

## NOTICE OF MEETING

### OPEN MEETING

A meeting of the Board Members of  
Nelson Marlborough Health to be  
held on Tuesday 25 January 2022 at 12.30pm

Seminar Centre Room 1, Braemar Campus  
Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>12.30pm</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>12.40pm</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>12.45pm</b>	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
4.1	Safety Level Measures Dashboard		Attached	Note
5	Finance Report		Attached	Resolution
6	Consumer Council Chair's Report		Attached	Resolution
7	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	<b>1.30pm</b>	As below	Resolution

**PUBLIC EXCLUDED MEETING**

1.30pm

Resolution to exclude public

#### **RECOMMENDATION**

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

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

## WELCOME, KARAKIA AND APOLOGIES

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### Apologies

## REGISTRATIONS OF INTEREST – BOARD MEMBERS

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

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

## Open Board Agenda

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Jill Kersey	<ul style="list-style-type: none"> <li>▪ Board member Nelson Brain Injury Association</li> </ul>		<ul style="list-style-type: none"> <li>▪ Funding from NMDHB</li> </ul>	
Olivia Hall	<ul style="list-style-type: none"> <li>▪ Chair of parent organisation of Te Hauora o Ngati Rarua</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee at NMIT</li> <li>▪ Chair of Te Runanga o Ngati Rarua</li> <li>▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)</li> </ul>	Provider for potential contracts	

*As at January 2022*

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

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

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
		College of Medical Administrators <ul style="list-style-type: none"> <li>▪ Member of Paediatric Society of NZ</li> <li>▪ Occasional Expert Witness Work – Ministry of Justice</li> <li>▪ Technical Expert DHB Accreditation – MOH</li> <li>▪ Occasional external contractor work for SI Health Alliance teaching on safe sleep</li> <li>▪ Chair National CMO Group</li> <li>▪ Co-ordinator SI CMO Group</li> <li>▪ Member new Dunedin Hospital Executive Steering Group</li> <li>▪ Member of NZ Digital Investment Board Ministry of Health</li> </ul>			
Hilary Exton	Director of Allied Health	<ul style="list-style-type: none"> <li>▪ Member of the Nelson Marlborough Cardiology Trust</li> <li>▪ Member of Physiotherapy New Zealand</li> <li>▪ Deputy Chair National Directors of Allied Health</li> </ul>			
<b>MENTAL HEALTH SERVICES</b>					
Michael Bland	Acting GM Mental Health Addictions & DSS	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>		
<b>CORPORATE SUPPORT</b>					
Trish Casey	GM People & Capability	<ul style="list-style-type: none"> <li>▪ Husband is shift manager for St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trustee of the Empowerment Trust</li> </ul>		
Kirsty Martin	GM IT				

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Eric Sinclair	GM Finance Performance & Facilities	<ul style="list-style-type: none"> <li>▪ Trustee of Golden Bay Community Health Trust</li> <li>▪ 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</li> </ul>			
Cathy O'Malley	GM Strategy Primary & Community	<ul style="list-style-type: none"> <li>▪ Daughter employed by Pharmacy Department in the casual pool</li> <li>▪ Sister is employed by Marlborough PHO</li> </ul>	<ul style="list-style-type: none"> <li>▪ Daughter is involved in sustainability matters</li> </ul>		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	<ul style="list-style-type: none"> <li>▪ Te Herenga Hauora (GM Maori Health South Island)</li> <li>▪ Member of Te Tumu Whakarae (GM Maori Health National Collective)</li> <li>▪ Partner is a Doctor obstetric and gynaecological consultant</li> <li>▪ Member of the South Island Child Health Alliance Te Herenga Hauora representative to the South Island Programme Alliance Integration Team (SPAIT)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Both myself and my partner own shares in various Maori land incorporations</li> </ul>		
<b>CHIEF EXECUTIVE'S OFFICE</b>					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> <li>▪ Trustee of Churchill Hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>		
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> <li>• Brother works at NMDHB in the Transport Department</li> </ul>			

As at September 2021



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**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM, BRAEMAR CAMPUS, NELSON HOSPITAL ON TUESDAY 23 NOVEMBER 2021 AT 10.00AM**

**Present:**

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Allan Panting, Brigid Forrest, Olivia Hall, Dawn McConnell, Gerald Hope, 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), Zoe Dryden (AOD Awardee), Stephanie Gray (Communications Manager), Gaylene Corlett (Board Secretary)

**Apologies:**

Paul Matheson

**Karakia:**

Ditre Tamatea

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

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

The Chair welcomed Michael Bland, Interim GM Mental Health Addictions & DSS.

The Chair acknowledged Zoe Dryden, AOD Awardee, noting this would be her last meeting. The Chair hoped Zoe had found the experience of sitting in on governance Board meetings for the past year beneficial.

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

**Moved:** Gerald Hope  
**Seconded:** Allan Panting

**RECOMMENDATION:**

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

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING**

**Moved:** Gerald Hope  
**Seconded:** Allan Panting

**RECOMMENDATION:**

**THAT THE MINUTES OF THE MEETING HELD ON 26 OCTOBER 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**

Noted.

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

Noted Super Saturday was successful and follow up vaccinations continue. We are into the challenging part of vaccinations to get our population vaccinated and focus will remain on this group of people.

Progressing with development of Nelson Hospital site. Have been honoured by local iwi for name of Whakatupuranga as the title for our project. Communications will start to be released regularly to keep staff updated on progress.

Discussion held on levels of staff and GPs noting there are many vacancies throughout New Zealand. With adjustment to the traffic light system, it was queried what impact this will have on service delivery. It was noted that work is underway in the health system for resilience plans over the summer and going forward. Work is also underway nationally responding to COVID in the community which corresponds with what we are doing locally. It is envisaged that if we have a highly vaccinated community, 95% of cases will be managed in homes and not hospitals. We have an opportunity to keep encouraging people to be vaccinated and to get tested early if they have symptoms.

Discussion was held on how those entering New Zealand having had vaccinations in their home country are recognised and recorded here. Noted national clarity has been received.

Quality and Safety Markers Report

Noted.

**Moved: Brigid Forrest**  
**Seconded: Olivia Hall**

**RECOMMENDATIONS:****THAT THE BOARD RECEIVE THE CHIEF EXECUTIVE'S REPORT.****AGREED****SECTION 6: FINANCIAL REPORT**

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.

Noted one contract has been signed under the standing delegation over the last month to cover the annual review of the Microsoft software services agreement. The Board endorsed the signing of this agreement.

**Moved: Craig Dennis**  
**Seconded: Stephen Vallance**

**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.**

**AGREED****SECTION 7: CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT**

Noted.

**SECTION 8: CONSUMER COUNCIL CHAIR'S REPORT**

Noted two members of the Council have resigned. Discussion was held on the turnover of members, however it was noted the Council had engaged more members onto the Council than previously to compensate for these resignations.

Discussion held on who maintains the defibrillator machines in the community (especially replacing batteries). **It was agreed that** the Chief Executive look into who maintains the defibrillator machines in the community.

**SECTION 9: FOR INFORMATION**

Submissions sent on behalf of NMH during November were noted.

**SECTION 10: GENERAL BUSINESS**

Nil.

The Chair acknowledged the Communications Manager who is leaving the organisation for another role and thanked her for the contribution she has made to the Board and the DHB.

***Public Excluded***

Moved: Brigid Forrest  
Seconded Dawn McConnell

**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)***
- ***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 – 2021-22 Annual Report and SPE – APPROVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

**Meeting closed at 10.42am**

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

<b>Action Item #</b>	<b>Action Discussed</b>	<b>Action Requested</b>	<b>Person Responsible</b>	<b>Meeting Raised In</b>	<b>Due Date</b>	<b>Status</b>
1	Consumer Council Report	Look into who maintains the defibrillator machines in the community	Lexie O'Shea	23 November 2021	25 January 2022	

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# MEMO

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**To:** Board Members  
**From:** Lexie O'Shea, Chief Executive  
**Date:** 19 January 2022  
**Subject:** **Correspondence for  
November/December**

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## *Status*

This report contains:

For decision

Update

Regular report

For information

Inward Correspondence

Nil

Outward Correspondence

Nil

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# MEMO

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**To:** Board Members  
**From:** Jenny Black, Chair  
**Date:** 19 January 2022  
**Subject:** **Chair's Report**

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## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

A verbal update will be provided at the meeting.

Jenny Black  
Chair

## RECOMMENDATION

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

# MEMO

**To:** Board Members  
**From:** Lexie O'Shea, Chief Executive  
**Date:** 19 January 2022  
**Subject:** Chief Executive's Report

## Status

This report contains:

- For decision
- Update
- Regular report
- For information

## 1. INTRODUCTORY COMMENTS

The New Year is underway.

Summer across Te Taihupo has again attracted many visitors to our region, and whilst our health services are well placed to deliver healthcare to our community, the pressures of additional population have been felt. Our Emergency Departments and Urgent Care Centres have seen high numbers of patients especially in early January. This flowed onto patient admissions and the requirement for our theatres to call in the acute teams due to patient demands. This year has necessitated a huge team effort as we, along with all other DHBs, are feeling the pressure of managing usual healthcare needs for our community, the ongoing COVID response with vaccinations, in particular boosters and testing as required, and the influx of holiday makers.

Our collective team did an amazing job of supporting the health care needs associated with the concerts held in Nelson and Blenheim, where in total around 10,000 young adults attended. It is always a good opportunity to leverage lots of good reminders to those attending to keep themselves safe from COVID and being smart and safe with regard to sexual health, alcohol and drug use.

There are certainly many changes ahead for us over the next 6 months as we await more guidance from our new Health NZ and Māori Health Authority Boards and their Chief Executives. We look to move ourselves into a greater regional decision-making model and our first South Island meeting for the year will focus on the intent of the regional approach, clarify roles and responsibilities, and work through next steps.

Regardless of health system structures, the priorities and opportunities have not changed. We need to stay focussed to ensure we are shaping, with our Iwi partners, a sustainable health system into the future – one that is closing the equity gap for our most vulnerable, improving access for our population, and embracing innovation in both the digital and workforce spaces.

### A karakia to start 2022

Whāia, whāia, whāia  
Me whai tatou ngā uaratanga o Te Wai Ora Hauora  
Ko te manaakitanga  
Ko te kaitiakitanga  
Ko te whakapono  
Kia tae atu tātou ki pae tata, ki pae tawhiti, ki pae ora  
Kia tūturu ka whakamaua kia tīna tīna!  
Haumi e!, hui e! tāiki ē!

*Let us jointly pursue the values of NMH  
We take care of each other  
We create an environment for our people to thrive  
We work in good faith  
And we move forward together  
If we do this, we will lay hold of distant horizons  
and those near to us,  
And we will create a thriving future for all people.*



## **2. MĀORI HEALTH**

A series of meetings have been held with our HR partners to look at how we can strengthen our commitment to build a workforce in Health that is culturally competent. Cultural competence training is currently delivered by Te Waka Hauora staff that covers Te Tiriti o Waitangi, equity, racism, Te Reo Māori and Kapa Haka. It has become evident that Te Waka Hauora are unable to deliver all training requirements. Alongside Te Waka Hauora continuing to deliver Cultural Competency training, NMH will look at options to contract with external providers for training in Te Reo Māori and training on Te Tiriti o Waitangi. Understanding the history of our country and having insight into what drives health inequities for Māori is central to working towards equity. Te Waka Hauora Pouherenga has also been assigned to teach the Executive Leadership Team through an introduction to Te Reo Māori. This will help to show leadership on this matter from management to all of our Kaimahi.

## **3. PRIMARY & COMMUNITY**

The COVID outbreak in early December became the focus for the Public Health and primary/community teams during this time. The rapid response by all services achieved a quick resolution to the outbreak.

It has been a busy period for the GP Urgent Care services in both Nelson (80-120 presentations per day) and Wairau (80-100 presentations per day). The utilisation patterns mirror those seen in ED. The music festivals in early January in both Nelson and Blenheim were supported by primary care teams on site, who were able to manage most issues, with only small numbers needing to attend ED.

COVID vaccinations have been a priority focus. NMH achieved 90% double dose vaccination coverage in December. Double dose coverage in January is 93% and first dose is 96% of the Nelson Marlborough population. Māori vaccination coverage sits at 89% first dose and 84% double dose. Addressing this disparity remains a focus.

Booster vaccinations became available in December, and to date 35,220 doses have been administered, which equates to 55% of those eligible. Again, Māori uptake is currently slower, at 48%. Childhood COVID vaccinations for 5-11 year olds starts 17 January.

A new service known as COVID Care in the Community (CinC) has been established in partnership with the Public Health Unit, Te Piki Oranga and the two PHOs. A Coordination Hub has been established at the Richmond Hub. Under the Government's minimisation and protection strategy, people with COVID-19 will still need to isolate to contain the spread of the virus, keeping our community safe. As NMDHB has a highly vaccinated population, many people with COVID-19 will only have mild symptoms and will be able to safely isolate in the community. This will ensure our hospitals will be available for those who really need it – whether because of COVID-19 or those requiring acute or planned care. The Care Coordination Hub will bring together Public Health teams, General Practice teams, Ministry of Social Development, welfare providers, iwi, Māori and Pacific providers aligned to a national operating framework. As part of this, NMH has retained motel capacity in both Blenheim and Nelson to support those who cannot isolate safely at home.

The principles of the national COVID-19 Care in the Community framework are:

- Ensure people with COVID-19 and their whānau have access to COVID-19 health and support services, at no cost.
- Enact and embed our obligations to Te Tiriti o Waitangi.
- Ensure integrated support pathway services are person and whānau-centred.
- Ensure safe, high quality clinical and welfare care is flexible and tailored to the individual and whānau needs.

- Embrace and build on the natural care and support relationships already in place for many people with their health and social networks.
- Look for opportunities to leave the individual and the whānau better off than before COVID-19.
- Embrace existing inter-organisational collaboration, whilst concurrently fostering new collaboration opportunities.
- Effectively balance centralisation with local flexible empowerment – locally-delivered, regionally-led and centrally supported.

COVID-19 vaccinations, Vaccine Certificates, Rapid Antigen Testing, and pre-Christmas changes in vaccine booster timing in community pharmacy has been an all-consuming focus at what is traditionally the busiest time of the year for pharmacy. Some pharmacies are reporting record numbers for prescription requests.

Good results have been shown from the mobile adolescent dental provider working with local schools. Data matching between school rolls and claim data has provided lists of adolescents who have not seen a Dentist in 2 or more years. The service has been successful in contacting the vast majority of these at Waimea, Nayland and the two Nelson colleges and enrolling those not enrolled elsewhere and providing service.

Manu Ora is a new General Practice established in Marlborough utilising a Kaupapa Māori approach.

New funding has enabled a new refugee health service model to be implemented in Nelson, aligned to a similar model in Blenheim.

Short term solutions for Aged Residential Care bed pressures in Wairau continue to be pursued. Good communication between Needs Assessment Service Coordination (NASC) and Wairau Hospital to review 'bed blockers' is improving discharge planning for both services. There are on average approximately 10 people waiting for a bed in Marlborough either from Wairau Hospital or the community.

HCSS continue to face workforce pressure. While workforce recruitment remains a priority and both providers have positions being filled, services for some clients are being affected. Providers continue to prioritise the provision of supports which are essential to keeping people safe at home.

Both Nelson City Council and Marlborough District Council have been drafting 10 year strategic plans for their respective areas. NMH has contributed to the input and consultation of the two Council plans.

A 4-bed mental health acute community respite facility will open in March 2022. This will provide an alternative for those presenting at ED.

The Annual Plan (including SPE) 2021/22 was signed by the Ministers of Health and Finance and is now published on the NMH website.

Health Promotion supported, from concept-to-completion, the creation of the Pou for the Opaoa Bridge in Blenheim, including engaging schools in the process. The whole concept has won the Engineering NZ Heritage Award 2021. It was seen as a project that delivered two bridges that combine safety and strength, represented the mana whenua of Wairau and celebrating heritage values.

The Public Health Nutritionist has continued to work on the 'non-perishable meal-in-minutes kits' for vulnerable whānau. The meal kits have been trialled by 18 families from three Early Learning Services (ELs) that have a high number of low-income whānau, Māori, and Pacific populations. Out of the 18 families who provided feedback, 10 were from Māori and Pacific families.

The Public Health Nutritionist has also met with Te Pātaka regarding the meal kits, who were supportive of trialling the recipes with the community Te Pātaka serve in Wairau. The Public Health Nutritionist has since provided Te Pātaka with 20 meal kits to distribute to whānau. Te Pātaka will support families with the before and after cooking questionnaires and then report back to the Public Health Nutritionist once the meal kits have been trialled. Te Waka Hauora are also providing support with recipe and resource designs.

The Health Promotion team has been liaising with NZ Certified Builders (NZCM) and has provided them with mental health resources. *Mates in Construction*, a Suicide Prevention Strategy is being expanded to the South Island. Health Promotion met with the CE of Mates to clarify how smaller construction companies might access this robust and best practice programme.

A new Youth Primary Mental Health Initiative is underway to facilitate the co-design of a primary mental health service for youth to inform the development of a service specification for the Ministry of Health by early 2022.

#### **4. MENTAL HEALTH & ADDICTIONS**

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.

In November and December, the Nelson iCAMHS team stepped up to provide extra cover for adolescents admitted to Wāhi Oranga. Two Wairau iCAMHS Registered Nurses also assisted with weekend nursing shifts at Wāhi Oranga during nursing shortages.

A small team is working to improve Older Persons Mental Health Service discharge processes, particularly for complex patients where additional support is required for ARRC.

Graphs noted below:

##### **Figure 1: Older Person's Mental Health**

High demand on the Older Persons Mental Health Service continued for most of November, with slight tapering off to normal BAU levels later in the month. Demand on service returned to usual levels in December, with a quiet Christmas and New Year period.

Bed utilisation for Older Persons Mental Health Inpatient Service averaged 97% in November, however some days later in the month where 100%. In December bed utilisation averaged 80%.

## Older Person's Mental Health (OPMH)

	Referrals - 2021 12			Community Contacts - 2021 11			Midnight Beds - 2021 12		
	Caseload 13/01/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	9	1	2				8.0	10	80%
Liaison Nelson	25	7	6	14	70%	11			
Liaison Wairau	8	3	1	6	16%	19			
Nelson	90	23	26	267	100%	25			
Wairau	37	7	4	107	100%	33			
<b>Total</b>	<b>169</b>	<b>41</b>	<b>39</b>	<b>394</b>	<b>100%</b>	<b>22</b>			

Referrals Received and Discharged

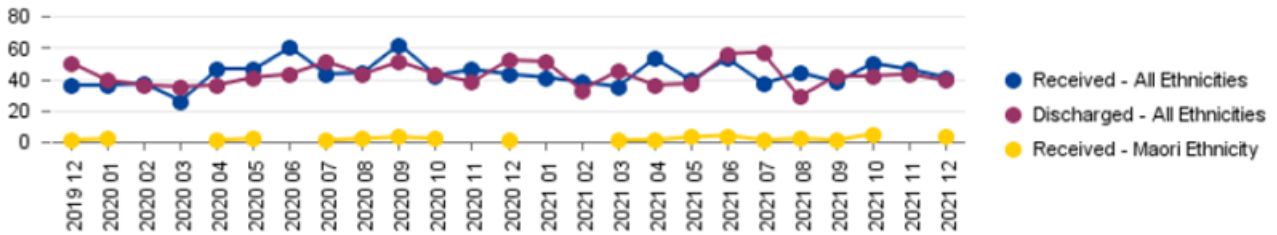


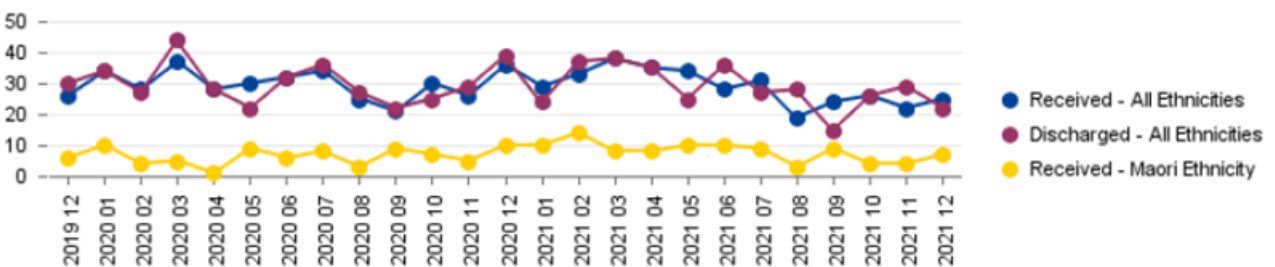
Figure 2: Wāhi Oranga Inpatient Unit

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

## Wahi Oranga Inpatient Unit

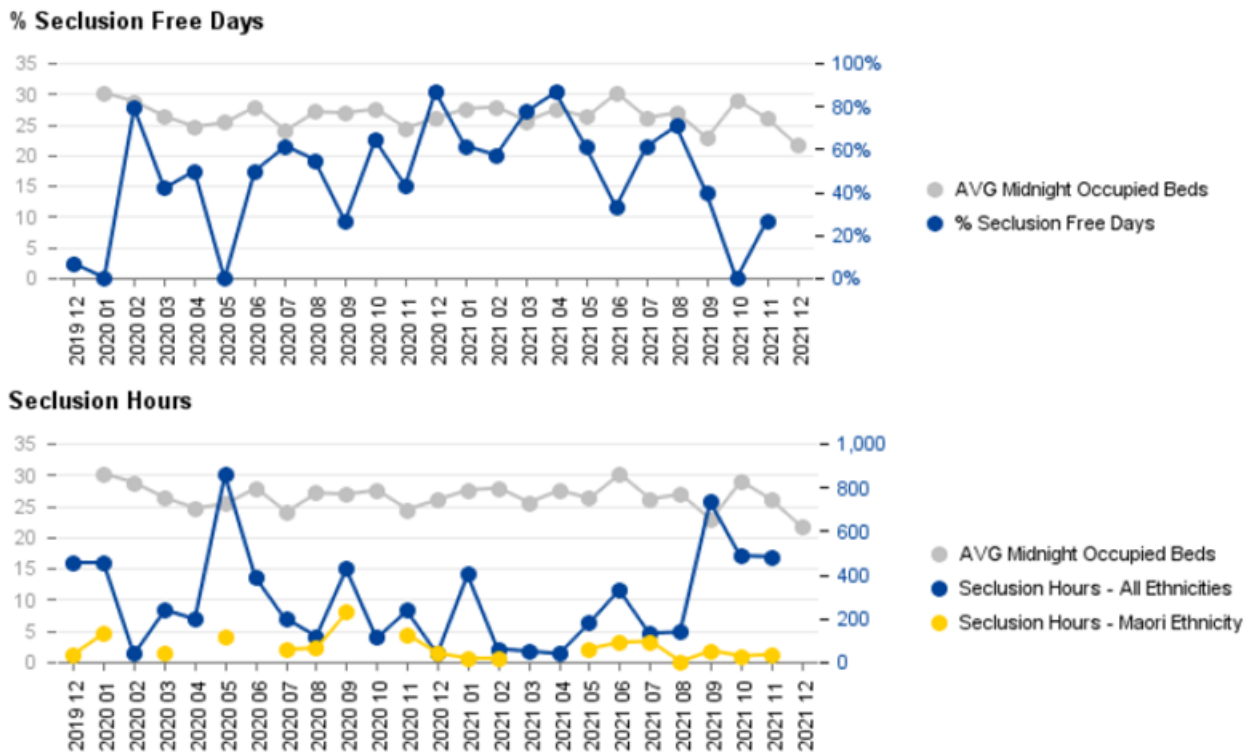
	Referrals - 2021 12			Midnight Occupied Beds - 2021 12			2021 12	2021 11
	Caseload 13/01/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
<b>Wahi Oranga</b>	33	25	22	21.6	30	72%	30	100%

Referrals Received and Discharged



### Figure 3: Seclusion

We have had a number of acute admissions with high and complex needs in Wāhi Oranga. This has resulted in higher seclusion rates.



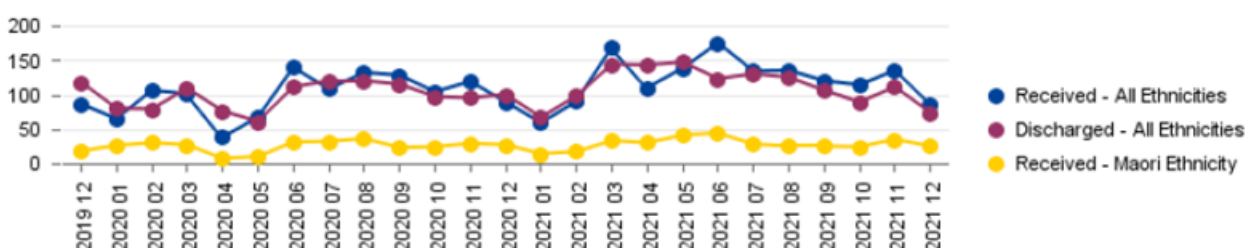
### Figure 4: ICAMHS

November and December saw continuing high referral numbers for iCAMHS in both Nelson and Wairau. Capacity to address referrals in a timely way has been impacted by staff vacancies, however two Care Manager appointments will start in in Nelson in early 2022. We are still recruiting for the Care Manager role in Motueka and the Psychologist role in Wairau.

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

	Referrals - 2021 12			Community Contacts - 2021 11		DNA % - 2021 11		
	Caseload 13/01/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Explore Nelson				14			7.1%	
ICAMHS Forensic Nelson	1			9	60%		0.0%	0.0%
ICAMHS Nelson	455	56	56	861	100%	109	5.7%	12.8%
ICAMHS Wairau	191	27	12	328	100%	35	7.9%	10.0%
Infant and Maternal Nelson	36	2	6	131	100%	116	7.6%	12.5%
<b>Total</b>	<b>683</b>	<b>85</b>	<b>74</b>	<b>1,343</b>	<b>100%</b>	<b>74</b>	<b>6.4%</b>	<b>11.8%</b>

#### Referrals Received and Discharged



#### 4.1 Disability Support Services (DSS)

The new Ministry for Disabled People will provide the leadership for the disability sector and the authority 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.

NMH have put in place a recovery plan to support those services with the greatest need. This includes General Surgery, ENT, Orthopaedic, Neurology and Gynaecology FSAs, as well as Cataract surgery, Orthopaedic surgery, and Endoscopy.

Consideration has been made for optimising capacity, utilising capacity within NMH and outsourcing where required. Maintaining an equity focus, so that patients are seen and treated in line with clinical acuity and time waiting.

#### 5.1 Health Targets – Planned Care

Year to date, at the end of December 2021, we planned 3,184 surgical discharges of which we have delivered 2,685 (84%). This is under plan by 499 discharges.

We have delivered 3,414 minor procedures year to date as at the end of December 2021, which is 986 procedures higher than our target of 2,428 for this period.

Year to date at the end of December 2021, internal delivery indicates 12,197 actual total caseweights (CWDs) against a Plan of 13,760 (88%).

Year to date, at the end of December 2021, elective CWD delivery was 2,821 against a Plan of 4,104 (68.7%). Year to date at the end of December, acute CWD delivery was 9,375 against a Plan of 9,656 (103%).

Planned care is continuously being impacted by the COVID-19 response, the number of acutes and staffing availability. We are treating approximately 80% of our normal planned care throughputs.

#### 5.2 Shorter Stays in Emergency Department

##### ED Activity in Nelson and Wairau Hospitals

ED	Within 6 hours	Over 6 hours, incl. in calculable	Total
December	3,828	459	4,287

##### Hospital Occupancy

Hospital Occupancy 1 – 31 December 2021	Adult Inpatient
Nelson	89%
Wairau	83%

### 5.3 Enhanced Access to Diagnostics

CT, for December, shows 77.8% of referrals accepted are scanned within 42 days (MOH target is 95%).

MRI, for December, shows 85.7% of referrals accepted are scanned within 42 days of referral acceptance (MOH target is 90%).

### 5.4 System Level Measures

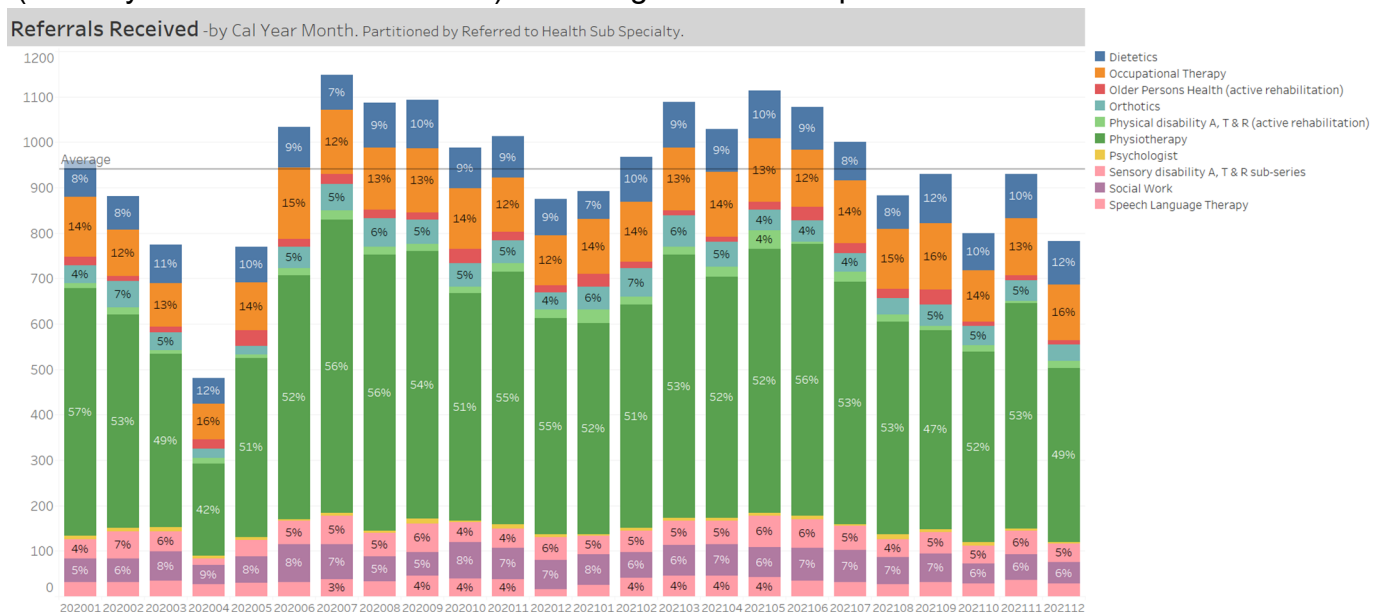
Attached as item 4.1 is the System Level Measures dashboard for January 2022 showing process and outcome measures for ASH, acute hospital bed days, babies living in smokefree homes, amenable mortality rates, youth access to appropriate health services.

## 6. ALLIED HEALTH

During the period January 2020 to December 2021, the average monthly referrals to Allied Health Services was approximately 941. During November and December 2021 there were:

- 1,694 referrals received to Allied Health Services.
- 79% referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 9% Māori (161 referrals) across all services and age ranges, however majority for physiotherapy.
- 2% Pacifica.
- 49% are for clients over 65 years, and 23% over 80 years of age (total of 282 referrals).

The graph below shows the number of referrals per month to Allied Health Services (January 2020 to December 2021) excluding Child Development Services.



## 7 NURSING & MIDWIFERY

Professional Nursing development:

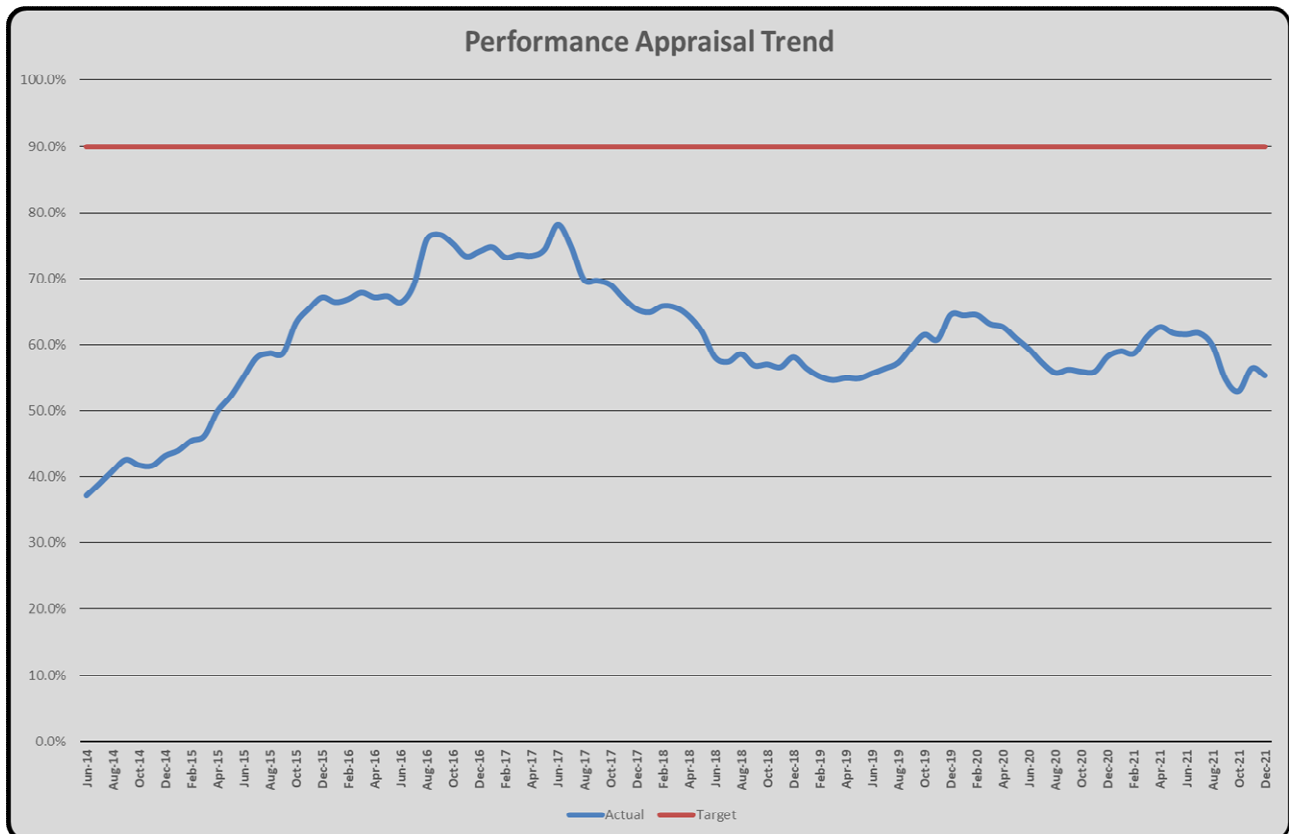
- Six new graduates started mid December.
- 20 new graduates to start mid January as per their traditional orientation.
- All 11 Māori applicants were funded plus one Clinical Nurse Specialist funded by the DONM.
- 2021 new graduates: 33 have been offered permanent roles.
- 33 HCAs attended an HCA super skills day.

A collaboration between CNS Diabetes and Midwifery team to offer a quick start program for patients with gestational Diabetes has been launched. An update newsletter to Diabetic Teens has been developed. A multidisciplinary approach has been undertaken for insulin start programs for newly diagnosed Type 2 patients with both education package and training underway.

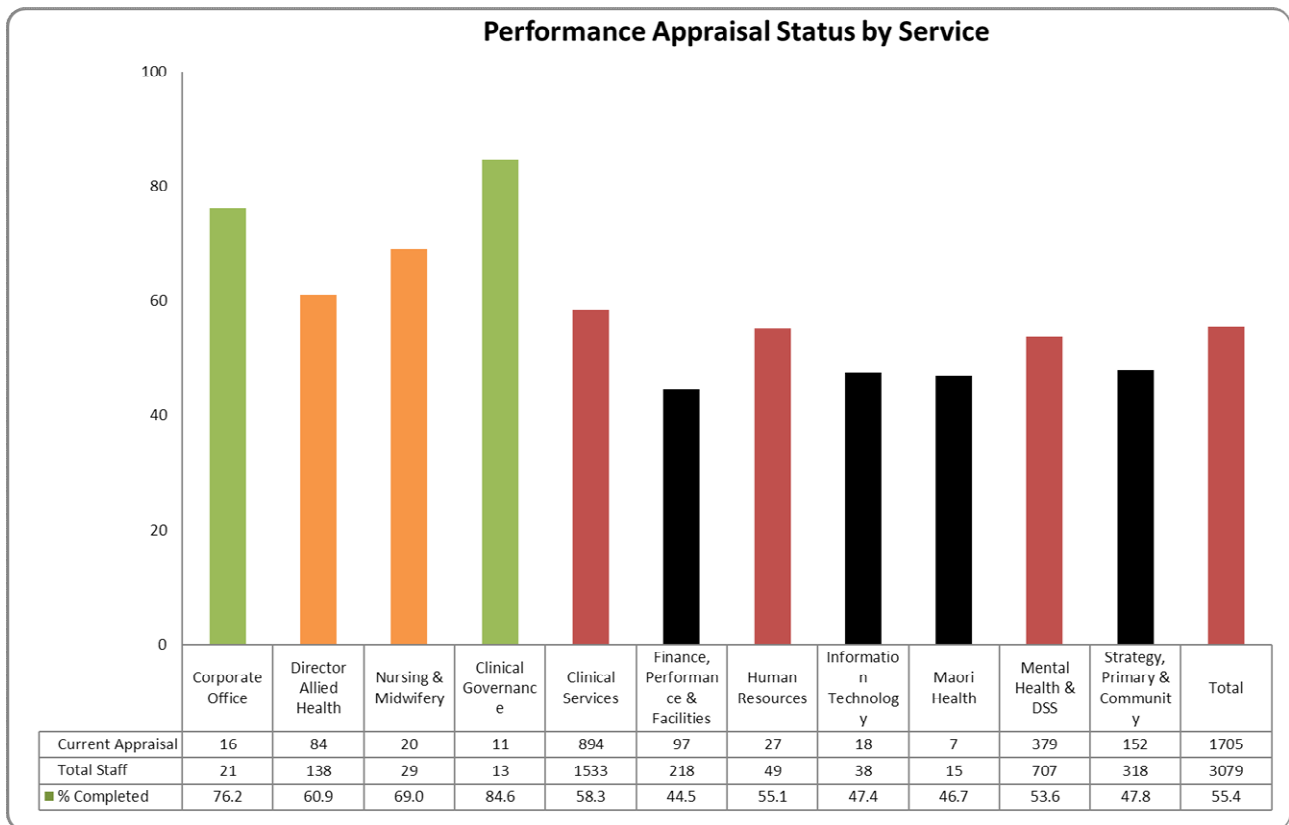
## 8. PEOPLE & CAPABILITY

### Performance Appraisals

To date we are at 55% of staff with a current performance appraisal.







## 9. DIGITAL AND DATA

In mid December Cabinet approved funding for the Hira programme, and further funding to support delivery of the capability uplift programme, across the health sector. The latter is for supporting the replacement of aging technology and addressing digital capability deficits. The capability uplift investments are additional and complementary to current DHB baseline investments. They provide an additional opportunity to focus on system-wide investment initiatives that otherwise might not have been considered.

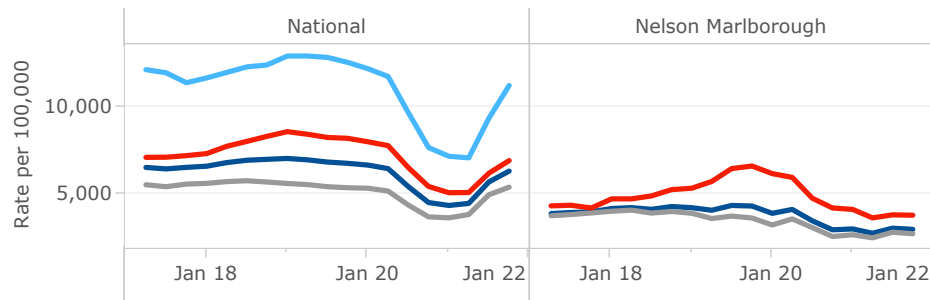
Lexie O'Shea  
**CHIEF EXECUTIVE**

### RECOMMENDATION:

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

## Ambulatory Sensitive (Avoidable) Hospitalisations (ASH)

### ASH, 00-04, All Conditions



Nelson Marlborough Health shows continued achievement of lower rates for ASH, 00-04 age group, All conditions, than the National rate.

There is evidence of an equity gap between Māori and Others which has continued to exist since June 2017.

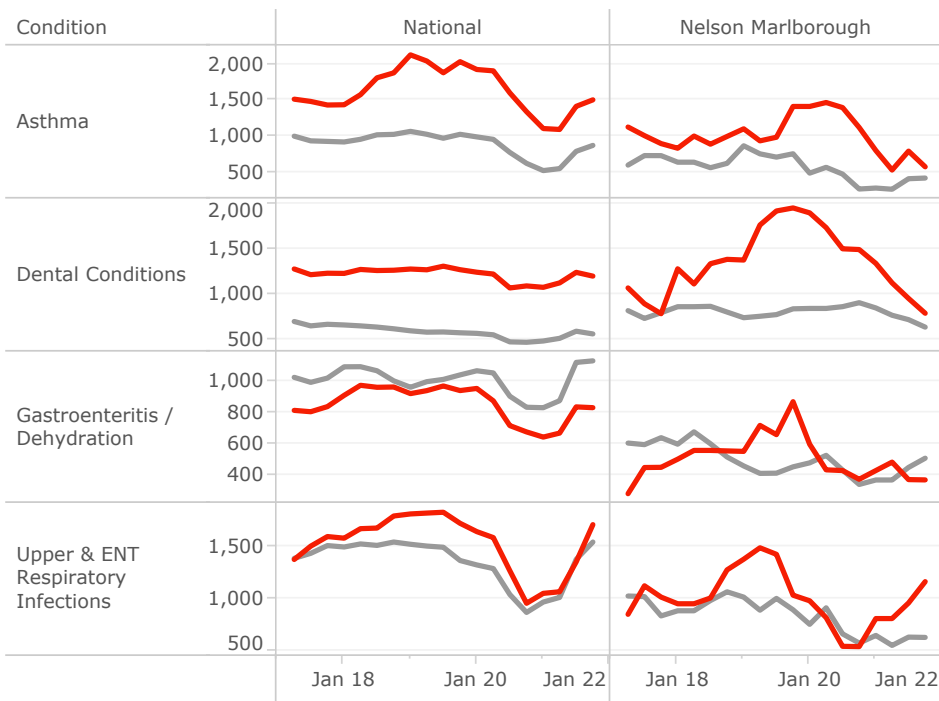
#### Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring, Stats NZ Population Projections. Available at: <https://nsf.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive>

The **Rate per 100,000** is a rolling 12-month value calculated for each reporting quarter. The rate is non-standardised. The child's domicile is used to determine the DHB.

Data is reported quarterly, with the most recent update on 15-Dec-2021 for activity to Sep-2021.

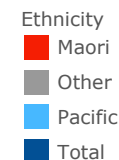
### ASH, 00-04, Selected Conditions



The conditions with the greatest equity gap between Māori and Others, for Nelson Marlborough, are:

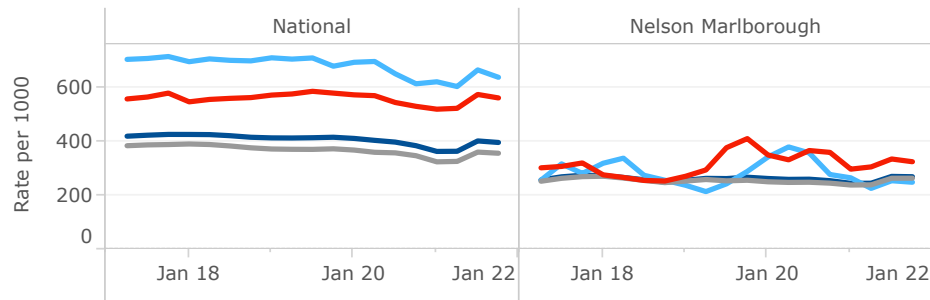
- Asthma
- Dental conditions

Of concern was the Nelson Marlborough ASH rate for 00-04 with Dental Conditions showing an above National rate, particularly for Māori, during the early part of 2020 (during the COVID-19 Alert level 4 & 3 lockdown periods). There is evidence that the ASH rate is reducing more recently.



## Acute Hospital Bed Days (ABD)

### Acute Bed Days by DHB of Domicile



Acute Hospital Bed Days by DHB of Domicile, age-standardised (to Census 2013), for all Nelson Marlborough ethnicities is consistently below the National rates.

There is evidence of a sustained equity gap between Māori and Others starting in Dec 2019 for Nelson Marlborough.

#### Data Source Information

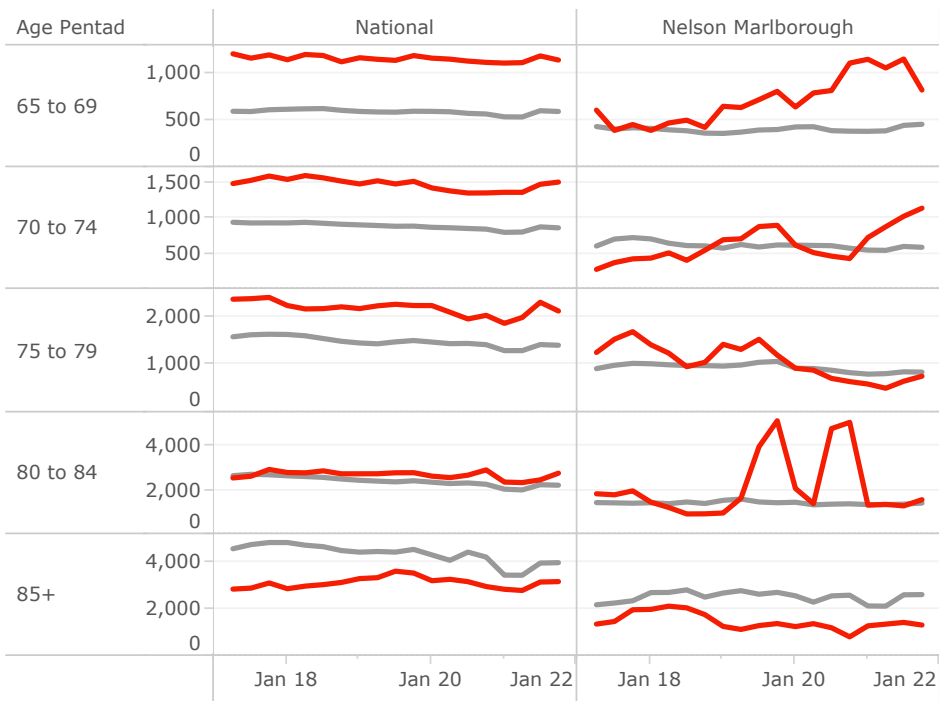
Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring, Stats NZ Population Projections. Available at: <https://nsfi.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/acute>

The **Rate per 1000** is a rolling 12-month value calculated for each reporting quarter. The patient's domicile is used to determine the DHB.

The Acute Hospital Bed Days measure can be used to manage the demand for acute inpatient services on the health system. The intent of the measure is to reflect integration between community, primary, and secondary care and it supports the strategic goal of maximising the use of health resources for planned care rather than acute care.

Data is reported quarterly, with the most recent update on 15-Dec-2021 for activity to Sep-2021.

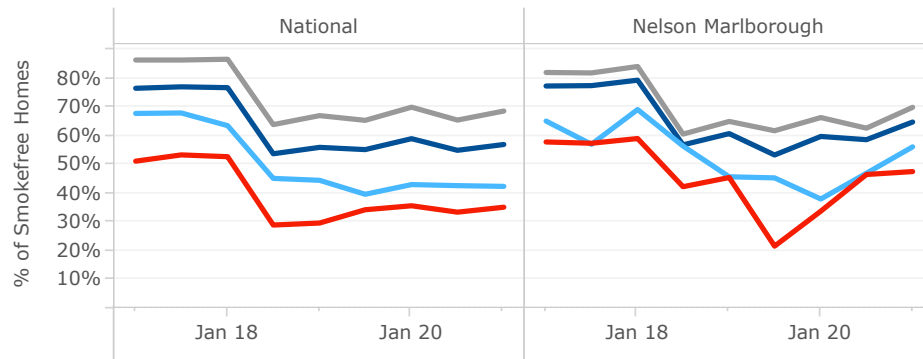
### Acute Bed Days for Selected Age Pentads, DHB of Domicile



When looking at the actual (non-standardised) rates by Age Pentad for patients 65 and older, there is evidence of an increasing equity gap between Māori and Others for those aged 65-69.



## Babies Living in Smoke-free Homes



A sustained equity gap exists between Māori and Others for Nelson Marlborough.

### Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring. Available at: <https://ns-fl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/babies>

The **Rate per 1000** is a rolling 12-month value calculated for each reporting quarter. The patient's domicile is used to determine the DHB.

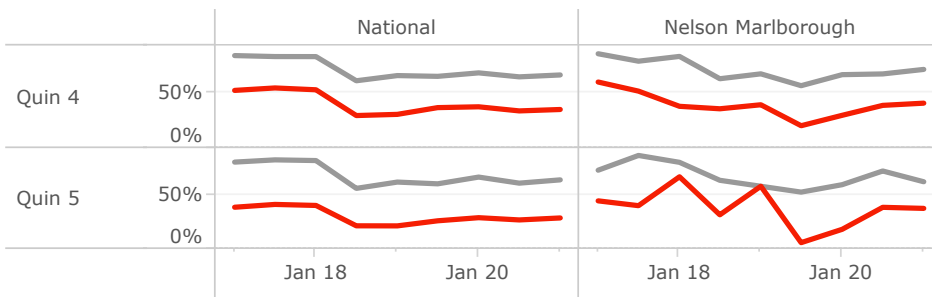
The **Deprivation Quintile 5** is the most deprived and Quintile 1 is the least.

The Babies Living in Smoke-free Homes measure aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whānau environment. The measure aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) providers and general practitioners occur.

Note: New data standards came into effect on 1-Jan-2019 which improved data quality and accuracy over time. This data standard change may have caused a significant change in the reported rates.

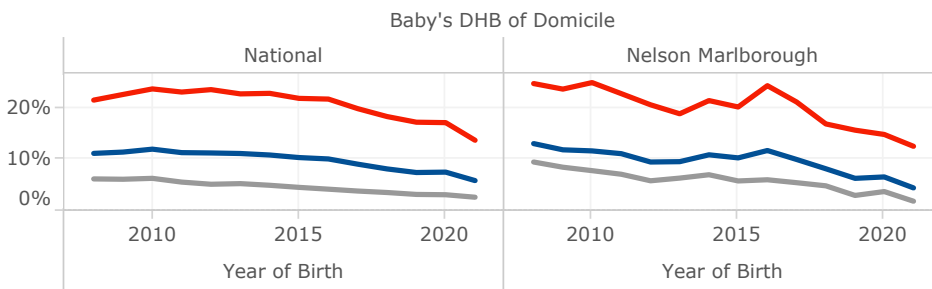
Data is reported 6 monthly, with the most recent update on 19-May-2021 for activity to Dec-2020.

## Babies Living in Smoke-free Homes by Deprivation Quintile



For Nelson Marlborough, the percentage of Māori babies living in smoke-free homes is significantly lower than Others, for families living in higher deprivation areas (quintiles 4 and 5) - indicating an equity gap. The equity gap is reduced between Māori and Others for those living in lower deprivation areas (quintiles 1, 2, and 3).

## % of Mothers Who Smoke



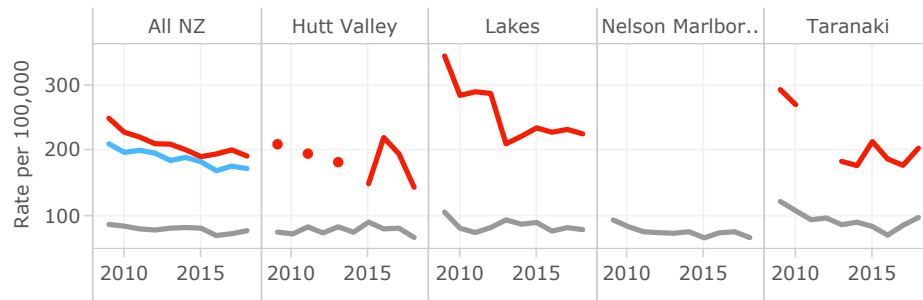
The national Maternity data collection provides information on mother's who smoke postnatal.

While the most recent year's data (2021) is incomplete, it does show an encouraging reducing % of Mothers Who Smoke for Māori and non-Māori babies, both Nationally and for Nelson Marlborough.

- Ethnicity
- Māori
- Other
- Pacific
- Total

## Amenable Mortality

### Amenable Mortality Rate (Age Standardised), 00-74



*"Amenable mortality is defined as premature deaths that could potentially be avoided given effective and timely care. That is, deaths from diseases for which effective health interventions exist that might prevent death before an arbitrary upper age limit (usually 75)"*  
 MoH Amenable mortality FAQs

A lower number for the amenable mortality rate is better – indicating that fewer people are dying of essentially preventable conditions. The most ideal number would be zero.

#### Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Data to Support System Level Measures, Amenable Mortality SLM. Available at: <https://nsfi.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/amenable>

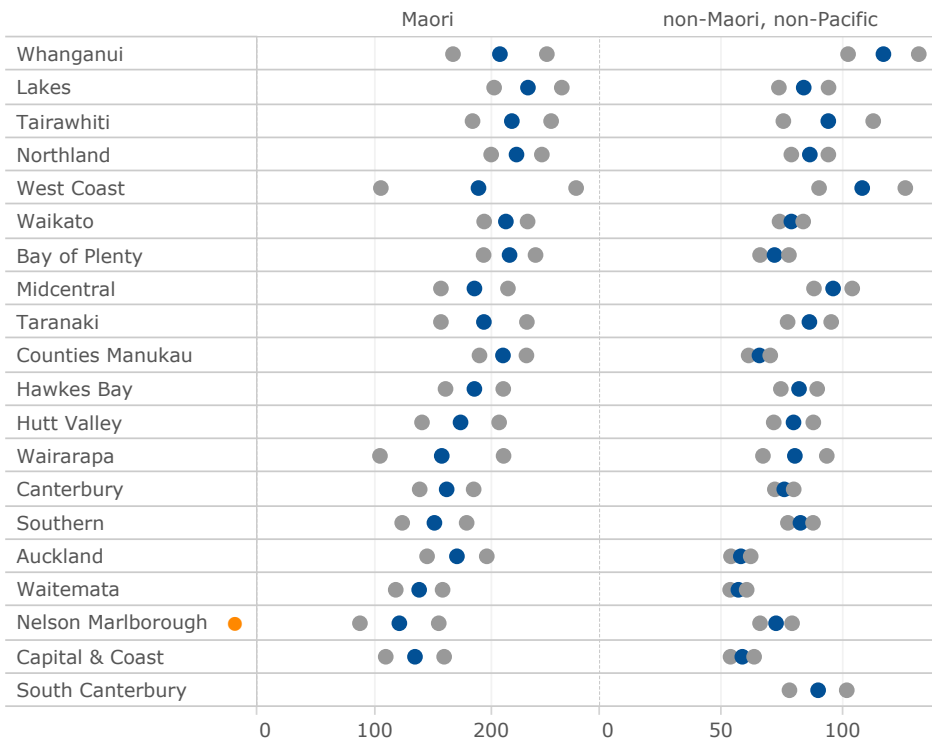
Rates per 100,000 age standardised to WHO world standard population. Rates are suppressed where there are less than 30 deaths.

Additional information on Mortality is available via a MoH interactive application, available at: <https://min-healthnz.shinyapps.io/mortality-web-tool/>

Data is reported yearly, with the most recent update on 28-July-2021 for calendar year 2018.

The upper graph provides a time series view of the age-standardised amenable mortality rate, per 100,000 of the estimated population, for Nelson Marlborough and peer DHBs (selected based on similar Amenable Mortality deaths).

The lower graph is a summarised rate of amenable mortality for the years 2014 to 2018, calculated using 2016 population data. The confidence interval (CI) points are at 99%. Nelson Marlborough's rate for Māori is the lowest of any DHB, at 120.6 per 100,000. However, for non-Māori, non-Pacific, Nelson Marlborough's rate of 72.3 per 100,000 ranks it at 15 out of the 20 DHBs.



#### Ethnicity

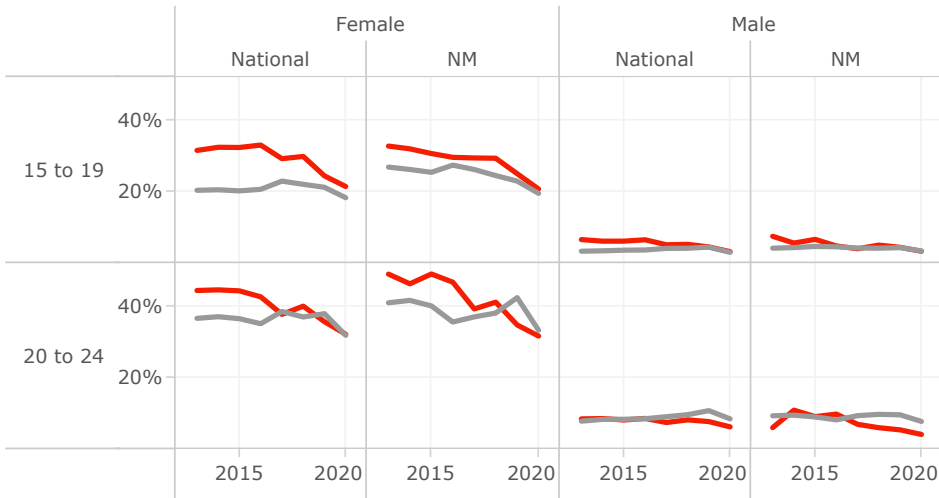
- Māori
- Non Maori, Non-Pacific
- Pacific

#### Rate Summary

- Upper CI
- Rate
- Lower CI

## Youth Access to and Utilisation of Youth Appropriate Health Services

### STI Test Coverage for Chlamydia



Nelson Marlborough (NM) has chosen Sexual and Reproductive Health – Chlamydia (& Gonorrhoea) testing coverage for 15 to 24-year-olds as the primary measure for this SLM.

Testing coverage for Nelson Marlborough **Māori & European or Other** females is slightly higher than the National coverage. Male coverage in Nelson Marlborough are consistent with the National rate.

*“Testing has dropped over time but so has positivity suggesting an appropriate reduction of access.”*  
Nick Baker

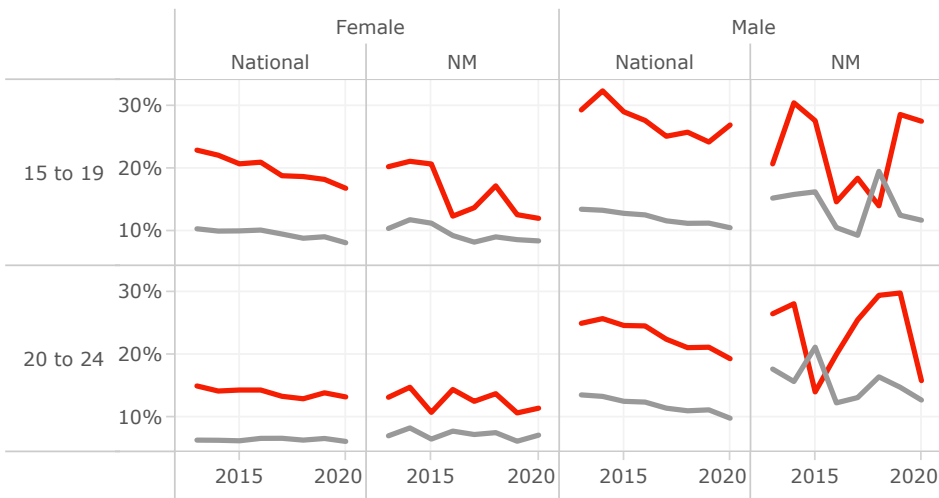
#### Data Source Information

Ministry of Health, **Nationwide Service Framework Library**, Performance and Monitoring. Available at: <https://ns-fi.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/youth-slm--4>

Testing **coverage rates** (people tested): the number of people tested based on NHI, patient ID numbers, and demographic characteristics; and using the age and location of the individual at the time of the first test of the year. These rates do not include multiple tests within the year for the same individual.

Data is reported yearly, with the most recent update on 2-Dec-2021 for calendar year 2020.

### STI Test Positivity for Chlamydia



There is evidence of an equity gap between **Māori** and **European or Other** males in Nelson Marlborough.

Positivity percentage appears to have an inverse relationship for NM Māori males (approx. 30% in 2019 – likely influenced by lower numbers of tests).

*“Testing is much less in males than females while positivity is higher and increasing as testing drops. These results suggest an access of care issue for makes especially Māori. An understanding of barriers to care for Māori males could be used to address this issue.”*  
Nick Baker

Ethnicity  
 European or Other  
 Māori

# MEMO

**To:** Board Members  
**From:** Eric Sinclair  
 GM Finance, Performance & Facilities  
**Date:** 19 January 2022  
**Subject:** Financial Report for December 2021

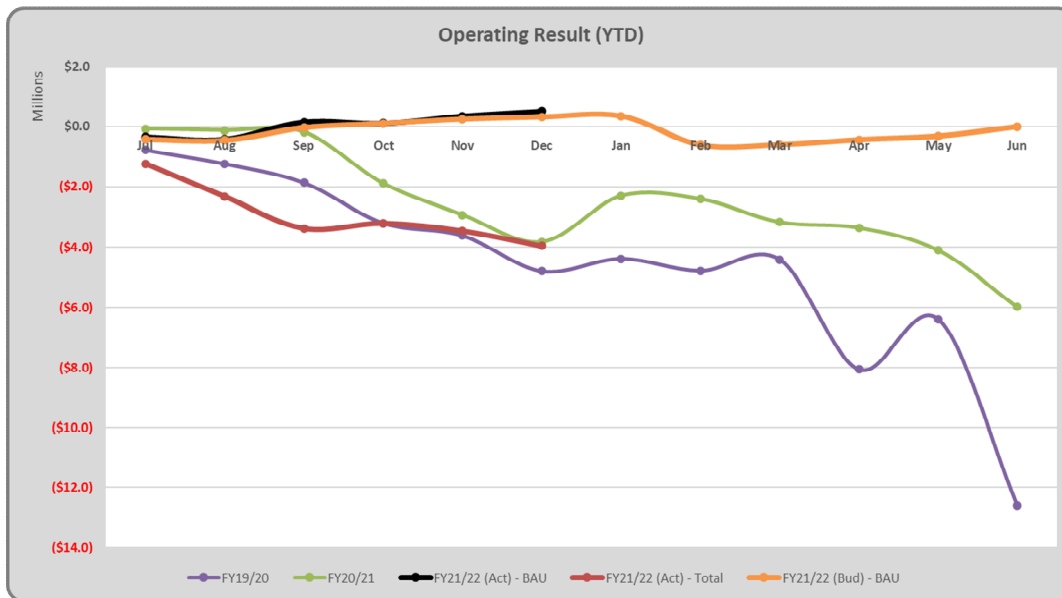
**Status**

This report contains:

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

## Summary

The core result for the first half of the year is a small surplus of \$0.5m which is \$0.2m favourable to the plan which is a very pleasing result given the events occurring in the financial year. The overall result, including the impact of the ongoing accrual for the Holidays Act remediation and COVID, is a deficit of \$3.9m which is \$2.4m adverse to plan.



## Commentary

During December the payment for the wage negotiation and pay equity to nursing and midwifery was made, which is reflected in the significant adverse variance in workforce costs in the month. However, the pay equity portion of this was funded through additional revenue by the MOH, which is shown within the other income line in the financial results, resulting in the pay equity having a nil impact on the bottom line.

The pay equity component of the pay increase will continue as an adverse variance in workforce costs for the remainder of the year, however there will be a corresponding revenue offset provided through the MOH to cover this.

The key areas within the core result that continue to be 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 with a continued higher volume of patients than budgeted. The budget for the year was increased to align to the spend in the previous financial year, however the costs in the six months are approximately 13% 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 November Pharmac forecast was received in December, and the analysis of this suggests the overspend could reach \$2m by year end – this represents 3.7% of the national spend compared to our PBF share of 3.4%.
- 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 2021/22 event, are being separately identified and reported. The MOH are advising that a range of COVID related costs are being funded and the actual level of reimbursement for these is still being finalised.

### **Contracts Signed Under Delegation**

Two contracts have been signed under delegation:

- a) A 20-month contract with Nelson Bays Primary Health for the provision of refugee health services. The annual value of this contract is \$0.5m
- b) The national electricity purchasing contract has been completed through the All-Of-Government purchasing arrangements. The Board of Interim Health NZ have reviewed the contractual arrangement across the sector for all 20 DHBs and have requested that each Board sign the contract. There are a range of price increases that apply depending on the particular time of usage and/or the arrangement entered and these can vary within DHBs and between DHBs. The annual value of this contract is estimated at \$1.4m.

A variation to the Pathways Health Ltd contract for Integrated & Responsive Recovery Support Mental Health Services for a further four years through to 31 January 2025. The services provided under this contract include:

- a) Residential housing and recovery services
- b) Community based mobile services
- c) Youth respite and recovery services.

With the length of time required for this contract, and with a total contract value of \$19.7m Board approval to complete this variation to the contract is required.

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



**RECOMMENDATIONS:**

**THAT THE BOARD:**

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 NOTES THE CONTRACTS ENTERED UNDER DELEGATION**
- 3 APPROVES THE VARIATION TO THE PATHWAYS HEALTH LTD CONTRACT FOR INTEGRATED & RESPONSIVE RECOVERY SUPPORT MENTAL HEALTH SERVICES BE SIGNED BY THE CHIEF EXECUTIVE**

## Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Revenue</b>							
MOH devolved funding	45,503	1,575	47,078	45,733	-230	1,345	48,474
MOH non-devolved funding	2,143	370	2,513	2,216	-73	297	2,293
ACC revenue	629	0	629	584	45	45	742
Other government & DHBs	1,164	0	1,164	1,119	45	45	1,059
Other income	6,224	1	6,225	938	5,286	5,287	1,147
<b>Total Revenue</b>	<b>55,663</b>	<b>1,946</b>	<b>57,609</b>	<b>50,590</b>	<b>5,073</b>	<b>7,019</b>	<b>53,715</b>
<b>Expenses</b>							
Employed workforce	22,945	378	23,323	18,675	-4,270	-4,648	21,801
Outsourced workforce	672	264	936	179	-493	-757	633
<b>Total Workforce</b>	<b>23,617</b>	<b>642</b>	<b>24,259</b>	<b>18,854</b>	<b>-4,763</b>	<b>-5,405</b>	<b>22,434</b>
Outsourced services	1,964	30	1,994	1,872	-92	-122	1,951
Clinical supplies	2,593	126	2,719	2,448	-145	-271	3,140
Pharmaceuticals	4,711	0	4,711	4,336	-375	-375	4,394
Air Ambulance	392	0	392	335	-57	-57	533
Non-clinical supplies	2,934	157	3,091	2,949	15	-142	3,130
External provider payments	12,585	1,197	13,782	12,943	358	-839	12,706
Inter District Flows	4,958	0	4,958	4,958	0	0	4,137
<b>Total Expenses before IDCC</b>	<b>53,754</b>	<b>2,152</b>	<b>55,906</b>	<b>48,695</b>	<b>-5,059</b>	<b>-7,211</b>	<b>52,425</b>
<b>Surplus/(Deficit) before IDCC</b>	<b>1,909</b>	<b>-206</b>	<b>1,703</b>	<b>1,895</b>	<b>14</b>	<b>-192</b>	<b>1,290</b>
Interest expenses	30	0	30	37	7	7	32
Depreciation	1,219	0	1,219	1,257	38	38	1,151
Capital charge	503	0	503	530	27	27	92
<b>Total IDCC</b>	<b>1,752</b>	<b>0</b>	<b>1,752</b>	<b>1,824</b>	<b>72</b>	<b>72</b>	<b>1,275</b>
<b>Operating Surplus/(Deficit)</b>	<b>157</b>	<b>-206</b>	<b>-49</b>	<b>71</b>	<b>86</b>	<b>-120</b>	<b>15</b>
Holidays Act compliance	-458	0	-458	-458	0	0	-458
<b>Net Surplus/(Deficit)</b>	<b>-301</b>	<b>-206</b>	<b>-507</b>	<b>-387</b>	<b>86</b>	<b>-120</b>	<b>-443</b>

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Revenue</b>									
MOH devolved funding	282,154	8,700	290,854	281,417	737	9,437	272,261	580,175	550,486
MOH non-devolved funding	13,592	721	14,313	13,719	-127	594	12,777	28,342	27,379
ACC revenue	3,688	0	3,688	3,591	97	97	4,176	7,287	7,877
Other government & DHBs	7,149	0	7,149	6,795	354	354	5,923	13,710	12,254
Other income	11,249	1	11,250	5,642	5,607	5,608	6,339	11,746	12,784
<b>Total Revenue</b>	<b>317,832</b>	<b>9,422</b>	<b>327,254</b>	<b>311,164</b>	<b>6,668</b>	<b>16,090</b>	<b>301,476</b>	<b>641,260</b>	<b>610,780</b>
<b>Expenses</b>									
Employed workforce	118,791	1,739	120,530	118,394	-397	-2,136	111,187	254,427	232,335
Outsourced workforce	4,153	2,300	6,453	1,071	-3,082	-5,382	3,449	2,145	7,685
<b>Total Workforce</b>	<b>122,944</b>	<b>4,039</b>	<b>126,983</b>	<b>119,465</b>	<b>-3,479</b>	<b>-7,518</b>	<b>114,636</b>	<b>256,572</b>	<b>240,020</b>
Outsourced services	11,845	225	12,070	11,258	-587	-812	11,160	22,560	23,883
Clinical supplies	15,955	243	16,198	15,242	-713	-956	15,955	31,371	31,978
Pharmaceuticals	28,128	0	28,128	26,304	-1,824	-1,824	26,257	53,183	51,915
Air Ambulance	2,403	0	2,403	2,096	-307	-307	2,306	4,359	4,613
Non-clinical supplies	17,670	862	18,532	18,382	712	-150	18,308	36,724	36,400
External provider payments	78,060	5,766	83,826	77,486	-574	-6,340	75,088	155,390	150,672
Inter District Flows	29,766	0	29,766	29,747	-19	-19	24,831	59,494	52,827
<b>Total Expenses before IDCC</b>	<b>306,771</b>	<b>11,135</b>	<b>317,906</b>	<b>299,980</b>	<b>-6,791</b>	<b>-17,926</b>	<b>288,541</b>	<b>619,653</b>	<b>592,308</b>
<b>Surplus (Deficit) before IDCC</b>	<b>11,061</b>	<b>-1,713</b>	<b>9,348</b>	<b>11,184</b>	<b>-123</b>	<b>-1,836</b>	<b>12,935</b>	<b>21,607</b>	<b>18,472</b>
Interest expenses	182	0	182	221	39	39	195	443	383
Depreciation	7,352	0	7,352	7,463	111	111	6,859	14,806	13,745
Capital charge	3,020	0	3,020	3,180	160	160	4,200	6,360	4,826
<b>Total IDCC</b>	<b>10,554</b>	<b>0</b>	<b>10,554</b>	<b>10,864</b>	<b>310</b>	<b>310</b>	<b>11,254</b>	<b>21,609</b>	<b>18,954</b>
<b>Operating Surplus (Deficit)</b>	<b>507</b>	<b>-1,713</b>	<b>-1,206</b>	<b>320</b>	<b>187</b>	<b>-1,526</b>	<b>1,681</b>	<b>-2</b>	<b>-482</b>
Holidays Act compliance	-2,750	0	-2,750	-2,750	0	0	-2,750	-5,500	-5,500
<b>Net Surplus (Deficit)</b>	<b>-2,243</b>	<b>-1,713</b>	<b>-3,956</b>	<b>-2,430</b>	<b>187</b>	<b>-1,526</b>	<b>-1,069</b>	<b>-5,502</b>	<b>-5,982</b>

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Workforce Costs</b>									
Employed SMO	21,857	236	22,093	24,195	2,338	2,102	22,752	52,407	45,692
Outsourced SMO	3,325	39	3,364	712	-2,613	-2,652	2,689	1,424	5,640
<b>Total SMO</b>	<b>25,182</b>	<b>275</b>	<b>25,457</b>	<b>24,907</b>	<b>-275</b>	<b>-550</b>	<b>25,441</b>	<b>53,831</b>	<b>51,332</b>
Employed RMO	7,404	3	7,407	8,386	982	979	7,377	17,244	15,055
Outsourced RMO	295	0	295	198	-97	-97	174	397	423
<b>Total RMO</b>	<b>7,699</b>	<b>3</b>	<b>7,702</b>	<b>8,584</b>	<b>885</b>	<b>882</b>	<b>7,551</b>	<b>17,641</b>	<b>15,478</b>
Employed Nursing	41,819	661	42,480	38,291	-3,528	-4,189	37,403	83,018	76,737
Outsourced Nursing	23	1,294	1,317	0	-23	-1,317	5	0	356
<b>Total Nursing</b>	<b>41,842</b>	<b>1,955</b>	<b>43,797</b>	<b>38,291</b>	<b>-3,551</b>	<b>-5,506</b>	<b>37,408</b>	<b>83,018</b>	<b>77,093</b>
Employed Allied Health	15,888	269	16,157	16,152	264	-5	16,180	35,596	32,988
Outsourced Allied Health	260	0	260	129	-131	-131	416	260	682
<b>Total Allied Health</b>	<b>16,148</b>	<b>269</b>	<b>16,417</b>	<b>16,281</b>	<b>133</b>	<b>-136</b>	<b>16,596</b>	<b>35,856</b>	<b>33,670</b>
Employed Disability Support Service	10,592	0	10,592	11,352	760	760	8,962	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
<b>Total Disability Support Service</b>	<b>10,592</b>	<b>0</b>	<b>10,592</b>	<b>11,352</b>	<b>760</b>	<b>760</b>	<b>8,962</b>	<b>23,197</b>	<b>19,123</b>
Employed Hotel & Support	4,320	18	4,338	3,980	-340	-358	4,053	8,542	8,340
Outsourced Hotel & Support	69	0	69	3	-66	-66	12	6	40
<b>Total Hotel &amp; Support</b>	<b>4,389</b>	<b>18</b>	<b>4,407</b>	<b>3,983</b>	<b>-406</b>	<b>-424</b>	<b>4,065</b>	<b>8,548</b>	<b>8,380</b>
Employed Management & Admin	16,911	552	17,463	16,038	-873	-1,425	17,210	34,423	34,400
Outsourced Management & Admin	181	967	1,148	29	-152	-1,119	153	58	544
<b>Total Management &amp; Admin</b>	<b>17,092</b>	<b>1,519</b>	<b>18,611</b>	<b>16,067</b>	<b>-1,025</b>	<b>-2,544</b>	<b>17,363</b>	<b>34,481</b>	<b>34,944</b>
<b>Total Workforce costs</b>	<b>122,944</b>	<b>4,039</b>	<b>126,983</b>	<b>119,465</b>	<b>-3,479</b>	<b>-7,518</b>	<b>117,386</b>	<b>256,572</b>	<b>240,020</b>
Total Employed Workforce Costs	118,791	1,739	120,530	118,394	-397	-2,136	113,937	254,427	232,335
Total Outsourced Workforce Costs	4,153	2,300	6,453	1,071	-3,082	-5,382	3,449	2,145	7,685

	YTD							Full Year	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Full-Time Equivalent Staff Numbers</b>									
SMO	129.1	1.1	130.2	139.4	10.3	9.2	130.7	144.2	131.9
RMO	97.2	0.1	97.3	104.5	7.3	7.2	97.4	107.8	99.0
Nursing	780.9	14.0	794.9	788.6	7.7	-6.3	760.4	810.1	787.6
Allied Health	386.5	4.9	391.4	393.0	6.5	1.6	377.6	403.3	381.2
Disability Support Service	287.2	0.0	287.2	317.9	30.7	30.7	265.7	325.7	281.4
Hotel & Support	134.1	0.6	134.7	133.9	-0.2	-0.8	131.0	137.7	134.4
Management & Admin	435.7	10.2	445.9	432.4	-3.3	-13.5	423.8	444.5	423.4
<b>Total FTEs</b>	<b>2,250.7</b>	<b>30.9</b>	<b>2,281.6</b>	<b>2,309.7</b>	<b>59.0</b>	<b>28.1</b>	<b>2,186.6</b>	<b>2,373.3</b>	<b>2,238.9</b>

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
<b>Average Cost Per FTE</b>									
SMO	339		339	347	9	8	348	363	346
RMO	152		152	160	8	8	151	160	152
Nursing	107		107	97	-10	-10	98	102	97
Allied Health	82		83	82	-0	-0	86	88	87
Disability Support Service	74		74	71	-2	-2	67	71	68
Hotel & Support	64		64	59	-5	-5	62	62	62
Management & Admin	78		78	74	-3	-4	81	77	81
<b>Total</b>	<b>106</b>		<b>106</b>	<b>103</b>	<b>-3</b>	<b>-3</b>	<b>104</b>	<b>107</b>	<b>104</b>

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

**AS AT 31 December 2021**

	Budget Dec-21 \$000	Actual Dec-21 \$000	Actual Jun-21 \$000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	19,416	36,978	19,415
Other cash deposits	21,300	21,300	21,300
Receivables	23,247	24,412	23,248
Inventories	3,387	2,552	3,387
Prepayments	1,760	(1,227)	1,760
Non-current assets held for sale	2,105	2,105	2,105
<b>Total current assets</b>	<b>71,215</b>	<b>86,119</b>	<b>71,215</b>
<b>Non-current assets</b>			
Prepayments	695	654	695
Other financial assets	1,732	1,976	1,732
Property, plant and equipment	216,178	216,602	218,258
Intangible assets	10,189	10,597	11,069
<b>Total non-current assets</b>	<b>228,794</b>	<b>229,829</b>	<b>231,753</b>
<b>Total assets</b>	<b>300,009</b>	<b>315,948</b>	<b>302,968</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	57,719	71,867	56,440
Borrowings	737	747	737
Employee entitlements	103,462	106,638	105,407
<b>Total current liabilities</b>	<b>161,918</b>	<b>179,252</b>	<b>162,584</b>
<b>Non-current liabilities</b>			
Borrowings	7,820	7,585	7,819
Employee entitlements	9,255	9,256	9,256
<b>Total non-current liabilities</b>	<b>17,075</b>	<b>16,841</b>	<b>17,075</b>
<b>Total Liabilities</b>	<b>178,993</b>	<b>196,093</b>	<b>179,659</b>
<b>Net assets</b>	<b>121,016</b>	<b>119,855</b>	<b>123,310</b>
<b>Equity</b>			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(72,724)	(73,885)	(70,430)
<b>Total equity</b>	<b>121,016</b>	<b>119,855</b>	<b>123,310</b>

**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED 31 December 2021**

	Budget Dec-21 \$000	Actual Dec-21 \$000	Budget 2020/21 \$000
<b><i>Cash flows from operating activities</i></b>			
Receipts from the Ministry of Health and patients	313,074	274,453	641,197
Interest received	218	232	452
Payments to employees	(118,333)	(95,973)	(253,300)
Payments to suppliers	(186,584)	(156,775)	(371,035)
Capital charge	(3,657)	-	(7,314)
Interest paid	-	-	-
GST (net)			
<b>Net cash flow from operating activities</b>	<b>4,718</b>	<b>21,937</b>	<b>10,000</b>
<b><i>Cash flows from investing activities</i></b>			
Receipts from sale of property, plant and equipment	-	-	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(4,254)	(3,419)	(8,508)
Purchase of intangible assets	(252)	(578)	(504)
Acquisition of investments	-	-	-
<b>Net cash flow from investing activities</b>	<b>(4,506)</b>	<b>(3,997)</b>	<b>(9,012)</b>
<b><i>Cash flows from financing activities</i></b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(212)	(377)	(441)
<b>Net cash flow from financing activities</b>	<b>(212)</b>	<b>(377)</b>	<b>(988)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>-</b>	<b>17,563</b>	<b>-</b>
Cash and cash equivalents at the beginning of the year	19,416	19,415	19,416
<b>Cash and cash equivalents at the end of the year</b>	<b>19,416</b>	<b>36,978</b>	<b>19,416</b>

Consolidated Rolling Statement of Cash Flows \$000s	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
<b>Operating Cash Flow</b>						
<b>Receipts</b>						
Government & Crown Agency Received	58,479	54,783	49,263	51,301	50,913	57,201
Interest Received	43	43	35	35	35	43
Other Revenue Received	1,139	1,132	1,032	906	894	1,080
<b>Total Receipts</b>	<b>59,661</b>	<b>55,958</b>	<b>50,330</b>	<b>52,242</b>	<b>51,842</b>	<b>58,324</b>
<b>Payments</b>						
Personnel	26,540	24,282	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	32,328	30,881	30,637	31,214	31,374	28,016
Capital Charge	3,650	-	-	-	-	3,657
Interest Paid	-	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-	-
<b>Total Payments</b>	<b>62,518</b>	<b>55,163</b>	<b>49,546</b>	<b>51,456</b>	<b>51,057</b>	<b>56,984</b>
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>	<b>(2,857)</b>	<b>795</b>	<b>784</b>	<b>786</b>	<b>785</b>	<b>1,340</b>
<b>Cash Flow from Investing Activities</b>						
<b>Receipts</b>						
Sale of Fixed Assets	-	-	-	-	-	-
<b>Total Receipts</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Payments</b>						
Capital Expenditure	2,209	2,209	2,209	2,209	2,209	2,209
Capex - Intangible Assets	42	42	42	42	42	42
Increase in Investments	-	-	-	-	-	-
<b>Total Payments</b>	<b>2,251</b>	<b>2,251</b>	<b>2,251</b>	<b>2,251</b>	<b>2,251</b>	<b>2,251</b>
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	<b>(2,251)</b>	<b>(2,251)</b>	<b>(2,251)</b>	<b>(2,251)</b>	<b>(2,251)</b>	<b>(2,251)</b>
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>(43)</b>	<b>(44)</b>	<b>(33)</b>	<b>(34)</b>	<b>(34)</b>	<b>(83)</b>
Net Increase/(Decrease) in Cash Held	(5,151)	(1,500)	(1,500)	(1,499)	(1,500)	(994)
Plus Opening Balance	36,978	31,827	30,327	28,827	27,328	25,828
<b>Closing Balance</b>	<b>31,827</b>	<b>30,327</b>	<b>28,827</b>	<b>27,328</b>	<b>25,828</b>	<b>24,834</b>



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# MEMO

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**To:** Board Members  
**From:** Angelea Stanton, Consumer Council Chair  
**Date:** 19 January 2022  
**Subject:** **Consumer Council Report**

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<p style="text-align: center;"><i>Status</i></p> <p><b>This report contains:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> For decision</li><li><input type="checkbox"/> Update</li><li><input checked="" type="checkbox"/> Regular report</li><li><input checked="" type="checkbox"/> For information</li></ul>
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The Council met on Monday 6 December 2021.

Council met with a representative from the Ki Te Pae Ora team to reinstate collaboration. This was a very positive experience when Models of Care was in place, and we look forward to working with them again.

We want to advance our support in the wider DHB and create a clear pathway to engagement. As a consequence, our meeting focussed on the formation of a ladder of consumer engagement, defining the steps that can be taken to develop further. There is still some work to do with endorsing the terminology of each stage and this we hope to be able to share in the New Year.

Some of our key supporters this year have included the Clinical Governance Committee, Advanced Care Planning and Choosing Wisely groups. We want to acknowledge the work that has happened and continues to be conducted in these areas.

When we reflect on the year we really can say it has been a year of growth for the Council. With new members, new connections, involvement with the national Chairs and Deputies, HQSC and the transitional unit for the health reform. So, while we look forward to the summer break we are mindful that 2022 will certainly be full of activity and advancement.

Angelea Stanton  
**Consumer Council Chair**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE CONSUMER COUNCIL CHAIR’S REPORT.**

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

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

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

CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Therapy
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman

FPSC	Finance Procurement and Supply Chain
FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
hA	healthAlliance
HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
laaS	Infrastructure as a Service
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IBC	Indicative Business Case
ICU	Intensive Care Unit
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
ILM	Investment Logic Mapping
IM	Information Management

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

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

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



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

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

As at April 2019