Public Board Meeting - 27 November 2020

27 November 2020 09:30 AM - 10:45 AM

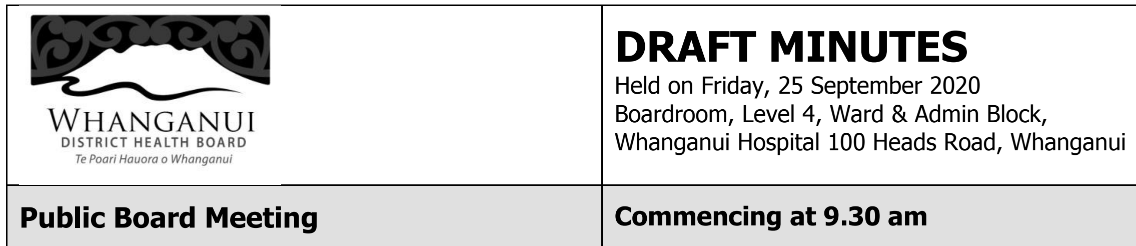
Agenda Topic		Presenter	Time	Page
1.	PROCEDURAL		09:30 AM-09:45 AM	2
	1.1 Apologies			
	1.2 Continuous Disclosure			2
	1.2.1 Interest Register			2
	1.2.2 Conflict of interest			
	1.3 Minutes of the previous meeting			3
	1.4 Chair update	K Whelan		8
	1.5 CSAC Chair update	A Main		
2.	DECISION			13
	2.1 Proposed Board and Committee Dates - 2021	R Simpson	09:45 AM-09:50 AM	13
3.	CHIEF EXECUTIVE REPORT	R Simpson	09:50 AM-10:05 AM	15
	3.1 Appendix 1			20
4.	DISCUSSION			22
	4.1 Provider Arm Report	A Forsyth	10:05 AM-10:15 AM	22
	4.2 Draft WDHB Dashboard	P Malan	10:15 AM-10:25 AM	30
5.	INFORMATION PAPERS			35
	5.1 Financial Report - October 2020	A McKinnon	10:25 AM-10:30 AM	35
	5.2 Adult Inpatient Survey	L Allsopp	10:30 AM-10:35 AM	50
	5.2.1 Appendix			53
	5.3 Health and Safety Report	L Allsopp	10:35 AM-10:40 AM	77
6.	Resolution to exclude the public	R Simpson	10:40 AM-10:45 AM	84

Interest Register

25 September 2020

Name	Date	Interest
Ken **Whelan** *Chair*	13 December 2019	Crown monitor for Waikato DHB Crown monitor for Counties DHB Board member RDNZ (NZ) Chair Eastern Bay of Plenty PHO Contractor General Electric Healthcare Australasia
Annette **Main** *Deputy Chair* *Chair CSAC*	25 September 2020	Member of Whanganui Community Foundation.
Anderson-Town Talia *Chair FRAC*	2 June 2020	▪ A board member of Ratana Orakeinui Trust Incorporated ▪ A board member of Te Manu Atatu Whanganui Maori Business Network.
Adams Graham	16 December 2016	▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Anderson Charlie	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Baker-Hogan Philippa	10 March 2006	An elected councillor on Whanganui District Council.
	8 June 2007	A partner in Hogan Osteo Plus Partnership.
	24 April 2008	Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at.
	29 November 2013	Chair of the Future Champions Trust, supporting promising young athletes.
	7 November 2014	A member of the Whanganui District Council District Licensing Committee.
	3 March 2017	A trustee of Four Regions Trust.
Chandulal-Mackay Josh	10 December 2020	An elected councillor on Whanganui District Council
	21 February 2020	A member of Aged Concern Deputy Chair for Whanganui Youth Services Trust
Hylton Stuart	4 July 2014	▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand. ▪ The Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.
	13 November 2015	An executive member of the Central Districts Cancer Society.
	2 May 2018	▪ The chairman of Whanganui Education Trust ▪ A trustee of George Bolten Trust
	2 November 2018	The District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.
MacDonald Judith	22 September 2006	The chief executive of Whanganui Regional Primary Health Organisation
	11 April 2008	A director of Gonville Health Centre
	4 February 2011	A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape
	21 September 2018	A director of Ruapehu Health Ltd
	23 July 2020	A Board member of Aged Concern, Whanganui
Peke-Mason Soraya	21 February 2020	▪ Chair, Te Totarahoe o Paerangi – Ngāti Rangi (Ohakune-Raetihi) ▪ Director, Ruapehu Health Limited ▪ Trustee, Whanganui Community Foundation ▪ Iwi Rep, Rangitikei District Council Standing Committee ▪ Labour Candidate for Rangitikei District Council

25 September 2020 **Public**



DRAFT MINUTES

Held on Friday, 25 September 2020
Boardroom, Level 4, Ward & Admin Block,
Whanganui Hospital 100 Heads Road, Whanganui

Public Board Meeting | **Commencing at 9.30 am**

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

Apologies
Mrs Soraya Peke-Mason, Member

In attendance
Mr Russell Simpson, Chief Executive
Mrs Nadine Mackintosh, Board Secretary
Alex Forsyth, Director Allied Laundry Scientific and Technical
Mrs Rowena Kui, General Manager Māori Health and Equity
Mr Paul Malan, General Manager Strategy Commissioning and Population Health
Mr Andrew McKinnon, General Manager Corporate
Mr Steve Carey, Community Impact Strategist

Guest
Member of Grey Power

1. Procedural

1.1 Karakia/reflection
The meeting was opened by T Anderson-Town with a Karakia.

1.2 Apologies
No apologies were required for the meeting.

1.3 Continuous Disclosure
1.3.1 Amendments to the Interest Register
A Main is a member of the Whanganui Community Foundation
J Chandulal-Mackay is not a member of the UCOL Council.

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

DRAFT

25 September 2020 **Public**

1.4 Confirmation of minutes

1.4.1 31 July 2020

The minutes of the meeting held on 31 July 2020 were **approved** as a true and accurate record of the meeting.

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

1.5 Matters Arising

Nil

1.6 Board and Committee Chair Reports

1.6.1 Chair verbal report

The papers are light this month due to no critical information to report to the board and timings of annual report being amended and this still being in draft.

Today the board will receive a couple of clinical presentations to inform on matters of mental health and COVID-19 offshore experiences from RMOs.

1.6.2 Combined Statutory Committee report

The minutes of the meeting were received as information only.

2. Chief Executive Report

The paper was taken as read with the chief executive covering the key aspects of the report. Our exemplar results of the flu vaccinations were provided to the Ministry to assist with improvements in other DHBs. Our vaccination success was due to the collaborative efforts from the DHB, Whanganui Regional Health Network, Te Oranganui and members of our communities.

A rural telehealth centre will be based at Ranana at Mokinui Road and a development arisen from eight years of integrated discussions.

Management wanted to encourage increased awareness of the locality of the Defib to also assist with visitors to the district participating in leisure activities.

Shared wellbeing

The Whanganui District Health Board members:

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

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

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

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

3. Information paper

3.1 August 2020 Financial Update

The paper was taken as read, we have our financials under control, noting that the IDF management has received improvements and our costs reflect this good work.

Discussion ensued on:

- Elective Service Performance Indicators
- Staffing levels being based on acuity and demand

25 September 2020 **Public**

- Case weights are higher in medical which indicate higher complexity cases
- The two hotspots are mental health and medical services
- Metrics of success for thriving communities will require a collective effort with our community partners, with reduction in average length of stay to be considered as a metric.

Actions:

IDF changes to be reported to the deputy chair

The board requested quarter reporting to both FRAC and the board on progress for our key initiatives

Encouraged to have clinical leads provide presentations to our board.

The Whanganui District Health Board members:

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

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

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

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

3.2 Hospital and provider services operational overview

The paper was taken as read.

The key discussion was held on the following:
- Impacts of COVID-19 on staffing
- Congratulations on technology improvements
- Concerns at the low level HCA vaccinations which tend to have higher Maori and Pacific placements
- Korero Mai

Action: A report on HCA vaccination levels to be provided to the board.

The Whanganui District Health Board members:

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

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

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

3.3 Thriving Together Impact Collective and Community Engagement - Update

The paper was taken.

Community engagement has been based on gathering information on initiatives on the current platforms used for community engagement and working in partnership with the communities to assist in addressing and prioritising the impacts.

A dedicated team will be required to resource the thriving together impact collective. Discussiohn on leadership and housing strategy discussion was deferred to the public excluded section.

The Whanganui District Health Board members:

a. **Received** the paper Thriving Together Update.

b. **Noted** the summary report from the initial community and organisational survey's attached.

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

DRAFT

25 September 2020 **Public**

3.4 ESPI Compliance August 2020

The paper was taken as read.

Management advised the board that the DHB has reported to the Ministry of Health we will be compliant by 31 December 2020 and we are tracking well against the plan and should reach compliance by the end of this month.

There was some acknowledgement of the consistency of performance and with us being in a good position prior to COVID-19 we were able to address our ESPIs quite quickly. Management confirmed that we have no known issues for cancer treatment delays of patients in our communities due to COVID-19.

Standardised intervention rates have been discussed previously with the board and may put higher expectations on our performance.

Action: The board requested a high level report on cancer identifications and follows for this DHB and use of best practice. The Ministry have set up a national cancer treatment agency and recommended a member of the agency providing a presentation to the DHB to answer if we are getting the best access to treatment. 30 minute presentation via zoom.

The board of Whanganui District Health Board:

a. **Received** the paper titled Final ESPI Results for July 2020 and local data results for August 2020

b. **Noted** that we are not yet compliant

c. **Noted** that we expect to be compliant by 31 December 2020.

6. General business

Nil

7. Resolution to exclude the public

The Whanganui District Health Board members:

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

b. **Noted** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 31 July 2020	For reasons set out in the board's agenda of 31 July 2020	As per the board agenda of 31 July 2020
Chief executive's report Committee minutes NZ Health Partnership Health System Catalogue COVID-19 Acute inpatient mental health services update	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)

25 September 2020 **Public**

Agenda item	Reason	OIA reference
	public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	
Integrated Facilities Update Lab Procurement	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
NZ Health Partnership Statement of Performance Expectations	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

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

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

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

The public section of the meeting concluded at 10.45am

Signed K Whelan
Board Chair
Whanganui District Health Board

DRAFT

November 2020 **Public**

	Decision paper
	November 2020
Author	Nadine Mackintosh, Board Secretary
Endorsed by	Russell Simpson, Chief Executive
Subject	**2021 Board and Committee Meeting Dates**

Recommendations

Management recommend that the board

- **a. Receive** the paper '2021 Board meeting dates'
- **b. Note** the proposed meeting dates have been aligned to the timelines for approving key financial and ministerial reporting requirements
- **c. Approve** the 2021 board and committee meeting dates

1 Purpose

This report seeks the board's support of the 2021 meeting schedule for Board and it's Committees.

2 Summary

The Board's meeting schedule is set annually and is done on a calendar year basis. Management has reviewed the meeting calendar and proposed dates that align with timelines for approving financials and production of key ministerial reporting.

It is recognised that often reports seeking a Board decision need to first receive committee endorsement. So that this can occur within the meeting cycle, it is proposed that the same report would be submitted to the committee for endorsement of the board approval. The committee chair would provide a verbal report to the Board outlining the committee findings.

Key approval dates associated with the annual planning process can be accommodated within the proposed meeting calendar.

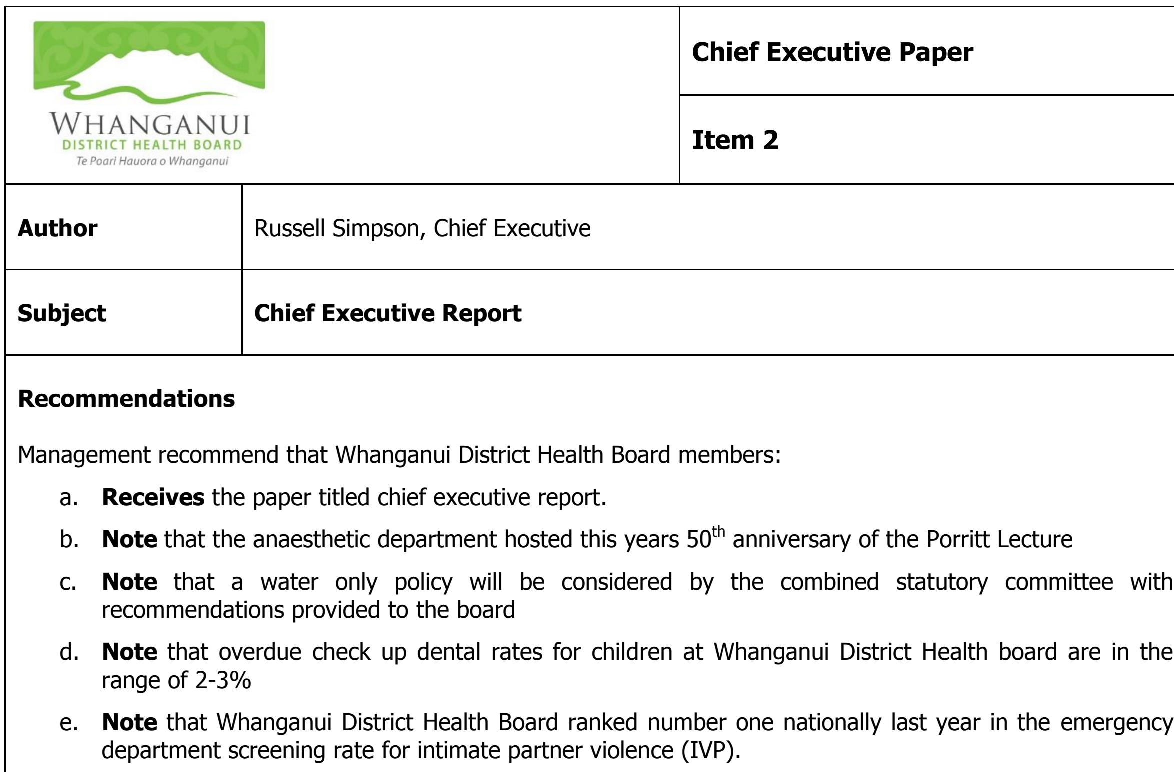
A copy of the proposed meeting calendar is set out overleaf.

November 2020 **Public**

3. 2021 Proposed Meeting Schedule
Dates for the Joint Board meetings with Hauora A Iwi are to be confirmed.

2020 MEETING SCHEDULE FOR WDHB BOARD & COMMITTEES				
Meeting **Time**	**FRAC** **1pm-3pm**	**CSAC** **9am-1pm**	**Board** **9am-1pm**	**Joint Boards WDHB / HAI** **1pm – 3pm**
Date of meeting	**17 February**	**19 February**		**Finalise MoU**
Deadline for reports	3 February	5 February		
Published	13 February	12 February		
Date of meeting			**3 March**	
Deadline for reports			17 February	
Published			24 February	
Date of meeting	**14 April**		**21 April**	
Deadline for reports	30 March		7 April	
Published	7 April		14 April	
Date of meeting		**21 May**		**Quarterly Joint meeting to be confirmed**
Deadline for reports		7 May		
Published		14 May		
Date of meeting	**16 June**		**30 June**	
Deadline for reports	2 June		16 June	
Published	9 June		23 June	
Date of meeting				
Deadline for reports				
Published				
Date of meeting	**18 August**	**20 August**		**Quarterly joint meeting to be confirmed**
Deadline for reports	4 August	6 August		
Published	11 August	13 August		
Date of meeting			**1 September**	
Deadline for reports			18 August	
Published			25 August	
Date of meeting	**20 October**	**28 October**		
Deadline for reports	6 October	Annual Planning		
Published	13 October			
Date of meeting	**17 November**	**19 November**		**Quarterly joint meeting to be confirmed**
Deadline for reports	3 November	5 November		
Published	10 November	12 November		
Date of meeting			**1 December**	
Deadline for reports			17 November	
Published			24 November	

November 2020 **Public**



WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Chief Executive Paper**
	Item 2

Author	Russell Simpson, Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that Whanganui District Health Board members:

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

b. **Note** that the anaesthetic department hosted this years 50th anniversary of the Porritt Lecture

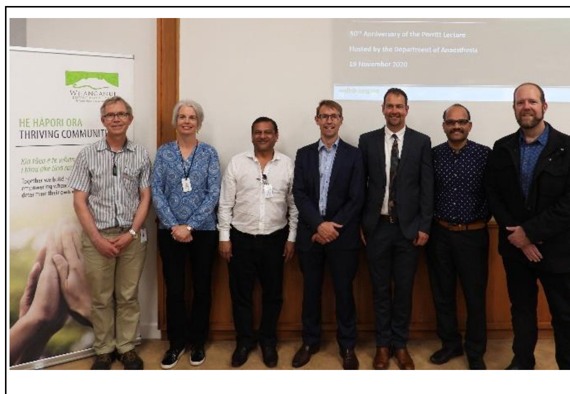
c. **Note** that a water only policy will be considered by the combined statutory committee with recommendations provided to the board

d. **Note** that overdue check up dental rates for children at Whanganui District Health board are in the range of 2-3%

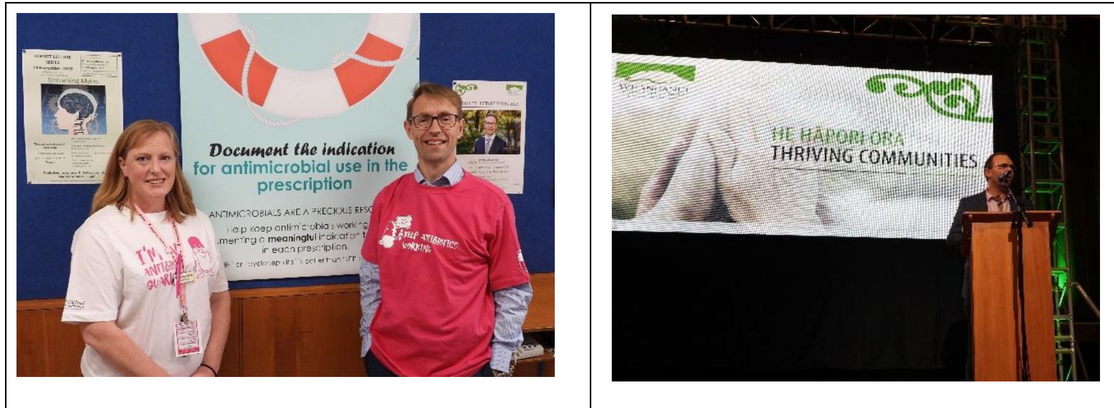
e. **Note** that Whanganui District Health Board ranked number one nationally last year in the emergency department screening rate for intimate partner violence (IVP).

1. 50th Anniversary of the Porritt Lecture

It was a real privilege for the anaesthetic department to host the 50th anniversary of the Porritt Lecture. The series of talks given by anaesthetists aimed to shed light on common myths surrounding anaesthesia. These talks were complimented by a very interesting talk on antibiotic stewardship by Dr Michelle Balm from Wellington, as part of the National Antibiotic Awareness Week activities. We were very excited to learn that Dr Ashley Bloomfield would be available to conclude the afternoon lectures, as well as being available to give the public speech during the evening ceremony at the War Memorial centre. His talks were very inspirational, and he connected with the public on a very personal level. The anaesthetic head of department and I appreciated the collective efforts from the anaesthetists, managers and other personnel, who worked very hard to make this day possible.



November 2020 **Public**



2. Water only policy

I have recently received a letter from the New Zealand Dental Association (NZDA) requesting that our DHB adopts a "water-only policy across all facilities". The letter refers to Nelson Marlborough and South Canterbury DHBs having already implemented such a policy and I believe the letter was sent to all the other DHBs. In our Annual Plan this year, we committed to reviewing our "Nutrition Policy", which refers to and is consistent with, the current National DHB Healthy Food and Beverage Policy. We will proceed with our planned review and consider the NZDA's request as part of that process. A proposal will initially be discussed by the combined statutory advisory committee with recommendations being provided to the board. This is expected to be in quarter 4.

It is worth noting that all DHBs have also recently received correspondence from the NZDA (via the national GMs Planning & Funding network), raising concerns with their perceived challenges being faced within the community oral health services and the number of children who are overdue for check-ups. This topic has been in the media recently too, particularly as it pertains to the Auckland area. As an initial response, we are checking the allegations against the facts for our population. One of the allegations made in the letter is that "… arrears rates are now around 50% and continuing to climb." This is not the case in Whanganui where overdue rate in services for primary school aged children seems to be in the 2-3% range. We will be taking an information paper to the next CSAC to outline our check-up.

3. Violence intervention programme

Whanganui District Health Board (WDHB) ranked number one nationally last year in the emergency department screening rate for intimate partner violence (IVP).

Research showed that WDHB achieved a 56 percent screening rate, and of those screened, 14 percent disclosed some form of violence experienced during the past year.

When violence is disclosed, staff work alongside the person to seek the most appropriate options. Our VIP Coordinator, stated that "staff have got on board with this and have invariably contributed to the increased safety and support of those who have disclosed family harm in our community."

November 2020 **Public**

4. Māori Health Update

4.1 Refresh of the Whanganui DHB and Hauora ā Iwi Manatū Whakaaetanga – Memorandum of Understanding 2017-2020

Following the joint boards hui 19 August 2020, the Kaiuringi, GM Māori Health and Equity was asked to coordinate the process to refresh the document. Progress to date is outlined below.

Process steps	Progress
Develop a draft document, considering the comments of board members at the hui 19 August 2020.	Completed
Seek advice, guidance and comment on the initial draft from some members of both boards.	Completed
Circulate the draft for comment.	To Hauora ā Iwi for 8 December 2020 To WDHB first hui 2021
Collate any amendments and provide a decision paper to both Boards for endorsement.	First joint board hui 2021
Renew administration services agreement	By 30 March 2021

4.2 Māori Provider Development Funding 2020-21.

The Ministry of Health has released its funding for the Māori Provider Development Scheme 2020/21 with a total indicative budget of $8.8 million allocated as below. Applications opened 16 October 2020 until 16 November 2020.

Funding	Total amount (GST exclusive)
Regional Māori health and disability providers	$6,351,500.00
National Māori health and disability organisations	$800,000.00
National Provider Training	$500,000.00
Hauora Māori Scholarships	$1,237,500.00
Total	**$8,889,000.00**

The budget for projects that improve the capacity and capability of regional Māori health and disability service providers is allocated across the 20 DHB districts based on estimated Māori populations. Whanganui DHB allocation is $142,992.37 (GST exclusive).

The aim of MPDS funds is to better enable providers to participate equitably and deliver effective health and disability services through organisational and workforce development opportunities across a range of capacity development areas such as Māori specific capacity; mission, strategy and planning; service design and evaluation; human resources; information technology; financial management; governance and leadership and communications and external relations.

Provider applications will be assessed by the Ministry of Health and the District Health Board Māori health team, followed by a joint hui with the provider, completed by end November 2020.

4.3 Co-design Collaborative towards a Family Violence screening training programme.

The Ministry of Health Family and Community Health team has requested representation from Māori health, Pacific and primary health care providers to participate in a scoping project towards standardised training in screening for Family Violence, Sexual Violence, Child Abuse and Neglect for the primary health care sector. Te Kotuku Hauora Ltd, Te Oranganui Trust and Mokai Patea Services have registered their interest in contributing to this work.

4.4 Commissioning for Better Health Equity and Wellbeing

The Ministry of Health through the Māori Health Directorate and in partnership with the Pacific Directorate and Te Puni Kōkiri have started to develop a commissioning framework for Better Māori Health and Wellbeing.

This work relates to key priority areas in the NZ Māori Health Action Plan Whakamaua 2020/25 and is one of seven Ministry of Health flag ship projects to respond to the Health and Disability System Review. The work is premised on the principles of Whanau Ora, Pae Ora and Te Tiriti o Waitangi.

The work fits well with the actions stemming from the Whanganui DHB equity review recommendations and annual plan and supports us to progress the intent of He Hāpori Ora 2020-23. The Board will be kept updated on progress.

The work plan links to the following priority areas:
Priority 7 Ngā kitenge me ngā taunakitanga - Insights and Evidence
To advance the Māori health and disability evidence base that contributes to improved health and wellbeing
7.2 Develop measures of Māori health and disability outcomes and wellbeing to measure pae ora in partnership with Māori stakeholders.
7.3 Collect and make publicly available timely Māori health and disability outcomes and wellbeing information with a focus on equity and progress towards pae ora
Priority 8 Performance and Accountability

- There are clear performance and accountability expectations for meeting Tiriti obligations to Māori
- There is fair and equitable investment in Māori health development and monitoring outcomes
- Transparent reporting of progress ensures equitable outcomes for Māori

8.1 Implement changes to systems accountability frameworks that assures ownership of te Tiriti obligations and accountabilities for Māori health equity
8.5 Ensure that major funding frameworks consider and adjust for unmet need and equitable distribution of resources to Māori .

Priority 4 Strengthen commissioning frameworks to increase Māori provider innovation and develop and spread effective kaupapa Māori and whanau-centred services. The content and progress on this workstream is included in table 4 below.

Table 4. Priority Area 4.

Purpose	Focus	Project	Status
Consolidating and embedding	Ministry forum for commissioning directorates to share emerging best practice	1.Cross Ministry Commissioning – establish working group	Established Sept 2020
Testing new approaches	Long term conditions, equity Māori and Pacific	2.Te Ranga Ora – learning partnership between Ministry and Counties Manukau	Established Sept 2020
	Prevention and Pacific	3.Well Child Tamariki – pacific process	Relationship building
	Disability	4.Mana Whaikaha – shifting the system	Relationship building
Influencing other commissioning approaches	Population / prevention – equity and wellbeing	5.Populaiton Health Prevention – focus on health equity and wellbeing	Preliminary analysis

	Procurement kaupapa Māori	6. Mental health procurement	Scoping and alignment
	Investing in broader outcomes	7. Social sector commissioning	Relationship building

5. Social Governance:

The Impact Collective has begun work on identifying the baseline 'wellbeing' for our communities. Following meetings with the Southern Initiative Director and the Chief Executive of the Wel Energy Trust; who have both undertaken similar region wide wellness frameworks; they have outlined that the work that we are currently undertaking is on the right path – baseline first, then co-design with the community. With their added insight, we have ensured that our work aligns globally (17 United Nations Sustainable Development Goals), nationally (Treasury Living Standards Framework) and locally (proposed – Whanau Ora Outcomes framework). A meeting is currently being organised to ensure that the local framework fits within the tikanga of the Whanganui District Health Board rohe. This will enable us to "think global, act local", whilst identifying alignment for additional funding streams through central government. For the Whanganui District Health Board, we have additionally identified how the three frameworks link through to our He Hāpori Ora – Thriving Communities strategy – this will ensure that the overall direction of the DHB and the Impact Collective are aligned.

Meetings with the successful Whanganui and Rangitikei political candidates following the recent national general elections have been undertaken. The meeting with Labour Party MP Steph Lewis was positive and the alignment of her focus areas and the outcomes sought through our He Hāpori Ora – Thriving Communities strategy were evident. The Chair and Integrated Community Impact Strategist attended the meeting with me and National Party MP Ian McKelvie, where the DHB strategic document was presented, and the outline of the Health and Disability System review were discussed.

In visits around the rohe, I have had further hui with members of the Ruapehu District Council (including the Mayor) and the Rangitikei District Council (Mayor and Chief Executive) around the frameworks to be used for baselining 'wellbeing'. Each of the District Councils have reconfirmed their commitment to the collective and the wider sense of Social Governance. A meeting held at the Tamaūpoko Community Led Trust (TCLT) proved the value in working together as a community, with the Chief Executive, Integrated Community Impact Strategist and Executive Officer attending from the DHB, with representatives from Sport Whanganui, Ministry for Primary Industry, Te Puni Kōkiri, and the Department of Internal Affairs discussing the positive impacts of Community Led Development and how this programme can be rolled out successfully throughout the country. The report that is being collated by the team from DIA will be presented to Cabinet and the Prime Ministers office.

The site of the Mokonui Community Hub

Russell Simpson
Chief Executive
Whanganui District Health Board
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Whanganui 4540

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New Zealand
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fax. +64 9 580 0010

12 November 2020

Dear Russell,

I am writing in my capacity as President of the New Zealand Dental Association (NZDA). The NZDA is a membership organisation representing over 98% of dentists practising in New Zealand. We seek to ensure that New Zealanders are able to enjoy the best oral health possible.

The NZDA requests that the your DHB adopts a water-only policy across all facilities, joining Nelson Marlborough and South Canterbury DHBs who have successfully implemented water- (and unflavoured milk) only policies.

In 2015, Chai Chuah, the then Director General of Health, wrote to all DHB Chief Executives requesting that DHBs cease selling sugar sweetened beverages (SSBs). Subsequent to this, some DHBs went a step further and stopped selling artificially sweetened beverages (ASBs) and juices also, thus becoming 'water only'.

The current National DHB Healthy Food and Beverage Policy states that water and unflavoured milks should be the prominent cold beverage option available. Unfortunately, the policy still allows beverages in the amber category (including ASBs and juices in 300ml bottles) to be sold.

Over the past decade, the consumption of sugary drinks has dramatically increased in New Zealand and internationally. Besides having no nutritional value, these drinks displace healthier beverage options. They are also cheap, readily available, and are one of the most widely advertised products, particularly to children, adolescents, and low-income groups.

Sugary drinks, including juices, are a leading risk factor for many diseases including tooth decay, obesity, type 2 diabetes, heart disease, liver disease and some forms of cancers. These are the same diseases being treated within your DHB on a day-to-day basis.

Sugary drinks are **the** leading source of sugar for New Zealand youth. Furthermore, findings from the most recent New Zealand Adult Nutrition Survey indicate that Māori and Pacific living in New Zealand are significantly more likely to consume sugary drinks (and therefore experience the adverse health effects) than non-Māori and non-Pacific people[i].

A 350ml bottle of juice contains 9 teaspoons of sugar; three times the maximum amount of sugar that the World Health Organization recommends youth consume per day. Sugary drinks are also extremely acidic, with this acid also being very harmful to teeth.

I urge you to support your staff, patients and community by adopting a water only policy within your DHB as a matter of urgency. Should you require any further information or assistance in this regard, please don't hesitate to get in touch.

Yours sincerely

Dr Katie Ayers **BDS, MDS, PhD, MRACDS, FADI, FICD, PGDip(Mgt)(Governance)**
Specialist Paediatric Dentist
President New Zealand Dental Association

[i] University of Otago and Ministry of Health. A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health 2011 http://www.health.govt.nz/publication/focus-nutrition-key-findings-2008-09-nz-adult-nutrition-survey

November 2020 **Public**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion paper**
	Item No. 4.1
Author	Lucy Adams, Chief Operating Officer and Director of Nursing
Endorsed by	Ian Murphy, Chief Medical Officer Alex Forsyth, Director Allied Health Scientific and Technical Services
Subject	**Provider Arm Services**

Recommendations

Management recommend that the Whanganui District Health Board:

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

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

1 Purpose

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

2 Service Delivery Overview

2.1 Optimisation and Efficiency Programme

We now have a dedicated resource for the Theatre module of the optimisation programme. This has expedited progress in several key areas with benchmarking and modelling of identified workflows underway. Additional funding has been secured from the Ministry of Health through their post-COVID recovery programmes and this will be applied to various work streams in the programme.

2.2 Hospital Throughput

Emergency Department attendances have continued to be high. This has put pressure on ED and the flow on effects to inpatient services and patient flow. Strategies for managing these volumes are being reviewed, with input across the system including primary and community services.

Total average occupancy for September was 107% (95% for inpatient units, and October 106% (94% for inpatient units). Anecdotally a significant number of hospitals throughout New Zealand have significant volume increases over spring.

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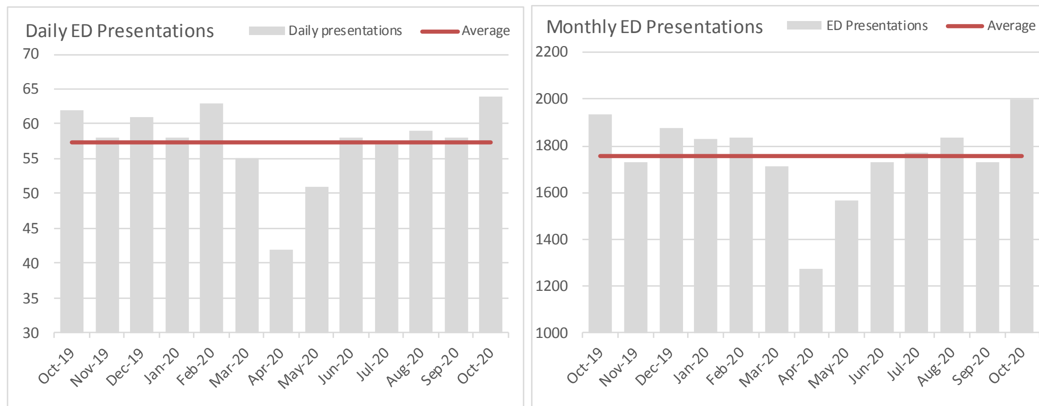
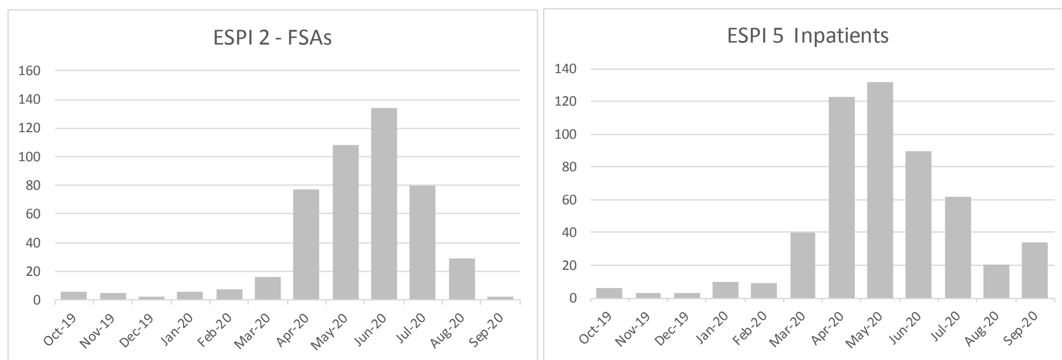


2.3 Waiting Lists

We continue our trajectory towards compliance for surgical and outpatient waiting lists. We have managed most patients post COVID service interruptions and expect this to continue. This Ministry of Health have invested significant funding to assist resourcing for planned care waiting times and we are working with them to implement recovery plans.



We have submitted our Planned Care Waiting List Improvement Plan and Planned Care 3-year Plan to the Ministry of Health and now have feedback. Both plans have been approved, with funding for additional activity awaiting formalisation.

2.4 Sick Leave

Sick leave for provider arm services continues to be above budget, however has reduced following the extreme highs of late winter. We budget 3.3% for sick leave as an annual average, balanced through peaks and troughs throughout the year. While month on month we have exceeded the budget we expect low sick leave over summer months will bring the average back into line with budgets.
We continue with our consistent message to staff to stay home if they are unwell, resulting in higher sick leave taken than previous years.

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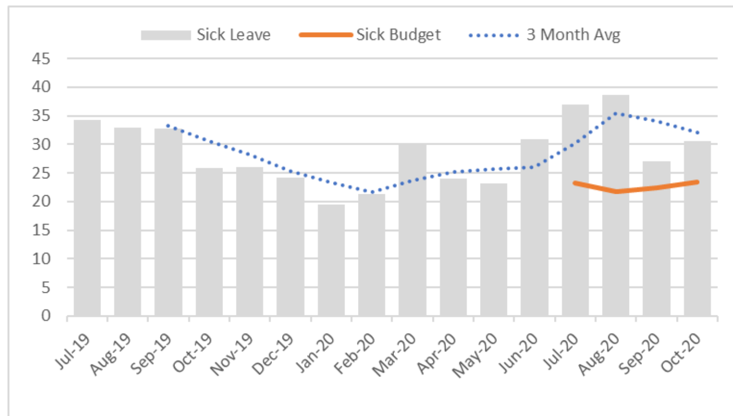


3 Hospital and Clinical Services

3.1 Nursing Professional Development and Recognition Programme (PDRP)

The WDHB had their PDRP audit in September/October. The audit was completed by the Nursing Council of New Zealand. All standards were met with no recommendations. Acknowledgment to Sarah Pathak who prepared the audit documents.

3.2 Nursing Entry to Practice (NETP) /Nursing Entry to Specialty Practice (NESP)

Whanganui District Health Board has completed the interview process for both the NETP/NESP programmes. WDHB is funded to support 12 NETP and 2 NESP. Seven NETP and two NESP will start in January 2020, and five NETP will commence in July.

3.3 Whanganui Nursing and Midwifery Leadership Forum

The Whanganui Nursing and Midwifery Leadership forum (NMLF) has been established to create a connected integrated nursing and midwifery workforce that supports the development and growth of nurses and midwives across the sector. The membership represents nursing and midwifery across the region, and they are meeting in November to review the Nursing/Midwifery Strategic Plan.

3.4 Year of the Nurse and Midwife

Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving lifesaving immunizations and health advice; looking after older people and generally meeting everyday essential health needs. They are often the first and only point of care in their communities. The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030.

Therefore, the World Health Assembly has designated 2020 the International Year of the Nurse and the Midwife. This coincides with the 200th anniversary of the birth of Florence Nightingale, one of the founders of modern nursing. In Aotearoa, New Zealand has been acknowledging our nurses who have made a contribution to nursing and midwifery and health care. Collectively as professionals, and within workplaces, we have been celebrating our professions and acknowledging the changes in nursing and midwifery over the years.

The Whanganui Nursing and Midwifery leadership forum has organised a range of events across the district which will include seminars on resilience and a fun quiz in the evening. This is to be held on the 2nd December 2020.

3.5 Patient and Whanau Centred Care Quality Service Delivery Framework

A Whanganui District Health Board (WDHB) Patient and Whanau Centred Care Quality Service Delivery Framework has been developed to operationalise many of the strategic key documents that influence patient safety, quality, person and whānau centred care; this aligns to the Clinical Board. The framework will support staff, managers, clinical leads and enabling services to understand what their role is in regard to quality care. These reports will inform the various boards of the quality of care we are providing.

3.6 Mental Health

Mental Health inpatients units are functioning well. The nursing roster remodelling in Te Awhina has been completed with four nurses now on nights (previously three) increasing safety and removing the need for security or variance response. IPC demand has reduced and the unit bin the last month has had capacity.

There have been two reported restraints in the month of October. One was in IPC for medication administration, the second was a brief intervention as a patient attempted to leave the unit. No staff or patients were injured in these events. Night safety orders have been removed making us compliant with legislation.

3.7 CCDM

Safe staffing, healthy workplaces is a national priority. Matching the capacity to care with patient demand needs consistent, focused attention. Front line staff, managers, executives, health unions and professional leaders all have a role to play. CCDM is a whole of hospital approach for managing the capacity to care on a permanent basis. Currently WDHB is at 84% completion of the programme.

The CCDM programme has a set of standards. In order to meet the standards programme implementation needs to be prioritised, appropriately resourced and sequenced. The programme has four key areas to make compliance these are:

1. CCDM governance
2. Core Data Set (CDS)
3. FTE Calculation
4. Variance Response Management (VRM)

Whanganui District Health Board is currently 84% compliant with the programme.

<u>CCDM Governance</u>

We achieve compliance.
Operational and Council group in partnership with unions.

<u>Core Data Set</u>

We have a full suite of data collection, Power BI, trend Care, SQL and daily reporting.
This data is used daily at the operational meeting.
Duty Managers report through a shift report every duty with VRM responses, demand needs and capacity plans/actions.
Workforce unit collates nursing resource use weekly reporting to Director of Nursing/Chief Operating Officer and service leadership.

** Work is required to create transparent data to the units that is meaningful, this work is in the planning phase with the intent to link the CCDM local data sets into the productive ward programme. This will include quality indicators, reducing duplication.

FTE Calculations

We achieve compliance.
FTE calculations are due to be resubmitted January/February 2021.
Variable matrix agreement (what we put in as agreed hours for non-clinical work) is currently being worked through with the union in partnership.
Finance are involved in this process to align CCDM. CBS with budget setting for 21/22.

Variance Response Management

We achieve compliance.
Staff are moving within the hospital as demand requires.
TrendCare education is in place and a champion model is active with monthly meetings occurring.
Actions are based on evidence and this is becoming more robust with reporting.
VRM indicators are in place with hospital screen visibility.
'Smart 5' cards are in place for those staff who are redeployed to assist with tasks.
Operational meetings are functioning with a 'yesterday' today' and 'tomorrow' approach.

4 Maternal, Child and Youth Services (MCYS)

4.1 General

Maternal, Child and Youth Service (MCY) leadership completed He Waka Hourua training in November. This has now been completed by approximately 80 MCYS staff including all clinical nurse/midwife managers which is pleasing.

The first meeting of the MCY Service Level Alliance – the 'Community Alliance' is planned for the 4th of December. This meeting will see community leaders in the MCY space come together to ensure we have a members of the

4.2 Service Delivery

Maternity

Maternity services have seen high numbers of births with 67 in September and 78 births for October.

The secondary hospital maternity service has seen a slight increase in bookings for primary unit clients. Predominantly, these are women who are unable to secure community primary midwifery care over the summer period when Lead Maternity Carer's (LMC) are either fully booked and/or on annual leave. While the numbers are small, we anticipate more women booking with the DHB in the coming months as two LMC's have retired. This has resulted in re-establishing a fortnightly midwifery led antenatal clinic in Te Whare Kākāriki as acuity in the maternity unit has made it too difficult for women to be seen there.

Maternity Services and Te Hau Ranga Ora are taking a collaborative approach to the development of a Whāngai Adoption document to guide staff. There is also an opportunity to kōrero with the two whānau who have had whāngai in the last eight weeks to seek their perspectives of the experience, what whāngai is to them and the process. This in turn may inform the content of the document and development of an education package.

The first meeting for the Primary and Maternity Service Interface Group has been held. The group includes community LMC's, and primary health providers - Whanganui Regional Health Network, General Practitioners and Well Child/Tamariki Ora providers. The purpose of the group is to look at integration of services across the continuum of care between LMC's, general practice and Well Child Tamariki Ora in order to facilitate a smooth transition of care for women and babies.

The Maternity Quality and Safety Programme (MQSP) Governance group has reconvened and has developed a draft work plan.

Paediatrics

The recent high birth rate has impacted on the number of admissions to SCBU with 25 for October - the highest admission rate in a single month for four years.

Child Development Services currently do not have any Occupational Therapists. Recruitment is challenging and ongoing with the most promising candidate located in Germany. Efforts are being made to support her receiving the necessary visa clearance. The Central Region DHBs Child Development managers continue to work together to ensure there is continuity of services across this aspect of the district.

The WDHB has had three children suffer non-accidental injuries in the past two months. The Child Protection Process was instigated with the multi-disciplinary team working with whānau and our Police and Oranga Tamariki partners to ensure these children were discharged with robust safety plans in place. Our Paediatrician has also engaged with the Starship CPP team to ensure WDHB processes continue to meet best practice guidelines.

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

Public Health

The catch-up work being undertaken post-COVID-19 by the Public Health Nursing team is progressing well. A strong effort should allow the team to meet the Ministry of Health targets for HEEADSSS assessment by the end of the school year.

The Measles, Mumps and Rubella (MMR) immunisation project has commenced and is on track to be completed by August 2021.

We have strengthened our regional approach around Human Immunodeficiency Virus (HIV) services and are working with MidCentral Public Health Service to deliver care for HIV and complex Sexually Transmissible Infections (STI) clients domiciled to the Whanganui DHB.

The Health Promotion and Public Health team have a joint project, Whakawhanaungatanga ki Te Kōhanga Reo, which aims to strengthen the relationship with the Te Kōhanga Reo Aotea Trust and develop a survey to identify the needs of kaimahi and whānau within Kōhanga Reo. Meetings have been held with Aotea Trust to discuss desired survey outcomes, and the draft is being reviewed to align with the Māori Health plan.

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

Following recently negotiations we have successfully contracted with Massey Psychology to provide psychology services to our MICAMHAS team. They are contracted to provide assessment and specialised therapy.

There have been a number of serious events in the community recently which have impacted on the young people in our community. MICAMHAS service has been required to increase support to the community.

Oral Health

The Titanium upgrade has been successfully implemented with positive feedback from staff utilising the system.

The digital radiography system will be installed in all the mobile and fixed sites during the Christmas break, which will significantly improve service delivery.

School-based dental services remain in arrears due to COVID-19. Calculations to date estimate WDHB to be 17% in arrears (some DHBs are up to 50% in arrears). In previous years our arrears rate is approximately 3%.

Some concerns have been identified around possible over-servicing within the Dental unit at the hospital. This is placing a stress on the resources available and significant contractor costs are being incurred. In light of this a review of the provision of Dental Unit services is planned utilising external expertise. This review does not include the provision of community-based services.

4.3 Future Focus

The MCY leadership team has now prepared a draft strategic plan that focuses on integrated service provision which aligns with the WDHB pro-equity report to support maternal, child and youth wellbeing. This draft plan will be shared with the MCY Community Alliance for input at their first meeting.

A project to address Did Not Attend (DNA) appointments in the MCY Service has utilised data to identify areas of concern and informs the project group of the next steps. Working with Whanganui Regional Health Network (WRHN) has also assisted in identifying specific children who are at risk of missing multiple health appointments. Work on this project continues.

5 Primary and Community Services

5.1 Service Delivery Overview

The service as a whole has seen some positive improvements in waitlist initiatives, with significant decrease in the number of Musculoskeletal and Orthopaedic joint screenings waiting for assessment by 20% over the past two months (270 to 223). Services that are carrying vacancies, however, are reflecting this in growing waitlists, such as Occupational Therapy and Sonography. There are ongoing trials of new models of care (such as telehealth triaging and broader scope of assistant work) which are targeted to reduce these waitlists, despite ongoing vacancies.

New and innovative models of care continue to be a priority, with a more streamlined assessment process in the Community Assessment and Rehabilitation Team (CART) leading to a 20% reduction in people who require ongoing care plans. Community Mental Health is implementing a crisis telephone service between the hours of 4.30-7 am weekdays, and public holidays. This model of care will improve access to mental health services for people in crisis resulting in a more responsive service.

A collaborative approach has been undertaken with MidCentral DHB to provide coronary angiography at Whanganui hospital for patients which will mean they no longer have to travel for this diagnostic intervention. Coivd-19 delayed commencement of this service however the first session is due to be scheduled early December.

Audits continue to show the value of primary and community services to patient care. A recent patient experience survey has highlighted the contribution pharmacy is making to patients' overall experience. A recent tracer audit of Physiotherapy showed consistently positive feedback on experience and quality of patient care.

5.2 Workforce

Pharmacy has recruited to a vacancy which has reduced pressure on the service. One vacancy remains which is ear marked for a specialist Pharmacist in mental health.

Vacancies continue in Physiotherapy and Occupational Therapy, with trials of different workforce mix, transdisciplinary working and increased use of assistants being trialled in order to meet clinical need.

The Radiology service continues to carry two sonographer vacancies; however, there has been positive response recently to advertisement of these vacancies.

5.3 Future Focus

With a strong leadership team established in 2020, an away day was undertaken for Clinical Managers, with a focus on achievement of "He Hāpori Ora – Thriving Communities". This is being developed as an operational plan for Primary and Community Services, with direct links in to the Strategic Action Plan.

A focus on healthy ageing to prevent reliance on health services is being launched. This will include DHB sponsorship of a Healthy Ageing Alliance in development, and a significant presence at the Masters Games, being held in Whanganui in 2021.

Whole of system, preventative approaches to support and intervention in mental health and addictions are an area of focus, with new models of care and co design of services being priority targets.

The use of digital solutions to support clinical care is key to sustainable models of care in health. The Primary and Community Team are leading implementation of telehealth across the DHB. Services that are currently engaged include physiotherapy, wound and haematology clinical nurse specialists (CNS), rural paediatric clinic, occupational therapy, speech and language therapy and psychology.

November 2020 **Public**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Discussion Paper**
	Item No 4.2
Author	Catherine Marshall, Business Manager, Primary and Community Services
Endorsed by	Paul Malan, General Manager, Strategy Commissioning & Population Health
Subject	**Whanganui DHB Organisational Dashboard**

Recommendations

Management recommend that the Board:

a. **Receive** the paper titled Whanganui DHB Organisation Dashboard
b. **Note** performance measures identified by ELT members
c. **Note** further development required
d. **Confirm** which measures should be maintained in the dashboard and provide feedback

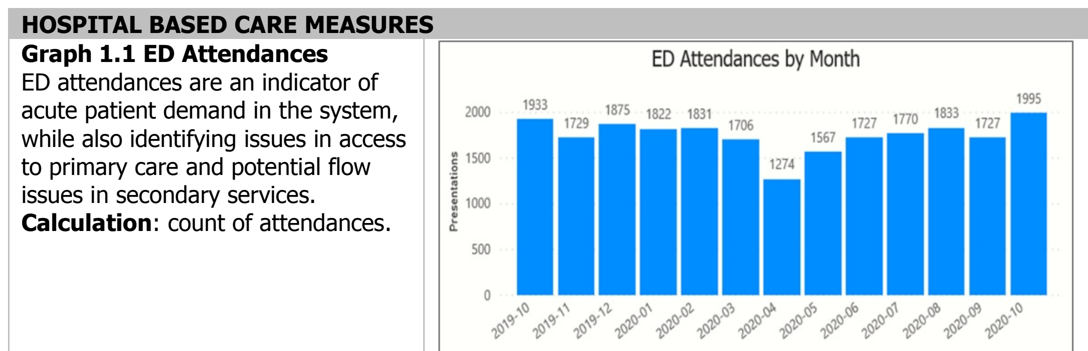
1. Background

An organisational dashboard has been created using a suite of performance measures identified by ELT members. The dashboard has been through a number of design and feedback loops, where possible feedback has been incorporated in the WDHB performance monitoring dashboard prototype.

There will be particular focus on development of an equity dashboard, and this will be next workstream of the working group.

Ongoing refinement of measurements will continue over the next few months, in conjunction with the development of a service group dashboard.

2. Description of measures



HOSPITAL BASED CARE MEASURES

Graph 1.1 ED Attendances
ED attendances are an indicator of acute patient demand in the system, while also identifying issues in access to primary care and potential flow issues in secondary services.
Calculation: count of attendances.

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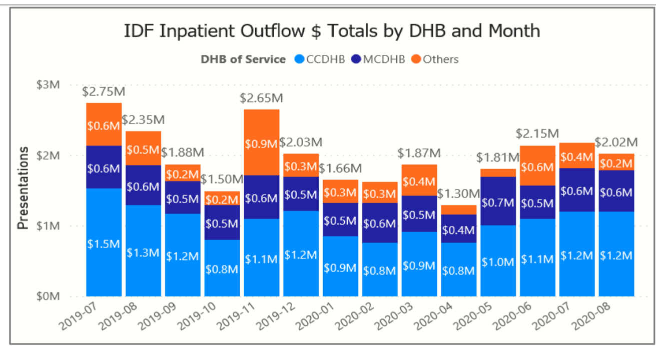
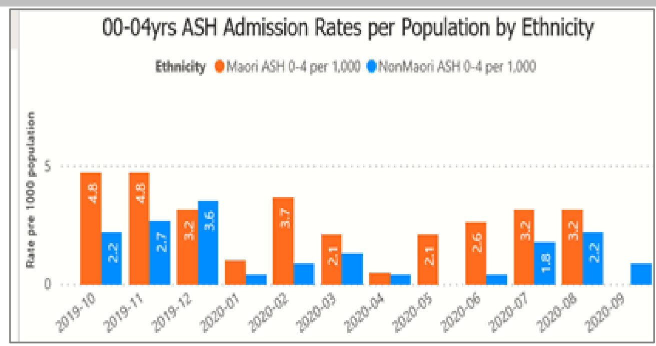
Graph 1.2 Hospital Discharges Throughput of hospital-based services. This is an indicator of patients through the system as opposed to occupied beds. **Calculation:** count of patients discharged from inpatient events, and includes day stay patients in all services.	Hospital Discharges by Admission Type, by month. CaseType: Acute admission, Planned admission
Graph 1.3 Readmission Rates This is the percentage of all patient discharged that return to hospital acutely within 7 and 28 days of discharge. Readmissions can be for any reason, not exclusively related to the previous event. **Calculation:** Denominator = patients discharged Numerator = patients acutely re-admitted within 7/28 days	Acute Readmission Rates by Month (7 and 28-day rates) Percent 7day Readms, Percent 28day Readms
Graph 1.4 Outpatient DNA Rate DNA rates indicate where we have access issues to outpatient services. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services. **Calculation:** Denominator = total patients seen Numerator = missed appointments	Outpatient clinic DNA Rate by Month and Ethnicity Ethnicity Group: Maori, Non-Maori
Graph 1.5 ESPI Results Elective Services Productivity Indicators are a measure of waiting times for planned services that are above 120 days as a percentage of total patient appointments. **Calculation:** Denominator = total appointments due in a month Numerator = patients due that waited longer than 120 days for appointment	ESPI Results by Month ESPI 2, ESPI 5 ESPI2: Patients waiting longer than 4 months for an FSA ESPI5: Patients given commitment to treatment but not treated within 4 months
Graph 1.6 Pressure Injuries/Infections/Falls Patient safety and care indicators for key measures. **Calculation**: count of events each month (not individual patients)	Acquired Pressure Injuries/Infections/Falls During Admission by Month Acquired Pressure Inj, Hosp Acquired Infection, Fall During Admission

Graph 1.7 IDF Outflows
Total value of IDF outflows to main DHBs for each month. This is a dollar value, so increasing prices need to be considered when comparing years.
Calculation: Dollar value of services provided by other DHBs to WDHB.

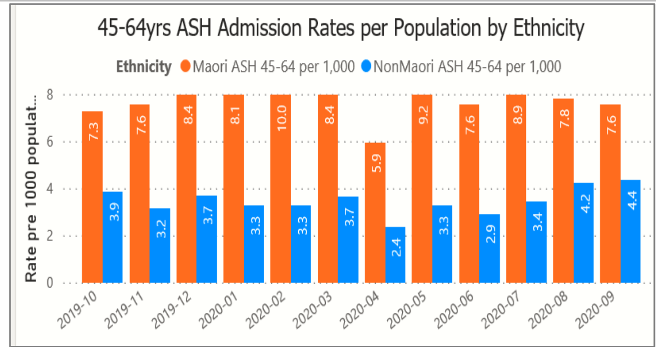


COMMUNITY BASED CARE MEASURES

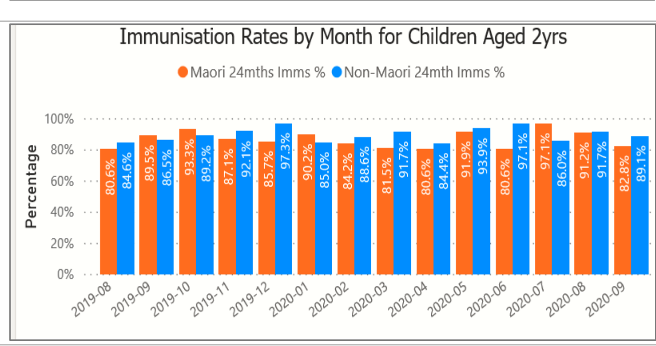
Graph 2.0 ASH Rates 0-4 years
ASH rates are a measure of avoidable hospital admissions (Ambulatory Sensitive Hospital admissions) per 10,000 population. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services.
Calculation: admissions per 10,000 population for a range of standard conditions.



Graph 2.1 ASH Rates 45-64 years
ASH rates are a measure of avoidable hospital admissions (Ambulatory Sensitive Hospital admissions) per 10,000 population. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services.
Calculation: admissions per 10,000 population for a range of standard conditions.



Graph 2.2 Immunisation Rates for Children by ethnicity
Percentage of children with up to date immunisation at the age of two years
Calculation:
Denominator = total children enrolled
Numerator = total children with up to date immunisation



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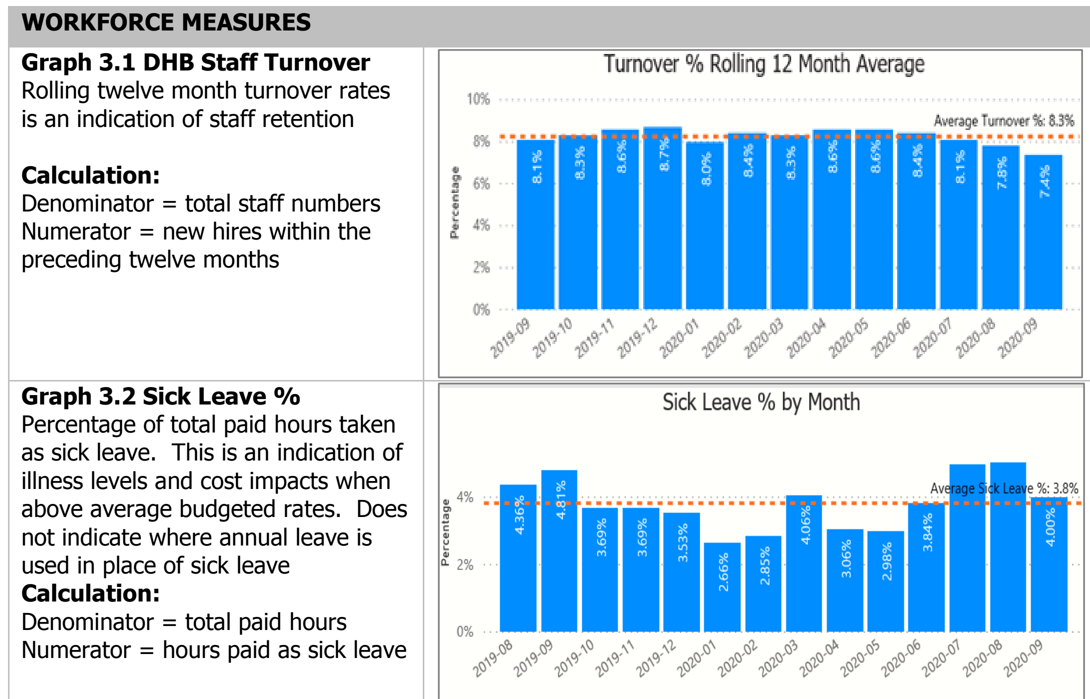

WORKFORCE MEASURES

Graph 3.1 DHB Staff Turnover
Rolling twelve month turnover rates is an indication of staff retention

Calculation:
Denominator = total staff numbers
Numerator = new hires within the preceding twelve months

Graph 3.2 Sick Leave %
Percentage of total paid hours taken as sick leave. This is an indication of illness levels and cost impacts when above average budgeted rates. Does not indicate where annual leave is used in place of sick leave
Calculation:
Denominator = total paid hours
Numerator = hours paid as sick leave

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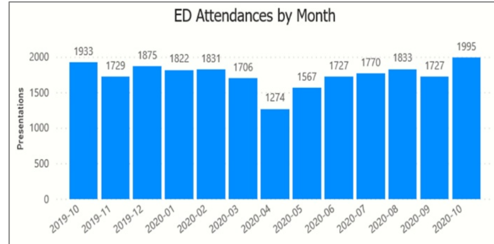
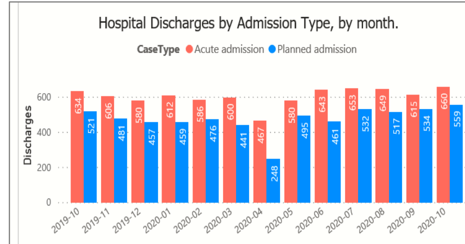
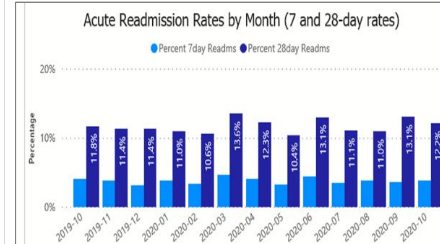
Whanganui DHB Organisational Dashboard

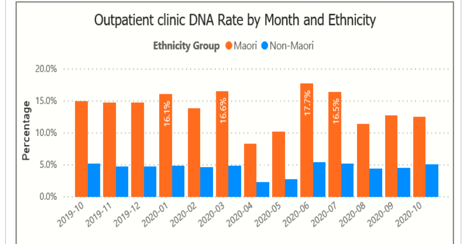
Appendix

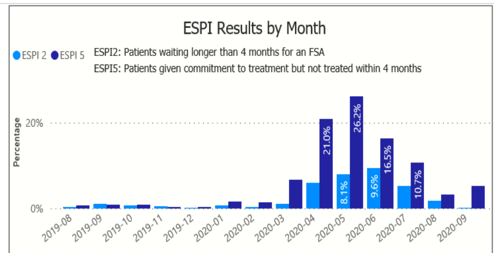
HOSPITAL BASED CARE MEASURES

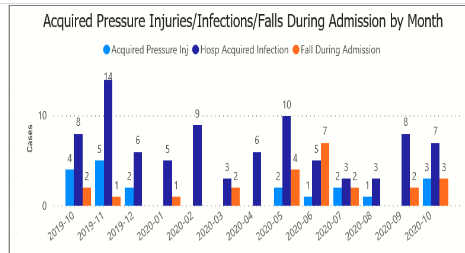


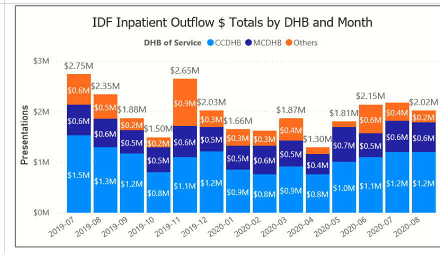




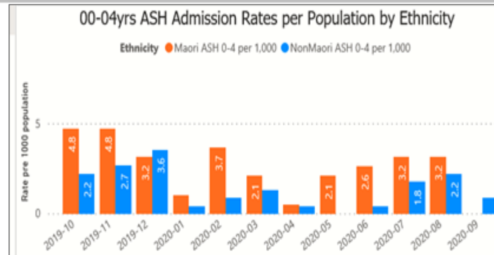


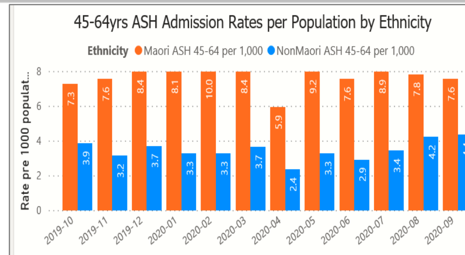


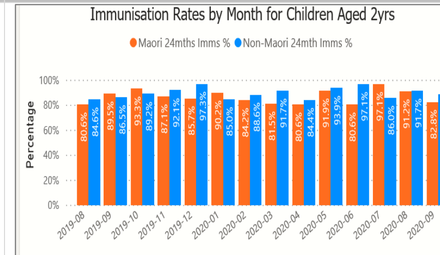




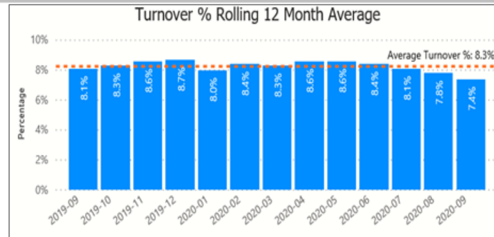
COMMUNITY BASED CARE MEASURES

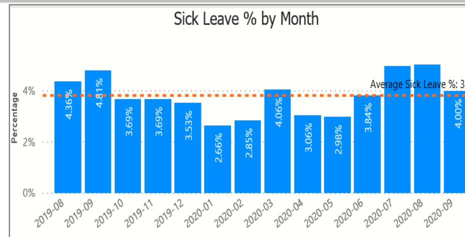




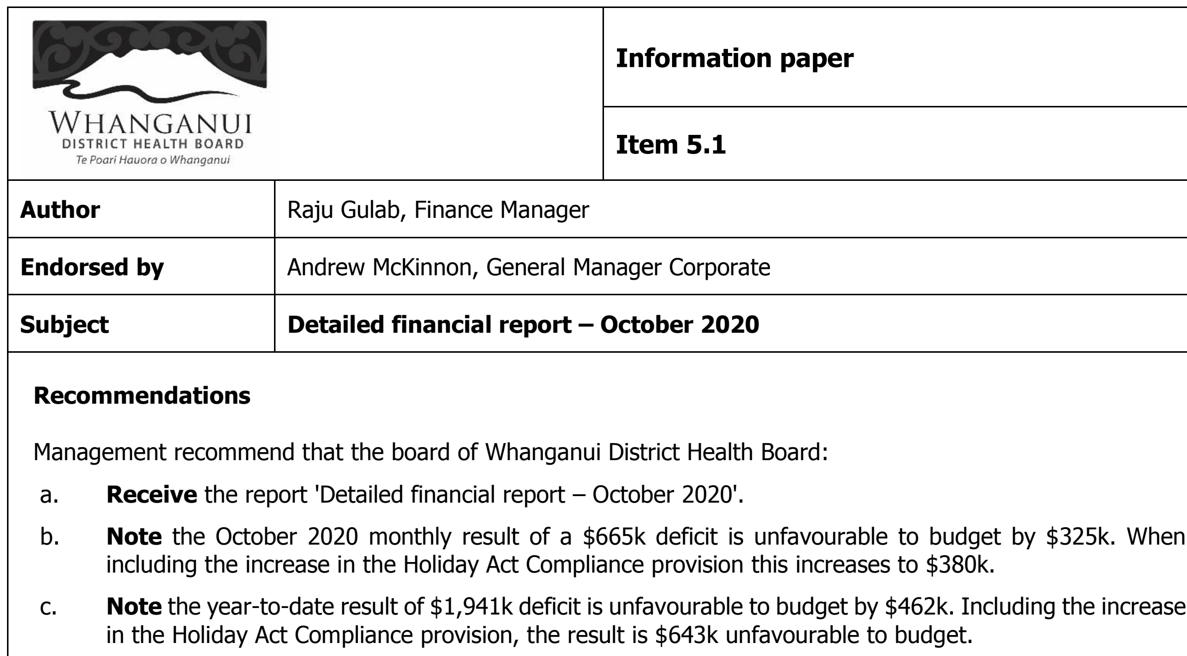


WORKFORCE MEASURES





November 2020 **Public**



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

Recommendations

Management recommend that the board of Whanganui District Health Board:

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

b. **Note** the October 2020 monthly result of a $665k deficit is unfavourable to budget by $325k. When including the increase in the Holiday Act Compliance provision this increases to $380k.

c. **Note** the year-to-date result of $1,941k deficit is unfavourable to budget by $462k. Including the increase in the Holiday Act Compliance provision, the result is $643k unfavourable to budget.

Financial Overview – October 2020

YTD Performance	YTD IDF Net Flow	YTD CWDs
Actual deficit $1.9m (excluding Holiday Act Compliance provision)	$16.0m expenditure	Estimated CWDs 4,297
Against budgeted deficit of $1.5m, $0.5m unfavourable to budget.	Against budgeted expenditure of $16.1m, $0.1m favourable.	Against 4,133 budgeted CWDs, 4% ahead (IDF CWDs excluded).

YTD FTE	YTD Capital Expenditure
Actual FTE 938	Actual spend $1.9m
Budgeted FTE of 929, acuity running 1% above target and added pressure on nursing resource.	Against budgeted expenditure of $1.8m, $0.1m unfavourable, due to timing of expenditure.

November 2020 **Public**

Consolidated Statement of Financial Performance for the period ended 31 October 2020

$'000	Month Actual	Month Budget	Month Var		Year to Date Actual	Year to Date Budget	Year to Date Var		Annual Budget 2020-21	Annual Actual 2019-20
Revenue	25,080	24,934	146	F	99,255	98,582	673	F	294,806	272,259
Revenue- COVID-19	685	-	685	F	1,779	-	1,779	F	-	3,931
Total Revenue	25,765	24,934	831	F	101,034	98,582	2,452	F	294,806	276,190
Less:										
Provider Health Service	(13,250)	(13,009)	(241)	U	(51,417)	(50,535)	(882)	U	(148,804)	(143,995)
Corporate Service	(164)	(157)	(7)	U	(684)	(652)	(32)	U	(1,221)	(1,990)
Governance	(61)	(79)	18	F	(294)	(321)	27	F	(949)	(722)
DHB Funder Division (exl IDF outflow)	(8,500)	(8,035)	(465)	U	(32,872)	(32,588)	(284)	U	(99,201)	(91,641)
Inter-district Outflow	(3,807)	(4,016)	209	F	(16,022)	(16,063)	41	F	(48,189)	(45,247)
ACC Contract (net)	54	22	32	F	209	98	111	F	309	265
COVID-19	(702)	-	(702)	U	(1,895)	-	(1,895)	U	-	(5,444)
Total expenditure	(26,430)	(25,274)	(1,156)	U	(102,975)	(100,061)	(2,914)	U	(298,055)	(288,774)
Net Surplus/(Deficit) before HolidayPay	**(665)**	**(340)**	**(325)**	**U**	**(1,941)**	**(1,479)**	**(462)**	**U**	**(3,249)**	**(12,584)**
NoS Impairment	-	-	-		-	-	-		-	-
Holiday Pay Provision	(55)	-	(55)	U	(181)	-	(181)	U	-	(2,820)
One-off	(55)	-	(55)		(181)	-	(181)		-	(2,820)
Net Surplus / (Deficit)	**(720)**	**(340)**	**(380)**	**U**	**(2,122)**	**(1,479)**	**(643)**	**U**	**(3,249)**	**(15,404)**

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

Overview

The operating result for the month of October 2020 was unfavourable to budget by $325k. When including Holiday Act Compliance provision this increases to $380k.

Revenue

Revenue was $146k favourable to budget due to a provision for capital charge funding (offset by an equal amount of costs), outpatient clinic revenue and inter-district inflow revenue. These increases in revenue were partly offset by a lower ACC radiology, ACC non-acute inpatient rehabilitation and not meeting the ACC additional revenue target.

Revenue- COVID- 19

Covid-19 revenue was $685k favourable to budget due to additional funding to offset increased pharmaceutical drug costs, surveillance plan and testing strategy, and Public Health unit.

Provider health service (Appendix 2*)*

Provider division was $241k unfavourable to budget due to increased personnel costs mainly in nursing and medical locum, high demand of patient travel, orthotic and surgical footwear and not meeting the clinical saving target.

Corporate service (Appendix 2)

Corporate was $7k unfavourable to budget due to capital charge costs (offset by an equal amount of funding) and building depreciation related to building valuation.

Governance

Governance was $18k favourable to budget due to lower other operating costs, outsourced costs and democracy costs.

DHB Funder division (exl IDF outflow) (Appendix 3)

Funder division was $465k unfavourable to budget due to higher health of older people costs and mental health costs. These higher costs were partly offset by a higher pharmaceutical rebate and lower general medical subsidy payment.

Inter-district flows (Appendix 4)
Inter-district flows were $209k favourable to budget due to the prior year favourable wash-up.

COVID-19
COVID-19 was $702k unfavourable to budget mainly relating to management costs, surveillance plan, public health units and pharmaceuticals (which were partly offset by funding of $685k).

Year-to-date October 2020 operating result was unfavourable to budget by $462k; including Holiday Act Compliance provision, the result is $643k unfavourable to budget.

Revenue *(Appendix 1)*
Revenue was $673k favourable to budget, mainly due to service changes for inter-district inflow revenue, capital charge funding (offset by an equal amount of costs), mental health addiction and crisis support (new contract), student replacement revenue, health work-force clinical training revenue (one-off), outpatient clinic revenue, pharmaceutical (internal) and non-resident patient revenue. These increases in revenue were partly offset by lower ACC non-acute inpatient rehabilitation and not meeting the ACC additional revenue target.

Revenue- COVID- 19 *(Appendix 1)*
Covid-19 revenue was $1,779k favourable to budget, due to additional funding for ongoing support. However, this funding was offset by Covid-related costs of $1,895k.

Provider division *(Appendix 2)*
Provider division was $882k unfavourable to budget due to increased nursing costs high acuity, medical locum cost to cover vacancies, increased pharmaceutical (mainly EYE drug costs), and an unmet clinical savings target. These increases were partly offset by lower outsourced service costs for radiology and unattended courses/conferences due to the COVID-19 pandemic.

Corporate (Appendix 2)
Corporate was $32k unfavourable to budget due to capital charge costs (offset by an equal amount of funding), higher IT-related costs, IT capitalized projects bought into production and building depreciation costs related to increased building valuations. The higher cost costs were partly offset by lower building insurance.

Governance
Governance was $27k favourable to budget due to lower other operating expenses and outsourced cost and democracy.

DHB Funder division (exl IDF outflow) *(Appendix 3)*
Funder division was $284k unfavourable to budget due to higher health of older people costs, and mental health. These higher costs were partly offset by higher a pharmaceutical rebate.

Inter-district flows *(Appendix 4)*
Inter-district flows were $41k favourable to budget due to the prior year wash-up.

COVID-19
COVID-19 was $1,895k unfavorable to budget mainly relating to other public health service operation costs $1,244k, pharmaceutical $418k (assume equal amount of expenditure occurred to offset the revenue), and personnel payroll cost of $233k

Holiday Act provision
A $181k provision was made to accommodate any ongoing impact on accumulated leave in the 2020-21 financial year.

November 2020 **Public**

1. Revenue- Appendix -1

$'000	Month Actual	Month Budget	Month Var		Year to Date Actual	Year to Date Budget	Year to Date Var		Annual Budget 2020-21	Annual Actual 2019-20
Ministry of Health	23,933	23,747	186	F	94,646	94,071	575	F	281,284	259,121
Inter-district inflow	711	637	74	F	2,646	2,548	98	F	7,643	7,764
Other District Health Board (DHB)	83	62	21	F	394	197	197	F	560	612
Accident Compensation (ACC)	227	315	(88)	U	1,025	1,221	(196)	U	3,687	3,317
Other Government	7	47	(40)	U	73	65	8	F	197	145
Patient consumer sourced	18	30	(12)	U	134	114	20	F	353	371
Other income	101	96	5	F	337	366	(29)	U	1,082	929
COVID-19	685	-	685	F	1,779	-	1,779	F	-	3,931
Total revenue	25,765	24,934	831	F	101,034	98,582	2,452	F	294,806	276,190

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

Month comments

Ministry of Health
Revenue was $186k favourable to budget due to provision for capital charge funding (offset by an equal amount of costs), PHO to-up funding, PHO performance revenue, well child revenue and bowel screening revenue.

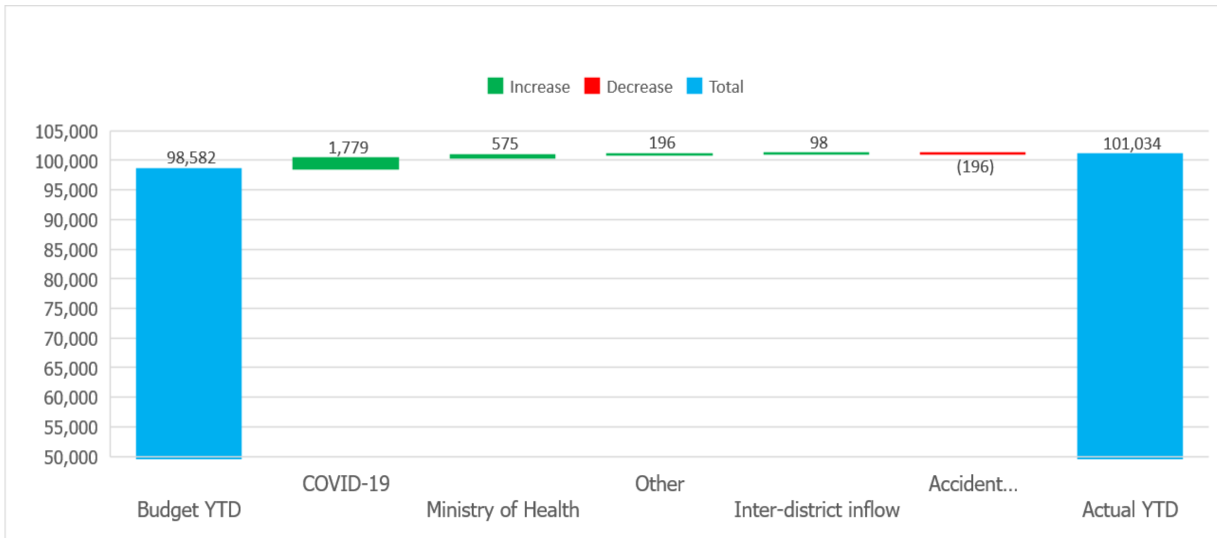
Accident Compensation (ACC)
Revenue was $88k unfavorable to budget due to lower ACC non-acute inpatient rehabilitation and not meeting the additional ACC revenue target.

Other District Health Board (DHB)
Other district health board revenue was $21k favourable to budget due to increased outpatient clinics revenue.

COVID-19
COVID-19 was $685k favourable to budget due to Ministry of Health funding for the surveillance plan, public health units and pharmaceuticals.

November 2020 **Public**

Year-to-date comments



COVID- 19
COVID-19 was $1,779k favourable to budget due to Ministry of Health funding for:

- CBAC establishment $30k
- GP based easements $62k
- Surveillance Plan and testing strategy $608k
- Public health unit $450k
- HOP support $29k
- Digital enablement $182k
- Pharmaceuticals $418k

This revenue passes on to various community health providers.

Ministry of Health
Revenue was $575k favourable to budget due to provision for capital charge funding (offset by an equal amount of costs), one-off health work-forced clinical training revenue, an increase of primary care revenue and funder division side contract revenue. This increase in funding was passed on to PHO and other health provider.

Other Income
Other revenue was $196k unfavourable to budget due to the increase other District Health Boards (DHBs) outpatient clinics revenue and patient consumable revenue.

Inter-district inflow
Inter-district inflow was $98k favourable to budget due to service changes with other DHB and inpatient service revenue.

Accident Compensation (ACC)
Revenue was $196k unfavorable to budget due to lower ACC non-acute inpatient rehabilitation $147k and not meeting the ACC revenue target $167k. This lower funding party offset by additional revenue from ACC radiology $37k, ACC home base nursing $45k, ACC injury prevention $25k and other $11k.

November 2020 **Public**

2. Provider Health and Corporate Services - Appendix 2

	Month					Year to Date					Annual	Annual
	Actual	Budget	Variance		Var %	Actual	Budget	Variance		Var %	Budget 2020-21	Actual 2019-20
Expenditure												
Medical Personnel	2,007	2,069	62	F		7,676	8,297	621	F		25,259	22,696
Nursing Personnel	3,775	3,543	(232)	U		14,740	14,015	(725)	U		42,796	42,778
Allied Personnel	1,047	1,140	93	F		4,168	4,516	348	F		13,545	12,346
Support Personnel	84	91	7	F		335	362	27	F		1,080	934
Management & Admin Perseonnel	1,004	1,033	29	F		4,100	4,133	33	F		12,270	12,061
Total Personnel(Exl other & outsourced)	**7,917**	**7,876**	**(41)**	**U**		**31,019**	**31,323**	**304**	**F**		**94,950**	**90,815**
Personnel Other	164	197	33	F		609	717	108	F		2,355	1,737
Outsourced Medical Personnel	511	323	(188)	U		2,389	1,300	(1,089)	U		3,883	6,433
Outsourced Allied Personnel	94	57	(37)	U		332	225	(107)	U		492	704
Outsourced Manag & Admin Personnel	83	7	(76)	U		109	26	(83)	U		78	59
Total Personnel outsourced	**852**	**584**	**(268)**	**U**		**3,439**	**2,268**	**(1,171)**	**U**		**6,808**	**8,933**
Total Personnel Expenditure	**8,769**	**8,460**	**(309)**	**U**		**34,458**	**33,591**	**(867)**	**U**		**101,758**	**99,748**
Outsourced Clinical Service	434	514	80	F		1,791	2,012	221	F		5,915	6,015
Clinical Supplies	1,513	1,498	(15)	U		6,362	6,245	(117)	U		17,300	16,107
Infrastructure & Non Clinical Supplies Costs	1,927	1,984	57	F		6,413	6,487	74	F		16,171	15,540
Capital Charge	249	216	(33)	U		997	864	(133)	U		2,506	2,748
Depreciation & Interest	528	501	(27)	U		2,041	1,955	(86)	U		6,193	5,563
Internal Allocation	(6)	(7)	(1)	U		38	33	(5)	U		182	264
Total Other Expenditure	**4,645**	**4,706**	**61**	**F**		**17,642**	**17,596**	**(46)**	**U**		**48,267**	**46,237**
Total Expenditure	**13,414**	**13,166**	**(248)**	**U**		**52,100**	**51,187**	**(913)**	**U**		**150,025**	**145,985**
Expenditure												
Medical personnel and Locum	2,518	2,392	(126)	U		10,065	9,597	**(468)**	U		29,142	29,129
Nursing Personnel	3,775	3,543	(232)	U		14,740	14,015	**(725)**	U		42,796	42,778
Allied Personnel	1,141	1,197	56	F		4,500	4,741	**241**	F		14,037	13,050
Othe Personnel costs	1,335	1,328	(7)	U		5,153	5,238	**85**	F		15,783	14,791
Clinical Supplies	1,513	1,498	(15)	U		6,362	6,245	**(117)**	U		17,300	16,107
Outsourced Clinical Service	434	514	80	F		1,791	2,012	**221**	F		5,915	6,015
Infrastructure & Non Clinical Supplies Costs	2,176	2,200	24	F		7,410	7,351	**(59)**	U		18,677	18,288
Depreciation & Interest	528	501	(27)	U		2,041	1,955	**(86)**	U		6,193	5,563
Internal Allocation	(6)	(7)	(1)	U		38	33	**(5)**	U		182	264
Total Expenditure	**13,414**	**13,166**	**(248)**	**U**		**52,100**	**51,187**	**(913)**	**U**		**150,025**	**145,985**
FTEs												
Medical	105.4	110.0	4.6	F		101.9	110.0	8.1	F		111.5	112.5
Nursing	469.7	455.1	(14.6)	U		478.6	454.4	(24.2)	U		460.8	462.2
Allied	150.1	160.5	10.5	F		151.6	160.4	8.8	F		160.3	153.4
Support	17.0	18.0	1.0	F		17.1	18.0	0.9	F		18.0	16.8
Management & Admin	170.7	169.5	(1.2)	U		173.9	169.6	(4.4)	U		170.5	177.9
Total FTEs	**913**	**913**	**0.2**	**F**		**923**	**912**	**(10.7)**	**U**		**921**	**923**
Case Weighted Discharges (CWD)												
Unplanned (Acute)	878	748	(130)	U	-17.3%	3,103	2,969	(133)	U	-4.5%	8,836	8,528
Planed (Elective & Arranged)	298	305	6	F	2.0%	1,195	1,164	(31)	U	-2.7%	3,227	2,968
Total CWD	**1,176**	**1,053**	**(123)**	**U**	**-11.7%**	**4,297**	**4,133**	**(164)**	**U**	**-4.0%**	**12,063**	**11,496**
Further information												
General Medicine	387	295	(92)	U	-31.2%	1,472	1,169	(303)	U	-25.9%	3,478	3,728
General Surgery	257	220	(37)	U	-16.8%	909	859	(50)	U	-5.9%	2,488	2,582
Orthopaedics	200	216	16	F	7.3%	728	837	110	F	13.1%	2,390	1,897
Gynaecology	35	32	(3)	U	-9.8%	138	124	(14)	U	-11.5%	350	388
Emergency Medicine	108	114	6	F	5.1%	369	451	82	F	18.1%	1,342	1,096
Othter	190	177	(13)	U	-7.3%	681	693	12	F	1.7%	2,015	1,805
Total CWD	**1,176**	**1,053**	**(123)**	**U**	**-11.7%**	**4,297**	**4,133**	**(164)**	**U**	**-4.0%**	**12,063**	**11,496**

Month comments

Inpatient volumes were 111.7% to target in 2020 with unplanned (acute) being 117.3% and planned (elective and arranged) being 98.0% of budget for the month. The value of this increased volume is $663k.

The overall expenditure for the month of October was $248k unfavourable to budget.

Personnel

Total personnel costs were $309k unfavourable to budget mainly due to increase nursing personnel and medical locum costs. These higher costs were partly offset by allied health personnel, management personnel and support staff.

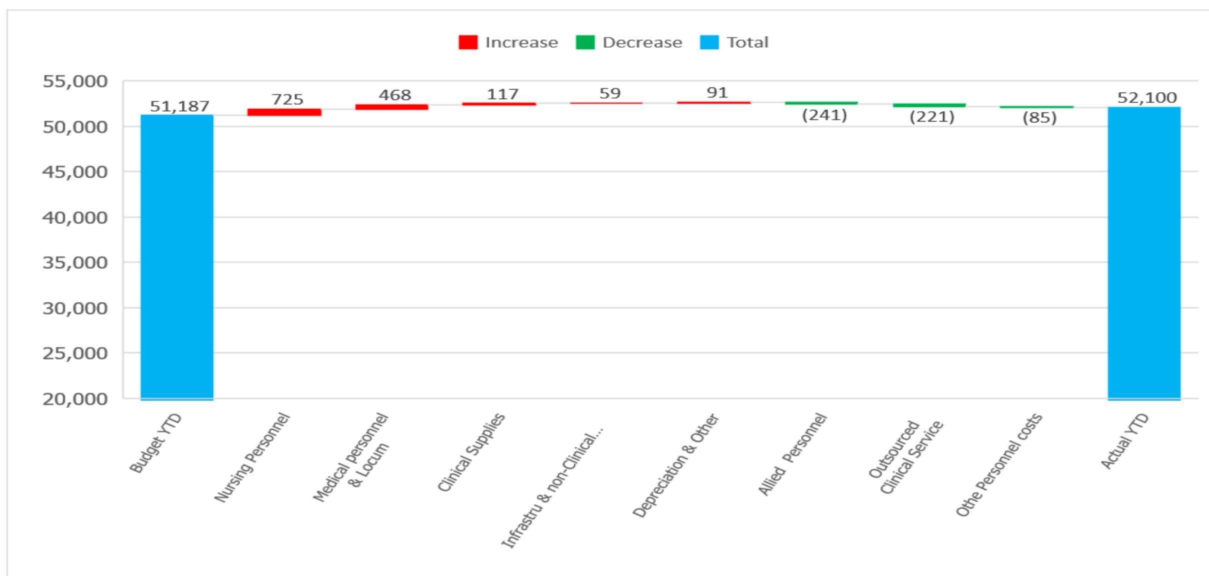
Clinical supplies

Clinical supplies costs were $15k unfavorable to budget due to high patient travel costs, wards consumable costs, eye drug costs and orthotics and surgical footwear costs. These higher costs were offset by district nursing consumables and theatre consumable costs.

Capital charges
Capital charges were $33k unfavorable to budget due to impact of 30 June 2020 land and building valuation increase (offset by funding).

Depreciation
Depreciation costs were $27k unfavorable to budget due to IT projects bought into production and the impact on deprecation for 30 June 2020 land and building valuation increases (anticipated full year unfavorable impact of $60k).

Year-to-date comments



Inpatient volumes were 104% to target year to date with unplanned (acute) 104.5% and planned (elective and arranged) 102.7% of budget year-to-date. The value of this increased volume is $883k.

The overall year-to-date expenditure $913k unfavourable to budget.

Nursing personnel
Nursing personnel was $725k unfavourable to budget due to high nursing costs in the medical ward, surgical wards, ATR ward, mental health inpatient units (Te Awhina), ED, theatre, forensic service (Stanford House), ATR community service and community mental health. The staffing levels were particularly high due to clinical need.

Medical personnel
Medical personnel net unfavourable variance of $468k mainly due to use of locums to cover vacancies. Unfavourable locum costs of $1,089k were partly offset by savings in payroll costs of $621k due to unfilled vacant positions. Locum costs made up of ophthalmology $110k, orthopaedics $10k, RMOs $294k, anaesthetics $147k, mental health $160k, gynaecology $337k and dental and other $31k.

Clinical supplies
Clinical supplies costs were $117k unfavorable to budget due to high orthotics and surgical footwear costs, wards pharmaceutical costs, theatre consumables, not meeting savings target and high eye drug costs. These higher costs were partly offset by lower patient travel costs and district nursing consumable costs.

Infrastructure and Non-Clinical supplies
Infrastructure and non-clinical supplies cost were $59k unfavorable due to additional capital charge $133k (offset by additional revenue), high security service to mental health inpatient unit, A&R wards and medical ward $42k, professional fee relating to facility contract $37k. These higher costs were partly offset by building insurance savings of $80k, transport $16k and various facility costs $57k.

Deprecation
Deprecation cost and other costs were $91k unfavorable to budget due to clinical equipment, IT projects bought into production and the impact on deprecation for 30 June 2020 land and building valuation increases (anticipated full year unfavorable impact of $60k).

Allied personnel
Allied personnel costs net favourable variance of $241k favourable to budget was mainly due to vacancies in audiology, dental, physiotherapy, speech therapy, pharmacy, community mental health and health promotion. Favourable payroll savings of $348k were partly offset by outsourced costs of $107k mainly orthotics, speech therapists and radiology locum.

Outsourced clinical and other services
Outsourced clinical and other services were $221k favourable to budget, mainly due to radiology service costs $175k, lower CCDHB infectious disease costs $20k and various other $26k.

Other personnel
Other personnel costs were $85k favourable to budget mainly due to unattended course and conferences as a result of the COVID-19 pandemic.

Case Weighted Discharges
Year to date estimated case weighted discharges (CWD) were 164 CWD, 4% higher than planned. General medicine 303 CWD, 25.9% higher than planned and general surgery 50 CWD, 5.9% higher than planned.

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

November 2020 **Public**

3. DHB Funder Division - Appendix 3

	Month				Year to Date				Annual	Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2020-21	Actual 2019-20
Expenditure by type										
Pharmaceuticals	1,261	1,445	184	F	5,473	5,804	331	F	17,173	16,052
Primary Health Organisation (PHO)	1,433	1,486	53	F	6,145	5,923	(222)	U	17,763	16,941
Home Based Support (short Term)	188	218	30	F	841	870	29	F	2,610	1,766
Other Personal Health	1,107	1,117	10	F	4,488	4,488	-	F	13,452	12,440
Health of Older People	3,000	2,360	(640)	U	10,089	9,811	(278)	U	31,472	30,236
Mental Health	1,038	939	(99)	U	3,915	3,753	(162)	U	11,215	9,085
Public Health	92	85	(7)	U	396	378	(18)	U	1,057	976
Maori Services	136	136	-	F	627	628	1	F	1,719	1,602
Total Other provider expenditure	**8,255**	**7,786**	**(469)**	**U**	**31,974**	**31,655**	**(319)**	**U**	**96,461**	**89,098**
Funding Admin	243	247	4	F	899	932	**33**	F	2,740	2,543
Total funder expenditure	**8,498**	**8,033**	**(465)**	**U**	**32,873**	**32,587**	**(286)**	**U**	**99,201**	**91,641**
	-	-	-		**2**	-	**(2)**		-	
Expenditure by service										
Personal Health	3,989	4,266	277	F	16,947	17,085	138	F	50,998	47,199
Health of Older People	3,000	2,360	(640)	U	10,089	9,811	(278)	U	31,472	30,236
Mental Health	1,038	939	(99)	U	3,915	3,753	(162)	U	11,215	9,085
Public Health	92	85	(7)	U	396	378	(18)	U	1,057	976
Maori Services	136	136	-	F	627	628	1	F	1,719	1,602
Funding Admin	243	247	4	F	899	932	33	F	2,740	2,543
Total Expenditure	**8,498**	**8,033**	**(465)**	**U**	**32,873**	**32,587**	**(286)**	**U**	**99,201**	**91,641**

Month comments

The overall expenditure for the month of October 2020 was $465k unfavourable to budget.

Health of older people

Health of older people was $640k unfavourable to budget due to higher household management and residential care costs.

Pharmaceutical

Pharmaceuticals were $184k favourable to budget due to higher rebate (based on Pharmac August 20 forecast), this was partly offset by higher drug costs.

November 2020 **Public**

Year-to-date comments

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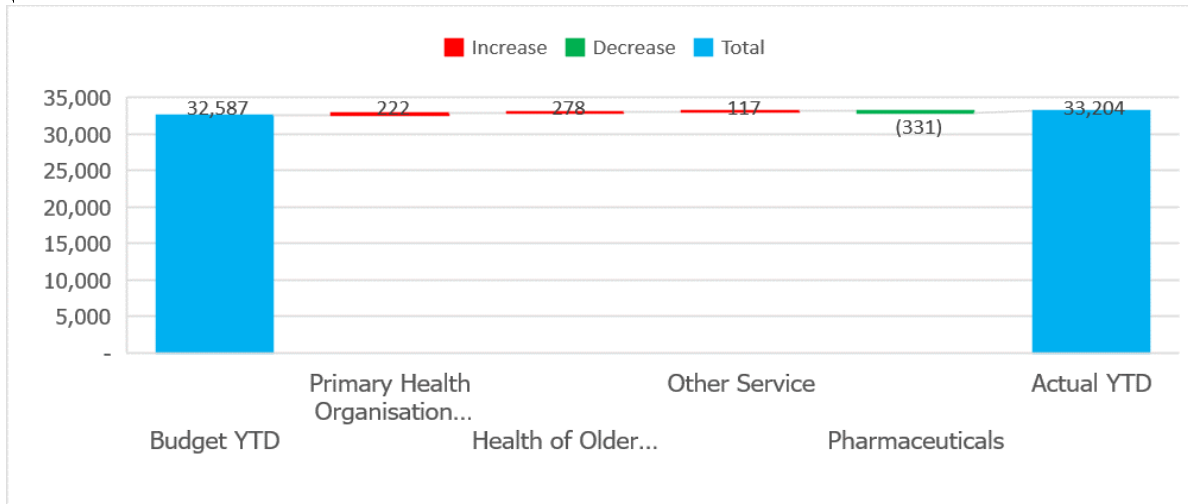


The overall year-to-date expenditure was $286k unfavourable to budget.

Primary Health Organisation
Primary Health Organisation (PHO) was $222k unfavourable to budget, largely due to increased capitation first contact service payment which indicates increases in enrolment, and the timing of the PHO system level measure capability payment. This was partly offset by increased in primary care funding.

Health of older people
Health of Older People was $278k unfavourable to budget, largely due to higher homebased support, residential rest home and hospital care costs. This was partly offset by ageing in place costs.

Other service
Other service was $117 unfavourable to budget largely due lower mental health costs, this was partly offset by funding administration costs.

Pharmaceutical
Pharmaceuticals were $331k favourable to budget, due to due to higher rebate (based on Pharmac forecast), this was partly offset by increased drug costs.

November 2020 **Public**

4. Inter-district flows (IDFs) Appendix 4

	Month				Year to Date			Annual	Annual
	Actual $000	Budget $000	Variance $000		Actual $000	Budget $000	Variance $000	Budget 2020–21 $000	Actual 2019–20 $000
Expenditure									
Outflow inpatient	$1,978	$2,031	$53	F	$8,324	$8,124	($ 200)	$24,371	$24,073
Outflow other	$1,829	$1,985	$156	F	$7,698	$7,939	$241	$23,818	$21,174
Total outflow	**3,807**	**4,016**	**209**	**F**	**16,022**	**16,063**	**41**	**48,189**	**45,247**
Inflow inpatient	($ 359)	($ 277)	$82	F	($ 1,192)	($ 1,110)	$82	($ 3,329)	($ 3,269)
Inflow other	($ 352)	($ 360)	($ 8)	U	($ 1,454)	($ 1,438)	$16	($ 4,314)	($ 4,495)
Total inflow	**(711)**	**(637)**	**74**	**F**	**(2,646)**	**(2,548)**	**98**	**(7,643)**	**(7,764)**
Total IDF net flow	**3,096**	**3,379**	**283**	**F**	**13,376**	**13,515**	**139**	**40,546**	**37,483**

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

Year-to-date comments

Year-to-date IDF net flow was $139k favourable to budget.

Year-to-date outflow IDF expenditure was $41k favourable to budget

Inpatient IDF outflow
Inpatient IDF outflow was $200k unfavourable to budget due to anticipated saving target only partially reached. Costs reflect payments made in accordance with national plan.

Other IDF outflow
Other IDF outflow was $241k favourable to budget due to prior year PCT and community pharmaceutical washup $132k and service changes. (The IDF's for any year are set based on historical services provided and historical volumes, if there is a change in the services delivered by another DHB for Whanganui DHB population, this could be that a service is stopped, or volumes significantly change. This will only be required for IDF categories that are not washed up at the end of the year).

Year-to-date inflow IDF revenue was $98k favourable to budget.

Inpatient IDF
Inpatient IDF inflow was favourable $82k due to higher delivery of the inpatient volume for other DHBs.

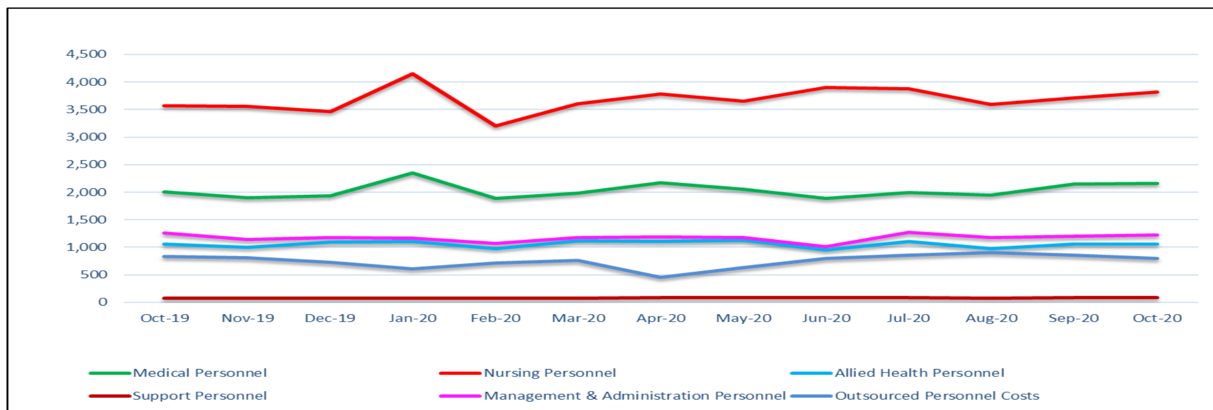
Other IDF
Other IDF inflow was favourable $16k service changes. (The IDF's for any year are set based on historical services provided and historical volumes, if there is a change in the services delivered by another DHB for Whanganui DHB population i.e. if a service is stopped or volumes significantly change). This will only be required for IDF categories that are not washed up at the end of the year).

Other IDFs are made of General Medical Service (GMS), Immunisation, Laboratory, Personnel Health – NGO, - Outpatients, Pharmaceutical Cancer Treatment (PCT), Pharmacy, Primary Health Organisation (PHO), Tertiary Adjuster (TDDJ), Long Term Conditions (LTC), Health of Older People Aged Residential Care (ARC), Health of Older People Non-Inpatient AT&R, Health of Older People NGO, Health of Older People Inpatient AT&R, Health of Older People Mental Health NGO, and Mental Health Provider Arm.

5. Other information Appendix 5

Supplementary information on costs

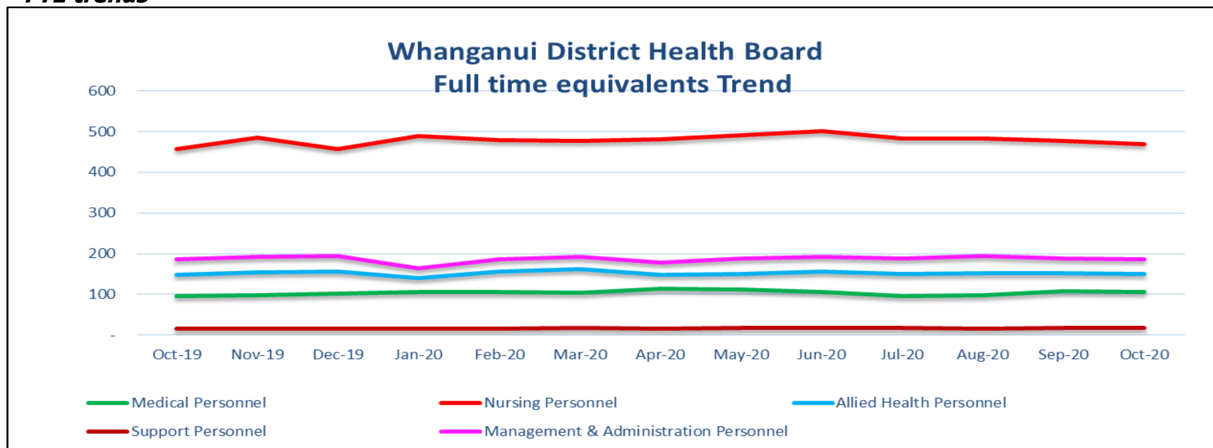
Personnel cost trends



Overall, the personnel costs upward trend in October compared to prior month is due to two extra working days in the month.

Outsourced personnel costs slightly downward trend in October compared to prior month is due to lower RMO locum cost, ophthalmology locum costs, mental health locum and ACC contract.

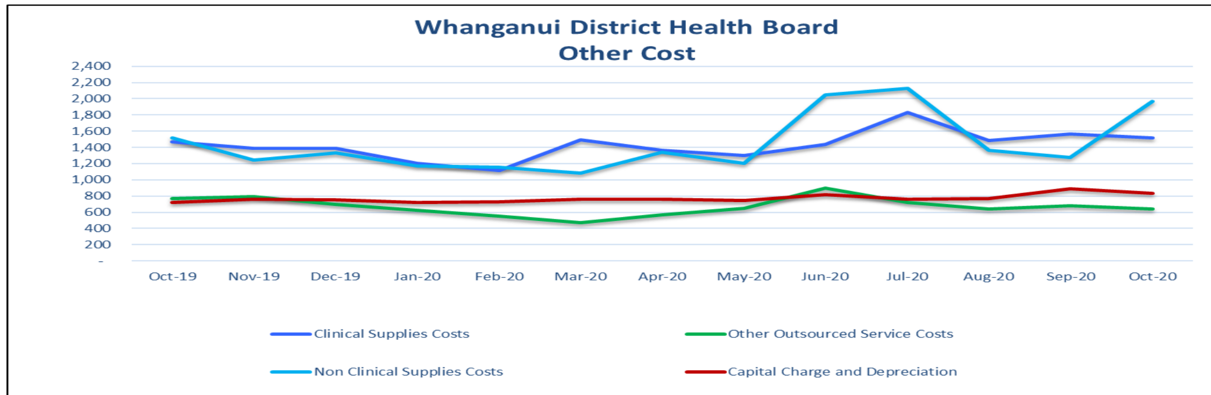
FTE trends



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

November 2020 **Public**

Other operating costs



Clinical supplies slightly downward trend in October compared to the prior month is due to treatment and disposal costs and instrument and equipment costs.

Non-clinical supplies upward trend in October compared to the prior month is due to phasing of software licensing fee.

Other outsourced service slightly upward trend in October compared to prior month is due to radiology outsourced cost.

Capital charge and depreciation in line with prior month.

6. Statement of financial position- Appendix 6

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

	Actual 2019 $000	Actual 2020 $000	Budget 2020 $000	Varinace to Budget	Annaul Budget 2019 $000
Assets					
Current assets					
Cash and cash equivalents	3,813	5	5	–	5
Receivables & Prepayments	6,275	8,262	5,381	2,881	5,492
Investments	–	–	–	–	–
Inventories	1,617	1,586	1,617	(31)	1,617
Trust /special funds	190	191	189	2	189
Patient and restricted trust funds	4	3	4	(1)	4
Total current assets	**11,899**	**10,047**	**7,196**	**2,851**	**7,307**
Non current assets					
Property, plant and equipment	79,602	79,853	75,247	4,606	78,310
Intangible assets	11,741	11,379	12,007	(628)	12,640
Investments in associates	1,185	1,185	1,077	108	1,102
Total non current assets	**92,528**	**92,417**	**88,331**	**4,086**	**92,052**
Total assets	**104,427**	**102,464**	**95,527**	**6,937**	**99,359**
Liabilities					
Current liabilities					
Bank Overdraft	–	(1,108)	(7,839)	6,731	(9,199)
Payables	(20,535)	(19,640)	(17,056)	(2,584)	(17,235)
Borrowings	(198)	(165)	(167)	2	(100)
Employee entitlements	(21,920)	(21,940)	(17,268)	(4,672)	(19,265)
Provisions	–	–	–	–	–
Total current liabilities	**(42,653)**	**(42,853)**	**(42,330)**	**(523)**	**(45,799)**
Non-current liabilities					
Borrowings	(486)	(454)	(454)	–	(385)
Employee entitlements	(839)	(829)	(844)	15	(805)
Total non current liabilities	**(1,325)**	**(1,283)**	**(1,298)**	**15**	**(1,190)**
Total liabilities	**(43,978)**	**(44,136)**	**(43,628)**	**(508)**	**(46,989)**
Net assets	**60,449**	**58,328**	**51,899**	**6,429**	**52,370**
Equity					
Contributed Capital	(112,409)	(112,409)	(112,409)	–	(114,651)
Accumulated surplus / (deficit)	82,698	84,821	84,578	243	86,349
Property revaluation reserves	(30,551)	(30,551)	(23,881)	(6,670)	(23,881)
Hospital special funds	(187)	(189)	(187)	(2)	(187)
Total equity	**(60,449)**	**(58,328)**	**(51,899)**	**(6,429)**	**(52,370)**

Total asset increased by $6.9m compared to budget due to impact of increased land and building valuation and actual 2019-20 lower capital expenditure than forecast position included for 2019-20 in annual plan 2020-21.

Total liabilities increased by $0.5m compared to budget due to accounts payable-related accrual provision employee entitlement which was offset by budgeted overdraft that was not needed.

November 2020 **Public**

7. Cash Flow – Appendix 7

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

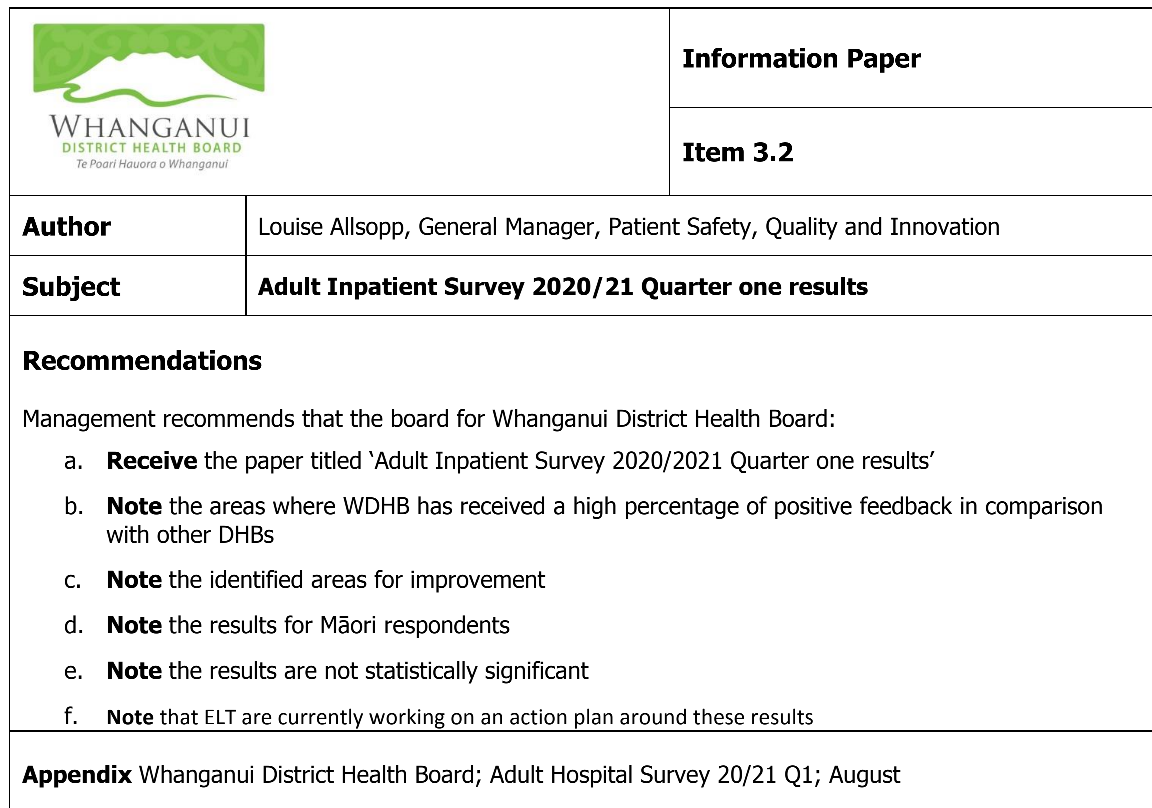
	Actual 2018–19	Actual 2019–20	Actual YTD 2020–21	Budget YTD 2020–21	Variance		Annual Budget 2020–21
Net surplus / (deficit) for year	(13,654)	(15,404)	(2,123)	(1,479)	(644)	U	(3,250)
							–
Add back non–cash items							–
Depreciation and assets written off on PPE	5,417	**5,566**	2,039	1,958	81	F	6,201
Revaluation losses on PPE	–	–	–	–	–	F	–
							–
Total non cash movements	**5,417**	**5,566**	**2,039**	**1,958**	**81**	**F**	**6,201**
							–
Add back items classified as investment Activity							–
(loss) / gAmn on sale of PPE	15	5	2	–	2	F	–
Profit from associates	(95)	(108)	–	–	–	F	(85)
GAmn on sale of investments				–	–	F	–
Write–down on initial recognition of financial asset	1,048	–	–				–
Movements in accounts payable attributes to Ca	268	(127)	4	–	4	F	–
							–
Total Items classified as investment Activity	**1,236**	**(230)**	**6**	**–**	**6**	**F**	**(85)**
							–
Movements in working capital							–
Increase / (decrease) in trade and other payables	**4,312**	**2,301**	**(895)**	(4,086)	3,191	F	(3,907)
Increase / (decrease) employee entitlements	**3,907**	**5,173**	**10**	(4,647)	4,657	F	(2,689)
				–	–	F	–
(Increase) / decrease in trade and other receivabl	2,555	123	(1,987)	1,301	(3,288)	U	1,275
(Increase) / decrease in inventories	(15)	(190)	31	–	31	F	–
Increase / (decrease) in provision	–	–	–	–	–	F	–
							–
Net movement in working capital	**10,759**	**7,407**	**(2,841)**	**(7,432)**	**4,591**	**F**	**(5,321)**
Net cash inflow / (outflow) form operating activ	**3,758**	**(2,661)**	**(2,919)**	**(6,953)**	**4,034**	**F**	**(2,455)**
	–	–	–	–			–
Net cash flow from Investing (capex)	(4,572)	(3,110)	(1,934)	(1,758)	(176)	U	(9,697)
Net cash flow from Investing (Other)	(65)	(48)	2	1	1	F	(24)
Net cash flow from Financing	(385)	(388)	(65)	(63)	(2)	U	2,043
Net cash flow from deficit support	–	7,000	–	–			–
							–
Net cash flow	(1,264)	793	(4,916)	(8,773)	3,857	F	(10,133)
Net cash (Opening)	4,284	3,020	3,813	939	2,874	F	939
Cash (Closing)	**3,020**	**3,813**	(1,103)	**(7,834)**	**6,731**	**F**	**(9,194)**

Closing cash is better than budget due to the capital expenditure timing versus budget and receiving additional $1m deficit support in 2019/20.

Andrew McKinnon
General Manager Corporate

09 Nov 2020

November 2020 **Public**



	Information Paper
	Item 3.2

Author	Louise Allsopp, General Manager, Patient Safety, Quality and Innovation
Subject	**Adult Inpatient Survey 2020/21 Quarter one results**

Recommendations

Management recommends that the board for Whanganui District Health Board:

a. **Receive** the paper titled 'Adult Inpatient Survey 2020/2021 Quarter one results'

b. **Note** the areas where WDHB has received a high percentage of positive feedback in comparison with other DHBs

c. **Note** the identified areas for improvement

d. **Note** the results for Māori respondents

e. **Note** the results are not statistically significant

f. **Note** that ELT are currently working on an action plan around these results

Appendix Whanganui District Health Board; Adult Hospital Survey 20/21 Q1; August

1.1 Background

HQSC launched a new National Inpatient survey in quarter one of 2020/2021. WDHB received our first report for the first quarter, in October 2020.

1.2 Purpose

The purpose of this paper is to provide the committee with the results of the August survey which were initially presented to ELT at the 7 October 2020 meeting (item 3.3). Committee members are asked to note that management have not yet had the opportunity to discuss these results, or decide on appropriate actions. A discussion paper has been prepared for an ELT meeting later this month.

1.3 Summary

This survey period was the first time Whanganui District Health Board have sent the survey exclusively electronically (phone or email). 71 people responded to the survey and the results are presented as aggregated Whanganui District, National and Whanganui Māori percentages. 69.4% of the respondents were 45 years or over and 58% were female. Approximately 13% of respondents identified themselves as having a disability. National results are presented in the following sections in [ ].

1.4 Positive responses in comparison with national results

- 88.9% [83.7] Māori responded *Yes, always positive* to "did the other members of the healthcare team listen to your views and concerns".
- 81.8% [76.4] Māori responded *Yes, always positive* to "were you kept informed as much as you wanted to be about treatment and care".
- 81.8% [77.3] Māori responded *Yes, always* when asked if they were involved as much as they wanted to be in making decisions about their treatment and care.

- 90% [87.8] Māori responded *Yes, definitely* when asked if they were treated with kindness and understanding by other members of the healthcare team whilst they were in hospital.
- 100% [90.7] Māori responded *Yes, definitely* to being treated with respect by other members of the healthcare team.
- 85.7% [80.5] respondents reported *Yes, always* to wards, including bathrooms being kept clean. This is especially pleasing given the infection prevention measures needed to keep Covid and other infectious diseases out of the hospital.
- 85.7% [79.6] reported *Yes, always* to hospital staff helping them to get to the bathroom as soon as they wanted.
- 75.8% [70.8] respondents reported *Yes, definitely,* they were "kept informed as much as they want about what would happen and what to expect before they could leave hospital". No-one said that they were not given any information. Whilst there are always opportunities to improve discharge planning further, this result is promising given the work we have undertaken around discharge planning over the past two years.
- With the exception of Māori respondents "Did hospital staff talk with you about whether you would have the help you need when you left hospital" 50% [67.2], WDHB scored higher than the national average for all three discharge questions.

The percentage of strong positive responses against certain questions is really encouraging; especially in those areas where we have undertaken improvement programmes. E.g. discharge planning.

1.5 Areas for improvement

- WDHB overall scored lower than the national average for all 16 "care from healthcare team" questions. The five bullet points in the section above are the exceptions for Māori.
- 70.4% of respondents. 40% Māori [76.2] reported *Yes, definitely* that whānau or someone close to them was included in discussions about the care they received during their visit. Work has been underway around whānau hui; when to have them, who needs to be there, what are the patients wishes? It is clear from this result that we still have a long way to go.
- 12.7% of respondents identified perceived unfair treatment. Respondents have provided six specific responses which are quite varied in nature and no themes have been identified at this stage.
- 60% [85.5] of Māori *always* received pain relief that met their needs. WDHB subscribes to the HQSC quality and safety markers (QSMs), which include the percentage of patients with uncontrolled pain on opioid medications. This gives us an opportunity for us to look more closely at this area of concern.
- Trust and confidence; whilst high percentages of patients responded that they were treated with respect, much lower percentages responded that they had trust and confidence in the clinical team. Of most concern are the rates for doctors and nurses. It is important for management to explore this in more detail to understand the causes, and therefore, what improvement measures are appropriate.

1.6 Equity

Māori and Pacific respondents are identified separately in the results, however there were no respondents who identified as Pacific. Of 29 questions, Māori respondents rated the answers lower than the wider WDHB in 13 out of 29 questions, with 3 N/A. There were some really encouraging results, listed under 1.4.

The statistical significance of the variation has not been calculated.

Of particular concern are the following:

Question	WDHB	NZ	WDHB Māori
10.1 – Did you trust and have confidence in the doctors?	73.4%	83.8%	50.0%
10.2 – Did you trust and have confidence in the nurses?	72.7%	84.8%	54.5%
10.3 – Did you trust and have confidence in the other members of your health care team?	79.7%	83.3%	66.7%
16 – Did hospital staff include your family/whānau or someone close to your in discussions about the care you received during your visit?	70.4%	76.2%	40.0%
25 – Did hospital staff talk to you about whether you would have the help you needed when you left the hospital?	70.9%	67.2%	50.0%

Please note that in the table above, the percentages reflect the strongest positive result e.g. yes, definitely and do not include weaker positives.

The release of He Hāpori Ora provides us with an opportunity to work through with clinical staff our pro-equity focus areas and undertake further work on our values. The differences for Māori are concerning and we see the survey results as an opportunity to continue the conversation with clinical staff in order to jointly identify improvement plans.

1.7 Limitations of these results

This quarter is the first time we have used the new survey, so we are unable to make comparisons with previous results. We have also been unable to access all of the 'back end' raw data survey information at this time. This would potentially allow us to see patterns between questions responses e.g. x % of people who responded a to question 1 responded b to question 2.

1.8 Agreed actions

ELT members are working on an action plan around these results, taking into account other organisational measures.

Whanganui District Health Board

Adult Hospital Survey
20/21 Q1 - August

Adult Hospital Survey

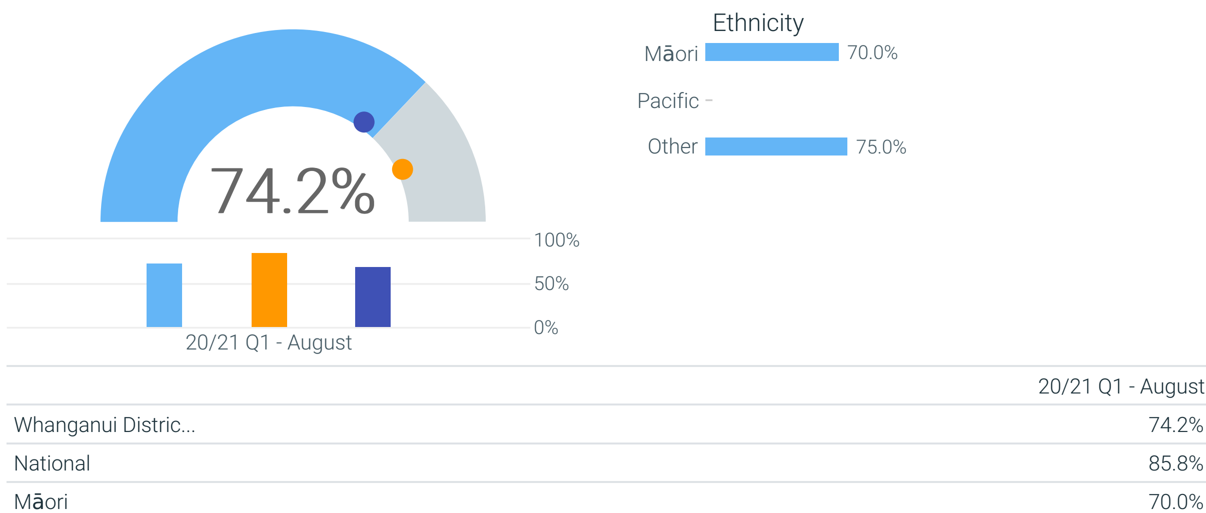
Table of contents

Care from health care team
Hospital environment
Surgery
Discharge
Overall experience
Respondents

Care from health care team

3_1 Did the doctors listen to your views and concerns?

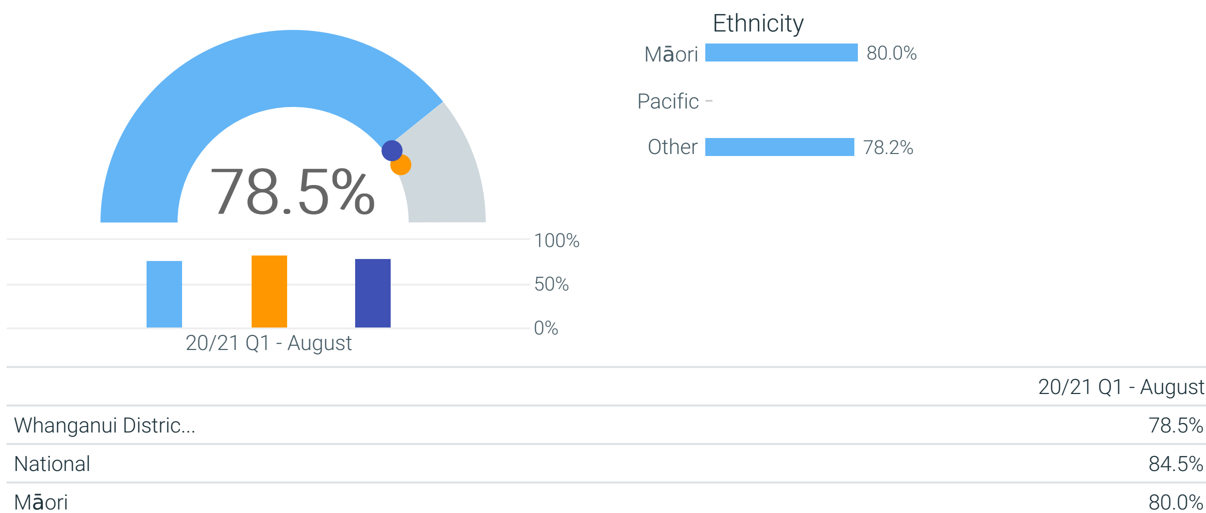
All patients were asked "Did the doctors listen to your views and concerns?" 74.2% of Whanganui District Health Board's respondents selected *Yes, always*. 22.6% reported *Sometimes*, and 3.2% said *No*.



	20/21 Q1 - August
Whanganui Distric...	74.2%
National	85.8%
Māori	70.0%

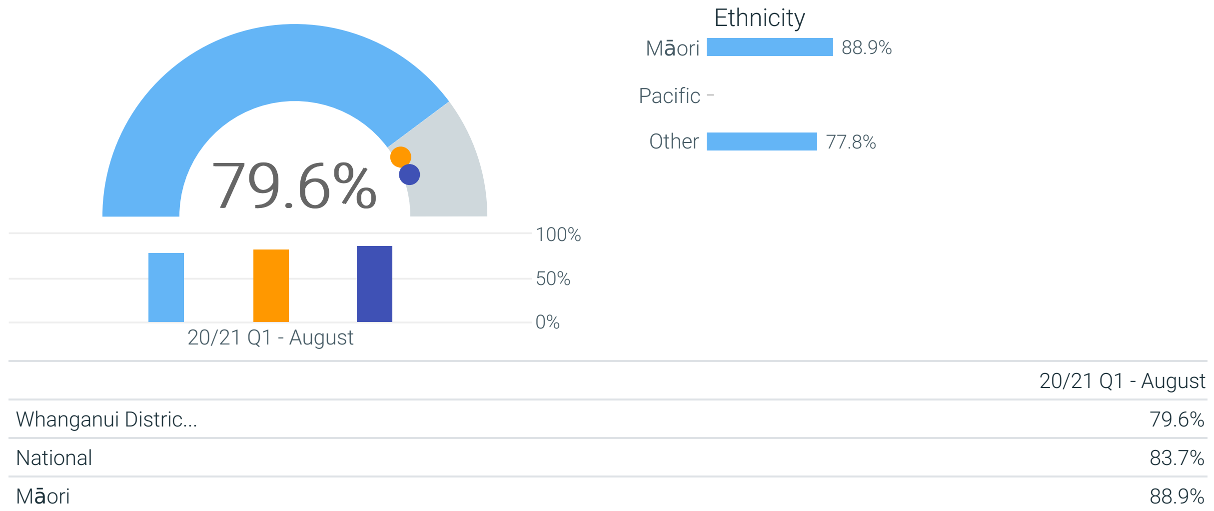
3_2 Did the nurses listen to your views and concerns?

When asked "Did the nurses listen to your views and concerns?" 78.5% of Whanganui District Health Board's respondents said *Yes, always*. 18.5% said *Sometimes*, and 3.1% said *No*.



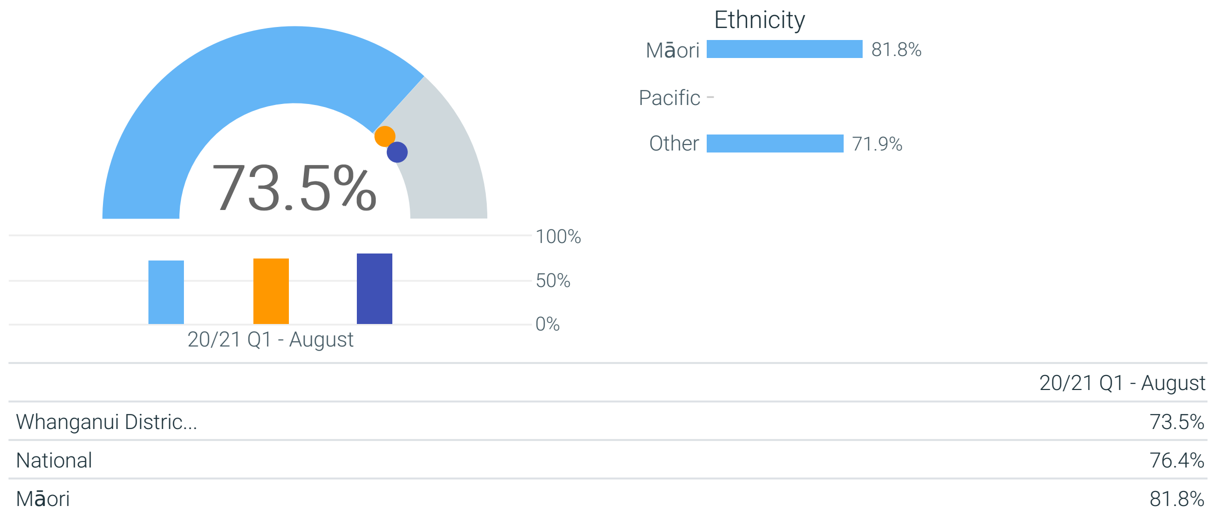
	20/21 Q1 - August
Whanganui Distric...	78.5%
National	84.5%
Māori	80.0%

3_3 Did the other members of your health care team listen to your views and concerns?
All patients were asked "Did the other members of your health care team listen to your views and concerns?" 79.6% of Whanganui District Health Board's respondents reported *Yes, always*. 20.4% selected *Sometimes*, and none (0%) selected *No*.



	20/21 Q1 - August
Whanganui Distric...	79.6%
National	83.7%
Māori	88.9%

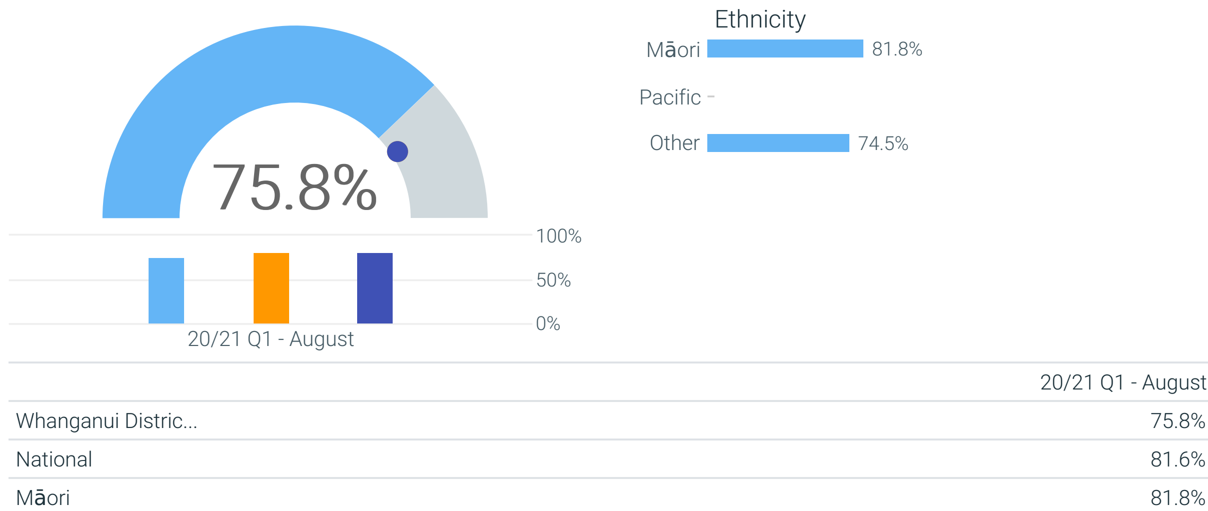
4 Were you kept informed as much as you wanted to be about your treatment and care?
All patients were asked "Were you kept informed as much as you wanted to be about your treatment and care?" 73.5% of Whanganui District Health Board's respondents reported *Yes, always*. 17.6% stated *Sometimes*, and 8.8% reported *No*.



	20/21 Q1 - August
Whanganui Distric...	73.5%
National	76.4%
Māori	81.8%

5 Did your health care team explain what was going on during your visit in a way you could understand?

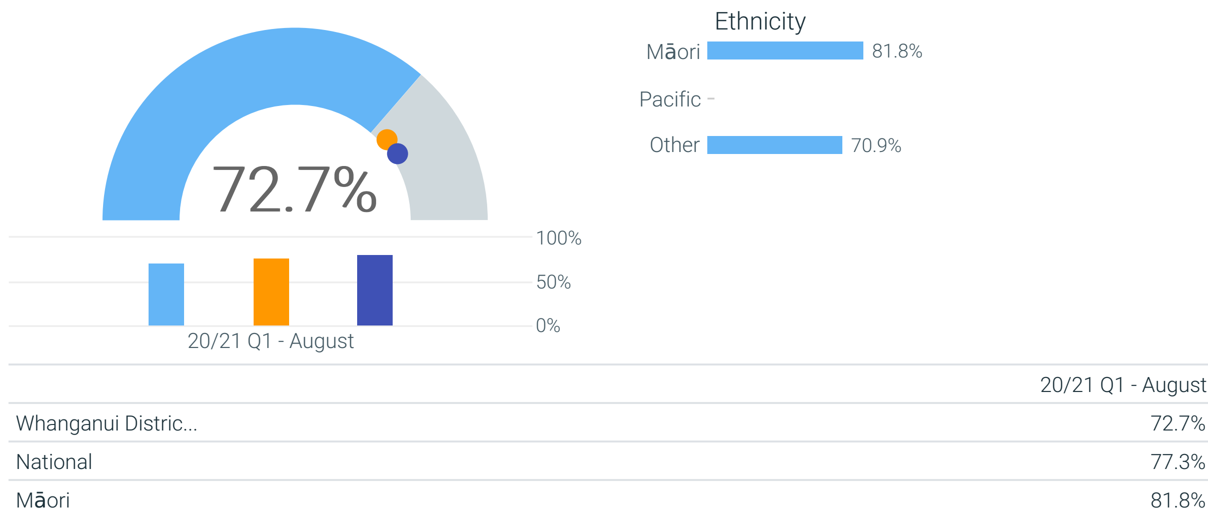
All patients were asked "Did your health care team explain what was going on during your visit in a way you could understand?" 75.8% of Whanganui District Health Board's respondents reported *Yes, definitely*. 21.2% reported *Somewhat*, and 3.0% stated *No*.



	20/21 Q1 - August
Whanganui Distric...	75.8%
National	81.6%
Māori	81.8%

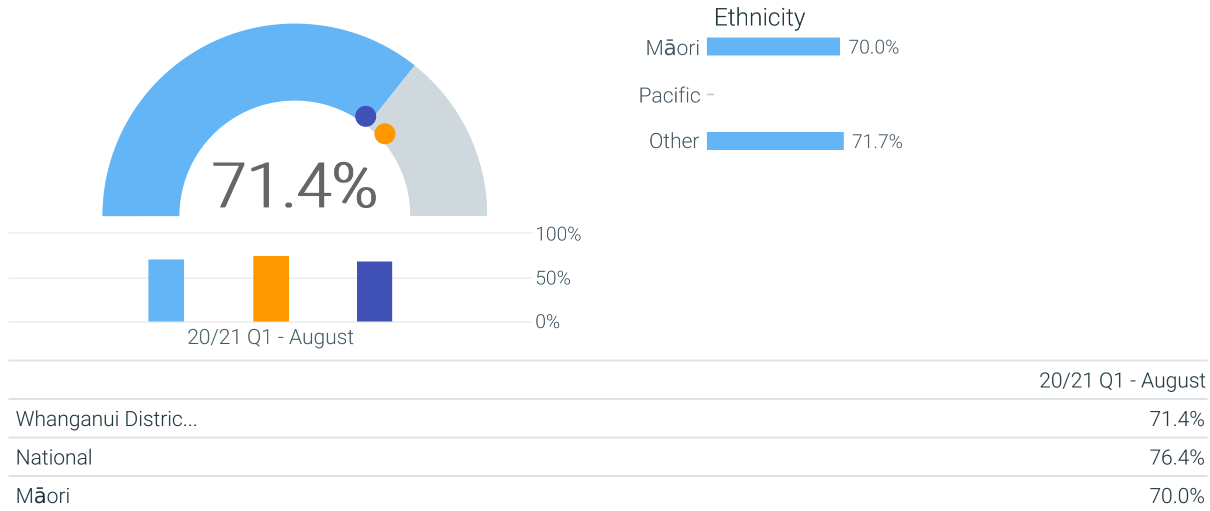
6 Were you involved as much as you wanted to be in making decisions about your treatment and care?

All patients were asked "Were you involved as much as you wanted to be in making decisions about your treatment and care?" 72.7% of Whanganui District Health Board's respondents reported *Yes, always*. 16.7% stated *Sometimes*, and 10.6% reported *No*.



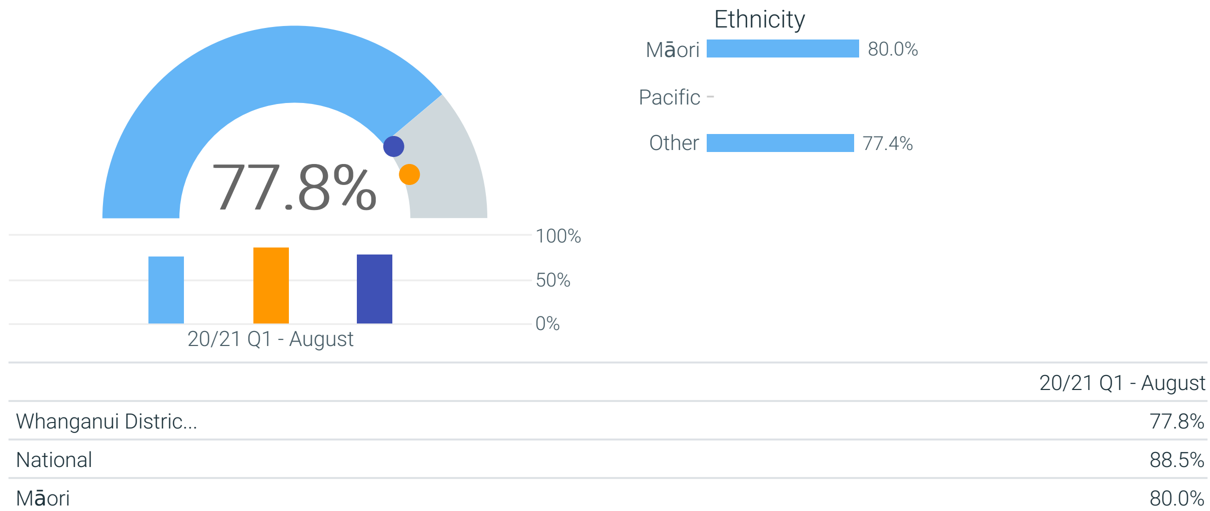
	20/21 Q1 - August
Whanganui Distric...	72.7%
National	77.3%
Māori	81.8%

7 Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?
All patients were asked "Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?" 28.6% of Whanganui District Health Board's respondents stated *Yes*. and 71.4% said *No*.



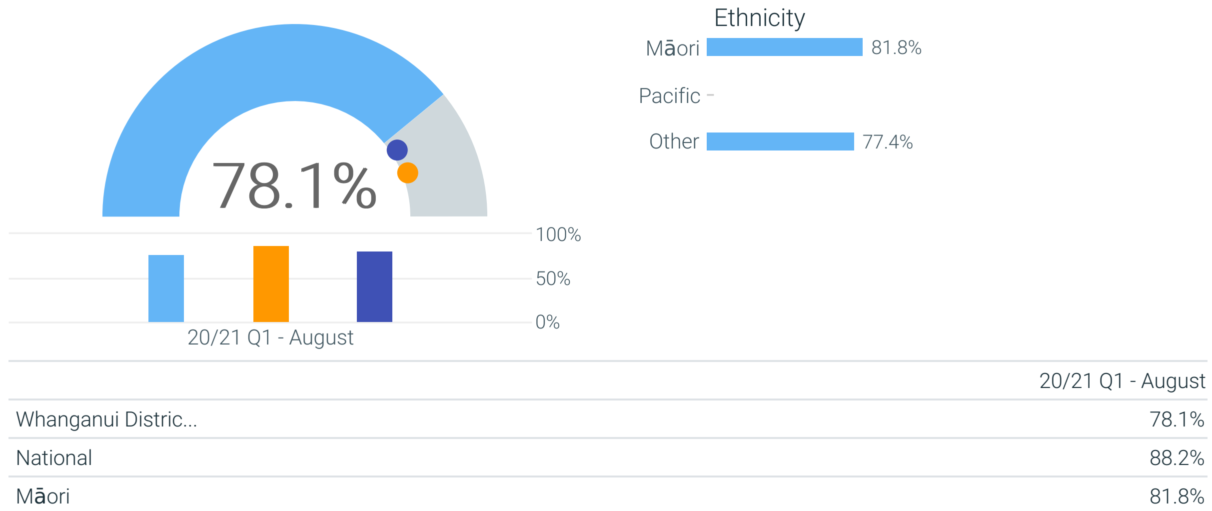
	20/21 Q1 - August
Whanganui Distric...	71.4%
National	76.4%
Māori	70.0%

8_1 Did the doctors treat you with kindness and understanding while you were in the hospital?
All patients were asked "Did the doctors treat you with kindness and understanding while you were in the hospital?" 77.8% of Whanganui District Health Board's respondents selected *Yes, definitely*. 20.6% chose *Somewhat*, and 1.6% said *No*.



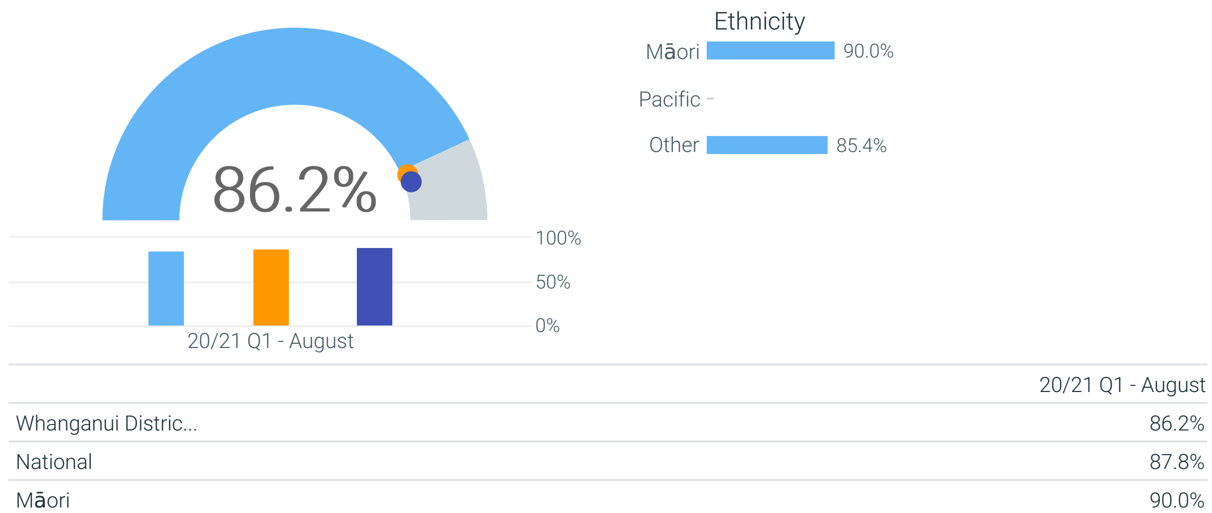
	20/21 Q1 - August
Whanganui Distric...	77.8%
National	88.5%
Māori	80.0%

8_2 Did the nurses treat you with kindness and understanding while you were in the hospital?
All patients were asked "Did the nurses treat you with kindness and understanding while you were in the hospital?" 78.1% of Whanganui District Health Board's respondents chose *Yes, definitely*. 17.2% reported *Somewhat*, and 4.7% said *No*.



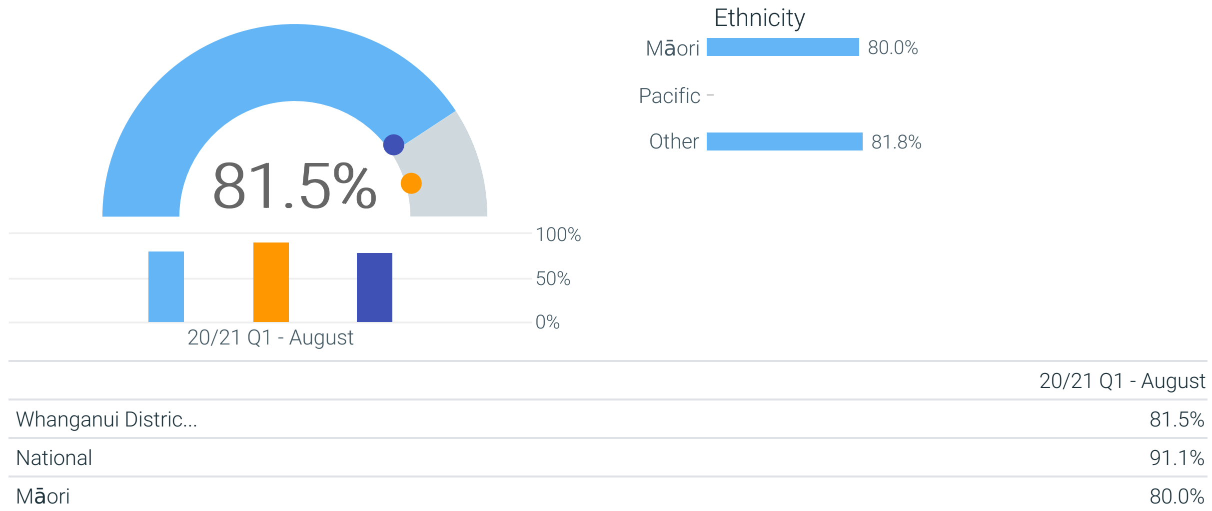
	20/21 Q1 - August
Whanganui Distric...	78.1%
National	88.2%
Māori	81.8%

8_3 Did the other members of your health care team treat you with kindness and understanding while you were in the hospital?
All patients were asked "Did the other members of your health care team treat you with kindness and understanding while you were in the hospital?" 86.2% of Whanganui District Health Board's respondents said *Yes, definitely*. 13.8% stated *Somewhat*, and none (0%) selected *No*.



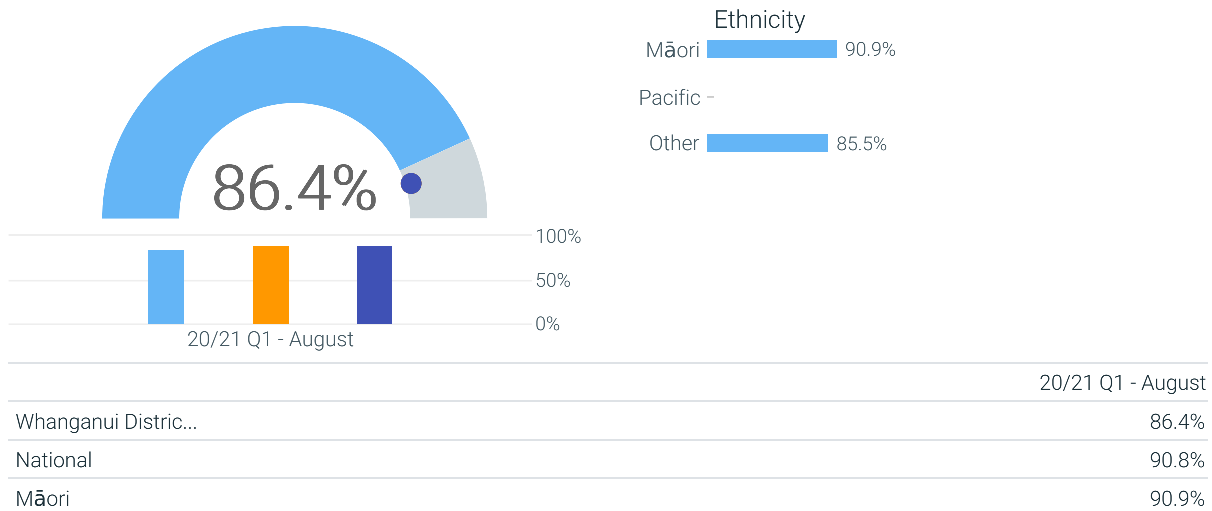
	20/21 Q1 - August
Whanganui Distric...	86.2%
National	87.8%
Māori	90.0%

9_1 Did the doctors treat you with respect?
All patients were asked "Did the doctors treat you with respect?" 81.5% of Whanganui District Health Board's respondents stated *Yes, definitely*. 15.4% selected *Somewhat*, and 3.1% stated *No*.



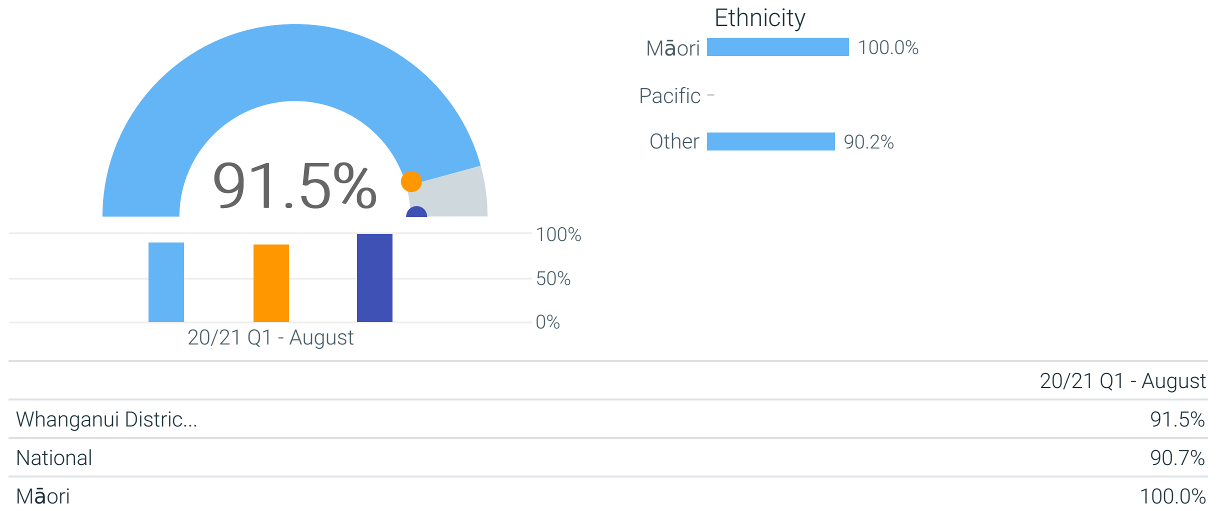
	20/21 Q1 - August
Whanganui Distric...	81.5%
National	91.1%
Māori	80.0%

9_2 Did the nurses treat you with respect?
All patients were asked "Did the nurses treat you with respect?" 86.4% of Whanganui District Health Board's respondents reported *Yes, definitely*. 10.6% reported *Somewhat*, and 3.0% reported *No*.



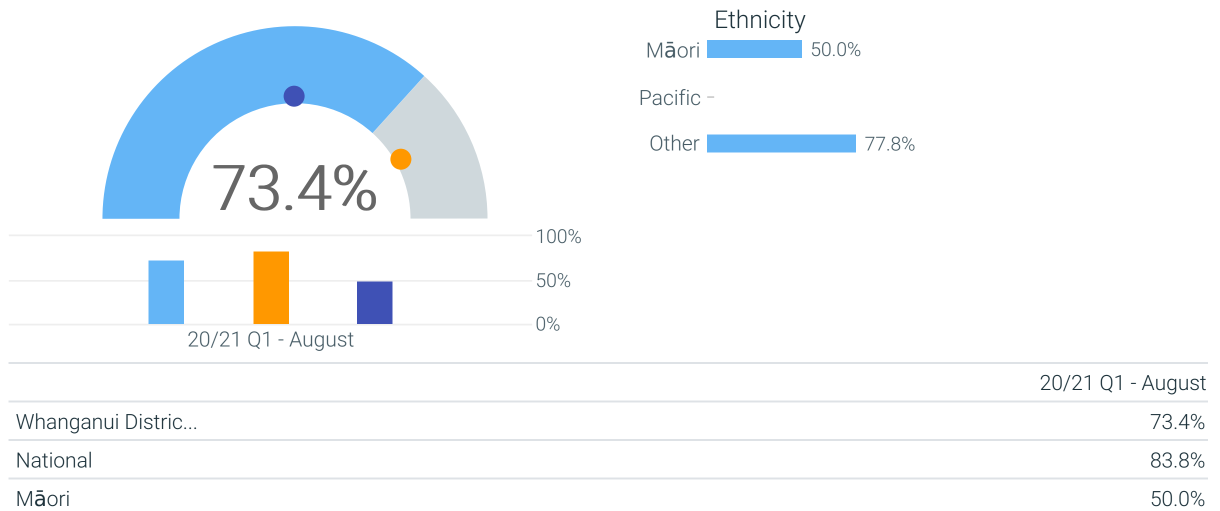
	20/21 Q1 - August
Whanganui Distric...	86.4%
National	90.8%
Māori	90.9%

9_3 Did the other members of your health care team treat you with respect?
All patients were asked "Did the other members of your health care team treat you with respect?" 91.5% of Whanganui District Health Board's respondents said *Yes, definitely*. 8.5% chose *Somewhat*, and none (0%) selected *No*.



	20/21 Q1 - August
Whanganui Distric...	91.5%
National	90.7%
Māori	100.0%

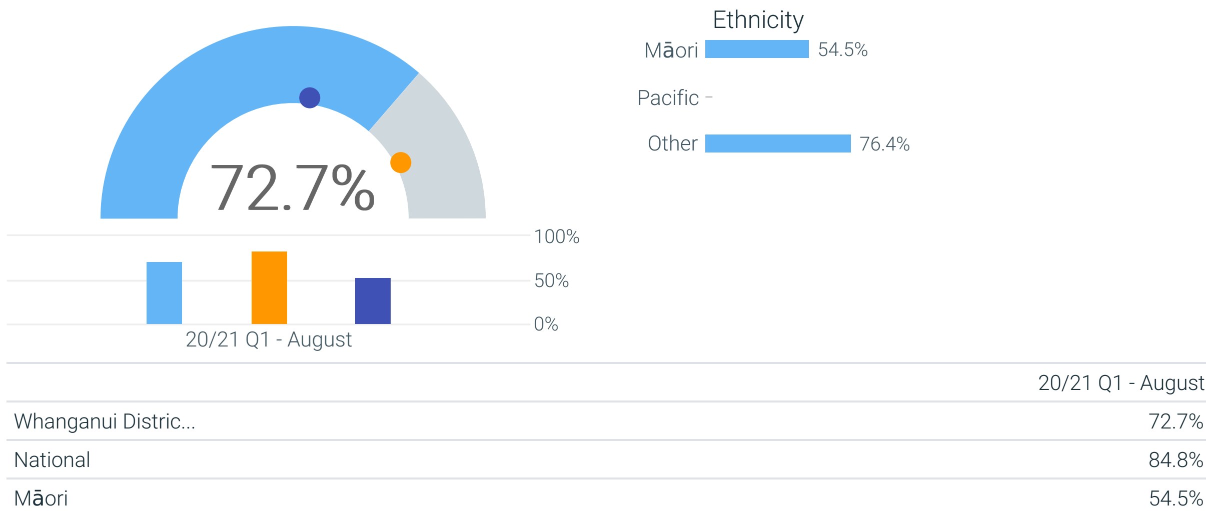
10_1 Did you trust and have confidence in the doctors?
All patients were asked "Did you trust and have confidence in the doctors?" 73.4% of Whanganui District Health Board's respondents reported *Yes, definitely*. 18.8% said *Somewhat*, and 7.8% selected *No*.



	20/21 Q1 - August
Whanganui Distric...	73.4%
National	83.8%
Māori	50.0%

10_2 Did you trust and have confidence in the nurses?

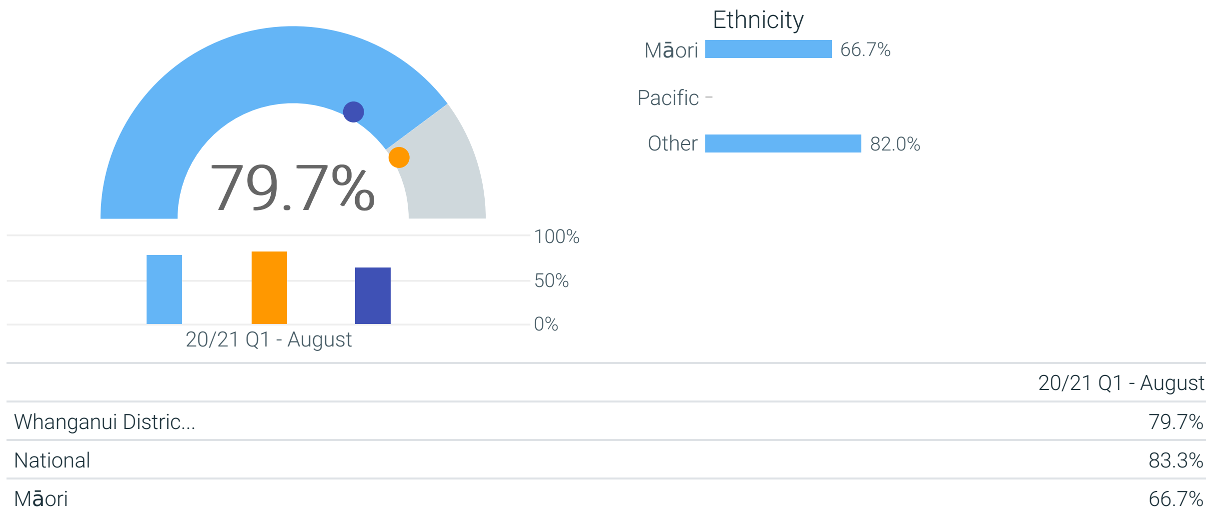
All patients were asked "Did you trust and have confidence in the nurses?" 72.7% of Whanganui District Health Board's respondents reported *Yes, definitely*. 24.2% said *Somewhat*, and 3.0% selected *No*.



	20/21 Q1 - August
Whanganui Distric...	72.7%
National	84.8%
Māori	54.5%

10_3 Did you trust and have confidence in the other members of your health care team?

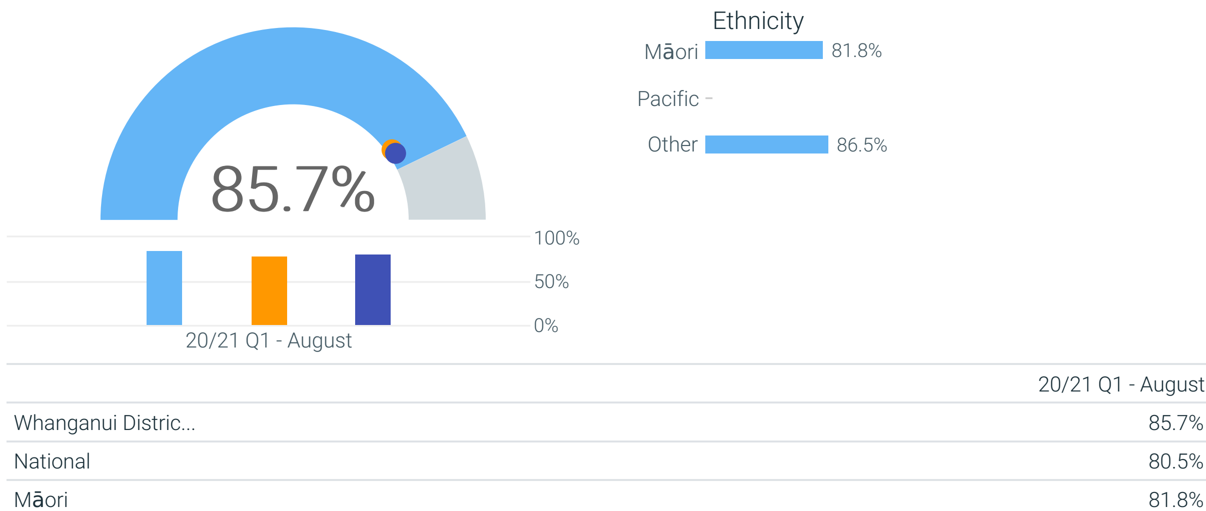
All patients were asked "Did you trust and have confidence in the other members of your health care team?" 79.7% of Whanganui District Health Board's respondents reported *Yes, definitely*. 20.3% said *Somewhat*, and none (0%) stated *No*.



	20/21 Q1 - August
Whanganui Distric...	79.7%
National	83.3%
Māori	66.7%

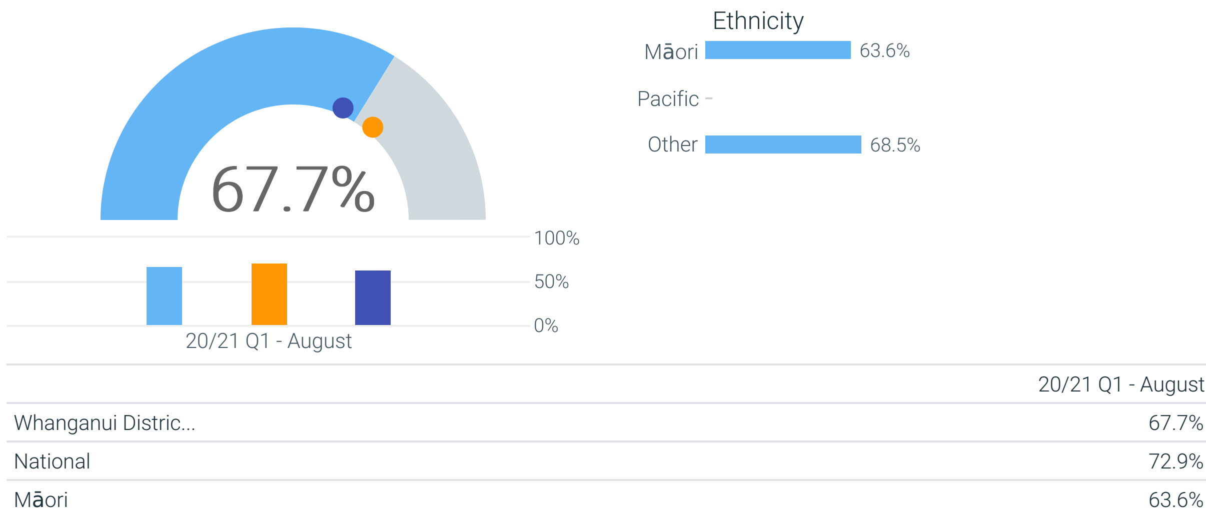
Hospital environment

11 Were the hospital rooms or wards (including bathrooms) kept clean?
All patients were asked "Were the hospital rooms or wards (including bathrooms) kept clean?" 85.7% of Whanganui District Health Board's respondents reported *Yes, always*. 11.1% selected *Sometimes*, and 3.2% said *No*.



	20/21 Q1 - August
Whanganui Distric...	85.7%
National	80.5%
Māori	81.8%

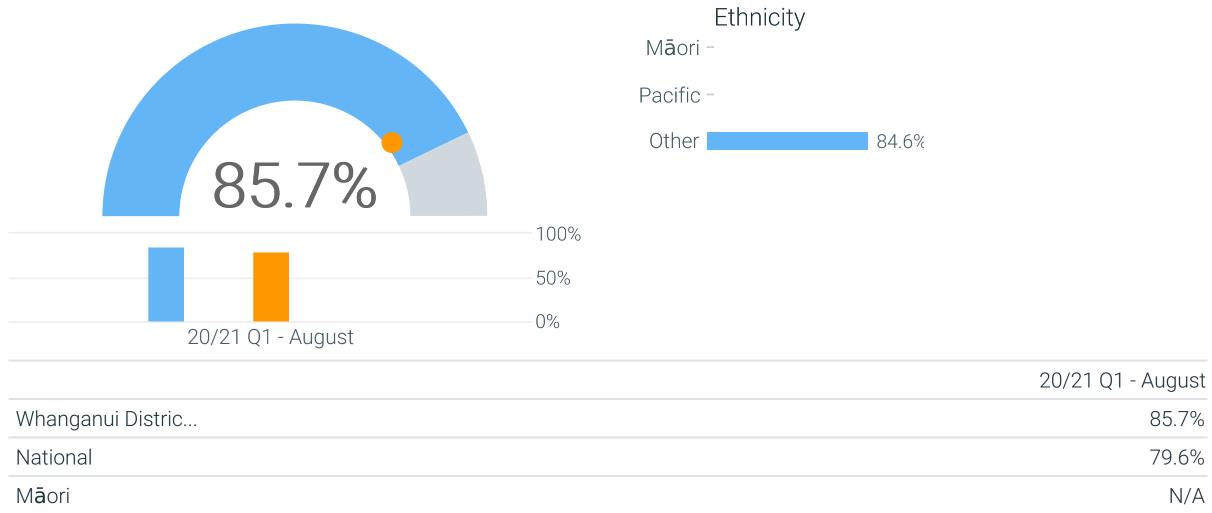
12 Were you given enough privacy when talking about your treatment or condition?
All patients were asked "Were you given enough privacy when talking about your treatment or condition?" 67.7% of Whanganui District Health Board's respondents said *Yes, definitely*. 21.5% said *Somewhat*, and 10.8% said *No*.



	20/21 Q1 - August
Whanganui Distric...	67.7%
National	72.9%
Māori	63.6%

13 Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?

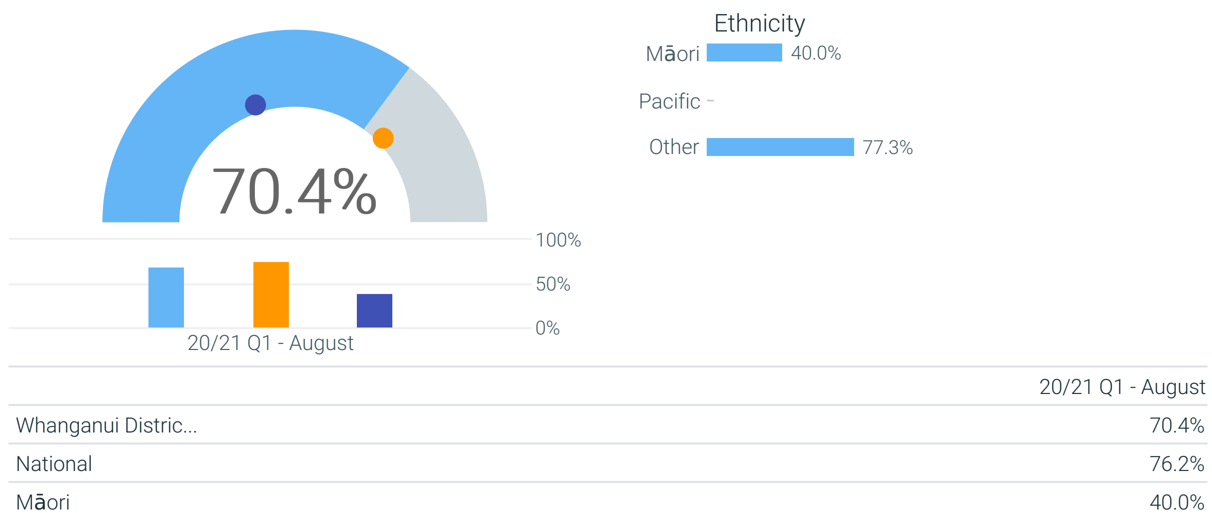
All patients were asked "Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?" 85.7% of Whanganui District Health Board's respondents stated *Yes, always*. 9.5% stated *Sometimes*, and 4.8% stated *No*.



	20/21 Q1 - August
Whanganui Distric...	85.7%
National	79.6%
Māori	N/A

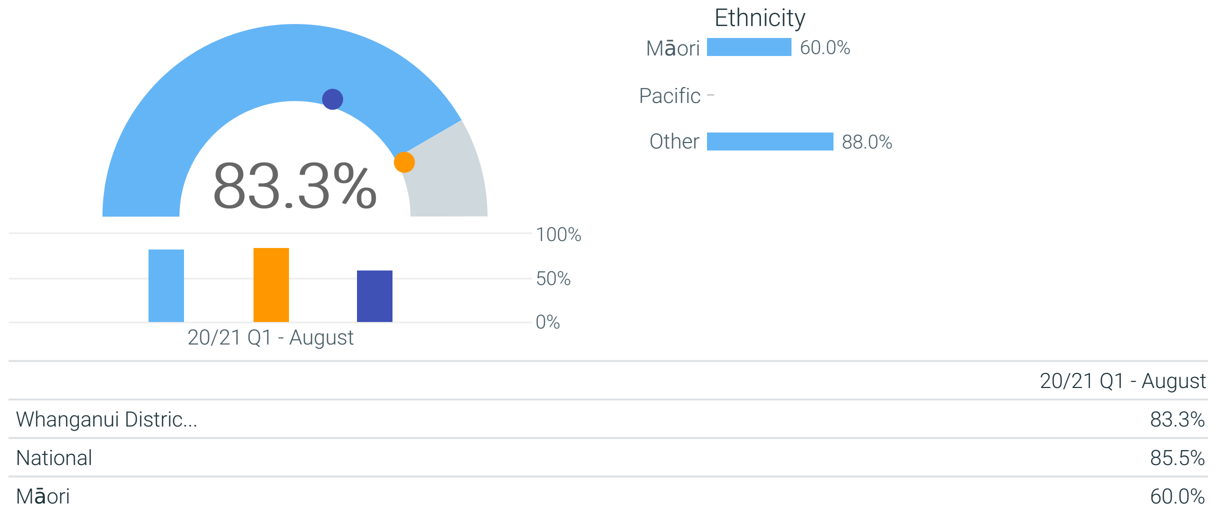
16 Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?

All patients were asked "Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?" 70.4% of Whanganui District Health Board's respondents selected *Yes, definitely*. 16.7% stated *Somewhat*, and 13.0% stated *No*.



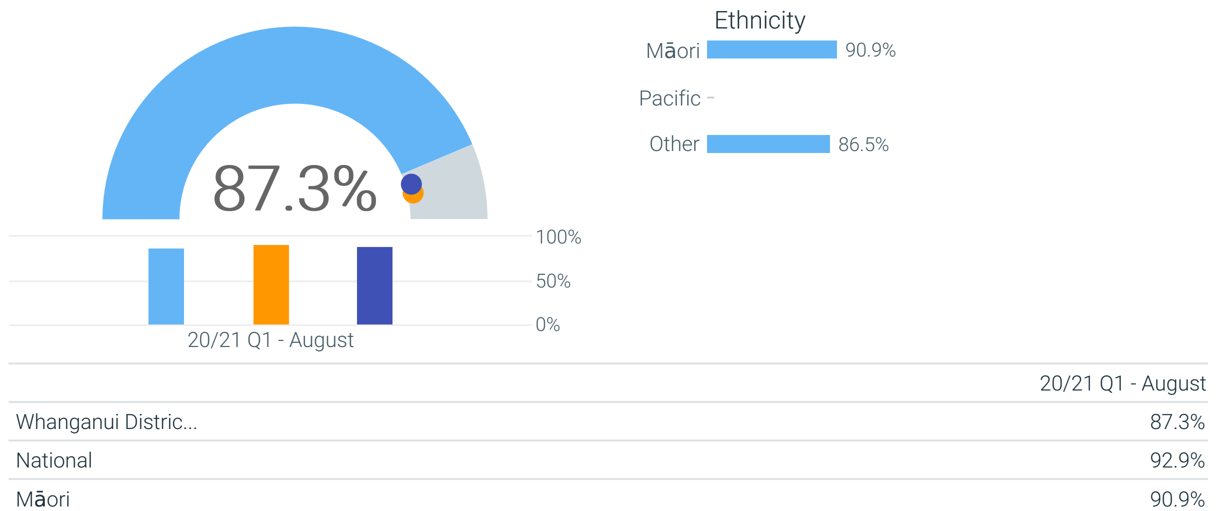
	20/21 Q1 - August
Whanganui Distric...	70.4%
National	76.2%
Māori	40.0%

17 During this hospital visit, did you receive pain relief that met your needs?
All patients were asked "During this hospital visit, did you receive pain relief that met your needs?" 83.3% of Whanganui District Health Board's respondents said *Yes, always*. 10.0% reported *Sometimes*, and 6.7% selected *No*.



	20/21 Q1 - August
Whanganui Distric...	83.3%
National	85.5%
Māori	60.0%

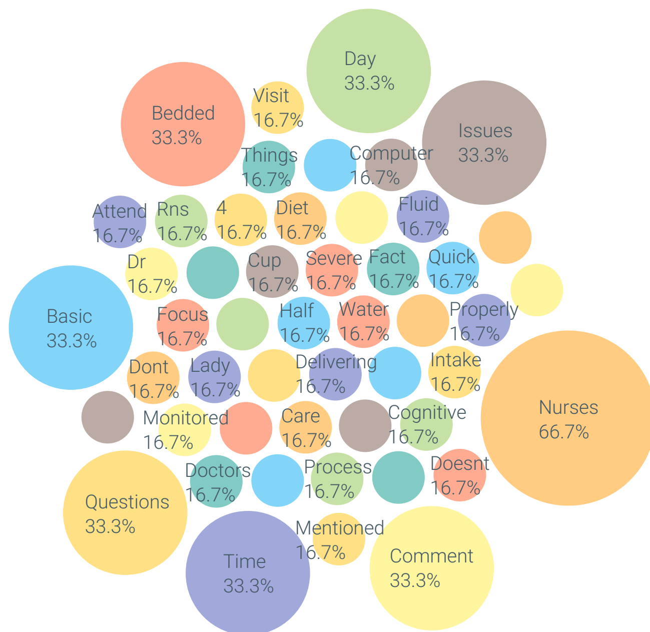
26D Identified perceived unfair treatment
All patients were asked "Identified perceived unfair treatment" 12.7% of Whanganui District Health Board's respondents stated *Yes*. and 87.3% stated *No*.



	20/21 Q1 - August
Whanganui Distric...	87.3%
National	92.9%
Māori	90.9%

27 You indicated that you felt you were treated unfairly. What happened to make you feel you were treated unfairly? Show all comments

Keywords

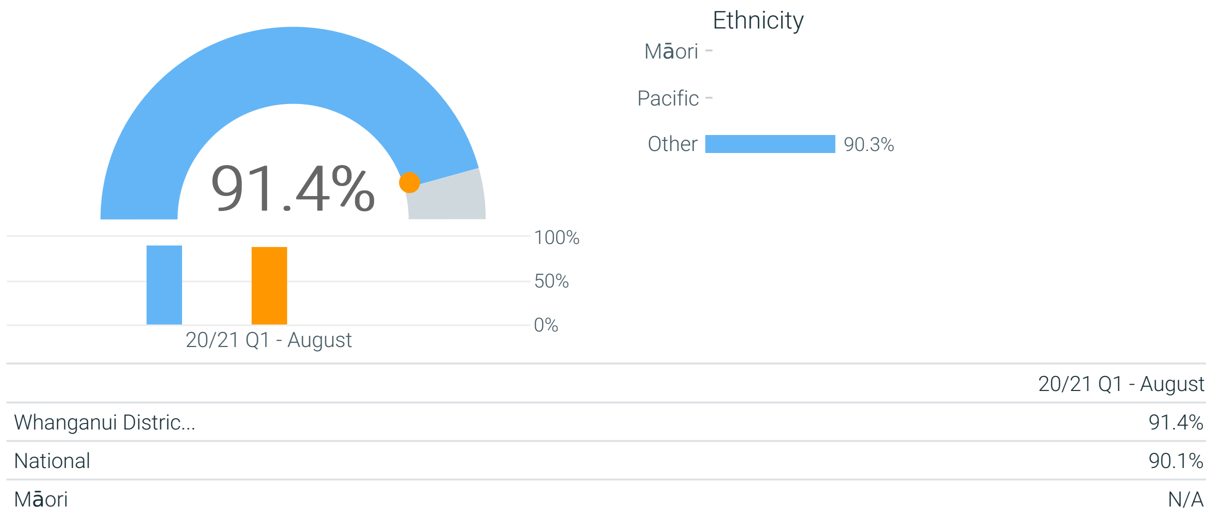


n = 6

Surgery

19 Before the operation(s), did staff help you to understand what would happen and what to expect?

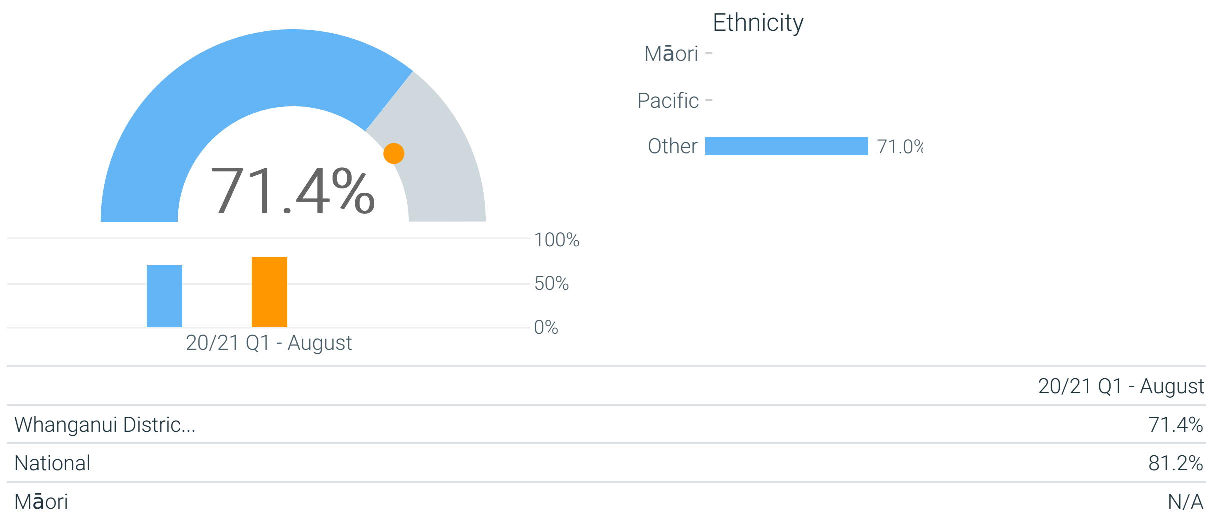
Had surgery "Before the operation(s), did staff help you to understand what would happen and what to expect?" 91.4% of Whanganui District Health Board's respondents stated *Yes, definitely*. 8.6% chose *Somewhat*, and none (0%) said *No*.



	20/21 Q1 - August
Whanganui Distric...	91.4%
National	90.1%
Māori	N/A

20 After the operation(s), did staff help you to understand how it went?

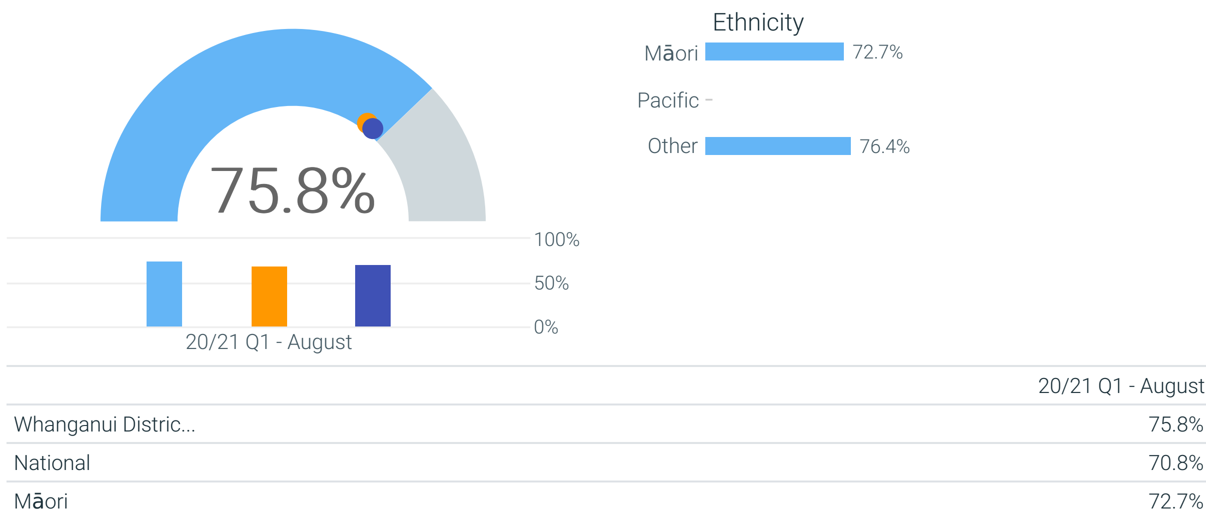
Had surgery "After the operation(s), did staff help you to understand how it went?" 71.4% of Whanganui District Health Board's respondents said *Yes, definitely*. 25.7% said *Somewhat*, and 2.9% said *No*.



	20/21 Q1 - August
Whanganui Distric...	71.4%
National	81.2%
Māori	N/A

Discharge

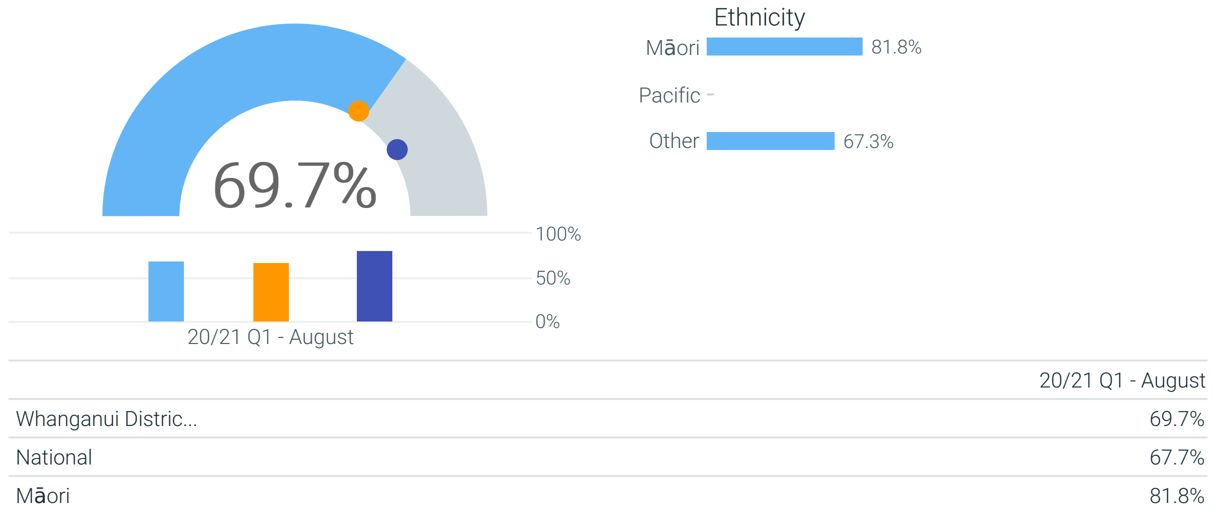
21 Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?
All patients were asked "Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?" 75.8% of Whanganui District Health Board's respondents stated *Yes, definitely*. 16.7% said *Somewhat*, and 7.6% said *No*.



	20/21 Q1 - August
Whanganui Distric...	75.8%
National	70.8%
Māori	72.7%

22 Did you have enough information about how to manage your condition or recovery after you left hospital?

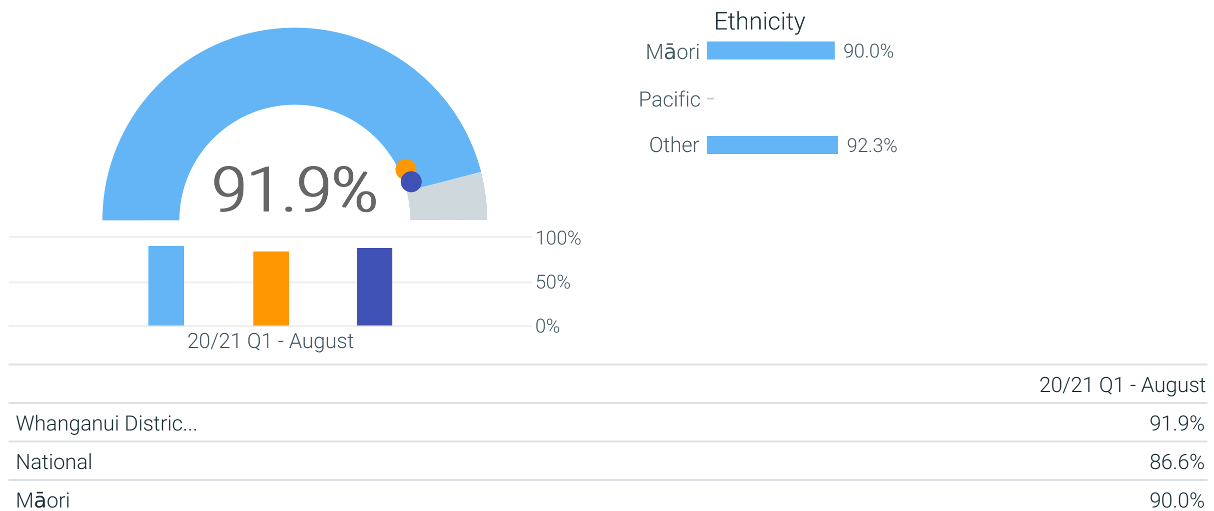
All patients were asked "Did you have enough information about how to manage your condition or recovery after you left hospital?" 69.7% of Whanganui District Health Board's respondents selected *Yes, definitely*. 18.2% selected *Somewhat*, 12.1% selected *No*, and none (0%) said *I was not given any information*.



	20/21 Q1 - August
Whanganui Distric...	69.7%
National	67.7%
Māori	81.8%

23 Were you told what the medicine (or prescription for medicine) you left the hospital with was for?

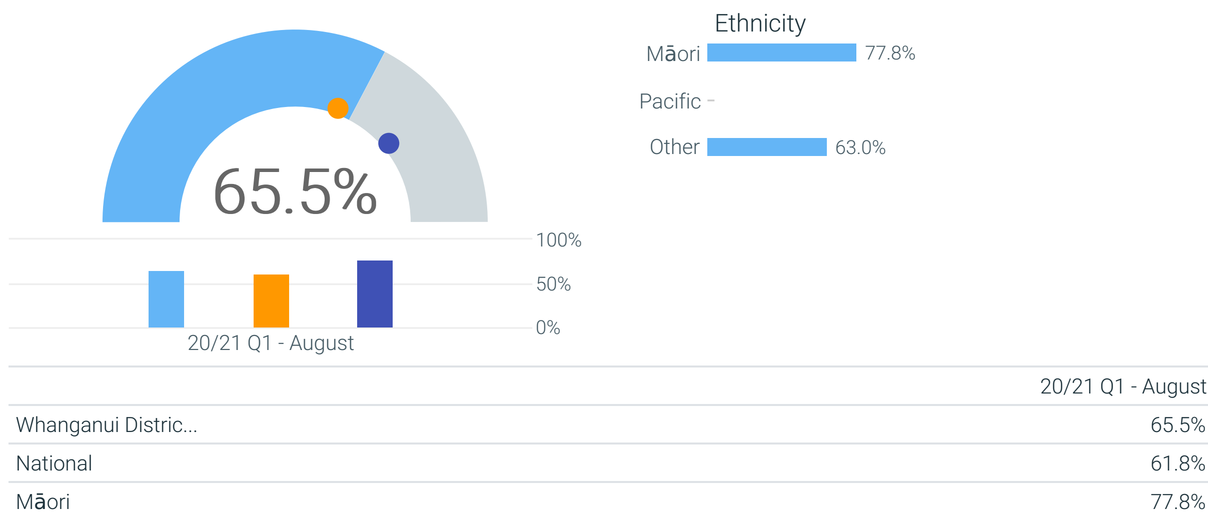
All patients were asked "Were you told what the medicine (or prescription for medicine) you left the hospital with was for?" 91.9% of Whanganui District Health Board's respondents reported *Yes, definitely*. 6.5% reported *Somewhat*, and 1.6% said *No*.



	20/21 Q1 - August
Whanganui Distric...	91.9%
National	86.6%
Māori	90.0%

24 Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?

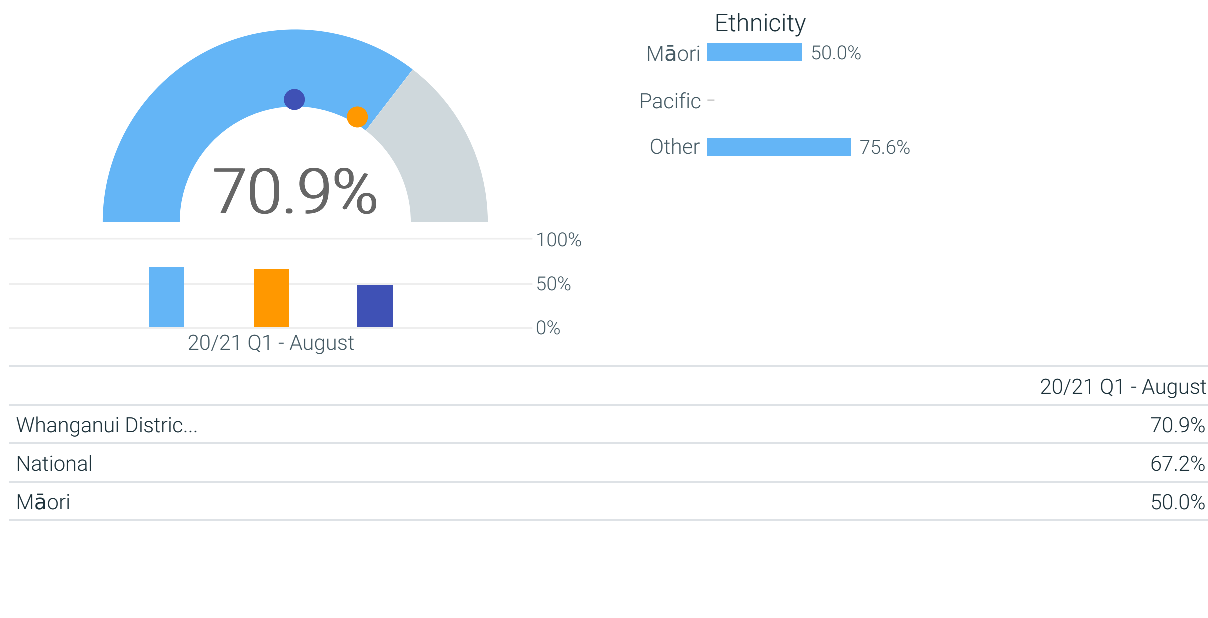
All patients were asked "Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?" 65.5% of Whanganui District Health Board's respondents reported *Yes, definitely*. 18.2% chose *Somewhat*, and 16.4% chose *No*.



	20/21 Q1 - August
Whanganui Distric...	65.5%
National	61.8%
Māori	77.8%

25 Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

All patients were asked "Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?" 70.9% of Whanganui District Health Board's respondents stated *Yes, definitely*. 16.4% said *Somewhat*, and 12.7% reported *No*.

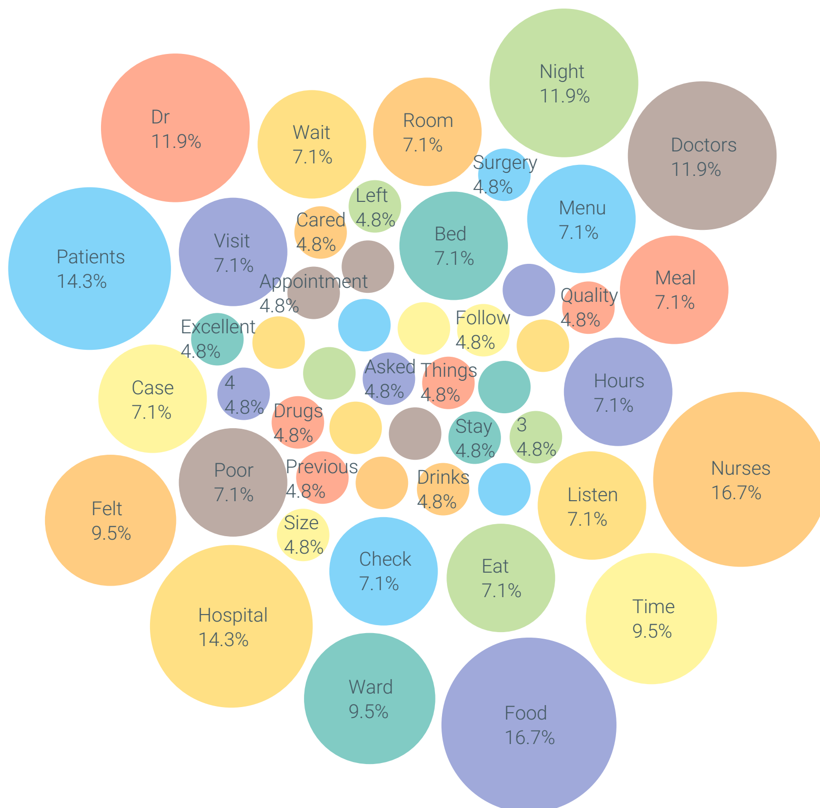


	20/21 Q1 - August
Whanganui Distric...	70.9%
National	67.2%
Māori	50.0%

Overall experience

29 What would have made your visit in hospital better? Show all comments

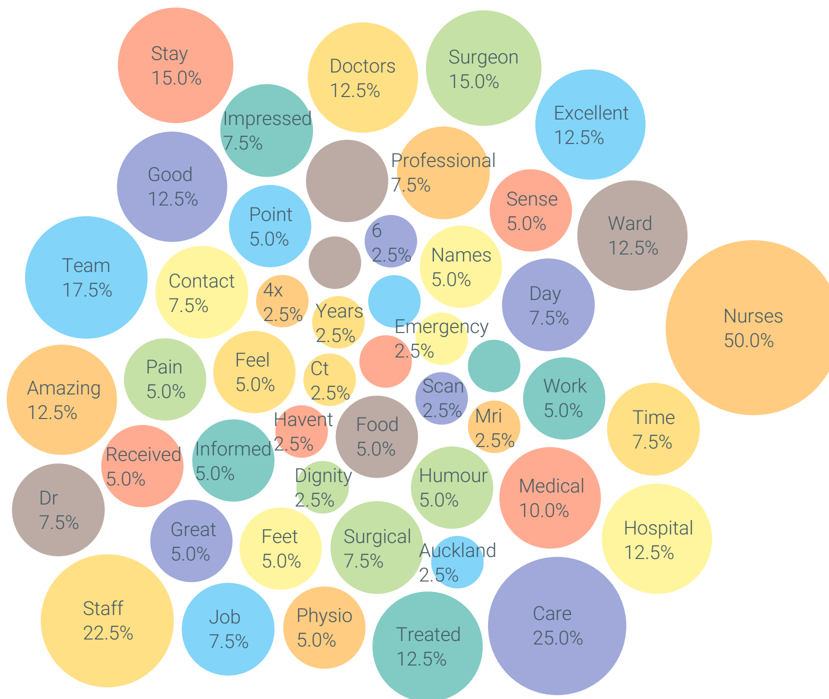
Keywords



n = 42

30 What about your visit in hospital went well? Show all comments

Keywords

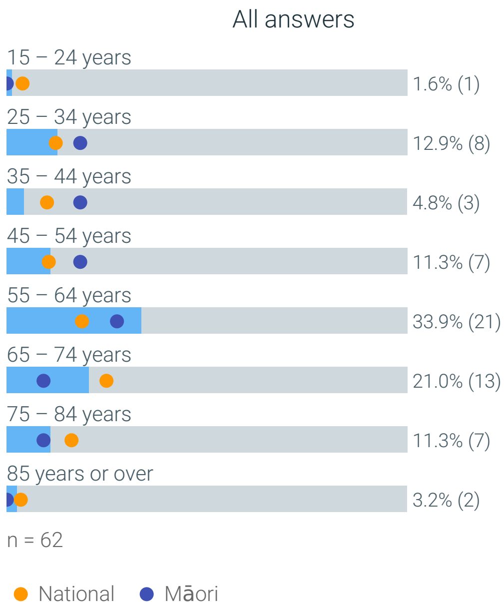


n = 40

Respondents

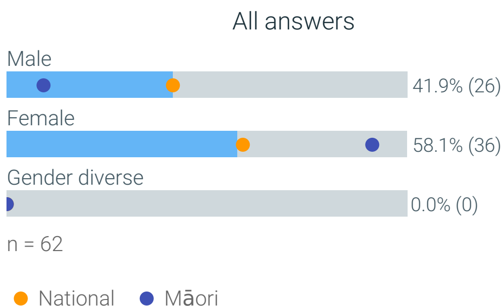
36 Which age range are you in?

All patients were asked "Which age range are you in?" 33.9% of Whanganui District Health Board's respondents selected *55 – 64 years*. 21.0% stated *65 – 74 years*, 12.9% chose *25 – 34 years*, 11.3% chose *45 – 54 years*, 11.3% selected *75 – 84 years*, 4.8% reported *35 – 44 years*, 3.2% reported *85 years or over*, and 1.6% stated *15 – 24 years*.



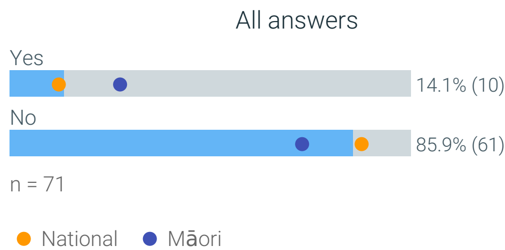
33 What is your gender?

All patients were asked "What is your gender?" 58.1% of Whanganui District Health Board's respondents said *Female*. 41.9% reported *Male*, and none (0%) selected *Gender diverse*.



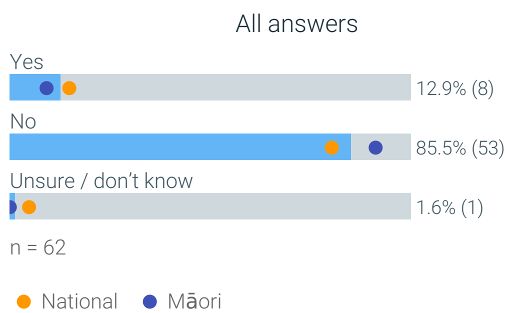
31D Do you have difficulty seeing, hearing, walking, remembering, washing or communicating? (Washington Group Short Set)

All patients were asked "Do you have difficulty seeing, hearing, walking, remembering, washing or communicating? (Washington Group Short Set)" 85.9% of Whanganui District Health Board's respondents reported *No*. and 14.1% reported *Yes*.



32 Do you think of yourself as disabled (or as having a disability)?

All patients were asked "Do you think of yourself as disabled (or as having a disability)?" 85.5% of Whanganui District Health Board's respondents said *No*. 12.9% selected *Yes*, and 1.6% reported *Unsure / don't know*.



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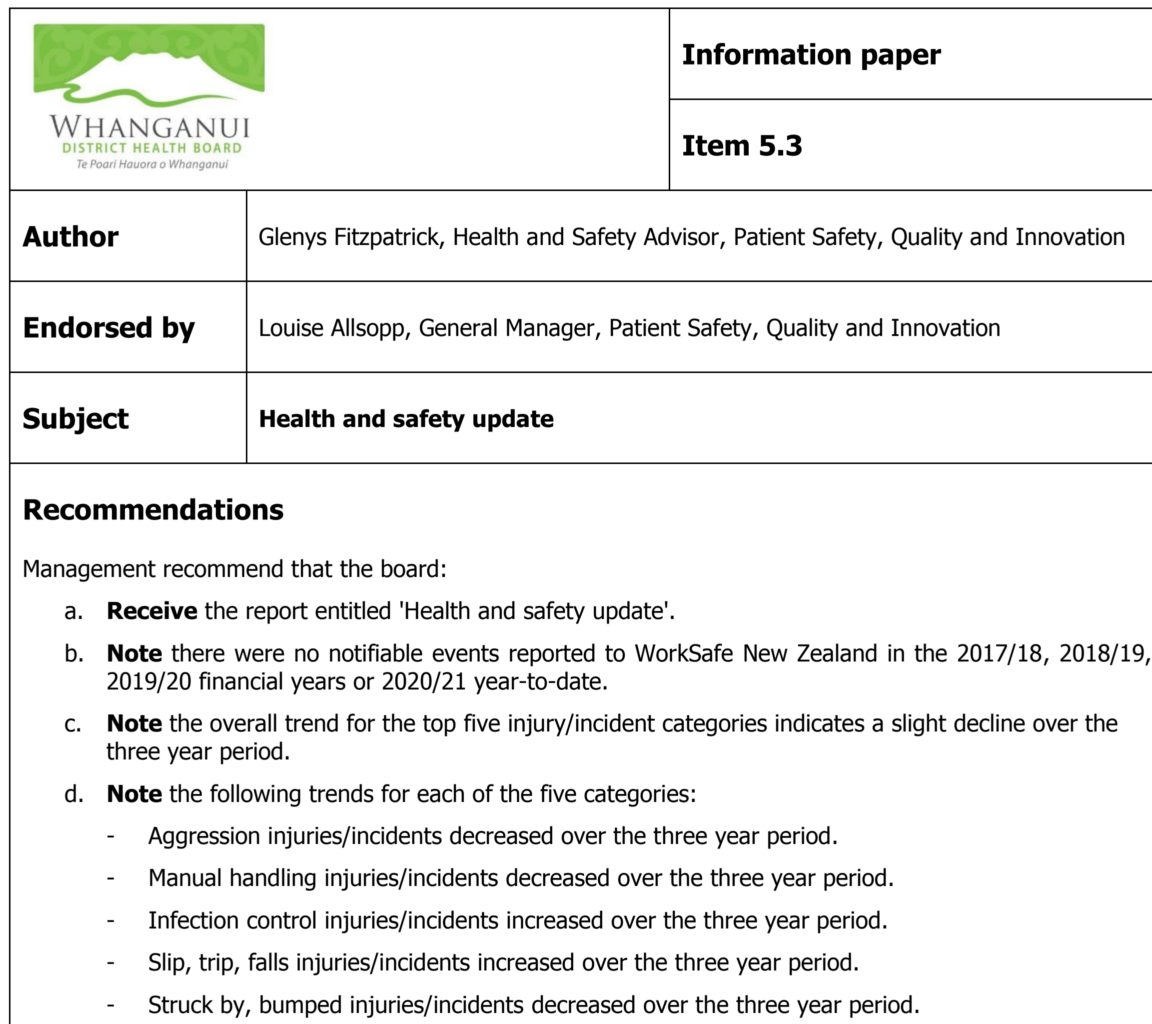


WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Information paper**
	Item 5.3

Author	Glenys Fitzpatrick, Health and Safety Advisor, Patient Safety, Quality and Innovation
Endorsed by	Louise Allsopp, General Manager, Patient Safety, Quality and Innovation
Subject	**Health and safety update**

Recommendations

Management recommend that the board:

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

b. **Note** there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19, 2019/20 financial years or 2020/21 year-to-date.

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

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

- Aggression injuries/incidents decreased over the three year period.
- Manual handling injuries/incidents decreased over the three year period.
- Infection control injuries/incidents increased over the three year period.
- Slip, trip, falls injuries/incidents increased over the three year period.
- Struck by, bumped injuries/incidents decreased over the three year period.

1 Purpose

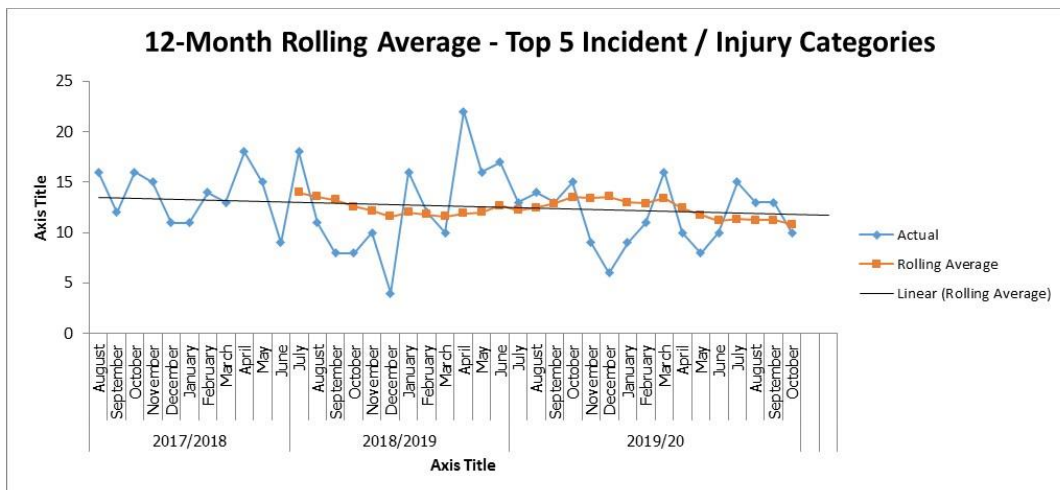
To enable the board to exercise due diligence on health and safety matters. This report on key health and safety system risks covers:

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

2 Incident/injury trends

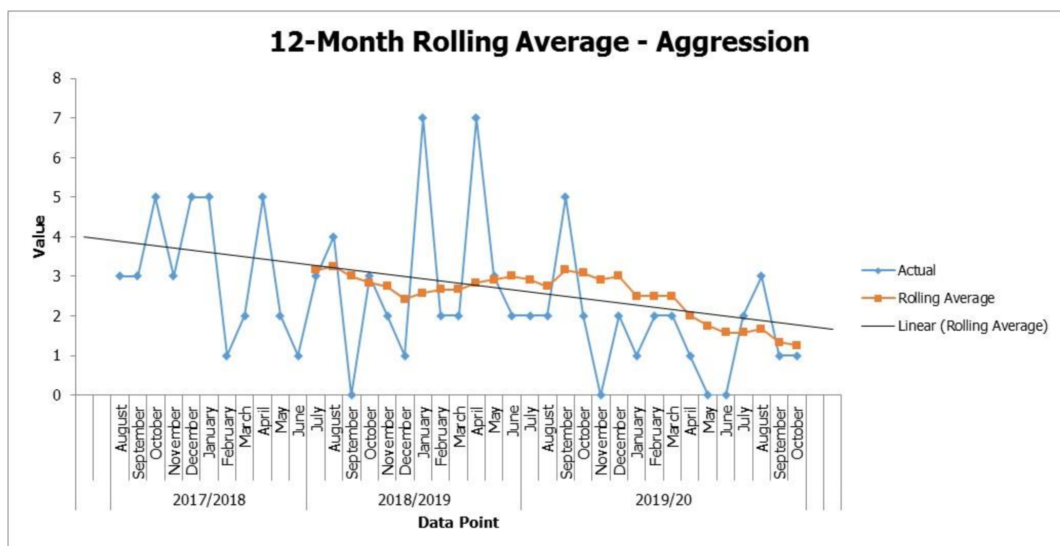
The graph below provides a rolling average, actual summary and trend line of the last three years' top five injury/incident trends.

The trend line (based on the rolling average) indicates a slight decline in the overall number of incidents/injuries (top five) over the three year period.



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

Aggression



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

During September and October 2020 there were two physical aggression injuries/incidents recorded on RiskMan – Medical and Te Awhina

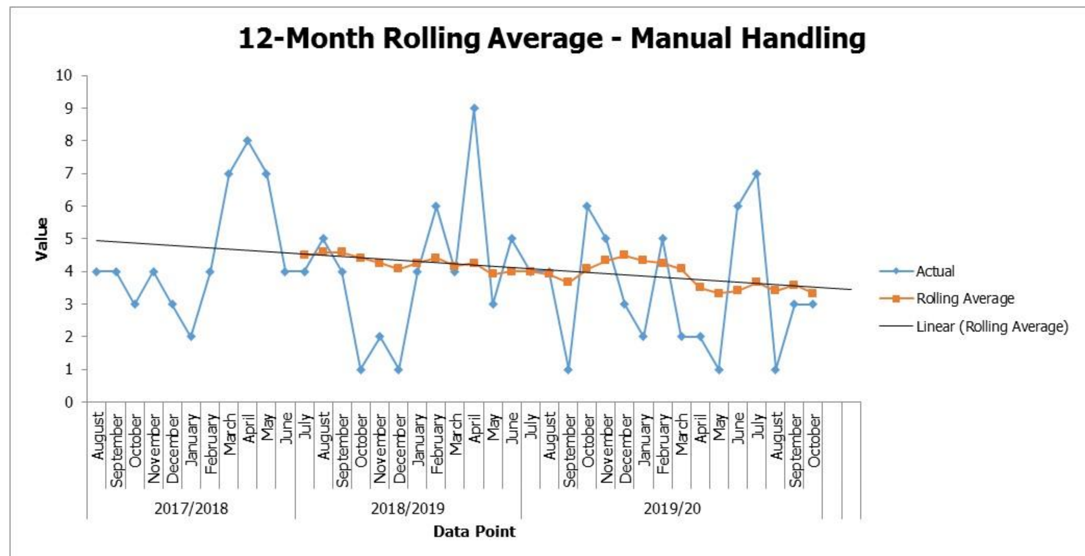
Issues
No issues identified with the two incidents

Improved risk mitigations in Te Awhina include:

- The SPEC trainer to add the Broset assessment to the notional SPEC techniques to improve prediction of challenging behaviours.

- The process of debriefing and understanding is improved by twice weekly obligatory in-service training (a recent topic for discussion has been 'when is a threat a threat and when is it an expression of angst in a person with poor coping').
- Team work has markedly improved such that staff are feeling more confident and enabled and this produces less confrontation and more capacity to step aside and to process rather than react.
- Implementing an aggression cycle package, that includes the understanding of the physiological, psychological and the pre and post action cycle.

Manual handling



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

During September and October 2020, there were six patient staff incidents in ATR, Emergency, Maternity, Medical, Surgical and Te Awhina.

Issues identified:

- Significant number of patients with limited mobility on one day – movement from Ambulance trolley to ED trolley can be challenging at times due to demand on the department
- Staff not familiar with a specific manual handling techniques

Improved risk mitigations include:

- Specific manual handling training by manual handling training co-ordinator and the ward champions
- Remind staff to be aware of their surroundings and the position they put themselves in to keep safe
- Ward champions to provide refresher training

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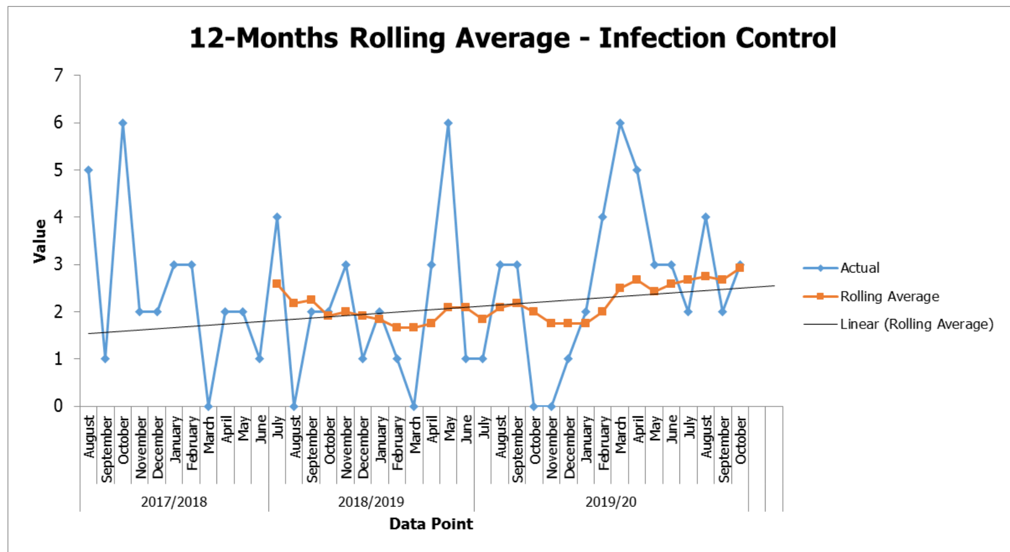
Infection prevention



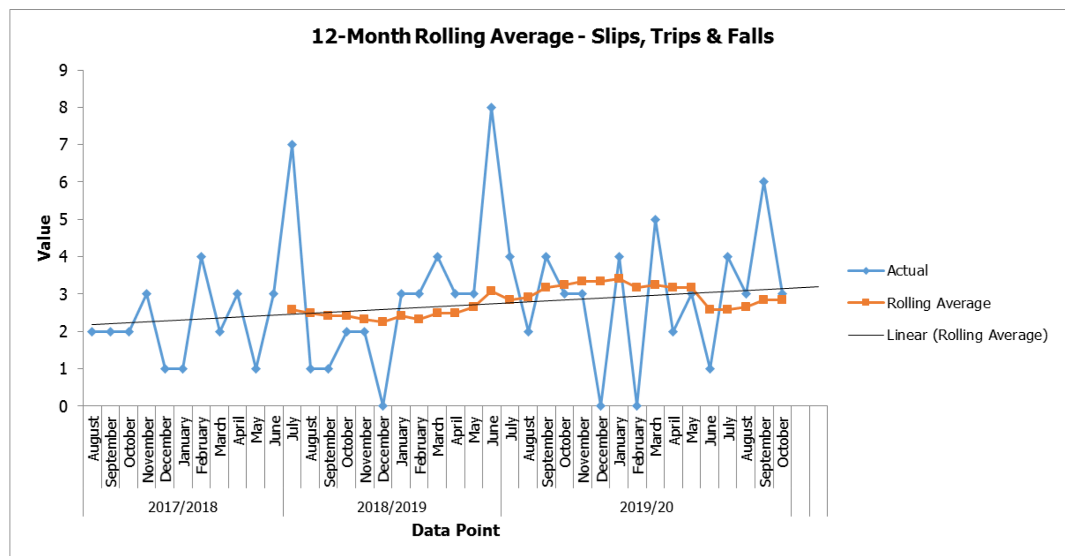
The trend line (based on the rolling average) shows an increase in the number of infection control incidents/injuries over the three year period.

During September and October 2020 there were five infection control (4 needle-stick and 1 cut when opening a vial) incidents.

The increased infection prevention cases do not have appear to have a central link. Each incident is reviewed and staff are followed up over the six months post needle stick event. To date no staff member has contracted a blood borne virus from any injury. Nor has a link between events been identified.

Reporting of any incidence is also routine, and this increase in incidence may be as a result of better reporting.

Slips, trips and falls

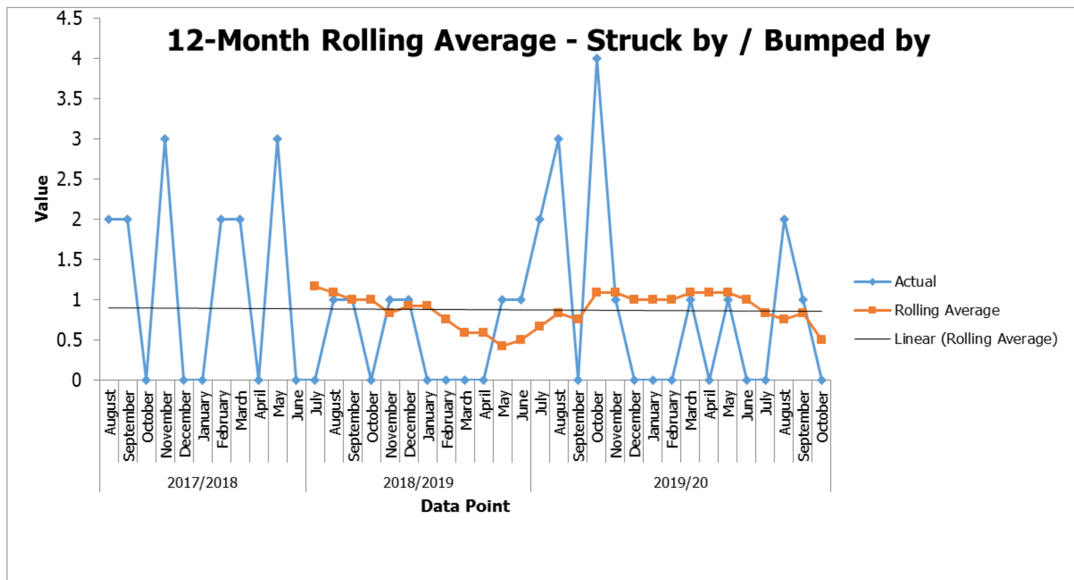


November 2020 **Public**

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

During September and October 2020 nine slips, trips and falls incidents/injuries were reported. Injuries/incidents included: on wet floor (3), uneven ground (2), whilst walking (2), stopper on the floor and on a cord.

Struck by or bumped by



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

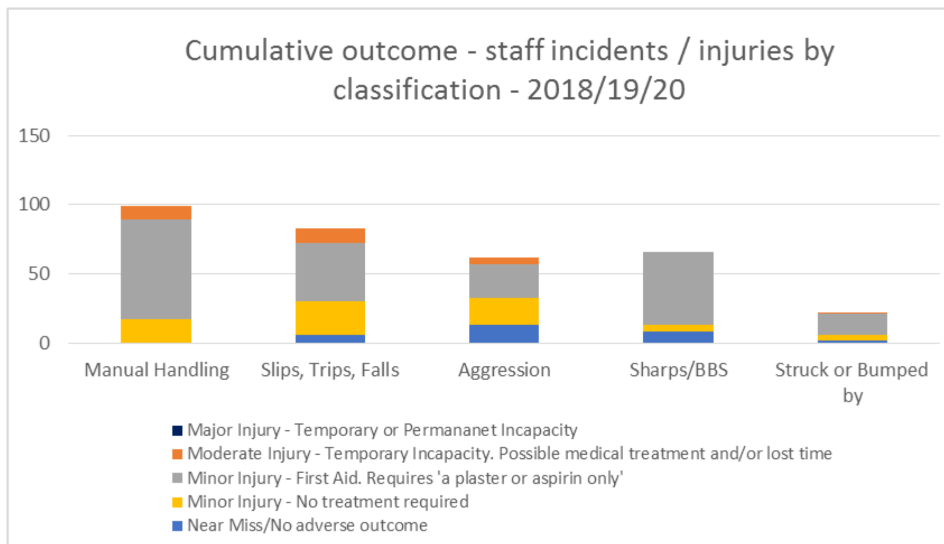
During September and October 2020 one bumped by incident/injuries was reported.

3 Incident/injury details

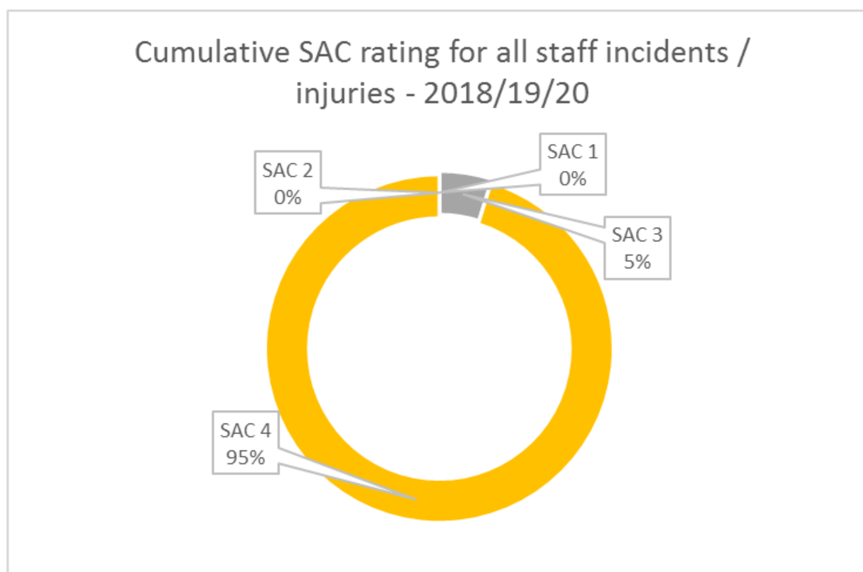
There were 23 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in September and October 2020.

The graph below provides a cumulative view of outcomes classifications for 2018/19/20.

November 2020 **Public**



The graph below provides a cumulative SAC rating (Likelihood x Consequence) for all staff incidents/injuries for 2018/19/20.



Definitions used in the graph:

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

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

4 Employee participation

The WDHB Health and Safety Committee met in September and October.

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

- WorkWell wellness programme
- Review of monthly incident trends
- Rolling average trends and graphs for board report
- Monitor and update of health and safety objectives for 2019/2020
- Manual handling – discussion around ceiling hoists
- COVID-19 response plans and exercises
- WorkSafe court cases
- Excellence and innovation in health and safety
- Manual handling – bed and equipment trials

5 Contractor management update

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. This is the last report provided by Spotless.

Spotless H&S	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec 19	Jan 20	Feb-20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Category A: Fatality / Disabling	0	0	0	0	0	0	0	0	0	0	0	0	0
Category B: Lost Time Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Category C: Medical Treatment	0	0	0	0	0	0	0	0	0	0	0	1	0
Category D: First Aid / Allied Health	0	0	0	0	0	0	0	0	0	1	1	1	0
Category E: Injury with no treatment	1	0	0	0	0	0	0	0	1	0	1	1	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Near Miss	0	0	1	0	0	0	0	0	0	0	0	0	0
Spotless H&S	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec 19**	**Jan 20**	**Feb 20**	**Mar 20**	**Apr 20**	**May 20**	**Jun 20**	**Jul 20**
Hazard	10	12	11	9	10	10	10	8	6	8	11	6	4
Safety Observations	17	17	14	15	15	15	17	14	11	15	8	8	8
Sub-Contracted to Spotless	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec 19**	**Jan 20**	**Feb 20**	**Mar 20**	**Apr 20**	**May 20**	**Jun 20**	**Jul 20**
Contractor Safety Interactions	6	4	5	3	0	0	4	2	2	4	0	5	0
Contractor Hazard	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0

November 2020 **Public**

WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui	**Decision paper**
	November 2020
Author	Nadine Mackintosh, Board Secretary
Endorsed by	Russell Simpson, Chief Executive
Subject	**2021 Board and Committee Meeting Dates**

Recommendations

Management recommend that the board

- **a. Receive** the paper '2021 Board meeting dates'
- **b. Note** the proposed meeting dates have been aligned to the timelines for approving key financial and ministerial reporting requirements
- **c. Approve** the 2021 board and committee meeting dates

1 Purpose

This report seeks the board's support of the 2021 meeting schedule for Board and it's Committees.

2 Summary

The Board's meeting schedule is set annually and is done on a calendar year basis. Management has reviewed the meeting calendar and proposed dates that align with timelines for approving financials and production of key ministerial reporting.

It is recognised that often reports seeking a Board decision need to first receive committee endorsement. So that this can occur within the meeting cycle, it is proposed that the same report would be submitted to the committee for endorsement of the board approval. The committee chair would provide a verbal report to the Board outlining the committee findings.

Key approval dates associated with the annual planning process can be accommodated within the proposed meeting calendar.

A copy of the proposed meeting calendar is set out overleaf.

November 2020 **Public**

3. 2021 Proposed Meeting Schedule

Dates for the Joint Board meetings with Hauora A Iwi are to be confirmed.

2020 MEETING SCHEDULE FOR WDHB BOARD & COMMITTEES				
Meeting **Time**	**FRAC** **1pm-3pm**	**CSAC** **9am-1pm**	**Board** **9am-1pm**	**Joint Boards WDHB / HAI** **1pm – 3pm**
Date of meeting	**17 February**	**19 February**		**Finalise MoU**
Deadline for reports	3 February	5 February		
Published	13 February	12 February		
Date of meeting			**3 March**	
Deadline for reports			17 March	
Reporting period			24 March	
Date of meeting	**14 April**		**21 April**	
Deadline for reports	30 March		7 April	
Reporting period	7 April		14 April	
Date of meeting		**21 May**		
Deadline for reports				
Reporting period				
Date of meeting	**16 June**		**30 June**	
Deadline for reports				
Reporting period				
Date of meeting				
Deadline for reports				
Reporting period				
Date of meeting	**18 August**	**20 August**		
Deadline for reports				
Reporting period				
Date of meeting			**1 September**	
Deadline for reports				
Reporting period				
Date of meeting	**20 October**	**28 October**		
Deadline for reports		Annual Planning		
Reporting period				
Date of meeting	**17 November**	**19 November**		
Deadline for reports				
Reporting period				
Date of meeting			**1 December**	
Deadline for reports				
Reporting period				