

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 26 APRIL 2022 AT 1.00PM

Present:

Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Allan Panting, Paul Matheson, Jill Kersey

In Attendance:

Lexie O'Shea (Chief Executive), Amy Adams (Health NZ Board member), Eric Sinclair (GM Finance Performance & Facilities), 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), Hilary Exton (Director Allied Health), Kirsty Martin (GM Data & Digital), Steve Low (for Chief Medical Officer), Natasha Hoskins (Communications Manager), Gaylene Corlett (Board Secretary)

Apologies:

Dawn McConnell, Olivia Hall, Brigid Forrest, Gerald Hope

Karakia:

Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Katie Townshend, reporter for Nelson Weekly attended.

Erin Bradnock, reporter for Nelson Mail attended.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Moved: Craig Dennis
Seconded: Allan Panting

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Craig Dennis
Seconded: Allan Panting

RECOMMENDATION:

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

AGREED**Matters Arising**

Nil.

3.1 Action Points

Item 1 – 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.

Item 2 – Number of current vacancies: Noted in CE Report. Completed.

3.2 Correspondence

Nil.

SECTION 4: CHAIR'S REPORT

The Chair welcomed everyone to the meeting and thanked the Executive Leadership Team, and their teams, for the work they are doing in providing healthcare to our community.

SECTION 5: CHIEF EXECUTIVE'S REPORT

The pressure on secondary care in the hospital setting was noted. Staff sickness and vacancies are having an impact.

Discussion held on the new four bed respite facility in Nelson, contracted through Pathways, to be used as an alternative to admission to Wahi Oranga. Only two beds will be utilised to start with, with a move to four beds in the near future.

SECTION 6: FINANCIAL REPORT

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 \$300k which is \$900k favourable to the planned result.

Noted discussions have been held with MOH around costs incurred by NMH for the hospital rebuild Detailed Business Case assessments. Agreement was reached to write off these costs this month. The Board endorsed the expensing of the initial planning costs for the Nelson Hospital redevelopment.

Moved: Allan Panting

Seconded: Craig Dennis

RECOMMENDATION:

THAT THE BOARD APPROVE THE EXPENSING OF THE INITIAL PLANNING COSTS FOR THE NELSON HOSPITAL REDEVELOPMENT.

AGREED

SECTION 7: FOR INFORMATION

Noted.

SECTION 8: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Jill Kersey
Seconded: Stephen Vallance

RECOMMENDATION:

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

- ***Minutes of a meeting of Board Members held on 22 March 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
- Decision – Protect Kids from Junk Food Campaign – APPROVED
- Decision – Care Foundation Agreement - APPROVED
- CE's Report – RECEIVED
- Infrastructure and Capital Update – RECEIVED
- Project Whakatapuranga Update – RECEIVED
- H&S Report – RECEIVED

Meeting closed at 1.22pm

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of
Nelson Marlborough Health to be
held on Tuesday 24 May 2022 at 10.00am

Seminar Room, Arthur Wicks Building,
Wairau Hospital, Blenheim

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>	10.00am		
1	Welcome, Karakia, Apologies, Registration of Interests	10.10am	Attached	Resolution
2	Confirmation of previous Meeting Minutes	10.20am	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	For Information: Submissions		Attached	Note
8	Glossary		Attached	Note
	<i>Resolution to Exclude Public</i>	11.00am	As below	Resolution

PUBLIC EXCLUDED MEETING

11.00am

Resolution to exclude public

RECOMMENDATION

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

- **Minutes of a meeting of Board Members held on 26 April 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)**

**ACTION POINTS - NMH – Board Open Meeting
held on 26 April 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	

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 18 May 2022
Subject: **Correspondence for April/May**

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: 18 May 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: 18 May 2022
Subject: Chief Executive's Report

Status

This report contains:

- For decision
- Update
- Regular report
- For information

1. INTRODUCTORY COMMENTS

Staff wellbeing is top of mind as we edge ever closer to winter. The two long weekends and school holidays during April enabled a significant number of staff to take a break. All of our people leaders are conscious of needing to support staff to take regular breaks. We have launched several wellbeing initiatives during April to further strengthen our focus on keeping staff well. These include introducing the Kind Conversations series as a way to show appreciation and address unhelpful behaviour that can occur in stressful environments, tools for managers to check in with staff regularly, and a range of resources on the Intranet for individuals to access around stress reduction.

COVID is now part of our business as usual 'latest' normal. We are past our COVID peak and bumping along with a lower number of new cases daily of between 250 and 300. The COVID inpatient numbers in our hospitals also appear to have settled at around 10 on any given day. However, maintaining care delivery remains challenging with increasing staff sickness and the additional time required to take the necessary precautions to minimise spread of all of the respiratory viruses. Our community continues to manage around 2,500 positive COVID cases.

Winter preparedness has a different flavour this year with planning occurring nationally, a higher level of coordination at a regional level, and locally we are tailoring the plans to suit our specific requirements. This is in line with expectations of our future within Health New Zealand (HNZ).

Preparation for the transfer of all staff into our new entity of HNZ is increasing in intensity with many information requests and opportunities presenting for executive leaders to be involved in shaping the next steps. NMH has fulfilled all requests including having the opportunity to provide information to the Māori Health Authority on the equity innovations implemented over the past few years within Te Waka Hauora.

2. MĀORI HEALTH

Whare Ora Healthy Homes is focused on reducing hospitalisations for those of our tamariki whom have respiratory problems, which are the result of living in cold, damp, unhealthy homes. Data shows the Ambulatory Sensitive Hospital Admissions (ASH) rates for Māori children are significantly related to respiratory problems, and asthma is the result of living in cold, damp unhealthy homes. The project has a very strong emphasis on cross sector co-operation between Health, Ministry of Social Welfare, Nelson City Council, Fire Department and Housing NZ as key partners. The project was put on hold during the COVID outbreak. The programme is now in the process of being reinstated with a new Project Manager being appointed to oversee the programme. Over 200 whānau members have benefited from the programme to date.

Currently many members of the NMH Executive Leadership Team are undertaking training in Te Reo Māori and improving their understanding of Te Ao Māori. The use of Mihimihi and

Karakia is being practiced across all significant DHB meetings, and all staff who are employed by the NMH are welcomed into the organisation through a Mihi whakatau process.

Te Waka Hauora, the Māori Health & Vulnerable Populations team at NMH, continues to strengthen the range of Mokopuna Ora initiatives that focusses on addressing Sudden Unexpected Death in Infancy (SUDI). Te Waka Hauora works with its partners (Motueka Birthing Centre, Te Piki Oranga) to distribute safe sleep devices. Te Waka Hauora has largely shifted its supply of safe sleep devices from Pēpi Pods to Moses baskets and Waha Kura. The programme continues to yield good results at mitigating Māori SUDI rates across the NMH district.

Te Waka Hauora and Mental Health are aligned in a partnership approach through Nikau Hauora Hub. The Nikau Hauora Hub (NHH) and its predecessors have been a part of the Nelson community for almost 30 years. The Hub is made up of a partnership of three teams – Mental Health & Addictions, Te Waka Hauora, and Compass. Compass are a NMH NGO provider who work alongside Te Waka Hauora to deliver services to the whānau at an operational level. The aim of the Hub is to support individuals to connect with services and agencies to cover their physical health and wellbeing needs by better access to eligible services, eg benefit entitlements, training and education, employment, and wider social supports. The focus of the Hub has moved to building whānau resilience and independence.

3. PRIMARY & COMMUNITY

The Public Health Service, after two years, has settled into a much-reduced role in recent weeks, with a shift away from “stamp it out” and intense contact tracing to investigating and supporting COVID exposure events at high-risk settings such as those for Aged Residential Care (ARC), Recognised Seasonal Employer (RSE) workers, residential housing, and places of worship. The large majority of exposure events relate to ARC facilities and the COVID team work closely with the Health of Older Persons Contract Manager to investigate and provide advice to facilities. There has been an average of over 80 ARC exposures per week in April, and this number is growing. The Public Health Service is expected to maintain their COVID response capacity, as well as preparing for the increased likelihood of measles and pertussis reaching our community. National preparation is underway to prepare systems and processes to ensure that the approach of working as one Public Health Service could support areas should the need arise with the other diseases. There are intricacies to be worked through, however with other diseases requiring more on the ground resource for the delivery of time critical prophylaxis and contact tracing, which is not so easily provided by those in other regions.

For those ARC facilities who have experienced an Omicron outbreak (some have had more than one), support from both Health of Older People (HOP) team and Public Health is in place. This includes initial meetings with Medical Officers of Health, ensuring adequate supply of Personal Protective Equipment (PPE) and Rapid Antigen Tests (RATs), and Infection Prevention Control guidance as required.

ARC facilities have done exceptionally well to manage each outbreak to ensure infection prevention control measures are in place, timely communication with DHB, GPs and families as well as supporting care needs of residents. Weekly meetings have continued with ARC facility Managers and presentations from several NMH colleagues. This has proven to be highly effective ensuring that ARC Managers have a platform to support each other, share lessons learnt and experiences as well as ensuring that all are kept up to date with the evolving guidance. Ensuring up to date Advance Care Planning documentation in the context of COVID remains a focus, not only to support patient wishes but also to reduce demand on acute beds.

The reallocation of staffing for Home and Community Support Services (HCSS) to those with the highest and most complex needs continues, with home management services remaining on hold, and some personal cares being reduced. It has been three months since the first set of client's services were put on hold, and reviews are now being undertaken. The clinical matrix remains in use by both Needs Assessment and Service Coordination service (NASC) and contracted HCSS providers. Both contracted providers continue to report recruitment/retention issues continue with the number of staff leaving outstripping the number of new recruits. Contracted community services continue to deliver services with little to no disruptions. Whilst a small number of clients have wished to remain home, many are still wanting to attend programmes. Meal deliveries and activities packages have been provided for those clients who wish not to attend in person.

Winter planning is well underway for Health of Older People to prepare for the ongoing COVID response as well as other winter illnesses.

COVID vaccination demand has decreased, however general practice and pharmacies have been busy with flu vaccinations.

All services, both hospital and community, have been affected by staff with COVID, however they have implemented plans and continue to manage. One community pharmacy continues to be at risk of closing due to a lack of a pharmacist despite recruitment efforts. Some others are short-staffed, and another has had unexpected short-term closures for COVID-related reasons. There continues to be no community pharmacy open on a Sunday in Nelson, however Richmond options are still available at present.

COVID Care in the Community has kept pharmacies busy, and for 12 of NMH's 32 community pharmacies, the new oral medications for COVID have been a new challenge, however those pharmacies involved have managed this well. Several more pharmacies that work with ARC facilities are coming onboard with this too as COVID cases in this population group increase.

Staff shortages are impacting many services. Ongoing Registered Nurse and Health Care Assistant shortages across the age care sector continue to be experienced. Murchison has little leeway for staff absence, mainly in Nursing. The Community Oral Health Service will have 50% of Therapist roles unfilled by the end of April.

The opportunity to encourage leave and re-engagement into business-as-usual work not able to be delivered in the past two years, has been enthusiastically embraced. There is, however, a sense of concern that this work will once again stop, and staff will need to be brought into a focused COVID response again. Care is required to maintain a balance supporting staff wellbeing with the response required to support communities.

No further information around the Health System Indicator (HSI) plan (or System Level Measures Plan) has been received. Canterbury DHB have been approached by HNZ to advise which performance measures should form part of any future regional performance measurement framework. They have acknowledged that the mahi undertaken to determine the HSI should inform identification, but it is unclear if it will.

Collaborative work with Public Health and PHOs is underway to drive the development of a health needs analysis/community profile for Nelson Marlborough. This will build on the health needs assessment in the Nelson Hospital rebuild work and broaden the data capture and insights across community and consumer domains.

A Youth Primary Mental Health Co-design Initiative has been underway in recent months noting access to primary and community care for rangatahi has been less of a priority

investment for the Te Tau Ihu (Top of the South) than other populations requiring mental health and addiction services. This has created a fragmentation in the delivery of mental wellbeing services to youth across the district, and an increased demand for child and adolescent services from iCAMHS, which is now seen as the provider for all youth for mild, moderate, and severe mental health services. These investment decisions have also resulted in the lack of sufficient youth infrastructure to put the new Youth Primary Mental Health & Addiction services (YPMHA) model into. The MOH's service specification handbook requires that a lead organisation, partners, and providers be known prior to co-design completion. The MOH also requires a single organisation for contract purposes.

In early May, St Marks will open a new accommodation block comprising of 10 single-rooms with ensuites, a clinic room and supervisor accommodation. This is a much-needed replacement and further strengthens St Mark's ability to support tangata of the South Island as well as helping whānau and the community to work with, and deal with, harm caused by alcohol, synthetic cannabinoid, and methamphetamine.

Health Promotion have enjoyed having more time to focus on Health Promotion mahi and relationships this month. Re-igniting partnerships and areas of work that have been overshadowed by the COVID response has been energising and some good traction is starting to be made across several areas including Healthy Active Learning, food resilience, alcohol licencing and hauora rangatahi to name of few.

The Health Promoter is working with officers from Sport Tasman and the Nelson City Council to develop a Bikes in School revitalisation strategy. The aim is to develop a pilot programme with four schools including Nelson Intermediate, Broadgreen Intermediate, Tahunanui Primary School and Auckland Point School to assess bike and track assets and improve curriculum integration. Health Promoter has secured funding for track and bike rehabilitation if needed and is supporting the Nelson City Council with the new Bike Hub which will provide mobile maintenance services to schools. The goal with the pilot is to create a template that can be replicated across other Bikes in Schools projects in Te Tau Ihu.

There are five new Off Licenses (3 in Nelson and 2 in Tasman) and one On renewal in Marlborough requiring significant work from Public Health Alcohol Licencing team. The challenge is to inform the community about their chance to object within the 15 working days deadline and to assist them with that process. Health Action Trust and Community Law are providing support for community objections. For the reporting agencies, Police and Health especially, significant time is required to prepare reports, and this is a challenge in the current environment. Due to COVID work, the Alcohol Licencing team have had to shift focus, so re-engaging in the case law and processes is taking longer than usual.

Oral Health arrears are currently at 34%. Saturday clinics have re-started and referrals to private Dentists in Blenheim are underway. Referrals to Dentists in Nelson are starting in the next two weeks.

A review of the Primary Response in a Medical Emergency (PRIME) Service is being undertaken with stakeholders by St John in Motueka.

The Public Health Nursing, Smokefree and Programme Support teams are largely undertaking business as usual work now.

The school-based vaccination programme for Boostrix and HPV is largely complete with catch ups continuing for students who were absent.

Focus for Public Health Nurse Team continues catching up with Before School Checks (B4SC).

District Nursing services continue to manage during COVID. Blenheim is under the most pressure at present and has been in red twice over the past month.

4. MENTAL HEALTH & ADDICTIONS

The COVID situation continues to challenge services, particularly Wāhi Oranga. This continues to be compounded by nursing vacancies on the ward. Having all the Co-ordinator roles filled has strengthened the leadership within the service. Vacancies within the Older Persons Mental Health Services remain high, however recent appointment of two new Allied Health staff (Occupational Therapist) will ease this vacancy burden.

The Mental Health & Addictions (MH&A) Clinical Governance Group has been established with the first meeting convened and the Terms of Reference agreed. This group will work in tandem with the district wide Clinical Governance Group.

The Mental Health Systems and Services Framework 2022-2032 has been presented to the sector and is open for consultation. It is being reviewed by the MH&A Clinical Governance Group and the sector more broadly.

The first cross sector hui involving Primary Care, PHO's, Pathways, St Mark's, Nikau, The White House, Care Marlborough, Te Piki Oranga has taken place with a specific focus on co-design models of care across Mental Health & Addictions Services.

The weekend huddle (engaging both Crisis Teams with the two in-patient units) continues and is well regarded by all those attending. Mental Health senior management has withdrawn from this huddle but is prepared to re-engage when service demand dictates.

Peer Support Work has been increased in Nikau Hub and at Wāhi Oranga. This forms the final phase of changes and further advances the principles of a wellness centre.

Graphs noted below:

Figure 1: Older Person's Mental Health
Older Person's Mental Health (OPMH)

	Referrals - 2022 04			Community Contacts - 2022 03			Midnight Beds - 2022 04		
	Caseload 04/05/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	7	1	4				8.2	10	82%
Liaison Nelson	12	11	8	26	100%	7			
Liaison Wairau	7	1		5	100%				
Nelson	66	18	15	226	73%	31			
Wairau	25	5	3	90	100%	9			
Total	117	36	30	347	87%	23			

Referrals Received and Discharged

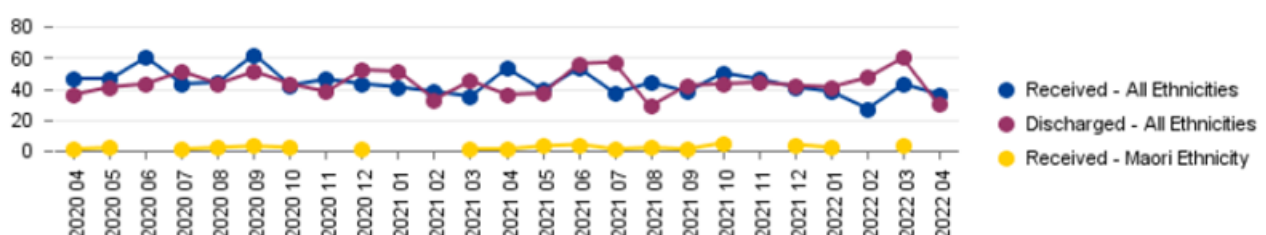


Figure 2: Wāhi Oranga Inpatient Unit
Wahi Oranga Inpatient Unit

	Referrals - 2022 04			Midnight Occupied Beds - 2022 04			2022 04	2022 03
	Caseload 04/05/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	17	20	32	20.6	30	69%	32	93%

Referrals Received and Discharged

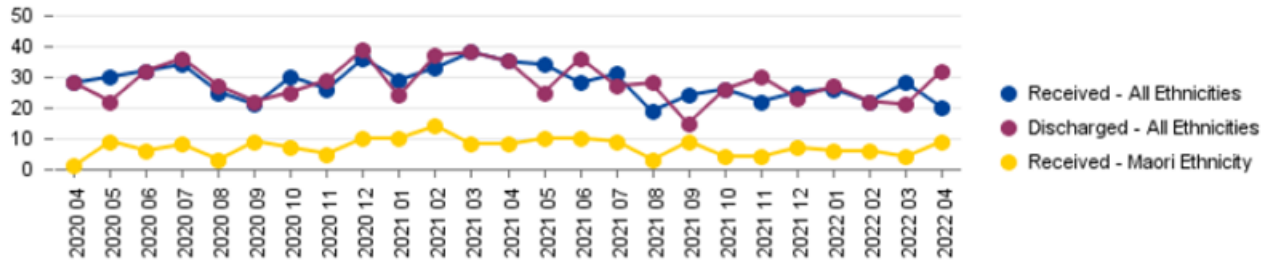
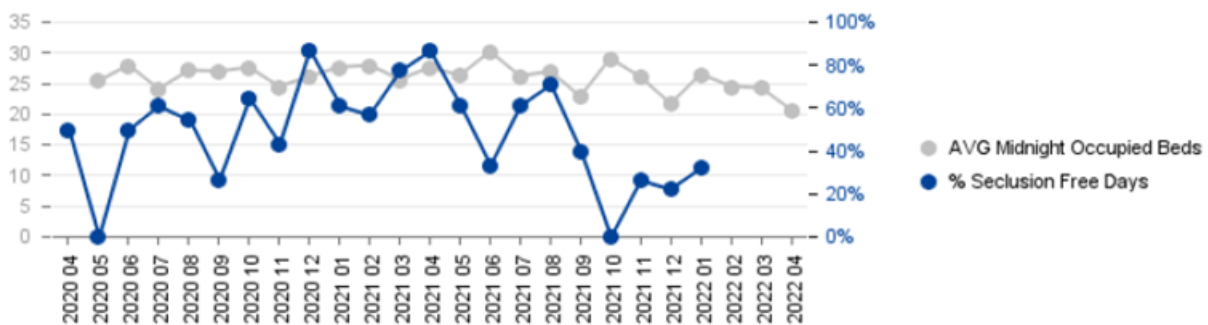


Figure 3: Seclusion

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						6,389	224	86	29
Maori Ethnicity						1,264	58	29	22
Female						963	59	23	16
Male						5,426	165	63	33

% Seclusion Free Days



Seclusion Hours

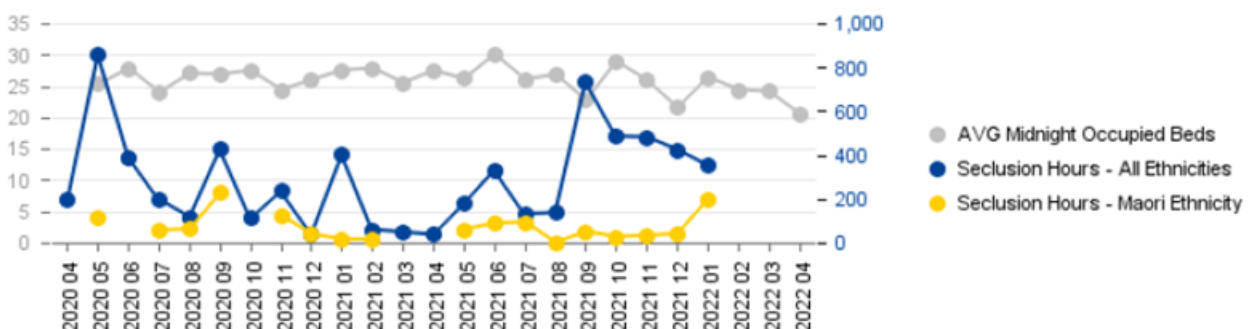
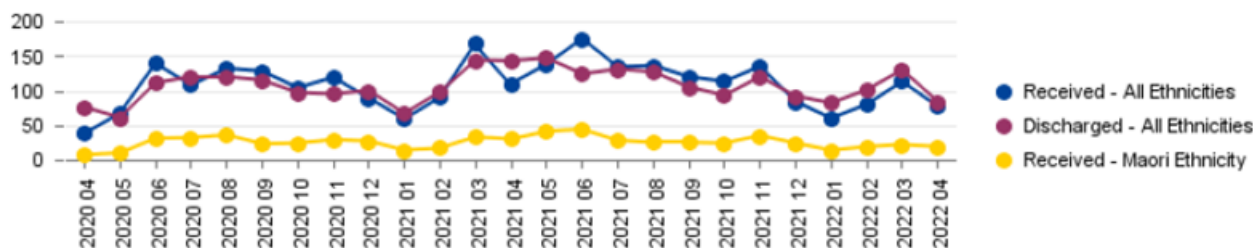


Figure 4: ICAMHS

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2022 04			Community Contacts - 2022 03			DNA % - 2022 03	
	Caseload 04/05/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	1			17	100%	0	11.8%	0.0%
ICAMHS Nelson	402	53	60	811	100%	155	6.5%	9.2%
ICAMHS Wairau	171	24	24	353	100%	58	6.8%	3.8%
Infant and Maternal Nelson	2				0%			
Total	576	77	84	1,181	100%	106	6.7%	7.4%

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

Brackenridge will visit NMH on in May with a focus of considering opportunities to work together. We need to be aware of the system and Ministry of Disabled People changes and ensure our service users continue to receive a high level of care.

The child respite house in Blenheim remains on track for completion in September.

5. CLINICAL SERVICES

The amazing teamwork and cross departmental and facility support continues in the true spirit of our values, daily operational meetings adjust staffing, patient locations and planned care delivery to maximise all.

Occupancy at Wairau Hospital averaged 76% and Nelson at 87%, noting reduced beds for COVID management at Nelson, COVID precautions, screening and testing requirements remain in place despite National Level change to Orange.

Hospitals remain challenged by significant lack of staffing resource (vacancies and sickness) especially in nursing.

Nelson continues with bed availability challenges, although some respite was achieved by being able to safely divide the AT&R unit to house both COVID positive and non-positive patients.

Planned care needed significant reduction towards the end of April to accommodate acute and urgent patients within the resources available. Initially reduced to 50% of that planned and for a short period to priority cases only.

ANZAC Day saw the rare initiation of the “Ambulance Ramping Plan” to support the pressure on beds. This was extremely well supported by our Emergency Services colleagues, particularly St John Ambulance.

5.1 Health Targets – Planned Care

Year to date, at the end of April 2022, we planned 5,056 surgical discharges of which we have delivered 4,185 (83%). This is under plan by 871 discharges.

We have delivered 6,005 minor procedures year to date as at the end of April 2022, which is 2,151 procedures higher than our target of 3,854 for this period.

Year to date at the end of April 2022, internal delivery indicates 19,560 actual total caseweights (CWDs) against a Plan of 20,194 (97%).

Year to date, at the end of April 2022, elective CWD delivery was 4,233 against a Plan of 6,469 (65%). Year to date at the end of April, acute CWD delivery was 15,226 against a Plan of 15,225 (100%).

Year to date, as at the end of April 2022, orthopaedic intervention delivery is 296 joints against a Plan of 440, which is 144 under plan. There are currently 323 joints waitlisted for surgery.

Year to date, as at the end of April 2022, delivery of cataracts is 410 cataracts against a Plan of 477, which is 67 below plan. There are currently 241 cataracts waitlisted for surgery.

Planned care is continuously being impacted by the COVID-19 response, the number of acutes and staffing availability. We are continuing to treat approximately 50% of our normal planned care throughputs. Throughout April we have continued to reduce the overdue waiting lists in ENT and Orthopaedics through outsourcing patients to private facilities.

MOH initially allocated \$50m to support COVID-19 recovery in the 2021-22 financial year, with a further \$20m compliance bonus for achieving trajectories. Given no DHBs were on track to achieve this, the funding has been reallocated to support delivery in 2021-22. NMH's share of the above funding is \$1,214,500.00.

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	Percentage	Over 6 hours, incl incalculable	Total
April	3,437	88%	505	3,913

Hospital Occupancy

Hospital Occupancy April 2022	Adult Inpatient
Nelson	87%
Wairau	76%

5.3 Faster Cancer Treatment

In March, 93.14% of patients met the target for patients with a high suspicion of cancer to have treatment initiated in 62 days (target is 90%). For the 31-day treatment from decision to treat, 86.7% of patients met the target (target is 85%).

5.4 Follow Ups

Overdue outpatient follow ups remain high with the acuity tool now being used in all services. The team continues to use non-contact appointments as much as possible to support the delivery of both follow ups and first attendances.

5.5 Enhanced Access to Diagnostics

CT, for April, shows 1,047 Nelson and 420 Wairau (67.3%) referrals were scanned within 42 days (MOH target is 95%).

MRI, for April, shows 259 for Nelson and 82 for Wairau (86.11%) referrals were scanned within 42 days of referral acceptance (target is 90%).

6. NURSING & MIDWIFERY

DONM Health Controller continues to link with South Island Regional Resilience Working Group moving from COVID response to winter planning response.

The Whānau as Partners in Care Policy was approved by Clinical Governance and discussions are underway to look at implementation. Equity principles across all aspects of policy and procedure, and across systems will be completed.

The workforce pipeline continues to capture Return to Work nurses in the community who need support back into the profession. We are currently working with two people to get through Competency Assessment Program (CAP). Health Care Assistance (HCA) apprenticeship model support in partnership with HR continues to be progressed and a review of Careerforce obligations and support for Level 3 and 4 qualifications is underway.

Further development of existing HCA workforce with Super Skills training is set for early May. HCAs are now in demand in the Emergency Departments, and we are looking to place HCAs into ICCU, and the Variance Response Management (VRM) response team.

The NMIT Advisory meeting was attended with positive engagement and ongoing support of this vital pipeline which is needed to ensure success for the students. Good presence from community nursing leaders including Te Piki Oranga, NBPH, Plunket, Hospice, and NZNO. Current enrolments for Year 1 are 42 students, for Year 2 there are 70 students, and for Year 3 there are 51 students.

Advertising is underway for Registered Nurse (RN) support, and SMO support will be part of the Clinical Governance team for the Shared Goals of Care work.

7. PEOPLE & CAPABILITY

The month of April has been chaotic in terms of staff on leave or required to isolate for COVID, as it has been for most areas of the DHB. Despite this, there has been a good level of delivery of services across the spectrum of P&C.

Of note, the Learning & Other Development (L&OD) team have some fabulous momentum going with the Mana Puāwai framework moving into delivery of the Kind Conversations series, launch of the staff survey, and continuation of the leadership development series.

The Holidays Act project is being re-established now that national decisions have been made. We will be required to recruit resources and will be investigating the option of contracting services from other DHBs for remediation.

Work is underway to review the way HR and Payroll teams work, seeking a more efficient approach to managing the employee lifecycle.

Two of our staff are engaged in work related to HNZ/MHA establishment.

The focus of workforce development over the last month has been RMO/Registrar Strategy work and continued apprenticeship recruitment, plus continued work in the following areas:

- *Rural Health Medical Specialist Programme* – Interviews with RMOs and SMOs who are leaving. Paper completed with recommendations for a tier of Registrars at Wairau Hospital and possible way of implementing.
- *HCA Apprenticeship Scheme* – Interviewing, vetting and placements continue apace with 20+ having now been appointed since January, and the scheme continues with a new maternity role and replacement roles.
- *Winter Surge Workforce Planning* – Meeting and paper completed.
- *Workforce Planning Report Update* – Started to review and refresh data.
- *Return to Nursing* – Ongoing. Interviewing continuing and placements being made to HCA/Casual roles prior to people undertaking CAP courses
- *Return to Midwifery* – No further applications after the initial one.
- *Overseas Registered Nurses Without NZ Registration* – Ongoing.
- *Student Workers* – Five placements made from NMIT.
- *South Island Workforce Planning and Development* – Attendance at meetings to keep updated across the South Island and sharing ideas. Hands up database ongoing.
- *Health Order Implementation* – Weekly booster reports continue. These are now reducing to once a fortnight for May.
- *Digital Skills* – Allied Health pilot next steps have been agreed. Identifying training company or external consultant to support the upskilling of 20 people who will form the pilot.
- *Recruitment* – Interviewing underway for the Kaiawhina role.
- *Marlborough Regional Skills Leadership Group* – Final report completed and being reviewed.
- *Marlborough District Council Smart and Connected* – Career pathways now started, with Health being the first.

The number of training sessions and learners is considerably down this month across the DHB, with nearly all courses cancelled or postponed during and after the Omicron peak. A decision was made to continue to encourage attendance at Mana Puāwai courses to promote wellbeing and support leaders during this time. This decision has proved to be the right one with attendance in these sessions remaining high, despite the significant pressures on staff and the system. Leaders report that they see attending training as important and part of their own wellbeing.

8. COMPLIMENTS

To better show the themes for compliments, a summarised word map was produced:

Compliments



9. DIGITAL AND DATA

The speech recognition pilot has had positive feedback from the pilot users, and a business case to extend this is in progress.

Wairau Hospital Allied Health has moved all lower limb post-op physical therapy classes to Zoom. They are currently the department referring patients to our Digital Literacy Services most often, with positive feedback from both clinicians and patients.

Achievements this month include:

- The Telehealth Team continued involvement with SeniorNet – A virtual session for all SeniorNet chapters in the area (Golden Bay, Linkwater, Motueka, and Nelson) was held to provide information on NMH Telehealth Services. These sessions have reached 50+ members to date.
- HiNZ interviewed a NMH Speech Language Therapist and Improvement Data Analyst for the ‘Telehealth Tales’ article, offering a look at clinician and patient experience. The article features in the May 2022 issue of CONNECT magazine (<https://ebooks.hinz.nz/view/230694279/>)

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: 18 May 2022
Subject: Financial Report for April 2022

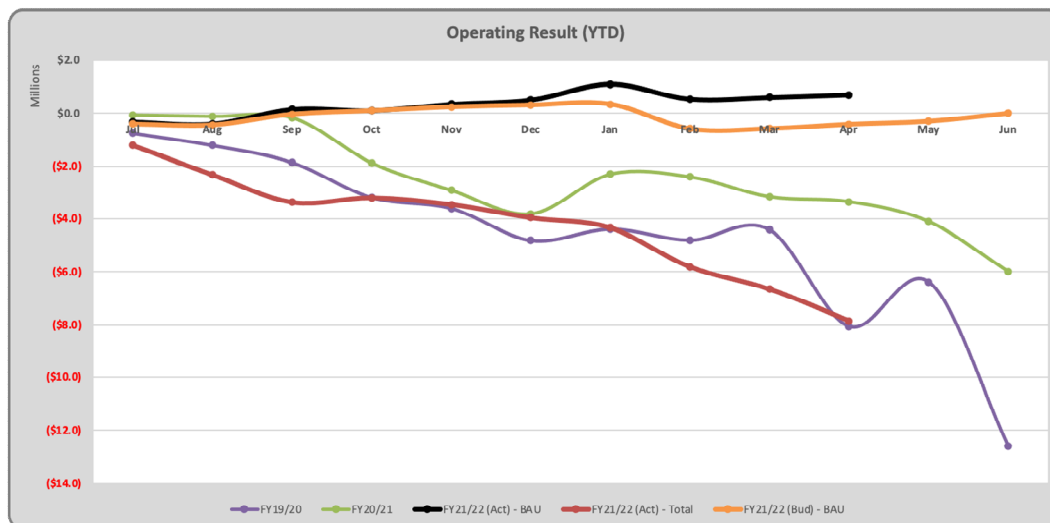
Status

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 \$90k which was \$73k adverse to the plan. This brings the result for the ten months to a surplus of \$0.4m which is \$0.8m favourable to the planned result.

When Holidays Act and the COVID related costs are included the result for the ten months is a deficit of \$7.8m which is \$2.8m adverse to the approved plan.



Commentary

On a request from the MOH, an adjustment has been recognised within the April financial results relating to planned care revenue. The MOH requested that planned care revenue, relating to the additional delivery over the base, be recognised on an actual delivery basis. For NMH there is an annual budget of approximately \$14m for this planned care delivery and, based on the actual delivery, details of which were included in the CEO's report, an adjustment of \$4.2m has been recognised as a year-to-date adjustment in the April result. This can be seen in the monthly operating statement in the MOH devolved funding line.

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 several vacancies across the organisation, however a shortage of some specialised roles and the impact of COVID with areas like travel restrictions, domestically and internationally, meaning 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 with the spend in the previous financial year however the costs in the eight months are approx. 11% higher than for the equivalent period last year.
- Planned care volumes and the associated costs will be challenging throughout 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 in the year 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.
- Several 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 is one contract that requires approval from the Board relating to grounds management. The grounds management contract has been through an RFP process and the provisional terms agreed with the preferred supplier provide for a contract with an initial 3-year term with 2 rights of renewal for a further 3 years each.

Capital Expenditure

The following table provides a snapshot, at the time of writing this report, 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	\$9,399	\$558
Asset Management	\$5,000	\$7,161	(\$2,161)
Niggles	\$200	\$99	\$101
Contingency	\$1,000	\$409	\$591
Total	\$16,157	\$17,068	(\$911)

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:

- 1 RECEIVES THE FINANCIAL REPORT**
- 2 APPROVES THE GM FINANCE, PERFORMANCE & FACILITIES SIGNING THE GROUNDS MAINTENANCE CONTRACT.**

Operating Statement

	Month \$000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	43,691	3,679	47,370	47,577	(3,886)	(207)	45,627
MOH non-devolved funding	2,242	130	2,372	2,216	26	156	2,958
ACC revenue	435	0	435	572	(137)	(137)	531
Other government & DHBs	1,147	0	1,147	1,123	24	24	1,029
Other income	2,087	65	2,152	928	1,159	1,224	864
Total Revenue	49,602	3,874	53,476	52,416	(2,814)	1,060	51,009
Expenses							
Employed workforce	19,155	609	19,764	20,456	1,301	692	18,278
Outsourced workforce	741	342	1,083	179	(562)	(904)	752
Total Workforce	19,896	951	20,847	20,635	739	(212)	19,030
Outsourced services	1,797	8	1,805	1,872	75	67	2,211
Clinical supplies	2,252	222	2,474	2,448	196	(26)	2,606
Pharmaceuticals	4,832	0	4,832	4,335	(497)	(497)	4,410
Air Ambulance	246	0	246	335	89	89	361
Non-clinical supplies	1,321	392	1,713	2,947	1,626	1,234	3,092
External provider payments	12,478	3,113	15,591	12,939	461	(2,652)	12,688
Inter District Flows	4,973	0	4,973	4,958	(15)	(15)	4,412
Total Expenses before IDCC	47,795	4,686	52,481	50,469	2,674	(2,012)	48,810
Surplus/(Deficit) before IDCC	1,807	(812)	995	1,947	(140)	(952)	2,199
Interest expenses	29	0	29	37	8	8	31
Depreciation	1,201	0	1,201	1,217	16	16	1,145
Capital charge	487	0	487	530	43	43	296
Total IDCC	1,717	0	1,717	1,784	67	67	1,472
Operating Surplus/(Deficit)	90	(812)	(722)	163	(73)	(885)	727
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(458)
Net Surplus/(Deficit)	(368)	(812)	(1,180)	(295)	(73)	(885)	269

	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	478,272	18,834	497,106	479,931	(1,659)	17,175	456,780	580,175	550,486
MOH non-devolved funding	22,947	1,486	24,433	23,431	(484)	1,002	22,448	28,342	27,379
ACC revenue	7,015	0	7,015	6,010	1,005	1,005	6,463	7,287	7,877
Other government & DHBs	11,746	0	11,746	11,404	342	342	10,090	13,710	12,254
Other income	19,116	69	19,185	9,797	9,319	9,388	10,897	11,746	12,784
Total Revenue	539,096	20,389	559,485	530,573	8,523	28,912	506,678	641,260	610,780
Expenses									
Employed workforce	206,194	3,636	209,830	209,084	2,890	(746)	188,621	254,460	232,335
Outsourced workforce	7,093	4,193	11,286	1,786	(5,307)	(9,500)	6,056	2,145	7,685
Total Workforce	213,287	7,829	221,116	210,870	(2,417)	(10,246)	194,677	256,605	240,020
Outsourced services	19,336	614	19,950	18,793	(543)	(1,157)	18,810	22,560	23,883
Clinical supplies	25,866	1,145	27,011	26,146	280	(865)	25,883	31,524	31,978
Pharmaceuticals	46,742	0	46,742	44,221	(2,521)	(2,521)	44,243	53,183	51,915
Air Ambulance	3,914	0	3,914	3,605	(309)	(309)	3,764	4,359	4,613
Non-clinical supplies	33,177	2,085	35,262	30,349	(2,828)	(4,913)	30,558	36,542	36,400
External provider payments	129,380	12,398	141,778	129,426	46	(12,352)	124,217	155,386	150,672
Inter District Flows	49,619	0	49,619	49,578	(41)	(41)	43,340	59,494	52,827
Total Expenses before IDCC	521,321	24,071	545,392	512,988	(8,333)	(32,404)	485,492	619,653	592,308
Surplus/(Deficit) before IDCC	17,775	(3,682)	14,093	17,585	190	(3,492)	21,186	21,607	18,472
Interest expenses	301	0	301	369	68	68	321	443	383
Depreciation	12,084	0	12,084	12,332	248	248	11,408	14,806	13,745
Capital charge	4,967	0	4,967	5,300	333	333	3,642	6,360	4,826
Total IDCC	17,352	0	17,352	18,001	649	649	15,371	21,609	18,954
Operating Surplus/(Deficit)	423	(3,682)	(3,259)	(416)	839	(2,843)	5,815	(2)	(482)
Holidays Act compliance	(4,583)	0	(4,583)	(4,583)	0	0	(4,583)	(5,500)	(5,500)
Net Surplus/(Deficit)	(4,160)	(3,682)	(7,842)	(4,999)	839	(2,843)	1,232	(5,502)	(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	38,530	439	38,969	42,732	4,202	3,763	38,243	52,288	45,692
Outsourced SMO	5,489	182	5,671	1,187	(4,302)	(4,484)	4,769	1,424	5,640
Total SMO	44,019	621	44,640	43,919	(100)	(721)	43,012	53,712	51,332
Employed RMO	13,371	47	13,418	14,522	1,151	1,104	12,677	17,244	15,055
Outsourced RMO	447	0	447	330	(117)	(117)	285	397	423
Total RMO	13,818	47	13,865	14,852	1,034	987	12,962	17,641	15,478
Employed Nursing	71,832	1,350	73,182	68,061	(3,771)	(5,121)	63,735	83,022	76,737
Outsourced Nursing	65	2,170	2,235	0	(65)	(2,235)	111	0	356
Total Nursing	71,897	3,520	75,417	68,061	(3,836)	(7,356)	63,846	83,022	77,093
Employed Allied Health	27,510	623	28,133	28,762	1,252	629	26,895	35,586	32,988
Outsourced Allied Health	608	0	608	216	(392)	(392)	566	260	682
Total Allied Health	28,118	623	28,741	28,978	860	237	27,461	35,846	33,670
Employed Disability Support Service	18,111	0	18,111	19,549	1,438	1,438	16,024	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	18,111	0	18,111	19,549	1,438	1,438	16,024	23,197	19,123
Employed Hotel & Support	7,362	49	7,411	7,081	(281)	(330)	6,880	8,603	8,340
Outsourced Hotel & Support	156	0	156	5	(151)	(151)	25	6	40
Total Hotel & Support	7,518	49	7,567	7,086	(432)	(481)	6,905	8,609	8,380
Employed Management & Admin	29,478	1,128	30,606	28,377	(1,101)	(2,229)	28,750	34,520	34,400
Outsourced Management & Admin	328	1,841	2,169	48	(280)	(2,121)	300	58	544
Total Management & Admin	29,806	2,969	32,775	28,425	(1,381)	(4,350)	29,050	34,578	34,944
Total Workforce costs	213,287	7,829	221,116	210,870	(2,417)	(10,246)	199,260	256,605	240,020
Total Employed Workforce Costs	206,194	3,636	209,830	209,084	2,890	(746)	193,204	254,460	232,335
Total Outsourced Workforce Costs	7,093	4,193	11,286	1,786	(5,307)	(9,500)	6,056	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	130.9	1.4	132.3	143.4	12.5	11.1	131.3	143.7	131.9
RMO	101.9	0.3	102.2	107.5	5.6	5.3	98.7	107.8	99.0
Nursing	784.7	17.0	801.7	808.5	23.8	6.8	780.2	809.7	787.6
Allied Health	379.9	6.8	386.7	402.1	22.2	15.4	375.3	403.4	381.2
Disability Support Service	283.9	0.0	283.9	325.2	41.3	41.3	279.2	325.7	281.4
Hotel & Support	131.9	0.8	132.7	138.4	6.5	5.7	133.2	138.5	134.4
Management & Admin	431.0	12.9	443.9	444.0	13.0	0.1	419.3	444.9	423.4
Total FTEs	2,244.2	39.2	2,283.4	2,369.1	124.9	85.7	2,217.2	2,373.7	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	348		348	352	4	4	344	364	346
RMO	155		155	160	5	4	152	160	152
Nursing	108		108	99	(9)	(8)	97	103	97
Allied Health	86		86	85	(1)	(1)	85	88	87
Disability Support Service	75		75	71	(4)	(4)	68	71	68
Hotel & Support	66		66	60	(5)	(6)	61	62	62
Management & Admin	81		81	76	(5)	(6)	81	78	81
	109		109	104	(4)	(4)	103	107	104

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 30 April 2022

	Budget Apr-22 \$000	Actual Apr-22 \$000	Actual Jun-21 \$000
Assets			
Current assets			
Cash and cash equivalents	19,416	32,810	19,415
Other cash deposits	21,300	19,867	21,300
Receivables	23,247	25,284	23,248
Inventories	3,387	3,199	3,387
Prepayments	1,760	(955)	1,760
Non-current assets held for sale	2,105	465	2,105
Total current assets	71,215	80,671	71,215
Non-current assets			
Prepayments	695	546	695
Other financial assets	1,732	1,985	1,732
Property, plant and equipment	214,878	213,795	218,258
Intangible assets	9,619	10,296	11,069
Total non-current assets	226,924	226,622	231,753
Total assets	298,139	307,293	302,968
Liabilities			
Current liabilities			
Payables	58,504	64,789	56,440
Borrowings	737	756	737
Employee entitlements	103,462	109,680	105,407
Total current liabilities	162,703	175,225	162,584
Non-current liabilities			
Borrowings	7,820	7,347	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	17,075	16,603	17,075
Total Liabilities	179,778	191,828	179,659
Net assets	118,361	115,465	123,310
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(75,379)	(78,275)	(70,430)
Total equity	118,361	115,465	123,310

CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE PERIOD ENDED 30 April 2022

	Budget	Actual	Budget
	Apr-22	Apr-22	2020/21
	\$000	\$000	\$000
<i>Cash flows from operating activities</i>			
Receipts from the Ministry of Health and patients	531,109	557,882	641,197
Interest received	374	610	452
Payments to employees	(208,306)	(205,554)	(253,300)
Payments to suppliers	(311,644)	(334,373)	(371,035)
Capital charge	(3,657)	(3,021)	(7,314)
Interest paid	-	-	-
GST (net)	-	-	-
Net cash flow from operating activities	7,876	15,544	10,000
<i>Cash flows from investing activities</i>			
Receipts from sale of property, plant and equipment	-	4,012	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(7,090)	(5,913)	(8,508)
Purchase of intangible assets	(420)	(927)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	(7,510)	(2,828)	(9,012)
<i>Cash flows from financing activities</i>			
Repayment of capital	-	-	(547)
Repayment of borrowings	(366)	679	(441)
Net cash flow from financing activities	(366)	679	(988)
Net increase/(decrease) in cash and cash equivalents	-	13,395	-
Cash and cash equivalents at the beginning of the year	19,416	19,415	19,416
Cash and cash equivalents at the end of the year	19,416	32,810	19,416

MEMO

To: Board Members
From: Elizabeth Wood, Chair Clinical Governance Committee
Date: 18 May 2022
Subject: **Clinical Governance Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Purpose

To provide a brief summary and key messages from the NMH Clinical Governance Committee (CGC) meeting held on 6 May 2022.

DHB CGC endorsed:

- ***Increasing awareness of and input from our Consumer Council*** – Changes in relation to our impending move to HealthNZ have signaled an increased expectation of significant inclusion of consumers into the design of health care services in New Zealand.

The message is for all of us to consider how we will meaningfully include consumer input into the way that we set up and run our services. This is our opportunity to design services to ensure the well-being of both patients and staff.

DHB CGC noted:

- ***The challenges for both hospitals in relation to the availability of in-patient beds to enable the Emergency Departments to function*** – Multiple opportunities exist across the whole multi-disciplinary team to make small changes with the potential to streamline the journey of patients through our hospitals. The likely impending impact of winter ills makes work on this even more critical at this time.

Our region already has the lowest number of (standardised) bed days per 1000 population in NZ, so easy changes are unlikely, however all heads together are needed to improve on this.

- ***Uncertainty over structures during transition to Health NZ*** – Until decisions are made around structures within HealthNZ, the Clinical Governance Committee will continue to meet and provide oversight of issues relating to clinical quality and safety within the hospitals of Nelson and Marlborough.
- ***QI Residency Presentation*** – First, do no harm – Reducing Medication Errors – Another great piece of quality work from Wairau – thank you Wairau staff for your support and encouragement of these projects. Excellent input from patients was obtained with these memorable quotes and answers to questions posed of current in-patients.

- **How do you feel about transitioning from taking your regular medications to being given them in hospital?**
I trust that the doctor knows what they're doing. They might give me a blue tablet when my normal one is purple, but I understand it's the same drug so I'm not worried.
- **Do you feel confident about the purpose of each of your tablets?**
I understand the broad strokes but couldn't tell you what each tablet does individually.
- **If you become unwell at home, for example with vomiting or diarrhoea, what do you do about your tablets?**
I take them all at the same time I normally would. Sometimes I feel a bit dehydrated and drink extra to make up for it.
- **How would you feel if your doctor prescribed you your normal medication in error?**
They would know about it!

Some great resources were developed and a great outcome was obtained with a reduction in the rate of errors on written prescriptions.

Nelson Marlborough Health Clinical Guideline [Click + Click link to email feedback: \[email address\]](#)

Medications in Acute Kidney Injury (AKI)


Scope
This guideline is designed to support junior doctors in managing the medications of patients with AKI. It is not intended as a comprehensive list of all drugs. If you are unsure about prescribing a specific drug in AKI, further information can be found in the [New Zealand Formulary](#). Our clinical pharmacy team are also a great source of advice and should be involved in all patients with AKI.

Overview
Drugs are an important and common precipitant factor in prerenal acute kidney injury. Some very common drugs alter renal haemodynamics with important implications for glomerular filtration. Other drugs are excreted by the kidneys and renal impairment can lead to accumulation and toxicity.

1. Critical Drugs to Review in AKI

Stop those DAMN drugs!

- **D – Diuretics**
(e.g. furosemide, thiazides)
- **A – ACE inhibitors/ARBs**
(e.g. Cilizapril, losartan)
- **M – Metformin**
- **N – NSAIDS**
(e.g. ibuprofen, celecoxib)



These drugs are critically important because they can cause significant adverse effects in AKI and also because they are extremely common regular drugs. They should almost always be withheld pending SMO review in sick patients (e.g. dehydration, sepsis, poor oral intake) or patients with known AKI.

For more information on the reasons these drugs have the potential to cause harm in unwell patients please see [Appendix 1](#).

Issue Number: _____ Date Approved: _____ Date Review: _____

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Author: Dr Colin Irving File name: _____ Page: 1 of 7

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE COMMITTEE REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 18 May 2022
Subject: **FOR INFORMATION**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

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

- Department of Internal Affairs – Reducing Pokies Harm 2022
- NZ Police and MOH – Reporting of Firearm Injuries to NZ Police by Health Professionals
- Tasman District Council – Draft Annual Plan 2022-2023
- Marlborough District Council – Marlborough Economic Wellbeing Strategy 2022-2032
- Nelson City Council – Draft Parking Strategy
- Ministry for the Environment – Transforming Recycling

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