Whanganui Regional Health Network

Annual Report 2016-2017

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Chairperson's Report

On behalf of the Whanganui Regional Health Network (WRHN), I take great pleasure in presenting the annual report and financial statements for the year ending 30 June 2017.

What an interesting time we live in. Last year I mentioned the Whanganui Alliance Leadership team and the hope that we would see some progress from this group in providing greater access across health services. To date this progress has not been realised to the extent that we would wish, but remain optimistic that this will gain momentum and we will see more coming from it; especially with the changes that will be happening in the upcoming year, with a new CEO at Whanganui District Health Board (WDHB) and new Minister of Health, following the change of government.

It has also been election year for the DHBs, with changes happening at district level and we look forward to continuing an effective relationship with the WDHB. It was with considerable pleasure we welcomed members of WDHB to the WRHN Board meeting on one occasion and hope that we continue to develop closer working relationships between the two Boards.

The past year has seen some significant changes affecting WRHN, with a new Primary Health Organisation being in the area. There has been effective communication with the National Hauora Coalition and similar aims for development of primary care based services.

Financially the WRHN and subsidiary companies have performed well against budget and I would like to thank both the operating and governance teams in each of these entities for their efforts. The operating environment is challenging and the teams all continue to provide high quality care for their populations, despite significant challenges throughout the year. I wish to thank Jude, Teresa, Julie and Janine for their hard work through the year. This has been a challenging year financially and the prudent management of the team has been remarkable. The same can also be said of the three subsidiary companies, who have worked hard in the difficult environment to achieve the level of service delivery that they have in innovative ways, despite financial and workforce pressures. The dedicated work of the team at WRHN, within their own areas of focus or in supporting the member practices achieving their aims is heartening.

The Network has also been subject to a further audit by the Ministry of Health, which then created considerable extra work to the small team at WRHN, who worked through this with great diligence and effect.

On behalf of the Board, I would like to express our appreciation to our providers, aligned organisations and communities for their support in providing high quality care for our populations. We look forward to increasing intersectorial work and closing the gaps in care within the community. The member practices are key to provision of services and their hard work in a difficult and challenging environment, with a gradual reduction in funding for primary care over several years, is impressive and speaks volumes to their dedication to providing high level services.

I would also like to thank Julie Patterson for her long service as Chief Executive of WDHB and for her work within the organisation, and wish her well in her recent retirement. We look forward to working with the new Chief Executive in the future. Now, with a new coalition government and the limited policies that they have already announced, there will be ongoing changes across the health sector, which will bring new opportunities for health care to our population.

I especially want to thank my fellow Board members, whose enthusiastic involvement in Board meetings is outstanding. The members are all well versed in their areas and bring their collective knowledge and wisdom to the debate at the table. Their input and support for the Network is always invigorating and keeps the organisation looking forward.

Finally, I wish you all to have an active day.

Dr Ken Young
Chair
Whanganui Regional Health Network

Chief Executive's Report

It is with pleasure I present the Whanganui Regional Health Network (WRHN) and subsidiary companies (Whanganui Accident & Medical, Gonville Health Ltd and Taihape Health Ltd) annual report for 2016 /2017.

This has been a year where the Board and operational team have been tried and tested, and yet we remain positive and committed to do our best and continue to make a difference for the communities we serve. We have dug deep and remained true to our values and I am proud of the cohesive support that our Chair, Dr Ken Young and the Board as a collective, have continuously demonstrated to us all. How fortunate are we to have such inspiring leaders from our community contributing to the success of this organisation.

I wish to mention and acknowledge the external appointments that contribute as Directors of our subsidiary companies; Darren Hull, Nan Pirikahu-Smith and David Robinson, Gonville Health Directors; Carla Donson and David Rogers, Whanganui Accident & Medical Directors; and Norman Richardson and Antonia Hughes, Taihape Health Directors. Your wise counsel ensures we never lose sight of the issues that are important to the community we are serving and that prudent risk mitigation is taken in a timely way to ensure the business operations remain viable and capable of positive growth and development.

Primary care is a difficult environment to lead when investment is tight and the needs of patients are beyond the capability of available resources, therefore every dollar has to make a difference. The decision to move Services to Improve Access to the General Practice units, where the high needs patients are enrolled was a good one and it's been very pleasing to see General Practices rise to the challenge of developing investment plans and monitor outcomes to ensure patient benefit is maximized. It has however, not been a winner for the Very Low Cost Access (VLCA) practices that have over 50% of their patients enrolled as high need. The CPI adjuster applied to VLCA practice funding was less than the workforce MECA (Multi Employer Collective Agreement) and this erodes reserves and creates financial instability over the long term.

WRHN has also had a tight fiscal year, however with diligence and excellent quality controls the budgeted deficit position was clawed back to a ($115,789) year end position. Where a service has access to resource that match the need and demand of patients, then a surplus position has been achieved. This is evident for Taihape Health Ltd and Whanganui Accident & Medical. This has also enabled new investment to be targeted in priority areas that make a real difference for patients. For Taihape Health Ltd, they have contracted with Jigsaw to provide expertise to support the local integrated team to support vulnerable children and parents. For Whanganui Accident & Medical it has enabled higher investment in a salaried medical workforce, which has had a net reduction in on call duties required to be delivered by general practitioner contractors.

An effective health system requires high levels of integrated action. Special mention is extended to Chloe Mercer, Alex Loggie, Sarah Murphy and Kath Butters who have really embraced an integrated way of working as they roll out the Wellbeing Model across the health system to improve the quality

and service for people with mental health issues across the spectrum of care. Alex and Chloe submitted an entry into the WDHB Health Awards 2017 (Te Tohu Rangatira) and were category winners, so well done for your leadership, tenacity and courage to make change happen that is positive for patients and their families.

WRHN Board and leaders wait with interest in 2017, as a new strategic platform is rolled out both nationally and locally. The coalition government and new Health Minister will undoubtedly apply their own stamp to this challenging sector, and locally we await our new WDHB Chief Executive to the district and farewell Julie Patterson after almost a decade of leadership at the helm of WDHB.

WRHN leaders have worked well at a clinical governance level, both internally for the PHO and cooperatively and collaboratively with the Clinical leaders at WDHB. Regular GP forums through the year with our members has improved communication with our members and the roll out of Patient portal, Services to Improve Access plans and Care Plus plans has ensured there has been frequent and ongoing communication between WRHN leaders and our General Practice members.

I would like to thank all of the Clinical Directors (John McMenamin, Tony Frith, Rick Nicholson, Ken Young, Will Vaastra and Julie Nitschke) who have led through some trying times over this past year, however, have executed their responsibilities with integrity and passion. I would also like to mention the outstanding work that was undertaken by the three subsidiary Service Managers (Gemma Kennedy, Janine Rider and Teresa Hague) who have worked tirelessly to deliver more for patients, pull back costs and to lead a workforce that is enthusiastic and committed; even when under significant pressure associated to one of the most significant winter peak's we have every experienced for some time.

The WRHN leaders have reflected over the past year and consider it has been challenging on many fronts. Maintenance of a clinical medical workforce is fraught given the national training investment is light on meeting critical workforce needs and will continue to be an issue as the GPs and nurses at the coal face progress to retirement age.

The most exciting development that has really made a difference at the coalface, across the system and at the PHO has been the formation of an internal data repository, which Phil has aptly named WETA. This is enabling quality data and information to guide decision making, prioritisation and investment rather than a narrative that could be viewed as subjective. The team are progressing their energies on formulating a formal real time data dashboard, which will provide the General Practice members with real time information that will support quality care. System Level Measures (SLM) is requiring a level of sophisticated data that is challenging our coding and data collection processes. We are confident that over time this will improve and all stakeholders across the system will have access to timely quality information on an electronic platform across primary, community and the hospital systems.

Together with the WRHN team, I extend heartfelt thanks to our General Practice members, Iwi health partners, community stakeholders across the health and social sectors as together we look forward to more challenging times, but so much opportunity to make a difference.

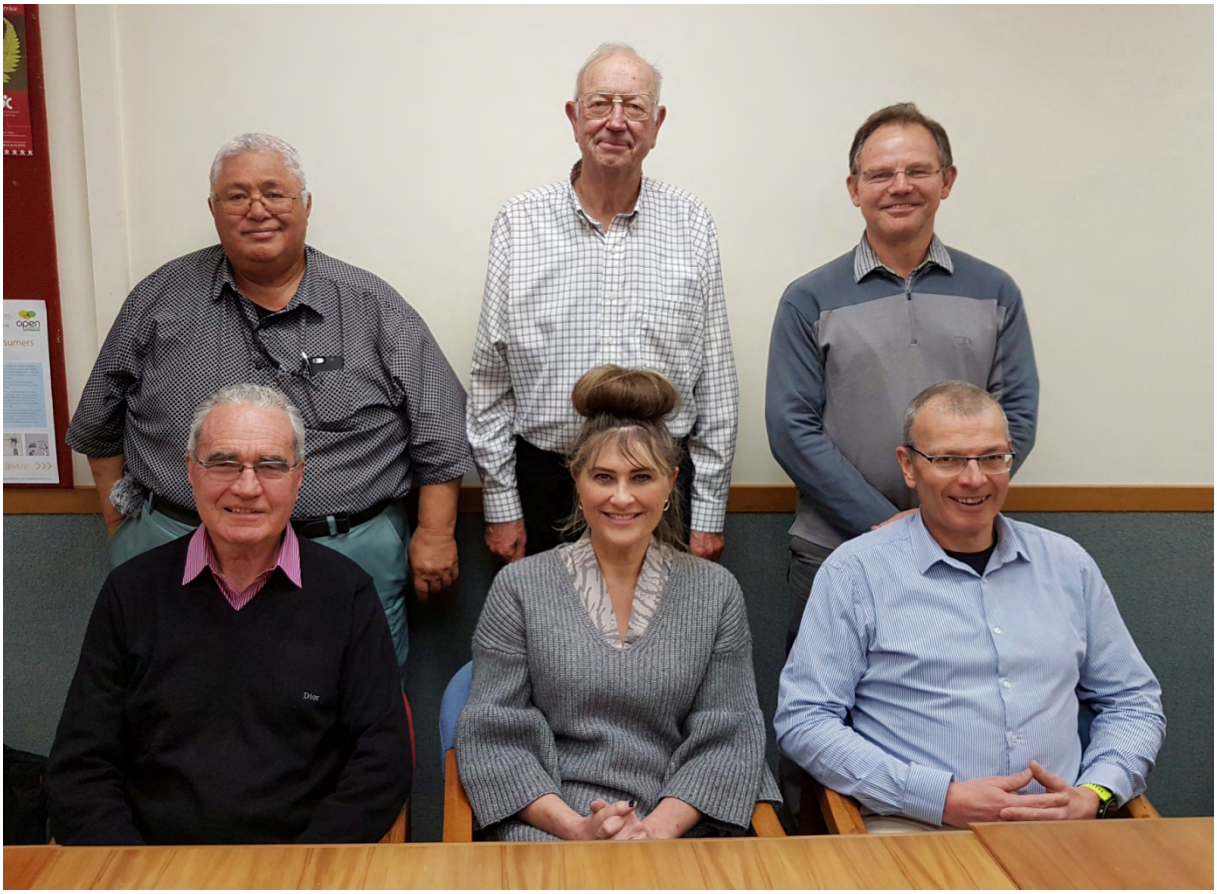
To my colleagues and governors that I have come to respect so much through the work we are doing together for Oranga Tamariki (Children's Team), Whanganui District Council and Corrections partnership contract, thank you for your willingness to work in an integrated way.

Judith MacDonald
Chief Executive
Whanganui Regional Health Network

Some of the team at Whanganui Regional Health Network – we have a total of 65 full time and part time staff, working in clinical and administrative roles

Section One – Governance

Whanganui Regional Health Network Board Members Profile



From top left: John Maihi, Michael Sewell, Dr Deon Hazelhurst, Dr Ken Young, Alaina Teki-Clark, Michael Lamont

Insert: Dr Tony Frith, Barbara Ball

Dr Ken Young (Chair)

- General Practitioner / First Line Services Provider
- Chair, Taihape Health Ltd
- WRHN Clinical Director
- Elected Member, GPNZ Executive Committee

Dr Tony Frith

- General Practitioner / First Line Services Provider
- WRHN Clinical Director

Dr Deon Hazelhurst

- General Practitioner / First Line Services Provider

Michael Sewell

- Chair, WRHN Risk and Audit Committee
- Chair, Whanganui Accident and Medical Ltd
- Member, WRHN Risk and Audit Committee
- Director, Mount View Farms Ltd
- Chair, Central Districts Cricket Charitable Trust
- Member, Whanganui Museum Board

Barbara Ball

- Director, Taihape Health Limited
- Member, Hauora a Iwi
- Chair, Nga Iwi o Mokai Patea Services Trust
- Member, Whanganui District Health Board (Minister's appointment)

Michael Lamont

- Chair, Ruamahunga HealthTrust Martinborough
- Founding Trustee and past CEO Mangere Community Health Trust and Mangere Health Resource Trust
- Founding Chair of Genesis Trust for NZ Police

John Maihi

- Member, Te Runanga o Tupoho
- Member, Ngati Pamoana
- Member, Te Puna Matauranga o Whanganui
- Intersectorial partnership, Nga Tai o Te Awa Trust
- Cultural Advisor, Wanganui District Council
- Kaumatua, Whanganui District Health Board

Alaina Teki-Clark

- Chair, Whanganui Community Foundation
- Member, Small Business Development Group

Subsidiary Directors Profile

The three subsidiary clinics are wholly owned by the shareholder Whanganui Regional Health Network (WRHN). The Board of Trustees WRHN delegate operational monitoring and performance to the Directors of each of the subsidiary companies. Following are the Directors as at 30 June 2017.

Gonville Health Limited Directors

- Chair, Darren Hull (Director and Shareholder of Venter Hull Chartered Accountants)
- Member, David Robinson (Director Armstrong and Barton Legal Firm)
- Member, Judith MacDonald (WRHN Chief Executive)
- Member, Nan Pirikahu-Smith
- Member, Alaina Teki-Clark

Janine Rider – Services Manager
Dr John McMenamin – Clinical Director

Taihape Health Limited Directors

- Chair, Dr Ken Young (Member WRHN Board)
- Member, Barbara Ball (Member WRHN Board and Community member)
- Member, Norman Richardson (Community Member)
- Member, Antonia Hughes (General Practitioner and Community Member)
- Member, Judith MacDonald (WRHN Chief Executive)

Gemma Kennedy – Clinical Services Manager

Whanganui Accident & Medical Directors

- Chair, Michael Sewell (Past Chair WDHB Risk and Audit Committee and Retired Accountant)
- Member, Julie Nitschke (WRHN Clinical Director Primary Care)
- Member, Dr David Rogers (General Practitioner)
- Member, Dr Rick Nicholson (WRHN Board and Contracted GP service provider)
- Member, Carla Donson (Community)
- Member, Judith MacDonald (WRHN Chief Executive)

Teresa Hague – Business Manager
Louise McFetridge – Practice Manager
Gina Halvorson – Clinical Nurse Lead

Clinical Governance Group Membership

- Dr John McMenamin – Chair and GP
- Dr Rick Nicolson – Clinical Director and GP
- Dr Ken Young – Clinical Director and GP
- Dr Tony Frith – Clinical Director Te Oranganui and GP
- Janine Spence – Child Health Services Coordinator
- Julie Nitschke – Clinical Director Primary Care
- Judith MacDonald – Chief Executive
- Janine Rider – Gonville Health Manager (scribe)

From top left: Dr Rick Nicholson, Dr Tony Frith, Julie Nitschke,
Dr John McMenamin, Judith MacDonald, Janine Rider, Janine Spence

Insert: Dr Ken Young

Highlights from the Clinical Governance Group Chair

Clinical Governance Group (CGG) has continued its role to provide clinically focused leadership to strengthen the capability and capacity of General Practice. The governance meetings have a focus on supporting quality and enhancing an environment in which excellence can flourish. The work of clinical governance is necessarily practical – we need to agree of what should be done to support practice and improve patient care, decide how we can make the best possible use of funding and resources, and review any measures and outcomes that provide feedback on our decisions.

Key areas of focus include; clinical effectiveness, quality assurance, provider education, clinical audit and continuing quality improvement, risk management, equity.

Highlights include;

- At a strategic level continuing an emphasis on the use of systems level measures to drive the equity integration needed in the region to improve effectiveness and equity.
- Considering and agreeing with secondary care clinical colleagues that collaborative clinical pathways are worthwhile and are part of sector wide approach to supporting changing service delivery approaches.
- Promotion of medical undergraduate and post graduate opportunities in the community.
- Shaping initiatives that arise from changes in national strategy, a more integrated approach to care and reducing demand for hospital based services.
- Promoting a proactive approach to district wide screening, i.e. national bowel screening programme.
- Promotion and use of Patient Portals and the Shared Care Record.
- Raising areas of clinical risk and seeking mitigation of risks, such as content and consistent delivery of DHB discharge summaries, access clinical expertise in the community.
- Endorsement of workforce development programmes, i.e. spirometry training and mental health and adduction programme for primary care nurses.
- Individual members participating on local sub-regional and national networks and district wide work programmes.
- Endorsing primary care proactively leading local strategy for an integrated/collaborative approach, i.e. alcohol strategy, tobacco plan, pathways prioritised for development, POAC funding model, better approaches for patients to self-manage.
- Reviewing local effectiveness of supporting infrastructure, i.e. clinical decision support tools.
- Services to Improve Access and Careplus funding options reviewed, and priority areas for focus agreed.
- Four practices achieving Foundation Standards, with seven practices continuing to gain Cornerstone Accreditation status.
- Removal of skin lesions – a malignancy vs. benign excision rate of 60% was exceeded with a rate of 63.5%.
- Promoting the development granular data and analysis to inform clinical focus areas, improving patient centric care and performance indicators.
- Regular review of population health data with focus on equity and achievement.
- Supporting the Education Sub-committee by providing clinical content for WIPE (Wanganui Inter-Professional Education) and the WRHN educational programmes.

- Review of quality data for targets, population health programmes and projects as part of the quality improvement cycle.
- Review of access to services which impact on clinical risk.
- Review of clinical and public education around sepsis management.
- During winter 2017 clinical demand in General Practice and for Whanganui Accident & Medical clinic increased long waiting times and delayed access to appointments. CGG will lead the development of a winter 2018 primary care service plan. Has been reviewed and addressed.
- CGG has had an equity focus throughout the all reviews.
- Commitment to CME through actively promoting participation in Goodfellow seminars, peer reviews.

Dr John McMenamin (Chair) and Julie Nitschke (Clinical Director)
Whanganui Regional Health Network, Clinical Governance Group

Health Promoter, Matt Rayner (left), was our 'pin-up' in promoting Men's Health Month in May 2017

Section Two – Population Profile

Improved PHO Enrolments

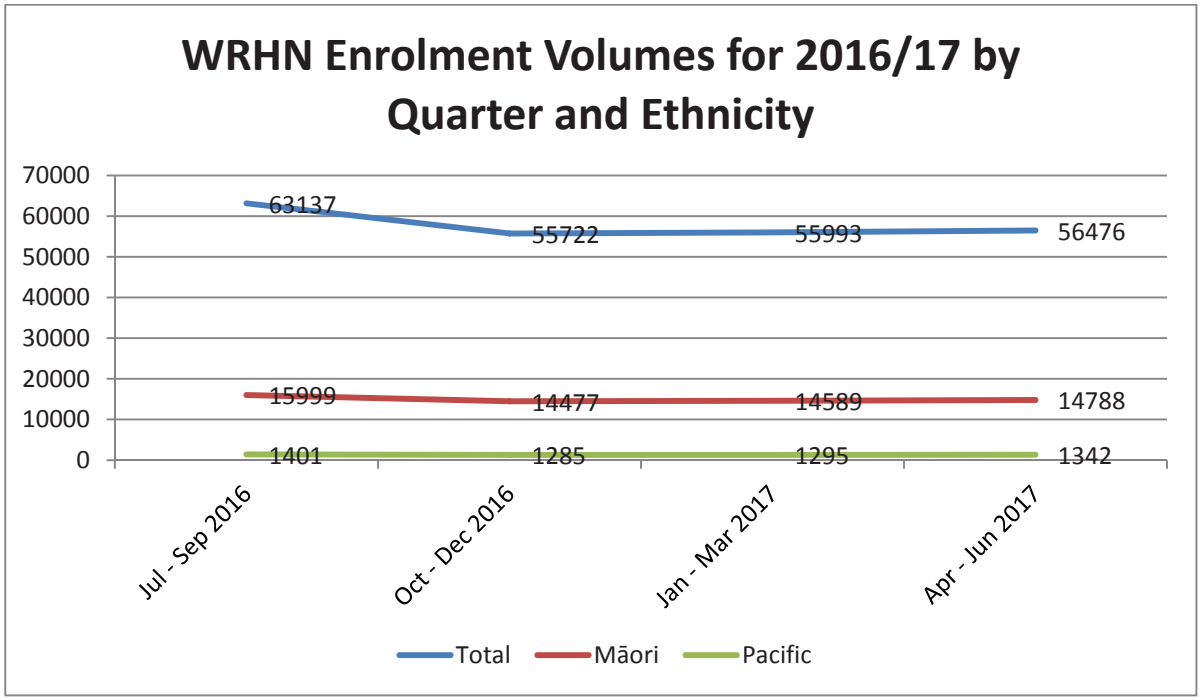
Whanganui Regional Health Network's (WRHN) objective for PHO Enrolments in 2016/17 was to increase the total number of patients enrolled with WRHN/member General Practices, with the specific goal to increase numbers of Māori and Pacific patient enrolments.

WRHN's enrolled population increased from 55,722 in October 2016 (following the exit of three practices) to 56,476 as at April 2017 – an increase of 754 patients. The increase for Māori patients over this period was 311 and for Pacific patients 57.

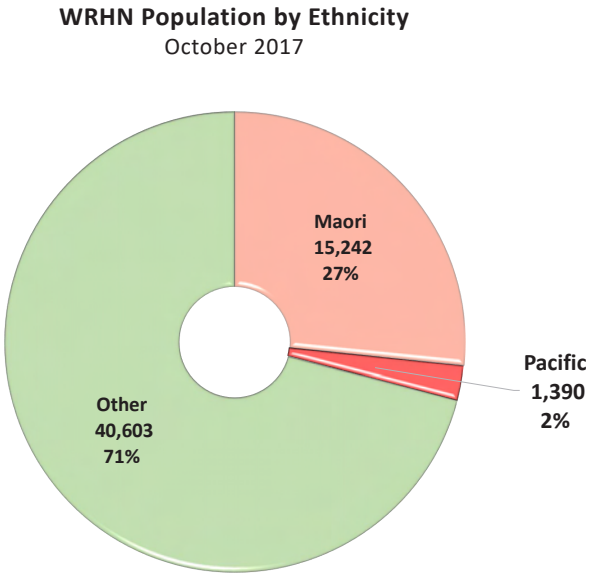
Register reports outlining changes in patient numbers and demographic information, such as ethnicity, age, gender and deprivation index (quintile) went to each practice quarterly, so that they could easily monitor changes in their population. Detailed list of patients who were not accepted for funding were also distributed each quarter, so that appropriate action could be taken to ensure patients were funded in the next quarter where possible.

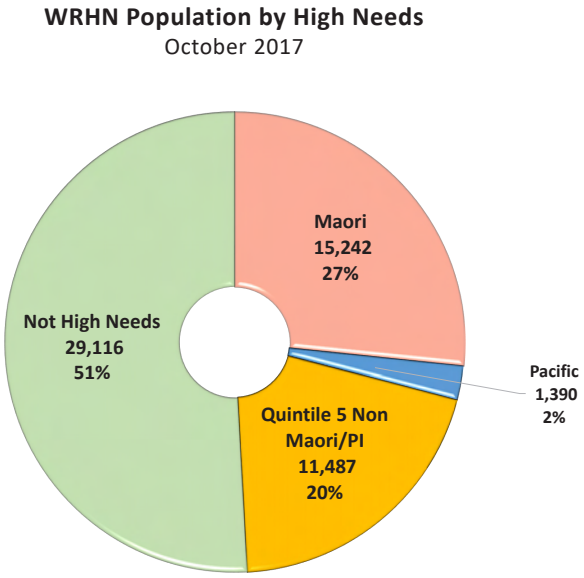
PHO level register reports were generated quarterly, allowing WRHN the ability to also monitor changes in patient numbers and demographic information; particularly Māori and Pacific patients.

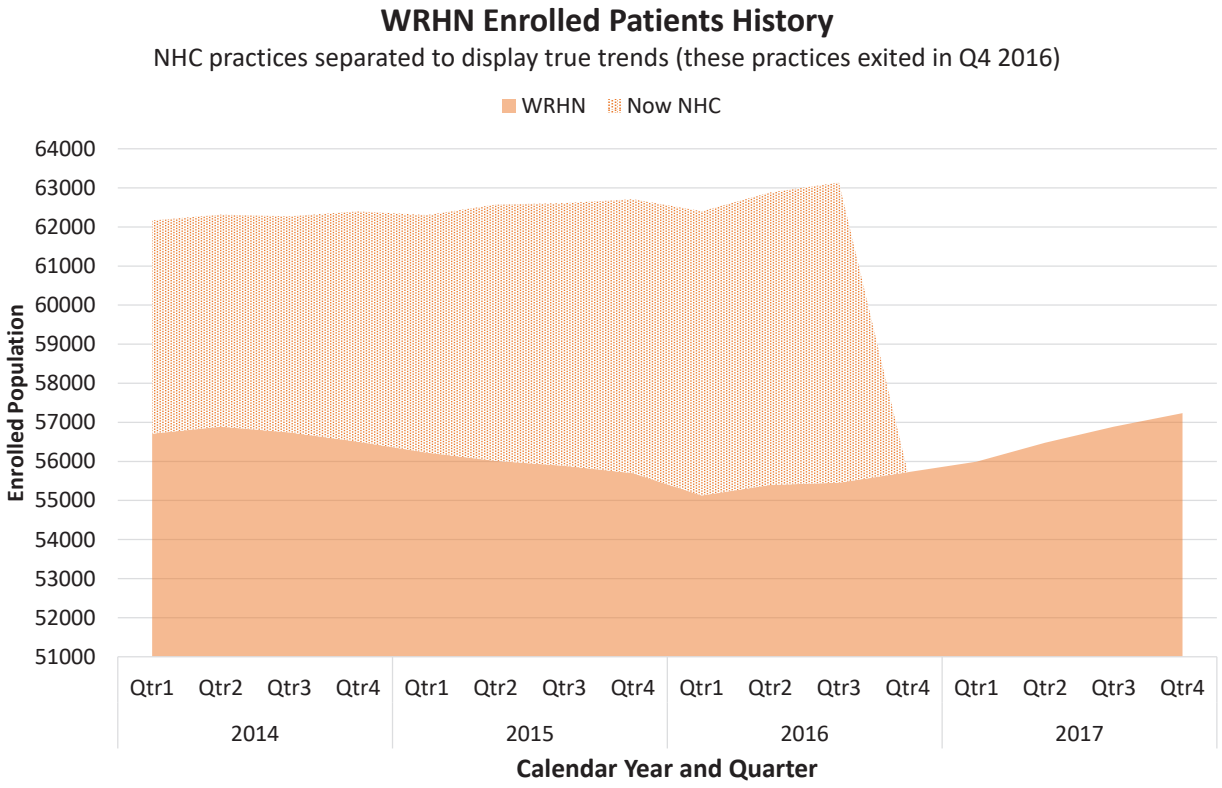
Patients that are identified by WAM, WDHB or WRHN Outreach as not being enrolled with a practice, were actively contacted by WRHN Outreach and supported to enroll; through provision of enrolment forms, support to complete enrolment forms and transport of either patients or completed forms to the relevant practice.

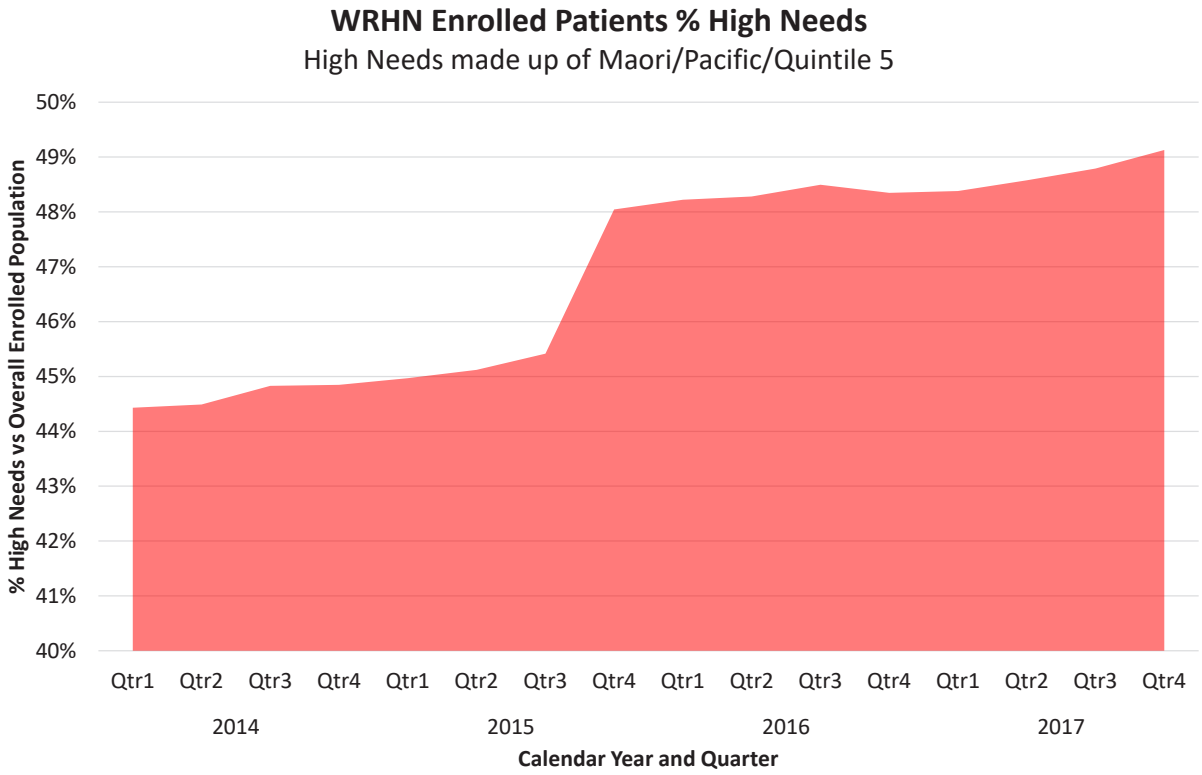


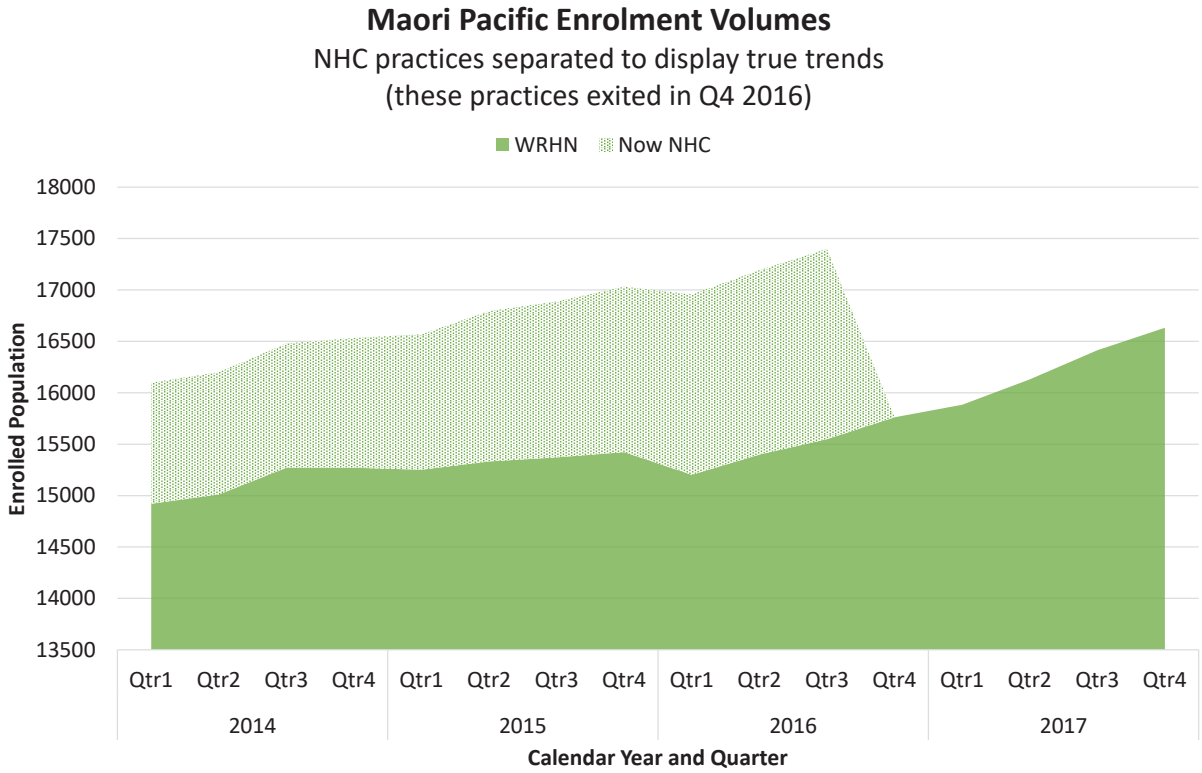
In October 2016, three practices transferred to National Hauora Coalition PHO. This initially resulted in a reduction to the enrolled population WRHN support. Over time there has been a slow movement of patients back to WRHN practices.

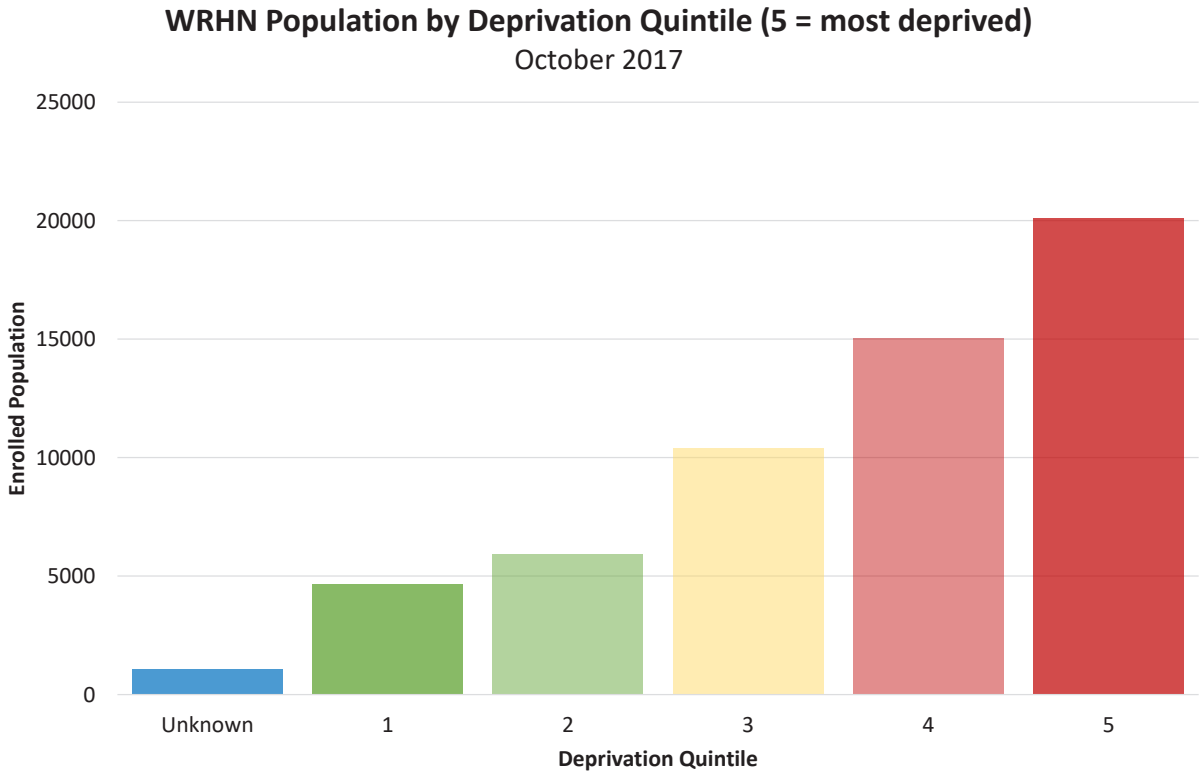


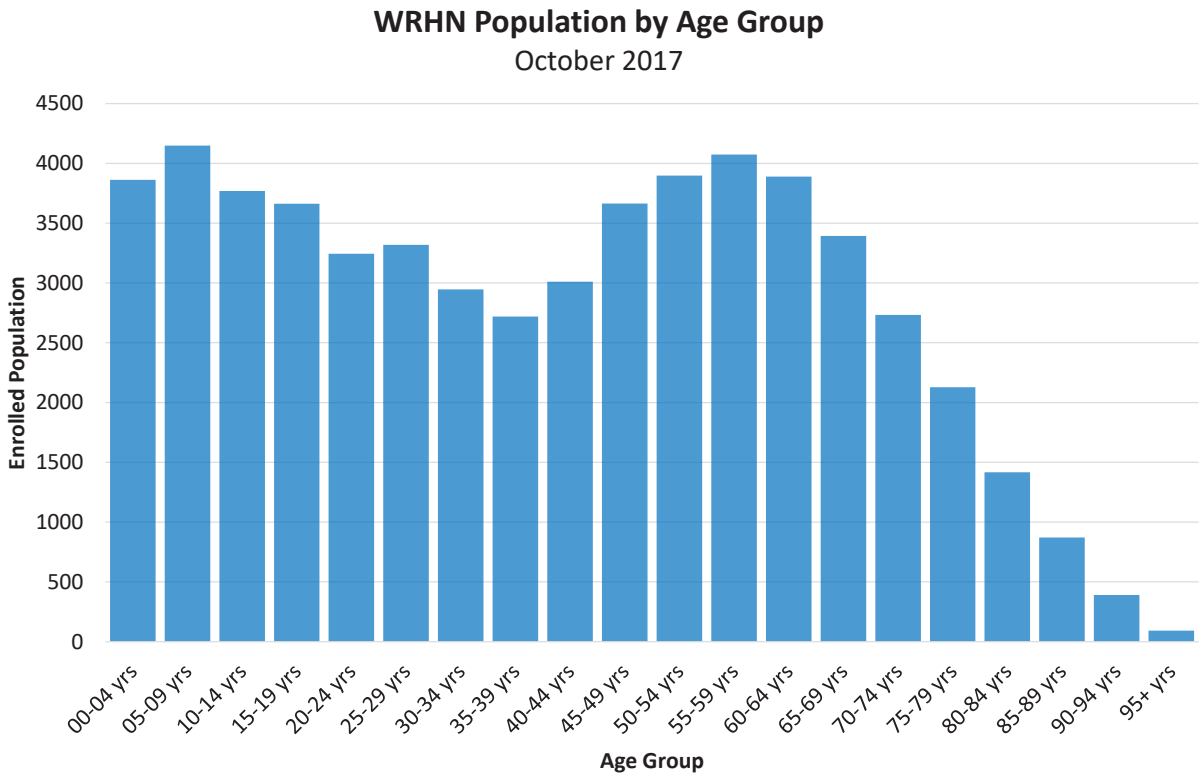





WRHN Enrolled Patients % High Needs
High Needs made up of Maori/Pacific/Quintile 5
% High Needs vs Overall Enrolled Population
50%
49%
48%
47%
46%
45%
44%
43%
42%
41%
40%
Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4
2014
2015
2016
2017
Calendar Year and Quarter


Maori Pacific Enrolment Volumes
NHC practices separated to display true trends
(these practices exited in Q4 2016)
WRHN
Now NHC
Enrolled Population
18000
17500
17000
16500
16000
15500
15000
14500
14000
13500
Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4 Qtr1 Qtr2 Qtr3 Qtr4
2014
2015
2016
2017
Calendar Year and Quarter


WRHN Population by Deprivation Quintile (5 = most deprived)
October 2017
25000
20000
15000
10000
5000
0
Enrolled Population
Unknown
1
2
3
4
5
Deprivation Quintile


WRHN Population by Age Group
October 2017
4500
4000
3500
3000
2500
2000
1500
1000
500
0
Enrolled Population
00-04 yrs
05-09 yrs
10-14 yrs
15-19 yrs
20-24 yrs
25-29 yrs
30-34 yrs
35-39 yrs
40-44 yrs
45-49 yrs
50-54 yrs
55-59 yrs
60-64 yrs
65-69 yrs
70-74 yrs
75-79 yrs
80-84 yrs
85-89 yrs
90-94 yrs
95+ yrs
Age Group

Section Three – Population Health Performance

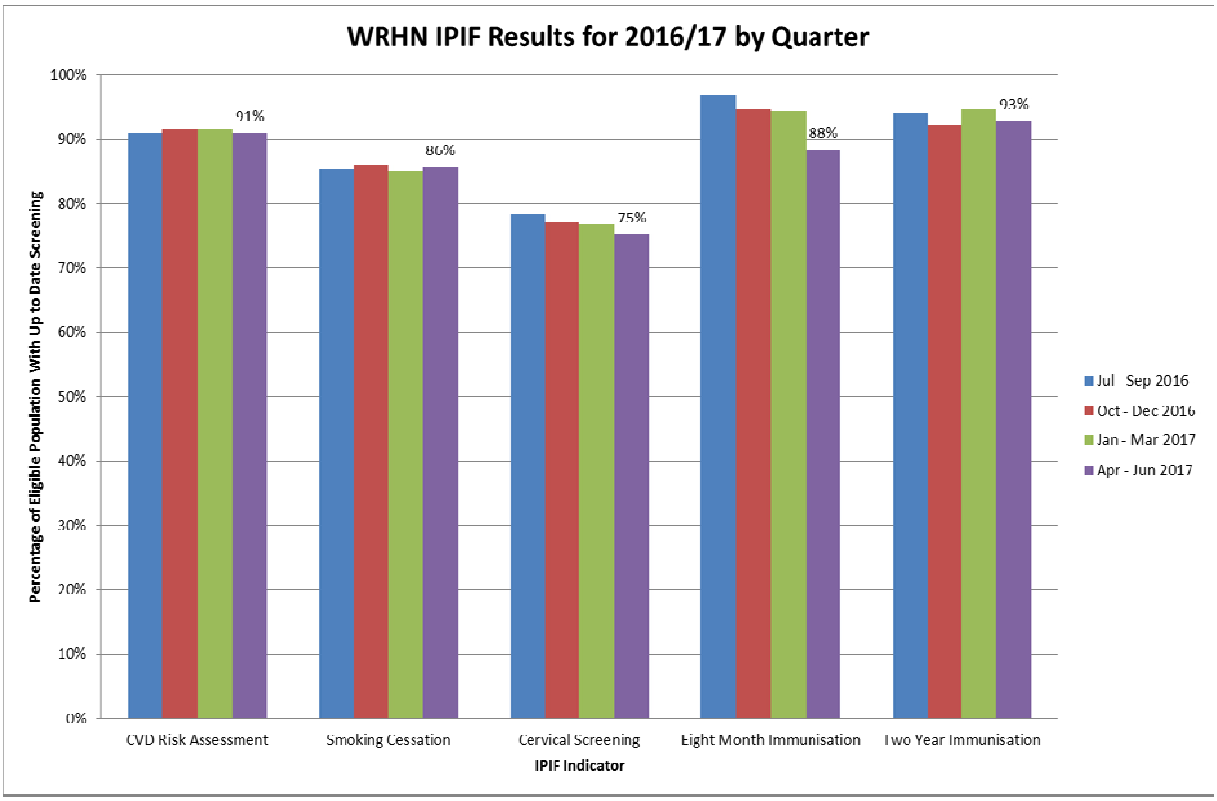
Integrated Performance and Incentive Framework

WRHN's objective for Population Health Reporting in 2016/17 was to improve health outcomes (and equity) through supporting General Practice teams to achieve population health targets. At the end of June 2017, the CVD risk assessment target of 90% and breast screening target of 80% had been achieved for the total population. The result for cessation support was 87% (only 3% below the target) and for cervical screening was 77% (again only 3% below the target) for the total population.

Population health data was made available to practices monthly through Dr Info, to allow on-going review of progress against population health screening targets. Detailed population health reports were distributed at population health meetings; attended by representatives of all practice teams.

Discussion of population health data and screening target results encouraged and supported practices to identify data related issues and to record data accurately. Variations in results and limitations in data source were discussed in detail in meetings to provide practices with a clearer understanding of population health data.

Development of more detailed population health reports began in April 2017, following the implementation of the WETA data reporting tool. Once development is finished, reports will be distributed monthly to practices via secure messaging.

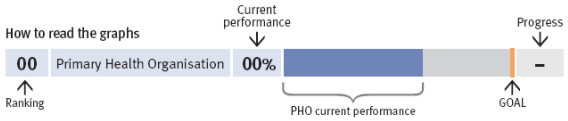


How is My PHO performing?

2016/17 QUARTER FOUR (APRIL TO JUNE) RESULTS

MINISTRY OF HEALTH
MANATŪ HAUORA

How to read the graphs



Increased Immunisation

Using Ministry of Health Data

		Quarter four performance	95%	Change from previous quarter
1	Christchurch PHO Limited	99%		▲
2	Cosine Primary Care Network Trust	98%		–
3	South Canterbury Primary & Community	97%		–
4	National Hauora Coalition Limited	96%		▲
5	Compass Health – Wairarapa	96%		–
6	Kimi Hauora Wairau (Marlborough PHO Trust)	96%		▲
7	Well Health Trust	96%		▼
8	Pegasus Health (Charitable) Limited	96%		–
9	East Health Trust	96%		–
10	Rural Canterbury PHO	96%		▼
11	Compass Health – Capital and Coast	95%		–
12	Total Healthcare Charitable Trust	95%		–
13	Central Primary Health Organisation	95%		–
14	Health Hawke's Bay Limited	95%		–
15	WellSouth Primary Health Network	95%		–
16	Procare Networks Limited	95%		–
17	Auckland PHO Limited	94%		▲
18	Ora Toa PHO Limited	94%		▼
19	Alliance Health Plus Trust	94%		▼
20	Te Awakairangi Health Network	94%		–
21	Midlands Health Network – Lakes	93%		▲
22	Waitemata PHO Limited	93%		▲
23	Hauraki PHO	92%		–
24	Midlands Health Network – Taranaki	92%		▼
25	Nga Mataapuna Oranga Limited	91%		▲
26	Midlands Health Network – Waikato	91%		▼
27	Rotorua Area Primary Health Services Limited	91%		–
28	Midlands Health Network – Tairawhiti	91%		▼
29	Nelson Bays Primary Health	91%		▲
30	Manaia Health PHO Limited	90%		▼
31	Whanganui Regional PHO	89%		▼
32	Western Bay of Plenty PHO Limited	88%		▼
33	Te Tai Tokerau PHO Ltd	87%		–
34	West Coast PHO	84%		▼
35	Eastern Bay Primary Health Alliance	82%		▼
36	Ngati Porou Hauora Charitable Trust	80%		▲
	All PHOs	93%		–

Increased immunisation

The national immunisation target is 95 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time. This quarterly progress includes children who turned eight months between April and June 2017, are enrolled in a PHO and who were fully immunised at that stage. Consequently, the All PHOs percentage above will be different to the All DHBs percentage.

Better Help for Smokers to Quit

Using Primary Health Organisation Data

		Quarter four performance	90%	Change from previous quarter
1	Ngati Porou Hauora Charitable Trust	96%		–
2	Nga Mataapuna Oranga Limited	96%		–
3	East Health Trust	95%		–
4	Auckland PHO Limited	93%		▲
5	Total Healthcare Charitable Trust	93%		▲
6	Procare Networks Limited	92%		▲
7	Christchurch PHO Limited	92%		▲
8	Midlands Health Network – Tairawhiti	92%		–
9	Alliance Health Plus Trust	91%		▲
10	Health Hawke's Bay Limited	91%		▲
11	Western Bay of Plenty PHO Limited	91%		▲
12	National Hauora Coalition Limited	91%		▲
13	West Coast PHO	91%		▼
14	Ora Toa PHO Limited	91%		▲
15	Kimi Hauora Wairau (Marlborough PHO Trust)	90%		▲
16	Compass Health – Wairarapa	90%		▲
17	Rotorua Area Primary Health Services Limited	90%		–
18	Pegasus Health (Charitable) Limited	90%		▲
19	Central Primary Health Organisation	90%		▲
20	Compass Health – Capital and Coast	90%		▲
21	Rural Canterbury PHO	89%		▲
22	Midlands Health Network - Lakes	89%		▼
23	South Canterbury Primary & Community	89%		▲
24	Hauraki PHO	89%		▲
25	Te Awakairangi Health Network	89%		–
26	Nelson Bays Primary Health	88%		–
27	Manaia Health PHO Limited	88%		–
28	Waitemata PHO Limited	88%		▲
29	Midlands Health Network – Waikato	87%		–
30	Midlands Health Network – Taranaki	87%		▲
31	Eastern Bay Primary Health Alliance	86%		▼
32	Whanganui Regional PHO	86%		–
33	WellSouth Primary Health Network	85%		▲
34	Well Health Trust	83%		▼
35	Cosine Primary Care Network Trust	78%		▼
36	Te Tai Tokerau PHO Ltd	75%		–
	All PHOs	89%		▲

Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

Section Four – Service Highlights

Collaborative Clinical Pathways and Long Term Conditions

Considerable collaboration has continued to occur throughout 2016/17, with consumers, NGOs clinicians and funders participating in the development of pathways that support best practice and improve system wide approaches to care delivery. District wide inter-professional education on each pathway is well supported by clinicians from across the district and sub-regional. This is augmented through peer reviews and educational forums, and competency based training with a focus on long-term conditions management.

National cancer tumor streams have been adopted into clinical district wide pathways and developed to include local consumer support groups and resources. Those published include breast pathways, an update of lung and colorectal pathways, with gynaecology and prostate to be published later in 2017.

Consumer feedback has identified the need for a sub-regional approach, with equity of access for a number of services, such as urology and renal services. For example, the work undertaken on the Chronic Kidney Disease (CKD) pathway has resulted in a sub-regional approach to identification and management of CKD stage 3b-5 in primary care. The appointment of a .5FTE Renal Nurse Practitioner role has enabled expert advice and peer review to occur within the General Practice setting, as well as providing a focus on improved coding and population data analysis for CKD.

Pathway development slowed during this period, to enable system wide changes to occur in the way in which services are delivered and to reduce the demand on hospital based services for unplanned and low acuity admissions.

Long-term conditions (LTC) pathways development have focused on improved health literacy, improved diagnosis, earlier interventions and optimising existing community resources. The COPD pathway has been published and embedded through education by the LTC and Respiratory Clinical Nurse Specialist and visiting Respiratory Physician. Each General Practice team has purchased a spirometer to assist in the diagnosis of COPD and competency based spirometry training has occurred for the General Practice nursing workforce. Fridge information magnets have been introduced, along with greater awareness of the early education and support for individuals to self-management their condition.

Congestive heart failure pathway has been published, along with education workshops provided in the community for consumers and their families. A focus on the changes to prescribing for Hepatitis C management has occurred through the alignment with the national Hepatitis C guidelines and the local pathway development.

A revised Careplus programme has been implemented, focusing on General Practice members identifying their enrolled population, with the highest risk factors and matching Careplus resources

and subsidies to priority patients with long term conditions. This has resulted in a consistent uptake across all practices, with a substantial uptake in the priority demographic population.

We have offered resourcing support to practices to assist them in meeting the primary healthcare targets. This has extended to Registered Nurses building workforce capacity and focusing on improving target performance.

Long Term Conditions Clinical Navigator, Sandy Taylor (left), with Hine Potaka-Gardiner at Taipāhake

Child Health

With increased focus on holistic care for "at risk" mothers being supported early in their pregnancy through antenatal classes, safe sleep devices and referral for Healthy Homes insulation assessment. This has led to significant increase in the distribution of safe sleep devices, up 126 from the previous year.

Supporting vulnerable children and family/whanau remains a strong focus of WRHN, with a number of staff undertaking lead professional roles for the Children's Team.

Whanganui has maintained an excellent outcome with 108.8% of our eligible four year olds completing their Before School Check and 101.9% of our eligible four year olds living in areas of high

deprivation. We have maintained equity between our Māori, Pacific, Asian and other populations by exceeding the 100% target rate for each population group in the Whanganui DHB region.

Childhood obesity continues to be an issue for our area. A small pilot programme was created and held with a slight decrease in BMI. The pilot involved six weekly sessions with 12 children and their whanau, teaching cooking skills, alongside healthy activity sessions from a variety of presenters.

Immunisation rates remain at 91% for the eight months and two years and 90% for five years. The 95% Ministry of Health target remains a challenge, with multiple issues impacting on the results; such as transient nature of some of our most vulnerable families and an increase in the decline rate due to an active anti-immunisation social media campaign.

The oral health 'Lift the Lip' campaign continues with regular training and updates for primary care nurses, particularly at Before School Checks and through promoting first trimester antenatal appointments. WRHN has been invited to engage in the WDHB Oral Health Governance Group.

Manage My Health – Shared Care Record and Patient Portal

Manage My Health is software provided by Medtech and is a platform for the Shared Care Record (SCR) and Patient Portal (PP). The SCR allows the sharing of relevant health information from General Practice with other health professionals, using a secure electronic system. The PP is a secure website that allows patients to access their own primary health information online.

Since SCR went live in December 2015, ten of the eleven WRHN practices have been participating; sharing their primary care record with Whanganui Accident & Medical, Emergency Department and Hospital Pharmacy. When Whanganui DHB Clinical Portal went live in July 2016, all hospital clinicians had access to the SCR.

As of June 2017, 87% of the total enrolled Whanganui population had a SCR. Note that as the three National Hauora Coalition practices are not participating in MMH, the percentage for the WRHN enrolled population is higher than this, with only one practice not signed up.

Aramoho Health Centre was the first practice to start the Patient Portal implementation, but due to upgrading their PMS and the subsequent software issues the registration process was put on hold and only begun late 2016, so as of June 2017, 39 patients had a PP. Bulls Medical Centre began registering patients in early 2016 and have steadily gained momentum, with 512 patients having a PP as of June 2017. Gonville Health commenced towards the end of 2016, but temporarily put this on hold due to a patient complaint regarding a classification. This along with staff changes slowed down the process and as of June 2017 they had 31 registered with a PP.

During the 2016/17 period, WRHN and Compass worked with Central PHO towards the sharing of records across both regions afterhours medical centres. Planning also commenced with MidCentral DHB toward the sharing of primary care records between hospitals, once their Clinical Portal went live. Subsequently, WRHN set up a Strategic IT Group to support this process.

Health of the Older Person

Falls Prevention and Osteoporosis pathways completed with two-part time positions, a falls prevention nurse and a fracture liaison nurse. Both positions have been instrumental in the development of services to support early identification and support for persons with fragility fractures, and/or falls prevention and management.

We continue to support the development of a Nurse Practitioner Intern Older Persons role. This role works across providers, including assessing and coordinating care for patients in General Practice, aged residential care facilities and gaining mentoring from specialists and general practitioners. The nurse co-leads the district wide approach for Advanced Care Planning (ACP) and participates on the Regional ACP Network Group. Through her work she has identified a gap in education, specific to the aged residential care workforce and facilitates forums in partnership with the Hospice Nurse Practitioner. Her research into diabetes management in aged residential care has highlighted the need for greater awareness of prescribing patterns and this information has been raised at peer reviews. The incumbent continues to grow her knowledge and skills, while working towards achievement of her nurse practitioner status.

Services to Improve Access (SIA)

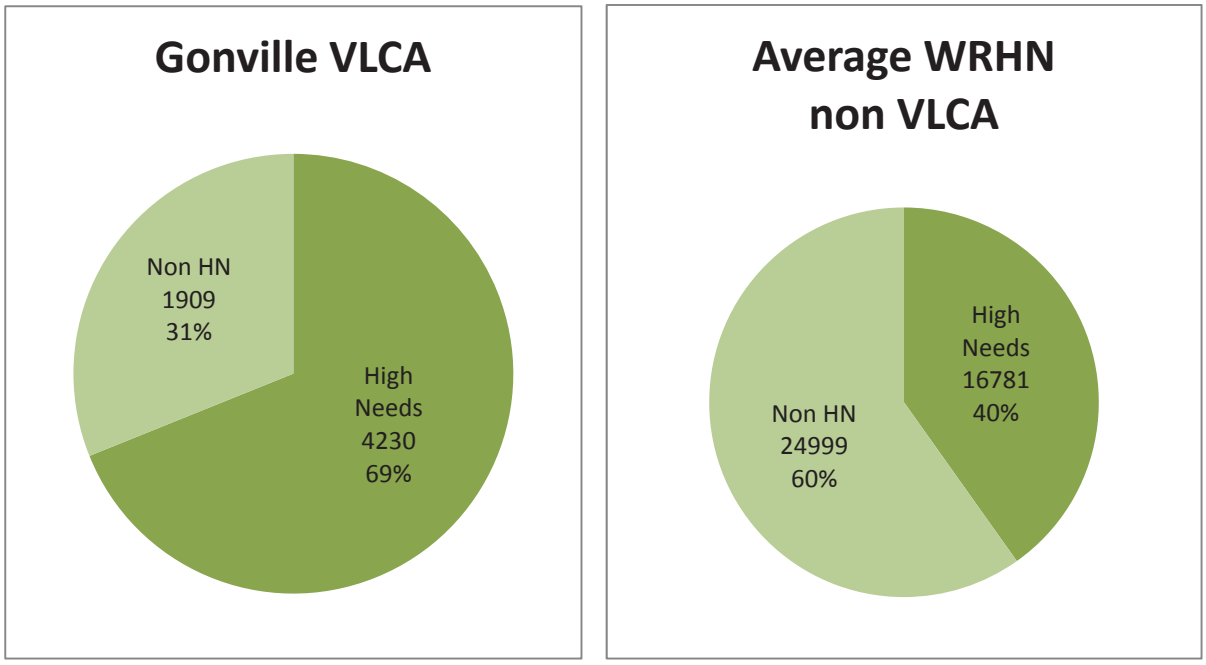
Using a continuous quality improvement approach, we have focused on supporting practices to enable persons with the greatest need to access services to improve their health. We have worked in partnership with each practice to identify priority areas for investment of resources, with a particular focus on; children with eczema and asthma, assessment and management of person with COPD, persons discharged form hospital and person representing to emergency department. A newly developed electronic tool provides practices with a means of tracking progress again their SIA plan objectives, identifying patients that may need to be screened. These focus areas align with and contribute to the national key priority areas in System Level Measures Framework.

For World Smoke Free Day on the 31st May 2017, a promotion was held outside of the Ngā Taura Tūhono Stop Smoking Service

Subsidiary Practices

Gonville Health Ltd

Gonville Health was established with the prime purpose of providing primary care services to patients who may be experiencing health care access barriers and reducing the inequality gap for high need patients. During the 2016/17 year, enrolled patient numbers increased by 98 and the high needs population increased by 4% (4,278 people that that are enrolled with Gonville Health are classified as Māori, Pacific Island and low income).



A priority for Gonville Health is having a sustainable highly skilled and committed workforce, and the team is in the best position it has been in for a while. We have established an experienced and effective leadership team, with a Clinical Director and Clinical Nurse Leader supporting Gonville Health's intent of being a training and supervising practice. We have a recruitment strategy that aims to align with the population profile and the recruitment of two Māori doctors and one Māori nurse this year supports our commitment toward reducing inequality gaps for our Māori patients.

Improving the patient experience over the 2016/17 year came in a variety of ways; from having a walk-in clinic available each day for acute patients, a long-term condition nurse led service, an evening clinic, making the waiting room more inviting and increasing capacity to meet the expectations of the patients. Quality review and improvements are an ongoing activity and the practice achieved renewed accreditation within the year.

As a not-for-profit entity, the Governance Board drives for continual improvement for the business and population it serves. The four pillars of governance are upheld by a highly competent board of directors.

Whanganui Accident & Medical

In 2016/17 Whanganui Accident & Medical (WAM) established a new leadership model:

- A Practice Manager position was created to lead and review reception services and administration processes
- A new Medical Director was recruited, and
- A Clinical Nurse Leader position was created with the intention of increasing the range and depth of the nursing workforce skills to include development of nurse experts in urgent care, family health and health of the older person
- WRHN operational support was delegated to WRHN Business Development Manager.

The medical workforce is made up of a combination of experienced urgent care and General Practice doctors. These doctors have supported the development of the local nursing and medical workforce by providing clinical support and supervision to intern nurse practitioners, medical students and registered medical officers. In 2016/17 WAM employed more doctors and nurses, increasing the clinical workforce available to see patients and relieving Whanganui General Practitioners of 474 hours of WAM duties over the year.

The financial position of WAM has extended to being able to invest in waiting area improvements, including the provision of new seating, computers for youth, activity packs for children and a television in the waiting area. In the consultation rooms, more comfortable examination beds and chairs were purchased. The Whanganui community continues to value the service that WAM provides:

"I recently suffered an accident, which necessitated two visits to WAM. I wish to convey to the staff involved and management in general, my appreciation of the professionalism of the care I received. My GP praised the quality of the treatment notes he received from WAM. The nurse who provided the original treatment even took the time and trouble to make a follow-up phone call."

WAM strives to provide better services to patients for the lowest possible fees, charging less overall than other similar accident and medical clinics in the North Island. Patient volumes in 2016/17 were the highest since WAM was established in 2003, with 27,119 patients being seen in the clinic.

WAM continues to work with the Emergency Department (ED) to ensure continuity of care for patients presenting at the clinic. WAM contracts with ED, to ensure the provision of WAM and ED nursing staff sharing the responsibility of triaging patients to the most appropriate service; the shared front door works so well that many patients are not aware that WAM is a private (not-for-profit) business, which is not part of the hospital services.

WAM core business is providing urgent and afterhours general medical services and accident and injury services, and has a twofold function; firstly to provide access to accident and injury primary health care for the Whanganui community and visitors to town, and secondly as a mechanism for WRHN GP members to meet their 24/7 service contract obligations for their patients to access primary medical care. In 2017, WAM was measured against national best practice urgent care standards and passed an external audit, which positioned the clinic as the preferred provider of ACC services in the Whanganui region. WAM staff are proud of the services that they provide:

"A highlight for me when attending the annual ACC conference was WAM being congratulated for consistent high performance, when benchmarked against other clinics."

WAM continues to find a balance between investment in workforce, infrastructure and customer focused initiatives, and maintaining prudent levels of equity to ensure financial stability into the future.

Taihape Health Ltd

Taihape Health Ltd (THL) has had a difficult year with respect to medical workforce vacancies. Much energy has gone into recruitment and providing support for our locums. Regardless of the staff shortages, the team has continued to achieve our Population Health Targets and Services to Improve Access funding goals. To mitigate future skill shortage risks we have embarked on a succession planning process at both Governance and Clinical leadership level, expanding the Board and employing a very experienced Clinical Nurse Leader.

Being situated rurally comes with its challenges and also highlights resiliency in the community. In July we had a severe weather event, where we were snowed in with both roads closed and no power for several days. With some staff unable to get to work, we managed to maintain a limited service and deployed the staff we had to the kitchens, making soup and visiting the frail, elderly and unwell. Working collaboratively with the local Civil Defence response team was a good exercise in managing an emergency situation and this led to a review of the emergency response plan.

THL is currently working on a long term project to future proof the THL facility and campus. In order for THL to undertake any strategic development of the Taihape campus, a number of complex issues must be resolved regarding ownership, access and the future use of the largely unoccupied old hospital/rest home building. Concurrently, it has been identified that there is a need for better quality social housing in Taihape. THL, along with key stakeholders, is exploring refurbishment options to accommodate supported living apartments. If the infrastructure of the building is sound enough, THL would partner with the community in a co-design project.



Section Five

Financial Reporting

Whanganui Regional Health Network

Financial statements for the year ended 30 June 2017

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

To the Trustees of Whanganui Regional Health Network

Opinion

The summary financial statements, which comprise the statement of financial position as at 30 June 2017, the statement of comprehensive revenue and expenses, statement of changes in net assets and statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of Whanganui Regional Health Network for the year ended 30 June 2017. In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with PBE FRS 43: *Summary Financial Statements* issued by the New Zealand Accounting Standards Board.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Public Benefit Entity Standards Reduced Disclosure Regime (PBE Standards RDR). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated 23 November 2017.

Trustees' Responsibility for the Summary Financial Statements

The Trustees' are responsible on behalf of the entity for the preparation of the summary financial statements in accordance with PBE FRS-43: *Summary Financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor we have no relationship with, or interests in, Whanganui Regional Health Network.

Cotton Kelly

Cotton Kelly

PALMERSTON NORTH
23 November 2017

Summary Financial Statements

Financial Highlights - Whanganui Regional Health Network

Statement of Comprehensive Revenue & Expenses for the year ended 30 June 2017

	2017	2016
	$	$
Revenue		
First Contact Care	9,578,472	10,266,549
Management Revenue	433,770	455,686
Services to Improve Access	1,006,608	1,084,748
Health Promotion	228,342	177,923
Rural Practice	457,894	442,278
Care Plus	1,059,353	1,135,178
System Level Measures	311,884	398,700
Clinical Contract Revenue	2,105,358	2,451,609
Support & Facilitation Revenue	2,147,117	1,696,686
Other Operating Revenue	295,451	516,990
Donations Received	15,000	31,704
Interest Revenue	6,257	26,133
Rental Revenue	128,640	152,825
Total Revenue	17,774,145	18,837,009
Expenses		
Operating Expenses	(14,767,410)	(15,853,635)
Wages, Salaries and Other Employee Costs	(2,900,059)	(2,710,300)
Occupancy Costs	(96,919)	(112,028)
Depreciation	(125,516)	(136,915)
Total Expenses	(17,889,904)	(18,812,878)
Surplus from Operating Expenses	(115,759)	24,131
Finance Expenses		
Interest on Borrowings	-	(14,885)
Total Finance Expenses	-	(14,885)
Surplus (Deficit) for the Year/Total Comprehensive Revenue & Expenses	**(115,759)**	**9,246**

Statement of Changes in Net Assets for the year ended 30 June 2017

	2017	2016
Equity at the Beginning of the Year	2,755,913	2,746,667
Surplus (Deficit) for the Year/Total Comprehensive Revenue & Expenses	(115,759)	9,246
Equity at the End of the Year	**2,640,154**	**2,755,913**

Statement of Financial Position as at 30 June 2017

	2017	2016
	$	$
Current Assets	1,560,854	1,990,032
Non-Current Assets	2,159,812	2,246,579
	3,720,666	4,236,612
Current Liabilities	(1,080,512)	(1,480,698)
Net Equity	**2,640,154**	**2,755,913**

Summary Financial Statements

Financial Highlights - Whanganui Regional Health Network

Statement of Cash Flows for the year ended	2017	2016
	$	$
Net Cash flows from/(used) in operating activities	501,352	(591,413)
Net Cash flows from/(used) in investing activities	(308,566)	(65,174)
Net Cash flows from/(used) in financing activities	-	(555,395)
Net Increase/(Decrease) in Cash Held	**192,786**	**(1,211,982)**
Cash & Cash Equivalents at the Beginning of the Year	287,869	1,499,851
Cash & Cash Equivalents at the End of the Year	**480,655**	**287,869**

1 Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial statements for the year ended 30 June 2017, authorised for issue by the Board on 23 November 2017.

As such this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The Trust's full financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP") and they comply with Public Benefit Entity Accounting Standards with Reduced Disclosure Regime (PBE Accounting Standards RDR) as appropriate for Not-For-Profit entities.

The summary financial statements have been prepared using the principles of PBE FRS43, and comply with NZ GAAP as it relates to summary financial statements.

The presentation currency is New Zealand Dollars.

2 Nature of Audit Opinion

The full financial statements of Whanganui Regional Health Network for the year ended 30 June 2017 and for the year ended 30 June 2016, have been audited with an unqualified audit opinion dated 23 November 2017.

3 Availability of Financial Statements

A full copy of the audited financial statements for Whanganui Regional Health Network for the year ended 30 June 2017 is available from the office of the Whanganui Regional Health Network, 100 Heads Road, Whanganui.

Summary Financial Statements

Financial Highlights - Gonville Health Limited

Statement of Comprehensive Revenue & Expenses for the year ended 30 June 2017

	2017	2016
	$	$
Revenue	1,891,785	1,886,275
Expenses	(1,901,553)	(1,862,822)
Surplus for the Year/Total Comprehensive Revenue & Expenses	**(9,768)**	**23,453**

Statement of Changes in Net Assets for the year ended 30 June 2017

	2017	2016
	$	$
Equity at the Beginning of the Year	115,547	92,094
Net Surplus/Total Comprehensive Revenue & Expenses	(9,768)	23,453
Equity at the End of the Year	**105,779**	**115,547**

Statement of Financial Position as at 30 June 2017

	2017	2016
	$	$
Current Assets	330,790	353,328
Non-Current Assets	39,573	38,954
	370,363	392,282
Current Liabilities	(264,584)	(276,735)
Net Equity	**105,779**	**115,547**

Statement of Cash Flows for the year ended 30 June 2017

	2017	2016
	$	$
Net Cash flows from/(used) in operating activities	(40,200)	105,397
Net Cash flows from/(used) in investing & financing activities	(94,652)	(19,686)
Net Increase/(Decrease) in Cash Held	**(134,852)**	**85,711**
Cash & Cash Equivalents at the Beginning of the Year	212,601	126,890
Cash & Cash Equivalents at the End of the Year	**77,749**	**212,601**

LYNDSAY TAIT & ASSOCIATES LTD

1 Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial statements for the year ended 30 June 2017, authorised for issue by the Board on 23 November 2017.

As such this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The company's full financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP") and they comply with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime (PBE Accounting Standards RDR) as appropriate for Not-For-Profit entities.

The summary financial statements have been prepared using the principles of PBE FRS43, and comply with NZ GAAP as it relates to summary financial statements.

The presentation currency is New Zealand Dollars.

2 Nature of Audit Opinion

The full financial statements of Gonville Health Limited for the year ended 30 June 2017 and for the year ended 30 June 2016, have been audited with an unqualified audit opinion dated 23 November 2017.

3 Availability of Audited Financial Statements

A full copy of the audited financial statements for Gonville Health Limited for the year ended 30 June 2017 is available from the office of the Whanganui Regional Health Network, 100 Heads Road, Whanganui.

Summary Financial Statements
Financial Highlights - Taihape Health Limited

Statement of Comprehensive Revenue & Expenses for the year ended 30 June 2017

	2017	2016
	$	$
Revenue	2,606,770	2,647,467
Expenses	(2,605,794)	(2,562,068)
Surplus for the Year/Total Comprehensive Revenue & Expenses	**976**	**85,399**

Statement of Changes in Net Assets for the year ended 30 June 2017

	2017	2016
	$	$
Equity at the Beginning of the Year	862,657	777,258
Net Surplus/Total Comprehensive Revenue & Expenses	976	85,399
Equity at the End of the Year	**863,633**	**862,657**

Statement of Financial Position as at 30 June 2017

	2017	2016
	$	$
Current Assets	1,089,192	1,153,130
Non-Current Assets	118,028	86,376
	1,207,220	1,239,506
Current Liabilities	(343,587)	(376,849)
Net Equity	**863,633**	**862,657**

Statement of Cash Flows for the year ended 30 June 2017

	2017	2016
	$	$
Net Cash flows from/(used) in operating activities	105,395	163,388
Net Cash flows from/(used) in investing & financing activities	(660,185)	(12,564)
Net Increase/(Decrease) in Cash Held	(554,790)	150,824
Cash & Cash Equivalents at the Beginning of the Year	814,167	663,343
Cash & Cash Equivalents at the End of the Year	**259,376**	**814,167**

Summary Financial Statements

Financial Highlights - Taihape Health Limited

1 Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial statements for the year ended 30 June 2017, authorised for issue by the Board on 23 November 2017.

As such this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The company's full financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP") and they comply with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime (PBE Accounting Standards RDR) as appropriate for Not-For-Profit entities.

The summary financial statements have been prepared using the principles of PBE FRS43, and comply with NZ GAAP as it relates to summary financial statements.

The presentation currency is New Zealand Dollars.

2 Nature of Audit Opinion

The full financial statements of Taihape Health Limited for the year ended 30 June 2017 and for the year ended 30 June 2016, have been audited with an unqualified audit opinion dated 23 November 2017.

3 Availability of Audited Financial Statements

A full copy of the audited financial statements for Taihape Health Limited for the year ended 30 June 2017 is available from the office of the Whanganui Regional Health Network, 100 Heads Road, Whanganui.

Summary Financial Statements
Financial Highlights - Whanganui Accident & Medical Clinic Limited

Statement of Comprehensive Revenue & Expenses for the year ended 30 June 2017

	2017	2016
	$	$
Revenue	2,628,410	2,580,950
Expenses	(2,460,326)	(2,284,032)
Surplus for the Year/Total Comprehensive Revenue & Expenses	**168,084**	**296,918**

Statement of Changes in Net Assets for the year ended 30 June 2017

	2017	2016
	$	$
Equity at the Beginning of the Year	1,113,253	816,335
Net Surplus/Total Comprehensive Revenue & Expenses	168,084	296,918
Equity at the End of the Year	**1,281,337**	**1,113,253**

Statement of Financial Position as at 30 June 2017

	2017	2016
	$	$
Current Assets	1,477,062	1,392,213
Non-Current Assets	86,749	48,274
	1,563,812	1,440,487
Current Liabilities	(282,475)	(327,234)
Net Equity	**1,281,337**	**1,113,253**

Statement of Cash Flows for the year ended 30 June 2017

	2017	2016
	$	$
Net Cash flows from/(used) in operating activities	298,704	364,156
Net Cash flows from/(used) in investing & financing activities	(849,167)	(19,117)
Net Increase/(Decrease) in Cash Held	(550,463)	345,039
Cash & Cash Equivalents at the Beginning of the Year	905,528	560,489
Cash & Cash Equivalents at the End of the Year	**355,065**	**905,528**

LYNDSAY TAIT & ASSOCIATES LTD

1 Basis of Preparation

The results presented in the summary financial report have been extracted from the full financial statements for the year ended 30 June 2017, authorised for issue by the Board on 23 November 2017.

As such this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The company's full financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP") and they comply with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime (PBE Accounting Standards RDR) as appropriate for Not-For-Profit entities.

The summary financial statements have been prepared using the principles of PBE FRS43, and comply with NZ GAAP as it relates to summary financial statements.

The presentation currency is New Zealand Dollars.

2 Nature of Audit Opinion

The full financial statements of Whanganui Accident & Medical Clinic Limited for the year ended 30 June 2017 and for the year ended 30 June 2016, have been audited with an unqualified audit opinion dated 23 November 2017.

3 Availability of Audited Financial Statements

A full copy of the audited financial statements for Whanganui Accident & Medical Clinic Limited for the year ended 30 June 2017 is available from the office of the Whanganui Regional Health Network, 100 Heads Road, Whanganui.

COTTON KELLY