

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 22 February 2022 at 1.00pm

Via Zoom

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	1.00pm		
1	Welcome, Karakia, Apologies, Registration of Interests	1.10pm	Attached	Resolution
2	Confirmation of previous Meeting Minutes	1.25pm	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
4.1	Quality & Safety Markers Report		Attached	Note
5	Finance Report		Attached	Resolution
6	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	1.30pm	As below	Resolution

PUBLIC EXCLUDED MEETING

1.30pm

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 25 January 2022 (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 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	

As at February 2022

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	<ul style="list-style-type: none"> ▪ Member SI Alliance Workforce Hub ▪ Member Lead DONS Group ▪ Member SI Nurse Executives 			
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 	<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
		<ul style="list-style-type: none"> ▪ Associate Fellow Royal Australasian College of Medical Administrators ▪ 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 February 2022

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON TUESDAY 25 JANUARY 2022 AT 10.00AM

Present:

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

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), Natasha Hoskins (Communications Manager), Gaylene Corlett (Board Secretary)

Apologies:

Gerald Hope

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Erin Bradnock, Waimea Weekly attended

Katie Townshend, reporter for Nelson Mail attended

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Moved: Dawn McConnell

Seconded: Craig Dennis

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Dawn McConnell

Seconded: Craig Dennis

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 23 NOVEMBER 2021 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

Matters Arising

Nil.

3.1 Action Points

Item 1 – Maintenance of community AEDs: Noted Red Cross installs and maintains AEDs in the community.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair thanked the leadership team for their contributions to the organisation over the summer break and especially around the earlier COVID outbreak.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Thank you to families coming forward and getting tested so we can slow down omicron in our community. Community responded well with 600 tests yesterday, 2,596 vaccinations administered to adults, and 622 to children. Important community continue to get tested if they have symptoms and to take note of the locations of interest.

Mental Health for Older People

Discussion held on increase in mental health in older people due to isolation. Noted it is important for people to seek help if they feel stressed. Alexandra Hospital comprises of 10 inpatient beds, and there is a comprehensive team of community experts across Allied Health, Occupational Health and nursing staff. General Practice also supports mental health. **It was agreed that** messaging be developed to increase awareness of those supports available to those in the community feeling stressed including encouraging neighbours to support each other, keep socially connected and seek comfort from family and friends. Noted most GPs have a regular list of elderly that they make contact with if they have not been into the practice for a while – this was developed after the first COVID lockdown.

Youth Primary Mental Health Initiative

Noted this is a national initiative with funding received by NMH to delivery as a local initiative.

Quality and Safety Markers Report

Noted.

Moved: Dawn McConnell
Seconded: Stephen Vallance

RECOMMENDATIONS:

THAT THE BOARD RECEIVE THE CHIEF EXECUTIVE'S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The core result for the first half of the year is a small surplus of \$500k which is \$200k 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.

Discussion held on COVID costs that can be claimed nationally, noting we complete a detailed report to MOH for reimbursement on a regular basis.

Moved: Allan Panting
Seconded: Stephen Vallance

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.**

AGREED

SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Report noted.

Noted in future this report will be presented to the Clinical Governance Committee as they align themselves with HQ&SC. Any issues will be raised to the Board through the Chair of Clinical Governance Committee.

SECTION 8: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Dawn McConnell
Seconded: Brigid Forrest

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

Resolutions from the Public Excluded Meeting:

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

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- CE's Report – RECEIVED
- Facilities Update – APPROVED
- H&S Report – RECEIVED

Meeting closed at 1.06pm

**ACTION POINTS - NMH – Board Open Meeting
held on 25 January 2022**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE's Report: Mental Health for Older Persons	Messaging to be developed to increase awareness of those supports available to those in the community feeling stressed including encouraging neighbours to support each other, keep socially connected and seek comfort from family and friends.	GM Mental health Addictions & DSS / Comms Manager	25 January 2022	22 February 2022	Ongoing

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 16 February 2022
Subject: **Correspondence for December/
January**

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: 16 February 2022
Subject: **Chair's Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

A verbal update will be provided at the meeting.

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 16 February 2022
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

As I write this report we are transitioning to Phase 2 of our COVID response 'Flatten the Curve'. We are getting used to a new vocabulary of acronyms including RATs (Rapid Antigen Testing) which will become a regular part of our lives as we manage within this phase.

As you will read through my report our teams have been responding to, and planning for, the Omicron variant within our communities. We are well connected across our healthcare system, and with our community partners, as we jointly respond to the health and welfare needs of our community and those that visit us during the summer season.

Our communication team has ensured that we keep our community and staff informed in a timely way as we now prepare for an increase of COVID cases within our communities.

We are also focussing on delivering as much planned healthcare to our community as possible and, despite continuing acute demand, are managing about 80% of our elective throughput.

Increasingly we are seeing the Care in the Community model develop supported by a new suite of digital tools to enable more holistic virtual care for our patients and their clinical teams.

2. MĀORI HEALTH

Ambulatory Sensitive Hospitalisations (ASH) are hospitalisations that could have been avoided. ASH is preventable through early treatment in a primary or community setting. Poverty, health literacy, substandard housing, welfare, and educational attainment all have a major impact on ASH rates for Māori and other priority population groups.

Respiratory ASH rates are driven largely by our tamariki being exposed to smoking either during or after birth, and by living in cold, damp unhealthy homes. This issue is therefore driven in no small part by poverty.

NMH's Māori Health & Vulnerable Population team has worked with several partners to establish a cross sector approach to support whanau with tamariki who suffer from respiratory problems. The programme is called Whare Ora which in English simply means a healthy home. The project has a very strong emphasis on cross sector co-operation having an intersect between Health and the Ministry of Social Development, Nelson City Council, the Fire Department and Housing NZ as key partners.

Whare Ora within Nelson Marlborough to date has successfully provided products and education to a total of 228 whanau members, and of these 65% identify as Māori, 12% Pasifika and 23% identify another ethnicity. Specifically, we target whanau who have had a tamariki admitted to hospital for respiratory conditions.

Whare Ora receives referrals from NMH services and with consent of the whanau, a house assessment is provided by Te Waka Hauora staff. It should be noted that there is no cost to whanau for any of the services or products that are provided, and support is provided to all whanau be they in rental accommodation or in their own home.

It is not possible to have a healthy home and expect our children with respiratory conditions or Asthma to do well if they are exposed to smoking in their home. The Whare Ora programme provides whanau with health education and links whanau to our quit smoking incentivisation programmes.

The Pepi First quit smoking programme for wahine and whanau who are expecting a baby get quit smoking therapy and nicotine replacement therapy to help with withdrawal symptoms. The education about the benefits of giving up smoking to the person and, more importantly their baby, combined with quit coach support, nicotine replacement and financial incentivisation has a dramatic impact on the success of the programme.

A Hapu Wananga or kaupapa Māori pregnancy and parenting programme has been developed and now runs across all DHB districts and covers off multiple health issues. The programme also informs whanau of the danger of smoking. Exposure to smoke during pregnancy is one of the key drivers for Sudden Unexplained Death in an Infant (SUDI). Māori have the highest SUDI death rates of any ethnicity in the country.

Regarding ASH rates for our Tamariki with oral health issues we also have a multitude of programmes that are looking to target this issue. One is the ongoing battle for fluoride in our water supply, the other is the use of health education. Health education often targets Kohanga and Kura Kaupapa and may include the gifting of free toothbrushes and toothpaste to whanau. Oral health services are also mobile around our community and schools with the use of oral health buses. We have also adopted varnish being placed on the teeth of our tamariki with a focus on high needs whanau.

3. PRIMARY & COMMUNITY

Activity continues across community services in response to COVID in the Community with highlighted focus on the expected peak of Omicron. Many resources are juggled across Community Based Assessment Centres (CBAC), Vaccination, Contact Tracing and Primary Care.

The mandatory vaccine orders have had an impact on all health services and in particular Home Community & Support Services (HCSS) and Aged Residential Care (ARC) staffing, with rural areas being particularly affected.

There has been extensive communication with Age Related Residential Care regarding their preparedness for a rapid response should there be a positive covid case in their facility.

The introduction of Rapid Antigen Testing (RAT) across the DHB has involved three streams of work:

- Critical workforce testing
- Vulnerable population support
- General public self-management pick up sites

The latter go live mid-February.

Age Related Residential Care (ARRC) bed shortages in Marlborough continue to place strain on Wairau Hospital.

There are now 11 COVID-19 Nelson Marlborough HealthPathways. A new pathway titled “LMC Antenatal Care for a COVID-19 Patient” has recently gone live. There were 1,711 views of the COVID pathway suite during January. A new Clinical Editor commenced in January with orientation and training now completed.

COVID-19 vaccinations, vaccine certificates, Rapid Antigen Testing, and further changes in vaccine booster timing has kept community pharmacy extremely busy. There are significant staff shortages in both Nelson and Marlborough. This is a nationwide problem but appears to have become worse in recent months.

An updated project plan for the Youth Primary Mental Health Initiative was provided to the Ministry of Health in early January. Meetings with stakeholders have been ongoing throughout January and continue in February with a presentation scheduled for *Navigate*¹ mid February.

Plans for relaunching the MMR campaign include:

- 27 community pharmacies will be offering MMR concurrently with COVID to anyone born after 1969 that may not have received MMR protection in the past.
- General Practice planning for a short sharp approach in February and March for their enrolled population.
- The team are exploring offering MMR vaccinations in the permanent vaccination clinics. This is still in a planning stage, however there is support from the COVID Education Facilitator, and the knowledge that this is successfully happening in other DHBs.
- Weekend vaccination community clinic at 281 Queen Street is open to all vaccination types (MMR, childhood, pregnancy and COVID). Proposed drop-in vaccination clinics will increase availability for all vaccination types. Meeting with Immunisation Facilitators and COVID Education Facilitator end of January to develop a plan to start the clinic in mid-February.

District nursing patient acuity remains steady across all services except Wakefield/Tapawera which has seen a significant increase in patients requiring a visit of 30 minutes or longer.

4. MENTAL HEALTH & ADDICTIONS

COVID planning is ongoing to refresh business continuity plans. An Infection Prevention specialist has been engaged to support further development of contingency plans and ensure we have a robust clinical service provision for COVID in our community.

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 have five new graduates into mental health services in the New Year. Our existing graduate workforce have all secured substantive appointments within MH&A.

Graphs noted below:

¹ Navigate is a collective of community organisations that support people dealing with mental health or addiction challenges and includes PHOs, TPO, NMH and various NGOs.

Figure 1: Older Person’s Mental Health

Older Person's Mental Health (OPMH)

	Referrals - 2022 01			Community Contacts - 2021 12			Midnight Beds - 2022 01		
	Caseload 02/02/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	10	3	1				9.7	10	97%
Liaison Nelson	14	3	12	31	100%	2			
Liaison Wairau	10	3	1						
Nelson	93	27	13	202	74%	14			
Wairau	36	2	2	49	89%	14			
Total	163	38	29	282	73%	10			

Referrals Received and Discharged

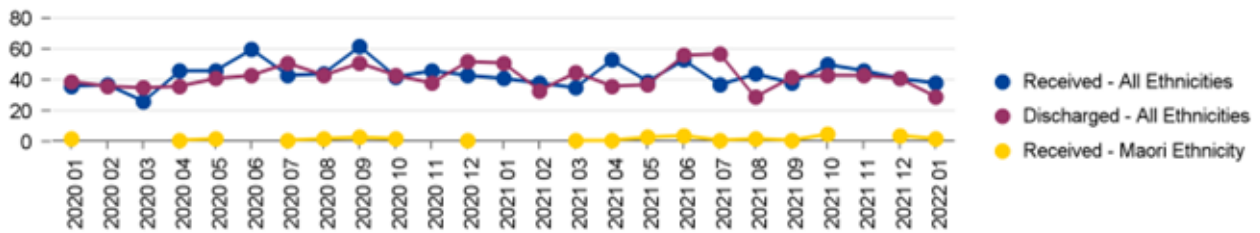


Figure 2: Wāhi Oranga Inpatient Unit

Wahi Oranga Inpatient Unit

	Referrals - 2022 01			Midnight Occupied Beds - 2022 01			2022 01	2021 12
	Caseload 02/02/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	24	25	26	26.5	30	88%	54	100%

Referrals Received and Discharged

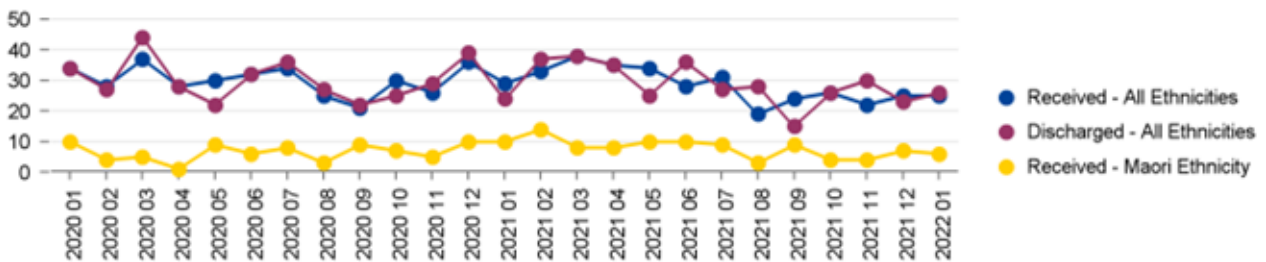
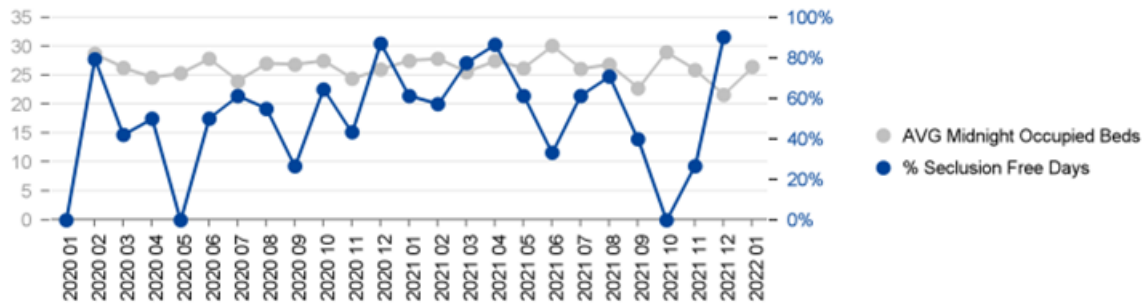


Figure 3: Seclusion

Seclusion episodes have risen with serious assaults on the ward during January. Close collaborations are underway with the Police and Security to put measures in place to support and protect staff.

% Seclusion Free Days



Seclusion Hours

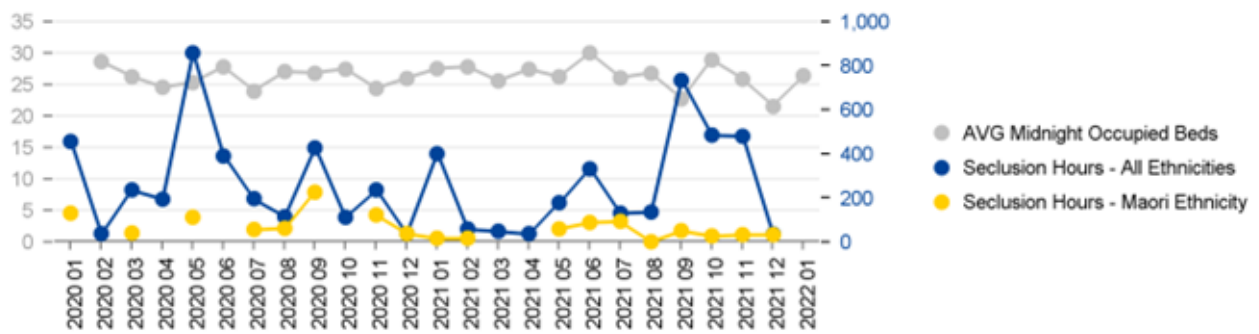


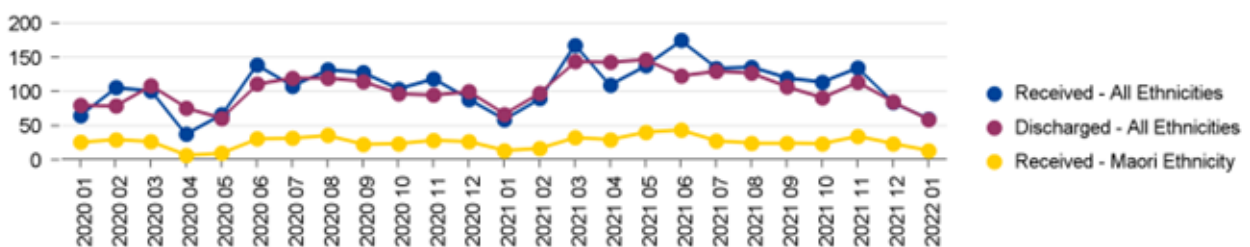
Figure 4: ICAMHS

There are 642 open cases, 455 in Nelson and 186 in Wairau.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2022 01			Community Contacts - 2021 12			DNA % - 2021 12	
	Caseload 02/02/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Explore Nelson				11			0.0%	
ICAMHS Forensic Nelson	1			4	31%	0	0.0%	
ICAMHS Nelson	456	43	37	559	96%	63	8.1%	13.0%
ICAMHS Wairau	191	17	2	321	100%	42	8.1%	19.5%
Infant and Maternal Nelson	12		20	143	100%	49	6.3%	0.0%
Total	660	60	59	1,038	100%	53	7.7%	14.3%

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 with HCMG (Hospital COVID Management Group) work reducing as preparations are completed.

5.1 Health Targets – Planned Care

Year to date, at the end of January 2022, we planned 3,384 surgical discharges of which we have delivered 2,705 (80%). This is under plan by 679 discharges.

We have delivered 3,636 minor procedures year to date as at the end of January 2022, which is 1,300 procedures higher than our target of 2,336 for this period.

Year to date at the end of January 2022, internal delivery indicates 14,067 actual total caseweights (CWDs) against a Plan of 14,305 (98%).

Year to date, at the end of January 2022, elective CWD delivery was 3,129 against a Plan of 4,646 (67%). Year to date at the end of January, acute CWD delivery was 10,937 against a Plan of 10,686 (102%).

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. incalculable	Percentage	Total
January	3,868	520	89%	4,388

Hospital Occupancy

Hospital Occupancy January 2022	Adult Inpatient
Nelson	93%
Wairau	78%

6. ALLIED HEALTH

Workforce sustainability and health and wellbeing continues to be an ongoing area of concern across all teams to meet the service demands, planning and responding to the pandemic. Several strategies and actions are in place or being developed and require ongoing review.

Between January 2021 to 31 January 2022 the average monthly referrals to the Allied Health services were approximately 900. During January 2022:

- 760 referrals were received to Allied Health services.
- 73% referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 10% Māori (161 referrals) across all services and age ranges, however majority for physiotherapy.
- 2% Pacifica.
- 55% are for clients over 65 years, and 24% over 80 years of age (total - 196 referrals).

7. NURSING & MIDWIFERY

COVID in the Community: Kaiawhina/Kaia tawhai recruitment is well underway with interviews due to take place in the next two weeks. Te Piki Oranga well engaged. The recruits will have a common orientation programme including swabbing, COVID Immunisation Register (CIR), and possibly community vaccinations.

8. PEOPLE & CAPABILITY

Business continuity planning has been completed for Omicron for HR and Payroll. L&OD and HSW are considered to be less critical and will likely be available to support workforce shortages if needed.

A comprehensive new joiners IT booklet was launched at the beginning of January and is now being sent to all new staff.

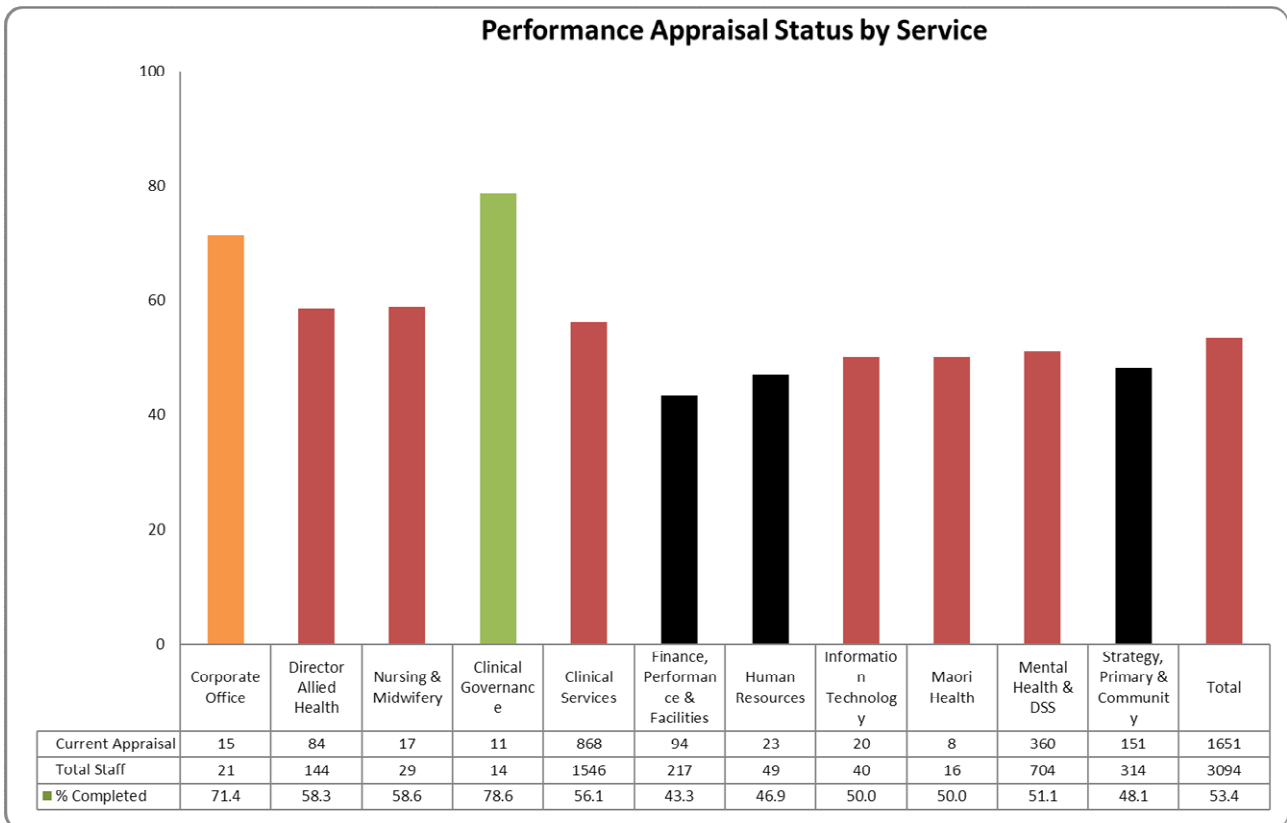
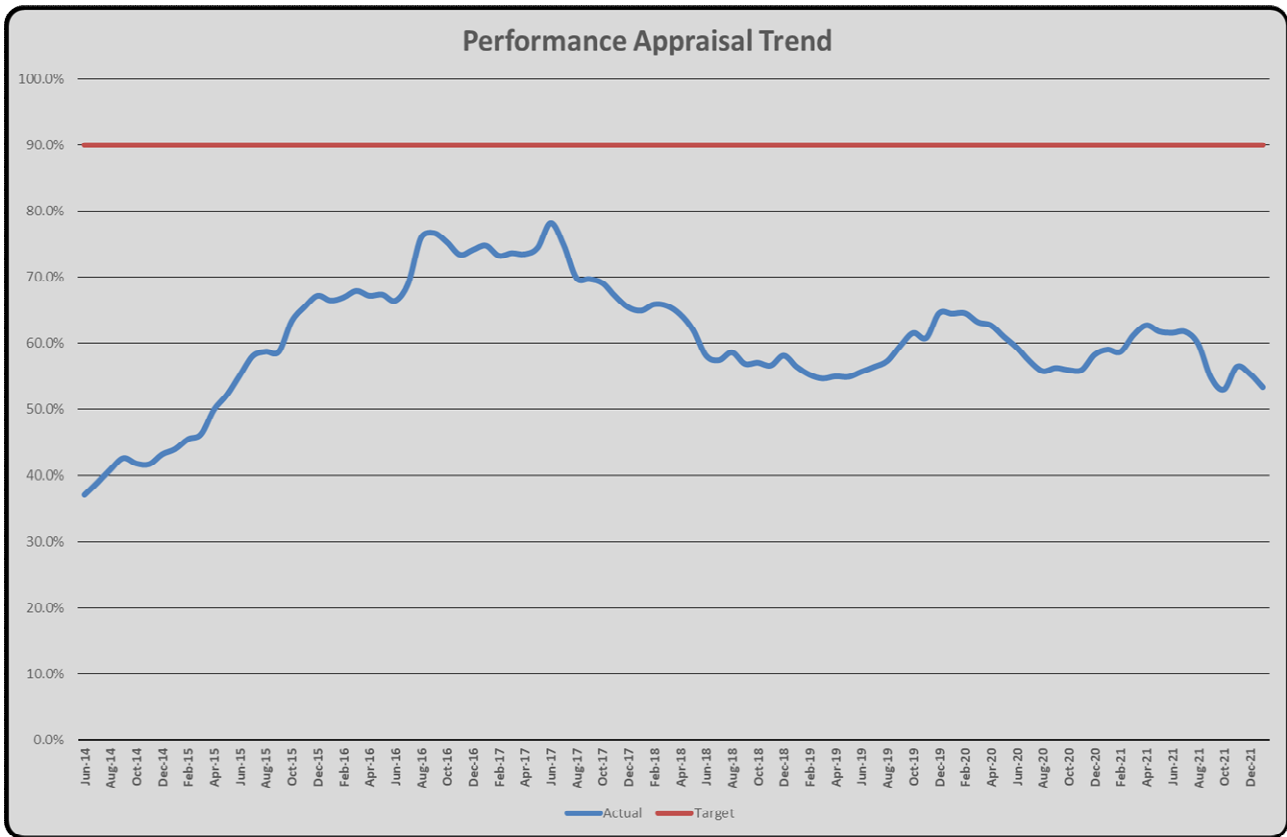
With a shortage of qualified staff across the hospital, the Kaiawhina apprenticeship scheme has been extended in both Nelson and Marlborough. This was advertised in both regions and received 43 applications in Marlborough and 27 in Nelson. To date, there have been seven offers made in Marlborough (6 accepted) with only four community roles left to fill (shortlisting phase); there were just two positions in Nelson which are in reference stage, plus seven community roles with interviewing taking place this week.

In January 2022 the DHB advertised a total of 100 positions. Whilst this is a decrease on positions advertised in December, it continues the overall upward trend in advertising. Some 74 candidates were placed into roles in January 2022. This is a slight increase on December and continues the overall upward month on month trend.

Performance Appraisals

A further decrease in our overall percentage and down across most Managers compared to December 2021.

To date we are at 53.4% of staff with a current performance appraisal.



9. QUALITY AND SAFETY MARKERS

Attached as item 4.1 is the Quality & Safety Markers report for Quarter 3.

10. DIGITAL AND DATA

An innovative telephony and collaboration solution has been developed and deployed to support the region's COVID Support Hub in a joint co-design effort between Nelson Marlborough Health, Nelson Bays Primary Health and the Marlborough PHO. Utilising Microsoft Teams Calling it leverages the cloud capabilities of the platform to provide full telephony functionality to the Support Hub and is scalable and cost effective. This has allowed the team to deploy this without having to procure PABX equipment or re-architect the hospital's Mitel based infrastructure.

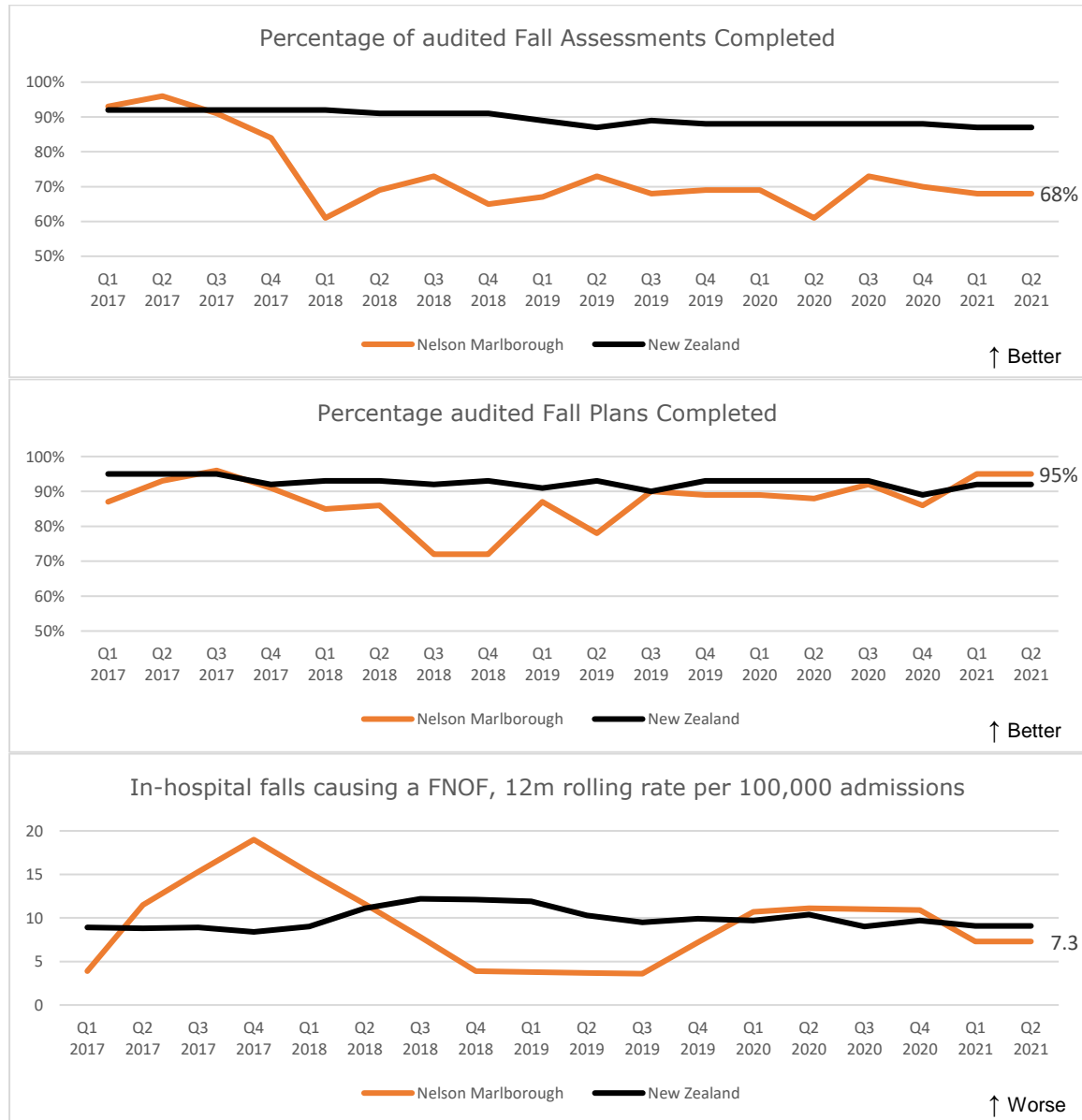
Intercoms for COVID wards are ready to roll out, using wall mounted iPads and Zoom auto answer. This solution was developed and is in use at Auckland DHB.

Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

QSMs Falls Process and Outcome Measures



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

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

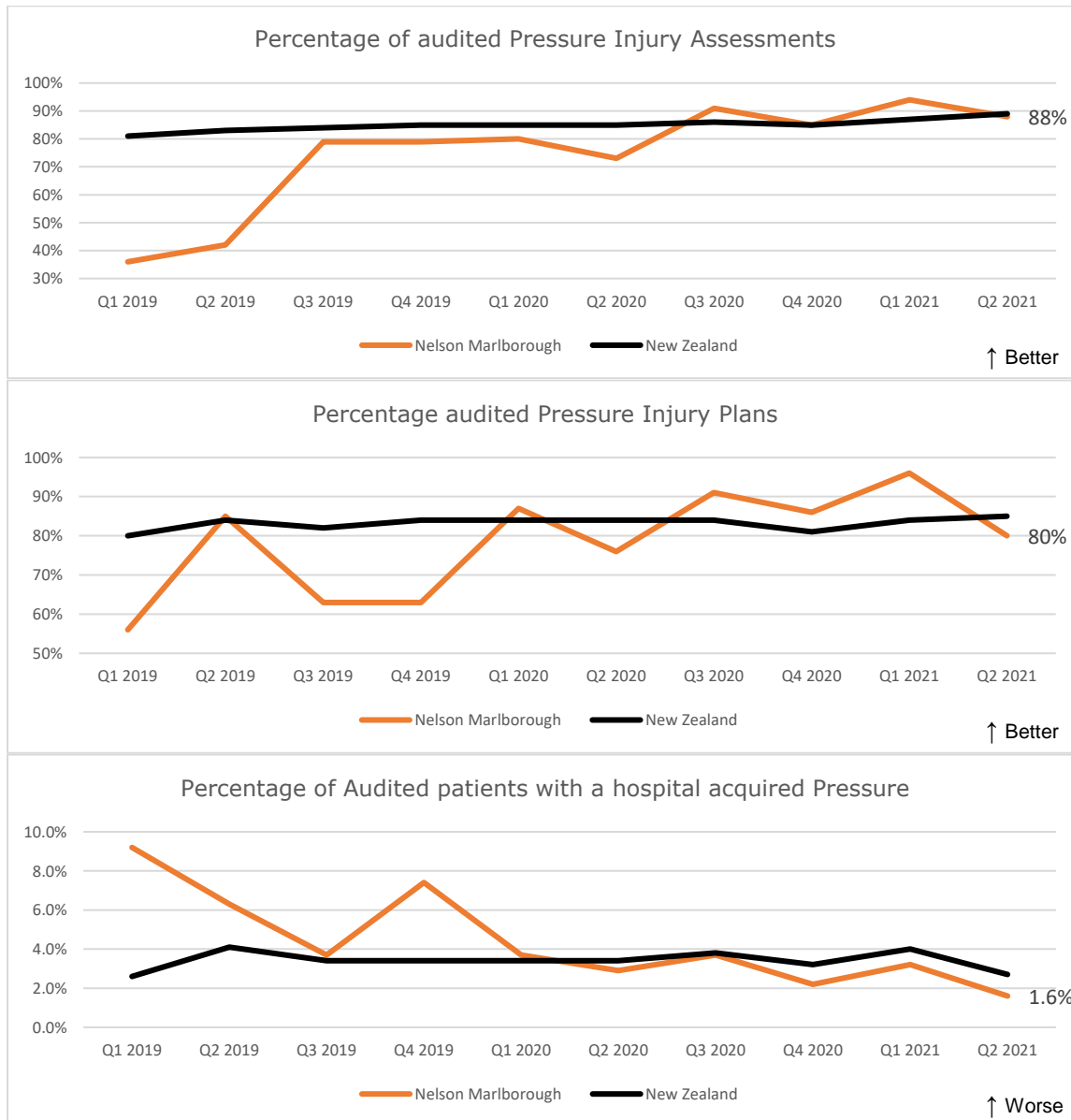
The falls group continues to work on achieving this standard.

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

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

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

QSMs Pressure Injuries Process and Outcome Measures

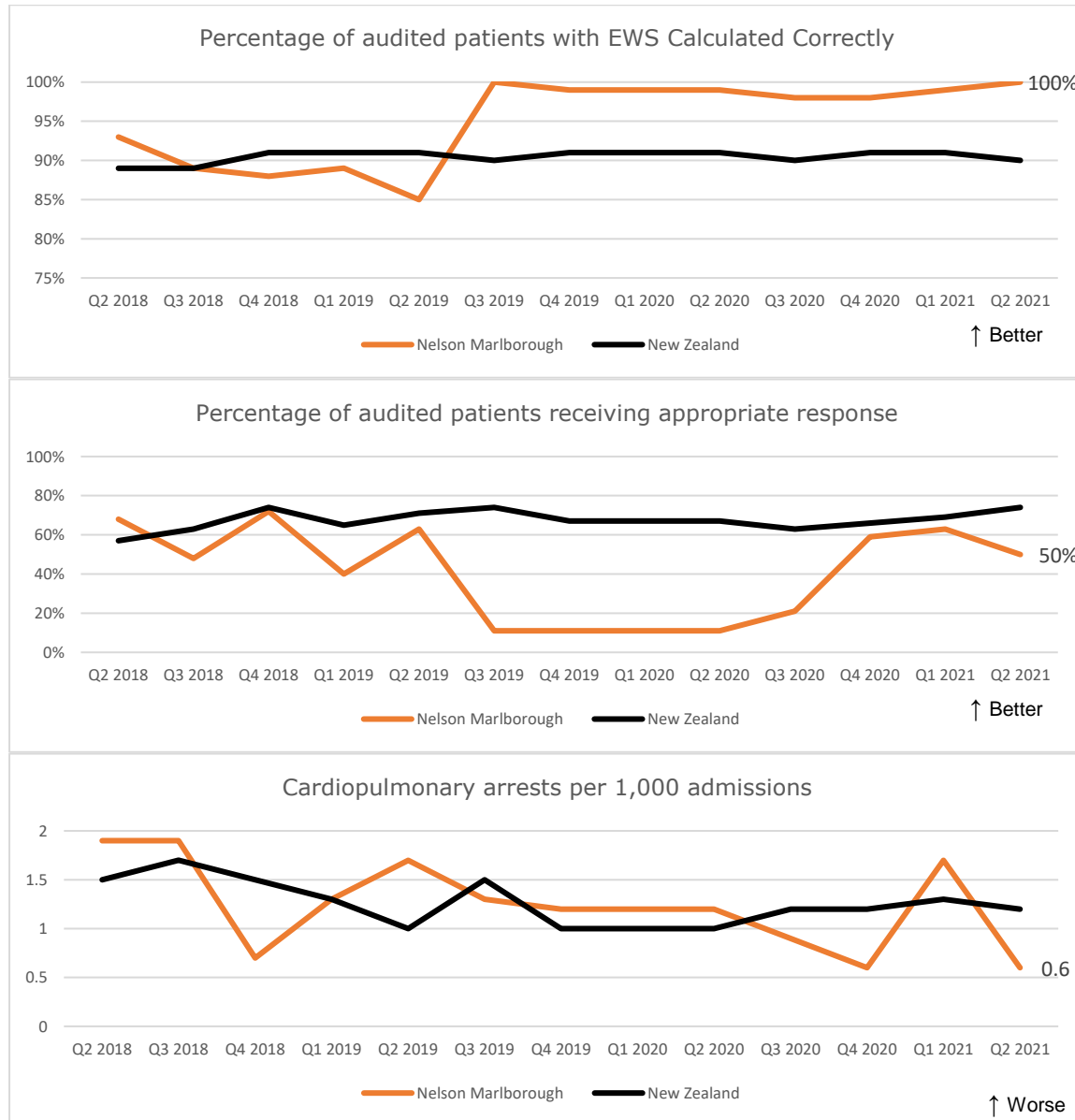


Data for all Quality Safety Markers from:
["https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/"](https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/)

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

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

QSMs Patient Deterioration Process and Outcome Measures



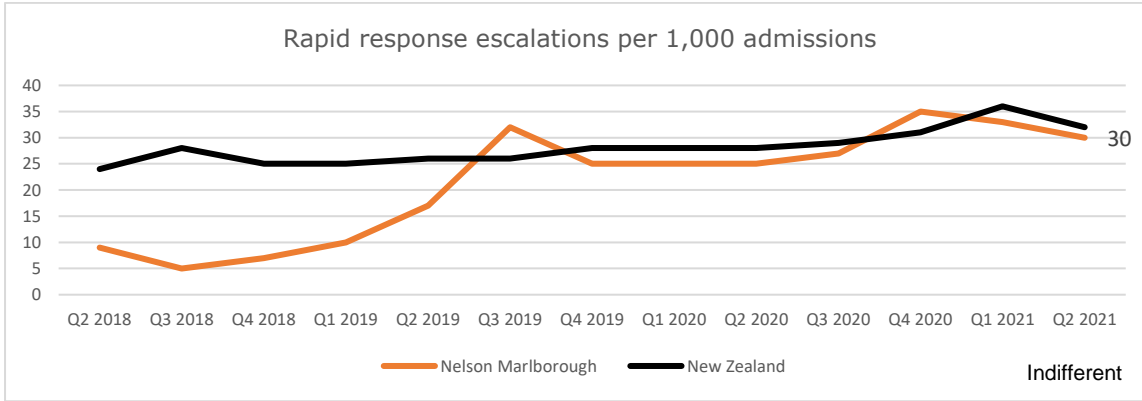
Data for all Quality Safety Markers from: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/qsms-july-september-2020/local-report/>

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

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

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

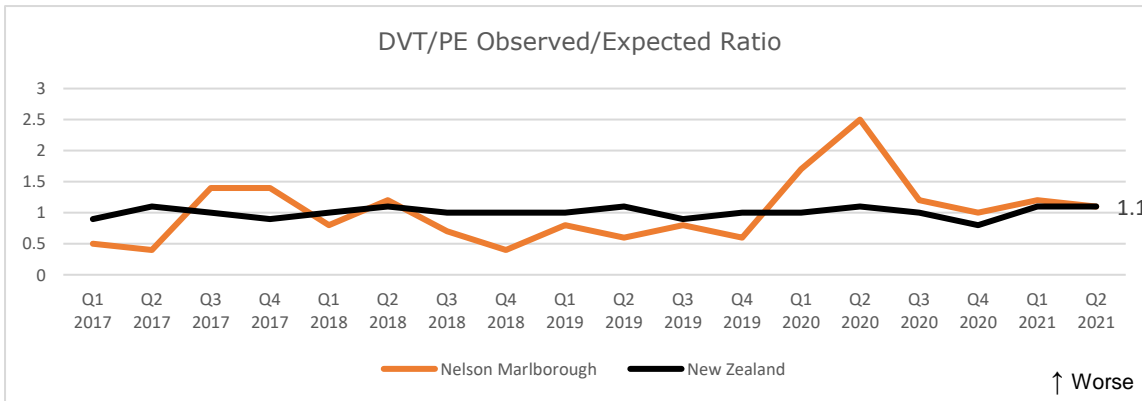
Quality and Safety Markers Report



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

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

Other QSM Outcome Measures

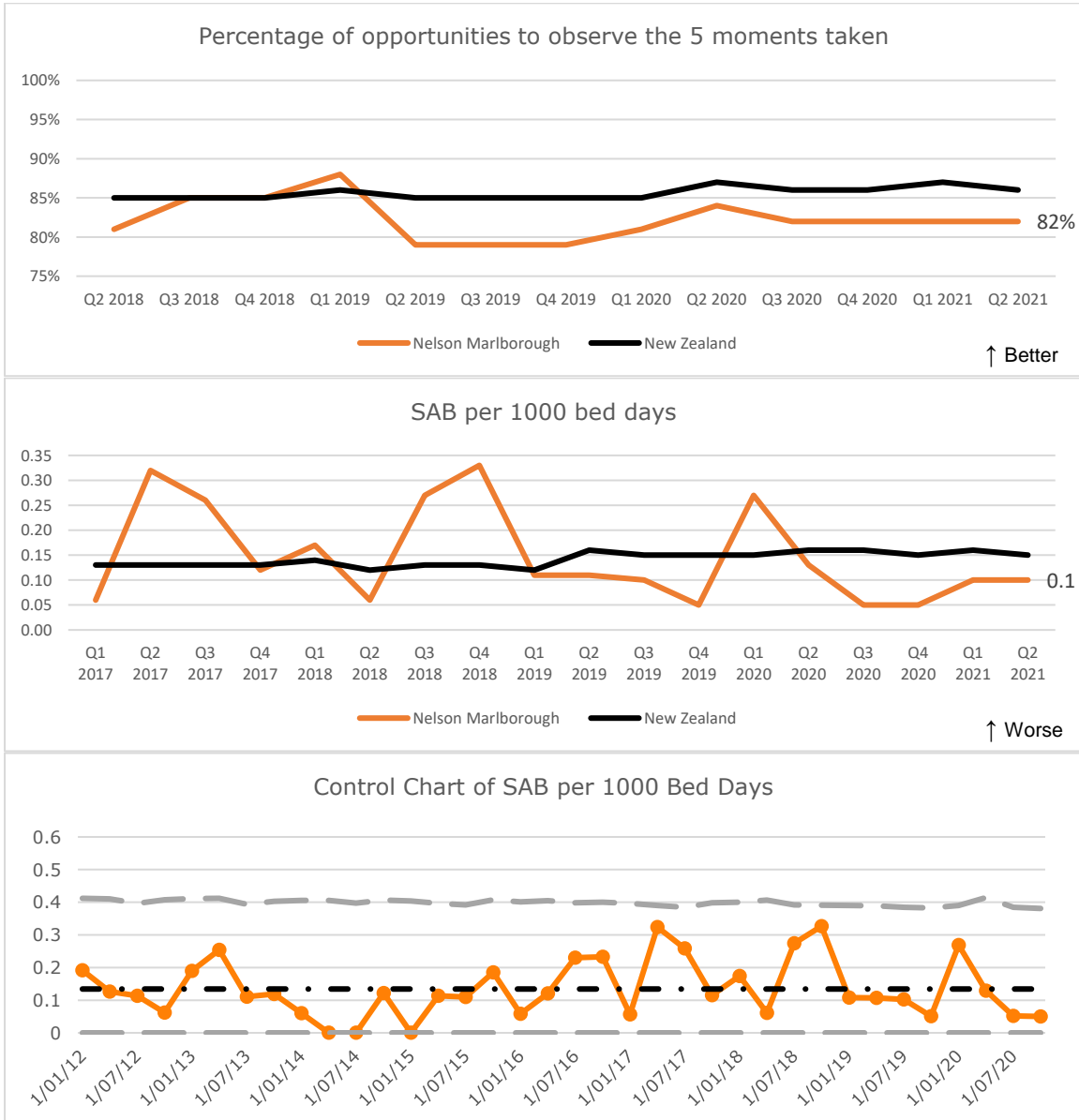


A ratio value greater than 1 indicates that there are more DVT/PE cases than expected, based on the HQSC's prediction model. The model is based on patient demographics and census data, for which further information can be found below:

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

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

QSMs Hand Hygiene Process and Outcome Measures



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

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

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

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

MEMO

To: Board Members
From: Eric Sinclair, GM Finance, Performance & Facilities
Date: 16 February 2022
Subject: Financial Report for January 2022

Status

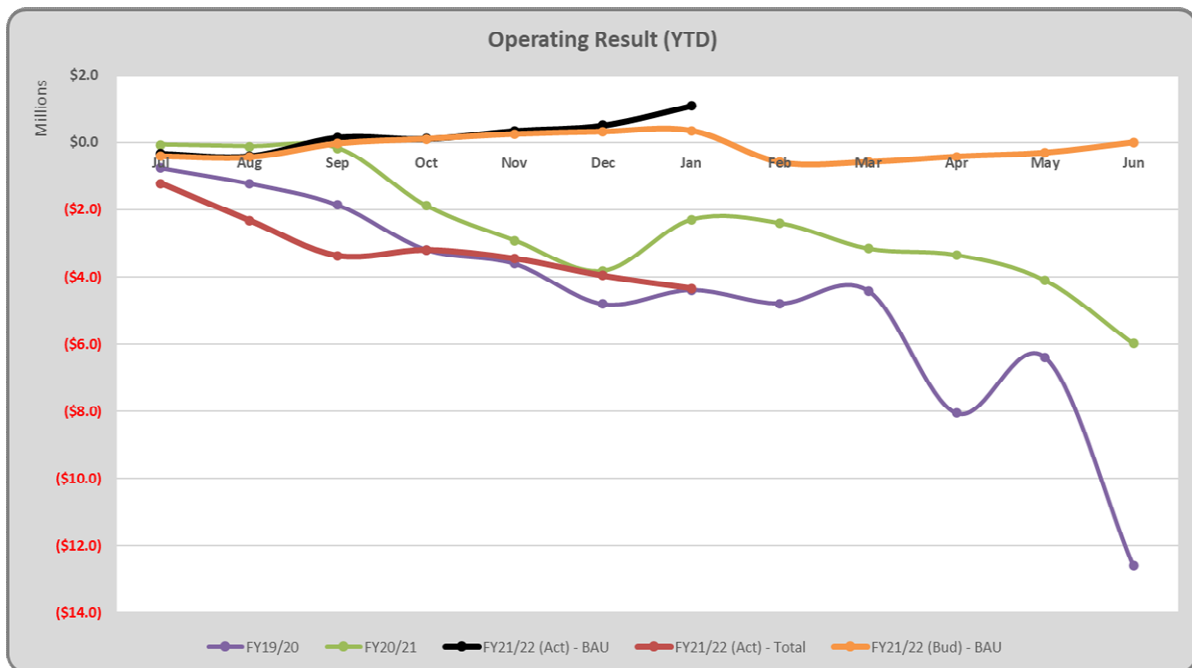
This report contains:

- For decision
- Update
- Regular report
- For information

Summary

The result for the month, excluding Holidays Act and COVID related costs was a surplus of \$0.5m which was \$0.5m favourable to the plan. This brings the result for the seven months to a surplus of \$1.1m which is \$0.7m favourable to the planned result.

When Holidays Act and the COVID related costs are included the result for the seven months is a deficit of \$4.3m which is \$1.5m adverse to the approved plan.



Commentary

The favourable variance to the core operating result in the month is due to a higher than expected reduction in the annual leave liability of \$1.2m. What this means is the amount of annual leave taken during the month by staff was significantly higher than we had planned for within our fiscal budgets which is pleasing and good for the staff.

As noted last month the payment for the wage negotiation and pay equity to nursing and midwifery was made in December and the ongoing implications of the settlement are now reflected in each months results with additional costs in the workforce costs offset by additional revenue from the MOH.

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.
- 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 approx. 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 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

There are no contracts signed under delegation that need to be advised this month.

Capital Expenditure

The following table provides a snapshot on progress with the capital expenditure budget for the FY21/22 year.

\$000s	Budget	Approved or In Process	Variance
Baseline allocated to GMs (inc c/fwd)	\$9,957	\$5,969	\$3,988
Asset Management	\$5,000	\$5,386	(\$386)
Niggles	\$200	\$61	\$139
Contingency	\$1,000	\$278	\$722
Total	\$16,157	\$11,694	\$4,463

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT

Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	54,499	1,819	56,318	54,269	230	2,049	46,533
MOH non-devolved funding	2,446	68	2,514	2,640	-194	-126	2,245
ACC revenue	517	0	517	631	-114	-114	500
Other government & DHBs	1,115	0	1,115	1,179	-64	-64	1,072
Other income	424	1	425	1,117	-693	-692	1,644
Total Revenue	59,001	1,888	60,889	59,836	-835	1,053	51,994
Expenses							
Employed workforce	25,350	220	25,570	26,858	1,508	1,288	19,663
Outsourced workforce	645	578	1,223	179	-466	-1,044	637
Total Workforce	25,995	798	26,793	27,037	1,042	244	20,300
Outsourced services	1,761	41	1,802	1,897	136	95	1,888
Clinical supplies	2,397	165	2,562	3,000	603	438	2,150
Pharmaceuticals	4,570	0	4,570	4,624	54	54	5,514
Air Ambulance	454	0	454	419	-35	-35	364
Non-clinical supplies	3,507	307	3,814	3,033	-474	-781	2,505
External provider payments	13,038	1,071	14,109	13,015	-23	-1,094	11,723
Inter District Flows	4,969	0	4,969	4,958	-11	-11	5,119
Total Expenses before IDCC	56,691	2,382	59,073	57,983	1,292	-1,090	49,563
Surplus (Deficit) before IDCC	2,310	-494	1,816	1,853	457	-37	2,431
Interest expenses	30	0	30	37	7	7	32
Depreciation	1,219	0	1,219	1,257	38	38	1,169
Capital charge	487	0	487	530	43	43	-1,201
Total IDCC	1,736	0	1,736	1,824	88	88	0
Operating Surplus (Deficit)	574	-494	80	29	545	51	2,431
Holidays Act compliance	-458	0	-458	-458	0	0	-458
Net Surplus (Deficit)	116	-494	-378	-429	545	51	1,973

	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	336,653	10,519	347,172	335,686	967	11,486	318,794	580,175	550,486
MOH non-devolved funding	16,038	789	16,827	16,359	-321	468	15,022	28,342	27,379
AC C revenue	4,204	0	4,204	4,222	-18	-18	4,676	7,287	7,877
Other government & DHBs	8,264	0	8,264	7,974	290	290	6,995	13,710	12,254
Other income	11,672	2	11,674	6,758	4,914	4,916	7,983	11,746	12,784
Total Revenue	376,831	11,310	388,141	370,999	5,832	17,142	353,470	641,260	610,780
Expenses									
Employed workforce	144,140	1,960	146,100	145,253	1,113	-847	130,849	254,470	232,335
Outsourced workforce	4,800	2,877	7,677	1,250	-3,550	-6,427	4,088	2,145	7,685
Total Workforce	148,940	4,837	153,777	146,503	-2,437	-7,274	134,937	256,615	240,020
Outsourced services	13,606	266	13,872	13,152	-454	-720	13,050	22,560	23,883
Clinical supplies	18,351	408	18,759	18,242	-109	-517	18,103	31,407	31,978
Pharmaceuticals	32,698	0	32,698	30,928	-1,770	-1,770	31,772	53,183	51,915
Air Ambulance	2,856	0	2,856	2,515	-341	-341	2,670	4,359	4,613
Non-clinical supplies	21,177	1,170	22,347	21,415	238	-932	20,809	36,688	36,400
External provider payments	91,100	6,837	97,937	90,502	-598	-7,435	86,810	155,347	150,672
Inter District Flows	34,736	0	34,736	34,705	-31	-31	29,950	59,494	52,827
Total Expenses before IDCC	363,464	13,518	376,982	357,962	-5,502	-19,020	338,101	619,653	592,308
Surplus (Deficit) before IDCC	13,367	-2,208	11,159	13,037	330	-1,878	15,369	21,607	18,472
Interest expenses	212	0	212	258	46	46	227	443	383
Depreciation	8,571	0	8,571	8,720	149	149	8,028	14,806	13,745
Capital charge	3,507	0	3,507	3,710	203	203	3,000	6,360	4,826
Total IDCC	12,290	0	12,290	12,688	398	398	11,255	21,609	18,954
Operating Surplus (Deficit)	1,077	-2,208	-1,131	349	728	-1,480	4,114	-2	-482
Holidays Act compliance	-3,208	0	-3,208	-3,208	0	0	-3,208	-5,500	-5,500
Net Surplus (Deficit)	-2,131	-2,208	-4,339	-2,859	728	-1,480	906	-5,502	-5,982

Workforce Costs

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Employed SMO	26,952	260	27,212	29,952	3,000	2,740	26,905	52,310	45,692
Outsourced SMO	3,889	40	3,929	831	-3,058	-3,098	3,249	1,424	5,640
Total SMO	30,841	300	31,141	30,783	-58	-358	30,154	53,734	51,332
Employed RMO	8,731	3	8,734	9,859	1,128	1,125	8,598	17,244	15,055
Outsourced RMO	322	0	322	231	-91	-91	217	397	423
Total RMO	9,053	3	9,056	10,090	1,037	1,034	8,815	17,641	15,478
Employed Nursing	50,629	728	51,357	47,280	-3,349	-4,077	44,205	83,060	76,737
Outsourced Nursing	33	1,632	1,665	0	-33	-1,665	6	0	356
Total Nursing	50,662	2,360	53,022	47,280	-3,382	-5,742	44,211	83,060	77,093
Employed Allied Health	19,787	301	20,088	20,291	504	203	18,991	35,555	32,988
Outsourced Allied Health	281	0	281	151	-130	-130	432	260	682
Total Allied Health	20,068	301	20,369	20,442	374	73	19,423	35,815	33,670
Employed Disability Support Service	12,451	0	12,451	13,283	832	832	10,621	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	12,451	0	12,451	13,283	832	832	10,621	23,197	19,123
Employed Hotel & Support	5,207	27	5,234	4,917	-290	-317	4,759	8,584	8,340
Outsourced Hotel & Support	81	0	81	3	-78	-78	12	6	40
Total Hotel & Support	5,288	27	5,315	4,920	-368	-395	4,771	8,590	8,380
Employed Management & Admin	20,383	641	21,024	19,671	-712	-1,353	19,978	34,520	34,400
Outsourced Management & Admin	194	1,205	1,399	34	-160	-1,365	172	58	544
Total Management & Admin	20,577	1,846	22,423	19,705	-872	-2,718	20,150	34,578	34,944
Total Workforce costs	148,940	4,837	153,777	146,503	-2,437	-7,274	138,145	256,615	240,020
Total Employed Workforce Costs	144,140	1,960	146,100	145,253	1,113	-847	134,057	254,470	232,335
Total Outsourced Workforce Costs	4,800	2,877	7,677	1,250	-3,550	-6,427	4,088	2,145	7,685

Full-Time Equivalent Staff Numbers

	YTD							Full Year	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
SMO	128.8	1.0	129.8	142.2	13.4	12.4	130.7	144.2	131.9
RMO	98.8	0.1	98.9	106.6	7.8	7.7	97.7	107.8	99.0
Nursing	783.3	13.3	796.6	802.1	18.8	5.5	766.4	810.1	787.6
Allied Health	380.9	4.7	385.6	398.5	17.6	12.9	372.6	403.3	381.2
Disability Support Service	288.1	0.0	288.1	322.6	34.5	34.5	272.6	325.7	281.4
Hotel & Support	134.3	0.7	135.0	137.2	2.9	2.2	132.1	137.7	134.4
Management & Admin	429.0	10.5	439.5	439.8	10.8	0.3	416.1	444.5	423.4
Total FTEs	2,243.2	30.3	2,273.5	2,349.0	105.8	75.5	2,188.2	2,373.3	2,238.9

Average Cost Per FTE

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
SMO	363		363	365	2	2	357	363	346
RMO	153		153	160	7	7	153	160	152
Nursing	112		112	102	-10	-10	100	103	97
Allied Health	90		90	88	-2	-2	88	88	87
Disability Support Service	75		75	71	-4	-4	68	71	68
Hotel & Support	67		67	62	-5	-5	62	62	62
Management & Admin	82		83	78	-5	-5	83	78	81
	111		111	107	-4	-4	106	107	104

CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 31 January 2022

	Budget Jan-22 \$000	Actual Jan-22 \$000	Actual Jun-21 \$000
Assets			
Current assets			
Cash and cash equivalents	19,416	37,505	19,415
Other cash deposits	21,300	19,800	21,300
Receivables	23,247	24,646	23,248
Inventories	3,387	3,439	3,387
Prepayments	1,760	1,080	1,760
Non-current assets held for sale	2,105	2,105	2,105
Total current assets	71,215	88,574	71,215
Non-current assets			
Prepayments	695	601	695
Other financial assets	1,732	1,980	1,732
Property, plant and equipment	215,817	216,747	218,258
Intangible assets	10,040	10,361	11,069
Total non-current assets	228,284	229,689	231,753
Total assets	299,499	318,263	302,968
Liabilities			
Current liabilities			
Payables	57,659	70,441	56,440
Borrowings	737	751	737
Employee entitlements	103,462	111,354	105,407
Total current liabilities	161,858	182,546	162,584
Non-current liabilities			
Borrowings	7,820	7,490	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	17,075	16,746	17,075
Total Liabilities	178,933	199,292	179,659
Net assets	120,566	118,971	123,310
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(73,174)	(74,769)	(70,430)
Total equity	120,566	118,971	123,310

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 31 January 2022

	Budget Jan-22 \$000	Actual Jan-22 \$000	Budget 2020/21 \$000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	372,692	389,500	641,197
Interest received	261	399	452
Payments to employees	(144,873)	(140,150)	(253,300)
Payments to suppliers	(218,911)	(223,266)	(371,035)
Capital charge	(3,657)	(3,021)	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	5,512	23,462	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	(4,963)	(5,632)	(8,508)
Purchase of intangible assets	(294)	(712)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(5,257)	(6,344)	(9,012)
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(255)	972	(441)
Net cash flow from financing activities	(255)	972	(988)
Net increase/(decrease) in cash and cash equivalents	-	18,090	-
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	37,505	19,416

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast	Forecast
Operating Cash Flow					
Receipts					
Government & Crown Agency Received	54,783	49,263	51,301	50,913	57,201
Interest Received	43	35	35	35	43
Other Revenue Received	1,132	1,032	906	894	1,080
Total Receipts	55,958	50,330	52,242	51,842	58,324
Payments					
Personnel	24,282	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	30,881	30,637	31,214	31,374	28,016
Capital Charge	-	-	-	-	3,657
Interest Paid	-	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-	-
Total Payments	55,163	49,546	51,456	51,057	56,984
Net Cash Inflow/(Outflow) from Operating Activities	795	784	786	785	1,340
Cash Flow from Investing Activities					
Receipts					
Sale of Fixed Assets	-	-	-	-	-
Total Receipts	-	-	-	-	-
Payments					
Capital Expenditure	2,209	2,209	2,209	2,209	2,209
Capex - Intangible Assets	542	542	542	542	542
Increase in Investments	-	-	-	-	-
Total Payments	2,751	2,751	2,751	2,751	2,751
Net Cash Inflow/(Outflow) from Investing Activities	(2,751)	(2,751)	(2,751)	(2,751)	(2,751)
Net Cash Inflow/(Outflow) from Financing Activities	(44)	(33)	(34)	(34)	(83)
Net Increase/(Decrease) in Cash Held	(2,000)	(2,000)	(1,999)	(2,000)	(1,494)
Plus Opening Balance	37,505	35,505	33,505	31,506	29,506
Closing Balance	35,505	33,505	31,506	29,506	28,012

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
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