



WHANGANUI  
DISTRICT HEALTH BOARD

*Te Poari Hauora o Whanganui*

## AGENDA

### Whanganui District Health Board

Meeting date **Friday 20 September 2019**

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

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

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**Embargoed until Saturday 21 September 2019**

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Also available on website  
[www.wdwb.org.nz](http://www.wdwb.org.nz)

## **Distribution**

### **Board members**

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

### **Executive Management Team**

- Mr R Simpson, Chief Executive
- Mr M Dawson, Communications Manager
- Mr H Cilliers, General Manager, People and Performance
- Ms L Allsopp, Acting Director Allied Health
- Mrs R Kui, Director Māori Health
- Mr Paul Malan, General Manager, Service and Business Planning
- Mr L Adams, Director of Nursing
- Mr Brian Walden, General Manager Corporate

### **Ministry of Health**

- Mrs N Holden, Relationship Manager, Ministry of Health

**Agendas are available online one week prior to the meeting.**



# WHANGANUI DISTRICT HEALTH BOARD

## TE POARI HAUORA O WHANGANUI

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

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

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

We are:

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

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

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

Koi anei tātou:

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



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





## AGENDA

Held on Friday, 20 September 2019  
Board Room, Level 4, Ward and Admin Building  
100 Heads Road, Whanganui Hospital, Whanganui

Commencing at 10.00am

### BOARD

### PUBLIC SESSION

	ITEM	PRESENTER	Time	Page
<b>1</b>	<b>Procedural</b>			
1.1	Karakia/reflection	D Hull	10.00	
1.2	Apologies	D McKinnon	10.05	
1.3	Continuous disclosure 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	D McKinnon	10.08	7
1.3	Confirmation of minutes	D McKinnon	10.10	11
1.5	Matters Arising	D McKinnon	10.12	17
1.6	Board and committee chairs reports 3.7.1 Board - verbal 3.7.2 Combined statutory advisory committee - verbal	D McKinnon S Hylton	10.15	
<b>2</b>	<b>Suicide Prevention presentation</b>	N Dryden	<b>10.25</b>	<b>19</b>
<b>3</b>	<b>Chief Executive report</b>	<b>R Simpson</b>	<b>10.55</b>	<b>25</b>
<b>4</b>	<b>Decision papers</b>			
4.1	Position statement on alcohol	P Malan	11.05	27
4.2	DHB elections 2019 update	B Walden	11.15	29
4.3	WDHB Board strategic direction infographic	R Kui	11.20	31
<b>5</b>	<b>Discussion papers</b>			
5.2	Renal update	P Malan	11.50	33
<b>6</b>	<b>Information papers</b>			
6.1	Health and safety report	H Cilliers	12.15	37
6.2	2019 WDHB Board welcome and induction programme	R Kui	12.20	44
<b>7</b>	<b>Date of next meeting</b> 18 October 2019, CSAC Meeting, Whanganui Hospital 1 November 2019, Board Meeting, Whanganui Hospital			
<b>8</b>	<b>Reasons to exclude the public</b>	<b>D McKinnon</b>	<b>12.25</b>	<b>46</b>
<b>GLOSSARY</b>				

<b>9</b>	<b>APPENDIX</b>	
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# WHANGANUI DISTRICT HEALTH BOARD

## REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 6 September 2019

### BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
<b>Graham Adams</b>	16 December 2016	Advised that he is: <ul style="list-style-type: none"> <li>▪ A member of the executive of Grey Power Wanganui Inc.</li> <li>▪ A board member of Age Concern Wanganui Inc.</li> <li>▪ Treasurer of NZCE (NZ Council of Elders)</li> <li>▪ A trustee of Akoranga Education Trust, which has associations with UCOL.</li> </ul>
<b>Charlie Anderson</b>	16 December 2016 3 November 2017	An elected councillor on Whanganui District Council. A board member of Summerville Disability Support Services.
<b>Philippa Baker-Hogan</b>	10 March 2006 8 June 2007 24 April 2008  29 November 2013  7 November 2014  3 March 2017	An elected member of the Whanganui District Council. Partner in Hogan Osteo Plus Partnership. Her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business. Chair of the Future Champions Trust, which supports promising young athletes. <ul style="list-style-type: none"> <li>▪ A member of the Whanganui District Council District Licensing Committee; and</li> <li>▪ Chairman of The New Zealand Masters Games Limited</li> </ul> A Trustee of Four Regions Trust.
<b>Maraea Bellamy</b>	7 September 2017  4 May 2018  1 February 2019	<ul style="list-style-type: none"> <li>▪ Te Runanga O Ngai Te Ohuake (TRONTO) Iwi Delegate for Nga Iwi O Mokai Patea Services Trust.</li> <li>▪ Secretary of Te Runanga O Ngai Te Ohuake.</li> <li>▪ Hauora A Iwi - Iwi Delegate for Nga Iwi O Mokai Patea Services Trust.</li> <li>▪ A director of Taihape Health Limited.</li> <li>▪ A member of the Institute of Directors.</li> </ul> Trustee of Mokai Patea Waitangi Claims Trust
<b>Jenny Duncan</b>	18 October 2013 1 August 2014  5 April 2019	An elected member of the Whanganui District Council An appointed member of the Castlecliff Community Charitable Trust Member of the Chartered Institute of Directors Trustee of Four Regions Trust
<b>Darren Hull</b>	28 March 2014 27 May 2014	Acts for clients who may be consumers of services from WDHB. <ul style="list-style-type: none"> <li>▪ A director &amp; shareholder of Venter &amp; Hull Chartered Accountants Ltd which has clients who have contracts with WDHB</li> <li>▪ Acts for some medical practitioners who are members of the Primary Health Organisation</li> <li>▪ Acts for some clients who own and operate a pharmacy</li> <li>▪ A director of Gonville Medical Ltd</li> </ul>
<b>Stuart Hylton</b>	4 July 2014  13 November 2015 15 March 2017 2 May 2018  2 November 2018	<ul style="list-style-type: none"> <li>▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand.</li> <li>▪ Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.</li> </ul> An executive member of the Central Districts Cancer Society. Appointed as Rangitikei District Licensing Commissioner. <ul style="list-style-type: none"> <li>▪ Chairman of Whanganui Education Trust</li> <li>▪ Trustee of George Bolten Trust</li> </ul> Advised that he is District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.

<b>Judith MacDonald</b>	22 September 2006	<ul style="list-style-type: none"> <li>▪ Chief Executive Officer, Whanganui Regional Primary Health Organisation</li> <li>▪ Director, Whanganui Accident and Medical</li> </ul>
	11 April 2008	A director of Gonville Health Centre
	4 February 2011	A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape
	27 May 2016	Appointed Chair of the Children's Action Team
	21 September 2018	Declared her interest as a director of Ruapehu Health Ltd
<b>Annette Main</b>	18 May 2018	Advised that she a council member of UCOL.
<b>Dot McKinnon</b>	3 December 2013	<ul style="list-style-type: none"> <li>▪ An associate of Moore Law, Lawyers, Whanganui</li> <li>▪ Husband is the Chair of the Wanganui Eye &amp; Medical Care Trust</li> </ul>
	4 December 2013	Cousin is employed by Whanganui DHB as GM Corporate
	23 May 2014	A member of the Health Sector Relationship Agreement Committee
	31 July 2015	Appointed to the NZ Health Practitioners Disciplinary Tribunal
	2 March 2016	A member of the Institute of Directors
	16 December 2016	Chair of MidCentral District Health Board
	3 February 2017	Member of the national executive of health board chairs
	8 June 2018	<ul style="list-style-type: none"> <li>▪ A Director of Chardonnay Properties Limited (a property owning company)</li> <li>▪ Chair of the DHB Regional Governance Group</li> <li>▪ An advisory member on the Employment Relationship Strategy Group (ERSG)</li> </ul>
<b>Tariana Turia</b>	16 December 2016	Declared her interests as: <ul style="list-style-type: none"> <li>▪ Pou to Te Pou Matakana (North Island)</li> <li>▪ Member of independent assessment panel for South Island Commissioning Agency</li> <li>▪ Life member CCS Disability Action</li> <li>▪ National Hauora Coalition Trustee Chair</li> <li>▪ Cultural adviser to ACC CEO</li> </ul>
	15 November 2017	Appointed Te Pou Tupua o te Awa.



**COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS**

<b>NAME</b>	<b>DATE NOTIFIED</b>	<b>CONFLICT/DECLARATIONS</b>
<b>Frank Bristol</b>	8 June 2017  14 July 2017 1 September 2017 22 March 2019	<ul style="list-style-type: none"> <li>▪ Member of the WDHB Mental Health and Addiction (MH&amp;A) Strategic Planning Group co-leading the adult workstream.</li> <li>▪ Management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health &amp; addiction peer support, advocacy and consumer consultancy service provision.</li> <li>▪ The MH &amp; A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract.</li> <li>▪ Member of Sponsors and Reference groups of National MH KPI project.</li> <li>▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group.</li> <li>▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning</li> <li>▪ Member of Whanganui DHB CCDM Council</li> <li>▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people.</li> <li>▪ A member of the Balance Aotearoa DPO Collective doing work with the Disability Action Plan representing the mental health consumers.</li> <li>▪ Life member of CCS Disability Action</li> </ul> <p>Consultancy work for Capital and Coast District Health Board Appointed to the HQSC Board's Consumer Advisory Group Appointed to Te Pou Clinical Reference group.</p>
<b>Andrew Brown</b>	13 July 2017	<ul style="list-style-type: none"> <li>▪ An independent general practitioner and clinical director of Jabulani Medical Centre;</li> <li>▪ A member of Whanganui Hospice clinical governance committee; and</li> <li>▪ Most of his patients would be accessing the services of Whanganui District Health Board.</li> </ul>
<b>Heather Gifford</b>	20 November 2018	<ul style="list-style-type: none"> <li>▪ Ngāti Hauiti representative on Hauora a Iwi;</li> <li>▪ Senior Advisor and founding member of Whakauae Research for Māori Health and Development (currently engaged in research with WDHB); and</li> <li>▪ Member of Te Tira Takimano partnership Board of Nga Pae o Te Maramatanga (Centre for Māori research excellence, Auckland University).</li> </ul>
<b>Leslie Gilsenan</b>	11 September 2017	Advised that he is the Service Manager, CCS Disability Action Whanganui (formerly Whanganui Disability Resources Centre).
<b>Matt Rayner</b>	11 October 2012  26 October 2012 31 July 2015  27 May 2016 1 September 2017	<ul style="list-style-type: none"> <li>▪ Employee of Whanganui Regional PHO – since 2006</li> <li>▪ His fiancée is an Employee of Gonville Health Limited</li> </ul> <p>A member on the Diabetes Governance Group</p> <ul style="list-style-type: none"> <li>▪ Employee of Whanganui Regional Health Network (WRHN)</li> <li>▪ Trustee of "Life to the Max"</li> </ul> <p>A member of the Health Solutions Trust A trustee of Whanganui Hospice</p>
<b>Grace Taiaroa</b>	1 September 2017         16 March 2018	<ul style="list-style-type: none"> <li>▪ Hauora A Iwi Board Iwi delegate for Ngā Wairiki Ngāti Apa</li> <li>▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton)</li> <li>▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group</li> <li>▪ Member of the Maori Health Outcomes Advisory Group.</li> </ul> <p>Deputy chair of the Children's Action Team</p>

## RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Malcolm Inglis	12 September 2018	<ul style="list-style-type: none"> <li>▪ Board member, Fire and Emergency New Zealand.</li> <li>▪ Director/Shareholder, Inglis and Broughton Ltd.</li> </ul>
	10 April 2019	<ul style="list-style-type: none"> <li>▪ Niece is employed by Whanganui DHB as Board Secretary and EA to the Chief Executive.</li> </ul>

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Anne Kolbe	26 August 2010	<ul style="list-style-type: none"> <li>▪ Medical Council of NZ – Vocational medical registration – Pays registration fee</li> <li>▪ Royal Australasian College of Surgeons – Fellow by Examination – Pays subscription fee</li> <li>▪ Private Paediatric Surgical Practice (Kolbe Medical Services Limited) – Director – Joint owner</li> <li>▪ Communio, NZ – Senior Consultant - Contractor</li> <li>▪ Siggins Miller, Australia – Senior Consultant - Contractor</li> <li>▪ Hospital Advisory Committee ADHB – Member – fee for service</li> <li>▪ Risk and Audit Committee Whanganui DHB – Member – fee for service</li> <li>▪ South Island Neurosurgical Services Expert Panel on behalf of the DGH – Chair – Receives fee for service</li> </ul>
	18 April 2012	An employee of Auckland University but no longer draws a salary.
	20 June 2012	Holds an adjunct appointment at Associate Professor level to the University of Auckland and is paid a small retainer (not salary).
	17 April 2013	Her husband is: <ul style="list-style-type: none"> <li>▪ Professor of Medicine, FMHS, University of Auckland</li> <li>▪ Chair, Health Research Council of New Zealand, Clinical Trials Advisory Committee (advisory to the council)</li> <li>▪ Member Australian Medical Council (AMC) Medical School Advisory Committee (advisory to the board of AMC)</li> <li>▪ Lead, Australian Medical Council, Medical Specialties Advisory Committee Accreditation Team, Royal Australian College of General Practitioners</li> <li>▪ Member, Executive Committee, International Society for Internal Medicine</li> <li>▪ Chair, RACP (Royal Australasian College of Physicians) Re-validation Working Party</li> <li>▪ Member, RACP (Royal Australasian College of Physicians) Governance Working Party</li> </ul>
	12 February 2014	Member of the Australian Institute of Directors – pays membership fee
	18 February 2016	Joined the inaugural board of EXCITE International, an international joint venture sponsored by the Canadian Government, to consider how to pull useful new technology into the marketplace. No fee for service, although costs would be met by EXCITE International.
	13 April 2016	Is an observer to the Medicare Benefits Schedule Review Taskforce (Australia).
	10 August 2016	<ul style="list-style-type: none"> <li>▪ Transition of the National Health Committee business functions into the NZ Ministry of Health was completed on 9 May 2016. The Director-General has since disbanded the NHC executive team.</li> <li>▪ Emma Kolbe, her daughter, has taken up a position at ESR (Institute of Environmental Science and Research), Auckland as a forensic scientist working in the national drugs chemistry team.</li> <li>▪ She is chair, Advisory Council, EXCITE International.</li> <li>▪ She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.</li> </ul>
	12 September 2018	<ul style="list-style-type: none"> <li>▪ Is strategic clinical lead for Communio and its consortium partners – to deliver coronial post-mortem services from Waikato, Rotorua, Nelson, Dunedin and Southland hospitals, and forensic and coronial post-mortems from Wellington Hospital.</li> <li>▪ provides strategic governance and management work for Hauora Tairāwhiti (Tairāwhiti DHB).</li> </ul>



# DRAFT Minutes Public session

**Whanganui District Health Board**  
**held in the Board Room, Fourth Floor, Ward/Administration Building**  
**Whanganui Hospital, 100 Heads Road, Whanganui**  
**on Friday, 9 August 2019, commencing at 10.00am**

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## **Present**

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

## **Apologies**

Mrs Jenny Duncan, Member

## **In attendance**

Mr Russell Simpson, Chief Executive  
Mrs Nadine Mackintosh, Board Secretariat  
Mr Mark Dawson, Communications Manager  
Mr Brian Walden, Finance

## **Public**

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

## **1. Procedural**

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### **1.1 Karakia/reflection**

The meeting was opened by the Board chair with acknowledgment of the challenges facing our rural communities. The chair encouraged members of public that were in attendance to reflect on the opportunity to become a member of the board or encourage others in the community to help the rural voice be heard.

The chief executive introduced himself to the public and noted it has been 10 years since the board convened a meeting in Taihape.

The Board members and public introduced themselves and provided reflections on their individual experiences as members of the board and sought feedback on matters that are facing the community for the DHB to address.

The following points were mentioned by the public

- Grateful for the current services
- Housing concerns, and request for an alternative model for the elderly to be supported by the DHB to help address an urgent need for an elderly facility/rest home
- Maintain the Taihape facility, identify the future of this building
- Acknowledged the DHB engagement with Iwi and that Iwi feel well represented by the Board.

Encouraged the Board to consider both Taihape and Waimarino rural visits for future board meetings with engagement from the respective Iwi.

## 1.2 Apologies

The board resolved to **accept** apologies from J Duncan.

The board had a planned workshop to discuss the Ruapehu Transformation Plan 2020 and received apologies from the presenter earlier that morning. A workshop on the progress of this initiative will be provided to a future meeting.

## 1.3 Continuous Disclosure

### 1.3.1 Amendments to the Interest Register

Nil

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

Nil

## 1.4 Confirmation of minutes

### 1.4.1 28 June 2019

The Board resolved to **accept** the minutes of the meeting held on 28 June 2019 as a true and accurate record of the meeting subject to amendments of the resolutions on item 4.1, a correction of spelling for duress alarms on item 5.2c, and record that the next meeting is at Taihape Hospital.

**Moved** S Hylton

**Seconded** A Main

**CARRIED**

## 1.5 Matters Arising

The chair continues to engage with the Ministry to support release of a fact sheet for Maori representation, noting that it is unlikely to be delivered prior to this election campaign.

Suicide strategy presentation will be provided to the next board meeting.

## 1.6 Board and Committee Chairs Reports

Nil

## 2. Chief Executive Report

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The paper was taken as read.

The chief executive led discussion on the following items:

- The national bowel screening programme, will require an additional surgeon and new equipment. The IT solution will be delivered nationally and we will go live with no clinical risks using the existing interim solution.
- The Minister's visit to Whanganui Hospital, 3 July 2019.
- Quality Health Awards will be held on 6 September at the Racecourse with ticket sales at \$25 with encouragement for board and members of the public to consider sponsorship opportunities.

- The financial position and adverse effect of the IDF outflows, noting that the IDF outflows have continued to increase by 5% each year for the last two years.
- The sectors financial performance trend is indicating an overall deterioration due to an increase in acuity of patients and MECA increases.
- Local health and social changes required to help reduce presentations reaching the hospital
- Limited engagement with health for the upcoming Refugee intake in 2020, advice on needs and requirements to support their transition to our community with consideration of existing population issues.
- The DHB will be seeking Ministry support for the 2019/20 financial year, which is being observed in other DHBs.

The RAC chair advised that the committee acknowledged the good work that the chief executive and staff have undertaken to address the financial difficulties facing the DHB.

Whanganui District Health Board resolved to:

- a. **Receive** the paper entitled Chief executive report
- b. **Note** the positive review received from MoH for our National Bowel Screening Program readiness assessment
- c. **Note** the financial results for June 2019 and the impacts of IDF outflows, MECA settlements and the Holiday act
- d. **Endorse** that the chair and chief executive engage in discussions with officials in relation to refugees.

Moved D McKinnon

Seconded A Main

**CARRIED**

### 3. Decisions Papers

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#### 3.1 WDHB Board Strategic Direction

The paper was taken as read and received for information. The chief executive advised that we are still awaiting for Ministerial advice on engagement process of the strategy with public, noting management have sought advice on a number of occasions. The soft approach for release and distribution will continue.

Whanganui District Health Board resolved to:

- a. **Receive** the paper entitled WDHB Board Strategic Direction
- b. **Note** the acceptance of the descriptor for thriving communities with Hauora A Iwi and the joint meeting
- c. **Adopt** the descriptor for "Thriving Communities"
- d. **Accept** the key message for use a discussion points
- e. **Agree** to a soft socialisation process with community
- f. **Endorse** the next steps

Moved D McKinnon

Seconded S Hylton

**CARRIED**

#### 3.2 Board Induction

The paper was taken as read.

The chair advised that the Ministry will be providing a board induction aimed at the legislation and public sector governance. The board requested a transition discussion for outgoing and incoming board members to provide background information on decisions.

Full board attendance on the cultural awareness was discussed and supported.

Whanganui District Health Board resolved to:

- a. **Receive** the paper entitled 2019 WDHB Board induction programme.
- b. **Note** the programme was endorsed for board approval at the joint HAI and WDHB meeting
- c. **Endorse** the agenda, proposed dates and next steps for the WDHB board induction programme

**Moved** P Baker-Hogan

**Seconded** J MacDonald

**CARRIED**

### 3.3 Allied Laundry Services Limited – change of director

The paper was taken as read.

Whanganui District Health Board resolved to:

- a. **Receive** the report 'Allied Laundry Services Limited – change of director'.
- b. **Approve** that Lucy Adams, director of nursing, be appointed as WDHB's director on the Allied Laundry Services Limited Board, effective from 1 October 2019.
- c. **Note** that the chief executive will continue to act as an alternative director if the director of nursing is unavailable.

**Moved** C Anderson

**Seconded** D Hull

**CARRIED**

## 4. Information Papers

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### 4.1 Financial report for June 2019

The paper was taken as read.

Whanganui District Health Board resolved to:

- a. **Receive** the report 'Detailed financial report – June 2019'.
- b. **Note** the June 2019 month-end result of \$0.056m surplus is unfavourable to budget by \$631k.
- c. **Note** the year-to-date June 2019 result of \$8.751m deficit is unfavourable to budget by \$829k.
- d. **Note** that the interim year-end result is \$8.781m deficit compared to the forecast \$8.086m deficit and is \$695k unfavourable to forecast.
- e. **Note** the additional one-off costs of \$2.590m are additional to the above operating results and are due to the write-off of the National Oracle Solution investment and the provision for potential liability to achieve compliance with the Holidays Act 2003.

### 4.2 Health and Safety report

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

Whanganui District Health Board resolved to:

- a. **Receive** the health and safety update.
- b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18 or 2018/19 financial years.
- c. **Note** the detailed three year trend reporting by risk, risk element and area.
- d. **Note** that the WDHB will retain ACC Tertiary Accredited Employer Programme (AEP) status following the 2019 Audit.

#### 4.3 People and Performance

The paper was taken as read.

The exit interview themes were discussed with the chief executive providing reassurance the Board has no need for concern. The board acknowledged that 20% of staff are over 60 years of age which will contribute to a higher exit level.

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

Whanganui District Health Board resolved to:

- a. **Receive** the paper entitled 'People and Performance six-monthly update'.
- b. **Note** WDHB continues to experience low average turnover
- c. **Note** further detail provided regarding reasons for leaving as per board request
- d. **Note** the positions open for recruitment
- e. **Note** the annual leave liabilities for WDHB
- f. **Note** WDHB continues to experience low sick leave trends
- g. **Note** performance indicators will be aligned with board strategy, chief executive key performance indicators and role accountability
- h. **Note** the achievement of WorkWell Bronze Standard Accreditation.

#### Action

Ethnicity profile report to include professional status.

#### 5. Date of next meeting

The next meetings of the Whanganui DHB was confirmed.

#### 6. Reasons to exclude the public

Whanganui District Health Board resolved to:

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

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

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 17 May 2019	For reasons set out in the board's agenda of 17 May 2019	As per the board agenda of 17 May 2019
Chief executive's report	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Board & committee chair reports	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
Risk and Audit Committee minutes of meeting held on 12 June 2019	To avoid prejudice to measures protecting the health or safety of members of the public	Section 9(2)(c)
	To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under	Section 9(2)(ba)

	the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	
Impairment of FPIM Letter of comfort	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Annual planning update Central region annual plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

**Persons permitted to remain during the public excluded session**

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

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

Moved D McKinnon

Seconded D Hull

**CARRIED**

The public section of the meeting concluded at 11.43am




# Matters Arising

20 September 2019

Topic	Action	Due date
<b>Suicide Prevention Strategy</b>	Circulate engagement opportunities for members to share more widely to encourage wider participation.	<b>On-going</b>
<b>Service updates</b>	Urology, renal and chemotherapy updates to outline what we are achieving against targets	<b>In papers</b>
<b>Fit for Surgery</b>	A presentation from a patient in the programme and consider including a patient story for new patient information.	<b>October</b>
<b>Smokefree 2025</b>	Health promotion position to be presented to the Board	<b>October</b>



	Presentation
Author	Item 2
Author	Nicole Dryden, Manager, Healthy Families
Endorsed by	Russell Simpson, Chief Executive
Subject	<b>Interim report for the proposed Suicide Prevention Strategy</b>
<p><b>Recommendations</b></p> <p>Management recommend that the Whanganui District Health Board:</p> <ol style="list-style-type: none"> <li><b>Receives</b> the paper entitled 'Interim report for the proposed Suicide Prevention Strategy'</li> <li><b>Note</b> the community engagement approach being used to receive detailed contributions for the Strategy and Action Plan</li> <li><b>Notes</b> the key learnings received to date</li> <li><b>Notes</b> key events planned for the period August – October 2019.</li> </ol>	

## 1. Purpose

The paper is to provide the Board with an update on the development of our Suicide Prevention Strategy and Action Plan.

## 2. Approach

Our community engagement approach centres on the process of building relationships with key collectives of community, provider stakeholders, individuals and specific interest groups to work side-by-side as partners. We are building a coalition of support to unearth community voice, with the end goal of hands-on, wide and diverse contributions to the Strategy and Action Plan.

We have followed a location based approach, identifying contact points for action in each of the Whanganui, Rangitikei and Ruapehu rohe (regions).

We have initiated and developed contacts within Suicide Prevention, Hinengaro Hauora (Mental Well-being) and the wider health sector primarily to unlock successful community engagement strategies and secondarily to ready these stakeholders for their contributions towards the Strategy and Action Plan.

### 3. Key Learnings

It is too early to assess the quantity and quality of voice gathered towards the strategy but we do know that we **need to get deeper into our communities so that the most inaccessible have voice.**

There are a **limited number of successful community wide engagement strategies in place within health and specifically mental health and well-being.** There are successful practitioners and meaningful outcomes, of course, however, we are having to build scalable and wide reaching engagement structures as we collect voice.

There are **policy or practice barriers to connecting with lived experience whānau through providers.** There is a willingness to connect to some extent but not the gathered insights ready to share nor the authority to unlock access.

**Prevention conversations are few and far between.** Obviously we are needing to do this because we do not have the solutions to eradicate suicide, however, there appears (subtle yet to be fully evidenced, to be a large holes in the prevention system (to be clear both whānau and community and interventions).

### 4. Change Opportunities

#### 4.1 Unlocking access to lived experience via Providers/Agencies

Urgent conversations with a selected group of providers (perhaps with mental health and well-being contracts) to explore and understand what appropriate access can be gained to lived experience. This may be with willing individuals or whānau but could equally be access to insights that do not identify clients.

#### 4.2 Deeper community connection

Increasing urgency towards contact with workplaces, interest groups, schools, neighbourhood gatherings, sports and recreation connectors.

#### 4.3 Provide a key contact through Whanganui District Health Board

Improve access to all links, media, research, workshops relevant.

### 5. Focus Area 2 | District suicide prevention and post vention Q4

The Suicide Prevention project manager has been socialising the project with service providers, subject matter experts and key people who work within the Whanganui, Ruapehu and Rangitikei communities. Local people and organisations who hold information that will be relevant and pertinent to reaching and engaging communities have been identified.

Facilitation of 2 workshops on 21.06.2019 at Te Oranganui with providers and services who work within communities with whānau and individuals. Insights and expertise for best approach were shared. The sessions were two hours in length offered morning and afternoon for flexibility. 26 attended the morning session and 7 the afternoon.

Organisations included WDHB, Ngāti Rangī, Te Oranganui, Ngā Tai o Te Awa, Corrections, Te Kōtuku Hauora, Capital and Coast DHB, Healthy Families Whanganui, Ruapehu and Rangitikei, Ngāti Apa, Shine City, Balance Whanganui, Whanganui City Council, Mental Health and Wellbeing Support, Whanganui Regional Health Network.

The workshops were opened up with Russell Simpson, CEO WDHB, and one of our whānau with lived experience. This was well received. Information has been collated and sent out again for feedback with an evaluation form of workshops.

A Video was released and sent out via Facebook outlining the project manager role and the Call to Action to our communities to have their say in the strategy. From this whānau have reached out and a number of individual conversations have occurred, allowing us to gain insight into their journeys. One whānau member is in the process of expanding the opportunity to be involved with their wider whānau, explicitly exploring services/support they feel were needed.

A timeline of 3 months from August to October 2019 has been put in place to conduct community discussions within the 3 districts and to allow leeway to mitigate any unforeseen impacts.

## 6. Whanganui - Sample Connections

Individual lived experiences collected and continue to receive.

### **Stone Soup**

Community event this month is based on Suicide Prevention. This attracts between 150 and 300 people.

### **The Pasifika community**

Have been addressed twice. Once at their fono and then at their Health and wellbeing committee hui. We have confirmed that in October at the Fijian language week this will be another opportunity to capture the Pasifika voice.

### **Man up and Legacy**

In current communication discussing and organising timeframes and venues.

### **Library**

The Library has been confirmed as a venue to hold several community discussions and also to utilise the school holidays as a prime opportunity to catch the foot traffic.

### **Mental Health Awareness week**

Full engagement all activities planned.

### **Te Ao Hou Marae**

Will host community discussions there. Just settling on dates.

### **Kaitoke Prison – Te Oranganui Trust Contractee**

Awaiting clearance to hold hui.

### **Sport Whanganui**

A hui has been set for 17<sup>th</sup> September to meet to confirm approach to all sports clubs and teams.

### **Te Puke Karanga Hauora Day**

Held at Hiruhārama and provided the chance to address the community on the river.

### **Secondary School principals Association – Peter Kaua**

Meeting and plan for all schools.

## 7. Rangitikei - samples

Four whānau have been identified to approach to input into the strategy as lived experience. Facilitated through whānau member working in health.

### **Marton Family Start Whānau Day**

This is being held in Marton in October. A space for the strategy has been created to capture the Rangitikei voices.

### **Youth**

In current discussions with Council to facilitate some discussions with their youth.

### **Will to Live**


Attended the National Tour that was created for rural farming communities. An amazing opportunity to observe the contextually supported environment created by this community. This event attracted more than 100 people. It provided insights into this community and how we would try to capture their voices. A follow up email to Marie Frost will be sent to leverage off this event in hope to capture the farming community voices.

## 7.1 Ruapehu Initial Plan example

Ministry of Education	Work Force	Groups	Hauora	Iwi/hapū
Ruapehu College Ohakune Primary school Raetihi Primary School Reap ECE Kohanga Waiouru Primary school	New World Forestry Winstone Pulp International Pulp mill Tangiwai Saw mill Farmers McCarthy's Trucks Market Gardens Shearers Army	Solo mums Farmers Wives Man Up Legacy Coffee groups Ruapehu rugby and netball club Squash Club Kapa Haka	Te Pae Tata Ngāti Rangi Community Health AOD groups Mental Health Groups SUPP Whānau Ora Skate Park The Rec ( Tennis Courts) Koro Ruapehu Swimming Pool 4 x Playgrounds Basketball Courts Waka Ama Dream Makers Trust	Ngāti Rangi Ngāti Uenuku Atihanui ā Paparangi

Education		Employment		Groups	
Ko wai	To make contact	Ko wai	To make contact	Ko wai	To make contact
Ruapehu College	Mel/Kim	New World	Annie/Marguerite	Man up/Legacy	Tane
Ohakune Primary School	Mel	Forestry	Tane	Sports Clubs	Tane/Mel
Raetihi Primary School	Mel	WPI Pulp Mill	Mel/Tane	Solo mums/coffee Groups	Te Pae Tata/Mel
Te Kura Kaupapa Māori	Mel	Tangiwai Saw mill	Mel/Paul Howe	Dream Makers Trust	George Potaka Mel/Tane?
Oroutaha Primary	Mel	McCarthy Truckies	Mel	NRCHC – Whanau Ora	Tina/Mararet
		Market gardens	Mel	NRCHC - Hinengaro	Clem
		Farmers	Atihau incorporation	Ngati Rangi - Iwi	Erana/Elijah/Nicole
		Shearers	Tane/Marty	Uenuku	Via Moana/Aiden
		Army	Marguerite	Waimarino Forum	Nicole



 <p>WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui</p>		<b>Chief Executive Paper</b>
		<b>Item 3</b>
<b>Author</b>	Russell Simpson, Chief Executive	
<b>Subject</b>	<b>Chief Executive Report</b>	
<p><b>Recommendations</b></p> <p>Management recommend that the Whanganui District Health Board:</p> <ol style="list-style-type: none"> <li><b>Receives</b> the paper entitled chief executive report</li> <li><b>Acknowledges</b> the recipients of the Te Tohu Rangatira – Whanganui District Health Quality Awards for their contributions in the community</li> <li><b>Notes</b> that the agreement in principle between Whanganui Land Settlement Trust and the Crown was signed on 30 August 2019</li> <li><b>Notes</b> that the interim Health and Disability System review was released with final recommendations aimed to be received by March 2020</li> <li><b>Notes</b> that the New Zealand Cancer Action Plan 2019–2029 has been released for consultation</li> </ol>		

## 1. Te Tohu Rangatira – Whanganui District Health Quality Awards

This year the awards were opened up to embrace all health workers doing good work in the community, including nonclinical staff and volunteers.

There is so much good work going on every day in our busy health sector, but so often it flies under the radar, unnoticed, unremarked. So Te Tohu Rangatira 2019 aims to turn that around and shine a little light on all those making a difference in our community.

There were 10 categories of the Te Tohu Rangatira awards plus the chief executive and supreme awards and the recipients were:

<b>Award</b>	<b>Recipient</b>
Whakapapa & Whanaungatanga	Health Promotion Day Raa Haura celebrating Puanga -Te Oranganui Trust
Tino Rangatiratanga	Where should I be (WRHN)
Kotahitanga	An alternative approach to Chronic Kidney Disease management in primary care - Albert Robinson (WRHN) & Phil Murphy (WDHB)
Wairuatanga & Mauri	Tapestry of Truth - Peter London & Lee Ashford, Te Oranganui Trust
Tikanga Maori	Te Reo Sessions - Te Hau Ranga Ora, WDHB
Manaakitanga & Mana tangata	Matariki Celebrations - Jill Alderton, Standford House
Kaitiakitanga	Fit for surgery, Fit for life - WDHB, Sport Whanganui, WRHN
Rangimarie & Aroha	Whanau Centred Care - Reflected on the Whanganui Hospital walls - WDHB Art & Archives Group
Health, Safety & Wellbeing	After Hours Entry - Enliven Kowhainui
Shirley O'Rouke	Kim Hēmana
Chief Executive	Ruapehu Transformation Plan 2020
Supreme	Tapestry of Truth - Peter London & Lee Ashford, Te Oranganui Trust

## 2. Te Tomokanga kit e Matapihi

The Agreement in principle signed between Whanganui Land Settlement Negotiation Trust and the Crown is the first milestone to settling Whanganui's historic Te Tiriti o Waitangi Claims. This took place on Friday, 30 August 2019 at Putiki Marae and was attended by Iwi from the neighbouring rohe, local community, local and regional crown agencies, local and territory authorities.

While the settlement will never fully atone for the wrongs of the past, this settlement lays the foundation for a future relationship/partnership between the Crown and Whanganu Iwi. A relationship/partnership rooted in Te Tomokanga ki te Matapihi which provides an opportunity to improve social, economic and cultural wellbeing of whanau and whenua.

## 3. Health and disability system review interim report

The Interim Report of the Health and Disability System Review is now available at [www.systemreview.health.govt.nz/interim-report](http://www.systemreview.health.govt.nz/interim-report).

This report does not provide final recommendations. It is a progress report reflecting back what has been heard during Phase One, providing analysis of submissions and evidence the Review has gathered, and indicating the directions of change the Panel believes are needed.

During the next few months the Panel will continue to refine these directions, and engage further with stakeholders, so that specific recommendations can be finalised by March 2020.

Because the full report is a lengthy document, an executive overview has also been made available online which gives a brief executive summary along with a compilation of the directions for change, and the next steps for the Review.

## 4. New Zealand Cancer Care Plan


Right Honourable Prime Minister Jacinda Ardern and Honourable Minister of Health Dr David Clark released the 'New Zealand Cancer Action Plan 2019–2029' which recommends actions that will make a real difference to all New Zealanders.

Modernising our approach to cancer care and improving survival rates is a long-term challenge. As kaitiaki of the health and disability system we aspire to achieving equity and sustainable services to all New Zealanders.

In January 2019, the Minister announced at the Cancer Care at a Crossroads Conference the development of a new cancer action plan with the bold goal of achieving equity of outcomes as a priority. It's important that we know whether this is right or not, so that we can roll out a plan that delivers equitable care.

The Cancer Action Plan 2019 – 2029 on our website: <https://www.health.govt.nz/publication/new-zealand-cancer-action-plan-2019-2029>.

Have your say about the Cancer Action Plan. <https://consult.health.govt.nz/cancer-services/cancer-action-plan>.

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	Decision paper
<b>Author</b>	<b>Item No. 4.1</b>
<b>Author</b>	Karney Herewini, Acting Health Promotion Manager Chester Penaflor, Health Promotion Officer
<b>Endorsed by</b>	Paul Malan, GM Service and Business Planning
<b>Subject</b>	<b>Alcohol Position Statement</b>
<b>Recommendations</b>  Management recommend that the Whanganui District Health Board: <ol style="list-style-type: none"> <li>a. <b>Receive</b> the paper entitled Alcohol Position Statement</li> <li>b. <b>Note</b> the evidence contained in Appendix 4.1.1: Alcohol in our Communities.</li> <li>c. <b>Endorse</b> the Whanganui District Health Board Position Statement on Alcohol in Appendix 4.1.2</li> <li>d. <b>Note</b> the rationale for our position provided in Appendix 4.1.3.</li> </ol>	
<b>Appendices</b>  <b>Appendix 4.1.1:</b> Alcohol in our Communities <b>Appendix 4.1.2:</b> Whanganui District Health Board Position Statement on Alcohol <b>Appendix 4.1.3:</b> Rationale for our position	

## 1 Background

Whanganui District Health Board (WDHB), as with other District Health Boards across New Zealand, acknowledges the wide range of alcohol related harm experienced by people within communities and also that the burden of this harm is carried disproportionately by some population groups more than others. We recognize that alcohol use is a major factor for numerous health conditions, injuries and social problems. Moreover, alcohol-related harm costs the health sector significant money, time and resources. **Appendix 4.1.1:** Alcohol in our Communities, outlines some evidence to support these statements.

## 2 Interventions to reduce alcohol harm

WDHB works towards improving the health of communities and reducing inequalities in health status for WDHB district residents.

The WDHB Public Health Centre (PHC) leads a population health approach by considering all the factors which contribute to health status, and works to intervene across the determinants so as to prevent poor health outcomes. Many PHC activities are focused around the social and physical environments in which we live, as well as on programmes that work with individuals and communities to reduce risk and to develop more healthy outcomes. We recognise that our interventions can:


- take place at many levels throughout the health sector and beyond;
- be planned and implemented in collaboration with other sectors;
- incorporate advising other sectors on the health impact of their activities, and where necessary, suggesting initiatives or policies to regulate these.

By taking the approach mentioned above, the PHC endeavours to support various community groups, including local government organisations, to build healthy public policy. Specifically, we support people, whānau, families, communities, health agencies and other partners to influence the social and environmental determinants of hazardous alcohol use and improve access to healthcare services for people experiencing alcohol-related harm.

### 3 Local Activity

Local Alcohol Policy introduced by the Whanganui District Council

- a. district-wide limit on the number of off-licensed premises (with the exclusion of supermarkets and grocery stores) rules about the proximity of off-licensed premises to sensitive site
- b. 'one-way' door restriction in effect from one hour prior to license closing hours for all taverns, bars, pubs, and night-clubs
- c. maximum trading hours for licensed premises
- d. (We would like to work with Rangitikei District Council and Ruapehu District Council to develop consistent alcohol policies).
- e. Increase drink-driving counter-measures by providing education and brief intervention training under Community Mental Health and Addiction Services' Recidivist Drink Driving Programme and Community Probation's Brief Intervention Programme.
- f. Increasing treatment opportunities by training health care professionals through the following programmes:
  - Mental Health and Addictions Credentialing for Primary Health Care Nurses
  - Solution-Focused Brief Therapy
  - Introduction to Brief Intervention
  - Working alongside interagency networks, communities and key settings to reduce alcohol related harm
  - Raising awareness on preventing Foetal Alcohol Spectrum Disorder (FASD)
  - Undertaking appropriate regulatory functions required under the Sale and Supply of Alcohol Act 2012
  - Strengthening the rights and responsibilities of parents for the supply of alcohol to minors through the Social Supply of Alcohol Project
  - Sponsoring, co-ordinating and writing submissions on public policy and alcohol licencing applications
  - To strengthen this important public health activity and in order for our organisation to respond consistently where appropriate, we would like to have a Board-endorsed position statement on alcohol.

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	Decision paper
	Item 4.2
<b>Author</b>	Margaret Bell, WDHB Electoral Contact
<b>Endorsed by</b>	Brian Walden, General Manager Corporate
<b>Subject</b>	<b>DHB elections 2019 update</b>
<p><b>Recommendations</b></p> <p>Management recommend that the board:</p> <ol style="list-style-type: none"> <li><b>Receive</b> the report 'DHB elections 2019 update'.</li> <li><b>Note</b> that the number of nominations received has increased from previous elections.</li> <li><b>Note</b> that the term of the new board commences on Monday 9 December 2019.</li> <li><b>Approve</b> that any newly-elected board members be invited to attend the 1 November 2019 board meeting, receive the public section of the meeting papers and be granted observer status.</li> <li><b>Approve</b> that any newly-elected board members can receive the full meeting papers and attend the public excluded section of the November board meeting as an observer, after signing a confidentiality agreement.</li> </ol>	

## 1 Purpose

To provide a progress update on the 2019 Whanganui District Health Board (WDHB) elections and seek approval to enable new board members to attend the 1 November 2019 board meeting after their election and prior to taking office on 9 December 2019.

## 2 Nominations and voting

When nominations closed on Friday, 16 August 2019, 17 nominations had been received for the seven elected members of WDHB. This is an increase on the number of nominations for previous elections (with 15 received in 2016, and 13 received in both 2013 and 2010).

The board has appointed the Whanganui District Council's electoral officer to conduct our election. WDHB's website includes a link to the Whanganui District Council's elections webpage, which contains candidate profiles and other election information.

DHB elections are conducted by postal ballot. Voting documents will be delivered between 20 and 25 September 2019. The voting papers will be opened as they are returned, checked for informal or duplicate votes, and captured electronically during the voting period. This process is carried out with strict security measures, including observation by one or more Justices of the Peace. No tallying of the votes is undertaken until after the close of voting at noon on Saturday 12 October 2019.

A 'progress' result will be issued by the electoral officer on 12 October 2019. This will include all votes that have been returned from the Whanganui district, and votes received from Rangitikei and Ruapehu districts up until Friday 11 October 2019. The votes received from Rangitikei and Ruapehu on 12 October 2019 will be included in a 'preliminary' result which is expected to be issued on Sunday, 13 October 2019. The 'final' result will be available as soon as special votes have been verified, and is likely to be before Thursday, 17 October 2019.


### 3 **Observer status for any new board members**

The term of current board members ends on Friday 6 December 2019, and the new board takes office from Monday 9 December 2019.

The Ministry of Health has suggested that boards consider giving members who are newly-elected in October the status of an 'observer' at board meetings before they take office. This would allow them to 'come up to speed' with board business more quickly and provide a smooth transition for the new board. It should be noted that all candidates are already entitled to attend the public section of board meetings as a member of the public.

The board is asked to consider giving newly-elected members the status of an 'observer' at the meeting scheduled for Friday 1 November 2019. By granting observer status, newly-elected members would be able to ask questions on any matter on the agenda, but would not have voting rights.

The board will also need to decide whether the observer status is extended to the confidential (public excluded) section of the meeting, and how it will regulate its procedure on this. Schedule 3, Clause 30 of the NZ Public Health and Disability Act 2000 states: "A board may regulate its procedure, at its meetings and otherwise, in any manner not inconsistent with this Act it thinks fit." In previous years, board members-elect have been required to sign a confidentiality agreement before being provided with the public excluded section of the board meeting papers and attending that part of the meeting.

 <b>WHANGANUI</b> DISTRICT HEALTH BOARD <small>Te Poari Hauora o Whanganui</small>	<b>Decision paper</b>
	<b>Item 4.3</b>
<b>Author</b>	Rowena Kui, Kaiuringi, Director Māori Health
<b>Subject</b>	<b>WDHB Board Strategic Direction Infographic</b>
<b>Recommendations</b> Management recommend that the Board of Whanganui District Health Board: <ol style="list-style-type: none"> <li><b>Receives</b> the paper entitled WDHB Board Strategic Direction Infographic</li> <li><b>Notes</b> the descriptor and te reo Māori for “Thriving Communities”</li> <li><b>Notes</b> the values aligned to the strategic drivers and enablers</li> <li><b>Notes</b> that a selection of infographics containing images and wording will be circulated prior to the meeting</li> <li><b>Agrees</b> the infographic to be used for the WDHB Strategic Direction</li> </ol>	

## 1 Purpose

This paper provides an update on the Whanganui DHB strategic direction “Thriving Communities” descriptor, values and proposed infographic.

## 2 Descriptor

At the 3 September 2019, Hauora A Iwi and Whanganui DHB joint board meeting, the Thriving Communities descriptor, te reo Māori translation and values aligned to the enablers and drivers were tabled and discussed.

One of the Hauora A Iwi board members commented on the te reo translation, the Kaiuringi director Māori health reconfirmed that te reo translations were undertaken with Kaumatua advice. The WDHB Kaumatua has since reconfirmed the translation.

Board members also commented that wording on the infographic should not be crowded and that the descriptor should be presented separately from the drivers and enablers, to ensure that information can be best used dependent on the audience and setting.

- The descriptor is as follows:

Thriving Communities    He Hāpori Ora

Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing.

‘Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga’

- Strategic drivers, enablers and values are as follows:

### Strategic Drivers

Equitable outcome

Integrated Care

Whānau and person centred care

Partnering for community well-being

### Ōritetanga

**Manaakitanga**

**Mana Tangata**

**Kaitiakitanga**

### Strategic Enablers

Collaborative Governance and Strategy

Integrated vision, processes and technology


Valuing and empowering our people

Financial health matters

**3 Infographic**

The communications team will provide sample infographics for decision.



 <p>WHANGANUI DISTRICT HEALTH BOARD Te Pouri Hauora o Whanganui</p>		Discussion Paper
		Item No. 5.2
Author	Katherine Fraser-Chapple, Service & Business Planning Kylie Gibson, Corporate Finance	
Endorsed by	Paul Malan, GM Service & Business Planning	
Subject	<b>Planned sub regional services for Renal</b>	
<p><b>Recommendations</b></p> <p>Management recommend that the Whanganui District Health Board:</p> <ol style="list-style-type: none"> <li><b>Receive</b> the paper entitled "Planned sub regional services for Renal"</li> <li><b>Note</b> the update on renal service activity across the Central Alliance</li> </ol>		

## 1 Renal services provided to the Whanganui community

A renal services project was undertaken in 2017 to develop a plan for renal services that would better meet the needs of the Whanganui population. One of the key recommendations of this project was that a renal team should be established in Whanganui in the first instance to provide support to local patients, including those receiving home dialysis. All renal services up to this time were provided by MCDHB.

Work to develop the plan has been carried out by the community nursing team. The team works within the community providing care, education, advice and support to patients, GPs and hospital staff alike. They provide direct support for home dialysis patients (in collaboration with MCDHB) as well as secondary health care services for and education for over 1,000 patients.

The renal team currently consists of the following staff

- Renal nurse practitioner (NP)– 1 FTE
- Long term conditions clinical nurse specialist (CNS) – 1 FTE
- Renal clinical nurse specialist (CNS)– 0.2 FTE

Currently the Whanganui region (under the WRHN practices) has over 5,000 Chronic Kidney Disease (CKD) patients, most of whom are managed through the GP practices in partnership with the NP. The NP visits patients at GP practices as well as carries out case reviews with and for GPs. The NP also provides secondary health care services to patients directly through the WDHB.

**High risk progressive vs slow progression CKD population in community (non-dialysis)**

	Apr-17	Apr-19
High risk CKD	370	375
Slow progression CKD	779	862

**CKD patients under the WRHN**

renal patient numbers	Apr-17	Apr-19
Non diabetic stage 3 & 4	2767	3,202
Diabetic stage 2, 3 & 4	2109	2,343
End stage renal disease	60	47
<b>Total</b>	<b>4936</b>	<b>5,592</b>

**Number of patients under MCDHB renal service**

Type	Sep-17	Aug-19
Transplant support	16	15
Facility dialysis	17	11
Home dialysis	21	21
Pre-dialysis**		13
nephrology clinics		50
<b>Total</b>	<b>54</b>	<b>110</b>

\*\*pre-dialysis patients are anticipated to commence dialysis within the next 3-12 months, majority of these patients have chosen home based dialysis treatment. No numbers available for this before WDHB took over the support.

Although the main nursing support provided to renal patients is provided by the WDHB, oversight and overall coordination of renal services remains with MCDHB. Inter-district flow (IDF) payments to MCDHB for renal outpatient services have not grown as fast as was projected before the 2017 changes. However, there are further changes planned.

**2 IDF outflows to MCDHB for renal outpatient services**

Service type	2014/15 expense	2015/16 expense	2016/17 expense	2017/18 expense	2018/19 expense	2019/20 budget
Home based dialysis	377,819	524,969	553,542	640,908	611,117	619,054
in centre dialysis	931,720	960,090	1,010,241	796,301	807,387	817,873
Automated Peritoneal Dialysis (APD)	61,059	44,568	55,883	100,848	105,110	106,475
other	48,697	47,316	43,455	285,275	61,160	61,955
<b>Total IDF outflows to MCDHB</b>	<b>1,419,296</b>	<b>1,576,942</b>	<b>1,663,121</b>	<b>1,823,332</b>	<b>1,584,775</b>	<b>1,605,357</b>

For 2018/19 the WDHB paid MCDHB for some services that are partially provided by our local team, and can be fully provided by our team given the right level of support – this includes home based dialysis, automated peritoneal dialysis, peritoneal dialysis training, pre-dialysis education and management, and transplant work-up. Providing these services fully in Whanganui will allow the service to grow further and provide better care and support for patients and their families.


**3 Next Steps**

Work is being undertaken currently to confirm the feasibility and develop the service protocols of service delivery and to formalise how the two DHBs are working together. This is an important step in formalising responsibility of patients and will in turn lead to agreements around IDF's being reached. The agreement can then be formalised through a Memorandum of Understanding (MOU) under the centralAlliance. It is important that this MOU provides financial consideration with IDF's to ensure that WDHB can fund its own renal support and that we are not paying MCDHB for a service that is provided by WDHB staff. Ideally, service for Whanganui patients will be supported fully by a local team, which will better meet the needs of our community.

A business case is currently being developed for additional staff to support the 2017 renal project and the MOU proposals. This will allow the service to meet its current demands and allow for future growth in Whanganui home dialysis services. It is expected that the demand for renal services will continue to rise in the foreseeable future. Once the MOU is finalised then WDHB will need to increase staff to be able to provide the support required to fully manage local patients. The Nurse Practitioner will provide the strategic lead of the service and will provide support to the patients and to the WDHB renal team who will be managing patients on a day-to-day basis.

A project with primary care is also being worked on. This project is to develop preventative CKD strategies. This work will focus on long-term conditions management to prevent CKD. The target population is Maori with an aim to improve equity for access to specialist care. This project is in its early stages.



 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	Information paper
	Item 6.1
<b>Author</b>	Hentie Cilliers, General Manager People and Performance
<b>Subject</b>	Health and Safety update
<p><b>Recommendation</b></p> <p>Management recommend that the board:</p> <ol style="list-style-type: none"> <li>a. <b>Receive</b> the health and safety update.</li> <li>b. <b>Note</b> that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 or 2019/20 YTD, financial years.</li> <li>c. <b>Note</b> the new graphs depicting a twelve-month rolling average for each of the top five injury/incident categories.</li> <li>d. <b>Note</b> that there is a slight increase in the overall incident/injury trend.</li> <li>e. <b>Note</b> that the increase is attributed to aggression related injuries/incidents as well as improved reporting, FTE/headcount growth and increased demand.</li> <li>f. <b>Note</b> the following trends for each of the five categories: <ul style="list-style-type: none"> <li>- Aggression injuries/incidents increased over the three year period</li> <li>- Manual handling injuries/incidents increased minimally over the three year period</li> <li>- Infection Control injuries/incidents remained stable over the three year period</li> <li>- Slip, Trip, Falls injuries/incidents remained stable over the three year period</li> <li>- Struck by, bumped injuries/incidents declined over the three year period</li> </ul> </li> <li>g. <b>Note</b> the use of after hour security guards and that sixty-nine percent of nights are free from violence or aggression incidents.</li> </ol>	

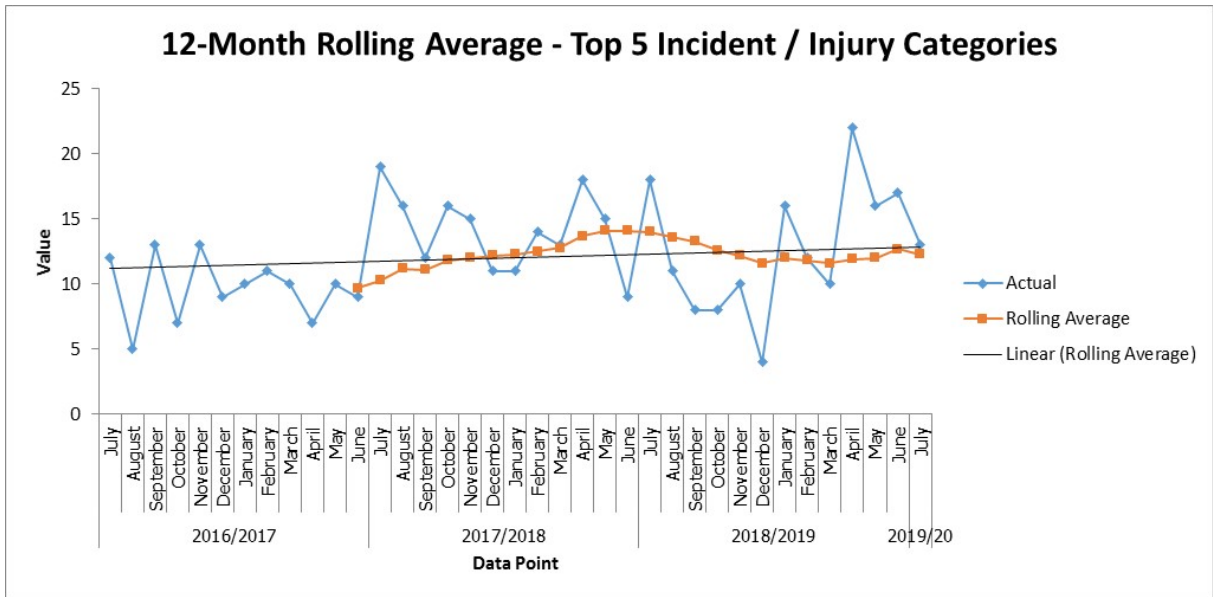
## 1 Purpose

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

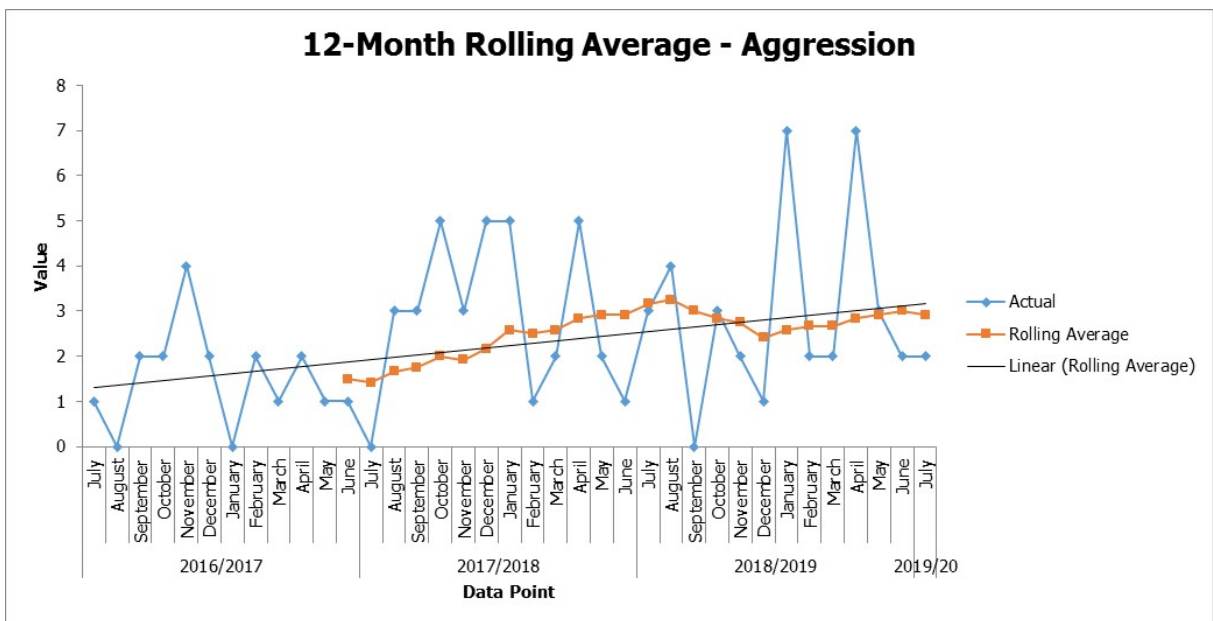
- incident/injury trends.
- incident/injury details.
- employee participation.
- contractor management.

## 2 Incident/injury trends

The graph below provides a rolling average, actual summary and trend line of the last three financial years' top five injury/incident trends. The trend line (based on the rolling average) indicates a slight increase in the number of incidents/injuries over the three year period. The increase is attributed to aggression related injuries/incidents as well as improved reporting, FTE/headcount growth and increased demand.



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



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

During June and July 2019 three physical aggression incidents Medical, Surgical and NRU involving a confused patient and/or medical condition were reported. One verbal abuse from a caller to the telephonist was recorded.

Improved risk mitigations include:

- Surgical incident escalated to an RMO and DNM
- Police notified and counter screen lowered by the Telephonist

**Te Awhina**

Te Awhina recorded a significant number of aggression staff incidents/injuries from January to April 2019 - January (3/7), February (2/2), March (2/2), April (2/7), May (1/3).

No aggression staff incidents/injuries were recorded in Te Awhina in June and July. The occupancy remains very high, less than adequate staff levels at times, and patients being admitted with significant histories of aggression/violence.

Risk mitigations introduced by Te Awhina CNM in June/July include:

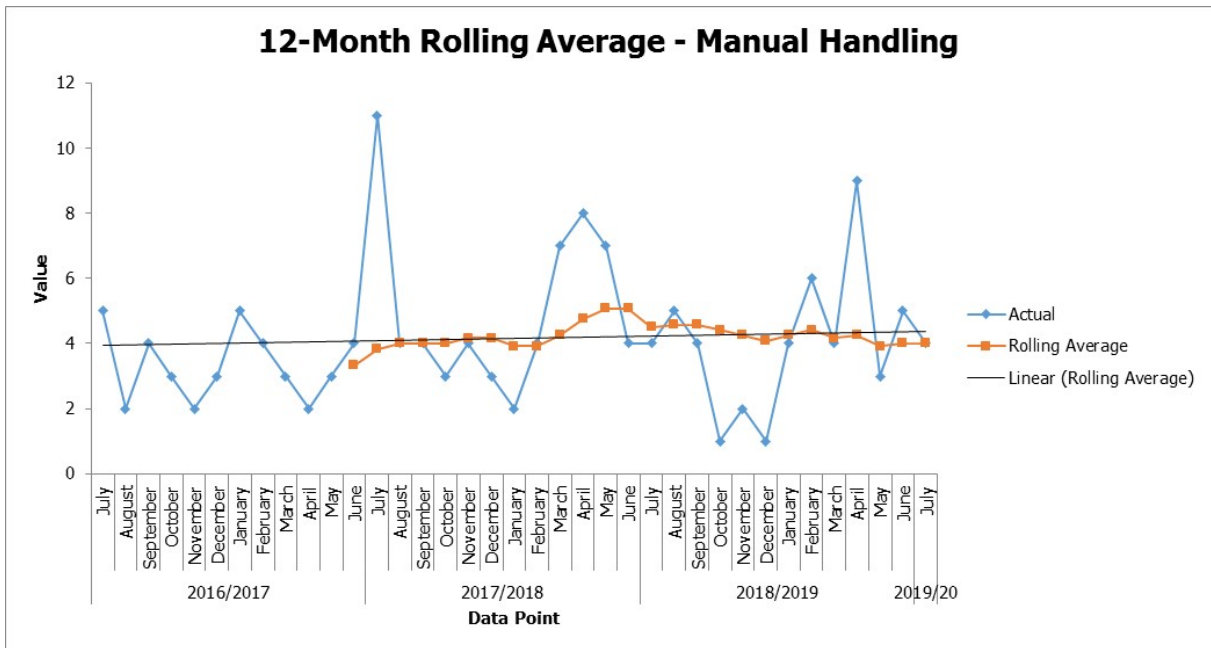
- Increased senior staff on most am and pm shifts providing consistency and leadership that better covers patient risk.
- Introduction of BROSET assessment process – enables the nurses to more adequately assess the potential risks of patients before an incident occurs and have a solid plan in place around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

### Security Services

The WDHB uses contracted security services provided under the WDHB/Spotless Service delivery agreement. Security guards are on-site every evening and provides a wide range of security services focussing on site and staff/visitor/patient safety. The list below provides more detail regarding the broader functions of the WDHB security guards:

- Internal/External Patrol Checks
- Crime Prevention & Response
- Addressing:
  - Insecure Access Points on Buildings
  - Alarms Not Set
  - Smoking on Site
- Visitor Assistance, Ambassadorial Duties
- Identification/Reporting of Fire and Safety Hazards
- Staff/Escorts as requested
- Ward Checks/ Communication Checks
- Assist WDHB Staff with Fire Alarm Responses
- Security Alarm Responses
- Assist with Security Camera tasks as Requested
- Emergency Responses
- Sleepovers
- Addressing/Supporting staff with Aggressive behaviour (verbal/physical) from Patient/Visitor/Staff
- Calm and Restraint Procedures
- Duress Alarm Responses
- Issuing/Enforcement of Trespass Notices
- Liaison with NZ Police

A review of the daily security reports between September 2018 and August 2019 indicated that on average there are no incidents requiring security assistance for sixty-nine percent of nights.

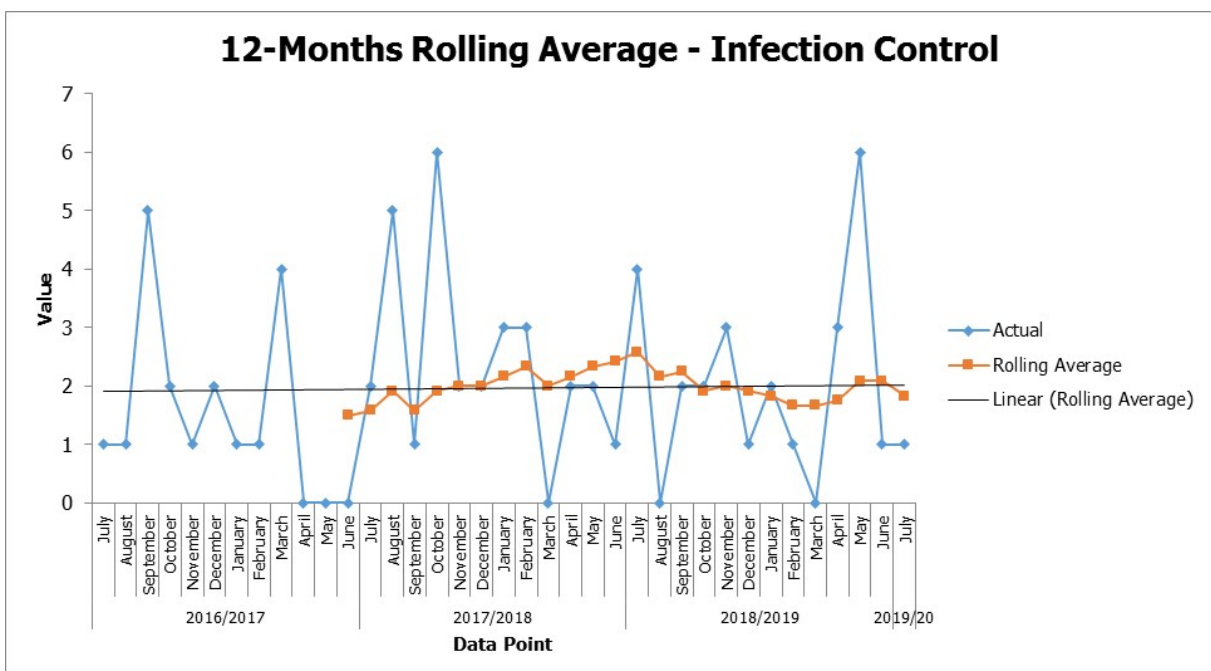


The trend line (based on the rolling average) shows a small increase in the number of incidents/injuries over the three year period. The actual number of manual handling injuries/incidents were below the rolling average for eight of the previous twelve months.

During June and July 2019 nine manual handling injuries, four equipment/object (Sterile services, ATR, Medical, and Surgical) and four patient related (Medical (2), CCU AND Emergency) and one OOS in Ophthalmology were reported.

Improved risk mitigation include:

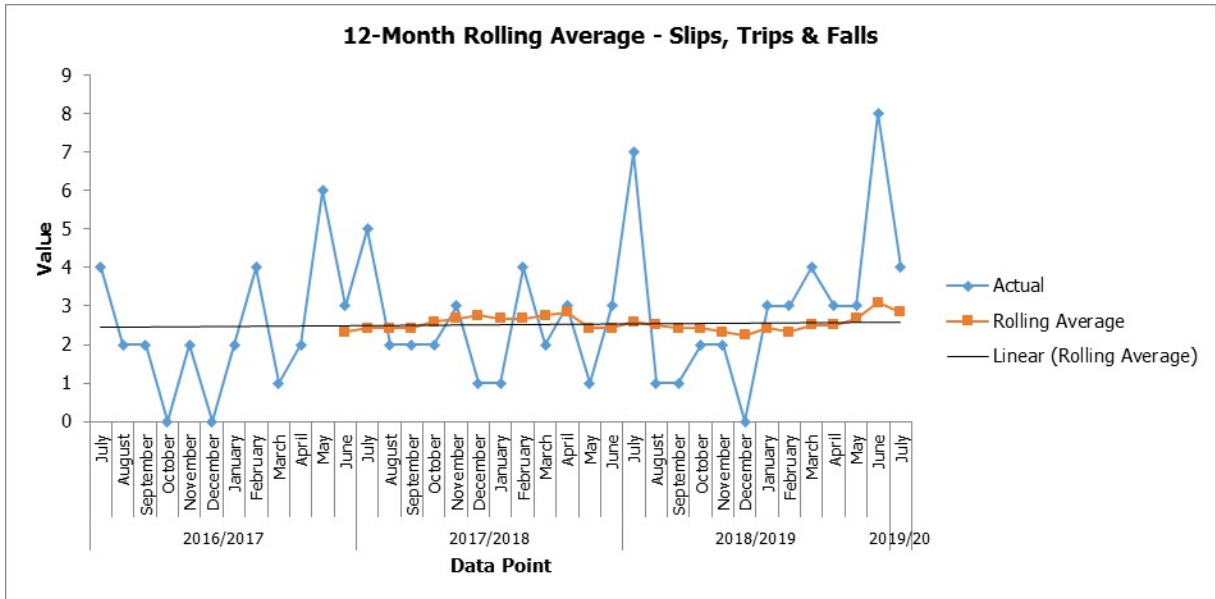
- Staff who incur an injury are asked to complete on-line Ko Awatea training.
- Manual handling training co-ordinator and manager assess whether injured staff member requires one-on-one training.
- Workstation evaluations for employees displaying OOS type injuries.
- Reminding staff to complete a risk assessment of the patient and surrounding environment prior to transfer.





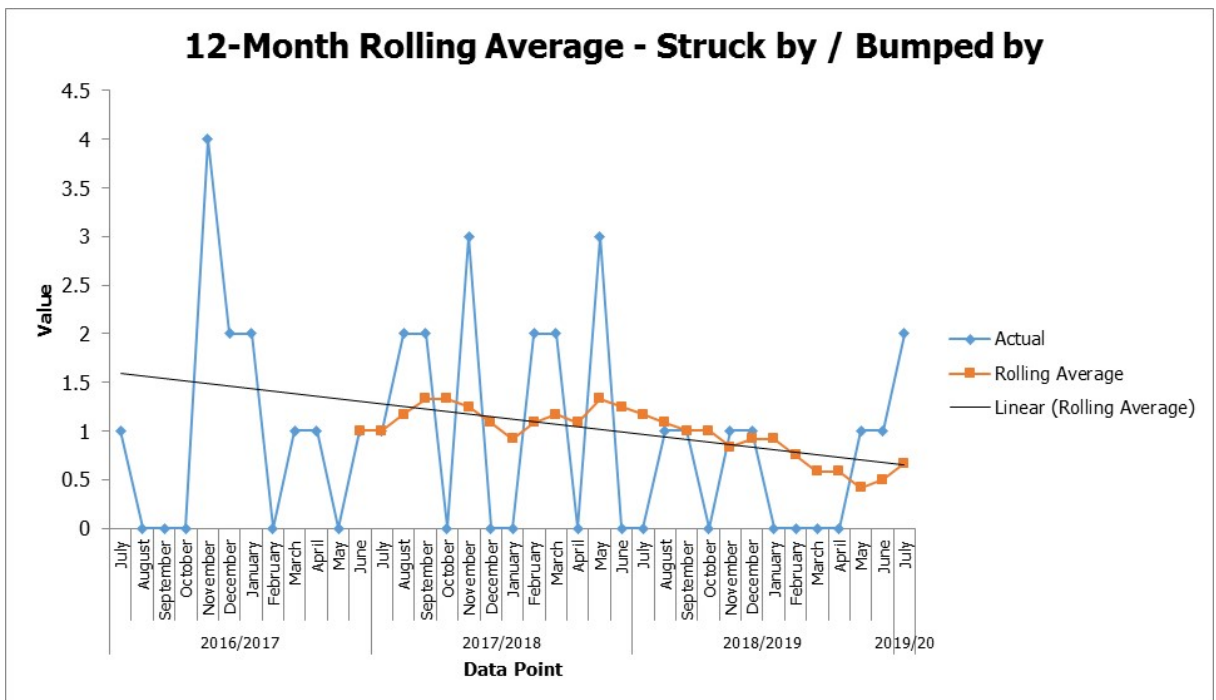
The trend line (based on the rolling average) shows no increase in the number of infection control incidents/injuries over the three year period.

During June and July 2019 one needle-stick and one cut from a stitch cutter injury were reported.



The trend line (based on the rolling average) shows no increase in the number of slips, trips and falls incidents/injuries over the three year period.

During June and July 2019 twelve slips, trips and falls incidents/injuries were reported. Injuries/incidents included: knee gave way when walking (3), fall off office chair (2), on water, during exercises, ladder stool, torn carpet, over wires, down stairs and uneven car park.



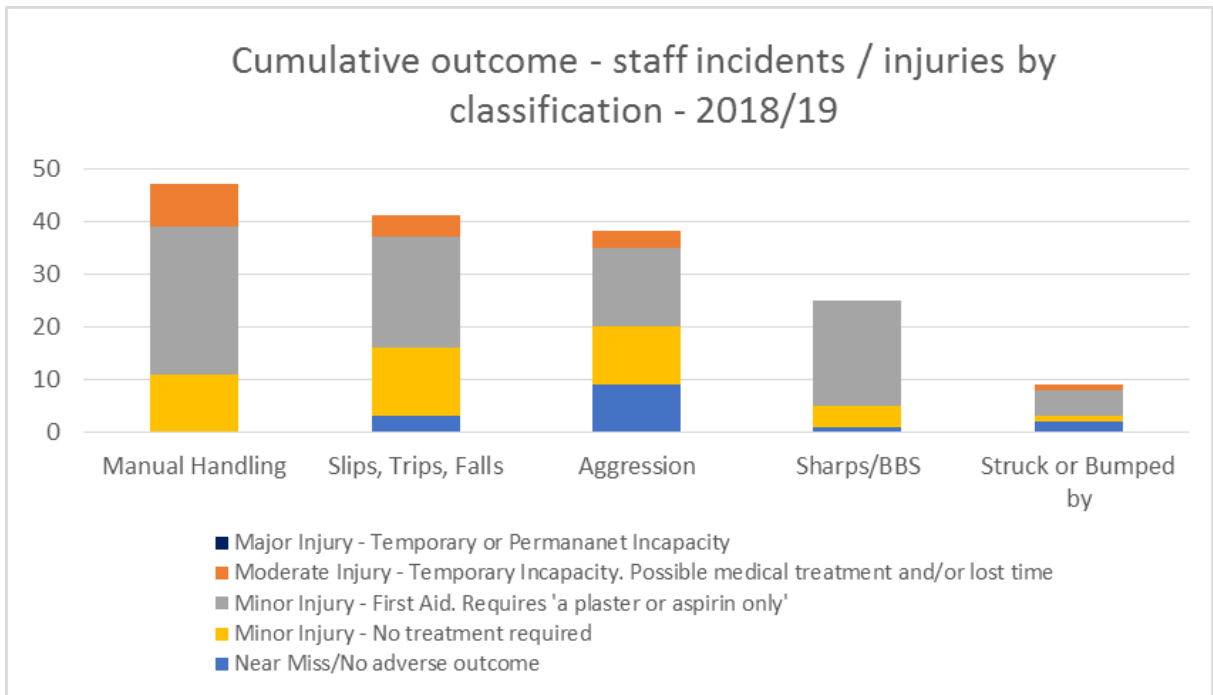
The trend line (based on the rolling average) shows a steep decline in the number of struck by and bumped by incidents/injuries over the three year period.

During June and July 2019 three struck, bumped by incidents/injuries were reported. Injuries/incidents included: fingers caught in closing doors (2) and hit by moving hoist.

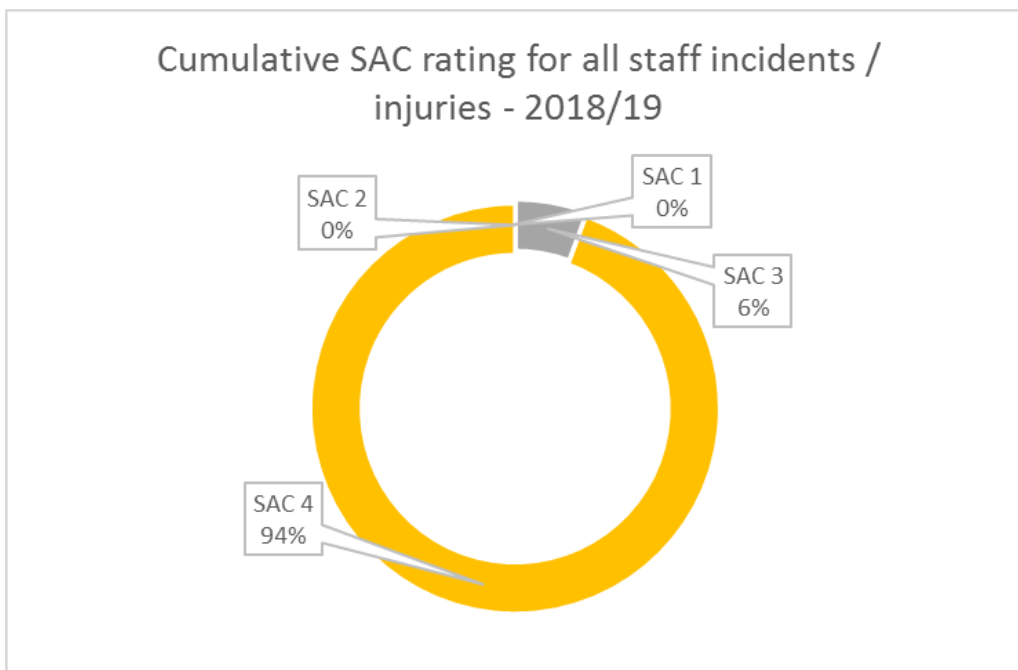
### 3 Incident/injury details

There were 14 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in July.

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



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



**Definitions used in the graph:**

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

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

#### 4 Employee participation

The WDHB Health and Safety Committee met in August.


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

- WorkWell wellness programme
- Review of monthly incident trends
- Monitor and update of health and safety objectives for 2019/2020
- Aggression workgroup
- Excellence and innovation in health and safety
- Manual handling injury prevention programme offering self-care
- Table top mass casualty exercise with ED – active shooter
- Accredited employer programme audit report and findings
- Security reports

#### 5 Contractor management

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

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

 <p><b>WHANGANUI</b> DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>		<b>Information paper</b>
		<b>Item 6.2</b>
<b>Author</b>	Rowena Kui, Kaiuringi Director Māori Health	
<b>Subject</b>	<b>2019 WDHB Board welcome and induction programme update</b>	
<p><b>Recommendation</b></p> <p>Management recommend that the board:</p> <ol style="list-style-type: none"> <li><b>Receive</b> the 2019 WDHB Board welcome and induction programme update</li> <li><b>Note</b> the programme was endorsed by the WDHB board at the 9 August 2019 meeting</li> <li><b>Note</b> the confirmed programme, including feedback from the Board</li> <li><b>Note</b> schedule of meeting opportunities for new WDHB board members</li> </ol>		
<p><b>Appendix</b></p> <ol style="list-style-type: none"> <li>1. Induction programme</li> </ol>		

## 1 Purpose

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

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

## 2 Background

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

## 3 2019 Programme

The programme consists of two days induction, meet and greet; five board workshops on specific topics scheduled to follow the WDHB board meetings December 2019- July 2020 and a Christmas gathering with the key governance and relationship partners that are working with us towards community lead outcome improvements. The programme is included in *Appendix 9.1*.

A pre-reading pack will be provided to board members including recent key documents and developments.

#### 4 Meeting Schedule


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

##### Meeting Schedule for WDHB Board 2019 - October to December 2019

Meeting /event	Date	Papers/ information
Powhiri, Hapai te Hoe	Tuesday 29 October 2019	Panui/ invite – as soon as members are confirmed
Hāpai te Hoe	Wednesday 30 October 2019	Panui/ invite – as soon as members are confirmed
WDHB Board – new members observing	Friday 1 November 2019	25 October 2019
Hauora A Iwi and Whanganui DHB Joint Boards hui	Tuesday 19 November 2019	12 November 2019
Whanganui DHB Board meeting	Friday 13 December 2019	6 December 2019
Christmas gathering, EMT, HAI and WDHB Board and invited governance and relationship partners	TBC	TBC Panui/ invite

#### 5 Next steps

The programme and arrangements will be finalised and once the board membership is confirmed the invitations and information will be distributed.

 <p><b>WHANGANUI</b> DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>		<b>Board Decision paper</b>
		<b>Item 8</b>
<b>Author</b>	D McKinnon	
<b>Subject</b>	<b>Resolution to exclude the public</b>	
<p><b>Recommendations</b></p> <p>Management recommend that the Whanganui District Health Board:</p> <ol style="list-style-type: none"> <li><b>Agrees</b> 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;</li> <li><b>Notes</b> 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.</li> </ol>		

<b>Agenda item</b>	<b>Reason</b>	<b>OIA reference</b>
Whanganui District Health Board minutes of meeting held on 28 June 2019	For reasons set out in the board's agenda of 17 May 2019	As per the board agenda of 28 June 2019
Chief executive's report	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Board & committee chair reports	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
Risk management framework	To avoid prejudice to measures protecting the health or safety of members of the public	Section 9(2)(c)
Urology update	To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(ba)
Taihape update Integrated Facilities Infusion Therapy union	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
New Zealand Health Partnership SPE 2019/20 Annual Report Equity support Going concern Annual Plan Regional Services Plan	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

**Persons permitted to remain during the public excluded session**

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

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

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

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



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

# **Whanganui District Health Board**

## **Appendices public session**




 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	<p><b>Alcohol in our communities</b></p>
	<p><b>Appendix 4.1.1</b></p>

Alcohol is not an ordinary commodity (Babor, 2010). It is an intoxicant, toxin, and addictive psychotropic drug. Alcohol has been normalised and largely accepted by society, and causes more harm than any other drug in society (Nutt et al., 2010). Hazardous alcohol use contributes to large physical and mental ill-health, social, and economic burdens in New Zealand with impacts extending across sectors (Ministry of Health, 2016). Harm from alcohol extends beyond the individual and can result in harm to children (including those exposed to alcohol during pregnancy), whanau, friends, and the wider community (Connor et al., 2012).

In New Zealand, inequitable outcomes are apparent with men, Maori, young people, and those living in more socioeconomically deprived areas at higher risk of alcohol-related harm (Meiklejohn et al., 2012). The harmful health impacts of hazardous alcohol use in New Zealand are divided almost equally between injury and chronic disease outcomes and burden both inpatient and outpatient hospital services, and primary care services in the community. Alcohol-related health conditions are not confined to the minority that experience alcohol dependence (The New Zealand Law Commission, 2010). Even low consumption increases the risk of some chronic conditions such as breast cancer (Key et al., 2006).

The following issues were identified in the Whanganui District Council's Provisional Local Alcohol Policy:

- 99% of respondents reported that Whanganui has too many or enough number of liquor outlets.
- Many respondents indicated that there should be more control over where alcohol can be purchased in the community. 90% of respondents believe that there should be restriction on how close a place that sells alcohol should be to preschools, kindergartens, primary and secondary schools.
- In 2014, 18.7% of residents (compared to the New Zealand average of 15.5%) identify themselves as a hazardous drinker.
- Whanganui's population is more prone to alcohol related harm (this is because 22% of the district's population identify themselves as Māori, 7.4% are aged 18 to 24, and 39% of the population experience high degrees of deprivation).
- When contrasting on and off-licence closing hours to Emergency Department (ED) presentations, a higher frequency of alcohol-related ED presentations occurs in conjunction with the availability of alcohol and the closing times of on and off-licence outlets.
- Alcohol-related chronic disease admissions for the most part have been relatively steady across 2013 to 2015 for both discharge and patient counts.
- Deaths and injuries where alcohol was deemed a contributing factor are on the increase.
- In 2015, 45% of alcohol and other drug referrals have a diagnosis of Alcohol Use Disorder.
- Over the last five years, Police actions undertaken where a person is found intoxicated in public (drunk custodies) peak between 1:00am to 1:59am, coinciding with the final hour of trade for off-licences.
- Police data indicates that alcohol was a factor in 19% of all family violence cases attended by Police during 2014/15 and 2015/16.
- Where there is a concentration of licences, and the relatively higher availability of alcohol (Central Whanganui, Whanganui East, Aramoho, Gonville, and Castlecliff), then there is also a higher frequency of violence events and drunk custodies than in areas where there is a lesser concentration of licences and relatively less availability of alcohol.
- 15% of the total vehicle crashes recorded for the Whanganui district in 2014 were alcohol-related.

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	<b>Position Statement on Alcohol</b>
	<b>Appendix 4.1.2</b>

### Whanganui District Health Board Position on Alcohol

1. We support a broad and comprehensive package of evidence-based strategies that equitably prevent and reduce hazardous alcohol use and alcohol-related harm including:
  - restricting the availability of alcohol
  - increasing the minimum legal purchase age
  - increasing the price of alcohol
  - reducing alcohol advertising, promotion and sponsorship
  - drink driving countermeasures
  - increasing treatment options for harmful alcohol use
2. We support equitable access to appropriate healthcare services including assessment for hazardous alcohol use, brief and early intervention, and referral to treatment when indicated.
3. We support collection and reporting of alcohol-related health presentations within the Whanganui District Health Board district in a consistent manner and provision of assistance with regulatory issues, as required.
4. We support providing health promotion activities with a focus on addressing and reducing alcohol-related harm in Whanganui DHB through:
  - working with Territorial Authorities in the development and implementation of Local Alcohol Policies and other licensing issues.
  - making submissions to liquor licence applications and policies concerning alcohol.
  - strengthening intersectoral collaboration and engagement to deliver coordinated alcohol-related harm reduction approaches and treatment strategies.
  - promoting awareness of alcohol-related harm before, during and after pregnancy to reduce the risk of Fetal Alcohol Spectrum Disorder.
  - supporting and encouraging research and evaluation to ensure interventions targeting hazardous alcohol use and alcohol-related harm are effective and equitable.
  - promoting alcohol harm reduction amongst Whanganui DHB staff, including education and services available to them for treatment and support.

 <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p>	<b>Rational for our position</b>
	<b>Appendix 4.1.3</b>

Hazardous and harmful alcohol use is identified as a major contributor to inequities and is amenable to healthy public policy (Wilkinson et al., 2003). Each of the evidence-based strategies below is identified as an area for national action in the World Health Organization 2010 Global strategy to reduce the harmful use of alcohol.

## 1. Equitable prevention of hazardous alcohol use and alcohol-related harm

- **Restricting the availability of alcohol**

Increased alcohol outlet density is associated with increased alcohol-related harm (Connor et al., 2011). Alcohol outlets are inequitably distributed in New Zealand with more alcohol outlets situated in socioeconomically deprived areas further contributing to the unequal distribution of harm (Hay et al., 2009). There is strong evidence pertaining to the beneficial effects of reduced trading hours on alcohol-related harm (Popova et al., 2009).

- **Increasing the minimum legal purchase age**

Young people are more vulnerable to alcohol-related harm than other age groups. Alcohol use during mid-to-late adolescence is associated with impacts on brain development (Luciana et al., 2013). Raising the purchase age reduces adolescent access to alcohol, reduces harmful youth drinking, and raises the age at which young people start drinking.

- **Increasing the price of alcohol**

Raising alcohol prices is internationally recognised as an effective way to reduce alcohol-related harm (Wagenaar et al., 2010). Policies that increase the price of alcohol delay the start of drinking, reduce the volume consumed per occasion by young people, and have a greater effect on heavy drinkers (Anderson et al., 2009).

- **Addressing alcohol advertising, promotion and sponsorship**

Alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, drink more if they are already consuming alcohol, and makes it more difficult for hazardous users of alcohol to abstain (Thomson et al., 1997).

- **Drink driving countermeasures**

The risk of motor vehicle accidents increases exponentially with increasing alcohol consumption (Taylor et al., 2010). In New Zealand, it has been estimated that over a quarter of road traffic injuries across all road user groups involve alcohol. Laws setting a low level of blood alcohol concentration at which one may drive legally and well-publicised enforcement significantly reduce drink-driving and alcohol-related driving fatalities.

- **Increasing treatment options for harmful alcohol use**

The cumulative evidence from more than 100 randomized controlled trials conducted to evaluate the efficacy of brief interventions shows that clinically significant reductions in drinking and alcohol-related problems can follow from this kind of intervention (Babor et al., 2010). In addition to this, mutual help groups are often used as a substitute or as an adjunct to treatment and can have incremental effect when combined with formal treatment, and attendance alone may be better than no intervention.

## 2. Equitable access to appropriate healthcare services

Assessment, brief advice, and referral to specialist services when indicated in healthcare settings reduce hazardous drinking and alcohol-related harms (O'Donnell et al., 2014).

### 3. Collection and reporting of alcohol-related presentations on hazardous alcohol use and alcohol-related harm

Robust data are needed to accurately describe the burden from alcohol, inform decisions on what strategies and initiatives to develop and fund and support our communities and intersectoral partners with their alcohol data needs.

### 4. We support the continue providing health promotion activities with a focus on addressing and reducing alcohol-related harm in Whanganui DHB.

Health promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (Ottawa Charter, 1986).

## Policy and legislative environment

Public Health Centre's position on alcohol in our communities has been developed in the context of the national policy and legislation outlined below. Additionally, the principles of Te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples necessitate comprehensive strategies that address longstanding inequities in alcohol-related harm between Maori and non-Maori.

### The National Drug Policy

The policy frames alcohol and other drug (AOD) problems as, first and foremost, health issues. The Policy aims to minimise AOD-related harm and protect health and wellbeing by delaying the uptake of AOD by young people, reducing illness and injury from AOD, reducing hazardous drinking of alcohol, and shifting attitudes towards AOD. Evidence-based strategies included in the Policy are:

- **Problem limitation:** Reduce harm that is already occurring to those who use AOD or those affected by someone else's AOD use through safer use, ensuring access to quality AOD treatment services, and supporting people in recovery. Protect the most vulnerable members of our community when it comes to alcohol-related harm including children and young people, pregnant women and babies (Fetal Alcohol Spectrum Disorder).
- **Demand reduction:** Reduce the desire to use AOD through education, health promotion, advertising and marketing restrictions, and influence conditions that promote AOD use.
- **Supply control:** Prevent or reduce the availability of AOD through border control, supply restrictions, licensing conditions and permitted trading hours.

### The Sale and Supply of Alcohol Act 2012

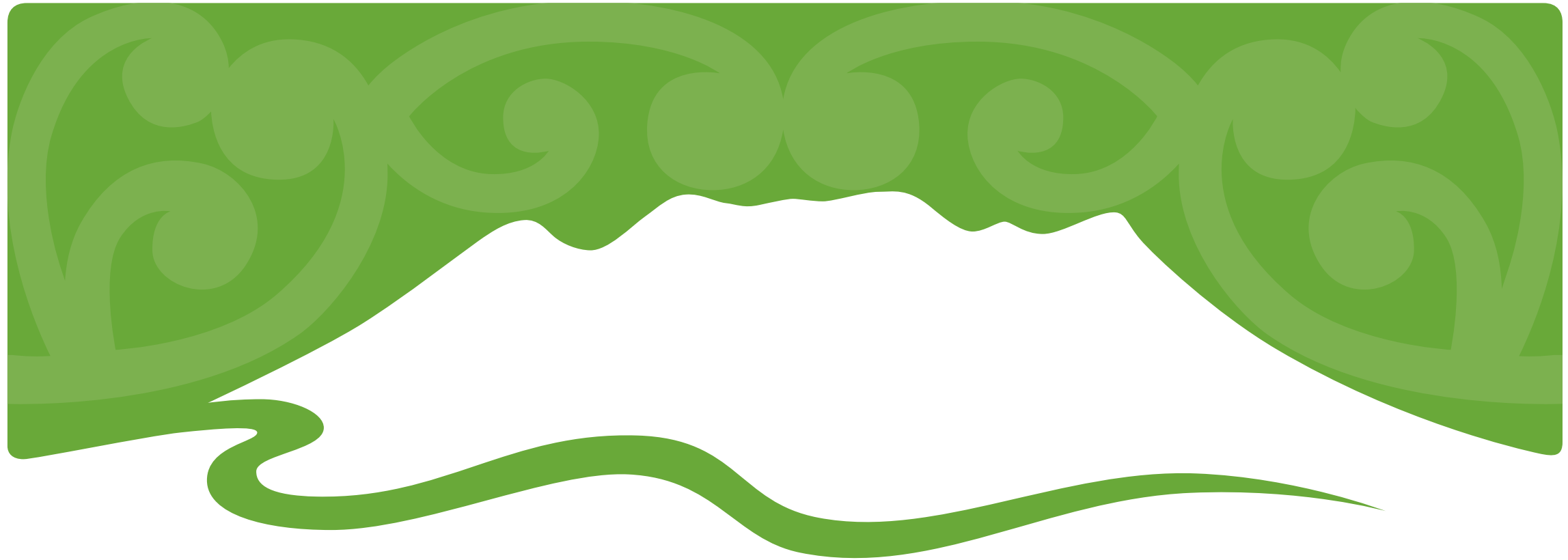
This Act, replacing the previous Sale of Liquor Act 1989, adopts a harm minimisation approach. Its adoption followed a lengthy review by the Law Commission which recommended greater restrictions to the sale and supply of alcohol. Compared to the previous Act, alcohol-related harm is more broadly defined as both direct and indirect harm to an individual, society or the community caused by the excessive or inappropriate consumption of alcohol. The Act provides for Territorial Authorities (TAs) to develop and implement a Local Alcohol Policy (LAP). The aim of a LAP is to minimise alcohol-related harm through measures to control the local availability of alcohol. Ideally, they should address local concerns and target inequities in alcohol-related harm. LAPs are drafted in consultation with the police, alcohol licensing inspectors, and Medical Officers of Health (MOoH), and include community input.

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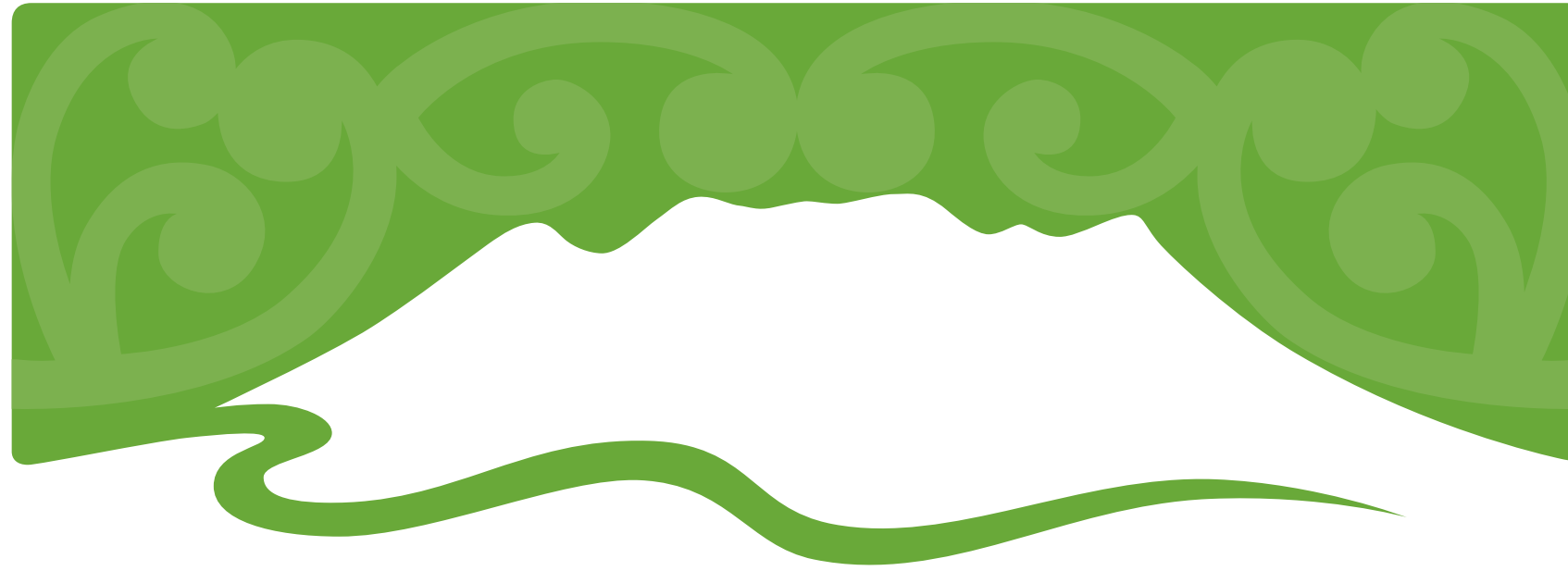
# Thriving Communities

## *He Hāpori Ora*

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Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing.

*Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga.*



# Thriving Communities

## *He Hāpori Ora*

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### **Strategic Drivers**

Equitable outcome  
Integrated care  
Whānau and person-centred care  
Partnering for community wellbeing

*Ōritetanga*

*Manaakitanga*

*Mana Tangata*

*Kaitiakitanga*

### **Strategic Enablers**

Collaborative governance and strategy  
Integrated vision, processes and technology  
Valuing and empowering our people  
Financial health matters



## WDHB BOARD MEMBERS WELCOME AND INDUCTION PROGRAMME 2019



The welcome and induction programme commences with powhiri and two days Hapai te Hoe, followed by five modules provided by the executive team on specific subjects, for one hour after each Board meeting, December 2019 to July 2020.

### HAPAI TE HOE Te Piringa Whānau, 29 and 30 October 2019

HAPAI TE HOE - Day One 29 October 2019		
10.00 am	Powhiri	WDHB Kaumatua and Kuia, Te Hau Ranga Ora, Kaihoutu Hauora (CE), Kaiuringi (Executive Management Team) and Kaihoe (management staff)
	Morning tea	
11.00 am	<ul style="list-style-type: none"> <li>▪ Introduction to the WDHB Strategic Direction</li> <li>▪ Partnership with Iwi</li> </ul>	<ul style="list-style-type: none"> <li>▪ WDHB Chair,</li> <li>▪ Hauora A Iwi Chair and Hauora A Iwi</li> <li>▪ Pahia Turia</li> </ul>
12.00 pm	<ul style="list-style-type: none"> <li>▪ Our approach : relationships with communities, working across systems, partnering with families and organisational culture</li> </ul>	<ul style="list-style-type: none"> <li>▪ Kaihoutu Hauora</li> </ul>
12.30 pm	Lunch	
1.30 pm	Hapai Te Hoe - learning objectives: <ul style="list-style-type: none"> <li>▪ Develop an increasing awareness of Tikanga o Whanganui;</li> <li>▪ Appreciate the relevance of the Treaty of Waitangi in the Whanganui context;</li> <li>▪ Understand the makeup of the WDHB Waka Model of Care;</li> <li>▪ Understand the Māori concept of whānau/family-centred care and WDHB values ;</li> <li>▪ Understand the WDHB Māori Health Strategy and its values and principles.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Kaitakitaki Educators</li> </ul>
5.00 pm	Completion of day one	
HAPAI TE HOE – Day Two 30 October 2019		
8.30 am	Hapai te Hoe – continued	Kaitakitaki Educators
	Waka Hikoi - Paddle on the Whanganui Awa	
	<b>Shared Lunch - Board members bring lunch to share with colleagues</b>	
4.00 pm (approx.)	Wrap up and evaluation	Kaihoutu Hauora and Kaiuringi Māori Health
Christmas gathering: acknowledgement of the foundational relationships for our community 13 December 2019		
4.00 pm	Christmas gathering with the key governance and relationship partners that are working towards community lead outcome improvements.	WDHB Board, Hauora A Iwi and governance and relationship partners

Board Workshops		
December 2019	Māori Health and Equity (Pro-equity and Waitangi Tribunal)	Gabrielle Baker and director Māori health
January 2020	Information and data, finances and risk	Kaiuringi corporate
March 2020	Planning and commissioning – priorities and Whanganui Alliance Leadership Team	Kaiuringi planning and commissioning
May 2020	Services and professions – challenges and opportunities, rural and community	Kaiuringi allied health, nursing, medical
July 2020	Patient Safety – innovation and evaluation	Kaiuringi patient safety and quality

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

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

