TE WAIORA Nelson Marlborough Health

Open Board Agenda

NOTICE OF MEETING

OPEN MEETING

A meeting of the Board Members of Nelson Marlborough Health to be held on Tuesday 28 June 2022 at 1.00pm

Seminar Centre, Braemar Campus, Nelson Hospital

Section	Agenda Item	Time	Attached	Action
	PUBLIC FORUM	**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:** Submissions		Attached	Note
7	Glossary		Attached	Note
	Resolution to Exclude Public	**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 28 June 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)	▪ Chair of Te Hiringa Hauora ▪ Director of TAS (national DHB Share Services Agency) ▪ Contract work with TAS (national DHB Share Services Agency)			
Craig Dennis (Deputy Chair)		▪ 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		▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward)	▪ Landlord to Hills Laboratory Services Blenheim	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	▪ 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	▪ 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	▪ Functions and meetings held for NMDHB	
Dawn McConnell	▪ Te Atiawa representative and Chair of Iwi Health Board	▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs	▪ MOH contract	
Allan Panting	▪ 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	▪ Board member of Crossroads Trust Marlborough			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Paul Matheson	Nil	▪ Chair of Top of the South Regional Committee of the NZ Community Trust ▪ Justice of the Peace		
Jill Kersey	▪ Board member Nelson Brain Injury Association		▪ Funding from NMDHB	
Olivia Hall	▪ Chair of parent organisation of Te Hauora o Ngati Rarua	▪ Employee at NMIT ▪ Chair of Te Runanga o Ngati Rarua ▪ Chair Tasman Bays Heritage Trust (Nelson Provincial Museum)	Provider for potential contracts	

As at June 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		▪ Chair Nayland College ▪ Brother's partner undertakes some graphic design work for NMH ▪ Brother employed by MIC		
Sandy McLean-Cooper	Director of Nursing & Midwifery	▪ Member SI Alliance workforce hub ▪ Member Lead DONS group ▪ Member SI Nurse Executives			
Elizabeth Wood, Dr	Clinical Director Community / Chair Clinical Governance Committee	▪ General Practitioner Mapua Health Centre ▪ Chair NMDHB Clinical Governance Committee ▪ MCNZ Performance Assessment Committee Member ▪ PCM Trainer and Licensee		▪ Providing training to DHB staff via own company Hexameter	
Nick Baker, Dr	Chief Medical Officer	▪ 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	▪ 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
		Physicians ▪ 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	▪ 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	▪ Husband is shift manager for St John Ambulance	▪ Trustee of the Empowerment Trust		

Name	Title	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Kirsty Martin	GM IT	▪ 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	▪ 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	▪ Daughter employed by Pharmacy Department in the casual pool ▪ Sister is employed by Marlborough PHO	▪ Daughter is involved in sustainability matters		
Ditre Tamatea	GM Maori Health & Vulnerable Populations	▪ 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)	▪ 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	▪ Trustee of Churchill Hospital ▪ Daughter-in-law is a member of Finance Team in MOH			
Gaylene Corlett	EA to CE	• 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 IN THE SEMINAR ROOM, ARTHUR WICKS BUILDING, WAIRAU HOSPITAL, BLENHEIM ON TUESDAY 24 MAY 2022 AT 10.00AM

Present:
Jenny Black (Chair), Craig Dennis (Deputy Chair), Stephen Vallance, Allan Panting, Jill Kersey, Dawn McConnell, Olivia Hall, Brigid Forrest, Gerald Hope

In Attendance:
Lexie O'Shea (Chief Executive), 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), Nick Baker (Chief Medical Officer), Hilary Exton (Director Allied Health), Harrison Dean (Engagement Manager Project Whakatupuranga), Natasha Hoskins (Communications Manager), Gaylene Corlett (Board Secretary)

Margo Kyle (HIU Advisor), Adam Naiman (Director EY), Mike Barnes (Project Director Hospital Rebuild) in attendance

Apologies:
Paul Matheson

Karakia:
Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS

Mike Harvey addressed the Board about mental health issues. Queried a Board report from July 2016 regarding seclusion. **It was agreed that** the GM Mental Health & Addictions investigate and report back at the next meeting.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

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

RECOMMENDATION:

THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Moved: Stephen Vallance
Seconded: Craig Dennis

RECOMMENDATION:

THAT THE MINUTES OF THE MEETING HELD ON 26 APRIL 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.

3.2 Correspondence
Nil.

SECTION 4: CHAIR'S REPORT
The Chair welcomed the Hospital rebuild team to the meeting. It was fantastic to see the rebuild planning progressing and good to have forward movement and reinforcement from the Centre that we do need a new hospital, for the benefit of all in our district.

SECTION 5: CHIEF EXECUTIVE'S REPORT
The CE spoke to her report noting we are managing our COVID experience increasingly as business as usual. Focus is shifting back to look at key projects we had on the table prior to COVID.

Discussion held on the proposed registrars programme for Wairau Hospital noting the proposal is supported for generalised registrars that can cover the entire hospital at night. Need to keep marketing this as the right thing to do, as it will benefit hospital specialists and localities to have medical staff in all areas.

Discussion held on follow ups and first assessments, particularly in respect to use of telehealth and non-contact appointments. **It was requested that** data on the number of non-contact appointments that have been completed to be presented at the next meeting. Noted some groups are embracing telehealth, eg Allied Health. It was suggested that on all GP referrals there should be a space for patient preference, eg face to face or telehealth.

Discussion held on the ambulance rank plan noting this is a plan which is common around the country but rarely used. When the flow of patients into ED become such that ED is compromised with the inability to shift patients out to wards, the ambulance rank plan is put in place with a special tent erected in the ambulance bay. On Anzac Day, the Plan was initiated at Nelson Hospital. Patients were brought into the tent by ambulance and

cared for under supervision of a combined team of St John and ED staff. Patients are triaged and cared for and held in the tent with priority patients going through to ED first. The tent was only used for 24 hours.

SECTION 6: FINANCIAL REPORT

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.

Grounds Management Contract
The contract for grounds management was endorsed by the Board.

Moved: Allan Panting
Seconded: Craig Dennis

RECOMMENDATION:

THAT THE BOARD:

1 RECEIVES THE FINANCIAL REPORT

2 APPROVES THE GM FINANCE, PERFORMANCE & FACILITIES SIGNING THE GROUNDS MAINTENANCE CONTRACT.

AGREED

SECTION 7: CLINICAL GOVERNANCE REPORT

Noted.

SECTION 8: FOR INFORMATION

Noted.

SECTION 8: GENERAL BUSINESS

Nil.

Public Excluded

Moved: Jill Kersey
Seconded Allan Panting

RECOMMENDATION:

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- ***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 – APPROVED
- H&S Report – RECEIVED

Meeting closed at 10.50am

ACTION POINTS - NMH – Board Open Meeting held on 24 May 2022						
Action Item #	**Action Discussed**	**Action Requested**	**Person Responsible**	**Meeting Raised In**	**Due Date**	**Status**
1	Public Forum	Update on mental health issues from member of public	Michael Bland	24 May 2022	28 June 2022	Deferred to Public Excluded
2	CE Report	Obtain the data on the number of non-contact FSA appointments that have been completed	Pat Davidsen	24 May 2022	28 June 2022	Update at meeting

Nelson Marlborough Health

TE WAIORA

MEMO

To: Board Members

From: Lexie O'Shea, Chief Executive

Date: 22 June 2022

Subject: **Correspondence for May/June**

Status

This report contains:

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

Inward Correspondence

Date	From	Topic
10/06/2022	Nelson Bays Primary Health	Acknowledgement to Board

Outward Correspondence

Nil

Nelson Bays Primary Health
Hauora Matua ki Te Tai Aorere

281 Queen St, Richmond 7020
PO Box 1776, Nelson 7040
Tel: 03 539 1170
www.nbph.org.nz

10 June 2022

Jenny Black
Chair
Nelson Marlborough District Health Board
Private Bag 18
NELSON 7042

By email: Jenny.Black@nmdhb.govt.nz

Kia Ora Jenny,

RE: Acknowledgment

The Nelson Bays Primary Health (NBPH) Board would like to acknowledge the many years of service of the Nelson Marlborough District Health Board (NMDHB), and the good stewardship in its health outcomes for the communities across Te Tau Ihu.

The NBPH Board wishes to extend its thanks to all NMDHB Board Members, past and present. It also acknowledges the outstanding leadership you have offered in your role as NMDHB Chair and your additional roles leading the Te Waipounamu regional forums.

We will miss the opportunities attended by regional based leadership while also approaching the health reforms with optimism.

Our best wishes and thanks go to you all and to your Executive Leadership Team.

Nga Mihi,

Sarah-Jane Weir
Independent Chairperson

Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Jenny Black, Chair
Date:	22 June 2022
Subject:	**Chair's Report**

Status
This report contains:
☐ For decision
✓ Update
✓ Regular report
☐ For information

As this is the final agenda of the Nelson Marlborough District Health Board, I would like to take a brief, and certainly not complete, look at the achievements of our services, the system and the changes that have occurred. Much has changed, and yet much has stayed the same.

NMDHB completed its first year, after a transitional Board, in 2001. From the 2001 Annual report, where $154.5m was received to provide services, the opening statement read:

"The region served by NMDHB encompasses Nelson City, Tasman District and Marlborough District. At the 2001 Census the population numbered 122,500. The Nelson Marlborough region has one of the fastest growing populations in New Zealand and is also a popular holiday destination. The region has a high proportion of older people and low proportion of non-European people when compared with the New Zealand population as a whole."

We still open our reports with a similar statement, with a different population number.

The Annual Report was a 33-page document and highlights were the building of the new ED, ICU and Radiology Departments in Nelson. Interestingly, the redevelopment took 2 years to plan and 3 years to build!! Yes, carparking was an issue then as it is now.

While the redevelopment continues according to plan, there have been some associated disruptions. For example, while a carparking plan was put in place, this issue continues to be a difficult one for patients and staff alike, while construction continues.

The other major initiative of the year was the start of the resettlement of 71 residents of Braemar to the community. These people joined the residents of Ngawhatu who had transitioned in the late 1990s. Known now as those who are cared for in DSS, the numbers have altered little, and the recent change in emphasis from a medical care model to "Enabling Good Lives" has been a positive change.

During the 2001/02 year, a national exercise called Operation Virex was held to test the preparedness for a national pandemic response. It would be interesting to take a look at that report to see if it resembles in anyway, what has played out in the last 2 years.

Roll forward to 2010/11; our annual revenue was $375,500. The year was dominated by the Christchurch earthquakes and the collapse of the Pike River mine. Both of these events would cast long shadows – CDHB has battled infrastructure and financial issues and the Health and Safety Bill 2015 has dictated how we work and how we care for

staff. Through both of these events NMH has provided strong support to our neighbouring DHBs.

2010/11 saw the opening of the new Wairau Hospital, the start of the Golden Bay Community Health Centre, the Medical and Injury Centre and the beginning of the five new community oral health clinics. Infrastructure is a feature throughout our history. Not only is it crucial for service delivery, but modern facilities also act as an attraction for staff. However, the best facilities are nothing without the staff who provide the services, and we are grateful to the many staff who have been on the NMH team since 2001.

Following these infrastructure projects, NMH had to spend the next 2-3 years taking a close look at our financial management, not uncommon after major builds. This work was difficult and financial disciplines were put in place which have carried us through to today. Ensuring all staff understood why we were doing these things did not always endear the Board to the staff. Tough conversations had to be had. However, as we wind up the business, and ready it for handover, we are one of a few DHBs who have the ability to fund essential projects from our reserves. The disciplines have been retained, and have kept us in good stead.

There have been many service and business improvements, which have been well documented at the Audit and Risk Committee(A&R). A decision was made early on that finance was a Board responsibility, which freed A&R to concentrate on risk, clinical governance, asset management, business continuity and internal audit. In the last 12 years the work done in these areas has been very valuable to the organisation. Much of this work flies below the radar but is essential, and I want to acknowledge the staff who work in this area – they are not the “seen” coalface health workers, but they keep the wheels well-oiled and the organisation moving. A&R is where we document and learn from our mistakes, we prepare and add resistance to our system, we review our performance, mitigate risk, reflect on whether we have achieved what we set out to do and we have some of our best discussions. Thank you to all who have participated in this forum – management and governance – NMH is better for the work that has been achieved under this banner.

Throughout the 22 years of the DHB system, Annual Reports have noted the efforts of staff and thanked everyone involved. Familiar names from that 2010/11 annual report are Dr Nick Baker, Hilary Exton, Dr Elizabeth Wood, Dr Bev Nichols, and Peter Burton. We are very grateful to these dedicated leaders; the many who preceded them and those that have followed, who commit themselves to our district. The leadership live and lead by the values of the organisation. These have not changed since 2010 – Teamwork, Respect, Innovation, and Integrity, and are still very relevant today.

In the 22 years of NMDHB there have been many elected and appointed members who have given time to represent the people of Te Tauihu. There have been five Chief Executives, and four Board Chairs. The one constant to these changes has been Gaylene Corlett. Gaylene started as EA to the first CE, Glenys Baldick in 2002 and other than 6 months of maternity leave in 2004, Gaylene has been the major support to the Board and the CE. Her knowledge of all things NMDHB is unsurpassed and relied upon by all, past and present. On behalf of all of us, a sincere thank you, Gaylene.

In every annual report of NMDHB, our relationship with Tangata whenua via the IWI Health Board has been noted. Over the years the relationship between the two Boards has strengthened due to the honest and sometimes challenging korero that has taken place at the twice-yearly marae-based hui. I believe that we are on a positive path to improving health for Māori, in Te Tauihu. Since 2016, the Board has been more deliberate about this activity and with the kaimahi of Te Piki Oranga and Te Waka Hauora we have seen greater access and participation in healthcare, by Māori, for Māori. The future work of local partnership boards and the Māori Health Authority will enhance this work, and I look forward to the day when the health and wellbeing statistics for all ethnicities in Aotearoa New Zealand are similar.

No final report to the Board would be complete without reference to the last 2 years of providing healthcare in the midst of a worldwide pandemic. It has been unprecedented in many ways, not only for NMDHB and the Te Tauihu community, but for all New Zealand.

The COVID Pandemic arrived quickly, we locked down quickly and managed to stay ahead until we were well vaccinated. But the work required by all those in health – hospital, primary, community and aged care - has been immense. The ability of all healthcare staff in our community to join together and build the response; firstly in testing, contact tracing and then vaccination, has been remarkable. Here in Te Tauihu, we had relationships that we could call on that were based on dealing with past events– fire, earthquakes, and storms. Our response was sharp, coordinated and when it was not, we knew who we could call on.

Two years on, we are now seeing the ramifications of this group of viruses. Closed borders meant reduced numbers of applicants for health jobs, the staff like the rest of our community have caught COVID or have had to stay home to care for whānau and the stress on those who are available to work is something we have not seen in health before. Our ability to provide a service is dictated by our workforce. How these issues of staff illness, vacancies and how we provide care will need to be addressed by the new system, early in its tenure.

There is a new system coming – much of it will look the same, but there does need to be change. To get rid of variability in outcomes and improve inequities for Māori are issues that must be addressed. Not doing many things twenty different ways will help with this. However, there are some things that I believe we must hold onto. One system where primary and community care is well aligned and connected to hospital care and each knows their individual role in keeping the other functioning optimally, is a system worth keeping. I believe at NMH we understand this concept, and we respect the place of each team member to make this function smoothly. The new system must acknowledge and understand the importance of this.

As the Board closes this chapter, we want to thank everyone who works at NMH – you are amazing. Through good times and bad you have soldiered on; we appreciate it is not always straight forward. The one thing I have always been incredibly grateful for is that everyone in health comes to work every day to make a difference. It does not matter where in the system you work, you work in health to improve the health of people and communities. Thank you for your dedication, energy, and service.

A special thank you to Lexie and the ELT for your leadership, and the respect and support that you have shown to us. We know you will continue to lead by our values – work as a team, be innovative, respect those around you and work with integrity.

To the Board – thank you for your service, your commitment to the organisation in your governor's role. We leave the organisation in good hands, performing well in a difficult environment and ready to respond to the changes asked of it by the new system.

It has been my privilege to serve with you for the people of Te Tauihu.

Thank you

Jenny Black
Chair

RECOMMENDATION

THAT THE BOARD RECEIVES THE CHAIR'S REPORT.

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 22 June 2022
Subject: **Chief Executive's Report**

Status
This report contains:
☐ **For decision**
✓ **Update**
✓ **Regular report**
☐ **For information**

1. INTRODUCTORY COMMENTS

This is the last CE Board report for NMDHB. As the final CE, I would like to acknowledge our Boards (current and previous), previous Chief Executives, leadership teams both clinical and non-clinical and all our wonderful staff for everything that has been achieved during the past 21 years

To quote both our Board Chair and Iwi Health Board Chair from the conversations we have had recently – Matariki is an appropriate time for change – time of reflection and move forward into the future.

As we all reflect on the past 21 years in the District Health Board era, I think we can be very proud of the achievements we have made, especially on the system of care approach to healthcare. We have done some things incredibly well – delivered bespoke care to our communities, enabled care in communities that did not have stable services, embraced a virtual care world, implemented the healthcare home, placed mental health and welfare practitioners into primary care to name a few.

However, despite the advancements there are many areas we are still to show improvement, especially in our delivery of better outcomes for our Māori and vulnerable people within Te Tauihu. We do have a range of pilots that, at this early time, are showing promise for the future, eg Hauora Direct, being led by our Te Waka Hauora team. For the future, through Health NZ and the partnership of the Māori Health Authority, we will now have the opportunity to progress programmes nationally and regionally with a broader reach and hopefully faster implementation.

Our NMH healthcare system continues to be under pressure and our staff, and their primary and community partners are doing an amazing job responding to the daily healthcare needs of our community. This is despite high levels of vacancies in our healthcare professional and support workforce. We are a much more connected system post-COVID and as we move into the endemic phase of COVID we are expecting that through until October to be challenged by the sickness levels in our staff and community.

Our key public messaging promotes vaccinations including flu and booster, and most importantly mask wearing and hand washing to keep the winter viruses at bay.

2. MĀORI HEALTH

The GM Māori has been working with Te Herenga to identify all of the Māori Health innovation programmes across the Te Pouwanamu (South Island).

These programmes will be forwarded to the Interim Māori Health Authority for consideration to be nationalised. Within Nelson Marlborough DHB, the following programmes have been suggested for nationalisation:

- Whare Ora – the healthy homes initiative which seeks to put in products and services that makes homes warmer, drier and healthier with the aim to reduce the ASH rates for tamariki with respiratory conditions.
- Hapū Wananga – a Kaupapa Māori pregnancy and parenting programme.
- Hauora Direct – a 360° assessment and intervention programme. Funding has been secured for Hauora Direct to be sub regionalised within NMDHB, West Coast DHB and Southern DHB.
- Kaitiaki DNA programme – this programme calls and offers support for whānau that have inpatient appointments.
- Tupekakore quit smoking programme - this programme offers quit coach support, CO2 monitoring and incentivisation of food vouchers should people go smokefree. In particular this programme targets pregnant women and their whānau to go smokefree.

3. PRIMARY & COMMUNITY

Almost all Aged Residential Care (ARC) facilities have experienced an omicron outbreak (some have also had more than one). Facilities have done exceptionally well to manage each COVID 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.

Winter planning is underway for health of older people to prepare for the ongoing COVID response as well as other winter illnesses. This has resulted in a pilot project in Wairau targeted at those at risk of ED presentation and re-presentation. This project has a high clinical component focusing on clinical assessments for older people in the community. The role will hold similar features of the previous SWOOP team in terms of rapidly responding to those older people with high and complex needs, but also focuses on identifying those patients earlier. In partnership with the Public Health nursing team, preparations for the COVID-19 second booster in Aged Residential Care is now underway and is aimed to be rolled out at the end of June / July.

A hui was held between Health Promotion Managers and leads across PHOs, Te Piki Oranga and Kotahi o Te Tauihu Trust. The purpose of the hui was to create consistent messages, resources, and pathways to support Winter Wellness for communities. The priority areas identified were warm dry smokefree whare and healthy kai. Further hui are to take place to continue to work together and NMH communications is linked into the korero.

Mates in Construction is a suicide prevention programme targeted at the construction industry. With support from the Ministry of Health this programme has been able to provide cover across the South Island. They have their own facilitators and seek to establish financial partnerships with larger construction businesses. Health Promotion have maintained contacts with Mates in Construction, encouraging and supporting their presence in Te Tauihu, while we have knowledge of mental health concerns across the industry. Mates in Construction is a sustainable programme where staff are trained and supported to be mental health connectors. The facilitators are familiar with WorkWell and are supportive of this programme.

Health promoters worked alongside Public Health Service to organise toothpaste and toothbrush packs for all five Kōhanga, I Te Tau Ihu O Te Waka a Maui for and during their isolation. Smokefree resources were also added to these packs.

Health Promoter in Wairau worked with Māori Women's Welfare League and Oral Health Educator to provide kohanga Reo whānau with toothbrushes and oral health information. Māori Women's Welfare League and Kaiako have advised that as a winter surge promotion, toothbrushes will be provided at the same time as warm pyjamas for tamariki.

Health Promoter in Whakatu is working with Te Piki Oranga to connect Kohanga Kai Ako to have their flu vaccinations, either at a Te Piki Oranga site or at individual Kohanga Reo.

Health promotion worked alongside Marlborough District Council, Sport Tasman, Marlborough Youth Council and Marlborough Youth Trust to plan Marlborough Youth Week – the celebration of the differing strengths of young people in our region. The theme for Youth Week 2022 was "Our voices matter and we deserve to be heard". One activity young people organised was an Awareness Walk to bring to the forefront young people who have suffered from violence in our community.

Regular meetings with local border agencies provide ongoing working relationships to strengthen border alliances in the COVID-19 response. With the amended changes in the Maritime Border Order, Customs and Ports have adjusted their operational responsibilities portside, and will maintain open communication with all parties should any issues arise.

Health Promotion have contacted 16 school Principals in Marlborough about Clued Up Kids safety programme for Year 5 and Year 6 students which is set to take place early November. Health Promoters have been doing face to face visits with the school Principals to develop relationships with the schools, learn what safety issues are on top for their community, inquire what resources would be helpful for children to use in the classroom after the event, see if there are other areas that the schools would like support to improve the health and safety of their community.

Health Promoter in conjunction with Suicide Prevention Coordinator, sent out, "Advice helping to keep your clients safe" from Suicide and also a variety of safety plans, that agencies can support their clients to use, when they find life difficult. Information was sent out via Marlborough District Council (MDC) Community Partnerships Advisor, to community agencies and contacts. Health Promoter also shared information on a new service for Male Survivors of Abuse that is run by the Nelson Male Room in Blenheim.

Health Promotion supported the Marlborough PHO with a whānau super vaccination clinic. Health promoters engaged whānau and Māori stakeholders leading up to the event and supported on the day. The event involved flu vaccinations, COVID vaccinations and MMR. Health Promotion also provided information on healthy homes, respiratory and smokefree. The day exceeded the target set by PHO for flu and COVID vaccinations and future interest was shown in a healthy homes and a respiratory session.

4. MENTAL HEALTH & ADDICTIONS

The Operational Management Group (OMG) for clinical services across mental health and addictions has commenced with the terms of reference being finalised. This new group will see various portfolios contributing to the OMG, i.e. Planning and Funding, Finance, Data Analytics, Consumer Advisors. The group will meet fortnightly and provide a strong management decision body across the services.

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.

The South Island GM Group has agreed the terms of reference and work plans against three work streams: 1) Early work is focussed on managed withdrawal in AOD, 2) forensics care in the tertiary centre, and 3) the districts and co-design child and adolescent (25years) practices. Nelson Marlborough Health is well represented across all work streams

Graphs noted below:

Figure 1: Older Person's Mental Health
A quiet start to the month, however, demands on service increased in the last two weeks with a number of high acuity admissions and an increase in referrals for the community team.

Service remains affected by COVID and the large number of vacancies.

Older Person's Mental Health (OPMH)

	Referrals - 2022 05			Community Contacts - 2022 04			Midnight Beds - 2022 05		
	Caseload 03/06/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	AVG Occupied	Funded Beds	% Occupied
Inpatient Unit	11	6	2				8.6	10	86%
Liaison Nelson	3		8	32	100%	4			
Liaison Wairau	9	4	1						
Nelson	69	34	27	159	58%	5			
Wairau	21	2	5	53	100%	15			
Total	**113**	**46**	**43**	**244**	**68%**	**7**			

Referrals Received and Discharged

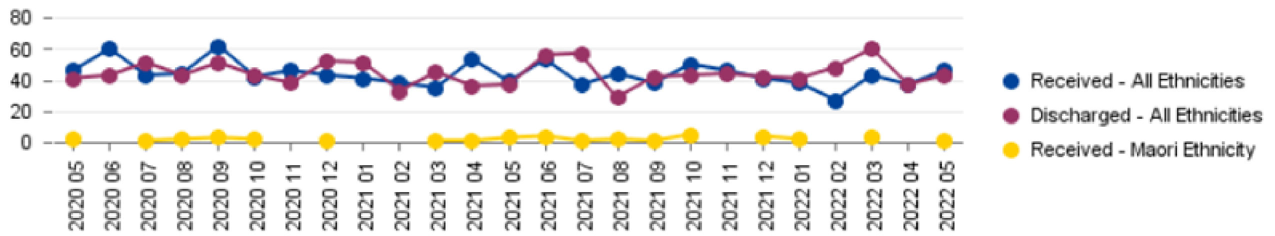


Figure 2: Wāhi Oranga Inpatient Unit
May had relatively low admissions numbers in Wāhi Oranga. This enabled time for planned admissions and focus on complex discharge planning for long-stay patients. Clinical Coordinators were able to join and have input with project groups such as the dashboard and refurbishment meetings.

Wahi Oranga Inpatient Unit

	Referrals - 2022 05			Midnight Occupied Beds - 2022 05			2022 05	2022 04
	Caseload 03/06/22	Received	DX'd	AVG Occupied	Funded Beds	% Occupied	ALOS	% Clinically Coded
Wahi Oranga	30	31	23	21.8	30	73%	29	100%

Referrals Received and Discharged

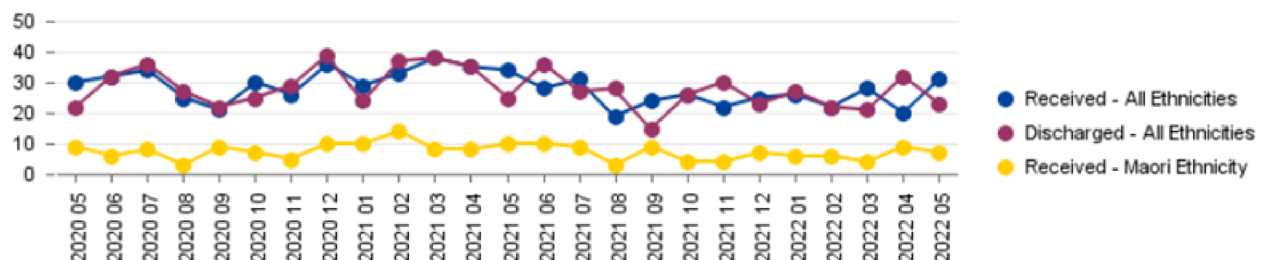
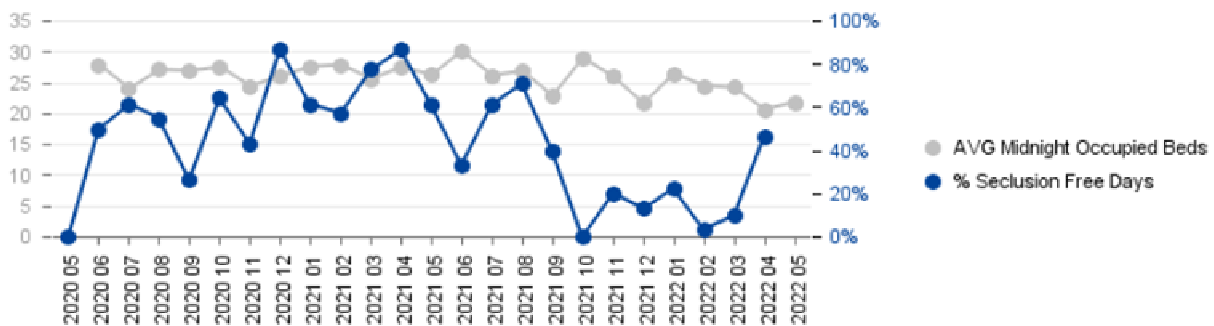


Figure 3: Seclusion
All seclusion events outstanding are now entered in Safety First and captured in data.

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

	Seclusion - 2022 04					Seclusion - Last 12 Months			
	Hours	Events	Consumers Secluded	AVG Hours per Event	% Seclusion Free Days	Hours	Events	Consumers Secluded	AVG Hours per Event
Total	155	9	6	17	47%	8,112	269	104	30
Maori Ethnicity	42	2	2	21		1,635	72	35	23
Female	8	1	1	8		1,076	63	29	17
Male	147	8	5	18		7,036	206	75	34



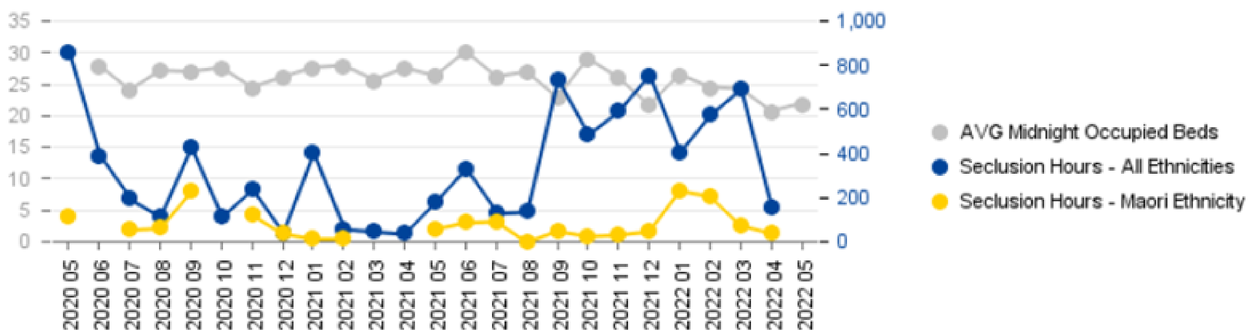


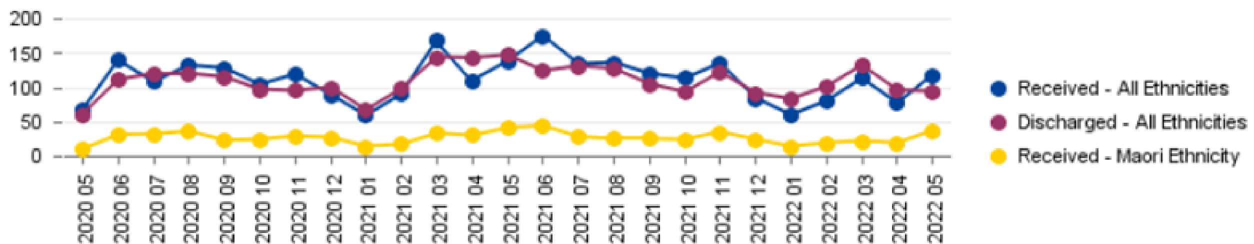
Figure 4: ICAMHS
May was very busy with referrals, psychiatry changes, and new staff.

Motueka premises are almost ready to go for iCAMHS, with new Care Manager Social Work completing orientation and starting to pick up cases.

Infant, Child and Adolescent Mental Health Service (ICAMHS)

	Referrals - 2022 05			Community Contacts - 2022 04			DNA % - 2022 04	
	Caseload 03/06/22	Received	DX'd	Total	% Data Entered	AVG Days to 1st F2F	All Ethnicities	Maori Ethnicity
ICAMHS Forensic Nelson	1				0%			
ICAMHS Nelson	418	78	59	350	55%	230	6.0%	4.9%
ICAMHS Wairau	165	40	35	228	70%	58	4.8%	2.9%
Infant and Maternal Nelson	2				0%			
Total	**586**	**118**	**94**	**578**	**57%**	**111**	**5.5%**	**4.2%**

Referrals Received and Discharged



4.1 Disability Support Services (DSS)

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

5. CLINICAL SERVICES

Teamwork and cross department and facility support continues with the day-to-day management of our hospitals. This is especially so in the allied health and nursing areas.

Occupancy (adult) averaged 88% at Nelson Hospital and 89% at Wairau Hospital, with all services impacted by high levels of sick leave or COVID isolation requirements resulting in extensive shortages across many departments.

5.1 Health Targets – Planned Care

Year to date, at the end of May 2022, we planned 5,623 surgical discharges of which we have delivered 4,625 (82%). This is under plan by 998 discharges.

We have delivered 6,611 minor procedures year to date as at the end of May 2022, which is 2,310 procedures higher than our target of 4,301 for this period.

Year to date at the end of May 2022, internal delivery indicates 21,649 actual total caseweights (CWDs) against a Plan of 22,467 (96%).

Year to date, at the end of May 2022, elective CWD delivery was 4,631 against a Plan of 7.209 (64%). Year to date at the end of May, acute CWD delivery was 17,017 against a Plan of 16,803 (101%).

Year to date, as at the end of May 2022, orthopaedic intervention delivery is 334 joints against a Plan of 486, which is 152 under plan. There are currently 320 joints waitlisted for surgery.

Year to date, as at the end of May 2022, delivery of cataracts is 482 cataracts against a Plan of 545, which is 63 below plan. There are currently 234 cataracts waitlisted for surgery.

Planned care delivery 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 May we have continued to reduce the

overdue waiting lists in Orthopaedics as well as Ophthalmology through outsourcing patients to private facilities.

MOH initially allocated funding to support COVID-19 recovery in the 2021-22 financial year, with a further 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 have put in place a delivery 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
May	3,632	86%	532	4,164

Hospital Occupancy

Hospital Occupancy May 2022	Adult Inpatient
Nelson	**88%**
Wairau	**89%**

5.3 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. The acuity tool balances length of wait and clinical priority.

5.4 Enhanced Access to Diagnostics

CT, for May, shows 1,233 Nelson and 558 Wairau (75.5%) referrals were scanned within 42 days (MOH target is 95%).

MRI, for May, shows 290 for Nelson and 103 for Wairau (84.4%) referrals were scanned within 42 days of referral acceptance (target is 90%).

6. ALLIED HEALTH

Workforce sustainability and health and wellbeing continues to be an area of concern across all teams to meet service demands, responding to the pandemic and workforce shortages.

There are ongoing challenges in recruiting to key positions and specific workforces. This is a regional and national challenge, and a number of strategies are in place. However, it is impacting service delivery across a number of services including Oral Health, Physiotherapy, Pharmacy, Sterile Sciences and Occupational Therapy.

Two consumers are now connected to the Allied Health Leadership meetings and have also been on the interview panel for two key leadership positions. A focus is improving consumer feedback for the allied health services.

The MOH Neurology pilot has now been completed and a presentation provided to the Clinical Governance Committee. The findings are positive as reported by consumers and neurologists. The findings indicate that screening, assessment, brief intervention and timely referrals to community service has significant benefits, whilst the consumer is waiting for the initial neurology FSA. Consumer feedback included:

> *"Getting the first phone call was wonderful as I'd felt alone and left. So, it made me feel as though someone cared. It was a wonderful experience for me. The women are lovely, and it was great to have them come to my home. I love that I have the exercises to do which will motivate me. All in all, 10/10."*
>
> *"This has been really valuable. Feel like I have a direction to work towards and feel there are things we can do to manage the symptoms now that we have the knowledge".*

Neurologist Feedback:

> *"Allied Health in home assessments being done prior to clinic answers a lot of clinical questions for me (Neurologist) and saves so much time. This really improves the care as people present very differently at home to in clinic, and due to COVID many patients are seen alone in clinic. Doing this prior to clinic saves me one or two extra clinic visits to try to get to the bottom of things".*

Between 1 May 2021 to 31 May 2022 an average of 947 referrals were received per month. During May 2022:

- 1055 referrals were received
- 77% referrals from General Practice, DHB Specialist Services, NMH outpatient services or following an inpatient event
- 10% identify as Māori (80 referrals) across all services and age ranges
- 1% identified as Pacifica
- 57% are for clients over 65 years, and 23% over 80 years of age (total - 222 referrals).

Allied Health services have implemented several strategies to increase capacity and improve service efficiencies. These have included:

- The increased use of data and analytics to inform decision making
- The increase implementation of digital systems and connect external providers e.g., orthotics
- Increasing the teams access to digital devices, technology and literacy
- The development and implementation of an Equity Plan to increase responsiveness to Māori, Pacifica and vulnerable populations
- The introduction of specific workforce strategies to increase recruitment, retention and skill-sharing of clinical tasks across Allied Health and other workforces
- The introduction of community Allied Health Assistants and resulting delegation of appropriate clinical tasks
- The development of district wide service models, e.g. wheelchair and seating service
- A focus on Did Not Attract (DNA) rates
- A temporary increase in administrative support to address the delay in entry of clinical activity
- The increased use of telehealth and virtual care
- The introduction of external contracts for key services, in particular physiotherapy and occupational therapy – developing a primary clinical network to maximise locality workforces and reduce the waiting times to access services

- The introduction of the Enable short-term loan equipment database and more recently the hiring options to avoid duplication and double handling
- Piloting Allied Health brief intervention, prior to FSA with Neurology Service.

7. PEOPLE & CAPABILITY

With a move to Orange and back to face to face training, the training across the organisation has increased 100% this month, compared to April. A number of the leadership programme sessions planned this month were not run due to low numbers; these have been rescheduled for later in the year.

Kind Conversations was launched to the whole organisation by marking the occasion of Pink Shirt Day (anti-bullying) on 20 May and delivering the zoom Train the Trainer to over 50 leaders as 'champions' of kind conversations. This is the highest number of learners attending a single training session we have experienced.

A Mihi Whakatau was held, hosted by Education Perfect, where NMH was presented with a taonga whakairo to acknowledge and celebrate receiving Education Perfect's April Paenga-whāwhā 2022 Engagement Award.

The winter agenda for cultural competence including Te Tiriti, Te Reo and Tikanga courses has been finalised and made available to staff through HR Kiosk.

We have also contributed to the progress of the Digital Literacy project to identify approaches to improve the digital literacy of our workforce.

The DHB posted 105 jobs during the month of May. This is an increase on April and continues the upward trend in job postings generally. During April, 94 candidates accepted positions with NMH. This continues the overall upward trend in placements. Our NMH careers page continues to be the biggest source of placements across NMH with 30 of the people who accepted roles with the DHB saying they first saw the role on our careers pages. The biggest portion of our applicants identified as NZ European (158) and Asian (86).

8. DIGITAL AND DATA

Hospital-2-Home (H2H), a joint effort between the Stroke Foundation and NMH, had their first virtual classroom session in May using Zoom. Digital Navigator supported program coordinators and patients to prepare prior to class. H2H is considering using this mode of delivery going forward.

Name	RAG	Description	Status	Due
Projects				
Smartpage	●	Clinical messaging and paging system that will allow automatic escalation of at-risk patients.	Workflow to be workshopped – current concerns around product meeting our needs without some impact.	Live / Rolling out

Name	RAG	Description	Status	Due
Medications Management	●	Procure a medication prescribing, administration, and reconciliation system that converges on a single list of medicines for a patient in any setting	Business case submitted and Capex approved, awaiting MoH and DG approval process.	TBC
Business Solutions				
Hauora Direct	●	A mobile assessment tool aimed at improving enrolments in health programmes for vulnerable populations.	Indicative delivery in August/September. In parallel we will work with regional partners to look at extending/scaling the solution across Te Waipounamu.	Sep 22

Lexie O'Shea
CHIEF EXECUTIVE

RECOMMENDATION:

THAT THE CHIEF EXECUTIVE'S REPORT BE RECEIVED.

Nelson Marlborough Health
TE WAIORA

Status
This report contains:
✓ For decision
☐ Update
✓ Regular report
☐ For information

MEMO

To: Board Members

From: Eric Sinclair
GM Finance, Performance & Facilities

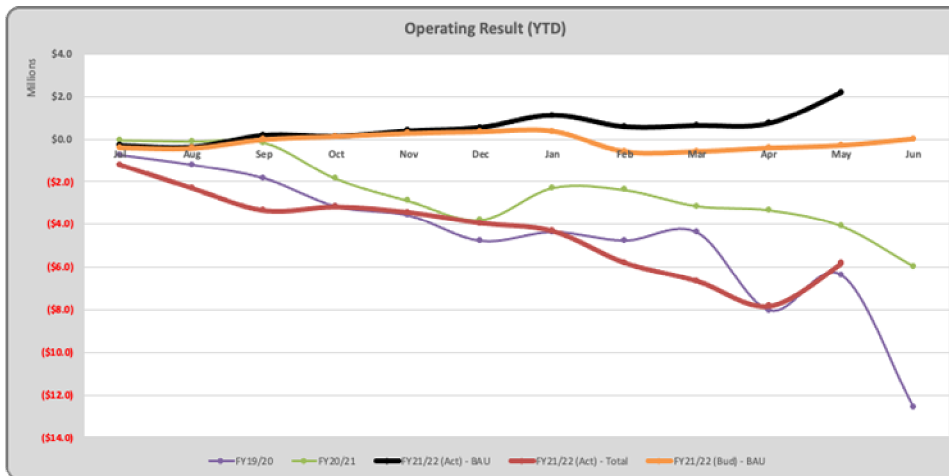
Date: 22 June 2022

Subject: **Financial Report for May 2022**

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 had 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 an adjustment of $4.2m was been recognised in the April result. Just prior to the Board meeting in May the MOH advised that this adjustment was no longer required and planned care funding would be paid in line with the budgeted amount. This means a reversal of the adjustment has been recognised in the May result and is the key driver of the favourable result.

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.

Contracts Signed Under Delegation or Requiring Approval

There are two contracts that have been approved under delegation during the month. Both contracts are variations for an extension with the ACC.

There is a Deed of Novation that requires the approval of the Board – under the legislation the Board must approve any Deed. This Deed relates to the novation of the contract with Enable NZ as an operating unit within Mid Central DHB to Enable NZ Ltd (which will be a subsidiary of Health NZ). There are no changes to the terms and conditions within the contract. It is recommended that the Board approve the Chief Executive sign the Deed of Novation.

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	$18,525	($8,568)
Asset Management	$5,000	$7,188	($2,188)
Niggles	$200	$120	$80
Contingency	$1,000	$391	$609
Total	**$16,157**	**$26,224**	**($10,067)**

Eric Sinclair
GM Finance, Performance & Facilities

RECOMMENDATIONS:

THAT THE BOARD:]

1 RECEIVES THE FINANCIAL REPORT

2 APPROVES THE CHIEF EXECUTIVE SIGN THE DEED OF NOVATION WITH ENABLE NZ.

Nelson Marlborough Health
TE WAIORA

Operating Statement

	Month $000s						
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr
Revenue							
MOH devolved funding	50,599	2,965	53,564	46,974	3,625	6,590	43,547
MOH non-devolved funding	2,359	130	2,489	2,216	143	273	2,096
ACC revenue	531	0	531	584	(53)	(53)	630
Other government & DHBs	1,118	0	1,118	1,123	(5)	(5)	1,003
Other income	1,452	449	1,901	916	536	985	842
Total Revenue	**56,059**	**3,544**	**59,603**	**51,813**	**4,246**	**7,790**	**48,118**
Expenses							
Employed workforce	18,438	577	19,015	19,841	1,403	826	17,717
Outsourced workforce	642	104	746	179	(463)	(567)	745
Total Workforce	19,080	681	19,761	20,020	940	259	18,462
Outsourced services	1,809	42	1,851	1,872	63	21	2,009
Clinical supplies	2,453	256	2,709	2,448	(5)	(261)	2,591
Pharmaceuticals	4,856	20	4,876	4,337	(519)	(539)	2,934
Air Ambulance	478	0	478	335	(143)	(143)	404
Non-clinical supplies	5,318	332	5,650	2,964	(2,354)	(2,686)	2,836
External provider payments	13,829	1,220	15,049	12,939	(890)	(2,110)	12,683
Inter District Flows	4,963	0	4,963	4,958	(5)	(5)	4,029
Total Expenses before IDCC	**52,786**	**2,551**	**55,337**	**49,873**	**(2,913)**	**(5,464)**	**45,948**
Surplus/(Deficit) before IDCC	**3,273**	**993**	**4,266**	**1,940**	**1,333**	**2,326**	**2,170**
Interest expenses	29	0	29	37	8	8	31
Depreciation	1,298	0	1,298	1,257	(41)	(41)	1,188
Capital charge	487	0	487	530	43	43	789
Total IDCC	**1,814**	**0**	**1,814**	**1,824**	**10**	**10**	**2,008**
Operating Surplus/(Deficit)	**1,459**	**993**	**2,452**	**116**	**1,343**	**2,336**	**162**
Holidays Act compliance	(458)	0	(458)	(458)	0	0	(458)
Net Surplus/(Deficit)	**1,001**	**993**	**1,994**	**(342)**	**1,343**	**2,336**	**(296)**

Nelson Marlborough Health
TE WAIORA

	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	528,870	21,799	550,669	526,905	1,965	23,764	500,327	580,175	550,486
MOH non-devolved funding	25,306	1,616	26,922	25,646	(340)	1,276	24,544	28,342	27,379
ACC revenue	7,546	0	7,546	6,594	952	952	7,093	7,287	7,877
Other government & DHBs	12,864	0	12,864	12,527	337	337	11,093	13,710	12,254
Other income	20,569	518	21,087	10,713	9,856	10,374	11,739	11,746	12,784
Total Revenue	**595,155**	**23,933**	**619,088**	**582,385**	**12,770**	**36,703**	**554,796**	**641,260**	**610,780**
Expenses									
Employed workforce	224,632	4,214	228,846	228,925	4,293	79	206,338	254,461	232,335
Outsourced workforce	7,734	4,297	12,031	1,965	(5,769)	(10,066)	6,802	2,145	7,685
Total Workforce	232,366	8,511	240,877	230,890	(1,476)	(9,987)	213,140	256,606	240,020
Outsourced services	21,146	656	21,802	20,664	(482)	(1,138)	20,820	22,560	23,883
Clinical supplies	28,320	1,401	29,721	28,597	277	(1,124)	28,475	31,560	31,978
Pharmaceuticals	51,599	20	51,619	48,557	(3,042)	(3,062)	47,177	53,183	51,915
Air Ambulance	4,392	0	4,392	3,940	(452)	(452)	4,167	4,359	4,613
Non-clinical supplies	38,495	2,416	40,911	33,312	(5,183)	(7,599)	33,393	36,506	36,400
External provider payments	143,208	13,619	156,827	142,366	(842)	(14,461)	136,900	155,386	150,672
Inter District Flows	54,582	0	54,582	54,536	(46)	(46)	47,370	59,494	52,827
Total Expenses before IDCC	**574,108**	**26,623**	**600,731**	**562,862**	**(11,246)**	**(37,869)**	**531,442**	**619,654**	**592,308**
Surplus/(Deficit) before IDCC	**21,047**	**(2,690)**	**18,357**	**19,523**	**1,524**	**(1,166)**	**23,354**	**21,606**	**18,472**
Interest expenses	330	0	330	406	76	76	352	443	383
Depreciation	13,381	0	13,381	13,589	208	208	12,596	14,806	13,745
Capital charge	5,454	0	5,454	5,830	376	376	4,431	6,360	4,826
Total IDCC	**19,165**	**0**	**19,165**	**19,825**	**660**	**660**	**17,379**	**21,609**	**18,954**
Operating Surplus/(Deficit)	**1,882**	**(2,690)**	**(808)**	**(302)**	**2,184**	**(506)**	**5,975**	**(3)**	**(482)**
Holidays Act compliance	(5,042)	0	(5,042)	(5,042)	0	0	(5,042)	(5,500)	(5,500)
Net Surplus/(Deficit)	**(3,160)**	**(2,690)**	**(5,850)**	**(5,344)**	**2,184**	**(506)**	**933**	**(5,503)**	**(5,982)**

Workforce Costs	YTD $000s							Full Year $000s	
	Actual [BAU]	Actual [Covid]	Actual [Total]	Budget	Variance [BAU]	Variance [Total]	Last Yr	Budget	Last Yr
Employed SMO	41,992	511	42,503	46,777	4,785	4,274	41,813	52,288	45,692
Outsourced SMO	5,973	186	6,159	1,305	(4,668)	(4,854)	5,261	1,424	5,640
Total SMO	**47,965**	**697**	**48,662**	**48,082**	**117**	**(580)**	**47,074**	**53,712**	**51,332**
Employed RMO	14,622	74	14,696	15,862	1,240	1,166	13,820	17,244	15,055
Outsourced RMO	516	0	516	364	(152)	(152)	314	397	423
Total RMO	**15,138**	**74**	**15,212**	**16,226**	**1,088**	**1,014**	**14,134**	**17,641**	**15,478**
Employed Nursing	78,161	1,563	79,724	74,558	(3,603)	(5,166)	69,718	83,022	76,737
Outsourced Nursing	92	2,220	2,312	0	(92)	(2,312)	213	0	356
Total Nursing	**78,253**	**3,783**	**82,036**	**74,558**	**(3,695)**	**(7,478)**	**69,931**	**83,022**	**77,093**
Employed Allied Health	29,988	734	30,722	31,560	1,572	838	29,559	35,581	32,988
Outsourced Allied Health	617	0	617	238	(379)	(379)	616	260	682
Total Allied Health	**30,605**	**734**	**31,339**	**31,798**	**1,193**	**459**	**30,175**	**35,841**	**33,670**
Employed Disability Supprot Service	19,612	0	19,612	21,349	1,737	1,737	17,545	23,197	19,123
Outsourced Disability Support Service	0	0	0	0	0	0	0	0	0
Total Disability Support Service	**19,612**	**0**	**19,612**	**21,349**	**1,737**	**1,737**	**17,545**	**23,197**	**19,123**
Employed Hotel & Support	8,009	55	8,064	7,752	(257)	(312)	7,546	8,609	8,340
Outsourced Hotel & Support	192	0	192	5	(187)	(187)	31	6	40
Total Hotel & Support	**8,201**	**55**	**8,256**	**7,757**	**(444)**	**(499)**	**7,577**	**8,615**	**8,380**
Employed Management & Admin	32,248	1,277	33,525	31,067	(1,181)	(2,458)	31,379	34,520	34,400
Outsourced Management & Admin	344	1,891	2,235	53	(291)	(2,182)	367	58	544
Total Management & Admin	**32,592**	**3,168**	**35,760**	**31,120**	**(1,472)**	**(4,640)**	**31,746**	**34,578**	**34,944**
Total Workforce costs	**232,366**	**8,511**	**240,877**	**230,890**	**(1,476)**	**(9,987)**	**218,182**	**256,606**	**240,020**
Total Employed Workforce Costs	224,632	4,214	228,846	228,925	4,293	79	211,380	254,461	232,335
Total Outsourced Workforce Costs	7,734	4,297	12,031	1,965	(5,769)	(10,066)	6,802	2,145	7,685

Nelson Marlborough Health

	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	131.0	0.9	131.9	143.2	12.2	11.3	131.4	143.7	131.9
RMO	101.5	0.7	102.2	107.5	6.0	5.3	98.9	107.8	99.0
Nursing	784.8	18.5	803.3	807.6	22.8	4.3	781.6	809.7	787.6
Allied Health	379.7	7.8	387.5	401.9	22.2	14.4	376.7	403.4	381.2
Disability Support Service	283.7	0.0	283.7	325.0	41.3	41.3	280.0	325.7	281.4
Hotel & Support	131.4	0.8	132.2	138.3	6.9	6.1	133.5	138.5	134.4
Management & Admin	431.6	13.6	445.2	443.7	12.1	-1.5	420.1	444.9	423.4
Total FTEs	**2,243.7**	**42.3**	**2,286.0**	**2,367.2**	**123.5**	**81.2**	**2,222.2**	**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	347		349	354	7	5	345	364	346
RMO	156		156	160	4	4	151	160	152
Nursing	108		108	100	(8)	(8)	97	103	97
Allied Health	86		86	85	(0)	(1)	85	88	87
Disability Support Service	75		75	71	(4)	(4)	68	71	68
Hotel & Support	66		66	61	(5)	(5)	61	62	62
Management & Admin	81		82	76	(5)	(6)	81	78	81
	108		**108**	**105**	**(4)**	**(4)**	**103**	**107**	**104**

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 May 2022

	Budget May-22 $000	Actual May-22 $000	Actual Jun-21 $000
Assets			
Current assets			
Cash and cash equivalents	19,416	35,923	19,415
Other cash deposits	21,300	19,867	21,300
Receivables	23,247	31,491	23,248
Inventories	3,387	3,285	3,387
Prepayments	1,760	(1,583)	1,760
Non-current assets held for sale	2,105	465	2,105
Total current assets	**71,215**	**89,449**	**71,215**
Non-current assets			
Prepayments	695	518	695
Other financial assets	1,732	1,986	1,732
Property, plant and equipment	214,521	213,230	218,258
Intangible assets	9,470	10,865	11,069
Total non-current assets	**226,418**	**226,599**	**231,753**
Total assets	**297,633**	**316,048**	**302,968**
Liabilities			
Current liabilities			
Payables	58,364	68,013	56,440
Borrowings	737	757	737
Employee entitlements	103,462	113,265	105,407
Total current liabilities	**162,563**	**182,035**	**162,584**
Non-current liabilities			
Borrowings	7,820	7,299	7,819
Employee entitlements	9,255	9,256	9,256
Total non-current liabilities	**17,075**	**16,555**	**17,075**
Total Liabilities	**179,638**	**198,590**	**179,659**
Net assets	**117,995**	**117,458**	**123,310**
Equity			
Crown equity	80,826	80,825	80,825
Other reserves	112,914	112,915	112,915
Accumulated comprehensive revenue and expense	(75,745)	(76,282)	(70,430)
Total equity	**117,995**	**117,458**	**123,310**

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE PERIOD ENDED 31 May 2022

	Budget May-22 $000	Actual May-22 $000	Budget 2020/21 $000
Cash flows from operating activities			
Receipts from the Ministry of Health and patients	582,916	612,937	641,197
Interest received	409	709	452
Payments to employees	(227,989)	(220,984)	(253,300)
Payments to suppliers	(343,018)	(369,616)	(371,035)
Capital charge	(3,657)	(3,020)	(7,314)
Interest paid	-	-	-
GST (net)			
Net cash flow from operating activities	**8,661**	**20,026**	**10,000**
Cash flows from investing activities			
Receipts from sale of property, plant and equipment	-	4,012	-
Receipts from maturity of investments	-	-	-
Purchase of property, plant and equipment	(7,799)	(7,352)	(8,508)
Purchase of intangible assets	(462)	(781)	(504)
Acquisition of investments	-	-	-
Net cash flow from investing activities	**(8,261)**	**(4,121)**	**(9,012)**
Cash flows from financing activities			
Repayment of capital	-	-	(547)
Repayment of borrowings	(400)	603	(441)
Net cash flow from financing activities	**(400)**	**603**	**(988)**
Net increase/(decrease) in cash and cash equivalents	**-**	**16,508**	**-**
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**	**35,923**	**19,416**

Nelson Marlborough Health
TE WAIORA

MEMO

To: Board Members
From: Lexie O'Shea, Chief Executive
Date: 22 June 2022
Subject: **FOR INFORMATION**

Status
This report contains:
☐ **For decision**
☐ **Update**
☐ **Regular report**
✓ **For information**

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

- Ministry for the Environment – Survey on People and Place – Ensuring the Wellbeing of Every Generation
- Ministry of Education – Discussion Document: Proposed changes to the promotion and provision of healthy drinks in schools
- Ministry for the Environment – Draft National Adaptation Plan
- Ministry of Business, Innovation and Employment – consultation on a legislative response to the modern slavery and worker exploitation

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
IaaS	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 Techer: 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