PUBLIC

AGENDA

Held on Friday 13 May 2022
Time: 9:00am
Zoom Meeting ID: 835 0269 8434

2DHB CONCURRENT BOARD MEETING

	Item	Action	Presenter	Pg
1.	**PROCEDURAL BUSINESS**			
1.1.	Karakia		All members	2
1.2.	Apologies	**NOTE**	Chair	
1.3.	Public Participation – Nil	**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 – 30 March 2022	**APPROVE**	Chair	9
1.6.	Matters Arising	**NOTE**	Chair	19
1.7.	Chair's Report and Correspondence	**NOTE**	Chair	
1.8.	Chief Executive's Report	**NOTE**	Chief Executive	20
1.9.	Board Work Plan 2022	**NOTE**	Chair	34
2.	**STRATEGIC PRIORITIES**			
2.1.	2DHB Strategic Priorities Update	**NOTE**	Chief Executive	35
3.	**DHB PERFORMANCE AND ACCOUNTABILITY**			
3.1.	HVDHB Financial and Operational Performance Report –March 2022	**NOTE**	Director Provider Services Acting Chief Financial Officer Acting Director Strategy, Planning and Performance	43
3.2.	CCDHB Financial and Operational Performance Report – March 2022	**NOTE**	Director Provider Services Acting Chief Financial Officer Acting Director Strategy, Planning and Performance	95
4.	**UPDATES**			
4.1.	2DHB COVID-19 and Winter Planning Update	***NOTE**	Chief Executive	
4.2.	2DHB People and Culture Report	**NOTE**	Director People and Culture	148
4.3.	2DHB Māori Health Strategies (Taurite Ora and Te Pae Amorangi) Update	**NOTE**	Director Māori Health	158
4.4.	2DHB Pacific Health and Wellbeing Strategy Report	**NOTE**	Director Pacific People's Health	167
4.5.	2DHB Data and Digital Report	**NOTE**	Chief Digital Officer	209
5.	**OTHER**			
5.1.	General Business	**NOTE**	Chair	
5.2.	Resolution to Exclude the Public	**APROVE**	Chair	220

Next concurrent Board meeting:
Date: Wednesday 22 June 2022, Location: Zoom, **Time:** 9am

**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

30/03/2022

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 • 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

13 MAY 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
Chris Kerr *Chief Nursing Officer 2DHB*	• Member and secretary of Nurse Executives New Zealand (NENZ) • Relative is HVDHB Human resources team leader • Relative is a senior registered nurse in SCBU • Relative is HVDHB Bowel Screening Programme Manager • Adjunct Teaching Fellow, School of Nursing, Midwifery and • Health Practice, Victoria University of Wellington

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

PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**MINUTES** Held on Wednesday 30 March 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

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Joy Farley	Director Provider Services
John Tait	Chief Medical Officer
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
Meila Wilkins	Board Liaison Officer

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

1.4 INTEREST REGISTER

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards **noted** the interest register.

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 – 16 FEBRUARY 2022

The Boards **approved** the minutes of the concurrent Board Meeting held on 16 February 2022.

	Moved	**Seconded**	
HVDHB	Keri Brown	Prue Lamason	**CARRIED**
CCDHB	Roger Blakeley	Kathryn Adams	**CARRIED**

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

- Interaction with the Minister and Ministry regarding financial and operational performance which has been very constructive. We are working with the Ministry's experts including Roger Jarrold who attended the Board meeting for items 3.1 and 3.2 and will also attend the next FRAC meeting on 27 April 2022.
- Noted the letter from Rob Campbell (Chair, interim Health New Zealand) dated 28 March 2022 – re Clarification of Board Annual Reporting and Audit Obligations.

1.8 CHIEF EXECUTIVE'S REPORT

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

Notes:
Acknowledged the staff across the DHBs and our partners through the latest Covid outbreak. As a region we have done well – and while there has been significant pressure we have benefited from the high rates of vaccination.

1.9 BOARD WORK PLAN 2022

PUBLIC

The Board **noted** the work plan for the remaining meetings.

2.0 STRATEGIC PRIORITIES

2.1 STRATEGIC PRIORITIES UPDATE

The Boards noted:

(a) Progress in relation to the implementation of the strategic priorities to be delivered in 2021/22 as we transition to the new health and disability system

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

	Moved	**Seconded**	
HVDHB	John Ryall	Ria Earp	**CARRIED**
CCDHB	'Ana Coffey	Kathryn Adams	**CARRIED**

Notes:

- Questioned raised in the discussion regarding our pro equity approach and where women fit in the work.
- An update was provided on the progress of our work with the Wainoumata locality .
- Concern raised that Kōkori Marae has not been engaged with. There has been a capacity issue but a process is in place and Kōkori will be engaged with as part of the process.
- Noted that there has been broad engagement with the community to inform and scope the work that Synergia Consulting is advising on regarding the priorities for investment and implementation.

3.0 DHB PERFORMANCE AND ACCOUNTABILITY

3.1 HVDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORT – FEBRUARY 2022

The Acting Chief Financial Officer presented.

The HVDHB Board noted:

(a) the DHB had a ($0.5m) deficit for the month of February 2022, being ($1.5m) unfavourable to budget;

(b) the Funder result for February was ($2.1m) unfavourable, Governance $0.03m favourable and Provider $0.6m favourable to budget;

(c) total Case Weighted Discharge (CWD) Activity was 2% ahead of plan year to date;

(d) at the end of February 2022, the DHB had a year to date deficit of ($8.8m), $0.14m favourable to the agreed budget of a ($9.0m) deficit;

excluding the unfunded COVID-19 costs year to date deficit is ($5.3m) which is $3.7m favourable to the agreed budget.

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

3.2 CCDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS – SEPTEMBER 2021

PUBLIC

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

The CCDHB Board noted:

(a) the DHB had a $1.6m surplus for the month of February 2022, being $2.1m favourable to the agreed budget;

(b) In February 2022 we incurred $2.5m additional unfunded expenditure for COVID-19;

(c) the total Case Weighted Discharge (CWD) Activity was 0.3% behind plan year to date;

(d) at the end of February 2022, the DHB had a year to date deficit of ($29.5m), ($9.0m) unfavourable to the agreed budget;

(e) excluding the unfunded COVID-19 costs the year to date of $16.9m the deficit is ($12.5m) which is $7.9m favourable to the agreed budget.

	Moved	**Seconded**	
CCDHB	Roger Blakeley	Kathryn Adams	**CARRIED**

Notes (for both reports)

Financial and Operational Perform

- Noted the month end results for February 2022.
- The presentation covered in detail the year end forecast.
- Covid revenue and costs – the majority of costs are very clear. Covid unfunded comprises: annual leave liability, IDF budgeted vs actual (when the flows impacted by lockdowns and the cost of mandates).
- Planned care not being delivered is a key risk in terms of performance and revenue. CCDHB has around 4000 (and HVDHB 2000) on the list as requiring surgical intervention. When the system is in balance the funding flows to match the care delivered. The system is currently not in balance because the ability to deliver is interrupted by Covid, vacancies and how we manage Covid/working with Covid (eg screening and discharge).
- The slides show our work in progress and relativities to other DHBs. We have come from a good starting place. The better we manage Covid the sooner we can reinstate our production plan which will help us recover (though this will be impacted by staff vacancies, accrued leave and we will still be managing for Covid). There are national discussions with the Ministry on the reset and recovery of planned care across the country.
- Workforce issues were discussed. Noted we are just under 50% vacancies at both sites for midwifery and 11% on nursing. Nationally there is not a secure pipeline for midwives, and the focus in on the maternity workforce generally. There is a national campaign for midwives – but there is also need for nurses and unregistered staff who work in this sector.
- The Ministry is watching all the DHBs regarding how they have approached Covid and the different approaches to Covid in terms of managing planned care and financial impact of catching up on waiting lists. CCDHB is working closely with the Ministry on the approach.
- Expect that the April result will be challenging because of the leave and statutory holidays
- Believe that the staff have forecast appropriately and that there is some headroom in the forecast because we will not be able to employ the additional headcount that is forecast across both DHBs.

PUBLIC

- The Ministry is pleased with Chief Executive and team and their openness and optimistic that we will come in on budget.
- Board requested that run-rates are closely monitored and covered at the FRAC and Board in the remaining months
- Normal flu (and RSV) preparations are in place and well underway for its impact through the winter.
- Managing coming out of the year as close to budget as possible but balanced with service delivery and clinical safety.

4.0 DECISIONS

4.1 HSC UPDATE AND ITEMS FOR APPROVAL FROM MEETING DATED 16/03/22

The Chair of HSC spoke to each of the items considered at the HSC meeting.

The Boards approved the following decision endorsed by HSC:

Item 2.2: Health Care Home, Localities and Networks Funding

Noted:

(a) The Health Care Home programme to transform primary care is in its sixth year of operation in CCDHB and its fifth year in HVDHB and has achieved significant population coverage and shown promising results.

(b) That the establishment of Community Health Networks has been identified as a solution to support the future sustainability in the CCDHB Long Term Investment Plan and as a key action within Taurite Ora. In HVDHB, in 2016, the Acute Demand Network and Alliance Leadership Team (Hutt INC) highlighted Community Integration as a priority area and endorsed the development of Neighbourhoods (now referred to as Networks) that geographically align primary, secondary and community services

(c) The principles driving the design and development of Community Health Networks and Neighbourhoods align closely with the strategic direction of the health and disability system reforms underway that seek to establish localities to plan and commission primary and community health services effectively and engage with communities at the appropriate level.

(d) Across our 2DHB's we are focused on aligning our approach to Locality and Network development and have been adapting our approach to planning and commissioning. As Health Care Home practices mature, our DHBs are investing the released funding in Locality and Network Development.

(e) The development and implementation of Localities and Provider Networks is a significant strategic programme of work that will require resourcing, to embed the new ways of working and to sustain the Network infrastructure.

Approved:

(a) The annual 2022/23 budget of $4,307,105 at CCDHB and $2,283,571 at HVDHB for the ongoing support of Health Care Homes and Localities and Network Development

(b) The continuation of the reinvestment over the next three years (until at least 2024/25) of Health Care Home funding into Localities and Network development as it is released from Health Care Homes.

PUBLIC

The Boards noted HSC received reports and noting recommendations on the following:

Item 2.1: 2DHB Localities Update

Noted:

(a) the 2DHB Localities work comes under the Commissioning & Communities focus area, which is part of the 2DHB Strategic Priorities.

(b) the 2DHB Localities presentation provided an update on the development of the localities in Porirua, Wainuiomata, and Kāpiti.

(c) The presentation included context about the health system reforms and shows how the Commissioning & Community localities work contributes to implementing the new health system.

Item 2.3 - 2DHB Maternal and Neonatal System Implementation Plan

Noted:

(a) that on recommendation from the Health System Committee, the 2DHB Boards approved the 2DHB Maternal and Neonatal System Plan on 1 December 2021 and requested a progress update on implementation at the Health System Committee and Board meetings in March 2022.

(b) the 2DHB Maternal and Neonatal System Plan outlines the actions that must be taken to realise evidence-based, pro-equity care across the maternal and neonatal care continuum.

(c) that implementation of the 2DHB Maternal and Neonatal System Plan is underway, with a detailed status update provided in Appendix 1.

(d) that a significant number of actions are anticipated to be delivered on time, within existing funding and resources.

(e) that there are some actions that will require additional investment to achieve, which presents a delivery risk as noted in section 7 of this paper.

(f) that obtaining funding to deliver the 2DHB Maternal and Neonatal System Plan will be a top priority in our contribution to interim Health New Zealand's 2022/23 investment planning process, and this will be actioned when interim Health New Zealand has articulated the pathway for new investment.

Item 3.1 – Regional Public Health Update: August 2021 – February 2022

Noted:

(a) The significant impact of the ongoing COVID-19 pandemic response on Regional Public Health's usual work programme, and on its workforce.

(b) The approach to reducing Food Insecurity in our communities building on the Fruit & Vege Co-op model.

Item 4.1 – CCDHB and HVDHB Non-Financial Performance Reports – 2021/22 Quarter 1 and Quarter 2

Noted:

(a) This report provides a summary from two key reports:

i. CCDHB's and HVDHB's Non-Financial Quarterly Monitoring Reports for Q1 (July – September 2021) and Q2 (October –December 2021) 2021/22.

ii. CCDHB's Health System Plan dashboard and HVDHB's Vision for Change dashboard for Q1 and Q2 2021/22.

(b) CCDHB's and HVDHB's Q1 results are similar to Q4 2020/21, achieving compliance for most indicators.

(c) CCDHB and HVDHB improved their performance ratings over Q1 and Q2 for the 'Youth Mental Health initiatives', 'Shorter Stays in Emergency Departments', 'Shorter waits for non-urgent mental health and addiction services'.

(d) For the 48 indicators rated by MoH in Q2, CCDHB received, 1 'Outstanding' rating, 26 'Achieved' ratings, 12 'Partially Achieved' ratings and 9 'Not Achieved' ratings. This is a significant improvement on CCDHB's Q1 result.

(e) For the 49 indicators rated by MoH in Q2, HVDHB received, 27 'Achieved' ratings, 14 'Partially Achieved' ratings and 8 'Not Achieved' ratings. This is similar to HVDHB's Q1 result.

(f) Specific action plans are in place to improve performance against the 'Not Achieved' performance measures, including strategies to improve our immunisation, faster cancer treatment, long term conditions, and smoking cessation advice results.

(g) Overall results for CCDHB and HVDHB demonstrate:

iii. a community health system delivering well for the majority of indicators with persistent pressure points posing challenges

iv. a hospital system working hard under increased demands from Covid-19 restrictions

v. a system under pressure with resources responding to the Covid-19 pandemic. .

(h) That recent changes, shortening the booster time frames and changing to 'red' under the traffic light system, have impacted the Q1 and Q2 2021/22 results, as some activities cannot be performed during lockdown and resources have also been temporarily diverted into swabbing and vaccination efforts. This will likely continue to impact performance in Q3 2021/22.

(i) CCDHB received an 'Outstanding' rating for improving the quality of identity data within the National Health Index (NHI).

	Moved	**Seconded**	
HVDHB	Prue Lamason	Keri Brown	**CARRIED**
CCDHB	'Ana Coffey	Kathryn Adams	**CARRIED**

Notes:

- Noted the papers and presentations discussed by the Health System Committee.
- Discussed the changes to the Health Care Homes programme and reallocation of funding to the localities work.
- Noted that the Committee had a lengthy discussion on the homecare support for people with disabilities and that an update will be provided as part of the Covid update.

5.0 UPDATES

5.1 2DHB COVID UPDATE

PUBLIC

The Director Transformation/SRO COVID-19 presented.

COVID Update for Board on 30 March :

	Moved	**Seconded**	
HVDHB	Ken Laban	John Ryall	**CARRIED**
CCDHB	Sue Kedgley	Kathryn Adams	**CARRIED**

Notes:

- Updated the current status report as at 28 March 2022. Noted the vaccination rates and variability in the booster uptake in the Māori and Pacific communities and the push to get these rates up to the general population rate. The trusted faces and places campaign supports a local community approach; however, this has to be balanced with the red light traffic restrictions and also the timing impact.
- Modelling update provided – the number of cases in the community suggest that there is more Covid in the community than shown as reported. The hospitalisation rate shows that we are past the peak. The data governance group is now working through indicators for covid in the community, what 2nd and 3rd waves might look like, and to model and plan for planned care with a degree of specificity. Hospitalisation rates are a better indicator of severity of the disease than the testing data.
- Hospital update as per Slide 9. Noted that the point of care testing is showing a decline in positives. This enables us to respond in real time.
- Update provided on the Community space noting that the quantitative data has not flowed through for the end of March. We have supplemented the data with weekly meetings and other avenues (such as our 3DHB 0800 number for our disability community and monitoring complaints).
- Infection rates in aged care facilities have lagged (as a result of infection control measures) but the staffing infection rate more closely mirrors the general population rate so now we are seeing staffing vacancies. During this period we have had to reach out to Whitireia Polytechnic to access the student populations and work across the system. The key learning is that there needs to be a whole-of-workforce approach (across hospitals and community). This will be worked on.
- We have done our very best to work with DSS and improve the planning and outcomes for the disability sector.
- Discussed risk and that COVID recovery has been identified as a strategic risk and that this planning work is underway in partnership regionally and nationally.
- Noted the need to respond to the email from Tristram Ingham dated 21 March 2022 regarding Tristram's concern that 'the DHB is not monitoring outcomes for priority populations'. Tristram requested that it was noted that the monitoring information was not available at that time. The Chair noted that we are using the data that we have to inform our plans and our learnings as we go including, and importantly, planning for the next phase.
- 'Next wave(s)' are a likely outcome based on the overseas experience.

5.2 3DHB SUSTAINABILITY STRATEGY UPDATE

PUBLIC

The Acting Chief Financial Officer introduced the report.

The Boards noted:

(a) the provided Environmental Sustainability update.

(b) the 2DHB light vehicle fleet transition plan and the associated constraints.

	Moved	**Seconded**	
HVDHB	Ken Laban	Josh Briggs	**CARRIED**
CCDHB	Roger Blakeley	Kathryn Adams	**CARRIED**

5.3 DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC) ITEMS FOR NOTING FROM COMMITTEE MEETING DATED 16 MARCH 2022

The Board noted:

(a) The papers are in the Diligent Board book for the DSAC meeting dated 16 March 2022

(b) DSAC received reports and passed the noting resolutions on items 2.1, 3.2, 4.1, 4.2, 4.3 and 5.1 as set out below.

(c) DSAC received report 3.1 (*Sub-Regional Disability Strategy 2017-2022 – Independent Review Findings*) and agreed to lay it on the table, to enable the Chair of DSAC to refine the wording of the resolutions for this item (based on what was proposed and discussed at the meeting) and circulate to members.

[At the time of publishing the Board agenda, proposed wording had been circulated to members but feedback had not been received from all members].

	Moved	**Seconded**	
HVDHB	Naomi Shaw	Ria Earp	**CARRIED**
CCDHB	‘Ana Coffey	Kathryn Adams	**CARRIED**

Notes:

- Noted the reports on Mental Health and Addiction and the continued expansion of early intervention measures and working with our community. Noted more capacity in mobile and afterhours service and those papers were well received.
- There is a lot of support for the work on the Disability Strategy but that for our disability community there are disappointments.
- The key issue is the ‘what next’.
- The Chair of the Committee noted it has been complex and there have been challenges. Highlighted that there is some nervousness with the future health system.
- Thanked the staff, WrDHB, representatives of SRDAG, Jack Rikihana (TUIMC), and those who have shared their personal experiences.
- Comments made that there has been pain within the disabled community and implore the leadership to re-engage with the community.

PUBLIC

6.0 OTHER

6.1 GENERAL BUSINESS

A Board member asked for further information about after hours GP services in Upper Hutt, following changes advised by the Upper Hutt Health Centre. It was noted that:

- The PHO Services Agreement requires general practices to provide primary care 24 hours a day, seven days a week, within 60 minutes travel time for people residing within the DHB area. General practices give effect to this requirement largely by participating in rosters at After Hours or Urgent Care centres to around 10pm at night and paying DHBs for services delivered through Emergency Departments overnight until 8am.
- Most practices in the Hutt Valley contribute to the roster at the Lower Hutt After Hours (Emergency Medical Services Ltd), based in Boulcott, Lower Hutt. The Silverstream and Upper Hutt Health Centres have previously elected to serve their enrolled patients directly with a combined roster. The venue for the delivery of this after-hours care was Upper Hutt Health Centre. The service was available specifically for patients enrolled with these practices, not the entire Upper Hutt Community.
- The Upper Hutt Health Centre has now committed to join the roster at the Lower Hutt After hours (approximately 20-30 minutes drive from the home practices) to fulfil their obligations under the PHO Agreement.
- The 2DHBs have an active work programme to improve access to the continuum of after-hours and urgent care across Wellington, Porirua, Kāpiti and the Hutt Valley. This work is considering the network of urgent care services, other after-hours care options, such as Practice Plus and access to community radiology alongside urgent care. This work will improve clinical outcomes, patient experience and financial sustainability and reduce pressure on our Emergency Departments.

6.3 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	**Seconded**	
HVDHB	Ken Laban	Prue Lamason	**CARRIED**
CCDHB	David Smol	Kathryn Adams	**CARRIED**

The public meeting concluded at 12.45pm.

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.

Chief Executive's Report

Prepared by: Fionnagh Dougan, Chief Executive

1 Introduction

This report covers the period from 16 March 2022 to 27 April 2022.

2 Communications and Engagement

2.1 External engagement with partners and stakeholders

As part of the Omicron outbreak we have continued our engagement with iwi, Māori providers, Pacific providers, primary health, community partners, councils, Regional Leadership Group partners, and government agencies regarding public health messaging, the COVID-19 Care in the Community programme and the ongoing vaccination campaign.

With winter around the corner we are now working with key partners and stakeholders on a wider winter wellness and immunisation focus. This includes continuing COVID vaccinations and anticipating a possible resurgence of COVID and other winter illnesses, and progressing key immunisation initiatives including flu and accerlerating MMR immunisations in younger, at risk people. We are working towards an integrated approach with the Ministry of Health, and progressing a national DHB communications campaign.

The other area of focus has been engagement with key partners on the transition to Health New Zealand and the Māori Health Authority which comes into effect on 1 July 2022. While much of the early engagement has been internal and with key sector parties, we will shortly engage more broadly with our partners, sakeholders, and ommunities about the transition.

2.2 External communications and engagement – press releases and pitches

DHB	Subject	Outlet / Channel
2DHB	Temporary closure of Kenepuru Community Hospital to general inpatient visitors.	Websites
2DHB	Update on the temporary closure of Kenepuru Community Hospital to general inpatient visitors.	Websites

2DHB	Notified that QR code scanning is no longer compulsory at our campuses, however screening remains in place.	Websites
CCDHB	Marked the handover of Te Wao Nui building to DHB ownership.	PR / websites
2DHB	Update on hospital COVID-19 readsiness and visitation.	Websites
2DHB	Information about the 2DHB COVID-19 Care in the Community model.	Websites
2DHB	Highlighted infrastructure improvements across the region's hospitals.	PR / websites
CCDHB	Marked the retirement of a long-serving midwife.	Websites
2DHB	Congratulated Ngāti Toa Rangatira and Tū Ora Compass Health PHO on being announced as key partners in the new locality approach for how healthcare will be delivered in Porirua.	PR / websites

2.3 External Engagement – Newstories

DHBs congratulate local providers' leadership in new locality model

Hutt Valley and Capital & Coast DHBs today welcomed the news that Ngāti Toa Rangatira and Tū Ora Compass Health PHO have been announced as key partners in the new locality approach for how healthcare will be delivered in Porirua.

"Our 2DHBs have had the privilege of working alongside both Ngāti Toa Rangatira and Tū Ora Compass Health PHO, and have seen the positive impact that they have brought to the communities they serve," said 2DHB Chief Executive Fionnagh Dougan.

Ngāti Toa Rangatira, Tū Ora Compass Health, and the 2DHBs are longstanding partners who have worked together for many years to support and improve the health of communities across the region.

These partnerships have been particularly important during the COVID-19 pandemic and were instrumental in the high vaccination rates achieved across Greater Wellington.

“Our 2DHBs have long recognised the value and importance of a locality model for healthcare. We already work in partnership with community leaders and providers to deliver locally coordinated services for the localities we identified for our region – Kāpiti, Lower Hutt, Wainuiomata, Upper Hutt, Porirua, and Wellington.

“As we become part of Health New Zealand and the Māori Health Authority we will continue our existing programme of work to provide ‘place-based’ services across our region, both in a community setting and in our hospitals.

We look forward to providing ongoing support to Ngāti Toa Rangatira, Tū Ora – along with our other valued partners – to create thriving and healthy communities that enable equitable outcomes in Porirua and other localities across Greater Wellington.”

Marking a milestone: new Wellington children’s hospital one step closer

Capital & Coast DHB (CCDHB) has entered a new phase of the journey to a new children’s hospital for the region, with practical completion of its new building now achieved.

Today benefactors Mark Dunajtschik and Dorothy Spotswood officially handed ownership of the new building to CCDHB, which will now take over its portion of works to outfit the hospital.

The DHB’s new child health service, Te Wao Nui, will be based in the Mark Dunajtschik and Dorothy Spotswood building and bring child health services from across Wellington Regional Hospital under one roof.

“Existing child hospital and outpatient services will all move into the new hospital, making it easier for different teams to communicate and work together,” said chief executive Fionnagh Dougan.

"The building was designed with the needs of tamariki and whānau in mind. Advantages include an increased number of ensuite bathrooms, and more single bedrooms, to provide more peace and privacy. Improvements like this will result in better experiences for children receiving healthcare."

A donation of $50million from Mr Dunajtschik in 2017 was the catalyst for this opportunity to create a purpose-built facility. The financial support provided by Mark, along with his partner Dorothy Spotswood, has resulted in the building being named after them.

"Mark and Dorothy's unprecedented generosity is deeply appreciated, and came at a critical time for our region."

Key content from our Stakeholder Pānui

A fortnightly newsletter to key stakeholders in our region, consisting of an Introduction and four sections; Our Direction, Our Community, Our Hospitals, and Our People.

Te Takiwā | Our Community

Influenza vaccine campaign kicks off

This year's influenza immunisation campaign began this month, with a view to maximise uptake of the vaccine particularly amongst those eligible for a publicly funded influenza vaccine.

Equity continues to be a focus for 2022, with the campaign developed to ensure that it reaches and resonates with Māori and Pacific populations, who have greater need (higher rates of pre-existing conditions) and routinely lower rates of vaccinations across all age groups. This will be done by taking a 'whānau-centred approach'.

In the context of the influenza campaign, this means supporting immunisation providers to consider the collective needs of the whānau when giving an influenza vaccination. For example, offering Measles Mumps Rubella (MMR) catch-ups to tamariki who have missed their vaccinations, whooping cough vaccine to hapū māmā, and COVID-19 boosters to whānau who are due for them.

Everything you need to know about the rollout is detailed in the 2022 Flu Kit, which is available here.

https://mailchi.mp/b25dd915c625/te-karere-hauora-ng-kaithono-our-partners-544336

Ngā Tangata | Our People

Overcoming barriers to communication

Nurse Educator Zoe Perkins recently reached out to the Disability Strategy team for guidance on caring for a Deaf consumer, Sean. To make sure the team could fully understand Sean, the Disability Equity team and a New Zealand Sign Language interpreter met with him to make a plan, establishing what would best enable and empower Sean while in the care of the hospital.

Read the full story here, to see how the Disability Strategy team's NZSL Lead Shannon Morris trained the clinical team on what to expect and how to resolve potential barriers.

https://mailchi.mp/182bf590897a/te-karere-hauora-ng-kaithono-our-partners-544360

Ngā Tangata | Our People

Pictured: Katrina Tandecki

Max Health Award Winner – Katrina Tandecki
Chief Pharmacist for Hutt Valley DHB Katrina Tandecki has won the Max Health Award at the annual NZ Hospital Pharmacists' Association conference.

Katrina competed in a "Shark Tank"- like competition at the conference, where she had to pitch an innovative pharmacy project idea in front of conference delegates and a panel of judges. Her idea was a mobile app called Pharmacy ClinacTrac, which is a quick, easy, and efficient tool to collect important clinical pharmacy key performance indicators.

Along with winning the award, Katrina won $3,000, which she plans to invest into further development of the app, with a view of potentially sharing it with other hospital pharmacy services in the future. Congratulations to Katrina on her award, and for her hard work in developing the app!

https://mailchi.mp/8616b15c1836/te-karere-hauora-ng-kaithono-our-partners-544368

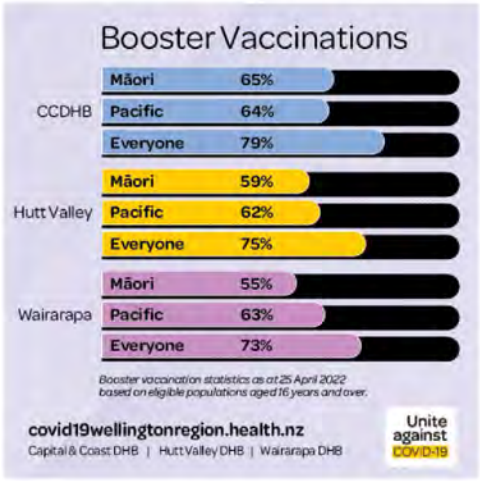
2.4 Health promotion campaigns

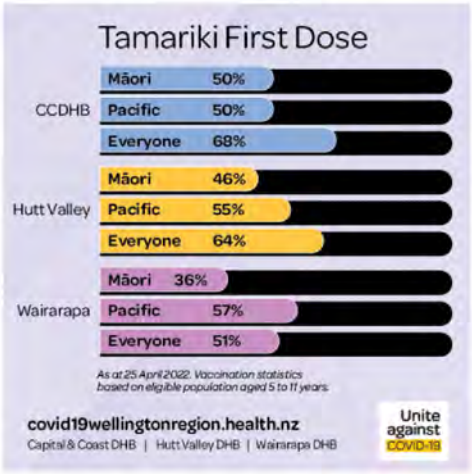
Vaccination programme highlights

Our People

Commissioning and Community

At 25 April, 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 has slowed, however, and more targeted communications and messaging efforts have been needed to counter misperceptions and answer concerns around the continued importance of getting vaccinated. To support more intensive efforts to reach unvaccinated people, messaging has focused on the importance of continuing the vaccination journey for maximum protection at the individual and community level, the increased capacity to accept walk-ins, and whole-of-whānau approach.

Mobile outreach continues. Kokiri have found targeting areas with a lower vaccination uptake to be successful, particularly when partnered with door knocking and kai packs. Ora Toa also started mobile outreach mid-April in the Porirua area.

We are working with the community and schools to encourage vaccination for children and boosters for 16 and 17 year olds as they become eligible. This includes looking at school clinic options in May 2022 for tamariki and *whānau.*

April school holiday events – tamariki and w*hānau* vaccinations

The April school holidays provided a great opportunity to promote events and to encourage tamariki and wh*ā*nau vaccinations. A range of events were held, including a Moana-themed event run by Pacific Health Services on 23 April in Lower Hutt to Easter themed days, Heroes Week and drive through clinics throughout the region.

Vaccination drive- through clinics were held at Ora Toa, Porirua and in Waiwhetū, Lower Hutt, offering a combination of COVID-19 vaccinations and the funded flu vaccine. These proved particularly popular for whanau groups. Ora Toa are planning to do a drive through event once a week and a Super Hero themed day on 13 May to encourage tamariki and whanau vaccinations.

Messaging has focused on how to prepare tamariki for vaccination, tips and FAQ, plus clinics that offer convenient after-school, weekend or school holiday times.

Care in the community

The greater Wellington region passed the first peak of the Omicron outbreak around mid-March and is now in the midst of what is predicted to be a long tail. The COVID-19 Protection framework was updated in late March and the country moved to Orange ahead of the Easter weekend and school holidays.

The level of followers for the 3DHB COVID-19 social media hub remains steady, with just under 9,000 followers at the end of April, highly skewed towards women. The 3DHB website continues to provide us with a useful platform to bring together the latest information, in particular when it comes to distilling a large amount of information. This is evidenced in the launch of an FAQs page, as well as separate pages on managing symptoms, community-provided isolation tips, and information for the disability community.

Easing of government restrictions such as mask, vaccination and vaccine pass mandates, as well as a broader variety of vaccination eligibility categories has made blanket messaging less effective. Feedback from our communities via social media and the spoke teams has highlighted specific areas of concern and gaps in general messaging such as dealing with ongoing symptoms and return-to-work testing requirements, as well as a general apathy towards COVID-19 messaging in general.

Our main focus has been 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. Many people are experiencing symptoms continuing for longer than the seven-day isolation period and concerned about long COVID-19.

Recent key messaging has been focused on highlighting not only what restrictions are changing but also reinforcing the importance of key prevention behaviours, as well as the need to take things slowly in recovery. As part of this we have looked to educate on the difference between ongoing symptoms and long COVID-19.

The next phase of the communications activities will be focused on finding more creative ways of getting the same messages across, including using the experiences and advice of people in our community, as well as the increased use of video and animation.

2.5 Social media views and stories

CCDHB impressions	HVDHB impressions	RPH impressions
Facebook: 680,667 Twitter: 13,042 LinkedIn: 18,481	Facebook: 239,609 Hutt Maternity Facebook: 3,231 Twitter: 1,715 LinkedIn: 7,992	Facebook: 28,879

2.5.1 Top social media posts

Our People

2.6 Website page views and stories

CCDHB	HVDHB	RPH	MHAIDS
185,433 page views	49,571 page views	17,225 page views	16,276 page views

Our websites continue to be a strong source of information to the public, with the pages most commonly visited shown below.

Top five webpages CCDHB

1. Covid-19 changes to our services
2. Exemption for face coverings
3. Careers with CCDHB
4. Wellington Regional Hospital
5. After hours and emergency care

Top five webpages HVDHB

1. Covid-19 information for visitors
2. Careers with HVDHB
3. Hutt Hospital campus map
4. Visitors
5. Covid-19 Community based assessment centres

Top five webpages RPH

1. COVID-19 FAQ's
2. COVID-19 Resources
3. Fruit and vege co-ops
4. Current illnesses
5. Ear van

Top five webpages MHAIDS

1. Child and Adolescent Mental Health Services (CAMHS and ICAFS)
2. Do you, or does someone you know, need help now?
3. Community Mental Health Teams (General Adult)
4. Central Region Eating Disorder Services
5. How to contact our services

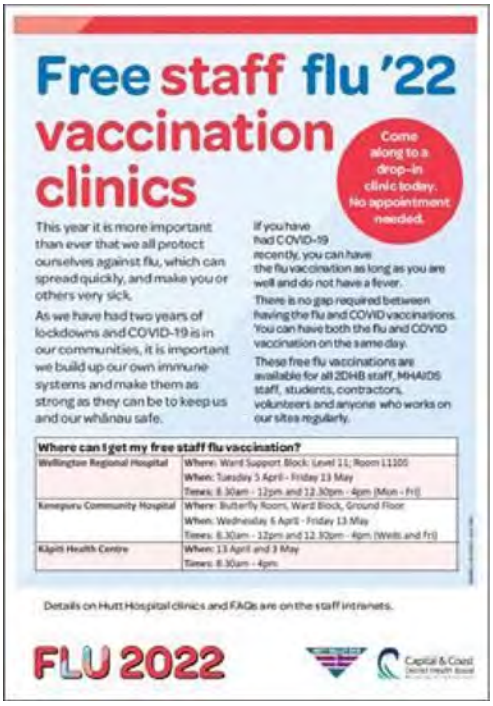
2.7 Internal Engagement and Communication

2.7.1 Intranet page views and stories

CCDHB	HVDHB
206,368 (March 28 – April 26)	215,858

2.7.2 Staff Posters

We displayed a range of posters for staff to highlight key work programmes, including flu 2022 clinic dates. We also advertised our latest edition of Health Matters, which is available for staff to read on the staff intranet with printed copies available in all clinical areas/staff rooms so everyone has access.



2.7.3 Top intranet stories

Our People

Hutt nurses and midwives get pampered

Hutt nurses and midwives were caught 'blushing' last Friday after 200 care packs filled with cosmetic goodies were delivered to Hutt Hospital in appreciation of their hard mahi.

To the delight of the nurses and midwives, they were generously pampered with care packs that contained products such as shampoos, conditioners, shower gels, body lotions, and anti-bacterial wipes.

Business owners Jackie Ham and Dale Laurent personally delivered the care packs with both saying it was a way of acknowledging the nurses for all they have done during the current pandemic.

"We just wanted to give back. When we thought who in the community would benefit from a care pack, we instantly thought the nurses, so we started with Hutt Hospital. It is a way of saying thanks to the nurses and midwives for taking care of us during this hard time. We are really hopeful it makes a difference for them."

You can read the full story on the HVDHB intranet.

Hutt Maternity champion midwife retires

Hutt Maternity recently farewelled one of their champion midwives Grace Pillay who has retired after 51 years in the business.

Grace, who first qualified as a registered nurse in 1971, and then as a registered midwife in 1974, has worked in multiple roles within that 51-year window, including in community, in hospitals, in primary birth, and in secondary birth.

"It has been a really difficult decision for me to leave. After 51 years of doing this I still have the passion for the job, but I feel like it is time to take things easier for myself."

Hutt Hospital Clinical Midwife Manager Elaine Newman said Grace would be sorely missed.

You can read the full story on the CCDHB intranet.

Music – the medicine for our wellness

They say music is the best medicine for the soul – It's something that unites and inspires us all.

We're excited to have renowned pianist Ludwig Treviranus jump on the keys to play some joyful, relaxing tunes for all 2DHB staff on Friday.

Ludwig, who originally hails from Upper Hutt, will be performing a live concert for all 2DHB staff in recognition of your hard mahi. The concert will be livestreamed and also recorded for you on Friday, April 8 at 2.30pm.

Although Ludwig does not work in health himself, he knows very well how situations like the current pandemic can affect wellbeing, with members of his family involved in the health sector. Therefore, Ludwig – who has toured with singing groups The Shades and Sol3 Mio, and worked with singers on TVNZ talent show 60 Seconds – has expressed his deep desire to perform for 2DHB staff to bring some wellness for all your souls.

Read the full story on the HVDHB intranet.
You can also listen to a recording of Luwig's live concert.

2DHB Board – Work programme for meeting on Wed 22 Jun 2022
Regular reporting
2DHB and MHAIDS Quality and Safety Report
2DHB Health and Safety Report
COVID-19 and Winter Planning Update
Financial and Operational Performance Reporting
Financial and Operational Performance HVDHB Report for May 2022
Financial and Operational Performance CCDHB Report for May 2022
Strategic Priorities
Strategic Priorities Overview (and 'handover' document – refer below)
Our Hospitals and the 2DHB Hospital Network Update
Committees
FRAC items for Board Approval from meeting dated 01/06/22
MCPAC update from meeting dated 1/06/2022
Annual Planning and Reporting
Annual Plan – N/A *Advice to each DHB: The 22/23 budget process will be run by interim Health New Zealand and the budgets for each entity amalgamating into HNZ will be agreed by the HNZ Board. These budgets do not get agreed by the outgoing DHB Boards.*
Annual Report - N/A
Transition to HNZ/MHA
Audit, risk and representation requirements (via FRAC as per letter dated 28 March 2022 from Rob Campbell, Chair iHNZ)
'Handover' to HNZ and MHA (form to be advised)
Other items
Procedural and Board process issues
Action log items and other
Recognition of last meeting
To be advised

Board Information – Public

13 May 2022

2DHB Strategic Priorities Update

Action Required

The Boards note:

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

(b) we are continuing 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.

Strategic Alignment	We will focus on moving as far as possible towards achieving equity, clinical excellence, and financial sustainability to ensure the needs of our populations are met 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, Acting 2DHB Director Strategy, Planning and Performance
Presented by	Fionnagh Dougan, 2DHB Chief Executive
Purpose	This paper updates the Boards on progress towards implementing the agreed strategic priorities in 2021/22 as we transition to the new health and disability system.
Consultation	N/A

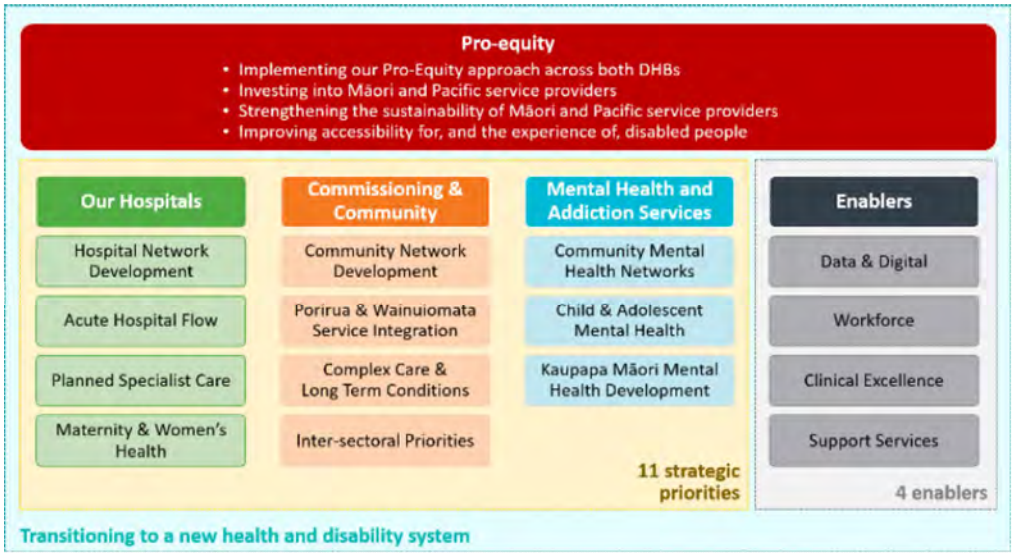
Executive Summary

Our DHBs are well positioned to support the planned changes to New Zealand's health and disability system. We have embarked on a transformation journey aligned with the direction and future of the wider health and disability system. Our focus remains on delivering equitable health outcomes and intensifying support for Māori, Pacific people and those living with disability, mental illness and addiction. We will:

- *accelerate work in focus areas that will support the plans of Health NZ and the Māori Health Authority.*
- *continue COVID-19 testing, vaccination efforts, Care in the Community and up-to-date public messaging*
- *continue to commission, fund, and deliver health outcomes for our local and regional population*
- *stop/pause some work that may duplicate efforts by other DHBs or national health organisations.*

This paper focusses on the first bullet point.

To support this transition, the Boards have agreed on the following strategic priorities and enablers to be delivered in 2021/22 as we transition to the new health and disability system.



The Maternity and Neonatal Health Strategy spans both the 'Our Hospitals' and the 'Commissioning & Community' workstreams.

Governance

To support the role of the Executive Leadership Team (ELT), there are three ELT-led Forums overseeing the Strategic Priorities work programme.

Implementing our Strategic Priorities

Work is progressing across key projects that sit under each of four workstreams required to deliver the strategic priorities. An update on each of the four workstreams is provided below.

Handover to Health NZ

It is anticipated that a 'handover' document to Health NZ will be provided to the Boards for approval at the 22 June 2022 meeting. This will describe our strategic priorities and outline what has been achieved and what is planned. This will also demonstrate how our work aligns with the priorities of Health NZ and Māori Health Authority (as signalled in the draft Health NZ Plan). Our work is particularly well aligned with the national focus on achieving equity and pae ora (healthy futures), strengthening primary and community care and developing localities, and reorganising and simplifying specialist and hospital service delivery.

In addition, as part of handover the Chief Executive of interim Health NZ and the Chief Executive of the interim Māori Health Authority will be meeting with our 2DHBs in late June 2022 to discuss the transition and key issues.

Risks

Our strategic priorities work programme is being progressed with risks activity managed through regular updates to ELT. The 2DHB risk assessment process is being updated and will be reported to the Boards separately.

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.
Governance	A governance structure to support implementation of the strategic priorities is established.

Workstream Updates

Mental Health and Addiction

Four main projects are underway and progressing well in spite of the challenges related to COVID-19. The community mental health and addiction services project aims to improve local service integration and achieve equity, particularly improving Māori mental health and addiction outcomes. A Māori Expert Advisory Group has been established to advise the Director, Māori Health, on the optimal service for whānau Māori that will ensure improved outcomes to whānau, hapu and Iwi Māori.

Concept design working groups were held late last year to test the piloting of community mental health and addiction hubs. Workshops have also been held this year with a range of stakeholders including lived experience, primary care, Māori, Pacific and NGOs. Data analytics have highlighted areas for investment focusing on Kaupapa Māori. Recommendations about the way in which we work in partnership across all services to ensure that we are able to meet the needs of the community have been endorsed by the Mental Health Commissioning Forum and a detailed implementation plan will now be developed.

These recommendations and the implementation plan will feed into work to implement the Porirua locality prototype, which is part of the Community & Commissioning work stream. The Mental Health & Addiction Services (MHAS) Team in the Strategy, Planning, and Performance directorate (SPP) is progressing our commissioning approach in the Porirua Locality prototype project, by identifying priority investment in Kaupapa Māori and Pacific services in partnership with the Mental Health, Addiction and Intellectual Disability Service (MHAIDS) Directors.

The Child and Adolescent Mental Health project has two work streams that complement one another. One, which will focus on improving equitable access and waiting times by strengthening the application of the Choice and Partnership Approach (CAPA).[1] Within this there will be a focus strengthening and developing the workforce. Alongside, there will be a concurrent project designed to improve integration between child and youth providers through the development of a stakeholder network.

Planning for the new acute mental health unit, Te Whare Ahuru, at Hutt Hospital is ready to commence, subject to the development of the Project Control Group by the Health Infrastructure Unit at the interim Health New Zealand. Work on the model of care to support the detailed design for the new unit will occur concurrently.

By the end of June 2022, we anticipate:

- a newly refined intake and assessment approach will be established to enable the timely and efficient management of referrals to MHAIDS
- that CAPA training and support will be provided across the Community Child and Adolescent Mental Health teams
- establishment of the child and youth providers stakeholder collaborative network
- an agreed model of service delivery and plan for investment for kaupapa Māori Mental Health and Addiction services
- a model of service delivery will be confirmed for Integrated Community Mental Health and Addiction Services, together with an implementation plan
- establishment of working group to develop the model of care for the new acute inpatient unit at Hutt Hospital.

Beyond June 2022 we anticipate:

- that we will continue to implement Living Life Well, the Mental Health and Addiction Strategy 2019-25

[1] CAPA introduces ways of working that increase the efficiency and quality of services by implementing systems to utilise resources effectively while keeping the service user at the heart of the process. This includes making sure that children, young people and their family/whānau are met in a timely fashion, listened to and respected, offered all options available, given opportunity to voice their views and are supported with their decisions.

- a focus on enhancing provision of peer support services
- the Access and Choice programme in primary care will continue with a phased expansion
- a continued focus on investing in Māori and Pacific NGO services to improve their sustainability
- World of Difference (disability awareness) training provided to Emergency Department staff
- the development of an investment proposal for acute mental health services for the deaf
- progress on the 'Information Communication Technology supporting Mental Health and Addiction Services' project, through to completion in 2023.
- completion of the design and build of the replacement acute inpatient unit at Hutt Hospital.

Community & Commissioning

The Community & Commissioning workstream includes work to ensure we are ready to support the development of localities in our region. The development of localities across New Zealand is a fundamental part of the reform of the country's health system. This place-based approach to planning and delivering health and wellbeing services will embed a stronger population health focus across the health system. It will support joined-up care, services that meet the needs of communities, locally driven decisions, and a greater focus on prevention and health promotion. The roll-out of localities will happen over the next two years.

The locality approach uses population-health analytics and community engagement to plan and deliver services with communities, in a way that enables local needs and preferences to be met. The voices of communities are essential to realise the potential of a localities model. DHBs, Health NZ and the Māori Health Authority are expected to be 'servant leaders' – where the role of a leader is to serve, with a primary focus on the growth and well-being of people and their communities.

Porirua

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). Ngāti Toa is leading the development of the Porirua locality prototype, with support from the DHB and Tū Ora Compass Health. Ngāti Toa has convened a leadership group that is meeting weekly to plan and arrange the back-office infrastructure necessary to progress implementation planning, including the recruitment of staff, arranging office space, and confirming financial arrangements.

Wainuiomata

With the knowledge of mana whenua, a small group from the DHB, PHO and Healthy Families Hutt Valley have been working on the foundational information necessary to support the implementation of a locality approach in Wainuiomata. They have undertaken initial stakeholder analysis and collected data to support a community asset mapping exercise. The initial analysis is being actively engaged with by mana whenua (who are focused on the COVID response currently) and other community partners for consideration of next steps. Mana whenua are keen to engage on the information through the Marae network once the current wave of COVID has passed. They have also stressed the importance of early engagement with Kokiri Marae, noting how working on Covid responses has supported development of the relationships within the area. We have strong operational links with Kokiri Marae, and initial discussions with them on the design and implementation of a localities approach have been scheduled.

Mana whenua have requested that the initial analysis includes Naenae, Taita, Stokes Valley and Upper Hutt. The DHB has seconded a project lead to Te Atiawa. This is strengthening our partnership relationship and is increasing the ability of the Iwi to leverage the foundation work and lead future action towards a full localities model.

The establishment of the local Iwi Māori Partnership Board (IMPB), with representatives from the three local Iwi, is an important milestone as we progress to the new health reform structures. The IMPB will have an important role to play in determining the boundaries of the localities within their rohes.

In April the thinking to date was presented to the Healthy Families Hutt Valley Senior Leadership Group, which includes senior level representation from the DHB, mana whenua and other community representatives, Te Awakairangi Health Network, Sport Wellington, two councils (Upper and Lower Hutt), the Ministry of Health, and the Ministry of Education. The presentation was well received with partners on that forum noting the alignment with approaches across education and councils. The working group has reviewed the Collective Impact framework used to underpin the development of a number of Whānau Ora models nationally and we are working

with the Healthy Families team to develop training workshops for all partners on this approach. A detailed plan setting out the resources available is being developed to ensure that locality and network development are prioritised across the Hutt Valley area in 2022/23.

Kāpiti and Wellington

In partnership with Te Ātiawa Ki Whakarongotai and Tū Ora Compass Health, the Kāpiti Community Health Network has continued to develop and strengthen relationships. The Kāpiti Network has a well-developed work programme and this is progressing to plan. A key development in the last six months has been the work undertaken to develop a local outcomes framework for Kāpiti recognising the importance of using shared outcomes to inform priorities and monitor progress. Plans for community network and locality development in Wellington are in the early stages, with recruitment underway so that we can complete the first stages of stakeholder engagement and develop robust plans for taking this forward in 2022/23.

Community After Hours Urgent Care and Radiology

For some time stakeholders across the Wellington region have explored options to enhance the provision of urgent and afterhours care. CCDHB and HVDHB commissioned a review into afterhours accident and medical services across the two districts in late 2020. As part of this review, interviews with key stakeholders working in after hours medical services and after hours pharmacy were undertaken to understand the landscape, challenges, and opportunities to address these. Additionally, interviews we held with primary care practices and hospital teams to highlight the pressures patients were experiencing in the community. The resulting report in February 2021 concluded:

> *Patients' past experience of not being able to get a same day appointment, cost barriers, limited extended hours at their own practice and the convenience of a 24 hour A&M service that is heavily subsidised (at least at Keneperu) makes changing custom and practice difficult. Unfortunately, this custom and practice is also likely to lead to poor continuity of care with single issues addressed rather than comprehensive care and follow up for those most in need. Addressing these issues is complex and will require a dedicated commitment from the DHB and stakeholders (including patients and community) to develop new models of service to address improved access both in daytime and afterhours.*

We have commissioned Synergia to build on the previous work to date, undertake more detailed analysis, and develop options for further stakeholder engagement. Synergia has finalised its first phase report, which was a desktop exercise building on previous work. Phase 2 is underway and involves more comprehensive analysis and stakeholder engagement to develop proposals to inform business cases for investment. Our next step for this piece of work is for the DHB and Synergia to develop an engagement process that is transparent between all parties and will include specific workshops with stakeholders representing Māori, Pacific, and Disability communities.

By the end of June 2022, we anticipate:

- providing support to Ngāti Toa to progress implementation of the locality approach in Porirua
- an implementation plan to re-commission and improve the model of accident and medical care, and community radiology services
- roll out of the 'World of Difference' organisation-wide staff education programme to enhance understanding of disabilities
- providing better support for health professionals and people with lived experience of family violence.

Beyond June 2022, we anticipate:

- extending Māori and Pacific provider roles in the management of long term conditions, immunisations and screening (as a result of the additional opportunities created through our response to COVID)
- strengthening the development of Porirua as a locality, in partnership with Ngāti Toa and Tū Ora Compass
- supporting the development of a localities approach in Wellington and Hutt Valley, with detailed locality analysis and engaging with our partners.

2DHB Maternity and Neonatal Health

The 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 & families, and disabled women and babies with impairments.

A detailed Implementation Paper was presented to the Health System Committee on 16 March. A summary was provided as part of the Committee Chair's update to the Board. Accomplishments to date:

- the appointment of three Equity Leads (Hauora Māori, Pacific Health, and Disability) to provide leadership across the Plan, including the Culturally Responsive Care and Enabling Care workstreams
- the establishment of a Steering Group that includes external members to provide governance as well as ongoing community voice in the implementation phase of the Plan
- contracting a new provider for Pēpē Ora website to develop a 3DHB web resource for families and providers to improve access to DHB and community maternity and neonatal services, and enable families to make informed decisions about their care
- supporting LMC midwives who have had increased demand for homebirth, by providing sterile equipment packs, consumables, and other resources.
- engaging the Community Midwifery Teams at Hutt Valley and CCDHB to begin to envision what a different model of care could look like.

By the end of June 2022, we anticipate:

- having a redesigned Pēpē Ora website providing "one stop shop" for maternity and baby/family information across the region
- a prototype developed for a new model of care to improve continuity of care, accessibility and cultural responsiveness of community midwifery teams
- completed service design for Hapu Whanau community hubs, including new professional roles, Kaiawhina role, and enhanced emotional wellbeing for families
- enhanced physiological birth pathways and environments for families birthing in-hospital
- programme of workforce education for culturally responsive and enabling maternity and neonatal care
- a plan to implement the Maternity Clinical Information System for the 2DHB maternity and neonatal system.

Beyond June 2022, we anticipate:

- the 2DHB configuration of maternity and neonatal facilities will be confirmed, including primary, secondary and tertiary services, and including the development of business plans required for additional improvements and/or new facilities (likely to commence before June, completion September 2022)
- the transitional model of care for newborns needing additional support will be confirmed in both hospitals, including facilities requirements
- business plans for additional resourcing developed for:
  - implementing the Hapu Whanau community hub
  - the recruitment/retention of Māori and Pacific LMC midwives
  - extending travel and accommodation support for families who have to travel for care
  - access to free ultrasound anatomy scans in HVDHB
  - lactation support service for families who have a baby in SCBU (HVDHB).

Our Hospitals

Our Hospitals Forum oversees the management of the two programmes - Hospital Network Development and Planned Care. Planned care is focused on ensuring we provide safe, quality, complex and specialist care that achieves equity of access and outcomes. 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. Within these programmes are 10 projects.

All projects are progressing with risk being actively managed in our constrained COVID-impacted environment. Overall planned care at both DHBs is behind schedule and recovery trajectories are complicated by access to workforce and private capacity. The Front of Whare project and business case have an ambitious timeline and resources are being fully prioritised to these projects to ensure delivery. This project will increase flow and capacity within WRH ED and acute assessment areas to ensure people are able to receive timely access to assessment, treatment and discharge/admission. The impact is a pause on the Master Site Planning and Bed & Theatre capacity projects until other resources are secured. Recruitment is well underway.

A final update on the 'Our Hospital' workstream will be provided to the Boards in June.

By the end of June 2022, we anticipate:

- the new ENT/Audiology clinic to be opened
- responses to our request for proposals (RFPs) for 'CT on the truck' (a mobile unit that will improve access to CT scans in high need locations) will be completed and enable us to plan our next steps
- delivery of Planned Care volumes as close to plan as COVID-surge planning allows, with utilisation of outsourcing contracts as capacity is available
- delivery of the Indicative Business Case for Front of Whare.

Beyond June 2022, we anticipate:

- a continued focus on recovery planning and increased service delivery as we move through COVID surges and enter recovery phases
- the development and delivery of the Detailed Business Case for Front of Whare
- the development of Business Case for Bed & Theatre Capacity across our Hospital Network
- Master site planning for the three hospital sites.

Enablers

Enablers support the Strategic Priorities Work Programme through:

- *Clinical Excellence* to transform quality of care and lead purposeful innovation
- *Data & Digital* systems that support our patients and workforce, and inform service design and strategic decision-making, to improve health outcomes and achieve equity
- *Finance, Facilities, and Business Support* to maximize the use and distribution of resources to achieve equitable outcomes
- *Workforce and Organisational Culture* that supports our workforce to achieve equity outcomes.

By the end of June 2022, we anticipate:

- our 2DHB clinical board and 2DHB clinical governance sub-committees will be well established
- processes will be standardised across 2DHBs in improvement, innovation and adverse events
- the consumer advisory group at HVDHB will be well established, with strong ties to the group at CCDHB, and consumers will increasingly have an integral role in many projects and committees across both DHBs
- our Data & Digital work programme will continue 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
- through Workforce and Organisational Culture initiatives, we will be continue 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)

- cultural safety training for all staff will continue to be implemented
- Te Wao Nui, the new children's hospital, will be supporting staff education and development initiatives
- our business case will be completed for a larger, redesigned Emergency Department that will enable contemporary models of care and reduce patient wait times.

Beyond June 2022, we anticipate:

- a focus on supporting our people through the transition to NZ Health with 'Change Readiness' initiatives and workshops
- supporting our workforce to transition to Health NZ, and the transition from the pandemic response to a "new normal"
- providing practical ongoing support for leaders to help their continued reflection, learning, and practice improvement to effectively drive holistic staff wellbeing
- a continued focus on staff training and development to support both personal physical and psychosocial safety
- strengthening the identity and functions of the centre of clinical excellence (CoCE) with two main areas of focus for the second half of 2022: the development of a 2DHB innovation hub with governance provided by the CoCE, and preparing for a full certification audit across 2DHBs in September
- a focus on implementing digital people systems to support staff attraction and retention, and equity outcomes, while allowing alignment and integration with the wider transition programme.

Next Steps

The update on each of the four workstreams will be included the 'handover' document to Health NZ, which will be provided to the Boards for approval at the 22 June 2022 meeting.

Board Information – Public

27 April 2022

HVDHB Financial and Operational Performance Report – March 2022

Action Required

The Hutt Valley DHB Board notes:

(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;

(c) 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.

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 all direct DHB COVID-19 response costs in 2021/22, some indirect costs remain and are being worked through. The Ministry has asked DHBs to separately report 'unfunded' COVID-19 impacts for 2021/22.

- For the nine months to 31 March 2022 the overall DHB year to date result, (including COVID-19) costs is a ($8.3m) deficit, this is $3m favourable to the agreed budget deficit of ($11.3m).
- The DHB has identified additional 'unfunded' COVID-19 related expenditure of $1.1m year to date that is being worked through with the Ministry.
- Key underspends in the provider include; Allied Health and Management & Admin personnel offset by reduced IDF inflow.
- Key underspends in the funder are demand driven costs including; ARC, Mental health contracts, other external provider payments and IDF outflow off set by overspends on community pharmaceuticals of ($2.2m).
- The March month includes a change to the IDF inflow and outflow for August and September to match budget in line with the agreement for planned care. This has improved the position by $1.2m.
- 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 March 2022 was $9m with $45.1m 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 $23.1 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 financial years to line up with forecast expenditure.

Hospital:

- The impact of COVID-19 response for the newer variant Omicron saw our plans for service delivery alongside our COVID reality in full operations. Many hospital programme deliverables and service delivery took second place to these demands.
- 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, data inaccuracies, workforce, the bed request process, speciality referrals and flow out processes. We will take the learnings from COVID into the project.
- We protected our planned care funding schedule as much as we could however acute care, non deferrable surgery and cancer care was the focus of most activity this month. As we head into April overall planned care delivery was sitting at 70%. We are putting in place forecasting around service delivery and likely impact of COVID to be able to track the impact and be as responsive as we can to changing hospital response levels in our COVID framework.
- Continued intractable workforce shortages 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.

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 waiting the Minister's announcement on the Porirua Prototype. Engagement has begun on the Lower Hutt/ Wainuiomata community centred on an analysis of health need categorised by people, place and investment.
- HSC and Boards have endorsed the application of existing Health Care Home funding to support Locality Development

- 2DHB Community Health Networks
  - Strengthen Kāpiti Community Health Network. New members are in the process of being appointed.
  - Develop Community Health Networks in Wellington and the Hutt Valley
  - Allied Health Integration
  - Community Accident and Medical redesign/ Community Radiology redesign. We have received the Synergia report and are at the early 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 81 below plan year to date.
Financial	Planned deficit for HVDHB is ($16.8) million with a forecast of ($16.4) million, $400k positive against plan.
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	Major (no

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating
				payment impacts)	operational impacts)

Attachment

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

Monthly Financial and Operational Performance Report

For period ending
31 March 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, with these being considered outside the DHB's responsible deficit and budgets.

- For the nine months to 31 March 2022 the overall DHB year to date result, (including COVID-19) costs is a ($8.3m) deficit, this is $3m favourable to the agreed budget deficit of ($11.3m).
- Excluding the unfunded COVID-19 expenses the DHB's result for the nine months to 31 March 2022 is a ($7.2m) deficit, which is $4.1m favourable to the agreed budget. Additional unfunded COVID-19 related expenditure is $1.1m year to date.
- Key underspends in the provider include; Allied Health and Management & Admin personnel offset by reduced IDF inflow.
- Key underspends in the funder are demand driven costs including; ARC, Mental health contracts, other external provider payments and IDF outflow off set by overspends on community pharmaceuticals of ($2.2m).
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- Capital Expenditure to 31 March was $9m with $45.1m remaining including projects that were delayed, projects funded by MoH and funding which has been transferred into this financial year.
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Executive Summary (continued)

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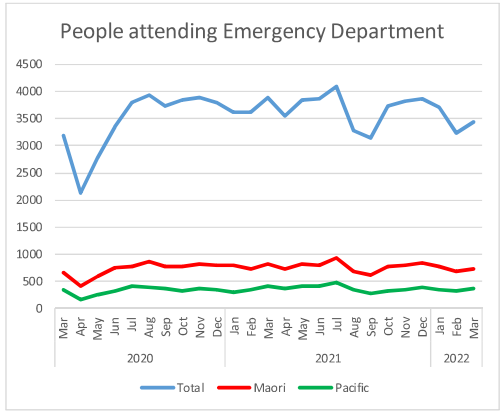
Funder: In this report we have highlighted key areas of performance with a focus on our core services and achieving equity. These highlight significant need for improved service delivery and a pro-equity commissioning approach which is being led by the Community Commissioning Forum as part of the 2DHBs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

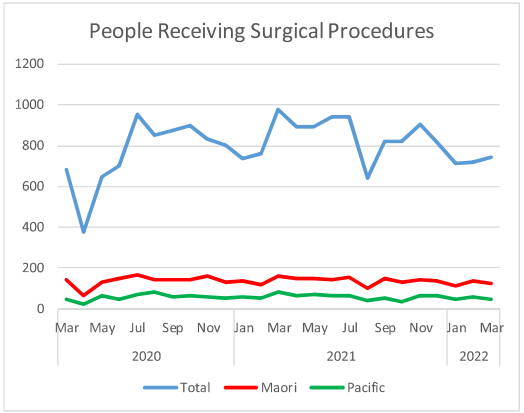
- Complex Care and Long Term Conditions
  - Improve access and reduce inequities for Maori and Pacific
- Locality Services Integration
  - We are waiting the Minister's announcement on the Porirua Prototype. Engagement has begun on the Lower Hutt/ Wainuiomata community centred on an analysis of health need categorised by people, place and investment.
  - HSC and Boards have endorsed the application of existing Health Care Home funding to support Locality Development
- 2DHB Community Health Networks
  - Strengthen Kāpiti Community Health Network. New members are in the process of being appointed.
  - Develop Community Health Networks in Wellington and the Hutt Valley
  - Allied Health Integration
  - Community Accident and Medical redesign/ Community Radiology redesign. We have received the Synergia report and are at the early 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

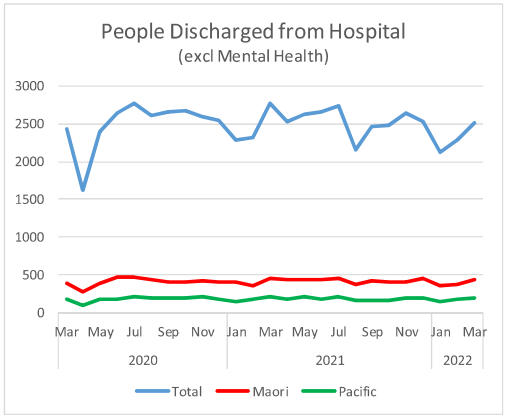
Performance Overview: Activity Context (People Served)

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	**3,438**	736 Maori, 360 Pacific
People receiving Surgical Procedures	**742**	122 Maori, 49 Pacific
People discharged from Hospital (excl Mental Health)	**2,513**	431 Maori, 184 Pacific







Performance Overview: Activity Context (People Served)

People seen in Outpatient & Community

6,756

1,398 Maori, 620 Pacific

Primary Care Contacts

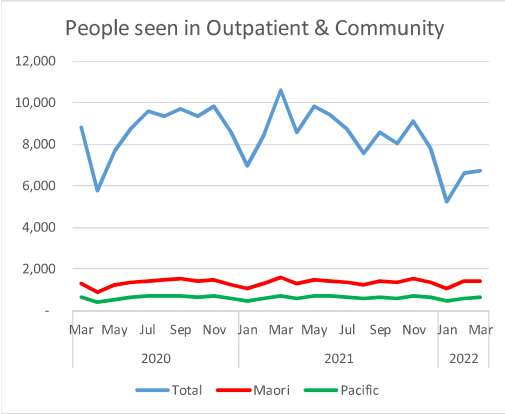
46,884

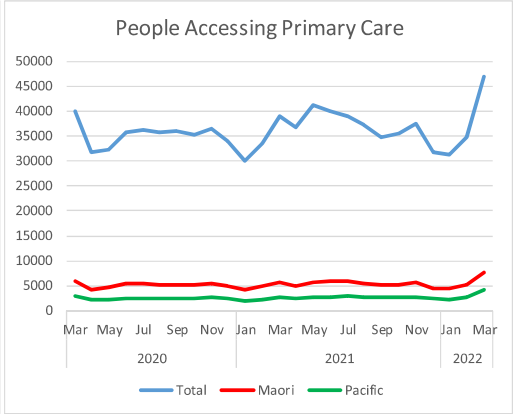
7,711 Maori, 4,064 Pacific

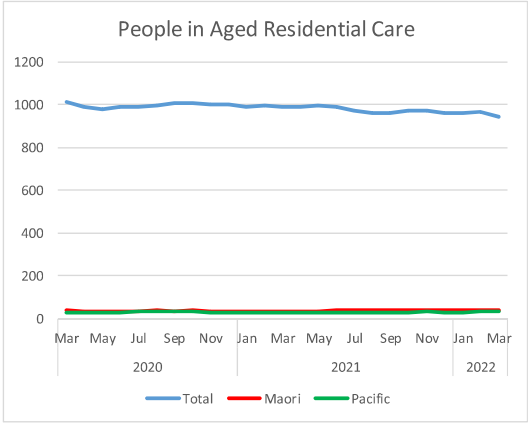
People in Aged Residential Care

947

38 Maori, 32 Pacific







Financial Overview – March 2022

YTD Operating Position	YTD Provider Position	YTD Funder Position	YTD Capital Exp
$8.3m deficit	$1.0m Deficit	$8.0m deficit	$7.1m
Against the budgeted deficit of $11.3m.	Against the budget deficit of $1.6m.	Against the budget deficit of $9.7m.	Compared to a maximum budgeted spend of $39.3m

YTD Activity vs Plan (CWDs)	YTD Paid FTE	Annual Leave Accrual
1% ahead	1,846	$23.3m
139 CWDs over PVS plan at end of Mar. IDFs were 277 CWD below budget at the end of the month	YTD 80 FTE below annual budget of 1,928 FTE.	This is a increase of $0.7m on prior period.

Hospital Performance Overview – March 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
83%	1,344	866	100%
12% below the ED target of 95%, and similar to March 21	Against a target of zero long waits a monthly increase of 77.	Against a target of zero long waits a monthly decrease of 166	We were over the 62 day target this month. The 31 day target was also achieved at 88.9%

YTD Activity vs Plan (CWD)	YTD Standard FTE	Serious Safety Events
1% ahead	1,840	0
139 CWDs over PVS plan at end of Mar. IDFs were 277 CWD below budget at the end of the month	79 below YTD budget of 1,919 FTE. Month FTE was 86 under budget an upwards movement from February of 1.5 FTE.	An expectation is for nil SSEs at any point.

Section 2

FUNDER PERFORMANCE

Executive Summary – Funder

- Overall the funder has a favourable variance to budget of $2.3m for the month and $1.7m year to date.
- Community pharmaceuticals are over budget year to date by ($2,212k) which reflects the increased dispensing fees and timing of pharmacies claims being requested and processed.
- Mental Health costs are over budget for the month and under year to date reflecting timing of contracts which will be rectified with the acute care continuum investments come on stream.
- The IDF outflows are under for the month by $2,266k including a one off favourable adjustment of $388k relating to August and September and year to date under by $3,073k.
- In this report we have also highlighted key areas of performance with a focus on our 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 waiting the Minister's announcement on the Porirua Prototype. Engagement has begun on the Lower Hutt/ Wainuiomata community centred on an analysis of health need categorised by people, place and investment.
    - HSC and Boards have endorsed the application of existing Health Care Home funding to support Locality Development
  - 2DHB Community Health Networks
    - Strengthen Kāpiti Community Health Network. New members are in the process of being appointed.
    - Develop Community Health Networks in Wellington and the Hutt Valley
    - Allied Health Integration
    - Community Accident and Medical redesign/ Community Radiology redesign. We have received the Synergia report and are at the early 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

Funder Financial Statement – March 2022

DHB Funder (Hutt Valley DHB)
Financial Summary for the month of March 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										
39,641	39,837	(196)	38,586	1,055	Base Funding	356,767	358,529	(1,762)	341,312	15,455	475,689	478,038	(2,349)	455,083	20,607
3,472	2,411	1,061	2,730	742	Other MOH Revenue	32,935	21,699	11,236	24,816	8,119	43,904	28,932	14,972	34,030	9,874
118	26	92	95	23	Other Revenue	319	230	89	612	(293)	390	307	83	733	(343)
10,006	9,557	450	9,697	309	IDF Inflows	85,623	86,009	(386)	84,411	1,212	114,298	114,678	(380)	111,945	2,354
53,237	**51,830**	**1,407**	**51,107**	**2,130**	**Total Revenue**	**475,644**	**466,466**	**9,178**	**451,151**	**24,493**	**634,282**	**621,955**	**12,327**	**601,791**	**32,491**
					Expenditure										
349	349	0	386	37	DHB Governance & Administration	3,047	3,137	90	3,500	453	4,093	4,183	90	4,652	559
22,106	21,391	(715)	22,042	(64)	DHB Provider Arm	198,562	192,517	(6,046)	189,698	(8,864)	263,321	256,689	(6,632)	252,732	(10,589)
					External Provider Payments										
2,876	2,989	113	2,948	71	Pharmaceuticals	30,831	28,620	(2,212)	30,573	(258)	41,006	38,057	(2,949)	37,162	(3,844)
4,520	4,413	(107)	4,353	(167)	Laboratory	39,992	39,859	(132)	39,482	(510)	53,302	53,169	(132)	52,577	(725)
2,675	2,684	9	2,583	(92)	Capitation	24,117	24,160	43	23,448	(669)	32,171	32,214	43	31,021	(1,150)
1,342	1,264	(77)	1,071	(271)	ARC-Rest Home Level	11,347	11,155	(192)	10,330	(1,018)	15,051	14,858	(192)	13,871	(1,180)
2,024	2,009	(15)	1,903	(121)	ARC-Hospital Level	17,096	17,717	621	16,292	(805)	23,059	23,599	540	21,727	(1,332)
2,886	2,803	(83)	2,132	(754)	Other HoP	25,435	25,226	(209)	22,644	(2,792)	34,406	33,635	(770)	30,333	(4,073)
1,112	1,022	(89)	1,318	207	Mental Health	9,008	9,199	191	8,735	(274)	12,350	12,265	(84)	11,898	(452)
2,230	1,857	(374)	1,515	(715)	Other External Provider Payments	19,366	16,690	(2,676)	18,938	(427)	27,616	23,403	(4,214)	25,067	(2,549)
9,726	11,991	2,266	9,293	(432)	IDF Outflows	104,848	107,921	3,073	82,817	(22,031)	141,582	143,894	2,313	108,813	(32,769)
51,846	**52,772**	**927**	**49,544**	**(2,302)**	**Total Expenditure**	**483,650**	**476,201**	**(7,449)**	**446,457**	**(37,193)**	**647,955**	**635,967**	**(11,988)**	**589,851**	**(58,103)**
1,391	**(943)**	**2,334**	**1,563**	**(172)**	**Net Result**	**(8,006)**	**(9,735)**	**1,729**	**4,694**	**(12,700)**	**(13,673)**	**(14,012)**	**339**	**11,939**	**(25,612)**

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 ($196k) to budget for the month.
- Other MoH revenue is favourable $1,061k for March.
- IDF inflows $450k favourable based on information available.

Other MOH Revenue Variance	MTH $000's	YTD $000's
Capitation Funding	14	216
COVID-19 Funding	221	3,592
COVID-19 Comm. Pharmacy from balance sheet	-	740
2020/21 Planned Care	-	(111)
2021/22 Planned Care	0	205
Additional Immunisation funding	25	55
Nurses' MECA Funding	260	6,201
IBT - rest breaks	88	98
Pay equity LCI Adjustment	-	-
Crown funding agreements		
B4 School Check Funding	0	(31)
Additional Immunisation funding	25	55
More Heart and diabetes checks	(5)	(49)
Additional School Based MH Services	35	(43)
Maternity Quality and Safety Programme	(0)	100
Rheumatic Fever / Healthy Homes	55	(315)
Midwifery Clinical Coaches and Return to Practice Pro	8	75
Pilot Alert Programme	(7)	(67)
B4SC Active Families	86	49
Tobacco Control	(12)	(77)
Well Child/Tamariki Ora Services	89	134
Other CFA contracts	20	(4)
Year to date Variance $000's	**862**	**11,037**

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 $113k for March.

Capitation expenses are $9k favourable for the month.

Aged residential care costs are $92k favourable for the month.

Other Health of Older People costs are unfavourable by ($83k) for the month and ($209k) YTD.

Mental Health costs are unfavourable ($89k) for the month.

Other External Provider Payments are ($374k) unfavourable for the month including the IDF budget reduction and COVID-19 costs offset by revenue.

IDF Outflows are favourable $2,266k for the month based on available information.

Inter District Flows (IDF)

IDF Wash-ups and Service Changes March 2022			
IDF Outflows $000s	Variance to budget		
	Month	YTD	Forecast
Hawkes Bay - Alcohol & Drug inpatients	(1)	(5)	(6)
CAP - Mental Health	(62)	(104)	(169)
CAP - Measles CFA	-	(211)	(211)
Wash-ups			
2021/22 Outflows - inpatient	715	2,052	2,835
2021/22 PHO	-	(131)	(131)
2021/22 Outflows - outpatient	421	421	421
2021/22 Outflows ATR	480	480	480
2021/22 Outflows - PCT	712	712	712
21/22 FFS GP services	-	21	21
2020/21 Outflows wash-ups	-	(161)	(161)
Rounding (timing) differences	-	-	-
IDF Outflow variance	**2,266**	**3,073**	**3,791**

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 $450k favourable for the month including a one off adjustment for August and September of $808k.

IDF Outflow (expense):

- Based on the data available, overall IDF outflows are favourable for the month $2,266k, favourable YTD $3,073k including the impact of COVID-19 lock down, a one off adjustment for August and September and current year wash-ups.

Commissioning: Families & Wellbeing

What is this measure?

Babies and children

- 90% of babies living in a smokefree home at 1st WCTO Contact
- 90% of infants receive all WCTO core contacts in first year of life
- 95% of children fully immunised at 8 months

Why is this important?

The early years of life set the foundation for lifelong health and wellbeing:

- Reducing infant exposure to smoking requires integrated approaches between maternity, community and primary care and a focus beyond maternal smoking to the home and whānau environment.
- Immunisation rates at age 8 months are a measure of timely protection against whooping cough and other vaccine-preventable diseases.
- The WCTO programme is a package of universal health services offered free to all New Zealand families/whānau for children from birth to 5 years.

How are we performing?

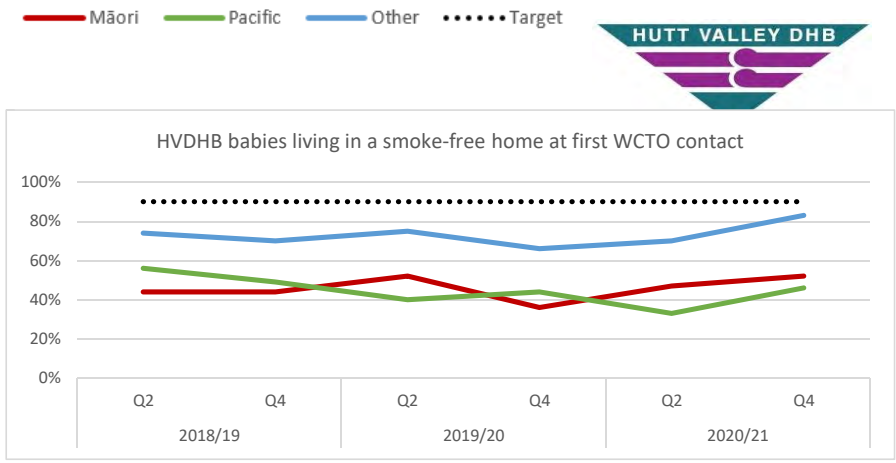
- Performance is below the 90% target for smoke-free homes for Māori (52%), Pacific (46%), and non-Māori, non-Pacific (83%).
- Performance is below the 90% target for WCTO Core Contacts in first year of life for Māori (39%), Pacific (47%), and non-Māori, non-Pacific (53%).
- Performance is below the 95% target for 8 month immunisation for Māori (83%) and Pacific (90%), and at target for non-Māori, non-Pacific (95%).

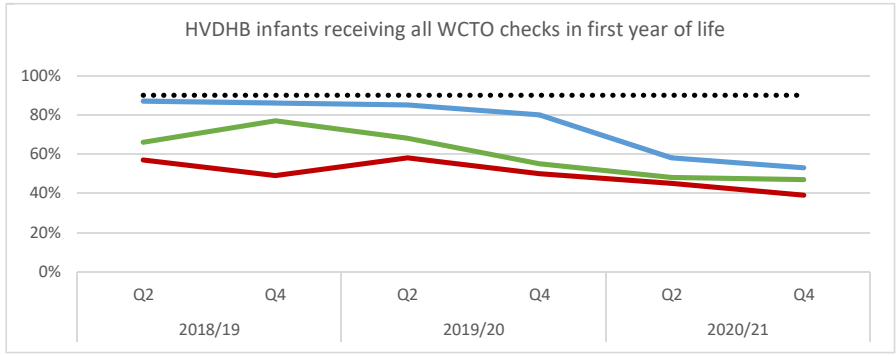
What is driving performance?

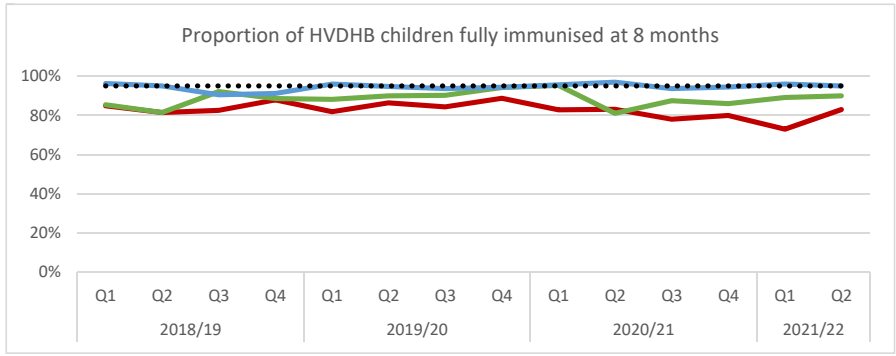
- Engagement with the full set of WCTO visits in the first year of life is challenging. CCDHB is one of the highest performing DHBs for this metric across all ethnicities. Providers have experienced additional challenges as they are implement their COVID-19 response.
- All providers experience restrictions in face to face contacts, and there has been a heightened sense of risk around face to face contacts for whānau. Our providers work hard to met the WCTO targets. However, activity is sometimes documented as an 'Additional' rather than 'Core' contact.

Management comment

- We are focused on developing a pro-equity commissioning approach adopting the learnings of our COVID vaccine programme. What we know from our COVID Vaccine programme is that commissioning vaccination, with our priority populations (Maori, Pacific & Disability), in addition to the mainstream General Practice system can be more successful. This approach may not be cost neutral but will be developed as the equity gains may be worth a small investment.







Commissioning: Primary & Complex Care

What is this measure?

Older People and Frailty

- Percentage of people aged 75+ living in their own home
- Acute bed day rate per 1,000 for people aged 75+
- Acute readmission rate for people 75+ within 28 days

Why is this important?

- A significant pressure on our health system over the next 15 years is our ageing population.
- We can support older people to maintain their independence through prevention and early intervention activities using a range of community-based supports. Managing frailty earlier in the home and primary care reduces older peoples' demand for hospital services. This increases the likelihood of maintaining their independence and function at home for longer when measures against the life curve.

How are we performing?

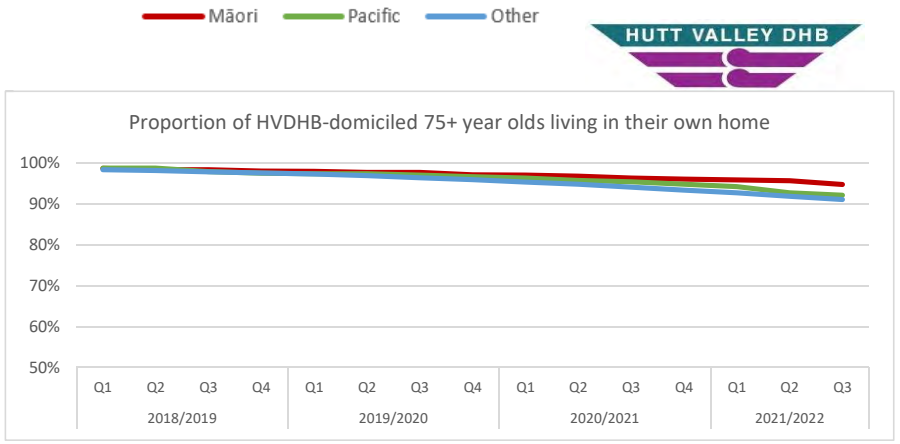
- The proportion of 75+ year olds living at home is 95% for Māori, 92% for Pacific, and 91% for non-Māori, non-Pacific.
- The acute bed day rate for 75+ year olds is 1,735 for Māori, 1,920 for Pacific, and 1,822 for non-Māori, non-Pacific.
- The 0-28 day acute readmission rate for 75+ year olds is 12% for Māori, 13% for Pacific, 13% for non-Māori, non-Pacific.

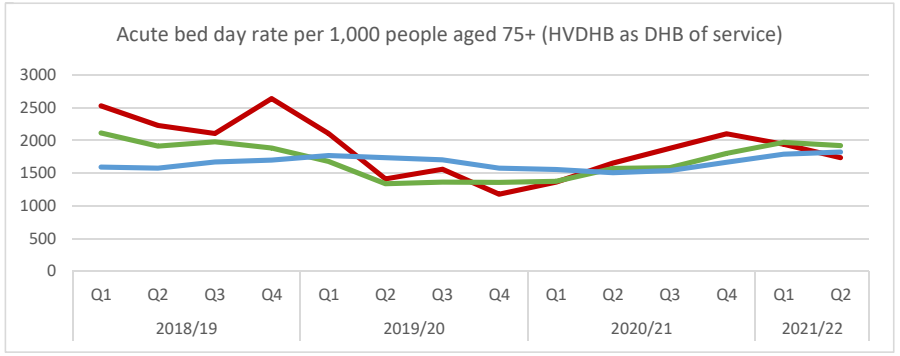
What is driving performance?

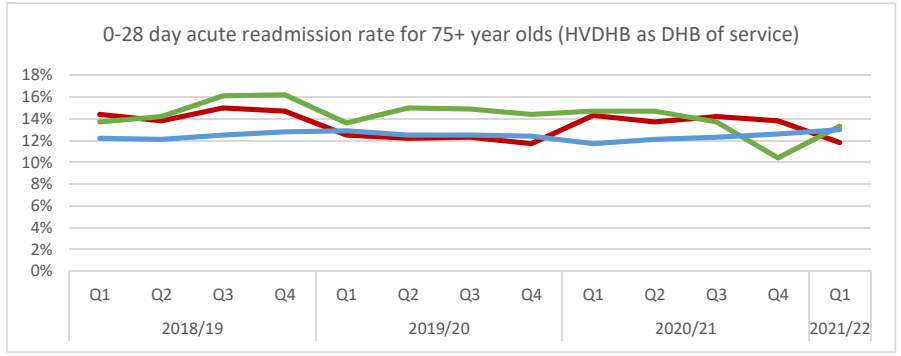
- Frail older people contribute to a significant volume of hospital bed occupancy due to their complex health and social circumstances. We have invested to support frailty across our health system to reduce their length of stay in hospital and decrease risk of further functional decline.

Management Comment

- Our main lever to reduce demand is to invest in community services to support frail elderly at home for longer. Investment in a whole of system approach to managing frailty will assist older people to live longer in independence. This will also support improved coordination of services across the region.
- Hutt Hospital ED has introduced an electronic screening tool to identify frail patients early and provide them with appropriate care and support, including activities to reduce deconditioning (loss in muscle strength).







Commissioning: Mental Health and Addictions

What is this measure?

Child and youth

- Access to primary and specialist mental health services for 12-19 year olds
- Access to Piki and specialist mental health services for 18-25 year olds
- Comparison of access by service type and ethnicity

Why is this important?

- Access to specialist mental health services has been stable over the last 5 years, while the number of young people accessing primary mental health, telehealth, and digital support services is increasing.
- However, Māori mental health and addiction needs are not being met early enough, with high rates of access to specialist mental health services, and lower rates of access to primary mental health.

How are we performing?

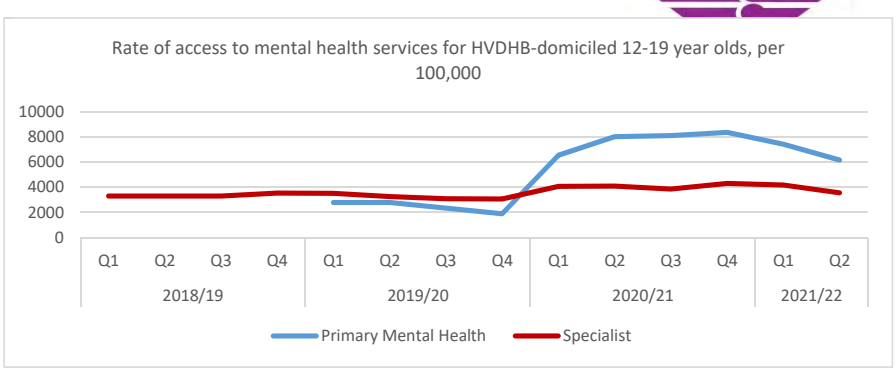
- Access per 100,00 CCDHB-domiciled 12-19 year olds is 6,164 for primary mental health services, and 3,550 for specialist mental health services.
- Access per 100,000 2DHB-domiciled 18-25 year olds is 4,748 for Piki services, and 2681 for specialist mental health services.
- In 2021/22 Q2: access to primary mental health services for 12-19 year olds was 3,869 for Māori, 1,461 for Pacific, and 8,052 for non-Māori, non-Pacific. Access to specialist services was 3,683 for Māori, 1,517 for Pacific, and 3,865 for non-Māori, non-Pacific.
- In 2021/22 Q2: access to Piki services (2DHB) for 18-25 year olds was 2,420 for Māori, 1,137 for Pacific, and 3,427 for non-Māori, non-Pacific. Access to specialist services was 4,119 for Māori, 2,412 for Pacific, and 2,924 for non-Māori, non-Pacific.

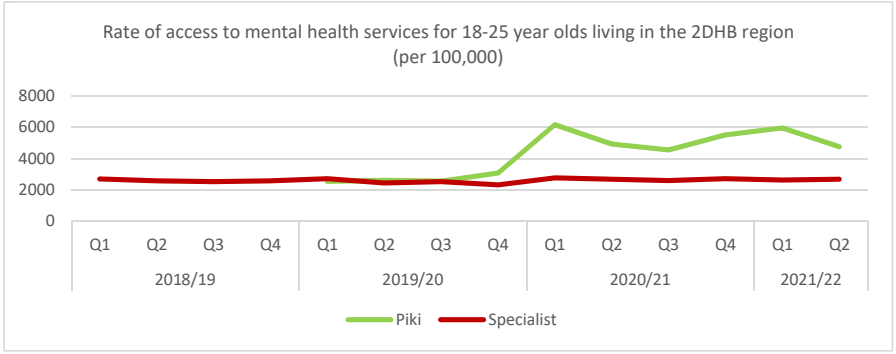
What is driving performance?

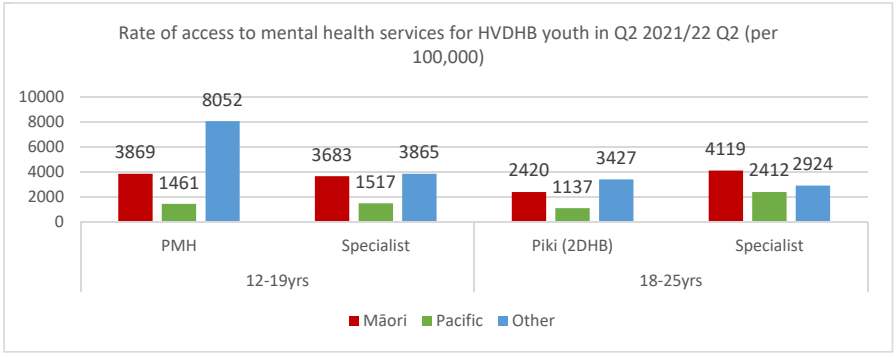
- The significant access to primary mental health services for 12-19 year olds is the consequence of high volumes in the Youth One Stop Shop and will be investigated to understand the model of care.
- The increase in access to primary mental health services for 18-25 year olds taking off in Q4 2019/20 reflects the Piki Programme's maturity and ongoing expansion.

Management comment

- The Piki Programme expansion shows that young people will access counselling services when available enabling specialist services to manage demand more sustainably.
- We need to increase access to youth friendly kaupapa Māori and Pacific primary mental health services providing early intervention before problems escalate, focused on our more deprived communities.
- The Mental Health and Addiction Commissioning Forum is overseeing a strategic work programme focused on reducing inequities. The Forum is commissioning a whole of population model of care, for the full continuum of need, through investment in early intervention for children and young people and their whānau; primary and specialist service integration; and strong intersectoral links.







Commissioning: Hospital & Speciality Services

What is this measure?
Average length of stay (ALoS) is a measure of the average amount of time a patient spend in Hospital.

Why is this important?
ALoS is an important indicator of the Hospital efficiency. Reduction in the number in ALoS results in decreased risk of infection and medication side effects, improvement in the quality of treatment, and more efficient bed and resource management.

Measurement of ALoS is important because it helps hospitals to more effectively manage resources and patients. Specifically, identifying factors which are associated with the ALoS in order to plan and manage the number of inpatient days, helpful aligning resources hospital resources to patient need and may enable the development of a Clinical Pathway useful for inpatient treatment.

ALoS is used in part to set an agreed national price for each Diagnosis Related Grouping (DRG), reflective of the general complexity and cost of providing care.

How are we performing?
Medical and surgical acute is predominately aligned with the national average. However, there has been a steady increase in the medical acute ALOS.

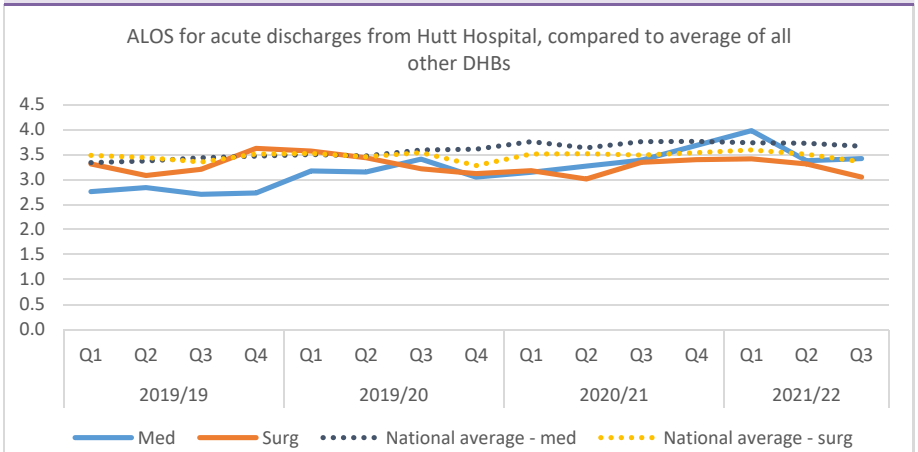
Medical and surgical planned care is sitting well bellow the national average.

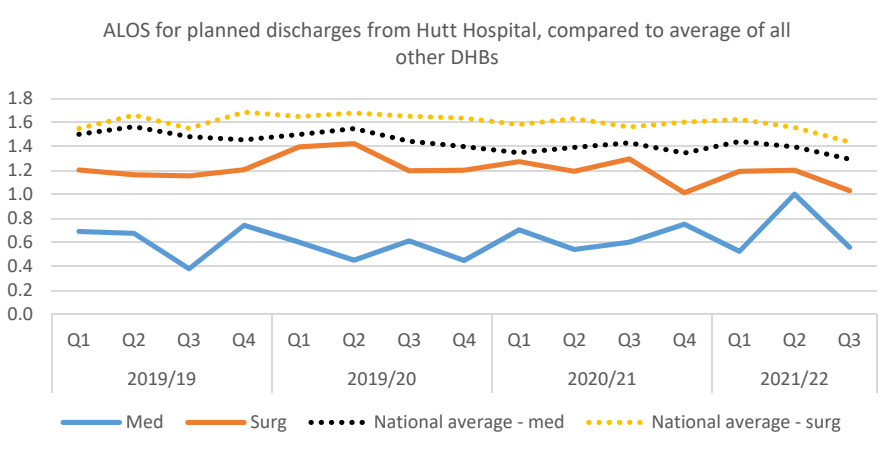
What is driving performance?
As Hutt Hospital is a predominately secondary centre resulting in events that are generally less complex. This is reflected by a shorter ALOS.

Hutt Hospital does a high volume of minor inpatient surgical procedures. Further, responses to COVID-19 have reduced planned care activity. Medical services have seen an increase in the ALoS as patients complexity increases.

Management comment:
ALoS plays an important part in measuring Hospital efficiency. Within the context of COVID-19 and a constrained Hospital and Health System monitoring ALoS against historical performance and national averages helps us understand Hospital performance within our wider system.

	2020 Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2021 Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2022 Jan-Mar
Hutt Hospital occupancy %	84%	75%	88%	87%	89%	94%	87%	87%	82%





2DHB COVID-19 Response

What is this measure?

- COVID-19 vaccination programme - Boosters and Children

Why is this important?

- The COVID-19 vaccine roll-out aims to protect Aotearoa by ensuring that everyone 5 years and over has free and equitable access to vaccination. The 2DHB COVID-19 vaccination programme is currently implementing the vaccine roll-out to those 18 years and over eligible for a boosters dose, and to children 5-11 years of age. We continue to provide first and second dose vaccinations to people who are yet to be vaccinated.

How are we performing?

- 278,813 eligible people in the 2DHB region have received a booster dose (80% of eligible)
  - 22,717 Māori (65%), 15,329 Pacific Peoples (66%), 240,767 'Other' (83%)
- 27,685 children 5-11 years in the 2DHB region have received a 1st dose (66%)
  - 4,001 Māori (48%), 2,240 Pacific Peoples (52%), 21,444 'Other' (73%)
- 389,863 people 12+ years in the 2DHB region are fully vaccinated (97%)
  - 42,839 Māori (93%), 27,574 Pacific Peoples (95%), 319,450 'Other' (98%)

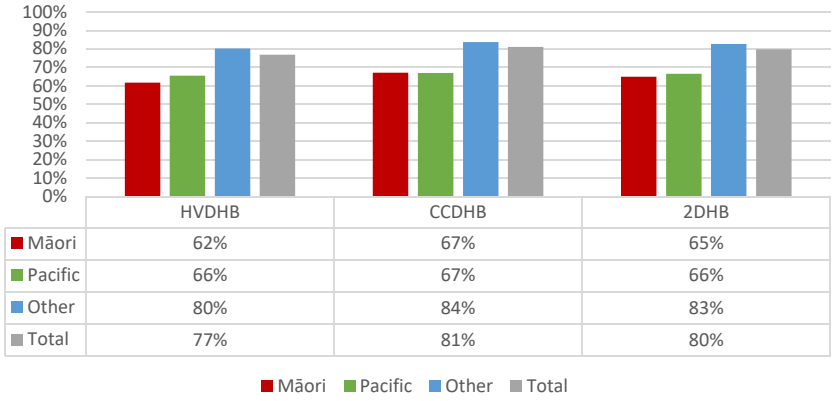
What is driving performance?

- The reduction in booster eligibility periods (from six to three months) has created a significant overhang of people eligible for booster vaccinations in early 2022.
- COVID-19 vaccination requirements and training for children were not fully available until New Year 2022 and required a material re-orientation of vaccination sites (e.g. child friendly spaces) and vaccinator practice (e.g. distraction management and parental consent processes).
- The availability of 2DHB general practice vaccination sites was very limited given the holiday period and subsequent timeframes required to regenerate vaccination capacity.
- The delayed release of booking options for Boosters on Book-My-Vaccine (only available from Monday 18th January 2022) has impacted uptake. The 2DHB community were the highest users of the Book-My-Vaccine website in 2021.

Management comment (i.e. what we are doing about it)

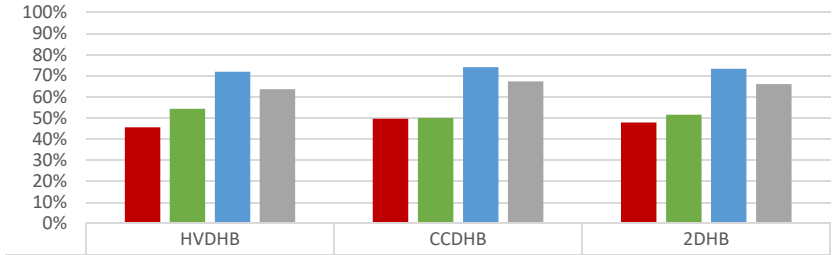
- We have initiated the on boarding of 20+ additional pharmacy sites to increase booster, paediatric and ongoing first and second dose vaccination capacity. This will increase the availability of vaccination capacity on Book-My-Vaccine website. We continue to organise a range of targeted pro-equity, school-based and community vaccination events to increase pro-equity vaccinations particularly in Maori, Pacific and Porirua.

COVID-19 Eligible Booster Uptake by DHB and Prioritised Ethnicity



	HVDHB	CCDHB	2DHB
Māori	62%	67%	65%
Pacific	66%	67%	66%
Other	80%	84%	83%
Total	77%	81%	80%

COVID-19 1st Dose Uptake for Children 5-11 years by DHB and Prioritised Ethnicity



	HVDHB	CCDHB	2DHB
Māori	46%	50%	48%
Pacific	54%	50%	52%
Other	72%	74%	73%
Total	64%	67%	66%

Data Source: MOH Covid-19 Vaccine Data
Date Range: 22/02/2021 to 31/03/2022
Data current at: 01/04/2022 @1.30pm

Section 3

Hospital Performance

Executive Summary – Hospital Performance

- The impact of COVID-19 response for the newer variant Omicron saw our plans for service delivery alongside our COVID reality in full operations. Many hospital programme deliverables and service delivery took second place to these demands.
- 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, data inaccuracies, workforce, the bed request process, speciality referrals and flow out processes. We will take the learnings from COVID into the project.
- We protected our planned care funding schedule as much as we could however acute care, non deferrable surgery and cancer care was the focus of most activity this month. As we head into April overall planned care delivery was sitting at 70%. We are putting in place forecasting around service delivery and likely impact of COVID to be able to track the impact and be as responsive as we can to changing hospital response levels in our COVID framework.
- Continued intractable workforce shortages 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.
- We remain at budget.

Hospital Throughput

Completed for period					Hutt Valley DHB Hospital Throughput YTD Mar-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							
1,038	1,242	204	1,314	276	Surgical	9,405	10,590	1,185	10,318	913	14,143	13,880
1,987	1,859	(128)	1,944	(43)	Medical	16,817	15,503	(1,314)	16,933	116	20,853	22,570
392	389	(3)	468	76	Other	3,424	3,381	(43)	3,951	527	4,464	5,221
3,417	**3,490**	**73**	**3,726**	**309**	**Total**	**29,646**	**29,474**	**(172)**	**31,202**	**1,556**	**39,461**	**41,671**
					CWD							
1,105	1,326	221	1,486	381	Surgical	10,520	11,129	610	11,054	534	14,879	13,880
1,040	1,044	4	1,036	(4)	Medical	9,055	8,499	(556)	8,897	(158)	11,317	22,570
444	473	29	501	57	Other	3,640	3,907	267	3,809	169	5,146	5,087
2,589	**2,843**	**254**	**3,023**	**434**	**Total**	**23,214**	**23,535**	**321**	**23,760**	**546**	**31,342**	**41,537**
					Other							
3,850	4,281	431	4,315	465	Total ED Attendances	36,166	36,889	723	37,578	1,412	49,261	50,206
1,014	960	(54)	1,054	40	ED Admissions	8,720	8,499	(221)	9,146	426	11,294	12,086
672	891	219	898	226	Theatre Visits	6,510	7,707	1,197	7,082	572	10,232	9,587
105	136	31	146	41	Non- theatre Proc	1,054	1,213	159	1,247	193	1,638	1,631
6,003	7,315	1,312	7,086	1,083	Bed Days	56,856	63,236	6,379	60,159	3,303	84,357	80,941
4.43	4.55	0.11	4.85	0.42	ALOS Inpatient	4.24	4.55	0.31	4.53	0.29	4.55	4.55
1.90	2.08	0.18	2.17	0.28	ALOS Total	1.91	2.08	0.16	2.07	0.16	2.08	2.08
4.47%	8.02%	3.54%	7.20%	2.73%	Acute Readmission	7.64%	8.02%	0.37%	7.95%	0.30%	7.31%	7.80%

Volumes are affected by COVID Omicron outbreak in February-March and reduced planned care services during the national COVID-19 lockdown during 18 Aug – 7 Sept 2021. Surgical discharges and caseweights are under budget for March with less acute admissions and less elective surgeries due to cancellations with patients or staff being unwell or isolating with COVID-19. Medical discharges are higher than budget for March but similar to the same time last year. Medical caseweights are close to budget for March but higher than budget year to date partly due to Emergency (treated over 3 hours and discharged) being especially high during the RSV outbreak in July and again in October to December. Year to date, caseweights for other services are under budget mainly due to the national lockdown and low volumes in the last 3 months.

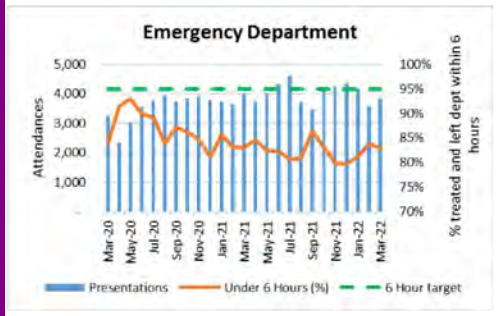
Total ED visits were under budget for March and 11% below the same time last year. Theatre visits are 25% lower than budget for March. Bed days in March are 15% lower than the same time last year. Inpatient ALOS in March was lower than budget and the same time last year. The acute readmission rate for the month was much lower than budget and the same time last year.

Operational Performance Scorecard – 13 mths

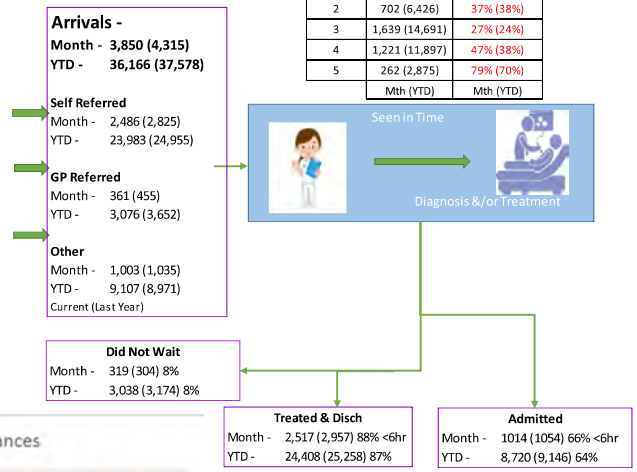
Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	13 Months Performance Trend												
			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Safe	Serious Safety Events[1] confirmed	Zero	3	3	0	2	0	3	1	3	2	2	4	0	0
	SABSI Cases [2]	Zero	1	0	0	1	3	2	0	3	2	2	0	0	1
	C. difficile infected diarrhoea cases	Zero	1	2	1	1	2	5	1	2	3	4	1	2	3
	Hand Hygiene compliance (quarterly)	≥ 80%	79%	80%			79%			84%			TBC		
	Seclusion Hours- average per event (MH Inpatient ward TWA)[3]		39.8	13.6	21.0	21.4	16.9	22.4	14.7	14.1	12.3	7.9	5.5	14.3	17.1
Timely	Emergency Presentations	49,056	4,315	3,982	4,315	4,331	4,593	3,711	3,482	4,199	4,235	4,362	4,156	3,574	3,850
	Shorter Stays in ED (SSiED) % within 6hrs	≥95%	83.1%	84.6%	82.6%	81.5%	79.0%	80.0%	86.1%	82.1%	78.6%	78.2%	79.6%	83.4%	81.8%
	SSiED % within 6hrs - non admitted	≥95%	89.5%	89.7%	89.6%	89.2%	86.5%	87.0%	91.6%	88.0%	84.1%	84.0%	84.1%	89.1%	88.1%
	SSiED % within 6hrs - admitted	≥95%	65.3%	70.3%	61.3%	56.8%	55.5%	60.2%	71.2%	65.2%	62.8%	62.4%	66.8%	66.9%	66.1%
	Total Elective Surgery Long Waits -ESPI 5	Zero Long Waits	1,238	1,177	1,020	904	930	1,021	1,118	1,135	1,140	1,169	1,220	1,257	1,334
	No. Theater surgeries cancelled (OP 1-8)		198	124	127	186	153	206	150	144	127	117	70	143	221
	Total (Elective, Acute & Arranged) Operations in MainTheatres 1-8[6]		898	816	843	856	867	600	743	760	812	758	658	643	672
	Specialist Outpatient Long Waits- ESPI 2	Zero Long Waits	1,093	1,015	808	625	624	717	812	1,003	836	830	1,073	1,033	866
	Outpatient Failure to Attend %	≤6.3%	5.5%	6.2%	6.4%	6.6%	6.5%	6.5%	7.8%	6.4%	7.2%	7.7%	9.4%	7.5%	8.0%
	Full Year Forecast surplus / (deficit) $m - Provider (1) (2)	($2.03)	($19.72)	($20.40)	($25.09)	($25.43)	($3.94)	($3.94)	($3.24)	($1.85)	($4.11)	($4.06)	($4.69)	($3.99)	TBC
	Full Year Forecast surplus / (deficit) $m - DHB (1) (2)	($8.14)	($14.25)	($14.01)	($16.93)	($12.23)	($30.84)	($30.84)	($16.84)	($17.71)	($18.09)	($18.76)	($18.10)	($17.95)	TBC
	% Theatre utilisation (Elective Sessions only)[7]	≤90%	87.8%	88.4%	87.8%	87.3%	87.1%	86.0%	85.9%	86.2%	87.7%	84.1%	87.1%	84.9%	87.8%
	Overnight Patients - Average Length of Stay (days)	≤4.3	4.89	4.35	4.69	4.80	4.64	4.92	5.27	4.25	4.83	4.29	4.27	4.32	5.00
	Long Stay Patients Not Yet Discharged (>14 days)	≤5	20	23	29	22	25	35	16	18	15	15	8	22	7
	Overnight Beds (General Occupancy) - Average Occupied	≤130	146	143	148	152	153	144	130	135	145	135	127	137	127
	Overnight Beds (General Occupancy) - % Funded Beds Occupied	≤85%	94.8%	92.9%	96.2%	98.5%	94.3%	89.1%	80.2%	88.0%	94.3%	87.5%	82.3%	89.3%	82.5%
	All Beds - ave. beds occupied[8]	≤250	253	243	257	258	262	243	222	236	247	221	213	228	220
	% sick Leave v standard	≤3.5%	3.5%	3.1%	3.2%	3.8%	4.1%	4.4%	2.7%	3.0%	3.3%	3.8%	2.2%	2.6%	3.2%
	% Nursing agency v employee (10)	≤1.49%	13.0%	11.8%	0.4%	14.5%	0.0%	0.5%	0.3%	0.3%	2.0%	1.1%	1.7%	2.1%	TBC
	% overtime v standard (medical) (10)	≤9.22%	7.9%	8.3%	10.1%	8.7%	11.2%	7.4%	11.7%	6.8%	11.6%	7.1%	17.7%	0.4%	TBC
	% overtime v standard (nursing)	≤5.47%	11.2%	15.7%	13.2%	15.9%	12.5%	13.1%	12.2%	9.2%	14.9%	5.3%	26.5%	4.5%	TBC

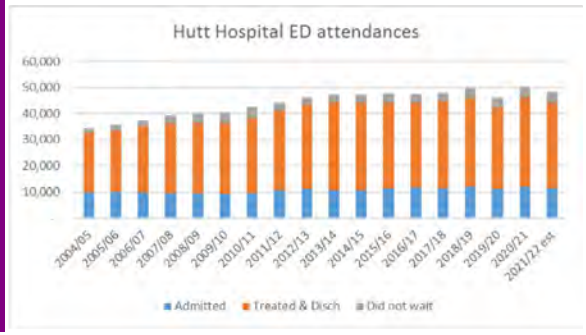
Refer to later pages for more details on HVDHB performance. Highlighted where an identified target in 20/21.

Shorter Stays in Emergency Department (ED)



Category	Volume	% Seen in time
1	26 (277)	100% (100%)
2	702 (6,426)	37% (38%)
3	1,639 (14,691)	27% (24%)
4	1,221 (11,897)	47% (38%)
5	262 (2,875)	79% (70%)
	Mth (YTD)	Mth (YTD)





- **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**
  - 81.96% YTD this is an improvement but is below March 2021
- **What is driving Performance**
  - The top root causes are triage processes, workforce, the bed request process, speciality referrals and flow out processes.
- **Management Comment**
  - Although ED continues to see lower presentations numbers, our admission rate remains stable.
  - High acuity and high occupancy in the hospital and covid cases have continued to put pressure on this target.
  - Operations Centre has commenced a major project to find issues and solutions. This month we focused on the diagnosis of the root causes impacting on the SS10 performance. The top root causes proved to be triage processes, data inaccuracies, workforce, the bed request process, speciality referrals and flow out processes. These areas are the focus of our improvement.

Planned Care Funding & Service delivery

Figure one: Planned care funding sources

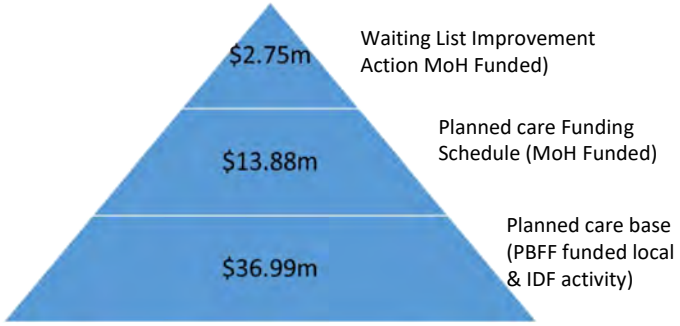
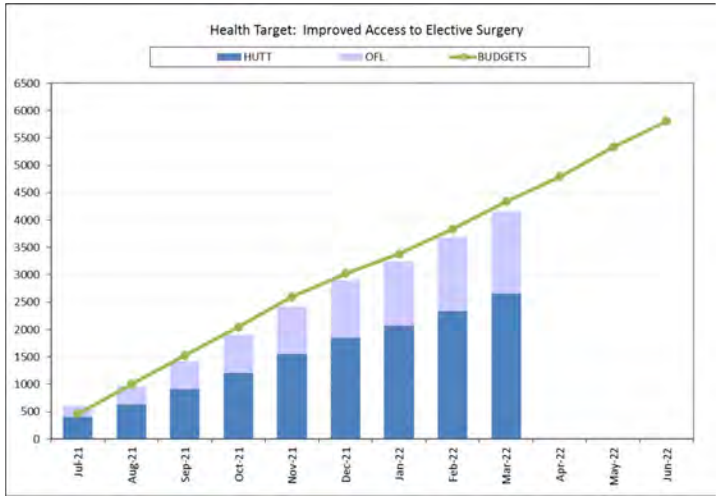
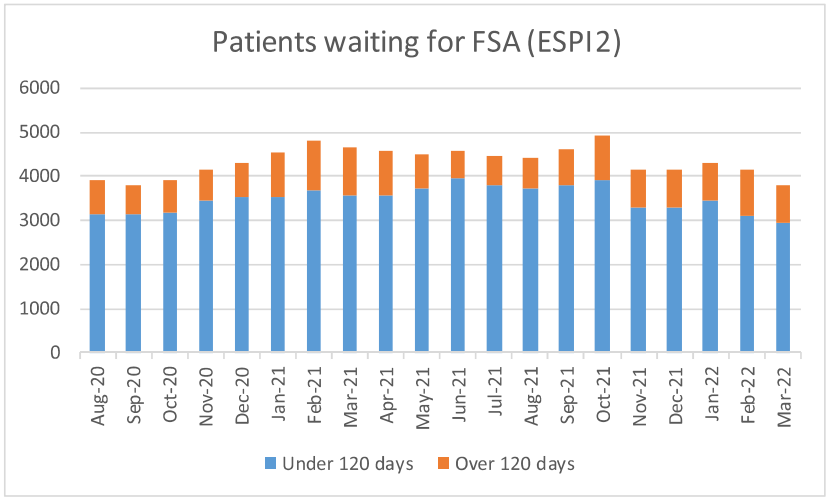


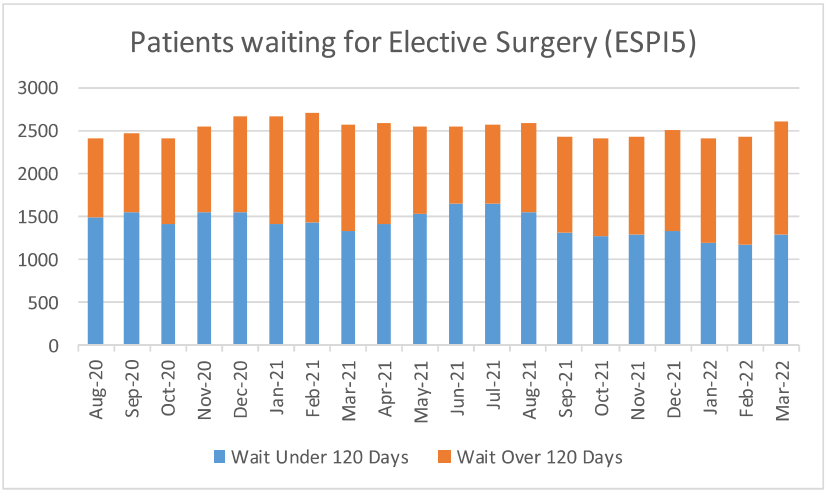
Figure two: Discharge trajectory for Planned care base and Planned care funding schedule – 96%



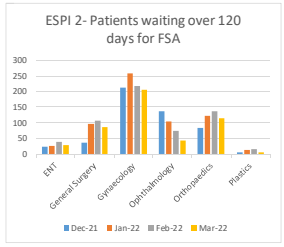
- **What is this measure?**
  - The delivery of an agreed number of inpatient surgical discharges and minor procedures to the Hutt Valley Population
  - The are three funding sources as per figure one – this is important as each has measures and deliverables required to access the funding which is paid after delivery .
- **How are we performing?**
  - Discharges are 180 behind plan for the Planned care base and Planned Care Funding Schedule (figure one) – this equates to 96% as per figure 2.
  - YTD results are impacted by the Covid-19 lock down 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.
  - The Ministry of Health have confirmed Quarter one payments – July at volume delivered, August and September at full funding. This is positive for HVDHB as July target was met.
- **What is driving performance?**
  - The orthopaedic initiative to reduce ESPI 2 $275k in 2020-2021 is continuing in the new financial year with funding carried over. This model is significantly assisting in reduction of the orthopaedic ESPI 2 waitlist.
  - 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
  - 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 December 22.
  - We are forecasting forward taking into account continued disruption of our production plan with renewed focus on managing our waiting lists.

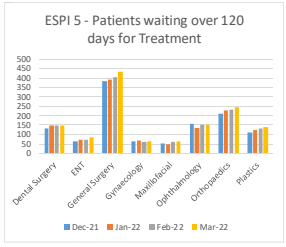
Planned Care – waiting times

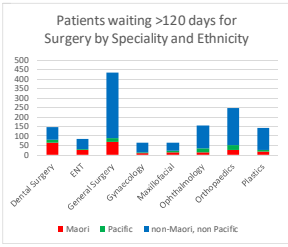




- **What is this measure?**
  - The delivery of Specialist assessments or Treatment within 120 days
- **Why is it important?**
  - It is important to ensure patients receive care at the most appropriate time to support improved health.
- **How are we performing?**
  - The total waiting for an FSA decreased by 8% 320 this month. The number waiting over 120 days fell by 16% 166
  - The number waiting for elective surgery rose by 195 to 2,620, the number waiting over 120 days rose by 77 to 1,334
  - However the numbers of patients waiting longer than 120 days for both assessment and treatment remains high.

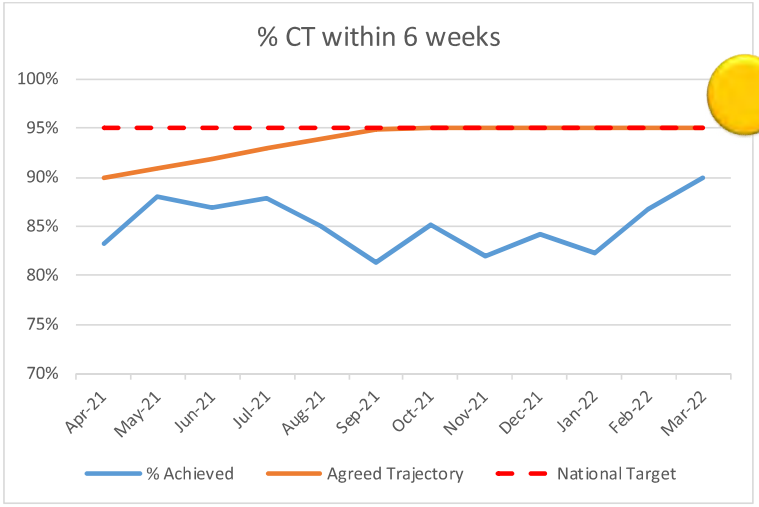


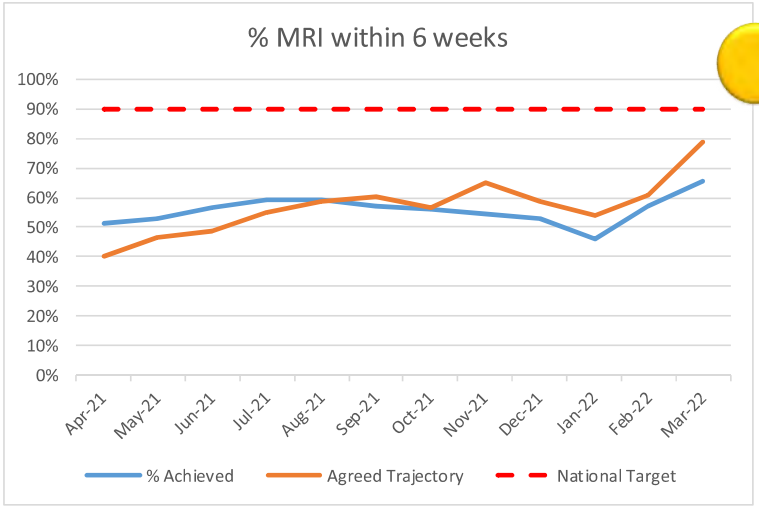




- **What is driving performance?**
  - Covid has had a major impact with the August/September lockdown and the recent Omicron surge, FSAs were maximised however delivery fell off as COVID displaced care
  - Work continues on system improvements to address our waiting list management along with a strong focus to maximise clinic capacity and improve scheduling processes.
  - A 2DHB project relating to ophthalmology model of care continues exploring scope of practice of professionals involved in FSA, Treatment and Follow-ups. The initial work stream focus is based on glaucoma.
  - SMOs continue to be involved with planning surgery based on those with greatest clinical urgency and long waiting times.

CT & MRI wait times

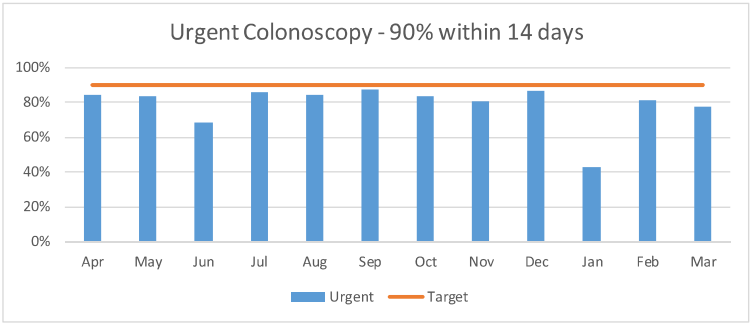




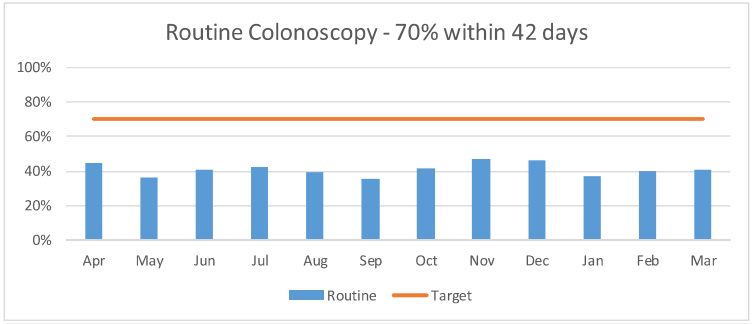
- **What is this measure?**
  - The delivery of computerised tomography (CT) scans and Magnetic Resonance Imaging (MRI) scans in a timely fashion to non-acute patients (within 42 days of referral).
- **Why is it important?**
  - Delayed diagnostic results can negatively affect health outcomes.
- **How 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 performance continues to improve with 84.2% scanned and reported within 6 weeks.
  - MRI performance is just below the newly agreed (with MOH) trajectory with 47.9% scanned and reported within 6 weeks. Outsourced scans/reports have been delayed due to capacity issues with the external provider.
  - 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

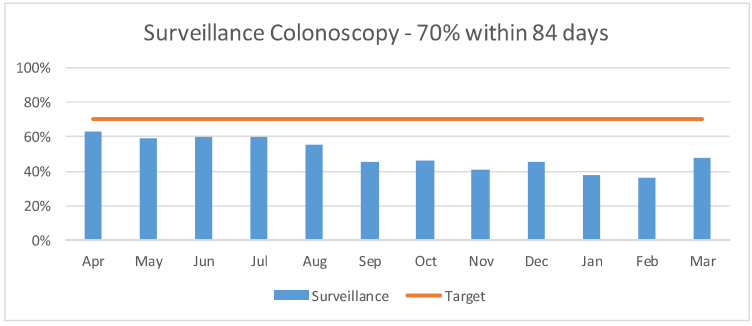
Colonoscopy Wait Times



Urgent
81% YTD



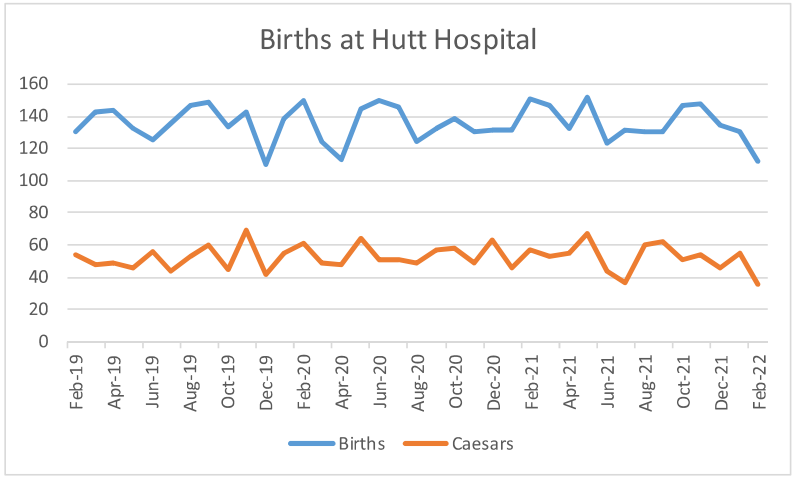
Routine
41% YTD

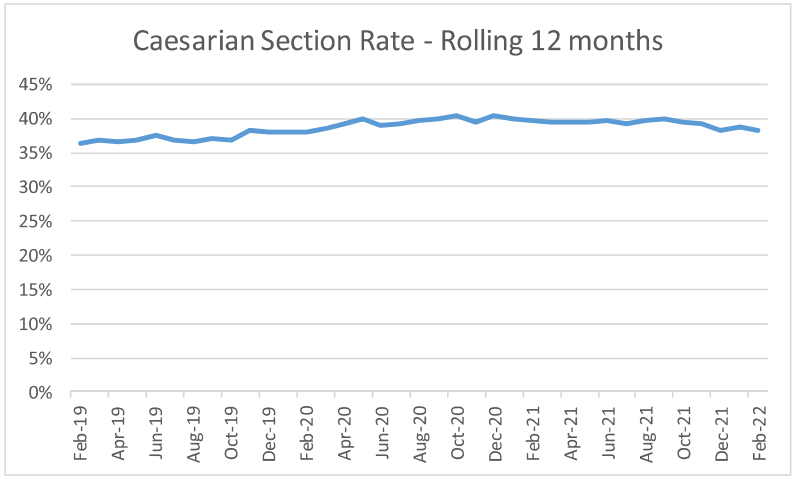


Surveil
46% YTD

- **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?**
  - Our urgent performance target was missed due to two patients being reassigned to another clinician, however they received a colonoscopy within 30 days. The overall volume in this graph represents a total of 8 patients.
  - The service is balancing the overall improvement in performance with a trajectory to full compliance within the coming months.
- **What is driving performance?**
  - The growing surveillance waitlist continues to put additional pressure on the service along with overall increase in referrals.
  - We have adapted the way Maori and Pacifica patients are booked, prioritising contact and booked as soon as referral is received. No Maori of Pacific patients are overdue, however four Maori patients are self-deferred – one is a current inpatient, two were unwell on the day of booked procedure and one requires a clinic appointment prior to their procedure.
- **Management comment**
  - A new performance and monitoring plan has been developed as is being used in the service.
  - Revised trajectories due to the hospital alert level changes are now seeing full recovery by May 22

Maternity

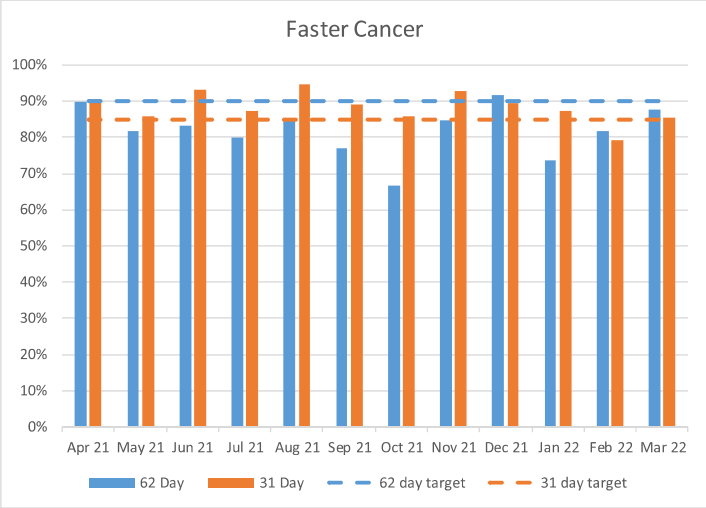


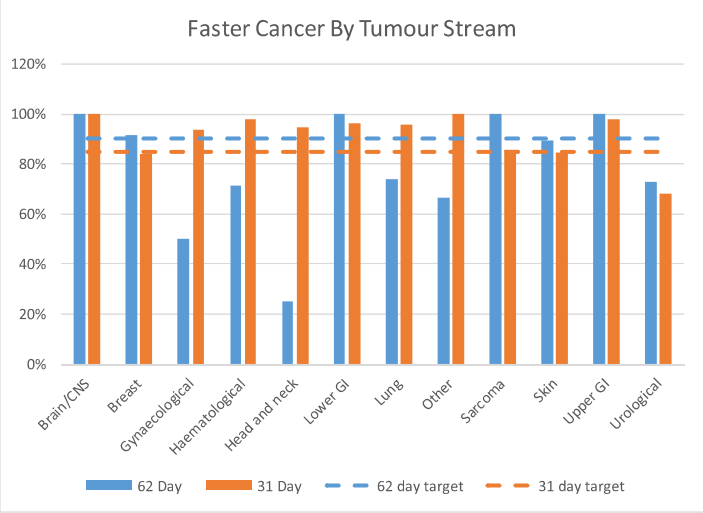


Due to Coding Lag these graphs run 1 month behind

- **What is the issue?**
  - In 2019 a number of clinical and community concerns around Hutt hospital's maternity services were identified.
- **Why is it important?**
  - An external review of the service and HDC investigations showed a number of areas where improvements needed to be made.
- **How are we performing?**
  - Hutt Valley DHB continues to progress the birthing optimisation project and audit of caesarean cases that focuses on the Robson 10 criteria for caesarean sections and pathways for optimal birth. This is a six month audit with analysis completed for first the period from April-June 2021.
- **Management comment**
  - The Senior Midwives, Service Group Manager and Director of Midwifery have worked in partnership with MERAS to design a work programme aimed at improving the retention and recruitment of our Midwives.
  - Maintaining service sustainability due to workforce vacancies remains the key focus of maternity. In January staffing across Midwifery was critical. Initiatives around retention, recruitment, model of care and supporting clinical staff are in place and continuing to be developed. In January we worked collectively on a regional sustainability and retention approach. The casual Midwifery Support Worker role is now implemented with 9 new staff employed (all are student midwives).
  - Regional business contingency planning relating to Omicron is nearing completion and this will see both DHB maternity services working in a more integrated way to deliver safe service.
  - An update to the programme discussed at Health Systems Committee was circulated - An upgrade of postnatal rooms one-six has progressed with completion of rooms one and two in the next three weeks. Planning of room eight the interim primary birthing room has been completed and work is envisaged to commence and be completed in that room during April.

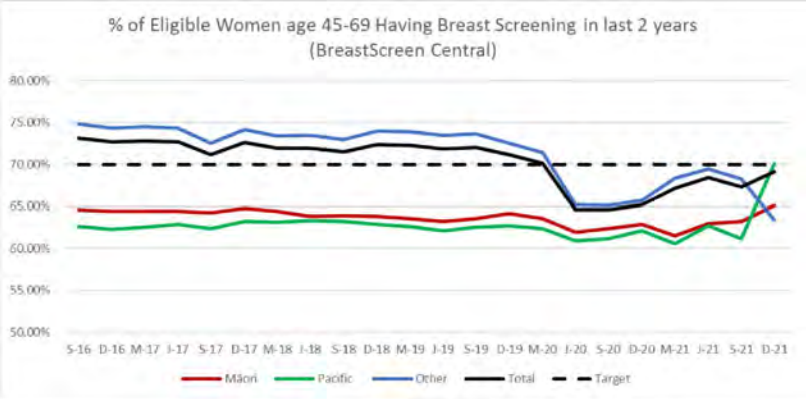
Faster Cancer Treatment

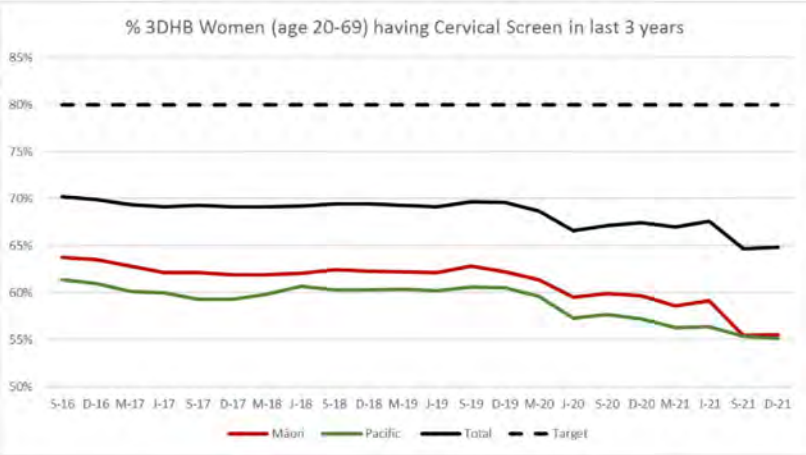




- **What is the issue?**
  - 62 day target: 90% of patients should receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
  - 31 day indicator: The maximum length of time a patient should have 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?**
  - 90% of patients met the HVDHB 62 day pathway for March - (there were 4 breeches 1 was due to capacity and 3 were due to clinical consideration, none were Maori or Pacific). 85.4% for the 31 day target pathway was achieved.
  - There were no breeches of the 62 day target in February for Maori or Pacifica people.
- **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.

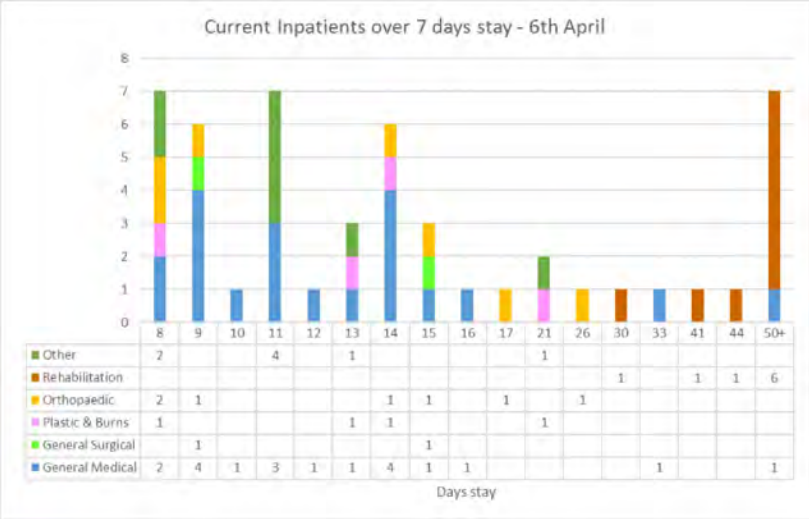
Screening

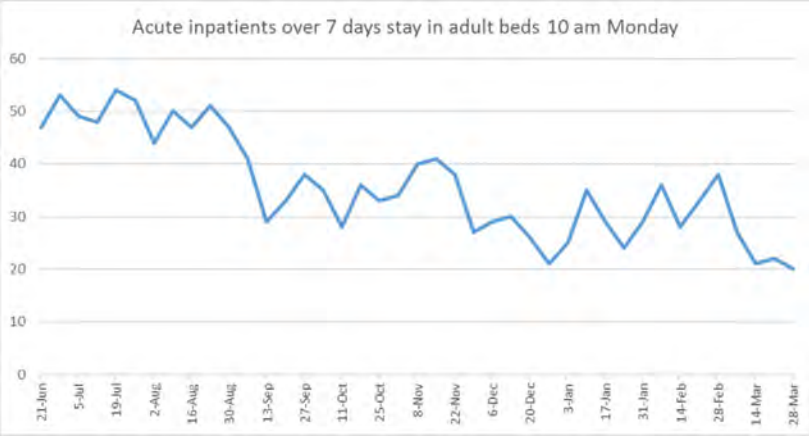




- **What is the issue?**
  - 80% of Women aged 25-69 have completed cervical screening in the previous three years
  - 70% of Women aged 45-69 have completed breast screening in the previous two years
- **Why is it important?**
  - By improving breast and cervical screening coverage DHBs will assist 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?**
  - In March 45 priority women attended their first screen (31 Maori and 14 Pacific). In addition 136 priority women attended for their subsequent screen (99 Maori and 37 Pacific).
  - Social distancing is impacting Mobile unit capacity
  - The service continues to provide Saturday and evening sessions on a (staff) volunteer basis while Medical Imaging Technologist (MIT) recruitment has been pursued.
  - Symptomatic Services are running Saturday clinics for new referrals until the service can return to all day Monday clinics with the arrival of two new breast radiologists in the New Year.
- **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.

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 6th April there were 50 current long staying patients; most were acute adults. This is stable. There was a reduction in occupancy with Covid-19 but not as marked as last year.
- **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 March 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										
43,113	42,249	863	41,315	1,797	Devolved MoH Revenue	389,723	380,245	9,478	366,128	23,595	519,621	506,994	12,627	489,113	30,507
2,257	1,775	482	1,612	645	Non Devolved MoH Revenue	17,952	15,064	2,888	16,177	1,775	23,280	20,179	3,101	21,680	1,600
963	500	463	693	270	ACC Revenue	5,731	5,324	407	5,261	470	7,383	6,976	407	7,129	254
484	503	(19)	644	(160)	Other Revenue	4,392	4,543	(150)	5,805	(1,412)	5,898	6,054	(156)	7,483	(1,585)
10,006	9,557	450	9,697	309	IDF Inflow	85,623	86,009	(386)	84,411	1,212	114,298	114,678	(380)	111,945	2,354
1,074	1,025	49	852	222	Inter DHB Provider Revenue	10,907	9,226	1,680	9,206	1,701	14,132	12,302	1,830	13,197	935
57,897	**55,610**	**2,288**	**54,814**	**3,084**	**Total Revenue**	**514,328**	**500,411**	**13,917**	**486,988**	**27,340**	**684,613**	**667,183**	**17,429**	**650,547**	**34,066**
					Expenditure										
					Employee Expenses										
5,719	5,771	52	5,366	(353)	Medical Employees	49,364	48,976	(388)	46,729	(2,634)	65,773	65,245	(527)	62,678	(3,095)
7,014	6,598	(417)	6,203	(812)	Nursing Employees	63,215	55,337	(7,878)	54,494	(8,721)	82,885	73,986	(8,899)	72,415	(10,470)
2,583	2,691	109	2,718	135	Allied Health Employees	22,028	22,857	829	21,517	(511)	29,675	30,467	792	28,663	(1,012)
934	851	(83)	816	(117)	Support Employees	7,902	7,215	(688)	7,038	(864)	10,458	9,619	(839)	9,579	(879)
2,320	2,371	51	2,660	340	Management and Admin Employees	19,363	20,351	988	20,060	697	25,865	27,053	1,187	26,733	868
18,570	**18,282**	**(289)**	**17,763**	**(807)**	**Total Employee Expenses**	**161,873**	**154,737**	**(7,136)**	**149,838**	**(12,034)**	**214,656**	**206,370**	**(8,286)**	**200,068**	**(14,587)**
					Outsourced Personnel Expenses										
334	205	(129)	694	360	Medical Personnel	2,175	1,843	(332)	5,458	3,282	2,890	2,458	(432)	5,973	3,083
189	15	(174)	731	542	Nursing Personnel	781	135	(646)	4,992	4,211	1,042	181	(861)	6,407	5,366
54	60	5	506	451	Allied Health Personnel	295	537	242	3,558	3,263	474	715	242	4,561	4,087
72	42	(30)	43	(29)	Support Personnel	508	380	(128)	370	(138)	635	507	(128)	491	(144)
942	621	(321)	806	(136)	Management and Admin Personnel	6,492	5,593	(899)	4,721	(1,770)	8,656	7,457	(1,199)	7,031	(1,625)
1,591	**943**	**(648)**	**2,780**	**1,189**	**Total Outsourced Personnel Expenses**	**10,252**	**8,489**	**(1,763)**	**19,099**	**8,847**	**13,696**	**11,318**	**(2,378)**	**24,463**	**10,767**
1,183	946	(237)	1,141	(41)	Outsourced Other Expenses	9,075	8,588	(487)	7,590	(1,485)	12,093	11,454	(639)	13,157	1,064
2,786	2,590	(197)	3,009	223	Treatment Related Costs	23,357	22,539	(818)	23,570	213	31,751	30,698	(1,053)	33,080	1,329
1,895	2,075	179	2,553	658	Non Treatment Related Costs	18,144	18,539	395	20,445	2,300	24,370	24,765	395	36,000	11,629
9,726	11,991	2,266	9,293	(432)	IDF Outflow	104,848	107,921	3,073	82,817	(22,031)	141,582	143,894	2,313	108,813	(32,769)
19,667	19,042	(625)	17,823	(1,844)	Other External Provider Costs	177,193	172,626	(4,566)	170,442	(6,751)	238,959	231,201	(7,758)	223,654	(15,305)
1,921	2,027	106	2,414	493	Interest, Depreciation & Capital Charge	17,868	18,240	372	18,769	901	23,944	24,321	377	23,537	(408)
57,339	**57,895**	**556**	**56,778**	**(561)**	**Total Expenditure**	**522,609**	**511,679**	**(10,930)**	**492,569**	**(30,040)**	**701,051**	**684,022**	**(17,029)**	**662,772**	**(38,279)**
558	**(2,285)**	**2,843**	**(1,964)**	**2,522**	**Net Result**	**(8,281)**	**(11,268)**	**2,988**	**(5,581)**	**(2,699)**	**(16,439)**	**(16,839)**	**400**	**(12,226)**	**(4,213)**
					Result by Output Class										
1,391	(943)	2,334	1,563	(172)	Funder	(8,006)	(9,735)	1,729	4,694	(12,700)	(13,673)	(14,012)	339	11,939	(25,612)
125	8	117	102	23	Governance	717	89	628	760	(43)	740	112	628	1,261	(521)
(958)	(1,350)	392	(3,629)	2,672	Provider	(992)	(1,622)	630	(11,036)	10,044	(3,506)	(2,939)	(567)	(25,425)	21,920
558	**(2,285)**	**2,843**	**(1,964)**	**2,522**	**Net Result**	**(8,281)**	**(11,268)**	**2,988**	**(5,581)**	**(2,699)**	**(16,439)**	**(16,839)**	**400**	**(12,226)**	**(4,213)**

There may be rounding differences in this report

Executive Summary – Financial Position

Financial performance year to date

- Total Revenue favourable $13,917k
  - Including COVID-19 funding and Nursing MECA funding.
- Personnel and outsourced Personnel unfavourable ($8,899k)
  - Medical unfavourable ($719k); Nursing unfavourable ($8,524k); Allied Health favourable $1,070k, Support Staff unfavourable ($815k); Management and Admin favourable $89k; Annual leave Liability cost has increased by $2,896k since March 2021
- Outsourced other expenses unfavourable ($487k)
- Treatment related Costs unfavourable ($818k)
- Non Treatment Related Costs favourable $395k
- IDF Outflow favourable $3,073k
- Other External Provider Costs unfavourable ($4,566k), including COVID-19 costs offset by revenue.
- Interest, depreciation and capital charge favourable $372k

Analysis of Operating Position – Revenue

- **Revenue:** Total revenue favourable $2,288k for the month
  - Devolved MOH revenue $863k favourable, Driven by the additional funding for the Nurses MECA Settlement $260k, COVID-19 Funding $441k, and other small variances.
  - Non Devolved revenue $482k favourable driven largely by Public Health COVID-19 funding $357k, and other variances.
  - ACC Revenue $463k favourable, driven by a backdated price change for Community Health.
  - Other revenue ($19k) unfavourable for the month.
  - IDF inflows favourable $450k for the month which includes a one off adjustment of $808k for August and September.
  - Inter DHB Revenue favourable $49k.

COVID–19 Revenue and Costs

YTD Result - March 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	3,859	94	2,519	6,471
MoH Revenue Recognised - Core Public Health [3]			3,322	3,322
Expenditure				
Employee Expenses				
Medical Employees		121	1,556	1,677
Nursing Employees		357	1,804	2,161
Allied Health Employees		155	990	1,144
Support Employees		61	0	61
Management and Admin Employees		168	468	636
Total Employee Expenses	**0**	**862**	**4,817**	**5,679**
Expenses				
Outsourced - Provider	0	0	817	817
External Providers - Funder	3,859			3,859
Clinical Expenses - Provider	0	81	5	87
Non-clinical Expenses- Provider	0	296	201	498
Total Non Employee Expenses	**3,859**	**378**	**1,023**	**5,260**
Total Expenditure	**3,859**	**1,240**	**5,841**	**10,939**
Net Impact	**(0)**	**(1,146)**	**(0)**	**(1,146)**

(1) Excludes indirect overhead charges

favourable to budget, including all costs and overheads.

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

(4) Indications are that at least part of this additional expenditure will be funded.

- The March year to date financial position includes $10.9m additional costs in relation to COVID-19.
- COVID-19 Revenue of $6.4m has been recognised to fund additional costs for community providers and Regional Public Health.
- In lieu of additional funding for the Public Health unit, $3.3m of core contract revenue is 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 Personne**l including outsourced unfavourable ($936k) for the month
  - Medical personnel incl. outsourced unfavourable ($77k). Outsourced costs are ($129k) unfavourable. Medical Staff Internal are $52k favourable.
  - Nursing incl. outsourced ($590k) unfavourable. Employee costs are ($417k) unfavourable driven largely by Leave *($206k)* and MECA changes. The later is partly offset by an increase in devolved income.
  - Allied Health incl. outsourced $114k favourable, with outsourced favourable $5k and internal employees favourable $109k, driven by vacancies.
  - Support incl. outsourced unfavourable ($112k), with Outsourced ($30k) unfavourable and employee costs ($83k) unfavourable. The later driven by Orderlies ($18k) and Sterile Assistants.
  - Management & Admin incl. outsourced unfavourable ($270k), internal staff favourable $51k, outsourced unfavourable ($321k) including recharges from CCDHB.
  - Sick leave for March was 3.2%, which is lower than this time last year.

FTE Analysis

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	Mar-22	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
284	290	6	278	(6)	Medical	279	289	10	279	(0)	289	279
771	800	29	758	(13)	Nursing	761	787	26	766	5	790	763
334	365	32	346	13	Allied Health	347	365	18	353	6	365	352
155	148	(7)	147	(7)	Support	152	147	(5)	146	(6)	147	147
305	336	31	317	11	Management & Administration	307	339	32	323	16	338	321
1,848	**1,938**	**91**	**1,846**	**(1)**	**Total FTE**	**1,846**	**1,928**	**81**	**1,867**	**21**	**1,930**	**1,862**
					$ per FTE							
20,157	19,929	(228)	19,289	(867)	Medical	176,624	169,330	(7,294)	167,211	(9,412)	227,562	233,613
9,102	8,249	(853)	8,184	(918)	Nursing	83,063	70,308	(12,755)	71,146	(11,917)	104,679	97,019
7,742	7,368	(375)	7,854	112	Allied Health	63,503	62,572	(930)	61,016	(2,487)	81,237	86,588
6,042	5,758	(284)	5,536	(506)	Support	51,980	49,012	(2,968)	48,151	(3,829)	70,977	65,337
7,598	7,057	(541)	8,396	798	Management & Administration	63,104	60,042	(3,062)	62,183	(921)	76,333	84,263
10,050	**9,432**	**(618)**	**9,620**	**(429)**	**Average Cost per FTE all Staff**	**87,674**	**80,268**	**(7,407)**	**80,264**	**(7,411)**	**111,104**	**110,832**

Medical under budget for the month by 6 FTE, driven by SMOs under budget by 16 FTE, partially offset by Registrars.

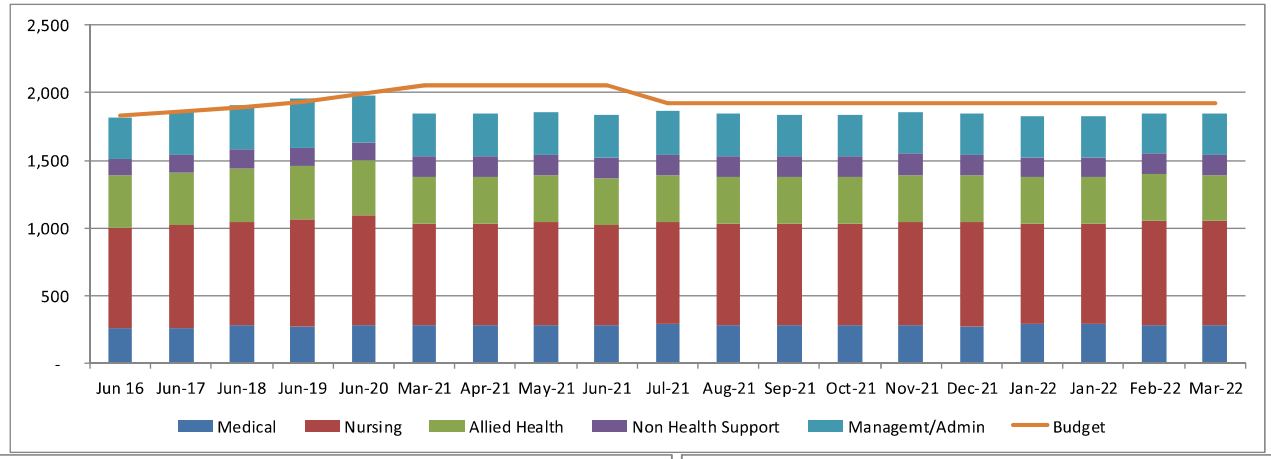
Nursing under by 29 FTE for the month the contribution to movements were; Internal Bureau Nurses, Midwives and HCA's are over budget (13) FTE mostly driven by General Surgery (1) FTE, General Medical (3) FTE, ED (5) FTE and other variances. This was offset by Midwives 14 FTE and Registered Nurses 13 FTE and HCA's 17 FTE . This reflects the transition to changes made under both CCDM recommendations and the Maternity Review. The $/Fte has been materially impacted by the MECA settlements including adjustment to Annual Leave provisions.

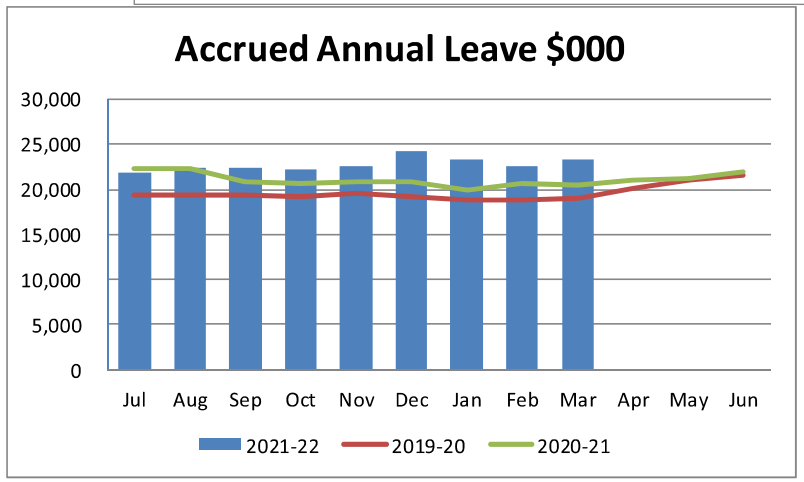
Allied FTEs are under by 32 FTEs for the month, driven by Regional Public Health 10 FTE, Community Health 11 FTE, Community Dental 11 FTE and other small variances.

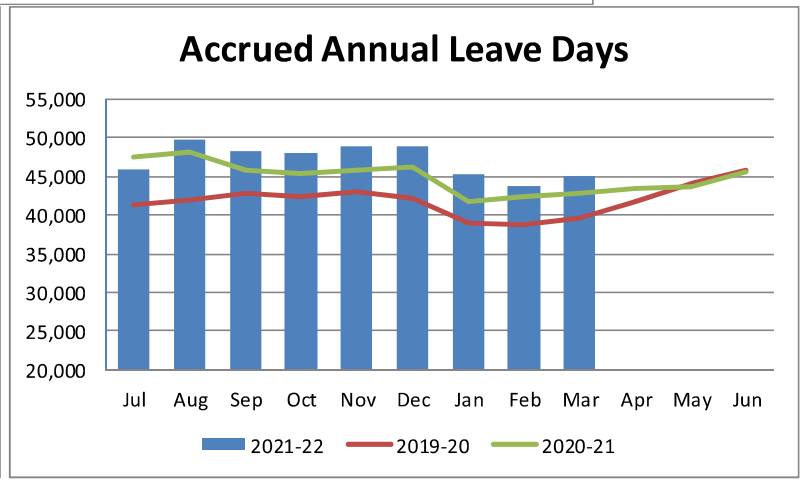
Support FTEs are over budget (7) FTE, driven by Food Services (2) FTE, and Orderlies (3) FTE.

Management & Admin are under budget by 31 FTEs driven by SPO 3 FTE, Quality 8 FTE, Communications 2 FTE, Surgical Women's & Children's 7 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 ($237k) for the month, driven largely by Radiology.
  - Treatment related costs ($197k) unfavourable for the month driven by Instruments and Blood Products ($61k), Implants and Prostheses ($27k), Patient Consumables ($74k) and other minor variances.
  - Non Treatment Related costs favourable $179k driven by Compliance and Corporate Costs $207k, mostly offset by Facilities expenses.
  - IDF Outflows $2,266k favourable for the month, driven by current year wash-ups including a one off favourable adjustment for August and September of $388k.
  - Other External Provider costs unfavourable ($625k), mostly driven by COVID-19 related payment to PHO's ($441k), Laboratory costs ($107k) and other variances.
  - Interest, Depreciation & Capital Charge favourable $106k, driven by Depreciation $147k, reflecting delays in the Capital programme, offset by changes to the Capital Charge ($43k).

Section 5

Additional Financial Information & Updates

Financial Position as at 31 March 2022

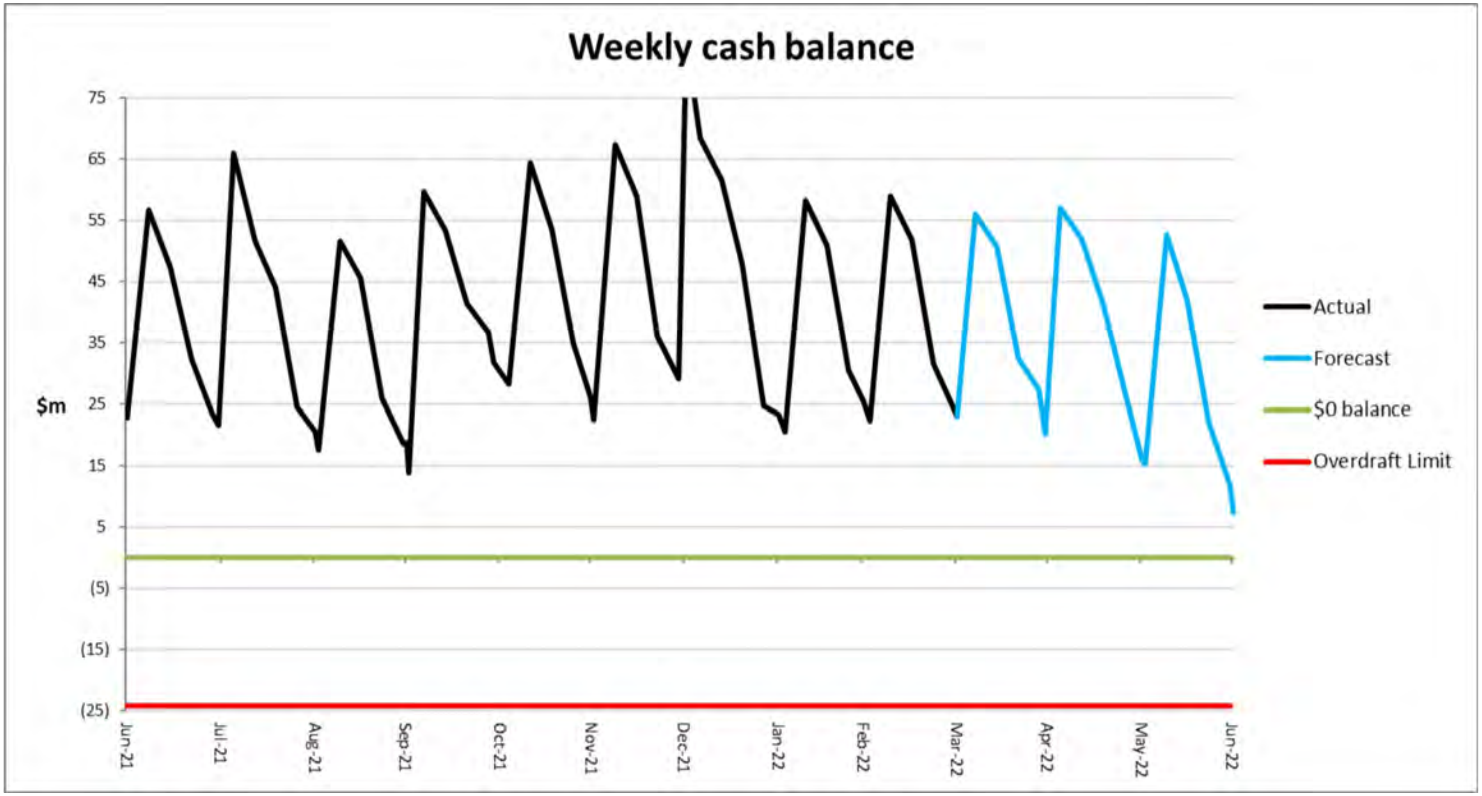
$000s	Actual	Budget	Variance	Jun 21	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank	23,058	2,857	20,201	22,890	167	Average bank balance in Mar-22 was $43.9m
Bank - Non DHB Funds *	3,293	5,831	(2,538)	5,236	(1,943)	
Accounts Receivable & Accrued Revenue	34,949	25,281	9,668	33,457	1,492	
Stock	2,118	2,614	(495)	2,322	(204)	
Prepayments	1,644	1,161	483	1,241	403	
Total Current Assets	**65,063**	**37,744**	**27,319**	**65,146**	**(83)**	
Fixed Assets						
Fixed Assets	219,185	254,590	(35,405)	223,741	(4,556)	
Work in Progress	12,043	7,905	4,138	9,218	2,825	
Total Fixed Assets	**231,228**	**262,495**	**(31,267)**	**232,958**	**(1,730)**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	
Trust Funds Invested	1,331	1,266	64	1,221	110	
Total Investments	**2,481**	**2,416**	**64**	**2,371**	**110**	
Total Assets	**298,771**	**302,655**	**(3,883)**	**300,476**	**(1,704)**	
Liabilities						
Current Liabilities						
Accounts Payable and Accruals	83,644	77,223	(6,421)	79,873	(3,771)	Includes Holidays Act Provision of $32.3m
Crown Loans and Other Loans	10	3	(7)	42	31	
Capital Charge Payable	2,205	4,001	1,796	0	(2,205)	
Current Employee Provisions	29,549	28,199	(1,350)	27,029	(2,521)	
Total Current Liabilities	**115,409**	**109,426**	**(5,982)**	**106,944**	**(8,465)**	
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	3,293	5,831	2,538	5,236	1,943	
Trust Funds	1,202	1,226	24	1,221	19	
Total Non Current Liabilities	**13,781**	**16,207**	**2,425**	**15,743**	**1,961**	
Total Liabilities	**129,190**	**125,633**	**(3,557)**	**122,686**	**(6,503)**	
Net Assets	**169,582**	**177,022**	**(7,440)**	**177,789**	**(8,207)**	
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)	(8,281)	(11,268)	2,988	(12,226)	3,945	
Total Equity	**169,582**	**177,022**	**(7,441)**	**177,789**	**(8,207)**	

* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 31 March 2022

$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Forecast	May Forecast	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	45,123	44,776	45,326
Receipts from Other DHBs (Including IDF)	10,208	7,504	10,523	14,609	9,547	16,266	7,610	10,013	9,642	10,778	10,562	10,562
Receipts from Other Government Sources	492	664	623	610	968	762	561	1,256	1,118	653	613	725
Other Revenue	4,907	(460)	(4,228)	3,218	(523)	(4,710)	3,332	1,180	499	116	113	113
Total Receipts	**58,866**	**51,187**	**51,844**	**65,215**	**53,641**	**109,045**	**7,558**	**58,718**	**56,564**	**56,670**	**56,064**	**56,726**
Payments for Personnel	(17,569)	(16,888)	(20,053)	(16,260)	(16,277)	(23,368)	(19,970)	(17,793)	(20,075)	(18,212)	(19,009)	(19,007)
Payments for Supplies (Excluding Capital Expenditure)	(9,630)	(5,793)	(2,437)	(3,561)	(7,839)	(6,430)	(1,195)	(7,793)	(6,846)	(6,044)	(6,066)	(5,528)
Capital Charge Paid	0	0	0	0	0	0	(4,410)	0	0	0	0	(4,410)
GST Movement	(848)	8	828	983	(2,263)	2,776	(1,779)	31	(172)	0	0	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)	(12,245)	(12,245)	(12,245)
Payments to Providers	(18,979)	(16,766)	(19,201)	(21,311)	(19,652)	(19,487)	(19,293)	(18,029)	(20,216)	(20,840)	(20,595)	(20,332)
Total Payments	**(58,989)**	**(51,297)**	**(52,809)**	**(51,288)**	**(58,034)**	**(58,472)**	**(58,946)**	**(55,589)**	**(57,675)**	**(57,340)**	**(57,914)**	**(61,522)**
Net Cashflow from Operating Activities	**(123)**	**(110)**	**(966)**	**13,926**	**(4,393)**	**50,573**	**(51,388)**	**3,129**	**(1,111)**	**(670)**	**(1,850)**	**(4,797)**
Investing Activities												
Interest Receipts	23	23	22	31	33	43	41	35	48	21	21	21
Dividends	0	0	0	0	0	0	0	0	0	4	4	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**	**25**	**25**	**25**
Capital Expenditure	(1,192)	(1,007)	(783)	(823)	(1,280)	(995)	(1,082)	(1,109)	(1,290)	(2,905)	(2,256)	(2,914)
Increase in Investments and Restricted & Trust Funds Assets	(24)	7	(8)	(23)	19	5	(5)	(68)	(14)	0	0	0
Total Payments	**(1,216)**	**(999)**	**(791)**	**(846)**	**(1,261)**	**(989)**	**(1,088)**	**(1,177)**	**(1,303)**	**(2,905)**	**(2,256)**	**(2,914)**
Net Cashflow from Investing Activities	**(1,193)**	**(976)**	**(769)**	**(815)**	**(1,228)**	**(945)**	**(1,047)**	**(1,142)**	**(1,256)**	**(2,880)**	**(2,231)**	**(2,889)**
Financing Activities												
Equity Injections - Capital	0	0	0	0	0	0	0	0	0	0	0	0
Total Receipts	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Interest Paid on Finance Leases	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0	0	(2)	(2)	(2)
Total Payments	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**0**	**0**	**(2)**	**(2)**	**(2)**
Net Cashflow from Financing Activities	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	**0**	**0**	**(2)**	**(2)**	**(2)**
Total Cash In	58,889	51,211	51,866	65,246	53,674	109,089	7,599	58,753	56,611	56,695	56,089	56,751
Total Cash Out	(60,204)	(52,296)	(53,600)	(52,135)	(59,295)	(59,461)	(60,034)	(56,766)	(58,978)	(60,247)	(60,172)	(64,438)
Net Cashflow												
Opening Cash	22,890	21,575	20,489	18,754	31,865	26,245	75,872	23,437	25,424	23,058	19,505	15,422
Net Cash Movements	(1,316)	(1,086)	(1,734)	13,111	(5,621)	49,628	(52,435)	1,987	(2,367)	(3,552)	(4,083)	(7,687)
Closing Cash	**21,575**	**20,489**	**18,754**	**31,865**	**26,245**	**75,872**	**23,437**	**25,424**	**23,058**	**19,505**	**15,422**	**7,735**

Weekly Cash Flow – Actual to 31 March 2022



Note

- the overdraft facility shown in red is set at $24.2 million as at March 2022
- the lowest bank balance for the month of March was $22.3m

Capital expenditure – Actual to March 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	2,118	10,899
Clinical Equipment	629	6,043	3,824	974	2,850	9,522	3,146	6,376
Information Technology (Hardware)	1,211	1,828	862	408	454	3,493	630	2,864
Intangible Assets (Software)	56	2,853	356	185	170	3,079	91	2,987
Baseline Total	**6,282**	**18,425**	**8,691**	**4,287**	**4,404**	**29,112**	**5,985**	**23,125**
Strategic								
Buildings and Plant	1,065	-	-	-	-	1,065	-	1,065
Clinical Equipment	2,275	1,460	2,301	451	1,850	5,586	141	5,444
IT	722	2,145	1,066	359	707	3,575	452	3,123
IT - RHIP/RHDS/CRISP	-	-	3,315	3,315	-	-	415	-
Strategic Total	**4,063**	**3,605**	**6,682**	**4,125**	**2,558**	**10,226**	**1,008**	**9,632**
Pandemic								
Buildings and Plant	-	-	-	-	-	-	-	-
Clinical Equipment	-	72	-	-	-	72	-	72
IT	-	331	-	-	-	331	147	184
Pandemic Total	**-**	**403**	**-**	**-**	**-**	**403**	**147**	**256**
Total Capital (excluding MOH, Trust, Gym)	**10,345**	**22,433**	**15,374**	**8,412**	**6,962**	**39,741**	**7,140**	**33,013**
MOH funded - Procedure Suite	-	-	3,600	237	3,363	3,363	978	2,385
MOH funded - Maternity Ward	-	-	9,470	207	9,263	9,263	676	8,586
MOH funded equipment	-	1,000	-	-	-	1,000	81	919
Trust funded equipment	-	285	50	18	32	316	128	188
GYM funded equipment	-	-	-	-	-	-	-	-
Total Capital for MOH, Trust, Gym	**-**	**1,285**	**13,120**	**463**	**12,657**	**13,942**	**1,863**	**12,078**
Total Capital (including MOH, Trust, Gym)	**10,345**	**23,717**	**28,494**	**8,875**	**19,619**	**53,682**	**9,004**	**45,091**

Summary of Leases – as at 31 March 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		2,626	31,510		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
			56,987	**683,825**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (136 Vehicles, including 2 Nissan Leaf EV's)			39,909	478,904		Ongoing	Ongoing	Operating
			39,909	**478,904**				
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		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	28/08/2022	Operating
CT Scanner 128 Slice (Equigroup)	Toshiba Medical Systems		24,976	299,711	499,518	28/09/2020	28/05/2022	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	**145,745**	**1,748,962**	**7,528,150**			
Total Leases			**242,640**	**2,911,691**				

Treasury as at 31 March 2022

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$43,935	$44,313
Lowest balance for the month	$22,321	$20,620
Average interest rate	1.28%	1.02%
Net interest earned/(charged) for the month	$48	$35

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	8
Total value of transactions	$49,689 NZD
Largest transaction	$19,347 NZD

	No. of transactions	Equivalent NZD
AUD	5	$21,932
GBP	2	$18,458
SGD		
USD	1	$9,299
Total	**8**	$49,689

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	$5,413	$156	$74	$40	$0	$53	$166	$4,924
Ministry of Health	$4,118	$985	$1,410	$176	$281	$477	$756	$32
Accident Compensation Corporation	$1,048	$641	$75	$13	$127	$6	($39)	$225
Health Workforce NZ Limited	$234	$234	$0	$0	$0	$0	$0	$0
Mental Health Solution	$208	$0	$0	$0	$208	$0	$0	$0
Ministry of Social Development	$194	$0	$0	$148	$46	$0	$0	$0
Wairarapa District Health Board	$162	$0	$16	$63	$0	$83	$0	$0
Te Awakairangi Health Network Trust	$96	$96	$0	$0	$0	$0	$0	$0
ESR Limited	$61	$61	$0	$0	$0	$0	$0	$0
Wellington Southern Community Laboratories	$56	$92	$0	($10)	$1	($27)	$0	$0
Total Top 10 Debtors	**$11,590**	**$2,266**	**$1,575**	**$430**	**$663**	**$592**	**$883**	**$5,180**

Board Information – Public

27 April 2022

CCDHB Financial and Operational Performance Report – March 2022	
Action Required **The CCDHB Board notes:** (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.	
Strategic Alignment	Financial Sustainability
Presented by	2DHB Chief Financial Officer (acting), Mathew Parr 2DHB Director of Provider Services, Joy Farley 2DHB Director Strategy Planning and Performance (acting), Peter Guthrie
Endorsed by	2DHB Chief Executive - Fionnagh Dougan
Purpose	To update the Board in relation to the financial performance and delivery against target performance for the DHB
Contributors	Finance Team, Mental Health and 2DHB Hospital Services, GM MHAIDS.

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 all direct DHB COVID-19 response costs in 2021/22, some indirect costs remain and are being worked through. The Ministry has asked DHBs to separately report 'unfunded' COVID-19 impacts for 2021/22.

- For the nine months to 31 March 2022 the overall DHB year to date result, including COVID-19 costs is $21.7m surplus, ($8.9m) unfavourable to the agreed budget.
- The DHB has identified additional 'unfunded' COVID-19 related expenditure that is being worked through with the Ministry.
- The DHB has submitted an Annual baseline budget of $7m surplus, excluding the $60m Donation for the Children's Hospital the underlying deficit is ($53m).
- Capital Expenditure including equity funded capital projects was $66.2m year to date.
- The DHB has a positive cash Balance at month-end of $7.9 million and a positive "Special Funds" position of $13.4 million. There are certain financial impacts of the COVID-19 response that are being worked through with the Ministry at this time and have a cash impact on the DHB. Overall the DHB cash balance is better than budget due to additional revenue and delayed capital expenditure. Deficit support of $65m was received in January.

Hospital:

- The impact of COVID-19 response for the newer variant Omicron saw our plans for service delivery alongside our COVID reality in full operations. Many hospital programme deliverables and service delivery took second place to these demands.
- We have continued to protect our planned care funding schedule as much as we can by maximising utilisation of current theatre and bed capacity as well as private hospital outsourcing capacity however this is increasingly limited by COVID inpatient demands and staff shortages. We are putting in place forecasting around service delivery and likely impact of COVID to be able to track the impact and be as responsive as we can to changing hospital response levels in our COVID framework.
- Continued intractable workforce shortages 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 national cardiac surgery waiting list is monitored nationally across all the cardiac centres. Our wait list still remains well outside the target waitlist size set by the Ministry programme. Factors impacting on our wait list size is the reduction in surgery due to COVID 19 related additional cancellations due to insufficient ICU capacity. We have been utilising as much private capacity as we can but this is insufficient to reduce the waitlist; a clinical team is looking at other options to support reduction in the waiting time.
- The financial performance of the hospital provider arm deteriorated this month across the areas of revenue, personnel and outsourced costs and outsourced clinical services. A number of responses are in place to meet the forecast trajectory, but this is a difficult and challenging positon in the financial year especially coupled with the current health environment (COVID and workforce).

Funder:

In this report we have also highlighted key areas of performance with a focus on our 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 Māori and Pacific
- Locality Services Integration
    - We are waiting on feedback on the Porirua Prototype proposal to iHNZ and are now focusing our efforts on Lower Hutt and the Wainuiomata community.
- 2DHB Community Health Networks
    - Strengthen Kapiti Community Health Network. An EOI for new members has closed and is being worked through.
    - Develop Community Health Networks in Wellington and the Hutt Valley

- Allied Health Integration
- Community Accident and Medical redesign/ Community Radiology redesign where we are in receipt of the report and are working through its implications

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

Strategic Considerations

Service	Financial performance and funding is a key to delivering the services for the Wellington population and Tertiary services for the region.
People	Staff numbers for CCDHB are 117 FTE below plan year to date
Financial	Planned surplus including the children's hospital donation for CCDHB is $7 million with no COVID-19 impacts included.
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

Item 3.1.1 CCDHB Financial and Operational Performance Report – March 2022