Whanganui DHB Board Meeting

25 September 2020 09:30 AM - 12:00 PM

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Interest Register

5 June 2020

Name	Date	Interest
Ken **Whelan** *Chair*	13 December 2019	Crown monitor for Waikato DHB Crown monitor for Counties DHB Board member RDNZ (NZ) Chair Eastern Bay of Plenty PHO Contractor General Electric Healthcare Australasia
Annette **Main** *Deputy Chair* *Chair CSAC*	18 May 2019	Nil
Anderson-Town Talia *Chair FRAC*	2 June 2020	▪ A board member of Ratana Orakeinui Trust Incorporated ▪ A board member of Te Manu Atatu Whanganui Maori Business Network.
Adams Graham	16 December 2016	▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Anderson Charlie	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Baker-Hogan Philippa	10 March 2006	An elected councillor on Whanganui District Council.
	8 June 2007	A partner in Hogan Osteo Plus Partnership.
	24 April 2008	Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at.
	29 November 2013	Chair of the Future Champions Trust, supporting promising young athletes.
	7 November 2014	A member of the Whanganui District Council District Licensing Committee.
	3 March 2017	A trustee of Four Regions Trust.
Chandulal-Mackay Josh	10 December 2020	An elected councillor on Whanganui District Council
	21 February 2020	A council member of UCOL A member of Aged Concern Deputy Chair for Whanganui Youth Services Trust
Hylton Stuart	4 July 2014	▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand. ▪ The 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	An executive member of the Central Districts Cancer Society.
	2 May 2018	▪ The chairman of Whanganui Education Trust ▪ A trustee of George Bolten Trust
	2 November 2018	The District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.
MacDonald Judith	22 September 2006	The chief executive of Whanganui Regional Primary Health Organisation
	11 April 2008	A director of Gonville Health Centre
	4 February 2011	A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape
	21 September 2018	A director of Ruapehu Health Ltd
	23 July 2020	A Board member of Aged Concern, Whanganui
Peke-Mason Soraya	21 February 2020	▪ Chair, Te Totarahoe o Paerangi – Ngāti Rangi (Ohakune-Raetihi) ▪ Director, Ruapehu Health Limited ▪ Trustee, Whanganui Community Foundation ▪ Iwi Rep, Rangitikei District Council Standing Committee ▪ Labour Candidate for Rangitikei District Council

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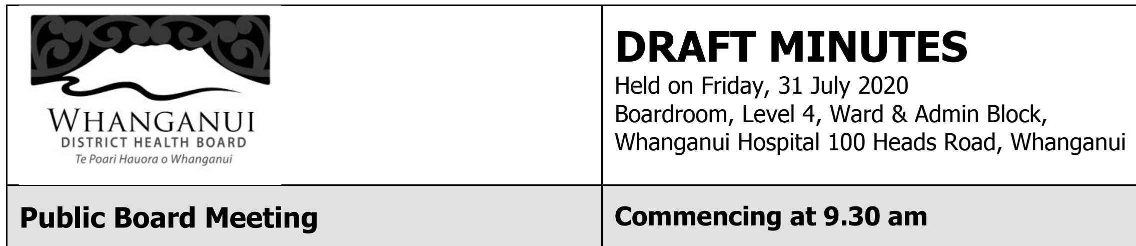

Whanganui District Health Board	**DRAFT MINUTES** Held on Friday, 31 July 2020 Boardroom, Level 4, Ward & Admin Block, Whanganui Hospital 100 Heads Road, Whanganui
Public Board Meeting	**Commencing at 9.30 am**

Present
Mr Ken Whelan, Board Chair
Ms Annette Main, Deputy Board Chair, Chair Combined Statutory Advisory Committee
Mrs Talia Anderson-Town, Finance Risk and Audit Chair
Mr Graham Adams, Member
Mr Charlie Anderson, Member
Mr Josh Chandulal-Mackay
Mr Stuart Hylton, Member

Apologies
Mrs Judith MacDonald, Member
Mrs Soraya Peke-Mason, Member
Mrs Philippa Baker-Hogan, Member

In attendance
Mr Russell Simpson, Chief Executive
Mrs Nadine Mackintosh, Board Secretary
Mrs Louise Allsopp, General Manager Patient Safety, Quality and Innovation
Mr Mark Dawson, Communications Manager
Mrs Rowena Kui, General Manager Māori Health and Equity
Mr Paul Malan, General Manager Strategy Commissioning and Population Health
Mr Andrew McKinnon, General Manager Corporate
Mr Steve Carey, Community Impact Strategist

Guest
David Montgomery, Paediatrics

1. Procedural

1.1 Karakia/reflection

The meeting was opened by A Main with a reflection on how blessed we are living in Whanganui with beautiful surroundings and strong history that we should reflect on as we move forward.

1.2 Apologies

The board **accepted** the apologies from J MacDonald, P Baker-Hogan and noted that S Peke-Mason has stood down from the board whilst she is a candidate for national in the general elections.

1.3 Continuous Disclosure

1.3.1 Amendments to the Interest Register
Nil

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

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1.4 Confirmation of minutes

1.4.1 5 June 2020

The minutes of the meeting held on 5 June 2020 were **approved** as a true and accurate record of the meeting.

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

1.5 Matters Arising

Nil

1.6 Board and Committee Chair Reports

1.6.1 Chair verbal report

The chair provided congratulations to the management team for their effort and recognition from the Ministry for their work on the annual plan.

The chairs group have been working on improved focus areas with the DHBs and the Ministry. The intent will be to form an action group to better prompt practices of high performing areas to help assist improvements across the system.

IDFs is a key focus area for the chair due to the financial impact that this can have for the DHB noting that the chief executive will be working closely with our tertiary provider, Capital and Coast DHB to improve the patient flow and reduce

The health and disability report was discussed noting that we will need to understand the direction of the report. There has been no advise to Whanganui DHB on the implications of the report.

Action: Arrange a board and management meeting on health system report when we receive further direction on what this may mean for Whanganui DHB.

1.6.2 Combined Statutory Committee report

The last meeting was held via zoom and the following items were requested to be received at the next meeting:

- A breakdown of ethnicity and update on fasters cancer treatment
- Update on the WAM external review and
- Oral health update.

The next meeting is on 21 August 2020.

Action: At the next board meeting the board will break for lunch and hold an open forum with staff in the Top Café.

2. Chief Executive Report

The paper was taken as read with the chief executive highlighting the release of the staff news and key articles in the quarterly report.

On 19 November 2020 the DHB will be hosting our 50th Porriat Lecture, the staff forum will be in the staff lecture theatre and the public session will be in the war memorial theatre. Our guest speaker this month will be the Director General of Health, Ashley Bloomfield.

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The relationship between the board, management and clinicians is a tribute to the success of the DHB and the chief executive thanked the board for working with us to address our challenges in a positive manner.

A brief discussion on providing the community with assurances on COVID-19 testing and outline the benefits of nasal swabbing.

The Whanganui District Health Board members:

a. **Received** the paper titled chief executive report.

b. **Noted** this Crown Funding Agreement variation funding value has been identified as sufficient by the General Manager Strategy, Commissioning and Population Health and the General Manager of Corporate.

c. **Approved** the board chair sign the Crown Funding Agreement Variation to support COVID-19 Surveillance Plan and Testing Strategy.

d. **Noted** the Māori Crown Relations Team plan to undertake governance training and networking needs assessment of DHB Board Māori Members and Iwi/ Māori governance partners.

e. **Noted** that DHB Māori health teams have confirmed the names of Māori board members and relationship board membership and representation for the governance training.

Moved G Adams **Seconded** A Main **CARRIED**

3. Decision Paper

3.1 Establishment of the National Public Health Advocacy Team

The paper was taken as read with advise that this is a national group that would look at public health promotion from a holistic response to strengthen the current work that is being undertaken by the Northern region. This provides us with the opportunity to develop a health promotion voice nationally with a particular focus on:

- Alcohol
- Obesity
- Drugs

The Whanganui District Health Board members:

a. **Received** the paper titled 'Taking bigger strides: Sustaining health services and tackling persistent health inequity through national public advocacy to address structural and commercial determinants of obesity and alcohol related harm'

b. **Noted** that DHB Chairs and Chief Executives have agreed to establish a new National Public Health Advocacy team.

c. **Noted** that DHBs have agreed to provide $400,000 initial funding for the establishment of this team.

d. **Supported** the establishment a new National Public Health Advocacy team and the initial funding from Whanganui District Health Board of $6,516.

e. **Noted** that Dr Rob Beaglehole, dentist and public health specialist from Nelson Marlborough DHB has been appointed to lead this team.

f. **Noted** that this work is on hold while the health sector is focused on the COVID 19 response although background preparatory work is underway.

Moved T Anderson-Town **Seconded** A Main **CARRIED**

Action: The chair will circulate a powerpoint presentation to the board following national discussions.

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4. DISCUSSION PAPER

4.1 Paediatric Update

The paper was taken as read.

The paper promoted a tool that the DHB are working with to address child behavioural issues, noting the individual and/or family contributors to these behaviours.

Dr Montgomery provided an overview of the traditional assessment model versus the new assessment model with a positive outcome indicating that referral to identifying the outcome and treatment is 10 weeks and require only one paediatric appointment.

The traditional model was to be triaged through a paediatrican which could take up to three months then followed up with questionnaires which slowed down the treatment process.

Treatment assists with the individuals attaining better academically and the treatments can be varied for specified time of day, days of the week.

The child health manager has been instrumental to improvements such as the one promoted today. The is a huge cohort of experience in child and youth health in Whanganui and we will start to see more improvements and programmes for our district. Now is the time for us to look at employing more paediatricians.

The service currently has one ASD coordinator and one nurse specialist coordinator that can assist one another. The opportunity is to move toward an expanded integrated model of care model with primary care.

The board discussed

- Impacts on the nurse specialist coordinator
- School referral process, noting the parent consent is required.

Dr Montgomery was thanked for attendance and update to the board.

The Whanganui District Health Board members:

a. **Received** the paper titled Paediatric update - summary of evaluation of intervention to improve support for families with children with behaviour issues report.

b. **Noted** the findings of the evaluation

Moved J Chandulal-Mackay **Seconded** S Peke-Mason **CARRIED**

Action: The chair requested that an update is provided in six months.

4.2 COVID-19

The paper was taken as read.

We are now preparing for a potential next phase of COVID-19 or an alternative emergency event.

The chief executive highlighted to the board that we are working with a number of agencies across the community to address social governance. The DHB have contributed with in-kind dedicated resource for 12 months as we work collectively as a community to address social governance.

The Whanganui District Health Board

a. **Received** the paper titled COVID-19 Integrated Recovery Team Update

b. **Noted** the attached reports form part of the analysis in the on-going series of community engagements

c. **Noted** the next steps from Recovery to 'Thriving Communities'.

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5. Information papers

5.1 June 2020 Financial Update

The paper was taken as read noting the additional costs for IDF and COVID-19 have been absorbed in the final result of $15k favourable to our approved deficit budget of

The Whanganui District Health Board members:

a. **Received** the report 'Detailed financial report – June 2020'.

b. **Noted** the June 2020 monthly result of a $938k deficit is favourable to budget by $100k.

c. **Noted** the year-to-date result of $12,582k deficit is favourable to budget by $15k. Including the increase in the Holiday Act Compliance provision of $2,820k, the result is $2,805k unfavourable to budget.

Moved T Anderson-Town **Seconded** S Hylton **CARRIED**

5.2 Hospital and provider services operational overview

The paper was taken as read with the chief medical officer noting the high occupancy in our mental health and addiction service with a large proportion of occupancy with drug addiction. This is a challenging space with indications that more education required.

The presentations are becoming more complex and increasing the number of beds versus models of care in the community. This is a concern for us nationally, not just locally.

The board had the following questions for management to address

- the impact and solutions to address the dynamics of drug addiction and psychotic behaviours being in the same unit.
- do we have health a safety issues with the capacity of the units
- dan we look at the data and usage of our occupancy.
- rate of representation

Action: Mental health and addictions to provide a presentation covering the questions above.

Whanganui District Health Board members:

a. **Received** the paper

b. **Noted** that all executive leaders will forego remuneration reviews until June 2021

c. **Noted** that DHB GM Human Resources have requested further guidance on pay restraint from State Services Commission to ensure our alignment

d. **Notes** that staff employed on an individual employment agreement (IEA) will comply with the guidance and principles for pay restraint

Moved S Hylton **Seconded** J Chandulal-Mackay **CARRIED**

5.3 Health and Safety Update – for information only.

The paper was taken as read with advised that we have completed our ACC audit last week and maintained out tertiary status.

The Whanganui District Health Board members:

a. **Received** the report entitled 'Health and safety update'.

b. **Noted** there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 financial years or 2019/20 year-to-date.

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c. **Noted** the overall trend for the top five injury/incident categories indicates a slight decline over the three year period.

d. **Noted** the following trends for each of the five categories:
- Aggression injuries/incidents decreased over the three year period.
- Manual handling injuries/incidents decreased over the three year period.
- Infection control injuries/incidents decreased over the three year period.
- Slip, trip, falls injuries/incidents increased over the three year period.
- Struck by, bumped injuries/incidents decreased over the three year period.

Moved J Chandulal-Mackay **Seconded** A Main **CARRIED**

6. General business

Nil

7. Resolution to exclude the public

The Whanganui District Health Board members:

a. **Agreed** 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.

b. **Noted** 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 June 2020	For reasons set out in the board's agenda of 5 June 2020	As per the board agenda of 5 June 2020
Chief executive's report Board & committee chair reports WDHB Strategy Document Risk Report	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)
Integrated Facilities Update Lambie Ground Floor Refurbishment	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)
Draft Annual Plan Sustainability Initiatives Maintaining National Intervention rates	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)

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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, 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

Moved J Chandulal-Mackay **Seconded** T Anderson-Town **CARRIED**

The public section of the meeting concluded at 11.23am

Signed K Whelan
Board Chair
Whanganui District Health Board

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Minutes
Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building, Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 21 August 2020, commencing at 9:30am

Combined Statutory Advisory Committee (CSAC) members in attendance
Ms Annette Main (Chair)
Mr Charlie Anderson
Ms Christie Teki
Ms Debra Smith
Mr Frank Bristol
Mr Graham Adams
Ms Heather Gifford
Mr Josh Chandulal-Mackay
Ms Maraea Bellamy
Ms Te Aroha McDonnell

In attendance for Whanganui District Health Board (WDHB)
Mr Russell Simpson, Chief Executive Officer, WDHB
Mr Paul Malan, General Manager, Strategy Commissioning & Population Health
Ms Louise Allsopp, General Manager, Patient Safety Quality & Innovation
Mr Steve Carey, Integrated Community Impact Strategist
Ms Deanne Holden, Secretariat

Member of the Public
Ms H Vermeulen, Greypower

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1. Procedural

1.1 Karakia & Welcome

A Main opened the meeting at 9:35 am and welcomed those present. The recent re-emergence of COVID-19 was noted with the Chair sending blessings, aroha and support to those impacted personally, their whanau and both local and wider Auckland community.

1.2 Apologies

It was resolved that apologies be accepted and sustained from the following:

Mr Ken Whelan, Mr Frank Bristol, Ms Te Aroha McDonnell (lateness), Ms Debra Smith (lateness)

1.3 Conflict and register of interests update

1.3.1 Amendments to the register of interests

The following amendments to the register of interests were noted:

Graham Adams:	Delete – "A board member of Age Concern Whanganui Inc" and "The treasurer of NZ Council of Elders (NZCE)"
Philippa Baker Hogan:	Delete – "A director of the New Zealand Masters Games Limited".
Josh Chandulal-Mackay:	Delete – "A council member of UCOL"
Annette Main:	Add "Appointed to the Whanganui Community Foundation"

It was further noted both F Bristol and D Smith have provided the secretariat with confirmation of their register of interests.

The Chair provided clarification of declarations required for conflicts and interests register(s).

1.3.2 Declaration of conflicts in relation to business at this meeting

There were no declarations of confliction in relation to business at this meeting.

1.4 Minutes of the previous committee meeting

That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 15 May 2020 be accepted as a true and correct record with the following amendment:

Amend "Deborah Smith" to "Debra Smith"

Moved: A Main Seconded: H Gifford

1.5 Matters Arising

The following updates to the Matters Arising were noted:

05/15-01	"Oral Health update – u5" to be added as item on next agenda	Research referred to in minutes 15/5/20 not yet presented. Item held over.

1.6 Committee Chair's Report

There was no report from the Chair.

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2. Chief Executive update
R Simpson, Chief Executive Officer, Whanganui District Health Board

A verbal report was provided by R Simpson with the key points summarised below:

The NZ COVID Tracer QR code has been made available throughout the hospital and at entry and exit points. All were encouraged to use the App and hand sanitiser provided.

Members of the public have reported a shortage of car park availability due to staff parking on campus. This has been exacerbated with an increase of traffic to the CBAC (COVID testing facility). A successful campaign was launched to request staff to utilise off street parking when they are able. The move has been supported by Council and Police with speed restrictions being put in place. Feedback from public has been excellent with minimal negative feedback from staff.

The recent resurgence of COVID -19 was noted with confirmation provided that WDHB is prepared and ready if the virus is identified within our community. The Whanganui Regional Health Network was acknowledged for their ability to support the recent increase in testing volumes seen recently. Following discussion R Simpson confirmed that the DHB has received COVID specific funding from MOH. If challenges were identified in meeting any increased need due to resurgence of COVID discussions would be held with the Ministry.

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3 Presentation

3.1 Suicide Prevention Workshop

P Malan welcomed members of the Healthy Families and Te Oranganui Suicide prevention teams to the meeting. He thanked them for their continued work in the suicide prevention space and introduced the CEO of Te Oranganui, Wheturangi Walsh-Tiapiata.

Wheturangi Walsh-Tapiata, introduced herself and colleagues Rebecca Davis and Marguerite McGuckin both of whom, alongside members of the Healthy Families team, have been integral in developing the approach to be presented to committee. The key points of which are summarised below.

Presenters opened with a reflection "if suicide is the solution what is the problem".

Interviews, discussion and engagement has taken place across communities, whanau, and rangitahi. A common theme emerged; youth are searching for mentors to support them in finding a sense of belonging and wellbeing.

A clear network of support is key to addressing risk factors which may result in suicidal indention. These may include:

- Protective factors sitting within the community not the "experts"
- Although there is willingness to support those at risk, the knowledge of how to do so must be shared with the community
- Clinical language at assessment and referral stage must be used with caution. It is accepted that at times of deep distress, an individual can find their ability to communicated negatively affected. A more holistic and mindful approach may support the individual to communicate and thus ensure appropriate supports are put in place to mitigate the risk.

A collaborative, innovative and community centric approach is required to support change. Social services, whanau, the education sector and those with lived experience working together will provide the building blocks to ensure empathy rather than apathy.

Prevention is also the cure with a shift in mindset key to ensure that supports are collaborative, innovative and community centric.

The team closed by asking those present to commit to a "call to action" to support a wellbeing framework being woven throughout governance strategies. The team were open to supporting and facilitating this mahi.

The chair thanked presenters for their commitment and noted the support of the Board for the approach the team has outlined to address this important mahi.

3.2 COVID-19 Integrated Recovery Team

A paper titled "COVID-19" Integrated Recovery Team was tabled by L Allsopp. The paper was taken as read with a verbal summary of the key points provided by S Carey and shown below:

The Integrated Recovery Team was formed to lead the recovery phase of the COVID-19 pandemic, following successful collaborative engagement of the health lead Emergency Operations Centre at the commencement of the COVID-19 pandemic.

The team embarked on a programme of engagement with representation from more than 70 community groups across differing platforms including:

- community engagement survey
- strategic leadership interviews
- focus group sessions

Work then commenced to establish The Integrated Social Governance Leadership Team (ISGLT) with membership including chief executives of Hauora a Iwi, Whanganui DHB, Whanganui, Rangitikei and

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Ruapehu District Councils, Departments of Social Development and Internal Affairs, New Zealand Police and Te Ranga Tupua. Terms of Reference and Framework for this group are being drafted, and once operationalised it is envisaged community needs will be presented to the ISGLT and operationalised through the integrated Thriving Together Impact Collective.

As the community transitions from recovery phase, the Integrated Recovery Team will continue to engage with communities to ensure learnings from COVID-19 are continued into the future.

It was resolved that the committee:

a. **Receive** the paper titled COVID-19 Integrated Recovery Team Presentation

b. **Note** the attached reports form part of the analysis in the on-going series of community engagements

c. **Note** the next steps from Recovery to "Thriving Communities"

Moved: A Main **Seconded**: H Gifford

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4 Discussion Papers

The Chair advised the order for presentation of agenda items has changed with item 4.3 being presented as the first discussion paper and recorded as item 4.1 below.

4.1 He Hāpori Ora Thriving Communities Strategy

A paper titled 'Whanganui District Health Board He Hāpori Ora Thriving Communities Strategy' was tabled by S Carey with a verbal summary of the key points provided and shown below.

The He Hāpori Ora Thriving Communities strategy was adopted by the Board on 31 July 2020 following a 12 month consultation process. During this period the strategy was discussed, with feedback included and endorsement given by both the Whanganui and Hauroa ā Iwi Boards'. It was noted the values which underpin the strategy have been taken directly from the Tukutuku panel on display in the Board room. This panel provides the cornerstone to the values of both organisations.

A communications plan is now being developed and implemented to engage our communities and provide awareness of the strategy. Further, management are in the process of developing a strategic plan to ensure delivery of the He Hāpori Ora Thriving Communities vision and strategic direction.

It was resolved that the committee:

a. **Receive** the paper titled Whanganui District Health Board He Hapori Ora Thriving Communities Strategy

b. **Note** that the Strategy was approved and adopted by the Board on 31 July 2020

Moved: A Main **Seconded:** H Gifford

4.2 Interim report on progress against initiatives in the 2019-20 Annual Plan
P Malan, GM Strategy Commissioning and Population Health

A paper titled 'Interim Progress Report on Actions contained in the WDHB 2019-2020 Annual Plan" was tabled by P Malan. The paper was taken as read with a verbal summary of the key points provided and shown below.

The paper provides a synopsis of quarterly reporting against actions outlined in the Annual Plan 2019-2020. It was noted that, notwithstanding inevitable delays due COVID-19, significant progress has been achieved against planned outcomes.

Mr Malan highlighted the report captures data to measure achievement, or otherwise, against the previous years annual plan. Therefore the lack of recorded data does not mean progress or activity is not occurring.

Drinking water and water supply for the region was discussed as although not a measure captured in this report it was noted detail of information captured could be useful if there were discussions, in the future, around water fluoridation.

Action: Health protection team to offer insight to committee on the drinking water assessment component, what is captured and how the information can inform discussion.

P Baker-Hogan raised a query relating to reporting about alcohol. The Chair clarified data, as tabled, related to actions against the annual plan. Both Committee and Board are involved in formation of the Annual Plan.

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The Chair passed thanks to those involved in preparing the report which shows excellent progress to meet aspirations of the Annual Plan.

It was resolved that the committee:

a. Receive the paper titled Interim Progress on Actions contained int eh WDHB 2019-200 Annual Plan

b. Note that due to COVD, delays in the normal Performance Reporting to the ministry mean that some end-of-year (Q4) progress reports against some activities in the Annual Plan are not yet complete.

4.3 Faster Cancer Treatment Targets
P Malan, GM Strategy Commissioning and Population Health

A paper titled 'Faster Cancer Treatment Targets' was tabled by P Malan. The paper was taken as read with a verbal summary of the key points provided and shown below.

Although results at this point are interim for Q4, they show promising results against targets with WDHB achieving 96.2% of patients receiving treatment within the 62 day target and 92.5% within the 31 day target.

It was noted, due to relatively small numbers (<60) a focus on actual numbers rather than percentage should be maintained. Further, due to relatively small numbers, it may be possible to manually capture ethnicity data using NI patient information.

Action: P Malan will provide results to the media via the Communications department.

It was resolved that the committee:

a. **Receive** the paper Faster Cancer Treatment Targets

b. **Note** that ministry of Health Faster Cancer Treatment Health Target reporting does not contain ethnicity breakdown

DRAFT

5. Information papers

5.1 Community Pharmacy contracting

A paper titled 'Community Pharmacy Contracting' was tabled by P Malan. The paper was taken as read with a verbal summary of the key points provided and shown below.

Whanganui DHB has received a request from Zoom Pharmacy for an Integrated Community Pharmacy Services Agreement (ICPSA), however, a Moratorium on issuing of new contracts for community pharmacy providers is currently in place. The moratorium was approved by the Board in November 2019.

Work to develop a commissioning policy for pharmacy services is under development. The policy will ensure community pharmacy services will support the ongoing sustainability of services and ensure equity across the whole WDHB region.

It is recommended that the application be declined until the work is completed and the moratorium lifted.

It was resolved that the committee:

a. **Receive** the paper titled Community Pharmacy contracting

b. **Note** WDHB have received a request from Zoom Pharmacy for an Integrated Community Pharmacy Services Agreement

c. **Endorse** the decline of the request based on the moratorium on issuing new contracts for community pharmacy providers

6. Date of next meeting

Friday 13 November 2020 from 9:30am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui

7. Reasons to exclude public

It was resolved that:

The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Combined Statutory Advisory Committee minutes of the meeting held on 15 May 2020 (Public – excluded session)	For the reasons set out in the committee's agenda of 15 May 2020	As per the committee's agenda of 15 May 2020

DRAFT

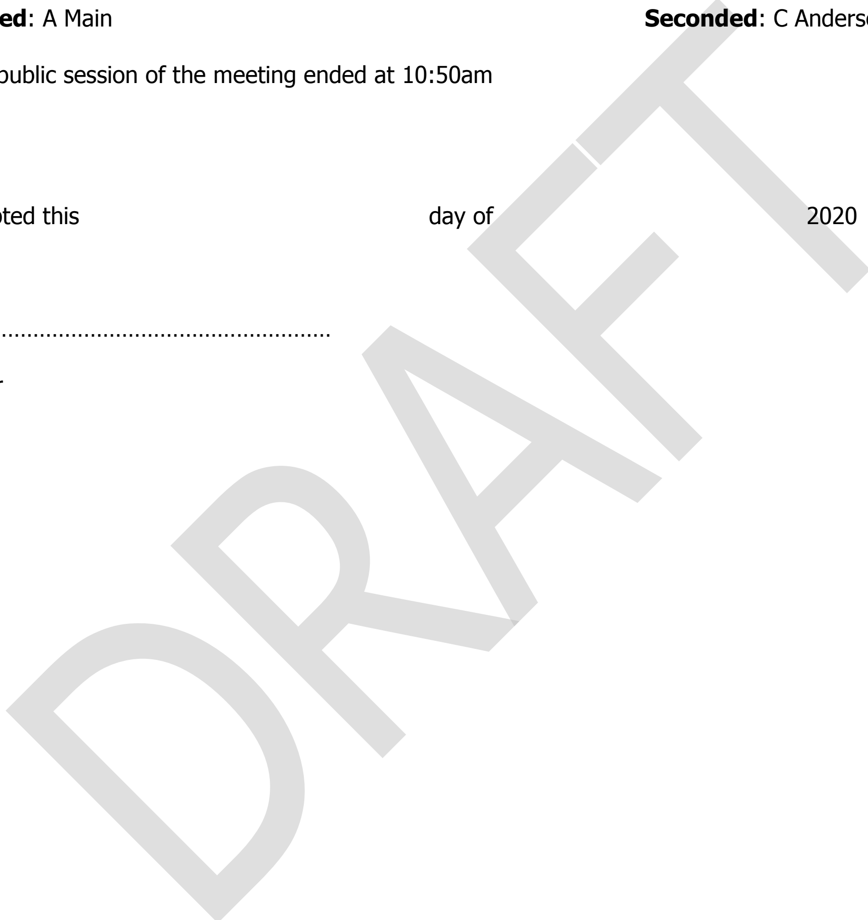
Persons permitted to remain during the public excluded session.

That the following person(s) may be permitted to remain after the public has been excluded because the committee 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
Committee secretary or executive assistant	Minute taking	Recording minutes of committee meetings

Moved: A Main **Seconded**: C Anderson

The public session of the meeting ended at 10:50am



Adopted this day of 2020

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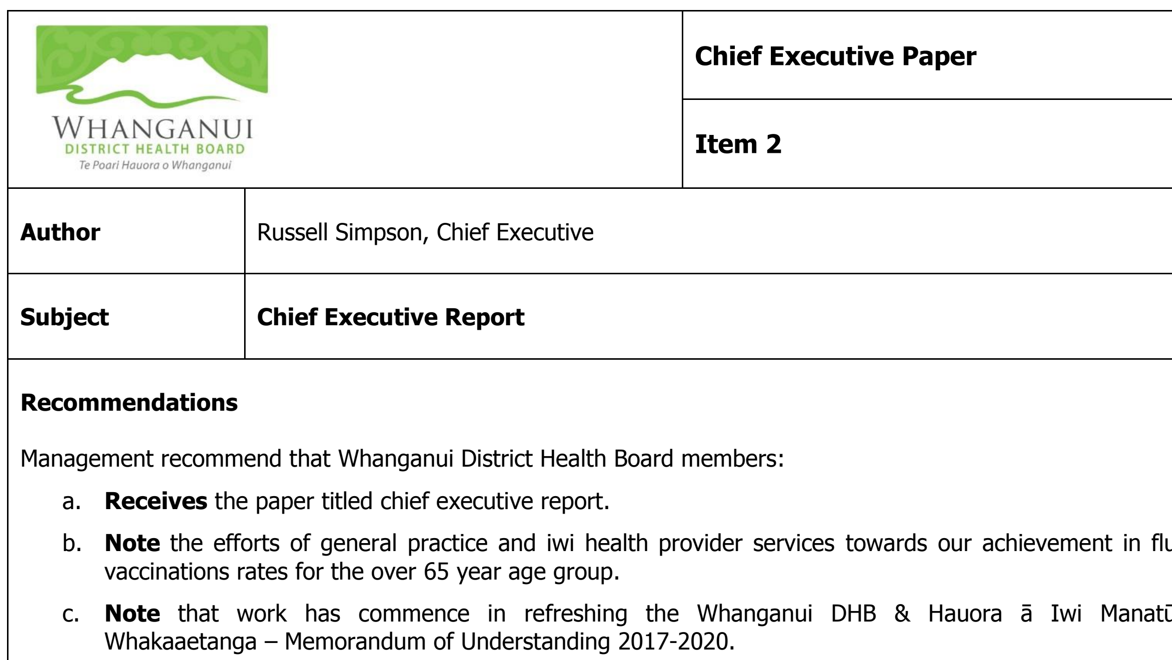
Chair

September 2020 **Public**



	Chief Executive Paper
	Item 2
Author	Russell Simpson, Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that Whanganui District Health Board members:

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

b. **Note** the efforts of general practice and iwi health provider services towards our achievement in flu vaccinations rates for the over 65 year age group.

c. **Note** that work has commence in refreshing the Whanganui DHB & Hauora ā Iwi Manatū Whakaaetanga – Memorandum of Understanding 2017-2020.

1. Flu Vaccination Rate 2020

The Ministry of Health report on 3 September for flu vaccination rates for people aged 65years and over has identified that the uptake nationally for Māori is 59% and for non-Māori, non-Pacific is 67%, an increase on 2019 of 14% and 7% respectively. This report is extracted from the national immunisation register, based on the DHB of domicile of each person vaccinated. Therefore may vary from local PHO data which is based on their eligible enrolled population.

Nationally the equity gap is sitting at -8.4 percentage points (58.9 percent Māori aged 65 or above vaccinated compared to 67.3 percent non-Māori non-Pacific vaccinated). Auckland and Canterbury DHBs have the largest equity gaps, -22.3 and -21.1 percentage points difference respectively.

There are three DHBs with a higher proportion of Māori vaccinated than non-Māori, non-Pacific, Whanganui +8.0 percentage points, Lakes +5.4 percentage points and Hawkes Bay +3.1 percentage points.

Our results for Māori aged 65years or above are consistently the highest across all DHBs at 85% and currently for non-Māori, non- Pacific at 77.4% leading across the country.

The efforts of general practice and iwi health provider services are to be congratulated and also acknowledgment that our communities have stepped up and taken on board the importance for our population of over 65years to be vaccinated.

2. Community Support - Offerings from the WDHB as part of Impact Collective

The Thriving Together Impact Collective has undertaken it's first in person (and zoom) meeting to discuss the way forward – collectively. A pitch document is being prepared to enable the leadership to discuss this with potential funders to enable the work to get the traction that is required. All participants in the hui indicated that this piece of work is important to our communities and that Whanganui is the right place to undertake this mahi. Our integrated community impact strategist, continues to work with the Impact Collective membership to ascertain what mahi is occurring in the community and how the DHB can support this work. Through this, we can ascertain what 'blind spots' we have organisationally, and what areas there are duplication of services with other providers. He has recently published the full

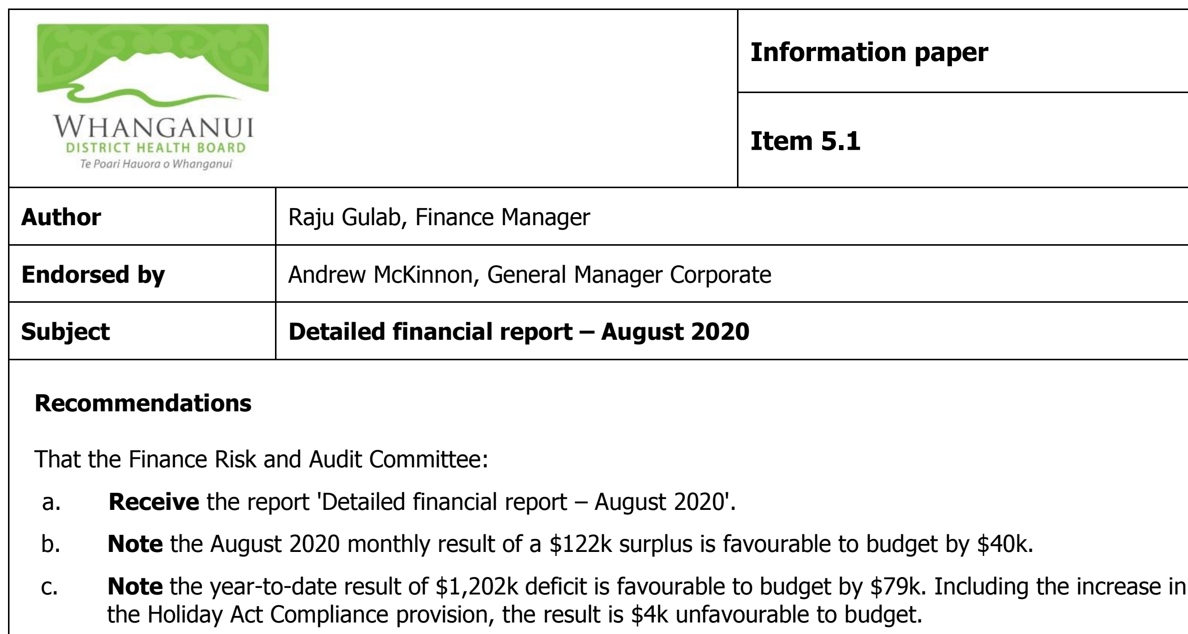
detailed reports for the community and organisational surveys which can be found on our website and is outlined later in a paper to the board today.

Throughout the course of recovery, the community indicated that there were some things that could be done to enable them to live in a Thriving Community. The first item was presenting the Defib to Tamaūpoko Community Led Development team to integrate into the Upokongaro community – this was presented to the TCLD team on the 9th of September 2020, with a community training event and formal presentation to the community happening on the 8th of October. The DHB further tautoko the TCLD team on the 22nd of September at the township of Jerusalem, where the TCLD team in conjunction with Te Puni Kōkiri and the Department of Internal Affairs, presented the new emergency generator to the community. This hikoi concluded with a visit to Mokonui, Ranana where the TCLD team are working on a new community house. The DHB has an opportunity to support the mahi here and investigate new ways of working with this community with technological enablers (such as telehealth).

3. Refresh of the Whanganui DHB & Hauora ā Iwi Manatū Whakaaetanga – Memorandum of Understanding 2017-2020

Following the joint boards meeting 19 August 2020 the Kaiuringi, GM Māori Health and Equity was asked to coordinate the process to refresh the document taking into account advice from board members. The process is underway and a draft document will come back to boards for comment and then for endorsement in October 2020.

Finance Risk and Audit **September 2020**



WHANGANUI DISTRICT HEALTH BOARD *Te Poari Hauora o Whanganui*	**Information paper** **Item 5.1**
Author	Raju Gulab, Finance Manager
Endorsed by	Andrew McKinnon, General Manager Corporate
Subject	**Detailed financial report – August 2020**

Recommendations

That the Finance Risk and Audit Committee:

a. **Receive** the report 'Detailed financial report – August 2020'.

b. **Note** the August 2020 monthly result of a $122k surplus is favourable to budget by $40k.

c. **Note** the year-to-date result of $1,202k deficit is favourable to budget by $79k. Including the increase in the Holiday Act Compliance provision, the result is $4k unfavourable to budget.

Financial Overview – August 2020

YTD Performance	YTD IDF net Flow	YTD CWDs
Actual deficit $1.2m (excluding Holiday Act Compliance provision)	$6.8m expenditure	Estimated CWDs 2,159
Against budgeted deficit of $1.3m, $0.1m favourable to budget.	Against budgeted expenditure of $6.7m, $0.1m unfavourable is due to saving target included in budget not achieved yet.	Against 2065 budgeted CWDs, 4.6% ahead (IDF CWDs excluded).

YTD FTE	YTD Capital Expenditure
Actual FTE 940	Actual spend $481k
Budgeted FTE of 933, acuity running 4.6% above target and added pressure on nursing resource.	Against budgeted expenditure of $673k. Mainly IT and clinical equipment.

Finance Risk and Audit **September 2020**

Consolidated Statement of Financial Performance for the period ended 30 Jun 2020

$'000	Month Actual	Month Budget	Month Var		Year to Date Actual	Year to Date Budget	Year to Date Var		Annual Budget 2020-21	Annual Actual 2019-20
Revenue	24,302	24,103	199	F	49,306	48,997	309	F	294,806	272,259
Revenue- COVID-19	525	-	525	F	871	-	871	F	-	3,931
Total Revenue	24,827	24,103	724	F	50,177	48,997	1,180	F	294,806	276,190
Less:										
Provider Health Service	(11,874)	(11,850)	(24)	U	(25,648)	(25,482)	(166)	U	(148,804)	(143,995)
Corporate Service	(213)	(157)	(56)	U	(307)	(322)	15	F	(1,221)	(1,990)
Governance	(90)	(82)	(8)	U	(153)	(163)	10	F	(949)	(722)
DHB Funder Division (exl IDF outflow)	(7,879)	(7,941)	62	F	(16,311)	(16,332)	21	F	(99,201)	(91,641)
Inter-district Outflow	(4,066)	(4,016)	(50)	U	(8,142)	(8,031)	(111)	U	(48,189)	(45,247)
ACC Contract (net)	55	25	30	F	99	52	47	F	309	265
COVID-19	(596)	-	(596)	U	(917)	-	(917)	U	-	(5,444)
Total expenditure	(24,663)	(24,021)	(642)	U	(51,379)	(50,278)	(1,101)	U	(298,055)	(288,774)
Net Surplus/(Deficit) before HolidayPay	**164**	**82**	**82**	**F**	**(1,202)**	**(1,281)**	**79**	**F**	**(3,249)**	**(12,584)**
NoS Impairment	-	-	-		-	-	-		-	-
Holiday Pay Provision	(42)	-	(42)	U	(83)	-	(83)	U	-	(2,820)
One-off	(42)	-	(42)		(83)	-	(83)		-	(2,820)
Net Surplus / (Deficit)	**122**	**82**	**40**	**F**	**(1,285)**	**(1,281)**	**(4)**	**U**	**(3,249)**	**(15,404)**

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

Overview

The operating result for the month of August 2020 was favourable to budget by $82k. When including Holiday Act Compliance provision, the result is $40k favourable to budget.

- ***Revenue***
  Revenue was $199k favourable to budget due service changes for inter-district inflow revenue, outpatient clinic revenue and pharmaceutical revenue.

- ***Revenue- COVID- 19***
  Covid-19 revenue was $525k favourable due to additional funding for surveillance.

- ***Provider health service (Appendix 2)***
  Provider division was $24k unfavourable due to increased personnel costs mainly nursing and medical locum, orthotic & surgical footwear and unmeet saving target. These increased costs were partly offset lower radiology outsource service costs, theatre consumables and non-clinical supply costs.

- ***Corporate service (Appendix 2)***
  Corporate was $56k unfavourable due to higher various IT related costs and facility contract consultancy fees.
- ***Governance***
  Governance was $8k unfavourable to budget due to higher staff costs and other operating expenses.

- ***DHB Funder division (exl IDF outflow) (Appendix 3)***
  Funder division was $62k favourable due to lower health of older people costs. These lower costs were partly offset by higher pharmaceutical costs and higher district nursing cost.

- ***Inter-district flows (Appendix 4)***
  Inter-district flows were $50k unfavourable to budget due to inpatient activity.

- ***COVID -19***

COVID- 19 was $596k unfavorable mainly relates management costs and other health provider cost (offset by funding).

Year-to-date August 2020 operating result was favourable to budget by $79k; including Holiday Act Compliance provision, the result is $4k unfavourable to budget.

- ***Revenue (Appendix 1)***
  Revenue was $309k favourable to budget, mainly due to service changes for inter-district inflow revenue, outpatient clinic revenue, pharmaceutical (internal) and non-resident patient revenue.

- ***Revenue- COVID- 19 (Appendix 1)***
  Covid-19 revenue was $871k favourable, due to addition funding for ongoing support.

- ***Provider division (Appendix 2)***
  Provider division was 166k unfavourable due to increased nursing costs due to high acuity, and medical locum cost to cover vacancies. These increases were partly offset by lower radiology outsourced service costs, lower theatre consumables (orthopedics surgery 7% lower than budget) and courses and conferences not being attended as a result of COVID-19 pandemic.

- ***Corporate (Appendix 2)***
  Corporate was $15k favourable due to lower building insurance cost. These lower costs were partly offset by higher various IT related cost, new facility contract consultancy fee.

- ***Governance***
  Governance was $10k favourable to budget due to lower other operating expenses.

- ***DHB Funder division (exl IDF outflow) (Appendix 3)***
  Funder division was $21k favourable due to lower health of older people costs and lower pharmaceutical cost.

- ***Inter-district flows (Appendix 4)***
  Inter-district flows were $111k unfavourable to budget due to inpatient activity and unmeet saving target.

- ***COVID -19 (Appendix 5)***
  COVID- 19 was $917k unfavorable mainly relates to COVID-19 management costs (partly offset by funding).

- ***Holiday Act provision***
  $83k provision was made to accommodate any ongoing impact on accumulated leave in 2020-21 financial year.

Finance Risk and Audit **September 2020**

1. Revenue- Appendix -1

$'000	Month Actual	Month Budget	Month Var		Year to Date Actual	Year to Date Budget	Year to Date Var		Annual Budget 2020-21	Annual Actual 2019-20
Ministry of Health	23,066	23,031	35	F	47,041	46,844	197	F	281,284	259,121
Inter-district inflow	705	637	68	F	1,303	1,274	29	F	7,643	7,764
Other District Health Board (DHB)	130	48	82	F	201	94	107	F	560	612
Accident Compensation (ACC)	262	266	(4)	U	513	543	(30)	U	3,687	3,317
Other Government	11	6	5	F	13	11	2	F	197	145
Patient consumer sourced	47	28	19	F	64	56	8	F	353	371
Other income	81	87	(6)	U	171	175	(4)	U	1,082	929
COVID-19	525	-	525	F	871	-	871	F	-	3,931
Total revenue	24,827	24,103	724	F	50,177	48,997	1,180	F	294,806	276,190

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

Month comments

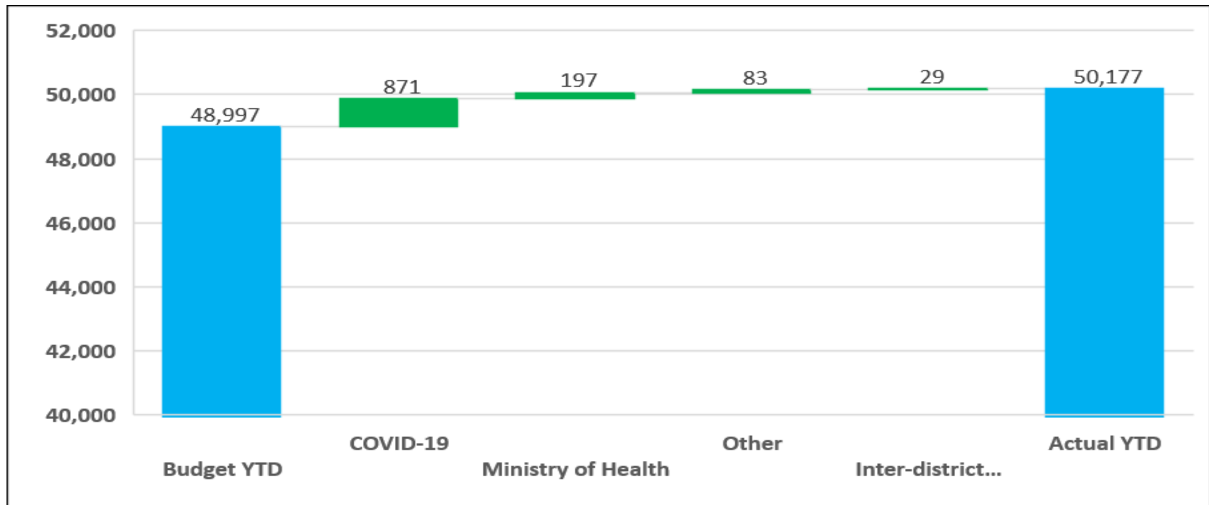
Ministry of Health
Revenue was $35k favourable to budget due to increase primary care funding, this revenue passed on to PHO.

Inter-district inflow
Inter-district in flow was $68k favourable due to service changes and correction of miscoding.

Other District Health Board (DHB)
Other district health board was $82k favourable due to increase outpatient clinics revenue.

Finance Risk and Audit **September 2020**

Year-to-date comments



COVID- 19
COVID-19 was $871k favourable due to Ministry of health funding for:

- CBAC establishment $30k
- GP based easements $62k
- Surveillance Plan and testing strategy $525k
- Public health unit $225k
- HOP support $29k

This revenue passes on to various community health providers.

Ministry of Health
Revenue was $197k favourable to budget due to increase primary care revenue and funder division side contract revenue, this increase funding was passed on to PHO and other health provider.

Other Income
Other revenue was $83k favourable to budget due to increase other District Health Boards (DHBs) outpatient clinics revenue and patient consumable revenue.

Inter-district inflow
Inter-district inflow was $29k favourable to budget due to service changes with other DHB.

Finance Risk and Audit **September 2020**

2. Provider Health and Corporate Services - Appendix 2

	Month					Year to Date					Annual	Annual
	Actual	Budget	Variance		Var %	Actual	Budget	Variance		Var %	Budget 2020-21	Actual 2019-20
Expenditure												
Medical Personnel	1,767	1,997	230	F		3,678	4,121	443	F		25,259	22,696
Nursing Personnel	3,541	3,493	(48)	U		7,353	7,015	(338)	U		42,796	42,778
Allied Personnel	972	1,069	97	F		2,065	2,236	171	F		13,545	12,346
Support Personnel	73	86	13	F		162	180	18	F		1,080	934
Management & Admin Perseonnel	998	988	(10)	U		2,076	2,067	(9)	U		12,270	12,061
Total Personnel(Exl other & outsourced)	**7,351**	**7,633**	**282**	**F**		**15,334**	**15,619**	**285**	**F**		**94,950**	**90,815**
Personnel Other	160	174	14	F		243	360	117	F		2,355	1,737
Outsourced Medical Personnel	636	317	(319)	U		1,262	649	(613)	U		3,883	6,433
Outsourced Allied Personnel	87	57	(30)	U		158	116	(42)	U		492	704
Outsourced Manag & Admin Personnel	6	7	1	F		19	13	(6)	U		78	59
Total Personnel outsourced	**889**	**555**	**(334)**	**U**		**1,682**	**1,138**	**(544)**	**U**		**6,808**	**8,933**
Total Personnel Expenditure	**8,240**	**8,188**	**(52)**	**U**		**17,016**	**16,757**	**(259)**	**U**		**101,758**	**99,748**
Outsourced Clinical Service	387	499	112	F		887	1,015	128	F		5,915	6,015
Clinical Supplies	1,473	1,411	(62)	U		3,303	3,286	(17)	U		17,300	16,107
Infrastructure & Non Clinical Supplies Costs	1,251	1,189	(62)	U		3,299	3,322	23	F		16,171	15,540
Capital Charge	216	216	–	F		432	432	–	F		2,506	2,748
Depreciation & Interest	499	485	(14)	U		991	969	(22)	U		6,193	5,563
Internal Allocation	21	19	(2)	U		27	23	(4)	U		182	264
Total Other Expenditure	**3,847**	**3,819**	**(28)**	**U**		**8,939**	**9,047**	**108**	**F**		**48,267**	**46,237**
Total Expenditure	**12,087**	**12,007**	**(80)**	**U**		**25,955**	**25,804**	**(151)**	**U**		**150,025**	**145,985**
Expenditure												
Medical personnel and Locum	2,403	2,314	(89)	U		4,940	4,770	**(170)**	U		29,142	29,129
Nursing Personnel	3,541	3,493	(48)	U		7,353	7,015	**(338)**	U		42,796	42,778
Allied Personnel	1,059	1,126	67	F		2,223	2,352	**129**	F		14,037	13,050
Othe Personnel costs	1,237	1,255	18	F		2,500	2,620	**120**	F		15,783	14,791
Clinical Supplies	1,473	1,411	(62)	U		3,303	3,286	**(17)**	U		17,300	16,107
Outsourced Clinical Service	387	499	112	F		887	1,015	**128**	F		5,915	6,015
Infrastructure & Non Clinical Supplies Costs	1,467	1,405	(62)	U		3,731	3,754	**23**	F		18,677	18,288
Depreciation & Interest	499	485	(14)	U		991	969	**(22)**	U		6,193	5,563
Internal Allocation	21	19	(2)	U		27	23	**(4)**	U		182	264
Total Expenditure	**12,087**	**12,007**	**(80)**	**U**		**25,955**	**25,804**	**(151)**	**U**		**150,025**	**145,985**
FTEs												
Medical	98.3	107.5	9.1	F		97.2	107.9	10.7	F		111.5	112.5
Nursing	483.9	450.5	(33.4)	U		483.6	452.0	(31.6)	U		458.8	462.2
Allied	152.4	159.4	7.1	F		151.6	160.2	8.6	F		160.3	153.4
Support	16.1	18.0	1.9	F		16.4	18.0	1.6	F		18.0	16.8
Management & Admin	179.2	169.0	(10.2)	U		175.9	169.6	(6.3)	U		170.5	177.9
Total FTEs	**930**	**904**	**(25.5)**	**U**		**925**	**908**	**(17.0)**	**U**		**919**	**923**
Case Weighted Discharges (CWD)												
Unplanned (Acute)	756	748	(8)	U	-1.0%	1,548	1,497	(51)	U	-3.4%	8,836	8,528
Planed (Elective & Arranged)	294	277	(17)	U	-6.1%	611	568	(43)	U	-7.6%	3,227	2,968
Total CWD	**1,050**	**1,025**	**(25)**	**U**	**-2.4%**	**2,159**	**2,065**	**(94)**	**U**	**-4.6%**	**12,063**	**11,496**
Further information												
General Medicine	381	295	(87)	U	-29.4%	768	589	(179)	U	-30.4%	3,478	3,728
General Surgery	205	212	7	F	3.1%	451	428	(24)	U	-5.5%	2,488	2,582
Orthopaedics	203	204	1	F	0.3%	386	414	28	F	6.8%	2,390	1,897
Gynaecology	30	30	(0)	U	-0.1%	61	61	(0)	U	-0.3%	350	388
Emergency Medicine	82	114	31	F	27.7%	177	227	51	F	22.3%	1,342	1,096
Othter	148	171	23	F	13.6%	316	346	29	F	8.5%	2,015	1,805
Total CWD	**1,050**	**1,025**	**(25)**	**U**	**-2.4%**	**2,159**	**2,065**	**(94)**	**U**	**-4.6%**	**12,063**	**11,496**

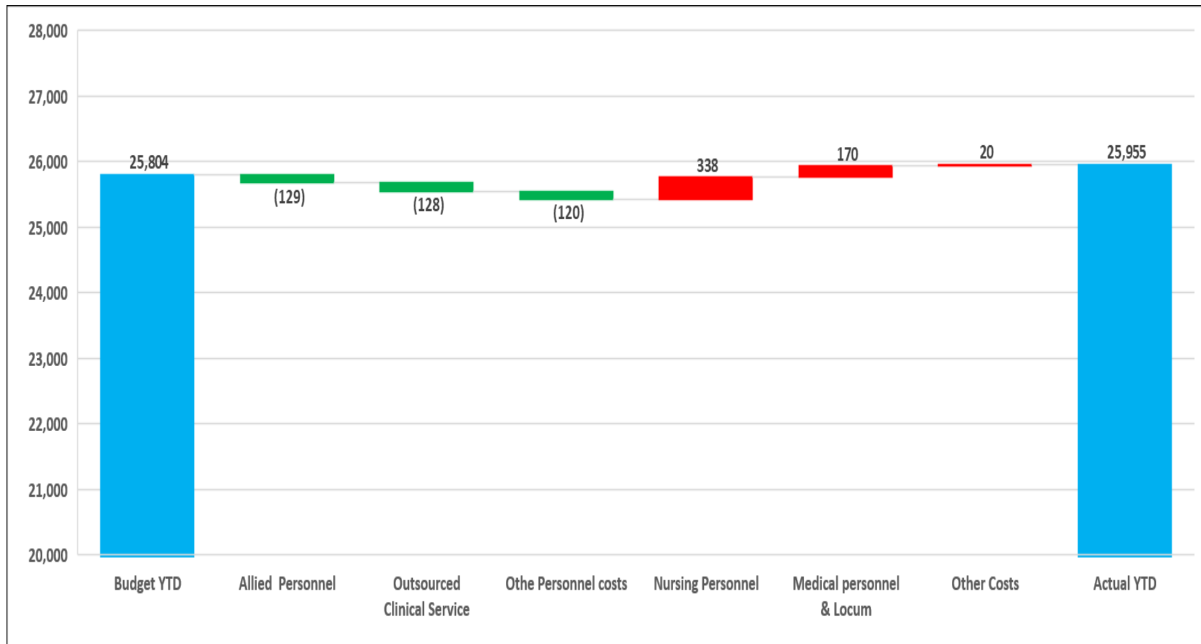
Month comments

Inpatient volumes were 102% to target in August 2020 with unplanned (acute) being 106% and planned (elective and arranged) being 101% of budget for the month.

The overall expenditure for the month of June was $80k unfavourable to budget.

- **Total personnel costs were $52k unfavourable to budget** mainly due to increase medical personnel payroll, medical locum costs, and nursing personnel. These higher costs were partly offset by allied health personnel and support staff.
- **Outsourced clinical service was $112k favourable to budgeted** mainly due to radiology outsourced cost.

Year-to-date comments



Inpatient volumes were 104.6% to target year to date with unplanned (acute) 103.4% and planned (elective and arranged) 107.6% of budget year-to-date.

The overall year-to-date expenditure $151k unfavourable to budget.

- **Allied personnel costs net favourable variance of $129k favourable mainly due to vacancies** in audiology, dental, physiotherapy, speech therapist, pharmacists, community mental health and health promotion. Favourable payroll savings of $171k were partly offset by outsourced costs of $42k mainly speech therapists and radiology locum.
- **Outsourced clinical and other services were $128k favourable to budget, mainly** due to lower radiology service costs relating to prior year invoice credit $115k, lower CCDHB infectious disease costs $10k and various other $3k.
- **Other personnel costs were $120k favourable to budget** mainly due to course and conference not being attended as a result of COVID-19 pandemic.
- **Nursing personnel $338k unfavourable to budget** due to high nursing costs in the medical ward, surgical wards, ATR ward, Mental health inpatient units (Te Awhina), ED, Theatre, forensic service (Stanford House), ATR community service and community mental health. The staffing levels were particularly high due to clinical need.
- **Medical personnel net unfavourable variance of $170k mainly due to use of locums to cover vacancies.** Unfavourable locum costs of $613k were partly offset by savings in payroll costs of $443k due to vacant positions not filled. Locum costs made up of ophthalmology $72k, orthopaedics $10k, RMOs $217k, anaesthetics $61k, mental health $64k, gynaecology $180k and dental $9k.
- **Other cost was $20k unfavorable** due to clinical supplies and deprecation cost.

Case Weighted Discharges

Year to date estimated case weighted discharges (CWD) were 94 CWD, 5% higher than plan. General medicine 179 CWD, 30% higher than plan and general surgery 24 CWD, 5% higher than plan.

Note that CWD above includes services provided at Whanganui Hospital, This CWD does not include IDF outflows and means it is not the complete result in relation to the Planned Care Target.

Finance Risk and Audit **September 2020**

3. DHB Funder Division - Appendix 3

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2020-21	Actual 2019-20
Expenditure by type										
Pharmaceuticals	1,510	1,364	(146)	U	2,836	2,912	**76**	F	17,173	16,052
Primary Health Organisation (PHO)	1,446	1,475	29	F	3,081	2,961	**(120)**	U	17,763	16,941
Home Based Support (short Term)	239	218	(21)	U	457	435	**(22)**	U	2,610	1,766
Other Personal Health	1,084	1,123	39	F	2,196	2,252	**56**	F	13,452	12,440
Health of Older People	2,241	2,388	147	F	4,882	4,903	**21**	F	31,472	30,236
Mental Health	933	933	–	F	1,886	1,883	(3)	U	11,215	9,085
Public Health	85	85	–	F	170	170	–	F	1,057	976
Maori Services	136	136	–	F	355	355	–	F	1,719	1,602
Total Other provider expenditure	**7,674**	**7,722**	**48**	**F**	**15,863**	**15,871**	**8**	**F**	**96,461**	**89,098**
Funding Admin	205	219	14	F	448	461	**13**	F	2,740	2,543
Total funder expenditure	**7,879**	**7,941**	**62**	**F**	**16,311**	**16,332**	**21**	**F**	**99,201**	**91,641**
	–	–	–		–	–	–		–	
Expenditure by service										
Personal Health	4,279	4,180	(99)	U	8,570	8,560	(10)	U	50,998	47,199
Health of Older People	2,241	2,388	147	F	4,882	4,903	21	F	31,472	30,236
Mental Health	933	933	–	F	1,886	1,883	(3)	U	11,215	9,085
Public Health	85	85	–	F	170	170	–	F	1,057	976
Maori Services	136	136	–	F	355	355	–	F	1,719	1,602
Funding Admin	205	219	14	F	448	461	13	F	2,740	2,543
Total Expenditure	**7,879**	**7,941**	**62**	**F**	**16,311**	**16,332**	**21**	**F**	**99,201**	**91,641**

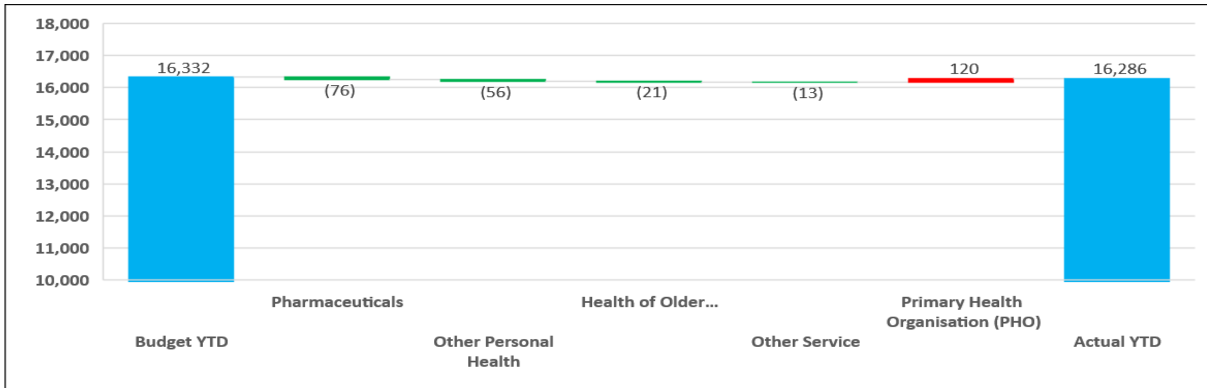
Month comments

The overall expenditure for the month of August was $62k favourable to budget.

- **Pharmaceuticals was $146k unfavourable to budget -** mainly due timing of the claim.
- **Health of older people was $147k favourable to budget -** due to lower demand of residential care.

Finance Risk and Audit **September 2020**

Year-to-date comments



The overall year-to-date expenditure was $21k favourable to budget.

- **Pharmaceuticals was $76k favourable to budget -** due to lower pharmaceutical cost, budget was based on pharmaceutical February 2020 forecast.
- **Other personal health was $56k favourable to budget-** largely due to lower travel & accommodation cost.
- **Health of Order People were $21k favourable to budget -** largely due to lower respite care costs.
- **Other service was $13k favourable to budget -** largely due lower funding administration costs.
- **Primary Health Organisation (PHO) was $120 unfavourable to budget-** largely due to increased capitation first contact service payment which indicates increase in enrollment. This is partly offset by increase in primary care funding.

4. Inter-district flows (IDFs) Appendix 4

	Month				Year to Date			Annual	Annual
	Actual $000	Budget $000	Variance $000		Actual $000	Budget $000	Variance $000	Budget 2020–21 $000	Actual 2019–20 $000
Expenditure									
Outflow inpatient	$2,115	$2,031	($ 84)	U	$4,230	$4,062	($ 168)	$24,371	$24,073
Outflow other	$1,951	$1,985	$34	F	$3,912	$3,969	$57	$23,818	$21,174
Total outflow	**4,066**	**4,016**	**(50)**	**U**	**8,142**	**8,031**	**(111)**	**48,189**	**45,247**
Inflow inpatient	($ 277)	($ 277)	–	F	($ 555)	($ 555)	–	($ 3,329)	($ 3,269)
Inflow other	($ 428)	($ 360)	$68	F	($ 748)	($ 719)	$29	($ 4,314)	($ 4,495)
Total inflow	**(705)**	**(637)**	**68**	**F**	**(1,303)**	**(1,274)**	**29**	**(7,643)**	**(7,764)**
Total IDF net flow	**3,361**	**3,379**	**18**	**F**	**6,839**	**6,757**	**(82)**	**40,546**	**37,483**

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

Year-to-date comments

Year-to-date IDF net flow was $82k unfavourable to budget.

Year-to-date outflow IDF revenue was $111k unfavourable to budget

- **Inpatient IDF outflow was $168k unfavourable to budget -** due to anticipated saving target not achieved yet.
- **Other IDF outflow was $57k favourable to budget -** due to service changes.

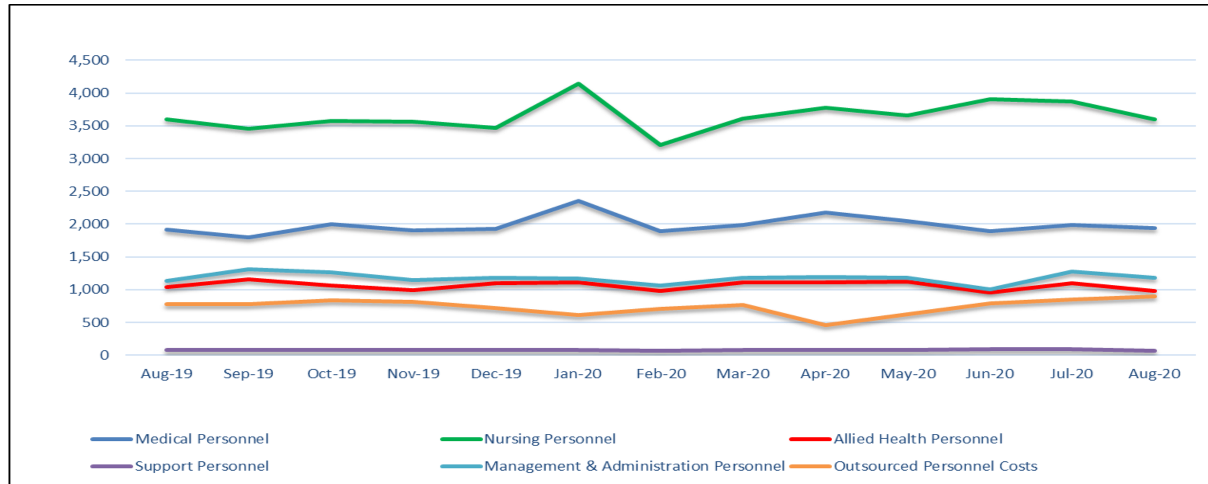
Year-to-date inflow IDF revenue is $29k unfavourable to budget.

- **Inter-district other inflow favourable $29K** - due to service changes.

5. Other information Appendix 5

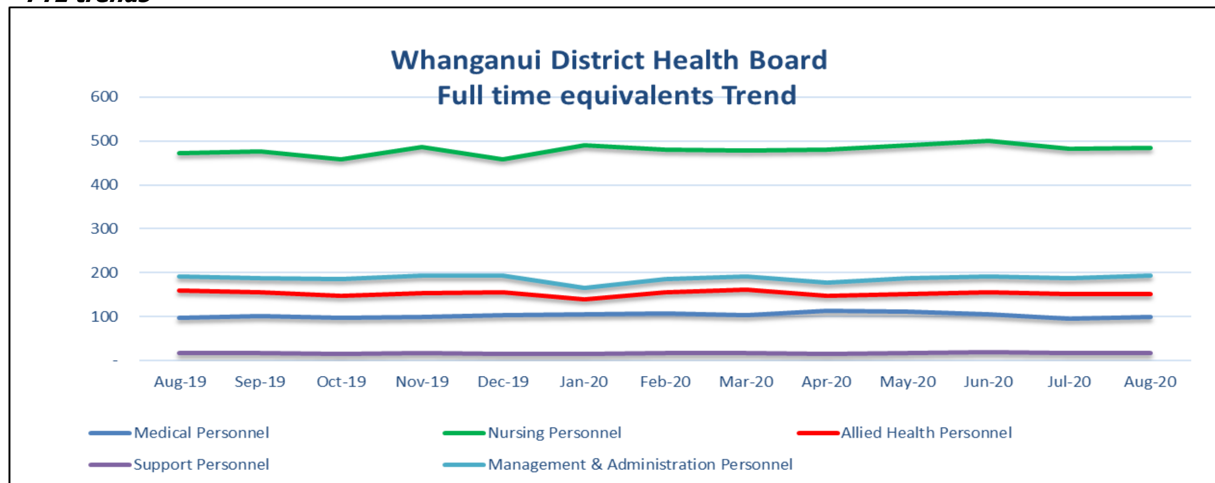
Supplementary information on costs

Personnel cost trends



- Overall personnel costs downward trend in August compared to prior month is due to one less working day in month.
- Outsourced personnel costs upward trend in August compared to prior month is due to anaesthetics locum mental health locum and ACC contract.

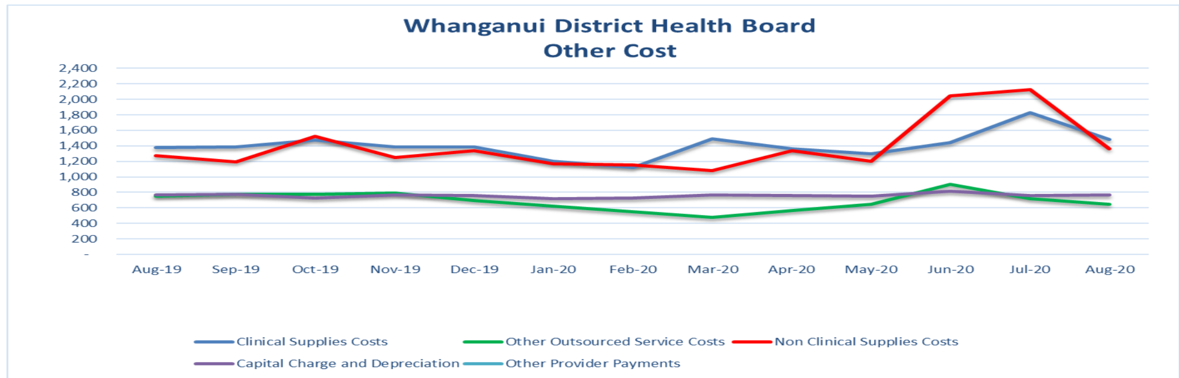
FTE trends



The FTE trend largely reflects the impact of statutory holidays and timing of leave; otherwise the trend is comparable to the prior period.

Finance Risk and Audit **September 2020**

Other operating costs



- Clinical supplies downward trend in August compared to the prior month is due to clinical equipment service contract cost.
- Non-clinical supplies downward trend in August compared to the prior month is due to phasing of the insurance and software license fee.
- Other outsourced service downward trend in August compared to prior month is due to radiology outsourced cost.
- Capital charge and depreciation comparable to prior month.

Finance Risk and Audit **September 2020**

6. Statement of financial position- Appendix 6

Statement of Financial Position as at 31 Aug 2020 ($000)

	Actual 2019 $000	Actual 2020 $000	Budget 2020 $000	Varinace to Budget	Annaul Budget 2019 $000
Assets					
Current assets					
Cash and cash equivalents	3,813	4,890	5	4,885	5
Receivables & Prepayments	6,828	7,404	6,043	1,361	5,492
Investments	–	–	–	–	–
Inventories	1,617	1,511	1,617	(106)	1,617
Trust /special funds	190	191	189	2	189
Patient and restricted trust funds	4	3	4	(1)	4
Total current assets	**12,452**	**13,999**	**7,858**	**6,141**	**7,307**
Non current assets					
Property, plant and equipment	72,932	72,609	75,118	(2,509)	78,310
Intangible assets	11,741	11,549	12,040	(491)	12,640
Investments in associates	1,185	1,185	1,077	108	1,102
Total non current assets	**85,858**	**85,343**	**88,235**	**(2,892)**	**92,052**
Total assets	**98,310**	**99,342**	**96,093**	**3,249**	**99,359**
Liabilities					
Current liabilities					
Bank Overdraft	–	–	(1,170)	1,170	(9,199)
Payables	(21,088)	(22,838)	(19,471)	(3,367)	(17,235)
Borrowings	(198)	(165)	(167)	2	(100)
Employee entitlements	(21,920)	(22,536)	(21,879)	(657)	(19,265)
Provisions	–	–	–	–	–
Total current liabilities	**(43,206)**	**(45,539)**	**(42,687)**	**(2,852)**	**(45,799)**
Non-current liabilities					
Borrowings	(486)	(470)	(470)	–	(385)
Employee entitlements	(839)	(839)	(839)	–	(805)
Total non current liabilities	**(1,325)**	**(1,309)**	**(1,309)**	**–**	**(1,190)**
Total liabilities	**(44,531)**	**(46,848)**	**(43,996)**	**(2,852)**	**(46,989)**
Net assets	**53,779**	**52,494**	**52,097**	**397**	**52,370**
Equity					
Contributed Capital	(112,409)	(112,409)	(112,409)	–	(114,651)
Accumulated surplus / (deficit)	82,698	83,983	84,380	(397)	86,349
Property revaluation reserves	(23,881)	(23,881)	(23,881)	–	(23,881)
Hospital special funds	(187)	(187)	(187)	–	(187)
Total equity	**(53,779)**	**(52,494)**	**(52,097)**	**(397)**	**(52,370)**

Total asset increased by $3.2m compared to budget - due to impact of actual 2019-20 lower capital expenditure than forecast position included for 2019-20 in annual planned 2020-21.

Total liabilities increased by $2.9m compared to budget - due to accounts payable related accrual provision and budgeted overdraft.

Finance Risk and Audit **September 2020**

7. Cash Flow – Appendix 7

Consolidated Summary Statement of Cash Flows for the period ended 31 Aug 2020 ($000)

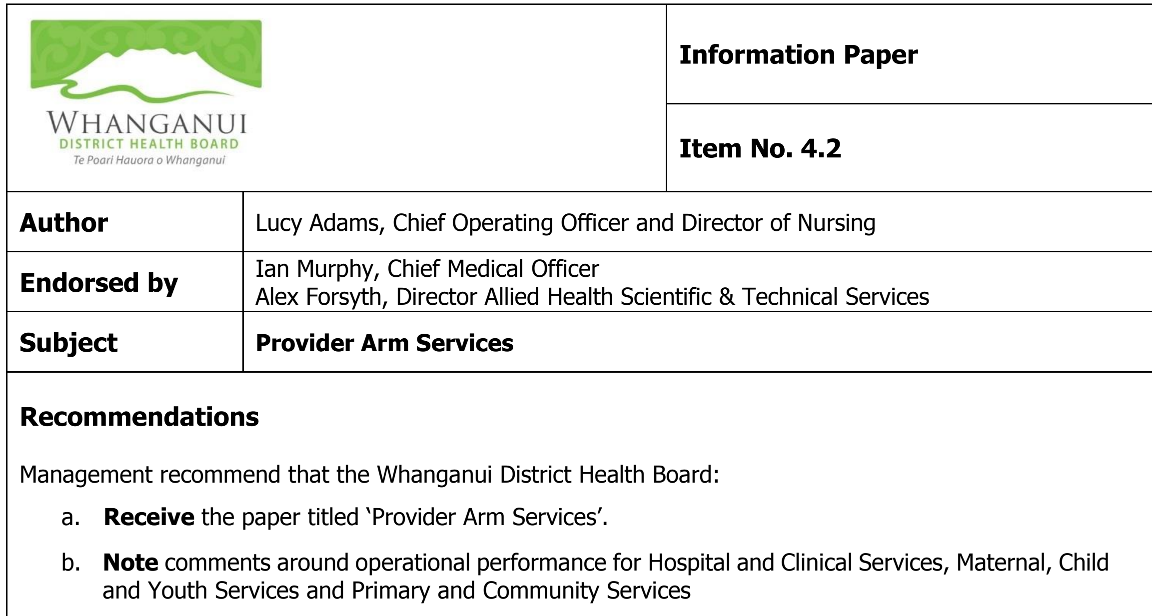
	Actual 2018-19	Actual 2019-20	Actual YTD 2020-21	Budget YTD 2020-21	Variance		Annual Budget 2020-21
Net surplus / (deficit) for year	(13,654)	(15,404)	(1,285)	(1,281)	(4)	U	(3,250)
							–
Add back non-cash items							–
Depreciation and assets written off on PPE	5,417	**5,565**	989	969	20	F	6,201
Revaluation losses on PPE	–	–	–	–	–	F	–
							–
Total non cash movements	**5,417**	**5,565**	**989**	**969**	**20**	**F**	**6,201**
							–
Add back items classified as investment Activity							–
(loss) / gAmn on sale of PPE	15	5	3	–	3	F	–
Profit from associates	(95)	(108)	–	–	–	F	(85)
GAmn on sale of investments				–	–	F	–
Write-down on initial recognition of financial asset	1,048	–	–				–
Movements in accounts payable attributes to Ca	268	(127)	4	–	4	F	–
							–
Total Items classified as investment Activity	**1,236**	**(230)**	**7**	**–**	**7**	**F**	**(85)**
							–
Movements in working capital							–
Increase / (decrease) in trade and other payables	**4,312**	**2,854**	**1,750**	(1,671)	3,421	F	(3,907)
Increase / (decrease) employee entitlements	**3,907**	**5,173**	**616**	(41)	657	F	(2,689)
				–	–	F	–
(Increase) / decrease in trade and other receivable	2,555	(430)	(576)	639	(1,215)	U	1,275
(Increase) / decrease in inventories	(15)	(190)	106	–	106	F	–
Increase / (decrease) in provision	–	–	–	–	–	F	–
							–
Net movement in working capital	**10,759**	**7,407**	**1,896**	**(1,073)**	**2,969**	**F**	**(5,321)**
Net cash inflow / (outflow) form operating activ	**3,758**	**(2,662)**	**1,607**	**(1,385)**	**2,992**	**F**	**(2,455)**
	–	–	–	–			–
Net cash flow from Investing (capex)	(4,572)	(3,109)	(481)	(673)	192	F	(9,697)
Net cash flow from Investing (Other)	(65)	(48)	–	1	(1)	U	(24)
Net cash flow from Financing	(385)	(388)	(49)	(47)	(2)	U	2,043
Net cash flow from deficit support	–	7,000	–	–			–
							–
Net cash flow	(1,264)	793	1,077	(2,104)	3,181	F	(10,133)
Net cash (Opening)	4,284	3,020	3,813	939	2,874	F	939
Cash (Closing)	**3,020**	**3,813**	4,890	**(1,165)**	**6,055**	**F**	**(9,194)**

Closing cash is better than budget due to Capital expenditure programme is running behind schedule and received additional $1m deficit support.

Andrew McKinnon
General Manager Corporate

09 Sep 2020

September 2020 **Public**



WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information Paper**
	Item No. 4.2

Author	Lucy Adams, Chief Operating Officer and Director of Nursing
Endorsed by	Ian Murphy, Chief Medical Officer Alex Forsyth, Director Allied Health Scientific & Technical Services
Subject	**Provider Arm Services**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receive** the paper titled 'Provider Arm Services'.

b. **Note** comments around operational performance for Hospital and Clinical Services, Maternal, Child and Youth Services and Primary and Community Services

1 Purpose

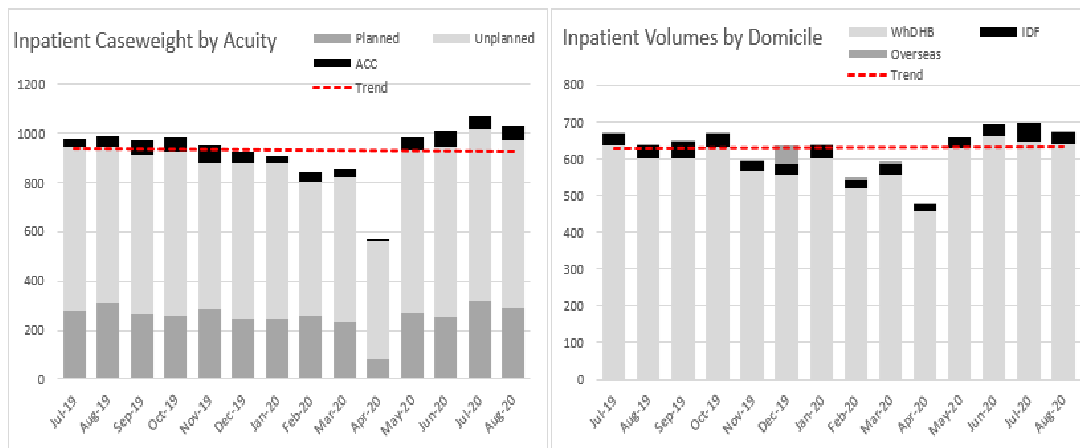
To provide the Board with a high-level overview of hospital and own provider operational performance for the month of August 2020.

2 Service Delivery Overview

2.1 Discharges and caseweight delivered against contract

Patient throughput for July and August has returned to pre COVID levels and is higher than the same period in 2019.

Overall trends in caseweight and discharges are steady. Average caseweight per discharge sits at 1.2 CWD for acute cases and 0.90 CWD for planned cases.



September 2020 **Public**

2.2 Clinical ICT Activity

There is significant progress against key clinical IT projects that will enhance patient focused care and service delivery.

E-referrals

Approval has been granted for phase one of the electronic referral programme in conjunction with MidCentral DHB. This will improve the referral process into our services by making all referrals electronic and effectively real time.

Telehealth

The solution has been implemented in the patient administration system and we are now bringing this into our clinical work across medical, surgical and allied health teams.

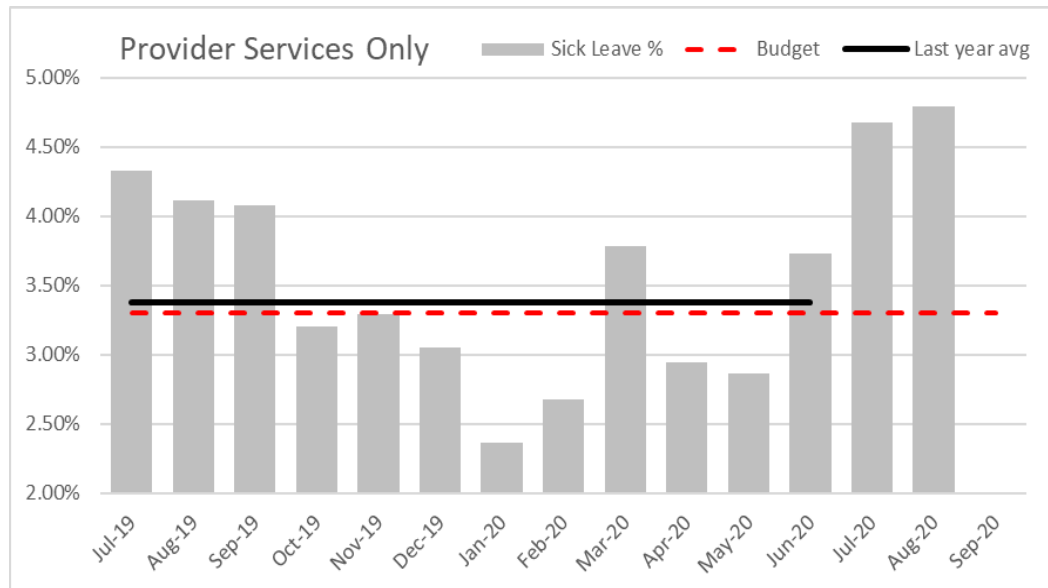
Text messaging to patients

A new solution has been developed to send text messages to patients for reminders of appointments and other required information. The new system is integrated with the patient administration system and allows a better interface with our patients. Implementation is expected prior to the end of the year.
Other projects being developed include e-labs, e-prescribing and ongoing developments of the clinical portal.

2.3 Clinical staff sick leave

Sick leave for provider services are higher than budget, and higher than the same period of 2019 at 4.8% of paid FTE, compared with 4.1% for August 2019. We budget 3.3% for sick leave as an annual average, balanced through peaks and troughs throughout the year. While these seem small percentage movements, each 0.13% equates to one FTE. The FTE movement between August 2019 and August 2020 is 4.43 FTE.

This year we have a consistent message to staff to stay home if they are unwell resulting in higher sick leave taken than previous years.



September 2020 **Public**

2.4 Clinical staff recruitment

We have had several clinical staff delayed in taking up their appointments due to COVID-19 travel restrictions. We can now confirm that our anaesthetist and ophthalmologist have travel booked and expected start dates at the DHB. Two allied health staff members remain delayed overseas, and we are maintaining services with contracted clinicians in the short term.

2.5 Patient Safety Quality and Innovation

Staff vaccinations for influenza

We have had a significant increase in the uptake of staff vaccinations for influenza.

Allied Health	84%
Doctors	93%
Midwives	71%
Nurses	84%
HCAs	50%
Other	72%
TOTAL	**79%**

Kōrero Mai

The lead for this project has reported:

- The rollout in the paediatric ward was completed February 2020.
- Post implementation audit results from March 2020 show families are aware of how to contact staff. Families expressed that they felt they could talk to staff if they weren't listened to.
- Most people had not seen the posters. The posters are displayed in each room, corridors and entry points to the wards.
- Education for staff in Emergency Department (ED) and Critical Care Unit (CCU) was completed 6 August 2020.
- Roll out for ED and CCU was planned for 1 September 2020. Posters and handouts are available for staff and patients; they are not yet displayed. Once displayed, the follow up will be one month later.
- Duty nurse manager initial education was completed January 2020. Follow up refresher education was offered to the duty nurse managers at their monthly meeting. This was arranged through the clinical nurse manager; unfortunately, only three attended.

Antibiotic audit

Twice yearly an antibiotic audit is completed against the guidelines. The first one was completed on 29 July 2020. There was 100% compliance against the antibiotic guidelines.

2.6 Quality Framework for the Provider Arm at Whanganui District Health Board

The Health Quality and Safety Commission New Zealand, (2016) acknowledge that safer and better-quality care occurs when consumers/patients, health care workers, non-clinical staff and those in governance and management work together at all levels of the health and disability system with a common purpose. Nationally, there are several strategic documents that provide overarching principals, processes and systems that support and enhance "safer and better-quality care". The Whanganui District Health Board (WDHB) has developed a "Patient and Whanau Centred Care – Quality Framework" to operationalise these processes and systems which, in alignment with Clinical Board, serve to support staff to provide patient and family/whanau focused, safe effective care.

The Whanganui District Health Board (WDHB) Patient and Whanau Centred Care Quality Framework details concepts and initiatives for implementation which will:

- Ensure that the patient and their family/whanau are involved in all aspects of healthcare service delivery.
- Strengthen whanau centred care.

- Ensure our quality of care provided is safe, effective, patient and family/whanau centred.
- Provides tools, system and process to provide a seamless flow of quality and safety information across the organisation and from the floor to the WDHB Clinical Board.
- Ensure we are using best practice standards when delivering care.
- Leadership leads and supports patient and family/whanau care, the WDHB values and Whanau Ora.
- Have systems and processes to monitor the care we provide.
- The opportunity to be innovative and develop or change services to improve health services and the patient and their whanau experience.
- Work as a team in an integrated healthcare system.
- Operationalise many of the strategic key documents that influence patient safety, quality, person and whanau centred care.

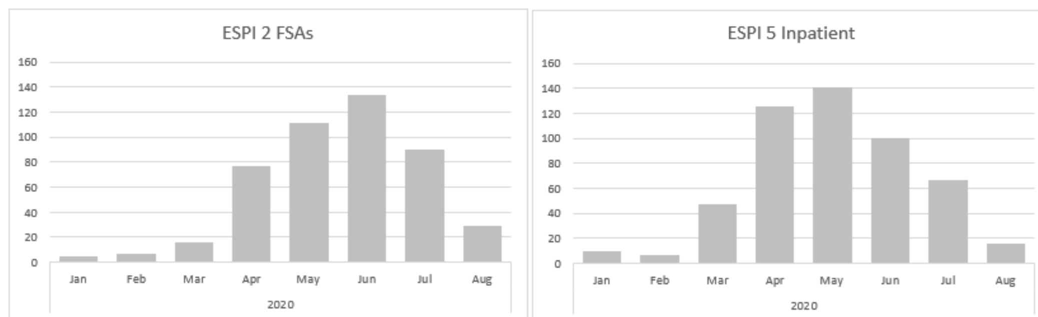
3 Hospital and Clinical Services

3.1 Optimisation and Efficiency Programme

The programme has been developed to optimise our delivery of services, streamlining processes and reducing variation through the system. Areas of immediate focus are capacity, theatre, outpatients, wards and booking systems. We have started work on the theatre phase with information gathering and implementing solutions where there are quick wins. We will continue to report on progress.

3.2 Waiting lists

Waiting lists for first specialist assessments and surgical interventions are recovering from the COVID-19 service interruptions, and we have advised the ministry of health that we expect to be compliant with the Elective Services Productivity Indicators by 31 December 2020. There is significant progress against the target and we anticipate achievement in advance of this deadline.



We have submitted our Planned Care Waiting List Improvement Plan and Planned Care 3-year Plan to the Ministry of Health and are awaiting feedback. The Ministry have announced funding for additional activity and supporting programmes and we will submit applications for this.

3.3 Te Awhina

There are a number of ongoing risks in the acute mental health inpatient unit. These are on the organisation risk register and updated regularly with mitigation strategies in place. Mitigations are in place for security and staff safety, with ongoing work with the police around management of aggression, alcohol and drug use.

A change of the legislation covering night safety orders has resulted in a potential change of model of care. We are working with the regional DAMHS to ensure that our patients are receiving the right care in the right place. The potential resulting increase in overnight staffing is going through the approval process. Paper tabled at FRAC.

3.4 Nursing workforce

Nursing and Midwifery Leadership (NMLT) Group

A terms of reference has been written to have a nursing and midwifery leadership group that spans across the district. This will involve all nurse and midwife leaders with the purpose of having a strategic, collective and collaborative approach to implement the priorities in the nursing strategic plan.

Professional Development and Recognition Programme (PDRP)

The Professional Development Recognition Programme (PDRP) is a clinically focused competency-based programme for nurses. It is a national programme, endorsed by the Nursing Council of New Zealand and the New Zealand Nurses Organisation. The Whanganui DHB PDRP programme is across hospital and community and includes our primary health healthcare partners. The programme is currently being audited via Nursing Council of New Zealand. This is a five-year audit to determine whether we are meeting the national standards. The audit is a six-week process with a review of our systems and processes and an assessment of a number of portfolios.

Nurse Entry to Practice Programme

We have supported 14 Nurse Entry to Practice (NETP) nurses (12 in the hospital and 2 in the community), and 3 Nurse Entry to Speciality Practice (NESP) this year. Their commencement date was staggered from January to June and each will be employed for 12 months in a supported environment. Once completed they will apply for any vacant positions.

The ACE (Advanced Choice of Employment) recruitment cycle has commenced and students who have completed their final year of study can apply for these positions to be on the NETP/NESP programmes in 2021. The recruitment selection process has been reviewed this year to provide more opportunity to focus on the Whanganui District Health Board values and how each of the applicants work as a team member. We have consumer, Maori and management representatives on both panels.

Uniforms

WDHB has been involved in a regional nursing and midwifery uniform review. This has involved a new design and tendering process to create a new uniform for nurses and midwives. This has been a two year project and is now in the process of roll-out. This has resulted in greater cost savings and a new uniform that is fit for purpose. There will be communications out to the general public to inform them about uniform changes.

4 Maternal, Child and Youth Services (MCYS)

4.1 General

The Service Level Alliance continues to be developed. It is envisaged that the first meeting of this group will be in November.

4.2 Service Delivery

Maternity

Total birthing numbers for the first half of the year (1 January – 30 June) were 343. These are slightly lower than expected.

There has been an increase in the number of women unable to find a Lead Maternity Carer (LMC), resulting in the maternity service being the default provider of midwifery care. This was anticipated for the months of December and January as three local LMC's indicated their intention to take annual leave. The maternity service will provide all antenatal, labour and birth care and a local LMC has indicated she will provide all postnatal community care.

The midwifery leadership team is now complete with the successful recruitment of Angela Adam to the role of Clinical Midwife Manager.

Interface meetings have commenced between community LMC's and primary health providers (Whanganui Regional Health Network, General Practitioners and Well Child/Tamariki Ora providers). The goal is to make the transition from midwifery care to enrolment with primary care providers more informative and seamless for practitioners and facilitate wrap around care for new mothers and babies.

Paediatrics

The paediatric ward continues to average around 40-45% capacity however the Special Care Baby Unit (SCBU) in August showed a significant variance in bed utilisation from zero to over 150% during the month. Due to staffing availability from the ward the SCBU was able to be supported by paediatric ward staff.

Loren Mooney has commenced her role as Child and Youth Nurse Practitioner and is holding rural clinics in Waimarino, Marton, Taihape and Bulls supported by Dr Montgomery via telehealth. There has been very positive feedback from Ngati Rangi and our other rural communities regarding this initiative. Loren is also completing the assessments for children referred under the Gateway contract.

Collaborative work with the primary health sector on the development of clinical pathways for childhood illnesses such as asthma, eczema and gastroenteritis is in progress.

Public Health

Following the resurgence of COVID-19 Public Health Nursing staff have been once again involved in the response working with the team from WRHN. This has had an impact on the Immunisation and School Based Programmes. Staff have been recruited to assist in the catch-up funded by a Public Health COVID tranche from the MOH.

Nurse Practitioner Loren Mooney has also assumed the role as lead for the Sexual Health Service following the retirement of the SMO. Loren is supported by the Mid Central DHB Sexual Health Service for professional support and supervision.

Discussion has commenced with primary care providers, in particular, Dr Tony Frith Te Oranganui, Christina Emery Pride Whanganui and Hellen Puhi Puhi Pasifika community regarding the development of a pathway for youth who identify as transgender. Our sexual health team presented at the WRHN Wipe session about the services currently provided and were interested to get feedback from our primary health providers about how as a community we can support this mahi. At this time WDHB is not funded by the MOH to provide services to this group of young people.

Maternal Infant Child Adolescent Mental Health and Addiction Services (MICAMHAS)

There has been difficulty in recruiting psychologists, therefore negotiations are currently underway for Massey Psychology to provide support that is able to deliver an innovative psychology service. Our clients will be able to access specialist psychological support to meet their needs. We anticipate that this will be in place within a six week timeframe.

Oral Health

Oral health services have been impacted by COVID-19 and currently FSA's and follow-up appointments are in arrears. Infection control procedures prescribed by the dental council impact on the number of clients that can be seen in a clinic. The Maternal, Child and Youth leadership team are committed to a review of the current oral health services delivered by WDHB and will engage with community and iwi in the development of the future service.

4.3 Future Focus

The MCYS leadership team are currently developing a strategic plan that focuses on integrated service provision which aligns with the pro equity report to support maternal, child and youth wellbeing. This plan will be presented to the MCYS community service level alliance for community input.

5 Primary and Community Services

5.1 Service Delivery Overview

Primary and Community services have continued to deliver services using models of care which were adapted in response to the changed needs of the community during level 2. Use of telehealth continues to be used across all services where appropriate and is now an accepted part of service. A dedicated project to roll out telehealth as business as usual across the DHB is being implemented.

The Community Mental Health service has implemented an integrated model of care with primary care, with Psychiatry visiting Aramaho, Te Oranganui and Gonville to support the network model. Health Improvement Practitioners and Health Coaches are in place for the three medical centres which is strengthening primary secondary relationships. The Whanganui Regional Health Network contract to enable closer integration of Primary and Community services has been signed and work in this area has begun.

Community Mental Health and Addiction service is looking to implement a telephone line to support Mental Health Crisis at WDHB, with funding available from MoH. There has been also been additional MOH funding specifically dedicated for mental health crisis support in ED, that will be carried out by the Community Mental Health and Addiction Services

5.2 Waiting Lists

Community Allied Health waiting list numbers and waitlists have increased slightly, impacted on by vacancies and a reduction in outsourced contractors available. Overall, the waiting lists are well managed, (within MoH timeframes), with the exception of musculoskeletal, ultrasound, referrals for Orthopaedic Joint Screenings and wheelchair services.

Models of care are being implemented to both manage waitlists whilst recruitment occurs, and to consider how to more proactively manage waitlists in general. These include private contracting, developing dedicated specialist roles such as for wheelchair assessments, use of assistant roles, and use of digital enablers such as telehealth.

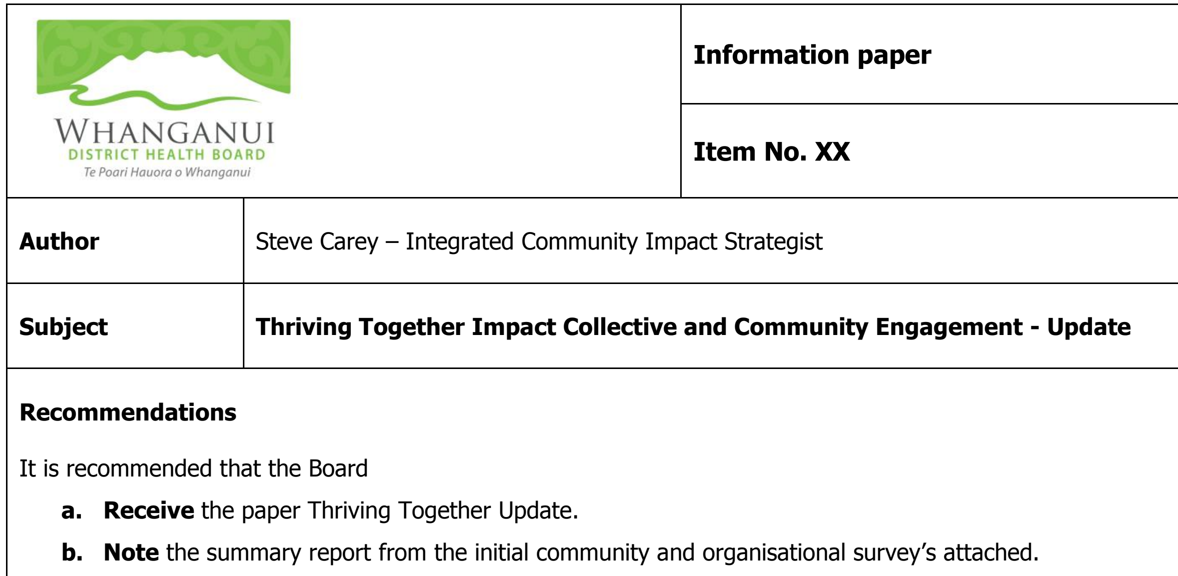
5.3 Workforce

There have been several key vacancies appointed to with staff starting by the end of the year, recognising this includes some overseas appointments. The senior MSK physiotherapist position remains vacant, recruitment continues. 2 sonographer positions also remain vacant. Locums and outsourcing continue to be used to fill ongoing vacancies. It needs to be acknowledged that recruitment to long term vacancies has been further impacted on by the restriction on people entering NZ post Covid-19, with some border restrictions being more difficult for non-medical staff.

5.4 Celebration of the added value of Allied Health, Scientific and Technical

September has also seen acknowledgement of several key Allied Health services within the DHB with Speech and Language Therapy awareness week, World Physiotherapy day and National Social Work day. Events to celebrate the staff, and the important added value they make to the health outcomes of the community, have been planned across the DHB.

September 2020 **Public**



	Information paper
	Item No. XX
Author	Steve Carey – Integrated Community Impact Strategist
Subject	**Thriving Together Impact Collective and Community Engagement - Update**

Recommendations

It is recommended that the Board

- **a. Receive** the paper Thriving Together Update.
- **b. Note** the summary report from the initial community and organisational survey's attached.

1 Purpose

This paper is to provide the Board with an update of the progress of the community engagement and the positioning of the Whanganui District Health Board as a member of the Thriving Together Impact Collective.

2 Community Engagement

The Integrated Recovery Team (IRT) sort to understand the impacts that COVID-19 had on the communities of South Ruapehu, Whanganui and Rangitikei, individually and as businesses or organisations. We would like to acknowledge those members of the community and business sector that took the time to participate in the surveys, interview and market engagement – without this participation the insights that we have been able to bring together would not have been possible. We would like to further show appreciation to the supporting organisations, iwi and project teams who enabled the work to continue during the recovery period. In particular, the Whanganui Regional Health Network, Te Oranganui, Whanganui and Partners, Te Ranga Tupua members, the Tamaūpoko Community Led Development Team and Safer Whanganui. Since the time the surveys were conducted, the Integrated Recovery Team and the Impact Collective members have undertaken a number of community engagements and focus groups from across the rohe. These focus groups session insights will be presented in the final report of the Recovery Series and signify the transition from the IRT to the Thriving Together Impact Collective.

A series of reports have been presented to detail these findings and provide insights into the concerns and new ways of working from our community's perspective. These reports were:

- The 24 COVID-19 Response Strategic Leader Interviews Report.
- The Community and Organisational Survey Summary Report.
- The 372 Community Survey responses and feedback from the Whanganui River Traders market Day Report.
- The 87 Organisational Survey responses and feedback from the 16 Health Service Providers Report.

It is acknowledged that there are several projects and community pieces of work within the rohe that sit alongside these reports to further provide a voice to the community, and it is important that we are able to collectively utilise these insights to support the future direction of the rohe to enable Thriving Communities and Regenerative Economies.

Throughout the surveys, interviews and feedback, there have been a number of consistent themes that have emerged from the responses. 11 core themes were identified, and 22 subthemes, however, the overarching theme from the participants was:

Together is better
It has become clear that we need to leverage the post-COVID environment to identify new ways of working. Post-COVID Aotearoa New Zealand is not about getting back to normal, because normal was never good enough for majority of our people. For organisations, this includes how we work together in a more collaborative manner across boundaries for the benefit of our communities, how we stamp out inequities, how we integrate digital solutions into our businesses and organisations, and how we work in partnership with our communities. For our communities, how we work together (neighbours, whānau, localities etc), how we ensure that our voices are heard and embedded in co-design models and economic decision making and how we can support one another. For individuals, this includes how we care for ourselves, our whanau and our environment and about making active decisions to be informed and involved. It is about how we seek support when we need it (economic, social, health) and support others to get the help they need too. Our communities, organisations and whānau are stronger when we are united together.

3 Links to He Hāpori Ora – Thriving Communities

Throughout the engagement process, there has been a clear emphasis on the fact that we cannot return to delivering services in the manner that we were pre-covid without actively reviewing these first. Community organisations and businesses have identified that they are engaging in reviewing services and there is an expectation we will do the same.

> *"The worry is that we just fall back into pre Covid-19 ways, so we are deliberately reviewing to ensure that this does not happen."*
>
> *"Bring people together to seriously look at what an integrated health system might look like in the community and in conjunction with the other health systems. Be creative, be innovative, make it work for the community."*
>
> *"The ability to deconstruct, reconstruct and mobilise the health system. Showed we can do this, and in a way that meets a need rather than in a systems approach."*
>
> *"We have to remain agile in the way we work together for our communities. Through COVID our communities have come to expect this, and we cannot go back."*

The engagement to date has identified some key areas directly related to health services. These are presented below with key links to the He Hāpori Ora – Thriving Communities priority areas of Pro Equity, Social Governance and Healthy at home – Every bed matters (69,000 beds).

Pro Equity

Traci Houpapa of the National Advisory Council on the Employment of Women and Federation of Māori Authorities writes "Post-COVID Aotearoa New Zealand is not about getting back to normal, because normal was never good enough for majority of our people. Many Māori, Pasifika, and migrant families have been living with the impacts of deprivation, poverty and social inequity for too long and this needs to change. If we are going to flourish as a nation post-COVID, the Crown and Māori, public and private sector must put our people at the centre of our conversations, discussions and deliberations."

Working in an integrated manner (private, public, iwi and community), across the ecosystems to support our communities with co-design of services, will ensure that the communities are able to partner in the services for success – this will support community resiliency and self-determination. Iwi and the community are seeking out opportunities to participate, and when given the opportunity to partner, have demonstrated that they can have community/iwi-led successes (such as the Te Ranga Tupua Hub).

Unfortunately, the descriptive analysis from the community engagement indicates that there is more

work to be done to reduce inequities in our communities for Pasifika and Māori. For example, over half of the Pasifika (3 out of 5 participants) and Māori participants (29 participants - 51 percent) of the community survey indicated that they suffered from anxiety or stress during the lockdown, this contrasts with 37 percent of NZ European/Pakeha. Although Māori comprised 15 percent of the overall participants within the community survey, they represented more than 28 percent of those that requested support. In order to address these inequities, we need to partner with Māori as the foundation of success. This is around indigenous co-design in a manner that is mana enhancing for those involved and our communities.

Feedback received throughout the surveys and interviews included:

> *"Equity for rural Māori would be improved if we had POAC funding and continuity of care."*
>
> *"Greater emphasis on face-to-face time helps address 'digital divide' issues which often prove to be an added barrier for Māori."*
>
> *"Involve Māori in the decisions - have them sitting around the table."*
>
> *"Develop stronger relationships with Iwi leaders for collaboration, understanding and guidance. Work in partnership to provide culturally safe spaces to hear the voice of Māori"*
>
> *"Make sure that strategies are put into place that ensure Te Whare Tapa Wha is not compromised. Te Taha Wairua must become an integral (not token) part of any health strategy to benefit all cultures."*
>
> *"Collaboration & cooperation of people, groups & agencies. Early engagement, response & action on-the-ground by Iwi. Open communication to coordinate service & execute within communities to support those vulnerable & in-need."*
>
> *"Keep working with services, NGOs, iwi building stronger working relationships to support Whānau with all needs".*

Social Governance

Operating in a united and collaborative manner was echoed throughout the interviews, surveys and feedback. How organisations should work together towards collective positive impact for our communities was identified as a core theme in each of the reports and has led to the progression of the Thriving Together Impact Collective. The post-COVID environment is going to be very different than our experiences in a pre-COVID era. This is our opportunity to engage with our communities and partner authentically for success in addressing the goals and aspirations for our community. We need a joint approach to our economic, environmental and social recovery plans that include the perspectives of Māori, Pasifika, ethnic communities, business leaders, crown agencies and local government.

> *"More focus on providing health interventions that support wellness, including lifestyle interventions, stronger advocacy for good quality housing for all, healthcare/wellness support opportunities taken into communities rather than communities needing to come to healthcare"*
>
> *"Strong coordination and information sharing between all agencies and services must continue. No more isolated responses which means no duplication of services, and equally no gaps in service delivery".*
>
> *"There's always a lot of 'talk' about breaking down the silos and working across agencies/organisations. It's difficult to know how much this really happened prior to or even during COVID but my perception is that there was a concerted effort during the pandemic response. That has got to be a more efficient and effective way to think/ plan/fund/work."*
>
> *"A stronger sense of community was evident during lockdown, it would be nice to keep that going"*

September 2020 **Public**

Healthy at home – Every Bed Matters (69,000 beds)

Engagement feedback that relates to 69,000 beds primarily indicated the moving of hospital centric services outward into the community with an increasing prevention and holistic wellbeing focus. This works to cement the Whanganui District Health Board's position on 69,000 beds and provides the community voice to the mahi ahead. Particular health services have been identified as not operating at optimal levels for our communities and should be a focus of how we can best support these services in the future. These were the mental health and addiction services, and the provision of dental services (primarily to adults who are living in impoverished conditions). Any work within the 69,000 bed priority area must conduct a 'community wide scan' for existing projects and community pieces of work, to ensure that we are supporting the co-design of services that meet the needs of our communities, rather than duplicating.

> *"Greater use of one-stop-shops for all clinical and social health needs. Reducing the need for separate appointments and separate travel for GP, pharmacy, specialist services, hospital services, social services, cultural services, MSD, Oranga Tamariki etc."*

> *"Engage and fund community groups better to be the ambulance at the top of the cliff. Explore ways to ensure people remain in their own homes and remain a vital part of their communities. Collaboration/coordination/merging/stocktake of services to avoid duplication and create a better flow through the "system" for people."*

> *"Keep some sort of connection going for those with health issues, social issues, financial issues or mobility issues, to check that they can get what they need. Set up a system, such as the response team phoning at certain intervals - but use community agencies/organisations to do this, maybe with Council/DHB oversight, and key workers ensuring this happens."*

> *"More funding needs to be given to wellbeing and prevention to promote a healthy lifestyle so freedom to develop more engaging activities and programs."*

> *"Delivering health services into disadvantaged & Māori communities like Ratana, Pūtiki & upriver. Flexible 21st century remote working for staff and joint service delivery."*

> *"Community based services taken to the community, telehealth opportunities, increased choice for Māori by investing in Kaupapa Māori service capacity and methods of service delivery."*

4 Thriving Together Impact Collective - Progress

The first meeting of the Thriving Together Impact Collective occurred on the 4th of September at the Davis Lecture Theatre in Whanganui. It was well attended with representatives from various Crown, non-government, local government and private enterprise, and marked the coming together of the 'Build Back Better Leadership Network' and the 'Integrated Social Governance Leadership Team' into the combined collective. The facilitated workshop session gave the collective the opportunity to work through the terms of reference and the proposed governance structure in small topic focus groups and then present back to the wider collective. A smaller team reconvened on the 15th of September to reset the terms of reference, discuss the front end resourcing and develop a pitch document to secure the funding for a 'back bone team' to be established to make traction on this collective and combined sense of common purpose. This will be presented back to the wider group and funders over the month of October.

COVID-19

From Response to Recovery – the next normal.

Analysis of 372 individual surveys, 87 organisation surveys and feedback from the Whanganui River Traders Market to the COVID-19 response and understanding the 'next normal'.

Introduction

During the COVID-19 pandemic in Aotearoa New Zealand, Whanganui District Health Board and Whanganui District Civil Defence Emergency Management combined its emergency responses into one team to support our whole rohe (region). This brought the health, social and economic aspects into pandemic response.

The kaupapa behind this helped form the Integrated Recovery Team (IRT), which also includes Ruapehu District Council and Rangitikei District Council, alongside iwi, government organisations and others.

As the IRT moved from crisis response to recovery mode, it canvassed the community, both individuals and organisations, about what their experience of lockdown was like, what could be done better throughout our region to support people in future, how organisations can best work together to achieve the best outcomes for the community and more.

The next step in this process is to use this feedback, as well as ongoing feedback with community groups, to develop a more cohesive structure where health, community, social and economic organisations work together on achieving some of the things people told us through this survey.

Executive Summary

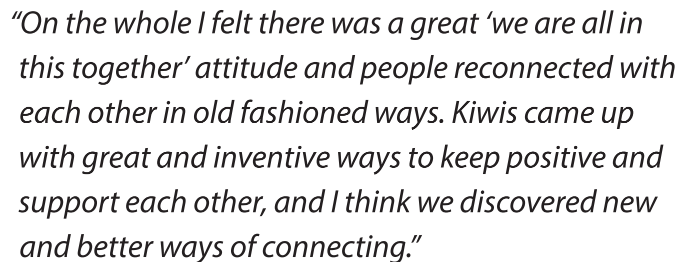
COVID-19 provided an opportunity for our communities to converge around a common threat and to share a purpose. It enabled us to bring the community into a conversation so that needs and issues could be identified. These needs and issues are not necessarily a direct result of COVID-19 but the pandemic has provided a vehicle for people to voice concerns around community well-being.

Surveys carried out from end of May to 12 June 2020 resulted in 372 individual and 87 organisational responses and a number of others engaged with the IRT at the River Traders Market on 20 June.

What people enjoyed about lockdown was an appreciation and enjoyment of having more time, a slower pace of life, family time, less traffic on the roads, the ability to walk around and enjoy the community, the friendliness of people and living more sustainably.

The positives people took from the experience were a sense of greater connection to the community, stronger partnerships, improved technology knowledge and online service delivery.

People want to hold onto using online services and the connections that were formed. They also want to have a better work-life balance through flexible working arrangements. People also want there to be continued hygiene practices and a greater focus on well-being. The quality of the natural and physical environment is important to people including sustainability, self-reliance and safety.



"On the whole I felt there was a great 'we are all in this together' attitude and people reconnected with each other in old fashioned ways. Kiwis came up with great and inventive ways to keep positive and support each other, and I think we discovered new and better ways of connecting."

Individual Survey Analysis

A total of 372 individuals completed the survey. Of those 249 were from Whanganui, 31 Whanganui rural (incl. Whanganui River Road), 66 from Rangitikei and 26 from Ruapehu. 15% of respondents were Māori, 79% NZ European/Pakeha and 6% other.

How did people get information over Alert Level 4 lockdown?

The majority of people surveyed (81%) felt that they received enough information about what was happening. The main sources of information were TV and social media. Other sources included email, government, employer/work, radio, internet, family and friends.

How many people requested support over lockdown?

11% of people surveyed required assistance over lockdown.

"I went to Work and Income for financial support. It was amazing, so easy, fast and stress free which was great."

"We requested business support from our accountants and Whanganui and Partners. They were helpful and we got a voucher to go towards some accounting help too."

"I was approached by The Hub and it was a great help. They delivered kai packs to me every three weeks, they advocated for me and kept in contact about job opportunities and my family well-being."

"Professional supervision from the well-being team at the WDHB was very helpful and valuable during a stressful time."

"MSD wage subsidy was a great reassurance."

"District Council, Police, Medical Centre, Local Iwi, combined churches – small towns provide great support. It's about knowing who is in the community and how to access help as required."

Was stress and anxiety an issue for people over lockdown?

40% of people surveyed responded that they suffered from stress during Alert Level 4 lockdown.

What were the main concerns for people during Alert Level 4 lockdown?

1.	Keeping me and family safe
2.	Grocery shopping/availability of food and essentials
3.	Contracting the virus
4.	Other people's safety especially the elderly
5.	Mental and general health
6.	Isolation
7.	People not following the rules
8.	Distancing from other family
9.	Financial
10.	Uncertainty
11.	Children's education and well-being
12.	Ability to work from home

What did people think worked well over the lockdown period?

1.	Good communication
2.	Collaboration between agencies
3.	Mobile testing stations
4.	Telehealth
5.	Working from home/flexibility
6.	Encouraging kindness/community spirit
7.	Less traffic/felt safer
8.	Encouraging exercise
9.	Encouraging hygiene
10.	Zoom meetings

"Juggling working from home with looking after 6 and 9 year olds and their learning, and looking after elderly relatives that we had to physically distance ourselves from but who needed groceries and medical supplies"

"I actually think that everyone stepped up to the mark and performed to their best ability"

What services that were stopped did people want restarted?

1.	Health services
2.	Recycling
3.	Reopening of community
4.	Accepting cash
5.	Hospital visiting

"Resetting our future – supporting local economy; need to reorganise health to be community focused; set up hubs in communities"

Organisation survey

A total of 87 organisations responded to the survey. 41 worked across the whole Whanganui DHB region, 14 in Rangitikei District, three in Ruapehu District and 29 in the Whanganui District.

Did organisations require support?

20% of organisations indicated that they thought they would need support in the short term and 23% indicated that they would need support in the longer term (6-12 months) to continue to deliver their services.

The areas of support most needed:

1.	Developing organisational capacity and adapting
2.	Financial support/funding flexibility
3.	Building strategic partnerships
4.	Exploring social innovation and enterprise
5.	Recovery planning and business continuity

The majority of organisations (55%) delivered the same services in a different way, 5% shifted focus to different services. The service changes were:

1.	Supply of food and household goods
2.	Support for other vulnerable populations
3.	Supply of hygiene materials
4.	Support for older people and those living alone
5.	Encouraging neighbourhood connectively
6.	Forming new relationships and partnerships with other groups

"Having an iwi hub enabled connection and engagement with all of our Whanganui whānau"

Nine organisations indicated that they or their employees required support around mental health and well-being. The needs arose from being a frontline worker, lack of health care, concerns about returning to work, financial concerns and isolation.

What were the immediate challenges or concerns for organisations in the short term?

1.	Ensuring vulnerable populations could access services
2.	How to innovate and adapt
3.	Increased needs in the community
4.	Health and safety issues
5.	How to keep operating
6.	Recovery planning and business continuity
7.	Digital/online capability
8.	Leadership/volunteer burnout
9.	Cashflow
10.	Increases/decreases in staffing
11.	Changes to funding streams
12.	Financial constraints to meet demand for services

What were the positive outcomes as a result of COVID-19?

1.	Increased connection to our community
2.	Increased digital knowledge
3.	Increased connection/partnerships with other organisations
4.	Expanded reach through online delivery

“Now that community links have been established maintain strong community engagement and communication”

What things should we keep doing post COVID-19 lockdown?

1.	Increase use of online services
2.	Community engagement/communication
3.	Working from home
4.	Hygiene education
5.	Work/life balance/flexible hours

“A big problem was the lack of good internet in the rural areas”

The biggest thing people wanted to reinstate was face to face interactions.

If the health services were to be redesigned what would people like to see change?

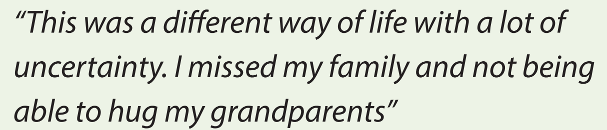
1.	Smaller health centres/community agencies
2.	Better assessment of community needs
3.	More funding
4.	Better partnerships/collaboration (incl Māori)
5.	Better access

What worked well over lockdown?

- More time, slowing down, had a rest, slower pace, family time, time to play together, calmer, people out walking and biking
- Neighbourliness, checking on others
- Sustainability, living off own fruit and vegetables

What was stopped that was missed?

- Human touch, seeing people
- Use of cash, how to get money
- Social and community activities
- Education

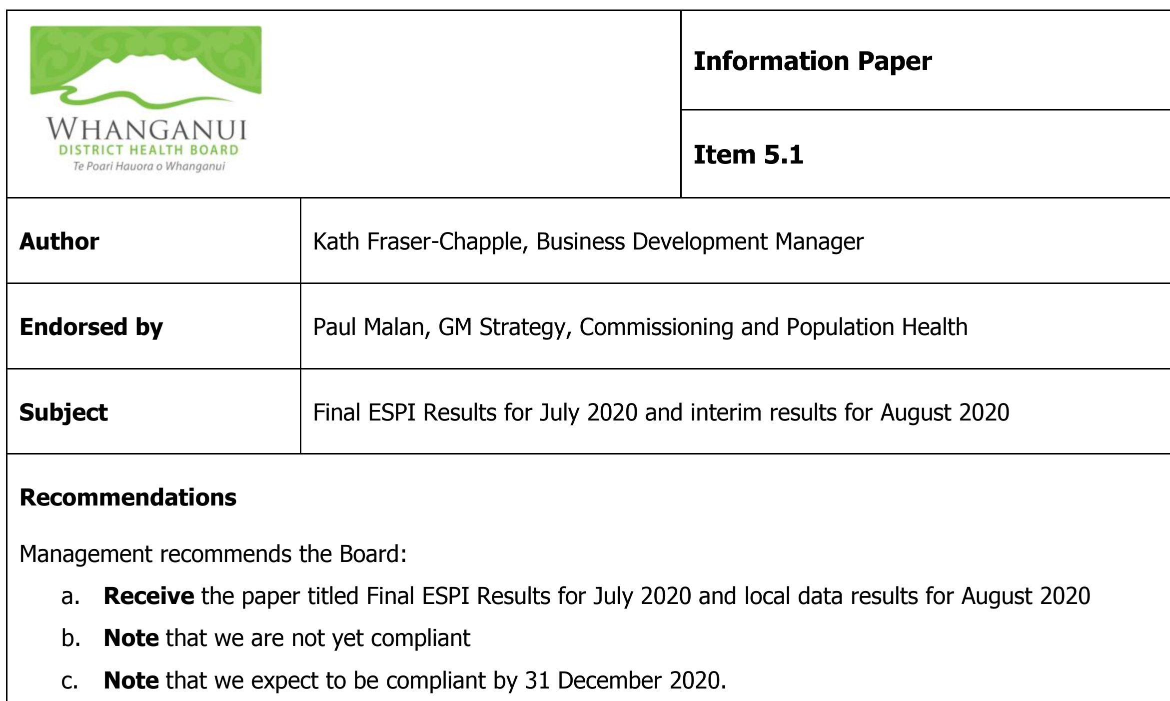


What were the main concerns?

- Couldn't see family, no socialising
- Support for older people, disabled
- Decline in business, job uncertainty
- Overwhelming and conflicting messaging
- No school and childcare
- Health – not being able to see loved ones in hospital, missed doctor's appointments

What things would people like to see continue?

- Focus on wellness and better health and hygiene
- Safe biking
- More sustainability, recycling, education in home gardening, self-reliance, looking after the environment
- People connecting, strong neighbourhood support, community events



WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information Paper**
	Item 5.1

Author	Kath Fraser-Chapple, Business Development Manager
Endorsed by	Paul Malan, GM Strategy, Commissioning and Population Health
Subject	Final ESPI Results for July 2020 and interim results for August 2020

Recommendations

Management recommends the Board:

a. **Receive** the paper titled Final ESPI Results for July 2020 and local data results for August 2020
b. **Note** that we are not yet compliant
c. **Note** that we expect to be compliant by 31 December 2020.

1 Purpose

This paper is for information only and shows the final Elective Services Productivity Indicator Results for August 2020.

2 Discussion

Final ESPI results for July are now available and are an improvement on interim outcomes. Final results are:

- ESPI 2 - 80 patients waiting longer than 120 days for FSA, an improvement of 10 on interim results
- ESPI 5 – 64 patients waiting longer than 120 for treatment, an improvement of 3 patients

August month end results using local DHB data are also available and better than interim results:

- ESPI 2 – 29, 4 better than interim
- ESPI 5 – 16, 14 better than interim

This is a good outcome and indicates a rapid trajectory back to compliance by our target date of 31 December 2020.

Final Ministry of Health and Whanganui District Health Board local data reporting is below.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: Whanganui

	Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun		Jul	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	10 of 10	100.0 %	9 of 9	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %	10 of 10	100.0 %
2. Patients waiting longer than four months for their first specialist assessment (FSA).	3	0.4%	8	1.1%	6	0.8%	5	0.7%	2	0.3%	6	0.8%	7	0.5%	16	1.1%	77	6.1%	108	8.1%	134	9.6%	80	5.3%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	6	0.8%	7	1.0%	6	0.9%	3	0.5%	3	0.5%	10	1.7%	9	1.5%	40	6.8%	123	21.0%	132	26.2%	91	16.6%	64	11.0%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %	0	100.0 %

Notes:

1. From July 2016 the required timeframe for ESPI 1 is 15 calendar days.
2. From January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
4. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
5. ESPIs 4, 6 and 7 have all been retired and are no longer reported.

Please contact the Ministry of Health's Planned Care team if you have any queries about ESPIs (elective.services@health.govt.nz).

ESPI Compliance Levels:

1. DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
2. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
3. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
4. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

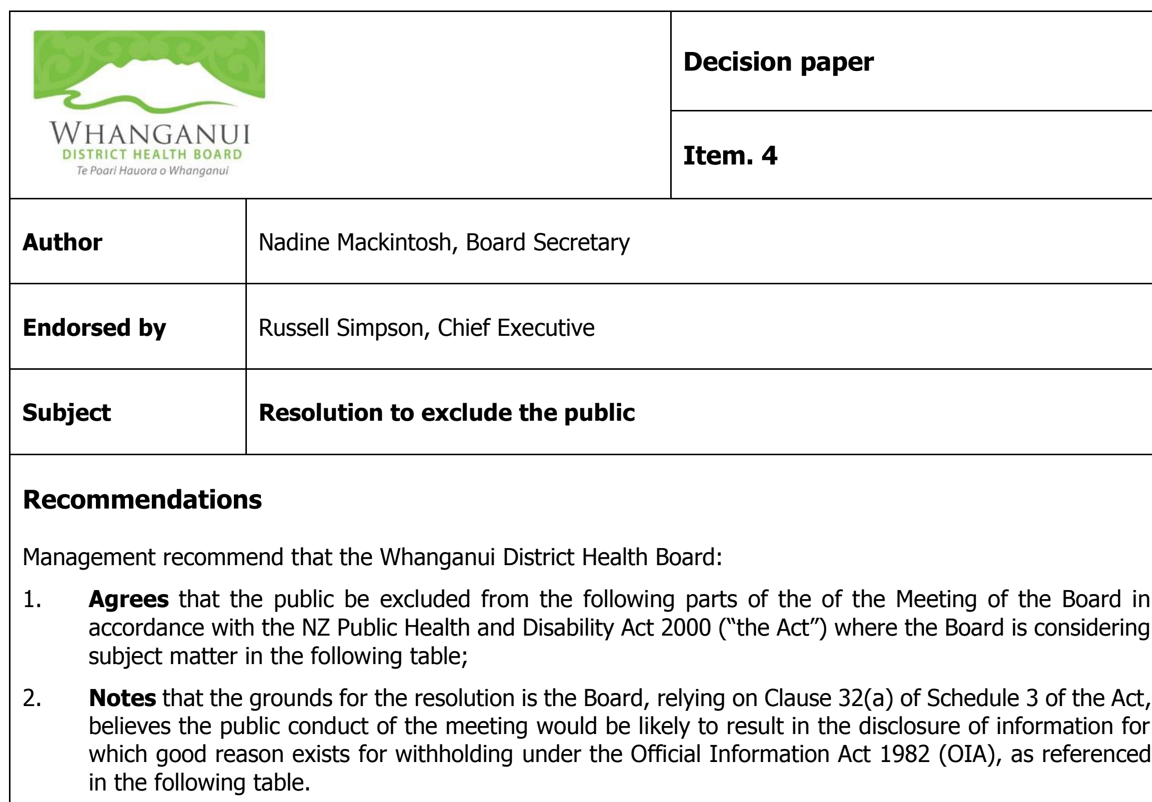
Data Warehouse Refresh Date: 6/09/2020
Report Run Date: 7/09/2020
Data up to: Jul 2020

ESPI 2 and 5 Compliance Trends (local data)

ESPI 2 FSAs	2019 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
General Surgery				1	2	1	1									4	2	3			
Orthopaedics	2		2	1	2	1							1	1	7	40	45	35	16	9	
ENT															3	6	7	29	19	6	
Ophthalmology		2		1			2		6							1	1	1			
Gynaecology	2												2		1	17	44	59	49	6	
Urology	3		1	1	1					5	5		2		2	3	1			1	
General Medicine							2	2						2	1	4	7	4	4		
Paediatric Medicine								1	2	1				4	1	1		2	2	6	
Dermatology		1															3				
Pain Management						1	2								1	1	1	1		1	
TOTALS	**7**	**3**	**3**	**4**	**5**	**3**	**7**	**3**	**8**	**6**	**5**		**5**	**7**	**16**	**77**	**111**	**134**	**90**	**29**	**0**

ESPI 5 Inpatient	2019 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
General Surgery		2	7		6	19	1	1	5	4	4				21	54	54	44	46	9	
Orthopaedics		1	1	5		1									21	40	39	27	14	6	
ENT				2				4	1	1	1		1		3	9	9	2	3		
Dental	7	4	4	1											2	5	11	5			
Ophthalmology			3	2			1		1				9	7		14	20	11	2		
Gynaecology	1	1		1	2											2	7	11	2	1	
Urology		1					1									2	1				
Totals	**8**	**9**	**15**	**11**	**8**	**20**	**3**	**5**	**7**	**5**	**5**		**10**	**7**	**47**	**126**	**141**	**100**	**67**	**16**	**0**

September 2020 **Public**



WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision paper**
	Item. 4
Author	Nadine Mackintosh, Board Secretary
Endorsed by	Russell Simpson, Chief Executive
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 31 July 2020	For reasons set out in the board's agenda of 5 June 2020	As per the board agenda of 31 July 2020
Chief executive's report Committee minutes NZ Health Partnership Health System Catalogue COVID-19 Acute inpatient mental health services update	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)
Integrated Facilities Update Lab Procurement	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)
NZ Health Partnership Statement of Performance Expectations	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)

September 2020 **Public**

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, 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