

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 23 November 2021 at 10.00am

Seminar Centre Room 1, Braemar Campus
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	10.00am		
1	Welcome, Karakia, Apologies, Registration of Interests	10.10am	Attached	Resolution
2	Confirmation of previous Meeting Minutes	10.15am	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 and Safety Markers Report		Attached	Note
5	Finance Report		Attached	Resolution
6	Clinical Governance Committee Chair's Report		Attached	Resolution
7	Consumer Council Chair's Report		Attached	Resolution
8	For Information: Submissions		Attached	Note
9	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	10.45am	As below	Resolution

PUBLIC EXCLUDED MEETING

10.45am

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 26 October 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 	

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 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	
Allan Panting	<ul style="list-style-type: none"> ▪ Chair General Surgery Prioritisation Working Group ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group ▪ Chair National Orthopaedic Sector Group 			
Stephen Vallance	<ul style="list-style-type: none"> ▪ Chairman, Crossroads Trust Marlborough 			
Paul Matheson	Nil	<ul style="list-style-type: none"> ▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace 		

Open Board Agenda

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

As at September 2021

REGISTRATIONS OF INTEREST – EXECUTIVE LEADERSHIP TEAM MEMBERS

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

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					
Michael Bland	Acting GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 		
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 September 2021

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON TUESDAY 26 OCTOBER 2021 AT 12.30PM**Present:**

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

In Attendance:

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

Apologies:

Gerald Hope for lateness

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Jenny Nicholson, reporter for Waimea Weekly attended
Katie Townshend, reporter for Nelson Mail attended

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Moved: Paul Matheson
Seconded: Stephen Vallance

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Add wording in Financial report: The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$2.32M which is \$0.97M adverse to plan.

Moved: Paul Matheson
Seconded: Stephen Vallance

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 28 SEPTEMBER 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Points

Nil.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Board Chair thanked the NMH ELT team for their efforts over the weekend. The systems we have in place have worked well due to good partnerships with PHOs, Councils, etc.

Noted the announcement of the new three coloured traffic light with the South Island to be at 90% of population with first COVID vaccine doses by early November and 90% with second doses by end of November. We will need to utilise all partnerships in the South Island to achieve this.

SECTION 5: DECISION**5.1 2022 Meeting Dates**

Noted and endorsed, however noted Board may finish 1 July 2022.

Moved: Craig Dennis

Seconded: Olivia Hall

RECOMMENDATION:

THAT THE BOARD ENDORSES THE MEETING DATES FOR 2022.

AGREED

SECTION 6: CHIEF EXECUTIVE'S REPORT

Report focusses on preparation on COVID and resilience planning.

Patient story reminds us of why we do the job we do – community well child service that made a huge difference to the lives of a whole family.

Noted the Health System Indicators framework has not been received at this stage, however they are expected this week.

Noted the End-of-Life Choice Act comes into effect on 7 November. Noted this is a national service, however NMH has a local planning team. The service is new and will evolve over time. Planning has been made to ensure we have staff fully appraised of the

service itself and an understanding of what to do should we get a request. Noted the upcoming Community Lecture is on end-of-life choices.

Discussion held on the school-based immunisation programme and whether, going forward, this will include COVID. Noted this has not been finalised yet, however work is being undertaken on how COVID gets integrated with a vaccination programme in general. It has been confirmed that, apart from shingles, the COVID vaccine can be given at the same time as other vaccinations. Noted the timing for roll out of COVID vaccinations for 5–12-year-olds is unclear at this stage; however, it is tentatively scheduled for early 2022.

Discussion held on benefits to recruiting having MIQ space available for medically related appointments noting NMH has two new recruiters who will have direct relationships with immigration and various Medical Council's, and will support recruitment and onboarding of senior doctors, nurses, and allied health workforce.

System Level Measures

Noted.

CCDM Update

Noted. First review occurred last week.

SECTION 7: FINANCIAL REPORT

The core result for the first quarter is a small surplus of \$149k, which is \$180k favourable to the plan and represents a very pleasing start to a new financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$3.37M which is \$1.96M adverse to plan.

Moved: Olivia Hall
Seconded: Craig Dennis

RECOMMENDATIONS:

THAT THE BOARD:

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. NOTES THE CHIEF EXECUTIVE HAS SIGNED CONTRACTS UNDER DELEGATION RELATING TO:**
 - a. ORANGA TAMARIKI MASTER SERVICES AGREEMENT FOR LIVE LIFE DISABILITY SERVICES**
 - b. PRIMARY HEALTH ORGANISATION SERVICES AGREEMENT WITH KIMI HAUORA WAIRAU.**

AGREED

SECTION 8: CLINICAL GOVERNANCE

Noted.

SECTION 9: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Brigid Forrest
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 28 September 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 – FY21/22 Capital Expenditure Budget – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.00pm

ACTION POINTS - NMH – Board Open Meeting held on 26 October 2021						
Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
		Nil				

MEMO

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

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: 17 November 2021
Subject: Chair's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Tēnā koutou katoa

I don't think any of us would have imagined how 2021 was going to play out when we started the year. Through all the events, one thing has stayed the same – the effort and the energy that everyone at NMH has brought to work has stayed grounded in our values. There has been innovation, people have trusted and respected each other and working as a team has got us through.

We started the year with a new Chief Executive, Lexie O'Shea, and during the year she has welcomed two new members to the Executive Leadership Team. The leadership that Lexie has provided to the organisation has been strong on pragmatism, relationships have been reinforced, particularly with our Iwi and community partners, and we have continued to provide a high level of service to our population. Thank you, Lexie.

This year was always going to be dominated by the COVID-19 vaccination programme. Our relationships ensured that we got vaccines out early and provided for our most vulnerable in a timely way. We will reach the 90% target before Christmas, which is a magnificent effort. In more recent times we have turned to planning for when COVID-19 is more endemic in our community. With strong vaccination rates, COVID patients will largely be cared for in the community, but our hospitals will be prepared to support as required. This has been a big piece of work.

This preparation planning has highlighted the inadequacies of the Nelson facilities. The lack of space and modern facilities do not enable modern models of care. This leads me to another important piece of work that for many years has been continuing in the background. The Minister of Health, Hon Andrew Little, visited in February and has put on record that Nelson will have a new hospital. This was good news! As I write this, I am far more positive about the when and how than I have been in recent years. Staff deserve to work in modern buildings, that provide adequate spaces, particularly in this era of COVID, and that we deal with the issue of seismic resilience. 2022 will see some strong forward activity in this "once in a generation" project.

In April, the Health Reforms for a new health system were announced. This will change how health is planned in NZ with the intent on building a fairer system for all New Zealanders, to address inequities in health care particularly for Māori and to create an evidenced based system where the workforce will be well supported. How this will look for our present Nelson Marlborough Health system is uncertain. Yes, it will be nationally planned, regionally supported and locally delivered. Yes, there will be no DHB and Governance Board, but little else is known. The next 7 months will be interesting, and we will participate in the future planning where we can.

Winter was busy as usual, and we had an added visitor in the disguise of Respiratory Syncytial Virus (RSV). This kept our teams, especially in paediatrics, particularly stretched. Again, patients came first, and the teams did an amazing job.

Living in the 2020s was brought into focus when our peers in Waikato DHB were brought to a standstill due to a cyberattack. This served to remind us of how quickly things can change and to check our systems to make sure we are as protected as is possible.

I never fail to be amazed by the resiliency of all the staff at NMH. It has been a testing year. The reforms are unsettling, our services are in high demand all year round, COVID vaccination and preparation are ongoing, and building a new hospital – each of these pieces of work are huge workstreams, plus what we casually refer to as BAU – yes, the things that happen every single day in a very complex system.

To all the people who work in our world, THANK YOU – your efforts are acknowledged and appreciated. I hope you all manage some time off over the summer with the people you love; recharge your batteries because I think I can say, without doubt, 2022 will provide us with demand, the need to be flexible and plenty of challenge.

To the Board, thank you for your continued support of the organisation and me as Chair. We do know our future. We have 7 months left in our roles and I thank you for continuing to provide support and guidance to the team. As Directors, our role is to read the horizon and plan for the future. That is difficult in these times. We can ensure that we hand NMH to the new system as best as it can be. Our relationships in the community are strong, our population will continue to be provided with local services by a dedicated workforce, we are well on way to meeting our goal.

To all of you who gather for this monthly meeting, enjoy your summer, rest well and come back recharged and ready to meet whatever comes our way in 2022.

Meri Kirihimete

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 17 November 2021
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

Again COVID-19 and its many challenges have dominated our thinking and planning over the last month. However, despite all the disruption, our staff and community providers continue to deliver healthcare in one of the most challenging times we have known. Planned care continues alongside acute care delivery, and across the system we have settled into care delivery within a pandemic challenged world.

Our priorities remain maintaining our staff safety and capacity, and ensuring a safe environment for our patients, their whānau and our wider community.

Vaccinating our community remains a key focus and Super Saturday, which seems so long ago now, occurred on 16 October. We are now into planning the second doses for those that attended events on that weekend. A connected team across Te Tauihu delivered 1,035 first doses and 2,203 second doses (a total of 3,238 doses which is 2.4% of our eligible population aged 12+) – a tremendous effort by all.

October also gave us an opportunity to test our system for running an SIQ (Supported Isolation and Quarantine). This went extremely well due to meticulous planning and a small number of refinements have been implemented following learnings from that successfully managed event.

We continue with morning meetings, workplace support, debriefs and planning, planning, and planning to ensure we are ready when nationwide travel occurs, and the new traffic light system is implemented. As I write this, we are going through the process of implementing the Health Order for mandatory vaccination of health workers. To date we have stood down just over 100 staff (approximately 4% of our total workforce).

Early this year local iwi honoured NMH with a name for the redevelopment of Nelson hospital. **Whakatapuranga** – new generation. The name acknowledges the journey we have been on and the people who have been involved. It also speaks to the creation of services and facilities that will support our community now and into the future. This aptly summarises NMH's goal to achieve more equitable healthcare for generations to come.

Following a series of workshops over the last few months, we are making positive traction towards the completion of our new hospital detailed business case. We expect this to be completed by April for presentation to the Capital Investment Committee during May. A reduced number of options are now being considered and a peer review of our work to date will begin prior to Christmas.

2. MĀORI HEALTH

Te Waka Hauora continues to have a close working relationship with the Stop Smoking Team and is involved in the recently formed Te Waipounamu SUDI/Smokefree Coordinators networking hui. The main purpose of the group is to bring those working across Te Waipounamu in SUDI and Smokefree together, to connect with and support each other.

Data suggest that Safe Sleep, Wānanga Hapūtanga, Pēpi First quit smoking programmes and tobacco price increases are all having a direct impact on the reduction in pregnant wahine Māori smoking rates.

Te Aho o Te Kaho (the Government National Cancer Organisation) held hui via zoom to discuss a range of topics including leadership and governance, workforce capacity, data and information, research and innovation (Telehealth), Mātauranga Māori, holistic care (Whare Tapa Wha), racism and bias. Further hui are to be held to discuss Survival, Supportive and End of Life Care including topics on diagnosis and treatment, cancer journey, palliative and end of life care.

The Kaitiaki service has been successful in developing from a pilot project to a full time Service. A second Kaitiaki position will be appointed to start in November 2021 and a further two Poumanaaki roles will take on an element of the Kaitiaki role to further decrease Did Not Attract (DNA) rates for Māori in set areas. The main support from Kaitiaki for our whānau has been rescheduling appointments. We have also had an increase in the number of whānau who need transport to hospital appointments, especially Kaumatua. There has been an increase in Telehealth/virtual specialist appointments, largely due to COVID Alert Levels.

During the month of October, the Kaitiaki DNA programme assisted with 281 patient engagements/contacts for Specialist appointments (169 Paediatric, 96 ENT, 14 Orthopaedics, 1 Cardiology and 1 Surgical).

Work continues to increase the number of Māori employed at NMH and to encourage those currently employed to identify their ethnicity. It is noted that the Māori workforce at NMH has increased from 76 Māori staff in 2017 to 169 in May 2021 which is a significant improvement. This increase is achieved by a proactive recruitment strategy for Māori, a desire to build a workforce that is reflective and responsive to the population we serve, supporting secondary school children into tertiary education to gain a career in health (through Kia ora Hauora), support for non-regulated workforce, and working in partnership with NMIT and TPO.

Te Waka Hauora are supporting the NMH Public Health Service led pilot project, the “Hapori Fruit & Veg Box”. This initiative aims to improve access to fruit and vegetables for low socioeconomic areas through a cooperative approach to sourcing fruit and vegetables from local growers. Fruit and vegetables can be ordered weekly through this initiative.

Te Waka Hauora team members and the Public Health Team are preparing to do a mobile vaccination clinic in early November which will involve taking the newly acquired and sign-written truck to some of the streets within Nelson that have been identified as having a number of whānau who are unvaccinated.

3. PRIMARY & COMMUNITY

Mid-August was the start of the Auckland COVID outbreak response with all Public Health Units (PHU) acting through one national PHU response. Since then, we have seen a 7 day per week roster in operation in the Public Health Service (PHS). To date 105 cases from Auckland have been investigated, and over 2,000 contacts monitored from Nelson Marlborough. This is a massive contribution from a unit the size of Nelson Marlborough and many staff across the PHS are working long hours. NMH are currently the only PHU who monitor symptomatic contacts who are referred from Healthline on a consistent basis – all other PHUs now only have case investigation and contact tracing capacity. Our PHS has managed a backpackers which is used as emergency/transitional housing and multiple large

food manufacturing plants which has been great experience to prepare us for cases in Nelson Marlborough.

A new NM Health Pathway on COVID case management in the community went live early November. This pathway adheres to the national model endorsed and promoted by the MOH. There are ongoing discussions amongst regions about the risk stratification and care levels.

The sector has been supported for the implementation of Assisted Dying Services via various mechanisms. Almost 50% of age residential providers are yet to decide if they are willing to provide a location for assisted dying services. It is anticipated that all providers will have a policy released by November which details this information.

Home and Community Support Services have indicated that current staff vaccinations are low, and this may impact service delivery for those clients receiving household management assistance. Contingencies similar to those when we were in high COVID alert level restrictions will be applied.

Nelson City Council has released the draft 'City for All Ages' strategy for feedback. This has been shared widely across NMH for review and a collective response made.

Health Promotion were involved in a meeting with Life Educational Trust, REAP and Ministry of Education focused on anxiety, and a programme used in schools and at the Alternative Unit in the past was discussed. REAP are going to Hawkes Bay with Principals to look at units focused on anxiety. Agencies plan to meet again to update each other on actions and Life Education Trust is looking into the potential of running the programme.

Health Promoter alongside Te Piki Oranga, Te Kotahi te Taihu Charitable Trust and Karawhiua campaign team have been presenting Korero and Kai workshops for Rangatahi at colleges across Te Taihu. This is a collaborative project supported by mana whenua iwi in Te Taihu who want whānau to make informed choices. Our Korero and Kai workshops provide a platform for discussions about:

- COVID-19 – how it is affecting us as whānau, hapū, iwi, and Māori communities – our hauora and how we can support each other.
- Immunisation – how it works and why we need to make a well-informed choice.
- Trusted information – where you can find trusted information: Karawhiua is a campaign for whānau, hapū, iwi, and Māori communities to help prevent the spread of COVID-19.

A Health Promoter has been mentoring Rangatahi Tane from a Blenheim intermediate school focused on Maara Kai and Manaakitanga (volunteering in the community). To date the students have volunteered with Te Pataka (foodbank) and have been gifted a plot at the Marlborough Community Gardens.

There has been notification of Registered Nurse shortages this reporting period. The recommendation for additional dementia beds in Nelson was accepted by the provider and a transition plan is underway. One provider has advised that they will be de-commissioning one facility from January 2022. This will likely have no impact on bed numbers due to the regions newly opened facilities, however this does reduce the number of standard beds across the region, posing concerns for ongoing equity to access to age residential care for our older population in the future.

4. MENTAL HEALTH & ADDICTIONS

Nurse Entry to Specialist Practice (NESP) presents the best process for recruiting a new generation of nurses focused on mental health and addiction nursing. This year we have undertaken a recruitment and selection process and hope to bring six new graduates into mental health services in the New Year. Our existing graduate workforce have all secured substantive appointments within the Mental Health & Addictions Service.

Closer collaboration across the teams in Nikau Hauora Hub (Health Action Trust, Te Waka Ora, and MH&A) continues. Alongside this, new relationships around Family Harm illustrate the value of cross agency working.

October saw the completion of the Wāhi Oranga outdoor courtyard improvement project, which began during the first lockdown. Led by one of our social workers, the project involved preparing and wood staining the previously neglected outside shelter and sitting benches. It has been a particularly successful project for involving male clients, as finding suitable activities that interest young males has been challenging in the past. The courtyard looks fantastic.



Graphs noted below:

Figure 1: Older Person’s Mental Health

Older Person’s Mental Health (OPMH)

	Referrals - 2021 10			Community Contacts - 2021 09			Midnight Beds - 2021 10		
	Caseload 03/11/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	10	8	8				8.8	10	88%
Liaison Nelson	20	10	5	27	42%	26			
Liaison Wairau	8	2	1	27	54%	25			
Nelson	101	21	9	223	100%	17			
Wairau	28	9	6	93	100%	26			
Total	167	50	29	370	89%	21			

Referrals Received and Discharged

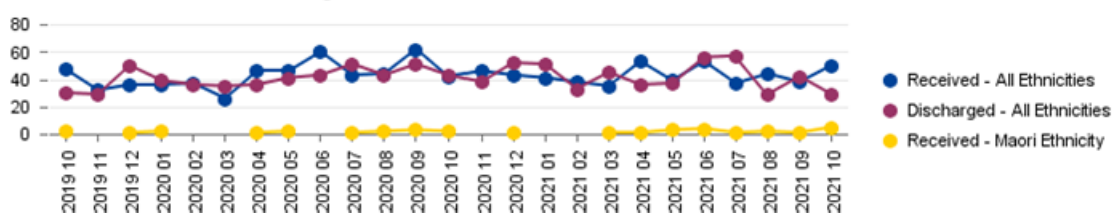


Figure 2: Wāhi Oranga Inpatient Unit

At a service level there was a 6% decrease in MH&A referrals received in October 2021 when compared to the average of the previous twelve months.

Although not shown in the data, there has been an increase in high and complex client admissions.

Wahi Oranga Inpatient Unit

	Referrals - 2021 10			Midnight Occupied Beds - 2021 10			2021 10	2021 09
	Caseload 03/11/21	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	31	26	26	29.1	30	97%	24	100%

Referrals Received and Discharged

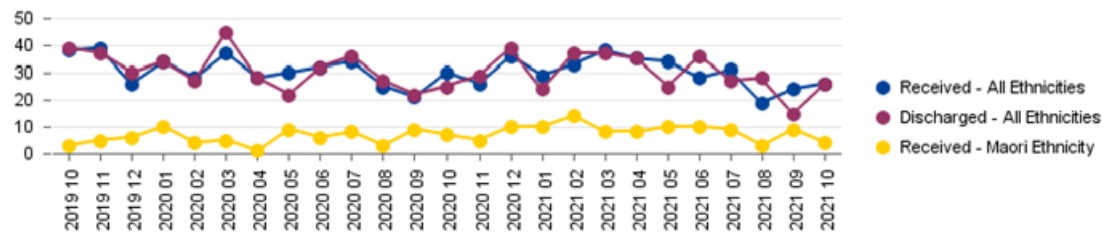


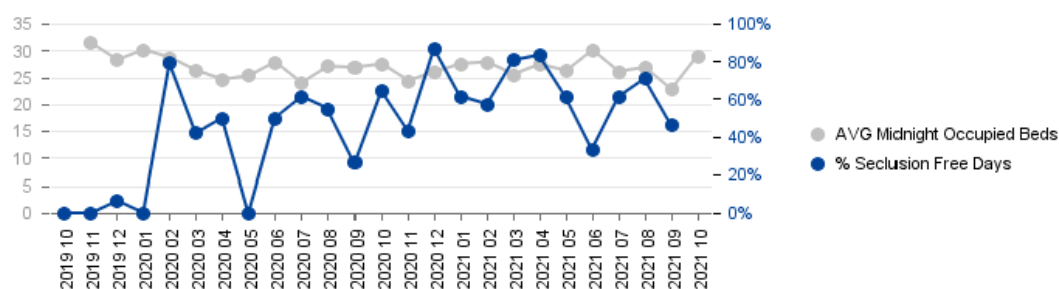
Figure 3: Seclusion

There has been an increase in seclusion hours at Wāhi Oranga, attributed to a small number of clients. We look forward to the refurbishment of the Unit, to provide a better environment for our clients.

Seclusion

	Seclusion - 2021 09					Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	% Seclusion Free Days	Hours	Events	Consumers Secluded	AVG Hours per Event
Total	720	7	6	103	47%	7,138	360	105	20
Maori Ethnicity	36	3	3	12		1,240	57	30	22
Female	11	1	1	11		1,116	75	32	15
Male	709	6	5	118		6,022	285	73	21

% Seclusion Free Days



Seclusion Hours

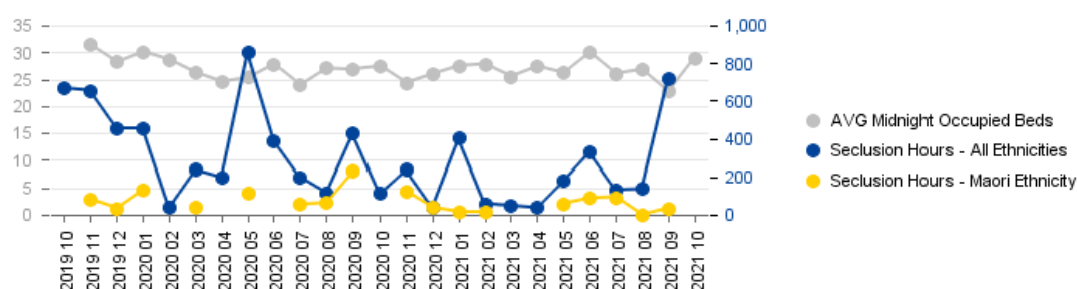


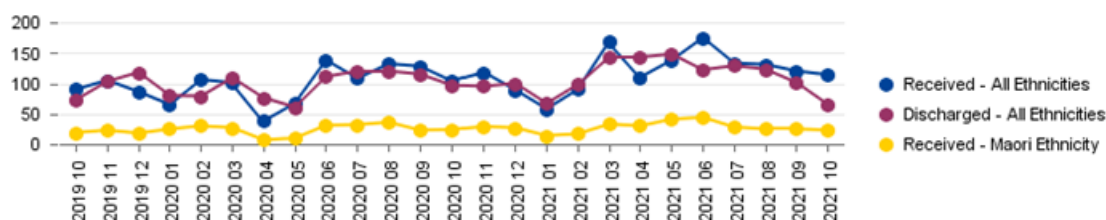
Figure 4: ICAMHS

CHOICE appointment model is showing some benefits, eg of 34 recent CHOICE appointments, 26 were assessed and redirected to other agencies and services, and only eight came through to iCAMHS waiting lists.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2021 10			Community Contacts - 2021 09			DNA % - 2021 09	
	Caseload 03/11/21	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	1	1		3	13%	1	0.0%	
ICAMHS Nelson	445	75	52	838	100%	43	3.3%	7.5%
ICAMHS Wairau	188	32	10	310	92%	39	3.2%	0.0%
Infant and Maternal Nelson	35	6	3	179	100%	1	12.3%	8.3%
Total	669	114	65	1,330	100%	40	4.5%	6.0%

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

On 29 October, the Government announced the development of a new Ministry for Disabled People. This Ministry will provide the leadership for the sector and will have a responsibility to commission and deliver services, including the portfolio currently delivered by Nelson Marlborough Health. Additionally, this group will ensure the delivery of “Enabling Good Lives” across our sector and improved access to disability services.

5. CLINICAL SERVICES

COVID-19 preparations and planning remain at the forefront of activity in the hospital world.

5.1 Health Targets – Planned Care

At the end of October 2021, we planned 2,109 surgical discharges of which we have delivered 1,675 (79%). This is under plan by 434 discharges.

We have delivered 2,233 minor procedures to the end of October 2021, which is 611 procedures higher than our target of 1,622 for this period.

Year to date at the end of October 2021, internal delivery indicates 8,067 actual total caseweights (CWDs) against a Plan of 8,779 (92%).

Year to date, at the end of October 2021, elective CWD delivery was 1,801 against a Plan of 2,728 (66%). Year to date at the end of October, acute CWD delivery was 6,266 against a Plan of 6,051 (103%).

Planned care is continuously being impacted by the COVID-19 response. We are able to accommodate a maximum of 80% of patients in waiting areas, which leads to a reduction in both outpatient and inpatient appointments of 20%. We continue to support clinicians to transition to virtual health care.

5.2 Shorter Stays in Emergency Department

ED Activity

ED	Within 6 hours	%	Over 6 hours, incl. incalculable	%	Total
Nelson and Wairau Hospitals	3,515	89.2	438	10.9	3,954

Hospital Occupancy

Hospital Occupancy 1 – 31 October 2021	Adult Inpatient
Nelson	92%
Wairau	83%

5.3 Enhanced Access to Diagnostics

CT, for October, shows 86% of referrals accepted are scanned within 42 days (MOH target is 95%).

MRI, for October, shows 74% of referrals accepted are scanned within 42 days of referral acceptance (MOH target is 90%).

We have been unable to meet target this month due to COVID restrictions in planned care. Recovery planning is now well underway.

5.4 Quality and Safety Markers

Attached as item 4.1 is the Quality and Safety Markers report for October 2021 showing process and outcome measures for falls, pressure injuries, patient deterioration, and hand hygiene.

6. ALLIED HEALTH

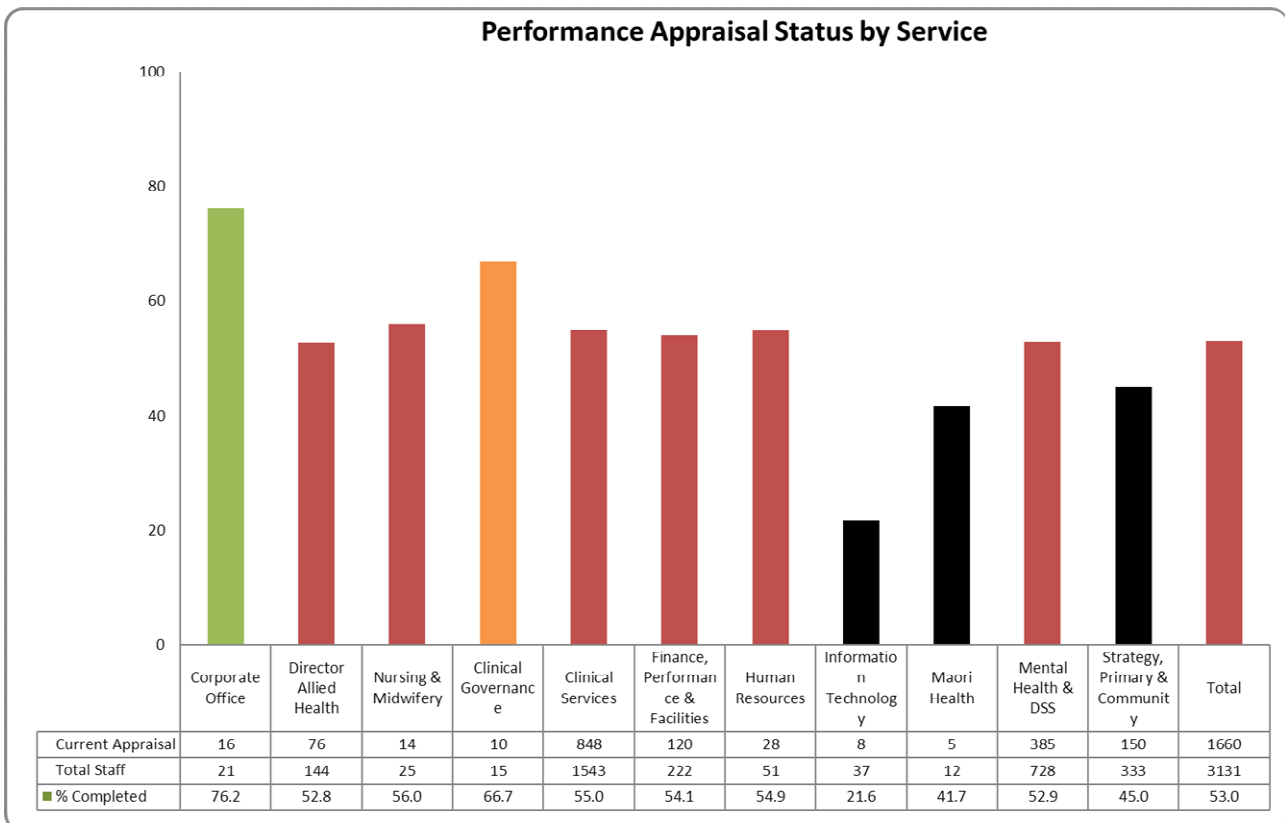
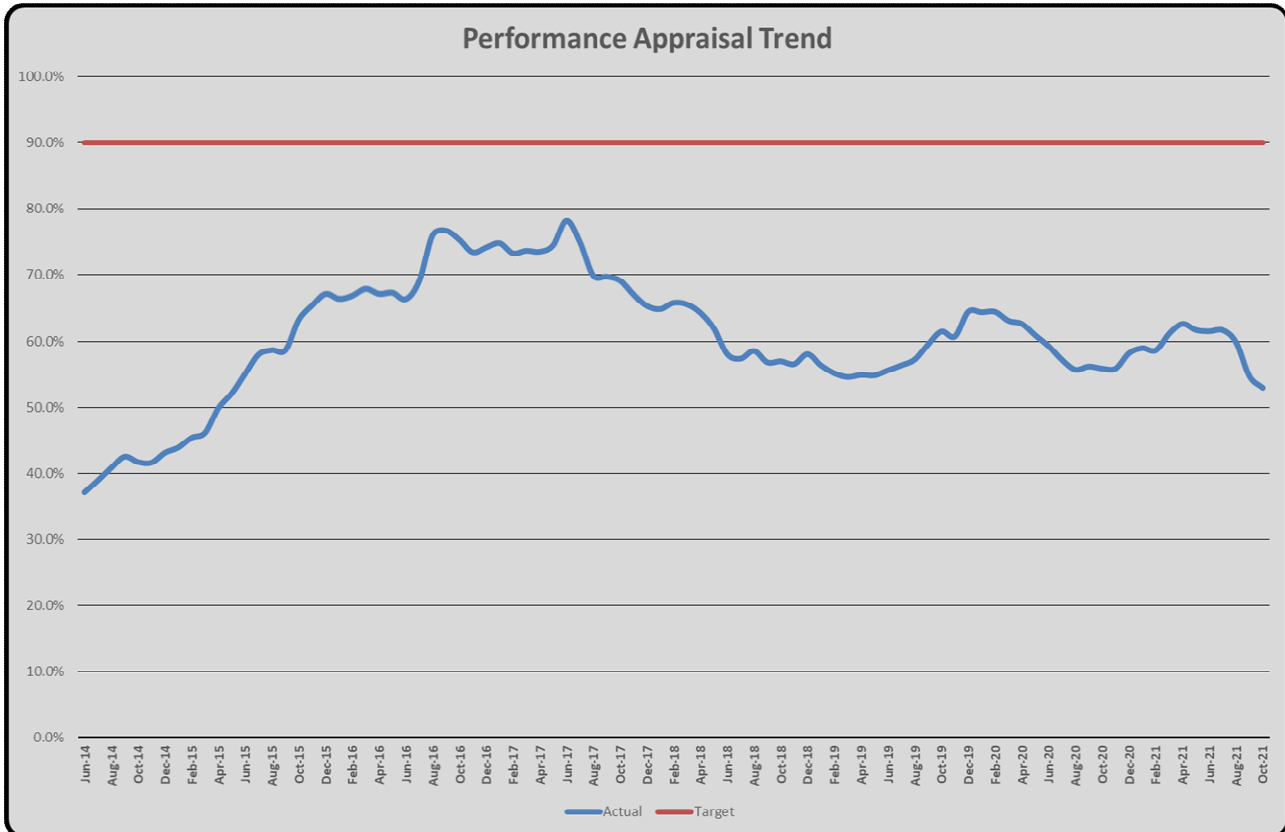
During January 2020 to October 2021, the average monthly referrals to the Allied Health services is approximately 900. During October 2021:

- 776 referrals were received to Allied Health services.
- 76% of referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 9% Māori (102 referrals) across all services and age ranges, however majority for physiotherapy.
- 2% Pacifica.
- 49% are for clients over 65 years, and 21% over 80 years of age (total - 161 referrals).

7. PEOPLE & CAPABILITY

Performance Appraisals

To date we are at 53% of staff with a current performance appraisal.



8. DIGITAL AND DATA

A proposed new structure for regional digital governance, including stakeholder engagement and project oversight, will be ready for review by December. This will aim to streamline current data and digital reporting and decision making.

The South Island Alliance Leadership Team approved a project manager / change lead for the project to implement a shared IT service desk across the South Island DHBs, based on the ServiceNow system already in place in CDHB and WCDHB. A workshop for data and analytics is scheduled for 10-11 November.

The Digital Blueprint for the Nelson Hospital redevelopment has been completed and provided to the HIU project team. This document defines the digital target state of the Nelson Hospital at completion of the redevelopment and describes the associated digital scope of works. The document includes a catalogue of the digital components required to achieve the target state and proposes an indicative delivery approach including responsibilities and funding sources for each component.

The Hauora Direct programme was initiated and is sponsored by the GM Māori Health & Vulnerable Populations. Hauora Direct is a 360-degree health assessment that links to all Māori health priority issues and indicators and high needs non-Māori priority health issues and indicator areas. The project has implemented an online wellbeing health check assessment form for Māori and vulnerable populations. This solution provides a seamless service from enrolment in Hauora Direct to the assessment appointment and subsequent electronic referrals (where appropriate) to health care and other service providers including NGOs. Reporting is available to monitor uptake of these referrals.

In late 2018 NMH moved to using Patientrack, which is an electronic observations (e-observation) system to record patient vital signs and other clinical data at the bedside using a handheld device. The introduction of e-observation is pivotal to patient safety and experience improvement work across our organisation. It was also another step under the NMH Paperlite programme, towards digitised health records.

The proven benefits of e-observation include:

- Automatic calculation of early warning scores (EWS) and improved escalation of EWS.
- Improved nursing admission assessment completion rates.
- Improved consistency and continuity of patient observations.
- Integrated patient data and better visibility of the data to the staff involved in a patient's care.
- Increased efficiency: some information is pre-populated and nurses will spend less time on paper documentation.
- Patients can be screened for risk and scheduled for care according to need.

In turn, these improvements help with:

- A reduction in incidences of infection and other adverse events.
- A reduction in avoidable patient deterioration and avoidable ICU admissions.
- Reduced mortality rates.

Patientrack is now in all adult and paediatric wards within Nelson and Wairau Hospitals. We are currently supporting a regional Maternity Early Warning Score chart that will result in the ability to have Patientrack used within both of our maternity wards.

In November 2021 Patientrack went live in Wāhi Oranga as the first step in bringing all the inpatient adult mental health wards online. Next steps for Patientrack are an upgrade of the current environment to enable the use of automatic escalation of the deteriorating patient via Patientrack and Smartpage. There is also work underway to allow implementation in

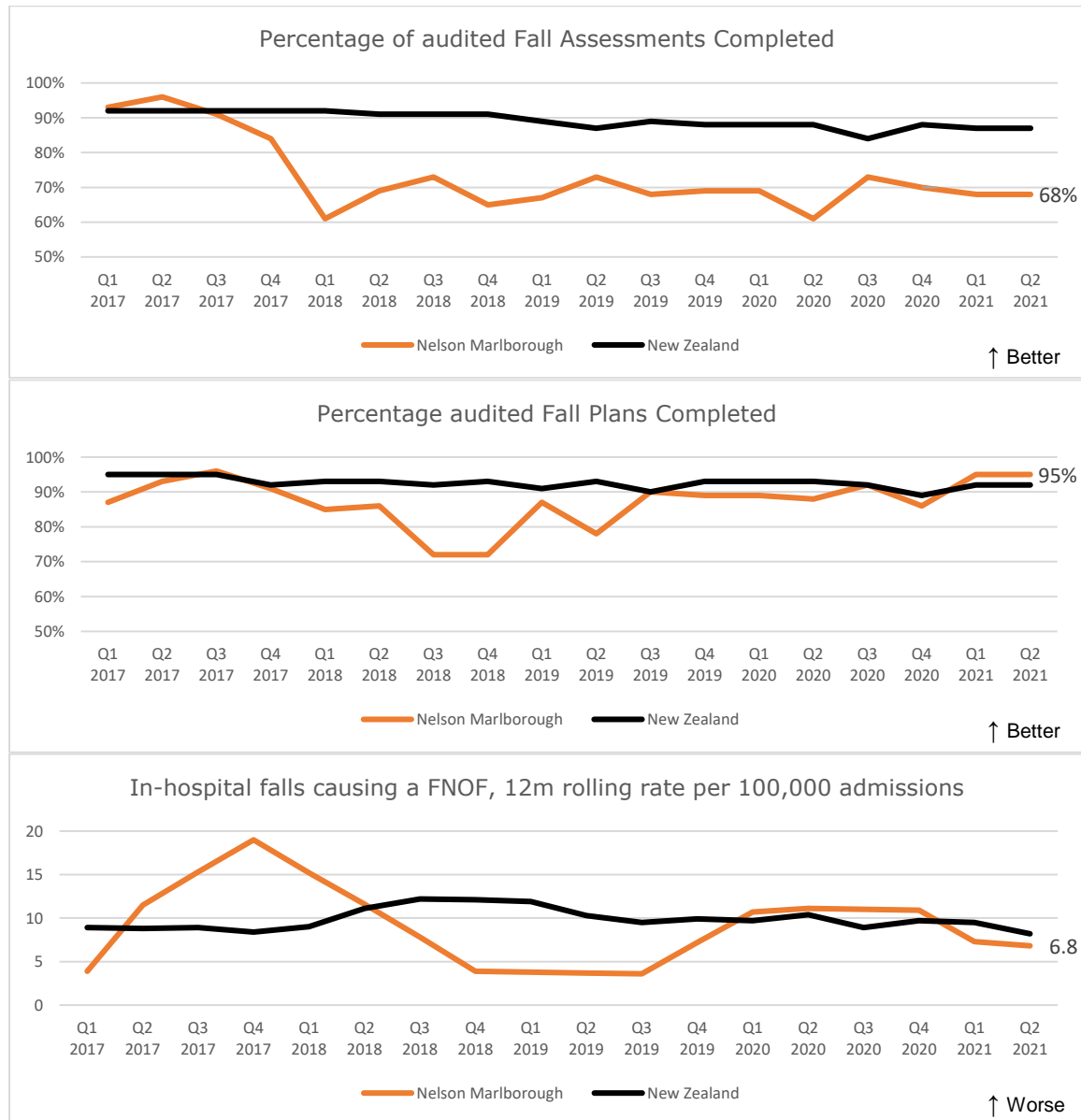
Pre-admission, Emergency and Oncology areas. Lastly there is a project with the Paediatric departments and Health Quality & Safety Commission (HQSC) to implement the latest Paediatric Early Warning Signs (PEWS) charts electronically.

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

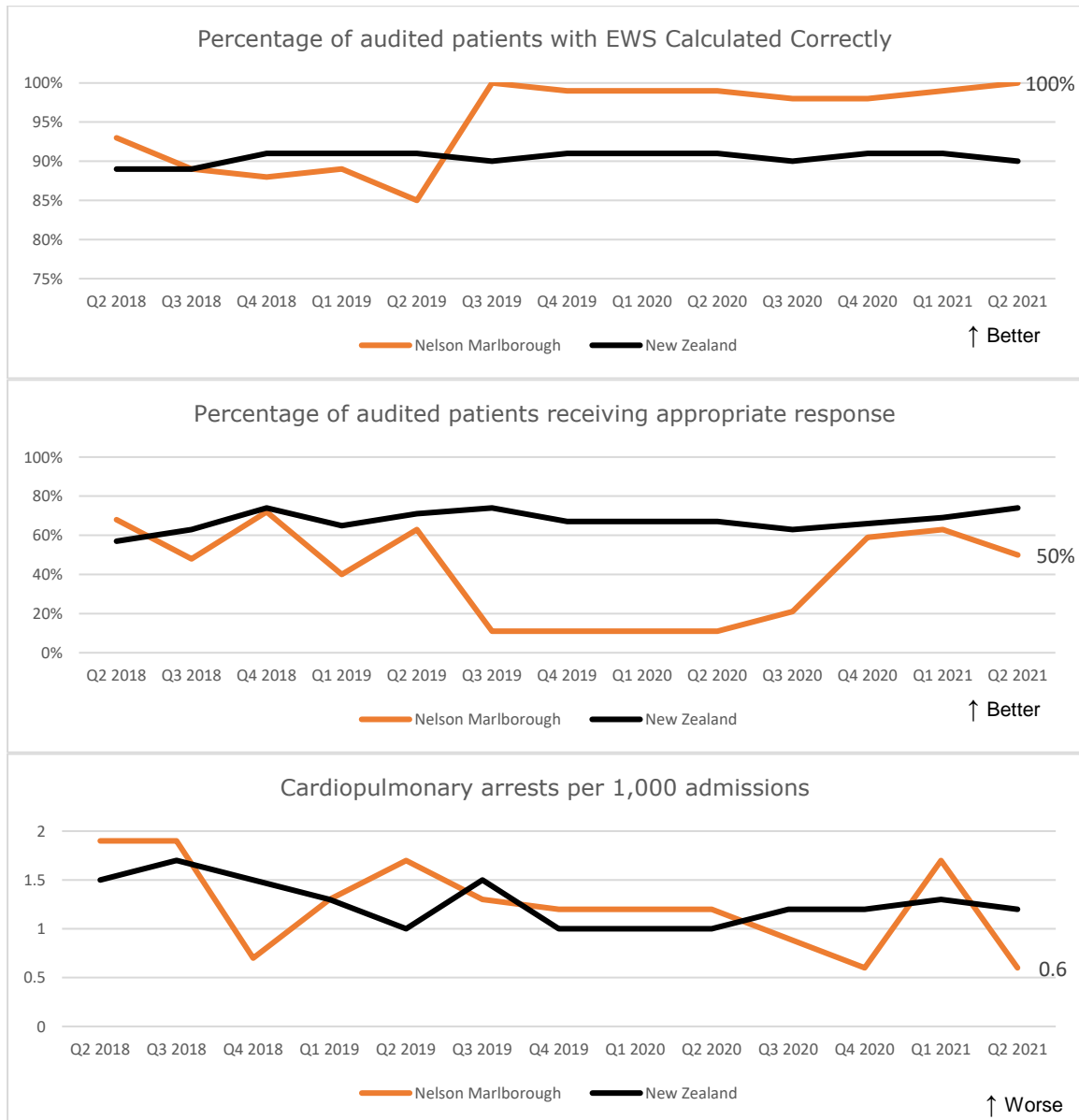


Data for all Quality Safety Markers from:
<https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

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



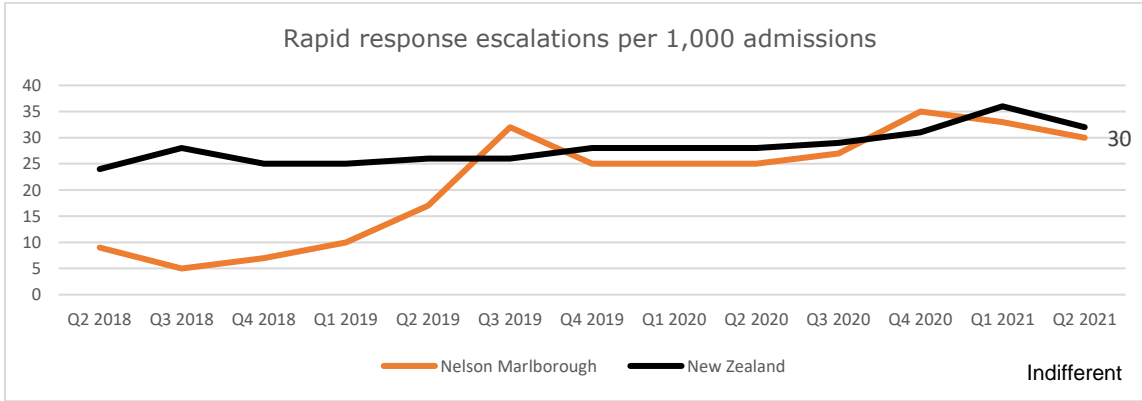
Data for all Quality Safety Markers from: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

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.

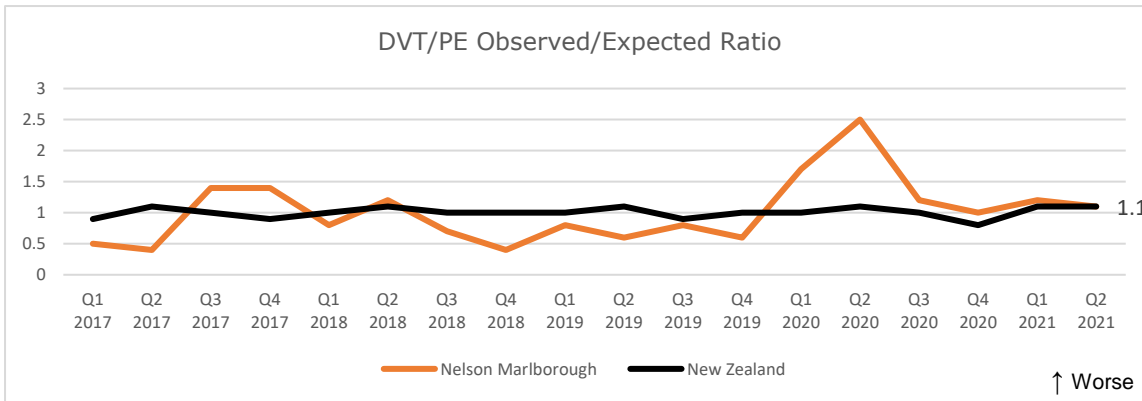
Quality and Safety Markers Report



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

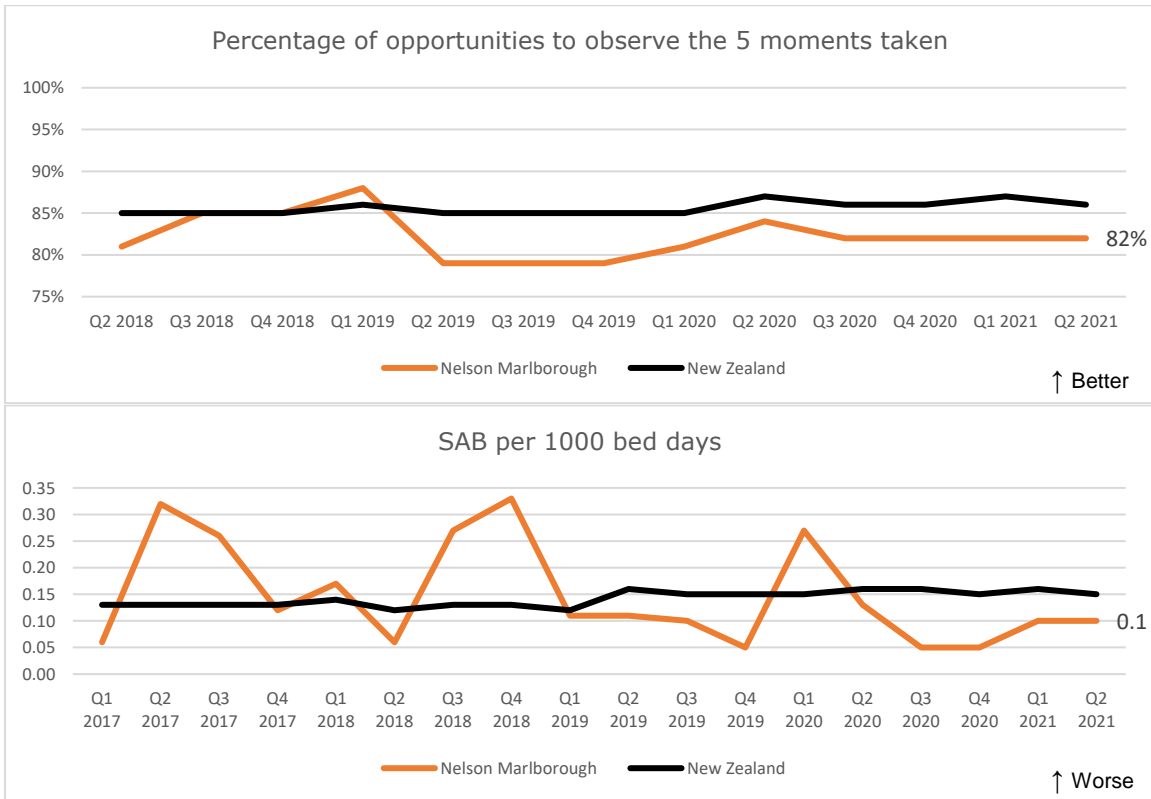


A ratio value greater than 1 indicates that there are more DVT/PE cases than expected, based on the HQSC's prediction model. The model is based on patient demographics and census data, for which further information can be found below:

<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

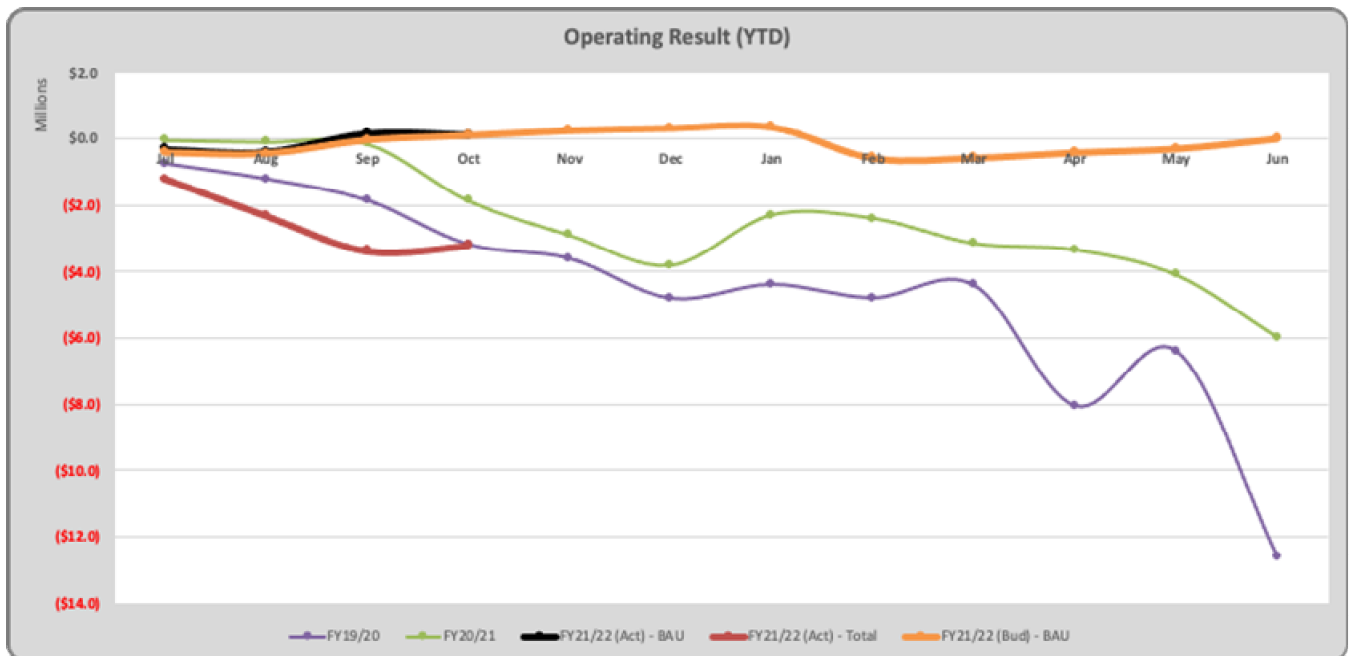
To: Board Members
From: Eric Sinclair
 GM Finance, Performance & Facilities
Date: 17 November 2021
Subject: Financial Report for October 2021

Status

This report contains:
 For decision
 Update
 Regular report
 For information

Summary

The core result for the first quarter is a small surplus of \$104k which is \$5k favourable to the plan which continues the pleasing start to the financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$3.2M which is \$1.7M adverse to plan.



Commentary

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

- Employment costs and the associated FTEs: There are a number of vacancies across the organisation which we are actively seeking to fill. However a shortage of some specialised roles and the impact of COVID with areas like travel restrictions, domestically and internationally, mean it is taking longer than usual to fill these roles. We are also seeing an increasing value in the outstanding annual leave as both the vacancies and travel restrictions are an inhibitor for staff to take leave as they usually would.
- Intragam and various blood products continue to be a challenge although they are favourable within the month. The budget for the year was increased to align to the spend in the previous financial year, however the costs in the first two months are approximately 40% higher than for the equivalent period last year.

- Planned care volumes and the associated costs will be challenging through the year given the planned expectations for the first quarter are now behind due to the nationwide lockdown and further catch-up needs to be allowed for.
- Pharmaceutical costs remain a key pressure area and we continue to work with Pharmac to determine all the various drivers. The October Pharmac forecast is due late November and analysis of this will help determine the future path for the pharmaceutical spend.
- A number of contracts from the MOH with additional revenue that was not known at the time the budget was struck are passed on to various external providers, i.e. NGOs. This results in favourable revenue lines offsetting adverse NGO payments.
- Costs associated with the COVID response, with the flow on impacts from the 2020 event and now costs associated with the 2021 event being separately identified and reported. The MOH are advising that a range of COVID related costs will be funded however I am seeking further clarification from the MOH on the extent of this additional funding before I allow a revenue offset to be accounted for.

Contracts Signed Under Delegation

One contract has been signed under the standing delegation over the last month to cover the annual review of the Microsoft software services agreement. This agreement is negotiated nationally through the MOH for all DHBs with the value coming slightly under the amount budgeted at \$1.2M.

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 NOTES THE ANNUAL REVIEW OF THE MICROSOFT SERVICES AGREEMENT HAS BEEN SIGNED BY THE CHIEF EXECUTIVE**

Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	45,615	3,040	48,655	45,989	(374)	2,666	44,054
MOH non-devolved funding	2,325	54	2,379	2,216	109	163	2,000
ACC revenue	560	0	560	572	(12)	(12)	742
Other government & DHBs	1,230	0	1,230	1,123	107	107	1,018
Other income	981	0	981	910	71	71	1,078
Total Revenue	50,711	3,094	53,805	50,810	(99)	2,995	48,892
Expenses							
Employed workforce	17,887	257	18,144	18,873	986	729	15,519
Outsourced workforce	663	384	1,047	180	(483)	(867)	546
Total Workforce	18,550	641	19,191	19,053	503	(138)	16,065
Outsourced services	2,031	85	2,116	1,872	(159)	(244)	1,725
Clinical supplies	2,628	31	2,659	2,553	(75)	(106)	2,432
Pharmaceuticals	4,942	0	4,942	4,336	(606)	(606)	4,403
Air Ambulance	376	0	376	335	(41)	(41)	420
Non-clinical supplies	2,793	119	2,912	2,626	(167)	(286)	3,343
External provider payments	12,782	1,544	14,326	13,117	335	(1,209)	12,629
Inter District Flows	4,968	0	4,968	4,958	(10)	(10)	4,147
Total Expenses before IDCC	49,070	2,420	51,490	48,850	(220)	(2,640)	45,164
Surplus/(Deficit) before IDCC	1,641	674	2,315	1,960	(319)	355	3,728
Interest expenses	30	0	30	37	7	7	32
Depreciation	1,152	0	1,152	1,257	105	105	1,157
Capital charge	503	0	503	530	27	27	822
Total IDCC	1,685	0	1,685	1,824	139	139	2,011
Operating Surplus/(Deficit)	(44)	674	630	136	(180)	494	1,717
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(1,712)
Net Surplus/(Deficit)	(502)	674	172	(322)	(180)	494	5

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Revenue									
MOH devolved funding	189,152	5,875	195,027	188,788	364	6,239	179,410	580,175	550,486
MOH non-devolved funding	9,275	235	9,510	9,287	(12)	223	8,505	28,342	27,379
ACC revenue	2,534	0	2,534	2,422	112	112	2,825	7,287	7,877
Other government & DHBs	4,805	0	4,805	4,553	252	252	3,776	13,710	12,254
Other income	4,047	0	4,047	3,793	254	254	4,239	11,746	12,784
Total Revenue	209,813	6,110	215,923	208,843	970	7,080	198,755	641,260	610,780
Expenses									
Employed workforce	76,829	1,078	77,907	79,914	3,085	2,007	71,654	254,195	232,335
Outsourced workforce	2,893	1,630	4,523	718	(2,175)	(3,805)	2,165	2,155	7,685
Total Workforce	79,722	2,708	82,430	80,632	910	(1,798)	73,819	256,350	240,020
Outsourced services	7,817	185	8,002	7,505	(312)	(497)	7,000	22,536	23,883
Clinical supplies	10,979	63	11,042	10,336	(643)	(706)	10,134	31,272	31,978
Pharmaceuticals	18,951	0	18,951	17,634	(1,317)	(1,317)	17,175	53,183	51,915
Air Ambulance	1,577	0	1,577	1,425	(152)	(152)	1,388	4,359	4,613
Non-clinical supplies	12,117	493	12,610	12,442	325	(168)	12,985	37,334	36,400
External provider payments	51,967	4,129	56,096	51,682	(285)	(4,414)	49,914	155,122	150,672
Inter District Flows	19,851	0	19,851	19,831	(20)	(20)	16,550	59,494	52,827
Total Expenses before IDCC	202,981	7,578	210,559	201,487	(1,494)	(9,072)	188,965	619,650	592,308
Surplus/(Deficit) before IDCC	6,832	(1,468)	5,364	7,356	(524)	(1,992)	9,790	21,610	18,472
Interest expenses	122	0	122	148	26	26	131	443	383
Depreciation	4,592	0	4,592	4,989	397	397	4,589	14,806	13,745
Capital charge	2,014	0	2,014	2,120	106	106	3,287	6,360	4,826
Total IDCC	6,728	0	6,728	7,257	529	529	8,007	21,609	18,954
Operating Surplus/(Deficit)	104	(1,468)	(1,364)	99	5	(1,463)	1,783	1	(482)
Holidays Act compliance	(1,833)	0	(1,833)	(1,833)	0	0	(1,834)	(5,500)	(5,500)
Net Surplus/(Deficit)	(1,729)	(1,468)	(3,197)	(1,734)	5	(1,463)	(51)	(5,499)	(5,982)

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 October 2021

	Budget Oct-21 \$000	Actual Oct-21 \$000	Actual Jun-21 \$000
Assets			
Current assets			
Cash and cash equivalents	19,416	32,033	19,415
Other cash deposits	21,300	21,300	21,300
Receivables	23,247	24,241	23,248
Inventories	3,387	3,334	3,387
Prepayments	1,760	(682)	1,760
Non-current assets held for sale	2,105	2,105	2,105
Total current assets	71,215	82,331	71,215
Non-current assets			
Prepayments	695	680	695
Other financial assets	1,732	1,701	1,732
Property, plant and equipment	216,858	217,745	218,258
Intangible assets	10,480	10,751	11,069
Total non-current assets	229,765	230,877	231,753
Total assets	300,980	313,208	302,968
Liabilities			
Current liabilities			
Payables	57,947	70,756	56,440
Borrowings	737	745	737
Employee entitlements	103,462	104,707	105,407
Total current liabilities	162,146	176,208	162,584
Non-current liabilities			
Borrowings	7,819	7,632	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	17,074	16,888	17,075
Total Liabilities	179,220	193,096	179,659
Net assets	121,760	120,112	123,310
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(71,980)	(73,628)	(70,430)
Total equity	121,760	120,112	123,310

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 31 october 2021

	Budget Oct-21 \$000	Actual Oct-21 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	209,321	220,576	641,197
Interest received	148	182	452
Payments to employees	(79,612)	(78,604)	(253,300)
Payments to suppliers	(126,708)	(125,474)	(371,035)
Capital charge	-	-	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	3,149	16,680	10,000
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	-	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(2,836)	(3,256)	(8,508)
Purchase of intangible assets	(168)	(504)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(3,004)	(3,760)	(9,012)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(145)	(302)	(441)
Net cash flow from financing activities	(145)	(302)	(988)
Net increase/(decrease) in cash and cash equivalents	-	12,618	-
Cash and cash equivalents at the beginning of the year	19,416	19,415	19,416
Cash and cash equivalents at the end of the year	19,416	32,033	19,416

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow								
Receipts								
Government & Crown Agency Received	52,513	49,408	58,479	54,783	49,263	51,301	50,913	57,201
Interest Received	35	35	43	43	35	35	35	43
Other Revenue Received	889	943	1,139	1,132	1,032	906	894	1,080
Total Receipts	53,437	50,386	59,661	55,958	50,330	52,242	51,842	58,324
Payments								
Personnel	20,140	18,581	26,540	24,282	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	32,512	27,363	32,328	30,881	30,637	31,214	31,374	28,016
Capital Charge	-	3,657	-	-	-	-	-	3,657
Interest Paid	-	-	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-	-	-
Total Payments	52,652	49,601	58,868	55,163	49,546	51,456	51,057	56,984
Net Cash Inflow/(Outflow) from Operating Activities	785	785	793	795	784	786	785	1,340
Cash Flow from Investing Activities								
Receipts								
Sale of Fixed Assets	-	-	-	-	-	-	-	-
Total Receipts	-	-	-	-	-	-	-	-
Payments								
Capital Expenditure	1,209	2,209	2,209	2,209	2,209	2,209	2,209	2,209
Capex - Intangible Assets	42	42	42	42	42	42	42	42
Increase in Investments	-	-	-	-	-	-	-	-
Total Payments	1,251	2,251	2,251	2,251	2,251	2,251	2,251	2,251
Net Cash Inflow/(Outflow) from Investing Activities	(1,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)
Net Cash Inflow/(Outflow) from Financing Activities	(34)	(33)	(43)	(44)	(33)	(34)	(34)	(83)
Net Increase/(Decrease) in Cash Held	(500)	(1,499)	(1,501)	(1,500)	(1,500)	(1,499)	(1,500)	(994)
Plus Opening Balance	32,033	31,533	30,034	28,533	27,033	25,533	24,034	22,534
Closing Balance	31,533	30,034	28,533	27,033	25,533	24,034	22,534	21,540

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 17 November 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 November 2021.

DHB CGC noted:

- **The importance of consumer input into service re-design and the benefits of seeking consumer feedback on existing services** – One aspect of the health system reforms will include a greater focus on ensuring a strong consumer and whānau voice. Therefore, our Consumer Council is currently working on ways to make it easier for services to access and make use of their experience and knowledge.

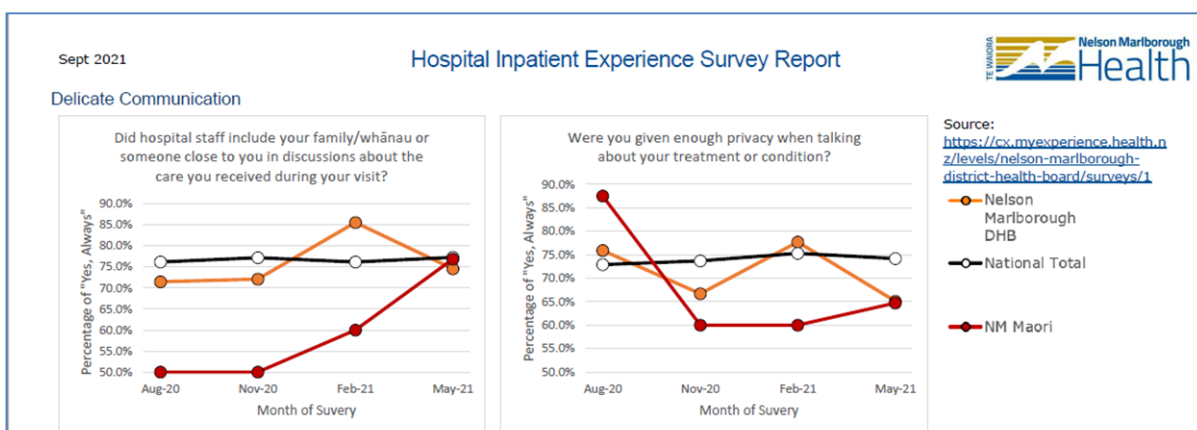
We already receive regular quarterly feedback via both an in-patient and a community care patient survey administered by HQSC which gives us cause to be proud of ourselves as well as demonstrating areas where there is more work to be done.

Examples of consistently outstanding feedback over the past year include:

- Hospital rooms or wards (including bathrooms) were always kept clean – 89.9% or 480 people out of 534 respondents over the past year answered ‘Yes, definitely’ to this. (Compared to the average of the rest of country of 81.9%).
- Patient definitely treated with kindness and understanding by nurses while in hospital and definitely treated with respect by nurses – both over 92% answered “yes, definitely”.

On the other hand, areas for focus where there were markedly lower ratings given by Māori patients included:

- After the operation(s) staff definitely helped patient to understand how it went – only 61.5% for Māori compared to 82.6% for all.
- Patient always kept informed as much as wanted about treatment and care – only 61.7% for Māori, 77.8% for all
- Always had name used and pronounced properly by those providing care – 73.5% for Māori and 87.8% for all.



- **QI Residency presentation - Improving recognition and early management of community-acquired acute kidney injury** – Wairau QI Residents continue to impress with their work making it easier for their colleagues to improve the safety and care provided on admission. This project concentrated on acute kidney injury (AKI). This was an area which had been the subject of a National Confidential Enquiry into Patient Outcome and Death in the UK that produced a number of recommendations. Our QI Resident picked up the key recommendations and tested them with colleagues at Wairau Hospital resulting in a satisfying increase in the early recognition of AKI.

The project aim was to achieve a 30% increase in ‘good early AKI care’ by the end of October 2021 as evidenced by increased early recognition, review of medications and appropriate monitoring.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

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

MEMO

To: Board Members
From: Angelea Stanton, Consumer Council Chair
Date: 17 November 2021
Subject: **Consumer Council Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

The Council met via zoom on 8 November 2021.

Requests to Consumer Council this month include eReferrals Workshop for Health Pathways, ED Survey, Telehealth, End of Life Choice Act and Health Literacy. Members were impressed by the effort of Super Saturday and expressed the enthusiasm to assist further with vaccinations for their communities and the sharing of any NMH messages.

A representative from SIAPO joined the meeting to discuss Telehealth, wanting to hear directly what will make a difference to patients and how the telehealth message can be portrayed to consumers in a way that is encouraging and engaging. This was very successful and Council look forward to further collaboration.

The Chief Medical Officer presented a summary of the Local Child Local Youth Mortality Review Group (LCYMRC) from its inception including the role of the group. There was discussion around the opportunity to engage, at a local level, with age groups 15 to 24, primarily male, as this is the age that risk-taking behaviour tends to take place. Consider engaging with younger DHB staff, encourage them to be a support for each other, can they help share messages among their peers? Need to nurture our younger workforce.

The Consumer Council endorses the use of significant mental health risk alerts on patient files in the same way that allergies are alerted. We have a willingness to be involved in supporting and encouraging project development with a focus on reducing child youth mortality rates particularly in safe sleep, suicide and road traffic.

The future of the Consumer Council within the health reform was a key topic of this meeting. Firstly, it was noted that two members had resigned due to an increased demand in their existing employment and health issues. Council expressed the need to produce a consumer engagement ladder which can be shared with staff to describe the levels of interest and participation. We are dedicating the next meeting to this as well as creating a new strategy ensuring that localities are a key focus as we know this is one of the biggest threats.

The Council are working with Jennian Homes in helping community's access defibrillators. There is no cost to the DHB with this project.

Angelea Stanton
Consumer Council Chair

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO – Public Excluded

To: Board Members
From: Lexie O’Shea, Chief Executive
Date: 17 November 2021
Subject: **FOR INFORMATION: Submissions**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Submissions sent on behalf of NMDHB for the November period were:

- Ministry of Transport – Land Transport (Clean Vehicles) Amendment Bill
- Waka Kotahi’s SH6 High Street, Motueka Speed Consultation
- Ministry of Ethnic Affairs Draft Strategy
- Social Services and Community Committee’s Submission on Human Rights (Disability Assist Dogs Non-Discrimination) Amendment Bill
- Environment Committee’s Resource Management (Enabling Housing Supply and Other Matters) Amendment Bill
- NCC He Rautaki Whakatupuranga – City for All Ages Strategy

Copies of the submissions are available from the Board Secretary.

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
ISSLA	Information Services Service Level Alliance (a regional governance group for IT)
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
LCYMRC	Local Child Local Youth Mortality Review 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
WCTO	WellChild Tamariki Ora
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 October 2021