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- o Mrs P Mahood
- o Ms S Mariu
- o Dr C Wade

Executive Management Team

- o Dr N Murray, Chief Executive
- o Mr B Paradine, Executive Director, Waikato Hospital Services
- o Ms M Chrystall, Executive Director, Corporate Services
- o Mr N Hablous, Chief of Staff
- o Mr D Hackett, Executive Director, Virtual Care and Innovation
- o Mrs S Hayward, Director of Nursing & Midwifery
- o Ms L Elliott, Executive Director, Maori Health
- o Dr T Watson, Chief Medical Advisor
- o Mr I Wolstencroft, Executive Director, Strategic Projects
- o Ms J Wilson, Executive Director, Strategy and Funding
- o Dr D Tomic, Clinical Director, Primary and Integrated Care
- o Mr D Wright, Executive Director, Mental Health & Addictions Service
- o Mr M Spittal, Executive Director, Community & Clinical Support
- o Ms M Neville, Director, Quality & Patient Safety
- o Ms L Aydon, Executive Director, Public and Organisational Affairs
- o Ms T Maloney, Commissioner, Women's Health Transformation Taskforce
- o Prof R Lawrenson, Clinical Director, Strategy and Funding
- o Mr C Cardwell, Executive Director, Facilities and Business
- o Mr M ter Beek, Executive Director, Operations and Performance
- o Mr P Mayes, Ministry of Health
- o Minute Secretary
- o Board Records

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www.waikatodhb.health.nz

Next Meeting Date: 25 October 2017



WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Board

Date:	27 September 2017
Time:	2.30pm
Place:	Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON



***Meeting of the Waikato District Health Board
to be held on Wednesday 27 September 2017
commencing at 2.30pm at Waikato Hospital***

AGENDA

Item	
1.	Apologies
2.	INTERESTS 2.1 Schedule of Interests 2.2 Conflicts Related to Items on the Agenda
3.	MINUTES AND BOARD MATTERS 3.1 Board Minutes: 23 August 2017 3.2 Committees Minutes: 3.2.1 Iwi Maori Council: 7 September 2017
4.	CHIEF EXECUTIVE REPORT
5.	QUALITY AND SAFETY REPORT 5.1 Serious Event Reporting
6.	DECISION REPORTS 6.1 Strategy Implementation 6.2 2017/18 Operating Budget
7.	FINANCE MONITORING 7.1 Finance Report
8.	PRESENTATION No presentation this month
9.	PAPERS FOR INFORMATION 9.1 Prevocational Medical Training Accreditation
10.	NEXT MEETING: 25 October 2017

RESOLUTION TO EXCLUDE THE PUBLIC
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:

- (1) The public be excluded from the following part of the proceedings of this meeting, namely:

- Item 11: Minutes – Various
- (i) Waikato District Health Board for confirmation: Wednesday 23 August 2017 (Items taken with the public excluded)
 - (ii) Sustainability Advisory Committee – all items to be adopted: Wednesday 23 August 2017 (All items)
 - (iii) Audit and Corporate Risk Management Committee – all items to be adopted: Wednesday 23 August 2017 (All items)
 - (iv) Midland Regional Governance Group – all items to be received: Friday 1 September 2017
- Item 12: Risk Report – Public Excluded
- Item 13: Serious Event Debrief – Public Excluded
- Item 14: Year End Matters including draft Annual Report – Public Excluded
- Item 15: Cleaning Services for Waikato DHB – Public Excluded
- Item 16: Commercial Arrangements for Third Party Logistics – Public Excluded
- Item 17: National Oracle Solution Change Control Report – Public Excluded

- (2) The general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER
Item 11(i-iv): Minutes	Items to be adopted / confirmed / received were taken with the public excluded
Item 12: Risk Register	Avoid inhibiting staff advice about organisational risks
Item 13: Serious Event Debrief	To protect the privacy of natural persons
Item 14: Year End Matters including draft Annual Report	Negotiation will be required
Item 15: Cleaning services	Negotiation will be required
Item 16: Commercial Arrangement for Third Party Logistics	Negotiation will be required
Item 17: National Oracle Solution Change Control Report	Negotiation will be required

- (3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

- Item 11: As shown on resolution to exclude the public in minutes.

- Item 12:** **Section 9(2)(c) of the Official Information Act 1982 – To avoid prejudice to measure protecting the health or safety of members of the public.**
- Item 13:** **Section 9(2)(c) of the Official Information Act 1982 – To protect the privacy of natural persons.**
- Item 14-17:** **Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.**

Item

11. MINUTES – PUBLIC EXCLUDED

- 11.1 Waikato District Health Board: 23 August 2017
To be confirmed: Items taken with the public excluded
- 11.2 Sustainability Advisory Committee: 23 August 2017
To be adopted: All items
- 11.3 Audit and Corporate Risk Management Committee: 23 August 2017
To be adopted: All items
- 11.4 Midland Regional Governance Group: 1 September 2017
To be received: All items

12. RISK REGISTER REPORT — PUBLIC EXCLUDED

13. SERIOUS EVENT DEBRIEF — PUBLIC EXCLUDED

14. YEAR END MATTERS INCLUDING DRAFT ANNUAL REPORT — PUBLIC EXCLUDED

15. CLEANING SERVICES FOR WAIKATO DHB — PUBLIC EXCLUDED

16. COMMERCIAL ARRANGEMENT FOR THIRD PARTY LOGISTICS SERVICES — PUBLIC EXCLUDED

17. NATIONAL ORACLE SOLUTION CHANGE CONTROL REPORT — PUBLIC EXCLUDED

RE-ADMITTANCE OF THE PUBLIC

THAT:

- (1) The Public Be Re-Admitted.**
- (2) The Executive be delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.**

Apologies.



Interests

SCHEDULE OF INTERESTS AS UPDATED BY BOARD MEMBERS TO SEPTEMBER 2017

Bob Simcock

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Chair, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Member, Board of Clinical Governance, Waikato DHB	Non-Pecuniary	None	
Chairman, Orchestras	TBA	TBA	
Member, Waikato Regional Council	Pecuniary	Perceived	
Director, Rotoroa LLC	TBA	TBA	
Trustee, RM & AI Simcock Family Trust	TBA	TBA	
Wife is Trustee of Child Matters, Trustee Life Unlimited which holds contracts with the DHB, Member of Governance Group for National Child Health Information Programme, Member of Waikato Child and Youth Mortality Review Group	Pecuniary	Potential	

Sally Webb

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Bay of Plenty DHB	TBA	TBA	
Member, Capital Investment Committee	TBA	TBA	
Director, SallyW Ltd	TBA	TBA	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Crystal Beavis

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Director, Bridger Beavis & Associates Ltd, management consultancy	Non-Pecuniary	None	
Director, Strategic Lighting Partnership Ltd, management consultancy	Non-Pecuniary	None	
Life member, Diabetes Youth NZ Inc	Non-Pecuniary	Perceived	
Trustee, several Family Trusts	Non-Pecuniary	None	
Employee, Waikato District Council	Pecuniary	None	

Sally Christie

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Partner, employee of Workwise	Pecuniary	Potential	

Martin Gallagher

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hamilton City Council	Pecuniary	Perceived	
Board member Parent to Parent NZ (Inc), also provider of the Altogether Autism service	Pecuniary	Potential	
Trustee, Waikato Community Broadcasters Charitable Trust	Non-Pecuniary	Perceived	
Alternate Member, Waikato Spatial Plan Joint Committee	Non-Pecuniary	Perceived	
Wife employed by Selwyn Foundation and Wintec (contracts with Waikato DHB)	Pecuniary	Potential	
Member, Hospital Advisory Committee, Lakes DHB	Pecuniary	Potential	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Board Agenda for 27 September 2017 (public) - Interests

Mary Anne Gill

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Life Unlimited Charitable Trust	Pecuniary	Perceived	
Son is an employee of Hongkong and Shanghai Banking Corp Ltd (NZ)	Non-Pecuniary		
Member, Public Health Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Health Strategic Committee, Bay of Plenty DHB	Pecuniary	Potential	

Tania Hodges

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Director/Shareholder, Digital Indigenous.com Ltd (contracts with Ministry of Health and other Government entities)	Pecuniary	Potential	
Director, Ngati Pahauwera Commercial Development Ltd	Pecuniary	None	
Director, Ngati Pahauwera Development Custodian Ltd	Pecuniary	None	
Director, Ngati Pahauwera Tiaki Custodian Limited	Pecuniary	None	
Trustee, Ngati Pahauwera Development and Tiaki Trusts (Deputy Chair)	Pecuniary	None	

Dave Macpherson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Councillor, Hamilton City Council	Pecuniary	Perceived	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Board Agenda for 27 September 2017 (public) - Interests

Deputy Chair, Western Community Centre, Inc	Non-pecuniary	Potential
Partner is Chair of Ngaruawahia Community House, Inc	Non-pecuniary	Potential
Member, Waikato Regional Transport Committee	Non-pecuniary	Potential
Member, Waikato Water Study Governance Group	Non-pecuniary	None
Member, Future Proof Joint Council Committee	Non-pecuniary	None

Pippa Mahood

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Chair, Waikato Health Trust	Non-Pecuniary	None	
Life Member, Hospice Waikato	TBA	Perceived	
Member, Institute of Healthy Aging Governance Group	TBA	Perceived	
Board member, WaiBOP Football Association	TBA	Perceived	
Husband retired respiratory consultant at Waikato Hospital	Non-Pecuniary	None	
Member, Community and Public Health Committee, Lakes DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Lakes DHB	Pecuniary	Potential	

Sharon Mariu

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Director/Shareholder, Register Specialists Ltd	Pecuniary	Perceived	
Director/Shareholder, Asher Group Ltd	Pecuniary	Perceived	
Director, Hautu-Rangipo Whenua Ltd	Pecuniary	Perceived	
Owner, Chartered Accountant in Public Practice	Pecuniary	Perceived	
Daughter is an employee of Puna Chambers Law Firm, Hamilton	Non-Pecuniary	Potential	
Daughter is an employee of Deloitte, Hamilton	Non-Pecuniary	Potential	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Board Agenda for 27 September 2017 (public) - Interests

Clyde Wade

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Board of Clinical Governance, Waikato DHB	Non-Pecuniary	None	
Shareholder, Midland Cardiovascular Services	Pecuniary	Potential	
Trustee, Waikato Health Memorabilia Trust	Non-Pecuniary	Potential	
Trustee, Waikato Heart Trust	Non-Pecuniary	Potential	
Trustee, Waikato Cardiology Charitable Trust	Non-Pecuniary	Potential	
Patron, Zipper Club of New Zealand	Non-Pecuniary	Potential	
Emeritus Consultant Cardiologist, Waikato DHB	Non-Pecuniary	Perceived	
Cardiology Advisor, Health & Disability Commission	Pecuniary	Potential	Will not be taking any cases involving Waikato DHB
Fellow Royal Australasian College of Physicians	Non-Pecuniary	Perceived	
Occasional Cardiology consulting	Pecuniary	Potential	
Member, Hospital Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Son, employee of Waikato DHB	Non-Pecuniary	Potential	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Conflicts related to items on the agenda.



Minutes and Board Matters

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Board Meeting
held on Wednesday 23 August 2017 commencing at 2.30pm in the
Board Room, Hockin Building at Waikato Hospital

Present: Mr B Simcock (Chair)
Ms T Hodges
Mrs S Christie
Ms C Beavis
Ms S Mariu
Dr C Wade
Mrs P Mahood
Ms M A Gill
Mr D Macpherson
Mr M Gallagher

In Attendance: Mr N Hablous (Acting Chief Executive)
Mr B Paradine (Executive Director, Waikato Hospital Services)
Ms M Chrystall (Executive Director, Corporate Services)
Ms L Aydon (Executive Director, Public and Organisational Affairs)
Mrs J Wilson (Executive Director, Strategy and Funding)
Ms L Elliott (Executive Director, Maori Health)
Mr D Wright (Executive Director, Mental Health and Addictions Service)
Mr M Spittal (Executive Director, Community and Clinical Support)
Mr A McCurdie (Chief Financial Officer)
Mr M ter Beek (Executive Director, Operations and Performance)
Prof R Lawrenson (Clinical Director, Strategy and Funding)

ITEM 1: APOLOGIES FOR ABSENCE

**Resolved
THAT**

The apology from Ms S Webb be received.

ITEM 2: INTERESTS

2.1 Register of Interests

No changes to the Register of Interests were noted.

2.2 Interest Related to Items on the Agenda

No conflicts of interest were foreshadowed in respect of items on the current agenda. There would be an opportunity at the beginning of each item for members to declare their conflicts of interest.

ITEM 3: MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

3.1 Waikato District Health Board Minutes: 26 July 2017

**Resolved
THAT**

The part of the minutes of a meeting of the Waikato District Health Board held on 26 July 2017 taken with the public present were confirmed as a true and accurate record.

3.2 Committee Meeting Minutes

3.2.1 Performance Monitoring Committee: 9 August 2017

**Resolved
THAT**

The Board noted the minutes of this meeting.

3.2.2 Health Strategy Committee: 9 August 2017

**Resolved
THAT**

The Board noted the minutes of this meeting.

3.2.3 Maori Strategic Committee: 19 July 2017

**Resolved
THAT**

Board adopted the minutes of this meeting.

3.2.4 Maori Strategic Committee: 16 August 2017

**Resolved
THAT**

The Board adopted the minutes of this meeting.

3.2.5 Audit and Corporate Risk Management Committee Work Plan: 23 August 2017

**Resolved
THAT**

The Board received the Work Plan.

ITEM 4: CHIEF EXECUTIVE REPORT

Mr N Hablous presented this agenda item.
The report was taken as read. Of note:

Official Information Act (OIA) Requests Update

- The DHB's website is currently being refreshed. Once this work is completed the OIAs will be uploaded to a page on the new site.

Naming of the CBD Building

- The process proposed for naming this building is:
 - Executive Director of Public Affairs to work with Maori Health Services and the users of the services who will be occupying the building to produce a list of possible names;
 - Board members are able to make their suggestions at that point also;
 - Iwi Maori Council and Consumer Council would be asked to draw up a short list;
 - The short list will be considered by the Executive Group along with any external requests for naming under the DHB's facilities naming policy;
 - The final short list will be presented to the Board with a recommendation.

Board members asked that it be noted that management should ensure that as buildings are demolished the names of those building are kept 'alive' and don't disappear along with the buildings.

Budget

- The DHB's budget for the next financial year is to be submitted to the Ministry of Health in September. As this timeframe is short, Board members were asked to provide their comments by email for management to consider in advance of the September board meeting.

It was noted that an extension to the submission date could be requested, if necessary.

Theatre Performance and ESPIs

- A question was asked why it was necessary to allocate significant funding with the current budget for outsourcing cases to achieve the relevant volume targets. The response made was that outsourcing enables the DHB to meet the agreed orthopaedic and general surgery volume targets and receive the maximum Ministry of Health funding available. It was noted there was a universal commitment to doing as much work as possible in-house.

SmartHealth

- A question was asked if there were any plans for the SmartHealth sign up booths to be available in other phone network's commercial stores and not just SPARK. The Acting Chief Executive will make enquiries about this and report back.

ED performance and acute flow

- A question was asked on the percentage of patients admitted into all the hospitals that come through ED. This information will be provided at a future meeting.

Resolved

THAT

The Board:

Received the report.

ITEM 5: QUALITY AND SAFETY REPORT

There was no report this month.

ITEM 6: DECISION REPORTS

6.1 Smoking in the Henry Rongomau Bennett Centre

Mr D Wright presented this agenda item.

At a previous meeting the Board had asked management to prepare a report for discussion and consideration on whether Waikato DHB should re-introduce an outdoor smoking area in the courtyards in Henry Rongomau Bennett Centre. A report was tabled at this meeting and following discussion it was agreed that:

- Management would audit compliance of the Service User Leave Policy in the Henry Rongomau Bennett Centre.
- The recommendation set out in the paper not to reintroduce an outdoor smoking area for clients was approved subject to one additional recommendation:
 - Mental Health and Addiction Services proactively manages smoking cessation for patients and staff and that management ensure that Nicotine Replacement Therapy is readily available.

Resolved

THAT

- 1) The Board approved the recommendation that an outdoor smoking area for clients in the Adult Acute Inpatient Unit at the Henry Rongomau Bennett Centre not be reintroduced.
- 2) The Mental Health and Addiction Services proactively manage smoking cessation for patients and staff and that management ensure that Nicotine Replacement Therapy is readily available.

6.2 Waikato DHB Media and Communications Policy

Ms L Aydon attended for this agenda item.
Waikato DHB's Media and Communications Policy was submitted for the Board's consideration and approval. This policy aimed to ensure that Waikato DHB's external and internal communications activity was fit for purpose, followed best practice and supported the organisation vision, values and priorities.

Management were requested to amend the following wording:

- Page 6, Clause 2, Definitions – Remove the words “board and committee members”
- Page 12, Clause 5.8- Delete the last sentence from the 3rd paragraph.

The Board members asked the Waikato DHB management to be more pro-active with its publicity.

**Resolved
THAT**

The Board approved the Waikato DHB's Media and Communications Policy.

ITEM 7: FINANCE MONITORING

Finance Report

Andrew McCurdie attended for this agenda item.
The Chief Financial Officer asked that his report for the month of July 2017 be taken as read highlighting the following:

- The balance sheet had been set well in advance of the year end due to the timing of the budget process. These projections were incorrect and would be recast and tabled at the September meeting.

**Resolved
THAT**

The financial statements of the Waikato DHB for the month to 31 July 2017 were received.

ITEM 8: PRESENTATIONS

There were no presentations this month.

ITEM 9: PAPERS FOR INFORMATION

9.1 Mental Health Pay Equity and Pricing

Mrs J Wilson presented this agenda item.

The Health Targets report was presented to the Board for their information.

A pay equity settlement had been agreed between the Prime Minister, Minister of Health and Unions for care and support works in New Zealand's aged and disability residential care and home and community support services. Mental Health Services were specifically excluded from the national settlement. A pay equity claim would be lodged for mental health support workers

It was noted that this process was separate from the pay equity claim and any outcome of national pay equity negotiations.

Resolved

THAT

The Board received the report.

9.2 Provider Arm Key Performance Monitoring – Red Flags

Clinical and Community Support

It was noted that the four rural Emergency Departments and Waikato hospital were still without their retrieval systems. Work continue to finalise the business case for the sand alone retrieval system that is required to resolve this problem.

There were no further red flags to report on.

Resolved

THAT

The Board received the report.

ITEM 10: NEXT MEETING

Date of Next Meeting

The next meeting to be held on Wednesday 27 September 2017 at Waikato Hospital.

BOARD MINUTES OF 23 AUGUST 2017

RESOLUTION TO EXCLUDE THE PUBLIC NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:

- (1) The public be excluded from the following part of the proceedings of this meeting, namely:

- Item 11: Minutes - Various**
- (i) Waikato District Health Board for confirmation: Wednesday 26 July 2017 (Items taken with the public excluded)
 - (ii) Sustainability Advisory Committee – Wednesday 23 August 2017 – verbal update (All Items)
 - (iii) Audit and Corporate Risk Committee – Wednesday 23 August 2017 – verbal update (All Items)
 - (iv) Midland Regional Governance Group – Friday 7 July 2017 – all items to be received
 - (v) Midland Regional Governance Group – Friday 4 August 2017 – all items to be received

- Item 12: Chief Executive Report – Public Excluded**

- (2) The general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER
Item 11 (i-v): Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded
Item 12: Chief Executive Report	Negotiations will be required

- (3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

- Item 11:** As shown on resolution to exclude the public in minutes.
- Item 12** Section(9)(2)(j) of the Official Information Act 1982 – to enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.

ACTION LIST

(Relates to Items to be reported to the Board and not implementation of substantive decisions)

	ACTION	BY	WHEN
3	Agenda Item 6 – Audit compliance with Service User Leave Policy in HRBC.	Derek Wright	ASAP

DRAFT

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Iwi Maori Council

Held on Thursday 7th September 2017 at 10am

Venue: Kotahitanga Room KPMG Building Level 9, Hamilton City

Present:

Mr H Mikaere (Chair)	Hauraki Māori Trust Board
Mr T Sewell	Te Rūnanga o Kirikiriroa
Dr K McClintock	Waikato Tainui Te Whakakitenga o Waikato Inc
Ms T Thompson-Evans	Waikato Tainui Te Whakakitenga o Waikato Inc
Ms T Moxon	Te Runanga o Kirikiriroa
Mr G Tupuhi	Hauarki Māori Trust Board
Mr B Brown	Raukawa Charitable Trust

In Attendance:

Ms L Elliott	(Executive Director of Māori Health)
Matua H Curtis	(Pou Herenga Te Puna Oranga)
Mrs N Barrett	(Minute taker)

In attendance: Dr Ross Lawrenson, Dr Derek Wright, Ms Virginia Endre, Mrs Maria Baker.

(Following items are in order of appearance)

AGENDA ITEM 1 KARAKIA: Matua Hemi Curtis

AGENDA ITEM 2 MIHI: Mr H Mikaere

AGENDA ITEM 3 APOLOGIES

Ms P Mahood

Mr B Simcock

Received by: Ms Moxon

Seconded by: Mr Mikaere

Mr R Lawrenson

Dr Lawrenson

Vision is to improve Cancer Rates in the Waikato DHB and wider Midland region.

University of Waikato Medical Research Unit is a newly formed initiative between the University of Waikato and the Waikato DHB.

The Midland Prostate Cancer Study

-Project focused on

Breast Cancer

Why are there higher rates of cancer for Māori and Pasifika-

-present too late for screening and treatment

-less likely to be screened

-other conditions that impact on cancer condition

Colorectal Cancer

-Understanding the full CRC pathway

-The detection period investigation

Waikato Medical Research Foundation Lung Cancer

-1/3rd of Lung Cancer patients are Māori

-Māori present too late

-only 5% lung cancer patients get to surgery as they are presenting too late.

-Surgery for lung cancer has a 75% success rate.

-Academic steering group looking at approach.

If we can do it for Māori, we will improve service for everybody.
IMC can support as these projects will be presented to all PHO's and GP's.

Mr D Wright and Ms Virginia Endres
Creating Our Futures Model of Care

Change to Drug and Alcohol Law come into place February 2018
Model of Care but also how we deliver services.

MH&AS future care system ...

“All people who require mental health and addictions services should expect early and appropriate holistic care well before the impacts of mental illness and co-existing problems reach a more severe stage.”

Questions for IMC:

3 month timeframe input and feedback on what matters to people.

What forums already exist?

How best to approach the community to get input?

One workstream focus is the building stage and there is a current working group:

-Te Puna Oranga (Māori Health Service), Hauora Waikato and other stakeholders. We are now at a stage where we are ready to go into the community.

ACTION:

Dr D Wright and Ms Virginia Endres on agenda for next IMC hui 5th October 2017.

Mrs Maria Barker

Māori make up 15% of the Aotearoa population

13,600 Māori health workforce

That's 2% of population

Māori regulated workforce

4,843 identify as Māori 5% of health regulated workforce

Māori unregulated workforce

15% identify as Māori 9,696- careers, professionals, support workers, technicians Twaddle and Khan (2014)

Health Workforce NZ-Leadership Programme

Māori Health Promotion Workshop

Model of Care - other DHB's going through the same.

What is our workforce now and what do we need to do to invest in that?

What is our investment now?

What could we do differently?

AGENDA ITEM 4A MINUTES OF LAST MEETING

Changes need to be made:

T. Bell changed to T. Moxon

Minutes passed

Received by: Ms Moxon

Seconded by: Mr Mikaere

AGENDA ITEM 5 GOVERNANCE

Performance Monitoring Committee

-Improvement on ethnicity data collected however would like more detail on ethnicity data reporting and what the issues are and potential solutions.

Health Strategic Committee

-Discussion around the Priority Programme Plan (PPP)

-All Executive Directors are having lessons in Māori pepeha. Each of the Ex. Directors are being paired with Te Puna Oranga (Māori Health Service) staff members.

-Tikanga Best Practice online training and Tikanga Best Practice workshop compulsory for all staff. These will be KPI's for Executive Directors and then a plan will be put in place for both new and current staff to complete the training.

AGENDA ITEM 8 GENERAL BUSINESS

1. Dr McClintock - Would like to see a copy of the evaluation of Kia Ora Hauora
2. IMC Chair- There will be no change to the Chair
3. MOU signing Wednesday 27th September

Hui Closed: Matua Hemi Curtis

Full Action List		Completed
1.	Dr D Wright and Ms Virginia Endres to be put on agenda for next IMC hui 5 th October 2017.	
2.	Kia Ora Hauora evaluation to be given to IMC when available.	
3.	Next IMC meeting to start at 9am on 5 th October 2017	
4.		
5.		



Chief Executive Report

MEMORANDUM TO THE BOARD

27 SEPTEMBER 2017

AGENDA ITEM 4

CHIEF EXECUTIVE'S REPORT

Purpose	For consideration and information.
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This Agenda

Board members will recall that we agreed to have on alternate months a board agenda with full monitoring reports and then an agenda with more limited monitoring reports. The intention was that the smaller agendas would allow time for workshops on relevant matters.

Last month was a "short" month with more limited monitoring. After discussion with the Chair we have made this agenda of the same kind. This is because it creates a better balance of information between the board and committees. Had this month been a "full" month then the same information would have been viewed at the committees in a few weeks. This way, the committee information will be fresh and so too will the information at the next board meeting as another month will have ticked over.

Financials

Refer to separate board report.

ED performance and acute flow

For August 2017, the DHB has continued to struggle with performance against the six hour target, however performance has risen slightly when compared to July. August's total Emergency Department attendances is now the third month in a row that has seen >10,000 attendances in a single month at 10,279 though down from the record high of 10,885 in July.

September sees the opening of an additional ward, OPR5, and the launch of the SAFER programme. SAFER is an initiative, brought across from the NHS, which creates standardised ways of managing patient flow. It is envisaged that these two important initiatives will assist with reducing some of the bottlenecks that have impacted all winter.

Theatre performance and ESPIs

ESPIs

ESPI compliance remains an area of focus in 2017/18 across the range of services required to meet elective patient programme requirements. We appear to have

reached a point where the DHB is either compliant or close to compliance each month and there are fewer large swings in numbers waiting beyond the required timeframes.

We achieved compliance in both of the key “four month wait” ESPIs (outpatients and inpatients) in August. We have a medium term risk around two services (orthopaedics and dermatology) for outpatient wait times. Plans are being developed in these services to ensure we avoid financial penalties from non-compliance (which means we require compliance by December). The ESPI for inpatients (ESPI 5) continues to indicate positive results for September and October.

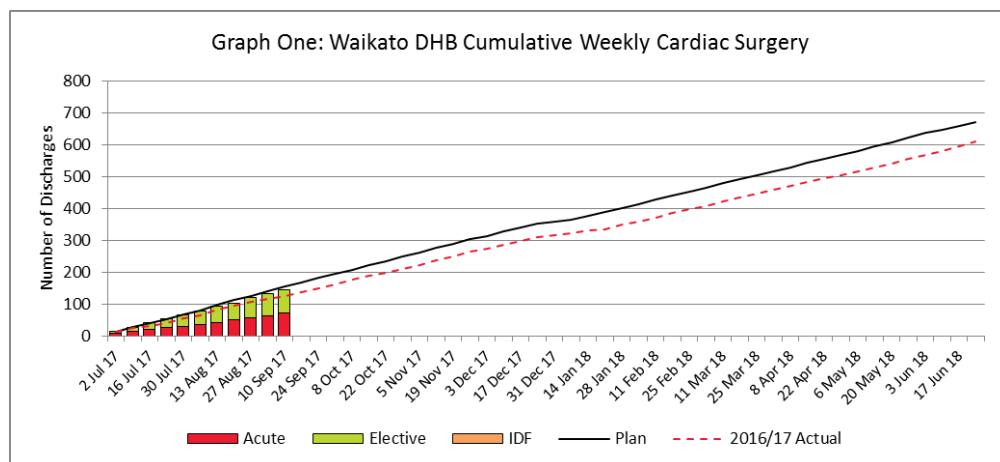
Electives funding

A full review of progress against plan (both internal and outsourced delivery) will occur at the end of September. August reporting suggests that internal delivery is behind plan, so recovery plans will be developed to ensure all electives revenue is earned.

There has been an improving trend since mid-July in regard to the two KPIs on acute theatre timeliness; 80% within 24 hours and 100% within 48 hours. The improvement arises in part from a recent change to the number of acute theatre lists scheduled on weekend days with weekend acute capacity increased from three to four acute lists. Recruitment is now concluded to employ the interventional MRT FTE to support the increased weekend acute work. Further improvement will be linked to the positive impact of moving to six acute theatre sessions each weekday, a change that was implemented from mid - July 2017.

Cardiac waiting list

In mid-August the cardiac service cluster team achieved the wait list goal of no more than 67 patients waiting for treatment, which is 10% of the 670 procedures that we plan to complete this year. The waiting list was down to 61 patients at 15 September. The volume of cardiac surgery completed year to date compares favourably with the same time last year.



Staff continue weekly teleconferences with the Ministry of Health to monitor cardiac surgery wait list performance.

SmartHealth

The change and IS teams continue to work with services creating accounts and deploying devices. Recent new activity in August has been with Older Persons and Rehabilitation Service, Infant Child & Adolescent Mental Health Service and Lead Maternity Carers. We continue to promote to the public and have a presence at community events. Community services have worked on a business plan ensuring SmartHealth will be business as usual. The after hours service has seen an increase in patients using video consultations as opposed to text. Afterhours service now has a connection with BUPA, Healthline and St John. Seven general practices now offer SmartHealth consultations to their patients in hours. 21% of SmartHealth users are Maori. Focus this coming month will include planning for an evaluation of virtual health (Telehealth and SmartHealth).

Waikato Medical School

The Government has announced that if re-elected it will establish a new School of Rural Medicine to produce more doctors for rural communities. It is intended the new School of Rural Medicine will be specifically geared toward meeting the challenges faced by high need and rural areas of the country, and will produce around 60 additional doctors per year. The Government would run a contestable business case process to consider all options for delivering the new School of Rural Medicine and ensure it meets the needs of rural New Zealand. This decision has been welcomed by rural groups across New Zealand. University of Waikato's Vice-Chancellor Prof Neil Quigley spoke on the decision with Katherine Ryan on Radio NZ. Prof Ross Lawrenson is presenting on the proposed new Medical School to the University of the 3rd Age in Hamilton on 20 September.

RANZCOG Visit

Women's Health services had a visit from RANZCOG on 11 September 2017 to assess our progress with the transformation work, particularly with respect to the RANZCOG accreditation standards.

Dr. Sarah Tout (Chair, New Zealand Training Accreditation Committee) and Jude Kaveney (Training Co-Ordinator) met with a number of staff throughout the day including senior doctors, registrars, midwives, nurses and management. Sarah also officially opened the newly refurbished Registrar Education Room.

We are delighted to announce that Sarah and Jude gave extremely positive feedback, stating that they were "very impressed" at the changes made at all levels within the department. Most importantly, they observed a significant change in culture, stating it was "like a different hospital". They noted the increased support of registrar training and education, and said that the ultrasound training was "top in the country".

They were impressed at our registrar buddying system and the commitment by the SMOs to ensuring that registrars have high quality supervision and are well supported in their work.

They also commented that staff stated that they felt listened to and involved in decision making, and that there was a real sense of teamwork and collegiality between professional groups, and shared ownership for improving the service.

Sarah will be making a recommendation to the Australasian RANZCOG Training Committee that the service is reaccredited and will request that Waikato DHB undergoes an official accreditation review. The date of the review will depend on the availability of the senior clinicians who will make up the review team; we hope this will occur before the end of the year.

I would like to take this opportunity to thank staff on behalf of the Board for all their hard work, dedication and commitment to Women's Health and for working together to achieve such significant progress.

Nurse Entry to Practice Programme (briefing at Board request)

At Waikato DHB the newly graduated R/N, supported by Nurse Entry to Practice programme (NETP) is the vital component that ensures we have a consistent sustainable pipeline of well-educated NZ trained nurses. The selection and job offers are carried out using an electronic application platform called Accelerated Choice of Employment (ACE) that matches the applicants priorities with the DHBs priorities.

The NETP programme receives partial funding from Health Workforce NZ (HWNZ) and each DHB is allocated a certain number of funded places. This number is based on historical practice, and there is the ability to pick up unused places from other DHBs within the region and across the country which Waikato is very quick to do.

We bring in three larger cohorts across the calendar year and also some small intakes as and if a service is able to embed them into their workforce. This year we brought in 50 NETPs in September, the largest September intake yet. These NETPs are allocated across all acute services as well as into Primary Care, Aged Care sector, Corrections and Plunket.

As a total we aim to have at least 124 NETPs per year, should extra HWNZ funding be made available and the services able to absorb them then we would increase. After completion of the NETP programme permanent roles are applied for and we are able to retain at least 95%.

Nurse Practitioners (briefing at Board request)

The Nurse Practitioner (NP) as defined by Nursing Council NZ under the Health Practitioners Competency Assurance Act 2003, work within their own scope of practice, this allows them to diagnose, prescribe and treat patients.

Waikato DHB employs nine NPs and they are in neonatal, chronic conditions, wound care, Mental Health and Addictions Service and Aged Care.

We have six nurses on the NP pathway, and these will all have more of a chronic condition across the life span focus as opposed to a specific clinical speciality focus.

As part of workforce planning the NP role is deemed very important, and at the same time with changes to the scope of the R/N the development of the designated Nurse Prescriber, and the R/N working in the expanded scope (eg. Surgical First Assistant, Nurse Endoscopist and Colposcopist) is also providing us with new workforce opportunities.

Recommendation

THAT

The Board receives the report.

**NEVILLE HABLOUS
ACTING CHIEF EXECUTIVE**



Quality and Safety

MEMORANDUM TO THE BOARD
27 SEPTEMBER 2017

AGENDA ITEM 5.1

SERIOUS EVENT REPORTING

Purpose	For discussion / agreement.
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The Board requested a report to set the scene for Board discussion on the nature of reporting that they would wish to see in respect of serious events.

The current process of reporting serious events is outlined from Serious Event Review Panel through to Board, with suggestions where gaps exist.

Principles for reporting at Board level are also proposed.

Recommendation

THAT

The Board:

- 1) Notes the content of the paper.
- 2) Adopts the approach for reporting serious events.

MO NEVILLE
DIRECTOR QUALITY AND PATIENT SAFETY

EVENT REPORTING

Introduction

The Board has requested a report to set the scene for a Board discussion on the nature of the reporting that they would wish to see in respect of serious events.

Serious event reporting within the Waikato DHB is based on the assumption that the dispassionate and objective analysis of events offers the best opportunity for the system as a whole to learn from its mistakes and improve performance. It also recognises that staff need to feel comfortable to report events and that trust in the processes is a prerequisite for that.

The serious event process continues to evolve in line with national direction and staff / consumer feedback. The Board of Clinical Governance approved changes to the serious event review (SER) process in May 2017.

Current Process

The existing process has the following key dimensions.

Serious Event Review panel – meetings of the panel occur every 2 weeks. It is chaired by Chief Medical Officer. The panel approves all final reports and recommendations arising from SAC 1 & 2 (except falls, pressure injuries and infection). The relevant Executive Director, Director and +/- clinical lead / others, are at this meeting, so all are aware of recommendations. A learning summary of the event is developed. The risk is added to the risk register by the relevant Director to manage risk while the recommendations are completed (this is relatively new this year and not yet robust).

A learning summary of significant events is published on the Intranet for all staff to access - <https://intranet.sharepoint.waikato.health.govt.nz/Pages/Quality%20and%20Patient%20Safety/Shared-learning-points.aspx> and also sent to the Executive Directors and Directors for sharing wider with their services

From September 2017 a new monthly email will be sent to those responsible for recommendations outlining what recommendations they have outstanding with copy to the relevant Executive. This replaces the current monthly spreadsheet which is sent to all and is cumbersome and not specific to each responsible person.

A new SER quarterly meeting was set up this year with the three operational execs, the Chief Nursing and Midwifery Officer, Chief Medical Officer, Director Quality and Patient Safety and risk team leader to review common themes, and identify areas where we need to focus. This is likely to stop but be picked up through the patient safety program group that the SER panel reports to.

Executive Group - a learning summary is presented for discussion at each meeting. The Executive Group does not routinely get reports but is informed of 'high risk' events.

For the future I am suggesting a weekly 'safety bulletin' from me each Friday to the Executive Directors re the SER SAC1 and HDC complaints raised in that week, and any bubbling areas of concern.

Board of Clinical Governance - receives quarterly report on numbers / themes etc. and the annual report that has synopsis / findings (note this does not include mental health events as these are currently published separately as per national requirement) also included in the Quality Account SER section.

Since July 2017 a suicide review group has been formed (primary care, police, NGO and secondary care) to review community suicides. This group will report to the Waikato DHB Suicide Pre and Postvention Health Advisory Group (SPPHAG) twice yearly.

Performance Monitoring Committee – quarterly report on numbers / themes / outstanding recommendations and the annual report that has a synopsis / findings that we publish in line with the HQSC timelines.

From September a new report will be presented to the PMC. KPIs have been set with regard to closing off recommendations on time, open disclosure and other key matters.

Board – There has been no routine reporting to the Board regarding SER although high profile cases have been verbally discussed.

Proposed Principles of Reporting at Board Level

From an Executive perspective the need to report to the Board at the level which they consider comfortable has never been in dispute. There is of course a need to take into account confidentiality considerations and the volume of data that could potentially be provided but the principle is accepted.

The approach following is proposed as an agreed way forward. It is predicated on the fact that we do maintain a rolling log of SAC1 and SAC2 events which forms the basis of our reporting to the Health Quality and Safety Commission on an annual basis.

Approach

- All SAC 1 and SAC2 events including quantity / classification / recommendations outstanding / those reclassified following review, will be reported to the Performance Monitoring Committee.
- All SAC1 events will be provided on the following basis:
 - Events will only be reported once their rating has been confirmed.
 - On publication of final report via SER panel, an update will include root cause (if found), contributory factors, and learnings.
 - Events will remain open / reported until all recommendations have been completed.
 - Other ongoing processes / reviews such as HDC / Coroners will be noted.
 - Any external report received by the DHB for these events will be noted and any discrepancy with findings flagged (*note ACC do not release investigation reports to the DHB*).
- No SAC 3 or 4 will be reported.
- Care will need to be taken to avoid any identification of patients / staff in this process that could cause additional harm.
- It needs to be acknowledged that the process will not cover all eventualities as sometimes the public approach the media even when there is not a classified serious event.
- When there is pending publicity of an event the relevant detail (if it pertains to a SAC1 or SAC2) will be extracted from the register as above and be forwarded to the Board to remind members of the background. This will be followed up with our media response when this has been completed.



Decision Reports

MEMORANDUM TO THE BOARD 27 SEPTEMBER 2017

AGENDA ITEM 6.1

STRATEGY IMPLEMENTATION

Purpose	For consideration.
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Introduction

Since the beginning of 2017 we have been attempting to implement our strategy through the development of programme plans for each priority.

There is shared concern between both Board and Executive that this has not quite been hitting the mark.

We therefore agreed to look again at the approach with three criteria in mind as follows:

1. To make the process less administratively burdensome;
2. To give priority to actioning the plan to address Maori inequity; and
3. To specifically align our process with the development of the Long Term Investment Plan (LTIP) required by Treasury in 2019 (which in turn requires alignment with strategic service plans).

We have a Board committee overseeing the development of planning to address Maori inequity and we have released resources to better support that work.

Discussion

This paper proposes an approach which hopefully will meet the criteria identified above. Rather than discuss options (our emphasis here is on action!), I propose to leap to the following proposal:

1. The flag ship (lead waka) will be the priority programme plan (Maori Health Plan) addressing Maori inequities which will be an action-based document developed with urgency under Board oversight.
2. The Maori Health Plan will be divided into sections which will include six sections to address our strategic imperatives; this will ensure a focus on the overall task by relating those imperatives to what we are doing for Maori, without making the plan a "dumping ground" for everything we wish to do whether related to Maori or not.
3. Concurrently we will undertake the development of the remaining priority programme plans in a more streamlined way than at present with a view to ensuring all the dimensions of our strategy are addressed.
4. The intention for both these exercises will be to identify specific actions we would wish to take to implement our strategy.

5. The end result of this work will be a “lead waka” Maori Health Plan, supplemented by work specific to other priorities.
6. At the completion of this work we will schedule the actions over time, taking account of funding, but this will not preclude us agreeing to implement some actions prior to our planning work being completed.
7. Strategic Service Plans will be developed for Waikato DHB services. Their scope will be across the whole system including outside the Waikato DHB.
8. A workshop for Board and Executive will be held in the next six months to launch this work. A key decision is how we define our services for this purpose.
9. The Strategic Service Plans will ensure the LTIP is based on robust service planning.
10. The content of the Strategic Service Plans will be derived from the Maori Health Plan and other priority programme plans but other content will be added to provide coherence and fitness for purpose.
11. The service plans will follow a template to ensure a link with the long term investment plan.
12. The long term investment plan will represent the “roll up” of the service plans categorised into low, medium and high investment options.

The Executive supports this approach.

Recommendation

THAT

The above approach to implementation of our strategy is adopted by the Board.

NEVILLE HABLOUS
ACTING CHIEF EXECUTIVE

MEMORANDUM TO THE BOARD

27 SEPTEMBER 2017

AGENDA ITEM 6.2

2017-18 OPERATING BUDGET

Purpose	For approval.
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This paper seeks approval for the 2017-18 budget for Waikato DHB group. It has been prepared through a combination of bottom up budgeting in collaboration with the wider organisation, and adjusted for savings initiatives at the service level and organisational wide initiatives.

Table 1 shows the breakdown of the budget by the different arms of the organisation. All savings plans are embedded to achieve this budget. A detailed view of the budget including consolidated financial performance, financial position and cash flow for the 2017-18 is presented in appendix 1.

Table 1: Final 2017-18 Operating Budget by arm for Waikato DHB

2017-18 Operating Budget	Provider	Funder	Governance	Eliminations	Total DHB
Revenue					
Government and Crown Agency Sources	-874,276	-1,339,560	-5,466	821,201	-1,398,101
Non-Government and Crown Agency	-23,859	0	0	0	-23,859
Total Revenue	-898,135	-1,339,560	-5,466	821,201	-1,421,960
Operating Expenses					
Personnel	562,164	0	2,102	0	564,266
Outsourced Personnel	13,096	0	90	0	13,186
Outsourced Services	57,150	5,466	254	-5,466	57,405
Clinical Supplies and Patient Related Costs	135,478	0	0	0	135,478
Infrastructure & Non-clinical Supplies	87,882	0	522	0	88,404
Provider Payments	-2,316	1,300,089	2,316	-815,735	484,354
Total Operating Expenses	853,455	1,305,555	5,283	-821,201	1,343,092
Interest, depreciation and capital charge					
Depreciation	42,044	0	0	0	42,044
Capital Charge	37,123	0	0	0	37,123
Interest & Financing Charges	198	0	0	0	198
Total IDCC	79,365	0	0	0	79,365
Surplus/(Deficit)	34,686	-34,005	-183	0	498

Reconciliation between the originally presented budget and the final budget is presented in appendix 2.

Breakdown of Budget

The budget process is made up of three parts:

1. Bottom up budgeting process informed by the production plan.
2. Savings plans at the service level.
3. Organisation wide initiatives that are held at a Corporate level.

Bottom up budget process

Based on a robust bottom up budgeting process Waikato DHB has a projected year end deficit of \$39,468k for 2017-18 before any savings plans are included, as per Table 2. The quantum and area of the savings plan is detailed in later sections.

Table 2: Operating budget based on bottom up budget for 2017-18

2017-18 Operating Budget (\$'000)	Provider	Funder	Governance	Eliminations	Total DHB
Revenue					
Government and Crown Agency Sources	-872,643	-1,339,560	-5,466	821,201	-1,396,468
Non-Government and Crown Agency	-21,476				-21,476
Total Revenue	-894,119	-1,339,560	-5,466	821,201	-1,417,944
Operating Expenses					
Personnel	580,401		2,102		582,503
Outsourced Personnel	13,196		90		13,286
Outsourced Services	67,182	5,466	254	-5,466	67,437
Clinical Supplies and Patient Related Costs	141,534				141,534
Infrastructure & Non-clinical Supplies	88,412		522		88,934
Provider Payments	-2,316	1,300,089	2,316	-815,735	484,354
Total Operating Expenses	888,409	1,305,555	5,283	-821,201	1,378,047
Interest, depreciation and capital charge					
Depreciation	42,044				42,044
Capital Charge	37,123				37,123
Interest & Financing Charges	198				198
Total IDCC	79,365	0	0	0	79,365
Surplus/(Deficit)	73,656	-34,005	-183	0	39,468

Savings Plans at the cost centre level

The directorate savings plans were determined as part of the budget process and totalled \$14m. As these savings have been determined in collaboration with directorate staff and being agreed as fair and acceptable, with risk to delivery being low.

These savings are listed by directorate below:

Table 3: Savings by directorate for 2017-18

Directorate	Dollars (\$'000)
Facilities & Business	885
Waikato Hospital Services	7,468
Com & Clinical Support	2,529
Ops & Performance	236
Mental Health & Addiction	1,227
Virtual Care	202
Corporate Services	1,453
Total	14,000

Organisation wide initiatives

The savings plans that are organisational wide initiatives have also been considered and will be held at a corporate level. The business proposition for the savings is good – with there being clear line of sight between the intervention proposed and the outcome. Robust project and programme management will be required to be successful. These are multi-year initiatives and planned phasing detail is presented in appendix 3. The risk of delivering the programmes and projects is included and any delay in delivery will be likely to impact on the quantum of savings delivered. For the 2017-18 financial year the savings by line item are below:

Table 4: Saving initiatives held at organisational level

Strategy	Initiative	Savings Target (\$'000)	Risk to Delivery
Theatre Improvements	Implement new surgical services operating model	6,500	Medium
Theatre Improvements	Increase/decrease in Waikato Hospital costs	-1,250	Low
Acute Demand Management	Primary Care (Revenue Co-payments)	500	High
Acute Demand Management	Manage Front Door	1,000	High
Acute Demand Management	Virtual Health Savings	5,000	High
Patient flow	Reduction in bed plan nursing	1,000	Medium
Patient flow	e-Orders	500	Medium
Other	Revenue Enhancements (ACC)	1,300	Low
Other	Maintenance	1,400	Nil
Other	MH Service Improvement	500	Low
Other	Data entry automation	130	Medium
Other	Voice recognition	100	Medium
Other	Decrease in travel budget	500	Low
Other	Decrease in other discretionary budgets	500	Low
Other	DSS under 65	500	Medium
Other	Clinically driven best practise	2,000	High
Other	Other efficiencies	4,750	Medium

This is a challenging plan and there is Board recognition that delivery needs both management and governance oversight. The Sustainability Advisory Committee will monitor and advise on progress.

2017-18 Capital Budget

A cash flow and approved capital budget allocation has been included in all information provided in the appendices. As we are finalising the detailed replacement requirements the detailed capital plan will come to the October board meeting for approval. The following cash flows are included in the 2017-18 budget to fund capital purchases:

Table 5: Capital budget allocations for 2017-18

2017/18 Capital Plan \$'000	Approval
Building programme - mental health project	500
Facilities & Business - managed building projects	7,345
Clinical equipment	17,197
Information Systems	9,070
Regional Systems	7,931
Facilities & Business (P&I)	12,355
Other	658
Total	55,056

Risks

1. We don't generate sufficient savings to give us sufficient cash flow to fund operating and capital cash flows. This means that we must achieve our operating budget which includes the saving plan.
2. Failure to meet the savings plans currently allocated would result in a deficit and potentially impact on the DHB ability to pay for operating costs out of cash flows.
3. Unless specifically stated the savings identified are net of cost to deliver – i.e. costs exclude Capital and Restructure/redundancy costs required to achieve saving.
4. Land and Buildings were revalued at the end of June 2017 and the increase in building value means that there is an increase in the annual depreciation cost of approximately \$10m. Funding is provided for the increase in capital charge resulting from the increase in equity due to revaluations for two years this is directly funded to the DHB and then is washed into population based funding.. This incremental depreciation does not impact on cash flows but could impact on the surplus/deficit and mitigations are being considered.
5. The Ministry of Health is unlikely to accept any deficit budget or projection. The requirements of Section 41 of the NZ Public Health and Disability Act are:
 - DHBs are to operate in financially responsible manner.
 - Every DHB must operate in a financially responsible manner and, for this purpose, must endeavor to cover all its annual costs (including the cost of capital) from its net annual income.

Recommendation

THAT

The Board:

1. Receives this report.
2. Approves the operating budget with a result of a \$481k deficit. Noting the risk that any worse results are unlikely to be acceptable to the Ministry.
3. Notes the capital budget allocation of \$55.1m and that a detailed capital budget will be brought to the board for approval in October and that specific business case approvals will be brought to the Board when required under our delegated authority policy.

**MAUREEN CHRYSTALL
EXECUTIVE DIRECTOR CORPORATE SERVICES**

Appendix 1: Financial result for 2015-16 to 2020-21

DHB Consolidated Statement of Comprehensive Income 2015-16 to 2020-21

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
REVENUE						
MOH Devolved Funding	(\$1,094,144)	(\$1,144,436)	(\$1,203,798)	(\$1,242,320)	(\$1,282,073)	(\$1,323,101)
MOH Non-Devolved Contracts (provider arm side contracts)	(\$33,000)	(\$33,838)	(\$32,955)	(\$33,779)	(\$34,623)	(\$35,489)
Other Government (not MoH or other DHBs)	(\$22,423)	(\$22,982)	(\$20,942)	(\$21,468)	(\$22,005)	(\$22,555)
Non-Government & Crown Agency Sourced	(\$23,145)	(\$22,894)	(\$22,292)	(\$22,842)	(\$23,405)	(\$23,980)
Inter-DHB & Internal Revenue	(\$129,177)	(\$133,263)	(\$139,105)	(\$142,948)	(\$146,717)	(\$150,469)
REVENUE TOTAL	(\$1,301,891)	(\$1,357,413)	(\$1,419,093)	(\$1,463,357)	(\$1,508,823)	(\$1,555,594)
EXPENSES						
Personnel costs						
Medical Personnel	\$158,174	\$161,809	\$183,606	\$190,033	\$196,683	\$203,567
Nursing Personnel	\$198,292	\$207,587	\$216,489	\$224,066	\$231,908	\$240,025
Allied Health Personnel	\$72,651	\$75,155	\$80,253	\$83,061	\$85,968	\$88,977
Support Personnel	\$16,194	\$16,560	\$17,299	\$17,646	\$18,000	\$18,358
Management/Administration Personnel	\$70,685	\$75,931	\$80,606	\$81,966	\$83,362	\$84,780
Outsourced Services	\$61,715	\$78,420	\$78,126	\$78,908	\$80,484	\$82,092
Clinical Supplies	\$129,109	\$135,599	\$136,778	\$135,425	\$136,991	\$138,983
Infrastructure & Non-Clinical Supplies	\$70,393	\$82,529	\$63,391	\$52,501	\$35,070	\$17,118
Sub-Total Payments to Providers	\$457,075	\$463,749	\$484,348	\$520,432	\$560,130	\$601,611
Internal Allocation	\$0	\$0	\$0	\$0	\$0	\$0
EXPENSES TOTAL	\$1,234,287	\$1,297,339	\$1,340,897	\$1,384,037	\$1,428,597	\$1,475,511
NET RESULTS (Surplus)/Deficit	(\$67,604)	(\$60,074)	(\$78,196)	(\$79,320)	(\$80,226)	(\$80,083)
Interest, Depreciation and Capital Charge						
Interest						
Interest Income	(\$1,882)	(\$1,839)	(\$1,170)	(\$1,570)	(\$1,619)	(\$1,668)
Interest Expenses	\$8,814	\$4,899	\$198	\$199	\$201	\$202
Total Interest	\$6,932	\$3,060	(\$972)	(\$1,371)	(\$1,418)	(\$1,466)
Capital Charge	\$18,124	\$15,188	\$37,123	\$37,494	\$36,244	\$32,969
Depreciation	\$38,560	\$40,216	\$42,044	\$43,197	\$45,401	\$48,580
Total IDCC	\$63,615	\$58,464	\$78,196	\$79,320	\$80,227	\$80,083
TOTAL COMPREHENSIVE INCOME	(\$3,988)	(\$1,610)	(\$0)	\$0	\$0	(\$0)

DHB Consolidated Statement of Financial Position 2015-16 to 2020-21

Board Agenda for 27 September 2017 (public) - Decision Reports

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Current Assets						
Petty Cash	\$16	\$16	\$15	\$15	\$15	\$15
Investments	\$5,467	\$7,020	\$9,563	\$7,370	\$7,884	\$8,411
Debtors	\$39,660	\$38,120	\$60,521	\$47,188	\$47,518	\$47,850
Inventory / Stock	\$9,977	\$10,384	\$11,006	\$10,862	\$10,938	\$11,015
Current Assets Total	\$55,120	\$55,540	\$81,105	\$65,435	\$66,355	\$67,292
Non Current Assets						
Fixed Assets	\$573,369	\$551,156	\$710,913	\$723,925	\$730,925	\$737,925
Work in Progress	\$7,129	\$10,007	\$18,453	\$18,453	\$18,453	\$18,453
Investment in Associates and Subsidiaries	\$7,266	\$7,254	\$7,252	\$7,252	\$7,252	\$7,252
Other Investments (Loans)	\$0	\$0	\$0	\$0	\$0	\$0
Non Current Assets Total	\$587,763	\$568,417	\$736,618	\$749,630	\$756,630	\$763,630
Current Liabilities						
Bank Account & Term Loans	(\$8,928)	\$0	\$0	\$0	\$0	\$0
Accounts Payables and Accruals	(\$67,946)	(\$56,453)	(\$68,505)	(\$53,151)	(\$53,521)	(\$53,896)
Payroll Creditors	(\$98,760)	(\$98,529)	(\$105,488)	(\$107,418)	(\$111,457)	(\$115,328)
Current Liabilities Total	(\$175,633)	(\$154,982)	(\$173,993)	(\$160,569)	(\$164,978)	(\$169,224)
WORKING CAPITAL	(\$120,514)	(\$99,442)	(\$92,888)	(\$95,134)	(\$98,623)	(\$101,932)
NET FUNDS EMPLOYED	\$467,250	\$468,975	\$643,731	\$654,496	\$658,007	\$661,698
Non-Current Liabilities						
Employee - Other Entitlements	(\$14,076)	(\$14,637)	(\$13,505)	(\$13,774)	(\$13,870)	(\$13,967)
Term Loans - Private (non-current portion)	(\$299)	(\$199)	(\$510)	(\$13,294)	(\$11,964)	(\$10,768)
Term Loans - Crown (non-current portion)	(\$212,036)	(\$211,932)	(\$169)	(\$76)	(\$15)	\$0
Other Loans	(\$5,980)	(\$6,098)	(\$6,870)	(\$7,266)	(\$7,769)	(\$8,283)
Non-Current Liabilities Total	(\$232,391)	(\$232,866)	(\$21,053)	(\$34,410)	(\$33,619)	(\$33,018)
Crown Equity						
Crown Equity	(\$81,662)	(\$79,467)	(\$77,273)	(\$286,737)	(\$284,543)	(\$289,349)
Capital Injections	\$0	\$0	(\$211,659)	\$0	(\$7,000)	(\$7,000)
Other Movements	\$1,856	\$2,400	\$2,591	\$2,310	\$2,313	\$2,311
Revaluation Reserve (Sum of 9926 -9929)	(\$83,411)	(\$84,951)	(\$261,187)	(\$261,187)	(\$261,187)	(\$261,187)
Retained Earnings	(\$71,643)	(\$74,091)	(\$75,150)	(\$74,471)	(\$73,971)	(\$73,455)
Crown Equity Total	(\$234,859)	(\$236,109)	(\$622,677)	(\$620,085)	(\$624,388)	(\$628,680)
NET FUNDS EMPLOYED	(\$467,250)	(\$468,975)	(\$643,730)	(\$654,495)	(\$658,007)	(\$661,698)

DHB Consolidated Statement of Cashflows 2015-16 to 2020-21

Board Agenda for 27 September 2017 (public) - Decision Reports

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Operating Activities						
Government and Crown Agency Revenue Received	\$1,250,302	\$1,307,304	\$1,375,876	\$1,414,839	\$1,459,104	\$1,504,648
Other Revenue Received	\$49,313	\$27,046	\$47,064	\$48,235	\$49,434	\$50,659
Total Receipts	\$1,299,615	\$1,334,351	\$1,422,941	\$1,463,074	\$1,508,538	\$1,555,307
Payments for Personnel	(\$515,665)	(\$531,215)	(\$576,053)	(\$592,637)	(\$611,953)	(\$631,861)
Payments for Supplies	(\$268,882)	(\$284,967)	(\$283,472)	(\$266,031)	(\$251,737)	(\$237,379)
Capital Charge Paid	(\$18,124)	(\$15,188)	(\$37,123)	(\$37,494)	(\$36,244)	(\$32,969)
Payments to Providers	(\$457,396)	(\$462,542)	(\$484,296)	(\$520,379)	(\$560,077)	(\$601,557)
Total Payments	(\$1,260,067)	(\$1,293,912)	(\$1,380,944)	(\$1,416,540)	(\$1,460,010)	(\$1,503,765)
Net Cashflow from Operating	\$39,548	\$40,439	\$41,997	\$46,533	\$48,527	\$51,541
Investing Activities						
Interest receipts 3rd Party	\$2,004	\$1,839	\$1,170	\$1,570	\$1,619	\$1,668
Sale of Fixed Assets	\$0	\$40	\$0	\$0	\$0	\$0
Total Capital Expenditure	(\$19,226)	(\$32,178)	(\$55,056)	(\$50,198)	(\$52,401)	(\$55,580)
Increase in Investments and Restricted & Trust Funds Assets	\$12	\$1	\$1	\$0	\$0	\$0
Net Cashflow from Investing	(\$17,210)	(\$30,297)	(\$53,885)	(\$48,628)	(\$50,782)	(\$53,912)
Financing Activities						
Equity Injections - Capital	\$0	\$211,659	\$0	\$7,000	\$7,000	\$7,000
Equity Injections - Deficit Support	\$0	\$0	(\$5)	\$0	\$0	\$0
Interest Paid	(\$9,413)	(\$5,488)	(\$805)	(\$810)	(\$816)	(\$821)
Private Sector	(\$51)	\$187	\$12,792	(\$1,328)	(\$1,193)	(\$1,073)
Crown Debt	(\$199)	(\$211,763)	(\$93)	(\$60)	(\$14)	\$1
Other Equity Movement	(\$2,194)	(\$2,194)	(\$2,194)	(\$2,194)	(\$2,194)	(\$2,194)
Net Cashflow from Financing	(\$11,857)	(\$7,599)	\$9,696	\$2,609	\$2,782	\$2,912
Net Cashflow						
Plus: Cash (Opening)	(\$3,445)	\$7,036	\$9,578	\$7,385	\$7,900	\$8,427
Net cash movements	\$10,481	\$2,542	(\$2,193)	\$514	\$528	\$541
Cash (Closing)	\$7,036	\$9,579	\$7,385	\$7,900	\$8,427	\$8,969

Appendix 2: Reconciliation from previously provided result to final budget

Waikato DHB Budget 2017-18	DHB (Consolidated)	Comments
	\$m	
Result (Surplus/-Deficit)	-32.00	Previously presented to the Board
Adjustments		
Provision for implementation of strategy	2.00	
Convalescent Care budget	0.70	Double budgeted
Cleaning contract	0.50	Over budgeted
Lease Make Good Provision (risk on accounting treatment)	0.50	Delay in vacating premises
Virtual Health Fee for services	2.00	Not being incurred
IAAS	0.50	Delayed start
Shared Service Agencies	0.88	
Result (Surplus/-Deficit)	-24.92	
Plus:		
Savings already incorporated into plan	-14.00	
Result (Surplus/-Deficit)	-38.92	
Potential cumulative savings	83.25	
Buffer (phasing)/Cost of achieving	-44.33	
Result (Surplus/-Deficit)	0.00	
For 2017-18		
Allocated and in budgets at an account level	14.00	
Held centrally and allocated as savings are achieved	24.92	
Total Savings	38.92	
Required to breakeven	38.92	
Shortfall	0.00	
Depreciation risk on revalued assets:		
Depreciation shortfall	10.00	

Appendix 3: Waikato DHB savings initiatives 2017-18 to 2019-20

Waikato DHB Savings Initiatives (\$'000)						Cumulative Savings		
						17-18	18-19	19-20
Strategy	Initiative	Status	Risk	Reason	Savings Target	Savings Target	Savings Target	Savings Target
Theatre Improvements	Partner with change experts to reengineer surgical services	Started	Medium	Partner engaged high level operating model in development	25,000	6,500	21,500	25,000
Theatre Improvements	Increase/decrease in Waikato Hospital costs	Started	Low		-2,500	-1,250	-1,250	
Acute Demand Management	Primary Care (Revenue Co-payments)	Initiation	High	Ministerial sign off required and stakeholder resistance likely	1,000	500	1,000	1,000
Acute Demand Management	Manage Front Door	Initiation	High	Stakeholder engagement required and GP recruitment may be difficult	7,000	1,000	4,000	7,000
Acute Demand Management	Chronic Disease Management / Pathways	Started	Low	Enabler for other acute demand initiatives				
Acute Demand Management	Reduction in consumables from acute growth	Not started	Medium	Driven by success in other initiatives within Acute Demand Management	1,500		1,500	1,500
Acute Demand Management	Virtual Health Savings	Started	High	Risk of successful implementation is high; evaluation will be completed April-June 2018.	20,000	5,000	15,000	20,000
Patient flow	Reduction in bed plan requirements		Medium	Roll-up of sub-projects	3,000	1,000	2,000	3,000
Patient flow	Safer	In delivery	Low	Better management of discharge reducing length of stay				
Patient flow	Impact	Implementation Planning Study	Low	Constraint management tool and will deliver bed day savings.				
Patient flow	e-Orders	Business case approved	Medium	Objective to ensure that tests done are appropriate and authorised at the right level,	2,000	500	1,000	2,000
Other	Revenue	In delivery	Low	Implementation pathway identified	1,300	1,300	1,300	1,300

Board Agenda for 27 September 2017 (public) - Decision Reports

	Enhancements (ACC)			and underway				
Other	Maintenance	Complete	Nil	Implementation complete	1,400	1,400	1,400	1,400
Other	MH Service Improvement	Started.	Low	Implement a new model of care that improves access and utilises appropriate resource.	500	500	500	500
Other	Data entry automation	Pilot complete	Medium	Technology is available but testing is required	500	130	500	500
Other	Voice recognition		Medium	Technology is available but testing is required	300	100	300	300
Other	Decrease in travel budget	Complete	Low	Implementation pathway identified and underway	500	500	500	500
Other	Decrease in other discretionary budgets	Being considered	Low	Implementation pathway identified and underway	500	500	500	500
Other	DSS under 65	Started	Medium	Negotiation underway	500	500	500	500
Other	Clinically driven best practise	Initiation	High	Good proposition but needs clinical input.	2,000	2,000	2,000	2,000
Other	Other efficiencies		Medium	Large number of small initiatives that require strong programme and project management to undertake	4,750	4,750	4,750	4,750
Sub-total	Held centrally				69,250	24,930	57,000	71,750
Allocated Savings	Various - accepted by ED's				14,000	14,000	14,000	14,000
Total Savings					83,250	38,930	71,000	85,750



Finance Monitoring

MEMORANDUM TO THE BOARD
27 SEPTEMBER 2017

AGENDA ITEM 7.1

FINANCE REPORT

Purpose	For information.
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The financial result summary is attached for the Board's review.

Recommendation

THAT

The report be received.

ANDREW MCCURDIE
CHIEF FINANCIAL OFFICER

**WAIKATO DISTRICT HEALTH BOARD
YEAR TO DATE FINANCIAL COMMENTARY**

Waikato DHB Group Result for August 2017	Year to Date		
	Group Actual \$m	Group Provisional Budget \$m	Variance \$m
Funder	0.4	(1.3)	1.7 F
Governance	0.0	0.0	0.0 F
Provider	(3.9)	(1.8)	(2.1) U
Waikato Health Trust	(0.2)	0.0	(0.2) U
DHB Surplus/(Deficit)	(3.7)	(3.1)	(0.6) U

Note: \$ F = favourable variance; (\$) U = unfavourable variance

FINANCIAL PERFORMANCE MONTHLY COMMENT:

This report includes commentary on current year to date performance for the Waikato DHB Group compared to the provisional budget for the year. Impacts on forecast will be reported on in future months when the final budget has been approved.

For August 2017 YTD we are unfavourable to provisional budget by \$0.6m.

Provider:

The Provider is unfavourable to provisional budget \$2.1m, variances include:

1. Revenue favourable to provisional budget \$0.8m due to additional non internal revenue received offset by unfavourable internal revenue as a result of lower volumes.
2. Employed personnel costs favourable to provisional budget \$3.3m due mainly to vacancies and leave taken.
3. Outsourced Personnel costs unfavourable \$2.9m, the dominant variances relate to medical locums (\$1.3m, partly offset by savings in medical personnel costs), and Management and Administration (\$1.2m, National Oracle Solution (NOS) project portion recovered \$0.4m).
4. Outsourced Services favourable \$1.7m mainly due to lower utilisation for outsourcing of electives.
5. Clinical supplies unfavourable to provisional budget \$1.5m across various areas.
6. Infrastructure & Non Clinical supplies are favourable to provisional budget \$0.3m.
7. Interest, depreciation and capital charge unfavourable to provisional budget \$3.8m mainly due to depreciation on revaluation of land and buildings (\$1.9m) and capital charge (\$1.8m - partly recovered in revenue received \$1.6m).

It should be noted that this is in the context of:

- Acute cases, excluding ED: episodes 0.4% above plan;
- Elective cases: episodes 7.3% below plan;
- Overall 1.6% below plan for cases
- Case weights: A true reflection of case weights will be available as the year progresses.
- ED attends: YTD ED attends are 10.4% higher than the same period last year.

Funder and Governance:

The results for the Funder is \$1.7 favourable to provisional budget. Funder provider payments are favourable partially due to the coding catch up required and lower than planned elective cases. Governance is close to the provisional budget

Waikato Health Trust

The result for the Waikato Health Trust is unfavourable to provisional budget mainly due to unfavourable grants variance arising from increased grants paid.

RECOMMENDATION(S):

That this report for August 2017 year to date be received.

**ANDREW McCURDIE
CHIEF FINANCIAL OFFICER**

**WAIKATO DISTRICT HEALTH BOARD
YEAR TO DATE FINANCIAL COMMENTARY**

Opinion on Group Result:		
The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast
Revenue	\$5.4 F	
CFA Revenue		
CFA Revenue is favourable to provisional budget mainly as a result of:		
<ul style="list-style-type: none"> Increased funding to cover increased capital charge arising from the revaluation of land and buildings in June 2017 - \$1.6m (offset against capital charge paid) 	\$4.3 F	N/A
<ul style="list-style-type: none"> Increase in funding to cover pay equity settlement for workers in aged and disability residential care and home and community support services - \$2.4m (offset in NGO payments) 		
<ul style="list-style-type: none"> Increase in Pharmac funding to cover increased costs of oncology drugs - \$0.4m (offset in clinical supplies) 		
Crown Side-Arm Revenue		
Side-arm contracts revenue close to provisional budget	\$0.1 F	N/A
Other Government and Crown Agencies Revenue		
Other Government and Crown revenue is favourable mainly due to:		
<ul style="list-style-type: none"> Reimbursement of costs associated with the implementation of National Oracle Solution (NOS) \$0.4m favourable (offset in Outsourced Personnel) 	\$0.8 F	N/A
<ul style="list-style-type: none"> ACC income \$0.4m favourable due to a one-off increase in income as a result of a change to a new annual contract. 		
Other Revenue		
Other revenue is close to provisional budget.	\$0.2 F	N/A

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast
Operating expenditure including IDCC	(\$6.0) U	
Personnel (employees and outsourced personnel total)	\$0.4 F	
Employed personnel are favourable to provisional budget mainly due to:		
<ul style="list-style-type: none"> Medical and Nursing costs are favourable to provisional budget by a total of \$2.6m. This is as a result of higher than expected vacancy level (offset by outsourced personnel), as well as favourable annual leave movement for the year to date. 	\$3.3 F	N/A
<ul style="list-style-type: none"> Management, Administration and Support costs are favourable to provisional budget by \$0.7m. This is as a result of higher than expected vacancy level (offset by outsourced personnel), as well as favourable annual leave movement for the year to date. 		
Outsourced personnel are unfavourable mainly due to:		
<ul style="list-style-type: none"> Higher than planned use of locums within medical personnel to cover vacancies (offset by medical personnel underspend). This is mainly across Waikato Hospital, Community Hospitals, and Mental Health and Addiction. 	(\$1.7) U	N/A
<ul style="list-style-type: none"> Management, Administration and Support costs are unfavourable largely due to contractor costs of \$0.8m for the implementation of the new NOS ERP solution (to date \$0.4m of this cost is offset by additional other government revenue). 	(\$1.2) U	N/A
<ul style="list-style-type: none"> The balance of the unfavourable variance of \$0.4m is spread over a number of areas and is partially offset by Management, Administration and Support personnel underspend (\$0.3m). 		
Outsourced services	\$1.7 F	
Outsourced services are favourable primarily due to:		
<ul style="list-style-type: none"> Outsourced clinical service costs are \$0.4m favourable as facility lists run through external providers did not reach full capacity. This aligns with volumes reported but the trend is expected to change in coming months. 		
<ul style="list-style-type: none"> Outsourced virtual care costs are \$0.5m favourable due to an amendment to the contract for providing the IT infrastructure. 	\$1.7 F	N/A
<ul style="list-style-type: none"> Outsourced corporate services are \$0.5m favourable primarily due to delay in timing of new IT infrastructure (IaaS) implementation. 		
<ul style="list-style-type: none"> Other favourable variances over a number of areas - \$0.3m. 		
Clinical Supplies	(\$1.5) U	
Instruments & equipment - on provisional budget.	\$0.0 F	N/A
Implants & prosthesis - close to provisional budget.	\$0.2 F	N/A
Treatment disposables - unfavourable across a number of areas \$1.0m, including higher spend in line with increased activity for renal dialysis and inpatient wards.	(\$1.0) U	N/A
Pharmaceuticals - unfavourable by \$0.6m. Relates mainly to \$0.5m unbudgeted increase in oncology drug costs. The Pharmac forecast on which the budget was based did not include the new melanoma drugs. The cost is largely offset by increased CFA revenue (\$0.4m).	(\$0.6) U	N/A
Diagnostic Supplies & Other Clinical Supplies - close to provisional budget.	(\$0.1) U	N/A

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast
Infrastructure and non-clinical supplies	\$0.3 F	
Infrastructure and non-clinical supplies are close to provisional budget.	\$0.3 F	N/A
NGO Payments	(\$3.2) U	
External Provider payments are unfavourable largely due to:		
<ul style="list-style-type: none"> • Pay equity settlement for workers in aged and disability residential care and home and support services \$2.4m (off set in CFA revenue) 	(\$3.2) U	N/A
<ul style="list-style-type: none"> • Primary care GP claims unfavourable \$0.3m. This is due to timing of claims. The variance has reduced compared to prior month. 		
<ul style="list-style-type: none"> • Other unfavourable variances over a number of areas - \$0.4m. 		
Interest, depreciation and capital charge	(\$3.7) U	
Interest charge on provisional budget	\$0.0 F	N/A
Capital charge is unfavourable to provisional budget mainly as a result of the increased charge arising from the revaluation of land and buildings in June 2017. Offset in CFA revenue (\$1.6m).	(\$1.8) U	N/A
Depreciation is unfavourable to provisional budget also as a result of the revaluation of land and buildings in June 2017.	(\$1.9) U	N/A

TREASURY

Opinion on Group Result:

The provisional budget reflected below was based on forecast balances at the time of setting the budget which was well before the year end due to timing of budget processes. As we finalise the operating cost budget which will be tabled at the September Board meeting, we will recast the Cash Flow and Balance Sheet budget accordingly and adjust for corrected opening balances.

Please note that in future years the Cash Flow and Balance Sheet budgets will be recast at the beginning of the financial year to reflect correct opening balances.

YTD Actuals Aug-16 \$'000	Waikato DHB Cash flows for year to August 2017	Year to Date		
		Actual \$'000	Prov Budget \$'000	Variance \$'000
	Cash flow from operating activities			
222,878	Operating inflows	235,586	234,771	815
(205,356)	Operating outflows	(222,709)	(231,582)	8,873
17,522	Net cash from operating activities	12,877	3,189	9,688
	Cash flow from investing activities			
255	Interest income and proceeds on disposal of assets	216	195	21
(2,606)	Purchase of assets	(6,356)	(9,176)	2,820
(2,351)	Net cash from investing activities	(6,140)	(8,981)	2,841
	Cash flow from financing activities			
0	Equity repayment	0	0	0
(1,455)	Interest Paid	(63)	(131)	68
77	Net change in loans	(62)	(42)	(20)
(1,378)	Net cash from financing activities	(125)	(173)	48
13,793	Net increase/(decrease) in cash	6,612	(5,965)	12,577
14,333	Opening cash balance	9,577	26,503	(16,926)
28,126	Closing cash balance	16,189	20,538	(4,349)

Cash flow variances resulted from:	Variance \$m	Impact on forecast
Total Net cash flow from Operating Activities	\$9.7 F	
<ul style="list-style-type: none"> • Operating inflows 	\$0.8 F	
<ul style="list-style-type: none"> ○ Revenue received favourable primarily as a result of increased funding received to cover pay equity settlement and increased capital charge. It also includes NOS implementation and ACC one-off increase funding. 	\$0.8 F	N/A
<ul style="list-style-type: none"> • Operating outflows 	\$8.9 F	
<ul style="list-style-type: none"> ○ Personnel cost variances are favourable against provisional budget due to higher than planned vacancies. Provisional budget for PAYE is phased evenly throughout the year not factoring in payroll timings. 	\$2.3 F	N/A

Cash flow variances resulted from:	Variance \$m	Impact on forecast
<ul style="list-style-type: none"> ○ Operating cash outflows for non-payroll costs are favourable largely as a result of the budget being set well before the year end date. As a result, budgeted Balance Sheet movements are not reflective of actual. Included in variance is: <ul style="list-style-type: none"> - Favourable Elective outsourcing costs, outsourced virtual care costs and outsourced corporate services - \$1.7m, - Favourable infrastructure costs \$0.3m, 	\$5.3 F	N/A
<ul style="list-style-type: none"> ○ GST cash movement is favourable due to timing variances on GST transacted. 	\$1.3 F	N/A
Net cash flow from Investing Activities	\$2.8 F	
<ul style="list-style-type: none"> ○ Interest received is on provisional budget. 	\$0.0 F	N/A
<ul style="list-style-type: none"> ○ Capital spend is slower than planned. 	\$2.8 F	N/A
Net cash flow from Financing Activities	\$0.0 F	
<ul style="list-style-type: none"> ○ Cash flow from financing activities is on provisional budget. 	\$0.0 F	N/A
Opening cash balance variance resulted from:	Variance \$m	Impact on forecast
<ul style="list-style-type: none"> ○ The opening budgeted bank balance is based on the forecast balance at the time of setting the budget which is well before the year end. This results in a difference with the actual opening balance due to variances against forecast in the months leading to year end such as underspend on fixed assets, timing of payroll and accounts payable payments and receipts from debtors and planned loan drawdown not actioned. 	(\$16.9) U	

The cash flow statement budget has been calculated on the same basis as the income statement budget. The main difference to actual cash transactions is that the cash flow budget nets off GST payments to the IRD against GST inputs and outputs.

The statement of cash flow (above) is based on the cash book values derived from the general ledger. The following forecast statement of cash flows is based on bank account balances.

Board Agenda for 27 September 2017 (public) - Finance Monitoring

**WAIKATO DISTRICT HEALTH BOARD - excluding Waikato Health Trust
CASHFLOW FORECAST (GST INCLUSIVE)**

As at	31-Aug-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
OPERATING ACTIVITIES														
Cash was provided from:														
MoH, DHB, Govt Revenue	6,848	4,228	4,448	4,452	4,116	4,340	4,116	4,340	4,116	4,564	4,228	4,594	4,708	
Funder inflow (MoH, IDF, etc)	127,143	126,378	123,052	132,166	131,456	126,776	126,776	130,891	126,211	126,211	130,891	129,532	124,838	
Donations and Bequests	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Income (excluding interest)	3,350	2,415	2,530	2,530	2,400	2,415	2,185	2,415	2,185	2,645	2,300	2,530	2,645	
Rents, ACC, & Sector Services	3,170	3,027	2,608	2,695	2,584	2,592	2,504	2,681	2,514	2,761	2,651	2,733	2,816	
	140,511	136,049	132,638	141,843	140,556	136,123	135,581	140,327	135,026	136,181	140,069	139,389	135,007	
Cash was applied to:														
Personnel Costs (incl PAYE)	(50,533)	(45,868)	(41,974)	(49,832)	(42,064)	(51,243)	(45,808)	(42,094)	(41,974)	(47,452)	(43,944)	(42,992)	(55,947)	
Other Operating Costs	(33,875)	(39,272)	(28,800)	(33,100)	(35,560)	(27,000)	(25,000)	(37,572)	(26,300)	(32,000)	(34,800)	(23,700)	(30,100)	
Funder outflow	(46,691)	(49,426)	(46,037)	(46,138)	(45,160)	(45,812)	(45,160)	(49,426)	(45,385)	(46,400)	(45,486)	(46,610)	(50,590)	
Interest and Finance Costs	(10)	(6)	(11)	(6)	(6)	(21)	(26)	(6)	(6)	(6)	(6)	(6)	(6)	
Capital Charge	0	0	0	0	(18,711)	0	0	0	0	0	(18,711)	0	0	
GST Payments	(7,215)	(7,210)	(7,210)	(7,210)	0	(13,710)	(9,000)	(7,210)	0	(14,420)	(7,210)	(7,210)	(7,210)	
	(138,324)	(141,781)	(124,032)	(136,286)	(141,501)	(137,786)	(124,994)	(136,307)	(113,665)	(140,278)	(150,157)	(120,519)	(143,854)	
OPERATING ACTIVITIES	2,187	(6,733)	8,607	5,557	(945)	(1,663)	10,587	4,019	21,361	(4,097)	(10,088)	18,870	(8,847)	
INVESTING ACTIVITIES														
Cash was provided from:														
Interest Income	104	75	75	75	75	75	75	75	75	75	75	75	75	
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	
	104	75	75	75	75	75	75	75	75	75	75	75	75	
Cash was applied to:														
Purchase of Assets	(2,990)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	
Investment in NZHPL (Finance project)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	(2,990)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	(4,500)	
INVESTING ACTIVITIES	(2,886)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	(4,425)	
FINANCING ACTIVITIES														
Cash was provided from :														
Capital Injection	0	0	0	0	0	0	0	0	0	0	0	0	0	
Transfer from NZHPL	112,171	10,158	0	0	5,370	6,088	0	0	5,948	11,913	0	13,297	0	
MoH loan received	0	0	0	0	0	0	2,600	2,600	2,600	2,600	2,600	0	0	
EECA loan received	0	0	0	0	0	0	0	0	0	0	0	0	0	
	112,171	10,158	0	0	5,370	6,088	2,600	2,600	2,600	8,548	14,513	0	13,297	
Cash was applied to:														
Capital Repayment	0	0	0	0	0	0	0	0	0	0	0	0	0	
Transfer to NZHPL	(111,445)	0	(4,182)	(1,106)	0	0	(8,736)	(2,194)	(19,536)	0	0	(14,445)	0	
MoH loan repaid	0	0	0	0	0	0	0	0	0	0	0	0	0	
EECA loan repaid	(26)	0	0	(26)	0	0	(26)	0	0	(26)	0	0	(26)	
	(111,471)	0	(4,182)	(1,132)	0	0	(8,762)	(2,194)	(19,536)	(26)	0	(14,445)	(26)	
FINANCING ACTIVITIES	700	10,158	(4,182)	(1,132)	5,370	6,088	(6,162)	406	(16,936)	8,522	14,513	(14,445)	13,271	
Opening cash balance	0	0	0	0	0	0	0	0	0	0	0	0	0	
Overall increase/(decrease) in cash	0	0	0	0	0	0	0	0	0	0	0	0	0	
CLOSING CASH BALANCE	0	0	0	0	0	0	0	0	0	0	0	0	0	
Closing Cash Balance represented by:														
General Accounts														
Cheque Account	0	0	0	0	0	0	0	0	0	0	0	0	0	
Funder Account	0	0	0	0	0	0	0	0	0	0	0	0	0	
Investment funds/(loan)														
NZ Health Partnerships Ltd (NZHPL)	9,200	(958)	3,224	4,329	(1,041)	(7,129)	1,607	3,802	23,338	17,390	5,477	19,922	6,624	
Long-term Loans														
Ministry of Health	0	0	0	0	0	0	(2,600)	(5,200)	(7,800)	(10,400)	(13,000)	(13,000)	(13,000)	
EECA Loan	(247)	(247)	(247)	(221)	(221)	(221)	(195)	(195)	(195)	(169)	(169)	(169)	(143)	
	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	8,953	(1,204)	2,977	4,109	(1,261)	(7,349)	(1,188)	(1,593)	15,343	6,821	(7,692)	6,753	(6,519)	
LOANS AVAILABLE														
MoH loans														
Working capital facility (NZHPL)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(66,968)	(66,968)	
	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(65,655)	(66,968)	(66,968)	

BALANCE SHEET

Opinion on Result:

The provisional budget reflected below was based on forecast balances at the time of setting the budget which was well before the year end due to timing of budget processes. As we finalise the operating cost budget which will be tabled at the September Board meeting, we will recast the Cash Flow and Balance Sheet budget accordingly and adjust for corrected opening balances.

Please note that in future years the Cash Flow and Balance Sheet budgets will be recast at the beginning of the financial year to reflect correct opening balances.

Prior Year June 2017 \$'000	Waikato DHB Group Financial Position	As at August 2017		
		Actual \$'000	Prov Budget \$'000	Variance \$'000
81,105	Total current assets	94,607	74,908	19,699 F
(173,993)	Total current liabilities	(189,736)	(160,347)	(29,389) U
(92,889)	Net working capital	(95,129)	(85,439)	(9,690) U
736,618	Term assets	734,839	549,109	185,730 F
(21,053)	Term liabilities	(20,628)	(21,204)	576 F
715,565	Net term assets	714,211	527,905	186,306 F
622,676	Net assets employed	619,082	442,466	176,616 F
622,676	Total Equity	619,082	442,466	176,616 F

Prior Year June 2017 \$'000	Waikato DHB Group Ratios	As at August 2017			
		Actual \$'000	Prov Budget \$'000	Achieved	Trend
64,198	Borrowing facilities available at month end	65,512	65,512	✓	↔
0.0	Debt to Equity ratio	0.0	0.0	✓	↓
0.0	Debt to Debt + Equity	0.3	0.3	✓	↔
0.5	Current ratio	0.5	0.5	✓	↔
76.1%	Equity to total assets	74.6%	70.9%	✓	↑
0.1%	Return on equity	-0.6%	-0.7%	✓	↔

Balance Sheet variance's resulted from:	Variance \$m	Impact on forecast
Net Working Capital:		
<p>Net working capital is favourable against budget mainly due to the following variances:</p> <p>Current Assets:</p> <ul style="list-style-type: none"> - Cash held with New Zealand Health Partnerships Limited is lower than planned by \$5.1m. This is largely as the budgeted opening balance, estimated well before the end of June 2017, differs from actual closing 30 June 2017. - Prepayments are higher than planned by \$8.6m mainly due to the timing of annual IS spend, which includes \$0.4m for e-Space, \$2.1m for Smart Health and \$1.8m funding received from MoH relating to Pay Equity wage increases effective 1 August. Furthermore, the budgeted prepayment balance is based on best estimates at a point in time. - Total accounts receivable and accrued debtors is higher than planned by \$15.1m largely due to the timing of cash received compared to budget assumptions. - Other favourable variances across mainly inventory and 	\$19.7 F	N/A
<p>Current Liabilities:</p> <ul style="list-style-type: none"> - Payroll liabilities are \$6.8m unfavourable to provisional budget as provisional budgeted numbers were understated. - Income in Advance \$1.8m higher than provisional budget mainly due to unbudgeted pay equity settlement funds received. - GST \$2.5m higher than provisional budget partly due to Income in Advance being higher. The remaining balance impacted by the timing of processing of vendor invoices. - Other Current Liabilities are \$18.3m unfavourable which relates largely to unbudgeted 2016/17 year end accruals which are not due for reversal yet - includes Non Exchange Payables \$3.6m. In the current month the accrual for Capital Charge payable is higher by \$1.8m due to the increase in the amount payable. Further variances arise as the budget assumptions varied from actual timing of transactions. 	(\$29.4) U	N/A
Net Fixed Assets:		
<p>Net Fixed Assets are favourable to provisional budget mainly due to the revaluation of assets at the end of the prior year \$176.2m. A further variance of \$14m arose as the budgeted opening balance, set earlier in the year, differed from actual. This offset by lower than planned capital spend \$2.7m and unfavourable YTD depreciation \$1.8m.</p> <p>Please see attached for latest forecast of capital spend for the year for further detail.</p>	\$185.7 F	N/A
Non Current Liabilities:		
Close to provisional budget.	\$0.6 F	N/A
Equity:		
<p>Variance mainly due to :</p> <ul style="list-style-type: none"> - Revaluation of Assets \$176.2m. - Favourable variance in budgeted opening balance against actual of \$1.0m - Unfavourable variance against expected surplus for current year \$0.6m 	\$176.6 F	N/A

CAPITAL EXPENDITURE AT 31 August 2017 (\$000s)

Capital Plan					Cash Flow Forecast				Full Project Forecast	
Activity	Total Prior year Board Approvals (F)	New Approvals FY17/18 (G)	Transfers During 17/18 (H)	Total Board Approved Capital Plans (I) = F+G+H	Prior year expenditure for active Projects (K)	Total Expenditure Forecast FY 17/18 (Actual + Planned) (L) = M+N	Actual Expenditure YTD from 1 Jul-17 to 31 Aug 17	Planned Expenditure 01 Sep 17 - 30 Jun 18	Total Planned Expenditure (Actual + Forecast to Project completion) (R) =K+L+P	Total Planned Expenditure Versus Total Board Approved (S) =I-R
Under \$50K Subtotal		3,000		3,000		3000	310	2,690	3,000	0
Clinical Equipment Subtotal	9,783	14,852	104	24,725	7,918	14,852	1,058	13,794	22,770	1,955
Property & Infrastructure Subtotal	21,463	18,329	-	39,792	16,908	18,329	2,081	16,248	35,237	4,556
Strategic Projects Office Subtotal	85,410	500	0	85,910	124	500	35	465	85,920	(10)
IS Subtotal	27,691	15,941	0	43,632	9,274	15,941	3,589	12,352	25,215	18,417
Corporate Systems Subtotal	7,265	2,434	0	9,699	3,890	1,060	209	851	4,950	4,749
MOH Subtotal	468	-	-	468	429	19	19	-	448	20
Trust Funded Subtotal	982	0	191	1,173	797	191	191	0	989	184
REPORT TOTALS	153,062	55,056	295	208,399	39,341	53,892	7,493	46,399	178,529	29,871

CAPITAL EXPENDITURE AT 31 August 2017 (\$000s)

Capital Plan					Cash Flow Forecast				Full Project Forecast	
Activity	Total Prior year Board Approvals (F)	New Approvals FY17/18 (G)	Transfers During 17/18 (H)	Total Board Approved Capital Plans (I) = F+G+H	Prior year expenditure for active Projects (K)	Total Expenditure Forecast FY 17/18 (Actual + Planned) (L) = M+N	Actual Expenditure YTD from 1 Jul-17 to 31 Aug 17	Planned Expenditure 01 Sep 17 - 30 Jun 18	Total Planned Expenditure (Actual + Forecast to Project completion) (R) =K+L+P	Total Planned Expenditure Versus Total Board Approved (S) =I-R
Under \$50K Subtotal		3,000		3,000		3000	310	2,690	3,000	0
CLINICAL EQUIPMENT										
Heater Cooler units	156	-	-	156	159	-	-	-	159	(3)
Sorin Heater Cooler Units (funded from refund Heater cooler units above)	-	-	-	-	-	150	150	-	150	(150)
Ultrasound Replacement (Endoscope, Operating Table & EMG System)	100	-	-	100	83	17	-	17	100	0
Endoscopy scope replacement	604	-	-	604	604	-	-	-	604	0
Ultrasound scanner replacement	175	-	-	175	158	21	21	-	179	(4)
Washer Decontaminator for Thames Sterile Services	92	-	-	92	92	-	-	-	92	0
Endoscope Camera (Thames)	103	-	-	103	141	18	(18)	-	123	(20)
Gamma Camera (Nuclear Med Imaging Scanner)	1,200	-	-	1,200	880	320	3	317	1,200	0
Haematology Main Analyser (to be approved for hA negotiating for all hospital sites)	715	-	-	715	535	19	19	-	554	161
PCA Pumps (Biomed)	500	-	-	500	421	79	-	79	500	0
Cytogenetics Digital Imaging system	800	-	-	800	28	772	295	477	800	0
Combi Diagnost Fluoroscopy Unit	619	-	-	619	186	433	415	18	619	(0)
Blood Gas Analyser - Critical Care	50	-	-	50	-	60	60	-	60	(10)
Echo Ultrasound Machine Replacement	-	-	-	-	-	-	-	-	0	0
Kay Pentax Stroboscopy System	100	-	-	100	100	-	-	-	100	0
BD MGIT 960 Automated TB Growth Analyser	-	-	-	-	-	-	-	-	0	0
CEP - Pool - 2016/17	200	-	-	200	-	200	-	200	200	0
Vision Hearing Truck (Mobile Ear Clinic)	200	47	-	247	238	-	-	-	238	9
Flow Cytometry Development	-	-	-	90	-	6	6	-	6	84
Oculus Pentacam	-	-	-	-	-	-	-	-	0	0
Older Person and Rehabilitation Ward 5 (OPR5)	-	-	37	-	-	37	37	-	37	(37)
Premature Anne and SimNewB Simulators	-	-	67	-	-	67	67	-	67	(67)
Radiation Therapy CT Scanner Replacement	-	-	725	725	-	725	1	724	725	0
CT Machine Replacement Waikato x3	-	-	3,828	3,828	-	3,828	-	3,828	3,828	0
Medrad Stellant Dual Injectors	-	-	122	122	-	122	-	122	122	0
Linear Accelerator (approved by BRRG Nov-15)	4,000	-	-	4,000	4,222	-	-	-	4,222	(222)
Operating Task Lighting	70	-	-	70	71	-	-	-	71	(1)
ED Short Stay Unit Expansion	99	-	-	99	-	99	2	97	99	(0)
COO Contingency	-	1000	-	1,000	-	1,000	-	1000	1,000	0
Vivid Echo (portable)	-	250	-	250	-	250	-	250	250	0
Cardiac output machines (Critical Care) CCO Swan x2	-	60	-	60	-	60	-	60	60	0
Life pak 20 x3	-	51	-	51	-	51	-	51	51	0
Ventilators (Critical Care)	-	800	-	800	-	800	-	800	800	0
Linear Accelerator (Replacement)	-	4000	-	4,000	-	4,000	-	4000	4,000	0
CT Oncology	-	1200	-1,200	-	-	-	-	0	0	0
CT Thames	-	1500	-875	625	-	625	-	625	625	0
Haemodialysis (Incentre)	-	217	-	217	-	217	-	217	217	0
Home Haemo Dialysis Replacement (only requesting FY16/17 approval)	-	101	-	101	-	101	-	101	101	0
Telemetry	-	200	-	200	-	200	-	200	200	0
AI SYS CARE STATION ANESTHESIA MACHINE	-	380	-	380	-	380	-	380	380	0

Board Agenda for 27 September 2017 (public) - Finance Monitoring

Activity	Total Prior year Board Approvals (F)	New Approvals FY17/18 (G)	Transfers During 17/18 (H)	Total Board Approved Capital Plans (I) F+G+H =	Prior year expenditure for active Projects (K)	Total Expenditure Forecast FY 17/18 (L) (Actual + Planned) = M+N	Actual Expenditure YTD from 1 Jul-17 to 31 Aug 17	Planned Expenditure 01 Sep 17 - 30 Jun 18	Total Planned Expenditure (Actual + Forecast to Project completion) (R) =K+L+P	Total Planned Expenditure Versus Total Board Approved (S) =I-R
Sonosite Ultrasound Unit	-	85		85	-	85	-	85	85	0
Sonosite Ultrasound Unit	-	85		85	-	85	-	85	85	0
OPERATING THEATRE LIGHTS - OT20	-	40		40	-	40	-	40	40	0
OPERATING THEATRE LIGHTS - OT21	-	40		40	-	40	-	40	40	0
OPERATING THEATRE LIGHTS - OT22	-	40		40	-	40	-	40	40	0
OPERATING THEATRE LIGHTS - OT23	-	40		40	-	40	-	40	40	0
OPERATING THEATRE LIGHTS - OT24	-	40		40	-	40	-	40	40	0
OPERATING THEATRE LIGHTS - OT25	-	40		40	-	40	-	40	40	0
Iridex Cyclo G6 Laser	-	54		54	-	54	-	54	54	0
Accurus 800CS multifunction console with imbedded laser	-	150		150	-	150	-	150	150	0
OPMI VISU 200 Microscope (ceiling mounted)	-	350		350	-	350	-	350	350	0
Microscope - Platics	-	300		300	-	300	-	300	300	0
Carcon dioxide Laser	-	70		70	-	70	-	70	70	0
Medtronic NIM-Neuro 3.0 Mainframe	-	60		60	-	60	-	60	60	0
M5 Microsector handpeices and console	-	55		55	-	55	-	55	55	0
LAPAROSCOPIC TOWER WITH WIRELESS SLAVE MONITORS E15750 No:1	-	93		93	-	93	-	93	93	0
LAPAROSCOPIC TOWER WITH WIRELESS SLAVE MONITORS E15750 No:2	-	93		93	-	93	-	93	93	0
LAPAROSCOPIC TOWER WITH WIRELESS SLAVE MONITORS E15750 No:3	-	93		93	-	93	-	93	93	0
LAPAROSCOPIC TOWER WITH WIRELESS SLAVE MONITORS E15750 No:4	-	93		93	-	93	-	93	93	0
LAPAROSCOPIC TOWER WITH WIRELESS SLAVE MONITORS E15750 No:5	-	93		93	-	93	-	93	93	0
MR four section operating table	-	59		59	-	59	-	59	59	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
Eschmann 'MR Operating Table	-	100		100	-	100	-	100	100	0
PACE 203H DUAL CHAMBER PACEMAKER E14608	-	119		119	-	119	-	119	119	0
Endoscopic Tower with two scopes	-	200		200	-	200	-	200	200	0
RADIOMETER ABL 825GL BLOOD GAS ANALYSER E17193	-	83		83	-	83	-	83	83	0
Dynasil navigator 2.0 System	-	60		60	-	60	-	60	60	0
RX500 Electrohydraulic operating table 0E9484	-	52		52	-	52	-	52	52	0
Endoscopes	-	300		300	-	300	-	300	300	0
Datex Monitors X 14	-	140		140	-	140	-	140	140	0
Colposcope	-	44		44	-	44	-	44	44	0
Foetal monitor, CTG	-	100		100	-	100	-	100	100	0
Humidifier	-	36		36	-	36	-	36	36	0
Infusion Pumps (NICU)	-	24		24	-	24	-	24	24	0
Intregated ultrasound system	-	100		100	-	100	-	100	100	0
Scanners, ultrasonic, (WOPD)	-	160		160	-	160	-	160	160	0
Cathlabs	-	1500		1,500	-	1,500	-	1,500	1,500	0
CEP pool	-	200		200	-	200	-	200	200	0
Bed Replacement Programme	-	400		400	-	400	-	400	400	0
Biochemistry ICP-OES to replace A/A	-	500		500	-	500	-	500	500	0
Histology IHC stainer	-	160		160	-	160	-	160	160	0
Histology slide scanner and WSI system	-	400		400	-	400	-	400	400	0
Molecular biology integrated system	-	360		360	-	360	-	360	360	0

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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Rural Laboratories- AQT Analysers (X4)	-	180		180	-	180	-	180	180	0
Rural Laboratories- Biochemistry analysers (X4)	-	720		720	-	720	-	720	720	0
Analyser (TB Microbiology)	-	200		200	-	200	-	200	200	0
Mobile Dental Unit Replacements - level 2	-	600		600	-	600	-	600	600	0
Med-Dispense units	-	100		100	-	100	-	100	100	0
Healthscape	-	150		150	-	150	-	150	150	0
CT Waikato - Flash	-	2600	-2,600	-	-	-	-	0	0	0
Digital Mobile X-Ray	-	600		600	-	600	-	600	600	0
Mobile Image Intensifier - Waikato	-	300		300	-	300	-	300	300	0
Reporting Stations	-	240		240	-	240	-	240	240	0
Trauma Gantry (Radiology ED)	-	350		350	-	350	-	350	350	0
Ultrasound (Theatres)	-	100		100	-	100	-	100	100	0
Vascular & Interventional Unit Replacement	-	1750		1,750	-	1,750	-	1,750	1,750	0
X-ray general (Radiology ED Room 1)	-	350		350	-	350	-	350	350	0
X-ray general (Radiology MCC Room 5)	-	350		350	-	350	-	350	350	0
X-ray mobile (Taumarunui)	-	300		300	-	300	-	300	300	0
X-ray mobile (Te kuiti)	-	300		300	-	300	-	300	300	0
X-ray mobile (Thames)	-	300		300	-	300	-	300	300	0
X-ray mobile (Tokaroa)	-	300		300	-	300	-	300	300	0
Equipment and Supply Washer	-	100		100	-	100	-	100	100	0
Endoscopes (Thames)	-	120		120	-	120	-	120	120	0
Anaesthesia Unit & Ventilators (Thames Theatre)	-	66		66	-	66	-	66	66	0
Endoscope Camera (Thames)	-	103		103	-	103	-	103	103	0
Scopes (Thames Theatre)	-	123		123	-	123	-	123	123	0
Theatre Instruments (Thames Theatre)	-	82		82	-	82	-	82	82	0
Blood gas analysers	-	400		400	-	400	-	400	400	0
Glucose meters	-	275		275	-	275	-	275	275	0
SAVINGS REQUIRED		-13524		-13,524		15,739	-	-15739	15,739	2,215
Clinical Equipment Subtotal	9,783	14,852	104	24,725	7,918	14,852	1,058	13,794	22,770	1,955
PROPERTY & INFRASTRUCTURE - PLANT										
Property and Infrastructure	-									
Infrastructure Replacement Pool (15/16)	600			600	679	23	23	-	702	(102)
Infrastructure Replacement Pool (16/17)	241			241	129	12	12	-	141	100
Infrastructure Replacement Pool (17/18)	-	600		600	-	600	-	600	600	0
MCC - Edge roof protection	30			30	28	2	-	2	30	0
Carpark Lighting - Upgrade	50			50	45	5	-	5	50	0
Hockin Sewer Pumping Stations and Heating Controls	20	45		65	18	47	2	45	65	0
Waikato Distribution Boards	250			250	213	37	-	37	250	0
Lift car upgrades	-	150		150	-	150	-	150	150	0
Lift car upgrades	1,835			1,835	1,845	214	214	-	2,059	(224)
Kempthorne Theatre Plant room Upgrade	250			250	246	4	-	4	250	0
Extension to Current ERM Manifolds for NICU	18			18	-	18	16	2	18	(0)
OPRS - Roof access	-	30		30	-	30	-	30	30	0
Theatre - Air conditioning upgrades	250	150		400	-	400	-	400	400	0
HV System - upgrade- SCADA to BMS	-	160		160	-	160	-	160	160	0
Waikato Switchboards - Menzies,Kemp,Waiora & ERB	-	675		675	-	675	-	675	675	0
ERB window improvements (counter cold & wind)	-	150		150	-	150	-	150	150	0
Lomas Chillers	-	150		150	-	150	-	150	150	0

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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Urology Refurbishment - L8 Mezzies		114		114		114		114	114	0
ERB - Delivery Suite examination light end of life replacement	-	75		75	-	75	-	75	75	0
Tunnel lighting	-	30	-	30	-	30	-	30	30	0
ERB chilled water buffer tank installation	-	120	-	120	-	120	-	120	120	0
ERB Fire panel upgrade	-	200	-	200	-	200	-	200	200	0
Ambulance Bay - Taumarunui	-	30	-	30	-	30	-	30	30	0
ERB Medical Air Compressor	-	120	-	120	-	120	-	120	120	0
Oil Circuit Breaker Replacements	-	350	-	350	-	350	-	350	350	0
Back up of medical gas bank supply to ERB	-	50	-	50	-	50	-	50	50	0
Energy Saving Initiatives	-	50	-	50	-	50	-	50	50	0
Regional Main Switchboards - Thames & Te Kuiti	-	50	-	50	-	50	-	50	50	0
Security										
Avigilon DVR's in all building x9	39	39	-36	42	32	10	-	10	42	0
Pembroke Street Car Park CCTV	87			87	13	74	74		87	0
Develop Web based payment for Multicash	102			102	17	85	48	37	102	0
Change Readers X 125	30		-	30	27	3	-	3	30	0
Gallagher door controllers - upgrade to 6000 model	100			100	90	10	-	10	100	0
CCTV Installations for Hockin	54	-		54	51	11	11	-	62	(8)
Ward - standard install	88			88	-	143	81	62	143	(55)
Swap out 125 readers	-	30		30	-	30	27	3	30	0
Upgrade all Gallagher controller models	-	100		100	-	67	67		67	33
Avigilon NVR's in all buildings	-		36	36	-	36	-	36	36	0
Carpark CCTV	13	50		63	-	63	-	63	63	0
Convert CCTV from analogue to IP	30	15	-	45	-	45	-	45	45	0
Virtual Video controller for Monitoring stations	-	80	-	80	-	80	-	80	80	0
Master key - Waikato buildings (2 x bldgs)	-	35	-	35	-	35	-	35	35	0
FACILITIES & BUSINESS										
Site & Intra Building Site Master Planning Hamilton Campus										
Hilda Ross - Remediation	3,683	550		4,233	1,530	1,099	282	817	2,629	1,604
Concept Design- Oncology/Haematology Facility	201		-	201	105	196	-	196	301	(100)
Electrical Systems Improvement	6,714	-		6,714	5,956	2	2	-	5,958	756
Legacy SCR - Still Required - decanting	520	50	-	570	704	-	-		704	(134)
Seismic Remediation	1,862			1,862	1,591	270	0	270	1,861	1
Waikato Hauora iHub	200	-	-	200	18	182	4	178	200	0
Hockin - Open planning/ Modernisation of Level 3 Executive Wing	95			95	119	-	-	-	119	(24)
Gallagher Building - Med Store & CSES Clinic	-	406		406	-	406	-	406	406	0
Gallagher Building - Racking System	-	362		362	-	362	5	357	362	(0)
Gallagher Building - Convensor System	-	348		348	-	348	124	224	348	0
Gallagher Building - Rolltainers / Bollards / Racking corner - Guards	-	184		184	-	184		184	184	0
SCEP racking - Hospital wide (ex funds from wk0044)	-	400		400	-	400		400	400	0
Office Relocations	405			405	-	405	-	405	405	0
Multi Level carpark 3 or 4 levels - laundry site	-	250		250	-	100	-	100	100	150
Concept Design & Facility Use	-	125		125	-	-	-		0	125
Kitchen; Cafeteria & food Delivery	-	250		250	-	250	-	250	250	0
Haque Road Car Park - Seismic and Beam Support	-	375		375	-	375	-	375	375	0
Boiler House Upgrade	1,833	-		1,833	1,866	-	-	-	1,866	(33)
Major Internal Reconfigurations to Shift Services or Departments										
Hamilton Consolidation of CBD facilities - 9th Floor	894		-	894	894	0	0		894	(0)
Gallagher Drive Development (Community / Rural and Supply Chain)	202	4,036		4,238	137	3,899	985	2,914	4,036	202
Internal Reconfiguration - Room Pressure	210		-	210	240	0	0		240	(30)
Combining Matariki and Princess Street Bases	140			140	141	-	-		141	(1)
Hamilton CBD - Collingwood Street Development - Ground Floor (Clinical)	277	2,263		2,540	174	2,353	103	2,250	2,527	13
Hamilton CBD - Collingwood Street Development - First Floor		2,263		2,263	-	2,250	-	2,250	2,250	13

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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Harti Hauora Hub - MCC L1	-	250		250	-	250	-	250	250	0
Menzies L3 Development	-	450		450	-	450	-	450	450	0
Urology to L8 Menzies	-	180		180	-	180	-	180	180	0
Pain Clinic - L3 Menzies	-	450	-	450	-	100	-	100	100	350
Regional Renal expansion on Campus	-	550		550	-	550	-	550	550	0
ED - Reconfiguration of entry / Front of house	-	400		400	-	-	-	-	0	400
Child Development Unit	-	200		200	-	-	-	-	0	200
	-	-		-	-	-	-	-	0	
Rural Hospital Build/Refurb Projects (Community Villages)	-	-		-	-	-	-	-	0	
Sexual Health Services building - fitout upgrade	-	40		40	-	25	-	25	25	15
Tokoroa - Primary Birthing	140	300		440	-	140	-	140	140	300
	-	-		-	-	-	-	-	0	
Savings required	-	-		-	-	1,006	-	(1,006)	1,006	1,006
Property & Infrastructure Subtotal	21,463	18,329	-	39,792	16,908	18,329	2,081	16,248	35,237	4,556
Strategic Projects Office										
Education; Research and supporting amenities	25,000	-		25,000	18	19	19		25,000	(0)
Mental Health Facility - scoping	77	-		77	106	16	16		122	(45)
Adult Mental Health Project	60,333	500		60,833	-	500	-	500	60,833	0
SAVINGS REQUIRED	-	-		-	-	35	-	(35)	35	35
Strategic Projects Office Subtotal	85,410	500	0	85,910	124	500	35	465	85,920	(10)
INFORMATION SYSTEMS										
PLATFORM										
ISSP - Clinical and corporate Platform SQL Server consolidation	475	-	-	475	185	298	13	285	483	(8)
ISSP - Decommission Galen 15/16	315	-		315	115	200	-	200	315	0
ISSP - Backup Capacity Augment	200	-	-	200	46	-	-	-	46	154
ISSP - Fidge Monitoring	-	500		500	-	500	-	500	500	0
ISSP - Identity and Access Management	-	500		500	-	500	-	500	500	0
ISSP - Contingency (IS)	-	200		200	-	-	-	-	0	200
	-	-		-	-	-	-	-	0	0
STORAGE & REPORTING										
ISSP - Clinical Photography and Image Management	397	-		397	7	390	3	387	397	(0)
ISSP - Data Warehouse Upgrade (Data Warehouse Phase 1)	400	-	-	400	253	147	8	139	400	(0)
ISSP - Data Warehouse Phase 2 15_16 (Data Warehouse Phase 1b)	200	-		200	13	187	2	185	200	0
ISSP - Enterprise Reporting 16-17	250	-		250	5	196	-	196	201	49
ISSP - SharePoint (Doc Management Pilot)	700	-	-	700	250	117	6	111	367	333
ISSP - Enterprise Business Intelligence Tool	350	-		350	92	258	4	254	350	(0)
ISSP - Business Intelligence Data and Reporting 16_17	207	-		207	5	202	1	201	207	(0)
ISSP - San Controller	-	322		322	-	322	-	322	322	0
ISSP - Data Analyst Toolset Implementation (16/17) (Business Intelligence Toolset)	-	350		350	-	350	-	350	350	0
ISSP - Lifecycle: Data Warehouse, Cubes, Master Data and Reporting Workplan	-	400		400	-	400	-	400	400	0
	-	-		-	-	-	-	-	0	0
NETWORK & COMMUNICATIONS										
ISSP - Hylafax replacement	96	-		96	25	70	9	61	95	0
ISSP - Comms Rooms remediation 2015/2016	230	-	-	230	89	141	43	98	230	0
ISSP - Communication Room Remediation Lifecycle	370	300		670	4	666	4	662	670	(0)
ISSP - Network Remediation Work Package 2015/2016	400	-		400	262	138	-	138	400	0
ISSP - Network Remediation Lifecycle Work Plan 16/17	-	350		350	243	107	8	99	350	0
ISSP - Paging System Replacement	350	-	-	350	88	262	8	254	350	(0)
ISSP - Jabber Instant Messaging and Guest	201	-		201	61	140	5	135	201	(0)
ISSP - Unified Communications Lifecycle	62	-		62	21	41	1	40	62	0

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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ISSP - Unified Comms Phase 4	147		-	147	97	5	5	-	102	45
ISSP - WiFi Rollout	500	500	-	1,000	381	619	23	596	1,000	(0)
ISSP - Unified Comms Phase 4 (16/17)	-	200	-	200	-	200	-	200	200	0
ISSP - UPS Lifecycle	-	130	-	130	-	130	-	130	130	0
ISSP - Communication Site Upgrades	-	429	-	429	-	429	-	429	429	0
IAAS										
NIPS - IaaS Implementation	150			150	164	121	121		285	(135)
ISSP - Disaster Recovery Solution 15_16	200		-	200	57	151	9	142	208	(8)
ISSP - Archiving Tool Implementation	-	300		300	-	300	-	300	300	0
ISSP - Archiving Tool Scoping	-	50		50	-	50	-	50	50	0
DEVICES										
ISSP - Mobile office Productivity & Management	392			392	4	388	-	388	392	0
IS Pool - clearing	-	1,234	42	1,276	5	1,271	325	946	1,276	(0)
ISSP - Southern Rural Outpatient Video Units	27			27	25	-	-	-	25	2
ISSP - Desktop environment replacement >\$2k	150	700	-	850	-	850	-	850	850	0
ISSP - Impact	-	350		350	-	350	-	350	350	0
ISSP - Mobile device management	36	90		126	-	126	-	126	126	0
SmarterHealth - (iPhones, iPads, Monitors)	-	1,455		1,455	-	1,455	-	1,455	1,455	0
ISSP - Tablets to enable mobile workforce	58	500	-42	516	-	516	-	516	516	0
ISSP - Touch screens	-	350		350	-	350	-	350	350	0
ISSP - Telehealth- replacement schedule	380	200	-	580	-	-	-	-	0	580
ISSP - Hardware Solution - Medication Room	20		-	20	9	-	-	-	9	11
LICENSING										
ISSP - MS Licensing True-Up	176	300		476	129	347	-	347	476	0
ISSP - Other Licensing True-Up	49	300		349	65	284	-	284	349	0
ISSP - Other True-Up Winscribe	29			29	23	6	-	6	29	0
ENTERPRISE SERVICE BUSINESS / RULES ENGINE										
ISSP - Enterprise Service Bus (ESB)	100			100	5	95	-	95	100	0
ISSP - Web Applications -S_Web_Services Infra_Mess Standards	400			400	-	400	-	400	400	0
ISSP - Web Applications -Forms Development Tools Selection Implementation (eg Nintex)	-	500		500	-	500	-	500	500	0
TOOLS										
ISSP - Desktop upgrade from windows 7 to windows 10	-	500		500	-	500	-	500	500	0
ISSP - Lifecycle integration Tools workplan - Rhapsody etc	160	250		410	-	410	-	410	410	0
ISSP - Mobile device management	90			90	3	87	-	87	90	0
ISSP - Archiving Tool	350		-	350	13	337	0	337	350	(0)
ISSP - PVS Citrix	39		-	39	15	24	-	24	39	0
ISSP - Lifecycle - 1-2 Communication Tools Workplan	100	100	-	200	35	165	9	156	200	0
ISSP - Lifecycle - 1-2 Security Tools Workplan	150	150		300	-	300	-	300	300	0
ISSP - Lifecycle - Desktop Workplan (Outlook, Flexplus, etc)	-	500		500	-	500	-	500	500	0
ISSP - Desktop Work Plan 16/17	299			299	11	288	17	271	299	0
ISSP - Lifecycle - Development tools (Visual studio, Kendo etc)	50	50	-	100	-	100	-	100	100	0
ISSP - Lifecycle - IS Monitoring and Support Tools WorkPlan	-	350		350	-	350	-	350	350	0
ISSP - Lifecycle - Infrastructure Application Workplan 16/17	250	250	-	500	69	431	19	412	500	(0)
ISSP - Lifecycle - IS Cherwell Workplan	-	350		350	-	350	-	350	350	0
ISSP - TQUAL Reporting	50		-	50	37	13	4	9	50	0
ISSP - Rapid Logon	500	200		700	12	688	0	688	700	0
ISSP - Toolsets (IS Toolsets 15/16)	563		-	563	473	90	2	88	563	(0)
ISSP - Toolsets (14/15)	130		-	130	114	16	3	13	130	(0)

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ISSP - SharePoint Work Plan 16-17	450			450	4	446	7	439	450	(0)
ISSP - LIS Reporting Development	200		-	200	141	59	28	31	200	0
SECURITY	-			-	-	-	-	-	0	0
Lifecycle: Security (eg AV)	-	150		150	-	150	-	150	150	0
Perimeter Redesign	87	249		336	-	336	-	336	336	0
Perimeter Remediation Work Plan 16/17	173			173	17	156	2	154	173	(0)
Security Defence in depth	-	250		250	70	180	-	180	250	0
Security Defence in depth	-	150		150	-	150	-	150	150	0
REGIONAL	-			-	-	-	-	-	0	0
HSL - Medicines Reconciliation (phase 1 & 2)	-	365		365	-	365	-	365	365	0
HSL - Regional Netscaler Reconfiguration	34		-	34	-	34	-	34	34	0
HSL - Regional Microsoft Reporting Services	134		-	134	-	134	-	134	134	0
HSL - Commissioning OD 2nd DC	-			-	-	-	-	-	0	0
Federation / Directory Enablement	-	36		36	-	36	-	36	36	0
Move to TAAS	-	120		120	-	120	-	120	120	0
Regional ITSM Enablement	-			-	-	-	-	-	0	0
Regional Med Chart	-	72		72	-	72	-	72	72	0
HSL - PACS Review	-	96		96	-	96	-	96	96	0
HSL - eHealth Scoping	-	96		96	-	96	-	96	96	0
PACS/RIS Switch & Firewall	-	100		100	-	100	-	100	100	0
RISSP - HSL - Enhanced Regional Integration	-	34	-	34	-	34	-	34	34	0
HSL - eSpace Programme	2,500	8,000		10,500	-	10,500	1,967	8,533	10,500	(0)
HSL - Lifecycle Management	-	226		226	-	226	-	226	226	0
RISSP - Risk Management Solution (Regional)	369		-	369	306	-	-	-	306	63
RISSP - Clinical Workstation - Phase II (License)	1,000	500	-	1,500	1,000	500	500	-	1,500	0
ISSP - Netscaler Infrastructure	343			343	276	67	17	50	343	0
CLINICAL SYSTEMS	-			-	-	-	-	-	0	0
eCWB Infrastructure (Vendor \$526, PC Monitor \$200, IS Services \$250)	611	1,420		2,031	-	2,031	-	2,031	2,031	0
Clinical Workstation Core Component Workplan	480			480	234	246	63	183	480	0
HealthViews access to Primary Encounters (GP to Workstations)	300		-	300	288	12	2	10	300	0
Access to Primary Encounters - Indici to Clinical Workstation	-	90		90	-	90	-	90	90	0
Phlebotomy Bedside Labelling Discovery	-	150		150	-	150	14	136	150	0
MCP Historical Data	-	150		150	-	150	-	150	150	0
eMails to Patients	-	30		30	-	30	-	30	30	0
HealthViews - External eReferrals	220		-	220	8	212	-	212	220	0
eTasks	100		-	100	3	97	-	97	100	0
Internal eReferrals	499			499	99	400	-	400	499	0
eOrders	350	200	-	550	3	547	11	536	550	0
eOrders - Additional Funding	-	200		200	-	200	-	200	200	0
eVitals & Nursing Notes	-	500		500	-	500	-	500	500	0
Clinical workstations - Document Tree search	179			179	5	174	0	174	179	(0)
Workflow eData	250		-	250	138	112	12	100	250	0
Workflow eData	1,250	650		1,900	-	1,900	-	1,900	1,900	0
Surgical Services Audit Systems	116			116	42	74	1	73	116	0
Procedure based Booking / Scheduling	250	750	-	1,000	-	1,000	-	1,000	1,000	0
ipm upgrade to V10 - after 16/17 refer to lifecycle capital plan items	430	20		450	215	235	31	204	450	0
iPM - Replacement Scoping	-	100		100	-	100	-	100	100	0
Implementation / Upgrades as required for EMRAM level 5 (on seeking approval for FY17/18)	-	700		700	-	700	-	700	700	0
Lab Analysers	100	150	-50	200	-	200	-	200	200	0

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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Histology Digital Imaging Discovery			50	50	-	1	1	-	1	49
Laboratory Information Print solution	80	80	-	160	-	80	-	80	80	80
Laboratory Information LIS June-2016 GA Upgrade	200	200	-	400	-	200	-	200	200	200
ISSP - LIS Drop 8	150			150	1	149	-	149	150	0
Lifecycle - cat 1 Clinical Apps Workplan e.g. Dendrite, Med Dispense	100	150		250	-	250	-	250	250	0
Life cycle - cat 1-2 Medical Records Workplan (eg Kofax)	150	150	-	300	-	300	-	300	300	0
Life cycle - cat 1-5 In house Apps Workplan(eg Whitboards)	-	350		350	-	350	-	350	350	0
Cat1-5 In-House Developed Applications Work Plan	350			350	128	222	37	185	350	0
Life cycle - cat 2 Clinical Apps Workplan(eg NHI Gateway)	-	150		150	-	150	-	150	150	0
Cat 2 Off-the-shelf Applications Work Plan	150			150	22	128	13	115	150	(0)
Life cycle - cat 3 -5 Off shelf Apps Workplan(eg PaceArt)	350	350	-	700	97	603	21	582	700	0
Life cycle - CWS / Healthviews Workplan	-	500		500	-	346	-	346	346	154
Clinical Workflow Integration Work Plan	430			430	52	378	50	328	430	(0)
Life cycle - iPM Workplan	-			-	-	-	-	-	0	0
Maternity (CleverMed)	760		-	760	12	740	-	740	752	8
NCAMP 3M, MKR	250			250	172	78	-	78	250	0
NCAMP 2017	-	250		250	23	227	11	216	250	0
Oral Health system	950		-	950	786	164	46	118	950	0
Oral Health system Phase 2	-	100		100	-	100	-	100	100	0
Order Entry	-	500		500	-	500	-	500	500	0
Radiology - PACS/RIS Upgrade 16/17	-	400		400	-	400	-	400	400	0
RIS Release 5	150			150	-	150	-	150	150	0
PACS Release 5	200			200	5	195	1	194	200	0
RIS Upgrade (Project split) (PACS Upgrade 15)	223		-	223	171	52	0	52	223	0
RIS Upgrade 2016	124		-	124	34	90	16	74	124	0
PACS Network Connectivity	-			-	-	39	39	-	39	(39)
Renal Electronic System	-	450		450	-	450	-	450	450	0
Rheumatology - replace access database	-	100		100	-	100	-	100	100	0
Sexual health (SHIP to Med Tech Migration)	-	350		350	-	350	-	350	350	0
Sexual Health Electronic Lab orders	-	150		150	-	150	-	150	150	0
Speech Recognition	100	500		600	3	597	7	590	600	0
SmartHealth - (deployment / technical integration)	-	1,260		1,260	-	1,260	-	1,260	1,260	0
Database Replacements	300		-	300	28	272	2	270	300	0
Software Upgrades (Apps Lifecycle 15/16)	250		-	250	228	22	15	7	250	0
HealthViews - e2e Clinical Documents	350		-	350	485	5	5	-	490	(140)
Clinical Workstation Metadata Scoping	50			50	9	41	1	40	50	0
Provation Host Tairawhiti	27		-	27	-	27	10	17	27	0
Other Projects	-			-	-	-	-	-	0	
ISSP - Hockin Conversion	21		-	21	16	5	-	5	21	0
ISSP - Printer Architecture Upgrade	130		-	130	28	102	5	97	130	0
ISSP - Baseline - Infrastructure Lifecycle Management	465		-	465	458	7	-	7	465	0
ISSP - Windows 10 COE (Part deduction see below for balance of deduction)	45		-	45	45	-	-	-	45	0
ISSP - Cobas IT 1000	120		-	120	3	117	-	117	120	0
ISSP - Spark Consultancy Services	43			43	14	-	-	-	14	29
>\$20K ISSP - Resourse Management	-			-	95	-	-	-	95	(95)
				-	-	-	-	-	0	0
				-	-	-	-	-	0	0
SAVINGS REQUIRED		-18,813		-18,813		35,695	-	(35,695)	35,695	16,882

Board Agenda for 27 September 2017 (public) - Finance Monitoring

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IS Subtotal	27,691	15,941	0	43,632	9,274	15,941	3,589	12,352	25,215	18,417
CORPORATE SYSTEMS & PROCESSES										
eTK Replacement	-	250	-	250	-	250	-	250	250	0
Lifecycle HRIS / Peoplesoft Workplan	-	450	-	450	-	450	-	450	450	0
HRIS PeopleSoft WorkPlan AWE Calculation Pay Rules	150	-	-	150	2	148	143	5	150	(0)
HRIS Lifecycle Upgrade 15_16	400	-	-	400	51	349	0	349	400	(0)
Lifecycle - Sharepoint Workplan (e.g. replace fileshares, online sharepoint)	-	250	-	250	-	250	-	250	250	0
Attendants System - enhancements or replacement	100	30	-	130	-	130	-	130	130	0
Catalyst Initiatives	426	1,000	-	1,426	-	1,426	-	1,426	1,426	0
Positive NPV Projects	1,000	1,000	-	2,000	-	2,000	-	2,000	2,000	0
Nutrition and food software	-	500	-	500	-	500	-	500	500	0
Costpro Upgrade	400	-	-	400	239	161	-	161	400	0
HRIS Remediation of current issues	-	150	-	150	-	150	-	150	150	0
HRIS Self Service implementation - payroll improvement	1,600	-	-	1,600	1,608	-	-	-	1,608	(8)
National Oracle Solution / Elevate	2,314	1,186	-	3,500	1,806	1,694	63	1,631	3,500	0
Oracle - Mop ups and Budgeting solution	500	-	-	500	-	500	-	500	500	0
Service & Capacity Planning Tool	98	-	-	98	-	98	-	98	98	0
BPAC eReferral Phase 2	247	-	-	247	-	247	-	247	247	0
Taleo - Transition module	30	-	-	30	24	6	-	6	30	0
Audio Visual Equipment	-	-	-	-	160	3	3	-	163	(163)
	-	-	-	-	-	-	-	-	0	0
SAVINGS REQUIRED		-2,382		-2,382		7,302		(7,302)	7,302	4,920
Corporate Systems Subtotal	7,265	2,434	0	9,699	3,890	1,060	209	851	4,950	4,749
National Patient Flow-Phase 2	177	-	-	177	177	-	-	-	177	0
National Patient Flow Phase 3	249	-	-	249	210	19	19	-	229	20
Telestroke Pilot	42	-	-	42	42	-	-	-	42	0
MOH Subtotal	468	-	-	468	429	19	19	-	448	20
15/16 Trust Account	476	-	-	476	476	-	-	-	476	0
16/17 Trust Account	297	-	191	488	112	191	191	-	303	185
15/16 Other Donated Assets	89	-	-	89	89	-	-	-	89	0
16/17 Other Donated Assets	120	-	-	120	120	-	-	-	120	(0)
Trust Funded Subtotal	982	0	191	1,173	797	191	191	0	989	184
REPORT TOTALS	153,062	55,056	295	208,399	39,341	53,892	7,493	46,399	178,529	29,871



Presentations

No presentations this month.



Papers for Information

MEMORANDUM TO THE BOARD 27 SEPTEMBER 2017

AGENDA ITEM 9.1

PREVOCATIONAL MEDICAL TRAINING ACCREDITATION

Purpose	For information.
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Background

Prevocational medical training spans the two years following graduation from medical school and includes both post graduate year one (PGY1) and postgraduate year two (PGY2). Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX, the registration exam for international medical graduates.

The Medical Council of New Zealand (MCNZ) conducted a review of Waikato DHB prevocational medical training on 1 and 2 August 2017. The review assessed the training provider (the DHB) against 22 sets of standards.

A draft report was received on 22 August 2017.

The DHB has provided comment on the factual accuracy of the draft report; this will be considered by MCNZ before a final decision is made. A final report is expected by the end of September 2017.

The report will be published 30 days after the DHB receives the final report.

Indication of outcomes

The draft report from MCNZ included very positive feedback on the leadership provided by the Director of Clinical Training, the quality of supervision and support by the prevocational education supervisors and the performance of the Clinical Education and Training Unit (CETU) as a whole. The DHB was also commended for its excellent progress with the development of community based training attachments.

However, the draft report indicates that the DHB has not met four of 22 sets of standards. The standards not met relate to:

- Training programme governance
- Medical workload issues
- Clinical task management
- Intern welfare
- Education resources.

The report has specified 12 required actions and one recommendation.

It is likely, although not yet confirmed, that the DHB will have six months within which to meet all standards, or at the very least, demonstrate significant progress on meeting the standards.

Action to date

We are addressing the required actions as a matter of urgency, and the following steps have already been taken:

- An executive has been appointed to lead this work
- A steering group has been convened to provide direction and oversight. The group met for the first time on 7 September 2017 and will meet fortnightly for the first few months
- We have approved the addition of two prevocational education supervisors which will bring us to the required level. These positions were advertised on 8 September 2017, and are expected to be appointed by November
- We have increased the FTE of the Medical Education Officer in the Clinical Education and Training unit from 0.5FTE to 1.0FTE.

Next Steps

A plan to address the required actions detailed in the draft report has been developed and will be presented to the steering group for input on 21 September 2017.

The plan will not be finalised until the DHB receives the final report. However, actions are already underway to address the required actions we expect to be in the final report.

Recommendation

THAT

The Board notes the content of the report.

**TANYA MALONEY
COMMISSIONER, WOMEN'S HEALTH TRANSFORMATION**

Next Board Meeting: 25 October 2017.