WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Whanganui District Health Board

Meeting date	**Friday 28 June 2019**	
Start	10.00 am	Public Session
Venue	Board Room Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui	

Embargoed until Saturday 29 June 2019

Contact
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Also available on website
www.wdhb.org.nz

Distribution

Board members

- Mrs D McKinnon, Board Chair
- Mr S Hylton, Deputy Chair
- Mr G Adams
- Mr C Anderson
- Mrs P Baker-Hogan
- Ms M Bellamy
- Ms J Duncan
- Mr D Hull
- Mrs J MacDonald
- Ms A Main
- Dame T Turia
- Mrs N Mackintosh, Board Secretary

Executive Management Team

- Mr R Simpson, Chief Executive
- Mr M Dawson, Communications Manager
- Mr H Cilliers, General Manager, People and Performance
- Ms K Fry, Director Allied Health
- Mrs R Kui, Director Māori Health
- Mr Paul Malan, General Manager, Service and Business Planning
- Dr F Rawlinson, Chief Medical Officer
- Mr L Adams, Director of Nursing
- Mr Brian Walden, General Manager Corporate

Ministry of Health

- Ms T Vail, Relationship Manager, Ministry of Health

Agendas are available online one week prior to the meeting.

WHANGANUI
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WHANGANUI DISTRICT HEALTH BOARD
TE POARI HAUORA O WHANGANUI

Kaua e rangiruatia te hāpai o te hoe, e kore to tātou waka e ū ki uta.
Do not lift the paddle out of unison or our canoe will never reach the shore.

We foster an environment that places the patient and their family at the centre of everything we do - an environment which values:

- learning and improvement
- courage
- partnering with others
- building resilience.

We are:

- open and honest
- respectful and empathetic
- caring and considerate
- committed to fostering meaningful relationships
- family-centred.

He wāhi whakamana tangata whaiora, whakamana whānau! Ko te whai anō hoki i ngā waiaro:

- ka whai matauranga
- ka whai mana
- ka toro atu te ringa
- ka whai rangatiratanga.

Koi anei tātou:

- ka ū ki te pono
- ka aroha ki te tangata
- ka manaaki tangata
- ko te mea nui he tangata, he tangata me ōna āhuatanga katoa
- ko te whānau te pūtake.

Nothing about me without me, and my whānau/family
Ko au ko toku whānau, to toku whānau ko au

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Held on Friday, 28 June 2019
Board Room, Fourth Floor, Ward/Admin Building, Whanganui Hospital

Commencing at 10.00am

BOARD PUBLIC SESSION

	ITEM	PRESENTER	Time	Page
1	**PROCEDURAL**			
1.1	Karakia/reflection	A Main	10.00	
1.2	Apologies	D McKinnon	10.05	
1.3	Conflict and register of interests update 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	D McKinnon	10.08	7
1.4	Late items	D McKinnon		
1.5	Confirmation of Minutes 17 May 2019	D McKinnon	10.10	13
1.6	Matters Arising	D McKinnon	10.12	21
1.7	Board and committee chairs reports 3.7.1 Board - verbal 3.7.2 Combined statutory advisory committee - verbal	 D McKinnon S Hylton	10.15	
2	**Chief Executive report**	**R Simpson**	**10.20**	**23**
3	**Decision Papers**			
3.1	Purchase of Ultrasound Machine	P Malan	10.35	27
3.2	Fraud Policy	B Walden	10.45	31
3.3	Treasury Management Policy	B Walden	10.55	33
3.4	Review of board election policies and procedures	H Cilliers	11.05	35
4	**Discussion Papers**			
4.1	Internal Audit Programme	B Walden	11.15	37
4.2	Suicide prevention	P Malan	11.25	39
5	**Information papers**			
5.1	Cancer service planning update	P Malan	11.35	41
5.2	Detailed financial report – May 2019	H Cilliers	11.45	45
5.3	Health and safety report	H Cilliers	11.55	59
6	Date of next meeting 26 July 2019 – Combined statutory advisory committee 9 August 2019 – Board meeting – Taihape Hospital			
7	**Reasons to exclude the public**	**D McKinnon**	**12.00**	**67**

Appendices	
3.2.1	Fraud Policy
3.3.1	Treasury Management Policy
3.3.2	MoH Operating Policy Framework
3.4.1	Employee as board member policy
3.4.2	COI policy
3.4.3	Employee leave policy
3.4.4	Board election procedure
3.4.5	2019 elections fact sheet

REGISTER OF CURRENT
CONFLICTS AND DECLARATIONS OF INTEREST
Up to and including 12 June 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	Advised that he is: ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ Treasurer of NZCE (NZ Council of Elders) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016 3 November 2017	Advised that he is an elected councillor on Whanganui District Council. Advised that he is now a board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006 8 June 2007 24 April 2008 29 November 2013 7 November 2014 3 March 2017	Advised that she is an elected member of the Whanganui District Council. Partner in Hogan Osteo Plus Partnership. Advised that her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business. Advised that she is Chair of the Future Champions Trust, which supports promising young athletes. Philippa Baker-Hogan declared her interest as: ▪ A member of the Whanganui District Council District Licensing Committee; and ▪ Chairman of The New Zealand Masters Games Limited Philippa Baker-Hogan declared her interest as a trustee of Four Regions Trust.
Maraea Bellamy	7 September 2017 4 May 2018 1 February 2019	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea. Advised that she is: ▪ a director of Taihape Health Limited. ▪ a member of the Institute of Directors. Trestee of Mokai Patea Waitangi Claims Trust
Jenny Duncan	18 October 2013 1 August 2014 5 April 2019	Advised that she is an elected member of the Whanganui District Council Advised that she is an appointed member of the Castlecliff Community Charitable Trust Member of the Chartered Institute of Directors Trustee of Four Seasons Trust
Darren Hull	28 March 2014 27 May 2014	Advised that he acts for clients who may be consumers of services from WDHB. Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	Advised that he is: ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society Of New Zealand.

		▪ Appointed Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.
	13 November 2015	Advised that he is an executive member of the Central Districts Cancer Society.
	15 March 2017	Advised that he is appointed as Rangitikei District Licensing Commissioner.
	2 May 2018	Advised that he is: ▪ Chairman of Whanganui Education Trust ▪ Trustee of George Bolten Trust
	2 November 2018	Advised that he is District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.
Judith MacDonald	22 September 2006	Advised that she is: ▪ Chief Executive Officer, Whanganui Regional Primary Health Organisation ▪ Director, Whanganui Accident and Medical
	11 April 2008	Advised that she is a director of Gonville Health Centre
	4 February 2011	Declared her interest as director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape.
	27 May 2016	Advised that she has been appointed Chair of the Children's Action Team
	21 September 2018	Declared her interest as a director of Ruapehu Health Ltd
Annette Main	18 May 2018	Advised that she a council member of UCOL.
Dot McKinnon	3 December 2013	Advised that she is: ▪ An associate of Moore Law, Lawyers, Whanganui ▪ Wife of the Chair of the Wanganui Eye & Medical Care Trust
	4 December 2013	Advised that she is Cousin of Brian Walden
	23 May 2014	Advised that she is a member of the Health Sector Relationship Agreement Committee.
	31 July 2015 and 10 August 2015	Advised that she is appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	Advised that she is a member of the Institute of Directors
	16 December 2016	Advised that she is Chair of MidCentral District Health Board
	3 February 2017	Advised that she is on the national executive of health board chairs
	8 June 2018	Advised that she is: ▪ a Director of Chardonnay Properties Limited (a property owning company) ▪ Chair of the DHB Regional Governance Group ▪ an advisory member on the Employment Relationship Strategy Group (ERSG)
Tariana Turia	16 December 2016	Declared her interests as: ▪ Pou to Te Pou Matakana (North Island) ▪ Member of independent assessment panel for South Island Commissioning Agency ▪ Life member CCS Disability Action ▪ National Hauora Coalition Trustee Chair ▪ Cultural adviser to ACC CEO
	15 November 2017	Recorded that she has been appointed Te Pou Tupua o te Awa.

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Frank Bristol	8 June 2017	Advised that he is: ▪ Member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ In a management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ Working as the MH & A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ Member of Sponsors and Reference groups of National MH KPI project. ▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ ▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ Member of Whanganui DHB CCDM Council ▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people. ▪ Balance Aotearoa is a Disabled Persons Organisation (DPO) and a member of the DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Advised that he is doing consultancy work for Capital and Coast District Health Board
	1 September 2017	Advised that he has been appointed to the HQSC Board's Consumer Advisory Group
	22 March 2019	Appointed to Te Pou Clinical Reference group.
Andrew Brown	13 July 2017	Advised that: ▪ he is an independent general practitioner and clinical director of Jabulani Medical Centre; ▪ he is a member of Whanganui Hospice clinical governance committee; and ▪ most of his patients would be accessing the services of Whanganui District Health Board.
Heather Gifford	20 November 2018	Advised that she is: ▪ Ngāti Hauiti representative on Hauora a Iwi; ▪ Senior Advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); and ▪ Member of Te Tira Takimano partnership Board of Nga Pae o Te Maramatanga (Centre for Māori research excellence, Auckland University).
Leslie Gilsenan	11 September 2017	Advised that he is the Service Manager, CCS Disability Action Whanganui (formerly Whanganui Disability Resources Centre).
Matt Rayner	11 October 2012	Advised that: ▪ He is an employee of Whanganui Regional PHO – 2006 to present ▪ His fiancée, Karli Kaea-Norman, is an Employee of Gonville Health Limited
	26 October 2012	Advised that he is a member on the Diabetes Governance Group
	31 July 2015	Advised that he is: ▪ employed by the Whanganui Regional Health Network (WRHN) ▪ a trustee of the group "Life to the Max"
	27 May 2016	Advised that he is a member of the Health Solutions Trust
	1 September 2017	Advised that he is now a trustee of Whanganui Hospice

Grace Talaroa	1 September 2017	Advised that she is: ▪ Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative ▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton) ▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group ▪ Member of the Maori Health Outcomes Advisory Group.
	16 March 2018	Advised that she is deputy chair of the Children's Action Team

RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Malcolm Inglis	12 September 2018	Advised that: ▪ He is Board member, Fire and Emergency New Zealand. ▪ He is Director/Shareholder, Inglis and Broughton Ltd.
	10 April 2019	▪ His niece, Nadine Mackintosh, is employed by Whanganui DHB as Board Secretary and EA to the chief executive.

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Anne Kolbe	26 August 2010	▪ Medical Council of NZ – Vocational medical registration – Pays registration fee ▪ Royal Australasian College of Surgeons – Fellow by Examination – Pays subscription fee ▪ Private Paediatric Surgical Practice (Kolbe Medical Services Limited) – Director – Joint owner ▪ Communio, NZ – Senior Consultant - Contractor ▪ Siggins Miller, Australia – Senior Consultant - Contractor ▪ Hospital Advisory Committee ADHB – Member – Receives fee for service ▪ Risk and Audit Committee Whanganui DHB – Member – Receives fee for service ▪ South Island Neurosurgical Services Expert Panel on behalf of the DGH – Chair – Receives fee for service
	18 April 2012	Advised that she is an employee of Auckland University but no longer draws a salary.
	20 June 2012	Advised that she holds an adjunct appointment at Associate Professor level to the University of Auckland and is paid a small retainer (not salary).
	17 April 2013	Advised that her husband John Kolbe is: ▪ Professor of Medicine, FMHS, University of Auckland ▪ Chair, Health Research Council of New Zealand, Clinical Trials Advisory Committee (advisory to the council) ▪ Member Australian Medical Council (AMC) Medical School Advisory Committee (advisory to the board of AMC) ▪ Lead, Australian Medical Council, Medical Specialties Advisory Committee Accreditation Team, Royal Australian College of General Practitioners ▪ Member, Executive Committee, International Society for Internal Medicine ▪ Chair, RACP (Royal Australasian College of Physicians) Re-validation Working Party ▪ Member, RACP (Royal Australasian College of Physicians) Governance Working Party
	12 February 2014	Advised that she is a Member of the Australian Institute of Directors – pays membership fee
	18 February 2016	Joined the inaugural board of EXCITE International, an international joint venture sponsored by the Canadian Government, to consider how to pull useful new technology into the marketplace. No fee for service, although costs would be met by EXCITE International.
	13 April 2016	Advised that she: ▪ is an observer to the Medicare Benefits Schedule Review Taskforce (Australia).
	10 August 2016	Advised that: ▪ Transition of the National Health Committee business functions into the NZ Ministry of Health was completed on 9 May 2016. The Director-General has since disbanded the NHC executive team.

	▪ Emma Kolbe, her daughter, has taken up a position at ESR (Institute of Environmental Science and Research), Auckland as a forensic scientist working in the national drugs chemistry team. ▪ She is chair, Advisory Council, EXCITE International. ▪ She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.
12 September 2018	Advised that she: ▪ Is strategic clinical lead for Communio and its consortium partners – to deliver coronial post-mortem services from Waikato, Rotorua, Nelson, Dunedin and Southland hospitals, and forensic and coronial post-mortems from Wellington Hospital. ▪ provides strategic governance and management work for Hauora Tairawhiti (Tairawhiti DHB).

DRAFT
Minutes
Public session

Whanganui District Health Board
held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday, 17 May 2019, commencing at 10.00am

Present
Mrs Dot McKinnon, Board Chair
Mr Stuart Hylton, Deputy Chair
Mr Graham Adams, Member
Ms Maraea Bellamy, Member
Mrs Jenny Duncan, Member
Mr Darren Hull, Member
Mrs Judith MacDonald, Member
Dame Tariana Turia, Member

Apologies
Mrs Philippa Baker-Hogan, Member (for lateness arrived at 10.45am)
Mr Charlie Anderson, Member
Ms Annette Main, Member

In attendance
Mr Russell Simpson, Chief Executive
Mrs Nadine Mackintosh, Board Secretariat
Ms L Adams, Director of Nursing
Mr Mark Dawson, Communications Manager
Mr R Gulab, Finance
Mrs Rowena Kui, Director Maori Health
Mr Paul Malan, GM Service Business and Planning

Guests
Ms Mary Bennet, Hauora-Ā-Iwi
Mr David Montgomery, Millipaed
Mr Andrew Tripe, Same Page Group

Public
Nil

1. Art Blessing

The board attended the art blessing on the ground floor of the hospital for a painting by local artist Dan Mills to mark White Ribbon day and a cabinet displaying historical items of public interest at the hospital.

2. Child Health Presentation

Lead by: David Montgomery, Millipaed

The board received a presentation that covered the challenges and opportunities of the recently signed paediatric services with SMS which covers acute services, outpatient services and community paediatric services. The outreach clinics are located in Taihape, Raetihi, Bulls and Marton.

There are opportunities for the Miillipead team to be part of the Health and Social programme. Millipead remain open to innovative ways to meet the needs of our population vs the traditional outpatient appointment.

A presentation to the combined statutory advisory committee will provide more detailed reporting on the first 1000 days of new-borns.
- Children with cancer
- Access to tertiary specialist services
- Improve access for hard to reach families (holds virtual FSAs), outreach clinic's in four rural centres.

The Whanganui District Heath board

a. **Noted** Initial focus has been on building acute services and dealing with the backlog of patients requiring acute services.

b. **Noted** the list of improvement activities that are listed in schedule 4 with the purpose to develop and evolve an integrated service and focus on the ongoing priorities.

c. **Noted** that as a governance board we need to challenge how we achieve long tern outcome improvements for our whanau and create a health and wellness model with our iwi and whanau.

d. **Noted** that the solutions to the problems are broader than this contract of services and health alone. The contract is to focus on how to articulate solutions for management and the board to work with us to open avenues to address the social, education and housing needs to support better health outcomes.

e. **Support** the re-establishment of the child and health operational group with the WDHB providing a child health manager as part of the operational group with inclusion of iwi and pacifica.

The chair thanked David Montogomery for his presentation and looks forward to hearing about the progress in six months.

3. Procedural matters

3.1 Karakia / reflection

The chief executive welcomed Lucy Adams as the new director or nursing with board introductions undertaken.

3.2 Apologies

The board resolved to **accept** the apologies from Mrs A Main, C Andersen and P Baker Hogan for lateness joining at 10.45am.

CARRIED

3.3 Continuous Disclosure

3.3.1 Amendments to the Interest Register
Jenny Duncan provided a corrections to the interest register advising she is a Trustee of Four Regions Trust.

3.3.2 Declaration of conflicts in relation to business at this meeting
Nil

3.4 Late Items
Nil

3.5 Confirmation of minutes

3.5.1 5 April 2019
The Board resolved to **accept** the minutes of the meeting held on 5 April 2019 as true and accurate record of the meeting subject to correction to Jenny Duncan's interest declaration.

Moved D McKinnon **Seconded** G Adams **CARRIED**

3.5.2 9 April 2019
The Board resolved to **accept** the minutes of the meeting held on 9 April 2019 as true and accurate record of the meeting.

Moved D McKinnon **Seconded** G Adams **CARRIED**

3.6 Matters Arising
The Board **received** and **noted** the actions reported in the matters arising schedule.

3.7 Board and Committee Chairs Reports

3.7.1 Board Chair
The board chair provided a briefing of the key discussions held with the Minister, Ministry and Heather Simpson. Of particular note the Ministry was supportive for WDHB to progress agreements to assist other DHB's with their elective list procedures where we have capacity.

3.7.2 CSAC Chair
The board **received** the paper.

Presentation

Board Strategy
The board agreed to hold the discussion of Board Strategy from the public excluded to public session of the meeting.

The deputy chair advised that the strategy has been socialised with:
- WALT
- Hauora-Ā-Iwi (Māori relationship board)
- Ministry
- Heather Simpson

The board aspiration for the vision is to be more community focused on supporting wellbeing and aligning to the social governance think piece.

The HAI board chair concurred that at the combined board hui there was a request to be focused on wellbeing for all. The essence behind that requires further articulation.

The board discussed the pro-equity report in detail confirming we want to be a pro-equity organisation that are committed to improving the health and wellbeing of everybody in the community residing in our health district. It is clear from our data the experiences of Māori whānau /families using our health system that improving Māori health and achieving equity for Māori is the primary and most urgent equity challenge for us. The focus will remain on using the data to identify the greatest needs and be accountable to improve them. This is supported by Hauora-Ā-Iwi.

The board will work on articulating what we are going to achieve and assure all in the community that we are focused on meeting the Minister expectations for improving equity for Māori.

The board discussion confirmed the vision of "Thriving communities" (encompassing our rural population and not just focused on health).

Drivers – are externally focused
Enablers – are internally focused

The Whanganui District Health board resolved to:

a. **Accept** the strategic drivers and enablers

b. **Accept** the vision of "thriving communities"

c. **Agreed** that a Maori translation for the strategic vision, drivers and enablers is required.

d. **Adopt** in principle the Whanganui DHB Board Strategic Direction with socialising for endorsement with our iwi, partners and community.

Moved S Hylton **Seconded** D McKinnon **CARRIED**
Abstained Graham Adams

Action:
1. Management to develop some wording around thriving communities
2. The board requested management to advise what key performance indicators are important versus superfluous.
3. The board to socialise the strategy with the six iwi groups
4. The communication manager to draft a consultation programme including options of platform for release to the wider district.

4. Chief Executive Report

The paper was taken as read. The chief executive highlighted the release of the NZRDA hospital review (attached as an appendix) which is publically available on their website.

Following the unfavourable NZRDA reporting received last year the RMOs have worked with the chief executive to improve our reputation. The promotional career video was well received by the board.

Whanganui District Health Board resolved to:

a. **Receive** the paper entitled chief executive report

b. **Note** the activities underway for Maori health

c. **Note** the work streams underway to assist the ophthalmology scope of work

d. **Note** the activities underway for the bowel screening project

e. **Note** our current ESPI compliance status

f. **Note** the financial results for March 2019 and the impacts of IDFs, community pharmaceuticals and aged residential care rest homes

g. **Note** the NZRDA hospital review.

Moved D McKinnon **Seconded** J MacDonald **CARRIED**

5. Decisions Papers

5.1 Communication Policy

The board acknowledged an improvement in good news stories in particular the release from the Minister's office for our ESPI achievements.

The board discussed the paper and reiterated the feedback from last year that was that the policy alone is nebulous.

All policy papers for board approval are requested to include under purpose of the paper:
- What we are aiming to achieve
- Why you would use the policy,
- State that the policy sits above prerequisite documents
- Include a brief outline of purpose of the prerequisite documents.

Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Review of Communication Policy'.

b. **Note** the inclusion of the Pro Equity report and its relevance as a related WDHB document.

c. **Approve** the Communications Policy renewal for a further one year.

Moved D McKinnon **Seconded** M Bellamy **CARRIED**

6. Discussion Papers

6.1 CentralAlliance update

The paper was taken as read with advice received that we have not agreed on priorities. WDHB is reviewing options for local chemotherapy treatment.

The new HealthPathways agreement is the first step towards alliances in primary care. Detailed discussion ensued on centralAlliance meetings and combined board meetings with MidCentral.

Whanganui District Health Board resolved to:

a. **Receive** the report 'Quarterly update on CentralAlliance activity'

b. **Note** the priorities proposed for 2019/20

c. **Note** that a change in governance arrangement has been introduced to support alliance activity better.

Moved J MacDonald **Seconded** S Hylton **CARRIED**

Action
Updates on Urology, Renal and Chemotherapy services outlining what we are achieving against targets were requested to be provided to the August board meeting.

6.2 Inter-district flow

WDHB have included a $2.2mil provision for IDFs in our 2018/19 financials due to the increased volumes. Any wash-ups at year end will improve the year end financial position.

Whanganui District Health Board:

a. **Received** the report 'Six-monthly report on inter-district flows'.

b. **Noted** that inter-district outflows continue to be higher than budget and present a risk to the forecast of a year-end deficit of $8.086 million.

Moved D McKinnon **Seconded** J Duncan **CARRIED**

7. Information Papers

7.1 Detailed financial report – March 2019

The chief executive led discussion on the April 2019 year to date figure, noting that we are one of four DHBs that are tracking to budget with a 8.086 mil unfavourable position with the inclusion of provisions of the increase in IDFs.

Whanganui District Health Board resolved to:

a. **Receive** the report 'Detailed financial report – March 2019'.

b. **Note** the March 2019 month-end result is favourable to budget by $288k.

c. **Note** the year-to-date March 2019 result is unfavourable to budget by $148k.

d. **Note** that the forecasted $8.086 million deficit is subject to the following risks:

   i. Operating risks – mainly inter-district flows outflows (around $600k); community pharmacy expenditure; and multi-employer collective agreements (MECA) above 2.43% that are not funded by the Ministry of Health. The Ministry have funded all significant MECA settlements above 2.43% to date except for the single employer collective agreement which impacts Spotless Services staff. Spotless Services have claimed $200k for the 2018/19 financial year.

   ii. Holidays Act compliance – provision was made in the 2017/18 annual accounts of $550k but the cost is likely to be greater. The Risk and Audit Committee will review this issue in more detail at their meeting on 12 June.

   iii. One-off impairment of the National Oracle Solution (now known as Finance, Procurement and Information Management) asset $1,075k held as shares in NZ Health Partnerships is a risk, depending on the sector-wide agreed treatment.

Moved S Hylton **Seconded** G Adams **CARRIED**

7.2 Health and safety report

The paper was taken as read with additional information received on progress improvements being undertaken for Te Awhina and programmed for ED.

Whanganui District Health Board resolved to **receive** the paper entitled 'Health and Safety update'.

Moved J MacDonald **Seconded** M Bell **CARRIED**

Action

The graph's produced on a 12 month rolling trend.
Include narrative on interpretation of the trends.

8. Date of next meeting

The board **received** the dates of the CSAC and Board meetings for June.

9. Reasons to exclude the public

Whanganui District Health Board:

Agrees that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table;

Notes that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 5 April 2019	For reasons set out in the board's agenda of 5 April 2019	As per the board agenda of 1 February 2019
Whanganui District Health Board minutes of meeting held on 9 April 2019	For reasons set out in the board's agenda of 9 April 2019	As per the board agenda of 7 April
Chief executive's report Board & committee chair reports Risk and Audit Committee minutes of meeting held on 13 February 2019	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Allied Laundry Proposed Price Increase RHIP Programme	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Board Strategy Annual Plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows:

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretariat or board's executive assistant	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Matters Arising

28 June 2019

Topic	Action	Due date
DHB Board Elections	The electoral officer to organise a public forum and/or education programme for potential candidates.	**August/September**
	The Chair to discuss process of appointed board members with the Minister	**10 April 2019**
Fit for Surgery	A presentation from a patient in the programme and consider including a patient story for new patient information.	**October**
People and Performance	Include further details on reasons for leaving in next report Management to embed strong performance appraisal culture	**November 2019**
Financials	Forecast column to be added to future reporting	**June**
Service updates	Urology, renal and chemotherapy updates to outline what we are achieving against targets	**August**
Board Strategy	Management to develop some wording around "thriving communities" Review KPIs and report back to Board Board to socialise the strategy with the five iwi groups Communication manager to draft consultation programme including platform release options for the wider district.	**August**
Smokefree 2025	Health promotion position to be presented to the Board	**October**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Chief Executive Paper**
	Item 2
Author	Russell Simpson, Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receives** the paper entitled chief executive report

b. **Notes** the positive partnership with Whanganui Collegiate and Whanganui DHB chaplaincy

c. **Notes** the financial results for May 2019 and the impacts of IDF outflows, MECA settlements and the Holiday act.

d. **Note** that there is no requirement to pay the spotless services claim $250k for the 2018/19 year under the contract and the next price adjustment is due on 1 August 2019.

1. Whanganui Collegiate and Whanganui DHB Chaplaincy partnership

Grant Muirhead from Whanganui Collegiate School and Amail Habib from the Hospital Chaplaincy are working together to offer our patients additional support during the Sunday chapel sessions. Amail mentioned it was a breath of fresh air with the students helping in the Chapel Service routine. They were willing, keen and passionate. They will assist in the following areas:

- Setting up the Chapel for the service
- Pack up at the end of Service
- Serving morning tea
- Bringing the patients from Wards to the Chapel in wheel chairs and take them back at the end of the Service
- Scripture reading
- Visiting patients in the wards

Last Sunday was their first visit. Whanganui Collegiate are thankful for this initiative and I am sure this experience will instil long lasting faith based values in the students. Amail reported it was a very pleasant and beautiful experience for the patients as well as those who attend Chapel service on regular basis.

2. New clinical pathways site - Community HealthPathways

The Collaborative Central Pathways (CCP) project team is pleased to announce the launch of a new collaborative Whanganui & MidCentral Community HealthPathways site, which will be available from July 2019. The previous Map of Medicine pathways, currently hosted on the CarePathways site, will not be available after 30 June 2019.

HealthPathways is an online portal used by health professionals to help make assessment, management and specialist referral decisions for over 550 conditions. HealthPathways is currently used in 17 of the 20 DHB districts in New Zealand, in all Australian states and is being rolled out in the United Kingdom.

The Whanganui & MidCentral Community HealthPathways site will provide health professionals with access to more than 600 pathways, founded on evidence-based best practice across New Zealand and overseas, and backed by a very strong clinical and peer review process.

Initially all pathways will be standard national pathways without localisation to our districts. Pathways will be localised progressively across the two districts. Localising pathways will range from adding local contact details to changing advice within the pathway to fit with local service arrangements. The Collaborative Central Pathways project is an initiative of the Whanganui Alliance Leadership Team (Whanganui DHB, National Hauora Coalition and Whanganui Regional Health Network) and MidCentral DHB, Central PHO. The HealthPathways Programme Lead will be based at Central PHO and will work with an operational team of Clinical Editors and Administrators from both districts.

For more information about Community HealthPathways visit:
www.healthpathwayscommunity.org/About.aspx

3. Survey of mental health and addiction consumers, their family and whānau

Developments on a new national Ngā Poutama survey of mental health and addiction (MHA) consumers, family and whanau will be held shortly. This survey, along with the staff survey conducted last year, underpin the national MHA quality improvement programme coordinated by the Health Quality & Safety Commission.

More details about the survey will be shared before it goes live.

4. Summary financial results for May 2019

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18	
Provider Division	(993)	(760)	(233)	U	(9,653)	(8,787)	(866)	U	(8,442)	(5,504)	F
Corporate	174	111	63	F	288	(132)	420	F	27	1,189	U
Provider & Corporate	**(819)**	**(649)**	**(170)**	**U**	**(9,365)**	**(8,919)**	**(446)**	**U**	**(8,415)**	**(4,315)**	**F**
Funder Division	(368)	(413)	45	F	261	335	(74)	U	526	(366)	F
Governance	56	(2)	58	F	333	11	322	F	3	502	U
Funder divison & Governance	**(312)**	**(415)**	**103**	**F**	**594**	**346**	**248**	**F**	**529**	**136**	**F**
Net Surplus / (Deficit)	**(1,131)**	**(1,064)**	**(67)**	**U**	**(8,771)**	**(8,573)**	**(198)**	**U**	**(7,886)**	**(4,179)**	**F**

Note :- F = Favourable variance; U = unfavourable variance

Explanation of May 2019 major variances against the Ministry of Health-approved budget deficit of $7.886 million

Provider – $233k unfavourable to budget. Inpatient volumes overall were 96% of budget, with acute at 96.6% and elective at 94.8%. General medicine is 112% of budget, with acute orthopaedics at 75% of budget. Revenue was $250k favourable due to ACC non-acute and catching up on invoicing of other DHBs for diagnostic support. The major cost variances are nursing $190k (medical hub $104k, acute mental health $37k and patient safety $29k). High medical occupancy is evident in Te Awhina. Outsourced medical staff also shows a significant variance of $208k driven by general medicine $58k (maternity leave), ED $15k, RMOs $11k, mental health $86k (doctor vacancy), and O&G $47k (doctor vacancy). Outsourced supplies were $109k unfavourable due to rest home convalescence $54k, and outsourced testing for mammography and specialist scans.

Corporate – $63k favourable to budget due to IT costs and corporate training.

Funder – $45k favourable to budget due to less revenue to own provider as a result of lower electives; partly offset by community pharmaceutical costs.

Governance – $58k favourable to budget due to personnel costs (leave and vacancies), operating expenses, staff travel and board expenses.

Forecast deficit: $8.086 million plus $1.048 million one-off NOS impairment

This forecast is subject to the following risks.

Operating risks – mainly IDF outflows $0 to $400k, and MECA settlements $0 to $250k. The Ministry of Health have funded all significant MECA settlements above 2.43% to date, except the E tū settlement which particularly impacts Spotless Services staff. Spotless Services have claimed $250k for the 2018/19 year. There is no requirement under the contract to pay this settlement, with the next price adjustment due on 1 August 2019.

Holidays Act compliance – agreement has been reached between the Council of Trade Unions, the Ministry of Business Innovation and Employment and DHBs over the correct calculation method for various leave payments. We are working on an estimate of full liability for the 30 June 2019 accounts, pending a formal audit of leave payments. Provision of $550k was made in the 2017/18 annual accounts, but this may be up to $1.2 million.

The detailed financial report for May is included as *Information item*.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 3.1
Author	Kath Fraser-Chapple, Business Manager
Endorsed by	WDHB Capex Committee, Brian Walden, Corporate Finance
Subject	**Purchase of Ultrasound Machine**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receives** the paper detailing the purchase requirements for an ultrasound machine

b. **Notes** that due to standardisation requirements and urgency we have taken the option of an "opt-out" procurement

c. **Notes** that the total cost of the replacement programme is within budget.

d. **Approves** the immediate purchase of the Philips EPIQ 5G at a total cost of $151,773.00

1 Purpose

The ultrasound machine in the radiology department is now at end of life and will need to be replaced within 6 months. The replacement is within budget and WDHB Board approval is requested to purchase the new ultrasound machine.

2 Background

Ultrasound is a standard imaging modality and is required across numerous specialities for diagnosis. The radiology department currently have two dedicated machines, with other smaller machines in use throughout clinical services. The current radiology machines are a GE Logiq E9 and a Philips Epiq 5G.

The GE Logiq E9 was purchased in 2010 and we have been advised by GE that it is at the end of its supported life. Support provided the vendor is reduced to "Bronze" status meaning that the machine will be serviced, but all costs for parts and engineer are additional.

Due to changes in technology the image quality of the machine is now inferior and unable to be used for some examinations. Poor image quality also requires longer scanning time to get a suitable image. Age of software also makes it unsuitable for some examinations such as liver electrography.

In recent months the image quality has deteriorated and both the WDHB radiologist and sonographers have formally raised concerns about the image quality for diagnostics, including comparison studies with both current machines. This identified significant differences in image quality between the GE Logiq and the newer Philips Epiq. Poor image quality from the machine is now listed on the WDHB risk register.

3 Selection and Proposed Purchase

Clinicians and managers in the Radiology department identified early on in the procurement process that there are significant benefits from standardisation of the ultrasound machines in the department. The benefit of having two identical ultrasound machines include:

1. It is a "tried and tested" machine in our hospital under our conditions;
2. Clinical staff have no issues or concerns with the current machine or its diagnostic performance;
3. Expensive probes and accessories can be shared between machines;
4. Staff training requirements are minimised as all current staff know the machine and it is widely used in other hospitals;
5. Procurement costs will be limited as any new machine will not require trialling or site visits.

The strongly preferred approach from the Radiology department is to replace the GE Logiq machine with a second Philips Epiq 5G, and upgrade the existing Philips machine to the latest software version. This will give two identical machines in the department.

Our requirement for standardisation of equipment and the increased urgency of the purchase has meant that we have taken the option of an opt-out procurement under the government rules of sourcing.

Health Partnerships were approached to provide costs for ultrasound machines and equipment via the national panel agreements. At the time of consideration Philips were in negotiations with Health Partnerships for their panel contract but had not yet signed.

A quote has been received from Philips for a new Epiq 5G Ultrasound System (the preferred model) for $151,772.80, including 24 month warranty and on-site training. As part of the proposal the software of the current Philips Epiq G5 machine will be upgraded ($16,802.24 to be approved through separate capex application) to current specifications. Philips have advised that this is their "all of government" price.

This quote and inclusions have been reviewed by our clinical staff and service management and match the capabilities of the existing Philips machine with the software upgrade.

4 Funding and Budget considerations

The replacement of the machine has been budgeted at $180,000 in the 2018-19 year, and this has been transferred to the 2019-20 budget.

The total cost of the proposed replacement programme (new machine and software upgrade to existing machine) is $168,575.04, and falls within budget. This cost is less than our initial estimates and the procurement proposal approved by EMT of up to $200,000.

Due to the timing of the application the purchase will fall into the 2019-20 financial year.

		2018-19	2019-20
Budgeted	Ultrasound replacement	$ 180,000	$ 180,000
Expenditure	EPIQ 5 G Ultrasound System		$ 151,773
	EPIQ 7 Software Upgrade		$ 16,802
		$ -	$ 168,575
Variance to Budget positive/(negative)		**$ 180,000**	**$ 11,425**

There are no additional costs such as facilities alterations or staff training.

5 Context and Service Direction

The replacement ultrasound is part of a medium to long term programme to replace aging equipment in the radiology department including general x-ray machines at both Whanganui Hospital and Waimarino Health Centre, echo-sonography machine and fluoroscopy machine. Some facility remodelling in the department may improve efficiency and patient flow and this will be considered as part of the programme. The capital replacement plan and timing will be worked up in more detailed and presented separately.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 3.2
Author	Brian Walden, General Manager Corporate
Subject	**WDHB Fraud Policy**

Recommendations

Management recommend that the board:

a. **Receive** the report 'WDHB Fraud Policy'.

b. **Note** that the WDHB Fraud Policy has been reviewed by the Risk and Audit Committee, who recommend it for board approval.

c. **Approve** the WDHB Fraud Policy for a further three-year term, noting that no changes are required to this policy.

1 Purpose

To enable the board to review the WDHB Fraud Policy and advise of any changes required before it is approved for a further three-year term.

The purpose of the policy is to:

- provide guidelines regarding appropriate actions to follow for the reporting and investigation of suspected fraud or similar activities
- define fraud and provide examples of potentially fraudulent activity
- outline the fraud prevention strategic framework
- raise fraud awareness and its consequences
- provide guidance to reflect the public sector perspective towards fraud
- convey the WDHB's attitude towards fraud.

2 Background

The WDHB Fraud Policy (WDHB-5795) was reviewed and approved by the board in November 2016 for a three-year term.

The policy includes procedures and controls for fraud assessment and detection, investigation principles, fraud hotline, confidentiality, protected disclosures and fraud notification.

3 Policy review

At its meeting on 12 June 2019, the Risk and Audit Committee reviewed the Fraud Policy and supported management's recommendation that no changes were required to this policy. A copy of the policy is included as an ***Appendix.***

The Risk and Audit Committee's meeting papers included details of the current state of control settings.

Whanganui District Health Board is compliant with all requirements of the policy.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 3.3
Author	Brian Walden, General Manager Corporate
Subject	**WDHB Treasury Management Policy**

Recommendations

Management recommend that the Whanganui District Health Board board:

a. **Receive** the report 'WDHB Treasury Management Policy'.

b. **Note** that the WDHB Treasury Management Policy has been reviewed by the Risk and Audit Committee, who recommend it for board approval.

c. **Approve** the WDHB Treasury Management Policy for a further 12 months.

1 Purpose

To enable the board to review the WDHB Treasury Management Policy and advise of any changes required before it is approved for a further 12-month term. The Ministry of Health's Operational Policy Framework requires this policy to be reviewed annually by the board.

The Treasury Management Policy clarifies the operational policy objectives, procedures, accountabilities and reporting requirements for management of key inter-related treasury functions which are carried out only by the finance team.

2 Background

The core purpose and objectives of our treasury management policy and practices are to:

- ensure sufficient funding and/or arrangements are in place to meet both short-term and long-term operating and investing requirements
- minimise net interest expense (that is interest expense less interest income)
- minimise exposure to other treasury-related risks including interest rate and foreign exchange movements
- ensure appropriate processes exist for management, internal control, timely and accurate reporting of treasury activities
- establish and maintain professional relationships with the district health board's bankers and providers of treasury services
- ensure risk-averse and non-speculative practices are adopted.

3 Policy review

The WDHB Treasury Management Policy (WDHB-2012) was last reviewed and approved by the board in 2012. Since that time, there have been significant changes relating to debt to equity and the NZ Health Partnerships (NZHP) sweep arrangements. Therefore, it has been necessary to 're-write' the policy.

To assist with this, a review has been carried out of policies from other district health boards who have already updated their policy to reflect the involvement of NZHP.

A copy of the draft revised policy is included as ***Appendix 3.3.1.***

4 Management comment

Management are confident the draft policy meets the requirements of the Operational Policy Framework (as outlined in ***Appendix 3.3.2)***.

At its meeting on 12 June 2019, the Risk and Audit Committee reviewed the Treasury Management Policy. The committee supported management's recommendation that this policy be recommended to the board for approval, with the addition of a section on guarantees and indemnity. This has been included in the draft revision that is now provided to the board for approval.

The Risk and Audit Committee's work plan has been updated to include an annual review of the Treasury Management Policy.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 3.4

Author	Margaret Bell, WDHB Electoral Contact
Endorsed by	Hentie Cilliers, General Manager People and Performance
Subject	**Review of board election policies and procedures**

Recommendations

Management recommend that the board:

a. **Receive** the report 'Review of board election policies and procedures'.
b. **Approve** the WDHB's 'Employees as Board Members Policy' (WDHB-3435 v5).
c. **Approve** the WDHB's 'Board Election Procedure and Protocols' (WDHB-4564 v5).
d. **Note** that the triennial election fact sheet is available on the WDHB website.

1 Purpose

To approve the minor revisions that have been made to the policy and procedure documents relating to the triennial board elections.

2 Background

The next district health board elections will be held on Saturday 12 October 2019.

As part of the preparations, the following documents are due for revision and need to be approved by the board:

- Employees as Board Members Policy (WDHB-3435)
- Board Election Procedure (WDHB-4564).

3 Changes made

Employees as Board Members Policy – *Appendix 3.4.1.*

Section 3 has been added, which explains the statutory right of DHB employees to be elected as a member of a district health board (including a quote from the NZ Public Health and Disability Act 2000, Clause 7, Schedule 2).

A reminder has also been included that any employee who wishes to stand for election musts notify the chief executive. This information has previously been included in election protocols emailed to staff prior to the pre-election period – however, it is important that this be formalised through the policy.

This policy refers to the WDHB's Conflict of Interest Policy and the Employee Leave Policy. A copy of these policies are included as ***Appendix 3.4.2*** and ***Appendix 3.4.3*** for the board's information only.

4 Board Election Procedure and Protocols – *Appendix 3.4.4*

No changes have been made.

5 Election fact sheet

An elections fact sheet was uploaded onto the Whanganui District Health Board's website last month and will be included in the information pack available for potential candidates. A copy is included for the board's information as ***Appendix 3.4.5.***

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Discussion paper**
	Item 4.1
Author	Brian Walden, General Manager Corporate
Subject	**Internal audit programme for 2019/20**

Recommendations

Management recommend that the board:

1. **Receive** the report 'Internal audit programme for 2019/20'.
2. **Note** that the Risk and Audit Committee have approved the internal audit programme for 2019/20, which is provided for the board's information only.
3. **Note** management supports the areas of internal audit approved by the Risk and Audit Committee.
4. **Notes** there is flexibility in the programme that enables it to be amended if necessary.

1 Purpose

To provide the board with details of the internal audit activities for 2019/20 that were approved by the Risk and Audit Committee at its meeting on 12 June 2019.

2 Background

Under its terms of reference, the Risk and Audit Committee is responsible for:

> "Reviewing the independence and performance of the internal auditor and approving the ongoing internal audit programme, achieving an appropriate balance between clinical, service provision, business and the financial aspects of the organisation's activities, and ensuring the programme is adequately resourced."

WDHB has allocated $100k to internal audits in the 2019/20 budget. This amount has been agreed in the past, but the Risk and Audit Committee notes that in the event of any urgent issue arising, this budget could be exceeded. The committee also agreed that the number of audit objectives or activities should be limited to six.

3 Internal audit programme

The Risk and Audit Committee has approved the following programme of internal audits for the 2019/20 financial year.

The committee noted that medicine reconciliation is audited during certification and agreed that a medicine reconciliation audit would be carried out through the Centre for Patient Safety. This would enable the TAS internal audit programme to carry out audits of cyber security (15 days) and phishing (five days).

The proposed programme is flexible, with the committee able to add or substitute audits depending on situations that may arise during the year.

In setting the programme, the committee has received advice from Technical Advisory Services and national internal audit leads, reviewed the previous internal audit history and considered key risks

identified on the WDHB risk register. Full details of how the internal audit programme has been developed are included in the Risk and Audit Committee 12 June 2019 meeting papers (pp 15-17).

Audit	Objective
Referral management	To ensure appropriate processes exist to manage the receipt and processing of referrals.
Cyber security	Due to rapid changes in technology, this audit is part of a regular cycle to review policy and procedure; external penetration; and internal penetration.
Phishing attacks	To ensure appropriate processes exist to reduce the risk of phishing attacks impacting on digital security.
webPAS workflows	To assess the level to which webPAS workflows support efficient clinical practice.
Reporting – data capture and analysis	To ensure there are appropriate processes to capture, analyse and report on performance within the DHB. Due to the breadth of data captured, key areas for sample testing will be agreed.
Physical security and aggression towards staff	To ensure that appropriate processes exist to assess and manage risks relating to aggression and violence toward staff.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Discussion Paper**
	Item No. 4.2
Author	Paul Malan, GM Service and Business Planning
Subject	**Whanganui suicide prevention strategy update**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receives** the paper Whanganui suicide prevention strategy update

b. **Notes** the partnership approach to development of the strategy

c. **Notes** the timeline and process for completion by 1 July 2020

1 Background

Suicide is a serious health issue that is validly used as a population level indicator of mental health and well-being. In the 2017/18 year, New Zealand suicide rates increased again for a fourth year and provisional statistics showed that the highest risk was amongst Māori (compared to other ethnicities) males (compared to females) and those in the 20-24 year-old age group (compared to other age groups). In every year since records began (2007), Whanganui district have had a significantly higher rate of suicide than the New Zealand rate overall.

An interim Suicide Prevention and Postvention Plan is in place but, in 2018, following a review, WDHB undertook to partner more closely with the wider community to develop a robust, well-consulted strategy.

2 Strategy Development Partnership

Whanganui DHB is sponsoring the development of the strategy and has partnered with Te Oranganui Trust and Healthy Families Whanganui, Rangitikei, Ruapehu to ensure an integrated cross-agency and community response to the development. Te Oranganui Trust is hosting a dedicated, full-time role who will be responsible for co-ordinating the consultation processes across the district to deliver a 3 to 5 year strategy.

3 Process

There will be wide consultation, collaboration, co-design and engagement with whānau, community, key influencers, change agents and stakeholders right across the district. The bottom-up approach will ensure engagement across all levels and gather insights from the community regarding suicide prevention to inform the strategy. The engagement will include those with lived experience of suicide loss or attempted suicide, family/whanau, community and agency support structures and many other groups.

4 Timeline

Completion strategy delivered by 30 June 2020.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information paper**
	Item 5.1
Author	Kath Fraser-Chapple, Business Manager
Endorsed by	Paul Malan, GM Service and Business Planning
Subject	**Cancer Service Planning Update**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receives** the paper giving an update to 2019-20 cancer service planning for Whanganui DHB;

b. **Note** that national and regional planning is underway but not yet finalised for 2019-20;

c. **Note** that local planning and activities in the 2019-20 draft annual plan are awaiting feedback from the Ministry of Health.

1 Purpose

The purpose of this paper is to update Board Members on cancer care planning across the District Health Board and current local, regional and national planning.

2 Planning

2.1 National Planning

The New Zealand Cancer Plan 2015–2018 set out cancer-related programmes, activities and services implemented across the country and signaled potential future initiatives.

The principles guiding the New Zealand Cancer Plan (NZCP) were:

- Maintain high quality of care and improve the quality of life for people with cancer
- Effectively, equitably and sustainably meet the future demand for cancer services
- Ensure fiscal responsibility
- Inequality for Maori and Pacific people will be addressed proactively

The Ministry of Health, District Health Boards and regional cancer networks, as well as non-governmental and consumer organisations all had a role to play in achieving the vision of the NZCP. The Ministry oversaw and monitored implementation through the development of annual work plans that reflected the NZCP's strategic framework.

The Ministry of Health are now developing a new cancer plan and have announced that the Interim Cancer Plan will be released by the end of June 2019. As indicated in our annual planning guidance Whanganui DHB are committed to working with the Ministry to develop and implement the national cancer plan. Further information will be available following the announcement.

2.2 Regional planning

The Central Region Service Planning Forum, made up of Central Region GM's Maori, Planning and Funding and Chief Operating Officers, have been working on the future direction of cancer services regionally across both regional cancer treatment services in Palmerston North and Wellington. This work is in conjunction with the Central Cancer Network.

This work is looking at how a single system of care can be delivered across the region and what operating, commissioning and governance models will be needed to implement. A review and report was commissioned from Ernst Young in 2018, based on current issues and informed by regional workshops. This has progressed to the development of options for a regional operating model. Current options under discussion include:

1. *Status quo maintained*
   Existing structures and accountabilities would remain in place.
2. *Strengthened collaboration*
   Existing structures and accountabilities would largely remain the same, with a stronger focus on tumour streams and adoption of a managed clinical networks model.
3. *Local DHB commissioning, with merged delivery entity*
   DHBs would retain their commissioning functions, however specialist cancer services would merge into a single shared regional delivery entity, which would contract with providers (public or private).
4. *Regional commissioning, with separate DHB delivery*
   DHB commissioning functions are devolved to a regional commissioner, which will then commission individual DHBs for service delivery.
5. *Full integration of commissioning and delivery*
   Shared specialist cancer services are merged into a single regional entity, which will also be devolved commissioning functions from DHBs.
6. *Regional commissioning and delivery, through separate entities*
   Commissioning functions are devolved to a regional commissioner, which then commissions a separate regional delivery entity.

At the time of writing this report the Central Region Service Planning Forum were meeting to discuss the outcomes of the workshops, with the preferred options being 2 Strengthened Collaboration and 4 regional commissioning and local delivery.

2.3 Local Annual Planning

The Ministry of Health's 2019-20 udpated planning guidance for cancer services is focussed around equity of access to cancer diagnosis and treatment in parallel with the national Faster Cancer treatment target of 62 days, implementing quality improvement actions from the Bowel Cancer Quality Improvement Report 2019, and committing to working with the Ministry to develop and implement the Cancer Plan.

The first draft annual plan included the following activities against the initial guidance received from the Ministry, these will be updated to include commitments to working with the Ministry to develop the national cancer plan.

1. Ensure people living the Whanganui DHB area have a shared care plan developed by their multi-disciplinary team with the person and their family/whanau, connected to hospital and community Maori Health Services. This includes linking of the patient, cancer nurse co-ordinator, Maori services and community based kaupapa Maori in the system early to support end to end care. This care plan will be developed to ensure post treatment planning and support is available to patients and family/whanau, with a range of health providers including psycho-social support, Maori health services or other community providers as appropriate.
2. Implement continual quality improvements identified through internal tracer audits of patient journeys that breached the 62 day target. This work will be led by a clinical team and include the cancer nurse co-ordinator and the Maori Health team.
3. Focus on priority population (Māori & Pacific) women including offering further opportunities to access cervical screening, alongside robust health promotion. This includes raising awareness at community events such as market days, UCOL Orientation and annual Ratana Celebration. Funded

screening for priority women - Māori, Pacific and Asian and follow up through general practice outreach team.
4. Continue to work with the Central Cancer Network to develop and promote the use of cancer pathways locally
5. Request 2013-16 data used to inform Bowel Cancer Quality Improvement Report from MoH
6. Extract 2017-18 data from local hospital systems to provide means for analysis of quality indicator results during this period
7. Review data to identify variances in quality indicator results for Māori vs non-Māori and ensure strategies to reduce inequity are addressed within quality improvement plan
8. Establish a team to coordinate a review of the Bowel Cancer Quality Improvement Report 2018 and associated data
9. Create a quality improvement plan for bowel cancer based on outcome of review

3 Local Cancer Network

The Whanganui Local Cancer Network is made up of a wide group of local stakeholders and includes representatives from DHB (Planning & Funding, service management, Haumoana), General Practice and PHO, Cancer Society, consumer/survivor, rural, iwi, hospices, Cancer Society and the Central Cancer Network.

The purpose of this group is to support local delivery of effective, efficient and equitable cancer services. This includes providing specialist and strategic advice on planning, delivery, monitoring and evaluation of cancer service strategies, activities and initiatives across the region. A key part of this work is ensuring relationship and network building to foster integration and collaboration between services – enabling people to access services appropriately and in a timely manner.

The local cancer network has an annual work plan that supports and informs the WDHB Annual Plan for cancer services. Influenced by key drivers for change and improvement the 2019-20 workplan has 20 planned actions - key components are:

- Continue to implement He Anga Whakaahuru – Supportive care framework to ensure patients support care needs are identified and addressed;
- Continue to participate in the development and implementation of cancer pathways and promote their use locally and via the CCN Priority Cancer Pathways Project;
- Support regional clinical data repositories for cancer aligned with the Cancer Health Information Strategy;
- Work with Kaupapa Māori services and other relevant stakeholders to focus on a campaign to raise the awareness within the population regarding the importance of screening, early intervention and early warning signs of cancer;
- Implement priorities identified in the urology work streams recommendations and ensure there are robust systems and process to have greater monitoring and reporting on urology cancers.

Progress on the workplan is a standing agenda item for Whanganui Cancer Network agendas.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item No. 5.2
Author	Brian Walden, General Manager Corporate
Subject	**Detailed financial report – May 2019**

Recommendations

Management recommend that the board:

a. **Receive** the report 'Detailed financial report – May 2019'.

b. **Note** the May 2019 month-end result is favourable to budget by $9k.

c. **Note** the year-to-date May 2019 result is unfavourable to budget by $198k.

d. **Note** that the forecasted $8.086 million deficit is subject to the following risks:

- Operating risks – mainly IDF inpatient outflows, IDF community pharmacy, IDF outpatient, and community pharmacy expenditure. The IDF risk is around $600k.
- Operating risk – the Ministry of Health have funded all significant MECA settlements above 2.43% to date except the SECA settlement which particularly impacts Spotless Services staff. Spotless have claimed $200k for the 2018/19 year.
- Provision has been made in the 2017/18 annual accounts of $550k for Holidays Act compliance, but the cost is likely to be greater.
- One-off impairment of the National Oracle Solution (now known as Finance, Procurement and Information Management project) asset of $1,048k held as shares in NZ Health Partnerships is a risk depending on sector wide agreed treatment. A paper will be presented to the June board meeting, recommending approval of the impairment of these shares.

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18
Provider Division	(993)	(760)	(233)	U	(9,653)	(8,787)	(866)	U	(8,442)	(5,504) F
Corporate	174	111	63	F	288	(132)	420	F	27	1,189 U
Provider & Corporate	**(819)**	**(649)**	**(170)**	**U**	**(9,365)**	**(8,919)**	**(446)**	**U**	**(8,415)**	**(4,315) F**
Funder Division	(368)	(413)	45	F	261	335	(74)	U	526	(366) F
Governance	56	(2)	58	F	333	11	322	F	3	502 U
Funder divison & Governance	**(312)**	**(415)**	**103**	**F**	**594**	**346**	**248**	**F**	**529**	**136 F**
Net Surplus / (Deficit)	**(1,131)**	**(1,064)**	**(67)**	**U**	**(8,771)**	**(8,573)**	**(198)**	**U**	**(7,886)**	**(4,179) F**

Note :- F = Favourable variance; U = unfavourable variance

Overview

Result for the month of May 2019 was unfavourable to budget by $67k

- Provider $233k unfavourable to budget result was mainly due to higher nursing personnel costs, medical locum costs, support and management personnel, radiology service, pharmaceuticals, and elective wash up of $87k (94.8% to target, internal). This was partly offset by favourable ACC non-acute inpatient revenue, radiology outpatient clinic revenue and a donation for a laser machine.
- Corporate $63k favourable to budget was due to IT costs, corporate training, other operating expenses and depreciation costs. This was partly offset by NZ Health Partnerships (NZHP) settlement wash up and IT depreciation costs.
- Governance $58k favourable to budget was due to personnel costs, professional fees, other operating expenses, staff travel and board expenses.
- Funder $45k favourable to budget was mainly due to the elective wash up with own provider $87k (internal), pay equity revenue, in-between travel revenue and ACC revenue. This was partly offset by greater than expected community pharmaceuticals and costs related to pay equity.

Year-to-date May 2019 result was unfavourable to budget by $198k

This was mainly driven by provider and funder performance; offset by corporate and governance performance.

- Provider $866k unfavourable to budget result was mainly due to reduced elective volumes (92.7% to target, internal), nursing personnel, clinical supplies (mainly wards and pharmaceuticals), facility maintenance costs and outsourced clinical services (mainly in radiology). This was partly offset by theatre consumables due to lower elective surgery output, accreditation costs and additional MECA funding received.
- Corporate $357k favourable to budget was due to IT personnel costs (vacancies), corporate training, IT Regional Digital Health Services (formerly known as the Regional Health Informatics Programme) favourable wash up and depreciation costs. This was partly offset by NZHP costs.
- Governance $262k favourable to budget was due to personnel costs, professional fees, other operating expenses, board fees and board expenses.
- Funder $74k unfavourable to budget was mainly due to greater than expected expenditure on inter-district flows, community pharmaceuticals, older people home-based support services, aged residential care rest homes and mental health provider. This was partly offset by the elective wash up with own provider (internal), as well as less than expected patient travel subsidies, hospital aged residential care expenditure, a one-off favourable wash up on in-between travel and the current year funding wash up.

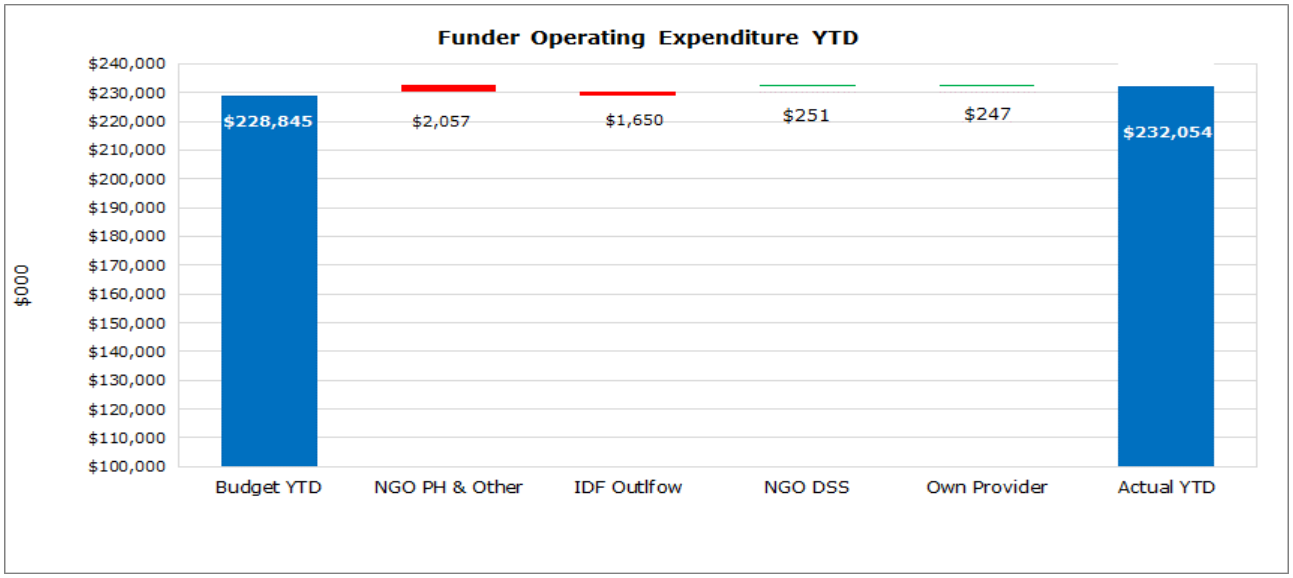
1. Funder financial performance

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s)
FUNDER DIVISION

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
Personal Health	(442)	(415)	(27)	U	(943)	(6)	(937)	U	120	(2,719)
Disability Support	(153)	(37)	(116)	U	894	(27)	921	F	-	991
Public Health	29	-	29	F	132	-	132	F	-	131
Maori Services	8	7	1	F	48	(7)	55	F	-	93
Other	26	32	(6)	U	280	375	(95)	U	406	502
Mental Health	164	-	164	F	(150)	-	(150)	U	-	636
Net Surplus / (Deficit)	**(368)**	**(413)**	**45**	**F**	**261**	**335**	**(74)**	**U**	**526**	**(366)**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s)
FUNDER DIVISION

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
REVENUE										
Government and Crown agei	21,345	20,301	1,044	F	225,342	221,966	3,376	F	242,267	234,232
Inter-district Inflow	361	622	(261)	U	6,693	6,839	(146)	U	7,461	7,313
Other Income Revenue	26	32	(6)	U	280	375	(95)	U	406	502
Total Revenue	**21,732**	**20,955**	**777**	**F**	**232,315**	**229,180**	**3,135**	**F**	**250,134**	**242,047**
EXPENDITURE										
Personal Health	8,688	8,707	19	F	90,435	90,791	356	F	99,079	95,358
Disability Support	268	268	-	F	2,946	2,946	-	F	3,214	3,054
Mental Health	1,529	1,529	-	F	16,838	16,814	(24)	U	18,343	17,897
Public Health	14	6	(8)	U	152	67	(85)	U	73	245
Maori Services	9	9	-	F	101	101	-	F	110	108
Total own provider expenditu	**10,508**	**10,519**	**11**	**F**	**110,472**	**110,719**	**247**	**F**	**120,819**	**116,662**
Personal Health	4,277	3,757	(520)	U	41,783	40,414	(1,369)	U	44,049	42,352
Disability Support	2,235	2,467	232	F	26,501	26,752	251	F	29,154	28,575
Mental Health	1,356	641	(715)	U	8,029	7,047	(982)	U	7,688	7,380
Public Health	53	91	38	F	764	1,003	239	F	1,094	869
Maori Services	130	131	1	F	1,468	1,523	55	F	1,654	1,557
Inter-district Outflow	3,211	3,432	221	F	39,406	37,756	(1,650)	U	41,189	41,134
Total Other provider expend	**11,262**	**10,519**	**(743)**	**U**	**117,951**	**114,495**	**(3,456)**	**U**	**124,828**	**121,867**
Governance	330	330	-	F	3,631	3,631	-	F	3,961	3,884
Total Expenditure	**22,100**	**21,368**	**(732)**	**U**	**232,054**	**228,845**	**(3,209)**	**U**	**249,608**	**242,413**
Net Surplus / (Deficit)	**(368)**	**(413)**	**45**	**F**	**261**	**335**	**(74)**	**U**	**526**	**(366)**



Comments on results	
	Positive
Month comments	
Funder $45k favourable to budget, mainly due to elective wash up with own provider $87 (internal), pay equity revenue, in-between travel revenue and ACC revenue. This was partly offset by greater than expected community pharmaceuticals and costs related to pay equity.	
Year-to-date comments	
Funder $74k unfavourable to budget is mainly due to greater than expected expenditure on inter-district flows, community pharmaceuticals, older people home-based support services, aged residential care rest homes and mental health provider. This was partly offset by the elective wash up with own provider (internal), less than expected patient travel subsidies, hospital aged residential care expenditure, a one-off favourable wash up on in-between travel, and the current year funding wash up.	

Funder YTD variance to budget	Variance $000	Impact on forecast
Revenue	**$3,135 F**	
Crown revenue	**$3,376 F**	
▪ Personal health – elective initiatives	$150 F	
▪ Personal health – PSA nurses and allied health MECA settlement	$416 F	Offset by costs
▪ Personal health – Gateway assessment	$10 F	
▪ Personal health side contract – primary care top-up	$965 F	Offset by costs
▪ Personal health side contract – school-based health	$104 F	Offset by costs
▪ Personal health side contract – WellChild Tamariki Ora	$23 F	Offset by costs
▪ Personal health side contract – ACC fit for surgery contract	$9 F	Offset by costs
▪ Personal Health – ACC SAAT admin and management fee	$63 F	
▪ Personal Health – falls prevention	$31 F	
▪ Personal Health – ACC injury prevention	$50 F	Offset by costs
▪ Personal Health – practice sustainability	($5) U	Offset by costs
▪ Personal Health – minor other	($39) U	
▪ Health of older people – in-between travel wash up	$798 F	Prior year wash up
▪ Health of older people – pay equity	($51) U	Offset by costs
▪ Health of older people – autism spectrum disorder	(12) U	
▪ Mental health – sleepover	$6 F	Offset by costs
▪ Mental health – AOD	$6 F	Offset by costs
▪ Mental health – pay equity	$873 F	Offset by costs

▪ Public health – cervical and newborn hearing screening	($21) U	Offset by costs
Inter-district inflows – close to budget	**($146) U**	
Other income – mainly interest	**($95) U**	
Expenditure	**($3,209) U**	
Payment to own provider	**$247 F**	
▪ Personal health – elective wash up	$1,124 F	No overall impact – offset by provider internal revenue
▪ Personal health – PSA nurses and allied health MECA settlement	($416) U	
▪ Personal health – adolescent dental demand-driven	$3 F	
▪ Personal health – pharmaceuticals	($250) U	
▪ Personal health – school-based health	($105) U	
▪ Public health – Smokefree	($85) U	
▪ Mental health AOD	($24) U	
Payment to external provider (excluded IDF)	**($1,806) U**	
Personal health	**($1,369) U**	
▪ Laboratory	($106) U	
▪ Dental service	$3 F	
▪ Pharmaceutical	($869) U	
▪ General medical subsidy	($102) U	Partly offset by primary health care
▪ Primary health care	($513) U	Offset by revenue
▪ Rural support	$107 F	
▪ Immunisation	$16 F	
▪ Domiciliary and district nursing	($269) U	
▪ Community base allied health – home (offset by mental health advocacy peer support family and whānau)	$183 F	Offset by mental health costs
▪ Minor expenses ($72k obesity strategy cost to Whanganui Sports Foundation; offset by $33k midwifery recruitment and retention, $15k regional elective management and $8k health promotion)	($21 U	Offset by public health
▪ Price adjuster premium and other minor expenses	$69 F	
▪ Travel and accommodation	$133 F	
Health of older people	**$251 F**	Offset by revenue
▪ Pay equity	($235) U	Offset by revenue
▪ Personal care and household management	($96) U	
▪ Age-related residential care	($86) U	
▪ Residential care hospitals	$191 F	
▪ Ageing in place	$10 F	
▪ Respite care	$159 F	
▪ Day programmes	$29 F	
▪ Carer support	$36 F	
▪ Need assessment	$6 F	
▪ Other	$4 F	
Mental health	**($982) U**	
▪ Mental health – pay equity	($873) U	Offset by revenue
▪ Child and youth mental health service (mainly primary mental health services initiatives – youth)	($49) U	
▪ Advocacy peer support family and whānau (offset by personal health community-based allied health)	($180) U	Offset by costs under personal health
▪ Mental health funded services for older people	$96 F	
▪ Various other	$24 F	
Public health side contracts	**$239 F**	
▪ Tobacco control and other	$89 F	Offset by own provider cost
▪ Screening programme and other	$22 F	Offset by revenue
▪ Nutrition and physical activity and other (obesity strategy cost paid to Whanganui Sports Foundation through personal health minor expenses, $30k saving due to timing of the contract start date)	$128 F	Offset by costs under personal health minor expenses
Māori health service	**$55 F**	Offset by costs under personal health

Inter-district outflows	($1,650) U	
▪ Based on 12-month rolling average, mainly in cardiology, cardiothoracic, neurosurgery, specialist neonates and general surgery	($1,650) U	Longer-term trend uncertain, volume varies month-to-month

Governance and funding administration financial performance		
Month comments		
The result was $58k favourable to budget due to personnel costs related to leave and vacancies, operating expenses, professional fees and board expenses.		
Year-to-date comments		
The result was $322k favourable to budget due to other operating expenses, professional fees, board fees and expenses, and personnel costs.		**Positive**
	Variance $000	**Impact on forecast**
▪ Personnel costs	$137 F	
▪ Staff travel and accommodation	$21 F	
▪ Professional fees	$93 F	
▪ Board expenses, advisory committee fees, corporate training, printing, forms and stationery	$55 F	
▪ Photocopier rental and other	$16 F	

Provider and corporate financial performance

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 May 2019 ($000s)
PROVIDER & CORPORATE

	Month				Year to Date				Annual	Actual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget	2017-18
REVENUE										
Government and Crown agency	1,094	847	247	F	9,471	9,894	(423)	U	11,608	10,508
Funder to Provider Revenue (internal)	10,508	10,519	(11)	U	110,472	110,719	(247)	U	120,819	116,987
Other income	208	96	112	F	1,422	1,206	216	F	1,529	1,382
Total Revenue	**11,810**	**11,462**	**348**	**F**	**121,365**	**121,819**	**(454)**	**U**	**133,956**	**128,877**
EXPENDITURE										
Personnel										
Medical	2,071	2,135	64	F	20,559	21,804	1,245	F	23,786	21,788
Nursing	3,505	3,327	(178)	U	36,649	36,243	(406)	U	39,471	34,978
Allied	1,060	1,121	61	F	10,723	11,498	775	F	12,471	10,861
Support	82	71	(11)	U	780	732	(48)	U	794	745
Management & Admin	1,020	998	(22)	U	10,353	10,359	6	F	11,234	10,332
Total Personnel(Exl other & outsourced)	**7,738**	**7,652**	**(86)**	**U**	**79,064**	**80,636**	**1,572**	**F**	**87,756**	**78,704**
Personnel Other	225	157	(68)	U	2,071	1,936	(135)	U	2,163	1,720
Outsourced Personnel	661	529	(132)	U	6,329	5,445	(884)	U	5,980	5,912
Total Personnel Expenditure	**8,624**	**8,338**	**(286)**	**U**	**87,464**	**88,017**	**553**	**F**	**95,899**	**86,336**
Outsourced Clinical Service	837	585	(252)	U	6,750	6,487	(263)	U	7,103	6,888
Clinical Supplies	1,365	1,368	3	F	15,212	14,685	(527)	U	15,961	15,102
Infrastructure & Non Clinical Supplies Costs	963	997	34	F	12,565	12,701	136	F	13,754	13,286
Capital Charge	281	284	3	F	3,241	3,259	18	F	3,543	3,262
Depreciation & Interest	504	484	(20)	U	4,946	5,029	83	F	5,517	5,206
Internal Allocation	55	55	-	F	552	560	8	F	594	696
Total Other Expenditure	**4,005**	**3,773**	**(232)**	**U**	**43,266**	**42,721**	**(545)**	**U**	**46,472**	**44,440**
Total Expenditure	**12,629**	**12,111**	**(518)**	**U**	**130,730**	**130,738**	**8**	**F**	**142,371**	**130,776**
Net Surplus / (Deficit)	**(819)**	**(649)**	**(170)**	**U**	**(9,365)**	**(8,919)**	**(446)**	**U**	**(8,415)**	**(1,899)**
FTEs										
Medical	103.1	114.7	11.5	F	103.8	112.1	8.3	F	112.3	101.2
Nursing	472.8	446.4	(26.4)	U	464.6	455.1	(9.5)	U	455.0	424.2
Allied	156.4	161.5	5.2	F	150.9	160.8	9.9	F	160.7	147.5
Support	17.8	16.0	(1.8)	U	15.5	16.0	0.4	F	16.0	14.8
Management & Admin	179.5	172.1	(7.4)	U	171.7	171.5	(0.2)	U	171.4	166.1
Total FTEs	**929.6**	**910.7**	**(18.9)**	**U**	**906.5**	**915.3**	**8.9**	**F**	**915.4**	**853.9**

Comments on result	Positive

Month comments

Inpatient volumes were 94.8% to target in May 2019, with acute at 96.6% and elective at 94.8% of budget for the month.

The overall result for the month was $170k unfavourable to budget

- **Revenue $11k unfavourable to budget** – mainly due to:
  - Internal revenue $11k unfavourable related to elective volumes $87k. This was partly offset by school-based health services $21k, Smokefree $8k, additional PSA nurses and allied health MECA settlement funding $47k.
  - Government revenue $247k favourable due to ACC contract $47k (offset by costs), ACC non-acute inpatient $128k, radiology outpatient clinics $91k. This was partly offset by an ACC patient with high blood use $10k (patient discharged) and ACC theatre implants $9k.
  - Other income $112k favourable mainly related to a donation for a laser machine $39k, ophthalmology medical personnel cost recovery $18k, Auckland DHB air ambulance wash up $8k, Spotless Services catering rights $21k, accommodation $19k and flight nurses cost recovery $7k.
- **Total personnel costs $286k unfavourable** to budget mainly due to high nursing costs in the Medical Ward, ED, AT&R Ward, CCU, ATR community service, district nursing, mental health service and Paediatric Ward; medical personnel outsourced locum costs to cover vacancies in ED, mental health and gynaecology and to cover maternity leave in general medicine. Support and management personnel costs relate to the MECA uplift. This was partly offset by allied health personnel.
- **Outsourced clinical and other services $252k unfavourable** to budget, mainly due to ACC contract $50k, radiology $62k, ophthalmology $7k, rest home convalescence $54k, NZHP $93k (IBM IaaS settlement costs $54k and NOS Oracle license $39k). This was partly offset by Capital and Coast DHB infectious disease support (from SMOs) $5k, Echo service and various other $9k.
- **Clinical supplies $3k favourable** to budget mainly due to theatre implant and prosthesis costs (orthopaedics 77.2% to target), patient appliance costs. This was partly offset by pharmaceutical costs.
- **Infrastructure and non-clinical supplies $34k favourable** due to IT related costs (offset by NHPS costs), staff travel and accommodation. This was partly offset by maintenance costs.
- **Depreciation** was unfavourable to budget by $20k, mainly related to IT.

Year-to-date comments

Inpatient volumes were 94.5% to target in May 2019, with acute at 95.1% and elective at 92.7% of budget.

The overall result is $446k unfavourable to budget

- **Revenue is $454k unfavourable** to budget mainly due to:
  - **Internal revenue $247k** unfavourable mainly due to under-delivery of elective volumes, resulting in an unfavourable wash up of $1,124k (offset by funder). This was partly offset by pharmaceutical and dental $247k, Smokefree $85k, mental health AOD $24k, school-based health service $105k and PSA nurses and allied health MECA settlement funding $416k.
  - **Government revenue $423k** unfavourable mainly due to ACC contract $397k (offset by costs), ACC home-based support $149k, ACC patient with high blood use reimbursement $70k (patient discharged), ACC implant and other ACC $56k, Health Quality and Safety Commission (HQSC) falls prevention contract $19k, haematology outpatient clinics $23k, health workforce medical personnel training $83k, cervical screening $17k. This was partly offset by ACC non-acute inpatient rehabilitation $113k, ACC radiology $26k, training fees $65k, one-off HQSC $10k, national travel assistance $22k, colonoscopy revenue $10k, radiology outpatient clinics $145k.
  - Other income $216k favourable due to one-off Capital and Coast DHB secondment revenue $41k, ACC contract patient consumables revenue $16k, non-resident and other $47k, dental $17k and donation from Countdown and laser machine $77k, Auckland DHB air ambulance wash up $18k, flight nurses cost recovery $38k, ophthalmology cost recovery $18k, Spotless Services catering rights $19k, accommodation for units $27k. This was partly offset by prison contract $72k and triage nurses support to WRPHO (contract expired) $30k.
- **Total personnel costs is $553k favourable** to budget mainly due to:
  - Medical personnel vacancies (partly offset by locum costs in general medicine to cover maternity leave $209k, locum to cover vacancies in ED $16k, mental health $387k and gynaecology $362k, RMOs $170k).
  - Nursing costs in the Medical Ward, ED, AT&R Ward, CCU, ATR community service, AT&R Ward, mental health service, the Paediatric Ward and patient safety.

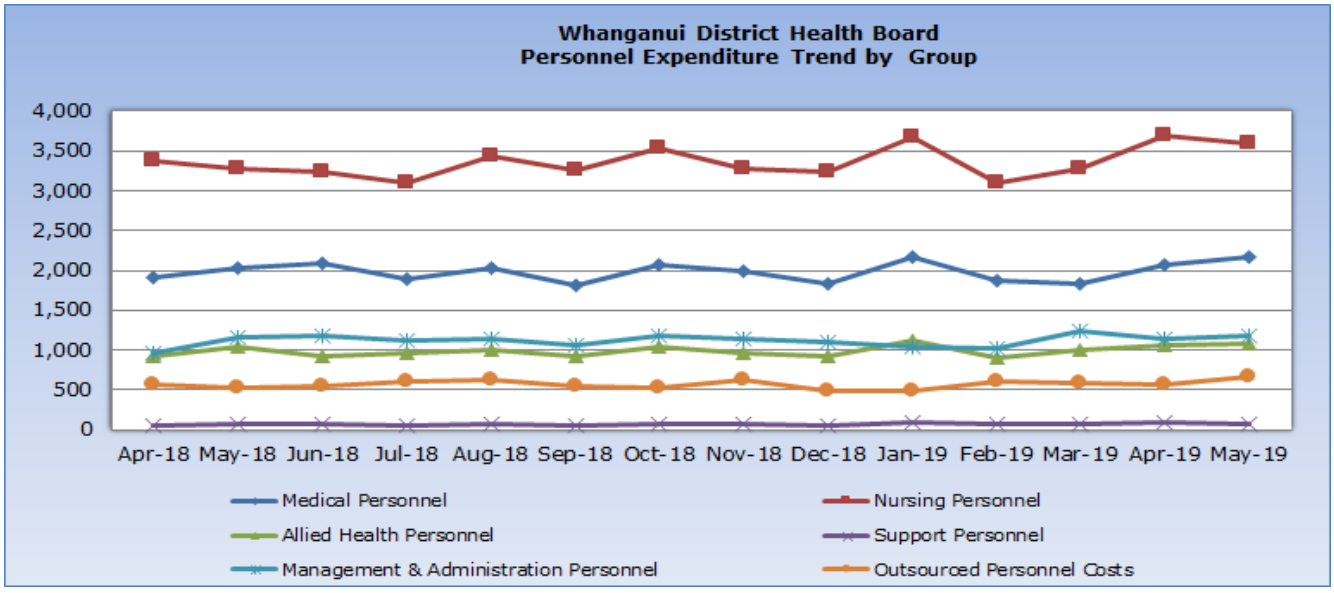
- Support and management personnel accrued based on the current MECA offer. This is partly offset by allied health.

- **Outsourced clinical and other services is $263k unfavourable** to budget due to radiology service $229k, laboratory $6k, ophthalmology $17k, rest home convalescence $8k, audiology $7k, dental $14k, Echo service $10k, NZHP $125k (food service negotiated settlement costs (FSA) $25k, IBM IaaS settlement costs $54k and NOS Oracle license $46k). This is partly offset by ACC contract $99k (offset by revenue), infectious disease SMO support from Capital and Coast DHB $54k.
- **Clinical supplies is $527k unfavourable** to budget due to:
  - wards consumables $191k – treatment and disposable consumables $31k ($89k IV supplies for new IV pump), pharmaceutical $157k (Medical Ward $56k mainly fungal infection control drug, mental health inpatient service $49k, CCU $23k, ED $22k and Paediatric Ward $12k), HoverMatt for CCU and Medical Ward $25k. This was partly offset by orthotics $8k, other client-related costs and various other $14k.
  - pharmaceutical $226k (cytotoxic $105k, eye $89k, musculoskeletal and joint $14k. This was partly offset by $250k pharmaceuticals (internal revenue).
  - orthotics – mobility aids and wheelchairs $70k (demand-driven).
  - patient travel $188k (demand-driven).
  - radiology $34k (contrast media, syringes and repairs and maintenance).
  - district nursing $20k (bandages, dressing, ostomy – partly offset by pharmaceutical costs).
  - dental supplies $22k.
  - various other $15k.

  These costs have been partly offset by theatre consumables $239k (lower than budgeted output).
- **Infrastructure and non-clinical supplies is $136k favourable** to budget due to accreditation $60k (will be resumed in November 2019), travel and accommodation $26k, stationery, printing and forms $89k, advertising $29k, other equipment minor purchases $26k, corporate training $45k, utility costs $24k, and IT $133k (offset by NHPS cost). This is partly offset by orderlies service additional $11k, security service $10k, caravan maintenance $14k, insurance risk share cost provision $12k, facilities additional cost $67k, laundry service $29k, patient meals $58k, professional fees $17k (mainly pro-equity audit), postage and courier $28k, telecommunications $33k and various other $17k.
- **Depreciation** is $83k favourable due to the timing of the purchase of clinical and IT equipment.

Supplementary information on costs

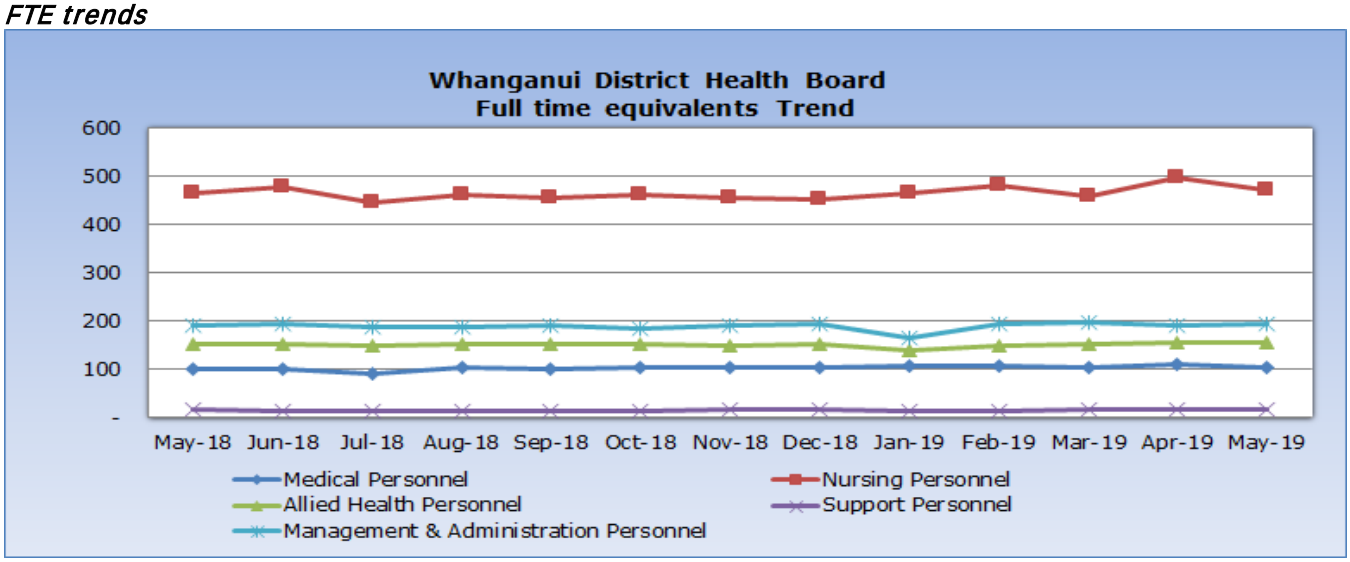
Personnel cost trends



- Nursing personnel downward trend in May 2019 compared to the prior month is due to the impact of the statutory days in April.
- Medical personnel upward trend in May 2019 compared to the prior month is due to RMOs, payment for ED staff for unsocial hours penal payment (included prior month) and mental health.

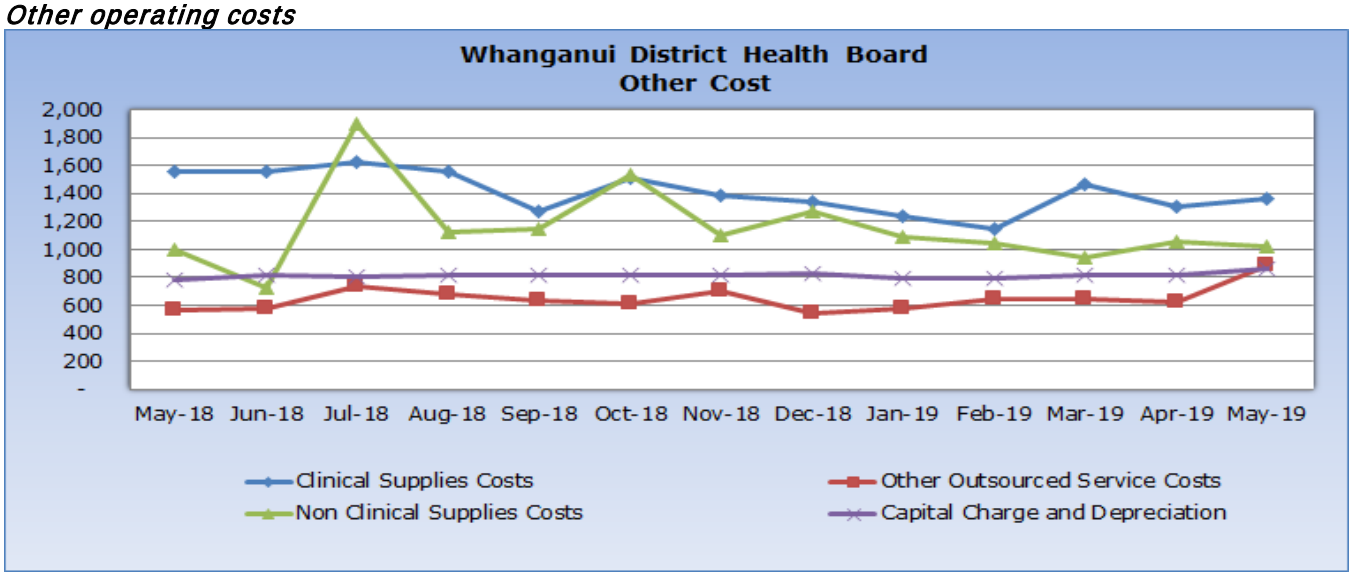
- Allied personnel slightly upward trend in May 2019 compared to the prior month is due mental health and radiology.
- Outsourced personnel upward trend in May 2019 compared to the prior month relates to the ACC contract, medical locum in mental health, ED, general medicine and RMOs; partly offset by IT locum costs.

FTE trends



- The FTE trend largely reflects the impact of statutory holidays and timing of leave. Otherwise, the trend is comparable to the prior period.

Other operating costs



- Clinical supplies upward trend in May 2019 compared to the prior month was mainly due to theatre consumables (actual elective volumes 39% compared to prior month), radiology, dental supplies and district nursing consumables; partly offset by blood costs and patient travel.
- Non-clinical supplies downward trend in May 2019 compared to the prior month was due to IT related (timing), corporate training and patient meals.
- Other outsourced upward trend in May 2019 compared to the prior month was due to radiology, rest home convalescence, ACC contract and NZHP IBM IaaS shortfall wash up and NOS application support one-off cost.
- Interest, capital charge and depreciation trend in May 2019 was comparable to the prior month.

Rolling trend of financial performance

Consolidated Statements of Financial Performance 12 Month Rolling ($000s)

	May-18	May-19	1 month Average	Last 12 Month Rolling Total	Budget 2018-19	Actual Vs Budget 2018-19		Actual 2017-18	Actual 2016-17
REVENUE									
MoH - Government And Crown Agency	20,575	22,801	21,917	263,000	261,336	1,664	F	251,767	240,264
Other Income Revenue	204	235	181	2,167	1,951	216	F	2,439	1,966
Total Revenue	**20,779**	**23,036**	**22,097**	**265,167**	**263,287**	**1,880**	**F**	**254,206**	**242,230**
EXPENDITURE									
Medical Personnel	2,034	2,179	1,985	23,821	25,177	1,356	F	22,100	21,064
Nursing Personnel	3,278	3,600	3,366	40,396	39,917	(479)	U	37,029	33,855
Allied Health Personnel	1,040	1,076	993	11,911	12,767	856	F	11,072	10,720
Support Personnel	69	82	70	845	797	(48)	U	726	865
Management & Administration Personnel	1,158	1,176	1,128	13,531	13,459	(72)	U	12,529	11,775
Outsourced Personnel Costs	522	661	573	6,874	5,980	(894)	U	7,115	6,117
Total Personnel Expenditure	**8,101**	**8,774**	**8,115**	**97,378**	**98,097**	**719**	**F**	**90,571**	**84,396**
Other Outsourced Service Costs	568	883	653	7,837	7,656	(181)	U	7,282	7,474
Clinical Supplies Costs	1,560	1,366	1,398	16,774	15,967	(807)	U	15,935	14,569
Infrastructure & Non Clinical Supplies Costs	1,004	1,023	1,162	13,945	14,687	742	F	13,635	13,334
Other Provider Payments	6,306	8,052	7,191	86,297	83,638	(2,659)	U	80,733	76,829
Inter-district-outflow	3,324	3,211	3,607	43,280	41,189	(2,091)	U	41,134	38,253
Total Other Expenditure	**12,762**	**14,535**	**14,011**	**168,133**	**163,137**	**(4,996)**	**U**	**158,719**	**150,459**
Net Surplus / (Deficit) before Int, Depr & C	**(84)**	**(273)**	**(29)**	**(344)**	**2,053**	**(2,397)**	**U**	**4,916**	**7,375**
Capital Charges	358	353	367	4,408	4,412	4	F	4,357	2,422
Depreciation	428	505	451	5,409	5,527	118	F	4,737	4,695
Interest Costs	-	-	-	-	-	-	F	-	970
Total Interest Depreciation and Capital E	**786**	**858**	**818**	**9,817**	**9,939**	**122**	**F**	**9,094**	**8,087**
Total Expenditure	**21,649**	**24,167**	**22,944**	**275,328**	**271,173**	**(4,155)**	**U**	**258,384**	**242,942**
Net Surplus/ (Deficit)	**(870)**	**(1,131)**	**(847)**	**(10,161)**	**(7,886)**	**(2,275)**	**U**	**(4,178)**	**(712)**

- The 12-month rolling average of $10.1 million is $2.2 million worse than the 2018/19 budget forecast of $7.9 million. The increase relates to demand-driven expenditure and higher inter-district outflows for the first half the year.
- The June forecast of $8.086 million includes $700k one-off ACC revenue for a long-stay patient.

Risks to the forecast deficit of $8.086 million plus $1.048 million one-off impairment include:

- Operating risks – mainly IDF outflows $0 to $400k, and MECA settlements $0 to $250k. The Ministry of Health have funded all significant MECA settlements above 2.43% to date, except the E tū settlement which particularly impacts Spotless Services staff. Spotless Services have claimed $250k for the 2018/19 year. There is no requirement under the contract to pay this settlement, with the next price adjustment due on 1 August 2019.

- Holidays Act compliance – agreement has been reached between the Council of Trade Unions, the Ministry of Business Innovation and Employment and DHBs over the correct calculation method for various leave payments. We are working on an estimate of full liability for the 30 June 2019 accounts, pending a formal audit of leave payments. Provision of $550k was made in the 2017/18 annual accounts, but this amount may be up to $1.2 million.

Statement of financial position

Summary Statement of Financial Position as at 31 May 2019 ($000)

	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
ASSETS					
Current Assets (exl trade other receivable)	5,841	5,693	1,562	4,131	1,562
Trade and Other Receivables	8,750	**5,095**	**6,752**	(1,657)	7,495
Fixed Assets	83,342	82,028	84,916	(2,888)	84,771
Work in Progress (WIP)	5,841	6,012	5,841	171	5,841
Long Term Investments	1,121	1,121	1,121	-	1,167
Total Assets	**104,895**	**99,949**	**100,192**	**(243)**	**100,836**
LIABILITIES					
Bank Overdraft	-	-	-	-	-
Bank Overdraft - HBL	-	-	(1,765)	1,765	(5,038)
Employee Related - Current Liabilities	(12,874)	(12,993)	(11,789)	(1,204)	(11,827)
Trade and Other Payables	(13,922)	(17,823)	(17,328)	(495)	(14,140)
Crown Loan - Current	(135)	(135)	(135)	-	(135)
Finance Leased - Current	(92)	(95)	(92)	(3)	(95)
Crown Loan - Non-Current	(236)	(101)	(101)	-	(101)
Non - Current Liabilities	(805)	(828)	(810)	(18)	(808)
Finance Leased - Non- Current	(678)	(591)	(591)	-	(583)
Total Liabilities	**(28,742)**	**(32,566)**	**(32,611)**	**45**	**(32,727)**
EQUITY					
Equity	(76,153)	(67,383)	(67,581)	198	(68,109)
Total Equity	**(76,153)**	**(67,383)**	**(67,581)**	**198**	**(68,109)**
Total Equity and Liabilities	**(104,895)**	**(99,949)**	**(100,192)**	**243**	**(100,836)**

Comments on result

There are no material concerns on the financial position.	**Positive**

- Current assets reflect the better cash position (see cash flow explanation for detail).
- Refer to working capital analysis and consolidated summary of cash flows for further variance explanations.

Working capital

Working Capital as at 31 May 2019 ($000s)

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
CURRENT ASSETS						
Cash and cash equivalents	7,406	1,284	4,084	5	4,079	5
Trust / special funds	138	145	183	145	38	145
Trade and other receivables	7,525	8,750	5,095	6,752	(1,657)	7,495
Investment	3,000	3,000	-	-	-	-
Inventory / Stock	1,327	1,412	1,426	1,412	14	1,412
Total Current Assets	**19,396**	**14,591**	**10,788**	**8,314**	**2,474**	**9,057**
CURRENT LIABILITIES						
Bank Overdraft	-	-	-	-	-	-
Bank Overdraft - HBL	-	-	-	(1,765)	1,765	(5,038)
Trade and other payables	(13,171)	(13,476)	(15,475)	(14,901)	(574)	(13,638)
Income Received in Advance	(1,624)	(446)	(582)	(516)	(66)	(502)
Capital Charge Payable	-	-	(1,766)	(1,911)	145	-
Term Loans – Private (current portion)	(20)	(92)	(95)	(92)	(3)	(95)
Crown Loan - Current	(135)	(135)	(135)	(135)	-	(135)
Payroll Accruals & Clearing Account	(2,330)	(3,810)	(3,123)	(2,109)	(1,014)	(2,041)
Employee Related - Current Liabilities	(8,365)	(9,064)	(9,870)	(9,680)	(190)	(9,786)
Total Current Liabilities	**(25,645)**	**(27,023)**	**(31,046)**	**(31,109)**	**63**	**(31,235)**
Working Capital	**(6,249)**	**(12,432)**	**(20,258)**	**(22,795)**	**2,537**	**(22,178)**
Working Capital ratio	**75.6%**	**54.0%**	**34.7%**	**26.7%**		**29.0%**

Comments on result	
	Neutral

Working capital variances	**Variance $000**	**Impact on forecast**
Working capital is better than budget.	$2,537 F	
Current assets	$2,474 F	
▪ Slightly higher in funds cash position than budget is due to capital projects being behind schedule – mainly clinical equipment, facilities and IT which is a timing variance that will be spent in due course, MECA backpay for expired MECA, funding received for in-between travel $1.1 million (normally paid in next financial year). ▪ Trade and other receivables increased due to funder accrual provision.	$4,079 F ($1,657) U	Mainly timing
Current liabilities	$63 F	
▪ Trade and other payables actual increased due to provision for IDF funder demand-driven expenditure (budgeted projection which was based on historical information). ▪ Income in advance mainly related to 30 June 2018 carry forward balance for youth alcohol, Smokefree, health sector participation in child health and pay equity. ▪ Payroll related and employee related provision expiry MECA provision.	($574) U ($66) U ($1,014) U	Mainly timing

Cash flows

Consolidated Summary Statement of Cash Flows for the period ended 31 May 2019 ($000)

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	
Net surplus / (deficit) for year	(712)	(4,179)	(8,771)	(8,572)	(199)	U
Add back non-cash items						
Depreciation and assets written off on PPE	4,687	4,720	4,939	5,037	(98)	U
Revaluation losses on PPE	-	-	-	-	-	F
Total non cash movements	**4,687**	**4,720**	**4,939**	**5,037**	**(98)**	**U**
Add back items classified as investment Activity						
(loss) / gain on sale of PPE	8	16	14	-	14	F
Profit from associates	(100)	(129)	-	-	-	F
Gain on sale of investments				-	-	F
Write-down on initial recognition of financial assets		83	-			
Movements in accounts payable attributes to Capital purchase	(476)	64	365	412	(47)	U
Total Items classified as investment Activity	**(568)**	**34**	**379**	**412**	**(33)**	**U**
Movements in working capital						
Increase / (decrease) in trade and other payables	(1,094)	(873)	3,901	3,406	495	F
Increase / (decrease) employee entitlements	681	2,112	142	(1,080)	1,222	F
				-	-	F
(Increase) / decrease in trade and other receivables	(857)	(1,091)	3,655	1,998	1,657	F
(Increase) / decrease in inventories	34	(85)	(14)	-	(14)	U
Increase / (decrease) in provision	-	-	-	-	-	F
Net movement in working capital	**(1,236)**	**63**	**7,684**	**4,324**	**3,360**	**F**
Net cash inflow / (outflow) form operating activitie	**2,171**	**638**	**4,231**	**1,201**	**3,030**	**F**
	-	-	-	-		
Net cash flow from Investing (capex)	(5,371)	(6,402)	(4,175)	(7,023)	2,848	F
Net cash flow from Investing (Other)	26	(7)	(37)	-	(37)	U
Net cash flow from Financing	(327)	(351)	(219)	(222)	3	F
Net cash flow	(3,501)	(6,122)	(200)	(6,044)	5,844	F
Net cash (Opening)	13,907	10,406	4,284	4,284	-	F
Cash (Closing)	**10,406**	**4,284**	**4,084**	**(1,760)**	**5,844**	**F**

Comment on result	**Neutral**

Cash flow variance	**Variance $000**	**Impact on forecast**
Closing cash is better than budget, made up of the following:	$5,844 F	
Net cash flow from operations	$3,030 F	
▪ Trade and other payables difference between forecast mainly related IDF, offset by accounts payable control accounts actuals lower than forecast.	$495 F	Timing
▪ Employee entitlement relates mainly to the provision for expiry of MECAs lump sum and backpay (positive impact on cash).	$1,222 F	
▪ Trade and other receivables difference mainly relates in-between travel accruals $0.9m ($1.1m funding received from the Ministry of Health usually washed up in next financial year), Pharmac rebate accruals $0.2m, elective accruals $0.5m.	$1,657 F	
Net cash outflow from investing		
▪ Capital expenditure programme running behind schedule, mainly clinical	$2,848 F	Behind

equipment, facilities and IT-related projects (timing).		budget

Colour coding description	**Strong positive impact with high probability that gain can be extrapolated**
	One-off impact – trend uncertain
	Neutral
	Strong negative impact with high probability that loss can be extrapolated

Brian Walden
General Manager Corporate

13 June 2019

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item 5.3
Author	Hentie Cilliers, General Manager People and Performance
Subject	**Health and Safety update**

Recommendation

Management recommend that the board:

a. **Receive** the health and safety update.

b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18 or 2018/19 financial years.

c. **Note** that manual handling and aggression are two key health and safety risks.

d. **Note** the progress made with mitigating risks from manual handling.

e. **Note** the work undertaken to mitigate aggression risks, challenges experienced and areas identified for further work.

f. **Note** the work of the aggression work group.

g. **Note** the national perspective and work of NBAG to explore DHB security services.

1 Purpose

To enable the board to exercise due diligence on health and safety matters. This report covers:

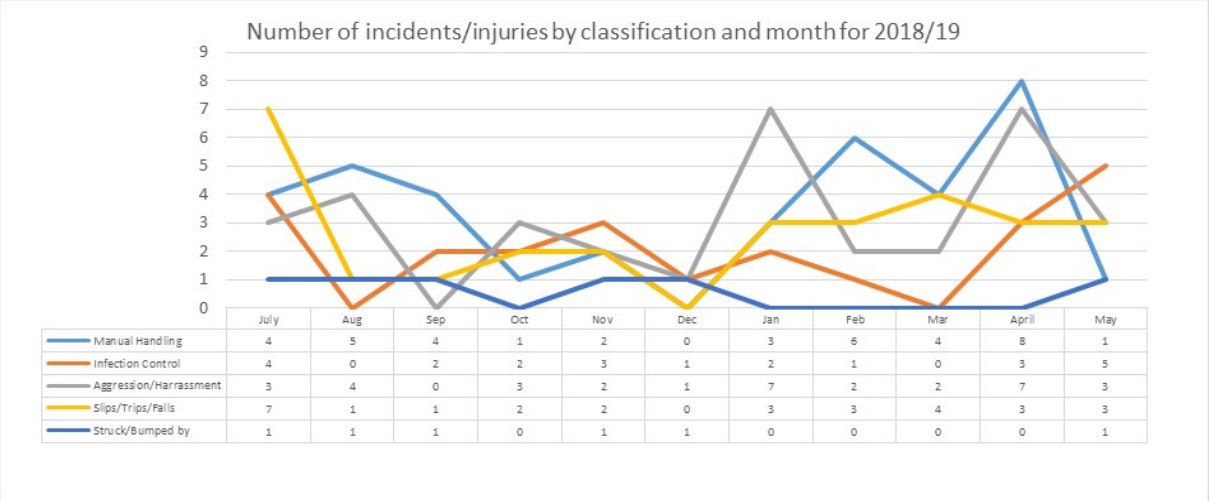
- incident trends and injuries in the workplace.
- key health and safety systems risks.
- employee participation
- contractor management.

2 Incident/injury reporting

2018/19 injury/incidents details

There were 36 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in April and May.

The graphs below shows the top five staff incidents/injuries broken down by months and classification and provides a cumulative view of outcomes classifications for 2018/19.



	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Manual Handling	4	5	4	1	2	0	3	6	4	8	1
Infection Control	4	0	2	2	3	1	2	1	0	3	5
Aggression/Harrassment	3	4	0	3	2	1	7	2	2	7	3
Slips/Trips/Falls	7	1	1	2	2	0	3	3	4	3	3
Struck/Bumped by	1	1	1	0	1	1	0	0	0	0	1

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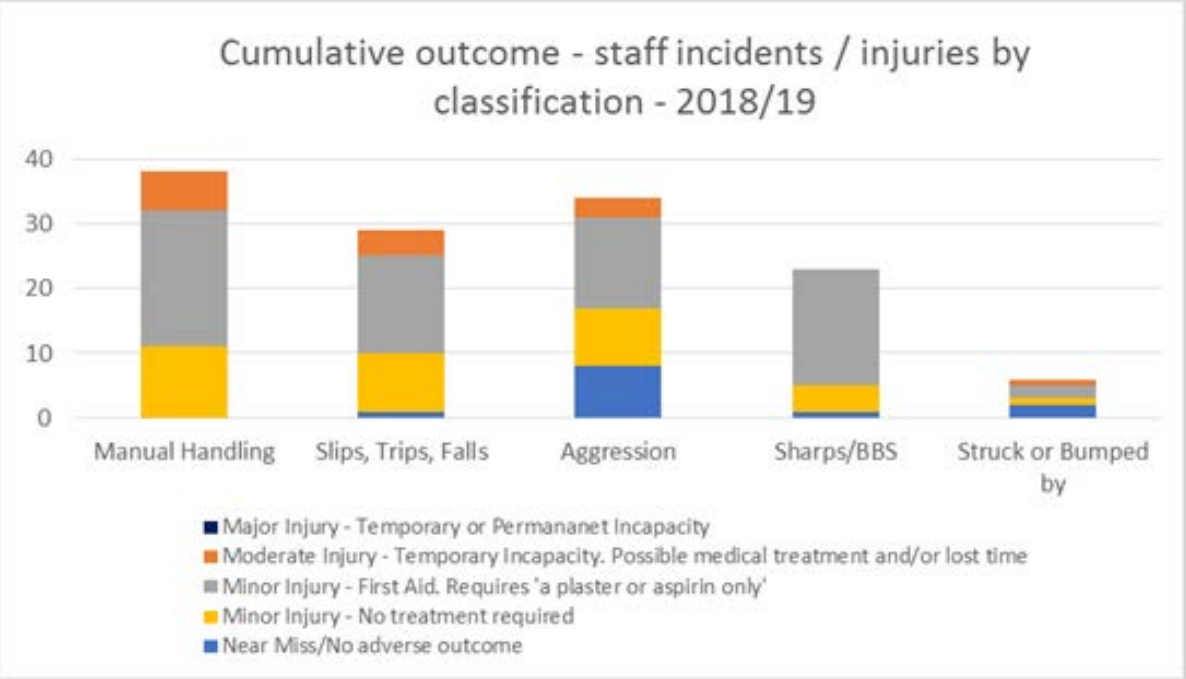
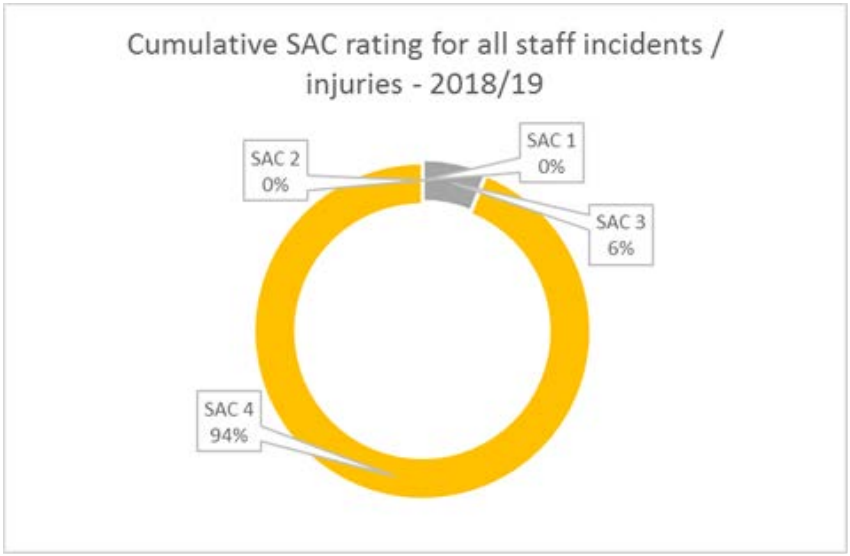




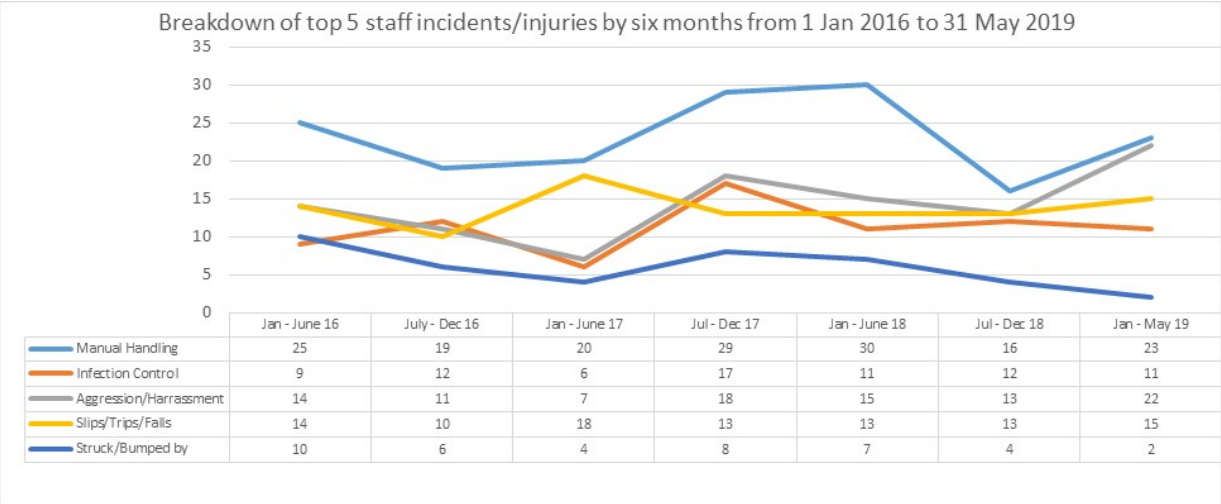
Definitions used in the graph:

SAC 4 Minor/minimal – no injury
SAC 3 Moderate - permanent moderate or temporary loss of function
SAC 2 Major - permanent major or temporary severe loss of function
SAC 1 Severe – death or permanent severe loss of function

SAC 1 incidents/injuries (and potentially SAC 2 incidents/injuries) requires WorkSafe notification. No notifiable events were reported to WorkSafe New Zealand in the 2017/18 or 2018/19 financial years. For all SAC 1 and 2 incidents/injuries, a Critical Systems Analysis (CSA) is undertaken. All injuries reported to Wellnz (tertiary ACC provider) are investigated.

Injury/incidents trends

The graph below provides a breakdown of the top five staff incidents/injuries from 1 January 2016 to 31 May 2019. Manual handling and aggression are the main cause of injury.

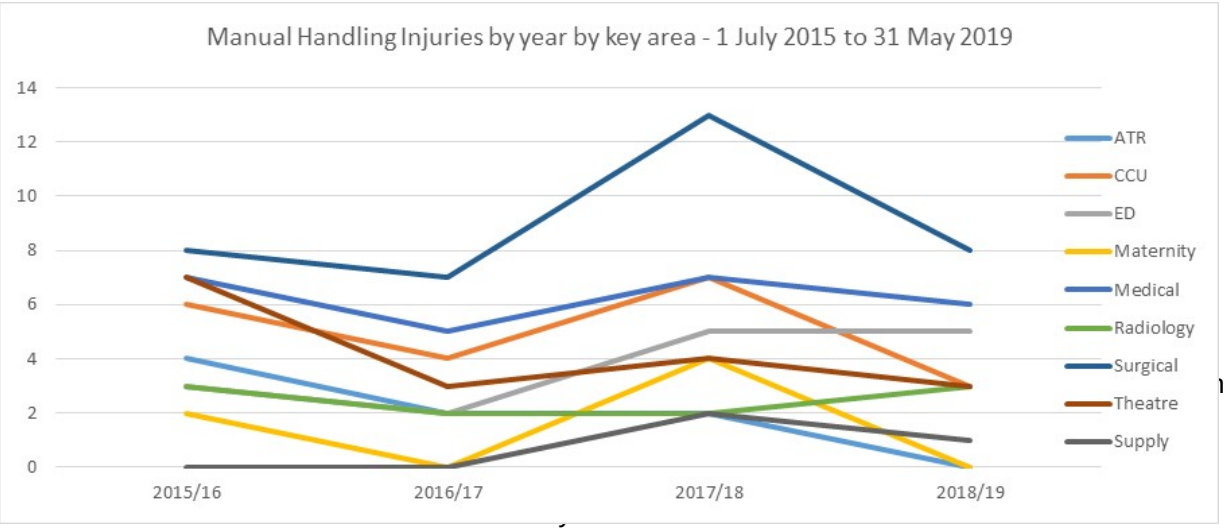


	Jan - June 16	July - Dec 16	Jan - June 17	Jul - Dec 17	Jan - June 18	Jul - Dec 18	Jan - May 19
Manual Handling	25	19	20	29	30	16	23
Infection Control	9	12	6	17	11	12	11
Aggression/Harrassment	14	11	7	18	15	13	22
Slips/Trips/Falls	14	10	18	13	13	13	15
Struck/Bumped by	10	6	4	8	7	4	2

3 Key health and safety risks

3.1 Manual handling incidents/injuries

The graph below shows manual handling incidents/injuries by year by area from 1 July 2015 to 31 May 2019 for areas that had the most incidents.



Mitigating the risk

- All staff with manual handling injuries are followed up immediately and one on one training is given as required and manual handling skill signed off.
- An in-service day that was scheduled in May was cancelled due to short staffing and patient acuity.

Surgical

Has had a significant reduction in the number of manual handling incidents in 2018/2019 year.

Mitigating the risk

- Staff are on board with the planned actions to reduce the number of manual handling injuries
- All staff are booked for refresher training over the next twelve months.
- The ward champion is working closely with the manual handling training co-ordinator who is providing education to staff on manual handling techniques.
- Two in-service session – use of transfer belts and proper use of slide sheets
- Currently trialling wedges that assist patients on turning to their side
- In June a room assessment will be completed for installation of a ceiling hoist for bariatric patients
- Staff who are injured have follow-up training with the manual handling co-ordinator and complete the on-line manual handling training

Emergency and CCU

Staff have attended unit specific training. Extra manual handling equipment e.g. hover-matts have been purchased.

Radiology

The number of manual handling incidents have remained consistent each year.

Mitigating the risk

- All staff have attended manual handling training
- Two manual handling champions complete refreshers and practice a different manual handling technique with staff at monthly meetings e.g. using the hoist, lifting legs with a slide sheet. Techniques are signed off by the champions.

Theatre

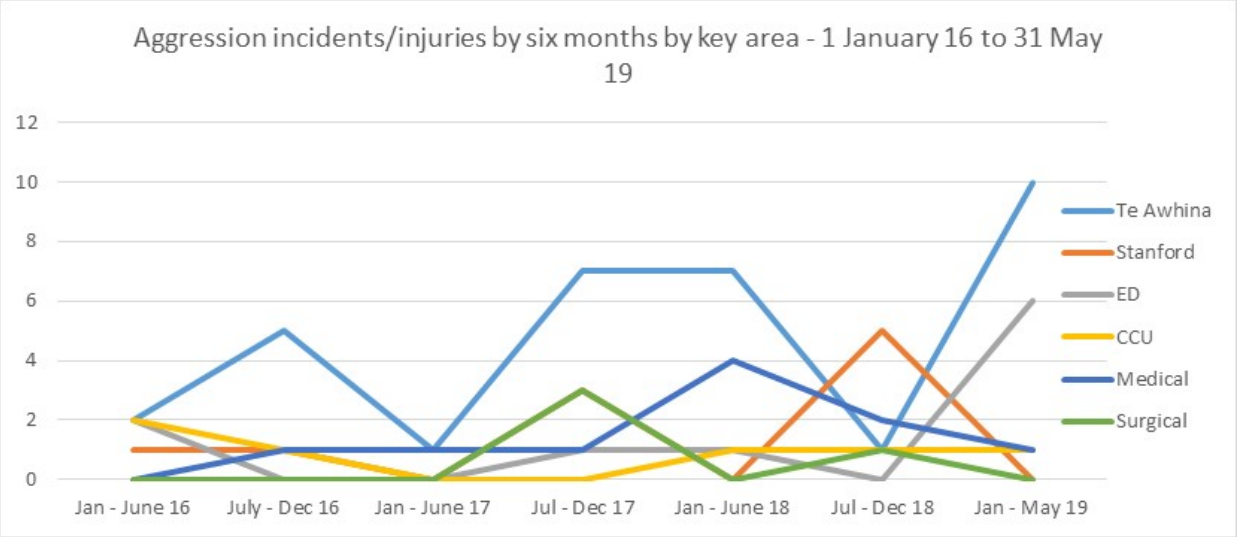
The number of manual handling incidents have remained consistent each year.

Mitigating the risk

- The team has had group education sessions on manual handling and use of equipment
- Have purchased additional hover-matts
- Staff are rostered to complete manual handling training

3.2 Aggression incidents/injuries

The graph below shows aggression incidents/injuries by six months by area from 1 January 2016 to 30 June 2019. Te Awhina and emergency had the most incidents in the period 1 January to 31 May 2019.



Aggression incidents 1 January to 31 May 2019

Te Awhina
All ten aggression injuries/incidents were physical aggression involving clients with medical conditions.

Reasons for increase in aggression incidents in Jan – June 2019 period include:
- Improved reporting.
- Increase in patients presenting with drug induced psychosis making them extremely volatile and unpredictable. Often come in via Police in handcuffs.
- Increasing number of patients on the unit for long periods of time.
    - Currently have a challenging client awaiting a forensic bed since the end of November 2018.
    - Challenges with patients coming in unwell with no fixed abode – when under the mental health act they cannot be discharged without appropriate accommodation.
- A small number of patients presenting ongoing challenges for staff – one patient has hit staff, broken a huge amount of property and will only work with certain nurses.
- Day services has been closed for 17 months. Current staff levels and bed occupancy means staff cannot be spared to run day services.

Mitigating the risk
- Committed to be on board with zero seclusion by 2020 project. Already seeing huge improvement in staff using different strategies to calm patients.
- Haumoana navigator in place at different times through the week connecting with our tangata whaiora.
- Creating a business proposal for seven day peer support run day services programme. Clinical oversight by Te Awhina but run by people who are walking the walk as mental health consumers.
- Have invested in an alarm system which is more responsive and is providing bigger coverage for the unit.
- Strengthened links with the police – now have regular meetings with the local senior team.
- Strengthened the relationship with the forensic team.

Training
All staff have been through or are rostered to attend:
- SPEC training.
- Broset Violence checklist which assesses confusion, irritability, verbal and physical threats.
- Essential care wellbeing – part of this training highlights the need to capture risk and handover risk in a timely manner.
- Clinical supervision.
- Resilience.

Need to:
- Strengthen the MHAT team in numbers and resources to provide a comprehensive home service.
- Have better resources in ED with an appropriate front door response for mental health clinicians.
- Further strengthen recruitment.

Haven't been able to yet address reducing the number of patients that come in handcuffed and need to go straight to seclusion.

Emergency department
Six of the seven aggression injuries from Jan – Jun 2019 were due to the patient's medical condition. Four of the incidents were from two patients. One incident involved verbal abuse towards staff by a relative.

Security on site each evening from 7pm however police are called in many instances to restrain the patient. Mechanical restraints were applied to two of the patients.

Mitigating the risk
- De-escalation plans put in place
- Alert on WebPAS

Aggression workgroup

The WDHB created an aggression workgroup at the end of 2018. The group meets on a quarterly basis to:
- To review hazards/incidents.
- To look critically at our processes and quality of investigations and see if we are doing as much as we can to manage aggression hazards/risks.
- To explore ways for improving reporting of hazards/incidents.
- To identify trends and changes in the type and number of aggressive hazards/incidents.
- To increase awareness of the group and to encourage concerns and suggestions from staff that don't come through traditional reporting channels.

At the first meeting the group explored aggression incidents at the WDHB (the problem), what is in place to eliminate, minimise or manage the risk of aggression, how we are doing at monitoring and measuring aggression and options for improvement.

At the second meeting it was recommended that the WDHB:
- Consider undertaking an independent audit of the WDHBs management of and risks related to aggression or at least a self-audit.
- Further improve data collection and intelligence.
- Further improve staff training.
- Consider rolling out an agreed behaviour / response approach, currently applied within district nursing, to the rest of the hospital. This approach have contributed to keeping district nurses safe in the community.
- Review use of and revival of the Escalating Situations Procedure.

The group next meet in June 2019.

National perspective

Across the District Health Boards (DHBs) there appear to have been an increase in assaults, some of a very serious nature. It is also likely that there is under-reporting of aggression related incidents.

The use of security is one of the tools used by DHBs to minimise risks and ensure the safety of staff, patients and the public. There are many components to 'security' including mitigation, identification, response and the management of specific issues on an ongoing basis, environmental security and the education and training to support all of this.

All DHBs are grappling with the issue of hospital security on an individual basis with varying levels of success and this has led to a wide range of security models. The level of training, supervision and

oversight of these various models of security services is varied as are the results and effectiveness of these models.

The National Bi-Partite Action Group (NBAG), have commenced a review of the following:

1. The trends across the DHBs in reported assaults and other security incidents - The context of staff and patients daily experience is important because on most days, in every place, people are getting the care that they need, in an appropriate environment, and violence is not an issue.
2. What security models are in existence across the DHBs and the pros and cons of each in the opinion of the review team? DHBs have developed a component of managing distress in difficult situations by the use of security systems. We need to better understand the models that people are actually putting around security because the answer to this problem is not a security guard per se. It is a clinically based assessment and care-based approach, cultural dimensions, etc. that we need to put around the care of a person. Then sometimes, even though we've done all that, there may be issues where we need someone to help us to manage because it becomes a violent situation.
3. The number of security staff employed by each DHB (either directly-employed or through contractors and sub-contractors), their training levels against core competencies, qualifications, supervision and wage rates. There are standards around core competencies, qualifications, and supervision and wage rates for people working in these areas. Are they being applied across the whole range of people that are being employed, whether they are being employed directly or contracted in?
4. The identification of any DHB best practice (in the opinion of the review team) and how this could be replicated by other DHBs. Have people got really good ideas about how they're actually working on this, good methods and models of care that have actually delivered results? Can we learn about those?

Whanganui DHB is working together with the other DHBs in addressing this important hazard.

4 Employee participation

The Unit Health and Safety Committee and the WDHB Health and Safety Committee met in May.

The following issues were discussed at the WDHB Health and Safety Committee meeting:

- WorkWell wellness programme.
- Review of monthly incident trends.
- Monitor and update of health and safety objectives for 2019/2020.
- Accredited Employer Programme audit self-assessment.
- Excellence and innovation in health and safety.
- Change of unit representative meeting days to try and improve attendance.
- Personal alarms being trialled in community services
- Mt Ruapehu volcanic eruption exercise.
- Debriefing workshop.

Spotless Services, as our key on-site contractor, provided the following health and safety report, which is evidence of having active health and safety systems in place.

Spotless H&S	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Category A: Fatality / Disabling	0	0	0	0	0	0	0	0	0	0	0	0	0
Category B: Lost Time Injury	0	1	0	0	0	0	0	0	0	0	0	0	0
Category C: Medical Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
Category D: First Aid / Allied Health	1	0	0	0	0	0	0	0	0	0	0	0	0
Category E: Injury with no treatment	1	3	2	0	4	3	0	1	0	0	0	0	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotless H&S	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**
Hazard	12	9	10	10	14	12	7	9	15	8	10	10	10
Safety Observations	16	19	14	17	18	15	16	14	18	17	17	18	17
Sub-Contracted to Spotless	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**
Contractor Safety Interactions	4	3	3	3	3	2	7	10	7	12	11	8	9
Contractor Hazard	0	1	0	0	0	0	0	0	0	0	0	0	0
Contractor Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 7
Author	D McKinnon
Subject	**Resolution to exclude the public**

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Agrees** that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table;
2. **Notes** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 17 May 2019	For reasons set out in the board's agenda of 17 May 2019	As per the board agenda of 17 May 2019
Chief executive's report Board & committee chair reports Risk and Audit Committee minutes of meeting held on 12 June 2019	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Impairment of FPIM Letter of comfort	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Annual planning update Central region annual plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows:

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretariat or board's executive assistant	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

Whanganui District Health Board

Appendices public session

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Policy

Fraud Policy	
Applicable to: Whanganui District Health Board	**Authorised by:** Board
	Contact person: Chief Executive

1 Purpose

The purpose of this policy is to:

- provide guidelines regarding appropriate actions to follow for the reporting and investigation of suspected fraud or similar activities
- define fraud and provide examples of potentially fraudulent activity
- outline the fraud prevention strategic framework
- raise fraud awareness and its consequences
- provide guidance to reflect the public sector perspective towards fraud
- convey the Whanganui District Health Board's (WDHB) attitude towards fraud.

2 Scope

This policy applies to all WDHB board and committee members, employees (permanent, temporary and casual), visiting medical officers, and other partners in care, contractors, consultants and volunteers.

3 Definitions

This policy adopts the definition of fraud set down by Auditing Standard AS-206 which states:

> "The term fraud refers to an intentional act by one or more individuals among management, those charged with governance, employees, or third parties, involving the use of deception to obtain an unjust or illegal advantage."

Examples of actions constituting fraud, misappropriation and other fiscal wrongdoings include, but are not limited to:

- forgery or unauthorised alteration of any document belonging to the WDHB with a view to personal gain or gain for another person
- accepting or offering bribes or inducements
- granting a contract, or engineering the granting of a contract to a particular third party with a view to direct or indirect personal gain
- disclosing confidential information to third parties with a view to personal gain or gain for another person
- using official position to secure unwarranted benefits, privileges or profit
- knowingly approving for payment false or deliberately misleading invoices
- knowingly issuing false or deliberately misleading purchase orders
- presenting false credentials or qualifications
- knowingly submitting a false timesheet, leave form or expense claim.

The question of whether a fraud has been committed may only be finally determined following a decision by a court of law. For convenience, this policy uses the term 'fraud' even though the WDHB will normally be concerned with suspected, rather than proven, fraud. Invariably, some discretion will be needed by the investigator in determining whether the matter concerned is potentially fraud or serious misconduct, as each type of event can have differing consequences.

4 Policy

WDHB regards fraud as totally unacceptable and applies a principle of 'zero tolerance' to fraud.

Following internal investigation, matters of suspected fraud will be referred to the NZ Police.

Employees who commit fraud, or are suspected of fraud, will also be subject to WDHB's disciplinary procedures. Board members, third parties and contractors who commit fraud, or are suspected of fraud, will be subject to remedies available under the contract and common law.

Recovery of money or property fraudulently obtained will be pursued wherever possible and practical. The criteria for this will be assessed using cost/benefit analysis. Where the benefit of recovery exceeds the cost, then ordinarily, the WDHB will seek to recover.

The WDHB has crime/fidelity insurance cover. Insurance parties will often seek recovery and may have differing criteria for recovery.

Internal investigation and disciplinary or contractual action may be carried out by the WDHB independently of any external investigations and actions.

5 Roles and responsibilities

Chief Financial Officer

The chief financial officer is primarily responsible for the WDHB's financial internal control systems and fraud control and is available to provide guidance as required.

General Manager Human Resources and Organisational Development

The general manager human resources and organisational development (GMHROD) is primarily responsible for the communication of the fraud strategy awareness programme to employees.

Risk and Audit Committee

The Risk and Audit Committee is appointed by the board. Its composition will support the fraud control framework by ensuring members include persons with previous experience in one or more of governance, audit committees, audit generally, and financial matters.

The Risk and Audit Committee will have an annual work plan and meeting schedule that reflects the need to effectively monitor retrospective compliance with the policies associated with the Fraud Control Framework and the need to review the fraud policy for prospective robustness. In particular, the committee will set the internal audit work plan and review the outcomes of all internal and external audits, and any fraud investigations.

6 Procedures and controls

6.1 Fraud assessment and detection

The Fraud Control Framework component of this policy (Appendix 1) identifies high-risk areas for potential fraud.

Fraud risks are to be assessed regularly to ensure internal control procedures are reviewed as any business practice changes.

To assist with fraud prevention and detection, the WDHB:

- has an electronic hierarchy approvals system
- undertakes employee and vendor bank account checks
- uses data mining for irregular and suspicious transactions via annual internal audit
- maintains a centralised contracts database
- reports and checks high level vendor expenditure
- has segregation of duties
- has vendor creation approval processes
- undertakes fraud risk assessment
- maintains fraud awareness training
- has access to the Health Integrity Line operated by the Ministry of Health – 0800 424 888.

6.2 Investigation principles

All allegations of fraud will be thoroughly and fairly investigated with reference to other organisational policies as required eg the Code of Conduct Policy.

External agencies may be used for investigation if deemed appropriate.

Allegations should be documented and include:

- a summary of the matter
- the source of the information and explanation of how the individual became aware of the matter
- names and positions of any employees or third parties involved
- any details of any information and evidence to support the allegation (documents, records)
- list of any other persons who may be able to assist in any investigation.

Verbal reports can be made. The manager to whom the matter is being reported must make notes as above and confirm their accuracy with the person making the disclosure.

Any investigation must be fully documented.

Following internal investigation, where matters of fraud are suspected, the matter will be reported to NZ Police and a complaint laid. This may result in criminal prosecution.

Following internal investigation, where matters of fraud or serious wrongdoing are suspected and where no criminal prosecution is likely or delayed, the WDHB may exercise its rights of civil or contractual litigation if deemed appropriate.

6.3 Fraud hotline

Anonymous reports or calls, will be treated seriously and should contain sufficient information to allow further investigation.

A free, anonymous 24/7 phone number has been set up within the Ministry of Health's Audit and Compliance team to provide an independent reporting mechanism. The Health Integrity Line number is 0800 424 888.

6.4 Confidentiality

It should be noted that maintaining confidentiality is particularly important as the individual(s) allegedly involved will not normally be alerted to the process of gathering and assessing evidential information. This is also to protect the rights of the individual(s) involved.

The staff member discovering suspected fraud should not discuss the suspicion with anyone other than the person they report it to, or as otherwise directed by the investigator.

Employees must not attempt to investigate their concerns themselves or to contact the suspected individual(s) in an effort to determine the facts.

WDHB will make best endeavours not to disclose any identifying information. However, confidentiality cannot be guaranteed. For example, confidentiality may not be able to be maintained where the disclosure of identifying information is in the public interest, or is essential to having regard for the principles of natural justice, the effective investigation of an allegation, legal proceedings, or criminal complaint.

6.5 Protected disclosures

The Protected Information Disclosures Policy (aka 'Whistleblowers Policy') and the Protected Disclosures Act 2000, detail the obligations and rights of employees and employers relating to notification of 'serious wrongdoing'.

The Protected Disclosures Act (2000) defines a serious wrongdoing to include:

- an unlawful, corrupt, or irregular use of public funds or public resources
- an act, omission or course of conduct that constitutes a serious risk to public health or public safety or the environment
- an act, omission or course of conduct that constitutes a serious risk to the maintenance of the law, including the prevention, investigation and detection of offences and the right to a fair trial
- an act, omission, or course of conduct that constitutes an offence
- an act, omission, or course of conduct by an employee that is oppressive, improperly discriminatory, grossly negligent or that constitutes gross mismanagement.

Individuals who make false or vexatious allegations or otherwise act in bad faith may not be afforded protection under the Protected Disclosures Act 2000 and may be dealt with under the WDHB's disciplinary policies and procedures.

6.6 Fraud notification

If a staff member suspects fraud by	They should report it to	The means by which the allegation is investigated
Another employee	Their line manager These managers must then notify the chief financial officer [CFO])	Human resources (HR) in conjunction with CFO
Their line manager	The CFO	HR in conjunction with CFO
The CFO	Chief executive (CE)	HR in conjunction with CE
A contractor or supplier of the provider/governance arm	Their line manager (These managers must then notify the CFO)	Business manager of the service in conjunction with the CFO
A contractor, provider of the DHB funder	General manager service and business planning (GMSBP) (The GMSBP must then notify the CFO)	GMSBP in conjunction with the CFO and the DHB's NGO provider audit contractor – currently Ministry of Health's DHB Sector Services team or Central Region Technical Advisory Services (CRTAS)
The CE	CFO (The CFO must then notify the board chair)	Board chair in conjunction with the CFO and HR and/or external parties as required
Board/committee members	CE (The CE must then notify the board chair and CFO)	CE in conjunction with board chair, CFO and HR as required
If a board member suspects fraud by	**They should report it to**	**The means by which the allegation is investigated**
Another board member	Board chair (The board chair must then notify the CE and CFO)	CE in conjunction with board chair, CFO and HR as required
Chair	Chair of the Risk and Audit Committee (The chair of RAC must then notify the CE and CFO)	CE in conjunction with RAC chair, CFO and HR as required
All other parties	Board chair (The board chair must then notify the CE and CFO)	The investigation will be the same as specified in the employee section above and vary according to whom the suspected party is
If a contractor suspects fraud by	**They should report it to**	**The means by which the allegation is investigated**
Staff, board, other contractors	CFO (The CFO must then notify the CE)	Depending on the party, the investigation will be managed as above, for example, if staff, then by HR and CFO; if by other contractors, then by the business manager and CFO

6.7 Internal procedure for investigation following notification

The investigator

Shall undertake a preliminary assessment for the purposes of seeking clarification and gathering further information. The purpose of the preliminary assessment is to:

- seek clarification and determine if there is any substance to the allegation
- protect employees or contractors from false or vexatious allegations
- gather and protect further evidence
- provide a set of recommended actions for the chief executive (CE).

Liaise with appropriate parties and seek such advice as deemed necessary to protect all parties.

Where the preliminary assessment shows a *prima facia* case of fraud, and has been approved by the CE, the allegation should be investigated fully, including any assistance deemed necessary by external agencies and/or NZ Police.

Where employees are involved, it may be necessary to suspend. A decision to suspend will be taken in context of the WDHB's Code of Conduct Policy and in line with the Delegations Policy.

Shall ensure full documentation is kept of any preliminary and subsequent full investigation and filed/stored appropriately.

The chief financial officer (CFO)

Shall maintain and update a central, detailed register of all fraud incidents and reports. The register shall incorporate:

- parties involved
- nature of event
- amounts involved and/or recovered
- investigation detail
- recommendation/outcome
- control environment issues/weaknesses
- control improvements made (if any).

Upon advice of a suspected fraud, shall:

- notify the CE
- notify the Risk and Audit Committee
- notify the DHB's insurers of any potential fidelity claim or incidence as required under the insurance policy
- notify the internal and/or external auditor.

The notifications will give due regard to privacy issues given the suspected status of the matter at this stage.

Upon completion of the preliminary and/or full investigation:

- update the above parties as required
- lodge any insurance claim
- provide feedback to the reporting individual where appropriate regarding whether or not evidence was found to support the allegations, that the investigation (if any) is complete and confirmation that appropriate action was taken, but not the detail of such action
- review and make corrective actions to the internal control systems if the investigation reveals any deficiencies.

The chief executive officer

- notifies the board chair, Ministry of Health and Minister of Health under the 'no surprises' principle if the matter is deemed significant enough
- deals with all media enquiries or, in agreement with the chair, the chair may handle certain enquiries if appropriate
- following receipt of the preliminary assessment report, determines the next actions including any referral to enforcement agencies.

8. References

- Protected Disclosures Act 2000
- Crimes Act 2000
- Privacy Act 1993
- Auditing Standard (AS 206)

9. WDHB related documents

- Code of Conduct Policy
- Protected Information Disclosures Policy
- Protected Information Disclosures Procedure
- Delegations Policy
- Procurement Policy

10. Key words

Fraud; procurement; audit; finance; risk management; assessment; detection; hotline; protected information disclosure; whistleblower; suspected fraud; fraud control

Appendix 1

Fraud Control Framework

1 Background

Whilst it is not possible to eliminate fraud, it is possible to significantly reduce opportunities for fraud through adoption of multiple aligned strategies and policies that address different aspects of the control environment where potential fraud risk exposure exists. This part of the Fraud Policy explores these aspects of the control environment and outlines the strategy.

2 Key risk areas

Analysis of Whanganui District Health Board's spend identifies three primary areas of exposure for exploitation by potential fraudsters. These areas are:

- Provider Division: ~50% of DHB costs
- Personnel: ~65% of Provider Division costs
- Contracts with suppliers of goods and services: ~35% of Provider Division costs
- Funder contracts with health service providers: ~50% of WDHB costs.

WDHB will inform its understanding of key risks by reviewing the internal and external auditors' organisational risk assessments annually.

3 Fraud control framework

The control framework sets out the strategies that form the basis for the multi-stranded approach to fraud prevention and detection. The control framework will be supported by appropriate policies.

4 Human Resources

Human resource policies and processes and the WDHB's Code of Conduct Policy outline the behaviour expected of board members, staff and management. They will project a clear expectation of honesty and full disclosure and support the creation and maintenance of an ethical work environment. Specific policies and processes are:

- recruitment screening and declarations (CV checks, criminal record checks, registration checks, reference checks)
- development of appropriate culture (inclusion of fraud alert in orientation programme)
- ongoing fraud awareness training
- robust payroll processes (segregation of duties, review, and appropriate authorities)
- annual payroll audit/review using forensic software (IRD number checks, duplicate bank account checks)
- expenses claiming policy and audit
- Code of Conduct Policy
- policy on receiving gifts and entertainment
- declarations of conflicts of interest by executive management via the conflicts register
- declarations of conflicts of interest by all staff involved in a procurement project via the conflicts register held by procurement for that project.

5 Internal audit

The annual internal audit plan set by the Risk and Audit Committee will ensure that the mix of internal audit services employed each year is informed appropriately by an annual risk assessment. It is envisaged that the expenditure profile of the WDHB would mean there is a heavy weighting towards payroll and purchasing processes and validation.

The annual internal audit plan will include guidance on matters such as weightings for forensic audit spend, risk identification processes, the importance of committee only time with the internal auditors, the overall internal audit budget, required skill sets for internal audit personnel, and the monitoring of compliance with all policies linked to the Fraud Control Framework. It is envisaged the annual work plan will include as a minimum:

- fraud risk identification and assessment
- targeted forensic audit (including data mining), drawing on specialist skills based on target area (IT specialist for IT, procurement specialist for procurement)
- scheduled Risk and Audit Committee (without management present) interview with auditors
- 'closing the loop' systems audit (tests for vendor approval, procurement process, contract and/or purchase order approval, invoice payment, delegations of authority)
- audit of compliance with personnel anti-fraud controls
- control environment review, ie contract approval process, vendor creation control, rules based invoice approval process
- interface and interaction with the external audit programme and auditors.

In addition to the regular internal audit programme for the Provider Division, a plan will be set annually for Ministry of Health DHB Shared Services and CRTAS audits of funder contracts. External providers may be used from time to time for issues such as the forensic audit arising out of the fraud investigation.

6 External audit

While external audit is primarily influenced by the Office of the Auditor-General and largely focuses on providing an opinion on the financial statements, opportunities to maximise the value of the audit in a fraud control context will be utilised. This will include:

- annual Risk and Audit Committee (without management present) interview with auditors
- sample transaction test validation/ratification/'appropriateness test'
- maximising the interaction between the external and internal audit processes.

7 Delegations of authority

The Delegations Policy is important in a fraud control context as it sets out the authority levels for expenditure and procurement. Key to its utilisation for fraud control is the setting of appropriate levels of authorisation of expenditure and the ability to contract the WDHB and then monitoring compliance with these. The policy needs to be clear, concise and have a good visibility in the organisation. The fraud control aspects will therefore include:

- annual review of the policy by the Risk and Audit Committee (for segregation of duties, expenditure levels)
- appropriate linkages with internal audit
- annual review of high level cumulative spend on single providers by authorised officer.

8 Procurement Policy

Procurement of goods and services is governed by the Procurement Policy.

This covers many aspects of the process, including ensuring that there is compliance with government good practice requirements. In the fraud control setting, the policy needs to ensure there are robust processes in place for the selection of suppliers and approval of contracts.

It will include:

- vendor approval processes (sign-off)
- contract review at the point of origination
- personal pecuniary gain and/or association
- central contracts register
- annual review of high use suppliers, by cumulative spend, and authorising officer, by management and the Risk and Audit Committee.

9 Fraud Policy

A Fraud Policy will be in place to set out the organisational attitude to fraud and the appropriate response to fraud occurrence. The policy will include:

- principle of zero tolerance to fraud
- fraud hot line
- protected disclosures.

Treasury Management Policy	
Applicable to: Whanganui District Health Board	**Authorised by:** Whanganui District Health Board
	Contact person: General Manager Corporate

1. Purpose

To clarify the operational policy objectives, procedures, accountabilities and reporting requirements for management of key inter-related treasury functions which are carried out only by the finance team.

The core purpose and objectives of our treasury management policy and practices are to:

- ensure sufficient funding and/or arrangements are in place to meet both short-term and long-term operating and investing requirements
- minimise net interest expense (that is interest expense less interest income)
- minimise exposure to other treasury-related risks including interest rate and foreign exchange movements
- ensure appropriate processes exist for management, internal control, timely and accurate reporting of treasury activities
- establish and maintain professional relationships with the district health board's bankers and providers of treasury services
- ensure risk-averse and non-speculative practices are adopted.

2. Scope

This policy applies to all WDHB employees, particularly finance staff.

3. Prerequisites

An important aspect of treasury management for the district health board is the 'Treasury Services Agreement' with NZ Health Partnerships Ltd (NZHP). All district health boards have an agreement for NZHP to provide treasury and cash management services. This agreement has significantly changed the DHB's internal procedures for treasury services.

Previously the DHB had several loans with NZ Debt Management Office. However, these were converted to equity in February 2017, which significantly changed the requirement to manage loans and interest rate risks.

4. Policy

The WDHB will fully utilise the Treasury Services Agreement with NZ Health Partnerships. While provisions exist to use other banking arrangements for term deposits, this option will only be utilised within the counterparty credit risk requirements of this policy.

draft 12 June

This policy has been prepared to cover the following key risks:
- Liquidity risk
- Interest rate risk
- Foreign exchange risk
- Counterparty credit risk
- Operational risk
- Guarantees and indemnity.

Liquidity risk

Liquidity risk is the risk that the DHB will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquid risk management implies maintaining sufficient cash, or availability of funding through an adequate amount of committed credit facilities or other means.

The objective of this policy is to manage liquidity risk by ensuring that sufficient funds are available at all times to meet the DHB's financial obligations. The management of this risk is achieved through the regular monitoring of forecast and cash flow requirements.

The DHB's short-term liquidity is achieved through the 'sweep' arrangement between NZHP and the BNZ bank. This 'sweep' arrangement with NZHP means that we are able to use an overdraft facility with the amount set under the Operating Policy Framework administered by the Ministry of Health. Each participating DHB's daily cash balances are swept into a central account held by NZHP and the BNZ. Swept balances are technically defined as loans (for example, DHBs lend positive cash balances to Health Benefits Limited, or borrow from NZHP to fund negative cash balances).

Where this facility is not adequate to meet short-term requirements, the DHB must liaise with the Ministry of Health to alter the timing of the draw-down of the monthly funding.

Long-term liquidity risk requires appropriate and accurate budgets and forecasts to inform cash requirements. Ability to access funds to support long-term cash requirements, including for capital investment, is now limited with the change to the capital finance policy from 15 February 2017. The DHB no longer has access to Crown debt financing and access to funds can only be via Crown equity injections through the Ministry of Health.

The finance team is responsible for ensuring both short-term (monthly) detailed cash flow forecasts and long-term (latest three-year approved business plan) cash flow forecasts are prepared, in order to identify and actively manage this risk. A rolling 12-month cash flow forecast will be maintained, demonstrating compliance with the Ministry of Health's Operational Policy Framework requirements. DHBs will also provide cash flow forecasts to NZHP, for periods as agreed from time to time, in line with the agreed arrangements.

Interest rate risk

Interest rate risk is the risk that, as a result of adverse market movements, the DHB experiences:
- Unacceptable variation in its cost of funding from year to year, and/or
- Unacceptable variation in its cost of funding compared to budget.

With the 'sweep' facility and the treasury services provided by NZHP, the risk of interest rate variances by the DHB has significantly reduced. As a result of the arrangements now in place, it is not anticipated that the DHB will have any need to enter into any financial derivative products.

Foreign exchange risk

Foreign exchange risk is the risk that, as a result of adverse market movements, the DHB experiences:
- Unacceptable variation in total operating cost compared to budget, or
- Unacceptable variation in cost of a specific project compared to budget.

The objective of this policy is to manage foreign exchange risk to ensure that adverse variation to budget for approved expenditures is minimised.

draft 12 June

Foreign exchange exposures are recognised as follows:

- For capital items, where a specific known item of magnitude exists.
- For operational purchasing, where the expected monthly sum of purchasing exceeds a threshold amount depending on entity size and risk exposure.

Whanganui DHB's exposure to foreign currency exchange rate risk (mainly for purchasing capital assets overseas) is regarded as minimal in the ordinary course of business. The risk that can arise is that the DHB will be subject to increased costs due to adverse changes in exchange rates when actual transactions occur.

In principle, the DHB will hedge significant foreign exchange exposures arising from operating activities in order to minimise exposure to foreign currency fluctuations. When deciding the quantum of cover for operating foreign exchange exposures, all materiality and market factors will be taken into account. The decision should strike an appropriate balance between the need to minimise the risk of currency fluctuations but also minimise any opportunity cost. Forward contracts entered must not exceed 12 months in term, unless the prior approval of the Risk and Audit Committee has been obtained.

Where any foreign currency transaction or related group of transactions arises which exceeds the value of $NZ100,000 for capital expenditure, it is expected that the DHB will seek to hedge such an exposure as soon as it is established that a firm commitment to the exposure exists.

Counterparty credit risk

Counterparty credit risk is the risk that the DHB incurs a financial loss as a result of a counterparty's inability or unwillingness to meet its financial obligations.

The objective of this policy is to manage counterparty credit risk, to ensure that the DHB's exposure to financial loss is acceptably low. The risk is controlled where possible by only transacting with counterparties with a certain minimum credit rating, and by limiting the extent of exposure to each counterparty.

The Treasury Services Agreement with NZHP means they need to manage this risk. However, it will pass on any losses it incurs as a result of default by the BNZ or other banking counterparty. The Banking and Insurance Service Group (in collaboration with the DHB chief financial officers) will monitor this risk.

For any transactions entered into outside this agreement, for example for Trust Funds, investments must only be entered into with registered banks with a rating of at least AA- by Standard and Poors.

Operational risk

Operational risk is the risk that the DHB incurs a financial and/or reputational loss as a result of human error, fraud, negligence or systems failure.

The objective of this policy is to manage operational risk, to ensure that the DHB's exposure to financial and/or reputation loss is acceptably low.

Operational risk is managed through:

- the structural separation of duties (for example between execution of transactions, cash payments and receipts, and reporting).
- the requirement for all transactions to be based on standard payment details (and/or other written instruction).
- the maintenance of adequate information systems to capture transactions and report on exposures.
- regular internal and external auditing.

Any changes in authorised personnel or standard settlement instructions must be communicated to all relevant counterparties immediately in writing.

draft 12 June

The Operating Policy Framework requires the Treasury Management Policy to have a specific statement on the provision of guarantees and indemnities. DHBs will ensure that any guarantees or indemnities provided in the normal course of business are provided in accordance with the requirements of the Operational Policy Framework and Regulation 14 of the Crown Entities (Financial Powers) Regulations 2005.

Guarantees and indemnity

The board will not provide guarantees.

Indemnities are often provided by parties in commercial contracts to protect one or both parties from losses arising from the wrongful act of the other party. They are common in commercial agreements, but should be specific to avoid exposing the WDHB to significant contractual risk.

The board will provide indemnities in commercial and staff employment agreements, provided they fall within the parameters of normal commercial practice. The board will not accept indemnities that are onerous and place significant liability on the board. The general manager corporate or chief executive must approve an indemnity clause before contracts or agreements are entered into.

Implementation and monitoring compliance with/effectiveness of document

All treasury transactions are to be recorded in a manner fully consistent with generally accepted accounting practice, as adopted by Chartered Accountants Australia and New Zealand.

Comprehensive records must be maintained of all transactions, together with records of bank authorities, and regular reconciliations of all bank accounts.

The following information must be provided to each Risk and Audit Committee meeting:
- Financial performance reports including statement of financial position, cash flow statement and forecast.
- Cash management report showing equity injections, significant changes made to the cash disbursement profile required to manage short-term cash issues, and future liquidity risks.
- Finance risk exposure report covering interest rates, foreign exchange risk, counterparty credit risk and operational risks.

5. Roles and responsibilities

Board members
- Approval of the Treasury Management Policy.
- Authorisation of any changes to core debt limits and amounts.
- Approval of debt covenants.
- Regular review of treasury management activity.

General Manager Corporate
- Overall responsibility for treasury operations and implementation of policy and board decisions.
- Reporting of treasury activities on a regular basis to the Risk and Audit Committee.
- Monitoring short-term and long-term cash levels and cash requirements for operating and investing activities.
- Seeking equity injections from the Ministry of Health when necessary.
- Review/approval of contractual indemnity clauses.

Finance team
- Overall responsibility for management of the day-to-day cash requirements.
- Management of operation of all bank accounts operated by the Whanganui District Health Board.
- Management of foreign exchange risk.
- Facilitate preparation and reporting of cash flows and cash flow forecasts to NZHP.

NZ Health Partnerships
- Facilitate and coordinate the processes relating to the shared treasury and cash management activities, particularly in relation to the 'sweep' arrangement.

draft 12 June

6. References

- Public Finance Act 1989
- Crown Entities Act 2000
- Ministry of Health's Operational Policy Framework

7. Related WDHB documents

- Delegation Policy WDHB-2644

8. Key words

Treasury management
Liquidity risk
Interest rate
Currency
Counterparty
Guarantee
Indemnities

draft 12 june

Extract from 2018/19 Ministry of Health Operating Policy Framework

12.11 Financial risk management

Treasury policy

(See s 41 of the NZPHD Act and s 51 of the CE Act.)

12.11.1 Each DHB is expected to have a formal written Treasury policy that is approved by the Board.

12.11.2 A DHB's Board has a duty to ensure that the DHB operates in a financially responsible manner, including prudently managing assets and liabilities (s 51 of the CE Act). Having a Board-approved Treasury policy is one component of fulfilling this duty. The Treasury policy should link to, but not replace, authorities and responsibilities in a DHB's Minister-approved delegations policy.

12.11.3 As a minimum, the Treasury policy should include policies to address key financial risks faced by the DHB, which are likely to vary according to DHB size. Key financial risks may include:

a. liquidity and funding risk

b. foreign exchange/currency risk (classified separately by capital and operating)

c. interest rate risk

d. guarantees and indemnities.

12.11.4 Liquidity risk management relates to managing the short-term, day-to-day cash requirements, whereas funding and investment risk management relates to managing the long-term funding issues facing a DHB. Management of these risks includes cash flow management, availability of overdraft facilities, and banking covenants.

12.11.5 Foreign exchange/currency risk management for DHBs relates mainly to mitigating exposure to foreign currency fluctuations. DHBs enter into foreign currency transactions with overseas suppliers, both for operational purchases, such as clinical supplies, and for capital purchases, such as clinical equipment.

12.11.6 Interest rate risk management relates to mitigating the risk of increased interest expense (or reduced interest income) due to changes in market interest rates. The Treasury policy should define how interest rates on debt (or investments) are measured, and set out the extent to which hedging may be desirable (eg, term of hedging, types of instrument to use).

12.11.7 Guarantees and indemnities management provides a level of assurance in relation to giving guarantees and indemnities. The Treasury policy should allow normal commercial practice to operate while controlling the giving of guarantees and indemnities that are irregular, or that invert normal commercial practice, at a Board level. In addition, a register must be kept of any indemnities or guarantees that are given, and insure for them accordingly. (See Section 12.22 for more information about guarantees and indemnities.)

12.11.8 It is unlikely that most DHBs will need to include counter-party credit risk in their Treasury policy as long as they comply with regulations. Counter-party credit risk (which is the risk of losses, realised or unrealised, arising from a counter-party defaulting on a Treasury instrument to which a DHB is a party) is addressed in the regulations, which specify that the credit-rating test is met if an issuer of debt securities is:

a. rated by Standard and Poor's as A– or higher, or A–1 if short term, or

b. rated by Moody's as A3 or higher, or Prime–1 if short term, or

c. authorised and gazetted by the Minister of Finance.

12.11.9 The management policy for each key risk should include:

a. description of the risk, and its nature and extent in relation to the DHB

b. objectives

c. limits and/or targets

d. list of authorised instruments/products used to address the risk

e. monitoring of exposures in relation to limits

f. approval procedures for changing the limits

g. procedures for dealing with a breach of limits.

12.11.10 The Treasury policy should also cover:

a. linkage to authorities and responsibilities set out in the DHB's delegation policy

b. liquidity management

c. investment management

d. key banking relationships

e. Treasury monitoring and reporting (daily, weekly, monthly, to the Board).

12.11.11 DHBs should review their Treasury policy at least annually and:

a. assess the impact of Treasury transactions made during the year (eg, how the result differed from an unhedged position, what was the cost of any hedging)

b. evaluate which risk exposures may be significant in the coming year and out-years

c. recommend any modifications required to the Board for approval.

Employees as Board Members Policy	
Applicable to: All Whanganui District Health Board staff	**Authorised by:** Whanganui District Health Board
	Contact person: Chief Executive

1. Purpose

To~~his policy~~ outline~~s~~ the Whanganui District Health Board's (WDHB) approach to employees or candidates (or potential appointees) who wish to weigh up the implications of their being elected or appointed to the board. This~~e~~ policy is intended to assist the board~~,~~ and is subject to the operation of statute and the contractual and regulatory environment applying to the employee/employer relationship.

~~A district health board employee has a statutory right to be elected as a member of a district health board.~~

This policy ~~is also required to~~ ensure~~s~~ a consistent approach across the organisation for the remuneration of WDHB employees who are appointed to a district health board either as a board or statutory committee member.

2. Scope

This policy applies to all Whanganui District Health Board employees.

3. Employees of district health boards may stand for elections

DHB employees have a statutory right (Clause 7, Schedule 2, NZ Public Health and Disability Act 2000) to be elected as a member of a district health board.

> "A person is not prevented from being elected as a member of a district health board simply because the person is an employee of the district health board."

There is a possibility that a conflict of interest could arise during the campaign period, so employees who offer themselves for election to public office must notify the chief executive immediately they do so. This is in accordance with the WDHB's Conflict of Interest Policy.

~~3~~4. Definitions

Employer – the WDHB as defined in the New Zealand Public Health and Disability Act 2000 and the Employment Relations Act 2000.

Employee – a person employed by the WDHB to do any work for hire or reward under a contract of service as defined in the Employment Relations Act 2000.

Board member – any person elected or appointed to a district health board as per the New Zealand Public Health and Disability Act 2000.

Board committee member - Any person elected or appointed to a committee of the district health board.

Commented [MB1]: Removed and new section 3 added to provide more detail about this right and the need to advise the CE regarding potential conflict of interest during campaign period

Commented [MB2]: This section has been added to explain the right to be elected to the board; previously included in protocols that were advised to staff

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45. Roles and responsibilities

The chief executive as an employer will:

- tTake a 'good employer' approach and be as reasonable as possible, recognising that the operational responsibility of the organisation rests with the chief executive, not the board.
- rRecognise the particular difficulties for district health board employees who are also members of the board.

The district health board and any board member who is an employee will:

- aAvoid, as far as possible, placing the chief executive or employees who are board members in situations where any role tensions could develop or be exacerbated.
- not pressure the chief executive to grant leave for board members, recognising that the chief executive is the employer and has the responsibility for service provision and for employees.

65. Policy statement

Obligations of employees

The WDHB is required to be a good and reasonable employer. Employees who are elected or appointed to the board should be treated in a manner consistent with that of any good or reasonable employer.

Employees should be aware that their primary obligation is to the WDHB as an employee and that this must not be hindered by obligations as a board or board committee member. Employees need to demonstrate that their workload would not be adversely affected by being on the board or board committee, for example it would not be acceptable for doctors to cancel lists to attend board or board committee meetings.

~~Employees should recognise that their employment by the district health board's chief executive is their prime obligation. They should be able to do their primary job unhindered and without detriment to the public interest.~~

Commented [MB3]: Deleted as this is already outlined in the second para under 'Obligations of employees'

Employees should be especially diligent and transparent over potential conflicts of interest. They must recognise that the chief executive has to provide the board with frank and complete advice and in doing so, cannot have regard for the presence of other district health board employees. Therefore employees who are board or board committee members must be particularly aware of confidentiality issues.

Employees should be aware that their appointment to the board is separate to their employment relationship and will be governed by the rules that apply to board membership, not employment law.

Remuneration for meeting and workshop attendance

WDHB employees are already being paid by the district health board as employees. Attendance at board or committee meetings should therefore be taken as special leave without pay. This will be granted provided it does not adversely affect the operation of the organisation.

Remuneration for employees who are board or committee members will be consistent with other members. The fees payable will be as gazetted by the Minister of Health and as outlined in the WDHB's Board Members' Manual.

Designation	Fees pPayable	Type of lLeave
Board members who are also employees of the WDHB	▪ Board member fees. ▪ Travel costs apply outside of normal working hours.	Leave to attend board meetings shall be special leave without pay during normal working hours.
Board committee members who may also be board members and who are also employees of the WDHB	▪ Board committee member meeting attendance fees. ▪ Travel costs apply outside of normal working hours.	Leave to attend board committee meetings shall be special leave without pay during normal working hours.

Application for leave

As per the WDHB's Employee Leave Policy, employees must apply for leave using the WDHB's Application for Leave Form available on the intranet.

76. References

New Zealand Public Health and Disability Act 2000
Employment Relations Act 2000
WDHB Conflict of Interest Policy – WDHB-2018
WDHB Employee Leave Policy – WDHB-1833

87. Key words

Board member, employees as board members, leave

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Conflicts of Interest Policy	
Applicable to: Whanganui District Health Board	**Authorised by:** Chief Executive
	Contact person: People and Performance Consultants

1. Purpose

This policy establishes Whanganui District Health Board's (WDHB) expectations of employees to ensure that perceived and actual conflicts of interest are appropriately managed.

The policy also establishes WDHB's expectations for non-WDHB employees who perform a duty for, or carry out, the business of the WDHB, such as external statutory committee members.

2. Background

A conflict of interest may occur where an employee has outside interests or secondary employment that may adversely affect their work responsibilities to the organisation or be in conflict with the organisation's interests.

The WDHB supports the personal development of employees through outside interests and will not normally object to their participation in outside activities or place unreasonable restrictions on secondary employment.

3. Policy statement

It is the expectation of the WDHB that all employees proactively recognise and identify conflicts of interest, disclose the conflict to their line manager, effectively self-manage, mitigate or avoid the risk and comply with WDHB direction.

3.1. Policy directives

Employees have a duty of fidelity to the WDHB and are expected to devote their working time with the WDHB to the organisation's business, act consistently with the organisation's interests and endeavour to avoid perceived or actual conflicts of interest.

Employees must bear in mind at all times that their outside interests, secondary employment, membership of community organisations or the occupation of external positions of influence (e.g. directorship, contractor, trustee etc.) must not adversely affect their work commitment or availability to the organisation, be in conflict with the WDHB interests or impair their effectiveness in their position at the WDHB.

Business interests that conflict with the interests of the WDHB or employees' ability to perform their duties may jeopardise their employment.

An employee who wishes to undertake secondary employment with another organisation must ensure such employment does not result in a conflict of interest and declare perceived or actual conflicts of interest at the earliest practical time.

Whanganui District Health Board controlled document. The electronic version is the most up-to-date version. WDHB will not take responsibility in the event of an outdated paper copy being used which may lead to an undesirable consequence.

Consent

Employees must obtain written consent of the general manager or professional director prior to engaging in any other business activities or secondary employment during their employment with the WDHB. Approval will not be unreasonably withheld. Failure to obtain that consent may provide grounds for disciplinary and/or legal action.

Where a conflict has been appropriately declared by the employee, the employer and employee will discuss the issue and work out together whether it is a real conflict of interest. The WDHB and the employee may agree to changes to the employee's position, tasks or accountabilities as required to appropriately mitigate risks from actual and/or perceived conflicts of interest. An employee must act on any reasonable instructions from the employer about real conflicts of interest. If there is no other reasonable alternative or reasonable arrangements cannot be mutually agreed, the employee's employment may be ended as per WDHB processes.

Where the prior consent of WDHB is required to undertake secondary employment or the occupation of any other external position of influence, it must not be authorised where there is a possibility that an actual, potential or perceived conflict of interest may arise as a result.

Close relationships and activities

Employees must not engage in any WDHB business with any person or entity owned or partly owned by a close relative of the employee or with any person with whom the employee has a financial or personal relationship. This also extends to where advantage may be provided or perceived to be provided to a family member through your dealings with a supplier in the normal course of business.

Employees must declare ownership in, membership of or their interest in a company or registered society whose activities are similar to, impinge on, or may conflict with the activities of the WDHB.

WDHB employees must not be employed, engaged or concerned in the conduct of any other business associated in any way with the healthcare industry without the prior written approval of the chief executive or EMT member.

Inventions and Copyright

The copyright of any ideas generated arising out of, or related to, the business of the WDHB at any time during the period of employment with the WDHB is held by the WDHB (except as provided in the Senior Medical and Dental Officers Multi Employer Collective Agreement under Part 5, Clause 39 and Schedule 7).

Inventions developed during working time under the WDHB's jurisdiction will remain the property of the WDHB, except where otherwise negotiated and agreed with the chief executive on a case-by-case basis. Such negotiations will take account of the relative contributions of both the employer and the employee towards the development of the invention.

Remuneration

Employees may not receive any fee, reward, gratuity, inducement or other remuneration beyond the salary for services performed, from any other organisation or individual whilst on WDHB business. Where the services are performed for a fee, the employee's manager must be involved in the setting of the fee. The fee will ordinarily be returned to the WDHB, although in certain circumstances, the chief executive may direct that part, or all, of the fee go to the employee.

Non-disclosure

Employees must not disclose, discuss or utilise any information or systems relating to any business of the WDHB, or of property, or patients of the WDHB.

Declaring and reporting of conflicts of interest

Employees must complete a declaration relating to actual or potential conflicts of interest, or the perception thereof, as soon as practicable. Changes in personal circumstances and any new conflict of interest must be declared immediately. Any agreed review periods must be adhered to.

Employees must declare the hours of work, the nature of work, and any potential impacts the position may have on their current position with the DHB. The required declaration must cover secondary employment, including private clinical practice or business consulting roles.

Conflicts of interest must be reported to EMT and then through monthly reporting to the chief executive and at board/committee meetings. All conflict of interest declarations made shall be held on the individual's personnel file within the People and Performance Department.

Health and safety
When it comes to safety concerns coming from secondary employment of WDHB employees, it is the employee's responsibility to take reasonable care that their additional hours of work do not place other people in the workplace at risk and to ensure that they are fully rested prior to undertaking their substantive role with the WDHB. WDHB will consider this for the approval and management of conflicts of interest.

Resident Medical Officers (RMOs) and others who provide a locum service at Whanganui DHB are required to complete the fatigue management disclosure form attached in **Appendix B** prior to employment at the Whanganui DHB.

Review
The WDHB reserves the right to review authorised secondary employment should the employer deem such work to be affecting the employee's substantive role.

Membership of voluntary community organisations
An employee may not, in the course of their involvement with a community organisation, use WDHB material or organisational information known to them. Employees are not permitted to breach the confidentiality agreement they have signed with the WDHB.

Employees must not make statements in their membership capacity that might mislead the public into believing that WDHB supports the organisation they represent or that any views expressed may be those of WDHB.

In the event of a community group/organisation applying to the WDHB for any assistance an employee is not permitted to make any promise/commitment on behalf of WDHB.

An employee who is a member of a community group/organisation may not be involved in the approval on behalf of the WDHB, any application made by the organisation concerned.

Code of Ethics
Registered staff must also comply with their professional bodies' Code of Ethics regarding employee/patient personal relationships.

Non-DHB employees
Non-WDHB employees should declare their conflicts of interest in accordance with the terms of reference for the project, workgroup, or committees they sit on in compliance with this policy.

General
A conflict of interest may remain a conflict of interest even if disclosed, or approved, pursuant to clause 36 of the Public Health and Disability Act. In other words, even if a conflict of interest has been dealt with in terms of section 36, it can still, for administrative law purposes, be impermissible if it amounts to procedural unfairness or impropriety.

Media statements, public address conflicts
See WDHB's Communications Policy.

Workplace relationship (family or other) conflicts
See WDHB's Management of Significant Personal Relationships in the Work Environment Policy.

4. Scope

This policy applies to all WDHB employees (permanent, temporary and casual), visiting medical officers, and other partners in care, contractors, consultants and volunteers.

5. Prerequisites

Whanganui District Health Board employees must avoid activity, interests, secondary employment or relationships with any person or entity inside or outside the WDHB which would create, or might appear to others to create a conflict with the interests of the (i.e. a real or perceived conflict of interest).

Employees shall advise the chief executive in writing upon being appointed, elected, or selected to executive positions within any political party or politically sensitive organisation that could leave the employee open to a perception or allegation of bias or partiality in favour of that organisation to the detriment of the WDHB.

All new employees must complete a declaration of conflicts of interest (if any) prior to commencing employment with the WDHB.

Regardless of anything written in their employment agreement, all employees have certain obligations prior to starting secondary employment and throughout the course of the secondary employment. These obligations include an employee:

- not acting in a way that can be misleading or deceptive
- maintaining confidentiality and not acting in a way that damages the WDHB
- managing their work level so it does not impact their performance at either job
- continuing to act in good faith and with ongoing and open communication.

When operating under the WDHB jurisdiction, non-WDHB employees who perform a duty for or carry out the business of the WDHB should declare any activity, interests, secondary employment or relationships, which would create, or might appear to others to create a conflict with the interests of the WDHB.

6. Definitions

A conflict of interest is defined in the New Zealand Public Service Code of Conduct as "any financial or other interest or undertaking that could directly or indirectly compromise the performance of a public servant's duties, or the standing of their department in its relationships with the public, clients or Ministers. This would include any situation where the actions taken in an official capacity could be seen to influence or be influenced by an individual's private interests (e.g.: company directorships, shareholdings, offers of employment)".

A financial benefit may arise if:

- the employee obtains a direct financial benefit
- the employee has a financial interest in another party who may obtain a financial benefit
- the employee holds a position in another organisation that may obtain a financial benefit
- the employee has a family or personal relationship with a person who may obtain a financial benefit.

Public servants have lives and relationships beyond their employment, so all employees face the potential for conflicts of interest. They usually fall into the following categories:

- Personal – an opportunity for an individual employee to gain advantage or benefit
- Family – pressure for an individual employee to assist or provide an advantage or benefit to their family or friends

- Community – an opportunity or pressure for an employee to provide an advantage or benefit to a community or stakeholder group.

Examples of activities or interests which could give rise to a conflict of interest situation (either real or perceived) include:

- gifts, loans, entertainment
- engaging in or interest in the activities of other businesses or organisations, especially competitors or suppliers
- indirect interests or relationships (e.g. close relative association with a competitor or supplier)
- referring a patient for care to an external provider in which the employee has an interest
- disclosure of information confidential to the WDHB (internal correspondence is confidential, whether or not it is marked as such)
- diversion of opportunities otherwise available to the WDHB
- holding public office
- presenting or promoting products or services.

7. Roles and responsibilities

Roles	Responsibilities
Individuals (WDHB employees, contractors, and honorary staff)	The accountability for declaring conflicts of interest rests with individuals. Individuals are required to report conflicts to managers/professional advisors as soon as practicable when changes in personal circumstances occur, and with prior notice before the conflict occurs whenever possible. The WDHB's Declaration of Conflict of Interest form is included as **Appendix A**.
Managers	Are responsible for informing general managers or professional directors of reported conflicts and seek their approval. Managers are responsible for forwarding the completed declaration of conflict to the People and Performance Department.
People and Performance Department	Are responsible for including a copy of this policy with offers of employment made to potential new employees; and for filing declarations of conflict of interest on employee's personnel files.
General Managers / Professional Directors	Are responsible for approving engagement in other business activities and where applicable, mitigation actions to manage risks, determine timeframes for review and report conflicts through monthly reporting to EMT.
Chief Executive	Is responsible for seeking advice as required regarding all conflicts of interest.

8. Measurement Criteria

Compliance with this policy is measured by:

- Conflicts of interest recognised, identified, disclosed, managed effectively and associated risks mitigated or avoided
- Staff not acting in a misleading or deceptive manner
- Confidentiality maintained
- Damages to the WDHB minimised
- Public faith in the integrity and fidelity of employees and individuals to the activities and services of WDHB

- Outside interests or secondary employment not creating a health and safety risk, negatively influencing performance at either job or placing other people in the workplace at risk.

9. References

- Public Health and Disability Act 2000
- State Services Commission's Code of Conduct
- Office of the Auditor-General Guidance
- Employment Relations Act 2000

10. Related WDHB documents

- Donations, Gifts and Sponsorship Policy
- Union Matters in the Workplace Procedure
- Membership of Community Organisation as Private Individuals Policy
- Code of Conduct Policy
- Addressing Unacceptable Conduct Procedure
- Management of Significant Personal Relationships in the Work Environment Policy and Guideline
- Communications Policy
- Employees as Board Members Policy
- Board Election Procedure
- Health Research Policy and Procedure

11. Appendix

Appendix A: WDHB Declaration of Conflict of Interest form.
Appendix B: WDHB Locum Disclaimer – Fatigue management.

12. Key words

Conflict
Conflicts of interest
Declaration
Disclaimer
Fatigue
Health and Safety
Outside interests
Other business activities
Secondary employment

WHANGANUI DISTRICT HEALTH BOARD
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WDHB Declaration of Conflict of Interest form – Outside interests

Appendix A:

Declaration Statement

From: (Print full name)

a) I hereby disclose the following conflicts / perceived conflicts of interest that I believe are likely to arise during my employment/appointment with the Whanganui District Health Board:

(Attach additional page if necessary. Clearly indicate 'Nil' if applicable)

and

c) I acknowledge that there is an obligation for me to consider the implications of the New Zealand Public Health and Disability Act 2000 in respect of delegations and statements about conflicts of interest above and to notify in writing any changes in my circumstances that may affect a matter disclosed in these statements to my immediate manager.

Signed: _____

Position/job title: _____

Date: _____

Witness: _____
(Signature) (Print name)

Received by manager:

Name: _____

Signature: _____

Position/job title: _____

Date: _____

Declaration Agreement

I _____ (Print full name) declare that:

- My manager/general manager/professional advisor discussed my declaration of conflict of interest under the conflict of interest policy with me.
- I understand the real/perceived risk to individuals, patients and the WDHB and potential consequences thereof.

I understand that:

- I have disclosed the information in confidence and that my privacy will be respected.
- I am responsible for managing the conflict to ensure no detrimental impact on the WDHB.
- I am responsible for maintaining confidentiality to ensure no detrimental impact on the WDHB.
- I am responsible for managing my work level so it does not affect my performance in my substantive role or secondary employment.
- It is my responsibility to take reasonable care that my additional hours of work do not place others in the workplace at risk and to ensure that I am fully rested prior to undertaking my substantive role with the WDHB.
- My manager/general manager/professional director will monitor and if necessary take required action relating to my conflict.
- A copy of this declaration will be kept on my personnel file.
- I am responsible to inform the WDHB of any changes in this declaration as soon as practicable.

The following specific arrangements about my declaration have been agreed:

_____

_____

_____

_____

- Conflict noted and engagement in other business activities/secondary employment approved / not approved (Delete if not applicable)

- Conflict / other business activities / secondary employment to be reviewed on:

Signed for and on behalf of Whanganui District Health Board:

Signed: _____ Print name: _____

Position/job title: _____
General Manager/Professional Director/Chief Executive

Date: _____

Copy to: General Manager/Professional Director/People and Performance

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Locum disclaimer - fatigue management

Appendix B:

First Name	
Surname	
Current DHB	
Date of Locum Shifts	
Time of Locum Shifts	

- I understand I am responsible for my own health and safety and that of my patients.
- I have considered the consequences of fatigue and my current rostered shifts when agreeing to this locum engagement.
- I am not covering this locum on rostered days off that apply to a Schedule 10 roster at another DHB.
- I am sufficiently rested in order to work the locum duties confirmed.

Locum Signature:	
Dated:	

WHANGANUI
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Policy

Employee Leave Policy	
Applicable to: Whanganui District Health Board	**Authorised by:** Chief Executive
	Contact person: Manager Human Resources

1. Purpose

This policy defines the various types of leave entitlements available to employees of the Whanganui District Health Board, and the circumstances under which they may be used. It should be read in conjunction with the Holidays Act 2003 and Holidays Act Amendment Act 2004 and any subsequent amendments and the appropriate Collective or Individual Employment Agreement.

2. Scope

This policy is applicable to all Whanganui District Health Board employees who are employed either under a Collective Agreement or an Individual Employment Agreement. Where the leave provisions of the Collective Agreement or Individual Employment Agreements are different from this policy, then the provisions of the Collective Agreement or Individual Employment Agreements will apply.

The leave provisions of this policy are inclusive of and not in addition the entitlements contained in the Holidays Act 2003 and subsequent amendments.

3. Definitions

Accrued annual leave – Annual leave that is accruing in the current year prior to the next anniversary date. This figure increases each pay day until the next anniversary date, when it equals a full year entitlement and is transferred to the Current Annual Leave entitlement.

Alternative public holiday – A day of leave in lieu accrued when an Employee works on a public holiday and that day would normally be a day of work for that Employee.

Annual leave – Paid days of leave from work, (also called annual holidays) that an Employee is entitled to in recognition of continuous service with WDHB.

Anticipated sick leave – Additional sick leave provided in advance of an Employee's next accrual of sick leave. Anticipated sick leave is only considered once all sick leave entitlement has been used and the Employee's eligibility for discretionary sick leave has been considered. Anticipated sick leave taken may be deducted from the Employee's final pay should this exceed their accrued sick leave balance on resignation.

Authorising manager - The manager who has the correct delegated level of role and responsibilities for the leave transaction as per WDHB's Delegation Policy.

Discretionary sick leave – Additional sick leave, either paid or unpaid, granted over and above the entitlement provided by an employment agreement. This may be offset against the Employee's next sick leave entitlement (by up to 5 days).

Whanganui District Health Board controlled document. The electronic version is the most up-to-date version. WDHB will not take responsibility in the event of an outdated paper copy being used which may lead to an undesirable consequence.

Transferred public holiday – A public holiday that is observed on another day by an Employee.

4. Policy

All leave is granted to ensure that staff are well rested and able work effectively. It is important for managers and staff to understand that taking leave is a normal, legitimate and necessary activity, and that they feel comfortable when taking leave as per the provisions of this policy. Accordingly, one of the most important activities of management is encourage employees to make full use of their annual and shift leave, and to use sick leave when they or someone close to them has a legitimate illness. This policy is aimed at educating and enabling all staff and managers to know their entitlements so that they can be responsible for the management of it.

Annual leave/ annual holidays

The provision and taking of annual holidays will be in accordance with the Holidays Act 2003 and subsequent amendments.

Each employee's Employment Agreement outlines their annual holiday entitlement. Employees are entitled to four weeks annual holidays on their next anniversary date. Where employees may have different annual leave provisions than this policy in their collective agreement or individual employment agreement, the provisions of their collective agreement or individual employment agreement shall apply.

Employees on Individual Employment Agreements with Whanganui District Health Board are normally entitled to four weeks annual holidays each year. Upon completion of recognised five years continuous service with any District Health Board annual leave entitlements will increase to five weeks from the employee's anniversary date.

Permanent part time employees are also entitled to the same annual leave entitlement, but on a proportionate (pro rata) basis to reflect their reduced hours.

Employees may take leave as it accrues. For example, an employee who has completed one quarter of the leave year will be entitled to take one week of leave (assuming an annual entitlement of four weeks).

Annual leave may only be accrued to a maximum of two years entitlement or as specified in the relevant collective agreement.

Employees are entitled to take at least two weeks of their annual leave entitlement in one uninterrupted break each year.

Except in emergency situations Employees should provide notice of their intention to take annual leave at least 14 days prior to the most recent roster being published. Requests at late notice may be rejected.

The timing and use of annual leave should be mutually agreed between the manager and employee. The manager will make all reasonable efforts to ensure annual leave is approved, provided it can still meet operational requirements.

If an Employee has an excessive balance, a manager may instruct an employee to take annual leave by providing the employee with at least 14 days notice directing them to take annual leave commencing on a particular date. This will be done after consultation with the employee, and having taken into account work requirements and the needs of the employee.

The employee may also elect to "cash" in excessive amounts of annual leave in some circumstances. The cashing in of leave will only be considered where the employee has an agreed Leave Plan in place and is approved by the Manager.

Anticipated annual leave

Generally employees may not anticipate annual leave beyond a few hours in length. Should an employee need a period of leave over and above their entitlement then the manager should meet with that employee to discuss their circumstances and options. These options include discretionary additional leave (paid or unpaid).

Anticipated annual leave can only be granted as per the Delegation Policy levels for special leave.

Should the employee leave before any anticipated annual leave is accrued up to a zero or positive balance, it will be recovered out of the employee's final pay.

Discretionary additional leave

Where an employee requests additional paid/unpaid leave in exceptional circumstances, this leave is subject to the recommendation of the authorising manager and must be approved in accordance with the delegations policy.

Under the Holidays Act, an employer has the right to have a customary closedown period for all or part of its business and to require employees to take annual leave during that period. This may only occur once in any 12 month period.

At WDHB a closedown period may apply to some parts of the business over the Christmas/New Year period. In this situation, employees are required to take annual leave for any days in this period that are not public holidays.

The employer must give the employee not less than 14 days' notice of the requirement to take the annual holidays. Where an employee does not have annual leave available for some or all the period of the closedown, s/he may request anticipated annual leave or discretionary additional paid or unpaid leave.

Shift leave

Shift leave is a leave entitlement that is provided in recognition of the additional demands on employees who works shifts. Shift leave is accrued and paid at the rate specified in the relevant employment agreement.

Where an employment agreement is silent regarding shift leave, no entitlement exists.

Sick leave

An Employee may take sick leave if:

(a) the Employee is sick or injured; or
(b) the Employee's spouse, (as defined in Section 5 (1) of the Holidays Act 2003), is sick or injured; or
(c) a person who depends on the employee for care is sick or injured.

Permanent full time employees are entitled to five days sick leave every six months, accumulating to a maximum of 10 paid working days sick leave each year. Permanent part time employees have the same sick leave entitlement and their statutory annual entitlement of five days must not be pro-rated (Holidays Act s65 2).

The full annual entitlement for sick leave will become available on the anniversary date of the Employee, but Employees may make sick leave as it accrues.

Sick leave entitlements may vary over and above the entitlements in this policy depending on the employee's applicable Individual/Collective Agreement. All sick leave in excess of the legal entitlements will be paid at T1.

A casual employee is entitled to sick and bereavement leave after six months' continuous service if they have worked at least an average of 10 hours a week, and not less than one hour in every week or not less than 40 hours every month.

Unused sick leave for the Employee shall accumulate to the maximum balance stated in the Employee's applicable Individual/Collective Agreement, or as specified by the Holidays Act 2003 and subsequent amendments.

Employees are required to notify their Manager as soon as possible on the first day of absence on sick leave. Notification should be made directly to the manager or next most senior position on duty if this is not possible.

An employee who is absent due to ill health for three consecutive days or more, (whether or not the days would otherwise be working days for the employee) shall, if so required, supply a medical certificate to their manager stating the date by which the employee may be expected to return to work.

Where it is believed that an employee may have misused their sick leave entitlement, Whanganui District Health Board may investigate further to establish whether it was used legitimately. This may include requiring the employee, within three consecutive days of sick leave occurring, to be seen by a doctor of the employer's choice (s68 4 b) and at the Whanganui District Health Board's expense (s68 1A). If misuse of the sick leave entitlement is established following investigation, disciplinary action may be taken up to and including termination of the employee's service.

Unused sick leave is **not** paid out on termination of employment.

If an employee has exhausted his or her entitlement to sick leave, but remains sick or injured or has a spouse or dependent that is sick or injured, she/he may request that the leave be taken as annual leave. The approval may or may not be provided by the manager at their sole discretion.

Sick leave will be monitored by Managers. Concerns regarding the amount and pattern of sickness absences will be discussed and, where appropriate, addressed with the employee involved. Inappropriate absences and use of sick leave will be managed in accordance with WDHB Leave Management Procedures.

Where an employee is not at work due to sickness for more than 20 consecutive calendar days this will be classified as long term sickness absence. Managers must raise instances of long term sickness absence as soon as possible with their HR Advisor and Patient Safety and Quality and agree how best to support the Employee's rehabilitation back to work. (Note: authority from the CEO must be obtained for a leave of absence greater than 20 days. Refer to the Delegations Policy for further information). Long term sickness absence will generally be managed in accordance with the procedure outlined in the WDHB Leave Management Procedures and in the WDHB/WellNZ Claims Management Procedures Manual.

Where an employee is on long term sick leave and a return to work date cannot be ascertained within a reasonable time period, WDHB reserves the right to initiate procedures for the termination of the employees' employment on the basis of frustration of contract. Such cases will be handled with sensitivity and termination will be supported by medical evidence where possible. Termination will only be resorted to after all other options have been explored.

Discretionary (or additional) sick leave

Where an employee requires additional paid or unpaid sick leave for extraordinary medical circumstances, this leave must be supported by a recommendation from the Manager, and approved by a more senior manager in accordance with the Delegations Policy (special leave provision). The application must be accompanied by a medical certificate or a letter from the doctor, outlining the reason for the time off work. Leave will only be granted in exceptional circumstances and where all other forms of leave available to the employee have been used.

Anticipated sick leave

Any anticipated sick leave taken in excess of actual sick leave entitlement will be deducted when an employee leaves the WDHB.

Injury related absence

Where an Employee is absent from work due to a work or non-work related injury then the provisions of the ACC Partnership scheme will apply.

If the injury is covered under the ACC partnership scheme the Employee is entitled to be compensated for 80% of pre-injury earnings.

For work-related injuries there is no stand-down period for payment for loss of earnings. For non-work related injuries the first seven calendar days are not covered by ACC and can be taken as paid or unpaid sick leave.

At the employee's written request or as allowed by the relevant MECA, WDHB will allow Employees to "top up" their earnings up to 100% by using their outstanding sick leave or annual leave entitlement.

Employees absent due to injury are required to participate in any processes and activities, including those specified under the WDHB Employee Injury Rehabilitation Policy.

Leave for stress related health problems

Refer to WDHB's Management of Stress Related Health Problems Procedure and Policy and provides further detail on how these risks are minimised and responded to.

Public holidays

In accordance with Section 43 of the Holidays Act 2003, every employee is entitled to 11 public holidays, or an alternative day in lieu of those holidays each year, if the holiday falls on days that would otherwise be working days for the employee.

Where an employee works on a public holiday, they shall be paid time and a half for their work in the day as per Section 50 of the Holidays Act 2003, or more if provided for in the relevant Individual/Collective Employment Agreement.

If an employee is required to work on a public holiday, and it would not otherwise be a working day for an employee, the employee will be paid the portion of the employee's relevant daily pay (less any penal rates) that relates to the time actually worked on that day plus half that amount again (or more if provided for by any individual/collective agreement the employee is party to). The employee will also receive an alternative day's holiday if the holiday would otherwise have been a working day for the employee.

Alternative day holidays are to be taken as directed by the Manager after discussion with the employee. This will normally be within 12 months of the alternative day becoming due to the employee. The employer can require an employee to take an alternative holiday on a date determined by the employer only after 12 months has passed, the alternative day has not been taken and a minimum of four week's notice is given. Alternative days may not be taken on another public holiday.

Notwithstanding the above, Employees may give their Manager at least 14 days notice of their intention to take an alternative holiday, or longer as appropriate to align with rostering notice periods. The alternative holiday must be agreed by their Manager.

Alternative day holidays are to be paid as per Section 60 of the Holidays Act 2003.

Bereavement leave

Whanganui DHB recognises that bereavement/Tangihanga leave must be handled sensitively by managers. Bereavement/Tangihanga leave can be granted to an employee to discharge obligations and /or pay respects to a deceased person with whom the employee has had a close association. Such obligations may exist because of family ties, a close association, or because of particular cultural requirements such as attendance at all or part of a Tangihanga or equivalent. The length of time off shall be at the discretion of Whanganui DHB, but in no circumstances shall it be less than the legal requirements prescribed under the Holidays Act 2003.

Entitlements

Immediate family member – after six months current continuous service an employee is entitled up to three days paid leave to cover bereavement in respect to the death of an immediate family member. Immediate family is defined in the Act as the employees spouse or partner, parent, child, sibling, grandparent, grandchild or spouse's parent.

Where there is a multiple fatality the employee is entitled to three days bereavement leave in respect of each death of an immediate family member.

Additional leave options will be considered for time off in excess of three days, such as annual leave or leave without pay, when it is requested by the employee. Approval may or may not be provided at the sole discretion of management, and will be in accordance with the Delegations Policy, Special Leave Provisions.

Outside the immediate family – an employee is entitled to take up to one day bereavement leave in the event of a death outside the immediate family that may cause a person to suffer bereavement. The manager should take into account the following when considering the request for bereavement leave:

- The closeness of the association between the employee and the deceased
- Any cultural responsibilities of the employee in relation to the death
- Whether the employee has to take significant responsibility for all or any of the arrangements for the ceremonies relating to the death
- Travel time

Bereavement leave does not have to be used immediately or consecutively. For example, an employee who is entitled to three days leave may use two days to attend a funeral/tangi and one day to attend an unveiling of a headstone.

Jury service leave and witness leave

WDHB supports staff participation Jury Duty. Jury Service is a civic duty for all New Zealand citizens and permanent residents, and all members of the public, when summoned, are required to serve on a jury unless they are excused.

The DHB will continue to pay the employee's regular salary for the period of jury service subject to the employee reimbursing the organisation any jury service fees paid to them, otherwise the time will be taken as annual leave or leave without pay.

Where an employee is required to be a witness in a matter arising out of their employment they will be granted leave for ordinary worked hours only (paid at T1 rate only). Any fee received will be returned to the Employer but the employee may retain expenses paid.

Where an employee is required to be a witness in other matters, the provision of witness leave shall be at the discretion of the Employer.

Leave without pay

Leave without pay may be granted to an employee where they require time off for personal or non-work related reasons and do not have an entitlement to paid annual leave or other types of leave to cover this period.

The employee must give as much notice as possible of their intention to request unpaid leave, which would be at least 14 days before the publication of their roster for the coming roster period.

The WDHB has no obligation to grant unpaid leave and it will only be provided at the DHBs sole discretion. Managers must not create any expectation with an employee that unpaid leave will be granted before the final decision is made. Approval of leave without pay must be in accordance with the Delegations Policy, Special Leave.

When an application for leave without pay of more than 20 days is made, it may be approved only on the condition that the employee's position may not be able to be held open and any annual leave owing to the employee is taken before leave without pay. Approval of leave without pay is in accordance with the Delegations Policy, Special Leave.

Note: Taking unpaid leave may alter an Employees anniversary date for service related entitlements (Employees should check with payroll to confirm the effect of taking unpaid leave on their entitlement date).

Special representation leave

Special representation leave is for New Zealand representatives of commonly recognised sports or cultural activities. It must be approved in accordance with the Delegations Policy, special leave, subject to the recommendation of the Authorising Manager and approval of a more senior manager. Approval of this leave is at the DHBs sole discretion and will take into account the nature and level of the sport or cultural activity, the employee's work performance, length of service and the likely impact that their absence may have on Whanganui District Health Board.

Parental leave

Parental leave is available to all employees of Whanganui District Health Board in accordance with the parental leave and Employment Protection Act 1987 and amendments. Refer to the Parental Leave Policy and related procedures Whanganui District Health Board Intranet (under policies) or in the library for further information.

Due consideration must be taken of parental leave clauses in applicable Collective Employment Agreements.

Time off in lieu for extra time worked (TOIL)

Time in lieu for extra hours worked must be approved by the Manager with authority to sign timesheets prior to the time being worked.

All time in lieu of extra time worked is to be calculated on an hour off for an hour worked basis, or as specified in the appropriate Individual/Collective Employment Agreement.

Where time in lieu is taken at a time when penal rates apply, ordinary rates only will be paid.

The Supervisor/line manager must ensure that time in lieu does not accumulate and must enable the employee to take the earned entitlement. Only in exceptional circumstances may time in lieu be accumulated up to a maximum of 20 hours and only with the agreement of the authorising manager.

Any days in lieu of working on statutory holidays, (alternative days), are paid at the relevant daily pay of the employee.

Time in lieu accumulated must be taken prior to annual leave being used and must be taken within six

weeks of accrual.

Where the time off in lieu is not taken within six weeks of the entitlement becoming due and there is no agreement on when the leave is to be taken, the employer may direct the employee to take leave with a minimum of 14 day's notice. Time in Lieu can be paid out in circumstances where directed leave cannot be taken.

Note: Any time in lieu clauses in applicable Collective Employment Agreements will supersede this clause.

Long service leave

Where an employment agreement provides for long service leave, this leave must be taken within five years of the entitlement falling due. Such leave shall be taken at times mutually agreed between the Employee and the Manager and is subject to the normal leave authorisation process.

With the agreement of the authorising manager, an employee may elect to be paid in lieu of taking all or part of long service leave.

Territorial force leave

Employees who are members of the Territorial Armed Forces are entitled to leave without pay as is necessary for training purposes, in accordance with the Volunteers Employment Protection Amendment Act 1973.

Requests for such leave must be lodged with the immediate manager at least 14 days before the training begins. Whanganui District Health Board is entitled to limit territorial force leave, if the amount of leave requested will cause undue hardship for the employer.

Emergency services leave

From time to time some employees may be required to participate in emergency operations as a result of their membership of an emergency service organisation.

Whanganui District Health Board supports such activities and will normally continue to pay full salary and benefits to employees involved. This is subject to the approval of the responsible manager for the time taken, taking into account the operational needs of Whanganui District Health Board.

Any incidental costs such as travelling and accommodation expenses will be the responsibility of the individual concerned.

To avoid any conflict of priorities between the organisation and individual responsibilities, managers will regularly review the time spent by individual employees on emergency operations during the employees regular hours working for the Whanganui District Health Board.

Employees who are members of an emergency service organisation are required to inform their immediate manager of that membership or prior to being accepted into the emergency service.

An employee wishing to take special leave to fulfil their obligations to that service in an emergency situation or exercise must apply for leave through the normal leave application process. Managers will not unreasonably refuse emergency services leave requests, but employees must be aware that the operational needs of Whanganui District Health Board must have first consideration.

Learning and development leave

Applications for conference and study leave should be made and authorised in accordance with the Learning and Development Policy, Delegation Policy and the applicable Individual/Collective Employment Agreement.

Leave and payments associated with union matters

Applications for leave should be made and authorised in accordance with the Union Protocols Policy available on the intranet and the applicable Collective Employment Agreement.

5. Roles and responsibilities

Managers – are responsible for:

- Ensuring that leave is provided fairly and consistently for their staff
- Ensuring that leave approvals are provided in a timely manner and in accordance with the leave policy and delegations
- Ensuring that correct documentation and processes are used for all leave
- Ensuring that leave related documentation is processed and provided to Payroll in a timely manner
- Monitoring and managing annual leave balances. Where excessive balances exist, ensure employees actively manage and plan for leave to be taken to reduce these balances
- Monitoring and managing sick leave balances and patterns of usage, ensuring that sick leave is appropriately used to support and enable employee health and wellbeing.

Staff – are responsible for:

- Monitoring and managing their own leave entitlements and balances so that they remain within acceptable limits
- Ensuring that their leave applications and usage is compliant with DHB policies

6. References

- The Holidays Act 2003 and Holidays Act Amendment Act 2004
- Parental Leave and Employment Protection Act 1987 and amendments
- Volunteers Employment Protection Amendment Act 2004
- Employment Relations Act 2000 and amendments
- Collective Employment Agreements or Individual Employment Agreements

7. Related Whanganui District Health Board documents

- WDHB Delegation Policy
- WDHB Procedures for the Management of Employee Leave: Guidelines for Managers
- Application for leave
- WDHB Parental leave policy
- WDHB Membership of an emergency organization policy
- WDHB Union protocols policy

8. Key words

Leave

Appendix four

Board Election Procedure and Protocols	
Applicable to: Whanganui District Health Board members, staff and all candidates for the 2019 WDHB election	**Authorised by:** Whanganui District Health Board **Contact person:** WDHB Chair

1 Introduction

District health board elections will be held on **Saturday 12 October 2019.**

The 'pre-election period' commences on Friday 12 July 2019 and all candidates (including existing board members) and Whanganui District Health Board (WDHB) staff are expected to follow these procedures and protocols, which apply to all campaigning activities.

2 District health board staff must remain politically neutral

It is important that WDHB staff remain politically neutral at all times in their dealings with board members, potential board members and the public in general.

Staff should not take part in any activity related to the election campaign of a current or potential elected member (apart from their own, should they choose to stand). This includes:

- attending campaign meetings in their capacity as employees of the Whanganui District Health Board
- attending private campaign strategy meetings
- taking part in any activity that could be seen to be a campaign activity (eg canvassing, social media comments, writing letters, media releases or speeches) that could be linked to a candidate's campaign.

Staff may attend activities related to the election campaign of any sitting board member or candidate in order to help them make their own judgements on their choice of candidate(s). It is acceptable for staff to attend, or even help organise, meetings where competing candidates present themselves for scrutiny, but it is not acceptable for staff to obviously align themselves with or publicly support a particular candidate.

3 No political activity or campaigning on site

No district health board forums or meetings (for example, district health board public meetings) should be used for political purposes.

The WDHB site must not be used for any campaigning purposes, including taking campaign photos, using premises or displaying posters or other signage.

4 District health board resources should not be used for campaigning

No district health board resources (including computers, e-mail, cell phones, faxes, stationery, photocopiers, stamps, cards, notice boards on WDHB sites) should be used for campaigning purposes.

Staff must not send or forward emails seeking support for a particular candidate or candidates.

5 Information should be available to all candidates

Where district health board information is supplied to a candidate for campaign purposes, it will be supplied to other candidates on request.

6 Employees of district health boards may stand for elections

DHB employees have a statutory right (Clause 7, Schedule 2, NZ Public Health and Disability Act 2000) to be elected as a member of a district health board.

> "A person is not prevented from being elected as a member of a district health board simply because the person is an employee of the district health board."

There is a possibility that a conflict of interest could arise during the campaign period, so employees who offer themselves for election to public office must notify the chief executive immediately they do so. This is in accordance with the WDHB's Conflict of Interest Policy.

7 District health board publications and website information

The WDHB's website includes profiles of current board members and these will be removed during the pre-election period commencing on 12 July (names and photos will remain). Following the close of nominations on 16 August, the candidate profile statements of all candidates will be available through the Whanganui District Council's website.

Care will be taken that WDHB publications do not provide an inappropriate high profile for any current board member. This is a matter of judgement, taking into account the spokesperson role of the board chair and the ongoing activities of the district health board.

Where to go for further help

1 For general information regarding the district health board election processes: www.moh.govt.nz/dhbelections.

2 For further detail on communications in a pre-election period, see the website for the Report of the Controller and Auditor-General – Good Practice for Managing Public Communications by Local Authorities: http://www.oag.govt.nz/HomePageFolders/Publications/Public_Communications/Public_Communications.htm

3 Whanganui District Health Board staff can refer to the WDHB's 'Employees as Board Members Policy.'

4 If you are unsure whether or not certain requests or activities are a breach of these procedures, please discuss the matter with your manager or Whanganui District Health Board's election contact, Margaret Bell on 348 3424 or extn 8424 (email margaret.bell@wdhb.org.nz)

Fact sheet

Triennial election
Saturday 12 October 2019

General
Elections for district health boards are held at the same time as local body elections and will be conducted by postal vote on Saturday 12 October 2019.

The elections will be conducted under the provisions of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the New Zealand Public Health and Disability Act 2000.

There is a legal requirement for DHB elections to be conducted by an electoral officer of a city or district council within the DHB's boundary. Whanganui DHB has appointed the Whanganui District Council's electoral officer to conduct the 2019 WDHB election.

Positions
Elections for Whanganui District Health Board will be required for seven positions, which are elected 'at large' from the board's area. This includes Whanganui District Council, Rangitikei District Council and part of the Ruapehu District Council.

Following the election, the Minister of Health appoints up to four further members to fill any gaps in the expertise needed for the DHB to best achieve its functions and objectives.

All board members (elected and appointed) are directly responsible and accountable to the Minister of Health for their performance in planning, funding and delivery of health services to the community.

Nominations
Nominations open on **Friday 19 July 2019** and close at **noon on Friday 16 August 2019**.

A candidate information handbook and nomination papers will be available during this time from:
- Whanganui District Council, 101 Guyton Street, Whanganui.
- Rangitikei District Council, 46 High Street, Marton.
- Ruapehu District Council, 59-63 Huia Street, Taumarunui.

Candidates can only lodge their nomination and deposit with the WDHB's electoral officer, Noeline Moosman, at the Whanganui District Council.

Term of office
Board members are elected for a three-year term. The term of office for current board members ends on Friday 6 December 2019.

Eligibility
Most people qualify as candidates for a DHB election if they are registered as a New Zealand Parliamentary elector and are a New Zealand citizen (either by birth or naturalisation ceremony). However, there are some exceptions which are set out in the NZ Public Health and Disability Act 2000.

All candidates must be nominated by two people who are on the electoral roll in the WDHB's district.

You do not have to live in the DHB's district to stand for election to its board, but you cannot stand for election in more than one DHB. However, you can stand as both a local government candidate (for example council or community board) and as a candidate for a DHB.

DHB employees who meet the eligibility criteria are also able to stand for election.

Remuneration
The Minister of Health determines levels of remuneration in accordance with the Cabinet Fees Framework. Board members are paid an annual fee for their service on the board. Members can also be reimbursed for actual and reasonable expenses incurred in carrying out their DHB duties, such as travel costs.

Voting information
The STV (single transferable voting) system is used by all district health boards. STV is a system of proportional representation that enables voters to rank candidates in order of preference.

Key dates for 2019

Friday 19 July	Nominations open
Friday 16 August	Nominations close at noon
20 to 25 September	Voting documents delivered
Saturday 12 October	Election day Voting closes at noon
14 to 23 October	Special votes counted and official final results announced
Monday 9 December	New board members take office

WDHB electoral contact
For queries regarding the role of DHB members and the election process, contact:

Margaret Bell
Phone 06 348 3424
Email margaret.bell@wdhb.org.nz