WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Whanganui District Health Board

Meeting date	**Friday 5 April 2019**	
Start	10.00 am	Public Session
Venue	Board Room Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui	

Embargoed until Saturday 6 April 2019

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

Distribution

Board members

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

Executive Management Team

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

Ministry of Health

- Ms T Vail, Relationship Manager, Ministry of Health

Agendas are available online one week prior to the meeting.

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

WHANGANUI DISTRICT HEALTH BOARD
TE POARI HAUORA O WHANGANUI

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

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

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

We are:

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

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

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

Koi anei tātou:

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

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

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Held on Friday, 5 April 2019
Board Room, Fourth Floor, Ward/Admin Building, Whanganui Hospital

Commencing at 10.00am

BOARD PUBLIC SESSION

	ITEM	PRESENTER	Time	Page
1	**MANUAL PATIENT HANDLING PRESENTATION**	H Cilliers	10.00	
2	**PROCEDURAL**			
2.1	Karakia/reflection	S Hylton	10.30	
2.2	Apologies	D McKinnon		
2.3	Conflict and register of interests update 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	D McKinnon	10.35	7
2.4	Late items	D McKinnon		
2.5	Confirmation of Minutes 1.5.1 - 1 February 2019 meeting 1.5.2 - 7 March 2019 meeting	D McKinnon	10.40	 13 19
2.6	Matters Arising	D McKinnon	10.45	21
2.7	Board and committee chairs reports 1.6.1 Board 1.6.2 Combined statutory advisory committee	 D McKinnon S Hylton	10.50	
3	**Chief Executive report**	**R Simpson**	**10.50**	**23**
4	**Decision Papers**			
	Nil			
5	**Discussion Papers**			
	Nil			
6	**Information papers**			
6.1	People and Performance six monthly report	H Cilliers	11.05	35
6.2	Health and safety report	H Cilliers	11.10	47
6.3	Detailed financial report – February 2019	B Walden	11.15	53
7	Date of next meeting 30 April 2019 – Joint WDHB and HAI board meeting 3 May 2019 – Combined statutory advisory committee 17 May 2019 – Board meeting			
8	**Reasons to exclude the public**	**D McKinnon**	**11.25**	**67**

REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 3 December 2018

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	Advised that he is: ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ Treasurer of NZCE (NZ Council of Elders) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016 3 November 2017	Advised that he is an elected councillor on Whanganui District Council. Advised that he is now a board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006 8 June 2007 24 April 2008 29 November 2013 7 November 2014 3 March 2017	Advised that she is an elected member of the Whanganui District Council. Partner in Hogan Osteo Plus Partnership. Advised that her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business. Advised that she is Chair of the Future Champions Trust, which supports promising young athletes. Philippa Baker-Hogan declared her interest as: ▪ A member of the Whanganui District Council District Licensing Committee; and ▪ Chairman of The New Zealand Masters Games Limited Philippa Baker-Hogan declared her interest as a trustee of Four Regions Trust.
Maraea Bellamy	7 September 2017 4 May 2018	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea. Advised that she is: ▪ a director of Taihape Health Limited. ▪ a member of the Institute of Directors.
Jenny Duncan	18 October 2013 1 August 2014 22 March 2019	Advised that she is an elected member of the Whanganui District Council Advised that she is an appointed member of the Castlecliff Community Charitable Trust Member of Four Regions Trust
Darren Hull	28 March 2014 27 May 2014	Advised that he acts for clients who may be consumers of services from WDHB. Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	Advised that he is: ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society Of New Zealand. ▪ Appointed Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.

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

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

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

	31 July 2015	Advised that he is: ▪ employed by the Whanganui Regional Health Network (WRHN) ▪ a trustee of the group "Life to the Max"
	27 May 2016	Advised that he is a member of the Health Solutions Trust
	1 September 2017	Advised that he is now a trustee of Whanganui Hospice
Grace Taiaroa	1 September 2017	Advised that she is: ▪ Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative ▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton) ▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group ▪ Member of the Maori Health Outcomes Advisory Group.
	16 March 2018	Advised that she is deputy chair of the Children's Action Team

RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Malcolm Inglis	12 September 2018	Advised that: ▪ He is Board member, Fire and Emergency New Zealand. ▪ He is Director/Shareholder, Inglis and Broughton Ltd. ▪ His niece works as an investigator for the Health and Disability Commissioner.

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

	▪ is an observer to the Medicare Benefits Schedule Review Taskforce (Australia).
10 August 2016	Advised that: ▪ Transition of the National Health Committee business functions into the NZ Ministry of Health was completed on 9 May 2016. The Director-General has since disbanded the NHC executive team. ▪ Emma Kolbe, her daughter, has taken up a position at ESR (Institute of Environmental Science and Research), Auckland as a forensic scientist working in the national drugs chemistry team. ▪ She is chair, Advisory Council, EXCITE International. ▪ She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.
12 September 2018	Advised that she: ▪ Is strategic clinical lead for Communio and its consortium partners – to deliver coronial post-mortem services from Waikato, Rotorua, Nelson, Dunedin and Southland hospitals, and forensic and coronial post-mortems from Wellington Hospital. ▪ provides strategic governance and management work for Hauora Tairawhiti (Tairawhiti DHB).

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Minutes
Public session

Meeting of the Whanganui District Health Board

**held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday, 1 February 2019, commencing at 10.00am**

Present

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

In attendance

Mr Russell Simpson, Chief Executive
Mr K Pollard, acting Communications Manager
Mr Hentie Cilliers, General Manager Human Resources and Organisational Development
Ms Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Mr Brian Walden, General Manager Corporate
Mr Paul Malan, General Manager Service and Business Planning
Dr Frank Rawlinson, Chief Medical Officer
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Darren Hull opened the meeting with a karakia/reflection.

1 Apologies

The Whanganui District Health Board resolved that:
The apology (for lateness) from Annette Main be **accepted** and sustained.

2 Conflict and register of interests update

2.1 Amendments to the register of interests
Nil

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

3 Late items

The Chair advised that the Board would discuss in the public excluded section of the meeting; a late item that relates to the board's responses to two Health Select Committee parliamentary question. Members of the board noted the reason why the item was not on the agenda and the reason why discussion on the item could not be delayed to the next board meeting

The Whanganui District Health Board resolved that:
Accepted that the late item for the Health Select Committee parliamentary questions be dealt with in the public excluded section of the meeting for the reasons set out in item 12 of the minutes.

4 Clinical Governance Presentation

Presenters | Chair of the Clinical Governance Board, Director of Nursing, Patient Safety and Quality and Consumer representative from the Clinical Governance Board.

The board accepted a late apology from one of the consumer representatives from the clinical governance board.

A copy of the presentation was included in the board papers.

Comments made and points noted included:

- There are two Consumer Representatives on the Clinical Governance Board. They bring an important voice and perspective to the board.
- Cultural competence is a matter for consideration for monitoring by the Clinical Governance Board.
- Some consider that the Clinical Governance Board is too hospital centric and focused.

(At this point Annette Main joined the meeting)

- The level of work undertaken at the Clinical Governance Board requires a high level of understanding, intellect, and interest in researching and investigating issues. (The six-monthly consumer representative report was verbally received by the board with a request for a soft copy to be circulated to board members.)
- Philippa Baker-Hogan considers that membership of the Clinical Governance Board should be more representative of and more focused on non-hospital health services and that reports from the Clinical Governance Board should be directed to the Whanganui District Health Board, not to the Chief Executive.
- Darren Hull observed that there also needed to be discussion about reporting from Risk & Audit.

The Chief Executive advised:

- That he has requested the Clinical Governance Board to expand their work programme to be more representative of non-hospital health services; and
- Reporting is provided to the Risk & Audit committee not to the Chief Executive.

5 Confirmation of minutes

The Whanganui District Health Board resolved that:

The minutes of the public session of a meeting of the Whanganui District Health Board held on 14 December 2018 be **approved** as a true and accurate record.

6 Board and committee chair reports

6.1 Whanganui District Health Board

Taken as read.

6.2 Combined statutory advisory committee

Taken as read.

6.3 Risk and audit committee

Taken as read.

7 Chief Executive report

1.1 Māori Health

The WDHB Pro-equity check-up report December 2018 is finalised. The intent is to take the report back to the Risk & Audit Committee and to look at dissemination of the report.

Stuart Hylton noted that the focus of the report is on Māori, but there are other inequities also. Management is conscious of that.

2.3 Surgical Services

Board members noted in relation to item 2.3 (ESPI Compliance) to the effect that in-patient dental services are accepting more patients than they have capacity to treat within 4 months. This situation means that extra operating time is required and the sheer number of dental patients waiting treatment overwhelm the organisation buffer of 10 patients for all surgical specialties. The Business manager for dental services held a workshop in January to review the model of care and capacity.

It is anticipated that the organisation will be ESPI non-compliant in December and January and that additional capacity will be required to reduce the waiting list.

Oral health is a whole of society and system issue. There are real issues and concerns with early childhood and pre-school dental health.

Dame Tariana Turia suggested that providers work directly with the Kohanga Reo movement regarding the issue.

There is potential to use defence force services and the Chief Executive has had positive discussions with the defence force. At the moment the board is working through a process with defence and the Ministry of Health around credentialing for defence force personnel to provide public health services.

x.x Summary financial report December 2018

The result to 31 December 2018 is the first time in 12 months that the provider result has been favourable to budget.

The result for the month was unfavourable, mainly in the funder.

The year end result will be significantly influenced by inter-district flows. Early indications are that the December IDF volumes are lower than last year.

The Whanganui District Health Board resolved to:

Receive the report entitled 'Chief Executives report'.
Note that the focus of the report is on Māori, but there are other inequities also. Management is conscious of that.

8 Decision Papers

8.1 District Health Board elections

The paper was taken as read.

The Whanganui District Health Board resolved to:

a. **Receive** the paper.
b. **Approve** that the Chief Executive ask Whanganui District Council to agree that its electoral officer be appointed to run and oversee Whanganui District Health Board elections in 2019.
c. **Approve** that the candidates' names on voting documents and ballot papers for the Whanganui District Health Board elections be arranged in alphabetical order by surname.
d. **Note** that nominations and deposits for the 2019 Whanganui District Health Board elections can only be lodged with the electoral officer at Whanganui District Council.

Action

1. It was suggested that a public forum and/or education program be provided for potential candidates.
2. The chair will request a discussion with the Minister regarding the appointment of board members appointed by the Minister, particularly in relation to iwi representation on the board.

8.2 Proposed Hauora A Iwi and WDHB combined boards Hui

Taken as read.

The Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Proposed Hauora A Iwi and WDHB combined boards' hui schedule 2019'.
b. **Agree** to the proposed dates for the combined boards' hui for the 2019 year.
c. **Note** that electronic appointments will be forwarded to members' calendars.

Action

The Chief Executive will look at the possibility of a rural board meeting or targeted board visit to Taihape, Marton and/or Waimarino.

9 Discussion Papers

9.1 Internal audit programme

The CFO's from the six central DHBs met to discuss and review the audit program and processes. There is regular collaboration between the boards regarding the audit program and processes.

There is currently a spare gap in the work program for an internal audit.

The Whanganui District Health Board resolved to:
Receive the paper entitled 'Internal audit programme for 2018/19'.

9.2 Health and safety report

In relation to the Cumulative SAC Rating for all Staff Incidents/Injuries 2018/19, the volumes of incidents/injuries will be added to the report to give context to the percentages shown in the report.

The Chief Executive noted that this week there have been three incidents in two days of physical aggression by patients towards staff and that those incidents are not reflected in the report.

Incidents of aggression towards staff are a real issue and concern for the Chief Executive and the police have been involved.

The Whanganui District Health Board resolved to:
Receive the paper entitled 'Health and Safety update'.

9.3 Communications quarterly update

During November and December, the board has run a campaign to identify potential cost savings for the organisation. A number of initiatives have been identified to make a real difference in the responsible spending of health dollars. Results from the campaign are being announced this afternoon.

The District Health Board's new communications manager starts on 25 March 2019.

The Whanganui District Health Board resolved to:
Receive the paper entitled 'Communications Board Report – February 2019'.

9.4 Clinical board six monthly update

The board has systems in place to try and monitor/capture deaths in the community to update the DHB's records and also to link with Quality and Safety to try and identify patients that may have received care from the DHB recently. The systems are a work in progress and are not robust at the moment. The board is looking at the possibility of information being provided to the board by undertakers.

The Whanganui District Health Board resolved to:
Receive the paper entitled 'Clinical Board six monthly update'.

10 Information Papers

10.1 Detailed financial report – December 2018

Taken as read.

The Whanganui District Health Board resolved to
Receive the paper entitled 'Detailed financial report – December 2018'.

11 Date of next meeting

Friday 22 February 2019 – Annual Planning Workshop.
Friday, 5 April 2019 – Board meeting

Action
Ned Tapa will be discussing with the board what Te Reo education the board would like.

12 Reasons to exclude the public

The Whanganui District Health Board resolved to:

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

b. **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 9182 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 14 December 2018 (public-excluded session)	For the reasons set out in the board's agenda of 14 December 2018	As per the board agenda of 14 December 2018.
Chief Executive's report	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)
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 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)
Taihape Community Oral Health Lease	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial 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)
Health Finance Procurement and Information Management System		
Unified communication business case		
Future of Taihape Hospital Site		
Responses to two parliamentary questions		
Right of first refusal over Whanganui DHB's Land		
Risk & Audit Committee self assessment	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	Section 9(2)(ba)

Persons permitted to remain during the public excluded session

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 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 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 11:35 am

Minutes
Public session

Special meeting of the Whanganui District Health Board

**held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Thursday, 7 March 2019, commencing at 5.00pm**

Present
Mrs Dot McKinnon, Board Chair
Mr Charlie Anderson
Mrs Philippa Baker-Hogan
Mr Stuart Hylton, Deputy Chair
Mrs Judith MacDonald
Ms Annette Main
Dame Tariana Turia

Apologies
Mr Graham Adams
Ms Maraea Bellamy
Mrs Jenny Duncan
Mr Darren Hull

In attendance
Mr Russell Simpson, Chief Executive
Mr Brian Walden, General Manager Corporate
Mrs Nadine Mackintosh, Board Secretary

1 Procedural business

1.1 Karakia/reflection
Stuart Hylton opened the meeting to request that the board members and management reflect on not only the recent passing of the former District Health Board member Ray Stevens, but also the passing(s) of both Phil Sutherland and Richard Orzecki. Each of these board members provided valuable contributions to the board and the district in their own unique way.

1.2 Apologies
The Whanganui District Health Board resolved to:
Accept the apologies from Mr Darren Hull, Mr Graham Adams, Ms Maraea Bellamy and Mrs Jenny Duncan for the Special meeting of the Board, held on 7 March 2019.

1.3 Continuous disclosure

1.3.1 Amendments to the register of interests
Nil

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

2 Other

2.1 General business
Nil

2.2 Reasons to exclude the public
The Whanganui District Health Board resolved to:

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

b. **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 9182 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Health Finance Procurement and Information Management System	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial 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)

Persons permitted to remain during the public excluded session
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 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 GM corporate	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

2.3 Date of next meetings
22 March 2019 - Combined statutory advisory committee
5 April 2019 – Board meeting

T**he public session of the meeting ended at 5.10 pm**

Mr Peter Brown arrived for the start of the public excluded session of the meeting

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Matters Arising

5 April 2019

Topic	Action	Due date
Manual Patient Handling	Provide a demonstration of a ward procedure for manual patient handling.	**Included as part of the public session of this meeting**
Consumer Report for the Clinical Governance Group	The six monthly verbal report provided to the February 2019 meeting to be circulated to the board	**Emailed on 6 March 2019**
DHB Board Elections	The electoral officer to organise a public forum and/or education programme for potential candidates.	**August/September**
	The Chair to discuss process of appointed board members with the Minister	**10 April 2019**
Rural meetings	Suggestions of rural board/committee meetings targeted in Taihape, Marton and/or Waimarino.	**June and November**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Chief Executive Report**
	Item 7
Author	Russell Simpson, Chief Executive
Subject	Chief Executive Report

Recommendations

Management recommend that the board:

a. **Receives** the paper entitled 'chief executives report'.

b. **Note** the flu vaccination campaign has commenced

c. **Note** the draft WDHB Pro Equity Check up implementation work programme January 2019-2021

d. **Note** the status of our ESPI compliance

e. **Note** the financial results for February 2019 and acknowledged all efforts towards the $145k favourable position.

f. **Note** the advice that we currently meet with all compliance of statutory requirements

1 Christchurch Tragedy

It is hard to comprehend the enormity of this act of terrorism, here in our home town when 50 people were killed while going about their daily lives. As reality sets in for those directly affected and those living in Christchurch we know people will need a lot of support with their mental wellbeing. People's lives have been changed forever. A small memorial service was held on Wednesday, 27 March 2019.

Canterbury medical and emergency services did a tremendous job in responding to the events. Whanganui District Health Board (WDHB) were stepped up to Code Red following the incident in Christchurch last Friday. Code Red is defined in the National Health Emergency Plan and requires specific activations at national and local levels. WDHB received the notification from the national incident management centre at 1640 on 15 March 2019 and stepped up a small incident management team. The only local actions we needed to implement were to increase security over the weekend to provide staff and patient reassurance and to transfer any patients with spinal injuries to Middlemore, rather than Burwood.

2 Fit for Surgery

Sport Whanganui and the Whanganui District Health Board are pleased with the progress of the Fit for Surgery Fit for Life programme established in October last year.

The objective of the programme is to support people to make positive health and lifestyle changes to reach a healthy weight range for elective hip or knee surgery. The client base is rapidly increasing as the health team support people on their journey to becoming 'Fit for Surgery'.

An important aspect to consider while supporting people is that it is their own journey and the changes they make will positively impact their overall wellbeing and lifestyle. Patients must be referred by their General Practitioner or other health professionals. The client is then assessed by the Fit for Surgery - Fit for Life Navigator Christine Taylor, a registered nurse who along with the client develops individual care plans. The support provided includes referrals to the District Health Board, dietitians and other community services that will support the client.

To date 50 patients have been through the programme, working toward their target weight. Other progress includes lowered blood pressure and resting heart rate and for some with diabetes a reduction in their diabetes levels.

Fit for Surgery - Fit for Life was an appropriate addition to the Green Prescription programme which has been running out of Sport Whanganui for more than 20 years. The aim of the Green Prescription programme is to have a greater impact on health outcomes by targeting those most in need of the service. Adults are referred by their General Practitioner if they are inactive or have health concerns and are ready or preparing for change. Children, teenagers and their whanau in need of motivation to be active can also be referred to the Active Families programme. The purpose of the Active Families programme is to support families by offering ideas on how to keep active, eat well and make informed choices to grow children into healthy young adults.

3 Whanganui DHB encourages flu vaccination

Keep well this winter - get a flu shot now. That's the message from Whanganui District Health Board (WDHB) as summer slips away and cooler autumn weather approaches.

WDHB infection prevention & control clinical nurse specialist Jacquie Pennefather says autumn is the best time for people to get their annual flu shot or vaccination.

"Getting vaccinated protects you before the flu season strikes and it's worth seeing if you or your family/whānau, might qualify for a free flu shot."

Flu vaccinations are free from a doctor, nurse or qualified vaccinating pharmacist from April till the end of December, for those who are:

- aged 65 years or over
- pregnant – no matter what their stage of pregnancy
- under 65 years of age (including children) with long-term health conditions such as heart disease, stroke, diabetes, respiratory disease (including asthma that requires regular preventive therapy), kidney disease and most cancers
- a child aged four and under who has been hospitalised for respiratory illness or has a history of significant respiratory illness.

People who don't qualify for a free vaccination from a doctor or nurse may still be able to get one free from their employer. And flu vaccinations are available from a doctor, nurse or some pharmacists for a fee.

It is worth noting that although flu vaccinations from a practice nurse or doctor are free for people with an ongoing health problem, if a person has a consultation or check-up with their doctor at the same time, a consultation fee may apply.

Mrs Pennefather says research shows a person can infect others with the flu virus even when they're not showing symptoms themselves. "So, by being immunised, you can help avoid passing the virus on to others close to you."

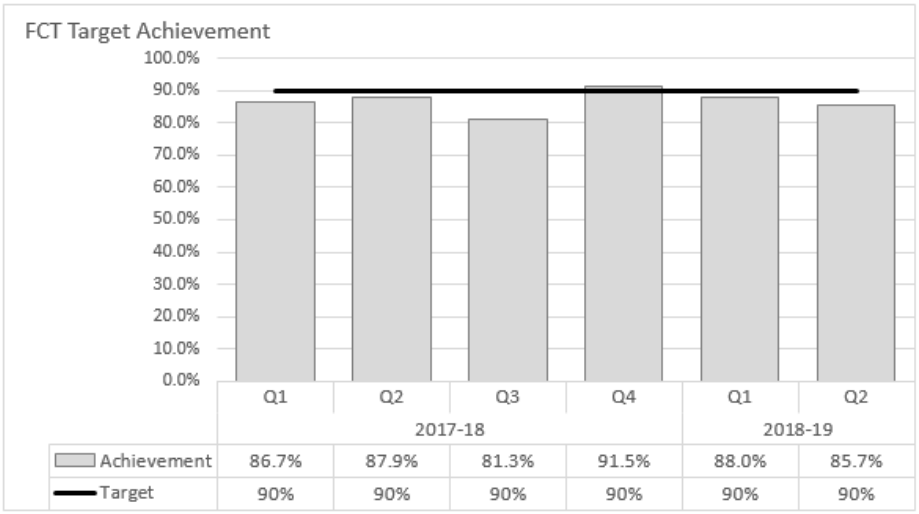
Flu is not the same as a cold. It's a serious disease that can make other existing conditions, such as breathing or heart problems, even worse, with some people ending up in hospital and some dying.

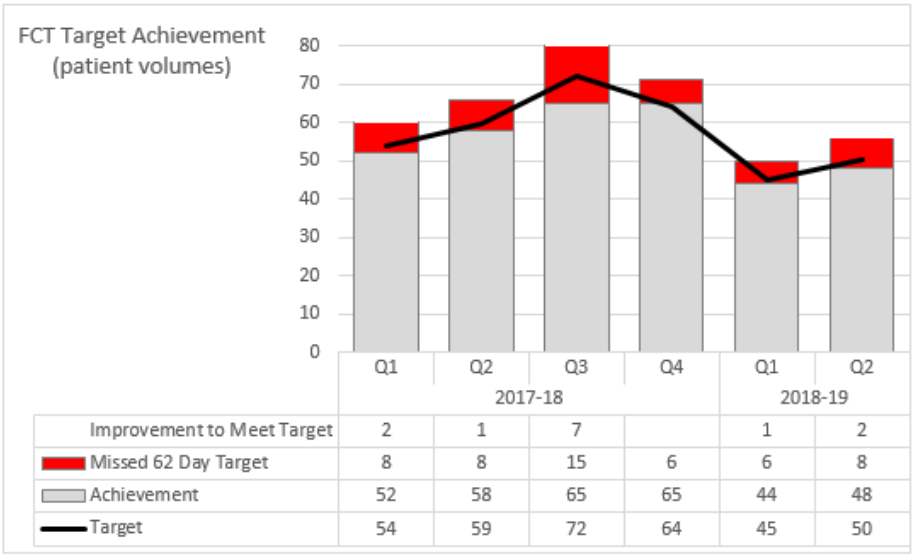
Because the influenza vaccine is a prescription medicine, people are advised to talk their doctor or nurse about the benefits and possible risks. To find out whether you qualify for free flu vaccination go to www.fightflu.co.nz or call 0800 IMMUNE 0800 466 863.

4 Faster Cancer Treatment Quarter Two Results

Quarter two results for the Faster Cancer Treatment target have been received from the Ministry of Health. Whanganui DHB results for the 62 day target are 85.7% and 92.9% for the 31 day target.

62 Day Target Trends





Patient volumes are low meaning that small numbers of patients missing the 62 day target influence our result significantly. Every patient that does not meet the target of receiving their first treatment within 62 days of a referral to the DHB indicating a high suspicion of cancer has a review of their journey through the system for avoidable delays and areas for improvement.

These are reported through our Faster Cancer Treatment Steering Group where quality improvements are put in place across the system. Areas where we have particular issues include where Whanganui DHB patients are seen and treated out of town for specific cancers, for example where review at a multi-disiplinary team is on a monthly basis at a tertiary centre. Our Faster Cancer Treatment nursing team work very closely with other DHB's to ensure our patients are seen as quickly as possible.

5 Measles

From 1 January 2019 to 27 March 2019, there have been 61 confirmed cases of measles notified in NZ, with the majority of cases notified in Christchurch (36), Waikato (12) and Auckland (5). Over the same time period, the Whanganui PHS has been notified of 2 suspect cases of measles which on testing proved to be negative. MidCentral PHS has had 16 suspect cases notified over the period and all were negative on testing.

6 Whanganui District Health Board Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) desktop audit corrective actions.

The UNHSEIP desktop audit of documentation that was conducted in 2017, had 15 corrective actions identified for Whanganui DHB. The National Screening Unit advised WDHB on 20 March 2019 that all corrective actions have been completed. In particular the team were acknowledged for their work in securing the provision of diagnostic audiology services locally, which helps support a positive family experience by minimising barriers to access and a more efficient pathway of care.

7 Maori Health

7.1 Draft WDHB Pro Equity Check Up Implementation Work Programme January 2019 – 2021

Outlined below is the draft WDHB Pro Equity Check Up Implementation Work Programme January 2019-2021. ***Note*** the components are directly from the BakerJones report.

RECOMMENDATION 1.0 STRENGTHEN LEADERSHIP AND ACCOUNTABILITY FOR EQUITY				
COMPONENTS	**ACTION**	**OUTCOMES**		**WHO**
		Leadership	**Operational**	
Publicly commit to an equity goal.	Communication strategy and approach: stepped process. Policy Develop board wide policy – commitment to achieving equity in health outcomes for Māori. Implement Central Region Te Tiriti Accountability Framework.	Board and executive agree on stepped approach to promote WDHB district wide commitment to achieving equity in health outcomes for Māori. Approach includes key messages, increased focus on equity in press releases, stories, performance reporting, WDHB face book and website and planned statements (HAI and WDHB, PHO and chief executives). Board champions leading equity – increase the community profile of WDHB and equity -– in partnership with Hauora A Iwi. Board and executive endorse WDHB policy to direct operational activities that will provide a sustainable commitment to achieving equity for Māori. Policy support Board and executive commitment and leadership of whānau ora. WDHB board demonstrates commitment to meeting obligations under The NZ Health and Disability Act 2000.	Increased community awareness and understanding of : Health equity. WDHB approach and commitment to achieving equity in health outcomes for Māori. Demographic health profile of the WDHB health district. The positive impact for the whole population of achieving health equity for Māori. Rationale for any changes, resourcing and or funding of health services. Significance and potential of across agency partnerships Whanau ora services. Kaupapa Māori services. Policy directs and guides decision-making. Policy strengthens whānau ora service delivery –whānau centred, strength based. Leading the central region to be pro- equity	Communication Manager DMH
RECOMMENDATION 1.0 STRENGTHEN LEADERSHIP AND ACCOUNTABILITY FOR EQUITY				

COMPONENTS	ACTION	OUTCOMES		WHO
		Leadership	Operational	
Create a learning environment for EMT to be equity champions: Developing a performance framework. Selecting KPIs.	Equity champions - EMT and PHO, community: Develop performance framework. Select KPIs and implement. Develop/ agree tools and prioritisation, procurement, service improvement and reporting tools- framework.	Board and executive leaders increased equity knowledge and understanding. KPIS included in all job descriptions (Leaders) and assessed in performance appraisal. Equity framework developed.	Teams increased equity knowledge and application of tools and framework. All decision making includes impact on equity.	DMH
Support EMT and the Board with external equity advice and support	External Advice: training for executive and board. Mentorship – independent expert advice – to equity champions and Māori health leaders.	Board and executive equity knowledge increased. Knowledge will enable WDHB readiness to implement Central Region Te Tiriti o Waitangi Accountability Framework to be developed in 2019.	Improved decision-making and increased use of equity tools. Equity action – highly visible in all w+ork streams.	DMH
Commit to a training budget to support equity skill development	Identify training budget. Workshop- EMT, Board, Committees, Community Leaders, HAI – process and pathway forward – independent facilitator. Consider WALT – oversight of the implementation plan. Training information session WDHB Board and committee PHO board and executive and senior management. Identify equity champions	Board and executive leaders increased equity knowledge and understanding. Leadership group formed to oversee implementation – DHB and PHO. Executive encourage teams to attend training and development. Board has confidence that management recommendations on funding, resourcing, service improvement etc. include equity analysis (consistent use of framework). Maori leadership increased equity knowledge to lead and champion equity across the system. Training programme developed and delivered - equity, health literacy, equity tools, and analysis – health district wide.	Teams increased equity knowledge and application of tools and framework. Teams use equity tools and framework to improve decision making. Models of care demonstrate focus on equity. Considering the impact on equity becomes business as usual. Reporting and monitoring includes equity data and analysis. Health targets trend towards achieving equity for Māori.	DMH

RECCOMMEDNATION 2.0 BUILD MĀORI WORKFORCE AND MĀORI HEALTH AND EQUITY CAPABILITY				
COMPONENTS	**ACTION**	**OUTCOMES**		**WHO**
		Leadership	**Operational**	
Develop a recruitment and retention strategy focused on Māori staff.	Develop proactive recruitment policy and process to increase Māori staff. Refine recruitment for values process includes DHB values, whānau ora and equity. Confirm talent mapping to include proactive identification of potential in Māori staff to build capability. Continue to actively support Kia Ora Hauora, implementing WDHB Workforce Pipeline and local access to HWINZ Hauora Māori Workforce funding.	Board and Executive leaders endorse recruitment process Executive leaders endorse recruitment for values process. Talent mapping process endorsed. Increased use of te Reo Māori across the system – greetings, signage, information to whānau , pronunciation improved.	Increased interview rate of Māori applicants. Leaders use recruitment for vales process for all positions Increased number of Māori staff in leadership positons/ completing post graduate studies Te Uru Pounamu expanded to include all Māori staff. Uptake of Māori specific leadership training increased. Te Reo Māori sessions onsite – fully utilised. Increased number of Māori staff Increased number of Māori rangatahi interested in health as a career Maximised use of HWNZ Hauora Māori support funding	GM P&P

RECCOMMENDATION 2.0 BUILD MĀORI WORKFORCE AND MĀORI HEALTH AND EQUITY CAPABILITY				
COMPONENTS	**ACTION**	**OUTCOMES**		**WHO**
		Leadership	**Operational**	
Strengthen the role and size of the Māori health services team.	Recruit additional 1.0FTE (training and support for planning, procurement and service improvement) to Te Hau Ranga Ora leadership team.	Te Hau Ranga Ora leadership confident and resourced to lead implementation of the equity work programme. Commitment to training and mentorship for Te Hau Ranga Ora leaders – external resource	Te Hau Ranga Ora leadership equipped to lead and grow equity knowledge across the health district. Working across the system to share knowledge, resources. Training programme developed and delivered - equity, health literacy, equity tools, analysis – health district wide	DMH
Develop a health equity competency - perhaps led by staff	Develop equity competency Refine staff competencies framework and include equity competency	Executive leaders participate in development of health equity competency	Equity competency : Included in recruitment for leadership, planning, funding and business positions. Reflected in Equity KPIs for positions as above. Utilised across the system.	DMH
Further strengthen the *wildly popular* Hapai te Hoe with additional content (e.g. on the (proposed) EMT developed performance framework for equity)	Consider what additional training and development fits into the Hapai te Hoe programme	Executive endorse framework and elements to be included into Hapai te Hoe	Hapai te Hoe orientation programme: increased focus on equity introduction of equity framework time allocated to discussion Hapai te Hoe programme 2: Include exercise on equity framework	DMH

RECCOMMENDATION 3.0 IMPROVE TRANSPARENCY IN DATA AND DECISION MAKING

COMPONENTS	ACTION	OUTCOMES		WHO
		Leadership	Operational	
Build capability in equity data analysis	Recruit expertise in equity analysis – across system	Improved knowledge and understanding.	Improved information available for decision-making. Equity focused results.	DMH
Share equity analysis widely and include it in all decision making - this means sharing it in a way that is easily understood and helps the Board and Hauora a Iwi to get a full picture of the DHBs performance and the tradeoffs that may need to be made.	Enable date sharing Design and develop reporting template that integrates data and analysis from across the system.	Improved data and analysis to inform decision-making. Effective reporting	Improved data and analysis to inform decision-making. Decision – making demonstrates accountability to equity.	GM Corporate
Include equity analysis in all publicly reported data	Agreed communications approach to reporting.	Board and executive lead communications approach.	Equity is evident in all reporting and messaging.	EMT

RECCOMENDATION 4.0 SUPPORT A MORE AUTHENTIC PARTNERSHIP WITH IWI				
COMPONENTS	ACTION	OUTCOMES		WHO
		Leadership	Operational	
More opportunity for Hauora a Iwi to be involved in decision making - suggest a facilitated workshop to make this happen	Facilitated hui – WDHB Board and Hauora A Iwi	Improved understanding and stronger relationship and governance partnership. WDHB strategy evidences partnership planning.	Strategy and direction demonstrates focus on equity.	DMH
Increasing use of Māori health and community expertise (eg 50% of the consumer council?)	Increase Māori membership of Te Pukaea to at least 27 % of the membership proportionate to local population year 1 and 50% year 2	Increased opportunity for Māori to provide advice.	Advice guides planning and service initiatives to achieve equity.	Manager Patient Safety Unit

RECCOMENDATION 4.0 SUPPORT A MORE AUTHENTIC PARTNERSHIP WITH IWI			
COMPONENTS	ACTION	OUTCOMES	WHO

		Leadership	Operational	
Participation of Māori in the design of services and interventions to support Māori self-determination and Whānau Ora.	Explore opportunities to increase Māori community participation in design of services. Continue to embed whānau ora: Continue staff education on whānau ora Involving patients and whānau Strength based approach Expand to community services Embed whānau plans – across the system	Decision-making is informed by Māori and solutions are focused on equity. Across the system – whānau ora is understood, championed and implemented as the best way of working with Māori whānau	Planning and service improvement initiatives are designed to meet needs of Māori whānau, improve equity and improve health outcomes. Services are delivered in a way that demonstrates whānau ora – WDHB contractual requirements for all providers	EMT GM S&B

8 Summary financial results for February 2019

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 28 February 2019 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18
Provider Division	(523)	(588)	65	F	(7,022)	(6,555)	(467)	U	(8,442)	(5,504) U
Corporate	(9)	(43)	34	F	(100)	(315)	215	F	27	1,189 F
Provider & Corporate	**(532)**	**(631)**	**99**	**F**	**(7,122)**	**(6,870)**	**(252)**	**U**	**(8,415)**	**(4,315) U**
Funder Division	768	764	4	F	792	520	272	F	526	(366) U
Governance	36	18	18	F	130	2	128	F	3	502 U
Funder divison & Governance	**804**	**782**	**22**	**F**	**922**	**522**	**400**	**F**	**529**	**136 U**
Net Surplus / (Deficit)	**272**	**151**	**121**	**F**	**(6,200)**	**(6,348)**	**148**	**F**	**(7,886)**	**(4,179) U**

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

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

Provider – inpatient volumes are 88.2% of budget in February 2019, with acute being 92% and elective being 76.3% of budget for the month. Personnel costs were $113k favourable to budget and clinical supplies were also favourable to budget at $61k. The impact of lower volumes meant that internal elective funding was significantly lower but this was largely offset by additional funding from the Ministry of Health for the PSA nurses and allied health MECA settlements. Outsourced clinical services were $45k unfavourable to budget.

Corporate – expenses were $34k favourable to budget.

Funder – $4k favourable to budget. The reduction in funding to our own provider was offset by additional IDF outflows which continue to run higher than budget and higher than last year's volumes. There has also been a one-off unfavourable adjustment for pay equity costs.

Governance – $18k favourable to budget.

8.1 Outlook

Year-to-date we are $145k favourable to budget, with a budget forecast to 30 June 2019 remaining at $7.886m.

The risk factors sit with demand-driven expenditure being unfavourable, particularly with IDF outflows continuing to be high. Volume delivery over the period from December 2018 to February 2019 was 9 CWD higher than the same period in last year, so we have not seen a change in the moving annual total.

Year-to-date February 2019, all inpatient IDF outflows are 97 CWD higher than the same period last year and 272 CWD higher than budget, which was based on the average of the last four years. The trend over the next four months will be important to the year-end result. In April, which is a period of leave, we would expect volumes to be low.

The risk relating to the financial impact of MECA settlements has declined, with the Government agreeing to fund the difference between 2.43% included in 2018/19 funding and the actual settlements. To date we have been advised that we will receive additional funding for nurses, midwives, PSA nursing, allied health and clerical. Remaining to be settled is RMOs, medical radiation technologists, PSA psychologists and sonographers. The lift in lower wages, which is apparent in all MECAs, will flow on to the private sector and impact on pricing of these services in due course.

The detailed financial report is included as *Information item one*.

9 Compliance with statutory requirements

To the best of my knowledge, I am not aware, nor have I been advised, of non-compliance with statutory requirement and the notice of delegations.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item 6.1
Author	Hentie Cilliers, general manager people and performance
Subject	People and Performance six-monthly update

RECOMMENDATION

Management recommend that the board:

a. **Receive** the paper entitled 'People and Performance six-monthly update'.
b. **Note** WDHB experiences below average turnover compared to other DHBs
c. **Note** both the completed and open recruitment positions
d. **Note** the annual leave liabilities for WDHB and focus on supporting work life balance
e. **Note** WDHB sick leave trends are lower than average but require monitoring due to increase in trend
f. **Note** the slight increase in performance management
g. **Note** that the Domestic Violence - Victims' Protection Act 2018 will take effect on 1 April 2019
h. **Note** the staff wellbeing priority areas and planned activities.

1. Purpose

This paper updates the board on the current employment status and staff wellbeing throughout Whanganui District Health Board (WDHB), at the board's request. This report covers:

- Turnover
- Age profile
- Recruitment
- Annual leave
- Sick leave
- Overtime
- Performance management
- Employee Assistance Programme (EAP)
- Legislative changes
- Staff wellbeing

2. Turnover

Actual turnover for 2017/18 was 5.95 percent. The average turnover for the last five years was 6.68 percent. Year to date turnover for February was 5.30 percent.

Turnover is influenced by many factors and tend to be cyclical. It is envisaged that the WDHB turnover will increase over the next few years. Based on management literature a twelve to fifteen percent turnover is generally perceived as healthy. Whanganui DHB experiences below average staff turnover

compared to the other DHBs. Many of the Central DHBs currently experience more than 15 percent turnover.

The table below depict voluntary turnover in the WDHB. A breakdown of headcount and percentage per Ministry of Health staff category is provided.

The data excludes Resident Medical Officers (RMO), Fixed Term and Casual employees.

Turnover	2017-18		2016-17		2015-16		2014-15		2013-14		2012-13		2011-12	
Classification	HC	%	HC	%	HC	%	HC	%	HC	%	HC	%	HC	%
Admin-Mgmt	9	5.2%	11	6.3%	10	5.7%	11.00	6.4%	11.00	6.1%	9.00	5.0%	8.00	10.5%
Allied	13	7.6%	16	9.3%	11	6.7%	15.00	9.9%	18.00	11.5%	20.00	12.8%	16.00	6.3%
Medical	3	6.3%	5	11.4%	3	6.5%	2.00	4.3%	1.00	2.3%	4.00	10.0%	4.00	10.5%
Nursing	23	5.2%	24	5.7%	35	8.4%	30.00	7.4%	28.00	6.8%	37.00	9.0%	26.00	0.0%
Support	2	18.2%	0	0.0%	1	7.1%	1.00	5.0%	0.00	0.0%	1.00	5.0%	0.00	7.1%
Annual Turnover	50.00	5.95%	56.00	6.80%	60.00	7.3%	59.00	7.4%	58.00	7.2%	71.00	8.8%	54.00	7.4%

The variances between occupational groups and differences in financial years highlights some of the uniqueness and challenges associated with each particular staffing group. The turnover of 18.2 percent for support staff seems high, but represents two staff members only.

The table below summarises reasons cited by departing staff in exit surveys and also provides a breakdown of leavers by age band.

Leaving_Reason	count	Leavers by Age Band	count
Family Reason	3	20-24	3
Further Education	0	25-29	13
No reason given	8	30-34	5
Normal Retirement	2	35-39	5
Other Reasons	28	40-44	6
Overseas - Health Related	3	45-49	8
Overseas Travel	2	50-54	2
Retirement	8	55-59	8
Work with another DHB	8	60-64	8
Work with - Not in health	1	65-69	6
Work with Private Provider	3	70+	2

Current total average staff length of service is 9.66 years. The table below provides a breakdown of average service per occupational group.

Service Profile	
Occupational Group	**Average Years of Completed Service**
Admin-Mgmt	10.00
Allied	11.00
Medical	7.00
Nursing	12.00
Support	6.00
Total Average Service	9.66

3. Age profile

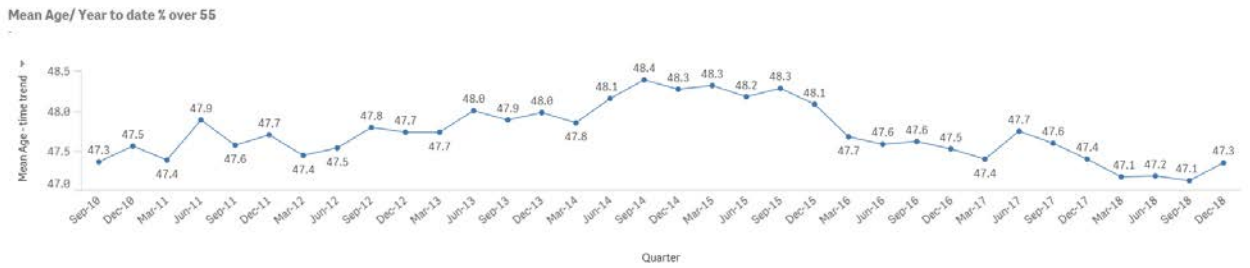
The tables below provides more detail of the current staff age profile and age distribution.

Median Age Profile	
Median Male Age	**Median Female Age**
50	48

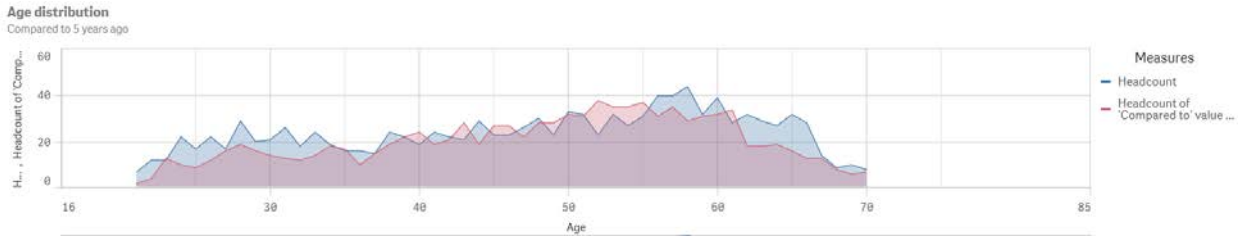
Age Profile		
Age Band	**Count**	**%**
20-29	131	13.0%
30-39	173	17.2%
40-49	219	21.8%
50-59	286	28.4%
60-69	187	18.6%
70+	10	1.0%

The graph below depicts a trend line of the percentage of staff over 55 years of age between September 2010 and December 2018. This percentage has increased from 27.2 percent in 2010 to 34.6 percent in 2018.

The graph below depicts a trend line of the mean age of staff between September 2010 and December 2018. The mean age fluctuates and has dropped from 48.4 years in September 2014 back to 47.3 in 2018. This is similar to the 2010 mean age.



The graph below provides a comparison of current staff age distribution based on headcount compared to 5 years previously.



4. Recruitment

Vacancies are advertised and suitable candidates appointed based on fit with the WDHB's values and culture, supported by required knowledge, skill and experience. The WDHB do not compromise on the right recruitment decision for the sake of having someone in the role.

Staff shortages are covered in various manners such as:

- Proving development opportunities for existing staff to and act in a higher role.
- Offering additional work hours to part-time employees in the first instance. If required offer additional shifts to other employees.
- Providing cover through casual / part time staff. The WDHB employ casual staff in the WDHB Nursing Resource Unit and casual administrative pool.
- Using employed resident medical officer (RMO) relievers to provide cover for RMOs and self-employed (independent) lead maternity carers (LMCs) to provide support for midwifes.
- Recruiting staff for fixed term periods to fill vacancies and provide maternity cover.
- Using locums or contractors to fill vacancies – this is mainly relevant for senior medical officers, resident medical officers and some allied health roles.
- Sub-regional / regional arrangements with other DHBs to provide cover and support.
- Appointing contractors to vacancies that cannot be filled and are needed to ensure maintenance of services.
- Outsourcing services or part of a service to private providers is considered as a last resort.

The WDHB is not aware of any health targets missed due to staff shortages / unfilled vacancies, nor aware of any complaints received relating to the impact of unfilled vacancies.

Average advertising costs over the last four years were 0.244 percent of salary costs. The table below provides a breakdown of advertising spent per occupational group for the previous four years.

Occupational Group	2017-18		2016-17		2015-16		2014-15	
	$ Spent	% of Salary	$ Spent	% of Salary	$ Spent	% of Salary	$ Spent	% of Salary
Medical Personnel	$161.30	0.78%	$149.20	0.75%	$137.20	0.69%	$76.90	0.40%
Nursing Personnel	$11.00	0.03%	$7.10	0.02%	$10.20	0.03%	$5.90	0.02%
Allied Health Personnel	$13.00	0.12%	$5.10	0.05%	$20.20	0.20%	$11.90	0.12%
Support Staff	$ -	N/A	$ -	N/A	$ -	N/A	$ -	N/A
Admin and Management Personnel	$55.00	0.44%	$61.10	0.53%	$9.20	0.08%	$9.90	0.09%
Total Recruitment Costs ($000'0)	**$240.30**	**0.30%**	**$222.50**	**0.29%**	**$176.80**	**0.24%**	**$104.60**	**0.15%**

The following vacancies are currently advertised:

Medical
- Emergency Consultant
- O&G Consultant
- Consultant Psychiatrist
- Senior House Officers

Nursing
- Registered Nurse – ED
- Clinical Manager – Te Awhina
- Case Manager – Community AT&R
- Registered Nurse / TrendCare Coordinator – Patient Safety

Allied Health
- Clinical Pharmacist
- CART Case Manager
- Occupational Therapist
- Audiologist
- Unit Charge Sonographer

Administration / General
- Funding Manager

- Contract Administrator
- Executive Assistant – CMO
- Clinical Applications Trainer
- Communications Advisor

The following hard to fill vacancies are filled by staff on long-term contracts and / or locum arrangements. The WDHB intend to fill these roles with permanent employees and continue with recruitment.

- Emergency Consultant
- O&G Consultant
- Consultant Psychiatrist
- Unit Charge Sonographer
- Audiologist

The following roles have recently been filled / incumbent commenced work or panel interviews scheduled:

- Medical Director – ED
- Communications Manager
- Director of Nursing
- Clinical Nurse Manager - Medical
- Clinical Nurse Manager - Paediatrics
- Clinical Nurse Specialist – Cancer and Long term conditions (renal)
- Payroll Officer

5. Annual leave

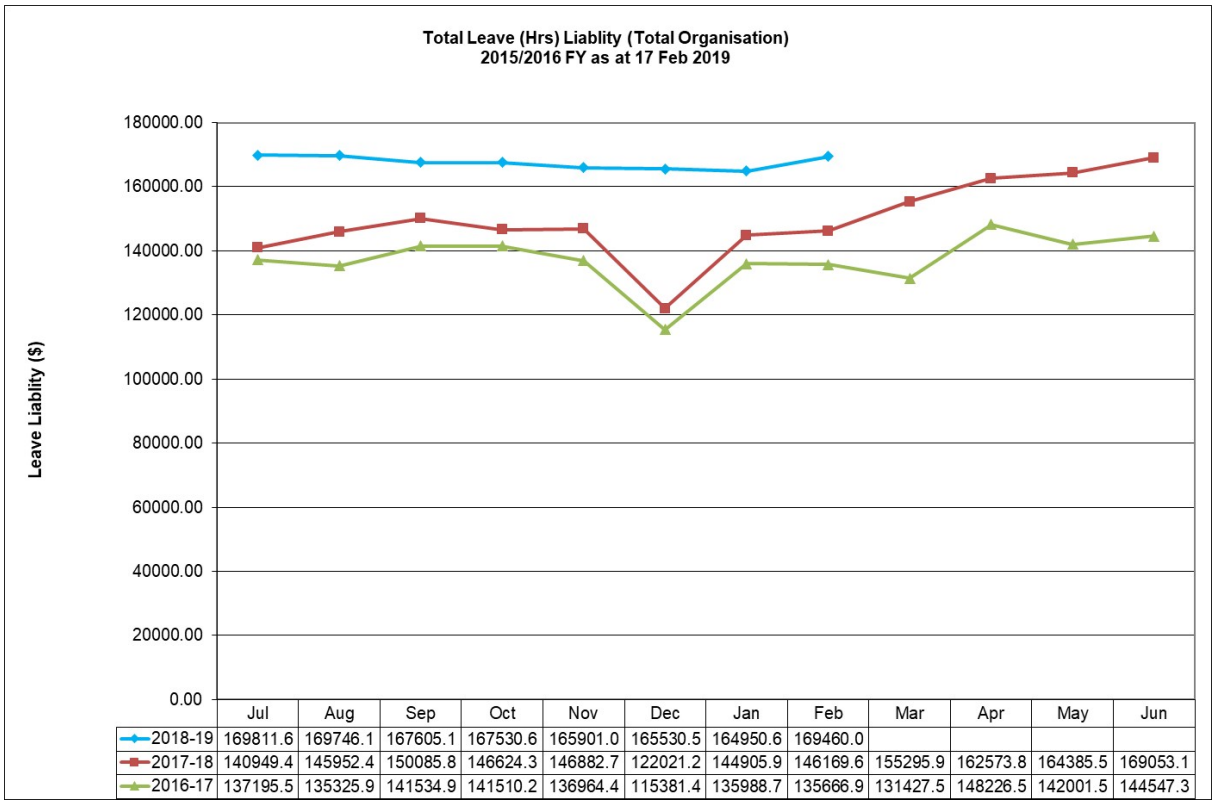
WDHB staff annual leave entitlements provides for a range of leave arrangements ranging from four weeks for new staff to five weeks for staff with more than five years' service to six weeks for senior medical staff. Various MECAs also make provision for long service entitlements.

MECA arrangements enable staff to accrue annual leave entitlements for up to two years. This enables staff to plan for long holidays and provide staff especially those with families overseas the opportunity to reconnect with them.

In order to ensure that staff are well rested and able to work effectively, leave planning is undertaken and managed proactively within each department. In some cases, employees have an excessive leave balance that requires more detail management. Specific leave plans are agreed and implemented to address this. An employee may also elect to "cash-in" excessive amounts of annual leave in accordance with the holidays act.

From the 2018/19 year an increased focus is placed on annual leave in service areas as opposed to a focus on occupational groupings only. Summer months and public holiday periods such as Easter are promoted to enable as many staff as possible to take annual leave.

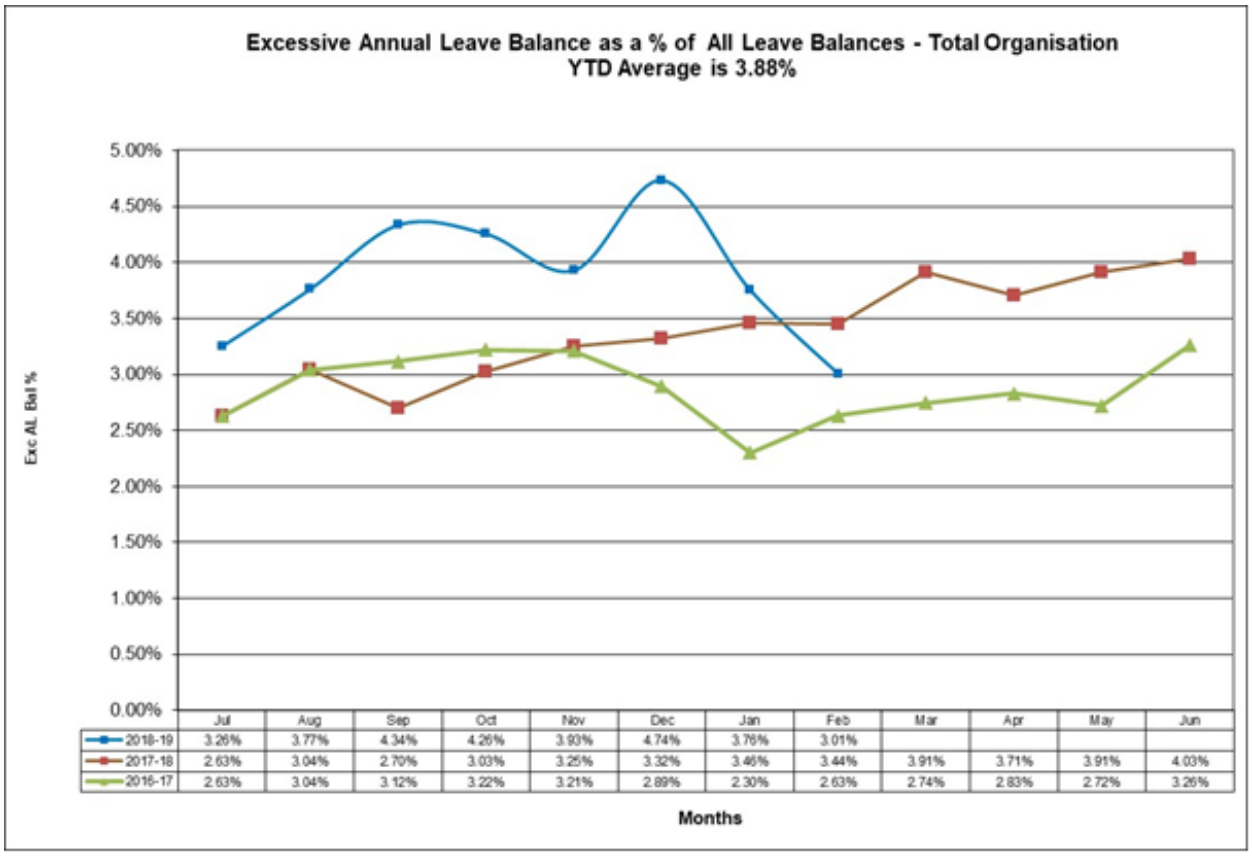
The graphs below provides further details regarding total leave liability (hours and dollars), excessive leave balances, and excessive annual leave balances.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	169811.6	169746.1	167605.1	167530.6	165901.0	165530.5	164950.6	169460.0				
2017-18	140949.4	145952.4	150085.8	146624.3	146882.7	122021.2	144905.9	146169.6	155295.9	162573.8	164385.5	169053.1
2016-17	137195.5	135325.9	141534.9	141510.2	136964.4	115381.4	135988.7	135666.9	131427.5	148226.5	142001.5	144547.3

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	7633992.	7686757.	7573478.	7559951.	7509455.	7522064.	7521658.	7719267.				
2017-18	6014923.	6225576.	6681940.	6367735.	6448703.	5262414.	6070435.	6046266.	6794734.	7102357.	7174750.	7349666.
2016-17	5787061.	5749937.	6282525.	6314609.	6023973.	4946553.	5753849.	5690952.	5416446.	6569600.	6231795.	6156908.

Whanganui DHB staff are provided with ample opportunity to take leave and generally WDHB have lower accrued annual leave balances than other small DHBs.

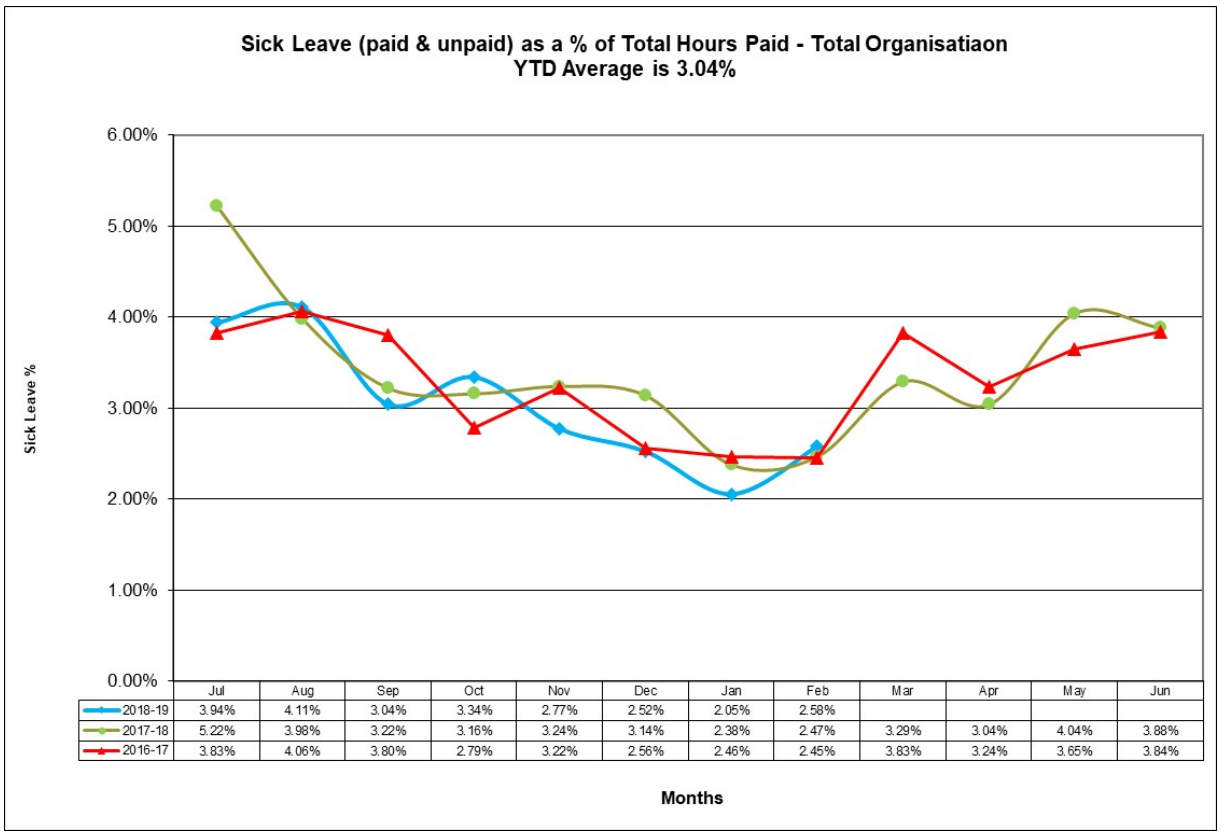


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	3.26%	3.77%	4.34%	4.26%	3.93%	4.74%	3.76%	3.01%				
2017-18	2.63%	3.04%	2.70%	3.03%	3.25%	3.32%	3.46%	3.44%	3.91%	3.71%	3.91%	4.03%
2016-17	2.63%	3.04%	3.12%	3.22%	3.21%	2.89%	2.30%	2.63%	2.74%	2.83%	2.72%	3.26%

6. Sick leave

Sick leave taken continues to follow a similar annual cycle. The average sick leave as a percentage of total paid hours for 2017/18 was 3.42 percent. The average sick leave taken has increased slowly from 3.31 percent in 2016/17 and 2015/16, 3.05 percent in 2014/15 and 2.88 percent in 2013/14.

The year to date average sick leave percentage is 3.04 percent.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	3.94%	4.11%	3.04%	3.34%	2.77%	2.52%	2.05%	2.58%				
2017-18	5.22%	3.98%	3.22%	3.16%	3.24%	3.14%	2.38%	2.47%	3.29%	3.04%	4.04%	3.88%
2016-17	3.83%	4.06%	3.80%	2.79%	3.22%	2.56%	2.46%	2.45%	3.83%	3.24%	3.65%	3.84%

Note: The sick leave information includes sick leave taken as unpaid sick leave and annual/credit leave taken as sick leave.

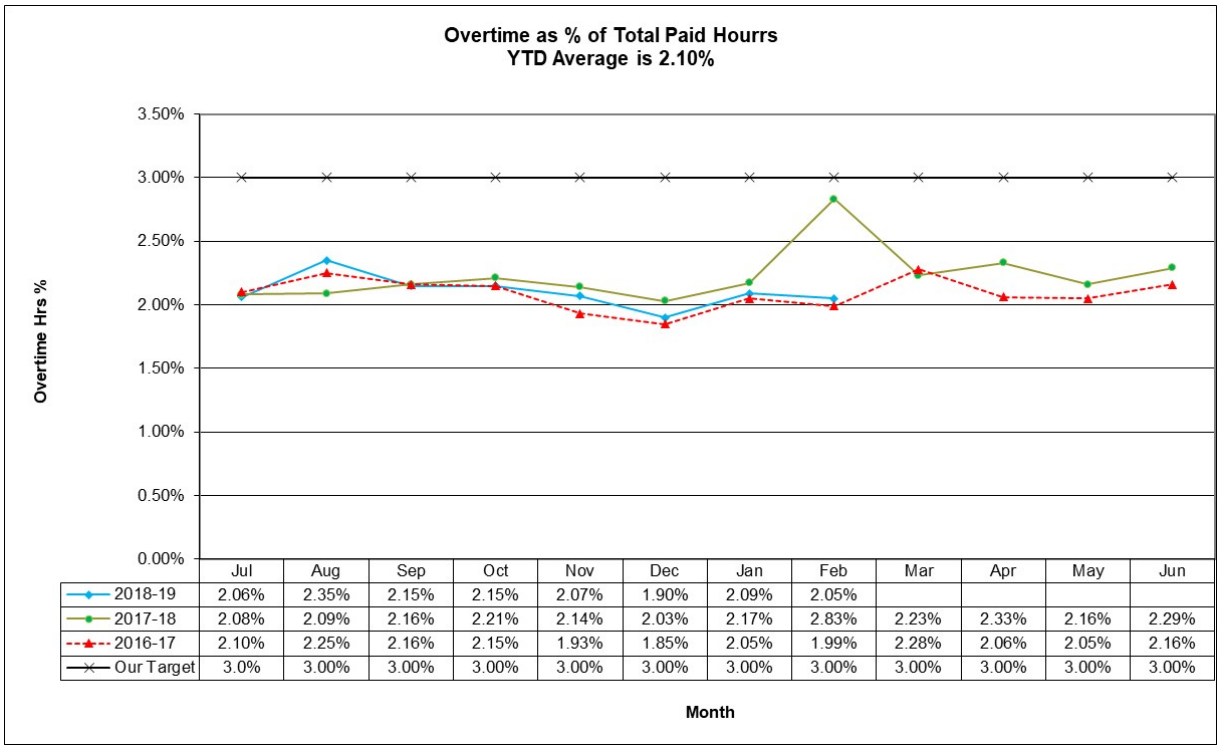
The average sick leave (paid and unpaid) as a percentage of total paid hours are also impacted by long-term ill employees.

Whanganui DHB sick leave usage is below the national average, but increasing and more focus will be placed on this aspect.

7. Overtime

Overtime as a percentage of total paid hours normally varies between 2% and 2.4%. Main areas incurring overtime includes medical, radiology and theatre.

Whanganui DHB usage of overtime is below the national average.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	2.06%	2.35%	2.15%	2.15%	2.07%	1.90%	2.09%	2.05%				
2017-18	2.08%	2.09%	2.16%	2.21%	2.14%	2.03%	2.17%	2.83%	2.23%	2.33%	2.16%	2.29%
2016-17	2.10%	2.25%	2.16%	2.15%	1.93%	1.85%	2.05%	1.99%	2.28%	2.06%	2.05%	2.16%
Our Target	3.0%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%

8. Performance management

The percentage of current performance agreements are increasing slowly. Although low and viewed as potentially unacceptable, this specific people metric is one of the most discussed and debated in organisational literature.

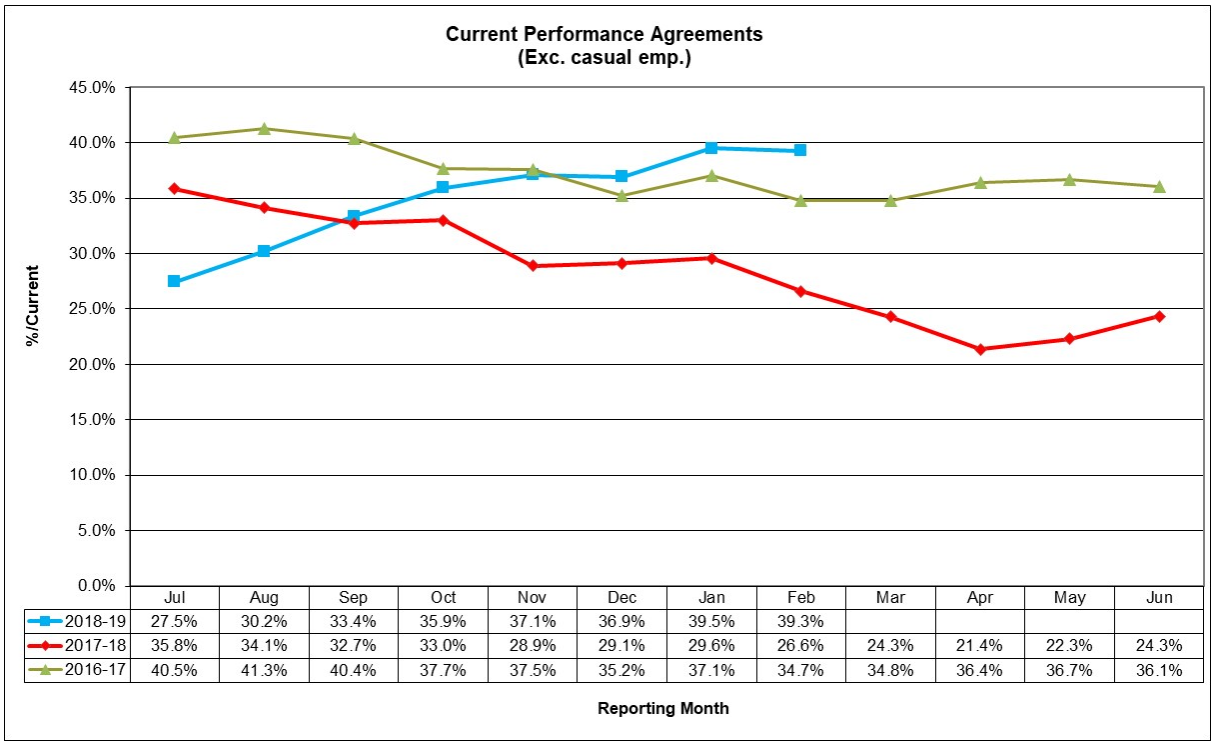
This specific metric only indicates if a manager and staff member have formally discussed, agreed and documented objectives for a specific period. It does not reflect the regular and ongoing conversations between teams and with individuals, planning conversations, bed management meetings, patient handover, operational discussions, patient care (plan) conversations, multi-disciplinary meetings, quality and innovation meetings, coaching, guidance, feedback, support, meetings focussed on improvement, individual health check conversations, return to work meetings, conversations about specific concerns (e.g. attendance) or disciplinary conversations.

Each registered health care worker requires an annual practicing certificate (APC) and have to demonstrate ongoing competence. Nursing staff for example have to complete a full nursing competency assessment every three years.

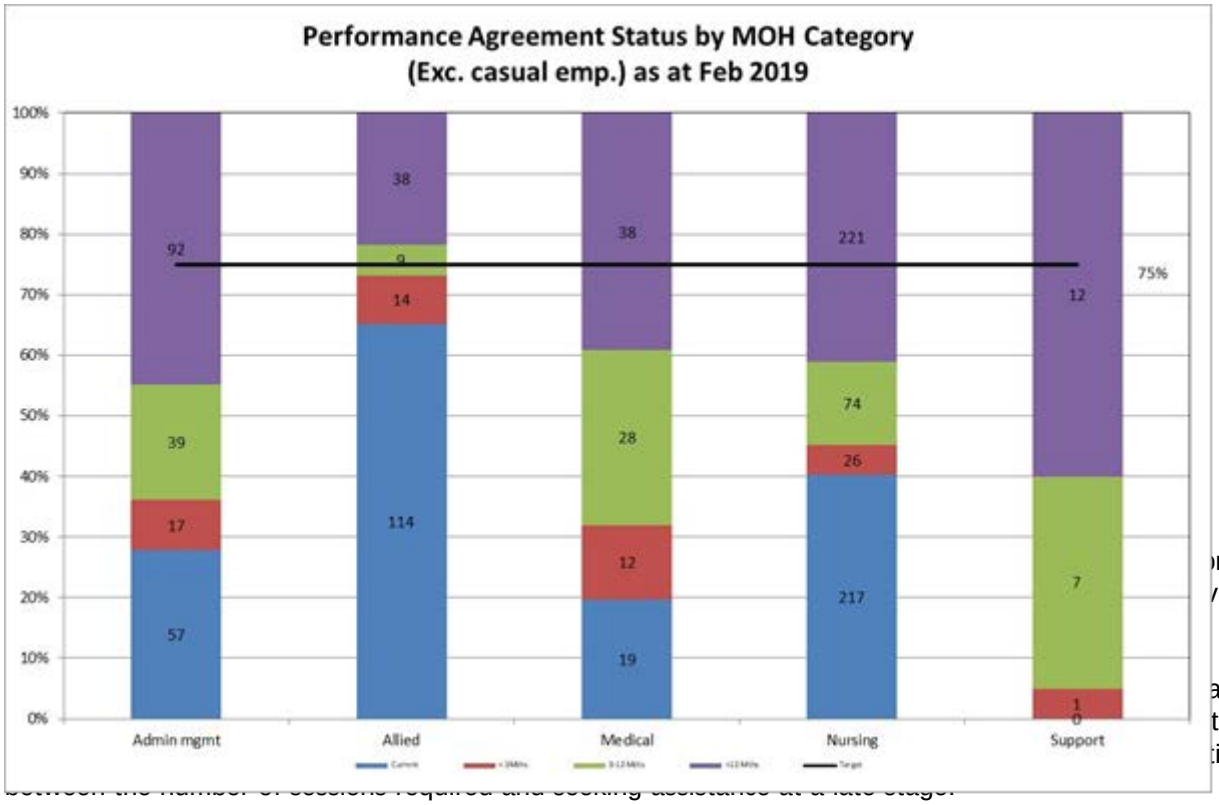
An optimal performance framework inspires each individual to do their best work, feel challenged, and are recognised for outstanding performance. Performance frameworks and review processes should not over engineered, demotivating for the people they should inspire or unable to be achieved due to competing priorities or large numbers of direct reports. More work is required to understand what our staff want to experience to help them deliver great work.

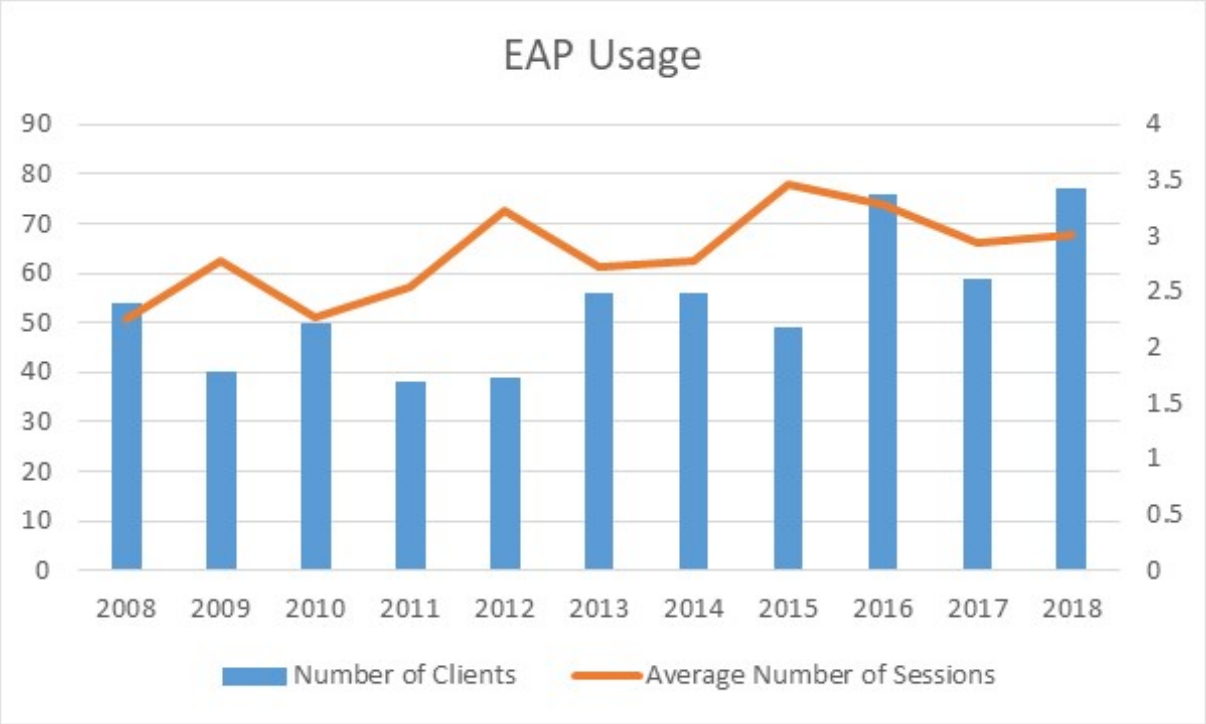
Understanding what good feedback looks like, and how it can be delivered is an identified action of the WorkWell programme.

The graphs below depicts the current performance agreement status.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2018-19	27.5%	30.2%	33.4%	35.9%	37.1%	36.9%	39.5%	39.3%				
2017-18	35.8%	34.1%	32.7%	33.0%	28.9%	29.1%	29.6%	26.6%	24.3%	21.4%	22.3%	24.3%
2016-17	40.5%	41.3%	40.4%	37.7%	37.5%	35.2%	37.1%	34.7%	34.8%	36.4%	36.7%	36.1%





Most staff self-refer and whilst the number of manager suggested referrals has grown over the period, formal management referrals are the exception.

Non-supervisory/ managerial staff represents the majority of the WDHB client group. From a gender perspective, female staff use the EAP service more than male staff. For an organisation with an eighty-two percent female workforce, this is anticipated.

Employees mostly raise personal issues whilst the number of workplace issues are increasing. Personal issues and workplace issues are often closely linked as one impacts on the other.

Anxiety (twenty eight percent of non-work related presentations), career (forty one percent of work-related referrals) and relationships (work and non-work related) are the main issues across all age groups. WDHB staff presenting with anxiety (personal issue) and career (workplace issue) exceed the national average.

Anxiety, relationships and family issues contribute to fifty-two percent of non-work related issues. These issues may further correlate with general wellbeing and coping strategies in general.

Decreases in bullying and workload (work related issues) and anxiety and trauma (personal issues) are noted. Increases in career and safety (work related issues) are noted.

As a percentage of staff employed in each of the age categories, the various age groups (20 – 29, 30 – 39, 40 – 49 and 50+) use the EAP service equally (this data excludes casual staff). As a percentage of total WDHB EAP users, employees in the fifty-year plus group utilise the service the most. This group's utilisation is higher than the national average.

The 2018 data indicates a thirteen percent EAP usage for WDHB staff aged between twenty and twenty-nine, and a six percent usage for staff fifty years and older.

Usage amongst mental health staff have increased with an even distribution amongst the rest of the clinical areas whilst the corporate and business planning areas have the lowest usage.

Medical Services and Mental Health Services have doubled numbers of presentations from 2017 to 2018. However, 2017 had historically low levels of presentation for these areas. The impact of increased patient presentations and acuity in specifically Te Awhina and ED may have contributed to this.

Employee wellbeing is multidimensional and requires a multi-pronged approach. The current culture strengthening programmes and the WorkWell programme supports different employee wellbeing aspects.

Since September 2018, the national 1737 counsellor helpline are also promoted to all staff. Improved promotion of the EAP service including posters that highlight the range of this service is being considered and managers and staff encouraged to refer at an earlier stage before personal or work issues affect individual functioning.

9. Legislative Changes – Domestic Violence

The Domestic Violence - Victims' Protection Act 2018 will take effect on 1 April 2019. This new law grants employees affected by domestic violence up to 10 days' leave each year, and enables them to access short-term flexible working arrangements, such as changes to their work location, hours, duties, contact details and other arrangements.

New provisions:

- It allows employees to take up to 10 days' domestic violence leave per year to deal with the effects of domestic violence. Employees need six months' continuous employment to be entitled to this leave. The entitlement does not accrue from year to year. Proof can be requested to support the leave.
- The Act provides for short-term flexible working arrangements for employees affected by domestic violence. It allows affected employees to request additional types of flexibility than is otherwise available, including changes to work location and duties.
- Employees will have grounds for a personal grievance or a claim under the Human Rights Act 1993 if they have been treated adversely, on the grounds they are a person affected by domestic violence.
- Support might also be extended in other ways - paid or unpaid - to employees who are helping others through domestic violence, or to users of domestic violence, to encourage them to seek help.

The Act raises a number of issues for employers to deal with, including managing privacy and confidentiality in highly sensitive situations, who requests are made to and how, what information is recorded or shared and with whom, and what does it say on an employee's payslip when they take domestic violence leave?

The Central region is working towards implementing a shared regional responsive workplaces approach supporting staff who are victims of family violence within the Central Region DHB’s.

The six DHBs goals are to be places where:
- Family violence is prevented
- Victims and perpetrators of family violence are helped
- Communication and networking are increased
- Family violence initiatives are prioritised
- Leadership in driving change is demonstrated.

The DHBs plan to work closely with Women’s refuge in achieving the above goals. At Whanganui DHB guidelines for managers regarding family violence awareness and support in the workplace have been developed.

The following actions are planned regionally:
- Promoting respectful relationships in the workplace
- Implementing appropriate policies
- Fostering relationships with the community that support and connect people at risk

10. Staff Wellbeing

The WDHB commenced implementation of the WorkWell programme as basis for our staff wellbeing programme with the 2018 WorkWell Staff Survey. Forty eight percent of staff participated in identifying priority wellbeing areas for action.

The 2019/20 action plan will focus on the following three key priority areas:

- Healthy eating - create healthy and supportive environments that contribute to staff eating healthy.
- Physical activity - promote and create opportunities that support staff to engage and participate in physical activity.
- Mental health & wellbeing - create healthy and supportive environments that contribute positively to staff mental wellbeing.

The table below summarises the priority areas and planned activities:

Priority Area	Planned Activities
Healthy Eating	Review Nutrition policy. Scope suitability and potential sites for staff orchard, eatable gardens and healthy food exchange. Implement a staff led project based on the scoping exercise. Provide and promote opportunities for staff to share healthy recipes, meal ideas. Provide educational resources promoting opportunities and health benefit to staff relating to nutrition.
Physical Activity	Promote availability and access of current facilities such as: Showers. Storage – Lockers, Secure Bike. Create an onsite walking circuit at Whanganui Hospital grounds. Promote and support staff to engage in local community activities, including: Team building activities. Fun runs, social sports teams. Raise staff awareness relating to Physical Activity including promotion of opportunities and health benefits.
Mental Wellbeing	Review staff performance feedback process. Explore possibilities of offering flexible working arrangements. Explore and develop quiet spaces for staff. Raise staff awareness and promote positive mental wellbeing and our workplace. Promote and support improved wellbeing including stress management.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item 6.2
Author	Hentie Cilliers, general manager people and performance
Subject	Health and safety report

Recommendations

Management recommend that the board:

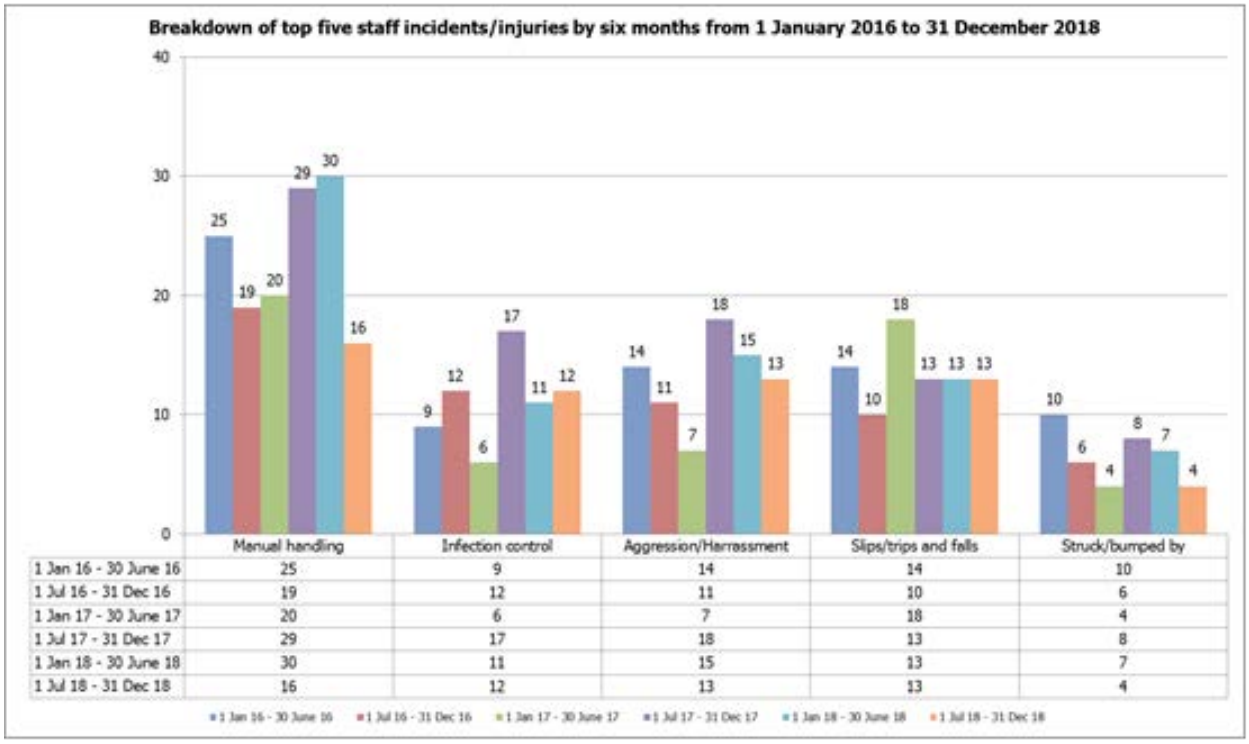
a. **Receives** the paper entitled 'Health and Safety update'
b. **Notes** the reduction in manual handling incidents / injuries
c. **Note** that there are no SAC 1 or 2 incidents or injuries
d. **Note** the key health and safety risks and mitigations reported
e. **Note** the other health and safety risks reported

1. Purpose

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

- Incident trends and injuries in the workplace.
- Key health and safety systems risks.
- Employee participation.
- Contractor management.

2. Incident / Injury trend reporting



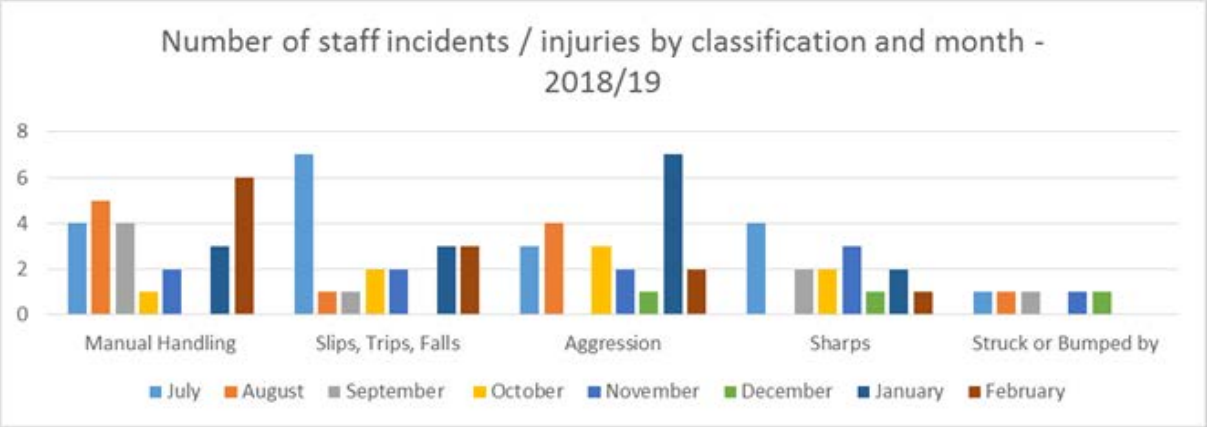
	Manual handling	Infection control	Aggression/Harrassment	Slips/trips and falls	Struck/bumped by
1 Jan 16 - 30 June 16	25	9	14	14	10
1 Jul 16 - 31 Dec 16	19	12	11	10	6
1 Jan 17 - 30 June 17	20	6	7	18	4
1 Jul 17 - 31 Dec 17	29	17	18	13	8
1 Jan 18 - 30 June 18	30	11	15	13	7
1 Jul 18 - 31 Dec 18	16	12	13	13	4

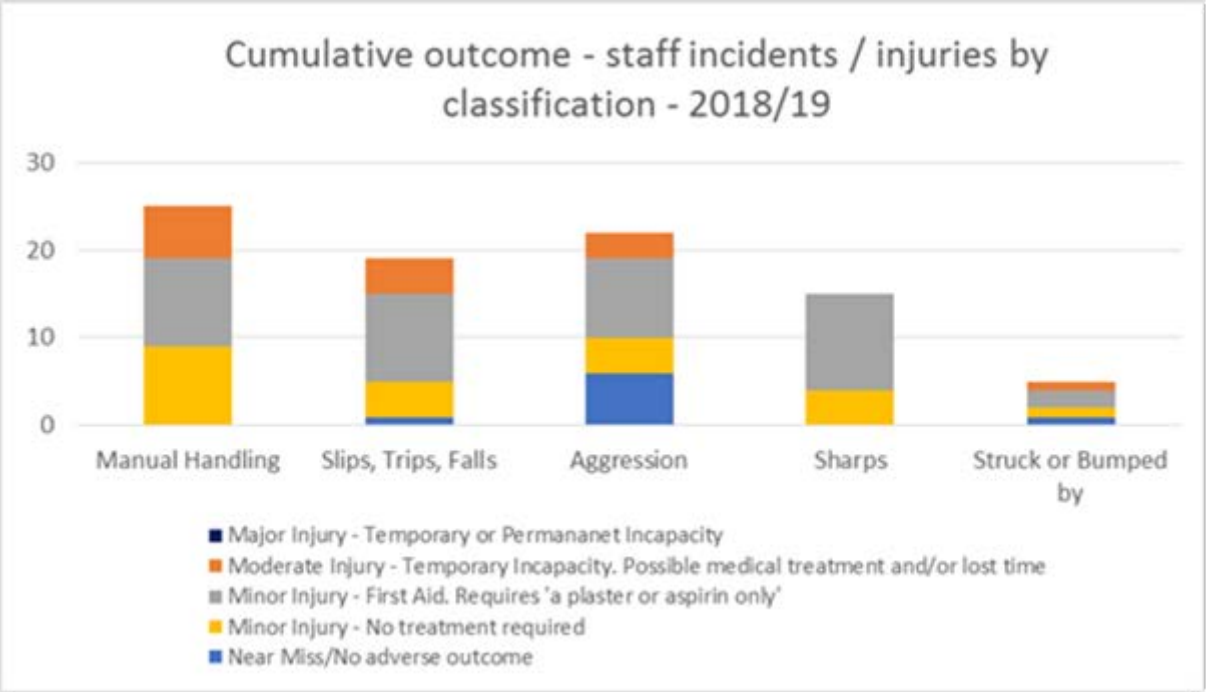
The above graph shows the top six staff injuries broken down by six months and by classification from 1 July 2015 to 30 June 2018.

The number of patient manual handling incidents have significantly reduced in the 1 Jul 18 to 31 Dec 18 (7/16) compared to 1 Jan 18 to 30 Jun 18 (14/30) and 1 Jul 17 to 31 Dec 17 (16/29). Reason may be due to the manual handling training being embedded (culture change from staff and managers) as well as the purchase and use of manual handling equipment.

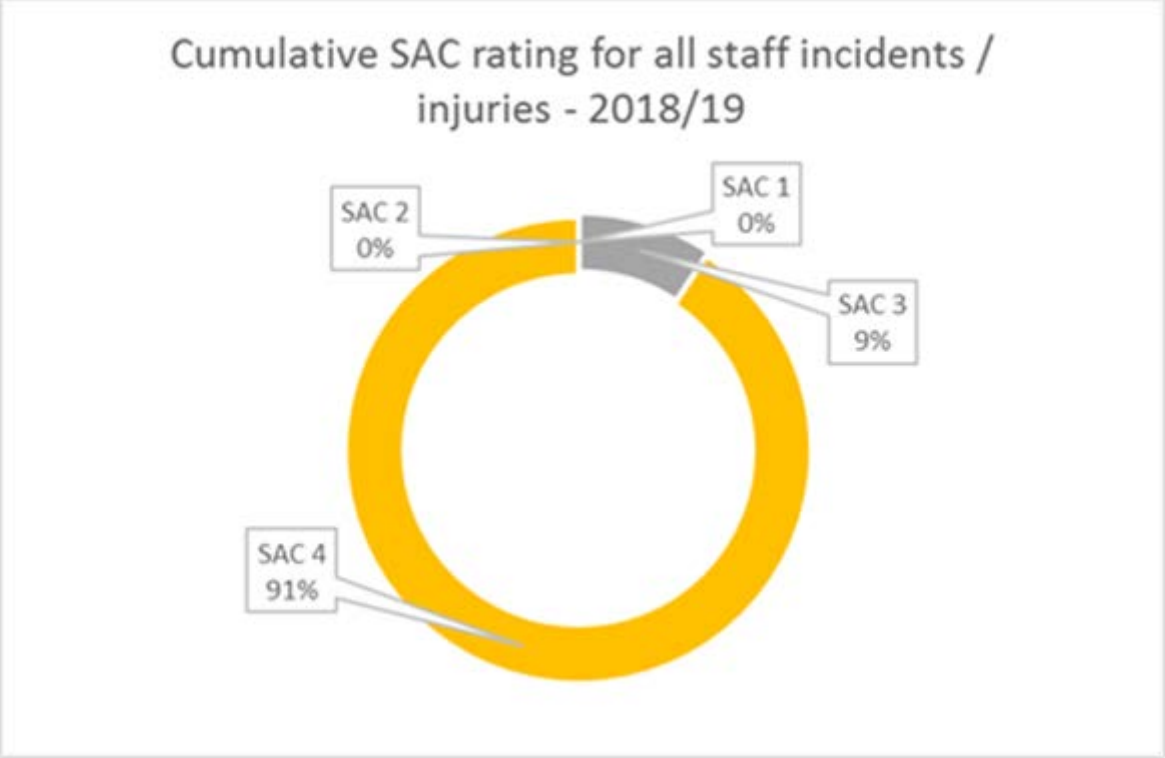
3. Incident/injury reporting

There were 30 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in January and February. The graphs below shows the top five staff incidents / injuries broken down by months and classification and provides a cumulative view of outcomes classifications for 2018/19.





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 major 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 financial year.

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. Health and safety risks

4.1 Key health and safety risks

Manual handling and aggression injuries continue to be the main health and safety risks. Further detail provided in the table below:

Key risk	Management/actions – update
Injury from manual handling of patients and objects is the highest injury category.	**Trend reporting – January / February 2019** ▪ Manual handling injuries – three equipment (Surgical, Theatre, and Emergency) and six patient related (Radiology (2), Surgical (2), CCU, and Medical). **Mitigating the risk** ▪ Involve manual handling trainer in all manual handling incidents. ▪ Manual handling training. ▪ New eLearning manual training modules. ▪ Use of equipment.
Management of aggression.	**Trend reporting – January / February 2019** ▪ There were one verbal (Telephonists) and eight physical aggression incidents (Te Awhina (5), CCU (2) and ED). The physical incidents involved a confused patient and /or medical condition.

Key risk	Management/actions – update
	Mitigating the risk ▪ Ongoing engagement, monitoring, support, education and training. ▪ Security guards available in the evenings.

The WDHB management of aggression workgroup met on 19 March. Key areas and staff groupings, including union partners and Te Pukaea were represented. Detailed information was shared with the group and local area / ward experiences were discussed.

Further opportunities for enhancing training, data collection and extending the disruptive behaviour algorithm used in district nursing to all areas in the WDHB were identified. An external audit or at least a self-audit of the WDHB approach to eliminating and managing and verbal and physical aggression to be considered.

Regular meetings between mental health service staff and the Police have resulted in an improved understanding and better working relationships. Increased aggression from visitors (mainly verbal) was noted. Te Awhina is awaiting the installation of an upgraded alarm system.

Further suggestions included a focus on pro-active feedback and support / interventions from managers as well as improved linkage with primary care colleagues and health partners.

4.2 Other health and safety risks

Sharps	Needle stick were the cause of sharps incidents/injuries (four). Staff are encouraged to report needle stick injuries for follow up. All employees who have had needle stick injuries are followed up with blood tests.
Slips/trips and falls	Cause of slips, trips and falls injuries (six) were employee fell after passing out, tripped and fell (2) for no apparent reason, caught foot in a flax leaf then tripped and fell and tripped over a box,

5. Employee participation

The Unit Health and Safety Committee and the WDHB Health and Safety Committee met in February. Attendance at the Unit Health and Safety Committee meeting sessions continues to be a work in progress with less than half of the areas in attendance.

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

- WorkWell wellness programme
- Review of monthly incident trends
- Monitor and update of health and safety objectives for 2018/2019
- Identifying 2019/2020 health and safety objectives
- Excellence and innovation in health and safety
- Manual handling equipment including a demonstration of Sara Stedy
- Staff harm when working in the community
- Review of recent H&S court cases
- Managing Escalating Situations Procedure

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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-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	1	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	1	0	0	0	0	0	0	0	0	0	0
Category E: Injury with no treatment	1	1	1	3	2	0	4	3	0	1	0	0	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotless H&S	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**
Hazard	9	11	12	9	10	10	14	12	7	9	15	8	10
Safety Observations	15	15	16	19	14	17	18	15	16	14	18	17	17
Sub-Contracted to Spotless	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**
Contractor Safety Interactions	5	4	4	3	3	3	3	2	7	10	7	12	11
Contractor Hazard	0	0	0	1	0	0	0	0	0	0	0	0	0
Contractor Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item 6.3
Author	Brian Walden, General Manager Corporate
Subject	Detailed financial report – February 2019

Recommendation

Management recommend that the board:

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

b. **Note** the February 2019 month end results is favourable to budget by $121k

c. **Note** the year to date February 2019 results is favourable to budget by $148k

d. **Note** that IDF's and community pharmacy remain a risk to our financial position

e. **Note** that the forecast $7.886m is subject to risks**;**
   i. Operating risks - mainly IDF outflows, MECA settlements above 2.43% not funded by the Ministry of Health, and community pharmacy expenditure.
   ii. Operating risk - MOH have funded all significant MECA settlements above 2.43% to date except SECA settlement which particularly impacts Spotless staff. Spotless will attempt to recover the increased cost of $360k.
   iii. One off Holidays Act compliance risk – Liability unable to be fully determined due to lack of agreement between Council of Trade Unions, Ministry of Business Innovation and Employment and DHBs over correct calculation method on four matters. Provision in 2017/18 annual accounts of $550k but could be more. This issue could impact year end.
   iv. One off impairment of NOS asset $1075k held as shares in NZHP is a risk depending on sector wide agreed treatment.

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 28 February 2019 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18	
Provider Division	(523)	(588)	65	F	(7,022)	(6,555)	(467)	U	(8,442)	(5,504)	U
Corporate	(9)	(43)	34	F	(100)	(315)	215	F	27	1,189	F
Provider & Corporate	**(532)**	**(631)**	**99**	**F**	**(7,122)**	**(6,870)**	**(252)**	**U**	**(8,415)**	**(4,315)**	**U**
Funder Division	768	764	4	F	792	520	272	F	526	(366)	U
Governance	36	18	18	F	130	2	128	F	3	502	U
Funder divison & Governance	**804**	**782**	**22**	**F**	**922**	**522**	**400**	**F**	**529**	**136**	**U**
Net Surplus / (Deficit)	**272**	**151**	**121**	**F**	**(6,200)**	**(6,348)**	**148**	**F**	**(7,886)**	**(4,179)**	**U**

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

Overview

Result for the month of February 2019 is favourable to budget by $121k.

- Provider $65k favourable to budget result is mainly due to savings in personnel costs related to lower acuity and vacancies; additional PSA nurses and allied MECA settlement funding $231k, clinical supplies (mainly theatres) related to lower theatre output, non-clinical supplies mainly other operating expenditure. This was partly offset by an unfavourable elective wash up of $351k (74.5% to target, internal) due to planned reduction in orthopedic intervention rates.
- Corporate $34k favourable to budget is due to staff vacancies (mainly IT), software license fees and depreciation costs. This was partly offset by additional facility costs.
- Governance $18k favourable to budget is due to personnel costs, other operating expenses, staff travel and board expenses.
- Funder $4k favourable to budget result is mainly due to elective wash up with own provider $351k (internal). This was offset by greater than expected inter-district flows, community pharmaceuticals, the realignment of health of older people home-based support and residential care costs.

Year-to-date February 2019 result is favourable to budget by $148k. This was mainly driven by funder and corporate performance; offset by provider performance.

- Provider division $467k unfavourable to budget result is mainly due to reduced elective volumes (90.9% to target, internal), nursing personnel, clinical supplies (mainly wards and pharmaceuticals), facility maintenance costs and outsourced clinical services (mainly in radiology). This was partly offset by theatre consumables due to lower elective surgery output and additional MECA funding.
- Corporate $215k favourable to budget is due to IT personnel costs (vacancies) and depreciation costs.
- Governance $128k favourable to budget is due to personnel costs, other operating expenses, board fees and board expenses.
- Funder $272k favourable to budget is mainly due to elective wash up with own provider (internal) as well as less than expected patient travel subsidies, aged residential care expenditure and a one-off favourable wash up on 2016/17 and 2017/18 in-between travel. This was partly offset by greater than expected expenditure on inter-district flows, immunisation, older people home-based support services and community pharmaceuticals.

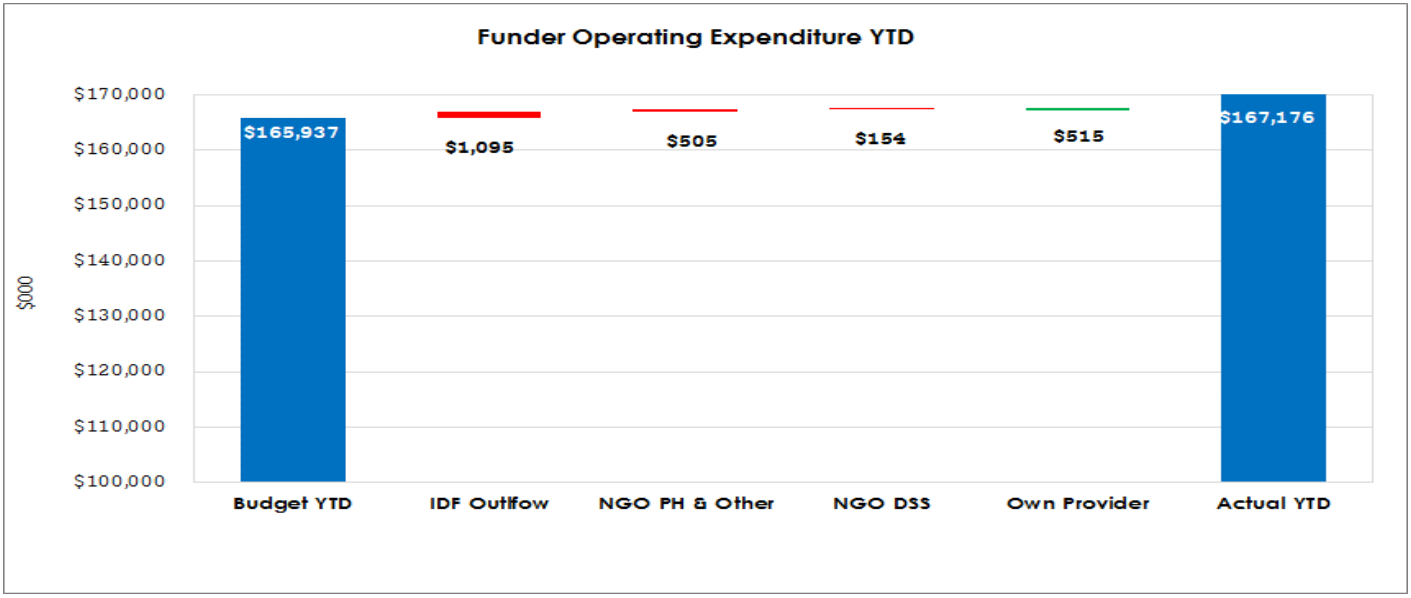
Funder division financial performance

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 28 February 2019 ($000s)
FUNDER DIVISION

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
Personal Health	768	573	195	F	53	247	(194)	U	120	(2,719)
Disability Support	43	155	(112)	U	687	21	666	F	-	991
Public Health	-	-	-	F	(1)	-	(1)	U	-	131
Maori Services	8	7	1	F	12	(27)	39	F	-	93
Other	39	29	10	F	205	279	(74)	U	406	502
Mental Health	(90)	-	(90)	U	(164)	-	(164)	U	-	636
Net Surplus / (Deficit)	**768**	**764**	**4**	**F**	**792**	**520**	**272**	**F**	**526**	**(366)**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 28 February 2019 ($000s)
FUNDER DIVISION

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
REVENUE										
Government and Crown agei	20,296	20,160	136	F	162,783	161,204	1,579	F	242,267	234,232
Inter-district Inflow	666	622	44	F	4,980	4,974	6	F	7,461	7,313
Other Income Revenue	39	29	10	F	205	279	(74)	U	406	502
Total Revenue	**21,001**	**20,811**	**190**	**F**	**167,968**	**166,457**	**1,511**	**F**	**250,134**	**242,047**
EXPENDITURE										
Personal Health	7,765	7,895	130	F	65,074	65,674	600	F	99,079	95,358
Disability Support	268	268	-	F	2,143	2,143	-	F	3,214	3,054
Mental Health	1,529	1,529	-	F	12,252	12,229	(23)	U	18,343	17,897
Public Health	14	6	(8)	U	111	49	(62)	U	73	245
Maori Services	9	9	-	F	73	73	-	F	110	108
Total own provider expenditur	**9,585**	**9,707**	**122**	**F**	**79,653**	**80,168**	**515**	**F**	**120,819**	**116,662**
Personal Health	3,563	3,440	(123)	U	29,783	29,271	(512)	U	44,049	42,352
Disability Support	2,263	2,275	12	F	19,569	19,415	(154)	U	29,154	28,575
Mental Health	734	641	(93)	U	5,241	5,125	(116)	U	7,688	7,380
Public Health	77	91	14	F	645	729	84	F	1,094	869
Maori Services	130	131	1	F	1,090	1,129	39	F	1,654	1,557
Inter-district Outflow	3,551	3,432	(119)	U	28,554	27,459	(1,095)	U	41,189	41,134
Total Other provider expenditu	**10,318**	**10,010**	**(308)**	**U**	**84,882**	**83,128**	**(1,754)**	**U**	**124,828**	**121,867**
Governance	330	330	-	F	2,641	2,641	-	F	3,961	3,884
Total Expenditure	**20,233**	**20,047**	**(186)**	**U**	**167,176**	**165,937**	**(1,239)**	**U**	**249,608**	**242,413**
Net Surplus / (Deficit)	**768**	**764**	**4**	**F**	**792**	**520**	**272**	**F**	**526**	**(366)**



Comments on results

Positive

Month comments

Funder $4k favourable to budget, mainly due to elective wash up with own provider $351k (internal).This was offset by greater than expected inter-district flows, community pharmaceuticals, realignment of health of older people home-based support and residential care costs.

Year-to-date comments

Funder $272k favourable to budget is mainly due to elective wash up with own provider (internal) as well as less than expected patient travel subsidies, aged residential care expenditure and a one-off favourable wash up on 2016/17 and 2017/18 in-between travel. This was partly offset by greater than expected expenditure on inter-district flows, immunisation, older people home-based support services and community pharmaceuticals.

Funder YTD variance to budget	Variance $000	Impact on forecast
Revenue	**$1,511 F**	
Crown revenue	**$1,579 F**	
▪ Personal health – Elective initiatives	$93 F	
▪ Personal health – PSA nurses and Allied MECA settlement	$231 F	Offset by costs
▪ Personal health – Gateway assessment	$8 F	
▪ Personal health side contract – Primary care top-up	$407 F	Offset by costs
▪ Personal health side contract – School-based health	$15 F	Offset by costs
▪ Personal health side contract – WellChild Tamariki Ora	$17 F	Offset by costs
▪ Personal health side contract – ACC fit for surgery contract	$9 F	Offset by costs
▪ Personal Health – ACC SAAT admin and management fee	$7 F	
▪ Personal Health – Falls prevention	$22 F	
▪ Personal Health – Practice sustainability	($5) U	Offset by costs
▪ Personal Health – Minor other	($19) U	
▪ Health of older people – In-between travel wash up	$427 F	Prior year wash up
▪ Health of older people – Pay equity	$383 F	Offset by costs
▪ Mental health – AOD	$5 F	Offset by costs
▪ Public health – Cervical and newborn hearing screening	($22) U	Offset by costs
Inter-district inflows – close to budget	**$6 F**	
Other income – mainly interest	**($74) U**	

Expenditure	**($1,239) U**	
Payment to own provider	**$515 F**	
▪ Personal health – Elective wash up	$1,015 F	No overall impact – offset by provider internal revenue
▪ Personal health – PSA nurses and allied MECA settlement	($231) U	
▪ Personal health – Adolescent dental demand-driven (partly offset by $23k of favourable external provider costs)	($42) U	
▪ Personal health – Pharmaceuticals	($141) U	
▪ Public health – Smokefree	($62) U	
▪ Mental health AOD	($24) U	
Payment to external provider (excluded IDF)	**($659) U**	
Personal health	**($512) U**	
▪ Laboratory	($33) U	
▪ Dental service	($31) U	
▪ Pharmaceutical	($556) U	
▪ General medical subsidy	($83) U	Partly offset by primary health care
▪ Primary health care	($92) U	Offset by revenue
▪ Rural support	$67 F	
▪ Immunisation	($56) U	
▪ Palliative care	$29 F	
▪ Domiciliary and district nursing	($63) U	
▪ Community base allied health – Home	$133 F	Offset by mental health costs
▪ Medical outpatient	($14) U	
▪ Price adjuster premium and minor expenses	$48 F	
▪ Travel and accommodation	$139 F	
Health of older people	**($154) U**	Offset by revenue
▪ Pay equity	($383) U	Offset by revenue

▪ Personal care and household management	($136) U	
▪ Age-related residential care	($6) U	
▪ Residential care hospitals	$210 F	
▪ Ageing in place	$30 F	
▪ Respite care	$66 F	
▪ Day programmes	$23 F	
▪ Carer support	$30 F	
▪ Other	$12F	
Mental health	**($116) U**	Offset by costs under personal health
▪ Sub-acute and long-term inpatients	$35 F	
▪ Child and youth mental health service	($24) U	
▪ Home-based support	($112) U	Offset by costs under personal health
▪ Community residential beds	($15) U	
Public health side contracts	**$84 F**	
▪ Tobacco control and other	$62 F	Offset by own provider cost
▪ Screening programme and other	$22 F	Offset by revenue
Māori health service	**$39 F**	Offset by costs under personal health
Inter-district outflows	**($1,095) U**	
▪ Based on 12-month rolling average with a small number of high case weight events impacting on the result	($1,095) U	Longer term trend uncertain, volume varies month-to-month

Governance and funding administration financial performance		
Month comments		
The result was $18k favourable to budget due to personnel costs related to leave and vacancies, operating expenses and board expenses.		
Year-to-date comments		
The result was $128k favourable to budget due to other operating expenses, board fees and expenses; partly offset by personnel costs.		**Positive**
	Variance $000	**Impact on forecast**
▪ Personnel costs	$49 F	
▪ Staff travel and accommodation	$16 F	
▪ Professional fees	$11 F	
▪ Board expenses, corporate training, printing, forms and stationery	$28 F	
▪ Photocopier rental	$20 F	
▪ Other operating expenses	$4 F	

Provider and corporate financial performance

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 28 February 2019 ($000s)
PROVIDER & CORPORATE

	Month				Year to Date				Annual	Actual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget	2017-18
REVENUE										
Government and Crown agency	712	672	40	F	6,557	6,940	(383)	U	11,608	10,508
Funder to Provider Revenue (internal)	9,584	9,707	(123)	U	79,652	80,167	(515)	U	120,819	116,987
Other income	102	94	8	F	1,013	881	132	F	1,529	1,382
Total Revenue	**10,398**	**10,473**	**(75)**	**U**	**87,222**	**87,988**	**(766)**	**U**	**133,956**	**128,877**
EXPENDITURE										
Personnel										
Medical	1,750	1,877	127	F	14,817	15,611	794	F	23,786	21,788
Nursing	3,079	3,096	17	F	26,311	26,230	(81)	U	39,471	34,978
Allied	899	959	60	F	7,714	8,293	579	F	12,471	10,861
Support	67	61	(6)	U	538	531	(7)	U	794	745
Management & Admin	863	859	(4)	U	7,316	7,503	187	F	11,234	10,332
Total Personnel(Exl other & outsourced)	**6,658**	**6,852**	**194**	**F**	**56,696**	**58,168**	**1,472**	**F**	**87,756**	**78,704**
Personnel Other	164	201	37	F	1,326	1,352	26	F	2,163	1,720
Outsourced Personnel	599	481	(118)	U	4,518	3,902	(616)	U	5,980	5,912
Total Personnel Expenditure	**7,421**	**7,534**	**113**	**F**	**62,540**	**63,422**	**882**	**F**	**95,899**	**86,336**
Outsourced Clinical Service	598	557	(41)	U	4,740	4,717	(23)	U	7,103	6,888
Clinical Supplies	1,150	1,211	61	F	11,081	10,766	(315)	U	15,961	15,102
Infrastructure & Non Clinical Supplies Costs	991	1,006	15	F	9,675	9,549	(126)	U	13,754	13,286
Capital Charge	281	284	3	F	2,400	2,407	7	F	3,543	3,262
Depreciation & Interest	445	463	18	F	3,514	3,593	79	F	5,517	5,206
Internal Allocation	44	49	5	F	394	404	10	F	594	696
Total Other Expenditure	**3,509**	**3,570**	**61**	**F**	**31,804**	**31,436**	**(368)**	**U**	**46,472**	**44,440**
Total Expenditure	**10,930**	**11,104**	**174**	**F**	**94,344**	**94,858**	**514**	**F**	**142,371**	**130,776**
Net Surplus / (Deficit)	**(532)**	**(631)**	**99**	**F**	**(7,122)**	**(6,870)**	**(252)**	**U**	**(8,415)**	**(1,899)**
FTEs										
Medical	107.3	116.5	9.2	F	103.0	111.2	8.2	F	112.3	101.2
Nursing	481.2	461.0	(20.2)	U	459.8	455.3	(4.6)	U	455.0	424.2
Allied	149.9	159.9	10.0	F	149.1	160.8	11.7	F	160.7	147.5
Support	14.6	15.9	1.3	F	14.9	16.0	1.1	F	16.0	14.8
Management & Admin	176.3	170.5	(5.8)	U	169.3	171.4	2.1	F	171.4	166.1
Total FTEs	**929.3**	**923.8**	**(5.5)**	**U**	**896.2**	**914.7**	**18.5**	**F**	**915.4**	**853.9**

Comments on result **Positive**

Month comments

Inpatient volumes are 88.2% to target in February 2019, with acute being 92% and elective being 76.3% of budget for the month.

The overall result for the month was $99k favourable to budget.

- **Revenue is $75k unfavourable to budget** – mainly due to:
  - Internal revenue $123k unfavourable related to under-delivery of elective volumes, particularly orthopaedics $351k (internal), pharmaceutical and dental $12k (internal, offset by funder cost). This was partly offset by Smokefree $8k, additional PSA nurses and allied MECA settlement funding $231k.
  - Government revenue $40k favourable due to ACC contract revenue $22k (offset by cost), ACC radiology $23k, training fees $16k. This was partly offset by ACC home-based support $10k, ACC implants $4k and outpatient clinics $7k.
  - Other income $8k favourable mainly relates to Auckland DHB Starship hospital air ambulance service wash up.
- **Total personnel costs is $113k favourable** to budget mainly due to medical, allied health, nursing personnel (acuity down and staff mix); partly offset by management and admin costs.
- **Outsourced clinical services is $41k unfavourable** to budget, mainly due to radiology service $10k, ACC contract $5k, and rest home convalescence $26k an accrual adjustment (YTD is favourable to budget).
- **Clinical supplies is $61k favourable** to budget due to theatre consumables $73k, patient travel $6k, blood products $11k, dental $5k. This was partly offset by wards consumables $7k, district nursing consumables $9k, pharmaceutical $18k and various other $3k.

- **Infrastructure and non-clinical supplies $15k favourable** to budget due to other operating expenditure and IT; partly offset by additional facility costs.
- **Depreciation is favourable to budget by $18k** due to timing of the purchase of clinical and IT equipment.

Year-to-date comments

Inpatient volumes were 95.2% to target in February 2019, with acute being 96.7% and elective being 91.1% of budget.

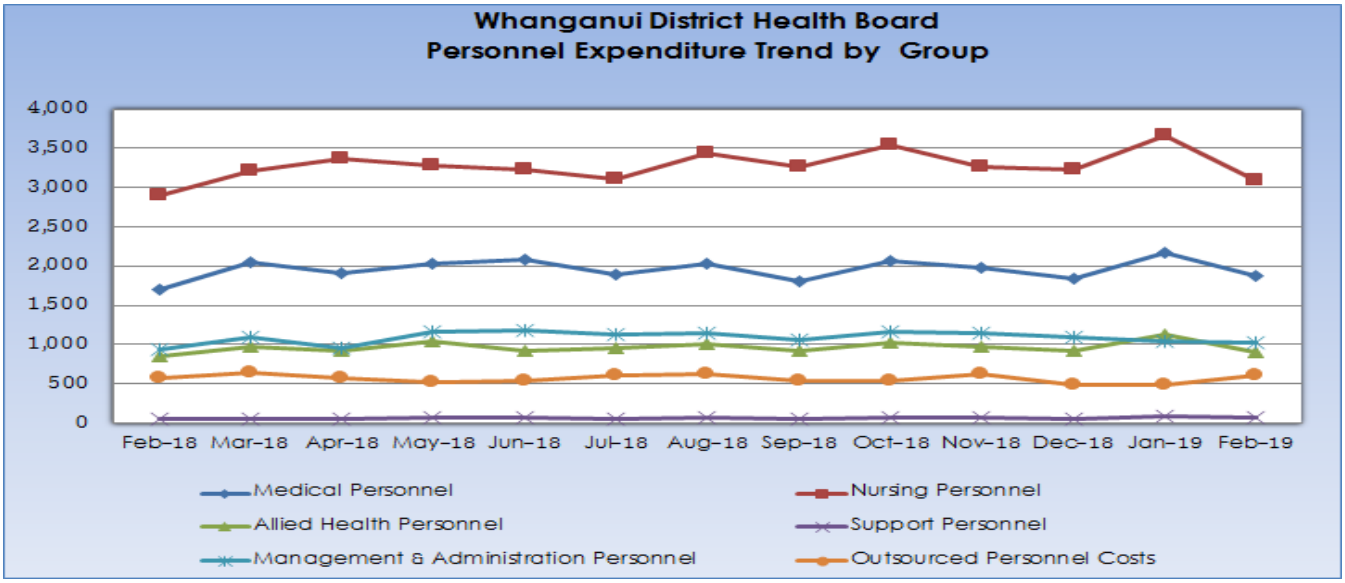
The overall result is $350k unfavourable to budget.

- **Revenue is $764k unfavourable** to budget mainly due to:
  - Internal revenue $513k unfavourable mainly due to under-delivery of elective volumes, resulting in an unfavourable wash up of $1,015k (offset by funder). This was partly offset by pharmaceutical $141k, dental $42k, Smokefree $62k, mental health AOD $24k (internal) and PSA nurses and allied MECA settlement funding $231k.
  - Government revenue $383k unfavourable mainly due to ACC contract $295k (offset by costs), ACC revenue home-based support $121k, ACC non-acute inpatient rehabilitation $39k, ACC patient with high blood use reimbursement $40k (patient discharged), ACC implant $40k, outpatient clinics $68k and Health Quality and Safety Commission (HQSC) falls prevention contract $12k. This was partly offset by Health Workforce NZ Hauora Māori Training Fund $90k (offset by cost), ACC radiology $50k, training fees $67k, one-off HQSC $10k, national travel assistance $5k and colonoscopy revenue $10k.
  - Other income $132k favourable due to one-off Capital and Coast DHB secondment revenue $41k, ACC contract patient consumables revenue $18k, non-resident and other $39k, dental $9k and donation from Countdown $32k, Auckland DHB air ambulance wash up $17k and other $5k; partly offset by prison contract $29k.
- **Personnel costs is $882k favourable** to budget mainly due to medical personnel and allied health management vacancies. This was partly offset by medical personnel locum costs, high nursing personnel costs in ED, Medical Ward, AT&R Ward, CCU, ATR community service, mental health service and Paediatric Ward.
- **Outsourced clinical services** is $23k unfavourable to budget due to radiology service $144k, laboratory $3k, ophthalmology $9k, audiology $12k, dental $11k, orthodontic $3k, and echo service $8k. This was partly offset by ACC contract $101k (offset by revenue), infectious disease SMO support from Capital and Coast DHB $39k and rest home convalescence $27k.
- **Clinical supplies is $315k unfavourable** to budget due to:
  - wards consumables $122k – treatment and disposable consumables $36k and pharmaceutical $85k (26% Medical Ward $22k and 52% mental health inpatient service $44k); and respiratory equipment for CCU $11k; partly offset by minor purchases $10k.
  - pharmaceutical $179k (partly offset by $141k pharmaceutical internal revenue).
  - orthotics – mobility aids and wheelchairs $60k (demand-driven).
  - patient travel $129k (demand-driven).
  - radiology $26k (contrast media, syringes and repairs and maintenance).
  - district nursing $12k.

  This was partly offset by:
  - theatre consumables $202k.
  - blood products $6k (relates to two patients).
  - various other $5k.
- **Infrastructure and non-clinical supplies is $126k unfavourable** to budget due to Health Workforce NZ Hauora Māori training costs $74k (offset by revenue), orderlies service additional $13k, facilities additional to contract cost $56k, patient meals $39k, professional fees $20k (mainly pro-equity audit), postage and courier $13k, laundry $9k, telecommunications $17k. This was partly offset by staff travel and accommodation $23k, stationery, printing and forms $63k, advertising $14k and IT $15k.
- **Depreciation** is $79k favourable due to the timing of the purchase of clinical and IT equipment.

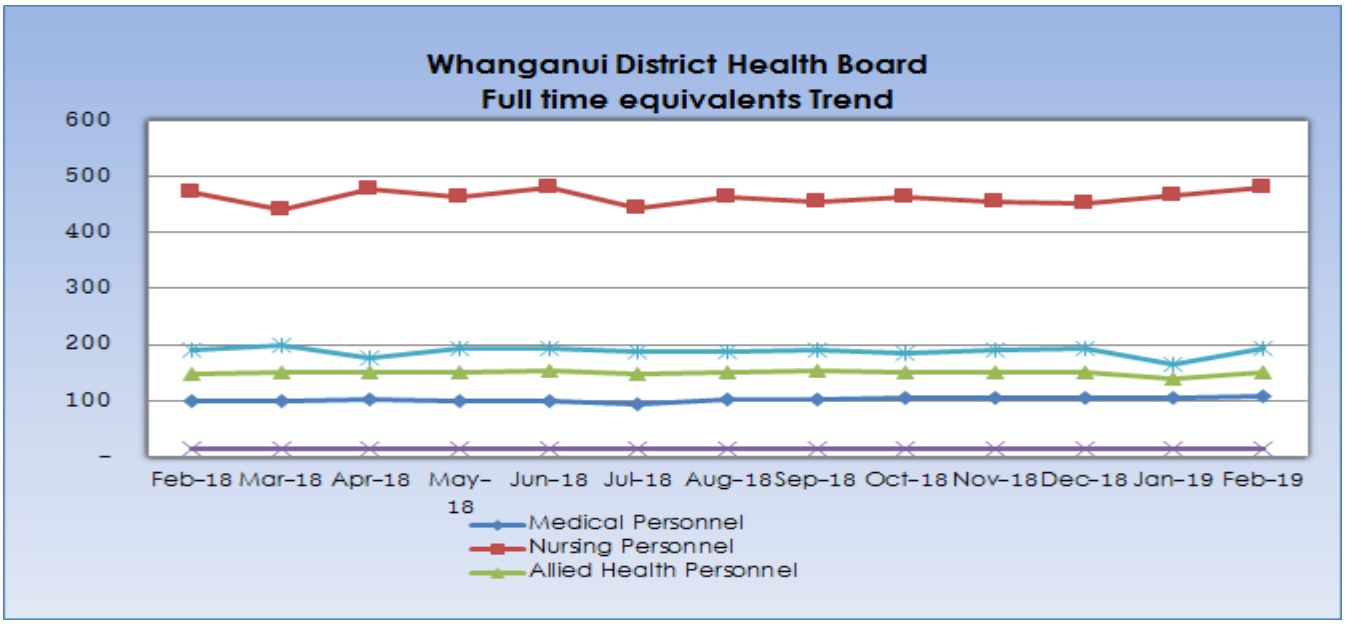
Supplementary information on costs

Personnel cost trends



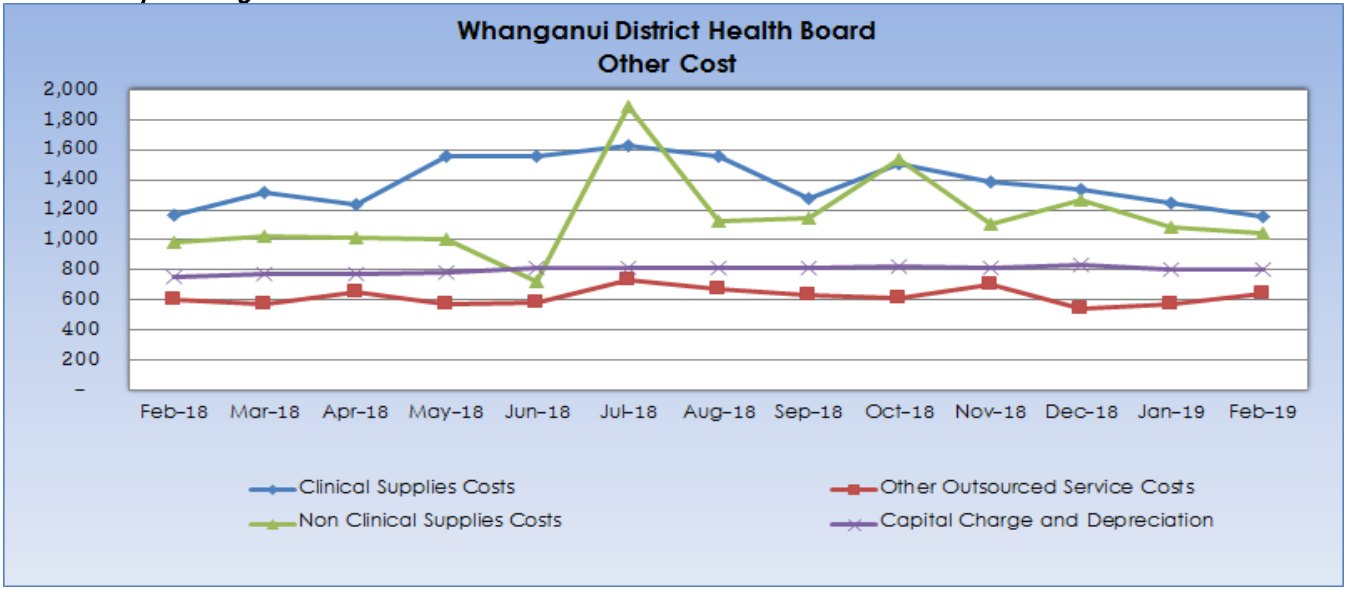
- Personnel costs downward trend in February 2019 is comparable to the prior month, mainly due to three less working days in the month. This was partly offset by a statutory holiday falling into February due to payroll cutoff timing.
- Outsourced personnel upward trend in February 2019 is due to ACC contract (offset by revenue), urology and RMO strike cover, partly offset by dental locum costs.

FTE trends



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

Other operating costs



- Clinical supplies downward trend in February 2019 compared to the prior month is mainly due to theatre consumables (mainly orthopaedic elective surgery 47.7% to target), blood products, patient travel. This was partly offset by pharmaceutical costs.
- Non-clinical supplies downward trend in February 2019 compared to the prior month is due to professional fees and telecommunication; partly offset by facility costs.
- Other outsourced upward trend in February 2019 compared to the prior month is due to ACC contract (offset by revenue), dental; partly offset by radiology service.
- Interest, capital charge and depreciation trend in February 2019 is comparable to the prior month.

Rolling trend of financial performance

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

	Feb-18	Feb-19	1 month Average	Last 12 Month Rolling Total	Budget 2018-19	Actual Vs Budget 2018-19		Actual 2017-18	Actual 2016-17
REVENUE									
MoH - Government And Crown Agency	20,542	21,673	21,527	258,319	261,336	(3,017)	U	251,767	240,264
Other Income Revenue	156	142	183	2,195	1,951	244	F	2,439	1,966
Total Revenue	**20,698**	**21,815**	**21,710**	**260,514**	**263,287**	**(2,773)**	**U**	**254,206**	**242,230**
EXPENDITURE									
Medical Personnel	1,703	1,878	1,979	23,748	25,177	1,429	F	22,100	21,064
Nursing Personnel	2,904	3,096	3,306	39,674	39,917	243	F	37,029	33,855
Allied Health Personnel	852	910	975	11,704	12,767	1,063	F	11,072	10,720
Support Personnel	54	68	66	788	797	9	F	726	865
Management & Administration Personnel	931	1,029	1,099	13,191	13,459	268	F	12,529	11,775
Outsourced Personnel Costs	580	600	567	6,798	5,980	(818)	U	7,115	6,117
Total Personnel Expenditure	**7,024**	**7,581**	**7,992**	**95,903**	**98,097**	**2,194**	**F**	**90,571**	**84,396**
Other Outsourced Service Costs	602	644	624	7,487	7,656	169	F	7,282	7,474
Clinical Supplies Costs	1,163	1,151	1,396	16,748	15,967	(781)	U	15,935	14,569
Infrastructure & Non Clinical Supplies Costs	982	1,049	1,164	13,970	14,687	717	F	13,635	13,334
Other Provider Payments	6,210	6,768	6,976	83,713	83,638	(75)	U	80,733	76,829
Inter-district-outflow	3,320	3,551	3,503	42,041	41,189	(852)	U	41,134	38,253
Total Other Expenditure	**12,277**	**13,163**	**13,663**	**163,959**	**163,137**	**(822)**	**U**	**158,719**	**150,459**
Net Surplus / (Deficit) before Int, Depr & Ca	**1,397**	**1,071**	**54**	**652**	**2,053**	**(1,401)**	**U**	**4,916**	**7,375**
Capital Charges	359	354	369	4,426	4,412	(14)	U	4,357	2,422
Depreciation	389	445	436	5,227	5,527	300	F	4,737	4,695
Interest Costs	-	-	-	-	-	-	F	-	970
Total Interest Depreciation and Capital Exp	**748**	**799**	**804**	**9,653**	**9,939**	**286**	**F**	**9,094**	**8,087**
Total Expenditure	**20,049**	**21,543**	**22,460**	**269,515**	**271,173**	**1,658**	**F**	**258,384**	**242,942**
Net Surplus/ (Deficit)	**649**	**272**	**(750)**	**(9,001)**	**(7,886)**	**(1,115)**	**U**	**(4,178)**	**(712)**

- The 12-month rolling average of $9m is $1.1m worse than the 2018/19 budget forecast of $7.9m. Increase relates to demand-driven expenditure and higher inter-district outflows for the first half the year.

  Risk to forecast deficit $7.886m include:
  - Risks mainly exist around IDF outflows, MECA settlements above 2.43% not funded by the Ministry of Health, and community pharmacy expenditure.
  - MOH have funded all significant MECA settlements above 2.43% to date except SECA settlement which particularly impacts Spotless staff. Spotless will attempt to recover the increased cost of $360k.
  - Holidays Act compliance – Liability unable to be fully determined due to lack of agreement between Council of Trade Unions, Ministry of Business Innovation and Employment and DHBs over correct calculation method on four matters. Provision in 2017/18 annual accounts of $550k but could be more. This issue could impact year end.
  - Impairment of NOS asset $1075k held as shares in NZHP is a risk depending on sector wide agreed treatment.

Statement of financial position

Summary Statement of Financial Position as at 28 Feb 2019 ($000)

	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
ASSETS					
Current Assets (exl trade other receivable	5,841	8,999	1,562	7,437	1,562
Trade and Other Receivables	8,750	**6,029**	**5,917**	112	7,495
Fixed Assets	83,342	81,783	84,546	(2,763)	84,771
Work in Progress (WIP)	5,841	6,104	5,841	263	5,841
Long Term Investments	1,121	1,121	1,121	-	1,167
Total Assets	**104,895**	**104,036**	**98,987**	**5,049**	**100,836**
LIABILITIES					
Bank Overdraft	-	-	-	-	-
Bank Overdraft - HBL	-	-	(70)	70	(5,038)
Employee Related - Current Liabilities	(12,874)	(14,123)	(12,722)	(1,401)	(11,827)
Trade and Other Payables	(13,922)	(18,153)	(14,605)	(3,548)	(14,140)
Crown Loan - Current	(135)	(135)	(135)	-	(135)
Finance Leased - Current	(92)	(92)	(92)	-	(95)
Crown Loan - Non-Current	(236)	(135)	(135)	-	(101)
Non - Current Liabilities	(805)	(822)	(808)	(14)	(808)
Finance Leased - Non- Current	(678)	(617)	(615)	(2)	(583)
Total Liabilities	**(28,742)**	**(34,077)**	**(29,182)**	**(4,895)**	**(32,727)**
EQUITY					
Equity	(76,153)	(69,959)	(69,805)	(154)	(68,109)
Total Equity	**(76,153)**	**(69,959)**	**(69,805)**	**(154)**	**(68,109)**
Total Equity and Liabilities	**(104,895)**	**(104,036)**	**(98,987)**	**(5,049)**	**(100,836)**

Comments on result

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

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

Working capital

Working Capital as at 28 Feb 2019 ($000s)

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
CURRENT ASSETS						
Cash and cash equivalents	7,406	1,284	7,409	5	7,404	5
Trust / special funds	138	145	181	145	36	145
Trade and other receivables	7,525	8,750	6,029	5,917	112	7,495
Investment	3,000	3,000	-	-	-	-
Inventory / Stock	1,327	1,412	1,409	1,412	(3)	1,412
Total Current Assets	**19,396**	**14,591**	**15,028**	**7,479**	**7,549**	**9,057**
CURRENT LIABILITIES						
Bank Overdraft	-	-	-	-	-	-
Bank Overdraft - HBL	-	-	-	(70)	70	(5,038)
Trade and other payables	(13,171)	(13,476)	(16,814)	(13,298)	(3,516)	(13,638)
Income Received in Advance	(1,624)	(446)	(633)	(543)	(90)	(502)
Capital Charge Payable	-	-	(706)	(764)	58	-
Term Loans – Private (current portion)	(20)	(92)	(92)	(92)	-	(95)
Crown Loan - Current	(135)	(135)	(135)	(135)	-	(135)
Payroll Accruals & Clearing Account	(2,330)	(3,810)	(4,698)	(3,396)	(1,302)	(2,041)
Employee Related - Current Liabilities	(8,365)	(9,064)	(9,425)	(9,326)	(99)	(9,786)
Total Current Liabilities	**(25,645)**	**(27,023)**	**(32,503)**	**(27,624)**	**(4,879)**	**(31,235)**
Working Capital	**(6,249)**	**(12,432)**	**(17,475)**	**(20,145)**	**2,670**	**(22,178)**
Working Capital ratio	**75.6%**	**54.0%**	**46.2%**	**27.1%**		**29.0%**

Comments on result	
	Neutral

Working capital variances	**Variance $000**	**Impact on forecast**
Working capital better than budget due to:	$2,670 F	
Current assets	$7,549 F	
▪ Slightly higher in funds cash position than budget is due to capital projects being behind schedule – mainly funder laboratory and IDF, clinical equipment, facilities and IT which is a timing variance that will be spent in due course.	$7,404 F	Mainly timing
▪ Trade and other receivables increased due to funder accrual provision.	$112 F	

Current liabilities	($4,879) U	
▪ Trade and other payables actual increased due to provision for IDF, labs, pay equity and funder demand-driven expenditure (budgeted projection which was based on historical information).	($3,516) U	Mainly timing
▪ Income in advance mainly related to 30 June 2018 carry forward balance for youth alcohol, Smokefree, health sector participation in child health and pay equity.	($90) U	
▪ Payroll related and employee related provision expiry MECA provision.	($1,302) U	

Cash flows

Consolidated Summary Statement of Cash Flows for the period ended 28 Feb 2019 ($000)

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	
Net surplus / (deficit) for year	(712)	(4,179)	(6,200)	(6,348)	148	F
Add back non-cash items						
Depreciation and assets written off on PPE	4,687	4,720	3,509	3,598	(89)	U
Revaluation losses on PPE	-	-	-	-	-	F
Total non cash movements	**4,687**	**4,720**	**3,509**	**3,598**	**(89)**	**U**
Add back items classified as investment Activity						
(loss) / gain on sale of PPE	8	16	8	-	8	F
Profit from associates	(100)	(129)	-	-	-	F
Gain on sale of investments				-	-	F
Write-down on initial recognition of financial assets		83	-			
Movements in accounts payable attributes to Ca	(476)	64	300	412	(112)	U
Total Items classified as investment Activity	**(568)**	**34**	**308**	**412**	**(104)**	**U**
Movements in working capital						
Increase / (decrease) in trade and other payables	(1,094)	(873)	4,231	683	3,548	F
Increase / (decrease) employee entitlements	681	2,112	1,266	(149)	1,415	F
				-	-	F
(Increase) / decrease in trade and other receivable	(857)	(1,091)	2,721	2,833	(112)	U
(Increase) / decrease in inventories	34	(85)	3	-	3	F
Increase / (decrease) in provision	-	-	-	-	-	F
Net movement in working capital	**(1,236)**	**63**	**8,221**	**3,367**	**4,854**	**F**
Net cash inflow / (outflow) form operating activitie	**2,171**	**638**	**5,838**	**1,029**	**4,809**	**F**
	-	-	-	-		
Net cash flow from Investing (capex)	(5,371)	(6,402)	(2,521)	(5,214)	2,693	F
Net cash flow from Investing (Other)	26	(7)	(30)	-	(30)	U
Net cash flow from Financing	(327)	(351)	(162)	(164)	2	F
Net cash flow	(3,501)	(6,122)	3,125	(4,349)	7,474	F
Net cash (Opening)	13,907	10,406	4,284	4,284	-	F
Cash (Closing)	**10,406**	**4,284**	**7,409**	**(65)**	**7,474**	**F**

Comment on result	**Neutral**

Cash flow variance	**Variance $000**	**Impact on forecast**
Closing cash is better than budget, made up of the following:	$7,474F	
Net cash flow from operations	$4,809 F	
▪ Trade and other payables difference between forecast mainly related to funder division accrual provision for demand-driven expenditure, IDF $1.4m, Medlab $1.6m not processed by HealthPAC and various other accrued demand driven funder expenditure.	$3,548 F	Timing
▪ Employee entitlement relates mainly to the provision for expiry of MECAs and increased in timing accruals (positive impact on cash).	$1,415 F	
▪ Trade and other receivables difference between forecast mainly related to prepayment.	($112) U	
Net cash outflow from investing		
▪ Capital expenditure programme running behind schedule, mainly clinical equipment, facilities and IT-related projects (timing).	$2,693 F	Behind budget

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

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 1 February 2019	For reasons set out in the board's agenda of 1 February 2019	As per the board agenda of 1 February 2019
Whanganui District Health Board minutes of meeting held on 7 April 2019	For reasons set out in the board's agenda of 7 April 2019	As per the board agenda of 7 April
Chief executive's report Board & committee chair reports Risk and Audit Committee minutes of meeting held on 13 February 2019 CE Performance Review/KPI Framework	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)
External Audit Engagement Letter	To maintain legal professional privilege	Section 9(2)(h)
New Car Park Capex	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)
Air Whanganui Renewal Contract	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)

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