned, with 88% being scanned within 42 days of referral acceptance (MOH target is 90%).

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



5.5 Faster Cancer Treatment (FCT) – Oncology

Whilst June data is not complete until 6 weeks post the end of the period, preliminary data from the MOH reports the 62 day target sits at 84.3% achieved versus a target of 90%.

The 31 day indicator sits at 89.4% achieved, again versus a 90% target.

The team perform in depth analysis of those who do not meet the target, and are working on getting a smoother flow through diagnostics, particularly for bronchoscopy, where access to the endoscopy suite may be limited.

We also review in depth any Maori patients who experience delays in their care, noting that numbers are low so variability in percentage numbers may be high. The lung pathway, where access to CT has been difficult, has been revised to allow GPs to request this, but use remains low so further conversations are occurring.

Radiology are attending FCT more regularly and we are working to get an FCT flag on their e-referrals.

6. ALLIED HEALTH

The Clinical Governance Committee has provided clinical endorsement for the introduction of Flexible Endoscopic Evaluation of Swallowing (FEES). This is a new service to NMH. The speech and language therapy application covered the clinical safety, value and appropriateness, the credentialing process for staff and the support of other relevant departments for this service. This endorsement is for the clinical procedure only. The funding of the service is dependent on the normal budgeting process within NMH.

Allied Health services received additional fixed term funding from the Ministry of Health to pilot the introduction of two Allied Health Māori apprenticeship roles (Kaiāwhina / Allied Health Assistant), focused on school leavers. The aim is to provide experience of the broad range of allied health services, both within the community and hospital setting, whilst completing a Level 2 Health and Wellbeing qualification. The Allied Health Assistants (AHA) are now in post and the partnership approach with Te Waka Hauora and Career Force continues.

7. PEOPLE & CAPABILITY

Work is progressing on a whole of organisation plan for developing effective leadership. The four elements to this are:

- Leadership skills and capabilities
- Role competence (technical and managerial)
- Employee wellbeing initiatives
- An equity focus in all we do.

Three significant pieces of work are underway to support the leadership framework. These are the development of the leadership framework programmes, a whole of organisation employee wellbeing plan and a cultural competence education framework.

During June we have also made good progress with the Holidays Act project, with a number of solutions to areas of non-compliance now adopted by ELT.

8. SUSTAINABILITY

We have recently completed the recruitment of a Sustainability Coordinator with the individual commencing at the end of July. The aim of this new role is to take the leadership role in driving the environment sustainability programme forward. They will help to identify opportunities for improvement and then, working with the relevant teams, to prioritise and implement solutions. We will arrange for a brief presentation on the work programme, etc for the October Board meeting.

9. DIGITAL AND DATA

Work continues on strengthening the cyber security posture of NMH.

We have a national forum for CDOs (Chief Digital Officer), plus Data & Digital leads from MOH. The regional leads for the national CDO forum are meeting regularly together, and we have completed work on developing a draft national digital investment framework. The objective is to have a national portfolio view of all our planned digital capital investments and utilise the investment framework to assist in consistently prioritising these investments.

Project Status

Name	Description	Status	Due date
Project			
Community Connections	With a focus on equity, a proposal to fund a one-year trial of a PMS for selected NGOs and other community providers was approved by the MoH.	Draft contract received and being reviewed. Some funding received for implementing WellChild capability, so included in scope and given priority. HealthOne web access for tier 1 users is being explored.	Jul 22

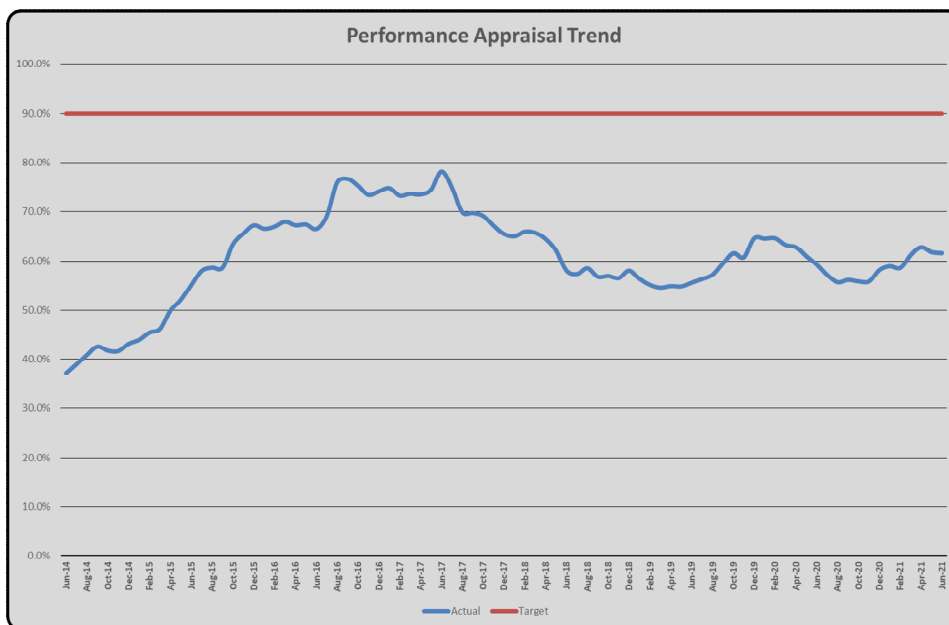
Name	Description	Status	Due date
Medications Management	Procure a medication prescribing, administration, and reconciliation system that converges on a single list of medicines for a patient in any setting	The reference group is now expanded SI wide, and Mid Central have expressed an interest as they are also evaluating. Current target is putting RFI to market to understand capability, then make decision on initial focus of inpatient or ambulatory.	tbd
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. Live date now end July, with rollout following. Workshop held to review Theatre Management System replacement (Phase2) options.	Various
eObservations (Patientrack)	Mobile Nursing tool to record Early Warning Scores, assessments, & provide active alerts.	Working with Wahi Oranga to implement Patientrack into inpatient unit, preadmission and emergency department and oncology.	Live / rolling out.

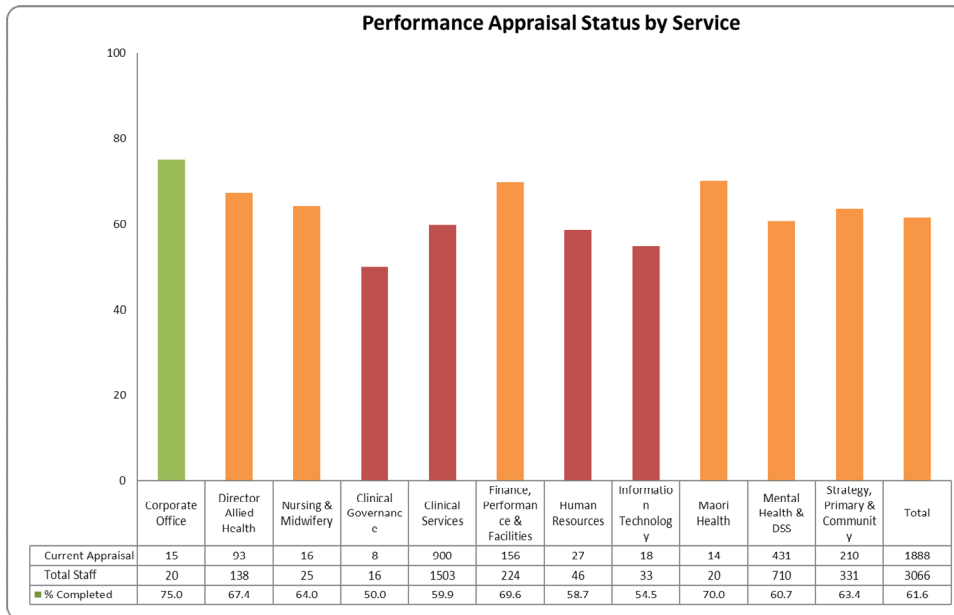
10. DASHBOARD

Attached as item 4.1 is the Quality and Safety Markers (QSMs) dashboard showing QSMs for falls, pressure injuries, patient deterioration, and hand hygiene.

11. PERFORMANCE APPRAISALS

To date we are at 61.6% of staff with a current appraisal.



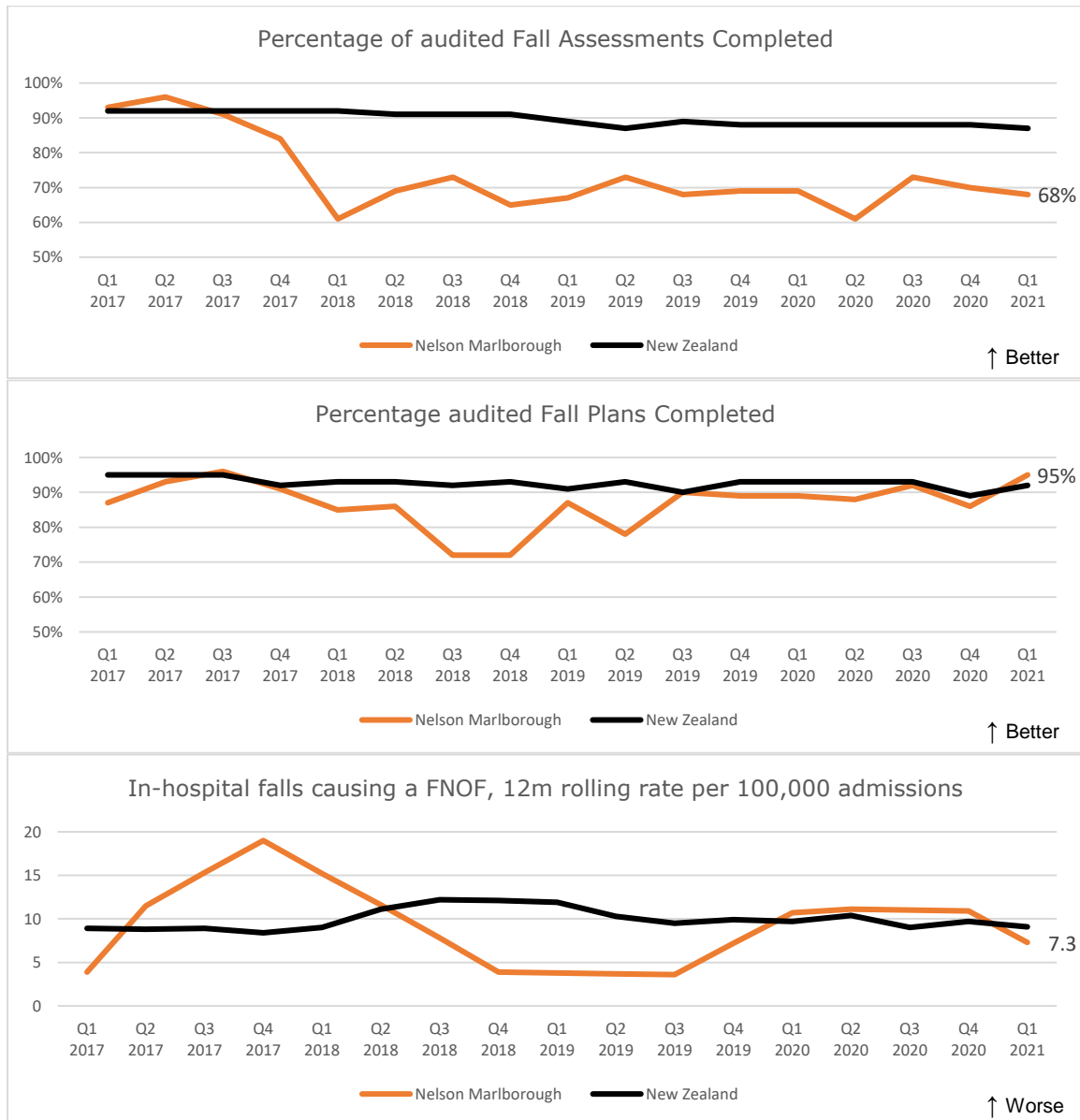


Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

QSMs Falls Process and Outcome Measures



Data for all Quality Safety Markers from: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

In Q1 2018 NMH amended our audits to adhere exactly to the standards as set by HQSC. This resulted in the step change visible from Q1 2018.

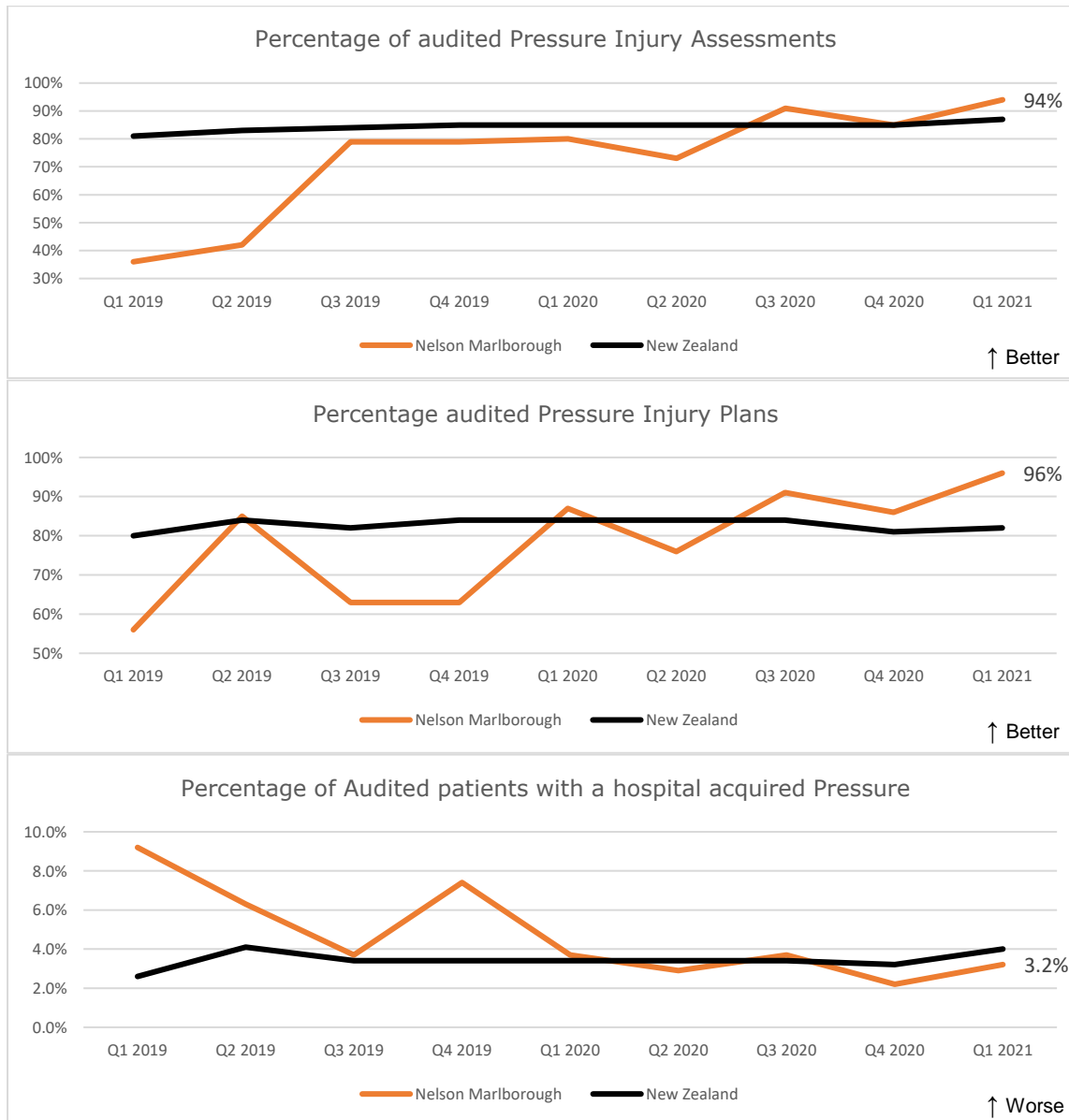
The falls group continues to work on achieving this standard.

The team can be pleased with the fact that we are consistently close to the New Zealand average for percentage falls plans completed according to our stringent audit process since Q3 2019.

Small numbers of patients having in-hospital falls resulting in a fracture neck of femur in this measure results in marked variability in this chart when looking at the 12 month rolling rate per 100,000 patients.

Regardless we don't observe Nelson Marlborough's rate of in-hospital falls causing a FNOF, (fractured neck of femur,) to be consistently different from the National rate.

QSMs Pressure Injuries Process and Outcome Measures

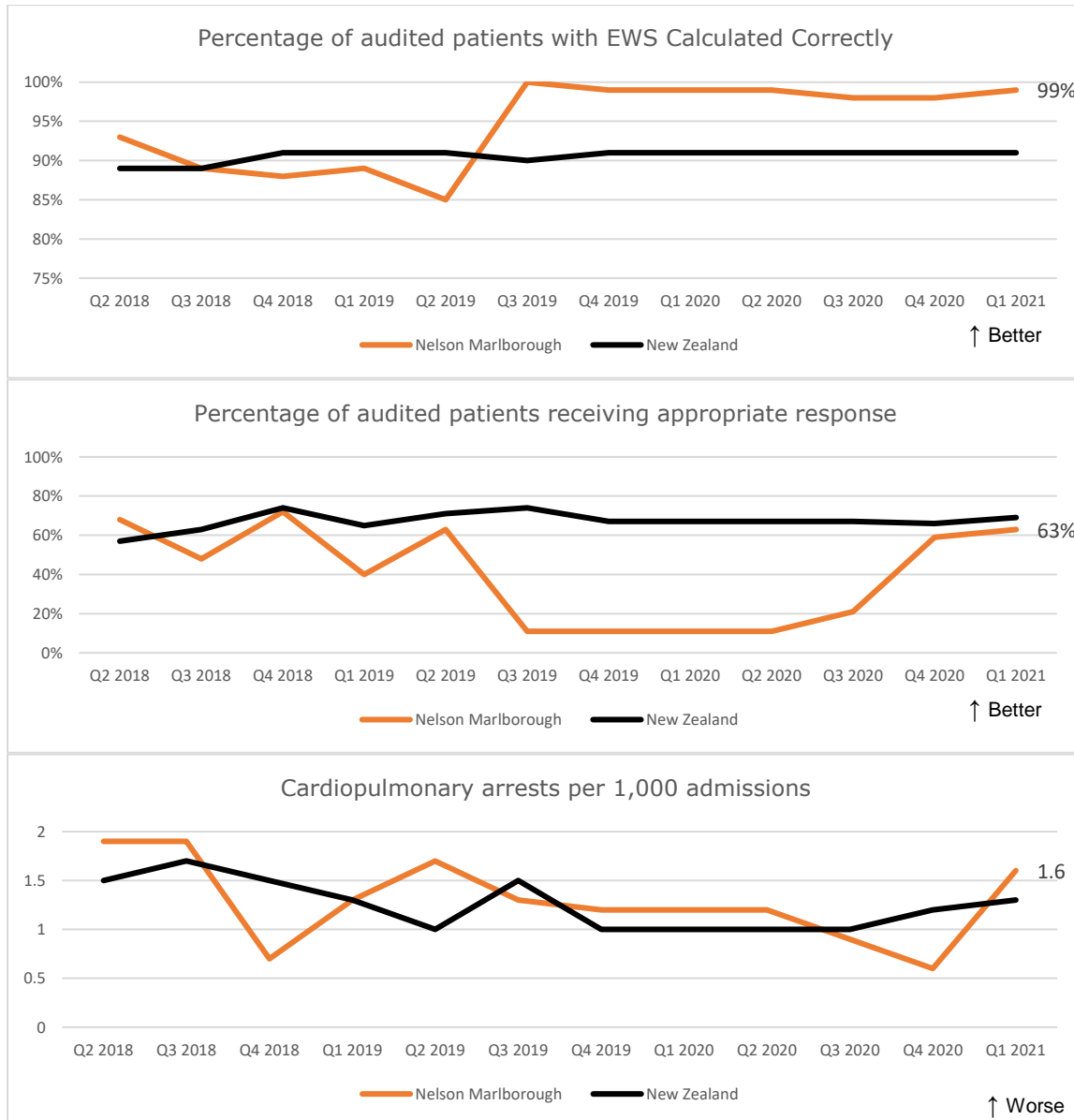


Data for all Quality Safety Markers from:
["https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/"](https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/)

From our Pressure Injury process measures, Nelson’s percentage of assessments completed on audited patients has approached, and then exceeded the national average. This trend appears inversely proportionate to the percentage of audited patients with a pressure injury, NMDHB appears to be doing slightly better than the rest of the country in this regard.

In the last few years our percentage of audited patients with a pressure injury has been higher for Nelson Marlborough than for the national average. It is important to note however that there was no national data for 2020 Q1 and Q2, due to Covid-19. As previously stated, our work is resulting in improvement in this area.

QSMs Patient Deterioration Process and Outcome Measures



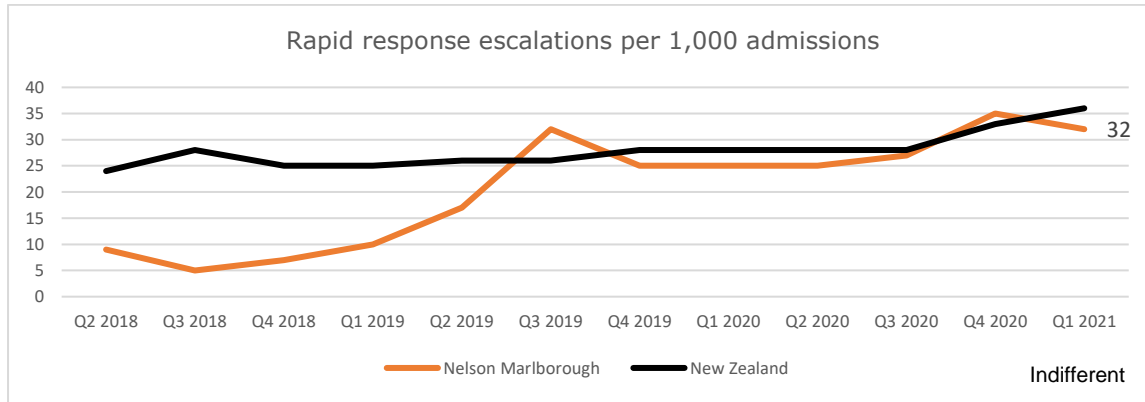
Data for all Quality Safety Markers from:
<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

The introduction of Patientrack has enabled deteriorating patients within the hospital to be more visible and to have their EWS(Early Warning Score) correctly calculated.

During mid-2019 we started employing a more stringent auditing process to this measure and saw a drop in the percentage of patients receiving an appropriate response. Since this time following work with our nurse educators the appropriate response has improved.

The Cardiopulmonary arrest rate is broadly similar to the national average and hasn't really changed.

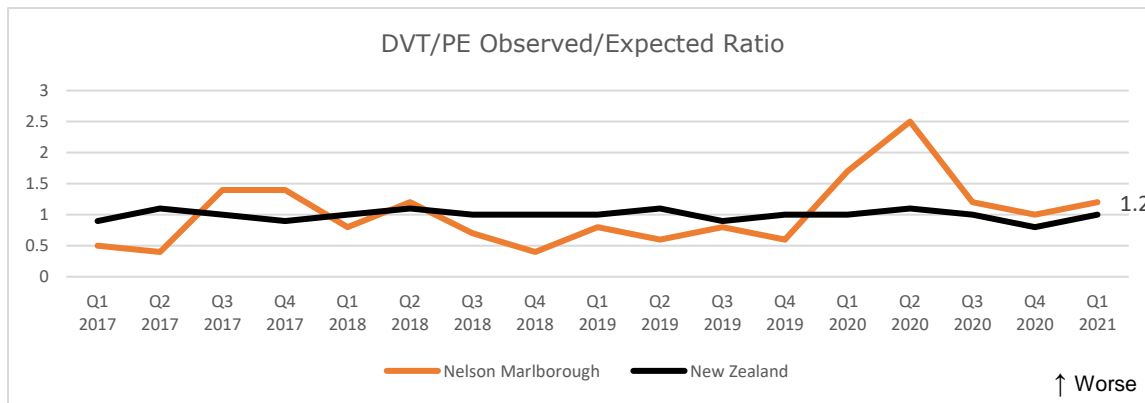
Quality and Safety Markers Report



Data for all Quality Safety Markers from: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

The rate of rapid response escalations (the appropriate response to a deteriorating patient) have increased since the introduction of Patientrack which has made the patients requiring a rapid response more visible.

Other QSM Outcome Measures

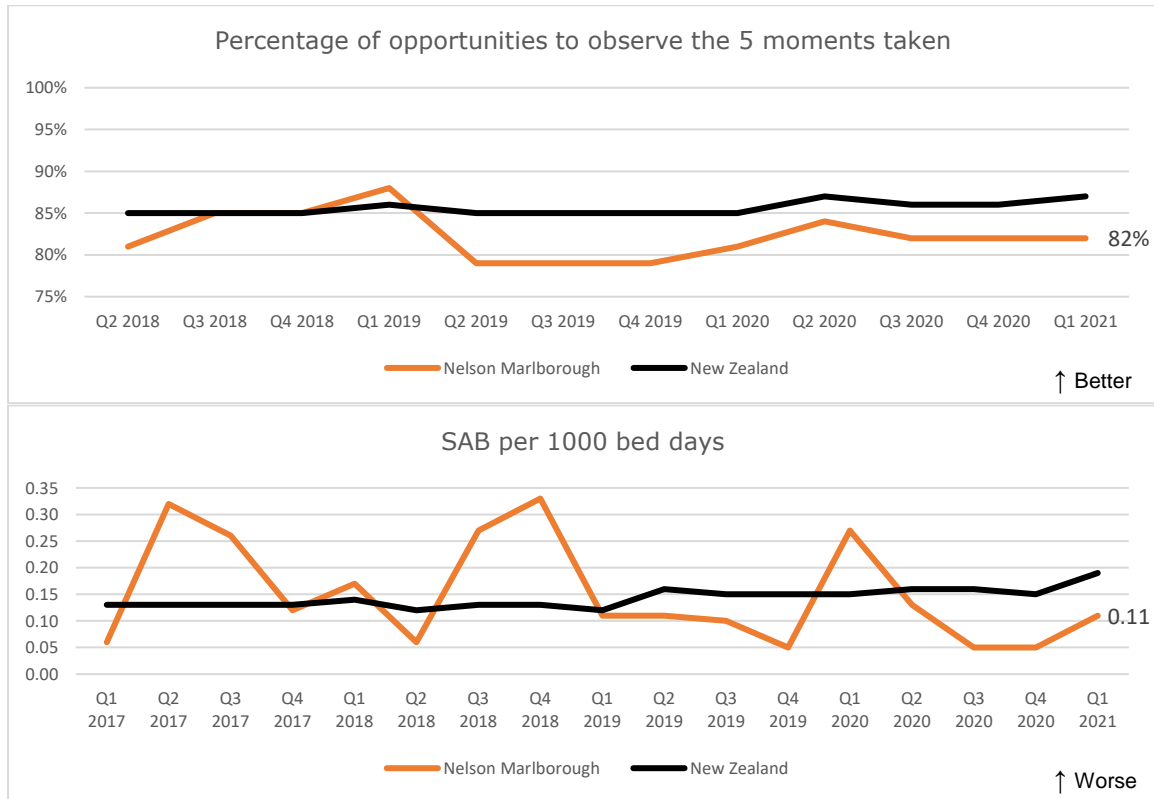


A ratio value greater than 1 indicates that there are more DVT/PE cases than expected, based on the HQSC's prediction model. The model is based on patient demographics and census data, for which further information can be found below:

<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/>

We are continuing to work to ensure that all our processes to pick up and prevent DVT/PE are appropriate and effective.

QSMs Hand Hygiene Process and Outcome Measures



Data for all Quality Safety Markers from:
<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

As of late, NMDHB has been tracking lower than the national average percentage of opportunities taken to observe the 5 moments of Hygiene although still achieving the HQSC target of 80%.

This is an area of continued focus by our audit teams and the infection prevention team.

Staph aureus bacteraemia (SAB) is the outcome measure chosen by HQSC to reflect the outcome of good hand hygiene. Nationally this measure has been tracking up over time rather than down. Our results show normal variation only being neither markedly better nor markedly worse than the national average.

MEMO

To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 21 July 2021
Subject: Financial Report for June 2021

Status

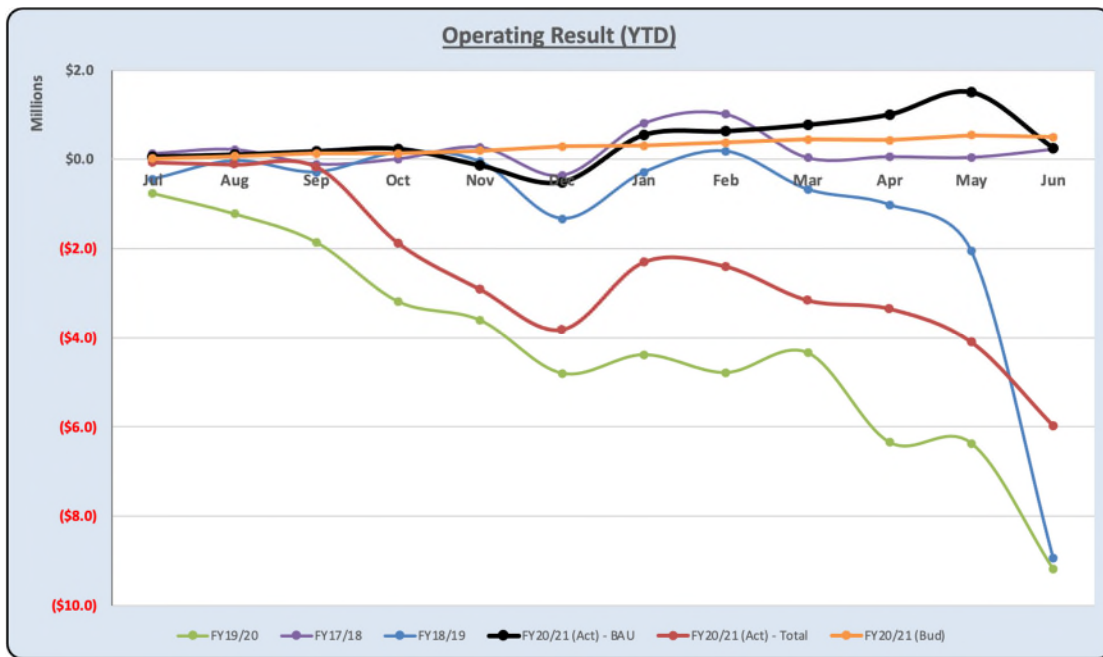
This report contains:

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

Commentary

It is pleasing to report that the result, subject to audit, for the 2020/21 financial year shows a small surplus of \$84k before the impact of COVID and the Holidays Act Remediation (HAR). This result reflects the efforts of all our staff over the last 12 months.

Overall the result is a \$5.98M deficit when the impacts of COVID and HAR are accounted for.



There are a number of expected adjustments that occur with the year end result including the revaluation of employee entitlements, final wash-ups for the IDF, and various stock level adjustments. Additionally, the property assets were revalued in line with discussions with our Auditors and the impact of this revaluation, which increased the value of the land but largely held the building assets at the carrying value, is reflected in the statement of financial position.

The Auditors commence the audit on Monday in the last week of July and there may be some adjustments to the current reported result following final confirmation of the various wash-ups along with the audit process. These will be reflected in the Annual Report that will come to the Board in October.

Key Financial Risks

The following are some of the key financial risks being monitored and managed:

- *Critical supply chain exposures:* The impact of the COVID-19 pandemic has started to see the production and distribution of a range of critical hospital supplies becoming an increasing issue. For some such as the IV pump consumables and sterile wrap the MOH have centralised the management of the supply chain to ensure that stock piling to the detriment of other DHBs does not occur.
- *Planned care volume funding:* With the continued acute demand and other impacts such as the nursing strike there is pressure to deliver the base planned care volumes along with the COVID recovery volumes (noting these are due for completion by end of September). There are key targets to deliver to ensure that all funding is received.
- *Liquidity:* Whilst NMH remains cash positive and is delivering, largely to a breakeven result, the cash reserves in the sector are very tight with a number of DHBs that will need to seek deficit support through the year. The overall cash position is being closely monitored by the MOH and NZHP.
- *COVID-19:* There remain a number of uncertain parameters around the response to the pandemic including the potential for further lockdowns, etc. Costs and any associated revenues will continue to be reported separately.
- *Holidays Act compliance:* The workstream to determine the remediation liability continues to make progress with an accrual aligned to the estimated liability calculation accounted for in the FY19/20 financial statements. The final liability cannot be determined until the calculations are completed. In addition, the ongoing increase in costs to ensure compliance remain uncertain.

Capital Expenditure

The following table provides a snapshot on progress with the capital expenditure budget for the FY20/21 year. It is pleasing that the bulk of the baseline capital allocations have been approved through the year.

\$000s	Budget	Approved	Variance
Baseline allocated to GMs (inc c/fwd)	\$9,278	\$9,087	\$191
Niggles	\$200	\$200	\$0
Donations	\$0	\$1,249	(\$1,249)
Contingency	\$1,000	\$963	\$37
Strategic	\$3,750	\$3,750	\$0
Total	\$14,228	\$15,249	(\$1,021)

Contracts Signed Under Delegation

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

- ACC high tech imaging services variation
- ACC elective services contract variation
- ACC clinical services contract variation
- ACC fracture liaison services
- National cervical screening programme services
- COVID-19 testing in general practice contracts with PHOs.

Year End Processes

The year end processes, including preparing the annual report, conducting the statutory audit and completing the Crown Financial Statement (CFS) return, are now underway.

In a change from previous years NMH is not required to have our CFS return audited, however the return is required accompanied by a letter of representation that is required to be signed by the Board Chair and Deputy Chair, the Chief Executive and Chief Financial Officer.

The return and letter of representation are due with the MOH on 9 August – the day prior to the scheduled Audit & Risk Committee where agreement is normally obtained. I have recommended that the Board approve the signing of the letter of representation as required.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE LETTER OF REPRESENTATION REQUIRED TO ACCOMPANY THE CROWN FINANCIAL STATEMENT RETURN BE SIGNED BY THE CHAIR, DEPUTY CHAIR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER**

Operating Statement

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	546,336	4,150	550,486	542,704	3,632	7,782	506,044
MOH non-devolved funding	27,379	0	27,379	25,123	2,256	2,256	24,528
ACC revenue	7,877	0	7,877	6,710	1,167	1,167	6,773
Other government & DHBs	12,269	0	12,269	10,527	1,742	1,742	10,369
Other income	11,845	922	12,767	11,855	(10)	912	12,287
Total Revenue	605,706	5,072	610,778	596,919	8,787	13,859	560,001
Expenses							
Employed workforce	231,992	343	232,335	235,611	3,619	3,276	218,848
Outsourced workforce	7,190	495	7,685	1,978	(5,212)	(5,707)	7,833
Total Workforce	239,182	838	240,020	237,589	(1,593)	(2,431)	226,681
Outsourced services	23,793	89	23,882	21,513	(2,280)	(2,369)	19,246
Clinical supplies	31,874	104	31,978	28,808	(3,066)	(3,170)	27,845
Pharmaceuticals	51,914	1	51,915	50,355	(1,559)	(1,560)	51,921
Air Ambulance	4,564	49	4,613	4,259	(305)	(354)	4,230
Non-clinical supplies	35,601	798	36,399	36,159	558	(240)	30,227
External provider payments	146,913	3,759	150,672	143,011	(3,902)	(7,661)	141,807
Inter District Flows	52,827	0	52,827	49,623	(3,204)	(3,204)	51,022
Total Expenses before IDCC	586,668	5,638	592,306	571,317	(15,351)	(20,989)	552,979
Surplus/(Deficit) before IDCC	19,038	(566)	18,472	25,602	(6,564)	(7,130)	7,022
Interest expenses	383	0	383	436	53	53	376
Depreciation	13,745	0	13,745	14,806	1,061	1,061	13,314
Capital charge	4,826	0	4,826	9,860	5,034	5,034	9,709
Total IDCC	18,954	0	18,954	25,102	6,148	6,148	23,399
Operating Surplus/(Deficit)	84	(566)	(482)	500	(416)	(982)	(16,377)
Holidays Act compliance	(5,500)	0	(5,500)	(500)	(5,000)	(5,000)	(46,082)
Net Surplus/(Deficit)	(5,416)	(566)	(5,982)	0	(5,416)	(5,982)	(62,459)

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Workforce Costs							
Employed SMO	45,667	25	45,692	50,380	4,713	4,688	41,891
Outsourced SMO	5,639	1	5,640	1,283	(4,356)	(4,357)	6,556
Total SMO	51,306	26	51,332	51,663	357	331	48,447
Employed RMO	15,062	(7)	15,055	15,013	(49)	(42)	14,347
Outsourced RMO	423	0	423	397	(26)	(26)	260
Total RMO	15,485	(7)	15,478	15,410	(75)	(68)	14,607
Employed Nursing	76,576	161	76,737	76,172	(404)	(565)	72,715
Outsourced Nursing	48	308	356	0	(48)	(356)	25
Total Nursing	76,624	469	77,093	76,172	(452)	(921)	72,740
Employed Allied Health	32,984	4	32,988	32,681	(303)	(307)	30,745
Outsourced Allied Health	682	0	682	223	(459)	(459)	482
Total Allied Health	33,666	4	33,670	32,904	(762)	(766)	31,227
Employed Disability Support Service	19,123	0	19,123	18,815	(308)	(308)	17,986
Outsourced Disability Support Service	0	0	0	0	0	0	0
Total Disability Support Service	19,123	0	19,123	18,815	(308)	(308)	17,986
Employed Hotel & Support	8,289	51	8,340	7,829	(460)	(511)	7,387
Outsourced Hotel & Support	40	0	40	6	(34)	(34)	60
Total Hotel & Support	8,329	51	8,380	7,835	(494)	(545)	7,447
Employed Management & Admin	34,291	109	34,400	34,721	430	321	33,777
Outsourced Management & Admin	358	186	544	69	(289)	(475)	450
Total Management & Admin	34,649	295	34,944	34,790	141	(154)	34,227
Total Workforce costs	239,182	838	240,020	237,589	(1,593)	(2,431)	226,681
Total Employed Workforce Costs	231,992	343	232,335	235,611	3,619	3,276	218,848
Total Outsourced Workforce Costs	7,190	495	7,685	1,978	(5,212)	(5,707)	7,833

	YTD						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Full-Time Equivalent Staff Numbers							
SMO	131.9	0.0	131.9	143.2	11.3	11.3	120.4
RMO	99.0	0.0	99.0	97.4	-1.6	-1.6	91.4
Nursing	786.1	1.5	787.6	760.3	-25.8	-27.3	699.6
Allied Health	381.2	0.0	381.2	390.5	9.3	9.3	328.6
Disability Support Service	281.4	0.0	281.4	272.4	-9.0	-9.0	270.1
Hotel & Support	134.4	0.0	134.4	130.7	-3.7	-3.7	123.2
Management & Admin	422.6	0.8	423.4	427.9	5.3	4.5	377.8
Total FTEs	2,236.6	2.3	2,238.9	2,222.4	-14.2	-16.5	2,011.1

	YTD \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Average Cost Per FTE							
SMO	346		346	352	6	5	348
RMO	152		152	154	2	2	157
Nursing	97		97	100	3	3	104
Allied Health	87		87	84	(3)	(3)	94
Disability Support Service	68		68	69	1	1	67
Hotel & Support	62		62	60	(2)	(2)	60
Management & Admin	81		81	81	(0)	(0)	89
	104		104	106	2	2	109

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 June 2021

	Budget Jun-21 \$000	Actual Jun-21 \$000	Actual Jun-20 \$000
Assets			
Current assets			
Cash and cash equivalents	8,410	19,415	9,134
Other cash deposits	21,284	21,300	21,298
Receivables	19,222	23,248	17,124
Inventories	2,742	3,387	2,900
Prepayments	1,188	1,760	386
Non-current assets held for sale	465	2,105	2,105
Total current assets	53,311	71,215	52,947
Non-current assets			
Prepayments	36	695	521
Other financial assets	1,715	1,732	1,723
Property, plant and equipment	193,555	218,258	193,039
Intangible assets	11,973	11,069	11,087
Total non-current assets	207,279	231,754	206,370
Total assets	260,590	302,969	259,317
Liabilities			
Current liabilities			
Payables	45,492	56,439	41,666
Borrowings	501	737	632
Employee entitlements	44,441	105,409	97,310
Total current liabilities	90,434	162,585	139,608
Non-current liabilities			
Borrowings	7,664	7,819	8,473
Employee entitlements	9,870	9,256	10,829
Total non-current liabilities	17,534	17,075	19,302
Total Liabilities	107,968	179,660	158,910
Net assets	152,622	123,309	100,407
Equity			
Crown equity	80,825	80,826	81,373
Other reserves	86,476	112,915	83,481
Accumulated comprehensive revenue and expense	(14,679)	(70,432)	(64,447)
Total equity	152,622	123,309	100,407

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 June 2021

	Budget Jun-21 \$000	Actual Jun-21 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	597,222	603,047	597,222
Interest received	1,250	483	1,250
Payments to employees	(233,016)	(225,809)	(233,016)
Payments to suppliers	(339,110)	(351,781)	(339,111)
Capital charge	(9,860)	(4,826)	(9,860)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	16,486	21,114	16,485
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	106	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(7,000)	(7,884)	(7,000)
Purchase of intangible assets	(2,000)	(1,573)	(2,000)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(9,000)	(9,351)	(9,000)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(983)	(1,482)	(436)
Net cash flow from financing activities	(983)	(1,482)	(983)
Net increase/(decrease) in cash and cash equivalents	6,503	10,281	6,502
Cash and cash equivalents at the beginning of the year	1,907	9,134	1,907
Cash and cash equivalents at the end of the year	8,410	19,415	8,409

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow												
Receipts												
Government & Crown Agency Received	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,757	49,753
Interest Received	56	56	56	56	56	56	56	56	56	56	56	59
Other Revenue Received	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,006	1,021
Total Receipts	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,819	50,833
Payments												
Personnel	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,805	19,822
Payments to Suppliers and Providers	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,767	29,782
Capital Charge	-	-	-	-	-	3,000	-	-	-	-	-	3,000
Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	49,572	49,572	49,572	49,572	49,572	52,572	49,572	49,572	49,572	49,572	49,572	52,604
Net Cash Inflow/(Outflow) from Operating Activities	1,247	1,247	1,247	1,247	1,247	(1,753)	1,247	1,247	1,247	1,247	1,247	(1,771)
Cash Flow from Investing Activities												
Receipts												
Sale of Fixed Assets	-	-	-	-	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-	-	-	-	-
Payments												
Capital Expenditure	584	584	584	584	584	584	584	584	584	584	584	576
Capex - Intangible Assets	167	167	167	167	167	167	167	167	167	167	167	163
Increase in Investments	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	751	751	751	751	751	751	751	751	751	751	751	739
Net Cash Inflow/(Outflow) from Investing Activities	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(751)	(739)
Net Cash Inflow/(Outflow) from Financing Activities	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(37)	(585)
Net Increase/(Decrease) in Cash Held	459	459	459	459	459	(2,541)	459	459	459	459	459	(3,095)
Plus Opening Balance	19,415	19,874	20,333	20,792	21,251	21,710	19,169	19,628	20,087	20,546	21,005	21,464
Closing Balance	19,874	20,333	20,792	21,251	21,710	19,169	19,628	20,087	20,546	21,005	21,464	18,369

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 21 July 2021
Subject: **Consumer Council Report**

Status

This report contains:

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

The Consumer Council met in Nelson and via Zoom on Monday 12 July.

Regular reports from Choosing Wisely and Clinical Governance were tabled. The Council is pleased that representation from consumers are on both groups.

Monthly meetings have been scheduled with the Clinical Governance Chair and myself to discuss projects, and how the Council can feedback into the Board workplan by assessing consumer's opinions on areas of focus and provide a consumer voice to projects. We are looking forward to having a closer relationship with Clinical Governance in respect of being proactive rather than reactive to their meetings. The Consumer Council is currently gauging opinions on child health services, workforce and assisted dying conversations.

Discussion was held on communication tips for DHB staff, moving on from statements like "be a good listener" to also adding what these behaviors look like to a consumer. We have also discussed the inpatient experience survey, however the Council would like to raise concerns with the numbers included, and the validity of the results based on this.

An update on Ki Te Pae Ora was provided on the Locality Care Coordinators. The GM Maori Health & Vulnerable Populations also attended the meeting to discuss the Council's responsibility under Te Tiriti o Waitangi.

Angelea Stanton
Consumer Council Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 21 July 2021
Subject: **Clinical Governance Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Purpose

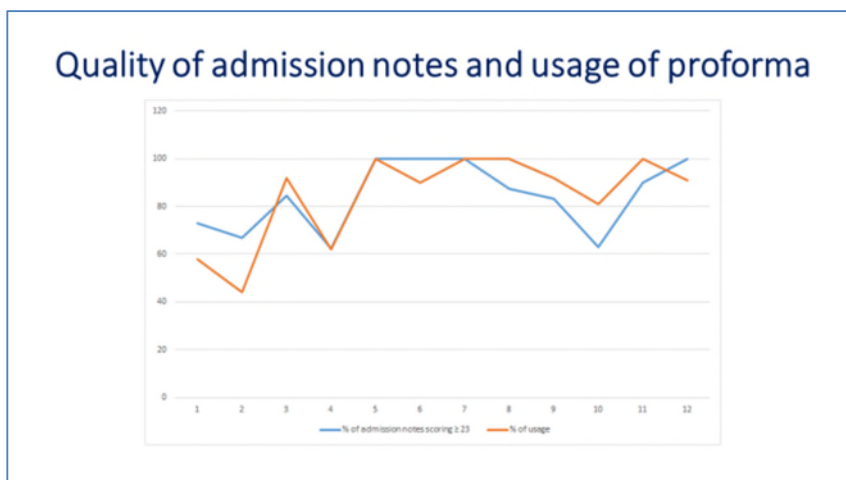
To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 2 July 2021.

DHB CGC endorsed:

- **The introduction of a new service to the DHB: Flexible Endoscopic Evaluation of Swallowing (FEES)** – The Clinical Governance Committee was able to provide clinical endorsement for the introduction of this new service. The application covered the clinical safety, value and appropriateness, the credentialing process for staff and the support of other relevant departments for this service.

DHB CGC noted:

- **The impact of winter ill on multiple teams** – The pressure on many departments resulting from increasing numbers of patients presenting with winter illnesses was acknowledged. At the same time staffing numbers are impacted by both the winter ill and our increased difficulty in recruiting due to the reduction in international applicants. Our winter staff sickness rates are similar to the year before last, but during lockdown last year we enjoyed a reduction in circulating respiratory viruses.
- **QI Residency presentation – Improving the documentation in admission clerking at Wairau Hospital using a Proforma** – The admission clerking is a key document, consulted by multiple parties: not only the full clinical team but also clinical coders. An accurate and comprehensive admission document is likely to improve patient care and enable accurate coding. Prior to this project Wairau Hospital did not have a standardised admission proforma.



The quality of the admission notes correlated with, and was improved by, the use of the proforma and its introduction has also enabled a link to guidance on DVT prophylaxis as well as making reference to the 'OtTeR' form.

This project has been very successful – the percentage of use of this proforma three weeks after the end of the project was 100%

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

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

CE (CEO)	Chief Executive (Chief Executive Officer)
CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CD	Clinical Director
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CDO	Chief Digital Officer
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CLAB	Central Line Associated Bacteraemia
CLAG	Clinical Laboratory Advisory Group
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMO	Chief Medical Officer
CMS	Contract Management System
CNM	Charge Nurse Manager
CNS	Charge Nurse Specialist
COAG	Clinical Operations Advisory Group
Concerto	IT system which provides clinician's interface to systems
COHS	Community Oral Health Service
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CP	Chief Pharmacist
CPO	Controlled Purchase Operations
CPSOG	Community Pharmacy Services Operational Group
CPU	Critical Purchase Units
CR	Computed Radiology
CRG	Christchurch Radiology Group
CRISP	Central Region Information Systems Plan
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CSSD	Clinical Services Support Directorate
CT	Computerised Tomography
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTC	Computerised Tomography Colonography
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
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 Training
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust

FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman
FPSC	Finance Procurement and Supply Chain
FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
hA	healthAlliance
HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HIU	Health Infrastructure Unit
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
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	Intermediate Care Unit
InterRAI	Inter Residential Assessment Instrument
IoD	Institute of Directors New Zealand
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPS	Individual Placement Support
IPSAS	International Public Sector Accounting Standards
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
KTPO	Ki Te Pae Ora
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LMC	Lead Maternity Carer
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTI	Lost Time Injury
LTIP	Long Term Investment Plan
LTCCP	Long Term Council Community Plan
LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MA	Medical Advisor
MAC(H)	Medicines Advisory Group (Hospital)
MAPA	Management of Actual and Potential Aggression
MAPU	Medical Admissions Planning Unit
MCT	Mobile Community Team
MDC	Marlborough District Council
MDM	Multidisciplinary Meetings
MDM	Multiple Device Management
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MEND	Mind, Exercise, Nutrition, Do It
MH&A	Mental Health & Addiction Service

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

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

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

SOPD	Surgical Outpatients Department
SOPH	School of Population Health
SPaIT	Strategy Planning and Integration Team
SPAS	Strategy Planning & Alliance Support
SPE	Statement of Performance Expectations
SSBs	Sugar Sweetened Beverages
SSE	Sentinel and Serious Events
SSP	Statement and Service Performance
SUDI	Sudden Unexplained Death of an Infant
TCR	Total Children Enrolled (Oral health)
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
ToSHA	Top of the South Health Alliance
TPO	Te Piki Oranga
TPOT	The Productive Operating Theatre
TU	Health & Disability Review Transition Unit
UG	User Group
USS	Ultrasound Service
U/S	Ultrasound
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
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 June 2021