WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Whanganui District Health Board

Meeting date **Friday 1 November 2019**

Start	9.30 am	Board only
	10.00 am	Public session
		Public excluded session

Venue
Board Room
Level 4, Ward and Admin Building
100 Heads Road
Whanganui

Embargoed until Saturday 2 November 2019

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

Distribution

Board members

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

Executive Management Team

- Mr R Simpson, Chief Executive
- Ms L Adams, Director of Nursing
- Ms L Allsopp, General Manager Patient Safety, Quality and Innovation
- Mrs A Forsyth, Director Allied Health Scientific and Technical
- Mrs R Kui, Director Māori Health
- Mr A McKinnon, General Manager Corporate
- Mr P, General Manager, Service and Business Planning

Ministry of Health

Agendas are available online one week prior to the meeting.

WHANGANUI DISTRICT HEALTH BOARD
TE POARI HAUORA O WHANGANUI

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

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

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

We are:

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

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

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

Koi anei tātou:

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

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

AGENDA

Held on Friday, 1 November 2019
Board Room, Level 4, Ward and Admin Building
100 Heads Road, Whanganui Hospital, Whanganui

Commencing at 10.00am

BOARD	PUBLIC SESSION			
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1	**Procedural**			
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1.2	Apologies	D McKinnon	10.05	
1.3	Continuous disclosure 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	D McKinnon	10.08	 7
1.4	Confirmation of minutes 1.4.1 9 August 2019 1.4.2 20 September 2019	D McKinnon	10.10	 9 15
1.5	Matters arising	D McKinnon	10.15	23
1.6	Board and committee chairs reports 1.6.1 Board - verbal 1.6.2 Combined statutory advisory committee - verbal	 D McKinnon S Hylton	10.17	
1.7	Combined statutory advisory committee	Information Only		25
2	**Fit for surgery patient experience presentation**	**P Malan**	**10.25**	
3	**Acting Chief Executive report**	**L Adams**	**10.55**	**35**
4	**Decision papers**			
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6	**Information papers**			
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6.4	Smokefree 2025	P Malan	11.50	61
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6.6	2019 Whanganui DHB welcome and induction amended programme	R Kui	12.10	69
7	**Date of next meeting** 22 November 2019, CSAC, Whanganui Hospital 13 December 2019, WDHB Board, Whanganui Hospital			
8	**Reasons to exclude the public**	**D McKinnon**	**12.20**	**71**
GLOSSARY				

9	APPENDIX	
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WHANGANUI DISTRICT HEALTH BOARD

REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 20 September 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ The treasurer of NZ Council of Elders (NZCE) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Philippa Baker-Hogan	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.
	20 September 2019	A director of The New Zealand Masters Games Limited.
Maraea Bellamy	7 September 2017	▪ Te Runanga O Ngai Te Ohuake (TRONTO) Iwi Delegate for Nga Iwi O Mokai Patea Services Trust. ▪ The secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Nga Iwi O Mokai Patea Services Trust.
	4 May 2018	▪ A director of Taihape Health Limited. ▪ A member of the Institute of Directors.
	1 February 2019	A trustee of Mokai Patea Waitangi Claims Trust.
Jenny Duncan	18 October 2013	An elected councillor on Whanganui District Council.
	1 August 2014	▪ An appointed member of the Castlecliff Community Charitable Trust. ▪ A member of the Chartered Institute of Directors.
	5 April 2019	A trustee of Four Regions Trust.
Darren Hull	28 March 2014	Acts for clients who may be consumers of services from WDHB.
	27 May 2014	▪ A director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB. ▪ Acts for some medical practitioners who are members of the Primary Health Organisation. ▪ Acts for some clients who own and operate a pharmacy. ▪ A director of Gonville Medical Ltd
Stuart Hylton	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.
	15 March 2017	The Rangitikei District Licensing Commissioner.
	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.

Judith MacDonald	22 September 2006	▪ The chief executive of Whanganui Regional Primary Health Organisation ▪ A director, Whanganui Accident and Medical
	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
	27 May 2016	The chair of the Children's Action Team
	21 September 2018	A director of Ruapehu Health Ltd
Annette Main	18 May 2018	A council member of UCOL.
Dot McKinnon	3 December 2013	▪ An associate of Moore Law, Lawyers, Whanganui ▪ Husband is the chair of the Wanganui Eye & Medical Care Trust
	4 December 2013	Cousin is employed by Whanganui DHB as GM Corporate
	23 May 2014	A member of the Health Sector Relationship Agreement Committee
	31 July 2015	Appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	A member of the Institute of Directors
	16 December 2016	The chair of MidCentral District Health Board
	3 February 2017	A member of the national executive of district health board chairs
	8 June 2018	▪ A director of Chardonnay Properties Limited (a property owning company) ▪ A chair of the DHB Regional Governance Group ▪ An advisory member of Employment Relationship Strategy Group (ERSG)
Tariana Turia	16 December 2016	▪ Pou to Te Pou Matakana (North Island) ▪ A member of independent assessment panel for South Island Commissioning Agency ▪ Life member CCS Disability Action ▪ National Hauora Coalition Trustee chair ▪ Cultural adviser to ACC chief executive
	15 November 2017	Appointed Te Pou Tupua o te Awa.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**DRAFT MINUTES** Held on Friday, 9 August 2019 Training Room Whanganui Hospital 100 Heads Road, Whanganui
Public Board Meeting	**Commencing at 9.30am**

Present
Mrs Dot McKinnon, Board Chair
Mr Stuart Hylton, Deputy Chair
Mr Graham Adams, Member
Mr Charlie Anderson, Member
Mrs Philippa Baker-Hogan, Member
Ms Maraea Bellamy, Member
Mr Darren Hull, Member
Mrs Judith MacDonald, Member
Ms Annette Main, Member
Dame Tariana Turia, Member

Apologies
Ms Jenny Duncan, Member

In attendance
Mr Russell Simpson, Chief Executive
Mrs Nadine Mackintosh, Board Secretariat
Mr Mark Dawson, Communications Manager
Mr Brian Walden, GM Corporate

Public
Members of the public representing iwi, council, community health workers, campus workers and general public.

1. Procedural

1.1 Karakia/reflection

The meeting was opened by the Board Chair with acknowledgment of the challenges that face our rural communities. The Board Chair encouraged members of public in attendance to consider standing as candidate for the October 2019 WDHB elections or to encourage other members of the community to consider standing to help the rural voice be heard.

The Chief Executive introduced himself to the public in in attendance and noted it had been 10 years since the WDHB board convened a meeting in Taihape.

All attendees participated in a group introductory session. Board members provided reflections on their individual experiences as members of the Board and sought feedback from the community on matters they would like the DHB to address.

The following points were mentioned by the public

- Grateful for the current services
- Housing concerns, including a request for support from the DHB to assist the community with an alternative model of care for the elderly to help address an urgent need for an aged care facility/rest home
- Maintain the Taihape facility and identify the future of the building

- Iwi acknowledgement of the DHB engagement and Iwi representation on the Whanganui DHB Board.
- Encouraged the Board to consider both Taihape and Waimarino rural visits for future board meetings in collaboration with the respective Iwi.

1.2 Apologies

The Board resolved to **accept** the apology from J Duncan.

The Board **received** apologies this morning from the presenter of the Ruapehu Transformation Plan 2020 workshop session. The session was scheduled as a workshop session to report on the progress and benefits of this community led initiative.

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

1.4 Confirmation of minutes

The following amendments were recorded for the minutes of the public meeting on 28 June 2019.

Item. 4.2 Suicide Prevention Plan

Whanganui District Health Board resolved to:

a. **Receive** the paper Whanganui suicide prevention strategy update
b. **Note** the partnership approach to development of the strategy
c. **Note** the timeline and process for completion by 1 July 2020

Moved S Hylton **Seconded** A Main **CARRIED**

Item. 5.2 Health and Safety update

c. **Noted** that we are trailing emergency pendants which is a duress alarm with 12/7 response provided by the Police.

1.4.1 28 June 2019

The Board resolved to **accept** the minutes of the meeting held on 28 June 2019 as a true and accurate record of the meeting subject to amendments above.

Moved S Hylton **Seconded** A Main **CARRIED**

1.5 Matters Arising

The Board Chair reported that engagement with the Ministry of Health (MoH) to support the release of a fact sheet regarding Māori representation on DHB Boards is ongoing, although it is unlikely to be delivered prior to this election campaign.

The suicide strategy update presentation will be received at the September Board meeting.

1.6 Board and Committee Chairs Reports

Nil

2. Chief Executive Report

The paper was taken as read.

The Chief Executive led discussion on the following key points:

- The national bowel screening programme will require an additional surgeon and new equipment. The IT solution for the national bowel screening programme will not be delivered in time for our go live date, with confirmation from management that there will be no clinical risks in continuing with the existing interim IT solution.
- An overview of the Minister of Health visit to Whanganui Hospital on 3 July 2019 where those in attendance confirmed that the functional relationships across our region are working together to improve outcomes for our communities.
- Te Tohu Rangatira Quality Health Awards will be held on 6 September 2019 at the Whanganui Racecourse with ticket sales at $25 per person. The Board were encouraged to attend and consider and promote sponsorship opportunities for the event.
- The adverse effect of the IDF outflows for the month of July 2019. Noting IDF outflows have continued to increase at a rate of 5% each year over the last two years.
- The health sector's financial performance trend is indicating an overall deterioration due to an increase of patient acuity and complexity along with MECA increases.
- Locally, health and social changes are required to help reduce presentations reaching the hospital.
- The limited engagement with health services in relation to the upcoming refugee intake in 2020. In order to support a transition into our communities we need advice on their needs and requirements and take into consideration existing population needs and provisions.
- The DHB will be seeking Ministry of Health support for the 2019/20 financial year, as are several other DHBs.

The Risk and Audit Chair advised that the committee acknowledged the good work the Chief Executive and staff are undertaking to address the financial difficulties facing the DHB.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled Chief Executive Report

b. **Note** the positive review received from MoH for our National Bowel Screening Programme readiness assessment

c. **Note** the financial results for June 2019 and the impacts of IDF outflows, MECA settlements and the Holiday Act

d. **Endorse** that the Board Chair and Chief Executive engage in discussions with officials in relation to refugees.

Moved D McKinnon **Seconded** A Main **CARRIED**

3. Decision Papers

3.1 WDHB Board Strategic Direction

The paper was taken as read. The Chief Executive reported that management has sought Ministerial advice in relation to receiving their position whether the Board can engage and consult the public on the strategic direction during an election period. To date no advice has been received. A soft socialisation approach to promote the public awareness of the strategic direction will continue through online and printed WDHB material and planning documentation.

Whanganui District Health Board resolved to:

a. **Receive** the paper entitled WDHB Board Strategic Direction

b. **Note** the acceptance of the descriptor for "Thriving Communities" with Hauora A Iwi and the joint meeting

c. **Adopt** the descriptor for Thriving Communities

d. **Accept** the key messages for use a discussion points

e. **Agree** to a soft socialisation process with the community

f. **Endorse** the next steps outlined in the paper.

Moved D McKinnon **Seconded** S Hylton **CARRIED**

3.2 Board Induction

The paper was taken as read.

The Board Chair advised that the Ministry of Health will be providing a Board induction which focuses on legislation and public sector governance. The dates are yet to be confirmed. The Board requested a transition discussion for outgoing and incoming Board members to provide information on historical Board decisions.

There was support for full Board attendance at the Board induction programme delivered over two consecutive days at Whanganui DHB, as outlined in the paper. This expectation will be included in the candidate booklet to help inform new candidates of this expectation.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 2019 WDHB Board induction programme.

b. **Note** the programme was endorsed for board approval at the joint HAI and WDHB meeting

c. **Endorse** the agenda, proposed dates and next steps for the WDHB board induction programme.

Moved P Baker-Hogan **Seconded** J MacDonald **CARRIED**

3.3 Allied Laundry Services Limited – change of director

The paper was taken as read.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the report entitled 'Allied Laundry Services Limited – change of Director'

b. **Approve** that Lucy Adams, Director of Nursing, be appointed as WDHB's Director on the Allied Laundry Services Limited Board, effective from 1 October 2019

c. **Note** that the Chief Executive will continue to act as an alternative Director if the Director of Nursing is unavailable.

Moved C Anderson **Seconded** D Hull **CARRIED**

4. Information Papers

4.1 Financial report for June 2019

The paper was taken as read.

Whanganui District Health Board resolved to:

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

b. **Note** the June 2019 month-end result of $0.056m surplus is unfavourable to budget by $631k

c. **Note** the year-to-date June 2019 result of $8.751m deficit is unfavourable to budget by $829k

d. **Note** that the interim year-end result is $8.781m deficit compared to the forecast $8.086m deficit and is $695k unfavourable to forecast

e. **Note** the additional one-off costs of $2.590m are additional to the above operating results and are due to the write-off of the National Oracle Solution investment and the provision for potential liability to achieve compliance with the Holidays Act 2003.

4.2 Health and Safety report

The paper was taken as read. It was requested that analysis of the graphs and trends are reported to the Board with a reminder to management to provide rolling averages.

The Board of Whanganui District Health Board resolved to:

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

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

c. **Note** the detailed three-year trend reporting by risk, risk element and area

d. **Note** that the WDHB will retain ACC Tertiary Accredited Employer Programme (AEP) status following the 2019 Audit.

4.3 People and Performance

The paper was taken as read.

The exit interview themes were discussed with the Chief Executive confirming the Board has no need for concern. The Board acknowledged that 20% of staff are over 60 years of age which contributes to a higher exit level.

The Board acknowledged that Whanganui DHB is a very good training base hospital.

Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'People and Performance six-monthly update'

b. **Note** WDHB continues to experience low than staff average turnover

c. **Note** further detail provided regarding reasons for leaving as per Board request

d. **Note** the positions open for recruitment

e. **Note** the annual leave liabilities for WDHB

f. **Note** WDHB continues to experience low sick leave trends

g. **Note** performance indicators will be aligned with Board strategy, Chief Executive key performance indicators and role accountability

h. **Note** the achievement of WorkWell Bronze Standard Accreditation.

Action
Ethnicity profile report to include professional status.

5. Date of next meeting

The next meetings of the Whanganui DHB was confirmed.

6. Reasons to exclude the public

Whanganui District Health Board resolved to:

Agree 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;

Note 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 28 June 2019	For reasons set out in the Board's agenda of 28 June 2019	As per the board agenda of 28 June 2019
Chief executive's report Board & committee chair reports Risk and Audit Committee minutes of meeting held on 12 June 2019	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Impairment of FPIM Letter of comfort	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Annual planning update Central region annual plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

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

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

Moved D McKinnon **Seconded** D Hull **CARRIED**

The public section of the meeting concluded at 11.43am

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**DRAFT MINUTES** Held on Friday, 20 September 2019 Boardroom, Level 4, Ward & Admin Block, Whanganui Hospital 100 Heads Road, Whanganui
Public Board Meeting	**Commencing at 10.00 am**

Present
Mrs Dot McKinnon, Board Chair
Mr Stuart Hylton, Deputy Chair
Mr Graham Adams, Member
Mr Charlie Anderson, Member
Mrs Philippa Baker-Hogan, Member
Ms Maraea Bellamy, Member
Mr Darren Hull, Member
Ms Jenny Duncan, Member
Mrs Judith MacDonald, Member
Ms Annette Main, Member

Apologies
Dame Tariana Turia, Member

In attendance
Mr Russell Simpson, Chief Executive
Mrs Nadine Mackintosh, Board Secretariat
Mr Hentie Cilliers, People and Culture Manager
Mrs Rowena Kui, Director Maori Health
Mr Paul Malan, GM Business and Service Planning
Mr Brian Walden, GM Corporate

Guests
One member of the public was present at the meeting. Other members in attendance were the staff responsible for presentation of papers to the Board.

1. Procedural

The Board Chair welcomed all attendees to the meeting and acknowledged the attendance of the Executive Assistant to the Director of Nursing/Chief Operating Officer as an observer for the day.

1.1 Karakia/reflection

D Hull opened the meeting and provided reflections on his experiences over the last three years with the upcoming DHB board elections. The Board appointed a new Chief Executive who has built and enhanced key functional relationships with the health and social sectors and our Iwi partnerships, appointments for key executive staff and the proficient management of the financial constraints.

The Board has encouraged innovative ways to deliver health service investment and is excited about the next three years. If members are not elected or appointed on the Board they will follow closely to see how our community needs are addressed.

D Hull reported that he has enjoyed working with all the members of the Board.

1.2 Apologies

The Board resolved to **accept** an apology from Dame T Turia and **noted** that J Duncan would be absent from 10.30am to close to midday.

1.3 Continuous Disclosure

1.3.1 Amendments to the Interest Register

P Baker-Hogan advised that she has moved from Chair to Director of the New Zealand Masters Games Limited.

Moved S Hylton **Seconded** A Main **CARRIED**

1.3.2 Declaration of conflicts in relation to business at this meeting

S Hylton declared a conflict of interest for agenda item 4.1 and stated that he would not participate in discussions around this item.

1.4 Confirmation of minutes

1.4.1 9 August 2019

The minutes of the meeting held on 9 August 2019 at the Taihape Health Centre were deferred to the 1 November 2019 meeting.

1.5 Matters Arising

The Board received the matters arising.

1.6 Board and Committee Chair Reports

1.6.1 Board Chair verbal report

On behalf of the Board, the Board Chair extended her thanks to the General Manager Corporate Services Brian Walden for his service over the last 24 years and wished him well for the future. He has been instrumental in transitioning the organisation through many changes and has a sector-wide reputation for producing reputable financial reporting.

The General Manager Corporate Services provided the Board and staff a reflection of his working career with the DHB and noted the future challenges ahead with the release of the Heather Simpson report.

A number of Board members provided accolades for his service and balanced approach when advising the Board on considerations for the health and wellbeing of our communities against financial implications.

The Board Chair completed her verbal update by reporting on meetings with the Minister and the Ministry of Health. She highlighted that we are providing improved health interventions and these are contributing to changes in our population needs. She feels that the requirements for the health sector over the next three to nine years will require a collective approach.

1.6.2 Combined Statutory Advisory Committee verbal report

Nil

2. Suicide Prevention Strategy

Presenters: Marguerite McGuckin and Nicole Dryden

The paper was taken as read. A presentation was provided to the Board with a progress update on the suicide prevention strategy.

The suicide prevention strategy and action plan is being informed with data and lived experiences from our communities to help form collective solutions for wellbeing services and strategies for preventative assistance. Equity will be an important part of this strategy and will inform our communities on the services they can access.

Discussion ensued on:
- Community response toward suicide
- Capacity views
- Addressing the gap between prevention and suicide
- Developing a connected community
- Addressing barriers
- Community speakers
- Data groupings.

A high level summary of the key learnings from a pilot stage for rangatahi are:
- Connections with whānau and their peers
- Expectations of self-image
- Engagement in social activities.

A clip from a Stone Soup community event held during September was shared with the Board and is available on Facebook. The next phase will be working with youth and their peers in schools.

Action: Judith MacDonald wanted to share her experiences with a Federated Farmers-led rural engagements in relation to suicide prevention strategies.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Interim report for the proposed Suicide Prevention Strategy'

b. **Note** the community engagement approach being used to receive detailed contributions for the Strategy and Action Plan

c. **Note** the key learnings received to date

d. **Note** the key events planned for the period August – October 2019

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

J Duncan left at 10.30am

3. Chief Executive Report

The paper was taken as read.

The highlight for the Chief Executive this month was Te Tohu Rangatira Health Quality Awards and the communication and engagement across our communities. We have received significant feedback from people and groups who embraced the event and enjoyed the celebrations.

Appreciation from the Board was extended to staff for their contributions toward a successful event held for our communities.

A brief discussion was undertaken in relation to the 2019 Proposal for Change process.

The Health and Disability System review interim report submission process has a tight timeframe. Submissions can be provided both individually and collectively. All Board members who want to participate in a collective response were advised to share their thoughts with the Chair to be incorporated in the Executive Regional DHB Chair collective position.

If the DHB has the opportunity for Heather Simpson to return to our DHB, all Board members will be notified of the date and venue.

The Board of Whanganui District Health Board resolved to:

e. **Receive** the paper entitled 'Chief Executive Report'

f. **Acknowledge** the recipients of the Te Tohu Rangatira – Whanganui District Health Quality Awards for their contributions in the community

g. **Note** that the agreement in principle between Whanganui Land Settlement Trust and the Crown was signed on 30 August 2019

h. **Note** that the interim Health and Disability System review was released with final recommendations aimed to be received by March 2020

i. **Note** that the New Zealand Cancer Action Plan 2019–2029 has been released for consultation.

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

4. Decisions Papers

4.1 Alcohol Position Statement

The Board **noted** that P Baker-Hogan is a member of the District Licensing Committee and other members have affiliations with businesses involved in the sale of alcohol.

Management advised the Board that the extent of influence we have on the opinion of the medical officer role is that we are informed of the submission.

Board discussion ensued on alcohol advertising, promotion and sponsorship. The Board wanted to ensure that we distance ourselves from being connected with any alcohol promotion or support and requested to include a stronger statement to better reflect our no tolerance position on alcohol.

The Chief Executive and the health promotion staff were thanked for the work on developing the Alcohol Position Statement.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Alcohol Position Statement'

b. **Note** the evidence contained in Appendix 4.1.1: Alcohol in our Communities

c. **Endorse** the Whanganui District Health Board Position Statement on Alcohol in Appendix 4.1.2.

d. **Note** the rationale for our position provided in Appendix 4.1.3

e. **Endorse** the addition of a point supporting that the DHB has no tolerance for alcohol promotion.

Moved A Main **Seconded** P Baker Hogan **CARRIED**

4.2 Board Election Update

The paper was taken as read.

The Board discussed attendance at the 1 November 2019 Board meeting by newly-elected members following the October 2019 elections and confirmed their observer status at the public and public excluded sessions as suggested by the Ministry of Health. Any questions observers have regarding the discussions would be directed to the Board Chair following the meeting.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the report 'DHB elections 2019 update'

b. **Note** that the number of nominations received has increased from previous elections

c. **Note** that the term of the new board commences on Monday 9 December 2019

d. **Approve** that any newly-elected board members be invited to attend the 1 November 2019 board meeting, receive the public section of the meeting papers and be granted observer status

e. **Approve** that any newly-elected board members can receive the full meeting papers and attend the public excluded section of the November board meeting as an observer, after signing a confidentiality agreement.

Moved P Baker-Hogan **Seconded** J MacDonald **CARRIED**

Jenny Duncan returned at 11.43am

4.3 WDHB Strategic Direction

The paper was taken as read.

The Director of Māori provided an outline briefing on the Board's process for developing our strategic direction and recommended that the Board allow management further time to develop the infographic.

The Board supported the recommendation to allow more time to develop an infographic and would like to see an integration of the words for our vision.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled **'**WDHB Board Strategic Direction Infographic'

b. **Note** the descriptor and te reo Māori for "Thriving Communities"

c. **Note** the values aligned to the strategic drivers and enablers

d. **Support** that further development on branding and the infographic concept will be considered by the Board at a future meeting.

Moved S Hylton **Seconded** D Hull **CARRIED**

5. Discussion Papers

5.1 Planned Sub-regional Services for Renal

The GM Service and Business Planning led the discussion highlighting the collaborative approach with MidCentral to establish a skilled renal team in Whanganui to support local patients, including those receiving home dialysis.

The Board thanked the staff for the update, extending their support of the direction for the service as a 'one service two site model' supported by the work being undertaken in primary care. It was also noted that an agreement is being formalised through a Memorandum of Understanding under the Central Alliance.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Planned sub regional services for Renal'

b. **Note** the update on renal service activity across the Central Alliance.

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

6. Information Papers

6.1 Health & Safety Update

The paper was taken as read. The People and Culture Manager thanked the Risk and Audit Chair for his advice and assistance for an improved report to the Board.

The decrease in aggression over the three month period was of interest to the Board and opinion on how this was achieved by management was welcomed.

The Chief Executive reported on his recent evening shifts with NZ Police, noting he observed similar challenges with aggression, during two engagements. He is planning on joining St John Ambulance as an observer next week.

The Board of Whanganui District Health Board resolved to:

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

b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 or 2019/20 YTD, financial years

c. **Note** the new graphs depicting a 12 month rolling average for each of the top five injury/incident categories

d. **Note** that there is a slight increase in the overall incident/injury trend

e. **Note** that the increase is attributed to aggression related injuries/incidents as well as improved reporting, FTE/headcount growth and increased demand

f. **Note** the following trends for each of the five categories:

- Aggression injuries/incidents increased over the three-year period
- Manual handling injuries/incidents increased minimally over the three-year period
- Infection control injuries/incidents remained stable over the three-year period
- Slip, trip, fall injuries/incidents remained stable over the three-year period
- Struck by, bumped injuries/incidents declined over the three-year period

g. **Note** the use of after hour security guards and that sixty-nine percent of nights are free from violence or aggression incidents.

6.2 The Board Induction Plan

The paper was taken as read. The Board Chair highlighted that the Ministry of Health has organised a seminar on the Health and Disability System Review on the recommended dates of 29 and 30 October 2019.

Management was asked to look at alternative dates with a preference for 11-12 and 14-15 November, noting we will need to liaise with Council to ensure no conflicts.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the 2019 WDHB Board welcome and induction programme update

b. **Note** the programme was endorsed by the WDHB board at the 9 August 2019 meeting

c. **Note** the confirmed programme, including feedback from the Board

d. **Note** the schedule of meeting opportunities for new WDHB board members.

Moved D McKinnon **Seconded** A Main **CARRIED**

7. Date of next meeting

The next meetings of the Whanganui DHB Board were confirmed for:

- Combined Statutory Advisory Committee held on 18 October 2019 in the Boardroom
- Board meeting held on 1 November 2019 in the Boardroom.

8. Reasons to exclude the public

Whanganui District Health Board resolved to:

Agree 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;

Note 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 9 August 2019	For reasons set out in the board's agenda of 9 August 2019.	As per the board agenda of 9 August 2019
Chief executive's report Board & committee chair reports Risk management framework Urology 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)
Taihape update Integrated Facilities Infusion Therapy	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)

New Zealand Health Partnership SPE 2019/20 Annual Report Equity support Going concern Annual Plan Regional Services Plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

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

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

Moved D McKinnon **Seconded** D Hull **CARRIED**

The public section of the meeting concluded at 12.12 pm

Matters Arising

1 November 2019

Topic	Action	Due date
Fit for Surgery	A presentation from a patient in the programme and consider including a patient story for new patient information.	**In papers**
Smokefree 2025	Health promotion position to be presented to the Board	**In papers**

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

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 6 September 2019, commencing at 9:40am

Combined Statutory Advisory Committee members in attendance
Mr Stuart Hylton, Committee Chair
Mrs Dot McKinnon (QSM) Board Chair
Mr Graham Adams
Mr Charlie Anderson (QSM)
Mrs Philippa Baker-Hogan (MBE)
Ms Maraea Bellamy
Dr Andrew Brown
Mr Frank Bristol
Ms Jenny Duncan
Mr Darren Hull
Mrs Judith MacDonald
Ms Annette Main (ONZM)
Mr Matthew Rayner
Hon Dame Tariana Turia (DNZM)
Ms Grace Taiaroa
Dr Heather Gifford

In attendance for Whanganui District Health Board (WDHB)
Mr Russell Simpson, Chief Executive
Mr Paul Malan, General Manager, Service and Business Planning
Mrs Rowena Kui, Director, Māori Health
Ms Deanne Holden, Executive Assistant to GM Service and Business Planning, (Secretariat)
Ms Barbara Charuk, Portfolio Manager, Service and Business Planning
Mr Hentie Cilliers, General Manager, People and Performance
Ms Louise Torr, Business Manager, Medical Management Unit
Mr Karney Herewini, Acting Health Promotion Manager
Ms Eileen O'Leary, Project Manager, Service and Business Planning
Mr Steve Carey, Funding and Contracts Manager, Service and Business Planning

Presenters / In attendance
Dr Mavis Duncanson, University of Otago, NZ Child and Youth Epidemiology Service
Ms Wheturangi Walsh-Tapiata, CEO Te Oranganui Trust
Ms Jamie Proctor, Te Oranganui Trust
Helma Van Meulen, Age Concern

Karakia/reflection

M Rayner opened the meeting with a karakia/reflection

PROCEDURAL

1 Apologies

It was resolved that:

The apology from Mr Leslie Gilsenan be accepted and sustained

Moved A Main **Seconded** P Baker-Hogan **CARRIED**

2 Conflict and register of interests update

2.1 Amendments to the register of interests

- J Duncan asked that an entry against her name titled "Trustee of Four Seasons Trust" be amended to read "Trustee of Four Regions Trust". It was noted this request has been made previously and apologies were given on behalf of the secretariat for the delay in acting on this request

- H Gifford has resigned as "Director of Health Solutions Trust". This information has been previously provided to the secretariat. Apologies were again provided that this amendment was not made at time of notification

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

3 Late items
Nil

4 Minutes of the previous committee meeting

The committee resolved

That the minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 26 July at 09:30am be **accepted** as a true and correct record, subject to the following amendments:

Attendance:
Dr A Brown be removed from attendee list with apologies noted
Mrs J Duncan be removed from attendee list with apologies noted
Mr Leslie Gilsenan to be added as an attendee
Mrs A Main to be added as an attendee

In Attendance:
Entry for Mr Steve Crew be amended to Mr Steve Carey

Apologies (Item 1.3):
Apologies be noted from Dr H Gifford, Dr A Brown, Ms J Duncan
Apologies for Mr L Gilsenan be withdrawn as he was an attendee
Apologies for Mr C Anderson be withdrawn as he was an attendee

Item 1.1
The sentence commencing "The chair acknowledged....." be deleted as it is repeated at 1.2

Item 1.3
As above

Item 7.2
First bullet point the word "capitative" altered to "capitation"

Item 7.2.3
First bullet point, the abbreviation "GP" altered to "PHO"

Item 7.3
Note that "D. McKinnon left the meeting" at the commencement of item 7.3

Item 7.3
Final paragraph 4 square eastside be amended to read "Four Square Eastside"

The spelling of the word(s) license/licensing be altered to licence/licencing throughout

Moved A Main **Seconded** F Bristol **CARRIED**

5 Matters arising

It was noted that hard copies of agenda and papers are sent in plastic bags and questioned whether these could be sent in paper bags. The plastic bag use is due to the policy of the Courier Company. If attendees would like to receive soft copy only to reduce plastic waste they were encouraged to speak to the committee secretary.

6 Committee Chair Report

The Chair noted the recent signing and agreement in principle of the Whanganui River land claim at Putiki Marae along with the Mōkai Pātea mandate.

The Chair highlighted to Committee that interim results of the Health and Disability Review by Heather Simpson is available and encouraged committee members to review the synopsis. Stated it is encouraging to note the strategic direction is similar to that of the Whanganui DHB Board and chief executive.

7 Whanganui DHB Annual Work Programme

7.1 Whanganui Alliance Leadership Team
Russell Simpson, Chief Executive Officer

A paper entitled "Whanganui Alliance Leadership Team Update" was tabled by the chief executive with verbal summary of the key points:

- Purpose of paper to provide an update on WALT
- The signing of an agreement around Health Pathways across the District Health Boards and PHOs is a milestone. The platform enables consistency across general practice and secondary care
- System Level Measures have been approved by Ministry of Health (MoH)
- High level of presentations to emergency department (ED) due to respiratory issues. Therefore respiratory and bowel screening pathways will receive initial focus in acute demand work
- Our region is disproportionately represented with high presentation at ED or WAM as first point of care. WALT continues to focus on investigating demand and the drivers of demand. Work programme focus on the reasons why and mitigation strategies across health sector. System wide approach is required to move towards a wellness model rather than an illness model
- Highlight the ASMS preliminary survey results to members. Clinical engagement in a District Health Board (DHB) is pivotal to making sustainable change. Whanganui DHB rated highly along most of the metrics within the survey.

Questions taken:

- The CEO was thanked and the increase in positive results for the Whanganui DHB commended in relation to the ASMS survey
- Timeframe around the hospital front door service review discussed. Clinical pathways and changing model of care will influence change alongside culture change of both clinicians, community and engagement. Change is envisaged to be long term and not a quick fix
- MOHAG are providing cultural advice to the front door service review
- Dame Tariana Turia encouraged the review to encompass possibility of liaison point for families/whānau
- P Baker-Hogan requested an update from the Committee on car parking and outcomes of review

Action: Update committee on car park strategy, challenges and learnings

It was resolved that the Combined Statutory Advisory Committee

Receive the paper entitled Whanganui Alliance Leadership Team update
Note that HealthPathways has been approved.
Note that the respiratory and bowel screening HealthPathways were agreed as priorities for initial development
Note the agreement that as leaders WALT will demonstrate their collegial approach to ensure that the community is receiving the benefits of a joined up service that is unique to our community
Note that the results of the recent ASMS (senior doctor union) survey shows we are tracking positively in regards to clinical engagement at a national level

Moved J MacDonald **Noted** D McKinnon **CARRIED**

R Simpson left meeting 10.05

7.2 Child and youth wellbeing
Barbara Charuk, Portfolio Manager

B Charuk welcomed Dr Mavis Duncanson, Ms Wheturangi Walsh-Tapiata, and Ms Jamie Proctor to the meeting

7.2.1 Health and wellbeing of under-15 year olds in Whanganui

Dr Mavis Duncanson provided an overview to the annual report produced by the New Zealand Child & Youth Epidemiology Service (NZC&YES) which this year has focused on the wellbeing of school age tamakiri.

- The study is underpinned by a commitment to the wellbeing of children; that they imagine, explore, play and be the very best person they can be
- The service was founded in 2004 following a significant gap of access to collated information about wellbeing of tamariki being identified by DHB's for their region
- Data is designed to assist DHBs in carrying out population health planning
- Alongside annual plan reporting, a workshop is held in Wellington each year. Whanganui DHB was well represented this year with three attendees
- The full report can be access via
  - http://ourarchive.otago.ac.nz/handle/10523/9440
- A brief overview of local demographics relevant to the study was given
  - Whanganui has an over representation of children and young people living in areas of high deprivation with the subsequent increased healthcare needs

Oral health

- A child with severe dental conditions may not be able to sleep, eat and grow
- Whanganui tamariki do not have access to fluoridated water, however, Whangnaui is in line with the national average of 60% caries free

- Nationally there is a clear inequity between Māori (50%) and Non-Māori children (70%) caries free
- Severity of dental decay can result in hospitalisation
- Inequity in oral health has been longstanding and pervasive. Support required for social and physical environment

Dame Tariana Turia noted that Whanganui has traditionally held a strong opposition to fluoridation of the public water supply. Discussion took place around the dedicated work in oral health that has shown improved health outcomes, however, there is still more work required to achieve equity.

R Simpson returned to meeting at 10.23

Asthma and wheeze
- High prevalence of asthma in this community amongst tamariki
- Strong driver of hospitalisations for respiratory conditions
- Whanganui has seen a significant increase in last few years. Pressure on housing with overcrowding may have played a part in this
- Health providers can support change by opportunistic immunisation and actively providing smoking cessation to whānau and family members when child is hospitalised

Healthy behaviours
- Nutritional survey shows Whanganui tracking at or above national standards for 2-14 year olds in social factors such as healthy food, breakfast at home etc
- Screen time in Whanganui higher than national level
- Active transport is similar to the national pattern
- Whanganui DHB has a responsibility alongside community to provide an environment where children can enjoy opportunities for healthy behaviours
- Children in Whanganui experience health challenges consistent with inequity of health status in Aotearoa

7.2.2 Hauora Niho initiative

(Ms Chauruk introduced speakers' Ms Wheturangi Walsh-Tapiata, and Ms Jamie Proctor)

Ms Walsh-Tapiata opened with mihi and provided an overview on the initiative which has been led by Te Oranganui Trust.

Te Oranganui identified the need for ongoing community support in relation to oral health. A survey was undertaken engaging Kōhanga Reo, whānau, hapū and iwi in the Whanganui rohe to support development of kaupapa Māori oral health resources. Key findings included:
- A lack for Te Reo resources available to Kōhanga Reo and early childhood centres
- Support required to instigate nutritional health plans (ie water only, healthy kai)
- Child-friendly resources will enable child-lead change within whānau

Prototypes of Te Reo Māori waiata, video, and tamariki friendly artwork were presented to the committee for information.

Next steps:
- Honour the kōrero by moving forward with the community-based oral health approach
- Te Reo Māori resources required to support these conversations
- Funding options being explored for this and other resources as part of ongoing strategy
- Continue to develop resources using a whānau ora approach; engagement of Kōhanga Reo /ECEs
- Kaimahi be empowered as potential champions of oral health
- The use of play, kai, and waiata are key to producing productive and culturally appropriate results.

The Chair thanked Wheturangi and asked if conversations had commenced within Whanganui DHB around funding support. The speaker confirmed that a Hui with relevant parties was scheduled and that funding is also being sought from the community.

Discussion ensued with the committee congratulating Wheturangi on a presentation which showed a great example of Māori leadership and an excellent example of finding solutions that are both responsive to Māori and support addressing inequity.

P Baker-Hogan left meeting 10.57

Noted:

- The importance of Te Reo Māori resources being available to Kōhanga Reo is imperative as no written or verbal english language is used in the centres
- Tamariki focused waiata will help them to support change in their own whānau as they sing the waiata at home, whānau will listen and participate
- The project is an exciting example of what can be achieved with integration, collaboration and a collective impact
- Although work to date has been initiated by Te Oranganui, going forward it will require a community response. As such part funding has been applied for via the Whanganui Community Foundation. Wheturangi was hopeful the Whanganui DHB will also remain involved in this work stream

The CEO noted from a DHB perspective, the excellent initiative that was solution-focused and an example of what can be achieved when a community is led and empowered rather than dictated to.

The Chair encouraged the korero around funding to continue.

7.2.3 B4 School Check

B Charuk presented a paper on behalf of Nicola Metcalf, the B4 School Coordinator, Whanganui Regional Health Network. Key points were noted as follows:

- The check, completed at age 4, is the final core contact delivered under the Well Child Tamariki Ora schedule
- The MoH target is 90% engagement. Last year Whanganui overachieved at 102% engagement. Over-delivery as total number of eligible tamariki in the region is higher than the provisional estimate
- Check includes; oral health, height, weight, vaccinations, developmental/behavioural concerns, hearing and vision
- Completed by practice nurse and/or outreach team with strong community networks
- Target of 95% for children identified as overweight and referred for support
- Whanganui DHB achieved second in New Zealand for the B4 School target

Questions taken

- Clarification was sought around information obtained at the B4 School Check being shared with schools for example: transitional support. Ms Charuk advised that where possible this information is shared for referral, however, it was appreciated more can be achieved in this area particularly in relation to behavioural needs

It was noted that the next steps include implementation of key strategies and initiatives outlined in the 2019/20 annual plan with development of a 3-5 year strategic plan for maternal, child and youth health.

Ms Charuk ended by acknowledging the mahi by all organisations represented and again thanked speakers for their time.

It was resolved that the Combined Statutory Advisory Committee

Receive the paper entitled "Child youth and wellbeing"
Receive the presentations
Note excellent presentation and work from Te Oranganui Trust relating to the Hauora Niho initiative
Note the excellent result in the B4 School Checks

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

7.3 Children's worker safety checks within Whanganui DHB
Lead: Henti Cilliers, GM People and Performance

P Malan advised, for a trial period, papers to the committee for the workforce-related agenda item had been aligned with the theme of the presentations in section 7.2. This replaces general human resources information previously provided. It is intended to continue with this approach and any feedback from the committee is welcome.

H Cillers advised that children's worker safety checks is not compliance focused, it is core to what we do in ensuring we provide safe staff to our children and whānau. Safety vetting is one element of this supported by the interview process, reference checking and ongoing performance reviews.

Questions:
There were no questions posed

Comments:
The Chair thanked the team for its work, and for the reassurance it is being carried out and compliance met.

It was resolved that the Combined Statutory Advisory Committee

Receive the report entitled "Children's worker safety checks within Whanganui DHB"
Note compliance of the Whanganui DHB in relation to the Children's worker safety checks within Whanganui DHB

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

7.4 Non-financial performance measures
Lead: Paul Malan, GM Service & Business Planning

P Malan tabled the quarterly report for Q4 2019/20 and advised committee that the MoH provides a rating to the Whanganui DHB reporting for each quarter.

Rating is not solely defined by achievement of the target, also takes into account mitigation and information provided alongside numerical data.

Items in red indicating not achieved were discussed by committee.

Questions / Comment:
Oral health: engagement of young people post primary school age was an area of risk. In part due to barriers such as responsibility shifting from the school to parent/whānau and unwillingness of young people to proactively attend dental appointments. Work continues on finding ways to support engagement and participation from young people.

Mental health: it was noted that there is sustained high utilisation of s29 of the Mental Health Act for Māori. The Chair was advised that substantial work continues through the DHB, to further support the community in this area. Further, guidelines from the MoH are due early 2020 to assist psychiatrists with supported decision making around s29 of the Act.

Faster Cancer Treatment: clarification of the target and information captured regarding this target was sought by the committee. It was clarified that against measure PP30 "Faster Cancer Treatment" targets have been achieved across all four quarters. ie: "patients receive their first cancer treatment (or other management) within 31 days of the decision to treat".

It was resolved that the Combined Statutory Advisory Committee
Receive the non-financial performance report
Accept the non-financial performance report

Moved S Hylton **Seconded** C Anderson **CARRIED**

7.5 Public Health Annual Plan 2019/2020
Paul Malan, GM Service & Business Planning

The Public Health Annual Plan 2019/2020 has been approved by the MoH Health and is available on the Whanganui DHB website.

It was noted that from the next financial year it is expected the way public health will be funded will change including the integration of public health priorities and planning into DHB Annual Plans.

Clarification was sought around how equitable access to integrated service is assured across key focus areas. In particular it was felt detailed information on primary health care for kaumatua in the community would assist.

Planning for epidemics and public health in the regions was discussed at length. It was agreed any communication strategy should be robust and formed in conjunction with the local Medical Officer of Health.

The Chair directed the committee to detail provided in the tabled plan which provided further information around this strategy. It was noted that a change from a 1 year to a 3 year funding model may be included in ongoing Governmental review.

Action: P Malan to arrange for the local Medical Officer of Health to provide an outline of the planning and process for such an event.

It was resolved that the Combined Statutory Advisory Committee
Receive the report entitled "Whanganui DHB Public Health Annual Plan 2019/2020"
Support that the Board endorse the Whanganui DHB Public Health Annual Plan 2019/20
Note that the plan has been approved by the Ministry

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

8 Reference and Information

1. The information papers noted below were taken as read:
   - ASMS survey

9 Date of next meeting

The date for the next meeting was confirmed as Friday 18 October 2019 from 9:30am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

10 Glossary & Terms of references (for reference only)

11 Exclusion of public

Moved S Hylton **Seconded** D McKinnon **CARRIED**

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 6 September 2019 (public-excluded session)	For the reasons set out in the board's agenda of 6 September 2019	As per the board's agenda of 6 September 2019
Emerging issues and alerts	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)(a) Section 9(2)(c) Section 9(2)(ba)
Multi-employer collective agreement or negotiations	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)
Staff matters	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	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)

Agenda item	Reason	OIA reference
	information should continue to be supplied; or would be likely otherwise to damage the public interest	
Adverse events	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)(a) Section 9(2)(c) Section 9(2)(ba)

Persons permitted to remain during the public excluded session

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

The public session of the meeting ended at 11:53am

Adopted this 18th day of October. 2019

Stuart Hylton
Chair

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Chief Executive Paper**
	Item 3
Author	Lucy Adams, Acting Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that the Board:

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

b. **Notes** the progress on the development of the Ministry of Health Māori Health Framework.

c. **Notes** the collaborative approach being undertaken to address SH4 road closure.

d. **Notes** that Whanganui DHB went live on the national bowel screening programme on 22 October 2019.

1. Progress on the development of the Ministry of Health Māori Health Framework Action Plan

The Ministry of Health has made progress on the development of the Māori Health Action Plan (MHAP).

The Māori Health and Equity directorate are leading the development by aiming towards creating an action-focused plan with a 5-year outlook. The plan will be informed by evidence and feedback from Māori with insight and wisdom of experts located within Tiriti o Waitangi framework, explicitly responsive to He Korowai Oranga and responsive to context such as WAI 2575. The timeframe aims to influence DHB planning 2020-2021 with cabinet approval scheduled for February 2020.

Following consultation, key areas identified for focus over the next five years include:

- Increasing Māori leadership roles, strengthening Māori health provider development, addressing workforce issues and advancing Māori Crown partnerships.

- Ensuring the accountability framework is right by:
  - setting clear expectations about performance backed up by better information and evidence,
  - strengthen quality and safety guidelines,
  - measures and frameworks and
  - increase cross sector action.

Hauora A iwi and the board will be kept updated on progress.

2 State highway 4 road closure

On 2 October 2019, a major slip on State Highway 4 (the Parapara) resulted in the closure of the road between Whanganui and Raetihi.

Along with the slip there was a severe collapse of the road, with deep cracks over a 400 metre stretch. The ground above the road is still unstable and there has been continued movement over the past two weeks.

New Zealand Transport Agency classes this event as an emergency (in roading terms) and is prioritising getting a safe route between Whanganui and Raetihi established. However, because of the dangerous

and unstable nature of the ground, it has not been able to get close enough to make a full assessment, let alone start any work. This has serious impacts on health services, schooling, businesses in Raetihi and life there in general.

A collaborative framework has been put in place by various agencies dealing with the closure. A conference was held on 11 October 2019, initiated by Whanganui District Health Board and involving Ruapehu District Council, St John and Whanganui Regional Health Network. This conference set up a joint approach to the transport difficulties caused by the closure.

Whanganui DHB chief executive has reassured the public that health services will be maintained and that agencies are working collectively. It was agreed we needed a consistent, co-ordinated, accurate and timely approach to communication to the public and media; that it was important to reassure the public that all systems and services were operating appropriately; that a liaison group be formed covering DHB; Primary healthcare; Ruapehu DC; Whanganui DC; Police; NZTA; and St John.

A further meeting was held on 14 October 2019 which involved Fire and Emergency NZ and primary care provider Ruapehu Health Limited and this resulted in positive discussions to ensure services to the community continued.

There were also well-attended public meetings in Raetihi, organised by Ruapehu District Council and attended by NZTA on 17 October 2019. There is now a dedicated email - SH4Matahiwi@nzta.govt.nz - for suggestions around the closure.

St John Territory Manager said ambulance transport times to Whanganui Hospital would now be one hour longer, using State Highway 1 via Taihape. For safety reasons, Fire and Ambulance will not use the Fields Track alternative route.

Helicopter services will continue to follow the same procedures with any patients in critical or serious condition to be airlifted to the hospital.

St John said the health shuttle would remain available to transport patients to Whanganui for non-urgent appointments. Ambulances work as a network to ensure emergency ambulances are available in the area as needed -- there are ambulances available at Taihape, Marton and Whanganui and an ambulance will be stationed in south Ruapehu. Whanganui DHB visits to Raetihi and surrounding areas continue.

3 National Bowel Screening Programme

On 22 October 2019, Whanganui District Health Board became the ninth DHB to join the National Bowel Screening Programme.

Next month, MidCentral DHB joins the programme, marking the halfway point in the national rollout which started in 2017 with Hutt Valley and Wairarapa DHBs.

In that time, 180,000 people have been offered screening for bowel cancer, and 400 cancers have been found and hundreds of polyps removed before they became cancerous. The screening programme is for men and women aged 60 to 74 years, and operates on a two-year cycle.

Over the next two years, Whanganui's total eligible population of 12,017 will be invited to participate in screening, and it is expected that around 25 cases of bowel cancer will be found. Bowel cancer kills 1200 Kiwis every year.

Whanganui has a total priority population of 4,707 (39 per cent of the total eligible population). This comprises 1,679 Māori; 150 Pacific people; and 2,878 dep 9/10 (who are not of Māori or Pacific ethnicity).

The simple, easy-to-use test is done at home, and it detects minute traces of blood in a sample of faeces which can be an early warning sign for bowel cancer. The sample is posted off and checked.

People will be notified if further investigation is required, typically through a colonoscopy procedure. Follow-up investigation and treatment are also free.

Screening every two years can save lives by finding the cancers early when they can often be successfully treated. People who are diagnosed with early stage bowel cancer, and who receive treatment early, have a 90 per cent chance of long-term survival.

Whanganui DHB's bowel screening project manager has been proactive in raising awareness, making presentations at a number of hui across the region, and having a presence at a series of events.

There has also been significant support from kaupapa Māori health services in spreading the message, with assistance coming from Te Oranganui (Whanganui); Mokai Patea Services (Taihape); Te Kotuku Hauora o Rangitikei (Marton); Ngati Rangi Community Health Centre (Ohakune); and Te Puke Karanga Hauora (Raetihi).

The Whanganui Cancer Society has also helped with promotion and consumer consultation, and we have had the support of Whanganui mayor Hamish McDouall in promoting the programme.

The launch of the programme in Whanganui received national coverage, with Radio New Zealand broadcasting a feature report which was also published on its website.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision paper**
	Item 4.1

Author	Kylie Gibson, Accountant Corporate and Funding
Endorsed by	Andrew McKinnon, General Manager Corporate
Subject	**Trauma operating table replacement**

Recommendations

Management recommend that the Board:

a. **Receive** the report 'Trauma operating table replacement'.

b. **Note** that the current trauma operating table is over 20 years old and is now out of date with current technology and needs to be replaced.

c. **Note** that $140,000 has been budgeted in the 2019/20 financial year, and $10k will be reallocated from the theatre capital budget.

d. **Note** that surgeons and nursing staff have been involved in trialling trauma operating tables and have supported this proposal.

e. **Approve** accordance with the delegation policy, the purchase of a trauma operating table at a price of $150,464, which includes a maintenance agreement up to year 10.

1 Purpose

To seek board support for the purchase of a trauma operating table to replace a table that was purchased in 1996.

2 Background

Whanganui District Health Board has one trauma operating table, which is over 20 years old. This table is only used for trauma cases.

While the table has lasted well, it is out of date with current technology and is showing a lot of wear.

Traction on the table is becoming difficult due to worn metal rods and attachments. It is vital that the surgeon obtains the correct traction and angle when inserting implants, screws and nails into patients.

Three options for trauma operating tables were considered and evaluated by users of the equipment, including surgeons, nurses and other theatre staff. Two tables were physically trialled – the other was not trialled as it did not fit in our theatre.

Full details of the evaluation process are outlined in the business case which is included in the appendix section. This business case follows the Treasury Better Business Case (BBC) model. This five case model covers strategic, economic case, commercial, financial and management cases.

The preferred trauma operating table will be purchased at a cost of $150,464, which includes a maintenance agreement up to year 10.

3 Management comment

After more than 20 years, the current trauma operating table needs to be replaced.

The purchase of the trauma operating table has been supported by surgeons who will use the equipment. This is a new model from a reputable supplier, and it is expected that parts will be available for at least ten years.

Management confirm that the purchase price represents value for money and recommend that the board approve the purchase of the table.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion paper**
	Item 5.1

Author	Margaret Bell, Whanganui DHB Election Officer
Endorsed by	Brian Walden, General Manager Corporate
Subject	**DHB elections 2019 final update**

Recommendations

Management recommend that the Board:

a. **Receive** the report 'DHB elections 2019 final update'.

b. **Note** that the final election result, including special votes, was received on 17 October 2019.

c. **Note** that Josh Chandulal-Mackay has been elected as a new member of the board.

d. **Note** that Ministerial appointments have not yet been advised.

e. **Note** that the new board will take office on Monday 9 December 2019.

1 Purpose

To provide a final update on the triennial election for the Whanganui District Health Board (WDHB), which was held on 12 October 2019.

2 Results

Our returning officer, Noeline Moosman from Whanganui District Council, contacted all candidates on Saturday 12 October to advise the progress result. This result only included the votes cast from the Whanganui electorate, as both Rangitikei and Ruapehu District Councils use electionz.com as their returning officer.

After voting information was received from the Rangitikei and Ruapehu vote processing centre, a preliminary result was issued and emailed to all candidates on Sunday, 13 October 2019.

The final result was released on Thursday, 17 October 2019, after all special votes had been received.

There is only one change to the elected membership of WDHB, with Josh Chandulal-Mackay being elected to a vacant seat.

3 Voter turnout

Details of the number of voting papers issued for the Rangitikei and Ruapehu District Council areas are not yet available from electionz.com – therefore it is impossible to determine the DHB voting turnout. However, the Whanganui District Council's voter turnout was 44.17%.

There was extensive promotion of the need to vote in the elections, with Whanganui District Council increasing the amount of print advertising, street signage and banners, social media and online reminders. Therefore the low voter turnout was disappointing, but could be related to both the Whanganui and Rangitikei mayors being re-elected unopposed. A mayoral election tends to generate voting interest.

	2019	2016	2013	2010	2007
Voting documents issued	Not known*	48,708	43,182	43,587	43,450
Voting documents returned	20,181	23,492	24,004	24,017	25,830
Valid votes received	17,881	20,606	21,330	21,627	23,057
Blank votes received	1,268	1,657	1,297	1,027	1,026
Informal votes received	1,032	1,229	1,377	1,363	1,747
Voter turnout	Not known*	48.2%	55.6%	55.1%	59%

* Details of the number of documents issued in the Rangitikei and Ruapehu District Council elections are not yet available from electionz.com.

4 Electoral officer

Once again, Noeline Moosman from Whanganui District Council has provided an excellent and efficient service as our electoral officer. A letter of thanks has been sent.

Candidates who poll less than 25 percent of the final quote of votes forfeit their nomination deposit of $200. In this election, the nomination deposits of five candidates will be returned to the DHB.

5 New board

The Minister of Health is responsible for appointing up to four board members, and for appointing the Board Chair and Deputy Board Chair. Notification on these appointments are yet to be received.

The new board takes office on Monday, 9 December 2019 (58 days after the election).

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information Paper**
	Item No. 6.1
Author	Craig Johnston, General Manager, Strategy, Planning & Performance, MDHB Paul Malan, General Manager, Service & Business Planning, WDHB
Endorsed by	Chief Executives, MDHB & WDHB
Subject	**centralAlliance update – 2019/20**

Recommendations

Management recommend that the Whanganui District Health Board:

a. **Receive** the paper entitled centralAlliance Update – 2019/20 be received

b. **Note** and discuss key points

1 Purpose

This report updates the Boards on the 2019/20 centralAlliance work plan, and provides an overview of the strategic context. It is for discussion and input

2 Strategic Alignment

This report is aligned to each boards commitment to collaboration and partnership for the benefit of their shared population. It also is aligned to the centralAlliance Strategic Framework.

3 Summary

The two Boards have approved the centralAlliance Strategic Framework. The framework sets out the overall strategic direction for sub-regional activity. It focuses attention on areas of health gain and clinical viability.

It was previously agreed that the focus of centralAlliance activity for 2019/20, would be urology, laboratory, chemotherapy and cardiac services. In addition, three "enabler" focus areas were agreed to strengthen and support service-led development in a more effective way. These are information systems, workforce (particularly medical and nursing), and funding arrangements.

Although the framework applies across the range of collaborative arrangements that the two DHBs have, the annual work plan provides a focus so that improvement for each financial year is planned and monitored. The annual work plan does not cover the full range of services where there are shared arrangements, protocols or contracts. Furthermore, from time-to-time, it is necessary to bring a service that was not prioritised into focus in the current year and the framework does provide sufficient flexibility for this to occur – this has happened in quarter 1 of 2019/20 for ophthalmology services.

4 Background

Whanganui and MidCentral DHBs are firmly committed to working together on strategic issues and have formalised this intention in the centralAlliance Strategic Framework, 2015-2025. The shared aspiration of the Strategic Framework is as follows:

We aspire to create a health care system that our people value, which meets their needs and preferences. By 2025, the people served by the centralAlliance will be living healthier, longer and more independent lives.

The Framework focuses attention on two key concerns:
- Achieving health gain – addressing areas of health deficit, particularly by building strong primary and community care
- Achieving clinical viability – addressing clinical vulnerabilities in areas of interest by strengthening hospital-based clinical services.

In the area of primary and community care we agreed to:
- plan together to determine the best way for clinical services to be organised
- develop consistent models of care and clinical pathways
- information technology
- sharing specialist resource across the combined district
- workforce education and development

Within hospital-based clinical services, we agreed to:
- Develop larger specialist teams across the combined district to help protect us from the trend toward sub-specialisation and risk of unplanned events
- Provide many services jointly rather than individually
- Look critically at our combined physical resources to avoid unnecessary investment into more bricks and mortar
- Align our technology
- Appoint new staff to work across the combined district.

5 2019/20 Priority Areas

The 2019/20 service priorities continue to focus on hospital services and establishing new models of care for the benefit of our shared population. The areas chosen corresponded to a decision made to pursue a service-driven, clinician-led approach to service development, rather than a Board or executive driven agenda.

The agreed service priorities for 2019/20 were: urology, laboratory services, chemotherapy and the Cardiac Health System Plan.

5.1 Urology Services

Since 2016 staff at both DHBs have been working together to put into effect a 'one service two site' model of care. The objectives are to ensure that the sub regional service:

- Is patient centric
- Recognises the capacity and capability of both DHBs
- Supports efficient utilisation of resources
- Uses lean methodology to identify duplication and waste in how the services are delivered and future service models
- Supports safe, high-quality care for patients
- Is innovative in considering new ways of organising care

The 'one service two site' model has been progressively implemented, with some steps still to go. Already referrals are consistently triaged across the DHBs. All patients requiring a consultation within one month of receipt of referral are seen at MDHB, regardless of their place of residence. The service is scheduling consultations and surgeries across both Palmerston North and Whanganui hospitals. Where there are empty slots in Whanganui urology clinics or theatre lists, these are filled with people who reside in the MidCentral district.

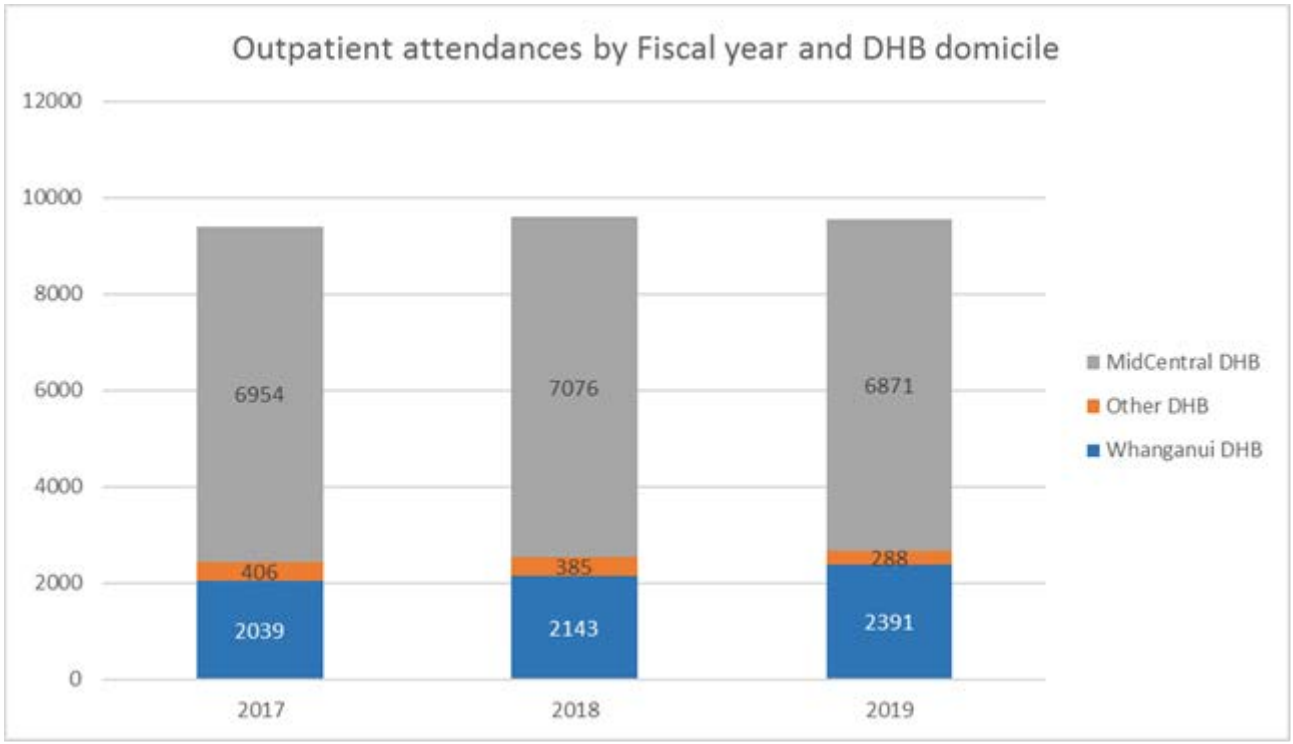
The next major step is to implement a single waiting list management system for the service. This is dependent on information service developments. The single waiting list approach will ensure

transparency and support a 'postcode blind' approach so residents across the combined districts have the same opportunity to access care. Ultimately, when the one waiting list is in place, then those who have been on it the longest will be seen at the next available clinic session regardless of DHB location or their place of domicile. Communications advising patients and whānau about this approach are already present within the outpatient facilities at both sites.

Continuity of care across two DHB sites

Efforts to recruit a fifth urologist continue and a third RMO position has now been in place for about a year. Two locums are planned for 2020, one will be short-term (three months) and will be based at Whanganui to test the model of a permanent presence in Whanganui. The other will be for a twelve-month period and will be based at Palmerston North. Most consultants now provide services at both sites.

There has been a slight increase in inpatient discharges over the last two years, from 1,287 per annum to 1,314 per annum with a slightly higher proportion being for Whanganui-domiciled patients. This has helped bring the standardised intervention rate for both DHBs closer together – WDHB from 24.4 to 27.5 per 10,000; MCDHB from 28.5 to 25.2 per 10,000. Similarly, outpatient numbers have increased from 9,399 in year-end 2017 to 9,550 in year-end 2019, with a higher increase for Whanganui-domiciled patients, many of whom were seen in Whanganui.



5.2 Laboratory Services

The Laboratory Services contracting has been confirmed as a joint undertaking between MidCentral and Whanganui DHBs. Due to feedback from the Minister of Health, Hawke's Bay DHB are unable to participate, and Taranaki DHB have procured for laboratory services with Healthscope. The working group finalised the updated service specification and have gone out to consultation on this document. The consultation phase closes on the 15th of November 2019.

Due to the reduction in the number of potential DHBs participating, it was decided that direct negotiation with the incumbent provider with test price scoping with other DHBs was appropriate.

The updated service specification includes extending the scope of electronic ordering and reporting, point-of-care testing, and the location/hours of phlebotomy services. Once the consultation feedback is incorporated into the document, it will be presented to the steering group for approval to go to the Board. It is expected that negotiations will start with the incumbent provider in early February 2020.

5.3 Chemotherapy Services

A proposal for a satellite chemotherapy site in Whanganui has been presented to both MidCentral and Whanganui DHB Boards, and since 2018 WDHB has been working alongside MDHB to roll out a two-phase project working towards this goal. Phase-one has included the facilitation of education and skills to staff to administer cytotoxic medications for cancer and non-cancer related conditions. Phase-one has been completed and is now business as usual. Phase two is currently being progressed and involves planning and implementation to enable the local delivery of chemotherapy.

Commencing phase two, WDHB received data on the number of patients who would be eligible for chemotherapy in Whanganui (approximately 378 treatments for 57 patients per year), and it became apparent that, based on the thresholds proposed, the low number of those who would benefit from this service was insufficient to make such a clinic viable. Following this, the project group agreed to expand the scope and consider inclusion of all infusion therapies that could be delivered in a purpose-built infusion therapy unit at Whanganui Hospital.

A detailed business case is being developed although reconsideration of the threshold is also being analysed in light of recent benchmarking exercises with other smaller DHBs.

5.4 Central Region Cardiac Health System Plan

The main activities in the cardiology service have occurred under the auspices of the Central Region Cardiac Network. Through the Network, the six central region DHBs have been working on a Cardiac Health System Implementation Plan. This plan recommends that MidCentral and Whanganui work together on development of the sub-regional arrangements for provision of PCI and echo-sonography services.

The regional Cardiac plan has significant implications for MidCentral DHB. It requires investment in facilities and workforce to provide an interventional service. It involves the redevelopment of the cardiology service. This will result in better access for Whanganui and MidCentral patients. Currently, intervention rates for both populations are low, with all patients travelling to Wellington.

MidCentral has recently appointed an Interventional Cardiologist (who will take up his post in mid-2020) and two cardiac physiologists. MidCentral is still trying to recruit a Clinical Lead for Cardiology. In the interim, Dr Nick Fisher from Nelson Marlborough DHB is providing support and leadership. MidCentral's FRAC Committee recently endorsed a proposal to fast track capital planning processes for a series of interim facility developments that include creation of the Cath Lab.

In a further development, the Central Region Cardiac Network has facilitated the implementation of the National STEMI Pathway from 25 March 2019. The goal of this pathway is to ensure that patients with STEMI heart attacks receive prompt reperfusion therapy followed by PCI. In practice, this means STEMI patients are assessed and administered reperfusion by St Johns Ambulance; where reperfusion is not successful, patients are transferred directly to Wellington Hospital for stenting. Recent presentations by St Johns to the Central Region Cardiac Network indicate the STEMI pathway is being appropriately used and is producing good outcomes for MidCentral and Whanganui residents.

The second phase of the project will see formalised STEMI coordination for those patients presenting to hospital with a STEMI. This will require dedicated STEMI coordinator positions in each DHB – a date for the second phase is yet to be confirmed.

6 Other activities

6.1 Ophthalmology Services

Ophthalmology was previously progressed under the centralAlliance banner and excellent progress was reported in March 2019. Two Ophthalmologists had been appointed in Whanganui and a shared roster and cover arrangements was agreed and working well.

Unfortunately, both of the Whanganui ophthalmologists have since resigned and this has highlighted the vulnerability of some specialist services. The Central Region and MidCentral ophthalmology teams are actively engaged to assist with developing a new solution and locum cover is being employed in the interim.

7 Enablers

7.1 Collaborative Health Pathways

Map of Medicine, the collaborative clinical pathways application that MidCentral and Whanganui shared, was decommissioned on 30 June 2019 due to withdrawal of the vendor. MidCentral and Whanganui made the decision to move to HealthPathways, an online portal used by health professionals to help make assessment, management and specialist referral decisions for over 550 conditions. HealthPathways is currently used in 17 of the 20 DHB districts in New Zealand, in all Australian states and is also being rolled out in the United Kingdom.

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

Initially all pathways will be standard national pathways without localisation to our districts. Pathways will be localised progressively across the two districts. Localising pathways will range from adding local contact details to changing advice within the pathway to fit with local service arrangements.

The Collaborative Central Pathways project is an initiative of MidCentral DHB, Central PHO and the Whanganui Alliance Leadership Team (Whanganui DHB, National Hauora Coalition and Whanganui Regional Health Network). The HealthPathways Programme Lead will be based at ThinkHauora PHO and will work with an operational team of Clinical Editors and Administrators from both districts.

8 Conclusion

MidCentral and Whanganui DHBs continue to enjoy a close working relationship. At the strategic level, the relationship is framed by the Strategic Framework, which focuses attention on achieving health gain for the combined population and supporting clinical and service sustainability.

CentralAlliance has an annual work programme which focuses on agreed priority areas. Achieving progress in centralAlliance priority areas has often been slow. Over the last two years, the DHBs have consciously adopted a clinician and service driven approach, recognising that lasting change needs to be embedded at the clinical level.

The Urology service has been highlighted as a leading example of centralAlliance activity. It is progressing steadily towards a 'one service, two site' model. It is important to recognise the major system, staffing and culture changes necessary to achieve this vision. The service is already delivering a much higher quality and consistency of care.

In addition to the formal annual work programme, the two DHBs work together on a range of other issues. This year, ophthalmology has emerged again as a pressing concern. The approach has been one of joint problem solving to address an urgent problem with service coverage. This is entirely consistent with the centralAlliance Strategic Framework, particularly the concern with clinical and service sustainability.

Looking to the future we are expecting to see greater emphasis on national and regional coordination and planning for services. The centralAlliance arrangement positions MidCentral and Whanganui DHBs well for this future world.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information paper**
	Item 6.2
Author	Hentie Cilliers, General Manager People and Performance
Subject	**Health and safety update**

Recommendation

Management recommend that the Board:

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

b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 or 2019/20 YTD, financial years.

c. **Note** that the overall trend for the top five injury/incident categories indicate no change over the period.

d. **Note** the following trends for each of the five categories:

- Aggression injuries/incidents increased over the three year period.
- Manual handling injuries/incidents decreased slightly over the three year period.
- Infection Control injuries/incidents decreased over the three year period.
- Slip, Trip, Falls injuries/incidents increased slightly over the three year period.
- Struck by, bumped injuries/incidents decreased over the three year period.

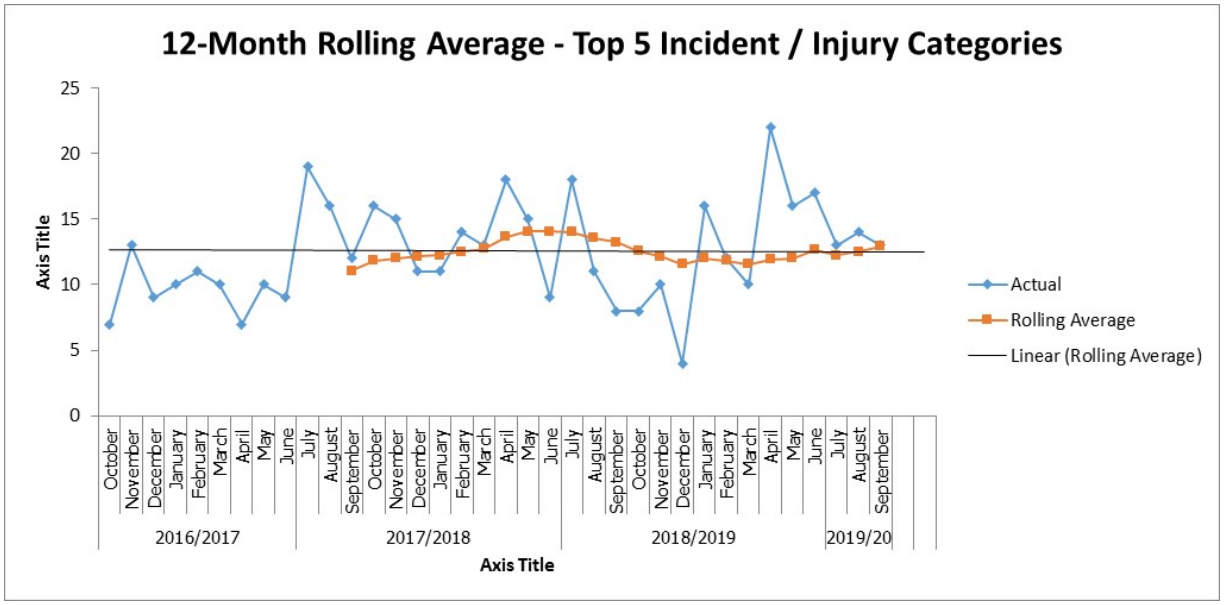
1 Purpose

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

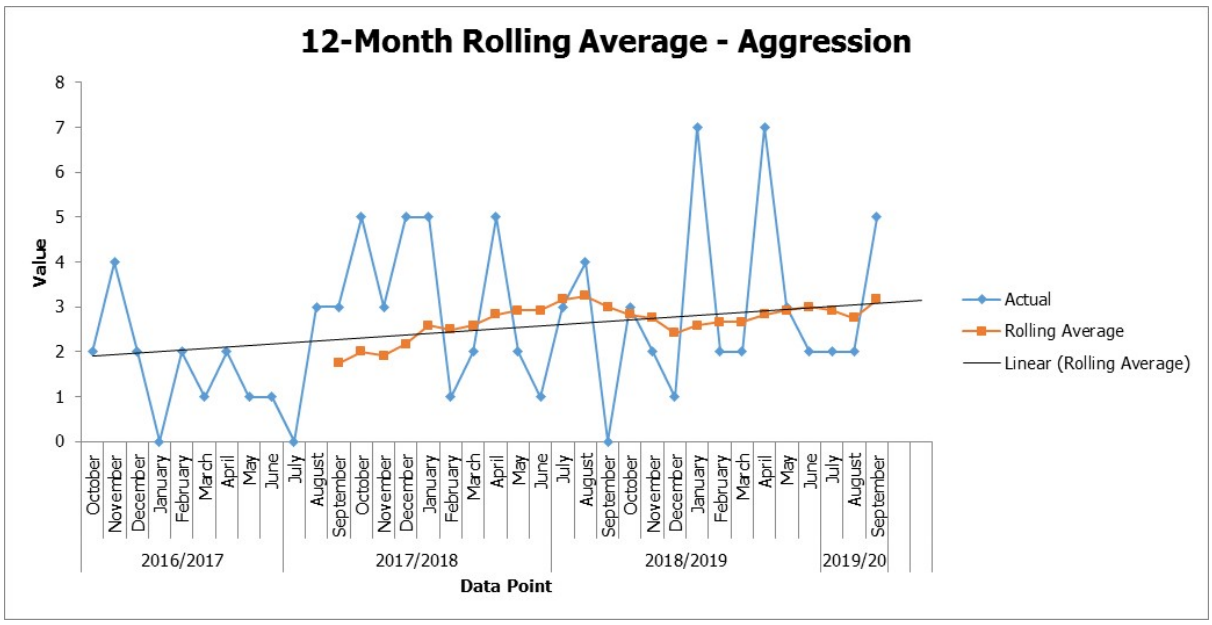
- incident/injury trends.
- incident/injury details.
- employee participation.
- contractor management.

2 Incident/injury trends

The graph below provides a rolling average, actual summary and trend line of the last three years' top five injury/incident trends. The trend line (based on the rolling average) indicates no change in the overall number of incidents/injuries (top five) over the three year period.



The following graphs provide a rolling average, actual three year breakdown of monthly incidents and trend line for each of the top five incident/injury categories.



The trend line (based on the rolling average) shows an increase in the number of incidents/injuries over the three year period. Te Awhina, ED and the Medical Ward are areas with the highest number of reported injuries/incidents.

During August and September 2019 five physical aggression incidents Te Awhina (3) and Medical Ward involving a confused patient and/or medical condition, Neo Natal Ward involving an employee were reported. One sexual assault / inappropriate behaviour from a patient in Surgical Ward and one verbal abuse from a Te Awhina patient was recorded.

The incidents in Te Awhina involved three different patients. Two staff were injured in one restraint. Two incidents occurred in the morning and two in the afternoon shift.

Improved risk mitigations include employee incident referred to HOD.

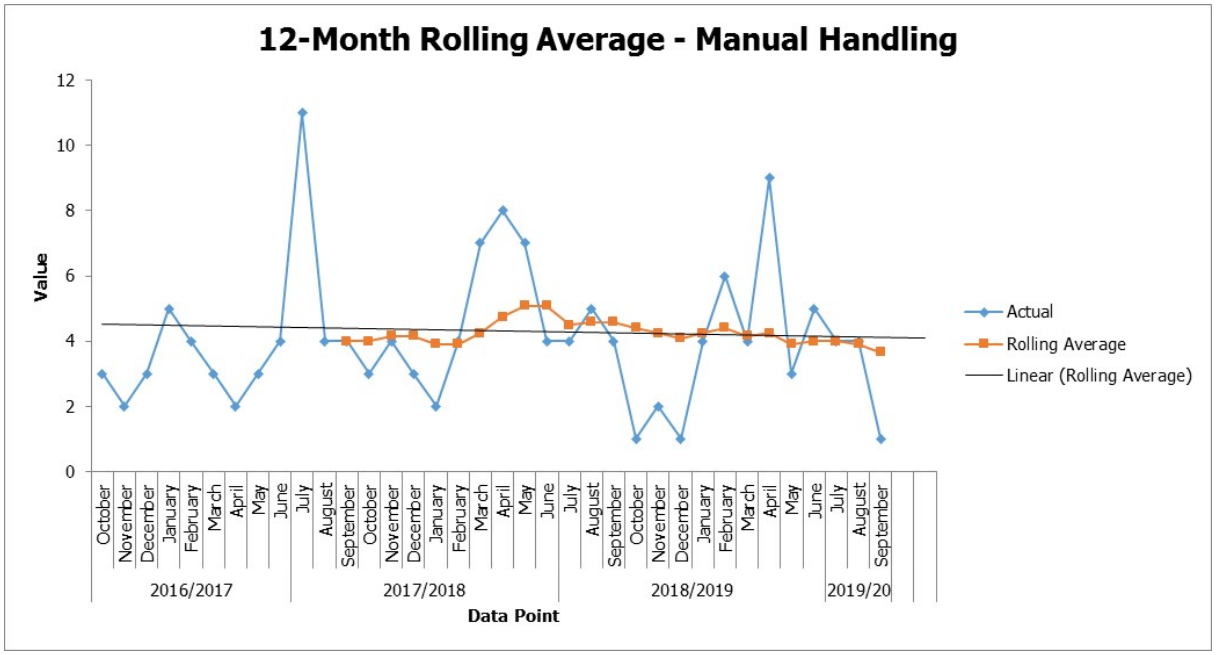
Te Awhina recorded three aggression staff incidents/injuries in August and September 2019.

Issues identified:

- The occupancy remains very high, less than adequate staff levels stretches nursing resource and increases acuity and risk. Staff are not able to keep on top of it.
- One patient was under age and type of patient Te Awhina is not resourced for nor have the environment for. Patients are kept in Te Awhina until the youth unit can take them which can be variable.
- Patients coming in psychotic post taking illicit substances continue to put staff at risk. These patients are often young and strong and forensic backgrounds. They have no issue hurting staff and damaging the unit making the areas unusable.

Risk mitigations introduced in Te Awhina CNM include:

- Increased senior staff on most am and pm shifts providing consistency and leadership that better covers patient risk.
- Introduction of BROSET assessment process – enables the nurses to more adequately assess the potential risks of patients before an incident occurs and have a solid plan in place around the person's needs at the time.
- Huddles – where staff go away from the noise and distraction of the nurses station to better plan patient care when they notice a change in a patient's needs.
- Staff making sound decisions and improved communication and sharing ideas with each other regarding what works best with a high risk patient.
- Increased involvement of peer support with the delivery of care for the patient when needed e.g. a patient refusing to take their medication.
- The availability of the smoking hut – patients without leave have been able to still smoke. Staff are exposed to less risk and the patients are always on camera.
- Installation of a new alarm system which has a silent component that staff can activate.
- A case for reopening the day programme is in progress, with the aim of extending hours so that a night session can be provided.



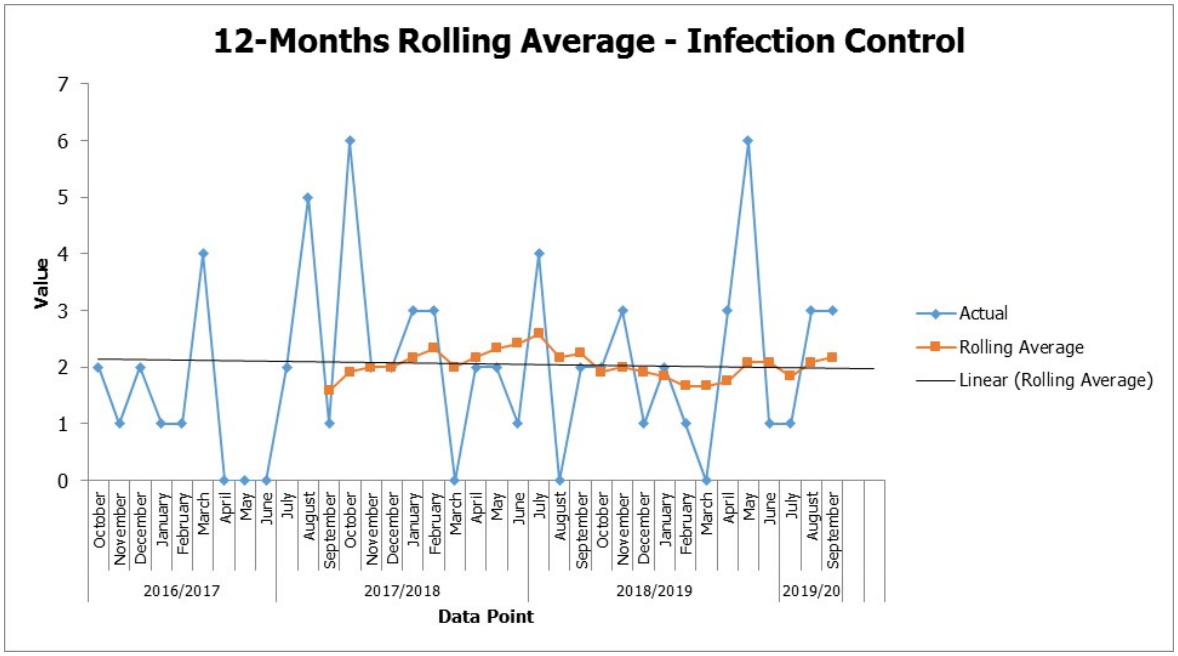
The trend line (based on the rolling average) shows a slight decrease in the number of incidents/injuries over the three year period. The actual number of manual handling injuries/incidents were below the rolling average for eight of the previous twelve months.

During August and September 2019 five manual handling injuries, three equipment/object (CCU, Medical, and Surgical) and two patient related Paediatrics and CCU.

Improved risk mitigation include:

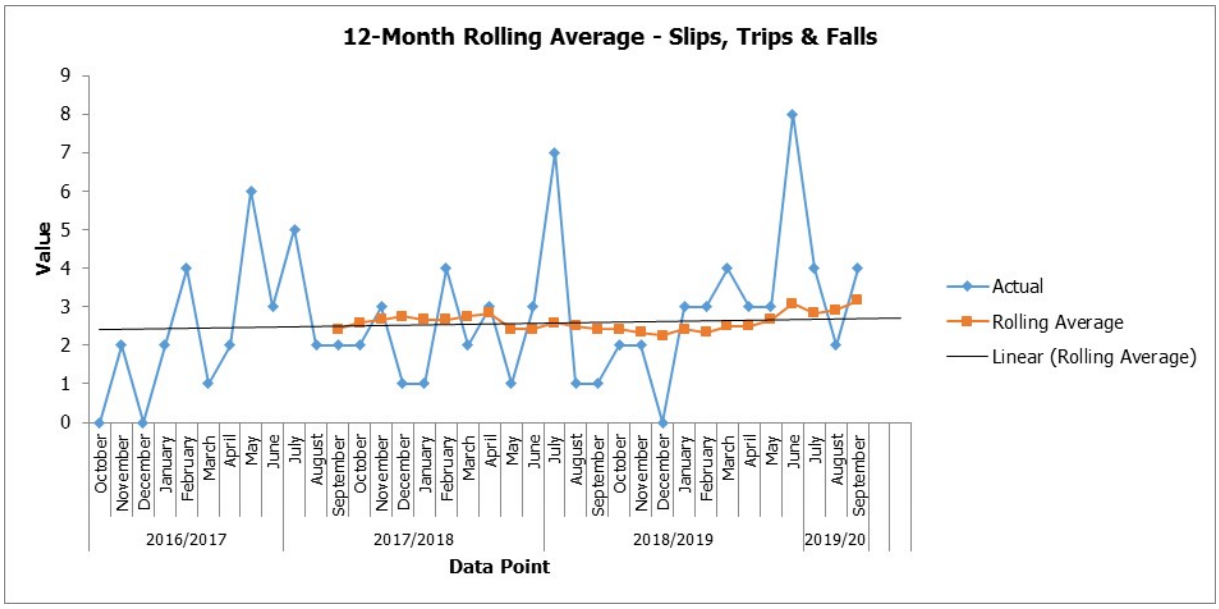
- Staff who incur an injury are asked to complete on-line Ko Awatea training.
- Manual handling training co-ordinator and manager assess whether injured staff member requires one-on-one training.

- Reminding staff to complete a risk assessment of the patient and surrounding environment prior to transfer.
- Direct discussion with injured staff member about taking responsibility and accountability to ensure her own safety (manual handling) at all times once back at work e.g. to not reach across the patient, ask patient's family to move if she is unable to get to equipment.
- Maintenance check on the wheels rolling shelves.



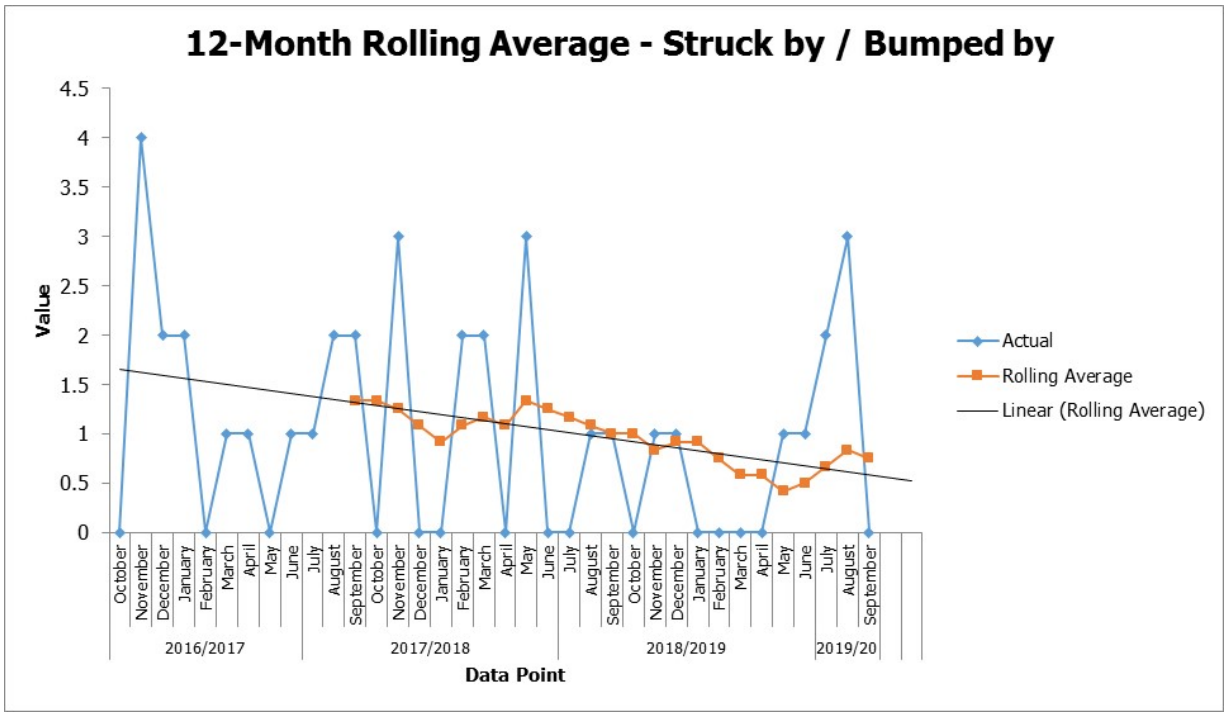
The trend line (based on the rolling average) shows a decline in the number of infection control incidents/injuries over the three year period.

During August and September 2019 three blood body fluid splashes, needle-stick, cut from craft knife and skin tear whilst adjusting a chair were reported.



The trend line (based on the rolling average) shows a slight increase in the number of slips, trips and falls incidents/injuries over the three year period.

During August and September 2019 six slips, trips and falls incidents/injuries were reported. Injuries/incidents included: Tripped on handle of bag (2), tripped over a chair, fall following reaching over a PC, tripped on door frame and fall on wet stairs.



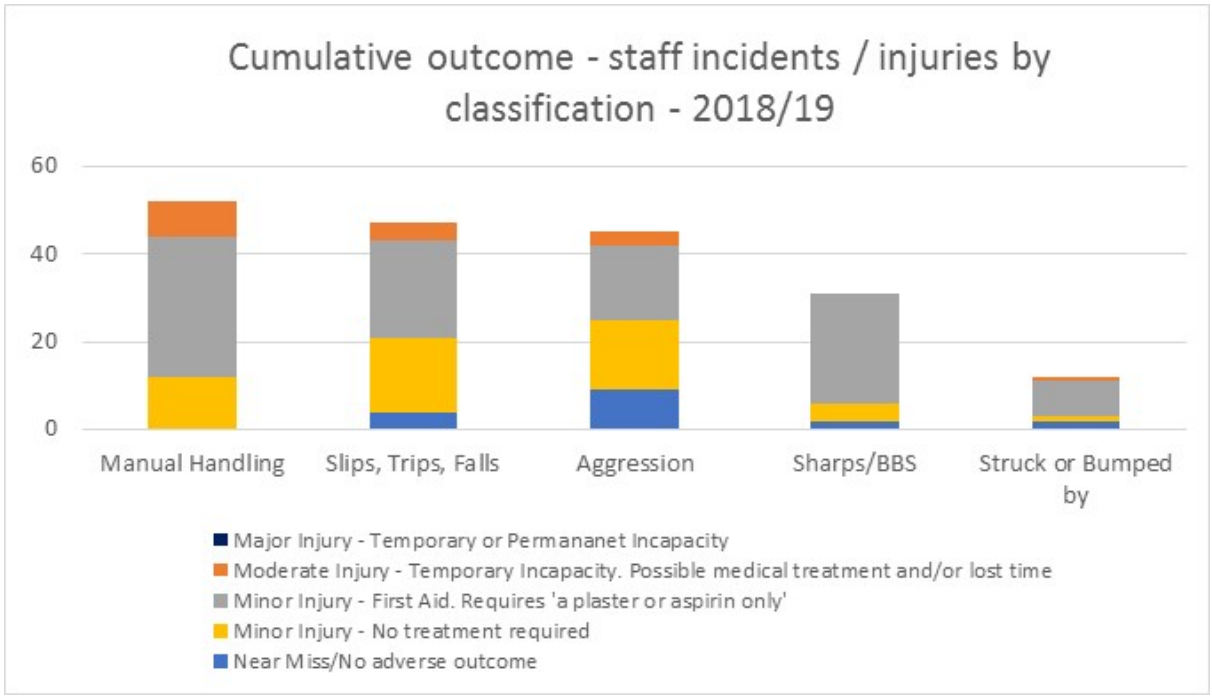
The trend line (based on the rolling average) shows a steep decline in the number of struck by and bumped by incidents/injuries over the three year period.

During August and September 2019 three stuck, bumped by incidents/injuries were reported. Injuries/incidents included: hit by falling ventilation cover, hit knee on linen trolley and hit shoulder on piece of equipment.

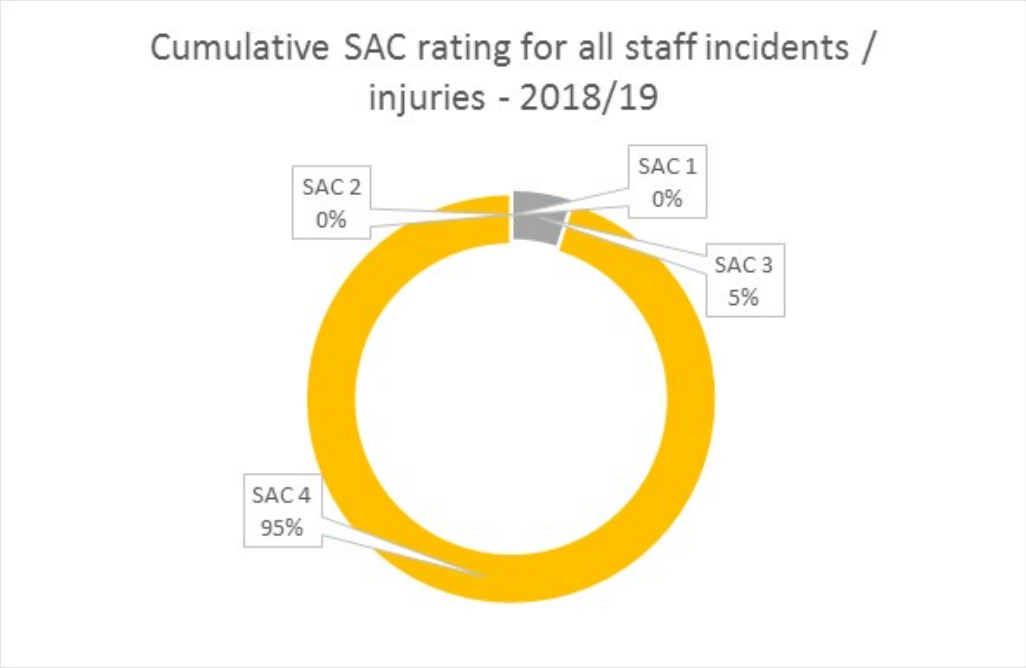
3 Incident/injury details

There were 27 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in August and September

The graph below provides a cumulative view of outcomes classifications for 2018/19.



The graph below provides a cumulative SAC rating (Likelihood x Consequence) for all staff incidents/injuries for 2018/19.



Definitions used in the graph:

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

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

4 Employee participation

The WDHB Health and Safety Committee met in September and October. The following issues were discussed at the WDHB Health and Safety Committee meeting:

- WorkWell wellness programme
- Review of monthly incident trends
- Rolling average trends and graphs for board report
- Monitor and update of health and safety objectives for 2019/2020
- Aggression workgroup
- Excellence and innovation in health and safety
- Communication plan
- Security reports.

5 Contractor management

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

Spotless H&S	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Category A: Fatality / Disabling	0	0	0	0	0	0	0	0	0	0	0	0	0
Category B: Lost Time Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Category C: Medical Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
Category D: First Aid / Allied Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Category E: Injury with no treatment	3	0	1	0	0	0	0	0	0	0	1	0	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	1
Spotless H&S	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Hazard	12	7	9	15	8	10	10	10	9	8	10	12	11
Safety Observations	15	16	14	18	17	17	18	17	11	15	17	17	14
Sub-Contracted to Spotless	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Contractor Safety Interactions	2	7	10	7	12	11	8	9	12	8	6	4	5
Contractor Hazard	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information Paper**
	Item 6.3
Author	Mark Dawson, Communications Manager
Subject	**Communications Unit Update: April 2019 – September 2019**

Recommendations

Management recommends that the Board **receives** the paper entitled 'Communications Unit Update: April 2019 – September 2019'.

1 Strategy

The Communications Unit (Comms) has adopted a more outward-facing approach where reach into the community and engagement with the public are prioritised over servicing the requests of departments within the DHB.

This shift has been reflected in personnel changes with a graphic designer and IT staffer being replaced by a dedicated communications professional.

The result is an emphasis on external communications rather than internal.

The strategy has seen Comms grow its network of contacts and tap into other agencies and relevant health, community and wellbeing social media, thus expanding its reach. These are early days, however, and the strategy is continuous as we endeavour to build and exploit relationships to get our messages out.

Such progress has come at a cost with the loss of graphic design and IT resource and expertise.

2 Personnel

Comms comprises five staff members, each with specific skills and expertise, two of whom are part-time.

The aim is to create a more integrated, cohesive culture, and to increase the flexibility of the unit by broadening the various skill sets and provide greater staff capability. This will also allow for cover when a staff member is absent by expanding staff capabilities so others can backfill.

3 Membership

Comms contributes membership to the Health Awards committee; Forms committee; Transition 2019 (Restructure) group; Kōrero Mai development team; Speaking Up For Safety governance group; WorkWell collective; Strike contingency team and others.

4 Financials

Comms is running to budget and is looking at further opportunities to reduce costs.

Estimated savings on printing agendas for 12 months October 2018 – September 2019 are $13,000. Folding and stapling rather than binding; and using black & white rather than colour would save an estimated extra $5,000.

Printing all forms internally would save an estimated $20,000 per annum and this is being progressed.

Other options to replace hard copy with digital will be looked at. IT support is another area of expense which will come under consideration.

5 Graphic design

Snapshot examples of some of the work:

5.1 Te Tohu Rangatira Health Awards – June to September

Save the date and entry information posters
Awards evening powerpoint presentation
Lectern face
Welcome sign
Sponsorship backdrops
Entrant Posters
Award night booklets
Entrant and winner certificates
Award winner envelopes
Website and intranet graphics

5.2 Nursing Career Progression Pathway (Orientation Manual)

After creating a range of orientation books for different areas, the content became difficult to manage.

The concept of this updated version was to create a generic section to include any information applicable to the whole organisation. This part of the document will be controlled and updated by Comms as and when needed. The department specific sections include information relevant to each department. This section's content will be controlled and updated by the relevant department as and when needed.

5.3 Colonoscopy patient information and Bowel Screening Programme

There has been a range of work produced in the lead-up to the bowel screening programme launch around colonoscopy patient information and forms, including information sheets for patients undergoing colonoscopies to cover the bowel preparation and diet requirements ahead of the procedure. Previously information was overwhelming and applied to a number of different possibilities; these sheets now divide information between the three different bowel prep options so instructions are specific to the patient's needs.

5.4 Health Matters / Collective Comms

Work continues to produce monthly Health Matters newsletters in collaboration with the Whanganui Regional Health Network. A gout patient information leaflet has been created to add to brochures previously designed for a range of different ailments and a wallet card for the Where Should I Be campaign will be produced.

5.5 Conference posters – Albert Robertson and Barb Hammond

Graphic design support provided to staff going to conferences who require a poster etc.

6 Online platforms

6.1 Website

Our website is undergoing a content review where we have streamlined our menus to make it easier for the public to find what they are looking for. We are also working on combining all WDHB services into one menu and deleting out-of-date content.

As directed by central government, the content management system has moved to Silverstripe to provide NZ Government accessibility options and so it's more easily searched for in search engines and is easier for vision impaired people to access. This was a fraught and often difficult transition over several weeks.

Our next goal is to make the site more mobile friendly.

- Visits: 2573 per week (October 2019) against 2182 per week (October 2018); Average: 2272
- Page views: Average (October 2019): 5577

6.2 Facebook

October 2019: 1093 likes; 1169 followers (up approx. 300 since February 2019)

High engagement posts

- Immunisation – best way to protect whānau
- RMO recruitment video
- Where Should I Be?
- Fit for Surgery – patient story
- Changes to ED
- Bromigoes campaign to enter Te Tohu Rangatira health awards
- Black and white nursing video from 1900s
- Vacancies (various posts)
- DHB Photo Competition
- Smear your mea (several very high performing posts for cervical screening campaign)
- Gifted bouquet of flowers
- Photo album – Te Tohu Rangatira
- Dementia walk
- Rangitikei Fire Safety workshop
- Mental health colouring comp with new public health worker
- Radiographer strike
- Mystery arts donation
- Fit for Surgery media release

7 Media coverage

PRINT (often also online	**April 2019 to September 2019**
Total	**58**
Positive	**40** (69pc)
Educational/Informational	**12** (21pc)
Negative	**6** (10 pc)

8 Product

- Staff News quarterly
- Annual Report
- Two-page spread in UK magazine aimed at recruiting British doctors
- Series of video interviews for the Whanganui District Health Quality Awards

Nā
Communications Unit

"*Calamus gladio fortior"*

"Pūpūhia te kākaho kia mangungu, e kore e whati."

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information paper**
	Item 6.4

Lead / Author	Dr John McMenamin Chair Tobacco Advisory Group & Candace Sixtus, Portfolio Manager, Service and Business Planning
Endorsed by	Paul Malan, GM Service and Business Planning
Subject	**Smokefree 2025**
Equity considerations	The overarching priority is to eliminate the inequity for Māori through focus on a model underpinned by Whānau Ora concept to shift the focus from smoking cessation to providing a person centred pathway to be smokefree.

Recommendations

Management recommend that the Board:

a. **Receive** the paper entitled 'Smokefree 2025'.

b. **Note** that Whanganui DHB continues to support the Ministry of Health position on vaping.

1. Purpose

To inform the board of the continued commitment to Smokefree 2025 including support for the Ministry of Health (MoH) position on vaping.

2. Synopsis

The prevalence of smoking in the Whanganui District Health Board region continues to be higher than the national average. This includes an increasing population, a high and growing rate of high deprivation levels. While we have seen an improvement in smoking rates in some areas, there has been minimal change in the smoking status of Māori and pregnant women.

3. Background

Smoking has many negative health effects including increased risk of developing stroke, heart disease and cancers. It is the single biggest cause of preventable death in New Zealand with around 5,000 people dying each year as a result of smoking related illnesses.

The Smokefree 2025 goal adopted by the government in 2011 continues to focus on reducing smoking prevalence and tobacco availability to minimal levels. To achieve this ambitious goal, an increased emphasis and focus is required to reduce tobacco uptake and increase cessation in priority groups such as Māori and Pacific, pregnant women, youth, mental health & addictions, and to reduce exposure to second-hand smoke.

4. Where is our focus

The focus continues to target priority areas of vulnerable populations with high smoking prevalence including Māori and Pacific, pregnant women and young people. Through the development of a model underpinned by Whānau Ora concepts, shifting the focus from smoking

cessation to providing a person centred pathway by addressing barriers to quit is intended to support being smokefree.

Smoking impacts on the whole population including the most vulnerable; babies, infants and children. Reducing the rate of exposure to tobacco smoke by focussing attention beyond maternal smoking to the home and family whānau environment through an integrated approach is paramount. Connecting current programmes including healthy homes and pregnancy & parenting which work alongside whānau/families to maximise outcomes will enhance the overall ability to connect whānau to the right resources, linkages and support with an absolute focus on smoke free homes.

Providing support and actively engaging smokers where they live, learn, work and play will increase cessation opportunities making it easier for priority populations to become smokefree, along with localised communications and messaging.

5. Vaping

Recently there has been media coverage of vaping causing harm, including serious lung illness and deaths reported in the United States and elsewhere. To-date, there are no signs of similar concerns in New Zealand and the Ministry of Health (MoH) continues to monitor the situation, new research and developments.

The Whanganui District Health Board Tobacco Advisory Group continues to support the MoH position on vaping.

6. MoH position statement on vaping

The MoH considers vaping products have the potential to make a contribution to the Smokefree 2025 goal and could disrupt the significant inequities that are present.

The potential of vaping products to help improve public health depends on the extent to which they can act as a route out of smoking for New Zealand's 550,000 daily smokers, without providing a route into smoking for children and non-smokers.

Expert opinion is that vaping products are much less harmful than smoking tobacco but not completely harmless. A range of toxicants have been found in vapour including some cancer causing agents but, in general, at levels much lower than found in cigarette smoke or at levels that are unlikely to cause harm. Smokers switching to vaping products are highly likely to reduce the risks to their health and those around them.

The MoH encourages smokers who want to use vaping products to quit smoking to seek the support of local stop smoking services. Local stop smoking services provide smokers with the best chance of quitting successfully and must support smokers who want to quit with the help of vaping products.

When used as intended, vaping products pose no risk of nicotine poisoning to users, but vaping liquids should be in child resistant packaging. Vaping products release negligible levels of nicotine and other toxicants into ambient air with no identified health risks to bystanders.

Currently there are no mandatory product safety requirements specifically for vaping products in New Zealand, however generic product safety standards apply.

The MoH will continue to monitor the uptake of vaping products, their health impact at individual and population levels, including long term effects and their effectiveness for smoking cessation as products, evidence and technologies develop.

The MoH will also continue to meet its obligations under article 5.3 of the WHO Framework Convention on Tobacco Control to protect public health policy from commercial and other vested interests of the tobacco industry.

The Government is working to put legislation in place as quickly as possible to ensure vaping products are accessible to those who need them while protecting children and young people. A Bill to amend the Smoke-free Environments Act is expected to come before Parliament by the end of the year.

7. Support in Whanganui

The Whanganui Stop Smoking Service uses nicotine replacement therapy and behavioural support to help smokers quit. The stop smoking practitioners are also trained in the use of vaping as a cessation support in people who choose to use this approach. Health professionals in Whanganui are recommended to refer all smokers who want support to quit to the Stop Smoking Service including those who want to quit using vaping.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information Paper**
	Item 6.5
Author	Steve Carey – Funding and Contracts Manager
Endorsed	Paul Malan, GM Service and Business Planning
Subject	**Six-monthly report on inter-district flows**

Recommendations

Management recommend that the board:

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

b. **Note** that the inter-district flows outflows and inflows for the year ending 30 June 2019 were $2,277k and $386k unfavourable to budget respectively.

c. **Note** that inter-district flows outflows continue to be higher than budget, and inflows lower than budget and combined present a risk to the forecast.

d. **Note** that mitigation strategies have been implemented to better manage the IDF volumes.

1 Purpose

To update the board on the mitigation strategies as a result of increased financial risks due to inter-district flows (IDFs) to 30 September 2019. The 2018/2019 year end actual results were $2,663k adverse to budget. Year to date to 30 September 2019, IDFs are currently $1,281k adverse to budget.

2 IDF volumes

The IDF volumes and detailed analysis included in the financial reporting.

3 Whanganui District Health Board IDF Management and Mitigation Strategies

A paper was presented to the Executive Management Team on IDF variance mitigation on 25 September 2019 and the Combined Statutory Advisory Committee on 18 October 2019, following meetings held between Service and Business Planning, WRHN and Health Informatics.

Background

IDF outflows' are created when enrolled patients of the Whanganui District Health Board (WDHB) region have procedures completed in another District Health Board. The procedures can be categorised into two areas – planned care and unplanned (formally acute) care. While WDHB can introduce mitigation strategies to reduce the amount of IDF planned care outflows, we are unable to reduce IDF unplanned care volumes due to its very nature of being unplanned.

Planned Care IDF volumes are used to formulate our production plan with the Ministry of Health which identifies what procedures we will administer inside WDHB, and which procedures we need other DHBs to conduct on our behalf. The production plan should identify our total procedure capacity, subtract the volumes to be completed by WDHB clinicians and then if there are procedure volumes that are above our capacity, these become IDF outflows. Variances occur when we are paying for procedures that could be conducted inside WDHB, within existing capacity, for other DHBs to complete.

High costs of IDFs Year-to-date

IDF net outflows to the end of September 2019 were $1,204,929.00 adverse to budget after three months. In a deficit environment further investigation was required to understand what the causes for the abnormally high IDF outflow volumes. Upon investigation, $1,017k of the $1,205k was as a result of unplanned care through CCDHB. The procedures which primarily contributed to these outflows were cardiac, general surgery, cardiothoracic and vascular surgeries.

IDF net inflows were $76k unfavourable to budget. This is mainly as a result of lower than expected completed planned and unplanned IDF procedures being conducted by WDHB on behalf of Taranaki DHB.

Can we reduce the unplanned care IDF outflow variance?

As a DHB, the majority of unplanned costs will be unavoidable, however, ensuring that the procedure case weightings are coded correctly and that timely discharges are occurring requires ongoing monitoring. As a result, we have formed an IDF review group who will meet monthly to discuss the IDF outflows, in particular the unplanned costs, and ensure they have been correctly coded and whether patients were clinically safe to return to WDHB at an earlier stage in their care. This group will have representation from Service and Business Planning, Patient Safety and Quality, Clinical expertise and the coding team.

WDHB will further examine the possibility of ongoing monitoring of patient notes for those patients that have been transferred from WDHB to another DHB and investigate proactively retrieving these patients should their notes indicate that they could be managed back at WDHB.

Can we reduce the planned care IDF outflow variance?

On the 18th of September, members of the Service and Business Planning Team met with the Health Informatics Manager and the Chief Executive of WRHN to investigate IDF outflow variance trends in planned care volumes and mitigation strategies to reduce this variance. In this meeting it was identified that there are a number of procedures which could be further investigated for cost reductions, namely:

- Renal
- Chemotherapy
- Haematology
- Gastroscopy
- Dermatology
- Separate case weights for 'testing for anaesthesia allergies'

It was identified that the majority of planned care variances to MDHB are as a result of rural or boarder town residents who head through to MidCentral rather than having the procedure conducted in Whanganui. Furthermore, some of the above listed services are now also being completed inside WDHB, so need to ensure that we are not continuing to pay for the service through IDF (such as renal). Anecdotal evidence was discussed with respect to consumer choice (closer to MDHB than WDHB hospital, costs of travel etc), consumer perception (MDHB being perceived as a 'bigger and better hospital') and clinical referral pathways (sent directly to other DHBs without consideration for WDHB).

Strategies were discussed in order to support a reduction in the IDF outflow variances and support procedures being completed inside WDHB where there is capacity and capability to do so.

Next Steps – Mitigation Strategies

- The Service and Business Planning team will work in conjunction with WRHN and the Health Informatics team, to fully understand the IDF outflow environment. It was discussed that the following mitigation strategies should be initiated:
- Work with the IDF review group to conduct a detailed analysis of the IDFs which we may be paying for in error, or have an opportunity of early patient retrieval;
- A project allocated to understand the patient journey for the IDF outflow procedures for our rural patients;

- Through this process, identify the barriers to access for patients and barriers for referrals from clinicians;
- With data composed by the Health Informatics team, understand the current capacity environment for all procedures that could take place in WDHB, and begin mapping through workflow (monthly allocations) against the PVS and production plan;
- Work with clinicians on clinical decisions for referrals to other DHBs where there is current capacity and capability – referrals should only be sent when capacity or capability is insufficient in WDHB;
- Work with WRHN on a General Practice relationship building and communication initiative to support General Practice Teams to refer through to WDHB rather than other DHBs; and
- In conjunction with our regional DHB partners, develop MOUs around not accepting planned care referrals for WDHB patients without them being directly referred from WDHB specialist teams. This will enable capacity and capability scoping to occur first – however, it is important that this does not create delays in treatment for patients.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information paper**
	Item 6.6
Author	Rowena Kui, Kaiuringi Director Māori Health
Subject	**2019 WDHB Board welcome and induction amended programme**

Recommendation

Management recommend that the Board:

a. **Receive** the 2019 WDHB Board welcome and induction amended programme

b. **Note** schedule of meeting opportunities for new WDHB board members

Appendix

Induction programme

1 Purpose

The purpose of the paper is to inform the Whanganui DHB board of the welcome and amended induction programme for the newly elected/appointed 2019 WDHB board members.

Formally, all members elected in the 2019 elections and those appointed by the Minister of Health make up the 2019 WDHB Board. They are welcomed as the new board through powhiri and all attend the two-day induction programme.

2 Background

The purpose of the induction programme is to assist the new board with their understanding of our local system, relationship with Iwi, our strategic direction and how it will be achieved, DHB values, partners, priorities and the key topics that are likely to be included at board or committee meetings. Existing members who are re-elected/appointed add richness to the conversation for newly elected/appointed board members.

3 Amendments to the programme

In discussion with the chair, considering that that there is minimal change in membership with one new member elected to the DHB board, the induction programme has been amended and will be completed in one day. Acknowledging that there is great value in providing an opportunity for WDHB board members and Hauora A Iwi to share time together and that the format will be less formal, more conversational in nature.

The cultural and tikanga components are included in the programme to build on knowledge and understanding from the previous board induction, the joint boards hui on authentic partnership facilitated by Pahia Turia, the equity workshop earlier in the year and the recent WAI 2575 claims, information and updates provide by Gabrielle Baker.

The amended programme provides time in the morning for formal and informal discussion between Hauora A Iwi and WDHB board members; a facilitated session from Pahia Turia on DHB accountabilities to te Tiriti o Waitangi and an overview from the chief executive of our approach and relationships with the community. The Hāpai te Hoe educators will provide the afternoon session covering cultural awareness, tikanga, values and whanau centred care.

The newly elected board member and any newly appointed member will have further opportunities to meet with each executive leader and the chief executive. Also with Gabrielle Baker, to discuss WDHB commitment to Pro Equity and the outcome of the WAI 2575 claims. The amended induction programme is included in the appendix section.

4 2019 workshop programme

The five board workshops on specific topics scheduled to follow the WDHB board meetings December 2019-July 2020 outlined in the original programme are removed. The rational being that it would be more valuable use of the boards time, if as required, topics to work shop were identified over the course of the year.

5 Meeting Schedule

Outlined below is a schedule of meetings that newly elected/appointed board members will be welcome to attend. The scheduling of these meetings have dictated the timing of the powhiri and induction programme.

Meeting Schedule for WDHB Board 2019 - October to December 2019

Meeting /event	Date	Papers/ information
WDHB Board – new members observing	Friday 1 November 2019	25 October 2019
Powhiri, Hapai te Hoe	Monday 11 November 2019	Panui 22 October 2019
Hauora A Iwi and Whanganui DHB Joint Boards hui	Tuesday 19 November 2019	12 November 2019
Whanganui DHB Board meeting	Friday 13 December 2019	6 December 2019
Christmas gathering, EMT, HAI and WDHB Board and invited governance and relationship partners	Friday 13 December 2019	6 December 2019

6 Next steps

The programme and arrangements will be finalised and the invitations and information distributed.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision paper**
	Item 8
Author	D McKinnon
Subject	**Resolution to exclude the public**

Recommendations

Management recommend that the Whanganui District Health Board:

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

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 9 August and 20 September 2019	For reasons set out in the board's agenda of 9 August and 20 September 2019	As per the board agenda of 9 August and 20 September 2019
Chief executive's report Board & committee chair reports	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)
Pharmacy Moratorium Insurance renewal for 2019/20	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)
Allied Laundry AGM TAS AGM	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

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

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, 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

Glossary and terms of reference *(for information and reference)*

ACE	Advanced Choice of Employment
AH	Allied Health
AOD	Alcohol and Other Drugs
AoG	All of Government
APEX	Association of Professional and Executive employees
APC	Annual Practising Certificate
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
Capex	Capital expenditure
CAR	Corrective Action Request
CCU	Critical Care Unit
CMO	Chief Medical Officer
CPHAC/DSAC	Community Public Health/Disability Support Advisory Committee
CSA	Critical Systems Analysis
CSAC	Combined Statutory Advisory Committee
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DNA	Did Not Attend
DSS	Disability Support Services
ED	Emergency Department
EN	Enrolled Nurse
ESPI	Elective Services Performance Indicator
FMSS	Facilities Management and Support Services
FTE	Full Time Equivalent
GP	General Practitioner
HAC	Hospital Advisory Committee
HAI	Hauora a Iwi
HDC	Health and Disability Commission(er)
HPPPD	Hours Per Patient Per Day
HQPP	Hospital Quality and Productivity Programme
HQSC	Health Quality and Safety Commission
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
InterRAI	International Resident Assessment Instrument
LMC	Lead Maternity Carer
MBIE	Ministry of Business, Innovation and Employment
MERAS	Midwifery Employee Representation and Advisory Services
MERT	Medication Error Review Team
MHAHT	Mental Health Assessment Home Treatment
MoH	Ministry of Health
NASC	Needs Assessment Service Coordination Agency
NETP	Nurse Entry To Practice (Nursing)
NHC	National Hauora Coalition
NRT	Nicotine Replacement Therapy
NZHP	New Zealand Health Partnerships
NZNO	New Zealand Nurses Organisation
NZPHDA	New Zealand Public Health and Disability Act, 2000
NZRDA	New Zealand Resident Doctors' Association
OAG	Office of the Auditor-General
Opex	Operational expenditure
PACS	Picture Archive Communication System

PATHS	Providing Access To Health Solutions
PDRP	Professional Development and Recognition Programme (Nursing)
PPEAR	Post Project Event Audit Report
PRIMHD	Project for the Integration of Mental Health Data
RAC	Risk and Audit Committee
RCA	Root Cause Analysis
RIS	Radiology Information System
RFI	Request for Interest
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme *(formerly CRISP)*
RIS	Radiology Information System
RMO	Resident Medical Officer
RN	Registered Nurse
RSP	Regional Service Plan
SAB	Staphylococcus aureus bacteraemia
SAR	Severity Assessment Rating
SCBU	Special Care Baby Unit
SLT	Speech Language Therapist
SWIS	Social Workers In Schools
TAS	Technical Advisory Services
TOIHA	Te Oranganui Iwi Health Authority
TOR	Terms of reference
VIP	Violence Intervention Prevention
WDHB	Whanganui District Health Board
webPAS	Web-based Patient Administration System
WRHN	Whanganui Regional Health Network

Whanganui District Health Board

Appendices
public session

Whanganui District Health Board

Trauma Operating Table Replacement

Prepared by	Misty Campbell, Theatre Manager Kylie Gibson, Accountant Corporate and Funding
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Project manager	Misty Campbell, Theatre Manager	final

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Role	Name	Sign-off date
Project manager	Misty Campbell, Theatre Manager	22/10/2019
Senior responsible owner/Project executive	Andrew McKinnon, GM Corporate	22/10/2019

Contents

Purpose

This business justification case seeks formal approval to invest up to $150,464 in the 2018/19 financial year for the purchase of a new trauma operating table.

The purchase is to replace the current table which was purchased in 1996. $140,000 has been budgeted for this financial year for the purchase of the table.

Strategic case

The case for change is summarised in the table below.

Investment objective one	Achievements being sought
Existing arrangements	The WDHB has one trauma operating table which is over 20 years old and is a specifically designed trauma table. This table is only used for trauma cases. The table has lasted well, but is now out of date with current technology and has a lot of wear. Traction on the table is becoming difficult due to worn metal rods and attachments. It is vital that the surgeon obtains the correct traction and angle when inserting implants, screws and nails into patients. The current table doesn't have a safe drape screen system – the drape is created by using IV poles and sand bags. The current table does not have independent function on each side which means that there can be an increased risk of DVT as well as increased risk of skin tears to the unaffected side of the body. Technology changes mean that draping systems and independent movement of each side along with improved componentry are the normal expected standards of any operating table. The maximum weight of current table is 135kg. There are currently four other operating tables in use. The replacement schedule for them is one a year over the next four years, based on the age of the tables and to reduce the cost impact.
Business needs	A new trauma table is required to ensure that traction and patient positions are at correct levels and angles to have optimal outcome of surgery for the patient. The new table will also be capable of taking heavier trauma patients, with around 30% of the population considered to be obese, any new operating table needs to be able to take heavy patients. There is no set requirement for weight limit for new equipment, but a table with capacity of 180 to 200kg should be considered a minimum. As with any new equipment, it is important that operating table is easy and safe to use for all staff involved.
Potential scope	This business case is for the replacement of an existing piece of equipment with a newer, more modern version. The replacement request has been brought about due to age and technology of current equipment.
Potential benefits	The benefits of a new operating table will be substantial for patients, surgeons, and nurses. These benefits include an excellent carbon fibre traction system which will greatly improve radiologic imaging during cases and less metalware, making it ideal for C-arm (radiology) access; easy position transitions that decrease the strain on patients and nursing staff; and ability to use the table for patients with high BMIs. The proposed table has a weight limit of 250kg.
Potential risks	There is a risk that the table may not meet the requirements of surgeons. This has been mitigated by trialling the table and the full involvement and support of the surgeons throughout the process.

	The WDHB will be purchasing the newest model of table from a reputable, well-established supplier and ensuring that the supply of parts will be guaranteed for at least ten years and more likely longer.
Constraints and dependencies	Nil

Economic case

The economic case sets out the key findings of the options analysis, including the preferred option and confirms that it optimises value for money.

Critical success factors

Generic critical success factors	Broad description	Identified critical success factors (CSFs)
Strategic fit and business needs	How well the option: ▪ Meets the clinical requirements of those using the table. ▪ Meets patient safety and wellbeing requirements.	▪ Vendor has a proven track record and is already used by the WDHB. ▪ The table and accessories offer good value for money. ▪ The table is the latest model so will have support for the expected life of the table.
Potential value for money	How well the option: ▪ Meets the budgeted amount for purchase of table.	▪ Purchase price is within budgeted amount and offers the most economic option. ▪ Can be serviced by local technicians and spare parts are easily sourced.
Potential achievability	How well the option: ▪ Will best met the needs of all users.	▪ Approval of business case in November 2019. ▪ Budgeted – funding in 2019/20.
Service provider capacity and capability	How well the option: ▪ Meets the expectations and requirements of table users.	▪ Supplier selection included a proven track record. ▪ NZHP panel of table suppliers has been developed to ensure best options provided.
Potential affordability	How well the option: ▪ Can be met from likely available funding. ▪ Matches other funding constraints.	▪ Capital costs met within budget forecast. ▪ Ongoing service costs are included in the business case to ensure no unexpected costs during expected life cycle.

Options considered

Based on the initial assessment, the following options were selected for further economic analysis:

- Option 1: Do nothing

  This is not a realistic option. The current table is wearing out, it is starting to not maintain its traction (which is the main function of the table), and this causes some difficulties and frustration for surgeons.

- Option 2: Replace with most appropriate table.

  Three tables were considered and evaluated by users of the equipment. These tables were selected based on previous history of the suppliers. The tables were physically trialled in theatre.

The following staff groups participated in the trial:
- Orthopaedic surgeons
- Registrars
- Nursing staff
- Health care assistants.
- All were asked to rate the table from excellent to poor based on the criteria below.

Assessment criteria:
- Versatility
- Ease of assembling table
- Ease of patient positioning
- C-arm access
- Minimum and maximum heights
- Manoeuvrability
- Manual back-up controls
- Weight capacity
- Table pad (memory foam)
- Access compatibility
- Overall quality
- Ease of cleaning
- Supplier capability and performance

Users were also asked the following questions:
- Did this surgical table meet your needs?
- Would you support the purchase of this table?

Results from the trial are summarised in the following table.

Table	Trialled by:	Yes, it met needs	Yes, would support purchase
Option 2a	12 people	9	8
Option 2b	4 people	4	1
Option 2c	Not trialled	Table did not fit in theatre	

Detailed results can be seen in *Appendix one*.

Preferred option

The preferred option is to purchase the option 2a.

Advantages

The table was the preferred option of those who trialled the equipment, it has the required weight capability and has good functionality for trauma surgery. A letter of support from the orthopaedic surgeons.

Disadvantages

None identified.

Conclusion

The preferred table provides the best solution for surgeons and support staff alike. It provides excellent traction with a carbon fibre system that allows uninhibited radiology viewing during the case and broader C-arm (Radiology) access.

The operating table allows for easy position transitions while the patient remains on the table in a sterile environment. Nursing staff are familiar with the table connections, as our current table connections are similar. This table is designed to take obese patients, which future-proofs the operating environment for the increase in obese patients. The drape screen attachment is a welcome addition, as it is safer than what is available to us at present. This table will see WDHB into the future and will assist to provide quality, safe care to our patients.

The option 2b was not selected because it did not rank as high as the option 2a, with the main issue being that it did not allow easy position transition of patients. There were also concerns about back up and support. The surgeons advised that they would not support the purchase of this table.

Option 2c was discounted before trial as it is too big to use in our theatre.

Option 2a is expected to have a minimum life of 12 years. Parts will be available for the life of the asset – it is the newest model so parts must be available for at least 10 years after the model is last produced.

Option 2a is a well-established medical equipment manufacturer.

It is proposed that the old table will be donated and used in Tonga. This will be organised by the orthopaedic surgeons.

The table must be serviced by an option 2a qualified technician.

Commercial case

The process to purchase a new operating table started around three years ago by the previous theatre manager. At that time healthAlliance were still in operation and were working on establishing of a supplier panel for operating tables. A list of suppliers who were going to be on the panel was provided and it was operating tables from these suppliers that were considered for purchase by the WDHB. This panel was never finalised.

WDHB continued with the process on the basis that the panel process had been started and it was expected that New Zealand Health Partnerships, (NZHP) would continue with completion of the panel. However, this did not happen and NZHP undertook a new panel process which included the tables that had been trialled by the WDHB.

NZHP have now completed the panel for operating tables. This has included a clinical and commercial appraisal. The panel has negotiated a good price on behalf of the DHBs. The pre-panel quote for table and accessories was $143,542 and the current offer under the panel is $126,509.

Payment terms will be payment 30 days after delivery.

Financial case

The commercial case outlines the procurement approach followed and confirms that the preferred option is commercially viable.

The cost of the table is $126,509.59, plus accessories of $24,954.52 and preventative maintenance contract of $13,956. This is an NZD price so there are no foreign exchange risks.

The preventative maintenance contract includes service and preventative maintenance labour. All parts and corrective labour costs are additional.

$140,000 has been budgeted in the 2019/20 financial year for the purchase of a new trauma table. The balance of funds required will come from other unspent funds from the 2019/20 theatre capital budget.

The current table has no ongoing operating costs other than repairs as it has been fully depreciated. The installation of the table into theatre will be relatively straightforward. Once the table arrives, the old table will be removed and the new one put in place. The old table will be donated.

The proposed cost of the project is $210,075 over the expected lifespan of the table. An allowance of 5% of purchase price has been made for parts and labour additional to service costs after year six. The preventative maintenance contract costs are split of the full life of the service period and covers the cost of the extended warranty. The reason for this is simplicity in the invoicing of the cost, it will be invoiced annually.

Life cycle cost of Option 2a - trauma table and accessories

	Purchase	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 - 10	Year 11-12	Total cost
Capital - table	126,510									126,510
Extras	23,955									23,955
Warranty		Factory warranty		Extended warranty			No warranty			
Preventative maintenance contract		1,337	1,337	1,337	1,337	1,337	1,337	7,311	-	15,333
Spare parts							6,325	25,302	12,651	44,278
Depreciation		12,539	12,539	12,539	12,539	12,539	12,539	50,155	25,077	150,464
Total costs	**150,464**	**13,876**	**13,876**	**13,876**	**13,876**	**13,876**	**20,201**	**82,768**	**37,728**	**210,075**

Management case

The management case confirms that the proposal is achievable and successfully deliverable.

Training for all users will be provided and case support will be available for the first few surgeries to ensure staff are comfortable using it. This is included in the purchase price. It is an electric table, but has no IT requirements.

The table will be assembled and tested by the supplier.

The acceptance criteria will include the following:
- All staff have been trained.
- Case support has been provided.
- Service and support is provided.
- The product is fit for purpose from an operating perspective.

The expected delivery date is around three months after placement of the order.

Recommendations

This business case seeks formal approval from the Whanganui District Health Board to purchase a Option 2a - operating table at a purchase price of $150,464, including a maintenance agreement up to year 10.

Appendix One: Trial results

Whanganui DHB Trauma Table Evaluation

Dates: June 19-August

Option 2a

	Benefit	Excellent	Good	Fair	N/A
1	Versatility	8	2	1	
2	Ease of assembling the table for use	5	1	4	
3	Ease of patient positioning	7	3	1	
4	C-Arm access	9	2		
5	Minimum and Maximum Heights	4		3	3
6	Maneuverability	3	2	5	
7	Manual Back-up Controls	2	4	1	4
8	Weight Capacity meets requirement	6	2	1	2
9	Table Pad (memory foam)	7	2	1	1
10	Accessory Compatibility i.e. clamps	5	2	1	3
11	Overall Quality	5	4	2	
12	Ease of cleaning	1	1	3	5

Did this table meet your needs? Yes – 9. No – 2

I would support the purchase of this table Yes – 8. No – 2

Pros: Similar to existing table, so it is familiar. Excellent visualisation of bone with x-rays using the carbon fibre traction. Easy set up for on person. Good service records, always able to get parts for current table. Adding more traction is user friendly. Worked well for hip arthroscopy procedure.

Whanganui DHB Trauma Table Evaluation

Dates: Sep-17

Option 2b

	Benefit	Excellent	Good	Fair	N/A
1	Versatility		3		1
2	Ease of assembling the table for use	2	2		
3	Ease of patient positioning	1	3		
4	C-Arm access	3	1		
5	Minimum and Maximum Heights	4			
6	Maneuverability	2	2		
7	Manual Back-up Controls				4
8	Weight Capacity meets requirement	4			
9	Table Pad (memory foam)	1		2	1
10	Accessory Compatibility i.e. clamps		1	3	
11	Overall Quality	4			
12	Ease of cleaning	2			2

Did this table meet your needs? Yes – 4 No –

I would support the purchase of this table Yes – 1. No – 3

Pros – None

Cons – Can't alter the position of the unaffected leg until the surgery is fully complete. With other tables the unaffected leg can be repositioned whilst suturing. The centre pole was too large. The anaesthetist did not like the manual braking/locking mechanism as the head of the table. The table did not have electronic controls and the manual "pump" brake was difficult to use.

Dates:	Jul-17					
Option 2c						
	Benefit	Excellent	Good	Fair	N/A	
1	Versatility					
2	Ease of assembling the table for use					
3	Ease of patient positioning					
4	C-Arm access					
5	Minimum and Maximum Heights					
6	Maneuverability					
7	Manual Back-up Controls					
8	Weight Capacity meets requirement					
9	Table Pad (memory foam)					
10	Accessory Compatibility i.e. clamps					
11	Overall Quality					
12	Ease of cleaning					

Did this table meet your needs? No

I would support the purchase of this table No

Cons – Table was too large in length for our theatres and too heavy to move. Rep was not well versed in the use of the table. Table was not trialled due to these reasons.

WDHB BOARD MEMBERS WELCOME AND INDUCTION PROGRAMME 2019

The welcome and induction programme commences with powhiri followed by an introduction to the DHBs strategic direction, partnership with Iwi, community relationships and organisational cultural. Also included, at a later date is a hui between the WDHB board and Hauora a Iwi to explore working in partnership, building on previous hui.

HAPAI TE HOE
Te Piringa Whānau, Monday 11 November 2019

HAPAI TE HOE		
10.00am	**Powhiri**	WDHB Kaumatua and Kuia, Hauora A Iwi, Kaihautu Hauora (CE), Kaiuringi (Executive Leadership Team), Te Hau Ranga Ora and Kaihoe (management staff)
	Morning tea	
11.00am	▪ Introduction to the WDHB Strategic Direction	▪ WDHB Chair
11.30am	▪ Partnership with Iwi ▪ Acknowledging the DHB responsibility to te Tiriti o Waitangi	▪ Hauora A Iwi Chair and Hauora A Iwi ▪ Pahia Turia
1.00pm	▪ Our approach : relationships with communities, working across systems, partnering with families and organisational culture	▪ Kaihautu Hauora
1.30pm	**Lunch**	
2.00pm	Hapai Te Hoe - learning objectives: ▪ Develop an increasing awareness of Tikanga o Whanganui; ▪ Appreciate the relevance of the Treaty of Waitangi in the Whanganui context; ▪ Understand the Māori concept of whānau/family-centred care and WDHB values.	▪ Kaitakitaki Educators
5pm	Wrap up	▪ Board and Hauora A Iwi chairs
Christmas gathering: acknowledgement of the foundational relationships for our community		
13 December 2019	Christmas gathering with the key governance and relationship partners that are working towards community lead outcome improvements.	WDHB Board, Hauora A Iwi and governance and relationship partners
Board Workshops		
XXXXX TBC	Developing an authentic partnership with Iwi	Hauora A Iwi and WDHB boards, facilitated by Pahia Turia.

"Kaua e rangiruatia te Hapai o te hoe, e kore to tatou waka e u ki uta"

Do not lift the paddle out of unison or our canoe will never reach the shore