

Board Agenda



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	27 February 2019	Time:	1pm

Board Members	Ms S Webb (Chair) Professor M Wilson (Deputy Chair) Ms S Christie Ms C Beavis Mr M Gallagher Mrs MA Gill Ms T Hodges Mr D Macpherson Mrs P Mahood Ms S Mariu Dr C Wade
In Attendance	Mr K Whelan, Crown Monitor Ms T Thompson-Evans, Chair Iwi Maori Council Mr D Wright, Interim Chief Executive and other Executives as necessary

Next Meeting Date:	27 March 2019	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680
	www.waikatodhb.health.nz	

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

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Item

1. [Apologies](#)
2. **INTERESTS**
 - 2.1 [Schedule of Interests](#)
 - 2.2 [Conflicts Related to Items on the Agenda](#)
3. **MINUTES AND BOARD MATTERS**
 - 3.1 [Board Minutes: 23 January 2019](#)
 - 3.2 [Committees Minutes:](#)
 - 3.2.1 [Iwi Maori Council \(draft\): 7 February 2019](#)
 - 3.2.2 [Hospitals Advisory Committee \(draft\): 12 December 2018](#)
 - 3.2.3 [Community and Public Health Advisory Committee \(draft\): 13 February 2019](#)
 - 3.2.4 [Maori Strategic Committee \(draft\): 20 February 2019](#)
4. **INTERIM CHIEF EXECUTIVE REPORT**
5. **QUALITY AND PATIENT SAFETY**
 - 5.1 [Patient Story due in March](#)
6. **FINANCIAL PERFORMANCE MONITORING**
 - 6.1 [Finance Report](#)
 - 6.2 [Asset Performance Indicators – December 2018 YTD progress \(Quarter 2, 2018/19\)](#)
7. **HEALTH TARGETS**
 - 7.1 [Health Target Report](#)
8. **HEALTH AND SAFETY**
 - 8.1 [Health and Safety Service Update \(report due in March\)](#)
9. **SERVICE PERFORMANCE MONITORING**
 - 9.1 [HR and Organisational Development Service](#)
 - 9.2 [Interim Chief Operating Officer \(report due in March\)](#)
 - 9.3 [Facilities and Business \(report due in March\)](#)
 - 9.4 [IS \(report due in March\)](#)
 - 9.5 [Chief Data Officer Directorate \(report due in April\)](#)
 - 9.6 [Mental Health and Addictions Service \(report due in April\)](#)
 - 9.7 [Strategy, Funding and Public Health \(report due in April\)](#)
10. **PROFESSIONAL ADVISORY REPORTS**
 - 10.1 [Chief Medical Officer \(report due in March\)](#)
 - 10.2 [Chief Nursing & Midwifery Officer \(report due in April\)](#)
 - 10.3 [Chief Advisor Allied Health, Scientific and Technical \(report due in May\)](#)
11. **DECISION REPORTS**
 - 11.1 [Equity Focussed Reporting \(quarterly report, due March\)](#)
 - 11.2 [Delegation of Agreements over \\$10M per annum for Signing](#)

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- 12. SIGNIFICANT PROGRAMMES/PROJECTS**
 - 12.1 Creating our Futures (report due in March)
 - 12.2 CBD Accommodation Project (report due in March)
 - 12.3 Regional eSPACE Programme (report due in March)
 - 12.4 Finance, Procurement and Information Management System ex NOS (refer agenda item 17)

 - 13. PAPERS FOR INFORMATION**
 - 13.1 [Hauora iHub](#)

 - 14. PRESENTATIONS**
 - No presentations

 - 15. BOARD MEMBER ITEMS**
 - 15.1 The Living Wage Update (report due in March)

NEXT MEETING: 27 March 2019

Board Agenda



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 16: Minutes – Various
- (i) Waikato District Health Board for confirmation: Wednesday 23 January 2019 (Items taken with the public excluded)
 - (ii) Audit and Corporate Risk Management Committee to be received: Wednesday 27 February 2019 (All items)
 - (iii) Midland Regional Governance Group to be received: Friday 1 February 2019
- Item 17: Interim Chief Executive Report – Public Excluded
- Item 18: Capital Plan Support Request – Public Excluded
- Item 19: Exit of Practices from Hauraki Primary Health Organisation – Public Excluded
- Item 20: Chief Executive Recruitment – Public Excluded

- (2) 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.

- (3) Pursuant to Clause 33 (1) of Schedule 3 of the NZ Public Health & Disability Act 2000 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 16 (i-iii): 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 17: FPIM business case – Public Excluded	Negotiation will be required	Section 9(2)(j)
Item 18: Capital Plan support – Public Excluded	Negotiation will be required	Section 9(2)(j)
Item 19: Exit of Practices from Hauraki PHO – Public Excluded	Negotiation will be required	Section 9(2)(j)
Item 20: Chief Executive recruitment process – Public Excluded	Negotiation will be required	Section 9(2)(j)

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- (4) Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Ms Te Pora Thompson-Evans who is the Chair of the Iwi Maori Council is permitted to remain after the public have been excluded because of her knowledge of the aspirations of Maori in the Waikato that is relevant to all matters taken with the public excluded.
 - (5) Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Ms Te Pora Thompson-Evans must not disclose to anyone not present at the meeting while the public is excluded any information she becomes aware of only at the meeting while the public is excluded and she is present.

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16. **MINUTES – PUBLIC EXCLUDED**
 - 16.1 Waikato District Health Board: 23 January 2019
To be confirmed: Items taken with the public excluded
 - 16.2 Audit & Corporate Risk Management Committee: 27 February 2019
To be received: Verbal report
 - 16.3 Midland Regional Governance Group: 1 February 2019
To be received: All items
 17. **INTERIM CHIEF EXECUTIVE REPORT (FPIM BUSINESS CASE) – PUBLIC EXCLUDED**
 18. **CAPITAL PLAN SUPPORT REQUEST – PUBLIC EXCLUDED**
 19. **EXIT OF PRACTICES FROM HAURAKI PRIMARY HEALTH ORGANISATION – PUBLIC EXCLUDED (Report will be available on 25 February)**
 20. **CHIEF EXECUTIVE RECRUITMENT– 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 FEBRUARY 2019

Sally Webb

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Chief Executive Performance Review 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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Chief Executive Performance Review 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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Thames Coromandel District Council	TBA	TBA	
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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Mayor, 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)	Pecuniary	Potential	
Member, Hospital Advisory Committee, Lakes DHB	Pecuniary	Potential	

Mary Anne Gill

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review 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 <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review 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.

Dave Macpherson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, 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	
Deputy Chair, Waikato Regional Passenger Transport Committee	Non-Pecuniary	Potential	
Member, Waikato Regional Transport Committee	Non-pecuniary	Potential	
Member, Future Proof Joint Council Committee	Non-pecuniary	None	
Partner is an occasional contractor to Waikato DHB in “Creating our Futures”	TBA	Potential	

Pippa Mahood

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, 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	
Member/DHB Representative, Waikato Regional Plan Leadership Group			

Sharon Mariu

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director/Shareholder, Register Specialists Ltd	Pecuniary	Perceived	
Director/Shareholder, Asher Business Services Ltd	Pecuniary	Perceived	
Director, Hautu-Rangipo Whenua Ltd	Pecuniary	Perceived	

Note 1: Interests listed in every agenda.

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

Board Agenda for 27 February 2019 (public) - Interests

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

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

Professor Margaret Wilson
Interest

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2

Note 1: Interests listed in every agenda.

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

SCHEDULE OF INTERESTS FOR CHAIR IWI MAORI COUNCIL AS STANDING ATTENDEE AT BOARD

Te Pora Thompson-Evans

Interest

Member, Community and Public Health Advisory Committee, Waikato DHB
Member, Iwi Maori Council Representative for Waikato-Tainui, Waikato DHB
Iwi: Ngāti Hauā
Member, Te Whakakitenga o Waikato
Trustee, Ngāti Hauā Iwi Trust
Trustee, Tumuaki Endowment Charitable Trust
Director, Whai Manawa Limited
Director/Shareholder, 7 Eight 12 Limited

Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Non-Pecuniary	None	Refer Notes 1 and 2

Note 1: Interests listed in every agenda.

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

Conflicts related to items on the agenda.



Minutes and Board Matters



WAIKATO DISTRICT HEALTH BOARD

Minutes of the Board Meeting held on Wednesday 23 January 2019 at 1.00pm in the Board Room, Hockin Building at Waikato Hospital

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

In Attendance: Ms T Thompson-Evans (Chair, Iwi Maori Council)
Mr K Whelan (Crown Monitor)
Mr D Wright (Interim Chief Executive)
Mr N Hablous (Executive Director, Chief Executive's Office)
Ms T Maloney (Executive Director, Strategy, Funding and Public Health)
Ms V Aitken (Executive Director, Mental Health and Addictions Service)
Ms S Hayward (Chief Nursing and Midwifery Officer)
Mr R Dunham (Interim Chief Operating Officer)
Ms M Neville (Director, Quality and Patient Safety)
Ms L Aydon (Executive Director Public Affairs)
Mr A McCurdie (Chief Financial Officer)

ITEM 1: APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor M Wilson (Deputy Chair).

ITEM 2: INTERESTS

2.1 Register of Interests

Ms T Hodges signalled changes to her list of interests and would provide this in writing to the CEO's office.

There were no other changes noted for 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 November 2018

**Resolved
THAT**

The part of the minutes of a meeting of the Waikato District Health Board held on 28 November 2018 taken with the public present was confirmed as a true and accurate record subject to an amendment under item 4 dealing with the roll out of the Health Care Home model.

The Interim Chief Executive and Board member Ms T Hodges reworded this section to the following:

Item 4: Outcome statement from meeting with Pinnacle - there had been an agreement to work together on the proposal for ALT and to advance opportunities for the roll-out of a Health Care Home model (which is not the current Pinnacle Health care prescribed model) that sees greater integration between primary and secondary Care and has a stronger focus on the needs of Maori. Concern was expressed that more focus could be placed on enhancing primary care services for the population served outside of PHOs including Maori health equity rather than just concentrating on the Health Care Home model. This was acknowledged as being what the DHB is keen to see happen.

3.2 Committee Minutes

3.2.1 Iwi Māori Council (draft): 4 December 2018

**Resolved
THAT**

The Board noted the draft minutes of the Iwi Maori Council meeting held on 4 December 2018.

3.2.2 Hospitals Advisory Committee (draft): 12 December 2018

The Hospitals Advisory Committee Chair gave a verbal report of the December meeting noting the key areas covered and advised that the formal minutes would be submitted to the February board agenda.

3.2.3 Community and Public Health Advisory Committee (draft): 12 December 2018

Ms Hodges challenged the DHB to become more active and aggressive around its contribution to achieving the 2025 target of a smoke free Aotearoa and for Public Health to take a strong lead in this. The matter would be referred to the Community and Public Health Advisory Committee.

**Resolved
THAT**

The Board received the draft minutes of the Community and Public Health Advisory Committee meeting held on 12 December 2018.



ITEM 4: INTERIM CHIEF EXECUTIVE REPORT

Mr D Wright presented this item. The report was taken as read.

Of note:

- The DHB is in a period of industrial action with the RDA union. A second 48 hour strike by Resident Medical Officers will take place on 29 and 30 January 2019. Work continues on finding a settlement.
- Discussions were held with the four Northland DHBs prior to Christmas on working together to advance Maori equity. It has been suggested that Waikato DHB and Counties Manukau DHB collaborate on solutions and that the DHB involves all Iwi partners in this process.
- The following Executive appointments have been made:
 - Ms V Aitken, Executive Director for Mental Health and Addictions service.
 - Ms T Maloney, Executive Director for Strategy, Funding and Public Health.
 - Mr R Dunham, Interim Chief Operating Officer.
- Discussions continue with the Waikato Regional Council on public transport and parking opportunities.
- Ms S Mariu is the Board's representative on the Resource Review Governance Group. Management is waiting advice from the Ministry of Health as to who their representative is on this governance group. In the interim a draft schedule of meetings dates will be circulated to governance group members for consideration. The intention is for the governance group to hold its first meeting in February and that regular reporting is submitted to the board agenda. The Resource Review project is about understanding where to focus spending and the short and long term options to better control resource usage so that the DHB can return to a positive financial position.
- A quarterly update to the Board on Allied Health, Scientific and Technical workforce at the DHB will commence from May 2019.

The Board gave feedback on the Health Minister's letter of expectations for 2019/20 and how the DHB should prioritise these.

Of note:

- *Equity*
Ms T Hodges noted that the Minister's letter commenced with the statement that achieving equity within the health system underpins all of his priorities given Maori experience the poorest health outcomes and that as DHBs consider equity, there needed to be an explicit focus on achieving health equity for Maori. A proposal was put forward by Ms Hodges that if Waikato DHB is serious and committed to making radical improvement to Maori (which is the DHB's number one strategic priority) then a dedicated budget to address inequities or getting Maori equity is required. There must also be commitment to ongoing investment each year on projects/programmes to address equity.

The Board indicated their support in principle for this approach and are looking for action.



It was agreed that a Board workshop be held in February to get an understanding of the ideas that are coming through the Health System Plan to address Maori inequities and that could be applied to a ringfenced equity fund.

There will also need to be discussions at Board level on what programmes will need to be deferred or stopped given the DHB's financial position.

There is a number of strands coming together to improve health outcomes for Maori – working with the Northland DHBs, Waikato DHB's health system plan of which radical improvement in health equities is a strong focus and the proposal to ringfence funding to enable funding of projects which address Maori equity – which will need to be built into the DHB's annual plan.

- *Maori Membership on DHB Boards*
A meeting between the Board Chair and Iwi Maori Council Chair would be held to discuss Maori membership of DHB Boards being proportional to the Maori population of Waikato, and then reported back to the Board.
- *Public Health and the Environment – Drinking Water*
Management gave a brief summary of the drinking water assessment service and would provide a formal report on the resourcing of this service and accreditation.
- *Devolution*
The Board requested an explanation on the devolution of certain services referred to by the Minister of Health and associated funding. It was noted that devolution was an area being discussed by the national DHB Chief Executives and that the Interim Chief Executive would provide an update to the Board once there was clarity.

ITEM 5: QUALITY AND PATIENT SAFETY REPORT

No report this month.

ITEM 6: FINANCIAL PERFORMANCE MONITORING

6.1 Finance Report

Mr A McCurdie presented this item.

The financial results summary for the month of December 2018 was presented to the Board. The report was taken as read.

Of note:

- An unfavourable variance to budget of \$1.6m.
- Volume analysis continues to be an area of focus.
- Forecast remains close to budget.



- Awaiting decision from Ministry of Health on the DHB's request for increased equity support. The Crown Monitor will raise this when he next meets with the Ministry of Health.

Resolved

THAT

The Board received the Finance report for December 2018.

ITEM 7: HEALTH TARGETS

Ms T Maloney and Dr D Tomic presented this item.

The Health Targets report was submitted for the Board's information.

Of note:

- *Emergency Department*
Concerns were expressed on the performance of ED given the increased resources and various initiatives underway in this service. The Interim Chief Operating Officer will provide a report to the Board in March giving his perspective on ED performance, addressing the ED health target and initial views of services at Waikato.
- *Immunisation*
Waitemata and Hawkes Bay are the only DHBs meeting this health target. Waikato DHB has engaged with Waitemata DHB to look at what is working for them.
- *Acute Flow and Urgent and Emergency Care review*
The Board requested a report on the work being undertaken by the Francis Group for the Provider and Funder.
- *Health Target Reporting*
Management will relook at the health target information available and recommend to the Board how this is reported at Board level.

Resolved

THAT

The Board received the report.

ITEM 8: HEALTH AND SAFETY

The Health and Safety service quarterly report to be submitted to the February board agenda.

ITEM 9: SERVICE PERFORMANCE MONITORING

9.1 Chief Data Officer Directorate

Mr M ter Beek presented this item.

Of note:



- In terms of collecting ethnicity data, this is a mandatory field in the DHB's patient management system and all other data systems connect to this.

Resolved

THAT

The Board received the report.

9.2 Mental Health and Addictions Service

Ms V Aitken and Dr R Tapsell presented this item.

Of note:

- Mental Health service in the Waikato Hospital Emergency Department. Consideration is being given to the finalisation of this model of care (including after hours and weekends) to ensure this presence delivers an improved response to individuals with the greatest need and to ensure having specialist Mental Health staff does not deskill ED staff to respond to people in distress.
- The DHB has a strong local relationship with the Police. This includes regular meetings, running joint training opportunities, etc.
- The various ideas being progressed to mitigate staff assaults.
- A report on the impact of Kaitakawaenga being present in wards will be provided to a future board meeting in consultation with Te Puna Oranga.
- Providing a more effective service to users being discharged remains a priority for the Mental Health service. An analysis paper will be submitted to a future board meeting.
- There is a sense that engagement is not occurring between the Department of Corrections and the DHB on developments at Waikeria Prison. As much as possible, the DHB will continue to be involved and to influence from a Mental Health perspective, noting that the DHB's Director of Clinical Services Clinical Director and Executive Director for Mental Health Services are members of the governance board for the Waikeria Prison project. There is no doubt a 100 bed facility, whether it is a regional or national service, will have an impact on the DHB's mental health and forensic services and other hospital and community services. In this regard the DHB and Department of Corrections are in the process of arranging a joint meeting with Ministers to discuss this. The Board will be kept informed.
- Discussions are occurring regionally, at a clinical and executive level, on the service model for high and complete needs patient.

Resolved

THAT

The Board received the report.

9.3 Strategy and Funding

Ms T Maloney and Dr D Tomic presented this item.



Of note:

- There are a number of significant planning processes underway that will guide service development and investment.
- The DHB's annual plan will reflect the Health Minister's letter of expectations. This year the DHB is also required to do a Statement of Intent. The draft annual plan will be submitted to the March board agenda.
- Work has commenced on a whole system mental health model, looking at what community based services are needed in each locality (eg. acute respite care in rural communities). An update on progress will be submitted to the board agenda.
- Consultation on the Health System Plan concludes in April.
- The Health Systems Plan needs to be different from previous plans in terms of content and language. The Board expect to see a plan that is action orientated with innovative approaches.
- A Board workshop facilitated by Ms Maloney will be held in February on the key activities within the Health System Plan which address Maori equity.

9.4 Interim Chief Operating Officer (report due in February)

9.5 People and Performance (report due February)

9.6 Facilities and Business (due in February)

9.7 IS Performance Monitoring (due in February)

ITEM 10: PROFESSIONAL ADVISORY REPORTS

10.1 Chief Medical Officer (report due in January)

Report to be submitted to the February board agenda.

10.2 Chief Nursing and Midwifery Officer (report due in April)

Report to be submitted to the April board agenda.

ITEM 11: DECISION REPORTS

11.1 Equity Focussed Reporting

Report to be submitted to the March board agenda.

ITEM 12: SIGNIFICANT PROGRAMMES/PROJECTS

12.1 Creating our Futures

Report to be submitted to the February board agenda.

12.2 CBD Accommodation Project

Mr C Cardwell presented this item.



An update paper on the CBD accommodation project was submitted for the Board's information.

Overall the project is on track in terms of the programme of work, cost plan, scope, resourcing, design and consent processes. Risks will continue to be managed closely. The DHB is now preparing to go to market to sublease 2,505 sqm of space in the ground floor of the CBD premises.

**Resolved
THAT**

The Board received the report.

12.3 Regional eSPACE Programme

Ms M Chrystall presented this item.

An update paper on the Regional eSPACE programme was submitted for the Board's information.

Of note:

- Business continuity in the event of a disaster is the responsibility of individual DHBs but is also recognised as an important priority in the programme.
- The Midland Clinical Portal interfaces with the DHB's patient administration system which captures demographic data including ethnicity.

**Resolved
THAT**

The Board received the report.

12.4 National Oracle System

Report to be submitted to the February board agenda.

ITEM 13: PAPERS FOR INFORMATION

13.1 Waikato DHB Suicide Prevention and Postvention Annual Report 2017-18

Ms M Neville and Ms C Simcock presented this item.

Waikato DHB's Suicide Prevention and Postvention Annual Report documenting the activities and progress against the plan was submitted for the Board's information.

Mr D Macpherson asked that his objection to the DHB inviting Dr A Beautrais to present on suicide prevention and primary care training be registered and gave his reasons for this.



Resolved
THAT
The Board received the report.

ITEM 14: PRESENTATIONS

There were no presentations this month.

ITEM 15: BOARD MEMBER ITEMS

15.1 Living Wage – (report due in February).

Report to be submitted to the February board agenda.

NEXT MEETING

The next meeting is to be held on Wednesday 27 February 2019 commencing at 1.00pm in the Board Room, Hockin Building, Waiora Waikato Hospital.



BOARD MINUTES OF 23 JANUARY 2019

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 16: MINUTES – VARIOUS:

- (i) Waikato District Health Board – for confirmation: Wednesday 28 November 2018
- (ii) Audit and Corporate Risk Management Committee – to be adopted: Wednesday 28 November 2018

ITEM 17: EXIT OF PRACTICES FROM HAURAKI HEALTH ORGANISATION – PUBLIC EXCLUDED

ITEM 18: REVIEW OF CARE FOR THAMES PATIENTS – PUBLIC EXCLUDED

ITEM 19: CONSULTATION ON THE HEALTH FINANCE PROCUREMENT AND INFORMATION MANGEMENT SYSTEM BUSINESS CASE – PUBLIC EXCLUDED

- (2) 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.

- (3) Pursuant to Clause 33 (1) of Schedule 3 of the NZ Public Health & Disability Act 2000 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 OFFICIAL INFORMATION ACT
Item 16: (i-ii) Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded	As shown on resolution to exclude the public in minutes
Item 17: Exit of Practices from Hauraki PHO – Public Excluded	Negotiations will be required	Section 9(2)(j)
Item 18: Review of Thames patients – Public Excluded	Negotiations will be required	Section 9(2)(j)
Item 19: Consultation on the FPIM business case – Public Excluded	Negotiations will be required	Section 9(2)(j)

- (4) Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Ms Te Pora Thompson-Evans who is the Chair of the Iwi Maori Council is permitted to



remain after the public have been excluded because of her knowledge of the aspirations of Maori in the Waikato that is relevant to all matters taken with the public excluded.

- (5) Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Ms Te Pora Thompson-Evans must not disclose to anyone not present at the meeting while the public is excluded any information she becomes aware of only at the meeting while the public is excluded and she is present.



ACTION LIST

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

Agenda Item	Action Agreed	Name of Executive Director Responsible for Action	Month action to be reported to the Board
12.5	28 November 2018 Future discussion on clinical workforce development	Gil Sewell	TBA
4	23 January 2019 Report on Drinking Water Assessment service – resourcing and accreditation	Tanya Maloney	TBA
7	23 January 2019 Report on ED performance and initial views of Waikato services	Ron Dunham	March 2019
7	23 January 2019 Report on Acute Flow and Emergency Care Review	Ron Dunham Tanya Maloney	TBA
9.2	23 January 2019 Mental Health – analysis of discharge service	Vicki Aitken	TBA
18	23 January 2019 Progress report on review of care for Thames patients	Neville Hablous	August 2019

Meeting Minutes



Meeting name:	Iwi Māori Council		
Location:	Board room, Level 1, Hockin Building		
Date:	07/02/2019	Time:	10.10am
Chairperson:	Ms T Thompson-Evans	Minutes by:	Ms S Greenwood
Attendees:	Ms T Moxon (Deputy Chair), Mr G Tupuhi, Ms C Brears, Mr A Chase, Dr K McClintock, Ms K Hodge, Ms M Balzer, Ms S Turner, Mr T Turner (Kaunihera Kaumātua),		
Apologies:			
Others in attendance	Ms L Elliott, Ms J Crittenden, Ms T Hodges, Ms P Mahood, Ms R Poaneki		

Item No.	Details	Attachments	Assigned to
1.	KARAKIA Mr T Turner		
2.	MIHI Mr T Turner		
3.	<p>PUNA WAIORA – PRESENTATION</p> <p>Koorero/Paatai:</p> <p>Waikato-Tainui</p> <ul style="list-style-type: none"> Noted Te Iti me Te Rahi Maori Health Workforce report. Nurses form largest part of Maori Health Workforce (MHW), then Managers. 96% of Māori workforces are qualified from Cert-PhD. Te Reo number of speakers could improve DHB's employ younger workforce, NGO's employ older workforce. 76% of workforce have received scholarships Waikato-Tainui provides scholarships <p>Maniapoto</p> <ul style="list-style-type: none"> Iwi are supporting students & high schools Nothing for Māori students in Taumarunui Iwi should work directly with DHB's in readiness Informing whanau about what's available for their tamariki What measurements are in place? <p>Te Rūnanga o Kirikiriroa</p> <ul style="list-style-type: none"> When Māori are engaged with good leadership they are hard workers and committed to their mahi. <p>Hauraki</p> <ul style="list-style-type: none"> Need to help Māori on the bottom rung not just the middle class. Student debt should be wiped if they pass and move into their iwi location to work. Would like to know who has access to the database being compiled? Could reports and data be sent to IMC? Considers this a long game approach. 	Additional 2 pages provided as handout. 07/02/2019	

Meeting Minutes



4.	<p>HSP UPDATE</p> <p>Tanya Maloney and Danny Wu presented an update seeking feedback from the IMC regarding the HSP and the CCP.</p> <p>Partial update to IMC provided. IMC resolved that a separate hui was required given that input was sought where no prior information was given.</p> <p>Pūtohe/Resolution: Strategy & Funding to organise another hui/workshop in order to give further input to HSP/CCP.</p> <p>Kaituku Mōtini/Moved: Raukawa Kaitautoko Mōtini/Seconded: Te Rūnanga o Kirikiriroa</p>	Pages 35-37, agenda item 10 07/02/2019	
5.	<p>ME KOORERO TAATOU (LETS TALK PAPER)</p> <p>Grant O'Brien Programme Manager attended for this paper. Recalled presentation by IMC Chair to the themes drawn from the Lets Talk – Mental Health and Addictions hui. Noted that given the report findings it was important to confirm and have these validated by the 5 priority regions – especially given that communities and iwi were informed that the team would return.</p> <p>Iwi noted the report's succinctness and ease of reading. Feedback positively commended that the themes gave clear yet broad enough direction on actions required according to the community.</p> <p>IMC to stay informed via IMC monthly hui as appropriate and representative channels</p>	Item 9, pages 14-34. Agenda 07/02/2019.	
6.	<p>CHAIR REPORT</p> <p>Noted hui attended at Waitemata DHB with Auckland, Counties Manukau, Northland and Waitemata Board Chairs, CE, Maori GM equivalents and Iwi Boards regarding equity funding korero from Pat Snedden. Advised a push to a natural alignment between Waitemata, Auckland and Northland DHBs vs. Waikato & Counties. Chair advised given the interests of IMC iwi beyond Counties Manukau this was not supported.</p> <p>Chair to inform IMC of next hui.</p>		
7.	<p>PREVIOUS MINUTES</p> <p><u>Amendments</u> Apologies for Katarina Hodge. Kaumātua Kaunihera is not an attendee but a member of IMC.</p> <p>Chair noted correction that Mere Balzer was recommended as the Iwi representative to the Mental Health & Addictions Clinical Governance Group</p> <p><u>Matters Arising</u></p>	Item 11, page 38-41. Agenda 07/02/2019	

Meeting Minutes



	<p>The Chair noted the previous recommendation and the letter of acknowledgement from the Co-Chairs of the Mental Health and Addiction Services Clinical Governance Forum of the nomination.</p> <p>Pūtohe/Resolution: That Mere Balzer represent IMC to the Mental Health and Addiction Services Clinical Governance Forum</p> <p>Kaituku Mōtini/Moved: Waikato-Tainui Kaitautoko Mōtini/Seconded: Te Rūnanga o Kirikiriroa</p>		
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Action List

#	Action	Who
1.	Page 40. Mental Health and Addictions Clinical Governance Group. Mere Balzer nominated to attend.	Advise MH&A leadership
2.	21 st February all invited to come to the stakeholder presentations for the CE recruitment process. 3-4 presentations from each candidate given to IMC and Consumer Council. RSVP Loraine Elliott	All Members

Meeting Ended: 12.55pm

Next Meeting: Thursday 7th March 2019

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Hospitals Advisory Committee Meeting
Held on Wednesday 12 December 2018
Commencing at 8.30am

Present: Ms S Christie (Chair)
Ms C Beavis (Deputy Chair)
Ms S Webb
Mr M Gallagher
Mr D Macpherson
Mrs MA Gill
Dr P Malpass
Mr R Scott
Dr K McClintock

In Attendance: Dr C Wade, Board member
Ms M Wilson, Board member
Dr G Hopgood, Chief Medical Officer
Ms L Aydon, Executive Director, Public and Organisational Affairs
Ms V Aitken, Interim Executive Director, Mental Health and Addictions Service
Mr N Hablous, Executive Director, Office of the Chief Executive
Ms M Neville, Director, Quality & Patient Safety
Ms H McConnell, Director, Community and Clinical Support
Ms S Hayward, Chief Nursing and Midwifery Officer
Ms G Sewell, Executive Director, People and Performance

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

The Hospitals Advisory Committee (HAC) Chair welcomed and introduced Ms Hayley McConnell, Director, Community and Clinical Support Services and Deputy COO.

ITEM 1: APOLOGIES

Apologies were received from Ms C Rankin.

Dr K McClintock informed the meeting she would need to leave early at 10.30am.

Mr D Macpherson advised he would follow up with absent Committee member Mr F Mhlanga.

ITEM 2: INTERESTS

2.1 Schedule of Interests

2.2 Conflicts Related to Items on the Agenda

There were no conflicts of interest.

The Chair informed the Committee members that any conflicts and any changes to the Register of Interests should go to the PA to CEO, Waikato DHB.

ITEM 3: MINUTES AND COMMITTEE MATTERS

3.1 Hospitals Advisory Committee Minutes: 8 August 2018

Dr K McClintock noted that her comments regarding the Māori survey methodology referenced in the Mental Health and Addictions services “State of the Nation” presentation were omitted from the minutes. Ms V Aitken will contact Dr McClintock for her comments and ensure they are included.

Resolved THAT

Subject to the changes to be included from Dr K McClintock the minutes on 8 August 2018 be confirmed.

3.2 Bay of Plenty DHB Hospital Advisory Committee Minutes: Wednesday 7 November 2018

Resolved THAT

The Bay of Plenty DHB’s Hospital Advisory Committee meeting minutes on 7 November 2018 were noted.

Highlights were:

- The Health Roundtable report on length of patient stay significant improvement.
- Improvement in preschool oral health.
- Mr M Chadwick’s appointment to the Ministry of Health.

3.3 Lakes DHB Hospital Advisory Committee Meeting Minutes: 26 November 2018

The Lakes DHB’s Hospital Advisory Committee meeting minutes on 7 November 2018 were noted.

ITEM 4: SERVICES

4.1 Health and Disability Commissioner Complaint Report Jan-June 2018

Ms M Neville presented the Health and Disability Commissioner's six monthly report which outlined trends of all complaints received by the HDC.

The Committee requested:

- Management review Health and Disability reports from other DHBs to compare data and trends.
- Information is presented to the Committee on the DHB's learnings and actions from a case where the Dunedin Hospital's Ophthalmology Service was found in breach, following a complaint from a patient whose follow up appointment was delayed by six months.

**Resolved
THAT**

The Committee received the report.

4.2 Learning from Adverse Events 2017/18

Ms M Neville presented a report on learnings from adverse reports (2017/18). This report will be published on the DHB's website.

It was acknowledged that this was the first time Mental Health events have been included in the report. This is in line with national direction.

Of note:

- Sixty three adverse events were reported and reviewed in line with the DHB's serious event review process, with fourteen of the cases (22%) involving Māori patients.
- Learnings are shared across the organisation as part of the review process.

**Resolved
THAT**

The Committee received the report.

ITEM 5: RURAL AND COMMUNITY SERVICES

5.1 Renal Services - Presentation

Mr A Gordon, Director of Ambulatory, Cancer and Regional Services, Waikato Hospital Services along with Dr A Henderson presented an overview of Waikato DHB's renal service for information and discussion.

Both nationally and regionally renal services are facing exponential demand for their services which prepare and support patients for life on dialysis. Some 60% of patients being Māori.

Challenges include:

- Insufficient capacity resulting in delays for patients.
- Current onerous travel requirements for patients.

Several options for addressing these challenges were discussed. It was noted that new facilities should be considered only once current facilities are operating at full capacity.

Resolved

THAT

The Committee received the report.

Dr K McClintock excused herself from the meeting.

5.2 Rural and Community Services update

Ms H McConnell, Director of Community and Clinical Support Services led the discussion on the rural and community setting of the DHB.

Ms McConnell shared her observations over the last six months of her time in the role; progress made and actions to commence in the next six months.

Resolved

THAT

The Committee received the report.

5.3 Thames / Te Korowai Hauora O Hauraki – Presentation

Ms R Manuel, Chief Executive, Te Korowai Hauora o Hauraki attended the meeting to support a model of care implementing joint strategies between the DHB and her organisation for sustainable long term primary / rural / secondary health care services to the Hauraki district.

The goal was to create a more sustainable service for the Hauraki region that joins all of the parts together.

Committee members supported the collaborative work.

The Committee Chair thanked Ms Manuel for her attendance.

Resolved

THAT

The Committee received the report.

5.4 Māori Access Change Project

Ms H McConnell presented this item.

The Māori Access Change Project – Thames Outpatient Clinics (a rural response) is an improvement approach specific to the region to address the Thames outpatient DNA inequities. This project had commenced 1 November 2018 and been enthusiastically received.

Committee members were supportive of the project and acknowledged the work of the “navigators” as a significant enhancement.

Resolved

THAT

The Committee received the report.

5.5 Screening Services

Ms S Duxfield, Manager, Screening Services presented the current screening coverage and initiatives to address rural and Māori inequities.

Two mobile units with fixed sites cover a large area of Midland sub-region.

Breastscreen Midland currently screens 68.4% of eligible women.

Resolved

THAT

The Committee received the report.

5.6 START – Supported transfer and accelerated transfer team

Ms H McConnell presented on behalf of Ms B Garbutt, Director, Medicine, Older Persons Rehabilitation and Allied Health.

The START service has evolved over the last eight years, near doubling the number of clients in its care, and has become the benchmark supported discharge model.

Resolved

THAT

The Committee received the report

ITEM 6: NEXT MEETING: 13 FEBRUARY 2019

The Committee Chair wished all a safe Christmas and requested that the members feedback on matters they would like to see come to the next meeting and into the future.

The meeting closed 11.30am.

Chairperson: _____

Date: _____

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Community & Public Health and Disability Support
Advisory Committee held on 13 February 2019
commencing at 12.30pm

Present: Dr C Wade (Chair)
Ms T Hodges
Mr M Arundel
Ms C Beavis
Mrs P Mahood
Ms S Mariu,
Mr J McIntosh
Mr D Slone
Ms J Small
Ms TP Thompson-Evans
Ms S Webb

In Attendance: Ms T Maloney, Executive Director, Strategy, Funding & Public Health
Dr D Tomic, Clinical Director Primary and Integrated Care
Mrs MA Gill, Waikato DHB Board member
Mr M Gallagher, Waikato DHB Board member
Prof M Wilson, Deputy Board Chair
Mr W Skipage, Strategy and Funding
Ms R Poaneki, Strategy and Funding
Dr F Dumble, Medical Officer of Health
Dr R Vipond, Medical Officer of Health
Dr R Wall, Medical Officer of Health
Mr G Morton, Strategy and Funding
Prof R Lawrenson, Population Advisor

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

Ms S Webb joined the meeting via teleconference.

ITEM 1: APOLOGIES

No apologies were received.

ITEM 2: INTERESTS

2.1 Register of Interests

There were no changes made to the Interests register.

2.2 Conflicts Relating to Items on the Agenda

No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1 Waikato DHB Community & Public Health and Disability Support Advisory Committee; 12 December 2018

The Committee requested that a rec-cap of the discussion of the minutes regarding item 7.1 "Review of Waikato DHB Position Statements on Tobacco Control, Alcohol Harm, and Psychoactive Substances" be brought back to the April Committee meeting to better reflect the Committees desire for the DHB to be pro-active and show strong leadership around achieving the 2025 target of a smoke free Aotearoa.

It was also requested that an overview of the diabetes service be included in the Work Schedule as part of the discussion on diabetes which was to be considered under the topic "Prevention and Management of Long Term Conditions"

Resolved THAT

The minutes of a meeting of the Waikato DHB Community and Public Health and Disability Support Advisory Committee held on 12 December 2018 be confirmed as a true and correct record, subject to further discussion at the 10 April 2019 meeting regarding the Smokefree target.

3.2 Lakes DHB Community and Public Health Advisory Committee

No minutes available. Next meeting 18 February 2019.

3.3 Lakes DHB Disability Support Advisory Committee.

No minutes available. Next meeting 18 February 2019.

3.4 Bay of Plenty DHB Combined Community & Public Health Advisory Committee / Disability Advisory Services Committee Members;

Minutes for 7 February 2019 meeting are to be brought to the next Waikato DHB CPHAC/DSAC meeting.

ITEM 4: DISABILITY SERVICES

4.1 Disability Responsiveness Plan Update

Ms R Poaneki joined the meeting for this discussion.

A community stakeholder meeting had been held at the end of January 2019 to develop the aspirations of the Disability Responsiveness Plan. Attendance at the hui included Committee members, Mr D Slone and Ms J Small.

Key directions would be formally shared with all forum participants and incorporated into planning documents.

Members highlighted the importance of defining who should be invited to represent the disability sector, noting the intellectual impairment group was often not well represented. Management acknowledged that "Disability Sector" representation needed ongoing consideration.

Hui invitations had been extended in consultation with co-chairs of the Consumer Council. Ms TP Thompson-Evans highlighted that a Rural Group from Matamata had not been extended an invitation.

It was also highlighted that the focus should be on access to services rather than focussing on a disability.

Resolved

THAT

The Committee received the report.

ITEM 5: PAPERS FOR DECISION

5.1 Review of Position Statements on Immunisation, Urban Environments Housing and Land Transport

It was agreed that all future Waikato DHB Position Statements should include a statement regarding how health inequities for Māori will be eliminated to ensure the radical improvement in Māori health outcomes.

Immunisation

Presented by Dr F Dumble, Medical Officer of Health this position statement remains largely unchanged with an equity focused approach to improve immunisation.

Dr F Dumble highlighted there have been 12 confirmed cases of measles in 2019 and that further outbreaks of Measles, Mumps and Rubella (MMR) would continue without herd immunity (95% of population).

The increasing equity gap remained a concern, and work alongside the Strategy and Funding and Te Puna Oranga Units was underway to look at ways to decrease this gap. This included a review of messaging and investigating who and where else the vaccine could be administered.

It was acknowledged that whilst the current immunisation messages were working for part of the population, more work needed to be done on appropriate message for the communities the DHB are not reaching. Some Committee Members noted that the Position Statement did not adequately address the needs of Maori.

Members requested that information on the uptake of the HPV vaccine be included in the CPHAC work schedule. The vaccine had recently been extended to the male population.

Urban Environments

Dr R Wall attended for this agenda item.

This position statement has been strengthened with a view to ensure health is considered in the planning, build and renewal of urban infrastructure; alongside recognition of the effects of climate change and natural hazards.

It was requested that the Position Statement be strengthened by:

- The specific inclusion of Health Equity Tools in line with the Ministers Letter of Expectations around inequities.
- Additional information being added to the “Key information” section regarding the DHB being pro-active in the decision making of other community organisations such as schools, licensing trusts and district planning. For example when local schools fenced off public school fields, or unhealthy food was sold in schools.

The Waikato DHB had provided comment as part of the Ministry Of Health Submission on Gambling, which would be circulated to committee members. Further opportunities had recently opened up and it may now be possible for the DHB to provide its’ own submission. Timeframes would also be circulated to committee members.

Housing

Dr R Vipond attended for this agenda item.

The updated Housing Position Statement had been strengthened to reflect the government’s priority to ensure New Zealander’s have access to warm, dry homes that are affordable and secure.

Committee members asked for the Position Statement to be modified by:

- Strengthening the section regarding “affordability of owning and running the house”. Correction of spelling from “owing” to owning”.
- Include a set of principles reflecting a “Waikato” flavour and how we advocate for Waikato’s “patch”. This should include social housing.

It was acknowledged that further discussion was required on the role of Public Health, with a more proactive approach needed to influence the areas that impact on people’s health.

Land Transport

Dr R Vipond presented this Position Statement.

The updated Land Transport Position Statement places a stronger emphasis on the value of collaboration in land transport planning and advocates for post-crash care to be embedded into road safety policy as the fifth pillar of the Safe System approach to road safety.

Resolved

THAT

The Committee approved the position statements with the noted modifications.

ITEM 6: PAPERS FOR INFORMATION

6.1 Rural Health – A Waikato Perspective

Presented by Professor R Lawrenson, members were provided with an update of the issues facing rural communities within the Waikato DHB area. A copy of the presentation would be circulated to members.

Points highlighted included:

- The largest population of rural Māori are young whereas the larger population of rural pakeha are in the older age bracket.
- People with disability do better in urban areas. Increasing migration to rural population due to housing cost will have an impact on this.
- There is no provision for access to out of hours for areas between Hamilton and Middlemore. Management highlighted that a review of urgent care is currently underway which included GP requirements for after hours care.
- New government subsidy for community card holders should provide greater access and targeted the high needs population.
- The building of the initial Waikato DHB car park building sent a message that communities were to come to Waikato Hospital rather than being managed locally.
- Challenges existed with rural workforce recruitment. This was exacerbated by there being no Waikato DHB rural doctors training programme. The placement of PGY1 and PGY2 in rural hospitals had been introduced over the last 3-4 years but further work is to be done to look at making rural runs available for junior doctors.
- Rural health is more than just the identified gaps. What outcome do rural communities want and how do we develop communities to take care of their own health?
- Two of the six Care in the Community Plan (CCP) goals are; “partnering with Māori, and support community aspirations and address determinant of health”. A workshop on the CCP is to be held with the Board in late February. The Plan will then be brought to a future committee meeting.
- Rural mental health needs to be incorporated into the Mental Health Strategy and needs to address out of hours services for acute mental health.

Resolved

THAT

The Committee noted the presentation.

6.2 Waikato DHB Annual Plan Update 2019-20

Mr G Morton attended for this agenda item, and provided a brief update on the process for the development of the Annual Plan and the Statement of Intent along with the key points of the Minister's Letter of Expectation.

Further guidance is still awaited from the Ministry and will be incorporated into the planning process once received. An update will be provided to the April Committee with the final draft being presented to the June CPHAC meeting.

It was highlighted that the Ministers Letter of Expectations is very clear regarding achieving equity for Māori; these expectations and the need for conversations/discussion with Iwi Māori Council should be reflected in the planning process.

Resolved THAT

The Committee noted the report.

6.3 Te Pae Tawhiti Update

Committee members provided feedback on the draft "Framework for change for Waikato Mental Health, Alcohol and Other Drug Services 2018 -2030" which was released to the sector for feedback in late 2018. Further refinement of the framework will be undertaken to incorporate the feedback as follows:

- The framework incorporates the Te Pae Tawhiti models of care and the Creating our Futures Plan. There were a number of models of care (MoC) underpinning the framework. The MoC have more detail about services. "Disability" had not been one of the original models of care and therefore was not specifically included. However it was agreed to note the need for improvement to services for those with Intellectual disability and mental health needs.
- Forensic services needs to be considered as part of the planning.
- It was highlighted that autism spectrum disorder (ASD) has consequences in Mental Health but with a different funding stream.
- Māori feedback on the Mental Health Inquiry has been summarised and may be useful in informing Te Pae Tawhiti.

Collated feedback on Te Pae Tawhiti will be brought to the next committee meeting alongside the Creating our Futures update.

Resolved THAT

The Committee noted the report and provided feedback.

ITEM 7: PRESENTATIONS

7.1 Mental Health and Addictions System

Presented by Ms T Maloney, hard copies of the presentation Mental Health and Addictions System Draft System Map were tabled, and is appended to the minutes. The draft system map clarified on a single page what the DHB mental health and addictions should look like.

The starting point should be the social determinants of well-being, which included a focus on whānau and would also be addressed in the next steps of Te Pae Tawhiti work.

Resolved

THAT

The Committee noted the presentation.

ITEM 8: WORK SCHEDULE

Members requested the following changes be made to the 2019/20 Committee Schedule.

April

- Te Pae Tawhiti feedback to be included with Creating our Future

June

- The status of Oral Health be included with the Dental Health Services Overview

August

- HPV update to be included with Immunisation discussion

December

- Palliative care

Resolved

THAT

The Committee received the 2019/20 schedule with the above inclusions.

ITEM 9: GENERAL BUSINESS

Members acknowledged the recent appointment of Ms Adri Isbister to the role of Deputy Director General – Disability.

ITEM 10: DATE OF NEXT MEETING

10 April 2019

Chairperson: _____

Date: _____

Meeting Closed: 3:15 pm

Meeting Minutes



Meeting name:	Māori Strategic Committee		
Location:	Board Room, level 1, Hockin Building		
Date:	20 February 2019	Time:	10:00am – 12.00pm
Chairperson:	Tania Hodges	Minutes by:	Sarah Greenwood
Attendees:	Dr C Wade (Deputy Chair), Mr D Macpherson, Ms T Thompson-Evans, Ms M Balzer, Mr A Chase, Mr D Wright, Ms L Elliott, Mr H Curtis, Ms J Eketone		
Apologies:	Ms S Christie, Mr G Tupuhi, Lady T Moxon		

Item No.	Details	Attachments	Speaker
1.	KARAKIA/MIHI		
2.	APOLOGIES As above.		
3.	PREVIOUS MSC MINUTES HELD 21 NOVEMBER 2018 Amendment: Page 2 and page 4. Action point 5. Re-worded to read: Interview all Māori that apply for the role. Identify if there are other opportunities within the organisation that may be an appropriate fit if the candidate is unsuccessful for the initial role applied for. Kaituku Mōtini/Moved: Mr C Wade Kaitautoko Mōtini/Seconded: Ms T Thompson-Evans		
4.	WORKFORCE STRATEGY FOR MĀORI EQUITY The draft was taken as read and feedback was requested from the table. Key points noted: <ul style="list-style-type: none"> There are several workstreams that have culminated in the draft document i.e. Maori equity KPIs, Māori workforce development and the organisation wide HR strategy the strategy is based on a Te Tiriti o Waitangi framework more focus is needed on Maori recruitment and retention (especially mentoring) Check terminology regarding "Tikanga" Thought needed on how to socialise the final strategy 		Action point 4, Nov 2018 minutes.

Our Vision: Healthy People. Excellent Care

Our Values: People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Meeting Minutes



5.	MĀORI DNA UPDATE		
	<p>Interim COO spoke to this item. Key points noted:</p> <ul style="list-style-type: none"> • This matter continues to be a key issue of Maori inequity • There are a range of un-coordinated activities progressing • To be advanced, this project needs a systematic and planned approach <p>It was AGREED that a draft DNA project plan be tabled for MSC review in April 2019.</p>		Action point 9, 20 th Feb 2019 minutes.
6.	PUNA WAIORA PRESENTATION		
	<p>The Puna Waiora team presented this item. All targets on track / achieved excepted for signings with kura. Puna Waiora also asked to consider activities that don't pull kids out of class, consider weekend and after school projects.</p>		As per workplan
7.	2019 WORKPLAN		
	<p>Key points noted:</p> <ul style="list-style-type: none"> • Workplan is still draft • Let Talk paper was well done and should be circulated • MSC would like to identify the top five priorities to focus on. <p>Agreed action: to convene a priorities identification workshop at the next MSC meeting. Include Nina Scott and public health.</p>		
8.	MEETING CLOSED: 11:45 AM		
9.	NEXT MEETING		
	<ul style="list-style-type: none"> • Wednesday 20th March 2019, Board Room, Level 1, Hockin Building 		

Meeting Minutes



Actions

	Details	Completed	Who
1.	Report on Māori DNA actions monthly to MSC.		Mr G Howard
2.	Mr G Howard to determine whether the immunisation coordination centre updates patient contact details in iPM or if they only update the NIR.		Mr G Howard
3.	Explore disability data option to measure inequities faced by Māori living with disability (Māori tāngata whaikaha).		TPO
4.	Implement Māori equity KPIs throughout the organisation.		TPO/HR
5.	Interview all Māori that apply for the role. Identify if there are other opportunities within the organisation that may be an appropriate fit if the candidate is unsuccessful for the initial role applied for.		TPO/HR
6.	All members to email Ms J Sewell with a few top suggestions for next year's work plan before 30 November 2018.		Ms J Sewell
7.	Update the measures section (wahanga tuatoru) of KTTOP to align with the first two wahanga.	In progress	Ms J Sewell
8.	Commissioning stocktake on government position on commissioning, relevant government review recommendations, literature and current WDHB position	In progress	Ms L Elliott
9.	A draft DNA plan to be brought back to the MSC hui in April 2019.		Ms L Elliott / Mr R Dunham
10.	Circulate Lets Talk paper to MSC members		TPO
11.	Convene a priorities identification workshop at the next MSC meeting. Include Nina Scott and public health.		TPO



Chief Executive Report

MEMORANDUM TO THE BOARD

27 FEBRUARY 2019

AGENDA ITEM 4

INTERIM CHIEF EXECUTIVE'S REPORT

Purpose	For information.
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Employment Relations

Since Christmas the organisation has coped with a succession of strikes covering junior doctors, midwives and bio-medical staff. This industrial action has been compounded in February by industrial action on the part of St John Ambulance Officers which has affected our ability to mitigate the impact of our own strikes.

It is fair to say that staff and management are becoming increasingly fatigued and distracted by the considerable amount of planning these strikes necessitate, as well as the operational oversight that is necessary once they are actually occurring.

There is no doubt also that the strikes will impact our achievement of elected services performance indicators and ultimately our budget position.

The sooner the sector quietens down the better from our perspective.

Linking Reports to Maori Inequity

At the last Board meeting there was a suggestion that a report from the Executive Director Facilities and Business on progress with the CBD Accommodation Project should contain, as previously agreed in appropriate cases, a paragraph showing how it addresses Maori inequity.

I would like to explore this a bit further.

That report was a progress report on a project long since commenced. While I can certainly understand why the originating report would fully justify the case on those grounds, it seems a little unnecessary for subsequent monitoring reports to contain such a justification.

It is my recommendation that the general principle is that such a paragraph is required to be included only for new initiatives and not for updates to or monitoring of existing work.

Mental Health and Addictions

The work is progressing for the development of a strategic commissioning plan for mental health and addictions, which follows on from the Te Pae Tawhiti Framework for Change (which is inclusive of Creating our Futures). This commissioning plan will be based on the Mental Health and Addictions system map that was presented to Board in November 2018. The current phase of work involves an assessment of the gaps in services for Maori, across localities and across the lifespan.

A draft plan will be presented to the Board in April.

Resource Review Governance Group

The Resource Review Governance Group has been formed and its membership is:

- Derek Wright, Interim Chief Executive
- Andrew McCurdie, Chief Financial Officer
- Sue Hayward, Chief Nursing and Midwifery Officer
- Sharon Mariu, Board member, Chair of the Audit Committee and the Sustainability Advisory Committee
- Ken Whelan, Crown Monitor
- Sam Kunowski, Ministry of Health representative.

Leena Singh will attend meetings as the lead for this project.

I will chair the meetings.

The Governance Group held its first meeting on 26 February 2019 and I will give a verbal update to the Board of the discussions held at that meeting.

In terms of future reporting to the Board it is my intention to provide regular updates via the Chief Executive's board report.

Recommendation

THAT

The Board receives this report.

**DEREK WRIGHT
INTERIM CHIEF EXECUTIVE**



Quality and Patient Safety

Quality and Patient Safety: No report this month.



Finance Performance Monitoring

MEMORANDUM TO THE BOARD
27 FEBRUARY 2019

AGENDA ITEM 6.1

FINANCE REPORT

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

Recommendations

THAT

The Board receives the report.

ANDREW MCCURDIE
CHIEF FINANCIAL OFFICER

WAIKATO DISTRICT HEALTH BOARD				
YEAR TO DATE FINANCIAL COMMENTARY				
Waikato DHB Group	Year to Date			Group Budget
Result for January 2019	Group Actual \$m	Group Budget \$m	Variance \$m	Jun-19 \$m
Revenue - CFA	752.1	742.3	9.8 F	1,269.2
Revenue - other	135.1	132.3	2.8 F	229.7
Operating Expenses	(871.6)	(853.9)	(17.7) U	(1,468.2)
IDCC and Extraordinary	(49.1)	(49.3)	0.2 F	(86.8)
DHB Surplus/(Deficit)	(33.5)	(28.6)	(4.9) U	(56.1)

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

Waikato DHB Group	Year to Date			Group Budget
Result for January 2019	Group Actual \$m	Group Budget \$m	Variance \$m	Jun-19 \$m
Funder	24.9	14.6	10.3 F	24.9
Governance	(1.3)	(0.8)	(0.5) U	(1.5)
Provider	(56.8)	(42.2)	(14.6) U	(79.5)
Waikato Health Trust	(0.3)	(0.2)	(0.1) U	(0.0)
DHB Surplus/(Deficit)	(33.5)	(28.6)	(4.9) U	(56.1)

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

VOLUMES

Episodes					
Acute					
January 2019	2019 Actuals	2019 Plan	Variance to Plan %	2018 Actuals	Variance to Prior Year %
Surgical & CCTVS	10,952	10,237	6.99%	10,225	7.11%
Internal Medicine	10,785	10,963	-1.63%	9,971	8.16%
Regional Services	2,732	2,685	1.76%	2,624	4.12%
Child Health	3,458	3,135	10.30%	3,172	9.02%
Womens Health	5,456	5,298	2.98%	5,134	6.27%
TOTAL	33,383	32,318	3.30%	31,126	7.25%
Elective					
January 2019	2019 Actuals	2019 Plan	Variance to Plan %	2018 Actuals	Variance to Prior Year %
Surgical & CCTVS	8,976	8,860	1.31%	8,503	5.56%
Internal Medicine	371	535	-30.71%	384	-3.39%
Regional Services	42	26	59.87%	22	90.91%
Child Health	350	425	-17.72%	402	-12.94%
Womens Health	858	670	28.05%	639	34.27%
TOTAL	10,597	10,517	0.76%	9,950	6.50%
Total Episodes Acute + Elective	43,980	42,834	2.67%	41,076	7.07%

Case Weighted Discharges

Acute					
January 2019	2019 Actuals	2019 Plan	Variance to Plan %	2018 Actuals	Variance to Prior Year %
Surgical & CCTVS	18,404	17,939	2.59%	17,515	5.07%
Internal Medicine	9,448	9,816	-3.75%	9,118	3.63%
Regional Services	3,229	3,318	-2.68%	3,215	0.44%
Child Health	4,137	3,970	4.21%	4,169	-0.76%
Womens Health	3,107	3,017	2.97%	2,874	8.11%
TOTAL	38,325	38,060	0.70%	36,890	3.89%
Elective					
January 2019	2019 Actuals	2019 Plan	Variance to Plan %	2018 Actuals	Variance to Prior Year %
Surgical & CCTVS	12,603	12,654	-0.40%	12,428	1.41%
Internal Medicine	268	381	-29.63%	287	-6.50%
Regional Services	78	54	45.29%	31	148.85%
Child Health	367	351	4.41%	335	9.41%
Womens Health	770	652	18.12%	617	24.81%
TOTAL	14,087	14,093	-0.04%	13,699	2.83%
Total CWDs Acute + Elective	52,412	52,153	0.50%	50,589	3.60%

Bed Days					
January 2019	2019 Actuals	2019 Plan	Variance to Plan %	2018 Actuals	Variance to Prior Year %
Waikato Inpatient Bed Days	117,663	117,001	0.57%	117,113	0.47%
Waikato Other Bed Days*	74,519	63,836	16.74%	63,836	16.74%
T-Hospital Bed Days*	18,204	17,981	1.24%	17,981	1.24%
TOTAL	210,386	198,817	5.82%	198,929	5.76%

January 2019	2019 Actuals	2018 Actuals	Variance to Prior Year %
ED Attends	71,107	68,871	3.25%

* - T-Hospital and Waikato other bed days plan numbers are not available and reflect prior year actual totals

MONTHLY COMMENTS

This report includes commentary on current year to date performance for the Waikato DHB Group compared to the budget to January 2019.

Delivery Plan Performance

January saw four days of RMO strikes, for which lower elective volumes were booked. We estimate the impact at around 150 cases. For the elective work that was done, we also saw a lower complexity, due to outsourcing continuing on the strike days, and an impact on the cases chosen for days immediately prior to the strike. The impact on elective volumes sees us end January just 0.8% ahead of plan, and almost exactly on plan for caseweights discharges. With further strikes planned for February, we anticipate additional effects on elective volumes.

Overall acute volumes remain ahead of plan at +3.3%, and significantly higher than previous year with 2257 (7.25%) more acute patients through the system than prior YTD.

The impact of the new M18 surgical assessment and short stay ward is also pushing general Surgery acute volumes over plan as use of the assessment capability has moved volumes from ED to General Surgery acute admissions. These patients, assessed and not operated on, represent a lower complexity, hence lowering average CWD for general surgery.

Within the clusters, Internal Medicine is overall slightly lower than plan, with respiratory as noted previously, being significantly lower.

Two variations attributable to the planning process have been identified. We expect these to continue throughout the year.

These variations are:

1. An error in setting the volumes for a small number of ED Short Stay purchase units. These are most utilised by patients in Paediatrics and Surgical services, hence why these two are reporting ahead of plan.
2. Analysing the variation within Child Health, the Acute Paediatric Medicine figures show significant variance to plan, volumes are higher, and average caseweight is lower than anticipated – the resulting total caseweight is almost exactly at plan.

Volume analysis continues to be an area of desired improvement. The FY 19/20 volume planning process, which has already commenced, will plan day case and long stay patient volumes and caseweights separately for appropriate clinical services. This will provide an additional dimension with which to understand performance. Further enhancements to the planning and modelling are being identified and documented for FY 20/21. While current reporting makes all the detailed data on performance to plan available, it is somewhat cumbersome to analyse and the desired goal is to develop a Performance Reporting Qlik application to enable greater use and interpretation of this data.

Financial Performance Comment:

For January 2019 we have an unfavourable year to date variance to budget of \$4.9m. This includes \$4.5m favourable variances relating to prior year adjustments and wash-ups.

Material variances for month of January 2019

Net variances for the month of January 2019 amount to \$3.3m unfavourable. This is comprised mainly of:

- \$2.2m favourable revenue variance relating mainly to additional funding received
- \$3.0m unfavourable depreciation variance in the month, with contra adjustments to the forecast, thus nil/negligible impact expected on full year result.
- \$1.2m Savings Plan not realised
- \$0.5m unfavourable variance relating to Hilda Ross contract costs
- \$0.8m unfavourable - Other net favourable/unfavourable variances

Material YTD variances as at January 2019:

Operating revenue is \$12.6m favourable which includes the following variances:

- \$2.3m favourable - additional funding related to NZNO MECA
- \$2.4m favourable - reimbursement of NOS costs
- \$2.9m favourable - prior year wash-ups and adjustments
- other favourable variances include pay equity funding, IDF income and higher cafeteria sales, donations and research grants

Direct cost offsets against favourable variances amount to \$7.8m.

Operating expenditure is \$17.5m unfavourable which includes:

- \$9.0m unfavourable - nursing personnel (employed and outsourced) costs. This includes higher NZNO and MHN MECA settlements (\$2.6m), new acuity based staffing levels in place earlier than budgeted and a higher level of mental health inpatient services. There is a favourable offset in CFA revenue (\$2.3m).
- \$5.0m unfavourable - clinical supplies which includes mix of activity, and includes partial offsets in other Government revenue, and in NGO payments for how pharmaceutical savings are being received. Further NOS impacts are expected to be corrected in coming months, including those related to processes for receipting of goods.
- \$8.7m unfavourable centrally held savings plan.
- \$1.6m favourable relating to prior year wash-ups and adjustments.

Unfavourable variances offset by favourable variances arising from, vacancies, delayed start to building maintenance plan and timing.

Our best estimate at this stage for forecast remains close to budget.

We recognise that the capital expenditure spend as per the Capital Expenditure report (YTD spend of \$20,536k) doesn't agree with the Treasury Purchase of Assets amount of \$19,756k. Reconciliation of the difference is being worked through but is impacted by NOS issues.

Provider:

The Provider is unfavourable to budget \$14.6m - see detail for explanations. Variances include:

1. Revenue is favourable \$5.6m due mainly to favourable internal revenue (\$5.0m - eliminates against Funder), reimbursement of NOS costs (offset in Outsourced personnel) and IDF income. This offset by an unfavourable side-arm contracts variance arising as revenue budgeted in Provider, received by Funder (offset in Funder).
2. Employed personnel cost is favourable to budget \$2.2m mainly due to favourable variances relating to Medical, Allied and Management, Administration and Support costs (offset in outsourced services), offset by an unfavourable Nursing variance. Further analysis below.
3. Outsourced personnel cost is unfavourable to budget \$11.9m - partly offset in employed personnel cost and NOS costs recovered in other government revenue.
4. Outsourced services is favourable to budget \$1.0m - analysis below.
5. Clinical Supplies is unfavourable to budget \$4.9m due to the increase and mix of activity, and timing.
6. Infrastructure and non clinical supplies is unfavourable to budget \$6.9m - analysis below.
7. IDCC is favourable to budget \$0.3m. This relates mainly to a favourable depreciation variance as a result of lower capital spend.

Funder and Governance:

The result for the Funder is \$10.3m favourable to budget. This is mainly as a result of additional CFA funding relating to pay equity, acuity funding, NZNO MECA settlement and prior year electives (\$9.8m), favourable IDF revenue variance (\$1.9m), favourable NGO payments \$3.5m (mainly as a result of a prior year over accrual of DSS costs) offset by unfavourable provider payment variance (\$5.0m eliminated against Provider). Governance is close to budget.

Waikato Health Trust

The result for the Waikato Health Trust is close to budget.

RECOMMENDATION(S):

That this report for the period ended January 2019 be received.

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	\$12.6 F	
CFA Revenue		
CFA revenue is favourable to budget mainly due to:		
<ul style="list-style-type: none"> CFA revenue \$9.8m favourable includes \$2.3m favourable variance for funding received from MoH for NZNO MECA settlement (offset by nursing personnel additional cost \$2.2m). A further \$2.4m has been received from MoH for acuity costs related to the NZNO MECA. There is an offset in side arm revenue as the funding was expected to be received directly by the provider. Other favourable variances include a prior year under accrual of elective revenue \$0.6m and additional unbudgeted funding, the largest being pay equity funding (offset in NGO payments). 	\$9.8 F	Neutral
Crown Side-Arm Revenue		
<ul style="list-style-type: none"> Crown side-arm contracts \$2.4m unfavourable to budget which includes MoH funding for nursing acuity costs received as a CFA variation (\$2.4m, offset in CFA revenue), with other offsets. 	(\$2.4) U	Neutral
Other Government and Crown Agencies Revenue		
Other Government and Crown revenue is favourable to budget mainly due to:		
<ul style="list-style-type: none"> Reimbursement of costs associated with the implementation of National Oracle Solution (NOS) \$2.4m favourable (offset in Outsourced Personnel \$2.2m). 	\$4.4 F	Neutral
<ul style="list-style-type: none"> Reimbursement of haemophilia costs \$0.6m favourable in line with actual costs incurred (clinical supplies). 		Unfavourable
<ul style="list-style-type: none"> Income for an ACC contract is \$0.5m unfavourable due to a variance in the optimistic budget estimate as against actual income earned. 		Neutral
<ul style="list-style-type: none"> Inter District Flow (IDF) income from other DHBs \$0.6m favourable. Volumes by speciality and by DHB continue to fluctuate compared to budget. 		Favourable
<ul style="list-style-type: none"> Inter District Flow (IDF) income relating to 2017/18 \$1.3m 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 (\$0.7m), which is included in NGO payments. 		
Other Revenue		
<ul style="list-style-type: none"> Other revenue \$0.8m favourable to budget which includes favourable variances to budget for cafeteria and food sales, donations, and research grants. 	\$0.8 F	Neutral

The Waikato DHB YTD Expenditure Variance resulted from:	Variance \$m	Impact on forecast
Operating expenditure including IDCC	(\$17.5) U	
Personnel (employees and outsourced personnel total)	(\$10.1) U	
Employed personnel are favourable to budget mainly due to:		
In December 2018 a mid year actuarial revaluation adjustment impacting across all payroll classes was processed relating to Long Service Leave and Retirement Gratuity liabilities resulting in \$1.0m additional expense which is included in personnel variances below.		
<ul style="list-style-type: none"> Medical personnel are favourable to budget by \$5.7m. This includes a higher than expected vacancy level, including delayed implementation of investment requests. This favourable variance is partly offset by outsourced personnel unfavourable variance of \$4.1m. 	\$1.9 F	Neutral
<ul style="list-style-type: none"> Nursing personnel are unfavourable to budget by \$6.5m. This variance, along with the unfavourable outsourced personnel cost for nursing of \$2.5m, includes higher final settlement compared to budget of the NZNO MECA (\$2.2m, offset by CFA revenue favourable \$2.3m), and the MHN MECA (\$0.4m, no offset). Other variances include costs of a transferred contract of \$0.7m (offset in NGO providers) and the impact of new acuity based staffing levels in place earlier than budget. In most areas we are running at full matrix for additional beds and acuity levels. This additional cost includes unfavourable annual leave movement, outsource costs, and overtime. We also have a higher level of mental health inpatient services. 		Unfavourable
<ul style="list-style-type: none"> Allied Health personnel are favourable to budget by \$0.2m. The net unfavourable variance between employed and outsourced is nil. This includes higher final settlement of the ALT MECA compared to budget of \$1.1m, offset by higher than expected vacancy levels. 		Neutral
<ul style="list-style-type: none"> Management, Administration and Support personnel are favourable to budget by \$2.5m (offset in outsourced personnel (\$1.7m). Variances are spread across the DHB including clinical support, and are mainly as a result of higher than expected vacancy levels. The variance also includes higher settlement costs for DOM and ATT MECAs compared to budget, of \$0.4m (no offset). 		Neutral
Outsourced personnel are unfavourable to budget mainly due to:		
<ul style="list-style-type: none"> Medical costs are \$4.1m unfavourable due to higher than planned use of locums to cover vacancies (offset by medical personnel underspend \$5.7m). This is mainly across Waikato Hospital, Community Hospitals, and Mental Health and Addiction. 	(\$12.0) U	Neutral
<ul style="list-style-type: none"> Nursing costs are \$2.5m unfavourable. As for nursing personnel this is due to the impact of new acuity based staffing levels in place earlier than budget, and a higher level of mental health inpatient services. 		Unfavourable
<ul style="list-style-type: none"> Allied Health costs are \$0.2m unfavourable to budget. The net unfavourable variance between employed and outsourced is nil. This includes higher final settlement of the ALT MECA compared to budget of \$1.1m, partly offset by higher than expected vacancy levels. 		Neutral
<ul style="list-style-type: none"> Management, Administration and Support costs are \$5.1m unfavourable largely due to contractor costs of \$2.2m for the implementation of the new NOS ERP solution (offset by \$2.4m additional other government revenue), and contractor costs of \$1.2m for the patient flow project. The balance of \$1.7m covers management, administration and support vacancies (part offset in favourable employed personnel variance of \$2.5m). 		Neutral

The Waikato DHB YTD Expenditure Variance resulted from:	Variance \$m	Impact on forecast
Outsourced services	\$1.0 F	
Outsourced services are favourable to budget mainly due to:		
<ul style="list-style-type: none"> Outsourced Clinical Services are \$1.7m unfavourable to budget. Outsource costs for meeting ESPI compliance, including the areas of cardiology and radiology are unfavourable, partially offset by a favourable variance relating to outsourced services to meet our elective initiatives. 	\$1.0 F	Unfavourable
<ul style="list-style-type: none"> Outsourced corporate service costs are \$0.3m favourable to budget which includes delays in the implementation of Crown initiated information system changes such as IaaS. 		Favourable
<ul style="list-style-type: none"> Spend against allocated strategic funding is \$2.4m favourable to budget to date. This includes initiatives related to health system transformation and health equity. 		
Clinical Supplies	(\$5.0) U	
Clinical supplies are unfavourable to budget mainly due to:		
<ul style="list-style-type: none"> Treatment Disposables, Instruments and Equipment - favourable to budget by \$0.5m. This includes MoH coding changes of \$1.3m (offset in pharmaceuticals). The adjusted variance is \$0.8m unfavourable. The variance is due to mix of activity and total episodes up on budget 2.7%. This includes theatres at 106% of budget. High cost areas also include haemophilia costs over budget by \$0.6m (offset by other Government revenue \$0.6m). 	(\$5.0) U	Unfavourable
<ul style="list-style-type: none"> Diagnostic and Other Supplies - close to budget. 		
<ul style="list-style-type: none"> Implants and prosthesis - unfavourable to budget by \$0.5m includes monthly fluctuations for volume and mix of procedures. 		
<ul style="list-style-type: none"> Pharmaceuticals - unfavourable to budget by \$4.1m. This includes MoH coding changes of \$1.3m (offset in treatment disposals). The adjusted variance is \$2.8m, which includes a change in how savings are being received from Pharmac (offset in payments to NGO providers). Higher PCT and retail pharmacy costs are both in line with higher levels of activity. 		
Infrastructure and non-clinical supplies	(\$7.1) U	
<ul style="list-style-type: none"> Favourable variances include a delayed start to building maintenance plan (\$1.5m) and delayed commencement of information services projects (\$0.6m), offset by unfavourable other operating expense variances. 	\$1.6 F	Neutral
<ul style="list-style-type: none"> Savings allocation - \$8.7m unfavourable variance in infrastructure costs relates to centrally held savings plan not specifically allocated. 	(\$8.7) U	Unfavourable
NGO Payments	\$3.5 F	
External Provider payments are favourable to budget mainly due to:		
<ul style="list-style-type: none"> Net favourable variances amounting to \$5.3m arise due to costs not being incurred in line with CFA revenue received, MoH and accrual adjustments relating to prior year funding, a contract transfer (offset in nursing costs) and savings received from Pharmac that are budgeted under clinical supplies (pharmaceuticals). The most significant permanent difference to date is disability support costs over accrued in prior years by \$1.9m. Favourable variances are partly offset by unfavourable variance to budget for pay equity (offset by CFA revenue). 	\$3.5 F	Favourable
<ul style="list-style-type: none"> Inter District Flow (IDF) outflows to other DHBs \$1.1m unfavourable. Volumes by speciality and by DHB continue to fluctuate compared to budget. 		Neutral
<ul style="list-style-type: none"> IDF out payments for 2017/18 are \$0.7m 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 (\$1.3m), which is included in Other Government and Crown Agencies Revenue. 		Unfavourable

The Waikato DHB YTD Expenditure Variance resulted from:	Variance \$m	Impact on forecast
Interest, depreciation and capital charge	\$0.3 F	
Interest charge is on budget.	\$0.0 F	Neutral
Capital charge is close to budget.	(\$0.1) U	Neutral
Depreciation is favourable to budget due mainly to:		
<ul style="list-style-type: none"> • Slower than planned capital spend and the timing of capitalisation of assets. 	\$0.4 F	Neutral
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 unfavourable to budget as detailed below.

YTD Actuals Jan-18 \$'000	Waikato DHB Cash flows for year to January 2019	Year to Date			Budget Jun-19 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	
	Cash flow from operating activities				
787,530	Operating inflows	881,669	876,603	5,066	1,497,840
(753,574)	Operating outflows	(875,446)	(857,236)	(18,210)	(1,484,968)
33,956	Net cash from operating activities	6,223	19,367	(13,144)	12,872
	Cash flow from investing activities				
961	Interest income and proceeds on disposal of assets	683	718	(35)	1,187
(13,017)	Purchase of assets	(19,756)	(68,349)	48,593	(117,094)
(12,056)	Net cash from investing activities	(19,073)	(67,631)	48,558	(115,907)
	Cash flow from financing activities				
0	Equity repayment	0	0	0	(2,194)
(5,032)	Interest Paid	(555)	(481)	(74)	(826)
(109)	Net change in borrowings	(180)	36,161	(36,341)	116,821
(5,141)	Net cash from financing activities	(735)	35,680	(36,415)	113,801
16,759	Net increase/(decrease) in cash	(13,585)	(12,584)	(1,001)	10,766
856	Opening cash balance	(2,973)	(2,973)	0	(2,973)
17,615	Closing cash balance	(16,558)	(15,557)	(1,001)	7,793

Cash flow variances resulted from:	Variance \$m	Impact on forecast
Total Net cash flow from Operating Activities	(\$13.1) U	
Operating inflows	\$5.1 F	
<ul style="list-style-type: none"> The favourable CFA inflow variance arises mainly as a result of additional unbudgeted MoH funding for the NZNO MECA settlement, and additional pay equity and acuity funding (\$4.7m). Other Favourable variances include reimbursement of haemophilia costs (\$0.6m), receipt of IDF income related to prior year (\$1.3m) and higher cafeteria and food sales, donations, and research grants. Favourable variances offset by by ACC contract income \$0.5m unfavourable against an optimistic budget. The favourable variances further offset by unfavourable variances arising as a result of the difference between the timing of receipts against budget assumptions. 	\$5.1 F	Neutral
Operating outflows	(\$18.2) U	
Operating cash outflows for payroll costs are unfavourable mainly due to:		
<ul style="list-style-type: none"> Personnel costs are unfavourable against budget mainly due to NZNO MECA settlement payments and the impact of new acuity based nursing staff levels, offset by favourable variances arising from vacancies. The remaining variance arises from the actual timing of pay runs as compared to the phasing of the budget. 	(\$5.9) U	Unfavourable

Cash flow variances resulted from:	Variance \$m	Impact on forecast
Operating cash outflows for non-payroll costs are unfavourable mainly due to:		
<ul style="list-style-type: none"> The unfavourable operating cash flow variance arises mainly from unfavourable operating expenditure against budget (excluding payroll and IDCC costs) \$19.6m, higher prepayments than budgeted \$3m, offset by the favourable impact of the timing of supplier payment runs. The final Friday creditor payment run for January was paid on Friday 1 February 2019. 	(\$14.4) U	Neutral
<ul style="list-style-type: none"> GST cash movement is favourable due to timing variances on GST transacted. 	\$2.1 F	Neutral
Net cash flow from Investing Activities	\$48.6 F	
<ul style="list-style-type: none"> Interest charge is on budget. 	\$0.0 F	Neutral
<ul style="list-style-type: none"> Purchase of assets is slower than planned for the year. This is as a result of deferred timing of spend. 	\$48.6 F	
Net cash flow from Financing Activities	(\$36.4) U	
<ul style="list-style-type: none"> Cash flow from financing activities is unfavourable due to the deferment of planned finance leases and budgeted deficit support not received. 	(\$36.4) 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.

Board Agenda for 27 February 2019 (public) - Financial Performance Monitoring

**WAIKATO DISTRICT HEALTH BOARD (EXCLUDING WAIKATO HEALTH TRUST)
CASHFLOW FORECAST (GST INCLUSIVE) \$000**

As at 31-Jan-19	Jan-19 Actual	Feb-19 Forecast	Mar-19 Forecast	Apr-19 Forecast	May-19 Forecast	Jun-19 Forecast	Jul-19 Forecast	Aug-19 Forecast	Sep-19 Forecast	Oct-19 Forecast	Nov-19 Forecast	Dec-19 Forecast	Jan-20 Forecast
OPERATING ACTIVITIES													
Cash was provided from:													
MoH, DHB, Govt Revenue	4,107	3,552	6,039	4,252	4,708	6,811	4,952	4,836	7,320	4,836	4,720	7,436	4,564
Funder inflow (MoH, IDF, etc)	132,639	132,449	132,761	137,631	132,761	132,814	140,000	140,000	141,310	140,000	140,000	141,310	140,000
Donations and Bequests	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income (excluding interest)	2,308	2,780	3,020	3,780	3,260	2,780	2,940	3,081	2,963	3,081	2,963	2,961	2,963
Rents, ACC, & HealthPac (General Account)	2,940	3,436	3,481	3,440	3,775	3,433	3,698	3,736	3,549	3,702	3,639	3,521	3,694
	141,994	142,217	145,301	149,103	144,504	145,838	151,590	151,653	155,142	151,619	151,322	155,228	151,221
Cash was applied to:													
Personnel Costs (incl PAYE)	(50,450)	(53,085)	(50,320)	(51,100)	(59,420)	(51,130)	(61,367)	(54,828)	(52,767)	(59,166)	(54,828)	(61,355)	(54,597)
Other Operating Costs	(28,938)	(29,279)	(31,768)	(30,854)	(31,610)	(31,317)	(26,958)	(29,777)	(27,126)	(30,710)	(31,173)	(28,530)	(29,090)
Funder outflow	(50,423)	(52,899)	(54,585)	(50,297)	(51,573)	(50,173)	(55,955)	(59,462)	(55,341)	(55,178)	(54,376)	(54,679)	(59,103)
Interest and Finance Costs	(17)	(21)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(12)	(12)	(18)	(18)
Capital Charge	0	0	0	0	0	(17,430)	0	0	0	0	0	(18,711)	0
GST Payments	(14,771)	(9,000)	(7,500)	0	(15,000)	(7,500)	(7,500)	(7,500)	(7,500)	(15,110)	(7,500)	0	(15,000)
	(144,599)	(144,284)	(144,189)	(132,267)	(157,619)	(157,566)	(151,796)	(151,583)	(142,750)	(160,176)	(147,895)	(163,293)	(157,808)
OPERATING ACTIVITIES	(2,605)	(2,067)	1,112	16,836	(13,115)	(11,728)	(206)	70	12,392	(8,557)	3,427	(8,065)	(6,587)
INVESTING ACTIVITIES													
Cash was provided from:													
Interest Income	77	75	75	75	75	75	50	50	50	50	50	50	50
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
	77	75	75	75	75	75	50	50	50	50	50	50	50
Cash was applied to:													
Purchase of Assets	(2,715)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)
Investment in NZHPL (FPSC)	0	0	0	0	0	0	0	0	0	0	0	0	0
	(2,715)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)	(7,000)
INVESTING ACTIVITIES	(2,638)	(6,925)	(6,925)	(6,925)	(6,925)	(6,925)	(6,950)	(6,950)	(6,950)	(6,950)	(6,950)	(6,950)	(6,950)
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	0	0	0	0	0	0	0	0
EECA loan received	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash was applied to:													
Capital Repayment	0	0	0	0	0	(2,194)	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	(15)	0	0	(15)	0	0	(15)	0	0
FINANCING ACTIVITIES	0	(26)	0	0	(15)	(2,194)	0	(15)	0	0	(15)	0	0
Opening cash balance	(19,220)	(24,462)	(33,479)	(39,292)	(29,382)	(49,437)	(70,283)	(77,439)	(84,334)	(78,892)	(94,399)	(97,936)	(112,951)
Overall increase/(decrease) in cash	(5,242)	(9,017)	(5,813)	9,911	(20,055)	(20,847)	(7,156)	(6,895)	5,443	(15,508)	(3,537)	(15,015)	(13,536)
CLOSING CASH BALANCE	(24,462)	(33,479)	(39,292)	(29,381)	(49,437)	(70,284)	(77,439)	(84,334)	(78,891)	(94,400)	(97,936)	(112,951)	(126,487)
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	(24,462)	(33,479)	(39,292)	(29,381)	(49,437)	(70,284)	(77,439)	(84,334)	(78,891)	(94,400)	(97,936)	(112,951)	(126,487)
Long-term Loans													
Finance Leases	0	0	0	0	0	0	0	0	0	0	0	0	0
EECA Loan	(117)	(91)	(91)	(91)	(76)	(76)	(76)	(61)	(61)	(61)	(45)	(45)	(45)
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	(24,579)	(33,570)	(39,383)	(29,472)	(49,513)	(70,360)	(77,515)	(84,395)	(78,952)	(94,461)	(97,981)	(112,996)	(126,532)
Working capital facility	(82,974)	(82,974)	(82,974)	(82,974)	(82,974)	(82,974)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	(82,974)	(82,974)	(82,974)	(82,974)	(82,974)	(82,974)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)	(85,299)

BALANCE SHEET

Opinion on Result:

There are no material concerns on the balance sheet.
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Prior Year June 2018 \$'000	Waikato DHB Group Financial Position	As at January 2019			Budget Jun-19 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	
79,945	Total current assets	91,510	83,195	8,315 F	78,872
(197,999)	Total current liabilities	(234,239)	(235,691)	1,452 F	(208,093)
(118,054)	Net working capital	(142,729)	(152,496)	9,767 F	(129,221)
722,564	Term assets	713,790	761,972	(48,182) U	787,735
(22,150)	Term liabilities	(21,928)	(27,803)	5,875 F	(32,080)
700,414	Net term assets	691,862	734,169	(42,307) U	755,655
582,360	Net assets employed	549,133	581,673	(32,540) U	626,434
582,360	Total Equity	549,133	581,673	(32,540) U	626,434

Balance Sheet variance's resulted from:	Variance \$m	Impact on forecast
Net Working Capital:		
Net working capital is favourable to budget mainly due to:		
<u>Current Assets</u>		
<ul style="list-style-type: none"> ● Total accounts receivable and accrued debtors is higher than budgeted by \$5.6m mainly as a result of unbudgeted NOS recovery \$5.5m invoiced in January 2019, and as a result off the timing of cash received compared with budget assumptions. ● Prepayments are higher than budgeted by \$3m mainly due to eSPACE payment timing assumption variances actual against budget. ● Other unfavourable variances across a number of areas \$0.3m. 	\$8.3 F	Neutral
<u>Current Liabilities</u>		
<ul style="list-style-type: none"> ● Overdrawn bank balance held with New Zealand Health Partnership Limited is higher than budget by \$1.1m. This is due mainly to the unfavourable variance relating to operating activities (\$13.1m) and financing activities (\$36.4m) offset by a favourable investing variance from activities (\$48.6m) as per the cash flow. ● Payroll liabilities are \$4.2m favourable mainly due to the over budgeting of payroll accruals as a result of the timing of pay runs (\$10.4m). January 2019 required accrual of only 4 days for the large WAI payrun and 11 days for the OUT payrun. The accrual budget is evenly phased. This offset by an unfavourable CME, superannuation contribution and PAYE variance of \$6.6m arising from phasing differences between budget and actual. ● Income in Advance \$1.9m favourable to budget mainly due to timing of pay equity funding received not matching budget assumptions. ● GST \$2.1m unfavourable to budget mainly due to timing variances on GST transacted. 	\$1.5 F	Neutral

Balance Sheet variance's resulted from:	Variance \$m	Impact on forecast
<u>Current Liabilities (continued)</u>		Neutral
<ul style="list-style-type: none"> ● Accrued Creditors and Accounts Payable \$4.1m unfavourable mainly due to timing of payments differing from budget assumptions. The final Friday creditor payment run for January was paid on Friday 1 February 2019. 		
<ul style="list-style-type: none"> ● Other Current Liabilities are favourable to budget \$2.7m mainly due to Finance Leases being deferred. 		
Net Term Assets:	(\$48.2) U	
<p>Net Fixed Assets are under budget mainly due to slower than planned capital spend \$48.6, offset by favourable YTD depreciation \$0.4m.</p> <p>Please see attached for latest forecast of capital spend for the year for further detail.</p>	(\$48.3) U	Neutral
Investment in HealthShare has increased by \$0.1m due to the share of profits for the 2017/18 year.	\$0.1 F	Favourable
Non Current Liabilities:		
Non Current Liabilities are favourable mainly due to deferment of budgeted finance leases.	\$5.9 F	Neutral
Equity:		
The unfavourable variance is mainly driven by budgeted MoH deficit support not received \$27.9m and the unfavourable year to date result of \$4.9m. The remaining variance relates to Waikato Health Trust partially reserved fund movement.	(\$32.5) U	Neutral

CAPITAL EXPENDITURE AT 31 January 2019 (\$000s)

Capital Plan					Cash Flow Forecast					Full Project Forecast		
Activity	Total Prior year Board Approvals	New Approvals FY18/19	Transfers During 18/19	Total Board Approved Capital Plans	Prior year expenditure for active Projects	Total Expenditure Forecast FY 18/19 (Actual + Planned)	Actual Expenditure YTD from 1 Jul-18 to 31 Jan 19	Approved and Planned Expenditure 01 Feb 19 - 30 Jun 19	Approved and Planned Spend Subsequent Years	Total Planned Expenditure (Actual + Forecast to Project completion)	Total Planned Expenditure Versus Total Board Approved	Total Commitments
Under \$50K Subtotal	0	3,974	0	3,974	0	3,974	2,524	1,450	0	3,974	0	1,616
Clinical Equipment Subtotal	23,428	41,719	0	65,146	12,305	25,593	6,440	19,153	6,963	44,861	20,285	8,592
Property & Infrastructure Subtotal	30,814	13,417	0	44,231	12,084	9,063	3,964	5,099	14,131	35,278	8,953	4,696
IS Subtotal	23,736	14,706	0	38,442	13,345	10,614	5,979	4,635	8,042	32,001	6,441	2,958
Corporate Systems & Processes Subtotal	9,819	320	0	10,139	3,788	1,392	326	1,066	4,569	9,748	391	302
Regional Subtotal	9,943	1,264	0	11,207	1,043	4,987	1,304	3,683	2,691	8,721	2,486	26
MOH Subtotal	0	0	0	0	0	0	-	0	0	0	0	-
Trust Funded Subtotal	0	0	0	0	0	0	(0)	0	0	0	0	19
REPORT TOTALS	97,739	75,400	0	173,139	42,565	55,623	20,536	35,087	36,396	134,584	38,555	18,209

The transition to NOS has resulted in delays in capital reports becoming available. As a result the above data does not reconcile to the accounting records. This is being actively addressed.

Waikato DHB

CAPITAL EXPENDITURE AT 31 January 2019 (\$000s)

Project Activity	Total Budget	Total Spend to Date	Planned Future Spend	Under/ (over) Spend
CLINICAL EQUIPMENT				
Under \$50K Subtotal	3,974	2,524	1,450	-
Dialysis Machine - Model 5008S -17	527	-	527	-
Dialysis, Hemofiltration Unit	364	-	364	-
Computer Information Sys. - Oncology (Ecclipse & Aria) -1	250	-	250	-
Linarc Accelerator	5,000	14	4,986	(0)
Blood Culture Analyzer	250	-	250	-
Radg. Xray General Ed Room 1, MCC 5, Resus 1 & 2	1,400	17	1,383	0
Radg. Unit, Mobile Xray Machine -Mobile	300	-	300	-
Dual Head Gamma Camera - Hawkeye Infinia	730	-	730	-
Intellivue	364	-	364	-
Mp30 Intellivue	322	-	322	-
Monitor, Cardiac Multi-Parameter	282	-	282	-
Mammothest Breast Biopsy System	680	-	680	-
Monitor, Multi-Parameter	1,053	-	1,053	-
Datex As/3 Monitor 0E3867	320	-	320	-
Pump, Roller, Perfusion System	290	-	290	-
Scanners, Ultrasonic, Cardiac (Ie33)	250	204	46	0
Heart Lung Machine, Stockeret S111	303	-	303	-
Heart Lung Machine	315	-	315	-
Respiratory Function Equipment	299	-	299	-
Electrophysiology Equipment	285	-	285	-
Maclab Muse & Haemodynamic System	690	-	690	-
Apex Pro Telemetry System (Including Installation	573	-	573	-
Toshiba Digital Image Processing (Cath Lab 2)	1,143	-	1,143	-
Toshiba Digital Image Processing (Cath Lab)	1,204	-	1,204	-
ICU Monitoring System	1,122	-	1,122	-
Monitoring System Upgrade - Network Project	625	-	625	-
S/5 Aespire 7900 Anaesthetic Machibe E11246	612	-	612	-
Physiologic Monitor Module, Multiparameter	456	-	456	-
Incubators, Infant	294	-	294	-
Incubator/Radiant Warming Unit, Infant, Mobile	330	-	330	-
Monitor, Bedside, Fetal	468	-	468	-
Replacement Theatre Lights OT 20-25	286	235	51	(0)
Renal Dialysis (CCD) machines x4 Prismaflex	-	-	-	-
New MCC Theatre (Ceasar Theatre) - clinical equipment components	1,313	1,148	166	(1)
Mobile Dental Unit Replacements - level 2	600	117	483	(0)
Digital Mobile X-Ray Project	-	-	-	-
Heart Lung Machines	-	-	-	-
Vascular & Interventional Replacement	1,750	-	1,750	-
General X-Ray replacement Thames	700	-	700	-
Biochemistry main Analysers	300	-	300	-
Liquid Chromatography Mass Spectrometry Analyser	600	562	-	38
Rural Laboratories - biochemistry Analysers (x4)	720	-	720	-
Ultrasound (replacement)	825	-	825	-
L8 Menzies Surgical Assessment Unit (Acute)	1,561	1,717	34	(190)
Oncology Facility Development (Interim Facility_ Scoping	450	256	162	32
Other Clinical Items <\$250K	7,582	798	6,779	5
Unplanned Clinical Items - Bucket / Growth	9,143	-	4,533	4,610
Projects Removed to be Capitalised	13,216	13,677	71	(533)
Other Clinical items - Net Funding & savings required	4,999	-	676	4,323
Timing adjustment based on capacity constraints			(12,000)	12,000
Clinical Equipment Subtotal	69,120	21,270	27,566	20,285
PROPERTY & INFRASTRUCTURE				
Mental Health Facility - Scoping -part 2	2,973	106	2,816	51
Multi level carpark 3 or 4 levels (related to Mental health / Med school)	250	-	250	-
Gallagher Building - Med Store & CSES Clinic	-	-	-	-
Gallagher Building - Converyor System	-	-	-	-
Waiora Level 1 - ED Acute Observation Unit	650	-	650	-
Waiora Level 1 - Development of MCC L1 Shell space (for other decants from Waiora L1 : atten	750	-	750	-
Waiora Level 1 - Seismic Works *** part of \$2m in Capital Plan	500	-	500	-
Waiora Level 4 - Workspace open plan / decant from Waiora L3 (Includes item removed from k	650	-	650	-

Board Agenda for 27 February 2019 (public) - Financial Performance Monitoring

Project Activity	Total Budget	Total Spend to Date	Planned Future Spend	Under/ (over) Spend
Waiora Level 4 - Sleep space expansion	300	-	300	-
Waiora Level 2, 3 & 4 - Decant space development in ERB3 for Waiora L2, L3 & L4	600	-	600	-
Waiora L3 - Laboratory / Histology / Molecular Biology co location	250	-	250	-
Waiora L1, Menzies L8, OPR5 Kitchen Impact : Kitchen & Food Delivery - Refurbishment & extra	1,500	-	1,500	-
Hamilton Consolidation of CBD facilities - 9th Floor	850	850	-	-
Hamilton CBD - Collingwood Street Development - Ground Floor (Clinical)	9,124	3,240	5,884	0
Hamilton CBD - Collingwood Street Development - First Floor	5,584	555	5,030	(0)
Tokoroa / Te Kuiti / Taumarunui Pregnancy Support Facilities (Fitout of leased premises)	300	20	280	(0)
Regional Renal expansion on Campus (Is equipment on Clinical Plan??)	550	484	700	(634)
Hague road carpark - Seismic and Beam support	2,032	686	1,346	(0)
Urology to L8 Menzies	320	22	298	(0)
Tokoroa & Taumarunui Birthing Unit Upgrades (Stage 1 17/18)	300	-	300	-
Ward Block A & Environs	250	-	250	-
Waikato switchboard upgrades core buildings	866	469	397	0
Infrastructure Replacement Pool (17/18)	510	551	2	(43)
Infrastructure Replacement Pool (15/16)	600	745	-	(145)
Infrastructure Replacement Pool (16/17)	641	205	-	436
Infrastructure Replacement Pool (18/19)	600	58	542	0
Project Management Resource to deliver BAU Critical Infrastructure projects (2 FTE Equivalent)	250	-	250	-
Cooling Tower Dosing System Upgrades (2-plus)	300	86	214	(0)
Lomas Chillers	390	240	150	0
Fire Protection Upgrade to meet compliance requirements	425	-	425	-
Thames - PHO enabling works	500	-	500	-
Seismic Assessments & Remediation (all campus's not itemised elsewhere)	500	-	500	-
Waikato Distribution Boards	250	213	37	-
Electrical Systems Improvement	6,714	5,969	745	-
Carpark safety improvement (Nets / Cages)	550	1	549	0
Other P&I Projects Budgeted <\$250K	4,626	1,453	3,356	(184)
Projects removed to be capitalise	276	95	3	178
Less: Proceeds on sale of property (206 Collingwood St)	(1,500)	-	(1,500)	-
Savings required	-	-	(293)	293
Timing adjustment based on capacity constraints			(9,000)	9,000
Property & Infrastructure Subtotal	44,231	16,048	19,230	8,953
Information Systems				
ISSP - Clinical and corporate Platform SQL Server consolidation	365	286	79	0
IMPACT Patient Flow Tool	1,769	1,995	118	(344)
SQL Server 2016 upgrades / Citrix XenApp vS VDI	500	66	434	(0)
ISSP - Data Warehouse Upgrade (Data Warehouse Phase 1)	387	336	51	0
ISSP- Clinical Photography and Image Management	397	206	191	0
ISSP - Communication Room Remediation Lifecycle	368	120	248	(0)
ISSP - Paging System Replacement	290	296	-	(6)
ISSP - Network Remediation Work Package 2015/2016	-	-	-	-
ISSP - WiFi Rollout	-	-	-	-
ISSP - Network Remediation Lifecycle Work Plan 16/17	282	278	4	(0)
LAN / WLAN - IMPLEMENT: Install WAPs (extend Wi-Fi coverage)	997	367	630	(0)
LAN / WLAN - UPGRADE: Wireless LAN Controllers (Address core capacity constraints)	263	248	15	0
LAN / WLAN - UPGRADE: Distribution Switches	750	-	750	-
LAN / WLAN - UPGRADE: Access Switches - Replacement	500	3	497	0
LAN / WLAN - UPGRADE: Access Switches - Network Remediation	497	-	497	0
LAN / WLAN - UPGRADE: Access Switches - Campus Comms	499	-	499	(0)
NIPS - IaaS Implementation	1,557	1,383	174	(0)
Disaster Recovery Solution	1,800	-	1,800	-
DeskTop WorkPlan 16/17	288	192	96	0
End User Devices (<\$2k) - now capitalised	1,740	987	753	0
Rollout of devices at point of care (Investment in circa 500 tablets)	491	2	489	(0)
ISSP - Mobile office Productivity & Management	392	210	182	(0)
Tablet rollout (Year 2 of 4 year plan)	500	-	500	-
ISSP - MS Licensing True-Up	476	129	347	-
ISSP - Other Licensing True-Up	349	83	266	-
ISSP - MS Licensing True-Up -2	400	-	400	-
ISSP - Other Licensing True-Up 2	266	-	266	-
ISSP - Enterprise Business Intelligence Tool	305	300	5	0
Business Intelligence Data & Reporting	453	71	382	(0)
Enterprise Service Bus (ESB) Phase II	263	-	263	-
Enterprise Messaging/Communication Solution	350	-	350	-

Board Agenda for 27 February 2019 (public) - Financial Performance Monitoring

Project Activity	Total Budget	Total Spend to Date	Planned Future Spend	Under/ (over) Spend
ISSP - SharePoint Work Pan 16-17	401	464	34	(97)
ISSP - Rapid Logon	359	155	204	0
ISSP - Toolsets (IS Toolsets 15/16)	507	508	-	(1)
ISSP - Netscaler Infrastructure	301	340	-	(39)
Sharepoint 15/16	350	310	40	(0)
Win 10 Upgrade	364	198	166	0
Mobility & Mobile Apps	371	103	268	0
Patient IS capabilities - Observations Platform	361	46	315	0
ISL merge ANZ version with European version	500	-	500	-
EBI Tool implementation phase 2 (Qlik Sense Licences)	450	-	450	-
Archiving Tool Implementation	378	-	378	-
Office 2016 upgrade	300	5	295	(0)
Windows 2008r2 to 2016 Server upgrades	800	-	800	-
Security Defence in depth	500	70	430	-
Clinical Workflow Integration Work Plan	358	399	-	(41)
Clinical Workstation Core Component Workplan	513	605	-	(92)
Database Replacements	301	140	161	0
iPM upgrade to V10 - after 16/17	484	575	-	(91)
Cat1-5 In-House Developed Applications Work Plan	330	383	(2)	(51)
Life cycle - cat 3 -5 Off shelf Apps Workplan(eg PaceArt)	259	248	11	0
Oral Health system	852	933	(2)	(79)
eCWB Infrastructure	254	238	16	-
eOrders	469	320	93	56
Anaesthesia Information System - Implementation	600	-	600	-
Observations Platform (eVitals) - implementation	700	-	700	-
Nutrition & Food Management	932	208	724	0
Other IS Projects Budgeted <\$250K	7,545	2,907	5,210	(572)
Projects to be Capitalised	1,408	2,614	-	(1,206)
Savings required	-	-	-	-
Timing adjustment based on capacity constraints	-	-	(9,000)	9,000
IS Subtotal	38,442	19,324	12,677	6,441
Corporate				
HRIS Lifecycle Upgrade 15_16	529	51	478	-
Costpro Upgrade	313	248	65	(0)
HRIS Renewal Preparation	470	100	260	110
HRIS remediation	3,435	-	3,435	-
PeopleSoft IPS	313	256	14	43
incl Mobile printing for IOS	600	389	211	(0)
Clinical Device Platform	491	83	408	0
SCEP racking - hospital wide	400	-	400	-
PeopleSoft Global Remediation	478	478	-	(0)
MECA and Rule Management	289	289	-	0
PLA and Leave Rule Updates	361	361	-	0
Payroll Process Improvements	480	631	-	(151)
National Patient Flow Phase 3 16/17 & 17/18 & 18/19	482	340	142	0
Other Corporate Projects Budgeted <\$250K	1,498	888	392	218
Savings required	-	-	(170)	170
Corporate Subtotal	10,139	4,113	5,635	391
MOH & Trust Funded				
HSL - eSpace Programme	6,014	1,243	4,771	0
National Oracle Solution - Elevate	3,929	1,104	2,066	759
PACS review	392	-	392	-
Telestroke Pilot	321	7	314	-
16/17 Trust Account	-	-	-	-
Other MOH & Trust Funded Projects Budgeted <\$250K	872	-	872	-
Savings required	-	-	(1,727)	1,727
(Funded by MOH)	(321)	(7)	(314)	-
MOH & Trust Subtotal	11,207	2,347	6,374	2,486
Total Projects	173,139	63,101	71,482	38,555

Board Summary Totals
check

173,139	63,101	71,482	38,555
(0)	(0)	-	0

**WAIKATO DISTRICT HEALTH BOARD
EXECUTIVE TRAVEL
January 2019**

Travel costs include airfare, accommodation, taxis/shuttles and meals. Travel relating to training or conferences does not include the event registration fees. Travel relating to CME is also not included.

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 January 2019	Month			Year to Date			Comment
	Domestic \$	International \$	TOTAL \$	Domestic \$	International \$	TOTAL \$	
AITKEN VICKI	192.22	-	192.22	2,271.06	-	2,271.06	
AYDON LYDIA	-	-	-	35.00	-	35.00	
CARDWELL CHRIS	-	-	-	-	-	-	
CHRYSSTALL MAUREEN	159.17	-	159.17	1,443.72	-	1,443.72	
ELLIOTT LORAINÉ	288.60	-	288.60	1,854.71	-	1,854.71	
HABLOUS NEVILLE	70.00	-	70.00	660.04	-	660.04	
HAYWARD SUE	-	-	-	1,050.75	1,559.78	2,610.53	Int Travel - Quality & Safety in Healthcare forum, Melbourne
HOPGOOD GARY	-	-	-	1,257.39	-	1,257.39	
HOWARD GRANT	-	-	-	927.18	-	927.18	
MALONEY TANIA	-	129.33	129.33	1,471.94	3,724.18	5,196.12	Int Travel - Learning Set - Melbourne
MCCURDIE ANDREW	-	-	-	1,308.14	-	1,308.14	
NEVILLE MO	31.89	-	31.89	1,817.60	1,487.19	3,304.79	Int Travel - Health round table, Sydney
SEWELL GILL	-	-	-	955.35	-	955.35	
TAHU SUE	740.86	-	740.86	740.86	-	740.86	
TAPSELL REES	-	-	-	667.27	-	667.27	
TER BEEK MARC	-	-	-	626.23	-	626.23	
WRIGHT DEREK	39.59	-	39.59	4,558.59	-	4,558.59	
Grand Total	1,522.33	129.33	1,651.66	21,645.83	6,771.15	28,416.98	

Interim CE Travel Expenditure Derek Wright

Travel costs for the period to 31 January 2019				
Date(s)	Cost (\$) (exc GST)	Purpose	Nature	Location
21 February 2018	40.91	Late charge prior year Taxi Fare Health Commissioner	Taxi	Wellington
8 June 2018	45.12	Meet & Welcome new MoH Director General	Taxi	Wellington
June 2018	72.17	3 x meetings in Wellington with MoH in June 2018	Hamilton airport parking x3	Hamilton
18-19 June 2018	40.54	MoH - WDHB annual plan and Budget meeting, meeting Dept. Corrections	Taxi	Wellington
6 August 2018	77.13	Meeting CE and Chair of Counties Manukau DHB	Mileage and parking	Auckland
7 August 2018	70.00	Presented to APEX conference	Mileage	Auckland
9 August 2018	577.38	National DHB CE meeting	Parking, airfare, taxi	Wellington
24 September 2018	513.32	Allied Health Partnerships Meeting	Airfare, Taxi	Wellington
11 October 2018	497.60	National DHB CE meeting	Airfare, Taxi	Wellington
7-8 November 2018	857.78	National DHB CE meeting & NZPHL workshop	Airfare, Taxi, Accommodation	Wellington
30 November 2018	439.13	Koru Club	Membership	N/A
12-14 December 2018	921.50	National DHB meeting, Pharm meeting, Mental health and SSC meetings	Airfare, Taxi, Accommodation	Wellington
6-7 December 2018	406.00	Midland Regional meeting	Accommodation	Tauranga
	4,558.59			

MEMORANDUM TO THE BOARD
27 FEBRUARY 2019

AGENDA ITEM 6.2

**ASSET PERFORMANCE INDICATORS – DECEMBER 2018 YTD
PROGRESS (QUARTER 2, 2018/19)**

Purpose	For information.
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Waikato DHB must provide asset performance information in relation to its three portfolios of Facilities, Clinical Equipment and Information Communications Technology (ICT). Each portfolio must incorporate a performance measure that covers each of the following asset performance dimensions:

- utilisation
- condition
- functionality (fitness for purpose).

The information covers both owned and leased assets, and shows performance against set asset performance targets for each measure. These are formally reported to the Board on a quarterly basis and actual year-end results against targets are reported in DHB's annual report.

The attached report shows the Quarter 2 (October to December 2018) results and Q2 YTD performance against the set Asset Performance Indicators (API) targets for the 2018/19 financial year.

Recommendation

THAT

The Board approves the Asset Performance Indicators December 2018 performance update and the updated 2018/19 targets.

ANDREW MCCURDIE
CHIEF FINANCIAL OFFICER



Asset Performance Indicator Board Report: Summary and Dashboard

Reporting period: Quarter 2, 2018/19 (1 October to 31 December 2018)

Reporting Enhancements

Five key enhancements have been made to the API report, as follows:

1. **New Summary and Dashboard:** This is a high level summary of the key aspects to note from the quarter's report. It also provides a dashboard view (using a traffic light indicator) at portfolio level of the expected year-end performance position, based on year-to-date performance.
2. **Unique API reference:** For clarity, each measure now has its own unique reference number relating to the asset portfolio it aligns to, e.g. API #F1, API #CE1, API #ICT1, etc.
3. **Results from the previous quarter:** The Q1 results are included in the Q2 report. The results from previous quarters will be included in each subsequent report to give context to the results of the 'current' quarter being reported. Small variations between quarters are generally due to usual seasonal fluctuations.
4. **'Current' quarter's result and calculations:** The Q2 report includes the Q2 results (in bold), the year-to-date Q2 result, and the Q1 result, if it has been corrected since it was reported.
5. **Comments and Results Explanation:** This new column has been added. Results are explained if the quarter's results are markedly different from the previous quarter's results, or if the forecast, based on YTD actuals, is that the performance is not 'on track' to achieve the annual target. Commentary about what remedial action is being taken, is included. Any other comments relating to the results or the target are included in this column, for example, if there is a formal change to the annual target.

To improve the accuracy of and therefore confidence in the results being reported, enhancements have also been made to the underlying reporting methodologies for each API (source data and calculations). This has resulted in the correction of some of the Q1 results. These corrections are noted in the Q2 report.

Summary for Q2 Report

- One of the existing measures for Facilities, API #F1, is under review. A more appropriate measure or a more appropriate expression of the same measure will be proposed in the Q3 API report.
- The annual target for Facilities API #4 has been adjusted due an incorrect definition being previously used to set the target.
- Annual targets for two Clinical Equipment APIs have been adjusted: one due a formally agreed contract variation that is now in place, API #CE5; the other aligned to the set annual target for API #CE7 set by the Ministry of Health, erroneously reported to the Board as the 2017/18 target figure.
- The 2018/19 annual target relating to the condition and functionality of clinical assets, API #CE9, has not yet been set. Analysis will be completed when the clinical data clean-up project is concluded at the end of March 2019.
- A new ICT API is under development and will be reported to the Board for the first time in the Q3 API report, which will be reported in April 2019. The measure relates to the currency of release status for key IT systems which covers the "condition" and "functionality" dimensions. It was requested as a new measure at the October 2018 Board meeting. This will become API #ICT9.

Dashboard

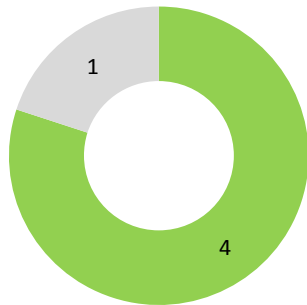
The dashboard below provides a forecast year-end view of performance in each asset portfolio, based on the year-to-date performance. This is indicated by the following key.



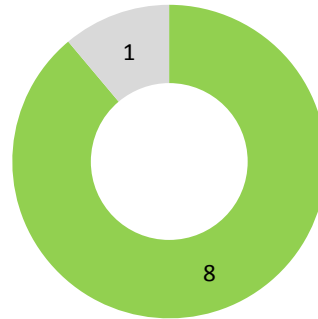
Green	Annual target achieved or forecast to achieve annual target.
Amber	Forecast to be 'on target' to achieve the annual target, with minor intervention.
Red	Forecast not to be 'on target' to achieve the annual target. Significant intervention required.
N/A	Forecast not applicable/not able to be reported.

Forecast Year End Status based on Q1 and Q2 Actuals				
	Green	Amber	Red	N/A
Facilities	4	0	0	1
Clinical	8	0	0	1
ICT	3	0	3	2

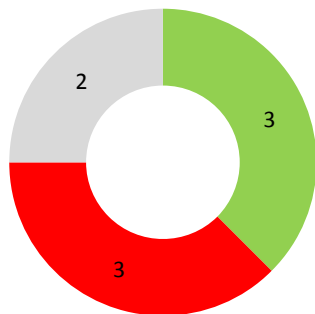
**Facilities
Asset Performance Indicators**



**Clinical Equipment
Asset Performance Indicators**



**ICT
Asset Performance Indicators**





Facilities Asset Performance Indicators: Q2 Report

API #	Asset	Measure - Updated wording	Indicator Type	Target 2018/19	Q2 Result and Calculations (in bold). (Also shown: Q2 YTD result, and Q1 result, if adjusted)	Q1 Actuals	Q2 Actuals	YTD Actuals at Q2	Forecast Year-end Status (at Q2)	Comments and Results Explanation Quarterly result explained if not on target and/or if forecast to not be 'on track' to achieve the annual target, based on YTD actuals.
API F1	Waikato Campus buildings	Proposed new measure (TBC) - Percentage of all Waikato Campus buildings/structures that are assessed as not "earthquake prone"	Condition	Greater than 77%	Q2 Result: Not reported. A new measure and target are being developed to be presented to the Board for approval in Q3/Q4.	68%	Not reported	Not reported	N/A	A new measure and target is being developed for the Q3 period, for the Board's review and approval. No strengthening work has been undertaken in Q2 to improve the seismic performance of any buildings.
API F2	Waikato Campus Buildings - Core services within	The rolling annual total physical down time hours for core services at the Waikato Campus, as a percentage of total operating hours per annum	Condition	Less than 1%	Core services Plant & Equipment downtime hours: - Lifts 0.64% (56.2 hrs) - Generators 0% (0 hrs) - Boilers 0.08% (6.7 hrs) X = Combined down time = 62.9 hrs Y value = 365 days x 24 hours per day = 8,760 hours Q2 Result: 62.9/8760 = 0.72% Q2 YTD Result: Same as the Q2 result because each quarter's result is a rolling annual result.	0.68%	0.72%	0.72%		This is a rolling annual result, as at the end of each quarter.
API F3	Waikato Campus Buildings - Core services within	The rolling annual total operational/effective available hours of core services at the Waikato Campus, as a percentage of total operating hours per annum	Utilisation	Greater than 99%	Available hours (Y value from API #2) less planned downtime (X value from API #2), divided by Total Hours (365*24). Q2 Result: (8760 - 62.9) / 8760 = 99.28%	99.32%	99.28%	99.28%		
API F4	Waikato Campus Carparks	The number of mobility public carparks as a percentage of total public caparks at the Waikato Campus site	Functionality	Greater than 5%. Update to: Greater than 12.5%	Q1 Result: This was mistakenly reported against the total of public and staff carparks (i.e. 132 of 2,280 = 5.8%). The Q1 result has been updated to 132 of 1,055 public carparks = 12.5%. Q2 Result: There are 145 accessible carparks out of 1,055 public carparks across campus = 13.7%. Q2 YTD Result: Same as the Q2 result because this is not a cumulative result.	12.5%	13.7%	13.7%		To maintain the number of accessible carparks at a minimum of 132, the percentage figure as a ratio of public carparks needs to be corrected according to the definition, that is 132 of the public carparks total of 1,055 carparks = Greater than 12.5% .
API F5	Waikato Campus Buildings - Energy	Energy savings achieved per annum across Hamilton campus buildings as a % of targeted consumption (Kwh/m2/year)	Utilisation	Greater than a 7% saving	The Q2 result is the rolling annual result as at the end of Q2, reported against the 464 Kwh/m2 annual target (which represents a 7% saving relative to the historical usage baseline amount of 499 Kwh/m2). Q2 Result: X = 409 Kwh/m2 Y = 499 Kwh/m2, calculated as (Y-X)/Y = a saving of 18%.	7%	18%	18%		



Clinical Equipment Asset Performance Indicators: Q2 Report

API #	Asset	Measure - Updated wording	Indicator Type	Target 2018/19	Q2 Result and Calculations (in bold). (Also shown: Q2 YTD result, and Q1 result, if adjusted)	Q1 Actuals	Q2 Actuals	YTD Actuals at Q2	Forecast Year-end Status (at Q2)	Comments and Results Explanation Quarterly result explained if not on target and/or if forecast to not be 'on track' to achieve the annual target, based on YTD actuals.
API CE1	CT Scanners & Linear Accelerators (Radiology & Oncology departments)	Percentage of CTs and Linear Accelerators compliant with manufacturer's specifications and the Radiation Safety Act 2016	Condition	100% compliance	Q2 Result - CTs: 100% compliance at the December review. The annual test results indicate that the X-ray machine parameters assessed were rated as satisfactory. Q2 Result - LINACS: 100% compliance achieved in annual external audit. Q2 YTD and Annual Result - CTs and LINACS: 100%	100%	100%	100%		
API CE2	CT Scanners - Radiology	Percentage of planned session time used to perform diagnostic CT scans on patients across Waikato DHB (Radiology - Waikato and Thames Hospitals)	Utilisation	Greater than 90% planned volumes in planned time	Q2 Result: 100% of available sessions used to scan patients as per planned availability (514 sessions x 13 weeks = 6,682 planned sessions were used). Q2 YTD Result: 99%	99%	100%	99%		
API CE3	Linear Accelerators- Oncology	Percentage of the available time LINACS are used to carry out radiation treatment on patients	Utilisation	Greater than 86.40% of actual planned	X = Actual treatment hours = 1813.76 hours Y = Planned available hours = 1996.54 hours Q2 Result: X/Y = 90.8%	78.5%	90.8%	85%		Results improved from Q1 when LINAC utilisation was down due to vacant Radiation Oncologist SMO positions impacting on First Specialist Appointment (FSA) throughput. A SMO sees 5 FSAs per week. The usual/target FTE for SMOs is 7.5 FTE. Actual FTE in Q1 was 5.5 FTE. A remediation plan was put in place in Q2, resulting in 6.5 FTE in November and 7.5 FTE in December, enabling more treatment hours.
API CE4	Operating Theatres	The percentage of planned day session main operating theatre capacity at Waikato Hospital that was occupied by surgery patients receiving active treatment	Utilisation	1,597,336 minutes	Q2 Result: Main theatre minutes = 454,520. Q2 YTD Result = 899,042 or 56% of the annual target minutes have been achieved. Q1 updated result: Main theatre actual usage = 444,522 minutes (updated from originally reported Q1 result of 444,490 due to data completeness at the time of reporting).	444,522	454,520	899,042		



Clinical Equipment Asset Performance Indicators: Q2 Report (continued)

API #	Asset	Measure - Updated wording	Indicator Type	Target 2018/19	Q2 Result and Calculations (in bold). (Also shown: Q2 YTD result, and Q1 result, if adjusted)	Q1 Actuals	Q2 Actuals	YTD Actuals at Q2	Forecast Year-end Status (at Q2)	Comments and Results Explanation Quarterly result explained if not on target and/or if forecast to not be 'on track' to achieve the annual target, based on YTD actuals.
API CE5	Building facilities / theatres / clinical equipment	Percentage of planned outpatient services achieved through actual outpatient attendances, across all Waikato facilities.	Utilisation	Greater than 212,035. Update to: Greater than 209,632 outpatient attendances	Annual outpatient services target adjusted in Q2 as a result of a Funder contract variation. Originally set at 212,035 as at Q1. In Q2 adjusted to 209,632. Q2 Result: 51,032 attendances. Q2 YTD result: 103,054 attendances or 49% of the updated annual target achieved. Q1 actual attendances result adjusted to 52,022 attendances, due to delay in full results being available at the time of reporting. Originally reported as 51,932 attendances.	93%	100.3%	96%		
API CE6	Beds / Wards	Percentage of planned bed occupancy utilised at Waikato Hospital	Utilisation	Less than 93%	X = Actual Bed Occupancy Y = Planned Beds Q2 Result: X = 48,195 Y = 56,913. X/Y = 85%	86%	85%	85%		This is a surprising result and is being validated to ensure the correct definition and methodology has been applied.
API CE7	Theatres / Clinical Equipment	The percentage of MOH Elective Surgery targets achieved through actual Elective Surgery completed (discharges), across all Waikato DHB sites	Utilisation	Greater than 17,475 discharges. Update to: Greater than 18,038 discharges.	Annual elective surgery target is updated from 17,475 to 18,038. (An error in the October Board paper that has been now corrected). Q2 Result: 4,382 discharges. Q2 YTD result: 9,098 discharges or 50% of the annual target. Q1 actual discharges result adjusted to 4,716 due to delay in full results being available at the time of reporting. Originally reported at 4,656 discharges.	4,716	4,382	9,098		
API CE8	CT scanners - Radiology	Percentage of CT scans that meet the clinical requirements of quality imaging to support effective and appropriate diagnosis and treatment by clinicians (Radiology)	Functionality	Greater than 99% performed as per clinician's requirements	Q2 Result = 100%. No limitations or concerns raised or documented. Q2 YTD Result = 99.5%	99%	100%	99.5%		
API CE9	All Clinical Equipment	The weighted average age of Waikato DHB clinical assets compared with the suppliers' weighted average life expectancy	Condition / Functionality	TBC	We have established a high level target of the actual weighted average age of clinical assets to be no more than 2 years beyond the manufacturer's expected life. The planned timeframe to achieve this is yet to be set.	N/A	N/A	N/A	N/A	Methodology and restatement of the target will be presented for Board approval in Q3.



ICT Asset Performance Indicators: Q2 Report

API #	Asset	Measure - Updated wording	Indicator Type	Target 2018/19	Q2 Result and Calculations (in bold). (Also shown: Q2 YTD result, and Q1 result, if adjusted)	Q1 Actuals	Q2 Actuals	YTD Actuals at Q2	Forecast Year-end Status (at Q2)	Comments and Results Explanation Quarterly result explained if not on target and/or if forecast to not be 'on track' to achieve the annual target, based on YTD actuals.
API ICT1	Laptops / Tablets / PCs	The percentage of user hardware devices less 5 years	Condition	Greater than 90%	Computers = Tablets / PCs / Laptops. Q2 Result: 63% of computers are less than 5 years old. Tablets - Of a total of 109 tablets, none are over 5 years of age (= 100% are under 5 years). Laptops - Of a total of 1,189 laptops, 131 are over 5 years old (= 89% under 5 years). PCs - Of a total of 4,706 PCs, 2,083 are over 5 years old (= only 56% are under 5 years). Q2 YTD Result: Same as the Q2 result because this is not a cumulative result. Q1 Result: Original result was miscalculated so has been updated to 71%. Tablets - Of a total of 109 tablets, none are over 5 years of age (= 100% are under 5 years). Laptops - Of a total of 1,189 laptops, 131 are over 5 years old (= 89% under 5 years). PCs - Of a total of 4,740 PCs, 1,633 are over 5 years old (= only 66% are under 5 years).	71%	63%	63%		Applications are accessed by a number of device types. PCs are the largest component of the overall 'computers' fleet and have the largest ratio, with 44% aged over 5 years. This impact is due to investment in lifecycle upgrades being increased and the Windows 10 migration, rather than PC replacements.
API ICT2	Software systems	The actual availability of critical Clinical IT systems across the Waikato Campus as a percentage of planned availability	Condition	Greater than 99.90%	"Unplanned outage" impacts against total planned availability for Critical Clinical systems = iPM 100%, CWS 100%, PACs 99.8%, ISL 100%. Q2 Result: Average availability = 99.95%. Q2 YTD Result: 99.77%	99.58%	99.95%	99.77%		A 30 minute unplanned outage was recorded in the Q2 period for PACs that resulted in a reduced availability score. The projected year end target is not achievable even if 100% availability is achieved in Q3 and Q4. Ongoing process improvements across delivery, change and incident management are being put in place to improve performance against target.
API ICT3	Software systems	Number of critical business impact faults (Priority 1 faults) across DHB-wide IT systems, per annum	Condition	Less than 24	Priority 1 = Critical business impact. Key service areas are unable to work or there is an IT security breach. There is no work-around solution available and immediate restoration is required. This is a manual count of "Priority 1" faults as recorded in the ticketing system (Cherwell) based on a "P1" filter/category. Q2 Result: 3 faults. Q2 YTD Result: 6 faults.	3	3	6		
API ICT4	Software systems	Percentage of all staff with remote systems access	Utilisation	Greater than 30%	Remote access means access to Waikato DHB systems via Citrix software. Remote users are based on the number of Active Directory users registered in the "Remote Access" group as a % of total registered users (active logins in the last 6 months). Q2 Result: X = 2,722 remote access users; Y = 8,709 total registered users. X/Y = 31%. Q2 YTD Result: Same as the Q2 result because this is not a cumulative result.	29%	31%	31%		



ICT Asset Performance Indicators: Q2 Report (continued)

API #	Asset	Measure - Updated wording	Indicator Type	Target 2018/19	Q2 Result and Calculations (in bold). (Also shown: Q2 YTD result, and Q1 result, if adjusted)	Q1 Actuals	Q2 Actuals	YTD Actuals at Q2	Forecast Year-end Status (at Q2)	Comments and Results Explanation
API ICT5	Servers & storage facilities	The percentage of data centre server and storage capacity used	Utilisation	Greater than 85%	Q2 Result: 26% usage of Waikato DHB-owned server and storage capacity. Q2 YTD Result: Same as the Q2 result because this is not a cumulative result.	35%	26%	26%	N/A	This is an expected result due to the planned ongoing transition to outsourcing server/data storage. In Q3 2018/19 the final tranche of IaaS (Infrastructure as a Service) data migration onto remote servers will take place. This measure will therefore no longer be relevant. An alternative measure will be developed to assess performance, that is the accessibility and reliability of remote server access to support users. The new measure, its definition, rationale, calculation methodology and target will be presented for Board approval in Q3/Q4.
API ICT6	Software & Network Systems	The percentage of the time IT systems usage is running at peak bandwidth usage	Utilisation	Less than 30%	Q2 Result: 16%. Reduction in peak bandwidth usage was due to reduced demand over December. Networks bandwidth utilisation is monitored by the network management tool 'Solar Winds' on a 5 minute peak setting, then averaged over the quarter. Q2 YTD Result: 17% (an average of Q1 and Q2).	18%	16%	17%		
API ICT7	Software & Network Systems	Customer satisfaction with the management and performance of IT systems	Functionality	Greater than 75%	Q2 Result: N/A. The survey has not yet been conducted for the current financial year. Q1 Result: Was reported as 75% but related to the 2017/18 FY result. This has been corrected to N/A.	N/A	N/A	N/A	N/A	Surveys are run annually in October and target the senior business owners (Executive Leadership Team). The score is measured on a satisfaction scale of 1 to 10, with 10 representing the highest level of satisfaction. The survey for 2018 was delayed due to the executive level restructure and decisions on senior appointments. This year's survey is now scheduled for distribution in February 2019 and results will be reported in the Q3 report.
API ICT8	Software & Network Systems	Percentage of IT systems incidents resolved within agreed department service levels	Functionality	100%	Q2 Result: 97% of incidents resolved with agreed SLA parameters. Q2 YTD Result: 97% (an average of Q1 and Q2).	97%	97%	97%		All software and Wide Area Network (WAN) bandwidth related incidents resolved as reported by Cherwell system against resolution targets set and agreed in the IS SLA. The 100% target is not achievable for the year. It is noted that the SLA is currently due for review however it is unlikely to impact on the 2018/19 FY target and results.



Health Targets

MEMORANDUM TO THE BOARD

27 FEBRUARY 2019

AGENDA ITEM 7.1

HEALTH TARGETS REPORT

Purpose	For information.
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The Ministry of Health is currently developing a new set of national performance measures with a new focus on population health outcomes. The measures are expected to be in place in the next few months, until which time we will continue to report on the existing health targets in the current format. The System Level Measures framework has also been added to this report to provide further information on wider indicators of health outcomes.

Most Recent Results

This report has been updated with Q2 results from the Ministry of Health. The “most recent result” (far right column) shows latest monthly data. Such data is not available for smoking quit targets.

Table 1- Health targets performance summary

HEALTH TARGETS		Target	2017/18 Q1 results	2017/18 Q2 results	2017/18 Q3 results	2017/18 Q4 results	2018/19 Q1 results	2018/19 Q2 results (provisional)	Target achieved	Most recent result
Shorter stays in emergency departments		95%	82% 20 th ✗	89% 20 th ✗	86% 19 th ✗	84% 19 th ✗	80% 20 th ✗	84% 17 th ✗	X	82% Jan-19
Improved access to elective surgery		100%	111% 5 th ★	104% 8 th ●	105% 6 th ★	105% 7 th ★	102% 7 th ★	99% 11 th ●	X	97% Jan-19
Faster Cancer Treatment (FCT)	Achievement	90%	98% 1 st ★	98% 2 nd ★	97% 3 rd ★	96% 3 rd ★	94% 8 th ●		✓	93% Jan-19
Better Help for Smokers to quit	Primary Care	90%	88% 14 th ●	89% 12 th ●	88% 14 th ●	87% 16 th ✗	85% 17 th ✗	85% 15 th ✗	X	Not available
	Maternity	90%	94% 8 th ●	97% 4 th ★	99% 3 rd ★	87% 14 th ●	90% 13 th ●	87% 17 th ✗	X	Not available
Increased immunisation (8 months)		95%	88% 15 th ✗	90% 15 th ✗	89% 14 th ●	88% 14 th ●	87% 16 th ✗	88% 14 th ●	X	86% Jan-19
Raising Healthy Kids		95%	76% 19 th ✗	100% 1 st ★	100% 1 st ★	100% 1 st ★	100% 1 st ★	100% 1 st ★	✓	100% 6 mths Dec 18

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 2018/19*

Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
88.8%	85.8%	83.6%	80.4%	83.9%

Table 3 - Emergency Department Q1 results by site and by clinical unit

Quarterly Results – by DHB total population			
	Numerator: The number of Emergency Department presentations with a length of stay of less than six hours	Denominator: Total number of Emergency Department presentations	Percentage of patients admitted, discharged or transferred from the Emergency Department in less than six hours
DHB total:	24924	29704	83.9%
Waikato	16837	21003	80.2%
Taumarunui	1408	1450	97.1%
Thames	3686	4154	88.7%
Tokoroa	2993	3097	96.6%

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 Emergency Department presentations with a length of stay of less than six hours	Total number of Emergency Department presentations	Percentage of patients admitted, discharged or transferred from the Emergency Department in less than six hours	The number of Emergency Department presentations with a length of stay of less than six hours	Total number of Emergency Department presentations	Percentage of patients admitted, discharged or transferred from the Emergency Department in less than six hours
DHB total:	7750	9037	85.8%	634	737	86.0%
Waikato	5167	6314	81.8%	501	594	84.3%
Taumarunui	627	646	97.1%	10	11	90.9%
Thames	675	758	89.1%	43	49	87.8%
Tokoroa	1281	1319	97.1%	80	83	96.4%

January 2019 6hr target score: 86%- Waikato DHB only.

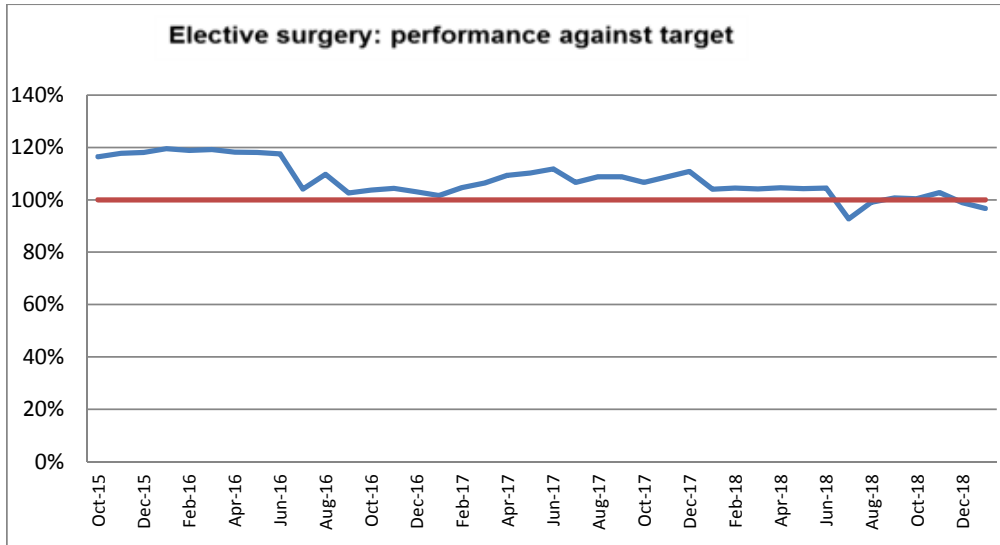
February 2019 6 hr target score (provisional): 89%- Waikato DHB only.

Target: Elective Surgery*Table 4 – Elective Surgery Results by Quarter*

Quarter	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Result	104%	105%	105%	102%	99%
Ranking	8	6	7	7	11

Graph 1 below provides the most recent result of 96.6% till the end of January 2019.

Graph 1 - Waikato DHB's elective surgery performance up to Jan 2019



Target: Faster Cancer Treatment (FCT)

Table 5 - Summary of achievement against the FCT health target from July 2016 to January 2019.

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 17/18	DHB Q1 Result 18/19
90%	81.4%	86.1%	85.9%	86.4%	96.6%	96.6%	99.0%	95.5%	94%
	5 th ranking	5 th ranking	5 th ranking	2 nd ranking	3 rd equal ranking	3 rd equal ranking	3 rd ranking	3 rd ranking	TBC
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 17/18	DHB Q4 Result 17/18	DHB Q1 Result 18/19
25%	17%	19%	19%	22%	14%	14%	14%	18%	18%

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

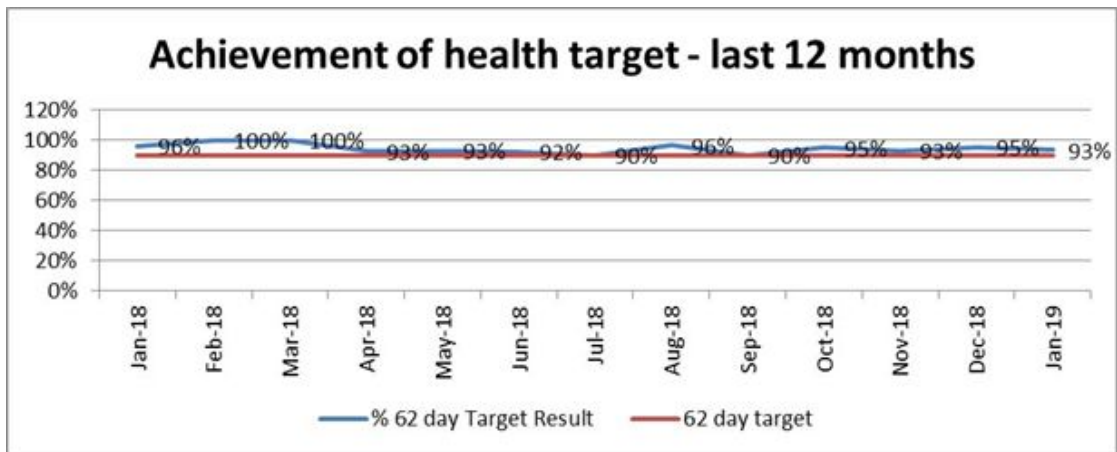


Table 6

Local FCT Database	Nov-18	Dec-18	Jan-19
Number reported on pathway	36	27	24
Number excluded (patient reasons/clinical considerations)	7	6	9
Number included for 62 day indicator	29	21	15
Number within 62 days	27	20	14
% 62 day Target Result	93%	95%	93%
% Volume Target Met (15%)	22%	17%	15%

Target: Increase in 8 month olds fully immunised

Table 7 – Eight month Milestone Immunisation Results by Quarter

Quarter	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Result	90%	89%	88%	89%	88%
Māori	86%	83%	82%	83%	81%
Ranking	15	14	14	16	14

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

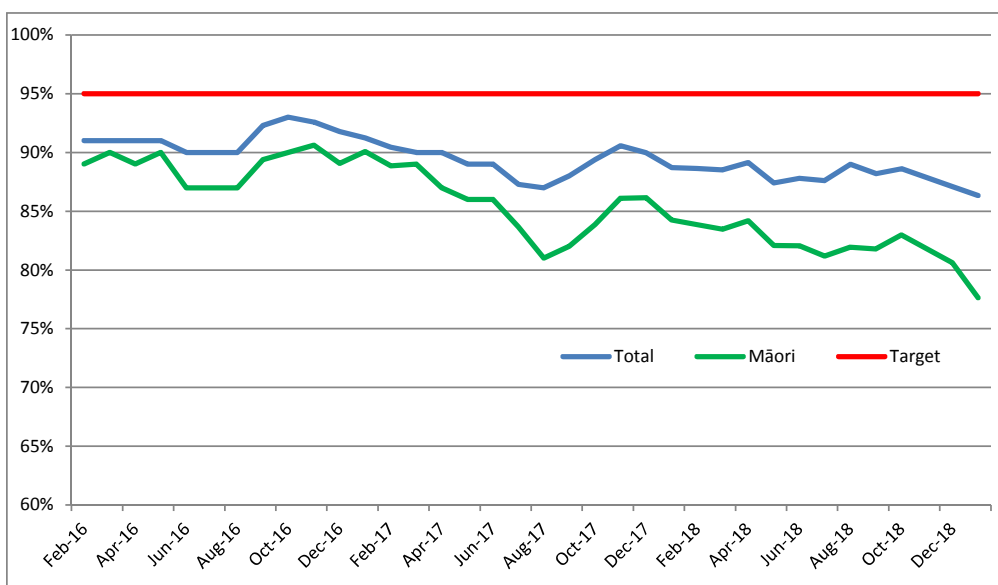


Table 8 - Waikato DHB 8 month old immunisations ethnicity breakdown from Nov 2018 to Jan 2019

Ethnicity	Number eligible	Fully immunised	Result	Increase needed to meet target (95%)
NZ European	545	495	91%	23
Māori	496	385	78%	87
Pacific	56	50	89%	4
Asian	198	190	96%	0
Other	79	66	84%	10
Total across ethnicities				124
Total	1,374	1,186	86%	120

Target: Better help for smokers to quit - primary care

Table 9 – Quarterly Results

	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Total	89%	88%	87%	85%	85%
Total Ranking	12	14	16	17	15
Māori		87%	85%	81%	82%
Māori Ranking		13	15	18	15

Ethnicity splits only provided from Q3 17/18

Target: Better help for smokers to quit - maternity

Table 10 – Quarterly Results

	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Total	97%	99%	87%	90%	87%
Total Ranking	4	3	14	13	17
Māori	97%	98%	83%	86%	87%
Maori Ranking	8	2	13	15	17

Caution must be exercised when interpreting results as the sample population is extremely small

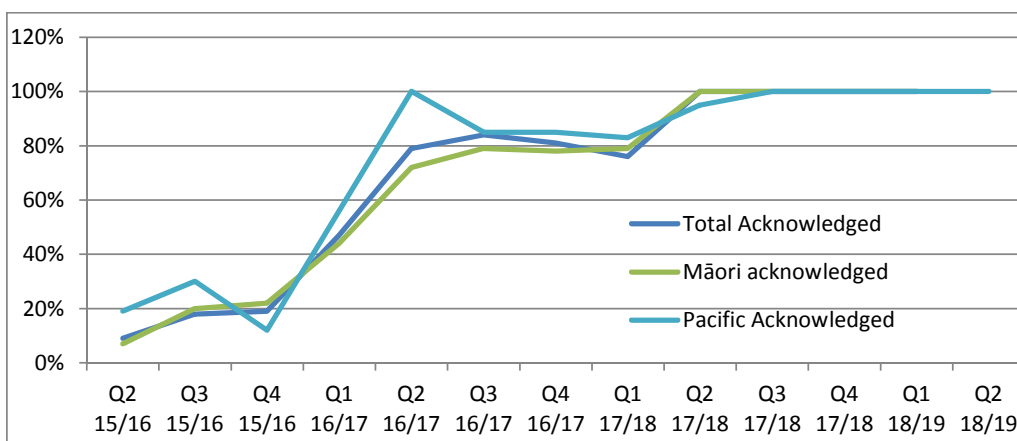
Target: Raising healthy kids

Table 11 – Raising Healthy Kids Results (target 95%)

		Waikato					National
		2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q2
		Six mths Nov 17	Six mths Feb 18	Six mths May18	Six mths Aug 18	Six mths Nov 18	Six mths Nov 18
Total	Referral Sent	100% (144)	100% (142)	100% (158)	100% (169)	100% (138)	98% (1417)
	Referral Sent and Acknowledged	100% (144)	100% (142)	100% (158)	100% (169)	100% (138)	97% (1393)
Māori	Referral Sent	100% (69)	100% (70)	100% (79)	100% (85)	99% (76)	98% (479)
	Referral Sent and Acknowledged	100% (69)	100% (70)	100% (79)	100% (85)	99% (76)	97% (468)
Pacific	Referral Sent	95% (12)	100% (14)	100% (14)	100% (12)	100% (12)	99% (389)
	Referral Sent and Acknowledged	95% (12)	100% (14)	100% (14)	100% (12)	100% (12)	98% (384)

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

Graph 4 - Results for 'Raising Healthy Kids' health target
Data for a 6 month rolling period up to Nov 2018



System Level Measures

The System Level Measures (SLMs) Framework aims to improve health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures. They provide a framework for continuous quality improvement and system integration. The SLMs are outcomes focussed, set nationally, require all parts of the health system to work together, focus on children, youth and vulnerable populations and are connected to local clinically led quality improvement activities and contributory measures. These activities are set annually in conjunction with PHOs and wider primary care stakeholders for inclusion in the DHBs Annual Plan.

Performance against each SLM measure is received quarterly and the latest results are in the tables below.

Table 12: SLM Summary Table

Latest Result	Māori	Pacific	Other	Data Period
0-4 yr Old Ambulatory Sensitive Hospitalisations (ASH)	11,769	11,232	8,315	12 mnths Sep 18
Acute Bed Days	674	544	433	12 mnths Sep 18
Amenable Mortality	220	206	83	5 years Dec 15
Patient Experience of Care	92%			Nov 2018
Babies living in smokefree homes	26%	42%	51%	6 mnths Jun 18*
Intentional Self-harm	27	13	25	12 mnths Sep 18

*See below for detailed definition of new measure

Milestone achieved	Milestone not achieved
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Table 13: ASH Rates per 100,000 population for 00-04 year olds

	BASELINE 12 mnths Jun 18	12 mnths Sep 18	MILESTONE	MILESTONE COMMENTS
Māori	10,531	11,769	10,109	4% reduction from baseline
Pacific	10,942	11,232	10,504	4% reduction from baseline
Other	8,327	8,315	8,161	2% reduction from baseline
Total	9,290	9,767		

Table 14: Acute Bed Day Rates per 100,000 population (standardised)

	BASELINE 12 mnths Jun 18	12 mnths Sep 18	MILESTONE	MILESTONE COMMENTS
Māori	680	674	666	2% reduction from baseline
Pacific	542	544	531	2% reduction from baseline
Other	432	433	428	1% reduction from baseline
Total	475	475		

Table 15: Amenable Mortality – Untimely, unnecessary deaths from causes amenable to health care per 100,000

	BASELINE 5 years Dec 13	5 years Dec 14	5 years Dec 15	MILESTONE	MILESTONE COMMENTS
Māori	252	247	220	242	4% reduction from baseline
Pacific	190	204	206	182	4% reduction from baseline
Other	87	85	83	85	2% reduction from baseline
Total	111	110	106		

Table 16: Patient Experience of Care – General Practices participating in Primary Care Survey

	May 2018 Survey	Nov 2018 Survey	MILESTONE	MILESTONE COMMENTS
Total	86.5%	92.2%	100%	

Table 17: Babies living in smokefree homes

	6 mnths Jun 17	6 mnths Dec 17	6 mnths Jun 18 (new definition)*	MILESTONE	MILESTONE COMMENTS
Māori	51%	50%	26%	60%	
Pacific	72%	62%	42%		
Other	86%	84%	51%		
Total	74%	72%	43%		

*The definition for this measure has changed as of 1 Jan 2019. The new numerator has been amended to remove the reference to the first core contact so the measure captures data for all babies checked for household smoking status up to 56 days old. The denominator has been changed from babies who have had a WCTO core check to all registered births by DHB of domicile to reflect the population approach to the measure.

Table 18: Youth access to and utilisation of youth appropriate health services – Intentional self harm hospitalisations per 10,000 youth (0-24 year olds)

	BASELINE 12 mnths Jun 18	12 mnths Sep 18	MILESTONE	MILESTONE COMMENTS
Māori	27	27	26	5% reduction from baseline
Pacific	7	13	6	5% reduction from baseline
Other	22	25	21	5% reduction from baseline
Total	23	25		

**Recommendation
THAT**

The Board receives this report.

**TANYA MALONEY
EXECUTIVE DIRECTOR, STRATEGY, FUNDING AND PUBLIC HEALTH**

**DAMIAN TOMIC
CLINICAL DIRECTOR, STRATEGY, FUNDING AND PRIMARY CARE**

**RON DUNHAM
INTERIM CHIEF OPERATING OFFICER**



Health and Safety

Health and Safety Service Report due in March.



Service Performance Monitoring

MEMORANDUM TO THE BOARD 27 FEBRUARY 2019

AGENDA ITEM 9.1

HR & ORGANISATIONAL DEVELOPMENT (OD) SERVICE PERFORMANCE REPORT

Purpose	For information.
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An update to the Board on HR & Organisation Development performance since the appointment of the Executive Director, Human Resources and Organisational Development.

General

There was a small restructure amongst the HR Leads in October 2018 (that is, the Managers of the five existing functions that make up the HR & OD Team: HR Consulting & Advisory, Health & Safety, Recruitment, Learning & Development and Employee Relations & Remuneration). The current state now has a Manager for each function, having confirmed Tess Richardson as Manager, HR Consulting & Advisory and disestablishing the role of Director, People & Performance. Greg Peplow accepted the role of Director, Employee Relations and Remuneration. This has enabled the flow of information from each function directly to the Executive Director HR & OD.

A Strategic Direction for Our People has been developed to support the delivery of the Waikato DHB Strategy and laying out the approach we will adopt to creating a contemporary HR & OD service for the organisation. A paper on this subject will be submitted to the March Board agenda.

The key point of note for this paper is:

- HR maturity is benchmarked as Level 1 (the lowest of four levels) against the Bersin by Deloitte global Human Resource Maturity Model.

Taking each function separately:

HR Consulting & Advisory

The team has been under significant pressure due to supporting both the recruitment team until the manager was appointed and the RMO Unit, which has experienced 100% turnover of staff since September last year. Whilst the RMO Unit does not report into HR, it runs HR processes for RMOs.

The Chief Medical Officer and Executive Director HR & OD have worked closely together to ensure the Unit maintained operations through this challenging period and have agreed that HR & OD will own the recruitment processes in the RMO Unit.

A new RMO Unit Manager has been appointed, starting on February 11. She has a breadth of recruitment experience across sectors, including health, in the Northern Regional Alliance which operates RMO services for the metro-Auckland and Northland DHBs.

Health & Safety

The team continues to work across the organisation under the leadership of Sheryl Penehio. A full review of the H&S service is being commissioned to provide a baseline evaluation of Health and Safety management systems (their development, implementation, application and use) and a comprehensive report in association with duty of care and governance of Health and Safety responsibilities.

Succession planning work has been important over the last year as Sheryl's health means she will be stepping down this year.

Learning & Development

Learning & Development continues to offer a range of courses without truly leveraging contemporary learning methods. An organisation-wide capability needs analysis will be matched to a stocktake of offerings so resources can be channelled effectively into what our people need and want now and with a lens on the future workforce.

Employee Relations & Remuneration

This team has experienced unprecedented (in recent times) industrial action over the last six months, with pressures showing no sign of easing. The capability in the team is strong, as evidenced by the involvement of the Director, Greg Peplow, in national bargaining and strategies.

Recruitment

An experienced health sector recruitment manager, Nick Graham, has been appointed as Recruitment Manager. His experience in transforming Counties Manukau DHB's recruitment service from a transactional centre into a contemporary, fit-for-purpose recruitment partnering service is what is needed at Waikato. The team appointed in excess of one thousand positions last year, with no increase in team resources.

A Strategic Recruitment Group has been formed to ensure proper oversight of decentralised recruitment work. See Appendix 1, Strategic Recruitment Group Terms of Reference. (This has happened in a number of HR functions, including L&D, not just in recruitment, where managers, unable to get the service they wanted from the HR teams, instead set it up themselves to make progress.)

Summary

In summary, current state analysis conducted under the Strategic Direction for Our People work reveals the HR & OD function is transactional, traditional and narrow when viewed in the light of leading practice in other organisations. There is a clear gap in the field of Organisational Development (OD), with some of the work an OD function would lead being conducted by, for example, the Staff Safety Culture Working Group where there is no OD expertise and experience and a heavy reliance on the goodwill of interested individuals.

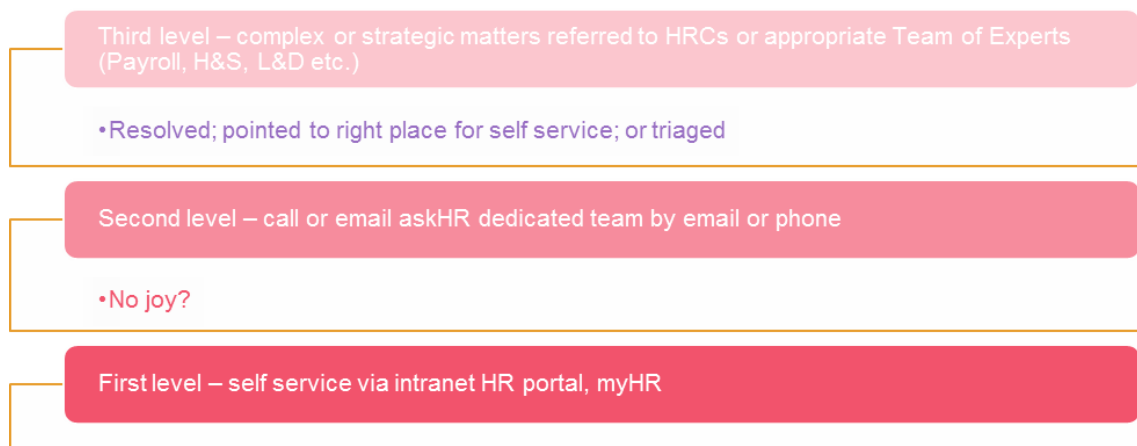
The HR & OD team are hard-working people and creative in managing to deliver results without proper systems. This aspect will, of course, be remedied by the pending introduction

of the Human Resources Information System (HRIS). This is a huge programme of work which will require the allocation of HR &OD resource to ensure smooth implementation.

An early piece of work has started to implement a tiered model of HR service. This is a model that has been successfully introduced at two large DHBs – Auckland and Counties Manukau. Its use reduces the call on the time, in particular, of more senior HR practitioners, reducing the time they spend on transactional work by 50% (at both Counties and Auckland) thus freeing them up to work on more strategic issues in partnership with their services.

The graphic below explains the tiers of service.

HR Model of Service



See Appendix 2 for more detail.

Recommendation

THAT

The Board receives this paper.

GIL SEWELL

EXECUTIVE DIRECTOR HR AND ORGANISATIONAL DEVELOPMENT

Waikato DHB Strategic Recruitment Group

TERMS OF REFERENCE



1) Purpose and accountability

The key purpose of the Strategic Recruitment Group (SRG) is to provide overview and governance of recruitment and retention across the employee lifecycle for the whole of Waikato DHB. The SRG will foster a collaborative approach and lead a culture change needed within recruitment.

Decisions made during these meetings must adhere to the Waikato DHB Delegation of Authority Policy.

The Strategic Recruitment Group will ensure cultural competency and Tikanga is maintained in all resourcing practices and initiatives.

The Strategic Resourcing Steering Group will apply and live the Waikato DHB values:

“People at Heart” – Te iwi Ngakaunui

- ☉ *Whakamana*, Give and earn respect
- ☉ *Whakarongo*, Listen to me; talk to me
- ☉ *Mauri Pai*, Fair Play
- ☉ *Whakapakari*, Growing the good
- ☉ *Kotahitanga*, Stronger together

2) Membership

Membership is as follows:

Role	Name
Executive Director – HR & OD (Chair)	Gil Sewell
HR Manager – HR Consultancy & Advisory Services	Tess Richardson
Chief Nurse & Midwifery Officer	Sue Hayward
Deputy Chief Nurse	Deborah Nelson
Nurse Director	Colleen Vandy
Executive Director – Public Affairs	Lydia Aydon
Chief Operating Officer	Ron Dunham (acting)
Executive Director Te Puna Oranga, Māori Health Services	Loraine Elliott
Analyst, Te Puna Oranga, Māori Health Services	Justine Crittenden
H&S Manager	Sheryl Penehio
Director – Mental Health & Addiction	Vicki Aitken
Workforce Consultant – Mental Health & Addiction	Sima Clarke
Executive Director – Mental Health	Vicki Aitken
Chief Medical Officer	Gary Hopgood
Clinical Midwife Director	Joanne Clarke
Recruitment Manager	Nick Graham
RMO Service Manager	Steph Harris
Chief Advisor, Allied Health, Scientific and Technical	Claire Tahu
Regional Workforce Development Manager	Ruth Ross
Rural	Hayley McConnell
Millennial Representative/s	TPO to confirm

Waikato DHB Recruitment Think Tank

TERMS OF REFERENCE



Members will send a delegate when they are unavailable.

Invited guests as required

3) Purpose of meetings

The group will ensure:

- Progress on implementing the Recruitment and Retention Strategies is monitored in response to our dynamic environment
- Future proofing of the workforce in alignment with Waikato DHB's strategic aspirations, in particular on Māori recruitment and retention
- Alignment with national and regional workforce planning approaches
- Risks to recruitment and retention, and impact of recruitment function are monitored and mitigated
- Early work up of ideas for strategic recruitment
- Identify and receive reporting on key resourcing metrics
- There is a consistent understanding of key recruitment projects and change initiatives across the DHBs e.g. Health System Plan, Care in the Community)
- We will monitor consistent application of IT systems to ensure retention
- Support for key stakeholder relationships inside and outside the DHB
- A safe environment for support and challenge for members

4) Quorum

Each meeting should, as a matter of preference, have all members present. However, at the very least there should be half the total membership present.

5) Decision making

The aim of the Chair will be to always achieve a consensus. Decisions will be assessed on a case by case basis to determine if they is any need t escalate to other forums.

Decision making will be aligned with the expectations of the Board to:

- Ensure clinical effectiveness and patient safety
- Ensure staff effectiveness and safety
- Align with strategic aspirations for Māori health equity
- Keep operating and capital expenditure within budgets
- Make efficient and effective use of resources
- Protect Waikato DHB's reputation and assets

6) Meeting frequency

Meetings will occur monthly on the third Thursday at 3.00 p.m. for 1 hour.

7) Relevant and timely information

The meeting agenda and all relevant reports or reading will be made available to members at least two working days prior to any scheduled meeting.

8) Meeting minutes

Meeting action points will be available two working days following the meeting to which they relate. These will be distributed to all members.

9) Amendment, modification or variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by members. The Terms of Reference will be reviewed at least annually.

HR Model of Service



Proposal: **Implement tiered HR Model of Service.**

No development costs – this is work already designed and implemented by Auckland and Counties Manukau DHBs. There is no cost to us using the IP apart from using our own time and people to check the Knowledge Banks and make sure they are exact and relevant for us at Waikato.

Implementation costs – support from a Sysdoc consultant. Sysdoc have done the implementations at both ADHB and CMH.

We will also be able to take people to Counties and/or Auckland to see the model in situ.

- 1. First tier of service is online.** A portal will be established for HR (working title: myHR) with two different knowledge banks – one for information the employee will want and one for the slightly different information a manager will need. There will be no discrimination of access - everyone can access the manager AND employee information. Experience shows it is easier for leaders and managers to find information/templates etc. relating to managing a process when it is stored in a separate place from the information you might want as an employee.
- 2. When you can't find what you need in the online portal, you can escalate to the second tier of service,** which has a dedicated team, with a dedicated askHR email address and phone number. The askHR team will firstly check if the information is available online and point callers/enquiries to the self service option. If not, they will either resolve it on the call/by email or thirdly, triage the enquiry to the appropriate specialist team or to an HR Consultant if it is a complex or more strategic HR matter. This tier will also play a continuous

improvement role for the online portal. For example, if a particular enquiry seems to be coming in in noticeable numbers due to missing information, the team will plug that gap and make sure all necessary information goes online.

- 3. The third level of service** is reserved for more complex, strategic or specialist matters. This tier is only accessed when escalated by askHR.

Training will need to be provided for the askHR Team and to enable HR Consultants and other specialists to operate as internal consultancy services and business partners. Mindset change is required, moving from the gratification of solving an issue or answering a question immediately, to educating our customers by helping them help themselves, the “Teach a man to fish” principle.

A good Comms and Change plan will be needed to help the organisation change over to this model.

It is likely that the cost of support for implementation will be in the order of \$70,000, based on Auckland and Counties’ experiences. Both of those DHBs have found their HR Consultants have 50% of their time back due to not spending time answering transactional questions. Instead, they are working with their customer groups on strategic issues, helping them plan and be ready to deliver their business plans, a valuable investment.



Professional Advisory Reports

Chief Medical Officer: report due in March.

Chief Nursing & Midwifery Officer: report due in April.

Chief Advisor Allied Health, Scientific and Technical: report due in May.



Decision Reports

Equity Focussed Report due in March.

MEMORANDUM TO THE BOARD

27 FEBRUARY 2019

AGENDA ITEM 11.2

DELEGATION OF AGREEMENTS OVER \$10M PER ANNUM FOR SIGNING

Purpose	For approval.
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Introduction

The 2012/13 Crown Funding Agreement, Schedule G10: Elective and Ambulatory Initiative has had a change to the original agreement and is required to be signed within the next month. The value of the Elective and Ambulatory Initiative agreement for Waikato DHB is over \$10m per annum, which is above the Chief Executive's delegated financial authority, thus needs to be signed or sub-delegated by the Board.

Crown Funding Agreement - Variation

Annually the Elective and Ambulatory Initiative is updated by the Ministry of Health in collaboration with DHBs. The Waikato portion of the New Zealand's target volumes and agreed prices have been set in three main components, those being:

- Electives Initiative Funding
 - Dental and Cardiology - \$1,520,435
 - Local Surgical - \$23,865,251
 - Regional Surgical - \$1,098,001
- Ambulatory Initiative
 - Surgical First Specialist Assessments (FSA) - \$2,375,198
 - Medical FSA's - \$1,195,820
 - Non admitted Procedures - \$845,686
- Quality Improvement Funding
 - Allocated - \$45,000
- Total combined value of the 2018/2019 Elective and Ambulatory Initiative is \$30,945,391

Service schedules have been checked and approved by the relevant service managers and portfolio managers responsible.

Radical Improvement in Māori Health Outcomes by Eliminating Health Inequities for Māori

Although the standard national agreement does not specify targets and volumes beyond total levels, the Service Intervention Rates and Elective Volumes are monitored by the Ministry and within the DHB at an ethnicity level and form part of many different reports. Signing of this revenue agreement will enable significant

funding to flow that covers costs of procedures on Māori who have a disproportionate rate of hospitalisations and required secondary care interventions.

Recommendation

THAT

The Board delegates authority to the Interim Chief Executive to sign the Elective and Ambulatory Initiative variation for \$30,945,391.

TANYA MALONEY

EXECUTIVE DIRECTOR STRATEGY, FUNDING, AND PUBLIC HEALTH



Significant Programmes/Projects

Creating our Futures - report due in March.

CBD Accommodation Project - report due in March.

Regional eSPACE Programme - report due in March.

Health Finance, Procurement and Management System ex NOS - refer agenda item 17.



Papers for Information

MEMORANDUM TO THE BOARD

27 FEBRUARY 2019

AGENDA ITEM 13.1

HAUORA IHUB

Purpose	For information.
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The Hauora ihub is a place for wellness and health information, advice and services situated in the Meade Clinical Centre.

The services provided are:

- Health self-assessments
- Reliable health information and advice
- Opportunistic health screening including cervical smears, blood pressure, immunisations, smoking cessation support and referral for a mammogram.

The Hauora iHub has been operational for six months now, and the data below provides you with an update on the progress the service has made since its launch in late June 2018.

Key points to note are:

- The service has been focused on establishing itself and seeking the nursing resources required to be able to offer all services indicated in the infographic below.
- There has been a gap of 0.5FTE until January 2019, which has limited the opportunity to perform screening activities and adequately promote the services the Hauora iHub offers.
- The KPIs in the table below were set during business case development and will be reviewed in 12 months of the service opening to ensure accurate reflection of the service success.

Recommendation

THAT

The Board notes the Hauora iHub update and its focus for the rest of this financial year.

HAYLEY MCCONNELL
DEPUTY COO/ DIRECTOR, COMMUNITY & CLINICAL SUPPORT

Infographic: interventions to date

Action on equity: Hauora iHub



July 2018 – Jan 2019:

433

On the spot interventions

Immunized 10 Children

Referred 113 People to GP's



Opportunistic. Holistic. Organised. High Quality. Big Aroha.

Of the services provided we have completed:



For more information visit:
www.waikatodhb.health.nz



Hauora iHub progress against its KPIs

RAG Status Legend

Completed	Completed
Delayed/Not achieving	Delayed/Not achieving
Behind plan but working towards completion	Behind plan but working towards completion
On track	On track

Hauora iHub KPI	Q1-4 Volumes Tracking	Progress/ RAG Status	Comments/Exception reporting
Māori women enrolled and booked for breast screening through iHub. Target: 100 per year.	27	A	Will be promoting breast screening and implementing targeted campaigns to increase Māori enrolments and screening.
Māori women who have a cervical smear at the iHub or referred elsewhere as a result of an iHub referral. Target: 100 per year.	62	G	33 smears completed 29 referred elsewhere
Māori people who have received Nicotine Replacement Therapy (NRT) therapy or referred to Smoking cessation support. Target: 80 per year.	23	A	Continuing NRT promotion and referrals to 'Once and for All', scoping a 'pop up' ihub at the new NZMA to tertiary students, with a high needs population group. Promoting to the DHB staff.
Children immunized as a result of iHub intervention. Target: 40 per year.	10	A	Service started later than iHub launch due to limited resources. Staff are working with Hospital Opportunistic Immunisation Service (HOIS) and with clinic departments for referral of children due or overdue for immunisations.
Referrals to mental health services. Target: 40 per year.	6	A	Not that many people coming through seeking any mental health information or disclosing a need for help or support. Looking to engage with other communities/settings that need these referrals to see how the Hauora iHub can help.
Referrals for children for throat swabs. Target: 40 per year.	1	A	Received 1 referral to date. Will be promoting this service more when the Hauora iHub start immunising children from Clinics. Will be running a campaign and linking it to the upcoming winter season.



Presentations

No presentations.



Board Member Items

The Living Wage: report due in March.

Next Board Meeting: 27 March 2019.