PART 1 OF 2 (STARTING - AGENDA ITEM 1)

PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board Ūpoko ki te Uru Hauora	**AGENDA** Held on Wednesday 22 June 2022 Time: 9:00am Zoom Meeting ID: 835 0269 8434

2DHB CONCURRENT BOARD MEETING

	Item	Action	Presenter	Pg
1.	**PROCEDURAL BUSINESS**			
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1.2.	Apologies	**NOTE**	Chair	
1.3.	Public Participation	**NOTE**	Chair	
1.4.	Continuous Disclosure 1.4.1 Board Interest Register 1.4.2 ELT Interest Register	**NOTE**	Chair	3 7
1.5.	Minutes of Previous Concurrent Meeting • 13 May 2022 • 2 June 2022	**APPROVE**	Chair	9 16
1.6.	Matters Arising	**NOTE**	Chair	21
1.7.	Chair's Report and Correspondence • Letter from iHNZ Chair dated 2 June 2022	**NOTE**	Chair	22
1.8.	Chief Executive's Report	**NOTE**	Chief Executive	24
1.9.	Wellington Hospitals Foundation	**NOTE**	Chair	34
2.	**STRATEGIC PRIORITIES**			
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3.	**DHB PERFORMANCE AND ACCOUNTABILITY**			
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3.2.	CCDHB Financial and Operational Performance Report – May 2022	**NOTE**	Director Provider Services Acting Chief Financial Officer Acting Director Strategy, Planning and Performance	108
3.3.	Non-Financial Performance Report for HVDHB and CCDHB - 2021/22 Quarter 3	**NOTE**	Acting Director Strategy, Planning and Performance	160
4.	**DECISION**			
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**No paper – presentation on the day only*

Karakia

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e! Tāiki e!

Translation

May peace be wide spread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Interest Register

22/06/2022

Name	Interest
Mr David Smol *Chair*	• Chair, New Zealand Growth Capital Partners • Chair, Wellington UniVentures • Director, Contact Energy • Board Member. Waka Kotahi (NZTA) • Director, Cooperative Bank • Chair, DIA External Advisory Committee • Chair, MSD Risk and Audit Committee • Director, Rimu Road Limited (consultancy) • Sister-in-law works for Capital and Coast DHB
Mr Wayne Guppy *Deputy Chair HVDHB*	• Mayor, Upper Hutt City Council • Director, MedicAlert • Chair, Wellington Regional Mayoral Forum • Chair, Wellington Regional Strategy Committee • Deputy Chair, Wellington Water Committee • Deputy Chair, Hutt Valley District Health Board • Trustee, Ōrongomai Marae • Wife is employed by various community pharmacies in the Hutt Valley
Stacey Shortall *Deputy Chair CCDHB*	• Partner, MinterElisonRuddWatts • Trustee, Who Did You Help Today charitable trust • Patron, Upper Hutt Women's Refuge • Patron, Cohort 55 Group of Department of Corrections officers • Ambassador, Centre for Women's Health at Victoria University
Dr Kathryn Adams	• Contracted Vaccinator, Kokiri Marae Hauora Clinic, Lower Hutt • Registered Nurse, Bupa Crofton Downs Retirement Village Rest Home and Aged Care • Fellow, College of Nurses Aotearoa (NZ) • Reviewer, Editorial Board, Nursing Praxis in New Zealand • Member, Capital & Coast District Health Board • Member, National Party Health Policy Advisory Group • Workplace Health Assessments and seasonal influenza vaccinator, Artemis Health • Director, Agree Holdings Ltd, family owned small engineering business, Tokoroa
Dr Roger Blakeley	• Board Member, Transpower New Zealand Ltd • Director, Greater Wellington Rail Ltd • Councillor, Greater Wellington Regional Council • Chair, Transport Committee, Greater Wellington Regional Council • Associate Portfolio Leader, Sustainable Development • Member of Capital & Coast District Health Board • Member, Harkness Fellowships Trust Board • Member of the Wesley Community Action Board • Independent Consultant

	• Brother-in-law is a medical doctor (anaesthetist), and niece and nephew are medical doctors,all working in the health sector in Auckland • Son is Deputy Chief Executive (Insights and Investment) of Ministry of Social Development, Wellington
Hamiora Bowkett	• Executive Director Three Waters Reform (Department of Internal Affairs) • Chair, Eastern bay of plenty primary health alliance • Chair, Māori Communities COVID-19 Fund • Former Partner, PricewaterhouseCoopers • Former Social Sector Leadership position, Ernst & Young • Staff seconded to Health and Disability System Review • Contact with Associate Minister for Health, Hon. Peeni Henare
Brendan Boyle	• Director, Brendan Boyle Limited • Director, Fairway Resolution Limited • Director, Fairway Holdings Limited • Member, NZ Treasury Budget Governance Group • Member, Future for Local Government Review. • Daughter is a Pharmacist at Unichem Petone
Josh Briggs	• Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	• Councillor, Hutt City Council • Council-appointed Representative, Wainuiomata Community Board • Director, Urban Plus Ltd • Member, Arakura School Board of Trustees • Partner is associated with Fulton Hogan John Holland
'Ana Coffey	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative • Shareholder, Rolleston Land Developments Ltd

Ria Earp	• Board Member, Wellington Free Ambulance
	• Board Member, Hospice NZ
	• Māori Health Advisor for:
	  ○ Health Quality Safety Commission
	  ○ Hospice NZ
	  ○ Nursing Council NZ
	  ○ School of Nursing, Midwifery & Health Practice
	• Former Chief Executive, Mary Potter Hospice 2006 -2017

Yvette Grace	• Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Member - Te Hauora Runanga o Wairarapa • Member - Wairarapa Child and Youth Mortally Review Committee Member - He Kahui Wairarapa

	• Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Dr Tristram Ingham	• Associate Professor, University of Otago • Review Panel Member, PHARMAC Review (2021) • Board Member, Health Quality & Safety Commission • Chair- Muscular Dystrophy Assoc. (Tuaatara | Central Region) (2018 – present) • Director , Calls 4 Charity Limited (2021 – present) • Director, Miramar Enterprises Limited (2014 – present) • Chairperson, Foundation for Equity & Research New Zealand (2018 – present) • Co-Chair, Community Steering Group Establishment Unit of the Ministry for Disabled People • Co-Chair, My Life My Voice Charitable Trust (2019 – present) • Governance Representative, Disabled Persons Organisation Coalition (2018 – present) • Representative, Independent Monitoring Mechanism to the United Nations Convention on the Rights of Persons with a Disability (UNCRPD) (2018 – present) • Chair, Te Ao Mārama: Māori Disability Advisory Group, Ministry of Health (2018-2021) • Chair, Te Ao Mārama Aotearoa Trust: Māori Disability Advisory Group (2021) • Deputy Chairperson, Te Āparangi: Māori Advisory Group to HealthCERT, Ministry of Health (2019 – present) • Member, COVID-19 Immunisation Implementation Advisory Group, Ministry of Health (2021 – present) & Tātou Whakaha Disability Advisory Sub Committee • Member, Enabling Good Lives Governance Group, Ministry of Health (2020 – present) • Member, Machinery of Government Working Group, Ministry of Social Development (2020 – present) • Member, Māori Workforce Development Group, Ministry of Health (2021-present) • Member, Māori Monitoring Group, Ministry of Health (2021-present) • Professional Member, Royal Society of New Zealand • Member, Institute of Directors • Member,– Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori Medical Practitioners Association) • Wife, Member 3DHB Disability Advisory Group & Tāngata Whaikaha Roopu
Dr Chris Kalderimis	• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home

Sue Kedgley	• Member, Consumer New Zealand Board
Ken Laban	• Chairman, Hutt Valley Sports Awards • Broadcaster, numerous radio stations • Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Member, E tū Union • Commentator, Sky Television • Son is employed by Regional Public Health
Prue Lamason	• Councillor, Greater Wellington Regional Council • Chair, Greater Wellington Regional Council Holdings Company • Member, Hutt Valley District Health Board • Daughter is a Lead Maternity Carer in the Hutt
John Ryall	• Member, Social Security Appeal Authority • Member, Hutt Union and Community Health Service Board • Member, E tū Union
Naomi Shaw	• Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards • Trustee, Hutt City Communities Facility Trust • Trustee Te Awakairangi (Taka) Trust • Member Saints Softball Club
Vanessa Simpson	• Director, Kanuka Developments Ltd • Executive Director Relationships & Development, Wellington Free Ambulance • Member, Kapiti Health Advisory Group • Lay Member, NZ Law Society Wellington Standards Committee
Dr Richard Stein	• Visiting Consultant at Hawke's Bay DHB • Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Member, Muscular Dystrophy New Zealand (Central Region) • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner

HUTT VALLEY AND CAPITAL & COAST DISTRICT HEALTH BOARDS

Interest Register

EXECUTIVE LEADERSHIP TEAM

22 JUNE 2022

Fionnagh Dougan *Chief Executive Officer 2DHB*	• Board, New Zealand Child & Youth Cancer Network • Trustee, Wellington Hospital Foundation • Adjunct Professor University of Queensland
Rosalie Percival *Chief Financial Officer 2DHB*	• Trustee, Wellington Hospital Foundation
Joy Farley *Director Provider Services 2DHB*	• Nil
Rachel Haggerty *Director, Strategy Planning & Performance 2DHB*	• Director, Haggerty & Associates • Chair, National GM Planner & Funder
Arawhetu Gray *Director, Māori Health 2DHB*	• Co-chair, Health Quality Safety Commission – Maternal Morbidity Working Group • Director, Gray Partners • Chair, Tangata Whenua Advisory Group, Te Hiringa Hauora, Health Promotion Agency
Junior Ulu *Director, Pacific Peoples Health DHB*	• Member of Norman Kirk Memorial Trust Fund • Paid Member of Pasifika Medical Association
Helen Mexted *Director, Communications & Engagement 2DHB*	• Director, Wellington Regional Council Holdings, Greater Wellington Rail • Board Member, Walking Access Commission
John Tait *Chief Medical Officer 2DHB*	• Vice President RANZCOG • Ex-offico member, National Maternity Monitoring Group • Member, ACC taskforce neonatal encephalopathy • Trustee, Wellington Hospitals Foundation • Board member Asia Oceanic Federation of Obstetrician and Gynaecology • Chair, PMMRC • Director, Istar • Member, Health Practitioners Disciplinary Tribunal
Christine King *Chief Allied Health Professions Officer 2DHB*	• Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Sarah Jackson *2DHB Acting Director Clinical Excellence*	• Nil
Rachel Gully *Director People, Culture & Capability 2DHB*	• Relative is the 2DHB Head of Security

Karla Bergquist *3DHB Executive Director MHAIDS*	• Former Executive Director, Emerge Aotearoa Ltd • Former Executive Director, Mind and Body Consultants *(organisations that CCDHB and HVDHB contract with)*
Sally Dossor *Director of the Chief Executive Office & Board Secretary*	• Partner is a Director of Magretiek, BioStrategy and Comrad and employed by investment firm with interest in Boulcott Hospital
Paul Oxnam *Executive Clinical Director MHAIDS*	• Member, NZ College of Clinical Psychologists
Sue Gordon *Transformation Director*	• Board Member, Netball New Zealand
Martin Catterall *Chief Digital Officer 3DHB*	• NIL
Mathew Parr *Acting Chief Financial Officer 2DHB*	• A Partner at PWC • Partner's father works in the printing team at CCDHB
Peter Guthrie *Acting Director Strategy, Planning and Performance*	• Nil
Ellie van Baaren *Acting Director Communications & Engagement*	• Nil
Claire Jennings *Acting Chief Nursing Officer 2DHB*	• Member, New Zealand Nurses Organisation (NZNO) • Member, Nurse Executives New Zealand (NENZ)

PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**MINUTES** Held on Friday 13 May 2022 Location: Zoom Time: 9:00am
2DHB CONCURRENT BOARD MEETING	**PUBLIC**

Due to Covid 19 protection framework (Red light) all members were on zoom and limited staff attended in person

PRESENT

David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
*'Ana Coffey	Board Member	Dr Richard Stein	Board Member
Brendan Boyle	Board Member	*John Ryall	Board Member
*Dr Chris Kalderimis	Board Member	Josh Briggs	Board Member
Dr Kathryn Adams	Board Member	Ken Laban	Board Member
Dr Tristram Ingham	Board Member	*Keri Brown	Board Member
*Hamiora Bowkett	Board Member	Naomi Shaw	Board Member
Roger Blakeley	Board Member	*Prue Lamason	Board Member
Sue Kedgley	Board Member	Ria Earp	Board Member
Vanessa Simpson	Board Member	Yvette Grace	Board Member
Stacey Shortall	Deputy Chair	Wayne Guppy	Deputy Chair

APOLOGIES

* These members gave apologies for lateness, leaving early or leaving for a period for other commitments

IN ATTENDANCE

Fionnagh Dougan	Chief Executive
Joy Farley	Director Provider Services
John Tait	Chief Medical Officer
Arawhetu Gray	Director, Māori Health
Junior Ulu	Director Pacific People's Health
Mat Parr	Acting Chief Financial Officer
Peter Guthrie	Acting Director Strategy Planning and Performance
Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Services
Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
Rachel Gully	Director People and Culture
Sarah Jackson	Director Clinical Excellence
Sue Gordon	Director Transformation / SRO COVID-19
Helen Mexted	Director of Communication and Engagement
Sally Dossor	Director, Office of the Chief Executive and Board Secretary
Manisha Johnstone	Executive Assistant
Roger Jarrold	External Representative – Ministry of Health

PUBLIC

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

Nil.

1.4 CONTINUOUS DISCLOUSRE

Roger Jarrold noted his role as a consultant to the construction industry, and as a former Executive of Fletcher Building. It was recorded that no conflict arises as he is not a decision-maker and in addition that there were no items on the agenda that would give rise to disclosure of information to Mr Jarrold that would not be appropriate.

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards **noted** the following update to the interest register:

- Kathryn Adams, Registered Nurse Bupa Crofton Downs Retirement Village Rest Home and Aged Care

Any further changes were to be sent to the Board Liaison Officer via email.

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

It was **noted** as current and the Chief Executive will ensure the ELT will update as needed.

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING – 30 MARCH 2022

The Boards **approved** the minutes of the concurrent Board Meeting held on 30 March 2022

	Moved	**Seconded**	
HVDHB	Prue Lamason	Ria Earp	**CARRIED**
CCDHB	Brendan Boyle	Kathryn Adams	**CARRIED**

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair noted the letter from Ministers Robertson and Hipkins regarding the Carbon Neutral Government Programme. Our obligations are:

- Crown entities (including DHBs) are directed to implement the Carbon Neutral Government Programme (CNGP) from 2022/23. However,
- Health NZ will be exempt for the first financial year following its establishment, though the requirements should be considered as part of the establishment of systems
- The direction revolves around achieving a 1.5 degree pathway (limiting global temperatures to 1.5 degrees above pre-industrial levels) – aka science based targets

PUBLIC

- Key requirements of the CNGP:
    - Measure and report on emissions from all facilities, assets and activities based on ISO 14064-1 (2018) or the Greenhouse Gas Protocol (no major difference, expect to use ISO 14064-1)
    - Set gross emission targets for 2025 and 2030 consistent with a 1.5 degree pathway
    - Develop and implement emissions reduction plan (how the point above is achieved)
    - The three above must be provided by 1 December each year as well as an update on progress
    - Emission info including targets and progress to them must be included in annual reporting

As per the sustainability update at our last board meeting, our 2DHBs are very well placed to meet the obligations that have been outlined.

1.8 CHIEF EXECUTIVE'S REPORT

*The paper was taken as **read** and the Chief Executive answered questions.*

Notes:

- Work with partners is proceeding on the localities prototype in Porirua.
- Additional funding will be available to DHBs to assist with the MMR immunisation campaign.

1.9 BOARD WORK PLAN 2022

The Board **noted** the work plan for the remaining meeting on 22 June 2022.

2.0 STRATEGIC PRIORITIES

2.1 STRATEGIC PRIORITIES UPDATE

The Boards noted:

(a) the progress which has been made implementing the strategic priorities to be delivered in 2021/22 as we transition to the new health and disability system

(b) that we continue to progress the Strategic Priorities Work Programme with risk being actively managed in our constrained COVID-impacted environment

(c) that the information provided in this update will be included in a 'handover' document to Health NZ and the Māori Health Authority, which will be provided to the Board at the June meeting for approval.

	Moved	**Seconded**	
HVDHB	Prue Lamason	Wayne Guppy	**CARRIED**
CCDHB	Sue Kedgley	Roger Blakeley	**CARRIED**

Notes:

- Discussion on the form of the handover to HNZ/MHA. iHNZ will provide guidance on information to be provided on risks and issues. In addition, the CE of HNZ and CE of MHA will visit our DHBs on 28 June 2022.
- Update provided on work being done in maternity and midwifery.
- Noted work being done with Kokiri Marae to progress the localities work in Wainuiomata at pace.
- Acknowledged Teresa Olsen's contribution to health services and her Wellingtonian of the year award for 2021.

PUBLIC

- Updated on new Iwi Māori Partnership Board and the members and representation from mana whenua.

3.0 DHB PERFORMANCE AND ACCOUNTABILITY

3.1 HVDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORT – MARCH 2022

The Acting Chief Financial Officer presented.

The HVDHB Board noted:

(a) the DHB had a $0.6m surplus for the month of March 2022, being $2.8m favourable to budget;

(b) total Case Weighted Discharge (CWD) Activity was 1% ahead of plan year to date;

at the end of March 2022, the DHB had a year to date deficit of ($8.3m), $3m favourable to the agreed budget of a ($11.3m) deficit.

	Moved	**Seconded**	
HVDHB	Naomi Shaw	Prue Lamason	**CARRIED**

3.2 CCDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS – SEPTEMBER 2021

The Acting Chief Financial Officer gave a presentation and answered questions.

The CCDHB Board noted:

(a) The DHB had a $51.1m surplus for the month of March 2022, being $96k favourable to budget;

(b) the total Case Weighted Discharge (CWD) Activity was 0.38% behind plan year to date;

(c) at the end of March 2022, the DHB had a year to date surplus of $21.7m, ($8.9m) unfavourable to the agreed budget.

	Moved	**Seconded**	
CCDHB	Roger Blakeley	Sue Kedgley	**CARRIED**

Notes (for both reports)

- discussed the papers considered at FRAC in April 2022, including the forecast position.
- Noted that FRAC have reviewed personnel costs and Covid costs.

4.0 UPDATES

4.1 2DHB COVID UPDATE

The Director Transformation/SRO COVID-19 presented.

Framework for monitoring the impa

Notes:

PUBLIC

- Noted the presentation "COVID-19 outcomes 2020-2022 and transitioning to living with flu-like illness for winter 2022."

4.2 2DHB PEOPLE AND CULTURE REPORT

The report was taken as read and the Director People and Culture was available for questions.

The Boards noted:

(a) The impact of the changes to the Health Order (vaccination mandate) for health and disability sector workers on the People and Culture work programme.

(b) The progress on actioning the terms of settlement for bargaining and pay equity.

	Moved	**Seconded**	
HVDHB	Wayne Guppy	Josh Briggs	**CARRIED**
CCDHB	Stacey Shortall	Ken Laban	**CARRIED**

Notes:

- A body of work is being carried out to support staff at risk of burnout.
- Discussed recruitment campaigns and associated challenges.
- Discussed turnover rates and ensuring a culturally safe environment for staff.

4.3 2DHB MĀORI HEALTH STRATEGIES (TAURITE ORA AND TE PAE AMORANGI) UPDATE

The paper was taken as read and the Director Māori Health presented.

The Board noted:

(a) The progress and performance of the 2DHBs against the 2DHB Strategic Priorities and the two Māori Health strategies.

	Moved	**Seconded**	
HVDHB	David Smol	Wayne Guppy	**CARRIED**
CCDHB	Kathryn Adams	Sue Kedgley	**CARRIED**

Notes:

- Positive and complex lessons have been learned regarding the journey of young gang members through the hospital system.
- Considered and reflected on the progress made on Taurite Ora and Te Amorangi to date.
- Noted the highlights including normalising the conversation around having a pro-equity focus in the clinical space and offering support and training where particular services have not adequately provided for Māori.
- Noted there is an ongoing suite of educational programmes for non-Māori staff to build on creating a culturally safe work environment for all staff.
- The Boards acknowledged the work of Director Māori Health and thanked her for her contribution to the significant progress made since taking on her 2DHB role.

4.4 2DHB PACIFIC HEALTH AND WELLBEING STRATEGY REPORT

PUBLIC

The Director Pacific People's Health spoke to the paper.

The Board noted:

(c) that a number of initiatives have occurred to meet the actions of the Strategic Plan.

(a) The Covid-19 response for Pacific people.

	Moved	**Seconded**	
HVDHB	Ken Laban	Josh Briggs	**CARRIED**
CCDHB	Stacey Shortall	Roger Blakely	**CARRIED**

Notes:

- Discussed the work and funding to build capacity for Pacific disability services. Tristram Ingham reiterated the sentiment of disabled community that there is a need to for capability and capacity development within communities themselves (as well as with providers).
- The Pacific provider network has allowed more understanding on the coverage of pacific providers. The work is positive and has allowed for greater collaboration between providers (rather than an individual provider focus).
- The Boards acknowledged the work of Director Pacific People's Health and thanked him for his contribution to the significant progress made since taking on his 2DHB role and taking on additional responsibilities in the COVID-19 space.

4.5 2DHB DATA AND DIGITAL REPORT
The Chief Digital Officer presented

The Board noted:

(a) The content of the attached Data and Digital update

(b) The deliverables which have been completed by the ICT team this financial year to date

(c) The planned workstreams which will continue in Q4

(d) The key initiatives which are planned for the 2022/2023 financial year

	Moved	**Seconded**	
HVDHB	Josh Briggs	Naomi Shaw	**CARRIED**
CCDHB	Tristram Ingham	Roger Blakeley	**CARRIED**

Notes:

- 2DHB is working and engaging closely with MOH and HNZ in relation to design work.
- Highlighted the challenge of bringing together the different hospital systems and need for working collectively through the process.

PUBLIC

5.0 OTHER

5.1 GENERAL BUSINESS

- The Board agreed to write to Teresea Olsen to congratulate her on receipt of the Wellingtonian of the Year award for 2021. The Boards acknowledged the large contribution she has made to community and noted her passed role on our Health System Committee.

- The HVDHB Board resolved to add additional *item 5.1 – Hutt Valley DHB (HVDHB)- Heretaunga Building, Hutt Hospital* to the agenda for this meeting and noted that discussion of the item could not be delayed until the next meeting on 22 June 2022, given the nature of the information.

	Moved	**Seconded**	
HVDHB	David Smol	Wayne Guppy	**CARRIED**

5.2 RESOLUTION TO EXCLUDE THE PUBLIC

Both Boards agreed that the public will be excluded from the items listed on page 220 of the public Board papers.

In addition, the HVDHB Board agreed that the public will be excluded from the following part of the proceedings of the meeting:

Agenda item and general subject of matter to be discussed	**Grounds under clause 34 on which the resolution is based**	**Reason for passing the resolution in relation to each matter, including reference to OIA where applicable**
Additional agenda item – as per the resolution above Hutt Valley DHB (HVDHB)- Heretaunga Building, Hutt Hospital	paragraph (a) i.e. the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982	OIA s 9(2)(h) - the withholding of the information is necessary to maintain legal professional privilege.

	Moved	**Seconded**	
HVDHB	Ken Laban	Wayne Guppy	**CARRIED**
CCDHB	Brendan Boyle	Sue Kedgley	**CARRIED**

The public meeting concluded at 12:36pm.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this day of 2022

David Smol
BOARD CHAIR

HUTT VALLEY DHB	**MINUTES** Held on Thursday 2 June 2022 Location: Zoom Time: 3:00pm
HUTT VALLEY DHB BOARD MEETING	**PUBLIC**

Due to Covid 19 protection framework (Red light) all members were on zoom and limited staff attended in person

PRESENT

David Smol	Chair, Hutt Valley and Capital & Coast DHBs
John Ryall	Board Member
Josh Briggs	Board Member
Ken Laban	Board Member
Keri Brown	Board Member
Naomi Shaw	Board Member
Prue Lamason	Board Member
Ria Earp	Board Member
Dr Richard Stein	Board Member
Wayne Guppy	Deputy Chair

APOLOGIES

Yvette Grace

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Joy Farley	Director Provider Services
John Tait	Chief Medical Officer
Mat Parr	Acting Chief Financial Officer
Sally Dossor	Director, Office of the Chief Executive and Board Secretary

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

The following members of the public presented to the Board:

- Mayor Campbell Barry
- Suzi Hume
- Chris Bishop MP

Notes:

- The presenters spoke about the Heretaunga Block and Maternity services in the Hutt Valley.
- The decanting of Heretaunga is a source of anxiety for the community and the speakers encouraged transparency from the Board and DHB management.
- Highlighted strong desire for current services to be retained on site and in the Hutt Valley.
- Encouraged the Board to ensure that the provision of maternity services work towards health equity and meet Te Tiriti o Waitangi obligations.
- The Board asked questions of clarification and thanked all presenters for their presentations.

1.4 INTEREST REGISTER

1.4.1 HV BOARD INTEREST REGISTER

The Board **noted** the interest register.

Any further changes were to be sent to the Board Liaison Officer via email.

1.4.2 EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

It was **noted** as current and the Chief Executive will ensure the ELT will update as needed.

2 HUTT HOSPITAL – HERETAUNGA BUILDING

2.1 HUTT VALLEY DHB (HVDHB) - HERETAUNGA BUILDING, HUTT HOSPITAL

The Chief Executive presented.

The Hutt Valley District Health Board agreed that in addition to the resolutions made on 13 May 2022 to:

(a) Request that Health NZ and the Ministry of Health commit to rebuilding on the Hutt Hospital site, a fit for purpose building that meets the current and future healthcare needs of the community in the Hutt Valley.

(b) Request that the Executive continue to work with facility providers to progress our service continuity plans for the relocation of patients and services, including maternity services, from the Heretaunga Building at Hutt Hospital – noting that:

i. as we are still in the early stages of our planning, decisions have not yet been made as to how any facilities will be used;

ii. this will be agreed as we work through the planning process and manage the relocation while ensuring service continuity and access to healthcare for our community.

iii. all decanted services from the Heretaunga Block be retained as a priority in the Hutt Valley.

(c) Request that all current services provided at the Hutt Hospital be returned to the Hutt Hospital after the rebuild.

(d) Request an update from the Executive on progress made, including any decisions, on (a), (b) and (c) at the Board meeting on 22 June 2022.

The Hutt Valley District Health Board note:

(e) The update from the Executive on the work being undertaken to give effect to the Board decision of 13 May 2022 and that a further update on next steps will be provided at the Board meeting on 22 June 2022.

PROCEDURAL RECORD OF THE MEETING:

Motion moved

The Hutt Valley District Health Board agrees that in addition to the resolutions made on 13 May 2022 to:

(a) Request that Health NZ and the Ministry of Health commit to rebuilding on the Hutt Hospital site, a fit for purpose building that meets the current and future healthcare needs of the community in the Hutt Valley.

(b) Request that the Executive continue to work with facility providers to progress our service continuity plans for the relocation of patients and services, including maternity services, from the Heretaunga Building at Hutt Hospital – noting that:

i. as we are still in the early stages of our planning, decisions have not yet been made as to how any facilities will be used;

ii. this will be agreed as we work through the planning process and manage the relocation while ensuring service continuity and access to healthcare for our community.

iii. all decanted services from the Heretaunga Block be retained as a priority in the Hutt Valley.

(c) Request that all current services provided at the Hutt Hospital be returned to the Hutt Hospital after the rebuild.

(d) Request an update from the Executive on progress made, including any decisions, on (a), (b) and (c) at the Board meeting on 22 June 2022.

(e) To direct the CEO to immediately, as an urgent priority, arrange a safe, fit-for-purpose birthing facility in close proximity to Hutt Hospital to provide a safe place for women to birth their babies in the Hutt Valley.

The Hutt Valley District Health Board note:

(f) The update from the Executive on the work being undertaken to give effect to the Board decision of 13 May 2022 and that a further update on next steps will be provided at the Board meeting on 22 June 2022.

Procedural notes

- The motion was moved and seconded as per the recommendations in the Board paper, with the following additions:
  - additional recommendations (shown in underlined text) proposed by Board member Josh Briggs and accepted by leave of the meeting
  - the motion proposed by Board members Dr Richard Stein and Prue Lamason (refer paragraph 8 of the Board paper and shown in italicised text).
- At the request of members the vote on the motion was taken separately, and the voting record on each part of the motion is shown below.
- A division was requested for the motion proposed by Dr Richard Stein and Prue Lamason.

Voting Record

	Moved	**Seconded**
HVDHB	David Smol	Wayne Guppy

Record of voting	**For**	**Against**	**Carried/lost**
(a)	Unanimous		Carried
(b)	Unanimous		Carried
(c)	Unanimous		Carried
(d)	Unanimous		Carried
(e)	Stein Lamason	Smol Guppy Briggs Shaw Brown Earp Ryall Laban	Lost
(f)	Unanimous		Carried

2 June HVDHB Board Update - Here

Notes:

- The Board received an update on the implementation planning that is underway to give effect to the Board decision dated 13 May 2022.
- Engagement and consultation with MOH and iHNZ is ongoing.
- Engagement with consumers will occur through the usual process with our Consumer Advisory Group.
- The 'Heretaunga' page on the Hutt Valley DHB website is the single source of information and communications. The public will be directed there from various channels (i.e. people's panui).

- Work is proceeding at pace but it is too early to provide a timeline.
- The final DSA and peer review have not yet been received but are expected soon.
- Management confirmed discussions with a range of service providers are underway, including with Te Awakairangi Birthing Centre, to support service delivery as the DHB plan the relocation of patients and services from the Heretaunga Building at Hutt Hospital.

3 OTHER

3.1 GENERAL BUSINESS

The public meeting concluded at 5.30pm.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this day of 2022

David Smol
BOARD CHAIR

MATTERS ARISING FROM PREVIOUS MEETINGS

No actions were carried forward from the previous meetings.

Interim
HEALTH NEW ZEALAND
HAUORA AOTEAROA
He hinonga taupua

2 June 2022

To: DHB Chairs
DHB CEO
DHB CFO
Share Services

Statement of reps and due diligence returns

I acknowledge and thank you for the contribution you, your boards and the leadership of our District Health Boards and Shared Service Agencies have made.

Reporting

To meet our various statutory and reporting requirements in the transition, we require information from a variety of sources across the sector. Detailed information has already been gathered from a range of areas within each DHB and Shared Service Agency, such as finance and health and safety, and I acknowledge the collaboration and support we have received.

There are two comprehensive outstanding items, and we are distributing them together to minimise confusion and likelihood that the same information is compiled twice. These are:

- The annual audit representations, which will be different this year, as Audit NZ will seek assurance from Health NZ for your audit. To facilitate this process, the letter of representation that you have historically provided to Audit NZ should be addressed to HNZ. A letter template is attached to this letter as Appendix 1. This letter should be signed by a Board member and your Chief Financial Officer. Please elaborate on any matters in this letter that require further explanation.

- An information request from each entity for matters that would be material and pertinent to HNZ following the amalgamation. Appendix 2 is a template that summarises the major areas of opportunity and risk for your organisation. The information requested is detailed, and you may wish to pass this request along to your executive and then review the submission to ensure its completeness.

Some of the matters covered in these disclosure documents may require extensive context and rationale. Some may be matters where a positive resolution is anticipated but not yet concluded. Open and full disclosure is essential to a successful transition.

Risk Management

KPMG is assisting in building a comprehensive risk framework for HNZ. As part of that work, they will be reaching out to your Finance, Risk and Audit Committee chairs to validate the risks at each entity and to ensure that these risks are appropriately captured at the national and regional level. Separate communication on that process will occur but it will run in parallel with this disclosure work.

Next Steps

To facilitate the completion of these documents, a word version is attached to this letter. Please address any questions and submit the completed audit letter of representation by 30 June 2022 to:

Rosalie Percival

Interim Chief Financial Officer

Health New Zealand

Rosalie.percival@health.govt.nz

Please address any questions and submit the completed questionnaire (via the KPMG online process) by 23 June 2022 to:

Sue Gordon

Interim Corporate Services Director

Health New Zealand

Sue.gordon@health.govt.nz

* * * * * * * *

Thank you for your continued assistance during this important transition.

Yours sincerely

Rob Campbell
Chair
Interim Health New Zealand

Chief Executive's Report

Prepared by: Fionnagh Dougan, Chief Executive

1 Introduction

This report covers the period from 27 April 2022 to 8 June 2022.

2 COVID update

2.1 Overview

The 2DHB 'Hub and Spoke' model has proven to be successful. The model of strengthening community systems and stakeholder engagement, while prioritising pro-equity, has matured a great deal since its inception. It now provides a foundation that we can consolidate developed processes using lessons learned, and expanding them across other functions to make healthcare and manaaki support more accessible for priority populations, with a particular focus on developing comprehensive primary care teams which will sipport our localities development and provider networks.

Now that we have passed the first Omicron peak and in preparation for future outbreaks and winter illnesses we have optimised the structure and function of our model to ensure we have the sustainability to continue to support ongoing COVID-19 pandemic and other infectious disease responses. After extensive consultation and consideration of national level direction, the next phase of work is to centralise immunisation programmes using learnings from COVID-19 to benefit an enhanced roll out. The Hub has three priority areas: Vaccination Programme, Testing Programme; and Care in the Community. Until the end of 2022 the focus of the hub will be to ensure:

- integration of the National Immunisation Programme
- the Hub is in a position to respond quickly and effectively to new surges
- robust processes and systems to support Hut and Spoke functions
- the ability to integrate into new structures that may emerge with the transition to Te Whatu Ora – Health New Zealand, and Te Aka Whai Ora – Māori Health Authority.

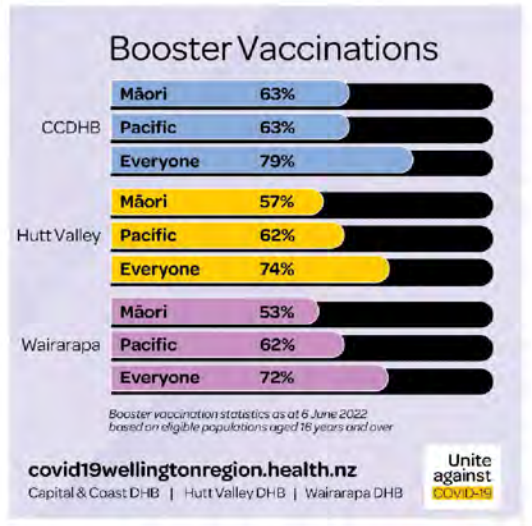
2.2 Cases

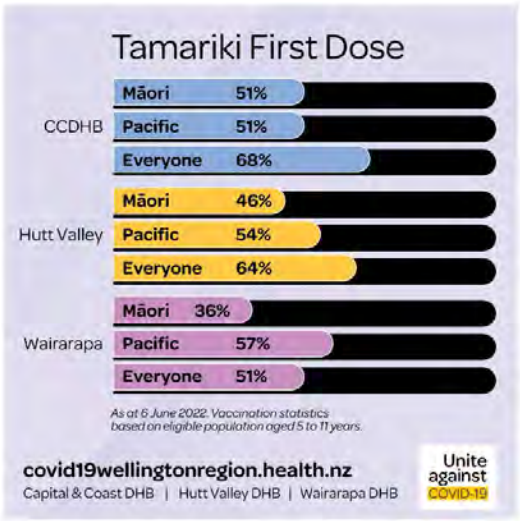
The 7-day rolling average of new cases reported each day in the greater Wellington region has stabilised around 800 each day, however, in late May we started to see small increases in the number of cases reported each day. Noting that the cohort of hospitalised patients has moved from the 20-40 years age bracket to the 60+ years age bracket which has an impact on resource utilisation. Wastewater testing also continues to show that the number of cases in our communities is likely significantly higher than those officially reported.

2.3 COVID-19 vaccination programme highlights

At 6 June 2022, 2DHB continues to lead the country when it comes to overall vaccination rates for boosters and children aged 5-11 as well as for Maori in both categories. Progress continues to be slow and hard-won, with targeted communications around the need for vaccination and countering

misperceptions being used in complementary settings with other community health advice and services. Over a period of about six weeks starting in early June more than 10,000 people in our region become eligible for their next dose after having recovered from COVID-19. It is hoped that this will help drive an increase in demand for booster vaccinations and communications will promote this.





We continue to work with primary schools to share information and to offer school pop up clinics for tamariki and their whānau.

A recent pop-up clinic at St Bernadette's School in Naenae offered COVID-19, Flu and MMR vaccinations (alongside a sausage sizzle) and proved popular with families. Kokiri Marae Health and Social Services provided the vaccinations.

Although the community was well vaccinated, they look after each other, and the school wanted to offer additional vaccination opportunities this winter. - Jo Buckley, Principal.

Due to general vaccination fatigue, our focus has shifted towards offering Winter Wellness health-related events, with vaccination included.

These events are designed to support regular vaccination activity at clinics throughout the region. We provide health advice and services (blood pressure checks, cardio checks etc.) plus fun activities for kids, Healthy Homes support, wellness packs and giveaways. Vaccinations offered include COVID-19, Flu and MMR for eligible age groups.

2.3.1 Recent and upcoming events include:

- Vaccination drive-through clinic held on 29 May at 218 Taranaki Street, Wellington
- Winter Wellness Wednesday, 8 June 2022, in Lower Hutt offering health checks and vaccinations.
- COVID-19 Information and Vaccine Event for the Ethiopian Community, 11 June in Newtown
- Hora Te Pai ki Whakarongotai Health Clinic – Every Tuesday at Whakarongotai Marae, Waikanae. Health checks plus vaccinations.
- Fanau Health Day, Pacific Health Services, 18 June. Promoting winter wellness in collaboration with Wellington Niue Rugby League, offering health checks and vaccinations.

Our public key messages have focused on keeping yourself safe in winter from COVID-19 and seasonal illnesses, mask wearing, staying home if unwell, testing and being up to date with vaccinations. We have also developed a video series where people share their experiences, and tips for managing COVID-19 and isolating.

2.4 Communications

We have reassessed and streamlined our existing messaging and materials, and re-formatted FAQs page on the website 3DHB website.

While the number of followers for the 3DHB COVID-19 social media hub remains steady at just under 9,000, behaviour has shifted to more towards people seeking out information when they need it rather than wanting to be fed it on a regular basis. In response, we have decreased the number of social media posts uploaded each day, instead focusing on the most important messaging and information as needed.

We continue to focus on providing reassurance and practical advice that reflects the natural variety in real life experiences, while also continuing to encourage vigilance in the face of lower numbers and easing restrictions. As part of a user-generated campaign around recovery tips, a series of selfie videos has been developed and shared via social media and the website. We continue to add to this series.

3 Communications and Engagement

3.1 External engagement with partners and stakeholders

As we head into winter amidst what is predicted to be long tail of the Omicron outbreak, the main focus has been on ongoing engagement on combined public health messaging around winter preparedness, overarching vaccination programme that includes flu and MMR, and ongoing care in the community. This engagement includes working with iwi, Māori providers, Pacific providers, primary health, community partners, councils, Regional Leadership Group partners, the new Regional COVID Coordination Centre, and government agencies.

There are also ongoing efforts to ensure accurate and timely information is shared with stakeholders and partners affected by the 13 May 2022 decision to take a precautionary approach and relocate services from the Heretaunga building at Hutt Hospital after a seismic assessment and engineering advice.

3.2 External communications and engagement – news and media

We have had a large number of news and media updates over the period to share important information with our communities:

DHB	Subject	Outlet / Channel
2DHB	Information about the PSA union's industrial action.	Websites
2DHB	Update about the PSA union's industrial action.	Websites
HVDHB	Announced plans to transition services and patients from the Heretaunga Block at Hutt Hospital.	PR / websites

CCDHB	Update on the Wellington ED seismic issues and other spacial challenges.	PR / websites
HVDHB	Announced review of cases where people waited longer than the targeted timeframe to receive mammography appointments.	PR / websites
2DHB	Alert that both EDs are experiencing high patient volumes and people will experience longer wait times.	PR / websites
CCDHB	Encouraged road safety ahead of Queen's Birthday weekend.	Joint PR with Police and WFA

3.3 xSocial media views and stories

CCDHB impressions	HVDHB impressions	RPH impressions
Facebook: 259, 958 Twitter: 3,221 LinkedIn: 16,226	Facebook: 166, 675 Hutt Maternity Facebook: 9,027 Twitter: 1,341 LinkedIn: 8,050	Facebook: 25,491

3.3.1 Top social media posts

3.4 Website page views and stories

CCDHB	HVDHB	RPH	MHAIDS
165,712 page views	24,359 page views	12,641 page views	18,534 page views

Our website continues to be a strong source of information to the public, with the pages most commonly visited shown below (excluding the homepage and staff login).

Top five webpages CCDHB

- Connect Me and Webmail
- Exemption for face coverings
- Careers with CCDHB
- Wellington Regional Hospital
- COVID-19: changes to our services

Top five webpages HVDHB

- COVID-19: Information for visitors
- Hutt Hospital campus map
- Update on Heretaunga Block
- Careers with HVDHB
- Contact us

Top five webpages RPH

- Current illnesses
- Fruit and vege co-ops
- Porirua Children's Ear Van
- Gastroenteritis
- Housing | Well Homes

Top five webpages MHAIDS

- Do you, or does someone you know, need help now?
- Child and Adolescent Mental Health Services
- Community Mental Health Teams
- How to contact us
- Central Region Eating Disorder Services

3.5 Website stories and releases

We created and published a new page on the Hutt Valley District Health Board website to update the public and media on Heretaunga Block.

3.6 Internal Engagement and Communication

3.6.1 Intranet page views and stories

CCDHB	HVDHB
220,993 page views[1]	186,376 page views

3.6.2 Staff posters

[1] This is over the last 30 days. Sharepoint site usage analytics are provided every 7, 30 and 90 days.

3.6.3 Top intranet stories

Celebrating International Nurses' Day

From Waffle breakfasts to decorations, thank you to all who celebrated our amazing nurses.

We've included some photos from the day, along with compliments and thank yous from patients and their families to the Older Persons and Rehabilitation Service (ORPS) team.

View this story on Te Wāhi.

Turning our DHBs māwhero (pink)

Hutt Valley and Capital & Coast DHBs turned into a sea of māwhero/pink last Friday, showing our commitment to creating a positive workplace environment that is safe, welcoming and inclusive of everyone.

Māwhero/Pink Shirt Day is about working together to stop bullying by celebrating diversity and promoting positive social relationships.

We want to create a community where all people feel safe, valued and respected, regardless of age, sex, gender identity, sexual orientation, ability, religion, or cultural background.

Read the full story and check out some of the photos taken on Pink Shirt Day across our 2HBs on Pūmanawa.

Board Information – Public

22 June 2022

Wellington Hospitals Foundation

Action Required

The Boards note:

(a) The very significant contribution of the Wellington Hospitals Foundation (WHF) to CCDHB since 2005, and the intention for the Wellington Hospital Foundation to continue supporting the provision of health services in the Wellington region into the future

(b) WHF is amending its Trust Deed to remove the references to CCDHB, extend its coverage to the Capital, Coast and Hutt Valley District of Health NZ, and to provide for the appointment of new Trustees representing the Capital, Coast and Hutt Valley District.

Author	Roger Palairet, Chief Legal Officer, 2DHB
Presented by	Fionnagh Dougan, Chief Executive, 2DHB
Purpose	To note the significant contribution of the Wellington Hospitals Foundation and Mr Bill Day

Executive Summary

1. The Board of CCDHB has received a letter dated 31 May 2022 from the Wellington Hospitals Foundation (WHF), marking the transition from CCDHB to Health NZ.
2. WHF has made a very significant contribution to CCDHB since its inception in 2005, and the intention is that it should continue to support the provision of health services in the Wellington region into the future.
3. WHF is amending its Trust Deed to remove the references to CCDHB, extend its coverage to the Capital, Coast and Hutt Valley District of Health NZ, and to provide for the appointment of new Trustees representing the Capital & Coast and Hutt Valley District.

Background

1. The WHF has written to the Board of CCDHB, marking the transition from CCDHB to Health NZ.
2. The letter refers to the total of $58m raised in cash and kind for CCDHB since 2005, plus facilitating the $52m donation from Mark Dunajtschik and Dorothy Spotswood for Te Wao Nui. WHF has also raised $8m itself towards the Te Wao Nui project.
3. All of the funds raised by WHF and provided to CCDHB have made practical and concrete differences to the quality of the services CCDHB has been able to offer patients and families. WHF has also built on-going relationships with the donor community in the Wellington region which has enhanced the standing of CCDHB and the health services it provides.
4. The WHF volunteers have also provided countless hours of valuable service to CCDHB and its staff and patients over many years.
5. Bill Day has been involved since the inception of WHF. The profile of WHF in Wellington and the wider region is a credit to Bill Day and the dedicated teams of staff and volunteers he has led over the years. CCDHB Chief Executives, Chief Medical Officers and senior management have also served as Trustees of WHF, and have provided a valuable link between the WHF and

CCDHB. The CCDHB representatives who have been the longest serving Trustees have been our CMOs, Dr Geoff Robinson (2005-2017), and Dr John Tait (2017 – on-going).

Capital, Coast and Hutt Valley District

6. The WHF Trust Deed specifically refers to CCDHB and its hospitals in the Wellington Region, which are at Wellington Regional Hospital, Kenepuru and Porirua.
7. The joining together of our DHBs as one District under Health NZ, and the disestablishment of the DHBs from 1 July 2022, provides the impetus for WHF to amend its Trust Deed to remove the references to CCDHB and extend its mandate to provide coverage over the new District.
8. A significant practical difference will be to extend the scope of services offered by WHF volunteers to the Hutt Hospital campus. WHF will aim to integrate and expand the service of existing HVDHB volunteers on site at the Hutt Hospital.
9. WHF will also have the opportunity to expand its fundraising and grants programme to include the Hutt Hospital.
10. WHF is being funded $236,000 by CCDHB for the 2022/23 financial year towards its various volunteer and fundraising programmes. Delivery and funding for volunteers and public fundraising programmes that benefit the Hutt Valley part of the new District will need to be discussed with WHF.

Trustees

11. Fionnagh Dougan and Rosalie Percival will resign as Trustees from 1 July 2022, given their new interim roles in Health NZ which are outside the Capital, Coast and Hutt Valley District. John Tait will remain as a Trustee.
12. WHF is amending its Trust Deed to provide for Capital, Coast and Hutt Valley District executives of Health NZ to be eligible for appointment as Trustees.

Attachment/s

1. Letter from Wellington Hospitals Foundation dated 31 May 2022

31 May 2022

David Smol
Chair, Capital & Coast District Health Board
Private Bag 7902
Wellington 6242

Dear David & Board Members

WELLINGTON HOSPITALS FOUNDATION CONTRIBUTION TO CAPITAL & COAST DISTRICT HEALTH BOARD

BACKGROUND 2005 - 2022

It is with pleasure that on behalf of Foundation Trustees and staff we extend our best wishes to you and your board members and all the very best for the future. With the impending disestablishment of DHB's across New Zealand, and the final meeting of Capital & Coast District Health Board on 22 June, I thought it appropriate to acknowledge the late Bob Henare who was Chair of C&CDHB in 2005 for his insight in asking that a Foundation/charitable arm be established to support the DHB. I had that honour to be asked and implement Bob's wishes.

As we look back over the past 17 years the Foundation has had many firsts in its support of C&CDHB's hospitals, staff and patients.

- We have one of the best hospital volunteer's services in New Zealand.
- We have supported a positive profile for our hospitals.
- Our fundraising has been outstanding.

It is not unreasonable to say that the Foundation's financial contribution to C&CDHB over the past 17 years would exceed $110million.

In addition to our fundraising over the years for many hospital projects and items of medical equipment, it was the Foundation that introduced Mark Dunajtschik and Dorothy Spotswood to C&CDHB and this has resulted in their contribution of $52million for Te Wao Nui. We continue to work with Mark & Dorothy. The Foundation's direct contribution exceeds $58million in cash and in-kind.

So thank you for the privilege of working with C&CDHB and we look forward to the health services from 1 July 2022 under Health NZ.

Wellington Hospitals Foundation
Level 2, Wellington Regional Hospital
Riddiford Street, Wellington
Private Bag 7902, Newtown, Wellington 6242

Phone: 04-806-2332 or 0800 WGTN HOSPI
Email: admin@whf.org.nz
Online: www.whf.org.nz

SUMMARY OF FOUNDATIONS CONTRIBUTION 2021 – 2022

As usual we prepare a brief report to you on our activities for the past year. Our contribution this year, in a tough Covid climate, has extended to:

Te Wao Nui Child Health Service

With the initial fundraising request from C&CDHB being $6million for the fit-out which subsequently increased to $10million, the Foundation undertook to use its best endeavours to reach this new target. As a result, this project continued to be the Foundation's main fundraising focus in the 2021-22 financial year.

Community support of Te Wao Nui has been overwhelming and I am delighted to confirm the Foundation has **raised over $8million for the fit-out of Te Wao Nui with just under $1million having been paid by the Foundation directly to suppliers. Support from the Hospital Trusts will see the $10 million well and truly achieved.** We continue to fundraise for this project and thanks to our generous supporters, the goal of $10million is well within reach.

Official handover ceremony 31 March 2022

Fundraising in New Zealand has become all the more competitive since the arrival of COVID with New Zealand now having 28,544 registered charities. This makes the Foundation all the more appreciative of each and every one of our donors.

Foundation Funded Equipment / Projects

Aside from Te Wao Nui, a number of hospital departments have also benefited from funding from the Foundation. Whilst the majority of requests received from C&CDHB were of a smaller monetary nature, we feel it valuable to advise the Board of the variety of requests received. Over the years, we have found smaller funding requests have just as much impact on patients, staff and their whanau as some of larger funding requests. Refer "Annexure A" for details of support provided.

In Kind Donations

The Foundation has formed excellent relationships with a number of businesses and community groups over the years. During the 2021-22 financial year we received over $130,000.00 worth of "in-kind" donations. Some of the more major ones include:

▪ J H Whittaker & Son (chocolates for all DHB staff))	$ 60,000.00
▪ S.W.I.A (Chair Scales x 2 for Ward 6S)	$ 7,200.00
▪ S.W.I.A (Wheelchair Platform scale for Ward 6S)	$ 2,900.00
▪ Radio advertising support	$ 35,000.00
▪ Annual lease of two motor vehicles from Capital City Motors	$ 24,000.00

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Whittakers Deliveries to C&CDHB staff

Foundation Activities and Events / Community Involvement

Whilst COVID had a huge impact on fundraising events and activities, some of our dedicated and long-standing supporter's hosted events, as government restrictions allowed. This involved a Charity Quiz Night (raised $20K for Te Wao Nui) and a Gala Ball (raised $70K for Te Wao Nui). In addition, there were many smaller community events with support from schools, businesses and individuals, all raising funds for Te Wao Nui.

Hospital Volunteer Service

The Foundation continues to administer a first rate Hospital Volunteer Service over many disciplines, from meet and greet volunteers in the atrium, volunteers in the Emergency Department, volunteer knitters and quilters and much more. Throughout 2021-22 COVID restrictions impacted on the service with volunteers being stood down for some months. Whilst some resigned, we are about to recommence a recruitment drive for volunteers and will continue to be guided by C&CDHB to provide a safe and valuable service to patients, staff and the community.

Number of Hospital Volunteers - as at May 2022 (394)

- Wellington: 128. Includes guides, ED, ICU, piano players, others
- Kenepuru: 96
- Knitters, Sewers & Quilters: 170

Value of the Hospital Volunteer Service

▪ Volunteer hours per annum	est. value $760,000.00
▪ Value of Knitted items distributed	est. value $ 35,000.00
▪ Value of hand-made quilts distributed	est. value $ 30,000.00

Community Relations

The Foundation continues to provide good public relations for CCDHB with many speaking engagements and other public relations activities, engaging with many individuals and community groups. We currently have in excess of 40,000 donors on our database and we have almost 5,000 regular givers who give on average $30.00 per month for our hospital projects. Many of our donors come from outside Wellington Region. Many as far away as Whanganui/Napier to Nelson/Marlborough. Some from overseas.

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The bringing together of Rotary and Lions Clubs from Whanganui/Napier down to Nelson/Marlborough has been a major achievement by the Foundation with both organisations raising $500,000 each for Te Wao Nui. There are others such as Freemasons, Countdown, Lloyd Morrison Foundation, New Zealand Community Trust, Moore Wilsons, Whittaker's Chocolate, Weta Workshop, Sky TV and many more. It is important to acknowledge Lloyd Morrison Foundation's donation of $1.5million and NZCT's $1million.

Summary

The Foundation looks forward to continuing to support our regions hospitals under Health New Zealand. As an official charity it gives the community a vehicle to assist our hospitals and enhance the many healthcare services provided. Sometimes, it is not just financial support, but being able to offer experiences and emotional support that help make a difference to a patients stay.

For the record I wish to record my deepest appreciation to our staff, Shona Brunton, Sally Barton, Trish Lee, Maria Zandi, Samantha Munro, Julie Edwards. Elizabeth Gibson, Lita Mistry, Wendy Challis, Helen Bruning, Mike Kotylar.

Also Foundation Trustees: Fionnagh Dougan, John Tait, Brian Bray, Corinne Cole, Rosalie Percival and Simon Woolf.

We wish you all well for the future. And thank you.

Yours sincerely

Bill Day, MNZM, JP
Chair

cc: Fionnagh Dougan, CEO, 2DHB, WHF Trustee
John Tait, CMO, 2DHB, WHF Trustee
Matthew Parr, CFO, 2DHB
Brian Bray, WHF Trustee
Corinne Cole, WHF Trustee
Simon Woolf, WHF Trustee
Rosalie Percival, WHF Trustee

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ANNEXURE A

WELLINGTON HOSPITALS FOUNDATION SUPPORT OF C&CDHB
(IN ADDITION TO TE WAO NUI)
FOR THE PERIOD 1/7/21 – 31/5/22

ITEM / PROJECT	DEPARTMENT	VALUE
3D/4K Operative Laparoscopy system	Theatres	$136,630.00
4K upgrade of Gastrointestinal Endoscopy Imaging System	Theatres	$ 63,903.02
Pataka Miraka (Milk Bank)	Child Health	$ 232,258.88
Play Specialist Funding	Child Health	$ 10,000.00
Lease of Aquariums x 3	Child Health	$3,600.00
Therapy equipment & sundry items	Child Health	$1,450.00
HOSPI soft toy giveaways	Child Health	$30,000.00
Tiaki soft toys for opening	Child Health	$24,000.00
Annual subscription to Health TV	ED & Kenepuru	$3,960.00
Mobile Phone Charging Stations x 3	Emergency Department	$3,300.00
Supply of Emergency Clothing	Emergency Department	$3,000.00
Sponsorship of ACE Awards for 5 years	Emergency Department	$5,000.00
Smart TV, specialised Trolley & Disney+ subscription	Emergency Department	$1,400.00
Artwork for waiting area	Eye Clinic	$1,800.00
Artwork for waiting area	Radiology	$2,500.00
Artwork	NICU	$500.00
Paediatric Hearing devices and accessories	Audiology	$2,600.00
Sponsorship of Manawa Ora 2DHB Orchestra	WRH	$4,000.00
Sponsorship of 2021 Ngā Tohu Angitu (Success Awards)	WRH	$2,500.00
Sponsorship of 3DHB Maori & Pacific Nurse and Midwife Forum	WRH	$1,400.00
Sponsorship of staff functions (various)	WRH	$2,000.00
Sponsorship of coffee vouchers for COVID screening staff	WRH	$400.00
Sponsorship of appreciation gifts to admin staff (Gina Lomax)	WRH	$700.00
Annual supply of water bottles for patients	Radiation Therapy	$900.00
Smart TV, specialised Trolley & Disney+ subscription	ICU	$1,400.00
Inkless handprint kits	ICU	$700.00
Hand held fans for patients	Palliative Care	$1,000.00
Supply of cards used for bereavement	Ward 5N & Palliative Care	$500.00
Smart TV for paediatric Echo patients	Cardiology, CMU	$600.00
Supply of lanyards for C&CDHB staff use	WRH	$4,500.00
Display case for gifted Waka for reception area	Ward 6S	$500.00
Commercial Grade gym equipment	MHAIDS	$5,000.00
Donation for training	Cardiology	$2,000.00
Staff Recognition Donation	Te Mahoe	$2,000.00
Sponsorship of C&CDHB Staff Awards.	WRH	$5,000.00
Supply of merino wool	Volunteer Service	$21,136.65
TOTAL		**$582,138.55**

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Board Decision – Public

22 June 2022

HVDHB and CCDHB Board Handover Document to Health New Zealand

Action Required

The HVDHB and CCDHB Boards:

(a) **approve** this handover document to Health New Zealand.

(b) **note** attached the 'Health NZ- Management Representations Questionnaire' and that Health NZ have advised that section 2 of the Questionnaire (Strategic) would be appropriately considered by the Boards.

(c) **approve** the answer to Question 2(a) – 'Strategic Initiatives' (Attachment One).

Strategic Alignment	We continue to focus on achieving equity, clinical excellence, financial sustainability and protecting the needs of our populations during a period of change. Our priorities align to the Government's planning priorities for health and the Minister's Letters of Expectations. Our work on the priorities is consistent with the transition to the new health and disability system.
Author	Peter Guthrie, Director: Strategy, Planning and Performance, CCDHB and HVDHB.
Presented by	Fionnagh Dougan, Chief Executive, CCDHB and HVDHB.
Purpose	This paper acts as a handover document to Health New Zealand as we transition to the new health and disability system and supports the DHBs response to the 'Health NZ- Management Representations Questionnaire'. Section 2(a) of the questionnaire seeks information on 'strategic initiatives'. The answer to this question will be supported by the handover document.

Strategic Considerations

Service	Implementing our strategic priorities will improve service delivery across hospital, primary and community services and help maintain a strong focus on looking after the health needs of our populations during a time of change.
People	The Pro-Equity priority is woven through all work programmes and will contribute to our goal of achieving health equity and optimal health for Māori, Pacific peoples, and disabled people by 2030.
Financial	The investment process is focussed on implementation of the strategic priorities, and the enablers needed to support them. We continue to ensure we have resources (including executive time) targeted to this work.

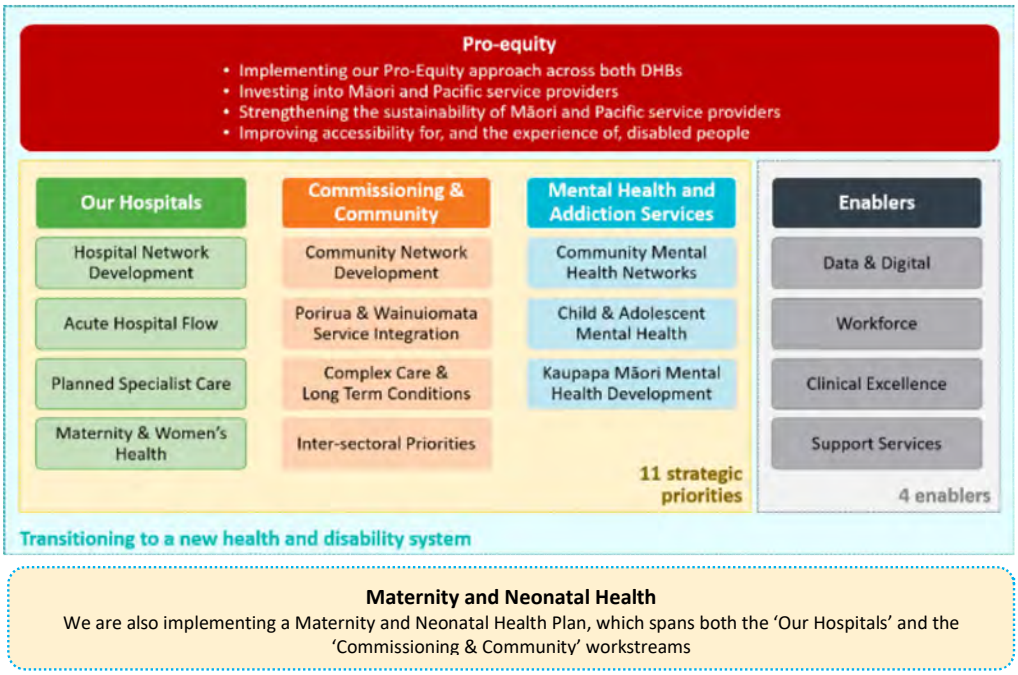
2DHB Board Handover to Health New Zealand

Background

Capital & Coast District Health Board (CCDHB) and Hutt Valley District Health Board (HVDHB) have been working closely together as one organisation (2DHB[1]) for a number of years. Governance is aligned with one joint Board Chair, David Smol, and a joint Chief Executive, Fionnagh Dougan, who was appointed in July 2019 to lead both organisations. Our 2DHB Executive Leadership Team supports both DHBs to work as one where possible to gain efficiencies across our services, workforce, and safety and quality processes.

Our 2DHB approach has helped us align our strategic direction with the goals of the reform. Soon after the reforms were announced in April 2021, we developed a 2DHB strategic work programme aligned to the future of the health and disability system (Figure 1).

Figure 1: Strategic Work Programme



Maternity and Neonatal Health
We are also implementing a Maternity and Neonatal Health Plan, which spans both the 'Our Hospitals' and the 'Commissioning & Community' workstreams

Despite the challenges presented by COVID-19, we have made good progress implementing the strategic work programme. Leading up to the transition, we have accelerated work in areas that support Health New Zealand and the Māori Health Authority. We have also maintained a strong focus on delivering equitable health outcomes and intensifying support for Māori, Pacific people and those living with disability, mental illness and addiction.

The sections below outline our strategic objectives and the progress we have made on the following:

- Our Pro-Equity Priorities
- Obligations to the Treaty
- Covid-19 response and learnings
- Mental Health and Addiction
- Community and Commissioning
- 2DHB Maternity and Neonatal Health
- Our Hospital
- Our Enablers

[1] 2DHB refers to the two District Health Boards, Capital & Coast District Health Board and Hutt Valley District Health Board.

- Regional Programmes
- National Programmes

Pro-Equity

We have been reshaping our organisation to be 'pro-equity' and committed to improving equity and taking action to eliminate inequities. Our pro-equity priority is woven through all work programmes and our approach is guided by our strategic plans[2]. We work in partnership with our advisory groups[3] and the communities they represent to achieve equitable health outcomes for our people.

Major Accomplishments/Highlights

- Organisational goal to achieve health equity and optimal health for Māori, Pacific peoples, and disabled by 2030.
- Developed and begun to implement a Pro-Equity People-Based Commissioning Policy, with focus on redistributing and targeted resources to improve equity.
- Additional resources allocated to kaupapa Māori and Pacific community services, including an additional $1 million per annum for Māori and Pacific providers from the 2021/22 2DHB budget.
- Our 3DHB Sub-regional Pacific Strategic Advisory Group provides strategic support, advice and advocacy regarding Pacific people's health outcomes. Through extensive consultation with our Pacific communities, in 2020 we developed a Pacific Health and Wellbeing Strategic Plan for the Greater Wellington Region 2020 to 2025, which has guided the development of pro-equity actions to improve Pacific health and wellbeing
- Working with the community, we achieved high vaccination coverage and a highly successful COVID vaccination campaign across all populations in our district.
- Developed our 3DHB[4] Disability Leadership Group to create positive change towards equitable, accessible and inclusive healthcare services to disabled people and their whanau, by identifying and addressing inequities within the DHBs. The group holds us to account in applying a disability perspective when applying a disability perspective "lens" into the development and delivery of health services for equitable outcomes. We are working with healthcare providers to rethink what 'access' means for disabled people.

Obligations to the Treaty

We are working with iwi and mana whenua to ensure we meet responsibilities and accountabilities to Māori through Te Tiriti o Waitangi:

- Our Māori health strategies, *Taurite Ora* and *Te Pae Amorangi*, are aligned to the national *Whakamaua: the Māori Health Action Plan 2020 – 2025*.
- Agreement signed between Te Rūnanganui o Āti Awa ki te Upoko o te Ika a Maui Inc., Te Rūnanga o Ngāti Toa Rangatira, and the 2DHBs in July 2021. This agreement recognises the two parties to Te Tiriti o Waitangi.
- Established the first Iwi Māori Partnership Board - Āti Awa Toa Hauora Partnership Board

[2] Health System Plan 2030, Taurite Ora: CCDHB's Māori Health Strategy 2019-2030, the Sub Regional Pacific Health And Wellbeing Strategic Plan 2020-2025, the Sub-Regional Disability Strategy 2017-2022, and Living Life Well – A Strategy for Mental Health and Addiction 2019-2025.

[3] Te Upoko O Te Ika Māori Council (our 2DHB Māori Council), the Sub-Regional Pacific Strategic Health Group, and the Sub-Regional Disability Advisory Group.

[4] 3DHB refers to three district health boards; Capital and Coast DHB, Hutt Valley DHB, and Wairarapa DHB.

- We monitor the progress and performance of the implementation of our strategies to achieve health equity for Māori. Although, we expect it will take a number of years before our actions are reflected in improved health outcomes and equity for Māori.

COVID-19 response and learnings

We have delivered a successful COVID vaccination campaign in collaboration with iwi, Māori and Pacific providers, PHOs, and the local pharmacy network. To coordinate and respond to the needs of our communities, 2DHB established a 'Hub and Spoke' approach for the delivery of our 'Care-in-the-Community' model. This model has a district Hub that supports locality-based Spokes. It is 'equity driven, locality led, and manaaki focused' and we used the mantra of "trusted faces in trusted places".

Major Accomplishments/Highlights

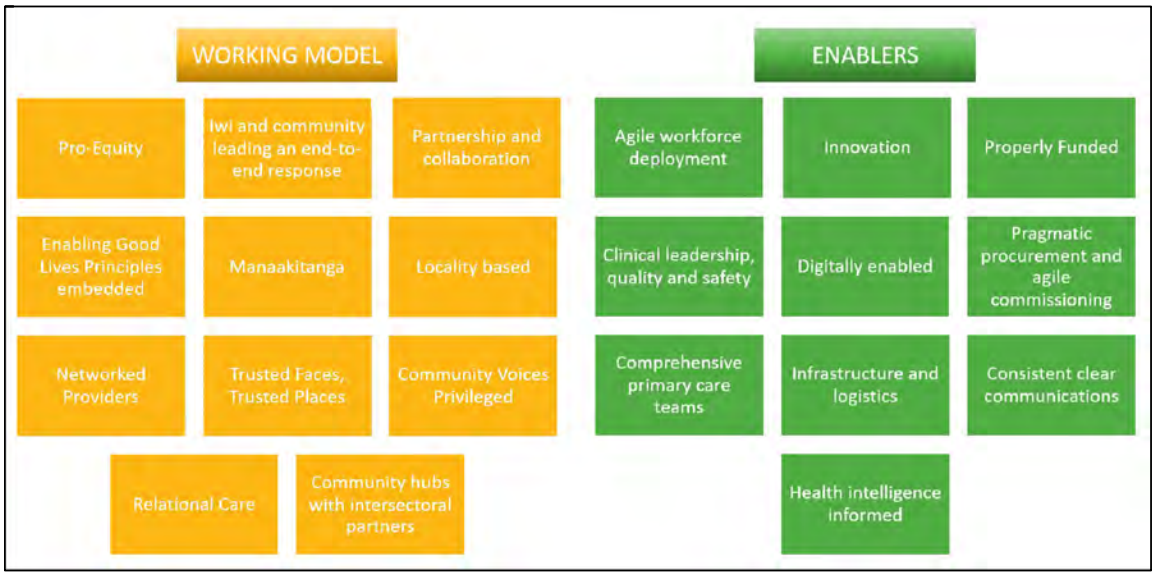
- We used a community-led and locality-based programme to vaccinate Māori, Pacific, and disabled people first.
- We ensured that information about COVID-19 is accessible for everyone and that we are responding to community needs and continue to improve access to information for disabled people across the Wellington region.
- Today, we have the highest COVID-19 vaccination coverage and CCDHB was the first DHB to reach 90% vaccination coverage for Māori, with HVDHB in quick succession.
- We worked with Pacific providers and the Wellington Samoan Church Ministers' Network to help organise Vaccination Festivals to vaccinate our Pacific population.

COVID Learnings

The COVID-19 pandemic required us to be agile to quickly respond to the needs of our communities. It required us to re-look at our working models and how we deliver care to our communities. Our response to the COVID-19 pandemic provided an opportunity to learn and improve our responses to Māori, Pacific and disabled people by putting the locality leadership in charge. During the response, relationships were strengthened, particularly our partnerships with Māori and Pacific providers.

Changing and adapting our models of care throughout the pandemic has given us a solid basis to develop our localities and provider networks. In a debrief we organised with community leaders, they told us that these principles are important and should guide our approach to localities development and building community resilience (Figure 2).

Figure 2: Principles for working with the Community



Although the COVID pandemic has created many challenges, the 2DHB 'Hub and Spoke' model has proven to be successful. Now that we have passed the first Omicron peak, and in preparation for future outbreaks and winter illnesses, we have optimised the structure and function of our model to ensure we have the sustainability to continue to support ongoing COVID-19 pandemic and other infectious disease responses.

The model of strengthening community systems and stakeholder engagement, while prioritising pro-equity, has matured a great deal since its inception. It now provides a foundation that we can consolidate developed processes using lessons learned, and expanding them across other functions to make healthcare and manaaki support more accessible for priority populations.

Mental Health and Addiction

The mental health and addiction service projects aim to improve local service integration and achieve equity, particularly improving Māori mental health and addiction outcomes. We are making significant progress in all four projects in the programme, which complement one another but are able to progress independently; Community Child and Adolescent Mental Health, Kaupapa Māori Mental Health and Addiction, Inpatient Acute Mental Health, and Community Mental Health and Addiction.

Major Accomplishments/Highlights

- Significant model of care changes to community mental health and addiction services have been developed and endorsed by the Mental Health Commissioning Forum. The changes include locality-focused mental health and wellbeing hubs that will promote integrated working across primary and secondary care to meet the needs of people in localities.
- Developing a new contemporary acute model of care that will inform redevelopment of the inpatient acute mental health unit at Hutt Hospital.
- A Mental Health and Addictions Māori Expert Advisory Group has been established and is working to advise the Director of Māori Health, on Hauora Māori to improve outcomes for Iwi, hapū, whānau, and Māori.
- Implementation of the Child and Adolescent Mental Health Service (CAMHS) improvement project has commenced with baseline measures established. This improvement project will support improved consistency and collaboration across mental health and addiction services. In addition to

enabling positive and trusting relationships between children, adolescents, and their whānau, and service providers through a Choice and Partnership Model (CAPA).

- The Alcohol and Other Drug (AOD) Model of Care Collaborative (The Collaborative) is a whole-population approach to reducing substance-related harm by enabling early intervention in localities that work for the people experiencing and exposed to the harm.

Community and Commissioning

The Community & Commissioning workstream ensures we are ready to support the development of localities in our region, a fundamental part of the reform to New Zealand's health system. The locality approach uses community engagement and population-health analytics to plan and deliver services with communities, in a way that enables local needs and preferences to be met. This place-based approach to planning and delivering health and wellbeing services will embed a stronger population health focus across the health system.

Major Accomplishments/Highlights

- Porirua has been confirmed by interim Health NZ as one of the first areas in New Zealand to roll out the locality approach (with 8 other areas). Planning for the establishment of a Porirua locality prototype is underway, including for governance, operating model and the development of a detailed project plan.
- The Kāpiti Community Health Provider Network, established in partnership with Te Ātiawa Ki Whakarongotai and Tū Ora Compass Health, continues to support a number of initiatives that improve the health and wellbeing of Kapiti residents. We are supporting Kāpiti Community Health Network to transition to a locality under the new system.
- Working with Te Āti Awa and Kōkiri Marae to set up locality functions in Hutt Valley.
- Developing an implementation plan to re-commission and improve the model of accident and medical care, and community radiology services.
- Designing better support for health professionals and people with lived experience of family violence. We have also worked with the People and Culture team to develop a new 2DHB staff policy for employees who are experiencing family violence. The policy will be released with a suite of education and messaging to support the new policy.

2DHB Maternity and Neonatal Health

Our 2DHB Maternity and Neonatal Health System Plan was endorsed by the 2DHB Board in December 2021. The System Plan will deliver a whole-of-system approach to improving maternal and neonatal care for all families in our region, with a pro-equity focus on actions to improve outcomes for Māori and Pacific whānau and families, and disabled women and babies with impairments.

Major Accomplishments/Highlights

- Developed a 2DHB Maternity and Neonatal Health System Plan (System Plan) and an accompanying detailed implementation paper.
- Appointed of three Equity Leads (Hauora Māori, Pacific Health, and Disability) to provide leadership across implementation of the System Plan, including the Culturally Responsive Care and Enabling Care workstreams.
- Establish a Steering Group that includes external members to provide governance as well as ongoing community voice in the implementation phase of the System Plan.
- We have provided support to Lead Maternity Carer midwives who have had increased demand for homebirth by providing sterile equipment packs, consumables, and other resources.

- We have contributed to the establishment of the Hapū Whānau maternity hub in Porirua, a Health Research Council funded project being led by Ngāti Toa to deliver community-based maternal care for Hapū Whanau in Porirua.
- Contracted a provider to develop a 3DHB web-based resource on the Pēpē Ora website that provides information on DHB and community maternity and neonatal services, to improve access to these services and enable families to make informed decisions about their care.
- Last year we commissioned a review of the 2DHB immunisation service delivery model, which has provided recommendations to deliver a more integrated, whānau-centred immunisation delivery model across all immunisation programmes. The recommendation will be implemented over the next year.

Our Hospitals

Our Hospitals Forum oversees the management of the two programmes - Hospital Network Development and Planned Care.

Hospital Network is the development of our hospital network for the future so that our Hutt, Kenepuru, and Wellington hospitals are safe working environments for teams; deliver contemporary models of care that provide high quality and safe patient-centred care; make the most effective use of resources for clinical and financial sustainability; and achieve equitable population health outcomes.

Planned care is focused on ensuring we provide safe, quality, complex and specialist care that achieves equity of access and outcomes.

Major Accomplishments/Highlights

- Development and approval of the clinical configuration for our Hospital Network. It also outlines the future state, and model of care or service delivery changes required to achieve the future state.
- Demand modelling to determine the hospital infrastructure (beds, theatres, emergency department capacity, etc.) required to support the health and wellbeing of our communities. This work takes into account unequal service provision for Māori and Pacific peoples, recommended hospital occupancy targets, and the impact of implementing the Hospital Network Clinical Configuration.
- Planning to deliver the infrastructure requirements identified by demand modelling has also begun. Master Site Planning Envelopes approved by the Board in December 2021 were developed to deliver the additional capacity required to meet our population health demand within the infrastructure constraints outlined in the Strategic Infrastructure Brief approved by the Boards at the December 2020 meeting.
- The next stage of work is detailed master site plans for each hospital site. During the development of these plans we have received the seismic assessments of the Heretaunga building, a key inpatient building at Hutt Hospital. This information is being incorporated into master site planning and the envelopes approved in December 2021 will be updated to reflect the changing infrastructure landscape and the approved clinical configuration. The iteration will help ensure the planning and investment approaches evolve to deliver on the Hospital Network vision to make best use of our hospital sites to deliver services to our communities.
- Development of the functional design brief, concept designs and drafting of an Indicative Business Case for the ‘Front of Whare’ project. This project will increase flow and capacity Emergency Department and acute assessment areas within Wellington Regional Hospital, to ensure people are able to receive timely access to assessment and treatment.

- Opening of a new ENT/Audiology clinic, as part of the programme to utilise resources and workforce across the sub-region with the movement of elective surgery patients to the site best able to provide care across CCDHB and HVDHB facilities.
- 2DHB Cardiology service planning is well underway to make the best use of resource and workforce across the sub-region. Planning for sub-regional structures and recruitment to key vacancies are about to begin.
- Market tender request for proposals to deliver a 'CT on the truck' have been completed and enable us to plan our next steps. 'CT on the truck' is a mobile unit that will improve access to CT scans in high need locations. It will provide more effective and equitable access to CT scanning services, support wait list recovery and improved access to Planned Care.
- Construction of a new Procedure Suite at the Hutt Valley campus has begun, which will provide another location for surgery and increase our capacity for procedures that require specialist care.
- Progress towards the completion of Te Wao Nui, the new children's hospital.

Enablers

Enablers support the Strategic Priorities Work Programme through clinical excellence, data & digital, financial and facilities management, business support, and workforce and organisational culture.

Major Accomplishments/Highlights

- Our 2021/22 budget was agreed by the 2DHB Board in September 2021 and then approved by the Minister in January 2022. Our forecast year end results show we are managing our financial risks and are on-track with our breakeven pathway.
- Through Workforce and Organisational Culture initiatives, we have continued to grow our Māori, Pacific and Disability workforces, with a focus on attraction, retention and development of staff (our goal is to improve equity across our workforce data from our current baseline data).
- Continuing to build staff confidence and capability in our Cultural understanding and ensuring our Treaty obligations are honoured. Senior Leaders attended the interactive "Wall Walk" workshop run by Ngāti Porou, which is designed to raise collective awareness of key events in the history of New Zealand's bicultural relations.
- Establishment of Kōrero Ake, a confidential 'speak-up' line to provide a channel for 2DHB employees, volunteers and contractors to seek information about how to resolve issues involving workplace concerns or answer queries that they do not feel comfortable raising through other available options.
- Establishment of a six-month pilot of Wellbeing Champions who work at all levels of the 2DHB to identify, signpost and promote our current wellbeing resources and other local and national health and wellbeing support offers to their colleagues.
- A new consumer advisory group has been established for the Hutt Valley with strong ties to the Wellington group, and consumers will increasingly have an integral role in many projects and committees across both DHBs.
- Our 2DHB Clinical Board and 2DHB clinical governance sub-committees have been established, as well as standardised 2DHB processes relating to innovation and addressing adverse events.
- Our Data & Digital work programme has continued to support the implementation of all workstreams projects and we will continue to improve the accuracy and use of equity data, including ethnicity workforce and disability data.

Regional Programmes

The Central Region programme is increasingly focusing on supporting winter resilience and preparedness planning and planned care, as well as on the key focus areas for the incoming Regional Directors. Initiatives are underway in collaboration with other DHBs in the region are shown below.

Priority area	Description	Planned approach
Winter preparedness and COVID-19 response	Ensuring regional winter preparedness is robust and responsive to COVID variant planning and working across the region to ensure the delivery of all health services during the winter period with interim National Director, Hospital & Specialist Services.	The Central region is progressing work in this space associated with: • Escalation planning and winter preparedness in collaboration with Regional Chief Operating Officers • Care in the Community with public health, PHOs, and primary and community representatives from across the region • Establishing a Central Region Coordination Centre • Immunisation. The Region has well established relationships across the system who are fully engaged in the health system preparedness work.
Planned care	Implementation of planned care activity across the Region to ensure the delivery of all health services during the winter period, in collaboration with the interim National Director, Hospital and Specialist Services.	A regional planned care programme of work is in place and is being led by the Chief Operating Officers in collaboration with representatives from across the system. The key activities underway at present include: • Developing a regional aggregated view of waiting lists and application of appropriate tools that focus on an equitable approach to delivering planned care once the current pressures on the system eases • Assessing service vulnerabilities.
Financial performance	Setting a balanced budget for FY 22/23 at district and regional level	Central Region Chief Financial Officers are supporting this work.
Capital	Ensure timely execution of funded District capital plans and reviewing capital plans for FY 24/25 with Infrastructure Business Unit.	A regional approach for the Central region is being put in place and includes: • Risk-based prioritisation: a tool that can be used by each District to tell the story • Regional Governance (clearing house) and decision-making (for example maintenance locally vs regional) • Assessment of current state across the region (which builds on National work led by the Health Infrastructure Unit which ensures consistent information on buildings and clinical equipment).

Regional business-as –usual care coordination work is also continuing for cardiology, stroke, trauma, radiology, frailty and child wellbeing with these programmes on track and meeting planned milestones.

National Programmes

Planned Care Taskforce

Hospitals across New Zealand and the world have been disrupted by COVID-19. In May 2022 the Minister of Health announced the establishment of a nationwide Planned Care Taskforce to help hospitals with measures to reduce waiting times. There are three components to the work of the taskforce: (1) Management of Planned Care waiting lists, (2) National Capacity, and (3) reporting mechanisms.

We have begun to implement changes based on the guidance we have received from the taskforce around managing our Planned Care waiting lists. We have completed a stocktake to give us a complete picture of CCDHB and HVDHB waiting lists and help us prioritise further work to reduce wait times. The

stocktake showed there were 353 patients in our 2DHB district waiting between 180-365 days for a First Specialist Appointment (ESPI 2) and 5,467 patients on our 2DHB waiting list for treatment (ESPI 5).

We are working hard on the immediate recommendations from the Planned Care Taskforce. We are taking a pro-equity approach in scheduling, along with careful clinical prioritisation, to address health inequities amongst long-waiting Māori and Pasifika patients.

We have extended the hours of operation at Kenepuru to facilitate more day surgery being performed. The construction of the new a five room procedure suite at Hutt Hospital will create a sustainable pathway for day surgery across the Wellington region, reducing the burden of local anaesthetic surgery in the main operating theatre. The approach will reduce the planned care waiting list and enable greater utilisation of main theatre.

We are also engaging with private providers to maximise the support they are able to provide and working with other DHBs to provide services to our population where possible. We have completed outsourcing contracts with our three main private providers and are working with them to ensure that we identify all procedures and surgeries that they are able to provide for us. This has resulted in us outsourcing spine surgeries where this has not been possible in the past. We have also obtained a commitment to increase our outsourced volume of cardiac cases to manage the clinical risk in that area. We continue to work with clinicians to identify procedures that can be done as day cases, rather than requiring an overnight bed, to minimise cancellations due to bed block.

We have developed a robust reporting framework that give a clear overview of our current waiting lists with mitigation tasks. This reporting helps us to identify issues early and make changes where needed with validation.

National Immunisation Taskforce and National Immunisation Programme

Our 2DHB is progressing a programme of work to operationalise the National Immunisation Programme in our rohe. Our approach to deliver integrated immunisations is based on the premise that providers are the vehicle to deliver whole-of-whanau, seamless immunisation experiences for families. Our work as commissioners and regional leaders is to create an environment that optimally supports providers' to deliver integrated, pro-equity immunisation services. Our 2DHB approach levers the resources, infrastructure and experience of our COVID immunisation programme (district Hub supporting locality based Spokes) to drive improvement and integration across all other immunisation programmes including childhood, MMR and influenza.

The integrated immunisation workstreams include:

- Provider development – provider-led work to expand the range of immunisations delivered by Māori, Pacific and NGO providers, who have been successful throughout the COVID campaign. Working with primary care to transition their COVID programmes to a 'new normal'.
- Funding and contracting – beginning work to look at transitioning to integrated commissioning and contracting for providers working across many immunisation programmes.
- Data and intelligence – data driven processes to democratise immunisation data, to drive networked approaches to reaching unimmunised people.
- Clinical coordination, quality and safety – integrating and optimally using all resources and leaders working across COVID and other immunisation programmes to ensure the consistently high quality, safe services.
- Communication – based on Health New Zealand leadership and campaigns, operationalising local community-led approach to whole of life course immunisation activities.

Preparing for the Winter Surge

We are preparing for the increase in admissions over the winter months, along with the higher demand for health care as a result of Covid-19 infections. Staff re-deployment training and planning is currently

underway. We are also working closely with our community partners to consider innovative ways we can support people better in the community, intervene early and minimise hospital demand.

The Executive Leadership Team Winter Readiness Working Group is continuing to prepare a medium to longer term work programme aligned to relevant national level activity and guidance. This work programme includes ongoing COVID planning alongside related local actions, support and care (including immunisation and testing), ongoing workforce management and planning, managing the impacts of delayed or cancelled planned services and care, workforce planning and managing broader pro-equity impacts on Māori and Pasifika.

Attachment One: Health NZ - Management Representations Questionnaire

Question 2(a) – Strategic Initiatives

Summarize the upcoming major projects being undertaken.

Response	Status
Pro-Equity We have been reshaping our organisation to be 'pro-equity' and committed to improving equity and taking action to eliminate inequities. Our goal is to achieve health equity and optimal health for Māori, Pacific peoples, and disabled people by 2030.	The Pro-Equity priority is woven through all work programmes and our approach is guided by our equity-focused strategic plans. We continue to implement our Pro-Equity People-Based Commissioning Policy, which is focused on redistributing and targeted resources to improve equity. Our 3DHB Disability Leadership Group continues to works across the district to ensure our healthcare services are accessible and inclusive for disabled people and their whanau.
Localities Development We are using population-health analytics and engaging with our communities to help them plan and deliver services to meet local needs and preferences. This place-based approach to planning and delivering health and wellbeing services will embed a stronger population health focus across the health system.	Our learnings from COVID have provided us with a strong foundation to develop localities. Through the COVID experience we have strengthened relationships with our communities, particularly our Māori and Pacific providers and the disability community. We have also developed a successful Care-in-the-Community' model that is 'equity driven, locality led, and manaaki focused'. We are building on this model, supporting our Iwi Māori Partnership Board - Āti Awa Toa Hauora Partnership Board, and working with our communities to develop our localities. Porirua has been confirmed as one of the first areas in New Zealand to roll out the locality approach (with 8 other areas). Planning for the establishment of the Porirua locality prototype is underway, including for governance, operating model and the development of a detailed project plan. We are also supporting the Kāpiti Community Health Network to transition to a locality under the new system, and working with Te Āti Awa and Kōkiri Marae to set up locality functions in Hutt Valley.
Mental Health and Wellbeing Hubs We are implementing significant model of care changes to community mental health and addiction services. The changes include locality-focused mental health and wellbeing hubs to meet the needs of people in localities. The hubs will promote integrated working across primary and secondary care and improved co-ordination and integration across health and social care agencies.	**Mental Health and Wellbeing Hubs** Recommendations for an integrated approach to deliver mental health and addiction services were made to our Mental Health Commissioning Forum (governance group) in April 2022, and implementation planning has now begun. Key change ideas are underpinned by a pro-equity approach to commissioning. Our focus beyond June 2022 will be to complete an implementation plan with key milestones to implement the changes.

Kaupapa Māori Mental Health and Addiction services We are developing a kaupapa Māori forensic step-down service with a local NGO provider. All kaupapa Māori services will be reviewed to ensure these and future services support Māori whānau in a manner that preserves their unique cultural heritage, spirituality and wellbeing.	Our focus is agreeing on a model of service delivery and plan for investment for Kaupapa Māori Mental Health and Addiction services. We will to also focus on investing in Māori and Pacific NGO services to improve their sustainability**.**
Maternity and Neonatal Health We are taking a whole-of-system approach to improving maternal and neonatal care for all families in our region - with a pro-equity focus on actions to improve outcomes for Māori and Pacific whānau and families, and disabled women and babies with impairments.	An extensive programme of work is planned over the next two years with actions categorised under culturally responsive care, improved access to primary birthing, enabling maternal and neonatal care for disabled women and families with children with impairments, new community models of care, and a connected system of care.
Strengthened Health Response to Family Violence We are designing better support for health professionals and people with lived experience of family violence, post-disclosure in our hospitals**.**	The discovery phase has been completed, including a journey map of current service users and health professionals' experiences, and identified opportunities for improvement. A prototype for an improved service has been developed that is being tested with health professionals, community providers and people with lived experience of family violence. The next step is to synthesize the feedback and present a set of improvement recommendations to the Community and Commissioning Forum (governance group).
Front of Whare We are redesigning the model of care at Wellington Regional Hospital's Emergency Department to increase patient flow and ensure people are able to receive timely access to assessment, treatment, and discharge or admission to the hospital.	We are well advanced with the development of the Indicative Business Case for the 'Front of Whare' project. Patient flows and service design will be tested for performance in achieving improved outcomes and equity goals.
Winter preparedness and COVID-19 response We are working with our regional DHB partners and our community providers to ensure we are well prepared for the increase in admissions over the winter months, along with the higher demand for health care as a result of Covid-19 infections.	Staff re-deployment training and planning is currently underway. The Executive Leadership Team Winter Readiness Working Group is continuing to prepare a medium to longer term work programme aligned to relevant national level activity and guidance. This work programme includes ongoing COVID planning alongside related local actions, support and care (including immunisation and testing), ongoing workforce management and planning, managing the impacts of delayed or cancelled planned services and care, workforce planning and managing broader pro-equity impacts on Māori and Pasifika. Work is also progressing at the regional level, including: • Escalation planning and winter preparedness in collaboration with Regional Chief Operating Officers • Care-in-the-Community with public health, PHOs, and primary and community representatives from across the region • Establishing a Central Region Coordination Centre.

Ambulatory Care This project aims to reduce preventable ED presentations, hospital admissions and outpatient visits. The work includes an equity focus to improve outcomes for Māori, Pacific, and disabled people.	We are developing an accident and medical model to extend access in Kāpiti, Hutt Valley and Porirua. We have been working with an external consultancy, TātouTātou, to co-design tools and guidance to support pro-equity design and commissioning, to be completed by August 2022. Beyond July 2022 we will focus on the development of a business case to support implementation of community-based ophthalmology services. A framework using learnings from the ophthalmology work and TātouTātou work will be developed to support people when looking to change models of care.
Clinical Service Development We are redesigning models of care for Cardiology, Ophthalmology, and Ear, Nose and Throat services across our hospital network to improve patient care and achieve equitable outcomes. This work includes streamlining care pathways for specific conditions and the use of telehealth for follow up appointments to reduce the need for patients to travel into DHB facilities.	We are working towards a single service and point of entry to ENT services for the sub-region, which is expected to improve access and equity outcomes. Over the next two years we will continue to identify and plan for more services to undergo clinical service integration across our sites.
National Planned Care Taskforce In May 2022 the Minister of Health announced the establishment of a nationwide Planned Care Taskforce to help hospitals with measures to reduce waiting times.	We implementing recommendations from National Planned Care Taskforce to reduce our planned care waiting lists, improve national and regional capacity, and implement robust reporting mechanisms. Work includes: • Pro-equity approach to scheduling to address health inequities amongst long-waiting Māori and Pasifika patients. • Extended hours of operation at Kenepuru for more day surgery • A new five new room Procedure Suite at Hutt hospital (see below), which will reduce the burden on the main operating theatre. • Engaging with private providers and other DHBs to maximize support. This has meant we have been able to outsource spine surgeries. • Developed a robust reporting framework that give a clear overview of our current waiting lists with mitigation tasks.
Hutt Valley Procedure Suite Construction of a new Procedure Suite at the Hutt Valley campus has begun, which will provide another location for surgery and increase our capacity for procedures that require specialist care.	Demolition of the current space is underway and opening is scheduled for first quarter of 2023.
Relocation of Services from the Heretaunga Block at Hutt Hospital A seismic assessment was carried out as part of a wider assessment of DHB facilities. It found that the Heretaunga Block would be earthquake prone under the law (subject to determination by the Council).	Key activities focus on planning to relocate services from the Heretaunga Block at Hutt Hospital alongside ongoing seismic assessment of priority infrastructure. The emergency management team is updating emergency responses/strategies for the Heretaunga Block and a project team has been established to prepare decanting options for the Heretaunga Block.

Hospital Network Hospital Network is an integrated programme of work across clinical services planning, service design, and infrastructure. The goal of the programme is to ensure our Hutt, Kenepuru, and Wellington hospitals are: safe working environments for teams; deliver contemporary models of care that provide high quality and safe patient-centred care; make the most effective use of resources for clinical and financial sustainability; and achieve equitable population health outcomes.	Demand modelling, clinical configuration development and high level master site envelope plans are complete. The next stage of work is detailed master site plans for each hospital site. During the development of these plans we have received the seismic assessments of the Heretaunga building, a key inpatient building at Hutt Hospital. This information is being incorporated into master site planning which will be updated to reflect the changing infrastructure landscape and the approved clinical configuration. Iteration is normal and will help ensure the planning and investment approaches evolve to deliver on the Hospital Network vision to make best use of our hospital sites to deliver services to our communities.
Inpatient Acute Mental Health Unit at Hutt Valley District Health Board We are building a new acute mental health unit at Hutt hospital. The new facility will improve health and wellbeing outcomes through a therapeutic environment that recognises and supports cultural identity.	The development deed has been agreed and the main contractor has begun the project planning, including the selection of consultants and advancing the design. The Ministry has approved the business case and funding for the DHB's enabling works portion of the project. Planning for the location is well advanced with the demolition of the current buildings scheduled for completion mid-2023. The demolition takes into account the safe removal of asbestos.
New Children's Hospital The new hospital building will revamp and launch our new integrated Child Health Service and Hospital, Te Wao Nui, for the region. For the first time, all children's clinics and specialty services will be brought together under one roof. This will allow for much easier collaboration across different pediatric specialties for those children with complex or multidisciplinary needs.	Practical completion was issued in March 2022. Defect remediation is on track to be completed in June 2022. The CCDHB board approved a budget increase to cover costs for the carpark roof structure. A staged occupation is being planned for levels 2 and 3 in October 2022 with level 4 to follow in mid-2023.
ICT led initiative: Clinical workspace Our 'clinical workspace' programme looks at how our clinical workforce do their jobs and access information. By bringing their tools up to date, introducing new technologies and discarding outdated ones, we will ensure they have the data they need at their fingertips and the tools they need in their kit. Tools such as voice recognition software will play an increasing role here, allowing clinicians to capture all the data they need without having to type it out.	The project is progressing slower than originally planned based on the dates in the December 2020 business case that was approved by the Minister in July 2021. At this time the first deployment is currently scheduled for late 2022 with final completion of the project scheduled for mid 2023.
Wellington Regional Hospital Travel Action Plan (TAP) In partnership with Greater Wellington Regional Council, Wellington City Council and Waka Kotahi we have developed a programme of work to increase the mode share of public and active transport used by staff to get to and from work at Wellington Regional Hospital. This mode shift aims to improve public health outcomes, reduce congestion and reduce demand for onsite parking by staff, ensuring that capacity is available for those who need it most. This programme provides an opportunity for the health sector to lead by example in encouraging healthier and more sustainable travel choices, including advocating to local government	Projects within the TAP are at various stages of advancement. A Needs Based Parking Policy that prioritizes parking access to those who need it most has been developed and approved, with an implementation date of 1 January 2023. Additional bike parking at Wellington Regional Hospital is expected to come online early in the 2022/23 FY with a more complete end of trip facility to be designed near the end of that FY (integrating with future site planning). FTE has been approved for a journey planner to support staff to try active or public transport modes. Alignment with GWRC/ Metlink call centre in underway and some

for infrastructure improvements (such as safe bike lines). The TAP includes the following projects: • Needs Based Parking Policy • Active Transport - Improved end of trip facilities • Personal travel planning for staff • Active Transport - Improve cycling routes and access to and through the WRH campus • Company Transport - Better Kenepuru shuttle • On-demand services when regular bus/train services are infrequent or not running • Car sharing/car pooling App • New staff - Provide incentives for new staff to use public or active transport	journey planning support will be available to staff via Metlink in addition to the onsite journey planner. Work is underway with WCC to align onsite walking and biking paths to the new Newtown to City bike lanes as well as ensuring onsite paths meet S4S requirements. Early investigations into potential Kenepuru shuttle improvements are underway, however changes are not expected until at least the 2023/24 FY. On demand services outside of Public Transport operating times have been investigated by the Contracts Management Team and proposals sought from the market. Work continues with GWRC to procure a carpooling app and it is expected that a trial will begin before the end of the 2022 calendar year
Transition to Electric Vehicles To meet the Governments emission reduction targets, as well as specific requirements to replace internal combustion engine vehicles with Electric Vehicles (EVs), 2DHB is working to deploy electric vehicle charging infrastructure. Working with Wairarapa to ensure consistency across the Wellington Region, charging infrastructure for over 400 vehicles is anticipated within the next 5 years, enabling the vast majority of the 3DHBs fleet vehicles to be replaced by EVs. Introduction of the EVs themselves will take place once charging infrastructure is available, with comprehensive engagement and training support provided to staff in partnership with our infrastructure provider as well as the lease companies supplying the vehicles.	Infrastructure for EVs is largely dependent on adequate electrical capacity (both power availability and switch board real estate). Constraints are most severe at Wellington Regional Hospital and so other sites are being prioritized. 20 chargers are currently being installed at Masterton Hospital under the 3DHB contract, with 9 more anticipated at Kapiti Health Centre in early 2022/23 FY and up to 40 at Hutt Hospital in mid to late 2022/23 FY. Deployments at Wellington Regional Hospital are dependent on electrical infrastructure upgrades that are out of scope of this project at this time.

Board Information – Public

22 May 2022

HVDHB Financial and Operational Performance Report – May 2022

Action Required

The Hutt Valley DHB Board notes:

(a) the DHB had a ($1.3m) deficit for the month of May 2022, being $1.1m favourable to budget;

(b) total Case Weighted Discharge (CWD) Activity was 0.3% ahead of plan year to date;

(c) at the end of May 2022, the DHB had a year to date deficit of ($13.4m), $1.5m favourable to the agreed budget of a ($14.9m) deficit.

Strategic Alignment	Financial Sustainability
Presented by	2DHB Director of Provider Services, Joy Farley 2DHB Acting Chief Financial Officer, Mathew Parr 2DHB Acting Director Strategy Planning and Performance, Peter Guthrie
Endorsed by	2DHB Chief Executive - Fionnagh Dougan
Purpose	To update the Board in relation to financial performance and delivery against target performance for the DHB

Executive Summary

We are incurring significant additional cost due to the COVID-19 response in the 2021/22 fiscal year. The DHB is being reimbursed for a large portion of the DHB COVID-19 response costs in 2021/22 however some unfunded costs remain. The Ministry has asked DHBs to separately report unfunded COVID-19 impacts for 2021/22.

- For the Eleven months to 31 May 2022 the overall DHB year to date result, (including COVID-19) costs is a ($13.4m) deficit, this is $1.5m favourable to the agreed budget deficit of ($14.9m).
- Key underspends in the provider include; IDF inflow and Allied Health personnel costs.
- Key underspends in the funder are demand driven costs including; ARC, other external provider payments and IDF outflow off set by overspends on community pharmaceuticals of ($2.4m).
- The May month included Planned Care and IDF revenue assumptions updated based on the latest guidance from MoH; July, October, November and December are based on actual work performed against the agreed plan and budget for the months of August, September, and January to June. This change increased the anticipated revenue for planned care by $1.8m and increased the net IDF by $0.2m.
- Agreed budget changes of $14m were actioned in the October results. The budget changes impacted the funder by $13m reducing community pharmaceuticals and IDF outflow. The provider arm was reduced by $1m for anticipated reduction in depreciation for the current year.
- Capital Expenditure to 31 May was $14.9m with $42.6m remaining including projects that were delayed, projects funded by MoH and funding which has been transferred into this financial year.
- The DHB has a positive cash balance at month-end of $18.9 million which is better than budget due to delayed capital spend. We are expecting an equity injection for capital in relation to two capital projects approved for MoH funding (Maternity upgrade projects and the procedure suit). The equity injections are expected in 2021/22 and 2022/23 to line up with forecast expenditure.

Hospital:

- Services across both DHBs have been impacted by unprecedented levels of staff absence due to general illness (6%), the needed for staff to isolate or care for isolating or ill dependents, and the long tail of COVID-19 (between 25-40 patients across the three hospitals), coupled with a very high level of vacancies across many staff groups (clinical staff 7%, turnover 21%).
- While ED Presentations were lower in May 2022 than May 2021 the number of patients in May 2022 admitted has increased reflecting the impact of COVID and increasing influenza and winter demand. The Operations Centre project to find issues and solutions in response to the increasing wait times through the ED services continued as we adapted care pathways alongside our improvements looking at triage processes, but patient complexity and staff sickness impact on our ability to make significant changes.
- We continue to protect our planned care funding schedule as much as we can but all of these patient makeup and workforce factors place substantial pressure on our services, particularly our ability to carry out planned care. Acute care, non deferrable surgery and cancer care remains the focus of most activity this month.
- Continued turnover and vacancies across midwifery and nursing, allied health in particular sonographer, social work, radiographers and now anaesthetists remain at critical levels in some areas; we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions. The 2DHB Nursing and Midwifery Recruitment and Retention Strategy, written to assist with the drive we need right now to fill vacancies in both workforces, at both DHBs and seek to retain our existing staff is being led by our Chief Nurse.
- The Breast screening service remains on track to make up screening numbers that were deferred from recent hospital alert level response, with extended clinics on weekends and evening. Additionally the service continues to increase the number of clinics and outsourcing mammography services, to ensure service continuity.

Funder:
In this report we have highlighted key areas of performance with a focus on our core services and achieving equity. These highlight significant need for improved service delivery and a pro-equity commissioning approach which is being led by the Community Commissioning Forum as part of the 2DHBs Strategic Priorities.

The four main work streams are:

- Complex Care and Long Term Conditions
    - Improve access and reduce inequities for Maori and Pacific
- Locality Services Integration
    - We are now working with HNZ and Mana Whenua on an implementation plan for the Porirua Prototype. The current focus is on ensuring inclusion for Pacifica.
    - We have agreed with Wainuiomata Māori that the area should develop as a locality and are working with Mana Whenua on locality development for the Hutt Valley including analysing health need categorised by people, place and investment.
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- 2DHB Community Health Networks

- Strengthen Kāpiti Community Health Network. New members have been appointed and work is underway to understand how to refresh District Council involvement with localities.
- Develop Community Health Networks in Wellington and the Hutt Valley
- Allied Health Integration
- Community Accident and Medical redesign/ Community Radiology redesign. We are in the final stages of engaging with community and provider leaders to understand its implications.

- Intersectoral Priorities
  - Disability – World of Difference implementation is underway
  - Strengthen our response to family violence

Strategic Considerations

Service	Financial performance and funding is a key to delivery of the services for the Hutt Valley populations.
People	Staff numbers for HVDHB are 77 below plan year to date.
Financial	Planned deficit for HVDHB is ($16.8) million with a forecast of ($16.8) million.
Governance	This monthly report enables the Board to scrutinise the financial and operational performance of the DHB.

Engagement/Consultation

Patient/Family	N/A
Clinician/Staff	N/A
Community	N/A

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
N/A	Financial outturn	Mat Parr, Acting Chief Financial Officer	Currently on track but will be impacted by current events	Major (but no payment impacts)	Major (no operational impacts)

Attachment

3.2.1 Hutt Valley DHB Financial and Operational Performance Report – May 2022

Monthly Financial and Operational Performance Report

For period ending
31 May 2022

Reported in June 2022

Contents

Section 1

Financial and Performance Overview and Executive Summary

Executive Summary

We are incurring significant additional cost due to the COVID-19 response in the 2021/22 fiscal year. The DHB is being reimbursed for a large portion of the DHB COVID-19 response costs in 2021/22 however some unfunded costs remain. The Ministry has asked DHBs to separately report unfunded COVID-19 impacts for 2021/22.

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Executive Summary (continued)

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Funder: In this report we have highlighted key areas of performance with a focus on core services and achieving equity. It is recognised that these highlight significant need for improved service delivery and a pro-equity commissioning approach which is being led out by the Community Commissioning Forum as part of the 2DHBs Strategic Priorities. The four main work streams are:

Complex Care and Long Term Conditions

- Improve access and reduce inequities for Maori and Pacific

Locality Services Integration

- We are now working with HNZ and Mana Whenua on an implementation plan for the Porirua Prototype. The current focus is on ensuring inclusion for Pacifica.
- We have agreed with Wainuiomata Māori that the area should develop as a locality and are working with Mana Whenua on locality development for the Hutt Valley including analysing health need categorised by people, place and investment.
- Plans for the allocation of Health Care Home funding to support Locality Development are being worked on and discussed with localities.

2DHB Community Health Networks

- Strengthen Kāpiti Community Health Network. New members have been appointed and work is underway to understand how to refresh District Council involvement with localities.
- Develop Community Health Networks in Wellington and the Hutt Valley.
- Allied Health Integration.
- Community Accident and Medical redesign/ Community Radiology redesign. We are in the final stages of engaging with community and provider leaders to understand its implications.

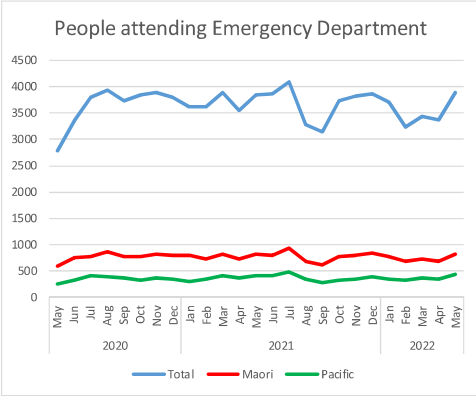
Intersectoral Priorities

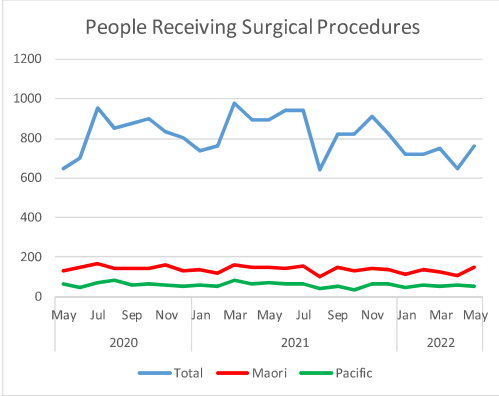
- Disability – World of Difference implementation is underway.
- Strengthen our response to family violence.

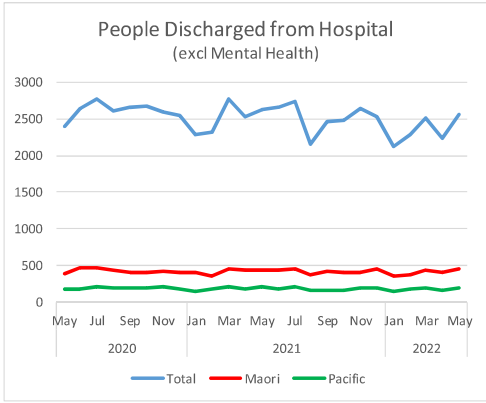
Performance Overview: Activity Context (People Served)

The numbers below count individuals once and are based on Hutt Valley DHB being the DHB of Service. August, Sept impacted by Covid lockdown, February & March impacted by Omicron spread in community. Note Mental Health now reported by CCDHB as they are the DHB of service for MHAIDS

People attending ED	**3,896**	823 Maori, 431 Pacific
People receiving Surgical Procedures	**759**	151 Maori, 53 Pacific
People discharged from Hospital (excl Mental Health)	**2,561**	450 Maori, 195 Pacific







Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community

6,094

1,506 Maori, 643 Pacific

Primary Care Contacts

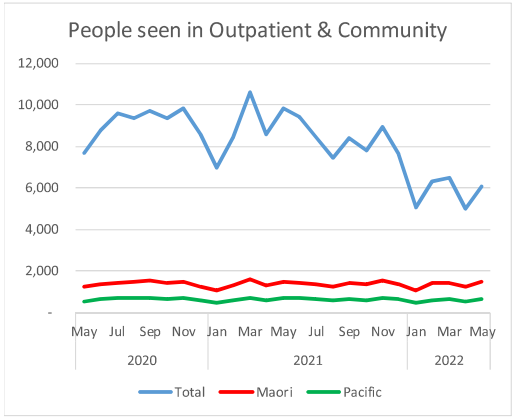
41,345

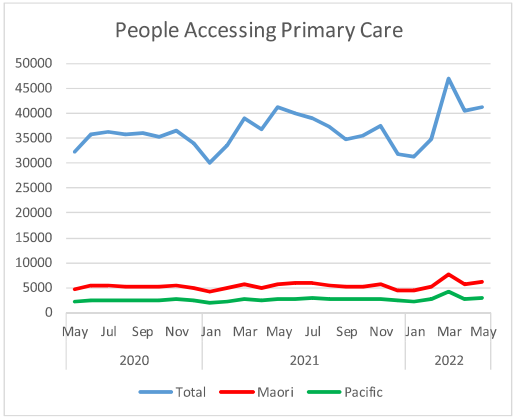
6,097 Maori, 2,995 Pacific

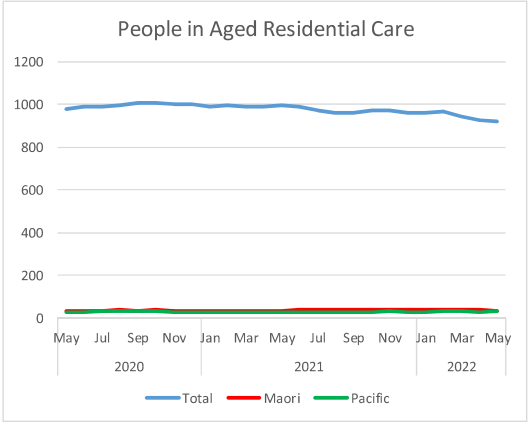
People in Aged Residential Care

924

36 Maori, 31 Pacific







Financial Overview – May 2022

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$13.4m deficit	$2.7m Deficit	$11.6m deficit	$14.9m
Against the budgeted deficit of $14.9m.	Against the budget deficit of $2.3m.	Against the budget deficit of $12.7m.	Compared to a maximum budgeted spend of $57.0m (including MoH funded projects)

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
0.3% ahead	1,850	$24.6m
77 CWDs over PVS plan at end of May. IDFs were 458 CWD below budget at the end of the month	YTD 77 FTE below annual budget of 1,927 FTE.	This is a increase of $0.8m on prior period.

Hospital Performance Overview – May 2022

YTD Shorter stays in ED	People waiting >120 days for treatment (ESPI5)	People waiting >120 days for 1st Specialist Assmt (ESPI2)	Faster Cancer Treatment
80%	1,350	611	100%
15% below the ED target of 95%, and similar to 4% behind May 21	Against a target of zero long waits a monthly decrease of 101.	Against a target of zero long waits a monthly decrease of 313	We met the 62 day target this month. The 31 day target was also achieved at 95.8%

YTD Activity vs Plan (CWD)	YTD Standard FTE	Serious Safety Events
0.3% ahead	1,844	3
77 CWDs over PVS plan at end of May. IDFs were 458 CWD below budget at the end of the month	74 below YTD budget of 1,919 FTE. Month FTE was 84 under budget an upwards movement from April of 1 FTE.	An expectation is for nil SSEs at any point.

Section 2

FUNDER PERFORMANCE

Executive Summary – Funder

- Overall the funder has an favourable variance to budget of ($1.2m) for the month and $1m year to date.
- The Planned care and IDF revenue assumptions updated based on the latest guidance from MoH; July, October, November and December are based on actual work performed against the agreed plan and budget for the months of August, September, and January to June . This change increased the anticipated revenue for planned care by $1.8m and increased the net IDF by $0.2m.

- Community pharmaceuticals are over budget year to date by ($2,4m) which reflects the increased dispensing fees and timing of pharmacies claims being requested and processed.

- In this report we have highlighted key areas of performance with a focus on core services and achieving equity. It is recognised that these highlight significant need for improved service delivery and a pro-equity commissioning approach which is being led out by the Community Commissioning Forum as part of the 2DHBs Strategic Priorities. The four main work streams are:
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    - Strengthen our response to family violence.

Funder Financial Statement – May 2022

DHB Funder (Hutt Valley DHB)
Financial Summary for the month of May 2022

Month					$000s	Year to Date					Annual				
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					Revenue										
41,701	39,837	1,864	37,924	3,777	Base Funding	436,049	438,202	(2,153)	417,159	18,889	475,689	478,038	(2,349)	455,083	20,607
4,598	2,411	2,187	2,351	2,246	Other MOH Revenue	41,119	26,521	14,598	30,195	10,924	44,736	28,932	15,804	34,030	10,705
35	26	9	40	(6)	Other Revenue	351	281	70	693	(341)	375	307	68	733	(358)
12,029	9,557	2,472	9,063	2,966	IDF Inflows	106,451	105,122	1,329	102,487	3,965	116,010	114,678	1,332	111,945	4,066
58,361	**51,830**	**6,532**	**49,378**	**8,984**	**Total Revenue**	**583,970**	**570,125**	**13,845**	**550,533**	**33,437**	**636,810**	**621,955**	**14,856**	**601,791**	**35,020**
					Expenditure										
349	349	0	386	37	DHB Governance & Administration	3,744	3,834	90	4,271	527	4,093	4,183	90	4,652	559
22,480	21,391	(1,089)	20,832	(1,648)	DHB Provider Arm	241,914	235,298	(6,616)	231,776	(10,139)	263,499	256,689	(6,810)	252,732	(10,767)
					External Provider Payments										
2,743	3,136	393	3,097	354	Pharmaceuticals	37,152	34,704	(2,449)	37,479	326	40,751	38,057	(2,695)	37,162	(3,589)
4,367	4,448	82	4,401	34	Laboratory	48,822	48,721	(101)	48,220	(602)	53,271	53,169	(101)	52,577	(694)
2,672	2,684	12	2,571	(101)	Capitation	29,462	29,529	67	28,595	(867)	32,147	32,214	67	31,021	(1,126)
1,191	1,264	73	1,187	(4)	ARC-Rest Home Level	13,672	13,639	(34)	12,727	(945)	14,892	14,858	(34)	13,871	(1,021)
1,907	2,009	102	1,829	(78)	ARC-Hospital Level	20,777	21,662	885	20,002	(775)	22,714	23,599	885	21,727	(987)
3,614	2,803	(811)	2,472	(1,141)	Other HoP	31,510	30,832	(678)	27,828	(3,682)	34,351	33,635	(716)	30,333	(4,019)
1,204	1,022	(182)	1,140	(63)	Mental Health	11,391	11,243	(148)	10,740	(651)	12,505	12,265	(239)	11,898	(607)
1,114	0	(1,114)	134	(980)	COVID-19	5,833	0	(5,833)	4,362	(1,471)	6,283	0	(6,283)	4,740	(1,542)
2,822	2,335	(487)	1,872	(950)	Other External Provider Payments	20,342	21,431	1,088	18,824	(1,518)	22,177	23,403	1,226	20,327	(1,850)
14,271	11,991	(2,280)	8,210	(6,061)	IDF Outflows	130,990	131,903	914	100,005	(30,985)	143,200	143,894	694	108,813	(34,387)
58,733	**53,433**	**(5,300)**	**48,132**	**(10,601)**	**Total Expenditure**	**595,611**	**582,796**	**(12,815)**	**544,829**	**(50,782)**	**649,883**	**635,967**	**(13,916)**	**589,851**	**(60,031)**
(372)	**(1,603)**	**1,231**	**1,245**	**(1,617)**	**Net Result**	**(11,641)**	**(12,671)**	**1,030**	**5,705**	**(17,345)**	**(13,073)**	**(14,012)**	**939**	**11,939**	**(25,012)**

There may be rounding differences in this report

Funder Financials – Revenue

Revenue:

- Revenue is made up of base funding, other MOH revenue, other revenue and inter district flows. The table shows the variance for other MOH revenue.
- Base Funding is unfavourable ($1,864k) to budget for the month.
- Other MoH revenue is favourable $2,187k for May.
- IDF inflows $2,472k favourable based on information available.

Other MOH Revenue Variance	MTH $000's	YTD $000's
Capitation Funding	12	241
2021/22 Planned Care	(234)	(29)
COVID-19 Funding	882	5,846
COVID-19 Comm. Pharmacy from balance sheet	-	740
2020/21 Planned Care	-	(111)
Additional Immunisation funding	6	68
Nurses' MECA Funding	260	6,722
Pay Equity IBT - rest breaks	38	162
Pay equity LCI Adjustment	516	516
Crown funding agreements		
B4 School Check Funding	47	(74)
Additional Immunisation funding	6	68
More Heart and diabetes checks	(5)	(60)
Additional School Based MH Services	59	8
Maternity Quality and Safety Programme	(0)	100
Rheumatic Fever / Healthy Homes	94	(27)
Midwifery Clinical Coaches and Return to Practice	8	92
Pilot Alert Programme	(7)	(82)
B4SC Active Families	8	65
Tobacco Control	350	(27)
Well Child/Tamariki Ora Services	134	163
Other CFA contracts	(12)	(217)
Year to date Variance $000's	**2,187**	**14,598**

Expenditure:

Governance and Administration on budget for the month. Provider Arm payments variance includes IDF Inflows passed through to the Provider and the additional funding for the Nurses MECA Settlement.

External Provider Payments:

Pharmaceutical costs are favourable $393k for May.

Capitation expenses are $12k favourable for the month.

Aged residential care costs are $175k favourable for the month.

Other Health of Older People costs are unfavourable by ($811k) for the month and ($678k) YTD.

Mental Health costs are unfavourable ($182k) for the month.

Other External Provider Payments are ($1,601k) unfavourable for the month including the IDF budget reduction and COVID-19 costs offset by revenue.

IDF Outflows are favourable $2,280k for the month based on available information.

Inter District Flows (IDF)

IDF Wash-ups and Service Changes May 2022			
IDF Outflows $000s	Variance to budget		
	Month	YTD	Forecast
Base	-	0	-
Hawkes Bay - Alcohol & Drug inpatients	(1)	(6)	(6)
CAP - Mental Health	(31)	(146)	(172)
CAP - Measles CFA	-	(211)	(211)
Wash-ups			
2021/22 Outflows - inpatient	(1,097)	1,094	1,094
2021/22 PHO	-	(216)	(216)
2021/22 Outflows - outpatient	203	624	437
2021/22 Outflows ATR	208	688	751
2021/22 Outflows - PCT	100	891	973
2021/22 Outflows - Community Pharmacy	(1,664)	(1,664)	(1,815)
21/22 FFS GP services	-	21	21
2020/21 Outflows wash-ups	-	(161)	(161)
IDF Outflow variance	**(2,280)**	**914**	**694**

The movement of patients between hospitals generates inter district flows where one DHB funds another for the care provided that cannot be safely provided locally.

IDF inflow (revenue):

- Based on the data available, overall IDF inflows are $2,472k favourable for the month.

IDF Outflow (expense):

- Based on the data available, overall IDF outflows are unfavourable for the month ($2,280k), favourable YTD $914k including the impact of COVID-19 lock down revised wash-up.

Commissioning: Families & Wellbeing

What is this measure?

Youth health and wellbeing

- Rate of youth enrolled in a PHO per 1,000 population
- Rate of youth enrolled in a PHO who have had a consultation in the last quarter per 1,000 population
- Rate of youth presenting to Emergency Departments per 1,000 population

Why is this important?

- Compared to other age groups, young people are less likely to be enrolled in a PHO and have access to core primary care services to maintain their health wellbeing. Some benefits associated with belonging to a PHO include cheaper doctors' visits and reduced costs of prescription medicines.
- Compared to other age groups, young people are also less likely to be engaged with primary care services and more likely to present to ED for reasons that could be managed in a primary care setting.

How are we performing?

- The rate of youth enrolled in a PHO per 1,000 is 808 for Māori, 901 for Pacific and 1,033 for non-Māori, non-Pacific.
- The rate of youth enrolled in a PHO per 1,000 and who have had a consultation in the last quarter is 600 for Māori, 594 for Pacific, and 650 for non-Māori, non-Pacific.
- The rate of youth presenting to ED per 1,000 for 15-24 year olds is 92 for Māori, 97 for Pacific, and 81 for non-Māori, non-Pacific.

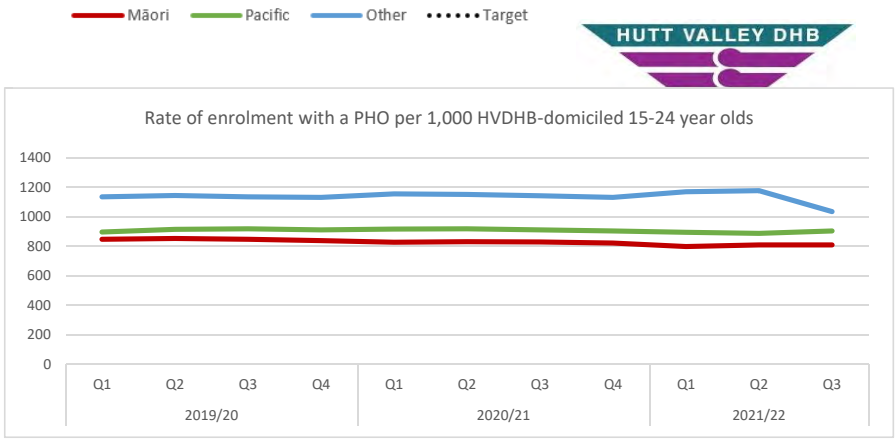
What is driving performance?

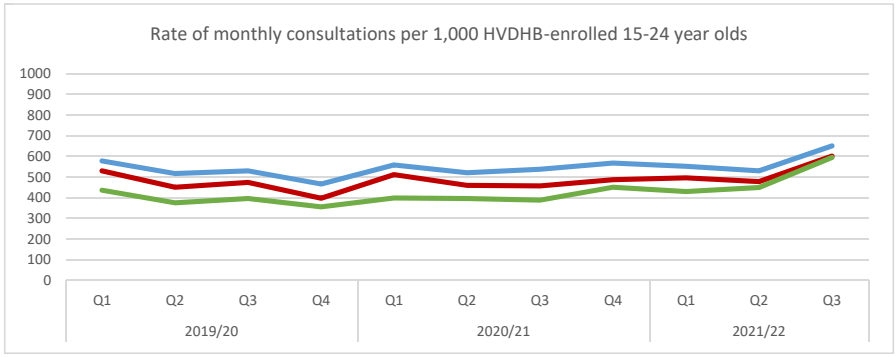
- Māori and Pacific youth have high enrolment with PHOs, however do not access or engage with their primary care services at the same rate as 'Other' ethnicities. Māori and Pacific youth present to ED at higher rates compared to non- Māori, non-Pacific.
- Young people require a unique mix of social and health services which traditional and mainstream primary care services are not always best equipped to respond to. In particular, Māori and Pacific youth require culturally appropriate services.

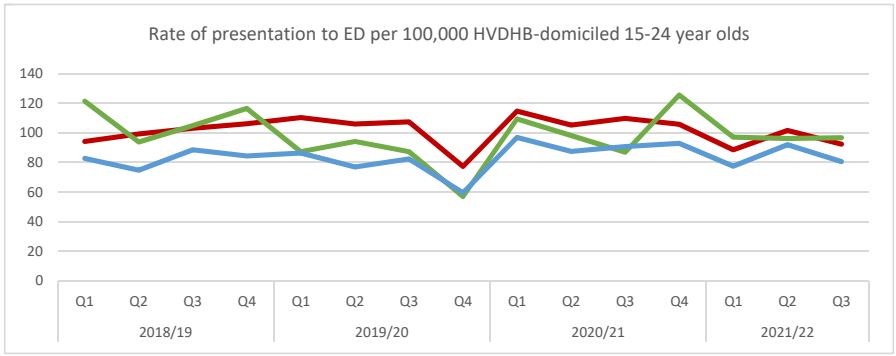
Management comment

HVDHB is progressing a range of initiatives that provide more choice and options for young people to engage in primary care.

- Vibe continues to reach young people in need of youth appropriate access to primary care services both onsite and via school based health services.







Commissioning: Primary & Complex Care

What is this measure?

End of life

- % of clients assessed by InterRAI with an Enduring Power of Attorney (EPOA) in place
- % of clients assessed by InterRAI having funded Advanced Care Plan (ACP) consultation

Why is this important?

- An EPOA appoints someone to make decisions about an individual's personal care and welfare on their behalf.
- Advance Care Planning is a voluntary process of discussion and shared planning for future health care. The process assists the individual to identify their personal beliefs and values, and incorporates them into plans for future health care. An ACP often also includes an advance directive. This documents their healthcare wishes for a time in the future when they are not able to speak for themselves. An ACP may indicate who the EPOA is. The 2DHB ACP aligns with the HQSC's national ACP overarching vision to "Empower New Zealanders to participate in planning their future care." This has a particular focus on removing inequities in healthcare and outcomes for Māori.

How are we performing?

There are no national or local targets for these performance measures.

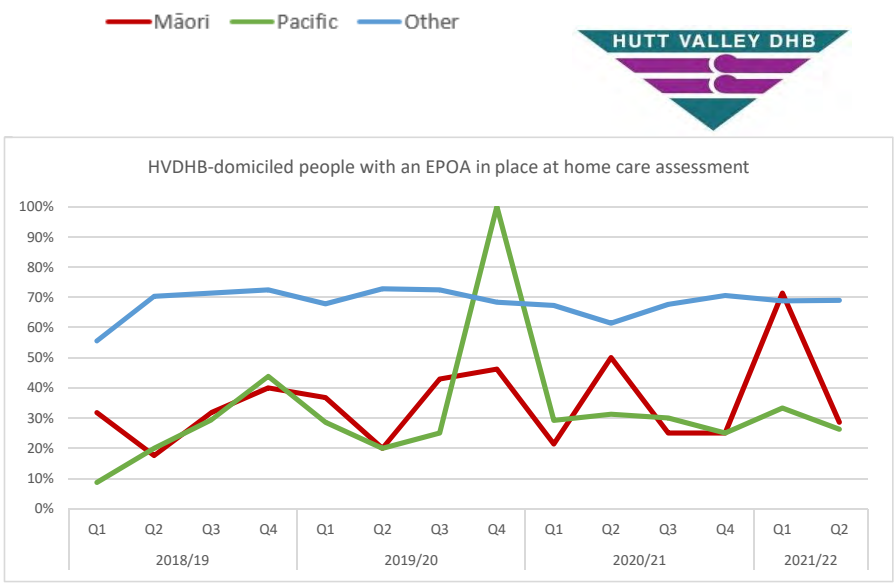
- Performance for Home Care Assessments where an EPOA was in place is 29% for Māori, 26% for Pacific, and 69% for non-Māori, non-Pacific.
- Performance for Home Care Assessments with a completed ACP is 4% for Māori and 3.3% for non-Māori, non-Pacific. The most recent result for Pacific in 2020/21 is 3%.

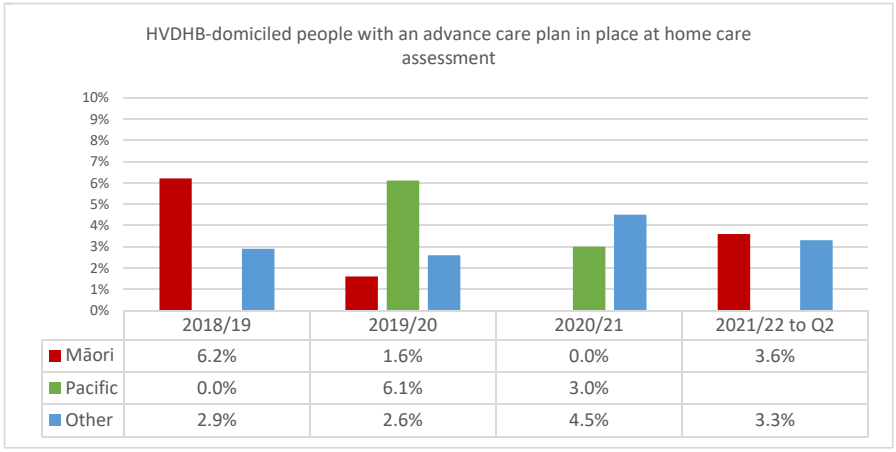
What is driving performance?

- At the end of 2020, Tū Ora Compass Health was funded to reimburse NGOs for completion of ACPs with clients. This investment took place because NGOs are ideally placed to undertake ACP conversations and support clients to complete ACPs, having and trusted relationships within communities with clients who could benefit from ACP. Additionally, NGOs often have a strong equity lens and serve diverse communities.

Management comment:

- The NGO-incentivised scheme for ACP completion recognises the valuable work of NGOs and provides financial support to undertake what can be challenging, lengthy and rich ACP conversations.
- The key benefits include: more ACPs completed and uploaded; client wishes are more accessible and can be followed by clinicians; further ACP promotion, support and socialisation to clients, whānau and staff.
- ACP is a 3DHB role. Promotion, support and education are provided to health and social care providers across DHBs, primary health, ARC, NGOs, and tertiary education.





	2018/19	2019/20	2020/21	2021/22 to Q2
Māori	6.2%	1.6%	0.0%	3.6%
Pacific	0.0%	6.1%	3.0%	
Other	2.9%	2.6%	4.5%	3.3%

Commissioning: Mental Health & Addictions

What is this measure?

- Rate of access to primary care mental health and addictions services per 100,000
- Rate of access to specialist mental health and addiction services per 100,000 (DHB and NGO)
- Rate of Māori under the Mental Health Act: section 29 community treatment orders

Why is this important?

- Enrolment in a PHO and engagement with primary care supports access to specialist services. It also generates opportunities for early intervention; and integration across primary, community and specialist services.
- Better access to a broad range of services improves people's mental health and wellbeing. This includes access to specialist mental health services for people with severe mental illness.
- Reducing the rate of Māori under s29 aims to support independent/high-quality of life for Māori under compulsory community treatment, and improve equity.

How are we performing?

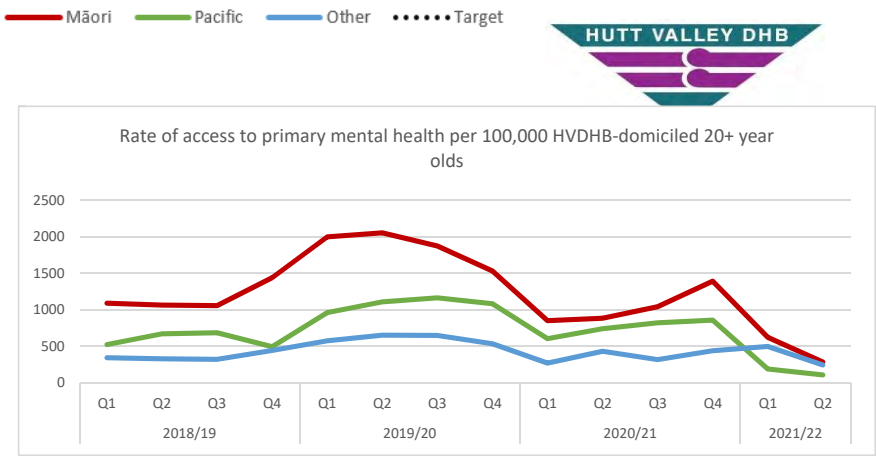
- Access rates to primary mental health care is 280 for Māori, 105 for Pacific, and 241 for non-Māori, non-Pacific.
- Access rates to specialist mental health services is 9,135 for Māori, 4,346 for Pacific, and 4,512 for non-Māori.
- The rate of Māori under s29 per 100,000 is 324; the rate of non-Māori is 108.

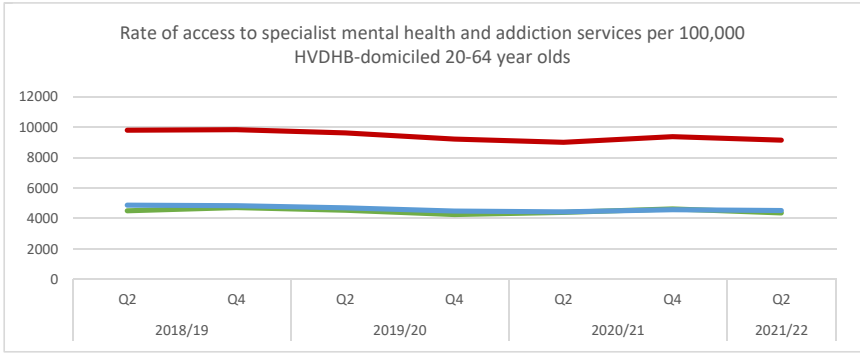
What is driving performance?

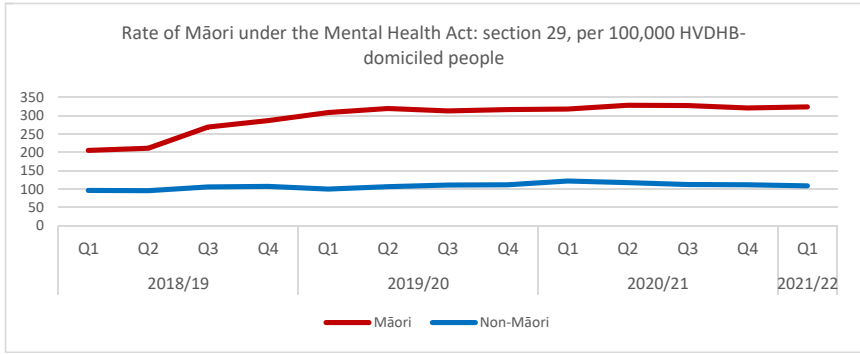
- All ethnicities, but in particular Māori, have much higher access rates to specialist mental health services provided by NGOs and DHBs. This is driven by how our mental health system has evolved over time and has resulted in a concentration of services in specialist care. Under-investment in primary mental health services means populations, and in particular Māori are unable to access and engage in prevention, early detection and management services. This is resulting in an acceleration of Māori through our system and reflected in higher rates of compulsory treatment.

Management comment

- As part of the strategic priorities work programme, we are partnering with community leaders and providers to co-develop community mental health and addiction services in localities with high levels of unmet need (the Hutt Valley and Wainuiomata) that are inclusive, accessible and well-connected. This includes support for whānau ora and culturally appropriate models of care. Our key partner in the Hutt Valley is Tākiri Mai Te Ata.
- In line with Te Rau Matatini best practice framework, we are implanting Kaupapa Māori mental health and addiction services in Te Awaikarangi, that support whānau Māori in a manner that preserves their unique cultural heritage, spirituality and wellbeing.
- We are implementing the new Kaupapa Māori Forensic Step Down service, in partnership with Te Waka Whaiora, by March 2022.







Commissioning: Hospital & Speciality Services

What is this measure?
Hutt Hospital occupancy and the flow on effect on acute care and ED occupancy.

Why is this important?
Acute flow at an individual level describes the journey a person takes through our health system to receive care for urgent or unplanned events. **Acute flow** at a system level describes the flow of all acute patients through our system. **Acute demand** measures how many people require acute care in a period of time.

Our hospitals are running at high occupancy levels due to increasing demand and the shortage of inpatient beds in our region. High occupancy impedes flow through the system.

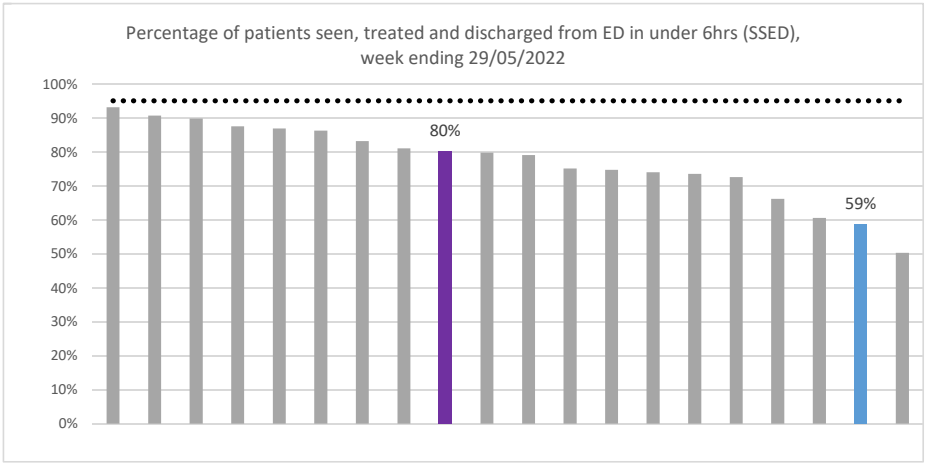
How are we performing?
- As at the 1st of June the average Hospital occupancy was at 98%.
- For the week ending 29 May, 80% of people presenting to ED were seen in under 6 hours
- For the week ending 29 May, ED occupancy was above 90% for 52% of the time.

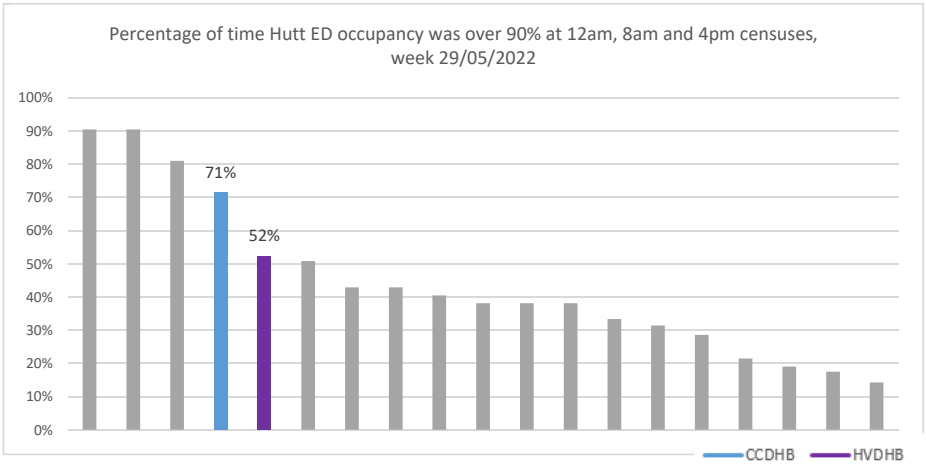
What is driving performance?
Hospital capacity is a fixed value, as acute demanded increases there is no flex within the system to allow for the increased admissions. As a result we see people who need inpatient beds waiting longer in ED, as well as waiting in inappropriate spaces such as corridors.

People are presenting to ED in much higher numbers than the ED was designed to handle. There were 50,207 ED presentations in 2020/21 compared to 31,249 in 2007 when the building was commissioned. Physical ED capacity has not increased at a rate to meet demand. As a result, patients are waiting longer, and in inappropriate spaces for treatment.

Management comment:
Service managers have been engaged to provide robust planning for winter as we know there is an increase in acute medical admissions during this time. We need to work efficiently with the spaces we have available to manage this.

2021/22	Jan	Feb	Mar	Apr	May	June
Hospital occupancy as at 1st of month	74%	86%	84%	81%	86%	98%





2DHB COVID Response

What is this measure?

- COVID-19 vaccination programme - Boosters and Children

Why is this important?

- The 2DHB COVID-19 response aims to protect our localities and priority population by ensuring Care in the Community is 'Equity Driven – Locality Led – Manaaki Focussed'. This includes, testing and vaccination, welfare and psychosocial support, preparing additional capacity for surges and a continuum of clinical care: care in the community, safely managing care in the home, and escalation to hospital when required.

How are we performing?

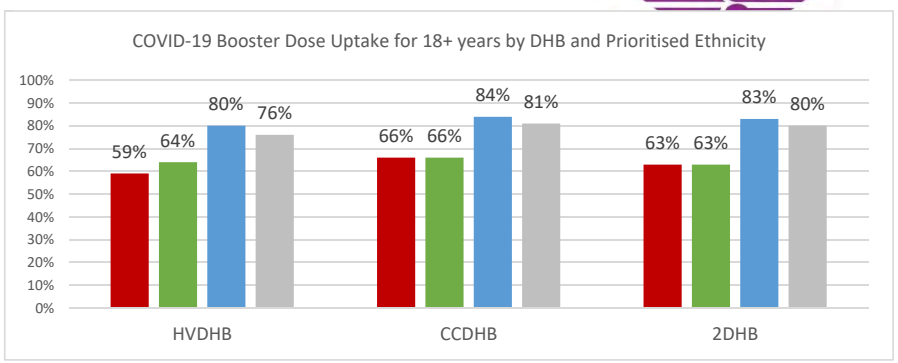
- 282,808 eligible people 18+ years in the 2DHB region have received a booster dose (80% of eligible)
  - 23,257 Māori (63%), 15,671 Pacific Peoples (65%), 243,880 'Other' (83%)
- 15,200 children 5-11 years in the 2DHB region are fully vaccinated (36%)
  - 1,661 Māori (20%), 721 Pacific Peoples (17%), 12,818 'Other' (44%)
- 27,872 children 5-11 years in the 2DHB region have received their 1st dose (66%)
  - 4,044 Māori (48%), 2,275 Pacific Peoples (52%), 21,553 'Other' (74%)
- 389,624 people 12+ years in the 2DHB region are fully vaccinated (97%)
  - 42,921 Māori (93%), 27,588 Pacific Peoples (95%), 319,115 'Other' (98%)

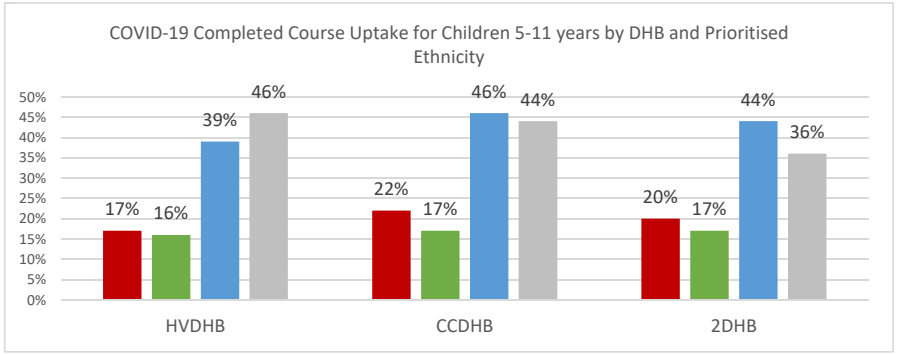
What is driving performance?

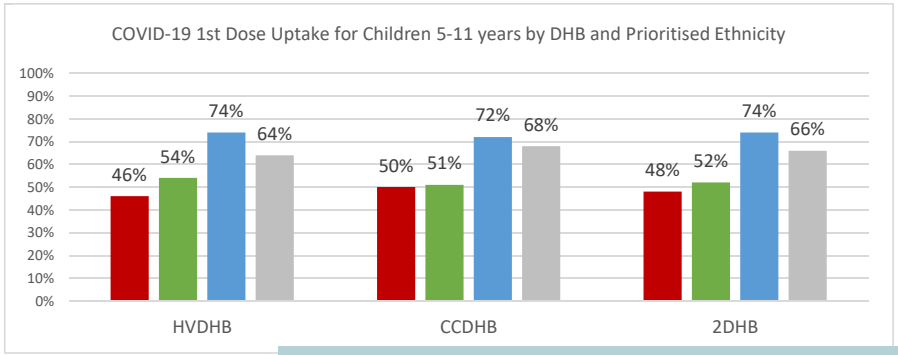
- Our vaccination coverage has been achieved through whānau ora solutions owned by communities and delivered through provider networks in our localities. To coordinate and respond to the needs of our communities, CCDHB and HVDHB have established a hub and spoke approach for the local delivery of care. The central coordinating hub includes staff from other social agencies and locality based provider networks (iwi and Māori providers, Pacific providers and Disability providers) working together
- The current vaccination programme has been impacted by the Omicron outbreak and the clinical 'stand down' for people who have had COVID and would otherwise be eligible for first, second, additional or booster doses.

Management comment:

- As we exit the peak of the Omicron outbreak and our vaccination programme is impacted by the 'stand down' period we are building our 2DHB operating model for winter 2022. This has included a COVID-19 Response Debrief Workshop with community providers to identify the things we have started that would be useful to continue or adapt in some way; things that we should do differently; things we have learnt from our COVID response and should take forward into business as usual.
- Our 2022 winter operating model involves whānau ora solutions owned by communities, delivered through locality based provider networks to protect priority population.







Data Source: MOH Covid-19 Vaccine Data
Date Range: 22/02/2021 to 02/06/2022. Data current at: 03/06/2022 @1.30pm

Section 3

Hospital Performance

Executive Summary – Hospital Performance

- Services across both DHBs have been impacted by unprecedented levels of staff absence due to general illness (6%), the needed for staff to isolate or care for isolating or ill dependents, and the long tail of COVID-19 (between 25- 40 patients across out three hospitals at any give time), all coupled with a very high level of vacancies across many staff groups (clinical staff 7%, with turnover of 21%) .
- While ED Presentations were lower in May 2022 than May 2021 the number of patients in May 2022 admitted has increased reflecting the impact of COVID and increasing influenza and winter demand. The Operations Centre project to find issues and solutions in response to the increasing wait times through the ED services continued as we adapted care pathways alongside our improvements looking at triage processes, but patient complexity and staff sickness impact on our ability to make significant changes.
- We continue to protect our planned care funding schedule as much as we can but all of these patient makeup and workforce factors place substantial pressure on our services, particularly our ability to carry out planned care. Acute care, non deferrable surgery and cancer care remains the focus of most activity this month.
- Continued turnover and vacancies across midwifery and nursing, allied health in particular sonographer, social work, radiographers and now anaesthetists remain at critical levels in some areas; we are continually refining and reviewing processes to manage demand during busy periods and continue to work closely with our staff and union partners on workforce planning across the region noting this issue as requiring national solutions. The 2DHB Nursing and Midwifery Recruitment and Retention Strategy, written to assist with the drive we need right now to fill vacancies in both workforces, at both DHBs and seek to retain our existing staff is being led by our Chief Nurse.
- The Breast screening service remains on track to make up screening numbers that were deferred from recent hospital alert level response, with extended clinics on weekends and evening. Additionally the service continues to increase the number of clinics and outsourcing mammography services, to ensure service continuity.
- We are within budget YTD.

Hospital Throughput

Completed for period					Hutt Valley DHB Hospital Throughput YTD May-22	Year to Date					Annual	
Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year		Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
					Discharges							
1,035	1,206	171	1,184	149	Surgical	11,317	12,936	1,619	12,689	1,372	14,143	13,880
1,357	1,845	488	1,897	540	Medical	13,657	19,062	5,405	20,631	6,974	20,853	22,570
401	373	(28)	454	53	Other	4,218	4,116	(102)	4,814	596	4,464	5,221
2,793	**3,424**	**631**	**3,535**	**742**	**Total**	**29,192**	**36,114**	**6,922**	**38,134**	**8,942**	**39,461**	**41,671**
					CWD							
1,142	1,253	110	1,282	139	Surgical	12,581	13,582	1,001	13,519	938	14,879	13,880
909	976	67	1,039	130	Medical	9,321	10,378	1,056	10,888	1,566	11,317	22,570
402	408	6	480	78	Other	4,481	4,737	257	4,689	209	5,146	5,087
2,453	**2,637**	**184**	**2,800**	**347**	**Total**	**26,383**	**28,697**	**2,314**	**29,096**	**2,713**	**31,342**	**41,537**
					Other							
4,330	4,280	(50)	4,315	(15)	Total ED Attendances	44,275	45,081	806	45,875	1,600	49,261	50,206
1,077	947	(130)	993	(84)	ED Admissions	10,733	10,348	(385)	11,134	401	11,294	12,086
692	863	171	843	151	Theatre Visits	7,810	9,401	1,591	8,741	931	10,232	9,587
110	167	57	112	2	Non- theatre Proc	1,279	1,511	232	1,486	207	1,638	1,631
6,789	7,034	246	7,190	401	Bed Days	69,833	77,032	7,199	73,939	4,106	84,357	80,941
4.10	4.55	0.45	4.62	0.52	ALOS Inpatient	4.19	4.55	0.36	4.52	0.33	4.55	4.55
1.77	2.08	0.30	2.13	0.35	ALOS Total	1.88	2.08	0.20	2.07	0.19	2.08	2.08
5.80%	8.02%	2.22%	7.65%	1.85%	Acute Readmission	7.76%	8.02%	0.26%	7.74%	-0.02%	7.31%	7.80%

Volumes are affected by COVID Omicron outbreak in February-April and the national COVID lockdown during 18 Aug – 7 Sept 2021. In May, Medical and Surgical discharges and caseweights were under budget with less acute admissions and reduced elective surgeries due to patient sickness, staffing and bed availability. Year to date, Medical and Surgical discharges and caseweights are under budget and lower than the same time last year. Other services had higher discharges than budget in May but caseweights were close to budget. Year to date, caseweights for other services are under budget mainly due to the national lockdown and low volumes in the last 3 months.

Total ED visits were over budget for May and close to the same time last year. Theatre visits were 20% lower than budget for May and 17% below budget year to date. Bed days in May were 6% lower than the same time last year. Inpatient ALOS in May was lower than budget and the same time last year. The acute readmission rate for the month was lower than budget and the same time last year.

Operational Performance Scorecard – 13 mths

Domain	Indicator (MoH KPIs highlighted yellow)	2021/22 Target	13 Months Performance Trend												
			May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Safe	Serious Safety Events[1] confirmed	Zero	0	2	0	3	1	3	2	2	4	0	0	0	3
	SABSI Cases [2]	Zero	0	1	3	2	0	3	2	2	0	0	1	2	3
	C. difficile infected diarrhoea cases	Zero	1	1	2	5	1	2	3	4	1	2	3	3	4
	Hand Hygiene compliance (quarterly)	≥ 80%	80%		79%			84%			N/a				
	Seclusion Hours- average per event (MH Inpatient ward TWA)[3]		21.0	21.4	16.9	22.4	14.7	14.1	12.3	7.9	5.5	14.3	17.1	19.3	22.3
Timely	Emergency Presentations	49,056	4,315	4,331	4,593	3,711	3,482	4,199	4,235	4,362	4,156	3,574	3,850	3,779	4,330
	Shorter Stays in ED (SSiED) % within 6hrs	≥95%	82.6%	81.5%	79.0%	80.0%	86.1%	82.1%	78.6%	78.2%	79.6%	83.4%	81.8%	81.1%	78.5%
	SSiED % within 6hrs - non admitted	≥95%	89.6%	89.2%	86.5%	87.0%	91.6%	88.0%	84.1%	84.0%	84.1%	89.1%	88.1%	87.6%	85.0%
	SSiED % within 6hrs - admitted	≥95%	61.3%	56.8%	55.5%	60.2%	71.2%	65.2%	62.8%	62.4%	66.8%	66.9%	66.1%	63.5%	61.5%
	Total Elective Surgery Long Waits -ESPI 5	Zero Long Waits	1,020	904	930	1,021	1,118	1,135	1,140	1,169	1,220	1,257	1,334	1,451	1,350
	No. Theater surgeries cancelled (OP 1-8)		127	186	153	206	150	144	127	117	70	143	223	170	175
	Total (Elective, Acute & Arranged) Operations in MainTheatres 1-8[6]		843	856	867	600	743	760	812	758	658	643	682	596	692
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	808	625	624	717	812	1,003	836	830	1,073	1,033	866	924	611
	Outpatient Failure to Attend %	≤6.3%	6.4%	6.6%	6.5%	6.5%	7.8%	6.4%	7.2%	7.7%	9.4%	7.5%	8.1%	8.6%	8.5%
	Full Year Forecast surplus / (deficit) $m - Provider (1) (2)	($3.90)	($25.09)	($25.43)	($3.94)	($3.94)	($3.24)	($1.85)	($4.11)	($4.06)	($4.69)	($3.99)	($3.51)	($3.99)	TBC
	Full Year Forecast surplus / (deficit) $m - DHB (1) (2)	($16.72)	($16.93)	($12.23)	($30.84)	($30.84)	($16.84)	($17.71)	($18.09)	($18.76)	($18.10)	($17.95)	($16.44)	($16.72)	TBC
	% Theatre utilisation (Elective Sessions only)[7]	≤90%	87.8%	87.3%	87.1%	86.0%	85.9%	86.2%	87.7%	84.1%	87.1%	84.9%	87.8%	84.1%	86.9%
	Overnight Patients - Average Length of Stay (days)	≤4.3	4.69	4.80	4.64	4.92	5.27	4.25	4.83	4.29	4.27	4.32	5.00	4.13	4.43
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	29	22	25	35	16	18	15	15	8	22	7	31	25
	Overnight Beds (General Occupancy) - Average Occupied	≤130	148	152	153	144	130	135	145	135	127	137	127	136	144
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤85%	96.2%	98.5%	94.3%	89.1%	80.2%	88.0%	94.3%	87.5%	82.3%	89.3%	82.5%	87.9%	93.5%
	All Beds - ave. beds occupied[8]	≤250	257	258	262	243	222	236	247	221	213	228	219	235	247
	% sick Leave v standard	≤3.5%	3.2%	3.8%	4.1%	4.4%	2.7%	3.0%	3.3%	3.8%	2.2%	2.6%	3.2%	2.8%	3.0%
	% Nursing agency v employee (10)	≤0.24%	0.4%	14.5%	0.0%	0.5%	0.3%	0.3%	2.0%	1.1%	1.7%	2.1%	2.96%	0.55%	TBC
	% overtime v standard (medical) (10)	≤6.77%	10.1%	8.7%	11.2%	7.4%	11.7%	6.8%	11.6%	7.1%	17.7%	0.4%	9.78%	7.63%	TBC
	% overtime v standard (nursing)	≤6.77%	13.2%	15.9%	12.5%	13.1%	12.2%	9.2%	14.9%	5.3%	26.5%	4.5%	11.13%	17.21%	TBC

Refer to later pages for more details on HVDHB performance. Highlighted where an identified target in 20/21.

Shorter Stays in Emergency Department (ED)

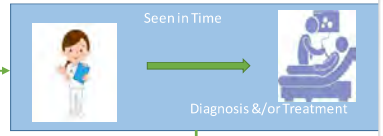
Category	Volume	% Seen in time
1	29 (325)	100% (100%)
2	752 (7,826)	42% (38%)
3	1,709 (17,882)	38% (26%)
4	1,455 (14,703)	46% (40%)
5	385 (3,539)	71% (71%)
	Mth (YTD)	Mth (YTD)

Arrivals -
Month - 4,330 (4,315)
YTD - 44,275 (45,875)

Self Referred
Month - 2,951 (2,788)
YTD - 29,432 (30,348)

GP Referred
Month - 335 (423)
YTD - 3,680 (4,440)

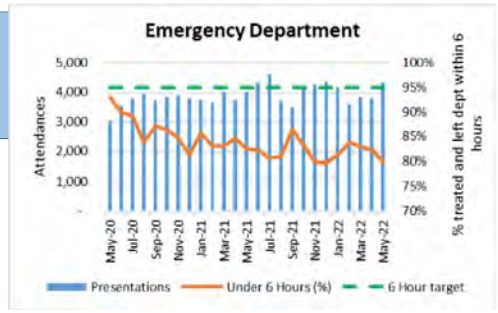
Other
Month - 1,044 (1,104)
YTD - 11,163 (11,087)
Current (Last Year)

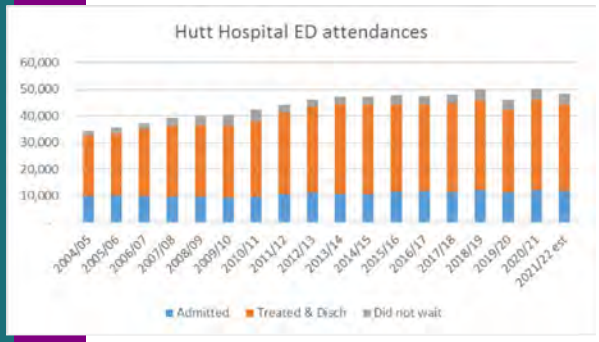


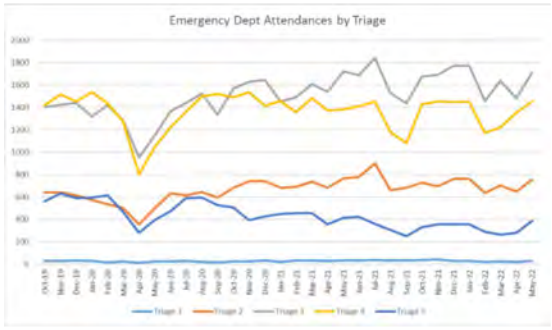
Did Not Wait
Month - 455 (293) 11%
YTD - 3,821 (3,704) 9%

Treated & Disch
Month - 2,798 (3,029) 85% <6hr
YTD - 29,721 (31,037) 87%

Admitted
Month - 1077 (993) 61% <6hr
YTD - 10,733 (11,134) 63%







- **What is this Measure**
  - The percentage of patients admitted, discharged and transferred from an Emergency Department within 6 hours.
- **Why is it important**
  - This indicator measures flow through the whole system it is impacted by the number of people arriving at ED, how fast ED treats them, availability of beds in the hospital and community service availability.

How are we performing

- 78% were seen treated and discharged within 6 hours. Presentations were lower in May 2022 than May 2021 (3,875 versus 4,022) number of patients in May 2022 admitted has increased. The additional time required to see and treat these patients is reflected in our performance.

- **What is driving Performance**
  - Sustained staff sickness and vacancy is impacting on the ED team's efficiency along with a continued rise in triage 4's and 5's presenting for care.
- **Management Comment**
  - Although there is sustained performance, nursing staffing levels in ED due to COVID continue to impact in May. Solid focus on flow from ED to APU has aided in sustaining performance with the APU ALOS achieving 20 hours compared to 28 hours in May 2021.
  - Unfortunately sickness of key members did not allow our Lifting Performance for the Shorter Stays project group to meet this month.

Planned Care Funding & Service delivery

Figure one: Planned care funding sources

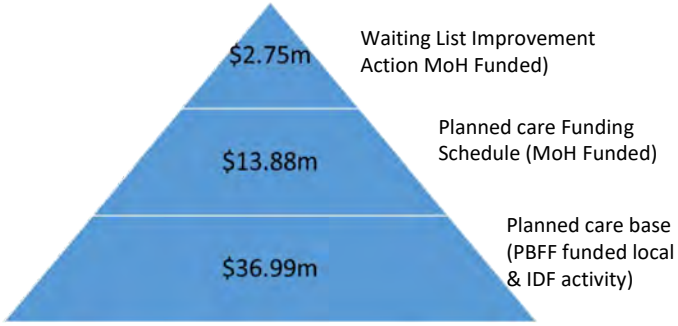
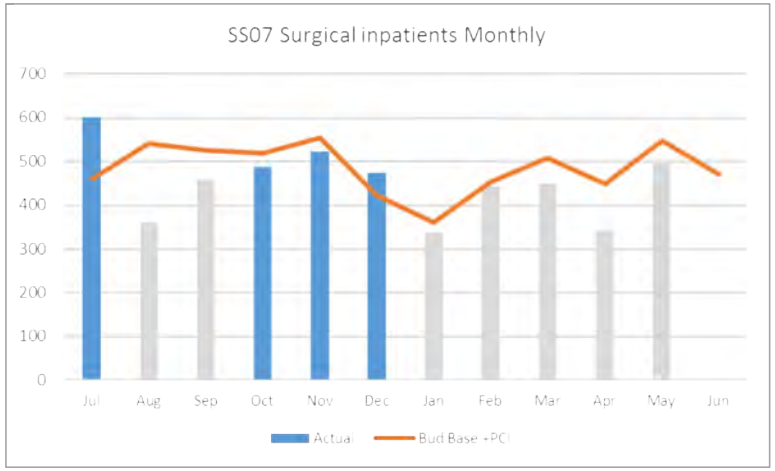
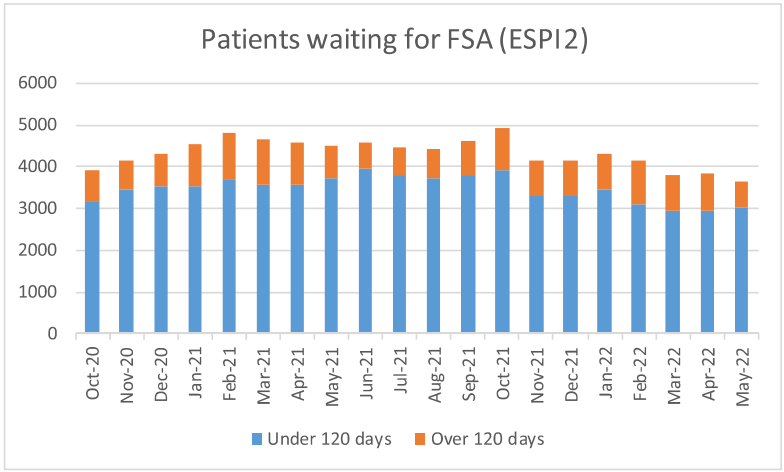


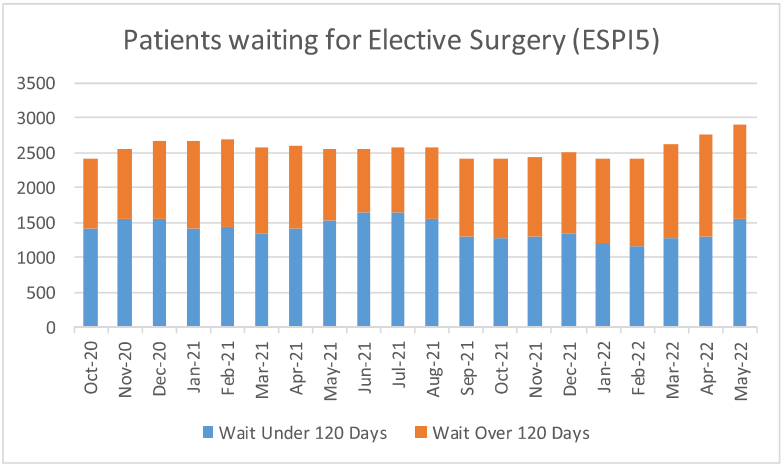
Figure two: Discharge trajectory for Planned care base and Planned care funding schedule – For wash-up months 106.6% - YTD 93.2%



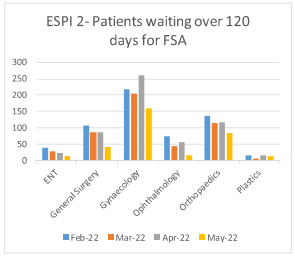
- **What is this measure?**
  - The delivery of an agreed number of inpatient surgical discharges and minor procedures to the Hutt Valley Population
  - The are three funding sources as per figure one – this is important as each has measures and deliverables required to access the funding which is paid after delivery .
- **How are we performing?**
  - The Ministry have confirmed have confirmed payment rules will only apply to July, Oct, Nov & Dec. All other months will be paid at budget
  - Discharges are 129 behind plan for the Planned care base and Planned Care Funding Schedule (figure one) – this equates to 93% as per figure 2.
  - YTD results are impacted by the Covid-19 and preparations for the NZNO and MERAS strikes (which were cancelled).
  - The increase in acute surgical presentations displaces planned surgeries as the theatres and beds are required for acute cases.
- **What is driving performance?**
  - The orthopaedic initiative to reduce ESPI 2 $275k in 2020-2021 completed in Q3 with funding carried over. This model is significantly assisting in reduction of the orthopaedic ESPI 2 waitlist. A final closure report was provided to the Ministry.
  - Our 2 DHB outsourcing process has progressed with the next step Statements of Work (SOW) being developed with three private provider. Their capacity is limited by Omicron
  - Completed design of Optometrists in cataract First Specialist Assessment and surgical follow which will reduce the ESPI 2 waitlist by 200 patients in 2021-2022. Service commenced in March with 75 FSAs completed by end of May 2022.
  - Capital investment of $3,647k to establish a 5 room procedure suite. The Minister of Health approved funding for the build and concept plans have been finalised. Building work has commenced with estimated completion February 23.
  - We are forecasting forward taking into account continued disruption of our production plan with renewed focus on managing our waiting lists.

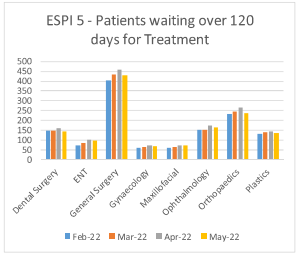
Planned Care – waiting times

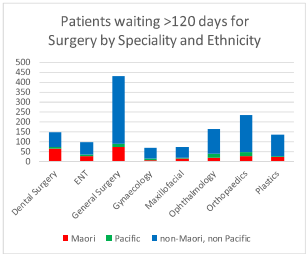




- **What is this measure?**
  - The delivery of Specialist assessments or Treatment within 120 days
- **Why is it important?**
  - It is important to ensure patients receive care at the most appropriate time to support improved health.
- **How are we performing?**
  - The total waiting for an FSA decreased by 6% 223 this month. The number waiting over 120 days fell by 17% 313
  - The number waiting for elective surgery rose by 160 to 2,916, the number waiting over 120 days fell by 101 to 1,350
  - Intensive work has been done in the last month focussed on long wait patients.

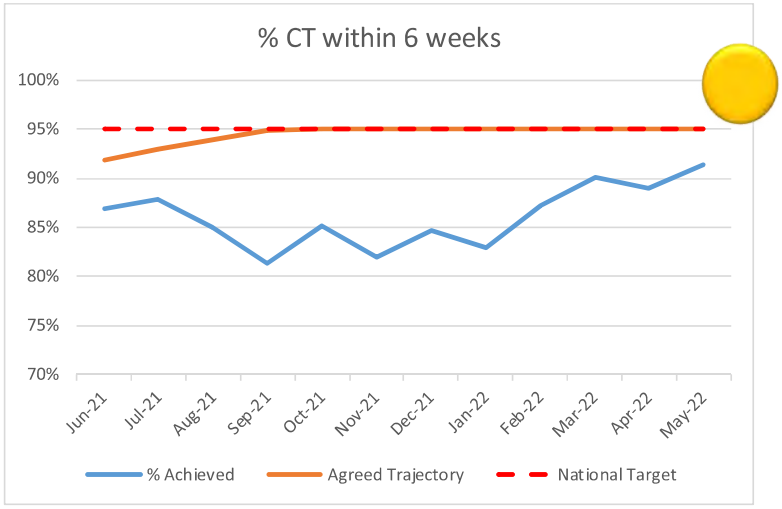


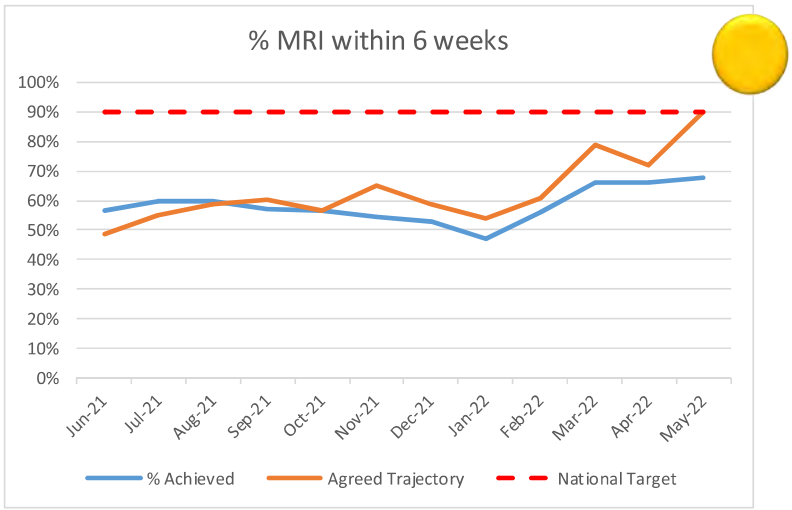




- **What is driving performance?**
  - Covid has had a major impact with the August/September lockdown and the recent Omicron surge, FSAs were maximised however delivery fell off as COVID displaced care
  - Work continues on system improvements to address our waiting list management along with a strong focus to maximise clinic capacity and improve scheduling processes.
  - During May iHNZ established a national Planned Care Taskforce and a District (Wellington and Hutt) stocktake has been undertaken based on initial recommendations from the Taskforce on addressing long waits.
  - SMOs continue to be involved with planning surgery based on those with greatest clinical urgency and long waiting times.

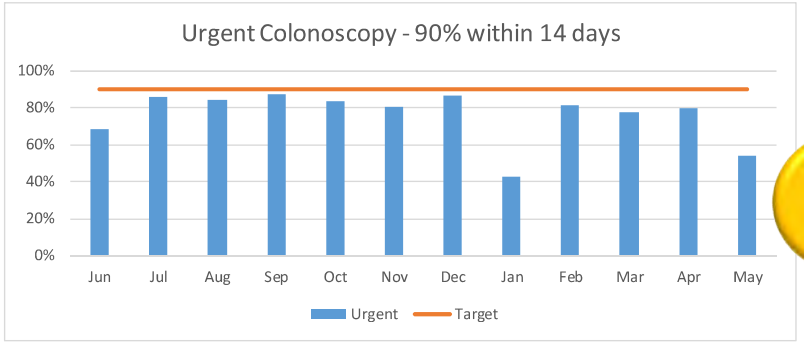
CT & MRI wait times



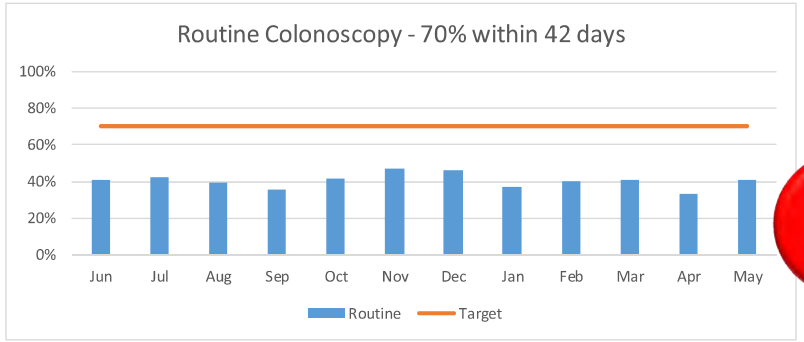


- **What is this measure?**
  - The delivery of computerised tomography (CT) scans and Magnetic Resonance Imaging (MRI) scans in a timely fashion to non-acute patients (within 42 days of referral).
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - The % of patients receiving their MRI within 6 weeks is improving.
  - CT wait times remain close to target.
- **What is driving performance?**
  - CT In May 550 outpatients were scanned and reported. Overall performance has increased to 91.7% compared to 89.8% last month. This change is mainly due to less Public Holidays, so more scanning time available. Delays with an External Provider reporting CTs has negatively impacted on meeting the 95% target
  - MRI – In May 476 MRI outpatients were scanned and reported. Overall performance has increased to 64.9% compared to 62.4% last month. This change is mainly due to less Public Holidays, so more scanning time available.
  - Covid-19 Response meant only Urgent patients were scanned from 18 August 2021 (P1 and P2 priority), with most outpatient work deferred.
- **Management comment**
  - Actions currently underway:
    - CT weekends lists
    - Voluntary overtime weekend MRI day lists
    - MOH additional Planned Care trajectory funding assumption of additional revenue is being used to outsource 40 MRIs per month & the reading of 100 CT scans per month – This funding ceases at end of June there is no indication for next year yet.

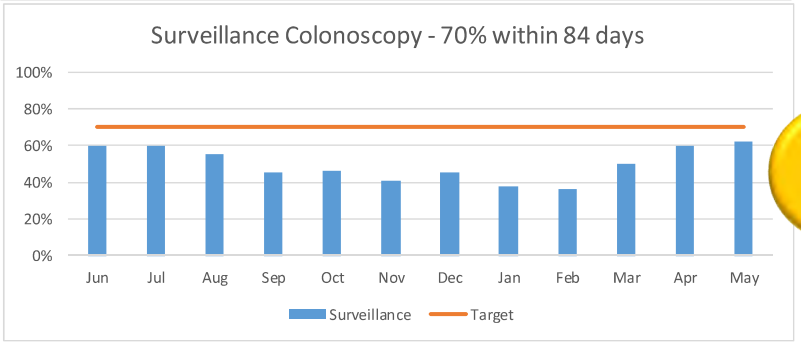
Colonoscopy Wait Times



Urgent
80% YTD



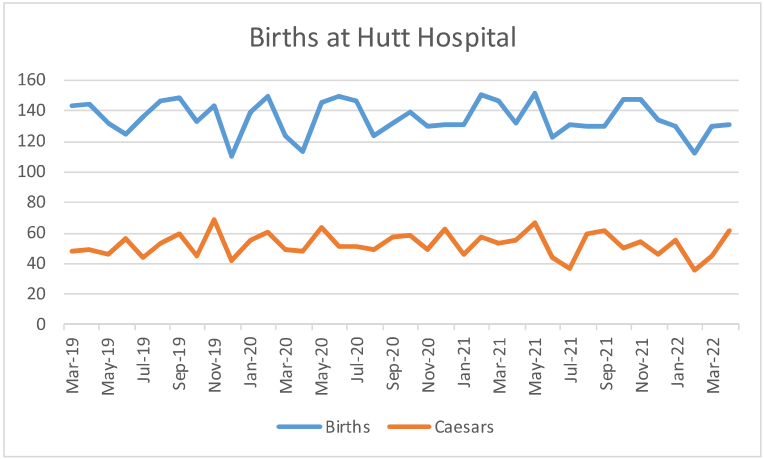
Routine
40% YTD

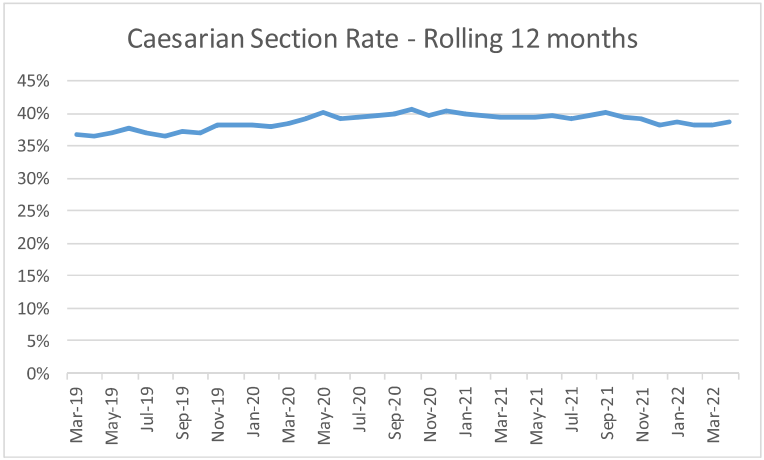


Surveil
47% YTD

- **What is this measure?**
  - The delivery of Colonoscopy, urgent within 14 days, routine 42 days and surveillance within 84 days of being due.
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How are we performing?**
  - There has been some improvement in Surveillance and Routine performance in May.
  - The urgent performance has dipped due to 5 patients; 4 were unwell on the day for, 1 originally referred as routine, up-triaged to Urgent due to new information from the GP.
  - All are rebooked within 30 days of referral.
- **What is driving performance?**
  - The growing surveillance waitlist continues to put additional pressure on the service along with overall increase in referrals.
  - 4 Maori (0 Pacific) patients are overdue, 1 surveillance and 3 semi-urgent. All had appointments offered within the timeframes, but rescheduled themselves, or were unwell. They have new dates for June 2022.
- **Management comment**
  - A new performance and monitoring plan has been developed as is being used in the service. This includes daily monitoring of list utilisation
  - Outsourcing 20 per week is commencing in June as this is required to become compliant and sustainable by December

Maternity

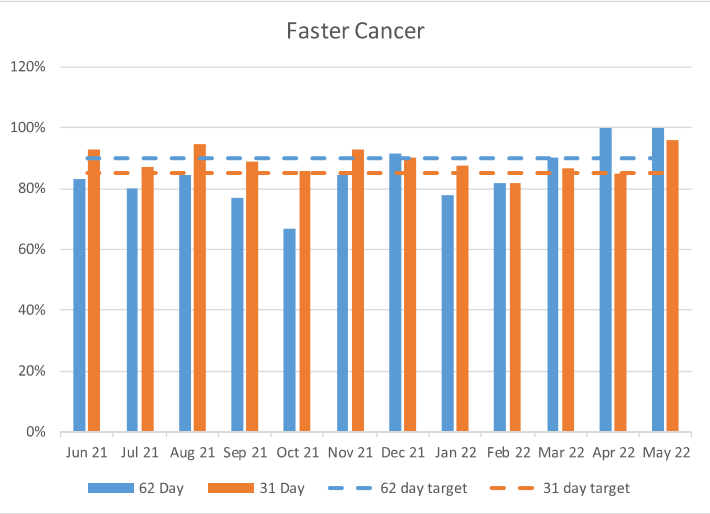


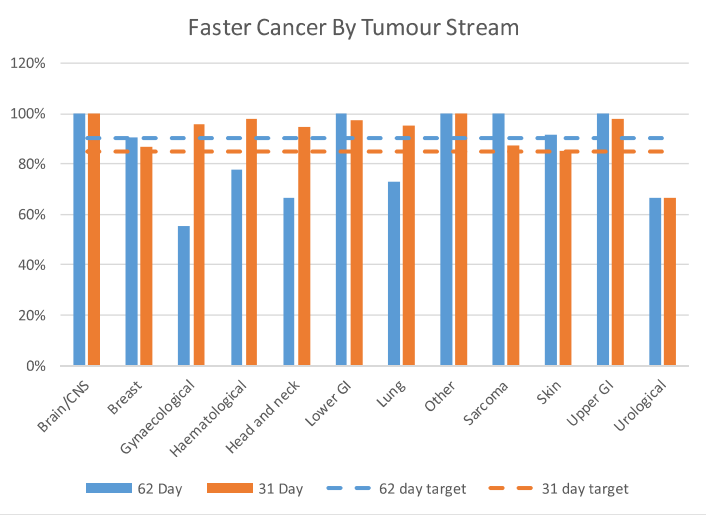


Due to Coding Lag these graphs run 1 month behind

- **What is the issue?**
  - Workforce and service sustainability are the key issues currently faced in maternity with the Midwifery vacancy rate around 50% at both HVDHB and CCDHB.
- **Why is it important?**
  - The maternal and neonatal system plan is a key piece of work aligned to the 2 DHB strategic priority of the first 1,000 days. There is an opportunity to embed new models of care
  - Maternity at HVDHB has a high community and political profile. An external review of the service and HDC investigations showed a number of areas where improvements needed to be made. Which has led to investment in the service and Quality & safety improvements
- **How are we performing?**
  - The Hutt Valley DHB birthing optimisation project continues to progress. Key findings from the audit have resulted in a focus of work on Induction of labour and women who have previously had a caesarean section
- **Management comment**
  - Maintaining service sustainability due to workforce vacancies remains the key focus of maternity. Staffing across Midwifery remains critical. Initiatives around retention, recruitment, model of care and supporting clinical staff are in place.
  - Senior Midwife on call payment arrangements were introduced as an immediate step to support safety with Covid further stretching midwifery. Consultant vacancies are in the process of being appointed to and costing is underway to strengthen the Senior House Officer coverage.
  - The Minister of Health confirmed in January 2021 approval to invest $9.47 million capital funding to upgrade the Maternity Assessment Unit, Maternity Ward and Special Care Baby Unit (SCBU). Phase One of building work (CMT space) is complete. Phase Two (MAU) – work is progressing to schedule and due to complete in July-August 2022. Upgrade of rooms 1-2 in the post-natal ward completed in May 2022. This project is now on hold due to the seismic issues.

Faster Cancer Treatment

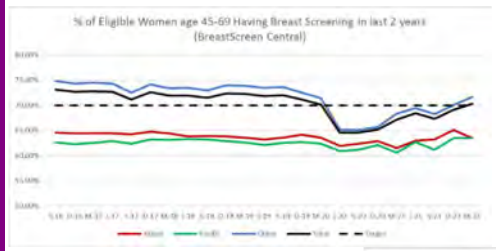


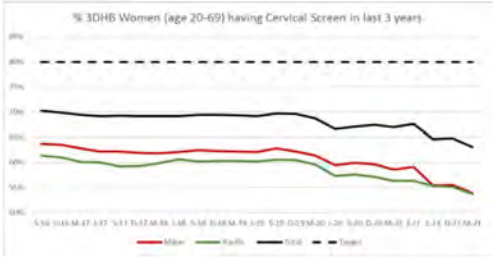


- **What is the issue?**
  - 62 day target: 90% of patients should receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
  - 31 day indicator: The maximum length of time a patient should have to wait from a date of decision to treat to receive their first treatment (or other management) for cancer is 31 days. Target compliance is 85% of patients start within 31 days.
- **Why is it important?**
  - Prompt investigation, diagnosis and treatment is more likely to ensure better outcomes for cancer patients, and an assurance about the length of waiting time can reduce the stress on patients and families at a difficult time.
- **How are we performing?**
  - 100%of patients met the HVDHB 62 day pathway for May). 94.7% of the 31 day target pathway was achieved.
  - There was 1 breech of 62 day target due to clinical consideration, none were Maori or Pacific.
- **What is driving performance?**
  - The first component of assessment from referral is well achieved and the latter part of treatment is the area needing focus.
- **Management Comment**
  - Individual breaches are viewed through MDT across both DHBs.

Screening

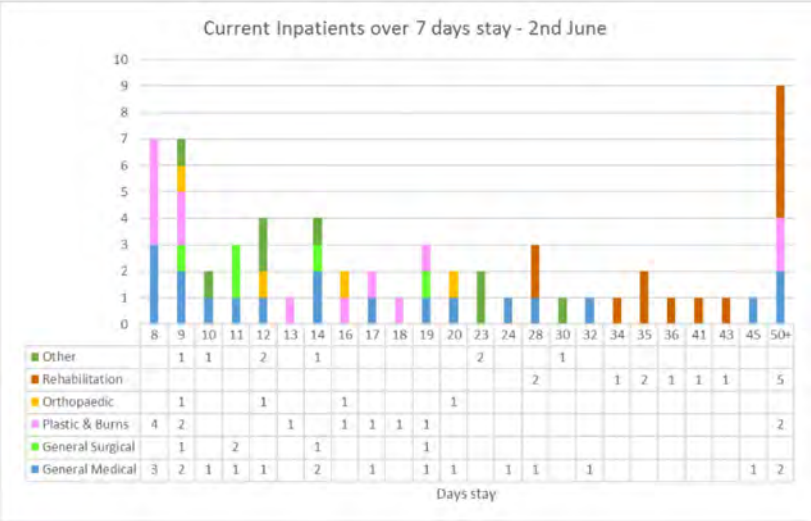
BreastScreen Central for month May 2022	
NPQS Standards	Indicator
New Enrols	
3.1 Target:>_ 90% of eligible women, once enrolled, are offered an available appointment for a screening mammogram within 60 working days (fixed sites only). Maori Pacific Other	
Rescreens	
1.1.2 >_75% of women aged 45-69 years who attend for their first screen within the programme are rescreened within 20 to 27 months. Maori Pacific Other	
1.1.3 Of women aged 45-69 years participating in their subsequent rescreens within the programme, >_85% are rescreened within 20 to 27 months of their previous screening episode Maori Pacific Other	
Key:	
Meeting Standard	
Within 5% out of Standard	
More than % 5 out of standard	

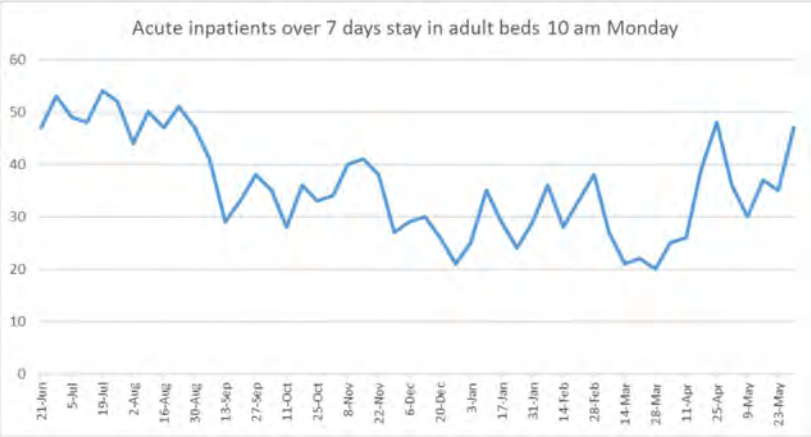




- **What is the issue?**
  - 80% of Women aged 25-69 have completed cervical screening in the previous three years
  - 70% of Women aged 45-69 have completed breast screening in the previous two years
- **Why is it important?**
  - By improving breast and cervical screening coverage DHBs will assist in delivery of the Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health
- **How are we performing?**
  - Cervical Screening coverage in December continued to be impacted by COVID, priority population clinics had to be deferred.
- **What is driving performance?**
  - There are challenges in access to screening in the Wairarapa (mobile unit), with reduced MIT resource the unit is running one clinic a day (25 Screens). The mobile unit has extended its stay twice due to the screening numbers in the Wairarapa
  - In May 47 priority women attended their first screen (34 Maori and 13 Pacific). In addition 454 priority women attended for their subsequent screen (319 Maori and 135 Pacific).
  - Medical Imaging Technologist (MIT) recruitment is continuing, clinics are also reduced during the week due to vacancy and sick leave. During May there was MIT Covid sick leave that impacted screening clinics.
- **Management Comment**
  - The service is on track to make up screening numbers that were deferred from recent hospital alert level response, with extended clinics on weekends and evening.
  - 'Free Cervical Screening' after hour evening clinics and Saturday clinics targeted at wāhine Māori, Pacific and Asian women continues to be a focus through to December.
  - Māori, Pacific and Asian women continue to be identified through the PHO data matching and prioritised for screening in both Cervical and Breast Screening.
  - Additionally the service has cleared the backlog of people who have waited more than the target 60 working days by increasing the number of clinics, outsourcing mammography services, and ensuring that those who have waited the longest were booked into available appointments.

Long Stay inpatients





- **What is this measure?**
  - For medical and surgical these are patients who have stayed more than 7 days. For rehabilitation and neonates where stays are longer these are cases staying over last year's average.
- **Why is it important?**
  - These patients are reducing the ability of the hospital to cope with acute demand. Longer stays are often associated with deconditioning and adverse outcomes for the patient.
- **How are we performing?**
  - On 2nd June there were 62 current long staying patients; most were acute adults. Similar to previous month.
  - Hospital Occupancy increased during May – 88%. Adult wards were at 93%
- **What is driving performance?**
  - A group of extremely complex patients remain unable to be discharged because community services and supports are reluctant to support these patients on discharge either due to extremely high needs, complex behaviour, housing issues, or health and safety concerns for service staff.
- **Management comment**
  - The Specialist Discharge Case Manager role has commenced, with orientation started.
  - Enhanced Early Supported Discharge for mild-moderate stroke patients and some medical patients went live in August. This will support earlier discharge for this group of patients and better hospital flow over all.
  - Residential care facilities are experiencing staffing issues partly due to Covid and border restrictions, this impacts on capacity

Section 4

Financial Performance & Sustainability

Summary of Financial Performance for May 2022

Month					$000s	Year to Date					Annual				
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					Revenue										
46,298	42,249	4,049	40,275	6,024	Devolved MoH Revenue	477,189	464,744	12,444	447,354	29,835	520,448	506,994	13,454	489,113	31,335
2,637	1,646	991	656	1,980	Non Devolved MoH Revenue	22,748	18,404	4,344	18,868	3,880	24,594	20,179	4,415	21,680	2,914
491	500	(10)	766	(275)	ACC Revenue	6,595	6,364	231	6,501	94	7,207	6,976	231	7,129	78
901	503	399	450	451	Other Revenue	5,741	5,552	189	6,824	(1,083)	6,241	6,054	187	7,483	(1,242)
12,029	9,557	2,472	9,063	2,966	IDF Inflow	106,451	105,122	1,329	102,487	3,965	116,010	114,678	1,332	111,945	4,066
1,361	1,025	335	1,462	(102)	Inter DHB Provider Revenue	13,449	11,277	2,173	12,037	1,412	14,625	12,302	2,323	13,197	1,428
63,716	**55,480**	**8,236**	**52,673**	**11,044**	**Total Revenue**	**632,173**	**611,462**	**20,711**	**594,071**	**38,102**	**689,126**	**667,183**	**21,942**	**650,547**	**38,579**
					Expenditure										
					Employee Expenses										
6,050	5,500	(550)	4,956	(1,094)	Medical Employees	60,575	59,743	(833)	57,037	(3,538)	65,890	65,245	(644)	62,678	(3,212)
7,162	6,312	(850)	5,798	(1,364)	Nursing Employees	77,175	67,673	(9,502)	66,786	(10,389)	83,903	73,986	(9,918)	72,415	(11,488)
2,422	2,576	154	2,239	(183)	Allied Health Employees	26,967	27,891	924	26,402	(565)	29,346	30,467	1,121	28,663	(683)
1,128	814	(314)	823	(305)	Support Employees	9,936	8,805	(1,130)	8,775	(1,160)	10,787	9,619	(1,168)	9,579	(1,208)
2,278	2,268	(9)	2,155	(123)	Management and Admin Employees	23,769	24,784	1,016	24,721	952	25,788	27,053	1,264	26,733	945
19,040	**17,470**	**(1,570)**	**15,971**	**(3,069)**	**Total Employee Expenses**	**198,422**	**188,897**	**(9,526)**	**183,722**	**(14,700)**	**215,714**	**206,370**	**(9,344)**	**200,068**	**(15,646)**
					Outsourced Personnel Expenses										
342	205	(138)	(878)	(1,220)	Medical Personnel	2,680	2,253	(427)	5,249	2,569	2,918	2,458	(460)	5,973	3,055
115	15	(100)	21	(94)	Nursing Personnel	929	165	(763)	5,690	4,761	1,015	181	(835)	6,407	5,392
90	60	(30)	7	(83)	Allied Health Personnel	447	656	209	4,052	3,605	507	715	209	4,561	4,054
49	42	(7)	9	(40)	Support Personnel	588	465	(123)	436	(152)	630	507	(123)	491	(140)
927	621	(306)	583	(344)	Management and Admin Personnel	8,345	6,836	(1,509)	6,068	(2,277)	9,066	7,457	(1,609)	7,031	(2,035)
1,524	**943**	**(581)**	**(258)**	**(1,782)**	**Total Outsourced Personnel Expenses**	**12,989**	**10,375**	**(2,614)**	**21,494**	**8,505**	**14,137**	**11,318**	**(2,819)**	**24,463**	**10,326**
1,915	954	(961)	2,976	1,061	Outsourced Other Expenses	12,114	10,499	(1,614)	11,712	(402)	13,069	11,454	(1,615)	13,157	88
2,663	2,686	22	2,979	315	Treatment Related Costs	28,161	27,911	(250)	29,051	890	30,826	30,698	(128)	33,080	2,254
2,205	2,097	(107)	10,216	8,011	Non Treatment Related Costs	22,266	22,708	442	32,956	10,690	26,198	24,765	(1,433)	36,000	9,802
14,271	11,991	(2,280)	8,210	(6,061)	IDF Outflow	130,990	131,903	914	100,005	(30,985)	143,200	143,894	694	108,813	(34,387)
21,633	19,702	(1,931)	18,704	(2,929)	Other External Provider Costs	218,963	211,761	(7,202)	208,777	(10,186)	239,091	231,201	(7,890)	223,654	(15,437)
1,765	2,027	263	292	(1,472)	Interest, Depreciation & Capital Charge	21,680	22,294	615	21,682	3	23,732	24,321	590	23,537	(195)
65,015	**57,870**	**(7,145)**	**59,090**	**(5,925)**	**Total Expenditure**	**645,584**	**626,348**	**(19,236)**	**609,399**	**(36,185)**	**705,968**	**684,022**	**(21,946)**	**662,772**	**(43,196)**
(1,299)	**(2,390)**	**1,091**	**(6,417)**	**5,118**	**Net Result**	**(13,411)**	**(14,886)**	**1,475**	**(15,328)**	**1,917**	**(16,842)**	**(16,839)**	**(3)**	**(12,226)**	**(4,617)**
					Result by Output Class										
(372)	(1,603)	1,231	1,245	(1,617)	Funder	(11,641)	(12,671)	1,030	5,705	(17,345)	(13,073)	(14,012)	939	11,939	(25,012)
129	9	120	175	(46)	Governance	1,000	105	895	1,044	(44)	1,107	112	995	1,261	(154)
(1,056)	(796)	(260)	(7,837)	6,781	Provider	(2,771)	(2,321)	(450)	(22,077)	19,306	(4,877)	(2,939)	(1,938)	(25,425)	20,549
(1,299)	**(2,390)**	**1,091**	**(6,416)**	**5,117**	**Net Result**	**(13,411)**	**(14,886)**	**1,475**	**(15,328)**	**1,917**	**(16,842)**	**(16,839)**	**(3)**	**(12,226)**	**(4,617)**

Executive Summary – Financial Position

Financial performance year to date

- Total Revenue favourable $20,711k
  - Including COVID-19 funding and Nursing MECA funding.
- Personnel and outsourced Personnel unfavourable ($12,140k)
  - Medical unfavourable ($1,260k); Nursing unfavourable ($10,265k); Allied Health favourable $1,133k, Support Staff unfavourable ($1,253k); Management and Admin unfavourable ($493k); Annual leave Liability cost has increased by $3,491k since May 2021
- Outsourced other expenses unfavourable ($1,614k)
- Treatment related Costs unfavourable ($250k)
- Non Treatment Related Costs favourable $442k
- IDF Outflow favourable $914k
- Other External Provider Costs unfavourable ($7,202k), including COVID-19 costs offset by revenue.
- Interest, depreciation and capital charge favourable $615k

Analysis of Operating Position – Revenue

- **Revenue:** Total revenue favourable $8,236k for the month
  - Devolved MOH revenue $4,049k favourable, driven by increase in re-stated Planned Care revenue $1,826k, NGO pay equity funding $554k, additional funding for Nurses MECA Settlement $260k, COVID-19 Funding $882k, and other small variances.
  - Non Devolved revenue $991k favourable, driven largely by Public Health COVID-19 funding $1,092k, and other variances.
  - ACC Revenue ($10k) unfavourable, driven by Plastic Surgery.
  - Other revenue $399k favourable for the month, mostly due to MSD funding to Public Health.
  - IDF inflows favourable $2,472k for the month, due to changes in wash-up methodology.
  - Inter DHB Revenue favourable $335k off set by costs.

COVID–19 Revenue and Costs

YTD Result - May 2021	Funder	Provider (excl. Regional Public Health) [4]	Provider - Regional Public Health (RPH) [1][2]	Total
$000s	Actual	Actual	Actual	Actual
Revenue				
MoH Revenue Recognised - COVID19	5,914	828	3,079	9,820
MoH Revenue Recognised - Core Public Health [3]			3,540	3,540
Expenditure				
Employee Expenses				
Medical Employees		274	1,711	1,985
Nursing Employees		654	1,844	2,498
Allied Health Employees		285	1,029	1,313
Support Employees		102	0	102
Management and Admin Employees		285	491	776
Total Employee Expenses	**0**	**1,599**	**5,075**	**6,674**
Expenses				
Outsourced - Provider	0	10	1,291	1,301
External Providers - Funder	5,999			5,999
Clinical Expenses - Provider	0	154	6	160
Non-clinical Expenses- Provider	0	321	247	568
Total Non Employee Expenses	**5,999**	**485**	**1,544**	**8,028**
Total Expenditure	**5,999**	**2,084**	**6,618**	**14,701**
Net Impact	**(85)**	**(1,256)**	**0**	**(1,341)**

(1) Excludes indirect overhead charges

(2) Results reflect the use of Core Contract staff resource and funding, to undertake COVID-19 related work. Overall the Public Health unit YTD Result is favourable to budget, including all costs and overheads.

(3) Estimate of Core Public Health Funding been used to fund COVID Activity, see (2)

(4) Part of this additional expenditure is funded, excluding $1057k of COVID Sick Leave

- The May year to date financial position includes $14.7m additional costs in relation to COVID-19.
- COVID-19 Revenue of $9.8m has been recognised to fund additional costs for community providers, Regional Public Health and Non RPH Provider.
- 0.7m of income was recognised in May for the Provider (excl. RPH). Of the additional 2.1m, $1.1m relates to COVID Sick Leave.
- In lieu of additional funding for the Public Health unit, $3.5m of core contract revenue has been used to fund the additional expenditure. This is consistent with core resources (staff) been used on COVID-19 activity. This approach has been discussed with the Ministry.

Analysis of Operating Position – Personnel

- **Total Personnel** including outsourced unfavourable ($2,151k) for the month,
  - Medical personnel incl. outsourced unfavourable ($688k). Outsourced costs are ($138k) unfavourable due to SMO costs. Medical Staff Internal are ($550k) unfavourable, related to junior doctors leave costs.
  - Nursing incl. outsourced ($950k) unfavourable. Employee costs are ($850k) unfavourable driven largely by leave ($593k), catch-up on professional development ($120k) and MECA changes. The latter is partly offset by an increase in devolved income.
  - Allied Health incl. outsourced $124k favourable, with outsourced ($30k) unfavourable and internal employees $94k favourable.
  - Support incl. outsourced unfavourable ($321k), with Outsourced ($7k) unfavourable and employee costs ($314k) unfavourable. The later driven by Security ($39k) Cleaners ($138k), Kitchen Assistants ($54k) and Sterile Assistants (29k).
  - Management & Admin incl. outsourced unfavourable ($315k), internal staff unfavourable ($9k), outsourced unfavourable ($306k) which includes recharges from CCDHB.
  - Sick leave for May was 2.8%, which is lower than this time last year (3.2%).

FTE Analysis

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	May-22	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
284	288	4	280	(4)	Medical	281	289	9	279	(1)	289	279
766	797	31	760	(7)	Nursing	763	787	25	764	2	790	763
333	365	32	349	16	Allied Health	345	365	21	352	7	365	352
155	148	(7)	151	(3)	Support	152	147	(5)	147	(5)	147	147
307	336	29	316	9	Management & Administration	310	338	29	321	12	338	321
1,846	**1,934**	**89**	**1,858**	**12**	**Total FTE**	**1,850**	**1,927**	**77**	**1,864**	**14**	**1,930**	**1,862**
					$ per FTE							
21,282	19,098	(2,183)	17,671	(3,611)	Medical	215,886	206,629	(9,257)	204,243	(11,643)	228,783	233,613
9,345	7,915	(1,430)	7,630	(1,715)	Nursing	101,199	85,963	(15,236)	87,375	(13,824)	106,554	97,019
7,272	7,052	(220)	6,408	(864)	Allied Health	78,220	76,353	(1,867)	75,017	(3,203)	80,623	86,588
7,287	5,508	(1,779)	5,434	(1,853)	Support	65,226	59,775	(5,451)	59,723	(5,502)	73,478	65,337
7,413	6,752	(662)	6,810	(603)	Management & Administration	76,716	73,240	(3,476)	76,911	195	76,527	84,263
10,315	**9,031**	**(1,284)**	**8,598**	**(1,718)**	**Average Cost per FTE all Staff**	**107,248**	**98,007**	**(9,241)**	**98,567**	**(8,682)**	**112,164**	**110,832**

Medical under budget for the month by 4 FTE, driven by SMOs under budget by 15 FTE, partially offset by Registrars.

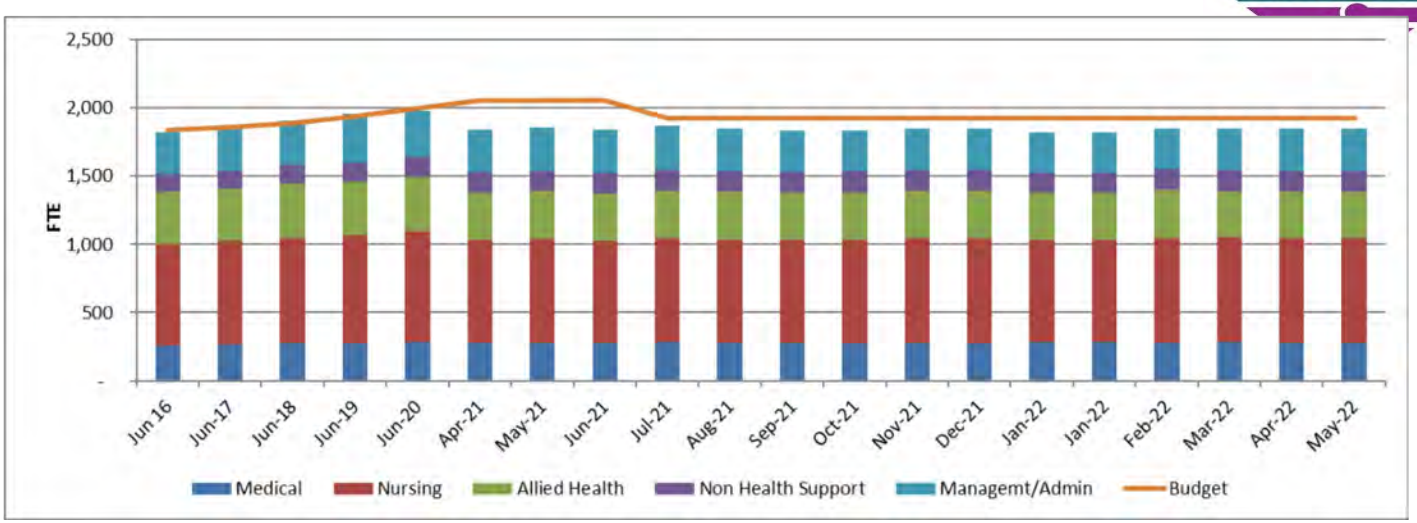
Nursing under by 31 FTE for the month; nurses 8.9 FTE, midwives 18.8 FTE and HCA 3.4 FTE.

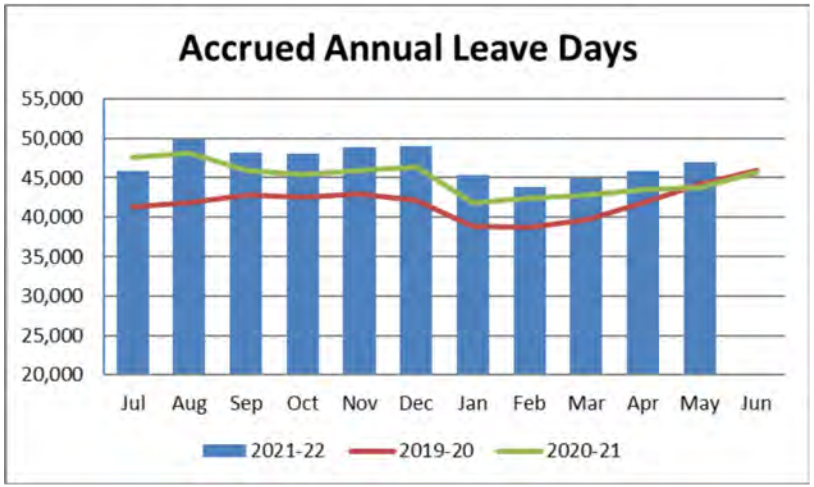
Allied FTEs are under by 32 FTEs for the month, driven by Regional Public Health 7 FTE, Community Health 13 FTE, Community Dental 8 FTE and other small variances.

Support FTEs are over budget (7) FTE, driven by Orderlies & Security (4.3) FTE, Sterile supply assistants (1.9), and other small variances

Management & Admin are under budget by 29 FTEs driven by SPO 4 FTE, Quality 8 FTE, Communications 3 FTE, Surgical Women's & Children's 8 FTE, Regional Screening 4 FTE, Procurement 1 FTE and other variances. Noting that 2DHB corporate areas will be recruited on the CCDHB payroll and charged back to HVDHB via outsourced.

FTE Analysis





The combined impact of the MHAIDs & ITS restructures on Accrued Annual leave during the 2020-21 financial year was estimated to be a reduction of 3,175 days and $1,561k in respect of Leave Liability.

Analysis of Operating Position – Other Expenses

- **Other Operating Costs**
  - Outsourced other unfavourable ($961k) for the month, driven largely by Oracle FPIM costs ($707k), outsourced surgery ($246k) and other small variances.
  - Treatment related costs $22k favourable for the month.
  - Non Treatment Related costs unfavourable ($107k) driven by Hotel and Laundry Expenses ($51k), Facilities Expenses($111k), Transport and Travel ($87k) and Other ($62k), partly offset by ITC Expenses favourable $95k and Compliance and Corporate Costs $58k.
  - IDF Outflows $2,280k favourable for the month, driven by current year wash-ups, including an amended national methodology.
  - Other External Provider costs unfavourable ($1,931k), mostly driven by COVID-19 related payment to PHO's ($1,114k), Health of Older People ($811k) (which includes pay equity funding of $501k), and other offsetting variances.
  - Interest, Depreciation & Capital Charge favourable $263k, driven by changes to the Capital Charge $96k, and reduction in Depreciation $164k.

Section 5

Additional Financial Information & Updates

Financial Position as at 31 May 2022

$000s	Actual	Budget	Variance	Jun 21	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank	18,876	(4,447)	23,323	22,890	(4,014)	Average bank balance in May-22 was $36.4m
Bank - Non DHB Funds *	6,651	5,831	820	5,236	1,415	
Accounts Receivable & Accrued Revenue	37,661	25,781	11,880	33,457	4,204	
Stock	2,164	2,614	(449)	2,322	(158)	
Prepayments	1,240	1,161	79	1,241	(1)	
Total Current Assets	**66,593**	**30,940**	**35,653**	**65,146**	**1,447**	
Fixed Assets						
Fixed Assets	216,934	257,776	(40,842)	223,741	(6,807)	
Work in Progress	18,092	7,905	10,188	9,218	8,875	
Total Fixed Assets	**235,026**	**265,680**	**(30,654)**	**232,958**	**2,068**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	
Trust Funds Invested	1,271	1,266	4	1,221	50	
Total Investments	**2,421**	**2,416**	**4**	**2,371**	**50**	
Total Assets	**304,040**	**299,037**	**5,003**	**300,476**	**3,565**	
Liabilities						
Current Liabilities						
Accounts Payable and Accruals	87,598	77,223	(10,376)	79,873	(7,725)	Includes Holidays Act Provision of $32.7m
Crown Loans and Other Loans	3	3	0	42	38	
Capital Charge Payable	3,535	4,001	466	0	(3,535)	
Current Employee Provisions	31,331	28,199	(3,132)	27,029	(4,302)	
Total Current Liabilities	**122,468**	**109,426**	**(13,042)**	**106,944**	**(15,524)**	
Non Current Liabilities						
Other Loans	136	178	42	136	0	
Long Term Employee Provisions	9,150	8,972	(178)	9,150	0	
Non DHB Liabilities	6,651	5,831	(820)	5,236	(1,415)	
Trust Funds	1,184	1,226	42	1,221	37	
Total Non Current Liabilities	**17,121**	**16,207**	**(915)**	**15,743**	**(1,379)**	
Total Liabilities	**139,589**	**125,633**	**(13,956)**	**122,686**	**(16,903)**	
Net Assets	**164,451**	**173,404**	**(8,953)**	**177,789**	**(13,338)**	
Equity						
Crown Equity	158,709	173,918	(15,210)	158,709	0	
Revaluation Reserve	146,362	146,289	73	146,289	73	
Opening Retained Earnings	(127,208)	(131,916)	4,708	(114,982)	(12,226)	
Net Surplus / (Deficit)	(13,411)	(14,886)	1,475	(12,226)	(1,185)	
Total Equity	**164,451**	**173,404**	**(8,953)**	**177,789**	**(13,338)**	

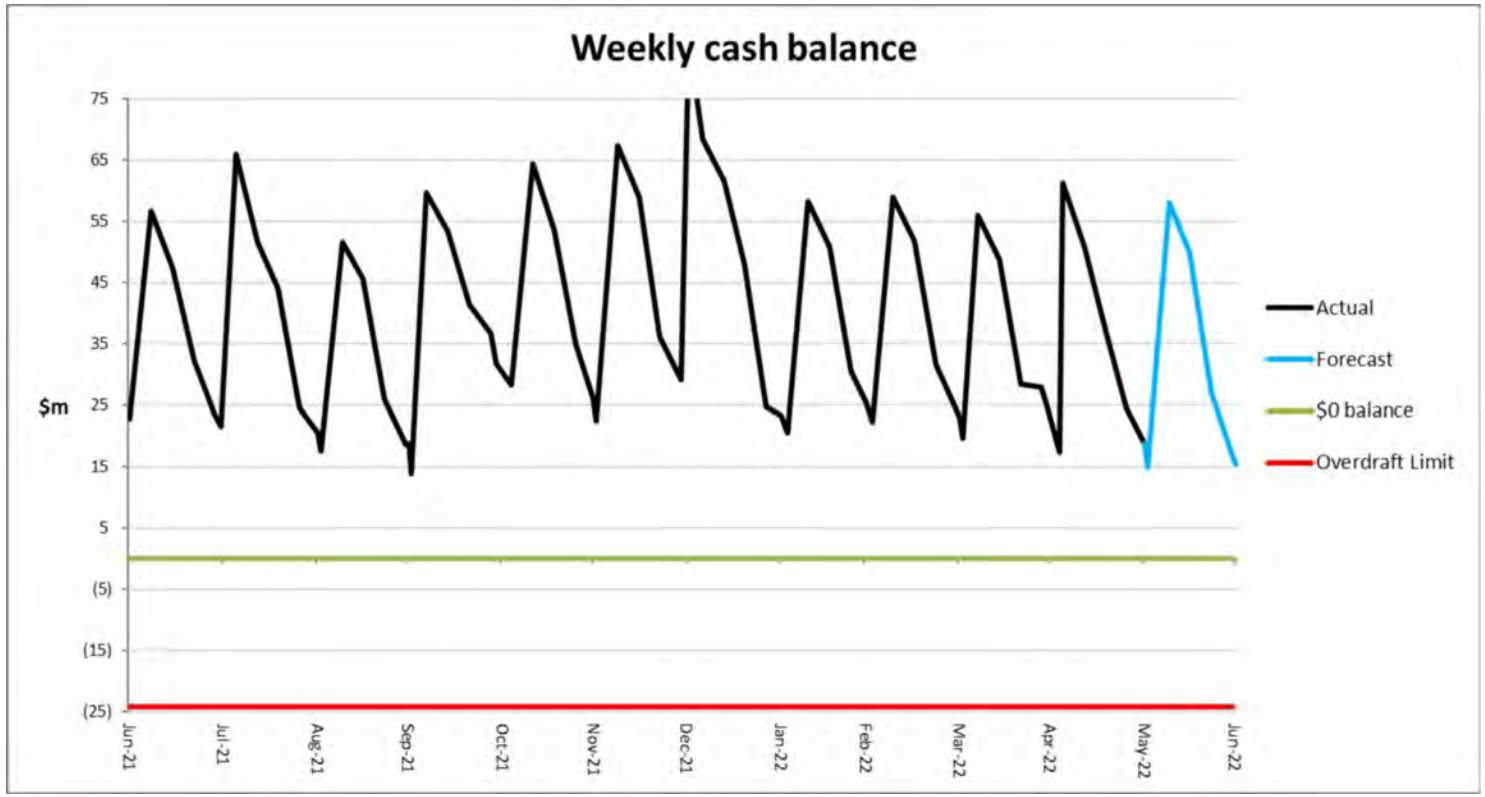
* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 31 May 2022

HUTT VALLEY DHB

$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	43,259	43,479	44,926	46,778	43,649	96,726	(3,945)	46,269	45,304	43,146	47,983	45,106
Receipts from Other DHBs (Including IDF)	10,208	7,504	10,523	14,609	9,547	16,266	7,610	10,013	9,642	5,842	19,718	10,735
Receipts from Other Government Sources	492	664	623	610	968	762	561	1,256	1,118	517	850	725
Other Revenue	4,907	(460)	(4,228)	3,218	(523)	(4,710)	3,332	1,180	499	1,267	(4,236)	113
Total Receipts	**58,866**	**51,187**	**51,844**	**65,215**	**53,641**	**109,045**	**7,558**	**58,718**	**56,564**	**50,772**	**64,315**	**56,678**
Payments for Personnel	(17,569)	(16,888)	(20,053)	(16,260)	(16,277)	(23,368)	(19,970)	(17,793)	(20,075)	(18,142)	(17,842)	(18,440)
Payments for Supplies (Excluding Capital Expenditure)	(9,630)	(5,793)	(2,437)	(3,561)	(7,839)	(6,430)	(1,195)	(7,793)	(6,846)	(1,194)	(5,473)	(5,653)
Capital Charge Paid	0	0	0	0	0	0	(4,410)	0	0	0	0	(4,202)
GST Movement	(848)	8	828	983	(2,263)	2,776	(1,779)	31	(172)	2,112	(2,342)	0
Payments to Other DHBs (Including IDF)	(11,963)	(11,858)	(11,945)	(11,140)	(12,003)	(11,963)	(12,299)	(12,006)	(10,365)	(12,028)	(14,102)	(12,211)
Payments to Providers	(18,979)	(16,766)	(19,201)	(21,311)	(19,652)	(19,487)	(19,293)	(18,029)	(20,216)	(19,081)	(25,050)	(20,128)
Total Payments	**(58,989)**	**(51,297)**	**(52,809)**	**(51,288)**	**(58,034)**	**(58,472)**	**(58,946)**	**(55,589)**	**(57,675)**	**(48,333)**	**(64,809)**	**(60,634)**
Net Cashflow from Operating Activities	**(123)**	**(110)**	**(966)**	**13,926**	**(4,393)**	**50,573**	**(51,388)**	**3,129**	**(1,111)**	**2,439**	**(494)**	**(3,956)**
Investing Activities												
Interest Receipts	23	23	22	31	33	43	41	35	48	49	52	21
Dividends	0	0	0	0	0	0	0	0	0	0	0	4
Sale of Fixed Assets	0	0	0	0	0	1	0	0	0	0	0	0
Total Receipts	**23**	**23**	**22**	**31**	**33**	**44**	**41**	**35**	**48**	**49**	**52**	**25**
Capital Expenditure	(1,192)	(1,007)	(783)	(823)	(1,280)	(995)	(1,082)	(1,109)	(1,290)	(1,191)	(5,096)	(4,914)
Increase in Investments and Restricted & Trust Funds Assets	(24)	7	(8)	(23)	19	5	(5)	(68)	(14)	35	25	0
Total Payments	**(1,216)**	**(999)**	**(791)**	**(846)**	**(1,261)**	**(989)**	**(1,088)**	**(1,177)**	**(1,303)**	**(1,156)**	**(5,071)**	**(4,914)**
Net Cashflow from Investing Activities	**(1,193)**	**(976)**	**(769)**	**(815)**	**(1,228)**	**(945)**	**(1,047)**	**(1,142)**	**(1,256)**	**(1,108)**	**(5,019)**	**(4,889)**
Financing Activities												
Equity Injections - Capital	0	0	0	0	0	0	0	0	0	0	0	5,000
Total Receipts	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5,000**
Interest Paid on Finance Leases	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0	0	(0)	(0)	(2)
Total Payments	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**0**	**0**	**(0)**	**(0)**	**(2)**
Net Cashflow from Financing Activities	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**0**	**0**	**(0)**	**(0)**	**4,998**
Total Cash In	58,889	51,211	51,866	65,246	53,674	109,089	7,599	58,753	56,611	50,821	64,367	61,703
Total Cash Out	(60,204)	(52,296)	(53,600)	(52,135)	(59,295)	(59,461)	(60,034)	(56,766)	(58,978)	(49,489)	(69,880)	(65,550)
Net Cashflow												
Opening Cash	22,890	21,575	20,489	18,754	31,865	26,245	75,872	23,437	25,424	23,058	24,389	18,876
Net Cash Movements	(1,316)	(1,086)	(1,734)	13,111	(5,621)	49,628	(52,435)	1,987	(2,367)	1,332	(5,513)	(3,847)
Closing Cash	**21,575**	**20,489**	**18,754**	**31,865**	**26,245**	**75,872**	**23,437**	**25,424**	**23,058**	**24,389**	**18,876**	**15,029**

Weekly Cash Flow – Actual to 31 May 2022



Note

- the overdraft facility shown in red is set at $24.2 million as at May 2022
- the lowest bank balance for the month of May was $19.7m

Capital expenditure – Actual to May 2022

Project description	Budget rolled over from 2020/21	New budget for 2021/22	Prior year approved projects budget	Prior year approved projects spend	Committed costs from prior year approved projects budget	Total maximum spend in 2021/22	Actual 2021/22 spend till date	Remaining funds available in 2021/22
	$000	$000	$000	$000	$000	$000	$000	$000
Baseline								
Buildings and Plant	4,385	7,700	3,651	2,720	931	13,017	2,360	10,657
Clinical Equipment	629	6,043	3,824	974	2,850	9,522	3,978	5,544
Information Technology (Hardware)	1,211	1,828	862	408	454	3,493	997	2,497
Intangible Assets (Software)	56	2,853	356	185	170	3,079	98	2,981
Baseline Total	6,282	18,425	8,691	4,287	4,404	29,112	7,432	21,678
Strategic								
Buildings and Plant	1,065	-	-	-	-	1,065	-	1,065
Clinical Equipment	2,275	1,460	2,301	451	1,850	5,586	689	4,896
IT	722	2,145	1,066	359	707	3,575	1,141	2,434
IT - RHIP/RHDS/CRISP	-	-	3,315	3,315	-	-	515	-
IT - FPIM (approved by 2DHB Board Sep-21)		3,138	-	-	-	3,138	1,892	1,247
Strategic Total	4,063	6,743	6,682	4,125	2,558	13,364	4,236	9,643
Pandemic								
Buildings and Plant	-	-	-	-	-	-	-	-
Clinical Equipment	-	72	-	-	-	72	-	72
IT	-	331	-	-	-	331	186	145
Pandemic Total	-	403	-	-	-	403	186	217
Total Capital (exduding MOH, Trust, Gym)	**10,345**	**25,571**	**15,374**	**8,412**	**6,962**	**42,879**	**11,855**	**31,537**
MOH funded - Procedure Suite	-	-	3,600	237	3,363	3,363	1,375	1,988
MOH funded - Maternity ward	-	-	9,470	207	9,263	9,263	1,341	7,922
MOH funded equipment	-	1,000	-	-	-	1,000	137	863
Trust funded equipment	-	515	50	18	32	547	232	315
GYM funded equipment	-	-	-	-	-	-	-	-
Total Capital for MOH, Trust, Gym	**-**	**1,515**	**13,120**	**463**	**12,657**	**14,172**	**3,085**	**11,087**
Total Capital (induding MOH, Trust, Gym)	**10,345**	**27,086**	**28,494**	**8,875**	**19,619**	**57,051**	**14,940**	**42,624**

Summary of Leases – as at 31 May 2022

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases	**Occupants**							
Wainuiomata Health Centre	District Nurses		1,199	14,386		1/11/2020	31/10/2023	Operating
Public Trust House Lower Hutt	Community Mental Health		27,717	332,601		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		10,241	122,887		15/03/2015	14/03/2025	Operating
Criterion Lane, Lagan Building, Upper Hutt	Physiotherapy & Counselling		2,954	35,448		5/01/2021	31/12/2023	Operating
Criterion Lane, Lagan Building, Upper Hutt	Midwives		500	5,998		16/06/2020	16/05/2023	Operating
Upper Hutt Health Centre	District Nurses (*lease renewal in progress)		974	11,688		24/01/2015	1/02/2022	Operating
Pretoria St, Lower Hutt	RPH & Covid Team		8,360	100,320		1/08/2021	31/01/2023	Operating
			57,315	**687,763**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (129 Vehicles, including 2 Nissan Leaf EV's)			45,596	547,149		Ongoing	Ongoing	Operating
			45,596	**547,149**				
Equipment Leases	**Supplier**							
MRI Ingenia 1.5T	De Lage Landen (paid monthly in arrears)		22,498	269,981	1,349,905	19/09/2019	19/08/2024	Operating
Fluoroscopy Combi Diagnost R90	De Lage Landen (paid monthly in arrears)		9,753	117,037	585,185	1/08/2019	31/07/2024	Operating
Plastics Micro Power Tools	Stryker New Zealand Ltd	293,188	3,490	41,884	125,652	1/10/2018	30/09/2025	Finance
Orthopaedic Tools	Stryker New Zealand Ltd		9,024	108,292	758,044	1/09/2016	31/08/2023	Operating
3 x Ultrasounds (Equigroup)	GE Healthcare Ltd (*1yr extension in progress)		7,315	87,782	153,618	28/09/2020	28/06/2022	Operating
1 x Ultrasound Epiq (Equigroup)	Philips NZ Commercial Ltd		1,761	21,129	40,498	28/09/2020	26/08/2022	Operating
CT Scanner 128 Slice (Equigroup)	Toshiba Medical Systems (*3yr extension in progress)		16,234	194,812	584,436	28/05/2022	28/06/2025	Operating
Philips Digital Diagnost C90 (Room 2)	De Lage Landen (paid monthly in arrears)		7,265	87,186	435,930	31/01/2020	31/01/2025	Operating
Philips Digital Diagnost C90 (Room 1)	De Lage Landen (paid monthly in arrears)		6,184	74,214	371,070	31/01/2020	31/01/2025	Operating
Philips Mobile Diagnost R2 (Resus)	De Lage Landen (paid monthly in arrears)		3,932	47,186	235,930	1/06/2020	1/06/2025	Operating
Philips Digital Diagnost C90 (ED)	De Lage Landen (paid monthly in arrears)		6,177	74,118	370,592	30/09/2020	30/09/2025	Operating
Philips Digital Diagnost C90 (Resus)	De Lage Landen (paid monthly in arrears)		3,877	46,520	232,601	31/08/2020	31/08/2025	Operating
Logiq E10 4D Ultrasound (Equigroup)	GE Healthcare Ltd		3,649	43,794	218,969	28/01/2021	28/01/2026	Operating
3 x Carestream Mobile X-ray Units	De Lage Landen (paid monthly in arrears)		9,960	119,517	597,586	27/04/2021	27/04/2026	Operating
2x Digital Diagnost C90 (Room 3 & Room 4)	De Lage Landen (paid monthly in arrears)		11,552	138,623	693,114	13/05/2021	13/05/2026	Operating
Zeiss Opthalmology Equipment (Plastics x1, ENT x2)	De Lage Landen (paid quartlerly in arrears)		14,332	171,988	859,938	17/12/2021	17/09/2026	Operating
		293,188	**137,003**	**1,644,063**	**7,613,068**			
Total Leases			**239,914**	**2,878,975**				

Treasury as at 31 May 2022

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$36,446	$40,187
Lowest balance for the month	$17,422	$19,722
Average interest rate	1.68%	1.48%
Net interest earned/(charged) for the month	$52	$49

2) Hedges

No hedging contracts have been entered into for the year to date.

3) Foreign exchange transactions for the month ($)

No. of transactions involving foreign currency	4
Total value of transactions	$41,352 NZD
Largest transaction	$39,322 NZD

	No. of transactions	Equivalent NZD
AUD	2	$972
GBP		
SGD		
USD	2	$40,380
Total	**4**	$41,352

4) Debtors ($000)

Top 10 Debtors	Outstanding	Current	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days
Capital & Coast District Health Board	$10,141	$4,808	$0	$76	$74	$40	$53	$5,090
Ministry of Health	$3,377	$908	$385	$501	$168	$168	$558	$690
Accident Compensation Corporation	$907	$486	$73	$55	$52	($16)	$78	$178
Wairarapa District Health Board	$285	$107	$54	$41	$0	$0	$83	$0
Health Workforce NZ Limited	$234	$234	$0	$0	$0	$0	$0	$0
Ministry of Social Development	$194	$0	$0	$0	$0	$148	$46	$0
Auckland District Health Board	$83	$83	$0	$0	$0	$0	$0	$0
Southern Cochlear Implant Programme	$70	$70	$0	$0	$0	$0	$0	$0
Non Resident	$51	$0	($0)	($0)	$0	$0	$0	$52
Wellington Southern Community Laboratories	$32	$36	$0	$40	$31	($49)	$1	($27)
Total Top 10 Debtors	**$15,374**	**$6,731**	**$512**	**$713**	**$326**	**$291**	**$819**	**$5,982**