AGENDA

Whanganui District Health Board

Meeting date	**Friday 15 December 2017**	
Start time	9.15-10.15am	Board-only time
	10.30am	Board meeting begins
Venue	Board Room Ward and Administration Building Whanganui Hospital 100 Heads Road Whanganui	

Embargoed until Saturday 16 December 2017

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

Distribution

Board members *(full copy)*

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

Mr Peter Brown, Board Secretary

Executive Management Team *(full copy)*

- Mr Brian Walden, Acting Chief Executive Officer
- Mrs S Blake, Director of Nursing, Patient Safety and Quality
- Mrs S Campion, Communications Manager
- Mr H Cilliers, General Manager, Human Resources and Organisational Development
- Ms K Fry, Director Allied Health
- Mrs R Kui, Director Maori Health
- Dr F Rawlinson, Chief Medical Officer
- Ms T Schiebli, General Manager, Service and Business Planning

Ministry of Health *(full copy)*

- Ms N Holden, Relationship Manager, Ministry of Health

Others *(public section only)*

- Whanganui District Health Board Business Managers and Librarian
- Hauora A Iwi Board Chair
- Mrs K Anderson, Chief Executive Officer, Hospice Wanganui
- Whanganui Chronicle
- Dr B Douglas, Jabulani Medical Practice
- Ms Caryl Blomkvist
- Whanganui Public Library

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
Public session

Meeting of the Whanganui District Health Board

to be held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
Friday 15 December 2017, commencing at 10.30am

Board members

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

Karakia/reflection - Stuart Hylton

1 Apologies - Darren Hull

2 Conflict and register of interests update

2.1 Amendments to the register of interests
2.2 Declaration of conflicts in relation to business at this meeting

3 Late items

4 Delegations

Nil

5 Presentation

Nil

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting held 3 November 2017.

Recommendation

That the minutes of the public session of a meeting of the Whanganui District Health Board held on 3 November 2017 be approved as a true and correct record.

6.2 Matters arising

7 Minutes of meetings received *(for information only)*

Recommendation

7.1 That the minutes of a meeting of the Combined Statutory Advisory Committee held 1 December 2017 be received.

7.2 That the minutes of a meeting of Hauora A Iwi and Whanganui District Health Board meeting held on 28 November 2017 be received.

8 Board and committee chairs' reports – page 43

8.1 Board
8.2 Combined Statutory Advisory Committee
8.3 Risk and Audit Committee

9 Acting Chief Executive's report – page 45

10 Decision items

10.1 Nil

11 Discussion/noting items – page 53

11.1 Health and Safety report

12 Information section

13 Date of next meeting 23 February 2018

14 Exclusion of public

Recommendation

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

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 3 November public excluded section	For reasons set out in the board's agenda of 3 November 2017	As per the board agenda of 3 November 2017
Combined Statutory Advisory Committee meeting minutes held 1 December 2017	For reasons set out in the committee's agenda of 1 November 2017	As per the committee agenda of 1 December 2017
Risk and Audit Committee meeting minutes held 15 November 2017	For reasons set out in the committee's agenda of 15 November 2017	As per the committee agenda of 15 November 2017
Chief Executive's report	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Multi-employer collective agreement or negotiations	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
	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)
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Persons permitted to remain during the public excluded session

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

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

WHANGANUI DISTRICT HEALTH BOARD

REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 21 November 2017

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	Advised that he is: ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ Treasurer of NZCE (NZ Council of Elders) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016 3 November 2017	Advised that he is: ▪ An elected councillor on Whanganui District Council. ▪ A board member of Sommerville Disability Services.
Philippa Baker-Hogan	10 March 2006	Advised that she is an elected member of the Whanganui District Council.
	8 June 2007	Partner in Hogan Osteo Plus Partnership.
	24 April 2008	Advised that her husband is an osteopath who works with some surgeons in the hospital on a non paid basis but some of those patients sometimes come to his private practice Hogan Osteo Plus and that she is a partner in that business.
	25 September 2009	Appointed to Whanganui Community Foundation from 1 October 2009
	29 November 2013	Advised that she is Chair of the Future Champions Trust, which supports promising young athletes.
	7 November 2014	Philippa Baker-Hogan declared her interest as: ▪ A member of the Whanganui District Council District Licensing Committee; and ▪ Chairman of The New Zealand Masters Games Limited
	3 March 2017	Philippa Baker-Hogan declared her interest as a trustee of Four Regions Trust.
Jenny Duncan	18 October 2013	Advised that she: ▪ Is a member of the Whanganui Community Foundation ▪ Is an elected member of the Whanganui District Council
	1 August 2014	Advised that she is an appointed member of the Castlecliff Community Charitable Trust
Harete Hipango	7 March 2014	Advised that she acts as lawyer for clients who may be consumers of services from WDHB.
	31 March 2017	Nomination confirmed as National Party candidate for the general election being held on 23 September 2017. In accordance with State Services Commission's advice, will stand down from Whanganui District Health Board until the election.
Darren Hull	28 March 2014	Advised that he acts for clients who may be consumers of services from WDHB.
	27 May 2014	Advised that he: ▪ is a director & shareholder of Venter & Hull Chartered Accountants Ltd which has clients who have contracts with WDHB ▪ acts for some medical practitioners who are members of the Primary Health Organisation ▪ acts for some clients who own and operate a pharmacy ▪ is a director of Gonville Medical Ltd
	20 June 2014	Advised he is on the Whanganui Regional Health Network Risk & Audit Committee.
	23 May 2016	Advised he is no longer on the Whanganui Regional Health Network Risk & Audit Committee.
Stuart Hylton	4 July 2014	Advised that he is:

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

BOARD ADVISORS

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

COMBINED STATUTORY ADVISORY COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Maraea Bellamy	7 September 2017	Advised that she is: ▪ Te Runanga O Ngai Te Ohuake (TRONTO) Delegate of Nga Iwi O Mokai Patea Services Trust. ▪ Secretary of Te Runanga O Ngai Te Ohuake. ▪ Hauora A Iwi - Iwi Delegate for Mokai Patea.
Frank Bristol	8 June 2017	Advised that he is: ▪ Member of the WDHB Mental Health and Addiction (MH&A) Strategic Planning Group co-leading the adult workstream. ▪ An executive member of the National Early Intervention for Psychosis society.

		▪ In a management role with the NGO Balance Aotearoa which holds Whanganui DHB contracts for Mental health & addiction peer support, advocacy and consumer consultancy service provision. ▪ Working as the MH & A Consumer Advisor to the Whanganui DHB through the Balance Aotearoa as holder of a consumer consultancy service provision contract. ▪ Working as Consumer Advisor to MidCentral DHB MHA Services. Member of MidCentral DHB MHA Executive Management team. ▪ Member of Sponsors and Reference groups of National MH KPI project. ▪ Member of Health Quality and Safety Commission's MH Quality Improvement Stakeholders Group. ▪ Member of Te Pou/Ministry of Health Information and Data reference group ▪ Member of Ministry of Health 'He Tangata" (MH Outcomes Framework) Informatics workstream ▪ Member of Whanganui DHB/WRHN Strategic IT group ▪ Has various roles in Whanganui DHB MHA WD, Quality Improvement programmes and Strategic planning ▪ Member of Whanganui DHB CCDM Council ▪ Steering group partner via Balance Aotearoa with Ministry of Health on Disability Action Plan Action 9d).This is legal and improvement work associated with MH Act, Bill of Rights and UN Convention on Rights of Disabled people. ▪ Balance Aotearoa is a Disabled Persons Organisation (DPO) and a member of the DPO Collective doing work with the Disability Action Plan representing the mental health consumers. ▪ Life member of CCS Disability Action
	14 July 2017	Advised that he is doing consultancy work for Capital and Coast District Health Board
	1 September 2017	Advised that he has been appointed to the HQSC Board's Consumer Advisory Group
Andrew Brown	13 July 2017	Advised that: ▪ he is an independent general practitioner and clinical director of Jabulani Medical Centre; ▪ he is a member of Whanganui Hospice clinical governance committee; and ▪ most of his patients would be accessing the services of Whanganui District Health Board.
Leslie Gilsenan	11 September 2017	Advised that he is the Service Manager, CCS Disability Action Whanganui (formerly Whanganui Disability Resources Centre).
Matt Rayner	11 October 2012	Advised that: ▪ He is an employee of Whanganui Regional PHO – 2006 to present ▪ His fiancée, Karli Kaea-Norman, is an Employee of Gonville Health Limited
	26 October 2012	Advised that he is a member on the Diabetes Governance Group
	31 July 2015	Advised that he is: ▪ employed by the Whanganui Regional Health Network (WRHN) ▪ a trustee of the group "Life to the Max"
	27 May 2016	Advised that he is a member of the Health Solutions Trust
	1 September 2017	Advised that he is now a trustee of Whanganui Hospice
Ailsa Stewart		No current declared interests.
Grace Taiaroa	1 September 2017	Advised that she is: ▪ Hauora A Iwi (Ngā Wairiki Ngāti Apa) representative ▪ General Manager Operations – Te Runanga o Ngā Wairiki Ngati Apa (Te Kotuku Hauora, Marton) ▪ Member of the WDHB Mental Health and Addictions Strategic Planning Group ▪ Member of the Maori Health Outcomes Advisory Group.

RISK AND AUDIT COMMITTEE MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Kate Joblin	11 May 2007	Confirmed that she is a Trustee of 'Life to the Max Trust'.
	23 May 2008	Declared that she is a director and shareholder of Kate Joblin & Co Limited, which company has a number of clients that have contracts with WDHB.
	17 December 2010	Advised that she is an appointed Director of MidCentral District Health Board.
	17 February 2012	Advised that Kate Joblin & Co Limited acts for some medical practitioners who are members of the Primary Health Organisation.
	12 December 2012	Advised that Kate Joblin & Co Limited acts for a client who owns a pharmacy.
	20 November 2013	Advised Kate Joblin & Co Limited provides accountancy services for Whanganui Youth Services Trust
	11 & 16 April 2014	Advised that her daughter-in-law is about to commence working for WDHB and is a registered nurse on the NETP (Nursing Entry To Practice) programme.
	29 January 2016	Advised that her niece works for Te Awhina Mental Health Unit.

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

- She is member of MidCentral District Health Board's Finance, Risk and Audit Committee.

Minutes
Public session

Meeting of the Whanganui District Health Board

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 3 November 2017, commencing at 10.00am

Present

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

In attendance

Mr Brian Walden, General Manager Corporate, Acting Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Campion, Communications Manager
Mrs Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Ms Tracey Schiebli, General Manager Service and Business Planning
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Darren Hull opened the meeting with a karakia/reflection.

1 Apologies

It was noted that:

Harete Hipango has been elected as Whanganui electorate MP.

Hauora-A-Iwi will be invited to nominate an appointee to replace Harete Hipango as a member of the WDHB Board.

2 Conflict and register of interests update

2.1 Amendments to the register of interests

Charlie Anderson advised that he is now a board member of Summerville Disability Support Services.

2.2 Declaration of conflicts in relation to business at this meeting

Nil

3 Late items

Nil

4 Delegations

Nil

5 Presentation

Sandy Inness and John Hannifin from the Te Pukaea Consumer Group were welcomed to the meeting and spoke to the board about the work done by the group in relation to patient safety and quality and the care provided to patients and their family members.

They acknowledged and thanked Uncle John for giving the group its name, Te Pukaea.

The group was formed in 2016 and all of the five original members are still working with the group. All members have either suffered harm or have a family member who has suffered harm from the care that was provided to them.

They shared their objectives and perspectives.

John Hannifin noted:

- The consumer group offers training throughout the organisation.
- Healthcare should involve consumers taking charge of their health, using the expertise of others.
- Their experience as members of Te Pukaea has been wonderful, patient perspective has been woven throughout decision making at the Whanganui District Health Board.
- Consumer perspectives are not the same as clinical perspectives.

- During adverse events training, the members of the group have been welcomed as equals, bringing an important and different perspective.
- They commended the board's tradition of starting its meetings with a patient story.

Sandy Inness noted:

- Her involvement with the group started with less than satisfactory treatment of her father in 2015 and a desire to ensure that those problems did not happen to someone else.
- A complaint was made, she went through the complaint process, the complaint was acknowledged and she was invited to become involved as a consumer representative.
- She has been involved in five adverse event investigations as a consumer and found herself asking different questions and bringing a different perspective.
- She has been impressed by how the organisation deals with adverse events and takes the opportunity to learn and improve.
- She has been involved in senior recruitment appointment panels.
- She has been involved in the judging panel for the quality awards and believes that they are an important opportunity to see the improvement initiatives that are being undertaken.
- She thanked staff and the board for their support, guidance and the opportunity to be involved.

Different health boards have different models in place for consumer involvement.

Judith MacDonald noted that the question for her is how we can create a more disseminated model, reaching out to what is already existing in the community, connecting and integrating with other networks and groups. She is a fan of a disseminated model that feeds in and up into appropriate governance groups.

John Hannifin observed that you don't want "one council to control them all", that co-ordination and sharing is needed, that integration is a massive task, that broad perspectives are necessary to improve integration, communication, and linkages between different providers.

Board members, both appointed and elected, are governors, but also representatives of the communities that they come from.

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting

It was resolved that:

The minutes of the public session of the meeting of the Whanganui District Health Board held on 15 September 2017 be approved as a true and correct record.

Matters arising

The meeting noted the update on matters arising from the last minutes, as summarised on page 23 of the Board Papers.

7 Minutes of committee meetings

7.1 Combined Statutory Advisory Committee meeting

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 13 October 2017 be received.

8 Board and Committee Chairs' reports

8.1 Board

Taken as read.

8.2 Combined Statutory Advisory Committee

Taken as read.

8.3 Risk and Audit Committee

Taken as read.

9 Acting Chief Executive's report

9.1 Patient Safety and Service Quality

- The complaints trend is looking positive over recent years.
- Board members noted and congratulated everyone involved in the Quality Awards.
- The latest results from the "Safe Surgery" markers are pleasing.
- The acting Chief Executive will provide an update to board members, in a Friday update, regarding the availability of wireless in the hospital, for patients, their families and the public.

9.2 Māori Health

The board chair noted that the Hauora A Iwi meetings are clashing with the MidCentral DHB meetings. The director of Māori health will liaise and try and reschedule the meeting dates to avoid the clash.

9.3 Mental Health and Addiction

Taken as read.

9.4 Elective Services

The board has signed a contract for elective services with Waikato District Health Board.

9.5 Air Ambulance Co-design Project

The information on the Ministry of Health project on Air Ambulance services is a report, informing board members on what is a national initiative.

Air Wanganui is providing a very good, cost effective service, compared with other providers.

There is a lot of information available now on the Air Ambulance Co-design Project which has been running for about nine months.

9.6 DHB collaboration

Taken as read.

9.7 High Performance, High Engagement

Taken as read.

9.8 Fire in Ward/Admin kitchenette

Outpatients and management were evacuated from the ward/admin building, when a toaster jammed on and caught fire, damaging a wall.

Issues arising from that fire event have been assessed and are being addressed.

The board has active and passive fire protection systems. The active systems are tested monthly. When the fire occurred, Wormald were actually on site testing the active systems and that may have contributed to some confusion about whether the alarm was a real event or a test.

The board is currently trying out a device that, when smoke is detected, turns off the power supply to the whole room.

9.9 Summary financial report for September

- With regard to large IDF cases, board members questioned whether we really know and monitor the decisions that are being made (and have significant cost implications for the board).
- The general manager, service & business planning, advised that major cases are being reviewed, looking at whether we can move patients back from tertiary to secondary care and that the reviews to date are generally giving comfort that there have been good reasons for the decisions made.
- There is a pool of funding that can be applied to for high cost treatment.
- There are some cases where patients are transferred to tertiary care where the costs are billed to the board that the patient resided in at the time of admission until their discharge (even if the family relocate to where the care is being provided).
- The patient safety team is currently monitoring every transfer from Whanganui Hospital, planned or unplanned.
- Annette Main noted and passed on thanks to the board's staff for follow-up calls that patients have received from board staff, enquiring after their wellbeing.

9.10 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Whanganui DHB renal service development – project findings and recommendations

- Judith McDonald observed that she would like to see the board lobby the minister for greater funding for transplants.
- Last year there was funding for regional co-ordinators to increase the level of donors.
- From a Māori perspective, there should be promotion of more live donors, not after death.
- Last year, the government provided extra funding for regional "work ups" for transplants.
- It was questioned whether there is equity in where the funding for transplants is being spent, with patients living closer to major centres having better access.

It was resolved that the Whanganui District Health Board

1. **Receives** the report entitled 'Whanganui DHB renal service development – project findings and recommendations'
2. **Endorses** the following recommendations (1-9):

Key recommendations:

1. That the Roadmap for Whanganui Renal Services is implemented. A project approach should be used. Establishing the Renal Team should be the first activity.
2. That establishing governance arrangements for the sub-regional service is given priority in order to progress sub-regional activities. A decision on in-centre facilities and a business case is particularly urgent.

Recommendations to further develop services in the community:

The following set of recommendations further the aims of the Model of Care including appropriate detection and management of kidney function including timely referral, kidney transplant as the preferred option and home dialysis where possible.

3. That community awareness of CKD is increased including causes, prevention and management.
4. That funding for psychology services for transplant recipients is explored for the whole MidCentral service.
   A contract is in place with the Massey psychology service for donor assessments, but not for recipient assessments.
5. That patients receiving home haemodialysis are reimbursed for additional electricity costs. Other financial barriers to home dialysis should be identified to explore assistance.
   Electricity reimbursement is in place in a number of other DHBs including Auckland, Counties Manukau and Hawke's Bay. $105 per quarter per patient has been incorporated within the Renal Team budget.
6. That peer support models of care are more actively pursued in order to improve support, health literacy, compliance with treatment and engagement with services.
7. That more research occurs into the barriers of access in primary care. A set of agreed information should be kept on all late referrals so this can be used to better understand the issues and make improvements. Patients should be involved in this discussion.

Other recommendations:

8. That the system of transport be re-reviewed including schedules, claiming processes and communication/issue resolution to see if further improvements are required.
9. That hospital staff receive more education about the requirements of patients on dialysis in order to incorporate into patient care plans and better meet patients' needs. Renal patients have specific requirements and may be too unwell to self-care when in hospital.

11 Discussion/noting items

11.1 Current status of Inter District Flows (IDFs)

Taken as red.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Current status of inter-district flows (IDFs)'.

11.2 Faster Cancer Treatment

- Urology is still causing delays.
- Every patient breaching the target is being reviewed.
- Staffing and monitoring in the service have been increased.
- Management is looking at the reasons why the targets are not being met.
- Complex cases have been separated out from the reporting so that there is visibility on the complex cases and other cases.
- An update on the urology service will be provided to the next combined committee meeting.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Faster Cancer Treatment'.

11.3 Health and safety

A training day on health and safety for board members has been scheduled for 9.30-12.30 24 November 2017, in meeting room 1.

It was resolved that the Whanganui District Health Board

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

12 Information papers

Taken as read.

13 Karakia and meeting review

Darren Hull provided a meeting review.

14 Date of next meeting

Friday 15 December 2017 from 10.00am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

15 Exclusion of public

It was resolved that:

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

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 15 September 2017 (public-excluded session)	For the reasons set out in the board's agenda of 15 September 2017	As per the board's agenda of 15 September 2017
Combined Statutory Advisory Committee meeting minutes held 13 October 2017	For the reasons set out in the board's agenda of 13 October 2017	As per the committee agenda of 13 October 2017
Risk and Audit Committee meeting minutes held 13 September 2017	For the reasons set out in the board's agenda of 13 September 2017	As per the committee agenda of 13 September 2017
Chief Executive's report	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Multi-employer collective agreement or negotiations	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest	Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
BNZ banking arrangements	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)
CTAS Annual General Meeting	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)
Allied Laundry Annual General Meeting	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or	Section 9(2)(i) and 9(2)(j)

Agenda item	Reason	OIA reference
	negotiations (including commercial and industrial negotiations)	

Persons permitted to remain during the public excluded session

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

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

The public session of the meeting ended at 11.25am

6.1 Matters arising

Nil

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Unconfirmed

Minutes
Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward / Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 1 December 2017, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance
Mr Stuart Hylton, Committee chair
Ms Dot McKinnon, Board chair
Mr Graham Adams
Mr Charlie Anderson
Mrs Philippa Baker-Hogan
Ms Maraea Bellamy
Ms Jenny Duncan
Mrs Judith MacDonald
Mr Matthew Rayner
Mr Darren Hull

In attendance
Ms Tracey Schiebli, General Manager, Service and Business Planning
Mrs Rowena Kui, Director Māori Health
Dr Frank Rawlinson, Chief Medical Officer
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People
Ms Andrea Dempsey-Thornton, Cancer Nurse Coordinator
Mr Declan Rogers, Nurse Manager, Surgical Services
Ms Sue Campion, Communications Manager
Mrs Wendy Stanbrook-Mason, Nurse Manager, Medical Services
Dr Gordon Lehany, Medical Director, Mental Health
Mrs Sandy Blake, Director of Nursing
Ms Eileen O'Leary, Project Manager
Ms Candace Sixtus, Portfolio Manager, Primary Care
Mr Hentie Cilliers, General Manager, People and Performance
Ms Kim Fry, Director, Allied Health
Mr Peter Wood-Bodley, Business Manager, Surgical Services
Ms Louise Allsopp, Manager, Patient Safety
Mr Matthew Power, Funding and Contracts Manager
Ms Shonelle Fergusson, EA to General Manager, Service and Business Planning *(minutes)*

Media
No media representative attended the meeting.

Public
There were three members of the public in attendance.

Karakia / reflection
Mr Matt Rayner offered a Karakia.

1 Welcome and apologies

Apologies were received and accepted from Dame Tariana Turia, Ms Grace Taiaroa, Mr Frank Bristol, Dr Andrew Brown, Annette Main and Leslie Gilsenan.

2 Conflict and register of interests update

2.1 Updates to the register of interests

Amendments to the register of interest:

There were no amendments to the register.

2.2 Declaration of conflicts in relation to business at this meeting

There were no declarations of conflict in relation to this meeting.

3 Late items

No late items were advised.

4 Minutes of the previous meeting

It was resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 13 October 2017 be approved as a true and correct record with the following amendment:

Attendance list to include:
Ms Dot McKinnon
Dr Andrew Brown

All agreed

5 Matters arising

There were no matters arising from the previous meeting.

Items of note:

Minutes 14 July 2017:
The DHB would take the lead in developing a Suicide Prevention Plan, and invite key people from external agencies to contribute.

Minutes of 1 September 2017:
WDHB has underway a plan which is involving key stakeholders. The plan will be presented back to this committee at a later date.

1 December 2017:
Management advised that this will be an item for the first meeting of 2018, (16 March).

6 Committee Chair's report (verbal)

The committee chair noted that the festive season is upon us and to be mindful that our community can face hard times during this period.

He noted that we are in a phase of change and with change comes opportunities, including:

- New Year
- New CEO
- New Minister, Government and expectations.

For this meeting our focus as a board and committee is to reflect on and prioritise the commitments within our annual plan.

Let's take the reports as read, ask questions and also consider future focus areas.

7. Delivery against commitments in the 2017/18 Annual Plan

7.1 DHB Collaboration

7.1.1 Regional Services Programme – Central Region Service Plan 2017/18

This is a significant work programme for Whanganui DHB to support recommendations from the Central Region Cardiac Network. There is a strong focus on equity, from prevention and promotion, through to early engagement with primary care, and access to diagnostics. There is also a project to look at future provision of interventional cardiology (PCI services) across the region.

7.1.2 Sub-regional Services Programme – centralAlliance 2017/18

Renal
Implementation of recommendations from the Whanganui DHB Renal Services Plan has commenced.

Ophthalmology
Planning to support the future sustainability of ophthalmology services is underway, led by the clinical lead.

Urology
Implementation of the urology model continues across the sub-region. Recruitment of the fifth urologist is a key milestone, along with implementation of WebPAS.

7.1.3 National Services Programme

The major focus of the national DHB work at present is on re-negotiation of the national community pharmacy contract.

7.2 Annual Plan Focus Area | Improving equity for priority populations - Healthy Ageing

7.2.1 Establishment of a Whanganui Healthy Ageing Steering Group

Lead: Andrea Bunn, Senior Portfolio Manager Health of Older Persons and Mental Health

A draft Terms of Reference (TOR) has been developed which would see the steering group report to this committee, through the Whanganui Alliance Leadership Team. Management sought input from committee members, including that the steering group has an external chair appointed.

Feedback from the Committee members included:

- The group must have a clear work programme and delegations to deliver what is required.
- Membership should be wider than the health sector, including consumers.

The general manager, service and business planning confirmed that this was the intention, and that the DHB has a Consumer Remuneration Policy to support consumer participation. The general manager also noted that the NZ Healthy Ageing Strategy requires a number of agencies to work together to deliver the actions, so this will determine membership of the group.

7.3 Annual Plan Focus Area | Equitable access to clinical services - Mental health and addictions

Authors: Jeff Hammond, Associate Director of Nursing
Katheryn Butters, Nurse Manager Mental Health and Addictions Services

Both Jeff and Katheryn had tendered their apologies prior to this meeting and Dr Gordon Lehany, Medical Director, Mental health was in attendance.

Comment of note:
Page 33 of the agenda: Graph needs to have a key of explanation in relation to the colours.

Seclusion and Restraint
The reduction in seclusion and restraint has occurred over a number of years however 2016/17 has seen an increase in seclusion/incidents, in particular for Māori who are overrepresented in the numbers.

It was noted that many factors can play a part in this and that reducing and working to eliminate seclusion and restraint is highlighted as a priority action in *Rising to the Challenge*.

Te Pou, with support from the Ministry of Health, have developed a range of evidence based tools to support inpatient services to reduce seclusion and restraint and continue to support and work with DHBs.

The use and analysis of data allows identification of service baselines to inform and improve practice and having staff training and education to create a least restrictive practice environment.

Management noted that the rates have significantly improved and have continued to improve since 2010, as the graph on page 32 of the agenda shows.

Implementing Supporting Parents Healthy Children (COPMIA) Guidelines
Management advised the difference between 'choice' and 'partnership' appointments and the following was noted:

'Choice' appointment is the first initial appointment to decide the best service and where to, there can be two 'choice' appointments if it is unclear. It is mostly a triage appointment with a brief assessment.

'Partnership' is a full assessment which includes risk, genogram etc. Partnership is entering into a partnership with the clinician to decide goals and engage in therapy.

7.4 Annual Plan Focus Area | Equitable access to clinical services - Surgical services

Leads: *Peter Wood-Bodley, Business Manager Surgical Services & Procurement*
Declan Rogers, Nurse Manager Surgical Services

7.4.1 Urology services

The committee requested more detailed reporting of urology, including what is working and what actions need to be taken to improve service delivery.

The Urology Project Board has received approval of the regional urology model of care from the members of the Whanganui and MidCentral District Health Boards.

The Urology Department is implementing the improvement plan put forward by Central TAS which, when fully in place, will provide more seamless, patient orientated care.

7.4.2 Whanganui DHB implementation of national bowel screening project

The National Bowel Screening Programme will be implemented over four years, commencing in 2016 and concluding in 2020 with handover to 'business as usual'.

Whanganui DHB is preparing for local implementation of the National Bowel Screening Programme and the following was noted:

- Recruitment has commenced for a project leader
- A strong focus on equity
- Symptomatic referrals need to be in order before we go live with the screening programme
- Robust engagement with a broad range of stakeholders to inform service design
- Funding available:
  - phase 1 - $50,000 one off (business case)
  - phase 2 - $110,000 one off (implementation)
- Additional revenue of $400,000 for colonoscopies however this will not cover the total cost of services and the DHB will need to contribute from baseline funding in 2018/19.

7.4.3 Whanganui DHB Faster Cancer Treatment performance

Central Cancer Network DHBs achieved 90% and Whanganui DHB 87% against the new target, the target changes will allow more focus on the areas where we have influence, including capacity constraints and service issues.

It was noted that strong clinical leadership is required and management advised that the FCT steering group has both executive management and strong clinical leadership. Multidisciplinary meetings (MDMs) bring together clinical expertise from across the cancer care pathway to agree on the most appropriate treatment and care for an individual patient. They are held regularly to discuss newly diagnosed cases of cancer and cases that need further review.

Management noted that timely access to services for provincial clients makes a difference, noting that MidCentral provides the Whanganui health region with an excellent service.

A small proportion of patients will not need to begin treatment within 62-days based on clinical evidence of what is most effective – for example, if further investigations are needed, or if the patient developed an infection before scheduled surgery. A small number of patients may also choose to delay treatment because of personal circumstances.

The 31-day 'decision to treat to treatment' indicator is designed to support further progress in improving access to treatment for all cancer patients and timely access to radiotherapy and chemotherapy.

7.4.4 Surgical service metrics – access and financial performance

The report was taken as read.

7.5 Annual Plan Focus Area | Improving equity for priority populations - All of population initiatives, including prevention and management of long term conditions

7.5.1 System Level Measures (SLM) – Acute Bed Days

Lead: Wendy Stanbrook-Mason, Nurse Manager Medical Services

The measure is very comprehensive and all types of acute bed stays are included, including transitional care which is provided in the community but makes our volumes look artificially high.

WDHB is on target with our short term target of acute bed days 396 per 1,000. Nationally we are now rated sixth and are tracking to reflect the national target of 392.9 for acute bed days.

A work plan is in development to create service improvements and improve equity in this target area. Identification of key roles in both secondary and primary have occurred to progress the work plan.

7.5.2 Whanganui DHB Responsiveness Programme

Lead: Eileen O'Leary, Portfolio Lead Consumer and Community Development

There are two core projects currently underway that have a specific focus on improving attendance rates: the oral health project; and the audiology and newborn hearing screening project.

Audiology and newborn hearing screening project

Background

- Babies to be screened by one month of age
- Audiology assessment completed by three months of age

- If a clear response is unable to be obtained and the result of screening is 'refer', ideally baby should have diagnostic audiology testing by three months and, if a hearing loss is found, intervention can start by six months.

Some babies need another screen because the earlier screening did not show a strong enough response in one or both ears, for the following reasons:

- Baby was unsettled
- Too much noise in the testing room
- Fluid in baby's middle ear
- On first screen of the baby a hearing loss may have been indicated.

For babies who are not screened in hospital or are born at home, hearing screening will be available either at the hospital or at a health clinic as an outpatient. Trained hearing screeners will carry out the screening. Ideally baby will need to be settled or asleep during the screen. The repeat screen will be done either before baby leaves hospital, or as an outpatient appointment.

This screening had very high DNAs (did not attend) for the Whanganui health region, examples of real life stories received from carers and mothers where given to the committee around why they did not attend scheduled appointments. The need to fly to Auckland has not been a good experience for mother or baby. An option closer to home is required and this is in progress.

Examples were also given how and where the testing takes place and how the success has been made with the whanau/family support person who has been making direct contact with people and the outcomes and response have been wonderful to-date.

Other points of interest:

- Systematically learning from this project and will roll out to other services in time
- Follow up appointments are very important, looking into patient focused bookings, for example asking when would an appointment suit
- Valuing cancellation phone calls as an opportunity for us to engage with people
- Essential to think about people's precious time
- Capturing the learning from this project and establishing trend data
- This work links to our workforce strategy of employing for values and attitude, which contributes to a positive culture over time.

7.6 Annual Plan focus area | Quality and Safety

An updated graph was tabled with committee members to replace the one on page 80 of the agenda which was incorrect.

7.6.1 Whanganui DHB adult inpatient experience survey August 2017

The response rate for the survey being completed has improved by 35%. The survey helps identify areas we need to improve on. Understanding the patient experience is vital to improving patient safety and the quality of service delivery and this is part of the WDHB Annual Plan.

7.6.2 Whanganui DHB complaints management

The report shows HDC data for the last six months and the last three months for complaints received internally by the WDHB.

It was noted that women are more likely to complain however this is likely because they often advocate more on behalf of their spouse, family and friends.

Most complaints are about communication and behaviour of staff, including ineffective communication and inappropriate style of communication. WDHB is very open and honest in dealing with complaints, and discussions are held directly with staff involved after the first complaint. An opportunity is given to the family to meet with staff concerned and this normally results in a positive outcome for all involved.

The DHBs approach is that every complaint should be taken seriously because the persons' perception is their reality, and we should learn from this.

7.7 Annual Plan focus area | Living within our means

Leads: Matt Power, Funding and Contracts Manager
Kath Fraser-Chapple, Business Manager Medical, Community and Allied Health
Peter Wood-Bodley, Business Manager Surgical Services and Procurement

7.7.1 Consolidated performance and service and business planning

The report was taken as read and the following points noted:

- Need to remember we are only four months into the year
- Achieving budgeted IDFs remains the biggest risk.

7.7.2 Mental health and addictions services (provider division)

Report was taken as read.

7.7.3 Medical services including ED, medical ward, critical care unit, AT&R (provider division)

Report was taken as read.

7.7.4 Surgical Services (provider division)

The 2017/18 budget includes revenue for delivering 75 elective cases for Waikato DHB. No Waikato cases have yet been delivered, as Waikato referrals are not assured and WDHB does not have an exclusive relationship with Waikato. Once the contract from Waikato has been received, the business manager will advise the board chair.

8 Date of next meeting

Friday, 23 February 2018 – Annual planning workshop
(All WDHB board and committee members, NHC, WRHN and HAI members)

9 Glossary and terms of reference

Report was taken as read.

10 Exclusion of public

It was resolved that:

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

Agenda item	Reason	OIA reference
Minutes of meeting held on 13 October 2017 (public excluded session)	For the reasons set out in the committee's agenda of 13 October 2017	As per the committee's agenda of 13 October 2017

Persons permitted to remain during the public excluded session

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

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, senior managers and clinicians	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of meeting

The public session of the meeting ended at 12.04pm.

Unconfirmed

Minutes


Whanganui


Ngā Rauru Kītahi


Ngāti Hauiti


Ngā Wairiki-Ngāti Apa


Mōkai Patea


Ngāti Rangi

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Combined boards
Hauora A Iwi and the Whanganui District Health Board

held in the Board Room, Fourth Floor, Ward / Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Tuesday, 28 November 2017 commencing at 12.30pm

Members in attendance

Hauora A Iwi (HAI)
Mary Bennett, HAI chair
James Allen
Barbara Ball
Maraea Bellamy
Grace Taiaroa
Sharlene Tapa-Mosen

Whanganui District Health Board (WDHB)
Dot McKinnon, WDHB board chair *(apology for lateness - arrived at 1pm)*
Stuart Hylton, WDHB Deputy chair *(left the meeting at 1.12pm)*
Graham Adams
Darren Hull
Annette Main

WDHB Staff in attendance
Rowena Kui, Director Māori Health
Tracey Schiebli, General Manager, Service and Business Planning
Shonelle Fergusson, Minutes

1 Opening – karakia

Stuart Hylton welcome everyone to today's meeting, he noted that he will be chairing the meeting until Dot's arrival.

James Allen provided a karakia.

2 Apologies

Apologies were received and accepted from Whanganui DHB board members:
Hon Tariana Turia, Judith MacDonald, Philippa Baker-Hogan and Jenny Duncan.

Apologies were received and accepted from Hauora A Iwi board members:
Keria Ponga, Hayden Potaka, Cassandra Reid and Maria Potaka

3 Minutes of meeting held 29 August 2017

It was resolved that:

The minutes of the Hauora A Iwi and Whanganui District Health Board combined boards hui held on 29 August 2017 are approved as a true and correct record.

All agreed

4 Matters arising and actions from previous meeting

All actions from previous meetings have been completed.

Whanganui DHB Internal audit programme

The WDHB Risk and Audit Committee (RAC) meeting agreed on the internal audit programme that would be carried out by the Technical Advisory Service (TAS) in 2017/18 year. One of the agreed audits relates to equity in health outcomes for Māori.

The re-draft terms of reference: WDHB Response to Monitoring Improvement in Equity in Health Outcomes for Māori Living in the WDHB health district" was provided to the Hauora A Iwi meeting today for comment and advice before the final version is endorsed at the RAC meeting in February 2018.

5. Whanganui DHB – Director Maori Health report

5.1 Powhiri arrangements for Russell Simpson, WDHB Chief Executive

The powhiri arrangements for the new chief executive Russell Simpson have been confirmed and a date has been set. Formal invitations were handed out to HAI members at their hui this morning prior to this combined boards hui.

Invitation have been extended to HAI board and WDHB board and committee members, executive management and senior leaders, CE executive assistant and board secretary.

Following the powhiri and during morning tea around 11am, there will be speeches from Dot McKinnon, WDHB board chair, Mary Bennett, HAI board chair and Brian Walden acting chief executive.

The venue for the powhiri is on the grassed area behind the main café, a marquee will be erected in case of rain and sun shades will be provided. This venue was selected as it is anticipated that there will be between 80-100 people attending. The following Monday Russell will attend Haipai te Hoe.

A reminder will be sent to both boards closer to the time via email.

Grace Taiaroa noted her apology for the powhiri as the Ratana celebrations are concluding that day.

5.2 Revised Hauora A Iwi and Whanganui DHB combined boards meeting schedule 2018

HAI members discussed the revised combined boards meeting dates at their hui in the morning. HAI meeting dates will need to be changed to accommodate the changes proposed by the WDHB. The HAI chair through the HAI administrator will send out the electronic appointments to HAI members and the HAI chair will confirm to the director Maori health once this is completed.

Recommendation

It was resolved that Hauora A Iwi and the Whanganui District Health Board:

1. **Receives** the revised Hauora A Iwi and Whanganui DHB combined boards meeting schedule 2018.
2. **Agrees in principle** the final Hauora A Iwi and Whanganui DHB combined boards meeting schedule 2018.

5.3 Manatu Whakaaetanga, Memorandum of Understanding 2017-20 between Hauora A Iwi and Whanganui District Health Board

The Manatau Whakaaetanga Memorandum of Understanding (the MoU) between Whanganui District Health Board and Hauora A Iwi 2017-2020 has been agreed in principle by both boards.

Hauora A Iwi member representatives are still to complete the consultation process with Iwi, until this happens the agreement remains in principle.

Completion of the funding appropriation process was discussed and subsequent information negates the necessity for board approval, noting that the HAI chair has been involved in the process.

A Hauora A Iwi administration support services contract is to be agreed with Te Oranganui once the funding has been confirmed.

A date for both chairs to sign the MoU has been agreed and set for Friday, 23 February 2018 at the annual planning workshop.

Resignations of HAI membership has been received from Keria Ponga and Cassandra Reid. The HAI chair noted that both members will sign the MoU as during their membership they were part of the negotiations.

ACTION: The HAI chair will formally notify the WDHB chair of the two resignations and their replacements.

5.4 Nomination process for the replacement of an appointed Māori representative to the WDHB board

Harete Hipango was an appointed board member to the WDHB as a Māori representative. On her election to Parliament in October 2017, in accordance with legislation Harete is now disqualified from being a member of WDHB.

WDHB have requested that HAI put forward names that the WDHB board will endorse and send to the Minister for consideration.

HAI have put forward the following names:

- Mary Bennett
- Sharlene Tapa-Mosen
- Marare Bellamy.

The WDHB chair outlined the following process to nominate an appointee to the Minister of Health for his consideration:

- The three nominations for consideration are to be received in writing to WDHB chair
- WDHB chair will formally endorse the nominations and write to the Minister
- Once the nomination have been processed by the Ministers office, an interview process will be conducted
- Interview panel involves, board chair, Ministry representative and a Maori representative from the board - in our case will most likely be Tariana Turia.

During general discussion the following was noted:

- The minister normally contacts the local MP or asks within the community for nominations
- The minister takes into consideration any conflicts of interest (management of conflict/s)
- Former board member can put forward a nomination
- Anyone within the community can put a recommendation/nomination to the minister
- This is a ministerial appointed position and the Minister makes the decision on who will be appointed.

Recommendation

It was resolved that Hauora A Iwi and the Whanganui District Health Board:

- **Notes** the process between the boards to nominate a Māori representative appointee to the Minister of Health to replace Harete Hipango as a member of the WDHB board.

It was resolved that Hauora A Iwi:

- **Provide** the WDHB chair with formal communication of the three nominees for Ministerial appointment to the WDHB Baord as Māori representative

It was resolved that Whanganui District health Board:

- **Receive**: the communication form HAI chair and the WDHB chair will formally write to the Minister informing him of the three nominations and confirm the WDHB endorsement of the nominations.

5.5 Annual planning

The general manager, service and business planning, Tracey Schiebli was in attendance to seek advice from HAI before the combined annual planning workshop in February 2018, and to share what we know of the new Minister's priorities for DHBs.

A report to be considered in Part 2 of the Whanganui DHB Combined Statutory Advisory Committee meeting on 1st December was shared with members present at the meeting. (Paper: *Management report – Planning for 2018/19).*

The general manager noted that the WDHB Executive Management Team (EMT) had spent some time reflecting on the commitments in the current Annual Plan, how this has driven activity, what progress has been made, and what we need to be thinking about for next year.

The board will be asked to confirm that they wish to continue with the four strategic commitments in future years, as these currently underpin all activity.

Some early signals have been received from the Minister of Health and indicate focus on primary care investment. This is welcome news for the WDHB. The total funding increase for Vote Health for 2018 is unknown at this stage. If the level of increase is the same as for 2017/18 DHBs will have significantly less funding to support the current level and configuration of specialist services.

Once WDHB receive formal planning and funding advice from the Ministry of Health this will be sent through to HAI members in preparation for the workshop. All information related to the planning workshop will be sent through to the HAI chair for dissemination as soon as possible and will have the subject line: 'Planning for 2018/19'. Members are invited to reflect on the information provided today, and come back to Tracey or Rowena with thoughts on the planning day scheduled for February.

The following comments were noted from the discussion:

- The Government propose to make changes to VLCA, lowering the fee cap by $10 with a funding increase to VLCA practices to cover cost. VLCA fees will also be available for people with Community Services Cards (CSC) in Non VLCA practices
- This should incentivise people to get CSC cards which will have other benefits, such as access to transport and accommodation subsidies
- The Government's continued commitment to universal healthcare will make it more difficult to target resources and improve equity for Māori
- Members made a plea to remember rural areas in our planning as these get forgotten
- Improving life expectancy was noted as one of the WDHBs long term aims, however although that is increasing, we should be thinking about quality of life
- Members believed we need to do more about oral health for adults. The general manager noted that the focus has been on children, increasing access through tackling DNAs, and that adult oral health is a billion dollar national priority that to-date has not been a Government funding priority. The WDHB services already well above the national average in terms of levels of service to adults and whilst the mobile services could be utilised more, this would require dental surgeon and dentist time as people need more than what the dental therapists can offer
- We need to work more closely with our councils to achieve common goals
- Our increased focus on health promotion, illness prevention and early intervention is important and should continue. Healthy Families has been a platform for this alongside iwi led work in rural areas such as Waimarino
- The WDHB responsiveness programme remains a top priority for 2018 – this includes access (DNAs), health literacy, navigation, speaking a common language, and a workforce that reflects our community
- Māori health providers have in-depth knowledge of their communities and have strong relationships and should be a key part of the primary care team.

Members suggested that the governors' review how the WDHB has performed over the past year – what went well, what more could be done in 2018? The board needs to be clear of their strategic direction as governors do not have the clinical knowledge at service level but can set the direction for management.

HAI members noted that they will provide any further comments through the HAI chair to be collated for the workshop and/or sent prior to the workshop to WDHB management. HAI thanked management for this early opportunity to provide feedback.

6 Date of next meeting

Friday, 23 February 2018 – Annual planning workshop | Whanganui DHB, Board room

(All HAI, WDHB board and committee, NHC and WRHN members)

7 End of meeting/closure

The hui was closed by James Allen.

The meeting ended at 1.54pm.

8 Board and committee chairs' reports

8.1 Board chair

- We have had another mixed year! We have enjoyed some notable gains such as 'bedding in' new DHB-wide IT systems, 'Care with Dignity' and 'Speaking up for Safety' programmes, a Consumer and Clinical Council, upskilling of staff, brilliant uptake in quality care, and achieving many national health targets and positive comment. But there have been some losses, including those members of the community whose health issues shortened their lives, those who gave in to suicide and those whose treatment by us fell short.
- The pressure on our front line services has never been greater. More presentations to hospital, more co-morbidities, aggression from patients, increasing expectations, new systems to learn, and a changing culture to meet the needs of our communities. I can only admire our staff who not only care, but show they care in so many ways.
- We have to celebrate our successes and keep working on improving the wellbeing and lives of our communities.
- Thank you to board members who diligently work through the issues, give advice and support to our DHB. We are fortunate in the makeup of our board – representing differing views and background and speaking up for the good of all.
- Thank you to Acting CE Brian Walden and his team for seamlessly leading our DHB through the time between when Julie left and Russell arrives. I understand that Julie is enjoying some time away from the pressure of leadership.
- A particular thank you to Stuart Hylton who shouldered the work to employ our new CE. A job extremely well done. In addition, Stuart's leadership of the Combined Statutory Advisory Committee this year has been nothing short of brilliant.
- Next year is a 'watershed' year. We have a new Minister of Health and a change in health policy. Simpson commences work with us as our new CE – and he will provide a different approach to leadership. We will have a new Maori appointed member on our board to replace Harete Hipango, now Whanganui's Member of Parliament. Funding and new programmes will be clarified by the Minister and Ministry of Health. Our strategic direction will be reconsidered and refreshed. Our values aligned with our new direction. It is an exciting time and I ask you all around the board table to ensure our governance is strong and relevant to meet our community needs.
- A very happy festive and holiday season to all, and my very best wishes to those who will still be working throughout the holiday season to care for our communities.

8.2 Combined Statutory Advisory Committee

At its last meeting of the year, the Combined Statutory Advisory Committee focused on the DHB's progress to date against commitments in the 2017/18 annual plan.

Highlights for me were:

- Revised Model of Care for Specialist Regional Alcohol and Drug Services.
- The start of a local Cardiology Health Services Plan.
- Establishment of a local Healthy Ageing Steering Group.
- Our waiting times for young people to access mental health services is one of the shortest in the Country.
- WDHB preparing for local implementation of the National Bowel Screening Programme.
- Faster Cancer Treatment Steering Group convened to work through issues why patients are not receiving treatment in a timely manner.
- Surgical discharges are ahead of plan.
- A programme to measure our acute bed days is in its early stages and will hopefully identify service improvements and improve equity.

- Some really innovative and targeted initiatives to improve client DNA's within a 'community responsiveness work programme'.
- Whanganui's patient complaint rates is low when measured nationally.
- IDFs continue to be our biggest risk to our target to live within our means financially.

We still watch whether the much discussed revised urology model of service across the sub-region can be achieved and deliver the outcomes our community deserves.

8.3 Risk and Audit Committee

- Following the resignation of Kate Joblin, efforts are currently underway to appoint an external committee member. We are working towards an appointment prior to the end of this year.
- The committee unanimously agreed that Jenny Duncan be appointed as deputy chair.
- Work is continuing on redeveloping the risk management framework. It is currently at a high level and further work is required to identify and quantify risks that are appropriate for the committee's attention. In addition, it is intended to have a discussion with the board on its risk appetite and tolerance at a future point.
- The NZHP Treasury Services Agreement was approved for signing and execution. This agreement is between NZ Health Partnerships (NZHP) and eligible agencies for NZHP to provide treasury services and cash management services to the health sector. Its revision has been triggered by the move from Westpac to BNZ.
- The draft report on the clinical coding audit conducted by TAS has been received. Management comments are being prepared and will be presented to the committee's February meeting. Some issues relating to clinical coding were highlighted.
- The terms of reference for the internal audit relating to equity on health outcomes for Māori were discussed and revised following a requested review by the director of Māori health. The revised terms will now go to Hauora A Iwi for review and input.
- The self review of the committee's performance has been completed and feedback will now be sought from the board, management and Deloitte.
- Ongoing risks in relation to inter-district flows were discussed and noted.

9 Acting Chief Executive's report

9.1 Patient Safety and Service Quality

Professional Development and Recognition Programme for nursing across the district (PDRP)

This is a national programme aimed at improving the standard of nursing practice and providing a career succession pathway for nursing. The director of nursing has committed to increase the number of nurses with a PDRP portfolio across the Whanganui district.

PDRP numbers are increasing. In June 2016, 143 hospital based nurses and 51 community based nurses had a current portfolio. As of 6 December 2017, 176 hospital based nurses and 65 community based nurses have a current portfolio.

Health Workforce New Zealand Funding

Nationally, Health Workforce New Zealand provides the WDHB with 30 training units of funding. This means we can fund approximately 60 post graduate papers for nursing staff. This year we have had 67 applicants that have applied to either do one or two papers. A team from the hospital and community consider all applicants based on pre-set criteria from the needs identified in the District Annual Plans. The selection process is completed by 22 December 2017 where all successful applicants will be notified.

Nurse Entry to Practice (NETP) and Nurse Entry to Specialty Practice (NESP) for hospital and community nursing

These programmes are funded by Health Workforce New Zealand and are a supportive programme for nurses in their first year of practice. Nurses apply using a national IT system Advanced Choice Employment (ACE). One of the criteria for this programme is that NETP/NESP nurses need to be employed at least four days a week for 12 months. This year WDHB offered 15 placements – three mental health and 12 general. One of the key criteria for interview was if the applicant identified as a Maori or Pacific Islander.

There were 56 applicants – and 36 were shortlisted and interviewed. This included:

- Twenty eight graduates from the local UCOL school of nursing
- Eight non-local applicants

Of those shortlisted – 11 of those identified as Maori and Pacifica.

Following the interviews 12 applicants have been offered positions in either NETP or NESP at WDHB:

- Seven Maori and/or Pacifica
- One Fijian Indian
- 10 European
- One African

Of the 11 Maori/Pacifica applicants, three were taken into the WDHB Nursing Resource Unit, one employed in Bulls and one in Christchurch DHB. One graduate is seeking employment in Taihape.

The NESP and NETP programmes will both commence on 15 January, 2018 – 18 January, 2019.

9.2 Government Havelock North Drinking Water Inquiry

The stage 2 report has just been received from the Minister of Health. The independent report has recommended sweeping and fundamental changes to mitigate significant risks that exist with water supplies across New Zealand. These include legislative changes, mandatory disinfection of water supplies, strengthening of regulatory and monitoring systems.

We will be reviewing with key parties – Mid Central Health, the seven local authorities across Mid Central and Whanganui DHB regions and Horizons - our response to the report. Work has been instituted after the stage 1 report and I will provide a verbal update at the meeting what progress has been made and indications of a plan of actions.

9.3 Elective Services

Elective service delivery for October was 93% of contract. The main areas of underperformance are gynaecology, ophthalmology, and urology. The health target of elective surgical discharges remains ahead by 125 discharges.

ESPI compliance continues to be a challenge with the hospital being compliant, but with very little margin of error. Most DHBs are in a similar situation. Given our size, we are vulnerable to any unexpected circumstance e.g. unplanned leave. Currently, dental services may be non-compliant in December and January due to consultant leave in January and theatre sick leave October. A locum is currently being sought to ensure we comply with elective service timeframes.

Out sourced work for Waikato DHB is yet to materialise, with the final contract still outstanding. Whanganui DHB is considering an orthopaedic visit to general practitioners in the southern Waikato with the aim of promoting the department and increasing awareness of the Waikato contract.

9.4 Māori Health

Hauora A Iwi and Whanganui District Health Board combined boards meeting 29 November 2017 minutes are included in the minutes' section of this agenda.

Research Programme – Decision Making and Development: Using Data to Improve Health Outcomes

Whakauae Research for Māori Health and Development (Whakauae) is collaborating with Whanganui and Waitamata DHB in a kaupapa Māori qualitative research project. Seeking to understand how Māori – specific health utilisation or indicators data can be better utilised in health services planning for Māori health development.

The objectives are to explore the challenges of data- driven health service improvement for Māori; showcase positive examples of data generation and utilisation; and provide learning opportunities for the research partners, and other key decision makers at local and national levels.

Whakauae have met with management to discuss the implementation of the programme and the WDHB internal consent process to participate in the research is underway. Hauora A Iwi have received a presentation from Whakauae and agreed in principle with the intent of the project.

Management see this research programme as an enabler to support the better use of data and informatics to raise awareness and action required to improve equity in health outcomes for Māori. The timeframe is 30 months commencing October 2017.The boards will receive updates on progress.

WDHB internal audit programme – Whanganui DHB Response to Monitoring Improvement in Equity in Health Outcomes for Māori living in the WDHB health district

The WDHB Risk and Audit committee are overseeing the WDHB internal audit programme 2017-18 conducted by Central Region's Technical Advisory Services .

The proposed audit Whanganui DHB Response to Monitoring Improvement in Equity in Health Outcomes for Māori living in the WDHB health district seeks to identify what are the processes and systems (framework) used to measure equity in health outcomes for Māori; that ensures actions and strategies to address are identified and implemented; outcomes/ improvements are measured, monitored and evaluated for sustainable improvement.

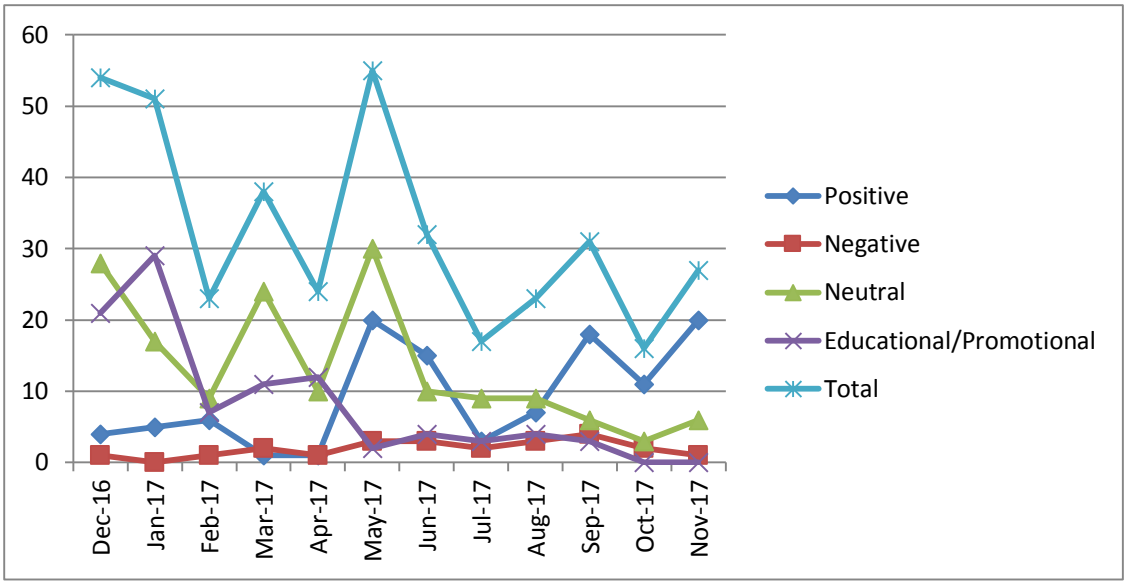
The committee have sort advice on the terms of reference from Hauora A Iwi to ensure the desired outcomes are articulated and management are reflecting the advice into the final terms of reference for the risk and audit committee February 2018.
The framework resulting from this audit and the longer term Whakauae research project are pieces of work that will enable management and the board to be more informed and equipped to act on the inequities in our system and to evidence where resources / investment should be placed for the best benefit.

9.5 Communications

Media results

Media interest lifted considerably during the past quarter due to several events – profile stories on Julie Patterson at the time of her departure, a misinformed complaint from a member of the public, and a misinformed story about WDHB theatre staff working overtime.

Type	**September**
Positive	18
Negative	4
Educational/Promotional	3
Neutral	6
Type	**October**
Positive	11
Negative	2
Educational/Promotional	
Neutral	3
Type	**November**
Positive	20
Negative	1
Educational/Promotional	0
Neutral	6



Quality Account

We are pleased to report that the WDHB's 2016/17 Quality Account is on track to be sent to the Health Quality Safety Commission by their Christmas Eve deadline.

Social media

We continue to share content promoting key health messages and campaigns, our current vacancies, news and happenings of the Whanganui DHB. And our social audiences continue to grow slowly Facebook – 557 (May 2017 - 437 likes); Twitter – 806 followers (May 2017 - 697) with our posts reaching more people and receiving increasing engagement.

We have also started sharing messages to our Instagram account (search: Whanganui DHB) which currently has 68 followers.

Since our last report, social media posts have included promotion of:

- National Civil Defence Emergency Alert System test
- White Ribbon Anti-violence campaign
- Antibiotic Resistance and World Antibiotic Awareness Week
- Water Only campaign
- Patient Safety Week
- Switch to Water campaign
- Mental Health Awareness Week
- Civil Defence 'Get Ready' Week
- Kaumatua Olympics
- Smoking cessation
- Foetal Alcohol Spectrum Disorder Awareness Week
- Maori Language Week

Website (www.wdhb.org.nz)

Generally, the website is seeing an increase in the number of unique users and visits to the WDHB website (24 Aug.-24 Nov 2017: 28,904 sessions/88,423 page views) when compared to the same period in 2016. Alongside this, users are typically visiting the website for longer periods of time, viewing more pages per session and returning to the website more frequently.

Most users are aged 25-54 (70 percent of visitors) with the majority being female (80 percent of visitors).

Most users still access the website via desktop computers however, not unexpectedly, this number is dropping off in favour of visits via mobile devices (+25%) over the 24 August – 24 November 2017 period.

Positive feedback from WDHB press releases

We're pleased to report that two WDHB press releases issued in October led to good results for those interviewed.

Age Concern manager, Tracy Lynn, reported that the first press release titled *Age Concern Wanganui calls for more volunteers to visit the elderly* encouraged many people to phone and offer their services. And the second press release titled *WDHB implements new role to support its work around falls prevention* saw elderly residents phoning the WDHB staff member in question eager to know more about strength and balance classes (local and rural) and in one instance, wanting to have their community group strength and balance group approved.

Speaking Up For Safety request

The Speaking Up For Safety steering committee was pleased to receive an email request from Cognitive Institute managing director Matthew O'Brien last month seeking permission to incorporate the WDHB's Speaking Up for Safety poster into a presentation he was delivering to the Cognitive Institute's UK head office.

Impressed with the poster and the work that Whanganui DHB is undertaking in the safety space as a whole, Mr O'Brien was keen to showcase the poster in a global setting. The poster is included as *Information item one.*

9.6 NZ Health Partnership update

We have received the quarterly update from NZHP for quarter ended 30 September 2017. In summary:

- The 20 DHBs have approved NOS additional funding ($23m) to enable the project to progress, including changes to the terms of the B class shares. There appears to be some delays with the development of the technical solution on IaaS, however this will not impact on the first three DHBs' go live scheduled for July 2018.
- Change in banker to BNZ is progressing with 13 DHBs expected to be transitioned by the end of December 2017. Whanganui will have moved to BNZ by date of the board meeting.
- The insurance remarketing programme is underway for the 2018/19 year through brokers Marsh. With significant natural disaster losses experienced worldwide, increased material damages premiums are likely.
- The fire service levy changes which was going to result in substantial burden to DHBs in 2018/19 and beyond has been capped after discussions with central government.

9.7 High Performance, High Engagement

It has been agreed that we go ahead with this programme and a further meeting will be held in March to plan next steps following "go live" on webPAS. The Minister of Health has endorsed the programme and is encouraging DHBs to engage with it.

9.8 Summary financial report for October

The financial report for November 2017 will be tabled at the board meeting.

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 October 2017($000s)
CONSOLIDATED

	Month				Year to Date				Annual		
	Actual	Budget	Var		Actual	Budget	Var		Budget 2017-18	Forecast	Var
Provider Division	(563)	(386)	(177)	U	(959)	(733)	(226)	U	(1,921)	(2,161)	(240)
Corporate	11	5	6	F	31	3	28	F	22	122	100
Provider & Corporate	**(552)**	**(381)**	**(171)**	**U**	**(928)**	**(730)**	**(198)**	**U**	**(1,899)**	**(2,039)**	**(140)**
Funder Division	(51)	(94)	43	F	(722)	(523)	(199)	U	-	(583)	(583)
Governance	(12)	(7)	(5)	U	18	(20)	38	F	-	24	24
Funder divison & Governance	**(63)**	**(101)**	**38**	**F**	**(704)**	**(543)**	**(161)**	**U**	**-**	**(559)**	**(559)**
Net Surplus / (Deficit)	**(615)**	**(482)**	**(133)**	**U**	**(1,632)**	**(1,273)**	**(359)**	**U**	**(1,899)**	**(2,598)**	**(699)**

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

October month variance to budget

Funder – $43k favourable

Mainly due to the elective wash up with our own provider ($219k) and a favourable electives revenue wash up for 2016/17. This was partially offset by elective surgical volumes from Waikato DHB that have not yet eventuated. Inter-district outflows (IDFs) relate to a small number of high-cost acute treatments.

Governance and Funding Admin – $5k unfavourable

Related to a loss from the sale of the car to the former chief executive.

Provider and Corporate – $171k unfavourable

Provider division $177k unfavourable to budget is mainly due to the less elective revenue from funder (elective volumes 80.7% of target), high demand for blood products, other operating expenses, ACC revenue (mainly home-based support) and MRI. This was partly offset by favourable personnel costs and depreciation.

Corporate costs are $6k favourable to budget, due to depreciation.

The detailed October 2017 financial report, including a year-end forecast, is included in this agenda as ***Information item two.***

Forecast to 30 June 2018

When establishing the budget for 2017/18 with the board, IDF outflows were based on current trends for 2016/17 less a 3% volume adjustment of around $654k. The budget also included 75 CWD IDF elective inflows – based on 50 CWD being secured through a contract from Waikato DHB and the balance to come from other district health boards. The variation in costs/revenue around these two assumptions are the key drivers of the variance to budget year-to-date and the forecast.

The forecast deficit at year-end June 2018 is $2,599k; which is $699k worse than the budgeted deficit.

Key assumptions to the forecast deficit are:

- IDF inflows - 50 of the 75 elective cases will be caught up in the second six months of the year.
- The sharp increase of IDF outflows, due to a small number of high case weight cases, will have moderated to normal levels, but not reversed. That is, the unfavourable IDF trend in the first four months will not be recovered over the last eight months of the year.
- Health of older people spend path, which is slightly favourable to budget, will be sustained over the balance of the year.
- MECA settlements overall stay within budget.

The provider forecast is $240k adverse to budget, largely reflecting the lower case weight volumes.

Corporate mitigates the impact with $100k favourable across a number of expense lines.

Funder is $583k adverse to budget, largely impacted by higher IDF outflows.

9.9 Compliance with statutory requirements

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

Brian Walden
Acting Chief Executive Officer

11 Discussion items

11.1 Health and Safety report

Purpose

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

- Incident trends and injuries in the workplace.
- Employee participation.
- Transition training on the changes to the Health and Safety at Work Act 2015.
- Contractor management.
- Key health and safety systems risks.
- Health and safety work plan.

Injury reporting

Notifiable events
No notifiable events were reported to WorkSafe New Zealand in September.

Incident/injury report August and September
There were 25 injuries recorded by staff on RiskMan during August and September.

The following table shows a breakdown of the incidents/injuries by incident class and outcome.

	Staff incidents/injuries August and September 2017						
Incident class	**Details**	**Outcome**					
		Near miss; no adverse outcome	**Minor injury; no treatment required**	**Minor injury; first aid only**	**Moderate injury; temporary incapacity**	**Major injury; temporary incapacity**	**Possibly potentially serious**
Manual handling	Sprained arm whilst transferring a patient who pulled heavily on arm			✓			
	Injured back whilst trying to stop a patent from falling off a bed				✓		
	Strained hand whilst moving a confused patient up the bed				✓		
	Back strain from dropping a box then trying to catch it				✓		
	Back strain from trying to put foot brake on under a patients bed		✓				
	Pain in arm and arm from rowing the waka			✓			
Slips/ Trips/ Falls	Tripped on drip pole base injuring knee			✓			
	Lost footing on stairs at a patients home and fell				✓		
	Tripped out of the lift. Floor in corridor was not same level as lift floor	✓					
Stuck/ bumped by	Crushed thumb when hand got caught between the wall and moving bed			✓			
	Bruised hand when hand top of a trolley			✓			
	Walked into a handrail injuring hand			✓			
	Crushed finger between door and patient bed				✓		
Aggression	Patient grabbed employees wrist			✓			

	Dog bite			✓			
	Pushed by patient who was unable to accept guidance and boundaries	✓					
	Chased by a pit bull dog	✓					
	Verbal abuse from a parent at a school	✓					
Blood body splash & Needle stick	Needle stick injuries from a suture needle (2)			✓✓			
	Needle stick injury			✓			
	Anaesthetist needle stick injury		✓				
	Splashed in eye by patient's blood whilst removing a cannula from a patient			✓			
	Splashed in eye from a patient who had lacerations to mouth and tongue			✓			
Other	Unsafe staffing levels***	✓					
Totals		**5**	**2**	**13**	**5**	**0**	**0**

*** Nursing staff in the Surgical Ward indicated concerns regarding high acuity of patients during a shift and inability to allocate additional staff to this ward for the specific shift. The situation was monitored, there were no adverse outcomes.

Nursing staff levels are matched with patient acuity using TrendCare reporting and Care Capacity and Demand Management (CCDM) methodology, supported by DHBs and unions. Daily bed management meetings at 11:00 and 16:00 in the operational centre assists in matching care requirements with resource allocation. Hospital at a glance screens (HAAG) provides decision support. Nursing staff on duty are allocated to match care needs and additional staff are provided from the nursing resource unit.

Definitions used in the above table:

- Near miss, no adverse outcome.
- Minor injury, no treatment – the employee has a minor injury but didn't feel the need to seek medical treatment.
- Minor injury, first aid only – would only require 'a plaster or aspirin'.
- Moderate injury, temporary incapacity – the employee may have sought medical treatment (from either ED or a GP) and there may have been lost time as a result of the injury.
- Possibly/potentially serious – possible or potential notifiable event.
- Major injury/temporary incapacity – serious injury that results in a notifiable event.

Manual handling trend

The manual handling incident trend report from 1 July 2014 to 30 September 2017 is included as ***Appendix one*** for information. ATR (13), CCU (15), ED (11), Medical (20), Surgical (27), Theatre (15) and Radiology (10) had the most incidents/injuries over this period, with most of these being patient-related. All employees on return to work programmes from a manual handling incident will in future receive manual handling training as part of their return to work programme.

Employee participation

The Unit Health and Safety Committee and the WDHB Health and Safety Committee met once in September. Fifteen of the 33 representatives attended the six weekly Unit Health and Safety Committee meeting. Meeting attendances are recorded and managers requested to ensure release of representatives for the meetings. A trend report will be prepared for EMT for follow up action.

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

- WorkWell wellness programme.
- Hazardous substances.
- Emergency locators and training.
- Bariatric equipment and training
- Reporting on aggression incidents.
- Mass casualty exercise – Exercise Crimson.

Health and safety transition training

As previously advised, 87% of the 45 nurse managers, clinical nurse managers and equivalents have attended the in-house training provided by Business Central. Further training for managers is scheduled for 23 November and training for the executive management team and board members is scheduled for 24 November 2017. Training for the health and safety representatives will follow.

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

Key health and safety risks

The recent internal audit by TAS highlighted the need to report key risks to the board at each meeting. The following table notes any progress made since the report to the board's September 2017 meeting.

Key risk	Management / actions – update
Community staff home visits – lone staff members general safety monitoring systems not fully functioning	▪ Draft policy completed following initial consultation. The Director of Maori Health is currently awaiting feedback before finalising the policy and procedures. ▪ The options available and costs of technology locators and duress alarm systems as part of the solution are being assessed.
Injury from manual handling of patients and objects is the highest injury category	▪ July 2017 showed an increase in manual handling injuries. ▪ High occupancy and high level of staff sick leave in July 2017 are potential contributing factors. ▪ Pressure injuries and falls also increased in July. ▪ A working group including members from key patient care risk areas is reviewing this. *Bariatric equipment* ▪ Development of policy and procedures are well underway. ▪ Bariatric pool equipment identified and purchased. Laminated cards indicating location and how to procure equipment (including rental options) will soon be available in all clinical areas. ▪ A gap in the equipment necessary to perform transfers for bariatric patients safely has been identified. Includes overhead ceiling hoists, a bariatric bed that profiles low to the ground and a comfortable reclining chair for non-mobile patients. ▪ Three staff attended interdisciplinary bariatric education seminar to gain a more in depth appreciation of the care of the bariatric patient and the need for education. ▪ A bariatric training day for staff is scheduled for 13 November starting with clinical nurse coordinators. Emphasis is on a multidisciplinary approach with a member from physiotherapy and occupational therapy involved in teaching on the day. Training will be rolled out to other clinical areas later.
Contractors' health and safety systems outside of Spotless Services are not being monitored and may be a risk	▪ A schedule of external contractors by department has been developed. ▪ Contractors will be risk rated according to the type of work performed on site. ▪ We will work with a sample of six contractors to evaluate their health and safety systems against compliance with the Act. ▪ Team leaders will be trained on how to evaluate risks associated with each contractor's visit so there is ongoing health and safety monitoring.
Noise could damage hearing	▪ An assessments to determine baseline noise levels have been scheduled for first week in November 2017. ▪ Areas that may require noise monitoring have been identified – CSSD, flight nurses, theatre, loans, outpatients (plaster saws), kitchen. ▪ A dosimeter will be worn by a person for the duration of their shift, then a time-weighted average of noise exposure calculated to determine whether mitigation is necessary.

The health and safety work plan through to September 2017, is included as ***Appendix two.***

Recommendation

It is recommended that the Whanganui District Health Board:

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

Manual handling trends

Appendix one

Manual Handling Injuries by sub category by year from 1 July 2014 to 30 September 2017																	
	Patient/Client Related				Equipment or Object Related				OOS				Total				
Area	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018 Sep 17	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018 Sep 17	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018 Sep 17	2014 / 2015	2015 / 2016	2016 / 2017	2017 / 2018 Sep 17	3 + yrs Sept 2017	
AAU													-	-	-	-	-	
Acute Stroke Unit	1												1	-	-	-	1	
ATR	5	1	1	1	1	3	1						6	4	2	1	13	ATR
CAF						1							-	1	-	-	1	
CCU	3	3	4	1	1	3							4	6	4	1	15	CCU
Chaplaincy					1								1	-	-	-	1	
Community Services			1			2	2						-	2	3	-	5	
Emergency	5	1	2	1	1	2							6	3	2	1	12	ED
Health Records							1		1				1	-	1	-	2	
Human Resources							2								2	-	2	
IT						1					1			1	1	-	2	
Loans			1												1	-	1	
Maori Health							1			1			-	1	1	-	2	
Maternity		1			3	1		1					3	2	-	1	6	
Medical	4	6	3	3	1	1	2						5	7	5	3	20	Medical
Nursing Resource Unit													-	-	-	-	-	
Outpatients						1				1			-	2	-	-	2	
Paediatric						1								1	-	-	1	
Patient Safety & Quality							1				1				2	-	2	
Patient Scheduling						1							-	1	-	-	1	
Pharmacy													-	-	-	-	-	
Public Health							2						-	-	2	-	2	
Radiology	3	1			1	1	2	1		1			4	3	2	1	10	Radiology
SMO Group										1			-	1	-	-	1	
Stanford					3								3	-	-	-	3	
Supply					1			2					1	-	-	2	3	
Surgical	6	6	7	5	1	2							7	8	7	5	27	Surgical
Surgical Day Unit	1				1								2	-	-	-	2	
Te Awhina	3	1	1										3	1	1	-	5	Te Awhina
Theatre	1	1	1	1	2	6	2	1					3	7	3	2	15	Theatre
Therapies			1										-	-	1	-	1	
Totals	**32**	**21**	**22**	**12**	**17**	**26**	**16**	**5**	**1**	**4**	**2**	**0**	**50**	**51**	**40**	**17**	**158**	
2018 Extrapolated				48				20				-				68	**< Extrapolated on three month's data**	

12 Information papers

Item number	Description
One	Speaking up for Safety poster
Two	Detailed financial report for October 2017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STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 October 2017($000s)
CONSOLIDATED

	Month				Year to Date				Annual		
	Actual	Budget	Var		Actual	Budget	Var		Budget 2017-18	Forecast	Var
Provider Division	(563)	(386)	(177)	U	(959)	(733)	(226)	U	(1,921)	(2,161)	(240)
Corporate	11	5	6	F	31	3	28	F	22	122	100
Provider & Corporate	**(552)**	**(381)**	**(171)**	**U**	**(928)**	**(730)**	**(198)**	**U**	**(1,899)**	**(2,039)**	**(140)**
Funder Division	(51)	(94)	43	F	(722)	(523)	(199)	U	–	(583)	(583)
Governance	(12)	(7)	(5)	U	18	(20)	38	F	–	24	24
Funder divison & Governance	**(63)**	**(101)**	**38**	**F**	**(704)**	**(543)**	**(161)**	**U**	**–**	**(559)**	**(559)**
Net Surplus / (Deficit)	**(615)**	**(482)**	**(133)**	**U**	**(1,632)**	**(1,273)**	**(359)**	**U**	**(1,899)**	**(2,598)**	**(699)**

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

Overview

Result for the month of October 2017 is unfavourable to budget by $133k, mainly due to provider division performance; and partly offset by funder division performance.

- Provider division $177k unfavourable to budget is mainly due to elective volumes being 80.7% target, which has impacted on less elective revenue from funder (internal); high demand for blood products; other operating expenses (partly offset by revenue); ACC revenue (mainly home-based support) and MRI. This is partly offset by favourable personnel costs and depreciation.
- Corporate $6k favourable to budget is mainly due to depreciation.
- Governance $5k unfavourable related to a loss from the sale of car to former chief executive.
- Funder division $43k favourable to budget, mainly due to elective wash up with own provider $219k and favourable 2016/17 electives revenue wash up; partially offset by expected other DHB elective surgical volumes not eventuating yet ($100k) and inter-district outflows ($257k) related to a small number of high-cost acute treatments and a tight inter-district outflows budget.

Year-to-date October 2017 result is unfavourable to budget by $359k, mainly driven by inter-district flows.

- Provider division $226k unfavourable to budget is mainly due to high acute demand at 111.9% to target, adding pressure to clinical staff; locum medical personnel to cover leave and vacancies in ophthalmology, orthopaedics and the obstetric and gynaecology service; high demand for blood products; and patient transfer costs. Elective volumes, at 92.9% of target, has impacted on less elective revenue from the funder. This is partly offset by dental revenue; positive outpatient wash up with funder; training revenue; cost recovery for air ambulance national service; and cost recovery for seconded mental health medical personnel. Depreciation relates to the timing of the capex purchase.
- Corporate $28k favourable to budget is due to insurance costs, personnel costs and depreciation; partly offset by the timing of facility costs.
- Governance $38k favourable to budget is related to outsourced, personnel costs, other operating costs and the reversal of accrued prior year IT costs (paid by funder).
- Funder division $199k unfavourable to budget is mainly due to anticipated other DHB surgical patient inflows not eventuating; inter-district outflows and outpatient wash up with own provider. This is partly offset by elective wash up with own provider (internal) and lower than anticipated health of older people costs.

Forecast 2017/18	Pressure on forecast
Forecast is $699k unfavourable to budget, mainly impacted by inter-district flows. The main contributor is IDF outflows, due to a small number of acute high case weight events. Key assumptions in this forecast are: **Provider and Corporate** ▪ MECA increase of 2% on expiry; however the latest NZNO MECA offer for senior nurses is 4%, which will have domino effect when other MECAs expire. ▪ Nursing FTE remain the same as plan (no FTE increase). ▪ Senior medical personnel (SMO) outsourced personnel cost increase is forecasted, however this is expected to be offset by personnel costs. ▪ Elective volume delivery from November 2017 onwards to year-end remains as plan (October ytd $444k under-delivery). ▪ Depreciation adjusted due to timing of spend. **Funder** *IDFs* ▪ IDF inflows, excluding elective inflows from Waikato DHB – based on current 12-month rolling average. ▪ Elective IDF inflows from Waikato DHB – 50 of the budgeted 75 cases will be completed by the end of June 2018. ▪ IDF inpatient outflows – continue based on the 12-month rolling average. ▪ IDF outpatient outflows unfavourable variance is extrapolated to full year. *Other personal health expenditure* ▪ Lower than expected demand for national travel assistance continues through the remainder of the year. *Health of Older People* ▪ Current demand trends for home-based support services and aged residential care services are relatively stable, but showing a slight decrease. ▪ Age-related residential care average bed day cost the DHB is required to fund is also slightly lower than budgeted, helping contribute to favourable variances. ▪ Forecasts for the end of the year are based on current demand levels and bed day costs continuing for the remainder of the year. ▪ Pay equity will be cost neutral. ▪ In-between travel will be cost neutral. **Provider key impacts:** Provider forecast is $240k unfavorable to budget, due to under-delivery of elective volumes; other personnel costs related to course and conferences; membership fees; outpatient clinic revenue; outsourced medical locum personnel in ophthalmology, obstetrics and gynecology, ED, mental health and orthopaedics (higher premium price paid for locums therefore partly offset by personnel costs); laboratory contract; high use of clinical supplies in district nursing; ED; orthotics footwear and blood products (demand driven); infrastructure and non-clinical supplies related to books and journals, postage; HWNZ training costs (offset by revenue). This is partly offset by theatre consumables due to lower elective orthopaedics volumes; patient focused booking initiative revenue; ophthalmology service improvement initiatives revenue; clinical equipment depreciation and ACC contract favourable variance. **Corporate key impacts:** Corporate forecast is $100 favourable to budget, mainly due to IT depreciation, one-off insurance savings and Allied Laundry prior year share of profits. This is partly offset by server maintenance and facility costs. **Funder key impacts:** Funder forecast is $583k unfavourable to budget, due to continued impact of high case weight acute IDF outflow events and a tight IDF budget; partially offset by a static demand for home-based support services and aged residential care services.	

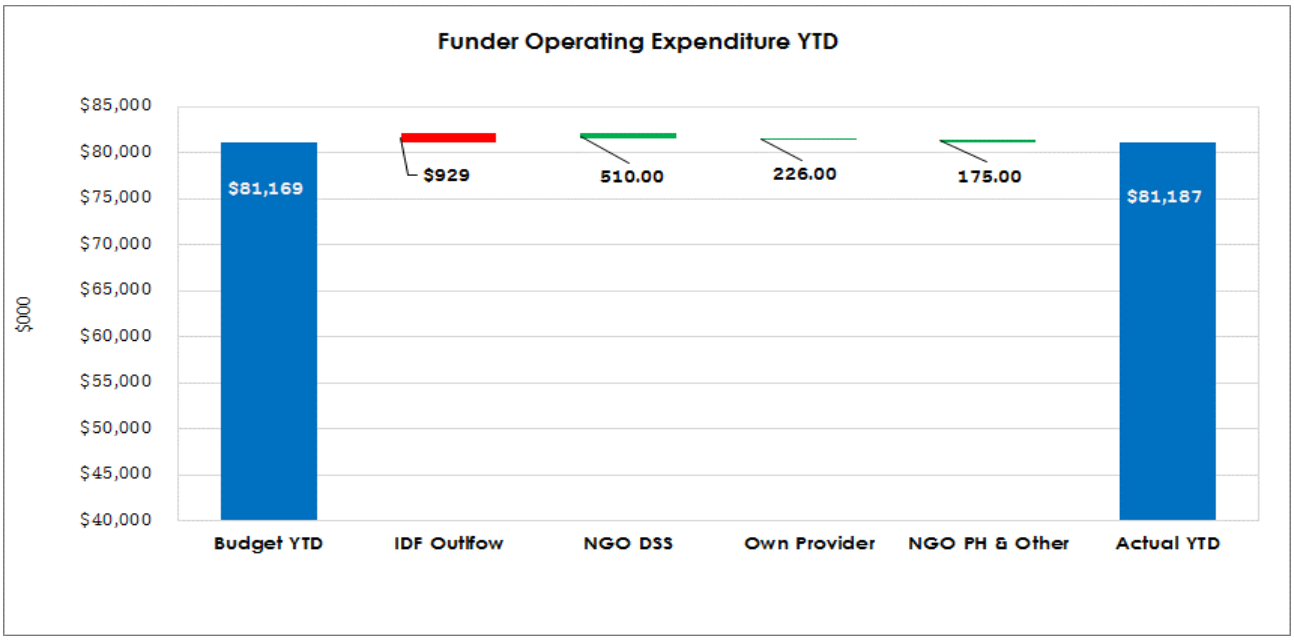
1. Funder division financial performance

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 October 2017($000s)
FUNDER DIVISION

	Month				Year to Date				Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2017-18
Personal Health	(113)	(103)	(10)	U	(1,183)	(567)	(616)	U	(600)
Disability Support	(27)	(29)	2	F	289	(85)	374	F	–
Public Health	(28)	(20)	(8)	U	(42)	(20)	(22)	U	–
Maori Services	7	7	–	F	(53)	(53)	–	F	–
Other	62	51	11	F	183	202	(19)	U	600
Mental Health	48	–	48	F	84	–	84	F	–
Net Surplus / (Deficit)	**(51)**	**(94)**	**43**	**F**	**(722)**	**(523)**	**(199)**	**U**	**–**

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 October 2017($000s)
FUNDER DIVISION

	Month				Year to Date				Annual
	Actual	Budget	Variance		Actual	Budget	Variance		Budget 2017-18
REVENUE									
Government and Crown agency	19,664	19,412	252	F	77,691	77,477	214	F	232,774
Inter-district Inflow	730	742	(12)	U	2,591	2,967	(376)	U	8,902
Other Income Revenue	62	51	11	F	183	202	(19)	U	600
Total Revenue	**20,456**	**20,205**	**251**	**F**	**80,465**	**80,646**	**(181)**	**U**	**242,276**
EXPENDITURE									
Personal Health	7,828	8,048	220	F	31,832	32,089	257	F	95,781
Disability Support	254	254	–	F	1,016	1,016	–	F	3,049
Mental Health	1,491	1,491	–	F	5,966	5,966	–	F	17,897
Public Health	28	13	(15)	U	82	51	(31)	U	152
Maori Services	9	9	–	F	36	36	–	F	108
Total own provider expenditure	**9,610**	**9,815**	**205**	**F**	**38,932**	**39,158**	**226**	**F**	**116,987**
Personal Health	3,750	3,537	(213)	U	14,175	14,256	81	F	42,526
Disability Support	2,406	2,433	27	F	9,168	9,678	510	F	28,753
Mental Health	669	685	16	F	2,688	2,741	53	F	8,224
Public Health	94	108	14	F	331	372	41	F	1,055
Maori Services	131	131	–	F	603	603	–	F	1,649
Inter-district Outflow	3,523	3,266	(257)	U	13,995	13,066	(929)	U	39,198
Total Other provider expenditure	**10,573**	**10,160**	**(413)**	**U**	**40,960**	**40,716**	**(244)**	**U**	**121,405**
Governance	324	324	–	F	1,295	1,295	–	F	3,884
Total Expenditure	**20,507**	**20,299**	**(208)**	**U**	**81,187**	**81,169**	**(18)**	**U**	**242,276**
Net Surplus / (Deficit)	**(51)**	**(94)**	**43**	**F**	**(722)**	**(523)**	**(199)**	**U**	**–**



Comments on results	
	Negative

Month comments
Funder division $43k favourable to budget, mainly due to electives wash up with own provider; offset by inter-district flows and outpatient wash up.

Year-to-date comments
Funder division $199K unfavourable to budget, mainly due to inter-district flows and outpatient wash up; partly offset by elective volume wash up with own provider and less than expected health of older people expenditure.

	Variance $000	**Impact on forecast**
Revenue YTD	**($181) U**	
Crown revenue	**$214 F**	
▪ Personal health side contract – primary care top-up	$35 F	**Offset by costs**
▪ Personal health side contract – PHO performance	$114 F	**Offset by costs**
▪ Personal health side contract – practice sustainability	$18 F	**Timing**
▪ Personal health side contract – elective initiatives	$176 F	
▪ Personal health – ACC sexual abuse assessment	$7 F	**Timing**
▪ Personal health – ACC falls prevention	$57 F	**Timing**
▪ Health of older people – in-between travel (IBT)	($48) U	**Offset by costs**
▪ Health of older people – pay equity	($115) U	**Offset by costs**
▪ Public health side contract – cervical screening	($30) U	**Offset by costs**
Inter-district inflows – expected inflows from another DHB did not eventuate	**($376) U**	**Waikato DHB patients**
Other income – mainly interest	**($19) U**	
Expenditure YTD	**($18) U**	
Payment to own provider	**$226 F**	
▪ Personal health – elective wash up	$444 F	**No overall impact – offset by provider internal revenue**
▪ Personal health – outpatient wash up	($62) U	
▪ Personal health – cancer nurse coordinator	($40)U	
▪ Personal health – adolescent dental demand driven (partly offset by $66k of favourable external provider costs)	($94) U	
▪ Personal health – pharmaceuticals	$9 F	
▪ Public health – tobacco control	($31) U	

	Variance $000	Impact on forecast
Payment to external provider (excluded IDF)	**$685 F**	
Personal health	**$81 F**	
▪ Dental service – demand driven	$6 F	**Offset by own provider cost**
▪ Pharmaceutical – demand driven	$61 F	
▪ General medical subsidy	($49) U	
▪ Primary health care	$47 F	
▪ Immunisation	($47) U	**Timing**
▪ Domiciliary and district nursing	($34) U	
▪ Travel and accommodation	$72 F	
▪ Palliative care	$14 F	
▪ Other	$11 F	
Health of older people	**$510 F**	
▪ Pay equity	$115 F	**Offset by revenue**
▪ Personal care household management	$49 F	
▪ Age-related residential care – demand driven	$293 F	
▪ Residential care hospitals	$86 F	
▪ Ageing in place	($19) U	
▪ Special support	($14) U	
Mental health	**$53 F**	
▪ Sub-acute and long-term inpatient	$37 F	
▪ Advocacy peer support consumer	($10) U	
▪ Home-based support	$15 F	
▪ Community residential beds service	$6 F	
▪ Other	$5 F	
Public health side contracts	**$41 F**	
▪ Screening programme	$13 F	
▪ Tobacco control	$28 F	**Offset by own provider cost**
Māori Health service		
Inter-district outflows	**($929) U**	
▪ Tight budget – IDF outflows and small number of high acute case weight events	($929) U	**Longer term trend uncertain, volume varies month to month**

1. Governance and funding administration financial performance
Month comments
The result was $5k unfavourable to budget due to loss in sale of car to former chief executive.

Year-to-date comments	
The result was $38k better than budget due to personnel costs, reversal of prior year IT accruals (paid by funder) and other operating costs.	**Positive**

	Variance $000	Impact on forecast
▪ Personnel costs	$5k	
▪ IT, outsourced and other operating expense and other	$33k	

2. Provider and corporate financial performance

Comments on result	Positive

Month comments

Inpatient volumes are 102.32% to target in October 2017, with acute being 111.6% and electives 80.7% of budget. The overall result for the month was $177k unfavourable to budget.

- Revenue is $338k unfavourable to budget, mainly due to favourable $220k electives; unfavourable wash up with funder (internal); $114k ACC contract revenue (offset by less medical personnel costs); high demand for blood products; books and journal purchases (timing); corporate training (offset by revenue); and other district health board outpatient clinic revenue. This is partly offset by Ministry of Health, ophthalmology and elective booking improvement revenue.
- Personnel costs are $104k favourable to budget due to lower medical and allied health personnel costs related to leave and vacancies. This is partly offset by high nursing costs reflecting the impact of high patient acuity.
- Outsourced clinical services is $72k favourable to budget, mainly due to ACC contract (offset by revenue); orthopaedic surgery costs budgeted for Waikato DHB patient did not eventuate. This is partly offset by rest home convalescence costs, laboratory and radiology service costs.
- Clinical supplies are in line with budget, although there has been high demand for blood products, ostomy supplies, and dressings (district nursing area). This is offset by patient travel and theatre consumables (reflecting lower elective volumes).
- Infrastructure and non-clinical supplies $53k unfavourable to facility costs relates to hardware repairs and maintenance $6k; books and journals $17k (timing); corporate training $11k (offset by revenue); postage $8k (timing); and quality awards $10k.
- Depreciation better than budget variance is due to timing of purchasing of clinical and IT equipment.

Year-to-date comments

Inpatient volumes were 106.1% to target in October 2017, with acute being 111.9% and elective being 92.9% of budget. The overall result is $198k unfavourable to budget.

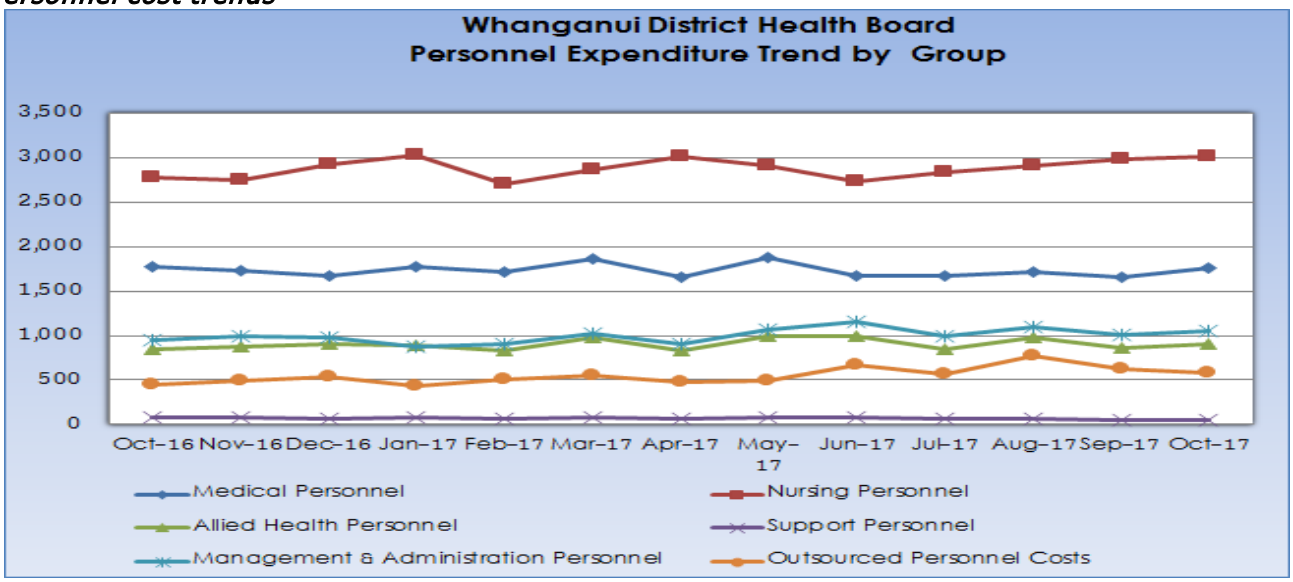
- Revenue is $234k unfavourable to budget – mainly due to under-delivery of elective volumes resulting in an unfavourable wash up of $444k, blood products (demand driven), ACC contract revenue (offset by cost). This was partly offset by government training fees, air ambulance national service wash up, cost recovery for seconded medical personnel (offset by cost) and dental revenue (offset by funder).
- Personnel costs are $59k favourable to budget mainly due to medical personnel related to leave and vacancies. This was partly offset by nursing personnel costs due to high patient acuity.
- Outsourced clinical services is $75k favourable to budget, mainly due to ACC contract (offset by revenue), lithotripsy, orthopaedic surgery costs budgeted for Waikato DHB patients that did not eventuate. This was partly offset by rest home convalescence costs, laboratory and radiology service costs.
- Clinical supplies is $64k unfavourable to budget due to the impact of high patient acuity, added pressure on clinical supplies costs like treatment and disposable supplies, patient travel, blood products, orthotic footwear, pharmaceuticals, continence and hygienic supplies (district nursing area). This was partly offset by lower clinical supplies costs related to under delivery of elective volumes.
- Infrastructure and non-clinical supplies $136k unfavourable to budget due to facility cost (timing), health workforce training programme (partly offset by additional revenue), patient meals and laundry costs related to high acuity, telecommunication costs related to wireless internet upgrade and relocation of the data cabling; partly offset by savings in insurance costs and accreditation costs.
- Depreciation better than budget variance is due to timing of purchasing of clinical and IT equipment.

STATEMENT OF FINANCIAL PERFORMANCE for the period ended 31 October 2017($000s)
PROVIDER & CORPORATE

	Month				Year to Date				Annual	
	Actual	Budget	Variance		Actual	Budget	Variance		Budget	
REVENUE										
Government and Crown agency	965	1,087	(122)	U	3,711	3,771	(60)	U	10,508	U
Funder to Provider Revenue (internal)	9,611	9,815	(204)	U	38,932	39,157	(225)	U	116,987	U
Other income	100	112	(12)	U	472	421	51	F	1,382	U
Total Revenue	**10,676**	**11,014**	**(338)**	**U**	**43,115**	**43,349**	**(234)**	**U**	**128,877**	**U**
EXPENDITURE										
Personnel										
Medical	1,671	1,824	153	F	6,436	7,143	707	F	21,788	F
Nursing	2,982	2,984	2	F	11,635	11,498	(137)	U	34,978	F
Allied	893	920	27	F	3,543	3,592	49	F	10,861	F
Support	56	60	4	F	242	266	24	F	745	F
Management & Admin	880	873	(7)	U	3,433	3,440	7	F	10,332	F
Total Personnel(Exl other & outsourced)	**6,482**	**6,661**	**179**	**F**	**25,289**	**25,939**	**650**	**F**	**78,704**	**F**
Personnel Other	137	143	6	F	549	501	(48)	U	1,720	F
Outsourced Personnel	584	503	(81)	U	2,544	2,001	(543)	U	5,912	F
Total Personnel Expenditure	**7,203**	**7,307**	**104**	**F**	**28,382**	**28,441**	**59**	**F**	**86,336**	**F**
Outsourced Clinical Service	544	616	72	F	2,372	2,447	75	F	6,888	F
Clinical Supplies	1,297	1,296	(1)	U	5,186	5,122	(64)	U	15,102	F
Infrastructure & Non Clinical Supplies Costs	1,492	1,439	(53)	U	5,310	5,174	(136)	U	13,286	F
Capital Charge	275	274	(1)	U	1,101	1,095	(6)	U	3,262	F
Depreciation & Interest	376	413	37	F	1,491	1,590	99	F	5,206	F
Internal Allocation	41	50	9	F	201	210	9	F	696	F
Total Other Expenditure	**4,025**	**4,088**	**63**	**F**	**15,661**	**15,638**	**(23)**	**U**	**44,440**	**F**
Total Expenditure	**11,228**	**11,395**	**167**	**F**	**44,043**	**44,079**	**36**	**F**	**130,776**	**F**
Net Surplus / (Deficit)	**(552)**	**(381)**	**(171)**	**U**	**(928)**	**(730)**	**(198)**	**U**	**(1,899)**	**F**
FTEs										
Medical	96.3	101.7	5.4	F	93.6	100.3	6.7	F	101.2	F
Nursing	431.9	427.9	(4.0)	U	428.6	418.1	(10.5)	U	424.2	F
Allied	144.5	147.8	3.4	F	144.6	147.5	2.9	F	147.5	F
Support	14.5	14.1	(0.4)	U	15.7	16.3	0.5	F	14.8	U
Management & Admin	165.5	166.3	0.8	F	166.0	165.8	(0.2)	U	166.1	F
Total FTEs	**852.6**	**857.7**	**5.2**	**F**	**848.5**	**847.9**	**(0.5)**	**U**	**853.9**	**F**

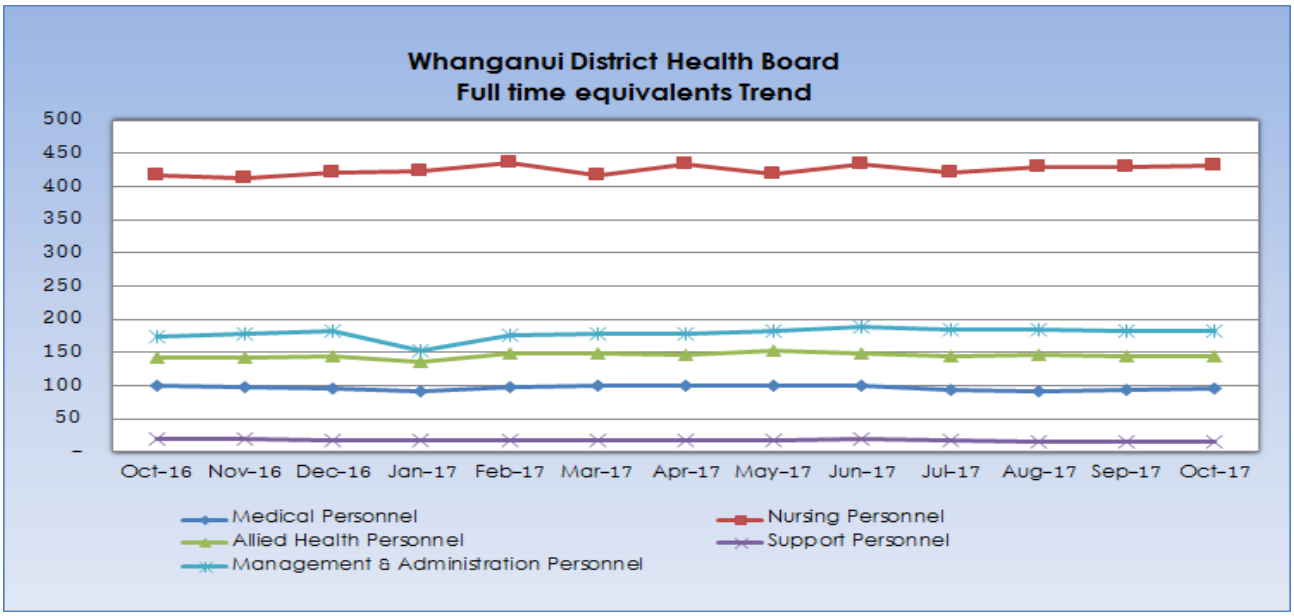
3. Supplementary information on costs

Personnel cost trends



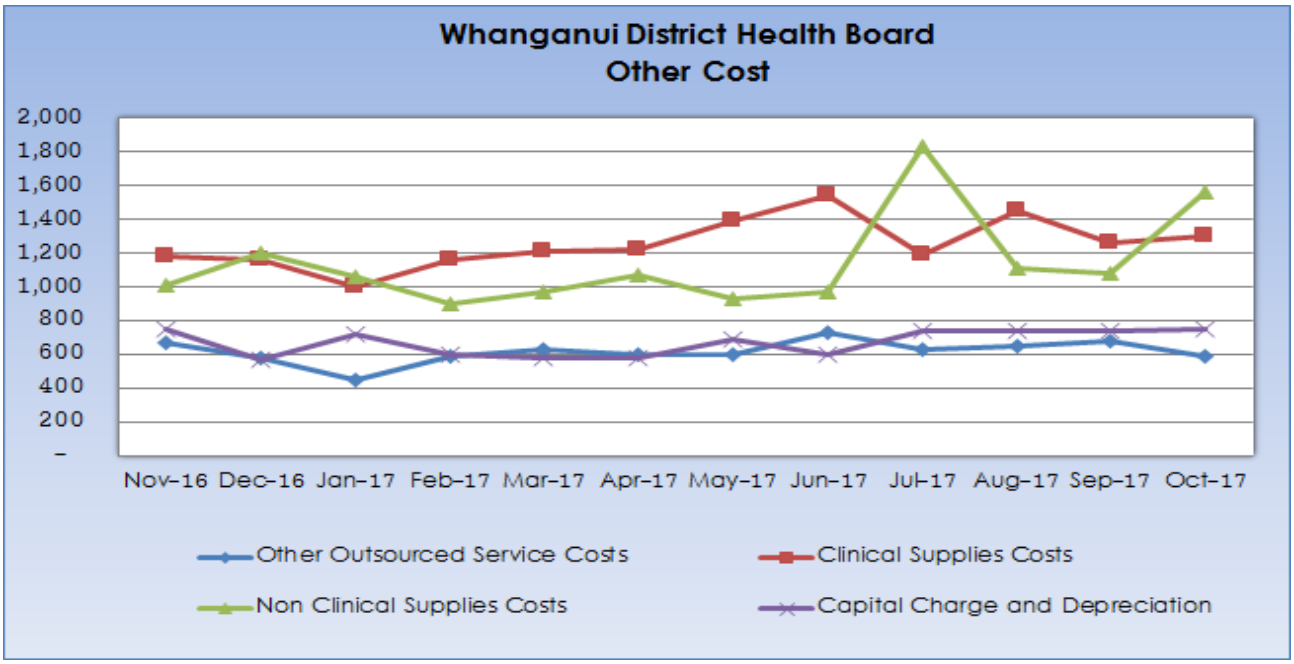
- All other personnel costs downward trend in October 2017, compared to the prior month was due to one more working day in the month and also the impact of high patient acuity.
- Outsourced personnel costs slightly downward trend in October 2017 compared to the prior month was due to ACC contract, and RMO costs.

FTE trends



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

Other operating costs



- Non-clinical supplies upward trend in October 2017 compared to the prior month is due timing of the software license costs, internal audit fees, and books and journal costs.
- Clinical supplies slightly upward trend in October 2017 compared to the prior month is mainly to due high blood product costs and timing of the clinical equipment service costs.
- Other outsourced downward trend in October 2017 compared to the prior month is due to ACC contract and radiology costs (offset by personnel costs).
- Capital charge and depreciation trend in October 2017 was comparable to the prior month.

4. Rolling trend of financial performance

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

	Oct-16	Oct-17	Last 12 Month Rolling Total	Budget 2017-18	Diff Rolling Total Vs Budget		Actual 2016-17	Actual 2015-16
REVENUE								
MoH - Government And Crown Agency	20,475	21,360	243,364	252,184	(8,820)	U	240,264	234,546
Other Income Revenue	144	163	2,004	1,998	6	F	1,966	2,430
Total Revenue	**20,619**	**21,523**	**245,368**	**254,182**	**(8,814)**	**U**	**242,230**	**236,976**
EXPENDITURE								
Medical Personnel	1,775	1,765	20,748	22,930	2,182	F	21,064	20,999
Nursing Personnel	2,768	3,011	34,640	35,288	648	F	33,855	31,754
Allied Health Personnel	843	902	10,860	11,072	212	F	10,720	10,119
Support Personnel	75	56	820	749	(71)	U	865	833
Management & Administration Personnel	945	1,056	12,053	12,465	412	F	11,775	11,273
Outsourced Personnel Costs	442	584	6,726	5,912	(814)	U	6,117	6,891
Total Personnel Expenditure	**6,848**	**7,374**	**85,847**	**88,416**	**2,569**	**F**	**84,396**	**81,869**
Other Outsourced Service Costs	648	583	7,360	7,368	8	F	7,474	6,970
Clinical Supplies Costs	1,028	1,298	15,072	15,106	34	F	14,569	13,702
Infrastructure & Non Clinical Supplies Costs	1,422	1,561	13,685	14,205	520	F	13,334	12,954
Other Provider Payments	6,410	7,050	78,052	82,208	4,156	F	76,829	75,027
Inter-district-outflow	3,723	3,523	39,190	39,198	8	F	38,253	37,907
Total Other Expenditure	**13,231**	**14,015**	**153,359**	**158,085**	**4,726**	**F**	**150,459**	**146,560**
Net Surplus / (Deficit) before Int, Depr & Ca	**540**	**134**	**6,162**	**7,681**	**(1,519)**	**U**	**7,375**	**8,547**
Capital Charges	251	367	2,887	4,360	1,473	F	2,422	3,028
Depreciation	360	382	4,721	5,220	499	F	4,695	4,540
Interest Costs	131	-	450	-	(450)	U	970	1,547
Total Interest Depreciation and Capital Exp	**742**	**749**	**8,058**	**9,580**	**1,522**	**F**	**8,087**	**9,115**
Total Expenditure	**20,821**	**22,138**	**247,264**	**256,081**	**8,817**	**F**	**242,942**	**237,544**
Net Surplus/ (Deficit)	**(202)**	**(615)**	**(1,896)**	**(1,899)**	**3**	**F**	**(712)**	**(568)**

12-month rolling average is close to annual budget of $1,899k. The 12-month rolling average has been impacted by high IDF outflows and anticipated Waikato DHB elective volumes not eventuating yet. Also, the rolling average does not fully reflect price increases and MECA increases during the year or the increased demand for health of older people services.

5. Statement of financial position

Summary Statement of Financial Position as at 31 October 2017 ($000)

	Actual 2016-17	Actual YTD 2017-18	Budget YTD 2017-18	Variance	Annual Budget 2017-18
ASSETS					
Current Assets (exl trade other receivable	11,871	16,483	12,015	4,468	6,790
Trade and Other Receivables	7,525	6,665	5,599	1,066	6,707
Fixed Assets	72,688	73,349	78,233	(4,884)	81,931
Work in Progress (WIP)	7,145	6,309	7,306	(997)	7,891
Long Term Investments	1,126	1,126	1,138	(12)	1,184
Total Assets	**100,355**	**103,932**	**104,291**	**(359)**	**104,503**
LIABILITIES					
Bank Overdraft	0	0	0	0	0
Bank Overdraft - HBL	0	0	0	0	0
Employee Related - Current Liabilities	(11,793)	(13,982)	(13,973)	(9)	(12,358)
Trade and Other Payables	(13,697)	(16,790)	(17,014)	224	(15,001)
Crown Loan - Current	(135)	(135)	(135)	0	(135)
Finance Leased - Current	(20)	(17)	(12)	(5)	0
Crown Loan - Non-Current	(371)	(338)	(338)	0	(236)
Non - Current Liabilities	(872)	(837)	(841)	4	(814)
Finance Leased - Non- Current	0	0	0	0	0
Total Liabilities	**(26,888)**	**(32,099)**	**(32,313)**	**214**	**(28,544)**
EQUITY					
Equity	(73,467)	(71,833)	(71,978)	145	(75,959)
Total Equity	**(73,467)**	**(71,833)**	**(71,978)**	**145**	**(75,959)**
Total Equity and Liabilities	**(100,355)**	**(103,932)**	**(104,291)**	**359**	**(104,503)**

Comments on result	
There are no material concern on the financial position.	**Positive**

Current assets reflect the better cash position (see cashflow explanation for detail). Fixed asset actual is less than budget forecast expenditure as at 30 June 2017, and this has reflected on positive cash balance.

Refer to working capital analysis and consolidated summary of cash flows for further variance explanations.

6.1 Working capital

Working Capital as at 31 October 2017 ($000s)

	Actual 2016-17	Actual YTD 2017-18	Budget YTD 2017-18	Variance	Annual Budget 2017-18
CURRENT ASSETS					
Cash and cash equivalents	10,406	14,963	10,526	4,437	5,301
Trust / special funds	138	137	139	(2)	139
Trade and other receivables	7,525	6,665	5,599	1,066	6,707
Inventory / Stock	1,327	1,383	1,350	33	1,350
Total Current Assets	**19,396**	**23,148**	**17,614**	**5,534**	**13,497**
CURRENT LIABILITIES					
Bank Overdraft	0	0	0	0	0
Bank Overdraft - HBL	0	0	0	0	0
Trade and other payables	(12,073)	(13,546)	(14,282)	736	(15,001)
Income Received in Advance	(1,624)	(1,775)	(1,267)	(508)	0
Capital Charge Payable	0	(1,469)	(1,465)	(4)	0
Term Loans – Private (current portion)	(20)	(17)	(12)	(5)	0
Crown Loan - Current	(135)	(135)	(135)	0	(135)
Payroll Accruals & Clearing Account	(3,253)	(5,572)	(5,481)	(91)	(3,445)
Employee Related - Current Liabilities	(8,540)	(8,410)	(8,492)	82	(8,913)
Total Current Liabilities	**(25,645)**	**(30,924)**	**(31,134)**	**210**	**(27,494)**
Working Capital	**(6,249)**	**(7,776)**	**(13,520)**	**5,744**	**(13,997)**
Working Capital ratio	**75.6%**	**74.9%**	**56.6%**		**49.1%**

Comments on result	
No concerns for cash position so long as deficit remains low.	**Positive**

Working capital variances	**Variance $000**	**Impact on forecast**
Working capital better than budget due to:	$5,744 F	
Current assets	$5,534 F	
▪ Higher in funds cash position than budget is due to capital projects being behind schedule – mainly clinical equipment and RHIP investment which is a timing variance that will be spent in due course. ▪ Trade and other receivables increased due to budgeted projection (which was based on historical information) are more than actual. Major contributors are the pay equity prepayment and in-between travel accrual provision.	$4,437 F $1,066 F	**Mainly timing**

Current liabilities	$160 F	
▪ Trade and other payables decreased due to budgeted projection (which was based on historical information) are less than actual. ▪ Income in advance mainly related 30 June 2017 carry forward balance for youth alcohol, smokefree, national patient flow, health sector participation in child health, and pay equity.	$736 F (508) U	**Mainly timing**

1. Cash flows

Consolidated Summary Statement of Cash Flows for the period ended 31 October 2017 ($000)

	Actual 2016-17	Actual YTD 2017-18	Budget YTD 2017-18	Variance	
Net surplus / (deficit) for year	(712)	(1,632)	(1,273)	(359)	U
Add back non-cash items					
Depreciation and assets written off on PPE	4,687	1,494	1,595	(101)	U
Revaluation losses on PPE	–	–	–	–	F
Total non cash movements	**4,687**	**1,494**	**1,595**	**(101)**	**U**
Add back items classified as investment Activity					
(loss) / gain on sale of PPE	8	6	–	6	F
Profit from associates	(60)	–	–	–	F
Gain on sale of investments			–	–	F
Movements in accounts payable attributes to Capital purcha	(476)	187	–	187	F
Total Items classified as investment Activity	**(528)**	**193**	**–**	**193**	**F**
Movements in working capital					
Increase / (decrease) in trade and other payables	(1,094)	3,871	3,989	(118)	U
Increase / (decrease) employee entitlements	681	1,376	1,430	(54)	U
			–	–	F
(Increase) / decrease in trade and other receivables	(897)	860	1,975	(1,115)	U
(Increase) / decrease in inventories	34	(56)	(23)	(33)	U
Increase / (decrease) in provision	–	–	–	–	F
Net movement in working capital	**(1,276)**	**6,051**	**7,371**	**(1,320)**	**U**
Net cash inflow / (outflow) form operating activities	**2,171**	**6,106**	**7,693**	**(1,587)**	**U**
	–	–	–		
Net cash flow from Investing (capex)	(5,371)	(1,512)	(4,426)	2,914	F
Net cash flow from Investing (Other)	26	(1)	–	(1)	U
Net cash flow from Financing	(327)	(36)	(41)	5	F
Net cash flow	(3,501)	4,557	3,226	1,331	F
Net cash (Opening)	13,907	7,406	4,300	3,106	F
Cash (Closing)	**10,406**	**11,963**	**7,526**	**4,437**	**F**

Opinion on result:	**Neutral**

Cashflow variance	**Variance $000**	**Impact on forecast**
Closing cash is better than budget, made up of the following:	**$4,437F**	
Net cash flow from operations	($1,587) U	
▪ Trade and other payables difference between the forecasted opening budget 1 July 2017 and 30 June 2017 actual mainly related to funder division accrual provision for demand-driven expenditure. ▪ Trade and other receivables difference between the forecasted opening budget 1 July 2017 and 30 June 2017 actual and also increased provision for prepayment for pay equity and in-between travel (IBT) provision.	($118) U ($1115)U	**Timing**
Net cash outflow from investing ▪ Capital expenditure programme running behind schedule, mainly IT related project (timing).	$2,914 F	**Behind budget**
Net cash outflow from financing ▪ Includes $675k EECA interest free loan for energy saving project (five years to pay back).	$5 F	

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

Brian Walden

General Manager Corporate
27 November 2017