AGENDA

Whanganui District Health Board

Meeting date	**Friday 17 May 2019**	
Start	10.00 am	Art Display Blessing
	10.45 am	Public Session
Venue	Board Room Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui	

Embargoed until Saturday 18 May 2019

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Also available on website
www.wdhb.org.nz

Distribution

Board members

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

Executive Management Team

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

Ministry of Health

- Ms T Vail, Relationship Manager, Ministry of Health

Agendas are available online one week prior to the meeting.

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

WHANGANUI DISTRICT HEALTH BOARD
TE POARI HAUORA O WHANGANUI

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

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

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

We are:

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

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

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

Koi anei tātou:

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

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

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

AGENDA

Held on Friday, 17 May 2019
Board Room, Fourth Floor, Ward/Admin Building, Whanganui Hospital

Commencing at 10.00am

BOARD PUBLIC SESSION

	ITEM	PRESENTER	Time	Page
1	**ART WORK BLESSING**	E O'Leary	10.00	
2	**CHILD HEALTH PRESENTATION**	D Montgomery	10.45	
3	**PROCEDURAL**			
3.1	Karakia/reflection	A Main	11.15	
3.2	Apologies	D McKinnon		
3.3	Conflict and register of interests update 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	D McKinnon	11.20	7
3.4	Late items	D McKinnon		
3.5	Confirmation of Minutes 3.5.1 – 5 April 2019 3.5.2 – 9 April 2019	D McKinnon	11.25	 13 21
3.6	Matters Arising	D McKinnon	11.35	23
3.7	Board and committee chairs reports 3.7.1 Board - verbal 3.7.2 Combined statutory advisory committee	 D McKinnon S Hylton	11.40	 25
4	**Chief Executive report**	**R Simpson**	**11.50**	**27**
5	**Decision Papers**			
5.1	Communication Policy	M Dawson	12.05	31
6	**Discussion Papers**			
6.1	CentralAlliance Update	P Malan	12.10	**33**
6.2	Inter-district flows	P Malan	12.20	**37**
7	**Information papers**			
7.1	Detailed financial report – March 2019	H Cilliers	12.30	45
7.2	Health and safety report	H Cilliers	12.40	61
8	Date of next meeting 14 June 2019 – Combined statutory advisory committee 28 June 2019 – Board meeting			
9	**Reasons to exclude the public**	**D McKinnon**	**12.45**	**65**

Appendices	
4.1	NZRDA Hospital Review for Whanganui DHB
5.1.1	Communication Policy

WHANGANUI DISTRICT HEALTH BOARD

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 1 February 2019	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea. Advised that she is: ▪ a director of Taihape Health Limited. ▪ a member of the Institute of Directors. Trestee of Mokai Patea Waitangi Claims Trust
Jenny Duncan	18 October 2013 1 August 2014 5 April 2019	Advised that she is an elected member of the Whanganui District Council Advised that she is an appointed member of the Castlecliff Community Charitable Trust Member of the Chartered Institute of Directors Trustee of Four Seasons Trust
Darren Hull	28 March 2014 27 May 2014	Advised that he acts for clients who may be consumers of services from WDHB. Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
Stuart Hylton	4 July 2014	Advised that he is: ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society Of New Zealand.

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

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Frank Bristol	8 June 2017	Advised that he is: ▪ Member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ In a management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ Working as the MH & A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ Member of Sponsors and Reference groups of National MH KPI project. ▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ ▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ Member of Whanganui DHB CCDM Council ▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people. ▪ Balance Aotearoa is a Disabled Persons Organisation (DPO) and a member of the DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Advised that he is doing consultancy work for Capital and Coast District Health Board
	1 September 2017	Advised that he has been appointed to the HQSC Board's Consumer Advisory Group
	22 March 2019	Appointed to Te Pou Clinical Reference group.
Andrew Brown	13 July 2017	Advised that: ▪ he is an independent general practitioner and clinical director of Jabulani Medical Centre; ▪ he is a member of Whanganui Hospice clinical governance committee; and ▪ most of his patients would be accessing the services of Whanganui District Health Board.
Heather Gifford	20 November 2018	Advised that she is: ▪ Ngāti Hauiti representative on Hauora a Iwi; ▪ Senior Advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); ▪ 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.
	10 April 2019	▪ His niece, Nadine Mackintosh, is employed by Whanganui DHB as Board Secretary and EA to the chief executive.

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

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

Minutes
Public session

Public meeting of the Whanganui District Health Board
held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday, 5 April 2019, commencing at 10.00am

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

Apologies
Mrs Judith MacDonald, Member
Dame Tariana Turia, Member
Ms Maraea Bellamy, Member

In attendance
Mrs Nadine Mackintosh, Board Secretariat
Mr Russell Simpson, Chief Executive
Mr Mark Dawson, Communications Manager
Mrs Rowena Kui, Director Maori
Mr Paul Malan, GM Service and Business Planning
Mr Brian Walden, General Manager Corporate
Senior staff members

1 WDHB safe patient handling demonstration

Presenters: H Cilliers, M Nevil, W Davis, G Fitzpatrick

A manual patient handling demonstration was received highlighting the importance of maintaining a safe handling environment.

The demonstration highlighted the benefits of air assisted lateral transfer using the Hovermatt (reuseable) and Airpal (single use) systems indicated a reduction in the effort required for performing patient handling by 90% and provide our patients with a more comfortable transfer. Both mats are used for the more complex patients in CCU and medical although machines are available in every area. This system is not supported for spinal injuries.

All staff receive training as part of their induction and existing staff are provided with refresher training every two years.

Action
The board requested a review of Airpal, single use system to ensure we are meeting our commitment to reducing wastage.

2 Procedural business

2.1 Karakia/reflection

The board chair welcomed Mark Dawson to his first meeting of the Board. The deputy chair provided acknowledgement of Gumboot Day - I Am Hope campaign through active support in his gumboots and other board members provided a donation.

2.2 Apologies

The board resolved to **accept** the apologies from Mrs J MacDonald, Ms M Bellamy and Dame Tariana Turia.

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

2.3 Continuous disclosure

2.3.1 Amendments to the register of interests

The Board received the declaration from J Duncan as member of the Chartered Accountants Institute and a trustee of the Four Seasons Trust.

2.3.2 Declaration of conflicts in relation to business at this meeting

Nil

2.4 Late items

Whanganui DHB Draft Submission – Misuse of drugs amendment bill
The board resolved to **accept** the submission as a late paper in order to meet the timelines of the Health Select Committee.

2.5 Confirmation of Minutes

1 February 2019
The Board resolved to **accept** the minutes of the meeting held on 1 February 2019 as true and accurate record of the meeting.

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

7 March 2019
The Board resolved to **accept** the minutes of the meeting held on 7 March 2019 as true and accurate record of the meeting.

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

2.6 Matters Arising

The board received the matters arising and requested wider advertising of the June Board meeting in Taihape with inclusion of a presentation of a local initiative morning tea forum with public. The meeting appointment will be extended to a full day and transportation organised for board members.

Action
It was requested that the electoral officer provide details of the electoral programme.

2.7 Board and Committee Chairs Reports

The CSAC Chair provided a verbal report on the last CSAC meeting with acknowledgment of the Whanganui Alliance Leadership Team led presentation on acute demand advising this programme supports the good relationships that have been formed.

3 Chief Executive report

The report as read with the chief executive highlighting the great turnout of both internal and external participants for the Christchurch remembrance day held on 27 March 2019 in the lecture room.

The Fit for Surgery programme is a clinically led initiative working with our community that is working well. This programme will be considered for other services subject to business case approvals. Management are looking at registering the name, both the trademark slogan and use for others with acknowledgment to the DHB. The board supported the programme and recommended we consider a fit for life programme.

The board discussed recent media releases with advice that all non-compliant cases are audited and we have some reliance on other DHBs for tertiary services.

- Faster cancer treatment figures reported were for January, when people can be on holiday and decline appointment and although we meet the target at 100% for three of the six months prior, this was not reported.
- ED wait time is dependent on triage rating and should be used for triage one to three.
- Reporting on the clinical process of the recent cataract patient was received
- Newborn hearing screening results were positive

Equity Report

The risk and audit committee chair reported on discussions from the February meeting to inform the board that due to the high profile of the pro-equity programme that reporting should be directed to the full board and suggested that the joint WDHB and HAI board meetings be the most appropriate forum.

Emphasis should be equity for all and note the key terms used in the report. – see page 83

The board chair reported on advice that Te Tumu Whakarae (the national Māori General Managers/Directors) recommended three priority actions for DHBs to collectively increase the Māori workforce capability and capacity and the responsiveness of our health workforce in general. With a particular focus on:

- New and future staff; i.e. growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society.
- Current and existing staff; i.e. realise cultural competence throughout the entire workforce.
- Making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

At the March regional meeting DHB Chief Executives (CEs) endorsed these priorities and confirmed a strong commitment to the establishment of workforce targets to increase Māori participation in the health workforce as a critical enabler to achieve health equity for Māori.

The board supported reporting and discussion on the programme being held in the combined HAI/Joint Board meetings with the first reporting being provided at the 30 April 2019.

The board resolved to:

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

b. **Note** the flu vaccination campaign is active both internally and in the community.

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

d. **Note** the status of our ESPI compliance, in particular the faster cancer treatment results that can be hugely impacted by a small number of patients.

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

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

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

Action: The board requested a presentation from a patient in the Fit for Surgery programme and asked we consider including a patient story for new patient information.

4. Decision Papers

4.1 Whanganui DHB Submission

Presenters: C Penaflor and K Herewini

Brief discussion ensued on the submission with full support.

The Board resolved to

a. **Receive** the paper entitled "Whanganui DHB Draft Submission – Misuse of drugs amendment bill"

b. **Note** the purposes of the bill are:

i. To reclassify AMB-FUBINACA and 5F-ADB as Class A drugs

ii. To affirm that Police should in most cases exercise their discretion *not to prosecute* those caught in possession of *any drug* for personal use (not just synthetics). Police must consider whether a prosecution is required in the public interest, and whether a health-centred or therapeutic approach would be more beneficial.

iii. To introduce a temporary drug class order so new harmful drugs can quickly be classified in the Misuse of Drugs Act as they reach the market.

c. **Approve** the Whanganui DHB submission of support for the misuse of drugs amendment bill to the Health Select Committee.

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

5. Discussion Papers

Nil

6. Information Papers

6.1 People and Performance six monthly report

The paper was taken as read.

The GM People and Performance reported that turnover is similar to other DHBs, particularly in areas identified with recognised staff shortages.

The board acknowledge the efforts achieved for the annual leave liability.

Staff wellbeing programme was discussed with support from the board to encourage healthy work, life balance and provide an environment that staff thrive to be a part of. The chief executive reflected on the unsolicited comment from the South Canterbury management during their visit earlier in the week stating the culture and environment observed indicates a great place to work.

The board:

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

b. **Note** WDHB experiences below average turnover compared to other DHBs

c. **Note** both the completed and open recruitment positions

d. **Note** the annual leave liabilities for WDHB and focus on supporting work life balance

e. **Note** WDHB sick leave trends are lower than average but require monitoring due to increase in trend

f. **Note** the slight increase in performance management appraisals across WDHB staff

g. **Note** that the Domestic Violence - Victims' Protection Act 2018 will take effect on 1 April 2019

h. **Note** the staff wellbeing priority areas and planned activities.

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

Action

1. Further detail on the 'other' reason for leaving reporting in the next report
2. Stronger emphasis on the benefits of performance planning and reviews.

6.2 Health and safety report

The paper was taken as read.

The board:

a. **Received** the paper entitled 'Health and Safety update'

b. **Noted** the reduction in manual handling incidents / injuries

c. **Noted** that there are no SAC 1 or 2 incidents or injuries

d. **Noted** the key health and safety risks and mitigations reported

e. **Noted** the other health and safety risks reported

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

6.3 Detailed financial report – February 2019

The paper was taken as read.

The chief executive acknowledged that the recent lift in wages does have an impact on our contracted providers and DHB.

The month end result was positive although acuity for the month of March has increased and close monitoring will continue to be undertaken.

Risk have declined with MECA settlements although the one off risk in regards to the holiday act with sector issue around casual workers. The Ministry were making a recommendation to the Minister and outcomes will be reported when received.

The benchmarking exercise with South Canterbury DHB highlighted some areas of opportunity to assist us financially, and a full report will be provided to the board.

The board:

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

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

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

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

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

Action
The board requested inclusion of forecast column in the final stages of our budget period.

7. Dates of next meeting

30 April 2019 – Joint WDHB and HAI Board
3 May 2019 – Combined statutory advisory committee meeting
17 May 2019 – Board meeting

Action:
1. The board requested an amendment to the Joint WDHB and HAI Board meeting allow for a higher attendance as it is a council meeting day.
2. The board noted the Central Alliance Board day with a request to postpone in order to achieve full board attendance given the status of the meeting.

8. Reasons to exclude the public

The Whanganui District Health Board resolved to:

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

b. **Note** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 9182 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 1 February 2019	For reasons set out in the board's agenda of 1 February 2019	As per the board agenda of 1 February 2019
Whanganui District Health Board minutes of meeting held on 7 April 2019	For reasons set out in the board's agenda of 7 April 2019	As per the board agenda of 7 April
Chief executive's report Board & committee chair reports Risk and Audit Committee minutes of meeting held on 13 February 2019 CE Performance Review/KPI Framework	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
External Audit Engagement Letter	To maintain legal professional privilege	Section 9(2)(h)
New Car Park Capex	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Air Whanganui Renewal Contract	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

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

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

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

The public session of the meeting concluded at 11.37 am

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Minutes
Public session

Public meeting of the Whanganui District Health Board
held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Tuesday, 9 April 2019, commencing at 3.30pm

Present
Mrs Dot McKinnon, Board Chair
Mr Stuart Hylton, Deputy Chair
Ms Maraea Bellamy, Member
Mr Graham Adams, Member
Mr Darren Hull, Member
Mr Charlie Anderson, Member

Apologies
Mrs Philippa Baker-Hogan, Member
Mrs Jenny Duncan, Member
Mrs Judith MacDonald, Member
Dame Tariana Turia, Member
Ms Annette Main, Member

In attendance
Mrs Nadine Mackintosh, Board Secretariat
Mr Russell Simpson, Chief Executive

1 Procedural business

1.1 Karakia/reflection
All members were thanked for their attendance at such short notice.

1.2 Apologies
The board resolved to **accept** the apologies from Mrs J MacDonald, Dame Tariana Turia, Mrs P Baker-Hogan, Mrs J Duncan, Ms A Main

CARRIED

1.3 Continuous disclosure
1.3.1 Amendments to the register of interests
Nil

1.3.2 Declaration of conflicts in relation to business at this meeting

Nil

2 Other

2.1 General

Nil

2.2 Resolution to exclude the public

The board resolved to:

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

b. **Note** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 9182 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Health Finance Procurement and Information Management System	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

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

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

CARRIED

WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Matters Arising

17 May 2019

Topic	Action	Due date
DHB Board Elections	The electoral officer to organise a public forum and/or education programme for potential candidates.	**August/September**
	The Chair to discuss process of appointed board members with the Minister	**10 April 2019**
Fit for Surgery	A presentation from a patient in the programme and consider including a patient story for new patient information.	**TBC**
People and Performance	Include further details on reasons for leaving in next report Management to embed strong performance appraisal culture	**November 2019**
Financials	Forecast column to be added to future reporting	**June**
Urology	CSAC Committee requested that an update be provided to the June Board	**28 June 2019**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Committee Chair Update**
	Item 3.7.2
Author	Stuart Hylton, Deputy Chair and CSAC Chair
Subject	**Combined statutory advisory committee chair update**

Recommendations

It is recommended that the Whanganui District Health Board **receives** the paper entitled combined statutory advisory committee chair update

Highlights from the meeting held on 3 May 2019 follow:

A verbal report was given by the chair with the items of note being:

- The Chair expressed his excitement that Whānau Ora was to be highlighted at today's meeting.
- The chair acknowledged Dame Tariana's involvement in and pioneering of the Whānau Ora concept.
- The chair acknowledged the presence of MHOAG members and guest speakers from Mokai Patea Services, Taihape Health Ltd, Te Oranganui, Ruapehu Whanau Transformation , and others visitors who travelled to be part of the discussion.
- The Chair issued a challenge: do we know what Whanau Ora means? Do we know what it looks like? Do we know what it means for it to be delivered across all services in a seamless way?

The Combined Committee heard a number of presentations from external providers focussing on the provision of Whānau Ora in the community. This included examples of Kaupapa Māori Services and Community Development. The strong relationships and networks between providers and among the providers and the DHB were noted, as were some significant achievements to date and some challenges to overcome.

Whānau Ora within our DHB and hospital as the fundamental approach underpinning the way we work was also discussed – both in the care we give to our patients and relationships among staff. The Te Hau Ranga Ora service was highlighted and commended.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Chief Executive Paper**
	Item 4
Author	Russell Simpson, Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that the Whanganui District Health Board:

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

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

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

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

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

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

g. **Notes** the NZRDA hospital review.

1. WDHB Pro Equity Check Up Update

The Director of Māori Health is leading the work programme to implement the recommendations from the Pro Equity Check Up report (the report).

The summary of progress is outlined below:

- Actions implementation plan presented to the WDHB and Hauora A Iwi (HAI) joint board hui 30 April 2019.
- Pro Equity KPI will be part of executive staff and leaders performance agreement.
- Workshops have begun to raise awareness and educate DHB leaders about our Pro Equity approach, the suite of equity tools available, application of an equity lens and taking action based on findings.
- Mentorship one-on-one if required for specific work streams is available to executive staff from Gabrielle Baker.
- Discussions are underway to plan workshops for community partner organisations.
- Establishment of a Māori reference group made up of Māori health professionals and consumers is in progress to strengthen the Māori 'voice' to influence the implementation of the report.
- Partnership workshop for Hauora A Iwi and WDHB Board is in progress. Pahia Turia has agreed to facilitate the hui, due to personal circumstances Pahia will be available from June forward. Dates will be circulated to Board members.
- Our approach to Pro Equity was discussed at the MoH hui 9 May 2019, verbal feedback from this discussion will be provided at the hui.

Progress on the work programme will be reported to the Risk and Audit Committee (RAC) and quarterly to Hauora A Iwi, the WDHB Board and 6 monthly to Whanganui Alliance Leadership Team (WALT).

2. Surgical Services

2.1 Ophthalmology

The increasing pressure on ophthalmic departments to deliver intravitreal therapy in a timely manner to an increasing number of new and existing patients in order to prevent vision loss has led to the development of nurse-led intravitreal injection clinics in a number of DHBs. The rationale is to increase the capacity to cope with the rising demand for intravitreal injections, reduce reliance on ophthalmologists and to provide continuity of care for patients.

In February 2019 Whanganui DHB employed a clinical nurse specialist already credentialed to perform intravitreal injections within the ophthalmology setting and an existing registered nurse in the ophthalmology service has commenced the education programme that focuses on expanding the practice to perform this specific ophthalmic procedure.

The department underwent credentialing on Friday 5 April. The recommendations are not yet available. These will be helpful in guiding the department in the development of their model of care and systems to support safe delivery of services.

2.2 National bowel screening project

Planning and preparation for commencement of the National Bowel Screening Programme in October 2019 continues. Project work over the last few months has focused on review of endoscopy unit systems and procedures, analysis of physical and workforce capacity, engagement with key stakeholders and achievement of colonoscopy wait time target indicators. Recent data shows Whanganui DHB's colonoscopy wait time target performance for the period ending March 2019 is 92.7% for urgent colonoscopy (target 90%), 76.3% for non-urgent colonoscopy (target 70%) and 75.0% for surveillance colonoscopy (target 70%). Performance against wait times is being monitored weekly by the bowel screening project team, to ensure any issues that may impact on performance are promptly identified and resolved.

2.3 ESPI Compliance

Internal data indicated that elective services were ESPI non-compliant in April due to the RMO week-long strike as theatre cases were re-scheduled. The strike impacted ESPI April compliance and may impact the May result. Should May be non-compliant the organisation will be non-compliant for three consecutive months. Continued short notice of consultant leave can impact the monthly result. Maintaining a 30 day buffer in all specialties is an important ESPI risk management mitigation.

3. Summary financial results for March 2019

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

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18
Provider Division	(291)	(170)	(121)	U	(7,313)	(6,725)	(588)	U	(8,442)	(5,504) U
Corporate	27	(36)	63	F	(73)	(351)	278	F	27	1,189 F
Provider & Corporate	**(264)**	**(206)**	**(58)**	**U**	**(7,386)**	**(7,076)**	**(310)**	**U**	**(8,415)**	**(4,315) U**
Funder Division	(652)	(345)	(307)	U	140	175	(35)	U	526	(366) F
Governance	87	10	77	F	217	12	205	F	3	502 U
Funder divison & Governance	**(565)**	**(335)**	**(230)**	**U**	**357**	**187**	**170**	**F**	**529**	**136 F**
Net Surplus / (Deficit)	**(829)**	**(541)**	**(288)**	**U**	**(7,029)**	**(6,889)**	**(140)**	**U**	**(7,886)**	**(4,179) U**

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

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

Provider – inpatient volumes are 91.8% to target, with acute at 90.3% and elective at 95.4% of budget for the month. Personnel costs were $73k favourable to budget. Clinical supplies were $154k unfavourable due to pharmaceutical (patient mix), dental and theatre consumables. The impact of lower volumes meant that internal elective funding was lower but this was largely offset by internal revenue for pharmaceutical and dental.

Corporate – $63k favourable to budget due to Regional Health Informatics Programme (RHIP) favourable wash up, other operating expenses and depreciation costs. This was partly offset by NZ Health Partnerships food service negotiated settlement cost share of $23k.

Funder – $307k unfavourable to budget, mainly due to greater than expected inter-district flows, community pharmaceuticals health, rest homes residential care costs. This was partly offset by the elective wash up with own provider $85k (internal).

Governance – $77k favourable to budget due to personnel costs (leave and vacancies), operating expenses, professional fees and board expenses.

3.2 Outlook

The year-to-date result is $140k unfavourable to budget with a budget forecast to 30 June 2019 remaining at $8.086 million, which is $200k worse than budget.

The risk factors sit with demand-driven expenditure being unfavourable particularly with IDFs outflows continuing to be high. Volume delivery for the year-to-date 31 March 2019 is 383 case weights ($1.94m) higher than budget and 250 case weights higher than the same nine-month period last year. The volume growth is from Capital and Coast District Health Board (cardiology, cardiothoracic, neurology and neonates) and MidCentral District Health Board in general surgery. The general surgery work being carried out at MidCentral DHB is being reviewed.

Leave around the Easter break and the RMO strike in April/May could result in a moderation of IDF outflow volumes.

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

3.3 Risks

Key risks include:

- Demand-driven services – particularly IDF outflows and community pharmacy. The risk component could be $600k from April to June 2019.
- The Ministry of Health have funded all significant MECA settlements above 2.43% to date except E tū/ SECA settlement which particularly impacts Spotless Services staff. Spotless Services have lodged a claim of $200k for the 2018/19 year, made up of lump sum payments since the SECA expired in June 2018 plus increased monthly cost from April to June 2019. This SECA increase at 11% has been driven by Government policy to improve low wage earners' income to a 'living wage'. Other DHBs who employ these staff directly are also incurring this cost uplift.
- Holidays Act compliance – agreement has been reached between the Council of Trade Unions, Ministry of Business Innovation and Employment and DHBs over the correct calculation method for various leave payments. We will now prepare an estimate of liability for the 30 June 2019 accounts pending formal audit of payroll payments. Provision was made in the 2017/18 annual accounts of $550k but the cost is likely to be more. The Risk and Audit Committee will review this issue in more detail at their meeting on 12 June 2019.
- Impairment of the National Oracle System or NOS asset (now known as Finance, Procurement and Information Management) $1075k, held as shares in NZ Health Partnerships. The issue stems from the February 2019 business case which now accepts that 10 DHBs with Oracle financial systems will move to the national system whilst the remaining 10 DHBs, including Whanganui, have an opt on choice. The shares provide DHBs with a right to use the national system but it is an expensive system that is not needed by a small DHB. Whanganui and MidCentral DHBs both use the JD Edwards finance system which has a creditable and affordable upgrade path. The impairment for

the 10 DHBs amounts to $22 million and advice is being obtained from Audit NZ and PricewaterhouseCoopers (PWC). There will be agreed treatment by the 10 DHBs for year-end. A paper will be provided to the Risk and Audit Committee for consideration at their meeting on 12 June 2019.

4. NZRDA hospital review

The NZRDA Hospital review for 2019 was released on 9 May 2019 and is attached as *Appendix 4.1.*

Whanganui DHB received a much improved report card from that of 2018. Acknowledgements were provided to internal staff for enhancing the relationship building.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision Paper**
	Item 5.1
Author	Mark Dawson, Communications Manager
Subject	**Review of Communication Policy**

Recommendations

Management recommend that the board:

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

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

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

1 Purpose

This paper seeks board agreement to the renewal of the Communications Policy for a further one year. A copy of the tracked change policy is attached as **Appendix 4.1.1.**

2 Background

In 2018 an extensively rewrite of the policy was undertaken with a request for a review in one year. The communications manager has reviewed the existing policy and included expectations around the Pro Equity report and its implementation work programme.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Discussion Paper**
	Item 6.1
Author	Paul Malan, GM Service and Business Planning
Endorsed by	Craig Johnston, GM Strategy, Planning & Performance, MDHB.
Subject	**Quarterly update on centralAlliance activity**

Recommendations

Management recommend that the board:

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

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

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

1 Purpose

To update the board on the progress of service delivery and priorities relating to the centralAlliance.

2 Background

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

We aspire to create a health care system that our people value, which meets their needs and preferences.

The Framework focuses attention on two key concerns:

1. Achieving health gain – addressing areas of health deficit, particularly by building strong primary and community care
2. Achieving clinical viability – addressing clinical vulnerabilities in areas of interest by strengthening hospital-based clinical services.

In the area of primary and community care we agreed to:

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

Within hospital-based clinical services, we agreed to:

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

3 2018/19 progress on priorities

The agreed priorities for 2018/19 were: renal, urology, laboratory services, chemotherapy and the Cardiac Health System Plan.

3.1 Renal Services

Good progress has been made on aligning the two DHBs programmes of work in this area, with the aim of increasing resources in the community, to reduce current and future demand on hospital based renal dialysis services by increasing home-based care.

The Renal Governance Group is functioning well and has supported the following nursing roles to improve service delivery with the aim that 60 percent of people dialyse at home.

Whanganui has a Nurse Practitioner in post and MidCentral has appointed a Pre-dialysis Clinical Nurse Specialist role. These are key roles in strengthening the primary and secondary interface across the sub region and improving the detection and intervention for patients with Chronic Kidney Disease (CKD). These positions align with the General Practice teams and primary care providers to assist in the provision of community based specialist support for patients.

Whanganui is further strengthening its renal support team with the appointment of a Clinical Nurse Specialist, Long-term Conditions Renal to work alongside the Nurse Practitioner. This position focuses on the case management of people living with advanced chronic kidney disease and associated conditions.

The Whanganui Nurse Practitioner and Clinical Nurse Specialist work in close collaboration with clinical oversight from the MidCentral Renal team.

The Home Training nursing has been increased to establish further dedicated home training positions. This is supported by the relocation of the self-care facility and an increase to four patients receiving dedicated home training.

3.2 Urology Services

A formal project was established to develop a single integrated service covering the sub-region, including the development of an appropriate model of care. In December 2018 it was agreed that all business processes associated with the service (such as appointment bookings, wait listing and reporting) would be based at MDHB and that the service would provide a 'postcode blind' system to the population. This would ensure that those people requiring appointments are offered them at either Palmerston North or Whanganui hospitals based on the clinical nature and urgency of their condition, as opposed to their residential address.

Progress continues on securing additional urologist time. Currently, a registrar provides clinics at Whanganui alongside the Senior Medical Officer.

Other critical pieces of work are the implementation of the Care Logistics scheduling tool which is being developed for the sub regional service and finalisation of the contractual arrangements to support the service model.

3.3 Laboratory Services

The Laboratory Services procurement process continues based on the assumption of an integrated service across MidCentral and Whanganui DHBs. Procurement documentation and the procurement strategy have been developed, but it has taken some time for the Ministry to provide guidance around the involvement of other DHBs in the process. MidCentral and Whanganui DHBs see this as desirable because it would give the contract more scale, which is expected to result in a more competitive process, but it does involve more complexity. We are still finalising the approach. The timeline for a new service arrangement has been extended.

3.4 Chemotherapy Services

Good progress continues on the development of a non-complex intravenous chemotherapy outreach service in Whanganui. In late March the Whanganui team visited Wairarapa Hospital to see the recently established chemotherapy unit. Wairarapa developed the service by using the existing day procedure ward to accommodate patients receiving day stay chemotherapy infusions. Using an existing outpatient unit for a new purpose allowed for a phased approach to both education of staff, and staged booking to introduce specific groups of patients to receive chemotherapy safely in a new environment. Wairarapa nursing staff received significant support in terms of education prior to establishing the unit, and subsequent, ongoing competence based training from both MidCentral and Capital & Coast DHBs.

MidCentral and Whanganui DHB's clinical leaders have planned to meet following this visit, to discuss the opportunities of learning from Wairarapa's approach, with a view to developing a well-coordinated introduction of a clinical service model in Whanganui.

3.5 Central Region Cardiac Health System Plan

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

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

MidCentral is currently advertising for a Medical Lead/Interventional Cardiologist to lead the development work of the Cardiology Development programme including the sub regional arrangements.

In a further development, the Central Region Cardiac Network has facilitated the implementation of the National STEMI Pathway from 25 March 2019. The goal of this pathway is to ensure that patients with STEMI heart attacks receive prompt reperfusion therapy followed by PCI. In practice, this means STEMI patients will be assessed and administered reperfusion by St Johns Ambulance; where reperfusion is not successful, patients will be transferred directly to Wellington Hospital for stenting.

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

3.6 Ophthalmology Services

Ophthalmology was not on the list of priorities for 2018/19, but has nevertheless progressed under the centralAlliance banner and with excellent progress made. Two Ophthalmologists have been appointed in Whanganui and a shared roster and cover arrangements have been agreed across the DHBs. This is working well.

MidCentral DHB is also currently training three new nurse Avastin injectors, one of whom is an experienced ophthalmology nurse from Whanganui DHB. Once the training programme is completed, there will be five nurse injectors within the sub region – two in Whanganui and three in MidCentral.

This service has now become a 'business as usual' cooperative arrangement.

4 Priorities proposed for 2019/20.

Consideration has been given to potential priority areas for 2019/20. The resource position of both DHBs remains very tight and there is a full workload responding to government priorities and work programmes. Furthermore, MidCentral DHB is still bedding in its new Integrated Service Model structure. In short, as was the case last year, the sub-regional health system has limited capacity to take on new projects and work programmes. This means that high health gain priority areas (eg, long term conditions, child health) remain out of reach.

There are a number of items from the 2018/19 priority list that need to continue into the next financial year. This includes Urology, Oncology, Laboratory and Cardiac. It is suggested that Ophthalmology be added to the list given that it is still underway and is doing well.

Two potential additional priorities have been suggested:

- Endoscopic Retrograde Cholangio-Pancreatography
- Audiology

These are particular pressure points for both DHBs and it looks like a sub-regional solution would add value.

Executives from the two DHBs have continued to look at how to speed up centralAlliance service development. The current service-led approach is better than the previous centrally-driven approach, but development is still slow and it is noticeable that the clinician-led service development often gets bogged down at the system level.

From this discussion it has been suggested that as well as service priorities, centralAlliance might also feature three Enabler focus areas. These would be Information Systems, Workforce and Funding arrangements – three areas that have tended to slow-down centralAlliance service development. The proposed approach is to develop Memoranda of Understanding for each of these areas, and that these sit alongside the 'Rules of Engagement' which currently exist in draft format but have never been finalised. Taken together, these documents would support service development, operationalisation of the Strategic Framework, and as a general guide to behaviour between the DHBs.

Priorities for 2019/20 are still to be formally endorsed but will be consistently reflected in our respective Annual Plans.

5 Changes to Governance arrangements

There has been some difficulty in getting full participation by both Boards in the governance of the centralAlliance programme. At a scheduled meeting on 9th April, 2019, a more pragmatic arrangement was agreed. In future the programme will be governed on behalf of both Boards by a smaller group (sub-committee) comprising representation from the two Boards and their respective Iwi relationship boards plus the two Chief Executives.

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Discussion Paper**
	Item 6.2
Author	Brian Walden, General Manager Corporate
Subject	**Six-monthly report on inter-district flows**

Recommendations

Management recommend that the board:

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

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

1 Purpose

To update the board on the status of inter-district flows (IDFs) to 28 February 2019. The March 2019 IDF outflows have continued the adverse trend.

2 Year to 28 February 2019 variance

The monthly accounts for the year-to-date 28 February 2019 show a total unfavourable variance to budget of $1,089k (4.8% variance). For inpatient IDF flows, the budget has been based on average volume of case weights over the last four years.

Total IDF variance February 19

	Amount $ fav/(unfav)	Comment
Inflows		
Personal health inpatients	(5,516)	
Other	11,252	Mainly prior year washups
	5,736	
Outflows		
Personal health inpatients	(1,071,580)	Based on 12 month average
Personal health other	17,087	Mainly outpatient flows with MCDHB
Other	(40,309)	Mainly mental health patients at CCDHB
	(1,094,802)	
Total YTD IDF variance per accounts	(1,089,065)	

February 2019 year-to-date inpatient IDFs variance to budget

Inpatient outflows

The 12-month rolling average case weight as at February 2019 is 363 case weights per month, compared to a budget of 337 case weights as shown in **Figure 1.** Outflows to MidCentral DHB are relatively stable. Low case weights in recent months helps to offset the impact of higher flows to Capital and Coast DHB.

The 12-month rolling average case weight is the highest it has been since April 2010 and is mainly due to increased case weight flows to Capital and Coast DHB (**Figure 1**). Inter-district flows inpatient flows are volatile on a month-by-month basis. The total inpatient outflow variance in the February year-to-date accounts is $1,072k unfavourable. A 12-month rolling average is used as a basis to estimate, in the current month, the longer term impact of the recent demand trends.

For the eight months to 28 February 2019, the estimated actual inpatient IDF outflows are $1,381k unfavourable to budget (**Figure 3**). The variance is mainly due to the impact of a small number of high case weight events to MidCentral DHB in the first part of the 2018/19 financial year, and growing outflows to Capital and Coast DHB. Given the volatility of inpatient IDFs, the final end of year IDF results are uncertain. Further analysis of Capital and Coast DHB inpatient outflow inter-district flows trends is shown below.

Inflows

The 12-month rolling average case weight as at January 2019 is 51 case weights compared to the budget of 51 case weights as shown in **Figure 2**. For the seven months to 31 January 2019, the estimated IDF inflows are $40k favourable to budget (**Figure 3**).

All DHBs – inpatient IDF flows – year-to-date actual data

IDF inpatient flows are volatile on a month-by-month basis. The February 2019 monthly accounts show a $1,077k unfavourable variance to budget.

Figure 3 indicates the variances for the actual year to date IDF flows by DHB to February 2019 and a comparison with variances shown in the February 2019 monthly accounts. **Figure 3** contains three sections and indicates:

1. Year-to-date favourable variance between Ministry of Health forecast IDFs provided in the funding envelope and the latest IDF data for the eight months to 28 February 2019. This is the variance that would have resulted if the Whanganui DHB had made no adjustments in its 2018/19 budget for IDF initiatives ($1,662k unfavourable).
2. Year-to-date (February 2019) unfavourable variance due to Whanganui DHB adjustments to bring the budget equivalent to the four-year average ($360k favourable). Total unfavourable variance of parts 1 and 2 equates to $1,302k. The overall accrual in the accounts is $1,077k unfavourable to budget, reflecting the 12-month rolling average.
3. There is a $224k unfavourable difference between the IDF values for the first eight months of the year and the values shown in the February 2019 monthly accounts.

The $224k unfavourable variance (compared to $441k at December 2018) represents a potential risk, however inpatient IDF flows are volatile and the year-end results remain uncertain. The WDHB was in a similar position at the start of the 2017/18 year. The high inpatient IDF outflows at the start of the 2017/18 year were offset by lower flows in later parts of that financial year.

Capital and Coast DHB inpatient outflows

The IDF inpatient outflows to Capital and Coast DHB are the highest they have been in 10 years. This has been driven primarily by acute cardiology and specialist neonates, along with elective cardiology and neurosurgery.

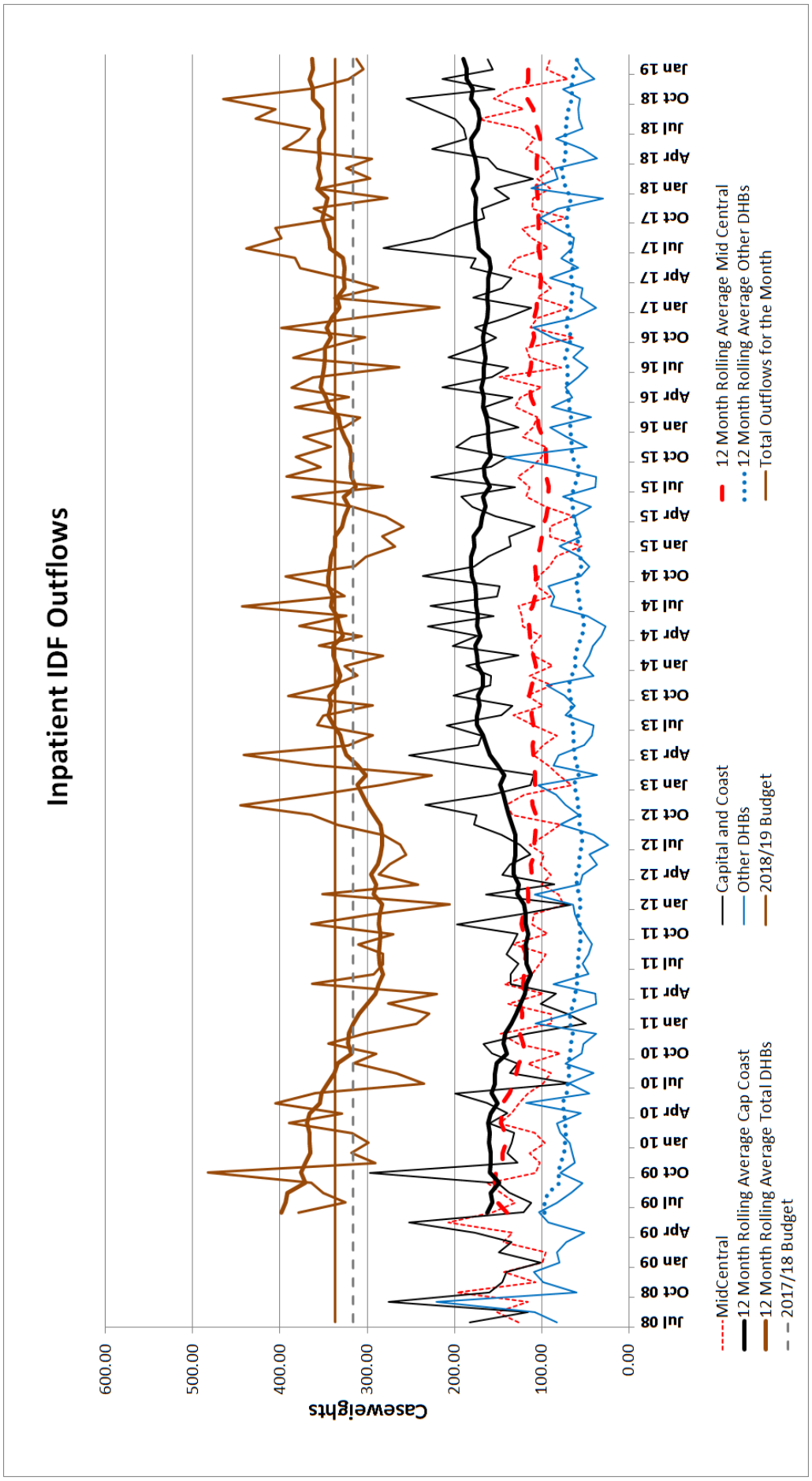
Acute cardiology case weights are the highest they have been for six years (**Figure 4**). This has been driven by an increase number of discharges rather than more complex cases (**Figure 5**).

Acute specialist neonates are also the highest they have been in almost six years (**Figure 4)**. However, this is due to a small number of high case weight events, with total discharges remaining relatively constant (**Figure 5**).

Elective cardiology case weights are the highest they have been for six years, with a steady increase over this time (**Figure 4**). Like acute cardiology, this has been driven by an increased number of discharges (**Figure 5**) rather than more complex cases.

In the last 18 months there has been a steady increase in elective neurosurgery case weights (**Figure 4**). This has been partially due to an increase in discharges (**Figure 5**) and to an increase in complexity, as seen through increases in the average case weight (**Figure 6)**.

Figure 1


Inpatient IDF Outflows
Caseweights
600.00
500.00
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200.00
100.00
0.00
Jul 08
Oct 08
Jan 09
Apr 09
Jul 09
Oct 09
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Oct 16
Jan 17
Apr 17
Jul 17
Oct 17
Jan 18
Apr 18
Jul 18
Oct 18
Jan 19
MidCentral
12 Month Rolling Average Cap Coast
12 Month Rolling Average Total DHBs
2017/18 Budget
Capital and Coast
Other DHBs
2018/19 Budget
12 Month Rolling Average Mid Central
12 Month Rolling Average Other DHBs
Total Outflows for the Month

Figure 2

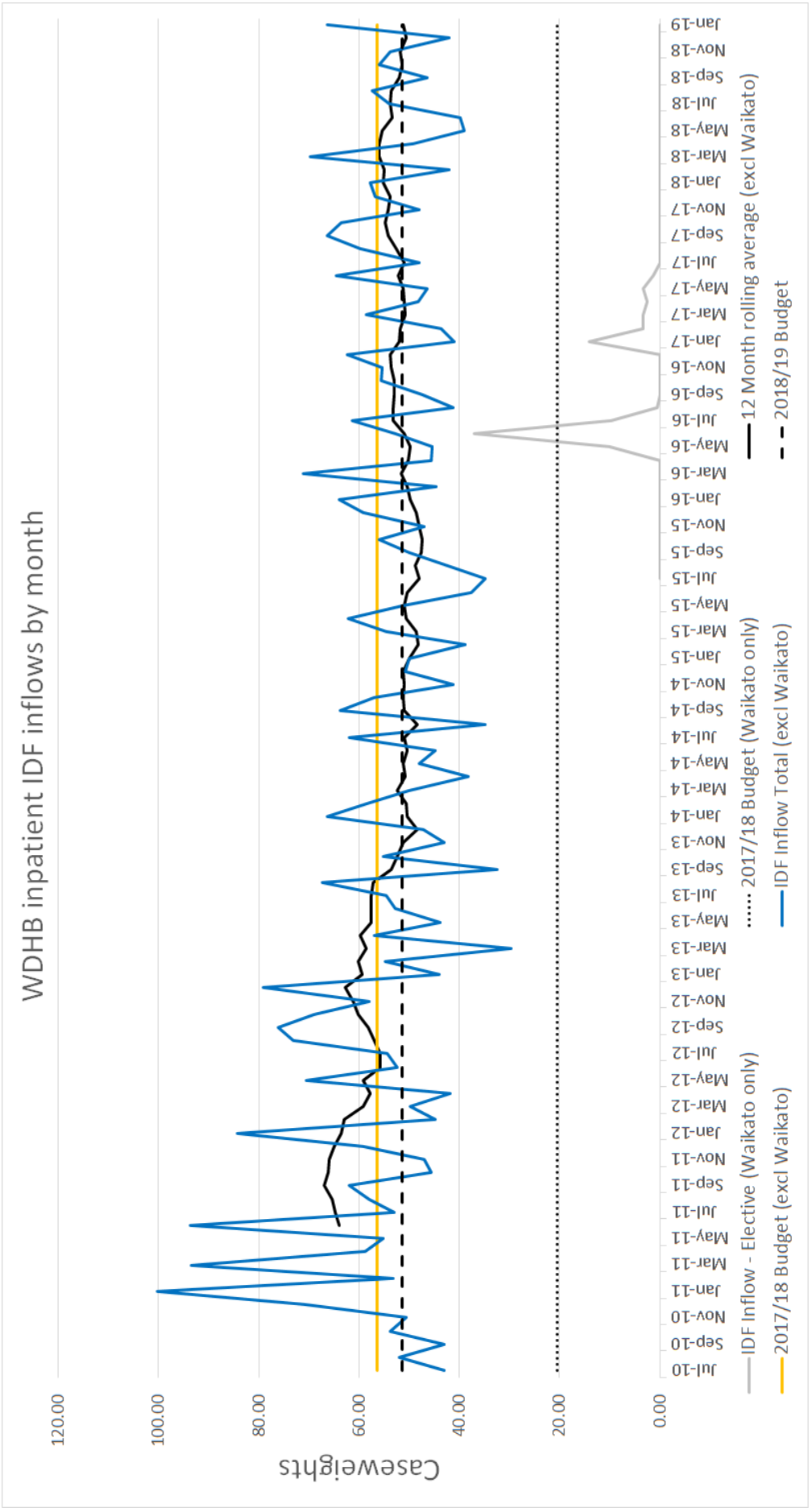
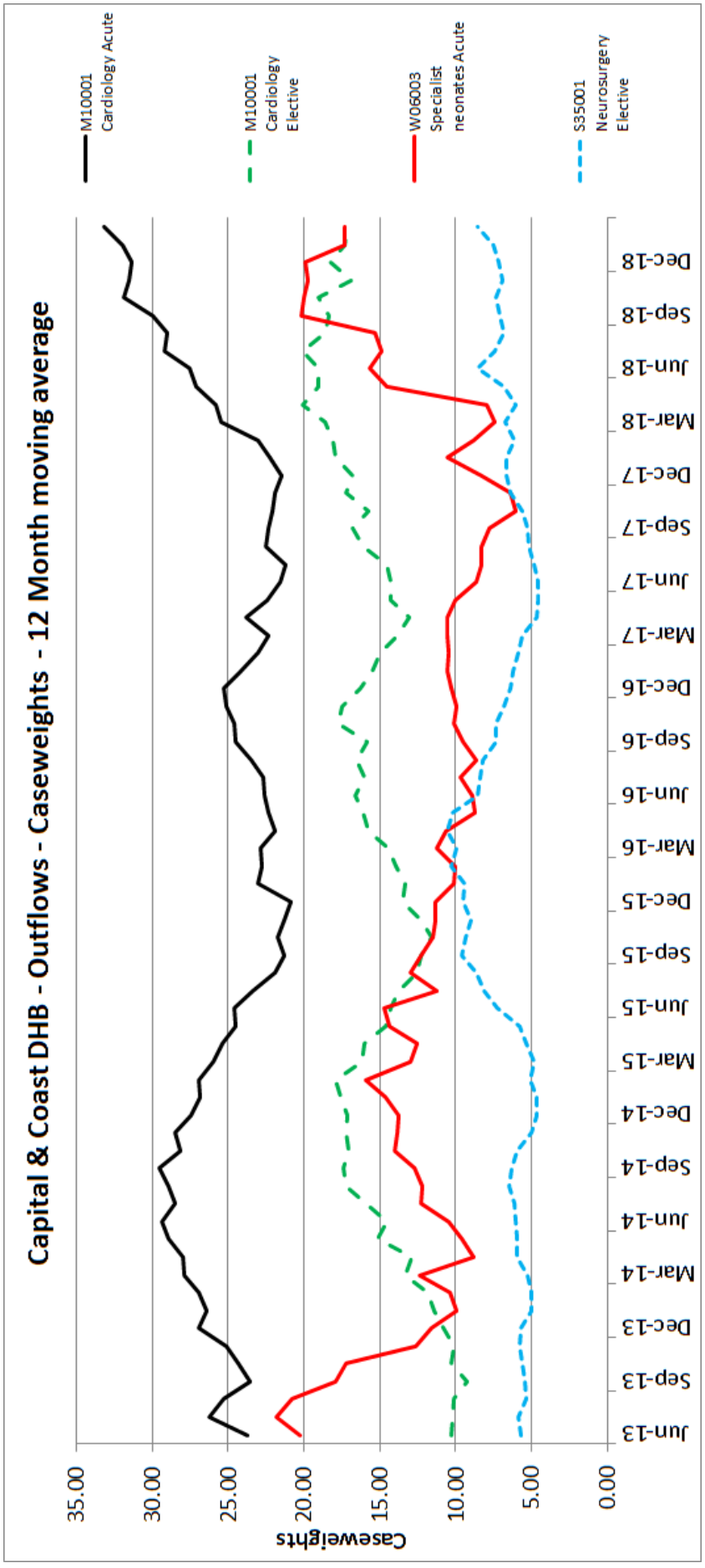

WDHB inpatient IDF inflows by month
Caseweights
120.00
100.00
80.00
60.00
40.00
20.00
0.00
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11
Jan-12
Mar-12
May-12
Jul-12
Sep-12
Nov-12
Jan-13
Mar-13
May-13
Jul-13
Sep-13
Nov-13
Jan-14
Mar-14
May-14
Jul-14
Sep-14
Nov-14
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17
Nov-17
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
Jan-19
IDF Inflow - Elective (Waikato only)
2017/18 Budget (excl Waikato)
2017/18 Budget (Waikato only)
IDF Inflow Total (excl Waikato)
12 Month rolling average (excl Waikato)
2018/19 Budget

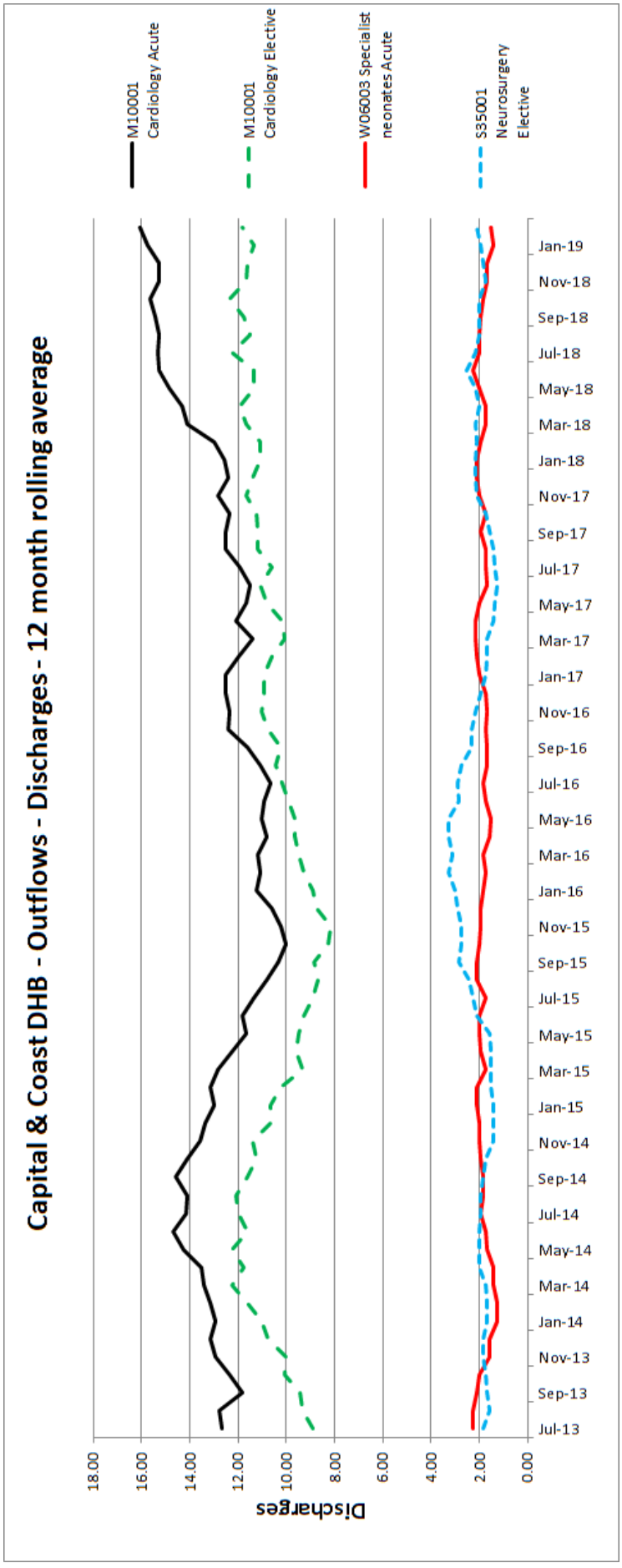
Figure 3

IDF inpatient variance against funding envelope budget - YTD February 2019

	Outflows $ fav/(unfav)	Inflows $ fav/(unfav)	Netflows $ fav/(unfav)
Variance against Ministry of Health forecast budget	(1,463,831)	(198,001)	(1,661,832)
Less budget adjustments for WDHB initiatives			
YTD value to bring IDF budget to four year average caseweights	82,914	277,725	360,639
Total inpatient YTD variance after WDHB budgeted initiatives	(1,380,916)	79,723	(1,301,193)
YTD inpatient variance per February 19 monthly accounts	(1,071,580)	(5,516)	(1,077,096)
Variance between monthly accounts and actual IDF Flows YTD February 19	(309,337)	85,239	(224,098)

Figure 4


Capital & Coast DHB - Outflows - Caseweights - 12 Month moving average
M10001 Cardiology Acute
M10001 Cardiology Elective
W06003 Specialist neonates Acute
S35001 Neurosurgery Elective
Caseweights
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00
Jun-13
Sep-13
Dec-13
Mar-14
Jun-14
Sep-14
Dec-14
Mar-15
Jun-15
Sep-15
Dec-15
Mar-16
Jun-16
Sep-16
Dec-16
Mar-17
Jun-17
Sep-17
Dec-17
Mar-18
Jun-18
Sep-18
Dec-18


Capital & Coast DHB - Outflows - Discharges - 12 month rolling average
M10001 Cardiology Acute
M10001 Cardiology Elective
W06003 Specialist neonates Acute
S35001 Neurosurgery Elective
Discharges
18.00
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
Jan-19
Nov-18
Sep-18
Jul-18
May-18
Mar-18
Jan-18
Nov-17
Sep-17
Jul-17
May-17
Mar-17
Jan-17
Nov-16
Sep-16
Jul-16
May-16
Mar-16
Jan-16
Nov-15
Sep-15
Jul-15
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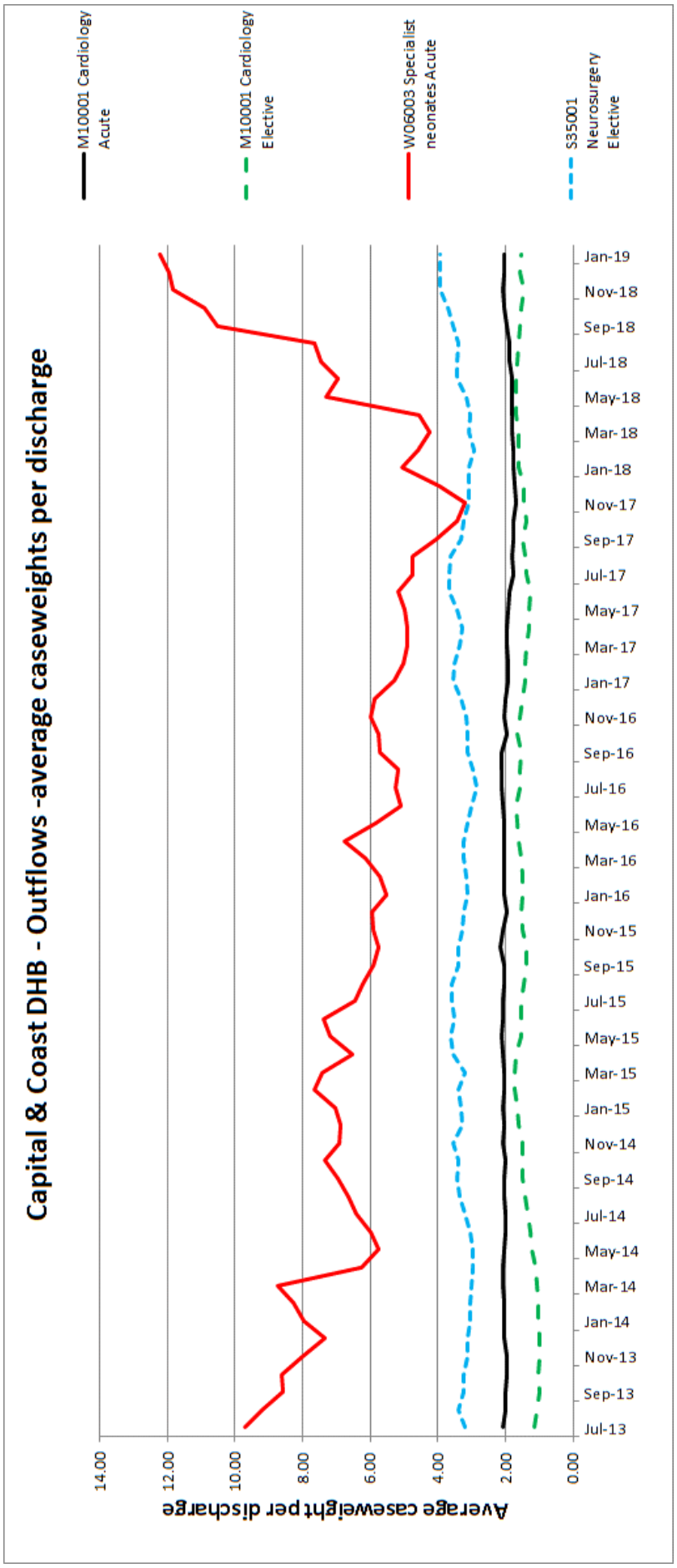
Nov-14
Sep-14
Jul-14
May-14
Mar-14
Jan-14
Nov-13
Sep-13
Jul-13

Figure 5


Capital & Coast DHB - Outflows -average caseweights per discharge
M10001 Cardiology Acute
M10001 Cardiology Elective
W06003 Specialist neonates Acute
S35001 Neurosurgery Elective
Average caseweight per discharge
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
Jan-19
Nov-18
Sep-18
Jul-18
May-18
Mar-18
Jan-18
Nov-17
Sep-17
Jul-17
May-17
Mar-17
Jan-17
Nov-16
Sep-16
Jul-16
May-16
Mar-16
Jan-16
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Nov-14
Sep-14
Jul-14
May-14
Mar-14
Jan-14
Nov-13
Sep-13
Jul-13

Figure 6

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Information Paper**
	Item 7.1
Author	Brian Walden, General Manager Corporate
Subject	**Detailed financial report – March 2019**

Recommendations

Management recommend that the board:

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

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

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

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

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

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

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

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

	Month				Year to Date				Annual	
	Actual	Budget	Var		Actual	Budget	Var		Budget 2018-19	Actual 2017-18
Provider Division	(291)	(170)	(121)	U	(7,313)	(6,725)	(588)	U	(8,442)	(5,504) U
Corporate	27	(36)	63	F	(73)	(351)	278	F	27	1,189 F
Provider & Corporate	**(264)**	**(206)**	**(58)**	**U**	**(7,386)**	**(7,076)**	**(310)**	**U**	**(8,415)**	**(4,315) U**
Funder Division	(652)	(345)	(307)	U	140	175	(35)	U	526	(366) F
Governance	87	10	77	F	217	12	205	F	3	502 U
Funder divison & Governance	**(565)**	**(335)**	**(230)**	**U**	**357**	**187**	**170**	**F**	**529**	**136 F**
Net Surplus / (Deficit)	**(829)**	**(541)**	**(288)**	**U**	**(7,029)**	**(6,889)**	**(140)**	**U**	**(7,886)**	**(4,179) U**

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

1. Overview

1.1 Result for the month of March 2019 is unfavourable to budget by $288k

- Provider $121k unfavourable to budget result is mainly due to an unfavourable elective wash up of $85k (95.4% to target, internal), Health Workforce NZ training revenue for medical personnel due to lower volumes, clinical supplies related to wards, patient travel, dental and theatre consumables. This was partly offset by savings in personnel costs related to lower acuity and vacancies, non-clinical supplies, other operating expenditure, facility and professional fees, and receiving additional PSA nurses and allied MECA settlement funding of $92k.
- Corporate $63k favourable to budget is due to Regional Health Informatics Programme favourable wash up, other operating expenses and depreciation costs. This was partly offset by NZ Health Partnerships food service negotiated settlement costs.
- Governance $77k favourable to budget is due to personnel costs, other operating expenses, staff travel and board expenses.
- Funder $307k unfavourable to budget is mainly due to greater than expected inter-district flows, community pharmaceuticals and mental health other provider payments. This was offset by elective wash up with own provider $85k (internal).

1.2 Year-to-date March 2019 result is unfavourable to budget by $140k. This was mainly driven by funder and corporate performance; offset by provider performance.

- Provider $588k unfavourable to budget result is mainly due to reduced elective volumes (91.3% to target, internal), nursing personnel, clinical supplies (mainly wards and pharmaceuticals), facility maintenance costs and outsourced clinical services (mainly in radiology). This was partly offset by theatre consumables due to lower elective surgery output and additional MECA funding.
- Corporate $278k favourable to budget is due to IT personnel costs (vacancies), IT RHIP favourable wash up and depreciation costs.
- Governance $205k favourable to budget is due to personnel costs, professional fees, other operating expenses, board fees and board expenses.
- Funder $35k unfavourable to budget is due to greater than expected expenditure on inter-district flows, community pharmaceuticals, immunisation, older people home-based support services, aged residential care rest homes and mental health providers. This was partly offset by an elective wash up with own provider (internal), as well as less than expected patient travel subsidies, hospital aged residential care expenditure and a one-off favourable wash up on 2016/17 and 2017/18 for
  in-between travel.

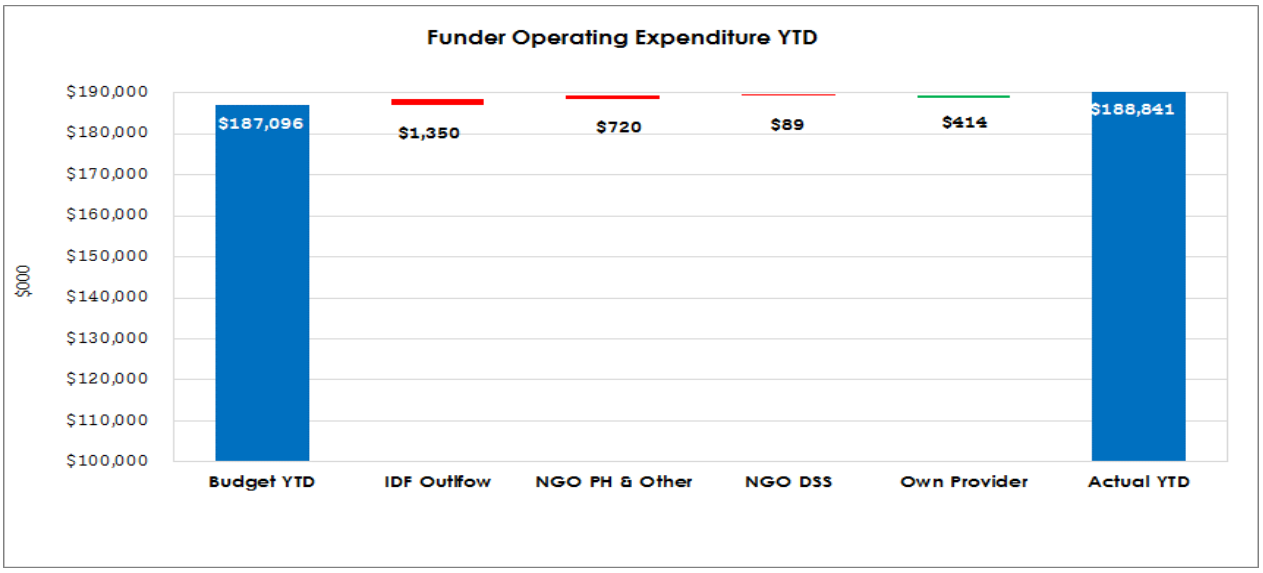
Funder division financial performance

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

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2018-19	Actual 2017-18
Personal Health	(573)	(347)	(226)	U	(519)	(100)	(419)	U	120	(2,719)
Disability Support	28	(37)	65	F	715	(16)	731	F	-	991
Public Health	(3)	-	(3)	U	(4)	-	(4)	U	-	131
Maori Services	11	7	4	F	24	(20)	44	F	-	93
Other	24	32	(8)	U	228	311	(83)	U	406	502
Mental Health	(139)	-	(139)	U	(304)	-	(304)	U	-	636
Net Surplus / (Deficit)	**(652)**	**(345)**	**(307)**	**U**	**140**	**175**	**(35)**	**U**	**526**	**(366)**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 March 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	20,452	20,160	292	F	183,235	181,364	1,871	F	242,267	234,232
Inter-district Inflow	538	622	(84)	U	5,518	5,596	(78)	U	7,461	7,313
Other Income Revenue	24	32	(8)	U	228	311	(83)	U	406	502
Total Revenue	**21,014**	**20,814**	**200**	**F**	**188,981**	**187,271**	**1,710**	**F**	**250,134**	**242,047**
EXPENDITURE										
Personal Health	8,509	8,417	(92)	U	73,580	74,090	510	F	99,079	95,358
Disability Support	268	268	-	F	2,411	2,411	-	F	3,214	3,054
Mental Health	1,529	1,529	-	F	13,781	13,757	(24)	U	18,343	17,897
Public Health	14	6	(8)	U	125	55	(70)	U	73	245
Maori Services	9	9	-	F	82	82	-	F	110	108
Total own provider expenditur	**10,329**	**10,229**	**(100)**	**U**	**89,979**	**90,395**	**416**	**F**	**120,819**	**116,662**
Personal Health	3,929	3,838	(91)	U	33,713	33,108	(605)	U	44,049	42,352
Disability Support	2,402	2,467	65	F	21,971	21,882	(89)	U	29,154	28,575
Mental Health	780	641	(139)	U	6,021	5,766	(255)	U	7,688	7,380
Public Health	81	91	10	F	727	821	94	F	1,094	869
Maori Services	127	131	4	F	1,217	1,261	44	F	1,654	1,557
Inter-district Outflow	3,688	3,432	(256)	U	32,242	30,892	(1,350)	U	41,189	41,134
Total Other provider expenditu	**11,007**	**10,600**	**(407)**	**U**	**95,891**	**93,730**	**(2,161)**	**U**	**124,828**	**121,867**
Governance	330	330	-	F	2,971	2,971	-	F	3,961	3,884
Total Expenditure	**21,666**	**21,159**	**(507)**	**U**	**188,841**	**187,096**	**(1,745)**	**U**	**249,608**	**242,413**
Net Surplus / (Deficit)	**(652)**	**(345)**	**(307)**	**U**	**140**	**175**	**(35)**	**U**	**526**	**(366)**



Comments on results	
	Positive
Month comments	
Funder $307k unfavourable to budget, mainly due to greater than expected inter-district flows, community pharmaceuticals, rest home residential care costs. This was partly offset by an elective wash up with own provider $85k (internal).	
Year-to-date comments	
Funder $35k unfavourable to budget is mainly due to greater than expected expenditure on inter-district flows, community pharmaceuticals, immunisation, older people home-based support services, aged residential care rest homes and mental health providers. This was partly offset by elective wash up with own provider (internal) as well as less than expected patient travel subsidies, hospital aged residential care expenditure and a one-off favourable wash up on 2016/17 and 2017/18 for in-between travel.	

Funder YTD variance to budget	**Variance $000**	**Impact on forecast**
Revenue	**$1,710 F**	
Crown revenue	**$1,871 F**	
▪ Personal health – elective initiatives	$112 F	
▪ Personal health – PSA nurses and allied health MECA settlement	$323 F	Offset by costs
▪ Personal health – Gateway assessment	$8 F	
▪ Personal health side contract – primary care top-up	$529 F	Offset by costs
▪ Personal health side contract – School-based health	$78 F	Offset by costs
▪ Personal health side contract – WellChild Tamariki Ora	$19 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	$8 F	
▪ Personal Health – Falls prevention	$25 F	
▪ Personal Health – Practice sustainability	($5) U	Offset by costs
▪ Personal Health – Minor other	($25) U	
▪ Health of older people – in-between travel wash up	$431 F	Prior year wash up
▪ Health of older people – pay equity	$386 F	Offset by costs
▪ Health of older people – autism spectrum disorder	(6) U	
▪ Mental health – AOD	$6 F	Offset by costs
▪ Public health – cervical and newborn hearing screening	($27) U	Offset by costs
Inter-district inflows – close to budget	**($78) U**	
Other income – mainly interest	**($83) U**	

Expenditure	**($1,745) U**	
Payment to own provider	**$416 F**	
▪ Personal health – elective wash up	$1,100 F	No overall impact – offset by provider internal revenue
▪ Personal health – PSA nurses and allied health MECA settlement	($323) U	
▪ Personal health – adolescent dental demand-driven (partly offset by $23k of favourable external provider costs)	($21) U	
▪ Personal health – pharmaceuticals	($184) U	
▪ Personal health – school-based health	($62) U	
▪ Public health – Smokefree	($70) U	
▪ Mental health AOD	($24) U	
Payment to external provider (excluded IDF)	**($811) U**	
Personal health	**($605) U**	
▪ Laboratory	($75) U	
▪ Dental service	($3) U	
▪ Pharmaceutical	($617) U	
▪ General medical subsidy	($66) U	Partly offset by primary health care
▪ Primary health care	($133) U	Offset by revenue
▪ Rural support	$85 F	
▪ Immunisation	($56) U	
▪ Palliative care	$28 F	
▪ Domiciliary and district nursing	($92) U	
▪ Community base allied health – home	$150 F	Offset by mental health costs
▪ Medical outpatient	($17) U	
▪ Price adjuster premium and other minor expenses	$34 F	
▪ Travel and accommodation	$157 F	

Health of older people	**($89) U**	Offset by revenue
▪ Pay equity	($387) U	Offset by revenue
▪ Personal care and household management	($72) U	
▪ Age-related residential care	($119) U	
▪ Residential care hospitals	$245 F	
▪ Ageing in place	$34 F	
▪ Respite care	$145 F	
▪ Day programmes	$27 F	
▪ Carer support	$30 F	
▪ Other	$8 F	
Mental health	**($255) U**	
▪ Sub-acute and long-term inpatients	($11) U	
▪ Child and youth mental health service	($27) U	
▪ Home-based support	($178) U	Offset by costs under personal health
▪ Community residential beds	($21) U	
▪ Various other	($18) U	
Public health side contracts	**$94 F**	
▪ Tobacco control and other	$67 F	Offset by own provider cost
▪ Screening programme and other	$27 F	Offset by revenue

Māori health service	**$44 F**	Offset by costs under personal health
Inter-district outflows	**($1,350) U**	
▪ Based on 12-month rolling average with a small number of high case weight events impacting on the result	($1,350) U	Longer term trend uncertain, volume varies month-to-month

Governance and funding administration financial performance		
Month comments		
The result was $77k favourable to budget due to Personnel costs relates to leave and vacancies, operating expenses , professional fees and board expense		
Year-to-date comments		
The result was $205k favourable to budget due to other operating expenses, professional fees, board fees and expense and personnel costs.		**Positive**
	Variance $000	**Impact on forecast**
▪ Personnel costs	$59 F	
▪ Staff travel and accommodation	$18 F	
▪ Professional fees	$68 F	
▪ Board expense, corporate training, printing, forms and stationery	$34 F	
▪ Photocopier rental	$20 F	
▪ Other operating expenses	$6 F	

Provider and corporate financial performance

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

	Month				Year to Date				Annual	Actual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget	2017-18
REVENUE										
Government and Crown agency	916	1,037	(121)	U	7,473	7,977	(504)	U	11,608	10,508
Funder to Provider Revenue (internal)	10,328	10,228	100	F	89,979	90,395	(416)	U	120,819	116,987
Other income	124	128	(4)	U	1,137	1,009	128	F	1,529	1,382
Total Revenue	**11,368**	**11,393**	**(25)**	**U**	**98,589**	**99,381**	**(792)**	**U**	**133,956**	**128,877**
EXPENDITURE										
Personnel										
Medical	1,705	1,964	259	F	16,522	17,575	1,053	F	23,786	21,788
Nursing	3,167	3,237	70	F	29,478	29,467	(11)	U	39,471	34,978
Allied	934	1,027	93	F	8,648	9,320	672	F	12,471	10,861
Support	76	65	(11)	U	613	596	(17)	U	794	745
Management & Admin	1,049	912	(137)	U	8,365	8,415	50	F	11,234	10,332
Total Personnel(Exl other & outsourced)	**6,931**	**7,205**	**274**	**F**	**63,626**	**65,373**	**1,747**	**F**	**87,756**	**78,704**
Personnel Other	326	198	(128)	U	1,652	1,550	(102)	U	2,163	1,720
Outsourced Personnel	587	514	(73)	U	5,104	4,416	(688)	U	5,980	5,912
Total Personnel Expenditure	**7,844**	**7,917**	**73**	**F**	**70,382**	**71,339**	**957**	**F**	**95,899**	**86,336**
Outsourced Clinical Service	597	579	(18)	U	5,337	5,296	(41)	U	7,103	6,888
Clinical Supplies	1,464	1,310	(154)	U	12,545	12,076	(469)	U	15,961	15,102
Infrastructure & Non Clinical Supplies Costs	930	992	62	F	10,608	10,541	(67)	U	13,754	13,286
Capital Charge	281	284	3	F	2,680	2,691	11	F	3,543	3,262
Depreciation & Interest	466	468	2	F	3,979	4,061	82	F	5,517	5,206
Internal Allocation	50	49	(1)	U	444	453	9	F	594	696
Total Other Expenditure	**3,788**	**3,682**	**(106)**	**U**	**35,593**	**35,118**	**(475)**	**U**	**46,472**	**44,440**
Total Expenditure	**11,632**	**11,599**	**(33)**	**U**	**105,975**	**106,457**	**482**	**F**	**142,371**	**130,776**
Net Surplus / (Deficit)	**(264)**	**(206)**	**(58)**	**U**	**(7,386)**	**(7,076)**	**(310)**	**U**	**(8,415)**	**(1,899)**
FTEs										
Medical	104.7	114.1	9.4	F	103.2	111.6	8.3	F	112.3	101.2
Nursing	459.8	446.5	(13.2)	U	459.8	454.3	(5.5)	U	455.0	424.2
Allied	153.9	160.6	6.7	F	149.7	160.8	11.1	F	160.7	147.5
Support	16.6	16.0	(0.7)	U	15.1	16.0	0.9	F	16.0	14.8
Management & Admin	178.8	171.1	(7.7)	U	170.4	171.4	1.0	F	171.4	166.1
Total FTEs	**913.7**	**908.3**	**(5.4)**	**U**	**898.2**	**914.0**	**15.8**	**F**	**915.4**	**853.9**

Comments on result — **Positive**

Month comments

Inpatient volumes are 91.8% to target in March 2019, with acute being 90.3% and elective being 95.4% of budget for the month.

The overall result for the month was $58 unfavourable to budget.

- **Revenue is $25k unfavourable to budget** – mainly due to:
  - Internal revenue $100k favourable relates to pharmaceutical and dental $23k (internal, offset by funder cost), school-based health service $62k, Smokefree $8k, additional PSA nurses and allied health MECA settlement funding $92k; partly offset by under-delivery of elective volumes $85k.
  - Government revenue $121k unfavourable due to Health Workforce NZ medical personnel $92k, ACC contract $27k (offset by costs), ACC home-based nursing $12k, ACC theatre implants $9k, falls prevention secondment $6k, ACC MRI $7k; partly offset by other DHB revenue $28k and various other $4k.
  - Other income $4k unfavourable mainly relates to mental health prison contract support withdrawal $14k, ACC contract $10k; partly offset by flight nurse cost recovery $12k, donation $8k.
- **Total personnel costs is $73k favourable** to budget mainly due to medical, allied health, nursing personnel (acuity down and staff mix); partly offset by management and admin costs accrued based on current MECA offer.
- **Outsourced clinical and other services** is $18k unfavourable to budget, mainly due to radiology service $24k, echo service $5k, NZHP food service negotiated settlement costs $23k. This was partly

offset by ACC contract $12k, rest home convalescence $17k, CCDHB infectious disease (SMO support) $5k.

- **Clinical supplies** is $154k unfavourable to budget due to wards $78k ($63k related to pharmaceuticals including a patient treated in Medical Ward for two weeks for fungal infection control using amphotericin $35k, cardiology kits for St John Ambulance (ED) contains tenecteplase 12 kits @$1,530 = $18k, CCU used Praxbind reversal agent for dabigatran to stop uncontrolled bleeding $3k), patient travel $28k (demand-driven), dental $33k, theatre consumables $11k, district nursing $5k, radiology $3k. This was partly offset various other $4k.
- **Infrastructure and non-clinical supplies** $62k favourable due to IT costs related to RHIP business as usual and opex wash up $46k and other operating expenditure $16k.
- **Depreciation** is favourable to budget by $2k.

Year-to-date comments

Inpatient volumes were 94.7% to target in March 2019, with acute being 95.9% and elective being 91.3% of budget.

The overall result is $310k unfavourable to budget.

- **Revenue is $792k unfavourable** to budget mainly due to:
  - Internal revenue $416k unfavourable mainly due to under-delivery of elective volumes, resulting in an unfavourable wash up of $1,100k (offset by funder). This was partly offset by pharmaceutical $184k, dental $21k and Smokefree $70k, mental health AOD $24k, school-based health service $62k and PSA nurses and allied health MECA settlement funding $323k.
  - Government revenue $416k unfavourable mainly due to ACC contract $322k (offset by costs), ACC home-based support $133k, ACC non-acute inpatient rehabilitation $31k, ACC patient with high blood use reimbursement $43k (patient discharged), ACC implant and other ACC $56k, outpatient clinics $40k, Health Quality and Safety Commission (HQSC) falls prevention contract $18k, Health Workforce NZ medical personnel training $83k, and cervical screening $13k. This was partly offset by Health Workforce NZ Hauora Māori Training Fund $90k (offset by cost), ACC radiology $45k, training fees $67k, one-off HQSC $10k, national travel assistance $13k and colonoscopy revenue $10k.
  - Other income $128k favourable due to one-off Capital and Coast DHB secondment revenue $41k, ACC contract patient consumables revenue $8k, non-resident and other $43k, donation from Countdown $36k, Auckland DHB air ambulance wash up $17k, flight nurses cost recovery $22k and various other $4k. This was partly offset by prison contract $43k.
- **Personnel costs is $957k favourable** to budget mainly due to medical personnel and allied health management vacancies. This was partly offset by medical personnel locum costs, high nursing personnel costs in ED, Medical Ward, AT&R Ward, CCU, ATR community service, mental health service and Paediatric Ward.
- **Outsourced clinical services is $41k unfavourable** to budget due to radiology service $168k, laboratory $6k, ophthalmology $10k, audiology $8k, dental $11k, echo service $12k, NZHP food service negotiated settlement costs $23k, other $4k. This was partly offset by ACC contract $113k (offset by revenue), infectious disease SMO support from Capital and Coast DHB $44k and rest home convalescence $44k.
- **Clinical supplies is $469k unfavourable** to budget due to:
  - wards consumables $205k – treatment and disposable consumables $49k ($75k IV supplies for new IV pump is under review), pharmaceutical $145k (Medical Ward $58k mainly fungal infection control drug, mental health inpatient service $43k and CCU $24k); and HoverMatt for CCU and Medical Ward $20k; partly offset by various other $9k.
  - pharmaceutical $177k (partly offset by $184k pharmaceutical internal revenue).
  - orthotics – mobility aids and wheelchairs $66k (demand-driven).
  - patient travel $157k (demand-driven).
  - radiology $29k (contrast media, syringes and repairs and maintenance).
  - district nursing $17k (bandages, dressing, ostomy; partly offset by pharmaceutical costs).
  - dental supplies $13k.
  - various other $3k.

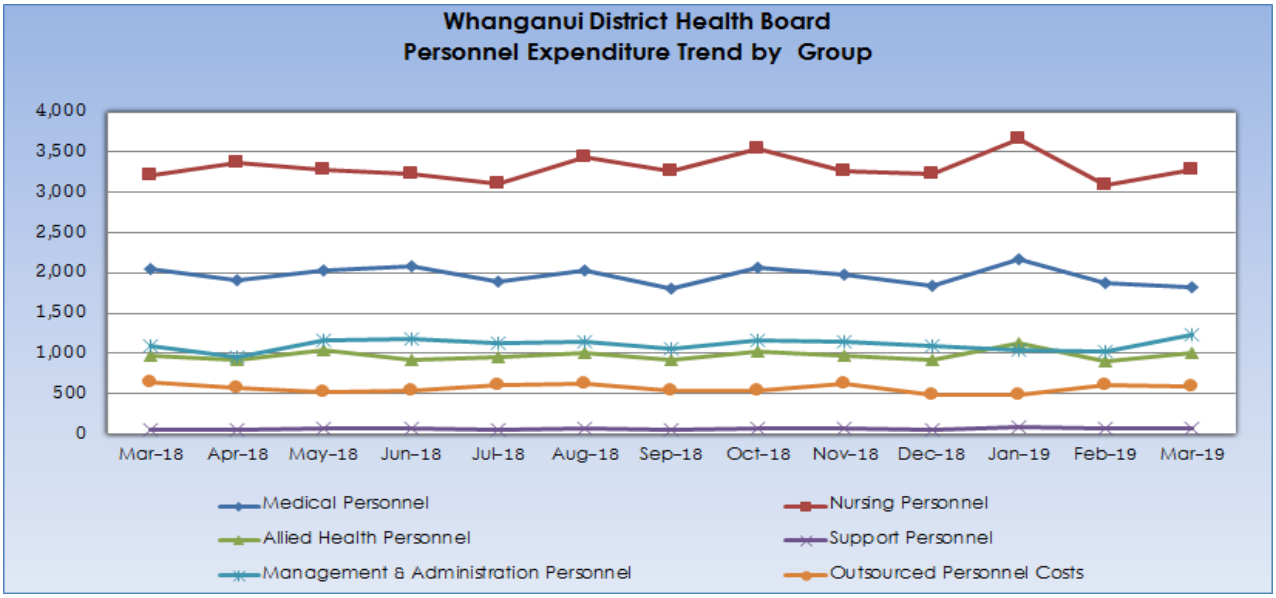
  Partly offset by:

- theatre consumables $191k (lower than budgeted output).
- blood products $7k (relates to two patients).

- **Infrastructure and non-clinical supplies is $67k unfavourable** to budget due to Hauora Māori health workforce training costs $74k (offset by revenue), orderlies service additional $13k, facilities additional cost $60k, laundry service $10k, patient meals $35k, professional fees $21k (mainly pro-equity audit), postage and courier $20k, telecommunications $23k. This was partly offset by staff travel and accommodation $23k, stationery, printing and forms $75k, advertising $24k, other equipment minor purchases $14k and IT $53k.
- **Depreciation** is $82k favourable due to the timing of the purchase of clinical and IT equipment.

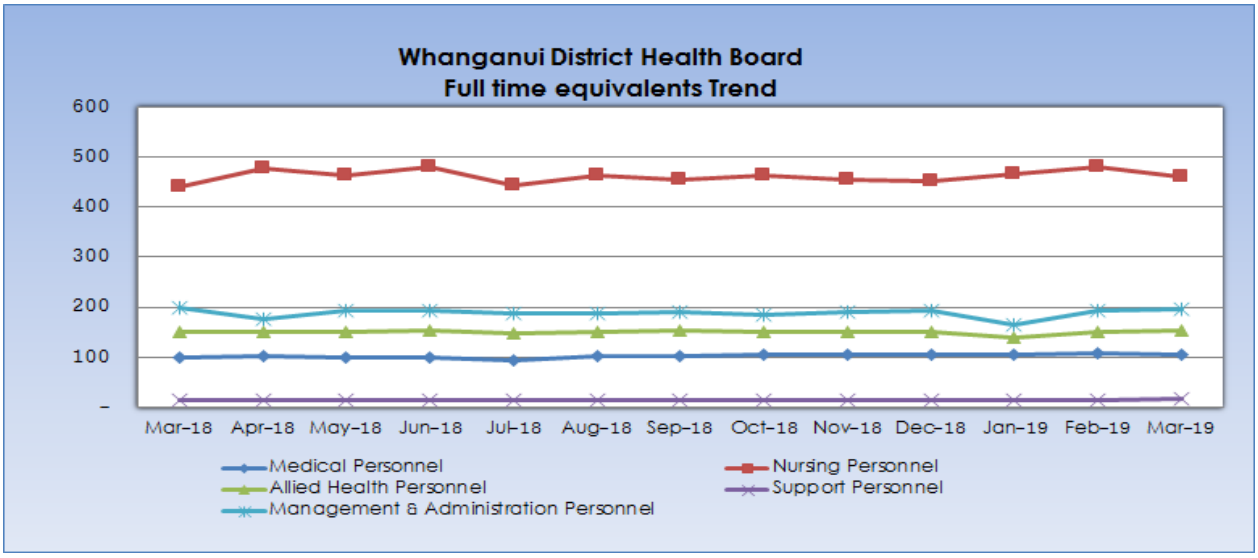
Supplementary information on costs

Personnel cost trends



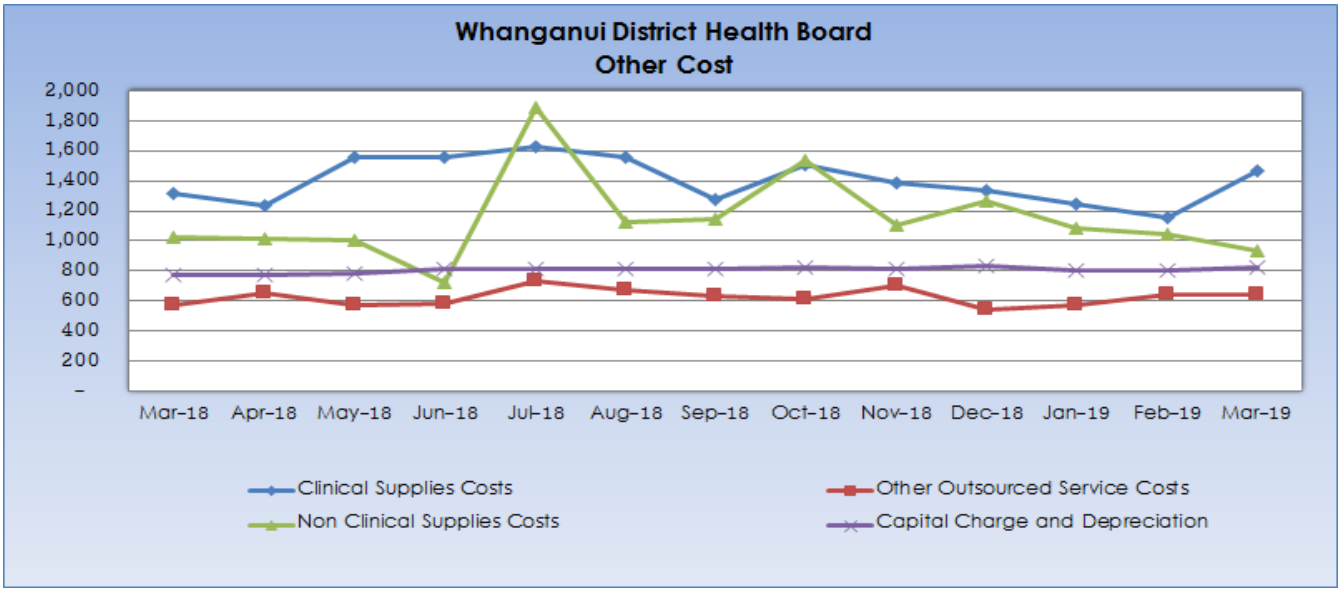
- Personnel cost upward trend in March 2019 is comparable to the prior month, mainly due to one more working day in the month.
- Outsourced personnel trend in March 2019 is in line with the prior month; higher orthotics costs offset by medical and admin personnel.

FTE trends



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

Other operating costs



- Clinical supplies upward trend in March 2019 compared to the prior month is mainly due to dental supplies (timing), district nursing consumables, theatre consumables, pharmaceutical and patient travel.
- Non-clinical supplies downward trend in March 2019 compared to the prior month is due to professional fees and IT costs.
- Other outsourced trend in March 2019 comparable to the prior month. Lower rest home convalescence, offset by radiology and NZHP food service contract wash up.
- Interest, capital charge and depreciation trend in March 2019 is comparable to the prior month.

Rolling trend of financial performance

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

	Mar-18	Mar-19	1 month Average	Last 12 Month Rolling Total	Budget 2018-19	Actual Vs Budget 2018-19		Actual 2017-18	Actual 2016-17
REVENUE									
MoH - Government And Crown Agency	20,977	21,906	21,604	259,248	261,336	(2,088)	U	251,767	240,264
Other Income Revenue	194	149	179	2,150	1,951	199	F	2,439	1,966
Total Revenue	**21,171**	**22,055**	**21,783**	**261,398**	**263,287**	**(1,889)**	**U**	**254,206**	**242,230**
EXPENDITURE									
Medical Personnel	2,052	1,830	1,961	23,526	25,177	1,651	F	22,100	21,064
Nursing Personnel	3,204	3,276	3,312	39,746	39,917	171	F	37,029	33,855
Allied Health Personnel	977	1,011	978	11,738	12,767	1,029	F	11,072	10,720
Support Personnel	57	76	67	807	797	(10)	U	726	865
Management & Administration Personnel	1,088	1,233	1,111	13,336	13,459	123	F	12,529	11,775
Outsourced Personnel Costs	641	586	562	6,743	5,980	(763)	U	7,115	6,117
Total Personnel Expenditure	**8,019**	**8,012**	**7,991**	**95,896**	**98,097**	**2,201**	**F**	**90,571**	**84,396**
Other Outsourced Service Costs	577	644	630	7,554	7,656	102	F	7,282	7,474
Clinical Supplies Costs	1,315	1,464	1,408	16,897	15,967	(930)	U	15,935	14,569
Infrastructure & Non Clinical Supplies Costs	1,023	936	1,157	13,883	14,687	804	F	13,635	13,334
Other Provider Payments	6,782	7,320	7,021	84,251	83,638	(613)	U	80,733	76,829
Inter-district-outflow	3,090	3,688	3,553	42,639	41,189	(1,450)	U	41,134	38,253
Total Other Expenditure	**12,787**	**14,052**	**13,769**	**165,224**	**163,137**	**(2,087)**	**U**	**158,719**	**150,459**
Net Surplus / (Deficit) before Int, Depr & Ca	**365**	**(9)**	**23**	**278**	**2,053**	**(1,775)**	**U**	**4,916**	**7,375**
Capital Charges	360	353	368	4,419	4,412	(7)	U	4,357	2,422
Depreciation	413	467	440	5,281	5,527	246	F	4,737	4,695
Interest Costs	-	-	-	-	-	-	F	-	970
Total Interest Depreciation and Capital Exp	**773**	**820**	**808**	**9,700**	**9,939**	**239**	**F**	**9,094**	**8,087**
Total Expenditure	**21,579**	**22,884**	**22,568**	**270,820**	**271,173**	**353**	**F**	**258,384**	**242,942**
Net Surplus/ (Deficit)	**(408)**	**(829)**	**(785)**	**(9,422)**	**(7,886)**	**(1,536)**	**U**	**(4,178)**	**(712)**

- The 12-month rolling average of $9 million is $1.5 million worse than the 2018/19 budget forecast of $7.9 million deficit. The increase relates to demand-driven expenditure and higher inter-district outflows for the first half the year.
- June forecast of $8.086 million deficit includes $700k one-off ACC revenue for a long-stay patient.

Risks to forecast deficit $8.086 million include:

- Demand driven services – particularly IDF outflows and community pharmacy. The risk component could be $600k from April to June 2019.
- Ministry of Health have funded all significant MECA settlements above 2.43% to date except E tū/SECA settlement which particularly impacts Spotless Services staff. Spotless Services have lodged a claim of $200k for the 2018/19 year, made up of lump sum payments since the SECA expired in June 2018 plus increased monthly costs from April to June 2019. This SECA increase (at 11%) has been driven by Government policy to improve low wage earners' income to a 'living wage'. Other DHBs who employ these staff directly are also incurring this cost uplift.
- Holidays Act compliance – agreement has been reached between the Council of Trade Unions, Ministry of Business Innovation and Employment and DHBs over the correct calculation method for various leave payments. We will now prepare an estimate of liability for the 30 June 2019 accounts pending a formal audit of payroll payments. Provision was made in the 2017/18 annual accounts of $550k but the cost is likely to be more. The Risk and Audit Committee will review this issue in more detail at their meeting on 12 June 2019.
- Impairment of NOS asset, $1075k, held as shares in NZHP. The issue stems from the February 2019 business case which now accepts that 10 DHBs with Oracle financial systems will move to the national system whilst the remaining 10 DHBs, including Whanganui, have an opt on choice. The shares provide DHBs with a right to use the national system but it is an expensive system that is not needed by a small DHB. Whanganui and MidCentral DHBs both use the JD Edwards finance system which has a creditable and affordable upgrade path.

Statement of financial position

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

	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
ASSETS					
Current Assets (exl trade other receivable	5,841	8,749	2,472	6,277	1,562
Trade and Other Receivables	8,750	**5,005**	**5,899**	(894)	7,495
Fixed Assets	83,342	81,870	84,666	(2,796)	84,771
Work in Progress (WIP)	5,841	6,198	5,841	357	5,841
Long Term Investments	1,121	1,121	1,121	-	1,167
Total Assets	**104,895**	**102,943**	**99,999**	**2,944**	**100,836**
LIABILITIES					
Bank Overdraft	-	-	-	-	-
Bank Overdraft - HBL	-	-	-	-	(5,038)
Employee Related - Current Liabilities	(12,874)	(14,641)	(13,029)	(1,612)	(11,827)
Trade and Other Payables	(13,922)	(17,387)	(15,928)	(1,459)	(14,140)
Crown Loan - Current	(135)	(135)	(135)	-	(135)
Finance Leased - Current	(92)	(92)	(92)	-	(95)
Crown Loan - Non-Current	(236)	(135)	(135)	-	(101)
Non - Current Liabilities	(805)	(820)	(809)	(11)	(808)
Finance Leased - Non- Current	(678)	(609)	(607)	(2)	(583)
Total Liabilities	**(28,742)**	**(33,819)**	**(30,735)**	**(3,084)**	**(32,727)**
EQUITY					
Equity	(76,153)	(69,124)	(69,264)	140	(68,109)
Total Equity	**(76,153)**	**(69,124)**	**(69,264)**	**140**	**(68,109)**
Total Equity and Liabilities	**(104,895)**	**(102,943)**	**(99,999)**	**(2,944)**	**(100,836)**

Comments on result

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

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

Working capital

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

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	Annual Budget 2018-19
CURRENT ASSETS						
Cash and cash equivalents	7,406	1,284	7,078	915	6,163	5
Trust / special funds	138	145	183	145	38	145
Trade and other receivables	7,525	8,750	5,005	5,899	(894)	7,495
Investment	3,000	3,000	-	-	-	-
Inventory / Stock	1,327	1,412	1,488	1,412	76	1,412
Total Current Assets	**19,396**	**14,591**	**13,754**	**8,371**	**5,383**	**9,057**
CURRENT LIABILITIES						
Bank Overdraft	-	-	-	-	-	-
Bank Overdraft - HBL	-	-	-	-	-	(5,038)
Trade and other payables	(13,171)	(13,476)	(15,688)	(14,247)	(1,441)	(13,638)
Income Received in Advance	(1,624)	(446)	(640)	(534)	(106)	(502)
Capital Charge Payable	-	-	(1,059)	(1,147)	88	-
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)	(5,198)	(3,717)	(1,481)	(2,041)
Employee Related - Current Liabilities	(8,365)	(9,064)	(9,443)	(9,312)	(131)	(9,786)
Total Current Liabilities	**(25,645)**	**(27,023)**	**(32,255)**	**(29,184)**	**(3,071)**	**(31,235)**
Working Capital	**(6,249)**	**(12,432)**	**(18,501)**	**(20,813)**	**2,312**	**(22,178)**
Working Capital ratio	**75.6%**	**54.0%**	**42.6%**	**28.7%**		**29.0%**

Comments on result	
	Neutral

Working capital variances	**Variance $000**	**Impact on forecast**
Working capital better than budget due to:	$2,312 F	
Current assets	$5,383 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.	$6,163 F	Mainly timing
▪ Trade and other receivables increased due to funder accrual provision.	($894) F	

Current liabilities	($3,071) U	
▪ Trade and other payables actual increased due to provision for IDFs, pay equity and funder demand-driven expenditure (budgeted projection which was based on historical information).	($1,441) U	Mainly timing
▪ Income in advance mainly related to 30 June 2018 carry forward balance for youth alcohol, Smokefree, health sector participation in child health and pay equity.	($106) U	
▪ Payroll related and employee related provision for MECA expiry.	($1,481) U	

Cash flows

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

	Actual 2016-17	Actual 2017-18	Actual YTD 2018-19	Budget YTD 2018-19	Variance	
Net surplus / (deficit) for year	(712)	(4,179)	(7,029)	(6,889)	(140)	U
Add back non-cash items						
Depreciation and assets written off on PPE	4,687	4,720	3,972	4,067	(95)	U
Revaluation losses on PPE	-	-	-	-	-	F
Total non cash movements	**4,687**	**4,720**	**3,972**	**4,067**	**(95)**	**U**
Add back items classified as investment Activity						
(loss) / gain on sale of PPE	8	16	12	-	12	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	321	412	(91)	U
Total Items classified as investment Activity	**(568)**	**34**	**333**	**412**	**(79)**	**U**
Movements in working capital						
Increase / (decrease) in trade and other payables	(1,094)	(873)	3,465	2,006	1,459	F
Increase / (decrease) employee entitlements	681	2,112	1,782	159	1,623	F
				-	-	F
(Increase) / decrease in trade and other receivable	(857)	(1,091)	3,745	2,851	894	F
(Increase) / decrease in inventories	34	(85)	(76)	-	(76)	U
Increase / (decrease) in provision	-	-	-	-	-	F
Net movement in working capital	**(1,236)**	**63**	**8,916**	**5,016**	**3,900**	**F**
Net cash inflow / (outflow) form operating activitie	**2,171**	**638**	**6,192**	**2,606**	**3,586**	**F**
	-	-	-	-		
Net cash flow from Investing (capex)	(5,371)	(6,402)	(3,190)	(5,803)	2,613	F
Net cash flow from Investing (Other)	26	(7)	(38)	-	(38)	U
Net cash flow from Financing	(327)	(351)	(170)	(172)	2	F
Net cash flow	(3,501)	(6,122)	2,794	(3,369)	6,163	F
Net cash (Opening)	13,907	10,406	4,284	4,284	-	F
Cash (Closing)	**10,406**	**4,284**	**7,078**	**915**	**6,163**	**F**

Comment on result	**Neutral**

Cash flow variance	Variance $000	Impact on forecast
Closing cash is better than budget, made up of the following:	$6,163 F	
Net cash flow from operations	$3,586F	
▪ Trade and other payables difference between forecast mainly related to funder accrual provision for demand-driven expenditure, IDFs $1.8 million and various other accrued demand-driven funder expenditure. ▪ 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 mainly relates to pay equity and in-between travel revenue accruals.	$1,459 F $1,623 F $894 F	Timing
Net cash outflow from investing ▪ Capital expenditure programme running behind schedule, mainly clinical equipment, facilities and IT-related projects (timing).	$2,613 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	**Board Information Paper**
	Item 7.2
Author	Hentie Cilliers, general manager people and performance
Subject	Health and Safety Report

RECOMMENDATION

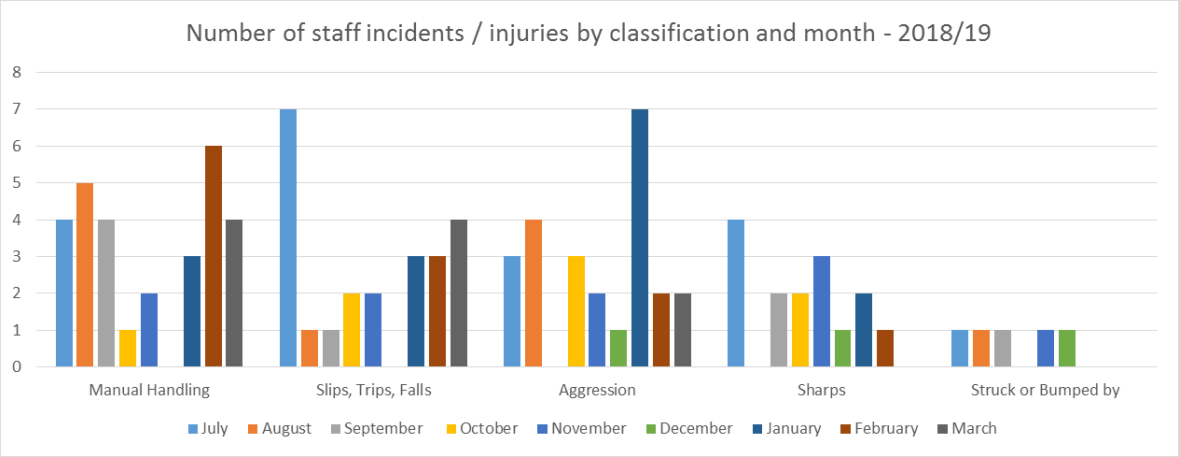
Management recommend that the Board **receives** the paper entitled 'Health and Safety update' to board.

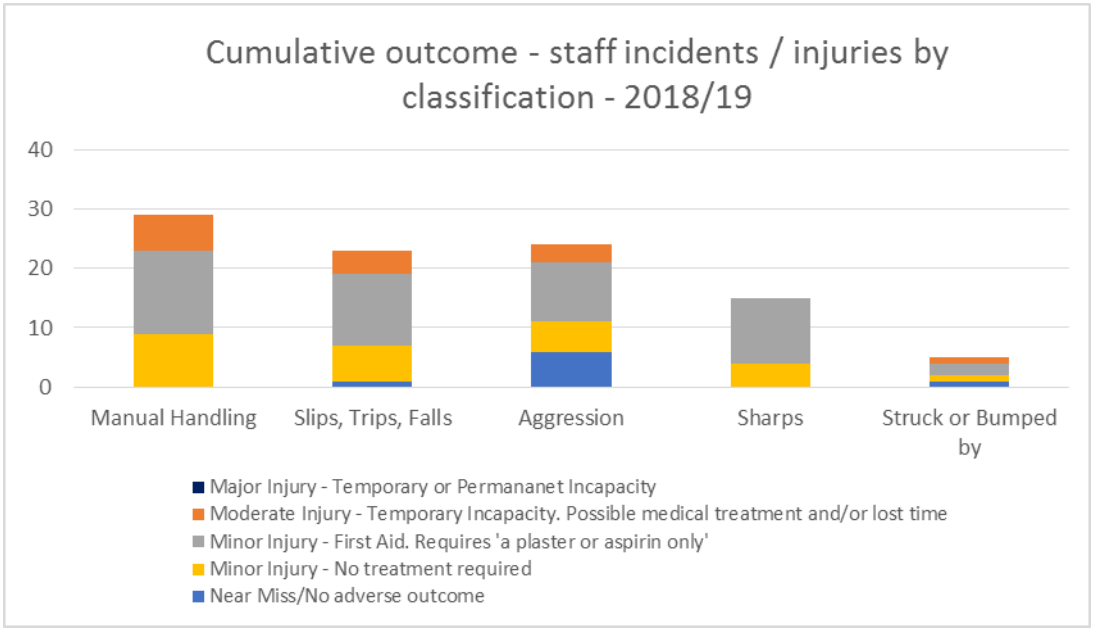
To enable the board to exercise due diligence on health and safety matters. This report covers:

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

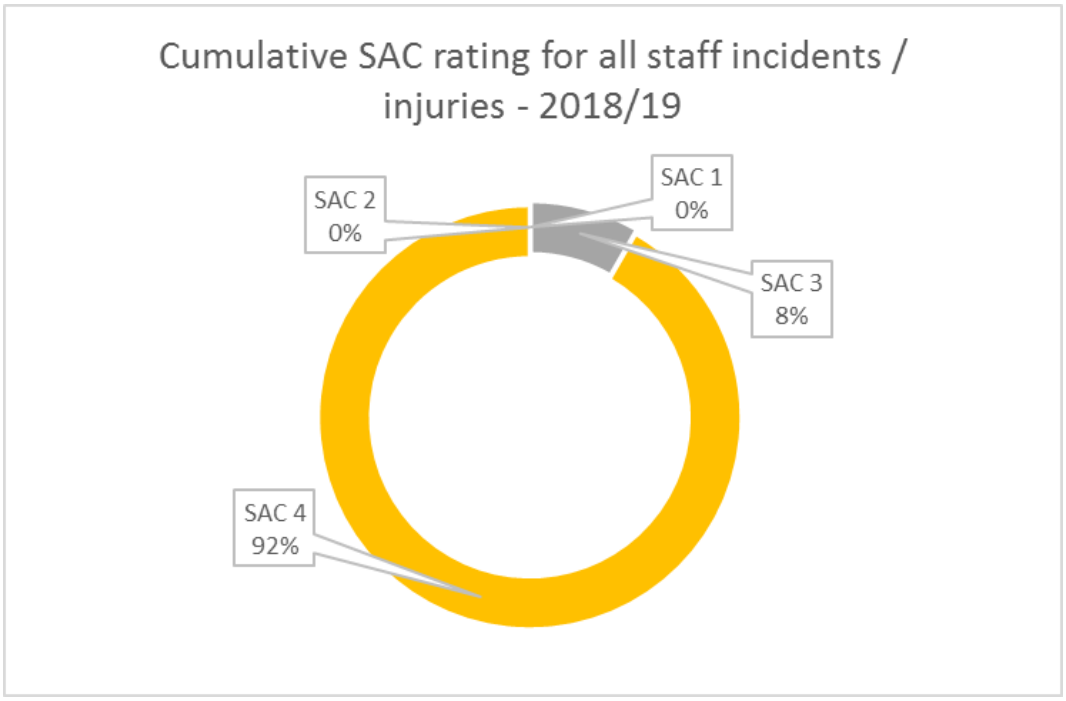
1. Incident / Injury reporting

There were 10 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in March. 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.

2. Health and safety risks

2.1 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 – March 2019 ▪ Manual handling injuries – two equipment (CCU and Supply) and two patient related (Flight – off campus, and ASU). Mitigating the risk ▪ Involve manual handling trainer in all manual handling incidents. ▪ Manual handling training. ▪ New eLearning manual training modules. ▪ Change delivery process.
Management of aggression.	Trend reporting – March 2019 ▪ There were two physical aggression incidents in Te Awhina and involved a confused patient and /or medical condition. Mitigating the risk ▪ Ongoing engagement, monitoring, support, education and training. ▪ Initial meeting with Te Awhina to identify hazards in the client journey

2.2 Employee participation

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

The following issues were discussed at the WDHB Health and Safety Committee meeting:
- WorkWell wellness programme
- Review of monthly incident trends
- Monitor and update of health and safety objectives for 2018/2019
- Identifying 2019/2020 health and safety objectives
- Excellence and innovation in health and safety
- Manual handling equipment including a demonstration of ErgoKneeler
- Membership of WDHB and unit representative committees
- Hikurangi fault earthquake workshop
- Evacuation chairs

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

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Board Decision paper**
	Item 9
Author	D McKinnon
Subject	Resolution to exclude the public

Recommendations

Management recommend that the Whanganui District Health Board:

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

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

Persons permitted to remain during the public excluded session

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

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

Whanganui District Health Board

Appendices public session

NZRDA Hospital REVIEW

WHANGANUI

Whanganui Hospital

The RMO unit is certainly more friendly and more responsive since the meeting with RMOs/RDA/ senior management at the end of 2018. Generally supportive and facilitate leave for training courses, including all associated costs. Annual leave requests are mostly approved but as Whanganui has a large cohort of UK trained RMOs, leave can be harder to obtain during the NHS changeover period. If leave is declined, there's no counter offer for alternative dates despite RMOs asking.

The RMO lounge is within easy walking distance to wards and close to the cafe. Small room but well equipped for the number of RMOs - couches, TV, foosball table, computer, phone for pages, kitchenette.

The on-call room is adjacent to the RMO lounge so reasonably close to main clinical areas but also quiet so conducive to napping/sleeping. Equipped with a bed, TV, phone, sheets, blanket, en-suite bathroom and shower.

Both cafes are shared with the public. They're clean and have plenty of seating with natural sunlight. Phone to answer pagers but we are in the process of transitioning to an app-based clinical task manager system. There's a variety of quality food options including vegetarian. Hot meals are usually readily available and you can phone ahead to request a cooked meal be packed and sent to a ward if you're unable to make it before the end of serving time. There are no restrictions to meals as long as they're within reasonable cost.

Hospital parking is free with plenty of spaces available. Being a small city, the hospital is close to everywhere. Commute time is generally less than 10 minutes by car without traffic jams, so there's no need to get up early to get a park! It's well lit for nights, and there's a security guard available to escort you to your car if needed, but RMOs generally feel safe to walk to their car without security.

Whanganui is a beautiful place. There are beaches nearby, the river runs through the city, weekly pub quizzes that RMOs attend together, a lively Saturday riverside market, and plenty of cafes. Cost of living is very affordable. Whanganui is conveniently located to other areas of the north island for outdoor activities.

Since the last hospital review, Whanganui has implemented Schedule 10 for all applicable runs except psychiatry which is in progress. MECA compliance has improved since meeting with management at the end of 2018. Disputes are mostly straightforward to resolve - usually between the RMO involved and the RMO unit but occasionally reps or the RDA get involved.

Workload is generally manageable and RMOs mostly leave on time. This, in combination with the strong collegial culture amongst RMOs, means that RMOs who are available during the day are willing to assist other colleagues with heavy workloads. As it's a small hospital, there's more clinical responsibility, closer working relationships with SMOs, and greater procedural opportunities which are invaluable for developing an RMOs competence and clinical practice, so the RMO experience is much more than completing paperwork.

Work volume on long day is variable but usually manageable. After hours provides opportunity for RMOs covering surgical or O&G/paediatrics to go to theatre for various acute cases.

SMOs are generally friendly, approachable, and readily hold teaching sessions twice per week. SMOs are also supportive in relation to procedures and often encourage RMOs to perform the procedure under their supervision, especially in ED.

Whanganui provides a wide range of learning opportunities to develop your clinical practice with good support from fellow RMOs, SMOs, registrars (where applicable) and other hospital staff, in addition to a good work-life balance with a variety of activities to keep one busy outside of work.

Policy

Communications Policy	
Applicable to: Whanganui District Health Board	**Authorised by:** Chief Executive
	Contact person: Communications Manager, Communications

1. Purpose

The purpose of this policy is to state the Whanganui District Health Board's (WDHB) approach to communications – oral and written, internal and external.

2. Policy statement

Whanganui WDHB is committed to being open, honest and inclusive when communicating with internal and external audiences and to sharing information in a timely, consistent, appropriate, accurate and professional manner. WDHB is also committed to ensuring its communications reflect its values.

3. Scope

The Communications Policy applies to all board and committee members, all Whanganui District Health Board (WDHB) employees (permanent, temporary and casual), visiting medical officers, contractors, consultants and volunteers.

4. Prerequisites

In the application of this policy, the WDHB recognises:

- WDHB Privacy Policy
- WDHB Patient Condition Guidelines for Media
- WDHB Code of Conduct
- NZ legislation that guides communication
- The Ministry of Health's A Framework for Health Literacy
- NZ Health Literacy Guidelines – three steps to health literacy
- Te Reo Maori – te Whanganui mita

5. Definitions

Communications - the imparting or exchanging of information by speaking, writing or using other medium such social media and videos.

6. Roles and responsibilities

Roles	Responsibilities
Board members	Endorse the policy Adhere to the policy
Chief executive	Adhere to the policy Approve delegations within the policy as required
WDHB kaumatua and kuia	Provide advice for te reo Maori translation to enable implementation of the policy
Executive management team	Adhere to the policy Enable implementation of the policy
Board, committees and staff with delegated authority	Adhere to the policy Enable implementation of the policy
Operational management team	Adhere to the policy Ensure all staff are informed and apply the policy effectively
Communications manager	Leads operation of the policy Monitors use of the policy
Communications team	Enable operation of the policy
Staff	Understand their responsibilities and adhere to the policy and associated procedures.

7. Measurement criteria

- Media monitoring through Isentia
- Social media and website analytics (e.g. number of visits)
- Board reporting
- Feedback from patients and their whanau, communities, WDHB board and committees, Hauora A Iwi, community providers and Ministry of Health
- Evaluation
- Implementation work programme for the Pro-Equity report

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8. Related Whanganui District Health Board documents

- WDHB Writing Style Guide and Writing Style Companion Guide
- Delegations Policy
- Information Communications and Technology Security Policy
- Code of Conduct Policy
- Memorandum of Understanding between WDHB and Hauora A Iwi
- Pro-Equity report

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9. Key words

Communication, media, publications, social media, submissions