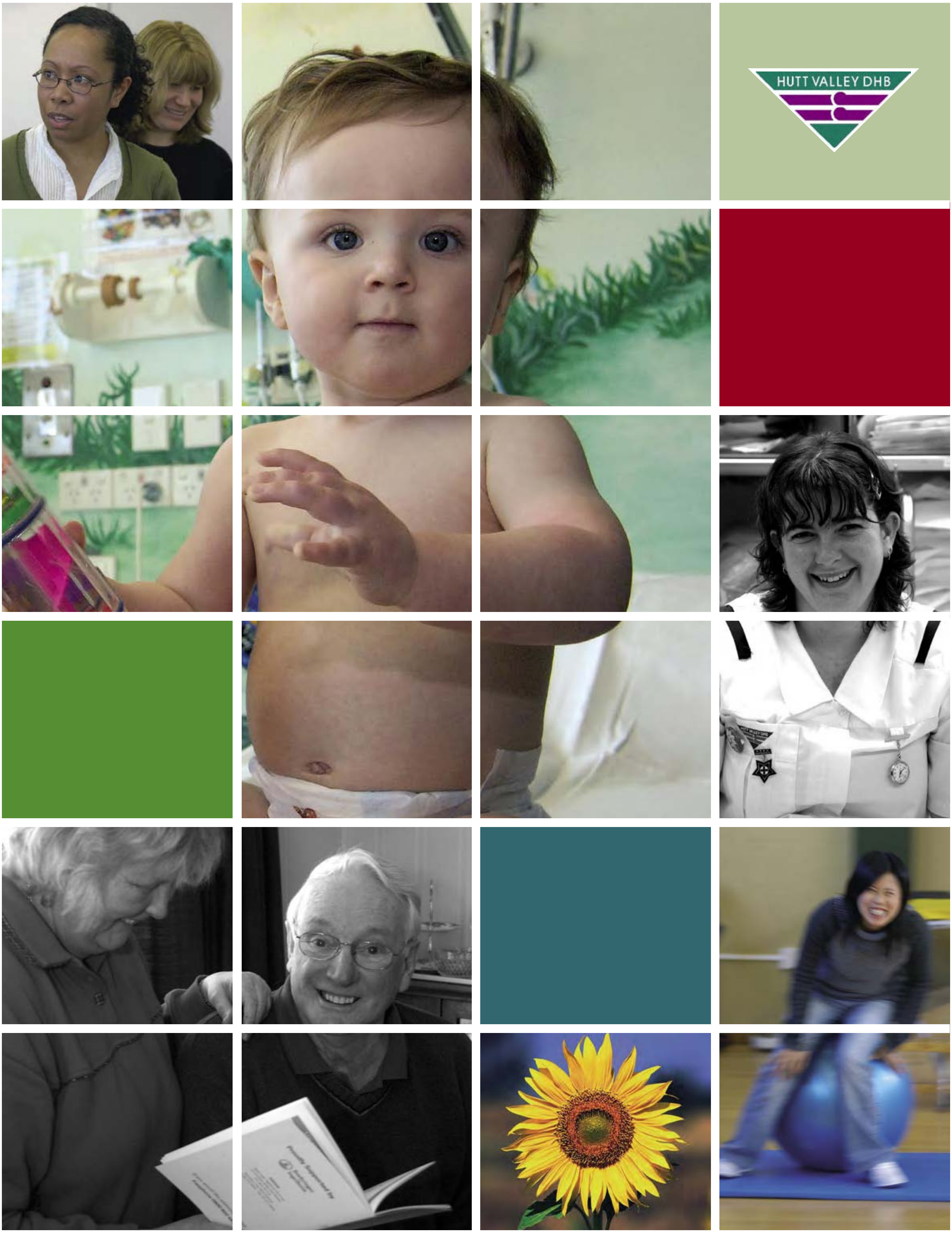


2006

annual report

VISION: HEALTHY PEOPLE, HEALTHY FAMILIES AND HEALTHY COMMUNITIES ARE SO INTER-LINKED THAT IT IS IMPOSSIBLE TO SAY ONE COMES FIRST AND THEN LEADS TO ANOTHER

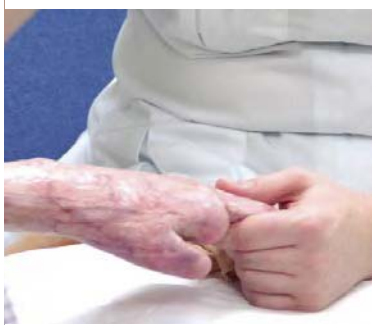
"...healthy people, families, communities."

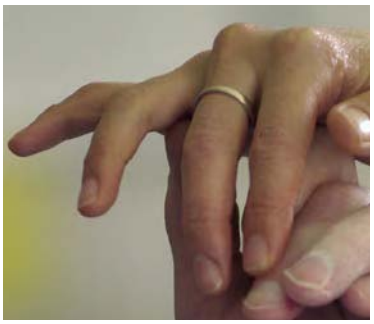




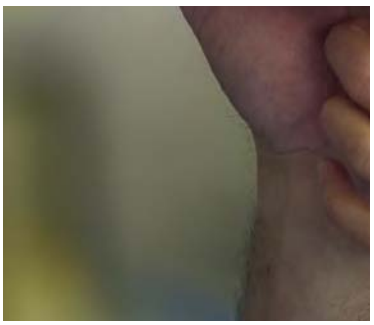
Mammography 1



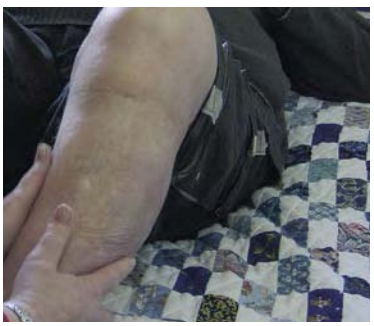










ROMOTE
WELLBEING
ific Style


THIS IS THE CRY, THE CHALLENGE TO ALL CONCERNED TO COLLECTIVELY UNITE OUR EFFORTS IN ADDRESSING AND IMPROVING THE HEALTH NEEDS OF THE COMMUNITY.

Contents

Welcome Mihi

Tihei Mauriora

He honore he kororia ki te Atua

He maungarongo ki te whenua

He whakaaro pai ki ngā tāngata katoa

E mihi ana tēnei ki a Te Atiawa ōtira ki ngā iwi o te motu e noho mai nei i roto i te rohe o Awakairangi arā Te Upoko o te Ika.

Tēnei te karanga, te wero, te whakapā atu ki a tātou katoa kia hōrapa, kia whakakōtahi o tātou nei kaha ki te whakatikatika o tātou māuiui.
Hei aha Hei oranga mō te tangata.

All honour and glory to our maker

Let there be peace and tranquillity on Earth

Goodwill to Mankind

The Hutt Valley District Health Board respects Te Atiawa and acknowledges the community of the Hutt Valley.

This is the cry, the challenge to all concerned to collectively unite our efforts in addressing and improving the health needs of the community.

Highlights at a glance

- Hutt Valley DHB released our Five Year Strategic Plan 2006 – 2011, which maps goals, strategies and priorities to guide our activity over the next five years.
- Hutt Valley DHB joined with Capital & Coast DHB in re-tendering for community laboratory services in the region with a resultant saving of $30 million over the next five years.
- Hutt Valley DHB won the ACC Thinksafe Wellington Gold Business Award (the award recognises excellence in business in both the national and international arenas).
- Hutt Hospital was accredited as a Baby Friendly Hospital.
- Hutt Valley's MeNZB campaign was extremely successful and exceeded Ministry of Health targets, reaching 88% of children between the ages of 5 and 17.
- The Hutt Hospital Children's Play Service gained Early Childhood Education licensing from the Ministry of Education.
- The Hutt Hospital paediatric service ranked the highest of all services and hospitals included in our benchmarking survey, which includes over two hundred hospitals in New Zealand and Australia.
- Operating theatre utilisation, at 1900 procedures per theatre each year, remains amongst the highest in the country.
- Work commenced on a new purpose-built $2.8 million Breast Centre to provide breast screening and assessment services to women of the greater Wellington and Wairarapa regions (completed post-balance date)
- The Hutt Valley's Lifestyle Pasifika – Getting Healthy the Pacific Way programme was a finalist in the national 2005/06 Health Innovation Awards.
- A new operating theatre for caesarean section births was approved for construction in the 2006/2007 financial year.
- Hutt Hospital was the first hospital in New Zealand to be chosen to follow the Magnet recognition programme for nursing. Hutt Valley DHB is an organisation which is in line with the Magnet programme in that it:
  - Creates and develops an environment and culture that emphasises quality, professional models of care, consultation, autonomy, professional development and nursing leadership.
  - Has improving patient care and outcomes.
  - Is a regional centre of excellence.

Chair's Foreword

IT IS ONCE AGAIN A GREAT TRIBUTE TO OUR STAFF THAT WE REMAIN FINANCIALLY SOUND WHILE CONTINUALLY DELIVERING MORE SERVICES – BOTH COMMUNITY AND HOSPITAL BASED.

I am very pleased to introduce Hutt Valley District Health Board's annual report for the year ended 30 June 2006.

To begin, I want to acknowledge the Board for their diligence and hard work. And my warmest thanks to our chief executive, Chai Chuah, and all the DHB staff for their commitment and sheer hard work over the year.

We finished this financial year in a break-even position in line with our budget. It is once again a great tribute to our staff that we remain financially sound while continually delivering more services than we are contracted to provide.

This is in spite of the constant challenges to our financial position, particularly the increase of people who need acute care. This increase, in turn, puts pressure on our ability to meet our elective surgery obligations.

I am anticipating that next year will be even more challenging for the Board and staff alike.

A constant focus of our work is to deliver quality services for our community. The health sector is not static, as the needs and ways in which we can deliver services change over time. Again this year, we have been actively listening to our community so that we can respond to their voice.

At the end of 2005 we undertook an unprecedented consultation on our Strategic Plan 2006-2011. It involved over 800 people and 80 different groups. We also had an extensive consultation round over the community laboratories contract.

We believe that listening and responding to our community is one of our strengths as a Board and it is one that I take particular pride in. I thank all groups as well as individuals who contribute to these discussions and to the consultation and submission process.

One of the key long-term strategies of the Strategic Plan is the redesign of services to carefully plan how services work, and integrate new developments and innovations with existing services.

It was efficiency and effectiveness that was on our minds when we put the community laboratory contract out for tender. The increasing costs of community laboratory work coupled with the anomaly of the public system picking up the tab for private laboratory tests, needed to be addressed. We believe the result will be beneficial for the Hutt Valley. The money that has effectively been freed-up by the new contract means we can put more resource into areas that need it - to improve the health of our community. The whole process was difficult for everyone, but we believe the result showed that the Board was conscious of the community's concerns, even as it made the hard decisions.

Delivering strong, accessible health services aimed at keeping all people well in the community is absolutely vital for improving the health of our community as a whole. With this we have a continued commitment to addressing inequalities across our community, reducing disparities in health outcomes for different groups in our district.

Our intersectoral initiatives continue to flourish. A great example of our intersectoral work this year was our work with our councils. It began in August 2005 when the Hutt Valley District Health Board entered into a Memorandum of Understanding with the Greater Wellington Regional Council, the Hutt City Council and the Upper Hutt City Council. The Memorandum sets out three priority areas – physical activity, deprived areas, and young people and children. A number of projects have already begun out of these relationships and it is my hope that these relationships will be further strengthened during the coming year.

As we move in to our 2006/2007 financial year it is clear we face a real challenge both financially and in terms of service delivery. But I can assure you that we will continue to work on the community's behalf for a healthy, strong and inclusive future.

Peter Glensor
Chair

Board Members (from left to right)
Catherine Love, Peter McCardle, Chai Chuah (Chief Executive), Chris Cunningham, Peter Glensor (Chair), Keith Hindle, Sharron Cole (Deputy Chair), Ken Laban, David Ogden, Katy Austin, Ray Wallace (side left), Pat Christianson (side right)

Chief Executive's Report

OUR ETHOS HAS BEEN, AND REMAINS, THAT WE CAN ONLY MAINTAIN AND IMPROVE SERVICES TO THE PEOPLE OF THE HUTT VALLEY IF WE ARE FINANCIALLY PRUDENT AND RESPONSIBLE.

We have a well-proven track record of financial responsibility. Our ethos has been, and remains, that we can only maintain and improve services to the people of the Hutt Valley if we are financially prudent and responsible.

The last year has been a very challenging one, largely as a result of increasing costs, and as Hutt Valley DHB does not receive significant additional funding as a result of population-based funding, we are increasingly having to look to additional revenue opportunities as well as trying to contain costs.

Increasing costs for us, this year, included the wage settlements for health professionals (particularly nurses, junior doctors and senior doctors) which have substantially increased remuneration and other benefits. With wages one of the major components of DHB costs, the overall impact of these wage increases is hugely significant right across the DHB.

We have been strongly focused on developing regional capability of services and we will continue that focus on the Wellington Region as we face some key decisions on the future scope, size and delivery methods of tertiary services over the next few years.

Last year we committed to establishing an integrated development plan for Hutt Hospital to ensure controlled, co-ordinated growth on the site. This plan includes a larger intensive care unit, an expanded emergency department (including the construction of an acute assessment unit), upgrades to the mental health inpatient unit and we are also looking at building four new operating theatres. However, as these developments will take several years to complete, a new caesarean theatre will open early 2007 as an interim measure to help relieve the strain on the Hospital's four existing operating theatres.

The innovative approach to our work continued with a number of projects including Hutt Hospital being chosen as the first New Zealand hospital to start the process of Magnet Hospital accreditation. Magnet Hospitals are recognised through an international accreditation process - they are hospitals that attain a very high standard of health care that is quality-focused.

One of the highlights of this last year for me came through a less than desired event – the junior doctors strike in June. The strengths of our staff and the great level of teamwork were very clearly on display during the strike. It was a fantastic tribute to them that they made a very difficult situation managable.

The MeNZB campaign was very successful and a tribute to the work of primary care providers, public health, Maori and Pacific services.

I'm very proud of the achievements we've made over the last year and next year we will make even more progress in addressing the significant issues of health in the Hutt Valley.

Chai Chuah
Chief Executive

Statement of Purpose

Vision, Mission and Values

The vision, mission and values set out here were introduced in the process of developing the 2006-2011 Strategic Plan. They lie at the heart of the organisation.

Vision

Whanau Ora ki te Awakairangi

Healthy people, healthy families and healthy communities are so inter-linked that it is impossible to say one comes first and then leads to another – hence we have placed them in a circle.

Mission

Working together for health and wellbeing

Our mission shows the DHB's commitment to a co-operative way of working – that includes our staff working co-operatively; working together with the people and organisations we fund, organisations from other sectors, and with our community.

Values

'Can do' – leading, innovating and acting courageously

Hutt Valley DHB is already acknowledged in the New Zealand health sector as an organisation that will try new things in order to make a difference. We will continue to do that and to be ever more innovative, in order to improve the health of Hutt Valley people.

Working together with passion, energy and commitment

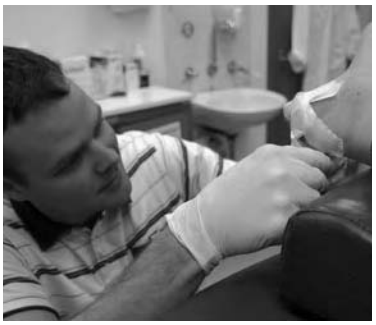
Hutt Valley DHB's people work with passion, energy and commitment to each other, to their clients and their community.

Trust through openness, honesty, respect and integrity

The trust of those we work with and those we work for is fundamental to achieving good results. To be trusted, we will be open, honest, respectful and act with integrity in everything we do.

Striving for excellence

Striving for excellence in everything we do is a key Hutt Valley DHB value – we look for excellence in ourselves as individuals and collectively as an organisation. We look for it in the services we provide, the way we treat each other, the systems we put in place and the achievements we make.



Hutt Valley DHB Profile

THE HUTT VALLEY DHB EMPLOYS OVER 1800 PEOPLE, MOST OF WHOM WORK AT HUTT HOSPITAL AND FOR OUR COMMUNITY AND REGIONAL HEALTH SERVICES.

The Hutt Valley District Health Board (DHB) is responsible for planning, funding and providing government-funded health care and disability support services for the 139,000 people who live in the Hutt Valley. Of these 100,000 people live in Hutt City and 39,000 in Upper Hutt City. 17% of the people who live here are Maori and 8% are Pacific peoples. Fewer Maori and Pacific people (as a percentage of the population) live in Upper Hutt than Hutt City. More of the Maori and Pacific people who live here are younger than other ethnic groups - half of the Maori and Pacific people here are aged under 25.

We also have significant Asian and refugee populations.

The Hutt Valley DHB employs over 1800 people, most of whom work at Hutt Hospital and for our community and regional health services. This part of the DHB is often referred to as our 'provider' arm.

An 11 member Board has governance and strategic oversight of the Hutt Valley DHB. The Board is comprised of seven community-elected members in addition to the four members who are appointed by the Minister of Health.

The Board has responsibility for delivering objectives in local and national health within a current annual budget of approximately $305 million.

The Hutt Valley DHB was established on 1 January 2001. Over the 2005/2006 year the DHB has provided a wide range of services and implemented a number of initiatives in order to meet its commitment to:

- Improve, promote and protect the health of communities within the Hutt Valley.
- Reduce health disparities by improving health outcomes for Maori and other population groups.
- Encourage community participation in health improvement, and in planning for the provision of health services and any significant changes to the provision of health services.
- Ensure effective care or support of those in need of personal health services or disability support in the community.
- Promote the inclusion and participation in society of people with disabilities.
- Better co-ordinate health services in the Hutt Valley, for example, General Practitioner and hospital-based services.

Providing the wide range of services involves buying services from a diverse range of health and disability service providers which includes:

- General Practitioners.
- Maori and Pacific Island health providers.
- Mental health providers.
- Rest homes.
- Pharmacies.
- Private laboratories and hospitals.

Board Members' Report

This is the Hutt Valley DHB's statutory report that covers the 12 month period from 1 July 2005 to 30 June 2006.

Principal Activities

Hutt Valley DHB is responsible for funding all local personal health, mental health, Maori health and Pacific people's health services. To meet this responsibility the Board places considerable emphasis on broad-based consultation with the community and key stakeholders.

Hutt Valley DHB's public health services operate from sites in Porirua, Wellington, Kapiti and the Hutt Valley. The community mental health services have sites situated in the Hutt Valley and certain physiotherapy services that are provided from an Upper Hutt base. In addition, it contracts local providers to deliver a wide range of community health services to the people of the Hutt Valley.

At the secondary level, Hutt Hospital provides the specialties of medicine, surgery, mental health, child health, maternity and public health. Within that general description are specialist services in burns, plastic and maxillo-facial surgery, rheumatology, coronary care, intensive care, radiology, rehabilitation, hospital dental services and an associated child oral health service.

Committees of the Board

The Board has three statutory committees that provide advice in key areas. They are the Community and Public Health Advisory Committee, the Disability Support Advisory Committee and the Hospital Advisory Committee. In addition, the Board also has a Finance and Audit Committee.

Board Members' Interests

There have been no financial transactions during the period which required Board Members to declare an interest. Hutt Valley DHB has arranged policies for Board Members' liabilities to ensure that generally, Board Members will incur no monetary loss as a result of actions they undertake in their capacity as Board Members. Certain actions are specifically excluded, for example, penalties and fines imposed in respect of breaches of law.

Board Members' Remuneration

During the period the following remuneration was paid to the Board Members of the Hutt Valley, please refer to table 1a and 1b.

Remuneration of Employees

The number of employees (excluding Board Members) whose annual income was within the specified bands is listed in table 2.

The Chief Executive's remuneration was in the $300,000 - $309,999 bracket.

HUTT VALLEY DHB IS RESPONSIBLE FOR FUNDING ALL LOCAL PERSONAL HEALTH, MENTAL HEALTH, MAORI HEALTH AND PACIFIC PEOPLE'S HEALTH SERVICES.

Of the 88 employees shown whose remuneration is over $100,000, 74 are medical or dental employees compared with 67 as at July 2005.

If the remuneration of part-time employees were grossed up to a full-time equivalent role, the total number of salaried over $100,000 would be 140, compared to the actual number of 88.

Termination payments

This information is presented in accordance with section 42 (3)(f) of the New Zealand Public Health and Disability Act 2000. Termination payments include payments that the person is entitled to under contract on termination such as retirement payments, redundancy and gratuities. During the year Hutt Valley DHB made the following payments to former employees in respect of termination of employment with the Board (please refer to Table 3).

Auditor

The Auditor-General is appointed auditor under Section 43 of the New Zealand Public Health and Disability Act 2000. Audit New Zealand has been contracted to provide these services.

For and on behalf of the Board

Peter Glensor

Chair

Table 1a - Board Member Remuneration 2005/2006

Board Members	Year to 30-Jun-06 Board Fees	Year to 30-Jun-06 Com. Fees	Year to 30-Jun-06 Total fees	Year to 30-Jun-05 Total fees
P Glensor (Chairman)	36,000	8,063	44,063	44,250
S Cole (Deputy Chairman)	22,500	4,563	27,063	29,125
K Austin	18,000	4,625	22,625	24,063
P Brosnan	0	0	0	9,750
P Christianson	18,000	3,500	21,500	12,250
C Cunningham	18,000	2,813	20,813	12,750
V Ellen	0	0	0	10,500
K Hindle	18,000	4,625	22,625	20,813
K Laban	18,000	4,000	22,000	12,500
C Love	18,000	3,063	21,063	22,125
P McCardle	18,000	5,000	23,000	23,250
G Moffat	0	0	0	9,000
D Ogden	18,000	3,500	21,500	12,500
B Tahi	0	0	0	10,000
K Puloto-Endemann	0	0	0	9,063
R Wallace	18,000	4,000	22,000	11,750
Total	**220,500**	**47,750**	**268,250**	**273,688**

Table 1b - Co-opted Committee Members

Co-opted Comittee Members	Year to 30-Jun-06 Total fees	Year to 30-Jun-05 Total fees
T. Araiti	250	1,000
G. Alcorn	2,000	500
P. Carroll	500	1,750
N. Cuttelli	1,250	0
W. Dunn	1,500	500
L. Fortune	2,250	500
B. Harris	0	1,250
T. Hobman	0	1,500
L. Kljakovic	250	750
M. Lau-Young	498	0
T. Loto-Sua	200	0
S. Masina	0	500
W. Mulligan	0	750
K. Pointon	1,250	0
M. Redwood	0	1,250
D. Rodger	1,250	0
S. Rule	1,250	0
F. Stowers	1,250	750
K. Stuart	1,500	500
A. Tabua	200	0
J. Taylor	0	1,500
M. Tukukino	750	1,750
M. Tunoho	2,250	500
I. Vaofusi	2,000	750
L. Vole	200	0
	20,598	**16,000**

Table 2 - Employee's Remuneration 2005/2006

Range	Year to 30 June 2006	Year to 30 June 2005	Med/Dental Year to 30 June 2006
100,000-109,999	7	13	4
110,000-119,999	16	10	14
120,000-129,999	6	11	4
130,000-139,999	9	7	9
140,000-149,999	6	5	6
150,000-159,999	9	9	7
160,000-169,999	6	4	5
170,000-179,999	6	8	5
180,000-189,999	5	3	3
190,000-199,999	8	3	8
200,000-209,999	2	2	2
210,000-219,999	3	0	3
220,000-229,999	0	0	0
230,000-239,999	1	1	1
240,000-249,999	0	2	0
250,000-259,999	0	0	0
260,000-269,999	0	0	0
270,000-279,999	0	1	0
280,000-289,999	0	1	0
290,000-299,999	0	1	0
300,000-309,999	1	0	0
310,000-319,999	0	0	0
320,000-329,999	1	0	1
330,000-339,999	1	0	1
340,000-349,999	0	0	0
350,000-359,999	1	0	1
Grand Total	**88**	**81**	**74**

Table 3 - Termination payments 2005/2006

Number of Employees	Amount $	Number of Employees	Amount $	Number of Employees	Amount $
1	$1,198.00	1	$3,141.60	1	$6,949.74
1	$1,218.72	1	$3,587.83	1	$7,500.00
1	$1,743.08	1	$4,166.67	1	$7,541.16
1	$1,801.10	1	$4,326.55	1	$10,416.64
1	$1,891.09	1	$4,333.25	1	$14,299.65
1	$2,083.50	1	$4,428.00	1	$23,460.00
1	$2,660.00	1	$4,917.68	1	$32,800.00
1	$2,892.75	1	$6,533.33	1	$119,821.67
				Grand Total	**$273,712.01**

"...working together for health & wellbeing."

MISSION: WORKING TOGETHER FOR HEALTH AND WELLBEING. OUR MISSION SHOWS THE DHB'S COMMITMENT TO A CO-OPERATIVE WAY OF WORKING - THAT INCLUDES OUR STAFF WORKING CO-OPERATIVELY...


FIRE EXIT

A Summary of Activities

...THE IMPLEMENTATION OF THE UPPER HUTT SMOKEFREE PARKS PROJECT, WHICH MAKES ALL PARKS, PLAYGROUNDS AND SPORTS FIELDS IN UPPER HUTT SMOKEFREE.

Primary Health Care

We have continued to work very closely with Primary Health Organisations (PHOs), supporting them both individually and collectively to build their capability, particularly in managing laboratory tests and prescriptions. Achievements this year include:

PHO coverage

- Family Care PHO was formally established on 1 July 2005, making it the sixth PHO in the Hutt Valley. Together the PHOs include 31 medical centres located within the district with total enrolments representing about 96% of the DHB's total population.

PHO management

- We supported the development of a valley-wide primary health support agency, Kowhai Health Trust, which provides PHO management services to three PHOs in the Hutt Valley.
- PHOs' planning cycles are being aligned with the DHB's planning cycle. PHO business plans are being reviewed and agreed to, prior to the start of their financial year.
- Family Care PHO entered the PHO Performance Management Programme on 1 January 2006. Four of the five other PHOs are seeking DHB approval to enter the programme from July 2006.
- We worked with all PHOs and primary care providers on how after hours care could best be provided in the Hutt Valley and came up with a solution which preserved the after hours service in Lower Hutt, after it had been threatened with closure.

PHO Support

- We continue to support PHOs by hosting and facilitating the monthly PHO Forum which provides opportunities to share ideas, discuss spending priorities and service developments.
- We introduced a warfarin management programme which assists general practitioners manage these patients in the community.

Primary Mental Health

- Further work has been completed to support the developing PHO-based primary mental health services. There have been two pilot sites established – Midvalley Access PHO and Piki te Ora te Awaikairangi.

Chronic Disease Management

- All PHOs are participating in the Hutt Valley DHB Diabetes Outreach Service with GP practice nurses from all PHOs involved in a training and approval process. Clinical nurse leaders are linked to each PHO to provide support, education and advice.
- Specific services for Maori with diabetes are in place alongside wider primary healthcare initiatives.

Reducing Health Inequalities

- We have continued to support PHOs to reduce health inequalities through the Services to Improve Access and Health Promotion initiatives to ensure that PHOs reach those most in need.

Health Programmes and Promotion

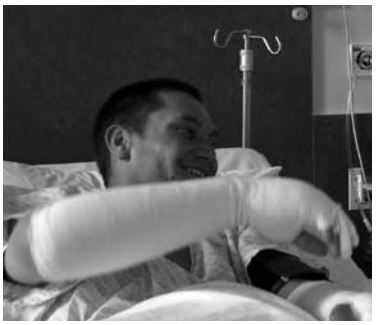
- We have actively encouraged individual PHOs to increase their uptake of programmes to be funded under the Ministry of Health's Care Plus initiative.
- Regional Public Health worked closely with Valley PHO on the implementation of the Upper Hutt Smokefree Parks project, which makes all parks, playgrounds and sports fields in Upper Hutt smokefree.
- Youth Access to Alcohol activities were planned, involving two Hutt Valley PHOs.

Intersectoral Collaboration

Intersectoral collaboration is where agencies from different sectors, such as education, health and local councils, work together on specific projects. Our focus and activity was very strong in this area, as we believe that working together is a vital component to improve our community's health.

As well as regular forums, Hutt Valley DHB was involved in a large number of inter-sectoral projects during the year. Some of the key ones included:

- Our Family Violence Policy and Plan was developed and funding identified to implement the plan.
- The signing of several Memorandums of Understanding advanced strategic partnership development. The first memorandum, signed with Wellington Regional Council, Upper Hutt and Hutt City councils focuses on children and youth, people with high needs and physical activity. The second memorandum was signed with the Ministry of Social Development. The People Access To Health Services (PATHS) programme in the Hutt Valley is being considered and joint workforce development opportunities are being explored.
- The DHB is becoming increasingly involved in initiatives in high needs suburbs of the Hutt Valley such as the Naenae rejuvenation project.
- Membership of the Hutt Housing Steering Group was extended and is now made up of all concerned government and local bodies, government departments, charitable trusts, PHOs, Wellington School of Medicine, Hutt Valley DHB and Regional Public Health. The steering group continued to work in advocacy, co-ordination and development of housing projects including the Upper Hutt Healthy Homes Project and the Healthy Housing Index.
- We are also working with the local authorities and transport providers to improve access and suitability of transport services for Hutt Valley people, including people with disabilities.
- The Prime Minister, Helen Clarke, launched the Wellington Intersectoral Refugee Health and Wellbeing Action Plan on World Refugee Day. Regional Public Health and Ministry of Social Development are the lead agencies for this project.



activities continued...

OUR MENIGOCOCCAL B CAMPAIGN WAS EXTREMELY SUCCESSFUL...REACHING OVER 88% FOR 5 TO 17 YEAR OLDS AND OVER 76% FOR THE UNDER FIVE AGE GROUP.

Regional Public Health

Meningococcal B vaccination campaign

- Our Meningococcal B campaign was extremely successful and well above the national average coverage rate, reaching over 88% for 5 to 17 year olds and over 76% for the under five age group. Similarly, our results were above the national average for Maori and Pacific children and young people.

Tobacco and alcohol

- We completed a needs-analysis of all intermediate and secondary schools to identify barriers to implementing smokefree projects and activities in schools.
- Regional Public Health staff worked with retailers to improve policies and protocols for the identification of minors.
- Regional Public Health established a Youth Access To Alcohol (YATA) project team.

Health Promoting Schools Grants Programme

Hutt Valley DHB recently approved a grant programme designed to encourage school participation in health promoting activities. A grant was provided to ten decile one to three schools to cover costs to start-up activities. As a result schools have got their children involved in healthy eating and activity programmes.

Healthy Eating Healthy Action

- Hutt Valley DHB became licensed to deliver the 10,000 steps @ Work Programme. The programme was delivered for Hutt Valley DHB staff for a second time with record numbers of participants.
- We completed a mapping exercise of current programmes and activities to ensure these are in-line with the Healthy Eating, Healthy Action implementation plan.
- Other initiatives included the Naenae Breakfast Co-op launched at Rata Street School and supporting the ten local Kohanga Reo by providing "Ka Nukunuku Ka Nekeneke", sports equipment and physical activity training.

Intersectoral Work

- Further work was completed on the Skin Infections project, including the Ministry of Education to improve hand hygiene in schools. Work and Income also became involved with training and other DHBs and public health units to launch a skin infection website.
- We provided health impact assessment workshops for local government senior policy analysts and planners - to ensure that Territorial Local Authority decision-making and policy development processes include consideration of health impacts for communities.

Maori Health

Developments this year include:

- The Maori Health Service Development Group was established to work with our staff. Its task is to make sure robust processes are used to prioritise Maori health initiatives.

- A Best Practice Forum was held in May 2006. Toi Ora Ki Te Awaikairangi showcased the best practice work of eight providers and we are planning to hold this event annually.
- A new Kaumatua service was established and aims to reduce isolation, provide information and improve access to health services.
- Part of improving our reach in the Maori community and reducing barriers was the start of our diabetes outreach service for Maori to get access to free diabetes checks, podiatry and education programmes. The outreach service is aligned with PHOs and providers.
- The first stages of improving the 'continuum of care', which is care that 'wraps around' the person, have been developed through the diabetes outreach programme. We expect to take the same approach to address the findings of our research into the cancer pathway of care (Te Huarahi o Nga Tangata Katoa) programmes.

Pacific Health

The Pacific community has particular needs and much of our work was focused on dealing with disparity in Pacific People's health. Successes this year have included:

- Lifestyle Pasifika – Getting Healthy the Pacific Way was a finalist at the 2005 health Innovation Awards. This successful programme tailors weekly sessions on nutrition, diabetes, cancer awareness, heart disease and physical activity to the Pacific lifestyle.
- The MeNZB campaign for Hutt Pacific children and young people, led by the Pacific Health Service Hutt (PHS) was a successful collaboration between our MeNZB team, Pacific providers, Pacific community leaders and GPs across the Hutt Valley and wider Wellington region.
- Pacific Health Service Hutt received Pacific Plan funding to develop as a well child provider for Pacific children from birth to five years.
- An intersectoral project was established with the Ministry of Social Development (MSD) and local NGO Lavea'I Trust to offer free health screening programmes to parents and children attending Strategy for Kids, Information for Parents (SKIP) programmes in the Hutt Valley DHB area.

Chronic Disease Management

- We continue to work with primary care and other community providers to expand and improve care of people with chronic conditions, through programmes such as Care Plus, and the continuum of care initiatives for cardiovascular, diabetes and respiratory illness.
- Our PHO GP practice registers capture accurate data to identify and record people who have been identified with a diagnosis of diabetes. We have established special systems to collect the number of annual reviews completed as well as retinal screening data to make sure assessments are made with a rapid patient referral to ophthalmology services if required.

activities continued...

OUR PAEDIATRIC SERVICE RANKED THE HIGHEST OF ALL SERVICES AND HOSPITALS INCLUDED IN THE SURVEY, WHICH INCLUDES OVER TWO HUNDRED HOSPITALS IN NEW ZEALAND AND AUSTRALIA.

- The diabetes specialist outreach service (DSOS) is supporting primary care practices on delivering best practice diabetes management. Primary care practices are participating in staff training programmes for diabetes and free podiatry treatment is available.
- Primary care nurses have been trained in respiratory management and free patient education sessions are being provided to 'at risk' people.

Hospital Services

Specific activities and management approaches to reduce acute demand were developed that included:

- Policy development, staff training and establishing a telephone consultancy service to enable management of difficult patients in the community setting, rather than referring them to the hospital.
- We have focused on developing the after-hours primary care service and its success has had a direct impact on the emergency department.

Elective Services

- We have maintained elective volumes at planned rates.
- An elective services manager was appointed to more effectively manage our booking system.
- A huge amount of work commenced in line with the Ministry of Health's directive that all Elective Service Performance Indicators (ESPIs) must be green by 30 September 2006. This involved improved communications with patients and a significant commitment from clinical, administration and management staff to improving services.
- We continued planning for new theatres, day procedure facilities and beds as part of the Integrated Campus Plan (ICP) to increase surgical capacity.
- We have developed an interim capacity plan to manage capacity until ICP redevelopment is commissioned.

Children's Ward

- We gained early childhood education licensing from the Ministry of Education that enabled the employment of an early childhood education teacher to run sessions in the Hospital's playroom. This in turn has enabled the Play Specialists to focus on play at the bedside to prepare children for procedures and experiences they may have while in hospital.
- Our paediatric service ranked the highest of all services and hospitals included in the survey, which includes over two hundred hospitals in New Zealand and Australia.

Child Health

Some of the highlights during the year included:

- A nurse-led eczema clinic was developed.
- Networking and positive relationships have been maintained with VIBE (the Hutt Valley youth health service) and other key providers.
- A new recruitment drive is underway following delays in appointing the

community paediatric role due to shortages of suitably trained clinicians.

- Our Skin Infection project now ensures consistent information and clinical practice guidelines are available across the region.
- Work on the implementation of the National Immunisation Register (NIR) has been successful, with newly born babies enrolled from October 2005.
- The MeNZB campaign was very successfully delivered with the school campaign across Capital and Coast and Hutt Valley DHBs achieving excellent rates of immunisation (88% as at July 2006), exceeding the Ministry of Health target.
- We developed a plan to implement findings of the Public Health Nursing Review and we changed the way we delivered our immunisation service so that lower decile schools receive a more intensive service.

Oral Health

- We introduced risk assessment criteria to identify and treat those at greatest risk of oral disease.
- Dental therapy scholarships were offered to two students for study in 2006. All five existing dental therapy scholarship students successfully completed their first year of training and advanced to Year Two in 2006.
- We increased our service profile in the community through the Word of Mouth newsletter to schools as well as the community as part of our School Dental Service review.
- Our Community Dental Service website became operational improving the service's capability and communications.
- We continued our Central Region co-ordination initiatives, which included participating in the national adolescent oral health 0800 advertising campaign, the appointment of a joint district co-ordinator for Hawkes Bay and the review of the transfer process for Year Eight children to adolescent dental services within the Central Region.

Maternity

- We redesigned our obstetric department and all obstetricians are now employed by the DHB. This was the most significant change to the department in many years.
- A new Clinical Head of Department was appointed and was due to commence with Hutt Valley DHB in October 2006.
- We created a Maternity Advisor position.
- We received accreditation as a Baby Friendly Hospital.
- We are planning to set up a community-led breastfeeding support service with three Hutt Valley PHOs and other key providers.
- A successful model of antenatal classes for teenage mothers has been developed. This joint initiative supports the teenage mother and her peer supporters and was developed in partnership with VIBE (Hutt Valley youth health service).

activities continued...

BREASTSCREEN CENTRAL AT HUTT VALLEY DHB IS ONE OF THE EIGHT LEAD PROVIDERS OF FREE MAMMOGRAMS AS PART OF THE NATIONAL BREASTSCREEN AOTEAROA PROGRAMME.

Youth Health

- Youth health clinics in high schools were evaluated and recommendations made for their on-going development.
- We are developing a specialist child and youth health team with the appointment of an adolescent physician.
- Personnel from the Hutt Valley DHB have been selected as members of the steering group to support the Youth Transition Service, an initiative managed by the Hutt and Upper Hutt City Councils.
- We successfully brought together a range of local and central agencies with the aim of increasing intersectoral support for Welltrust, who provide youth alcohol and other drug services to the wider Wellington region.

Mental Health

Some of our achievements include:

- Our mental health acute services were strengthened by the appointment of two consultant psychiatrists and a senior nurse.
- Improvements to access to the youth residential service with the appointment of a new co-ordinator at Richmond Fellowship.
- We began work on a five year Hutt Valley Mental Health Service Plan with active participation from the community and stakeholders. The service plan will identify key priority areas for children, adolescent and family, older people, Maori, and Pacific people. It will be completed in 2006/07.
- We worked with mental health providers to implement the 2005/2006 mental health scholarship programmes.
- The Family/Whanau advisor position has been funded as a full-time, permanent position.
- We reconfigured our support services for youth in the Hutt Valley, so that supported accommodation provides the best transition back into the community.
- Two primary mental health pilot initiatives were developed in the Hutt Valley for those with mild to moderate mental illness.
- Valley Transitionz was the first successful transition employment service to be established in New Zealand.

Cancer Screening and Regional Screening Services

- Work towards the completion of a new Breast Screening Centre continued throughout the year. The Breast Centre opened for screening and assessment in early September 2006. BreastScreen Central at Hutt Valley DHB is one of the eight lead providers of free mammograms as part of the National BreastScreen Aotearoa programme.
- We continued to screen above target numbers of women for mammograms and we reached record numbers of data entry onto our National Cervical Screening Register.

Cancer and Palliative Care

- We continued preventive work to reduce the risk of cancer from smoking and poor nutrition.
- Health promotion for breast and cervical screening has been directed at developing links with PHOs and the primary health care sector.
- Specific initiatives are underway to target the Maori and Pacific Island eligible population. Work has progressed towards full implementation of the age extension for breast screening.
- We made a successful application to the Ministry of Health for funding to analyse the experiences of cancer patients (especially Maori, Pacific, children and adolescents) on "The Patient Journey – Te Huarahi o Nga Tangata Katoa". This will be the foundation for the development of a local Cancer Action Plan linked to a regional cancer control strategy.
- Te Omanga Hospice established the Maori education and liaison service and the number of Maori using these services has increased.
- End of life support provides support to those in the final stages of life enabling people to remain at home by providing brief respite (up to 24 hours) for carers. In 2005 this service was combined with the Cancer Society nursing support service, which was devolved from Capital and Coast. The pilot will be evaluated by December 2006.

Reducing Health Disparities

- Through our district strategic planning process we identified key areas of inequality.
- Education of staff in the area of inequalities continues through presentations given within the DHB's Cultural Training and Leadership Training programmes.

People with Disabilities

In 2005/2006 there was increased participation of people with disabilities in Hutt Valley DHB activities.

- A draft New Zealand Disability Strategy Implementation Plan was completed.
- Hutt City Council in conjunction with Hutt Valley DHB approved funding and agreed on a process for the Consumer Advisory Group. We have made significant progress towards setting up the group in conjunction with Upper Hutt City Council and Hutt City Council. The group will provide advice on issues that concern disabled people in the Hutt Valley.
- An accessibility survey of hospital services was completed.
- We have trialled the process of identifying accessibility barriers, both physical and non-physical, in our services and we have prepared draft accessibility guidelines, which will be finalised when the stakeholder consultation process is completed.
- Our Disability Support Advisory Committee (DSAC) appointed additional members who have personal experience of disability. DSAC meetings are now conducted with the assistance of NZ Sign Language interpreters.

activities continued...

DEVELOPMENT OF A HEALTH OF OLDER PEOPLE MANAGEMENT POLICY TO ASSIST US IN THE DEVELOPMENT OF SERVICES FOR OLDER PEOPLE.

Emergency Management and Pandemic Planning

Pandemic planning has taken priority in the 2005/06 year, highlighting issues of internal resources required to develop and implement required plans, the significant impact a pandemic would have on the Hutt Valley community, and the ability of our health services to cope. Highlights include:

- The development of a draft Pandemic Plan.
- Improvements to the hospital's operational Co-ordinated Incident Management System structure - including revised resources, action cards and external training and exercises.
- Our ongoing collaboration with emergency services, local authorities and the primary care sector. This has resulted in a number of initiatives that have strengthened the Hutt Valley's overall emergency preparedness.
- Participation in the development of the Central Region Health Co-ordination Plan.

Older People's Health

Work on implementing the key initiatives of the Hutt Valley's Older Person's Plan continued with:

- Our proposal and consultation programme to establish improved service co-ordination for care in the community.
- A number of pilots, including a residential care restorative respite pilot, a 'packages of care' pilot with home-based support providers and a community-based independent living programme.
- Participation in a number of joint projects with DHBs regionally and nationally, and Auckland University to develop work force initiatives for community support workers, co-ordinators and the Needs Assessment Service Co-ordination agency.
- Development of a Health of Older People Bed Management Policy to assist us in the development of services for older people.

Information Services

There is continuing work to improve the processing of, and access to, patient information across all sectors.

- The Valley-wide on-line network initiative which links GPs, PHOs and the DHB together has been very successful with 80% of GPs now part of the network.
- We published minimum standards for IT infrastructure and over 90% of GP practices are now compliant.
- The design of an electronic referrals system has been agreed.

Hospital Service Indicators

Hutt Valley District Health Board	2001/2002	2002/03	2003/04	2004/05	2005/06	2005/06 -2004/05 Var%
Inpatient discharges	16,724	16,797	17,571	17,243	17,236	(0.0)
Daycase discharges	7,771	8,689	9,364	9,349	9,397	0.5
Total discharges (incl newborns)	24,495	25,486	26,935	26,592	26,633	0.2
Discharges per Day	67.1	69.8	73.8	72.9	73.0	0.2
Available bed days (incl cots)	91,250	91,615	91,615	93,075	93,075	0.0
Occupied bed days	77,745	76,159	78,876	79,084	80,863	2.2
Average occupancy	85.2%	83.1%	86.1%	85.0%	86.9%	2.2
Inpatient operations	4,706	4,612	5,012	5,319	5,299	(0.4)
Daypatient operations	1,997	2,159	2,244	2,281	2,217	(2.8)
Total operations (theatre cases)	6,703	6,771	7,256	7,600	7,516	(1.1)
Elective operations	3,467	3,584	3,405	3,412	3,288	(3.6)
Acute operations	3,236	3,187	3,851	4,188	4,228	1.0
Total operations (theatre cases)	6,703	6,771	7,256	7,600	7,516	(1.1)
Inpatient Waiting list total at 30 June	907	1,047	1,263	1,407	1,322	(6.0)
Outpatient Attendances						
- Surgical	43,262	44,165	46,255	46,761	46,204	(1.2)
- Medical	16,130	17,203	17,754	18,959	20,901	10.2
- Paediatric	4,366	4,463	4,249	4,568	5,032	10.2
Emergency Department						
- First attendances	29,439	29,188	30,748	33,397	35,219	5.5
- Total attendances	30,851	30,234	31,741	34,254	35,730	4.3
Community Contacts						
Community contacts - district nursing	36,652	36,625	34,893	35,461	35,706	0.7
Births - Hutt Hospital	2,061	1,866	1,979	2,126	2,209	3.9
Radiology examinations	46,853	46,462	48,461	49,772	49,787	0.0
Laboratory tests performed	643,678	638,458	621,398	788,016	836,034	6.1

What is Planned for 2006/07?

WE ARE COMMITTED TO REDUCING INEQUALITIES IN HEALTH, THROUGH CHANGES IN THE WAYS THAT EXISTING SERVICES ARE DELIVERED AND THE DEVELOPMENT OF NEW AND INNOVATIVE PROGRAMMES.

Our key priorities for 2006/07 are:

- Improving health equity.
- Primary health care accountability and gains.
- Prevention and management of chronic diseases, including Healthy Eating, Healthy Action implementation.
- Sustainability in older people's services.
- Pandemic planning.
- Managing within budget, including generating revenue, working to contract volumes in the provider arm and reducing outflows of work by providing more services locally.
- Working regionally and nationally to prioritise the services in which we invest.
- Workforce development, including DHB-wide planning, Magnet accreditation and working nationally to control employment costs.

We are committed to reducing inequalities in health, through changes in the ways that existing services are delivered (such as diabetes services) and the development of new and innovative programmes (such as Healthy Lifestyles Pasifika and the housing retrofit projects). We recognise our responsibilities to Maori and the principles of the Treaty of Waitangi. We have established a Maori health service development group and are implementing new services for kaumatua and children with respiratory conditions.

We will continue to work with our primary health care providers on tangible projects aimed at preventing chronic diseases and assisting people to manage their conditions more effectively. We will emphasise implementation of the Healthy Eating Healthy Action strategy in primary health and public health services. We have built a shared understanding with our PHOs on the importance of transparency around fees, which has enabled us to put comprehensive fees information on our website. We expect to maintain this in 2006/07.

In 2006/07, we will continue our focus on seeking financially sustainable approaches to improving services for older people. This will require innovation and collaboration with a wide range of organisations to establish restorative programmes and greater support for people to age in their homes for as long as possible.

We are also aware that difficulties for patients with multiple and complex needs can arise from poor coordination across services and between providers, and we will address these through a number of inter-service initiatives.

We will continue our preparations for the possibility of a major pandemic, alongside our usual emergency response planning. Considerable work is required to ensure that all of our local plans (for hospital, primary care, and community providers) are coordinated and that they align with national and regional plans.

Along with the rest of the New Zealand health sector, Hutt Valley DHB is experiencing workforce issues, particularly increasing shortages of skilled health professionals.

Increasing demand for services, combined with fewer workers, means that we will need to continuously look at different ways of doing things, what health workers do and how we use them. In 2006/07, we will implement the first stages of our strategic workforce development plan, with a special focus on achieving recognition as a Magnet Hospital. This programme emphasises the role of nurses in the delivery of services and has been shown in the United States to improve both the standard of patient care and the recruitment and retention of staff.

This year will be particularly challenging financially as a result of increasing costs, particularly due to the impact and flow-on of national wage settlements, and increased costs for older people's services, referred services and high-cost treatments. Hutt Valley DHB will continue to take a financially responsible approach, exploring opportunities to generate more revenue and, at the same time, managing our expenditure to ensure that we contain costs as much as possible. We will work closely with our local clinicians (in both the hospital and primary health care) to manage the risks arising from demand driven expenditure, particularly for pharmaceuticals, laboratory tests, and high-cost treatments.

We will undertake a number of service reviews during 2006/07 to ensure that we improve access to services and reduce inequalities for our people while achieving our budgeted financial position.

We will work at regional and national levels to manage financial and service risks, which could undermine services to our population. We will continue to support and participate in the Service Planning and New Health Intervention Assessment (SPNIA) process.

Improvements are needed in facilities at Hutt Hospital to ensure that appropriate services can continue to be provided as close as possible to the Hutt Valley community. Hutt Valley DHB is in the process of planning capital development on the Hutt Hospital campus, which will include a larger intensive care unit, an expanded emergency department (including the construction of an acute assessment unit) and upgrades to the mental health inpatient unit. Importantly, there are not enough operating theatres to meet the current demand for acute and elective procedures, let alone the predicted increase in demand from the ageing population, so the capital planning includes providing more operating theatres.

All of the above development is being progressed as part of an Integrated Campus Plan, currently being prepared. The plan will be based on a Clinical Services Plan, which takes into account the need to work with other DHBs in the region. These plans will enable Hutt Valley DHB to provide appropriate services to the local population while being involved in a rational approach to regional service improvement. Throughout our planning and implementation, we are developing robust business cases, and ensuring strong financial accountability.

VALUES: 'CAN DO' – LEADING, INNOVATING AND ACTING COURAGEOUSLY; WORKING TOGETHER WITH PASSION, ENERGY AND COMMITMENT; TRUST THROUGH OPENNESS, HONESTY, RESPECT & INTEGRITY

"...striving for excellence."









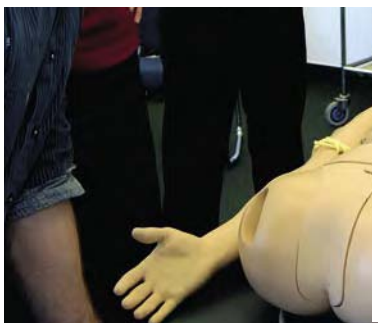
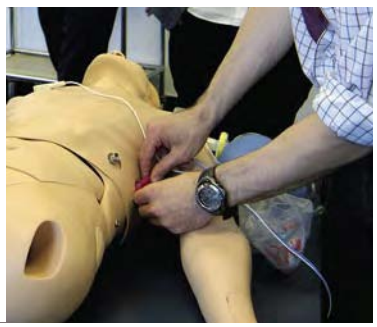










financials

Statement of Accounting Policies

FOR THE YEAR ENDED 30 JUNE 2006

Reporting Entity

Hutt Valley District Health Board was established on 1 January 2001 following the enactment of the New Zealand Public Health and Disability Act 2000. Under the New Zealand Public Health and Disability Act 2000 the assets and liabilities of Hutt Valley Health Corporation Limited were vested in Hutt Valley District Health Board. The Board's operations combine the functions of the predecessor entity and some of the functions previously performed by the Health Funding Authority.

General Accounting Policies

Hutt Valley District Health Board is a crown entity in terms of the Crown Entities Act 2004 and the New Zealand Public Health and Disability Act 2000. These financial statements have been prepared in accordance with the requirements of the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

Particular Accounting Policies

The following particular accounting policies, which materially affect the measurement of results and financial position, are applied:

Budgets

The budget figures are those presented in the Statement of Intent as tabled in the House of Representatives. The budget figures have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by Hutt Valley District Health Board in the preparation of the financial statements.

Leases

Finance leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset are transferred to Hutt Valley District Health Board, are classified as finance leases. Where assets are acquired by finance leases, the lower of the present value of the minimum lease payments and fair value is recognised as an asset at the beginning of the lease term and depreciated on the same basis as equivalent fixed assets. A corresponding liability is also established and each lease payment is allocated between the liability and interest expense.

Operating leases

Operating lease payments, where lessors effectively retain substantially all the risks and benefits of ownership of the leased items, are charged as expenses in the periods in which they are incurred.

Investments

Investments are stated at the lower of cost and net realisable value.

Goods and Services Tax

All items in the financial statements are exclusive of goods and services tax (GST) with the exception of receivables and payables, which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

Employee Entitlements

Provision is made for annual leave, sabbatical leave, long service leave, retirement gratuities, parental leave and senior medical officers' allowances for conference leave and reimbursement of expenses.

Annual leave and parental leave are calculated on an actual entitlement basis at current rates of pay. Conference leave and expenses reimbursement allowances are calculated on an actual entitlement

basis per the senior medical officers' employment contract. Other provisions are calculated on an actuarial basis utilising current rates of pay.

Accounts Receivable

Accounts receivable is stated at expected realisable value after providing for doubtful and uncollectable debts.

Inventories

Inventories are stated at the lower of cost, determined on a weighted average basis, and net realisable value. This valuation includes allowances for slow moving inventories.

Obsolete inventories are written off.

Fixed Assets

Fixed assets were vested in Hutt Valley District Health Board from Hutt Valley Health Corporation Limited on 1 January 2001. These assets were recorded at the initial cost incurred by Hutt Valley Health Corporation Limited.

Fixed assets, other than land and buildings, acquired by the Board subsequent to its establishment, are recorded at cost less accumulated depreciation. Cost includes all appropriate costs of acquisition and installation including materials, labour, direct overheads and transport costs.

Land and buildings, including site improvements, are revalued at least every five years to their fair value as determined by an independent registered valuer to their highest and best use. Additions between valuations are recorded at cost. The results of revaluing land and buildings are credited or debited to an asset revaluation reserve for that class of asset. Where a revaluation results in a debit balance in the asset revaluation reserve, the debit balance will be expensed in the statement of financial performance.

Depreciation of Fixed Assets

Depreciation is provided on a straight-line basis on all tangible fixed assets other than freehold land, at rates, which will write off the cost of the assets, less their estimated residual value, over their useful lives.

The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

Asset Class	Useful Life	Associated Depreciation Rates
Building structure	15 – 80 years	1.6% - 100%
Building fit-out and services	1 – 36 years	2.8% - 100%
Plant and equipment	1 – 19 years	4% - 100%
Motor vehicles	5.5-12.5 years	8% - 18%
Computer equipment	3 – 5.5 years	18% - 30%
Leased assets	3 – 8 years	12.5% - 30%

Gains and losses on disposal of fixed assets are taken into account in determining the net operating surplus for the period. Capital work in progress is not depreciated. The total cost of a project is transferred to a fixed asset category on its completion and is then depreciated.

Properties Intended for Sale

Properties intended for sale are valued at the lower of cost and net realisable value and are classified as a current asset where the intention is for the property to be sold within the next financial year.

Taxation

Hutt Valley DHB is a public authority under the New Zealand Public Health and Disability Act 2000 and is exempt from income tax under section CB3 of the Income Tax Act 1994.

Trust and Bequest Funds

Donations and bequests received are treated as revenue on receipt in the statement of financial performance, except where the restrictive conditions are such that the Board has a liability to the donor.

Cost of Services Statements

The cost of services statements report the net cost of services provided by each significant activity. The net cost is the significant activity's cost of providing the service, less revenue collected by the activity.

Cost Allocation

The net cost of service for each significant activity has been arrived at using the cost allocation system outlined below.

Cost allocation policy

Direct costs are charged directly to output classes. Indirect costs are charged to output classes based on cost drivers and related activity/usage information.

Criteria for direct and indirect costs

Direct costs are those costs directly attributable to an output class. Indirect costs are those costs which cannot be identified in an economically feasible manner with a specific output class.

Cost drivers for allocation of indirect costs

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as full time equivalent staff numbers, staff head count numbers and floor space used.

Statement of Cash Flows

Cash means cash balances on hand, held in bank accounts, demand deposits and other highly liquid investments in which the Board invests as part of its day-to-day cash management, net of bank loan facilities.

Operating activities include all transactions and other events that are not investing or financing activities.

Investing activities are those activities relating to the acquisition and disposal of non-current assets.

Financing activities comprise the change in equity and debt capital structure of the Board.

Financial Instruments

Hutt Valley District Health Board is risk averse and seeks to minimise exposure arising from its treasury activity. The Board is not authorised by its treasury management policy to enter into any transaction that is speculative in nature.

Financial instruments reflected in the statement of financial position include cash and bank balances, receivables, trade creditors and borrowings. These instruments are, generally, carried at their estimated fair value. For example, receivables are carried net of the estimated doubtful receivables.
The particular recognition methods adopted are disclosed in the individual policy statements associated with each item.

Changes in Accounting Policies

There have been no changes in accounting policies adopted and all policies have been applied on a basis consistent with the previous period.

Statement of Financial Performance

FOR THE YEAR ENDED 30 JUNE 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Operating income		305,348	297,084	277,904
Total expenses		(292,189)	(281,964)	(263,367)
Operating Surplus before Depreciation, Capital Charge and Interest	**1**	**13,159**	**15,120**	**14,537**
Gain / (loss) on sale of assets		(123)	0	(50)
Depreciation	1	(6,877)	(7,156)	(6,444)
Capital charge		(4,959)	(6,740)	(6,777)
Interest expense	1	(1,194)	(1,223)	(1,214)
Net Operating (Deficit) / Surplus		**6**	**1**	**52**

Supplementary Information

The following table shows the consolidation of the cost of service statements for each output class including the elimination of internal transactions.

	June 2006 Provider $000	June 2006 Governance $000	June 2006 Funder $000	June 2006 Elimination $000	June 2006 Consolidated $000
Operating income	146,884	3,066	275,676	(120,278)	305,348
Operating expenses	(136,173)	(3,002)	(273,292)	120,278	(292,189)
Operating Surplus before Depreciation, Capital Charge and Interest	**10,711**	**64**	**2,384**	**0**	**13,159**
Gain / (loss) on sale of assets	(123)	0	0	0	(123)
Depreciation	(6,874)	(3)	0	0	(6,877)
Capital charge	(4,959)	0	0	0	(4,959)
Interest expense	(1,194)	0	0	0	(1,194)
Net Operating (Deficit) / Surplus	**(2,439)**	**61**	**2,384**	**0**	**6**
Reconciliation to Retained Earnings					
Opening Balance	(4,447)	594	3,195	0	(658)
Net operating (deficit) / surplus for the year	(2,439)	61	2,384	0	6
Closing Balance	**(6,886)**	**655**	**5,579**	**0**	**(652)**

The accompanying notes and accounting policies on pages 30 to 32 and 38 to 47 form an integral part of these financial statements

Statement of Movements in Equity

FOR THE YEAR ENDED 30 JUNE 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Net Surplus for the Year		**6**	**1**	**52**
Other recognised revenues and expenses				
Repayment of Equity		0	0	0
Increase/(Decrease) in revaluation reserves	2,9	18,707	0	(2,380)
Total recognised revenues and expenses for the year		**18,713**	**1**	**(2,328)**
Equity at beginning of the year		59,130	61,529	61,458
Total Equity At The End Of The Year		**77,843**	**61,530**	**59,130**

Mental Health Ring Fence for the year ended 30 June 2006

Hutt Valley District Health Board is required by its Crown Funding Agreement to ensure Mental Health funding is used to provide Mental Health Services. Included in the Funder accumulated funds of $5.579 million is $143,000 that is required to be used for future mental health service provision.

The accompanying notes and accounting policies on pages 30 to 32 and 38 to 47 form an integral part of these financial statements

Statement of Financial Position

AS AT 30 JUNE 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Equity				
Crown equity	2	28,127	27,487	28,127
Revaluation reserves	2	50,368	34,042	31,661
Retained earnings	2	(652)	1	(658)
Total Equity		**77,843**	**61,530**	**59,130**
Represented by:				
Current Assets				
Bank in funds		7,412	3,176	9,841
Receivables and prepayments	3	13,247	16,484	13,364
Inventories	4	1,065	682	902
Total Current Assets		**21,724**	**20,342**	**24,107**
Current Liabilities				
Payables and accruals	5	24,858	38,094	28,131
Employee entitlements and provisions	6	14,531	6,089	13,346
Borrowings	7	29	1,701	113
Total Current Liabilities		**39,418**	**45,884**	**41,590**
Net Working Capital Deficit		**(17,694)**	**(25,542)**	**(17,483)**
Non Current Assets				
Fixed assets	9	115,602	108,233	96,671
Trust and bequest funds	11	773	567	731
Total Non Current Assets		**116,375**	**108,800**	**97,402**
Non Current Liabilities				
Employee entitlements and provisions	6	1,063	2,161	1,029
Borrowings	7	19,002	19,000	19,029
Trust and bequest funds	11	773	567	731
Total Non Current Liabilities		**20,838**	**21,728**	**20,789**
Net Assets		**77,843**	**61,530**	**59,130**

For, and on behalf of, the Board

Board Member | Board Member | 20th October, 2006

The accompanying notes and accounting policies on pages 30 to 32 and 38 to 47 form an integral part of these financial statements

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Cashflows from Operating Activities				
Cash was provided from:				
Cash receipts		301,763	293,779	273,402
Interest received		810	0	925
		302,573	**293,779**	**274,327**
Cash was disbursed to:				
Payments to providers		149,194	97,116	138,252
Payments to suppliers & employees		142,395	178,837	120,804
Net goods and services tax paid		(499)	0	1,022
Interest paid		1,194	1,223	1,214
Capital charge paid		5,381	6,878	6,819
		297,665	**284,054**	**268,111**
Net Cash Inflow fom Operating Activities		**4,908**	**9,725**	**6,216**
Cashflows from Investing Activities				
Cash was provided from:				
Proceeds from sale of assets		0	0	58
Realisation of trust funds		0	0	0
		0	**0**	**58**
Cash was applied to:				
Increase in investments and Trust Funds		0	0	0
Purchase of fixed assets		7,226	11,752	5,846
		7,226	**11,752**	**5,846**
Net Cash Outflow from Investing Activities		**(7,226)**	**(11,752)**	**(5,788)**
Cashflows from Financing Activities				
Cash was provided from:				
Loans raised		0	0	0
		0	**0**	**0**
Cash was applied to:				
Repayment of Equity		0	0	0
Repayment of loans/finance leases		111	0	0
		111	**0**	**0**
Net Cash Outflow From Financing Activities		**(111)**	**0**	**0**
Net Increase/(Decrease) In Cash Held		**(2,429)**	**(2,027)**	**428**
Add opening cash		9,841	5,203	9,413
Ending Cash Carried Forward		**7,412**	**3,176**	**9,841**
Cash balances in the Statement of Financial Position:				
Bank in funds		7,412	3,176	9,841
Ending Cash Carried Forward		**7,412**	**3,176**	**9,841**

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Reconciliation of net operating surplus to net cash flow from operating activities				
Net operating surplus		6	1	52
Add back non-cash items:				
Depreciation		6,877	7,156	6,444
Increase/(decrease) in Employee entitlements		1,219	(6,125)	5,140
Total Non-cash Items		**8,096**	**1,031**	**11,584**
Add/(subtract) items classified as investment activity:				
Net gain/(loss) on sale of assets		123	0	50
Total Investing Activity		**123**	**0**	**50**
Add/(subtract) items classified as financing activity:				
Repayment of loans/finance leases		111	0	0
		111	**0**	**0**
Movements in working capital:				
Decrease/(increase) in receivables and prepayments		(2,840)	(3,120)	(3,361)
(Increase)/decrease in inventories		(163)	220	(40)
(Decrease)/increase in capital charge payable		(422)	0	(42)
Increase/(decrease) in payables and accruals		(3)	11,593	(2,027)
Total Net Working Capital Movement		**(3,428)**	**8,693**	**(5,470)**
Net Cash Inflow From Operating Activities		**4,908**	**9,725**	**6,216**

The accompanying notes and accounting policies on pages 30 to 32 and 38 to 47 form an integral part of these financial statements

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
1 Net Operating Surplus		
After crediting revenue:		
Interest income	810	925
Net gain on sale of fixed assets	0	0
After charging expenses:		
Fees paid to external auditors:		
Audit fees	98	71
Other services	0	0
Board and Committee member fees:		
Board Member Fees	268	274
Committee Member Fees	21	16
Rental and operating lease costs	1,065	964
Bad debts - movement in provision	124	(10)
Bad debts written off	44	68
Net loss on sale of assets	123	50
Depreciation		
Building Structure	1,118	1,099
Building Services & Fitout	1,903	1,735
Site Improvements	40	44
Plant & Equipment	2,048	2,139
Motor Vehicles	35	66
Computer Equipment	1,373	1,259
Leased Plant & Equipment	360	102
Total depreciation	**6,877**	**6,444**
Interest expense		
Crown Health Financing Agency	1,183	1,187
BNZ	1	5
Finance leases	10	22
Total interest expense	**1,194**	**1,214**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
2 Equity		
(A) Crown Equity		
Opening balance	28,127	28,127
Equity Repayment	0	0
Closing Balance	**28,127**	**28,127**
(B) Revaluation Reserves		
Land		
Opening balance	5,272	5,239
Adjustment to reserves	0	33
Revaluation	3,387	0
Closing Balance	**8,659**	**5,272**
Buildings		
Opening balance	26,389	28,802
Adjustment to reserves	892	(2,413)
Revaluation	14,428	0
Closing Balance	**41,709**	**26,389**
Total Revaluation Reserves	**50,368**	**31,661**
(C) Retained Earnings		
Opening balance	(658)	(710)
Net operating surplus/(deficit)	6	52
Closing Balance	**(652)**	**(658)**
Total Equity	**77,843**	**59,130**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
3 Receivables and Prepayments		
Trade debtors	13,048	13,107
Provision for doubtful debts	(303)	(180)
	12,745	**12,927**
Prepayments	502	437
	13,247	**13,364**
4 Inventories		
Pharmaceuticals	135	126
Surgical and medical supplies	940	786
	1,075	**912**
Provision for obsolescence	(10)	(10)
	1,065	**902**

Certain inventories are subject to retention of title (Romalpa clauses). The value of stocks subject to such clauses cannot be quantified due to inherent difficulties in identifying the specific inventories affected at year-end.

5 Payables and Accruals		
Trade creditors	20,838	23,519
Accrued expenses	1,076	1,988
GST and other taxes payable	1,111	459
	23,025	**25,966**
Capital charge payable to shareholders	1,275	1,697
Fixed assets payable	558	468
	24,858	**28,131**
6 Employee Entitlements & Provisions		
Annual Leave	7,610	6,890
Long Service Leave	434	400
Retirement Gratuities	820	981
Other Employee Provisions	6,730	6,104
	15,594	**14,375**
Made up of:		
Current	14,531	13,346
Non-Current	1,063	1,029
	15,594	**14,375**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
7. Borrowings		
Crown Health Financing Agency	19,000	19,000
Finance leases	31	142
	19,031	**19,142**
Loans are repayable as follows:		
Current (*payable to 30 June 2007*)	0	0
One to two years (*payable to 30 June 2008*)	19,000	0
Two to five years (*payable subsequent to 30 June 2008*)	0	19,000
	19,000	**19,000**
Finance leases are repayable as follows:		
Current (*payable to 30 June 2007*)	29	113
One to two years (*payable to 30 June 2008*)	2	29
Two to five years (*payable subsequent to 30 June 2008*)	0	0
	31	**142**
Total current portion of loans	29	113
Total non-current portion of loans	19,002	19,029
Total Loans	**19,031**	**19,142**
Interest rates per annum:	%	%
Crown Health Financing Agency Loan	6.2	6.25
Finance leases	8.5 to 11.0	8.5 to 11.0
Line of credit restricted access		
Bank loan facilities	6,000	6,000
Used at balance date:	0	0
Unused at Balance Date	**6,000**	**6,000**

Borrowings are net of finance charges.

The $19 million on loan from the Crown Health Financing Agency (CHFA) was drawn down on 10 December 2002 and the $19 million on loan from the BNZ was repaid on the same day. The loan from the CHFA is repayable on 31 December 2007.

A facility with the BNZ of $6 million was available at 30 June 2006 for working capital requirements of which no draw down has been made ($4 million: 30 June 2005).

Subject to the continuance of satisfactory credit ratings the bank loan facility may be drawn at any time. Bank facilities are unsecured. Interest rates on all facilities are fixed for the full term of the facility.

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
8 Leased Assets		
Finance Leases:		
Current	29	113
Non-current	2	29
Total	**31**	**142**
Repayable as follows		
One to two years	29	113
Two to five years	2	29
Beyond five years	0	0
	31	**142**

	Cost $000	Accumulated Depreciation $000	Net Book Value $000
2006			
Leased Assets			
Clinical Equipment	1,471	1,365	106
Office Equipment	68	33	35
	1,539	**1,398**	**141**
2005			
Leased Assets			
Clinical Equipment	1,471	1,310	161
Office Equipment	212	47	165
	1,683	**1,357**	**326**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
9 Fixed Assets		
Freehold land		
At cost	-	33
At valuation	10,570	6,760
Total Freehold Land	**10,570**	**6,793**
Site improvements		
At cost	6	480
At valuation	800	390
Accumulated depreciation	(1)	(67)
Total Site Improvements	**805**	**803**
Building structure		
At cost	125	539
At valuation	64,616	53,450
Accumulated depreciation	(66)	(1,899)
Total Freehold Buildings	**64,675**	**52,090**
Building services		
At cost	25	1,085
At valuation	15,301	15,676
Accumulated depreciation	(21)	(2,296)
Total Building Services	**15,305**	**14,465**
Building fitout		
At cost	199	2,865
At valuation	9,328	8,399
Accumulated depreciation	(46)	(1,463)
Total Building Fitout	**9,481**	**9,801**
Plant & equipment		
At cost	25,457	23,250
Accumulated depreciation	(17,576)	(15,785)
Total Plant & Equipment	**7,881**	**7,465**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

	Year To June 2006 $000	Year To June 2005 $000
9 Fixed Assets (continued)		
Leased assets		
At cost	1,539	1,683
Accumulated depreciation	(1,398)	(1,357)
Total Leased Plant & Equipment	**141**	**326**
Motor vehicles		
At cost	549	549
Accumulated depreciation	(385)	(348)
Total Motor Vehicles	**164**	**201**
Computer equipment		
At cost	10,062	9,185
Accumulated depreciation	(6,747)	(5,795)
Total Computer Equipment	**3,315**	**3,390**
Work in progress		
Property assets	2,031	906
Plant & equipment	662	87
Computer equipment	572	344
Total Work In Progress	**3,265**	**1,337**
Total Fixed Assets, Leased Assets And WIP	**115,602**	**96,671**

Revaluation

Land and buildings were revalued, in accordance with FRS-3, at 30 June 2006 by Paul Butchers FNZPI of CB Richard Ellis, Registered Valuers. Buildings have been valued using a depreciated replacement cost methodology.

Restrictions

Land is not subject to any restrictions or claims under the Treaty of Waitangi Act 1975.

10 Other Investments

Other investments comprise the 16.7% shareholding in Central Region's Technical Advisory Services Limited (CRTAS). CRTAS is a joint venture company incorporated on 6 June 2001 and owned by the six DHBs within the central region.

CRTAS has a total share capital of $600 of which Hutt Valley DHB's share is $100. At balance date all share capital remains uncalled.

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

11 Trust and Bequest Funds

Hutt Valley DHB receives donations and bequests for specific purposes. If for any reason Hutt Valley DHB is not able to use the funds as specified, then Hutt Valley DHB is obligated to return the donation to the donor. Funds are held in a separate bank account and any interest earned is allocated to the individual trust balances.

	Year To June 2006 $000	Year To June 2005 $000
Opening balance	731	601
Funds received	101	231
Interest received	42	37
Funds disbursed	(101)	(138)
Closing Balance	**773**	**731**

12 Statement of Commitments

The following amounts have been committed to by Hutt Valley DHB but are not recognised in the financial statements.

Operating lease commitments		
Less than one year	815	1,058
One to two years	422	601
Two to five years	435	399
Over five years	19	0
	1,691	**2,058**
Provider funding commitments		
Less than one year	6,392	9,454
One to two years	3,456	1,237
Two to five years	0	28
Over five years	0	0
	9,848	**10,719**
Capital commitments		
Less than one year	6,331	5,964
	6,331	**5,964**
Total Commitments	**17,870**	**18,741**

The District Health Board is also obligated to funding significant streams of "demand driven" health purchasing expenditure. Commitments of this nature are in place for the purchase of pharmacy, laboratory, and GP services. Since this expenditure is "demand driven" it is not possible to quantify the obligation in this note. Actual costs are as follows:

DSS (NGO Providers)	31,200	25,800
Primary Care	49,700	49,500
	80,900	**75,300**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

13 Statement of Contingencies

There are no contingent liabilities as at 30 June 2006 (Nil: 30 June 2005).

14 Segmental Reporting

Hutt Valley DHB provides health and disability support services to the Wellington region. It also provides some specialist health and plastic surgery/burns services for the lower half of the North Island as well as the Nelson and Marlborough region.

Segmental reporting is not applicable.

15 Financial Instruments

Hutt Valley DHB is risk averse and seeks to minimise exposure arising from its treasury activity. Hutt Valley DHB does not enter into any transaction that is speculative in nature.

Hutt Valley DHB has a series of policies providing risk management for interest and currency rates and the concentration of credit.

Interest Rate Risk

Interest risk is the risk that the value of a financial instrument will fluctuate due to changes in market interest rates.

Hutt Valley DHB has fixed rate borrowings from the Crown Health Financing Agency and other sources which are used to fund ongoing activities. Hutt Valley DHB policy is to monitor the interest rate exposure with a view to refinancing if appropriate. The interest rates on borrowings as at 30 June 2006 are disclosed in note 7.

There are no interest rate options or swap agreements in place as at 30 June 2006.

Currency Risk

Currency risk is the risk that the value of a financial instrument will fluctuate due to changes in foreign exchange rates. Hutt Valley DHB has no exposure to currency risk.

Concentration of Credit Risk

Credit risk is the risk that a third party will default on its obligation to Hutt Valley DHB thereby causing Hutt Valley DHB to incur a loss.

Financial instruments that potentially expose Hutt Valley DHB to concentrations of risk consist principally of cash, short-term investments and trade receivables.

Hutt Valley DHB places its cash and short-term investments with high credit quality financial institutions and limits the amount of credit exposure to any one financial institution.

Concentrations of credit risk with respect to accounts receivable are high due to the reliance of Hutt Valley DHB's revenue from the Ministry of Health. The Ministry of Health is a high quality financial institution, being the Government purchaser of health services.

The following methods and assumptions were used to estimate the fair value of each class of financial instrument for which it is practical to estimate that value:

Trade debtors, trade creditors and bank in funds - the carrying amount of these items is equivalent to their fair value.

Term loans and current portion of term loans - the fair value of term loans is approximated by the carrying amount disclosed in the Statement of Financial Position.

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2006

16 Transactions with Related Parties

Hutt Valley DHB is a wholly owned entity of the Crown. The Government influences the role of Hutt Valley DHB in the type and volume of services it purchases.

During the period Hutt Valley DHB received 84% (84%: 30 June 2005) of its revenue from the Government, through the Ministry of Health, to fund and provide health services. The amount outstanding at 30 June 2006 was $3.1 million ($0.8 million: 30 June 2005).

Hutt Valley DHB enters into numerous transactions with government departments and other Crown agencies on an arm's length basis where those parties are only acting in the course of their normal dealings with Hutt Valley DHB. These transactions are not considered to be related party transactions.

17 Capital Charge

All DHBs are required to pay a capital charge monthly to the Crown based on the greater of their actual or budgeted closing equity balance for the month. The charge was set at 8% for the financial period (11%: 30 June 2005).

18 Post Balance Date Events

There are no significant events subsequent to balance date.

19 Major Variations from the Statement of Intent

Variations within each output class are disclosed following the cost of service statements, included within the Statement of Objectives and Service Performance on the following pages.

Key variations from the Statement Of Intent within the Statement of Financial Position are as follows

Category	Explanation
Bank in funds / Receivables and Prepayments	The bank in funds balance has increased during the year due to additional funding received during the year, which has been partially deferred at year-end.
Property, Plant & Equipment	Fixed Assets have increased during the year mainly due to the FRS-3 Revaluation as at 30 June 2006.
Payables and Accruals	Payables and accruals have increased mainly due to the increase in accrued expenses by the DHB caused by additional volumes.
Employee Entitlements and Provisions	The increases in employee entitlements is due to PSA agreements settled during the year which have increased salaries and also increased year end accrual balances for annual leave liabilities.

Other Notes to the Financial Statements

ADOPTION OF INTERNATIONAL REPORTING STANDARDS (NZ IFRS)

In December 2002 the New Zealand Accounting Standards Review Board announced that NZ IFRS will apply to all New Zealand Reporting Entities for the periods commencing on or after 1 January 2007. Entities have the option to adopt NZ IFRS for periods beginning on or after 1 January 2005.

Hutt Valley DHB intends to implement NZ IFRS in its annual financial statements for the year ending 30 June 2008. In complying with NZ IFRS for the first time, Hutt Valley DHB, will restate amounts previously reported under current New Zealand accounting standards (NZ GAAP) using NZ IFRS. This requires restatement of opening balances as at 1 July 2006, with initial transitional adjustments recognised retrospectively and mainly against retained earnings at that date. The amounts/transactions incurred during the year ended 30 June 2007 will also be restated and will impact the income statement and balance sheet for the period. However, transitional arrangements relating to those standards where comparatives are not required will only be made at 1 July 2007.

Transition Management

Hutt Valley DHB has started a project to:

Assess the key differences in accounting policies under NZ IFRS and current accounting policies;

Determine the impacts on the financial statements from transition; and

Determine and to implement processes to deal with any related business impacts.

Impact on Transition to NZ IFRS

This note only provides a summary of the significant potential impacts resulting from transition to NZ IFRS and should not be taken as an exhaustive list of all the differences between existing NZ GAAP and NZ IFRS.

Hutt Valley DHB has identified one impact upon transition. Currently we expense any costs incurred in relation to the ACC Partnership Programme as we incur them. Under NZ IFRS we will need to recognise a liability for our potential exposure under the ACC Partnership Programme in the future, and then expense actual costs incurred against this provision.

It is possible the actual impact of adopting NZ IFRS may vary from the information presented above, and the variation may be material.

Statement of Objectives and Service Performance

Introduction

As a crown entity, Hutt Valley DHB is required by the New Zealand Public Health and Disability Act 2000 and the Public Finance Amendment Act 2004 to report on its service performance.
The level of performance to be achieved for the year to 30 June 2006 was detailed in the Board's Statement of Intent.

In this section the actual performance of Hutt Valley DHB for the year ended 30 June 2006 is measured against the undertakings made in the Statement of Intent. The Auditor-General has audited this performance report for accuracy and reasonableness.

DHB Funder Output Class

This dimension of the Hutt Valley DHB refers to the receipt of funds from the Crown and the allocation of funds to providers, including its own hospital. It excludes governance, management and administration activities relating to the allocation of funds.

Service Performance

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
Develop and support Primary Health Organisations (PHOs) in the Hutt Valley (refer to section 4.3.1 of the DAP)	These indicators measure: Progress of PHOs towards improving the health of their enrolled populations with a specific focus on chronic disease management and financial management.	Actively participate in National projects aimed at the implementation of clinical performance indicators in PHOs. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person.	Participation through the implementation of the PHO Performance Management Programme (PMP). 5 out of 6 Hutt Valley PHOs are now participating in PMP.	Achieved
Relates to DSP Goals for primary care, reducing inequalities and Maori health			Hutt Valley DHB ratio for Jan-March 2006 was 1.02, which is an improvement on the previous quarter (0.99) and meets our target of a ratio >1 set in our 2006/07 District Annual Plan.	Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
Advance management of Referred Services (refer to section 4.3.1 of the DAP) Relates to DSP Goal for integration	These indicators measure: How well the Funder is able to control the budget that has been allocated for pharmaceutical and laboratory costs.	Progress towards a public tender and evaluation process which considers options for greater integration in the provision of laboratory services.	Hutt Valley DHB in conjunction with Capital & Coast DHB has managed a subregional community laboratory project over the past 12 months to implement the Regional Laboratory Review findings. This has involved significant community and provider consultation and a contestable Request For Proposal process to select the provider. The successful provider will start the new capped contract from 1 November 2006. In addition the two DHBs have investigated and consulted on removing an anomaly in private specialist referred testing. This will mean that from 1 November 2006, patients referred by private specialists for laboratory tests will no longer be funded by the DHB.	Achieved
Improve childhood immunisation rate (Refer to section 4.3.7 of the DAP) Relates to DSP Goal for child health	These indicators measure: In relation to the Meningococcal Vaccination Programme (MeNZB) The success of both Funder (as manager of the overall campaign) and Provider (as the provider of the school-based component of the MeNZB programme)	RIS-03 Progress towards the target of 90% of 6 months to 5-year-old children receive 3rd dose of MeNZB vaccine. Progress towards 90% of school-enrolled children receive 3rd dose of MeNZB vaccine.	As at 2 July 2006, the following coverage was achieved: Maori <5 Dose 3=62.8% Pacific <5 Dose 3=81.5% Other <5 Dose 3=83.7% Total <5 Dose 3=77.4% Maori 5-17 Dose 3=89.5% Pacific 5-17 Dose 3=96.5% Other 5-17 Dose 3=87.9% Total 5-17 Dose 3=89.1% (results better than national average).	Not Achieved Not Achieved
Implement the Cancer Control Strategy (Refer to section 4.2.11 of the DAP) Relates to DSP Goals for healthy communities and integration	This indicator measures: The DHB's progress towards developing a Cancer Control Plan that is consistent with the Government's national Cancer Control strategy.	Hutt Valley DHB Cancer Control Action Plan developed by Quarter 4. POP-15 Implementing the Cancer Control Strategy.	*Te Huarahi o Nga Tangata Katoa* - the cancer journey project was completed at the end of June. This project records the cancer journey for people from Hutt Valley DHB and Wairarapa DHB and identifies issues and barriers to services along the cancer pathway – from screening and early detection, to diagnosis and treatment, support, rehabilitation and palliative care. The final report has been	Partially Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
			approved by the Advisory Group and will be printed after sign off by the Senior Portfolio Manager. The key recommendations from the project report will be included in the Cancer Action plan that is currently being drafted, ready for completion during the 1st quarter.	
Implement Hutt Valley DHB Maori Health Strategic Plan (Refer to section 4.3.4 of the DAP) Relates to DSP Goal for Maori health development	This indicator measures: Progress towards Hutt Valley DHB implementing its Maori Health Strategic Plan, which has a key emphasis in year 1.	Implement the Maori Health Strategic Plan priorities for year 1 by Quarter 4. HKO-02 Development of Maori Health Workforce and Maori Health Providers.	A Maori community steering group was formed in August 2005 to guide progress to establish the Maori Health Service Development Group. This included the approach for selection onto the group and the way in which the DHB communicated messages. The first meeting of the Maori Health Service Development Group was held in April 2006, and there have been two further meetings. The focus of the early meetings has been to establish the way in which the group works with each other and development of a work plan. *Toi Ora ki Te Awakairangi* was held in May 2006. This signals the first of what is hoped will be an annual event. There were seven presentations from six providers. After a successful Request for Proposal, a new Kaumatua service is being established. There has been a delay in initiating the Maori Provider Capacity and Capability Plan. Our approach has been to identify how other DHBs have progressed this work and to use the information to guide our approach. Work has now started on the plan. *Te Huarahi O nga Tangata Katoa* (Pathway of care for Cancer Patients) has been viewed as the initial piece of work to support the development of pathways for care for Maori suffering with Chronic Illness. This project has identified a number of issues facing Maori accessing services that appear to be fairly common.	Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
			Commenced diabetes outreach service to support Maori to access free diabetes Get Checked reviews, free podiatry and education programmes. Maori Workforce Development Plan 2005-2010 produced. Maori workforce percentages in Management, Clerical, Administration and Other areas are 11%, 6%, 3%, & 10% respectively.	
Implement the Hutt Valley DHB Workforce Plan (Refer to section 4.3.16 of the DAP) Relates to DSP Goals for primary care, Maori health development, mental health and reducing inequalities	These indicators measure: Progress towards district-level action in recruiting, developing and retaining key workforce priorities.	Commence Year 1 of the Hutt Valley DHB Workforce Plan by Quarter 2 with a particular focus on: Maori workforce; Pacific workforce; Provider arm workforce; PHO workforce. Continue development of staff leadership training programme.	Work has been completed on a draft Maori workforce plan. Pacific Workforce – Work has occurred on the integration of Pacific health unit work into organisational orientation and consideration of Pacific health workforce needs in the Hutt Valley DHB scholarship programme. Continuing with programme to provide work experience to scholarship students. Provider arm and PHO work force programmes for 2006/07 have been developed. The staff leadership training programme continues to be run through Weltech.	Achieved
Reduce the impact of diabetes (Refer to section 4.3.5 of the DAP) Relates to DSP Goals for disease management and reducing inequalities	These indicators measure the effectiveness of the DHB in preventing, identifying and managing diabetes. 1.2 Diabetes recognition and follow up To increase diabetes annual review rates as a percentage of expected prevalence rates. 1.3 Diabetes management To increase the percentage of patients with diabetes type I or type II who's HBA1c blood tests are less than or equal to 8%	POP-01 To reduce the impact of diabetes. 1.2 Diabetes recognition and follow up. ***Targets*** Total – 77% Maori – 50% Pacific – 80% Other – 84% 1.3 Diabetes management ***Targets*** Total – 74% Maori – 60% Pacific – 50% Other – 80%	1.2 Diabetes recognition and follow up ***Hutt Valley DHB 2005*** Total 78% Maori 46% Pacific 89% Other 86% 1.3 Diabetes management ***Hutt Valley DHB 2005*** Total 74% Maori 59% Pacific 50% Other 80%	Partially Achieved Partially Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
	1.4 Diabetic retinopathy screening To increase the percentage of patients with diabetes receiving retinal screening within the last two years.	1.4 Diabetic retinopathy screening *Targets* Total – 80% Maori – 80% Pacific – 80% Other – 80%	1.4 Diabetic retinopathy screening *Hutt Valley DHB 2005* Total 82% Maori 82% Pacific 79% Other 82%	Partially Achieved

Cost of Services
for the year ended 30 June 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Operating income		275,676	269,559	243,068
Operating expenses		(273,292)	(268,373)	(241,620)
Net Operating Surplus/(Deficit)		**2,384**	**1,186**	**1,448**

Major Variations from the Statement of Intent

The main variations from the Statement of Intent involve additional income received from the Ministry of Health to fund the national pay award settlement, funding for the Meningococcal B programme and reimbursement of top up funding in relation to costs incurred in the funding of PHOs.

This additional revenue has largely been offset by expenditure in funding the DHB's provider arm, PHOs or other Independent Service Providers in relation to the above initiatives.

Statement of Objectives and Service Performance

DHB Governance & Administration Output Class

This dimension of Hutt Valley DHB refers to the governance, management and administration activities relating to the allocation of funds. This captures and reports on the cost of resources engaged in undertaking funding activities, such as needs assessment, contracting with providers and monitoring the providers.

Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
Governance Training in place (refer to section 4.3.16 of the DAP) Demonstrates the Board's commitment to excellence by improving the Board's own capability	This indicator measures: Good governance requires training and support particularly for new members who are new to governance.	Ensure Governance training programme has covered all Board Members by Quarter 4.	We have provided regular training as part of board and committee meetings. When surveyed, with minor exceptions, board members felt they had adequate training in key areas.	Achieved

Cost of Services

for the year ended 30 June 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Operating income		3,066	2,930	3,236
Operating expenses		(3,002)	(2,879)	(2,797)
Operating Surplus Before Depreciation, Capital Charge and Interest		**64**	**51**	**439**
Depreciation		(3)	-	(3)
Net Operating Surplus/(Deficit)		**61**	**51**	**436**

Major Variations from the Statement of Intent

There are no major variations from the Statement of Intent.

Statement of Objectives and Service Performance

Provider Services

This dimension of Hutt Valley DHB refers to the provision of health and disability services incorporating the hospital and public and community health services.

Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
Implement Government Policy relating to Elective Services (refer to section 4.3.6 of the DAP) Relates to DSP Goal for elective services	These indicators measure: The effectiveness of the DHB in providing elective services	Maintain surgical volumes at levels equal to or greater than in 2004/05. Achieve compliance with Elective Services Patient Flow Indicators, by 30 June 2006, subject to theatre capacity.	Total operations (theatre cases) was 7516 for 2005-06, compared to 7,600 in 2004/05. The DHB has made a commitment to achieve and maintain compliance with all Elective Services Patient Flow Indicators (ESPIs) and will agree a recovery plan with the Ministry to deliver ESPI compliance.	Not Achieved Not Achieved
Improve childhood immunisation rate (refer to section 4.3.7 of the DAP) Relates to DSP Goal for child health	These indicators measure: In relation to the Meningococcal Vaccination Programme (MeNZB) The success of both Funder (as manager of the overall campaign) and Provider (as the provider of the school-based component of the MeNZB programme)	RIS-03 Progress towards the target of 90% of 6 months to 5-year-old children receive 3rd dose of MeNZB vaccine. Progress towards 90% of school-enrolled children receive 3rd dose of MeNZB vaccine.	As at 2 July 2006, the following coverage was achieved: Maori <5 Dose 3=62.8% Pacific <5 Dose 3=81.5% Other <5 Dose 3=83.7% Total <5 Dose 3=77.4% Maori 5-17 Dose 3=89.5% Pacific 5-17 Dose 3=96.5% Other 5-17 Dose 3=87.9% Total 5-17 Dose 3=89.1%	Not Achieved Not Achieved
Implement the Hutt Valley DHB Workforce Plan (refer to section 4.3.16 of the DAP) Relates to DSP Goals for primary care, Maori health development, mental health and reducing inequalities	These indicators measure: Progress towards district-level action in recruiting, developing and retaining key workforce priorities.	Commence Year 1 of the Hutt Valley DHB Workforce Plan by Quarter 2 with a particular focus on: Maori workforce; Pacific workforce; Provider arm workforce; PHO workforce. Continue development of staff leadership training programme.	Work has been completed on a draft Maori workforce plan. Pacific Workforce – Work has occurred on the integration of Pacific health unit work into organisational orientation and consideration of pacific health workforce needs in the Hutt Valley DHB scholarship programme. Continuing with programme to provide work experience to scholarship students. Provider arm and PHO work force programmes for 2006/07 have been developed. The staff leadership training programme continues to be run through Weltech.	Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
Implement the Integrated Campus Plan (refer to section 4.3.17 of the DAP) Relates to DSP Goals for elective services and mental health	These indicators measure: Progress towards the Hutt Valley DHB implementing its Integrated Campus Plan which will allow it to deliver a range of services necessary for the present and future	Concept development completed by Quarter 1. Commence implementation of Integrated Campus Plan for Year 1 begins by Quarter 2.	Initial concepts completed as planned. This work identified that the scale of the development required was greater than our earlier high-level estimates. As a result we are required to undertake further planning and analysis at a more detailed level than previously envisaged. We have made good progress during the year on a Clinical Services Plan, a review of infrastructure, a review of traffic and parking, a campus master plan and consultation with clinicians regarding new models of care. In addition we have installed a replacement CT scanner, commenced construction of our new Breast Screening Facility, confirmed an order for a new MRI, and signed off business cases for development of a new MRI/CT facility and a Caesarean Theatre.	Achieved
Implement Hutt Valley DHB Maori Health Strategic Plan (refer to section 4.3.4 of the DAP) Relates to DSP Goal for Maori health development	This indicator measures: Progress towards Hutt Valley DHB implementing its Maori Health Strategic Plan that has a key emphasis in year 1.	Implement the Maori Health Strategic Plan priorities for year 1 by Quarter 4. HKO-02 Development of Maori Health Workforce and Maori Health Providers.	A Maori community steering group was formed in August 2005 to guide progress to establish the Maori Health Service Development Group. This included the approach for selection onto the group and the way in which the DHB communicated messages. The first meeting of the Maori Health Service Development Group was held in April 2006, and there have been two further meetings. The focus of the early meetings has been to establish the way in which the group works with each other and development of a work plan. *Toi Ora ki Te Awakairangi* was held in May 2006. This signals the first of what is hoped will be an annual event. There were seven presentations from six providers. After a successful Request for Proposal, a new Kaumatua service is being established.	Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
			There has been a delay in initiating the Maori Provider Capacity and Capability Plan. Our approach has been to identify how other DHBs have progressed this work and to use the information to guide our approach. Work has now started on the plan. ***Te Huarahi O nga Tangata Katoa*** (Pathway of care for Cancer Patients) has been viewed as the initial piece of work to support the development of pathways for care for Maori suffering with Chronic Illness. This project has identified a number of issues facing Maori accessing services that appear to be fairly common. Commenced diabetes outreach service to support Maori to access free diabetes Get Checked reviews, free podiatry and education programmes. Maori Workforce Development Plan 2005-2010 produced. Maori workforce percentages in Management, Clerical, Administration and Other areas are 11%, 6%, 3%, & 10% respectively.	
Reduce the impact of diabetes (refer to section 4.3.5 of the DAP) Relates to DSP Goals for disease management and reducing inequalities	These indicators measure the effectiveness of the DHB in preventing, identifying and managing diabetes. 1.2 Diabetes recognition and follow up To increase diabetes annual review rates as a percentage of expected prevalence rates. ***Baseline2004*** Total – 73% Maori – 40% Pacific – 78% Other – 83%	POP-01 To reduce the impact of diabetes. 1.2 Diabetes recognition and follow up. ***Targets*** Total – 77% Maori – 50% Pacific – 80% Other – 84%	1.2 Diabetes recognition and follow up ***Hutt Valley DHB 2005*** Total 78% Maori 46% Pacific 89% Other 86%	Partially Achieved

Statement of Objectives and Service Performance

Annual Objective	Measure	Target 2005/06	Response	Achieved
	1.3 Diabetes management To increase the percentage of patients with diabetes type I or type II who's HBA1c blood tests are less than or equal to 8% ***Baseline 2004*** Total – 72% Maori – 58% Pacific – 49% Other – 78%	1.3 Diabetes management ***Targets*** Total – 74% Maori – 60% Pacific – 50% Other – 80%	1.3 Diabetes management ***Hutt Valley DHB 2005*** Total 74% Maori 59% Pacific 50% Other 80%	Partially Achieved
	1.4 Diabetic retinopathy screening To increase the percentage of patients with diabetes receiving retinal screening within the last two years. ***Baseline 2004*** Total – 73% Maori – 73% Pacific – 73% Other – 74%	1.4 Diabetic retinopathy screening ***Targets*** Total – 80% Maori – 80% Pacific – 80% Other – 80%	1.4 Diabetic retinopathy screening ***Hutt Valley DHB 2005*** Total 82% Maori 82% Pacific 79% Other 82%	Partially Achieved

Statement of Objectives and Service Performance

Cost of Services

for the year ended 30 June 2006

	Notes	Year To June 2006 Actual $000	Year To June 2006 Budget $000	Year To June 2005 Actual $000
Operating income		146,884	141,188	134,968
Operating expenses		(136,173)	(127,305)	(122,318)
Operating Surplus Before Depreciation, Capital Charge and Interest		**10,711**	**13,883**	**12,650**
Gain / (loss) on sale of assets		(123)	-	(50)
Depreciation		(6,874)	(7,156)	(6,441)
Capital charge		(4,959)	(6,740)	(6,777)
Interest expense		(1,194)	(1,223)	(1,214)
Net Operating (Deficit)		**(2,439)**	**(1,236)**	**(1,832)**

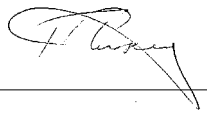
Major Variations from the Statement of Intent

The provider arm has received additional funding from the Ministry of Health to cover costs incurred in relation to the Nurses and PSA pay settlements. The provider has also received funding for the Meningococcal B campaign and from other District Health Boards relating to additional activity.
The major source of expenditure increases is in relation to personnel expenditure.

Statement of Responsibility

1. The Board and management of Hutt Valley District Health Board accept responsibility for the preparation of the financial statements and the judgements used in them;
2. The Board and management of Hutt Valley District Health Board accept responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting; and
3. In the opinion of the Board and management of Hutt Valley District Health Board, the financial statements for the year ended 30 June 2006 fairly reflect the financial position and operations of Hutt Valley District Health Board.





Peter Glensor	Chai Chuah	Patrick Hussey
Chairman	*Chief Executive*	*Chief Financial Officer*

AUDIT NEW ZEALAND
Mana Arotake Aotearoa

Report of the Auditor- General

To the readers of Hutt district health board's Financial statements

For the year ended 30 june 2006

The Auditor-General is the auditor of Hutt District Health Board (the Health Board). The Auditor General has appointed me, Stephen Lucy, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements of the Health Board, on his behalf, for the year ended 30 June 2006.

Unqualified opinion

In our opinion the financial statements of the Health Board on pages 30 to 59:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect:
  - the Health Board's financial position as at 30 June 2006;
  - the results of its operations and cash flows for the year ended on that date; and
  - its service performance achievements measured against the performance targets adopted for the year ended on that date.

The audit was completed on 20 October 2006, and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Board and the Auditor, and explain our independence.

Basis of opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Board;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Board and the Auditor

The Board is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Health Board as at 30 June 2006. They must also fairly reflect the results of its operations and cash flows and service performance achievements for the year ended on that date. The Board's responsibilities arise from the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001, section 43 of the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

Independence

When carrying out the audit we followed the independence requirements of the Auditor General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Health Board.

S B Lucy

Audit New Zealand

On behalf of the Auditor-General

Wellington, New Zealand

Matters relating to the electronic presentation of the audited financial statements

This audit report relates to the financial statements of Hutt District Health Board for the year ended 30 June 2006 included on the Hutt District Health Board's web site. The Board is responsible for the maintenance and integrity of the Hutt District Health Board's web site. We have not been engaged to report on the integrity of the Hutt District Health Board's web site. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements and related audit report dated 20 October 2006 to confirm the information included in the audited financial statements presented on this web site.

Legislation in New Zealand governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Hutt Valley DHB Directory

Head Office
Pilmuir House, Pilmuir Street
Lower Hutt

Bankers
Bank of New Zealand

Postal Address
Private Bag 31-907
Lower Hutt

Website Address
www.huttvalleydhb.org.nz

Auditor
Audit New Zealand
Wellington
On behalf of the Controller and Auditor-General

Hutt Valley DHB People

Board Members

The Board consists of eleven members, seven elected and four appointed by the Minister of Health including a chair and a deputy chair.

Peter Glensor, *Chair*
Sharron Cole, *Deputy Chair*
Katy Austin
Pat Christianson
Chris Cunningham
Keith Hindle
Ken Laban
Dr Catherine Love
Hon Peter McCardle
David Ogden
Ray Wallace

Chief Executive

Chai Chuah

Committee Members

The membership of the committees is as follows.

Hospital Advisory Committee

Sharron Cole (***Chair***)
Pat Christianson
Chris Cunningham
Peter Glensor
Peter McCardle
Ray Wallace
* Keriata Stuart

Community and Public Health Advisory Committee

Katy Austin (***Chair***)
Peter Glensor
Dr Catherine Love
Keith Hindle
Ken Laban
David Ogden
* Gill Alcorn
* Lyndsay Fortune
* Maree Tukukino
* Muriel Tunoho
* Iunita Vaofusi

Disability Support Advisory Committee

Dr Catherine Love (***Chair***)
Peter Glensor
Pat Christianson
Chris Cunningham
Ray Wallace
* Piki Carroll
* Warick Dunn
* Diane Rodger
* John Ryall
* Fuaao Stowers

Finance, Property and Audit Committee

Keith Hindle (***Chair***)
Peter Glensor
Peter McCardle
Sharron Cole
David Ogden

Executive Management Team

Chai Chuah
Chief Executive

Bridget Allan
Director, Planning, Funding and Public Health

Patrick Hussey
Chief Financial Officer

Warrick Frater
Chief Operating Officer

David Graham
General Manager Communications

Siloma Masina
Pacific Peoples' Health Advisor

Toni Dal Din
Director of Nursing

Dr Robert Logan
Director of Medicine

Kuini Puketapu
Maori Health Advisor

Fiona McCarthy
Human Resources Manager

Michael Hundleby
General Counsel

Cheryll Graham
Disability Advisor

* Co-opted Members