AGENDA

Whanganui District Health Board

Meeting date	**Friday 1 February 2019**	
Start	9.30am	Board-only time
Presentation	10.00am	Clinical Governance
	12.30pm	Lunch
Venue	Board Room Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui	

Embargoed until Saturday 2 February 2019

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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
- Mr Peter Brown, Board Secretary
- WDHB archived records

Executive Management Team

- Mr Russell Simpson, Chief Executive
- Mrs S Blake, Director of Nursing, Patient Safety and Quality
- Mr K Pollard, Acting 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 Brian Walden, General Manager Corporate

Ministry of Health

- Ms Nicola Holden, Relationship Manager, Ministry of Health

Managers WDHB

- Mrs Eileen O'Leary, Project Manager, Service and Business Planning
- Mr Matthew Power, Funding Manager, Service and Business Planning
- Mr Peter Wood-Bodley, Business Manager, Surgical and Mental Health
- Ms Kath Fraser-Chapple, Business Manager, Business Management and Support
- Mrs Louise Torr, Manager, Medical Management Unit
- Mrs Louise Allsopp, Manager, Patient Safety and Service Quality

Public *(mailed hard copy of public section only unbound)*

- Mrs M Bennett, Hauora A Iwi Board Chair
- Mrs K Anderson, Chief Executive Officer, Hospice Wanganui
- Whanganui Chronicle
- Dr B Douglas, Jabulani Medical Practice
- Ms Anne Taylor, Grey Power Whanganui
- Whanganui Public Library

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, 1 February 2019 Board Room, Fourth Floor, Ward/Admin Building, Whanganui Hospital **Commencing at 10.00am**
BOARD	**PUBLIC SESSION**

	ITEM	PRESENTER	PAGE
	Karakia/reflection	D Hull	
1	Apologies	D McKinnon	
2	Conflict and register of interests update 2.1 amendments to the register of interests 2.2 Declaration of conflicts in relation to business at the meeting	D McKinnon	7
3	Late items	D McKinnon	
4	**PRESENTATION** Clinical governance board	 K Fry	13
5	Confirmation of minutes of the 14 December 2018 meeting *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.*	D McKinnon	21
6	Board and committee chairs reports 8.1 Board 8.2 Combined statutory advisory committee 8.3 Risk and audit committee	 D McKinnon S Hylton D Hull	25
7	Chief Executive report	R Simpson	27
8	**Decision Papers**		
8.1	District Health Board elections	R Simpson	31
8.2	Proposed Haurora A Iwi and WDHB combined boards Hui	R Kui	35
9	**Discussion Papers**		
9.1	Internal audit programme	B Walden	37
9.2	Health and safety report	H Cilliers	39
9.3	Communications quarterly Update	K Pollard	43
9.4	Clinical board six monthly update	K Fry	47
10	**Information papers**		
10.1	Detailed financial report – December 2018	B Walden	51
11	Date of next meeting 22 February 2018 – Annual Planning workshop		
12	**Reasons to exclude the public**	**D McKinnon**	**65**

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	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
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 13 November 2015	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. 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 ▪ Chair, of the the Four Regions Trust (formerly Powerco Wanganui Trust) ▪ 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.

BOARD ADVISORS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Peter Brown		No current declared interests.

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

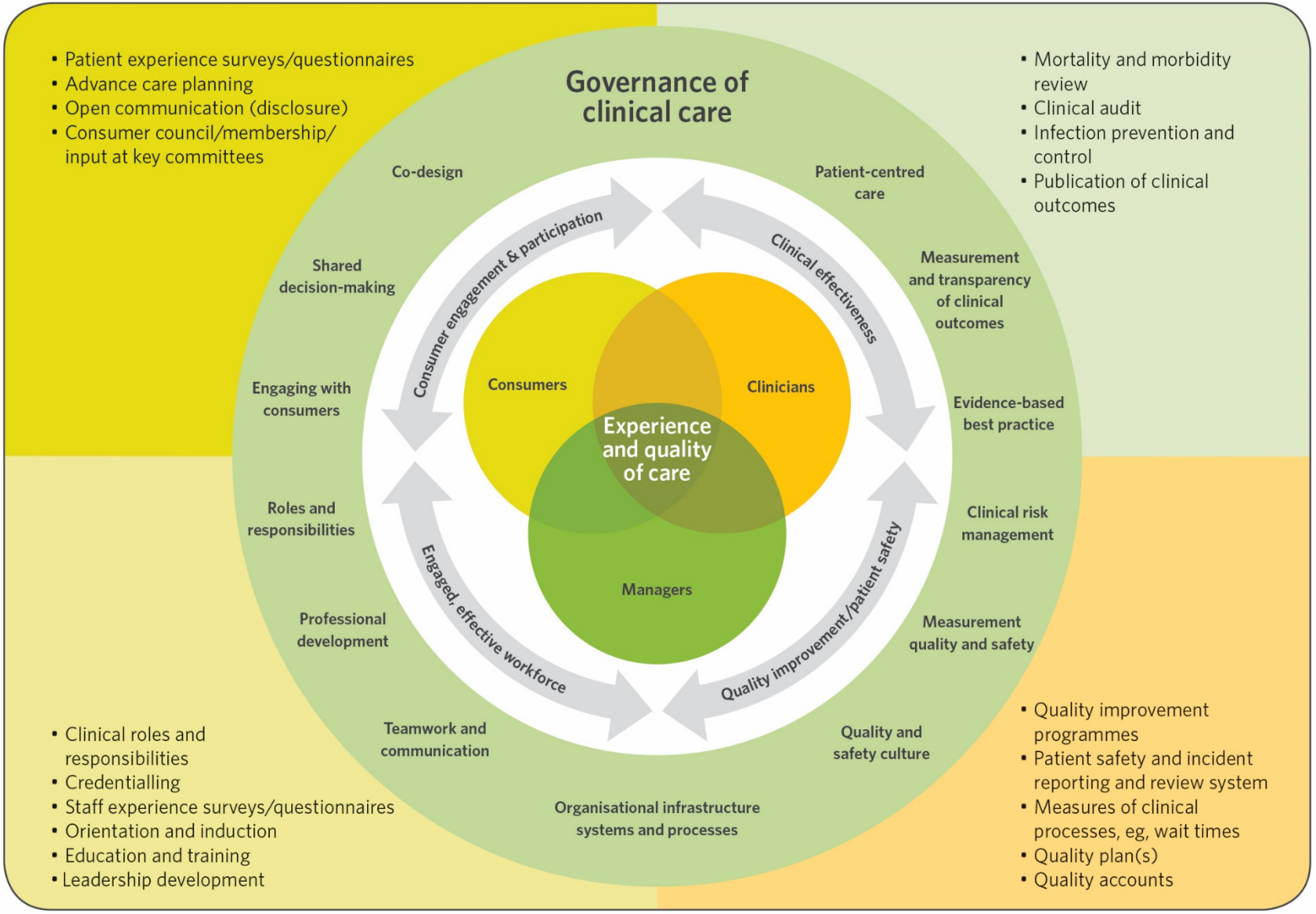
Clinical Governance

Background

- Clinical Governance developed in UK in the late 1990's after failures in standards of services due to competing priorities between managers and clinicians.
- *In Good Hands (*2009) in New Zealand – focus on doctors and mainly those in public hospitals.
- Further work including WDHB review in 2010
- National surveys by HQSC 2012 and 2017
- HQSC publications

Definition of clinical governance

- Gabriel Scally and Liam Donaldson (1998), defined clinical governance as:
- a system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, creating an environment in which excellence in clinical care will flourish
- A collaborative venture between clinicians, managers and consumers that aims to ‘create a culture where quality and safety is everybody’s primary goal’ (Flynn et al 2015).



Clinical Governance: Guidance for health and disability providers HQSC 2017

Questions to Consider

- Is clinical governance embedded and enabled at all levels of the organisation
- Are quality and safety in our vision and articulated to staff. Does everyone take responsibility for quality and safety
- Is there evidence of a culture of trust and openness in the organisation
- Are there strong partnerships between consumers and staff (managers, clinicians)
- Are we transparent about the clinical outcomes we achieve for the communities we serve?
- Does the governance/board receive data on quality and patient experience

WDHB clinical board activities

- Framework
- Monitor, safeguard and influence clinical performance
- Oversee clinical policy and standards and encourage research, development and innovation
- Guide and support risk management activities across the organisation
- Reporting and promotion

Work plan

Professional competence and practice improvement	Chief Medical Officer	Medical credentialing
	Director Allied Health	Allied health leadership incl HWNZ
	Director of Nursing	NetP PDRP HWNZ
	Midwifery Advisor	Maternity Quality & Safety Programme (MQSP) clinical indicators annual report Programme activities MQSP six-monthly report
Clinical risk management and patient experience	Manager Patient Safety	Incident management
		Complaints management
		Infection prevention & control
		Multidisciplinary clinical risk management working group - pressure injury & wound management/falls
		Research
		Clinical audit
		Drugs & Therapeutics committee
		Perinatal review
		Restraint general medicine
		Morbidity & Mortality committee
		Mortality data analysis report
Clinical service improvement	Director of Nursing	Medical services
		Surgical services
	Director of Nursing	Restraint committee
		Community & rural health
		Public health
	Director Allied Health	Allied Health
		Health of Older Persons
Support services, improvement, planning & investment, organisational risk	Chief Medical Officer	Health informatics Clinical information governance group
	Business Managers Business Manager Medical Management Unit	Product evaluation
WDHB and committee reports	Director Allied Health	Combined committee
		Risk & audit committee
		Board

Unconfirmed
Minutes
Public session

Meeting of the Whanganui District Health Board

**held in the Board Room, Fourth Floor, Ward/Administration Building
Wanganui Hospital, 100 Heads Road, Whanganui
on Friday 14 December 2018, commencing at 10am**

(After initial board workshops, the following discussions commenced at 12.35 p.m.)

Present
Mrs Dot McKinnon (QSM) Board Chair
Mr Stuart Hylton, Deputy Chair
Ms Maraea Bellamy
Ms Jenny Duncan
Mr Darren Hull
Mrs Judith MacDonald
Hon Dame Tariana Turia (DNZM)

In attendance
Mr Russell Simpson, Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Campion, Communications Manager
Mr Hentie Cilliers, General Manager People and Performance
Mr Paul Malan, General Manager Service and Business Planning
Mr Brian Walden, General Manager Corporate
Mr Peter Brown, Board Secretary
Mary Bennett (Chair Hauora A Iwi)

Public
Members of the press, public and staff.

Karakia/reflection

Jenny Duncan opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:
The apologies from Graham Adams, Charlie Anderson, Philippa Baker-Hogan, and 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 a late item is to be considered in the public excluded section of the meeting; the late item relates to the procurement of TOP services closer to Whanganui; the matter was not on the agenda because of a proposed change to the procurement process to ensure ~~fair~~ fairness and transparency in the procurement process and that the matter needs to be considered at the board meeting because under the proposed process and timelines the date for advertising requests for proposal will fall due before the next board meeting on 1 February 2019.

Noting 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.

It was resolved that:
The matter be **accepted** as a late item and dealt with in the public excluded section the meeting.

4 Delegations

Nil.

5 Presentation

Nil.

6 Minutes of the previous meeting

It was resolved that:
The minutes of the public session of the meeting of the Whanganui District Health Board held on 2 November 2018 be **approved** as a true and correct record.

Matters arising
Nil.

7 Minutes of committee meetings

7.1 Minutes of the Combined Statutory Advisory Committee meeting

It was resolved that:
The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 30 November 2018 be **received**.

8 Board and Committee Chairs' reports

8.1 Board

Nil.

8.2 Combined Statutory Advisory Committee

Nil.

8.3 Risk and Audit Committee

Nil.

8.4 centralAlliance

Nil.

9 Chief Executive's report

9.1 Whanganui scoops top spot for flu vaccinations for those over 65
Taken as read.

9.2 Getting fit for surgery in care plan
Taken as read.

9.3 New central referrals management service "live" from 1 December
Taken as read.

9.4 Independent evaluation of surgical site infection improvement program
Taken as read.

9.5 Porritt Lecture series
Taken as read.

9.6 Volunteer Christmas function
Taken as read.

9.7 Compliance with statutory requirements
Taken as read.

10 Decision items

Nil.

11 Discussion items

Nil.

12 Information papers

Nil.

13 Date of next meeting

Friday 1 February 2019 from 10.00am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

14 Exclusion of public

It was resolved that:

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

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 2 November 2018 (public-excluded session)	For the reasons set out in the board's agenda of 2 November 2018	As per the board's agenda of 2 November 2018
Combined statutory advisory committee minutes of meeting held on 30 November 2018	For the reasons set out in the Combined Statutory Advisory Committee agenda of 30 November 2018	As per the committee agenda of 30 November 2018
Risk and audit committee meeting held on 14 November 2018	For the reasons set out in the Risk and Audit committee agenda of 14 November 2018	As per the committee agenda of 14 November 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)
WDHB Pro–equity Check – up Review December 2018.	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)
Late item in relation to the procurement of TOP services closer to Whanganui	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 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
Mary Bennett	As chair of Hauora A Iwi	To promote better understanding and partnership between WDHB and its partner Hauora A Iwi

The public session of the meeting ended at 12.40pm

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board and Committee paper**
	Item 6
Author	Dot McKinnon, Board Chair
Subject	Board and Committee Chairs' Reports

Recommendations

It is recommend that the Whanganui District Health Board:

1. **Receives** the paper

1 Board

Tena koe all

Welcome to the new year – 2019 will no doubt be even more challenging than the last – with the pressures on our health services and our budget deficit position.

In addition, the upcoming territorial authorities and DHB elections will increase media attention on our services and governance.

1.1 Nationally

We will see:

- the government response to the Mental Health and Addiction report;
- the initial findings of the Health and Disability review conducted by Heather Simpson;
- new safe drinking water standards; and probably
- some response to heatwave planning! Who would have thought of that a few years ago.

1.2 Locally

We can celebrate our Chief Executive (CE), Russell's first year in Whanganui. I am delighted with the effort he has put into his role, a CE's role is diverse and demanding. I note that Adri Isbister, CE of Wairarapa has just resigned to take up a position as Deputy Director General for Disability in the Ministry of Health. There will be a new CE for Hutt and Capital & Coast announced soon so Russell will not be the 'newest' CE in our region for long.

Many of our staff have worked tirelessly through the festive season when many are on holiday or taking a well earned break. They are professionals.

You have been advised of some of the sadder stories but the happier ones go under the radar. When Russell, Stuart and I walked around the hospital staff, we met many smiling faces. Many patients contact me to thank us for the caring service they received. Our own grandson, Tobi, now over 5lb spent some time in the special care baby unit and we were amazed at the wonderful care and attention he received.

We have another grandchild on the way, so we will see the services first hand yet again.

The RMO strikes have been sad. The impasse is not going to be easily solved. I look forward to our employment relations experts to find that way forward for both parties to agree on a meaningful outcome. I apologise on behalf of the DHB to those whose appointments or surgeries were rescheduled because of the strikes.

Today we must focus on our strategy, assist management to work on the budget, increase dialogue with our Iwi partners and health professionals, work alongside other sectors, discuss our own board performance and determine how best we can improve the health of our communities.

1.3 Staff

I thank those who have worked alongside us these past years and who are now moving on to newer ventures – Director of Nursing, Sandy Blake, Communication Manager, Sue Campion and of course our secretariat, Tricia Wells. All the best – you have contributed much to our community.

2 Combined Statutory Advisory Committee

Happy New Year to you all and I trust you are all recharged for what looks like a very important year ahead for our Board, Health Sector and Community.

As our Chair has noted, 2018 was a year for some change of personal, anguish around operating to budget whilst endeavouring to serve our Communities health needs in the best possible manner and starting the process of nailing down our Strategy with our Partners. I believe the next few years will see opportunity for greater service diversity as we work closer in partnership with our community under the umbrella of an evolving Ministry of Health direction.

I look forward to some well written and researched service reports being tabled during our Committee meetings together with open and honest discussions by members.

I do want to encourage you all to take up the offer of our CE to accompany him on his walk around the hospital. We have such fantastic staff despite being stretched at times and it's gratifying to see them at work, hear their issues, listen to patients and generally get a better understanding of the complex services we offer our Community at base hospital.

3 Risk and Audit Committee

At the Board meeting on 14 December 2018 The Risk and Audit Committee requested feedback from board members on:

- The organisation's 'risk appetite'
- The responsibilities of the Risk and Audit Committee

It is planned to have a discussion on these issues at the meeting and it would be appreciated if members could think about both of these issues prior to the meeting.

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 Whanganui District Health Board:

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

1 Maori Health

1.1 WDHB Pro Equity Check Up Update

The WDHB Pro-equity Check-up Report December 2018 is finalised. Following the Board workshop with BakerJones to discuss the report 14 December 2018, the Board endorsed the recommendations from the report.

1.2 Next steps

Executive sponsors Rowena Kui and Brian Walden will develop a work programme to implement the recommendations. A draft work programme will be provided to WDHB Risk and Audit Committee 19 February 2019, as the Pro equity Check-up is part of the WDHB audit programme. Progress on the work programme will be reported quarterly to Board and Hauora a Iwi

2 Surgical Services

2.1 Ophthalmology

The ophthalmology department has agreed to participate in a Ministry of Health quality improvement collaborative focusing on managing demand for follow-up appointments. The department has been fortunate to recruit a senior nurse experienced in the administration of intraocular injections. The candidate will commence work mid-February.

The ophthalmology department is investigating the establishment of new allied health optometry services to reduce demand for senior medical officer clinics. Local optometry practices have been approached to gauge their interest in assisting the department and identifying where they could assist. There was a good response and the proposals will be evaluated over the next month.

2.2 Colonoscopy

Colonoscopy volume and wait time data for the month of December 2018 shows that the service achieved all three of the colonoscopy wait time targets – urgent, routine and surveillance for the month.

Achievement of these targets is partly due to a comprehensive review of colonoscopy wait time data quality, in which several issues relating to data quality were identified and resolved. Further initiatives supporting target achievement have included the implementation of a new process to record and exclude

patients who self-defer their colonoscopy appointment outside of the required timeframes, as outlined in the Ministry of Health's target formula criteria, and development of a weekly colonoscopy wait time report which has enabled the wider team to monitor changes to ensure early identification and resolution of potential issues.

2.3 ESPI compliance

Inpatient 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 overwhelm the organisation buffer of 10 patients for all surgical specialties. The Business Manager for dental services is holding a workshop in January to review model of care and capacity.

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

3 Summary financial report December 2018

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 December 2018 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual		
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018–19	Actual 2017–18	
Provider Division	(51)	(286)	235	F	(5,140)	(4,251)	(889)	U	(8,442)	(5,504)	U
Corporate	(38)	(43)	5	F	(56)	(226)	170	F	27	1,189	F
Provider & Corporate	**(89)**	**(329)**	**240**	**F**	**(5,196)**	**(4,477)**	**(719)**	**U**	**(8,415)**	**(4,315)**	**U**
Funder Division	(271)	123	(394)	U	(362)	(634)	272	F	526	(366)	F
Governance	19	8	11	F	23	(14)	37	F	3	502	U
Funder divison & Governance	**(252)**	**131**	**(383)**	**U**	**(339)**	**(648)**	**309**	**F**	**529**	**136**	**F**
Net Surplus / (Deficit)	**(341)**	**(198)**	**(143)**	**U**	**(5,535)**	**(5,125)**	**(410)**	**U**	**(7,886)**	**(4,179)**	**U**

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

December 2018 major variances against updated budget deficit $7.886 million approved by the Ministry of Health.

Provider acute volumes at 96% of budget and elective volumes at 105% of budget resulted in a $240k favourable variance to budget for the month. The lower acuity saw nursing on budget for the first month in 2018/19 with personnel costs overall being favourable to budget by $372k. Clinical supplies were in line with budget due to lower volumes. The ACC elective contract was lower than budget but costs were similarly lower.

Corporate expenses were in line with budget overall.

Funder is $394 unfavourable to budget mainly due to community pharmacy and home-based support costs. There are a number of impacts affecting community pharmacy – an increase in expenditure in community pharmacy in the last three months and a $300k saving that was factored into the budget for 2018/19 that has yet to be realised. Home-based support costs reflect a correction due to under-accrual of costs last month. The year-to-date result is 3% or $101k over budget.

Governance was $4k favourable to budget.

3.1 Outlook

The year-to-date result is $410k unfavourable to budget, with the budget forecast to 30 June 2019 remaining at $7.886 million deficit.

The risk factors sit with demand-driven expenditure being unfavourable, particularly with inter-district flow outflows being higher in the first four months of the year. Volume delivery from December 2018 to February 2019 will be important in the overall inter-district flows outcome for the year. Early indications are that December volumes are lower than last year. The RMO strikes in January 2019 may reduce elective surgical procedures at Capital and Coast District Health Board.

Wage settlements for Public Sector Association (PSA) nursing and allied health have been advised at 3% base increase, whereas 2% has been budgeted. The average cost of settlement at 4.43% per annum average across the three-year term does exceed the assumed increase of 2.43% built into the 2018/19 funding increases. We are assuming at this stage that the Government will fund this unfunded additional cost.

The detailed financial reporting is submitted as an information paper.

3.2 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	**Decision paper one**
	Item 8.1
Author	Nadine Mackintosh, Interim Board Secretary
Endorsed by	Russell Simpson, Chief Executive
Subject	District health board elections, 12 October 2019

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper.
2. **Approves** 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.
3. **Approves** that the candidates' names on voting documents and ballot papers for the Whanganui District Health Board elections be arranged in alphabetical order by surname.
4. **Notes** that nominations and deposits for the 2019 Whanganui District Health Board elections can only be lodged with the electoral officer at Whanganui District Council.

1 Purpose

This paper seeks the board's agreement on the following:

- The appointment of an electoral officer for the Whanganui District Health Board elections.
- Allowing nominations and deposits to be lodged only with the appointed electoral officer.
- Preparing voting documents and ballot papers in alphabetical order by surname.

2 Background

Under section 10 of the Local Electoral Act 2001, local authority elections must be held on the second Saturday in October in every third year.

Elections for district health boards are held at the same time as local body elections, so the next triennial elections are scheduled to take place on Saturday 12 October 2019. DHB elections will again be conducted on an 'at large basis', using the Single Transferable Voting (STV) system.

3 Key dates

The following key dates for the 2019 local body and district health board elections have been taken from the website of the Department of Internal Affairs.

Friday 19 July	Candidate nominations open
Friday 16 August	Candidate nominations close – at noon
Friday 20 September	Delivery of voting documents begins (through to Wednesday 25 September)
Saturday 12 October	Election day – voting closes at noon (with announcement of preliminary results as soon as practicable)

From Monday 14 to Wednesday 23 October	Special votes counted and official final results declared (as soon as practicable after all valid votes have been counted)
Monday 9 December*	Newly-elected board members take office (*Note: This date has not been confirmed, but is calculated on the standard procedure of 58 days after election day)

4 Appointment of electoral officer

Whanganui District Health Board is required to appoint an electoral officer to run district health board elections on its behalf. The appointed electoral officer must also be an electoral officer of one of the city or district councils within the district health board's boundary.

The board's geographic boundary includes the following district councils/local territorial authority areas:

- Whanganui District Council
- Rangitikei District Council
- Ruapehu District Council (Waiouru and Waimarino Wards only).

It is recommended that Whanganui District Council be asked to approve that its electoral officer be appointed as Whanganui District Health Board's electoral officer to run and oversee the Whanganui District Health Board election in 2019. Whanganui District Council's electoral officer has provided a timely and cost-effective service when conducting previous elections for the DHB.

5 Order of candidate names

The following extract is from the Local Electoral Regulations 2001 Part 2 – General Provisions for Conduct of Elections and Polls', Section 31, Order of Candidates names on voting documents.

"31. Order of candidates' names on voting documents—

(1) The names under which each candidate is seeking election may be arranged on the voting document in alphabetical order of surname, pseudo-random order, or random order.

(2) Before the electoral officer gives further public notice under section 65(1) of the Act, a local authority may determine, by a resolution, which order, as set out in sub clause (1), the candidates' names are to be arranged on the voting document.

(3) If there is no applicable resolution, the candidates' names must be arranged in alphabetical order of surname.

(4) If a local authority has determined that pseudo-random order . . . is to be used, the electoral officer must state, in the notice given under section 65(1) of the Act, the date, time, and place at which the order of the candidates' names will be arranged [and any person is entitled to attend].

The following options are therefore available:

Alphabetical order	Surnames follow in alphabetical order.
Pseudo random	An arrangement where— (a) the order of the names of the candidates is determined randomly; and (b) all voting documents use that order.
Random order	An arrangement where the order of the names of the candidates is determined randomly or nearly randomly for each voting document by, for example, the process used to print each voting document."

If there is no applicable resolution from the district health board, the candidates' names must be arranged in alphabetical order of surname on the voting documents and ballot papers.

It is recommended that the order of candidate names be in alphabetical order by surname, on the basis that this approach is consistent with that adopted in previous elections and is well accepted by the voting public.

6 Early processing of votes

Under Section 79 of the Local Electoral Act 2001, local authorities are entitled to pass resolutions enabling early processing of voting documents. An amendment to this Act was passed in 2013, and this decision is now made by the electoral officer and the DHB is not required to pass a resolution on this issue.

Early processing of votes allows electoral officers to open envelopes containing returned voting documents, ensure they are correct and record the votes prior to the cut-off time on election day. The local authorities are not permitted to commence counting until 12 noon on election day. Early processing can allow preliminary and final results to be delivered faster.

7 Nomination deposits

Candidates can only lodge their nomination and deposit with the Whanganui District Health Board's electoral officer – and not at territorial local authorities within our region. This is the accepted practice for district health board elections throughout the country.

8 Further election information

The board will receive updates and reminders on the electoral process throughout the election period.

Generic information about the election process and frequently asked questions about the responsibilities of board members will be available on the Whanganui District Health Board’s website from April 2019 and regularly updated throughout the election period.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision paper two**
	Item 8.2
Author	Rowena Kui, Kaiuringi, Director Maori Health
Subject	**Proposed Hauora A Iwi and Whanganui District Health Board (WDHB) combined boards' hui schedule 2019**

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Proposed Hauora A Iwi and WDHB combined boards' hui schedule 2019'.
2. **Agrees** to the proposed dates for the combined boards' hui for the 2019 year.
3. **Notes** that electronic appointments will be forward to members' calendars.

Proposed Hauora A Iwi and WDHB combined boards' hui schedule 2019

This paper outlines the proposed combined boards' hui for the 2019 year following discussion at the Hauora A iwi and WDHB combined board hui 4 December 2018.

Draft Hauora A Iwi Board Hui Schedule 2019			
Whanganui District Health Board	**Hauora A Iwi Board**	**Combined HAI and WDHB**	**WDHB Combined Statutory Committee**
1 February			
	12 February		
22 February Annual Planning Hui HAI and WDHB Board, committee and executive, WRHN and NHC board and CE			
	19 March		22 March
5 April			
17 May	30 April	**30 April Te Oranganui**	3 May
28 June	11 June		14 June
	23 July	**23 July 2018 Whanganui DHB**	26 July
9 August			
20 September	3 September	**3 September Te Oranganui**	6 September
	15 October		18 October
1 November	19 November	**19 November Whanganui DHB**	22 November
13 December			

The schedule assumes:

- Tuesday prior to the WDHB Combined Committee will continue as the combined boards' meeting day.
- Four hui will be held, in line with the Memorandum of Understanding between WDHB and HAI 2017-2020.
- HAI will be included in the annual planning day hui on 22 February 2019.
- Alternating venues will continue for the combined meetings.
- Host board for the hui provides administration support and a light lunch.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion paper one**
	Item 9.1
Author	Brian Walden, General Manager Corporate
Subject	**Internal Audit Programme 2018/19**

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Internal audit programme for 2018/19'.

1 Purpose

This paper provides the board with details of the internal audit activities for 2018/19 that were approved by the Risk and Audit Committee at its meeting on 14 November 2018.

2 Background

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

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

Since the 2014/15 year, all six district health boards in the central region committed to work with Technical Advisory Services (TAS) on internal audit programmes. Where possible, three 'common' audits are conducted to improve the efficiency of the TAS audit team and to address issues faced by all district health boards.

3 Current situation

The budget for internal audit activities is $100k, although the Risk and Audit Committee can request additional audits regardless of the budget. Under the service agreement between the Whanganui District Health Board (WDHB) and TAS, there are 112 funded audit days.

In setting the programme, the committee has received advice from the TAS regional internal audit manager and the WDHB's executive management team. The committee has reviewed the previous internal audit history and considered key risks identified on the WDHB risk register.

The internal audit programme for 2018/19 confirms one 'common' audit (webPAS post-implementation). The proposed 'common' audit of Holidays Act compliance will not be carried out in the 2018/19 financial year, as agreement with unions on calculation methods needs to be reached before the audit can commence.

4 Next steps

The Risk and Audit Committee has approved the following programme of internal audits for the 2018/19 financial year. The proposed programme is flexible, with the committee able to add or substitute audits depending on situations that may arise during the year.

Audit	Notes
Reimbursement of staff costs	This is an area of sensitive expenditure that must be closely monitored. Will review all forms of reimbursement to ensure they are for actual and reasonable expenses, including continuing medical education entitlements.
Delegated authorities and Approval Plus	Approval Plus was introduced in 2016 to streamline invoice approval, provide digital 'filing' of invoices and to enable delegations to be tightly monitored.
Suspicious transactions analysis	A review of payments made through the payroll and accounts payable system is carried out on a regular (usually three-yearly) basis to identify any suspicious transactions.
Post-implementation review of webPAS	webPAS has now been implemented at Whanganui, MidCentral and Wairarapa DHBs.
Rostering	Significant costs incurred if staff are rostered on and not required. Each department runs own TrendCare roster – need to ensure consistent practice and be confident the tool is working.
Open items follow up	A follow up of the audit carried out in 2016/17 to check whether recommendations have been implemented and are now operating as 'business as usual'.
Contingency for another audit	Thirteen days have been allowed in the programme if the Risk and Audit Committee identifies a specific issue to be audited.

5 Management comment

Management supports the areas of internal audit approved by the Risk and Audit Committee and notes that there is flexibility in the programme that enables it to be amended if necessary.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion paper two**
	Item 9.2
Author	Hentie Cilliers, General Manager People & Performance
Subject	Health and Safety Report

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Health and Safety update'.

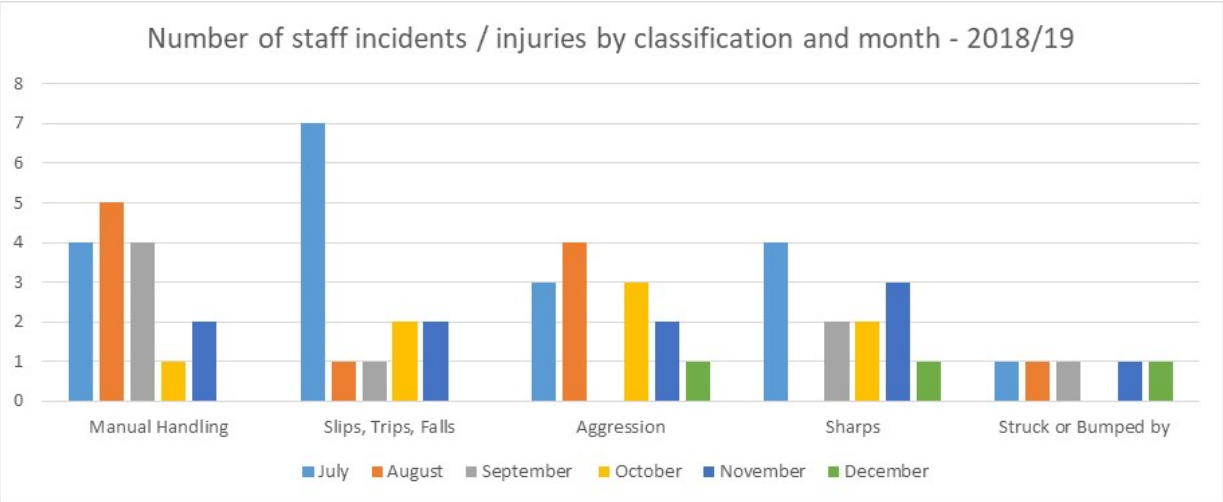
1 Purpose

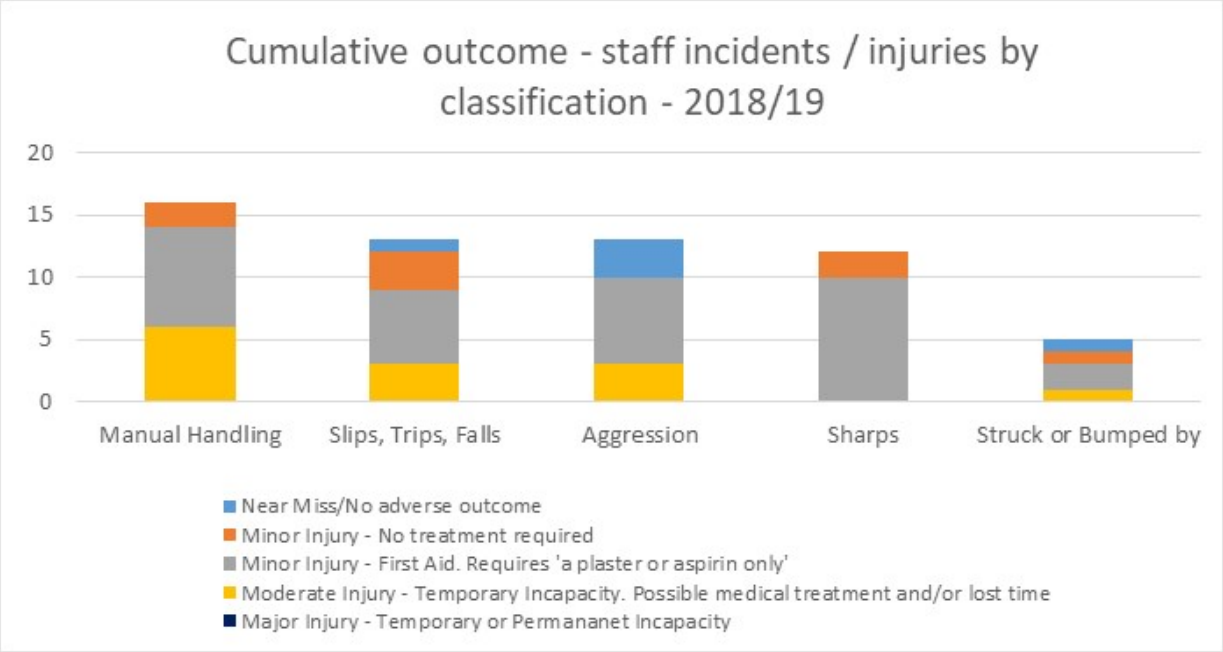
To enable the board to exercise due diligence on health and safety matters. This report covers:

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

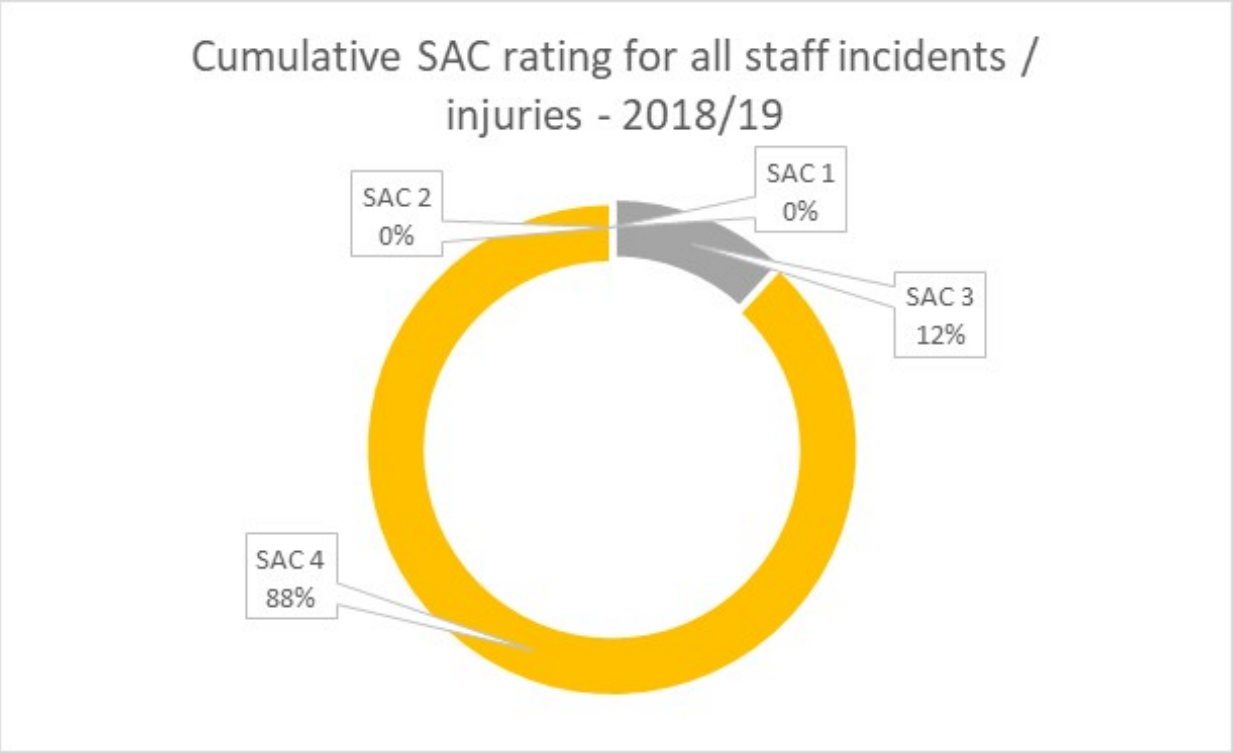
2 Incident / Injury reporting

There were 18 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in November and December. 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.

3 Health and safety risks

3.1 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 – November / December 2018 ▪ Manual handling injuries – one equipment (Surgical) and one patient related (ED). Mitigating the risk ▪ Involve manual handling trainer in all manual handling incidents.
Management of aggression.	Trend reporting – November / December 2018 ▪ There were one verbal (Community Mental Health) and two physical aggression incidents (Medical and Stanford). The physical incidents involved a confused patient and /or medical condition. Mitigating the risk ▪ Ongoing engagement, monitoring, support, education and training.

3.2 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 (two) were a slip on a wet floor and stepped into a pothole.
Struck by/bumped	Employee was hit by a falling machine monitor (one).

3.3 Employee participation

The Unit Health and Safety Committee and the WDHB Health and Safety Committee met in November and December. Twelve of the 33 areas were represented at the Unit Health and Safety Committee meeting.

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
- Excellence and innovation in health and safety
- Manual handling equipment including a demonstration of slide sheets (‘Slippery Sam’)
- Staff harm when working in the community
- Review of recent H&S court cases
- Development of annual work plan for unit health and safety representatives

3.4 Contractor management

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

Spotless H&S	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Category A: Fatality / Disabling	0	0	0	0	0	0	0	0	0	0	0	0	0
Category B: Lost Time Injury	0	0	0	0	0	1	0	0	0	0	0	0	0
Category C: Medical Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
Category D: First Aid / Allied Health	1	0	0	0	1	0	0	0	0	0	0	0	0
Category E: Injury with no treatment	2	2	1	1	1	3	2	0	4	3	0	1	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Spotless H&S	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**
Hazard	11	11	9	11	12	9	10	10	14	12	7	9	15
Safety Observations	18	14	15	15	16	19	14	17	18	15	16	14	18
Sub-Contracted to Spotless	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**
Contractor Safety Interactions	4	5	5	4	4	3	3	3	3	2	7	10	7
Contractor Hazard	0	0	0	0	0	1	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	**Discussion paper three**
	Item 9.3
Author	Karl Pollard, Acting Communications Manager
Endorsed by	Russell Simpson, Chief Executive
Subject	**Communications quarterly update**

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Communications Board Report – February 2019'.

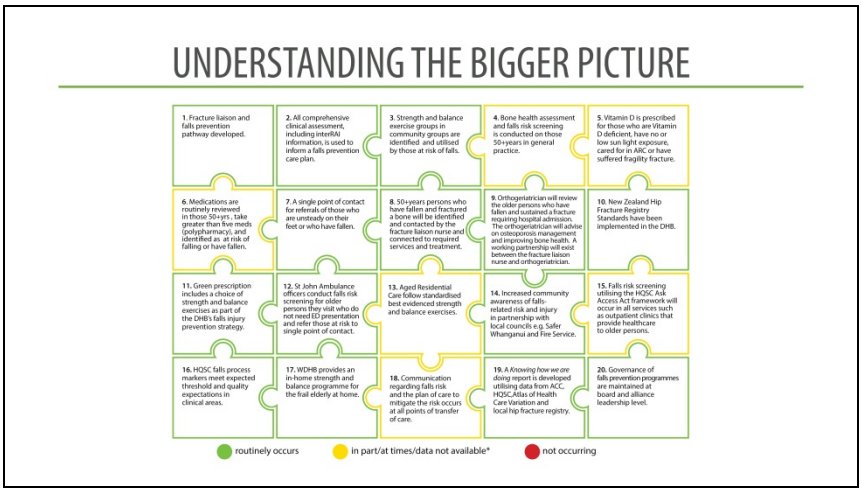
1 Speaking Up For Safety

During the last quarter, two further DHBs (Bay of Plenty and Tairawhiti) sought permission to adapt the *Speaking Up For Safety* (SUFS) messaging and design work produced by the WDHB's SUFS steering group and Communications Department. Their requests came on the back of the Cognitive Institute asking if they could point the two DHBs in our direction. Other DHBs also sought our advice on the Promoting Professional Accountability (PPA) notifications tool developed in-house.

2 Reducing Harm from Falls – the New Zealand story

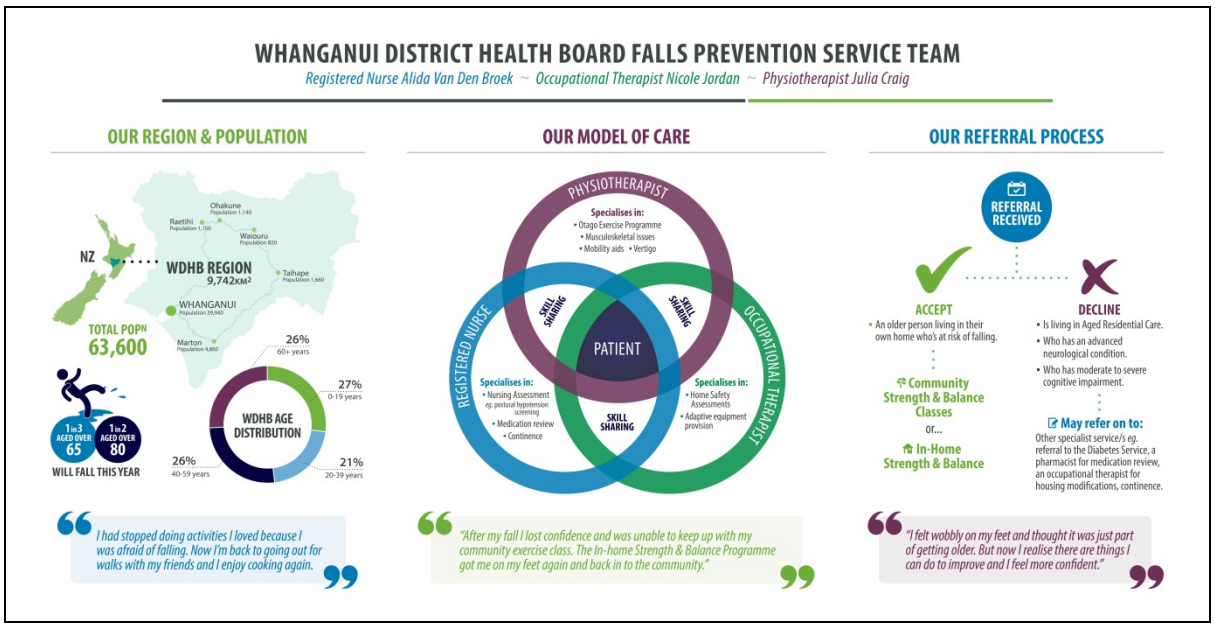
The slideshow designed by the Communications Department's graphic designer for the director of nursing's recent presentation on *Reducing Harm from Falls – the New Zealand story* in Ireland was very well received by the audiences it was shown to.

The director of nursing says she was delighted to learn that an earlier slide (see below) designed by the same graphic designer to support Mrs Blake's falls work is now being used across southern Ireland.



2.1 Falls Prevention team present in Hobart

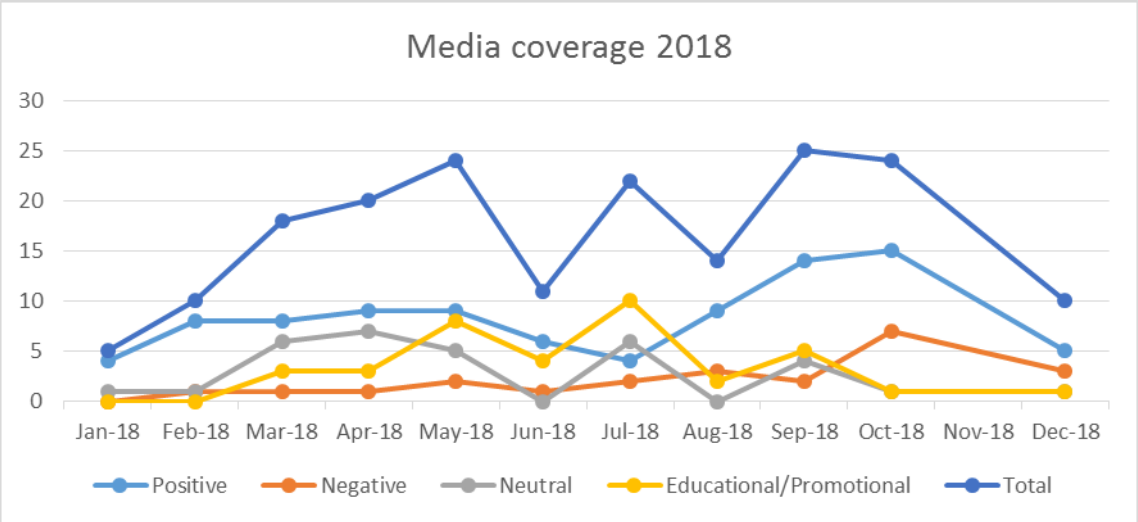
Communications prepared a well-received poster for a joint Australian and New Zealand conference which three members of the WDHB Falls Prevention team were invited to attend in Hobart in November.



3 Cost savings

The Communications team is doing all it can to support project coordinator Harriet McKenzie's efforts to encourage staff to look for ways they can reduce expenditure in their work areas. We coined the phrase 'Makes cents' to capture that the DHB is looking for opportunities to reduce our expenditure but importantly – ideas that make sense.

4 Media coverage



Type	**July**
Positive	4
Negative	2 stories about an oral surgeon's appeal
Educational/Promotional	10
Neutral	6
Type	**August**
Positive	9
Negative	3
Educational/Promotional	2
Neutral	0
Type	**September**
Positive	14
Negative	2 stories about national DHB deficits
Educational/Promotional	5
Neutral	4
Type	**October**
Positive	15 stories
Negative	7 stories about national DHB deficits and WDHB's ranking with RMOs
Educational/Promotional	1
Neutral	1
Type	**November**
Positive	14
Negative	2
Educational/Promotional	4
Neutral	1
Type	**December**
Positive	5
Negative	3 stories about overnight ED staffing
Educational/Promotional	1
Neutral	1

5 Social media

We continue to share content promoting key health messages and campaigns, our current vacancies, news and happenings of the Whanganui DHB. Our social audiences continue to grow slowly (Facebook – 781; Twitter – 985 followers) are continuing to grow slowly with our posts reaching more people and receiving slightly increased engagement. Our Instagram account (search: whanganuidhb) currently has 205 followers.

Key posts since our last report have included:

- Where Should I Be? Campaign
- Fit for Surgery
- Media releases
- Summer health tips about topics such as sunsmart, hydration, water safety
- Smoking cessation
- White Ribbon
- Mental Health Awareness Week
- Public notice of the annual health record destruction
- Current vacancies.

6 Website

www.wdhb.org.nz

Our website trends continue to be similar to those reported previously with a slight increase in:

- the number of users and (+3.50%) and new visitors (+3.04%) to the WDHB website (1 July 2018 – 31 December 2018) when compared to the same period in 2017.
- the number of sessions per user (+5.47%).

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion paper four**
	Item 9.4
Author	Kim Fry, Clinical board chair and director of allied health
Subject	Clinical board six monthly update

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Clinical Board six monthly update'.

1 Purpose

The purpose of this report is to update the Board on the activities of the Clinical Board over the past six months.

2 Current membership

We have had a change in one of the senior nurse representatives. Amanda van Elswijk has replaced Wendy Stanbrook-Mason. We have no current vacancies on the Clinical Board.

The two consumer representatives have had their terms rolled over for a further (and final) two years, with the remaining members being stable over the past six months. We are aware, however, that there is a pending resignation.

3 Committee activity

The committee has met four times over the past six months instead of five due to the opening of the mental health Emergency Operations Centre (EOC).

Activities such as regular reports from the Clinical Board's sub-committees and groups have continued and these have provided us with an overview of work in relation to clinical governance. We have also continued to have reports from services.

The Patient Safety Unit's regular reports and data forms the majority of the Clinical Board's focus and the detail and discussion we have with the Unit assists us greatly.

In terms of reporting from the Clinical Board, there is a report to every Risk & Audit meeting. Members of the Clinical Board report to their services or groups that they lead or represent as well.

In terms of the past six months, work undertaken by the Clinical Board falls under the four components of clinical governance as illustrated in Appendix 1.

3.1 Consumer engagement and participation

We have two consumer representatives at the Clinical Board who actively participate in discussions and have provided feedback to this report as indicated below.

"The past six months have continued to produce excellent reports from established sub-committees and groups while assisting others to develop appropriate Terms of Reference, Policies and Procedures. This 'bedding down' of structure and processes has contributed to a robust, cohesive and proactive Clinical Board.

From a consumer perspective I have observed and engaged in constructive debate that has strengthened quality improvement in clinical practice, health and safety, research, and drive toward equity in health service performance. The ability to respond quickly to unforeseen or unusual events is exemplary.

Recommendations:
It is essential that WDHB primary health services are further embedded into the work of Clinical Governance and that issue is addressed in terms of future planning and engagement.

The calibre of clinical discussion requires consumer representatives to have academic literacy and understanding of the health services, the Whanganui environs including demographics and cultural competencies, and particularly the intricacies of clinical practice, modernity, and day to day decision making in the health professions. In addition, research skills are essential in order to balance the need for both qualitative and quantitative measurement outcomes, problem solving and constructive criticism when the consumer voice is appearing to get lost.

Both I and my consumer colleague have brought our individual special skills to the Clinical Board and have enthusiastically yet appropriately acted as both advocates and agents of the 'check and balances' required in our roles."

Sub-committees such as the Credentialing Committee (which has been discussed in the last six months) have a consumer member. The chair attended a Te Pukaea meeting in September to present and discuss clinical governance and the Clinical Board activities. A paper is going to the January Clinical Board meeting to propose closer linkages and enhancements such as having patient stories at the Clinical Board and having the chair of Te Pukaea sit on the Clinical Board. The Clinical Board were also asked to comment on direct to consumer marketing of prescription medication.

3.2 Clinical effectiveness

Over the past six months, we have had a presentation and ongoing discussion about Health Roundtable (HRT) data. HRT provides a rich opportunity for the Clinical Board to focus on clinical effectiveness. The Clinical Board will also have assurance that clinicians are using this data to inform clinical practice. We are still discussing what the Clinical Board needs to see from this at a high level. We have also had a report and discussion about the Product Evaluation Committee, infection prevention and control as well as the services' reporting work occurring in clinical effectiveness e.g. bowel screening rollout, Fit for Surgery project, Care With Dignity updates, opioid usage work, Community Mental Health and Addictions Services changing model of care, webPAS and health informatics. Finally, we had a presentation on interRAI and the data that is available from visualisation tool.

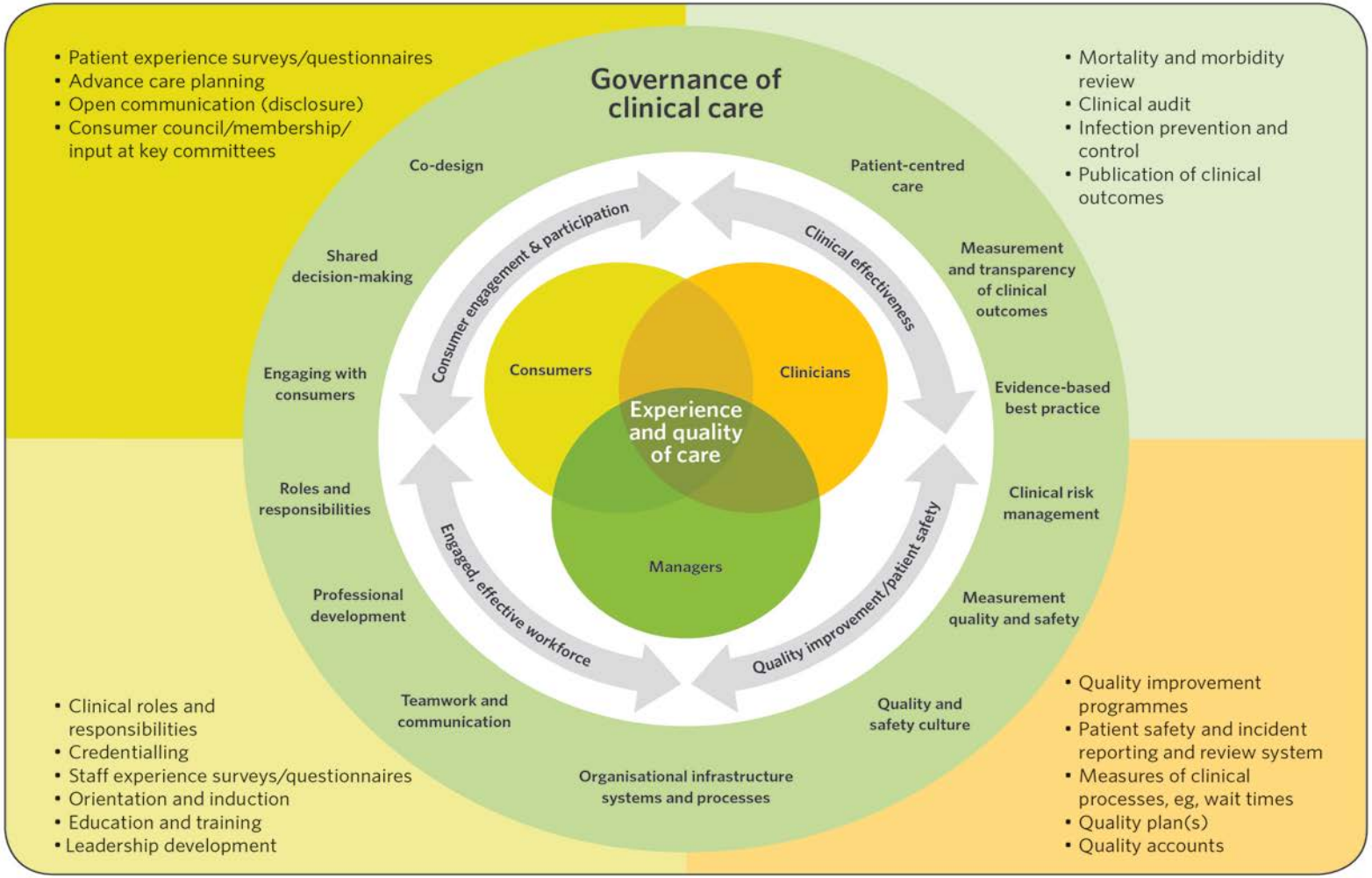
3.3 Quality improvement and patient safety

As noted above, the Patient Safety Unit reports regularly to the Clinical Board on various quality and patient safety activity. During the last six months, we have had reports and discussions on quality safety markers, the Health Quality & Safety Commission dashboard, research, Restraint Committee and clinical audit. The Drug and Therapeutic Committee, as sub-committee, raised items for discussion such as external prescribers prescribing within the hospital and error reports and focused action in relation to medication errors. We had a presentation on risk management and work has occurred to improve our risk system. The Clinical Board discussed 'what keeps us awake at night' in terms of risks. The Maternity Quality and Safety Programme and the Perinatal Case Review meetings also reported to the Clinical Board this period.

3.4 Engaged, effective workforce

As mentioned in section 1.2.1, we have had the Credentialing Committee report and discussion. The service reports and Patient Safety Unit reports cover workforce within them as well. One research report completed was by a master of nursing staff member who examined nurses' perceptions of barriers and enablers to family violence screening. Discussions in regards to workforce over the past six months have included updates on the Speaking Up For Safety programme and staff undertaking continued professional development.

Appendix 1:



Clinical Governance: Guidance for health and disability providers, HQSC 2017

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information paper one**
	Item 10.1
Author	Brian Walden, General Manager Corporate
Subject	Detailed financial report – December 2019

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Receives**
2. **Notes**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 December 2018 ($000s)
CONSOLIDATED

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18	
Provider Division	(51)	(286)	235	F	(5,140)	(4,251)	(889)	U	(8,442)	(5,504)	U
Corporate	(38)	(43)	5	F	(56)	(226)	170	F	27	1,189	F
Provider & Corporate	**(89)**	**(329)**	**240**	**F**	**(5,196)**	**(4,477)**	**(719)**	**U**	**(8,415)**	**(4,315)**	**U**
Funder Division	(271)	123	(394)	U	(362)	(634)	272	F	526	(366)	F
Governance	19	8	11	F	23	(14)	37	F	3	502	U
Funder divison & Governance	**(252)**	**131**	**(383)**	**U**	**(339)**	**(648)**	**309**	**F**	**529**	**136**	**F**
Net Surplus / (Deficit)	**(341)**	**(198)**	**(143)**	**U**	**(5,535)**	**(5,125)**	**(410)**	**U**	**(7,886)**	**(4,179)**	**U**

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

1 Overview

Result for the month of December 2018 is unfavourable to budget by $145k

- Provider division $240k unfavourable to budget result is mainly due to savings in personnel costs related to acuity and vacancies; favourable elective wash up of $56k (104.8% to target, internal), partly offset by ACC revenue; clinical supplies; patient travel and non-clinical supplies.
- Corporate $5k favourable to budget is due to staff vacancies (mainly IT), depreciation costs,. This was partly offset by the Pro-equity check up internal audit, and additional facility costs outside of the contract.
- Governance $11k favourable to budget is due to personnel costs, other operating expenses, staff travel and board expenses.
- Funder division $394k unfavourable to budget. The main impacts were greater than expected inter-district flows, home-based support services and community pharmaceutical costs. This was offset by a favourable elective wash up with own provider (internal) as well as less than expected aged residential care costs.

Year-to-date December 2018 result is unfavourable to budget by $410k.

- Mainly driven by provider performance, offset by corporate and funder division performance.
- Provider division $889k unfavourable to budget result is mainly due to an unfavorable elective wash up (90.5% to target, internal), nursing personnel, blood product costs, clinical supplies (mainly wards and

pharmaceuticals) and outsourced clinical services (mainly in radiology). This was partly offset by theatre consumables due to lower elective surgery output and clinical equipment depreciation.

- Corporate $170k favourable to budget is due IT personnel costs (vacancies) and depreciation costs.
- Governance $37 favourable to budget is due to other operating expenses, board fees and board expenses. This was partly offset by personnel costs.
- Funder division $272k favourable to budget mainly due to elective wash up with own provider (internal) as well as less than expected patient travel subsidies, acute mental health inpatient services and health of older people costs. This was partly offset by greater than expected inter-district flows, immunisation and community pharmaceuticals costs.

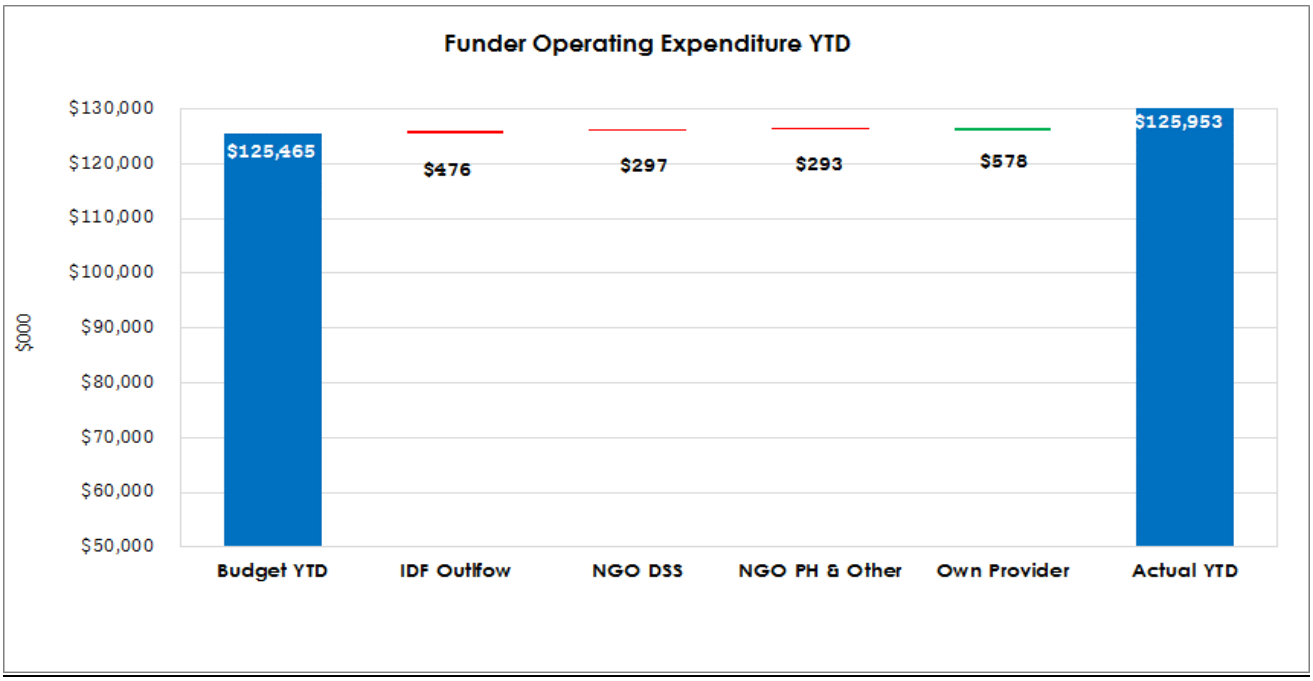
2 Funder division financial performance

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

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
Personal Health	(156)	121	(277)	U	(638)	(715)	77	F	120	(2,719)
Disability Support	(170)	(37)	(133)	U	193	(96)	289	F	–	991
Public Health	(1)	–	(1)	U	(1)	–	(1)	U	–	131
Maori Services	36	7	29	F	(10)	(40)	30	F	–	93
Other	31	32	(1)	U	153	217	(64)	U	406	502
Mental Health	(11)	–	(11)	U	(59)	–	(59)	U	–	636
Net Surplus / (Deficit)	**(271)**	**123**	**(394)**	**U**	**(362)**	**(634)**	**272**	**F**	**526**	**(366)**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 December 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	20,572	20,437	135	F	121,775	120,883	892	F	242,267	234,232
Inter-district Inflow	582	622	(40)	U	3,663	3,731	(68)	U	7,461	7,313
Other Income Revenue	31	32	(1)	U	153	217	(64)	U	406	502
Total Revenue	**21,185**	**21,091**	**94**	**F**	**125,591**	**124,831**	**760**	**F**	**250,134**	**242,047**
EXPENDITURE										
Personal Health	8,434	8,332	(102)	U	49,294	49,941	647	F	99,079	95,358
Disability Support	268	268	–	F	1,607	1,607	–	F	3,214	3,054
Mental Health	1,529	1,529	–	F	9,195	9,172	(23)	U	18,343	17,897
Public Health	14	6	(8)	U	83	37	(46)	U	73	245
Maori Services	9	9	–	F	55	55	–	F	110	108
Total own provider expenditur	**10,254**	**10,144**	**(110)**	**U**	**60,234**	**60,812**	**578**	**F**	**120,819**	**116,662**
Personal Health	4,062	3,732	(330)	U	22,523	22,147	(376)	U	44,049	42,352
Disability Support	2,520	2,467	(53)	U	14,970	14,673	(297)	U	29,154	28,575
Mental Health	652	641	(11)	U	3,850	3,844	(6)	U	7,688	7,380
Public Health	78	91	13	F	488	547	59	F	1,094	869
Maori Services	102	131	29	F	837	867	30	F	1,654	1,557
Inter-district Outflow	3,458	3,432	(26)	U	21,070	20,594	(476)	U	41,189	41,134
Total Other provider expenditu	**10,872**	**10,494**	**(378)**	**U**	**63,738**	**62,672**	**(1,066)**	**U**	**124,828**	**121,867**
Governance	330	330	–	F	1,981	1,981	–	F	3,961	3,884
Total Expenditure	**21,456**	**20,968**	**(488)**	**U**	**125,953**	**125,465**	**(488)**	**U**	**249,608**	**242,413**
Net Surplus / (Deficit)	**(271)**	**123**	**(394)**	**U**	**(362)**	**(634)**	**272**	**F**	**526**	**(366)**



2.2 Comments on results

	Negative

Month comments

Funder division $394k unfavourable to budget. The main impacts were greater than expected inter-district flows, home-based support services and community pharmaceutical costs. This was offset by a favourable elective wash up with own provider (internal) and less than expected aged residential care costs.

Year to date comments

Funder division $272k favourable to budget mainly due to elective wash up with own provider (internal) as well as less than expected patient travel subsidies, acute mental health inpatient services and health of older people costs. This was partly offset by greater than expected inter-district flows, immunisation and community pharmaceutical costs.

Funder December YTD variance to budget	**Variance $000**	**Impact on forecast**
Revenue	**$760 F**	
Crown revenue	**$892 F**	
▪ Personal health – elective initiatives	$55 F	
▪ Personal health side contract – primary care top-up	$218 F	Offset by costs
▪ Personal health side contract – school-based health	$15 F	
▪ Personal health side contract – Well child Tamariki Ora	$13 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	$6 F	
▪ Personal Health – falls prevention	$17 F	
▪ Personal Health – practice sustainability	($6) U	Offset by costs
▪ Personal Health – minor other	($5) U	
▪ Health of older people – pay equity	$577 F	Offset by costs
▪ Mental health – Alcohol and Other Drugs	$6 F	Offset by costs
▪ Public health – cervical and newborn hearing screening	($13) U	Offset by costs
Inter-district inflows – close to budget	**($68) U**	
Other income – mainly interest	**($64) U**	

Expenditure	**($488) U**	
Payment to own provider	**$578 F**	
▪ Personal health – elective wash up	$839 F	No overall impact – offset by provider internal revenue
▪ Public health – Smokefree	($47) U	
▪ Mental health – Alcohol and Other Drugs	($24) U	
▪ Personal health – adolescent dental demand-driven (partly offset by $20k of favourable external provider costs)	($57) U	
▪ Personal health – pharmaceuticals	($133) U	
Payment to external provider (excluded IDF)	**($590) U**	
Personal health	**($376) U**	
▪ Dental service	($11) U	
▪ Pharmaceutical	($333) U	
▪ General medical subsidy	($49) U	Partly offset by primary health care
▪ Primary health care	($50) U	Offset by revenue
▪ Immunisation	($79) U	
▪ Domiciliary and district nursing	($26) U	
▪ Medical outpatient	$4 F	
▪ Price adjuster premium and minor expenses	$38 F	
▪ Travel and accommodation	$103 F	
▪ Palliative care	$30 F	
▪ Other	($3) U	
Health of older people	**($297) U**	
▪ Pay equity	($577) U	Offset by revenue
▪ Personal care and household management	($101) U	
▪ Age-related residential care	$54 F	
▪ Residential care hospitals	$271 F	
▪ Ageing in place	($13) U	
▪ Respite care	$34 F	
▪ Day programmes	$20 F	
▪ Other	$15F	
Mental health	**$6U**	
▪ Sub-acute and long-term inpatients	$32 F	
▪ Child and youth mental health service	($20) U	
▪ Community service and service for older people	($18) U	
Public health side contracts	**$59 F**	
▪ Tobacco control and other	$47 F	Offset by own provider cost
▪ Screening programme	$12 F	Offset by revenue
Māori health service	**$30 F**	Offset by costs under personal health
Inter-district outflows	**($476) U**	
▪ Based on 12-month rolling average with a small number of high case weight events impacting on the result	($476) U	Longer term trend uncertain, volume varies month to month

3 Governance and funding administration financial performance

	Positive

3.1 Month comments

The result was $11k favourable to budget due personnel cost, other operating expenses, staff travel and board expenses.

3.2 Year to date comments

The result was $37k favourable to budget due to other operating expenses, board fees and expenses; partly offset by personnel costs.

	Variance $000	Impact on forecast
▪ Personnel costs	($31) U	
▪ Staff travel and accommodation	$12 F	
▪ Professional fees	$14 F	
▪ Board expenses, corporate training, printing, forms and stationery	$19 F	
▪ Other operating expenses	$23 F	

1. Provider and corporate financial performance

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

	Month				Year to Date				Annual	Actual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget	2017-18
REVENUE										
Government and Crown agency	764	1,003	(239)	U	5,147	5,528	(381)	U	11,608	10,508
Funder to Provider Revenue (internal)	10,254	10,143	111	F	60,235	60,811	(576)	U	120,819	116,987
Other income	196	199	(3)	U	817	693	124	F	1,529	1,382
Total Revenue	**11,214**	**11,345**	**(131)**	**U**	**66,199**	**67,032**	**(833)**	**U**	**133,956**	**128,877**
EXPENDITURE										
Personnel										
Medical	1,699	1,913	214	F	11,036	11,534	498	F	23,786	21,788
Nursing	3,189	3,247	58	F	19,598	19,407	(191)	U	39,471	34,978
Allied	907	1,002	95	F	5,699	6,215	516	F	12,471	10,861
Support	61	64	3	F	375	398	23	F	794	745
Management & Admin	902	904	2	F	5,536	5,646	110	F	11,234	10,332
Total Personnel(Exl other & outsourced)	**6,758**	**7,130**	**372**	**F**	**42,244**	**43,200**	**956**	**F**	**87,756**	**78,704**
Personnel Other	224	176	(48)	U	993	989	(4)	U	2,163	1,720
Outsourced Personnel	486	490	4	F	3,426	2,991	(435)	U	5,980	5,912
Total Personnel Expenditure	**7,468**	**7,796**	**328**	**F**	**46,663**	**47,180**	**517**	**F**	**95,899**	**86,336**
Outsourced Clinical Service	492	610	118	F	3,612	3,683	71	F	7,103	6,888
Clinical Supplies	1,339	1,302	(37)	U	8,689	8,318	(371)	U	15,961	15,102
Infrastructure & Non Clinical Supplies Costs	1,195	1,150	(45)	U	7,675	7,522	(153)	U	13,754	13,286
Capital Charge	306	307	1	F	1,838	1,840	2	F	3,543	3,262
Depreciation & Interest	450	454	4	F	2,623	2,669	46	F	5,517	5,206
Internal Allocation	53	55	2	F	295	297	2	F	594	696
Total Other Expenditure	**3,835**	**3,878**	**43**	**F**	**24,732**	**24,329**	**(403)**	**U**	**46,472**	**44,440**
Total Expenditure	**11,303**	**11,674**	**371**	**F**	**71,395**	**71,509**	**114**	**F**	**142,371**	**130,776**
Net Surplus / (Deficit)	**(89)**	**(329)**	**240**	**F**	**(5,196)**	**(4,477)**	**(719)**	**U**	**(8,415)**	**(1,899)**
FTEs										
Medical	104.9	104.9	0.0	F	101.8	109.0	7.2	F	112.3	101.2
Nursing	450.9	449.5	(1.4)	U	455.4	450.2	(5.3)	U	455.0	424.2
Allied	151.4	160.6	9.3	F	150.7	160.8	10.1	F	160.7	147.5
Support	15.3	16.0	0.6	F	14.9	16.0	1.1	F	16.0	14.8
Management & Admin	174.2	171.0	(3.2)	U	170.6	171.4	0.9	F	171.4	166.1
Total FTEs	**896.7**	**902.0**	**5.3**	**F**	**893.4**	**907.4**	**14.0**	**F**	**915.4**	**853.9**

Comments on result	Positive

Month comments

Inpatient volumes were 97.9% to target in December 2018, with acute being 95.9% and elective being 104.8% of budget for the month.

The overall result for the month was $240k favourable to budget.

- Revenue is $131k unfavourable to budget – mainly due to:
  - Internal revenue $111k favourable relates to over-delivery of elective volumes $51k (internal, offset by funder), Smokefree $8k, pharmaceutical and dental $52k (internal, offset by funder cost).
  - Government revenue $239k unfavourable due to ACC contract revenue $201k (offset by cost), ACC non-acute inpatient rehabilitation $23k, ACC home-based support $27k, ACC implant $9k, national travel assistance $7k, outpatient clinics $9k. This was partly offset by ACC one-off lodgement initiative $20k, UCOL student placement $33k, HWNZ allied health $5k and Health Quality and Safety Commission falls prevention contract $11k.
- Other income $3k unfavourable due to ACC contract patient consumables revenue $27k, prison contract $8k; partly offset by donation from Countdown $32k.
- Total personnel costs is $328k favourable to budget mainly due to allied health, nursing personnel (acuity down), support and management vacancies. This was partly offset by medical personnel locum costs.
- Outsourced clinical services is $118k favourable to budget, mainly due to ACC contract $116k (offset by revenue), audiology $7k; partly offset by infectious disease SMO support from Capital and Coast DHB $5k.
- Clinical supplies is $37k unfavourable to budget due to patient travel $63k, pharmaceuticals $23k, orthotics – mobility aids and wheelchairs $5k, district nursing $27k, repair and maintenance $11k. This was partly offset by theatre consumables $42k, dental supplies $11k and blood costs $39k.
- Infrastructure and non-clinical supplies $45k unfavourable due to patient meals $11k, Pro-equity check up internal audit $18k, facility maintenance outside contract $12k, and various other $4k.
- Depreciation was better than budget by $4k, mainly due to IT (timing).

Year-to-date comments

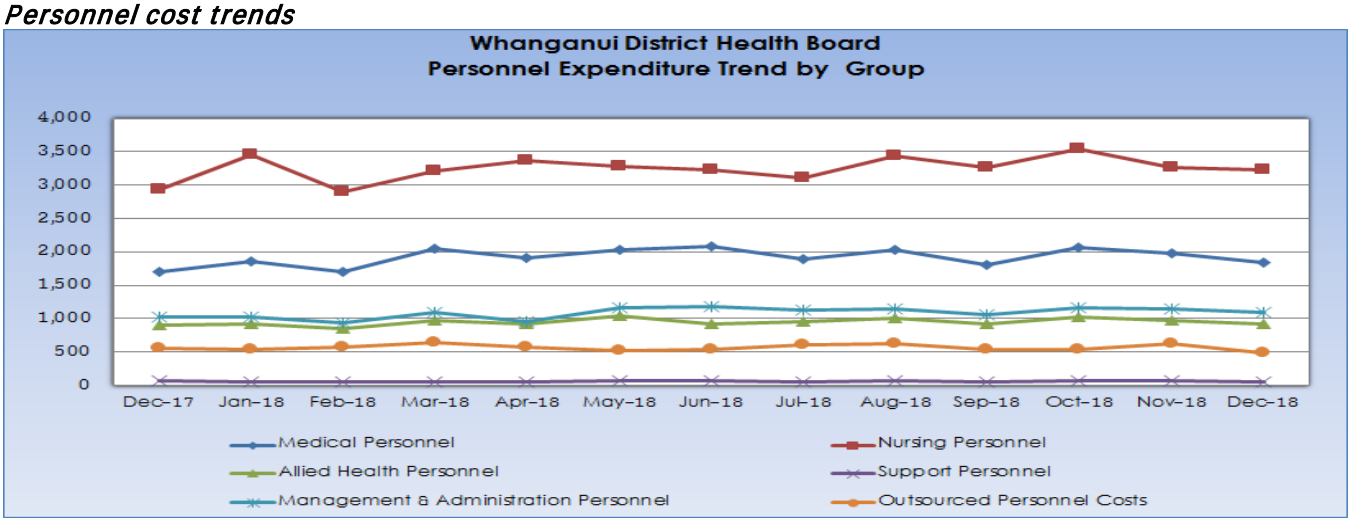
Inpatient volumes were 97% to target in December 2018, with acute being 99.4% and elective being 90.50% of budget.

The overall result is $719k unfavourable to budget.

- Revenue is $833k unfavourable to budget mainly due to:
  - Internal revenue $576k unfavourable mainly due to under-delivery of elective volumes, resulting in an unfavourable wash up of $839k (offset by funder). This was partly offset by pharmaceutical $135k, dental $57k and Smokefree and mental health alcohol and other drugs funding $71k (internal).
  - Government revenue $381k unfavourable mainly due to ACC contract $286k (offset by costs), ACC revenue home-based support $96k, ACC non-acute inpatient rehabilitation $14k, ACC patient with high blood use re-imbursement $30k (patient discharged), outpatient clinics $87k. This was partly offset by Health Workforce NZ Hauroa Ora funding $90k (offset by cost), ACC radiology $25k, UCOL student placement $28k and Health Quality and Safety Commission falls prevention contract $11k.
  - Other income $124k favourable due to one-off Capital and Coast DHB secondment revenue $41k, ACC contract patient consumables revenue $11k, non-resident and other $25k, dental $23k and donation from Countdown $32k, partly offset by prion contract $9k.
- Personnel costs is $517k favourable to budget mainly due to allied health, support and management vacancies. This was partly offset by medical personnel saving partly offset by locum costs, high nursing personnel costs in ED, Medical Ward, Surgical Ward, AT&R Ward, CCU, ATR community service, mental health service and Paediatric Ward.
- Outsourced clinical services is $71k unfavourable to budget due to ACC contract $107k (offset by revenue), infectious disease SMO support from Capital and Coast DHB $29k and rest home convalescence $44k. This was partly offset by radiology service $66k, dental $11k, laboratory $3k, audiology $13k, ophthalmology $8k and Echo service $8k.
- Clinical supplies is $371k unfavourable to budget due to:
  - wards consumables $86k – treatment and disposable consumables $33k and pharmaceutical $45k (36% relates to Medical Ward), respiratory equipment for CCU $11k, pharmaceutical $45k (mainly medical and surgical wards $18k, mental health inpatient units $18k and CCU $9k).
  - pharmaceutical $173k (partly offset by $136k pharmaceutical internal revenue).
  - orthotics – mobility aids and wheelchairs $51k (demand-driven).
  - patient travel $117k (demand-driven).
  - radiology $21k (contrast media and repair and maintenance).
  - dental supplies $25k ($27k more than YTD last year) and various other $20k.
  - district nursing $5k.
  - partly offset by theatre consumables $103k, blood products $24k (relates to two patients).
- Infrastructure and non-clinical supplies is $153k unfavourable to budget due to Hauora Māori health workforce training costs $74k (offset by revenue), orderlies service $13k, facilities additional to contract $40k, patient meals $31k, consultancy $31k (Cognitive Institute and Pro-equity check up), postage and courier $15k, laundry $5k. This was partly offset by staff travel and accommodation $18k and printing and forms $38k.
- Depreciation better than budget variance is due to timing of the purchase of clinical and IT equipment.

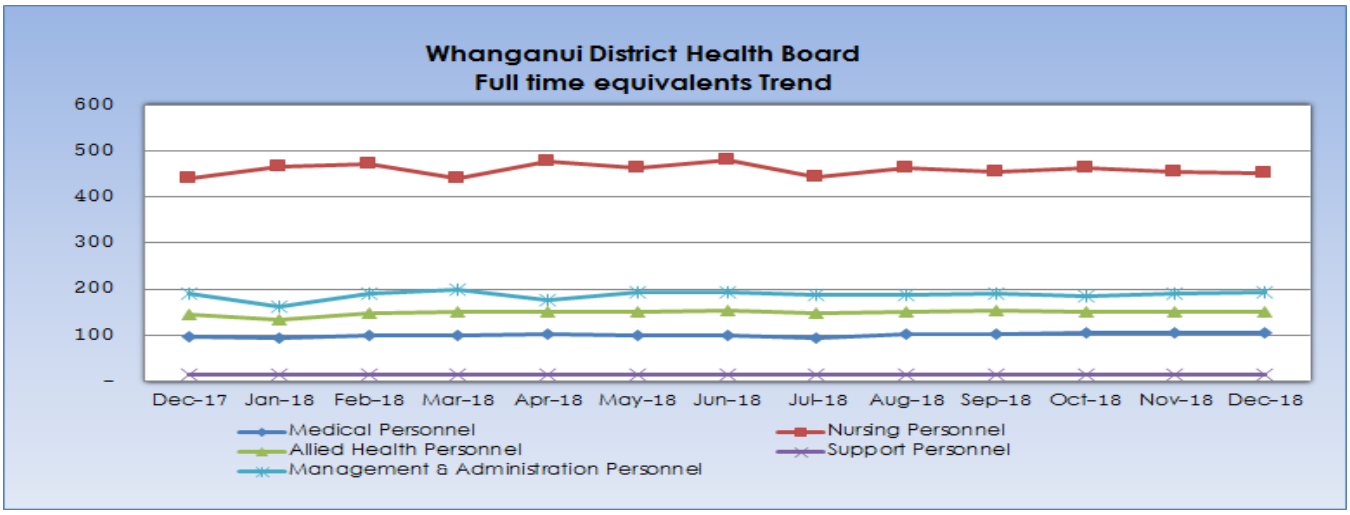
2. Supplementary information on costs

Personnel cost trends



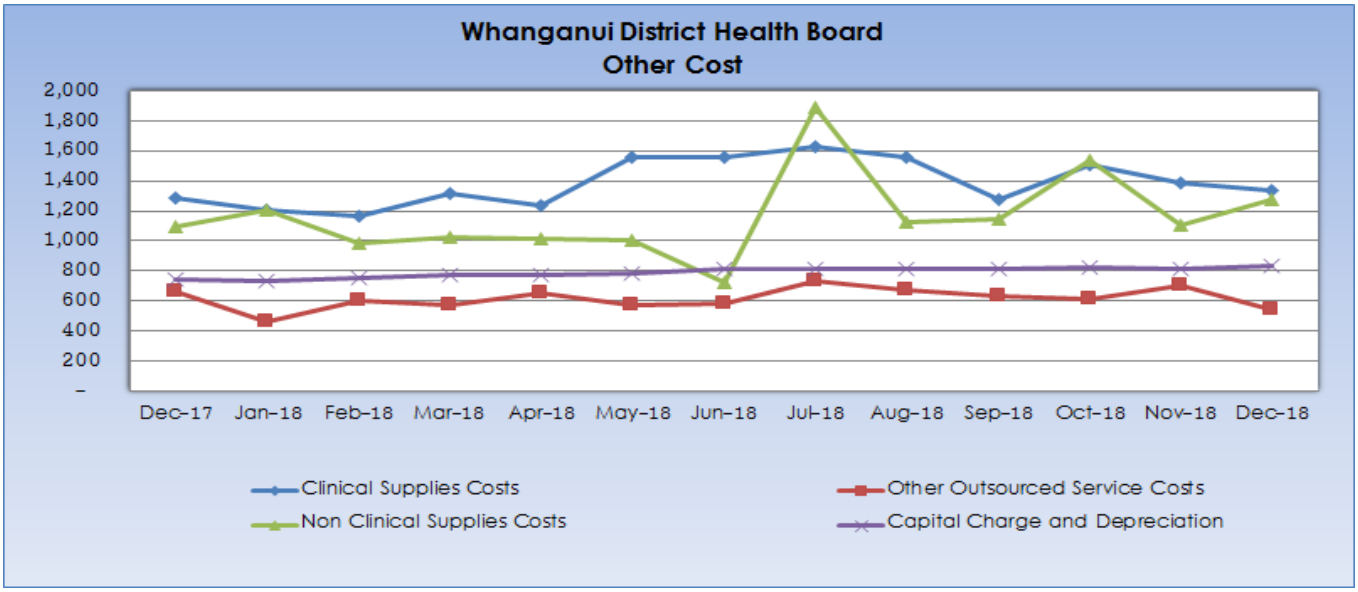
- Personnel cost downward trend in December 2018 is comparable to the prior month, mainly due to one less working day in the month.
- Outsourced personnel downward trend in December 2018 compared to the prior month due to ACC contract (offset by revenue), radiology, partly offset by dental.

FTE trends



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

Other operating costs



- Clinical supplies downward trend in December 2018 compared to the prior month is mainly due to blood costs, clinical equipment service contract; partly offset by pharmaceutical, patient travel.
- Non-clinical supplies upward trend in December 2018 compared to the prior month is due to books and journals, professional fees; partly offset by Microsoft licence fees.
- Other outsourced downward trend in December 2018 compared to prior month is due to ACC contract (offset by revenue), dental and radiology.
- Interest, capital charge and depreciation trend in December 2018 is comparable to the prior month.

1. Rolling trend of financial performance

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

	Dec-17	Dec-18	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	21,094	21,918	21,354	256,251	261,336	(5,085)	U	251,767	240,264
Other Income Revenue	248	229	196	2,348	1,951	397	F	2,439	1,966
Total Revenue	**21,342**	**22,147**	**21,550**	**258,599**	**263,287**	**(4,688)**	**U**	**254,206**	**242,230**
EXPENDITURE									
Medical Personnel	1,705	1,836	1,940	23,274	25,177	1,903	F	22,100	21,064
Nursing Personnel	2,941	3,231	3,273	39,273	39,917	644	F	37,029	33,855
Allied Health Personnel	912	925	954	11,451	12,767	1,316	F	11,072	10,720
Support Personnel	65	61	61	735	797	62	F	726	865
Management & Administration Personnel	1,019	1,099	1,090	13,083	13,459	376	F	12,529	11,775
Outsourced Personnel Costs	562	485	569	6,824	5,980	(844)	U	7,115	6,117
Total Personnel Expenditure	**7,204**	**7,637**	**7,887**	**94,640**	**98,097**	**3,457**	**F**	**90,571**	**84,396**
Other Outsourced Service Costs	660	538	611	7,328	7,656	328	F	7,282	7,474
Clinical Supplies Costs	1,289	1,340	1,393	16,720	15,967	(753)	U	15,935	14,569
Infrastructure & Non Clinical Supplies Costs	1,096	1,270	1,169	14,024	14,687	663	F	13,635	13,334
Other Provider Payments	6,668	7,414	6,923	83,075	83,638	563	F	80,733	76,829
Inter-district-outflow	3,370	3,458	3,450	41,398	41,189	(209)	U	41,134	38,253
Total Other Expenditure	**13,083**	**14,020**	**13,545**	**162,545**	**163,137**	**592**	**F**	**158,719**	**150,459**
Net Surplus / (Deficit) before Int, Depr & Ca	**1,055**	**490**	**118**	**1,414**	**2,053**	**(639)**	**U**	**4,916**	**7,375**
Capital Charges	368	380	370	4,437	4,412	(25)	U	4,357	2,422
Depreciation	379	451	425	5,103	5,527	424	F	4,737	4,695
Interest Costs	–	–	–	–	–	–	F	–	970
Total Interest Depreciation and Capital Exp	**747**	**831**	**795**	**9,540**	**9,939**	**399**	**F**	**9,094**	**8,087**
Total Expenditure	**21,034**	**22,488**	**22,227**	**266,725**	**271,173**	**4,448**	**F**	**258,384**	**242,942**
Net Surplus/ (Deficit)	**308**	**(341)**	**(677)**	**(8,126)**	**(7,886)**	**(240)**	**U**	**(4,178)**	**(712)**

- The 12-month rolling average of $8.1 million is $0.2m worse than the 2018/19 budget forecast of $7.9 million. Increased relates to demand expenditure and inter-district outflow.

2. Statement of financial position

Summary Statement of Financial Position as at 31 Dec 2018 ($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	7,389	1,562	5,827	1,562
Trade and Other Receivables	8,750	**6,977**	**6,748**	229	7,495
Fixed Assets	83,342	82,439	84,260	(1,821)	84,771
Work in Progress (WIP)	5,841	6,036	5,841	195	5,841
Long Term Investments	1,121	1,121	1,121	–	1,167
Total Assets	**104,895**	**103,962**	**99,532**	**4,430**	**100,836**
LIABILITIES					
Bank Overdraft	–	–	–	–	–
Bank Overdraft – HBL	–	–	(674)	674	(5,038)
Employee Related – Current Liabilities	(12,874)	(13,432)	(11,754)	(1,678)	(11,827)
Trade and Other Payables	(13,922)	(18,066)	(14,240)	(3,826)	(14,140)
Crown Loan – Current	(135)	(135)	(135)	–	(135)
Finance Leased – Current	(92)	(92)	(92)	–	(95)
Crown Loan – Non-Current	(236)	(169)	(169)	–	(101)
Non – Current Liabilities	(805)	(812)	(809)	(3)	(808)
Finance Leased – Non- Current	(678)	(632)	(631)	(1)	(583)
Total Liabilities	**(28,742)**	**(33,338)**	**(28,504)**	**(4,834)**	**(32,727)**
EQUITY					
Equity	(76,153)	(70,624)	(71,028)	404	(68,109)
Total Equity	**(76,153)**	**(70,624)**	**(71,028)**	**404**	**(68,109)**
Total Equity and Liabilities	**(104,895)**	**(103,962)**	**(99,532)**	**(4,430)**	**(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.

6.1 Working capital

Working Capital as at 31 Dec 2018 ($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	5,956	5	5,951	5
Trust / special funds	138	145	177	145	32	145
Trade and other receivables	7,525	8,750	6,977	6,748	229	7,495
Investment	3,000	3,000	–	–	–	–
Inventory / Stock	1,327	1,412	1,256	1,412	(156)	1,412
Total Current Assets	**19,396**	**14,591**	**14,366**	**8,310**	**6,056**	**9,057**
CURRENT LIABILITIES						
Bank Overdraft	–	–	–	–	–	–
Bank Overdraft – HBL	–	–	–	(674)	674	(5,038)
Trade and other payables	(13,171)	(13,476)	(17,481)	(13,679)	(3,802)	(13,638)
Income Received in Advance	(1,624)	(446)	(585)	(561)	(24)	(502)
Capital Charge Payable	–	–	–	–	–	–
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)	(4,147)	(2,430)	(1,717)	(2,041)
Employee Related – Current Liabilities	(8,365)	(9,064)	(9,285)	(9,324)	39	(9,786)
Total Current Liabilities	**(25,645)**	**(27,023)**	**(31,725)**	**(26,895)**	**(4,830)**	**(31,235)**
Working Capital	**(6,249)**	**(12,432)**	**(17,359)**	**(18,585)**	**1,226**	**(22,178)**
Working Capital ratio	**75.6%**	**54.0%**	**45.3%**	**30.9%**		**29.0%**

Comments on result	
	Neutral

Working capital variances	**Variance $000**	**Impact on forecast**
Working capital better than budget due to:	$1,226 F	
Current assets	$6,056 F	
▪ Slightly higher in funds cash position than budget is due to capital projects being behind schedule – mainly clinical equipment, facilities and IT which is a timing variance that will be spent in due course and also $3m investment matured.	$5,951 F	Mainly timing
▪ Trade and other receivables increased due to funder related in-between travel and pay equity funding.	$229 F	

Current liabilities	($4,830) U	
▪ Trade and other payables actual increased due to provision for IDF, pay equity and funder demand driven expenditure (budgeted projection which was based on historical information).	($3,802) U	Mainly timing
▪ Income in advance mainly related to 30 June 2017 carry forward balance for youth alcohol, Smokefree, health sector participation in child health and pay equity.	($24) U	
▪ Payroll related and employee related provision expiry MECA provision.	($1,717) U	

6.2 Cash flows

Consolidated Summary Statement of Cash Flows for the period ended 31 Dec 2018 ($000)

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	
Net surplus / (deficit) for year	(712)	(4,179)	(5,535)	(5,125)	(410)	U
Add back non-cash items						
Depreciation and assets written off on PPE	4,687	4,720	2,619	2,675	(56)	U
Revaluation losses on PPE	–	–	–	–	–	F
Total non cash movements	**4,687**	**4,720**	**2,619**	**2,675**	**(56)**	**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)	4,144	318	3,826	F
Increase / (decrease) employee entitlements	681	2,112	565	(1,116)	1,681	F
				–	–	F
(Increase) / decrease in trade and other receivable	(857)	(1,091)	1,773	2,002	(229)	U
(Increase) / decrease in inventories	34	(85)	156	–	156	F
Increase / (decrease) in provision	–	–	–	–	–	F
Net movement in working capital	**(1,236)**	**63**	**6,638**	**1,204**	**5,434**	**F**
Net cash inflow / (outflow) form operating activitie	**2,171**	**638**	**4,030**	**(834)**	**4,864**	**F**
	–	–	–	–		
Net cash flow from Investing (capex)	(5,371)	(6,402)	(2,219)	(4,005)	1,786	F
Net cash flow from Investing (Other)	26	(7)	(26)	–	(26)	U
Net cash flow from Financing	(327)	(351)	(113)	(114)	1	F
Net cash flow	(3,501)	(6,122)	1,672	(4,953)	6,625	F
Net cash (Opening)	13,907	10,406	4,284	4,284	–	F
Cash (Closing)	**10,406**	**4,284**	**5,956**	**(669)**	**6,625**	**F**

Comment on result	**Neutral**

Cash flow variance	**Variance $000**	**Impact on forecast**
Closing cash is better than budget, made up of the following:	$6,625F	
Net cash flow from operations	$4,804 F	
▪ Trade and other payables difference between forecast mainly related to funder division accrual provision for demand-driven expenditure, IDF $1m, Medlab $0.6m not processed by HealthPAC. The finance office was closed from 21 December 2018 until 3 January 2019, therefore no payments were made $2m (normally payment run of end of the month), and pay equity. ▪ Employee entitlement relates mainly to the provision for expiry of MECAs and increased in timing accruals (positive impact on cash). ▪ Trade and other receivables difference between forecast mainly related to provider division timing of invoice.	$3,826 F $1,681 F ($229) U	Timing

Net cash outflow from investing ▪ Capital expenditure programme running behind schedule, mainly clinical equipment, facilities and IT-related projects (timing).	$1,786 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 12
Author	Dot 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 14 December 2018	For 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	Section 9(2)(i) and 9(2)(j)
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	Section 9(2)(i) and 9(2)(j)
Unified communication business case	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)
Request for a right of first	To enable the district health board to carry out, without prejudice or	Section 9(2)(i) and 9(2)(j)

refusal over Whanganui DHB's Heads Road property for inclusion in Whanganui Land Settlement with Whanganui Iwi	disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	
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 should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(ba)
Future of Taihape Hospital site	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 secretary 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