Public Board meeting

Meeting:	Thursday, 27 June 2019
Start time:	9.00 am
Venue:	Board room Pilmuir House Hutt Valley DHB

Hutt Valley District Health Board

Whanau Ora ki te Awakairangi

Healthy People, Health Families, Healthy Communities

Our Values

Always caring – respectful, kind and helpful

Can-do – positive, learning and growing and appreciative

In Partnership – welcoming, listens, communicates and involves

Being our Best – innovating, professional and safe.

Hutt Valley DHB Strategic directions and enablers

Support living well	Adaptable workforce
Shift care closer to home	Smart Infrastructure
Deliver shorter, safer, smoother care	Effective commissioning

Central Region Strategic Objectives 2018/19

Cancer Services	Regional care arrangements
Cardiac Services	Mental Health and Addictions
Ensuring a digitally enabled health system	An enabled and capable workforce

A clinically and financially sustainable health system

Government priorities 2018/19

Primary Care Access	Mental Health
Public Delivery of Health Services	Child Health
School-based health services	Healthy Ageing
Disability Support Services	Pharmacy Action Plan
Improving Quality	Climate Change
Waste Disposal	Budget 18 initiatives
Health Targets	Cross-Government targets

Delivering the Regional Services Plan

HUTT VALLEY DHB	**AGENDA** Held on Thursday, 27 June 2019 Boardroom, Pilmuir House, Hutt Hospital Commencing at 9.00 am
BOARD	**PUBLIC SESSION**

	Item	Action	Presenter	Min	Time	Pg
1.	**PROCEDURAL BUSINESS**			25	9.00 am	
1.1	Karakia					5
1.2	Apologies	ACCEPT	A Blair			
1.3	Continuous Disclosure - Interest Register - Conflict of Interest	ACCEPT CONFIRM	A Blair			6
1.4	Primary birthing		V Rye			
1.5	Minutes of previous meeting 30 May 2019	ACCEPT	A Blair			10
1.6	Matters arising from previous meeting	NOTE	D Oliff			18
1.7	Draft 2019 HVDHB Board work plan	NOTE	D Oliff			19
1.8	Chair's report	VERBAL	A Blair			
1.9	Chief Executive's report	NOTE	D Oliff			20
2.	**PATIENT STORY**					
2.1	Patient experience story	NOTE	D Gell	10	9.25 am	
3.	**FOR DISCUSSION**					
3.1	Internal Audit Plan 2019/20	APPROVE	J Parkinson	5	9.35 am	39
3.2	Joint CCDHB and HVDHB FRAC Terms of Reference	APPROVE	J Parkinson	5	9.40 am	40
4.	**FOR DISCUSSION**					
4.1	Health, Safety and Wellbeing report	NOTE	F Allen	10	9.45 am	41
4.2	Hospital and Health Services report	NOTE	M Brown	10	9.55 am	57
5.	**COMMITTEE REPORTING**					
5.1	Draft Consumer Council minutes 12 June 2019	RECEIVE	D Oliff	3	10.05 am	67
5.2	Clinical Council report 6 June 2019	NOTE	S Jayathissa			72
6.	**OTHER**					
6.1	General Business			2	10.08 am	
6.2	Resolution to exclude the public	AGREE	A Blair			74
6.3	Introduction to Manawhenua Relationship Board and morning tea			60	10.10 am	
DATE OF NEXT MEETING 1 AUGUST 2019						

APPENDICES		
1.8	**Chair's report**	
1.8.1	Response to John Fiso	75
1.9	**Chief Executive's report**	
1.9.1	Vision for Change dashboard	76
1.9.2	April 2019 finance report	77
1.9.3	Fuseworks media report	102
3.1	**Internal Audit Plan 2019/20**	
3.1.1	Hutt Valley DHB Internal Audit Plan 2019/20	111
3.2	**Joint CCDHB and HVDHB FRAC Terms of Reference**	
3.2.1	Capital & Coast DHB Terms of Reference	130
3.2.2	Hutt Valley DHB Terms of Reference	134
4.1	**Health, Safety and Wellbeing report**	
4.1.1	Annual EAP statistics 1 May 2018 – 30 April 2019	138
4.2	**Hospital & Health Services report**	
4.2.1	2018/19 admissions by triage	140
4.2.2	Nursing professional leader update	141
4.2.3	CMO professional leader update	143
4.2.4	Allied Health professional leader update	144

Karakia – Whakataka te hau

Whakataka te hau ki te uru
(Cease the winds from the west)

Whakataka te hau ki te tonga
(Cease the winds from the south)

Kia mākinakina ki uta
(Let the breeze blow over the land)

Kia mātaratara ki tai
(Let the breeze blow over the ocean)

E hī ake ana te atakura
(Let the red-tipped dawn come with a sharpened air)

He tio, he huka, he hau hū
(A touch of frost, a promise of the glorious day)

Tīhei mauri ora!

Hutt Valley Board INTEREST REGISTER

Name	Interest
Graeme Andrew Blair *Chair*	• Chair, Capital & Coast DHB • Chair, Hutt Valley DHB • Chair, Hutt Valley DHB Hospital Advisory Committee • Member, Hutt Valley DHB Finance, Risk and Audit Committee • Member, 3DHB combined Disability Support Advisory Committee • Member, Hutt Valley DHB Community and Public Health Advisory Committee • Member, Capital & Coast DHB Finance, Risk and Audit Committee • Member, Capital & Coast DHB Health Systems Committee • Owner and Director of Andrew Blair Consulting Ltd • Former member of the Hawke's Bay DHB (2013-2016) • Former Chair, Cancer Control (2014-2015) • Former CEO, Acurity Health Group Limited • Advisor to Southern Cross Hospitals Ltd and Central Lakes Trust in relation to establish an independent surgical hospital facility in the Queenstown Lakes region • Chair, Queenstown Lakes Community Housing Trust • Member of the State Services Commission Advisory Group on Crown Entity Chief Executive Remuneration • Member of the Governing Board for the Health Finance, Procurement & Information Management System business Case • Advisor to the Board of Breastscreen Auckland Ltd • Advisor to the Board of St Marks Women's Health (Remuera) Ltd
Wayne Guppy *Deputy Chair*	• Upper Hutt City Council Mayor • Deputy Chair, Hutt Valley District Health Board • Deputy Chair, Hutt Valley District Health Board Finance, Risk and Audit Committee • Member, Hutt Valley District Health Board Hospital Advisory Committee • Wife employed by various community pharmacies in the Hutt Valley • Trustee - Orongomai Marae • Director MedicAlert • Chair – Wellington Regional Mayoral Forum • Chair – Wellington Regional Strategy Committee
Lisa Bridson *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Hospital Advisory Committee • Member, 3DHB combined Disability Support Advisory Committee • Member, Hutt Valley District Health Board Community and Public Health Advisory Committee • Hutt City Councillor • Chair, Kete Foodshare
Ken Laban *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Finance, Risk and Audit Committee • Member, Hutt Valley District Health Board Hospital Advisory Committee • Trustee, Hutt Mana Charitable Trust • Member, Ulalei Wellington • Chairman, Hutt Valley Sports Awards • Member, Greater Wellington Regional Council • Commentator, Sky Television • Broadcaster, Numerous Radio Stations • Member, Christmas in the Hutt Committee • Trustee, Te Awakairangi Trust • Member, Computers in Homes

David Ogden *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Finance, Risk and Audit Committee • Member, Hutt Valley District Health Board Hospital Advisory Committee • Regional Councillor • Principal, Oak Chartered Accountants Limited • Accountant, affiliated, with Simple Accounting Services Limited, which has various clients involved in the Health Sector • Daughter is a Doctor in Clinical Psychology and working within a District Health Board outside of the Central Region • Former Mayor and Councillor, Hutt City Council.
John Terris *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Hospital Advisory Committee • Member, 3DHB combined Disability Support Advisory Committee • Member, Hutt Valley District Health Board Community and Public Health Advisory Committee • National President of Media Matters in NZ – a viewer advocacy group work in the area of TV and the internet, and incorporating Children's Media Watch • Patron – Hutt Multicultural Council Inc
Prue Lamason *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Hospital Advisory Committee • Member, Hutt Valley District Health Board Finance, Risk and Audit Committee • Member, 3DHB combined Disability Support Advisory Committee • Member, Hutt Valley District Health Board Community and Public Health Advisory Committee • Deputy Chair, Hutt Mana Charitable Trust • Councillor, Greater Wellington Regional Council • Chair, Greater Wellington Regional Council Holdings Company • Trustee, She Trust • Daughter is a Lead Maternity Carer in the Hutt
Yvette Grace *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Hospital Advisory Committee • Deputy Chair, 3DHB combined Disability Support Advisory Committee • Chair, Hutt Valley District Health Board Community and Public Health Advisory Committee • General Manager, Rangitane Tu Mai Ra Treaty Settlement Trust • Husband, Family Violence Intervention Coordinator Wairarapa DHB • Sister in law, Nurse at Hutt Hospital • Sister in Law, Private Physiotherapist in Upper Hutt
Tim Ngan Kee *Member*	• Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board Finance, Risk and Audit Committee • Member, Hutt Valley District Health Board Hospital Advisory Committee • Member, Hutt Valley District Health Board Community and Public Health Advisory Committee • General Practitioner, Churton Park Medical Care • Partner, Churton Park Medical Care
Kim von Lanthen	• Member, Hutt Valley District Health Board • One third shareholding Kim von Lanthen and Associates Ltd • One half shareholding Commodity Markets (NZ) Ltd • Nephew seconded as a cardiology registrar • One third shareholding NZ Bio Forestry Ltd

Hutt Valley DHB Executive Leadership Team

Interest Register

Name	Interest
Dale Oliff *Acting Chief Executive* *Hutt Valley DHB*	• No interests declared
Nigel Fairley *General Manager, 3DHB Mental Health Addictions & Intellectual Disability Service*	• Fellow, NZ College of Clinical Psychologists • President, Australian and NZ Association of Psychiatry, Psychology and Law • Trustee, Porirua Hospital Museum • Director and Shareholder, Gerney Limited
Melissa Brown *Acting Chief Operating Officer*	• Member of the Australian College of Midwives
Tofa Suafole Gush *Director Pacific Peoples Health*	• Member of the Te Awakairangi Health Board • Pacific Member, Board of Compass Health • Husband is an employee of Hutt Valley DHB
Dr Sisira Jayathissa *Chief Medical Officer*	• Member of the Medicine Adverse Reaction Committee MedSafe (MOH) • Member Standing committee on Clinical trials (HRC) • Member Editorial Advisory Board NZ formulary • Member Internal medicine Society of Australia and NZ • Australian and New Zealand Society for Geriatric Medicine • Writer NZ internal Medicine Research Review • Clinical Senior Lecturer and Module convenor Clinical Skills module (HUTT campus), University of Otago
Judith Parkinson *General Manager, Finance and Corporate Services*	• Director of Allied Laundry
Bridget Allan *Chief Executive, Te Awakairangi Health Network (PHO)*	• Chief Executive, Te Awakairangi Health Network (PHO) • Board member of Vibe • Healthy Families Lower Hutt Leadership Group member
Fiona Mayo *Communications Manager*	• No interests declared
Helene Carbonatto *General Manager Strategy Planning & Outcomes*	• Sister is a GP in CCDHB • Husband is a general manager at the Health Promotion Agency
Fiona Allen *General Manager Human Resources & Organisational Development*	• No interests declared

Kerry Dougall *Director of Māori Health*	• Board Chair, Kokiri Marae Māori Women's Refuge • Board member, Ta Kirimai te Ata Whanau Collective
Chris Kerr *Director of Nursing*	• 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
Debbie Gell *General Manager Quality, Service Improvement and Innovation*	• Member of consumer council for Healthy Homes Naenae
Christine King *Director of Allied Health, Scientific and Technical*	• Brother works for Medical Assurance Society (MAS) • Sister is a Nurse for Southern Cross
Kristine McGregor *Executive Officer*	• Husband works in 3DHB ICT

BOARD **PUBLIC**

HUTT VALLEY DHB	**MINUTES** Held on Thursday, 30 May 2019 Te Aro room, Front+Centre, 69 Tory Street, Wellington **Commencing at 12.30 pm**
BOARD	**PUBLIC SECTION**

PRESENT

Andrew Blair	Chair, Hutt Valley and Capital & Coast DHBs	
Lisa Bridson	Member, Hutt Valley DHB	
Yvette Grace	Member, Hutt Valley DHB	
Wayne Guppy	Deputy Chair, Hutt Valley DHB	
Ken Laban	Member, Hutt Valley DHB	
Prue Lamason	Member, Hutt Valley DHB	
Kim von Lanthen	Member, Hutt Valley DHB	
Tim Ngan Kee	Member, Hutt Valley DHB	
David Ogden	Member, Hutt Valley DHB	*from 12.48 pm*
John Terris	Member, Hutt Valley DHB	*from 12.42 pm*

APOLOGIES

Yvette Grace	Member, Hutt Valley DHB	*for early departure*

IN ATTENDANCE

Fionnagh Dougan	Chief Executive Designate	
Judith Parkinson	Acting Chief Executive	
Kristine McGregor	Executive Officer	
Melissa Brown	Interim Chief Operating Officer	
Rod Bartling	Service Improvement Director, Mental Health and Addictions	
Sisira Jayathissa	Chief Medical Officer	
Fiona Mayo	Communications Manager	*from 12.35 pm*
Tofa Suafole-Gush	Director of Pacific People's Health	*from 1.13 pm*
Christine King	Director of Allied Health, Scientific and Technical	
Fiona Allen	General Manager – Human Resources and Organisational Development	
Kerry Dougall	Director of Maori Health	*from 2.18 pm*
Christine Rabone	Committee Secretary	
Kate Charles		

<u>CCDHB</u>

Kathryn Adams	Member, Capital & Coast DHB	
Eileen Brown	Member, Capital & Coast DHB	
'Ana Coffey	Member, Capital & Coast DHB	*from 1.22 pm*
Sue Driver	Member, Capital & Coast DHB	
Sue Kedgley	Member, Capital & Coast DHB	
Kim Ngarimu	Member, Capital & Coast DHB	
Darrin Sykes	Member, Capital & Coast DHB	*until 12.55 pm*
Fran Wilde	Deputy Chair, Capital & Coast DHB	
Julie Patterson	Interim Chief Executive	
Rommel Anthony	Acting 3DHB Chief Information Officer	*from 1.45 pm*
Sandy Blake	General Manager, Quality Improvement and Patient Safety	
Thomas Davis	General Manager, Corporate Services	
Taima Fagaloa	Director of Pacific People's Health	*from 12.58 pm*
Nigel Fairley	General Manager, 3DHB MHAIDS	
Arawhetu Gray	Direct Maori Health Services	

BOARD **PUBLIC**

Rachel Haggerty	Executive Director, Strategy, Innovation and Performance
Mike McCarthy	Chief Financial Officer
Arish Naresh	Executive Director Allied Health, Scientific and Technical
Andrew Wilson	Acting General Manager, People and Capability
Carey Virtue	Executive Director Operations, Medicine, Cancer and Community
Chas Te Runa	External Communications Advisor

GUESTS

Tino Pereira	Chair, Sub-regional Pacific Health Advisory Group	*1.25 – 1.45 pm*
1 x member of the public		*12.30 – 2.08 pm*
Lealamanua (Caroline) Mareko		*12.58 – 1.45 pm*

BOARD **PUBLIC**

1. PROCEDURAL BUSINESS

The Chair welcomed the Board, the Chief Executive Designate, Acting Chief Executive, and the executive team to the meeting together with the representatives of CCDHB.

The Chair informed the Board that although the CCDHB and HVDHB Boards were meeting together at the same time, these were two separate DHB Board meetings being held concurrently.

1.1 KARAKIA

The meeting was opened with a karakia

1.2 APOLOGIES

The Board **NOTED** apologies from Ms Y Grace for early departure

1.3 CONTINUOUS DISCLOSURE

The Board **CONFIRMED** that it was not aware of any matters (including matters reported to, and decisions made by the Board at this meeting) that required disclosure.

1.3.3 INTEREST REGISTER – HUTT VALLEY DHB

The Board **NOTED** that no changes to the interest register were declared in the meeting

1.3.4 CONFLICT OF INTEREST

The Board **CONFIRMED** that it was not aware of any matters (including matters reported to, and decisions made, by the Board at this meeting) that require disclosure and that there would be an opportunity to declare any conflicts prior to discussion on each item of the agenda.

1.4 MINUTES FROM PREVIOUS MEETINGS

The Board **RESOLVED** to approve the minutes of the Members' (Public) meeting held on 2 May 2019 as a true and accurate record of the meeting.

MOVED: P Lamason **SECONDED:** L Bridson **CARRIED**

1.5 ACTIONS LIST AND MATTERS ARISING

1.5.1 HUTT VALLEY DHB

The Board **RECEIVED** the matters arising from the previous meeting, and **NOTED :**

- Item B2019-1 has been completed
- Item CBP2019-5 is on today's agenda
- Item B2019-2 is scheduled for 27 June 2019

1.6 DRAFT 2019 JOINT BOARDS' WORK PLAN

The Chair acknowledged the work of Roger Blakeley, Sue Driver, Kim von Lanthen, the acting Chief Executives of HVDHB & CCDHB, and Kristine McGregor for their work on today's agenda ensure it had a more strategic focus

The Chair noted that the meeting dates for 2020 and the 2020 workplan is due to the Boards in August, and whilst the current Boards would endorse its adoption, there would be the opportunity for the newly elected Boards to review it after they take office.

The Board noted the draft 2019 joint Boards' workplan

BOARD **PUBLIC**

1.7 CHAIR'S REPORT

The Chair provided a verbal report to the Board, noting the correspondence he has received and sent (included in today's papers), the meetings he had attended since the last Board meeting, the upcoming meetings he will be attending and any media queries he had received.

Correspondence

13 May 2019 (outgoing)	Letter to Biddy Harford, Chief Executive, Te Omanga Hospice congratulating the organization for the completion of the new facility and commending them for the work they have been doing across the HV health system on their service delivery model
2 May 2019 (incoming)	Letter from Michelle Arrowsmith, DDG DHB Performance, Support and Infrastructure, MOH, regarding DHB strategic conversations with the Ministry on 24 May
9 May 2019 (incoming)	Letter from John Ryan, Controller and Auditor-General, regarding insights and reflections from Audit NZ's 2017/18 central government audit work
20 May 2019(incoming)	Letter from the Minister of Health regarding the approval of the Central Region's 2018/19 Regional Services Plan

Meetings

9 May 2019	National DHB Chairs and CEs meeting • Presentation form Peter Boshier, Chief Ombudsman • Discussion was held regarding the need to improve the induction process run by the Ministry of Health for new Board members

The Board **NOTED** the contents of the verbal report.

1.8 COMBINED CHIEF EXECUTIVES' REPORT

The report was taken as **READ**.

The Acting and Interim Chief Executives of HVDHB and CCDHB provided verbal updates on the strategic meeting they had with the Ministry of Health on 24 May, and noted that this meeting was very positive.

Following today's Budget 2019 announcements, Mr M McCarthy and Ms J Parkinson will analyse how this will affect CCDHB's & HVDHB's final 2019/20 budgets, and will send this out to the Boards.

The Board:

a) **NOTED** the consultation on the lead DHB for MHAIDS is well underway;

b) **NOTED** that the DHBs had a strategic conversation with the Ministry of Health on 24 May;

c) **NOTED** that a written submission to the Health System Committee is underway.

3. AGENDA FOR CHANGE

3.1 IMPLEMENTATION PLAN LIVING LIFE WELL – 3DHB MENTAL HEALTH & ADDICTIONS STRATEGY

Ms R Haggerty provided a verbal summary of the development process, and presented overview of the implementation plan. She acknowledged the work of Mr R Bartling and Ms K Charles in the development of strategy and its implementation plan.

Mr D Ogden joined the meeting at 12.48 pm

Mr D Sykes departed the meeting at 12.55 pm

Ms T Fagaloa and Ms L Malua entered the meeting at 12.58 pm

BOARD **PUBLIC**

The paper was taken as **READ.**

The Board noted that the implementation plan has been endorsed by Wairarapa DHB.

The Board queried how the Strategy and its implementation plan would affect the work that has begun on the Te Whare Ahuru rebuild. Mr R Bartling outlined where the business case is in the process (currently with the Ministry of Health), and the DHB expects to hear further in July/August.

The Board noted that the implementation plan could be used as the framework for future reporting on mental health.

The Board:

a) **APPROVED** the *Living Life Well 2019 – 2025* Implementation Plan;

b) **NOTED** that a large programme of mental health improvement work is already underway;

c) **NOTED** that additional investment will need to be committed to by the 3DHBs to achieve the full outcomes sought from this Plan, as well as a reconfiguration of some of mental health investments and transformative change in the MHAIDS services;

d) **NOTED** that a Population Outcomes Framework will be presented to DSAC for feedback in August 2019 and to the 3DHB Boards for approval in November 2019;

e) **NOTED** that a five-year investment plan be presented to DSAC for feedback in December 2019 and to the 3DHB Boards for approval in February 2020;

f) **NOTED** that the Strategy and Implementation Plan will be reviewed against the Government's response to the Mental Health and Addiction Inquiry Report once available;

g) **NOTED** that Implementation Plan will be reviewed in December 2019, and annually thereafter.

MOVED: K von Lanthen **SECONDED:** J Terris **CARRIED**

2. PATIENT STORY

2.1 PATIENT EXPERIENCE STORY

Ms T Fagaloa introduced Ms Mareko (Caroline) to the Board who shared her experience in the health system when she was trying to find out further information about bariatric surgery. She noted that barriers not only exist within the health system, but throughout the wider community (for instance, the lack of ramp access into and out of some local pools).

The Board Chair thanked Taima and Caroline for bringing the story to the meeting.

3. AGENDA FOR CHANGE

3.3 PACIFIC PEOPLE'S HEALTH UPDATE

Fa'amatuainu Tino Pereira entered the meeting at 1.25 pm

The paper was taken as **READ.**

Ms T Fagaloa provided a verbal update to the Board regarding what engagement with communities has occurred for the refreshed Pacific Action Plan to date. She also informed the Board of the Sub-regional Pacific Strategic Health Group's new members.

The Board:

a) **NOTED** the contents of this report;

b) **NOTED** the 3DHB Pacific Plan engagement;

c) **NOTED** the appointment of the Sub-regional Pacific Strategic Health Group members

BOARD **PUBLIC**

3.2 UPDATE ON PROGRESS AGAINST THE 2018/19 REGIONAL SERVICES PLAN

The paper was taken as **READ.**

The Board:

a) **NOTED** progress update on the regional programme for 2018/19 as provided by the Central Region Technical Advisory Services (TAS).

3.4 3DHB MEDICATION MANAGEMENT IT ROADMAP

The paper was taken as **READ.**

Mr R Anthony introduced Steve Earnshaw, the 3DHB Chief Clinical Information Officer to the Boards, and outlined that Steve is well-placed to lead the work around implementing a medication management solution across the 3DHBs due to his experience with implementing one at South Canterbury DHB.

The Board:

a) **NOTED** the information in this paper.

3. COLLABORATIVE ACTIVITY

4.1 3DHB DSAC RECOMMENDATIONS 6 MAY 2019

The Board noted the Living Life Well implementation plan had already been approved earlier in the meeting

4.2 3DHB MHAIDS UPDATE

The paper was taken as **READ**.

M N Fairley updated the Board that the final decision on the MHAIDS consultation would be due to come to the Board in July (was previously advised as June)

The Board:

a) **NOTED** MHAIDS Consultation is underway. The first phase, which sought feedback from staff has been extended to 7 June. This is being collated and reviewed by the MHA Improvement Programme Governance Group;

b) **NOTED** a pilot is underway with a Mental Health Nurse being based in WRH's Emergency Department;

c) **NOTED** at a recent Zero Seclusion forum, the MHAIDS storyboard received an award for the category "best use of data to describe improvement".

4.3 2DHB PEOPLE AND CAPABILITY REPORT

The paper was taken as **READ**.

The Board commended management on its work on leave management.

The Board:

a) **NOTED** the content of the report in regards to the progress being made by HVDHB and CCDHB against the General Manager Human Resources (GM HR) regional priorities;

b) **NOTED** the regional priorities of the Central Region GMs HR;

c) **NOTED** the performance of HVDHB and CCDHB against key HR metrics relating to the management of staff establishment and vacancies (CCDHB only), employee turnover, annual leave and sick leave.

4.4 3DHB ICT QUARTERLY UPDATE

The paper was taken as **READ**.

BOARD **PUBLIC**

Action: The Board requested management provide an update to FRAC regarding matters raised in "Information Communications Technology controls" section of the letter from the Controller and Auditor-General dated 9 May 2019.

The Board:

a) **NOTED** that the availability of key (category one) ICT systems over the reporting period measured 99.54 percent against a target of 99.90 percent. The average availability over the last 12 months measured 99.39 percent;

b) **NOTED** that all planned data backups were completed successfully during the reporting period;

c) **NOTED** that two low level cyber security phishing incidents occurred during the reporting period that resulted in an urgent piece of security remediation work in April 2019;

d) **NOTED** the appointment of the 3DHB Chief Clinical Information Officer (CCIO);

e) **NOTED** the recruitment of the new Chief Digital Officer to replace Shayne Hunter has been completed.

4.5 POPULATION HEALTH REPORT

The paper was taken as **READ**.

Action: The Board requested further information be provided in subsequent reports regarding access rates to community dental services

Action: The Board requested management investigate what work can be done to improve access to warm water in schools (as a means of reducing skin infections)

Action: The Board requested data be provided in subsequent reports regarding the follow up of patients following abnormal cervical and breast screening results

The Board:

a) **RECEIVED** the updates from the three regional services (Regional Public Health, Wellington Regional Dental Service and Regional Screening);

b) **NOTED** the process for reporting updates from the Greater Wellington Regional Drinking Water Joint Working Group to the CCDHB and HVDHB Executive Leadership teams;

c) **NOTED** the change of direction for the Regional Child Oral Health Service (RCOHS) to involve Pasifika Early Childhood Centres for the supervised tooth brushing programme;

d) **NOTED** the proposal for the high risk strategy intervention for the Regional Child Oral Health Service's most vulnerable children through a Kāiawhina driven fluoride application programme;

e) **NOTED** the commitment by the Regional Child Oral Health Service on eliminating service arrears by end of 2020.

5. OTHER

5.1 GENERAL BUSINESS

No items of general business were raised.

5.2 RESOLUTIONS TO EXCLUDE THE PUBLIC

The Board **RESOLVED** to **AGREE** that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

SUBJECT	REASON	REFERENCE
Public Excluded Minutes and Public Excluded Matters Arising from previous meeting	For the reasons set out in the 1 May 2019 Capital & Coast DHB, and 2 May 2019 Hutt Valley DHB Board agendas	

BOARD **PUBLIC**

Combined Chief Executives' report	Information contained in the paper may be subject to change as the information has not yet been reviewed by the Boards' FRACs Paper contains information and advice that is likely to prejudice or disadvantage negotiations	Section 9(2)(f)(iv) Section 9(2)(j)
Sub-committee draft minutes	Papers contain information and advice that is likely to prejudice or disadvantage negotiations	Section 9(2)(j)
Joint Long Term Investment update – options to manage increasing dialysis demand in the sub-region	Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	Section 9(2)(i)(j)
Audit NZ – audit engagement letter and fees 2018/19		
Data Networks Services Transition update		
2DHB Employment Relations update		
Members' legal responsibilities and risks and indemnity insurance	Paper contains legal advice	Section 9(2)(h)
First draft 2019/20 Regional Services Plan	Subject to Ministerial and/or Cabinet approval	Section 9(2)(f)(iv)

MOVED: W Guppy **SECONDED:** P Lamason **CARRIED**

The meeting closed at 2.27 pm

8. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 27 June 2019, in the Boardroom, Pilmuir House, Hutt Valley DHB, commencing at 9.00 am.

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

DATED this day of 2019

ANDREW BLAIR
CHAIR
HUTT VALLEY DISTRICT HEALTH BOARD

BOARD **PUBLIC**

MATTERS ARISING FROM PREVIOUS MEETINGS

Original Meeting Date	Ref	Topic	Action	Resp	How Dealt with	Delivery date	Completed Date
30 May 2019	**BP2019-9**	Population Health report	The Board requested data be provided in subsequent reports regarding the follow up of patients following abnormal cervical and breast screening results	Interim COO, HVDHB	Information included in next report	29 August 2019	
	CPB2019-8	Population Health report	The Board requested management investigate what work can be done to improve access to warm water in schools (as a means of reducing skin infections)	Interim COO, HVDHB	Investigation undertaken and report back included in next report	29 August 2019	
	CBP2019-7	Population Health report	The Board requested further information be provided in subsequent reports regarding access rates to community dental services	Interim COO, HVDHB	Information included in monthly balanced scorecards	29 August and ongoing	
	CBP2019-6	3DHB ICT Quarterly update	The Board requested management provide an update to FRAC regarding matters raised in "Information Communications Technology controls" section of the letter from the Controller and Auditor-General dated 9 May 2019.	Acting 3DHB CIO	Report prepared for FRAC meeting on 26 June 2019	26 June 2019	26 June 2019
2 May 2019	**B2019-2**	Strategy, Planning and Outcomes update	The Board requested that management investigate the Board visiting Te Omanga's new facility	Executive Officer	Site visit arranged for 27 June	June 2019	

Hutt Valley DHB Board work plan 2019

Regular monthly items:				
Public	Chair's report	CEO's report	Resolution to exclude the public	
Public Excluded	Chair's report	CEO's report	FRAC report back	FRAC minutes

Strategy, Planning and Outcomes updates to include:		
• ALT update	• Palliative Care update	• Obesity prevention
• Primary Care update	• Child & Youth health	• Smoking cessation services

	January	February	March	April	May	June	July	August	September	October	November	December
Decision	Combined Boards workshop		First draft 2019/20 Annual Plan	2019/20 Funder Commitments		Internal audit plan 2019/20	Unified telephony and pager business case **		Allied Laundry AGM	HVDHB 2018/19 Draft Annual report		
			Lead DHB model for MHAIDS			Final 2019/20 Operating and Capital budgets	IT backup system replacement		Hospital dental system replacement business case*	Final 2019/20 Annual Plan		
						Insurance renewal	Concerto Transition Phase 1 Business Case			Final 2019/20 RSP		
						AoG contract for the supply of electricity and associated services	Final Draft Annual Plan			Electronic order of and signoff of other diagnostics *		
										Theatre Capacity		
Discussion			Hospital & Health Services report	Strategy, Planning & Outcomes update		Hospital & Health Services report	Strategy, Planning & Outcomes update		Hospital & Health Services report	Strategy, Planning & Outcomes update		Hospital & Health Services report
			Health & Safety report	Maori Health update		Health & Safety report	Maori Health update		Health & Safety report	Maori Health update		Health & Safety report
			Q2 performance	Quality and Safety report		Facilities & Infrastructure	Quality and Safety report		People & Capability update	Quality and Safety report		RSP progress update
				Progress update 2018/19 Annual Plan actions		~~Staff turnover~~	Clinical Council report		Facilities & Infrastructure	Clinical Council report		Facilities & Infrastructure
				Update on Phases 1 and 2 – ICT Resilience Programme		~~Maternity refurbishment update~~	Consumer Council report/minutes		Clinical Council report/minutes	Consumer Council report/minutes		External Audit report
				Recognition of long serving staff		Clinical Council report/minutes	Maternity refurbishment update		Consumer Council report/minutes			Clinical Council report
				Clinical Council report		Consumer Council report/minutes						Consumer Council report/minutes
				Consumer Council report/minutes								
Presentation			Closer to home	Clinical Services Plan		Iwi Relationship Board			Iwi Relationship Board			Iwi Relationship Board
Visits			OPRS	Te Whare Ahuru		Visit to Te Omanga Hospice						

Commented [KM[1]: ** Board approval may not be required as may be within CE's level of delegation

Commented [KM[2]: * Timing subject to Hutt Valley and Wairarapa business cases being progressed concurrently

Commented [CR3]: Removed as turnover trends are being reported to the Board in the Quarterly People and Capability Update.

Commented [KM[4]: Paper deferred to July As detailed scoping work still underway

PUBLIC

HUTT VALLEY DHB	**BOARD DISCUSSION PAPER**
	Date: 27 June 2019

Author	Dale Oliff, Acting Chief Executive
Reviewed/approved by	The Executive Leadership Team (reviewing on 26 June 2019)
Subject	**Chief Executive's report June 2019**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** that HVDHB underwent a full on-site certification audit during 4 – 7 June. Management is awaiting the full draft report to consider findings and put measures in place for any corrective actions;

b) **NOTES** that management is currently finalising the economic and financial case for the Te Whare Ahuru reconfiguration project. Management is working to complete the business case whilst it awaits advice from the Ministry of Health on whether the project has been prioritised as part of the new national capital process;

c) **NOTES** the April 2019 DHB financial performance showed a favourable variance of $925K that was $3,091K favourable year-to-date (YTD).

APPENDICES

1. Vision for Change quarter three 2018/19 dashboard
2. April 2019 finance report
3. Fuseworks media report

1. PURPOSE

The purpose of this paper is to provide the Board with updates from across the hospital and wider Hutt Valley health system. It highlights work that is occurring at the DHB that relates to the Government's 2018/19 priorities and the DHB's strategy:

- workforce (through the focus on health, safety and staff wellbeing);
- mental health and 'shorter, safer, smoother care' (through the work on the preferred model of care for Te Whare Ahuru and the reconfiguration project);
- Smokefree 2025 (through the targeted smokefree support services being offered by the DHB to staff and patients through Tama Tua (Māori Health team) and Dan Umaga (Pacific People's Health directorate).

2. VISION FOR CHANGE DASHBOARD

The Vision for Change dashboard for quarter three 2018/19 is attached as appendix one. This dashboard has been developed to provide the executive leadership team and the Board with an 'at a glance' summary of the DHB's performance against the key measures and indicators that were included in the DHB's 2018/19 Annual Plan, and that are relevant to implementing *Our Vision for Change* and the Clinical Services Plan.

Highlights for quarter three include:

- Support People Living Well:
  - Re-establishment of the Water in Schools programme across the Hutt Valley;
  - Flu vaccinations – Kokiri Marae supported to deliver vaccinations and facilitation of flu vaccinations to a Sikh temple congregation.
- Adaptable workforce:
  - Launch of "Nursing at its Best" nursing strategy in February 2019;
  - Care Capacity Demand Management programme on track to meeting the work plan goals.
- Shift Care Closer to Home:
  - All GP practices implementing the low fees for Community Services Card holders from 1 January 2019;
  - Establishment of the eight-week community-based programme 'Children Understanding Mental Health' for children who have a member of their family or whanau experiencing mental health and/or addiction challenges.
- Smart Infrastructure:
  - New e-portfolio nursing training went live in April 2019 that will assist nurses to meet their ongoing training requirements;
  - Completion of workshops with user groups and architects for the second phase of the Te Whare Ahuru reconfiguration project.
- Deliver Shorter, Safer, Smoother Care:
  - Commencement of a six-month pilot for the early assessment and support for frail elderly in ED to reduce admissions and improve outcomes;
  - Piloting Saturday electives lists to reduce acute impact on elective activity.
- Effective Commissioning:
  - Strategic discussions at two sub-regional planning workshops on joint hospital network planning;
  - The use of plant-based paper cups around the hospital.

3. QUALITY AND SAFETY UPDATE

3.1 Quality and Patient Safety Committee update – April and May 2019

The Quality and Patient Safety Committee (QPSC) is the key committee for enabling clinical governance, ensuring the organisation has appropriate systems and processes for patient safety, and is learning from our serious adverse events. The committee meets monthly; the agenda includes updates from committees reporting as part of the Clinical Governance Framework; reviewing the Quality and Patient Safety dashboard and considering any special cause variation; and confirming recommendations of reviewed serious adverse events.

At the April and May 2019 meetings, the QPSC welcomed new members Debbie Gell – GM Quality, Melissa Brown – Interim Chief Operating Officer, and Steve Earnshaw – Chief Clinical Information Officer. The committee received reports from the Patient Deterioration group, the Infection Prevention and Control Committee, Property and Facilities, and the Medicines Committee.

Susan Cartmell (Clinical Nurse Manager (CNM) for ICU and the Patient at Risk Service) and Ravi Ramaiah (Consultant in Anaesthesia and Intensive Care) are leading the work on the deteriorating patient quality and safety marker from the Health Quality and Safety Commission (HQSC). They highlighted work done in this area in recent years and the difficulty in expanding the 'Patient at Risk Service' due to nursing capacity. In 2019, they will receive assistance from HQSC improvement advisor (Russell Tonkin), and the Interim

Chief Operating Officer and Director of Nursing will work with the CNM on the service model for the PARS nurses. The group will report back to QPSC in three months' time.

The Infection Prevention and Control Committee (IPCC) were represented by Matthew Kelly, Infectious Diseases Physician who presented the Annual Report. He noted the ongoing challenge of working in an integrated way across the health system and particularly into aged residential care, the progress in the management of the community CPE outbreak and celebrated recent successes in reducing IV line infections, improved hospital cleaning and point of care influenza testing in the emergency department. Next steps for the IPCC are work on the transmission-based precautions, antimicrobial stewardship rounds and a project with ACC on improving aseptic technique in out of theatre settings.

Darrell Chin, Property and Facilities Manager provided updates on a number of building and property issues that impact on patient safety. The QPSC asked for progress reports on three issues related to theatres and radiology, and for Property and Facilities to consider a revised approach to the prioritisation of work to include clinicians and patient safety – this may follow a similar model to ICT prioritisation.

Medicines Committee has made considerable progress and is well connected with ward medicines groups. Audits in key areas (such as controlled drugs) are performed and actions being worked through. Sue O'Connor, Pain Clinical Nurse Specialist was thanked for her ongoing work on the quality safety marker on opioids.

One MHAIDS serious adverse event review was received and endorsed, along with one each from Surgical, Women's and Children's, and Medical and Acute Care. Preliminary reports were received for three new serious adverse events. The Quality and Safety monthly dashboards were received with special cause variation noted in total reported events. This variation is being analysed further by the Quality team and raised with the services involved to consider the factors that may be contributing.

3.2 National Inpatient Experience Survey – results for quarter one 2019

It is a requirement of the Ministry of Health that each DHB undertake a patient experience survey. Nationally, the HQSC facilitates this through a quarterly National Adult Patient Experience Survey (adult inpatients over 15 years of age, excluding Mental Health). The survey has four domains: communication, partnership, coordination, and needs (physical and emotional).

The National Inpatient Experience Survey results are presented in the same way that other quality and patient safety metrics are presented here, by control charts, with examples of the comments that are received from survey respondents.

This quarter's results include responses from 92 people who were cared for in Hutt Hospital, a response rate of 23 percent – similar to the national average. Across each of the four domains scores are consistent with previous quarters, but higher than the national average. The comments are examples of the verbatim responses and a useful insight into the care provided. These survey responses are now given to clinical staff in ward areas on a regular basis to both re-inforce positive aspects of care and to identify areas for improvement.

National Inpatient Experience Survey Q1 2019

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Commentary

HVDHB received a score of 8.7 (0 to 4.9 Poor, 5 to 6.9 Moderate, 7 to 8.9 Good, 9 to 10 Excellent) for the Communication Domain. This is in line with previous scores in this area and sits 0.4 above the national mean for this domain.

Example of Communication comments:

- *I had excellent care and support. I was consulted each step of the way. Explanations given as to best treatment. Did not need or require anything further.*
- *I never felt like I was being a pain when I asked questions and Drs and nurses always gave me their time when they could even though they were really busy and I appreciated that so much.*
- *We were often told things that didn't happen, nurses and doctors on occasions saying different things.*
- *The doctors were having a discussion regarding a medication I needed to go on, between themselves across my bed. The doctor who was leading the conversation apologised for talking over me. Then went on to explain what they had been discussing and why there was an issue. I appreciated that he took the time to explain.*
- *Staff were clear and respectful, no unnecessary jargon.*
- *There was very minimal communication. Would have been good to know more about what was happening e.g. when I could be discharged.*
- *The doctors and staff were very good with what had to be done for me. The best. They were good to me. They gave me a board and pencil to write down if I couldn't understand them or need something. Great.*
- *My condition was explained very well to me.*

Commentary

HVDHB received a score of 8.6 (0 to 4.9 Poor, 5 to 6.9 Moderate, 7 to 8.9 Good, 9 to 10 Excellent) for the Coordination Domain this quarter. This is in line with previous scores and sits 0.3 above the national mean for this domain.

PUBLIC

Examples of Coordination comments:

- *The care from the Post Natal ward was fantastic. The staff were always available. I felt like each Midwife knew my case history before they met with me. I felt comfortable to discuss all my concerns with all of the staff. The only frustration was the conflicting advice on breastfeeding.*
- *Every time I was moved from one place to another (as in GP's surgery to ED, ED to the ward), I was told what was happening, why it was happening and what it meant. Also if there was a change, this was explained as soon as possible.*
- *Respiratory staff took time to merge 3 days appointments into 1 day.*
- *With the change of shifts the new staff appeared to know all about what was happening which is encouraging.*
- *The medical staff both occupational therapist and physiotherapists all worked exceptionally well together, it was not until I got home that I found out how well prepared I was.*
- *I wasn't given any discharge notes (Drs strike was on) and had to remind multiple people that I was breastfeeding to ensure I wasn't given any medication that would be harmful to that.*
- *Thanks for all being on the same page.*

Commentary

HVDHB received a score of 8.7 (0 to 4.9 Poor, 5 to 6.9 Moderate, 7 to 8.9 Good, 9 to 10 Excellent) for the Partnership Domain. This is in line with previous scores in this area and sits 0.2 above the national mean.

Examples of partnership comments:

- *I had appendix surgery on the Wednesday, on the Thursday I did not feel comfortable at all. I was still sore and groggy. The doctors asked if I was happy to be sent home and I said no, they asked why and I said that I was still sore etc. and they said that I'd better stay in another night then. The following morning I was much brighter and less sore, so they said that they were happy to let me go home;*
- *I like the way they talked with me and not at me;*
- *Always asked me before make decisions;*
- *My occupational therapist and physio were amazing, and they talked me through what would be involved when I went home and asked me thorough questions about everything and how I felt about being at home and whether I would be okay;*
- *Physio making sure that I had a chair that fitted me. Coming to walk at least 2x per day and encouraging the nursing staff to also walk with me out of physio hours. Nurses and healthcare assistants always willing to seek ways so I could manage. Attempts by kitchen staff and dietitian to get palatable substitutes when I could not tolerate some foods.*

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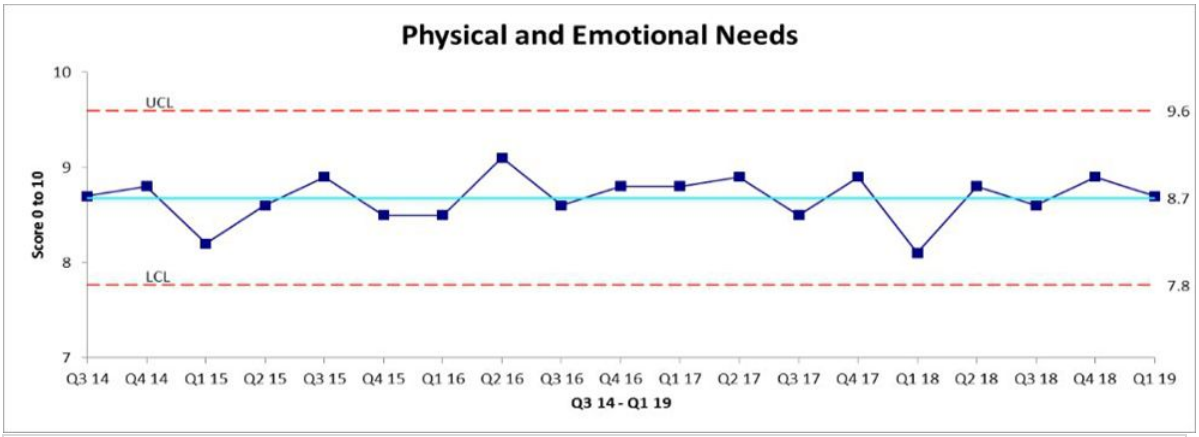
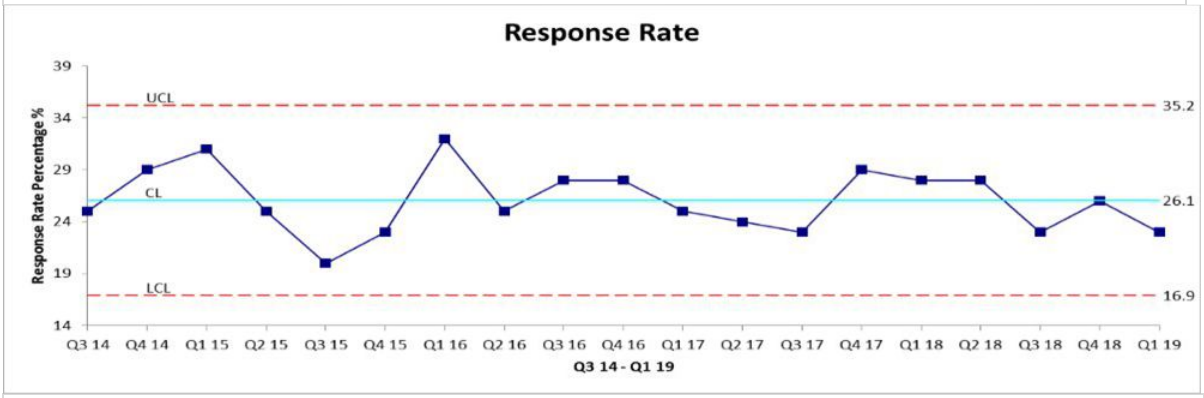


Commentary

HVDHB received a score of 8.7 (0 to 4.9 Poor, 5 to 6.9 Moderate, 7 to 8.9 Good, 9 to 10 Excellent) for the Physical and Emotional Needs Domain. This is in line with previous scores in this area and sits 0.1 above the national mean.

Example of physical and emotional needs comments:

- *The staff were efficient but generous with their time. I felt I had all my questions answered in a manner that was empathetic. Issues that I might have had problems with, eg, changing maternity pads and using the toilet after my catheter was removed, were handled with respect;*
- *All her needs and wellbeing always seen to. Offered to see a pastor if she needed prayer which was a lovely gesture;*
- *Help with going to the toilet and putting on slippers. The latter a small thing but very important when you are feeling miserable and vulnerable;*
- *I was impressed to see volunteers walking round ED talking to people. I was in ED alone, as I didn't think there was much wrong with me so after being taken up to the ED ward area I was a bit stressed. The volunteers were lovely to speak to. The doctors and nurses also made me feel a lot happier through talking to me and having a smile!*
- *Considering there was a strike the nurses were still so professional and didn't make me feel I was a burden when I pressed the caller button;*
- *[After vomiting] I was so embarrassed and feeling miserable and upset, and one of the staff came through and took such good care of me, took away all the embarrassment and was just so lovely. I was so grateful.*



Commentary

The total number of surveys returned for the Q1 2019 survey 23 percent (n=92). This is in line with previous survey return. This sits 1 percent below the national mean. HVDHB sends out 400 surveys each quarter.

PUBLIC

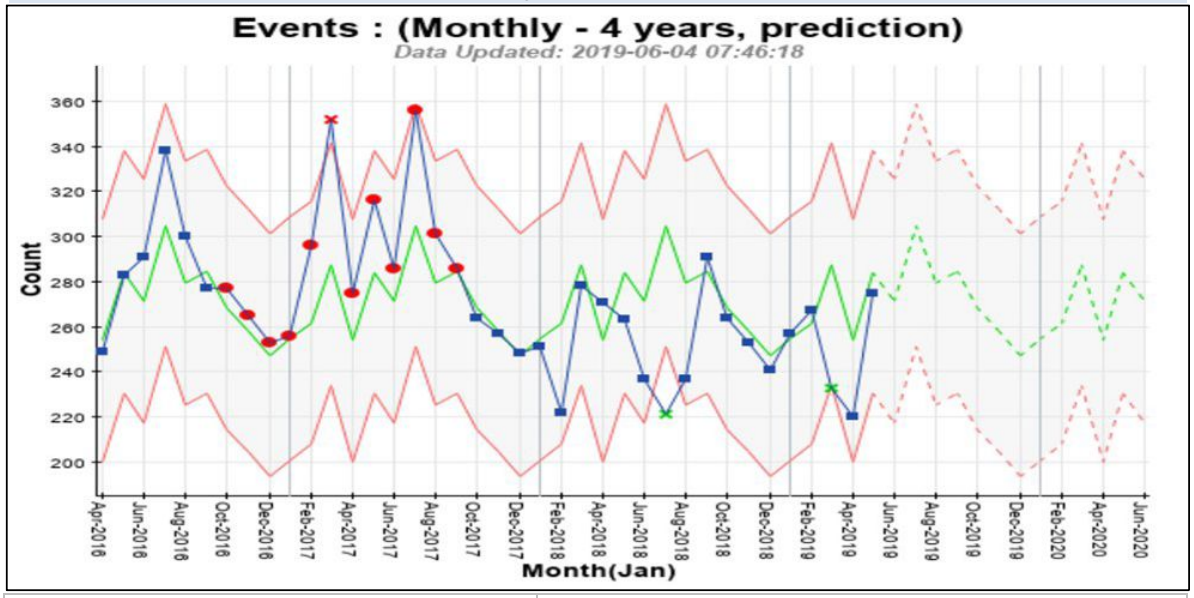
3.3 Health and Disability Commissioner's report for 1 July – 31 December 2018

Two times each year, the Health and Disability Commissioner (HDC) releases its report for complaints involving DHBs. National data is reported, alongside a small number of case reports for DHBs to learn from. For the period 1 July to 31 December 2018, the HDC reports that national trends in complaints have remained broadly consistent with previous periods with respect to the service types and primary issues complained about. Nationally, the HDC received 444 complaints and closed 451 complaints in the six-month period. Of the 451 complaints closed, 11 were investigated with the remainder being assessed as appropriate for other resolution. 7 of the 11 resulted in a breach finding.

For the six month time period, Hutt Valley DHB had a rate of 147 complaints received by the HDC per 100,000 discharges, or 25 complaints. While this is a higher number than in previous periods, Hutt Valley DHB is not an outlier in the rate of complaints per 100,000 discharges compared to other DHBs. The HDC notes that the number of complaints is not a proxy for the quality of care provided, and may instead, for example, be an indicator of the effectiveness of a DHB's complaints system. Over the same time period, the HDC closed 11 complaints, with one breach finding as notified to the Board in February 2019.

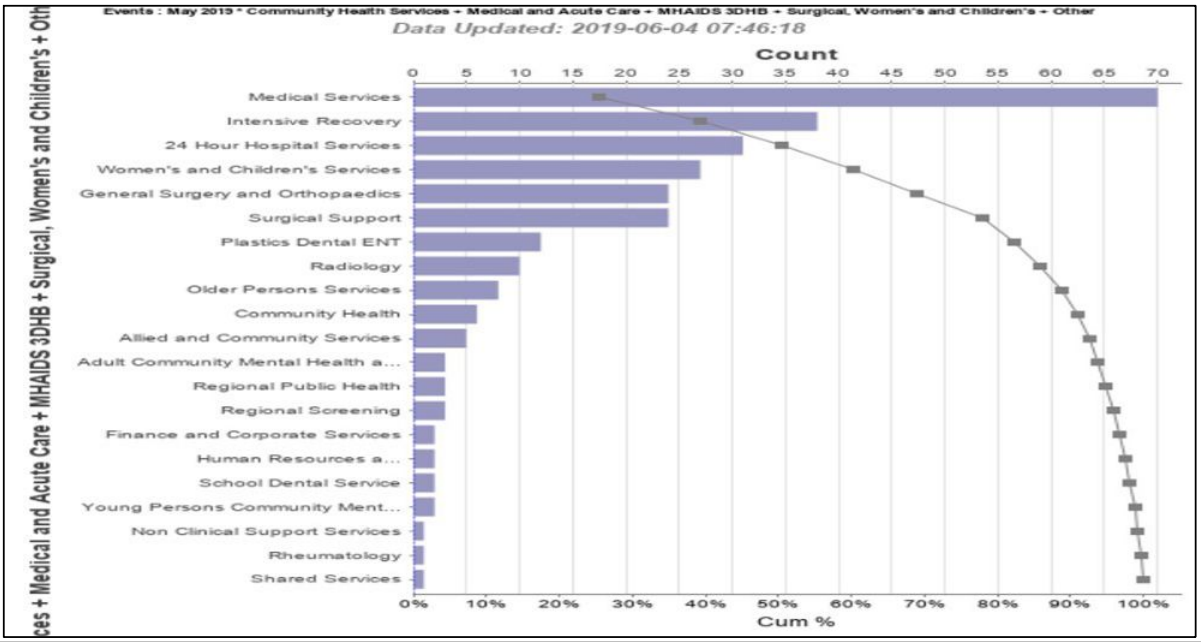
3.4 Dashboard

Reportable Events

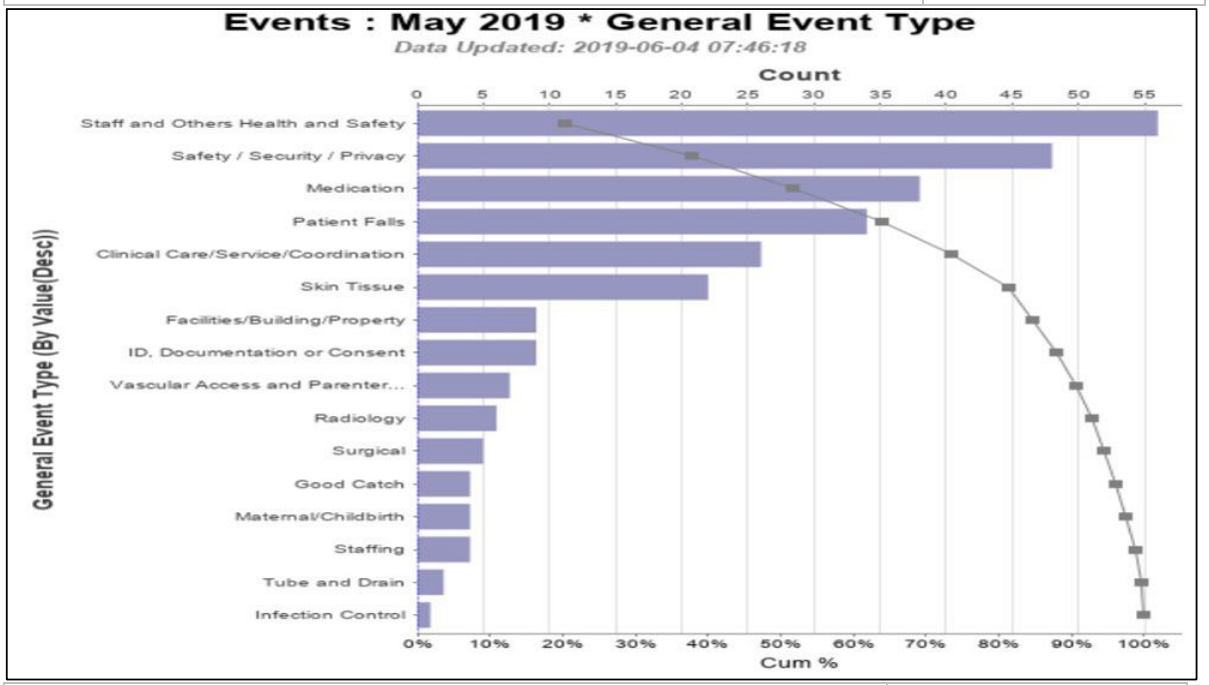


Commentary	Action
Number of Reportable Events received this month is consistent with what would be expected through common cause variation.	The reduction seen in the previous two months has not continued this month. Work with services to train staff who review and close events and feedback on outcomes is ongoing.

PUBLIC



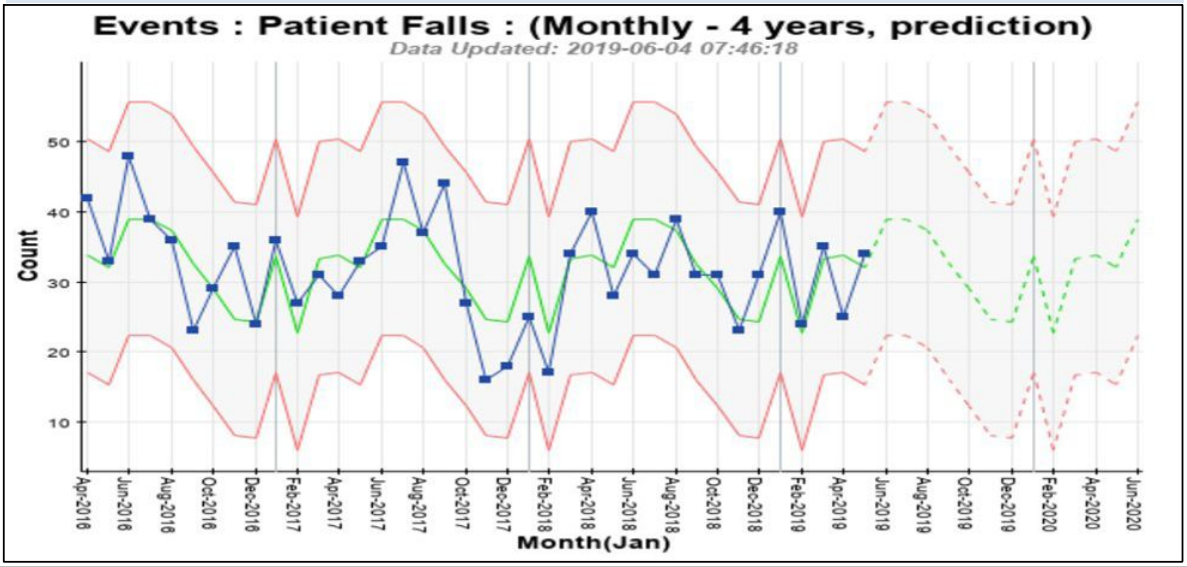
Commentary	Suggested Action
Of the events reported in May 2019, 25.8 percent (n=72) of the total number reported originate from Medical Services, 13.6 percent (n=38) in Intensive Recovery and 11.1 percent (n=31) in 24 Hour Hospital Services. This accounts for 50.7 percent of all events reported. This pattern is similar to previous months.	Continue monitoring and oversight by service groups.



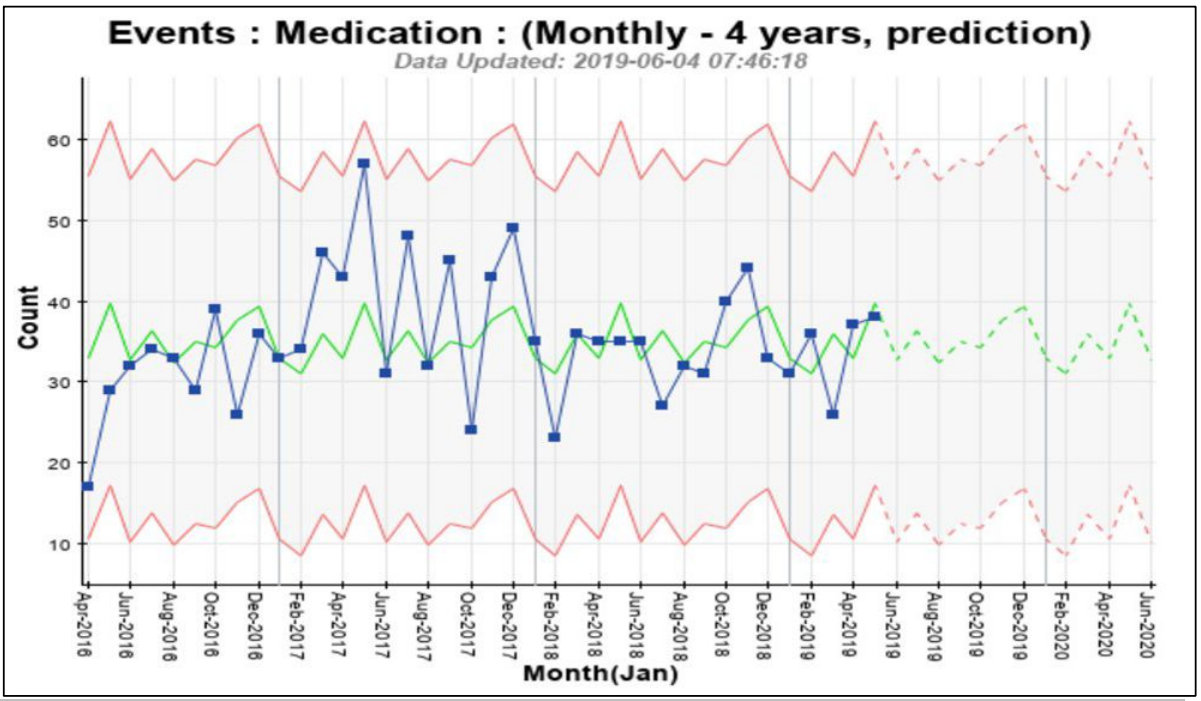
Commentary	Suggested Action
For the events reported this month, 20.5 percent (n=57) of all events occurred in Staff and other H&S, 17.2 percent (n=48) occurred in Safety/Security/Privacy, 13.6 percent (n=38) occurred in Medication, 12.2 percent (n=34) occurred in Patient Falls, 10.0 percent (n=28) occurred in Clinical Care/Service/Coordination – these account for 73.7 percent of all reportable events logged. This pattern of categories has been consistent over several months.	Continue monitoring and oversight by service groups.

PUBLIC

Reportable Events Key Clinical Indicators



Commentary	Suggested Action
Number of patient fall events logged on SQuARE in May was consistent with what would be expected through normal common cause variation. No special cause variance/trend identified.	Continue monitoring by the Falls Committee with active implementation of falls minimisation strategies on wards.



Commentary	Suggested Action
Number of medication events logged on SQuARE for May 2019 was consistent with what would be expected through common cause variation. No special cause variation is identified.	Continue monitoring and analysis by ward medication groups and the Medicines Committee.

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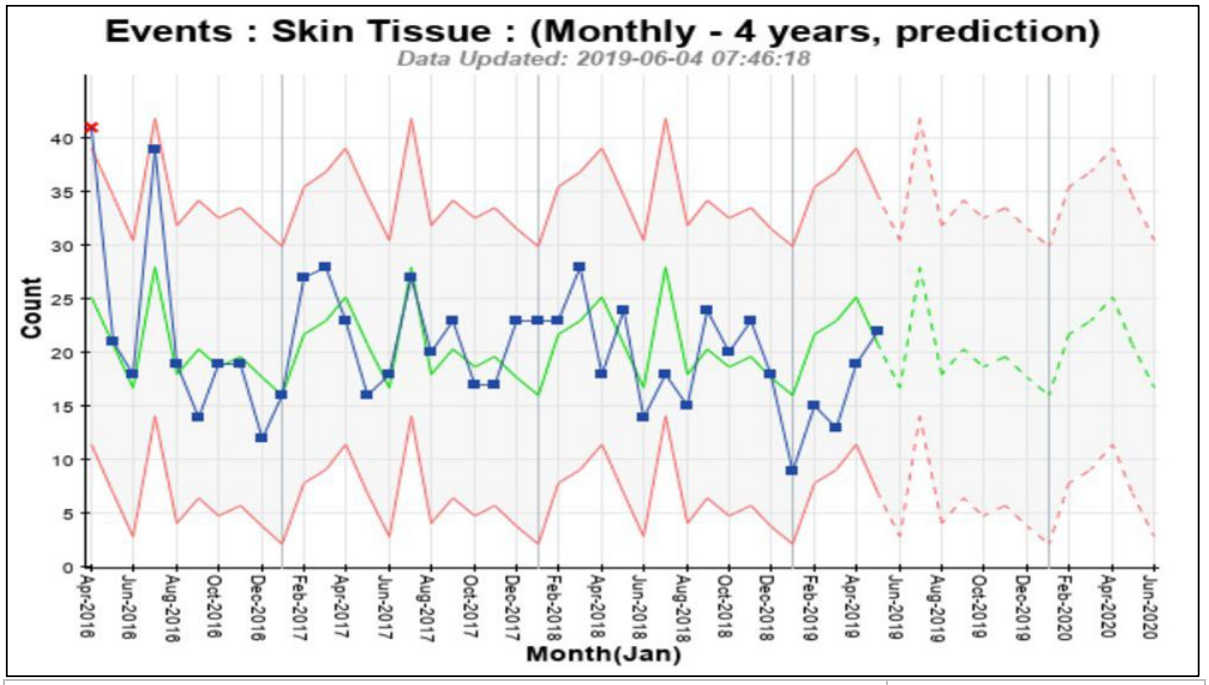
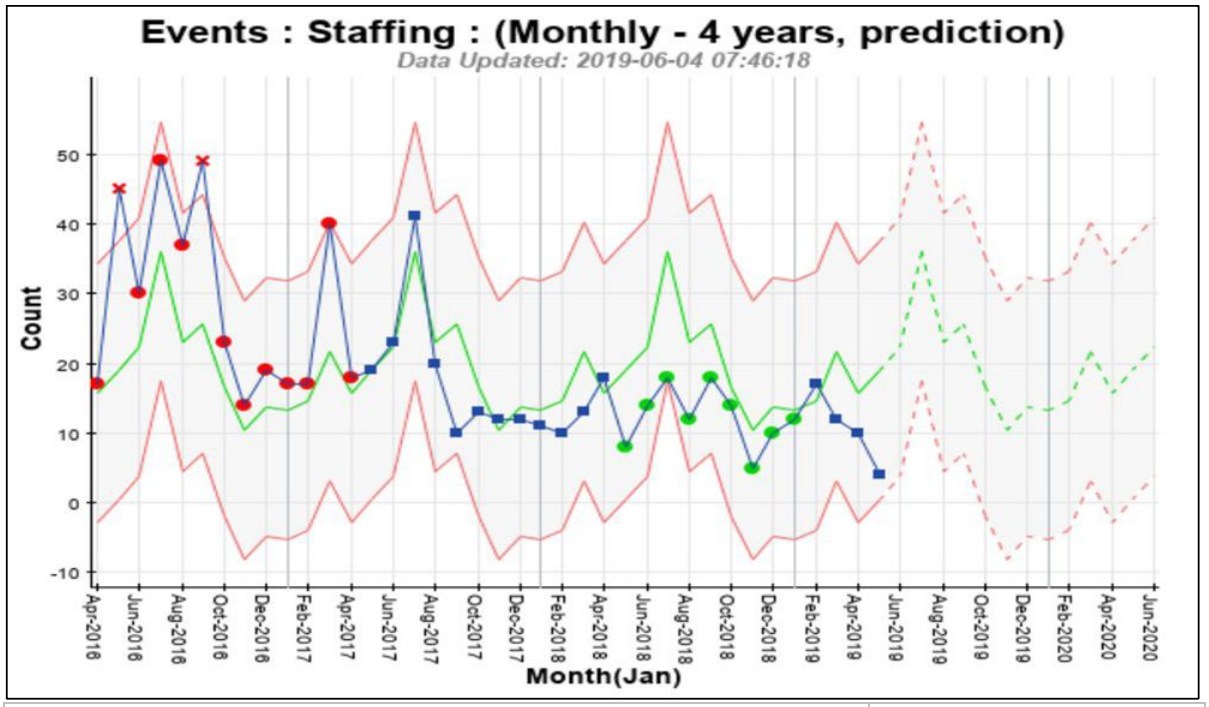


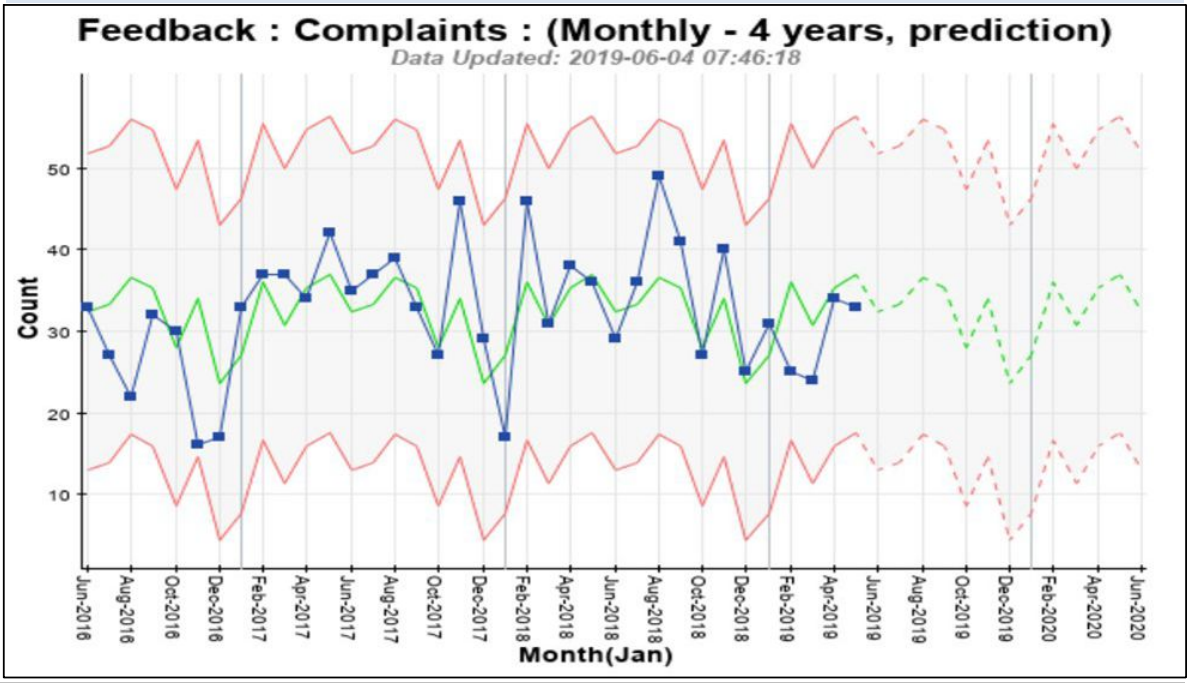
Commentary	Suggested Action
Number of skin/tissue events logged on SQuARE during May 2019 was consistent with what would be expected through common cause variation. No special cause variation is identified.	Continue monitoring and analysis by the Pressure Injury Steering Group.



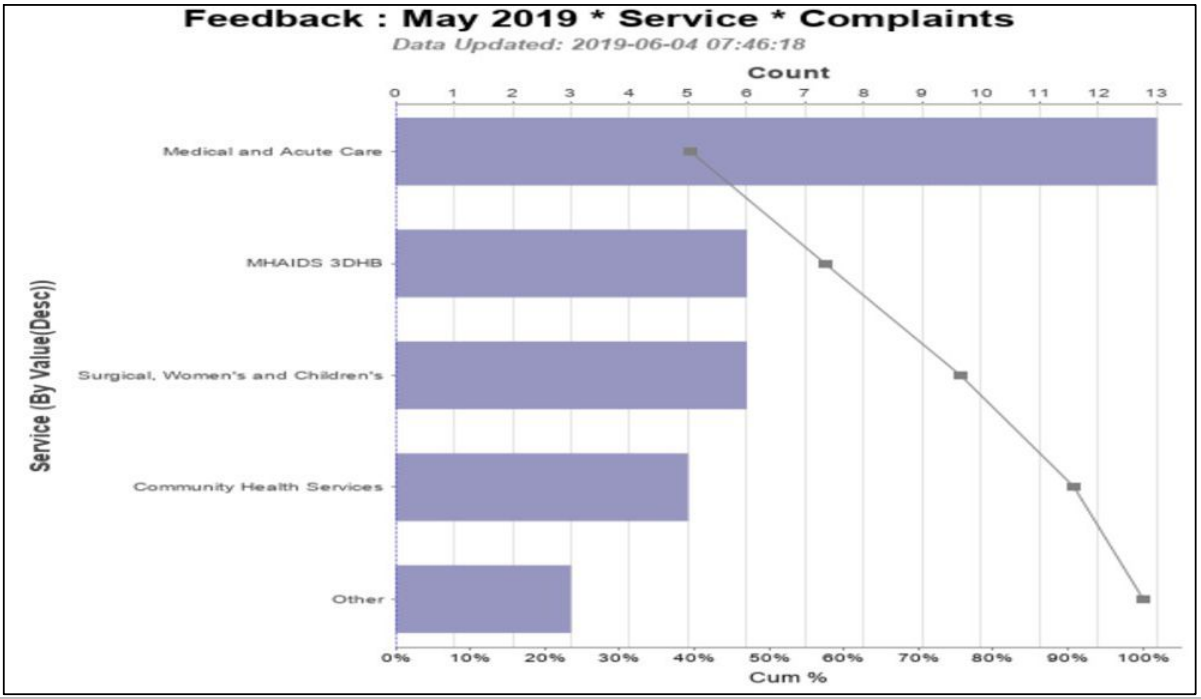
Commentary	Suggested Action
The number of staffing events logged on SQuARE during May 2019 was consistent with what would be expected through common cause variation.	Continue monitoring within services.

PUBLIC

Feedback



Commentary	Suggested Action
The number of complaints logged on SQuARE during May 2019 (n=33) was consistent with what would be expected through common cause variation.	Continue monitoring.



Commentary	Suggested Action
Complaints received (including HDC complaints) during May 2019 were predominately in the Medical and Acute Care Service Group (n=13) followed by MHAIDS (n=6) and Surgical, Women's and Children's (n=6).	Services continue to respond to and learn from complaints. Continue monitoring and review at the ward/department level.

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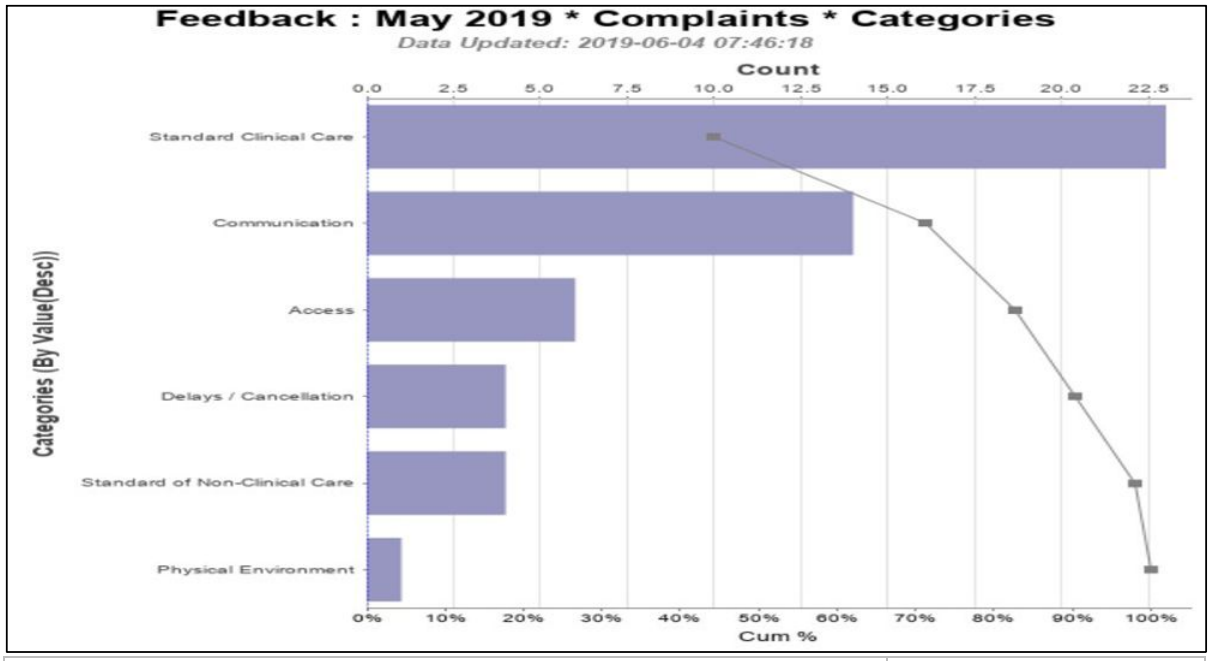
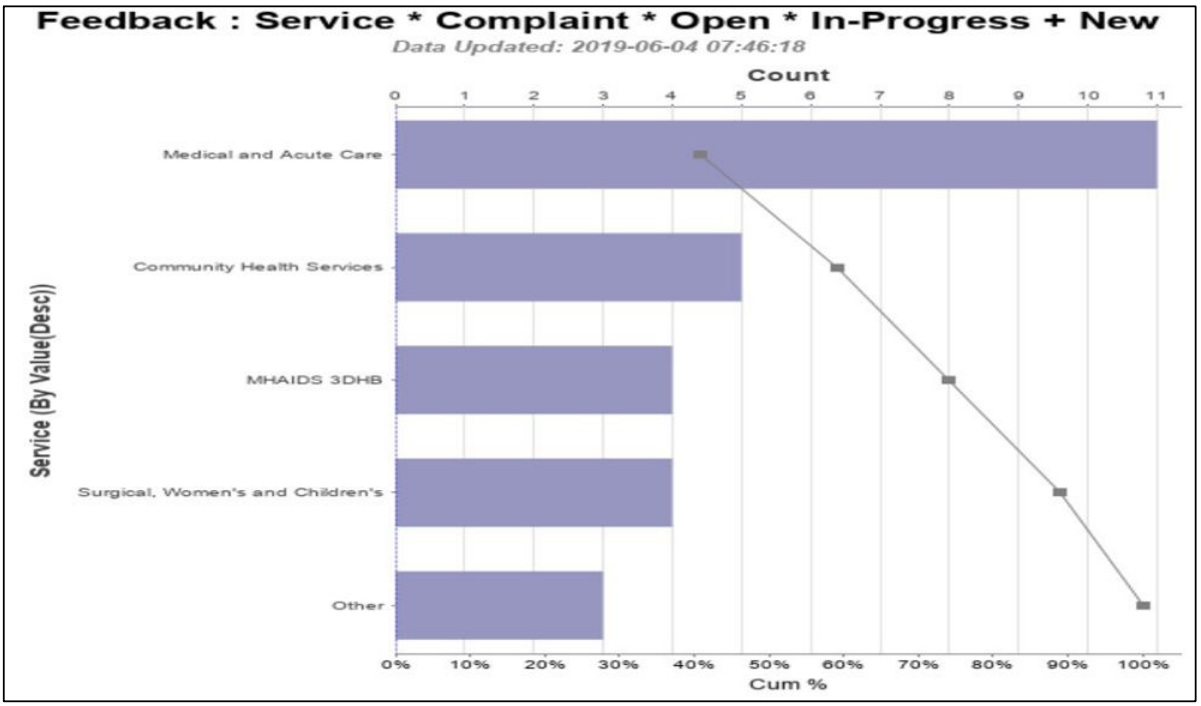


Commentary	Suggested Action
44.2 percent of the identified themes from complaints received in May 2019 were in the area of 'Standard Clinical Care'; 26.9 percent involved 'Communication'. These two categories account for 71.1 percent of the themes identified in complaints received.	Continue monitoring.



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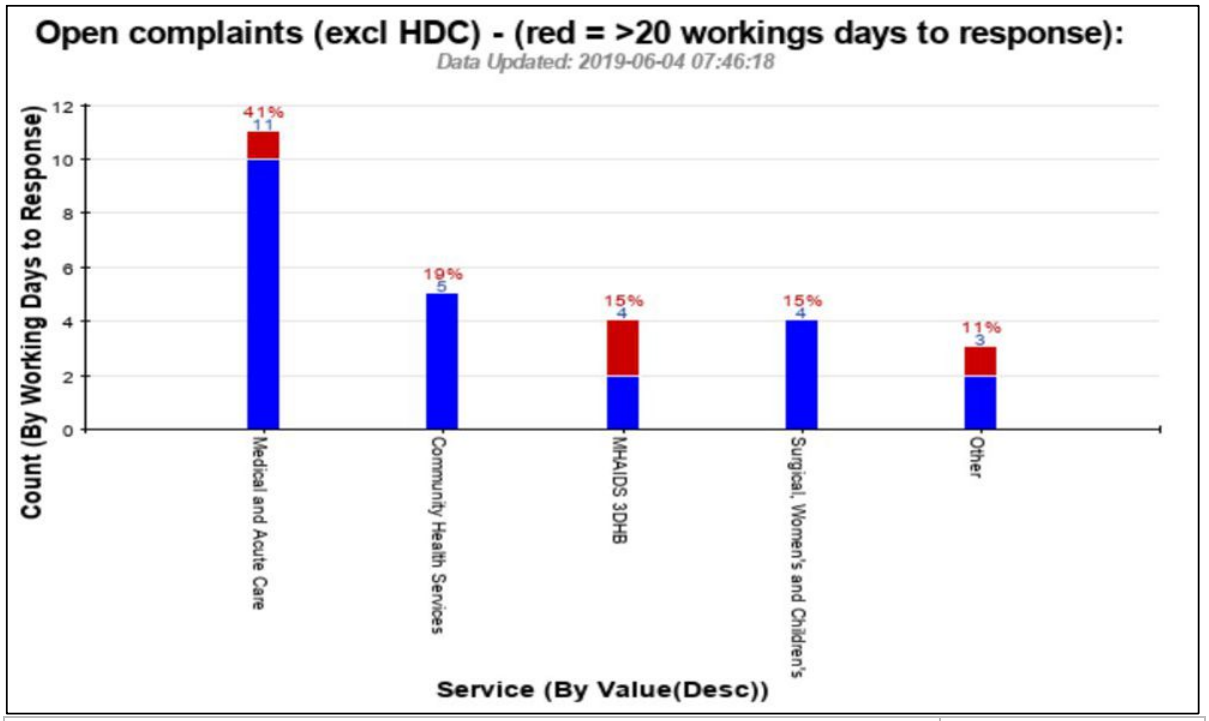


Commentary	Suggested Action
Of the open complaints (not including HDC) 41 percent (n=11) are in the Medical and Acute Care Service Group and 19 percent (n=5) in Community Health Services. These make up 60 percent of the open complaints. 14.8 percent (n=4) are outside the 20 working day response KPI (at 01/05/2019).	Continue monitoring.

3.5 Quality Improvement programmes and projects support – update

A range of quality improvement programmes and projects are underway at Hutt Valley DHB. These include projects that are led by the Improvement Advisor and other members of the Quality team, and projects and programmes that led by others and supported by the Quality team through providing specialist advice (such as data analysis, statistical process control charts, process mapping, PDSA (plan, do, study, act) cycles, Lean methodology).

The Improvement Advisor has recently completed the Shorter Stays for Acute Patients project that has focused on improving the flow of patients out of the Emergency Department (ED) which will inevitably have a positive impact on the six-hour ED target.

Work is ongoing to support the medicine service improvement project workstreams (improving the team work between medical, nursing and allied health teams on the medical ward and making patient flow more efficient), the frailty service improvement project (introduction of an electronic frailty screening tool), and eHandover improvement project (enhancing consistency of doctor handovers). The eHandover Project has now been launched and is in a trial phase within Medical Services. A further improvement project is underway called *Smooth Sailing* focusing on patient flow from the Emergency Department to the General Medicine Service. The Quality Team's Improvement Advisor works in an advisory role alongside project managers and clinical staff.

Work is due to begin on a project to reduce medication / drug count errors, and the roll out of a Subcutaneous Infusion Medication tool.

PUBLIC

3.6 Certification Audit

Certification is the auditing of inpatient services provided by Hutt Valley DHB to ensure we comply with the Health and Disability Sector Standards. Hutt Valley DHB has a service agreement with the Designated Auditing Agency (DAA) Group to provide certification services as our audit agency.

Hutt Valley DHB underwent a full on-site Inpatient Certification Audit from 4 – 7 June 2019. During the audit, the auditors noted the nursing staff felt supported by their senior leadership, patients and family spoken too felt positive about care they received, the infection control processes were commended and complaints were well managed.

Hutt Valley DHB is awaiting the full draft report in order to consider all of the findings. The report will include a list of Corrective Actions for the DHB to address.

4. MHAIDS UPDATE

4.1 Te Whare Ahuru reconfiguration project update

Phase two of the Te Whare Ahuru reconfiguration project is well underway and progress has been made on finalising the recommendations for the preferred model of care and service delivery approach.

A user group, made up of staff representatives from Hutt Valley DHB and MHAIDS has been busy helping to inform and represent the needs of staff, consumers, tangata whaiora, family, whānau and stakeholders around the preferred design options, models of care and clinical requirements identified in phase one. The group has met to consider and provide feedback on architectural design options in line with the findings in phase one. The group will present their preferred options to the steering group for consideration in July, and then turn their attention to looking at the model of care and service delivery approach. The Board will be kept updated on the group's progress.

4.1.1 Looking ahead

Management is currently finalising the economic and financial case for the project and seek to agree on the preferred option to take through to the concept stage. This involves using the feedback from the user group on preferred options, finalising a financial model of operating costs and analysing capital costs.

Management is also waiting for advice from the Ministry of Health on whether the project has been prioritised as part of the new national capital process for the National Capital Investment Committee. In the meantime, work will continue to complete the business case in the event the project is successful in moving through the capital process.

5. FINANCIAL OVERVIEW – APRIL 2019

The draft April 2019 financial report is attached as appendix two. The month of April showed a favourable variance to budget of $925K that was $3,091K favourable year-to-date (YTD).

The key results were:

- Funder favourable by $7,412K;
- Governance favourable by ($211K);
- Provider unfavourable ($4,110K);
- The draft full year forecast is a deficit of ($8,046K) against a budget deficit of ($8,049K).

Material YTD variances:

- Total revenue favourable $4,497K:

- Devolved Ministry of Health Revenue favourable $2,931K;
- Non-devolved revenue was unfavourable by ($347K);
- ACC revenue was $877K favourable, mainly in plastic and orthopaedics;
- Other revenue was ($70K) unfavourable;
- IDF Inflows were $838K favourable, predominantly in acute and electives (plastic surgery).

- Total personnel including outsourced was unfavourable by ($5,211K):
  - Medical personnel was ($985K) unfavourable. Outsourced was ($875K) unfavourable, internal staff ($100K) unfavourable including strike costs;
  - Nursing was ($3,317K) unfavourable, continued increased workload YTD and continued high use of minders;
  - Allied Health was ($379K) unfavourable, driven by recent MECA pay out that was greater than originally budgeted and additional funding;
  - Management and administration was ($15K) unfavourable, driven by favourable employee variance of $596K, partly offset by Outsourced ($611K) that includes savings targets not met ($195k);
  - Annual leave liability cost increased by $1,105K since April 2018, and there are approximately 39,192 outstanding leave days;
  - The sickness level for the month was 3.5 percent; this was higher than March 2019, and higher than March 2018.
- Outsourced other expenses was unfavourable by ($1,584K), with overspends in clinical services ($848K), mainly driven by Radiology Outsourced ($913K), Breast surgery ($101K) to manage volumes and vacancies, strike costs ($134K), and IT ($210K);
- Treatment related costs were $813K favourable – Pharmaceuticals $1,923K including PHARMAC rebates, Leased Radiology equipment $496K, offset by Implants and Prostheses ($550K) and Treatment Disposables ($643K) and other unfavourable variances;
- Non-treatment related costs were unfavourable by ($305K) – favourable variances on Consultants $465K, offset by ICT repairs and maintenance ($105K), printing ($154K), general R&M ($53K), conference costs ($71K), bad debts ($35K), transport and travel ($38K), crockery and hardware ($53K) and postal and Courier ($93K).
- Hospital activity - ED volumes for the month were slightly higher than budget and 4 percent higher than budget year to date. The proportion of patients admitted (23 percent) for the month was similar to April last year. Theatre visits for the year to date were 4 percent higher than budget and higher than this time last year. Non-Theatre procedures were higher than budget. Bed days for April were much higher than budget but close to the same time last year. Year to date, bed days were 3 percent lower than the same time last year.
- The cash position averaged $23.3M for April and $18.8M for March and was $10.1M at the end of April. The cash flow forecast is becoming tight and the DHB is expecting to go into overdraft in June.

6. COMMUNICATIONS ACTIVITY – MAY 2019

6.1 Media enquiries and releases

There were 12 media enquiries in May. Key matters for media enquiries were:

- The plastics departments use of leeches to treat patients
- The reasons behind the DHB redacting management members' names in an OIA response

HVDHB was in 21 media articles in May. The Fuseworks media report for May 2019 is attached as appendix three.

6.2 OIA requests

HVDHB received 15 OIA requests in May, and 11 historical requests were responded to.

6.3 Website traffic

6.4 Social media highlights

Most popular Facebook post : Alleged door-to-door scammer pretending to raise money for Hutt Hospital	Reached: 27, 244	581 reactions, comments and shares	Number who like HVDHB Facebook page: 4,163
Most popular Instagram post: Alleged door-to-door scammer pretending to raise money for Hutt Hospital	Reached: 150		Number who follow Instagram: 299
Most popular Tweet: Applications for the 2019 Hutt Valley Matariki Achieving Excellence in Maori Health Awards will be open from 27 May through to 16 June	Impressions: 2,320		Number who follow our Twitter: 993

6.5 All staff communication (in addition to weekly CEO update emails)

- Information for staff regarding NZRDA industrial action;
- Information for getting all staff flu vaccinated;
- Fish for Compliments (staff wellbeing initiative)

7. RECENT MEDIA STORIES AND INTERNAL COMMUNICATIONS

7.1 Marvellous Midwives Day – Monday, 6 May

Each year, this is a chance to celebrate and say thanks to the many midwives who every day work across multiple parts of the health sector, within a broad range of teams.

Midwives deliver excellent care to vast numbers of people with many complex health needs and play such an important role in caring for patients and whānua in our communities.

On behalf of the DHB - thank you to all midwives working throughout the Hospital and across the whole Hutt Valley community.

PUBLIC

7.2 NZ Sign Language (NZSL) resources

Did you know NZSL has been an official language of New Zealand since 2006? We've got some short health videos available for the deaf community and staff with helpful information when coming to hospital.

HVDHB shared these videos with the deaf community (http://www.huttvalleydhb.org.nz/your-health-services/disability/resources-for-the-deaf-community/) to mark NZSL week (6 – 10 May). These videos show what the deaf community can expect when coming to hospital and how HVDHB staff can help to communicate. There is also information and help if staff what to get an interpreter; what to do if you can't and a video on how to communicate with members of the deaf community.

HVDHB's website lists resources available including how to request a NZSL interpreter at hospital appointments; sign language videos on a number of health topics and some interesting research.

Deaf participants emphasise that recognition of their identity as members of a language community is central to improving their healthcare experiences and we are pleased to be able to support them.

Learn NZSL (http://www.learnnzsl.nz/#/id/co-01) is a free learning portal on New Zealand Sign Language (NZSL) if you are interested in learning more. Whether you are studying NZSL, trying to connect with a Deaf friend, or just having fun with a new language, Learn NZSL has a lot to offer!

7.3 Smooth sailing: Improving patient flow from ED to general medicine

The Medicine Service Improvement Project met another milestone during the week of 13 May with the completion of the third upgrade of the Medical Service patient pulling competition called "Smooth Sailing". Previously dubbed "Reeling Them In", the project previously focused on patient flow from Hutt Hospital's ED in to the General Medicine Service.

Smooth sailing has been expanded to include new measures of patient flow for the General Medicine service across ED, MAPU and the Medical Ward.

Smooth Sailing has been designed with metrics important to patients in mind: how long they spend waiting in ED for a specialty review, how the length of stay in MAPU can be maintained so that its function as an assessment unit is optimised, and earlier-in-the-day discharges from the Medical Ward.

Project manager Craig Moore said: "This time around, we have simplified the data collection process Senior Registrar, Dr Maria Gibbons, has worked with Viv Martin, an Improvement Advisor in the Quality, Service Improvement and Innovation team and Sharon Morse, an analyst in the Health Intelligence and Decision Support Team to automate the data collection from our patient management systems".

7.4 Hutt Hospital celebrates 75 years in the community

It's not often staff are encouraged to eat cake in a hospital but there are always exceptions to that rule and a 75th birthday is a good exception. Thank you to everyone for coming along and celebrating an impressive 75 years of Hutt Hospital taking care of people in the region.

PUBLIC

7.5 Working "In partnership" to improve equipment tracking

The Hutt Hospital Equipment Store loans thousands of pieces of equipment each year. This equipment supports clients discharging from hospital or those living with a disability in the community. During the week of 13 May HVDHB launched an improved system to track and manage equipment loans. Based in webPAS, this function provides the DHB with stability of its loan records to ensure clinical safety and increased ease of use for the equipment store team entering data. For staff who issue equipment to patients – they will be able to easily see what equipment is on loan to patients and when this is due to be returned.

7.6 World Smokefree Day

31 May was World Smokefree Day, which provides the chance for people to celebrate and work towards smokefree lives for New Zealanders. World Smokefree Day is also the perfect opportunity to consider quitting smoking if you smoke.

If you want to stop smoking or want to support someone who smokes to quit, meet Tama and Dan:

Tama Tua

Dan Umaga

They're nationally qualified experienced Quit coaches who are based at Hutt Hospital every week day to help patients and staff. Getting help from a Quit coach can put you on the road to success and we all need a helping hand once in a while.

If you don't smoke, this is a great opportunity to encourage and help friends, colleagues and whānau who want to quit or begin their smokefree journey.

Tama and Dan will:

- Give you positive encouragement and non-judgmental support;
- Help you identify the reasons you want to quit smoking;
- Share knowledge and skills;
- Help you make a Quit Plan that will work for you;
- Help you prepare to quit smoking as you will need to get your head and body ready to be successful in your journey to quit;
- Work through problems you encounter along the way (it's great to think about the obstacles and the solutions before they happen so you are fully prepared for your quit journey);
- Increase your confidence and motivation to reach your goals (sometimes it feels like it's not working but sometimes it takes others to help you see that every little thing makes a difference) .

PUBLIC

Make the change now by contacting Dan or Tama:

- Pop in and have a chat with Tama in the Māori Health Development Unit or Dan in the Pacific Unit at the Hutt Valley DHB. Alternatively ring 0800 926 257 to book a time to catch up with them;
- If you want to refer a patient to them, ring the 0800 926 257 number (24/7) or contact them via Takiri Mai Te Ata Regional Stop Smoking Service's website (http://www.takirimai.org.nz/)
- Contact Quit Line on 0800 778 778 or text them on 4006.

PUBLIC

HUTT VALLEY DHB	**BOARD DECISION PAPER**
	Date: 28 June 2019

Author	Jared McGillicuddy, Regional Manager Internal Audit, Central Region Technical Advisory Service
Endorsed By	Judith Parkinson, General Manager Finance and Corporate Services and Acting Chief Executive
Subject	**Internal Audit Plan 2019/20**

RECOMMENDATION

It is recommended that the Board:

a) **APPROVES** the proposed 2019/20 Internal Audit Plan to be completed by Central Region Technical Advisory Service.

ADDENDIX

1. Internal Audit plan 2019/20

1. BACKGROUND

In accordance with the Institute of Internal Auditors International Standards ("Standards"), Central Region Technical Advisory Service's ("CTAS") DHB Internal Audit must prepare an annual Internal Audit Plan ("Plan") for review and endorsement by Finance, Risk and Audit Committee ("FRAC"), and Board showing the proposed areas for audit.

2. PROPOSED 2019/20 INTERNAL AUDIT PLAN

The proposed Internal Audit Plan outlines proposed 2019/120 engagements including the initial objectives, scope for each engagement, and an identification of the most suitable timing for specific engagements (refer to appendix one). It should be noted that the objectives and scope of each audit may change as a results of discussions with management held during the engagement planning process.

3. NEXT STEPS

Management has reviewed this document and recommends that the Board approves it.

PUBLIC

	BOARD DECISION PAPER
	Date: 27 June 2019

Author	Judith Parkinson, General Manager Finance & Corporate Services Michael McCarthy, Chief Financial Officer
Endorsed by	Thomas Davis, General Manager, Corporate Services Dale Oliff, Acting Chief Executive
Reviewed/approved by	The Executive Leadership Team (reviewing on 26 June 2019)
Subject	**Joint CCDHB and HVDHB FRAC Terms of Reference**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** the Terms of Reference for the joint FRAC have been updated as requested at the May FRAC meeting;

b) **NOTES** there are separate terms of reference for HVDHB and CCDHB however, they are now the same;

c) **APPROVE** the updated terms of reference for the HVDHB FRAC;

APPENDICES

1. Capital & Coast DHB Terms of Reference
2. Hutt Valley DHB Terms of Reference

1. PURPOSE

The Finance Risk and Audit Committees of Capital & Coast DHB and Hutt Valley DHB are meeting jointly, and it is necessary that they should have a consistent and jointly agreed Terms of Reference document to be working to. Currently the Terms of Reference for each FRAC are different.

FRAC considered the differences at its April 2019 meeting, reviewed a draft in the May 2019 meeting and asked the CFOs to review and recommend a final version for approval.

2. DISCUSSION

The Terms of reference have been updated to include the risk management functions and the membership amended to include a minimum of four members from each DHB and external members to be determined by the Boards from time to time. The Health and safety section has been removed and will go directly to the board meetings rather than FRAC.

PUBLIC

HUTT VALLEY DHB	**BOARD DISCUSSION PAPER**
	Date: 27 June 2019

Author	Fiona Allen, General Manager Human Resources and Organisational Development
Endorsed by	Judith Parkinson, General Manager Finance and Corporate Services and Acting Chief Executive
Reviewed/approved by	The Executive Leadership Team (reviewed on 19 June 2019)
Subject	**Workplace Health, Safety and Wellbeing report**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** that during the period 1 March to 31 May 2019 there were no notifiable events;

b) **NOTES** that there were 149 SQuARE reported 'Staff and Other Health and Safety' events with workplace health and safety implications reported for the period 1 March to 31 May 2019;

c) **NOTES** that there were 740 SQuARE reported 'Staff and Other Health and Safety' events with workplace health and safety implications reported for the 12 month period to 11 March 2019;

d) **NOTES** the Health and Safety events logged on SQuARE are consistent with what would be expected through common cause variation;

e) **NOTES** the annual usage and statistics provided for EAP Services for the period 1 May 2018 to 30 April 2019.

f) **NOTES** the ACC on-site audit took place during 11 to 13 June 2019;

g) **NOTES** the DHB's joint funding submission to the ACC "Workplace Injury Prevention Grant" with Hawkes' Bay and Auckland DHBs;

h) **NOTES** the overview of the operations of the WHS Team including Occupational Health Services, as well an update on the 2019 flu campaign and other vaccination activities.

APPENDICES

1. Annual EAP statistics 1 May 2018 to 30 April 2019.

1. PURPOSE

This paper provides the Board with an update on workplace health, safety and wellbeing-related activity at Hutt Valley DHB.

2. GOVERNMENT PRIORITIES

This paper links to existing legislation and the Government's priority of "Working Safer", a programme of work focused on three critical areas: working smarter, targeting risk, and working together – ultimately to work healthier and safer.

WorkSafe New Zealand and the Accident Compensation Corporation New Zealand (ACC) are working together to develop the 'Reducing Harm in New Zealand Workplaces Action Plan' to help keep New

Zealanders safe and healthy at work. The plan aims to achieve positive health and safety outcomes and to support the government's target of reducing serious injuries and fatalities in the workplace by at least 25 percent by 2020.

3. STRATEGIC FIT

The DHB's new Workplace Health, Safety and Wellbeing Strategy was endorsed by the Board at its meeting on 31 August 2018. The new strategy links to the DHB's *Vision for Change* and Wellness Plan, and provides a further step in supporting the change in organisational culture and is an essential component of the "Adaptable Workforce" strategic enabler.

4. PERFORMANCE

4.1 Notifiable Events (previously called serious harm)

A notifiable event, as defined in the Health and Safety at Work Act 2015, is when any of the following occurs as a result of work:

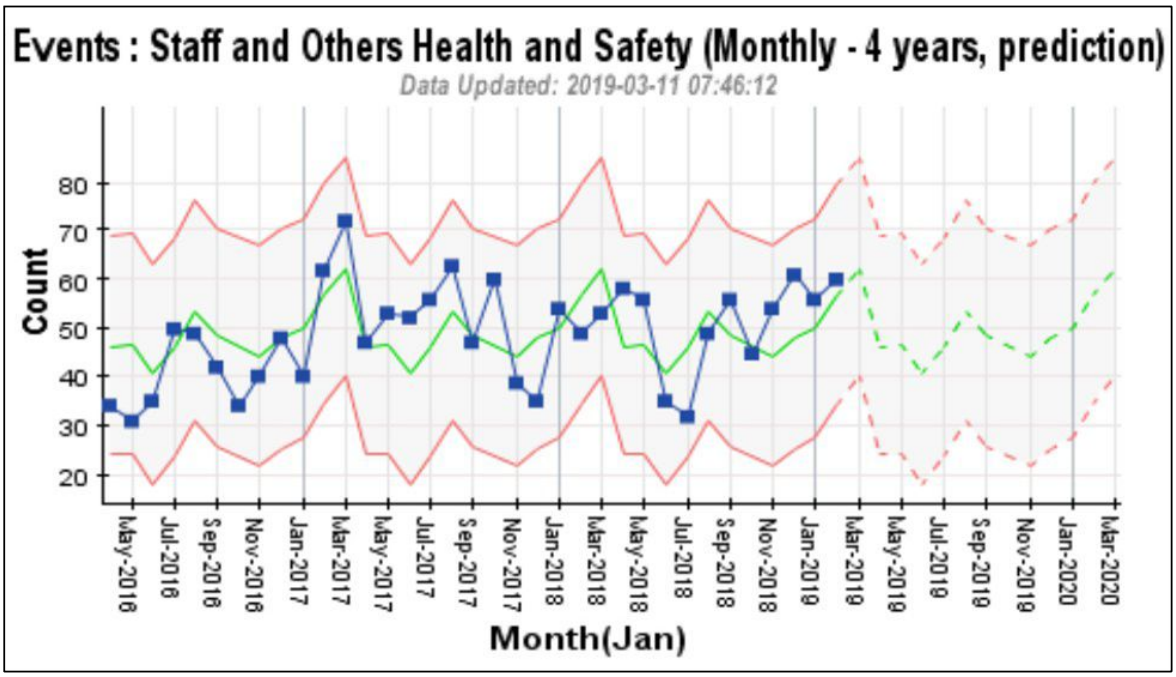
- A death;
- A notifiable illness or injury;
- A notifiable incident.

There were no notifiable events during the period 1 March to 31 May 2019.

4.2 Reported events

There were 149 reported health and safety events during the period 1 March to 30 May 2019.

While numbers vary each month, the number of events logged on SQuARE are consistent with what would be expected through common cause variation. We continue to monitor Health and Safety incidents reported through SQuARE, with added attention being given to tracking manual handling, physically and verbally assaulted staff and staffing as specific event types.



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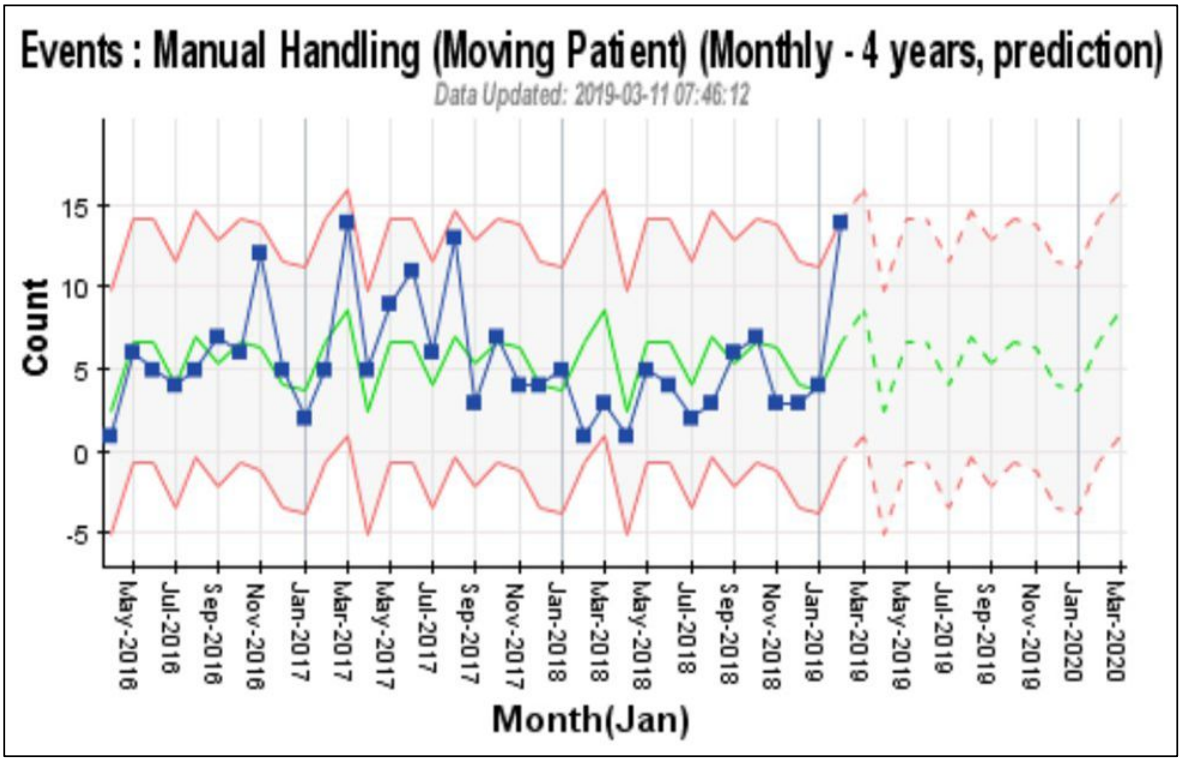
Events : Manual Handling (Moving Patient) (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
15
10
5
0
-5
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
Sep-2018
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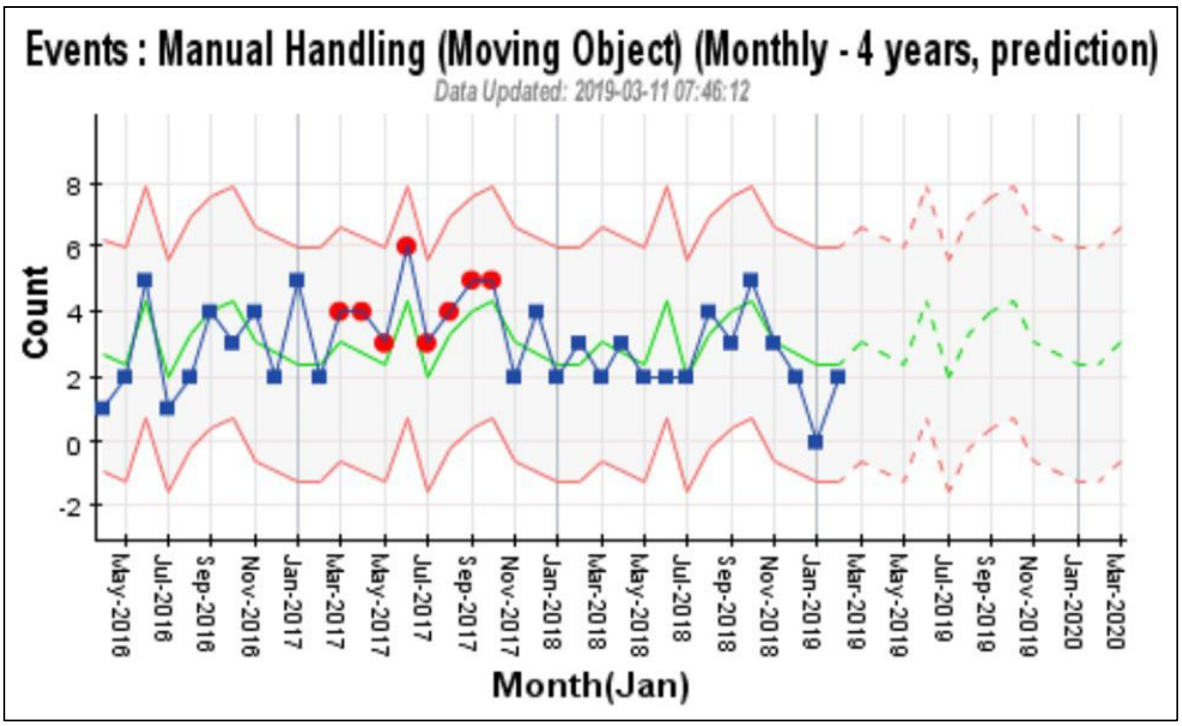
Jan-2019
Mar-2019
May-2019
Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)


Events : Manual Handling (Moving Object) (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
8
6
4
2
0
-2
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
Sep-2018
Nov-2018
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Mar-2019
May-2019
Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)

5

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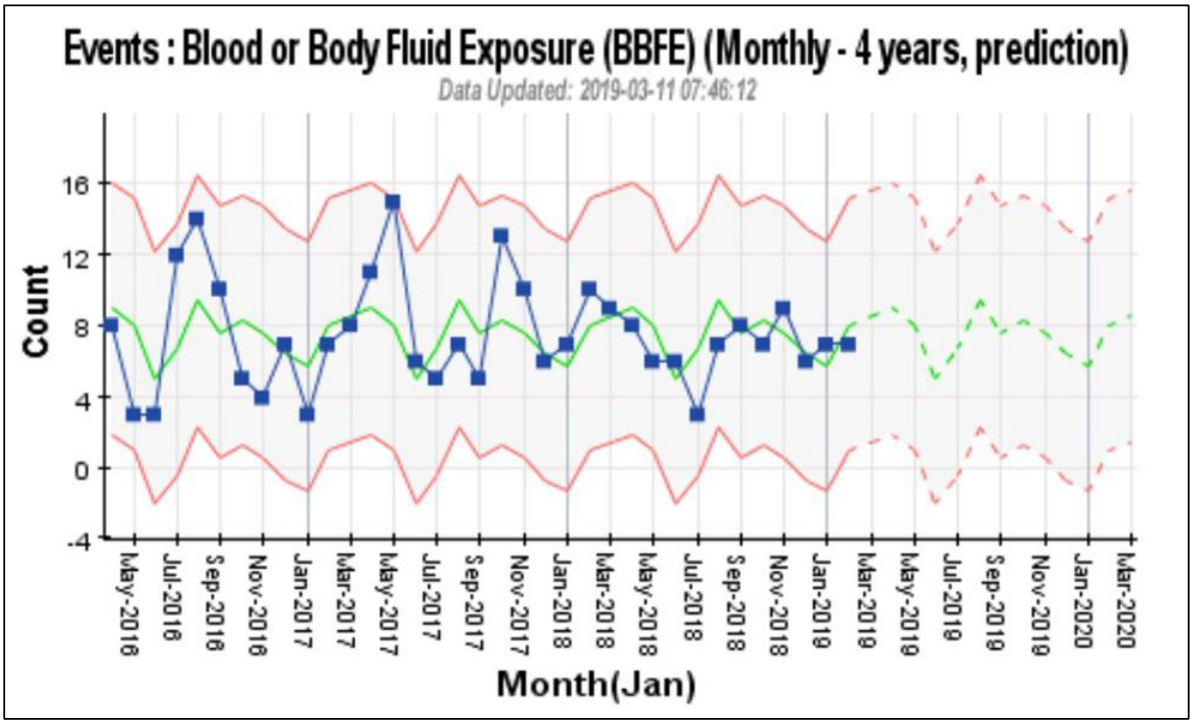
Events : Blood or Body Fluid Exposure (BBFE) (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
16
12
8
4
0
-4
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
Sep-2018
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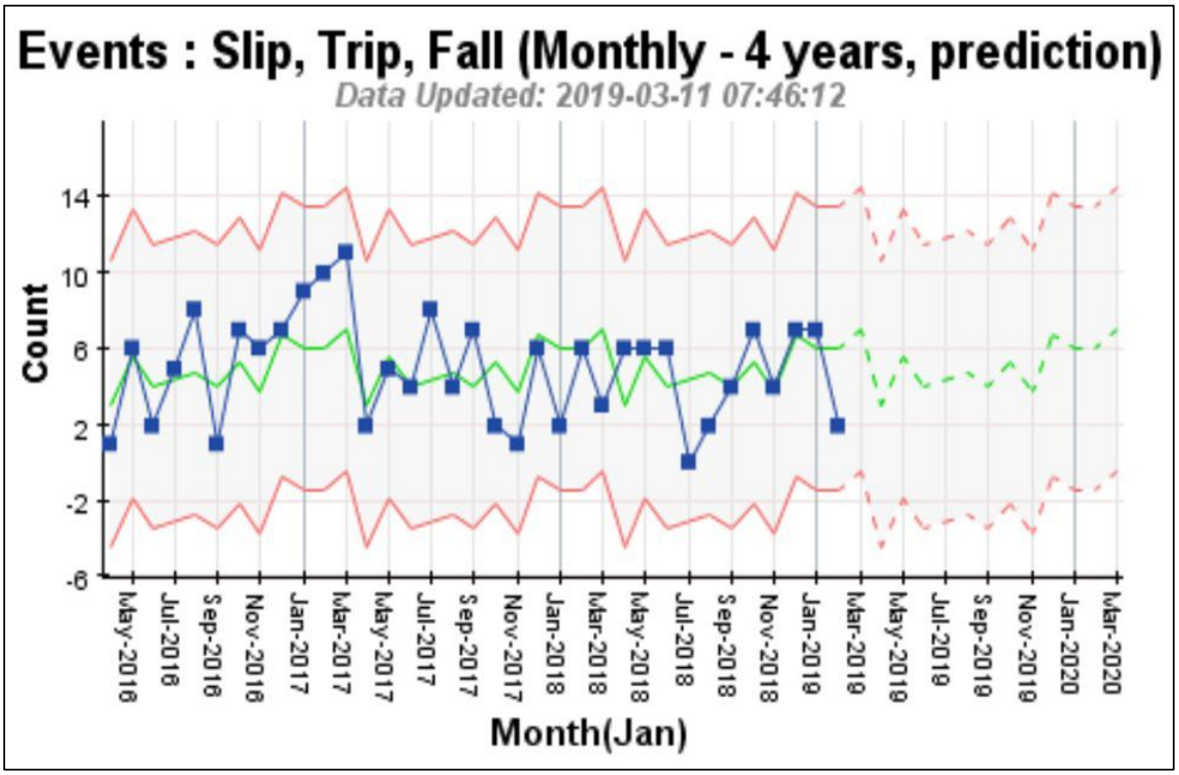
May-2019
Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)


Events : Slip, Trip, Fall (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
14
10
6
2
-2
-6
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
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Mar-2019
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Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)

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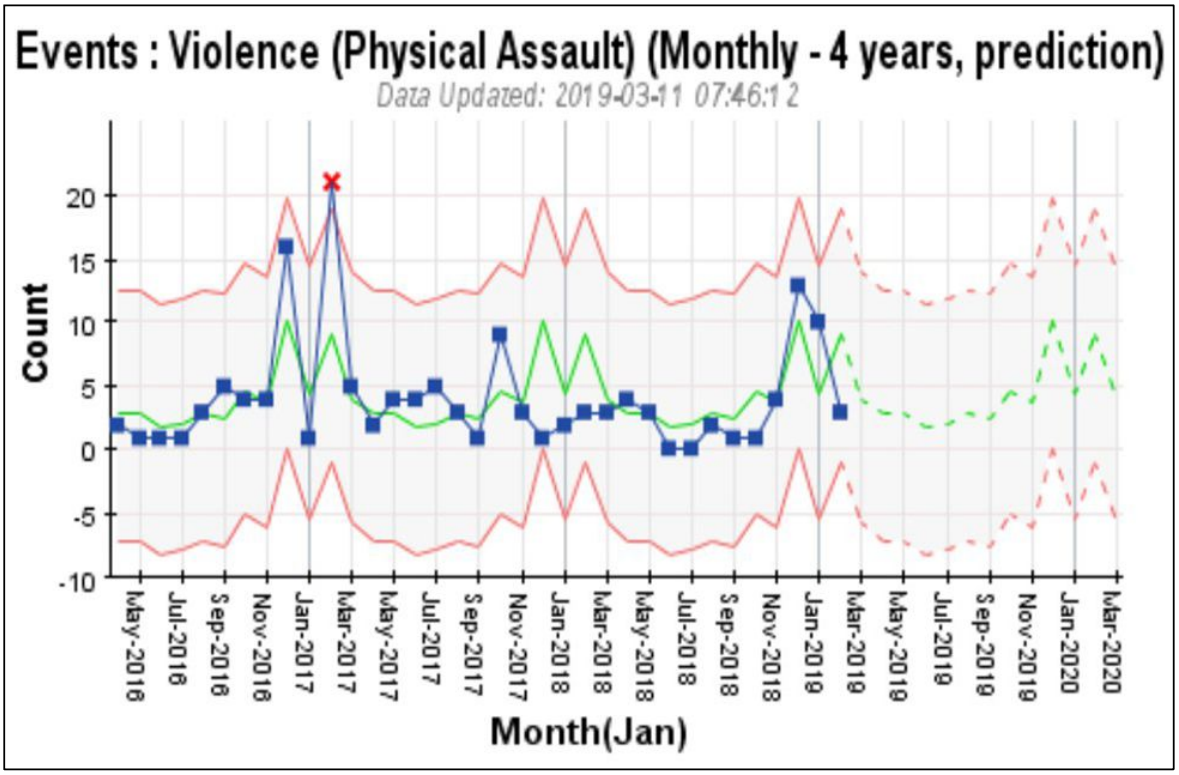
Events : Violence (Physical Assault) (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
20
15
10
5
0
-5
-10
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
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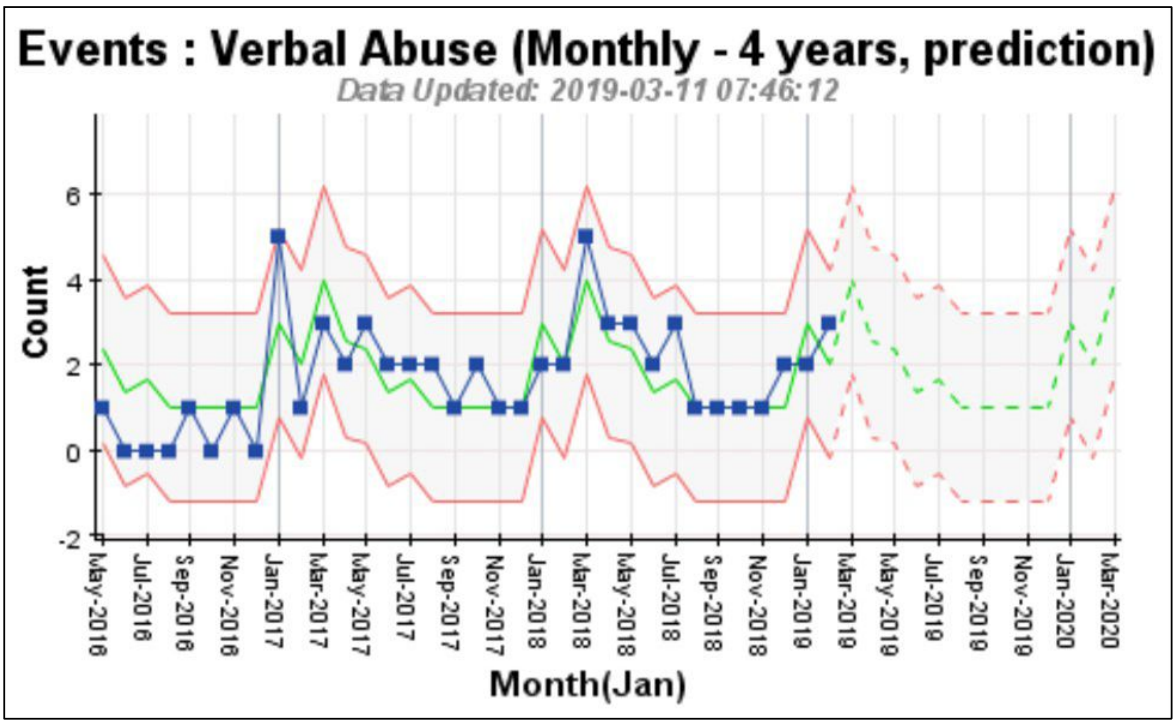
Mar-2019
May-2019
Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)


Events : Verbal Abuse (Monthly - 4 years, prediction)
Data Updated: 2019-03-11 07:46:12
Count
6
4
2
0
-2
May-2016
Jul-2016
Sep-2016
Nov-2016
Jan-2017
Mar-2017
May-2017
Jul-2017
Sep-2017
Nov-2017
Jan-2018
Mar-2018
May-2018
Jul-2018
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May-2019
Jul-2019
Sep-2019
Nov-2019
Jan-2020
Mar-2020
Month(Jan)

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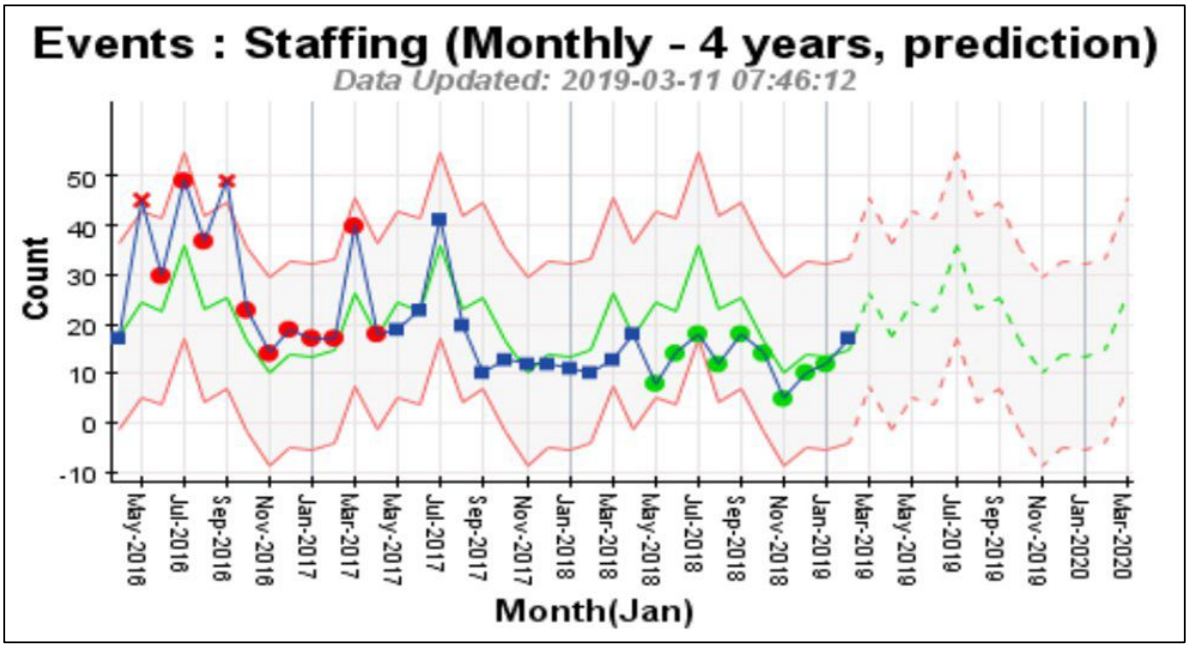
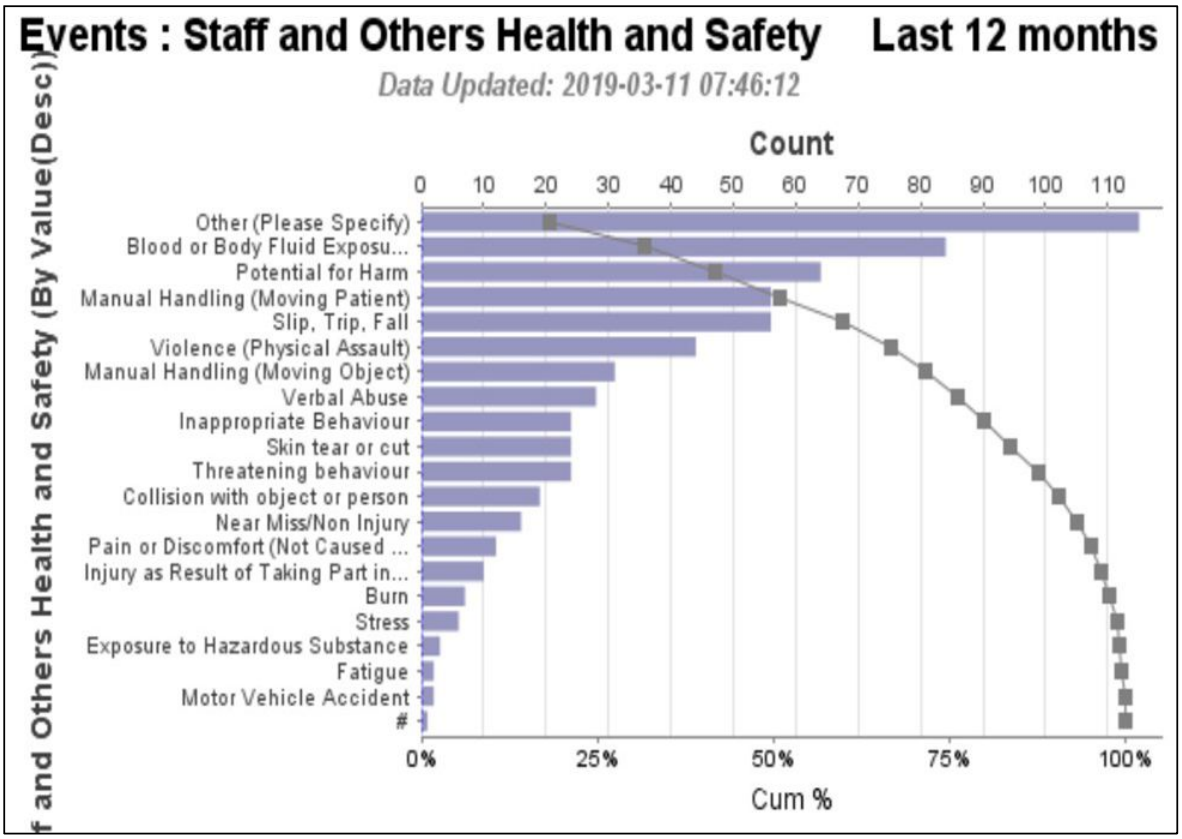


4.3 Reported events – past 12 months

There were 740 reported 'Staff and Others' Health and Safety events reported for the 12 month period through to 11 March 2019.

The chart below shows the number of reported events categorised by type with the cumulative frequency of all staff and others health and safety events reported.



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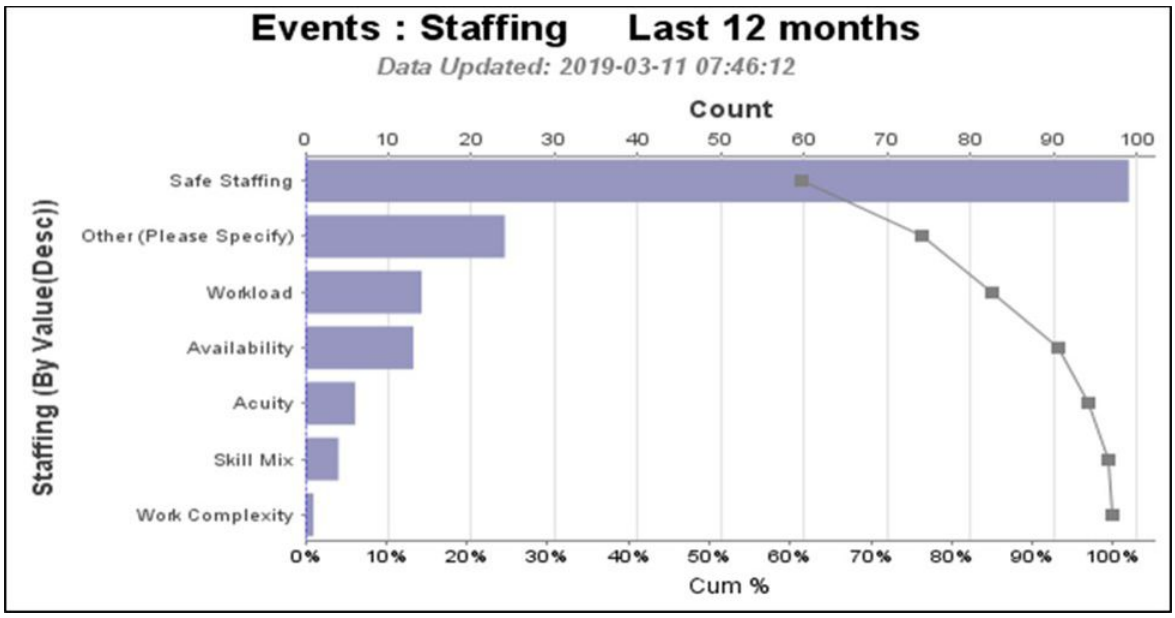
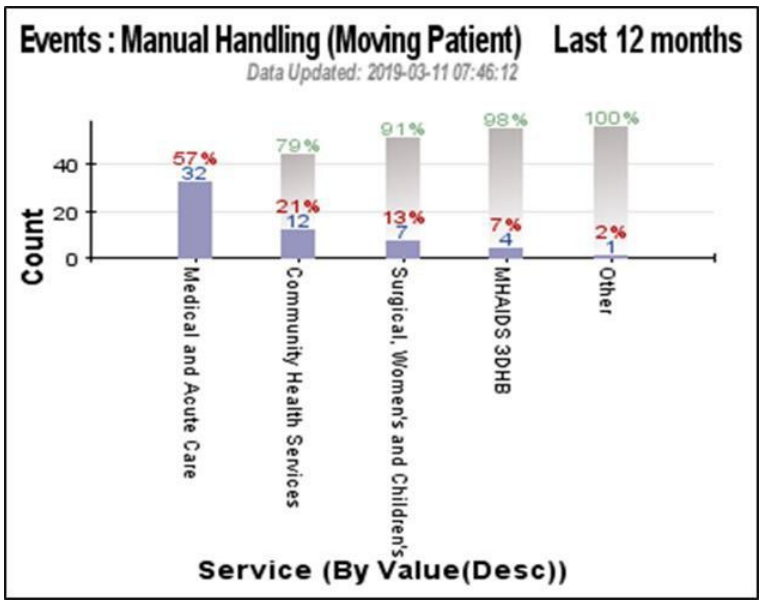
The chart below shows the number of reported events categorised by type with the cumulative frequency of all staffing related events reported.



The charts below show the count or number of incidents (blue) reported with the relative percentage of total incidents reported (red) and the cumulative frequency of events reported in each of the categories:

- Manual Handling – moving patient and moving object
- Blood and Body Fluid Exposure;
- Slip, trip and fall;
- Violence (Physical Assault);
- Verbal Abuse.

Consistent with previous reporting, the larger service areas of Medical and Acute, Surgical Women's and Children's, Community Health Services and MHAIDS report the higher frequency of events.



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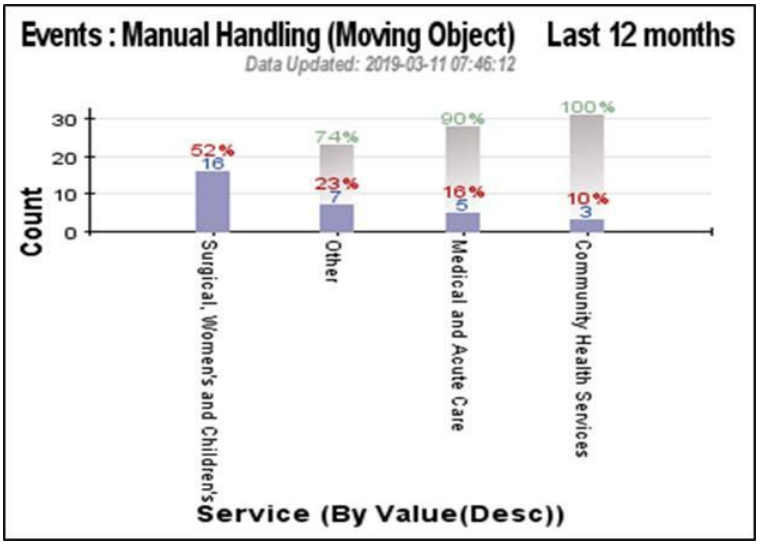
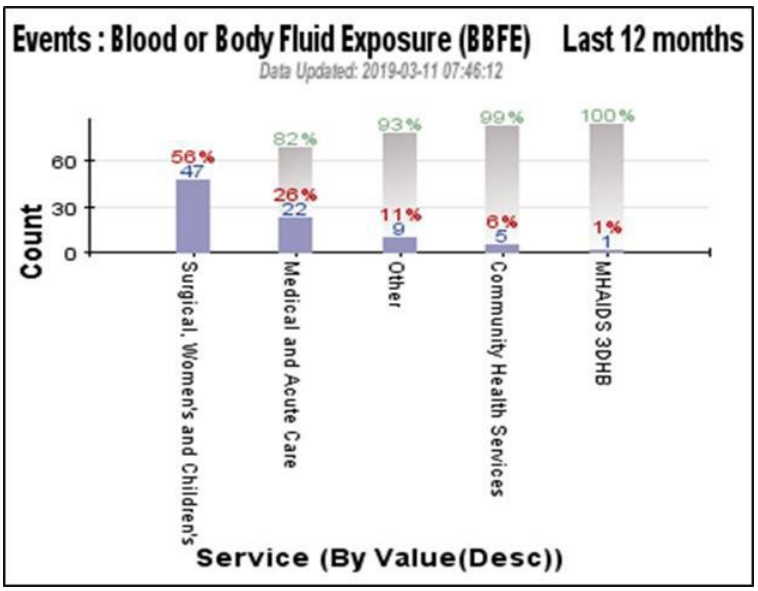
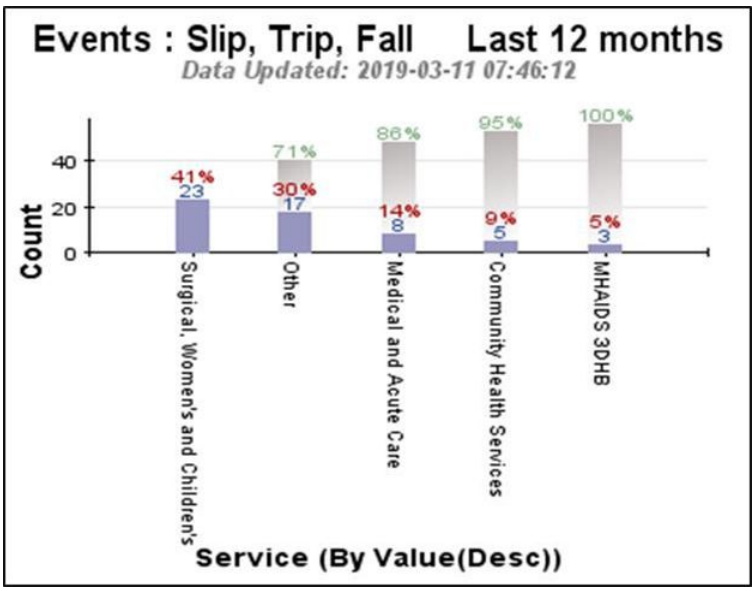
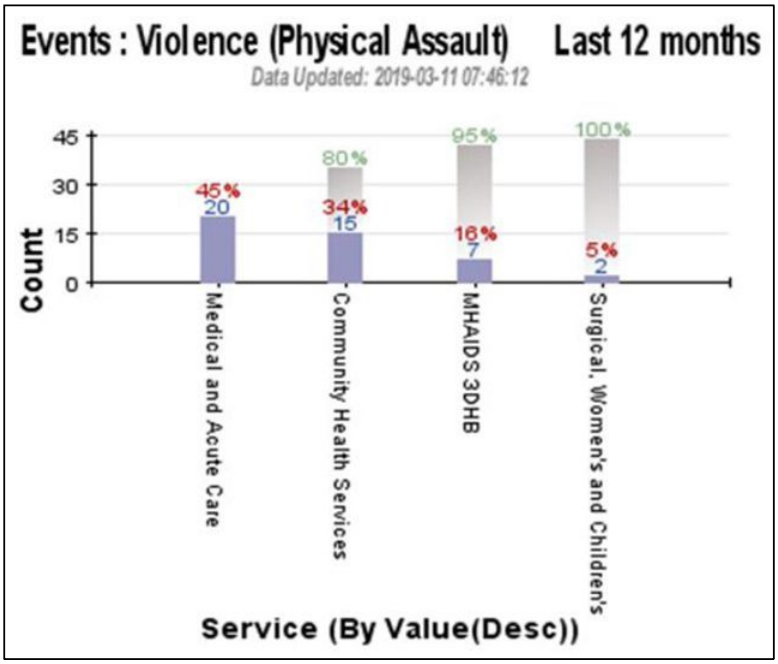
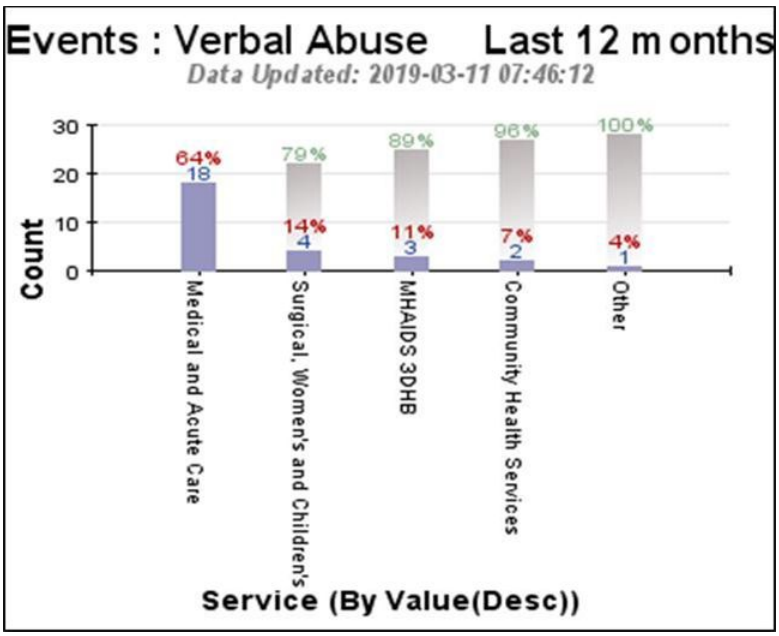

Events : Manual Handling (Moving Object) Last 12 months
Data Updated: 2019-03-11 07:46:12
Count
30
20
10
0
52%
16
74%
23%
7
90%
16%
5
100%
10%
3
Surgical, Women's and Children's
Other
Medical and Acute Care
Community Health Services
Service (By Value(Desc))


Events : Blood or Body Fluid Exposure (BBFE) Last 12 months
Data Updated: 2019-03-11 07:46:12
Count
60
30
0
56%
47
82%
26%
22
93%
11%
9
99%
6%
5
100%
1%
1
Surgical, Women's and Children's
Medical and Acute Care
Other
Community Health Services
MHAIDS 3DHB
Service (By Value(Desc))


Events : Slip, Trip, Fall Last 12 months
Data Updated: 2019-03-11 07:46:12
Count
40
20
0
41%
23
71%
30%
17
86%
14%
8
95%
9%
5
100%
5%
3
Surgical, Women's and Children's
Other
Medical and Acute Care
Community Health Services
MHAIDS 3DHB
Service (By Value(Desc))

PUBLIC





4.3.1 General Comments

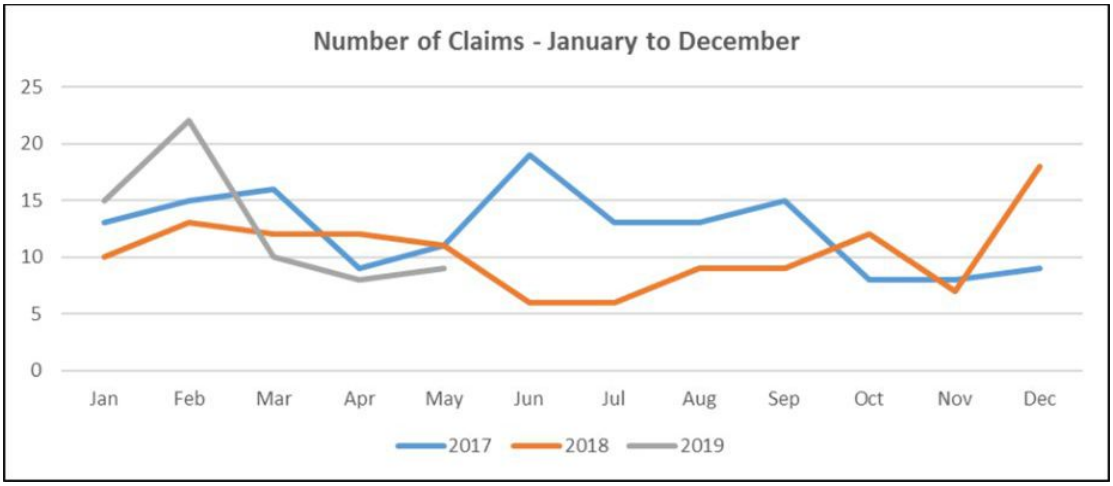
It should be noted that while SQuARE is a good reporting tool, not all health and safety incidents are reported into the SQuARE system for a number of reasons. Management is currently considering what further actions the DHB can take to support managers and staff to record, investigate and manage incidents through to completion. The first step is development of a short Instruction / information document for managers and staff on how to enter the data and record staff health and safety events.

4.4 ACC workplace injury claims – year to date as at May 2019

Workplace injuries are managed in-house as per the ACC Approved Employer Programme (AEP) and assistance is provided by Well New Zealand, who is the DHB's third party advisor (TPA).

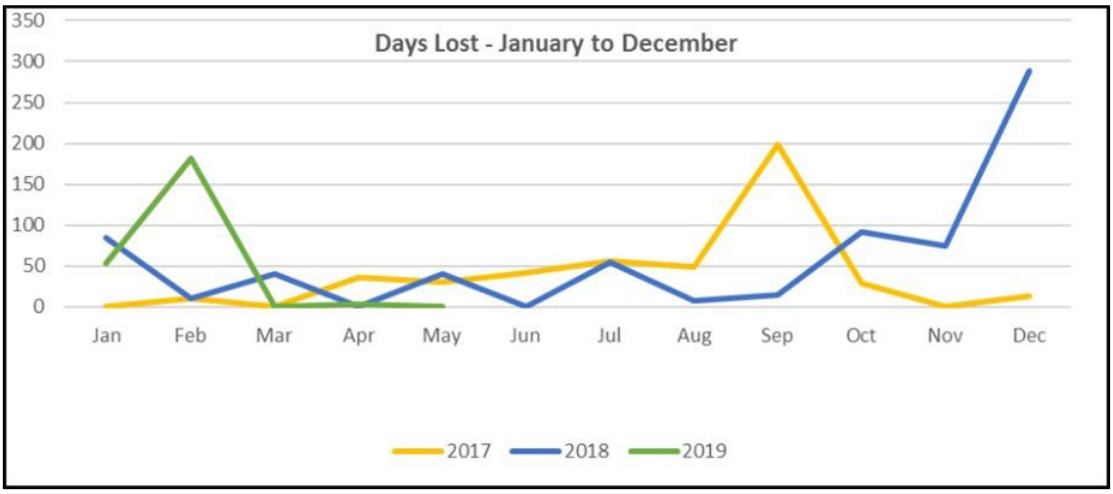
PUBLIC

4.4.1 Number of active ACC claims under management



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	13	15	16	9	11	19	13	13	15	8	8	9
2018	10	13	12	12	11	6	6	9	9	12	7	18
2019	15	22	10	8	9							

4.4.2 Number of Days Lost Due to Injury



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	10	0	36	30	41	57	48	198	29	0	13
2018	85	10	40	0	40	0	54	7	14	91	74	288
2019	54	181	0	3	0							

Note: There is a delay in reporting days lost as this is dependent on when weekly compensation is calculated and paid. Consequently, days lost for any previous month may increase over time as progress reports are received and reconciled against specific claims.

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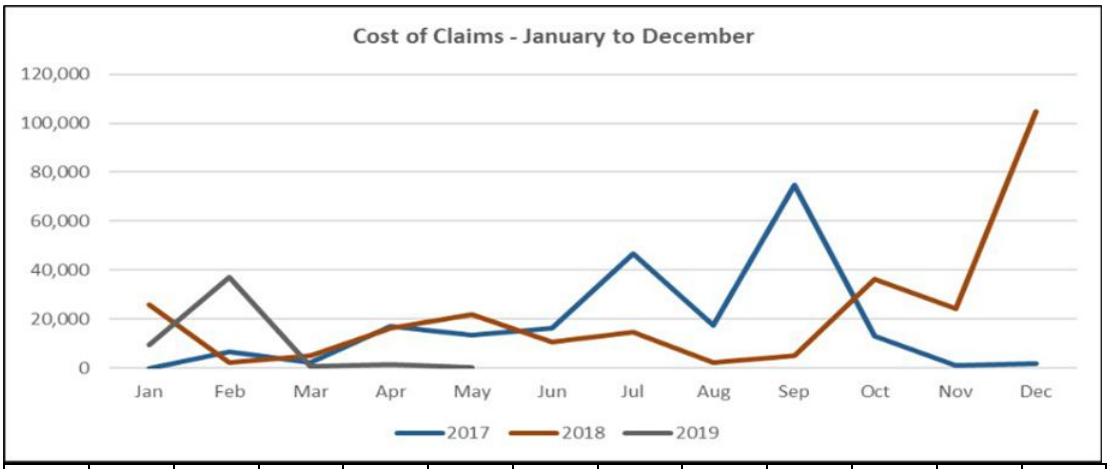
4.4.3 Cost of ACC Claims



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	0	6,500	2,059	17,103	13,411	16,270	46,840	17,504	74,805	13,193	872	1,825
2018	25,729	2,283	5,195	16,200	21,705	10,651	14,553	2,324	5,086	36,485	24,410	104,759
2019	9,588	37,220	586	1,278	128							

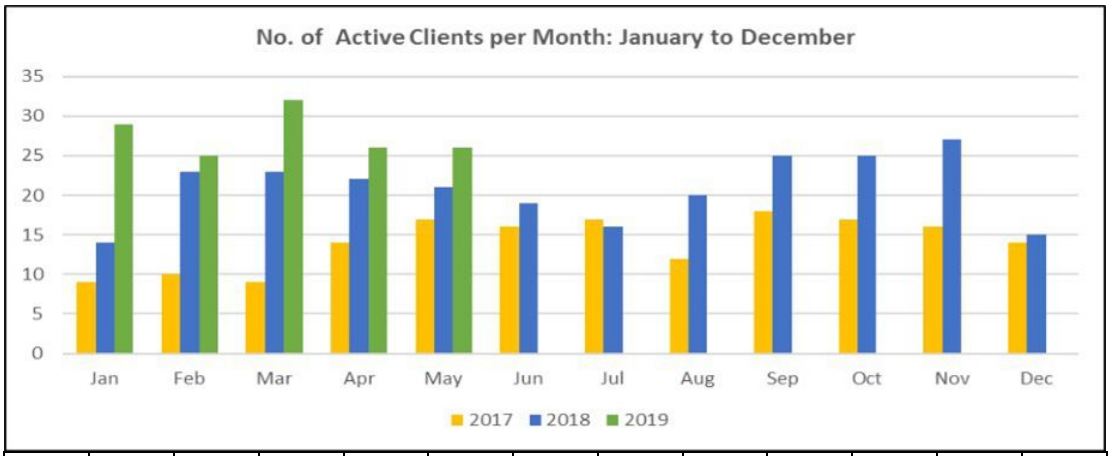
Note: the cost of claims is dependent on the provider sending in their invoice and when this is paid against the claim. Consequently, costs for any previous month may increase as invoices are received and reconciled against specific claims.

4.5 Employee Assistance Programme (EAP) Services

Hutt Valley DHB offers an EAP service and funds up to three (one hour) confidential counselling sessions for all permanent, full-time and part-time employees, on request. EAP focuses on early intervention and addressing personal or work-related difficulties. The EAP Service is a confidential service offered to staff and reported to the DHB at an aggregated level. There are some areas of our workforce that are showing some concerning higher activity that we will be investigating further with our provider.

4.5.1 Number of EAP clients

The chart below shows the number of active EAP Clients, by month since January 2017.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	9	10	9	14	17	16	17	12	18	17	16	14
2018	14	23	23	22	21	19	16	20	25	25	27	15
2019	29	25	32	26	26							

The numbers of staff referring to EAP Services in the period reported has increased steadily. This

may be due to increased awareness of the service as staff use the service and discuss with their colleagues. In the past 18 months, managers presenting to HR with concerns relating to staff have also been advised to refer staff (formally or informally) to EAP Services, where this has been considered useful.

The sudden increase in staff usage in January is most likely a result of health and safety incidents and other staffing issues over the early part of 2018/19.

4.5.2 Annual Report of EAP Services usage and trends

In May, EAP Services provided their Annual EAP Report to HVDHB. The Report covers the period 1 May 2018 to 30 April 2019 and is provided to the DHB in confidence, to provide an overview of the use of this confidential counselling and support service by HVDHB staff.

As a "good employer", HVDHB provides staff with access to an employee assistance programme, the services of which are currently provided by EAP Services Limited via a syndicated All of Government procurement arrangement. Access to the programme is by self or manager referral. Details of the services provided, and contact details for EAP Services, are given to all employees as part of their on-boarding and are set out on the HVDHB Intranet.

Staff may attend up to three sessions, with any further sessions requiring the approval of the General Manager Human Resources & Organisational Development. The current cost of this counselling is $130.00 per individual client session. All costs of the service are met by the DHB.

Key Trends and Statistics

There has been a noticeable increase in the number of employees referring to EAP Services during the reporting period 1 May 2018 to 30 April 2019.

The programme usage rate for HVDHB was 177 clients or 7.52 percent (5.82 percent in 2017/18), compared to national usage rate of 8.10 percent. This shows an overall increase in usage of approximately 29 percent. This increase in cost and the level of EAP activities continues to be monitored to identify any longer term trends or service specific issues.

The average number of sessions per employee using the service was 2.09 (1.99 in 2017/18) compared to the national average of 2.70 (2.61 in 2017/18). Overall, this figure is slightly up on the previous 12 month period and at a similar level to the 2016/17 period (2.06 sessions).

Overall, 69 percent of presentations carried a low health and safety risk, with self-referrals making up 89 percent of total referrals (compared to 83 percent for other DHBs using the service), with approximately 11 percent either manager suggested or manager referred (compared to 17 percent for other DHBs).

The majority of employees using the service are "workforce" (86.4 percent) with management (7.3 percent) and Supervisory (3.4 percent). There were five family members (2.8 percent) who accessed the service. This compares to 87.6 percent, 4.6 percent, 4.2 percent and 3.5 percent for other DHBs.

When compared to the 2017/18 period, this shows a slight decrease in workforce numbers (3 percent), slight increase in management (2.3 percent) and similar level of supervisory staff.

60 percent of the staff using the service were within the age range of 40 years to 59 years. This compares to approximately 58 percent when compared to other DHBs; and 47 percent nationally for the same age demographic.

Approximately 72 percent of concerns were related to personal issues (compared to 68 percent for

other DHBs) and 28 percent were related to workplace issues (compared to 32 percent for other DHBs). Key workplaces issues included: Career (11 percent), relationship with manager (12 percent), and trauma (13 percent).

Noting this, the most frequently reported issue across both personal and work related concerns are relationships with others.

Where employees present with workplace issues, the EAP professional's primary role is to assist the individual with personal coping strategies and in most cases will advise the employee to raise the issue with their Manager/Team Leader, Workplace Health and Safety, or Human Resources; enabling issues to be resolved at the local workplace level.

In order to preserve the confidentiality, and due to not all employees stating the business unit that they belong to, it is only possible to identify any specific business units showing patterns that may be of concern if there is a relatively large number of referrals and the business unit is provided by staff accessing EAP Services.

Noticeably, during the current reporting period, 35 percent of employees using EAP Services self-reported as working in Community Health Services, and another 16 percent (approx.) reported as working in Medical and Acute Care. A further breakdown of these figures is being sought from EAP Services.

During 2018/19, further work was completed to develop programmes for managers and staff aimed at recognising positive behaviours and addressing unacceptable behaviours (as identified through earlier work with the values programme). More recently, the DHB has also introduced a restorative practices approach in an endeavour to re-establish damaged working relationships. Both approaches provide simple tools that can be used to assist in managing and/or restoring positive working relationships with others.

Further analysis of the EAP usage has been provided in Appendix 1.

5. WORKPLACE HEALTH & SAFETY TEAM

The DHB has completed interviewing three candidates for the latest round of recruitment for a replacement Workplace Health and Safety Manager. Unfortunately, none of these candidates could demonstrate the skills and experience the DHB requires to manage the Health and Safety function. This was the fifth time that the role has been advertised, including one informal search attempt to identify a suitable applicant. As a next step, the DHB will engage a recruitment agency to "blind" advertise the position and test the market on the DHB's behalf.

In the interim, management will proceed with recruiting to the Senior Health and Safety Advisor position. This will give the team some much-needed additional resource while we continue to recruit a suitable Workplace Health and Safety Manager.

5.1 Core Occupational Health activities

Since January 2019, the Occupational Health Nurses have provided the following services:

Month (2019)	Pre-employment Screening	Vaccinations	Manager Referrals	Blood and Body fluid exposures
January	53	59	2 Return to Work 1 Worksite Assessment	9
February	57	33	4 Worksite Assessment	7
March	62	69	1 Return to Work 5 Worksite Assessment	3

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Month (2019)	Pre-employment Screening	Vaccinations	Manager Referrals	Blood and Body fluid exposures
April	49	1358	2 Return to Work 1 Worksite Assessment 1 Health Assessment	6
May	60	444	1 Return to Work 4 Worksite Assessment 1 Health Assessment	11

5.2 Influenza Campaign 2019

The 2019 Influenza Campaign is still underway with approximately 69 percent of staff having received the vaccination.

Vaccination records			
Occupation	**Employee Total**	**Employee Vaccinated**	**Percentage**
Nurses	870	601	69.08%
Doctors	380	256	67.37%
Midwives	78	42	53.83%
Allied Health Staff	523	386	73.80%
HCA	158	83	52.53%
Other	527	382	72.49%
Total Staff	**2536**	**1750**	**69.01%**
*Non Staff		112	

* Non-staff includes contractors, eg, lead maternity carers, locums etc. engaged by the DHB

Other Vaccinations provided to staff during the period March to May include:

Month (2019)	**Vaccinations**	**Number**
March	Measles Boostrix Engerix (hep B) Varilex (chicken pox)	21 30 13 4
April	Measles Boostrix Engerix (hep B) Varilex (chicken pox) Havarix (Hep A)	24 31 10 1 1
May	Measles Boostrix Engerix (hep B) Twinrix (hep A and B combined) Havarix (Hep A)	47 61 23 2 2

There is currently a shortage of this year's influenza vaccination stock due to a high uptake around the country. The DHB has a small amount of staff influenza vaccinations in stock and this means it may not be able to vaccinate everyone this year. It has agreed that the best use of the remaining vaccines is to protect

the most exposed staff, and staff most at risk of spreading influenza to patients. This means staff having direct patient contact must be the priority and those areas are listed below:

- Midwives;
- Nurses and Doctors;
- Healthcare Assistants;
- Orderlies;
- Allied Health workers;
- Administrators with a high degree of patient contact.

5.3 ACC Workplace Injury Prevention

In collaboration with Safe365, Hawkes Bay, and Auckland DHBs; HVDHB has submitted a proposal to ACC for funding through their "Workplace Injury Prevention Grant". The DHBs has received notification that their application has been successful through phase one of the process. Should the proposal be successful, the ACC funding will be used to partner with a targeted group of small to medium sized suppliers to the DHB in order to raise health and safety capability within the supply chain.

5.4 ACC Partnership Programme Audit

The onsite ACC audit took place during 11 to 13 June. This year's audit followed a new set of standards which took greater account of the broader organisational health and safety practices. Management is awaiting the Audit Report, although initial discussions with the Auditor have identified some key areas requiring improvements and the DHB anticipates receiving a series of corrective actions. Management is also aware that at least four other DHBs have failed their ACC audits this year and had their tertiary status reduced to secondary or primary. HVDHB is preparing itself to receive a similar result due to the shortage of staff resources in this area and inability to deliver on the planned work programme.

5.5 Hazardous Substances

A number of Certified Handlers have now been trained in the Health and Safety at Work Act (HSWA) and Health and Safety at Work (Hazardous Substances) Regulation requirements. The necessary protective equipment for these staff has been purchased and they have also received training on how to use it.

5.6 Worker Engagement, Participation and Representation (WEPR)

Work has commenced on the development of a specific training package for the health and safety hubs. The training will be available to pilot in July and aims to raise awareness of the workplace health and safety legislation and to support the hub members with the development of their initial work programme. Hub membership includes representatives from managers and workers within the designated service area, health and safety representatives, and a member of the workplace health and safety team.

6. AN ENGAGED, EFFECTIVE WORKFORCE

6.1 WorkWell Programme and the Employee Wellbeing Plan

Two key wellbeing elements of #Mauri Ora, HVDHB's staff wellbeing programme, are to 'harness the strengths of our diverse workforce and allow our people to bring their whole self to work' and 'to create a respectful, positive culture that encourages our people to thrive'.

Pink Shirt Day on Friday, 17 May was the perfect opportunity to show HVDHB seeks to celebrate diversity and be a place where everyone feels safe, valued and respected. To mark the day, the DHB was aiming to achieve a 'sea of pink'. Teams were encouraged to wear as little or much pink as they felt comfortable with,

to organise team events such as a pink themed morning tea or shared lunch, and to discuss pink shirt day and its meaning within team meetings.

The day was well supported, with some events captured by the photos below.

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HUTT VALLEY DHB	**BOARD DISCUSSION PAPER**
	Date: 27 June 2019

Author	Melissa Brown, Interim Chief Operating Officer
Endorsed by	Judith Parkinson, General Manager Finance and Corporate Services and Acting Chief Executive
Reviewed/approved by	The Executive Leadership Team (reviewied on 19 June 0219)
Subject	**Hospital and Health Services report**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** that for the month of May and year to date, Hutt Valley DHB achieved 90 percent against the *Shorter Stays in ED* health target;

b) **NOTES** that Hutt Valley DHB's performance against the *Faster Cancer Treatment* target for May was 83.3 percent, with a year to date achievement of 92.2 percent for the 60 day target;

c) **NOTES** that Hutt Valley DHB's performance against the *Improved Access to Elective Surgery* health target as at May 2019 was 96 percent for discharges and 86 percent for case weighted discharges;

d) **NOTES** the impact of the four RDA strikes on cancellation of surgery and outpatients clinics and ESPI2 and ESPI5 compliance;

e) **NOTES** the impact of the overall lower length of stay on bed requirement.

APPENDICES

1. 2018/19 admissions by triage
2. Nursing professional leader update
3. Chief Medical Officer professional leader update
4. Allied Health professional leader update

1. PURPOSE

The purpose of this paper is to provide the Board with an update on projects and initiatives, and the DHB's performance against key hospital and system target measures.

2. STRATEGIC FIT

This paper links to the strategic directions in *Our Vision for Change*. By the DHB undertaking work to improve performance against the Ministry of Health's (the Ministry's) wider suite of performance measures, and improve the quality of the services it provides, the DHB's *Adaptable Workforce* is working to ensure that the Hutt Valley population is receiving *Shorter, Safer Smoother* Care, enabling the population to continue *Living Well.* In working closely with Primary Care and the wider Hutt Valley health system, staff are also ensuring that the DHB is providing *Care Closer to Home.*

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3. DELIVERING SHORTER, SAFER, SMOOTHER CARE

3.1 Shorter Stays in ED

There has been an 8 percent increase in presentations to ED on this time last year, with admission rates slightly lower than the same period last year (22 percent compared to 25 percent for 2017/18). Detailed data on the number of presentations and admissions by triage is attached as appendix one.

Figure one outlines the overall performance of ED admitted, as well as treated and discharged patients for the 2018/19 financial year so far. Admitted patients are not as likely to be seen within target timeframes as those treated and discharged. The work of the Medical Improvement Project is seeking to improve performance in this area to support Medical patients receiving timely care and treatment.

Figure one ED admitted and treated and discharge performance 2018/19

	Admitted		Treated and discharged		Total presentations	2018/19 % under 6 hours
	number of presentations	% under 6 hours	Number of presentations	% under 6 hours		
July	1049	82	2783	96	3832	92
August	1100	77	2839	93	3939	89
September	1028	76	2699	94	3727	89
October	1007	78	2681	95	3688	90
November	1003	76	2701	94	3704	89
December	1034	77	2867	93	3901	89
January	961	74	2883	93	3844	89
February	841	78	2653	94	3494	90
March	1040	76	3000	92	4040	88
April	925	79	2735	94	3660	91
May	999	78	3099	94	4087	90

The target was met on a number of occasions during NZRDA's strikes, averaging between 81.9 and 97.3 percent (refer to figure two). During these, performance significantly increased on the second and subsequent days of any NZRDA strike. This may have been as a result of more senior medical presence and decision making in ED than would normally be available.

Figure two ED target during RDA strike days

Date	% patients admitted	% patients discharged	Average
15/01/2019	88.90%	97.50%	95.30%
16/01/2019	79.40%	98.70%	92.70%
29/01/2019	71.80%	96.60%	89.10%
30/01/2019	87.50%	97.80%	95.00%
12/02/2019	88.50%	98.90%	96.70%
13/02/2019	79.40%	94.60%	90.50%
26/02/2019	69.20%	89.40%	81.90%
27/02/2019	87.00%	92.50%	91.40%
29/04/2019	96.70%	97.30%	97.20%
30/04/2019	85.00%	100.00%	97.30%
1/05/2019	93.50%	96.80%	96.00%
2/05/2019	86.20%	100.00%	96.70%
3/05/2019	88.20%	97.60%	95.00%
Overall Average	**84.72%**	**96.75%**	**93.45%**

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The Emergency Department is preparing for the winter surge. These preparations include developing special seating for those who present with flu symptoms and designating one of the walk in rooms to see patients with flu like symptoms to minimise the potential spread of flu to staff and other patients.

3.2 Radiology

HVDHB is currently not meeting the Ministry of Health's target timeframes for MRIs, as more referrals are being made than health services can support. The Ministry's target for MRI is 85 percent (of elective patients receiving their scan within six weeks). For May 2019, Hutt Valley achieved 52 percent (refer to figure four. There has been improvement in performance against this target since January 2019 as a result of:

- Staff working extended shifts and one weekend a month;
- Use of locum staff, to cover while recruitment for permanent positions progresses and where leave is taken;
- Outsourcing MRIs.

A 1.6FTE increase to MRI staffing for the 2019/20 will enable the DHB to extend shifts each weekday and two weekend MRI lists per month, which will further reduce the waiting list.

Figure three MRI Wait Times

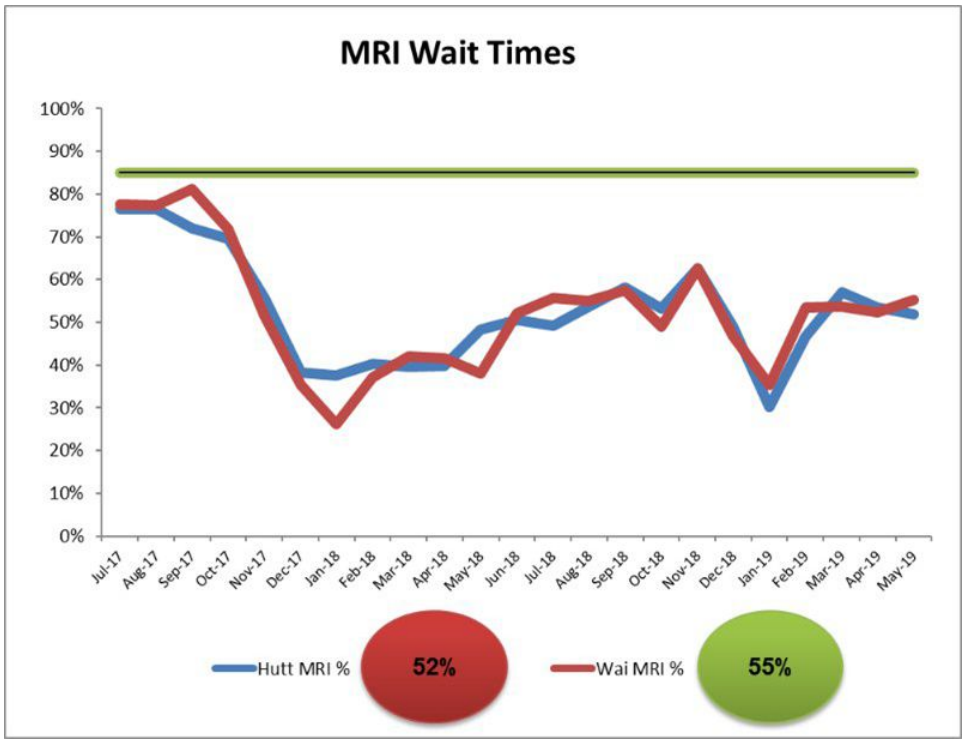
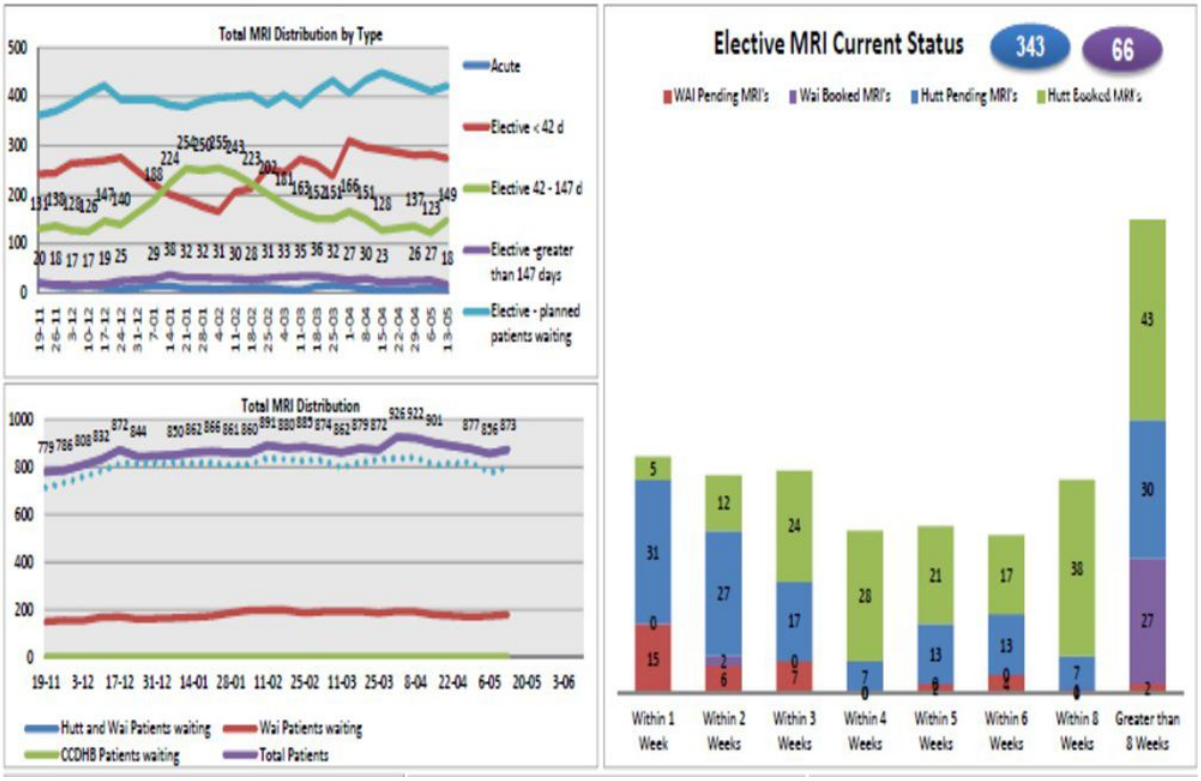


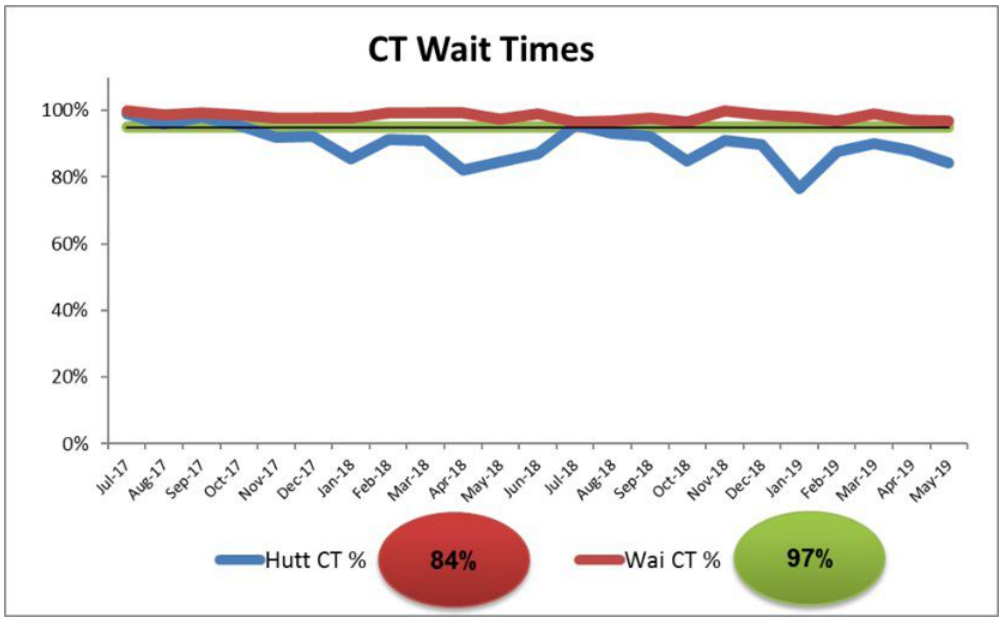
Figure four (following) provides an overview of MRI request distribution as well as MRI elective status.

Figure four MRI distribution and elective current status



CT wait times have not significantly changed over time. For May, Hutt Valley achieved 84 percent, which remains below the Ministry's target (95 percent) (see figure five following). The additional recruitment of radiology staff over time will see an improvement and the mitigations outlined for MRI above also apply to CT.

Figure five CT wait times – Radiology Wait Times Report



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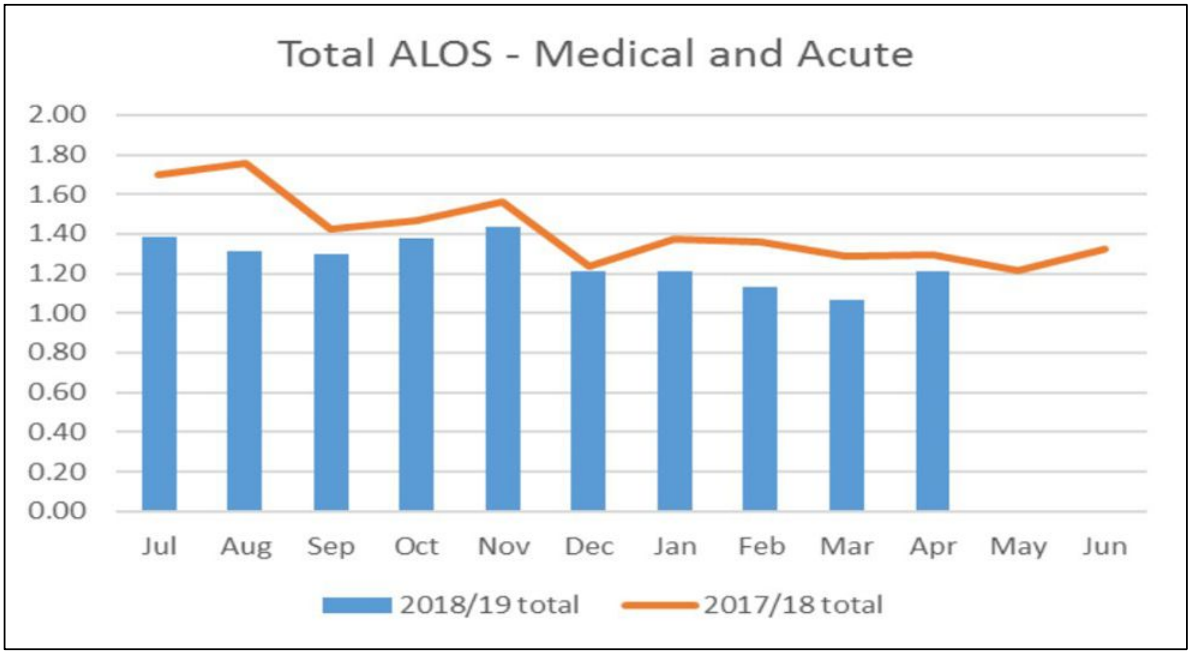
3.3 Average length of stay (ALOS)

The Medical Ward has seen a reduction in both the total and inpatient ALOS compared to 2017/18 (see figure six).

Figure six Average Length of Stay – Medical and Acute



These changes have been sustained over time due to several initiatives around stroke models of care and team nursing strategies commenced two to three years ago. More recently, with the introduction of a project focusing on a medical service improvement plan, this area has been refreshed in its focus.

There are several work streams including Red2Green implementation on the Medical Ward, improved acute access for primary care and development of pathways. This project has seen engagement from the wider Multidisciplinary team and has enabled reflection on barriers to a patient's journey and to refocus on 'valuing a patient's time'. This project will run across the next 12 months and improve ALOS with alignment with Hutt Valley strategy about keeping communities well and delivering care closer to home.

"Criteria Led Discharges" have also been implemented which enables nurses to assess the patient against the criteria and discharge earlier.

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3.4 Medical Service Improvement Programme (MSIP) update

Current Stage	Implementation
Milestones	• Testing to consider the impact on the multidisciplinary team of a change to the way patients are divided between team has occurred. RDA industrial activity resulted in delays • Metrics of patient satisfaction and flow have been chosen across the following areas: ED, MAPU and the Medical Ward. "Smooth Sailing", a patient flow competition amongst the medicine teams in these areas is aimed at minimising delay and delivering timely patient care • A Business Case for full implementation of MSIP (FTE component) has been developed • The Medical Ward nursing leadership design group have formed • The Night Sweats and Unintentional Weight Loss pathways have been finalised
Current Activity	• An options paper is being developed with key stakeholders in the medicine service • MSIP steering group agreed to a proposal to replace two MAPU beds with 4 assessment chairs. Work has commenced on assessing the practical implications • A request for prioritisation paper has been written regarding the Frequent Attendees e Whiteboard enhancement
Major Activities Planned over Next Month	• Work continues on collecting and documenting medical nursing model options • Complete work with General Medicine and General Surgery on abdominal pain pathways (a group who experience long waits in our ED • Smooth Sailing soft launch is planned in a small pilot for August 2019. Depending on the outcome, this may be extended to include the entire medicine service, to support a simple, team-based mechanism to monitor and improve patient flow.
New Risks/Issues to be Highlighted	• Medicine work plan test - deferred to August 2019 due to RDA strike action • Approval of a business case for full implementation of the MSIP (including associated proposals to create substantive positions) is required. • There is a risk that the Whiteboard enhancement, which identifies patient's 'at a glance' who have presented four or more times to the medicine service will not be prioritised and not proceed. Testing of a manual process is underway and found benefits in improving communication between a patient's general practitioner and community health provider.

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3.5 Faster Cancer Treatment (FCT)

Overall, HVDHB's FCT performance is getting close to the Ministry's 100 percent target. Work with the Central Cancer Network continues to progress. For May, Hutt Valley DHB achieved 83.3 percent of the target for 62 days (one patient waited longer than expected) and 92.1 percent for 31 days (three patients waited longer than expected). Delays were mainly related to surgery, but also to radiation therapy.

Figure seven Faster Cancer Treatment result for 2018/19 financial year

Year	Month	62 Day Total	*Patient Breech*	*Clinical Breech*	*Capacity Breech*	62 Day Patients	62 Day Target Met	62 Day Target (%)	31 Day Patients	31 Day Target Met	31 Day Target (%)
2018/19	May	8	*0*	*2*	*1*	6	5	83.3	38	35	92.1
	Apr	14	*0*	*2*	*0*	12	12	100.0	50	46	92.0
	Mar	8	*0*	*0*	*1*	8	7	87.5	51	44	86.3
	Feb	7	*0*	*2*	*0*	5	5	100.0	34	33	97.1
	Jan	12	*0*	*0*	*1*	12	11	91.7	43	40	93.0
	Dec	16	*0*	*1*	*2*	15	13	86.7	63	56	88.9
	Nov	17	*1*	*4*	*0*	12	12	100.0	69	59	85.5
	Oct	15	*0*	*2*	*1*	13	12	92.3	65	58	89.2
	Sep	12	*1*	*2*	*2*	9	7	77.8	56	54	96.4
	Aug	16	*1*	*2*	*0*	13	13	100.0	57	52	91.2
	Jul	11	*0*	*0*	*1*	11	10	90.9	46	43	93.5
2018/19 total		**136**	***3***	***17***	***9***	**116**	**107**	**92.2%**	**572**	**520**	**90.9**

3.6 Improved access to elective surgery

Hutt Valley DHB's performance against the *Improved Access to Elective Surgery* performance measure is at 96 percent for discharges and 86 percent for case weighted discharges (see figure nine below).

Figure eight Improved Access to Elective 2018/19

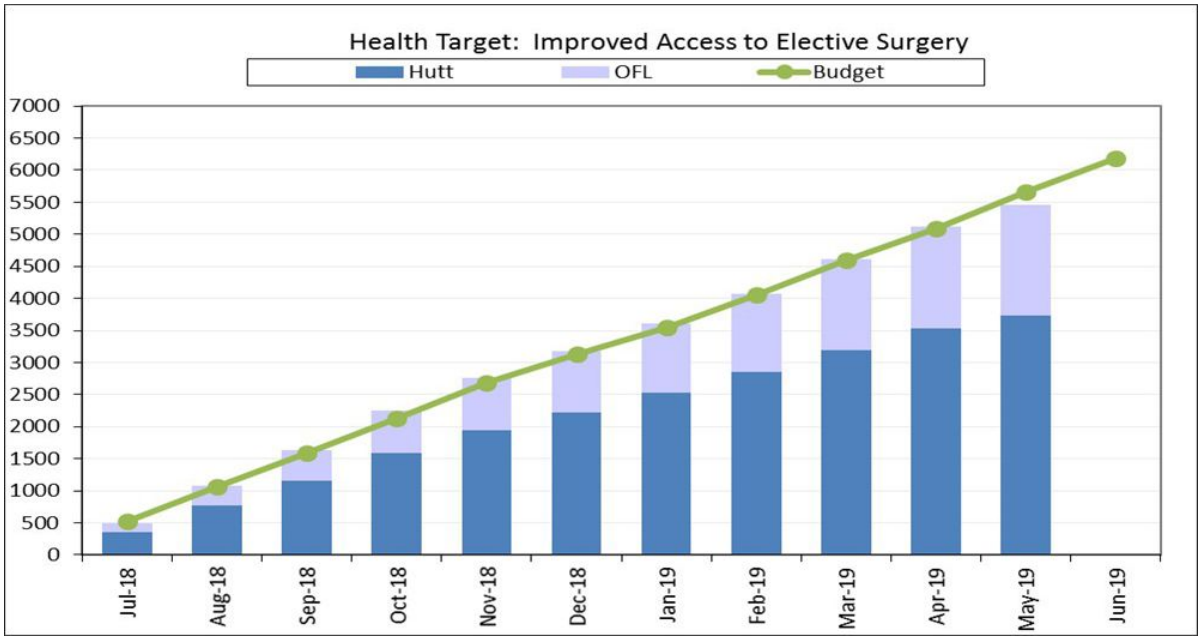

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Figure nine **Elective Service Performance indicators**

	February	March	April	May
ESPI 2 - FSAs				
ESPI 5 - surgery				

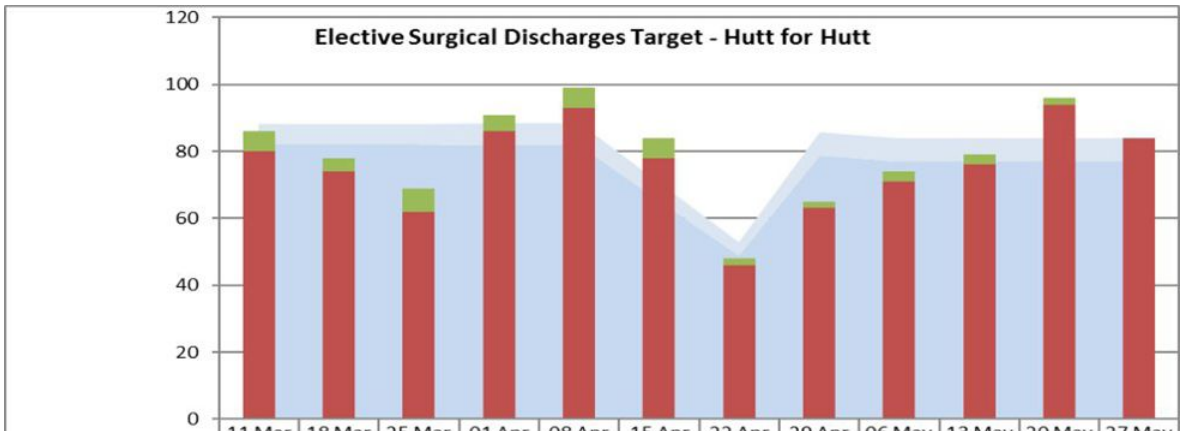
Five surgical services are not meeting ESPI2 (first specialist assessment) compliance with the biggest risk being Gynaecology. Plastics, ENT, Ophthalmology and General Surgery also have patients waiting for first specialist appointments. In total, 179 patients have waited longer than 120 days. However, there has been some improvement across all specialty areas except one (gynaecology, which remained constant) in the past month in regards to ESPI2, despite NZRDA industrial action across several days in April.

In the past month ESPI5 (treatment) compliance improved in ENT, Ophthalmology, and Plastics, but deteriorated across General Surgery, Gynaecology and Orthopaedics. All services are expecting to be non-compliant for May. The services most challenged to maintain compliance are Dental, Orthopaedics and Plastics skin lesions. Currently 166 patients are waiting over four months for surgery.

A recovery plan is in place that has been provided to the Ministry and is discussed on a monthly basis. The Ministry identified that almost three quarters of the nation's DHBs are non-compliant across these two ESPI categories, however, Hutt Valley DHB is the best performer in the non-compliant group.

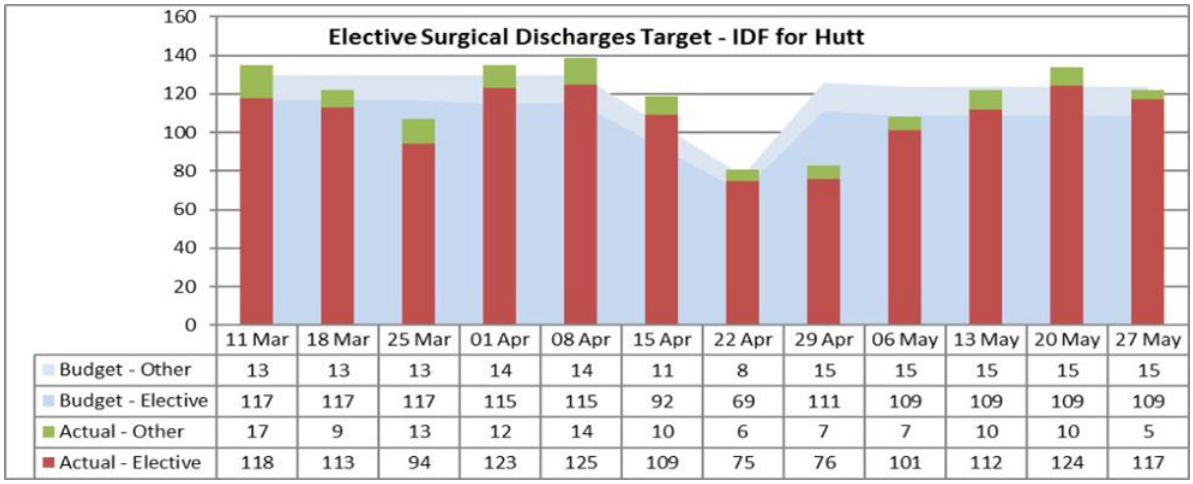
Whilst Hutt Valley elective case weights are down on predicted volumes, this is consistent with most other DHBs across New Zealand. Hutt Valley elective discharges are tracking overall to target at 100%+. Interestingly, both IDF inflows for discharges and case weights are positive for both elective and acute activity, predominately in Plastics. Please refer to figures 11 and 12 for elective surgical discharges totals for HVDHB and IDF.

Figure ten **Elective Surgical Discharges Target – Hutt for Hutt activity**



	11 Mar	18 Mar	25 Mar	01 Apr	08 Apr	15 Apr	22 Apr	29 Apr	06 May	13 May	20 May	27 May
Budget - Other	6	6	6	7	7	5	4	7	7	7	7	7
Budget - Elective	82	82	82	82	82	65	49	79	77	77	77	77
Actual - Other	6	4	7	5	6	6	2	2	3	3	2	0
Actual - Elective	80	74	62	86	93	78	46	63	71	76	94	84

Figure eleven Elective surgical discharges target – IDF for Hutt



	11 Mar	18 Mar	25 Mar	01 Apr	08 Apr	15 Apr	22 Apr	29 Apr	06 May	13 May	20 May	27 May
Budget - Other	13	13	13	14	14	11	8	15	15	15	15	15
Budget - Elective	117	117	117	115	115	92	69	111	109	109	109	109
Actual - Other	17	9	13	12	14	10	6	7	7	10	10	5
Actual - Elective	118	113	94	123	125	109	75	76	101	112	124	117

3.7 RDA strike

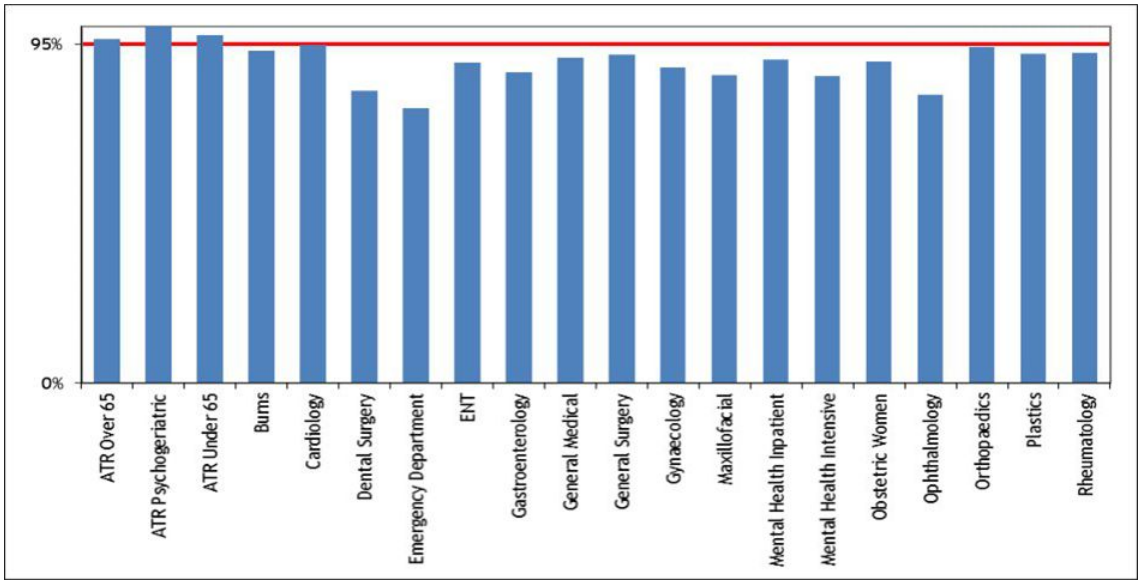
Nationally, DHBs have recently been impacted by the longest RDA (Resident Doctor's Association) industrial action yet – five days in total (30 April – 4 May). There has been a total of 13 days of strike action so far for 2019.

The costs of the latest strike with SMO, locum RMOs and associated minor costs will be in the region of $270K. The total costs of all the RDA strikes to date will be approximately $700K.

3.8 Advice for smokers to quit (hospital)

Hutt Valley achieved 93 percent of the 95 percent Ministry of Health target for advice to smokers in May 2019. 64 of the 69 patients who smoked at Hutt Valley DHB were provided with appropriate advice to quit.

Figure twelve Advice for smokers given – service results



4. SMART INFRASTRUCTURE

4.1 Capacity Planning tool (CapPlan)

Capacity planning has gone live in the past week. The capacity planning tool provides day-to-day clinical leaders and operations managers with the tools to better predict demand and complements Trendcare, the

workforce tool used as part of the CCDM initiatives. Hutt Valley DHB can better predict service demand days or weeks in advance, staff can better plan resources such as rostering, using fewer casual/agency staff and scheduling elective surgery around days where acute demand is predicted to be low.

Draft

Consumer Council

Meeting Minutes

Date & time	Wednesday, 12th June 2019, 6.00pm – 9.15pm
Venue	Board Room, Hutt Valley DHB
Chair	Prabha Ravi
Members Present	Anne Blackledge, Heather Cotter, Chris Harrington, Wendy Hill, Michelle McIntyre, Jean Morgan, Deborah Peters, Toshy Rapana, Patria Tamaka, Kamal Chandra
In Attendance	Judith Parkinson, General Manager of Finance and Corporate Services Christine Rabone, Committee Secretary Kerry Dougal, Director Māori Health (Presenter) Bridget Allan, Chief Executive, Te Awakairangi Health Network (Presenter)
Apologies	Saty Candasamy, Paul Gruschow (absent)

1. Welcome and Introduction

Prabha Ravi welcomed members to the Consumer Council Meeting.

1.1 Introduction to New Committee Secretary

Christine Rabone introduced herself as the Committee Secretary for the Hutt Valley DHB, who has been appointed initially on a 6 month secondment to this newly created temporary role. This role sees her taking up the committee secretary responsibilities for the HVDHB Board, joint Board Meetings and the Board Sub-Committees. Prior to commencing this secondment she was Executive Assistant to Helene Carbonatto (General Manager of Strategy, Planning & Outcomes) and her team of 12 Managers. Christine expressed her appreciation to the members for their warm welcome and is looking forward to working with them.

1.2 Apologies

Received from Saty Candasmy

1.3 Continuous Disclosure

- There were no amendments made to the Conflict of Interest Register.
- Members to advise Christine Rabone of any new conflicts which will be formally noted at the meeting following.

1.4 Confirmation of Previous Minutes

Noted Amendments

Item 4 – Presentation from Helene Carbonatto – General Manager Strategy, Planning and Outcomes

- *Bullet point 2 – "Feedback given by the Council was that the sentence regarding Institutional Racism and Bias Training needs to be reworked…"* This was a comment made by one Consumer Council Member and will be discussed at a later date to determine if that is the view of all the Consumer Council members.

- *Action item bullet point 4 – "PR to provide the questions and feedback of the Council to HC."* Amended to read – *PR to provide the questions and feedback of the Consumer Council to Helene Carbonatto after full information has been received and discussed.*

Moved: Michelle McIntyre
Seconded: Chris Harrington
Carried

1.5 Matters Arising / Action Items

- Hospital Tours – Members preference is to have 2 sessions (1 morning and 1 afternoon) encompassing a full tour of all departments within the hospital and to meet with each of the Heads of Department. Christine advised that it is unlikely all HoD's will be available and that not all areas will be accessible due to patient privacy. Christine will discuss with Quality and Assurance as to what is able to be arranged and report back at the next meeting.
- Wi-Fi Access – Christine advised the preference is for Consumer Council members to download papers directly to their devices prior to meetings which would negate their requirement for Wi-Fi access. However, Christine will have temporary tokens available at each meeting for members to collect should this still be required.
- Microfiber cloths – Judith advised she would follow up with the Sustainability Committee in regards to the options they considered, the pros and cons of each, and why microfiber cloths were chosen overall given their impact on the environment.

2. DHB Presentations

2.1 Māori Health Strategy

Kerry Dougall presented the Māori Health Strategy.

2.1 Maori Health Strategy June 2019.p

Presentation points of note:

- Māori health organisations often lead the way in whānau-centered innovative approaches. Iwi contribute resources to support health providers and Māori health professionals, who are critical to our health system's success.
- HVDHB currently employ 156 (6%) Māori but we have a Māori population in our region of 24,000 (17%).
- Focus will be on attracting Māori into health careers, recruiting more Māori health professionals, promoting and retaining Māori staff in the district, and building health sector competencies amongst staff.
- Achieving the aims of our *Māori Health Strategy* and *Our Vision for Change* requires the organisation to work together on challenges related to improving equity for Māori.
- HVDHB want to look at how they make funding decisions, and will review the current state and commit to changing what they do to ensure decisions are based on outcomes.
- HVDHB need to demonstrate best practice by advancing Treaty relationships and working with and supporting the Māori health providers in our district.
- HVDHB provides mental health services as part of business as usual practice, however none of these services are kaupapa Māori. There is a need to ensure data collection methods are giving a complete picture of mental health and addictions for Māori and will work to further advance Treaty relationships with iwi, mana whenua and Māori to co-design services that are kaupapa driven.
- Māori service users find systems difficult to navigate and have higher rates of preventable illnesses.

Discussion points of note:

- Māori men are integrated under Whānau and are brought in from the beginning of the first 1,000 days of life.

- The Māori Health Strategy's priorities are aligned with the Clinical Services Plan and help to drive and influence connections across the HVDHB. There are currently 4 full time employees that work within the Māori Health Unit.
- There are 5 key operational focus areas within the implementation plan. Those being: Workforce, Organisational Development and Cultural Safety, Commissioning, Mental Health and Addictions, and First Thousand Days.
- The Māori Health Strategy is seen as a continuous platform to build upon. Whilst it has been designed for the next 9 years, it will continue to evolve for future years thus making it both achievable and sustainable.
- There has been a shift in change in regards to funding from MoH.
- The Māori Health Strategy had been approved by the HVDHB's Board. The MoH has received presentations on various aspects of the Strategy which has received a positive response.
- There is a connectedness between the HVDHB and CCDHB Māori Health teams. Both teams are relatively small in employees but combining work where there are synergies acts as enablers.
- There has been DHB driven consultation with the Māori community and providers.
- Whilst individual names of all those Whanau, Iwi, providers etc. who contributed to the Māori Health Strategy cannot be individually named, there are general Acknowledgements within document.
- The Manawhenua Relationship Board was established at end of last year to build treaty partnerships, develop relationships and support providers.
- Launch of the Māori Health Plan - Kerry will advise Christine of the details and she will extend an invitation to Consumer Council Members. Date yet to be advised.
- Matariki and achieving Māori Health Awards (4 July 2019) - Kerry to advise Christine of the details and she will extend an invitation to Consumer Council Members.

Prabah Ravi thanked Kerry for her presentation and advised that the Consumer Council are very willing to hear any future updates and provide additional feedback.

The Consumer Council Members applauded Kerry and her team for their work to date.

2.3 **<u>Te Awakairangi Health Network (Agenda Item Brought forward)</u>**

Bridget Allan presented on the work of the Te Awakairangi Health Network.

2.3 190612 TeAHN Presentation to HVC

<u>Presentation points of note</u>

- Noted where Te Awakairangi Health Network (TeAHN) fits into the system and how they support general practices to provide patient services, and the influence it has on the wider sector.
- TeAHN has strong relationships with DHB, primary care, Māori and Pacific; and community pharmacies.
- Aims to improve health outcomes and equity, strengthen primary care, increase capacity and capability (e.g. Health Care Home), and increase prevention efforts.
- Aging GP and nurse workforce is leading to a shortage of workers and causing pressure demands on practices to see patients in a timely manner, although the Health Care Home model assists in decreasing these pressures.
- Health Care Home Model enables greater integration to take place with community and specialist services. This creates capacity for more proactive care for patients with complex health issues and enables the primary care team to work closely with community and specialist services. Patients are able to access services online (e.g. email their GP and nurses', book appointments, view results, read clinical records, request prescriptions etc.)

Discussion points of note:

- GP / nurse shortage – Health Care Home helps to alleviate some pressure from primary care by screening for unnecessary appointments (decreases day to day demand by approximately 30% - 40%). This leads to ensuring those who need same day appointments are able to get them, deferral of non-urgent appointments to later in the week, and the ability to give advice or diagnostic prescriptions over the phone. Also looking at growing the GP workforce by promoting career pathways which could see GPs' go from College into general practice, where they can work towards becoming a primary care partner / senior GP etc.
- Funding – TeAHN's funding streams come from various contracts, many of which are with the DHB. Primary care is funded per head and weighted by age basis. The Budget 2019 announcements should also assist with boosting the currently insufficient primary mental health funding.
- Quality Arm – TeAHN has its own quality team which works with practices around their quality and continuous improvements.
- City Council response – The Healthy Families Team presented to counsellors last week and had a high level of engagement in response to their presentation around how the councillor's work could make a positive difference, especially in the areas of: smoke free areas, alcohol consumption, gambling addiction, housing, and transport.
- Information Technology – Technically savvy community members tend to use their practices patient portals (e.g. Manage My Health, Healthy 365 etc.). This frees up GP staff to spend time with those less technically savvy consumers who prefer to use the Phone.

Prabah thanked Bridget for her presentation and the members applauded her work to date.

BREAK

2.2 ELT Update

Judith Parkinson provided the following ELT Updates:

- Māori Health Strategy – Providing set criteria is met, Māori nurses applying for positions within the HVDHB will move straight to the interview stage to ensure they are not eliminated through the standard employment process due to unconscious bias.
- On 15th May, the HVDHB held a local celebration to honour their 75th year of providing health and wellbeing services to the Hutt Valley Community.
- CCDHB and HVDHB consecutively presented to MoH and Treasury representatives on 24th May. Their presentation's covered where they are now, where they would like to be and what they see as potential challenges in achieving their goals. Feedback to the MoH was that the DHB's would appreciate more timely information and having the ability to get involved in budget bids at the early stages of the processes. The MoH are now seeking DHB representation at meetings and in turn stronger relationships are developing.
- The HVDHB received Funding advice the day following the Budget's release. This will be fed into the Annual Plan which is due to be finalised towards the end of June.
- Planed Care, Planning and Funding Policy - the policy changes provide an opportunity for a new approach to work differently, with wider scope into the community. The DHB is currently working through the details.
- Fionnagh Dougan attended and met with the CCDHB and HVDHB Boards' at their joint 29th May Board Meeting. Fionnagh officially commences as the Joint Chief Executive on 1 July and will have a week's handover from Dale once she returns from leave. Dale has accepted the role of Chief Executive for the Wairarapa DHB and is due to commence following her departure from HVDHB.
- Current ELT Focus
  - Measles Outbreak - RPH are tracking the outbreak and have received good feedback on their work to date from the MoH.

- Flu vaccine - 69% of HVDHB staff have been immunised to date. Given the low stock levels, prioritisation is now being given to staff that have direct public contact.
- RMO Strikes – An action plan is in place to get targets back on track with the outpatient and elective surgery wait lists times.

- ED Assault – There has been increased media interest in the ED assault following the recent sentencing. The incident report is being finalised and findings are soon to be released. Following the assault, the HVDHB implemented a number of changes to improve staff safety and more will follow.
- Mental Health Plan – Whilst more funding has been provided in the budget for Mental Health resourcing, there is a risk around filling vacancies and availability of qualified staff. Workforce planning is being looked into for a long-term approach.
- CSP feedback – Helene will be looking to update the Consumer Council on the CSP in a few months.

3. <u>DRAFT Code of Conduct</u>

- Consumer Council agreed to Chris' recommendation that the Draft Code of Conduct be accepted after page 3 is removed given the duplication of the information on page 4.

Moved Chris Harrington
2nd Michelle McIntyre
Carried

4. <u>Members Only Session</u>

Members discussed their topics of interest which were fed back to Christine following the close of the meeting. Christine will draft a workplan – incorporating DHB priorities which will be table at the next meeting for further discussion.

Next Meeting
10 July 2019 6pm – 9pm Board Room, Hutt Valley DHB

PUBLIC

	BOARD INFORMATION PAPER
	Date: 27 June 2019

Authors	Chris Kerr, Director of Nursing, Clinical Council Co-Chair Dr Sisira Jayathissa, Chief Medical Officer, Clinical Council Co-Chair Dr Hans Snoek, Clinical Director, Te Awakairangi Health Network, Clinical Council Co-Chair
Endorsed by	Judith Parkinson, General Manager Finance and Corporate Services and Acting Chief Executive
Reviewed/approved by	The Executive Leadership Team (reviewed on 19 June 2019)
Subject	**Hutt Valley Clinical Council report – June meeting**

RECOMMENDATION

It is recommended that the Board:

a) **NOTES** that the HV Clinical Council (the Council) met on 6 June 2019

b) **NOTES** that the Council noted the following papers and discussion:

- Orthotics Provision update
- Community Chronic Pain service update
- MHAIDS change consultation Lead DHB model

c) **NOTES** that the Council noted the:

- Update on the implementation of the new eligibility criteria for long term funding of compression garments;
- Follow-up recommendations for the Proposed Chronic Pain Service submitted to Council in November 2018;
- Proposal for MHAIDS to operate a lead DHB model for all MHAIDS services provided across Wairarapa, Hutt Valley and Capital & Coast DHBs.

1. PURPOSE

The purpose of this report is to update the Board on the papers discussed at the Hutt Valley Clinical Council's June meeting.

2. PAPERS PRESENTED AND DISCUSSED

2.1 Orthotic provision update

Presented by Andrew Harris, Acting Service Group Manager, Community Health.

Clinical Council noted:

- The update on the implementation of new eligibility criteria for long term funding of compression garments as requested by Clinical Council 1 May 2018;
- Provided advice on the future mechanism to manage long term funding of orthotic provision.

Andrew outlined the constraints with the current policy that still requires further review to provide more clarity around criteria for ease of decision making. There are also continuing confusion with the current funding streams and the referral pathway process for Primary Care. It was recommended convening a core group of Allied Health professionals to determine the way forward and to report back to Council at a future meeting.

2.2 Proposed Community Chronic Pain Service update

Presented by Dr Chris Masters, General Practitioner Ropata Medical Centre

Following the initial presentation to Council in February 2019, Council made several recommendations for further investigation in obtaining feedback for analysis and the potential in developing a 2DHB community model with Capital & Coast DHB (CCDHB) and further discussion with the acute pain service and ACC sponsored chronic pain service. Chris met with CCDHB who supported the concept. Next steps are to discuss with Planning and Funding CCDHB the potential of trialling a 2 DHB model from July 2020 with further discussion with the current ACC funding service providers to understand their current services. Clinical Council were supportive of the way forward.

2.3 MHAIDS change consultation Lead DHB model

Presentation by Warrick Frater, Chair MHAIDS Improvement Group and Dr Alison Masters Medical Director MHAIDS 3DHB

Clinical Council noted:

- The proposal for MHAIDS to operate a lead DHB model for all MHAIDS services provided across Wairarapa, Hutt Valley and CCDHBs.

Following the presentation Council agreed to provide a submission for feedback. Refer Appendix 4. Although Council welcomed the changes they wanted to ensure workforce gaps, effective communication streams (particularly to Primary Care), and the necessity for a robust governance structure was strongly considered.

2.4 Other business

Co-Chairs received resignation from co-Chair Dr Hans Snoek effective 1 July 2019. This will be a great loss to Council given Han's participation since Council was established in 2016. His wisdom and wide knowledge of the health system will be missed. Clinical Council welcomed new member; Karen Coleman, Radiology Manager at the 9 May 2019 meeting. Council noted the Te Awakairangi Health Network Clinical Governance Committee Minutes.

PUBLIC

HUTT VALLEY DHB	**BOARD DECISION PAPER**
	Date: 27 June 2019
Author	Andrew Blair, Board Chair
Subject	**Resolution to Exclude the Public**

RECOMMENDATIONS

It is recommended that the Board:

a) **AGREES** that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table;

b) **NOTES** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists under the Official Information Act 1982 (OIA), in particular:

SUBJECT	REASON	REFERENCE
Public Excluded Minutes	For the reasons set out in the 30 May 2019 Board agendas	
Public Excluded Matters Arising from previous Public Excluded meeting	For the reasons set out in the 30 May 2019 Board agendas	
Chief Executive's report	Information contained in the paper may be subject to change as the information has not yet been reviewed by the FRAC Paper contains information and advice that is likely to prejudice or disadvantage negotiations	Section 9(2)(f)(iv) Section 9(2)(j)
Clinical Council report	Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	Section 9(2)(i)(j)
Sub-committee draft minutes		
Final 2019/20 Operating and Capital budgets		
NZHP FPIM impairment		
Collective insurance renewal		
AoG contract for the supply of electricity and associated services		
MRI lease extension		
Register of Board Chair Executed documents		
Facilities and Infrastructure report		
Health and Safety Case study	Paper contain information that is likely to prejudice the privacy of natural persons, including that of deceased natural persons. Paper contains information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	Section 9(2)(a) Section 9(2)(i)(j)
Final 2019/20 Annual Plan	Subject to Ministerial and/or Cabinet approval	Section 9(2)(f)(iv)

* Official Information Act 1982.

29 May 2019

John Fiso
Chair
Fiso Group and Pacific Health Plus

Email: ruth@assegai.co.nz

Dear John

I write further to an email from Ruth Lavelle Treacy received on 23 April that requested a meeting between yourself and I.

I have sought advice from Julie Patterson, Interim Chief Executive of Capital & Coast DHB and believe that it would be most appropriate for you to meet with Fa'amatuainu Tino Pereira, Chair of the Sub-regional Pacific Health Advisory Group, which provides advice to the greater Wellington region's boards regarding Pacific Health. Following the meeting, Tino will report back to me in due course.

Kind regards,

Andrew Blair
Chair
Capital & Coast and Hutt Valley District Health Boards

cc: Tino Pereira

Capital & Coast DHB | Private Bag 7902, Wellington South
Wellington Hospital, Riddiford Street, Newtown, Wellington 6021
Phone: 04 385 5999 | Fax: 04 385 5856

Our Vision for Change - Update

Reporting Period: Mar-19

Support People Living Well

Immunisations age 2 yrs: Target 95%
Quarterly since Sep 14

Total	92.3%
Māori	86.8%
Pacific	91.3%
Dep Q5	94.1%

Primary care Smoking advice: Target 90%
Quarterly since June 16

Māori	90.2%
Pacific	88.8%
Total	91.1%

Hospital Smoking advice: Target 95%
Monthly since Oct 17

Māori	84.6%
Pacific	77.8%
Total	93.0%

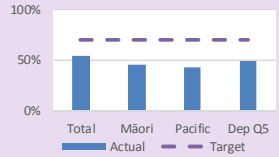
Breast Screening: Target 70%
Quarterly since June 15

Māori	69.3%
Pacific	67.5%
Total	74.7%

Cervical Screening: Target 80%
Quarterly since June 13

Māori	66.9%
Pacific	68.9%
Total	75.4%

Babies Breastfed at 3 mths Jul-Dec 18



Living Well
- Wellbeing Plan, supporting the DHBs Mauri ora Wellness Plan, Upper Hutt city Council smokefree environments position, and re-establishment of a Water in Schools programme across the Hutt Valley.
- Over 30 providers maternal and early child health services interviewed to identify opportunities as part of 1st 1000 Days Partnership Project.
- Work to boost our flu vaccination rates. Kokiri Marae supported to deliver flu vaccinations. We have also facilitated flu vaccinations to a congregation of people attending their local Sikh temple on a Sunday.
- A flexible payment system for community pharmacies for people with long term conditions on multiple medications who are unable to afford the up-front co-payment costs.

Māori Health Strategy
- Action plans are being developed for the 5 focus areas
- Mana Whenua Relationship Board 2nd hui in April and is developing a work plan. Kuini Puketapu nominated as Chair.
- Māori Health Team appointments to drive the strategy and action plans
- SPO is working with MHAIDS to reinstate a Hutt Valley Maori kaupapa team disestablished in 2003. The Team will work within Maori kaupapa models of mental health.

Shift Care Closer to Home

PHO Enrolment
Quarterly since Jan 17

Total	97.6%
Māori	88.9%
Pacific	97.7%
Dep Q5	96.9%

GP & Nurse visits per person
Annual since 2011/12

Māori	3.59
Pacific	3.51
Other	4.17

ARC Average Subsidised beds
Monthly since Jul 16

Resthome	243
Dementia	141
Hospital	341
Psychoger	41
Total	765

Self Ref Non-Admit ED per 1000 pop
Monthly since July 17

Māori	23.96
Pacific	25.28
Total	15.75

Acute Bed days per 1000 pop
Annual Since Dec 16

Total	328
Māori	304
Pacific	446
Dep Q5	342

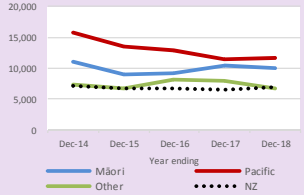
Acute readmission Age 0-4
Annual Since Dec 16

Māori	15.4%
Pacific	16.0%
Other	15.0%

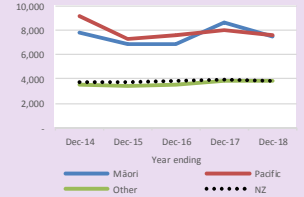
Acute readmission Age 75+
Annual Since Dec 16

Māori	13.8%
Pacific	14.2%
Other	12.1%

Ambulatory Sensitve Hospitalisation Rate - Age 0-4



Ambulatory Sensitive Hospitalisation Age 45-64



Shift Care Closer to Home
- All GP practices implemented the low fees for CSC card holders from 1 January 2019.
- Four tranche-two general practices are on track to 'go live' as Health Care Home practices in July.
- The design for the 'Neighbourhood' is underway.
- 8 week community-based programme called 'Children Understanding Mental Health' for children aged 8 to 12 who have a member of their family or whānau experiencing mental health and/or addiction challenges.
- LH Women's Centre Community-based maternal & women's mental health services, targeted to Māori, Pacific, and low income women.
- Iron infusions in primary care and free Long Acting Reversible Contraceptives to CSC holders on track for 1 July

Deliver Shorter, Safer, Smoother Care

Shorter Stays in ED: Target 95%
Monthly since Jul 17

Admitted	76%
Not Admit	92%
Total	88%

Mental Health Waiting times age 0-19:
Quarterly since Sep 16
Targets 80% < 3wks; 95%<8 wks

Mental Health provider arm

Under 3 weeks	57.49%
Under 8 weeks	84.54%

Addictions Provider & NGO

Under 3 weeks	81.03%
Under 8 weeks	91.38%

Electives waiting > 4 months: Target 0
Monthly since July 17

Outpatient (ESPI2)	394
Inpatient (ESPI5)	207

Average Length of Stay (ALOS) internal data
Monthly since July 16

Acute	1.92
Elective	1.10

Caesarian section rate
Monthly since July 16

Caesar rate	50%

Quality Measure 1 (TBC by Quality Manager)
Monthly since XXX

	0.00
	0.00

Quality Measure 2 (TBC by Quality Manager)
Monthly since XXX

	0%

Deliver Shorter, Safer, Smother Care
- OP physiotherapy team working with the orthopaedic team to improve patient outcomes.
- 6 mth pilot of early assessment & support for frail elderly in ED, to reduce admits and improve outcomes.
- Red2Green embedded in the Medical to improve patient flow, planning to roll out in OPRS in 2019/20.
- Pilot Saturday electives list to reduce the acute impact on elective activity. Aim to improve theatre flows & reduce wait times.

Adaptable Workforce

% Sick Leave
Monthly since Jan 17

Medical	1.5%
Nursing	4.0%
Allied	3.0%
Support	3.8%
Admin	4.3%

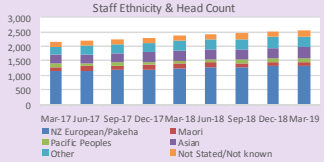
Staff Turnover
Monthly since Jul 16

Medical	0.0%
Nursing	0.6%
Allied	0.7%
Support	1.5%
Admin	1.1%

%Staff with> 2yrs AL
Monthly since Jul 17

Snr Medical	18.2%
Jnr Medical	3.1%
Nursing	12.4%
Allied	3.4%
Support	6.2%
Admin	3.0%
Mgmnt	3.7%

Staff Ethnicity & Head Count



Adaptable Workforce
"Nursing at its Best" our 5-year nursing workforce strategy launched 1st Feb. Implementation under the 4 nursing strategic priorities: Nursing workforce; Clinical leadership; Education & professional practice; Quality, patient safety & innovation.

CCDM Implementation
The CCDM programme is working towards full implementation of the programme by June 2021. It is currently on track meeting the work plan goals.

Smart Infrastructure

- New e-portfolio nursing training went live in April, will help nurses meet their requirements for ongoing training. Online is less time consuming for nurses.
- Electronic certifications of documents associated with patient deaths. Final phase of a key project using Ministry of Health guidelines. Death certificates can be completed online.
- Phase 2 of the TWA reconfiguration project: Workshops with user groups and the architects have been completed. Submitted capital bid to the MoH & National Capital Investment Committee.

ICT Budget	2018/19
HVDHB Vision Allocation	$2,920
HVDHB Total Budget	$4,520
Percentage	64.60%

ICT Capex	Budget ($M)	Active Projects ($M)	% Funds Committed
HVDHB Capital Budget (including Rollover from Prior Year)	6.86	3.817	56%

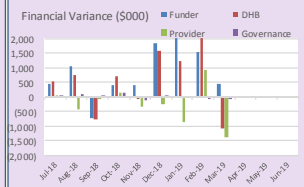
Effective Commissioning

- CSP: Key projects underway in dental radiology, theatre modelling, paediatric outpatients, community integration, and the Red2Green acute flow programme in medicine.
- Sub-regional planning with CCDHB. 2 workshops scheduled for strategic discussion on joint hospital network planning. The work on breast services and renal dialysis is well advanced. Oncology progressing.
- People over 65 years old using home and community support services now have a choice of two providers in the Wellington region with either Access Community Health or Nurse Maude.
- We have started using plant-based paper cups around the hospital. This and other changes in the staff cafeteria mean we will be sending 94,000 fewer plastic containers to landfill each year.

Financial Result

YTD Mar-18	Actual	Budget	Variance
Funder	6,150	737	5,414
Governance	(44)	0	(44)
Provider	(8,727)	(5,523)	(3,204)
Net Result	(2,620)	(4,786)	2,166

Financial Variance ($000)



Financial performance
DHB year to date deficit ($2.6m) against a budget deficit of ($4.8m), yearend forecast deficit ($7.6m) against an annual budget deficit of ($8.1m). Key variances year to date include:
- Personnel and outsourced Personnel ($4.4m); Nursing ($3.1m), Management & Admin just on budget
- Outsourced other expenses ($1.5m); with overspend in Radiology, CT scans and Breast Screening
- IDF Outflow including wash-up provision favourable $2.7m; favourable wash up 2017/18 $0.6m, current year inpatients wash up $2.0m

Key
- On track no issues
- Some issues watch
- Off track action needed

Finance Report

April 2019

Strategic enabler; ***Effective Commissioning***

Dale Oliff
Acting Chief Executive

Judith Parkinson
General Manager Finance & Corporate Service

CONTENTS

Financial Performance Overview

The month of April has a total favourable variance to budget of $925k and favourable variance of $3,091k year to date.
Key results YTD were:
Funder favourable by $7,412k, Governance unfavourable by ($211k), Provider unfavourable by ($4,110K)
The full year forecast is a deficit of ($8,046) against a Budget deficit of ($8,049k).

Material variances year to date
Total Revenue favourable $4,497: Devolved MoH Revenue favourable $2,931k, Non-Devolved MoH Revenue unfavourable ($347k), ACC Revenue $877k favourable mainly Plastic and Orthopaedics; Other Revenue ($70k) unfavourable, IDF Inflows $838k favourable, predominantly in acute and plastic surgery electives.

Personnel and outsourced Personnel unfavourable ($5,211):
Medical unfavourable ($985k); Outsourced medical is ($875k) unfavourable, Internal staff ($110k) unfavourable including ($417k) strike costs.
Nursing unfavourable ($3,317); continued increased workload year to date and continued high use of minders.
Allied Health unfavourable ($379k); driven by the recent MECA pay out which was greater than originally budgeted and additional funding.
Management and Admin; unfavourable ($15k), driven by favourable employee variance of $596k, offset by Outsourced ($611k) which includes savings targets.
Annual leave Liability cost has increased $1,105k since April 2018, and there are approx. 39,192 outstanding leave days.
Sickness level for the month is 3.5%; this is higher than last month and higher than this time last year.

Outsourced other expenses unfavourable ($1,584k) with overspends in clinical services of ($848k), mainly driven by Radiology Outsourced ($913k) and Breast surgery ($101k) to manage volumes and vacancies, strike costs ($134k), IT ($120k), offset by other savings.
Treatment related Costs favourable $813k; Pharmaceuticals $1,923k including Pharmac rebates, Leased Radiology equipment $496k, offset by Implants and Prostheses ($550k) and Treatment Disposables ($643k) and other unfavourable variances.
Non Treatment Related Costs unfavourable ($305k); Favourable variances on Consultants $465k, offset by ITC Repairs and Maintenance ($105k), Printing ($154k), General R&M ($53k), Conference costs ($71k), Bad Debts ($35k), Transport & Travel ($38k), Crockery & Hardware ($53k) and Postal and Courier ($93k).
IDF Outflow favourable $3,689k; this includes favourable inpatients of $2,783k mainly from under delivery of volumes by CCDHB.
Other External Provider Costs $1,208k favourable; mainly related to Surgical inpatients $2,110k, offset by Capitation ($1,223k).

Hospital activity;
ED volumes for the month were slightly higher than budget and 4% higher than budget year to date. The proportion of patients admitted (23%) for the month was similar to April last year. Theatre visits for the year to date are 4% higher than budget and higher than this time last year. Non-Theatre procedures were higher than budget. Bed days for April were much higher than budget but close to the same time last year. Year to date, bed days were 3% lower than the same time last year.

Cash position averaged $23.3m for April and $18.8m for March and was $10.1m at the end of April. The cash flow forecast is becoming tight and the DHB is expecting to go into overdraft in June.

Operating Results

Summary of the financial performance of the DHB for April 2019

Month					Hutt Valley DHB Operating Report for the month of April 2019	Year end Result					Annual	Annual			
Actual	Budget	Variance	Last Year	Variance	$000s	Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
					Revenue										
36,879	35,828	1,050	34,276	2,603	Devolved MoH Revenue	361,216	358,285	2,931	341,683	19,533	431,957	429,942	2,015	410,594	21,363
1,378	1,569	(191)	1,563	(185)	Non Devolved MoH Revenue	16,040	16,387	(347)	15,456	584	19,420	19,828	(408)	18,746	674
610	553	57	461	148	ACC Revenue	6,390	5,513	877	5,017	1,374	7,597	6,620	977	6,221	1,376
463	488	(25)	511	(48)	Other Revenue	4,853	4,923	(70)	6,449	(1,596)	5,829	5,899	(70)	8,980	(3,150)
8,393	8,445	(52)	8,266	128	IDF Inflow	85,292	84,454	838	84,645	647	101,626	101,344	281	100,951	675
323	320	2	490	(168)	Inter DHB Provider Revenue	3,468	3,202	266	3,928	(460)	4,109	3,843	266	4,953	(844)
48,045	**47,204**	**841**	**45,567**	**2,478**	**Total Revenue**	**477,259**	**472,763**	**4,497**	**457,178**	**20,081**	**570,538**	**567,475**	**3,063**	**550,445**	**20,093**
					Expenditure										
					Employee Expenses										
4,784	4,732	(53)	4,301	(483)	Medical Employees	46,000	45,890	(110)	43,431	(2,569)	55,299	55,156	(143)	52,044	(3,255)
5,730	5,541	(189)	5,330	(401)	Nursing Employees	57,054	54,784	(2,270)	52,130	(4,924)	68,539	65,617	(2,922)	62,889	(5,650)
2,636	2,523	(112)	2,373	(263)	Allied Health Employees	24,818	24,571	(247)	22,837	(1,981)	30,089	29,514	(575)	27,819	(2,270)
726	588	(138)	596	(130)	Support Employees	6,154	5,798	(356)	5,810	(344)	7,328	6,947	(381)	6,995	(333)
2,426	2,402	(24)	2,101	(325)	Management and Admin Employees	22,560	23,157	596	21,130	(1,430)	27,349	27,852	503	25,578	(1,771)
16,302	**15,786**	**(516)**	**14,700**	**(1,603)**	**Total Employee Expenses**	**156,586**	**154,199**	**(2,386)**	**145,338**	**(11,248)**	**188,605**	**185,086**	**(3,518)**	**175,325**	**(13,279)**
					Outsourced Personnel Expenses										
320	188	(132)	294	(26)	Medical Personnel	2,757	1,882	(875)	3,887	1,130	3,185	2,259	(926)	4,558	1,373
143	74	(69)	64	(79)	Nursing Personnel	1,790	743	(1,047)	1,422	(367)	2,025	891	(1,134)	1,612	(413)
48	24	(24)	50	2	Allied Health Personnel	371	239	(132)	378	7	418	286	(132)	480	61
61	10	(51)	12	(50)	Support Personnel	260	101	(159)	137	(123)	280	121	(159)	196	(84)
87	59	(27)	97	10	Management and Admin Personnel	1,002	391	(611)	783	(219)	1,143	509	(634)	891	(252)
659	**355**	**(304)**	**517**	**(142)**	**Total Outsourced Personnel Expenses**	**6,180**	**3,355**	**(2,825)**	**6,607**	**428**	**7,051**	**4,066**	**(2,985)**	**7,737**	**686**
711	648	(62)	701	(10)	Outsourced Other Expenses	7,773	6,189	(1,584)	8,143	370	8,275	7,490	(785)	9,265	990
2,341	2,291	(50)	2,050	(291)	Treatment Related Costs	20,789	21,602	813	22,592	1,803	24,891	25,736	845	27,876	2,985
1,583	1,418	(165)	1,607	24	Non Treatment Related Costs	15,610	15,305	(305)	14,144	(1,467)	19,181	18,434	(746)	17,894	(1,287)
7,206	8,136	930	7,149	(57)	IDF Outflow	77,672	81,361	3,689	76,504	(1,169)	94,356	97,633	3,277	93,040	(1,316)
17,422	17,646	225	16,620	(802)	Other External Provider Costs	173,682	174,890	1,208	168,381	(5,301)	209,893	210,801	908	202,382	(7,511)
2,148	2,174	27	1,934	(214)	Interest, Depreciation & Capital Charge	21,916	21,899	(16)	19,668	(2,248)	26,332	26,278	(55)	23,816	(2,516)
48,372	**48,456**	**84**	**45,278**	**(3,094)**	**Total Expenditure**	**480,207**	**478,801**	**(1,406)**	**461,377**	**(18,830)**	**578,584**	**575,524**	**(3,060)**	**557,336**	**(21,248)**
(327)	**(1,252)**	**925**	**289**	**(616)**	**Net Result**	**(2,947)**	**(6,038)**	**3,091**	**(4,199)**	**1,251**	**(8,046)**	**(8,049)**	**2**	**(6,891)**	**(1,155)**
					Result by Output Class										
1,906	(93)	1,999	998	908	Funder	8,056	644	7,412	5,018	3,038	6,951	(159)	7,110	4,224	2,726
(168)	(1)	(167)	30	(198)	Governance	(212)	(1)	(211)	158	(370)	(207)	4	(211)	282	(490)
(2,065)	(1,158)	(906)	(739)	(1,326)	Provider	(10,792)	(6,681)	(4,110)	(9,375)	(1,416)	(14,790)	(7,893)	(6,896)	(11,398)	(3,392)
(327)	**(1,252)**	**925**	**289**	**(616)**	**Net Result**	**(2,947)**	**(6,038)**	**3,091**	**(4,199)**	**1,251**	**(8,046)**	**(8,049)**	**2**	**(6,891)**	**(1,155)**

There may be rounding differences in this report

April Month Results:

Favourable variance to budget of $925k; the main variances to budget for April are detailed below:

1. **Revenue:** Total revenue favourable $841k for the month.
   Devolved MoH revenue $1,050k favourable for April driven by Health of Older People (IBT) income of $554k and PHO Capitation $258k.
   Non Devolved revenue ($191k) unfavourable, driven by Cervical Screening ($39k) and New Borne Hearing Screening ($84k).
   ACC Revenue $57k favourable this month, driven by Community Health $72k offset by other variances.
   IDF inflows unfavourable ($52k) for the month predominately driven by Mental Health ($297k), offset by Personal Health $235k and other small variances.
   Inter DHB Provider Revenue $2k favourable for the month.

2. **Total Personnel** including outsourced unfavourable ($820k) for the month.
   - Medical personnel incl. outsourced is unfavourable ($185k) for the month. Outsourced costs are ($132k) unfavourable for month Medical Staff Internal are ($53k) unfavourable driven by strike costs ($26k).
   - Nursing incl. outsourced ($258k) unfavourable for the month. Employee costs are ($189k) unfavourable for the month, driven mainly by Internal Bureau Nurses ($169k) and Health Service Assistants ($54k), offset by other variances. Outsourced was unfavourable ($69k), mostly driven by Nurses CATT ($30k) and Community Health ($8k) with other minor variances.
   - Allied Health incl. outsourced ($137k) unfavourable for the month, driven largely by the impact of MECA changes. The rate change compared to budget is estimated to be ($174k) for April and ($812k) YTD.
   - Support incl. outsourced unfavourable ($189k) for the month, tradesmen and sterile supply.
   - Management & Admin incl. outsourced is unfavourable ($52k) for the month internal staff unfavourable ($24k). Outsourced unfavourable ($27k). This includes savings targets.

3. **Outsourced other** unfavourable ($62k) for the month, driven by Ophthalmology ($239k), mostly offset by Outsourced ITS.
4. **Treatment related costs** unfavourable ($50k), driven by Treatment disposables ($27k) and Diagnostic and sterile supplies ($17k).
5. **Non Treatment Related costs** are unfavourable ($165k) including ICT and legal fees.
6. **IDF Outflows** $930k favourable for the month, mostly due to lower than expected activity at Capital and Coast DHB.
7. **Other External Provider** costs favourable $225k driven by Pharmaceuticals $670k, partly offset by Capitation ($262).
8. **Interest, Depreciation & Capital Charge** favourable $27k, driven largely by Depreciation $23k.

Funder Financial Statement of Performance

DHB Funder (Hutt Valley DHB)
Financial Summary for the month of April 2019

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										
33,092	33,092	0	32,129	964	Base Funding	330,924	330,924	0	319,271	11,653	397,109	397,109	0	383,574	13,535
3,786	2,736	1,050	2,147	1,639	Other MOH Revenue	30,292	27,361	2,931	22,412	7,880	34,848	32,833	2,015	27,021	7,828
47	47	0	54	(7)	Other Revenue	552	470	82	449	102	646	564	82	599	47
8,393	8,445	(52)	8,266	128	IDF Inflows	85,292	84,454	838	84,645	647	101,626	101,344	281	100,951	675
45,319	**44,321**	**998**	**42,596**	**2,724**	**Total Revenue**	**447,059**	**443,208**	**3,851**	**426,777**	**20,282**	**534,229**	**531,850**	**2,378**	**512,144**	**22,085**
					Expenditure										
291	291	0	285	(6)	DHB Governance & Administration	2,884	2,884	0	2,865	(20)	3,467	3,467	0	3,428	(39)
18,494	18,339	(154)	17,543	(950)	DHB Provider Arm	184,762	183,429	(1,333)	174,009	(10,752)	219,559	220,108	549	209,069	(10,490)
					External Provider Payments										
2,266	2,945	679	2,925	660	Pharmaceuticals	30,303	30,749	446	30,034	(269)	36,492	36,938	446	36,297	(195)
4,297	4,273	(24)	4,526	228	Laboratory	42,681	42,728	47	42,153	(528)	51,227	51,274	47	50,898	(329)
2,353	2,096	(258)	1,968	(386)	Capitation	22,115	20,956	(1,159)	20,939	(1,176)	26,606	25,147	(1,459)	25,062	(1,543)
974	983	9	869	(105)	ARC-Rest Home Level	9,630	9,964	334	9,395	(235)	11,605	11,939	334	11,360	(245)
1,555	1,547	(8)	1,451	(104)	ARC-Hospital Level	15,195	15,675	479	14,883	(312)	18,304	18,783	479	17,715	(589)
2,233	2,000	(233)	1,870	(363)	Other HoP	19,197	19,140	(58)	18,660	(538)	23,515	23,457	(58)	22,404	(1,111)
726	681	(45)	470	(256)	Pay Equity	7,455	6,843	(613)	6,213	(1,243)	8,819	8,207	(613)	7,862	(958)
787	757	(30)	606	(181)	Mental Health	7,364	7,419	55	9,053	1,689	8,878	8,933	55	10,081	1,203
734	737	3	729	(5)	Palliative Care / Fertility / Comm Radiology	7,340	7,367	27	7,291	(48)	8,813	8,840	27	8,740	(73)
1,482	1,427	(55)	1,207	(275)	Other External Provider Payments	12,388	12,039	(349)	9,760	(2,628)	15,219	14,870	(349)	11,964	(3,256)
7,206	8,136	930	7,149	(57)	IDF Outflows	77,672	81,361	3,689	76,504	(1,169)	94,356	97,633	3,277	93,040	(1,316)
15	201	186	0	(15)	Provision for IDF Wash-ups	15	2,011	1,996	0	(15)	417	2,413	1,996	0	(417)
43,413	**44,413**	**1,000**	**41,598**	**(1,815)**	**Total Expenditure**	**439,003**	**442,564**	**3,561**	**421,759**	**(17,244)**	**527,278**	**532,009**	**4,732**	**507,919**	**(19,358)**
1,906	**(93)**	**1,999**	**998**	**908**	**Net Result**	**8,056**	**644**	**7,412**	**5,018**	**3,038**	**6,951**	**(159)**	**7,110**	**4,224**	**2,726**

There may be rounding differences in this report

The April result for the funder was $1,999k favourable.

Revenue

- Base Funding is on budget for the month and year to date.
- Other MoH revenue is favourable $2,931 YTD compared to $1,881k YTD for March 2019. This change is a result of favourable variance of $258k for Capitation Funding and Health for Older People $638k.
- Other revenue is favourable $82k YTD due to timing.
- IDF inflows are $838k favourable YTD. Mostly due to Wash-ups for Prior Year & Current Year inpatients favourable $1,209k YTD.

Expenditure

- Governance and Administration is on budget.
- Provider Arm payments are ($154k) unfavourable for the month, ($1,333k) year to date, related to; IDF inflows and unbudgeted funding for additional air ambulance costs and other wash-up variances.

Funder Changes to Provider Arm Funding Apr 2019 ($000s)				
		Variance to budget		
Description	Funding Source	Month	YTD	Forecast
Activity Based Wash-up				
Inpatient IDF Inflows wash-up	IDF Inflows	(152)	(1,162)	22
WAI - Mental Health Acute Beds	IDF Inflows	(7)	(68)	(14)
Air Ambulance Costs	PBF	-	(195)	-
Funding Changes				
MCOT - Gateway assesments increase	PBF	(0)	(2)	(2)
Disability coordinator	PBF	(6)	(29)	-
WAI - Reduction in tobacco funding	IDF Inflows	11	54	87
Prior Year Wash-up		-	-	-
Inpatients	IDF Inflows	-	(14)	(14)
Non-Inpatient	IDF Inflows	-	61	61
Assessment, Treatment & Rehabiliation	IDF Inflows	-	22	22
Rounding		-	-	-
Provider Arm Funding Variance		**(154)**	**(1,333)**	**161**

External Provider Payments:

- Pharmaceutical costs are favourable $679k to budget for the month and year to date $446k.
- Laboratory costs are adverse to budget by ($24k) for the month and favourable to budget $47k year to date.
- Capitation expenses ($1,159k) unfavourable year to date offset by revenue.
- Aged residential care costs are $1k favourable for the month, and favourable $813k YTD; rest home & hospital level combined. The residential care loan adjustment (reported within other HOP) is favourable by $342k YTD.
- Other HOP costs are unfavourable by ($233k) for the month and unfavourable ($58k) year to date.

- Pay Equity costs are ($45k) unfavourable to budget for the month, and unfavourable ($613k) YTD.

Pay Equity Summary Apr 2019			
($000s)	Variance to budget		
	Month	YTD	Forecast
Revenue			
HOP and ARC	81	871	942
Mental Health	(39)	(169)	(195)
Variance on Revenue	**42**	**703**	**747**
Expenditure			
HOP and ARC	(84)	- 781.04	(971)
Mental Health	39	169	202
Variance on Expenditure	**(45)**	**(613)**	**(769)**
Net Variance	**(3)**	**90**	**(22)**

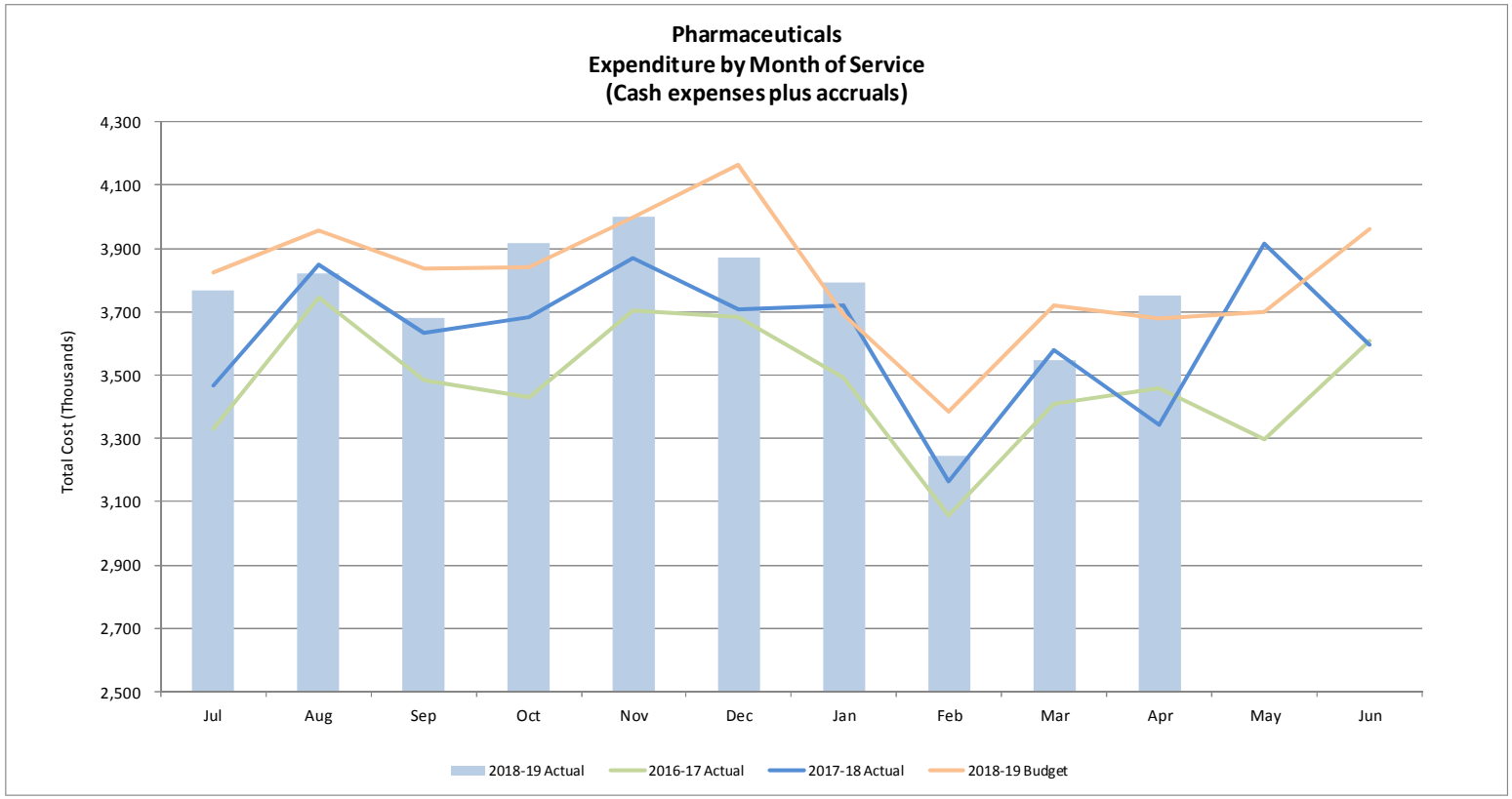
- Mental Health costs are unfavourable ($30k) for the month, and $55k favourable year to date, reflecting increased certainty on contract commitments and timing.
- Palliative Care, Fertility and Community Radiology costs are on budget, with a small favourable variance of $27k year to date.
- Other external provider costs are unfavourable ($55k) for the month, bringing the year to date to adverse ($349k). This includes timing differences and some smaller contracts not yet in place.

- IDF Outflows are favourable $930k for the month, favourable $3,689k year to date. This result includes current year in-patient wash-up estimated as favourable by $2,039k (mainly due to under delivery by CCDHB – see IDF section for more detail)

IDF Wash-ups and Service Changes Apr 2019			
IDF Outflows $000s	Variance to budget		
	Month	YTD	Forecast
National Services	-	-	-
Emergency Dental	(0)	(2)	2
Expected increase in immunisations	-	-	(2)
MH various service changes	237	711	-
PH various service changes	62	485	-
Wash-ups	-	-	-
Current Year Inpatients	631	2,039	631
PHO and FFS washup	-	(154)	154
Prior Year	-	-	-
Community Pharmacy	-	12	(12)
PCT Wash-up	-	(28)	28
Inpatients	-	314	(314)
Non-Inpatient	-	(31)	31
Assessment, Treatment & Rehabiliation	-	342	(342)
Rounding (timing) differences	-	-	-
IDF Outflow variance	**930**	**3,689**	**176**

Pharmaceutical Costs

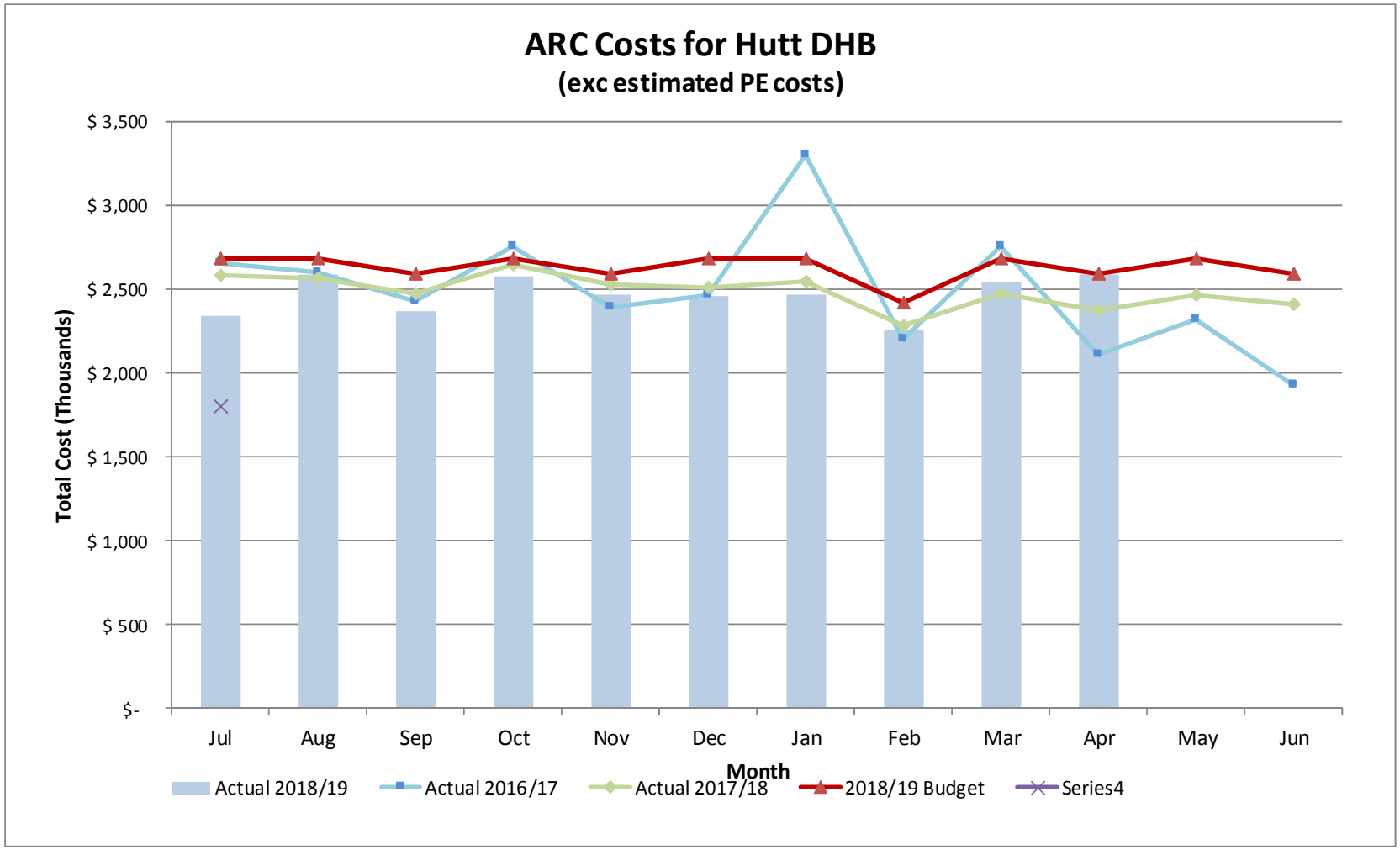
Community Pharmaceuticals accruals are calculated on a consistent methodology, which takes into account the seasonality of the expenditure, and timing delays between the month of service and the month of payment. In the 2017/18 financial year, on average, 31.5% of the costs were paid in the month of service, 66.3% in the month following, and the remaining 2.2% spread across the following months.



The graph above shows the expenditure on community pharmaceutical costs including the actuals for 2016/17 to 2018/19 together with the budget for 2018/19. The budget for 2018/19 has been phased based on trends of expenditure in previous years. The net amount reported as pharmaceutical costs in the accounts includes community pharmaceutical costs, Pharmac rebates, payments for National Haemophilia services and any transactions relating to the Discretionary Pharmaceutical Fund (DPF).

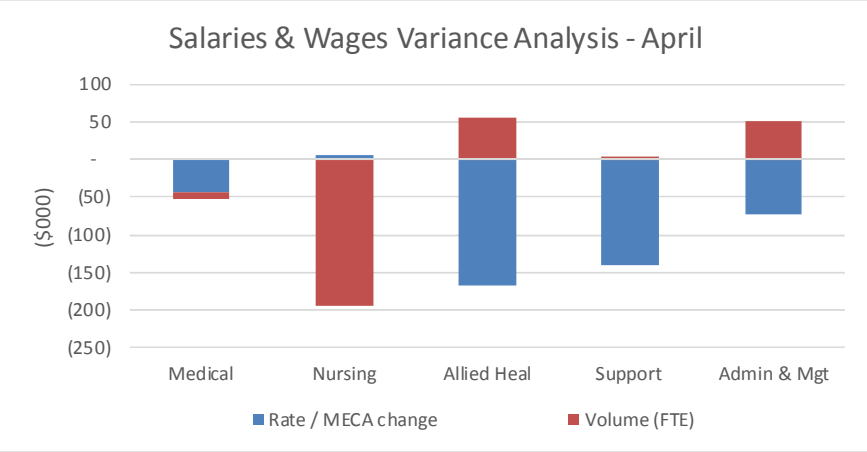
Aged Residential Care

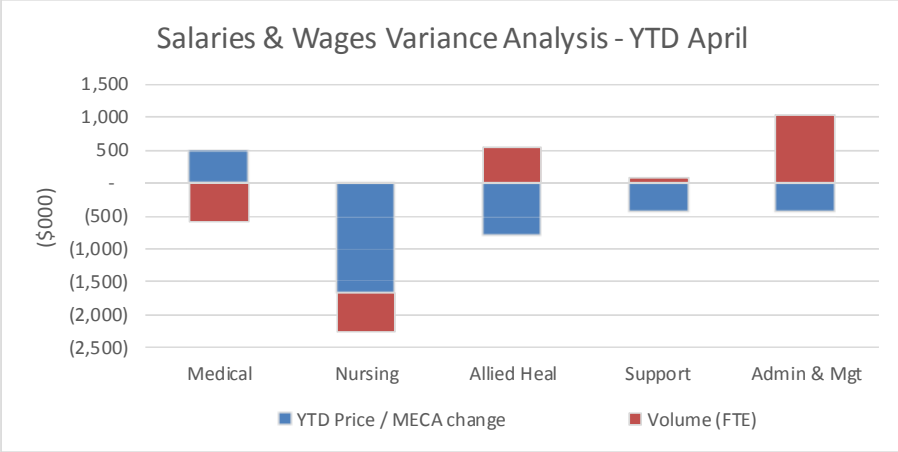
The following graph shows the expenditure for aged residential care. Note that estimated costs of Pay Equity are excluded.



Personnel & FTE

Month					FTE Report	Year To Date					Annual	
Actual	Budget	Variance	Last Year	Variance	Apr-19	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
269	269	(1)	268	(1)	Medical	271	268	(3)	264	(7)	268	266
791	764	(27)	759	(32)	Nursing	773	765	(8)	762	(11)	765	763
392	401	9	388	(4)	Allied Health	386	395	9	376	(10)	396	379
136	137	1	133	(3)	Support	134	137	2	134	(1)	137	134
359	367	8	364	5	Management & Administration	351	367	16	356	6	367	355
1,948	**1,937**	**(10)**	**1,911**	**(36)**	**Total FTE**	**1,916**	**1,931**	**15**	**1,892**	**(24)**	**1,932**	**1,897**





Personnel & FTE Commentary

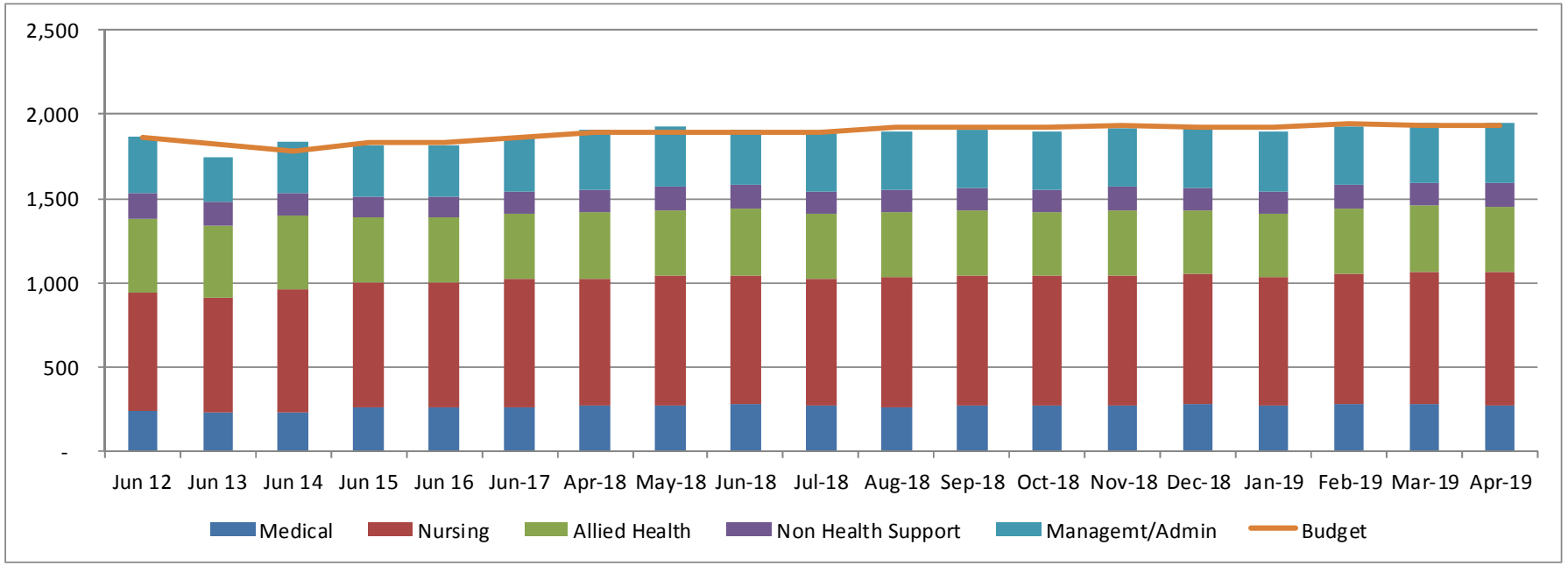
- Medical 1 FTE under budget for the month; **SMOs** over FTE budget by (0.4) FTE, **RMOs** under FTE budget by 0.1 FTE, with a positive variance of 14.6 FTE related to ordinary time offset by (14.7) FTE, overtime and leave including time in lieu (1.6). **House Officers** are under FTE Budget 0.5.
- Nursing over by (27) FTEs for the month. **Senior Nurses** under budget by 6.9 FTE, **Registered Nurses** are under by 8.2 FTE, **Midwives** are over by (2.9) FTE, **Nurse Practitioners** are over budget (1.4) FTE and **Internal Bureau Nurses** are over by (20.3).
  Personnel cost variance for April ($189k) is predominately driven by a volume variance of ($198k) reflecting additional Bureau Nurses staff rostered. The YTD variance ($2,270k) is predominantly driven by the impact of price variance ($1,663k), driven in part by MECA changes, penal rates and other allowances.
- Allied FTEs are under by 9 FTEs for the month due in the main to; Favourable variances in **Dental Therapists** 1.9, **Occupational Therapists** 0.1, **Community support workers** 5.7, **Child therapists** 0.8, **Phycologists** 4.0. The unfavourable personnel cost variance for April ($112k), is predominantly driven by the impact

of the MECA settlement and other price variances ($168k); YTD unfavourable variance ($246k) is driven by the MECA and other price variances ($802k) mostly offset by a favourable volume variance $554k, a result of ongoing vacancies.

- **Support** FTEs are under budget by 1 FTEs mainly orderlies.
- **Management & Admin** are under budget by 8 FTEs. Driven by ongoing acting arrangements and administrative support staff vacancies.

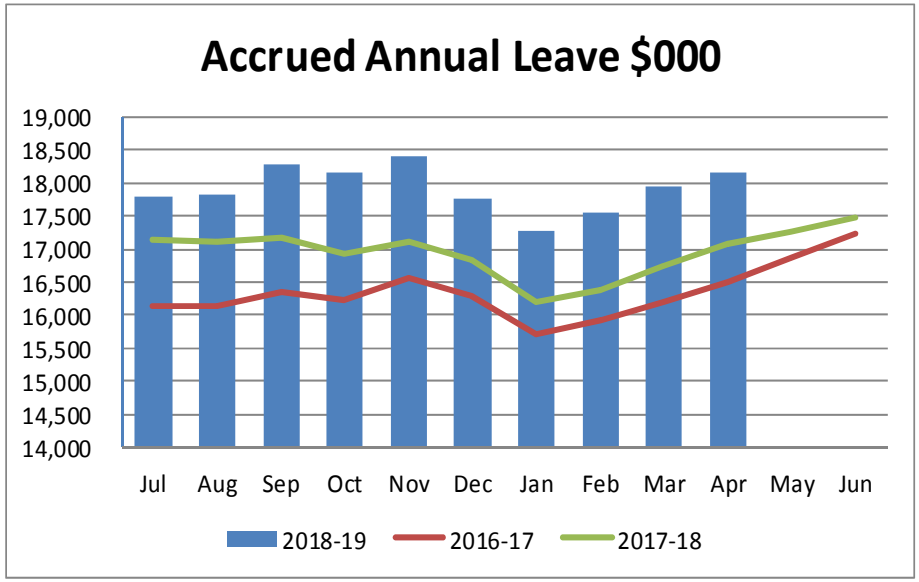
The following Table and Graph reflect the FTE Trend.

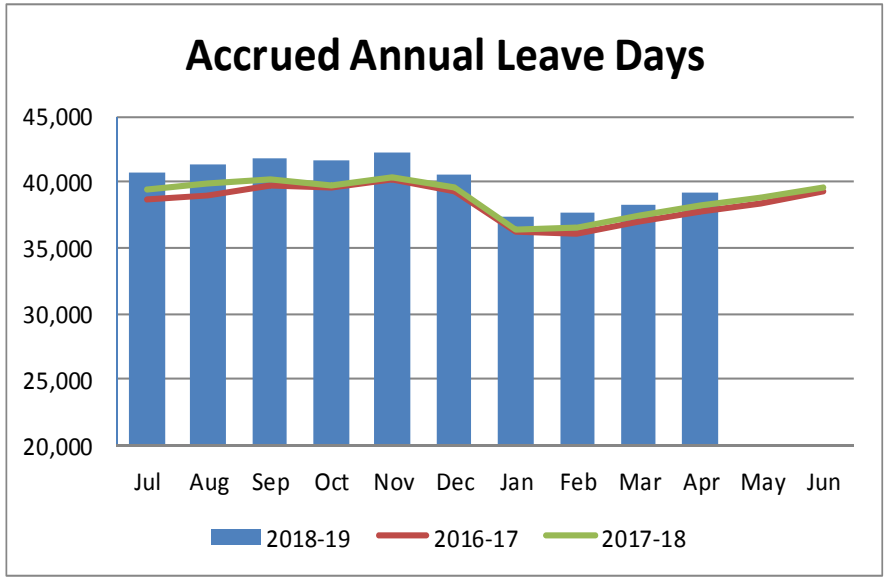
		Jun 12	Jun 13	Jun 14	Jun 15	Jun 16	Jun-17	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Actual	Medical	238	224	228	257	257	263	268	272	278	266	264	271	268	272	279	272	277	277	269
	Nursing	707	690	733	744	744	759	759	771	767	752	772	770	773	772	770	761	781	790	791
	Allied Health	437	428	435	385	385	385	388	389	396	388	384	387	381	389	383	380	387	389	392
	Non Health Support	145	133	135	129	129	131	133	135	137	135	134	135	132	136	133	132	136	136	136
	Managemt/Admin	342	272	305	302	302	330	364	365	330	351	344	343	346	349	352	354	352	358	359
Total	**Actual FTE**	**1,869**	**1,748**	**1,836**	**1,817**	**1,817**	**1,869**	**1,911**	**1,932**	**1,908**	**1,892**	**1,898**	**1,905**	**1,900**	**1,918**	**1,916**	**1,899**	**1,932**	**1,950**	**1,948**
	Budget	1,862	1,824	1,785	1,835	1,835	1,862	1,890	1,890	1,890	1,891	1,923	1,924	1,921	1,934	1,926	1,926	1,938	1,937	1,937



Annual Leave

The following graphs show the historical trends in annual leave for the last two years. The cost of annual leave increased compared to last month $846k.

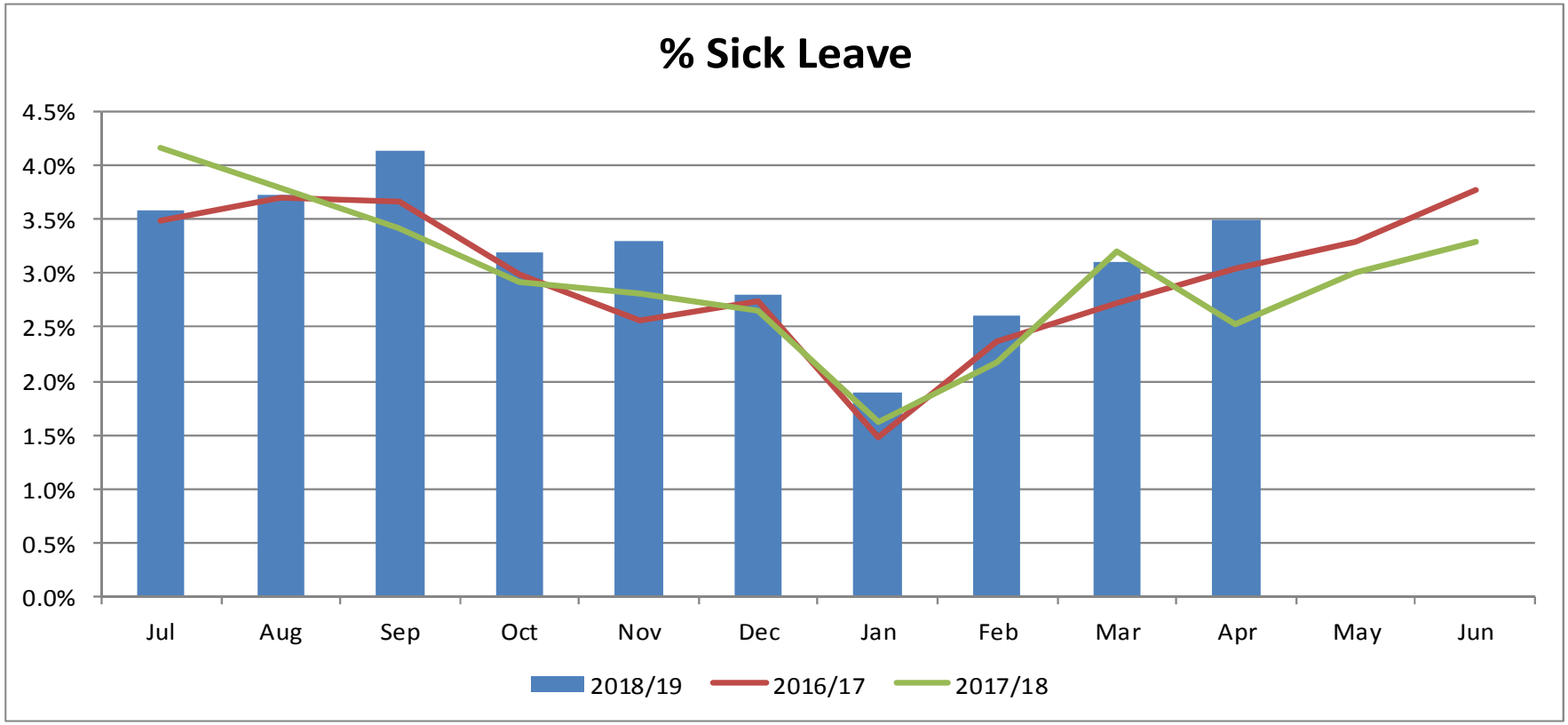




Category	Total staff with Annual leave days						
	Less than 20	20-30	30-40	Greater than 40	% of staff >40	Total Staff	**Total Leave Less LSL $**
Medical - Senior	74	26	22	36	23%	158	4,866,774
Medical - Junior	112	23	8	9	6%	152	1,209,405
Nursing	545	171	92	95	11%	903	7,847,334
Allied Health	370	58	30	10	2%	468	1,877,713
Support	64	33	18	13	10%	128	801,867
Mgmt/Admin	286	65	27	12	3%	390	1,570,504
Total*	1,451	376	197	175	8%	2,199	18,173,597

Sick Leave

The following graph shows the historical trends in sick leave for the last two years.



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Medical	1.5%	2.1%	1.8%	2.6%	2.1%	2.2%	1.7%	1.6%	1.3%	0.9%	1.5%	1.7%	1.5%
Nursing	3.2%	3.9%	3.6%	4.3%	4.5%	4.7%	3.6%	3.6%	3.6%	2.6%	3.6%	3.6%	4.0%
Allied Health	2.4%	2.8%	4.2%	3.4%	3.7%	4.4%	2.8%	3.8%	2.4%	1.7%	2.4%	3.0%	3.0%
Support	2.8%	0.6%	2.4%	5.4%	3.5%	4.0%	3.1%	4.6%	3.5%	2.4%	3.9%	3.2%	3.8%
Admin	2.0%	2.3%	3.1%	3.2%	3.9%	4.1%	3.6%	2.8%	3.0%	1.3%	2.4%	3.0%	4.3%
Total	**2.5%**	**3.0%**	**3.3%**	**3.6%**	**3.7%**	**4.1%**	**3.2%**	**3.3%**	**2.8%**	**1.9%**	**2.6%**	**3.1%**	**3.5%**

IDF Analysis

Month					Inter District Flows (IDF) - $000s	Year to Date					Annual	
Actual	Budget	Variance	Last Year	Variance	YTD Apr-19	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					IDF Inflows							
1,016	998	18	1,044	(27)	Acute	10,845	9,984	862	9,794	1,051	11,981	11,639
978	890	88	715	263	Elective	9,234	8,900	334	7,927	1,307	10,680	9,710
3,020	3,020	0	2,991	28	Laboratory	30,196	30,196	0	29,915	281	36,235	35,898
(66)	0	(66)		(66)	Prior year wash-up	(66)	0	(66)		(66)	0	0
3,445	3,537	(92)	3,516	(70)	Other Services	35,082	35,374	(292)	37,009	(1,927)	42,449	40,219
8,393	**8,445**	**(52)**	**8,266**	**128**	**Total IDF inflows**	**85,292**	**84,454**	**838**	**84,645**	**647**	**101,344**	**97,466**
					IDF Outflows							
2,079	2,644	564	2,049	(30)	Acute	24,617	26,437	1,820	24,200	(417)	30,969	30,204
869	1,194	325	976	106	Elective	10,768	11,940	1,172	11,469	701	14,328	13,388
1,878	1,878	0	1,794	(84)	Outpatient	18,784	18,784	0	17,940	(844)	22,540	21,527
346	346	0	289	(57)	Pharmaceutical Cancer Treatment	3,462	3,462	0	3,448	(14)	4,155	4,079
(609)	0	609		609	Prior year wash-up	(609)	0	609		609	0	0
2,642	2,074	(568)	2,042	(600)	Other Services	20,651	20,739	88	19,447	(1,203)	25,641	21,108
7,206	**8,136**	**930**	**7,149**	**(57)**	**Total IDF Outflows**	**77,672**	**81,361**	**3,689**	**76,504**	**(1,169)**	**97,633**	**90,306**
	201	201			Funder IDF provision		2,011	2,011			2,413	1,280
7,206	**8,337**	**1,131**	**7,149**	**(57)**	**Total IDF Net of provision**	**77,672**	**83,372**	**5,700**	**76,504**	**(1,169)**	**100,046**	**91,586**

Note: Timing differences when reporting on IDFs will have a bearing on year to date figures reported above

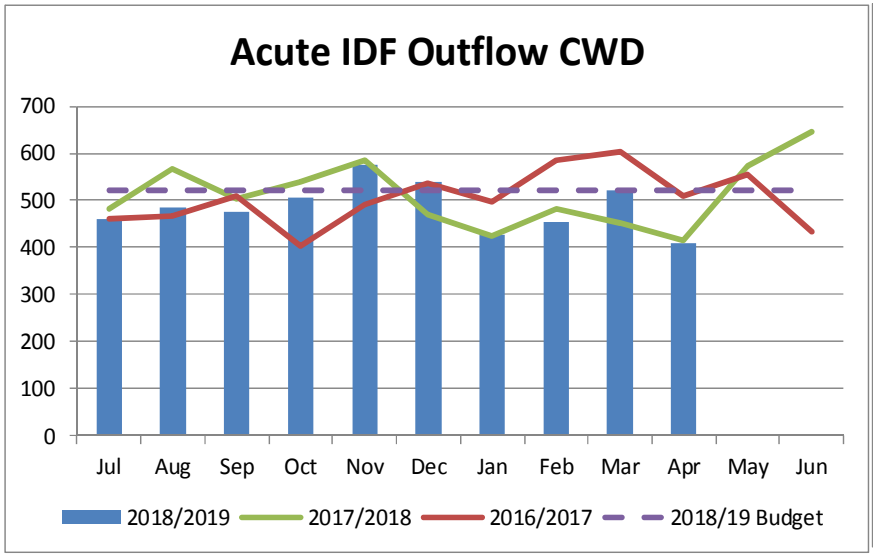
Note: Other Services Inflow includes: Outpatients, Mental Health, PHO, Older people services (incl ARC) and NGO (e.g. Fertility). Other Services Outflow is the same with the addition of laboratory

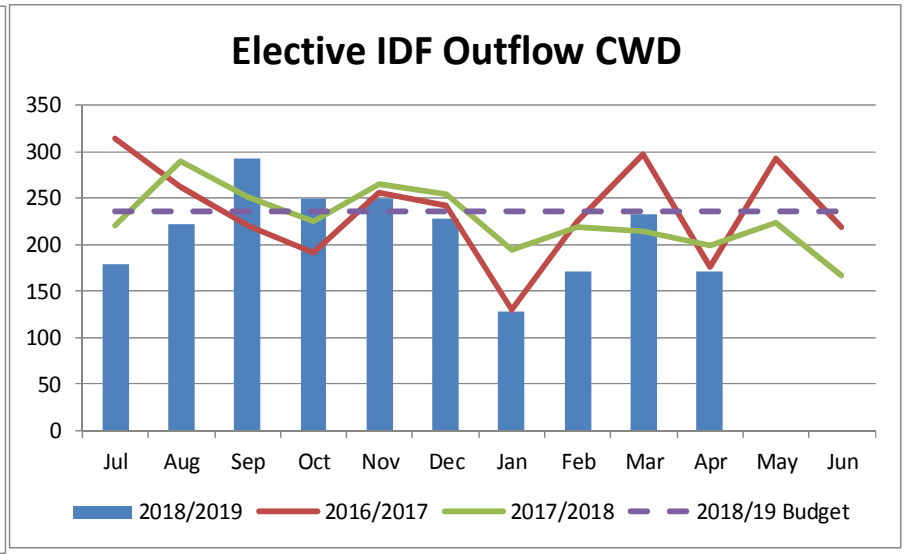
IDF inflow (revenue):

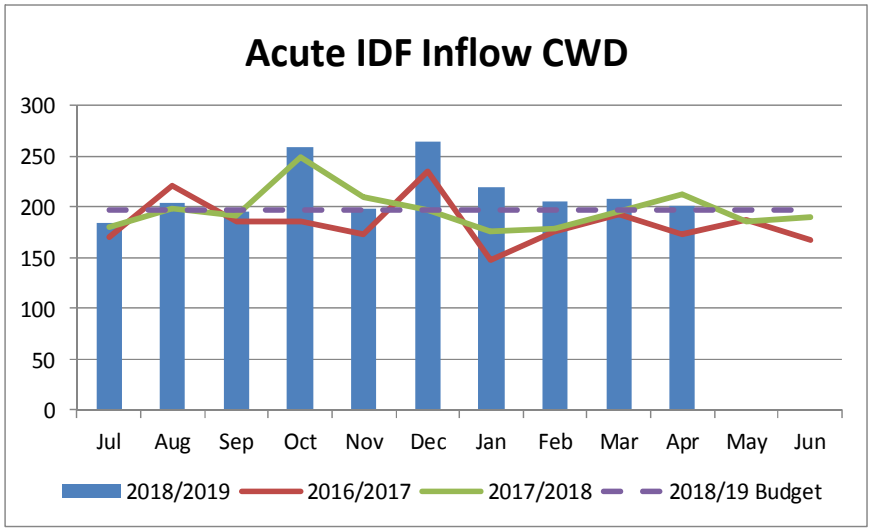
Overall IDF inflows are above budget YTD by $838k, mainly due to inpatient inflows being $1,196k above budget. There were high acute inflows in October and December particularly in Plastic surgery and higher elective inflows in November and March. Total Inflows for Plastic surgery are $1,034k (8%) over budget year to date.

IDF Outflow (expense):

Overall IDF outflows are under budget by $3,689k and include a favourable wash-up for the prior year. Acute outflows are under budget year to date based on 10 months data from CCDHB and 9 months from other DHBs. Acute outflows are significantly under budget especially for Neurosurgery, Cardiothoracic, Neonatal and Medical but this is offset by Haematology being significantly over budget. Elective outflows are also under budget after low volumes in July and August particularly for Capital & Coast and volumes have been close to budget in recent months. Outflows for other services are over budget by ($357k). The Funder IDF provision was partly for a sick child in Starship part of whose cost may impact later this year, but the first part of their stay has been paid by MoH through national services.


Acute IDF Outflow CWD
700
600
500
400
300
200
100
0
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
2018/2019
2017/2018
2016/2017
2018/19 Budget


Elective IDF Outflow CWD
350
300
250
200
150
100
50
0
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
2018/2019
2016/2017
2017/2018
2018/19 Budget


Acute IDF Inflow CWD
300
250
200
150
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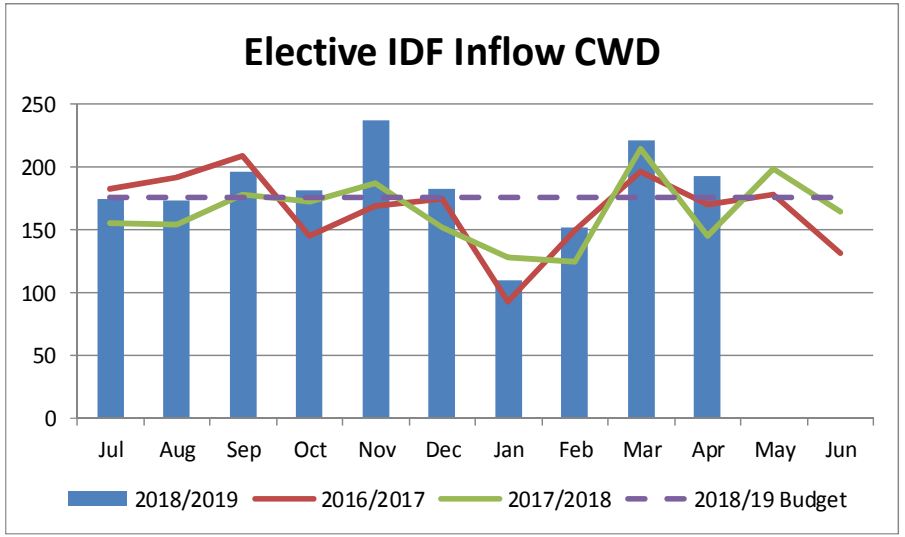
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
2018/2019
2016/2017
2017/2018
2018/19 Budget


Elective IDF Inflow CWD
250
200
150
100
50
0
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
2018/2019
2016/2017
2017/2018
2018/19 Budget

Hospital throughput

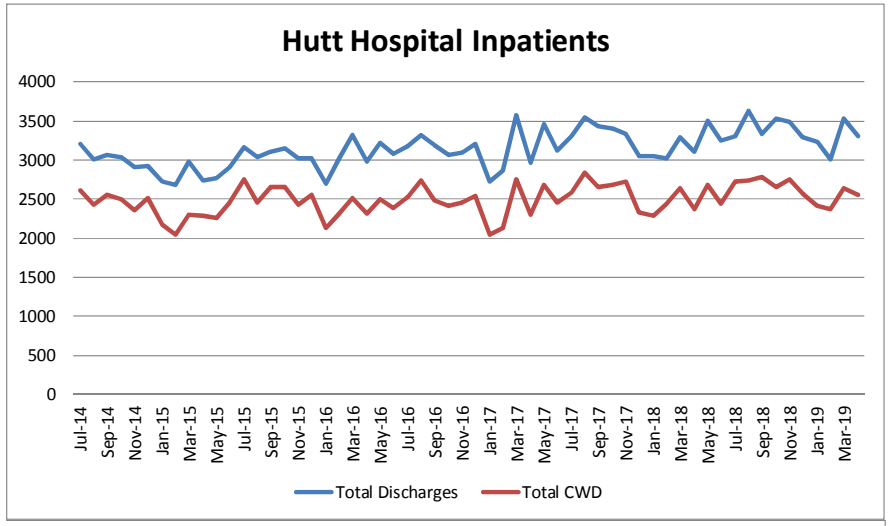
Month					Hutt Valley DHB Hospital Throughput YTD Apr-19	Year to Date					Annual	
Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year		Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
					Discharges							
1,078	974	(104)	1,032	(46)	Surgical	10,899	10,272	(627)	10,790	(109)	12,437	12,797
1,794	1,527	(267)	1,653	(141)	Medical	18,477	15,877	(2,600)	17,197	(1,280)	19,238	19,506
434	415	(19)	413	(21)	Other	4,264	4,489	225	4,542	278	5,360	5,474
3,306	**2,917**	**(389)**	**3,098**	**(208)**	**Total**	**33,640**	**30,638**	**(3,002)**	**32,529**	**(1,111)**	**37,035**	**37,777**
					CWD							
1,096	1,003	(94)	1,020	(76)	Surgical	11,521	10,896	(625)	11,104	(417)	13,123	12,852
1,060	870	(190)	925	(135)	Medical	10,732	9,505	(1,227)	10,302	(430)	11,501	11,991
403	415	11	421	17	Other	3,941	4,060	118	4,110	169	4,840	4,698
2,560	**2,287**	**(273)**	**2,366**	**(194)**	**Total**	**26,195**	**24,461**	**(1,734)**	**25,517**	**(678)**	**29,465**	**29,540**
					Other							
3,956	3,881	(75)	3,825	(131)	Total ED Attendances	41,039	39,396	(1,643)	40,048	(991)	47,337	47,491
925	932	7	925	0	ED Admissions	9,988	9,608	(380)	9,491	(497)	11,601	11,847
784	709	(75)	751	(33)	Theatre Visits	8,002	7,406	(596)	7,778	(224)	8,945	9,271
128	109	(19)	115	(13)	Non- theatre Proc	1,247	1,178	(69)	1,241	(6)	1,425	1,891
6,437	5,998	(439)	6,371	(66)	Bed Days	69,621	67,296	(2,325)	71,461	1,841	80,599	85,515
4.75	4.29	(0.46)	4.24	(0.51)	ALOS Inpatient	4.31	4.29	(0.02)	4.39	0.08	4.29	4.29
2.15	2.20	0.05	2.03	(0.12)	ALOS Total	2.06	2.20	0.14	2.16	0.10	2.20	2.20
7.39%	7.58%	0.20%	7.62%	0.24%	Acute Readmission	8.08%	7.58%	-0.49%	7.62%	-0.45%	7.31%	7.36%

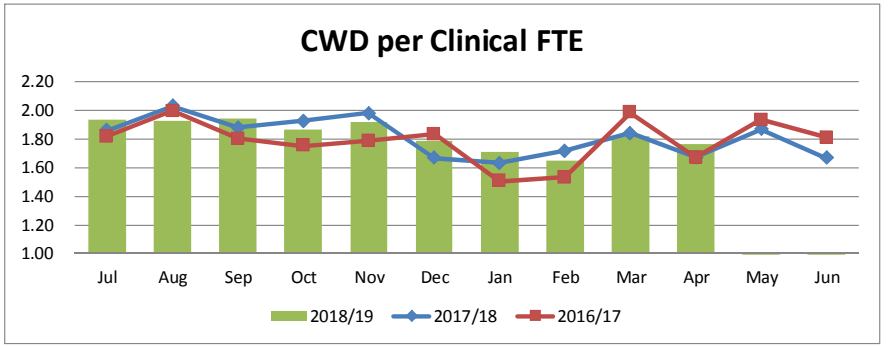
Note: Other inpatient includes mental health and maternity. Activity in this report includes ACC, overseas cases and privately funded cases.

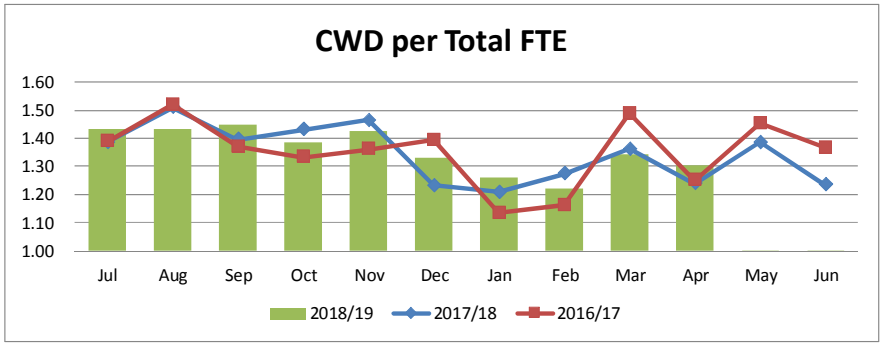
For the month of April Medical inpatient discharges continue to be above budget and above last year. Discharges for Surgical were higher than budget for the month and April last year. Year to date, case weights for Surgical are 6% higher than budget. Year to date, case weights for Medical services are 13% higher than last year and 13% higher than budget because a low budget was set with the expectation that acute demand projects would reduce demand.

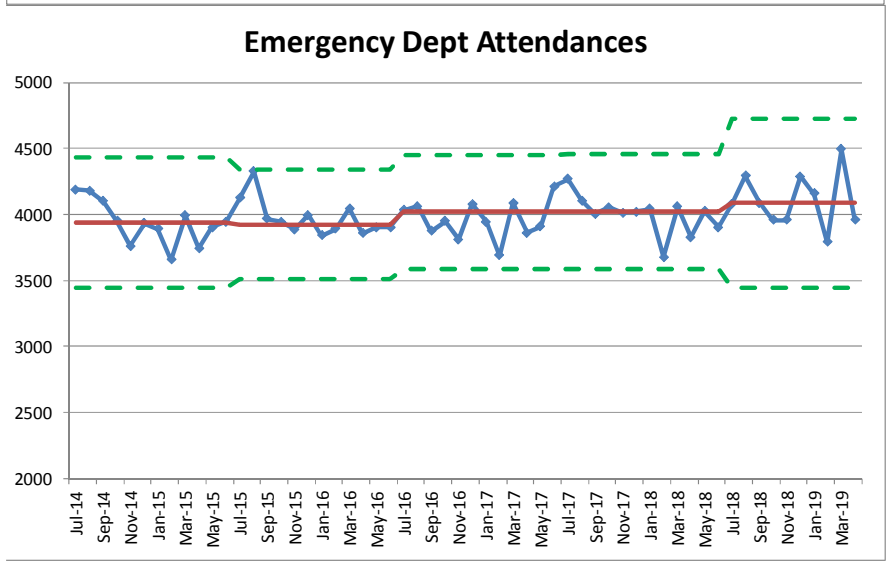
ED volumes for the month were slightly higher than budget and 4% higher than budget YTD. The proportion of patients admitted (23%) for the month was similar to April last year. Theatre visits for the year to date are 4% higher than budget and higher than this time last year. Non-Theatre procedures were higher than budget. Bed days for April were much higher than budget but close to the same time last year. Year to date, bed days were 3% lower than the same time last year.

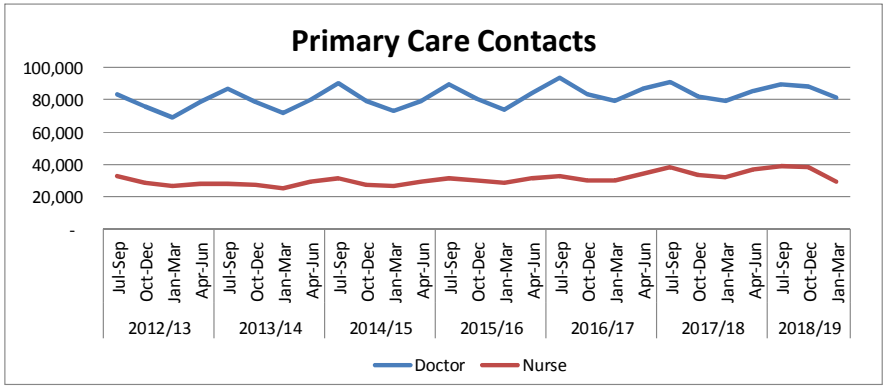
ALOS for Inpatients was higher than expected for April and the same time last year. The acute readmission rate was lower than budget and the same time last year. The last ministry report shows our standardised readmission rate is the same as the national rate.











Statement of Financial Position and Cash Flows

Financial Position as at 30 April 2019

$000s	Actual	Budget	Variance	Jun 18	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank	10,104	(2,668)	12,771	5,885	4,218	Average bank balance in Apr-19 was $23.3m
Bank - Non DHB Funds *	8,007	9,557	(1,551)	9,557	(1,551)	Payments from NHMG to DHB's paid earlier than budgeted
Accounts Receivable	27,517	17,661	9,856	17,422	10,095	Higher than budgeted accrued revenue figure.
Stock	130	1,415	(1,286)	1,387	(1,258)	
Prepayments	1,273	671	602	671	602	
Total Current Assets	**47,030**	**26,638**	**20,392**	**34,923**	**12,107**	
Fixed Assets						
Fixed Assets	221,495	226,852	(5,357)	227,121	(5,626)	
Work in Progress	17,755	16,632	1,123	16,632	1,123	
Total Fixed Assets	**239,250**	**243,484**	**(4,234)**	**243,753**	**(4,503)**	
Investments						
Investments in Associates	1,150	1,150	0	850	300	Allied Laundry
Trust Funds Invested	1,451	1,389	62	1,389	62	Restricted trusts in high interest savings account
Total Investments	**2,601**	**2,539**	**62**	**2,239**	**362**	
Total Assets	**288,880**	**272,661**	**16,220**	**280,915**	**7,965**	
Liabilities						
Current Liabilities						
Accounts Payable and Accruals	45,442	38,066	(7,377)	37,026	(8,417)	Higher than budgeted accrued expenses
Crown Loans and Other Loans	69	509	440	509	440	
Capital Charge Payable	4,023	0	(4,023)	0	(4,023)	
Current Employee Provisions	23,432	22,986	(446)	22,986	(446)	
Total Current Liabilities	**72,966**	**61,560**	**(11,406)**	**60,520**	**(12,446)**	
Non Current Liabilities						
Other Loans	221	221	0	221	0	Finance leases
Long Term Employee Provisions	7,617	7,769	152	7,617	0	
Non DHB Liabilities	8,007	9,557	1,551	9,557	1,551	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,412	1,395	(17)	1,395	(17)	
Total Non Current Liabilities	**17,257**	**18,942**	**1,686**	**18,790**	**1,534**	
Total Liabilities	**90,223**	**80,503**	**(9,720)**	**79,311**	**(10,912)**	
Net Assets	**198,657**	**192,158**	**6,499**	**201,605**	**(2,947)**	
Equity						
Crown Equity	124,330	124,330	0	124,330	0	
Revaluation Reserve	133,597	133,597	0	133,597	0	
Opening Retained Earnings	(56,323)	(59,732)	3,409	(49,432)	(6,891)	
Net Surplus / (Deficit)	(2,947)	(6,038)	3,091	(6,891)	3,944	
Total Equity	**198,657**	**192,158**	**6,499**	**201,605**	**(2,947)**	

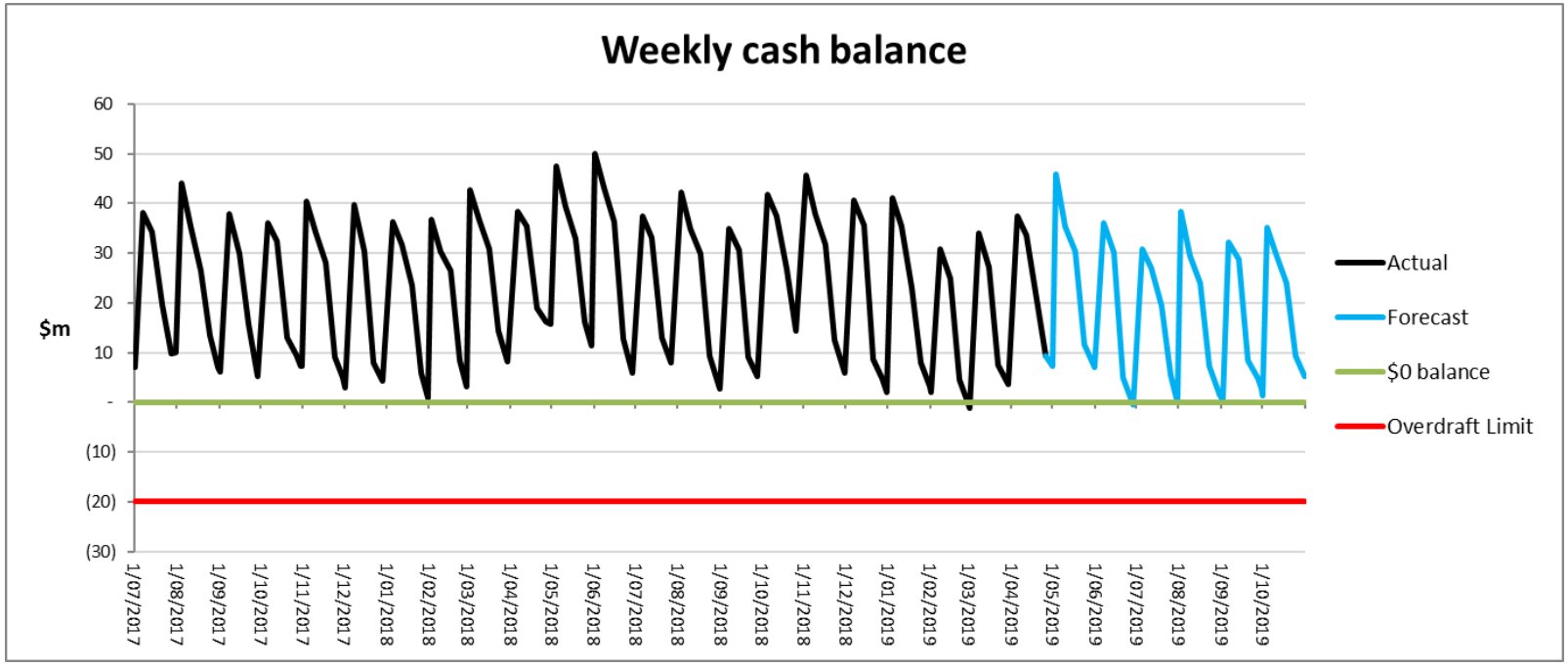
* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 30 April 2019

$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Forecast	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	36,824	38,151	38,715	37,712	38,421	38,629	37,158	35,952	39,387	38,120	36,378	37,743
Receipts from Other DHBs (Including IDF)	3,481	7,352	5,025	10,181	8,853	8,496	6,993	8,559	9,628	7,926	8,220	8,755
Receipts from Other Government Sources	619	782	1,050	639	751	704	575	635	793	632	670	669
Other Revenue	287	(1,608)	(265)	2,684	(358)	(2,100)	4,038	826	(1,649)	2,140	376	376
Total Receipts	**41,211**	**44,676**	**44,526**	**51,217**	**47,668**	**45,729**	**48,764**	**45,972**	**48,158**	**48,818**	**45,644**	**47,543**
Payments for Personnel	(14,079)	(18,382)	(15,710)	(17,094)	(15,325)	(17,989)	(15,441)	(17,030)	(15,602)	(15,194)	(17,282)	(15,609)
Payments for Supplies (Excluding Capital Expenditure)	(4,462)	(4,252)	(2,172)	(5,382)	(5,012)	(3,493)	(730)	(7,065)	(2,867)	(2,338)	(4,760)	(6,530)
Capital Charge Paid	0	0	0	0	0	(6,035)	0	0	0	0	0	(6,048)
GST Movement	459	(704)	568	374	(1,029)	3,124	(3,240)	545	540	(116)	0	0
Payment to Own DHB Provider	0	(0)	(0)	0	0	0	0	0	0	(0)	1,872	0
Payments to Other DHBs (Including IDF)	(8,078)	(7,648)	(8,447)	(8,399)	(8,247)	(7,160)	(6,339)	(7,733)	(8,414)	(7,206)	(8,548)	(8,136)
Payments to Providers	(12,994)	(17,795)	(15,445)	(15,277)	(20,672)	(17,462)	(20,938)	(16,820)	(17,682)	(16,669)	(18,252)	(17,959)
Total Payments	**(39,154)**	**(48,781)**	**(41,206)**	**(45,779)**	**(50,285)**	**(49,015)**	**(46,687)**	**(48,103)**	**(44,025)**	**(41,522)**	**(46,969)**	**(54,282)**
Net Cashflow from Operating Activities	**2,057**	**(4,104)**	**3,320**	**5,438**	**(2,617)**	**(3,286)**	**2,076**	**(2,131)**	**4,133**	**7,295**	**(1,325)**	**(6,739)**
Investing Activities												
Interest Receipts	38	39	34	46	50	40	36	29	30	43	46	46
Dividends	0	8	0	0	0	0	0	0	33	0	0	0
Sale of Fixed Assets	0	(1)	0	0	0	0	(341)	(309)	0	0	0	0
Total Receipts	**38**	**46**	**34**	**46**	**50**	**40**	**(305)**	**(280)**	**62**	**43**	**46**	**46**
Capital Expenditure	(362)	(647)	(719)	(1,391)	(921)	(740)	(376)	(476)	(791)	(931)	(1,358)	(1,362)
Increase in Investments and Restricted & Trust Funds Assets	(200)	(21)	(10)	24	24	(22)	(161)	12	(15)	5	0	0
Total Payments	**(562)**	**(667)**	**(728)**	**(1,367)**	**(897)**	**(763)**	**(536)**	**(463)**	**(805)**	**(926)**	**(1,358)**	**(1,362)**
Net Cashflow from Investing Activities	**(525)**	**(621)**	**(695)**	**(1,321)**	**(847)**	**(723)**	**(842)**	**(743)**	**(743)**	**(883)**	**(1,312)**	**(1,316)**
Financing Activities												
Interest Paid on Finance Leases	(3)	(4)	(4)	(2)	(0)	(2)	(2)	(2)	(2)	(2)	(5)	(5)
Other Equity Movement	0	0	0	0	0	0	0	0	0	0	0	(207)
Total Payments	**(3)**	**(4)**	**(4)**	**(2)**	**(0)**	**(2)**	**(2)**	**(2)**	**(2)**	**(2)**	**(5)**	**(212)**
Net Cashflow from Financing Activities	**(3)**	**(4)**	**(4)**	**(2)**	**(0)**	**(2)**	**(2)**	**(2)**	**(2)**	**(2)**	**(5)**	**(212)**
Total Cash In	41,248	44,722	44,560	51,263	47,718	45,768	48,458	45,693	48,221	48,860	45,690	47,588
Total Cash Out	(39,719)	(49,452)	(41,938)	(47,148)	(51,182)	(49,779)	(47,225)	(48,568)	(44,832)	(42,450)	(48,333)	(55,856)
Net Cashflow												
Opening Cash	5,885	7,415	2,685	5,307	9,421	5,957	1,946	3,179	304	3,692	10,102	7,460
Net Cash Movements	1,529	(4,729)	2,621	4,115	(3,464)	(4,011)	1,233	(2,875)	3,388	6,410	(2,642)	(8,267)
Closing Cash	**7,415**	**2,685**	**5,307**	**9,421**	**5,957**	**1,946**	**3,179**	**304**	**3,692**	**10,102**	**7,460**	**(808)**

Non DHB Funds - NHMG	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Opening Balance	9,557	6,158	5,655	8,491	7,025	6,486	5,466	6,340	7,145	7,245		
Net Movement	(3,399)	(503)	2,835	(1,466)	(540)	(1,019)	874	805	100	762		
Closing Balance	6,158	5,655	8,491	7,025	6,486	5,466	6,340	7,145	7,245	8,007		

Weekly Cash Flow – Actual to 30 April 2019



Note

- the overdraft facility shown in red is set at $21 million
- the lowest bank balance for the month of April was $945k

Capital Expenditure – Actual to 30 April 2019

Project description	Budget rolled over from 2017/18	New budget for 2018/19	Prior year approved projects and roll over budget	Prior year approved projects spend	Balance of prior year approved projects budget	Funds available in 2018/19	2018/19 spend	Remaining funds available in 2018/19	Prior year costs	Estimated Costs in 2018/19	Estimated Costs in future years	Forecast Lifetime Project Costs at Completion	Forecast Budget Surplus
	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)
Baseline													
Buildings and Plant	1,007	3,435	9,305	5,081	4,224	7,659	2,124	5,535	5,081	2,480	1,545	9,106	3,634
Clinical Equipment	-	3,300	2,411	2,003	408	3,708	1,168	2,540	2,003	1,000	-	3,003	2,708
Vehicles - Dental Van	-	250	-	-	-	250	184	66	-	250	-	250	-
Office Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology (Hardware)	548	1,150	3,465	2,472	993	2,143	1349	794	2,472	2,213	165	4,850	(235)
Intangible Assets (Software)	855	1,395	2,136	980	1,156	2,551	195	2,356	980	2,055	260	3,295	236
Baseline Total	**2,410**	**9,530**	**17,317**	**10,536**	**6,781**	**16,311**	**5,020**	**11,291**	**10,536**	**7,998**	**1,970**	**20,504**	**6,343**
Strategic													
RHIP - Regional RIS Migration	400	30	430	-	430	460	5	455	-	130	330	460	-
Regional Clinical Portal (CTAS)	826	-	951	76	875	875	1	874	76	375	500	951	-
Patient Experience Survey	100	-	100	-	100	100	-	100	-	-	100	100	-
e-Medicines Management	250	100	250	-	250	350	-	350	-	40	310	350	-
Electronic Nursing Observation	280	-	280	-	280	280	-	280	-	30	250	280	-
Mental Health Shared Electronic Record	150	100	150	-	150	250	-	250	-	100	150	250	-
Shared Cared - Record and Planning	-	100	-	-	-	100	13	87	-	-	100	100	-
Electronic In Patient Meal Ordering	-	50	-	-	-	50	-	50	-	-	-	-	50
Referrals, Bookings & Schedulling	-	250	-	-	-	250	-	250	-	-	250	250	-
Replacement Dental Imaging and Care system	-	50	-	-	-	50	-	50	-	25	25	50	-
Community Health Integration Platform	-	180	-	-	-	180	-	180	-	25	155	180	-
Whiteboard & Patient Dashboards	-	200	-	-	-	200	60	140	-	25	175	200	-
Volpara Mamography Density Assessment	-	35	-	-	-	35	-	35	-	(25)	60	35	-
Integrated HRIS	-	150	-	-	-	150	-	150	-	140	10	150	-
NZ Post Letter Automation	-	50	-	-	-	50	16	34	-	50	-	50	-
Software Automation (Robots) Development	-	150	-	-	-	150	24	126	-	-	150	150	-
webPAS Enhancements for ACC Claiming & Flo	-	50	-	-	-	50	-	50	-	50	-	50	-
Pager Replacement	-	150	-	-	-	150	-	150	-	50	100	150	-
Mobile Application Development	-	200	-	-	-	200	96	104	-	75	125	200	-
Digital Workplace	-	25	-	-	-	25	15	10	-	25		25	-
Kitchen Relocation (incl fitout & equipment)	985	-	985	-	985	985	516	469	-	400	585	985	-
Old Ward 6 Repurpose	200	400	200	-	200	600	-	600	-	-	600	600	-
C Vision IVS100 - Fluoroscopy fixed unit	-	600	-	-	-	600	17	583	-	600	-	600	-
Digitial Mamography	-	-	841	654	187	187	10	177	654	166	-	820	21
General room 1, Toshiba X Ray Unit	-	300	-	-	-	300	-	300	-	172	128	300	-
Mobile breast screening Trailer Unit Strategic	-	600	-	-	-	600	-	600	-	-	600	600	-
VOIP Upgrade	-	-	-	-	-	-	-	-	-	-	-	-	-
PACS Version Upgrade	-	-	294	264	30	30	24	6	264	30	-	294	-
Strategic Total	**3,191**	**3,770**	**4,481**	**994**	**3,487**	**7,257**	**797**	**6,460**	**994**	**2,483**	**4,703**	**8,180**	**71**
Total Capital (excluding Trust Funds & GRNI)	**5,601**	**13,300**	**21,798**	**11,530**	**10,268**	**23,568**	**5,817**	**17,751**	**11,530**	**10,481**	**6,673**	**28,684**	**6,414**
Plus Goods Received Not Invoiced (GRNI)													
IT Tangibles - GL 9379							35						
IT Intangibles - GL 9382							393						
Building Services - GL 9332							13						
Clinical - GL 9362 Plus 9367							139						
Total GRNI							**580**						
Total Capital Spend Including GRNI							**6,397**						
Donated from Trust Funds													
IT - Trust							3						
Building Services - Trust							72						
Clinical - Trust							207						
Total Donated from Trust Funds							**282**						
Total Capital							**6,679**						

Summary of Leases – as at 30 April 2019

		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Rental Property Leases	**Occupants**							
Wainuiomata Health Centre	District Nurses	-	1,149	13,787		1/11/2014	31/10/2020	Operating
Public Trust House (Lower Hutt)	Community Mental Health	-	21,887	262,643		1/09/2017	1/09/2020	Operating
CREDS - Johnsonville	Eating Disorders	-	5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health	-	9,088	109,055		1/03/2013	15/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy	-	2,204	26,449		5/01/2017	4/01/2021	Operating
CBDI Towers Upper Hutt	Community Mental Health	-	9,854	118,247		1/02/2015	30/01/2021	Operating
Upper Hutt Health Centre	District Nurses	-	671	8,056		24/01/2015	1/02/2022	Operating
		-	**50,223**	**602,672**				
Car Park Leases								
CBD Towers Upper Hutt		-	542	6,500		1/02/2015	30/01/2021	Operating
St Peters (SPO)		-	270	3,240		Ongoing	Ongoing	Operating
		-	**812**	**9,740**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (135 Vehicles)		-	32,171	386,049		Ongoing	Ongoing	Operating
		-	**32,171**	**386,049**				
Equipment Leases	**Supplier**							
MRI ingenia 1.5T		-	38,934	467,203	2,336,015	29/06/2016	26/09/2019	Operating
Theatre Equipment (FAR0135107)	All Leasing	710,858	21,009	252,103	756,309	1/04/2017	1/01/2020	Finance
Theatre Equipment (FAR0135105)	All Leasing	330,881	6,039	72,468	217,404	1/07/2017	1/04/2020	Finance
Anaesthetic Machines		1,092,000	22,237	266,839	1,334,195	1/06/2014	31/05/2020	Finance
Stryker Tools		-	9,024	108,292	758,044	1/09/2016	31/08/2023	Operating
3 x Ultrasounds (Equigroup)	GE Healthcare Limited	-	7,315	87,782	438,910	28/06/2017	28/06/2022	Operating
1 x Ultrasound (Equigroup)	Philips NZ Commercial Ltd	-	1,761	21,129	105,645	28/08/2017	28/07/2022	Operating
CT Scanner (Equigroup)	Toshiba Medical Systems	-	25,076	300,911	1,504,555	28/05/2017	28/05/2022	Operating
		2,133,739	**131,395**	**1,609,654**	**7,484,004**			
Total Leases		**2,133,739**	**214,601**	**2,608,115**				

Treasury - as at 30 April 2019

1) Short term funds / investment ($000)

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$23,293	$18,831
Lowest balance for the month	$945	($1,120)
Average interest rate	2.08%	2.00%
Net interest earned for the month	$40	$32

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		-
Total value of transactions		$0 NZD
Largest transaction		$0 NZD

	No. of transactions	Equivalent NZD
AUD	-	$0
USD	-	$0
Total	**0**	$0

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
Ministry of Health	$1,466	$38	$150	$0	$46	$62	$228	$942
Capital & Coast District Health Board	$1,298	$957	$32	$0	($12)	$63	$0	$258
Wairarapa District Health Board	$661	$613	($28)	$62	($48)	($26)	$38	$50
Accident Compensation Corporation	$551	$104	$204	$5	$0	$35	$159	$45
Auckland District Health Board	$131	$0	$0	$130	$0	$0	$0	$1
Health Workforce NZ Limited	$55	$42	$0	$0	$0	$0	$0	$13
Conference Innovators Ltd	$46	$0	$0	$0	$0	$0	$0	$45
Southern Cochlear Implant Programme	$31	$0	$31	$0	$0	$0	$0	$0
Non-Resident	$31	$31	$0	$0	$0	$0	$0	$0
Whitireia Polytechnic	$31	$0	$0	$5	$0	$24	$2	$0
Total Top 10 Debtors	**$4,301**	**$1,785**	**$389**	**$202**	**($14)**	**$158**	**$427**	**$1,354**

Fuseworks Hutt Valley DHB Report

Misdiagnosed, but fighting on

From Wairarapa Times-Age

Published 12:00 29/05/2019

This process involves the ***Hutt Valley District Health Board*** and the Wairarapa District Health Board.

Proud moment for Our Lady of Kāpiti School

From Kapiti News

Published 15:18 28/05/2019

She also thanked Regional Public Health, ***Hutt Valley District Health Board***, the community board who donated money so the school could get three water coolers for school events, and LT McGuinness who donated colourful metal water bottles, with the school logo on them, for every pupil.

Show us the money - where did Budget 2018's billions get spent in health?

From NZ Doctor

Published 16:21 22/05/2019

Asked about progress, the Ministry of Health says the programme is available in ***Hutt Valley***, Waitemata, Southern, Counties Manukau, Nelson Marlborough, Hawke's Bay and Lakes ***DHBs***.

NZ's largest digital health event: new brand and bigger offering

From Hayley McLarin

Published 10:34 20/05/2019

Jump to full text

His previous role was CIO for Capital & Coast, ***Hutt Valley*** and Wairarapa ***DHBs***.

Hutt Hospital celebrated 75 Years in the community

From Hutt Valley DHB

Published 13:03 15/05/2019

Also from Hutt Valley DHB, Voxy

Jump to full text

Today ***Hutt Valley DHB*** staff tucked into cake to celebrate and mark an impressive 75 years of Hutt Hospital taking care of people in the region. ... Acting Chief Executive ***Dale Oliff*** says it's been a pleasure and a privilege to observe, during her time stewarding the DHB, its journey of transformation - becoming a modern, fit for purpose facility with a focus on providing relevant services in a dynamic community.

Today marks 75 years since Hutt Hospital was officially opened

From NZ City

Published 08:38 15/05/2019

Acting ***Hutt Valley DHB*** Chief Executive ***Dale Oliff*** says their model of care is very different to what it was 75 years ago.

Newstalk ZB Wellington 6:30am - Item 6

From Newstalk ZB

Published 07:00 15/05/2019

Jump to full text

Acting ***Hutt Valley DHB*** chief executive ***Dale Oliff*** says it's been a pleasure to observe its journey of transformation into a modern, fit for purpose facility.

North Island DHB Admin/Clerical finalise new collective agreements

From PSA

Published 16:35 14/05/2019

Jump to full text

- ***Hutt Valley DHB***

Chief clinical information officer appointed for three DHBs

From eHealthNews.nz

Published 13:07 14/05/2019

Also from Voxy

Jump to full text

A chief clinical information officer has been appointed to provide clinical input and oversight of health IT projects at Capital and Coast, ***Hutt Valley*** and Wairarapa ***DHBs***.

Hutt Hospital celebrates 75 years in the community

From Hutt Valley DHB

Published 09:21 13/05/2019

Also from Voxy

Jump to full text

On Wednesday ***Hutt Valley DHB*** staff will be eating one enormous cake to celebrate and mark an impressive 75 years of Hutt Hospital taking care of people in the region. ... Acting Chief Executive ***Dale Oliff*** says it's been a pleasure and a privilege to observe, during her time stewarding the DHB, its journey of transformation - becoming a modern, fit for purpose facility with a focus on providing relevant services in a dynamic community.

No contact sport for children

From Radio New Zealand Audio

Published 17:03 10/05/2019

He's a Clinical Nurse Specialist at ***Hutt Valley District Health Board***...

Second measles case identified in Hutt Valley

From Stuff.co.nz

Published 12:20 09/05/2019

Hutt Valley District Health Board said in a post on Facebook today it had been notified of a second patient with measles in Wellington after another person was found to have the virus earlier this week.

The rise of our hospice

From Wairarapa Times-Age

Published 12:00 08/05/2019

Occasionally, people requiring in-patient palliative care may need to spend time in Te Omanga hospice in Lower ***Hutt***. ... Wairarapa ***DHB*** service development manager Joanne Edwards said the Wairarapa palliative service aimed to achieve the vision "that all people with life-limiting conditions live well and die well irrespective of their condition or care setting."

Shortage of sign language interpreters hindering efforts to improve deaf Kiwis healthcare experiences

From Dominion Post

Published 21:21 07/05/2019

These will be offered at ***Hutt Valley DHB*** in the near future," Haggerty said.

Who is this public agency's chief executive? It won't say

From Waikato Times

Published 15:59 03/05/2019

Stuffrecently received a document from the ***Hutt Valley DHB***, in response to an official information request. ... Following this lead takes me to the DHB's website, which lists ***Dale Oliff*** as the chief executive officer, which appears to be another term for "CEO". ... Unconvinced, I google "who is the CEO of the ***Hutt Valley DHB***," and come across a January 2018 press release naming ***Dale Oliff*** as the newly appointed acting chief executive.

NZ's largest digital health event: new brand and bigger offering

From Hayley McLarin

Published 10:34 20/05/2019

Jump to summary

New Zealand's largest digital health event is the key feature of a newly-named Digital Health Week NZ.

The HiNZ annual conference, being held in November, is renowned for its high-calibre international experts and local leaders, and has grown from 300 attendees to 1,200 in only five years.

This year it falls under the new umbrella of Digital Health Week NZ (DHWNZ), and will also include new workshops, networking forums, 150 speakers and 95 exhibitors.

HiNZ is also hosting the Emerging Tech in Health Symposium (ETIH) this week, an official Techweek19 event.

A leader in this field, Rebecca George, HiNZ board member says: "HiNZ's mission is to link a diverse group of professionals across the heath and IT sectors, and having ETIH as our mid-year conference and the HiNZ conference during Digital Health Week NZ in November, offers health professionals an opportunity to learn and network before and after the busy winter flu season when many clinicians are unable to take time off for conferences.

"Digital health is a hot topic in New Zealand and it is critical that the different professionals within the health IT sector are brought together to collaborate, network, solve problems in the ecosystem - this will ultimately benefit New Zealand patients." [image attached]

HiNZ members include health sector managers, clinicians, IT experts, industry managers, academics, students and government personnel.

"The speaker schedule is shaping up to be the best yet, the topics are diverse, and we have some outstanding international experts to complement the local talent across all aspects of digital health," George, Clinical Lead for Informatics, Allied Health services at Christchurch Hospital, says.

Keynote speakers include:

Shayne Hunter - Ministry of Health Deputy Director-General, Data and Digital

Hunter started his career with IBM, established start-up businesses on emerging technologies and has spent the past 19 years in the health and disability sector. His previous role was CIO for Capital & Coast, ***Hutt Valley*** and Wairarapa ***DHBs***.

Professor Elizabeth Borycki, RN, PhD, FIAHIS, FACMI, FCAHS, School of Health Information Science, University of Victoria, Canada

Professor Borycki was voted one of the Top 10 Women in Digital Health Canada (2018) and the Top 100 Health Sciences Informatics Professionals globally, by the International Medical Informatics Association (2017). She has published more than 200 articles and 40 book chapters, and edited 10 books.

Dr Jeff Ayton, MBBS, MPH&TM, FACRRM, FFEWM, AFFTM, DRANZCOG, DA (UK), Chief Medical Officer, Australian Antarctic Division

Chair of the Australian College of Rural and Remote Medicine's Rural and Remote Digital Innovations Group, Dr Ayton is the Australian delegate of the Scientific Committee of Antarctic Research Life Sciences Scientific Group - which develops best practices for health care management and scientific research in Antarctica.

Professor Martin Connor, Founder & CEO, Health Logic, Australia

Professor Connor has delivered large-scale national and regional programmes focused on hospital performance and held senior academic, executive and strategic management positions in the UK, Republic of Ireland, US and Australia, and is a thought-leader in healthcare innovation, having been published in the British Medical Journal and Social Science and Medicine.

About DHWNZ Conference:

- Digital Health Week NZ (DHWNZ) is the largest digital health event in New Zealand.

- Held at Claudelands Event Centre in Hamilton from November 18-22, it involves:

o 150 speakers

o 95 exhibitors

o 1,200 delegates

- Tickets for DHWNZ 2019 go on sale on Thursday, May 23, 2019.

Hutt Hospital celebrated 75 Years in the community

From Hutt Valley DHB

Published 13:03 15/05/2019

Also from Hutt Valley DHB, Voxy

Jump to summary

It's not often staff are encouraged to eat cake in a hospital but there are always exceptions to that rule and a 75th birthday is a good exception.

Today ***Hutt Valley DHB*** staff tucked into cake to celebrate and mark an impressive 75 years of Hutt Hospital taking care of people in the region.

Seventy five years ago on that day the then Defence Minister the Hon. Frederick Jones officially opened the hospital announcing foundations for a further wing had already been laid. Although patients had beer admitted since April 27 1944.

During that time the hospital has:

treated almost 2.5m people - that's around 20,000 a year or 620 a week

performed around 361,000 operations - over 4,800 a year or 93 a week

had almost 1.5m admissions to its emergency department - just under 19,600 a year or 377 a week

There's been almost 10m bed stays during that time.

Acting Chief Executive ***Dale Oliff*** says it's been a pleasure and a privilege to observe, during her time stewarding the DHB, its journey of transformation - becoming a modern, fit for purpose facility with a focus on providing relevant services in a dynamic community.

"Our model of care is so different to what it was 75 years ago. The Hutt Valley is home to an extremely diverse multicultural community and our DHB reflects that.

"These days a big focus for us is care in the community - supporting patients, where it's appropriate, to receive care in their home or their primary health organisation, marae, pharmacy or community centre. Not segregating them in a hospital.

"But people will always need to come to hospital and that's why we're celebrating our bricks and mortar on May 15 to remember those that came before us and think about those that will come."

Newstalk ZB Wellington 6:30am - Item 6

From Newstalk ZB

Published 07:00 15/05/2019

Jump to summary

Hutt Hospital is celebrating its 75th birthday today. Since 1944 the hospital has treated nearly 2.5m patients and performed more than 300,000 operations. Acting ***Hutt Valley DHB*** chief executive ***Dale Oliff*** says it's been a pleasure to observe its journey of transformation into a modern, fit for purpose facility. She says staff will be celebrating with a giant square meter cake.

North Island DHB Admin/Clerical finalise new collective agreements

From PSA

Published 16:35 14/05/2019

Jump to summary

PSA members in the North Island have ratified new collective employment agreements, following months of bargaining.

"We are very pleased about the progress that has been made in bargaining for new MECAs (Multi-Employer Collective Agreements) for DHB admin and clerical workers, and welcome the long overdue pay rises for many of our lowest paid members," says Kerry Davies, PSA national secretary.

"These settlements reflect the determination of admin clerical workers to get fair treatment and stand up for the importance of the work they do within DHBs."

DHB admin and clerical workers across all 20 DHBs voted strongly in favour of industrial action during nationwide Stop Work meetings held in February 2019, however subsequent meetings brought an improved offer to the table averting any strike action.

"We are very happy with the settlement offers, and we recognize that this progress is the result of the Government listening to our members' voices," says Ms Davies.

"The Government's commitment to addressing low pay was crucial in achieving this result, as admin and clerical workers in DHBs have always been among the lowest paid groups of workers."

"The DHB's have responded in line with the Government strategy around working with low paid workers, and the outcome will effect over 4,000 employees and their families in the Lower North Island and Auckland regions alone,"

"This settlement will make a substantial difference to a number of our members' lives and living standards and it's great to finally have some recognition of our DHB administration and clerical workers, who play an integral role at the frontline of service delivery at our hospitals."

The settlement includes the equivalent of $2000 to each salary step every year for 3 years from the expiration of the MECA, as well as deletion of all salary steps below $41,750.

Bargaining is also currently underway for our clerical administration members in South Island and the Midland Region. We have been offered settlement of similar amounts for our members in these regions. Once settled this will affect over 3000 members and their families.

The PSA is also continuing to pursue progress for an equal pay claim that DHBs received in April 2018 and the PSA hopes to have resolution towards this by the end of the year.

Note: MECAs for administration and clerical workers have been offered in the Northern and Lower North Island regions, with two more - the Midlands MECA and South Island MECA - still in bargaining.

Further information:

The DHB's included in each region are as follows.

Northern MECA (Approx. 2500 members):

- Auckland DHB
- Counties Manukau DHB
- Waitemata DHB
- Northland DHB

Lower North Island MECA (Approx. 1500 members):

- Capital & Coast DHB
- Hawke's Bay DHB
- ***Hutt Valley DHB***
- Mid Central DHB
- Taranaki DHB
- Wairarapa DHB
- Whanganui DHB

Midland MECA (Approx. 1000 members):

- Waikato DHB
- Bay of Plenty DHB
- Lakes DHB
- Hauora Tarawhiti DHB

South Island MECA (Approx. 1300 members):

- Nelson Marlborough DHB
- Canterbury DHB
- South Canterbury DHB
- Southern DHB
- West Coast DHB

Chief clinical information officer appointed for three DHBs

From eHealthNews.nz

Published 13:07 14/05/2019

Also from Voxy

Jump to summary

A chief clinical information officer has been appointed to provide clinical input and oversight of health IT projects at Capital and Coast, ***Hutt Valley*** and Wairarapa ***DHBs***.

Steve Earnshaw took up the full-time position at 3DHB ICT in April.

Earnshaw was previously the chief medical officer at South Canterbury DHB where he chaired the South Island Clinical Informatics Leadership Team and led the roll-out of regional clinical portal Health Connect South to the five South Island DHBs.

He hopes the new role will enable system level change and transformation and says bringing a clinical focus to the table at a strategic level adds enormous value.

"Hopefully this will be the first of many more such roles around the country as there's a growing recognition of the value we can bring to the process," he says.

The CCIO role was created through the amalgamation of a number of smaller FTEs at the three DHBs and the business case was made to expand the position with support from the chief medical officers and clinical leads for nursing and allied health.

He will work alongside the chief digital officer, who is currently being recruited, leading the governance of ICT projects and workstreams and bringing a clinical focus to the IT strategy, as well as acting as a conduit for engagement with clinicians across the system, including primary and community care.

Earnshaw says his first job is to get a robust governance structure in place for ICT with a clear prioritisation process for projects.

"Having clinicians involved in that high level strategic part of the process around change and setting direction is crucially important. If clinicians as a group don't engage with that then the risk is they will be disconnected from the systems," he says.

The job is also one of translator between the clinical, IT and management worlds and their different languages.

"If we can get to a situation where clinicians across the 3DHBs feel engaged and heard and start to see the changes they want in order to work more effectively, it will be a success," he says.

Earnshaw will focus on the key underlying clinical systems and ensuring these fundamental pieces are coordinated across the DHBs.

His South Island experience of migrating five DHBs on to a single clinical portal will come in useful as the 3DHBs currently operate four different Orion portals with 10-15 years of localisation work on each of them, making regionalisation a "challenge".

He will retain some clinical time in which he plans to focus on new models of care such as telemedicine within his specialty area of orthopaedics.

Earnshaw says it is important for anyone in a clinical informatics role to have a broad understanding of the health system and be able to engage with clinicians from a range of backgrounds.

"You need to be a good listener to the issues people raise, but also have that strategic view of where are we trying to go and how can we prioritise and separate the signal from the noise," he says.

Hutt Hospital celebrates 75 years in the community

From Hutt Valley DHB

Published 09:21 13/05/2019

Also from Voxy

Jump to summary

It's not often staff are encouraged to eat cake in a hospital but there are always exceptions to that rule and a 75th birthday is a good exception.

On Wednesday ***Hutt Valley DHB*** staff will be eating one enormous cake to celebrate and mark an impressive 75 years of Hutt Hospital taking care of people in the region.

Seventy five years ago on that day the then Defence Minister the Hon. Frederick Jones officially opened the hospital announcing foundations for a further wing had already been laid. Although patients had been admitted since April 27 1944.

During that time the hospital has:

treated almost 2.5m people - that's around 20,000 a year or 620 a week

performed around 361,000 operations - over 4,800 a year or 93 a week

had almost 1.5m admissions to its emergency department - just under 19,600 a year or 377 a week

provided over 1.8m district nurse visits -24,324 a year or 468 a week.

There's been almost 10m bed stays during that time.

Acting Chief Executive ***Dale Oliff*** says it's been a pleasure and a privilege to observe, during her time stewarding the DHB, its journey of transformation - becoming a modern, fit for purpose facility with a focus on providing relevant services in a dynamic community.

"Our model of care is so different to what it was 75 years ago. The Hutt Valley is home to an extremely diverse multicultural community and our DHB reflects that.

"These days a big focus for us is care in the community - supporting patients, where it's appropriate, to receive care in their home or their primary health organisation, marae, pharmacy or community centre. Not segregating them in a hospital.

"But people will always need to come to hospital and that's why we're celebrating our bricks and mortar on May 15 to remember those that came before us and think about those that will come."

Hutt Valley District Health Board

DHB Internal Audit Plan 2019/20

(Final)

Document Owner:
Jared McGillicuddy

June 2019

INTRODUCTION

In accordance with the Institute of Internal Auditors International Standards ("Standards"), Central Region Technical Advisory Service's ("CTAS") DHB Internal Audit must prepare an annual Internal Audit Plan ("Plan") for review and endorsement by Finance, Risk and Audit Committee ("FRAC"), showing the proposed areas for audit.

In line with the Standards, the plan should consider all major auditable areas of Hutt Valley District Health Board ("HVDHB") and be based on an assessment of HVDHB goals, objectives and risks. This Internal Audit Plan sets out CTAS DHB Internal Audit's proposed approach and strategy for the delivery of assurance to the Board, through FRAC for 2019/20.

ROLE OF INTERNAL AUDIT

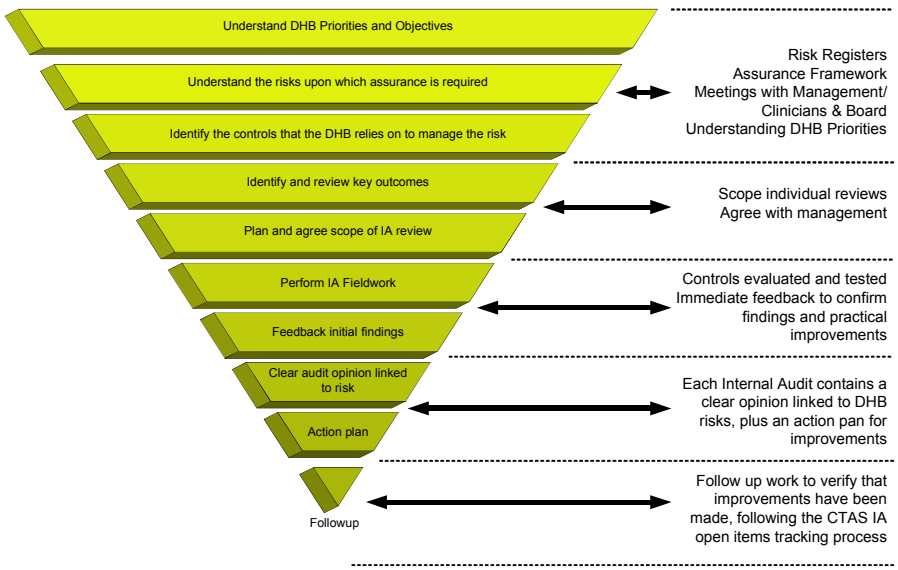
The role of internal audit is to provide an independent, objective assurance and consulting service to add value and improve HVDHB's operations. It helps HVDHB accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes across all activities, including both clinical and non-clinical.

PURPOSE

The proposed Internal Audit Plan outlines proposed engagements including the initial objectives, scope for each engagement, and an identification of the most suitable timing for specific engagements (refer to Appendix 1). It should be noted that the objectives and scope of each audit may change as a results of discussions with management held during the engagement planning process.

A list of possible audits for the 2020/21 years identified during the audit planning process has been included. If, for any reason, it is not possible to perform an audit outlined in the plan, an audit from an outlier year may be bought forward and conducted in agreement with FRAC.

Figure 1. Overview of the CTAS IA Process



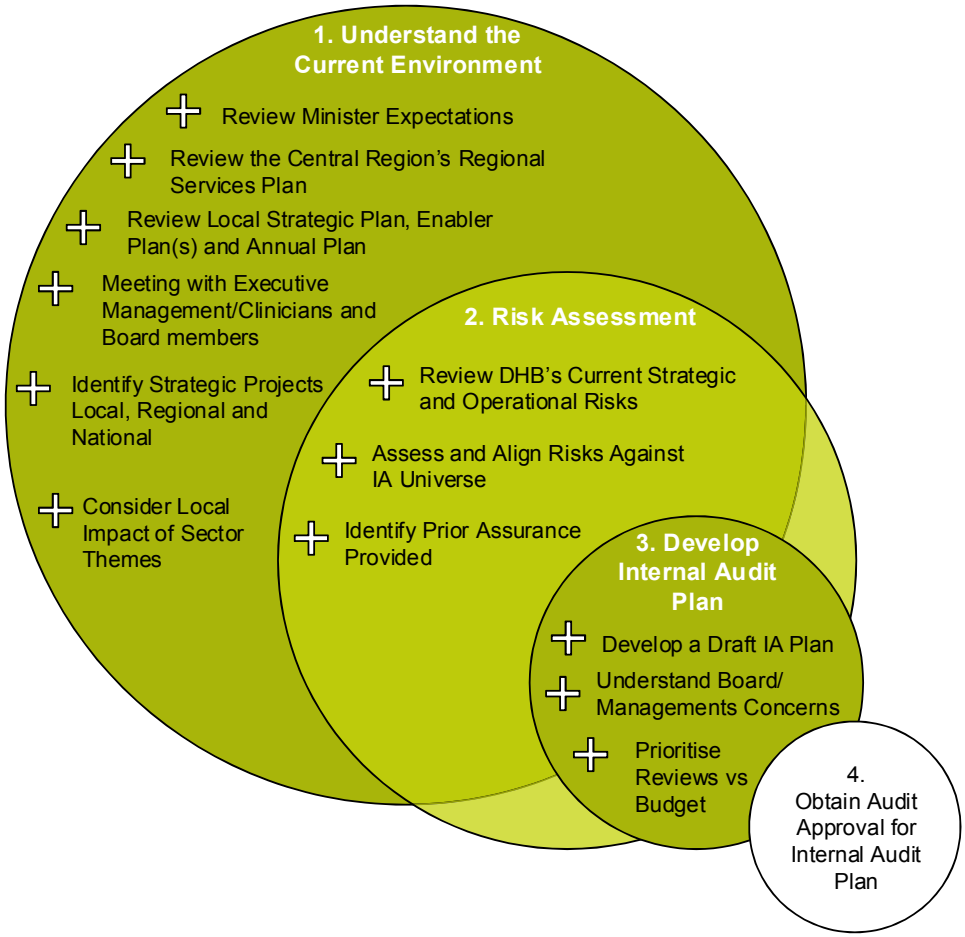
AUDIT PLANNING PROCESS

CTAS DHB Internal Audit uses a risk-based approach to establish an annual Internal Audit Plan to reflect a programme of audits over a 24 month period, with a 12 month window to be approved. This approach is designed to be flexible and timely in order to meet the changing needs and priorities of HVDHB. The plan will be reviewed by the CFO and CTAS Regional Internal Audit Manager every six months with any changes submitted to FRAC for approval.

The annual Plan is based on an assessment of the goals, objectives and business risks of HVDHB, and also takes into consideration any special requirements of the Board, FRAC and senior executives. Where appropriate and relevant, the Plan has been linked to both organisational strategy and documented risks.

The audit planning approach can be summarised as follows;

1. Understand the Current Environment and Context of HVDHB
2. Risk Assessment and Development of the Internal Audit Universe
3. Development of the Internal Audit Plan
4. Endorsement by FRAC.



ORGANISATIONAL CONTEXT

To assist in the development of the Plan, a high level review of HVDHB's strategic documentation was undertaken as well as wider context to gain a better understanding of any recent changes to organisational arrangements, the operating environment, risk profile and areas where alternative assurance is obtained or maybe of value.

RISK ASSESSMENT AND AUDIT UNIVERSE

Those areas with the highest level of inherent risk should generally receive the highest priority from an internal audit perspective as they pose the greatest potential risk to the achievement of HVDHB's objectives. It is therefore important that the controls in place to manage risks in these areas are independently tested on a regular basis. Routine cyclical reviews in high financial value areas such as payroll, and standards-based engagements like the requirement to consider fraud risks were also specifically considered.

As part of the development of the Plan, HVDHB's risk profile was also reviewed. This was incorporated with the results of the review of strategic documentation and discussions with management to inform the audit universe and the Plan.

Consideration was also given to whether particular areas of HVDHB are subject to other forms of independent audit and assurance, for example the ACC Partnership Programme and areas covered by external audit. There is potentially reduced benefit from conducting internal audits in areas where a high degree of external scrutiny already exists.

In developing the audit universe, Internal Audit considered all major organisational units, key business processes, operations, policies, systems, assets, resources, staff and contracts of HVDHB.

Targeting improved regional links between reviews, a planning meeting will be held with the regional CFO Forum to identify and agree on common areas of focus across the region. This adds the benefit of being able to compare DHB practices and leverage the value of the regional Internal Audit work occurring. A small budget will be retained to focus on regional benchmarking.

TIME AVAILABLE TO CONDUCT INTERNAL AUDIT ACTIVITIES

The time available to conduct Internal Audit Activities, as represented by audit days on the Internal Audit Plan, is based on those agreed within the approved service agreement between HVDHB and CTAS. Under this agreement, HVDHB have 99 funded audit days these have been allocated against the prioritised areas for review to form the proposed plan being submitted for endorsement (refer Appendix 1). There has been no increase in funding for IA activities since establishment four years ago, a 6% increase in funding or reallocation of days will be requested in 2020/21.

APPENDIX 1: HUTT VALLEY DHB INTERNAL AUDIT PLAN 2019/20

Review Areas	IA Plan 2019/20 Q1	Q2	Q3	Q4	Proposed Review Objective
IT Risk Assessment	10				**Background and Risk** IT risks are business risks. They are associated with the use, ownership, operation, influence and adoption of IT within the DHB. Positive risks can be enablers for new service initiatives and efficient operations, which increases the ability of services to meet health needs in a safe high-quality way. Negative risks could cause service interruptions, security problems, poor project quality, and project overruns, which bring negative impact on the DHB operations. Applying good risk management practices should provide tangible mitigating strategies and business benefits, e.g., fewer operational surprises and failures, increased information quality, greater stakeholder confidence, reduced regulatory concerns, and relevant and innovative applications supporting new or improved service initiatives. **Objective** The purpose of this review is to assess the processes associated with the identification and management of IT related risks for HVDHB.
RMO Rostering		25			**Background and Risk** Good rostering seeks to make the most efficient use of staff to cover the required work in a safe and balanced manner, aligned with service needs. Rostering is a complex multi-faceted process where staffing levels (establishment) is aligned with service needs in compliance with MECA rules, balancing personal staff needs and responding to potential gaps that occur. The efficiency of the process is largely driven on the ability to align multiple demands and needs, tools and processes established, forecast possible risks and have strategies to efficiently and effectively address these risks in a safe and appropriate manner. As a result, a well-run rostering process should contribute to multiple goals including improved patient care and safety, increased productivity, and improved RMO's satisfaction, commitment, engagement, health and retention. A well-run roster supports the reputation of the DHB and subsequent ability to recruit. **Objective** The purpose of this review is to ensure there is an appropriate RMO rostering process to efficiently set safe rosters inline with requirements.
Clinical Coding		20			**Background and Risk** Clinical coding is an integral part of health information management (HIM) practice. It provides valuable data for healthcare quality evaluation, health resource allocation, health services research, medical billing, public health programming, Case-Mix/DRG funding. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) is a veritable tool for the effectiveness of clinical coding practices. ICD-10 coding classification and terminology is used by New Zealand hospitals providing public funded inpatient and day patient healthcare services.

Review Areas	IA Plan 2019/20 Q1	Q2	Q3	Q4	Proposed Review Objective
					Analysis of clinical datasets provides information for services to make informed decisions on service improvements. Clinical coding and classification processes transforms clinical descriptions contained within the clinical records into data that can subsequently be used for improving clinical care, health service development and planning, funding allocation, research and other purposes. **Objective** The objective of this review is to independently assess how coding is occurring to ensure it is accurate, complete and done in a timely manner.
Setting Budget – Nursing			20		**Background and Risk** An effective nursing workforce is essential to the provision of health services to the community. Alongside this there is a need for the DHB to accurately plan, approve and monitor the nursing budget. **Objective** The objective of this review is to ensure there is an efficient and effective process for setting and monitoring an accurate nursing budget.
Phishing Attack			10		**Background and Risk** A phishing attack mimics the actions of a focused attacker attempting to exploit weaknesses in the human element of information security. Users who are tricked into loading malicious programs on their computers may be providing remote control capabilities to an attacker, installing software that can steal patient and/or information or even encrypt important files through ransomware. The malware can also make system modifications which make it difficult to terminate the program and spread across the network. **Objective** The objective of this review is to assess the effectiveness of the staff security practices relating to safeguarding privacy of confidential information and systems.
IA Plan, FRAC and Reporting	4	4	3	6	Development of IA plan, FRAC reporting and attendance.

IA Reviews Currently Not in 2020/21 IA Plan

Review Areas	IA Plan 2020/21 Q1	Q2	Q3	Q4	Proposed Review Objective
Leave Capture *(priority review for substitution if needed or targeted early in 2020/21 IA Plan)*	25				**Background and Risk** Staff annual leave balances are earned on a real time basis and leave taken is adjusted via their associated pay run. Leave when taken is captured either manually on a paper-based form and entered at a later point into the payroll system or captured directly for processing within the respective pay cycle. The manual nature of the paper-based process increases the risk of leave taken not being captured in the system. **Objective** The objective of this review is to substantively test that approved leave has been appropriately captured and processed within payroll.
Vulnerable Children's Act (VCA) Compliance				15	**Background and Risk** The Vulnerable Children's Act 2014 ("VCA") came into force on 1 July 2015 for all new employees in core children's workforce. The VCA requires safety checking of all paid employees and contractors, employed or engaged by government-funded organisations, who work with children. The requirements for safety checking also apply to people undertaking unpaid children's work as part of an educational or vocational training course. The VCA and associate regulations (the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015) place explicit requirements on the DHB for background vetting of all employees working with, or likely to have contact with, children under the care of the DHB. The VCA has a staggered implementation with worker safety checking required for new employees for core children's workers from 1 July 2015 and from 2016 for non-core children's workforce roles. Furthermore, from 1 July 2018, all existing core workers and from 1 July 2019 all non-core workers must have been safety checked. **Objective** The objective of this review is to provide assurance to the Board and management that the DHB has procedures in place for the safety checking of all new employees covered under the VCA and these have been implemented appropriately in compliance with requirements that came into effect 1 July 2016. Further the review will also consider to what extent the DHB has progressed establishing procedures to safety check all existing employees by the key dates detailed under the VCA, i.e. 1 July 2018 and 1 July 2019.
Holidays Act Compliance Mapping Review				45	**Background and Risk** Payroll is the biggest single expense item for the HVDHB. While historically payroll has been viewed as well managed, events at MBIE triggered public and private sector organisations to take a closer look at practices and level of compliance of systems and process to the Holidays Act 2003. A number of DHBs have identified issues in how systems have been configured and associated business process.

Review Areas	IA Plan 2020/21 Q1	Q2	Q3	Q4	Proposed Review Objective
					The risk of non-compliance with the Holidays Act has also now been recognised at a national level by DHBs where the National CEO Forum has agreed that all DHBs should have an IA conducted over individual DHB compliance with the Holidays Act, and this process should occur through consultation with DHB Shared Services and Unions, with Union signing off on the testing to occur. At a national level DHBs, along with DHB Shared Services and Unions, have implemented a process to clarify issues and agree on interpretation of the act prior to further testing of their compliance with the legislation. **Objective** The objective of this review is to map current assurance activities against national baseline to determine if there any gaps in controls, processes or legislative interpretation.
Reporting – Data Capture and Analysis				20	**Background and Risk** Confidence in the reporting process is critical in allowing those making decisions, clinicians, management and Board, to monitor performance and focus on making the right decision, rather than second guessing what has been provided as the foundation. As such a well-controlled and consistent reporting process, whether it be financial or non-financial, is vital in supporting good decisions and allowing information to be comparative over time. Some of the risks of having poorly controlled processes for capturing and reporting include: • Poor decisions occurring based on data duplication and inaccuracies; • Misleading information which leads to the questioning of the validity of non-financial and financial reports undermining confidence; • Loss of ability (either timing or accuracy) to monitor current performance and implement performance improvement activities, and • Missing data, such as revenue and costs, attributed to compromised data, poor operational processes or late unplanned surprises. **Objective** The objective of this review is to ensure there are appropriate processes to capture, analyse and report on performance within the DHB. Due to the breadth of data captured key areas for sample testing will be agreed.
Health & Safety – Contractor Management				10	**Background and Risk**

Review Areas	IA Plan 2020/21 Q1	Q2	Q3	Q4	Proposed Review Objective
					Health and Safety is recognised within the identified strategic risk Health & Safety for Staff and Contractors. Health and safety is an area where significant legislation changes have occurred in the past two years. The Board and executive management have key roles to play in ensuring all contractors are kept safe and also perform their duties safely and in compliance with both legislation and DHB requirements. **Objective** Objective of this review is to ensure appropriate processes exist to ensure contractors health and safety processes are in compliance with both Health & Safety legislation and HVDHB requirements, including ensuring relevant processes are in place, appropriate qualifications and certifications, effective reporting, and compliance with appropriate best practice. Also, that the DHB has appropriate and effective processes in place to identify, review and monitor contractors to ensure compliance with health and safety requirements.
Medicine Reconciliation				15	**Background and Risk** Medicine reconciliation is about obtaining the most accurate list possible of patient medicines, allergies and adverse drug reactions (ADRs) and using this information within and across the continuum of care to ensure safe and effective medicine use. The key to its success lies in accurate communication (verbal and written) of medicine related information between healthcare practitioners. Medicine reconciliation is an evidence-based process, which has been demonstrated to significantly reduce medication errors caused by incomplete or insufficient documentation of medicine related information. It is expected that the process, whether it is paper or electronic, will facilitate the optimal use of medicines and reduce discrepancies that have the potential to cause an error and/or harm to the patient. Medicine reconciliation has increasingly become an important element of collaborative practice particularly at points for transfer of care. The vision is for medicine reconciliation to become integrated into the daily routine of all healthcare practitioners. The goal is for the medicine reconciliation process to be completed for all patients within 24 hours of transfer of care within the New Zealand health and disability sector. **Objective** The objective of this review is to ensure that there are appropriate processes and resourcing for the DHB to comply with the Health Quality & Safety Commission's Medicine Reconciliation Standards (version 3).
Accounts Payable Processing				15	**Background and Risk** Accounts payable refers to money that the DHB owes to its creditors (i.e. outside individuals and other businesses) for goods and services provided. While staff costs are normally the largest expense to a DHB, the systems for accounts payable are significant and includes ordering, receipting and payment for goods and services. Regardless of expenditure type there is a need to ensure risks are fully

Review Areas	IA Plan 2020/21 Q1	Q2	Q3	Q4	Proposed Review Objective
					identified, assessed and mitigated by applying robust controls to ensure operations run effectively while safeguarding cash. DHBs should have systems and procedures which properly support expenditure in terms of committed expenditure/approval, value for money, declarations of potential conflict of interest with controls in place to protect funds from fraud and corruption. **Objective** The objective of this review is to ensure appropriate processes exist to manage accounts payable including the reliability and integrity of financial and operational information, effectiveness and efficiency of operations and safeguarding of assets.
Payroll Processing, (excluding Holiday's Act Compliance)				15	**Background and Risk** Personnel costs are the DHB's largest cost item, budgeted at $473 million for FY2018/19 (per the Annual Plan 2017/18), with payroll making up a significant proportion of this cost area. Therefore, it is critical that the DHB has efficient and effective management controls in place. This review specifically excludes Holidays Act compliance which is covered by a separate dedicated review aligned with the national approach. **Objective** The objectives of this review are to ensure that payroll controls are efficient and effective.

APPENDIX 2. HIGH LEVEL HUTT VALLEY DHB INTERNAL AUDIT UNIVERSE 2019-2021

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
DHB Wide	Integrated Planning Processes and Budget Setting	Planning Alignment		2017				2017	2016
		Budget Setting (top down/bottom up)						2019	
	Asset Management Planning	Long Term Asset Management Planning		2017				2018	
	Performance Management	KPI Setting and Alignment to Objectives							
		Board Reporting							
		Processes for measuring, reporting and monitoring KPI's							
		Financial Sustainability Initiatives							2014
		Savings Programme							
		Non Financial Performance Reporting	2015						2015
		Balanced Scorecard							
		Third Party Provider - Contract Performance	2016						2016
		Performance Improvement							
		Implementation of Improvement Opportunities (Findings)						2017	2016
	Organisational Governance	Governance Structure							
		Performance Assessment							
	Clinical Governance	Clinical Governance Framework	2015						2016
		Clinical Committees							
		Development of Clinical Leadership							2013
		Credentialing (Staff and Service)							2012
		Clinical Audit Processes							2014
		Compliments and Complaints Resolution Processes						2019	2013
		Peer Review							
		Clinical Support Performance							
		Clinical / Patient / Quality Processes							
		Clinical Training and Development							
		Event reporting (Reportable Events)		2017				2017	2016
		Clinical Policies, Procedures and Guidelines							
		Serious and Sentinel Events							
	Project Management Processes and Practices (major CAPEX or operational change projects).	Project Management Framework/Methodology		2017				2019	

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		- Specific Projects Selected							
		Project Health checks (based on current projects)							
		- Specific Projects Selected							
		Post Implementation Review						2019	
		- Dental Unit	2015	2019				2019	
		- Strategic Integration Development Unit (SIDU)	2016						
		- Hospital Build Benefits Realisation Review							
	Organisational Change	Structures and Service Redesign							
	Regional and National Collaboration	National Projects and Initiatives							
		Regional Projects and Initiatives							
		Sub Regional Projects and Initiatives	2012						
	Critical Incident and Emergency Management	Emergency Management Planning							
		Coordinated Incident Management System (CISM)							
	Physical Security	Wards (SCBU, Maternity, Theatre)							
		Controlled Drugs						2017	2016
		Emergency Department							
		Staff and Patient Safety							
	Delegation of Accountabilities	Clinical Council/Board							
		Management Structure, Expectations and Processes							
		Compliance with Delegated Authority	2016					2019	
	Business Continuity Planning	Business Continuity Framework		2018				2018	
		Service Continuity Profiles		2018				2018	
		Testing of Business Continuity Plans		2018				2018	
	Risk Management	Risk Management Framework	2012	2017				2017	
		Strategic Risk Identification and Management							
		Risk Assessment			10			2017	
		Monitoring and Evaluation of Controls							
	Fiduciary Duty	Conflict of Interest							
		Probity Evaluation							
	Policies and Procedures	Policies and Procedures Framework	2012						
	Legislative and Regulatory Compliance	Legislative Compliance Framework							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		Health Practitioners Competence Assurance Act							
		Health and Safety Policies and Procedures	2016	2017		10		2019	2016
		ACC Partnership Programme							
		Patient Privacy and Privacy Act	2016						
		Holidays Act				45			
		Vulnerable Children's Act				15			
	Internal and External Communications	Release of Information							
		Official Information Act Requests							
	System of Internal Control	Controls Assessment		2017				2017	
		Assurance Mapping							
	Information Management	Data Quality				20			
		Quality of Mental Health Data							
		Forms and Publications							
		Archiving/ General Disposal Authority							
		Public Health Protection Records							
		Demographical data analysis							
		Epidemiological data analysis							
Finance	Financial Performance Management	Budget setting processes – bottom up/top down						2019	
		Budget Compliance reviews							
		Cash flow Management							
		Monitoring of Expenditure							
		GST and FBT							
		Management of Non Public Funds/Special Funds							
	Non Financial Performance Management	Health Targets						2019	
		SSP reporting							
	Financial Forecasting	Forecasting and Reporting	2012						2012
		FMIS Reporting							
		Treasury Management							
		Insurance Management							
	Health Service Contract Management	Contracting Processes and Documentation							
		Performance Management							
	General Ledger	Journals & Accruals							
		Segregation of Duties							
		Suspense Accounts & Reconciliations							2014
	Accounts Payable	Vendor Management							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		AP Processing				15			2014
		Desktop banking management							
		Petty Cash Management							
	Accounts Receivable and Debt Management	Accounts Receivable & Invoicing							2014
		Debt Management/Credit Control							
		Cash Handling/Banking							2014
		Trust Account Management - Mental Health							
	Revenue Management	Crown Funding Agreement/MoH (total over sight)							
		Non Crown Funding Agreement/MoH (total over sight)						2018	
		ACC Revenue						2018	2015
		Clinical Coding			17			2017	
		Crown Training Agency Contracts							
		Ineligible patients							
	Antifraud	Antifraud Framework	2015						2015
		Fraud Risk Assessment	2015					2017	2015
		Suspicious Transactions Analyses	2015						2015
		Fraud Awareness						2017	
	Treasury Management	Long Term Borrowings							
		Short Term Investment							
		Equity Charge							
	Purchasing / Procurement	Contract Compliance and Monitoring						2019	
		Policy and Procedures						2019	
		Request for Proposal Process						2019	
		Procurement Processes						2019	
		Request for Requisition to Payment	2016						2016
		Inventory Management							
		Product and Equipment Evaluation							
		Purchasing Cards and Fuel Cards							
	Sensitive Expenditure	Management Expenses and Reimbursements						2018	2014
		Gifts and Hospitality						2017	2014
		Koha							2014
	Capital Expenditure Planning	Capital Expenditure Planning and Prioritisation							
		Capital Expenditure Policies and Procedures							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		Capital Expenditure Management							
	Asset Management	Additions, Replacements and Disposals							
		Condition Monitoring							
		Bio Medical Engineering processes							
		Maintenance							
	Vehicle Management and Utilisation	Motor Vehicle Reporting							
	Delegated Financial Authority	Delegated Financial Authority Compliance							2016
	Financial Reporting	Financial Reporting and Reporting Treatments							
Health Services	Performance Management	Health Targets							
		ESPI Management (Elective Services Patient Flow Indicators)		2018				2018	2013
		Waiting List Management							2012
		Theatre Production Planning & Utilisation						2017	
		Minder Utilisation		2019				2019	
		Hospital Benchmarking Indicators							
	Staffing Levels for Patient Acuity	TrendCare							
	Clinical Trials	Management and Reporting							
	Inpatient Beds	Admissions							
		Discharge Planning							2013
		Bed management							2013
	Outpatient management	Bookings (DNAs)							2015
		Referral Coordination							2015
	Operational Effectiveness	Hospital Integrated Operation Centre							
		Service Manager Structure and Performance							
		Laboratory							
		Medicine Reconciliation				15			
		Management of Controlled Drugs		2018				2018	
		Patient Medical Records							
		Patient Management System/Electronic Health Record							
		Laboratory							
		Pharmacy Operations							
		Mental Health Services							
		Rostering of Doctors	2015		25				2015
		Setting Budget - Nursing			20				
	ACC	Contract Management							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		Revenue Billing							
	Infection Control	Waste Management							
		Cleaning							
	Patient Transport	Patient Transport Management							2016
		St John Contracts							
	Estates Management	Facilities Planning							
		Building Maintenance planning and procedures							
		Utilities Management							
		Car Parking							2011
		Grounds Maintenance							
Human Resources	Human Resource Management	Policy & Practices							
		Training and Orientation							
		Health Workforce NZ						2018	
		Management of Personnel Files							
		Employee Costs							
		Leavers, including Resignation, Retirements and Dismissals							2012
		Professional Development Review (PDR)							
	Workforce Planning and Monitoring	FTE Management		2019				2019	
		Succession Planning							
		Temporary and agency staff							
		Job Sizing							
		Recruitment and Retention	2012						2012
	Payroll	Payroll Master File Management							2013
		MECA Implementation							
		Payroll processing				20			2011
		Rostering and Timesheet Processing							2015
		Benchmarking							
		Leave Calculations and Entitlements							
		Adjustments							
	Qualifications and Registration	Confirmation of Qualifications							
		Annual Practicing Certificates (APCs)							
	Leave Management	Leave Plans							2016
		Leave Balance Management	2015						2016
		Doctors Leave							
	Training, Development & Mentoring Programmes for Managers and Staff	Clinical Training Agency							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		HRIS							
Information Services/ Information Technology	IT Performance	IT Governance							
		ISSP							
		IS Procurement -Contract							
		Business Continuity/Disaster Recovery							2012
		Service Quality							2007
		Information Security Management Framework	2016	2019				2019	2016
		IT Security							
		- Application							
		- Web/Internet							
		- Internal Security/Wireless							2014
		- Database							
		- Unix							
		- Windows							
		- Citrix							
		- Electronic Patient Record							
		Internal Network and System Penetration Testing		2018				2018	
		External Network and System Penetration Testing		2017				2017	2016
		Physical Security of IT Assets							
		Phishing Attack			10			2019	
		Data Privacy and Security							2013
		Change Control							2012
		Manage Third Parties (e.g. HBL)							
		IT Operations (Backups, Manage Environment)							2014
		General Information Technology Computer Controls							
		IT Project and Change Management							2012
		Systems Review							
		Helpdesk Management							
		Internet Access and E-mail Monitoring							
	Information Management	End User Computing (Spreadsheets/ Access Databases)							
		email Controls - Privacy							2014

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
		IT Risk Management							
		Data Migration							
		Data Warehousing							
		Archiving/ General Disposal Authority							
Planning and Performance	Strategic and Annual Planning	Strategic Planning Processes							
		Annual Plan Processes							
	Stakeholder Management	Management of Stakeholder Relationships							
	Population Health Management	Population Health Management							
	PHO	PHO Resourcing							
		PHO Management							
		PHO Audit Finding Management							
	Funding Prioritisation Processes & Mechanisms	Funding Prioritisation Processes & Mechanisms							
		Health Inequity						2019	
		Mental Health Contracting							
		Investment Model							
		Identification and implementation of new services							
		Tender Policy Framework and Provider Selection							
	Provider Contracting Process	Provider Monitoring Systems & Processes/NGO Contracting						2019	2013
		NGO Quality Management							2012
		NGO Returns and Performance Monitoring	2012					2019	2013
	Demand-driven expenditure (primary)	DSS Expenditure							
		Pharmacy and Laboratory Expenditure							
	Inter-District Flows	Inflows	2014						2014
		Outflows	2014					2019	2014
		Pricing	2014						2014
	Older Persons	NASC Management							
		InterRAI							
Maori Health Management	Ethnicity Data Collection	Ethnicity Data Collection							
		Employees							
	Treaty of Waitangi	Treaty of Waitangi Responsiveness Framework							2014
		Training							2014
	Iwi Relationships Management	Contract Management							

			DHB Historic Reviews		IA Plan (days)			Regional Reviews	
Organisational Area	Review Areas	Review Sub Areas	2011/16	2017/19	2019/20	2021/22	2022/23	2017/19	2011/16
	Maori Workforce Development	Maori Workforce Development							
	Targeted Funding	Ring Fenced Funding							
Internal Audit	Open Items	Open Items Follow-up		2017	5			2017	2016
	Issues Based Review	Issues Based Review						2017	
	IA, FRAC and Reporting	IA Plan, FRAC and Reporting		2017	12			2017	2016

Capital and Coast DHB Finance, Risk and Audit Committee: Terms of Reference

June 2019

1. Compliance

The Finance, Risk and Audit Committee (hereinafter called "the Committee") is a joint committee of Capital & Coast DHB and Hutt Valley DHB ("the Boards") established in terms of clause 38, schedule 3 of the New Zealand Public Health and Disability Act 2000.

The Committee shall comply with the New Zealand Public Health and Disability Act 2000("the Act"). The terms of reference of the Committee shall be to do the following in a manner not inconsistent with the New Zealand Health Strategy.

The Committee shall comply with the Boards' Standing Orders for Statutory Committees.

These Terms of Reference:

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- Supersede the previous Terms of Reference dated [ ];
- Are effective from [ ] 2019.

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The primary function and objective of the Committee is to assist the Boards in the discharge of their functions, duties and responsibilities in relation to achievement of their mission and objectives.

The Committee's duties and responsibilities are to:

- Consider and respond to any matters:
  - Relating to its function, objectives, duties and responsibilities;
  - Referred to it by either Board;
  - Referred to it by the Chief Executive of either Board.
- Audits:
  - Make recommendations, as necessary, to the Board on the appointment of external and internal auditors
  - Review external audit plans and fees
  - Review internal audit plans and budgets
  - Review planning and funding provider audit plans
  - Evaluate the overall effectiveness of internal and external audit

- Internal controls:
  - Monitor the adequacy of internal controls by reviewing reports from internal audit and external auditors and management responses to correct deficiencies;
  - Monitor tasks and exposures;
  - Review the results of post-implementation audits of capital expenditure;
  - Monitor compliance with all financial statutory responsibilities.
- Financial reporting
  - Review draft annual financial statements and submit recommendation on acceptance to the Board;
  - Review the adequacy of accounting policies, review and recommend to the Board all significant changes in accounting policy;
  - Obtain reports from external audit, internal audit or management on any regulatory, accounting or financial reporting issue of significance.
- Special investigations
  - Identify and recommend to the Boards and /or Chief Executive Officers any special investigations deemed necessary to fulfil the Committee's functions, objectives, duties and responsibilities.

- Risk Management

  Regular review of technology system risks with a focus on adequacy of systems, Business continuity/disaster recovery.

  Review of the DHBs' risk management programmes to ensure adequate monitoring of critical risks and responsibilities for risk management.

  A robust identification and assessment process and an early warning system is in place.

  Risk management policies and strategies reflect the Boards' views and priorities.

  Risks and risk management are regularly reported to the Boards in a meaningful format.

  Compliance of the DHBs' risk management systems with public sector Risk management standards as set out in "*Guidelines for Managing Risks in the Australian and New Zealand Public Sector*: "SAA/NZ HB 143:1999.

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- Refer clinical issues and other matters not of a financial nature to the appropriate statutory subcommittee.

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The Committee is authorised to engage any firm of accountants, lawyers or other professionals as the Committee sees fit to provide independent counsel and advice to assist in any review or investigation on such matters as the Committee deems appropriate.

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- Meet with the external auditors to assess the financial performance of the DHBs;
- Review progress against internal audit plans and budgets;
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- Review the annual reports and statutory accounts prior to the Boards meeting;
- Review the financial aspects of capital expenditure requirements including the robustness of strategic modelling for the Boards.

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Comparison of Annual EAP Statistics
HVDHB and Other Central Region DHBs

	2018/19	Hutt Valley DHB	ODHB
	May-Apr	%	%
Number of Clients	177	-	-
Number of Sessions	370	-	-
Average No. of Sessions	2.09	-	-

Gender			
Male	18	10.17%	10.97%
Female	159	89.83%	89.03%

Referral Type			
Self	158	89.27%	83.01%
Company	13	7.34%	16.99%

Age Groups			
Under 20 years	1	0.56%	0.71%
20 - 29 years	29	16.38%	17.52%
30 - 39 years	38	21.47%	22.30%
40 - 49 years	55	31.07%	24.42%
50 - 59 years	53	29.94%	33.45%
60 & Over	1	0.56%	1.59%

Occupational Groupings			
Work Force	153	86.44%	87.61%
Management	13	7.34%	4.60%
Supervisor/Team Leader	6	3.39%	4.25%
Immediate Family	5	2.82%	3.54%

	2018/19	Hutt Valley DHB	ODHB
	May-Apr	%	%
Personal Issues - TOTAL		**72.24%**	**68.25%**
Abuse	3	1.18%	1.01%
Alcohol	4	1.57%	1.01%
Anger	5	1.96%	1.91%
Anxiety	54	21.18%	24.83%
Children	13	5.10%	4.27%
Confidence	8	3.14%	3.82%
Cultural Differences	0	0.00%	0.79%
Depression	24	9.41%	6.52%
Domestic Violence	3	1.18%	0.56%
Drugs	0	0.00%	0.56%
Eating Disorder	0	0.00%	0.34%
Family	22	8.63%	10.11%
Financial	3	1.18%	0.67%
Gambling	0	0.00%	0.11%
Grief	29	11.37%	8.65%
Health/Medical	13	5.10%	3.37%
Immigration	0	0.00%	0.11%
Legal	2	0.78%	0.90%
Low Self Esteem	5	1.96%	2.25%
Parenting	2	0.78%	1.24%
Phobia	1	0.39%	0.00%
PTSD	1	0.39%	0.67%
Relationships	44	17.25%	19.10%
Sexual Abuse	0	0.00%	0.45%
Sexual Issues	1	0.39%	0.45%
Sleep	1	0.39%	1.91%
Social Skills	0	0.00%	0.34%
Suicide	1	0.39%	0.34%
Trauma	16	6.27%	3.71%

	2018/19	Hutt Valley DHB	ODHB
	May-Apr	%	%
Work Issues - TOTAL		**27.76%**	**31.75%**
Bullying	8	8.16%	7.49%
Career	11	11.22%	21.98%
Conditions	10	10.20%	8.94%
Discipline	7	7.14%	2.42%
Discrimination	0	0.00%	0.72%
Environment	6	6.12%	7.73%
Harassment	2	2.04%	0.72%
Performance	2	2.04%	6.28%
Redundancy	0	0.00%	0.48%
Relationship with Co-Worker	10	10.20%	10.39%
Relationship with Manager	12	12.24%	7.97%
Restructuring	3	3.06%	1.21%
Safety	3	3.06%	4.83%
Technology	0	0.00%	0.24%
Trauma	13	13.27%	7.49%
Work Hours	2	2.04%	0.97%
Workload	9	9.18%	10.14%

	Triage	1			2			3			4			5		
	Data type	# of presentations	# of admissions	Admission rate (%)	# of presentations	# of admissions	Admission rate	# of presentations	# of admissions	Admission rate	# of presentations	# of admissions	Admission rate	# of presentations	# of admissions	Admission rate
Month	July	21	17	81	599	296	49	1534	530	35	1456	190	13	465	16	3
	August	29	20	69	553	269	49	1672	597	36	1525	197	13	510	17	3
	September	24	23	96	565	281	50	1515	506	33	1526	201	13	454	17	4
	October	20	15	75	553	277	50	1437	484	34	1444	211	15	530	20	4
	November	10	10	100	592	271	46	1490	523	35	1383	183	13	481	16	3
	December	24	20	83	554	280	51	1566	514	33	1634	199	12	510	21	4
	January	31	22	71	528	244	46	1477	481	33	1541	190	12	579	24	4
	February	14	11	79	506	254	50	1358	405	30	1400	152	11	510	19	4
	March	17	14	82	646	306	47	1580	491	31	1625	211	13	622	18	3
	April	20	13	65	573	257	45	1423	452	32	1471	189	13	469	14	3
	May	30	21	70	603	266	44	1660	499	30	1727	196	11	498	17	3

NURSING HIGHLIGHTS – MAY 2019

1.1 International Nurses' Day (IND) 12 May 2019 – celebrations held throughout 6 – 10 May 2019

This year, the theme for International Nurses Day was ***"Nurses: A voice to lead – Health for All"*** and since IND fell on a Sunday, we decided to celebrate our nurses with various activities across the entire week of 6-10 May.

Activities held across the week included:

- Monday, 6 May – maps of the world were made available and nurses were asked to indicate on the map where they came from;
- Tuesday, 7 May – a "nursing" quiz was held;
- Wednesday, 8 May – a baby photo competition – matching staff with their baby photos;
- Thursday, 9 May – areas were encouraged to hold their own morning tea celebrations for nurses on the wards;
- Friday, 10 May – senior hospital leaders visiting all wards in the early morning, and trays of cupcakes being delivered in the afternoon for enjoyment over several shifts.

By spreading the celebrations across the week, this year's aim was to make contact with as many hospital nurses as possible.

Prize baskets full of treats were offered for the winners of the Tuesday nursing quiz (congratulations again to Orthopaedics – photo below left) and Wednesday baby photo competition (well done to Burns & Plastics – photo below right).

1.2 Princess Alexandra Hospital, Brisbane – delegation visit to HVDHB on 30 May 2019

On Thursday, 30 May we hosted a delegation from the Princess Alexandra Hospital in Brisbane who were keen to undertake an evidence based experiential visit to us demonstrating best practice in nursing resource management.

The delegation, consisting of Beth Garrahy (Nursing Director, Surgical Division) and Praneel Kumar, (Business Manager, Rehabilitation Division) impressed with:

- the passion from those they spoke to;
- the absolute focus on patient outcomes;

- the electronic boards;
- Red2Green;
- the Medical Ward board round;
- the Integrated Operations Centre bed meeting;
- our use and knowledge of TrendCare;
- the CCDM programme;
- HVDHB's nurse educator work;
- the time staff gave to talk and share knowledge with them.

Beth and Praneel had been to Auckland, Middlemore, and Bay of Plenty DHBs, and were heading to Capital & Coast DHB the next day before flying home.

1.3 National Asset Management Plan (NAMP) – Clinical Facility Fit for Purpose Assessments – visit to HVDHB on 29 May 2019

As part of the National Asset Management Plan process to inform the Minister of Health of the building and infrastructure issues across all DHBs, a team visited HVDHB on 29 May 2019 to undertake the Clinical Facility Fit for Purpose Assessment. The process is being undertaken with all DHBs and the information gained is then provided to the Minister to assist with prioritising of resources in the future to ensure DHB buildings are fit for purpose.

The visiting team included Rose Macfarlane (Advisor, Capital Investment Management at the Ministry of Health), Chris Thom (Architect) and Linda Cha (Ministry of Health observer from the NAMP Project Team).

1.4 Burns and Plastics unit reach 90 percent PDRP rate

Congratulations to HVDHB's Burns & Plastics nursing team who have achieved 90 percent of their staff completing a Professional Development and Recognition Programme (PDRP) portfolio. Sincere thanks to Linda Roeters (Clinical Nurse Educator) and well done to staff for their hard work to achieve this goal.

1.5 Burns and Plastics Pink Breakfast for raising Awareness for Breast Cancer

HVDHB nursing staff on the Burns and Plastics ward held a Pink Breakfast on Friday, 24 May 2019 to raise awareness for breast Cancer. All proceeds from the breakfast will be donated to the Breast Cancer Foundation New Zealand.

Pictured Above: Burns and Plastics Nursing Team

Chief Medical Officer's Report June 2019

Electronic handover tool

IT staff have developed an eHandover "Doctor-to-Doctor" module based in Concerto, a widely-used software system used by medical staff, making it the first of its type in the country. This was developed to improve patient handover between shifts.

"Doctor-to-doctor" project team

A range of general medicine doctors working in the medical wards, who typically care for about 65 per cent of hospital patients, began trialing the electronic system to record and share patient notes during weekends in April. Along with keeping handwritten notes as a precaution during the pilot, the doctors also had safeguards in the system itself such as having to acknowledge previous handover notes before new ones could be logged.

The tool was also used by the medical staff during the strike period. This tool is not a replacement for good verbal handover and well-documented care plans, but an enabler to ensure the process is visible and safe.

While nurses and other staff at various DHBs also shared information using digital platforms, such as Excel spreadsheets, this was the first in the country to be based in the Concerto clinical portal.

Smooth sailing project

This project is a tool that enables competition amongst General Medicine Registrars to 'pull patients' from the Emergency Department. It is based on a points system for quicker decision times on patient admissions. The previous iterations of this competition were very successful in boosting staff morale and also valued patients' time.

The DHB's medical service are currently co-designing and building an automated point framework and a first of its kind hybrid report with data from both Concerto and WebPas. First PDSA (Plan, Do, Study, Act) and testing will begin 10 May 2019.

Chris King, Director of Allied Health, Scientific & Technical (DAHST)

Community Integration and Community DHB One Team project

Planning has continued over the last month involving a multitude of conversations with key stakeholders and leaders, with the intent of determining a model and structure that will support the vision and "one team" way of working for the Community Health and Community Older Person's Rehabilitation Service (OPRS) services.

The service redesign and project deliverables (required to support ongoing changes to enable the community services to be further developed to meet the local neighbourhood needs) are currently in development by the Community Health Service Group Leadership team and the Director Allied Health, Scientific & Technical supported by Strategy, Planning and Outcome's Community Integration team. This will be presented to the ELT for feedback and endorsement in the near future, prior to consultation with staff.

Early supported discharge

In parallel to the above work, there is a need to further develop an early supported discharge model that builds on the current nurse and health care assistant led service that is provided by the DHB, of which mainly focuses on supporting patients home following an acute medical event.

ACC is currently in the process of changing funding models to enable DHBs to be funded to provide community based rehabilitation (early supported discharge) for ACC patients, whereas to date the funding has only being available if the patient is in an inpatient bed. This positive change will enable a number of patients to receive their rehabilitation within the community setting, thus reduce the length of time spent in hospital, and enable us to support them home sooner with the appropriate wrap around services.

There is also a need to look at a model for early supported discharge for stroke patients, to enable rehabilitation to increasingly occur in the community and thus reduce time spent in hospital once medically stable.

The above models require differing levels and support from allied health, nursing, medical and support workers/assistants. Work at this point has been initiated for the ACC funded patient group, though in the coming period this will be progressed to review the overall needs of supported discharge across the range of patient groups, inclusive of older people.

Allied Health Informatics Update

We are continuing to work in partnership with CCDHB on the roll out of the "stats app" to ensure the DHBs are compliant with the new Allied Health HISO (Health Information Standards Organisation) standard for capturing activity data for Dietetics, Occupational Therapy, Physiotherapy, Social Work and Speech-Language Therapy. Progress made in the last month includes all Allied Health (Therapy) inpatient services going live in using this. This makes the work of AH staff visible in the hospital setting and is a component of the Care Capacity Demand Management (CCDM) programme.

The Allied Health, Scientific and Technical workforce is also now formally participating in the CCDM programme for safe staffing alongside Nursing.

As part of this, the Allied Health inpatient teams are trialling a specific allied health Variance Indicator Score (VIS) tool. This tool feeds into the Integrated Operations Centre daily meeting. Like the nursing tool, this asks a series of questions regarding supply and demand, and generates an overall colour status, which makes the match or mismatch between supply and demand visible to the entire organisation. Future work will be required to get this onto the new Capacity at a Glance (CaaG) screens.

Two wards now have Allied Health representatives on their Ward Quality Groups (Orthopaedics and Older Person & Rehabilitation service). Requests have been received from two other wards (GSG and Medical) for Allied Health representatives to join them on their Safe Staffing CCDM journey.

Celebrations

Sterile Technician wins scholarship to attend World Sterilization Congress in Netherlands

Congratulations to Shenal Senanayake, who has won a Scholarship through the NZ Sterile Sciences Association to attend the 20th World Sterilization Congress (convened by the World Federation for Hospital Sterile Sciences), being held in The Hague, Netherlands (30th October – 2nd November 2019).