DISTRIBUTION

Board Members (1 copy each)

- Mr B Simcock (Chair)
- Ms S Webb (Deputy Chair)
- Ms S Christie
- Ms C Beavis
- Mr M Gallagher
- Mrs MA Gill
- Ms T Hodges
- Mr D Macpherson
- Mrs P Mahood
- Ms S Mariu
- Dr C Wade

Executive Management Team

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

Contact Details:
Telephone 07-834 3622
Facsimile 07-839 8680
www.waikatodhb.health.nz

Next Meeting Date: 27 September 2017

Waikato District Health Board

WAIKATO DISTRICT HEALTH BOARD

Agenda

Board

Date: **23 August 2017**

Time: **2.30pm**

Place: **Level 1**
Hockin Building
Waikato Hospital
Pembroke Street
HAMILTON

Waikato District Health Board

Meeting of the Waikato District Health Board

to be held on Wednesday 23 August 2017
commencing at 2.30pm at Waikato Hospital

AGENDA

Note: Board members only session will be held at 1pm
Board members/Chief Executive session will be held at 1.30pm

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: 26 July 2017
- 3.2 Committees Minutes:
  - 3.2.1 Performance Monitoring Committee: 9 August 2017
  - 3.2.2 Health Strategy Committee: 9 August 2017
  - 3.2.3 Maori Strategic Committee: 19 July 2017
  - 3.2.4 Maori Strategic Committee: 16 August 2017
  - 3.2.5 Audit and Corporate Risk Management Committee Work Plan: 23 August 2017

4. **CHIEF EXECUTIVE REPORT**

5. **QUALITY AND SAFETY REPORT**
No report this month

6. **DECISION REPORTS**
- 6.1 Smoking in Henry Rongomau Bennett Centre
- 6.2 Media and Communications Policy

7. **FINANCE MONITORING**
- 7.1 Finance Report

8. **PRESENTATION**
No presentation this month

9. **PAPERS FOR INFORMATION**
- 9.1 Mental Health Pay Equity and Pricing
- 9.2 Provider Arm Performance Monitoring – Red Flags

10. **NEXT MEETING:** 27 September 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 – verbal update to be received: Wednesday 23 August 2017 (All items)**
- **(iii) Audit and Corporate Risk Management Committee – verbal update to be received: Wednesday 23 August 2017 (All items)**
- **(iv) Midland Regional Governance Group – to be received: Friday 7 July 2017**
- **(v) Midland Regional Governance Group – to be received: Friday 4 August 2017**

Item 12: Chief Executive's 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: Health Facility Opportunity, Te Rapa	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)(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: 26 July 2017
To be confirmed: Items taken with the public excluded

11.2 Sustainability Advisory Committee: 23 August 2017
Verbal update: All items

11.3 Audit and Corporate Risk Management Committee: 23 August 2017
Verbal update: All items

11.4 Midland Regional Governance Group: 7 July 2017
To be received: All items

11.5 Midland Regional Governance Group: 4 August 2017
To be received: All item

12. CHIEF EXECUTIVE'S 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.

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

Interests

SCHEDULE OF INTERESTS AS UPDATED BY BOARD MEMBERS TO AUGUST 2017

Bob Simcock

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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.

Mary Anne Gill

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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.

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** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
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** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
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.

Clyde Wade

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
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 26 July 2017 commencing at 10.50am at Tokoroa Hospital

Present:
Mr B Simcock (Chair)
Mrs S Webb
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

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 C Cardwell (Executive Director, Facilities and Business)
Mr D Wright (Executive Director, Mental Health and Addictions Service)
Mr A McCurdie (Chief Financial Officer)
Mr I Wolstencroft (Executive Director, Strategic Projects)
Mr M ter Beek (Executive Director, Operations and Performance)
Ms M Neville (Director, Quality and Patient Safety)
Mr H Curtis (Pouherenga, Te Puna Oranga)

ITEM 1: APOLOGIES FOR ABSENCE

Resolved
THAT
The apology from Mr M Gallagher 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: 28 June 2017

Resolved
THAT
The part of the minutes of a meeting of the Waikato District Health Board held on 28 June 2017 taken with the public present were confirmed as a true and accurate record.

3.2 Committee Meeting Minutes

3.2.1 Iwi Maori Council: 6 July 2017

Resolved
THAT
The Board noted the minutes of this meeting.

3.2.2 Maori Strategic Committee: 21 June 2017

Resolved
THAT
Board adopted the minutes of this meeting.

3.2.3 Maori Strategic Committee: 19 July 2017

Resolved
THAT
The Board received the verbal report.

ITEM 4: CHIEF EXECUTIVE REPORT

The report was taken as read. Of note:

Format of the Board Agenda – Quality and Safety

- Agreed that this heading remains on the Board agenda with reports covering quality and safety only submitted when there is a particular need to do so.
- Noted that quality and safety is regularly reported to the Board of Clinical Governance and Performance Monitoring Committee.
- The new agenda format will be reviewed in six months as it may change as Board meetings become more strategic.

Budget for 2017/18

- Management met with Ministry of Health officials last week for a detailed discussion on the DHB's 2017/18 budget. The Ministry's message was clear in that a break even budget is required.
- The Board discussed this matter at their Board only session and requested a workshop be held as soon as possible to help members fully understand this year's budgeting process.

Electives funding/Recent News Article

- Management advised that Waikato DHB has been counting Avastin treatment of eye disease and macular degeneration as an elective procedure but will move towards what is occurring more commonly throughout New Zealand to ensure consistency with this health target.

Theatre Performance

- Theatre Performance is a key issue facing Waikato DHB. Management is exploring whether external assistance with regard to project and systems management could assist in this area.

SmartHealth

- Feedback has been received that members of the public are encountering issues with connectivity and accessing SmartHealth. Management advised that HelpDesk is available for technical questions via SPARK, an email address has been set up and technical help is also available through Waikato DHB's website.
- SmartHealth will be rolled out to various teams within the DHB's Mental Health service and it is being used in the Child & Youth service.
- The work in Renal services has provided the foundation for rolling out SmartHealth to outpatient services.

Memorandum of Understanding and Terms of Reference

- The official signing of the Memorandum of Understanding and Terms of Reference between Waikato DHB and Iwi will take place on 27 September 2017 at 11am.

Lakes DHB Incident

- Board members congratulated Waikato DHB staff for their support and assistance to Lakes DHB who lost computer and communication ability as the result of a fire in its server room. Management assured the Board that Waikato's vulnerability was relatively low in terms of losing its entire computer/communication system given a number of its server rooms were outsourced.

Blood Products

- The DHB's Blood Management team has led the way in introducing a number of improvements for ordering storing and using blood and blood products.

Resolved
THAT
The Board:

1) Received the report.
2) Acknowledged the work undertaken by the DHB's Renal service with regard to implementing SmartHealth.
3) Acknowledged the work by DHB staff to reduce wastage of blood products.

ITEM 5: QUALITY AND SAFETY REPORT

There was no report this month.

ITEM 6: DECISION REPORTS

6.1 Waikato DHB Fraud Policy

Waikato DHB's Fraud Policy was submitted for the Board's consideration and approval. This policy had been reviewed and approved at the May 2017 Audit and Corporate Risk Management Committee meeting. Waikato DHB has a zero tolerance policy with regard to fraud and this is an area the DHB can never not be vigilant in.

Management were requested to include a definition of serious fraud (in terms of impeding patient or staff safety) into the policy.

Resolved
THAT
The Board approved the Waikato DHB's Fraud Policy.

ITEM 7: FINANCE MONITORING

7.1 Finance Report

The Chief Financial Officer asked that his report for the month of June 2017 be taken as read highlighting the following:

- Waikato Health Trust has now been consolidated into the Waikato DHB Group accounts. This is a financial/legislative exercise and does not affect the operation of the Trust.
- That the treatment of SmartHealth outsourced services being charged to Infrastructure and non-clinical supplies was due to an accounting error in the past.
- That discussion on the DHB's cashflow position, working capital facility and borrowings be deferred to the Budget workshop.

Resolved
THAT
The financial statements of the Waikato DHB for the month to June 2017 were received.

7.2 Year End Matters

An overview of year end matters was submitted for the Board's consideration and information.

The Chief Financial Officer noted:

- The provisional consolidated year end result for 2016/17 is a $50k surplus.
- There are a number of results still to be finalised which could affect the year end result such as the Pharmac rebate, elective services revenue and inter district flow wash ups.
- The Annual Report will be presented to the September Board meeting. Due to other priorities, the format for the previous

report will be used. Management will work with Ms C Beavis on the presentation of the graphs in the document.
- A revaluation exercise of the DHB's land and buildings assets had been undertaken resulting in an increase in the value of land and buildings by $176m. This result will be reflected in the DHB's annual accounts.

THAT
The Board:
1) Received the report.
2) Nominated Bob Simcock, Sally Webb, Nigel Murray and Andrew McCurdie to sign the finance letters of representation in relation to the CFIS template and annual report.
3) Nominated Bob Simcock and Sally Webb to sign the annual report.

ITEM 8: PRESENTATIONS

There were no presentations this month.

ITEM 9: PAPERS FOR INFORMATION

9.1 Health Targets

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

A discussion on the significant growth in ED took place including programmes in place to confront this challenge including acute patient flow initiatives, the launch of SAFER package of care, additional resources in ED, opening Ward OPR5 and additional beds in Ward 14. There is also activity underway or planned to improve acute theatre flow.

Of note:

- Waikato DHB is not over delivering in electives but is using the funding available to deliver as much elective services for the Waikato population as it can, which includes outsourcing.
- St John (Waikato) has had the highest levels of call outs in the country.
- A number of patients not registered with a PHO are being referred to Waikato Hospital's ED service.
- Waikato Hospital's ED service is continually offering members of the public information on SmartHealth and encouraging them to sign up.
- Primary care is experiencing greater demand for service than they can manage and are redirecting their workload to Waikato Hospital's ED.
- Reconfiguring ED to manage demand is the DHB's main response but more preventative work needs to occur in primary care.

- Conversations are being held with Anglesea Clinic and other primary care providers on their capacity to offer 24/7 service.
- A workshop has been arranged on 24 August to discuss overall capacity across the sector and to develop sustainable services and strategy going forward.
- Within the PHO agreement there is a contractual requirement to provide 24/7 primary care services. Waikato DHB has supplemented this service via funding with Anglesea Clinic and needs to reconsider if this is the best option for its population.

Resolved
THAT
The Board received the report.

9.2 Provider Arm Key Performance Dashboard

The Provider Arm Key Performance Dashboard was presented to the Board for their information.

Of note:

- Discussion will occur at the next Mental Health national meeting on the lack of clinical beds for people with intellectual disabilities and the need for a national service.
- All mental health patients have treatment plans on discharge but in some instances these are not formalised. Work is underway to ensure the information in the clinical workstation has the full electronic patient record (discharge plan, recovery plan, goals, priorities) and that primary care/NGOs can access this.
- A peer review to look at Waikato DHB's performance around seclusion is being arranged.
- A report on unacknowledged results (which sits within quality and patient safety measures) will be presented to the next Board of Clinical Governance meeting.

Resolved
THAT
The Board received the report

9.3 Strategy and Funding Key Performance Dashboard

The Strategy and Funding Key Performance Dashboard was submitted for the Board's information.

Resolved
THAT
The Board received the report.

9.4 Mental Health and Addictions Service S99 Inspection Action Plan Update

An update on actions arising from S99 Mental Health (CAT) Act Inspection (2015) was submitted for the Board's information.

Of note:

- Positive risk training continues, particularly aimed at new DHB staff.
- Union discussions continue with regard to rostering practices and the implementation of right size roster models for inpatient services.
- There is no pre-ordained answer with regard to the new Mental Health build. A report giving an update on progress and options appraisal will be submitted to the Health Strategy Committee for input and consideration.

Resolved
THAT
The Board received the report.

ITEM 10: NEXT MEETING

Date of Next Meeting

The next meeting to be held on Wednesday 23 August 2017 commencing at 2.30pm at Waikato Hospital.

ITEM 11: GENERAL BUSINESS

Official Information Act Requests

All OIA requests and responses will be made available to the public once the DHB's website had been upgraded (within another three months or so). In the meantime, the Executive Director for Public and Organisational Affairs will circulate to Board members, OIA requests from the media and those likely to feature in newspapers.

BOARD MINUTES OF 26 JULY 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 12: Minutes - Various
- **(i) Waikato District Health Board for confirmation: Wednesday 28 June 2017 (Items taken with the public excluded)**
- **(ii) Sustainability Advisory Committee – Wednesday 28 June 2017 To be adopted (All Items)**

Item 13: Risk Register – Public Excluded
Item 14: Chief Executive Report – Public Excluded
Item 15: CBD Accommodation Projects – 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 12 (i-ii): Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded
Item 13: Risk Register	Avoid inhibiting staff advice about organisational risks
Item 14: Chief Executive Report – Anglesea Clinic	Negotiations will be required
Item 15: CBD accommodation request for additional capital	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 12:	**As shown on resolution to exclude the public in minutes.**
Item 13:	**Section 9(2)(c) of the Official Information Act 1982 – to avoid prejudice to measures protecting the health or safety of members of the public.**
Item 14-15	**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
1	Agenda Item 6.2 – PP25 – Provide a report	Julie Wilson	October meeting
2	July 2017 Board meeting – Action item 4.1 Workshop on 2017/18 Budget	Maureen Chrystall	ASAP
3	July 2017 Board meeting – Action item 13 Governance Assurance Framework and discussion on key Board level risks	Mo Neville	September meeting
4	July 2017 Board meeting – Action item 15 Options on security standards to apply to public areas in the CBD accommodation	Chris Cardwell	October meeting
5	July 2017 Board meeting – Action item 15 Process to identify names for the CBD building	Lydia Aydon	October meeting

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Performance Monitoring Committee Meeting held on Wednesday 9 August 2017 commencing at 8:30am

Present:
Ms S Christie (Chair)
Ms C Beavis (Deputy Chair)
Mr M Gallagher
Mrs MA Gill
Dr K McClintock
Mr D Macpherson
Ms A Morrison

In Attendance:
Mr B Paradine (Executive Director Waikato Hospital Services)
Mr M Spittal (Executive Director Community & Clinical Services)
Mr D Wright (Executive Director Mental Health & Addictions Service
Ms B Garbutt (Director Older Persons Rehabilitation and Allied)
Mr A Gordon (Director Medicine, Oncology, Emergency and Ambulatory Services)
Ms C Nolan (Director, Surgery, CCTVS, Care & Theatre)
Ms M Sutherland (Director Women's and Children)
Ms M Neville (Director Quality and Patient Safety)
Mr G King (Director, Information Services)
Mr C Cardwell (Executive Director Facilities and Business)
Ms J Wilson (Executive Director Strategy and Funding)
Mr A McCurdie (Chief Financial Officer)
Ms S Hayward (Chief Nurse and Midwifery Officer)
Mr L Wilson (Manager, Allied Health)
Mr N Hablous (Chief of Staff)
Mr C Wade (Chair Health Strategy Committee)

IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE FOR RECOMMENDATION TO THE BOARD

ITEM 1: APOLOGIES

Apologies were received for Mr B Simcock, Dr A Rolleston and Ms S Webb.

Committee would like to acknowledge the services of Barbara Stewart MP, Sue Moroney MP and Catherine Delahunty MP for their services and requested that a letter be sent to them from the Board. The Board have formally thanked Dr Paul Malpass for his contribution.

ITEM 2: INTERESTS

2.1 Changes to Register
No changes noted

2.2 Conflicts Related to Any Item on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES AND MATTERS ARISING

3.1 Performance Monitoring Committee Meeting: 14 June 2017

Resolved
THAT
The minutes of a meeting of the Performance Monitoring Committee held on 14 June 2017 are confirmed as a true and correct record.

3.2 Bay of Plenty DHB – Hospital Advisory Committee: 5 April 2017
Minutes were noted.

3.3 Lakes DHB – Hospital Advisory Committee: 26 June 2017
Minutes were noted.

ITEM 4: SYSTEM LEVEL MEASURES

4.1 System Level Measures Report
Mrs J Wilson presented this agenda item.

System Level Measures was introduced in 2016/17. The process for the 2017/18 has differed and a key change is that there will be an increased focus on local discussions rather than a regional approach.

The data provided is noted to be in draft, due to a number of figures unavailable. This is due to it been an initial period and data definitions are still under development.

Areas highlighted included:

Acute Bed Days
Committee members highlighted that it would be beneficial to have further data provided on the Māori population and this will be brought to the October meeting. The Committee also noted that they would like quarterly reviews on these figures and further areas of importance.

Amenable Mortality
Committee members enquired if there was a way to have more recent data available

Resolved
THAT
The Committee received the report.

4.2 Strategy and Funding Dashboard

Mrs J Wilson presented this agenda item.

Areas highlighted included:

20 day wait time for initial assessment and reassessment

There has been significant improvement in this area over the last 2 years. The Committee questioned at what point we would look to decrease the 20 day level, noted that this is a Ministry defined measure, however this may be changed in the future.

The Committee has requested that the data on the different triage levels is provided at the next Committee Meeting.

Emergency Department Presentations – Un-enrolled

Currently there is an on-going focus on getting the public enrolled. Data is currently limited and not available for all age groups, however Strategy and Funding will work with the Emergency Department on how to access stronger data.

Committee Members have requested some further information to be provided as to why people are un-enrolled.

Ambulatory Sensitive Hospitalisations

Committee members requested more information on this topic and will be brought to the next scheduled meeting.

Smoking Cessation

Preliminary update provided prior to a presentation on smoking cessation programme in Midland Health Network to be held at the next committee meeting.

A question was raised on the issue of Vaping. The Executive Director, Community & Clinical Support stated that there is currently work underway to form a view on this.

Resolved
THAT
The Committee received the report.

ITEM 5: OPERATIONS AND PERFORMANCE

5.1 Operations and Performance Report

Mr M ter Beek presented this agenda item.

Areas highlighted included:

- Waikato Hospital had a high number of presentations in the ED department, which resulted in the ED target not been met.
- July figures were not available in time for the committee papers, however it was noted that these were consistent on the current June demand. Noting the flu season has peaked and should see a decline in the current months. It was agreed that verbal information from most recent reporting periods will be

brought to future meetings verbally if not available in time for meeting agendas.

- A coordinated incident management response was put in place due to high bed occupancy on the 21 June. Interventions were put in place to address the bed shortage in Internal Medicine during the day helped to address the issue without significant disruption.
- Nursing staff deficit shift by shift has been increasingly difficult to manage. This is due to high staff sick leave in July. Work is underway on looking at how we can plan ahead during the winter months and look to increase flexible staff.
- A new Project Manager for the Business Intelligence work is now on-board and work is gaining momentum.
- The iMPACT business case is now fully approved by the Ministry and project work for the project has now commenced.

Resolved
THAT
The Committee received the report.

5.2 Assignment and Workload Manager (AWM) Acuity Tool

Ms D Nelson presented this agenda item.

Assignment and Workload Manager is an intranet accessed patient acuity tool that forms part of the Care Capacity Demand Management Programme. The programme is used both operationally (capture the amount of nursing resource required and the skill mix required to provide care required to patients based on patient acuity), it can also be used in the budgeting process.

Currently all wards in Waikato Hospital have been implemented, apart from a few specialist wards. There is a plan for specialist units and rural hospitals going forward.

Work continues with the vendor and the next step in AWM is to incorporate a predictor of acuity of demand within the bed planning tool (CapPlan).

Successful visit to Counties Manukau DHB and on track to getting the tool validated and signed-off. The governance group for the national Care Capacity and Demand programme will visit Waikato DHB to see our progress, likely in September.

Resolved
THAT
The Committee received the report.

ITEM 6: SERVICES

6.1 Community and Clinical Support

Mr M Spittal presented this agenda item

The high-level service priorities for the 2017/18 financial year were presented to the Committee. Progress against these priorities will be reported throughout the year ahead.

Key Pressures

- Radiology – current staffing issues in CT/General Radiology
- Emergency demand in Tokoroa and Thames. Significant Increases in patient presentations year on year in both EDs. Noting that as drop in General Practice facilities in Thames has added to this, not just the standard winter demand.
- Emergency staffing in Tokoroa due to the increase in patient presentations.
- Lack of reliable and timely acute retrieval service is an important priority
- Noted that work is underway to address each of these concerns.

Key focuses for Services:

- District Pharmacy Service – Implementation of the Medication Safety Programme (MSP) across the provider arm
- District Laboratory Service – Planning and design of the business model underpinning the Waiora Facility development planned for 2018/19. This is crucial to the department and will have an impact on other areas.
- Community and Rural Health Services – Implementation of the single point of entry model in Taumarunui. And the implementation of the Southern Rural Maternity model of care.

Discussion was had on the work of the Community and Public Health teams with the Solomon Island community. Work is underway with the community and the outcomes/measurements to be given to the board/committee to show the learnings of the project. Noted that when appropriate the department will update the Board.

Resolved
THAT
The report be received.

6.2 Mental Health & Addictions

Mr D Wright presented this agenda item

Areas highlighted included:

- The current trend has continued with a busy month in June and July.
- Community vacancies have mostly been recruited too, however vacancies still exist in the in-patient areas. Currently looking at recruitment strategies.

Creating our Futures: Making it Happen

- Work stream development is complete, as is the model of care.
- Programme Business Case – there has been a lot of activity around the business case. Focus is on the development of a new Model of Care that will inform what it is the service delivers. Final submission is set to be presented to cabinet December 2017.
- Update to be given at the October Committee Meeting providing further information and feedback.

Acute Care Pathway

- There is currently a review taking place on how the service deliver acute care services.
- A group visited Counties Manukau DHB to understand their current model of care and intake the they have implemented over the past three years.
- Next step is for a workshop between MH&AS, ED and the Police to map out the preferred options.

Integrated Safety Response (ISR)

- Hamilton is currently involved in the Pilot of this initiative. The other area is Christchurch.
- Information is currently being shared between the two pilot sites.
- This is centrally controlled by Ministry of Health. Noted that Waikato has good relationships with the agencies involved.

Methamphetamine Strategy

- A current plan in being developed to put a bid in for a range of service initiatives under the Proceeds of Crime funding.
- Noted there is a continued increase in the use of drugs in the community.

Substance Addiction (Compulsory Assessment and Treatment) legislation (SACAT)

- A workshop is occurring in Hamilton in August to look at the planning implementation for the new legislation which will go live in February 2018.
- This is something new for NZ so numbers are currently unknown and is still a work in progress.

Discussion took place on what the impact on the service would be due to the Corrections Department forecasted increase in Waikeria Prison muster. It was noted that the main issue will be around the remand prisoners, flow of prisoners and the pressure on the health system due to increase in population in the area. Currently there is minor involvement at a DHB level due to this being undertaken by the private sector. Committee members to be kept informed on the progress.

Resolved
THAT
The Committee received the report.

6.3 Waikato Hospital Services overview report

Mr B Paradine introduced Ms C Nolan (Director Surgical and Critical Care), Mr A Gordon (Director of Medicine, Oncology, Emergency and Ambulatory Care), Ms M Sutherland (Director of Women's and Children's Health) and Ms B Garbutt (Director Older Persons & Rehabilitation Service and Allied Health).

Internal Medicine Oncology, Emergency and Ambulatory Care
Mr A Gordon presented this agenda item.

- All acute areas have experienced significant demand in the current period, while our Faster Cancer Treatment continues to perform as one of the strongest in the country.
- The Emergency Department has seen an increase of 16% year on year for the month of June.
- St John's has been able to better mitigate a similar increase in Auckland due to the number of facilities there, but currently there is no opportunity for Waikato Hospital at this point.
- Royal Australian College of Physicians on the Acute and General Medicine services reported that the service fulfilled all the requirements, with accreditation awarded for the next five years.
- Ophthalmology – department is making good progress on reducing the number of outpatient follow up patients that have exceeded the recommended time to be seen, with a delivery of a 38% reduction since February.

Surgical and Critical Care
Ms C Nolon presented this agenda item

- Pre-Hospital Preparedness project is now complete. Still some further work to be completed. Reports will continue, with the evaluation of the programme to be completed by end of July.
- ESPI 2 compliance not met in June.
- Cardiac Surgery Waitlist levels – work is underway and regular teleconferences with the Ministry to provide regular updates are on the recovery plan.

Womens and Children Health
Ms M Sutherland presented on this agenda item.

- The department has being successful in recruiting to all of the current Midwifery vacancies at the Waikato Hospital.
- Continued recruitment is underway over the coming months to allow for the shortage of Midwives during the Christmas period.

Older Persons, Rehabilitation and Allied Health
Ms B Garbutt presented this agenda item.

- Opening of OPR5 has a target opening day of 5 September (following meeting: official opening now confirmed for 1 September). Currently have recruited to 90% of staff, with most of these been external recruitments. Medical staff all recruited to.
- Audiology – Keep tracking and updates to be presented to the committee on a regular basis.
- Child Development Centre – Update given on the current process. It was noted that a specialist workshop is to be held with Board and Committee members when appropriate. There is a currently a lack of clear understanding around the roles and responsibility for DHBs – service will look further into this and provide further information to the Committee.
- Disability Support Limited has had its three yearly audit from the MoH with a very successful outcome. The 4 requirements are graded as low and will be easy for the service to adopt.

InterRAI Data
Mr G Guy (Manager, Older Person Rebab) and Mr M Cameron (Associate Professor Waikato University) presented this agenda item

- A presentation was given on using the interRAI data to target admission avoidance.
- Some benefits of this are:
    - Supports assessors judgement with clear data and criteria for escalation.
    - Can target clients for early reviews to ensure support packages are being effective and as a result prevent admissions.
    - Proposes a streamlined approach to identify the right mechanisms and services that will support the client and reduce the risk of hospitalisation.

Resolved
THAT
The Committee received the presentation

ITEM 7: QUALITY

7.1 Quality Report

Ms M Neville presented on this agenda item.

Highlights included:

- Surgical Safety results – currently noted there are issues around how sign-out end of surgery results are collected. Currently looking into options on how this can be fixed.
- Unacknowledged results – this is currently being monitored and there is a focus to have the ‘professional carer table’ data

improved, which will impact on these results. Committee requested that an update report be brought to the next meeting.
- Policies – the Committee requested further information on the process of polices being available to the public on the internet. Mo confirmed that work is underway and will provide an update at the next meeting on the process and timeframes.

Resolved
THAT
The Committee received the report.

ITEM 8: FINANCE REPORT

8.1 Finance report
Mr A McCurdie presented on this agenda item

Resolved
THAT
The Committee received the report.

ITEM 9: PEOPLE

9.1 Next report due 11 October 2017

ITEM 10: INFRASTRUCTURE

10.1 Facilities and Business Report
Mr C Cardwell presented on this agenda item

Highlights included:
- New Retail outlet has opened in MCC – FUCU Sushi
- Laundry – key terms and conditions for a new 5 year agreement is now agreed.
- Waste Management – new supplier Enviro Waste has been appointed. Currently in a transitional period between suppliers.
- Equitrac Software currently delayed due to further negotiations with the supplier needs as scope of work has changed.
- Masterplan of the department will be brought to the December meeting.

Resolved
THAT
The Committee received the report.

ITEM 11: INFORMATION SERVICES

11.1 Information Services Plan Report
Mr G King presented on this agenda item

Highlights included:

- Non-Standard Work Requests – a prioritisation process is in place to ensure those initiatives which deliver the most value to the DHB are delivered in a timely manner – this includes Clinical engagement.
- Job sizing process currently underway with Human Resources.

Resolved
THAT
The Committee received the report.

ITEM 12: PERFORMANCE OF FUNDED ORGANISATIONS

12.1 Performance of Funded Organisations

Mrs J Wilson presented on this agenda item

Committee requested further information in regards to Te Aroha Hospital. Currently no information is available and a report will be provided to the Board as soon as appropriate.

Resolved
THAT
The Committee received the report.

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Health Strategy Committee held on 9 August 2017 commencing at 12.38pm

Present:
Mr C Wade (Chair)
Ms T Hodges (Deputy Chair)
Ms S Mariu
Mrs P Mahood
Ms C Beavis
Ms TP Thompson-Evans
Mr J McIntosh
Mr R Vigor Brown
Mr M Arundel

In Attendance:
Mrs MA Gill, Waikato DHB Board member
Ms J Wilson, Executive Director, Strategy & Funding
Mr B Paradine, Executive Director, Waikato Hospital Services
Mr D Hackett, Executive Director, Virtual Care and Innovation
Ms S Hayward, Director of Nursing and Midwifery
Mr D Tomic, Clinical Director, Primary and Integrated Care
Mr D Wright, Executive Director, Mental Health and Addictions Service
Mr M Spittal, Executive Director, Community and Clinical Services
Prof R Lawrenson, Clinical Director, Strategy and Funding
Ms T Maloney, Commissioner, Women's Health Transformation Taskforce
Mr M ter Beek, Executive Director, Operations and Performance
Mr A McCurdie, Chief Financial Officer
Ms E McKenzie Norton, Strategy and Funding
Mr W Skipage, Strategy and Funding
Mr R Webb, Strategy and Funding
Ms C Cresswell, Strategy and Funding
Ms N Arnet, Change Team
Ms B Wills, Elective Services
Ms J Hudson, Strategy and Funding

IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE FOR RECOMMENDATION TO THE BOARD

ITEM 1: APOLOGIES

Apologies from Ms S Webb, Mr B Simcock, Mr D Slone, and Mr F Mhlanga were received.

Resolved
THAT
The apologies were received.

ITEM 2: LATE ITEMS

There were no late items raised at the meeting.

ITEM 3: INTERESTS

3.1 Register of Interests
There were no changes made to the Interests register.

3.2 Conflicts Relating to Items on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved
THAT

1) The minutes of a meeting of the Waikato DHB Health Strategy Committee held on 14 June 2017 be confirmed as a true and correct record.
2) The minutes of a meeting of the Lakes DHB Community & Public Health Advisory Committee held on 19 June 2017 be noted.
3) The minutes of a meeting of the Bay of Plenty DHB combined Community & Public Health Advisory Committee/ Disability Advisory Service Committee held on 1 March 2017 be noted.

ITEM 5: WORKPLAN

No discussion took place.

Resolved
THAT
The Committee received the report.

ITEM 6: STRATEGY AND FUNDING OVERVIEW REPORT

The Strategy and Funding overview report was submitted for the Committee's information.

Key areas included:

Community Health Forum
A representative to attend and discuss the Community Health Fora at the October Committee meeting.

System Level Measures Plan
The Ministry of Health has approved the existing measures in the Waikato DHB plan.

An equity focus has been applied to each SLM.

Resolved
THAT
The Committee received the report.

ITEM 7: PAPERS FOR ACTION

7.1 Child Health Matters

Raising Health Kids measure is reported on and further comment will be included in future reports. Tools and resources cover all young people. An update report to be presented at the October meeting including the data to June 2017 where available. A discussion around the focus areas occurred, an understanding of what we want to impact will need to be further understood before the focus areas can be progressed.

Key areas include:

Early enrolment with Lead Maternity carers
The DHB is working closely with the Ministry of Health as LMCs are contracted to the Ministry of Health.

Smoking in pregnancy
A presentation at the October 2017 Performance Monitoring Committee will look at what is happening at cessation services in the Waikato. This will include a particular focus on pregnant women

Dental
A report will be presented to the October Committee meeting.

Resolved
THAT
1) A paper providing a matrix of the key issues and what is currently planned for those issues to be presented at October Committee.
2) Health of Older People to be moved to December Committee meeting.

7.2 Alliances

Paper proposed moving to a single Waikato Alliance, inclusive of existing PHOs and alliances. Approval from the Ministry of Heath will be required to change the alliancing. Concern has been raised from other regional DHBs about the impacts on contracting. Detail of these concerns has been sought and will be worked through regionally.

Close off for feedback is 17 August 2017. A full proposal and summary of feedback will be provided to a future Board meeting for consideration.

Resolved
THAT
The Committee supported the alliancing paper.

ITEM 8: PAPERS FOR INFORMATION

8.1 Pacific Island People

Mr M Spittal attended for this agenda item.

An updated profile in the area of Pacific Health was submitted for the Committee's information.

Resolved
THAT
The Committee noted the report.

ITEM 9: STRATEGIC PROGRAMME PLANS

9.1 eSPACE

No updated at August meeting.

9.2 Mental Health and Addictions Model of Care

Mr D Wright attended for this agenda item.

An update report on the Creating our Futures programme was submitted for the Committee's information.

Of Note:

- The Strategic Assessment Tranche 1 has been closed;
- Tranche 2 of the business case has commenced. The timeframe is July 2017 – December 2017;
- A submission to Investment Ministers for approval to further develop a mix of project is scheduled for early 2018.
- A progress report may be presented at the October meeting

Resolved
THAT
The Committee noted the report.

9.3 SmartHealth

A presentation was given by Mr D Hackett and Dr D Tomic on the components of bringing together Virtual Health and its links with the New Zealand Health Strategy.

Resolved
THAT
The Committee received the presentation.

9.4 Rural Project

Mr M Spittal attended for this agenda item. Overall progress relative to the first year of the work programme is summarised in the attached appendix.

Resolved
THAT
The report be received.

9.5 Women's Health Transformation

Ms T Maloney attended for this agenda item.

Of note:

- Detailed report and progress against recommendations was provided to RANZCOG
- Areas of work for completion are due to be completed over the next five months
- The Commissioner and Transformation team are preparing for the RANZCOG accreditation review on 11 September.

Resolved
THAT
The Committee received the report.

9.6 Elective Services Improvement

Ms B Wills attended for this agenda item.

An update report on the progress in the area of elective services improvement was submitted for the Committee's information.

Of note:

- Year ending 16/17 to 98%, a lot outsourced;
- For 2017/18 a remodelling of funding was accepted from the Ministry of Health, which has resulted in funding shifted to outpatient areas where we had already been delivering but no funding has previously been allocated;
- The sustainability of the remodelling was done with a view to the future.

Resolved
THAT
The Committee received the report.

9.7 Patient Flow

No updated at August meeting.

9.8 Quality Account

No updated at August meeting.

9.9 Medical School

Prof R Lawrenson attended for the presentation of the Medical School progress update.

Queries were raised in relation to student loan benefits ending after 7 years. Fundraising for scholarship is possible and will be considered. The updated business case was submitted in May 2017. Provision for graduate pipeline has been asked to be considered from the government.

Resolved
THAT
The Committee received the presentation.

9.10 CBD Accommodation Project
No updated at August meeting.

9.11 Primary Care Integration
No updated at August meeting.

ITEM 10: PRIORITY PROGRAMME PLANS

10.1 Priority Programme Plan Project Update
Ms E McKenzie-Norton and Ms C Cresswell attended for this agenda item.

Of Note:

- A workshop has been scheduled for Priority 1.3 "Remove barriers for people experiencing disabilities" on 20 September.
- Nominations for workshop attendees to be received before Friday 11 August to Ms N Middleton

Resolved
THAT
The Committee noted the content of the report

10.2 PPP 1.4: Enable a Workforce to Delivery Culturally Appropriate Services
Ms E McKenzie-Norton and Ms S Hayward attended for this agenda item to provide a recap and update on the priority programme plan project. A presentation of priority 1.4 was given to the Committee

Resolved
THAT

1) The Committee approved the changes made to PPP1.4 'Enable a workforce to deliver culturally appropriate services'
2) The Committee noted ongoing reviews
3) The Committee noted that implementation will be staged to align with available funding
4) The Committee will be provided with a consolidated view at the conclusion of the PPP development;
5) PPP projects were approved for commencement.

ITEM 11: GENERAL BUSINESS

There were no general business items raised.

ITEM 12: DATE OF NEXT MEETING

11 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 13: Minutes of the Health Strategy Committee dated 14 June 2017

(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 13: Minutes	Items were taken with the public excluded

(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 13: As shown on resolution to exclude the public from the minutes.

ITEM 14: PUBLIC EXCLUDED MINUTES OF THE HEALTH STRATEGY COMMITTEED DATED 14 JUNE 2017

Resolved
THAT
The minutes of the public excluded part of a meeting of the Waikato DHB Health Strategy Committee held on 14 June 2017 be confirmed as a true and correct record.

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

Chairperson: _____

Date: _____

Meeting Closed: 4:00pm

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Maori Strategic Committee held on Wednesday 19 July 2017 commencing at 9.30am at Waikato Hospital

Present:
Ms T Hodges (Chair)
Dr C Wade (Deputy Chair)
Ms J Eketone
Mr B Simcock
Ms T Thompson-Evans
Mr G Tupuhi
Ms T Moxon
Mr D Macpherson

In Attendance:
Dr N Murray (Chief Executive)
Ms L Elliott (Executive Director Maori Health)
Mr H Curtis (Pou Herenga)
Mr D Hackett (Executive Director Virtual Care and Innovation)
Mr R Lawrenson (Clinical Director Strategy and Funding)
Ms R Walker (Minutes)

ITEM 1: KARAKIA/MIHI

ITEM 2: APOLOGIES

No apologies were received.

ITEM 3: WORKSHOP

Ms L Elliott facilitated a workshop on if we had time to dream, what Maori health would look like in 10 years' time.

The workshop would be taken to other forums. Once the information had been collated, discussion would be brought back to a Maori Strategic Committee meeting alongside some recommendations.

ITEM 4: MINUTES OF PREVIOUS MEETING

Resolved
THAT
The minutes of a meeting of the Waikato DHB Maori Strategic Committee held on 19 June 2017 be confirmed as a true and correct record.

ITEM 5: MATTERS ARISING

Terms of Reference and memorandum of understanding between Waikato DHB and Iwi within its district.
An official signing of the above mentioned document was scheduled to occur on 27 September 2017.

Priority programme plans update
An update would be provided at the next meeting.

ITEM 6: GENERAL BUSINESS

The next committee meeting would focus on a stocktake the current status of Maori Health.

A copy of a paper that broke down the cost of a life to a person would be circulated to members.

Resolved
THAT
Future committee meetings would commence at 10am.

ITEM 7: NEXT MEETING

8.1 Date of Next Meeting

Wednesday 16 August 2017

ITEM 8: KARAKIA WHAKAMUTUNGA

Meeting closed 11:11am.

Chairperson: _____

Date: _____

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Maori Strategic Committee held on Wednesday 16 August 2017 commencing at 10:00am at Waikato Hospital

Present:
Ms T Hodges (Chair)
Dr C Wade (Deputy Chair)
Mr B Simcock
Ms T Thompson-Evans
Mr G Tupuhi
Ms T Moxon
Mr D Macpherson

In Attendance:
Ms L Elliott (Executive Director Maori Health)
Mr H Curtis (Pou Herenga)
Ms R Walker (Minutes)
Mr D Hackett (Executive Director Virtual Care and Innovation)
Mr N Hablous (Chief of Staff)
Mrs R Walker (Minutes)

ITEM 1: KARAKIA/MIHI

ITEM 2: APOLOGIES

Apologies were received from Dr N Murray, Ms J Eketone, and Mr R Lawrenson.

ITEM 3: MAORI HEALTH STATUS

3.1 Elimination Maori Health Inequity

Mr R Lawrenson provided a pre-recorded presentation on "Eliminating Maori health inequity – some key indicators for action", which included the document "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care". Discussion ensued which included the following points:

- Clarification was to be sough on the commonwealth measures of the amenable mortality rate cancer.
- Consideration needs to be given to the areas where the greatest difference can be achieved in reducing Maori health inequalities. An initial glance indicated these would be addressing systemic issues, primary care and access including cost and availability.
- It was acknowledged that in a lot of cases, primary care was operating at maximum capacity levels, and that some ED presentations were due to this pressure, but a number were also due to financial reasons of individuals.

- Clinicians need to be encouraged to consider other drivers such as ethnicity over just co-morbidity.

Ms T Moxon joined the meeting partway through the discussion.

ITEM 4: PERSONA EXERCISE

Mr D Hackett co-ordinated an exercise that assisted members to think about the perceived needs of an individual community persona. It was recognised that individual needs are more than health and wellbeing and required the Committee to look for positive attributes when forming thinking of any Maori community. The key needs identified were to create a positive pathway for the next generation that has better health and social outcomes and the need for hope that Maori can create a better future for themselves.

ITEM 5: OTHER PROGRAMMES OF WORK

Ms L Elliott provided information on the composition of Te Puna Oranga (TPO) Staff and the programmes of work they were currently involved with. The workload of TPO was acknowledged, with a suggestion that more internal leadership resource may be required to drive the priority to radically reduce Maori health inequalities. It was agreed that further discussion would be had with the Chief of Staff, Executive Director Maori Health and Executive Director Corporate Services to see what could be possible in the current restrained financial environment.

ITEM 6: PRIORITY PROGRAMME PLANS

A re-evaluation of the Waikato DHB priority programme plans (PPP) was currently underway to ensure the process to implement these plans was simplified, as the current number of PPPs was considered to be a large number to implement.

ITEM 7: MOVING THIS PRIORITY FORWARD

The chair requested a timeline of the PPP 1 (radical improvement in Maori health outcomes by eliminating health inequities for Maori) be brought to the next meeting, even if in draft.

It was acknowledged that in the future further resources may be required to implement agreed plans, but once plans were quantified, the Board would make a decision on priorities as per normal DHB processes.

ITEM 8: MINUTES OF PREVIOUS MEETING:

8.1 19 July 2017

Resolved
THAT
The minutes of a meeting of the Waikato DHB Maori Strategic Committee held on 19 July 2017 be confirmed as a true and correct record.

8.2 Workshop notes

Resolved
THAT
The notes of a meeting of the Waikato DHB Maori Strategic Committee workshop held on 19 July be confirmed as a true and correct record.

ITEM 9: GENERAL BUSINESS:

No discussion held.

ITEM 10: NEXT MEETING

10.1 Date of Next Meeting

Wednesday 20 September 2017

KARAKIA WHAKAMUTUNGA

Chairperson: _____

Date: _____

Meeting closed at 11:58am

AUDIT AND COPORATE RISK MANAGEMENT COMMITTEE – WORK PLAN

The current Work Plan for the Audit and Corporate Risk Management Committee is included in the Board agenda for information.

Meeting	Scheduled Report	Author	Purpose
First Quarter (March)	Legal and Risk Case Book	Chief of Staff	Regular report
	Summary of key internal audit findings	HealthShare	To enable the committee to monitor the state of the organisation as revealed by internal audit
	Integrated IT Work Programme	Executive Director Corporate Services	To provide details annually
Second Quarter (May)	Annual Report	Executive Director Corporate Services	To enable the committee to address any matters arising from the audit and discuss the report with the auditors
	Summary of key internal audit findings	HealthShare	To enable the committee to monitor the state of the organisation as revealed by internal audit
	Progress report on significant outstanding audit recommendations	HealthShare	To enable the committee to satisfy itself that audit recommendations, where accepted, are being implemented
	Integrated IT Work Programme	Executive Director Corporate Services	To provide full details annually
	Supply Chain Update	Executive Director Corporate Services	
	Leave balance report	Executive Director of Corporate Services	To ensure leave balances are not increasing
	Post Implementation Review Schedule for the year.	Executive Director Corporate Services	To enable the Committee to determine which planned capital projects will be reviewed.
Third Quarter (August)	Legal and Risk Case Book	Chief of Staff	Regular report.
	Summary of key internal audit findings	HealthShare	To enable the committee to monitor the state of the organisation as revealed by internal audit
Fourth Quarter (November)	Legal and Risk Case Book	Chief of Staff	Regular report
	Summary of key internal audit findings	HealthShare	To enable the committee to monitor

Meeting	Scheduled Report	Author	Purpose
			the state of the organisation as revealed by internal audit
	Annual Funder Audit Plan	Executive Director Strategy & Funding	To enable the Committee to approve the funder audit programme (ex HealthShare) for the year
	Procurement Update	Executive Director Corporate Services	To enable the Committee to approve the internal audit programme for the year.

Recommendation
THAT
The work plan be received.

MAUREEN CHRYSTALL
EXECUTIVE DIRECTOR – CORPORATE SERVICES

Chief Executive Report

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 4

CHIEF EXECUTIVE'S REPORT

Purpose	For consideration and information.

Budget for 2017/18

We continue to refine our budget with the focus on ensuring the plans to deliver the required outcomes are as robust as is practical and that the phasing is as realistic as practical. The risks associated are being defined and will be documented as part of the process.

ED performance and acute flow

Unprecedented demand for the services of our emergency departments across the DHB has continued throughout the winter months, with July exceeding all previous levels of attendance. There was a 20% increase in ED attendances compared to July 2016, with highest increase seen in Tokoroa (44% increase on July 2016). This increase has been well in excess of previous trends and staffing assumptions, which combined with existing bed constraints has impacted on our performance. It is worth noting that Waikato DHB sees the greatest number of ED attendances of any DHB in the country. July performance on the 6 hour Ministry target was 80% within 6 hours.

Winter pressures have also been experienced by primary care and the St John ambulance service.

A number of measures have been and are being taken, with regular liaison with St John, including at times of peak demand; a Funder led Demand Management Advisory Group to look at cross-system measures to manage demand and the use of primary care alternatives; the trial of a SmartHealth booth in Tokoroa and increased medical shifts at times of greater demand to name a few.

Additional ED SMOs are due to start at Waikato Hospital in September and October and additional RMOs have been rostered to work out of hours.

An additional ward in OPR5 is planned to open in early September and the SAFER patient flow bundle will launch shortly afterwards in Waikato Hospital wards and the rural hospitals. Additional work is on-going at a service leadership group level on improving discharges and expediting discharges to the rural hospitals for patients who could be treated in more local facilities, with performance trends improving in both these areas.

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 less large swings in numbers waiting beyond the required timeframes.

We did not though achieve either ESPI 2 or ESPI 5 compliance (amber result) in July. It should be noted however that the number of patients breaching (when we do miss the target) is reliably much smaller than we typically achieved before the elective services transformation work began. The key month to ensure that we do not face the risk of financial penalties is September for both ESPI 2 and ESPI 5. We are working to ensure that we achieve compliance again before then.

Electives funding
The proposal put to the Ministry to reallocate the electives funding to better match our available capacity has been accepted. These volumes have now been phased across the year and there will be close monitoring of delivery against both the internal and external volume expectations. Significant funding has been allocated within the current budget for the outsourcing of cases to achieve the relevant volume targets. In particular the DHB must meet the agreed orthopaedic and general surgery volume targets in order to earn all of the funding available. This is necessary to offset the cost of the outsourcing arrangements.

Theatre performance
To ensure that as much as possible of the electives work can be done in house, the surgical service group ended the financial year with significant work underway to maximise utilisation of the theatre suite. This work relies to a significant extent on addressing the short fall of anaesthetist FTE to resource commissioned theatres.

In that regard, anaesthetist recruitment has progressed well, with five new anaesthetists expected to be in place by the end of 2017. It is estimated that this recruitment may leave a further gap of 3 FTE to meet all anaesthesia commitments (which extend beyond the theatre suites). This estimate will be reviewed as part of ongoing planning.

The waiting time for acute theatre access is consistently below the internal 24hr and 48 hr targets, which were set to ensure quality patient outcomes and are a measure of the theatre capacity to meet in and out of hours acute demand.

#	Target	17/18 YTD	July	Comments
1	80% within 24 hours	75.9%	75.9%	Best month: 77% May17
2	100% within 48% hours	89.6%	89.6%	Best month: 93% January 17

The work to ‘right size’ the acute theatre schedule concluded in late June. The theatre schedule assigned 6 full day acute theatres each week day and is running four acute theatres on the weekends. The change commenced in mid-July and is fully implemented across the four-week rolling schedule from mid-August. It is too early to confirm the outcome of this change however the early indication is that it is having a positive impact on acute surgery wait times.

Cardiac waiting list

In April this year the cardiac surgery wait list included 91 patients waiting for surgery, compared to the waitlist target maximum of 67. A number of cases have been outsourced to Auckland DHB and locally, and a close review of the wait list was conducted. This identified some patients who were scheduled for TAVI (rather than for surgery) and some patients who were not yet fit for surgery. At the time of the report to the July Board meeting the number waiting had dropped to 82. That number has now reduced to 72. Work continues to reduce the waiting list below 67 at the earliest possible opportunity.

Current financial status for 2016/17

The result for July is a surplus of $1.6m. This was $0.1m better than the July month in the provisional budget tabled with the Board. The result includes a range of favourable and unfavourable variances with explanations in the Finance Report on this agenda.

SmartHealth

The Virtual Care symposium was held on 5 August 2018 and there were approximately 80 people attending in person, with more people watching on the Facebook live feed which saw some 5,000 views of the content once it was loaded on to the DHB Facebook page. The overall rating of the value of the symposium from those who attended was rated at 4.1 out of 5.

The day itself enabled practical examples of what was possible with virtual care to be discussed as well as the implementation across primary, secondary and tertiary care of the SmartHealth platform. There was good engagement with other Government services including Corrections who were part of the panel discussion on user experiences and needs for virtual care. Patient stories were the most compelling part of the day. There were many requests for another symposium to be run with more practical examples on the benefits that virtualisation can bring and this is being planned for the beginning of next year.

The innovation and value that virtual care can bring, has been recognised with Waikato DHB's online health service SmartHealth winning an award in IDC's Smart City Asia/Pacific Awards, in the Connected Health Category. This is a significant achievement as it recognises the service change that is available through the use of virtualisation and was in competition with key health initiatives from other countries in the Asia/Pacific region.

The deployment of SmartHealth into our services has been moving forward with an increase in the use of SmartHealth by our Mental Health and Addictions service, particularly ICAMS. The decision by the Mental Health and Addictions service to have a senior medical officer leading the move to virtual care, has proven to be very effective.

Our Renal service continues to lead out the virtual care initiative and provides the testing ground for the whole DHB on the operation of SmartHealth and integration with standard custom and practice. The dedication of the Renal service in creating sustainable change will be the foundation for the rollout of SmartHealth to other DHB services.

The implementation into community services is continuing through a very effective engagement with Hauraki PHO and their GP practices. GP practices are now utilising SmartHealth to provide primary care consultations in a patient's native language where English is a third or fourth language spoken. This is a great comfort to older migrants who now have an opportunity to express their health needs clearly in their native tongue.

Through working with our partners, four SmartHealth sign-up booths will be available in SPARK commercial stores and at Sport Waikato. There is also active engagement with farming organisations to enable similar sign-up capabilities for their members.

A supplementary benefit gained by the mobility platform being deployed with SmartHealth has been an ability to widely deploy the browser agnostic version of our Clinical WorkStation. What this means is that clinicians using their iPADS or iPhones on the corporate WIFI Network or secured 4G, can access information about patients from these devices and not have to find a spare computer.

Waikato Medical School

There has been no further information from either the Tertiary Education Commission or the Ministry of Health with regard to our proposal for a Waikato Medical School.

Professor Quigley was a key note speaker at the RNZCGP Conference in Dunedin in July. Since then there has been further publicity with reports from the Vice Chancellor of Auckland claiming there is no need for the Waikato School and some more positive articles including comment following meetings with other Universities in the sector.

Attached are three media articles for the Board's interest.

Primary and Community Care

A reminder that a Primary and Community Care workshop will be held on 24 August 2017 at the HLive Lounge, FMG Stadium, 126 Seddon Street, Hamilton, commencing at 12pm.

Naming of the CBD Building

The new DHB offices in Hamilton CBD, the former Farmer's Building, will house a number of public facing services including mental health, diabetes service, population health, Disability Support Link, START and REACH.

The Board have requested a process for naming this building. Several of the services will have their own signage but an overarching name will ensure the public know this is a Waikato DHB building. We are leaseholders but have exclusive naming and signage rights to the tenancy which incorporates the podium's ground and first floor street facing levels. Any name will need to be physically executable and legible on signage so a shorter name is preferred.

Waikato DHB facilities will usually be known by their function where this is evident and long term, and to avoid confusion for the public. However we may choose to recognise people or sponsors who have supported the DHB by naming facilities in their honour.

The process proposed to enable a name for the building to be identified is for the 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 long list of possible names. These will be taken to Iwi Maori Council and the new Consumer Council to draw up a shortlist which will be taken to EG along with any external requests for naming under the DHB's facilities naming policy. The final shortlist will then be presented to the Board with a recommendation.

Official Information Act (OIA) Requests Update

A process is being developed to post all our OIAs on the DHB website. This will involve staff from each area of the organisation who currently handle OIAs, anonymising the request and formatting both the request and response to be loaded on to a dedicated page on the website by the webmaster.

The website is currently being refreshed and this work will be completed in November and the OIAs will be loaded on to a page on the new site from that date.

Upcoming General Election

Guidance for the upcoming general election (being held on 23 September 2017) is attached for Board members' information.

The State Services Commissioner guidelines issued on 28 February has been published on the DHB's Intranet for staff awareness and to inform staff that as District Health Boards are publicly funded organisation, we are considered public servants and have to remain politically neutral.

Recommendation
THAT
The Board receives the report.

NEVILLE HABLOUS
ACTING CHIEF EXECUTIVE

Saturday, **29 July 2017**

Third medical school discussed

By **Margot Taylor (/author/Margot%20Taylor)**

142 9

News (/news) > Campus (/news/campus) > University of Otago (/news/campus/university-of-otago)

University of Otago Pro-vice-chancellor of Health Sciences Prof Peter Crampton explains the merits of a National School of Rural Health at the General Practice Conference in Dunedin yesterday. Photo: Linda Robertson.

A third medical school would focus on encouraging all graduates to enter general practice roles, University of Waikato vice-chancellor Prof Neil Quigley says.

Prof Quigley and University of Otago pro-vice-chancellor of health sciences Prof Peter Crampton yesterday discussed merits and disadvantages of a third medical school during the General Practice Conference at Dunedin's Glenroy Auditorium.

About 450 doctors from throughout New Zealand attended the first day of the conference which attracted speakers including Minister of Health Dr Jonathan Coleman and Ministry of Health chief medical officer Andrew Simpson.

While discussing the merits of a graduate entry medical school in New Zealand, Prof Quigley said 43.4% of the New Zealand medical work force came from overseas.

Neil Quigley.

The University of Otago and Auckland medical schools did not offer graduate-only entry and a proposed Waikato District Health Board and the University of Waikato medical school would do so, he said.''The point of more medical education places has to be different workforce outcomes.''The proposed medical school would offer a postgraduate qualification available to students with any degree.

While students could choose what sector they entered upon graduation, a Waikato medical school would emphasise general practice training, Prof Quigley said.

University of Otago pro-vice-chancellor of health sciences Prof Peter Crampton told a packed room at the conference a proposal to build a National School of Rural Health in partnership with Auckland medical school would be a ''game-changer''.

Under the proposal 10 rurally-based hubs would be established in towns near hospitals to offer medical training and ensure academics were rurally based, Prof Crampton said.

Both proposals were being considered by Treasury and the Ministry of Health.

The cost of the options were not public.

Today general practitioner and chairman of the United Kingdom National Obesity Forum Prof David Haslam gives the keynote address on the strategies for fighting obesity.

margot.taylor@odt.co.nz (mailto:margot.taylor@odt.co.nz)

142 9

Comment now (/news/campus/university-of-otago/third-medical-school-discussed#comments)

Auckland Uni pushes back against Waikato med school

09/08/2017

Credits: Image - Getty; Video - Newshub

The country's third medical school should not be in the Waikato as it will be too costly and will not benefit rural New Zealand, says the vice-chancellor of the University of Auckland.

The country has two established medical schools, in Auckland and Otago, the leaders of which have already attempted to pour cold water on the joint bid by the University of Waikato and Waikato DHB.

The bid was put in on May 31 and a decision from the government on whether to back it is looming.

Professor Stuart McCutcheon, the University of Auckland vice-chancellor, says the government needs to "ignore the hype" around the planned new medical school.

He said it will require several hundred millions of dollars in investment that, unlike Auckland and Otago, has no medically related subjects ranked in the top 500 in the world.

"A third medical school, originally touted for Wellington, is about the least efficient way imaginable of providing more rural health professionals," he said.

"The issue for New Zealand is not the number of medical graduates but rather where they practise.

"Setting up a new medical programme, especially a postgraduate programme, would be an extremely expensive way of addressing this issue."

The two existing medical schools are responding already to the increased demand for doctors, Prof McCutcheon said.

Waikato DHB chief executive Dr Nigel Murray said all questions put to them by government departments including Treasury and the Ministry of Health had been responded to.

Grants from the Health Research Council for $3.3m for projects on reducing delays for cancer diagnosis and improving outcomes for Māori children admitted to hospital have already been approved for the nascent Waikato medical school.

NZN

stuff

Interest around Waikato's med school bid grows

AARON LEAMAN
Last updated 11:48, August 4 2017

CHRISTEL YARDLEY/STUFF

Waikato University Vice-Chancellor Professor Neil Quigley is optimistic the proposed Waikato med school will get the Government's approval.

Waikato's bid to create a new med school is gaining favour with other North Island universities.

Waikato University Vice-Chancellor Professor Neil Quigley said the university had been in contact with staff at Victoria and Massey universities about how their institutions might work with the proposed med school.

The Government is considering a joint bid by Waikato University and the Waikato District Health Board to create the country's third medical school.

Quigley said preliminary discussions had been held with Massey and Victoria over how their students could engage with the med school.

READ MORE:
* **GP workforce lurching toward further crisis**
* **Waikato wants a medical school: university and health board put request to Government**
* **Decision on Waikato's med school bid looms**

The Waikato bid seeks to put graduate-entry students through four years of training, including one year based in a community setting.

The proposal would see clinical training bases in several hospitals and primary care clinics in the Waikato and central North Island.

The model would enable students to undertake a higher proportion of their clinical placements in communities outside the main centres.

Quigley said the other universities had sizeable allied health programmes.

"Because we want our provincial centres to have an environment in which nurses and physiotherapists and various others can train, we're in talks with other universities about how their students from their broader health programmes can be involved in the training centres," he said.

Quigley spoke about the Waikato proposal at the annual Conference for General Practice in Dunedin on July 28.

Also presenting at the conference was Otago University medical school dean Professor Peter Crampton, who discussed Otago and Auckland's joint proposal to create a national school of rural health.

Quigley said the Waikato proposal was positively received.

Foreign trained doctors brought in to fill gaps in New Zealand's healthcare workforce had carried out a much-needed role to date, he said.

"We've certainly needed them and they've done a good job for the country. But it would be better if we weren't so reliant on them in the future."

New Zealand recruits 1100 overseas doctors each year. Only one in four remains in New Zealand after five years.

Quigley said he was optimistic the Waikato bid would be successful and was heartened by a recent editorial written by Professor Des Gorman in the Internal Medicine Journal.

Gorman is the executive chair of the Heath Workforce New Zealand board.

Gorman argued "piecemeal approaches" to addressing the maldistribution of doctors in OECD nations hadn't worked.

He advocates a series of measures to promote the redistribution of doctors, such as recruiting medical students who are most likely to take up careers in locations where there is a high level of unmet health need.

The Waikato proposal seeks to select students who are willing to serve high-needs, rural and provincial communities.

Quigley said Gorman is regarded as an authority on health workforce issues.

- Stuff

STATE SERVICES COMMISSION
Te Komihana O Ngā Tari Kāwanatanga

9 August 2017

Dear Board Chairs and Chief Executives

Please find attached two important pieces of guidance for the upcoming general election:

- The State Services Commission's guidance Negotiations between political parties to form a government – support from the State sector
- A Cabinet Office Circular Constitutional procedures after the election

I am distributing the Circular on behalf of Cabinet Office, which can be found on the DPMC website here: https://www.dpmc.govt.nz/publications/co-17-6-constitutional-procedures-after-election

The SSC guidance is designed to ensure the required information and analysis from the State sector is available to political parties negotiating to form a government after the election, while protecting the political neutrality of the State sector.

The key points of the 2017 guidance, which are unchanged from the 2014 version, are;

- Only the Prime Minister may authorise access by political parties to State sector agencies
- The State Services Commissioner is the contact point and facilitator between political parties and State sector agencies

I am providing this guidance to all agencies within my legal mandate under the State Sector Act, and to agencies in the wider State sector on behalf of Ministers who expect those agencies to follow the same practices.

SSC has a dedicated election support and advice team if any of your staff need to check anything related to the election period. They can be reached at: election@ssc.govt.nz

Any questions about the Cabinet Office Circular should be directed to Anna Fleming, Legal and Constitutional Adviser, Cabinet Office at: Anna.Fleming@dpmc.govt.nz

Yours sincerely

Peter Hughes
State Services Commissioner

2 The Terrace
PO Box 329 Wellington 6140
New Zealand
Phone +64-4-495 6600
Fax +64-4-495 6686
www.ssc.govt.nz

Acting in the Spirit of Service Negotiations between political parties to form a government

STATE SERVICES COMMISSION
Te Komihana O Ngā Tari Kāwanatanga

Following the general election on 23 September 2017 negotiations between political parties may occur in order to form a government. As part of these negotiations political parties may request information and analysis from State sector agencies. There is a public interest in providing this assistance to parties, as it allows negotiating parties to form a government on an informed basis.

This guidance outlines the principles and processes under which assistance from agencies may be provided to political parties. It is designed to facilitate the provision of useful information to negotiating parties in a way that protects the political neutrality of the State sector, and is transparent, flexible and pragmatic.

Which agencies does this guidance apply to?

The guidance applies to all agencies within the State sector. It has been sent to Public Service departments, statutory Crown entities (excluding school boards of trustees), Crown entity companies, agencies on the 4th Schedule of the Public Finance Act, Public Finance Act Schedule 4A companies, New Zealand Police, New Zealand Defence Force, Parliamentary Counsel Office, Reserve Bank of New Zealand, State-Owned Enterprises, Crown Research Institutes, Tertiary Education Institutions, the New Zealand Security Intelligence Service, Offices of Parliament, Office of the Clerk of the House of Representatives and Parliamentary Service.

Principle

State servants, through their chief executives, should (if requested) be made available to provide information and analysis to negotiating parties. They must not, however, be involved in, or be present for, any political negotiations.

The following key points support the principle in practice:

- Only the Prime Minister may authorise access by a political party (or parties) to State sector agencies.
- The State Services Commissioner (the Commissioner) is the contact point and facilitator between political parties and State sector agencies.

Receiving a request for information

Political parties (including those represented in the Government) should direct all requests for information relating to negotiations to the Prime Minister, who will in turn refer the request, if authorised, to the Commissioner.

The Commissioner will act as the central contact point between political parties and State sector agencies. Ministers should not approach their departments directly for information to be used in any coalition, support or other negotiations aimed at forming a government.

If a request is received by a State sector agency directly from a political party, the agency must immediately refer the request to the Commissioner. Upon receiving a request for information from a political party, the Commissioner will confirm with the Prime Minister that the assistance may be provided.

Negotiations between political parties to form a government

STATE SERVICES COMMISSION
Te Komihana O Ngā Tari Kāwanatanga

Central agency coordination of the request

After the Prime Minister has granted a political party access to the State sector, the Commissioner and the Secretary of the Cabinet/Clerk of the Executive Council or their representatives will offer to meet with the political party to explain what assistance is available (with the Secretary to the Treasury and the Chief Executive of the Department of Prime Minister and Cabinet or their representatives consulted, and attending any meeting as required). This meeting will be used to identify precisely what assistance is required, and which State sector agencies are best placed to provide it.

Once the information required by the negotiating parties has been identified and agreed, the Commissioner will make a written request to the relevant agency or agencies. If the request involves agencies outside the Public Service, it will be copied to the chief executive of the monitoring department where applicable.

The Commissioner will keep the Prime Minister informed, in general terms, of the assistance that is being provided but will not disclose the details of the information sought and provided. The Prime Minister will, in turn, inform responsible Ministers of requests that are being processed by an agency in their portfolio area.

Providing the information and analysis[1]

Once a request is received by an agency, the response is the responsibility of the chief executive. If the request is made to an agency outside the Public Service, that agency must involve the monitoring department (where relevant) in the development of its response. The following processes must be observed when developing the response:

1. At all times, chief executives must safeguard the political neutrality of their agencies.
2. All information and analysis must be approved by the agency's chief executive before it is provided.
3. The information and analysis will ordinarily be presented in writing but face-to-face meetings can be arranged to explain it.
4. Information and analysis may be provided only on matters explicitly identified by a political party.
5. If information and analysis is to be provided at a face-to-face meeting between a political party and an agency, the meeting should be arranged through the Commissioner. A representative of the State Services Commission (or another central agency) must attend the meeting and will take full minutes.
6. Information and analysis presented by agencies is likely to be highly sensitive, and its provision will require both judgement and discretion. Therefore only a small group of senior State servants in any affected agency should be involved in its provision.
7. If an agency is requested to provide costings of party policies, these costings must be developed in consultation with the Treasury. The Treasury's guidance on costing political party policies can be found at: www.treasury.govt.nz/publications/guidance/planning/costingpolicies.
8. Following approval by the agency's chief executive, the information and analysis should be sent directly to the political party. A copy must be simultaneously sent to the Commissioner, although it is not necessary for agencies to have the Commissioner approve or peer review their responses in advance.
9. The Official Information Act 1982 will apply to information and analysis provided to political parties negotiating to form a government.

1. Information and analysis includes: briefing on existing government policy; information relating to and analysis of a party's proposals, including costings; discussing the implications of proposed policies; and discussing the effects of modifying or combining policies and the details of their implementation.

Negotiations between political parties to form a government

STATE SERVICES COMMISSION
Te Komihana O Ngā Tari Kāwanatanga

Other channels through which information may be sought

Political parties may seek information through channels other than those described above. This may take the form of a request under the Official Information Act (an OIA request), or, if the House has met, a written or oral parliamentary question.

If an OIA request is made, the response is the responsibility of the relevant agency, however, the State Services Commission must be informed of the request when it is received. Such requests must be handled promptly and scrupulously, to avoid any appearance of political bias or delay in the formation of a government.

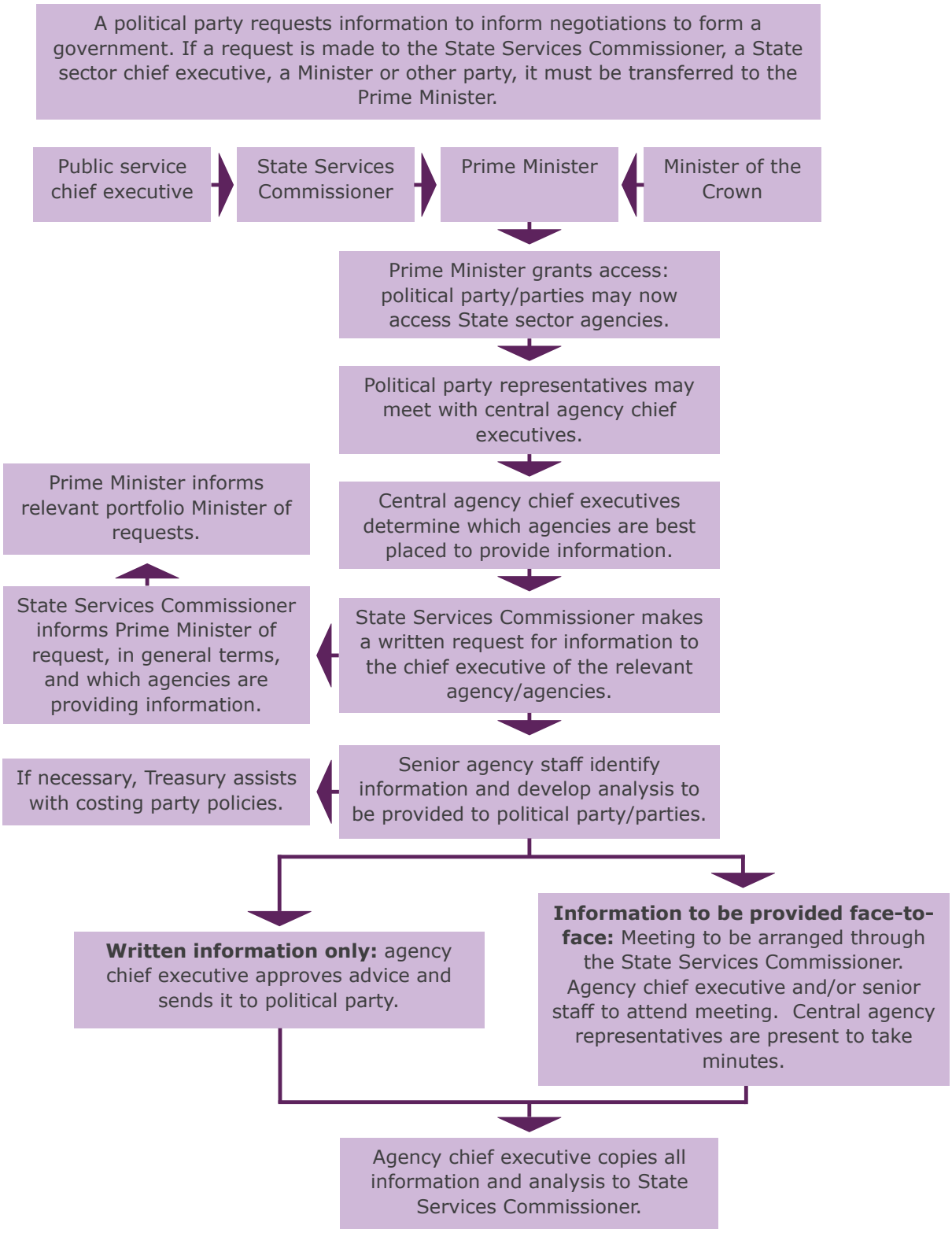
Conclusion

This guidance has been designed to assist State sector agencies to safeguard and maintain their political neutrality throughout a period of government formation. If agencies have any concerns relating to this period, they should immediately contact the Commissioner.

Negotiations between political parties to form a government

STATE SERVICES COMMISSION
Te Komihana O Ngā Tari Kāwanatanga

Process for support from the State sector



Cabinet Office

CO (17) 6

Circular

Date: 8 August 2017

Intended for

All Ministers
All Chief Executives
Chiefs of Staff
All Senior Private Secretaries
Speaker of the House of Representatives
Chief Parliamentary Counsel
Controller and Auditor-General
Chief Ombudsman
Official Secretary, Government House

Constitutional Procedures after the Election

Introduction

1 In February this year the Cabinet Office issued guidance on decision making in the pre-election period.[1] That guidance reiterates that the government has the right to govern as usual until the election. As in previous election years, the government has chosen to exercise restraint in respect of significant appointments and government advertising.

2 This circular provides guidance on the constitutional procedures that will apply ***after*** the general election. It includes key dates, a summary of the transition process between administrations, and references to other guidance material.

3 All Ministers, Ministers' offices, and government agencies are expected to follow these guidelines.

4 For the purposes of this circular, "government agencies" means agencies in the state sector, including public service departments, other state services, agencies in the wider state sector (see paragraphs 3.3-3.5 of the Cabinet Manual for a complete definition of the state sector), and other agencies within Ministers' portfolios that do not form part of the state sector.

[1] *Government Decisions and Actions in the Pre-election Period,* Cabinet Office Circular CO (17) 1.

Key dates

5 The key dates in the immediate post-election period are as follows:

23 September 2017	Polling day.
12 October 2017	The day fixed for the return of the writ: formal announcement of successful constituency candidates. The return of the writ is followed by a declaration of the successful list MPs. The return of the writ must be postponed until the completion of any recount, and may be postponed in anticipation of any application for a recount.
21 October 2017	Ministers who are not returned as MPs must leave office by this date.
23 November 2017	Parliament must meet by this day. The opening of Parliament involves the Commission Opening (day 1) and the State Opening (day 2), including the Speech from the Throne. This date is a nominal date only. The actual first meeting day will be decided following the formation of the government.

6 Other dates, such as the appointment ceremony for Ministers, the first meeting of the new Parliament, and the full resumption of government business, will not be known until after the election. This information will be provided as soon as it is available.

The caretaker convention

7 After polling day, the Prime Minister is likely to indicate that the incumbent government will operate in accordance with the caretaker convention until the political situation is resolved and the new administration has been sworn in (see paragraphs 6.21 to 6.40 of the Cabinet Manual about decision making during periods of caretaker government and the role of departments in that process).

8 During the caretaker period, Ministers continue to hold full executive authority, and are entitled to receive the same level of support that they normally receive from the departments and agencies for which they are responsible, including being advised and getting information for the purposes of administering government business within their portfolios.

9 Ministers should, however, ensure that any requests that they make for advice or information from their officials are for the purposes of their portfolio responsibilities and not for party political purposes (including negotiations to form a government).

10 In summary, there are two arms to the caretaker convention:

10.1 Where it is not clear who will form the next government:

10.1.1 the normal business of government, and the day to day administration of departments and other agencies in the State sector may continue as usual;

10.1.2 decisions taken and specific policy determined before the start of the caretaker period may usually be implemented;

10.1.3 decisions on significant issues, new policy or changes to existing policy, and issues with long-term implications should be deferred if possible. If deferral is not possible, short-term solutions should be sought. If this is not feasible, decisions should be made after consultation with other parties.

No hard and fast rules are possible. The practical consequences of this restraint may vary according to the political context. Ministers may need to take into account various considerations, both on whether it is appropriate or necessary to proceed on a matter, and how it should be handled.

10.2 Where it is clear who will form the new government, but they have not yet taken office, the government continues in caretaker mode until Ministers are formally appointed. The outgoing government should undertake no new policy initiatives, and should act on the advice of the incoming government on any significant constitutional, economic or other issue that cannot be delayed until the new government formally takes office – even if the outgoing government disagrees with the course of action proposed. Situations of this kind are likely to be relatively short-lived, as a swift transition between administrations is enabled by New Zealand's constitutional arrangements, including section 6(2)(a) of the Constitution Act 1986.

Decision making in the period immediately after the election

11 It is expected that Cabinet will meet soon after the election. Cabinet and individual Ministers may be constrained in their decision making during this period in accordance with the caretaker convention. Further information will be provided at that time on practical arrangements for Cabinet decision making after the election.

Ministers who are not returned as members of Parliament

12 Current Ministers continue with their existing responsibilities after the election, until new Ministerial appointments are made or their responsibilities are reassigned. Ministers who are not returned as MPs may continue in office as caretaker Ministers for a period, but must leave office no later than 28 days after polling day (that is, by 21 October 2017), under section 6(2)(b) of the Constitution Act 1986. The Cabinet Office will arrange for Ministers in this situation to submit their resignations to the Prime Minister and the Governor-General, if required.

The government formation period

13 It is possible that following the general election, two or more parties will negotiate to form a new government.

Guidance on support from the State sector

14 While inter-party negotiations to form a government are the business of politicians, negotiating parties may seek access to the State sector for information and analysis on issues that might form part of any coalition, support or other agreement.

15 The State Services Commissioner manages any involvement by officials in the government formation process. The Commissioner has issued guidance in relation to this process, entitled *Negotiations Between Political Parties to Form a Government: Guidelines on Support from the State Sector*. It is expected that all agencies in the State sector will follow the process set out in the guidelines.

16 Only the Prime Minister may authorise access by a political party to State sector agencies. The State Services Commissioner is the contact point and facilitator between political parties and State sector agencies. If government agencies receive direct requests for information or assistance from political parties (including parties represented in the government), they should refer them to the Commissioner and notify the relevant department. Ministers must refer such requests to the Prime Minister.

The role of the Governor-General

17 By convention, the Governor-General's role in the government formation process is to ascertain where the confidence of the House of Representatives lies, based on the political parties' public statements, so that a government can be appointed. It is not the Governor-General's role to form the government or to participate in any negotiations (although the Governor-General may wish to talk to party leaders if the talks have no clear outcome).

18 The Governor-General will, by convention, abide by the outcome of the government formation process in appointing a government. The Governor-General will also accept the political decision as to which individual will lead the government as Prime Minister.

19 During the government formation process, the Clerk of the Executive Council provides official, impartial support to the Governor-General, including liaising with party leaders as required on the Governor-General's behalf.

Appointment of new government and allocation of portfolios

20 Once the outcome of any government formation process is known, the timing and arrangements for the transition from one administration to the next depend on a number of practical matters, including the allocation of portfolios. Portfolio responsibilities will not formally change until the current Ministers have resigned and the new Ministers have been appointed by the Governor-General.

21 In practice there is usually a period of some days between the formation of a new government and the new ministry taking office. Current Ministers continue in office, in a caretaker capacity, until new appointments are made (subject to section 6(2)(b) of the Constitution Act – see paragraph 12 above).

22 It is the practice for a full appointment ceremony to be held when a government is formed after an election, even when the composition of the government has not changed greatly. The ceremony formally marks the formation and commencement of a new administration, and marks the end of the caretaker period.

23 Once the new ministry is ready to be sworn in, the Cabinet Office will arrange for all Ministers to submit their resignations to the Prime Minister and the Governor-General. The new ministry will be sworn into office and the Governor-General will sign the warrants appointing Ministers to particular portfolios.

24 Portfolio responsibilities may change after the election, either as a result of a reshuffle or a change of government. Agencies should not assume, therefore, that an existing Minister will retain a certain portfolio or that a party spokesperson for a certain portfolio will be appointed as the Minister for that portfolio.

Briefing the incoming government

25 Each new Minister will receive a Briefing for the Incoming Minister (BIM) in respect of each of his or her portfolios.

26 Agencies in the wider State sector and agencies within Ministers' portfolios that do not form part of the State sector would normally brief the incoming government through the relevant department. If an agency considers it appropriate to brief a Minister separately, it is expected that the agency will comply with the rules that apply to departments concerning the timing, content, and release of BIMs. If a separate briefing is provided, the agency should provide a copy of it to the relevant department.

Content

27 Guidance on the content of BIMs is set out in paragraphs 3.16 to 3.21 of the Cabinet Manual, and in Chapter 3 of the State Services Commission's *Guidance for the 2017 Election Period: State Servants, Political Parties, and Elections*.

Timing

28 BIMs are usually provided to new Ministers following their appointment (that is, after the appointment ceremony). The incumbent Prime Minister may, however, wish to authorise the provision of BIMs to incoming Ministers once portfolio allocations have been announced through the Ministerial List. The Secretary of the Cabinet will inform chief executives of any such authorisation from the Prime Minister.

29 Departments and agencies must inform the incumbent Minister and the State Services Commissioner before providing BIMs in such cases. The incumbent Minister continues to hold full executive authority until the incoming Minister has been appointed.

30 If government formation negotiations have concluded and there is to be a change of government, but portfolio allocations have not yet been announced, chief executives may, *in cases of great urgency*, provide advice to the incoming government through the Prime Minister-designate. This advice may be given only after the express consent of the incumbent Prime Minister has been obtained and a process has been agreed with the State Services Commissioner.

Release of BIMs

31 While BIMs are subject to the Official Information Act 1982, there is no presumption of public release. Whether a BIM is released publicly is a matter for the Minister, not the department or agency, to decide (see paragraph 3.19 of the Cabinet Manual).

Distribution of circular and further guidance

32 The State Services Commissioner will provide copies of this circular to agencies in the State sector, including non-Public Service departments, statutory Crown entities, Crown entity companies, organisations listed in Schedule 4 and companies listed in Schedule 4A of the Public Finance Act 1989, the Reserve Bank of New Zealand, tertiary education institutions, State Owned Enterprises, and the Offices of Parliament.

33 Public Service chief executives should forward copies of this circular to the heads of other agencies within their Ministers' portfolios that do not form part of the State sector.

34 Further information on constitutional procedures after the election is available as follows:

34.1 The Cabinet Office website, including:

34.1.1 *Elections, Transitions, and Government Formation*, Chapter 6 of the Cabinet Manual;

34.1.2 *Briefing for Incoming Ministers*, paragraphs 3.16 to 3.21 of the Cabinet Manual;

34.1.3 *Government Decisions and Actions in the Pre-election Period*, Cabinet Office circular CO (17) 1;

34.1.4 *Management of Parliamentary Business after the Dissolution of Parliament*, Cabinet Office Circular CO (17) 4.

34.2 The website of the State Services Commission, including:

34.2.1 *Guidance for the 2017 Election Period: State Servants, Political Parties, and Elections;*

34.2.2 *General Election 2017 – Political Neutrality: Questions and Answers for State Servants* and *General Election 2017: Factsheet for State Servants*;

34.2.3 *Negotiations between Political Parties to Form a Government: Guidelines on Support from the State Sector*.

35 Following the election, the Cabinet Office will issue circulars on the practical requirements for decision making in the post-election period.

Michael Webster
Secretary of the Cabinet and Clerk of the Executive Council

Enquiries:

Rachel Hayward, Deputy Secretary of the Cabinet (Constitutional and Honours)
Ph: (04) 817 9778
rachel.hayward@dpmc.govt.nz

Anna Fleming, Legal and Constitutional Adviser
Ph. (04) 817 9741
anna.fleming@dpmc.govt.nz

Quality and Safety

Quality and Safety: No reports this month.

Decision Reports

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 6.1

SMOKING IN HENRY RONGOMAU BENNETT CENTRE

Purpose	For consideration and decision.

INTRODUCTION

A DHB Board member asked the DHB Board to consider reintroducing an outdoor smoking area for mental health clients in the Henry Rongomau Bennett Centre (HRBC). The proposal would only include the Adult Acute Inpatient Unit and would not include any other inpatient facilities (such as Forensic Services, Older Persons Mental Health Services) or any of the Community Services. Mental health clients who were inpatients in the general hospital for a physical health issue would also be excluded.

The Board discussed this request and asked DHB management to prepare a report for the discussion and consideration by the Board.

The question:

Should mental health re-introduce an outdoor smoking area in the courtyards at HRBC?

DISCUSSION

New Zealand, like Australia and the United Kingdom, has clearly set out it's intentions to reduce smoking and to reduce the health impacts of smoking on our society through the following legislation: The introduction of the Smoke Free Environment Act in 1990 and the Smoke Free Environment Amendment Act in 2003, and the introduction of the Smoke Free Environment Regulations in 2007. The aim of the Smoke Free Environment Regulations are to:

- protect all workers and the public from second-hand smoke;
- reduce the harm caused to individuals by their smoking;
- further restrict minors' (under 18 yrs) access to smoking products and prevent negative influences on young people;
- further promote a smoke free (auahi kore) lifestyle as the norm.

This legislation was further strengthened by the Hazardous Substances Act 2001 and the Health & Safety at Work Act 2015.

Health services in New Zealand moved to smoke free environments, within their premises and also the grounds of health facilities in 2004, however some DHBs continued to allow smoking in designated areas. Waikato DHB became smoke free in 2006, but mental health services had an exemption until 2011. Mental health services in Waikato moved to smoke free in 2009; Forensic services had gone smoke free one year earlier.

The DHB Smoke Free Policy 2014 is committed to a Smoke Free New Zealand by 2025.

Smoke Free in other New Zealand District Health Board Mental Health Services

Most mental health services in New Zealand are now smoke free however some were slower to fully achieve smoke free premises and grounds. Canterbury DHB only became smoke free two months ago. At the current time only one DHB, Nelson/Marlborough, still allows smoking on it's grounds for mental health clients.

Legal Challenges

Since the introduction of smoke free policies in the DHBs there has been a legal challenge taken by a group of mental health clients on the policies implemented in one DHB. This was a case taken against Waitemata DHB, where the claimants stated the Smoke Free policy introduced in Waitemata was a **breach of civil rights under the Bill of Rights 1990**. This case went as far as the Supreme Court and the DHB's position was upheld. The Supreme Court unanimously rejected the appeal on the following grounds:

- First, the Court found that s.6 of the Smoke Free Environments Act does not create any obligation on the Board to provide dedicated smoking rooms in its mental health units. While s.6 allows for dedicated smoking rooms in hospital care institutions, residential disability care institutions and rest homes, the section is permissive and does not impose a positive obligation on the Board to provide such facilities.

- Second, the Court found that the Board's smoking policy is not inconsistent with the Bill of Rights. The Court found that the way in which the policy was implemented, following a careful process and with the provision of nicotine replacement therapy, means that the policy does not breach the right to be treated with humanity and respect for dignity or the right not to be subjected to cruel or disproportionately severe treatment. In addition, the policy does not breach the right to be free from discrimination on the basis of disability. The appellant was treated in the same way as all others required, for any reason, to be in the ICU. The treatment arose out of the appropriate operation of the treatment regime for compulsorily detained patients and there was no different treatment on a prohibited ground. Finally, the Court found that there is no existing right to home or private life encompassing the right to choose to smoke whilst confined for short periods in the ICU of a mental health institution.

There was also a legal challenge made in the UK by clients at Rampton Hospital, a national secure facility for forensic clients. The legal challenge was dismissed by the Court of Appeal.

Waikato DHB Mental Health Leave Policy

When a client is admitted to HRBC, especially if they are under the Mental Health (CAT) Act 1992, they may have some restrictions placed on their movements. As part of their care plan these restrictions will be amended as the client prepares for discharge. This will mean that the client may initially be granted short periods of escorted leave, then leading to unescorted leave as they prepare to return to live in the community.

A risk assessment is undertaken on a daily basis to ascertain if a client can safely be permitted to have leave, either escorted or unescorted.

The Leave Policy is in place for planned leave and is not a policy to allow clients time off the inpatient unit to smoke. Some clients may choose to have a cigarette while on escorted or unescorted leave.

In the interests of staff health and safety a staff member can decline to escort a client on leave if the client intends to smoke during the period of leave.

Clinical Issues

It is often argued that when someone is unwell with a significant mental health issue that this is not the right time to consider giving up smoking. A study by the Royal College of Physicians & Royal College of Psychiatrists published in 2013, entitled '**Smoking and Mental Health'** found the that smoking significantly complicates medical management of mental health patients by interacting with drugs:

"Interactions with treatment for mental disorders

Metabolism of several psychotropic drugs is increased in cigarette smokers. This effect is not due to nicotine, but to inhaled polycyclic aromatic hydrocarbons in smoke, which induce cytochrome P450 (CYP) CYP1A2 isoenzymes61 to metabolise many commonly used antipsychotics and antidepressants more quickly.

Patients who smoke are therefore likely to need higher doses of these drugs to achieve similar blood levels to non-smokers, and in the event of stopping smoking need to reduce the doses used to compensate for this effect.

This applies in particular to clozapine and olanzapine, two commonly used antipsychotic medications metabolised primarily by CYP1A2,62 and pharmacokinetic studies have demonstrated more rapid clearance of olanzapine and lower clozapine concentrations in participants who smoke compared with those who don't.

Adverse clinical outcomes arising from rapid increases in blood levels of these drugs after stopping smoking have been reported, with symptoms including somnolence, hypersalivation, fatigue, extrapyramidal effects, delirium and seizures.

Clinical guidelines recommend reducing doses of these drugs by around 25% during the first week after stopping smoking, and monitoring blood levels before and at weekly intervals after stopping smoking until levels have stabilised. Similar considerations apply to a range of other psychotropic drugs, for which recommendations are given in Table 5.1.Nicotine is metabolised predominantly by a different CYP enzyme, CYP2A6, which is induced by oral contraceptive medications and carbamazepine.

Effects of antipsychotic medication on smoking cessation

Antipsychotic medication can also influence smoking behaviour. Smokers using 'atypical' antipsychotics such as clozapine, as opposed to first-generation ('typical') treatments such as haloperidol, are more likely to quit smoking.

Clozapine treatment is also associated with reduced smoking, particularly in heavy smokers and in those showing a therapeutic response to clozapine. Clozapine is the only atypical antipsychotic that consistently improves P50 auditory gating, probably through serotonin (5HT3) receptor antagonism, which increases acetylcholine release, and hence activates nicotinic receptors which reduce the desire to smoke.

Conversely, treatment with the older typical antipsychotics, such as haloperidol, has been associated with increased smoking."

A paper from the Best Practice Journal 2014, which was quoted at the May 2017 Board meeting indicates that stopping smoking improves mental health:

"*Viewing smoking as a stress-reliever can be a barrier to quitting.*

People who smoke often view it as a stress-relieving activity, therefore do not want to quit.[12, 14] There may also be concern that quitting smoking will worsen mood in people with a mental health disorder.[14] In fact the opposite is more likely to be the case: smoking cessation has been shown to have beneficial effects on mood disorders, with an effect size equal to, or larger than, treatment with antidepressants.[14] Health professionals should acknowledge that a patient's mood may improve in the minutes after smoking a cigarette. However, this is an opportunity to explain to the patient that the reason they feel better is because they are addicted to nicotine, and that every puff continues this cycle (see: "Why does quitting smoking improve mental health?"). The patient can then be reassured that all people who break the cycle of smoking addiction will experience mental health benefits.[14] N.B. The doses of antipsychotics used to treat some mental health disorders (and insulin) may need to be adjusted if abrupt cessation occurs in a person who is heavily dependent on cigarettes (see: "The effects of smoking cessation on patients with mental health disorders).

Why does quitting smoking improve mental health?

A meta-analysis of 26 studies found consistent evidence that smoking cessation is associated with improvements in depression, anxiety, stress, quality of life and positive affect.14 This benefit was similar for people in the general population and for those with mental health disorders.[14]

The fallacy that smoking improves mental health can be understood when the neural changes that long-term smoking causes are considered. Over time, smoking results in modification to cholinergic pathways in the brain, resulting in the onset of depressed mood, agitation and anxiety during short-term abstinence from tobacco, as levels of nicotine in the blood drop.[14] When a person who has been smoking long-term has another cigarette their depressed mood, agitation and anxiety is relieved. However, as a person continues to abstain from smoking the cholinergic pathways in the brain remodel and the nicotine withdrawal symptoms of depressed mood, agitation and anxiety are reduced through abstinence from nicotine. The process whereby people relieve withdrawal symptoms with a drug, i.e. nicotine, which then reinforces these symptoms is referred to as a withdrawal cycle and it may also be associated with a decline in mental health.[14]

The effects of smoking cessation on patients with mental health disorders

Hydrocarbons and tar-like products in tobacco smoke are known to induce the cytochrome P450 enzyme CYP1A2.[15] When patients taking other medicines that are metabolised by this enzyme stop smoking there may be an initial rise in medicine levels in their blood as enzymatic activity falls to normal levels. There may be some instances where stopping smoking in a patient taking certain antipsychotics (e.g. clozapine, olanzapine, chlorpromazine, haloperidol) or insulin causes clinically significant changes in serum concentrations.[15] Patients with insulin-dependent diabetes who stop smoking should be alert to the symptoms of hypoglycaemia and increase their frequency of blood glucose monitoring.[16]".

Clinical evidence that supports smoking for mental health patients

I was unable to find any information in recognised journals or research articles that supported the continuation of smoking for mental health clients

Life-years gained from smoking cessation in mental health disorders

Smoking cessation substantially increases life expectancy. Half of smokers die prematurely, unless they quit, and quitting smoking at age 30, 40, 50 or 60 years gains respectively about 10, 9, 6, and 3 years of additional life expectancy.

Information from the NHS and Social Care Information Centre indicate mortality in people with serious mental health disorders is three times the population average, current information indicates mental health clients die 25 years earlier than the general population.

The evidence currently suggests that there is significant co-morbidity between psychiatric illness and chronic physical illness, most evident among Māori and Pacific peoples (Te Rau Hinengaro; the New Zealand Mental health survey, 2006). It is also clear that Māori are between 2 and 2.5 times as likely to be admitted into hospital with a Major Depressive, or Schizophrenic disorder (Tapsell et al; in press, Australasian Psychiatry 2017). Further, evidence suggests that the life expectancy of those with serious mental illness is up to 25 years less than the general population (without explicitly considering the contribution that cigarette smoking might make to this).

Violence associated with Smoke Free Policy in Mental Health Services

There have been suggestions that since the introduction of smoke free in mental health inpatient facilities that violence towards staff and towards fellow clients has increased.

A study in the UK in 2014 in fact found the opposite to be the case.

The Science Daily (June 2017) reported on a study that had been carried out by New Kings College following the introduction of a Smoke Free Policy at the South London and Maudsley NHS Foundation Trust. The study was published in the Lancet.

The summary from the research states:

- "*New research reveals a 39 percent drop in physical assaults- both between patients and towards staff- following the introduction of a smoke free policy at the South London and Maudsley NHS Foundation Trust".*

There was no similar study done in New Zealand that I could find.

Environment impact of smoking in outdoor areas

The Whanganui District Health Board commissioned Otago University to undertake an Ambient Air Quality study in outdoor smoking areas. They discovered that the surrounding area (not the designated smoking area) had a level of fine particulate that was 1.7 times higher than in non-smoking areas. This indicated that there is leaching in to the non-smoking area from designated smoking areas.

Cost to clients

A number of clients, who have significant mental health issues that may require admission from time to time, are not in employment so are living on a benefit. The current Job Seeker benefit is $212.45 per week; and if the client is also entitled to a Disability Allowance then this would add an extra $60 per week. The cost of a packet of 20 cigarettes is around $24, so if a client smokes 20 cigarettes a day then they would spend $168 per week of their benefit which leaves very little for food and other living expenses.

Nicotine Replacement Therapy

Within a smoke free environment it is important that mental health clients are assessed for their level of nicotine dependency and where clients are identified as addicted to nicotine that adequate Nicotine Replacement Therapy (NRT) is offered.

Within Waikato DHB there are currently a number of Nicotine Replacement Therapies (NRT) offered to clients in HRBC,

- Inhaler –short acting - 15mgs
- Lozenge – short acting – 2mgs
- Gum – short acting – 4mgs
- Patch – 21 mgs

Further therapies are becoming available, such as sprays.

Time to first cigarette is used to measure level of tobacco dependence. If a person smokes within one hour of waking, they have a higher degree of dependence. They will benefit from higher doses of NRT and a combination of patch with short acting nicotine such as the inhalator.

Daily monitoring of nicotine withdrawal

The dose of NRT can be increased if the patient has inadequate relief of withdrawal symptoms (e.g. urges to smoke, irritability and restlessness).

NRT is an area that requires ongoing monitoring ensuring clients are being offered the most appropriate therapy to help them deal with their nicotine addiction.

Risks to re-introducing an outdoor smoking area

Agreeing to a dispensation for inpatients (a disproportionate number of whom will be Māori) with psychiatric disorder, to smoke cigarettes whilst in hospital is likely to increase the level of co-morbidity and decrease the life expectancy of this already vulnerable group of patients.

As an aside, the Board may wish to consider its exposure to a future civil suit (or indeed a class action) taken by a patient (s) with serious mental illness, or their family, alleging that the Board directly, further, shortened the life of a patient(s) with serious mental illness by allowing them to smoke as an inpatient, whilst at the same time banning this activity for the general inpatient public.

SUMMARY

The issue raised at the May 2017 Board needed to be considered. It is perceived that it is difficult for smokers to suddenly give up smoking just because they are now in an environment where restrictions exist; however the evidence would suggest that, for some smokers this is exactly the right time for them to quit. It is also important to acknowledge that smoking related illness is a major factor in the premature death of many mental health clients.

Adequate NRT needs to be provided to clients and also to staff who smoke. It is also vital that staff are provided with and engage in ongoing training in how to support and assist clients to quit smoking whilst in an inpatient environment.

Creating outdoor smoking areas would still leave the DHB with the smoking related health and behaviour issues, and with the danger of second-hand smoke in the vicinity to the designated smoking area.

RECOMMENDATION

District Health Boards (DHBs) are mandated by the Health Act 1956 and the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of their populations and to reduce health disparities. Based on this mandate and the local and international evidence available (see discussion below), it is recommended that an outdoor smoking area for clients in the Adult Acute Inpatient Unit, at the Henry Rongomau Bennett Centre (HRBC) not be reintroduced.

DEREK WRIGHT
EXECUTIVE DIRECTOR, MENTAL HEALTH AND ADDICTION SERVICES

References

Smoking and Mental Health:Royal College of Physicians & Royal College of Psychiatrists 2013
Smoking cessation beyond the ABC Best Practice Journal: -2014,BPJ -64
Science Daily: June 2017
Waikato DHB Smoke Free Policy 2014 (0121)
Te Rau Hinengaro; the New Zealand Mental health survey, 2006.
Supreme Court B(SC 60/2016) v Waitemata DHB – June 2017
Leave Status and its Application Procedure (2184) –Mental Health Services June 2015
Hazardous Substances (Classification) Regulations 2001
Health & Safety at Work Act 2015
Smoke Free Environments Act 1990
Smoke Free Environment Amendment Act 2003
Smoke Free Environment Regulations 2007
Whanganui Council – Smoke Free Outdoor Areas
Public Health Advice from Waikato DHB Public Health Service

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 6.2

MEDIA AND COMMUNICATIONS POLICY

Purpose	For approval.

This policy aims to ensure that Waikato DHB's external and internal communications activity is fit for purpose, follows best practice and supports the organisation's vision, values and priorities.

It defines the processes for media and public relations; publishing documents; visual communications including photography and video; the use of the internet and intranet and the appropriate use of social media.

Recommendation
THAT
The Board approves the Media and Communications Policy.

LYDIA AYDON
EXECUTIVE DIRECTOR PUBLIC & ORGANISATIONAL AFFAIRS

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

Policy Responsibilities and Authorisation

Department Responsible for Policy	Media and Communications
Position Responsible for Policy	Executive Director of Public & Organisational Affairs
Document Owner Name	Lydia Aydon
Sponsor Title	Chief Executive, Waikato DHB
Sponsor Name	Dr Nigel Murray
Target Audience	All staff
Committee Approved	Policy Committee
Date Approved	1 June 2017
Committee Endorsed	Executive Group
Date Endorsed	14 July 2017
Board Endorsed	Waikato DHB Board
Date Endorsed	
Disclaimer: This document has been developed by Waikato District Health Board specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato District Health Board assumes no responsibility whatsoever.	

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

Policy Review History

Version	Updated by	Date Updated	Summary of Changes
4	Lydia Aydon	Mar 2017	Major policy review and transfer to new template
5	Lydia Aydon	June 2017	Changes made following consultation with organisation and feedback from policy committee

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

Contents

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

1. Introduction

1.1 Purpose

This policy aims to ensure that Waikato DHB's external and internal communications activity is fit for purpose, follows best practice and supports the organisation's vision, values and priorities.

It defines the processes for media and public relations; publishing documents; visual communications including photography and video; the use of the internet and intranet and the appropriate use of social media.

It ensures Waikato DHB's interaction with the media is consistent, accurate, timely and from an appropriate person.

It advises staff on what is and is not permitted in terms of standards of communication and authority to make public statements that are work related.

1.2 Background

Promoting health services and information to our diverse population to increase health literacy is a priority in the DHB's Strategy.

Waikato DHB needs clear, constructive, informative and user-friendly communications within the DHB and with the public, media and stakeholders, while protecting the reputation and rights of the organisation, its staff and service users.

This will help the DHB increase community awareness of health promotion and prevention activities; establish good working relationships with key stakeholders; assist the community in understanding the services funded and provided by the health board; and effectively manage risks and issues.

Listen to me, talk to me – Whakarongo is one of Waikato DHB's core values and this needs to be reflected in internal communications which help build our sense of community as an organisation and keep people informed and engaged.

1.3 Scope

This is a Waikato DHB staff policy and applies to all communication activity with external and internal stakeholders carried out by DHB staff *(see definition).*

1.4 Exclusions

It does not include clinical photography. It should be read alongside our sponsorship policy and a new policy currently under development, relating to private recordings (video, voice and photography) on Waikato DHB premises.

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

2. Definitions

External stakeholder	includes media, community groups and organisations, local and central government and the general public.
Staff	comprises Waikato DHB's employees, board and committee members, contractors, students or other individuals carrying out paid or unpaid work at the DHB.
Communication activity	comprises media releases, statements and interviews; published material including posters, newsletters, reports and brochures; video and photography, advertising; websites; intranet and social media.

3. Policy Statements

The Waikato DHB policy for media and communications is that:

- all communications with and through the media are coordinated effectively, are consistent clear, accurate and timely.
- all employees must have clarity of their responsibilities and the process for managing the organisation's relationships with the media.
- all communications with external stakeholders demonstrate professionalism and are consistent with the organisation's vision and strategic imperatives.
- Waikato DHB publications must meet stated standards of presentation and conform to organisational identification requirements.
- information displayed on the DHB's website and intranet must be appropriate and accessible.
- Internal communication (e.g. memos, reports, instructions) are clear, concise and accurate. They should identify early on any required or desired actions, meet organisational standards of professionalism and appropriate language and follow Waikato DHB's style guidelines.
- When a presenter is representing Waikato DHB they should use approved Waikato DHB PowerPoint templates and follow Waikato DHB style guidelines.

4. Roles and Responsibilities

All Staff

Employees are responsible for:

- notifying the DHB's Media and Communications team if they have been approached by the media and referring all media approaches to that team for a response.
- ensuring all information posted to the internet and intranet is accurate and has an appropriate level of authorisation.
- ensuring all communication to external stakeholders – via letter, email or internet conforms to the standards outlined in the policy.
- ensuring they follow the social media standards outlined in this policy and not bring the organisation into disrepute or contravene privacy and HR policies.

Executive Director of Public & Organisational Affairs

Is responsible for:

- ensuring that all media releases and statements are approved by the Executive Director (or their delegate) of the appropriate service, or the Chief Executive if relevant.
- providing support, advice and media training for employees dealing with the media.
- alerting Board members, the Chief of Staff and the Chief Executive of any significant media requests and responses, as appropriate.
- ensuring there is a process to keep all content on the DHB websites, intranet and social media sites accurate, accessible and up to date.
- publishing the DHB style guidelines to assist the production of user-friendly, professional, clear and consistent communications.

5. Media management

5.1 Legal liability

Waikato DHB personnel making public statements regarding any person or organisation must comply with all relevant legislation e.g. Health Information Privacy Code 1994, Code of Health and Disability Consumers Rights 1996. Staff may be personally liable if the statement is unfounded.

5.2 Media liaison

The media have a legitimate interest in Waikato DHB and its activities. The DHB's approach is to be as open and helpful to the media as possible and to recognise that they are an important means of communicating with the public.

Waikato DHB is often approached by the media to comment on individual patients, where the patient has signed a privacy waiver for us to do so. In some instances this may be appropriate, but our preference is to provide general comment only.

The Media and Communications unit is responsible for liaising between the media and staff. This approach expedites the flow of information to the media, reduces potential disruption to hospital activity and ensures media are getting accurate information from the most appropriate person in the organisation.

Waikato DHB releases condition updates on request to the media in accordance with privacy legislation.

All Waikato DHB media requests are to be referred to the Media and Communications team as soon as possible. They will work with the appropriate subject matter experts to provide a response.

If staff wish to proactively promote Waikato DHB services in the media or invite media to attend a Waikato DHB event they must contact the Media and Communications team who will assess the request and provide advice and support as appropriate.

If staff have any concerns about media coverage, including the accuracy of the information, they should contact the Media and Communications team to discuss. Any

complaints about media coverage are to be coordinated by the Media and Communications team.

The Media and Communications team can be contacted 24/7 by calling 021 671 239 or by emailing news@waikatodhb.health.nz.

5.3 Authorised Waikato DHB spokespeople

Only authorised media spokespeople or their delegate can comment on behalf of the Waikato DHB. This includes verbal or written comment.

The Delegations of Authority Policy shall take precedence if there is a conflict.

Media interviews will be undertaken only by spokespeople who have received media training or advice from the Executive Director of Public & Organisational Affairs and are well prepared to respond.

No direct dial, mobile numbers or email addresses of staff are to be given to the media, except for contact details of staff in the Media and Communications team.

Staff must inform the Media and Communications team if they intend to, or have, commented to the media on behalf of a third party organisation that relates to the DHB or the work of the DHB.

Table 1 indicates Waikato DHB's authorised spokespeople

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

Table 1 : Authorised spokespeople

MEDIA ISSUES	AUTHORISED SPOKESPERSON	OR DELEGATION TO
Governance / Politics	Board Chair or Chief Executive	Deputy Chair, Committee Chair, Chief Executive
Service planning and allocation of funds	Chief Executive or Executive Director Strategy and Funding or Executive Director Corporate Services	Chief Financial Officer Senior Portfolio Managers
Waikato Hospital	Executive Director of Waikato Hospital Services	Other Executive Directors Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Thames, Te Kuiti, Tokoroa and Taumarunui hospitals	Executive Director of Community and Clinical Support	Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Mental Health Services	Executive Director of Mental Health and Addictions Services or Director of Clinical Services of Mental Health and Addiction Services	Directors of Mental Health and Addiction Services Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Women's Health Services	Commissioner of Women's Health or Executive Director of Waikato Hospital Services	Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Te Puna Oranga/Māori Health Services	Executive Director of Te Puna Oranga	Specialist staff
Information Services	Executive Director Corporate Services or Chief Information Officer	Director or senior manager
Building Programme/Capital Projects/Facilities	Chief Executive, Executive Director Facilities and Business or Chief Financial Officer	Directors or senior managers.
Clinical	Chief Medical Officer or Chief Nursing and Midwifery Officer or senior clinicians (e.g. SMOs, professional advisors)	Specialist staff (including doctors, nurses and allied health)
Public Health	Medical Officer of Health or Executive Director of Community and Clinical Support	Specialist staff
Primary care	Clinical Director of Primary and Integrated Care or Executive Director of Strategy and Funding	
Human Resources issues	Director of People and Performance or Executive Director or Corporate Services	HR Consultants
Emergency Management	Incident Controller	Specialist staff

Quality and patient safety and patient complaints	Director, or Clinical Director, of Quality and Patient Safety.	Executive Director of Waikato Hospital Services Executive Director of Community and Clinical Support Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Key projects e.g. Medical School, SmartHealth	Chief Executive or Project Executive or clinical lead.	Specialist staff

5.4 No surprises approach

As a crown entity we are required to operate on a no surprises basis to ensure our Board, the Ministry of Health and Minister of Health are informed about issues.

Staff should inform the Media and Communications team of issues that could attract media attention or be contentious, as well as opportunities for positive media coverage.

If there is likely to be significant media coverage, the Executive Director of Public and Organisational Affairs will inform Board members and relevant staff and Executive about the query and our response.

5.5 Professional and employee organisations

Waikato DHB recognises and respects the rights of its staff to comment publicly and engage on public debate on matters relevant to their professional expertise and experience.

Staff who are spokespeople for professional bodies, committees or organisations may make statements to the media to express the views of their organisations. Staff must state the capacity in which they are speaking and make it clear they are not speaking on behalf of the Waikato DHB.

The delegations outlined in this policy apply to employees writing or submitting an article for inclusion in any publication, which discusses Waikato DHB policy, politics, operational, employees and/or patient information.

Clinicians (as identified in the Table 1) asked for comment on areas of clinical expertise around particular cases should make it clear they are speaking as themselves with clinical experience rather than as a representative of the DHB (unless they have been asked to speak on behalf of the DHB by the Media and Communications team).

Staff commenting on behalf of their professional body, association, business or themselves are not to use DHB equipment or facilities, which would lead readers or viewers to consider the comments are by a DHB spokesperson.

5.6 Patient condition updates

Under rule 11 (1) (e) of the Health Information Privacy Code 1994, we can release general information concerning the presence, location and condition of a patient in a hospital, unless the patient or their representative have expressly asked us not to.

When the media call requesting information of a patient we can confirm the patient is in hospital, confirm an age band, gender and town of residence, and use the following terms:

Locations:

- Emergency Department
- Intensive Care Unit
- High Dependency Unit
- Hospital Ward

Conditions:

- Being assessed in the Emergency Department
- Critical
- Serious
- Stable

We will not confirm or provide any personal details about the patient such as their name, nature of injuries or prognosis.

We will not confirm whether a named person is being treated in our mental health inpatient unit or is known to our mental health services.

If the patient has passed away we will not inform the media that they are deceased until the next of kin has been notified. If the patient has been involved in a motor vehicle accident or other incident involving the police, the media will be referred to the police to confirm that they are deceased.

If the media request to interview a patient in our hospital, all requests must come through the Media and Communications team. The team will approach the nurse manager for the ward for advice on whether, in their clinical view, the patient is able to be interviewed. If they are, then a member of the Media and Communications team will discuss the interview request with the patient. If they are happy to be interviewed, the team will facilitate the interview and accompany media on site.

5.7 Media requests for filming / photographing on site

Requests from media for filming or photography on DHB sites must be made through the Media and Communications team. The team will aim to facilitate this wherever possible.

We will seek advice to ensure the rights of patients, visitors or staff are not breached, there are no health and safety risks and there is no impact on patient care.

All patients featuring in photographs must sign a consent form. Forms are available from Media and Communications. In cases where a patient is unable to sign the release, a representative must provide signed consent.

All staff featuring in photographs or videos must be asked for consent and informed where and how the photo/video will be used.

All media on a DHB site will be accompanied by a member of the Media and Communications team or their delegate. Security will be informed before media come on site.

5.8 Board member media responses

The Board Chair is the official spokesperson on matters before the Board and Board decisions. The Board Chair may delegate the authority to act as spokesperson to another member of the Board on a specific issue or for a period of time.

Committee Chairs may speak on committee matters as per the committee terms of reference.

Board members may accept invitations to speak at a wide range of public forums. On these occasions Board members must accurately communicate Board positions where they have been agreed. Board members will consult with the Chair prior to making public comment on any issues where the Board does not yet have an agreed policy.

Board members can make public statements on non-Board matters in a personal capacity. Board members shall be deemed to be representing the organisation at all times, unless they expressly state otherwise.

Media are welcome to attend Board and committee meetings. Filming or photographing the meeting can occur with permission from the Board Chair.

5.9 Official information requests

Any Official Information Act requests from a media organisation will be responded to through the normal OIA process which involves review by legal services and the Executive Director of Public and Organisational Affairs.

6. Publishing

Material published in any form intended for public or staff must meet Waikato DHB standards of:

- Content – clear, concise, accurate, informative, user friendly (well suited to the intended audience's interests and level of knowledge).
- Uses the Waikato DHB style and brand guidelines.
- Format - using clear layout and Arial font (unless designed by Fuji Xerox or Media and Communications) no less than 10 pt for body text.
- References – Fuji Xerox applied number included in forms and some documents (for ordering and reference purposes) DHB logo or words identifying Waikato DHB and any other joint authors, and publication date and contact details within the content if appropriate.
- Tone – professional, helpful, engaging, practical – avoiding coming across as bureaucratic, petty or dismissive.

Refer to the guides and templates on the intranet 'Getting things Done' for more information.

Any requests for the Waikato DHB logo to be included on material for an external stakeholder must be approved the Media and Communications Unit.

6.1 Public access

Publications produced by Waikato DHB must be publicly available, except where there are compelling reasons under relevant legislation to withhold them.

6.2 Copyright

Copyright is legal for a specified period to protect the exclusive right to produce copies and to control an original work.

All original material produced by Waikato DHB employees in the course of their work, and contractors of Waikato DHB during the course of their contract (except where this is specifically excluded in their contract) is copyrighted to the organisation.

Copyright is indicated by the copyright symbol, the year and the name of the owner e.g. © Waikato District Health Board 2017.

Waikato DHB must hold copyright on printed and electronic publications unless a specific requirement of the Waikato DHB Intellectual Property policy applies.

If a paper or article is commissioned by an external professional Journal or other publication, then that publication owns the copyright of the work they commissioned.

6.3 Translations and Te Reo Māori

Translations must accurately convey the intention of a publication and must not necessarily be literal "word for word" translations.

The Executive Director Te Puna Oranga is responsible for authorising the need for a publication to be produced either in te reo Māori only or bilingually and the process for accessing Māori translation services.

All Waikato DHB publications translated in whole or in part into te reo Māori must be accurate and use macrons. Staff should think about options for the user that will make the information understandable e.g. using plain English and diagrams or graphics.

Te Puna Oranga is responsible for ensuring publications incorporating Māori content and mihimihi are correct.

For translations into another language, a Waikato DHB Requisition Form (WDHB1) must be completed and sent to Purchasing and Distribution Service along with the text. Authorised translators are accessed through the Hamilton Multicultural Services Trust Interpreter Services.

6.4 Advertising

Advertising must be placed through the appropriate channel. For:

- Board and committee meeting public notices, contact the Chief of Staff
- Recruitment advertising, contact the Recruitment team
- Other advertising queries, contact the Media and Communications team

Offers from local business for staff are listed on WorxPerx page on the intranet. This is managed by Human Resources.

6.5 Promotional activity

Staff can take part in promotional activity for third party organisations in a personal capacity.

The activity cannot be conducted on Waikato DHB sites or using Waikato DHB equipment, including uniforms. If off-site, the Waikato DHB logo is not to be visible in promotional activity as it could lead the public to consider the activity is supported by Waikato DHB.

6.6 Conference presentations

Presenters who are representing the DHB should use the appropriate powerpoint template available on the intranet and refer to the Waikato DHB style guidelines.

7. Communicating in an Emergency

There is a formal communication structure used by key health agencies including mechanisms to develop and disseminate critical information. This is part of the Coordinated Incident Management System (CIMS).

A member of the Communications and Media team will be part of the incident response team if the EOC is activated and templates are available to ensure information is disseminated quickly across all channels.

8. Internet

8.1 General

The DHB's websites are a key channel for keeping the public informed about our activities and services.

The Media and Communications team is responsible for the main external website waikatodhb.health.nz and the waikatodhbnewsroom.co.nz website, plus the following microsites: www.waikatodhbnewsroom.co.nz, www.youthintact.org.nz, www.midlandtrauma.nz, www.ruralhealthjobs.co.nz, www.inspiringpeople.co.nz and is responsible for ensuring the content is reviewed by local content owners in a timely way. Staff are responsible for informing the Media and Communications team if the content needs to be updated outside of the scheduled reviews.

Approval to set up any additional web microsites must be obtained from the Executive Director of Public and Organisational Affairs and the relevant Executive Director.

The administration and loading of content is only undertaken by the Media and Communications team, unless specific authorisation and training is given.

Content will be checked and if necessary edited by the Media and Communications team to ensure it meets style, tone and format requirements, but content providers are responsible for accuracy of content.

8.2 Security

Information Services must monitor and manage internet services and implement technologies and controls to protect against viruses, spam and unsolicited entry.

Staff will ensure all access and usage of software/services is appropriately licensed and staff agree not to place Waikato DHB in any breach or make Waikato DHB liable in any way.

9. Intranet

9.1 General

The DHB's intranet is an important channel of communication for staff.

Access to and use of the DHB intranet for work related purposes including regularly checking staff notices is part of the normal execution of an employee's responsibilities.

The administration and loading of content on the intranet is undertaken by the Media and Communications team and trained content editors within some services.

The Media and Communications team reserve the right to edit notices for intranet noticeboards, to advise the sender if the message requires more information or checking before being posted, or to reject the message if it does not meet the standards or purpose of the intranet noticeboards.

Items for posting on intranet noticeboards should be sent to news@waikatodhb.health.nz

Services/project teams are responsible for the accuracy and timely updating of content on intranet pages directly related to their area.

Messages posted on the Talking Point message board should include the personal name of the person posting, not a pseudonym.

Any material published in the Waikato DHB Internet/Intranet must not contravene the Defamation Act and in addition to this must not contravene the Films, Video and Publication Classification Act 1993.

Waikato DHB authors of defamatory material, objectionable publications or restricted material are in breach of this policy. Waikato DHB will take appropriate disciplinary action.

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

10. Social Media

Social Media allows people to connect, communicate and interact in real time to share and exchange information. The DHB recognises and supports the benefits of social media, particularly in the areas of public health information, recruitment and patient feedback.

Social media includes blogs; wikis; social networking sites including Facebook, LinkedIn and Twitter; video sharing sites such as YouTube or Vimeo; photo sharing sites like Flickr, Instagram, Snapchat and Pinterest; forums and discussion groups like Google+ and TradeMe.

Only authorised media spokespeople can post on publicly available social media channels on behalf of the Waikato DHB.

The Media and Communications team monitors all social media channels to identify any issues arising from unauthorised use and misrepresentation of the DHB.

Staff participating in social media must make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the views of the DHB. If necessary, they should add a disclaimer (e.g. “The opinions and positions expressed are my own and don’t necessarily reflect those of the DHB”).

Staff should not identify Waikato DHB as their employer when doing so would bring the DHB into disrepute.

The DHB has the following expectations of employees using social media:

- All employees will understand the importance of keeping confidential, sensitive work matters private.
- All employees will understand their workplace obligations of trust and confidence and therefore will not bring the DHB into disrepute by damaging the DHB’s reputation and integrity or undermining the trust and confidence of the public in the organisation or its services.
- Staff should not express any statement or comment that breaches patient or colleagues’ privacy or contravenes their employment or service agreement.

10.1 Requests for additional social media pages

Service/teams and individual staff may wish to create their own social media business or group page on Facebook, or another social channel that allows this, to promote or share some aspects of their work.

In general these pages will not be permitted, due to security and reputation risks and the time involved in keeping these pages relevant, timely and engaging. Social media content should be leveraged on the official DHB pages, administered by the Media and Communications team.

All requests for such a page should be submitted to the Executive Director of Public and Organisational Affairs and outline the purpose, goal, target audience, ongoing commitment available to monitor and post, and justification for why a separate page is needed. If approved, administration and access to these sites also needs to be approved by Information Services.

Staff may wish to create a 'closed group' Facebook page to communicate with either other staff, stakeholders or members of the public relating to a specific initiative. All requests for these groups will be submitted to the Executive Director of Public and Organisational Affairs. Closed groups will generally be permitted if they have a specific time limit, are administered by a named person who manages the invites, and do not disclose any confidential patient or staff information.

11. Audit

11.1 Indicators

- Successes and developments shared with the Waikato public.
- Meet all deadlines agreed between Waikato DHB and media outlets.
- All media releases and comment adhere to the values and strategic direction of the Waikato DHB.
- All queries from the public on social media channels are responded to in a timely manner.
- All external communication material including brochures, letters and emails comply with the guidelines outlined in this policy.
- Staff who participate in social media activities do not bring the DHB into disrepute.

12. Legislative Requirements

Waikato DHB must comply with all relevant legislation which includes, but is not limited to the following:

- Code of Health and Disability Services Consumers' Rights 1996
- Copyright Act 1994
- Defamation Act 1992
- Employment Relations Act 2000
- Films, Videos and Publications Act 1993
- Films, Videos and Publications Classification Act 1993
- Health and Disability Commissioner Act 1994
- Health Information Privacy Code 1994
- Local Government Official Information and Meetings Act 1987 and amendments
- National Library Act 1965 and amendment 1994
- Official Information Act 1982
- Privacy Act 1993
- Protected Disclosures Act 2000
- State Services Commission Web Guidelines, May 2002
- Trade Marks Act 1953
- Unsolicited Electronic Message Act 2007

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

POLICY

Media and Communications

13. Associated Documents

- Waikato DHB Delegations of Authority Policy (Ref. 2175)
- Waikato DHB Clinical Images policy (Ref: 1815)
- Waikato DHB Clinical Records Management policy (Ref: 0182)
- Waikato DHB Informed Consent policy (Ref: 1969)
- Waikato DHB Intellectual Property policy (Ref: 1036)
- Waikato DHB Māori Health policy (Ref: 0108)
- Waikato DHB Information Privacy policy (Ref: 1976)
- Waikato DHB Protected Disclosure (Whistleblower) policy (Ref: 5151)
- Waikato DHB Human Resources policies inlcuding Code of Conduct; Performance & Discipline, Conflict of Interest; and Non-employee policy.
- Waikato DHB Information Security policy (Ref: 3153)
- Waikato DHB Confidentiality Agreement
- Waikato DHB Emergency Management plans
- Waikato DHB Get it Right style guide
- Waikato DHB Disclosure of Health Information policy
- Waikato DHB IS Acceptable Use policy

- Governmental Standards including:
  - State Services Web Guidelines, May 2002
  - Web Guidelines Content and Design Compliance Checklist
  - NZ Government Locator Service Metadata Standard and Reference Manual, August 2001
  - Social Media in Government, Department of Internal Affairs.

Appendix A Permission slip for media outlets

Below is an example of what should be sent to media outlets when giving permission to film/interview within Waikato DHB facilities.

These are the following interview/filming procedures that are to be followed as part of Waikato DHB's permission to interview and/or film within our facilities. If your media outlet does not agree to the following procedures in writing, the Waikato DHB withdraws permission to film within its facilities.

If the media are interviewing a patient the patient must complete and sign a form provided by the media for consent for their information to be published.

Specific Filming/Interviewing/Observation Conditions

- The rights to privacy, confidentiality and safety of the patient, his/her family/whānau and employees, are paramount at all times.
- The premises must be left in the same condition as they are found.
- Film crew must observe the hospital's health and safety procedures e.g. obeying fire alarms.
- If bright lights are interfering with employees' procedures they may not be used.
- The film crew may only film clinical procedures with the express permission of the clinician in charge.
- Any deviations from the plan or timetable to be discussed with the clinical consultant.
- NO close ups of patients or families unless written permission is granted by the patient and/or families at the consultant initiation.
- NO other employees interviewed.
- Employees must give their consent to be in any background shots.
- If employees ask the crew to stop shooting at any time, they must stop immediately.
- If employees ask the crew to leave Waikato DHB facilities at any time, they must leave immediately.
- All employees reserve the right to withdraw consent at any time up to, during or seven days after filming by contacting the Media and Communications team.
- Filming will not hinder patient, visitor, emergency service, delivery and bus access to the hospital.

Appendix B Media waiver form

Date:

Media and Communications Unit
Waikato DHB
Private Bag 3200
Hamilton 3240

This is to advise that I consent to my child taking part in filming or a photo shoot that will appear in the media at a yet to be determined date. [I have discussed this matter with my child and he/she is willing to participate in the filming or photo shoot.]

Also note that where a child is able to understand what is happening (regardless of age) and certainly for older children, their views must be ascertained and recorded.

I agree to my child or me being filmed or having my/his/her picture taken and my or his/her name appearing in the media.

My child's name is:

My name is:

My address is:

My telephone number is: Landline Mobile

Signature:

Date:

Appendix C Standards for Intranet and Internet use

Acceptable Use

- Communication with researchers, educators, peers and organisations providing reciprocal exchange for professional development, to maintain currency, or to debate issues in a field or related area of knowledge pertaining to the mission and goals of Waikato DHB.
- Any traffic originating from another government or associated body, providing the traffic meets the acceptable use policy of both agencies.
- Announcements of new products, services or publication for use within the field of employment, which does not involve personal or charitable remuneration.
- Private use where it does not interfere with the productivity of service unit outputs or put the organisation and /or its employees at risk.
- Communication incidental to otherwise acceptable use, except for illegal or specifically unacceptable use.

Unacceptable Use

- For-profit or charitable activities; or use by for profit organisations.
- Use that will negatively affect the performance of the Internet for other users.
- Accessing confidential information without the owner's permission.
- Intentional representation as another user.
- Harassment, discrimination, intimidation or illegal activities.
- Unsecured transmission of confidential information.
- Visiting sites or receiving communications that contain material that is obscene, objectionable or likely to be offensive.
- Gambling.
- Soliciting for personal gain or profit.
- Making or posting indecent remarks or proposals.
- Uploading or downloading commercial software in violation of its copyright.
- Downloading any software or electronic files without reasonable virus protection measures in place.
- Passing off personal views as representing those of Waikato DHB.
- Any activity that violates New Zealand law and/or the public service code of conduct.
- Private usage – where this usage interferes with the productivity of service unit outputs or puts the organisation and/or its employee's at risk.
- Objectionable material, as defined by the Films, Videos and Publications Classification Act 1993.
- Any activity that may bring the organisation of employees into disrepute or may cause embarrassment to the organisation or employees.
- The generation of unsolicited electronic messages i.e. SPAM.

Finance Monitoring

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 7.1

FINANCE REPORT

Purpose	For information.

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 July 2017	Year to Date Group Actual $m	Group Provisional Budget $m	Variance $m
Funder	0.7	0.6	0.1 F
Governance	0.0	0.0	0.0 F
Provider	0.8	0.9	(0.1) U
Waikato Health Trust	(0.2)	0.0	(0.2) U
DHB Surplus/(Deficit)	**1.3**	**1.5**	**(0.2) 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.

For July 2017 YTD we are unfavourable to provisional budget by $0.2m.

Provider:

The Provider is unfavourable to provisional budget for July 2017 $0.1m, variances include:

1. Revenue favourable to provisional budget $0.3m.
2. Employed personnel costs favourable to provisional budget $0.2m
3. Outsourced Personnel costs unfavourable $1.2m, the dominant variances relate to medical locums ($0.5m, partly offset by savings in medical personnel costs), and Management and Administration ($0.6m, National Oracle Solution (NOS) project portion recovered $0.2m).
4. Outsourced Services favourable $1.3m mainly due to lower utilisation for outsourcing of electives.
5. Clinical supplies favourable to provisional budget $0.1m.
6. Infrastructure & Non Clinical supplies are favourable to provisional budget $0.2m.
7. Interest, depreciation and capital charge unfavourable to provisional budget $1.0m mainly due to a higher capital charge payment arising as a result of the revaluation of land and buildings (recovered in revenue received $0.8).

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

- Acute cases, excluding ED: episodes 2.1% above plan;
- Elective cases: episodes 3.7% below plan;
- Overall 0.6% below plan for cases
- Case weights: The focus of coding has been on the year end thus case weight coding for July not yet reflective of reality.
- ED attends: YTD ED attends are 14.0% higher than the same period last year.

Funder and Governance:

The results for the Funder and Governance are close to 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 the year ended July 2017 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	**$2.2 F**	
CFA Revenue		
CFA Revenue favourable to provisional budget as a result of: ● Increased funding to cover increased capital charge arising as a result of the revaluation of land and buildings in June 2017 - $0.8m (offset against capital charge paid) ● Increase in funding to cover pay equity settlement for workers in aged and disability residential care and home and community support services - $1.1m (offset in NGO payments)	$1.9 F	N/A
Crown Side-Arm Revenue		
Side-arm contracts revenue on provisional budget	$0.0 F	N/A
Other Government and Crown Agencies Revenue		
Other Government and Crown revenue is favourable mainly due to: ● Reimbursement of costs associated with the implementation of NOS $0.2m favourable (offset in Outsourced Personnel)	$0.2 F	N/A
Other Revenue		
Other revenue is close to provisional budget.	$0.1 F	N/A

The Waikato DHB YTD Variance resulted from:	Variance $m	Impact on forecast
Operating expenditure including IDCC	**($2.4) U**	
Personnel (employees and outsourced personnel total)	**($1.0) U**	
Employed personnel are favourable to provisional budget mainly due to:	$0.2 F	N/A
• Medical costs are favourable by $0.7m. Senior Medical Officers (SMO's): SMO costs are $0.7m favourable mainly due to: - paid FTE costs favourable $1.3m arising from vacancies and favourable course and conference costs , - annual leave movement $0.8m unfavourable due to less leave earned offset by less leave taken, - professional membership fees $0.2m favourable. Resident Medical Officers (RMO's) RMO costs are on provisional budget. • Nursing costs are unfavourable to provisional budget by $0.5m. This as a result of unfavourable variances across base, overtime, superannuation, annual leave and payment on return from maternity leave. • Allied Health costs are $0.5m unfavourable mainly as a result of the unfavourable annual leave movement due to reduced leave in the period. • Other favourable variances, largely in Management, Administration and Support $0.4m.		
Outsourced personnel are unfavourable mainly due to:		
• Higher than planned use of locums within medical personnel to cover vacancies $0.5m (offset by medical personnel underspend approximately $0.3m), • Nursing is $0.1m unfavourable due to external agency costs to fill roster gaps and watches.	($0.6) U	N/A
• Higher than planned use of contractors in management/admin $0.3m primarily due to contractors working on the NOS implementation. Costs recovered in Other Government Revenue - $0.2m. The remaining $0.3m unfavourable variance is spread over a number of areas.	($0.6) U	N/A
Outsourced services	**$1.3 F**	
Outsourced services are favourable primarily due to: • Outsourced clinical service costs are favourable to provisional budget $0.8m 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. • Outsourced corporate services $0.2m favourable primarily due to timing of Iaas implementation. • Other favourable variances - $0.3m.	$1.3 F	N/A
Clinical Supplies	**$0.1 F**	
Instruments & equipment - close to provisional budget.	$0.2 F	N/A
Implants & prosthesis - on provisional budget.	$0.0 F	N/A
Treatment disposables - on provisional budget	$0.0 F	N/A
Pharmaceuticals - close to provisional budget.	($0.1) U	N/A
Diagnostic Supplies & Other Clinical Supplies - on provisional budget.	$0.0 F	N/A

The Waikato DHB YTD Variance resulted from:	Variance $m	Impact on forecast
Infrastructure and non-clinical supplies	**$0.2 F**	
Infrastructure and non-clinical supplies are close to provisional budget.	$0.2 F	N/A
NGO Payments	**($2.0) U**	
External Provider payments are unfavourable largely due to: ● Pay equity settlement for workers in aged and disability residential care and home and support services $1.1m (off set in revenue) ● Health of older people aged residential care fees up for month by $0.3m ● Primary care GP claims unfavourable $0.4m due to timing of claims.	($2.0) U	N/A
Interest, depreciation and capital charge	**($1.0) 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.	($0.9) U	N/A
Depreciation - close to provisional budget	($0.1) 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 Jul-16 $'000	Waikato DHB Cash flows for year to July 2017	Year to Date Actual $'000	Prov Budget $'000	Variance $'000
	Cash flow from operating activities			
113,171	Operating inflows	118,803	117,480	1,323
14,789	Operating outflows	(108,141)	(112,883)	4,742
127,960	**Net cash from operating activities**	**10,662**	**4,597**	**6,065**
	Cash flow from investing activities			
122	Interest income and proceeds on disposal of assets	106	97	9
(1,546)	Purchase of assets	(3,355)	(4,588)	1,233
(1,424)	**Net cash from investing activities**	**(3,249)**	**(4,491)**	**1,242**
	Cash flow from financing activities			
0	Equity repayment	0	0	0
(730)	Interest Paid	(47)	(64)	17
(15)	Net change in loans	(18)	(8)	(10)
(745)	**Net cash from financing activities**	**(65)**	**(72)**	**7**
125,791	**Net increase/**(decrease) in cash	**7,348**	**35**	**7,314**
856	Opening cash balance	9,577	26,503	(16,926)
126,647	**Closing cash balance**	**16,925**	**26,538**	**(9,612)**

Cash flow variances resulted from:	Variance $m	Impact on forecast
Total Net cash flow from Operating Activities	**$6.0 F**	
• **Operating inflows**	**$1.3 F**	
Revenue received favourable primarily as a result of increased funding received to cover pay equity settlement and increased capital charge.	$1.3 F	N/A
• **Operating outflows**	**$4.7 F**	
○ Personnel cost variances are favourable against provisional budget due to the timing of fortnightly pay runs. Budget for PAYE is phased evenly throughout the year not factoring in 4/5 week months.	$4.3 F	N/A

Cash flow variances resulted from:	**Variance $m**	**Impact on forecast**
○ Operating cash outflows for non-payroll costs are unfavourable largely as a result of: - Higher prepayment outflows than budgeted $1.6m primarily as a result of timing of payments of IS and insurance costs as against provisional budget. - Payment to providers for Pay Equity $1.1m - Offset by favourable Elective outsourcing variance $0.8m and differences between timing of budgeted and actual payments.	($1.2) U	N/A
○ GST cash movement is favourable due to timing variances on GST transacted.	$1.6 F	N/A
Net cash flow from Investing Activities	**$1.2 F**	
○ Interest received is on provisional budget.	$0.0 F	N/A
○ Capital spend is slower than planned.	$1.2 F	N/A
Net cash flow from Financing Activities	**$0.0 F**	
○ 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**
○ The 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.

WAIKATO DISTRICT HEALTH BOARD
CASHFLOW FORECAST (GST INCLUSIVE)

As at 31-Jul-17	Jul-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
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
OPERATING ACTIVITIES													
Cash was provided from:													
MoH, DHB, Govt Revenue	8,373	4,564	4,228	4,448	4,452	4,116	4,340	4,116	4,340	4,116	4,564	4,228	4,594
Funder inflow (MoH, IDF, etc)	124,402	124,523	126,378	123,052	132,166	131,456	126,776	126,776	130,891	126,211	126,211	130,891	129,532
Donations and Bequests	0	0	0	0	0	0	0	115	0	0	0	0	0
Other Income (excluding interest)	2,657	2,645	2,415	2,530	2,530	2,400	2,415	2,070	2,415	2,185	2,645	2,300	2,530
Rents, ACC, & Sector Services	3,679	3,112	2,375	2,608	2,695	2,584	2,592	2,504	2,681	2,514	2,761	2,651	2,733
	139,111	134,844	135,396	132,639	141,843	140,556	136,123	135,581	140,327	135,026	136,181	140,069	139,389
Cash was applied to:													
Personnel Costs (incl PAYE)	(41,753)	(51,397)	(45,868)	(41,974)	(49,832)	(42,064)	(51,243)	(45,808)	(42,094)	(41,974)	(47,452)	(43,944)	(42,992)
Other Operating Costs	(33,307)	(32,200)	(38,072)	(27,600)	(31,900)	(34,360)	(25,800)	(26,000)	(36,372)	(27,300)	(30,800)	(33,600)	(24,700)
Funder outflow	(47,738)	(47,792)	(49,426)	(46,037)	(46,138)	(45,160)	(45,812)	(45,160)	(49,426)	(45,385)	(46,400)	(45,486)	(46,610)
Interest and Finance Costs	(3)	(6)	(31)	(6)	(6)	(6)	(31)	(6)	(6)	(6)	(6)	(6)	(6)
Capital Charge	0	0	0	0	0	(18,711)	0	0	0	0	0	(18,711)	0
GST Payments	(5,619)	(7,210)	(7,210)	(7,210)	(7,210)	0	(13,710)	(9,000)	(7,210)	0	(13,710)	(7,210)	(7,210)
	(128,420)	(138,605)	(140,606)	(122,827)	(135,086)	(140,301)	(136,596)	(125,974)	(135,107)	(114,665)	(138,368)	(148,957)	(121,519)
OPERATING ACTIVITES	**10,691**	**(3,760)**	**(5,210)**	**9,812**	**6,757**	**255**	**(473)**	**9,607**	**5,219**	**20,361**	**(2,187)**	**(8,888)**	**17,870**
INVESTING ACTIVITIES													
Cash was provided from:													
Interest Income	86	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
	86	75	75	75	75	75	75	75	75	75	75	75	75
Cash was applied to:													
Purchase of Assets	(3,355)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)
Investment in NZHPL (Finance project)	0	0	0	0	0	0	0	0	0	0	0	0	0
	(3,355)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)
INVESTING ACTIVITIES	**(3,268)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**	**(3,425)**
FINANCING ACTIVITIES													
Cash was provided from :													
Capital Injection	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer from NZHPL	106,455	7,211	8,635	0	0	0	3,898	0	0	0	5,638	12,313	0
MoH loan received	0	0	0	0	0	0	0	0	0	0	0	0	0
EECA loan received	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0
	106,455	7,211	8,635	0	0	0	3,898	0	0	0	5,638	12,313	0
Cash was applied to:													
Capital Repayment	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfer to NZHPL	(113,878)	0	0	(6,387)	(3,306)	3,170	0	(6,156)	(1,794)	(16,936)	0	0	(14,445)
MoH loan repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
EECA loan repaid	0	(26)	0	0	(26)	0	0	(26)	0	0	(26)	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0
	(113,878)	(26)	0	(6,387)	(3,332)	3,170	0	(6,182)	(1,794)	(16,936)	(26)	0	(14,445)
FINANCING ACTIVITIES	(7,422)	7,185	8,635	(6,387)	(3,332)	3,170	3,898	(6,182)	(1,794)	(16,936)	5,612	12,313	(14,445)
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)	9,926	2,714	(5,921)	466	3,772	602	(3,296)	2,860	4,654	21,590	15,952	3,639	18,085
Long-term Loans													
Ministry of Health	0	0	0	0	0	0	0	0	0	0	0	0	0
EECA Loan	(273)	(247)	(247)	(247)	(221)	(221)	(221)	(195)	(195)	(195)	(169)	(169)	(169)
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,653	2,467	(6,168)	219	3,551	381	(3,517)	2,665	4,459	21,395	15,783	3,471	17,916
LOANS AVAILABLE													
MoH loans	0	0	0	0	0	0	0	0	0	0	0	0	0
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)	(65,655)	(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)	(65,655)	(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 Jul-16 $'000	Waikato DHB Group Financial Position	As at July 2017 Actual $'000	Prov Budget $'000	Variance $'000
81,105	Total current assets	95,884	81,367	14,517 F
(173,993)	Total current liabilities	(187,665)	(161,030)	(26,635) U
(92,889)	**Net working capital**	**(91,781)**	**(79,663)**	**(12,118) U**
736,618	Term assets	736,727	547,691	189,036 F
(21,053)	Term liabilities	(20,787)	(21,213)	426 F
715,565	**Net term assets**	**715,940**	**526,478**	**189,462 F**
622,676	**Net assets employed**	**624,159**	**446,814**	**177,345 F**
622,676	**Total Equity**	**624,159**	**446,814**	**177,345 F**

Prior Year Jul-16 $'000	Waikato DHB Group Ratios	As at July 2017 Actual $'000	Prov Budget $'000	Achieved	Trend
(147,565)	Borrowing facilities available at month end	65,486	65,486	✓	⇔
0.3	Debt to Equity ratio	0.0	0.0	✓	⇩
0.3	Debt to Debt + Equity	0.3	0.3	✓	⇔
0.5	Current ratio	0.5	0.5	✓	⇔
76.1%	Equity to total assets	75.0%	71.0%	✓	⇧
0.7%	Return on equity	0.2%	0.3%	✓	⇔

Balance Sheet variance's resulted from:	Variance $m	Impact on forecast
Net Working Capital		
Net working capital is favourable against budget mainly due to: Current Assets: - Cash held with New Zealand Health Partnerships Limited is lower than planned by $10.4m. This 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 $10.7m mainly due to the timing of annual IS spend, which includes $0.6m for e-Space, $2.8 for Smart Health and $2.9 funding received from MoH relating to Pay Equity wage increases effective 1 July. 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 $13.2m largely due to the timing of cash received compared to budget assumptions. - Other favourable variances across mainly inventory and investments $1m	**$14.5 F**	N/A
Current Liabilities: - Payroll liabilities are $11.5m unfavourable to provisional budget mainly due to leave and other provisions and the timing of pay runs and IRD payments resulting in higher month end accruals. - Income in Advance $3.5m higher that provisional budget mainly due to pay equity settlement funds received. - GST $2.7m 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 $9.2m unfavourable which relates largely to unbudgeted 2016/17 year end accruals which are not due for reversal yet - includes $2m accrual for e-Space and Non Exchange Payables $3.6m. In the current month the accrual for Capital Charge payable is higher by $0.9m due to the increase in the amount payable . Further variances arise as the budget assumptions varied from actual timing of transactions.	**($26.6) U**	N/A
Net Fixed Assets:		
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 $1.2m and unfavourable YTD depreciation $0.1m. Please see attached for latest forecast of capital spend for the year for further detail.	**$189.0 F**	N/A
Non Current Liabilities:		
Close to provisional budget.	**$0.4 F**	N/A
Equity		
Variance mainly due to : - Revaluation of Assets $176.3m. - Favourable variance in budgeted opening balance against actual of $1.2m - Unfavourable variance against expected surplus for current year $0.2m	**$177.3 F**	N/A

CAPITAL EXPENDITURE AT 31 JULY 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 Jul-17 (M)	Planned Expenditure 1 Aug 17 - 30 Jun 18 (N)	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	171	2,829	3,000	0
Clinical Equipment Subtotal	9,783	14,852	0	24,010	7,918	14,852	188	14,663	22,770	1,241
Property & Infrastructure Subtotal	22,608	19,699	-	42,307	16,958	19,699	403	19,296	36,657	5,651
Strategic Projects Office Subtotal	85,410	500	124	86,034	124	500	142	358	85,929	105
IS Subtotal	27,891	15,941	0	43,832	9,274	15,850	2,893	12,957	25,124	18,708
Corporate Systems Subtotal	7,265	1,060	0	8,325	3,890	1,060	141	919	4,951	3,374
MOH Subtotal	468	-	-	468	429	12	12	-	441	27
Trust Funded Subtotal	982	0	0	982	797	185	185	0	982	0
REPORT TOTALS	154,407	55,052	124	208,958	39,391	55,158	4,135	51,023	179,854	29,105

0

0

CAPITAL EXPENDITURE AT 31 JULY 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 Jul-17 (M)	Planned Expenditure 1 Aug 17 - 30 Jun 18 (N)	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**	**171**	**2,829**	**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	100	50	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	-	320	1,200	0
Haematology Main Analyser (to be approved for hA negotiationing for all hospital sites)	715			715	535	12	12		547	168
PCA Pumps (Biomed)	500			500	421	79	-	79	500	0
Cytogenetics Digital Imaging system	800			800	28	772	-	772	800	0
Combi Diagnost Fluoroscopy Unit	619			619	186	433	5	428	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 (Moblie Ear Clinic)	200	47		247	238	-	-	-	238	9
Oculus Pentacam	-			-	-	-	-		0	0
Older Person and Rehabilitation Ward 5 (OPR5)	-			-	-	8	8		8	(8)
Premature Anne and SimNewB Simulators	-			-	-	-	-		0	0
Radiation Therapy CT Scanner Replacement	-		725	725	-	725	-	725	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
LINAC	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	-	99	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	-	-	1,200	-	1200	1,200	(1,200)
CT Thames		1500	-875							
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
AISYS CARESTATION ANESTHESIA MACHINE	-	380		380	-	380	-	380	380	0
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

Capital Plan					Cash Flow Forecast				Full Project Forecast	
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 Micorscope (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 Microresector 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
Enscopic 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
Intregrated ultrasound system	-	100		100	-	100	-	100	100	0
Scanners, ultrasonic, (WOPD)	-	160		160	-	160	-	160	160	0
Cathlabs	-	1500		1,500	-	1,500	-	1500	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
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
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

Capital Plan					Cash Flow Forecast				Full Project Forecast	
Ultrasound (Theatres)	-	100		100	-	100	-	100	100	0
Vascular & Interventional Unit Replacement	-	1750		1,750	-	1,750	-	1750	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		16,206		-16206	16,206	2,682
Clinical Equipment Subtotal	**9,783**	**14,852**	**0**	**24,010**	**7,918**	**14,852**	**188**	**14,663**	**22,770**	**1,241**
PROPERTY & INFRASTRUCTURE - PLANT										
Property and Infrastructure	-									
Infrastructure Replacement Pool (15/16)	600			600	679	16	16	-	695	(95)
Infrastructure Replacement Pool (16/17)	241			241	76	10	10		86	155
Infrastructure Replacement Pool (16/17)	-	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	-	47	65	0
Waikato Distribution Boards	250		-	250	213	-	-		213	37
Lift car upgrades	-	150	-	150	-	150	-	150	150	0
Lift car upgrades	1,835			1,835	1,845	-	-		1,845	(10)
Kempthorne Theatre Plant room Upgrade	250			250	246	4	-	4	250	0
OPRS - Roof access	-	30		30	-	30	-	30	30	0
Theatre - Air conditioning upgrades	250	150		400	-	400	-	400	400	0
Thames - Air conditioning inpatient unit upgrade	-		-	-	-	-	-		0	0
HV System - upgrade- SCADA to BMS	-	160	-	160	-	160	-	160	160	0
Waikato Switchboards - Menzies,Kemp,Waiora & ERB	-	600	-	600	-	600	-	600	600	0
ERB window improvements (counter cold & wind)	-	150		150	-	150	-	150	150	0
Lomas Chillers	-	150		150	-	150	-	150	150	0
Hockin Ground Floor WC's & Public Area Upgrade	-			-	-	-	-		0	0
ERB - Delivery Suite examination light end of life replacement	-	75		75	-	75	-	75	75	0
MSB Generator Connection Boxes	-	75		75	-	75	-	75	75	0
Tunnel lighting	-	30	-	30	-	30	-	30	30	0
EWIS communications solution	-		-	-	-	-	-	-	0	0
ERB chilled water buffer tank installation	-	120	-	120	-	120	-	120	120	0
ERB Fire panel upgrade	-	200	-	200	-	200	-	200	200	0
Menzies Fire panel upgrade	-		-	-	-	-	-	-	0	0
Ambulance Bay - Taumarunui	-	30		30	-	30	-	30	30	0
ERB Medical Air Compressor	-	120		120	-	120	-	120	120	0
Oil Curcuit Breaker Replacements	-	350		350	-	350	-	350	350	0
Pedestrain xing warning beacons	-			-	-	-	-		0	0
Wards 6, 16 med gas and bedhead upgrades	-			-	-	-	-		0	0
Back up of medical gas bank supply to ERB	-	50		50	-	50	-	50	50	0
Pigeon proof screens on buildings	-			-	-	-	-		0	0
Energy Saving Initiatives	-	50		50	-	50	-	50	50	0
Regional Main Switchboards - Thames & Te Kuiti	-	50		50	-	50	-	50	50	0
ERB Emergency lighting upgrade	-			-	-	-	-		0	0
Campbell Johnson Block Sprinklers and alarms	-			-	-	-	-		0	0
Security	-			-	-		-		0	
Avigilon DVR's in all building x9	39	39	-	78	32	46	-	46	78	0

Capital Plan					Cash Flow Forecast				Full Project Forecast	
Pembroke Street Car Park CCTV	87			87	13	138	64	74	151	(64)
Develop Web based payment for Multicash	102			102	17	133	48	85	150	(48)
Change Readers X 125	30	30	-	60	27	33	-	33	60	0
Gallagher door controllers - upgrade to 6000 model	100	100	-	200	90	110	-	110	200	0
CCTV Installations for Hockin	54	-		54	51	3	-	3	54	0
Ward - standard install	88			88	-	143	55	88	143	(55)
Swap out 125 readers	-			-	-	30	-	30	30	(30)
Upgrade all Gallagher controller models	-			-	-	67	-	67	67	(67)
Avigilon NVR's in all buildings	-			-	-	36	-	36	36	(36)
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
Install Intercoms at all barrier arms	-		-	-	-	-	-		0	0
Install CCTV	-			-	-	-	-		0	0
Master key - Waikato buildings (2 x bldgs)	-	35	-	35	-	35	-	35	35	0
CCTV install Boiler House	-			-	-	-	-		0	0
Install CCTV	-			-	-	-	-		0	0
Install CCTV	-			-	-	-	-		0	0
Security WiFi Network	-			-	-	-	-		0	0
Business Support Placeholder	-			-	-		-		0	0
FACILITIES & BUSINESS	-			-	-		-		0	0
Site & Intra Building Site Master Planning Hamilton Campus	-			-	-		-		0	
Hilda Ross - Remediation	3,683	550		4,233	1,530	1,099	88	1,011	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	185	3	182	203	(3)
Hockin - Open planning/ Modernisation of Level 3 Executive Wing	95			95	119	-	-	-	119	(24)
Ward Block A & environs	300		-	300	-	300	-	300	300	0
Ward Block B & Environs	-	-		-	-		-		0	0
Office Relocations	405	-		405	-	405	-	405	405	0
Multi Level carpark 3 or 4 levels - laundry site	-	100		100	-	100	-	100	100	0
Gallagher Drive Development (Community / Rural and Supply Chain)	202	4,036		4,238	-	4,036	-	4,036	4,036	202
Ronald McDonald House - infrastructure costs only	-	-		-	-	-	-		0	0
Interim Oncology / Rheumatology Bld	-	-		-	-	-	-		0	0
Histology Relocation to South/West of Waiora L4	-	-		-	-	-	-		0	0
Concept Design & Facility Use	-			-	-	-	-		0	0
ERB Additional Lift & Corridor	-	-		-	-	-	-		0	0
Kitchen; Cafeteria & food Delivery	-	250		250	-	250	-	250	250	0
Pharmacy in conjuction with Ward Block A	-	-		-	-	-	-		0	0
Pembroke Street Entrance	-	-		-	-	-	-		0	0
Hague Road Car Park - Seismic and Beam Support	-	375		375	-	375	-	375	375	0
Wayfinding MCC	-			-	-	-	-		0	0
Boiler House Upgrade	1,833	-		1,833	1,866	-	-	-	1,866	(33)
	-			-	-		-		0	
Major Internal Reconfigurations to Shift Services or Departments	-			-	-		-		0	
Consolidation of CBD facilities	1,171	9,029	-	10,200	1,171	9,072	43	9,029	10,243	(43)
Internal Reconfiguration - Gallaghers (Off site supply chain)	863		-	863	137	936	73	863	1,073	(210)
Internal Reconfiguration - Room Pressure	210		-	210	240	0	0		240	(30)
Combining Matariki and Princess Street Bases	140			140	141	-	-		141	(1)
Harti Hauora Hub - MCC L1	-	250		250	-	250	-	250	250	0
Sleep Disorder Service from Waiora B1 to M L8	-	-		-	-	-	-		0	0
Clinical Coding from Portacoms to Waiora B1	-			-	-	-	-		0	0
Hockin L3 Work Space Improvements & Ground Floor public areas	-	100		100	-	100	-	100	100	0
Menzies L3 Development	-	450		450	-	450	-	450	450	0
Menzies LB1 development - back fill Ex Urology	-	-		-	-	-	-		0	0
Urology to L8 Menzies	-	180		180	-	180	-	180	180	0
Cardiology MDM Room (excluding equipment) (funded by cardiology trust)	-	120		120	-	120	-	120	120	0
Pain Clinic - L3 Menzies	-	100	-	100	-	100	-	100	100	0
General Refurb - Waiora B1	-		-	-	-	-	-	-	0	0
General Airconditioning Improvements	-			-	-	-	-		0	0
Regional Renal expansion on Campus	-	550		550	-	550	-	550	550	0
ED - Reconfiguration of entry / Front of house	-			-	-	-	-		0	0

Capital Plan					Cash Flow Forecast				Full Project Forecast	
Child Development Unit	-			-	-	-	-		0	0
	-			-	-		-		0	
Rural Hospital Build/Refurb Projects (Community Villages)	-			-	-		-		0	
Sexual Health Services building - fitout upgrade	-	25		25	-	25	-	25	25	0
Taumarunui Project	-			-	-	-	-		0	0
Te Kuiti Project	-			-	-	-	-		0	0
Tokoroa - Primary Birthing	140			140	-	140	-	140	140	0
Thames - PHO enabling works	-			-	-	-	-		0	0
Thames (relocation of theatres & Rural training needs)	-			-	-	-	-		0	0
				-		-			0	0
SAVINGS REQUIRED				-		3,879		(3,879)	3,879	3,879
Property & Infrastructure Subtotal	**22,608**	**19,699**	**-**	**42,307**	**16,958**	**19,699**	**403**	**19,296**	**36,657**	**5,651**
Strategic Projects Office										
Education; Research and supporting amenities	25,000			25,000	18	10	10		25,000	(0)
Mental Health Facility - scoping	77	-		77	106	8	8		114	(37)
Adult Mental Health Project	60,333	500		60,833	-	500	-	500	60,833	0
Gallagher Building - Med Store & CSES Clinic	-			-	-	-	-		0	0
Gallagher Building - Racking System	-			-	-	-	-		0	0
Gallagher Building - Converyor System	-		124	124	-	124	124		124	0
				-		-			0	0
SAVINGS REQUIRED				-		142		(142)	142	142
Strategic Projects Office Subtotal	**85,410**	**500**	**124**	**86,034**	**124**	**500**	**142**	**358**	**85,929**	**105**
INFORMATION SYSTEMS	-									
PLATFORM	-			-	-	-				
ISSP - Clinical and corporate Platform SQL Server consolidation	475		-	475	185	298	8	290	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		400	-	-	-	-	0	400
STORAGE & REPORTING	-			-	-	-	-	-	0	0
ISSP- Clinical Photography and Image Management	397			397	7	390	0	390	397	(0)
ISSP - Data Warehouse Upgrade (Data Warehouse Phase 1)	400		-	400	253	149	2	147	402	(2)
ISSP - Data Warehouse Phase 2 15_16 (Data Warehouse Phase 1b)	200			200	13	187	0	187	200	(0)
ISSP - Enterprise Reporting 16-17	250			250	5	196	-	196	201	49
ISSP - SharePoint (Doc Management Pilot)	700		-	700	250	117	-	117	367	333
ISSP - Enterprise Business Intelligence Tool	350			350	92	258	0	258	350	(0)
ISSP - Business Intelligence Data and Reporting 16_17	207			207	1	-	-		1	206
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
NETWORK & COMMUNICATIONS	-			-	-	-	-	-	0	0
ISSP - Hylafax replacement	96			96	25	4	4		29	66
ISSP - Comms Rooms remediation 2015/2016	230		-	230	89	183	42	141	272	(42)
ISSP - Communication Room Remediation Lifecyle	370	300		670	4	668	2	666	672	(2)
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	114	7	107	357	(7)
ISSP - Paging System Replacement	350		-	350	88	268	6	262	356	(6)
ISSP - Jabber Instant Messaging and Guest	201			201	61	145	5	140	206	(5)
ISSP - Unified Communications Lifecycle	62			62	21	42	1	41	63	(1)
ISSP - Unified Comms Phase 4	147		-	147	97	2	2	-	99	48
ISSP - WiFi Rollout	500	500	-	1,000	381	625	6	619	1,006	(6)
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	-			-	-		-		0	
NIPS - IaaS Implementation	150			150	164	35	35		199	(49)

Capital Plan					Cash Flow Forecast				Full Project Forecast	
ISSP - Disaster Recovery Solution 15_16	200		-	200	57	150	7	143	207	(7)
ISSP - Archiving Tool Implementation	-	300		300	-	300	-	300	300	0
ISSP - Archiving Tool Scoping	-	50		50	-	50	-	50	50	0
DEVICES	-			-	-		-		0	
ISSP - Mobile office Productivity & Management	392			392	4	388	-	388	392	0
IS Pool - clearing	-		42	42	5	37	37		42	(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
SmartHealth - (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	-			-	-	-	-	-	0	0
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	-			-	-	-	-	-	0	0
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	-			-	-	-	-	-	0	0
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	8	157	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	-	350	-	350	350	150
ISSP - Desktop Work Plan 16/17	299			299	4	2	2		6	293
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	11	420	500	0
ISSP - Lifecycle - IS Cherwell Workplan	-	350		350	-	350	-	350	350	0
ISSP - TQUAL Reporting	50		-	50	37	13	3	10	50	(0)
ISSP - Rapid Logon	500	200		700	5	695	-	695	700	0
ISSP - Toolsets (IS Toolsets 15/16)	563		-	563	473	90	2	88	563	(0)
ISSP - Toolsets (14/15)	130		-	130	114	16	2	14	130	(0)
ISSP - SharePoint Work Pan 16-17	450			450	4	446	-	446	450	0
ISSP - LIS Reporting Development	200		-	200	141	59	23	36	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	158	2	156	175	(2)
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

Capital Plan					Cash Flow Forecast				Full Project Forecast	
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 - Lifecylce 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		-	1,000	1,000	500	500	-	1,500	(500)
ISSP - Netscaler Infrastructure	343			343	276	73	7	66	349	(6)
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	275	29	246	509	(29)
HealthViews access to Primary Encounters (GP to Workstations)	300		-	300	288	14	2	12	302	(2)
Access to Primary Encounters - Indici to Clinical Workstation	-	90		90	-	90	-	90	90	0
Phlebotomy Bedside Labelling Discovery	-	150		150	-	156	6	150	156	(6)
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	550	3	547	553	(3)
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	118	6	112	256	(6)
Workflow eData	1,250	650		1,900	-	1,900	-	1,900	1,900	0
Surgical Services Audit Systems	116			116	42	75	1	74	117	(1)
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	255	20	235	470	(20)
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	-	250	-	250	-	250	250	0
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	243	21	222	371	(21)
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	136	8	128	158	(8)
Life cycle - cat 3 -5 Off shelf Apps Workplan(eg PaceArt)	350	350	-	700	97	617	14	603	714	(14)
Life cycle - CWS / Healthviews Workplan	-	500		500	-	346	-	346	346	154
Clinical Workflow Integration Work Plan	430			430	52	390	12	378	442	(12)
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	236	9	227	259	(9)
Oral Health system	950		-	950	786	191	27	164	977	(27)
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	-	195	200	0
RIS Upgrade (Project split) (PACS Upgrade 15)	223		-	223	171	52	0	52	223	(0)

Capital Plan					Cash Flow Forecast				Full Project Forecast	
RIS Upgrade 2016	124		-	124	34	99	9	90	133	(9)
PACS Network Connectivity	-			-	-	5	5		5	(5)
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	601	4	597	604	(4)
SmartHealth - (deployment / technical integration)	-	1,260		1,260	-	1,260	-	1,260	1,260	0
Database Replacements	300		-	300	28	274	2	272	302	(2)
Software Upgrades (Apps Lifecycle 15/16)	250		-	250	228	30	8	22	258	(8)
HealthViews - e2e Clinical Documents	350		-	350	485	2	2	-	487	(137)
Clinical Workstation Metadata Scoping	50			50	9	42	1	41	51	(1)
Provation Host Tairawhiti	27		-	27	-	37	10	27	37	(10)
Other Projects	-			-	-		-		0	
	-			-	-		-		0	
ISSP - Hockin Conversion	21		-	21	16	5	-	5	21	0
ISSP - Printer Architecture Upgrade	130		-	130	28	102	3	99	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	32	-	-		32	11
>$20K ISSP - Resourse Management	-			-	95	-	-		95	(95)
				-		-			0	0
SAVINGS REQUIRED		-9,148		-9,148		-			0	(9,148)
CROWN EQUITY		-7,931		-7,931		34,050		(34,050)	34,050	26,119
IS Subtotal	**27,891**	**15,941**	**0**	**43,832**	**9,274**	**15,850**	**2,893**	**12,957**	**25,124**	**18,708**
CORPORATE SYSTEMS & PROCESSES	-			-	-	-	-	-	0	0
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	101	47	150	(0)
HRIS Lifecycle Upgrade 15_16	400		-	400	51	349	-	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	37	1,657	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		-3,756		-3,756		7,302		(7,302)	7,302	3,546
Corporate Systems Subtotal	**7,265**	**1,060**	**0**	**8,325**	**3,890**	**1,060**	**141**	**919**	**4,951**	**3,374**
National Patient Flow-Phase 2	177	-		177	177	-	-	-	177	0
National Patient Flow Phase 3	249			249	210	12	12		222	27
Telestroke Pilot	42			42	42	-	-	-	42	0
MOH Subtotal	**468**	**-**	**-**	**468**	**429**	**12**	**12**	**-**	**441**	**27**

Capital Plan					Cash Flow Forecast				Full Project Forecast	
15/16 Trust Account	476			476	476	-	-	-	476	0
16/17 Trust Account	297			297	112	185	185	-	297	(0)
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**	**0**	**982**	**797**	**185**	**185**	**0**	**982**	**0**
REPORT TOTALS	**154,407**	**55,052**	**124**	**208,958**	**39,391**	**55,158**	**4,135**	**51,023**	**179,854**	**29,105**

Presentations

No presentations this month.

Papers for Information

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 9.1

MENTAL HEALTH PAY EQUITY AND PRICING

Purpose	For information.

Background

In April 2017 a pay equity settlement was agreed between the Prime Minister, Minister of Health and Unions. The Government announced a $2 billion pay equity settlement over 5 years for 55,000 care and support workers 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.

As noted in the NZ Herald 19 June 2017 a Pay Equity claim will now also be lodged for mental health support workers.

> *A pay equity claim on behalf of mental health support workers will today be lodged with the Employment Relations Authority.*
>
> *New pay rates take effect on July 1 for 55,000 workers in Government-funded aged care, home support and disability sectors because of an historic pay equity settlement.*
>
> *However, community mental health support workers aren't included - spurring today's claim from the Public Service Association (PSA) and E tu unions.*
>
> *The claim will cover people employed by community mental health providers, not direct district health board employees. There are roughly 4000 to 5000 in this category, and pay increases as provided under the Bartlett settlement will be sought.*

Updates will be sought from the Ministry of Health in relation to the mental health claim that has been lodged. It can be expected that it will take some time for the merits of this claim to be considered nationally.

There has also been recent media coverage in relation to a letter which was received from the Ministry of Health stressing that any payments of pay equity minimum hourly rates to mental health workers by DHBs in the interim would be considered unlawful.

Impact of Ministry of Health correspondence

The letter from the Ministry of Health was discussed with the Ministry at the national General Managers Planning and Funding meeting on 24 July 2017.

At this meeting it was clarified that the initial query that had given rise to the letter had been raised by DHBs and was in relation to services for mental health clients which were provided within continuing care facilities alongside aged care services.

The letter was **not** intended to have general effect on DHB funding decisions from within DHB's Population Based Funding (PBF) allocations where pay equity support was not claimed.

In regard to the intended subject group there is a relatively small number of clients/facilities impacted and a solution was found through revising the purchase unit codes that were applied to ensure correct categorisation. This occurred openly in line with discussions with the national pay equity team.

Update on the mental health pay equity discussions

Information has recently been sought by the Ministry of Health in relation to mental health services which include non-registered staff. The following news article (dated 15 August 2017) has been extracted from the Ministry's website.

> *Mental health and addiction workers were not included in the Care and Support settlement.*
>
> *Unions have made a claim in the Employment Relations Authority to extend the settlement to the mental health sector.*
>
> *The sector is currently engaged in assessing this claim with a view to resolving it as quickly as possible, outside of the court system if possible.*
>
> *The Ministry is not a party to the claim but has agreed to undertake an information-gathering exercise in conjunction with unions and providers in order to gain a preliminary view of the work undertaken by mental health and addiction support workers.*
>
> *There have already been four meetings and further meetings are scheduled on a fortnightly basis.*
>
> *The information-gathering exercise will be completed as quickly as possible and the Ministry will provide advice to the Government based on the information gathered.*
>
> *The ERA process and this alternative process are happening concurrently.*
>
> *The recent letter sent to Chief Executives of DHBs related to the funds that had been specifically appropriated by the Ministry to pay for the wage increases for workers covered by the Care and Support Pay Equity Settlement.*
>
> *It was important to clarify that these funds should not be diverted to any other purpose.*

Local pricing of mental health and addiction providers

Pricing of Mental Health and Addiction providers has generally been undertaken locally with regional discussions also occurring. Waikato DHB has consistently applied price increases and has sought to align these regionally where possible. For 2017/08 the process of establishing local pricing increases has been complex with information in relation to the final funding envelope only received in June 2017. Prices were uplifted for contribution to cost pressure by 0.61% based on the technical calculation in the indicative funding envelope.

Based on recent information received around increases that have occurred nationally in Mental Health this will be increased to 1% to increase alignment. During 2017/18 further work will occur to identify relative price comparisons with other DHBs. This, along with the funding envelope, will inform budget setting for the 2018/19 year.

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

Recommendation
THAT
The report be received.

JULIE WILSON
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING

MEMORANDUM TO THE BOARD
23 AUGUST 2017

AGENDA ITEM 9.2

PROVIDER ARM KEY PERFORMANCE MONITORING – RED FLAGS

Purpose	For information.

As agreed there are no monitoring reports this month and we are reporting only "red flags" as below.

Community and Clinical Support

- The risk of patient harm due to the lack of a retrieval system between the DHB's four rural Emergency Departments and Waikato hospital remains unresolved. Work to finalise the business case for the investment in the stand alone retrieval system that is required to solve this problem is progressing. The DHB has signalled in the Annual Plan that the issue will be solved in 2018. The risk is not emergent, but the resilience of staff in rural emergency departments to manage with the status quo is reducing because of the significant increase in rates of general attendance.

Mental Health and Addictions Service

- No red flags to report.

Waikato Hospital Services

- No red flags to report.

Recommendation
THAT
The Board notes the report.

MARK SPITTAL
EXECUTIVE DIRECTOR
COMMUNITY &
CLINICAL SUPPORT

DEREK WRIGHT
EXECUTIVE DIRECTOR
MENTAL HEALTH

BRETT PARADINE
EXECUTIVE DIRECTOR
WAIKATO HOSPITAL
SERVICES

Next Board Meeting: 27 September 2017.