

## NOTICE OF MEETING

### OPEN MEETING

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

Via Zoom

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	<b>1.00pm</b>		
1	Welcome, Karakia, Apologies, Registration of Interests	<b>1.10pm</b>	Attached	Resolution
2	Confirmation of previous Meeting Minutes	<b>1.20pm</b>	Attached	Resolution
2.1	Action Points			
2.2	Correspondence		Attached	Note
3	Chair's Report		Attached	Resolution
4	Chief Executive's Report		Attached	Resolution
5	Finance Report		Attached	Resolution
6	Clinical Governance Committee Report		Attached	Resolution
7	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	<b>2.00pm</b>	As below	Resolution

**PUBLIC EXCLUDED MEETING**

2.00pm

Resolution to exclude public

#### **RECOMMENDATION**

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

- **Minutes of a meeting of Board Members held on 22 February 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

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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 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>▪ Board member of 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 February 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	<ul style="list-style-type: none"> <li>▪ Member SI Alliance Workforce Hub</li> <li>▪ Member Lead DONS Group</li> <li>▪ Member SI Nurse Executives</li> </ul>			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	<ul style="list-style-type: none"> <li>▪ General Practitioner Mapua Health Centre</li> <li>▪ Chair NMDHB Clinical Governance Committee</li> <li>▪ MCNZ Performance Assessment Committee Member</li> <li>▪ PCM Trainer and Licensee</li> <li>▪ Son employed for COVID RAT distribution</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> </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
		<ul style="list-style-type: none"> <li>▪ Associate Fellow Royal Australasian College of Medical Administrators</li> <li>▪ Member of Paediatric Society of NZ</li> <li>▪ Occasional Expert Witness Work – Ministry of Justice</li> <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>		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Kirsty Martin	GM IT	<ul style="list-style-type: none"> <li>▪ South Island Regional Lead Chief Digital Officer (CDO)</li> <li>▪ CDO rep on the National Digital Portfolio Strategic Oversight Governance Group</li> <li>▪ DB CDO rep on NZ Health Plan Data &amp; Digital Working Group</li> </ul>			
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>		



## Open Board Agenda

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
<b>CHIEF EXECUTIVE'S OFFICE</b>					
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> <li>▪ 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 February 2022*

**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON TUESDAY 22 FEBRUARY 2022 AT 1.00PM****Present:**

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

**In Attendance:**

Lexie O'Shea (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Cathy O'Malley (GM Strategy Primary & Community), Hilary Exton (Director Allied Health), Ditre Tamatea (GM Māori Health & Vulnerable Populations), Sandy McLean-Cooper (Director of Nursing & Midwifery), Michael Bland (GM Mental Health Addictions & DSS), Harrison Dean (Engagement Manager – Project Whakatapuranga), Natasha Hoskins (Communications Manager), Amy Adams (HealthNZ), Gaylene Corlett (Board Secretary)

**Apologies:**

Jill Kersey, Allan Panting for lateness

**Karakia:**

Olivia Hall

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Erin Bradnock, reporter for Nelson Weekly attended.

Skara Bohny, reporter for Nelson Mail attended.

Amy Adams, member of the interim Health NZ Board, appointed by the Minister of Health. Noted it is helpful sitting in on South Island DHB Board meetings to get a sense of pressing and critical issues in our region and to be a conduit to what is happening in relation to the health reform. The NMH team were thanked for their efforts around the challenges with COVID and pressures with workforce. Amy is based in rural Canterbury and has an interest in rural and remote communities, and improving access to care. To this end she is advocating for making sure the new system is as whanau and patient focussed as it can be and includes data, digital and innovation in the health system.

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

**Moved:** Craig Dennis  
**Seconded:** Dawn McConnell

**RECOMMENDATION:**

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

**AGREED**

## SECTION 3: MINUTES OF PREVIOUS MEETING

**Moved:** Craig Dennis  
**Seconded:** Dawn McConnell

### RECOMMENDATION:

**THAT THE MINUTES OF THE MEETING HELD ON 25 JANUARY 2022 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

### AGREED

#### Matters Arising

Nil.

#### 3.1 Action Points

Item 1 – Messaging to increase awareness of those supports available to those in the community feeling stressed: Messaging and communications are ongoing. Agreed to remove.

#### 3.2 Correspondence

Nil.

## SECTION 4: CHAIR'S REPORT

Thank you to team for efforts with COVID.

The CE and Chair have attended meetings recently (both nationally and regionally) where the new Board Chairs and CEs of the Transition Unit have been present. There is a lot to be done before 1 July and we will support them as much as we can.

## SECTION 5: CHIEF EXECUTIVE'S REPORT

Meetings have been held to ensure we are keeping our staff and communities as safe and informed as we can as we work through the challenging environment we are in at this point of time.

We continue to focus resources on our recruitment programme to fill vacancies.

Noted our community teams are doing an awesome job with COVID care in the community. The newly formed Hub is managing those that need additional support.

Discussion held on the number of referrals for Allied Health services each month noting at any one time there are approximately 2,500 to 3,000 open referrals. This number depends on the profile of each case in relation to equipment needs, housing modifications, devices needed etc. **It was requested that** the Director of Allied Health

provide a breakdown of existing Allied Health referrals to show the growing demand at the next Board meeting.

Discussion held on DSS noting it will be a different model and no longer under Health. DSS has been an enormous part of the DHB for a long time. Internally we have engaged a Transformational Manager. We are currently implementing Enabling Good Lives and undertaking a stocktake on how far we have gone and how far we need to go. It is expected to provide an updated report to the Board in April.

The Māori Health update was noted. **It was requested that** an update on progress to date, with data showing what has been achieved, be presented to the Board to Board meeting in March.

#### Quality and Safety Markers Report

Noted.

## **SECTION 6: FINANCIAL REPORT**

The result for the month, excluding Holidays Act and COVID related costs, was a surplus of \$500k which was \$500k favourable to plan. This brings the results for the seven months to a surplus of \$1.1m which is \$700k favourable to the planned result.

Update on capital expenditure noted.

## **SECTION 7: GENERAL BUSINESS**

Nil.

### ***Public Excluded***

Moved:       Brigid Forrest  
Seconded     Craig Dennis

#### **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)***
- ***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
- Infrastructure and Capital Update – RECEIVED
- Project Whakatapuranga Update – RECEIVED
- H&S Report – RECEIVED

**Meeting closed at 1.43pm**

**ACTION POINTS - NMH – Board Open Meeting  
held on 22 February 2022**

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE Report	Provide a breakdown of existing Allied Health referrals to show the growing demand.	Hilary Exton	22 February 2022	22 March 2022	
2	CE Report	Provide an update on Māori Health progress to date, with data showing what has been achieved, be presented to the Board to Board meeting in March	Ditre Tamatea	22 February 2022	22 March 2022	

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# MEMO

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

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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:** 16 March 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.**



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# MEMO

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

## **Status**

This report contains:

- For decision
- Update
- Regular report
- For information

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### 1. INTRODUCTORY COMMENTS

Our transition into Phase 3 under the COVID framework occurred with minimal fuss, and our teams have continued to show the flexibility and adaptability required to provide health care in these challenging COVID times.

We have watched our community workforce rise to the challenge of COVID Care in the Community and as I write this introduction, we have over 6,000 active cases being managed by our primary care and community teams. An amazing effort, and we are grateful for the many additional hours being given to ensure our community receives the care it needs.

Our Community Coordination Hub is well established now and although health lead we have a strong partnership with iwi, Pacifica and MSD within.

The impact of staff absence due to Omicron is being felt across our healthcare teams and we are daily requiring flexibility within our teams to enable continue delivery of care. Staff with transferrable skills are working outside their usual place of work, eg due to staffing shortages one of our anaesthetist's based themselves in ED to support more junior ED staff for the evening shift. It is times like this that the true calibre of our staff is revealed and teamwork across disciplines is solidified.

Our planned care has continued across February at a reduced level.

### 2. MĀORI HEALTH

One of the most significant contributors to SUDI is smoking during pregnancy. The Smokefree team are currently providing Zoom/telephone support to those wishing to quit. However, they are considering providing face to face consultations for those hapū māma going through the Pēpi First programme.

Clinical and frontline staff from Te Waka Hauora are undertaking training as quit smoke support workers. Te Waka Hauora continues to have a close working relationship with the Stop Smoking Team and is involved in the recently formed Te Waipounamu SUDI/Smokefree Coordinators networking hui. The main purpose of the group is to bring those working across Te Waipounamu in SUDI and Smokefree Coordinator Kaimahi together, to connect with and support each other. Data suggests that safe sleep, Wanga Haputanga, the Pēpi First quit smoking programmes and tobacco price increases are all having a direct impact on the reduction in pregnant wahine Māori.

### 3. PRIMARY & COMMUNITY

All community services are now impacted by COVID infection and isolation requirements. At the time of writing there are 5,807 positive COVID patients in the NMH community. Although many will experience a mild illness and self-manage, this is a huge workload for primary/community providers. The COVID booster programme is going well with 76%

uptake of those eligible. Also 52% of children aged 5-11 years have had their first vaccination dose. There remain equity gaps across the programme in spite of a huge collaborative effort across health providers, Iwi and social sector community leads. COVID Care in the Community involves a large group of key stakeholders including the COVID Hub, PHOs, GPs, Pharmacists, Community Nursing, Te Piki Oranga, the Pacific Trust and a wide range of Iwi leads.

There were 4,112 views of the COVID pathway suite over February, which is a significant increase from January, and a proxy for the ongoing value of the HealthPathways for a single source of guidance for NM primary health practitioners. Timely and locally tailored updates were made to the COVID pathways, reflective of the rapid operational changes from phase 1 to 3 of the Government's Omicron response. Strong bilateral relationships between the HealthPathways team and leaders across NMH continue to support clarity.

Health Promotion mahi is becoming more important in the wider COVID response with the emphasis on self-management and preparedness. Health Promoters had been redeployed into the Public Health contact tracing response for several months. Currently they are balancing a mixture of business-as-usual and supporting Te Piki Oranga and PHOs with vaccination and CBAC clinics. Health Promoters continue to maintain relationships across agencies and provide support where they can.

Community Pharmacy continues to make a significant contribution to the COVID response. Supporting COVID-19 vaccinations, vaccine pass certificates, Rapid Antigen Testing (RAT) for travel have kept community pharmacy extremely busy and all on top of prescription numbers continuing to escalate in some pharmacies. COVID Care in the Community has also begun to ramp up.

Aged care facilities have so far responded well to contain exposure events. Providers have all completed a recent omicron preparedness checklist and found the exercise very beneficial. As we move through the peak of omicron, the focus is on clinical management of COVID patients, advance care planning, and palliative care support and education.

Several Ministry Mental Health contracts are supporting a collaborative cross-system redesign process, in partnership with Iwi. Small, targeted workshops have commenced. These workshops will continue over the coming months and contribute to and inform the planning to transform existing mental health and addiction services. Regular communication and sharing of progress with Nelson Marlborough Health's Programme Lead – Mental Health & Addiction Collaborative Design, and Te Piki Oranga's Lead for the Kaupapa Māori Mental Health Service design is ensuring ongoing information sharing and reducing duplication. The Planning & Projects Manager is also facilitating connection between different initiatives emerging in the education and community sectors that have similar objectives of improving rangatahi wellbeing.

The Public Health Service and Health Action Trust are starting to plan mental health awareness week later in the year. We will be looking to establish partnerships with key mental health promotion agencies such as Citizens Advice Bureau, Budget Advice, Nelson Tasman Environment Centre etc, where currently many of these community agencies do not necessarily see themselves as building and supporting people's resilience.

The Health Promotion team are supporting the continued development of the Hapori Fruit and Veg Box initiative. The focus now is social media promotion, providing weekly recipes and expansion to reach Māori through a partnership with Te Pataka. The Public Health Nutritionist now has software to convert the weekly recipes to an image so they can be added to the Facebook page for better utilisation by the community.

The Health Promotion team have participated in a number of Hauora Māori initiatives including:

- Liaison with Tū Pono Te Mana Kaha Marlborough Kaimahi to understand more about Tū Pono and the role of Kaimahi in relation to violence, sexual abuse and family harm from the whānau's perspective. A pamphlet has been developed that can be given out to agencies for whānau.
- Supporting a clinic alongside Te Piki Oranga. A Health Promoter was able to engage several young Māori wahine to talk about their hauora including being able to support wahine with breast screening and smear information and appointments. Connections made with Te Piki Oranga Nurse to wrap around support.
- Te Purapura o nga Kohanga Reo in Te Tau Ihu o Te Waka a Maui have nominated a Māori Health Promoter to be Kaumatua Kahui to awahi all Kohanga in the region.

The Marlborough Health Promotion team continue to work with Marlborough Community gardens on a Maara kai project for at risk Rangatahi. They are also supporting the latest CACTUS Blenheim programme. The programme is a fitness and resilience building 8 week course run by a personal trainer, Blenheim Police, Marlborough College teachers and Marlborough Youth Trust.

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

Another challenging month for Wāhi Oranga as we moved into Phase 3 of the Omicron response with significant staffing shortages. In spite of this we have seen a reduction on assaults on staff, fewer seclusion episodes and the daily bed management meeting continues to improve communications between services and reduce overall capacity. The Allied Health team continue to fill the ward with welcoming aromas of delicious kai. This month's menu has had tangata whaiora working closely in the kitchen with staff to deliver much welcomed delights to all!

The team have worked closely to provide education and easy access to COVID-19 vaccinations for our vulnerable tangata whaiora, with only three (out of 25) currently unvaccinated.

Graphs noted below:

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

Usual demand continues on services. Inpatient bed utilisation averaged 85% with a number of days at 100%.

Community referrals and number being case managed by the team are consistent with previous months. Changes to input of community SMOs (offering one off medical reviews) has helped keep wait list and caseloads manageable.

The team continues to work on discharge processes, particularly for complex patients where additional support is required for ARRC.

## Older Person's Mental Health (OPMH)

	Referrals - 2022 02			Community Contacts - 2022 01			Midnight Beds - 2022 02		
	Caseload 03/03/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
<b>D21</b>				1			9.0	10	90%
<b>Inpatient Unit</b>	8	2	3						
<b>Liaison Nelson</b>	13	8	5	16	21%	12			
<b>Liaison Wairau</b>	7		2	27	96%	38			
<b>Nelson</b>	81	13	18	160	94%	34			
<b>Wairau</b>	31	4	8	79	100%	65			
<b>Total</b>	140	27	36	283	92%	35			

Referrals Received and Discharged

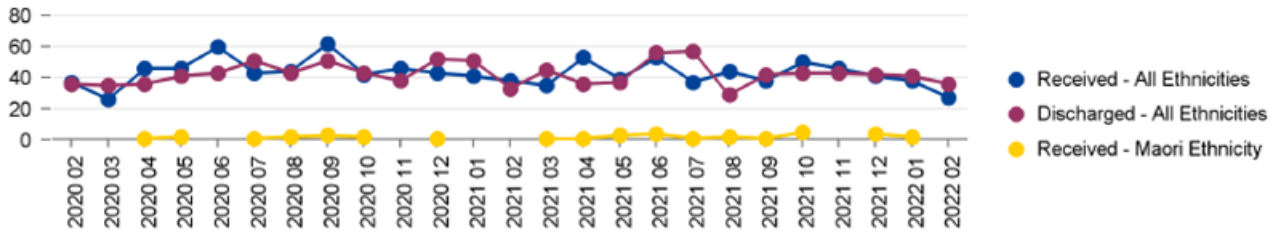
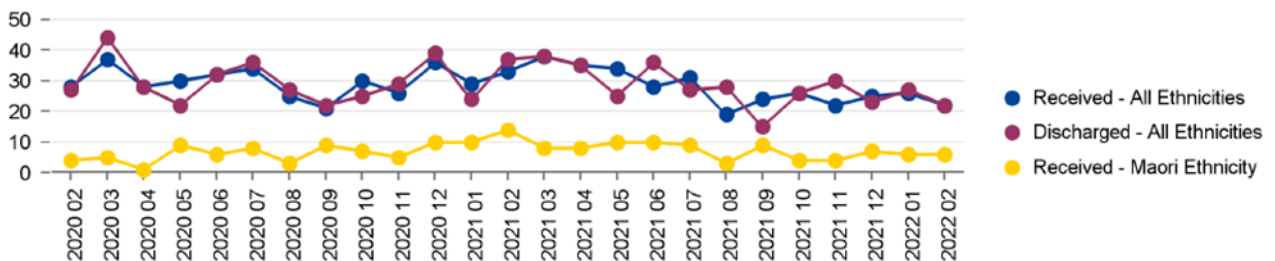


Figure 2: Wāhi Oranga Inpatient Unit  
Wahi Oranga Inpatient Unit

	Referrals - 2022 02			Midnight Occupied Beds - 2022 02			2022 02	2022 01
	Caseload 03/03/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
<b>Wahi Oranga</b>	23	22	22	25.1	30	84%	53	100%

Referrals Received and Discharged

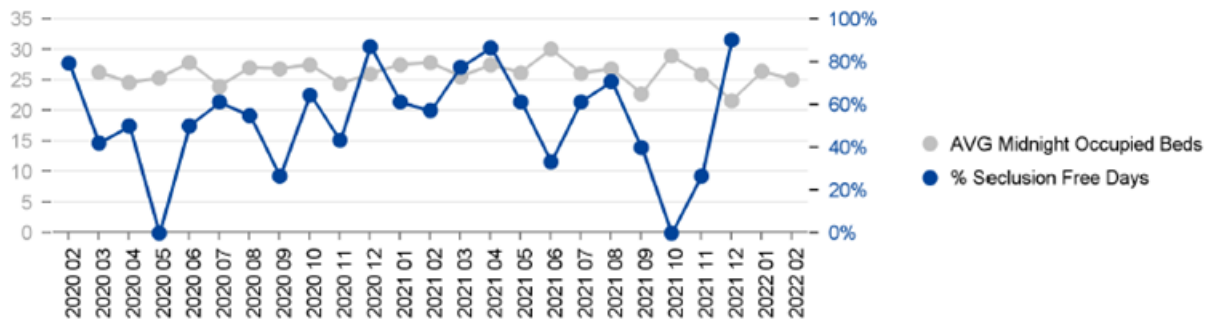


**Figure 3: Seclusion**  
 HQSC Zero Seclusion project has recommenced.

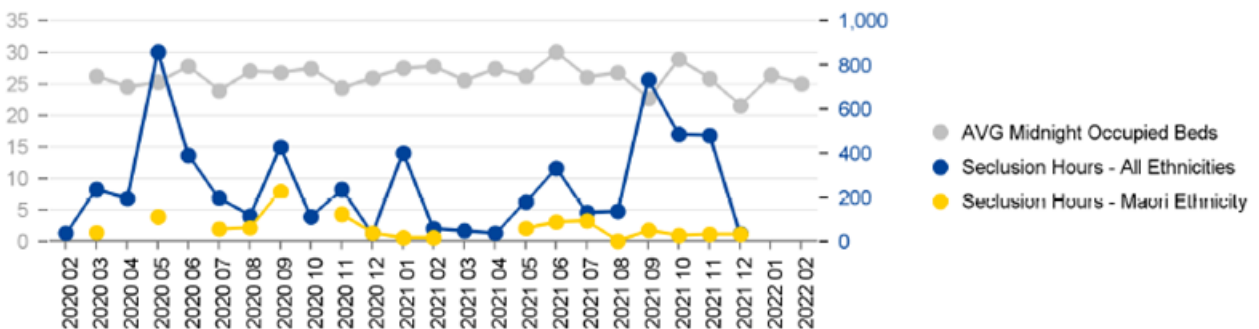
**Seclusion**

						Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	% Seclusion Free Days	Hours	Events	Consumers Secluded	AVG Hours per Event
<b>Total</b>						5,926	217	88	27
<b>Maori Ethnicity</b>						1,100	51	26	22
<b>Female</b>						914	58	23	16
<b>Male</b>						5,012	159	65	32

**% Seclusion Free Days**



**Seclusion Hours**



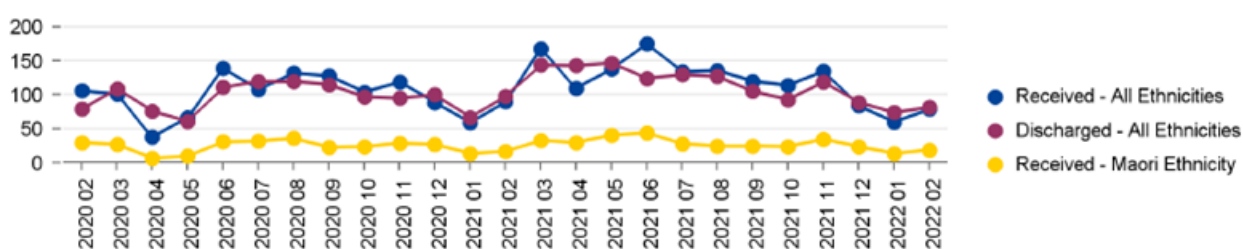
## Figure 4: ICAMHS

Focus continues on preparation for Omicron, virtual health, and setting up suitable physical environment for any face-to-face assessments. The shift to mostly virtual contacts is going well, with Nelson staff based in the building rather than working offsite. There are 654 open cases (453 in Nelson and 200 in Wairau).

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

	Referrals - 2022 02			Community Contacts - 2022 01			DNA % - 2022 01	
	Caseload 03/03/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Explore Nelson				4			0.0%	
ICAMHS Forensic Nelson	1			9	100%		11.1%	
ICAMHS Nelson	429	48	65	427	73%	76	4.0%	4.0%
ICAMHS Wairau	192	31	9	167	76%	35	9.0%	5.3%
Infant and Maternal Nelson	2		8	62	63%		4.8%	0.0%
<b>Total</b>	<b>624</b>	<b>79</b>	<b>82</b>	<b>669</b>	<b>74%</b>	<b>59</b>	<b>5.4%</b>	<b>4.3%</b>

#### Referrals Received and Discharged



#### Waitlist Analysis

	<1 Month	1-4 Months	5-6 Months	7-12 Months	>1 Year	Total
ICAMHS Nelson	31	80	55	74	9	249
ICAMHS Wairau	28	71	7	10		116
<b>Total</b>	<b>59</b>	<b>151</b>	<b>62</b>	<b>84</b>	<b>9</b>	<b>365</b>

## 4.1 Disability Support Services (DSS)

It is expected to have a draft plan on the Systems Transformation project to the CEO by the end of March 2022. This will further align the service delivery model to the Enabling Good Lives national strategy.

## 5. CLINICAL SERVICES

### 5.1 Health Targets – Planned Care

Year to date, at the end of February 2022, we planned 4,087 surgical discharges of which we have delivered 3,418 (83%). This is under plan by 669 discharges.

We have delivered 4,427 minor procedures year to date as at the end of February 2022, which is 1,281 procedures higher than our target of 3,146 for this period.

Year to date at the end of February 2022, internal delivery indicates 15,869 actual total caseweights (CWDs) against a Plan of 16,025 (99%).

Year to date, at the end of February 2022, elective CWD delivery was 3,512 against a Plan of 5,212 (67%). Year to date at the end of February, acute CWD delivery was 12,357 against a Plan of 12,054 (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
February	3,146	456	87%	3,602

### Hospital Occupancy

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

## 5.3 Enhanced Access to Diagnostics

CT, for February, shows (81.41%) or 1,452 accepted referrals were scanned within 42 days (MOH target is 95%).

MRI, for February, shows (82.83%) or 340 accepted referrals were scanned within 42 days of referral acceptance, compared to 322 in January (MOH target is 90%).

## 6. ALLIED HEALTH

Workforce sustainability and health and wellbeing continues to be an ongoing area of concern across all teams to meet service demands, responding to the pandemic and workforce shortages. Several strategies are in place and ongoing review continues.

February and early March focused on the contingency planning for the two strike notices received for PSA Allied, Public Health and Technical staff members. A team was established, and all necessary plans were put in place.

February 2021 to 28 February 2022 shows an average of 974 Community and Ambulatory Care referrals are received each month. During February 2022:

- 890 referrals were received.
- 72% referrals from General Practice, DHB Specialist Services, NMH outpatient services or following an inpatient event.
- 9% identified as Māori (80 referrals) across all services and age ranges.
- 2% identified as Pacifica.
- 52% are for clients over 65 years, and 23% over 80 years of age (total = 202 referrals).

## 7. NURSING & MIDWIFERY

The month of February continues to show teams across the district working together to respond to the Omicron variant. The new Nurse graduates have attended several study days and by all accounts have settled well into their individual areas.

NMH has secured funding for a Nurse Practitioner Intern to work in primary care/ARC facilities and linking in with AT&R. The incumbent currently works as a CNS in AT&R. The role will eventually be based in the community ambulatory care team.

## 8. PEOPLE & CAPABILITY

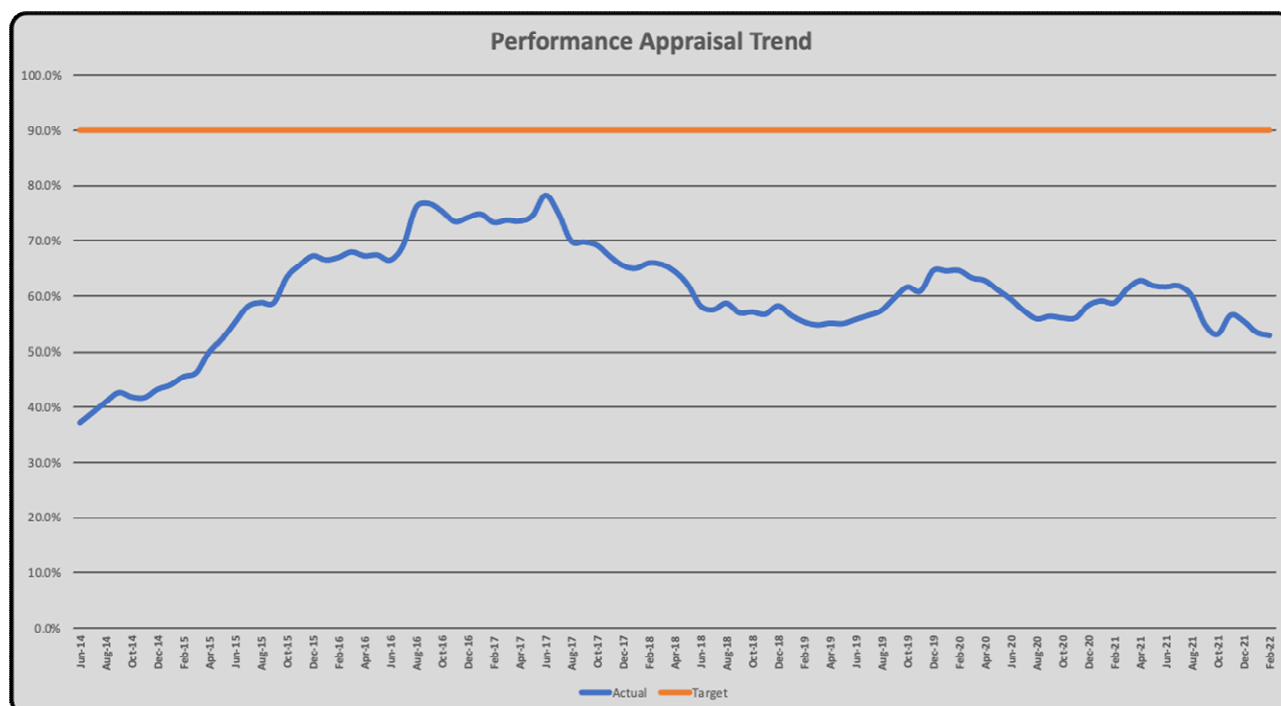
The focus this month has been on preparing for Omicron and supporting our colleagues, at all levels and across all departments, through providing information, supporting decision making, and offering coaching and assistance as needed. During February we:

- Completed the draft Learning and Organisation Development 2022 projects/annual plan for approval.
- Launched the Wellbeing snippets, tools and resources for use by managers and their teams to enable and support wellbeing. These are shared via the weekly staff email, the fortnightly People Leaders' emails and Huis and on the Intranet. Feedback on these has been positive, with a number of direct follow ups from leaders asking for more information about the tools and models. This has been undertaken in close collaboration with the Communications Team.
- Te Ao Māori online continues with 238 NMH learners clocking in 472 hours of learning and answering 106,611 questions relating to Te Tiriti since December 2021.
- Te Tiriti course launched. This course has been modified to be delivered online in response to the effects of Omicron on training and kanohi ki te kanohi. Two sessions are scheduled for delivery in March and April.
- Scheduled 10 sessions of Te Reo online (virtually) for delivery in March 2022. These cover both level 1 and 2.

In February 2022 we posted 87 positions. This is lower than the January total of 100 adverts but continues the overall average upward trend across the last year. The DHB filled 97 positions in February 2022. This is the second highest total of monthly placements over the last year and continues an upward trend.

### Performance Appraisals

To date we are at 52.8% of staff with a current performance appraisal.





## **9. DIGITAL AND DATA**

A major achievement this month was the migration of the AMS payroll system to the cloud; a joint project with HR and Finance. As well as significantly improving our business continuity options, enhanced functionality means our people can sign off timesheets (and for some, online leave requests) from anywhere including their cellphones. AMS is the payroll system that will be used (initially) by HealthNZ.

One of the building blocks for good cyber security is ensuring our systems are on up-to-date, currently supported hardware and software. 'Technical debt' is used to describe when that is not the case, and this is an issue for all DHBs. NMH has an extended programme focused on addressing our technical debt as quickly as we can.

Lexie O'Shea  
**CHIEF EXECUTIVE**

**RECOMMENDATION:**

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

# MEMO

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

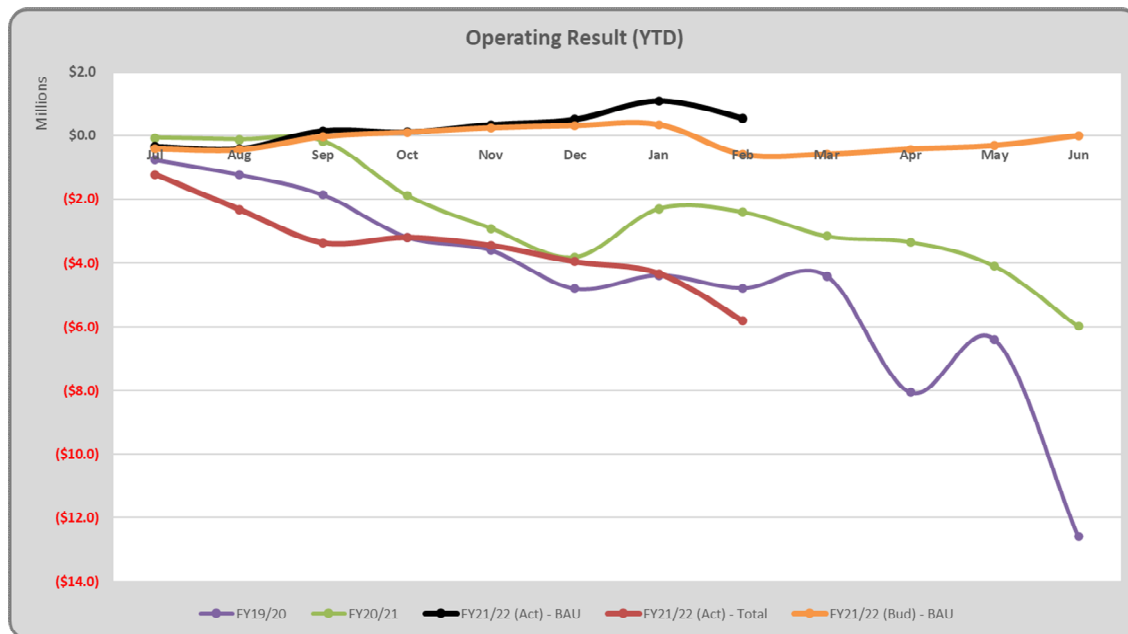
## Status

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 deficit of \$0.8m which was \$0.2m favourable to the plan. This brings the result for the eight months to a surplus of \$0.3m which is \$0.9m favourable to the planned result.

When Holidays Act and the COVID related costs are included the result for the eight months is a deficit of \$5.8m which is \$1.6m adverse to the approved plan.



### Commentary

The key driver of the favourable variance in the month is the recognition of the first half, totalling \$0.5m, increased ACC revenue as a result of the non-acute rehabilitation contract increase that was backdated to 1 July. A further \$0.5m will come through in the March result.

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 eight months are approximately 11% 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%. Earlier this week the MOH announced additional funding to support the overspends in pharmaceuticals due to COVID of \$1.6m which will largely offset the higher than planned spend.
- A number of contracts from the MOH with additional revenue that was not known at the time the budget was struck are passed on to various external providers, i.e. NGOs. This results in favourable revenue lines offsetting adverse NGO payments.
- Costs associated with the COVID response, with the flow on impacts from the 2020 event and now costs associated with the 2021/22 event being separately identified and reported. The MOH are separately funding a range of COVID related costs – the national CFO group is awaiting an update from the MOH on the various funding streams that will enable each DHB to ensure that the reimbursements are being made.

### 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	\$6,760	\$3,197
Asset Management	\$5,000	\$5,386	(\$386)
Niggles	\$200	\$91	\$109
Contingency	\$1,000	\$303	\$697
<b>Total</b>	<b>\$16,157</b>	<b>\$12,540</b>	<b>\$3,617</b>

Eric Sinclair  
GM Finance, Performance & Facilities

### RECOMMENDATION:

**THAT THE BOARD RECEIVES THE FINANCIAL REPORT**

## Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
<b>Revenue</b>							
MOH devolved funding	50,953	2,819	53,772	50,769	184	3,003	44,487
MOH non-devolved funding	2,397	437	2,834	2,640	-243	194	2,070
ACC revenue	1,166	0	1,166	631	535	535	477
Other government & DHBs	1,194	0	1,194	1,183	11	11	1,015
Other income	1,626	1	1,627	1,110	516	517	828
<b>Total Revenue</b>	<b>57,336</b>	<b>3,257</b>	<b>60,593</b>	<b>56,333</b>	<b>1,003</b>	<b>4,260</b>	<b>48,877</b>
<b>Expenses</b>							
Employed workforce	24,217	441	24,658	24,392	175	-266	17,966
Outsourced workforce	866	546	1,412	179	-687	-1,233	588
<b>Total Workforce</b>	<b>25,083</b>	<b>987</b>	<b>26,070</b>	<b>24,571</b>	<b>-512</b>	<b>-1,499</b>	<b>18,554</b>
Outsourced services	2,053	268	2,321	1,897	-156	-424	1,909
Clinical supplies	2,841	361	3,202	3,009	168	-193	2,189
Pharmaceuticals	4,678	0	4,678	4,624	-54	-54	4,030
Air Ambulance	359	0	359	419	60	60	389
Non-clinical supplies	3,476	202	3,678	3,069	-407	-609	3,437
External provider payments	13,060	1,669	14,729	13,019	-41	-1,710	11,911
Inter District Flows	4,952	0	4,952	4,958	6	6	4,506
<b>Total Expenses before IDCC</b>	<b>56,502</b>	<b>3,487</b>	<b>59,989</b>	<b>55,566</b>	<b>-936</b>	<b>-4,423</b>	<b>46,925</b>
<b>Surplus (Deficit) before IDCC</b>	<b>834</b>	<b>-230</b>	<b>604</b>	<b>767</b>	<b>67</b>	<b>-163</b>	<b>1,952</b>
Interest expenses	30	0	30	37	7	7	32
Depreciation	1,097	0	1,097	1,137	40	40	1,058
Capital charge	487	0	487	530	43	43	51
<b>Total IDCC</b>	<b>1,614</b>	<b>0</b>	<b>1,614</b>	<b>1,704</b>	<b>90</b>	<b>90</b>	<b>1,141</b>
<b>Operating Surplus (Deficit)</b>	<b>-780</b>	<b>-230</b>	<b>-1,010</b>	<b>-937</b>	<b>157</b>	<b>-73</b>	<b>811</b>
Holidays Act compliance	-458	0	-458	-458	0	0	-458
<b>Net Surplus (Deficit)</b>	<b>-1,238</b>	<b>-230</b>	<b>-1,468</b>	<b>-1,395</b>	<b>157</b>	<b>-73</b>	<b>353</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	387,606	13,338	400,944	386,454	1,152	14,490	363,281	580,175	550,486
MOH non-devolved funding	18,435	1,226	19,661	18,999	-564	662	17,093	28,342	27,379
AC C revenue	5,370	0	5,370	4,853	517	517	5,153	7,287	7,877
Other government & DHBs	9,458	0	9,458	9,157	301	301	8,010	13,710	12,254
Other income	13,298	3	13,301	7,868	5,430	5,433	8,811	11,746	12,784
<b>Total Revenue</b>	<b>434,167</b>	<b>14,567</b>	<b>448,734</b>	<b>427,331</b>	<b>6,836</b>	<b>21,403</b>	<b>402,348</b>	<b>641,260</b>	<b>610,780</b>
<b>Expenses</b>									
Employed workforce	168,357	2,401	170,758	169,621	1,264	-1,137	148,813	254,461	232,335
Outsourced workforce	5,666	3,423	9,089	1,430	-4,236	-7,659	4,676	2,145	7,685
<b>Total Workforce</b>	<b>174,023</b>	<b>5,824</b>	<b>179,847</b>	<b>171,051</b>	<b>-2,972</b>	<b>-8,796</b>	<b>153,489</b>	<b>256,606</b>	<b>240,020</b>
Outsourced services	15,660	534	16,194	15,047	-613	-1,147	14,957	22,560	23,883
Clinical supplies	21,190	771	21,961	21,249	59	-712	20,292	31,452	31,978
Pharmaceuticals	37,376	0	37,376	35,553	-1,823	-1,823	35,801	53,183	51,915
Air Ambulance	3,216	0	3,216	2,934	-282	-282	3,059	4,359	4,613
Non-clinical supplies	24,652	1,372	26,024	24,484	-168	-1,540	24,248	36,614	36,400
External provider payments	104,158	8,507	112,665	103,543	-615	-9,122	98,722	155,386	150,672
Inter District Flows	39,688	0	39,688	39,663	-25	-25	34,456	59,494	52,827
<b>Total Expenses before IDCC</b>	<b>419,963</b>	<b>17,008</b>	<b>436,971</b>	<b>413,524</b>	<b>-6,439</b>	<b>-23,447</b>	<b>385,024</b>	<b>619,654</b>	<b>592,308</b>
<b>Surplus (Deficit) before IDCC</b>	<b>14,204</b>	<b>-2,441</b>	<b>11,763</b>	<b>13,807</b>	<b>397</b>	<b>-2,044</b>	<b>17,324</b>	<b>21,606</b>	<b>18,472</b>
Interest expenses	242	0	242	295	53	53	258	443	383
Depreciation	9,668	0	9,668	9,857	189	189	9,086	14,806	13,745
Capital charge	3,994	0	3,994	4,240	246	246	3,051	6,360	4,826
<b>Total IDCC</b>	<b>13,904</b>	<b>0</b>	<b>13,904</b>	<b>14,392</b>	<b>488</b>	<b>488</b>	<b>12,395</b>	<b>21,609</b>	<b>18,954</b>
<b>Operating Surplus (Deficit)</b>	<b>300</b>	<b>-2,441</b>	<b>-2,141</b>	<b>-585</b>	<b>885</b>	<b>-1,556</b>	<b>4,929</b>	<b>-3</b>	<b>-482</b>
Holidays Act compliance	-3,667	0	-3,667	-3,667	0	0	-3,667	-5,500	-5,500
<b>Net Surplus (Deficit)</b>	<b>-3,367</b>	<b>-2,441</b>	<b>-5,808</b>	<b>-4,252</b>	<b>885</b>	<b>-1,556</b>	<b>1,262</b>	<b>-5,503</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	30,961	314	31,275	34,688	3,727	3,413	30,530	52,310	45,692
Outsourced SMO	4,436	84	4,520	950	-3,486	-3,570	3,724	1,424	5,640
<b>Total SMO</b>	<b>35,397</b>	<b>398</b>	<b>35,795</b>	<b>35,638</b>	<b>241</b>	<b>-157</b>	<b>34,254</b>	<b>53,734</b>	<b>51,332</b>
Employed RMO	10,773	3	10,776	11,868	1,095	1,092	9,799	17,244	15,055
Outsourced RMO	345	0	345	264	-81	-81	235	397	423
<b>Total RMO</b>	<b>11,118</b>	<b>3</b>	<b>11,121</b>	<b>12,132</b>	<b>1,014</b>	<b>1,011</b>	<b>10,034</b>	<b>17,641</b>	<b>15,478</b>
Employed Nursing	59,296	857	60,153	55,186	-4,110	-4,967	50,307	83,090	76,737
Outsourced Nursing	33	1,856	1,889	0	-33	-1,889	25	0	356
<b>Total Nursing</b>	<b>59,329</b>	<b>2,713</b>	<b>62,042</b>	<b>55,186</b>	<b>-4,143</b>	<b>-6,856</b>	<b>50,332</b>	<b>83,090</b>	<b>77,093</b>
Employed Allied Health	22,545	356	22,901	23,246	701	345	21,517	35,508	32,988
Outsourced Allied Health	493	0	493	173	-320	-320	480	260	682
<b>Total Allied Health</b>	<b>23,038</b>	<b>356</b>	<b>23,394</b>	<b>23,419</b>	<b>381</b>	<b>25</b>	<b>21,997</b>	<b>35,768</b>	<b>33,670</b>
Employed Disability Support Service	14,897	0	14,897	15,838	941	941	12,175	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
<b>Total Disability Support Service</b>	<b>14,897</b>	<b>0</b>	<b>14,897</b>	<b>15,838</b>	<b>941</b>	<b>941</b>	<b>12,175</b>	<b>23,197</b>	<b>19,123</b>
Employed Hotel & Support	6,015	34	6,049	5,749	-266	-300	5,423	8,592	8,340
Outsourced Hotel & Support	112	0	112	4	-108	-108	18	6	40
<b>Total Hotel &amp; Support</b>	<b>6,127</b>	<b>34</b>	<b>6,161</b>	<b>5,753</b>	<b>-374</b>	<b>-408</b>	<b>5,441</b>	<b>8,598</b>	<b>8,380</b>
Employed Management & Admin	23,870	837	24,707	23,046	-824	-1,661	22,729	34,520	34,400
Outsourced Management & Admin	247	1,483	1,730	39	-208	-1,691	194	58	544
<b>Total Management &amp; Admin</b>	<b>24,117</b>	<b>2,320</b>	<b>26,437</b>	<b>23,085</b>	<b>-1,032</b>	<b>-3,352</b>	<b>22,923</b>	<b>34,578</b>	<b>34,944</b>
<b>Total Workforce costs</b>	<b>174,023</b>	<b>5,824</b>	<b>179,847</b>	<b>171,051</b>	<b>-2,972</b>	<b>-8,796</b>	<b>157,156</b>	<b>256,606</b>	<b>240,020</b>
Total Employed Workforce Costs	168,357	2,401	170,758	169,621	1,264	-1,137	152,480	254,461	232,335
Total Outsourced Workforce Costs	5,666	3,423	9,089	1,430	-4,236	-7,659	4,676	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	129.1	1.0	130.1	143.3	14.2	13.2	130.0	144.2	131.9
RMO	101.1	0.1	101.2	107.4	6.3	6.2	97.4	107.8	99.0
Nursing	787.1	12.8	799.9	807.6	20.5	7.7	771.1	810.1	787.6
Allied Health	380.8	4.7	385.5	401.3	20.5	15.8	372.1	403.3	381.2
Disability Support Service	287.7	0.0	287.7	324.9	37.2	37.2	275.5	325.7	281.4
Hotel & Support	132.9	0.8	133.7	138.2	5.3	4.5	132.6	137.7	134.4
Management & Admin	430.1	11.4	441.5	443.4	13.3	1.9	416.7	444.5	423.4
<b>Total FTEs</b>	<b>2,248.8</b>	<b>30.8</b>	<b>2,279.6</b>	<b>2,366.1</b>	<b>117.3</b>	<b>86.5</b>	<b>2,195.4</b>	<b>2,373.3</b>	<b>2,238.9</b>

**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	367		368	370	3	3	359	363	346
RMO	163		163	169	6	6	154	160	152
Nursing	115		115	105	-11	-11	100	103	97
Allied Health	91		91	89	-2	-2	88	88	87
Disability Support Service	79		79	75	-5	-5	68	71	68
Hotel & Support	69		69	64	-6	-6	63	62	62
Management & Admin	85		86	79	-5	-6	83	78	81
	<b>114</b>		<b>115</b>	<b>110</b>	<b>-5</b>	<b>-5</b>	<b>106</b>	<b>107</b>	<b>104</b>

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**AS AT 28 February 2022**

	Budget Feb-22 \$000	Actual Feb-22 \$000	Actual Jun-21 \$000
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	19,416	27,853	19,415
Other cash deposits	21,300	19,800	21,300
Receivables	23,247	26,719	23,248
Inventories	3,387	3,417	3,387
Prepayments	1,760	2,903	1,760
Non-current assets held for sale	2,105	465	2,105
<b>Total current assets</b>	<b>71,215</b>	<b>81,156</b>	<b>71,215</b>
<b>Non-current assets</b>			
Prepayments	695	575	695
Other financial assets	1,732	1,982	1,732
Property, plant and equipment	215,817	217,606	218,258
Intangible assets	10,040	10,217	11,069
<b>Total non-current assets</b>	<b>228,284</b>	<b>230,380</b>	<b>231,753</b>
<b>Total assets</b>	<b>299,499</b>	<b>311,536</b>	<b>302,968</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Payables	57,659	65,037	56,440
Borrowings	737	718	737
Employee entitlements	103,462	111,581	105,407
<b>Total current liabilities</b>	<b>161,858</b>	<b>177,336</b>	<b>162,584</b>
<b>Non-current liabilities</b>			
Borrowings	7,820	7,442	7,819
Employee entitlements	9,255	9,256	9,256
<b>Total non-current liabilities</b>	<b>17,075</b>	<b>16,698</b>	<b>17,075</b>
<b>Total Liabilities</b>	<b>178,933</b>	<b>194,034</b>	<b>179,659</b>
<b>Net assets</b>	<b>120,566</b>	<b>117,502</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	(73,174)	(76,238)	(70,430)
<b>Total equity</b>	<b>120,566</b>	<b>117,502</b>	<b>123,310</b>



**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**FOR THE PERIOD ENDED 28 February 2022**

	Budget Feb-22 \$000	Actual Feb-22 \$000	Budget 2020/21 \$000
<b>Cash flows from operating activities</b>			
Receipts from the Ministry of Health and patients	428,607	444,986	641,197
Interest received	304	478	452
Payments to employees	(169,155)	(164,580)	(253,300)
Payments to suppliers	(249,792)	(263,765)	(371,035)
Capital charge	(3,657)	(3,021)	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
<b>Net cash flow from operating activities</b>	<b>6,307</b>	<b>14,098</b>	<b>10,000</b>
<b>Cash flows from investing activities</b>			
Receipts from sale of property, plant and equipment	-	1,634	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(5,672)	(7,325)	(8,508)
Purchase of intangible assets	(336)	(831)	(504)
Acquisition of investments	-	-	-
<b>Net cash flow from investing activities</b>	<b>(6,008)</b>	<b>(6,522)</b>	<b>(9,012)</b>
<b>Cash flows from financing activities</b>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(299)	862	(441)
<b>Net cash flow from financing activities</b>	<b>(299)</b>	<b>862</b>	<b>(988)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>-</b>	<b>8,438</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>27,853</b>	<b>19,416</b>

Consolidated 12 Month Rolling Statement of Cash Flows \$000s	Mar 2022	Apr 2022	May 2022	Jun 2022
	Forecast	Forecast	Forecast	Forecast
<b>Operating Cash Flow</b>				
<b>Receipts</b>				
Government & Crown Agency Received	49,263	51,301	50,913	57,201
Interest Received	35	35	35	43
Other Revenue Received	1,032	906	894	1,080
Total Receipts	50,330	52,242	51,842	58,324
<b>Payments</b>				
Personnel	18,909	20,242	19,683	25,311
Payments to Suppliers and Providers	30,637	31,214	31,374	28,016
Capital Charge	-	-	-	3,657
Interest Paid	-	-	-	-
Payments to Other DHBs and Providers	-	-	-	-
Total Payments	49,546	51,456	51,057	56,984
<b>Net Cash Inflow/(Outflow) from Operating Activities</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	-	-	-	-
Total Receipts	-	-	-	-
<b>Payments</b>				
Capital Expenditure	2,209	2,209	2,209	2,209
Capex - Intangible Assets	542	542	542	542
Increase in Investments	-	-	-	-
Total Payments	2,751	2,751	2,751	2,751
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>	<b>(2,751)</b>	<b>(2,751)</b>	<b>(2,751)</b>	<b>(2,751)</b>
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>	<b>(33)</b>	<b>(34)</b>	<b>(34)</b>	<b>(83)</b>
Net Increase/(Decrease) in Cash Held	(2,000)	(1,999)	(2,000)	(1,494)
Plus Opening Balance	27,853	25,853	23,854	21,854
<b>Closing Balance</b>	<b>25,853</b>	<b>23,854</b>	<b>21,854</b>	<b>20,360</b>

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# MEMO

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**To:** Board Members  
**From:** Elizabeth Wood, Chair Clinical Governance Committee  
**Date:** 16 March 2022  
**Subject:** **Clinical Governance Report**

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## *Status*

This report contains:

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

### **Purpose**

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 4 March 2022.

DHB CGC endorsed:

- ***The work of the Consumer Council in enabling us to include more consumer input into service delivery and planning*** – This work is setting us up to align with expected requirements of Health NZ, for including consumer input into the design and leadership of services. Only with consumers present do clinical teams understand some aspects of what they do not know and understand.

DHB CGC noted:

- ***Local COVID-19 cases are now affecting our community and health care settings*** – Now that the pandemic has finally arrived in our back yard, we can fully appreciate the incredible hard work of our Public Health teams and all the community work that has gone on to prevent COVID arriving before we were ready. As expected, health care workers across the system are already impacted by staff sickness which is all the more difficult to manage on the backdrop of significant levels of staff vacancies, a situation common to all DHBs.

To all those people who keep on keeping on despite all of this, please give yourselves a big pat on the back and know that you are appreciated. You are the people who are there on the worst days of people's lives, picking up the bits and putting things back together. Now more than ever, please look out for yourself and your colleagues.

- **The annual results of the in-patient experience survey for 2021** – If you need a bit of a pick-up, check out the annualised results of the HQSC in-patient survey. The things the patients have rated most highly are the kindness, respect and understanding with which they are treated by all members of the health care team.

### Highest-performing results for Nelson Marlborough DHB

The table below shows the highest-performing questions for Nelson Marlborough DHB in Feb 21 - Nov 21.

▲ Low sample size

Question Click on a question to see more detail

		Overall	C.I.	n	
Patient did NOT identify perceived unfair treatment	Feb 21 - Nov 21	92.7%	(89.8%-95.6%)	302	
Patient definitely treated with respect by nurses.	Feb 21 - Nov 21	92.4%	(89.5%-95.3%)	327	
Patient definitely treated with respect by doctors.	Feb 21 - Nov 21	91.9%	(89.0%-94.8%)	335	
Patient definitely treated with kindness and understanding by nurses whilst in hospital.	Feb 21 - Nov 21	91.7%	(88.8%-94.6%)	339	
Patient definitely treated with respect by other members of health care team.	Feb 21 - Nov 21	91.0%	(87.9%-94.1%)	323	
Patient definitely treated with kindness and understanding by other members of health care team whilst in hospital.	Feb 21 - Nov 21	91.0%	(87.9%-94.1%)	333	

Elizabeth Wood  
**Chair Clinical Governance Committee**

### RECOMMENDATION:

**THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE COMMITTEE CHAIR'S REPORT.**

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

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

CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CD	Clinical Director
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CIR	COVID Immunisation Register
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 Māori Dictionary pg 323)
RAT	Rapid Antigen Testing
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 February 2022