



PUBLIC EXCLUDED

Date: 12 February 2020	BOARD INFORMATION
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Endorsed by	Chief Executive Hutt Valley and Capital & Coast DHBs – Fionnagh Dougan
Subject	HVDHB Monthly Financial and Operational performance report
RECOMMENDATIONS	
It is recommended that the Board:	
(a) Notes of the 17 Ministry of Health measures, Hutt is currently achieving 8, partially achieving 6 with 3 measure not achieved being; immunisation targets, breastfeeding and smoking cessation;	
(b) Note the Financial result for December year to date was an unfavourable variance to budget of (\$1.4 million) against the annual budget deficit of \$8.1 million;	
(c) Note the Funder result for December year to date was \$2.5m favourable, Governance \$0.4m favourable and Provider (\$4.3m) unfavourable to budget;	
(d) Note total CWD Activity was 6.79% ahead of plan;	
(e) Note from an outcomes perspective inequity remains a significant challenge, with Maori and Pacific experiencing lower rates of immunisation, breastfeeding and higher rates of avoidable hospital admissions (ASH) ;	
(f) Note the current year-end financial forecast deficit of \$8.6 million which is 6% adverse to budget.	
APPENDICES	
1. HVDHB MONTHLY FINANCIAL AND OPERATIONAL PERFORMANCE REPORT	

1. INTRODUCTION

1.1 Purpose

The purpose of this paper is to inform the board on the Financial and operational performance of the DHB to December 2019.

2. BACKGROUND

This is the first of a new format reporting to provide the Board with an overview of the performance of the organisation considering the performance of the District Health Board as a funder of services, as a provider of services and considers its overall financial performance.

This model will be further developed for the February concurrent FRAC and refined for the March concurrent Board. It is intended to give an overview of the people served, how Hutt Valley performs against Ministry targets and hospital performance. Current MHAIDS is consolidated within the financial reports but the operational performance will be included from March. The equity focus for Māori and other populations will continue to be developed and be a focus of all reporting.



Monthly Financial and Operational Performance Report

For Period Ending 31
December 2019
Reported in February 2020





Introduction

This is the first of a new format reporting to provide the Board with an overview of the performance of the organisation considering the performance of the District Health Board as a funder of services, as a provider of services and considers its overall financial performance.

This model will be further developed for the February concurrent FRAC and refined for the March concurrent Board. It is intended to give an overview of the people served, how Hutt Valley performs against Ministry targets and hospital performance. Current MHAIDS is consolidated within the financial reports but the operational performance will be included from March. The equity focus for Māori and other populations will continue to be developed and be a focus of all reporting.

This is not the only reporting on performance. The Board and Health System Committee will receive reports on equity, implementation of Te Pae Amoranga, the Pacific Health Strategy, the Disability Strategy, performance of community providers and system performance for our communities and populations.



Contents

Section #	Description	Page
1	Financial & Performance Overview & Executive Summary	
2	Funder Performance	
3	Hospital Performance	
4	Financial Performance & Sustainability	
5	Additional Financial Information & Updates	



Section 1

Financial And Performance Overview And Executive Summary



Executive Summary

Thousands of people every month are served by the Hutt Valley DHB. These numbers are lower in December than November due to the holiday period as shown on page 6.

The Ministry of Health monitor performance against key measures agreed in the Annual Plan. In the summary Hutt Valley achieved 8 of the key areas; partially achieved on six measures and three were not achieved; being immunisation targets, exclusive breastfeeding and smoking cessation.

Year to date the Hutt Valley DHB has a deficit of \$5.9m which is \$1.4m adverse to budget. Of this deficit \$5.6m is in the provider aspects of the DHB. Activity is 6.79% ahead of that planned. In the positive FTE are 45 below budget.

There is a significant positive impact on the organisation with the cost of (patients going to other DHBs) inter district flows are favourable \$751k YTD.

From an outcomes perspective inequity remains a significant challenge with Maori, and Pacific experiencing lower rates of immunisation, breastfeeding and higher rates of avoidable hospital admissions know as ambulatory sensitive hospitalisations (ASH).

The forecasted financial position of Hutt Valley as advised to the Ministry of Health is \$8.6m deficit, being 6% adverse to budget.



People Served – December 2019 (November 2019)

HVDHB funds services that touch thousands of people in our community every month. December is traditionally quieter than November due to the holiday period.

ED Attendances	4,133 (↓4,239)	869 Maori (↓958) 404 Pacific (↓415)

Surgical Procedures	809 (↓961)	123 Maori (↓176) 64 Pacific (↓76)

Hospital Discharges	3,061 (↓3,343)	542 Maori (↓633) 248 Pacific (↓249)

Mental Health Discharges	43 (↓50)	16 Maori (→ 16) 3 Pacific (↓11)

Outpatient & Community Contacts	13,198 (↓15,747)	1,984 Maori (↓2,332) 1,015 Pacific (↓1,145)

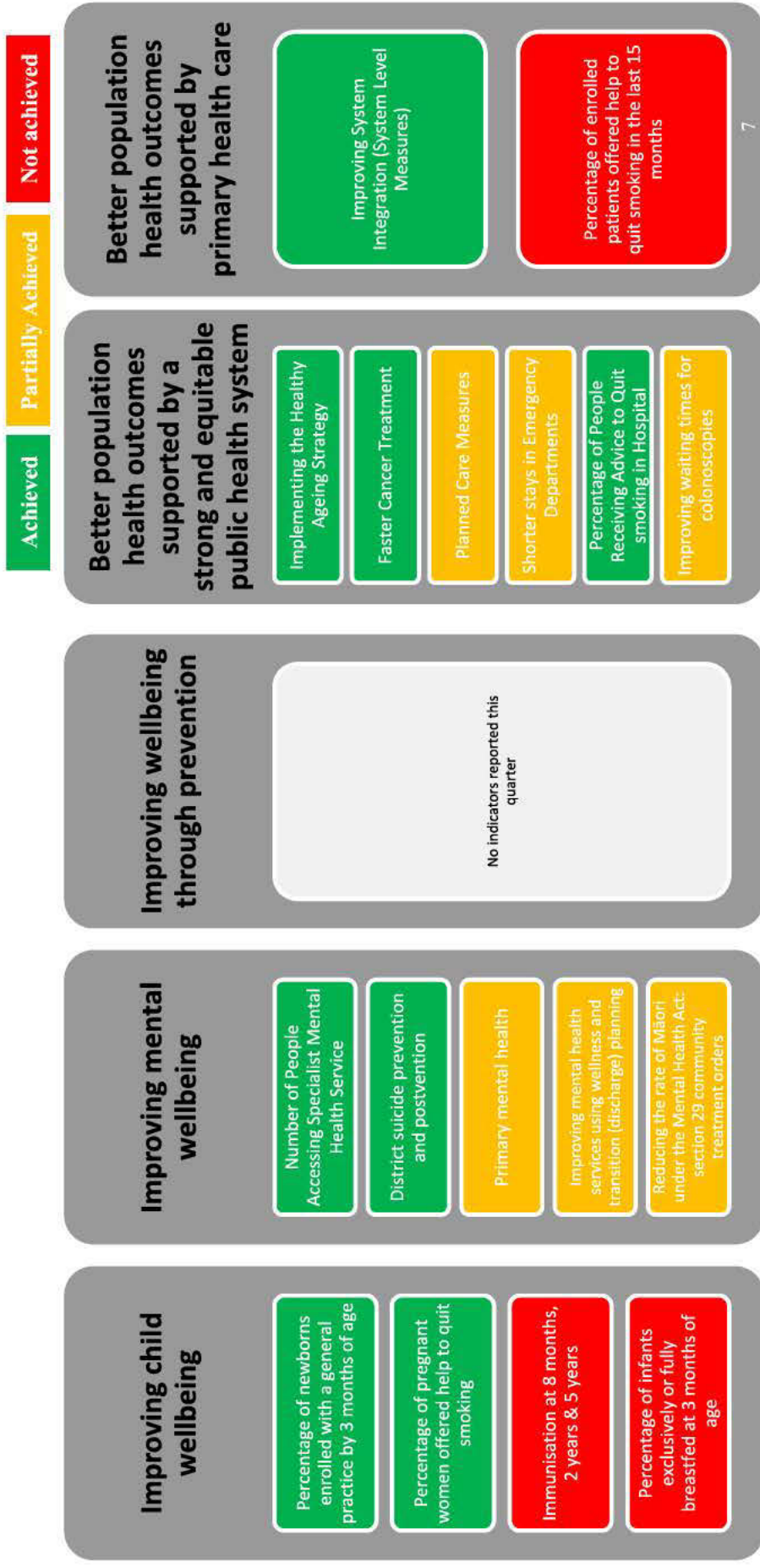
Mental Health & Addiction Contacts	5,063 (↓6,521)	1,166 Maori (↓1,481) 294 Pacific (↓353)

Primary Care Contacts	36,806 (↓40,854)	5,759 Maori (↓6,706) 3,158 Pacific (↓3,188)

People in Age Residential Care	1,225 (↓1,243)	



Ministry Measures(Q1 2019/20)



This table demonstrates performance against key ministry priorities from the current performance monitoring framework. The mix of measures is determined by the Ministry of Health.



Financial Overview

December 2019

YTD Operating Position	\$5.9m deficit	Against a half-year budgeted deficit of \$4.5m. Month result was \$0.2m deficit against budget \$0.4m.
YTD Provider Position	\$5.6m deficit	Against a KPI of a half-year deficit of \$1.4m. Month result was \$1.3m deficit, (budget \$0m).
YTD Funder Position	\$0.5m deficit	Budget \$2.9m deficit. Month result was \$1.0m surplus, budget \$0.5m deficit
YTD Capital Exp	\$4.8m spend	Against a KPI of a half-year spend of \$6.5m.

YTD Activity vs Plan (CWDs)	6.79% ahead	851 CWDs ahead PVS plan (97 IDF CWDs ahead). Month result +150 CWDs
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YTD Paid FTE	1,954	YTD 45 below annual budget of 1,998 FTE. Month 51 adverse.
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Annual Leave Accrual	\$19.1m	This is an increase of \$0.36m on prior period.
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Hospital Performance Overview

December 2019

YTD Shorter stays in ED	85.5%	14.5% below the ED target of 95% by, 4.2% below YTD for Dec-18.
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People waiting >120 days for treatment (ESP15)	661	Against a target of zero long waits a monthly movement of +118.
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People waiting >120 days for FSA (ESP12)	888	Against a target of zero long waits. Monthly movement +256
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Faster Cancer Treatment	93.9%	We achieved the 62 day target. The 31 day target was also achieved 92.6%
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YTD Activity vs Plan (CWD)	6.79% ahead	851 CWDs ahead PVS plan (97 IDF CWDs ahead). Month result +150 CWDs
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YTD Standard FTE	1,944	31 below of a YTD budget of 1,975 FTE. Month FTE was 45 below budget.
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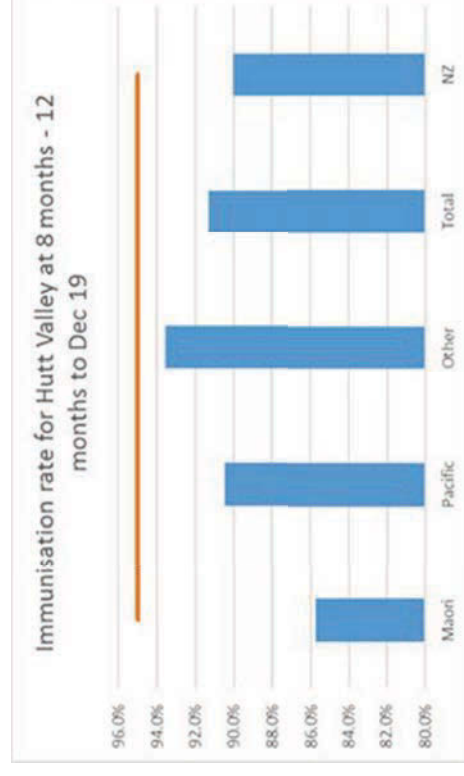
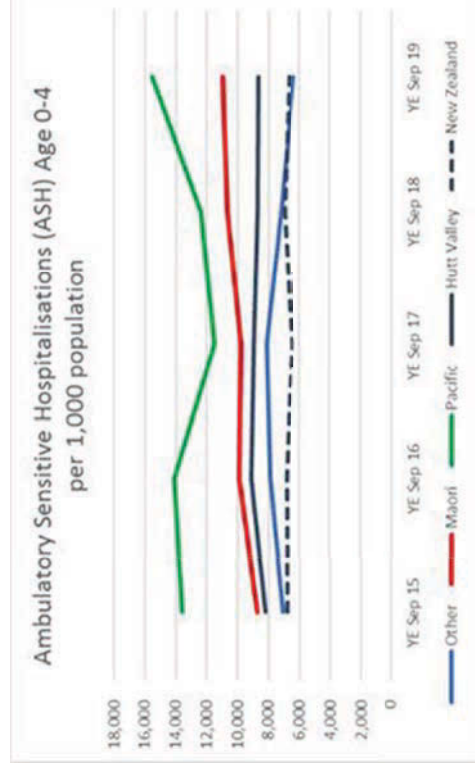
Section 2

FUNDER PERFORMANCE



Child Health

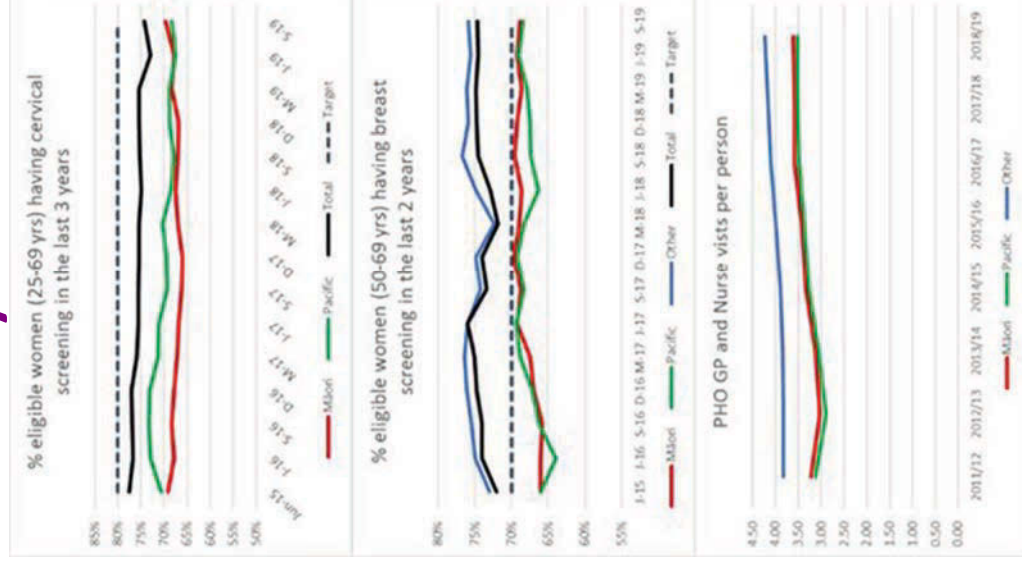
- The health of our children is a priority. Ambulatory Sensitive Hospitalisations reflect the incidence of preventable hospital care. This should be declining.
- As can be seen in the graphs inequities are persistent with our Pacific and Māori population carrying the greater burden. Asthma is the major cause of these admissions, followed by respiratory infections and dental conditions.
- Asthma and respiratory conditions are often a consequence of poor housing and heating.
- Hutt Valley's immunisation rate is better than the NZ coverage but significant inequities exist for Māori and Pacific babies which needs to be a focus for improvement.





Health Screening and Primary Care

- Cervical and Breast Screening are an important part of wellbeing for our population supporting early intervention and better health outcomes.
- These results demonstrate significant inequities and highlight the need for a greater focus in access for Maori and Pacific women in screening.
- Cervical screening rates need focus as they are falling in the Hutt Valley. Rates for Maori women are improving but remain below the target and DHB average.
- Breast screening rates for Hutt women are relatively static however rates for Maori & Pacific women remain below target
- Although rising average primary care GP and nurse visits per person are much lower for Maori and Pacific people. This is essentially a level of underservicing that must be addressed by the models of care.



Funder Financial Statement

December 2019



DHB Funder (Hutt Valley DHB)

Financial Summary for the month of December 2019

	Month			\$000s			Year to Date			Annual					
	Actual	Budget	Variance	Last Year	Variance	Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
	34,735	35,002	(267)	33,092	1,642	208,408	208,688	(280)	198,554	9,853	416,175	416,455	(280)	397,109	19,066
	2,711	2,818	(107)	3,093	(382)	17,226	16,910	316	18,184	(958)	34,136	33,820	316	37,126	(2,990)
	(404)	448	(851)	66	(470)	339	2,686	(2,347)	290	50	3,025	5,372	(2,347)	654	2,371
	8,585	8,602	(17)	8,649	(63)	52,211	51,613	599	51,514	697	103,824	103,225	599	101,806	2,018
	45,627	46,870	(1,243)	44,900	727	278,184	279,897	(1,713)	268,542	9,642	557,159	558,872	(1,713)	536,694	20,465
	383	383	0	291	(92)	2,298	2,298	0	1,719	(580)	4,597	4,597	0	3,467	(1,129)
	20,027	20,032	5	18,526	(1,501)	120,828	120,194	(634)	111,150	(9,678)	241,022	240,388	(634)	221,939	(19,083)
	3,878	3,276	(602)	3,420	(458)	19,089	18,353	(736)	19,202	113	35,595	35,275	(321)	37,728	2,133
	4,359	4,329	(29)	4,287	(72)	25,534	25,977	443	25,501	(32)	51,361	51,954	593	51,172	(189)
	2,249	2,479	230	2,304	55	14,811	14,874	62	12,724	(2,087)	29,685	29,747	62	26,925	(2,760)
	928	1,057	129	925	(3)	5,943	6,186	243	5,612	(331)	12,003	12,245	243	11,476	(526)
	1,463	1,657	194	1,533	70	9,608	9,710	102	9,188	(419)	19,129	19,231	102	18,224	(905)
	2,283	2,865	582	2,588	305	15,725	17,081	1,357	16,552	828	32,377	34,234	1,857	33,411	1,034
	546	826	280	468	(78)	4,383	4,938	556	4,117	(266)	9,336	9,892	556	9,034	(302)
	(778)	757	1,535	734	1,513	2,899	4,539	1,641	4,403	1,504	7,438	9,079	1,641	8,808	1,370
	1,132	1,280	148	1,183	51	7,665	8,109	444	7,108	(557)	16,440	16,934	494	14,824	(1,616)
	8,151	8,434	282	7,160	(991)	49,850	50,601	751	47,980	(1,871)	100,452	101,203	751	95,136	(5,316)
	0	0	0	0	0	43	0	(43)	0	(43)	43	0	(43)	15	(28)
	44,621	47,374	2,753	43,420	(1,201)	278,675	282,861	4,186	265,257	(13,418)	559,477	564,778	5,301	532,160	(27,317)
	1,006	(504)	1,510	1,480	(474)	(491)	(2,964)	2,473	3,285	(3,776)	(2,317)	(5,906)	3,589	4,534	(6,852)

There may be rounding differences in this report



Funder Financials – Revenue

Revenue:

- Revenue is made up of base funding, other MoH revenue, other revenue and inter district flows. The table shows the variance for other MoH revenue.
- Base Funding is unfavourable to budget for the month (\$267k) and YTD (\$280k).
- Other MoH revenue is unfavourable (\$107k) for December and favourable \$316k YTD, driven by timing issues on other CFA contracts.
- Other revenue is unfavourable (\$851k) for the month and (\$2,347k) YTD, mostly driven by Hospital medicine rebates now included in expenditure (\$1,071k), and confirmation of MECA funding (\$500k).
- IDF inflows are (\$17k) unfavourable for the month and \$599k favourable YTD Driven by lower than expected volumes of patients transferring to Capital & Coast and Wairarapa DHB.

Other MoH Revenue Variance	MTH \$000's	YTD \$000's
In- Between Travel	(18)	130
Pay Equity Funding	65	426
Capitation Funding	(17)	(104)
18/19 CCDM	22	365
Additional CPB Funding	49	297
System Level Measures	(335)	147
MECA	(22)	(932)
ASD Development Coordination	7	40
Pilot Alert Programme	8	50
Crown funding agreements		
Active Families	(15)	48
Rheumatic Fever Prevention Services	(13)	17
Maternal & Child Nutrition & Physical Activity	(141)	(193)
Timing issues on other CFA contracts	(303)	(24)
Year to date Variance \$000's	(107)	316

Funder Financials – Expenditure



Expenditure:

- Governance and Administration are on budget.
- Provider Arm payments favourable \$5k for the month and unfavourable (\$634k) YTD mostly related lack of patients transferring in from other DHBs to the hospital.

External Provider Payments:

- Pharmaceutical costs unfavourable (\$602k) to budget for December and unfavourable (\$736k) YTD, in line with seasonal patterns. We are still waiting for confirmation of the Pharmac Forecast to confirm likely rebates and payments.
- Laboratory costs are unfavourable to budget by (\$29k) for the month and favourable \$443k YTD.
- Capitation expenses \$230k favourable for the month and favourable \$62k YTD offset by changes to revenue.
- Aged residential care costs are \$323k favourable for the month and \$345k YTD favourable. The residential care loan adjustment (reported within other HOP) is favourable by \$21k for the month and \$262k YTD.
- Other Health of Older People (including Pay Equity) costs are favourable by \$582k for the month and \$1,357k YTD.
- Mental Health costs are favourable \$280k for the month and \$556k YTD.
- Palliative Care, Fertility and Community Radiology costs are favourable by \$1,535k for the month, \$1,641k YTD. The contract to Fertility associations has expired and included in the IDF outflows.
- Other external provider costs are favourable to budget \$148k for the month, and \$444k favourable YTD due to timing of contracts.
- IDF Outflows favourable \$282k for the month and \$751k YTD, driven by mainly lower than expected CCDHB volumes.



Inter District Flows (IDF)

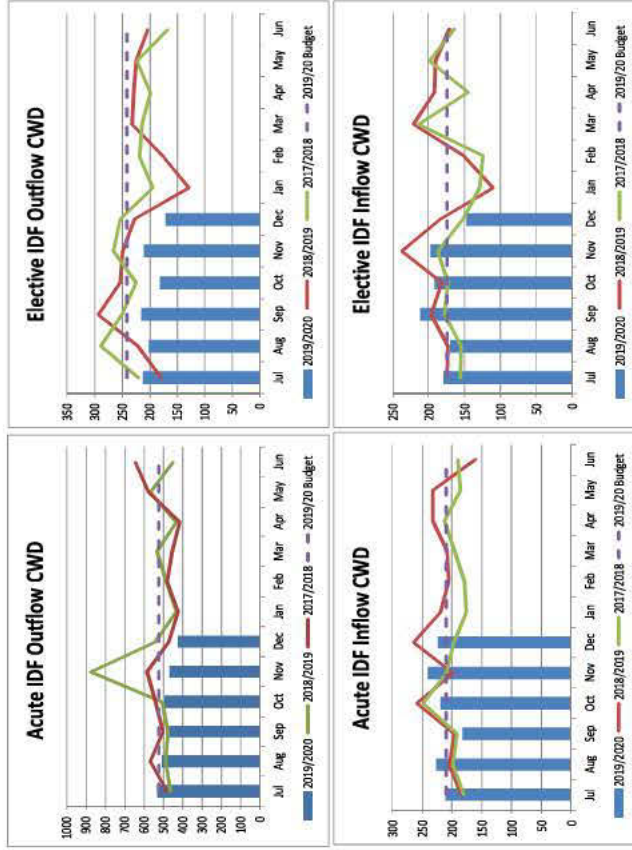
The movement of patients between hospitals generates inter district flows where one DHB funds another for the care provided that cannot be safely provided locally.

IDF inflow (revenue):

- Overall IDF inflows are above budget YTD by \$613k, mainly due to inflows for Inpatient services being \$506k over budget and other services being \$237k over budget. Inpatient inflows are over budget so far mainly in Plastics and Gastroenterology while Maternity and Medical are under budget.

IDF Outflow (expense):

- Overall IDF outflows are below budget by \$751k. Inpatient outflows are below budget year to date with 6 months data from CCDHB and 5 month from other DHBs. Flows to CCDHB are under budget by 322 CWD in total and 210 CWD below the same time last year.
- Acute outflows under budget particularly in Renal, Neurosurgery and Oncology, but this is offset by being over budget in Orthopaedics and Cardiothoracic. We have had one neonatal baby at Capital & Coast with high caseweights of 65CWD.
- Electives are under budget particularly for Capital & Coast and this is mostly due to elective Cardiothoracic being 122 CWD or \$634k below budget. At this stage of the year results are likely to change as data is updated.
- There was a large wash-up for 18-19 in Cancer Therapies of (\$752k) which brought the final to (\$1,092k) paid in October 19.



IDF Wash-ups and Service Changes December 2019	Month	YTD	Variance to Budget
GP Outflow \$00s			Percent
Current year Wash-up	304	1,039	-
Revised health services similar budget	16	109	-
2019 Project Changes	(10)	(28)	-
Washups		159	-
H5 Washup		22	-
17/20 PNC washup		(127)	-
18/20 National Service Payroll		(87)	-
18/19 Medical Outpatient Washups		994	-
18/19 PCT / COAM inpatient washups		(1,423)	-
18/19 Other washups		64	-
Including (final) differences		-	-
GP Outflow variance	282	731	



Section 3

Hospital Performance



Executive Summary – Hospital Performance

- The month of December was challenging as acute medicine inpatient activity continues to exceed budget however this month surgical services were impacted by the burns victims from Whakaari/White Island. These cases have used ICU beds and large amounts of theatre time impacting on other services. It was a privilege to watch how our hospital responded to this national emergency and a credit to all staff involved.
- Across a number of key operational and access performance indicators (on page 20) there is a need for sustained improvement in a number of areas measured and reported on during this report. Shorter stay in ED continues to be a challenge and the number of people waiting over 4 months for elective surgery continues to grow as do colonoscopy wait times. This latter growth is driven by significant demand in referrals. Long wait numbers are expected to deteriorate over the Christmas period with staff leave and service closures planned. We are engaged with the Ministry of Health to better understand and develop our planned care approach in moving towards better coordinated system responses.
- An agreed plan has been developed and is in place to support our hapu mama and whānau in accessing safe maternity care. The maternity project remains a significant priority.
- Reconciliation is underway to identify increases in FTEs that are driven by compliance as separate from productivity changes. This will allow better evaluation of lost productivity opportunities.

Operational Performance Scorecard – Period Dec-18 to Dec 19



Domain	Indicator (MoH KPIs highlighted yellow)	2019/20 Target	Performance Trend															
			Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19			
Safe	SABS Cases 2	Zero	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	
	C. difficile infected diarrhoea cases	Zero	1	0	0	2	1	2	1	1	1	2	2	1	2	2	1	
	Hand Hygiene compliance	≥ 80%	N/a	N/a	N/a	83%	N/a	N/a	N/a	86%	N/a	N/a	N/a	N/a	84%	N/a	N/a	
Patient and Family Centred	Patient reported experience measure ^F Quarterly	≥ 80%	87.3%		86.8%			85.9%		85.9%		85.3%						
	Emergency Presentations	49,056	4,288	4,156	3,788	4,490	3,956	4,519	4,333	4,251	4,348	4,166	4,054	4,239	4,133			
Timely	Shorter Stays in ED (SSIED) % within 6hrs	≥ 95%	88.7%	88.7%	89.6%	88.1%	90.5%	90.3%	85.1%	85.1%	84.4%	89.3%	86.7%	84.6%	85.7%	84.6%	85.7%	
	SSIED % within 6hrs - non admitted	≥ 95%	93.0%	93.4%	93.6%	92.1%	94.4%	94.2%	91.0%	89.6%	90.4%	94.1%	92.7%	90.1%	90.9%	90.1%	90.9%	
	SSIED % within 6hrs - admitted	≥ 95%	77.1%	74.3%	77.8%	76.4%	79.0%	79.3%	76.3%	69.6%	61.0%	67.9%	75.2%	77.7%	71.0%	71.0%	64.8%	
	Total Elective Surgery Long Waits -EPI 5	Zero Long Waits	-10	60	123	181	179	151	151	156	229	292	320	480				
	No. Theater surgeries cancelled (OP 1-8)		110	85	150	145	157	149	131	180	143	162	162	169	137	116	116	
	Total Elective & Acute Operations in Main Theatres 1-8 ⁶		737	792	773	841	794	828	761	770	752	744	788	769	864			
	Specialist Outpatient Long Waits- EPI 2	Zero Long Waits				438	270	326	336	427	464	573	587					
	Outpatient Failure to Attend %	≤ 6.3%	6.2%	7.1%	6.6%	6.8%	7.4%	6.6%	7.0%	7.1%	6.3%	6.4%	6.7%	6.9%	7.5%	7.5%		
	Full Year Forecast surplus / (deficit) \$m - Provider (1) (2)	(\$2.03)	(\$11.20)	(\$11.91)	(\$11.92)	(\$12.97)	(\$14.79)	(\$15.83)	(\$12.74)	(\$2.03)	(\$2.03)	(\$4.48)	(\$6.90)	(\$5.21)	(\$5.21)	(\$5.21)		
	Full Year Forecast surplus / (deficit) \$m - DHB (1) (2)	(\$8.14)	(\$6.83)	(\$6.77)	(\$6.91)	(\$7.56)	(\$8.05)	(\$8.15)	(\$8.34)	(\$8.14)	(\$8.14)	(\$8.97)	(\$8.14)	(\$8.59)	(\$8.59)	(\$8.59)		
% Theatre utilisation (Elective Sessions only) ⁷	≥ 90%	86.5%	87.8%	86.0%	90.4%	86.9%	87.1%	90.5%	88.1%	86.5%	87.9%	87.1%	86.5%	86.5%	85.1%			
Overnight Patients - Average Length of Stay (days)	4.30	4.01	4.26	4.55	4.17	4.74	4.25	4.25	4.46	4.46	4.38	4.36	4.82	4.52	4.37			
Long Stay Patients Not Yet Discharged (>14 days)	≤ 5	9	6	10	13	11	11	11	14	15	14	21	13	10	23			
Overnight Beds (General Occupancy) - Average Occupied	≤ 130	121	119	126	134	133	127	133	139	140	140	140	135	138	137			
Overnight Beds (General Occupancy) - % Funded Beds Occupied	≥ 85%	78.6%	79.0%	81.6%	94.5%	93.9%	87.0%	82.1%	86.1%	85.9%	86.2%	87.9%	89.5%	89.0%	89.0%			
All Beds - ave. beds occupied ⁸	≥ 250	218	218	226	235	231	229	241	248	253	250	242	244	232	232			
% sick Leave v standard	≤ 3.5%	2.8%	1.9%	2.6%	3.5%	3.5%	3.2%	3.7%	4.0%	3.9%	3.7%	3.5%	2.9%	2.7%	2.7%			
% Nursing agency v employee	≤ 1.49%	3.0%	2.6%	2.5%	3.0%	2.5%	2.8%	2.8%	5.2%	2.3%	2.0%	3.8%	2.6%	2.3%	1.7%			
% overtime v standard (medical)	≤ 0.22%	5.8%	8.5%	16.7%	12.2%	7.3%	22.8%	4.8%	7.6%	9.6%	7.4%	8.7%	11.2%	11.2%	5.9%			
% overtime v standard (nursing)	≤ 5.47%	11.2%	17.1%	12.8%	9.7%	11.0%	13.2%	15.5%	12.9%	12.6%	12.8%	12.8%	12.4%	13.8%	11.8%			

Hospital Throughput



Actual	Month			Hutt Valley DHB Hospital Throughput			Year to Date			Annual			
	Budget	Variance Actual vs Budget	Last year	Budget	Variance Actual vs Last year	YTD Dec-19	Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
968	932	(36)	1,003	35	Surgical	6,284	6,303	19	6,660	376	12,425	12,797	
1,761	1,675	(86)	1,797	36	Medical	11,142	10,544	(598)	11,120	(22)	20,730	19,506	
382	424	42	486	104	Other	2,780	2,573	(207)	2,786	6	5,052	5,474	
3,111	3,031	(80)	3,286	175	Total	20,206	19,421	(785)	20,566	360	38,206	37,777	
					<i>CWD</i>								
1,115	1,075	(39)	1,135	21	Surgical	7,012	6,864	(147)	7,133	121	13,364	12,852	
945	962	18	921	(24)	Medical	5,972	6,426	454	5,945	(27)	12,277	11,991	
431	381	(50)	511	79	Other	3,245	2,532	(713)	3,130	(115)	5,053	4,698	
2,491	2,419	(72)	2,567	76	Total	16,229	15,823	(406)	16,208	(21)	30,695	29,540	
					<i>Other</i>								
4,133	4,177	44	4,288	155	Total ED Attendances	25,190	24,607	(583)	24,649	(541)	49,056	47,491	
1,016	983	(33)	1,034	18	ED Admissions	6,012	6,246	234	6,221	209	12,187	11,847	
664	685	21	737	73	Theatre Visits	4,487	4,582	95	4,841	354	9,047	9,271	
118	116	(2)	125	7	Non- theatre Proc	765	712	(53)	753	(12)	1,452	1,891	
7,202	6,476	(725)	6,767	(435)	Bed Days	44,990	42,252	(2,738)	42,902	(2,088)	82,109	85,515	
4.35	4.30	(0.05)	3.98	(0.37)	ALOS Inpatient	4.47	4.30	(0.17)	4.36	(0.11)	4.30	4.29	
2.18	2.03	(0.14)	2.01	(0.17)	ALOS Total	2.19	2.03	(0.16)	2.16	(0.03)	2.03	2.20	
8.79%	8.02%	-0.78%	7.66%	-1.13%	Acute Readmission	8.10%	8.02%	-0.09%	8.00%	-0.10%	7.31%	7.36%	

For the month of December, Medical discharges were over budget but less than last year. Surgical discharges were over budget for the month but less than the previous year. For December, Medical caseweights were under budget and more than the same time last year. Year to date, Surgical services have had more caseweights than budget but less than last year. Medical services have had more discharges than budget year to date, but less caseweights than budget. (Caseweights are the weighted system for measuring hospital inpatient activity)

ED volumes for the month were under budget and lower than the same time last year. The proportion of patients who were admitted from ED in December was similar to last year. Theatre visits for December were lower than budget and last year. Non-Theatre procedures in November were close to budget. Bed days were higher than budget in the month and December last year. Inpatient ALOS was slightly higher in December than budget but higher than the same time last year. The acute readmission rate was higher than budget for December and higher than the same time last year.



Emergency Department (ED)

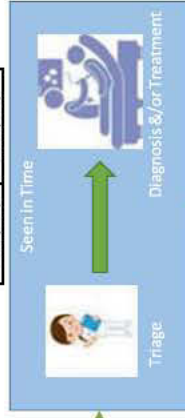
Category	Volume	% Seen in time
1	32 (189)	100% (100%)
2	617 (3,909)	30% (31%)
3	1,440 (8,912)	25% (25%)
4	1,452 (8,841)	36% (39%)
5	592 (3,339)	71% (72%)

Arrivals - 4,133 (4,288)

Self Referred
Month - 2,749 (2,899)
YTD - 16,522 (16,602)

GP Referred
Month - 348 (343)
YTD - 2,492 (2,385)

Other
Month - 1,036 (1,046)
YTD - 6,176 (5,661)
Current (Last Year)



Did Not Wait
Mth - 386 (382) 9%
YTD - 2,409 (1,840) 10%

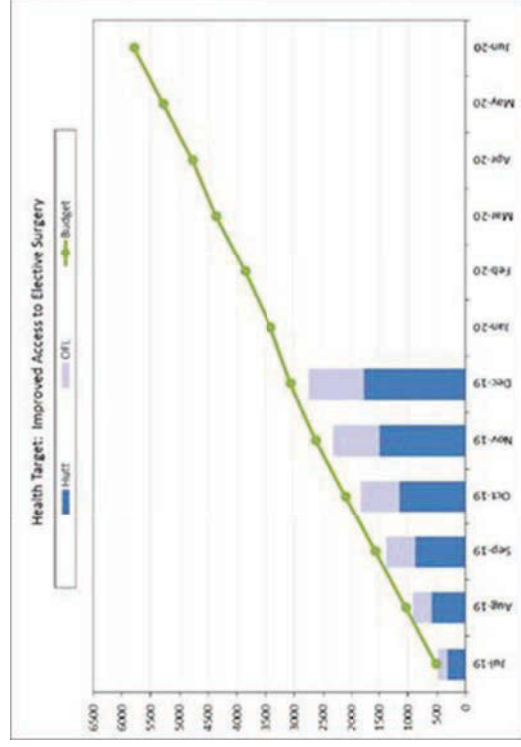
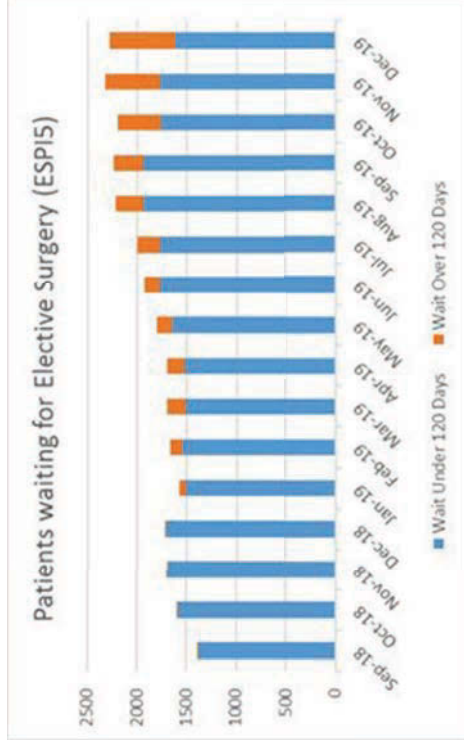
Treated & Disch
Mth - 2,723 (2,867) 91%
YTD - 16,728 (16,569) 91%

Admitted
Mth - 1,016 (1,034) 64%
YTD - 6,012 (6,221) 69%

- **Presentation Volume**
 - December saw 4,133 patients present to ED, 1.7% below December 2018
 - 9% did not wait for treatment
 - 25% were admitted which is above prior months and last year (24%)
- **Shorter Stays in ED**
 - In December 84% of patients were seen and discharged or transferred within 6 hours. YTD 85% achieved the target the national target is 95%
 - Only 64% of admitted patients met the target which is below the YTD of 69%
 - Significant work will be launched to improve patient flow across the hospital to support flow from ED. Focus is on in length of stay and discharges before 11am and improving service care coordination assessments as part of an overall acute flow programme



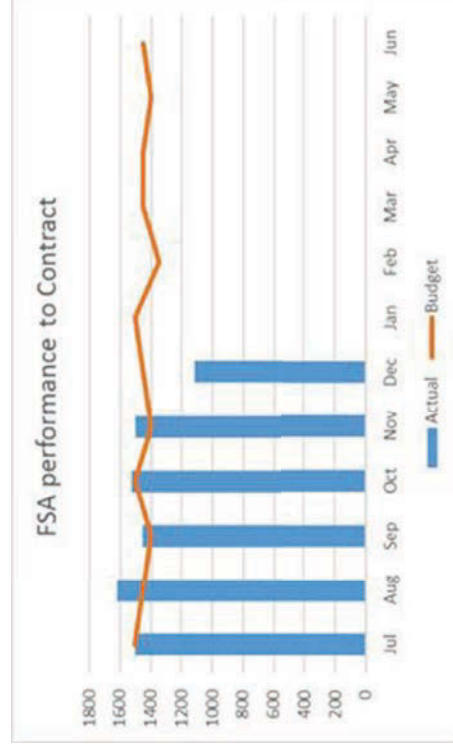
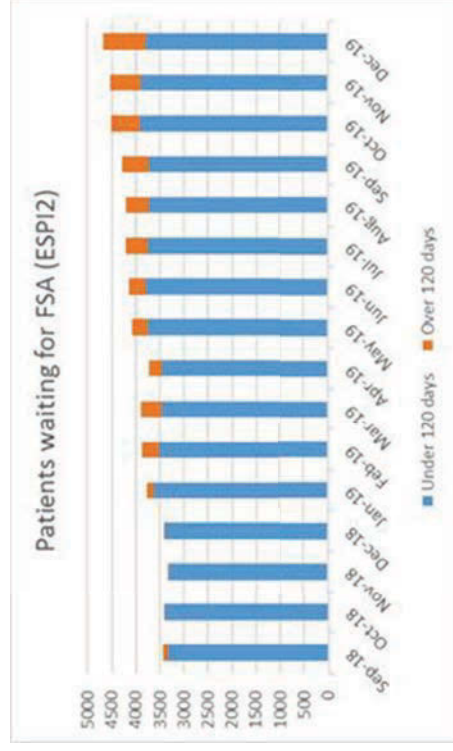
Elective Surgery



- Total number on the waiting list fell 1.7% to 2,275
- The number waiting greater than 120 days increased by 2% to 661. That is 29% are waiting longer the 120 days for treatment
- The biggest issues are in general surgery (51%) and orthopaedics (39%)
- We are not meeting the planned care discharges for our population (6% behind)
- Our population has had 3,987 discharges YTD against 4,221 at the same time last year
- Recovery planning for both ESPI 2 and ESPI 5 is ongoing with identified actions to improve in place with each service, discussed monthly with the Ministry of Health. Review of thresholds, clinic and theatre schedules, rostering and planned care activity continues – refer slide 26.



Specialist Outpatients

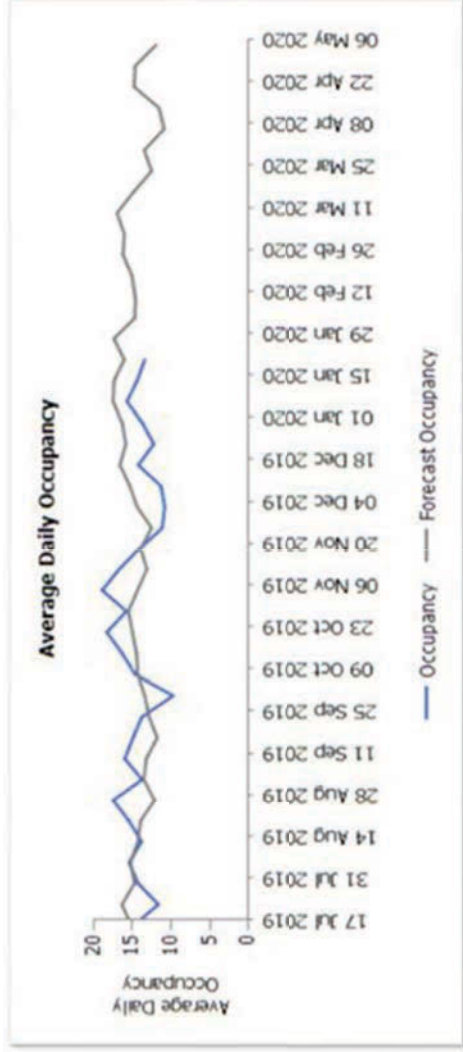
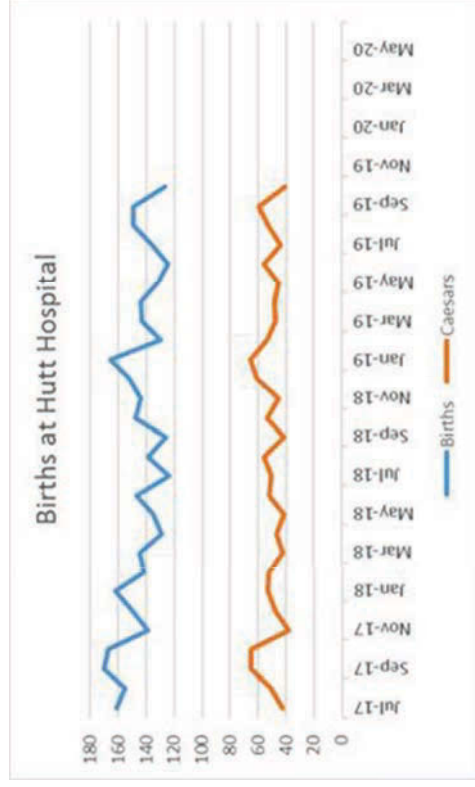


- The number of patients waiting for FSA has increased by 3% to 4,682.
- The number waiting more than 120 days has increased 40% to 888.
- 19% of patients have waited over 120 days for FSA.
- The longest waits are in plastics, general surgery and Orthopaedics. There are no long wait patients in the medical services.
- 7% of patients did not attend/did not receive their FSA appointment. This was significantly higher for Maori 14% and Pacific 16% suggesting that the models of care do not work for Maori and Pacific.
- YTD we are on budget for FSA having done 8,716 (budget 8,707)



Maternity

- As the Board may be aware the safety of maternity is a significant priority and will be the subject of other reports.
- The number of births at Hutt hospital has remained relatively stable.
- The Caeser rate for the 12 months to Oct 19 was 37% which is an increase on the previous 12 months 34%.
- Average bed occupancy was lower than expected in December.





Provider Arm YTD variances by service groups

Year to Date Variances \$000s	Corporate Services	Quality, Service Improvement & Innovation	Chief Operating Officer	Medical & Acute Care	Surgical and Women & Children's Health	Community Health	Essential Support Services	Regional Screening	Regional Public Health	Community Dental	Mental Health, Addictions & Intellectual Disability	Total
Revenue												
Government and Crown Agency												
MoH - Devolved Funding (Funds arm)	(297)	0	0	0	0	0	0	0	0	0	0	(297)
MoH - Personal Health	25	0	0	(34)	(36)	0	0	(66)	0	0	0	(113)
Clinical Training Revenue	(7)	0	0	(24)	14	19	0	0	0	0	0	1
Inter District Flows	0	0	0	0	15	0	0	0	0	0	0	15
Revenue From Other DHBs	337	0	0	(113)	(84)	(84)	3	(6)	(0)	13	8	157
ACC Revenue	12	0	0	(31)	44	(86)	0	0	0	1	0	(60)
Other Government Revenue	52	140	0	(51)	(51)	1	0	0	38	0	4	228
Total Government and Crown Agency	122	140	0	(47)	(129)	(149)	3	(74)	39	13	12	(71)
Non Government Revenue												
Patient Revenue	(12)	0	0	(15)	(117)	(10)	0	0	0	0	0	(154)
Other Income	(72)	1	0	(15)	4	2	31	0	26	20	0	(3)
DHB Internal Revenue	153	0	0	143	501	26	2	0	(125)	(1)	(66)	633
Total Non Government Revenue	69	1	0	114	388	17	33	0	(98)	19	(66)	476
Total Revenue	190	141	0	67	259	(132)	37	(74)	(60)	32	(53)	406
Expenditure												
Employee Expenses												
Medical Employees	146	(3)	(23)	386	(487)	97	0	(16)	56	31	211	388
Nursing Employees	132	(4)	(7)	252	(1,081)	(622)	(1)	(1)	2	2	(33)	(1,264)
Allied Health Employees	317	(10)	(1)	(157)	43	86	(20)	(13)	207	(191)	203	465
Support Employees	(252)	(0)	(0)	(31)	(76)	0	(76)	0	0	0	(19)	(454)
Management and Admin Employees	190	96	161	23	(62)	29	(60)	102	(30)	26	(133)	341
Total Employee Expenses	532	78	130	474	(1,663)	(310)	(157)	71	235	(135)	229	(515)
Outsourced Personnel Expenses												
Medical Personnel	(2)	0	0	(465)	251	21	0	(6)	0	0	(386)	(590)
Nursing Personnel	34	0	0	(137)	(59)	(31)	(0)	0	(1)	0	(178)	(371)
Allied Health Personnel	45	0	0	(7)	(37)	(69)	0	(2)	(7)	0	(19)	(97)
Support Personnel	(111)	0	0	0	0	0	0	0	0	0	0	(111)
Management and Admin Personnel	(376)	(10)	0	(5)	(5)	(10)	(27)	0	(8)	0	(61)	(490)
Total Outsourced Personnel Expenses	(411)	(10)	0	(614)	156	(89)	(27)	(6)	(8)	0	(646)	(1,659)
Outsourced Other Expenses	(229)	0	(11)	(421)	(278)	(77)	0	38	(14)	(0)	(13)	(1,005)
Clinical Supplies	(144)	8	(898)	(969)	(693)	(165)	22	179	140	14	18	(2,489)
Non Clinical Expenses	209	11	(199)	155	(106)	(56)	(171)	(25)	44	28	(31)	(140)
Financing Expenses	1,066	0	0	0	22	0	0	0	0	0	0	1,151
Internal Allocations	15	(1)	(101)	(59)	(114)	(85)	303	50	6	1	(15)	1
Total Expenditure	1,039	86	(1,079)	(1,434)	(2,677)	(782)	(30)	305	402	(27)	(456)	(4,655)
Net Surplus / (Deficit)	1,229	227	(1,079)	(1,367)	(2,418)	(914)	6	231	342	5	(511)	(4,250)

There may be rounding differences in this report

Major Service Group Variances



- **Medical & Acute care (\$1,367k)** – Out sourced Medical Costs are high, reflecting the used of Locums to cover for vacancies. Out-sourced radiology and MRI are also above budget year to date as volumes continue to be higher than expected. Higher than expected costs have also been incurred in Clinical Supplies, mostly made up of Blood related products and Endoscopy consumables. The Radiology Department has been able to recruit to some of the MIT and Radiologist vacancies and 2 new Radiologists started in December/January which should mitigate the out sourced Medical Costs. The blood costs will continue due to the plastic surgery needs of our burns patients.
- **Surgical Women’s and Children’s (\$2,418k)** – Medical Costs are higher than expected due to increase over time for RMO’s, Nursing costs are also high year to date including increased costs across Plastics, operating theatres, children’s health and Women’s health. Closer scrutiny of the drivers of these costs especially around minders is underway. Clinical supplies costs are above budget driven by increased prosthesis costs as acute Orthopaedic volumes continue.
- **Community Health (\$914k)** – overall YTD position comparable to last month. OPRS nursing costs for minders providing one to one care and District Nursing to cover increased volumes continue to be above budget. Clinical supplies including patient appliances and consumable continues to be above budget for District Nursing (9% above target year to date).
- **MHAIDs (\$511k)** – overall YTD position comparable to last month. Outsourced nursing and medical staff continue to be above budget (including staff employed by CCDHB working at Hutt). Resourced for 23 beds consistently using 26 beds. Discussion held in relation to revenue from CCDHB for increase in bed usage for CCDHB residents not concluded. Revenue from Wairarapa received for increased use of beds by Wairarapa residents.



Section 4

Financial Performance & Sustainability



Summary of the financial performance for December 2019

Month		Hutt Valley DHB Operating Report for the month of December 2019			Year end Result			Annual						
Actual	Budget	Variance	Last Year	Variance	Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
37,446	37,870	(424)	36,185	1,261	225,634	225,895	(261)	216,738	8,895	450,607	450,868	(261)	434,235	16,372
1,079	1,079	(1)	1,269	409	9,617	9,740	(123)	9,787	(170)	19,323	19,446	(123)	19,742	(420)
554	611	(57)	694	(50)	3,708	3,757	(49)	3,952	(244)	7,359	7,341	18	7,539	(180)
22	902	(880)	505	(483)	3,194	5,478	(2,284)	2,918	276	8,607	10,891	(2,284)	6,987	1,620
8,585	8,002	583	8,649	(63)	52,226	51,613	613	51,514	712	103,839	103,225	613	101,806	2,033
414	324	90	86	329	2,109	1,956	153	2,319	(210)	4,110	3,915	196	4,577	(466)
48,700	49,989	(1,289)	47,297	1,403	296,487	298,439	(1,952)	287,228	9,260	593,845	595,687	(1,842)	574,866	18,969
Expenditure														
Employee Expenses														
5,229	5,023	(206)	4,466	(763)	29,028	30,066	(437)	27,177	(2,451)	58,742	59,826	(1,084)	50,594	(2,149)
6,046	5,883	(163)	5,468	(578)	36,384	35,119	(1,265)	34,099	(2,284)	72,115	69,893	(2,222)	69,463	(2,652)
2,557	2,706	(149)	2,321	(236)	15,539	16,004	(465)	14,566	(973)	31,589	32,008	(419)	29,882	(1,107)
724	635	(89)	579	(145)	4,262	3,807	(454)	3,379	(683)	8,097	7,642	(454)	7,362	(705)
2,158	2,475	(317)	2,111	(48)	14,315	14,831	(516)	13,503	(812)	28,810	29,427	(617)	27,228	(1,582)
16,714	16,722	8	14,944	(1,769)	100,128	99,827	(301)	92,925	(7,204)	199,353	198,796	(557)	190,558	(8,794)
Outsourced Personnel Expenses														
310	221	(90)	190	(121)	1,915	1,325	(590)	1,585	(329)	3,526	2,646	(877)	3,600	74
105	87	(19)	162	57	890	519	(371)	1,186	285	1,599	1,036	(560)	2,268	668
27	20	(7)	30	2	269	172	(97)	220	(48)	449	344	(106)	502	52
43	20	(22)	30	(12)	233	122	(111)	136	(98)	355	244	(111)	323	(32)
174	42	(132)	101	(74)	732	251	(501)	665	(67)	1,049	502	(547)	1,259	250
659	398	(261)	512	(147)	4,059	2,389	(1,670)	3,792	(267)	6,979	4,778	(2,202)	7,991	1,012
796	616	(180)	696	(99)	4,705	3,804	(901)	4,865	160	8,770	7,498	(1,272)	8,486	(283)
3,020	1,850	(1,170)	1,438	(1,582)	15,418	12,905	(2,512)	12,688	(2,730)	28,673	26,096	(2,574)	24,879	(3,794)
1,420	1,594	(173)	1,590	170	9,896	9,404	(491)	8,946	(1,050)	19,054	16,458	(2,596)	29,932	10,877
8,151	8,434	(282)	7,160	(991)	49,850	50,001	(151)	47,980	(1,871)	100,452	101,203	(751)	95,136	(5,316)
16,059	18,525	(2,466)	17,443	1,383	105,897	109,767	(4,070)	104,408	(1,289)	213,405	218,591	(5,185)	211,615	(1,900)
2,068	2,339	(251)	2,136	(69)	12,666	14,279	(1,614)	13,273	(607)	25,734	28,352	(2,618)	26,103	429
48,907	50,477	(1,570)	45,959	(2,948)	302,419	302,977	(558)	288,775	(13,643)	602,421	603,774	(1,354)	594,761	(7,859)
(207)	(488)	281	1,338	(1,546)	(5,931)	(4,638)	(1,293)	(1,548)	(4,384)	(8,976)	(8,088)	(888)	(19,876)	11,300

Month		Hutt Valley DHB Operating Report for the month of December 2019			Year end Result			Annual						
Actual	Budget	Variance	Last Year	Variance	Actual	Budget	Variance	Last Year	Variance	Forecast	Budget	Variance	Last Year	Variance
1,006	(504)	1,510	1,480	(474)	(491)	(2,904)	2,473	3,285	(3,776)	(2,317)	(5,906)	3,589	4,534	(6,852)
109	(7)	116	10	99	175	(208)	383	133	42	174	(210)	383	(134)	308
(1,302)	23	(1,345)	(1,52)	(1,171)	(5,616)	(1,366)	(4,250)	(4,966)	(650)	(6,432)	(1,971)	(4,461)	(24,276)	17,944
(207)	(488)	281	1,339	(1,545)	(5,931)	(4,638)	(1,293)	(1,548)	(4,384)	(8,976)	(8,088)	(888)	(19,876)	11,300

There may be rounding differences in this report



Executive Summary – Financial Position

Financial performance year to date

- Total Revenue unfavourable (\$1,952k)
- Personnel and outsourced Personnel unfavourable (\$1,971k):
 - Medical unfavourable (\$152k); Nursing unfavourable (\$1,636k); Allied Health favourable \$368k, Support Staff unfavourable (\$566k); Management and Admin; favourable \$16k; Annual leave Liability cost has increased \$1,371k since December 2018
- Outsourced other expenses unfavourable (\$901k)
- Treatment related Costs unfavourable (\$2,512k)
- Non Treatment Related Costs unfavourable (\$491k)
- IDF Outflow favourable \$751k
- Other External Provider Costs favourable \$4,070k



Analysis of operating position - revenue

- **Revenue:** Total revenue unfavourable (\$1,289k) for the month.
 - Devolved MoH revenue (\$424k) unfavourable, driven by MoH Sub Contracts including Pay Equity Wash-ups from prior year.
 - Non Devolved revenue (\$1k) unfavourable.
 - ACC Revenue (\$57k) unfavourable this month driven by Plastics.
 - Other revenue (\$880k) unfavourable for the month reflecting lower than expected revenue for MECA settlements been recognised.
 - IDF inflows unfavourable (\$17k) for the month reflecting the commencement of the Christmas Close down.
 - Inter DHB Revenue favourable \$90k, mostly for salary recoveries.



Analysis of operating position - Personnel

- **Total Personnel including outsourced unfavourable (\$253k) for the month.**
 - Medical personnel incl. outsourced unfavourable (\$296k). Outsourced costs are (\$90k) unfavourable Medical Staff Internal are (\$206k) favourable, drive largely by Leave and Overtime Payments (\$123k).
 - Nursing incl. outsourced (\$181k) unfavourable. Employee costs are (\$163k) unfavourable, driven by Internal Bureau Nurses (\$235k) partially offset by other minor variances.
 - Allied Health incl. outsourced \$151k favourable, with outsourced favourable \$2k and internal employees \$149k mostly the result of vacancies.
 - Support incl. outsourced unfavourable (\$111k), with Outsourced (\$22k) unfavourable, and employee costs (\$89k) unfavourable, reflecting larger than expected increases in the MUCA rates.
 - Management & Admin incl. outsourced favourable \$185k; internal staff favourable \$317k, Outsourced unfavourable (\$132k), the later includes savings targets.
 - Sick leave for December was 2.7%, which is lower than the same time last year, which was 2.8%.



FTE Analysis

Month			FTE Report			Year To Date			Annual			
Actual	Budget	Variance	Last Year	Variance	Dec-19	Actual	Budget	Variance	Last Year	Variance	Budget	Last Year
274	280	5	279	4	FTE	269	279	10	270	1	280	273
794	792	(2)	770	(24)	Nursing	799	792	(7)	768	(31)	792	776
389	409	20	383	(6)	Allied Health	387	408	21	385	(2)	408	387
142	135	(6)	133	(9)	Support	138	135	(3)	134	(4)	135	135
350	384	34	352	2	Management & Administration	360	383	24	348	(12)	383	353
1,949	2,000	51	1,916	(32)	Total FTE	1,954	1,998	45	1,905	(49)	1,998	1,923
19,057	17,949	(1,107)	16,021	(3,036)	\$ per FTE	109,999	107,600	(2,399)	100,665	(9,334)	210,071	219,529
7,615	7,428	(187)	7,099	(516)	Nursing	45,547	44,339	(1,207)	44,387	(1,160)	91,049	90,022
6,571	6,622	51	6,061	(510)	Allied Health	40,137	39,182	(954)	37,812	(2,324)	77,386	82,741
5,114	4,698	(416)	4,359	(755)	Support	30,779	28,185	(2,594)	26,693	(4,086)	59,938	56,760
6,173	6,448	275	6,004	(168)	Management & Administration	39,772	38,675	(1,097)	38,855	(916)	75,184	83,421
8,577	8,363	(214)	7,798	(779)	Average Cost per FTE all Staff	51,250	49,951	(1,298)	48,779	(2,471)	99,769	103,370

Medical 5 FTE under budget for the month; **SMOs** under budget by 12 FTE, **MOSS** under budget by 1 FTE, partially offset by RMO's & House Officers.

Nursing over by (2) FTE for the month. **Internal Bureau Nurses** are over budget (27) FTE mostly driven by General Surgery (6), Orthopaedics (3), Special Care Unit (2) and ED (4), **Plastics** (5) plus other variances. **Health Care Assistants** under budget by 2. **Internal Bureau Nursing** variances are driven by one to one care demands including looking after the White Island patients. **Registered Midwives** are on budget. **Registered Nurses** under budget 24 FTE, with the balance in savings targets. Personnel cost variance for YTD December (\$163k) is the result of a price variance of (\$148k) mostly overtime and time based allowances.

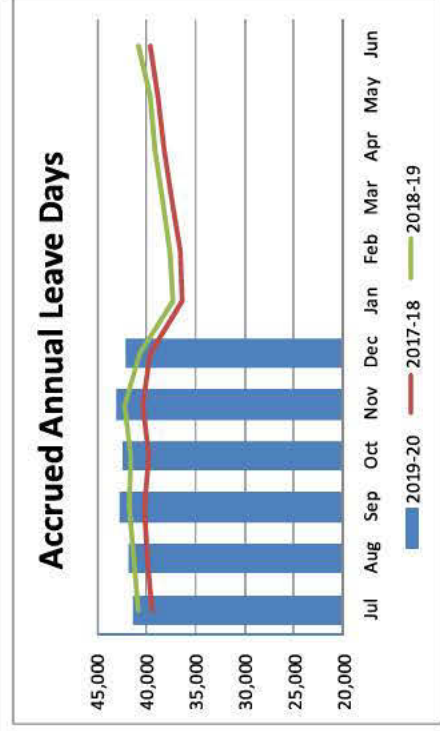
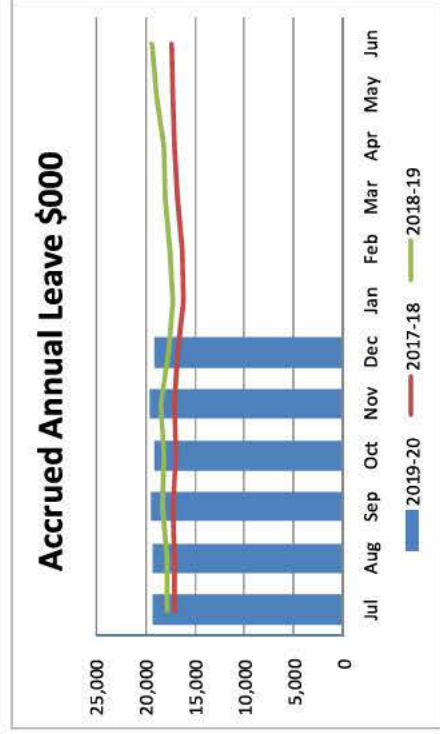
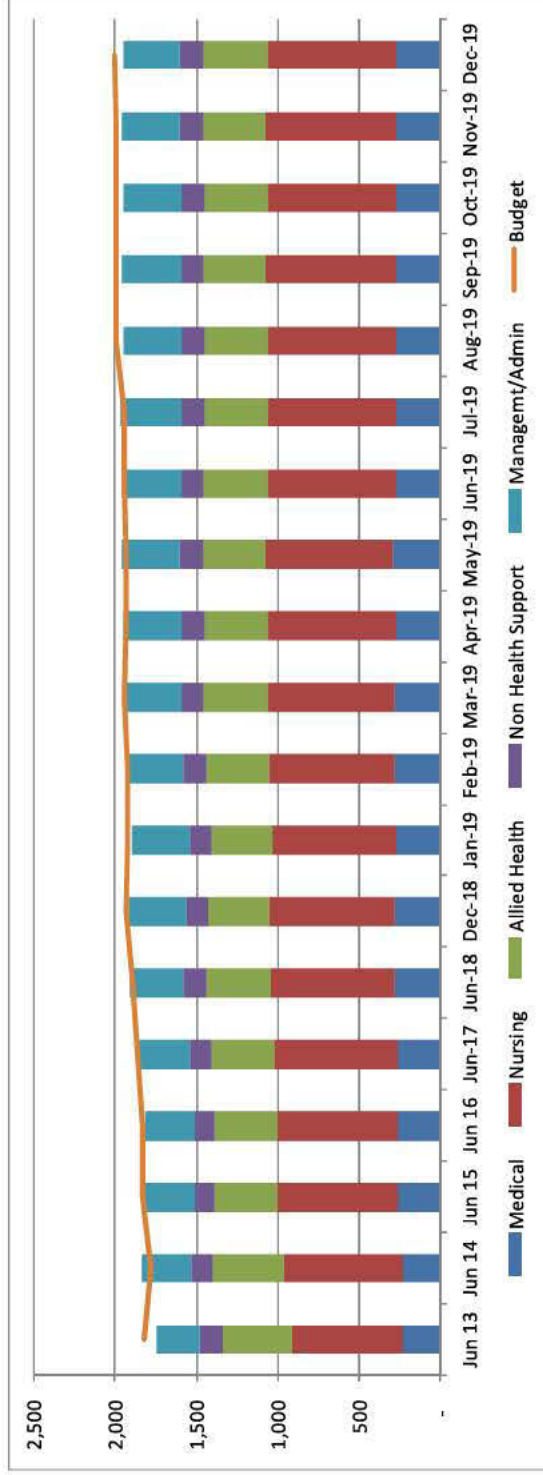
Allied FTEs are under by 20 FTEs for the month due in the main to; Favourable variances in Health promotion offices & community support workers, Hand therapy, Audiology, social work and psychologists.

Support FTEs are (6) FTEs over budget driven by Food services (5) FTE and Clinical Services Supply (2), partly offset by other variances.

Management & Admin are under budget by 34 FTEs. Driven by administrative support staff vacancies and includes the capitalisation of 2 FTE's in December. Some roles are under outsourced personnel if they are now on the CCDHB payroll.



FTE Analysis





Analysis of operating position – other expenses

- **Other Operating Costs**
 - Outsourced other unfavourable (\$180k) for the month, driven by Outsource Clinical Services (\$157k) mainly Ophthalmology (\$94k) and Bowel Screening (\$16k) and other minor variances.
 - Treatment related costs unfavourable (\$1,170k), driven by lower than expected Pharmaceuticals rebates (\$1,090k) and Treatment Disposables (\$133k).
 - Non Treatment Related costs favourable \$173k driven by software Licenses \$13k mostly timing related, Telecommunications \$31k, ITC Out Sourced Services \$36k, Consulting Fees \$37k, Other Operating \$56k, partly offset by the ongoing monthly provision for Holidays Act Compliance (\$70k).
 - IDF Outflows \$282k favourable for the month driven by lower than expected volumes to Capital & Coast DHB.
 - Other External Provider costs favourable \$2,466k, driven by Infertility Treatment Services now include in IDF's \$1,500k, Pay Equity wash-ups \$550k, Primary Practice Capitated wash-ups \$266k, and other contract timing changes, partly offset by Community Pharmaceuticals (\$590k).
 - Interest, Depreciation & Capital Charge favourable \$251k, driven by the confirmation of the Capital charge for the 2019-20 Financial Year.



Section 5

ADDITIONAL FINANCIAL INFORMATION & UPDATES



Financial Position as at 31 December 2019

\$000s	Actual	Budget	Variance	Jun 19	Variance	Explanation of Variances Between Actual and Budget
Assets						
Current Assets						
Bank - Non DHB Funds *	1,714	7,134	(5,420)	5,216	(3,503)	
Accounts Receivable & Accrued Revenue	24,106	27,955	(3,848)	27,095	(2,989)	Payments from NHMG to DHB's paid earlier than budgeted
Stock	1,466	1,509	(43)	1,434	32	
Prepayments	1,735	868	867	727	1,007	
Total Current Assets	29,021	37,465	(8,444)	34,473	(5,452)	
Fixed Assets						
Fixed Assets	209,182	219,144	(9,961)	210,483	(1,301)	
Work in Progress	19,133	18,048	1,085	19,710	(577)	
Total Fixed Assets	228,315	237,192	(8,876)	230,193	(1,878)	
Investments						
Investments in Associates	1,150	1,150	0	1,150	0	Allied Laundry
Trust Funds Invested	1,510	1,426	84	1,409	101	Restricted trusts
Total Investments	2,660	2,576	84	2,559	101	
Total Assets	259,996	277,233	(17,236)	267,225	(7,229)	
Liabilities						
Current Liabilities						
Bank	3	5,236	5,233	1,433	1,430	Average bank balance in Dec-19 was \$17.5m
Accounts Payable and Accruals	55,056	42,890	(12,165)	52,164	(2,892)	Higher than budgeted accrued expenses
Crown Loans and Other Loans	105	23	(82)	221	116	
Capital Charge Payable	0	(13)	(13)	0	0	
Current Employee Provisions	24,733	24,193	(540)	24,190	(543)	
Total Current Liabilities	79,896	72,329	(7,567)	78,009	(1,888)	
Non-Current Liabilities						
Other Loans	220	221	1	0	(220)	
Long Term Employee Provisions	8,245	7,617	(628)	8,245	0	
Non DHB Liabilities	1,714	7,134	5,420	5,216	3,503	Payments from NHMG to DHB's paid earlier than budgeted
Trust Funds	1,507	1,442	(65)	1,409	(98)	
Total Non Current Liabilities	11,685	16,414	4,728	14,870	3,185	
Total Liabilities	91,581	88,742	(2,839)	92,879	1,297	
Net Assets	168,415	188,490	(20,075)	174,346	(5,931)	
Equity						
Crown Equity	124,123	123,916	207	124,123	0	
Revaluation Reserve	126,422	133,597	(7,175)	126,422	0	
Opening Retained Earnings	(76,199)	(64,485)	(11,714)	(56,323)	(19,876)	
Net Surplus / (Deficit)	(5,931)	(4,538)	(1,393)	(19,876)	13,944	
Total Equity	168,415	188,491	(20,075)	174,347	(5,931)	

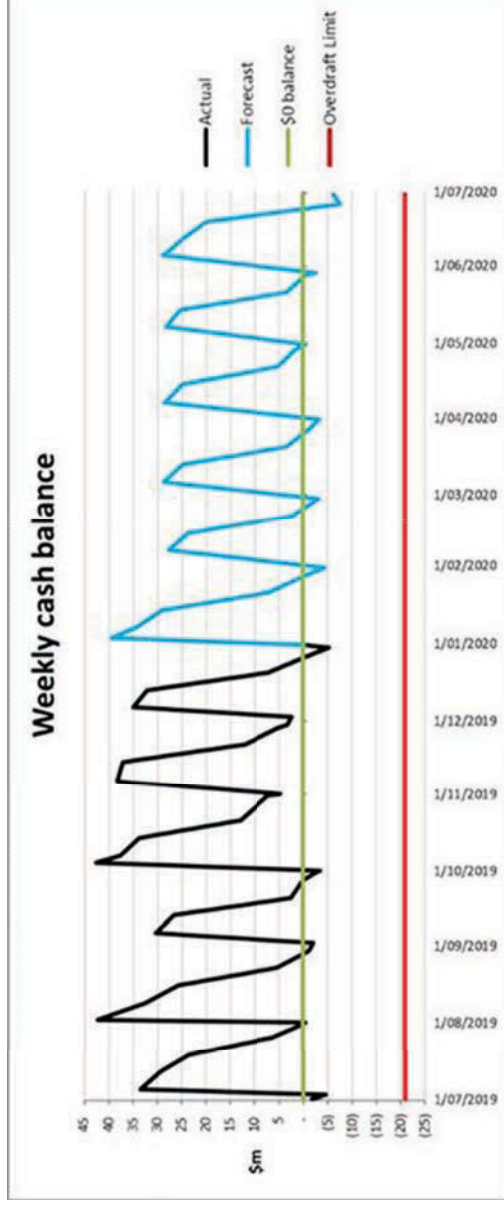


Statement of Cash Flows to 31 December 2019

\$000s	Jul Actual	Aug Actual	Sep Actual	Oct Actual	Nov Actual	Dec Actual	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast
Operating Activities												
Government & Crown Agency Revenue	39,286	38,734	39,537	38,354	39,000	39,508	38,877	38,378	39,364	39,009	39,607	39,443
Receipts from Other DHBs (including IDF)	8,191	8,284	7,981	15,604	9,403	11,289	8,936	8,936	8,936	8,936	8,936	8,906
Receipts from Other Government Sources	1,100	1,188	(134)	1,210	774	180	1,141	1,073	1,074	1,132	1,046	1,075
Other Revenue	1,472	553	(406)	738	(1,975)	(608)	380	380	380	380	380	385
Total Receipts	50,049	48,759	46,978	55,906	47,202	50,368	49,334	48,766	49,754	49,457	49,969	49,838
Payments for Personnel	(18,535)	(17,294)	(15,756)	(17,871)	(16,974)	(18,656)	(18,027)	(15,742)	(17,285)	(17,284)	(16,507)	(17,301)
Payments for Supplies (Excluding Capital Expenditure)	(1,524)	(6,314)	(6,549)	(3,500)	(4,315)	(4,426)	(4,466)	(4,639)	(4,104)	(4,604)	(4,593)	(4,107)
Capital Charge Paid	0	0	0	0	0	(5,244)	0	0	0	0	0	(6,360)
GST Movement	22	(297)	120	1,369	(1,537)	2,412	(4,400)	0	0	0	0	0
Payments to Other DHBs (including IDF)	(8,416)	(8,221)	(7,778)	(9,363)	(7,921)	(8,151)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)	(8,434)
Payments to Providers	(18,044)	(18,060)	(17,755)	(15,737)	(19,590)	(18,745)	(18,882)	(17,395)	(18,130)	(18,024)	(18,302)	(17,975)
Total Payments	(46,498)	(50,186)	(47,719)	(45,083)	(50,337)	(52,809)	(53,209)	(46,209)	(47,952)	(48,345)	(47,835)	(54,176)
Net Cashflow from Operating Activities	3,551	(1,427)	(741)	10,823	(3,135)	(2,440)	(3,875)	2,557	1,802	1,112	2,133	(4,338)
Investing Activities												
Interest Receipts	26	22	16	23	27	18	46	46	46	46	46	46
Dividends	0	47	0	0	0	0	0	0	0	0	0	0
Total Receipts	26	68	16	23	27	18	46	46	46	46	46	46
Capital Expenditure	(1,708)	(132)	(758)	(912)	(874)	(892)	(1,066)	(1,066)	(1,066)	(1,066)	(1,066)	(1,064)
Increase in Investments and Restricted & Trust Funds Assets	(75)	(82)	106	(32)	(19)	0	0	0	0	0	0	0
Total Payments	(1,782)	(213)	(652)	(944)	(893)	(891)	(1,066)	(1,066)	(1,066)	(1,066)	(1,066)	(1,064)
Net Cashflow from Investing Activities	(1,756)	(145)	(636)	(922)	(867)	(873)	(1,020)	(1,020)	(1,020)	(1,020)	(1,020)	(1,008)
Financing Activities												
Interest Paid on Finance Leases	(1)	(1)	(1)	(0)	(0)	(0)	(6)	(6)	(6)	(5)	(5)	(5)
Total Payments	(1)	(1)	(1)	(0)	(0)	(0)	(6)	(6)	(6)	(5)	(5)	(5)
Net Cashflow from Financing Activities	(1)	(1)	(1)	(0)	(0)	(0)	(6)	(6)	(6)	(5)	(5)	(5)
Total Cash In	50,075	48,827	46,995	55,928	47,229	50,386	49,380	48,812	49,800	49,503	50,014	49,884
Total Cash Out	(48,280)	(50,400)	(48,371)	(46,027)	(51,231)	(53,700)	(54,281)	(47,281)	(49,023)	(49,416)	(48,907)	(55,236)
Net Cashflow	(1,433)	362	(1,211)	(2,588)	7,313	3,311	(3)	(4,903)	(3,372)	(2,596)	(2,510)	(1,402)
Opening Cash	1,795	(1,573)	(1,376)	9,901	(4,002)	(3,314)	(4,901)	1,531	776	86	1,108	(5,351)
Net Cash Movements	362	(1,211)	(2,588)	7,313	3,311	(3)	(4,903)	(3,372)	(2,596)	(2,510)	(1,402)	(6,763)
Closing Cash	362	(1,211)	(2,588)	7,313	3,311	(3)	(4,903)	(3,372)	(2,596)	(2,510)	(1,402)	(6,763)



Weekly Cash Flow Actual to 31 December 2019



Note

- the overdraft facility shown in red is set at \$21 million as at December 2019
- the lowest bank balance for the month of December was \$3.2k overdrawn



Capital Expenditure Actual to 31 December 2019

- Capital projects are behind plan and not expected to catch up during this financial year due to limited technical resource availability.
- The property team are working through detailed conditional assessment data for all the HVDHB buildings to inform future strategic planning and capital prioritisation.
- A 3DHB Digital and Data Intelligence Governance Group is being set up with the first meeting expected early February to guide future ICT strategy and investment.

Project description	Budget rolled over from 2018/19	New budget for 2019/20	Committed costs from prior year approved projects budget	Total maximum spend in 2019/20	Actual 2019/20 spend till date	Remaining funds available in 2019/20
	\$000	\$000				
Baseline						
Buildings and Plant	1,545	3,355	1,532	6,432	1,161	5,271
Clinical Equipment	215	3,500	957	4,672	1,980	2,692
Information Technology (Hardware)	100	650	372	1,122	484	638
Intangible Assets (Software)	932	625	867	2,424	427	1,997
Baseline Total	2,792	8,130	3,728	14,650	4,053	10,598
Strategic						
Buildings and Plant	1,185	480	-	1,665	-	1,665
Clinical Equipment	1,390	1,500	716	3,606	188	3,417
IT	2,394	2,850	1,173	6,417	571	5,846
Strategic Total	4,969	4,830	1,889	11,688	759	10,929
Total Capital (excluding Trust Funds)	7,760	12,960	5,617	26,338	4,812	21,527



Summary of Leases – as at 31 December 2019

Rental Property Leases		Original Cost	Monthly Amount	Annual Amount	Total Lease Cost	Start Date	End Date	Lease type
Occupants								
Waihiomata Health Centre	District Nurses		1,149	13,787		1/11/2017	31/10/2020	Operating
Public Trust House Lower Hutt	Community Mental Health		21,887	262,643		1/09/2017	1/09/2023	Operating
CREDS - Johnsonville	Eating Disorders		5,370	64,435		1/01/2015	Rolling lease	Operating
RPH - Porirua Public Health	RPH School Health - Promotional Health		9,088	109,055		15/03/2015	14/03/2021	Operating
Criterion Lane Upper Hutt	Lagans Pharmacy - Physiotherapy		2,363	28,359		5/01/2019	31/12/2020	Operating
CBD Towers Upper Hutt	Community Mental Health		9,854	118,247		8/06/2015	7/06/2021	Operating
Upper Hutt Health Centre	District Nurses		974	11,688		24/01/2015	1/02/2022	Operating
			50,685	608,214				
Car Park Leases								
CBD Towers Upper Hutt			542	6,500		8/06/2015	7/06/2021	Operating
Public Trust House Lower Hutt			1,603	19,240		1/09/2017	1/09/2023	Operating
St Peters (SPO)			270	3,240		Ongoing	Ongoing	Operating
			2,415	28,980				
Motor Vehicle Leases								
Motor Vehicle Lease plus Management Fees (115 Vehicles)								
			33,375	400,501		Ongoing	Ongoing	Operating
			33,375	400,501				
Equipment Leases								
Supplier								
MRI Ingenia 1.5T	De Lage Landen (paid monthly in arrears)		22,498	269,981	1,349,905	19/09/2019	19/08/2024	Operating
Fluoroscopy Combi Diagnost	De Lage Landen (paid monthly in arrears)		9,753	117,037	585,185	1/08/2019	31/07/2024	Operating
Theatre Equipment (FAR0135107)	All Leasing (paid quarterly in advance)	710,858	21,009	252,103	756,309	1/04/2017	1/04/2020	Finance
Theatre Equipment (FAR0135105)	All Leasing (paid quarterly in advance)	98,266	2,904	34,850	104,550	1/07/2017	1/07/2020	Finance
Plastics Micro Power Tools	Stryker New Zealand Ltd	293,188	3,490	41,884	125,652	1/10/2018	30/09/2025	Finance
Orthopaedic Tools	Stryker New Zealand Ltd		9,024	108,292	758,044	1/09/2016	31/08/2023	Operating
3 x Ultrasounds (Equigroup)	GE Healthcare Ltd		7,303	87,641	438,205	28/06/2017	28/06/2022	Operating
1 x Ultrasound (Equigroup)	Philips NZ Commercial Ltd		1,761	21,129	105,645	28/08/2017	28/07/2022	Operating
CT Scanner (Equigroup)	Toshiba Medical Systems		24,976	299,711	1,498,555	28/05/2017	28/05/2022	Operating
Total Leases		1,102,312	102,718	1,232,628	5,722,050			
			189,193	2,270,323				



Treasury as at 31 December 2019

1) Short term funds / Investment (\$000)

NZHP banking activities for the month	Current month (\$000)	Last month (\$000)
Average balance for the month	\$17,512	\$24,072
Lowest balance for the month	(\$5,271)	\$3,289
Average interest rate	1.20%	1.34%
Net interest earned for the month	\$18	\$27

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

3) Foreign exchange transactions for the month (\$)

	No. of transactions	Equivalent NZD
AUD	5	\$22,277
EUR	1	\$157
GBP	2	\$6,301
USD	2	\$8,188
Total	10	\$36,923

No. of transactions involving foreign currency: 10
Total value of transactions: \$36,923 NZD
Largest transaction: \$20,044 NZD

4) Debtors (\$000)

Top 10 Debtors	Outstanding	Current	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-180 Days	181+ Days
Ministry of Health	\$2,786	\$751	\$1,907	\$63	\$0	\$17	(\$7)	\$56
Capital & Coast District Health Board	\$2,179	\$223	\$120	\$47	\$128	\$34	\$266	\$1,361
Accident Compensation Corporation	\$1,122	\$678	\$50	\$171	\$48	\$92	\$64	\$20
Waikato District Health Board	\$914	\$144	\$113	\$131	(\$4)	\$41	\$70	\$420
Health Workforce NZ Limited	\$120	\$118	\$0	\$0	\$0	\$0	\$2	\$0
ESR Limited	\$81	\$40	\$40	\$0	\$0	\$0	\$0	\$0
Auckland District Health Board	\$78	\$0	(\$22)	\$94	\$0	\$6	\$0	\$0
Ministry for Vulnerable Children, Oranga	\$60	\$0	\$0	\$0	\$0	\$47	\$0	\$13
Non Resident	\$54	\$0	\$0	\$0	\$0	\$0	\$0	\$9
Whitireia Polytechnic	\$53	\$53	\$0	\$0	\$0	\$0	\$0	(\$0)
Total Top 10 Debtors	\$7,445	\$2,006	\$2,207	\$505	\$171	\$236	\$404	\$1,914

Minutes of the Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS

Held on Wednesday 19 February 2020 at 9:30am

Boardroom, Level 11, Grace Neill Block, Wellington Hospital

PUBLIC SECTION

PRESENT

COMMITTEE: Sue Kedgley, Chair
Ayesha Verrall
Josh Briggs
Ken Laban
Keri Brown
Richard Stein
Roger Blakeley

STAFF: Fionnagh Dougan, Chief Executive Officer
Arawhetu Gray, Director Māori Health Development Team
Kerry Dougall, Director Māori Health Group
Rachel Haggerty, Director Strategy, Planning and Performance
Nicola Holden, Director Chief Executive's Office
Anna Chalmers, Director of Communications
John Tait, Chief Medical Officer
Tofa Suafole Gush, Director Pacific Peoples Health
Sisira Jayathissa, Chief Medical Officer
Sandy Blake, Executive Director Quality Improvement and Patient Safety

APOLOGIES: Vanessa Simpson
Chris Kalderimis
'Ana Coffey

1 PROCEDURAL BUSINESS

1.1 Karakia
The Karakia was led by Keri Brown.

1.2 APOLOGIES
Apologies received from Vanessa Simpson, Chris Kalderimis and 'Ana Coffey.

1.3 INTERESTS
1.3.1 Interest Register
Richard Stein noted a change and this has been updated by the Board Liaison Officer.

1.4 CONFIRMATION OF PREVIOUS MINUTES
The minutes of the CCDHB Health System Committee held on 13 November 2019, taken with public present, were confirmed as a true and correct record.

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

The minutes of the previous HVDHB Community and Public Health Advisory Committee were accepted as an accurate record but could not be confirmed as there were not enough members of the previous Committee.

1.5 MATTERS ARISING

Nil

1.6 ACTION LIST

Nil

1.7 PURPOSE OF HEALTH SYSTEM COMMITTEE

It was noted that the combined Health System Committee requires a new Terms of Reference following the creation of this Committee. The discussion in December identified that the remit of this Committee is to:

- Support decision making
- Support broad accountabilities for outcomes
- Look at what is being commissioned and why
- Ensure decisions align with the strategic priorities

ACTION: Terms of Reference to be drafted and provided to the next meeting.

ACTION: A session on the Health Strategy Plan 2030 and an infographic that demonstrates alignment of the plans.

ACTION: Co-opted members process will be opened and invitations to Advisory Groups sent by the Board Liaison.

2 UPDATE

2.1 CORONAVIRUS UPDATE

The report was taken as **read** and the Committee:

- (a) **Noted** this update on the COVID19 and the respective roles in managing the risk.

2.2 WELLINGTON PRIMARY BIRTH UNIT UPDATE

The report was taken as **read** and the Committee:

- (a) **Noted** the Wellington Primary Birthing Unit (WPBU) Feasibility Report was completed in July 2019 and found that there is sufficient activity, and support from women and midwives, to support a Wellington-based PBU.
- (b) **Noted** that in July 2019, the CCDHB Health System Committee (HSC) and Board endorsed a future WPBU, noting it would be an investment decision for CCDHB.
- (c) **Noted** that to determine the affordability of a potential future WPBU, the HSC and Board endorsed that CCDHB explore opportunities for partnerships with private, philanthropic or other agencies, to be delivered to HSC by March 2020.
- (d) **Noted** that in late 2019, maternal and neonatal services was identified as a priority work stream in the Joint (2DHB) Hospital Provider Network Programme.
- (e) **Noted** that a project to deliver a Te Ao Māori joint maternal and neonatal health system has been initiated.
- (f) **Noted** the process to identify potential partners to develop a future WPBU is on pause pending the joint maternal and neonatal system plan in 2020 and will then be represented to the HSC.

2.3 PORIRUA #YOUTHQUAKE UPDATE

The report was taken as **read** and the Committee:

- (a) **Noted** that a CCDHB initiated a project to integrate youth services in Porirua in 2018/19.
- (b) **Noted** that a co design process with rangatahi, partners and providers was completed between January and September 2019 to inform the model for an integrated youth service for Porirua.
- (c) **Noted** that a report and recommendations were endorsed at HSC and by the CCDHB Board in September 2019 with the priority focus being the development of a youth one stop shop (YOSS).
- (d) **Noted** that delivering a YOSS requires an additional \$600,000 per year investment, which will be a decision for the CCDHB Board in the 2020/21 budget process.

3 INFORMATION

3.1 GENERAL BUSINESS

3.1.1 Work plan approach

The Committee was interested in a session on strategy and would like clinicians to come to the table related to the topic of discussion.

3.1.2 Future Location of Meetings

It was noted that the Committee would have a meeting at some point at a local marae.

4 OTHER

4.1 RESOLUTION TO EXCLUDE THE PUBLIC

The meeting moved into the Public Excluded session.

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

DATED thisday of.....2019

Sue Kedgley
Health System Committee Chair



Hutt Valley DHB and Capital & Coast DHB

Concurrent Board Meeting 13 March 2020

Resolution to exclude the Public

Moved that the public be excluded from the following parts of the proceedings of this meeting, namely:

- for the Agenda items and general subject matter to be discussed as set out in the first column in the table below,
- on the grounds under clause 34 of Schedule 3 to the New Zealand Public Health and Disability Act 2000 as set out in the second column in the table below and
- for the reasons set out in the third column of the table below (including reference to the particular interests protected by the Official Information Act, where applicable.)

Agenda item and general subject of matter to be discussed	Grounds under clause 34 on which the resolution is based	Reason for passing the resolution in relation to each matter, including reference to OIA where applicable
Confirmation of minutes of Board meeting 12 February (both public excluded session) and Matters Arising from those minutes.	paragraph (a) i.e. the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982	OIA, section 9(2)(ba) to protect information which is subject to an obligation of confidence where the making available of that information would be likely to prejudice the supply of information from the same source, and it is in the public interest that such information should continue to be supplied. OIA, section 9(2)(j) to enable this organisation to carry on, without prejudice or disadvantage, commercial and industrial negotiations.
Report from Chair – Part II.	As above	As above
Report from Chief Executive – Part II.	As above	As above
FRAC items for Board approval	As above	As above
Holidays Act	As above	As above
Audit NZ Final Management Report	As above	As above
Te Whare Ahuru Rebuild Business Case	As above	As above
Replacement of Volumetric Pumps and Syringe Drivers	As above	As above



Defibrillator Fleet Replacement	As above	As above
HSC Minutes	As above	As above
FRAC Minutes	As above	As above
HVDHB January Financial and Operational Performance Report CCDHB January Financial and Operational Performance Report	As above	As above
HVDHB and CCDHB Quality and Safety Reports	As above	As above
Health and Safety Item – Name TBC	As above	As above
Annual Plan 20/21 Financial Sustainability	As above	As above
Children's Hospital Presentation	As above	As above

NOTE

The Act provides that every resolution to exclude the public shall be put at a time when the meeting is open to the public, and the text of that resolution (or copies of it) must:

- be available to any member of the public who is present; and
- form part of the minutes of the board or committee.