DISTRIBUTION

Board Members

- Ms S Webb (Acting 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

- Mr D Wright, Interim Chief Executive
- Mrs V Aitken, Interim Executive Director, Mental Health & Addictions Service
- Ms L Aydon, Executive Director, Public and Organisational Affairs
- Mr C Cardwell, Executive Director, Facilities and Business
- Ms M Chrystall, Executive Director, Corporate Services
- Ms L Elliott, Executive Director, Maori Health
- Mr N Hablous, Chief of Staff
- Mr D Hackett, Executive Director, Virtual Care and Innovation
- Mrs S Hayward, Chief Nursing & Midwifery Officer
- Dr G Howard, Interim Chief Operating Officer, Waikato Hospital
- Prof R Lawrenson, Clinical Director, Strategy and Funding
- Ms T Maloney, Interim Executive Director, Strategy and Funding
- Ms M Neville, Director, Quality & Patient Safety
- Mr M Spittal, Executive Director, Community & Clinical Support
- Dr R Tapsell, Acting Chief Medical Officer
- Mr M ter Beek, Executive Director, Operations and Performance
- Dr D Tomic, Clinical Director, Primary and Integrated Care
- Mr I Wolstencroft, Executive Director, Strategic Projects

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

Next Meeting Date: 27 June 2018

Waikato District Health Board

WAIKATO DISTRICT HEALTH BOARD

Agenda

Board

Date: **23 May 2018**

Time: **1pm**

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 May 2018
commencing at 1pm at Waikato Hospital

AGENDA

Item

1. Apologies

2. **INTERESTS**
- 2.1 Schedule of Interests
- 2.2 Conflicts Related to Items on the Agenda

3. **MINUTES AND BOARD MATTERS**
- 3.1 Board Minutes: 24 April 2018
- 3.2 Committees Minutes:
  - 3.2.1 Maori Strategic Committee: 16 May 2018

4. **INTERIM CHIEF EXECUTIVE REPORT**

5. **QUALITY AND PATIENT SAFETY**

6. **FINANCIAL PERFORMANCE MONITORING**
- 6.1 Finance Report

7. **HEALTH TARGETS**

8. **HEALTH AND SAFETY** (report due July)

9. **SERVICE PERFORMANCE MONITORING**
- 9.1 People and Performance
- 9.2 Facilities and Business
- 9.3 IS
- 9.4 Waikato Hospital Services (report due in June)
- 9.5 Mental Health and Addictions Service (report due in June)
- 9.6 Operations and Performance (report due in June)
- 9.7 Community and Clinical Support (report due in July)
- 9.8 Strategy and Funding (report due in July)

10. **DECISION REPORTS**
- 10.1 Ethnicity Based KPI Reporting (report due in June)

11. SIGNIFICANT PROGRAMMES/PROJECTS

11.1 Virtual Health

11.1.1 After Hours Services Recommendation

11.2 Medical School (report due in June)

11.3 Creating our Futures (report due in June)

12. PAPERS FOR INFORMATION

No papers

13. PRESENTATIONS

13.1 Hauora iHub

Melinda Ch'ng and Natalie Lewis to present at 2pm

14. NEXT MEETING: 27 June 2018

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

THAT:

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

Item 15: Minutes – Various

- **(i) Waikato District Health Board for confirmation: Tuesday 24 April 2018 (Items taken with the public excluded)**
- **(ii) Audit and Corporate Risk Management Committee – verbal update to be received: Wednesday 23 May 2018 (All items)**
- **(iii) Midland Regional Governance Group – to be received: Friday 4 May 2018**
- **(iv) Remuneration Committee – to be adopted:**
  Friday 29 September 2017 (All items)
  Tuesday 14 November 2017 (All items)

Item 16: Ernst & Young Report on HealthTap – Public Excluded

Item 17: FY 2018/19 Capital Plan, Asset Performance Indicators, Operating Budget and Long Term Forecast – Public Excluded

Item 18: People and Performance Report – Public Excluded

Item 19: Appointment of Bay of Plenty DHB Representative to Waikato DHB Statutory Committee – Public Excluded

Item 20: Appointment of External Members to Committees – 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	SECTION OF THE ACT
Item 15(i-iv): Minutes – Public Excluded		Items to be adopted / confirmed / received were taken with the public excluded	As shown on resolution to exclude the public in minutes
Item 16:	HealthTap report	Negotiation will be required	Section 9(2)(j)
Item 17:	18/19 Capital Plan, Assets, Operating Budget and Long Term Forecast	Negotiation will be required	Section 9(2)(j)
Item 18:	Employee relations	Negotiation will be required	Section 9(2)(j)
Item 19:	Appointment to Hospitals Advisory Committee	Protect an individual's privacy	Section 9(2)(a)
Item 20:	Appointment of Consumer Council representatives to DHB Committees	Protect an individual's privacy	Section 9(2)(a)

(3) This resolution is made in reliance on Clause 32 of Schedule 3 of the NZ Public Health & Disability Act 2000 in that the public conduct of the whole or the relevant part of the meeting would likely result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

(4) Pursuant to clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 the Chair of the Iwi Maori Council (or their proxy) is allowed to remain after the public has been excluded because of their knowledge of the aspirations of the Iwi Maori Council specifically and Maori generally which are relevant to all matters taken with the public excluded.

Item

15. MINUTES – PUBLIC EXCLUDED

15.1 Waikato District Health Board: 24 April 2018
To be confirmed: Items taken with the public excluded

15.2 Audit and Corporate Risk Management Committee: 23 May 2018
To be received: Verbal update

15.3 Midland Regional Governance Group: 4 May 2018
To be received: All items

15.4 Remuneration Committee: 29 September 2017, 14 November 2017
To be adopted: All items

16. ERNST & YOUNG REPORT ON HEALTHTAP – PUBLIC EXCLUDED

17. FY 2018/19 CAPITAL PLAN, ASSET PERFORMANCE INDICATORS, OPERATING BUDGET AND LONG TERM FORECAST – PUBLIC EXCLUDED

18. PEOPLE AND PERFORMANCE REPORT – PUBLIC EXCLUDED

19. APPOINTMENT OF BAY OF PLENTY DHB REPRESENTATIVE TO WAIKATO DHB STATUTORY COMMITTEE – PUBLIC EXCLUDED

20. APPOINTMENT OF EXTERNAL MEMBERS TO COMMITTEES – PUBLIC EXCLUDED

RE-ADMITTANCE OF THE PUBLIC

THAT:

(1) The Public Is Re-Admitted.

(2) The Executive is delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.

Apologies.

Interests

SCHEDULE OF INTERESTS AS UPDATED BY BOARD MEMBERS TO MAY 2018

Sally Webb

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Acting Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory 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	

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, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory 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 Partners 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, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Partner, employee of Workwise	Pecuniary	Potential	

Note 1: Interests listed in every agenda.

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

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, Hospitals Advisory 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	
Wife employed by Wintec (contracts with Waikato DHB) with some contract work for Selwyn Foundation	Pecuniary	Potential	
Member, Hospital Advisory Committee, Lakes DHB	Pecuniary	Potential	

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, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Life Unlimited Charitable Trust	Pecuniary	Perceived	
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, Community and Public Health Advisory 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	

Note 1: Interests listed in every agenda.

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

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
Member, Review of Whanau Ora	Non-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, Hospitals Advisory 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	
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	
Partner is a minor contractor to Waikato DHB in the area of "Creating our Futures"	TBA	Potential	

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, Community and Public Health Advisory 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	

Note 1: Interests listed in every agenda.

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

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, Community and Public Health Advisory 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	

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, Community and Public Health Advisory 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 Tuesday 24 April 2018 commencing at 1.00pm in the Board Room, Hockin Building at Waikato Hospital

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

In Attendance:
Mr D Wright (Interim Chief Executive)
Mr N Hablous (Chief of Staff)
Dr G Howard (Acting Executive Director, Waikato Hospital Services)
Ms M Chrystall (Executive Director, Corporate Services)
Ms L Aydon (Executive Director, Public and Organisational Affairs)
Ms L Elliott (Executive Director, Maori Health)
Mrs V Aitken (Acting Executive Director, Mental Health and Addictions Service)
Mr M Spittal (Executive Director, Community and Clinical Support)
Mrs S Haywood (Director Nursing and Midwifery)
Dr R Tapsell (Acting Chief Medical Officer)
Ms T Maloney (Executive Director, Strategy and Funding)
Dr D Tomic (Clinical Director, Primary and Integrated Care)
Mr A McCurdie (Chief Financial Officer) part of the meeting

ITEM 1: APOLOGIES FOR ABSENCE

An apology for absence was received from Ms S Christie.

ITEM 2: INTERESTS

2.1 Register of Interests

- Ms T Hodges notified that she had been appointed to the review of Whanau Ora.
- Ms M A Gill will notify Mrs Straiton of changes she would like to make to the register of interests.

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 March 2018

Resolved
THAT
The part of the minutes of a meeting of the Waikato District Health Board held on 28 March 2018 taken with the public present were confirmed as a true and accurate record.

3.2 Committee Meeting Minutes

3.2.1 Iwi Maori Council: 5 April 2018

Resolved
THAT
The Board noted the minutes of this meeting.

3.2.2 Maori Strategic Committee: 18 April 2018

Resolved
THAT
The Board noted the minutes of this meeting

3.2.3 Hospitals Advisory Committee: 11 April 2018

Resolved
THAT
The Board noted the minutes of this meeting

3.2.4 Community and Public Health Advisory Committee: 11 April 2018

Resolved
THAT
The Board noted the minutes of this meeting

ITEM 4: INTERIM CHIEF EXECUTIVE REPORT

Mr D Wright presented this agenda item. The report was taken as read. Of note:

- Culture and Cognitive Institute – the Cognitive Institute is to provide a workshop to the Board on 4 July 2018 from 4.00 pm to 6.30 pm. Mr Macpherson was concerned that from his perspective the DHB had an outward-facing culture that needed work as well as the way staff treat each other.
- The Medical Council of New Zealand (MCNZ) had reviewed progress on the four standards that Waikato DHB previously failed on. Indications were that full accreditation would be received.

- Health and Safety Report – from now on these reports will be presented every three months. Any important items that arise in the meantime will be presented in the Interim Chief Executive's report.
- The Keezz Project (to improve the end-to-end patient journey for people coming into our hospitals for surgery) finished on 20 April 2018. The Board would like a presentation on how this project has worked.
- Chief Medical Officer position – three candidates had been shortlisted for interview. Interviews to be held during second week of May. The Board acknowledged the work that Dr Rees Tapsell had provided in the interim.
- Influenza Vaccination – the Board's view was that a different approach was required and asked for a report setting out the percentages of staff groups who had been vaccinated.

Resolved
THAT
The Board received the report.

ITEM 5: QUALITY AND SAFETY REPORT

There was no Quality and Patient Safety Report this month.

ITEM 6: FINANCIAL PERFORMANCE MONITORING

6.1 Finance Report

Mr A McCurdie attended for this agenda item. The report for the month of March 2018 was taken as read highlighting the following:

- The DHB was tracking along as expected against the forecast
- Awaiting the results of the NZNO MECCA negotiations
- The NOS Project was on track to commence on 1 July 2018

Resolved
THAT
The financial statements of the Waikato DHB to 31 March 2018 were received.

ITEM 7: HEALTH TARGETS

Dr G Howard, Dr D Tomic and Ms T Maloney attended for this item.

The Health Targets report was tabled for the Board's information. It was noted:

- Emergency Department continued to experience problems.
- The Francis Group were developing pathways both within the hospital and the wider community to help to prevent hospital admissions.
- It was recognised that the DHB's Facebook page was an effective way to pass on information to the community. The feedback being written on this page was good.

- ESP2 and ESP5 should be amber for February, March and April.
- Faster Cancer Treatment – still performing well.
- Immunisation rates for 8 month olds still problematic. The target had not been reached this quarter despite significant investment in this area.
- Raising Healthy Kids – Waikato DHB continued to meet this target which means that 95% of obese children identified in Before School Check programme will be offered a referral to a health profession for assessment.

Resolved
THAT
The Board received the report.

ITEM 8: HEALTH AND SAFETY

Mr G Peploe attended for this item. The report was taken as read. It was noted that:

- there had been a general reduction in incidents except in exposure to environmental hazards. The situation had stabilised.
- the incidence of 'workplace stressors/demands' was high for 2018. This could be as a result of how this is coded in Datix.
- Waikato DHB employees were under utilising EAP Resource services in comparison to other DHBs who contract with the same provider.

Resolved
THAT
The Board received the report.

ITEM 9: SERVICE PERFORMANCE MONITORING

9.1 Community and Clinical Support Performance Dashboard

Mr M Spittal attended for this item. The report was taken as read. It was noted:

- CTs reported within 6 weeks of referral – the results were below the national average. The decline was reflective of staffing issues. Recruitment to Radiology positions is a very competitive market both nationally and internationally.

Resolved
THAT
The Board received the report.

9.2 Strategy and Funding KPI Dashboard

Ms T Maloney attended for this item. It was noted:

- Proportion of older people waiting greater than 20 days for initial assessment of reassessment had showed an improvement for the most recent quarter.
- 2 year old immunisations – the latest result was 91% against a target of 95%. The 4% gap represented 60 children who had not received their immunisations on time.
- Ambulatory sensitive hospitalisations – showed pleasing improvement in the rates.
- The dashboard needs to be updated. It should include Māori specific data.

Resolved
THAT
The Board received the report.

9.3 Operations and Performance (report due in May)
9.4 People and Performance (report due in May)
9.5 Infrastructure (report due in May)
9.6 IS (report due in May)
9.7 Waikato Hospital Services (report due in June)
9.8 Mental Health and Addictions Service (report due in June)

ITEM 10: DECISION REPORTS

10.1 Ethnicity Based KPI Reporting

Mr Neil Hall attended for this item.

The findings from this 'deep dive' analysis showed that Māori:

- are more likely to present to ED than non-Māori
- on average receive a higher triage score
- be quicker to be seen by an ED physician
- less likely to be admitted to an inpatient ward
- more likely to leave ED within the 6 hours.

Resolved
THAT
The Board:
1) Received the report.
2) Selected 'outpatient DNA rate' for a deep dive analysis in the June quarterly report.

10.2 CBD Office Naming

Ms L Aydon attended for this item. It was noted:

The name for the former Farmer's Building in Hamilton CBD was considered. The DHB's Naming Right Policy had been followed and Kaunihera Kaumatua had been consulted.

The name that project steering group preferred was "Waiora Central".

A proposal received from TOTI Trust suggesting that the building should be named "The Dame Hilda Ross Health Centre" was considered.

The Board discussed the options and agreed that "Waiora CBD" was the preferred name.

Resolved
THAT
The Board members agreed that the DHB's CBD building is named "Waiora CBD".

10.3 Smokefree Policy

Mr M Spittal and Ms J Vickers attended for this item. The paper was taken as read. It was noted:

At the request of the Board the DHB had reviewed a wide range of literature on vaping. The evidence did not present any compelling reasons to introduce support for vaping in the DHB's policy. The research showed both benefits and harm from vaping.

Resolved
THAT
The Board adopted the Smokefree/Tobacco free – Auahi Kore/Tupeka Kore policy.
Mr Macpherson voted against adopting the policy.

10.4 Managing Board Approvals in NOS System

Ms M Chrystall attended for this item. The paper was taken as read.

The National Oracle System process requires two individual people to sign, one person is the Interim Chief Executive. It was suggested that the Chief of Staff (or equivalent role) and Acting Board Chair be approved to exercise Board delegations in the National Oracle System.

Resolved
THAT
The Board:
1) Received the report.
2) Approved the Chief of Staff (or equivalent role) to exercise Board delegations n the National Oracle System.

ITEM 11: SIGNIFICANT PROGRAMMES/PROJECTS

11.1 Virtual Health (no report this month)
11.2 Medical School (no report this month)
11.3 Creating our Futures (no report this month)

ITEM 12: SUMMARY OF RETURN TO NURSING OPEN DAY

Ms S Hayward attended for this item. The report was taken as read.

Resolved
THAT
The Board received the report.

ITEM 13: PRESENTATIONS

13.1 Progress Report from Waikato DHB's Consumer Council

Ms Gerri Pomeroy and Ms Louise Were, the interim co-chairs for the Consumer Council attended for this presentation. It was noted:

- They hoped to see demographic modelling in the future. This would help them to see the connect to the population
- The absence of mention of 'young people' was noticeable in the report.
- The Board has invited the Consumer Council to provide a representative onto two of its committees once the Consumer Council had established itself.

Resolved
THAT
The Board received the presentation.

13.2 The Waikato Health System Plan

Ms T Maloney and Mr D Wu attended for this presentation.

The aim for this plan was to show the sort improvements required for radical improvement in Māori health and also for the transformation of the health sector. It was stressed that it was important for the most vulnerable people to receive the care they need.

It was acknowledged that a number of public consultations had been conducted in recent times, so to avoid people becoming fatigued from this, the information already gathered from previous consultations would be used as well.

Transformation was required for the whole sector, so there is a need to ensure PHO, NGOs and Community providers are all part of the engagement process.

The importance of engaging the other Midland DHBs and also Auckland DHB in terms of access to services particularly for those people living in the Northern corridor between Hamilton and Auckland was discussed and encouraged.

Resolved
THAT
The Board received the presentation.

ITEM 14: NEXT MEETING

The next meeting is to be held on Wednesday 23 May 2018 commencing at 1.00 pm at in the Board Room in the Hockin Building, Waikato hospital.

BOARD MINUTES OF 24 April 2018

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 15: Minutes - Various
- **(i) Waikato District Health Board for confirmation: Wednesday 28 March 2018 (Items taken with the public excluded).**
- **(ii) Waikato District Health Board for confirmation: Wednesday 11 April 2018 (Items taken with the public excluded).**
- **(iii) Audit and Corporate Risk Management Committee: to be adopted: Wednesday 28 February 2018 (All items)**
- **(iv) Community and Public Health Advisory Committee: 11 April 2018 (to be adopted: Item 13)**
- **(v) Midland Regional Governance Group – Friday 6 April 2018: to be received (All items).**

Item 16: 2018/19 Capital Expenditure Budget – Public Excluded

Item 17: Status of the 2018/19 Operating Budget – 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	SECTION OF THE ACT
Item 15 (i-v): Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded	As shown on resolution to exclude the public in minutes
Item 16: 2018/19 Capital Expenditure Budget	Negotiations will be required	Section 9(2)(j)
Item 17: Interim Chief Executive's Report	Negotiations will be required	Section 9(2)(j)

(3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health and 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 15 (i-v)	**As shown on resolution to exclude the public in minutes.**
Item 16 and 17	**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
• Agenda Item 4 – KEEZZ – Board would like a "wrap up" report	Grant Howard	May/June
• Agenda Item 4 - Flu Vaccinations – Report to know percentages of staff groups vaccinated compared to previous years given change in approach	Maureen Chrystall	
• Agenda Item 10.2 – Follow up on Hilda Ross issue to ensure that the name is not lost	Derek Wright/Lydia Aydon	
• An update on the Medical School was requested	Derek Wright	June Meeting
• Agenda Item 17 – a copy of the slides from Finance presentation to be uploaded onto Diligent	Maureen Chrystall	ASAP

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Māori Strategic Committee held on Wednesday 16 May 2018 commencing at 10:00am in the Board Room, Hockin Building

Present: Ms T Hodges (Chair)
Dr C Wade (Deputy Chair)
Ms T Thompson-Evan
Ms M Balzer

In Attendance: Mr D Wright
Ms L Elliott
Mr N Hablous
Mr H Curtis
Ms J Eketone
Ms J Sewell
Ms N Scott
Ms J Crittenden
Ms E Severne
Mrs R Walker (Minutes)

ITEM 1: KARAKIA/MIHI

Karakia and mihi by Mr Hemi Curtis

ITEM 2: APOLOGIES

Apologies were received from Ms T Moxon, Mrs S Webb, and Mr D Macpherson

ITEM 3: MINUTES OF 18 APRIL 2018

Minutes moved and accepted.

ITEM 4: MATTERS ARISING FROM MINUTES OF 18 APRIL 2018

No matters arose.

ITEM 5: MĀORI STRATEGIC COMMITTEE WANANGA FEEDBACK

The Consumer Council (Māori Caucus) was appreciative of being invited to the workshop held on 18 April 2018. It was noted that their input was constructive. Te Puna Oranga will meeting the Māori Caucus next month. Future Consumer Council engagement was discussed under General Business.

The information gathered at the workshops would now be used to inform and confirm the development of the plan.

Ms M Balzer arrived at 10:10am.

Resolved
THAT

The Māori Strategic Committee workshop 18 April 2018 notes be received.

ITEM 6: HEALTH SYSTEM PLAN PRINICPLES

Mr D Wu and Mrs I ter Beek attended for this agenda item.

Presented by Mr D Wu, a summary was provided of the themes from the workshop held with committee members and from the joint Iwi Māori Council Board and workshop. A copy of the presentation would be circulated to members.

Discussion points on the SWOT analysis included:

- Suggestion that acute demand should be included on the “threats” list
- Whilst having an “appetite” for risk was an opportunity it could also be classed as a threat.
- Institutional racism be added to threats and weaknesses. (It was suggested that a kōrero around this topic including equity and equality be put on the agenda for the next board workshop to try and differentiate definitions).
- Priority should be on the population not just on Waikato DHB as an organisation
- Approaches should be targeted
- Expertise from communities should be utilised
- Government appetite for actual change is critical
- Clear principles are important
- He Pikinga Waiora was potentially a good kaupapa Māori focussed model to be used. A presentation on the He Pikinga Waiora model would be brought to the next meeting.

Following discussion, the objectives were amended:

- Accelerate models of care in particular kaupapa Māori models, that will eliminate inequities e.g. tamariki, cancers, multimorbidity, locality based prevention
- Whānau centred models
    - Community lead, locally provided, choice and not 1 size fits all
    - Co-design, co-production

General discussion on the proposed principles included:

- Point 3 should be changed to "Approval based on ~~people~~ equity based focused commissioning"
- Consideration be given to deleting point 2 "the investment tide-minimal new beds at Waikato hospital" as really a subset of point 5 " Being courageous enough to turn the tap off".
- It was suggested to focus needs on the issues that are within the Waikato DHB control.
- Strategic influence on the areas of importance that Waikato DHB cannot control.
- Iwi Māori and high needs are prioritised
- Management need to ensure that principles are upheld
- Work in partnership with communities
- Live within our financial envelope
- It was suggested a principle (or maybe an enabler) should be added to state that Māori are capable of making decisions on Māori health and well being.
- Principle to be added that "equity for Māori is a bottom line for decision making".
- In summary, the principles should be no more than 3 ideally or 5 at a maximum and should be succinct so that staff can use the principles in their decision making.

It was agreed that Mr D Wu would work with Ms L Elliott to refine the objectives and principles which would be brought back to a future meeting, including discussions with the Iwi Māori Council and the WDHB Board.

Mr D Wu and Mrs I ter Beek left the meeting.

ITEM 7: KI TE TAUMATA O PAE ORA – IWI MĀORI HEALTH STRATEGY LTH SYSTEM PLAN PRINICPLES

An update and discussion was undertaken around the key sections of the strategy. The strategy needs to be concise and upfront in the document. All other areas should be appendices. There was an expectation that the principles and objectives would be the same as the Health System Plan, and that it would be a partnership document to the Health System Plan. It was not intended any further engagement or consultation to be undertaken, but information would be used from the consultations undertaken over the last three years. It was highlighted that discussion/debate needs to occur around what goes into the Ki te Taumata o Pae Ora, which needs to include those things that are being done well but must also include new priorities to ensure a radical improvement in Māori Health inequalities is achieved. It was also suggested that monitoring accountability needs to be prominent in the documentation, and that monitoring provides the ability to stop doing projects/programmes if the monitoring shows radical improvement is not being made.

Resolved
THAT

The Ki Te Taumata o Pae Ora document table of contents was noted.

ITEM 8: EQUITY FOCUSED REPORTING

Ms L Elliott provided an update on the "ethnicity based KPI reporting" which will be renamed "Equity Focussed Report". It was highlighted that neither Te Puna Oranga nor the analysts compiling the report could "fix" the areas identified as needing work such as "Did Not Attends", but instead Te Puna Oranga would need to work with other Waikato DHB business areas.

The range of which measurements would be reported on was still a work in progress. The next report would now be to the June Board to allow further discussion and refinement at a staff and Executive level. A further update would be brought to the next Strategic Māori Committee.

Resolved
THAT
The current progress of equity focussed reporting was noted.

ITEM 9: WHY ORA BUSINESS CASE

Presented by Ms E Severne, members were provided with an update of the Why Ora Business Case. A robust discussion had been held with the Executive Group, which will result in the refined business case going to the Board in June. Māori Strategic Committee gave some additional feedback which will be included in the Business Case.

It was acknowledged that outcomes of this project would not be seen for some years. CEO noted his support of the Why Ora Business Case in principle (noting the additional detail that is required) and that budget had already been identified for year 1 of the project.

The project is currently sitting in Te Puna Oranga but a separate trust would need to be formed which would allow philanthropist and other government funding to be attracted.

It was agreed that philanthropic funding should be brought forward to year two, with the expectation of seeking contributions from other agencies and stakeholders. However, seeking alternative sources of funding to support the programme will begin in year one. KPIs need to be built into the business case including what the scenarios would be if additional funding was not received; would we stop the programme or reduce the programme to monies received? The Māori Strategic Committee would expect assurance from the Waikato DHB that Māori supported through the Why Ora programme once qualified would be successful in obtaining employment at Waikato DHB. Also noted outside of the business case is how many Māori who apply to Waikato DHB are successful with the view it should be 100%, this would also need to be a KPI for HR. Details regarding the number of people estimated to benefit from the programme to be included. As well as how the programme links with existing programmes that are similar. E.g. Kia ora Hauora, Whakapiki Ake and others. Ensure there is a link between Vote Health and Vote Education and the capacity of the tertiary providers to cope and prioritise Māori undertaking a health qualification. The scope may also need to include wider whānau. The financials in the business case need to outline the Waikato DHB commitment over a year-by-year three year period and include a discussion regarding financial contributions from other stakeholders. Clarity for the

governance of Why Ora also needs to be included.

Resolved
THAT

1. The Business Case was approved in principle.
2. The Business Case be refined to incorporate the above points before being present to the Board in June 2018.

ITEM 10: UPDATE REPORT

Report was taken as read.

Resolved
THAT

The Committee noted the update progress report.

ITEM 11: GENERAL BUSINESS

The Waikato DHB Board recently agreed to a Consumer Council representative being appointed to both the Health Waikato Advisory Committee, and the Community and Public Health Advisory Committee. The Consumer Council has a Māori caucus that are focussed on "radical improvements to Māori health outcomes by eliminating health inequities for Māori". Given the need for both the Consumer Council and Maori Strategic Committee to be in alignment on our advice to the organisation, it was agreed that an open invite would be provide to the Māori caucus of the Consumer Council to attend Māori Strategic Committees.

ITEM 12: DATE OF NEXT MEETING

12.1 Date of Next Meeting

Wednesday 20 June 2018

ITEM 13: KARAKIA WHAKAMUTUNGA

Karakia by Mr Hemi Curtis.

Chairperson: _____

Date: _____

Meeting closed at 12:05 pm.

ACTION POINTS

1. Health system Planning Principles Powerpoint presentation to be circulated to Committee members with a further report to be brought to the June Committee.
2. A kōrero around “institutional racism” to be requested on the agenda for the next board workshop.
3. A presentation on the He Pikinga Waiora model to held at the June 2018 Committee.
4. Equity focussed reporting to be brought to the June meeting.
5. An open invitation to be extended to Consumer Council to attend Māori Strategic Committee meeting’s

Chief Executive Report

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 4

INTERIM CHIEF EXECUTIVE'S REPORT

Purpose	For information.

Mark Spittal Resignation

I am sad to advise the Board that our Executive Director of Community and Clinical Support, Mark Spittal, has resigned and will be leaving the DHB on 14 June to take up the role of Executive Director Operations for the Western NSW Local Health District, Australia.

Mark has worked for the DHB over the years in a number of roles. And not only will we be losing Mark, but also his wife Mary-Anne Spence who is Clinical Nurse Director Emergency and Acute Medicine at Waikato Hospital.

I would like to acknowledge the dedication and contribution Mark has given to the DHB and the wider health sector and for the leadership he has shown in his role as an Executive Director.

Moving to an area more than twice the size of the north island and responsible for 38 hospitals, 50 community centres and 23 mental health facilities across Western NSW will certainly be challenging, but I have no doubt Mark will take it all in his stride.

I have enjoyed working with Mark over the last two years and I know he and Mary-Anne will be sadly missed by many in the organisation. I wish them both well in their future endeavours.

Regional Opportunities

We are currently in discussion with our regional colleagues about potential regional opportunities.

These discussions are at an early stage but I will update the Board regularly on progress

Executive Restructure

I have now completed the Executive Team restructure proposal and during the process there has been significant consultation with our staff.

The total number of Executive has reduced however at the same time I have created two new Executive level positions:

- Executive Director Human Resources and Organisational Development; and

- Chief Advisor Allied Health Scientific & Technical.

Board Training

At a recent Board meeting it was recommended time be spent going through Te Tiriti O Waitangi training, Te Ara Totika/Tikanga Best Practice training in conjunction with Waikato University, and Ikimoke Tamaki-Takarei and that there would also be a session on Systemic Racism and Health Equity for Maori by Paparangi Reid, and if not Paparangi someone similar in background to her. The Maori Strategic Committee recommended that this training take place at Turangawaewae Marae, and that Iwi Maori Council and Executive Directors be invited to attend also.

Te Puna Oranga are wanting to set up Te Tiriti O Waitangi, and Tikanga Best Practice and Powhiri, training for all new staff and staff that haven't yet done Te Ara Totika training. The Board, Iwi Maori Council and Executive Directors will have an opportunity to critique each programme.

I will ask Donna Straiton to consult with Board members on a date for this training with the aim being to hold this in June or July.

Trial of Online Voting

Matamata-Piako District Council have approached us through our electoral officer (a role contracted to an officer of Electionz.com) asking if the Waikato DHB would be prepared to support the council in their participation in an online voting trial at the 2019 local elections. Hamilton City Council staff have also approached us independently asking our view on the possibility of staff recommending participation in such a trial to its council. Hamilton City Council staff are still framing their view.

Matamata-Piako advised that undertaking the trial may increase costs to the Waikato DHB by about $20k (our election costs are picked up by territorial authorities in the first instance and then charged back to us). Hamilton City Council suggests a minimum premium of $30k but stresses the roughness of that figure and notes that a trial across a subset of voters could reduce the cost dramatically.

As best we can understand no other councils in our area are proposing to participate so these additional costs are hopefully the maximum to which Waikato DHB would be exposed.

The Matamata-Piako Council has pointed to a number of benefits of this approach such as that the public wants it, it improves access for those with special needs, it mitigates decline in postal services and it is more convenient. To my mind these are arguable but the amounts involved are not large and I am inclined to the view that even in the absence of a really compelling benefit statement its worth supporting this initiative as our contribution to progress in the public sector. However, I'd take the view that any support of a trial should not be construed as support of on-line voting generally at the 2022 elections if this were likely to translate into significantly greater cost to Waikato DHB (and if there were any choice in the matter!).

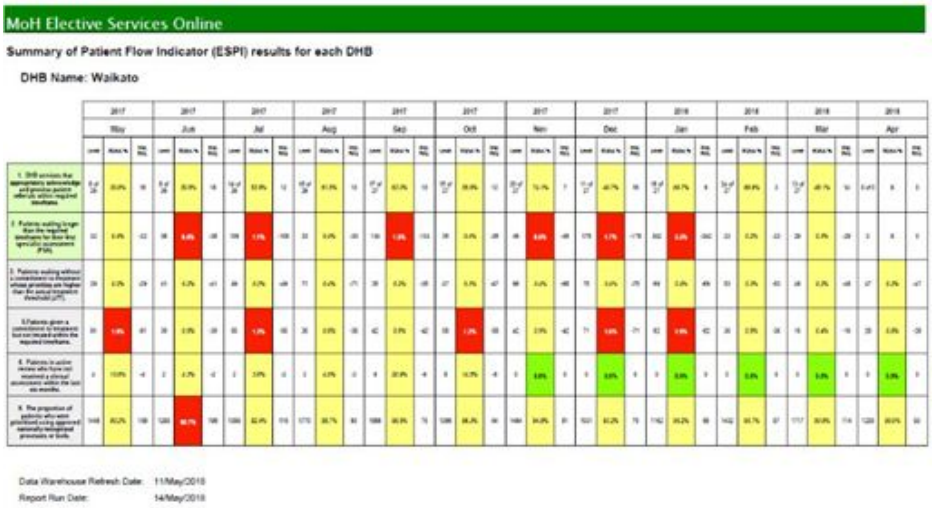
Council costs are itemised for payment by the Waikato DHB after each election so I am not proposing to get into the detail of what the costs might or should be at this point especially when the regulatory regime to be imposed by the Department of Internal Affairs is unknown and will drive a significant amount of the cost. All will be revealed in due course.

I have not framed this as a matter requiring firm direction from the Board because to my mind the decision about what form of election to conduct is for the councils to make (while taking account of our views) and our interest is largely financial. The financial aspect sits well within my delegation. Nevertheless I'd be interested to hear the Board's views given that some members may be closer to these issues than I am.

Surgical Reinvention Project

The project aimed at increasing system reliability and throughput.

We are compliant with ESPI 5 for three months based on preliminary results, ESPI 2 results are compliant for two months awaiting notice with regard April.



The number of surgical patients admitted and discharged has continued to increase month on month.

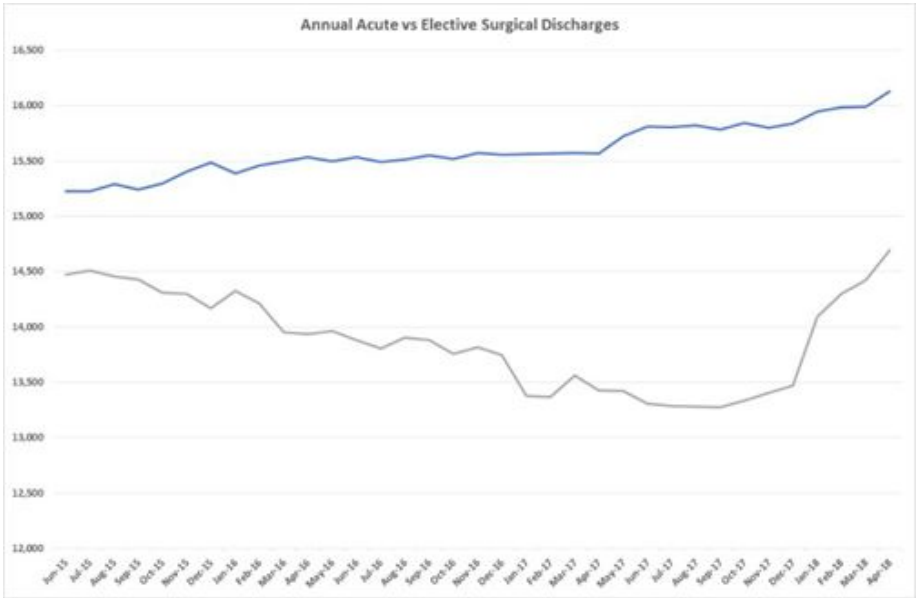


Table 1 - DHB quarter results 2018

ED and Acute Medicine Improvement

There has been ongoing increased presentation to our Emergency Departments; in April we had an increase of 5% year on year.

Q1 17/18	Q2 17/18	Q3 17/18
82.1%	88.8%	85.8%

At present our six hour target rate for patients not admitted is 93%, indicating an ongoing problem of access to inpatient beds affecting performance against six hours for admitted patients.

We are undertaking a number of improvement initiatives with the assistance of the Francis Group and will continue to do so.

Waikato DHB Population Performance

Attached is a report prepared by the Ministry on performance for the population of the Waikato DHB against relevant targets. I will attach future editions to my report as I have with this one.

If there are any matters on which you require formal comment please advise and the relevant Executive will bring back explanation to you when next they report under our rotational approach to monitoring reporting at the Board.

Recommendation
THAT
The Board receives this report.

DEREK WRIGHT
INTERIM CHIEF EXECUTIVE

Quarter one 2017/18 performance for the DHB population of Waikato

Monitoring Status Performance Watch- Remedial

Supporting Better Public Services Results 2 Healthy Mums and Babies

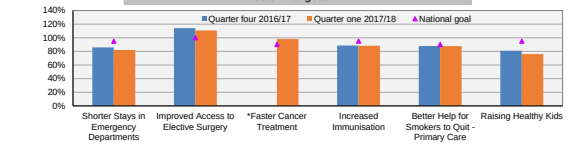
The DHB did not provide a Q1 report as their annual plan activities had not received Ministry approval. Their activities have since been approved and a comment will be provided in the quarter two dashboard.

Supporting Better Public Services Results 3 Keeping Kids Healthy

The DHB did not provide a Q1 report as their annual plan activities had not received Ministry approval. Their activities have since been approved and a comment will be provided in the quarter two dashboard.

System Level measures: Implementation of the Improvement Plan

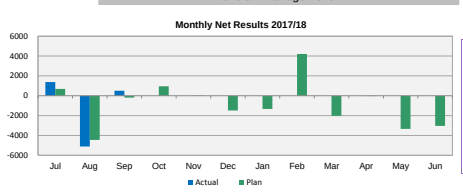
Health Targets



Performance Rating: Quarter one 2017/18

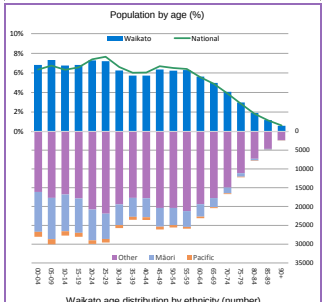
*As there has been a change to the way the Faster Cancer Treatment target is calculated there is no comparison with the previous quarter.

Financial Management



Net Result: YTD-Sep 2017
Actual: (3,228)
Plan: (3,941)
Variance: 713

DHB POPULATION OVERVIEW



Conversation Opportunities

This revised performance dashboard for 2017/18 is a first initial step towards a stronger focus on performance for the DHB population and on reducing inequality. It also presents an explicit view of performance framed around the themes of the New Zealand health strategy.

In future quarters this area of the dashboard is intended to include triggers for conversation opportunities both internally within the DHB, and with the Ministry. The intention is to support conversations that help to make meaningful connections between the DHB's performance and its population characteristics. We would be pleased to receive your feedback to how the conversation opportunities section can be used to provide value for you.

PERFORMANCE

People Powered

*T	M	O	
			Reducing rheumatic fever
			Improving mental health services using wellness and transition planning
			Reducing the rate of Māori under Mental Health Act section 29 community treatment orders
			Improving breastfeeding rates

Regional:

			Health Workforce

Key priority response actions:

Regional - Workforce: The Midland region DHBs are working together to increase the number of the health assistant workforce with Level 3 qualifications. This includes work with regional oral health managers to set up dental health training.

DHB nominated highlights:

The refresh of our 2014-17 Suicide Prevention/Postvention Plan involved meetings with 19 community, focus groups and individuals, their feedback is reflected in the draft 2018-21 plan.

Regional nominated highlights:

Midland Trauma System: Collaborating with WINTEC for patient and whanau experience study to understand people's needs, to help with design of services.

Closer to Home

*T	M	O	
			Implementing the Healthy Ageing Strategy
NA	NA	NA	Improved management for long term conditions
			Improved management for cardiovascular health
NA	NA	NA	Improved management for diabetes services
	NA	NA	Improved management for acute heart services
	NA	NA	Improved management for stroke services

Regional:

			Cardiac services
			Stroke services

Key priority response actions:

Healthy Ageing: Waikato DHB clinical staff and academic staff are considering the impact of the Last 1000 Days of Life approach for clients over 75 years of age. Specifically it is possible the findings of this working group could support the consideration of how to ensure completion of Advanced Care Plans and promote EPOA consideration, in partnership with primary care.

DHB nominated highlights:

Smart health is continuing to be rolled out through our outpatients department meaning that people with outpatient appointments who live in our rural areas do not need to travel to Waikato Hospital.

Regional nominated highlights:

Regional Internal Audit Service Identify where DHBs can improve the classification of patient events as ACC funded to help ensure all necessary health care for those patients is appropriately funded by ACC.

Value and High Performance

*T	M	O	
			Prime Minister's youth mental health project
			Rising to the Challenge - Primary mental health
			Rising to the Challenge- Improve outcomes for children in mental health
			Rising to the Challenge-District suicide prevention and postvention
			Improving wait times for diagnostic services - Coronary angiography
			Improving wait times for diagnostic colonoscopy - Urgent (<14 days), Non-Urgent(<42 days), Surveillance(<84 days)
			Inpatient average length of stay - elective
			Inpatient average length of stay - acute

Regional:

			Elective services

Key priority response actions:

Mental Health: Waikato DHB has seconded a Registered Mental Health Nurse to the Emergency Department (ED) at Waikato Hospital. Early indications in monitoring and reviewing figures for those assessed in police custody and those assessed in ED demonstrate a significant decrease in assessments occurring in custody and a correlating increase in those assessed in ED.

DHB nominated highlights:

Direct access to CT scanning is available to patients presenting across a range of urological conditions in primary care. Ensuring patients are seen within the timeframes as set within the Faster Cancer Treatment framework.

Regional nominated highlights:

Midland Radiology Action Group: The operational Radiology Primary Access Criteria for each of the five Midland DHBs was mapped against the agreed Minimum Clinical Access Criteria to provide a gap analysis across Midland DHBs.

One Team

*T	M	O	
			Improving wait times for diagnostic services - CT and MRI scans (<42 days)
			Shorter waits for non-urgent mental health and addiction services for 0-19 year olds
			Faster cancer treatment (31 days)
			Supporting vulnerable children
			Immunisation coverage at 2 & 5 years old
NA	NA	NA	Human papillomavirus immunisation
			Influenza immunisation at age 65+
NA	NA	NA	Improving breast screening rates
NA	NA	NA	Improving cervical screening coverage

Regional:

			Cancer services- overall rating
			Cancer services- Workplan delivery
			Cancer services- Support for health target
N/A			Major trauma
			Mental health and addiction services
			Hepatitis C
			Healthy ageing
			Quality and Safety

Key priority response actions:

Regional - Workforce: The Midland region DHBs are working together to increase the number of the health assistant workforce with Level 3 qualifications. This includes work with regional oral health managers to set up dental health training.

DHB nominated highlights:

Map of Medicine pathways continue to drive the development of new integrated services between primary and secondary care.

Regional nominated highlights:

Advance Care Planning (ACP) – the ACP Facilitators from each of the Midland region now meet on a regular basis to share information and resources and work as a region on areas of common interest.

Smart System

*T	M	O	
			Better help for smokers to quit in public hospitals

Regional:

			IT critical priorities- Medicines Management - ePA, ePharmacy
			IT critical priorities- Clinical workstation (CWS) and clinical data repository (CDR)
			IT critical priorities- Patient Administration Systems (PAS) progress
			IT critical priorities- Telehealth

Key priority response actions:

Regional – IT: The Midland DHBs are progressing on the regional Web portal integration for primary care, palliative care and community care.

DHB nominated highlights:

Community pharmacy access to Clinical Workstation - all access agreements signed and received. First two pharmacies will be issued certificate next week. Expect to be completed in all pharmacies by 30 November 2017.

Regional nominated highlights:

Regional Internal Audit Service: Establish proactive monitoring and management of theatre waitlists within hospitals to ensure patient treatment is timely and fair to the highest scoring and longest waiting patients.

DHB Performance Challenges

Improving breastfeeding rates: The DHB did not achieve the target in this quarter. The Ministry expects the DHB to outline activities designed to address this, which are specific, time-bound and evidence based that aim to increase the baseline rate towards the target.

Better help for smokers to quit in public hospital: The DHB has failed to meet the 95% target by small amounts in the last two quarters. In this quarter the result was attributed primarily to very high winter admission rates. The DHB expects the target to be met in future.

Shorter stays in ED health target: The Ministry acknowledges the challenges of increased ED presentations the DHB faced in this quarter. The ED health target Champion has visited the DHB and a letter of recommendations will be sent to

Equity Challenges

Improving breastfeeding rates: The DHB's performances for Māori and Pacific women are also behind the target in this quarter. A mixture of universal and tailored interventions are expected from the DHB. In particular, the tailored interventions are designed to promote and support breastfeeding for Māori and Pacific women.

Immunisations: Waikato have experienced a further significant decrease in Māori infant immunisation coverage in this past quarter. The Ministry will continue to work with the DHB on the strategies around improving Māori immunisation coverage and timeliness of immunisations discussed during the target champion's recent visit to the region.

Regional Performance Challenges

For Cardiac Acute Coronary Syndrome Services (ACS), the Midland region was close to achieving the Indicator 2 data collection result at 92.3%. For Cardiac Secondary Services, the number of patients waiting over 90 days remains high and actual delivery of cardiac surgery remains slightly below plan. Access to cardiac surgery, angiography, and angioplasty procedures remains low.

The partially achieved rating for Elective Services is due to the waiting times performance in July and August, and only one DHB consistently met waiting times expectations for ESPI 2.

For IT services, over 60% of the initiatives/projects under Clinical Information Services are partially achieved or not achieved. The items that are not achieved are awaiting information, direction, or updates from the Ministry.

OWNERSHIP VIEW

Standardised Intervention Rates of Procedures

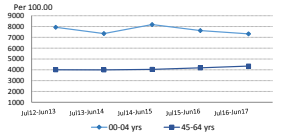
12 month period ending in June of the year

	2013	2014	2015	2016	2017	National Target
Angiography	33.49	31.93	31.62	34.93	35.03	34.70
Angioplasty	11.97	10.42	11.17	12.90	12.75	12.50
Cardiac Surgery	6.51	7.34	6.54	6.54	5.90	6.50
Cataracts	28.45	24.14	24.84	27.35	25.13	27.00
Major Joints	20.45	23.63	24.67	22.33	22.49	21.00

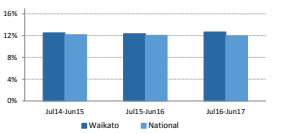
Service Coverage Delivery NA

Not reported in this quarter

Ambulatory Sensitive Hospitalisation Rates



Acute Readmission Rates (standardised)



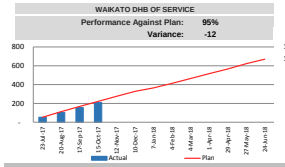
Patients Waiting for FSA

	Jun	Jul	Aug	Sep	Last mnth	4 mnths
ESPI 2	38	109	33	134	101	96
ESPI 2 %	0.4%	1.1%	0.4%	1.5%	1.1%	1.1%

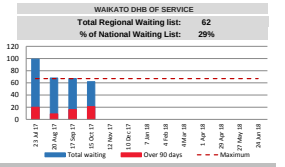
Patients Waiting for Treatment

	Jun	Jul	Aug	Sep	Last mnth	4 mnths
ESPI 5	41	57	37	42	5	1
ESPI 5 %	1.0%	1.3%	0.8%	0.9%	0.0%	-0.1%

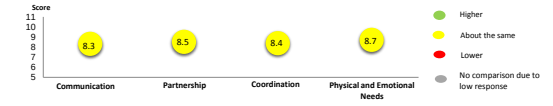
Regional Delivery of Cardiac Surgery



Regional Wait List for Cardiac Surgery



Patient Experience



Quality and Safety Markers

	Goal	Performance	
Falls risk assessment (Apr-Jun17)	90%	98%	●
Hand hygiene (Apr-Jun17)	80%	85%	●

	Goal	Performance	
Surgical site infections (Jan-Mar 2017):			
Antibiotic administered in the right time	100%	99%	▲
Patients receive cefazolin or cefuroxime	95%	97%	●

How to read this dashboard

This dashboard shows a summary of most aspects of DHB performance. It combines indicators of DHB performance, as agreed in the 2017/18 Annual Plan, as well as complementary information such as financial management, hospital indicators and other priorities. The structure has been designed to display DHB information using an 'at-a-glance' approach. It is not to be used for general publication. Local and regional **Performance Measures** (https://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/final-draft-performance-measures) are grouped by the **New Zealand Health Strategy** themes that include *People Powered, Closer to Home, Value and High Performance, One Team and Smart System* (http://www.health.govt.nz/publication/new-zealand-health-strategy-2016). The DHB population overview is included on the dashboard to provide contextual information to performance challenges, and is not performance information itself. Population data are sourced from Statistics New Zealand population projections (2016 based).

Most indicators are accompanied by a traffic light colour to represent the perceived risk to a DHB or a region achieving their target for the year. Traffic lights are applied to * **T -total population, M -Māori population, O -Pacific population unless indicated.** Where a rating for M or O is empty, this indicates that rating for that measure is applied to total population only.

The DHB is on track to achieve target	
Some aspects still need development / or the DHB is not tracking to target but has an appropriate resolution plan.	
The information available suggests the DHB is not on track to meet the target and does not have an appropriate resolution plan.	
To date, the DHB has provided no report.	NR
Not Applicable	NA

Quality & Safety markers use a traffic light scheme to mimic that used by the Health Quality and Safety Commission:

Performance at or above the goal level	
Performance within 10/15% of the goal level (depending on the marker)	
Performance more than 10%/15% below the goal level (depending on the marker)	

Definitions of each indicators are explained as below. (Definitions for health target indicators are provided in the health target summary table. Definitions for regional indicators are provided in the regional dashboards. Both definitions have been sent to DHBs each quarter and therefore are not repeated here.)

Supporting Better Public Services result 2 Healthy Mums and Babies	Highlights of progress against agreed actions to support the target of 90% of pregnant women are registered with a LMC in the first trimester by 2021, an interim target of 80% by 2019, with equitable rates for all population groups.
Supporting Better Public Services result 3 Keeping Kids Healthy	Highlights of progress against agreed actions to support the target of a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0-12 years by 2021, an interim target of 15% by 2019
System Level Measures- implementation of the Improvement Plan	This indicator shows if DHB and their alliances are on-track to implement their Improvement Plans, including whether they have provided appropriate corrective actions if not on track.
Financial Management	Overview of the financial performance of the DHB based on data provided by the DHBs in monthly financial templates
Immunisation coverage at 2 & 5 years old	At least 95 percentage of children who have completed their age-appropriate immunisations measured at age 2 years and age 5 years. The rating - indicated by the traffic light colour - is based on the DHB's performance for both the 2- and 5-year-old milestones. The dashboard population for 'Other' includes Pacific only.
Human papillomavirus immunisation	At least 75 percentage of eligible girls fully immunised with human papillomavirus (HPV) vaccine. For 2017/18 it is the 2004 birth cohort measured at 30 June 2018). The dashboard population for 'Other' includes Pacific only. This measure is reported yearly in quarter 4.
Influenza immunisation at age 65+	At least 75 percent of the population aged 65 years and over are immunised against influenza annually (measured at 30 September). The dashboard population for 'Other' includes Pacific only.
Reducing rheumatic fever	A progress report against the DHB's rheumatic fever prevention plan.
Improving mental health services using wellness and transition planning	95% of people treated in mental health and addiction services for more than 3 months will have a quality wellness plan or have had a transition plan at discharge.
Reducing the rate of Māori under Mental Health Act section 29 community treatment orders	DHBs will reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.
Improving breastfeeding rates	Breastfeeding is defined as exclusive or fully breastfed at 3 months.
BreastScreening Aotearoa (BSA) - initial rescreen	Number of women rescreened within 20-27 months of their previous screen as a percentage of the number of women eligible for a rescreen. Target 75 percent or more of women who attend for their first screen within the programme are rescreened within 20-27 months (50-67 years only). The dashboard population for 'Other' includes only Pacific woman. Performance on this indicator is rated in quarters two and four.
Implementing the Healthy Ageing Strategy	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for health of older people services including falls and fracture prevention and rehabilitation services, future models of home and community supports (HCSS), regularisation of the HCSS workforce, use of interRAI assessment tool, an action to improve equity and one locally prioritised action to progress implementation of the Healthy Ageing Strategy
Improved management for long term conditions (Cardiovascular health, diabetes, acute heart and stroke services)	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for long term conditions (LTC), diabetes services, cardiovascular (CVD) health, acute heart services and stroke services. Improved management for long term conditions and diabetes are reported in quarters two and four.
Improving breast screening rates	Number of women screened in the 24 months period as a percentage of women eligible. Target: 70 percent or more screening coverage for all eligible women (50-69 years only). The dashboard population for 'Other' includes only Pacific woman.
Improving cervical screening coverage	The proportion of women eligible for screening who have been screened in the previous three years. Target: 80 percent or more screening coverage for all eligible woman. Derived from Statistics New Zealand's DHB population projections, adjusted for the prevalence of hysterectomy. The dashboard population for 'Other' includes Pacific and Asian woman. This measure is reported in quarters two and four. However, data is updated monthly and is found on the following: https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/
Prime Minister's youth mental health project	Reports on progress towards achieving three initiatives in the Project:1: School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities. 3: Youth Primary Mental Health reported under Rising to the Challenge. 5: Improve the responsiveness of primary care to youth. Initiative 6 is reported under Shorter waits for non-urgent mental health and addiction services for 0-19 year olds, and Initiative 7 is reported under Improving mental health services using wellness and transition (discharge).
Rising to the Challenge - Primary mental health	This measure is to monitor access to evidence-informed psychological therapies for mental health and additions issues in primary care.
Rising to the Challenge- Improve outcomes for children in mental health	Reports on the actions identified in the annual plan for improving outcomes for children in mental health.
Rising to the Challenge-District suicide prevention and postvention	Progress against the agreed 2015-2017 Suicide Prevention Plan is reported by describing highlights, exceptions and milestones for three of the actions, and noting any completed actions.
Improving wait times for diagnostic services - Coronary angiography	Performance against the waiting time indicators for Coronary Angiography.
Inpatient average length of stay (elective and acute)	Reports are against two inpatient average length of stay (ALOS) measures – Part One: Elective surgical inpatient ALOS, Part Two: Acute inpatient ALOS
Improving wait times for diagnostic services - CT and MRI scans	Performance against the waiting time indicators for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Waiting time targets are people accepted for CT or MRI receiving the scan within 42 days.
Improving wait times for diagnostic colonoscopy - Urgent, Non-Urgent, Surveillance	Performance against the waiting time indicators for Colonoscopy that include urgent, non-urgent and surveillance colonoscopy. Waiting time targets are people accepted for an urgent, non-urgent or surveillance colonoscopy receiving the procedure within 14 days, 42 days or 84 days respectively.
Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	All DHBs are expected to reach 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year.
Faster cancer treatment (31 days)	The 31-day indicator is the maximum length of time a patient should have to wait from date of decision-to-date to receive their fist treatment (or other management) for cancer.
Supporting vulnerable children	Actions or initiatives to reduce deaths and hospitalisations due to assault, neglect or maltreatment of children and young people
Better help for smokers to quit in public hospitals	95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
Standardised intervention rates of procedures	The DHB's level of intervention relative to their population, standardised to take account of variations in the population demographics (age, gender, ethnicity and deprivation) allowing for comparison between different DHBs. Green shows performance is significantly above the national target, grey is no significant variation and red is significantly below the national target.
Service coverage delivery	Self-reported confirmation & exception report. DHBs must ensure service coverage expectations are met, or demonstrate resolution of service coverage gaps by providing an appropriate resolution plan, and adequate progress is being made against the resolution plan.
Ambulatory sensitive hospitalisation rates	Ambulatory Sensitive Hospitalisations (ASH) result from diseases and conditions sensitive to prophylactic or therapeutic interventions deliverable through primary care and are, therefore, avoidable. The ASH rates are derived by the total number of 12-month ASH for DHB patients aged 0-4 and 45-64 as the numerators and the same age population of the DHB as the denominators respectively. Rates for 45-64 age group are age standardised using national population as a standard. Performance on this measure is rated in quarters two and four.
Acute readmission rates	Acute readmission rates are the number of unplanned acute readmissions to hospital within 28 days of a previous inpatient discharge that occurred within the 12 months to the end of the quarter, as a proportion of inpatient discharges in the 12 months to the end of the quarter. Mental health hospitalisations are excluded from the measure, while acute maternity hospitalisations are not recognised for readmission purposes. The rates are standardised by patient population characteristics, deprivation, rurality, patient health conditions, comorbidity and surgery, using 3 years rolling national patient population as a 'standard'. Indirect standardisation using logistic regression method is applied to derive the rates.
Patients waiting for FSA (ESPI 2)	The total number on the waiting list waiting longer than four months for a first specialist assessment (FSA) for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators
Patients waiting for treatment (ESPI 5)	The total number on the waiting list waiting longer than four months for treatment for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators.
Regional delivery of cardiac surgery and wait list	Regional cardiac provider delivery against plan. Regional cardiac provider total waiting list against the waiting list target including those waiting over 90 days and proportion of regional to national waiting list. DHBs submit four-weekly reports.
Patient Experience	Average rating out of 10 for inpatient experience across the four domains of communication, partnership, coordination of their care, and having physical and emotional needs met, based on results from the national patient experience survey. The survey covers patients in hospital during the second month of each quarter.
Quality and Safety Markers	Progress toward the markers set by the Health Quality and Safety Commission. These include older patients receiving a falls assessment, compliance with good hand hygiene practice, and two surgical site infection measures: hip and knee replacement patients receiving 2g or more of cephazolin and antibiotic administered in the right time.
Key priority response actions	A response to the delivery of an action and milestone agreed in the annual plan for each Government planning priority, this is an opportunity to showcase achievements.
Nominated highlights	A DHB (or a region) nominated highlight of an action, an initiative or an activity that reflects a NZ Health Strategy theme and is delivered within the quarter. No performance assessment is made.
Performance challenges	A performance measure that is assigned a red diamond indicator against performance will have a text comment providing further detail about the resolution path.
Equity challenges	Population and equity assessment is against the expectations agreed in the annual and regional plans, and highlights progress towards equity. A red diamond indicator against progress towards equity will have a text comment providing further detail about the resolution path.
Conversation opportunities	Conversation opportunities are included to provide useful triggers for internal DHB conversations, Ministry officials visits to the DHB and, monitoring and intervention framework (MIF) meetings. The bullet points include both achievements and concerns based on the performance dashboard information and emerging issues identified by Ministry DHB Relationship Managers. The conversation opportunities is not an exhaustive list.

Quarter two 2017/18 performance for the DHB population of Waikato

Monitoring Status Performance Watch- Remedial

Supporting Better Public Services Results 2 Healthy Mums and Babies

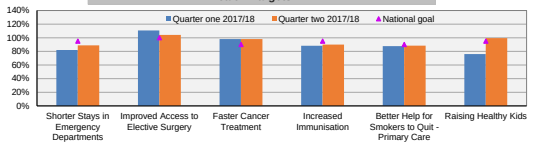
The DHB has identified areas where registration is low and is working with Māori and Pacific health providers and school based health services to ensure pregnant young women enrol with a midwife as early as possible.

Supporting Better Public Services Results 3 Keeping Kids Healthy

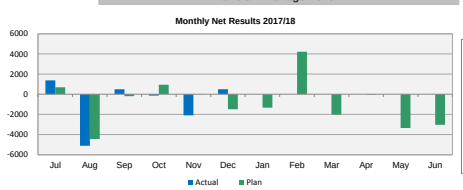
The DHB has reviewed the child skin map of medicines as part of developing a new primary care system of care for childhood skin infections; and is investigating the use of standing orders in pharmacy.

System Level measures: Implementation of the Improvement Plan

Health Targets

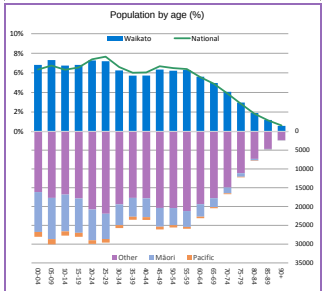


Financial Management

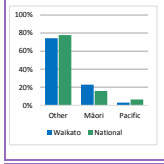


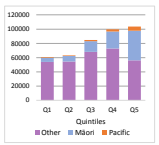
Net Result: YTD-Dec 2017
Actual: (4,954)
Plan: (4,453)
Variance: (501)

DHB POPULATION OVERVIEW



Waikato age distribution by ethnicity (number)





PERFORMANCE

People Powered

*T	M	O	
			Reducing rheumatic fever
			Improving mental health services using wellness and transition planning
			Reducing the rate of Māori under Mental Health Act section 29 community treatment orders
NA	NA	NA	Improving breastfeeding rates
			Regional:
			Health Workforce

Key priority response actions:

Reducing Unintended Teenage Pregnancy: No specific report on this priority is received by Waikato DHB

DHB nominated highlights:

A Consumer Council for Waikato DHB has been set up which will work in partnership with the Waikato District Health Board to ensure the planning and delivery of health services is people centred and responsive to the needs of consumers and communities.
During its first meetings, the Consumer Council will begin to determine its key priorities and work plan.

Regional nominated highlights:

All Midland DHBs are actively involved in forming consumer councils and sharing best practice and processes. A discussion on a regional network to support these councils is underway.

Closer to Home

*T	M	O	
			Implementing the Healthy Ageing Strategy
			Improved management for long term conditions
			Improved management for cardiovascular health
			Improved management for diabetes services
NA	NA		Improved management for acute heart services
NA	NA		Improved management for stroke services
			Regional:
			Cardiac services
			Stroke services

Key priority response actions:

Childhood Obesity Plan: Sport Waikato now runs their healthy eating and nutrition programme in all Waikato schools, with increased resources for deciles 1-3 and Kura Kaupapa Māori schools.

DHB nominated highlights:

Rural GPs are now enabled to administer IV Adenerzine to those with supervventricularta chicardia to reduce these admissions to hospital

Regional nominated highlights:

Working with community, ie needle exchange, General Practitioners, laboratory testing, etc. Taking the service to the people – Te Puia Springs Hospital clinic was very well received.

Value and High Performance

*T	M	O	
			Prime Minister's youth mental health project
			Rising to the Challenge - Primary mental health
			Rising to the Challenge- Improve outcomes for children in mental health
			Rising to the Challenge-District suicide prevention and postvention
			Improving wait times for diagnostic services - Coronary angiography
			Improving wait times for diagnostic colonoscopy - Urgent (<14 days), Non-Urgent(<42 days), Surveillance(<84 days)
			Inpatient average length of stay - elective
			Inpatient average length of stay - acute
			Regional:
			Elective services

Key priority response actions:

Child Health: Waikato is working to reduce services access barriers for vulnerable Māori children and is finalising its Harti Hauora tool for use by the Hamilton Children's Team. It is also working to identify children presenting to ED who are not enrolled with a GP and assisting to get those children enrolled.

DHB nominated highlights:

Enabling correct prescribing by GPs of drugs to reduce constipation in children thereby avoiding unnecessary paediatric hospital and outpatient appointments

Regional nominated highlights:

The Midland Bowel Screening Regional Centre Contract Agreement was signed on 1 September 2017. BSRC secondary clinical lead, primary care lead, and manager have been appointed. Quality project managers will commence in January and March 2018, and the equity project manager in January 2018. This will mean full recruitment of the team.

One Team

*T	M	O	
			Improving wait times for diagnostic services - CT and MRI scans (<42 days)
			Shorter waits for non-urgent mental health and addiction services for 0-19 year olds
			Faster cancer treatment (31 days)
			Supporting vulnerable children
			Immunisation coverage at 2 & 5 years old
NA	NA	NA	Human papillomavirus immunisation
NA	NA	NA	Influenza immunisation at age 65+
			Improving breast screening rates
			Improving cervical screening coverage
			Regional:
			Cancer services- overall rating
			Cancer services- Workplan delivery
			Cancer services- Support for health target
			Major trauma
			Mental health and addiction services
			Hepatitis C
			Healthy ageing
			Quality and Safety

Key priority response actions:

Disability support services: This DHB is looking to focus its disability related work on the current signage in hospital services. It is intending to expand visitor greeting services at key navigation points within the core campus to provide a more customer focused experience for people with a disability.

DHB nominated highlights:

St John now have access to the Clinical Work Station

Regional nominated highlights:

Toi Te Ora (Public Health) and partners (Heart Foundation and Bay of Plenty DHB Oral Health Promotion Service, and Healthy Families) have taken a collaborative approach to support schools in their region to remove sugar sweetened beverages. Work is also underway within some Midland DHBs to collaborate with their District Councils on wider implementation of policy initiatives.

Smart System

*T	M	O	
			Better help for smokers to quit in public hospitals
			Regional:
			IT critical priorities- Overall Rating
			IT critical priorities- Medications Management
			IT critical priorities- Midland Clinical Portal
			IT critical priorities- Regional Results
			IT critical priorities- IaaS

Key priority response actions:

DHB – IT: Medication Management – Tactical eOrders solution targeting clinician efficiencies, improved patient care & cost savings being progressed (targeting May 18 Go Live)
Stroke Thrombolysis telehealth pilot successfully completed, now working on a business case to expand the service

DHB nominated highlights:

Delivery of tele dermatology image triage direct into the surgeries of all GPs in the Waikato DHB district

Regional nominated highlights:

Midland DHBs collect Trauma data (majors and non-majors) and enter the data into the Trauma Registry. Analysis of the data for the 2016/17 fiscal year by MTS Hub staff has provided a 'Snapshot' for each of the five Midland DHBs, covering trends since 2014 The 'Snapshot' includes information on volumes, process indicators, costs, and 'at risk' (by incidence, gender, age and ethnicity).

DHB Performance Challenges

While the DHB immunisation coverage at 8 months old has increased compared to the previous quarter, there has been a decrease in the coverage for both 2 and 5 years old. Continued focus across all immunisation milestones is needed to meet targets.

The DHB have identified that poor documentation and conflicting evidence of smoking and data entry have all contributed to this quarter's result regarding the Better help for smokers to quit in public hospital. These matters are all being addressed.

The DHB did not achieve the target of ambulatory sensitive hospitalisations (ASH) in this quarter. The DHB have initiated several activities in relation to ASH rate reduction.

The DHB failed to meet the breast screening coverage target this quarter. A range of initiatives is being planned in the DHB. Collaboration and planning with key stakeholders to identify issues and activities is being undertaken to reach and then maintain coverage for all eligible women.

The Ministry is working closely with the DHB on recovery plans to ensure that patients receive first specialist assessments (FSA) and elective treatments within expected time frames.

With increasing acute presentations and savings plans not achievable, the DHB has increased their expected deficit at year-end to a $22.300 million which is $12.300 million unfavourable to plan.

Equity Challenges

Continued focus across all immunisation milestones is needed to meet targets, with a particular focus on strategies to increase immunisation for Māori and Pacific children.

Māori and Pacific patients were beind the target regarding the Better help for smokers to quit in public hospital measure this quarter. As for total patients, the DHB have identified that poor documentation and conflicting evidence of smoking and data entry have all contributed to this quarter's result. These matters are all being addressed.

For the three years to 30 Sep 2017 the DHB has cervical screening coverage below 75% for both Māori and Asian women. The DHB needs to work intensively with primary care to facilitate a team approach to improving coverage and provide opportunistic screening, or refer Māori and Asian women to alternative providers.

A range of initiatives is planned with targeted promotion of breast screening to Māori and Pacific women. Collaboration and planning with key stakeholders to identify issues and activities is being undertaken to reach and then maintain coverage for all eligible women.

Regional Performance Challenges

For Cardiac ACS Services, the region achieved the 'Door to Cath' indicator but there are still pockets of performance that remain below the indicator target in Q2 (eg Tairawhiti DHB). For Cardiac Secondary Services, the number of patients waiting over 90 days remains high and there were still patients waiting over 120 days in Q2.

The partially achieved rating for Elective Services is due to the waiting times performance in October and November.

For Stroke Services, the region has not met the thrombolysis target and is an indication that further work is required to establish a regional Telestroke service.

For IT services, progress with National Maternity and Oral Health Programmes have been delayed and awaiting further information from the Ministry.

OWNERSHIP VIEW

Standardised Intervention Rates of Procedures

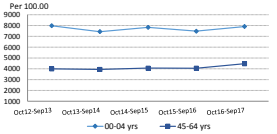
12 month period ending in September of the year

	2013	2014	2015	2016	2017	National Target
Angiography	34.34	31.58	31.74	35.31	35.37	34.70
Angioplasty	12.13	10.53	11.15	13.27	12.57	12.50
Cardiac Surgery	7.23	6.68	6.72	6.25	6.28	6.50
Cataracts	27.74	24.03	26.43	26.21	26.02	27.00
Major Joints	20.81	24.03	24.39	21.38	25.20	21.00

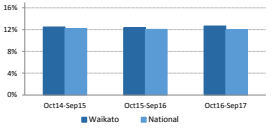
Service Coverage Delivery

This quarter the DHB provided an update on:
- its delivery plan for Te Ara Whakapiri: Principles and guidance for the last days of life
- sharps disposal services in the community
- progress implementing TAVI (trans catheter aortic valve implementation) guidelines.

Ambulatory Sensitive Hospitalisation Rates



Acute Readmission Rates (standardised)



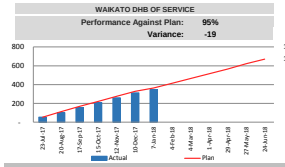
Patients Waiting for FSA

	Sep	Oct	Nov	Dec	Last mnth	4 mnths
ESPI 2	134	35	46	178	132	44
ESPI 2 %	1.5%	0.4%	0.5%	1.7%	1.3%	0.3%

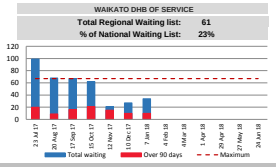
Patients Waiting for Treatment

	Sep	Oct	Nov	Dec	Last mnth	4 mnths
ESPI 5	46	61	46	83	37	37
ESPI 5 %	1.0%	1.3%	1.0%	1.8%	0.8%	0.8%

Regional Delivery of Cardiac Surgery



Regional Wait List for Cardiac Surgery



Patient Experience

Quality and Safety Markers

	Goal	Performance	
Falls risk assessment (Apr-Jun17)	90%	94%	●
Hand hygiene (Apr-Jun17)	80%	82%	●

	Goal	Performance	
Surgical site infections (Jan-Mar 2017):			
Antibiotic administered in the right time	100%	97%	▲
Patients receive cefazolin or cefuroxime	95%	96%	●

Conversation Opportunities

This revised performance dashboard for 2017/18 is a first initial step towards a stronger focus on performance for the DHB population and on reducing inequality. It also presents an explicit view of performance framed around the themes of the New Zealand health strategy.

In future quarters this area of the dashboard is intended to include triggers for conversation opportunities both internally within the DHB, and with the Ministry. The intention is to support conversations that help to make meaningful connections between the DHB's performance and its population characteristics. We would be pleased to receive your feedback to how the conversation opportunities section can be used to provide value for you.

How to read this dashboard

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The DHB is on track to achieve target	
Some aspects still need development / or the DHB is not tracking to target but has an appropriate resolution plan.	
The information available suggests the DHB is not on track to meet the target and does not have an appropriate resolution plan.	
To date, the DHB has provided no report.	NR
Not Applicable	NA

Quality & Safety markers use a traffic light scheme to mimic that used by the Health Quality and Safety Commission:

Performance at or above the goal level	
Performance within 10/15% of the goal level (depending on the marker)	
Performance more than 10%/15% below the goal level (depending on the marker)	

Definitions of each indicators are explained as below. (Definitions for health target indicators are provided in the health target summary table. Definitions for regional indicators are provided in the regional dashboards. Both definitions have been sent to DHBs each quarter and therefore are not repeated here.)

Supporting Better Public Services result 2 Healthy Mums and Babies	Highlights of progress against agreed actions to support the target of 90% of pregnant women are registered with a LMC in the first trimester by 2021, an interim target of 80% by 2019, with equitable rates for all population groups.
Supporting Better Public Services result 3 Keeping Kids Healthy	Highlights of progress against agreed actions to support the target of a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0-12 years by 2021, an interim target of 15% by 2019
System Level Measures- implementation of the Improvement Plan	This indicator shows if DHB and their alliances are on-track to implement their Improvement Plans, including whether they have provided appropriate corrective actions if not on track.
Financial Management	Overview of the financial performance of the DHB based on data provided by the DHBs in monthly financial templates
Immunisation coverage at 2 & 5 years old	At least 95 percentage of children who have completed their age-appropriate immunisations measured at age 2 years and age 5 years. The rating - indicated by the traffic light colour - is based on the DHB's performance for both the 2- and 5-year-old milestones. The dashboard population for 'Other' includes Pacific only.
Human papillomavirus immunisation	At least 75 percentage of eligible girls fully immunised with human papillomavirus (HPV) vaccine. For 2017/18 it is the 2004 birth cohort measured at 30 June 2018). The dashboard population for 'Other' includes Pacific only. This measure is reported yearly in quarter 4.
Influenza immunisation at age 65+	At least 75 percent of the population aged 65 years and over are immunised against influenza annually (measured at 30 September). The dashboard population for 'Other' includes Pacific only.
Reducing rheumatic fever	A progress report against the DHB's rheumatic fever prevention plan.
Improving mental health services using wellness and transition planning	95% of people treated in mental health and addiction services for more than 3 months will have a quality wellness plan or have had a transition plan at discharge.
Reducing the rate of Māori under Mental Health Act section 29 community treatment orders	DHBs will reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.
Improving breastfeeding rates	Breastfeeding is defined as exclusive or fully breastfed at 3 months.
BreastScreening Aotearoa (BSA) - initial rescreen	Number of women rescreened within 20-27 months of their previous screen as a percentage of the number of women eligible for a rescreen. Target 75 percent or more of women who attend for their first screen within the programme are rescreened within 20-27 months (50-67 years only). The dashboard population for 'Other' includes only Pacific woman. Performance on this indicator is rated in quarters two and four.
Implementing the Healthy Ageing Strategy	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for health of older people services including falls and fracture prevention and rehabilitation services, future models of home and community supports (HCSS), regularisation of the HCSS workforce, use of interRAI assessment tool, an action to improve equity and one locally prioritised action to progress implementation of the Healthy Ageing Strategy
Improved management for long term conditions (Cardiovascular health, diabetes, acute heart and stroke services)	DHBs are expected to report on delivery of the actions and milestones as identified in the 2017/18 annual plans for long term conditions (LTC), diabetes services, cardiovascular (CVD) health, acute heart services and stroke services. Improved management for long term conditions and diabetes are reported in quarters two and four.
Improving breast screening rates	Number of women screened in the 24 months period as a percentage of women eligible. Target: 70 percent or more screening coverage for all eligible women (50-69 years only). The dashboard population for 'Other' includes only Pacific woman.
Improving cervical screening coverage	The proportion of women aged 25-69 years who have had a cervical smear in the previous three years. Target: 80% or more screening coverage for all ethnic groups. The dashboard population for 'Other" includes Asian women. The denominator is derived from Statistics New Zealand's DHB population projections, adjusted for the prevalence of hysterectomy. This measure is reported in quarters two and four. However, data is updated monthly, and is found on the following: https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/.
Prime Minister's youth mental health project	Reports on progress towards achieving three initiatives in the Project:1: School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities. 3: Youth Primary Mental Health reported under Rising to the Challenge. 5: Improve the responsiveness of primary care to youth. Initiative 6 is reported under Shorter waits for non-urgent mental health and addiction services for 0-19 year olds, and Initiative 7 is reported under Improving mental health services using wellness and transition (discharge).
Rising to the Challenge - Primary mental health	This measure is to monitor access to evidence-informed psychological therapies for mental health and additions issues in primary care.
Rising to the Challenge- Improve outcomes for children in mental health	Reports on the actions identified in the annual plan for improving outcomes for children in mental health.
Rising to the Challenge-District suicide prevention and postvention	Progress against the agreed 2015-2017 Suicide Prevention Plan is reported by describing highlights, exceptions and milestones for three of the actions, and noting any completed actions.
Improving wait times for diagnostic services - Coronary angiography	Performance against the waiting time indicators for Coronary Angiography.
Inpatient average length of stay (elective and acute)	Reports are against two inpatient average length of stay (ALOS) measures – Part One: Elective surgical inpatient ALOS, Part Two: Acute inpatient ALOS
Improving wait times for diagnostic services - CT and MRI scans	Performance against the waiting time indicators for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). Waiting time targets are people accepted for CT or MRI receiving the scan within 42 days.
Improving wait times for diagnostic colonoscopy - Urgent, Non-Urgent, Surveillance	Performance against the waiting time indicators for Colonoscopy that include urgent, non-urgent and surveillance colonoscopy. Waiting time targets are people accepted for an urgent, non-urgent or surveillance colonoscopy receiving the procedure within 14 days, 42 days or 84 days respectively.
Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	All DHBs are expected to reach 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year.
Faster cancer treatment (31 days)	The 31-day indicator is the maximum length of time a patient should have to wait from date of decision-to-date to receive their fist treatment (or other management) for cancer.
Supporting vulnerable children	Actions or initiatives to reduce deaths and hospitalisations due to assault, neglect or maltreatment of children and young people
Better help for smokers to quit in public hospitals	95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
Standardised intervention rates of procedures	The DHB's level of intervention relative to their population, standardised to take account of variations in the population demographics (age, gender, ethnicity and deprivation) allowing for comparison between different DHBs. Green shows performance is significantly above the national target, grey is no significant variation and red is significantly below the national target.
Service coverage delivery	Self-reported confirmation & exception report. DHBs must ensure service coverage expectations are met, or demonstrate resolution of service coverage gaps by providing an appropriate resolution plan, and adequate progress is being made against the resolution plan.
Ambulatory sensitive hospitalisation rates	Ambulatory Sensitive Hospitalisations (ASH) result from diseases and conditions sensitive to prophylactic or therapeutic interventions deliverable through primary care and are, therefore, avoidable. The ASH rates are derived by the total number of 12-month ASH for DHB patients aged 0-4 and 45-64 as the numerators and the same age population of the DHB as the denominators respectively. Rates for 45-64 age group are age standardised using national population as a standard. Performance on this measure is rated in quarters two and four.
Acute readmission rates	Acute readmission rates are the number of unplanned acute readmissions to hospital within 28 days of a previous inpatient discharge that occurred within the 12 months to the end of the quarter, as a proportion of inpatient discharges in the 12 months to the end of the quarter. Mental health hospitalisations are excluded from the measure, while acute maternity hospitalisations are not recognised for readmission purposes. The rates are standardised by patient population characteristics, deprivation, rurality, patient health conditions, comorbidity and surgery, using 3 years rolling national patient population as a 'standard'. Indirect standardisation using logistic regression method is applied to derive the rates.
Patients waiting for FSA (ESPI 2)	The total number on the waiting list waiting longer than four months for a first specialist assessment (FSA) for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators
Patients waiting for treatment (ESPI 5)	The total number on the waiting list waiting longer than four months for treatment for the last four months, and the number waiting as a % of the total list. ESPIs are the set of elective services patient flow indicators.
Regional delivery of cardiac surgery and wait list	Regional cardiac provider delivery against plan. Regional cardiac provider total waiting list against the waiting list target including those waiting over 90 days and proportion of regional to national waiting list. DHBs submit four-weekly reports.
Patient Experience	Average rating out of 10 for inpatient experience across the four domains of communication, partnership, coordination of their care, and having physical and emotional needs met, based on results from the national patient experience survey. The survey covers patients in hospital during the second month of each quarter.
Quality and Safety Markers	Progress toward the markers set by the Health Quality and Safety Commission. These include older patients receiving a falls assessment, compliance with good hand hygiene practice, and two surgical site infection measures: hip and knee replacement patients receiving 2g or more of cephazolin and antibiotic administered in the right time.
Key priority response actions	A response to the delivery of an action and milestone agreed in the annual plan for each Government planning priority, this is an opportunity to showcase achievements.
Nominated highlights	A DHB (or a region) nominated highlight of an action, an initiative or an activity that reflects a NZ Health Strategy theme and is delivered within the quarter. No performance assessment is made.
Performance challenges	A performance measure that is assigned a red diamond indicator against performance will have a text comment providing further detail about the resolution path.
Equity challenges	Population and equity assessment is against the expectations agreed in the annual and regional plans, and highlights progress towards equity. A red diamond indicator against progress towards equity will have a text comment providing further detail about the resolution path.
Conversation opportunities	Conversation opportunities are included to provide useful triggers for internal DHB conversations, Ministry officials visits to the DHB and, monitoring and intervention framework (MIF) meetings. The bullet points include both achievements and concerns based on the performance dashboard information and emerging issues identified by Ministry DHB Relationship Managers. The conversation opportunities is not an exhaustive list.

Quality and Patient Safety

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 5

QUALITY AND PATIENT SAFETY REPORT

Purpose	For information.

This paper aims to assure the Board that the systems and processes in place across the organisation are established and being further developed, in order to monitor and improve the quality of services for patients across the DHB.

Specifically the Board are asked to note the development of the new national health system quality dashboard (HQSC). Work is ongoing with strengthening the governance processes.

Recommendation
THAT
The Board receives the report.

MO NEVILLE
DIRECTOR QUALITY AND PATIENT SAFETY

Quality and Patient Safety report - May 2018

This paper aims to assure the Board that the systems and processes in place across the organisation are established and being further developed, in order to monitor and improve the quality of services for patients across the DHB

Quality indicators

Work continues to increase the use of the health round table (HRT) data and the business support unit have committed to reporting the key safety markers within HRT monthly to the Board of Clinical Governance monthly. It is important to note that these high level indicators should be viewed as a 'summary report' as it is not a substitute for the detailed papers which inform its content and which are presented at various committees and groups in the DHB.

Indicator	Tolerance per Month	February	April
HDSMR (mortality)	<100	Amber (108)	Amber (109)
Attributable Grade 3 & 4 Pressure Ulcers	Zero	Green (0)	Green (0)
Patients with a fractured hip as a result of a fall	<2	Green (0)	Green (0)
Staph Aureus Bacteraemia (SAB) per 1000 bed days	< 0.1	Red (0.2%)	Amber (0.1%)
Complaints (responded to within 20 working days)	70%	Amber (64%)	Amber (67%)
National Patient Survey response	> 30%	n/a	Green (40%)
Policy / guideline compliance	> 95%	Red (73%)	Red (71%)
Always report event (previously known as never events)	Zero	Red (1)	Green (0)
Hand hygiene	> 85%	Green (85.2%)	Green (89%)

Policy and guideline currency - a stubborn red

A key requirement of surveillance and certification audit standards is to have up to date policies and guidelines – we are not achieving this and have a further corrective action following the surveillance audit. As at the end of April 2018 our compliance was –

Waikato DHB Wide

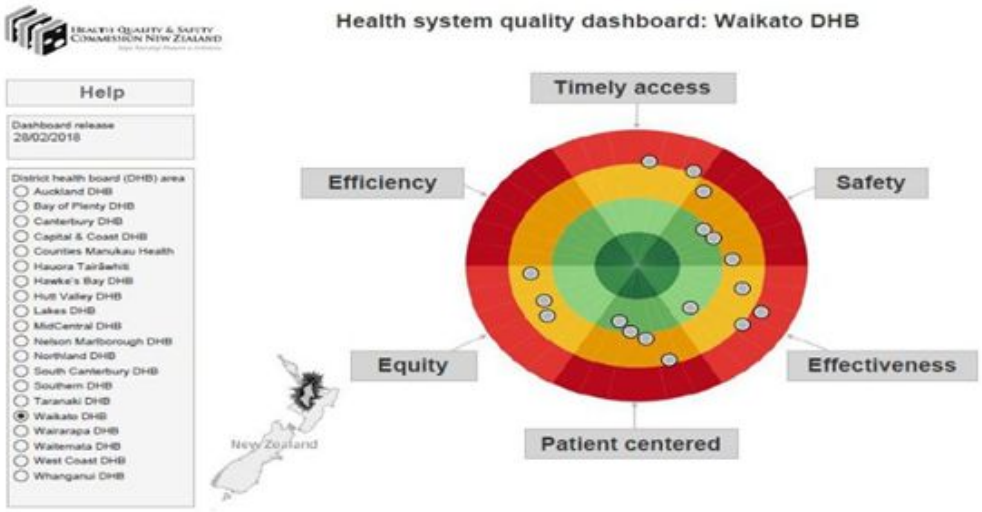
Document Type	Currency	Number
Policies	76%	104/136
Guidelines	77%	24/31
Procedures	85%	53/62
Protocols	98%	44/45
Drug Guidelines	57%	42/74
Standing Orders	43%	30/69
Total	71 %	297/417

Clinical Management

Business Area	Currency	Number
Community and Clinical Support	82%	389/472
Medicine and Oncology	53%	237/448
Mental Health and Addictions	82%	37/45
Older Persons and Allied Health	95%	88/93
Surgery, Critical Care	58%	194/333
Women's and Children's Health	66%	161/243
Other*	83%	15/18
Total	68%	1121/1652

Action - work ongoing to reduce duplicate policies and guidelines and to get the email alert system working to remind staff 3 months prior to document going out of date but reliant on IS to complete this work.
Woman's and Children have been given additional resource from QPS to target this area – if resources allow a similar approach will be taken with medicine / surgery once work in Woman's and children completed

National Dashboard (HQSC)
This new dashboard will go live and be made available publically at the end of May 2018. It will include current quality and safety markers and the patient experience survey data (adult inpatient only). It is not being developed as a ranking system of DHBs. This is an ongoing development with additional indicators added over time. It will enable the DHB to focus on key system areas for improvement when used alongside local data and context.



National quality and safety marker (QSM) report
The October – December 2017 report shows Waikato DHB in the top or middle group for all markers – falls, hand hygiene and surgical site infection. However there has been insufficient data collected for parts of the surgical safety markers (stop moment / team debrief / teamwork) and performance against the target is variable. Action is in place to improve both data collection and performance within the theatre management team

Health and Disability Complaints (HDC)
Learning from others – The recent HDC findings from Southland DHB ophthalmology service have been discussed at executive level and a grand round is scheduled for 24 May 2018 led by the CMO

Local activity
100% of complaints were responded to on time during this month.

During April, there were no breach decisions or adverse comments against the DHB. Other decisions and recommendations are in the table below –

Department/s	**Complaint Summary** (this is a summary of the complaint from the patient or complainant's perspective)	**HDC Decision & Recommendations**
Thames	Concerns about delay in colonoscopy and lack of follow up on results.	No further action. HDC consider it is a reasonable expectation that the GP is copied in to results they are requested to follow up on, whether or not the GP has access to the DHB clinical workstation. Staff to be reminded of expectation.
Urology/Thames	Patient's wife raised concerns about care provided to patient. Following an infection acquired after a cystoscopy, WDHB did not provide effective treatment.	No further action. No recommendations
General Surgery	Complaint from daughter of patient (dec) regarding the care provided (nursing care and discharge procedure.	No further follow up required.
General Surgery	Concerns regarding delayed diagnostic testing.	No further action. No recommendations.
Cardiology	Patient suffered cardiac arrest following medication administered.	No further action. No recommendations.

New complaints received

Three new complaints were received – 2 in General surgery (one of which the HDC has referred for the DHB to respond directly to the complainant) and 1 in Woman's Health

Department	Complaint as outlined by the patient / complainant
General Surgery	Patient concerned about access to bariatric surgery.
General Surgery	Patient's wife had been staying at his bedside until he was moved to a shared room and she was told she was no longer able to due to hospital policy. Patient also claims his right to be treated with dignity and respect was not upheld.
Women's Health	Complaint regarding obstetric care provided prior to baby's death. Separate HDC complaint alleges baby was seen multiple times by health care professionals who failed to identify issues contributing to death at 3 months old.

Investigations

Eleven investigations are currently underway (an increase of 2 on previous month). The investigations are underway in the following areas –

- Woman's Health – 3 (note 2 of these are for care received in 2016)
- Child Health – 1 (for care in 2015)
- Thames – 4 (note 2 of these are for care received in 2015 and 2016)
- Orthopaedics – 2 (for care in 2016)
- Emergency department / radiology – 1 (for care in 2015)

Serious events

2 events (SAC 2) were notified in April 2018 as follows:

- 1 Suspected Community Suicide
- 1 fall (Thames)

REPORTING TO HEALTH QUALITY & SAFETY COMMISSION (HQSC) – April 2018		
Notify HQSC of Event (Part A Adverse Event Brief) within 15 working days of event	Target 100%	Met 100%
Final Report to be completed and notified to HQSC (Part B Adverse Event Brief) within 70 working days of event being notified	Target 100%	On Target

Coroner / inquest recommendations
Nothing to report

Patient Safety Program

When the themes from serious events, complaints, trigger tools along with areas of concern in the health round table data are reviewed, a number of areas for improvement have been identified. These are outlined in the quality account priority areas

The following programs are currently underway, led by QPS patient safety facilitators. Progress is reported 6 monthly through the patient safety program group and onward to the BoCG

End of life program
- Advance care planning
- Bereavement service
- Last days of life

Early Detection of deteriorating patients
- 'Sepsis 6' bundle
- National Early Warning Score and observation chart
- Family / Whanau escalation

Scoping for possible next program
A hydration / fluid balance program to include projects on preventing peripheral line infection, catheter associated infection, pre-operative fasting etc.

Areas of concern
- The Health Quality and Safety commission (HQSC) has developed three new quality safety markers for implementation from June 2018, which require manual data collection and likely some improvement work, one of which is currently not one of the DHB key priority areas – there is no additional resource for this

- Systems adding to staff burden - process for equipment repair / replacement is bureaucratic, slow and non transparent. Performance with recall process also variable. Due discussion at BoCG this month

- Infection rate - particularly cardiac surgery, staph aureous bacteramia (SAB). Whilst there work is underway in both these elements, concern remains over the slowness to show any improvement

- Floor to Board transparency and governance processes - developing proposals on strengthening this ongoing

Finance Performance Monitoring

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 6.1

FINANCE REPORT

Purpose	For information.

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

Recommendations
THAT
The Board:

1) Receives this report.
2) Approves that a 2017/18 forecast deficit of $29.5m be tabled with the Ministry of Health.

ANDREW MCCURDIE
CHIEF FINANCIAL OFFICER

WAIKATO DISTRICT HEALTH BOARD

YEAR TO DATE FINANCIAL COMMENTARY

Waikato DHB Group Result for April 2018	Year to Date			Group Budget
	Group Actual $m	Group Budget $m	Variance $m	Jun-18 $m
Funder	30.9	31.8	(0.9) U	34.0
Governance	0.1	0.1	0.0 F	0.2
Provider	(47.3)	(35.5)	(11.8) U	(44.7)
Waikato Health Trust	(0.1)	0.2	(0.3) U	0.5
DHB Surplus/(Deficit)	**(16.4)**	**(3.4)**	**(13.0) U**	**(10.0)**
Note: $ F = favourable variance; ($) U = unfavourable variance				

VOLUMES

Episodes	April 2018 YTD				
Acute	Actual April 2018	Plan	Variance to Plan %	Actual April 2017	Variance to Prior year %
Surgical & CCTVS	14,698	14,814	-0.8%	14,462	1.6%
Medicine & Oncology	18,236	17,264	5.6%	16,922	7.8%
Child Health	4,481	4,116	8.9%	3,986	12.4%
Women's Health	7,411	7,765	-4.6%	7,506	-1.3%
TOTAL	44,826	43,959	2.0%	42,876	4.5%
Elective	Actual April 2018	Plan	Variance %	Actual April 2017	Variance to Prior year %
Surgical & CCTVS	12,554	12,781	-1.8%	11,357	10.5%
Medicine & Oncology	530	882	-39.9%	843	-37.1%
Child Health	575	618	-7.0%	593	-3.0%
Women's Health	988	853	15.8%	990	-0.2%
TOTAL	14,647	15,134	-3.2%	13,783	6.3%
Total Episodes - Acute plus Electives	**59,473**	**59,093**	0.6%	**56,659**	5.0%

CWDS	April 2018 YTD				
Acute	Actual April 2018	Plan	Variance to Plan %	Actual April 2017	Variance to Prior year %
Surgical & CCTVS	25,345	25,349	0.0%	25,039	1.2%
Medicine & Oncology	17,194	16,443	4.6%	16,192	6.2%
Child Health	5,601	5,214	7.4%	5,024	11.5%
Women's Health	4,171	4,103	1.7%	3,855	8.2%
TOTAL	52,311	51,109	2.4%	50,110	4.4%
Elective	Actual April 2018	Plan	Variance %	Actual April 2017	Variance to Prior year %
Surgical & CCTVS	17,930	18,151	-1.2%	15,758	13.8%
Medicine & Oncology	410	514	-20.2%	540	-24.1%
Child Health	473	559	-15.4%	501	-5.6%
Women's Health	932	924	0.9%	925	0.8%
TOTAL	19,745	20,148	-2.0%	17,724	11.4%
Total CWDS - Acute plus Electives	**72,056**	**71,257**	1.1%	**67,834**	6.2%

April 2018 YTD	**Actual**	**Prior year**	**Change**
ED Attends	97,481	92,441	5.5%
Beddays	187,842	180,660	4.0%

MONTHLY COMMENTS

This report includes commentary on current year to date performance for the Waikato DHB Group compared to the budget.

Delivery Plan Performance

We continue to make progress on getting to a point of clarity re overall Planned volumes for future years in order to allow for more meaningful volume variance analysis and extrapolation into related cost variance analysis. Whilst we have a detailed Price Volume Schedule as our key planned volume document, the level of detail here is not conducive to organisation wide analysis. In addition, a number of aspects require conversion in order to derive an organisation activity measure, such as caseweight equivalents for emergency department events and non caseweighted bed days. In addition, to be meaningful, we will accrue a caseweighted equivalent for patients not yet discharged at each month end – particularly relevant for long stay patients. Once we have this in place at both a planned and actual level, we will be able to better explain volume variances as well as average length of stay variances and the mix impact between planned and actual.
The volumes achieved in the current year have increased against the prior year for acute, elective, ED attends and Beddays which is reflected in a number of unfavourable YTD cost variances.

Financial Performance Monthly Comment:

For April 2018 YTD we have an unfavourable variance to budget of $13.0m. This includes an unbudgeted accrual for estimated additional costs of $3.8m which could arise from nursing MECA negotiations, unfavourable leave movement and impact of centrally held savings plan. Furthermore, $5.6m of the centrally held savings plan, which contains high risk initiatives, is phased in the budget to take effect over the balance of the year.
The forecast position communicated to the Ministry is a deficit of $21.8m. The latest forecast which includes the potential impact of nursing MECA negotiations $4.0m, increased pharmaceutical costs $1.7m and unachieved savings plan $2.0m is a deficit of $29.5m which will be communicated to the Ministry on Board approval.

Provider:

The Provider is unfavourable to budget $11.8m - see detail for explanations. Variances include:

1. Revenue $12.1m favourable to budget due mainly to favourable internal revenue (eliminates against Funder), a favourable acute volume variance, IDF in and the reimbursement of NOS costs.
2. Employed personnel costs favourable to budget $6.7m - analysis below.
3. Outsourced Personnel costs unfavourable $13.0m, the dominant variances relate to medical locums ($5.7m partly offset by savings in medical personnel costs), nursing personnel ($2.2m) and Management and Administration $5.0m ($3.2m NOS costs recovered in other government revenue).
4. Outsourced Services favourable $4.0m - analysis below.
5. Clinical supplies unfavourable to budget $7.0m - analysis below.
6. Infrastructure & Non Clinical supplies are unfavourable to budget $15.7m - analysis below.
7. Interest, depreciation and capital charge favourable to budget $1.2m - analysis below.
8. Loss on disposal of fixed assets unbudgeted $0.1m.

Funder and Governance:

The results for the Funder is $0.9m unfavourable to budget. This mainly as a result of unfavourable internal provider payments (eliminates against Provider). This is partially offset by higher additional funding received across a number of areas. Governance is on budget.

Waikato Health Trust

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

RECOMMENDATION(S):

That this report for April 2018 year to date be received.
That the Board approves that a forecast deficit for 2017/18 of $29.5m be tabled with the MoH.

ANDREW McCURDIE
CHIEF FINANCIAL OFFICER

WAIKATO DISTRICT HEALTH BOARD
YEAR TO DATE FINANCIAL COMMENTARY

Opinion on Group Result:		
The Waikato DHB YTD Revenue Variance resulted from:	**Variance $m**	**Impact on forecast**
Revenue	**$5.7 F**	
CFA Revenue		
● CFA revenue $0.7m favourable to budget which includes increased funding from MoH for In Between Travel ($0.5m current year, $0.4m prior year). Current year funds are on-paid to providers (offset in NGO payments).	$0.7 F	Neutral
Crown Side-Arm Revenue		
● Crown side-arm revenue $0.7m favourable to budget which includes increased contract payments for DSS U65 inpatient and outpatient ($0.3m above budget), and variability of volumes compared to budget for breast screening ($0.3m above budget).	$0.7 F	Neutral
Other Government and Crown Agencies Revenue		
Other Government and Crown revenue is favourable to budget mainly due to:		
● Reimbursement of costs associated with the implementation of National Oracle Solution (NOS) $3.2m favourable (offset in Outsourced Personnel $3.4m).	$4.1 F	Neutral
● ACC income $0.5m favourable which includes increases in income as a result of a change to a new annual contract ($0.2m) along with gains form improved processes ($0.3m).		
● Return to Employment project income $0.9m unfavourable due to lower referrals from MSD for enrolment. This variance is partly offset by lower outsourcing, clinical supplies and infrastructure costs $0.6m.		
● Inter District Flow (IDF) income from other DHBs $0.5m unfavourable. Volumes by speciality and by DHB continue to fluctuate compared to budget.		
● Inter District Flow (IDF) income relating to 2016/17 $1.8m favourable. This is as a result of the annual wash up of IDF activity across all DHBs. The final adjustment is not known until coding of all activity across all DHBs is completed. This variance is partly offset by an unfavourable variance on the IDF outflow wash up ($0.8m), which is included in NGO payments.		Favourable
Other Revenue		
Other revenue is close to budget.	$0.2 F	Neutral

The Waikato DHB YTD Expenditure Variance resulted from:	Variance $m	Impact on forecast
Operating expenditure including IDCC	**($18.7) U**	
Personnel (employees and outsourced personnel total)	**($6.5) U**	
Employed personnel are favourable to budget mainly due to:		
● Medical personnel are favourable to budget by $7.9m. This includes a higher than expected vacancy level, partly offset by an unfavourable annual leave movement for the year to date. This favourable variance is partly offset by outsourced personnel unfavourable variance $5.7m.		Neutral
● Nursing personnel are unfavourable to budget by $4.3m. This variance, along with the unfavourable outsourced personnel cost for nursing of $2.2m, is due to accrued costs for MECA rate changes (yet to be confirmed), unfavourable annual leave movement for the year to date and higher than budget overtime. The variance also includes the impact of higher patient numbers entering ED (5.5% above plan), and a higher level of mental health inpatient services and acuity.	$6.6 F	Unfavourable
● Allied Health personnel are favourable to budget by $0.8m. Variances continue to be mainly as a result of higher than expected vacancy levels. The net favourable variance of $0.6m between employed and outsourced for allied health reflects the total level of vacancy across the provider. This net variance is 0.9% of total allied health personnel budget to date.		Neutral
● Management, Administration and Support personnel are favourable to budget by $2.2m. Variances are spread across the DHB including clinical support, and are mainly as a result of higher than expected vacancy levels. Partially offset in Outsourced Personnel ($1.2m).		
Outsourced personnel are unfavourable to budget mainly due to:		
● Medical costs are $5.7m unfavourable due to higher than planned use of locums to cover vacancies (offset by medical personnel underspend $7.9m). This is mainly across Waikato Hospital, Community Hospitals, and Mental Health and Addiction.		Neutral
● Nursing costs are $2.2m unfavourable. As for employed nursing personnel this is due to the impact of higher patient numbers entering ED (5.5% above plan), a higher level of mental health inpatient services and acuity and higher than budgeted patient watches.		Unfavourable
● Allied health costs are $0.2m unfavourable. The net favourable variance of $0.6m between employed and outsourced for allied health reflects the total level of vacancy across the provider. This net variance is 0.9% of total allied health personnel budget to date.	($13.1) U	Neutral
● Management, Administration and Support costs are $5.0m unfavourable largely due to contractor costs of $3.4m for the implementation of the new NOS ERP solution (to date $3.2m of this cost is offset by additional other government revenue) and $1.2m to cover management, administration and support vacancies (offset in favourable employed personnel variance).		

The Waikato DHB YTD Variance resulted from:	Variance $m	Impact on forecast
Outsourced services	**$4.0 F**	
Outsourced services are favourable to budget mainly due to:		
● Outsourced clinical service costs are $3.5m favourable as facility lists run through external providers did not reach full capacity. This is reflected in total elective episodes being 3.2% below plan, despite in house throughput being to plan. There continues to be a recovery plan in place to meet the elective services target. In addition, savings have been achieved relating to virtual health costs.	$4.0 F	Favourable
● Outsourced corporate service costs are $0.5m favourable to budget due mainly to a delay in commencing Information Systems outsourcing including a new national IS infrastructure.		
Clinical Supplies	**($7.0) U**	
Clinical supplies are unfavourable to budget mainly due to:		
● Instruments & equipment - favourable to budget by $1.2m. These particular supplies are not volume related, and instead the variance is due to timing of ordering.	$1.2 F	Neutral
● Implants and Prosthesis is on budget.	$0.0 F	Neutral
● Treatment disposables - unfavourable to budget by $5.0m (10.2% of budgeted costs). High cost areas include theatres (mix including high cost specialities of orthopaedics and neurosurgery), blood services (high product demand within the hospital), renal dialysis (volumes 9% up on budget), and respiratory patients (case weights 8% up on plan).	($5.0) U	Unfavourable
● Pharmaceuticals - unfavourable to budget by $2.9m. Relates mainly to $2.0m unbudgeted increase in oncology drug costs. The initial Pharmac forecast included a lower usage assumption for new melanoma drugs. The variance includes a favourable offset of $0.4m in December due to a rebate adjustment for the increase in costs in 2017/18.	($2.7) U	Unfavourable
● Pharmaceuticals rebate adjustment relating to 2016/17 $0.2m favourable to budget. This is a wash up amount relating to prior year costs that we were notified of in December 17.		Favourable
● Diagnostic Supplies & Other Clinical Supplies are close to budget.	($0.5) U	Unfavourable
Infrastructure and non-clinical supplies	**($15.7) U**	
● Infrastructure and non clinical supplies - $4.1m favourable variance includes savings as a result of delays in moving in to new buildings. The net variance includes ongoing additional costs due to extended leases in existing buildings.	($15.7) U	Favourable
● Savings plan - $19.8m unfavourable variance in infrastructure relates to centrally held savings plan not specifically allocated. We continue to monitor closely actual savings achieved across the organisation.		Unfavourable

The Waikato DHB YTD Expenditure Variance resulted from:	Variance $m	Impact on forecast
NGO Payments	**$5.3 F**	
External Provider payments are favourable to budget mainly due to:		
• Payments to providers are $4.7m favourable. Payments to mental health providers are favourable to budget by $2.7m due to a delay in commencement of NGO contracts. Other variances arise due to costs not being incurred in line with CFA revenue received, MoH and accrual adjustments relating to prior year funding and costs arising from additional targeted revenue from MoH.	$5.3 F	Favourable
• IDF out payments for 2017/18 are $1.4m favourable. This relates mainly to lower volumes for personal health services.		
• IDF out payments for 2016/17 are $0.8m unfavourable. As for IDF in receipts, this relates to the annual wash up of IDF activity across all DHBs. This final adjustment is not known until coding of all activity across all DHBs is completed. Variance is offset by a favourable variance on the IDF inflow wash up ($1.8m), which is included in Other Government and Crown Agencies Revenue.		
Interest, depreciation and capital charge	**$1.3 F**	
Interest charge is close to budget.	$0.1 F	Favourable
Capital charge is on budget.	$0.0 F	Neutral
Depreciation is favourable to budget due mainly to slower than planned capital spend and the timing of capitalisation of IS projects.	$1.2 F	Favourable
Extraordinary costs	**($0.1) U**	
Loss on disposal of fixed assets - not budgeted.	($0.1) U	Unfavourable

TREASURY

Opinion on Group Result:

Cash flows are favourable to budget as detailed below.

YTD Actuals Apr-17 $'000	Waikato DHB Cash flows for year to April 2018	Year to Date Actual $'000	Year to Date Budget $'000	Year to Date Variance $'000	Budget Jun-18 $'000
	Cash flow from operating activities				
1,116,295	Operating inflows	1,213,078	1,190,051	23,026	1,438,154
(1,072,839)	Operating outflows	(1,155,339)	(1,143,548)	(11,791)	(1,396,156)
43,456	**Net cash from operating activities**	**57,738**	**46,503**	**11,234**	**41,998**
	Cash flow from investing activities				
1,318	Interest income and proceeds on disposal of assets	1,312	974	338	1,170
(19,689)	Purchase of assets	(27,483)	(45,864)	18,381	(55,056)
(18,371)	**Net cash from investing activities**	**(26,171)**	**(44,890)**	**18,719**	**(53,886)**
	Cash flow from financing activities				
0	Equity repayment	(62)	0	(62)	(2,194)
(6,719)	Interest Paid	(667)	(668)	1	(810)
(158)	Net change in loans	(261)	7,545	(7,806)	12,700
(6,877)	**Net cash from financing activities**	**(990)**	**6,877**	**(7,867)**	**9,696**
18,208	**Net increase/**(decrease) in cash	**30,576**	**8,489**	**22,086**	**(2,192)**
856	Opening cash balance	9,577	9,577	(0)	9,577
19,064	**Closing cash balance**	**40,153**	**18,066**	**22,086**	**7,385**

Cash flow variances resulted from:	**Variance $m**	**Impact on forecast**
Total Net cash flow from Operating Activities	**$11.3 F**	
Operating inflows	**$23.0 F**	
Operating inflow is favourable to budget mainly due to:	$23.0 F	
○ Unbudgeted IDF 2016/17 wash-up revenue received in December $1.8m.		Favourable
○ Inter District Flow (IDF) income from other DHBs $0.5m unfavourable. High volume specialities compared to budget for the year to date include cardiothoracic surgery, haematology, neurosurgery and plastic and burns.		Neutral
○ ACC income $0.5m favourable which includes increases in income as a result of a change to a new annual contract ($0.2m) along with gains form improved processes ($0.3m).		
○ CFA revenue $0.8m favourable to budget which includes increased funding from MoH for In Between Travel ($0.5m current year, $0.4m prior year).		
○ Return to Employment project income $0.9m unfavourable due to lower referrals from MSD for enrolment.		
○ The balance of the operating inflow variance relates to timing of actual cash inflows compared with budget assumptions. Budget assumptions phase most income evenly. Timing of actual receipts for certain revenue is impacted by invoicing, contract signing date or periodic payment agreements.		

Cash flow variances resulted from:	Variance $m	Impact on forecast
Operating outflows	**($11.7) U**	
Operating cash outflows for payroll costs are favourable mainly due to:		
o Personnel costs are favourable against budget mainly due to higher than planned vacancies. Vacant positions are in many instances filled by outsourced personnel. Offset in unfavourable non payroll cash flows.	$14.7 F	Neutral
Operating cash outflows for non-payroll costs are unfavourable largely as a result of:	($35.7) U	
o Unfavourable operating costs including outsourced personnel (offset in personnel cost), outsourced services, clinical supplies, infrastructure & non clinical supplies and provider payments (net - $26.5m).		Neutral
o Higher prepayment balance due to timing of payments $2.2m - largely IS contracts.		
o The actual timing of vendor payments against budget assumptions.		
o GST cash movement is favourable due to March GST only payable in May as against April as budgeted.	$9.3 F	Neutral
Net cash flow from Investing Activities	**$18.7 F**	
o Interest received is close to budget.	$0.3 F	Favourable
o Capital spend is slower than planned YTD. This is as a result of deferred timing of spend.	$18.4 F	Favourable
Net cash flow from Financing Activities	**($7.9) U**	
o Cash flow from financing activities is unfavourable due to the deferment of planned finance leases.	($7.9) U	Unfavourable

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 (EXCLUDING WAIKATO HEALTH TRUST)
CASHFLOW FORECAST (GST INCLUSIVE) $000

As at 30-Apr-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
OPERATING ACTIVITIES													
Cash was provided from:													
MoH, DHB, Govt Revenue	10,871	4,564	4,228	6,764	4,708	4,366	5,855	4,594	4,468	6,650	3,252	4,480	6,422
Funder inflow (MoH, IDF, etc.)	136,057	124,967	130,231	131,880	131,880	136,560	131,880	131,880	136,750	131,880	131,880	136,750	131,880
Donations and Bequests	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income (excluding interest)	2,996	2,757	2,412	2,642	2,757	2,412	2,642	2,642	2,297	2,415	2,185	2,415	2,185
Rents, ACC, & HealthPac (General Accou	2,832	2,765	2,654	2,736	2,820	2,645	2,760	2,818	2,658	2,676	2,562	2,673	2,547
	152,756	135,053	139,525	144,022	142,164	145,983	143,136	141,933	146,173	143,621	139,879	146,318	143,034
Cash was applied to:													
Personnel Costs (incl PAYE)	(44,740)	(49,875)	(49,569)	(45,997)	(59,325)	(46,264)	(51,907)	(48,953)	(55,929)	(47,244)	(49,448)	(46,152)	(45,624)
Other Operating Costs	(33,348)	(33,600)	(37,900)	(36,026)	(34,924)	(36,222)	(31,124)	(35,826)	(30,720)	(30,720)	(30,620)	(35,422)	(33,820)
Funder outflow	(52,181)	(46,617)	(45,700)	(46,808)	(50,807)	(46,148)	(47,037)	(46,808)	(45,818)	(46,478)	(46,047)	(49,986)	(45,886)
Interest and Finance Costs	(13)	(10)	(10)	(15)	(12)	(20)	(15)	(12)	(10)	(20)	(20)	(20)	(20)
Capital Charge	0	0	(18,483)	0	0	0	0	0	(18,483)	0	0	0	0
GST Payments	0	(14,452)	(7,210)	(7,210)	(7,210)	(7,210)	(7,210)	(7,210)	0	(13,710)	(9,000)	(7,210)	0
	(130,281)	(144,554)	(158,872)	(136,057)	(152,279)	(135,865)	(137,294)	(138,810)	(150,961)	(138,173)	(135,136)	(138,791)	(125,351)
OPERATING ACTIVITES	**22,475**	**(9,501)**	**(19,347)**	**7,965**	**(10,114)**	**10,118**	**5,842**	**3,124**	**(4,788)**	**5,448**	**4,743**	**7,527**	**17,683**
INVESTING ACTIVITIES													
Cash was provided from:													
Interest Income	85	90	90	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
	85	90	90	75	75	75	75	75	75	75	75	75	75
Cash was applied to:													
Purchase of Assets	(2,704)	(4,000)	(3,500)	(3,500)	(4,000)	(4,000)	(5,000)	(3,500)	(5,500)	(3,500)	(5,000)	(4,000)	(4,500)
Investment in NZHPL (FPSC)	0	0	0	0	0	0	0	0	0	0	0	0	0
	(2,704)	(4,000)	(3,500)	(3,500)	(4,000)	(4,000)	(5,000)	(3,500)	(5,500)	(3,500)	(5,000)	(4,000)	(4,500)
INVESTING ACTIVITIES	**(2,619)**	**(3,910)**	**(3,410)**	**(3,425)**	**(3,925)**	**(3,925)**	**(4,925)**	**(3,425)**	**(5,425)**	**(3,425)**	**(4,925)**	**(3,925)**	**(4,425)**
FINANCING ACTIVITIES													
Cash was provided from :													
Capital Injection	0	0	0	0	0	0	0	0	0	0	0	0	0
Finance Lease received	0	0	0	0	0	2,600	2,600	2,600	2,600	2,600	0	0	0
EECA loan received	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	2,600	2,600	2,600	2,600	2,600	0	0	0
Cash was applied to:													
Capital Repayment	0	0	(2,194)	0	0	0	0	0	0	0	0	0	0
Finance lease 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
Working capital facility repaid	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	(26)	(2,194)	0	(26)	0	0	(26)	0	0	(26)	0	0
FINANCING ACTIVITIES	**0**	**(26)**	**(2,194)**	**0**	**(26)**	**2,600**	**2,600**	**2,574**	**2,600**	**2,600**	**(26)**	**0**	**0**
Opening cash balance	13,401	33,258	19,820	(5,131)	(591)	(14,656)	(5,863)	(2,346)	(73)	(7,686)	(3,063)	(3,271)	331
Overall increase/(decrease) in cash	19,857	(13,437)	(24,952)	4,540	(14,065)	8,793	3,517	2,273	(7,613)	4,623	(208)	3,602	13,258
CLOSING CASH BALANCE	33,258	19,820	(5,131)	(591)	(14,656)	(5,863)	(2,346)	(73)	(7,686)	(3,063)	(3,271)	331	13,589
Closing Cash Balance represented by:													
General Accounts													
Cheque Account	0	0	0	0	0	0	0	0	0	0	0	0	0
NZ Health Partnerships Ltd	33,258	19,820	(5,131)	(591)	(14,656)	(5,863)	(2,346)	(73)	(7,686)	(3,063)	(3,271)	331	13,589
Long-term Loans													
Finance Leases	0	0	0	0	0	(2,600)	(5,200)	(7,800)	(10,400)	(13,000)	(13,000)	(13,000)	(13,000)
EECA Loan	(195)	(169)	(169)	(169)	(143)	(143)	(143)	(117)	(117)	(117)	(91)	(91)	(91)
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	33,063	19,652	(5,300)	(760)	(14,799)	(8,606)	(7,689)	(7,990)	(18,204)	(16,180)	(16,362)	(12,760)	498
Working capital facility	(70,937)	(70,937)	(70,937)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	(70,937)	(70,937)	(70,937)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)	(72,356)

BALANCE SHEET

Opinion on Result:

There are no material concerns on the balance sheet.

Prior Year June 2017 $'000	Waikato DHB Group Financial Position	As at April 2018 Actual $'000	Budget $'000	Variance $'000	Budget Jun-18 $'000
88,517	Total current assets	101,643	87,406	14,237 F	65,434
(181,405)	Total current liabilities	(198,417)	(179,826)	(18,591) U	(160,570)
(92,888)	**Net working capital**	**(96,774)**	**(92,420)**	**(4,354) U**	**(95,136)**
736,618	Term assets	722,740	740,057	(17,317) U	739,628
(21,053)	Term liabilities	(19,943)	(28,436)	8,493 F	(34,411)
715,565	**Net term assets**	**702,797**	**711,621**	**(8,824) U**	**705,217**
622,677	**Net assets employed**	**606,023**	**619,201**	**(13,178) U**	**610,081**
622,677	**Total Equity**	**606,023**	**619,201**	**(13,178) U**	**610,081**

Balance Sheet variance's resulted from:	**Variance $m**	**Impact on forecast**
Net Working Capital:		
Net working capital is unfavourable to budget mainly due to:		
Current Assets		
• Cash held with New Zealand Health Partnership Limited is higher than budget by $22m due mainly to the favourable variance relating to operating activities($11.2m) and investing activities ($18.7m) offset by an unfavourable variance from financing activities ($7.9m).	**$14.2 F**	Neutral due to timing
• Total accounts receivable and accrued debtors is lower than budgeted by $10.4m mainly due to the timing of cash received compared with budget assumptions relating to Elective and Ambulatory initiatives, Medical Workforce Training, Child Development and ATR Inpatient/Outpatient Clinics.		
• Prepayments are higher than planned by $2.2 mainly due to timing of payment of e-Space prepaid license to use.		
• Other favourable variances across a number of areas $0.4m.		
Current Liabilities		
• Payroll liabilities are $9.2m unfavourable mainly due to accrual for the potential liability arising from a Nursing MECA settlement, MECA increases and timing of pay runs (PAYE & leave) as compared with the phasing of the budget.	**($18.6) U**	Neutral due to timing
• Income in Advance $1.8m unfavourable to budget mainly due to unbudgeted quarterly pay equity funding received.		
• GST $9.3m unfavourable to budget due March GST only payable in May and not April as budgeted.		
• Other Current Liabilities are favourable to budget $1.7m mainly due to the variances arising from the actual timing of transactions compared with budget assumptions.		

Balance Sheet variance's resulted from:	Variance $m	Impact on forecast
Net Fixed Assets:		
Net Fixed Assets are under budget mainly due to slower than planned capital spend $18.5m and favourable YTD depreciation $1.2m. Please see attached for latest forecast of capital spend for the year for further detail.	**($17.3) U**	Unfavourable
Non Current Liabilities:		
Non Current Liabilities are favourable due to deferment of budgeted finance leases.	**$8.5 F**	Favourable
Equity:		
Driven mainly by variance in overall results.	**($13.2) U**	Unfavourable

CAPITAL EXPENDITURE AT 30 April 2018 ($000s)

Capital Plan					Cash Flow Forecast					Full Project Forecast		
Activity	Total Prior year Board Approvals	New Approvals FY17/18	Transfers During 17/18	Total Board Approved Capital Plans	Prior year expenditure for active Projects	Total Expenditure Forecast FY 17/18 (Actual + Planned)	Actual Expenditure YTD from 1 Jul-17 to 30 Apr 18	Approved and Planned Expenditure 01 May 18 - 30 Jun 18	Approved and Planned Spend Subsequent Years	Total Planned Expenditure (Actual + Forecast to Project completion)	Total Planned Expenditure Versus Total Board Approved	Commitments
Under $50K Subtotal		3,000		3,000		3318	2,096	1,222	0	3,318	-318	1,222
Clinical Equipment Subtotal	12,668	20,354	3,672	36,694	2,562	14,589	10,068	4,521	19,152	36,303	391	4,421
Property & Infrastructure Subtotal	44,007	8,022	-646	51,383	19,365	11,079	8,557	2,522	20,184	50,628	755	2,781
IS Subtotal	20,082	8,600	109	28,790	8,311	6,307	5,898	409	11,235	25,853	2,937	1,717
Corporate Systems & Processes Subtotal	3,326	8,325	68	11,719	450	3,032	2,866	166	8,191	11,673	46	51
Regional Subtotal	4,425	798	0	5,223	270	2,861	664	2,197	824	3,955	1,268	29
MOH Subtotal	0	0	0	0	0	0	0	0	0	0	0	0
Trust Funded Subtotal	0	0	0	0	0	0	0	0	0	0	0	8
REPORT TOTALS	84,508	49,099	3,203	136,809	30,958	41,185	30,149	11,037	59,586	131,729	5,080	10,230

Waikato DHB
CAPITAL EXPENDITURE AT 30 April 2018 ($000s)

Activity	Total Budget	Total Spend to Date	Planned Future Spend	Under/ (over) Spend
CLINICAL EQUIPMENT				
CT Machine Replacement Waikato x3	3,828	3,791	56	(20)
CT Machine Replacement Waikato x1	725	725	2	(2)
Ventilators (Critical Care)	400	-	400	-
Endoscopes	300	-	300	-
Replacement Theatre Lights OT 20-25	286	235	51	(0)
Glucose meters	275	-	275	-
Renal Dialysis (CCD) machines x4 Prismaflex	564	601	-	(38)
Other items - identfied per Clinical asset review	781	-	781	-
New MCC Theatre (Ceasar Theatre) - clinical equipment components	1,313	335	978	0
Mobile Dental Unit Replacements - level 2	600	23	577	0
Bed Replacement Programme	400	-	400	-
Digital Mobile X-Ray	351	-	351	(0)
Digital Mobile X-Ray Project	1,246	-	1,246	0
X-ray general (Radiology ED Room 1)	350	-	350	-
X-ray general (Radiology MCC Room 5)	350	-	350	-
Mobile Image Intensifier - Waikato	300	-	300	-
Microscope - Platics- Plastics Theatre	300	-	300	-
Linear Accelerator (replacement)	4,000	-	4,000	-
Anaesthetic machine - Aisys Carestation	380	-	380	-
Heart Lung Machines	1,493	995	498	(0)
Vascular & Interventional Replacement	1,750	-	1,750	-
General X-Ray replacement Thames	700	-	700	-
Biochemistry main Analysers	300	-	300	-
Liquid Chromatography Mass Spectometry Analyser	600	495	100	5
Rural Laboratories - biochemistry Analysers (x4)	720	-	720	-
Ultrasound (replacement)	825	20	805	(0)
Trauma Gantry (radiology)	350	-	350	-
L8 Menzies Surgical Assessment Unit (Acute)	1,561	17	1,544	(0)
Projects Removed to be Capitalised	4,880	4,518	-	362
Other Clinical Services Projects Budgeted <$250K	9,766	2,970	7,031	(235)
Clinical Equipment Subtotal	39,694	14,725	24,895	73
Property and Infrastructure				
	-	-	-	-
Multi level carpark 3 or 4 levels (related to Mental health / Med school)	250	-	250	-
Gallagher Build - Fitout	4,238	3,870	87	281
Gallagher Building - Med Store & CSES Clinic	406	402	4	(0)
Gallagher Building - Racking System	362	522	-	(160)
Gallagher Building - Conveyor System	348	356	-	(8)
SCEP racking - hospital wide	400	-	400	-
Hamilton Consolidation of CBD facilities - 9th Floor	850	850	-	(0)
Hamilton CBD - Collingwood Street Development - Ground Floor (Clinical)	9,124	1,728	7,903	(507)
Hamilton CBD - Collingwood Street Development - First Floor	5,584	140	4,937	507
ED - Reconfiguration of entry / Front of House (Potential substitution for ED Expansion)	400	-	400	-
Menzies L3 development (Potential substitution for ED Expansion)	450	-	450	-
Pain Clinic to L8 Menzies (Potential substitution for ED Expansion)	450	-	450	-
Hilda Ross - Phase 1	2,801	3,343	261	(803)
Hilda Ross - Remediation	3,683	3,017	32	634
Regional Renal expansion on Campus (Is equipment on Clinical Plan??)	550	-	550	-
Hague road carpark - Seismic and Beam support	375	-	275	100
Urology to L8 Menzies	320	16	304	0
Tokoroa & Taumarunui Birthing Unit Upgrades (Stage 1 17/18)	300	-	250	50
Waikato Hauora iHub	321	47	230	44
Waikato switchboard upgrades core buildings	675	10	665	0
Infrastructure Replacement Pool (17/18)	510	106	203	201
Infrastructure Replacement Pool (15/16)	600	731	14	(145)
Infrastructure Replacement Pool (16/17)	641	205	-	436
OCB Replacements	350	-	350	-
Waikato Distribution Boards	250	213	67	(30)
Lift car upgrades (Stage 1)	1,835	2,059	-	(224)
Electrical Systems Improvement	6,714	5,969	745	0
	-	-	-	-
Projects Removed to be capitalised	3,165	3,175	-	(10)
Projects no longer in flight with expenditure	274	-	-	274
Other P&I Projects Budgeted <$250K	5,157	1,073	2,631	1,453
Property & Infrastructure Subtotal	**51,383**	**27,922**	**22,706**	**755**
Regional				
National Oracle Solution - Elevate	4,399	934	2,197	1,268
Other Regional Projects Budgeted <$250K	824	-	824	-
Regional Subtotal	**5,223**	**934**	**3,021**	**1,268**
MOH & Trust Funded				
National Patient Flow Phase 3 16/17	257	267	-	(10)
Telestroke Pilot	321	49	272	-
16/17 Trust Account	303	303	-	(0)
Other MOH & Trust Funded Projects Budgeted <$250K	(881)	(619)	(272)	10
MOH & Trust Subtotal	-	(0)	-	0
Information Systems				
Platform	2,688	769	1,824	95
Storage & Reporting	1,125	518	580	27
Network & Communications	3,658	1,784	1,636	237
IAAS	1,686	909	776	1
Devices	2,225	822	1,403	(1)
Licensing	1,125	212	913	(0)
Enterprise Service Business	937	305	632	0
Tools	3,134	1,518	1,670	(54)
Security	817	105	707	5
Clinical Systems	6,835	4,164	2,902	(231)
Other Projects	1,343	153	301	889
Corporate Systems	11,719	3,316	8,357	46
Projects to be Capitalised	3,218	2,949	-	269
Adjustment to reflect capacity to deploy			(1,700)	1,700
IS Subtotal	40,509	17,525	20,001	2,983
Grand total	**136,809**	**61,107**	**70,623**	**5,080**

WAIKATO DISTRICT HEALTH BOARD
EXECUTIVE TRAVEL
April 2018

Travel costs include airfare, accommodation, taxis/shuttles and meals. Travel relating to training or conferences do not include the event registration fees.

Travel charges originating from the WDHB travel agent (Tandem Travel) are processed one month in arrears once data is available. In addition, the agent takes an average of 45 days to charge pass on costs such as accommodation. For this reason, costs reflected in this report may relate to prior months' travel.

Travel costs - Executive Group	Month			Year to Date			
APRIL 2018	Domestic $	International $	TOTAL $	Domestic $	International $	TOTAL $	Comment
AYDON LYDIA HELEN MS	-	-	-	1,260.95	-	1,260.95	
AITKEN VICKI ANN	927.98	-	927.98	1,558.25	-	1,558.25	
CHRYSTALL MAUREEN MS	-	-	-	1,099.89	-	1,099.89	
ELLIOTT LORAINE	620.41	-	620.41	937.10	-	937.10	
HABLOUS NEVILLE MR - Acting CE	-	-	-	557.25	-	557.25	Detail below
HACKETT DARRIN MR	-	-	-	126.35	-	126.35	
HAYWARD SUSAN MRS	1,273.52	-	1,273.52	4,800.30	3,144.68	7,944.98	Training related $3,145
LAWRENSON ROSS PROF	-	-	-	353.63	-	353.63	
MALONEY TANYA	-	-	-	280.12	4,157.48	4,437.60	Training related $4,157
MURRAY NIGEL MR	-	-	-	6,829.52	(499.90)	6,329.62	Detail below
NEVILLE MAUREEN MS	40.63	-	40.63	1,877.26	-	1,877.26	
PARADINE BRETT MR	-	-	-	312.26	-	312.26	
SPITTAL MARK MR	-	-	-	2,001.87	-	2,001.87	
TAPSELL REES	185.00	-	185.00	517.48	-	517.48	
TER BEEK MARC MR	-	-	-	607.67	-	607.67	
TOMIC DAMIAN MR	146.13	-	146.13	3,196.75	-	3,196.75	
WATSON TOM MR	-	-	-	1,292.58	-	1,292.58	
WILSON JULIE MS	405.86	-	405.86	4,474.24	-	4,474.24	
WOLSTENCROFT IAN	-	-	-	146.96	-	146.96	
WRIGHT DEREK MR - Executive	-	-	-	1,302.35	63.48	1,365.83	
WRIGHT DEREK MR - Interim CE	816.43	-	816.43	4,062.94	-	4,062.94	Detail below
Grand Total	**4,415.96**	**-**	**4,415.96**	**37,595.72**	**6,865.74**	**44,461.46**	

CE Travel Expenditure: Nigel Murray

Travel costs for the period to 31 October 2017				
Date(s)	Cost ($) (exc GST)	Purpose	Nature	Location
8 to 12 April 2017	1,084.40	CEO activity	Accommodation 4 nights	Auckland
20 to 23 April 2017	940.12	Meetings with officials and organisations re Waikato Med School	Accommodation, 3 nights	Wellington
27 April to 1 May 2017	275.70	Cairns - Waikato Med School, Sydney - Theatres/surgical performance	Accommodation, 1 night	Sydney
7 to 9 May 2017	430.09	Waikato Medical School	Accommodation, 2 nights	Wellington
18 to 20 May 2017	330.68	Speaker - Healthcare Reform conference	Accommodation, 2 nights	Wellington
14 to 15 June 2017	744.86	Presentation Medical School to DHB Chairs/CEs	Airfare (return), accommodation, 1 night	Wellington
25 to 26 June 2017	1,433.59	Meeting with Lance O'Sullivan re Smarthealth	Airfare (return), accommodation, 3 nights	Kaitaia
2 to 4 May 2017	665.31	Meetings re Smarthealth (2/5) and Medical School (3/5)	Accommodation, 2 nights	Auckland
25 to 26 May 2017	478.05	Procurement meeting 25/5, Pharmac 26/5, returned late to Auckland	Accommodation, 2 nights	Auckland
Aug 2017	(403.81)	Corrections from Tandem Travel	Airfares - corrections to original charges Sept 16	Sydney
June 2017	350.63	Use of domestic taxi chits	Taxi chits	Domestic
	6,329.62			

Acting CE Travel Expenditure Neville Hablous

Travel costs for the period July to October 2017				
Date(s)	Cost ($) (exc GST)	Purpose	Nature	Location
7 Sept 2017	**557.25**	National DHB CE meeting	Airfare (return)	Wellington

Interim CE Travel Expenditure Derek Wright

Travel costs for the period October 2017 to April 2018				
Date(s)	Cost ($) (exc GST)	Purpose	Nature	Location
November 2017	69.57	Conference cost	Nga Tumanako Conference	Ngaruawahia
November 2017	77.83	Mental Health and Addictions Services NGO Commissioning workshop	Mileage and parking expenses	Auckland
December 2017	702.42	DHB CE Meeting & MoH DG Health	Airfare (return), taxi	Wellington
December 2017	471.44	DHB CE Meeting - RMO bargaining strategy	Airfare (return)	Wellington
December 2017	73.48	Mental Health and Addictions Services NGO Commissioning workshop	Mileage and parking expenses	Auckland
February 2018	199.13	Midlands DHBs regional meetings	Accommodation	Auckland
February 2018	692.90	National DHB CE meeting	Airfares, taxi and parking	Wellington
February 2018	584.90	Health Select Committee, Ministry of Health executives, Health and Disability Commissioner	Airfares, parking and taxi	Wellington
March 2018	130.43	Midland United Regional Integration Alliance Leadership Team, Midland Regional meetings	Accommodation	Tauranga
March 2018	990.84	Oranga Mahi Governance Board meeting, National Chair and DHB meetings	Accommodation, Taxi, parking and airfare	Wellington
April 2018	70.00	Midlands CE,eSpace CEO Governance, Healthshare Board and Midland Regional Governance Group meetings	Mileage	Rotorua
	4,062.94			

Health Targets

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 7

HEALTH TARGETS REPORT

Purpose	For information.

Most Recent Results

Table 1 shows a summary of the officially published performance for Waikato DHB's health target results including 2017/18 quarter three results where available. These results are still provisional as the Ministry of Health has not yet obtained final approval from the Minister to publish them. The most recent results in the last column give the most up to date picture of performance using local data where available.

Table 1- Health targets performance summary

HEALTH TARGETS		16/17 Target	2016/17 Q1 results & ranking	2016/17 Q2 results	2016/17 Q3 results	2016/17 Q4 results	17/18 Target	2017/18 Q1 results	2017/18 Q2 results	2017/18 Q3 results (provisional)	Target achieved	2017/18 Most recent result
Shorter stays in emergency departments		**95%**	89.3% 19th ✗	87.6% 20th ✗	88.4% 20th ✗	86% 20th ✗	**95%**	82% 20th ✗	89% 20th ✗	**86% 19 ✗**	X	86% Apr-18 YTD
Improved access to elective surgery		**100%**	108% 7th ★	106% 10th ●	110% 3rd ★	114% 2nd ★	**100%**	111% 5th ★	104% 8th ●	**105% 6th ★**	√	105% Apr-18 YTD
Faster Cancer Treatment (FCT)	Achievement	**85%**	81.4% 5th ★	85.9% 4th ★	86.1% 5th ★	86% 2nd ★	**85%**	98% 1st ★	98% 2nd ★	97% 3rd ★	√	97% Mar-18
Better Help for Smokers to quit	Primary Care	**90%**	87% 12th ●	86% 13th ●	87% 12th ●	88% 15th ✗	**90%**	88% 14th ●	89% 12th ●	88% Ranking unavailable	X	88% 17/18 Q3 result
	Maternity	**90%**	93% 12th ●	96%	98% 4th ★	95% 8th ●	**90%**	94% 8th ●	97% 4th ★	99% Ranking unavailable	√	99% 17/18 Q3 result
Increased immunisation (8 months)		**95%**	92.3% 13th ●	92% 15th ✗	90% 16th ✗	89% 15th ✗	**95%**	88% 15th ✗	90% 15th ✗	**89% 14th ✗**	X	89% Apr 18 3 mth rolling
Raising Healthy Kids[1]		**95%**	47% 11th ●	79% 6th ★	84% 9th ●	81% 14th ●	**95%**	76% 19th ✗	100% 1st ★	100% 1st ★	√	100% 6 mths Feb 17

Key: DHB rating		
★ Good	● Average	✗ Below average
Top third of DHBs	Middle group of DHBs	Bottom third of DHBs

Target: Shorter stays in Emergency Departments (ED)

Table 2 - DHB quarter results 2018

Q1 17/18	Q2 17/18	Q3 17/18
82.1%	**88.8%**	**85.8%**

Table 3 - Emergency Department Q3 results by site and by clinical unit

Shorter Stays in Emergency Departments (EDs) health target
DHB name: Waikato
Quarter: 3 - 2018

Quarterly Results – by DHB total population

	Numerator: The number of ED presentations with a length of stay of less than six hours	Denominator: Total number of ED presentations	Percentage of patients admitted, discharged or transferred from ED in less than six hours
DHB total:	24834	28940	85.8%
Waikato	16556	20055	82.6%
Taumarunui	1423	1462	97.3%
Thames	3833	4327	88.6%
Tokoroa	3022	3096	97.6%

Quarterly results – by ethnicity

- Please use the ethnicity provided at the time of the ED presentation. Where that is not available, please use the ethnicity listed on the patient's NHI.

	Māori Ethnicity			Pacific Ethnicity		
	The number of ED presentations with a length of stay of less than six hours	Total number of ED presentations	Percentage of patients admitted, discharged or transferred from ED in less than six hours	The number of ED presentations with a length of stay of less than six hours	Total number of ED presentations	Percentage of patients admitted, discharged or transferred from ED in less than six hours
DHB total:	6918	7851	88.1%	641	862	74.4%
Waikato	4552	5388	84.5%	474	671	70.6%
Taumarunui	570	587	97.1%	19	22	86.4%
Thames	612	667	91.8%	33	48	68.8%
Tokoroa	1184	1209	97.9%	115	121	95.0%

Waikato Hospital

Waikato Hospital's Emergency Department continues to experience significant monthly year on year increases in presentations. April 2018 experienced a 5% increase on last year.

As in the previous report to the Board, the hospital's acute bed capacity has invariably been under significant and sustained pressure, operating at, or near, capacity most days. This has resulted in the all too frequent holding of patients in ED.

This is reflected in the performance figures with non-admitted (ED only work) delivering 93% whilst the admitted performance remains <70%. Work on the front of house models with the Francis Group has seen improvements on the non-admitted pathway, whilst further work needs to be undertaken to improve the admitted performance.

Actions currently being taken in Waikato Hospital:

- Medicine has continued to be able to achieve empty beds almost every morning to enable flow, unfortunately Surgical, CCTV and Orthopaedics

ward volumes have again been very high in April and this has led to delays in bed placement with overflow into Medical areas.

- Respiratory will be moving to a ward based model on 11 June in collaboration with General Medicine in a trial to change models of care and cover the expected significant increase in Respiratory workload over the winter. The Respiratory team are currently facing an acute crisis through resignations in their team, so General Medicine have been asked to share the workload in support of their colleagues for the winter months. Backfill arrangements are being put in place cover the outpatient work to optimise inpatient SMO FTE.

- Electronic SBARR handover has been implemented for all Waikato hospital general wards in early May, following the successful pilot in the medical wards.

- GP enrolments meeting occurred with PHO's in order to revamp the initiative.

- Review of ED staffing model underway with consideration of moving to Nurse practitioner cover 24/7 within 12 months. This is dependent on funding being secured in next years' service pressures list.

- COPD project is agreed (SLM initiative); recruitment of staff is completed with start dates in June.

- Recruitment of one further MOSS position still to be completed to ensure regular senior medical cover overnight during the busier nights of the week that traditionally have had less staff rostered on.

- Continuing work for the opening of a 26 bedded Acute Surgical Unit (ASU) on Level 8, Menzies in order to fast track acute surgical admissions.

Thames, Tokoroa and Taumarunui Hospitals

An eight week pilot of a CNS-led model of care in the emergency department commenced in April. During April the CNS's saw 79 of the 944 patients that presented since the beginning of the trial (11th April). They worked 17 clinical shifts between them, and are reported that there are definite times of day where there are more suitable patients for them to see, specifically late afternoon and evening. The 6 hour LOS target of 95% or more has been achieved only 5 times in the 21 days and a CNS has been on duty on each occasion. There have been a further 4 days where more than 90% achieved the 6 hour target, again on all occasions a CNS was working. None of the CNS type patients have 'breached' while they have been on duty. Support from medical staff has thus far been largely positive, with both CNSs reporting that they are gaining invaluable teaching and procedural guidance from them.

The local general practices are now fully recruited. It is expected that the significant flow of primary care patients coming to the ED, because they could not access timely GP appointments will alter as the community becomes aware that primary care access has improved.

A formal tender process to seek Expressions of Interest to establish a primary care presence within Thames Hospital has been concluded. A project to implement an onsite general practice and single point of entry is now commencing. (This will take most of 2018 to achieve).

The work to implement the Single Point of Entry (SPoE) service model in Taumarunui continues to be on track for implementation of the new service model from 1 July.

Additional nursing resources have been established at Tokoroa ED to assist with the significant increase in workload at that facility and are currently being recruited.

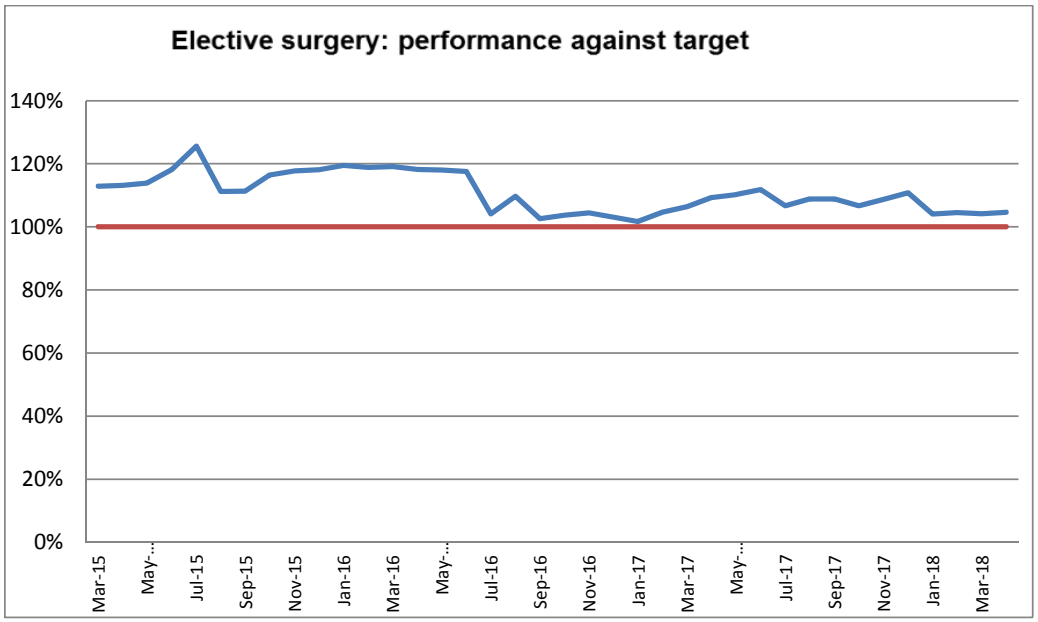
Target: Elective Surgery

Table 4 – Elective Surgery Results by Quarter

Quarter	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18
Result	102.6%	103.1%	106.3%	111.8%	111%	104%	105%
Ranking	**7**	**10**	**3**	**2**	**5th**	**8th**	6th

Graph 1 below provides the most recent result of 105%.

Graph 1 - Waikato DHB's elective surgery performance up to Apr 2018



Target: Faster Cancer Treatment (FCT)

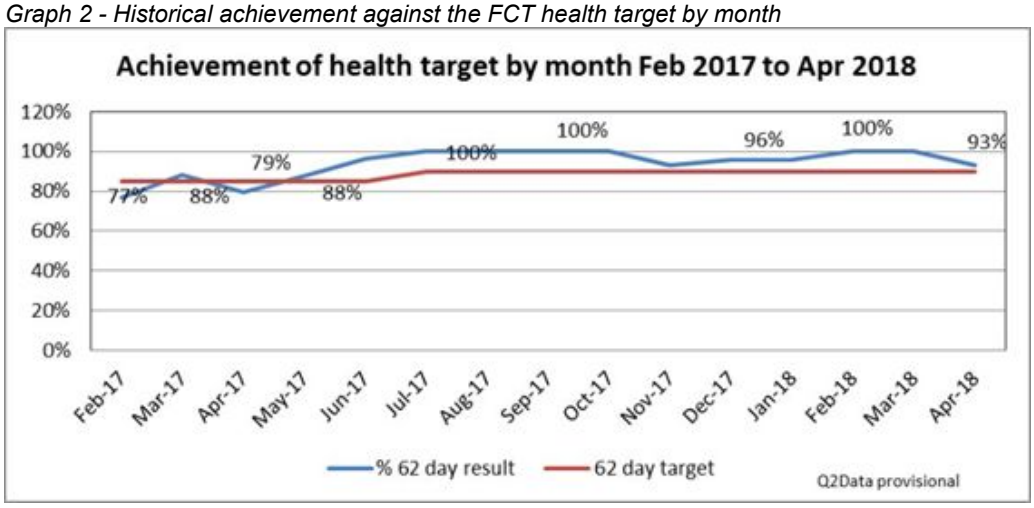
Table 5 - Summary of achievement against the FCT health target from July 2015 to March 2018

FCT 62 DAY HEALTH TARGET								
DHB Current Target	DHB Q1 Result 16/17	DHB Q2 Result 16/17	DHB Q3 Result 16/17	DHB Q4 Result 16/17	DHB Q1 Result 17/18	DHB Q2 Result 17/18	DHB Q3 Result 17/18	**DHB Q4 Result Provisional**
90%	81.4% 5th ranking	86.1% 5th ranking	85.9% 5th ranking	86.4% 2nd ranking	96.6% 3rd equal ranking	96.6% 2nd ranking	99.0% 3rd ranking	93% April only
FCT VOLUME TARGET								
DHB Current Target	DHB Q1 Result 16/17	DHB Q2 Result 16/17	DHB Q3 Result 16/17	DHB Q4 Result 16/17	DHB Q1 Result 17/18	DHB Q2 Result 17/18	DHB Q3 Result	**DHB Q4 Result Provisional**
25%	17%	19%	19%	22%	14%	14%	14%	16% April only

Waikato has continued to deliver sustained achievement against the 90% FCT health target. We are pleased to report that we continue to be ranked in the top 3 nationally. Quarter 3 shows a final result of 99% for the last 6 months giving us a national ranking of 2nd place.

The chart below shows the historical monthly percentage performance against the target.

Graph 2 - Historical achievement against the FCT health target by month



A number of operational measures continue to be undertaken to maintain performance:

- FCT Business Manager and FCT Nurse Tracker are working very closely with cancer care coordinators and clinical nurse specialists to monitor patient pathways from initial date of referral

- Improving the timeliness of gynaecology triaging, first specialist appointment and timeliness to imaging
- Weekly coordinated meeting with the gynaecology clinical nurse specialist and cancer care coordinator to discuss individual patients and tracking pathways to ensure patients are discussed at Auckland multi-disciplinary meetings in a timely manner
- Ongoing monitoring of respiratory triaging and time to FSA
- Liaising with interventional radiologists to ensure patients receive their CT biopsy in a timely manner
- Weekly urology waitlist meeting to discuss any patients triaged onto 62 day pathway
- Engagement with Te Puna Oranga to minimise inequity in FCT, including addressing DNAs and identifying barriers
- Daily reports are now being generated to highlight any DNAs for FCT patients
- Early detection of lung cancer - A small working group is being established to look at identifying and supporting patients with early lung cancer to reduce admissions into ED and poor outcomes. First meeting held in April 2018
- Initial meeting with manager elective services to discuss how to ensure FCT patients receive surgery within time frames.

Table 6

Local FCT Database	**Feb-18**	**Mar-18**	**Apr-18**	**Total**
Number of records submitted	19	23	27	69
Number of records within 62 days	19	23	25	67
% 62 day Target Met (90%)	100%	100%	93%	97%
% Volume Target Met (15%)	12%	14%	17%	14%

Target: Increased in 8 month olds fully immunised

Table 7 – Eight month Milestone Immunisation Results by Quarter

Quarter	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18
Result	**90%**	**89%**	**88%**	**90%**	**89%**
Maori	**89%**	**86%**	**82%**	**86%**	**83%**
Ranking	**16**	**15**	**15**	**15**	**14**

Data for this target is reported on a three month rolling basis. The table above and Graph 3 shows our most recent result of 89% for the three month period from 1 February 2018 to 30 April 2018.

It is disappointing to see that we have continued to perform below the 95% with the most recent result being 89% for all and 83% for Maori.

The further decrease in infant immunisation coverage this quarter is frustrating in the context of concentrated efforts and investment to improve coverage for both Māori and other infants. Five percent (80 children) of the total eligible infant population were missed in the last quarter. Our PHOs report this is due to “delayers” and is an area of focus for all general practices in the district.

We have finalised our new Immunisation Action Plan (the plan) and submitted it to the Ministry of Health, following sign off by the Immunisation Steering Group. This group will report regularly on progress to the Waikato Child Health Network. The representatives from PHOs, Public Health, and the Immunisation Advisory Centre and Strategy and Funding have committed to the plan and will be jointly accountable for delivery of the agreed actions.

In summary the plan includes working with PHOs to reduce declines and delayers, increasing opportunistic immunisations, ensuring outreach immunisation services focus on unenrolled children, and working more closely with Family Start and LMCs to facilitate early enrolments with general practice. The ministry is also seeking to continue to work with us to support implementation of the plan, and discuss whether a review/redesign of immunisation services for the Waikato region is needed.

Graph 3 - Waikato DHB's fully immunised rates for 8 month olds (rolling three month result)

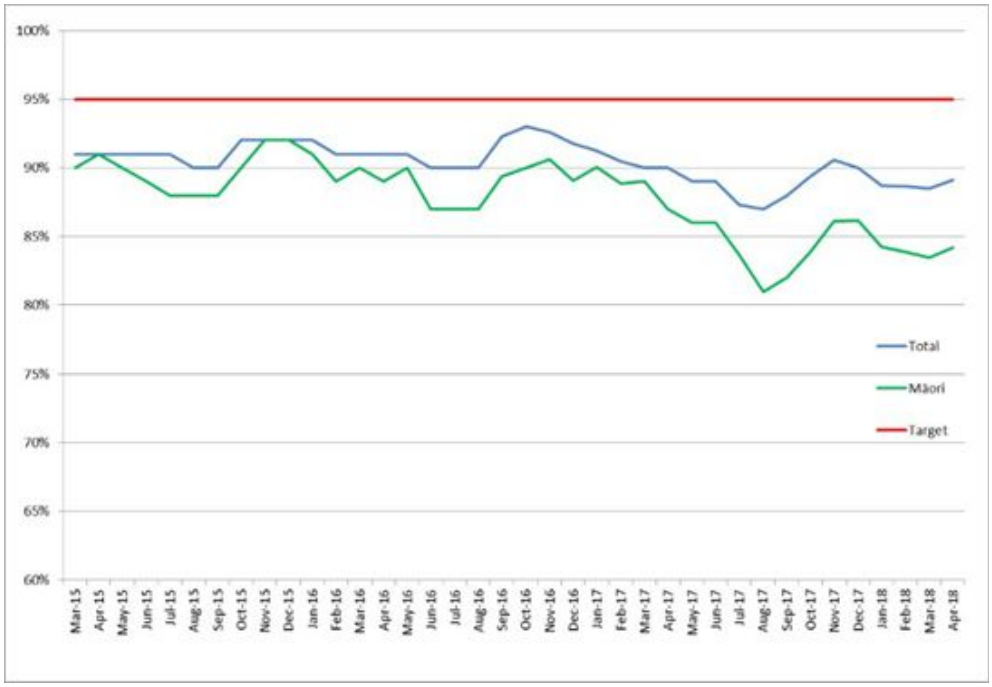


Table 8 - Waikato DHB 8 month old immunisations ethnicity breakdown from Jan 2018 to Mar 2018

Ethnicity	Number eligible	Fully immunised	Result	Increase needed to meet target (95%)
NZ European	567	528	93%	11
Māori	512	431	84%	56
Pacific	52	50	96%	0
Asian	141	133	94%	1
Other	80	63	79%	13
Total	1,352	1,205	89%	80

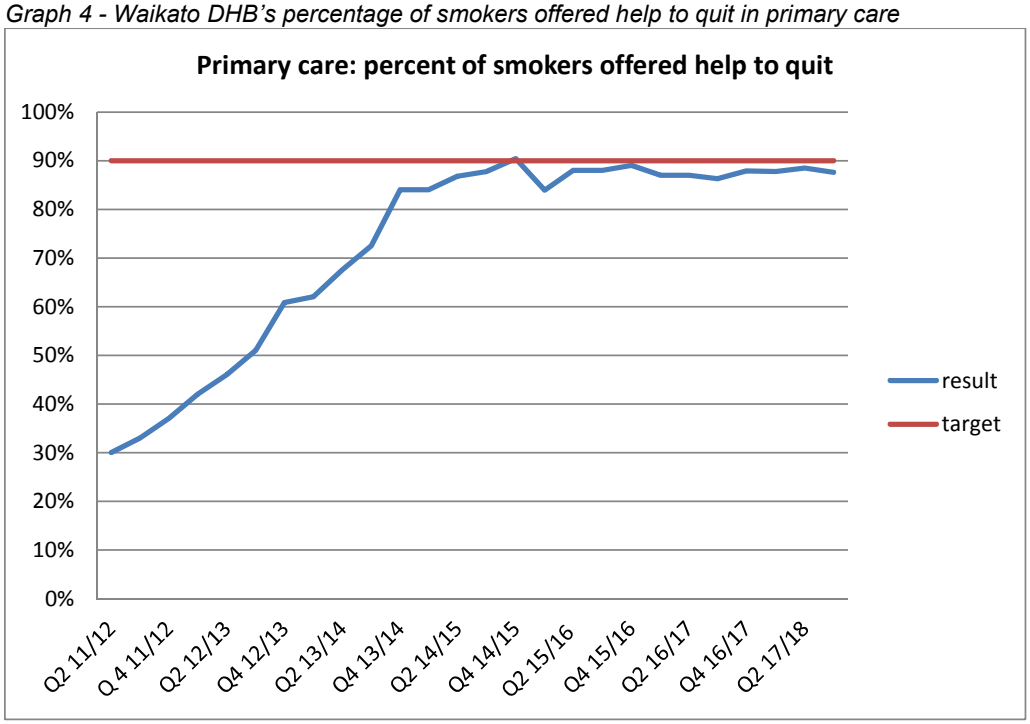
Target: Better help for smokers to quit - primary care

Table 9 – Quarterly Results

Q1 result 16/17	Q2 result 16/17	Q3 result 16/17	Q4 result 16/17	Q1 result 17/18	Q2 17/18	**Q3 17/18**
87% 7th ranking	87% 12th ranking	86% 13th ranking	88% 15th ranking	88% 14th ranking	89% 12th ranking	**88% Ranking unavailable**

Graph 4 showing data up to the quarter three 17/18 result of 88% shows Waikato DHB has declined by 1% in the last quarter.

Graph 4 - Waikato DHB's percentage of smokers offered help to quit in primary care



It is disappointing to note that our performance has not quite met the target with a slight decrease in the percentage of smokers offered help to quit this quarter. All PHOs have confrmed their practice management teams have regular contact with practices to ensure general practitioners and practice nurses remind and prompt patients to take up the services available to quit smoking. Each general practice has an indentified Smokerfree Champion who ensures team members are upskilled in this area and shares PHO smoking data reports. We will continue to work with our PHO colleagues this quarter as it is our expectation the ongoing focus will improve our overall results next quarter.

Target: Better help for smokers to quit - maternity

Table 11 – Quarterly Results

Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	**Q3 17/18**
93% 12th Ranking	98% 4th Ranking	96% 12th Ranking	95% 8th Ranking	94% 8th Ranking	97% 4th Ranking	**99% *Ranking unavailable**

Graph 5 shows a result of 98.5% for Quarter 3. It is reassuring to see that we continue to meet this target.

Graph 5 - Waikato DHB's percentage of smokers offered help to quit in maternity

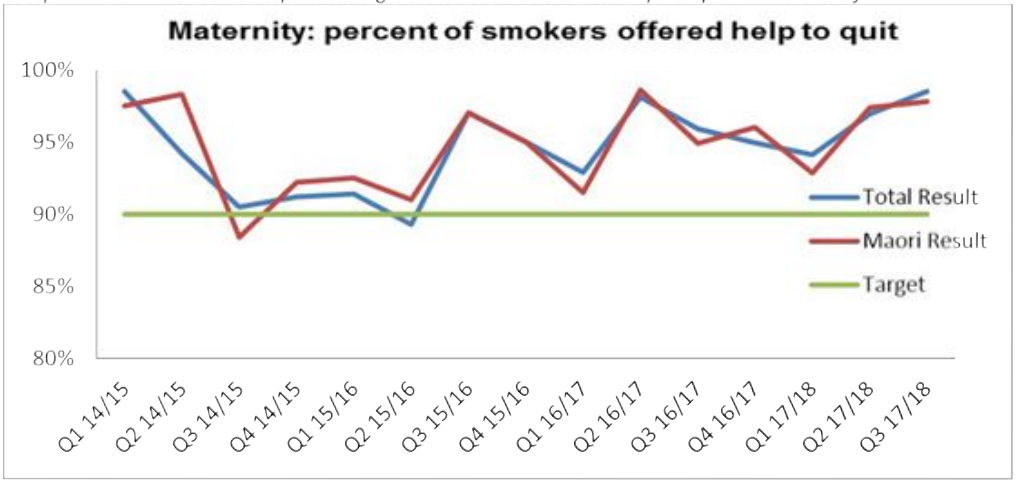


Table 12 shows our quarter three results provided by the Ministry for our total and Maori population.

Table 12 – 2017/18 Q3 maternity smoking status and advice (target 90%)

	No. women registered	**No. of women identified as smokers**	**No. people given advice**	**Smoking prevalence**	**Percent of smokers offered advice**
Maori	89	45	44	50.6%	97.8%
Total	359	67	66	18.7%	98.5%

**Data comes from three sources: Midwifery and Maternity Providers Organisations (MMPOs), Lead Maternity Carers Services (LMCs) and from DHB employed midwives (if available).*

The information for this measure is received directly from the Ministry of Health. Waikato DHB is performing well against this target. The stop smoking service incentives scheme for pregnant women is promoted and appears at this early stage to be having postive results in terms of improving access.

Target: Raising healthy kids

We have achieved a perfect result (100%) for this target this quarter. This means all obese children identified in the Before School Check (B4SC) programme were referred to a health professional for clinical assessment followed by a further referral

to a family based nutrition, activity and lifestyle service delivered by Sport Waikato. We also have lower rates of declined referrals at 17% compared to the national average of 24%.

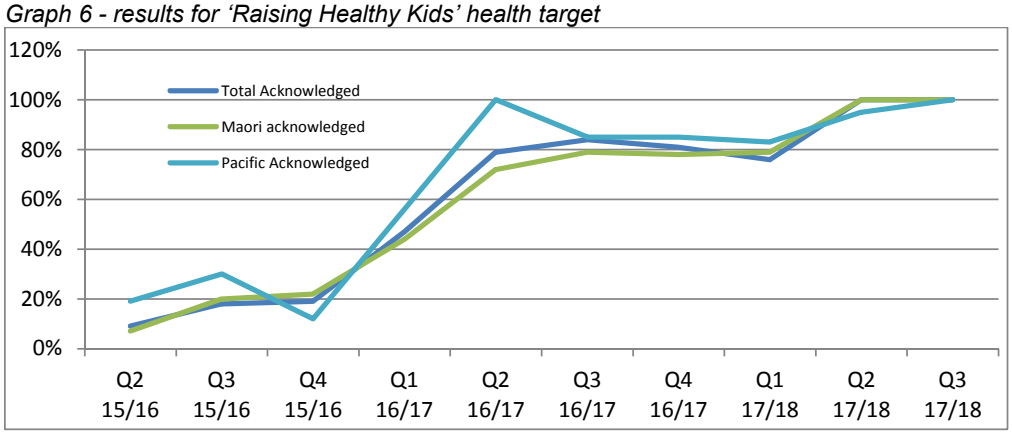
The Sport Waikato programme was launched on Saturday 12 May 2018. This programme is individualised for each family and whānau for up to six months. The service aims to assist families and whanau to talk about healthy food options, getting children moving and learning good sleeping habits.

Table 13 – 2017/18 Q3 Raising Healthy Kids Results (target 95%)

		Waikato						**National**
		2016/17 Q1	**2016/17 Q3**	**2016/17 Q4**	**2017/18 Q1**	**2017/18 Q2**	**2017/18 Q3**	**2017/18 Q3**
		Six mths Aug 16	**Six mths Feb 17**	**Six mths May17**	**Six mths Aug 17**	**Six mths Nov 17**	**Six mths Feb 18**	**Six mths Feb 18**
Total	Referral Sent	50%	86% (133)	83% (102)	77% (93)	100% (144)	100% (142)	99% (1,321)
	Referral Sent and Acknowledged	**47%**	**84% (127)**	**81% (98)**	**76% (91)**	**100% (144)**	**100% (142)**	**98% (1,313)**
Maori	Referral Sent	49%	82% (65)	80% (43)	79% (36)	100% (69)	100% (70)	99% (440)
	Referral Sent and Acknowledged	**44%**	**79% (61)**	**78% (41)**	**79% (36)**	**100% (69)**	**100% (70)**	**98% (435)**
Pacific	Referral Sent	56%	90% (9)	88% (10)	87% (13)	95% (12)	100% (14)	100% (362)
	Referral Sent and Acknowledged	**56%**	**85% (8)**	**75% (8)**	**83% (12)**	**95% (12)**	**100% (14)**	**99% (360)**

Note that the numbers in brackets in the table are the actual numbers of children in each of the categories.

Graph 6 - results for 'Raising Healthy Kids' health target



Data for a 6 month rolling period up to Feb 2018

Recommendation
THAT
The Board receives this report.

TANYA MALONEY
INTERIM EXECUTIVE DIRECTOR
STRATEGY AND FUNDING

DR DAMIAN TOMIC
CLINICAL DIRECTOR
PRIMARY CARE & INTEGRATION

MARK SPITTAL
EXECUTIVE DIRECTOR
COMMUNITY & CLINICAL SUPPORT

DR GRANT HOWARD
INTERIM CHIEF OPERATING OFFICER

Health and Safety

Service Performance Monitoring

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 9.1

PEOPLE AND PERFORMANCE REPORT

Purpose	For information.

STAFF SAFETY CULTURE WORK

Four work streams; key staff safety culture initiatives, are reported.

Values

This workstream has delivered:

a) a values staff survey, values developed, and then adopted by the Board in 2016.
b) a second stage – communications and marketing, and socialisation of the values through over thirty five staff and manager Living the values sessions run since December 2016 to April 2018.

Sessions have resulted in staff identifying 2300 ideas, albeit many of which are repeated. Living the values workplace stories are recognised and promoted through mediums such as the intranet and the People and Performance Newsletter.

On-going work with this initiative is to occur including:

- further analysis of the ideas to determine organisationally which are the most suitable to pursue both from an effectiveness in terms of impact and cost perspective.
- continuation of encouraging managers and staff to embed the values in multiple ways
- how the descriptors underpinning each value can be highlighted and modelled.

Staff Safety Action Group

Staff safety is our priority, with tools and processes available to mitigate and support staff in situations of disorderly behaviour and physical assault.

Educational deliverables have included:

a) Introduction to Personal Safety – for all staff.
b) Manager Briefing.
c) CALM effective communication.

Work being planned for 2018 includes measures and monitoring of completion of the above courses, and scoping a shared partnership approach to sustain learning with short on the job made up scenarios, or review of any real escalations.

Workplace Support Person (WSP)

The staff concern about bullying required a new preventative approach. Building on the socialisation of the new values new language was needed – 'incivility' replacing 'bullying', recognising that workplace behaviours were mostly rude, or discourteous.

This initiative was launched in October 2017 and is showing slow but promising actions and results that include:

a) staff being more aware of the this support option.
b) cafeteria promotion of the initiative during a two week period.
c) promotion at management and Health and safety representative meetings.
d) return of fifteen contact sheets.

Emergency Department peer support members have attended WSP training, and will continue to support staff in their department. A further fourteen WSP people attended training on the 9 May, making the number of 37 WSP available to staff across staff types and services.

WorkWell

WorkWell:

a) is an evidenced based approach that – with local leadership - supports the well-being of staff.
b) is supported by the WHO and the Ministry of Health, requires executive sponsorship and site well-being activities enablement by relevant managers.
c) has been implemented by Population Health Public Health Unit, in conjunction with Toi Te Ora (the Bay of Plenty DHB's public health unit).

In 2016 the Executive Group confirmed the Community and Clinical Support (CCS) division being a pilot before a phased approach to implementing WorkWell at Waikato DHB.

CCS achieved bronze standard accreditation, and the assessment report dated 28 August, 2017 states "The assessors were pleased to hear of the wide range of positive changes cited by the interviewees". The Accredited Employer Programme Audit report September 2017 also documents the health and safety strengths and improvement initiatives, including achievement of bronze accreditation.

While accreditation is a tangible outcome for the DHB, successful local wellbeing staff activities are core to WorkWell.

Under consideration is a phased site based approach; extending WorkWell to willing sites and services across Waikato DHB.

RECRUITMENT INDICATORS

Outlined below are recruitment indicators to 30 April 2018. RMOs have been removed from the information provided because they are predominantly hired over an annual recruitment cycle – November to November.

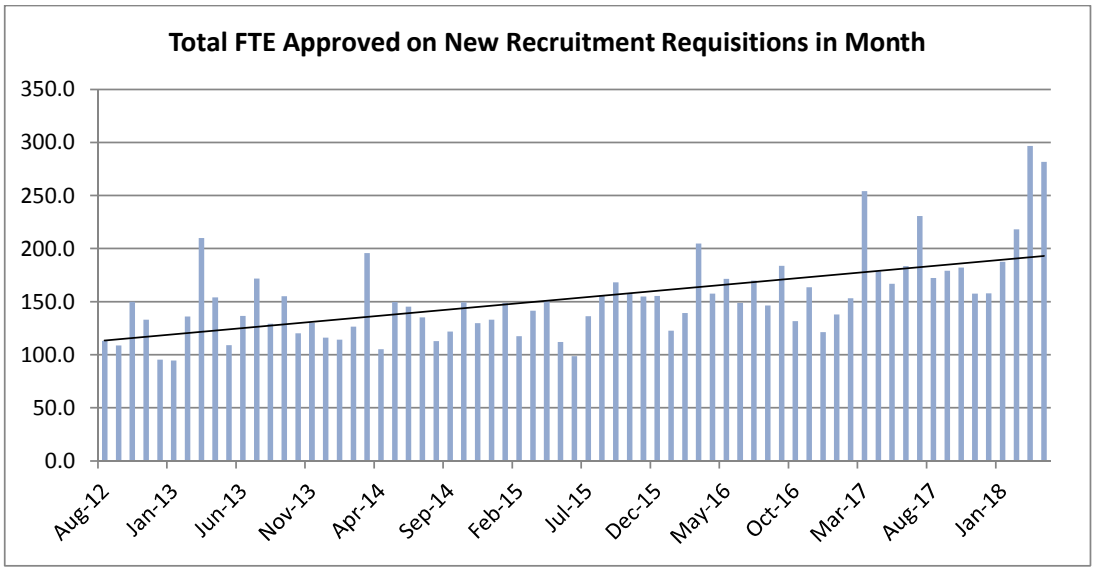
Recruitment in progress

These figures show the percentage of total workforce that is currently in some part of the recruitment process, from approval to recruit to commencement. It gives an indication over time as to whether the number of vacancies are increasing or decreasing.

Recruitment in Progress	Apr 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Total FTE open to recruit as percentage of total contracted FTE within organisation (at month end)	10.03%	11.03%	11.31%	13.38%	13.93%

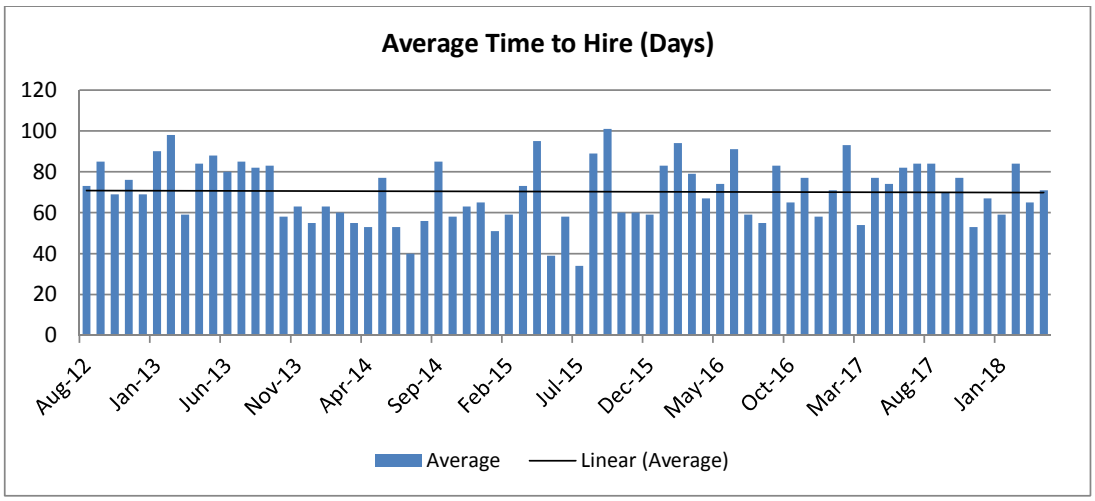
Recruitment activity remains high across all staff groups. The graph below shows the steady increase of FTE being approved to recruit to from around 100FTE per month in 2013 up to 200FTE per month in 2018 (reaching nearly 300FTE in March and April 2018). This is in part related to additional FTE in Nursing Resource Team and the new Acute Surgical Ward.

April 2018 saw 257 offers extended, compared with 130 in April 2017 (this includes new hires, as well as those moving internally, or having their fixed terms extended).



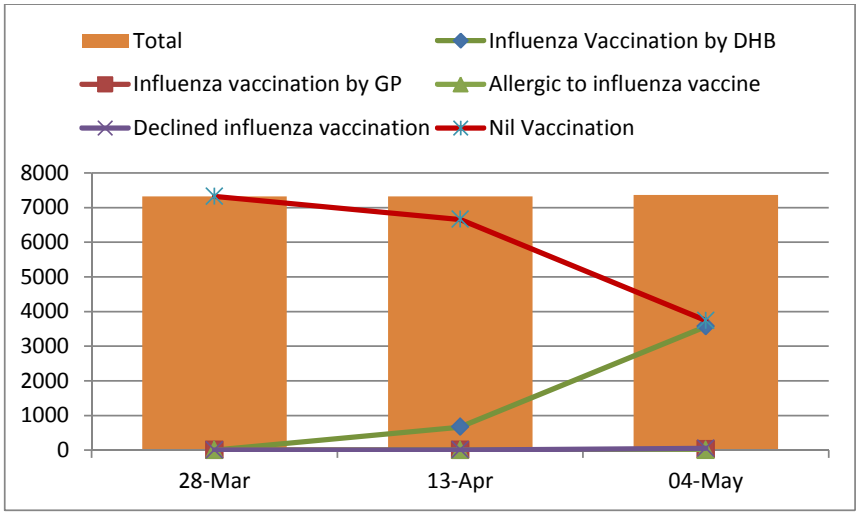
Time to hire

The graph below shows that average time from recruitment requisition approved until offer accepted has remained fairly stable over time.



Health & Safety Influenza Update

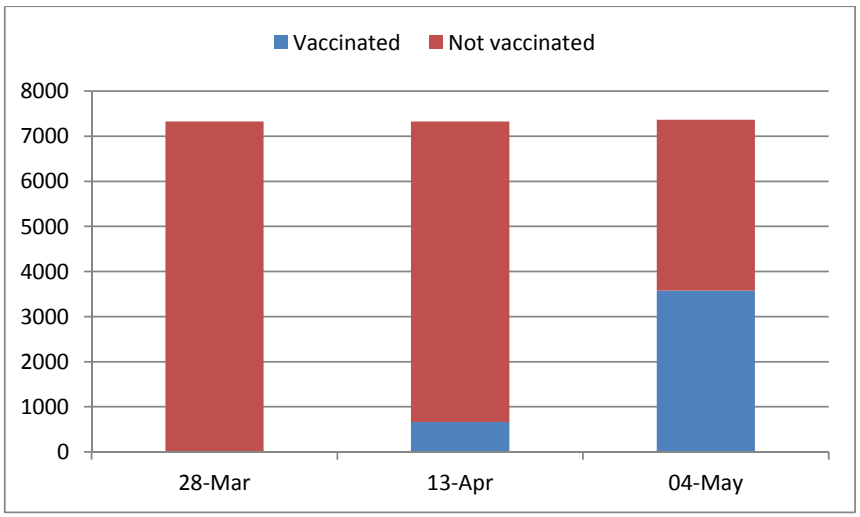
Vaccination status	28-Mar	13-Apr	04-May
Influenza Vaccination by DHB	0	662	3564
Influenza vaccination by GP	0	1	14
Allergic to influenza vaccine	1	1	1
Declined influenza vaccination	0	4	50
Nil Vaccination	7323	6658	3737
Total	**7324**	**7326**	**7366**



Vaccination status	28-Mar	13-Apr	04-May
Vaccinated	0	663	3578
Not vaccinated	7324	6663	3788
Total	**7324**	**7326**	**7366**
Percent vaccinated	**0%**	**9%**	**49%**

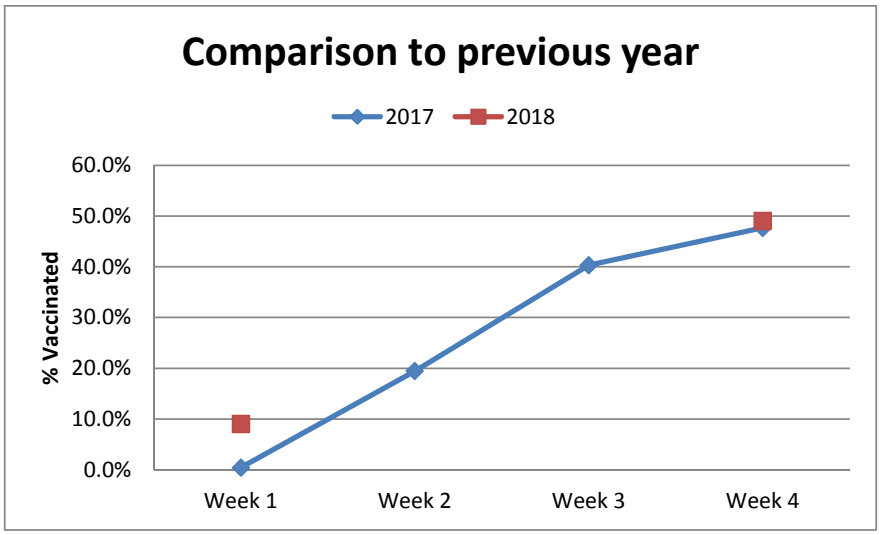
Vaccination by staff type

Staff type	Vaccinated	Not vaccinated	Grand Total
Allied	49.01%	50.99%	1269
Medical	48.65%	51.35%	966
Management/admin	48.92%	51.08%	1392
Nursing	49.43%	50.57%	3334
Support	38.77%	61.23%	405
Grand Total	**48.57%**	**51.43%**	**7366**



Comparison tracking 2017/2018

Vaccinated %	Week 1	Week 2	Week 3	Week 4
2017	0.4%	19.4%	40.3%	47.7%
2018	9%			49%



Please note data is not available retrospectively. Week 2 and 3 was not recorded due to unplanned leave. A process is now in place to mitigate this going forward.

The data shows the initial uptake in week one was better this year - new strategies were introduced to attract staff in the first week. At week 4 we are marginally tracking ahead.

New Staff Service Recognition Initiative

The service has commissioned design for a new service pin/badge. Six designs have been undertaken. However, the 'refresh' of the Koru being currently intended, some of the potential designs may be withdrawn.

It is intended that a staff survey to finalise the badge design will be undertaken. Initial allocation will be made to current staff as of the last quinquennial. Bearing in mind that some employees are reaching 40+, with one employee a few years away from his sixtieth, consideration is being for a more significant marker for employees reaching that milestone.

Recommendation
THAT
The Board receives this report.

GREGORY PEPLOE
DIRECTOR PEOPLE AND PERFORMANCE

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 9.2

FACILITIES AND BUSINESS REPORT

Purpose	For information.

The services updates consolidated in this report include:
1. Property and Infrastructure: Asset management and maintenance, property and lease management, security and parking services
2. Business Support: Nutrition and Food, Attendants, Biomedical Engineering, Hospitality Support (Patient enquiries, Volunteers, Chaplains, Bryant Education Centre/Meeting Rooms), Cleaning, Laundry and office support services contracts management.
3. Property Projects: Core campus and other major development projects.

Financial Performance

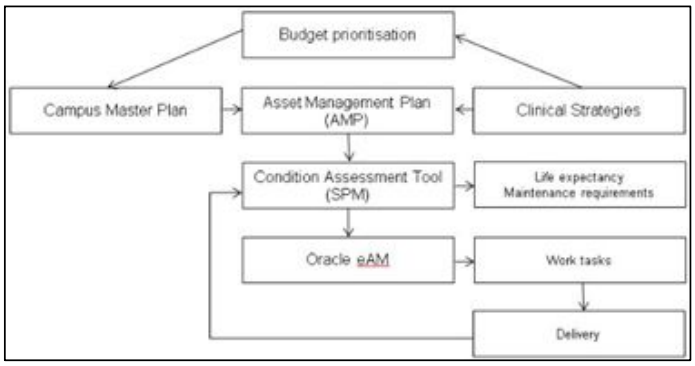
YTD financial performance has been significantly better than forecast due to a combination of favourable service contract renegotiations delivering savings, retail revenue growth, tight cost control and a number of one-off gains related to spend phasing and opex to capex transfers.

YTD Budget	YTD Forecast	Variance
$50.4M	$46.6M	$3.79M

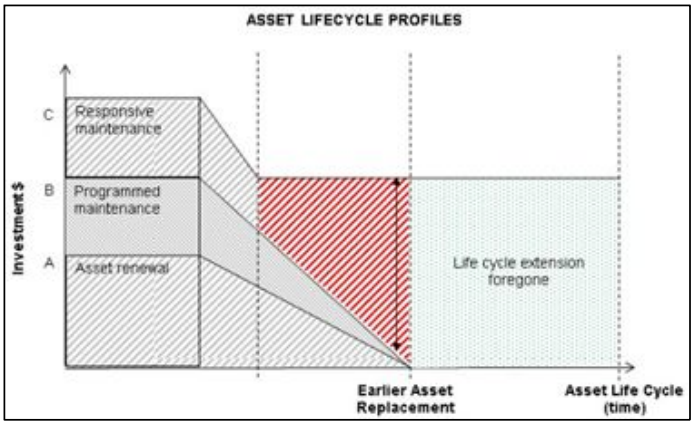
Property and Infrastructure

1. Maintenance

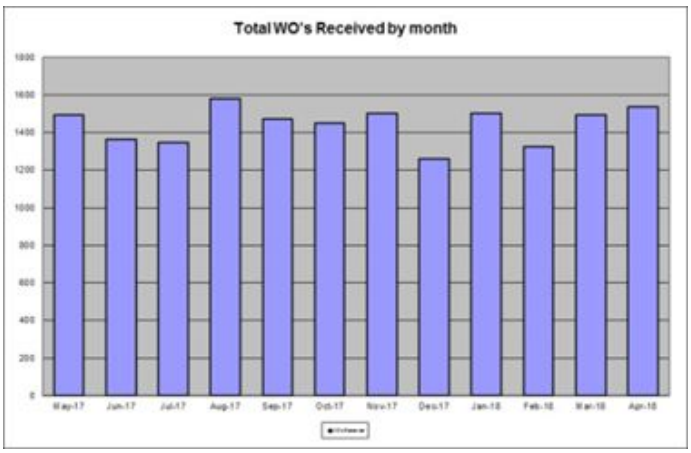
- Currently topical on account of weather tightness issues at other DHB's.
- Within the 60+ buildings in our estate, we do not have significant exposure to buildings completed between the 1985 to early 2000's "leaky building" period. Those buildings that were constructed during this period (e.g. HRBC) were conservatively designed and materials selections (concrete, stone, metal) have avoided systemic, rapid building fabric deterioration.
- Suffice to say our assets are in comparatively good shape but we can't relent in our focus on maintenance and asset investment spending. This will need to grow over the next few years as assets age.
- Within the maintenance service, we spend $13.5M p.a., weighted to reactive and general planned maintenance, but also including a targeted asset maintenance program (BMP) of $2.0M focussed on building and plant life cycle extension projects.
- It is worth providing some context to how this level of investment is prioritised with a graphic overview of the asset planning / building maintenance structure



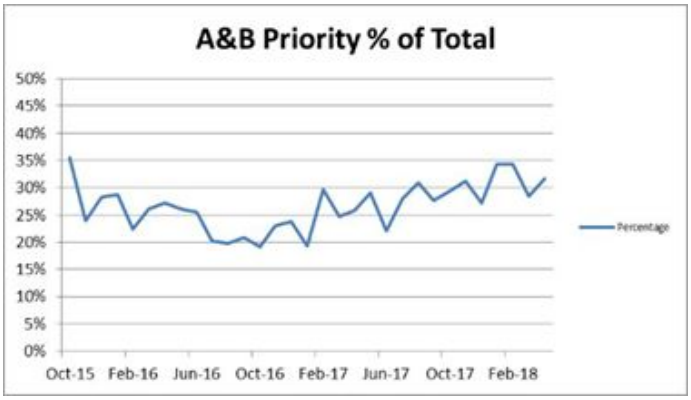
- Tactical prioritisation and allocation of planned maintenance and building asset management investment across the Campus and Rural Hospitals is structured with reference to regular detailed building condition assessments and compared to building information modelling data from a proprietary asset management system (SPM). This tool enables spend to be prioritised to specific building components and plant at the right stage of its life cycle.
- Maintenance activities are executed via an in-house integrated trades team of 60 FTE's (fitters, plumbers, electricians, carpenters and project managers), together with specialist outsourcing for specific maintenance streams (HVAC, Boiler maintenance, compliance testing, etc.). While we face challenges in competing for qualified tradespeople, we believe that on cost, institutional knowledge and accountability grounds, we operate with the optimum model rather than a fully outsourced model utilised by many in the sector.
- Our goal is to ensure all buildings reach their intended design life, or 50 years, while minimising operating costs.
- In 2018/2019, we are advocating lifting the Building Maintenance Program (BMP) Opex budget from $2M to $3M to ensure we keep up with prudent baseline spend derived from our asset management tool (SPM) so as to avoid future significant catch up spending as our newer buildings, such as MCC and OPR as these begin to require more investment. Naturally, this request is subject to budget processes and overall DHB spending priorities.
- Failure to reinvest at realistic levels across the various categories of maintenance spend leads to rapid asset collapse and unbalanced and wasteful reactive maintenance spending and early building replacement depicted below:



- Responsive maintenance continues at high volume with the average number of Work Orders received over the previous 12 months is 1,444 per month.



- Within this activity, urgent 'A' & 'B' priority Work Requests completed within 48 hours continues to trend up towards 30% of volume.



2. Core Clinical Approved Projects Activity

Project Location	Purpose	Status
MCC Additional Theatre	Theatre capacity	On track, delivery due at end of May.
Menzies L8	Acute observation beds (22)	Contract awarded, on track for end of July delivery.
Menzies L3	Additional Renal capacity	In procurement.
Lomas B2	Additional Oncology day stay capacity	In procurement.
Main Switchboard Replacements in Menzies, Waiora and Kempthorne buildings	Critical asset end of life cycle replacements	In procurement.

3. Accommodation and Strategic Projects Activity

Project Location	Purpose	Status
Hilda Ross House Demolition and Bryant Education Auditorium Reinstatement	Demolition of upper floors and redevelopment of lower floor facility	Completed December 2017.
Gallagher Drive Distribution Centre and Offices	OneLink warehouse and C&SRH Office facility	Completed January 2018.
CBD Office consolidation	Office and clinical space development	Under fit-out.
Thames Hospital	Planning for enabling works to accommodate PHO in Ground floor north wing	Pre-approval design and scoping process subject to service RFP.
Adult Mental Health (AMH) New	72 Bed new facility	In Better Business Case process.

Facility Project **		
Decant Projects stemming from projected Ryburn precinct site clearance and new car parking for AMH project	Facilitation, enabling of above**	In Better Business Case process.

4. Future Projects

A number of projects are being scoped for future capital approval, including:

- Consolidation of Labs to Waiora L2.
- Further Acute Observation space in Waiora L1.
- Additional new Oncology day stay space.
- Requirements development for Master Plan "Building A" connecting to MCC.

Business Support

1 Service Pressures

a) Food and Nutrition Service

- Demand on support services is very high, even during weekends. Services are constantly rationalising non-direct patient care services to focus on direct patient services.
- Patient volumes are continuing to grow with a direct impact on the Nutrition and Food service. Volumes since 2011 have increased by +10.3%, and year to date, compared to last year, 173 more patient meals per day (+8.4%) and 28 more Meals on Wheels per day (+13.9%) were produced. On top of this, all 5 retail cafeteria outlets are enjoying strong revenue growth (+5%).
- The kitchen has absorbed additional capacity both in terms of physical space and staffing to process menus and to prepare the food within the meal times. It is a challenge to serve over 700 meals with just one tray line. Options to extend capacity, such as bulk service in HRBC, and pre-packed meals for ED are being explored and will need to be implemented.
- Major change is forecast to relieve the pressure, including Capex to enable kitchen expansion. Significant IS investment in software development was approved this year.

b) Minimum and Living Wage

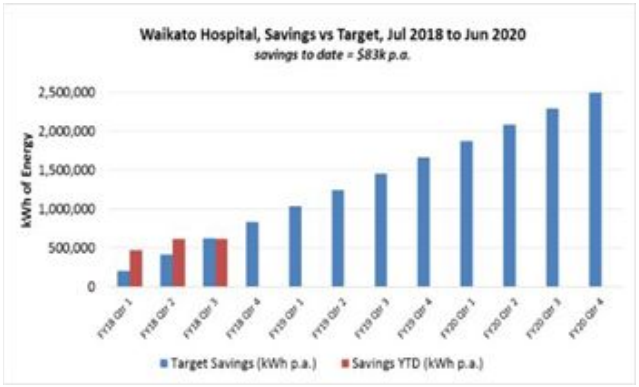
- Increases will impact the Opex budget as major contracts pass through labour costs to the DHB Support workers in health namely: Attendants, kitchen, cleaning, and laundry staff have traditionally been paid marginally above minimum wage. This premium was eroded when minimum wage increased 1 April 2018. MECA bargaining for this staff group just commenced.

c) Recruitment vs Market conditions vs Retention

- We have ongoing concerns about our ability to recruit and retain staff with our wage being lower than many other businesses and well below the "living wage".

2 Service initiatives and projects

Service Initiative / Project	Status
Hauora ihub, located on Level 1, MCC	• The Hauora ihub is due for delivery in June in the current patient enquiries area. Patient enquiries will relocate to a new Kiosk situated opposite Bach on Meade café, towards the Hague Road Car Park lifts in May. • This new service will provide wellness and opportunistic screening services, targeting Maori and people who might not otherwise access preventative health service. It's a "shop front" of the DHB, targeting the high foot fall through MCC Level 1.
Healthy Eating Policy	• The Nutrition and Food service is continuing to review products in the cafeterias and increase healthy option items.
Nutrition and Food Software	• The Nutrition and Food software system was approved by the MOH. Contract negotiation with the preferred vendor is progressing well. • This project will integrate and automate meal production from procurement of ingredients to delivery of meals to patients.

	Risks around meals allergies and provision of suitable meals will be greatly mitigated. The meal production software will integrate with iPM and draws patients' meal requirements from the system.
RMO Meal Chits removal	• We have recently implemented a new IS/POS system to replace vouchers with ID scanning.
Print Shop: Print and document management	• Waikato DHB outsources (clinical and non-clinical) forms, graphics design and printed material printing/warehousing and management to Fuji Xerox (FX). They operate a "PrintShop" on Waikato Campus. This model is not sustainable for Fuji Xerox, and not aligned to the e-environment. A business case to restructure this service, and align the service with other synergistic services such as printers and mailroom service, was approved by BRRG subject to CEO's approval.
Sustainability, Waste Management and Energy Improvements	• Over the last 2 years, the DHB has started to implement a more sustainable waste management service. • The reconfigured service was funded by renegotiating the Waste Management contract. The Attendant Service created a waste team to consolidate recyclables. • Products recycled are: Paper, Cardboard, Shrink wrap, Kimguard, PVC from IV fluid bags and masks, batteries and co-mingle (cans, plastic and glass). The latter is limited as with co-mingled items, cleaning and sorting is too time-consuming. Back office areas are encouraged not to use disposable cups and cutlery. The recently commissioned offices at Gallagher Drive has gone disposable utensil free. Soon we plan to remove polystyrene cups, and replace with paper recyclables. • The current Waikato Hospital Campus Energy Management Plan target is to achieve 2,500,000 kWh of energy savings by June 2021. Progress against this target is on track, per the following graph.  • The previous savings target of 5,000,000 kWh was achieved in Q4 of FY 16/17. • The annual target run rate of 833,000 KwHrs will save in the order of $108,000 p.a.

Recommendation
THAT
The Board receives and provides comment on the report.

CHRIS CARDWELL
EXECUTIVE DIRECTOR FACILITIES & BUSINESS

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 9.3

IS PERFORMANCE MONITORING REPORT

Purpose	For information.

The IS report is submitted for Board information.

Recommendation
THAT
The Board receives this report.

GEOFF KING
CHIEF INFORMATION OFFICER

IS Plan Report

Period Ending	30 April 2018
Prepared By	Geoff King

KPIs	Status	Metric Change	Comment
Overall	**A**		This report covers Information Services (IS) operational, performance for the period 31/10/2017 thru 30/04/2018 and financial reporting as at M10. After 10 months of the year the IS team is favourable to budget and continues to drive improvements to levels of recoveries, service quality and risk reduction however, a significant portion of the favourable budget position is due to staff vacancies which is directly impacting delivery and operational support capability. The multi-year DevOps transformation, supported by underpinning Service Improvements Plans, continues and is transitioning to the embedding phase with focus on ensuring momentum is maintained. The volume and targeting of Cyber security attacks continues to present an increasing risk and the team is maintaining focus on developing improved security approaches and controls to ensure the appropriate level of protection is maintained, within operational, resourcing & financial constraints. This said it is equally recognised that cyber security attacks target human behaviour and as such our people are often our greatest defence & risk. Deferred maintenance and deferment of investment in innovation is resulting in increasing levels of dis-satisfaction and frustration. For the 1st three months of the calendar year incidents, service requests, & service desk calls increased, year-on-year, by an average of 20%. With no additional resource this resulted in increased backlogs. The volume and complexity of IS workload remains at a level requiring active management to ensure a balance is maintained between risk, delivery of initiatives, budgetary and capacity constraints (technology & people), and in doing so maintaining balance across national, regional, & local operational, tactical and strategic initiatives.

Key Result Area – Financials M10 (30 April 2018)	Status	Metric Change	Comment
Annual Operating Budget - Before IDCC and Extraordinary	G	25,026k	The result includes revenue as favourable (HSL related), FTE/personnel cost favourable re vacancies and c/c costs (phasing/timing), outsourced services favourable re delay in IaaS and timing/phasing, Infrastructure costs favourable re software (phasing/timing of projects) and FX/price increase re Library.
YTD Budget		20,715k	
Actual		18,463k	
Variance		**2,252k**	M10 result is $2.252 mil favourable to budget
Including IDCC **Variance**		**$ 4,407k**	M10 result is favourable

Key Result Area – Capital Budget M10 (over 50k)	Status	Metric Change	Comment
Capital Budget (over 50k)	G		As at 30 April 2018
Board Approved (carry forwards)		$20,082	As noted within the project delivery KPI **100% of projects have been delivered within budget**. In accordance with the IS Project Delivery Framework and the DFA policy all variations to project budgets are approved by BRRG. In summary the major variance items (over-runs and budgets approved above original capital plan);
Board Approved (2017/18 Capex)		$7,729	
Transfers		$109	
Board Approved (TOTAL)		**$27,920**	
DHB funding of Regional Initiatives		**$5,223**	• $85k variation for Oral Health (National Titanium solution) • $73k variation for Speech Recognition solution
IS Projects yet to commence		$8,588	
IS Projects Open or Completed		$19,332	
TOTAL		$**27,920**	Note:
Forecast Spend for approved projects		**$25,540**	• Year-on-Year IS capital investment reduced by 33% and 50% respectively • Regional forecast spend for 20171/ reduced from $10.2m to $5.2m
Underspend / (Overspend)		**$2,380**	

Key Result Area – Labour Recoveries M10	Status	Metric Change	Comment
YTD Budget Actual **Variance**	G	4,286k 4,219k **(67k)**	A significant level of delivery work is in progress however labour recoveries have slipped behind plan YTD.
Key Result Area - IS Service Delivery	**Status**	**Metric Change**	**Comment**
- Yearly review of Service Level Agreements with Waikato District Health Board Executive Management and Clinical Information Governance Board	A	**No**	This item remains under IS review and whilst it is revised as part of the Waikato as Service Provider (WASP) initiative the existing SLA remains the underpinning standard.
- Service level Agreement reporting on a quarterly cycle	G	**Yes**	Report developed and published monthly.
– **75%** of Information Services customers satisfied or very satisfied.	G	**75%** (satisfied/ Very Satisfied)	Of those customers responding to the October 2017 survey 75% indicated they were satisfied. Next Survey will be scheduled for June 2018.
– **75%** of Information Services users satisfied or very satisfied.	G	**92%** (satisfied/ Very Satisfied)	The Service Desk satisfaction survey tests one 1 in 5 service desk calls logged and indicates service delivery satisfaction held steady over the reporting period and remains well above target.
- No more than **2 Priority 1** issues occurring per month. This means we have no more than 2 site wide or critical system issues in a calendar month.	G	**1** Occurrences Average per month	5 x P1 Incidents experienced over the 6 month period since last report. With increasing deferred maintenance (technical debt) and the resulting move from preventative maintenance to reactive resolution of incidents, organisational tolerance to increased disruption resulting from incidents is under review.
- No more than **4 Priority 2** issues occurring per month. This means we have no more than 4 single system or single department issues in a calendar month.	G	**4.5** Occurrences Average per month	27 x P2 Incidents experienced over the 6 month period since last report. With increasing deferred maintenance (technical debt) and the resulting move from preventative maintenance to reactive resolution of incidents, organisational tolerance to increased disruption resulting from incidents is under review.
	G		

- **All** category 1 & 2 services with an agreed Service level Agreement and business owner Identified.			
– **100%** Service level Agreement	G	**100%**	All systems now covered by SLA approved through BRRG. SLA under review and targets expected to change.
– **100%** Business Owner	G	**100%**	All (cat 1 and 2) systems in IS systems register have business owner identified. The Business Owners Charter procedure has expired and is currently under review and will be resubmitted to to Policy Committee in May 2018.
– **100%** Business Owner Charter	A	**90%**	Team are progressively reviewing & updating Business Owner Charters.
– **100%** Criticality assessments	A	**90%**	The Initial Criticality and Risk Assessment (ICRA) run over all new and significant change deliveries. With the increasing transition to automation & digitalisation of clinical processes & clinical documentation the DHBs reliance on specific applications is increasing and as a result the ICRA reviews are identifying the need to increase the Cat rating of specific systems and increasing & unbudgeted investment being required in the resiliency of these solutions.
– **100%** Systems with risk scorecard	A	**90%**	ICRA process and risk acceptance process refreshed, inclusive of DIA and MOH Cloud Risk Assessment and Privacy Impact Assessments. Implementation of annual reviews for all Cat 1 & 2 solutions scheduled for this financial year.
– **100%** Risks with mitigations agreed	A	**90%**	The IS risk register is implemented, actively managed, and reported on. Enterprise level IS risks are reported within DATIX (Organisation Risk System). Actively monthly reporting in place. Monthly IS Risk review forum is established and risks have mitigation and assurance activities identified.
- Small projects – (Non Standard Service Requests).	A		NSWR delivery continues to be an area of challenge. Through the IS restructure an increased focus on the management & delivery of NSWRs is being implemented which will result in improved prioritisation, management, reporting, & delivery.
Resource allocation	A	**61,605**	Target is for $75k p/month of resource assigned to the delivery of NSWRs. Current resource assigned is below budget with a $ 369,630 spend over the 6 months since October against a plan of $ 410,947.
Number Delivered or Closed Target is 35 per month / 420 per year	A	**29.8**	179 NSWR's were completed over reporting period (62 delivered and 117 closed).
Older than 6 months	G	**15%**	Target is <20% of the total number outstanding.
Older than 9 months	A	**12%**	Target is <10% of the total number outstanding
Older than 12 months	R	**32%**	Target is 0

Number Open	**A**	**225**	The number of NSWRs delivered and exceeding KPIs remains a concern and the ISLT have initiatives underway to reaccelerate delivery whilst receiving on average an additional 32 new requests each month.

Key Result Area - IS People	**Status**	**Metric Change**	**Comment**
- Skills maps for all staff incorporated into year performance management that maps to Waikato District Health Board Information Services needs	**G**	**Yes**	
- **90%** of staff with appropriate professional qualifications	**A**	**No**	Training plans agreed on annual basis as part of the annual performance review process. Due to the constant changing nature of technology and the below market recruitment, staff training is a key & ongoing area of investment.
- Staff retention rate greater than **90%** per annum	**A**	**87%**	As at April IS have 21 positions vacant, which at 12% of the workforce presents impairment to operational support & delivery. In some teams a 50% churn of staff has been experienced and finding suitable replacements is challenged by; market conditions (skill shortages, market remuneration, & increased recruitment activity), DHB Brand, & DHB salary brands targeting recruitment below 80% of market. Recruitment of staff into critical roles is increasingly challenging, leading to delays and IS are working with HR on a strategy to manage remuneration challenges, which is being reported to the May Audit & Risk subcommittee. The recruitment challenges have been raised at the enterprise level through Datix system and are under discussion at the executive level.
- Staff satisfaction **(75% satisfied or very satisfied)**	**A**	**70%**	The April survey indicated a rise in overall staff satisfaction by 3 points to 70% however remained 5 points below target. Whilst staff satisfaction is a key focus, both the financial challenges faced by the DHB & the transformational changes being made across IS are both expected to generate a level of discomfort amongst staff, which is being managed. The next survey is scheduled for May/June 2018 and will follow the IS restructures commenced in December.

Key Result Area - IS Process	Status	Metric Change	Comment
- Alignment of Waikato IS processes and frameworks	G	Yes	The integrated IS Project Delivery Governance Framework is embedded across the IS PMO, with supporting materials and training. The framework is subject to continual process improvement and is further evolving to better serve departmental needs and reduce process overhead. A key initiative currently underway is the development of an Agile variant, aligned with the DIA Accelerate & Prince2 Agile frameworks.
- Project Assurance regime in place to ensure all projects are compliant with process	G	Yes	Individual project assurance responsibilities are agreed through project governance plans, created for each new project. All projects are completing GCIO risk potential assessments to inform possible Assurance Plans. This is in line with GCIO requirements. The format of assurance reviews is aligned to the IS project delivery framework and regular reviews are underway. Further work is ongoing to enhance the assurance strategy. Initial Criticality assessments performed over all IS lead significant change initiatives and where required Cloud Risk and Privacy Impact Assessments are completed in addition to more in-depth security reviews as required. Any risks identified are managed as part of delivery and where applicable residual position requires business owner risk acceptance prior to go live. Audit program agreed with Internal Audit and primary audits will cover Security and Privacy, ICT Controls and Service Delivery commencing 2017/18 FY.
- Security Audit Performed	G	Yes	Security Maturity Assessment, Microsoft security RAP and the annual Network Penetration test are completed. Resulting actions are managed as part of the ICT teams audit program and have monthly ISLT oversight. GCIO HISF assessment completed and submitted (DHB shift upwards from 3 to 4). An IS ICT Controls Audit is schedule for May 2018 to review and assess the efficacy of controls at Governance, Management and Operational layers. The annual operational assurance plan is scheduled to be submitted to the GCIO in June and improved process maturity and follow up is strengthening this control point.
- Critical Issues recorded	G	Yes	Quarterly ISLT internal update and reporting of outstanding audit items has been be moved to monthly to better cover audit and risk management accountabilities. IS Security and IS Risk registers maintained and high level

			risks reported through the IS Leadership Team (ISLT), Board and IS Security Governance Group.
- Service Delivery assurance regime in place to ensure Service level Agreement attainment	**G**	**Yes**	Service Delivery follow up audit completed and identified recommendations under ISLT review.
- Information Technology Infrastructure Library (ITIL) Review Undertaken	**A**	**No**	The change in IS structure and focus on the "DevOps" based delivery approach is driving improved synergy throughput and quality across ICT delivery and improved collaboration between stakeholders. Work is continually reviewing and improving key processes Work is underway developing an ITIL based IS Services Catalogue that will further define and support the delivery of best practice process and approach in relation to ICT service delivery. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.
- Processes at agreed level	**A**	**No**	Further development of key processes as part of "DevOps" approach and ongoing process maturity efforts continue.
- Control Objectives for Information and Related Technology (COBIT) Review Undertaken	**A**	**No**	The framework is being used as the baseline for supporting the department's internal assurance strategy and the team has worked with internal audit and CTAS to use COBIT as the underpinning framework for the ICT Controls Audit scheduled for May 2018.
- Processes at agreed level	**A**	**No**	As above.
- The Open Group Architecture Framework (TOGAF) framework review undertaken yearly:	**A**	**No**	TOGAF base for architectural work undertaken. The IS Architecture team are actively working on the development of Architecture Roadmaps and Standards, which is balanced against the delivery priorities & staff turnover.
- Processes at agreed level	**A**	**No**	Will be assessed as part of the 2017/18 ICT controls review in the interim Architects team continues to build standards and approaches aligned to TOGAF framework.

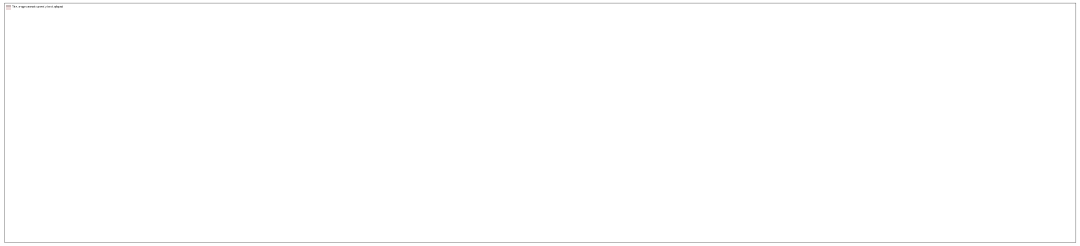
Key Result Area - IS Product	Status	Metric Change	Comment
- Execution of plan to move to current or current-1 release of software products with reporting on project timelines	R	Yes	IS continues to progress software lifecycle plans constrained to available funding (which significantly constrains 2017/18 required upgrades). Lifecycle refresh plans agreed by the Lifecycle Prioritisation Executive Group and in doing so accepting inherent risk. The constrained funding across the 2016/17 & 2017/18 years results in a significant increase in deferred maintenance (technical debt) & as a result risk. N-1 standard no longer being maintained.
- Execution of plan to maintain hardware at appropriate levels of currency	R	Yes	IS continues to progress hardware lifecycle plans to address capacity, support and performance challenges, to the extent possible within the bounds of the constrained funding. The constrained funding across the 2016/17 & 2017/18 years result in a significant increase in deferred maintenance (technical debt) & as a result risk.
- On-going decrease of number of projects not aligned with roadmaps (and associated cost)	G	Yes	2017/18 Roadmaps for Lifecycle (End User Devices, Network, Infrastructure, & Applications) agreed with the Lifecycle Prioritisation Executive Group. 2017/18 Roadmap for Functionality & Capability enhancements agreed with the Clinical representatives (via CIRG). Executive Group accepted of overall 2017/18 IS Roadmap, inclusive of deferred maintenance (technical debt).

Key Result Area - IS Strategy	Status	Metric Change	Comment
- **100%** of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects prioritised and approved by PAG.
- Awareness of the regional portfolio in local Waikato District Health Board decision making	G	Yes	The DHB is the major contributor to the funding of projects delivering regional portfolio solutions. Of particular note is the Midlands Clinical Portal Foundation Project.
- Business resource review group goals delivered to Waikato DHB	A		BRRG & EPO under review as a result of changing obligations resulting from Treasury (ICR, P3M3) and Ministry of Health.

– **25% On Time**	**G**	**60%**	**3/5** projects were delivered on time. Projects that failed to meet time targets included; NCAMP 2016 (IS1604-021) in order to reduce duplicate testing Netscaler Infrastructure (IS1610-008) due to resourcing and scope changes
– **100%** On Budget	**G**	**100%**	**5/5** projects were delivered on budget.
– **100%** With Deliverables achieved	**G**	**100%**	**5/5** projects achieved deliverables
– **100%** With PIR's completed	**A**	**25%**	**1/4** projects requiring a PIR have completed one. The IS assurance team have completed all PIR's identified and the three remaining are now progressing through final review and sign-off. - Perimeter Redesign - External Firewalls (due 15/06/2016) - Backend Security – ISE (due 22/10/2016) - TQUAL Reporting (due Jan 18)

Delivery Status

The Information Services team has 90 projects at various stages of delivery. The RAG (Red/Amber/Green) status of these projects is summarised within the below table.



Green = Project being delivered in accordance with agreed tolerances (Time, Cost, Scope, Risk, Resource & Benefit Realisation)
Amber = One or more of the delivery tolerances are at risk or not being meet, however Project Team / Project Executive has a plan to address
Red = Delivery tolerances not being meet and assistance required to resolve

0 projects are currently reporting a status of red;

19 Projects are currently on hold:

eReferrals Integrate BPAC with IPM 2016	On Hold	Linked to Internal Referrals (On hold subject to eSpace reprioritisation)
Histology Digital Imaging	On Hold	Stakeholders have requested this be deferred
Internal eReferrals	On Hold	On hold subject to eSpace reprioritisation
LIS Drop 8	On Hold	Vendor (DXC) has only just released made upgrade package available
Pathlab Electronic Orders	On Hold	On hold as the vendor is resource constrained (DXC)
e2e Clinical Documents	On Hold	To continue in June 2018
eData Workflow Implementation	On Hold	No funding for implementation
eData Workflow Scoping	On Hold	No funding for implementation
Maternity Information System Programme	On Hold	Deferred by Ministry
OPR Ward 5	On Hold	Networks review
Comms Room Remediation	On Hold	Networks review
Comms Room Remediation 14-15	On Hold	Networks review
Hub room Room Remediation lifecycle 15-16	On Hold	Networks review
Network Remediation 14-15	On Hold	Networks review
Network Remediation 16-17	On Hold	Networks review
Network Remediation Work Plan 15_16	On Hold	Networks review
Perimeter Redesign 15_16	On Hold	Networks review
UC5	On Hold	Networks review
Unified Communications Upgrade 4	On Hold	Networks review
Wireless Enablement	On Hold	Networks review

Potential/actual changes to key dates

Potential/actual changes to costs/benefits

Top Issues	
Issue	**Impact**
IS Structure – IS reorganisation and associated structure and process changes.	**High** – Impact to staff morale, retention and potential impacts to delivery and throughput
Work program – Constrained resource model impacting IS ability to meet all user expectations now heighted with forecasted effort related to IaaS delivery, windows 10 upgrade, regional service provision and eSpace program.	**High** – Impact to business and potential for increased failures.
Resourcing – Staff turnover and market pressures including competition from other health sector agencies is continuing to increase resource risks.	**High –** Loss of key staff will impact delivery of IS services both operational and project.
Capacity - Delays in the delivery and up-take of the National Infrastructure Programme (NIP's) Infrastructure as a Service (IAAS) offering may lead to capacity impacts that present potential to delay project delivery and/or impact operational ICT services.	**High** – Impact to business and potential for increased failures
Security – Increased cyber security threat risk due to current level of delivery focus, system access and global phising and malware activity.	**High -** Impact to business if service delivery impacted by malware/virus attack.

Legend		Status
	R	Area of focus not on target with risk to service delivery. Area requires remediation plan to be in place and executing.
	A	An area of focus close to target or has improvement to target and has low risk to service delivery. Area requires direct management oversight and engagement.
	G	Area of focus on target with no risk to service delivery.

Decision Reports

Significant Programmes/Projects

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 11.1.1

AFTER HOURS SERVICE RECOMMENDATION

Purpose	For decision.

Introduction
At its meeting on 11 May 2018 the Board considered a report on the next steps in implementation of Virtual Health Strategy. From this meeting a paper was requested that
"A more detailed review is undertaken to assess the feasibility and outline, if appropriate, a short term solution to maintain a virtual after-hours doctor service, with a report on the subject to be presented to the May Board meeting.

The paper on the 11 of May was following on from the board meeting of 28 March where the board resolved that the "*Board does not renew the HealthTap contract in May 2018 but continues to invest in virtual health care on a basis to be determined, recognising that this will represent a reduction in momentum"*.

Background to the virtual after hour's doctor service
An initial six month trial was established from September of 2016 where an evaluation of a virtual after-hours doctor service was proposed. This was to offer acute medical advice and treatment where possible and appropriate, via the Virtual HealthTap App.

It operated under the Virtual DHB umbrella (later renamed to SmartHealth), which serviced citizens from the Waikato DHB catchment area. The service reported to the Waikato DHB Clinical Director of Primary & Integrated Care.

It was provided by independent contractors, employed by the Waikato DHB. Independent contractors were utilised to expedite the recruitment process, and also provide flexibility to alter working hours/terms as the service was established.

The contractors were suitably qualified and credentialed GP's, urgent care doctors or emergency department clinicians. The scope of the service included provision of content for upload to HealthTap, answering questions and responding to text and video chat (using the Prime functionality), initiated by Virtual DHB HealthTap registered citizens.

Triaging, treatment and referral to appropriate services was a key part of the role (e.g. pharmacy, GP, after-hours PHO Providers, ED etc.). It was not intended to be a substitute for Primary GP Providers, but rather fill a gap in after-hours acute services. It was intended to offer aged residential care facilities access to the virtual clinical service which could be used when their contracted medical provider was unavailable.

It was anticipated that in the future the virtual after-hours doctor service would sit within a broader system redesign.

The triage/advice services were provided free of charge to citizens signed up to HealthTap. The financials were based on an after-hours service broadly operating from 6–11pm weekdays and 8am-8pm weekends and public holidays. The virtual clinical service although "open" 6pm-11pm would refer citizens to the current out-of-hours service providers at the times when it was safe and appropriate to do so. In our rural areas we have out-of-hours providers operating until 8pm, 10pm and 24hours.

Question to be answered
The development of the answer to the request to "*assess the feasibility and outline, if appropriate, a short term solution to maintain a virtual after-hours doctor service"* has identified two key questions.

They being:

1. are there technologies available to replace the HealthTap application with minimal disruption
2. are we clear whether any of those options align with our preferred direction for the wider sector.

Are there technologies available to replace the HealthTap applications with minimal disruption?
When considering the technological options available a choice was made to focus on current products in the New Zealand market that would allow similar functionality to the HealthTap application. It was also decided that focus should be on General Practice systems as 50% of the usage of the HealthTap platform was for after-hours doctor's service which was most akin to a general practice service.

Focus on a product that was in widespread use was decided on as this would allow the opportunity for the fastest take up. With this in mind systems that are in wide use in General Practice were reviewed.

In these systems there is functionality arising from an App based delivery which relates to:

- Management of patient database
- Changes to the medical record
- Patient Problems
- Medications
- Medical Warnings
- History
- Sending the medical history report to the patient or another healthcare provider
- Viewing the patients full inbox record history
- Reading and commenting on new and existing inbox reports
- Completing and recording consultations with patients
- Adding a new consultation
- Viewing an existing consultation
- Undertaking virtual appointments.

Utilising a General Practice or urgent care service would have an instant installed base from the current patient list that would see quick uptake of an after-hours doctor service. This would also mean the funding of this option would be an extension of current practice, co-payment based care, and likely to not require significant investment on behalf of the DHB.

Of note is that the English National Health Service has created a virtual general practice service. This model, using a single technology provider, would be very similar to what would be needed for such as service in New Zealand.

From this it can be seen that technology is available to provide the technology base for a virtual after-hours doctor service.

However as there are now many providers in the market place the DHB could not go forward with any technology option directly without careful definition of requirements and a transparent procurement process. Even with a minimalist approach this process would be at minimum 3 months and most likely 6 to 9 months to ensure that the regional DHBs and PHOs had an opportunity to effectively participate.

Are we clear whether any of those options align with our preferred direction for the wider sector?
The technology base for a virtual after-hours doctors requires a clinical service delivery model that is easy to use and works with the current system/organisations providing health care. The recent experience of the difficulty of signing up patients to the HealthTap model shows that the service model underlying the HealthTap model was not set correctly.

To be successful a virtual after-hours doctor service requires economies of scale by being part of the ongoing continuum of care for patients. It also must be part of a sector wide initiative that looks to support all areas requiring virtual out-of-hours care, from General Practice to Emergency Departments.

To achieve this it must arise from the health system planning and the care in the community planning currently being undertaken. To undertake a virtual after-hours doctor service that does not integrate with the overall review of afterhours care in the Waikato would likely create a service out of sync with the plans that will be created.

Given the need for a sustainable after-hours doctor service, identified from community engagement and the feedback on HealthTap closure, the establishment of the virtual after- hours doctor service must be part of the wider planning activities.

Such planning would also see the virtual after-hours doctor service integrated into primary care initiatives such as health care home which will see a co-ordinated approach to virtual services for patients in the Waikato.

Conclusion
Replacement technology to deliver an after-hours doctor service is available. However, even a minimalist approach to process would require several months work to define requirements, engage with partners and procure the system. Even then it risks being at odds with models which arise from current planning processes. Therefore it is proposed that work to deliver further virtual after-hours doctors services is driven by current planning processes and occurs after they are complete.

Interim Support of DHB Services
By way of digression from the main point of this paper, we advise as follows as to how we are supporting Waikato DHB services following the decision not to renew the HealthTap contract. As agreed there will be a further report on this to the June meeting.

We have undertaken a review of technology available to enable clinician-to-user contact to replace the capability in HealthTap in the short term. That has identified

that adding capability to Cisco Jabber, which is already in use in the organisation, is the best option to achieve this end. This would necessitate expenditure of $170k to purchase the software (achievable within 4 – 6 weeks) and a further $80k to purchase hardware and additional licensing within 3 months. The expenditure aligns with existing directions around telehealth.

Recommendation
THAT
While the technology for a short term solution to maintain a virtual after-hours service is currently available, the DHB does not set up a new service to replace SmartHealth afterhours in the near term, but allows the form of such a service to be driven by Health System Planning and Care in the Community Planning processes, with a scheduled completion date of December 2018.

DARRIN HACKETT
EXECUTIVE DIRECTOR VIRTUAL CARE AND INNOVATION

Medical School: report due in June.

Creating Our Futures: report due in June.

Papers for Information

Presentations

MEMORANDUM TO THE BOARD
23 MAY 2018

AGENDA ITEM 13.1

HAUORA IHUB

Purpose	For information.

The Hauora ihub is a welcoming Maori and family friendly one-stop shop on Level 1 of the Meade Clinical Centre, Waikato Hospital.

It provides on the spot care and referral to other services. The services provided are:

- Health self-assessments.
- Reliable health information and advice.
- Health screening including cervical smears, blood pressure, immunisations, smoking cessation support and referral for a mammogram.
- Registration with primary care services.
- Links people to the best local health providers and services for their needs (housing, ACC, etc).

This service is an opportunistic service, offered to those who would otherwise not access preventative and wellness services. The service is available to everyone but focuses on Maori, Rural and communities with limited access to health and wellness services.

Following this cover sheet you will find a one-page flyer and our presentation which we will talk to.

Recommendation
THAT
The Board receive this report.

MELINDA CH'NG
DIRECTOR BUSINESS SUPPORT

A health and wellness information site at Waikato Hospital

Hauora ihub is an exciting new concept coming to Waikato Hospital – and potentially to other downtown Hamilton and rural Waikato DHB sites and to community health facilities.

It's a welcoming Māori and family friendly one-stop-shop at the Meade Clinical Centre, Waikato Hospital. Visitors and others can access wellness and health-related information, advice and services, in a friendly and helpful environment. It's centred on the Māori value of manaakitanga (hospitality, kindness, generosity) and is like a tourism iSITE, with caring knowledgeable staff who provide on-the-spot service, make referrals or point people in the right direction for treatment or support.

It will have a mix of public and private spaces, and is designed to be warm and welcoming. Hauora ihub will be a visitor destination just like the cafes and community pharmacy already located in the retail zone on Level 1 Meade Clinical Centre.

And it has been designed with significant input from people most likely to need it and use it.

Why?

The idea behind Hauora ihub is to provide manaakitanga and give people coming into the hospital a really easy and welcoming place to get health advice and information – and to get some on-the-spot health checks.

The hospital campus is like a small town, with thousands of people there every day. Often they are thinking about their health or the health of a loved one. So Hauroa ihub is an opportunity to engage with people about health in a way that is convenient and welcoming to them. The DHB is particularly keen to give Māori, people on lower incomes and people from rural areas better access to services (including screening services), health information, and advice if they are at the hospital anyway.

What will it offer?

On-the-spot health care and links to other services:

- Health self-assessments.
- Reliable health information and advice.
- Health screening including cervical smears, blood pressure, immunisations, smoking cessation support and referral for a mammogram.
- Registration with primary care services.
- Links people to the best local health providers and services for their needs.
- Committed to providing user friendly information and good customer service.

How and who?

Hauora ihub will be staffed by one full-time clinical nurse specialist, supported by a half-time registered nurse, rostered speciality services and trained volunteers. There will be a close relationship between Hauora ihub and Pharmacy on Meade, the community pharmacy located in the same area of Level 1 Meade Clinical Centre.

Community providers, NGOs, health agencies, health interest groups and other sectors will also play an important role in providing information and support, and in the development of Hauora ihub.

It will be managed through Waikato DHB's Population Health service.

When?

The opening of Hauora ihub is planned for June 2018.

May 2018

Waikato District Health Board

A health and wellness information site at Waikato Hospital

Hauora ihub

Using weaving patterns and elements from the natural landscape, the hub expresses manaakitanga for all our visitors.

Hauora ihub

Waikato District Health Board

What is Hauora ihub?

- One stop shop – iSite model
- Wellness information and services
- Assesment and opportunistic screening
  - Cervical, Blood Pressure, Immunisation, Smoking Cessation, Breast Screening, Family Violence, Sore Throats…
- Link people directly with providers
  - Registration and referral for primary care services
  - Referral to other services and agencies: MSD, Housing…

Why Hauora ihub?

- Access - break down barriers
- Opportunistic, holistic, whānau centred
- Value added service
- Social prescribing

Why Hauora ihub?

5,000 + Number of people each day on Waiora Waikato Hospital campus.

A radical improvement in Māori health = doing things differently

40% of hospitalised Māori children aged 0-5 are readmitted within 6 months

How? Hauora ihub

- Existing facilities, knowledge/resources and providers
- System/integration
- Collaboration with community/service providers, health agencies, interest groups, social and education sectors.

1 FULL-TIME

Registered Nurse

1 PART-TIME

Registered Nurse

ROSTERED

Specialty Services

ROSTERED

Volunteers

Hauora ihub - Future

- Sectors and people working together
- Keep making improvements
- Technology opening up opportunities
- Roll out into communities
- Better health services
- Better access to health
- A radical improvement in Māori health
- Reduction in health inequities and improved health for all

Hauora ihub - Benefits

Increased **breast screening** for Māori wahine

Increased **cervical screening** for Māori wahine

Reduction in numbers of Māori who **smoke**

Increased **immunisation**

Decrease **rheumatic fever** rates

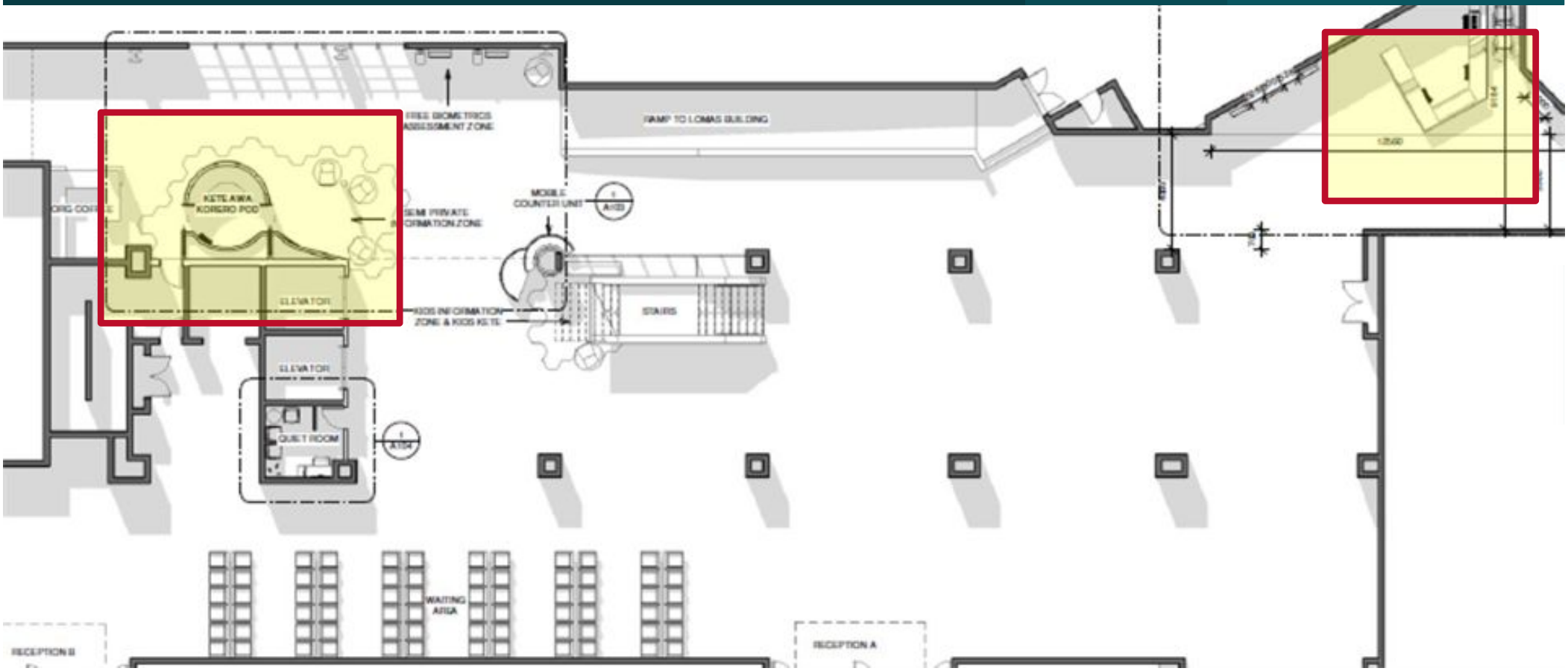
Increased access to **mental health services**

Aligns with key NZ health strategies and Waikato District Health Board strategy.

Hauora ihub - Where?

Waikato Hospital Meade Clinical Centre

Hauora ihub - Where?



Hauora ihub - When?

Opening June 2018

We are keen to get everyone on-board to make the Hauora ihub a success! Want to find out more? Please contact:

Natalie Lewis

CNS – Hauora ihub

Natalie.Lewis@waikatodhb.health.nz

Next Board Meeting: 27 June 2018.