Public Board Meeting

Meeting:	Thursday, 31 October 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
Shift care closer to home
Deliver shorter, safer, smoother care
Adaptable workforce
Smart infrastructure
Effective commissioning

Central Region Strategic Objectives 2018/19

Cancer services
Cardiac services
Ensuring a digitally enabled health system
Regional care arrangements
Mental health and addictions
An enabled and capable workforce
A clinically and financially sustainable health system

Government Priorities 2018/19

Primary Care Access
Public Delivery of Health Services
School-based Health Services
Disability Support Services
Improving Quality
Waste Disposal
Health Targets
Mental Health
Child Health
Healthy Ageing
Pharmacy Action Plan
Climate Change
Budget '18 Initiatives
Cross-Government Targets
Delivering the Regional Services Plan

HUTT VALLEY DHB	**AGENDA** Held on Thursday, 31 October 2019 Boardroom, Pilmuir House, Hutt Hospital Commencing at 9.00 am
BOARD	**PUBLIC SESSION**

	Item	Action	Presenter	Min	Time	Pg
1.	**PROCEDURAL BUSINESS**			15	9.00 am	
1.1	Karakia					
1.2	Apologies	RECORDS	Chair			
1.3	Continuous Disclosure 1.3.1 Hutt Valley DHB Interest Register 1.3.2 Conflicts of Interest	ACCEPT	Chair			
1.4	Confirmation of Draft Minutes 1.4.1 Previous Meetings – 26 September 2019 1.4.2 Combined Meeting – 29 August 2019	ACCEPT	Chair			 4 6
1.5	Matters Arising from Previous Meeting	NOTE	Chair			23
1.6	2019 HVDHB Board Work Plan	NOTE	Chair			24
1.7	Chair's Report (Verbal)	NOTE	Chair			
1.8	Chief Executive's Report (Verbal)	NOTE	Chief Executive			
2.	**PERFORMANCE**					
2.1	HVDHB Financial and Operating Performance Report 2.1.1 HVDHB August Financial Performance Report – August 2019 2.1.1.1 Consolidated Board Finance Report – August 2019 2.1.2 HVDHB Operational Performance Report	NOTE	GM Finance & Corporate Services Chief Operating Officer	5	9.15am	25 51
2.2	Strategy, Planning & Outcomes Update	NOTE	GM Strategy, Planning & Outcomes	5	9.20am	61
2.3	Maori Health Update Appendicies: 2.3.1 Kia Ora Hauora Hutt Valley DHB Statistics – August 2019 2.3.2 Letter from J Whaanga Re: Te Pae Amorangi 2.2.3 Email Re: 20 DHB CEs endorsed Te Tumu Whakarae's position Statement on Increasing Māori Participation in the Workforce 2.3.4 Māori Representation within DHB Employed Workforces as at 30 June 2019	NOTE	Director Maori Health	5	9.25am	77
2.4	Health & Safety Update	NOTE	GM Quality, Service Improvement & Innovation	5	9.30am	83
3.	**COMMITTEE REPORTING**					
3.1	CPHAC Minutes	NOTE	CPHAC Chair	2	9.35am	99
4.	**OTHER**					
4.1	General Business	DISCUSS	Chair	6	9.37am	
4.2	Resolution to Exclude the Public	APPROVE	Chair	2	9.43am	
DATE OF NEXT MEETING:	Concurrent CCDHB and HVDHB Meeting, 27 November 2019					

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 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 • Advisor to Chelsea Hospital, Gisborne (in relation to strategic opportunities)
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, Hutt Valley District Health Board

Member	• 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 • 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 • Member, Hutt Valley District Health Board Finance, Risk and Audit Committee • One third shareholding Kim von Lanthen and Associates Ltd • One half shareholding Commodity Markets (NZ) Ltd • One third shareholding NZ Bio Forestry Ltd

Hutt Valley DHB Executive Leadership Team

Interest Register

Name	Interest
Fionnagh Dougan *Chief Executive* *Hutt Valley & Capital and Coast DHB*	• Board member, Children's Hospital foundation • Adjunct Professor University of Queensland • Member, Wellington Hospital Foundation
Joy Farley Director of Provider Services *Hutt Valley & Capital and Coast 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
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 • Company Director of Family Company Strik's Nurseries and Garden Shop 100&1 House and Garden Plans
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
Helen Corrigan *Acting Communications Manager*	• First cousin is sitting Member of Parliament
Rod Bartling *Acting General Manager Strategy Planning & Outcomes*	• No interests declared

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 • Adjunct Teaching Fellow, School of Nursing, Midwifery and Health Practice, Victoria University of Wellington
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
Tracy Voice *Chief Information Officer* *ICT 3DHB*	• Secretary, New Zealand Lavender Growers Association • Board Member, Primary Growth Partnership with PGG Wrightsons/Grassland Seed Technology Innovation

BOARD **PUBLIC**

HUTT VALLEY DHB	**MINUTES** Held on Thursday, 26 September 2019 Boardroom, Pilmuir House, Hutt Hospital, Lower Hutt **Commencing at 9.00 am**
BOARD	**PUBLIC SECTION**

PRESENT

Andrew Blair	Chair
Wayne Guppy	Deputy Chair
Kim von Lanthen	Member
Tim Ngan Kee	Member
Lisa Bridson	Member
Ken Laban	Member
Prue Lamason	Member
Yvette Grace	Member

APOLOGIES

David Ogden	Member
John Terris	Member (lateness)

IN ATTENDANCE

Fionnagh Dougan	Chief Executive
Christine Rabone	Committee Secretary
Judith Parkinson	General Manager - Finance and Corporate Services
Melissa Brown	Interim Chief Operating Officer
Debbie Gell	General Manager – Quality, Service Improvement and Innovation
Sisira Jayathissa	Chief Medical Officer
Anna Chalmers	Interim Communications Director

GUESTS

Nil

BOARD **PUBLIC**

1. PROCEDURAL BUSINESS

1.1 KARAKIA

The meeting opened with a karakia.

1.2 APOLOGIES

The Board **NOTED** apologies from Mr D Ogden and Mr J Terris (lateness).

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.

1.3.1 INTEREST REGISTER

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

1.3.2 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 OF PREVIOUS MEETING

The Board **NOTED** that a copy of the previous meeting's minutes was omitted from the Diligent Boardbooks meeting papers and would therefore be tabled for approval at the next Board Meeting on Thursday, 31 October 2019.

1.5 ACTION LIST AND MATTERS ARISING

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

- Item CB2019-5 has been included in the Health and Safety Report for discussion at today's meeting, and will be marked completed.
- Item CB2019-6 has been completed.
- Item B2019-4 is due for completion at the October 2019 Board Meeting.
- Item B2019-3 has been included in the Operational Performance Report for discussion at today's meeting, and will be marked completed.

John Terris arrived at 9.08am

1.6 DRAFT 2019 BOARD WORK PLAN

The Board noted the updated 2019 Work Plan.

1.7 CHAIR'S REPORT

The Board Chair noted that there was no outgoing or incoming correspondence, and no upcoming meetings to report on.

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

1.8 CHIEF EXECUTIVE'S REPORT

The Board:

a) **NOTED** HVDHB is the lead on distributing the replenished stock of measles vaccines to prioritised at risk groups nationwide.

b) **NOTED** the update on the Maternity Services Review which included:

a. Concerns from College of Midwifery around international recruitment, and their work with the Ministry of Health to increase the number of training midwives.

b. Recruitment of a Director of Midwifery and interim Service Manager.

General Manager Quality, Service Improvement and Innovation (Ms D Gell) arrived at 9.20am

2. PRESENTATION

2.1 PATIENT STORY

The paper was taken as **READ**.

The General Manager Quality, Service Improvement and Innovation presented a past patient's reflection video based on their experience of being diagnosed with pancreatitis, their hospitalization, the journey of care between the two hospitals, and what mattered the most to them.

The Board discussed:

a) How the organisation reflects on what is important to the patient.

b) Seamless transfers between CCDHB and HVDHB for surgical procedures.

c) How feedback forms can be utilised to measure specific outcomes on the Work Plan.

Action: The Board requested the General Manager Quality, Service Improvement and Innovation arrange for a patient story from the Mental Health, Addictions and Intellectual Disability Service; and a story from a staff members perspective.

General Manager Quality, Service Improvement and Innovation (Ms D Gell) departed at 9.35am

3. DHB PERFORMANCE

3.1 HVDHB JULY FINANCIAL PERFORMANCE REPORT

The paper was taken as **READ**.

The Board:

a) **NOTED** the July year to date result is an unfavourable variance to budget of ($240k) against the annual budget deficit of $8.1 million;

b) **NOTED** the Funder result for July year to date was $138K favourable, Governance $48K favourable and Provider ($426K) unfavourable to budget;

c) **NOTED** the key variances to budget outlined in this report including overspends in Nursing personnel (including use of minders), Support staff MECA settlement and outsourced clinical services partially offset by additional MoH revenue;

d) **NOTED** the quantified financial risks for 2019/20 of up to $7.3 million;

e) **NOTED** the Inter district flows (IDF) inflows and outflows for July are estimates and detailed information will be provided for next month;

f) **NOTES** the Holidays Act provision was booked in the June 2019 accounts and based on the same estimate an unbudgeted increase in the provision for July of $70k has been included under non-treatment related costs.

BOARD **PUBLIC**

3.2 OPERATIONAL PERFORMANCE REPORT

The paper was taken as **READ**.

The Board:

a) **NOTED** that Hutt Valley DHB's performance against the *Improved Access to Elective Surgery* health target as of September 2019 was 96.7% for discharges;

b) **NOTED** that Hutt Valley DHB's performance against the *Faster Cancer Treatment* target for August 2019 was 100% percent for the 60 day target, meeting the Ministry of Health target;

c) **NOTED** that for the first quarter of 2019-2020 Financial Year so far, Hutt Valley DHB achieved only 84% percent against the *Shorter Stays in ED* health target;

d) **NOTED** that Hutt Valley DHB's performance against the radiology targets for August/September 2019 was 94% for ultrasound, 76% for MRI, and 91% for CT;

e) **NOTED** that for the first quarter of 2019-2020 Financial Year so far, Hutt Valley DHB achieved 95%, meeting the Ministry of Health target of offering smokers information and advice to quit.

The Board also:

a) Noted the postponement of the Theatre Optimization Project to allow for scheduling/rostering issues and CCDHB's long-term planning to be worked through before exploring whether additional theatre capacity is required.

b) Discussed how Healthline is currently being utilised, the advice they give and the opportunity for unwell residents to use this service as a first point of call; rather than self-present to the Emergency Department.

3.3 VISION FOR CHANGE PERFORMANCE DASHBOARD

The paper was taken as **READ**.

The Board **NOTED** the report

Action: The Board requested the General Manager Strategy, Planning and Outcomes arrange to update posters around the HVDHB campus to reflect the current strategic goals.

4. DISCUSSION

4.1 HEALTH AND SAFETY REPORT

The paper was taken as **READ.**

The Board:

a) **NOTED** the report for September 2019;

b) **NOTED** the implementation of a Serious Adverse Events Committee;

c) **NOTED** the final Certification Audit has been received

d) **NOTED** the Infection Control Policy.

4.2 CLINICAL SERVICES PLAN PROGRESS UPDATE

The paper was taken as **READ.**

The Board:

a) **NOTED** the Progress Update against the Clinical Services Plan appendix;

b) **NOTED** that the Progress Update shows 13 individual projects are on-track for completion, 7 have been delayed but still being progressed, and 4 have been deprioritised at this time;

BOARD **PUBLIC**

c) **NOTED** that HVDHB would be adopting the CCDHB commissioning model.

5. COMMITTEE REPORTING

5.1 HVDHB CLINICAL COUNCIL REPORT – SEPTEMBER 2019

The report was taken as **READ**.

The Board:

a) **NOTED** that the HVDHB Clinical Council (the Council) met on 5 September 2019;

b) **NOTED** that the Council noted the following papers:

- Innovation fund update: Patient Controlled Oral Analgesia (PCOA) ost caesarean section delivery;
- Hutt Valley DHB Quality and Safety update;
- Replacement of the Hutt Valley DHB paging system;
- Process for MHAIDS change: proposal for lead DHB update.

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

- Progress to date for the PCOA outlining the innovation fund allocation, development of patient information pamphlet and participant information sheet study trial;
- August 2019 update for Quality and Safety;
- Boards' decision and current staff engagement process for the MHAIDS change proposal.

d) **NOTED** that the Council recommended the**:**

- Progression of the Hutt Valley DHB paging system upgrade business case to the next stage for approval.

5.2 2DHB DSAC MINUTES – 10 SEPTEMBER 2019

The minutes were taken as **READ**.

The Board **NOTED** the minutes.

6. OTHER

6.1 GENERAL BUSINESS

Nil

6.2 RESOLUTION 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	For the reasons set out in the 27 June 2019 Board agendas	
Public Excluded Matters Arising from previous Public Excluded meeting	For the reasons set out in the 27 June 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		Section 9(2)(i)(j)

BOARD **PUBLIC**

Sub-committee draft minutes	Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	
Radiology equipment upgrade and refurbishment tender		
Renewal of 3DHB Laboratory Contract with Wellington Southern Community Laboratories		
Contract for Provision of ICT Network Services		
Sale of Taupo Holiday Home		
Register of Board Chair executed documents		
Update on Facilities and Infrastructure Risks		
NZ Health Partnerships Shareholders' Review Group Report	Subject to Ministerial and/or Cabinet approval	Section 9(2)(f)(iv)

MOVED: Andrew Blair **SECONDED:** Wayne Guppy **CARRIED**

The Board Meeting shifted into Public Excluded at 9.52am, pending the arrival of the Mana Whenua Relationship Board representatives.

The Public Board Meeting session resumed its Public Meeting at 11.30am.

6.3 BOARD TO BOARD SESSION WITH MANA WHENUA RELATIONSHIP BOARD

The Board welcomed Kuini Puketapu (Chair, Mana Whenua Relationship Board), Grant Donnelly and Lee Hunter (members, Mana Whenua Relationship Board).

The Board's discussed:

Leadership Structure

- To ensure Maori health is front and centre of the DHB's leadership and performance indicators, the Director Maori Health will now shift focus to become an enabler (rather than solely providing a level of cultural support) of their ELT colleagues. This work will feed into ELT member's KPI accountabilities.

Te Pae Amorangi Resourcing

- Clinical Services Plan may change to include how some areas of primary care and NGO's are funded based on services they provide and where they can be delivered.

- There is a lot of work to be undertaken leading to a measurable set of objectives, which will be tabled at Board level.

Maori Mental Health

- Need for a Kaupapa Maori service in the Hutt Valley will be explored with a view to engaging external clinical experts who are Maori and can assist in this area.

- Opportunity for the two Boards to work together on commissioning through to design service delivery.

- The benefit of not basing a Kaupapa Maori service within a mainstream centre.

BOARD **PUBLIC**

Strategic Accountability

- How we can monitor outcomes against equity targets and report these through to the Mana Whenua Partnership Board.

Wayne Guppy left the meeting at 11.50am

The HVDHB Board thanked the Mana Whenua Relationship Board for their willingness to work together to find solutions and offered an open invitation to attend the Hutt Valley DHB Public Board Meetings.

The Board's highlighted the value they see in the Director Maori Health's contribution at both an ELT and system level.

The Public session closed at 12.00pm

7. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 31 October 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**

HUTT VALLEY DHB	**MINUTES** Held on Thursday, 29 August 2019 Te Aro Room, Front+Centre, 69 Tory Street, Wellington **Commencing at 11.05am**
BOARD	**PUBLIC SECTION**

PRESENT

Andrew Blair	Chair, Hutt Valley and Capital & Coast DHBs
Lisa Bridson	Board Member
Yvette Grace	Board Member
Ken Laban	Board Member
Prue Lamason	Board Member
Tim Ngan Kee	Board Member
Kim von Lanthen	Board Member
David Ogden	Board Member
John Terris	Board Member

APOLOGIES

Wayne Guppy	Deputy Chair, Hutt Valley DHB

IN ATTENDANCE

Fionnagh Dougan	Chief Executive
Christine Rabone	Committee Secretary
Kristine McGregor	Executive Officer, HVDHB
Judith Parkinson	General Manager - Finance and Corporate Services, HVDHB
Melissa Brown	Interim Chief Operating Officer, HVDHB
Debbie Gell	General Manager - Quality, Service Improvement and Innovation, HVDHB
Nigel Fairley	General Manager – 3DHB MHAIDS

CCDHB

Fran Wilde	Deputy Chair, Capital & Coast DHB
Kathryn Adams	Board Member
Roger Blakeley	Board Member
Eileen Brown	Board Member
Sue Kedgley	Board Member
Kim Ngarimu	Board Member
Rachel Haggerty	Executive Director - Strategy Innovation & Performance, CCDHB
Anna Chalmers	Communications Manager, CCDHB
Michael McCarthy	Chief Financial Officer, CCDHB
Tracy Voice	Chief Digital Officer, CCDHB
Arish Naresh	Executive Director Allied Health, Scientific and Technical, CCDHB
Carey Virtue	Executive Director Operations, Medicine, Cancer and Community, CCDHB
Sandy Blake	General Manager, Quality Improvement and Patient Safety, CCDHB
Andrew Wilson	Acting General Manager, People and Capability, CCDHB

GUESTS

1 x member of the public

BOARD **PUBLIC**

1. PROCEDURAL BUSINESS

1.1 KARAKIA

The meeting opened with a karakia.

The Board thanked Kristine McGregor for her service and support over the past 3.5 years and wished her all the very best for her future endeavors.

The Board welcomed Christine Rabone who will be acting Executive Assistant to the Board Chair, Board Secretary and Hutt Valley DHB support for the Chief Executive Officer whilst the new Office of the Executive is being established.

The Board Chair noted an item of general business would be tabled by Mr Terris for discussion.

1.2 APOLOGIES

The Board **NOTED** apologies from Mr W Guppy

1.3 CONTINUOUS DISCLOSURE

1.3.2 INTEREST REGISTER AND CONFLICTS OF INTEREST

The Board **NOTED** the following changes to the interest registers:

- Removal of Mr Andrew Blair's interest as member, State Services Commission Advisory Group on Crown Entity Chief Executive Remuneration from both the Capital and Coast and Hutt Valley District Health Board's interest registers.
- Ms Prue Lamason advised that her additional interest would be sent to the Committee Secretary for inclusion on the Hutt Valley District Health Board interest register and that there was no conflict for any matters at this meeting.

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 OF PREVIOUS MEETING

The Board **RESOLVED** to approve the minutes of the Members' (Public) Board meeting held on 1 August 2019 as a true and accurate record of the meeting.

MOVED: Prue Lamason **SECONDED:** Kim von Lanthen **CARRIED**

1.5 ACTION LIST AND MATTERS ARISING

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

- Items B2019-4 and B2019-3 are scheduled for delivery in future months;
- Item B2019-2 has been completed;
- Items BP2019-9, CPB2019-8, CPB2019-7 are scheduled for delivery at today's meeting and will be marked completed.

1.6 DRAFT 2019 BOARD WORK PLAN

The Board **NOTED** the updated Joint Boards 2019 Work Plan.

The Chair advised that meeting dates for 2020 and the process around committees and timetabling will be discussed during the Board only meeting.

BOARD **PUBLIC**

1.7 CHAIR'S REPORT

The Board Chair advised there was nothing to report and further information would be provided during the public excluded session.

There was no outgoing correspondence, and incoming correspondence consisted of:

9 August 2019 (incoming)	Letter from the Director-General of Health regarding the changes to fees payable under the Cabinet Fees Framework that came into effect from 1 July 2019
20 August 2019 (incoming)	Letter from the Deputy State Services Commissioner regarding new standards for Positive and Safe Workplaces to support the development and implementation of a system wide work programme
21 August 2019 (incoming)	Email from Kathryn Cook, Chair of the central region CEs regarding the Central Region's Equity Framework release on 22 August 2019

Meetings attended were noted as:

5 August 2019	RGG meetings Combined RGG and Central Region CEs meeting
8 August 2019	National Chairs meeting Combined National Chairs and National CEs meeting National Chairs Public health workshop

1.8 CHIEF EXECUTIVE'S REPORT

The Chief Executive noted there was nothing to report and further information would be provided during the public excluded session.

2. PRESENTATION

2.1 PATIENT STORY

Ms Debbie Gell introduced a video which described the Hutt Valley DHB's response to a Carbapenemase-producing enterobacteriaceae (CPE) outbreak based on Claire Underwood's (CNS Infection Control) and Shelley Williams (CNM General Surgery) experiences in October of 2018. CPE is a group of bacteria that can cause serious infections in hospitalised patients and are resistant to nearly all known antibiotics.

The Board passed on their congratulations for the way in which involved staff members handled the situation, and discussed the following:

- Screening of incoming patients and their immediate isolation should a superbug be detected;
- DHB's monitoring and support for Aged Residential Care (ARC) providers, quality audit monitoring and the procedures in place should a future outbreak occur.
- Any future outbreak being treated as an emergency and warranting an organisation wide response, which would include the setting up of emergency coordination (as noted in the review post outbreak).

Action: The Board requested management provide information that addresses monitoring of ARC providers and whether current policies/procedures include the testing of staff members, with the DHBs policies/procedures on isolation and screening attached.

Action: The Board requested that the Primary Care Clinical Governance Committee add ARC monitoring as a standing agenda item to their meeting agenda.

BOARD **PUBLIC**

3. AGENDA FOR CHANGE

3.1 FRAC TERMS OF REFERENCE

The paper was taken as **READ**.

The Board:

a) **NOTED** the Terms of Reference for the concurrent FRAC have been updated as requested at the June and July FRAC meetings;

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

c) **APPROVED** the updated terms of reference for the HVDHB FRAC.

MOVED: Andrew Blair **SECONDED:** Prue Lamason **CARRIED**

4. DHB PERFORMANCE

4.1 HVDHB JUNE FINANCIAL PERFORMANCE REPORT

The paper was taken as **READ.**

The Board:

a) **NOTED** June year to date had an unfavourable variance to budget of ($290k) **excluding** one off items against the annual budget deficit of $8 million;

b) **NOTED** the June year to date result included one off items for: FPIM impairment of $2,216k and holidays act compliance provision of $9,321k, including these items the final deficit was $19,876k;

c) **NOTED** the June result is still subject to audit before it can be finalised;

d) **NOTED** the Funder result for June year to date was $4,694K favourable, Governance ($138K) unfavourable and Provider ($4,846K) unfavourable to budget excluding one off items;

e) **NOTED** the key variances to budget outlined in this report including overspends in Medical personnel due to the strikes, nursing (including use of minders), the impact of MECA step increases, and outsourced services off set by additional MoH, ACC and IDF revenue and IDF outflow underspend;

f) **NOTED** the Inter district flows (IDF) for June year to date with Inflows up by $461k and outflows down by $2,498k;

g) **NOTED** the IDF inflows for June were below budget by ($571k) and outflows above budget by ($1,334k) including high cost infants of $1,505k.

4.3 HVDHB OPERATIONAL PERFORMANCE REPORT

The paper was taken as **READ.**

The Board:

a) **NOTED** that Hutt Valley DHB's performance against the *Improved Access to Elective Surgery* health target as of August 2019 was 100.1% for discharges and 95.1% for case weighted discharges;

b) **NOTED** that Hutt Valley DHB's performance against the *Faster Cancer Treatment* target for July was 90.9% percent for the 60 day target;

c) **NOTED** that for the first quarter of 2019-2020 FY so far, Hutt Valley DHB achieved only 81.7% percent against the *Shorter Stays in ED* health target;

d) **NOTED** that Hutt Valley DHB's performance against the radiology targets for July/August was 97% for ultrasound, 66% for MRI and 88% for CT;

e) **NOTED** that for the first quarter of 2019-2020 FY so far, Hutt Valley DHB achieved 94% against the target of offering smokers information and advice to quit;

f) **NOTED** actions being taken to achieve agreed targets.

The Board also noted and thanked Ms J Parkinson and Mr M McCarthy who are working on the development of dashboard reporting to replace the current report.

In response to Ms Y Grace's query around the possibility of ethnicity data being collected from across the organisations' and included under the equity heading, the Chief Executive advised that Maori and Pacific leads are now active partners to ELT members, who will support and challenge them around the areas of accountability to ensure inclusion across functions.

Action: The Chief Executive undertook to add relevant data to the new dashboard reports.

4.5 HVDHB QUALITY AND SAFETY REPORT

The paper was taken as **READ.**

The Board

a) **NOTED** the report for August 2019;

b) **NOTED** the workforce development initiatives;

c) **NOTED** the higher rate of cardiac arrests per 1,000 admissions, noting the actual number is low;

d) **NOTED** the consumer council update.

The Chair noted My W Guppy's apology retrospectively

5. COLLABORATIVE ACTIVITY

5.1 DISABILITY UPDATE

The paper was taken as **READ.**

The Board

a) **NOTED** the recommendations from the Sub Regional Disability Forum;

b) **NOTED** changes to the Disability Team including people with disability;

c) **NOTED** progress against key activities related to the implementation of the Disability Strategy;

d) **NOTED** the commitment to strengthen links between the Sub Regional Disability Advisory Group, the Maori Disability Roopu and the Pacific Disability Steering Group to enhance our ability to deliver on the recommendations from the Forum.

5.2 3DHB MHAIDS REPORT

The paper was taken as **READ.**

The Board

a) **NOTED** that work is on track in Te Whare o Matairangi (TWOM) to repair the significant fire damage in February, with a return to business as usual expected for 6 September 2019;

b) **NOTED** MHAIDS have convened a Critical Point Group to address Medical shortages and impacts of the TWOM fire;

c) **NOTED** The Governance group for the co-response pilot are working towards a Go-Live for the Wellington Pilot 4 November 2019.

The Board discussed and noted:

<u>MHAIDS</u>

- The MHAIDS review and need for a clear leadership and management model for a single 2DHB MHAIDS.
- Future approach which may include a systemic approach that includes delivery of a MHAIDS continuum given the need to partner with multiple providers to leverage required funding to deliver on the living well agenda. This would be supported by research KPI's for success.

BOARD **PUBLIC**

DSAC

- 3DHB DSAC is currently monitoring through their work programme and will provide a report that covers both strategic and operational issues and how these are aligned with the government's priorities/expectations in due course.
- Work currently underway to address the impact of poverty within the region and the lack of Māori and Pacific support within the community.

Action: Management to advise Mr Terris on the process for smaller public organisations to be considered for funding.

5.3 2DHB PEOPLE AND CAPABILITY REPORT

The paper was taken as **READ.**

The Board

a) **NOTED** the progress of HVDHB and CCDHB against the regional priorities of the Central Region General Managers Human Resources (GMs HR);

b) **NOTED** the performance of HVDHB and CCDHB against a number of the key HR metrics included in the Central Region Workforce dashboard

The Board discussed:

- Sharing of information at both a regional and national level around violence in the workplace.
- Opportunity for hiring managers to increase level of understanding of additional value skilled Maori employees bring to the organisation.

5.4 3DHB ICT REPORT

The Board welcomed Tracey Voice who has recently commenced as the 3DHB Chief Digital Officer.

The paper was taken as **READ**

a) **NOTED** that Tracy Voice, the new 3DHB Chief Digital Officer, commenced her role on 29 July 2019;

b) **NOTED** that the availability of key (category one) ICT systems over the reporting period measured 97.15 percent against a target of 99.9 percent. The average availability over the last 12 months measured 98.74 percent;

c) **NOTED** that all planned data backups were completed successfully during the reporting period.

The Board discussed:

- Security around Phishing scams and how risks will be mitigated in the future.
- Escalation of under resourcing within ICT due to the number of initiatives underway and unforeseen issues.
- The need to focus on value add initiatives and information sharing between DHB's.

5.5 SUB-REGIONAL PUBLIC HEALTH SERVICES UPDATE

The paper was taken as **READ.**

The Board

a) **NOTED** the commencement of the Regional Child Oral Health Service in partnership with Pasifika Early Childhood Centres supervised tooth brushing programme;

b) **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;

c) **NOTED** the ongoing commitment by the Regional Child Oral Health Service to eliminate service arrears by end of 2020;

BOARD **PUBLIC**

d) **NOTED** that Regional Public Health will execute the Memorandum of Understanding from the Drinking Water Joint Working Group (DWJWG) on behalf of the Boards;

e) **NOTED** that updates from the DWJWG will be prepared by Regional Public Health for the two Boards' respective Māori Governance Groups.

The Board discussed:

Implementation of warm water in schools and the benefit it provides, which will be rolled out to other regions in due course. Chris Faafoi is raising with the Minister of Education.

Action: Staff vaccinations for measles to be reported on during the next Capital and Coast District Health Board's Board meeting.

6. OTHER

6.1 GENERAL BUSINESS

Mr J Terris raised the recent news article around Hutt Valley DHB's vending supply agreement with Coca-Cola Amatil. Management advised that what is supplied complies with the Ministry of Health's national healthy food and drink policy guidelines.

6.2 RESOLUTION 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 31 July Capital & Coast DHB, and 1 August 2019 Hutt Valley DHB Board agendas	
HVDHB financial performance report	Information contained in the paper may be subject to change as the information has not yet been reviewed by the Boards' FRACs	Section 9(2)(f)(iv)
CCDHB financial performance report		
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 Plan/Hospital Network Planning update	Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	Section 9(2)(i)(j)
New investment to address Mental Health Acute Care continuum		
Holidays Act compliance		
New Zealand Health Partnerships Shareholders Review Group report		
Registers of Board Chair executed documents		
2DHB Employment Relations update		
Members' legal responsibilities and risks and indemnity insurance	Paper contains legal advice	Section 9(2)(h)
Final draft 2019/20 Regional Services Plan	Subject to Ministerial and/or Cabinet approval	Section 9(2)(f)(iv)
Risk management strategies for 2019/20		

* Official Information Act 1982.

MOVED: Andrew Blair **SECONDED:** Kim von Lanthen **CARRIED**

BOARD **PUBLIC**

7. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 26 September 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
26 September	B2019-7	Patient Story	The Board requested the General Manager Quality, Service Improvement & Innovation arrange for a patient story from the Mental Health, Addictions and Intellectual Disability Service; and a story from a staff members perspective.	General Manager Quality, Service Improvement & Innovation	To be considered as upcoming topics in the new year.	Early 2020	
	B2019-8	Vision for Change Dashboard	The Board requested the General Manager Strategy, Planning and Outcomes arrange to update posters around the HVDHB campus to reflect the current strategic goals.	General Manager Strategy, Planning & Outcomes	Posters around campus to be updated	November 2019	
01 August 2019	B2019-4	Health, Roundtable Performance Report	The Board requested management provide ongoing quarterly performance updates with a focus on Maternity and Emergency Department KPI's	Chief Operating Officer	Paper/presentation provided to HVDHB Board on a quarterly basis	October 2019	October 2019 *(on agenda for discussion today)*

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				HVDHB 2018/19 Draft Annual report		Child Health
			Lead DHB model for MHAIDS			Final 2019/20 Operating and Capital budgets				Final 2019/20 Annual Plan		Mental Health Integration Initiatives (SPO)
						Insurance renewal			Radiology Equipment Upgrades and Refurbishment business case	Final 2019/20 RSP		
						AoG contract for the supply of electricity and associated services	Final Draft Annual Plan		Laboratory Contract	Electronic order of and signoff of other diagnostics *		
										~~Theatre Capacity~~		
										~~IT backup system replacement~~		
										~~Concerto Transition Phase 1 Business Case~~		
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		Operational performance report
									Operational performance report	Operational performance report		Financial performance report
									Financial performance report	Financial performance report		Health & Safety report
			Health & Safety report	Maori Health update		Health & Safety report	Maori Health update		Health & Safety report	Maori Health update		RSP progress update
			Q2 performance	Quality and Safety report		Facilities & Infrastructure	Quality and Safety report		Facilities & Infrastructure	Quality and Safety report		Facilities & Infrastructure
				Progress update 2018/19 Annual Plan actions		~~Staff turnover~~	Clinical Council report/minutes		Clinical Council report	Clinical Council report		External Audit report
				Update on Phases 1 and 2 – ICT Resilience Programme		~~Maternity refurbishment update~~	Consumer Council report/minutes		Living Life Well / CSP Update	Consumer Council report/minutes		Clinical Council report
				Recognition of long serving staff		Clinical Council report/minutes	Maternity refurbishment update		Vision for Change dashboard	CPHAC Minutes		Consumer Council report/minutes
				Clinical Council report		Consumer Council report/minutes	Health Roundtable performance			Adverse Event / HDC / Coroners Quarterly Update		
				Consumer Council report/minutes								
Presentation			Closer to home	Clinical Services Plan		Iwi Relationship Board			Iwi Relationship Board	~~NZ Police – Whangaia Nga Pa Harakeke: reducing and preventing family harm and its impact on families/whanau~~		Iwi Relationship Board
Visits			OPRS	Te Whare Ahuru		Visit to Te Omanga Hospice						

Commented [CR1]: Added following phone call with Helene Carbonatto

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

Commented [chr043]: Project on hold and will be revisited in 2020 (advised by EJ 20/09/19)

Commented [CR[4]: Moved to November Combined Board Meeting's Agenda

Commented [CR[5]: Moved to November Combined Board Meeting's Agenda

Commented [CR[6]: Shifted to ELT Agenda

PUBLIC

Date 21 October 2019	**BOARD DISCUSSION**
Author	General Manager Finance & Corporate Services – Judith Parkinson
Endorsed by	Chief Executive Hutt Valley and Capital & Coast DHBs – Fionnagh Dougan
Subject	**FINANCIAL PERFORMANCE REPORT AUGUST 2019**

RECOMMENDATIONS

It is **recommended** that the Board:

(a) **NOTE** August 2019 year to date had an unfavourable variance to budget of ($180k) against the annual budget deficit of $8.1 million;

(b) **NOTE** the Funder result for August 2019 year to date was $988K favourable, Governance $92K favourable and Provider ($1,260K) unfavourable to budget;

(c) **NOTE** the key variances to budget outlined in this report including overspends in nursing personnel (including use of minders for one to one care), support staff MECA settlement, and treatment related costs partially offset by reduced IDF outflow;

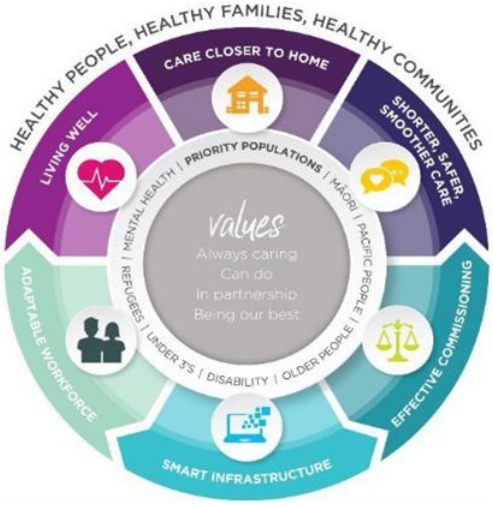
(d) **NOTE** the quantified financial risks for 2019/20 of up to $4.9 million;

(e) **NOTE** the Inter district flows (IDF) inflows and outflows for August 2019 year to date have been updated with information from Capital and Coast DHB.

APPENDICES

1. Finance Report August 2019

1. PURPOSE / STRATEGIC FIT



PUBLIC

This report provides an update on the following key finance-related activities that relate to the DHB Strategic enablers; *Effective Commissioning*, *Smart infrastructure*, and *Adaptable Workforce*:

- Financial result summary for August 2019;
- Financial risks 2019/20.

2. GOVERNMENT PRIORITIES

This paper reports on the DHBs progress in relation to the Government's key directions including:

- DHB performance and sustainability.

3. STEWARDSHIP OF RESOURCES

This paper addresses our strategic imperative for good stewardship of resources by providing an update on the financial position of the DHB, key financial risks and progress on actions related to risk mitigation.

4. AUGUST 2019 FINANCIAL RESULT

The month of August 2019 had a total favourable variance to budget of $60k.

4.1 Key results year to date (August 2019):

- Funder favourable by $988k;
- Governance favourable by $92k;
- Provider unfavourable by ($1,260k).

4.2 Material Variances year to date

Total Revenue unfavourable ($211k):
Devolved MoH Revenue unfavourable ($99k),
Non-Devolved MoH Revenue favourable $3k,
ACC Revenue $76k favourable, mainly Plastics;
Other Revenue $133k favourable,
IDF Inflows ($107k) unfavourable,
Inter Provider Revenue unfavourable ($217k).

Personnel and outsourced Personnel unfavourable ($477k):
Medical favourable $286k; Outsourced medical is $77k favourable, internal staff $209k favourable.
Nursing unfavourable ($439k); continued increased workload year to date and continued high use of minders for one to one care.
Allied Health favourable $82k, driven largely by vacancies.
Support Staff unfavourable ($250k); Employee costs are ($178k) driven by back pay exceeding funding by $142k in July.
Management and Admin; unfavourable ($155k); unfavourable employee variance of ($58k) and Outsourced ($98k) which includes savings targets.
Annual leave liability cost has increased $1,526k since August 2019, and there are approx. 41,859 outstanding leave days.
Sickness level for the month is 3.1%; this is lower than last month and this time last year.

Outsourced other expenses favourable $128k with underspends in clinical services of $87k, mainly driven by outsourced ophthalmology and plastics offset by Radiology outsourced costs.
Treatment related Costs unfavourable ($584k); driven by Pharmaceuticals ($211k), Implants and Prostheses ($173k) and Treatment Disposables ($197k). Costs are expected to reduce when Pharmaceutical rebates are confirmed.
Non Treatment Related Costs unfavourable ($198k); Holidays Act provision ($140k), Insurance Premiums ($59k) and other minor variances.
IDF Outflow favourable $230k; this includes minor wash-ups.
Other External Provider Costs $788k favourable; mainly related to Disability support Services $1,113k, offset by other variances.

Hospital activity;
For August year to date, Medical inpatient discharges are above budget and above last year however, surgical discharges are below. Year to date, case weights for Surgical are 1% higher than budget and lower than last year. Year to date case weights for Medical services are 6% higher than last year and 7% higher than budget.

Cash position averaged $20.3m for August 2019 and $18.7m for July 2019 and was ($1.2m) in overdraft at the end of August 2019.

Appendix one - Finance report for August 2019.

5. FINANCIAL RISKS 2019/20

Financial risks of up to $4.9 million have been estimated including; the impact of future MECA settlements, Holidays Act compliance, rate increase on annual leave accruals, outsourced services, price increases and remaining savings targets.

A programme of work is underway to look at further efficiencies to help mitigate the financial risks.

Finance Report

August 2019

Strategic enabler; ***Effective Commissioning***

Fionnagh Dougan
Chief Executive

Judith Parkinson
General Manager Finance & Corporate Service

CONTENTS

Financial Performance Overview

The month of August has a total favourable variance to budget of $60k and an unfavourable variance of ($180k) year to date.

Key results YTD costs were:
Funder favourable by $988k, Governance favourable by $92k, Provider unfavourable by ($1,260k)

Material variances year to date
Total Revenue unfavourable ($211k):
Devolved MoH Revenue unfavourable ($99k), Non-Devolved MoH Revenue favourable $3k, ACC Revenue $76k favourable mainly Plastics; Other Revenue $133k favourable, IDF Inflows ($107k) unfavourable, Inter Provider Revenue unfavourable ($217k).

Personnel and outsourced Personnel unfavourable ($477k):
Medical favourable $286k; Outsourced medical is $77k favourable, internal staff $209k favourable.
Nursing unfavourable ($439k); continued increased workload year to date and continued high use of minders for one to one care.
Allied Health favourable $82k, driven largely by vacancies.
Support Staff unfavourable ($250k); Employee costs are ($178k) driven by back pay exceeding funding by $142k, and Outsourced are ($73k) unfavourable.
Management and Admin; unfavourable ($155k); unfavourable employee variance of ($58k) and Outsourced ($98k) which includes savings targets.
Annual leave Liability cost has increased $1,526k since August 2019, and there are approx. 41,859 outstanding leave days.
Sickness level for the month is 3.1%; this is lower than last month and this time last year.

Outsourced other expenses favourable $128k with underspends in clinical services of $87k, mainly driven by outsourced ophthalmology and plastics partially offset by Radiology Outsourced.
Treatment related Costs unfavourable ($584k); driven by Pharmaceuticals ($211k), Implants and Prostheses ($173k) and Treatment Disposables ($197k). Costs are expected to reduce when pharmaceutical rebates are confirmed.
Non Treatment Related Costs unfavourable ($198k); Holidays Act provision ($140k), Insurance Premiums ($59k) and other minor variances.
IDF Outflow favourable $230k; this includes minor wash-ups for the current year.
Other External Provider Costs $788k favourable; mainly related to Disability support Services $1,113k, partially offset by other variances.

Hospital activity;
For the month of August, discharges from the hospital for medical were higher than budget but the same as August last year. Discharges for surgical were lower than budget and the previous year. For August, overall caseweights for surgery were lower than budget. For the year to date, Medical services have had 6% more caseweights than budget and the same time last year.

Cash position averaged $20.3m for August and $18.7m for July and was ($1.2m) in overdraft at the end of August. The cash flow forecast is becoming tight and the DHB as forecast, went into overdraft in August.

Summary of the financial performance of the DHB for August 2019

Month					Hutt Valley DHB Operating Report for the month of August 2019	Year end Result					Annual		
Actual	Budget	Variance	Last Year	Variance	$000s	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year	
					Revenue								
37,421	37,728	(307)	35,927	1,494	Devolved MoH Revenue	75,232	75,331	(99)	71,596	3,636	450,868	434,235	
1,494	1,590	(96)	1,608	(114)	Non Devolved MoH Revenue	3,145	3,142	3	3,174	(29)	19,446	19,742	
700	635	65	768	(68)	ACC Revenue	1,320	1,243	76	1,354	(35)	7,341	7,539	
980	914	67	654	327	Other Revenue	1,953	1,820	133	1,271	681	10,891	6,987	
8,585	8,602	(17)	8,428	157	IDF Inflow	17,097	17,204	(107)	16,761	336	103,225	101,806	
142	326	(185)	342	(200)	Inter DHB Provider Revenue	436	653	(217)	639	(202)	3,915	4,577	
49,322	**49,796**	**(474)**	**47,727**	**1,596**	**Total Revenue**	**99,182**	**99,393**	**(211)**	**94,795**	**4,387**	**595,687**	**574,886**	1
					Expenditure								
					Employee Expenses								
4,894	5,010	116	4,501	(393)	Medical Employees	10,033	10,243	209	8,981	(1,052)	59,826	56,594	
6,046	5,867	(179)	5,790	(256)	Nursing Employees	12,214	11,864	(349)	11,147	(1,066)	69,893	69,463	
2,701	2,642	(60)	2,582	(119)	Allied Health Employees	5,301	5,389	88	4,981	(320)	32,008	29,882	
662	635	(28)	604	(59)	Support Employees	1,476	1,298	(178)	1,209	(267)	7,642	7,392	
2,438	2,475	37	2,339	(99)	Management and Admin Employees	5,121	5,063	(58)	4,607	(514)	29,481	27,228	
16,741	**16,628**	**(113)**	**15,816**	**(926)**	**Total Employee Expenses**	**34,144**	**33,856**	**(288)**	**30,925**	**(3,219)**	**198,850**	**190,558**	2
					Outsourced Personnel Expenses								
313	221	(92)	284	(29)	Medical Personnel	365	442	77	418	53	2,649	3,600	
121	87	(34)	172	51	Nursing Personnel	263	173	(90)	336	73	1,039	2,268	
29	29	(1)	71	42	Allied Health Personnel	63	57	(6)	126	62	344	502	
45	20	(25)	21	(24)	Support Personnel	113	41	(73)	29	(84)	244	323	
90	42	(48)	144	54	Management and Admin Personnel	181	84	(98)	225	44	502	1,299	
598	**398**	**(200)**	**692**	**94**	**Total Outsourced Personnel Expenses**	**986**	**797**	**(189)**	**1,134**	**148**	**4,778**	**7,991**	2
307	677	371	715	408	Outsourced Other Expenses	1,226	1,355	128	1,535	309	7,498	8,486	3
2,718	2,295	(423)	2,724	6	Treatment Related Costs	5,187	4,604	(584)	4,967	(220)	26,099	24,879	4
1,747	1,587	(159)	1,634	(112)	Non Treatment Related Costs	3,370	3,172	(198)	3,016	(354)	18,458	29,932	5
8,221	8,434	212	7,648	(573)	IDF Outflow	16,637	16,867	230	15,727	(910)	101,203	95,136	6
17,531	18,372	841	17,331	(201)	Other External Provider Costs	35,834	36,622	788	34,445	(1,388)	218,591	211,615	7
2,327	2,333	6	2,101	(226)	Interest, Depreciation & Capital Charge	4,521	4,664	143	4,199	(322)	28,352	26,163	8
50,191	**50,724**	**534**	**48,662**	**(1,529)**	**Total Expenditure**	**101,904**	**101,935**	**31**	**95,947**	**(5,958)**	**603,828**	**594,761**	
(868)	**(928)**	**60**	**(935)**	**67**	**Net Result**	**(2,722)**	**(2,542)**	**(180)**	**(1,151)**	**(1,571)**	**(8,141)**	**(19,876)**	
					Result by Output Class								
358	(492)	850	999	(641)	Funder	0	(988)	988	1,585	(1,585)	(5,906)	4,534	
26	(18)	44	90	(64)	Governance	61	(32)	92	108	(48)	(210)	(134)	
(1,252)	(417)	(834)	(2,024)	772	Provider	(2,783)	(1,523)	(1,260)	(2,845)	61	(2,025)	(24,276)	
(868)	**(928)**	**60**	**(935)**	**67**	**Net Result**	**(2,722)**	**(2,542)**	**(180)**	**(1,151)**	**(1,571)**	**(8,141)**	**(19,876)**	

There may be rounding differences in this report

August Month Results:

Favourable variance to budget of $60k for the month; the main variances are detailed below:

1. **Revenue:** Total revenue unfavourable ($474k) for the month.
   Devolved MoH revenue ($307k) unfavourable.
   Non Devolved revenue ($96k) unfavourable, driven by Personal Health side contracts.
   ACC Revenue $65k favourable this month driven by Plastics.
   Other revenue $67k favourable the month.
   IDF inflows unfavourable ($17k) for the month.
   Inter DHB Revenue unfavourable ($185k), mainly timing differences.

2. **Total Personnel** including outsourced unfavourable ($313k) for the month.
   - Medical personnel incl. outsourced favourable $24k. Outsourced costs are ($92k) unfavourable Medical Staff Internal are $116k favourable.
   - Nursing incl. outsourced ($213k) unfavourable. Employee costs are ($179k) unfavourable, driven by Senior Nurses ($54k), Internal Bureau Nurses ($93k) and Health Service Assistants ($135k), partly offset by Registered Nurses $113k. Outsourced was unfavourable ($34k), mostly driven by Health Service Assistants ($44k) in the General Medical Ward ($34k) and OPRS ($11k), with other minor variances.
   - Allied Health incl. outsourced ($61k) unfavourable, driven largely by Dental Therapists / Assistants ($45k).
   - Support incl. outsourced unfavourable ($53k) driven by Outsourced ($25k), and employee costs ($28k).
   - Management & Admin incl. outsourced unfavourable ($11k); internal staff favourable $37k, Outsourced unfavourable ($48k), the later includes savings targets.
   - Sick leave for the August was 3.1%, which is lower than the same time last year, which was 3.7%.

3. **Outsourced other** favourable $371k for the month, driven by Outsource Clinical Services $204k mainly Ophthalmology and Plastics.
4. **Treatment related costs** unfavourable ($423k), driven by Pharmaceuticals ($477k).
5. **Non Treatment Related costs** unfavourable ($159k) driven by the ongoing monthly provision for Holidays Act Compliance ($70k) and Insurance Premiums ($83k).
6. **IDF Outflows** $212k favourable for the month based on estimated information, with wash-ups for July and August included. 2018-19 wash-ups will be reflected in the September month.
7. **Other External Provider** costs favourable $841k, driven by Disability support services $592k, Primary Care Capitulated $137k, Primary Health Care $146k and General Medical subsidy $27k. .
8. **Interest, Depreciation & Capital Charge** favourable $6k, the interest expense was lower than planned due to a better cash position than budgeted.

Funder Financial Statement of Performance

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

Month					$000s	Year to Date					Annual			
Actual	Budget	Variance	Last Year	Variance		Actual	Budget	Variance	Last Year	Variance	Budget	Variance	Last Year	Variance
					Revenue									
34,920	34,860	60	33,092	1,828	Base Funding	69,655	69,596	59	66,185	3,470	416,455	59	397,109	19,405
2,501	2,818	(318)	2,835	(334)	Other MOH Revenue	5,577	5,637	(60)	5,412	166	33,820	(60)	37,126	(3,366)
521	448	74	3	518	Other Revenue	959	895	63	54	905	5,372	63	654	4,782
8,585	8,602	(17)	8,428	157	IDF Inflows	17,097	17,204	(107)	16,761	336	103,225	(110)	101,806	1,310
46,525	**46,728**	**(203)**	**44,358**	**2,167**	**Total Revenue**	**93,290**	**93,332**	**(42)**	**88,412**	**4,878**	**558,872**	**(47)**	**536,694**	**22,131**
					Expenditure									
383	383	0	272	(111)	DHB Governance & Administration	766	766	0	543	(223)	4,597	0	3,467	(1,129)
20,031	20,032	1	18,108	(1,923)	DHB Provider Arm	40,048	40,065	17	36,112	(3,936)	240,388	17	221,939	(18,433)
					External Provider Payments									
3,321	3,079	(242)	3,015	(306)	Pharmaceuticals	6,943	6,029	(915)	6,128	(815)	35,275	(915)	37,728	1,539
4,232	4,329	98	4,238	6	Laboratory	8,464	8,659	195	8,478	14	51,954	195	51,172	(587)
2,379	2,479	100	1,937	(443)	Capitation	4,911	4,958	47	4,194	(717)	29,747	47	26,925	(2,775)
1,149	1,034	(115)	1,043	(106)	ARC-Rest Home Level	2,034	2,078	44	1,966	(68)	12,245	44	11,476	(725)
1,634	1,623	(11)	1,626	(8)	ARC-Hospital Level	3,237	3,261	24	3,125	(112)	19,231	24	18,224	(983)
2,119	2,856	737	2,728	609	Other HoP (incl Pay Equity [1]	4,610	5,671	1,062	5,299	689	34,234	1,062	33,411	239
848	821	(27)	773	(75)	Mental Health	1,609	1,641	32	1,504	(105)	9,892	32	9,034	(826)
740	757	17	732	(7)	Palliative Care / Fertility / Comm Radiology	1,483	1,513	30	1,466	(17)	9,079	30	8,808	(241)
1,109	1,394	285	1,239	129	Other External Provider Payments	2,527	2,811	285	2,284	(243)	16,934	285	14,824	(1,825)
8,221	8,434	212	7,648	(573)	IDF Outflows	16,637	16,867	230	15,727	(910)	101,203	230	95,136	(5,837)
0	0	0	0	0	Provision for IDF Wash-ups	15	0	(15)	0	(15)	0	(15)	15	0
46,167	**47,221**	**1,054**	**43,359**	**(2,808)**	**Total Expenditure**	**93,290**	**94,319**	**1,035**	**86,827**	**(6,458)**	**564,778**	**1,035**	**532,160**	**(31,584)**
358	**(492)**	**850**	**999**	**(641)**	**Net Result**	**0**	**(988)**	**988**	**1,585**	**(1,585)**	**(5,906)**	**988**	**4,534**	**(9,453)**

There may be rounding differences in this report

(1) With Pay Equity been progressively devolved to DHB's, this is now combined with Other HoP.

The August result for the funder was $358k favourable.

Revenue

- Base Funding is favourable to budget for the month $60k and YTD $59k.
- Other MoH revenue is unfavourable ($318k) for August and ($60k) YTD, driven by MoH Subcontracts mostly due to timing.
- Other revenue is favourable $74k for the month and $63k YTD.
- IDF inflows are ($17k) unfavourable for the month and ($107k) YTD, mostly Mental Health.

Expenditure

- Governance and Administration is on budget.
- Provider Arm payments are $1k favourable for the month and $17k YTD.

Funder Changes to Provider Arm Funding August 2019 ($000s)			
		Variance to budget	
Description	Funding Source	Month	YTD
Activity Based Wash-up			
Inpatient IDF Inflows wash-up	IDF Inflows	42	43.49
WAI - Mental Health Acute Beds	IDF Inflows	(39)	40
Air Ambulance Costs	PBF	(2)	(59)
Funding Changes			
Disability coordinator	PBF	-	(6)
WAI - Reduction in tobacco funding	IDF Inflows	-	(2)
Rounding		-	-
Provider Arm Funding Variance		**1**	**17**

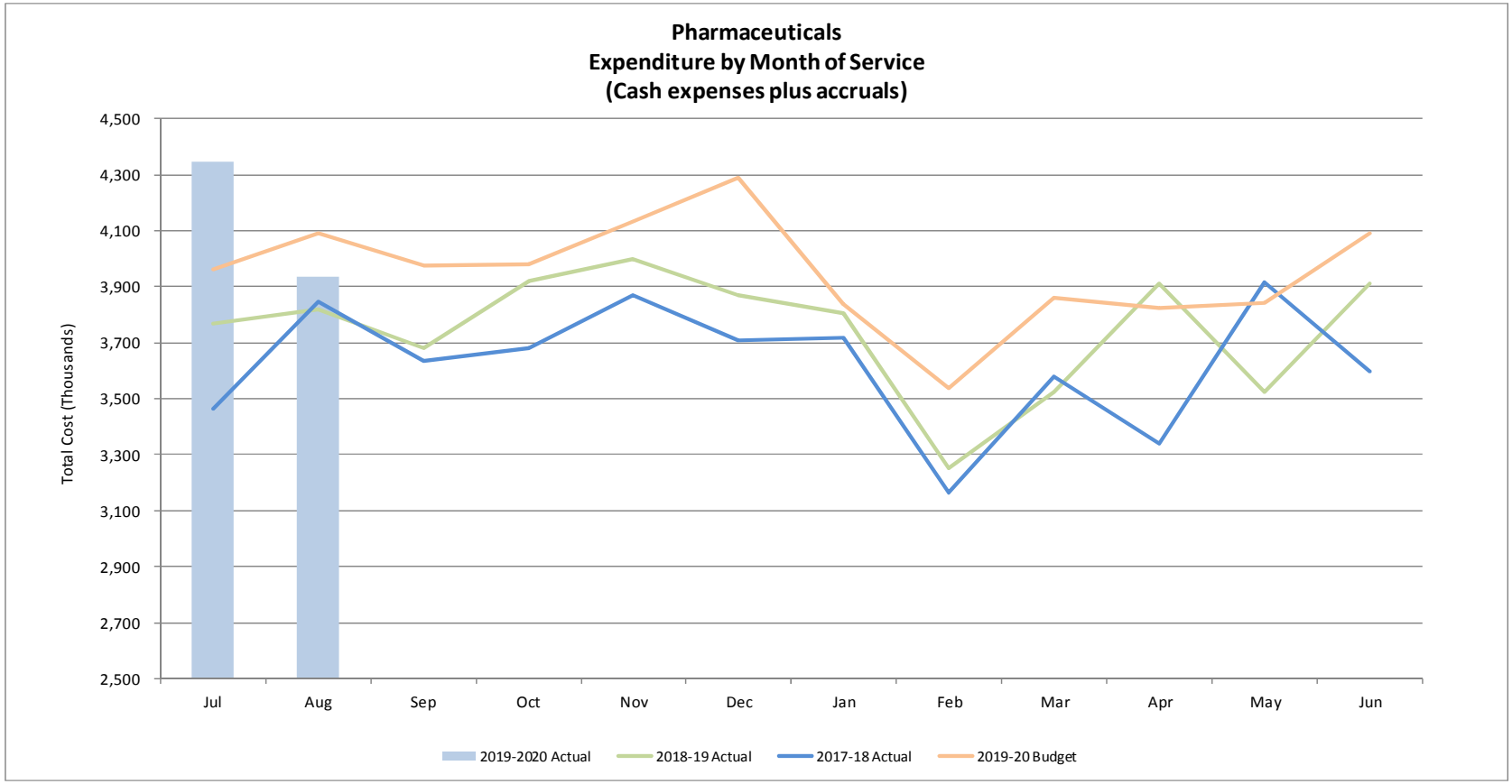
External Provider Payments: [Month & YTD]

- Pharmaceutical costs are unfavourable ($242k) to budget for August and ($915k) YTD. Pharmaceutical rebates are yet to be confirmed.
- Laboratory costs are favourable to budget by $98k for the month and $195k YTD, reflecting lower than expected volumes.
- Capitation expenses $100k favourable for the month and $47k YTD offset by a decrease in revenue.
- Aged residential care costs are ($126k) unfavourable for the month $68k favourable YTD. The residential care loan adjustment (reported within other HOP) is favourable by $39k for the month and $51k YTD.
- Other HOP (including Pay Equity) costs are favourable by $737k for the month $1,062k YTD.
- Mental Health costs are unfavourable ($27k) for the month, favourable $32k YTD.
- Palliative Care, Fertility and Community Radiology costs are favourable by $17k for the month, $30k YTD.
- Other external provider costs are favourable to budget $285k for the month, $285k YTD due to timing of contracts.
- IDF Outflows are overall favourable $212k for the month, $230 YTD.

IDF Wash-ups and Service Changes August 2019		
IDF Outflows $000s	Variance to budget	
	Month	YTD
Medical Outpatients	221	221
Base	18	36
Personal Health various Service charges	(28)	(28)
Rounding (timing) differences	-	-
IDF Outflow variance	**212**	**230**

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 2018/19 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.

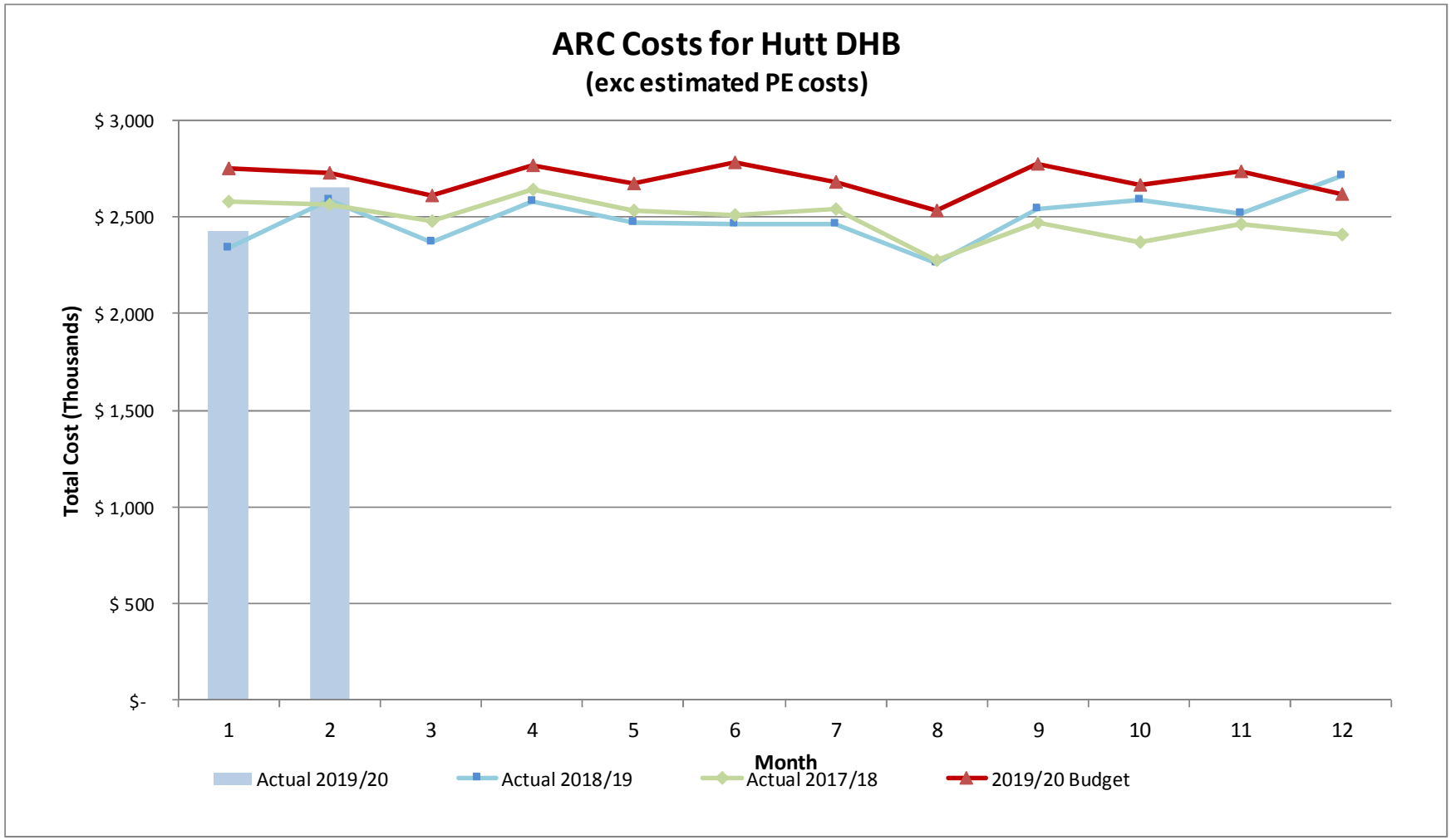


The graph above shows the expenditure on community pharmaceutical costs including the actuals for 2017/18 to 2019/20 together with the budget for 2019/20. The budget for 2019/20 has been phased based on trends of expenditure in previous years. The net amount reported as pharmaceutical costs in the accounts 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	Aug-19	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					FTE							
272	279	7	264	(8)	Medical	270	279	10	265	(5)	280	273
793	792	(1)	772	(21)	Nursing	797	792	(4)	762	(35)	792	776
386	407	21	384	(3)	Allied Health	386	407	21	386	(0)	408	387
137	135	(2)	134	(3)	Support	136	135	(1)	134	(2)	135	135
361	383	23	344	(16)	Management & Administration	368	383	15	348	(20)	383	353
1,949	**1,997**	**48**	**1,898**	**(51)**	**Total FTE**	**1,957**	**1,997**	**41**	**1,895**	**(61)**	**1,998**	**1,923**
					$ per FTE							
17,988	17,927	(60)	17,026	(962)	Medical	37,207	36,654	(553)	33,874	(3,333)	212,523	219,529
7,625	7,408	(217)	7,498	(126)	Nursing	15,333	14,979	(354)	14,629	(705)	88,684	90,022
6,989	6,485	(504)	6,731	(258)	Allied Health	13,727	13,230	(497)	12,905	(822)	78,198	82,741
4,833	4,698	(135)	4,511	(322)	Support	10,845	9,609	(1,236)	8,986	(1,859)	57,890	56,760
6,757	6,456	(301)	6,791	33	Management & Administration	13,906	13,205	(701)	13,246	(661)	77,085	83,574
8,588	**8,326**	**(263)**	**8,331**	**(257)**	**Average Cost per FTE all Staff**	**17,450**	**16,951**	**(499)**	**16,316**	**(1,135)**	**99,567**	**103,398**

Personnel & FTE Commentary [Month & YTD]

- **Medical** 7 FTE under budget for the month; **SMOs** under budget by 8 FTE, **MOSS** under budget by 1 FTE, partially offset by RMO's & House Officers.

- **Nursing** over by (1) FTE for the month. **Internal Bureau Nurses** are over budget (5) FTE, **Health Care Assistants** over budget by (21) FTE. Mostly offset by **Registered Nurses** under budget 28 FTE, **Registered Midwives** are under budget 2, with the balance in savings targets. Personnel cost variance for August ($179k) is the result of a price variance of ($172k) and a volume variance of ($7k), reflecting in part the timing of MECA changes on annual leave liability.

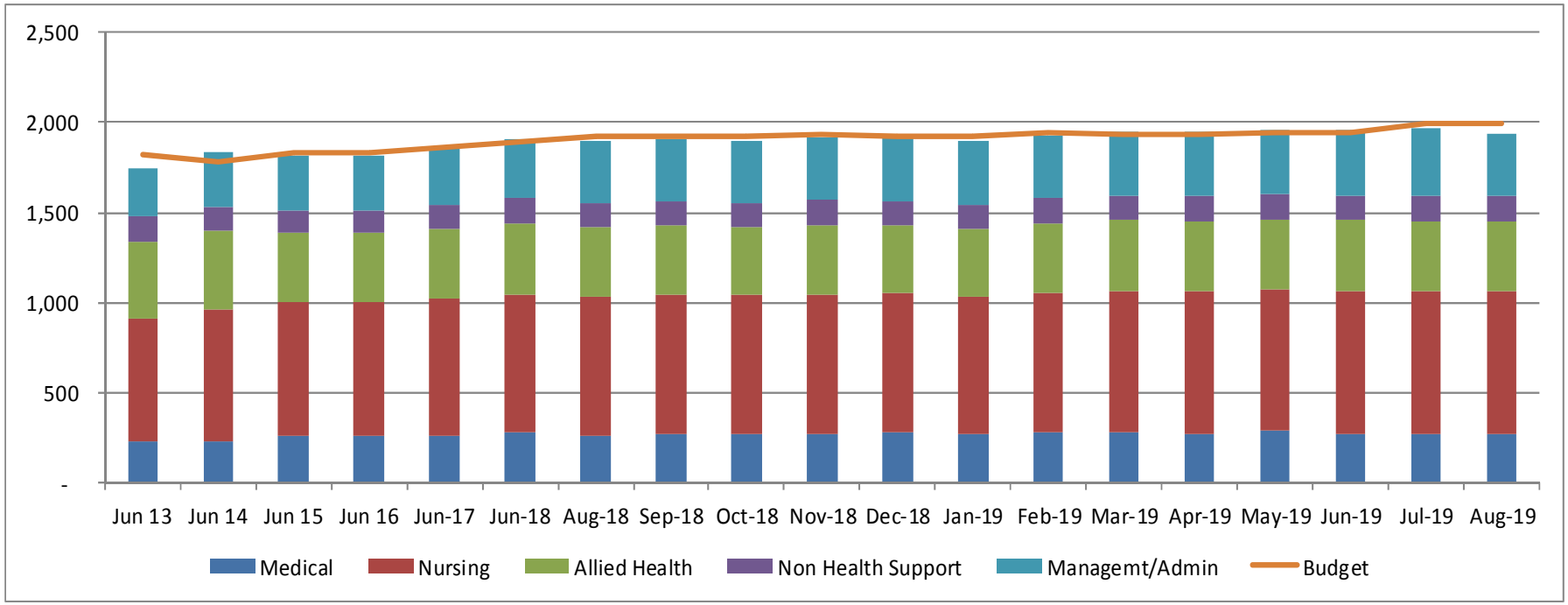
- **Allied** FTEs are under by 21 FTEs for the month due in the main to; Favourable variances in Health promotion offices & community support workers, Hand therapy, Audiology, social work and psychologists. The August price variance is driven by Community Dental Nurses who have 10 weeks Annual Leave. The net impact of this is ($45k).

- **Support** FTEs are (2) FTEs over budget driven by Food services (4) FTE. The ongoing cost variance is the result of this volume variance and the Local MECA settlement exceeding the provision provided.

- **Management & Admin** are under budget by 23 FTEs. Driven by administrative support staff vacancies and the capitalisation of resources on projects 4 FTEs.

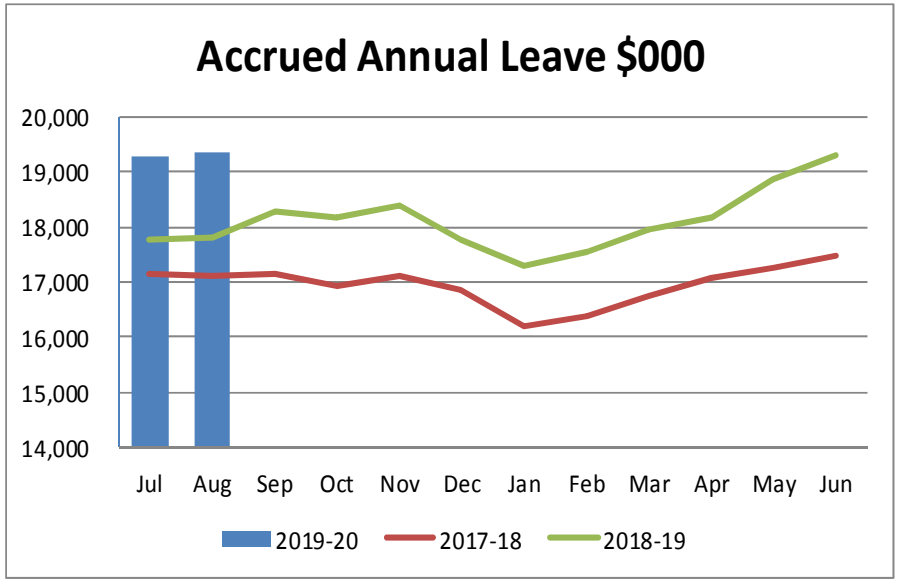
The following Table and Graph reflect the FTE Trend.

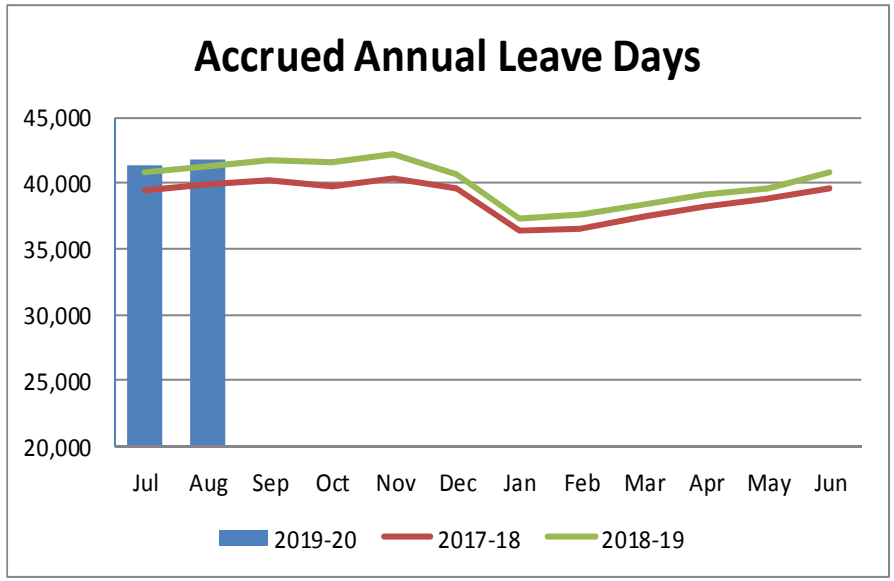
	Jun 13	Jun 14	Jun 15	Jun 16	Jun-17	Jun-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Medical	224	228	257	257	263	278	264	271	268	272	279	272	277	277	269	286	269	267	272
Nursing	690	733	744	744	759	767	772	770	773	772	770	761	781	790	791	788	797	800	793
Allied Health	428	435	385	385	385	396	384	387	381	389	383	380	387	389	392	391	392	386	386
Non Health Support	133	135	129	129	131	137	134	135	132	136	133	132	136	136	136	135	136	135	137
Managemt/Admin	272	305	302	302	330	330	344	343	346	349	352	354	352	358	359	361	364	377	360
Actual FTE	**1,748**	**1,836**	**1,817**	**1,817**	**1,869**	**1,908**	**1,898**	**1,905**	**1,900**	**1,918**	**1,916**	**1,899**	**1,932**	**1,950**	**1,948**	**1,961**	**1,958**	**1,964**	**1,949**
Budget	1,824	1,785	1,835	1,835	1,862	1,890	1,923	1,924	1,921	1,934	1,926	1,926	1,938	1,937	1,937	1,939	1,939	1,997	1,997



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 by $537k.

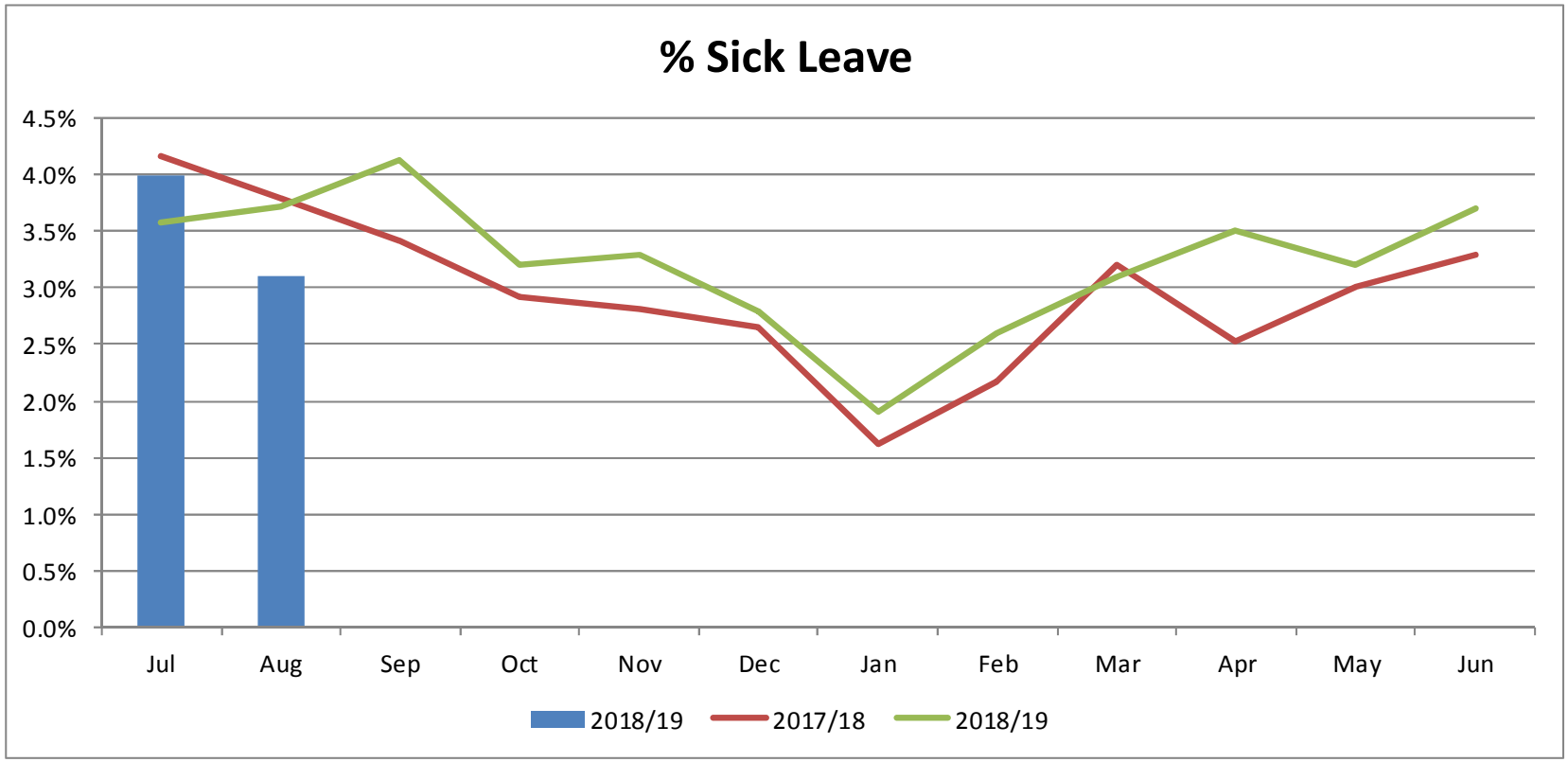




Category	Total staff with Annual leave days						
	Less than 20	20-30	30-40	Greater than 40	% of staff >40	Total Staff	**Total Leave Less LSL $**
Medical - Senior	69	35	15	40	25%	159	5,012,496
Medical - Junior	114	18	11	11	7%	154	1,376,651
Nursing	527	184	95	103	11%	909	8,235,734
Allied Health	365	64	31	13	3%	473	2,018,959
Support	66	31	20	16	12%	133	877,168
Mgmt/Admin	266	78	32	17	4%	393	1,825,251
Total*	1,407	410	204	200	9%	2,221	19,346,260

Sick Leave

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



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Medical	2.1%	2.2%	1.7%	1.6%	1.3%	0.9%	1.5%	1.7%	1.5%	1.4%	1.8%	1.7%	1.6%
Nursing	4.5%	4.7%	3.6%	3.6%	3.6%	2.6%	3.6%	3.6%	4.0%	3.3%	4.0%	4.2%	3.6%
Allied Health	3.7%	4.4%	2.8%	3.8%	2.4%	1.7%	2.4%	3.0%	3.0%	3.1%	3.7%	4.6%	3.1%
Support	3.5%	4.0%	3.1%	4.6%	3.5%	2.4%	3.9%	3.2%	3.8%	3.9%	3.9%	4.3%	3.3%
Admin	3.9%	4.1%	3.6%	2.8%	3.0%	1.3%	2.4%	3.0%	4.3%	3.8%	4.6%	4.5%	3.1%
Total	**3.7%**	**4.1%**	**3.2%**	**3.3%**	**2.8%**	**1.9%**	**2.6%**	**3.1%**	**3.5%**	**3.2%**	**3.7%**	**4.0%**	**3.1%**

IDF Analysis

Month					Inter District Flows (IDF) - $000s	Year to Date					Annual	
Actual	Budget	Variance	Last Year	Variance	YTD Aug-19	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
					IDF Inflows							
1,064	1,062	2	1,033	31	Acute	2,170	2,124	46	1,966	204	11,981	11,639
871	886	(15)	780	91	Elective	1,797	1,771	26	1,663	133	10,680	9,710
3,070	3,070	0	3,020	50	Laboratory	6,139	6,139	0	6,039	100	36,235	35,898
0	0	0		0	Prior year wash-up	0	0	0		0	0	0
3,581	3,585	(3)	3,596	(14)	Other Services	6,991	7,170	(179)	7,092	(102)	42,910	40,219
8,585	**8,602**	**(17)**	**8,428**	**157**	**Total IDF inflows**	**17,097**	**17,204**	**(107)**	**16,761**	**336**	**101,806**	**97,466**
					IDF Outflows							
2,433	2,643	210	2,473	40	Acute	5,161	5,286	125	4,816	(345)	30,969	30,204
1,073	1,221	148	1,126	53	Elective	2,180	2,442	263	2,036	(144)	14,328	13,388
1,977	1,977	0	1,878	(99)	Outpatient	3,954	3,954	0	3,757	(198)	22,540	21,527
341	341	0	346	5	Pharmaceutical Cancer Treatment	683	683	0	692	10	4,155	4,079
0	0	0		0	Prior year wash-up	0	0	0		0	0	0
2,396	2,251	(146)	1,825	(572)	Other Services	4,659	4,501	(158)	4,426	(233)	23,144	21,108
8,221	**8,434**	**212**	**7,648**	**(573)**	**Total IDF Outflows**	**16,637**	**16,867**	**230**	**15,727**	**(910)**	**95,136**	**90,306**
	0	0			Funder IDF provision		0	0			0	2,413
8,221	**8,434**	**212**	**7,648**	**(573)**	**Total IDF Net of provision**	**16,637**	**16,867**	**230**	**15,727**	**(910)**	**95,136**	**92,719**

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

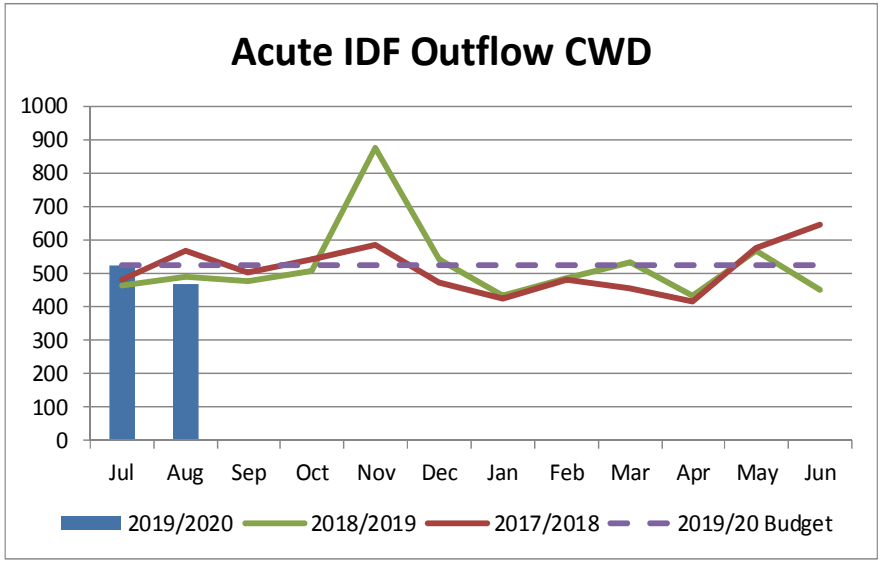
IDF inflow (revenue):

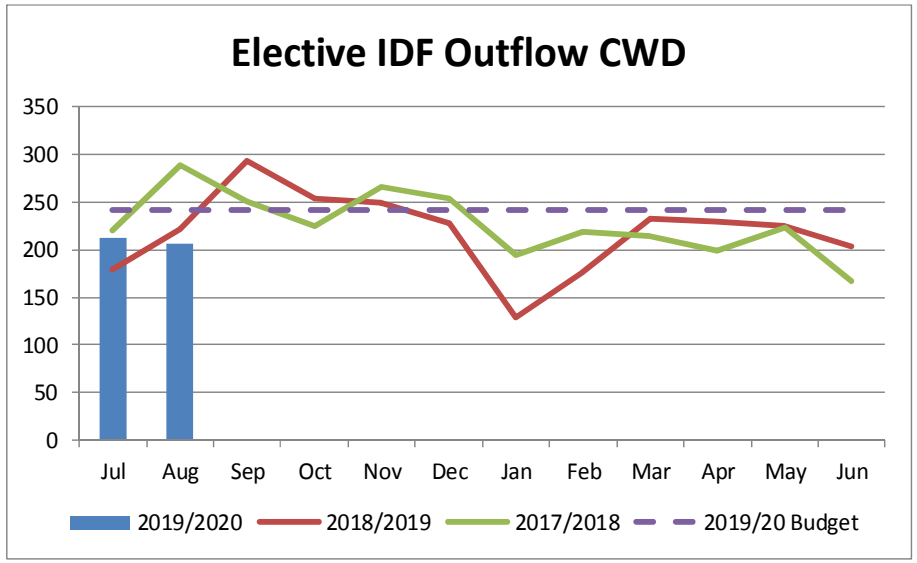
Overall IDF inflows are under budget YTD by ($107k), mainly due to inflows for other services being ($65k) under budget. Inpatient inflows are under budget by ($42k) so far mainly in General Surgery while Plastics is close to budget.

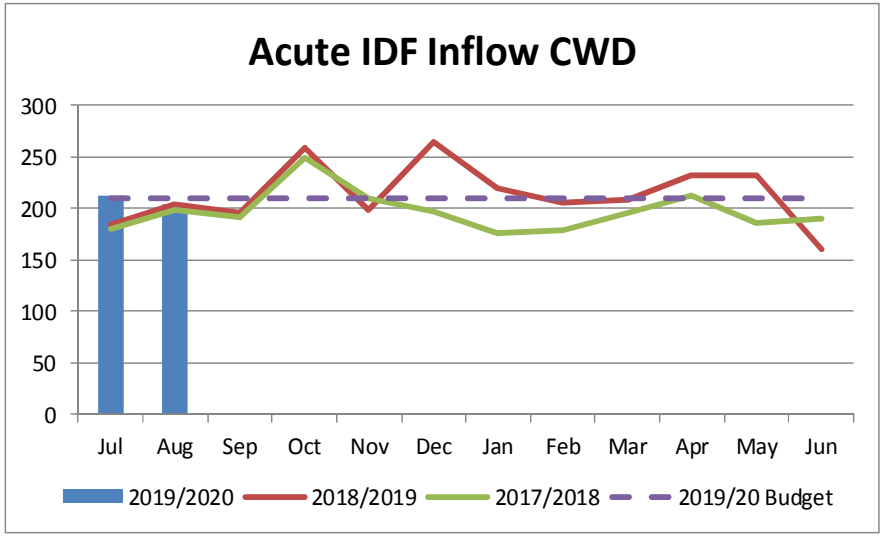
IDF Outflow (expense):

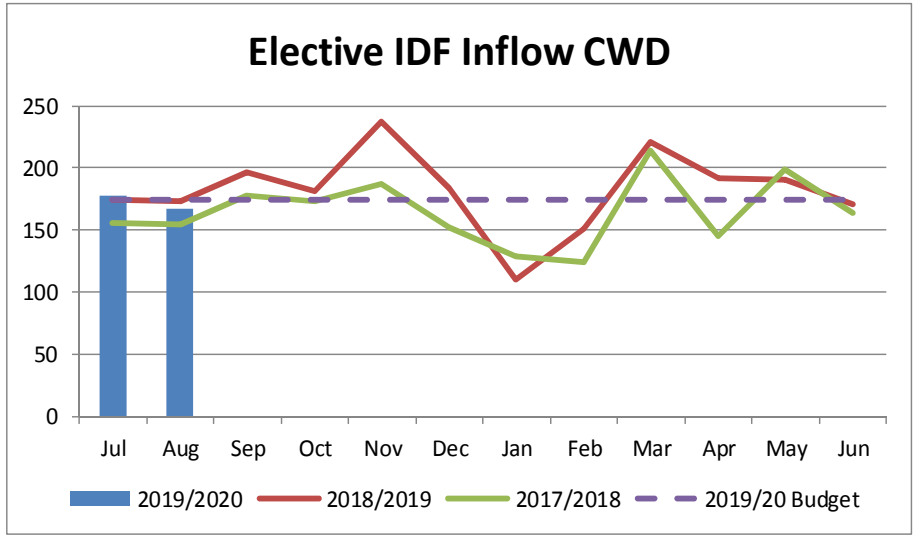
Overall IDF outflows are under budget by $230k. Inpatient outflows are under budget year to date (2 months data from CCDHB and 1 month from other DHBs). Acute outflows over budget particularly in Cardiology, but this is offset by being under budget in Renal and Oncology. We have had one baby at Capital & Coast with high caseweights of 65CWD. Electives are under budget by $247k particularly for Capital & Coast. These results may change as data is updated.

The graphs below show actual IDF CWD flows by month









Hospital throughput

Month					Hutt Valley DHB Hospital Throughput YTD Aug-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							
1,015	1,108	93	1,194	179	Surgical	2,095	2,116	21	2,309	214	12,237	12,797
2,008	1,850	(158)	2,008	0	Medical	3,990	3,545	(445)	3,785	(205)	20,576	19,506
446	437	(9)	422	(24)	Other	872	861	(11)	834	(38)	5,027	5,474
3,469	**3,395**	**(74)**	**3,624**	**155**	**Total**	**6,957**	**6,522**	**(435)**	**6,928**	**(29)**	**37,840**	**37,777**
					CWD							
1,106	1,168	62	1,211	105	Surgical	2,313	2,278	(35)	2,392	79	13,258	12,852
1,178	1,124	(53)	1,127	(50)	Medical	2,343	2,191	(153)	2,219	(124)	12,131	11,991
367	437	70	397	29	Other	767	863	96	851	84	5,053	4,698
2,651	**2,730**	**78**	**2,735**	**84**	**Total**	**5,423**	**5,331**	**(92)**	**5,462**	**39**	**30,443**	**29,540**
					Other							
4,348	4,122	(226)	4,289	(59)	Total ED Attendances	8,599	8,220	(379)	8,364	(235)	48,098	47,491
1,054	1,109	55	1,100	46	ED Admissions	2,066	2,226	160	2,149	83	12,187	11,847
735	801	66	863	128	Theatre Visits	1,498	1,529	31	1,668	170	8,911	9,271
123	109	(14)	118	(5)	Non- theatre Proc	272	222	(50)	242	(30)	1,430	1,891
7,815	7,461	(354)	7,481	(335)	Bed Days	15,502	14,726	(776)	14,649	(853)	81,322	85,515
4.38	4.30	(0.08)	4.60	0.22	ALOS Inpatient	4.42	4.30	(0.12)	4.40	(0.02)	4.30	4.29
2.19	2.03	(0.15)	2.33	0.14	ALOS Total	2.20	2.03	(0.17)	2.26	0.06	2.03	2.20
8.44%	8.02%	-0.42%	8.59%	0.15%	Acute Readmission	8.44%	8.02%	-0.42%	8.08%	-0.36%	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 August, discharges from the hospital for medical were higher than budget but the same as August last year. Discharges for surgical were lower than budget and the previous year. For August, overall caseweights for surgery were lower than budget. However, caseweights may increase as the coding is completed. For the year to date, Medical services have had 6% more caseweights than budget and the same time last year.

ED volumes for the month were higher than budget and August last year. A lower proportion of patients were admitted from ED in August compared to last year. Theatre visits for August were lower than budget and August last year. Non-Theatre procedures are slightly higher than budget for the month and last year. Bed days were higher than budget in the month and in August last year. ALOS was close to expected for August for inpatients but slightly higher overall for the year to date. The acute readmission rate was higher than budget.

Statement of Financial Position and Cash Flows

Financial Position as at 31 August 2019

$000s	Actual	Budget	Variance	Jun 19	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	1,424	7,134	(5,710)	5,216	(3,792)	Payments from NHMG to DHB's paid earlier than budgeted
Accounts Receivable	27,357	27,975	(618)	27,095	262	
Stock	1,327	1,489	(163)	1,434	(108)	
Prepayments	657	868	(210)	727	(70)	
Total Current Assets	**30,765**	**37,465**	**(6,700)**	**34,473**	**(3,708)**	
Fixed Assets						
Fixed Assets	208,534	220,015	(11,481)	210,483	(1,949)	
Work in Progress	21,624	18,048	3,576	19,710	1,913	
Total Fixed Assets	**230,157**	**238,062**	**(7,905)**	**230,193**	**(36)**	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,490	1,426	64	1,409	81	Restricted trusts
Total Investments	**2,640**	**2,576**	**64**	**2,559**	**81**	
Total Assets	**263,562**	**278,104**	**(14,541)**	**267,225**	**(3,663)**	
Liabilities						
Current Liabilities						
Bank	1,211	3,746	2,535	1,433	222	Average bank balance in Aug-19 was $20.3m
Accounts Payable and Accruals	52,741	42,890	(9,851)	52,164	(577)	Higher than budgeted accrued expenses
Crown Loans and Other Loans	241	23	(218)	221	(20)	
Current Employee Provisions	24,246	24,193	(53)	24,190	(56)	
Total Current Liabilities	**80,559**	**70,839**	**(9,720)**	**78,009**	**(2,551)**	
Non Current Liabilities						
Other Loans	220	221	1	0	(220)	Finance leases
Long Term Employee Provisions	8,245	7,617	(628)	8,245	0	
Non DHB Liabilities	1,424	7,134	5,710	5,216	3,792	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,490	1,442	(48)	1,409	(81)	
Total Non Current Liabilities	**11,379**	**16,414**	**5,035**	**14,870**	**3,491**	
Total Liabilities	**91,938**	**87,253**	**(4,685)**	**92,879**	**941**	
Net Assets	**171,624**	**190,851**	**(19,227)**	**174,346**	**(2,722)**	
Equity						
Crown Equity	124,123	123,916	207	124,123	0	
Revaluation Reserve	126,422	133,597	(7,175)	126,422	0	
Opening Retained Earnings	(76,199)	(64,120)	(12,079)	(56,323)	(19,876)	
Net Surplus / (Deficit)	(2,722)	(2,542)	(180)	(19,876)	17,153	
Total Equity	**171,624**	**190,851**	**(19,227)**	**174,347**	**(2,722)**	

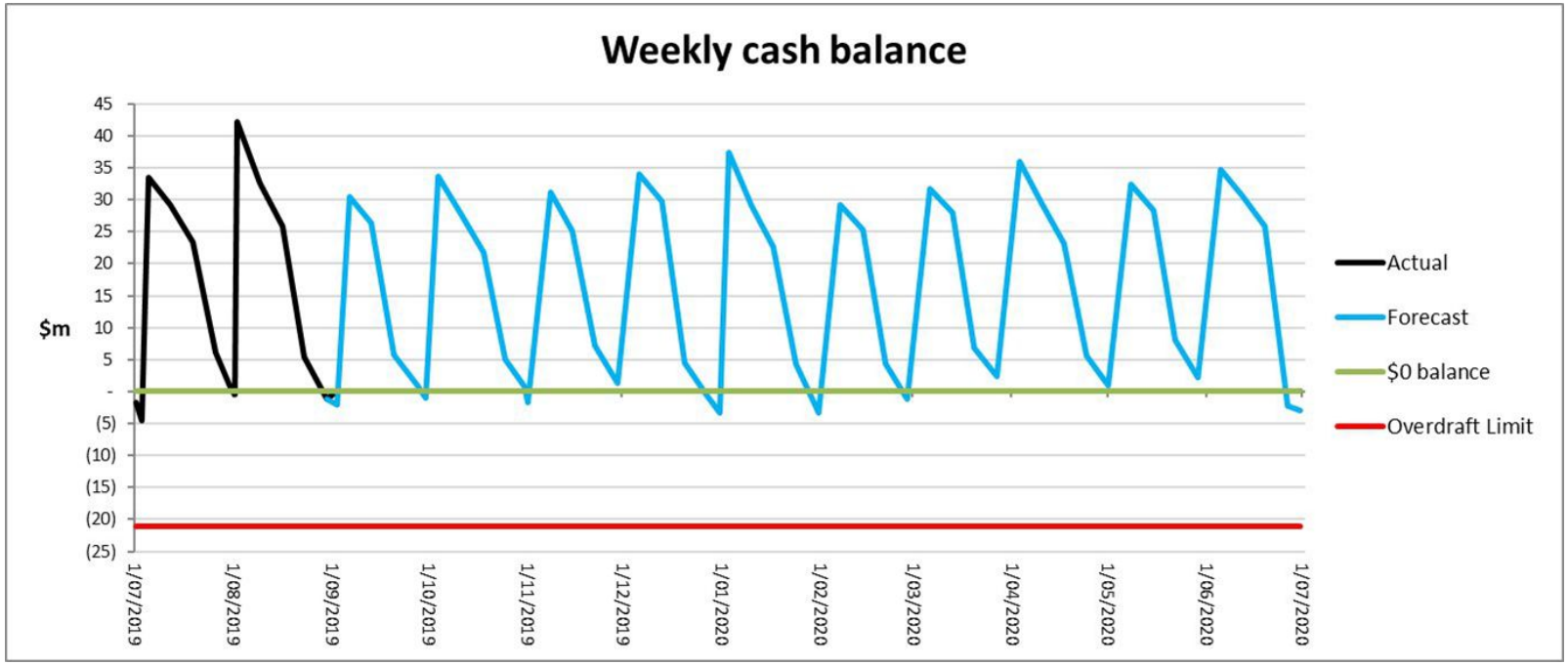
* NHMG - National Haemophilia Management Group

Statement of Cash Flows to 31 August 2019

$000s	Jul Actual	Aug Actual	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	39,286	38,734	39,225	39,180	39,208	39,549	38,877	38,378	39,364	39,009	39,607	39,443
Receipts from Other DHBs (Including IDF)	8,191	8,284	8,928	8,928	8,928	8,927	8,928	8,928	8,928	8,928	8,928	8,928
Receipts from Other Government Sources	1,100	1,188	1,098	1,149	1,100	1,092	1,130	1,061	1,063	1,121	1,035	1,064
Other Revenue	1,472	553	380	418	392	380	380	380	380	380	380	385
Total Receipts	**50,049**	**48,759**	**49,631**	**49,676**	**49,629**	**49,948**	**49,316**	**48,748**	**49,735**	**49,439**	**49,950**	**49,820**
Payments for Personnel	(18,535)	(17,294)	(16,313)	(17,823)	(16,361)	(17,139)	(17,881)	(15,612)	(17,157)	(17,156)	(16,401)	(17,180)
Payments for Supplies (Excluding Capital Expenditure)	(1,524)	(6,314)	(4,007)	(4,571)	(4,361)	(4,064)	(4,363)	(4,521)	(4,000)	(4,500)	(4,489)	(4,104)
Capital Charge Paid	0	0	0	0	0	(6,360)	0	0	0	0	0	(6,360)
GST Movement	22	(297)	0	0	0	0	0	0	0	0	0	0
Payments to Other DHBs (Including IDF)	(8,416)	(8,221)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)
Payments to Providers	(18,044)	(18,060)	(18,089)	(18,261)	(18,270)	(18,525)	(18,026)	(17,489)	(18,225)	(18,118)	(18,646)	(18,319)
Total Payments	**(46,498)**	**(50,186)**	**(46,842)**	**(49,089)**	**(47,426)**	**(54,522)**	**(48,704)**	**(46,055)**	**(47,815)**	**(48,208)**	**(47,971)**	**(54,396)**
Net Cashflow from Operating Activities	**3,551**	**(1,427)**	**2,789**	**587**	**2,203**	**(4,574)**	**612**	**2,693**	**1,921**	**1,231**	**1,979**	**(4,576)**
Investing Activities												
Interest Receipts	26	22	46	46	46	46	46	46	46	46	46	46
Dividends	0	47	0	0	0	0	0	0	0	0	0	0
Total Receipts	**26**	**68**	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**46**	**46**
Capital Expenditure	(1,708)	(132)	(1,120)	(1,120)	(1,120)	(1,120)	(1,120)	(1,120)	(1,120)	(1,120)	(1,120)	(1,108)
Increase in Investments and Restricted & Trust Funds Assets	(75)	(82)	0	0	0	0	0	0	0	0	0	0
Total Payments	**(1,782)**	**(213)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,120)**	**(1,108)**
Net Cashflow from Investing Activities	**(1,756)**	**(145)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,074)**	**(1,062)**
Financing Activities												
Interest Paid on Finance Leases	(1)	(1)	(7)	(6)	(6)	(6)	(6)	(6)	(6)	(5)	(5)	(5)
Total Payments	**(1)**	**(1)**	**(7)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(5)**	**(5)**	**(5)**
Net Cashflow from Financing Activities	**(1)**	**(1)**	**(7)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(6)**	**(5)**	**(5)**	**(5)**
Total Cash In	50,075	48,827	49,677	49,722	49,674	49,994	49,362	48,794	49,781	49,484	49,996	49,866
Total Cash Out	(48,280)	(50,400)	(47,969)	(50,215)	(48,552)	(55,648)	(49,830)	(47,181)	(48,940)	(49,333)	(49,096)	(55,510)
Net Cashflow												
Opening Cash	(1,433)	362	(1,211)	497	3	1,125	(4,529)	(4,997)	(3,384)	(2,543)	(2,392)	(1,492)
Net Cash Movements	1,795	(1,573)	1,708	(494)	1,122	(5,654)	(468)	1,613	841	151	900	(5,644)
Closing Cash	**362**	**(1,211)**	**497**	**3**	**1,125**	**(4,529)**	**(4,997)**	**(3,384)**	**(2,543)**	**(2,392)**	**(1,492)**	**(7,136)**

Non DHB Funds - NHMG	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Opening Balance	5,216	1,933										
Net Movement	(3,283)	(509)										
Closing Balance	1,933	1,424										

Weekly Cash Flow – Actual to 31 August 2019



Note

- the overdraft facility shown in red is set at $21 million as at August 2019
- the lowest bank balance for the month of August was $2,173k overdrawn

Capital Expenditure – Actual to 31 August 2019

Project description	Budget rolled over from 2018/19	New budget for 2019/20	Remaining funds available in 2019/20	2019/20 spend	Remaining funds available in 2019/20	Estimated Costs in 2019/20	Estimated Costs in future years	Forecast Lifetime Project Costs at Completion	Forecast Budget Surplus
	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)	($000)
Baseline									
Buildings and Plant	1,545	3,355	4,900	297	4,603	4,900	-	8,994	(6)
Clinical Equipment	311	3,120	3,431	352	3,079	3,431	-	5,716	5
Information Technology (Hardware)	265	700	965	305	660	965	-	2,050	-
Intangible Assets (Software)	260	600	860	177	683	860	-	3,901	-
Baseline Total	**2,381**	**7,775**	**10,156**	**1,131**	**9,025**	**10,156**	**-**	**20,661**	**(1)**
Strategic									
e-Medicines Management	310	-	310	-	310	310		310	-
Lab eOrdering	175	25	200	-	200	200		200	-
Clinical Audit	149	51	200	-	200	200		200	-
Magiq Software upgrade & Capex module	35	-	35	-	35	35		35	-
Digitising End-to-End Processes	125	-	125	76	49	125		925	11
Community Health Integration Platform	155	-	155	15	140	155		155	-
Mental Health Shared Electronic Record	150	-	150	-	150	150		190	10
Replacement Dental Imaging and Care system	25	175	200	43	157	200		226	(1)
Shared Cared - Record and Planning	100	-	100	-	100	100		134	4
Regional Clinical Portal (CTAS)	500	-	500	-	500	500		578	(3)
Mobile Application Development	-	250	250	33	217	250		399	0
Referrals, Bookings & Schedulling	250	290	540	50	490	540		574	1
Regional RIS Migration	330	-	330	-	330	330		338	2
Electronic Patient observations and Nursing D	250	-	250	-	250	250		250	-
Patient Check-ins and Kiosks	-	34	34	-	34	34		34	-
National Screening Solution	-	100	100	-	100	100		100	-
Community Dental Replacement	-	450	450	-	450	450		450	-
Anaesthesia Management System	-	25	25	-	25	25		25	-
Whiteboard & Patient Dashboards	-	200	200	23	177	200		303	(0)
Regional Public Health	-	150	150	-	150	150		150	-
NZ Post Letter Automation	-	50	50	-	50	50		69	3
Intergrated HRIS	-	100	100	-	100	100		100	-
Sterile Surgical Tracking (TDOCs)	-	150	150	-	150	150		150	-
Software Automation (Robots) Development	-	150	150	-	150	150		150	-
Upgrade FMIS	-	-	-	-	-	-		-	-
Clinical Event and Risk Detection (AI)	-	-	-	-	-	-		-	-
Clinical Document Scanning	-	150	150	-	150	150		150	-
Reporting, Analysis and Data Visualisation To	-	50	50	-	50	50		50	-
Telehealth Enablers	-	25	25	-	25	25		25	-
Digital Workplace	-	50	50	14	36	50		66	9
Electronic In Patient Meal Ordering	-	300	300	6	294	300		303	36
Speech to Text Transcription	200	-	200	-	200	200		200	-
Corporate and People Enablers	100	100	200	-	200	200		200	-
Kitchen Relocation	585	480	1,065	-	1,065	1,065		1,065	-
Old Ward 6 Repurpose	600	-	600	-	600	600		600	-
ED x-ray unit- Shimadzu	400	1,500	1,900	-	1,900	1,900		1,900	-
Philips trauma diagnost unit	300	-	300	-	300	300		300	-
Theatre Micro tools	293	-	293	-	293	293		293	-
Digital Dental	-	748	748	-	748	748		748	-
Digital Mammography	-	-	-	-	-	-		-	-
Patient Monitoring	-	-	-	-	-	-		72	19
General room 1, Toshiba X Ray Unit	300	-	300	-	300	300		300	-
Mobile breast screening Trailer Unit Strategic	600	50	650	-	650	650		650	-
Vehicles - Dental Van	-	-	-	-	-	-		206	-
Strategic Total	**5,932**	**5,653**	**11,585**	**261**	**11,325**	**11,585**	**-**	**13,172**	**92**
Total Capital (excluding Trust Funds)	**8,313**	**13,428**	**21,741**	**1,391**	**20,350**	**21,741**	**-**	**33,833**	**91**

Summary of Leases – as at 31 August 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		1/11/2017	31/10/2020	Operating
Public Trust House Lower Hutt	Community Mental Health		21,887	262,643		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		9,088	109,055		15/03/2015	14/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy		2,203	26,439		5/01/2019	31/12/2020	Operating
CBD Towers Upper Hutt	Community Mental Health		9,854	118,247		8/06/2015	7/06/2021	Operating
Upper Hutt Health Centre	District Nurses		974	11,688		24/01/2015	1/02/2022	Operating
			50,525	**606,294**				
Car Park Leases								
CBD Towers Upper Hutt			542	6,500		8/06/2015	7/06/2021	Operating
Public Trust House Lower Hutt			1,603	19,240		1/09/2017	1/09/2023	Operating
St Peters (SPO)			270	3,240		Ongoing	Ongoing	Operating
			2,415	**28,980**				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (115 Vehicles)			31,959	383,509		Ongoing	Ongoing	Operating
			31,959	**383,509**				
Equipment Leases	**Supplier**							
MRI ingenia 1.5T		-	38,934	467,203	1,401,609	26/09/2016	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	98,266	2,904	34,850	104,550	1/07/2017	1/04/2020	Finance
Stryker Orthopaedic Tools		-	9,024	108,292	758,044	1/09/2016	31/08/2023	Operating
3 x Ultrasounds (Equigroup)	GE Healthcare Limited	-	7,303	87,641	438,205	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	-	24,976	299,711	1,498,555	28/05/2017	28/05/2022	Operating
		809,124	**105,911**	**1,270,929**	**5,062,917**			
Total Leases			**190,810**	**2,289,712**				

Treasury - as at 31 August 2019

1) Short term funds / investment ($000)

NZHP banking activities for the month	Current month ($000)	Last month ($000)
Average balance for the month	$20,287	$18,737
Lowest balance for the month	($2,173)	($4,617)
Average interest rate	1.40%	1.66%
Net interest earned for the month	$24	$26

2) Hedges

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

3) Foreign exchange transactions for the month ($)

No. of transactions involving foreign currency	8	
Total value of transactions	$70,256	NZD
Largest transaction	$30,764	NZD

	No. of transactions	Equivalent NZD
AUD	6	$50,912
GBP	1	$5,144
USD	1	$14,200
Total	**8**	$70,256

4) Debtors ($000)

Top 10 Debtors	Outstanding	Current	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days
Capital & Coast District Health Board	$1,849	$123	$79	$274	$36	$22	$91	$1,224
Wairarapa District Health Board	$664	$161	$11	$72	$0	$0	$170	$251
Accident Compensation Corporation	$644	$800	($221)	$15	($24)	($75)	$42	$106
Ministry of Health	$436	$368	$22	($9)	($132)	$0	$0	$187
Ministry for Vulnerable Children, Oranga	$102	$47	$0	$0	$0	$42	$0	$13
University of Otago	$65	$3	$65	$5	$1	$0	$0	($9)
Non Resident	$54	$0	$0	$9	$0	$0	$0	$45
ESR Limited	$40	$40	$0	$0	$0	$0	$0	$0
Hawkes Bay District Health Board	$35	$0	$9	$9	$4	$0	$0	$14
Variety-The Children's Charity	$27	$27	$0	$0	$0	$0	$0	$0
Total Top 10 Debtors	**$3,917**	**$1,569**	**($35)**	**$374**	**($114)**	**($10)**	**$303**	**$1,831**

PUBLIC

Date: 31 October 2019	**BOARD INFORMATION**
Author	Interim Director Provider Services – Joy Farley
Endorsed by	Chief Executive – Fionnagh Dougan
Subject	**HUTT VALLEY DHB OPERATIONAL PERFORMANCE REPORT**

RECOMMENDATIONS

It is recommended that the Board:

(a) **NOTES** that Hutt Valley DHB's performance against the *Improved Access to Elective Surgery* health target as of 10 October 2019 was 96% for discharges and 91% for case weights;

(b) **NOTES** that Hutt Valley DHB's performance against the *Faster Cancer Treatment* target for September was 87.5% percent for the 62 day target, and 91.1% for the 31 day target;

(c) **NOTES** that for September, Hutt Valley DHB achieved 89.2% percent against the *Shorter Stays in ED* health target, which is a 5% improvement on last month;

(d) **NOTES** that Hutt Valley DHB's performance against the radiology targets for September/October was 88% for ultrasound, 74% for MRI and 88% for CT;

(e) **NOTES** that for September, Hutt Valley DHB achieved 87% against the target of 95% of patients being offered smokers information and advice to quit.

1. INTRODUCTION

1.1 Purpose

The purpose of this paper is to provide the Board with an update on Hutt Valley DHB's operational performance against key system and target measures and specific actions to mitigate the identified issues.

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2. UPDATE ON PROGRESS AGAINST HEALTH PERFORMANCE TARGETS

Performance target updates		
Shorter stays in the Emergency Department	• Total percentage of patients treated within 6 hours (89.2%) during September 2019 (target of 95%) • Percentage of patients admitted and treated within 6 hours (75.1%) • Percentage of patients treated and discharged within 6 hours (94.1%)	
Diagnostics performance	• CT wait times - 88% of patients seen within target of 95% • US wait times – 88% of patients seen within target of 90% • MRI wait times – 74% of patients seen within target of 85%	
Access to elective services – Planned Care	• ESPI compliance • ESPI 2: 7% of patients waiting for a first specialist appointment outside of Ministry of Health timeframe • ESPI 5: 13.2% of patients waiting for surgery outside of Ministry of Health timeframe	
	• Faster Cancer Treatment September results ○ 62 day target – 87.5% (7 out of 8 patients) ○ 31 day target – 91.1% (41 of 45 patients) • 19-20 YTD results ○ 62 day target – 94.1% (32 out of 34 patients) ○ 31 day target – 86.7% (143 out of 165 patients)	
Better help for smokers to quit	• Help for Smokers to Quit 87% (78 out of 90 patients) – target of 95%	
Shorter, smoother care	• Discharges before 11am – 14% for September • Average length of stay – 2.10 days	
Colonoscopy – urgent, surveillance and screening targets	• 100% of urgent colonoscopies completed within 30 days • 88% of routine (semi-urgent) colonoscopies are completed within 84 days • 82% of surveillance colonoscopies are completed within 120 days	

3. COMMENTARY AND ACTIONS TO MITIGATE IDENTIFIED ISSUES

3.1 Shorter Stays in Emergency Department

The start of October has seen a significantly favourable increase in the DHB's ability to respond to surge and meet the shorter stays in Emergency Department target. The overall percentage of patients seen and treated within 6 hours was 92.7% for the first week of October, with presentations treated and discharged at 96.98% - a significant improvement. The treated and discharged percentage is consistently in the mid 90's. There is still work to do regarding presentations who are admitted. For the same week in October the number of patients treated and admitted within 6 hours was 80.38%.

Work to review data accuracy is commencing, with significant opportunities identified to improve through spot audits. Robust processes will be required to improve data accuracy.

Allocation of project management resource is required to implement initiatives and solutions identified to improve patient access and flows across the service. Clear actions have been identified; however, confirmation of key leads and timeframes is required in consultation with the clinical heads of department and broader teams.

Please refer to table 1 and graphs 1-3 below for further shorter stay information, including self-referrals by suburb and by GP practice.

3.2 Diagnostics Performance

Despite a national shortage of MITs and Radiologists, the service continues to recruit to vacancies. Progress has been made against the MRI target as a result of outsourcing, locums and scheduled weekend lists. A focused radiology champion has been appointed by the Ministry of Health to address national workforce and performance issues in this space.

APEX MIT industrial activity commenced 30 September 2019 with rolling strike action planned across October and November. Access to radiology services during this period will be managed using Life Persevering Services (LPS), some outsourcing to Pacific Radiology, collaboration with Wellington Free Ambulance and diversion and delay in diagnostic imaging of stable patients as interim measures.

3.3 Access to Elective Services – Planned Care

ESPI 2 and ESPI 5 compliance continues to be challenging for Hutt Valley DHB, mostly as a cumulative effect of industrial action earlier this year. Recovery planning for both ESPI 2 and ESPI 5 is ongoing with identified actions to improve in place with each service, discussed monthly with the Ministry of Health. Review of thresholds, clinic and theatre schedules, rostering and planned care activity continues. Current, ongoing APEX industrial action is having an impact on the recovery plan and is being monitored closely.

Further work is required as part of the theatre optimisation project to move to full day theatre lists, align theatre sessions and workforce schedules and improve rostering to minimise vacant theatre sessions and improve utilisation. In addition, long-term investment planning with Capital and Coast DHB is required to maximise efficient use of available resources and improve access to elective services.

Please refer to Graphs 4-6 and Table 2 below for further information on elective services access and faster cancer treatment targets.

3.4 Better Help for Smokers to Quit:

Attention to patient smoking status has been highlighted at operational meetings and requires a consistent approach in meeting the target of 95%.

Please refer to Graph 7 below for further details on better help for smokers to quit.

3.5 Shorter, Smoother Care:

Significant work is required to improve patient length of stay and discharges before 11am. The total average length of stay for the 2019/20 Financial Year is currently increasing. This may be due to the numbers of patients waiting for OPRS beds (across the past few months, this has been between 5 and 8 patients), in addition, there have also been a number of patients awaiting service care coordination assessments and then placement.

The OPRS Red to Green working group is making good progress. A new format for daily rapid rounds is being used, with good attendance and adherence to time frames, and expected date of discharge being updated in a more timely way. Pharmacy will also be involved in this project.

Please refer to Graphs 8 and 9 below for further information on discharges before 11am.

3.6 Colonoscopy:

- A new gastroenterologist (1.0 FTE) commences December 2019 to replace 0.7 retired SMO.
- An Additional 1 FTE of SMO gastroenterologists/Fellow to be recruited to meet demand.
- An additional 2 FTE of nurses (fixed term) recruited to meet demand.
- A short term contract for a colorectal surgeon from September-December 2019 will provide an additional 15 colonoscopies per week as well as backfill retiring Gastroenterologist until new SMO starts in December 2019.
- Work continues on a production plan to ensure greater understanding and planning for demand and capacity in the longer term.

Please refer to Table 3 and Graph 10 below for further details on the colonoscopy wait times.

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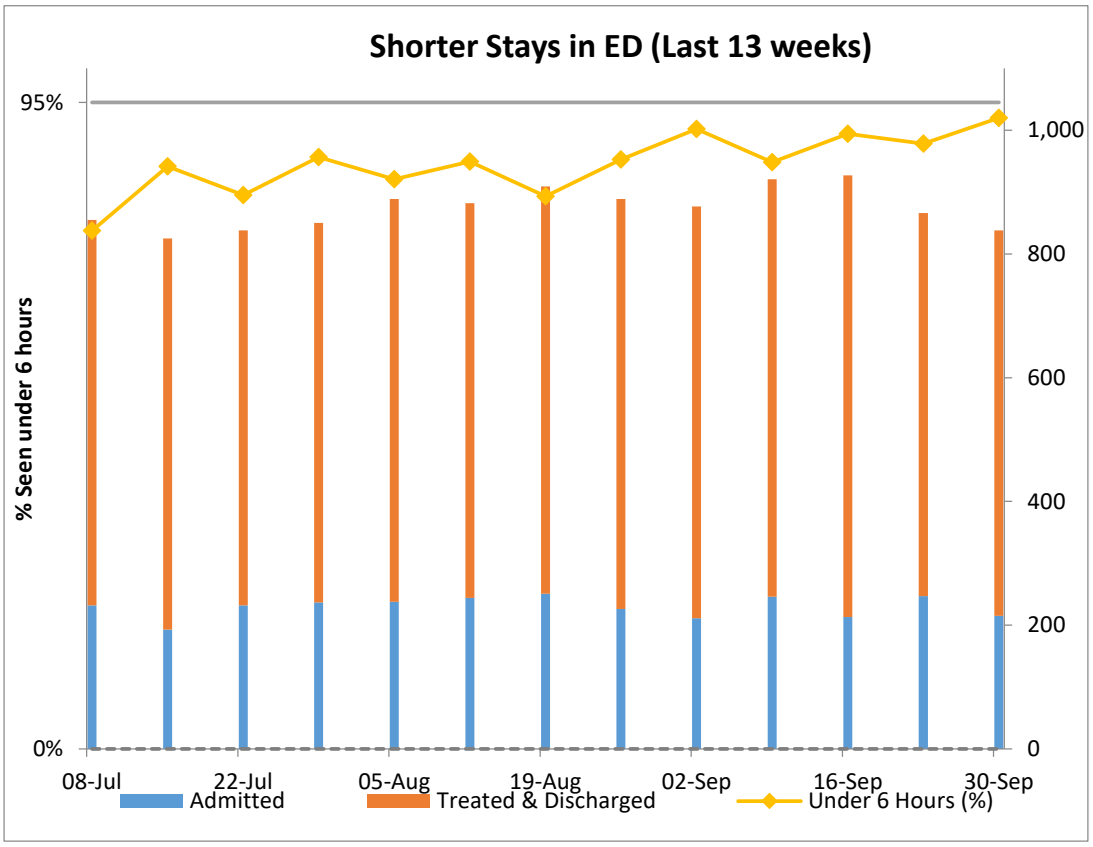
Tables and Graphs

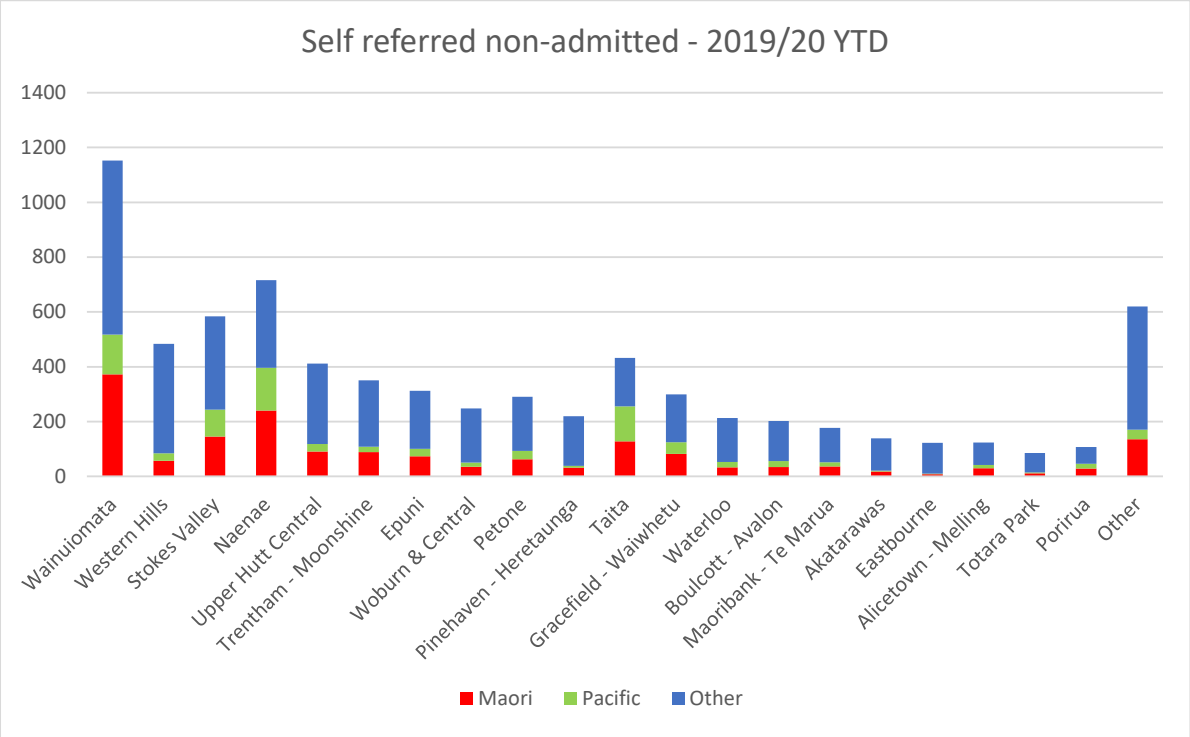
Table 1: Patients seen within 6 hours in ED

	Data	Discharge MOH				
	Percentage Under 6 Hours		Presentations (excl DNW)		Total Percentage Under 6 Hours	Total Presentations (excl DNW)
Arrival Mth	Admitted	Treated & Discharged	Admitted	Treated & Discharged		
Oct-19	81.5%	96.8%	189	524	**92.7%**	**713**
Sep-19	75.1%	94.1%	975	2857	**89.2%**	**3832**
Aug-19	68.1%	90.4%	1054	2880	**84.4%**	**3934**
Jul-19	61.0%	88.6%	1012	2760	**81.2%**	**3772**
Jun-19	68.6%	91.0%	1018	2855	**85.1%**	**3873**
May-19	78.3%	94.2%	1001	3087	**90.3%**	**4088**
Apr-19	79.0%	94.4%	925	2735	**90.5%**	**3660**
Mar-19	76.4%	92.1%	1040	3000	**88.1%**	**4040**
Feb-19	77.8%	93.6%	841	2653	**89.8%**	**3494**
Jan-19	74.3%	93.4%	961	2883	**88.7%**	**3844**
Dec-18	77.1%	93.0%	1034	2867	**88.7%**	**3901**
Nov-18	76.3%	94.2%	1003	2701	**89.3%**	**3704**
Oct-18	78.4%	94.6%	1007	2681	**90.2%**	**3688**

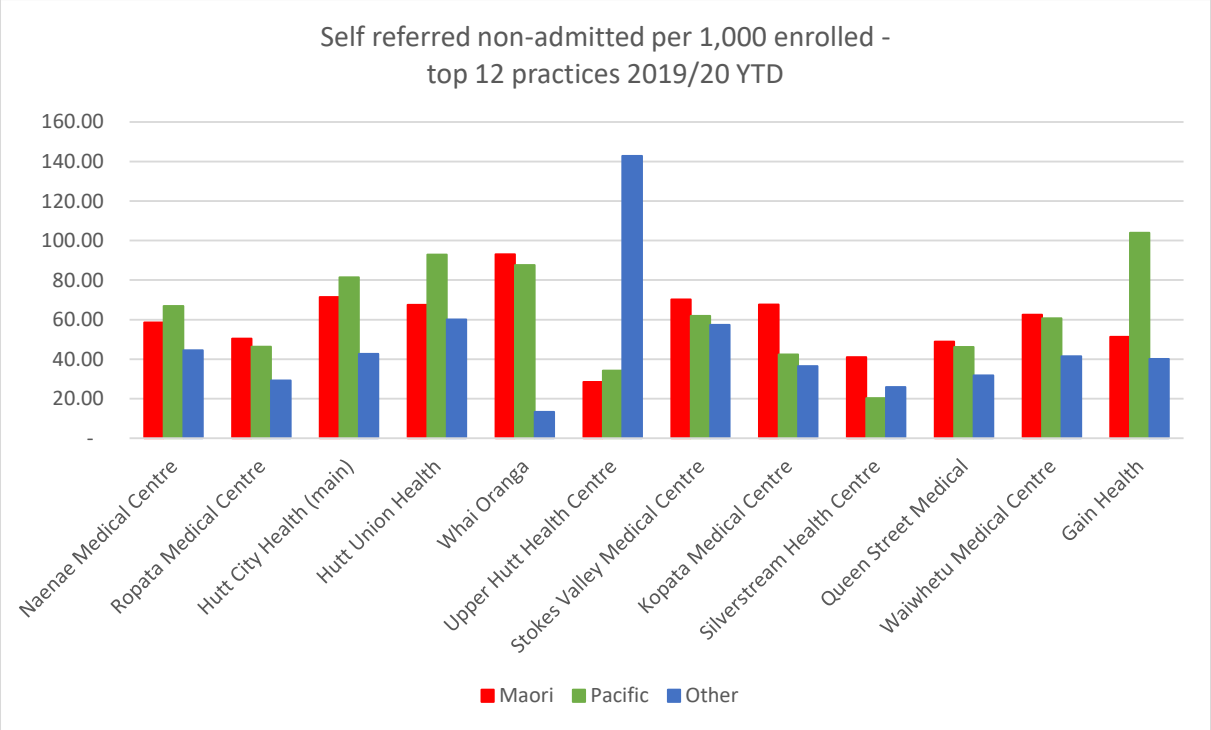
Graph 1: Shorter Stays in ED



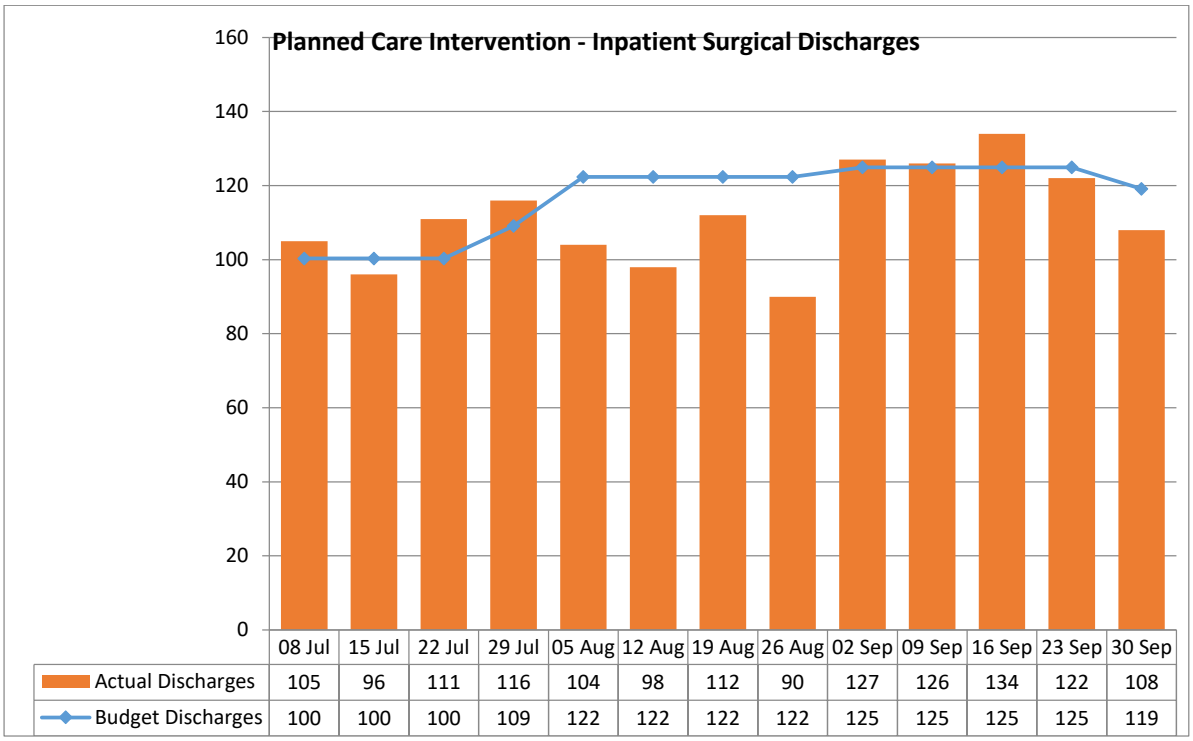
Graph 2: Self-referred non-admitted patients presenting to Emergency Department 2019/20 YTD



Graph 3: Self-referred non-admitted patients (per 1000 patients enrolled) presenting to the Emergency Department 2019/20 YTD – top 12 practices

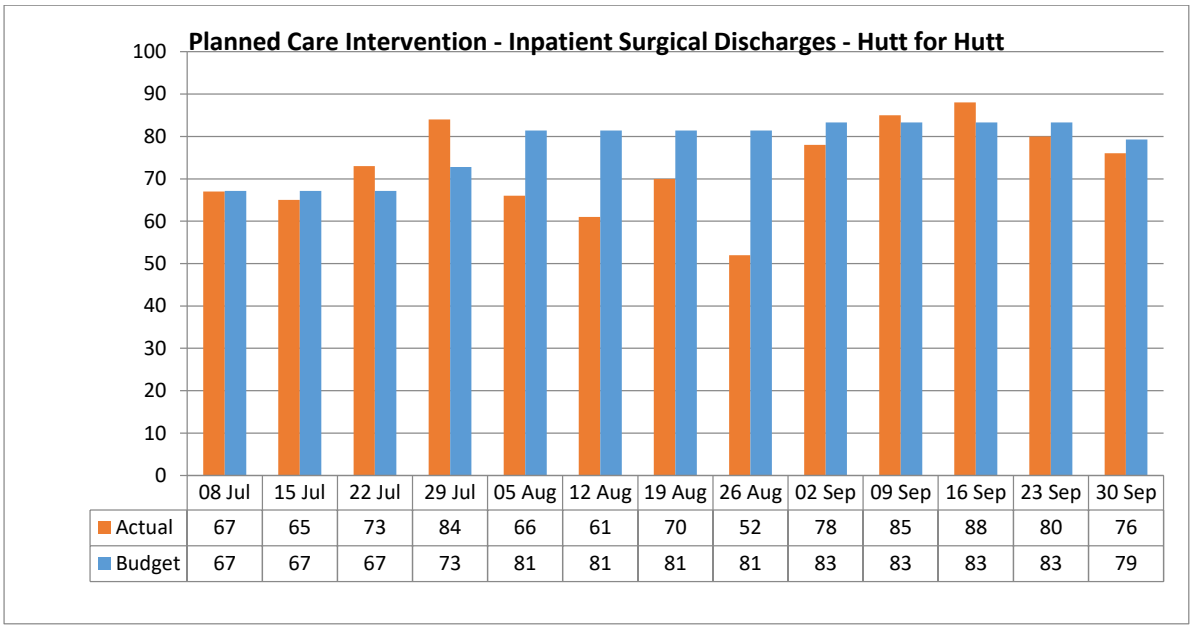


Graph 4: Planned Care - inpatient surgical discharges



	08 Jul	15 Jul	22 Jul	29 Jul	05 Aug	12 Aug	19 Aug	26 Aug	02 Sep	09 Sep	16 Sep	23 Sep	30 Sep
Actual Discharges	105	96	111	116	104	98	112	90	127	126	134	122	108
Budget Discharges	100	100	100	109	122	122	122	122	125	125	125	125	119

Graph 5: Planned Care intervention – inpatient surgical discharges – Hutt for Hutt



	08 Jul	15 Jul	22 Jul	29 Jul	05 Aug	12 Aug	19 Aug	26 Aug	02 Sep	09 Sep	16 Sep	23 Sep	30 Sep
Actual	67	65	73	84	66	61	70	52	78	85	88	80	76
Budget	67	67	67	73	81	81	81	81	83	83	83	83	79

Graph 6: Planned Care intervention – inpatient surgical discharges – inter- district inflows for Hutt

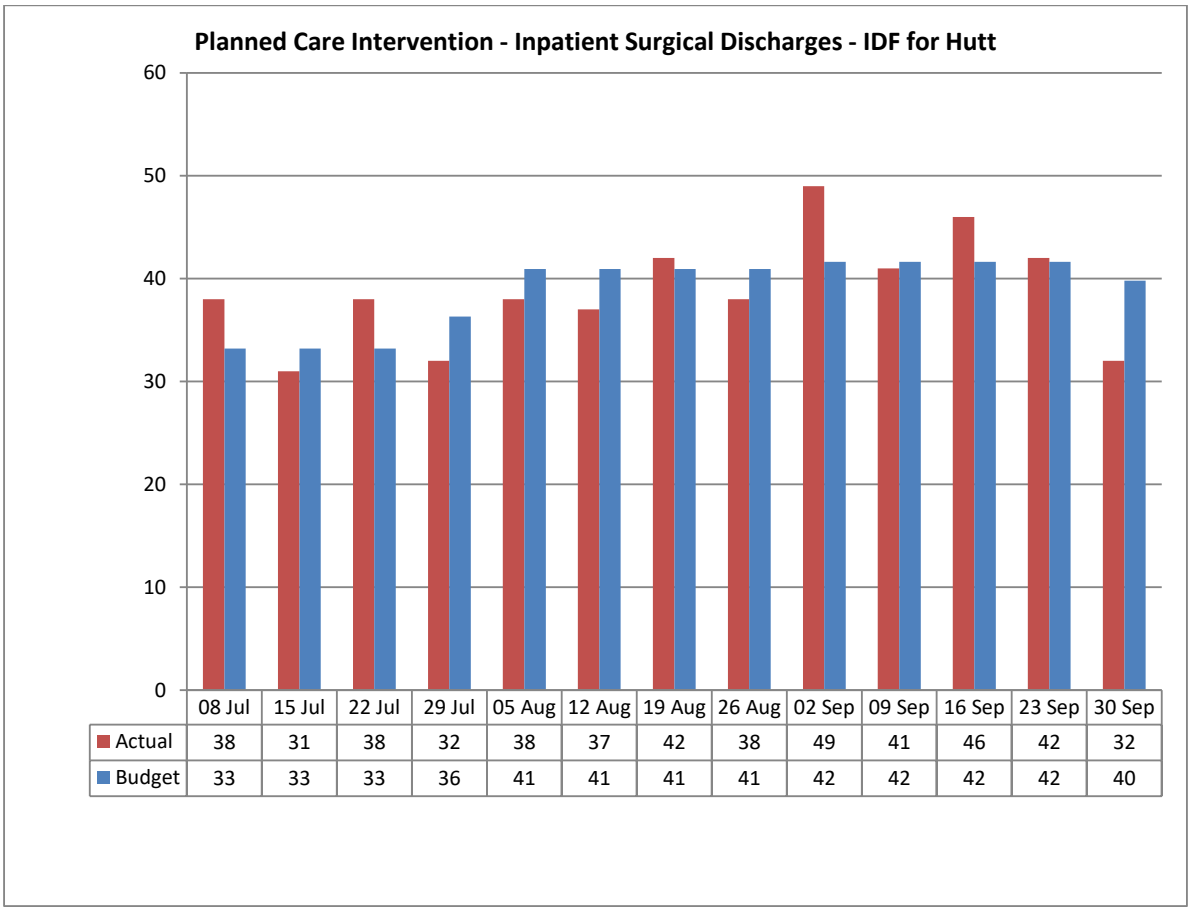


Table 2: Faster Cancer Treatment Performance

FinYear	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 (%)
2019/2020	Oct 19	3	*0*	*0*	*0*	3	3	100.0%	3	3	100.0 %
	Sep 19	9	*0*	*1*	*1*	8	7	87.5%	45	41	91.1%
	Aug 19	12	*0*	*3*	*0*	9	9	100.0%	50	42	84.0%
	Jul 19	14	*0*	*0*	*1*	14	13	92.9%	67	57	85.1%
2019/2020 Total		**38**	***0***	***4***	***2***	**34**	**32**	**94.1%**	**165**	**143**	**86.7%**

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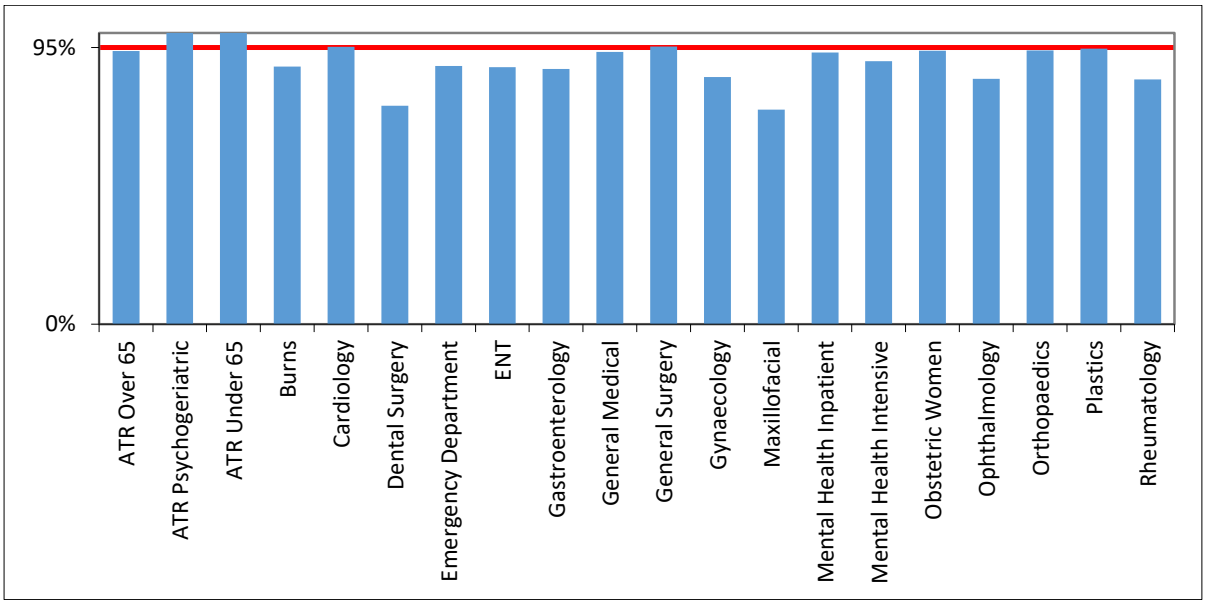
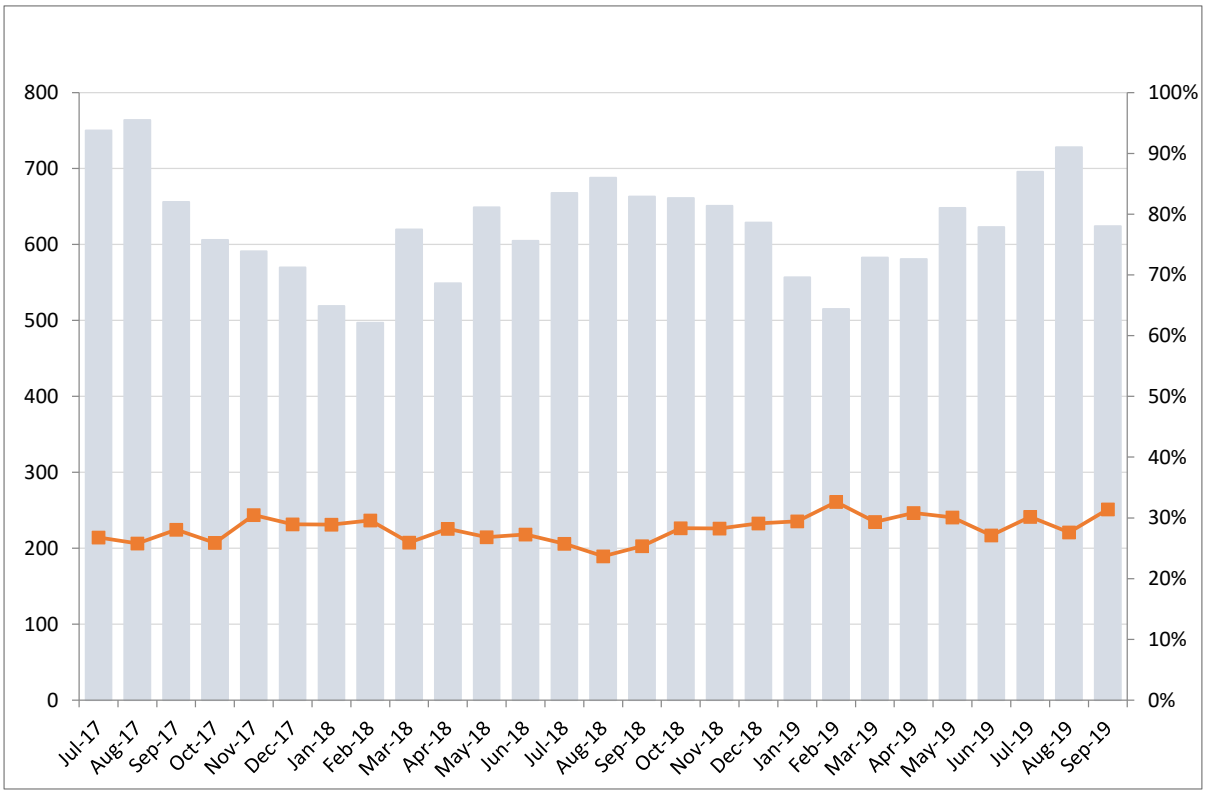
Graph 7: Better help for smokers to quit



Graph 8: Discharges before noon – medical specialty



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Graph 9: Discharges before noon – surgical specialty

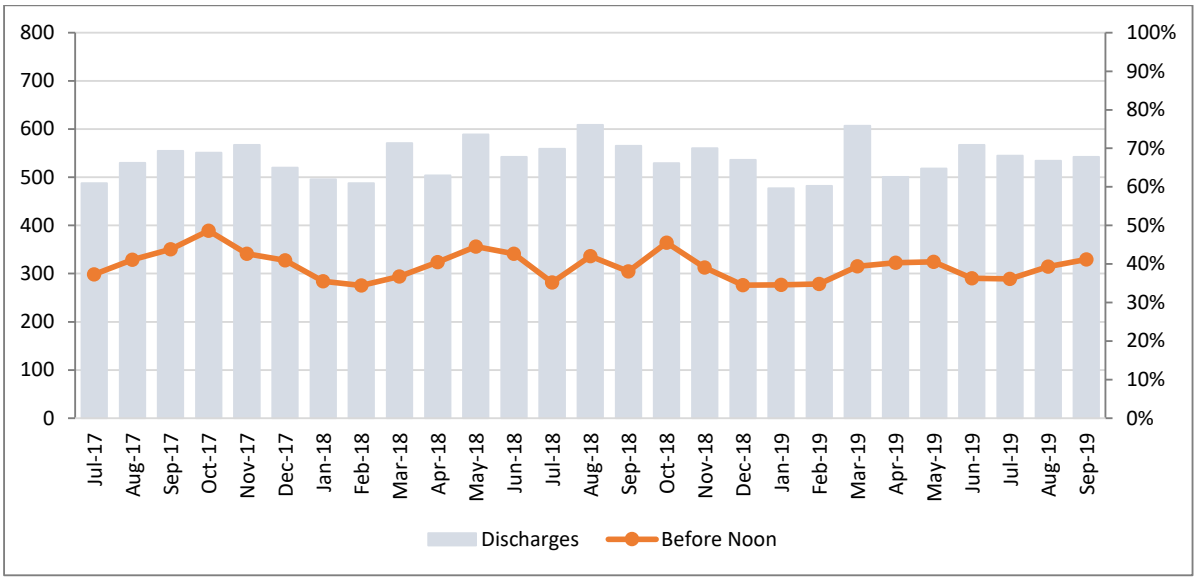
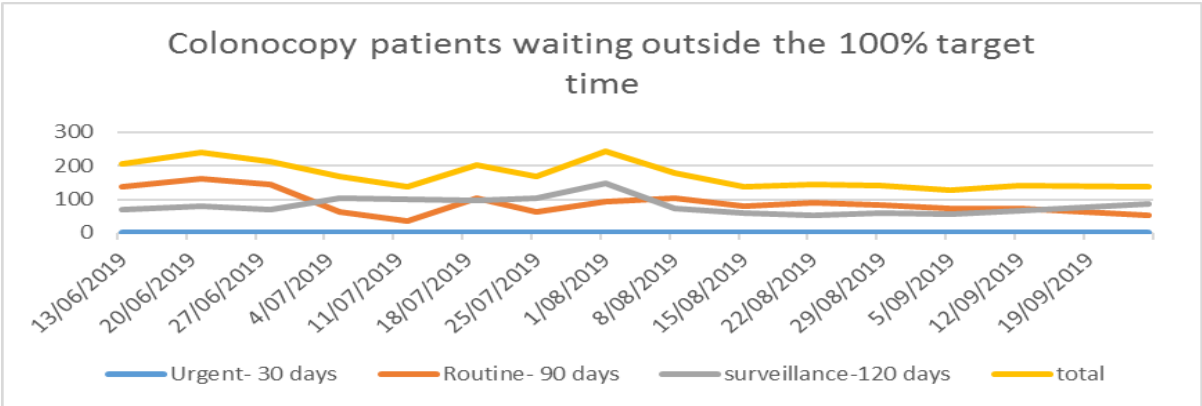


Table 3: Overdue colonoscopy patients by ethnicity as at 10 October 2019

Count of Event			Target Status					
Procedure Group	Ethnicity	MOH Category	Overdue	Due	Waiting	Booked	Hold	Grand Total
Colonoscopy	Maori	Routine	33	5	9	6		53
		Surveillance	10	5	11	3	227	256
	Maori Total		**43**	**10**	**20**	**9**	**227**	**309**
	Pacific	Routine	9	4	2		1	16
		Surveillance	4	3	1	1	66	75
	Pacific Total		**13**	**7**	**3**	**1**	**67**	**91**
	Other	Urgent				8	2	10
		Routine	170	72	62	38	15	357
		Surveillance	146	71	192	28	2305	2742
	Other Total		**316**	**143**	**254**	**74**	**2322**	**3109**
Colonoscopy Total			**372**	**160**	**277**	**84**	**2616**	**3509**
Other Procedure			3	5	378	61	152	599
Grand Total			**375**	**165**	**655**	**145**	**2768**	**4108**

Graph 10: Colonoscopy patients waiting outside the 100% target time



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	BOARD DISCUSSION PAPER
	Date: 21 October 2019

Author	Acting General Manager Strategy, Planning and Outcomes - Rod Bartling
Endorsed by	Chief Executive - Fionnagh Dougan
Reviewed/approved by	The Executive Leadership Team
Subject	**Strategy, Planning and Outcomes Update**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** good progress is being made in advancing the 2DHB joint hospital network planning, with financial and sustainability modelling being developed and planned for high-level service configuration and placement options.

b) **NOTES** that a range of initiatives are being progressed through our Wellbeing Plan, including the staff wellbeing programme 'Mauri Ora', the Tobacco Control Action Plan, and the Water in Schools project.

c) **NOTES** the progress being made in addressing the investment gaps in our adult mental health acute care continuum, as well as the investment proposal for Te Whare Ahuru.

d) **NOTES** that the Ministry of Health has released its first Request for Proposals for improved integrated primary mental health services and the sub-region is providing one joined-up response, led by the sub-region's four Primary Healthcare Organisations, in collaboration with the 3DHBs and NGO mental health providers.

e) **NOTES** that the *First 1000 Days Partnership Project* is complete, including whānau engagement, and a report is currently being drafted, which is expected to be provided to the Board later this year.

f) **NOTES** that Hutt Valley DHB's final draft 2019/20 Annual Plan was sent to the Ministry of Health on 18 October 2019 and will be amongst the first tranche of plans to be submitted to the Minister of Health for approval.

1. PURPOSE

The purpose of this paper is to provide an update to the Board on the work being progressed within the Strategy, Planning and Outcomes group (SPO). Staff in SPO continue to work closely with colleagues at Capital & Coast District Health Board (CCDHB). This approach will be further strengthened through the introduction of a 2DHB Strategy, Performance and Planning structure currently under consideration.

2. STRATEGIC WORK PROGRAMME

2.1 Joint Planning Capital & Coast and Hutt Valley District Health Boards

We are seeking the optimal configuration and placement of services across our hospital network to meet future demands. To date, the joint planning work has focused on service planning across our network of hospitals, and a long-term plan for the services needed at Wellington Regional Hospital, Kenepuru Hospital, and Hutt Hospital.

Following the appointment of the joint CEO for CCDHB and Hutt Valley District Health Board (HVDHB), the decision was made to formalise a Joint Hospital Network planning programme of work, including

development of a Communications and Engagement Plan. A high-level programme plan was considered by the Future Specialty Service Configuring Steering Group (FSSC-STG) who agreed that this work be re-scoped to reflect a stronger alignment to joint-system planning across two DHBs, three hospitals and five localities. This work is now in process.

Two joint hospital network strategic planning workshops held earlier in the year with senior managers and clinicians from both DHBs, resulted in five scenarios depicting the high-level service configuration/service placement options. These scenarios are now being shaped for further discussion and Ernst Young (EY) has been contracted to support the financial and sustainability modelling across the scenarios.

In the meantime, the hospital network approach is being put into action through joined-up service planning work for Breast, Oncology, Renal Dialysis Services, Maternity and Neonatal, Cardiology and ENT services.

2.2 Long Term Investment Plan

Capital & Coast and Hutt Valley DHBs have been working collaboratively on the development of CCDHB's Long Term Investment Plan (LTIP), which is now being finalised.

Both DHBs will then work together on the development of a joint Hutt Valley / Capital & Coast DHB LTIP, to be completed in 2020. To enable a joint LTIP to be delivered in 2020, both DHBs have been working on single methodologies and frameworks for asset planning, workforce planning, and financial modelling. The joint governance structure, already established, will support the development of the joint LTIP.

The long term investment planning will identify the investments needed to ensure our hospitals have the facilities and assets needed in the future to manage growing demand and achieve our strategic objectives – as set out in CCDHB's *Health System Plan 2030* and HVDHB's *Vision for Change* and *Clinical Services Plan*.

The Joint Hospital Network planning programme (referred to in 2.1 above) will help determine the optimal future configuration and placement of services across Wellington, Kenepuru, and Hutt hospitals. This work is a critical component of the joint LTIP and will be incorporated into its development.

2.3 Clinical Services Plan

The SPO team, including the Project Management Office, continue to support the work programme for the Clinical Services Plan (CSP). Particular focus areas include Community Integration, First 1,000 days and Acute Flow. A detailed update was provided to the Board last month with commentary on timeframes and achievements.

Other projects supported by the Project Management Office this quarter include Digital Dental, Women's Health, Radiology Capital, Theatre Optimisation and Whanau as Partners in Care.

2.4 Wellbeing Plan

The current focus areas for implementation are outlined in the following paragraphs.

2.4.1 Promoting Wellbeing at Work

Ongoing support has been provided to the Human Resources team on the development of activities to support the implementation of the staff wellbeing programme 'Mauri Ora', such as development of a Domestic Service Staff Wellbeing Session (providing basic health checks and access to healthy lifestyle providers). The three priority areas in the programme are mental health and wellbeing, healthy eating, and physical activity.

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2.4.2 Tamariki and Whānau with Complex Social Needs

Please refer to section 3.3 – Maternal and Child Health. In addition to this, we have been exploring the possibility of our DHB being part of a multi-agency prevention and reduction of family harm initiative, Whāngaia Ngā Pā Harakeke, led by Police. Further information relating to this will be provided to the Board at a later date.

2.4.3 Tobacco

A two-year Tobacco Control Action Plan is now in place, developed with key providers and community partners, focussing on target populations, cessation, and strengthening smokefree environments. In line with the plan, a new DHB Smokefree Coordinator is providing ongoing training of staff in the delivery of the ABC approach to smoking cessation as well as working on improving coding and referral processes. This role is working closely with two staff from the Regional Stop Smoking Service provider, Takiri Mai te Ata, who come into the hospital to help patients who smoke to consider quitting and support them in their cessation journey. The service prioritises Māori and Pacific patients (and their whānau). Takiri Mai te Ata staff are also available to talk to staff that smoke (and this was promoted on World Smokefree Day).

Another action in the Tobacco Control Action Plan is the ongoing delivery of a social media campaign, focussed on sharing quit smoking stories and promoting healthy behaviours. Our Facebook page has had significant engagement on this campaign.

We attended Council meetings to publicly support the successful extension of the Smokefree Outdoor Public Places Policy to include vapefree in smokefree environments, to include bus stops as smokefree, to introduce Te Reo Māori signage, and to increase the number of smokefree town centres. Work is currently underway to seek Māori and Pacific input and feedback on a draft Hutt Valley Vaping Position Statement before it is finalised.

2.4.4 Enabling Healthy Eating and Active Lifestyles

Work is underway with Regional Public Health, Healthy Families Lower Hutt and the Ministry of Education to ensure collaborative work on the Water in Schools project. This renewed work includes a strong focus on equity and a place-based approach to implementation. It is intended that this work will then develop into a healthy food environment focus within schools also. Work is also underway with partners to develop a funding process to seed-fund community-led prevention solutions that influence healthy weight and reduce obesity in pre-schoolers.

2.4.5 Embedding the Wellbeing Plan

The focus has been to continue to build relationships and understand perspectives of key partners in health and other sectors, as well as clarifying the role of the DHB in each of the Wellbeing Plan's seven focus areas (whether to lead, coordinate or support). A Wellbeing Plan Advisory Group is now being set-up with key stakeholders to help inform the priorities for this programme of work.

3. INTEGRATION WORK PROGRAMME

3.1 Health Care Home (HCH)

The Health Care Home (HCH) programme continues to progress well with nine practices 'live':

- Ropata Medical Centre and Hutt City Health Centre – July 2018
- Silverstream – October 2018
- Naenae Medical Centre and Waiwhetu Medical Centre – January 2019
- Muritai – July 2019
- Petone – July 2019
- Queen Street – July 2019
- Upper Hutt Health Centre – July 2019

This means that more than 50 percent of the total enrolled population and more than 50 percent of Hutt Valley's high needs population will be under a HCH.

Two additional practices have submitted applications to become a Health Care Home – these will be assessed in October 2019.

3.2 Community Networks – Neighbourhood Approach

Phase one of the Community Networks work stream continues with the creation of HVDHB's Single DHB Community Service. Currently there are eight discrete teams operating independently under Community Health Services. Significant internal engagement has taken place over the last three months in preparation for bringing seven of these teams into a one-team model, which is expected to be complete by early 2020. This will begin to address some of the issues around transfer of care, continuity, duplication and inefficiency that were identified prior to the development of the Community Integration Model of Care. Putting in place a single DHB community allied team that works alongside the DHB community nursing team will enable the DHB to work much more closely with primary care and begin to formalise a 'Neighbourhood' approach (virtual teams, wrapped around clusters of general practices).

At the same time, the Clinical Integration workstreams continue to be developed. Primary Care have direct access to SMO advice for Diabetes, Respiratory, Rheumatology, Cardiology, OPRS (Geriatrics), Palliative Care and Paediatrics. Other types of specialist support for primary care are underway and developing. For example, specialist nursing teams are allocated to clusters of general practice (diabetes, district nursing), shared COPD acute plans and interdisciplinary palliative care led by Te Omanga Hospice.

3.3 Maternal and Child Health

The *First 1000 Days Partnership Project* is complete including whānau engagement. A report is currently being drafted in consultation with the DHB's Child Health Network and Maternal and Child Health Provider (MECH). Additionally, the *Data Matching Project Phase II* is also complete. This project tracked a cohort of children born in the Hutt Valley in 2013 through to their B4 School Check at age four. This project has enabled us to better understand utilisation patterns of children across the health services provided in the Hutt Valley.

Following a recent update of key projects to the Community and Public Health Advisory Committee (CPHAC), our CEO, Fionnagh Dougan, recommended that the two DHBs work to develop a cohesive Child and Youth Strategy for the sub-region. This will be co-led by Kerry Dougall (Director Māori Health, HVDHB). Further details of this work will emerge over coming weeks and will align with the recently published New Zealand Child Wellbeing Strategy and other local and regional strategic directions.

Given the depth and breadth of the key projects already undertaken by the Child Health Network, it is envisaged that their current work will be incorporated in framing the proposed 2DHB strategic direction. This will enable both CCDHB and HVDHB to strengthen the provision of care provided to children and their families.

In addition to the above, the following are other key pieces of work happening across the maternal and child health portfolio.

3.3.1 Children's Outpatient Project

The Children's Outpatient Project is progressing well with three workstreams focussed on data collection, secondary care pathways, and the nursing model. The project is working to drive efficiency within the Children's Outpatient Service and strengthen ways of working across secondary services and with primary/community providers.

3.3.2 Community Paediatrics

Dr Pat Tuohy has joined the paediatrics team for a fixed term and the team will be appointing a community paediatrician in 2020. The addition of Dr Tuohy and the new community paediatrician

will enable the service to explore opportunities for better integration with primary and community services.

3.3.3 New-born Enrolment

The DHB has identified a number of system issues with its new-born enrolment process (the process by which a baby is registered with a general practice, Well Child Tamariki Ora, National Immunisation Register and Community Dental). A project is well underway to address these concerns and ensure appropriate handover of the child from midwifery care.

4. MENTAL HEALTH WORK PROGRAMME

4.1 Living Life Well, the Government Response to the MHA Inquiry Report and Budget

He Ara Oranga - Report of the Government Inquiry into Mental Health and Addiction was announced in November 2018. *Living Life Well (2019 – 2025)*, our 3DHB Mental Health and Addictions Strategy 2019-2015, aligns with *He Ara Oranga* and sets the strategic direction for mental health and addiction care across Capital & Coast, Hutt Valley and Wairarapa DHBs.

The release of The Wellbeing Budget in May 2019 saw the Government respond to the mental health Inquiry with a $1.9 billion package over five years across a range of portfolios including health, education, corrections, justice and housing. At the centre of the package is $455.1 million to expand access to primary mental health and addiction support for those with mild to moderate mental health needs.

Following the Budget announcement, in September 2019 the Ministry of Health released a Request for Proposals (RFP) for Integrated Primary Mental Health and Addiction Services. The proposal focuses on primary mental health care provided by Primary Health Organisations and partners.

The sub-region's four PHOs are leading the development of a single joined-up proposal to the RFP including partner organisations such as mental health NGOs. Planning is well advanced for the submission of this single proposal. We expect this RFP to be the first of several released and therefore a collaborative sub-regional forum has been established to position the sub-region to be in the best possible place to maximise the opportunities these RFPs offer.

4.2 Mental Health Acute Care Continuum

The Mental Health Acute Care Continuum project is a 3DHB Project led out of HVDHB. Approval for the model of care, and commitment for investment within Hutt Valley for 2019/20 was confirmed at the August 2019 Board meeting. A project manager has been engaged and a commissioning plan will be completed by mid-November. An updated governance structure with a re-organised steering group is being established.

Each DHB has started implementation planning, including identifying the activity needed to improve the coordination of existing services, and identifying the additional services needed over time in each locality. CCDHB will partner with HVDHB to develop plans for services for their 2020/21 budget, and Wairarapa DHB will implement development aligned to the Acute Care Continuum (ACC), following on from their review of services early in 2019. Hutt Valley DHB will proceed with approved funding in the 2019/20 budget.

4.3 Alcohol and Other Drugs

Work is progressing on the development of a 3DHB Alcohol and Other Drug (AOD) Model of Care, led out of CCDHB. The model of care will form the basis of a budget proposal for the 2020/21 budget for the three DHBs.

In September 2019, Robyn Shearer, the Deputy Director-General Mental Health and Addiction, Ministry of Health, wrote to the Chief Executives of all DHBs with the details of some additional funding for specialist AOD services. In line with the intention to address cost pressures, the expectation is that

funding be applied to existing contracts where possible to address sustainability and disparities. There is also a focus on existing NGO AOD residential care, managed withdrawal, continuing care or other initiatives; that align with the recommendations in the Government's inquiry He Ara Oranga. The Central Region has been allocated $2 million for this purpose.

A regional investment plan for this funding is being completed by the portfolio managers representing the six DHBs in the Central region. The plan will form a proposal on how the funding should be allocated. The proposal is scheduled for endorsement at the General Managers Planning and Funding regional meeting on 24 October 2019. The proposal will be sent to the Ministry of Health by the end of October 2019.

4.4 Te Whare Ahuru Reconfiguration

The Te Whare Ahuru (TWA) reconfiguration project is now in the final stages of completing a business case for investment. The business case will be provided to the Board for approval ahead of being forwarded to the Ministry of Health.

Recent activity has included operational resource modelling for both the proposed refurbishment and new build options, as well as further development of a model of care, which is being completed by the MHAIDs service. Contingency planning is underway for what steps can be taken to improve the facility if there is a lengthy delay in receiving national capital funding approval for the proposed reconfiguration.

4.5 Maternal Mental Health

The DHB is committed to strengthening its response to maternal mental health by increasing services available for women with mild to moderate postnatal depression. Funding for service expansion will come from the DHB's 2019/20 commitments or from Budget 2019. The team continues to develop options for service design and is engaging with stakeholders and providers to plan for improved services. A key feature of the ongoing service design work is about coordinating access to support and counselling from a number of available providers.

4.6 Mental Health Integration

The Hutt Valley Mental Health and Addictions Network has undertaken a number of activities/work streams to support improved integration of specialist Community Mental Health and Addictions services with primary care. This has identified a number of opportunities that have been prioritised, including a proposal for further investment to enable this integration. An approval paper is expected to be provided to the Board in November 2019 for consideration.

4.7 Palliative Care Project and Embedding Advanced Care Planning

Implementation of the *Living Well, Dying Well* strategy is nearing completion. The work has advanced well and a new model of integrated specialist nursing continues to be rolled out across the Hutt Valley. This involves new Palliative Care Facilitators being designated to a neighbourhood (Upper Hutt, Central Hutt and Lower Hutt) to work with clusters of general practice teams. These specialist nurses will work with practices to develop palliative care registers at their practice (based on the Gold Standards Framework, UK), which clearly identifies patients in their last year of life. The facilitator will work closely with the practice to ensure adequate assessments, planning of care, and regular and timely reviews for this group of patients and their family/whanau.

Other work continues alongside this that includes training for staff, funding for general practice teams, support for residential care, and other projects to better integrate services. This work will move to business as usual in the New Year.

Work to implement and embed Advanced Care Planning continues with free one-day training workshops for staff across the health system to grow the engagement of staff and patients with ACP.

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5. SPO OPERATIONAL PROGRAMME

5.1 2019/20 Annual Plan

Our final draft 2019/20 Annual Plan has been signed by the Board Chair and Chief Executive and was sent to the Ministry of Health on 18 October 2019. The final draft plan incorporates our 2019/20-2022/23 Statement of Intent and an updated 2019/20 Statement of Performance Expectations. The Ministry of Health has advised us that our annual plan will be included in the first tranche of plans to be submitted to the Minister of Health for approval.

5.2 Primary Care

The Piki programme was officially launched with Te Awakairangi in the Hutt Valley in August 2019. Piki is a major initiative in collaboration with Tu Ora Compass to implement the pilot government programme to provide integrated mental health therapies for 18 to 25 year olds with mild to moderate mental health conditions. Additional staff have been successfully recruited to expand primary care mental health services in the Hutt Valley. The team have been trained in the use of the Melon app, which provides the clients with information and access to peer groups. The app also captures the key information required to monitor and evaluate the pilot.

5.3 Home and Community Support Services

The delivery of services by two providers (Nurse Maude and Access) continues to improve. There has been a reduction in the number of late cares provided. The number of complaints has also reduced.

5.4 Hutt Valley Dementia Framework Stakeholder Group

For eighteen months there has been a multi-agency group led by the DHB with a focus on increasing the activities and knowledge of the Hutt Community to enable a wider range of activities accessible to people living with dementia. The group is expecting to be further informed through the anticipated outcomes of the National NZ Framework for Dementia Care stocktake and national Dementia Action Plan.

5.5 Community Pharmacist Services

All Hutt Valley community pharmacies have accepted the variation to their contract that provides funding to recognise pharmacists' role in providing health advice to members of the public. The payments put more emphasis on equity factors by having greater weighting for Māori and Pacific and people with a Community Services Card. The emphasis on equity has been a significant step forward, although the payments are still largely based on medicine dispensing volumes and greater weighting on demographic characteristics would be preferable.

Consultation on the Contracting Policy for pharmacist services and submissions closed on 4 October 2019. A final policy is planned to be submitted for the Board's approval at the November 2019 meeting. We are aware of at least two applications for new pharmacies that will be considered under the new policy.

5.6 Pharmaceuticals Funding

The Government's announcement of a New Zealand cancer strategy was accompanied by the announcement of an additional $60 million funding for pharmaceuticals, of which $20 million will be available in 2019/20. The additional expenditure impact for Hutt Valley DHB is expected to be about $600,000 in 2019/20 and the DHB awaits additional information from the Ministry of Health on the new funding arrangements.

5.7 Māori Health

Work is advancing to re-establish a Maori mental health team within MHAIDS. This team was dis-established in 2009, and we have been working with our MHAIDS colleagues to re-establish such a team

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with a strong kaupapa model of care for Hutt clients. The process has been delayed while a suitably qualified project manager is sourced to work closely with the Iwi and the Māori community.

As part of the adult acute continuum of care programme of work underway, we are also advancing how we can expand service offerings with Kaupapa mental health providers. Investment options along the continuum are currently being scoped, with the strengthening of Māori kaupapa options a core component of that work.

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HUTT VALLEY DHB	**BOARD DISCUSSION PAPER**
	Date: 31 October 2019

Authors	Director Māori Health - Kerry Dougall
Endorsed by	Chief Executive - Fionnagh Dougan
Subject	**Māori Health Update**

RECOMMENDATIONS

It is recommended that the Board:

a) **NOTES** the work underway in the following areas of Te Pae Amorangi Hutt Valley DHB Māori Health Strategy (Te Pae Amorangi):

- Te Pae Aronga Tuatahi – Increasing Māori workforce across the system;
- Te Pae Aronga Tuarua – Organisational Development and Cultural Safety;
- Te Pae Aronga Tuatoru – Commissioning;
- Te Pae Aronga Tuawhā – Mental Health and Addictions;
- Te Pae Aronga Tuarima – First 1,000 Days.

b) **NOTES** the 20 DHB Chief Executive's endorsement of Te Tumu Whakarae's position statement on increasing Māori participation in the workforce and the approved six targets to support the position statement and increase Māori participation in the workforce;

c) **NOTES** a Hutt Valley DHB Te Tiriti o Waitangi Policy has been developed by the Pou Tikanga and was approved by the Executive Leadership Team;

d) **NOTES** the work underway as part of the Māori Health Operational Work Programme;

e) **NOTES** the development of an investment plan for implementation of Te Pae Amorangi.

APPENDICES

1. **Kia Ora Hauora Hutt Valley DHB Statistics – August 2019**
2. **Letter from John Whaanga regarding Te Pae Amorangi**
3. **Email regarding 20 DHB CEs endorsed Te Tumu Whakarae's position statement on increasing Māori participation in the workforce**
4. **Māori representation within DHB employed workforces as at 30 June 2019**

1. PURPOSE

The purpose of this paper is to provide the Board with an update on the activities of the Māori Health Directorate.

Ko te Amorangi ki mua, ko te hāpai ō ki muri
The leaders in the front, the workers behind

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2. STRATEGIC WORK PROGRAMME

This paper links through to Our Vision for Change, Te Pae Amorangi, and Hutt Valley DHB's Wellbeing Plan, and also aligns with government priorities, including:

- Māori Health;
- Achieving Equity;
- Child Health;
- Mental Health.

2.1 Te Pae Amorangi Hutt Valley DHB Māori Health Strategy

2.1.1 Te Pae Aronga Tuatahi – Increasing Our Māori Workforce across the System

2.1.1.1 Hutt Valley DHB collaborates with YOUth Inspire

Lower Hutt Mayor Ray Wallace champion's YOUth Inspire - this nationwide Mayors Taskforce for Jobs initiative is committed to building a brighter future for all young people in Aotearoa. Their focus is to see all young people under 25 engaged in meaningful education, training or employment.

On 4 September 2019, the Hutt Valley DHB's Māori Workforce Coordinator hosted 36 rangatahi that are currently taking part in the YOUth Inspire Programme. The purpose of the session was to inspire rangatahi to pursue a career in Health. There was a mix of DHB employees and placement students on hand to share their stories and their journeys into a career in health, including:

- Nikita Hunter, Registered Nurse/Public Health Nurse, Regional Public Health, HVDHB
- Shavana Ashford, Manaaki Whanau, Māori Health Team, HVDHB
- Sharelle Ratu, Third Year Social Worker Student, HVDHB
- Chris King, Director Allied Health, Scientific and Technical, HVDHB
- Leigh Andrew's, Central Coordinator, Kia Ora Hauora

A number of the rangatahi will follow up the session with four weeks work experience at the hospital. This session was the first of what will be an annual event and next year we plan to include hospital tours.

2.1.1.2 Whakapumautia te Aroha, Hutt Valley DHB's Māori mentoring programme

Our Māori Workforce Development Coordinator is developing Whakapumautia te Aroha, Hutt Valley DHB's Māori workforce mentoring programme.

Whakapumautia te Aroha will be based on a Tuakana-teina mentoring relationship which is closely linked to traditional whānau practices and a valuable tool within workplace settings.

- Kanohi ki te kanohi engagement is an effective method for developing trust and teaching new skills;
- Whānaungatanga is viewed as the most important support factor in learning, and strong relationships based on respect, reciprocity and trust are essential.

The intention of the programme is to grow the Māori workforce across all areas, with a focus on Māori leadership and development.

We have called for expressions of interest for Tuakana and have received a number of people willing to koha their time to develop others. We will start with a pilot programme to ensure we develop a sustainable future focused programme.

The feedback for this has been extremely positive and we hope to launch the programme in late November 2019.

2.1.1.3 Creating a Board level governance seat for Rangatahi Māori to be exposed to and participate in governance

A draft board paper that outlines the proposed approach to creating a Board level governance seat for Rangatahi Māori will be presented to the Executive Leadership Team.

The key benefits of creating a Board level governance seat for Rangatahi Māori are:

- To grow interest in health governance with Rangatahi Māori;
- To enable and encourage increased Māori participation in decision-making at a governance level;
- Inclusion of Māori members on government boards has many benefits for New Zealand, Māori and the board members themselves;
- Enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people is a key thread of He Korowai Oranga.

2.1.1.4 Increasing our Māori Workforce through policy

Māori and Pacific workforce development and recruitment is a high priority for our DHB as well as nationally.

Our Māori Workforce Development Coordinator has drafted the following policies which have been assigned to the Human Resources department to drive and lead the finalisation and implementation:

- Māori Workforce Recruitment Policy
- Progression of Eligible Māori and Pacific Applicants to Interview Policy

The Māori Workforce Recruitment Policy seeks to improve the way we recruit by making the process culturally adapt. The policy will ensure that all Hutt Valley DHB

advertisements are designed to attract Māori applicants and will include an organisation diversity statement, a Māori welcome, a whakatauki, and a DHB kowhaiwhai.

The Progression of eligible Māori and Pacific applicants to interview policy will see all Māori and Pacific candidates who meet the core criteria for the role applied for automatically shortlisted for an interview, along with any other candidates who meet the position criteria.

2.1.1.5 Rangatahi Pipelines into Health

We are in the early stages of developing a pipeline programme, which will be delivered in targeted schools with high Māori populations. The intention will be to work with identified rangatahi who have an interest in health and wellbeing.

The programme will include a focus on building individual goal plans to focus on:

- NCEA credits
- Building science and maths knowledge
- Mentoring and leadership

We are looking across the region at current pipeline models and investments and will draw from their success. The programme will be launched in February 2020.

2.1.2 Te Pae Aronga Tuarua – Organisational Development and Cultural Safety

2.1.2.1 Te Tiriti o Waitangi Policy

A Hutt Valley DHB Te Tiriti o Waitangi Policy has been developed by the Pou Tikanga and was approved by the Executive Leadership Team. The policy is an enabler to enact our treaty partnership obligations.

The Chief Executive, Mana Whenua Board Chair and Hutt Valley DHB Board Chair will sign the policy at the next Board-to-Board session.

2.1.2.2 Te Kawa Whakaruruhau Cultural Safety Training

Our aspiration is that everyone who works with and for us will be culturally safe, highly skilled and knowledgeable around Māori health, equity and our local community needs.

We will implement training that ensures all DHB employees are responsive to whānau Māori and understand the ongoing impacts of colonisation and its effects on health status. Most importantly, employees will know and understand how they can contribute to a more equitable environment.

Our Current State

- The Minister of Health's expectation that DHB Chairs, Boards, Chief Executives and Management will work together to address equity of access to health services and equity of health outcomes.
- The impetus for understanding your individual role in achieving equity has been heightened by recent reports such as the WAI 2575 Hauora Report;
- We do not have key performance indicators at any level measuring relevant indicators for Māori health or equity;
- We currently have a very brief eLearning module online which all employees complete as part of their ongoing learning;

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- We have not had Māori health or Treaty of Waitangi training offered within the DHB for many years.

Table 1. Overview of Te Kawa Whakaruruhau Organisational Development and Cultural Safety

Title	Overview
Tikanga Māori - Māori Customs & Practices	Delivered on local Marae over two [2] days, with a unique Māori flavour: - Includes local stories and marae history; - Covers topics such as New Zealand history, Imperialism, Colonialism; - Māori history through Māori eyes; - Colonisation and nation building; - Te Tiriti o Waitangi, The Declaration of Independence, Land wars; - The Waitangi Tribunal, Health and Hauora; - HVDHB Te Pae Amorangi
Ko Aōtearoa Tēnei - This is Aōtearoa	Delivered onsite as a ½ day training 9-12pm or 1-4pm: - May be incorporated into new staff orientation; - Focused on pre-Treaty of Waitangi; - Imperialism & Colonialism; - The history of the colonisation of NZ; - Wellington and the Hutt Valley; - Local Iwi; - Every six [6] weeks, annually
Te Tiriti o Waitangi - The Treaty of Waitangi	Delivered onsite as a ½ day training 9-12pm or 1-4pm: - May be incorporated into new staff orientation; - Focused on the Declaration of Independence; Focused on the signing of the Treaty; - Post-Treaty warfare; - The Waitangi Tribunal; - Health & the Treaty; - HVDHB Te Pae Amorangi.
Kōrero Mai Kōrero Atu - Māori Health Q&A	Delivered onsite as an informal one [1] hour lunchtime Q&A session with staff in the HVDHB auditorium or similar. Also a good opportunity for staff to bring projects or plans for feedback.
Te Pātukituki o te Pūmanawa - The Beating Heart	Online intranet presence including: - Te kūpū o te wiki; - Te kōrero o te mārama; - Workforce opportunities; - Mobile app links; - Te reo style guide; - Handy Māori Health links; - Internal Māori Health updates and the current online training revamped.

Te Reo Pūkoro - Connecting to mobile	A mobile app designed to complement the content of the training and the online presence for staff. A modern way of providing information and guidance.

The Māori Health Team will conduct two tester training sessions with staff in-house, in November 2019. These sessions will give us critical feedback on the tone, pitch and content and allow for refining before we go live in 2020.

2.1.2.3 Online Training [eLearning]

Ko Awatea is our online platform for staff to complete eLearning, the existing Māori health modules have been updated and revamped. The new eLearning experience will cover a broad array of topics from within macro themes of New Zealand History, The Philosophy of Colonialism, Te Ao Māori and Te Tiriti o Waitangi. This training is currently being modulated and aligned to the overarching Te Kawa Whakaruruhau training programme.

2.1.2.4 Bilingual Signage

The Māori Health Team are currently in discussions with Property, Facilities & Infrastructure around bilingual signage, the entire hospital will eventually be sporting new signage which will take on a new theme, look and feel and be designed alongside the Manawhenua Board to reflect the a local flavour. It is expected that designs and wording will be ready for print early in 2020.

2.1.3 Te Pae Aronga Tuatoru – Commissioning

2.1.3.1 Māori Health Dashboard

We have been working on the development of a Māori health dashboard that providers robust and transparent data to support the implementation of Te Pae Amorangi.

This challenge for Māori health in this development has been impacted by other data needs across the DHB and the quality and types of the data the DHB collects.

Working through these issues will allow the presentation of the new dashboard at the next Māori health update to the board.

Our vision is that this dashoboard will benchmark data expectations moving forward to support all areas across the DHB.

2.1.3.2 Māori Health Provider Contracts

With the departure of Harley Rogers, Māori Health Portfolio Manager, Strategy, Planning and Outcomes; the Māori Health Team will manage all existing Māori Health Provider Contracts in the interim.

The long-term management of these contracts will be decided as part of the integration of the 2DHB Strategy, Planning and Performance services.

2.1.4 Te Pae Aronga Tuawhā – Mental Health and Addictions

2.1.4.1 Hutt Valley DHB Kaupapa Māori Mental Health Services

We are going through the 2nd round of recruitment for the Project Lead role, applications close on the 15th October.

2.1.5 Te Pae Aronga Tuarima – First 1,000 Days

2.1.5.1 First 1000 Days project

The project as a whole has been completed. The report is being completed as a joint venture between Māori health and Strategy, Planning and Outcomes; and will be utilised to develop recommendations for improvement of services.

We have identified initial common themes in our analysis of the interviews with wahine and whanau:

- Inappropriate services for the needs of whānau Māori,
- A common feeling of judgement,
- Women were not able to get the services they needed,
- Support services are not well integrated,
- Information was not communicated in a way that enabled whānau to understand,
- Lack of transparency and whānau were not told about services they could access that could be of benefit,
- Kaupapa Māori Services worked,
- Whānau were not always offered Te Ao Māori practices and would like to have Kaupapa Māori services as an option;
- Trusted relationships are an integral part of quality care.

3. MĀORI HEALTH UNIT OPERATIONAL WORK

In this board cycle, there have been a number of noteworthy events that have happened within the Māori Health Unit.

3.1 Internal Strengths Course

Our Māori Mental Health Community Liason kaimahi supported a number of men and whanau he works with to attend the Internal Strength Programme run by Paul Whatuira in Wainiuomata.

This two-week programme gave participants the opportunity to focus on building their internal strength for resilience and to develop everyday strategies to manage their mental and physical wellbeing.

3.2 Bowel Screening Equity Hui

We continue to support bowel screening and attended the Bowel Screening Equity Forum in Palmerston North. This annual hui provides the opportunity to share best practice and innovation across the region. The forum includes Ministry of Health representation. Ongoing common themes were again presented to the Ministry to address inequity within bowel screening, these included:

- Lowering the age for Māori entry to the programme as they are diagnosed with bowel cancer at an earlier age.
- Reduce the age for non-Māori/non-Pacific if there are not enough colonoscopy appointments available.

The Ministry made no commitment to any of the recommendations.

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3.3 Hutt Valley Whanau Cancer Hui

Māori whanau cancer hui are being held across the central region to inform a central regional plan to focus on the inequity in access, diagnosis and treatment. We are partnering with a wide range of Māori providers, Non Government Organisations , Hutt Valley DHB, and The Central Regional Cancer Network to specifically hear the voices of Māori whanau affected by cancer. The hui is being hosted by Waiwhetu Marae on 22 October.

The purpose is for the Central Region network to develop a specific action plan to address the significant inequities for Māori.

4 NATIONAL DEVELOPMENTS

4.1 Tumu Whakarae, National Directors Māori Health

Earlier this year, the 20 DHB Chief Executive's endorsed Te Tumu Whakarae's position statement on increasing Māori participation in the workforce, and in May 2019 approved six targets to support the position statement and increase Māori participation in the workforce.

The six target areas are as follows, in order of implementation date:

Implementation Date	Target
30 June 2020	Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown" by 30 June 2020.
By 2022	All DHB staff (clinical and non-clinical) who have contact with patients and whānau, Board members and those in people management or leadership roles will demonstrate participation in cultural competence training by 2022.
By 2030	Each DHB will employ a Māori workforce that reflects the Māori population proportionality for their region by 2030.
By 2040	Each DHB will employ a Māori workforce with occupational groupings that reflect the Māori population proportionality for their region by 2040.
Reporting October 2019	In each DHB 100% of Māori applicants who meet the minimum eligibility criteria for any role are shortlisted for interview.
	In each DHB, turnover for Māori staff will be no greater than the DHB turnover for all staff.

Kia Ora Hauora
Supporting Māori into Health

HUTT VALLEY DHB STATISTICS | AUGUST 2019

NATIONAL DATA

3,189

TOTAL MĀORI REGISTERED ON THE KIA ORA HAUORA THE DATABASE

TOTAL # TERTIARY STUDENTS
1,685

TOTAL # SECONDARY STUDENTS
805

GENDER: 81% 2,597 | 18% 577

AGE:

UNDER 25	26-40YRS	41+YRS	NOT STATED
56% 1,779	21% 657	9% 281	15% 472

CURRENT STATUS:

EMPLOYED IN HEALTH SECTOR	15%
EMPLOYED IN OTHER SECTOR	4%
SECONDARY STUDENT	25%
TERTIARY STUDENT	53%
TBC	3%

* DATA AS OF 1 AUGUST 2019

HUTT VALLEY DISTRICT HEALTH BOARD DATA

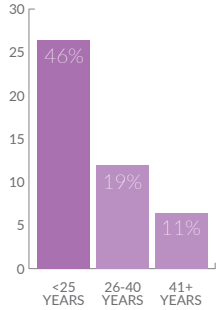
57
TOTAL ON THE DATABASE

GENDER:
FEMALE 79% (45)
MALE 21% (12)

CURRENT STATUS

EMPLOYED IN HEALTH SECTOR	14%	8
EMPLOYED IN OTHER SECTOR	9%	5
SECONDARY STUDENT	21%	12
TERTIARY STUDENT	56%	32

AGE: NOT STATED: 14



SECONDARY STUDENTS:

YEAR LEVEL	YR9	YR10	YR11	YR12	YR13	
TOTAL	1	1	0	0	10	12

TERTIARY STUDENTS:

1ST YR	2ND YR	3RD YR	4TH YR	5+ YR	
9	8	6	5	4	32

KOH TERTIARY DHB ENGAGEMENT SURVEY DATA

TOTAL # OF TERTIARY STUDENTS WHO ENGAGED IN OUR DISTRICT HEALTH BOARD SURVEY
499

TOTAL # IN DHB SURVEY WHO SELECTED HUTT VALLEY DHB AS THEIR 1ST CHOICE FUTURE EMPLOYER
6

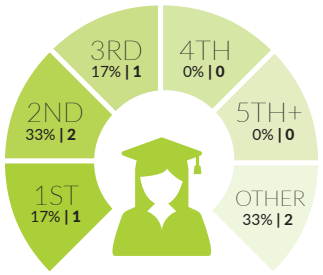
AREA(S) OF STUDY:

NURSING	COUNSELLING	PHARMACY	OTHER
1	1	1	1

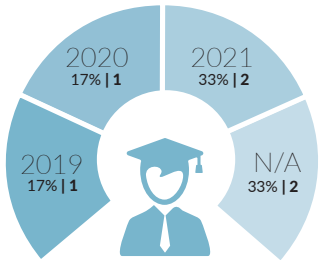
PLACE OF STUDY:

OTAGO UNI.	WHITIREIA	WELTEC	WINTEC
1	1	1	1

MOST HELPFUL SUPPORT SERVICES UPON GRADUATION:



WHAT YEAR OF STUDY ARE YOU CURRENTLY IN?



WHAT YEAR DO YOU EXPECT TO GRADUATE?

1 HAS GRADUATED, 1 IS LOOKING FOR CORRECT STUDY PATHWAY TOWARDS COUNSELLING

REASONS FOR WANTING TO WORK AT HUTT VALLEY DHB/AREA:

Local
Family, friends and my partner live there.
I currently live in the Hutt Valley region.
Working with familiar people in the Hutt Valley as I grew up here
Close to home and am familiar with the environment etc
Close to home, to whanau.
A friendly team environment, where everyone is supportive.

Travel time. Cost
Effective communication
Cultural Consideration
Mutual Respect
the people (good dynamic) being able to practice in a maori kaupapa way.
Environment, Customer Service, Work Ethic
Team work

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

13 August 2019

Kerry Dougall
Director, Māori Health
Hutt Valley District Health Board
Lower Hutt 5040

Tēnā anō koe Kerry,

Te Pae Amorangi – Hutt Valley District Health Board Māori Health Strategy

Ngā mihi maioha o te wā nei tae noa ki te tangi o aituā; e hinga mai nei, e hinga atu rā. Ko rātau ki a rātau; ko tātau ki a tātau. Tēnā anō tātau katoa!

I am writing to acknowledge the considerable work that has been undertaken by the Hutt Valley District Health Board (DHB), whānau, hapū, iwi, Māori providers, and the wider community to set a collective vision for Māori health and a strategy for achieving this vision.

Te Pae Amorangi (the strategy) reflects the strengths and aspirations of tangata whenua and recognises that achieving these aspirations is a critical part of improving outcomes for Māori. It is positive to see a strategy that provides tangata whenua and the Hutt Valley DHB with a clear direction and set of actions for working towards improving Māori health.

In particular, I would like to congratulate you on the development of nga pae oranga - the focus areas of the strategy. These areas are at the heart of Māori wellbeing, and will act as a conduit for achieving health equity for Māori and improving Māori participation in the health sector. The measurements against each area are clear and comprehensive, and will provide a sense of progress as the strategy is implemented.

I am pleased to see *Te Pae Amorangi* aligns with the three elements of pae ora (healthy futures) – the Government's vision for Māori health as outlined in *He Korowai Oranga: Māori Health Strategy*. The Ministry is currently developing a Māori Health Action Plan to support a more concerted and collective approach to implementing *He Korowai Oranga*. *Te Pae Amorangi* reflects Hutt Valley DHB's alignment with the Ministry's dedication to creating transformative change in the health system and improving the health of tangata whenua.

I am committed to meaningful engagement with whānau, hapū, iwi, Māori communities and working closely with DHBs and the sector to develop a Māori Health Action Plan. The Ministry will be sending out invitations for sector engagement on the development of its Māori Health Action Plan this month. This will provide an opportunity for Hutt Valley DHB to contribute to the Action Plan and ensure the approach is enabling and supportive of the vision and aims of *Te Pae Amorangi*.

One again, I would like to commend you for your work on *Te Pae Amorangi* and your dedication and efforts to ensure high quality and equitable outcomes for Hutt Valley tangata whenua.

E ai ki te kōrero o tērā tipuna rongonui o Te Mahia, arā a Hikairo, 'He manako te koura e kore ai!' Nā reira, me mihi ka tika ki a koutou i whakatinanatia te rautaki nei hei whakatutuki i ngā manako i ngā tau kei te neke mai. Mauri tū, mauri ohooho, mauri ora!

Nāhaku noa, nā

John Whaanga
Deputy Director-General
Māori Health Directorate
Ministry of Health

From: Kirsten Holley <Kirsten.Holley@tas.health.nz>
Sent: Tuesday, 1 October 2019 1:05 PM
To: O365.DHB - CEOs <DHB-CEOs@tas.health.nz>; O365.DHB - CMOs <DHB-CMOs@tas.health.nz>; O365.DHB - COOs <DHB-COOs@tas.health.nz>; O365.DHB - GMs Human Resources <DHB-GMsHumanResources@tas.health.nz>; O365.DHB - Directors of Allied Health <DHB-DirectorsofAlliedHealth@tas.health.nz>; O365.DHB - Lead DoNs <DHB-LeadDoNs@tas.health.nz>; O365.DHB - Lead DoNs <DHB-LeadDoNs@tas.health.nz>; O365.DLIST.DHB-GMs Maori <DLIST.DHB-GMsMaori@tas.health.nz>; O365.DLIST.DHB-GMsPlanningandFunding@TAS <DHB-GMsPlanningandFunding@tas.health.nz>
Cc: O365.DHB - COOs EA <DHB_COOs_EA@tas.health.nz>; O365.DHB - CFO EAs <DHB-CFOEAs@tas.health.nz>; O365.DHBSS - Workforce Team <DHBSS.WorkforceTeam@tas.health.nz>; O365.DLIST.DHBWorkforceStrategyGroup.TAS <DLIST.DHBWorkforceStrategyGroup.TAS@tas.health.nz>; Anna Clark <Anna.Clark@health.govt.nz>; O365.DHB - Chairs <DHB-Chairs@tas.health.nz>; john.whaanga@health.govt.nz
Subject: All DHBs – ACTION REQUEST #58- Increasing Māori participation in the DHB employed workforce

All DHBs- ACTION REQUEST #58- Increasing Māori Participation in the DHB employed workforce

TO: DHB - CEOs, DHB - DAHs, DHB - DONs, DHB - CMOs, DHB - COOs, DHB - GMs Planning and Funding, DHB - GMsHR, GMs - Māori

CC: DHB - Chairs
Anna Clark
John Whaanga
Workforce Team
Workforce Strategy Group

From: Helen Mason, Chair - Workforce Strategy Group and Riki Nia Nia, Chair - Te Tumu Whakarae

Kia ora koutou

Earlier this year, the 20 DHB CEs endorsed Te Tumu Whakarae's position statement on increasing Māori participation in the workforce, and in May 2019 approved six targets to support the position statement and increase Māori participation in the workforce. We now need to capture, track and report on progress against the targets. This is a key piece of work for the Workforce Strategy Group in partnership with Te Tumu Whakarae.

We are pleased to share with you the attached infographic that provides a current overview of the Māori representation within the DHB employed workforce as at 30 June 2019. This has been created by TAS using the Health Workforce Information Programme (HWIP) data and the infographic was endorsed by the Workforce Strategy Group to help inform the following targets. It provides a benchmark/point-in-time to then monitor progress. Targets

four and five are qualitative measures and are not able to be measured via HWIP. We will seek information from DHBs via an All DHBs request and will provide an update once this information has been collated.

All DHBs will actively grow their Māori workforce to achieve a Māori workforce that reflects the proportionality for their Māori population.
Target One – Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown" by 30 June 2020 – report quarterly
Target Two – Each DHB will employ a Māori workforce that reflects the Māori population proportionality for their region by 2030 – report annually.
Target Three - Each DHB will employ a Māori workforce with occupational groupings that reflect the Māori population proportionality for their region by 2040 – report annually.

TAS will work with the DHBs to help improve the data reported on ethnicity, providing those records that have been reported to the national collection with an 'unknown' ethnicity to the respective DHB. The DHBs can then check their internal HR records and if required ask staff to update their records. TAS and the DHB GMsHR have agreed that the only true 'unknown' ethnicity code is 95555 – refused to answer. This will be the only code accepted into the national collection from the end of the year.

All DHBs will set in place steps to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau.
Target Four - All DHB staff (clinical and non-clinical) who have contact with patients and whānau, Board members and those in people management or leadership roles will demonstrate participation in cultural competence training by 2022 - report staff and Board member participation in cultural competence training as a percentage of these groups over the last 3 years by 30 June 2020 then monitor annually.

3. All DHBs will measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations.
Target Five – In each DHB 100% of Māori applicants who meet the minimum eligibility criteria for any role are shortlisted for interview - report by October 2019, then monitor quarterly.
Target Six- In each DHB, turnover for Māori staff will be no greater than the DHB turnover for all staff - report quarterly.

Action: All DHBs should review their information and discuss strategies to increase their proportionality across all workforce groups.

For further information on this work, or the infographic, please contact Brenda Hall (Brenda.Hall@tas.health.nz) or Amanda Newton (Amanda.Newton@tas.health.nz) at TAS.

Ngā mihi nui

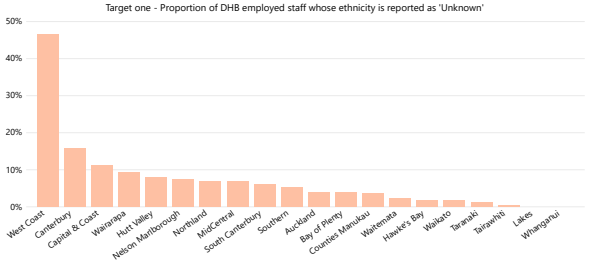
Helen Mason
Chair, Workforce Strategy Group

Riki Nia Nia
Chair, Te Tumu Whakarae

Māori representation within DHB employed workforces as at 30 June 2019

(Informing the Te Tumu Whakarae position statement and Workforce Strategy Group targets)

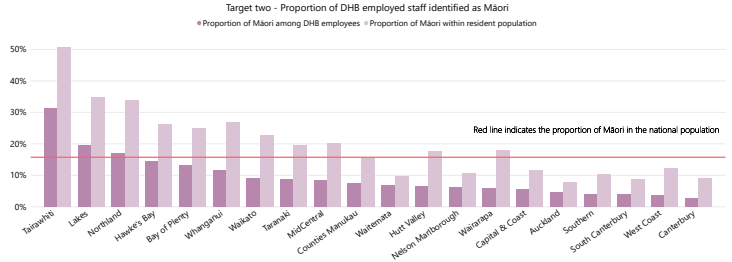
TAS Kahui tuitui tangata



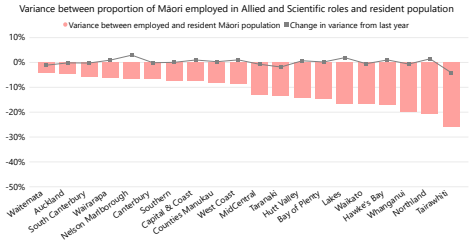
Although the proportion of DHB employees whose ethnicity is reported as 'Unknown' has been trending down in recent years, it still accounts for a sizeable number of employees.

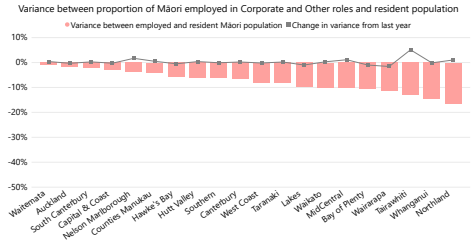
While we are unable to determine what proportion of these 'unknowns' are likely to be Māori, the high proportions at some DHBs will impact on tracking any increase in representation, i.e. some increases may be made simply by improved reporting on existing staff rather than actual changes in representation.

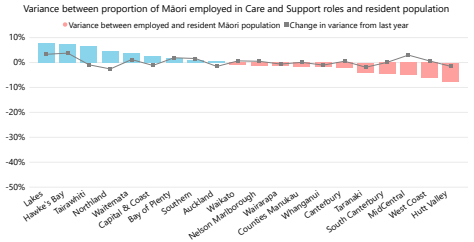
In terms of Māori representation in the workforce, all the DHBs have a lower proportion of people reported as Māori in their workforce than in their estimated resident populations.

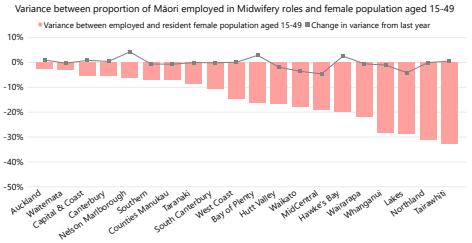


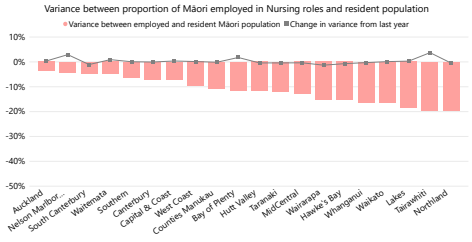
Target three - Differences between reported proportions of Māori within HWIP occupation groups and estimated proportions of Māori within resident population (including change from the same period 12 months ago)

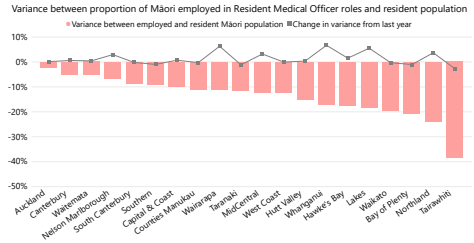


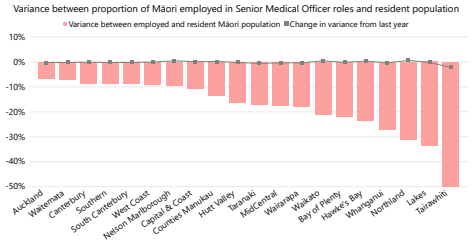












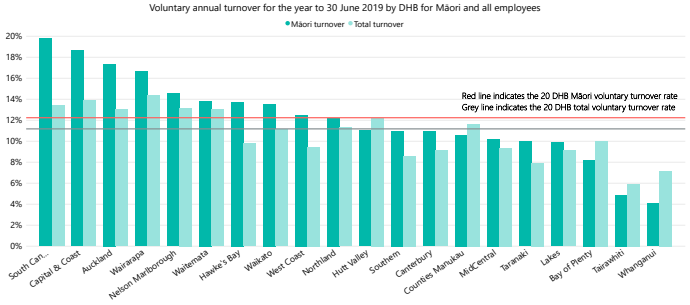
Across all occupation groups, except Care and Support, the proportion of staff in DHBs identified as Māori is lower than the estimated proportion of Māori within their resident populations.

The occupation groups with the largest Māori under-representation were Senior Medical Officers and Midwifery. However, the overall low numbers of these occupations in some DHBs may be part of the reason behind the large variances.

Overall, Auckland and Waitemata tended to have a smaller variance between the proportion of Māori in the workforce compared to the resident population.

For the majority of DHBs, the change in Māori representation compared to June 2018 has been small, especially for Senior Medical Officers. There have been some larger increases in the representation of Resident Medical Officers for some DHBs, but some of this change may be transitory due to the mobile nature of this workforce.

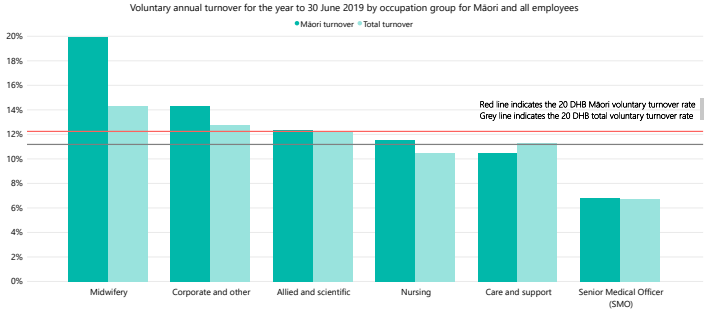
Target six - Comparison of annual voluntary turnover for Māori staff relative to all DHB employed staff



For most of the DHBs, voluntary annual turnover rates for Māori are higher than the rates for all employees. In some instances, this can be driven by the low number of Māori employees, especially in smaller DHBs.

Five DHBs have Māori turnover rates lower than the total turnover: Bay of Plenty, Counties Manukau, Hutt Valley, Tairāwhiti and Whanganui.

When we look at turnover by occupation group, there is no significant difference between Māori employees and all employees, except for Midwifery. However, this may be linked to the low number of Māori working as midwives.



Data extracted from the HWIP database on 12 September 2019. Data reflects people employed by the 20 DHBs as at 30 June 2019. Data excludes casuals, contractors, those on parental leave or on leave without pay. Resident population projections for DHBs have been supplied by Stats NZ. Voluntary turnover calculations exclude Resident Medical Officers (RMOs), people employed on a fixed term, as well as people who ceased employment due to restructure/redundancy, dismissal, death or for health reasons.

PUBLIC

Date: 14 October 2019	**BOARD INFORMATION**
Author	General Manager Quality, Service Improvement and Innovation - Debbie Gell
Endorsed by	Chief Executive - Fionnagh Dougan
Subject	**Hutt Valley DHB Health and Safety update**

RECOMMENDATIONS

It is **recommended** that the Board:

(a) **NOTES** the report for October 2019;

(b) **NOTES** the Hutt Valley DHB Quality Awards;

(c) **NOTES** the Quality Safety Markers for Quarter2 2019.

1. INTRODUCTION

1.1 Purpose

The purpose of this paper is to inform the Board of key Quality, Health and Safety activities at Hutt Valley DHB.

2. A COMMITMENT TO WORKING ON QUALITY AND SAFETY

A Hutt Valley DHB value is *Being Our Best*: one of the ways staff model this is by looking for and acting on opportunities for improvement and innovation.

2.1 Quality and Patient Safety Committee – September 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 learning from our events. The committee meets monthly. At the September 2019 meeting, the committee heard from the Falls Committee, the Deteriorating Patient group, Property and Facilities and considered four serious adverse event reviews.

The purpose of the Falls Committee is to promote best practice in falls prevention and management, and to minimise the risk of falls for individual patients. Chaired by Claire Jennings, Associate Director of Nursing, the committee is closely monitoring monthly audit results to improve the rate of falls risk assessments completed on relevant patients. Once risk assessments are completed, an appropriate plan can be made for care that prevents falls. Quarter two results (detailed in the HQSC Quality and Safety Marker results section 2.3.1, below) remain below target, however the monthly results for July and August show a good improvement. The committee is also working on making falls educational resources easily available to staff and patients, and key messages for communication with patients based on feedback that patients were reluctant to use the call bell for assistance to mobilise.

An update was received from the Deteriorating Patient group which outlined a range of activities including focus on the nursing staff required to sustainably provide the Patient at Risk (PAR) service.

Darrell Chin (Property and Facilities Manager) attended to provide an update on facilities issues that impact on patient safety. The QPSC expressed their wish to provide an ongoing clinical and patient safety perspective to the prioritisation of infrastructure work.

Four serious adverse event reviews were accepted by the QPSC. One of these was a review of the prolonged waiting times for colonoscopy, which resulted in one patient suffering serious harm as his cancer progressed during the delay to colonoscopy. The recommendations, including an external review of the service in November 2019, were accepted. The three other events were in-hospital falls with fracture, where the recommendations were also accepted and are currently being implemented.

2.2 Quality and Patient Safety Dashboard – September 2019

The Hutt Valley DHB Quality and Patient Safety dashboard reports a small set of internationally recognised patient safety indicators:

- the number of reported events;
- the number of complaints by service and theme;
- reportable events by service and category;
- open complaints by service;
- key safety event types: falls, medication errors, skin/tissue and staffing.

The data is drawn from the Safety, Quality and Reportable Events (SQuARE) database, on the first available working day of the month. It is presented in Statistical Process Control (SPC) charts produced with the Lightfoot 'Signal for Noise' tool.

The SPC charts show a mean (in green), Upper and Lower Control Limits (in red) and the data for the month in blue. The dotted lines are predicted based on the previous three years data, allowing for seasonal variation. Presenting the data in this way enables staff to identify and respond to special cause variation (those causes not part of the system all the time or that do not affect everyone but arise because of specific circumstances) – this is shown by red dots or crosses. Common cause variation is due to causes inherent in the system over time.

HUTT VALLEY DHB

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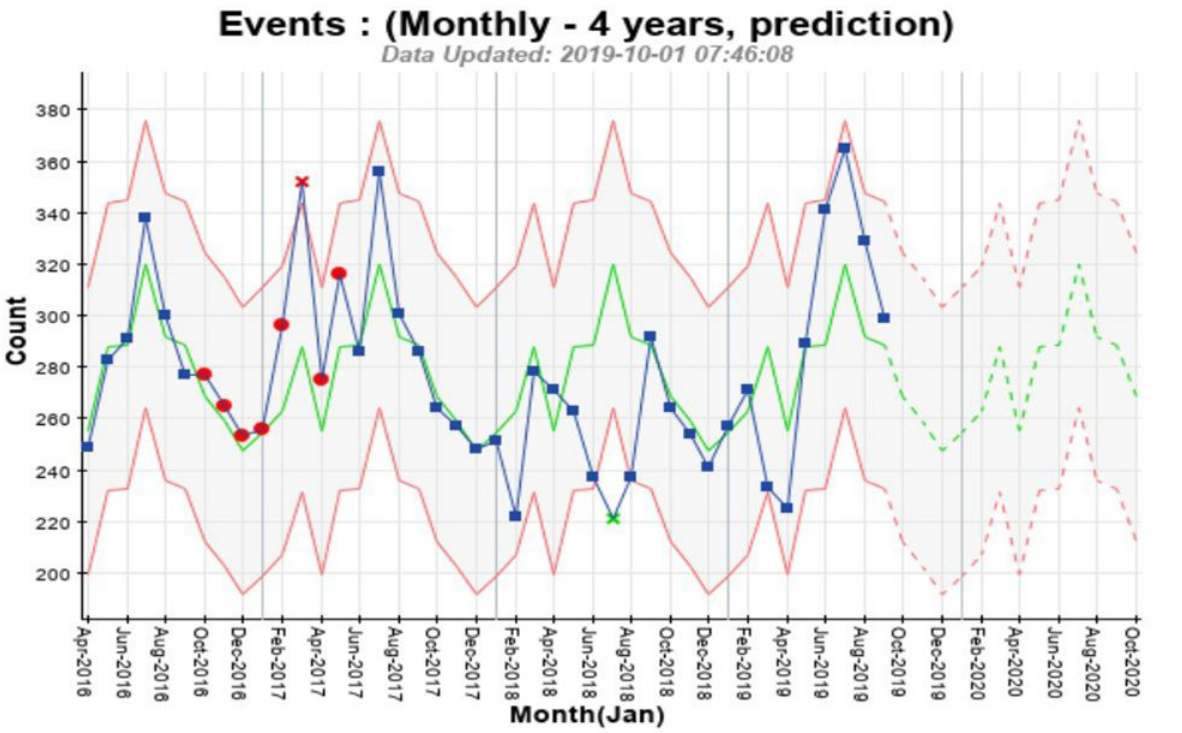
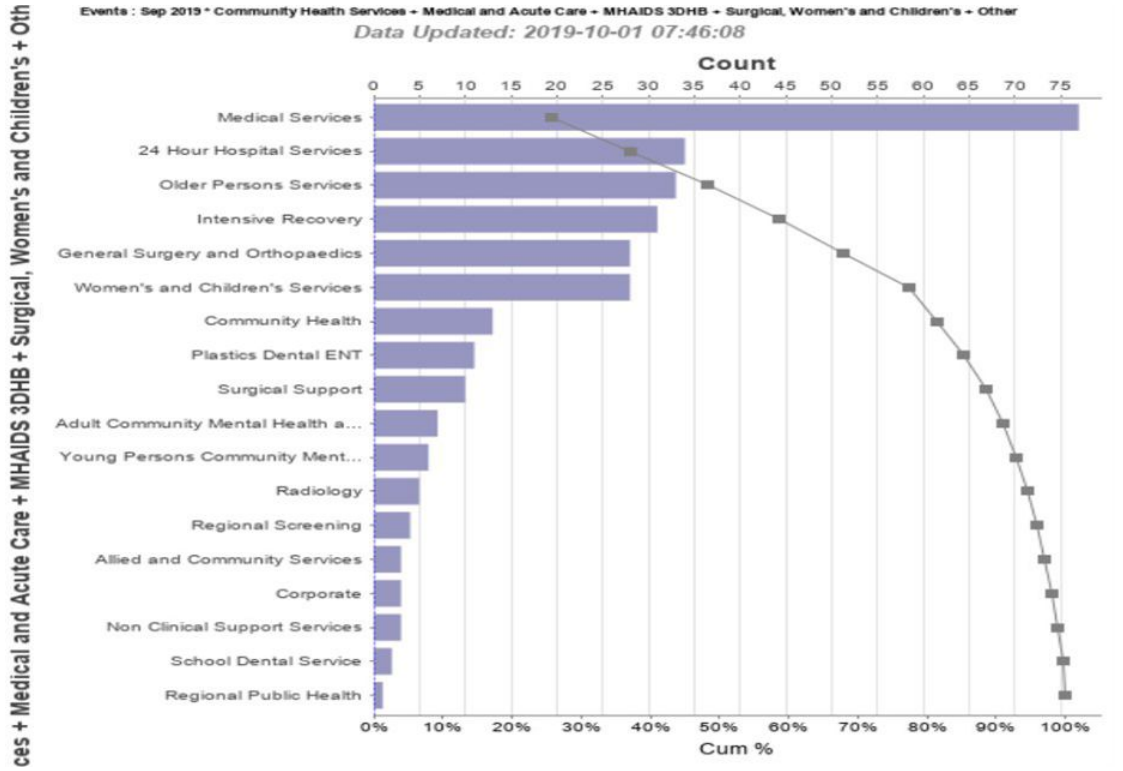
Reportable Events



Commentary	Suggested Action
The reduction in reportable events seen in August has continued, following the pattern expected for winter and spring. The number of events is consistent with what would be expected through common cause variation.	Continue monitoring.



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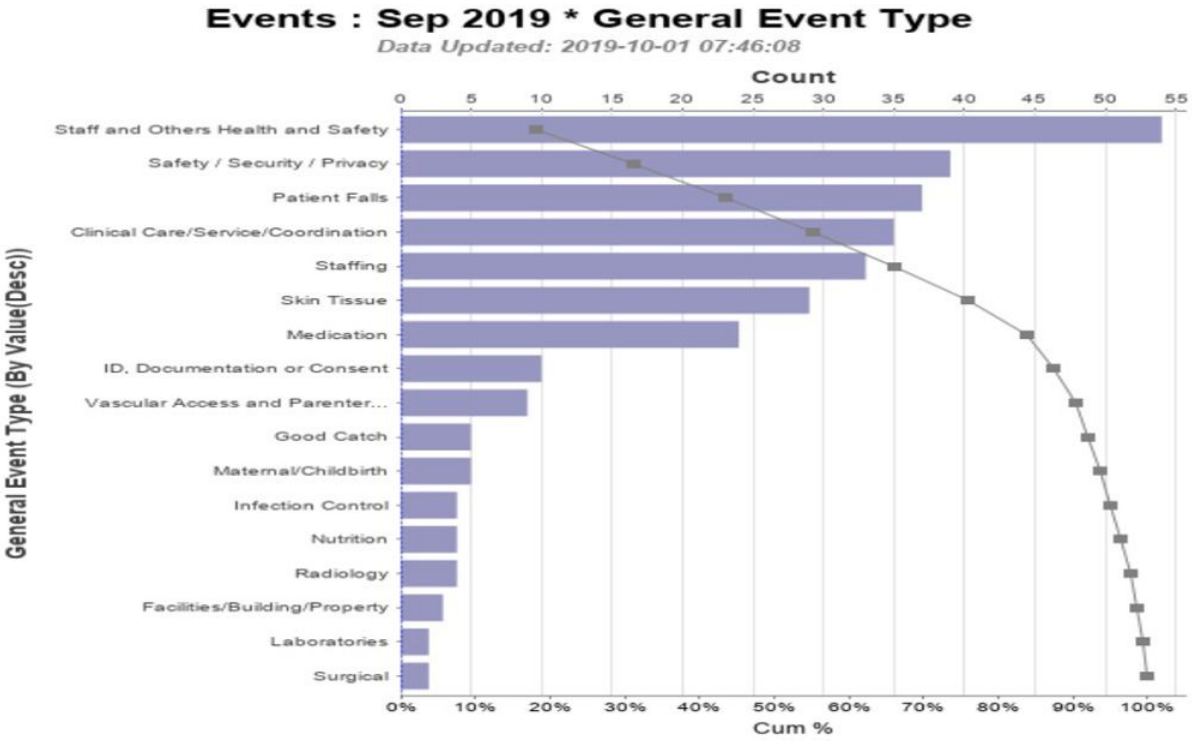
Commentary	Suggested Action
Of the events reported this month, 26 percent (n=77) of the total number reported originate from Medical Services, 9.4 percent (n=28) in Women's and Children's Services and 11.4 percent (n=34) in 24 Hour Hospital Services. This accounts for 46.8 percent of all events reported. The six largest service groups, as expected, have the greatest number of events. While numbers and proportions change each month, the pattern of events for these six services is similar this month to that seen previously.	Continue monitoring and oversight by service groups.



Commentary	Suggested Action
For the events reported this month, 18.1 percent (n=54) of all events occurred in Staff and other H&S, 11.7 percent (n=35) occurred in Clinical Care / Service / Coordination, 13 percent (n=35) occurred in Safety / Security / Privacy, 8.0 percent (n=24) occurred in Medication, 12.4 percent (n=37) occurred in Patient Falls – these account for 63.2 percent of all reportable events logged. Overall numbers have reduced this month, with notable reductions in staff and others health and safety, and clinical care/service/ co-ordination.	Continue monitoring by the Quality and Patient Safety Committee, and Health and Safety.

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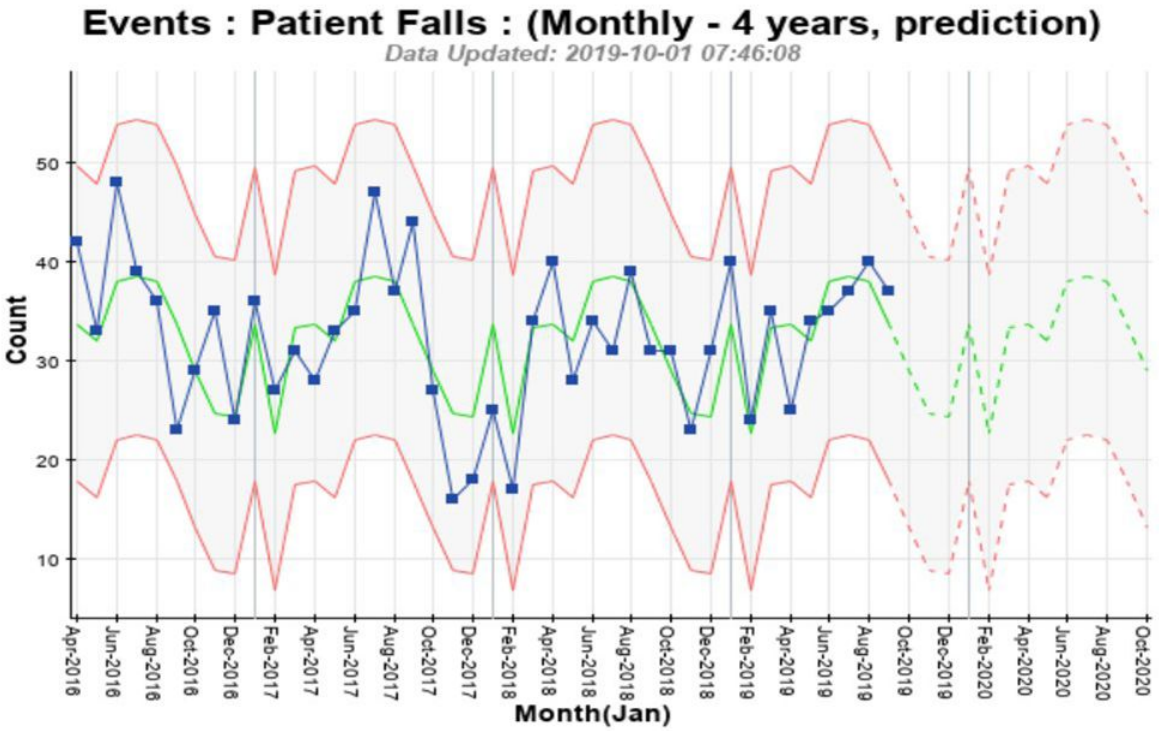
Reportable Events Key Clinical Indicators



Commentary	Suggested Action
The number of 'Patient Fall' events is consistent with what would be expected through common cause variation. No special cause variation is identified.	Continue monitoring by the Falls Committee with active implementation of falls minimisation strategies onwards.

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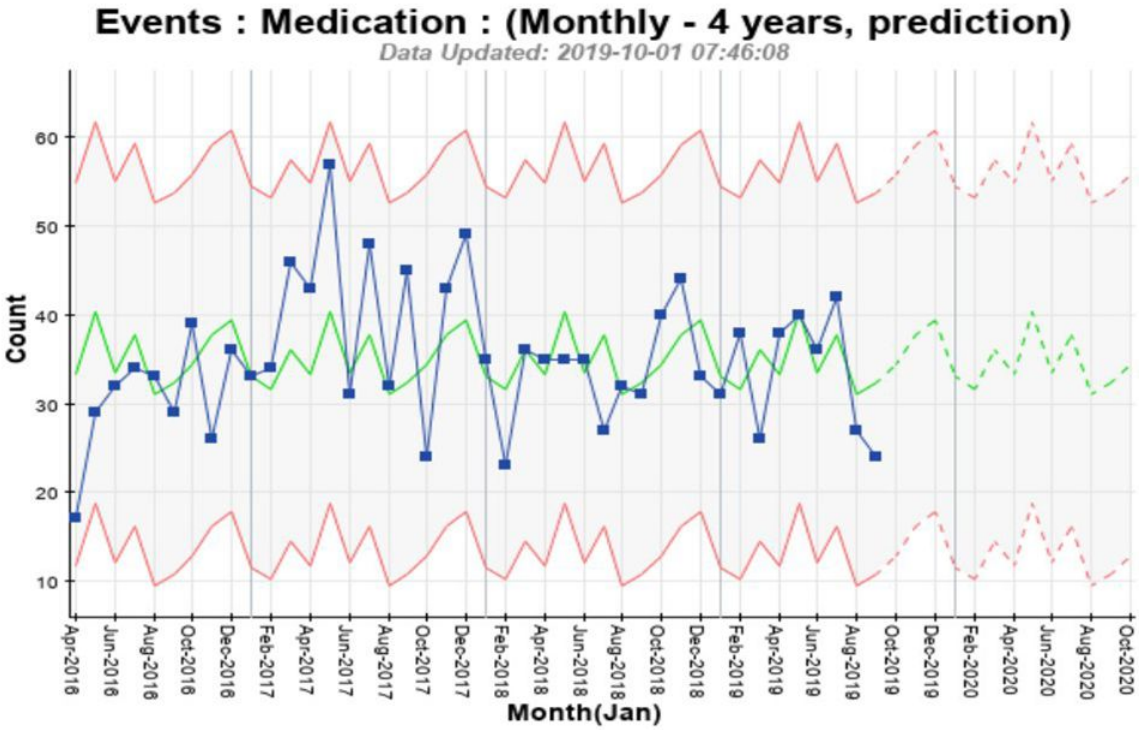
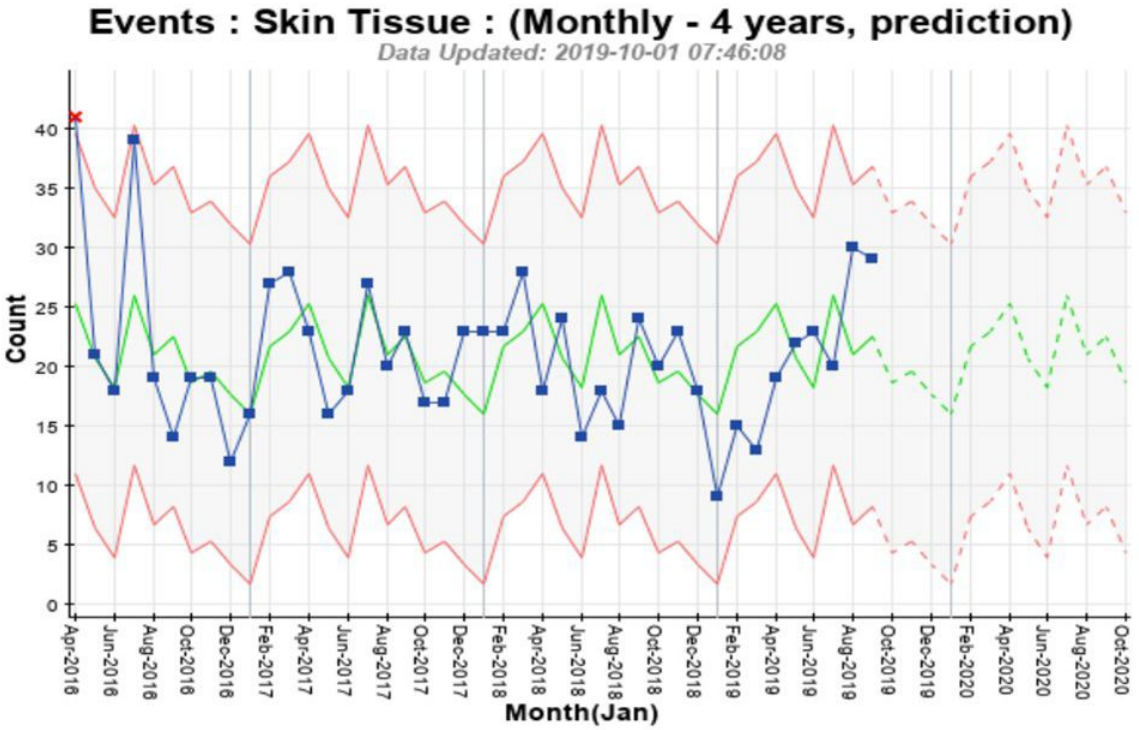


Commentary	Suggested Action
While there are fewer reported events this month across all services, the number remains consistent with what would be expected through common cause variation.	Continue monitoring and analysis by the ward Medication Groups and the Medicines Committee.



HUTT VALLEY DHB

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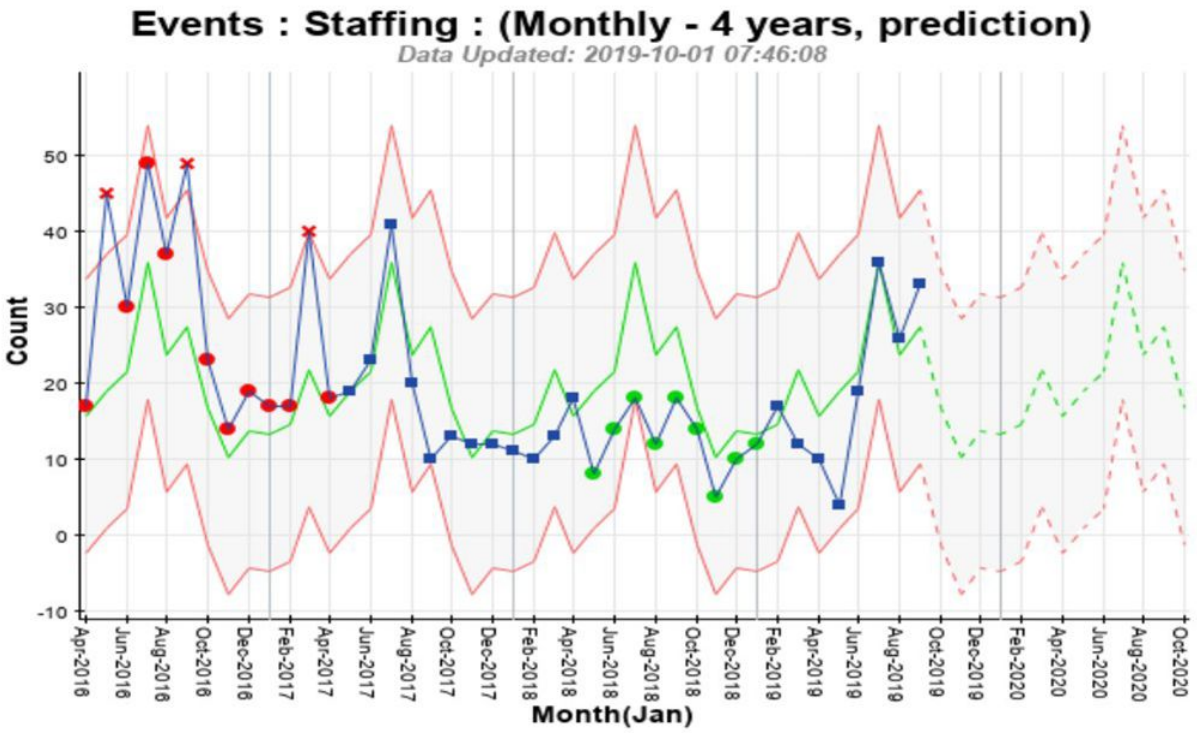
Commentary	Suggested Action
The number of skin/tissue events logged on SQuARE for this month has increased, but remains within the control limits. Increased reporting is mostly from Medical services where there is a particular focus on education and reporting of pressure injuries and skin tears, hence the increase was expected.	Continue monitoring and analysis by the Pressure Injury Steering Group.



Commentary	Suggested Action
The number of staffing events logged on SQuARE for this month is consistent with what would be expected through common cause variation. The seasonal variation continues, with increased reported staffing events and an increase in the upper control limit during the busier times of year.	Continue monitoring within services.

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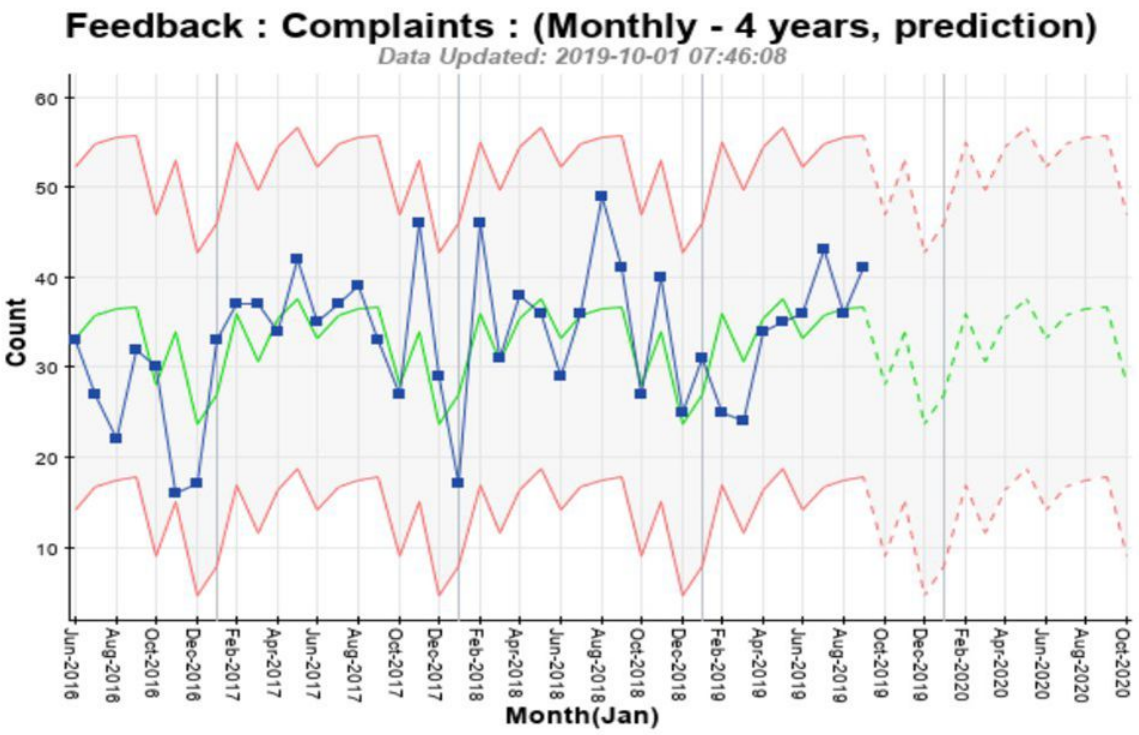
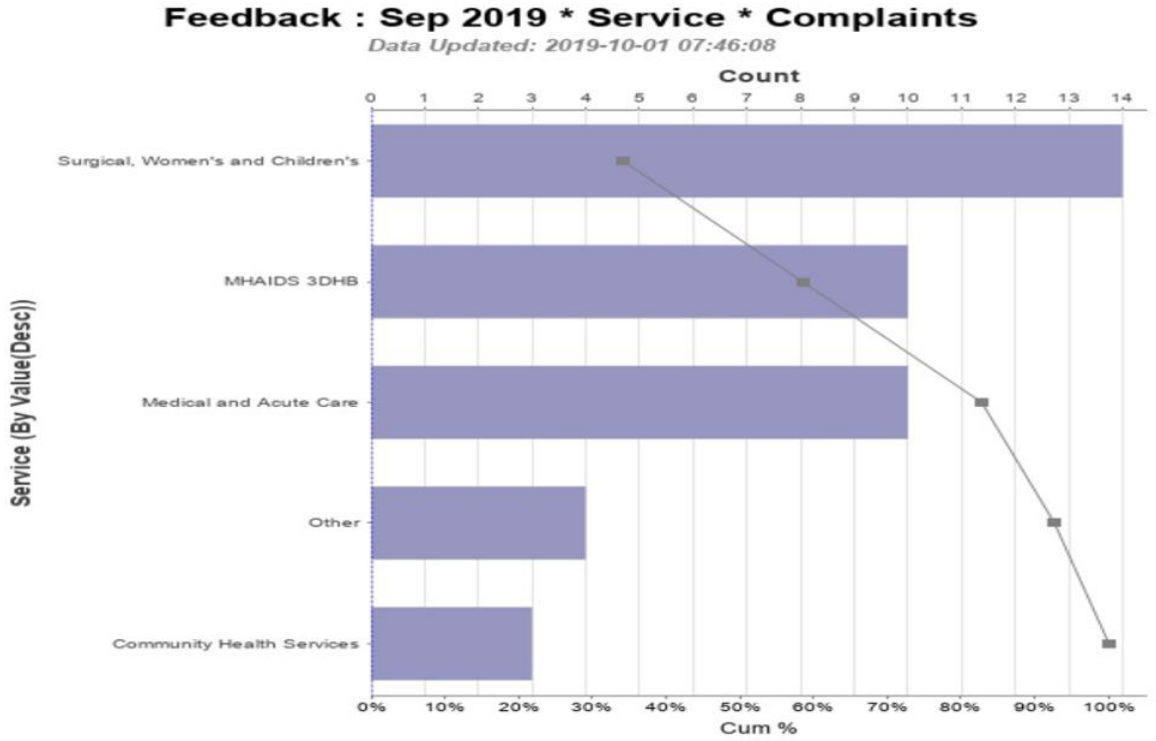
Feedback



Commentary	Suggested Action
The number of complaints logged on SQuARE for this month (n=41) is consistent with what would be expected through common cause variation.	Continue monitoring within services.



HUTT VALLEY DHB

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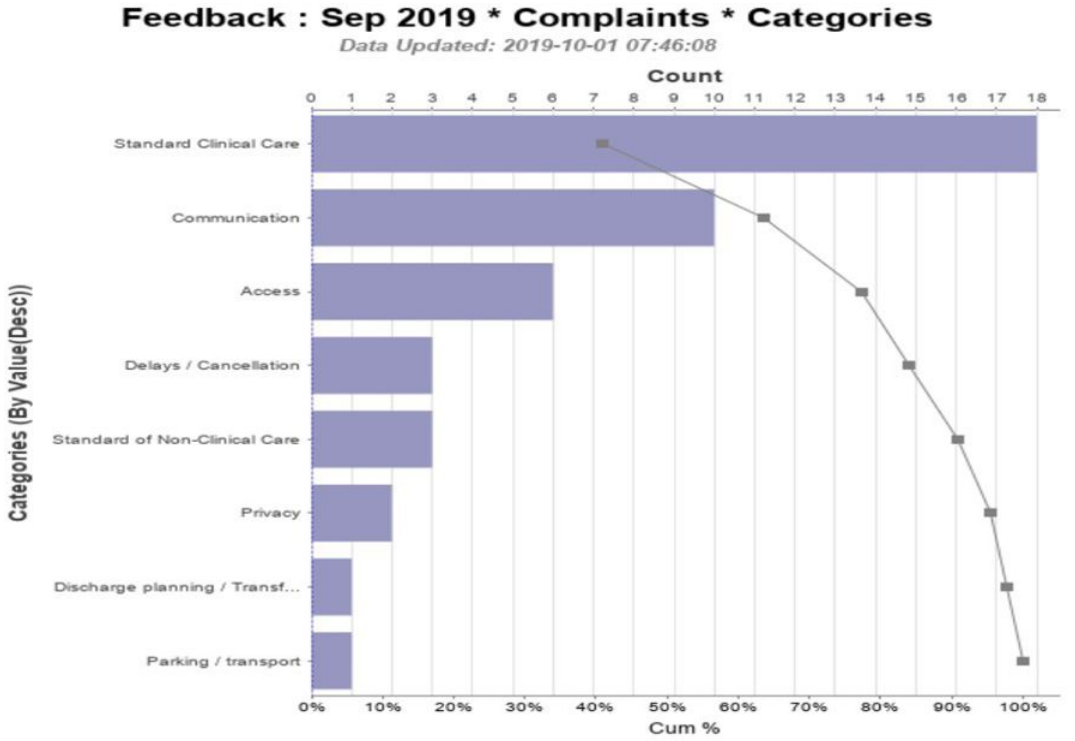
Commentary	Suggested Action
Complaints received (including HDC complaints) for this month were predominately in the Surgical, Women's and Children's Service Group (n=14) followed by Medical and Acute Care (n=10) and MHAIDS (n=10).	Services continue to respond to and learn from complaints. Continue monitoring and review at the ward/department level.



Commentary	Suggested Action
40.1 percent of the identified themes from complaints received this month were in the area of 'Standard Clinical Care'; 22.7 percent involved 'Communication'. These two categories account for 62.8 percent of the themes identified in complaints received, similar to previous months.	Continue monitoring.

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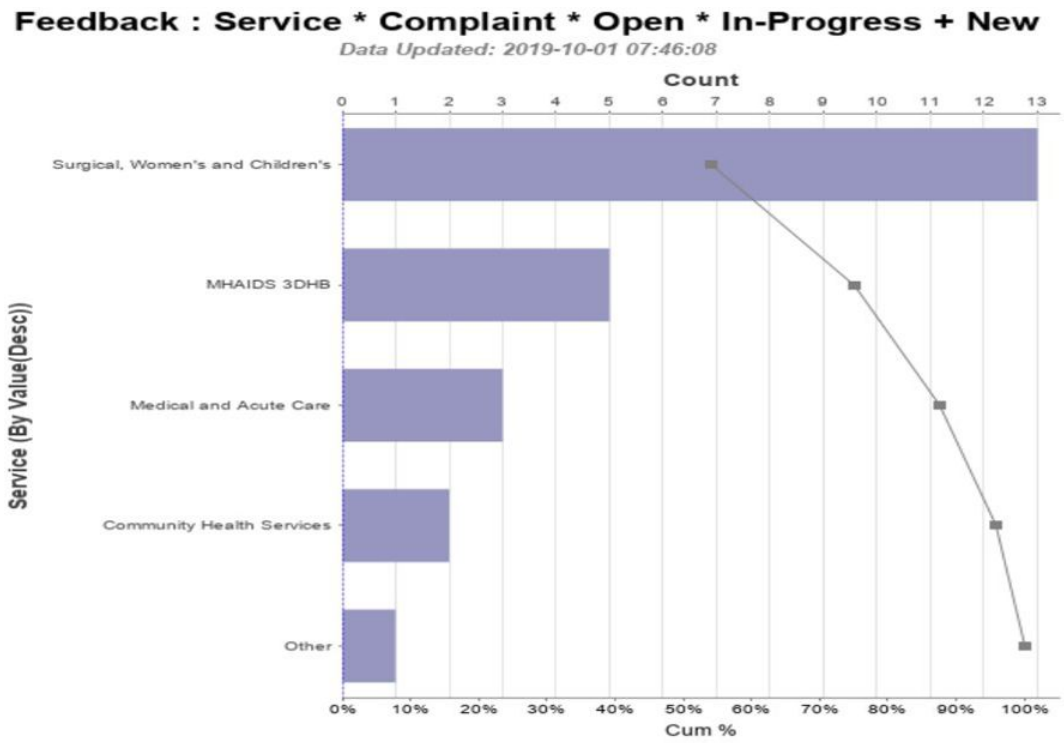
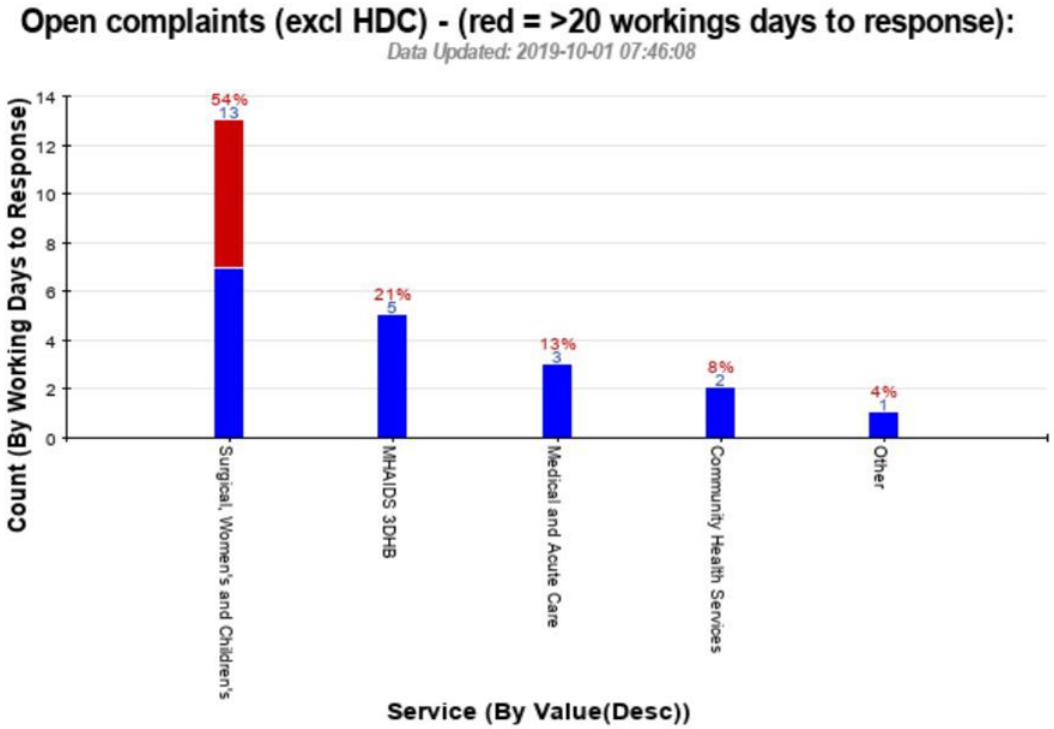




<=20 days >20 days

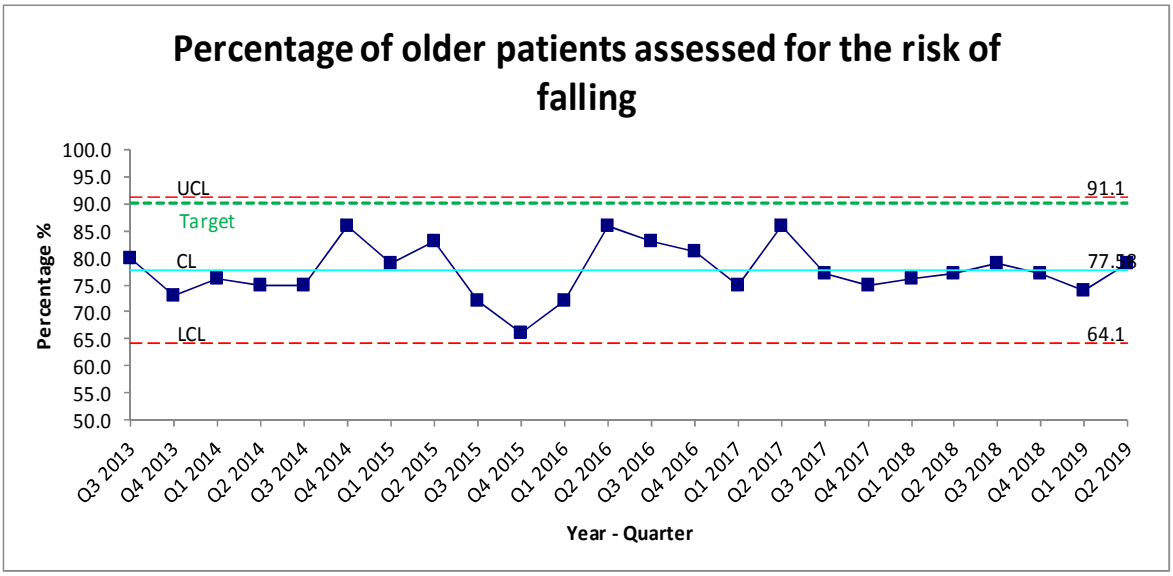
Commentary	Suggested Action
Of the open complaints (not including HDC) 54.2 percent (n=13) are in the Surgical, Women's and Children's Service Group and 12.5 percent (n=3) in Medical and Acute Care. These make up 66.7 percent of the open complaints. 25 percent	Continue monitoring.

(n=6) are outside the 20 working day response KPI (at 01/10/2019), all of these are within the Surgical Women's and Children's Service group.	

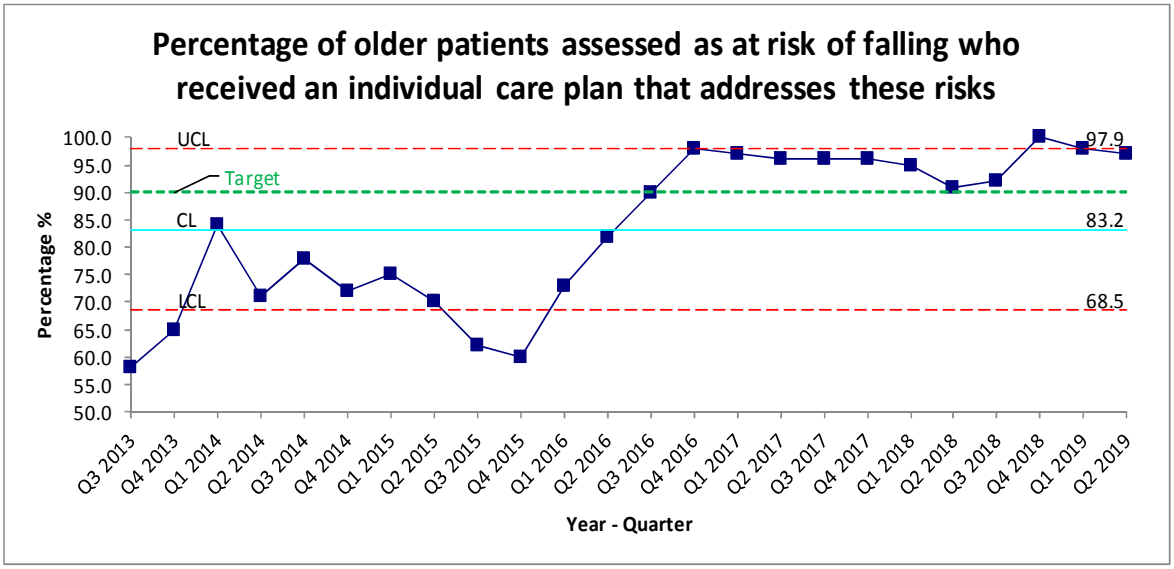
2.3 The Health Quality Safety Commission – Quality Safety Markers at quarter two 2019

The Health Quality and Safety Commission (HQSC) is driving improvement through the national quality improvement programmes. The quality and safety markers (QSMs) help to evaluate the success of the programmes and determine whether the desired changes in practice and reductions in harm and cost have occurred. The QSM data is presented in control charts to show trends over time.

2.3.1 Falls

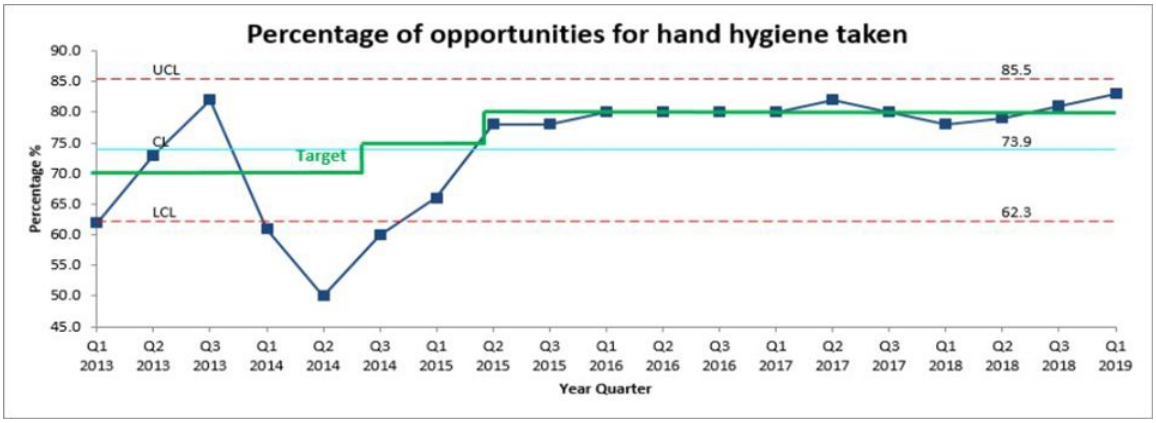


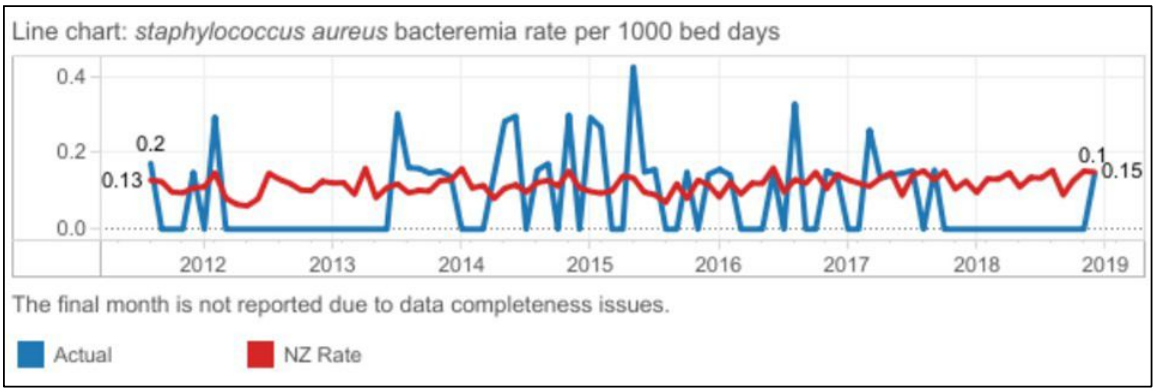
Commentary	Suggested Action
Nationally, 87 percent of older patients* were assessed by DHBs on their falls risk in Q2 2019. In the same quarter HVDHB remained below the target marker with a score of 79 percent. **Patients aged 75+, or 55+ for Māori and Pacific peoples.* Hutt Valley DHB continues to not meet the target level of 90 percent for falls risk assessments, and is well below the national average. The Falls Committee have initiated closer monthly monitoring and have seen an increase in July and August results, this will be demonstrated in the next quarter's data.	Continue specific actions at the ward level with oversight by the Falls Committee. The Falls Committee will continue to report regularly to Quality and Patient Safety Committee.



Commentary	Suggested Action
Nationally, 93 percent of patients assessed by DHBs as being at risk of falling in Q2 2019 had an individualised care plan completed. In those patients who were assessed at HVDHB (see previous measure) 97 percent received an individualised care plan. The actions above to increase risk assessments remain a priority.	Continue specific actions at the ward level with oversight by the Falls Committee.

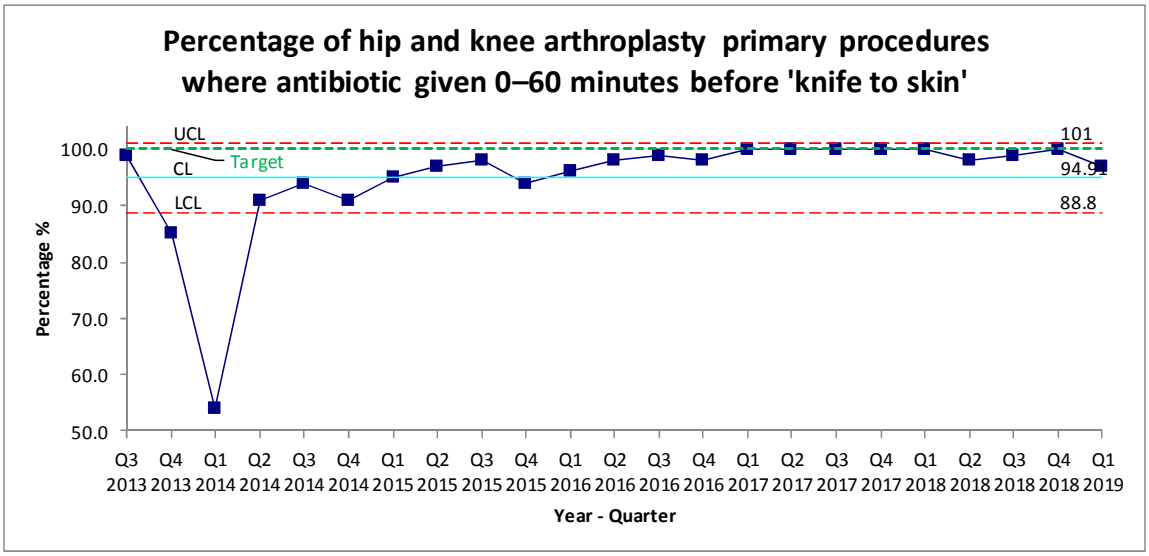
2.3.2 Hand Hygiene



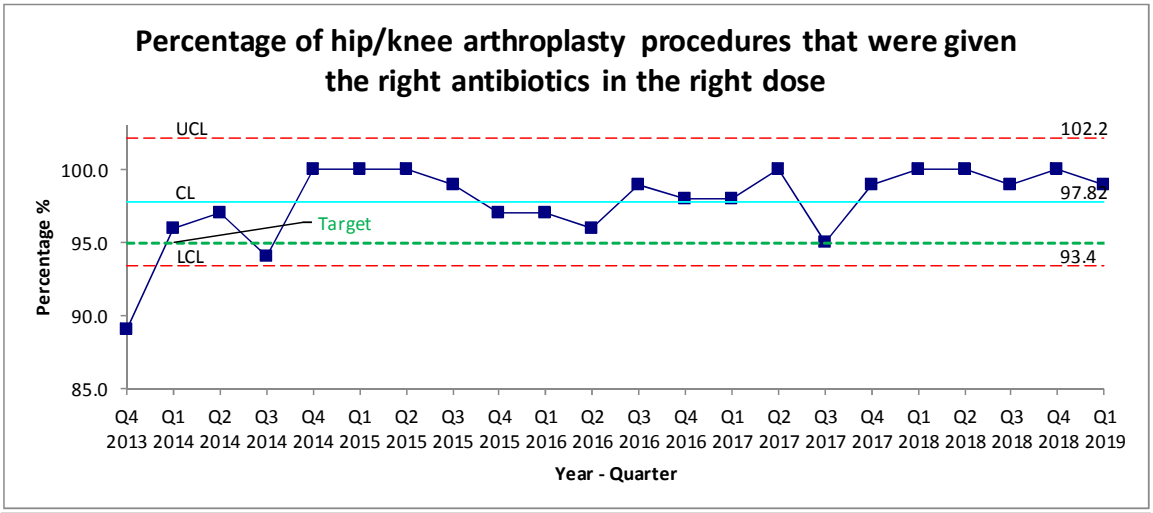


Commentary	Suggested Action
National compliance with the five moments for hand hygiene remains high with an average of 85 percent compliance for the period April-June 2019. In the same quarter HVDHB sat above the target marker with a score of 86 percent, a sustained high performance. Staphylococcus aureus (S. aureus) is the most common cause of healthcare associated bacteraemia in New Zealand and Australia. Half of all episodes of S. aureus bacteraemia (SAB) are attributed as healthcare associated infections. HVDHB has had a prolonged period without SAB, and had one case in May, shown as the increase in the blue line here. A subsequent case has occurred in June, not yet seen in this data. Each case is reviewed by the Infection Prevention and Control team and actions taken to prevent future events.	Continue monitoring and review of cases by the Infection Prevention & Control Committee.

2.3.3 Surgical Site Infection Improvement – Orthopaedic Surgery



Commentary	Suggested Action
For primary procedures, an antibiotic should be administered in the hour before the first incision ('knife to skin'). As this should happen in all primary cases, the threshold is set at 100 percent. In Q1 2019 (the most recent available), HVDHB achieved this in 97 percent of cases, compared to 98 percent nationally.	Continue monitoring.



Commentary	Suggested Action
Nationally, in Q1 2019 (the most recent available), 97 percent of hip and knee arthroplasty procedures received the recommended antibiotic and right dose. In the same quarter HVDHB achieved 99 percent.	Continue monitoring.

2.3.4 Safe Surgery

Observations: number of observational audits carried out (target 50 per 3 months)

	Sign in	Time out	Sign out
Observed	68	71	53

Uptake: count and percentage of observed operations where checklist was completed (target 100%)

	Sign in	Time out	Sign out
Numerator	63	68	52
Uptake Rate	93%	96%	98%

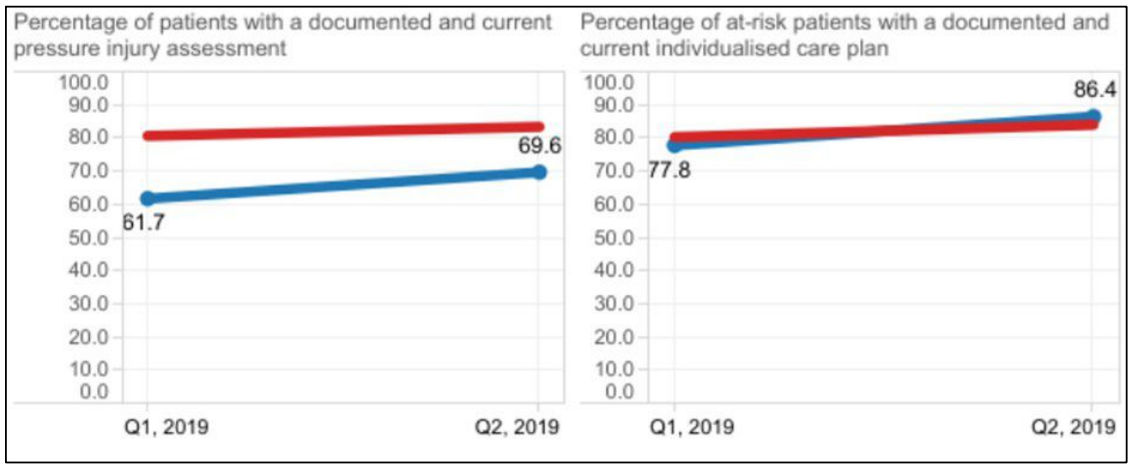
Engagement: percentage of observed stages with scores of 5, 6 or 7 (target 95%)

	Sign in engage	Time out engage	Sign out engage
Engagement	97%	93%	96%

Target achieved
Middle group: 75% to less than target
Lower group: <75%
Observations less than 50

Commentary	Suggested Action
Direct observational audit is used to assess the use of the three surgical checklist parts: sign in, time out and sign out. A minimum of 50 observational audits per quarter per part is required before the observation is included in the national dataset – Hutt Valley has audited the minimum number of cases for the first time in several quarters following recruitment to a Quality Co-ordinator role. The results show that HVDHB is completing sign in (93 percent), time out (96 percent) and sign out (98 percent), with high levels of engagement at each stage.	Continue monitoring by the Surgical service with oversight by the Quality and Patient Safety Committee.

2.3.5 Pressure Injury



Commentary	Suggested Action
Pressure injuries are a major cause of preventable harm for patients using health care services. QSMs were introduced recently, with two quarters date now available. At 70 percent in Q2 2019 HVDHB sat below the national average of 83 percent for patients with a documented and current pressure injury assessment. Of those who did receive a risk assessment, 86 percent had a documented and current individualised care plan at HVDHB, compared to 84 percent nationally.	The Pressure Injury Steering Group has a plan in place to reduce the incidence of hospital acquired pressure injury and improve the management of those that do occur. This is supported by a Pressure Injury prevention co-ordinator role (funded by ACC).

3. CONSUMER ENGAGEMENT AND PARTICIPATION

Consumer participation and engagement is about patients and their families/whānau making decisions about their own care and taking part in the design, delivery and evaluation of the services they use.

3.1 Consumer Council

The Consumer Council has not met this reporting period.

4. ENGAGED EFFECTIVE WORKFORCE

An engaged and effective workforce focuses on how we are growing staff members to ensure that the people who use Hutt Valley DHB services are getting the best care and the DHB is facilitating the best value health care for our population.

4.1 Quality Awards

Nominations for the 2019 Hutt Valley DHB Quality Awards have been open during October, and judging is due to take place in early November. This is the fourth year of the awards which acknowledge the work of teams and individuals in advancing quality, safety and experience of care, improved health and equity for our population, best use of resources and employee engagement within the Hutt Valley Health System. The awards are open to staff from Hutt Valley DHB, Te Awakairangi Health Network, and general practices in the Hutt Valley.

PUBLIC

HUTT VALLEY DHB	**BOARD DECISION PAPER**
	Date: 31 October 2019
Author	Board Chair - Andrew Blair
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 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 27 June 2019 Board agendas	
Public Excluded Matters Arising from previous Public Excluded meeting	For the reasons set out in the 27 June 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 Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations.	Section 9(2)(f)(iv) Section 9(2)(j) Section 9(2)(i)(j)
Final 2019/20 Regional Services Plan		
Fire Safety Risk & Legal Advice		
Sub-Delegations for HVDHB		
Risk Management Strategies Update		
Health Round Table Report July 2018 – June 2019		
Update on Ministers Letter of Expectations		
2018/19 Annual Report		
Adverse Event / HDC / Coroners Quarterly Update		
Holidays Act Review Update		
Finance Risk & Audit Committee Update		

* Official Information Act 1982.