

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 26 April 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	1.20pm	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	For Information		Attached	Note
7	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	2.00pm	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 March 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 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 ▪ Husband is Chairman of National Party for Kaikoura electorate 	<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"> ▪ Board member of Crossroads Trust Marlborough 			

Open Board Agenda

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

As at April 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 	<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
		<p>Physicians</p> <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	▪	▪		
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 		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Kirsty Martin	GM IT	<ul style="list-style-type: none"> ▪ SI Regional Lead Chief Digital Officer (CDO) ▪ CDO rep on National Digital Portfolio Strategic Oversight governance group ▪ DHB CDO rep (1 of 2) on NZ Health Plan Data & Digital Working Group 			
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					
Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Lexie O'Shea	Chief Executive	<ul style="list-style-type: none"> ▪ Trustee of Churchill Hospital ▪ Daughter-in-law is a member of Finance Team in MOH 			
Gaylene Corlett	EA to CE	<ul style="list-style-type: none"> • Brother works at NMDHB in the Transport Department 			

As at April 2022

MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD VIA ZOOM ON TUESDAY 22 MARCH 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, Jill Kersey

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), Ditre Tamatea (GM Māori Health & Vulnerable Populations), Sandy McLean-Cooper (Director of Nursing & Midwifery), Michael Bland (GM Mental Health Addictions & DSS), Pat Davidsen (GM Clinical Services), Trish Casey (GM People & Capability), Harrison Dean (Engagement Manager – Project Whakatupuranga), Natasha Hoskins (Communications Manager), Gaylene Corlett (Board Secretary)

Apologies:

Nil

Karakia:

Olivia Hall

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Katie Townshend, reporter for Nelson Weekly attended.

Erin Bradnock, reporter for Nelson Mail attended.

Andy Brew, reporter for Marlborough Express attended.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Moved: Stephen Vallance

Seconded: Paul Matheson

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance

Seconded: Paul Matheson

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 22 FEBRUARY 2022 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED**Matters Arising**

Nil.

3.1 Action Points

Item 1 – Allied Health Referrals: Agenda item – completed.

Item 2 – Māori Health Progress: Noted Board to Board meeting in March has been cancelled. Discussions to be held on how to present this information before 30 June.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

Riana Manuel (Interim CE Māori Health Authority) and Margie Apa (Interim CE HealthNZ) visited NMH on 18 March. CEs from the two PHOs and TPO, and the IHB Chair also attended. ELT presented on what we are doing well in NMH. It was a great introductory day for the two Interim CEs to get a flavour of what NMH is achieving and what we have to offer to the health system.

Thank you to the CE and team for their continued fight against omicron. Hopefully we have reached our peak and numbers of cases will start decreasing. Acknowledgment of our primary care and community care partners was given as they are also doing a wonderful job supporting the community during COVID.

SECTION 5: CHIEF EXECUTIVE'S REPORT

Thank you to community care providers for the work they are doing in managing COVID in the community. Thank you also to the teams in our hospitals for their efforts in maintaining a hospital service for our community in a safe way for patients and staff.

Honoured to have Interim CEs from HealthNZ and Māori Health Authority visit NMH. We took every advantage to let them know how great we are. They were focussed and listened to us which was encouraging. The afternoon was spent discussing our new hospital rebuild and included a quick site tour.

It is planned to have a joint farewell to the health system of Iwi Health Board and NMH Board members in June. A presentation will be provided showing the achievements to date around Māori health and equity.

The Hospital team were congratulated on managing 83% of elective surgery during COVID times. Output from the hospital system is outstanding in the current environment.

Discussion held on the split between staff sickness and staff vacancies. **It was requested that** the GM People & Capability present the number of current vacancies at the next meeting. It was noted that progress has been made with recruiting international staff with a new General Surgeon due to start at Wairau Hospital. With borders opening it is anticipated that international applicants will start increasing. NMH has recruited 97 FTE last month, however we still carry significant vacancies. Noted we do not track sickness of staff other than through the fortnightly payroll system.

Discussion held on self-management tools available for general practice and primary care noting there are several helpful websites including the Unite Against COVID website which has a step-by-step guide if you test positive, MOH website which has a simplified guide, Health Navigator website which has national resources and a COVID-19 and children site. Many of these sites use easy to access animated video support for those needing to understand how to access information. Noted printed material on how to manage if you test positive is available at the Community Based Assessment Centres.

Discussion held on iCAMHS waiting times noting this is largely due to staff vacancies. Tool kits have been developed to assist people waiting for psychology and therapist assessments. In conjunction with the Strategy Primary & Community team and codesigned with primary care networks, an integrated primary care and step-down facilities that can continue to wrap a service around people while waiting for therapy engagements is being developed.

SECTION 6: FINANCIAL REPORT

The results for the month, excluding Holidays Act and COVID related costs was a deficit of \$800k, which was \$200k favourable to the Plan. This brings the results for the eight months to a surplus of \$300k which is \$900k favourable to the planned result.

Progress on the capital expenditure budget for the FY21/22 year noted.

There were no contracts signed under delegation for this period.

SECTION 7: CLINICAL GOVERNANCE COMMITTEE REPORT

It was requested that positive messages from Board to staff be added to Staff Weekly and broader community.

SECTION 7: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Allan Panting
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 22 February 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 Whakatupuranga Update – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.39pm

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

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	CE Report	Discuss best way of providing an update on Māori Health progress to date, with data showing what has been achieved to Board and IHB members	Ditre Tamatea	22 February 2022	By 30 June 2022	
2	CE Report	Present the number of current vacancies at the next meeting	Trish Casey	22 March 2022	26 April 2022	CE report

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 20 April 2022
Subject: **Correspondence for March/April**

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: 20 April 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: 20 April 2022
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

March became an even more challenging month as we were served notice of strike action on top of managing our COVID response and endeavouring to provide as much business-as-usual health care as possible. A small team worked through the strike planning, and we were thankful the notices were withdrawn.

There is now a sense we are past our community peak although our community and primary care providers are still managing around 4000 COVID positive cases. We are feeling increasing pressure in secondary care now with a number of inpatients occupying our designated COVID wards and with staff absences and vacancies. Thus, maintaining planned care is an everyday challenge. As reported from our Northern DHBs we have a significant number of incidental COVID positive patients arriving at our healthcare services as well as those arriving due to COVID positive conditions.

Our Aged residential care providers and our disability support services have been extraordinary in their management of COVID positive staff and residents which has enabled most residents to remain in their familiar surroundings.

Workforce sustainability and health and wellbeing remains a focus as we turn our attention to planning for having a winter upsurge in viruses, we have been largely free of across the motu with our borders closed. We are encouraging as many of our staff to enjoy the long weekends and add in leave days as possible before we have winter arriving on our doorstep.

2. MĀORI HEALTH

Discussions are underway on how NMH can strengthen our commitment to build a workforce that is culturally competent. Currently we have cultural competence training delivered by Te Waka Hauora staff that covers the Treaty, equity, racism, Te Reo Māori and Kapa Haka. To increase the number of staff trained, an approach to virtual training will be looked at, along with contracting external providers.

The Te Waka Hauora team are integral to Project Whakatapuranga (Nelson Hospital rebuild) and have attended workshops to provide guidance in finalising the Detailed Business Case. Workstreams will be established to look at guidance on location of existing mauri stones, blessings for decommissioned and new facilities, signage in Te Reo Māori for all entry and exit pathways and appropriate taonga, water source for cleansing at entrance, and whānau rooms.

3. PRIMARY & COMMUNITY

COVID management continues to dominate activity right across the sector. Front line as well as administration/rostering staffing have been affected by COVID-19 with the need for sick leave or isolation leave.

General Practice has supported a higher-than-expected case volume, at peak over 750 per day new cases.

Public Health teams have focused on supported sites with high-risk outbreaks.

Mental Health and DSS providers have also supported their clients through challenging outbreaks and staff impacted by COVID.

The COVID vaccination programme is very focused on outreach to address the lower coverage in vulnerable populations. RATs distribution is ongoing focussing on ensuring access for all population groups, including rural.

In partnership with the National Immunisation Programme and Mental Health & Addictions Directorate, grants were made available to the mental health and addiction NGO sector to assist peer support navigation with the objective of supporting vaccination uptake for mental health and addiction service users, with a particular focus on tangata whai ora, alcohol and other drug service users.

For some years NMH has provided funding to the Warmer Healthy Homes insulation initiative on a one-off basis. The new contract moves to a three-year term, providing a more secure funding basis for the Warmer Healthier Homes Charitable Trust Te Tau Ihu. The aim of the service is to support the residents in Te Tau Ihu to have improved living environments by assisting homeowners and whānau most in need with improved insulation measures, heating, and overall efficiency through retrofitting into existing homes.

The relaunch of the MMR Catch up immunisation campaign is underway. The school-based vaccination programme for Boostrix and HPV is well underway with good uptake in light of school absences. The teams will revisit schools during the year as needed.

4. MENTAL HEALTH & ADDICTIONS

COVID continues to challenge services, particularly Wāhi Oranga. The unit has managed 8 clients with COVID.

Business continuity plans for all Mental Health and DSS services are now being tested with increasing prevalence of Omicron in our community.

A 4-bed alternate Mental Health acute crisis community facility, an alternate to being admitted into an inpatient setting, will open in early April. The need for this service was first identified four years ago. Pathways Health, a mental health and addiction NGO, will lead the service with Nelson Marlborough Health's clinical team working closely alongside to support the integrated approach to managing crisis in the community.

A new Charge Nurse Manager has been appointed at Wāhi Oranga.

There has been a change in appointment for the Director Area Mental Health Service (DAMHS) role. The DAMHS role is to ensure correct application of mental health legislation.

Graphs noted below:

Figure 1: Older Person's Mental Health

Older Person's Mental Health (OPMH)

	Referrals - 2022 03			Community Contacts - 2022 02			Midnight Beds - 2022 03		
	Caseload 06/04/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	10	6	5				9.4	10	94%
Liaison Nelson	11	9	12	30	33%	9			
Liaison Wairau	6	1	2	28	100%	63			
Nelson	66	25	26	218	100%	27			
Wairau	23	2	10	91	100%	38			
Total	116	43	55	367	100%	27			

Referrals Received and Discharged

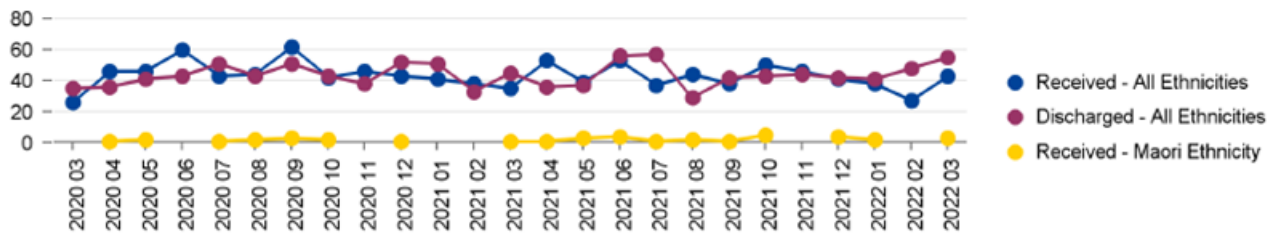


Figure 2: Wāhi Oranga Inpatient Unit

Wahi Oranga Inpatient Unit

	Referrals - 2022 03			Midnight Occupied Beds - 2022 03			2022 03	2022 02
	Caseload 06/04/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	26	28	21	24.5	30	82%	26	96%

Referrals Received and Discharged

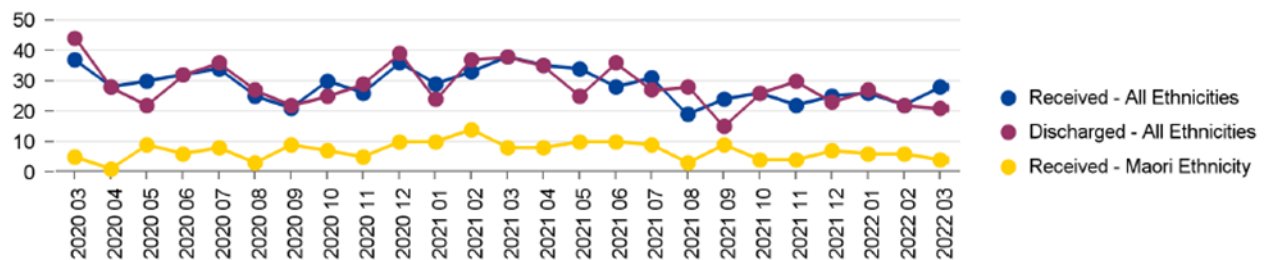
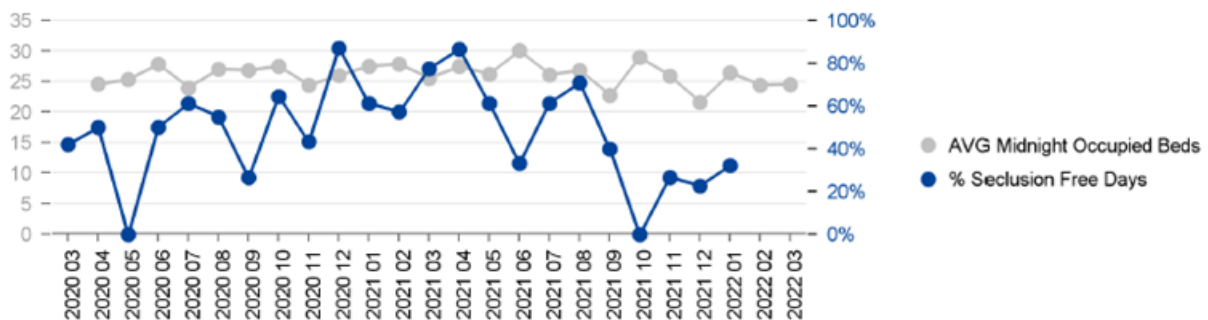


Figure 3: Seclusion

Seclusion - NOTE: There are data entry delays so this data is not complete.

						Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	% Seclusion Free Days	Hours	Events	Consumers Secluded	AVG Hours per Event
Total						6,626	238	92	28
Maori Ethnicity						1,307	59	29	22
Female						972	61	25	16
Male						5,654	177	67	32

% Seclusion Free Days



Seclusion Hours

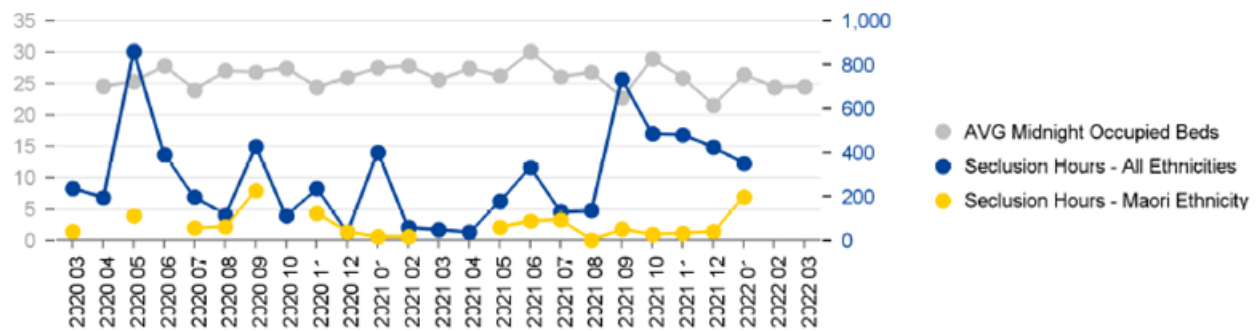


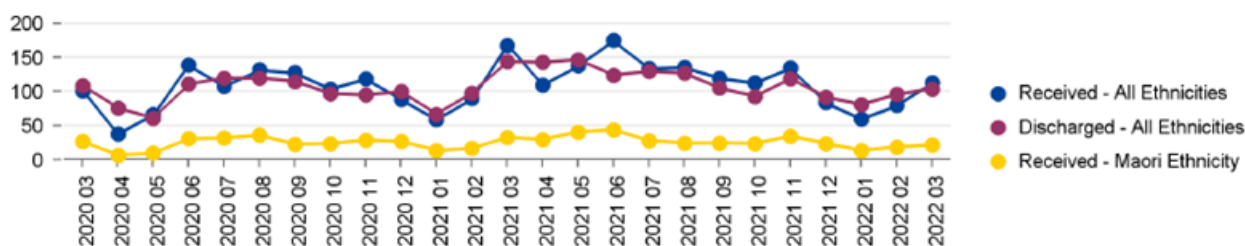
Figure 4: ICAMHS

Planning is underway to co-locate Mental Health services into a new location across Motueka. This has come about due to the expansion of Nelson Marlborough Health’s Infant, Child, and Adolescent Mental Health Services (iCAMHS) into Motueka. NMH has for some years been in Motueka, but with the introduction of new wellbeing services into Motueka and the need to be connected and integrated into the community as set out by He Ara Oranga and Kia Manawaunui, a multi-location option has been recommended.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2022 03			Community Contacts - 2022 02			DNA % - 2022 02	
	Caseload 06/04/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	1			7			0.0%	0.0%
ICAMHS Nelson	421	80	102	605	100%	105	3.5%	2.3%
ICAMHS Wairau	204	33	2	251	95%	46	5.6%	9.5%
Infant and Maternal Nelson	2			5	5%		0.0%	
Total	628	113	104	868	93%	85	4.0%	4.6%

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

Eight houses have been affected by COVID with 26 service users and 50 staff having been infected. Of this number, 16 staff have returned to their place of work. We have had no significant ill-health effects from our services users with none requiring specialist care in hospital.

5. CLINICAL SERVICES

5.1 Health Targets – Planned Care

Year to date, at the end of March 2022, we planned 4,641 surgical discharges of which we have delivered 3,834 (83%). This is under plan by 807 discharges.

We have delivered 5,235 minor procedures year to date as at the end of March 2022, which is 1,652 procedures higher than our target of 3,583 for this period.

Year to date at the end of March 2022, internal delivery indicates 17,899 actual total caseweights (CWDs) against a Plan of 18,069 (99%).

Year to date, at the end of March 2022, elective CWD delivery was 3,951 against a Plan of 5,898 (67%). Year to date at the end of March, acute CWD delivery was 13,847 against a Plan of 13,628 (102%).

Planned care is continuously being impacted by the COVID-19 response, the number of acutes and staffing availability. We are treating approximately 70% of our normal planned care throughputs.

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

5.2 Shorter Stays in Emergency Department

ED Activity in Nelson and Wairau Hospitals

ED	Within 6 hours	Over 6 hours, incl. incalculable	Total
March	3,444	505	3,949

Hospital Occupancy

Hospital Occupancy March 2022	Adult Inpatient
Nelson	84%
Wairau	78%

5.3 Enhanced Access to Diagnostics

CT, for March, shows 1,128 Nelson and 535 Wairau (85.3%) accepted referrals were scanned within 42 days (MOH target is 95%).

MRI, for March, shows 273 for Nelson and 110 for Wairau (88.3%) accepted referrals were scanned within 42 days of referral acceptance, compared to 340 in February (MOH target is 90%).

6. ALLIED HEALTH

March 2021 to 31 March 2022 shows the average monthly referrals to the Allied Health Services were approximately 978. During March 2022:

- 973 referrals were received.
- 71% referrals were from General Practice, NMH outpatient services, following an inpatient event or DHB Specialist Services.
- 10% Māori (102 referrals) across all services and age ranges, however majority for physiotherapy.
- 1% Pacifica.
- 50% are for clients over 65 years, and 21% over 80 years of age (total – 207 referrals).

Allied Health continues to aim for 30% of appointments to be delivered virtually. This has been achieved by the Social Work and Dietetic Service. Social work is consistently delivering over 50% telehealth consultations. The MOH Virtual Care project has seen a number of initiatives being trialled along with a digital literacy project.

7. NURSING & MIDWIFERY

A Warm Welcome was held in April for 67 NMIT 2nd year nursing students. These students will be working on placement across the organisation.

Work is underway on developing a Health Care Assistant (HCA) apprentice programme for nursing.

Discussions are underway with PHOs looking at roles for new graduate nurses in primary care for next year.

8. PEOPLE & CAPABILITY

Mana Puawai is well underway in all areas – leadership, wellbeing, cultural equity and management/professional training.

In March 2022 Nelson Marlborough Health posted 113 jobs. This is an increase on last month and continues the upward trend over the last year. The number of candidates placed into roles also increased in March with 105 candidates accepting positions. The source of our placements is dominated by those applicants who first saw advertising on our careers pages (35) and those who first heard about the position via word of mouth (31).

Total FTE advertised, but not yet placed, by classification and location as at 31 March 2022 are:

Classification	Nelson	Wairau	Total
Allied	14.47	7.9	22.37
Management and Administration	28.1	4.1	32.2
Medical	4.6	5.3	9.9
Nursing	28.1	9.7	37.8
Support (inc DSS)	19.8	1.1	20.9
Total	95.07	28.1	123.17

9. DIGITAL AND DATA

Nelson Marlborough Health partnered with the Health Quality and Safety Commission to be a pilot site for the National Paediatric version of the Early Warning Score (PEWS). A new Patientrack PEWS chart and escalation process was launched in March at both Nelson and Wairau hospitals. The learnings NMH will gain from undertaking this pilot will benefit vulnerable Tamariki and Rangatahi across Aotearoa as the project is extended nationally.

The Digital team has completed a seamless adoption of the Interim HealthNZ's new Microsoft licensing contract administered through SparkHealth.

The Digital Team experienced a busy month with the implementation of several system upgrades, enhancement and migration projects, including:

- Patientrack version upgrade and PEWS go-live.
- SmartPage migration of NZ co-location host.
- ACC web services deployment.
- Kick off for the Hauora Direct enhancements programme 2022.
- Completion of District Nursing system procurement.
- Server security patching cycle.

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: 20 April 2022
Subject: Financial Report for March 2022

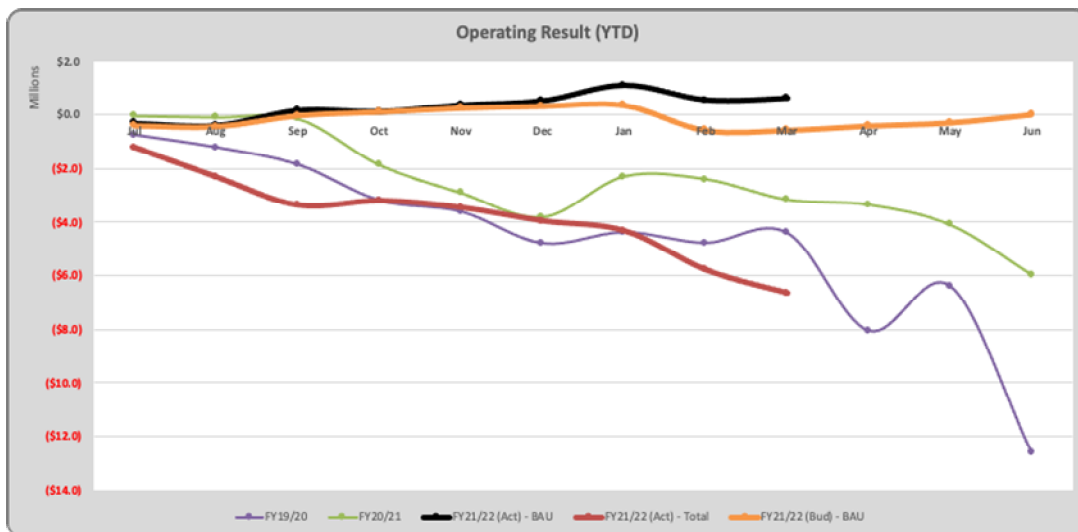
Status

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 small surplus of \$34k which was \$27k favourable to the plan. This brings the result for the nine 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 nine months is a deficit of \$6.6m which is \$1.9m adverse to the approved plan.



Commentary

There are two significant transactions that have been recognised within the March results. First, the surplus land at Wairau Hospital has had a carrying value of just under \$2m and with the sale of that land now complete there is a gain on the sale that is required to be recognised of \$2.1m that is included within the other income line in the Operating Statement.

The second transaction relates to costs accumulated in the planning phases of the Nelson Hospital redevelopment arising from 2015 up to the point that the Health Infrastructure Unit commenced the detailed business case phase. This comprises the costs of developing the health needs assessment, clinical services plan, and the indicative business case (both the 2019 and 2020 versions) and includes the various engineering assessments that have been completed. These various costs have been capitalised, however in discussions held with the MOH it has been agreed that these costs should be expensed. This means that there is a \$3.4m expense in the monthly results that reflects this write-off.

Other than these two significant transactions the results are largely tracking consistently with previous months.

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 has 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 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	\$7,777	\$2,180
Asset Management	\$5,000	\$5,386	(\$386)
Niggles	\$200	\$99	\$101
Contingency	\$1,000	\$291	\$709
Total	\$16,157	\$13,553	\$2,604

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATION:

THAT THE BOARD:

- 1. RECEIVES THE FINANCIAL REPORT**
- 2. NOTES THE EXPENSING OF THE INITIAL PLANNING COSTS FOR THE NELSON HOSPITAL REDEVELOPMENT.**

Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	46,975	1,816	48,791	45,899	1,076	2,892	47,873
MOH non-devolved funding	2,270	130	2,400	2,216	54	184	2,398
ACC revenue	1,209	0	1,209	584	625	625	778
Other government & DHBs	1,141	0	1,141	1,123	18	18	1,051
Other income	3,732	1	3,733	1,001	2,731	2,732	1,222
Total Revenue	55,327	1,947	57,274	50,823	4,504	6,451	53,322
Expenses							
Employed workforce	18,684	626	19,310	19,007	323	(303)	21,530
Outsourced workforce	684	428	1,112	179	(505)	(933)	628
Total Workforce	19,368	1,054	20,422	19,186	(182)	(1,236)	22,158
Outsourced services	1,878	72	1,950	1,872	(6)	(78)	1,641
Clinical supplies	2,424	153	2,577	2,449	25	(128)	2,986
Pharmaceuticals	4,534	0	4,534	4,335	(199)	(199)	4,033
Air Ambulance	453	0	453	335	(118)	(118)	344
Non-clinical supplies	7,205	321	7,526	2,918	(4,287)	(4,608)	3,217
External provider payments	12,742	778	13,520	12,939	197	(581)	12,808
Inter District Flows	4,958	0	4,958	4,958	0	0	4,472
Total Expenses before IDCC	53,562	2,378	55,940	48,992	(4,570)	(6,948)	51,659
Surplus/(Deficit) before IDCC	1,765	(431)	1,334	1,831	(66)	(497)	1,663
Interest expenses	29	0	29	37	8	8	32
Depreciation	1,215	0	1,215	1,257	42	42	1,177
Capital charge	487	0	487	530	43	43	296
Total IDCC	1,731	0	1,731	1,824	93	93	1,505
Operating Surplus/(Deficit)	34	(431)	(397)	7	27	(404)	158
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(458)
Net Surplus/(Deficit)	(424)	(431)	(855)	(451)	27	(404)	(300)

	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	434,580	15,155	449,735	432,353	2,227	17,382	411,153	580,175	550,486
MOH non-devolved funding	20,705	1,356	22,061	21,215	(510)	846	19,490	28,342	27,379
ACC revenue	6,580	0	6,580	5,437	1,143	1,143	5,932	7,287	7,877
Other government & DHBs	10,599	0	10,599	10,281	318	318	9,061	13,710	12,254
Other income	17,030	4	17,034	8,869	8,161	8,165	10,033	11,746	12,784
Total Revenue	489,494	16,515	506,009	478,155	11,339	27,854	455,669	641,260	610,780
Expenses									
Employed workforce	187,040	3,027	190,067	188,629	1,589	(1,438)	170,342	254,461	232,335
Outsourced workforce	6,351	3,851	10,202	1,608	(4,743)	(8,594)	5,304	2,145	7,685
Total Workforce	193,391	6,878	200,269	190,237	(3,154)	(10,032)	175,646	256,606	240,020
Outsourced services	17,539	606	18,145	16,920	(619)	(1,225)	16,597	22,560	23,883
Clinical supplies	23,614	924	24,538	23,698	84	(840)	23,277	31,488	31,978
Pharmaceuticals	41,911	0	41,911	39,887	(2,024)	(2,024)	39,834	53,183	51,915
Air Ambulance	3,669	0	3,669	3,269	(400)	(400)	3,402	4,359	4,613
Non-clinical supplies	31,857	1,692	33,549	27,401	(4,456)	(6,148)	27,465	36,578	36,400
External provider payments	116,899	9,286	126,185	116,484	(415)	(9,701)	111,528	155,386	150,672
Inter District Flows	44,646	0	44,646	44,621	(25)	(25)	38,928	59,494	52,827
Total Expenses before IDCC	473,526	19,386	492,912	462,517	(11,009)	(30,395)	436,677	619,654	592,308
Surplus/(Deficit) before IDCC	15,968	(2,871)	13,097	15,638	330	(2,541)	18,992	21,606	18,472
Interest expenses	271	0	271	332	61	61	290	443	383
Depreciation	10,883	0	10,883	11,115	232	232	10,263	14,806	13,745
Capital charge	4,480	0	4,480	4,770	290	290	3,347	6,360	4,826
Total IDCC	15,634	0	15,634	16,217	583	583	13,900	21,609	18,954
Operating Surplus/(Deficit)	334	(2,871)	(2,537)	(579)	913	(1,958)	5,092	(3)	(482)
Holidays Act compliance	(4,125)	0	(4,125)	(4,125)	0	0	(4,125)	(5,500)	(5,500)
Net Surplus/(Deficit)	(3,791)	(2,871)	(6,662)	(4,704)	913	(1,958)	967	(5,503)	(5,982)

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Workforce Costs									
Employed SMO	34,669	365	35,034	38,581	3,912	3,547	34,735	52,310	45,692
Outsourced SMO	4,911	119	5,030	1,068	(3,843)	(3,962)	4,175	1,424	5,640
Total SMO	39,580	484	40,064	39,649	69	(415)	38,910	53,734	51,332
Employed RMO	12,112	13	12,125	13,147	1,035	1,022	11,484	17,244	15,055
Outsourced RMO	397	0	397	297	(100)	(100)	266	397	423
Total RMO	12,509	13	12,522	13,444	935	922	11,750	17,641	15,478
Employed Nursing	65,342	1,104	66,446	61,295	(4,047)	(5,151)	57,261	83,022	76,737
Outsourced Nursing	48	2,047	2,095	0	(48)	(2,095)	56	0	356
Total Nursing	65,390	3,151	68,541	61,295	(4,095)	(7,246)	57,317	83,022	77,093
Employed Allied Health	25,065	497	25,562	25,892	827	330	24,279	35,570	32,988
Outsourced Allied Health	576	0	576	195	(381)	(381)	544	260	682
Total Allied Health	25,641	497	26,138	26,087	446	(51)	24,823	35,830	33,670
Employed Disability Support Service	16,449	0	16,449	17,714	1,265	1,265	14,358	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	16,449	0	16,449	17,714	1,265	1,265	14,358	23,197	19,123
Employed Hotel & Support	6,655	43	6,698	6,389	(266)	(309)	6,178	8,598	8,340
Outsourced Hotel & Support	133	0	133	4	(129)	(129)	22	6	40
Total Hotel & Support	6,788	43	6,831	6,393	(395)	(438)	6,200	8,604	8,380
Employed Management & Admin	26,748	1,005	27,753	25,611	(1,137)	(2,142)	26,172	34,520	34,400
Outsourced Management & Admin	286	1,685	1,971	44	(242)	(1,927)	241	58	544
Total Management & Admin	27,034	2,690	29,724	25,655	(1,379)	(4,069)	26,413	34,578	34,944
Total Workforce costs	193,391	6,878	200,269	190,237	(3,154)	(10,032)	179,771	256,606	240,020
Total Employed Workforce Costs	187,040	3,027	190,067	188,629	1,589	(1,438)	174,467	254,461	232,335
Total Outsourced Workforce Costs	6,351	3,851	10,202	1,608	(4,743)	(8,594)	5,304	2,145	7,685

	YTD							Full Year	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Full-Time Equivalent Staff Numbers									
SMO	130.2	1.1	131.3	142.7	12.5	11.4	130.0	144.2	131.9
RMO	101.5	0.1	101.6	107.1	5.6	5.5	97.4	107.8	99.0
Nursing	783.9	14.8	798.7	805.0	21.1	6.3	771.1	810.1	787.6
Allied Health	380.3	5.8	386.1	399.9	19.6	13.8	372.1	403.3	381.2
Disability Support Service	284.7	0.0	284.7	324.0	39.3	39.3	275.5	325.7	281.4
Hotel & Support	131.7	0.7	132.4	137.8	6.1	5.4	132.6	137.7	134.4
Management & Admin	431.1	12.3	443.4	443.0	11.9	-0.4	416.7	444.5	423.4
Total FTEs	2,243.4	34.8	2,278.2	2,359.5	116.1	81.3	2,195.4	2,373.3	2,238.9

	YTD \$000s							Full Year \$000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Average Cost Per FTE									
SMO	346		347	351	5	5	347	363	346
RMO	155		155	160	4	4	153	160	152
Nursing	108		108	99	(9)	(9)	97	102	97
Allied Health	86		86	84	(2)	(2)	85	88	87
Disability Support Service	75		75	71	(4)	(4)	68	71	68
Hotel & Support	66		66	60	(5)	(5)	61	62	62
Management & Admin	81		81	75	(6)	(6)	82	78	81
	108		108	104	(4)	(5)	103	107	104

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 March 2022

	Budget	Actual	Actual
	Mar-22	Mar-22	Jun-21
	\$000	\$000	\$000
Assets			
Current assets			
Cash and cash equivalents	19,416	34,479	19,415
Other cash deposits	21,300	19,867	21,300
Receivables	23,247	26,493	23,248
Inventories	3,387	3,270	3,387
Prepayments	1,760	2,471	1,760
Non-current assets held for sale	2,105	465	2,105
Total current assets	71,215	87,045	71,215
Non-current assets			
Prepayments	695	549	695
Other financial assets	1,732	1,983	1,732
Property, plant and equipment	215,201	213,880	218,258
Intangible assets	9,761	10,451	11,069
Total non-current assets	227,389	226,863	231,753
Total assets	298,604	313,908	302,968
Liabilities			
Current liabilities			
Payables	58,652	67,621	56,440
Borrowings	737	754	737
Employee entitlements	103,462	112,235	105,407
Total current liabilities	162,851	180,610	162,584
Non-current liabilities			
Borrowings	7,820	7,395	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	17,075	16,651	17,075
Total Liabilities	179,926	197,261	179,659
Net assets	118,678	116,647	123,310
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(75,062)	(77,093)	(70,430)
Total equity	118,678	116,647	123,310

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

	Budget Mar-22 \$000	Actual Mar-22 \$000	Budget 2020/21 \$000
<i>Cash flows from operating activities</i>			
Receipts from the Ministry of Health and patients	478,902	502,360	641,197
Interest received	339	522	452
Payments to employees	(188,064)	(183,235)	(253,300)
Payments to suppliers	(280,429)	(300,431)	(371,035)
Capital charge	(3,657)	(3,021)	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	7,091	16,195	10,000
<i>Cash flows from investing activities</i>			
Receipts from sale of property, plant and equipment	-	3,994	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(6,381)	(5,042)	(8,508)
Purchase of intangible assets	(378)	(837)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(6,759)	(1,885)	(9,012)
<i>Cash flows from financing activities</i>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(332)	754	(441)
Net cash flow from financing activities	(332)	754	(988)
Net increase/(decrease) in cash and cash equivalents	-	15,064	-
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	34,479	19,416

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 20 April 2022
Subject: **FOR INFORMATION**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Submissions sent on behalf of NMDHB for the period March and April were:

- TDC – Motueka Town Catchment Management Plan
- TDC – Walking and Cycling Strategy 2022-2052
- Ministry for the Environment – Improving the protection of drinking water sources
- Ministry for Social Development – Social Cohesion Framework
- Governance and Administration Committee – Plain Language Bill
- Nelson Tasman Future Development Strategy 2022-2052
- Ministry of Housing and Urban Development – Regulation of Residential Property Managers.

Copies of the submissions are available from the Board Secretary.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
A&R	Audit & Risk Committee
ACC	Accident Compensation Corporation
ACMO	Associate Chief Medical Officer
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
ACP	Advanced Care Plan
ADR	Adverse Drug Reactions
ADM	Acute Demand Management
ADON	Associate Director of Nursing
AE	Alternative Education
AEP	Accredited Employer Programme
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
DBC	Detailed Business Case
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 Attract
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
HCA	Health Care Assistant
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HIU	Health Infrastructure Unit
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
laaS	Infrastructure as a Service
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IBC	Indicative Business Case
ICU	Intensive Care Unit
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services

IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
ILM	Investment Logic Mapping
IM	Information Management
IMCU	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